

**TRUST BOARD**  
**28<sup>th</sup> July 2011**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	This paper reports on progress against the Trust's four key strategic objectives.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	Provides assurance that progress is being made against the Trust's four strategic objectives.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Not relevant.
<b>EQUALITY AND DIVERSITY ISSUES</b>	Covered in workforce section.
<b>LEGAL ISSUES</b>	None to note.
<b>The Trust Board is asked to:</b>	Note the report.
<b>Submitted by:</b>	Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information Mike Baxter, Medical Director
<b>Date:</b>	20 <sup>th</sup> July 2011
<b>Decision:</b>	For                      Noting

BALANCED SCORECARD

Position as at: **30 Jun 2011**

**1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience.**

Patient Safety & Quality	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Jun Actual	Performance			YTD 11/12
					Apr	May	Jun	
1-01 Standardised mortality (Relative Risk)*	90.7*	82	94.1	102.7(Apr)	▲	▼	▼	102.7*
1-02 Crude mortality	1.60%	1.60%	1.59%	1.11%	▼	▲	▲	1.61%
1-03 MRSA (Hospital only)	5	4	3	0	◀▶	◀▶	◀▶	0
1-04 C.Diff (Hospital only)	36	33	32	0	▲	▼	▲	8
1-05 Mortality from C.Diff (All cases)	10.3%	6.3%	9.6%	33.3%	▼	▼	▼	17.4%
1-06 Mortality from VTE	0.4%	0.35%	0.00%	0.0%	◀▶	◀▶	◀▶	0.0%
1-07 Mortality from Hip fractures	4.8%	4.6%	4.4%	0.0%	▼	▲	▲	5.3%
1-08 National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09 Patient Satisfaction (NetPromoter Score)	77.3%	90.0%	79.0%	78.9%	▼	▼	▼	79.7%
1-10 Formal complaints	360	320	335	35	▲	▼	◀▶	95
1-11 SUIs	14	14	17	3	▼	▼	◀▶	8
1-12 Falls - resulting in significant injury (grade 3)	16	14	12	0	◀▶	◀▶	◀▶	0
1-13 Hip fractures treated within 36 hrs	93.0%	85%	93%	97.1%	▼	▼	▲	91.6%
1-14 Summated Adverse Report Index (SARI)	1,799	1,552	1659	108	▲	▲	▲	405
1-15 Average Bed Occupancy-Actual beds	94%	94%	94%	92%	▼	▲	▼	93%
1-16 Average Bed Occupancy-Planned beds	Work in progress							

**3. To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration.**

Clinical Strategy	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Jun Actual	Performance			YTD 11/12
					Apr	May	Jun	
3-01 Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	23,059	1,829	▲	▼	▲	5,753
3-02 GP Referrals - increase elective activity	92,523	98,833	94,584	7,799	▲	▲	▲	21,818
3-03 % Day Surgery undertaken at Ashford	67.4%	70.0%	70.0%	66.7%	▲	▼	▼	68.2%
3-04 % OP undertaken at Ashford	33.0%	34.5%	33.0%	33.0%	▲	▼	▲	32.7%
3-05 % OP undertaken outside Trust	6.0%	7.0%	6.2%	6.1%	▲	▼	▲	5.9%
3-08 Readmissions within 30 days - Elective	3.1%	3.0%	2.9%	2.3%	▲	▲	▲	2.9%
3-09 Readmissions within 30 days - Emergency	15.0%	<12.00%	14.0%	13.6%	▼	▲	▲	14.2%
3-10 Readmissions from Nursing Homes	5.2%	5.20%	4.9%	3.4%	▲	▲	▲	3.8%
3-11 Overall Market Share Surrey PCT*	26%	>26%	25%	25%***	◀▶	▼	◀▶	25%
3-12 Local Market Share - Hounslow*	8%	>9%	9%	9.7%***	▼	▲	▲	9.7%
3-13 Local Market Share - Berkshire East*	12%	>12%	11%	11.2%	▲	▲	▼	11.2%

\*Source from April Dr Foster  
 \*\*\* Actual = Apr 2011 YTD =Apr 2011/12

Delivering or exceeding Target	Improvement Month on Month	▲
Underachieving Target	Month in Line with Last Month	◀▶
Failing Target	Deterioration Month on Month	▼

