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Balanced Scorecard Summary Month 2

Operational Performance			
	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	15	16	16
Amber	4	4	3
Red	5	3	3
No RAG Applied	0	1	2

Finance			
	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	6	7	0
Amber	0	0	0
Red	9	8	0
No RAG Applied	1	1	16

SaTH Overall Performance			
	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	31	36	19
Amber	4	4	3
Red	18	13	5
No RAG Applied	10	11	37

Quality			
	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	0	1	0
Amber	0	0	0
Red	1	1	0
No RAG Applied	4	4	6

Safety			
	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	10	12	3
Amber	0	0	0
Red	3	1	2
No RAG Applied	5	5	13

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Operational Performance																	2012/12 YTD	Narrative	Actions	Reference			
Domain	Lead Exec	Indicator	Definition	Performing Threshold	Under-performing Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13					Feb-13	Mar-13	
OP	WD	Sickness absence rate				%	4.60%	4.79%												N/A			
OP	DoO	A&E	Four-hour maximum wait in A&E from arrival to admission, transfer or discharge ¹	95%	94%	%	90.91%	94.50%												92.97%	During the month of May performance improved from 90.91% to 94.50%.	Director of Operations is leading the work on a Whole System plan being developed in conjunction with Health Economy partners and the DoH Intensive Support Team. This focusing on both specific process issue within in the Emergency Department and the wider impact of patient flow throughout the organisation.	Director of Operations Report
OP	DoO	A&E	Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)		>5%	%	0.00%	1.89%												1.84%			
OP	DoO	A&E	Left department without being seen rate		>5%	%	0.91%	1.28%												1.11%			
OP	DoO	A&E	Time to initial assessment - 95th centile		>15 Mins	Minutes	30	35												33	There remain Data Quality issues with this element of the A&E Quality assessment. A revised data collection process has been developed that will provide a more accurate report for patients where the appropriate fields are completed.	The Emergency & Critical Care Programme Manger is leasing with the relevant elements of the IT to ensure that in future months the newly implemented data collection process is used to populate the files. They are also working with both clinical and admin staff within the Centre to ensure the filed is appropriately populated.	Director of Operations Report
OP	DoO	A&E	Time to treatment in department - median		>60 Mins	Minutes	39	45												42			
OP	DoO	Cancelled ops	Breaches of 28 days readmission guarantee as % of cancelled ops	5%	15%	%	17.24%	5.76%												5.76%			
OP	DoO	Referral To Treatment	RTT - admitted - 95th percentile	<=23	>27.7	Weeks	25.79	25.93												25.90			
OP	DoO	Referral To Treatment	RTT - non-admitted - 95th percentile	<=18.3		Weeks	17.98	17.38												17.70			
OP	DoO	Referral To Treatment	RTT - incomplete - 95th percentile	<=28	>36	Weeks	19.18	18.82												18.62			
OP	DoO	Referral To Treatment	RTT - admitted - 90% in 18 weeks	90%	85%	%	85.22%	82.84%												83.74%	General Surgery, T&O, Ophthalmology and Plastic Surgery failed the 90% target in month	Demand & Capacity modelling for T&O continuing, discussions with North Staffs to acquire additional Plastic sessions and Ophthalmology to clear cataract backlog by end of June. Relevant Centre Managers.	HEC RTT Paper
OP	DoO	Referral To Treatment	RTT - non-admitted - 95