**2. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.**

Workforce	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Jun Actual	Performance			YTD 11/12
					Apr	May	Jun	
2-01 Establishment (WTE)	3295	3228	3244	3292	▲	▲	▲	3292
2-02 Establishment growth (WTE)	! New	44	48	2	NEW	◀▶	▼	47
2-03 CIPs WTE reduction	! New	111	101	0	NEW	▲	◀▶	51
2-04 CIPs Pay Reduction from WTE	! New	£3,157k	£3,157k	£0	NEW	▲	◀▶	£303,417
2-05 Vacancies (WTE)	8.8%	<10%	<10%	9.0%	▲	▲	▲	9.0%
2-06 Agency Staff use (WTE)	44	<40	<40	28	▼	▲	▲	28
2-07 Bank staff use (WTE)	290	<305	<305	277	▲	▼	▼	277
2-08 Staff turnover rate	12.7%	<12%	<12%	11.8%	▼	▲	◀▶	11.8%
2-09 Stability	89.6%	>88	>88	89.6%	▼	▲	▲	89.6%
2-10 Sickness absence	2.9%	<3.25%	<3.25%	2.81%	▲	▼	▲	2.99%
2-11 Staff Appraisals	92.0%	100%	100%	86.9%	▲	▼	▼	86.9%
2-12 Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.39:1	0.39:1	◀▶	▲	◀▶	0.39:1
2-13 Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.97:1	◀▶	▲	▲	1.97:1
2-14 Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◀▶	◀▶	◀▶	50%
2-15 Staff in leadership programmes	! New	600	600	176	▲	▲	▲	176
2-16 EQUIP Trained	46	250	172	6	NEW	▲	▲	27
2-17 Statutory and Mandatory Staff Training	! New	TBC	TBC	NEW	NEW			TBC

**4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.**

Finance & Efficiency	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Jun Actual	Performance			YTD 11/12
					Apr	May	Jun	
4-01 Monitor financial risk rating	4	3	3	3	◀▶	◀▶	◀▶	3
4-02 Total income excluding interest (£000)	£224,559	£219,527	£224,005	£19,236	▼	▲	▲	£54,131
4-03 EBITDA actual (£000)	£16,703	£17,419	£17,388	£2,573	▼	▲	▼	£2,720
4-04 I&E net operational surplus (£000)	£3,314	£2,100	£2,100	£1,556	▼	▲	▼	-£350
4-05 CIP Savings achieved (£000)	£9,014	£12,000	£9,709	£670	▼	▼	▼	£2,006
4-06 Month end cash balance (£000)	£18,656	£15,529	£15,529	£16,120	▼	▲	▼	£16,120
4-07 Capital expenditure purchased (£000)	£9,158	£14,066	£14,066	£601	▲	◀▶	▼	£1,557
4-08 Average LOS Elective	2.95	2.95	2.9	2.72	▼	▲	▼	2.78
4-09 Average LOS NonElective	4.90	4.80	5.20	5.81	▲	▲	▼	5.76
4-10 Outpatients Did Not Attend *	10.6%	9.5%	9.5%	10.6%	▲	▼	▲	10.4%
4-11 Day Case Rate (whole Trust)	82.9%	84%	84.0%	84.0%	▲	▼	▲	83.8%
4-12 Theatre Utilisation	86.8%	90.0%	83.9%	81.3%	▲	▲	▼	81.5%
4-13 Non-Elective Cap	! New	To be confirmed by NHS Surrey						
4-14 Readmissions penalty	! New							

\*4-10 - DNA targets: By Mth 12 <=8.5% with annual outturn of 9.5%. Plan to reduce DNA each month: **Month 3 target=10.1%**.

## Trust Balanced Scorecard - June 2011

### Commentary on Patient safety and Quality - *Mike Baxter, Medical Director*

**1-01/02:** The SMR which is reflective of mortality 2 months ago has shown an increase to 102.7. There are no specific signal triggers or areas for concern. This figure does reflect performance in April when the Trust's crude mortality figure was over 2%. We are exploring ways of more directly linking SMR and current month mortality to avoid the confusion and apparent conflicts.

In marked comparison the Trust's crude mortality rate was 1.1% which is the lowest rate that we have recorded in the Quality Report. In absolute terms this represents 69 deaths which is a 38% reduction on the Trust's average performance.

**1-03/04:** The Trust has now exceeded a year since the last MRSA infection. This is the longest period the Trust has ever gone without an MRSA case. There were no cases of hospital acquired C.Diff in June.

**1-05:** Mortality from C.Diff appears to have increased from last month's figures, despite no further cases; this is because of the death of 1 patient who was reported with C.Diff in the last Board report. This case has been discussed elsewhere in the Board report.

**1-06:** VTE mortality relates to deaths from Thromboembolic complication (e.g. Pulmonary Embolism) which are potentially avoidable by the use of VTE Prophylaxis (compliance recorded in ward quality indicators). The Trust is currently recording no deaths indicating the success of our VTE Compliance Strategy.

**1-07 to 1-13:** The Trust has delivered the 36 hr target with 97.1% of patients achieving surgery within 36 hrs. The mortality for neck of femur is 0% for June and 5.3% YTD. The Trust has been officially recognised as having the lowest mortality for this condition in the whole country. This national report also identifies ASPH as being the top Trust in the country for falls and bone health assessment, 5<sup>th</sup> in the country's Best Practice tariff performance (1<sup>st</sup> in SEC) and in the top 10% for cancellations of patients based on clinical conditions).

**1-14:** The Trust SARI has seen the third consecutive month of improvement and is a reflection of a positive improvement in the Trust's Quality agenda.

## Trust Balanced Scorecard - June 2011

### **Commentary on Workforce** - *Raj Bhambher, Director of Workforce and Organisational Development*

**2-01/02:** At 1 April 2011, 44 posts were planned as funded increases in the establishment for the year. An additional 4 new posts have increased the forecast above the plan.

**2-03/04:** The target for CIPs reduction for 2011/12 was set at 111 WTE to achieve 3.5% reduction in workforce. The forecast for 2011/12 is that 101 WTE reductions and 48 WTE growth have been identified for the financial year. No WTE-linked reductions were planned in June, however there are further reductions due in future months.

**2-05:** The vacancy rate has increased slightly from last month to 9.0%, and is within target.

**2-06:** Agency use decreased from 31 to 28 WTE in June, remaining within the target for the month. Medical Agency usage reduced to 12.2 WTE in June from 14.2 WTE last month, and there was a significant reduction of 9 WTE in Nursing agency usage in June.

**2-07:** There was an increase in Bank usage in June remaining within target.

**2-08:** Stability (percentage of the workforce with more than one year's service) has seen a slight increase this month to 89.6%, and remains within target.

**2-09:** Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has remained at 11.8% as a result of 32 staff leaving the Trust in the month and is within target. 19 new starters joined the Trust this month.

**2-10:** The sickness rate for ASPH has decreased to 2.8% in May, and remains within the target for 2011/12 of 3.25%. May's figure is lower than the same period last year (Sickness in May 2010 was 3.30%). Sickness is reported one month in arrears to ensure full and accurate recording of the data.

**2-11:** The number of staff recorded as having an appraisal decreased in June to 86.9% and is below the target set for the year of 100%. Action plans are in place by division for staff with outstanding appraisals. At the end of June, Medical appraisals were recorded at 91.7% with 20 doctors outstanding.

**2-12/2-13:** In June the ratio of consultants per bed has remained the same as May, whilst the ratio for qualified nursing has slightly increased. This is the result of small decreases in staffing numbers and a slight reduction in bed numbers from 542 in May to 541 in June.

**2-14:** The summer staff survey was launched on 27 June and ended Friday 15th July. The response rate at 19 July was 56.3%, reaching a comparable level with last year's survey response rate of 57%.

**2-15:** The Learning and Development Directory was launched in June with a comprehensive range of programmes, and included the Leadership and Management framework for all levels of the workforce.

**2-16:** A high number of late cancellations has led to June's low number trained. The EQUIP team have introduced a minimum 2 week cancellation policy, are informing line managers of any drop-outs and propose that staff who cancel three times will not be re-booked.

**2-17:** The Good to Great, Road to Success, Speciality Lead Development Programmes and Manager's Toolkit continued in June. Project Management training was delivered to project leads to embed and support the PMO approach.

## Trust Balanced Scorecard - June 2011

### Commentary on Strategy - *Mike Baxter, Medical Director*

**3-01:** The number of emergency admissions has fallen from 2072 in May to 1829 in June. This represents a fall of 22% in emergency activity. Projection suggests that the Trust will deliver a level of emergency activity below our annual target, which would represent a 15% reduction in emergency activity in 10/11 compared to 09/10. This would be the first year that the Trust had seen a reduction in emergency activity and would be in line with the Trust's stated clinical strategy.

**3-02:** The number of elective admissions has shown a small increase in June from 7714 to 7799. This represents an in month increase of a 2%. The YTD performance at Q1 of 21,818 cases can be extrapolated (linearly) to a full year figure of 87,272 (not 94,584 as shown in the table). If this was the sustained position it would represent a 12% under performance on the Trust's elective activity target. There is however a consistent picture of continued month on month improvement in performance with the number of elective cases increasing from April (6305) to June (7799). This equates to a 20% increase in performance across the Quarter. This suggests that the Trust will be within 5% of its annual target (94,584 vs 98,833).

**3-03 to 3-05:** Show that there has not been a significant increase in clinical work being moved from SPH to AH or into community settings. The rearrangement of day surgery at SPH is awaited, this will see a major increase in the day case activity hosted at AH in line with the Trust strategy. The apparent lack of progress in increasing the amount of outpatients activity performed outside the Trust reflects a "pause" in this strategy as the Trust reassesses the impacts of such a shift in the present financial (and political) environment.

**3-08:** The number of emergency readmissions following an elective primary admission has shown an in month decrease from 3.2% to 2.3%. This represents a 29% reduction in such readmissions, which would equate to a reduction of 300 patients per year (or 25 patients per month). This is clearly a significant effect. We are currently engaged in work to understand this cohort of patients, and the cause of their readmission, in more detail.

There had been an assumption that they represented patients readmitted following a surgical procedure. However, our current analysis does not support this assumption. Work is progressing and we are confident that a greater understanding will provide scope for a significant reduction in this metric.

**3-09:** Emergency-Emergency readmissions have shown a further small reduction (13.8% to 13.6%). This is still above the Trust's target of less than 12%, however it does represent a 3% reduction in readmission rates which equates to an absolute reduction of 90 patients per. Further work continues with the NWS transformation board particularly around the "virtual ward" model.

**3-10:** The number of emergency-readmissions from nursing homes demonstrates a further in month reduction from 4.5% to 3.4%. This represents a 25% reduction in readmissions rates, which would equate to an absolute reduction in the number of emergency nursing home admissions of 250 patients per year or 20 patients a month. This effect now appears sustained and represents the effects of the Nursing home support project. This project is currently operating in 12 of the 42 nursing homes in the area. In the pilot nursing homes the reduction in emergency admissions has been very impressive with reductions in admissions of 50%. If these results were scaled up to the whole nursing home population, the potential reductions in the absolute numbers of admissions would be 500 cases per year, 42 per month or 1-2 patients per day. Work is in place to roll out this model of work to a broader catchment.

**3-11 to 3-13:** The Market share information shows a stable position for Surrey PCT work confirming that we have a broadly stable market share of a currently shrinking market. This would support the view that we need to expand into additional market areas. There has been a slight decline in the Berkshire market share. However, there has been a large increase in the market share in Hounslow which has increased from 6.9% to 9.7%. This represents a 29% increase. If this performance is sustained it would be in line with the Trust strategic target to increase its Market share to the North of its catchment and in the current environment would represent a significant achievement.

## Trust Balanced Scorecard - June 2011

### **Commentary on Finance** - *John Headley, Director of Finance and Information*

**4-01:** Financial risk rating improved from 1 to 3 with positive trading results for June. The month 3 result benefited from an upturn in activity and income, partly seasonal, better control of expenses, together with a positive contribution from a Q1 review of accruals and prepayments.

**4-03/04:** Year to date surplus and EBITDA are now £0.2m adverse which reflects pay cost pressures including the impact of escalation beds and additional theatre lists.

**4-05:** CIP's are £0.5m short of target year to date, contributing the adverse position versus plan. Considerable work has gone into risk assessing and downgrading contributions from some of the original schemes, particularly in Acute Medicine and Surgery, and this is offset by new schemes flowing from "line by line budget review" meetings with all Divisions.

**4-06:** Cash balances of £16m are about £3m less than anticipated.

**4-09:** Average length of stay for non elective admissions continues to increase, which is a reflection of issues around patient flow. This is one of the underlying drivers of financial and CIP underperformance.

Meanwhile elective lengths of stay are showing a downward trend.

**4-10:** Outpatient "did not attends" were 10.6% in June, a similar level to last year. Work is underway to implement a text and phone reminder service in August, which should reduce DNA's.

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
1-01 Standardised mortality (Relative Risk)	82	The HSMR is a standardised measure of hospital mortality devised by Professor Sir Brian Jarman of Imperial College London, and published every year by Dr Foster in the <i>Hospital Guide</i> . It is the observed number of in-hospital spells resulting in death divided by an expected figure, for a basket of 56 diagnoses which represent 80% of hospital mortality in England. Day cases are excluded unless the patient died. The expected figure is derived from a logistic regression model which adjusts for case-mix factors.	Expected number of in-hospital deaths derived from logistic regression, adjusting for factors to indirectly standardise for difference in case-mix for the 56 diagnosis groups.  Adjustments are made for: Sex Age on admission (in five year bands up to 90+) Admission method (non-elective or elective) Socio-economic deprivation quintile of the area of residence of the patient (based on the Carstairs Index) Primary diagnosis (based on the Clinical Classification System - CCS group) Co-morbidities (based on Charlson Score) Number of previous emergency admissions Year of discharge (financial year) Palliative care (whether the patient is being treated in speciality of palliative care) Exclude cases Daycases (where classpat = 2 in the first episode)	All spells culminating in death (method of discharge as death (DISMETH=4), defined by specific diagnosis codes for the primary diagnosis of the spell.56 diagnosis groups which contribute to 80% of in-hospital deaths in England.	The ratio of the observed number of in-hospital deaths to the expected number of deaths, multiplied by 100
1-02 Crude mortality (Died in hospital)	1.60%	Showing the percentage of total died in the hospital over total admissions in a given time period.	Total admitted patients in a given time period.	Total deceased patients in the same time period where died in hospital. Discharge Method was 4 on PAS.	Total deceased/Total admitted
1-03 MRSA (Hospital only)	4	Hospital acquired MRSA case i.e. post 48hrs admission.			Count of post 48hrs MRSA case in a given time period.
1-04 C.Diff (Hospital only)	33	Hospital acquired C. Diff case i.e. post 72hrs admission.			Count of post 72hrs C.Diff case in a given time period.
1-05 Mortality from C.Diff (patients with C.Diff who die)	6%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular C.Diff diagnosis.	Every finished inpatient spell at an acute trust for C.Diff diagnosis, ICD 10 code A047.	Total death of every finished inpatient spell at an acute trust caused by C.Diff diagnosis. Discharge method=4 and diagnosis='A047'.	Total C.Diff Deaths/Total C.Diff Admissions
1-06 Mortality from VTE (patients with VTE who die)	0.35%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, VTE diagnosis.	Every finished inpatient spell at an acute trust for VTE diagnosis, ICD 10 code I80*, I81*, I82* and I83*.	Total death of every finished inpatient spell at an acute trust caused by VTE diagnosis. Discharge method=4 and diagnosis='I80*', 'I81*', 'I82*' and 'I83*'.	Total VTE Deaths/Total VTE Admissions
1-07 Mortality from Hip fractures - (patients with Hip Fractures who die)	4.60%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, Hip Fractures diagnosis.	Every finished inpatient spell at an acute trust for hip fractures diagnosis, ICD 10 code 'S72*'	Total death of every finished inpatient spell at an acute trust caused by hip fractures diagnosis. Discharge method=4 and diagnosis='S72*'	Total Hip Fractures Deaths/Total Hip Fractures Admissions
1-08 National Patient Survey (Top 20)	>3				
1-09 Patient Satisfaction (NetPromoter Score)	90%	NPS is based on the fundamental perspective that every company's customers can be divided into three categories: Promoters, Passives and Detractors. By asking one simple question – How likely is it that you would recommend to a friend or colleague? You can track these groups and get a clear measure of your company's performance through its customer's eyes. Currently the NPS is calculated assuming patients that respond 'YES' are promoters, those that respond 'NO' are detractor. The 'Possibly' are passives and therefore removed from the calculation. The band fro Detractors is wide – scoring from 1-6 of the ten possible options. Passives score 7-8 and the Promoters 9-10.	<b>Promoters:</b> Currently the NPS is calculated assuming patients that respond 'YES' are promoters	<b>Detractors:</b> Detractors: those that respond 'NO' are detractor	<b>NetPromoter Score</b> =%Promoters-%Detractors
1-10 Formal complaints	320				Straight count of formal complaints of the month
1-11 SUIs	14				Straight count of Serious Unwanted incident of the month
1-12 Falls - resulting in significant injury (grade 3)	14				Straight count of falls grade 3 and above.
1-13 Hip fractures treated within 36 hrs	85%	The percentage of the Hip fractures patients who were treated within 36hr of admission at the trust to the total number of hip fractures admissions.	Total patients with hip fractures.	Total patients with hip fractures treated within 36 hrs plus delayed patients because medical reasons.	Sum(Total hip fractures admitted patients treated within 36 hrs plus delayed patients for medical reasons)/Sum(Total hip fractures admitted patients)
1-14 Summated Adverse Report Index (SARI)	1552				Sum (Total Deaths in 1-02/03/04/05/06/07; total complaints, total SUIs, total Falls, total breaches of Hip fractures not treated within 36hrs)
1-15 Average Bed Occupancy	94%		Count of daily trust beds total.	Count of daily trust occupied beds total	Sum(Count of daily trust occupied beds total)/Sum(Count of daily trust beds total)
1-15-1 Highest Bed Occupancy on any one day					
1-15-2 Median bed occupancy					
1-15-3 95 <sup>th</sup> percentile bed occupancy					
1-16 Patient Moves	28,566	To analyse patient moves in depth, following facts need to be taken into consideration:			total count of patients who were transferred from one ward to another
1-16-1 Outliers		Patients are in the inappropriate clinical area/wards i.e. medical patients are in surgical wards.			
1-16-2 Move of outliers		Move patients from inappropriate clinical areas/wards to the appropriate clinical areas/wards.			
1-16-3 Move of patient due to bed/ward closure					
3-01 Decrease Emergency Admissions (to 08/09 baseline)	23,077	08/09 baseline=23,077 10/11 outturn=25,678			Total deceased/Total admitted
3-02 GP Referrals - increase elective activity	98,833	Total number of patient referral records where referral source in 92, 03 and 12 – GP referrals.			
3-03					
3-03 % Day Surgery undertaken at Ashford	70.00%				
3-03-01 % Surgery Daycase (Planned)		To measure the total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2 and only surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery) at Ashford hospital to the total dayc Daycases ases of the trust.	Total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	Total Daycases at Ashford RTK02 (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
3-03-02	% Surgery in a day	To measure the total surgical procedures (were carried out at Theatre and LOS=0) at Ashford to the total of surgical procedures (were carried out at Theatre and LOS=0) of the trust.			
3-04	% OP undertaken at Ashford	34.50%	Total Attended outpatient appointments at Ashford RTK02 and St Peter's RTK01	Total Attended outpatient appointments at Ashford RTK02	Total attended OP ASH/Total attended OP ASH and SPH
3-05	% OP undertaken outside Trust	7.00%	Total attended outpatient appointments. All treatment site code inclusive.	Total attended outpatient appointments. Treatment site codes other than RTK01 and RTK02	Total attended OP (treatment site code not in RTK01 and RTK02)/Total attended OP (all treatment site codes)
3-06	Bed profile against bed model	To compare total actual beds to the planned/available beds in a given time period.			
3-07	Average escalation beds opened at SPH		Total days of the month	Daily counts of escalation beds opened at SPH	Sum daily escalation beds opened at SPH/Total days of the month
3-08	Readmissions within 30 days - elective	2.97%	Total number of discharged Elective patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of admitted elective spells where admission dates within 30 days of same discharged spells	Total number of admitted elective spells where admission dates within 30 days of same discharged spells/ Total number of discharged elective spells
3-09	Readmissions within 30 days - emergency	<12.00%	Total number of discharged Emergency patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of discharged emergency spells	Total number of admitted emergency spells where admission dates within 30 days of same discharged spells
3-10	Readmissions from Nursing Homes	7.02%	Total number of discharged patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.	Total readmissions	Total readmissions from Nursing Homes/ Total readmissions
3-10_01	Readmissions from Nursing Homes - Elective	Total number of discharged Elective patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-10_02	Readmissions from Nursing Homes - Emergency	Total number of discharged Emergency patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-11	Overall Market Share Surrey PCT	>26%	This measure includes at ALL practices located with Surrey PCT and ALL speciality codes	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
3-12	Local Market Share - Hounslow	>9%	This measure includes the 22 practices who make up the Hounslow Central locality of Hounslow PCT and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
3-13	Local Market Share - Berkshire East		This measure includes the 9 Berkshire East practices that fall within our catchments (Ascot, Windsor and Datchet) and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
	<b>Workforce</b>	<b>Annual Threshold 11/12</b>	<b>Descriptions</b>	<b>Denominator:</b>	<b>Numerator:</b>
2-01	Establishment (WTE)	3182	Total number of posts Established in ESR at month end.		
2-02	CIPs WTE reduction	115	Reduction in establishment in ESR at month end (including reduction of posts and growth of posts) as defined in business plans, to show net change		
2-03	CIPs Pay Reduction		Value in £ of net change of establishment		
2-04	Vacancies (WTE)	<10%	Number of vacant posts (WTE) as a percentage of the total establishment (WTE)	Vacant posts (WTE)	Established posts (WTE)
2-05	Agency Staff use (WTE)	<40	WTE of agency staff used in organisation in the month.		Hours worked by agency staff / full time month hours for each staff group
2-06	Bank staff use (WTE)	<305	WTE of bank staff used in organisation in the month.		Hours worked by bank staff / full time month hours for each staff group
2-07	Staff turnover rate	<12%	The number of leavers in last 12 months as a percentage of the average number of staff in post over the year, excluding doctors in training. As defined by NHS ic	Number of leavers in last 12 months (headcount)	Average number of staff in post (headcount) over last 12 months
2-08	Stability	>90	The number of staff with one or more year's service as a percentage of total number of staff exactly one year earlier. As defined by NHS ic	Number of staff (headcount) with one or more than 1 year's service	Number of staff in post (headcount) one year ago.
2-09	Sickness absence	<3.25%	Number of hours recorded as sickness in the month, as a percentage of the available working hours in that month	Number of hours recorded as sickness	Number of available working hours (excluding other leave such as annual leave, study leave, jury service, suspension etc)
2-10	Staff Appraisals	100.00%	Number of staff with appraisal completed in last 13 months as percentage of staff eligible to participate in appraisal	Number of staff with appraisal completed in last 13 months (headcount)	Number of staff (headcount) excluding new starters in first 6 months, staff on long-term sickness, maternity leave, career break, suspension, other performance arrangement
2-11	Consultants WTE:bed ratio	<036:1			
2-12	Nurses WTE:bed ratio	<1.99:1			
2-13	Staff Satisfaction	>50% top 20			
2-14	Staff in leadership programmes	600	Number of staff (headcount) participating in leadership programmes, counted as a cumulative figure during the financial year.		
2-15	EQUIP Trained	250	Number of staff (headcount) undertaking Equip bronze training counted as a cumulative figure during the financial year.		
2-16	Statutory and Mandatory Staff Training	85%	Number of staff with statutory and mandatory training up to date within the time period, as a percentage of staff required to undertake statutory/mandatory training	Number of staff with statutory and mandatory training up to date (headcount)	Number of staff required to undertake Statutory/mandatory training (excluding staff on long-term sickness, maternity leave, career break, suspension)
	<b>Finance &amp; Efficiency</b>	<b>Annual Threshold 11/12</b>	<b>Descriptions</b>	<b>Denominator:</b>	<b>Numerator:</b>
4-01	Monitor financial risk rating	4			
4-02	Total income excluding interest (£000)	£219,070			
4-03	EBITDA actual (£000)	£22,100			
4-04	I&E net surplus (£000)	£3,700			
4-05	CIP Savings achieved (£000)				
4-06	Month end cash balance (£000)	£8,500			
4-07	Capital Expenditure (£000)	£13,700			
4-08	Average LOS Elective	2.95			
4-09	Average LOS Emergency	4.8			
4-10	Outpatients Did Not Attend	8.8			
4-11	Day Case Rate (whole Trust)	84%			
4-12	Theatre Utilisation	90			
4-13	Non-Elective Cap				
4-14	Readmissions penalty				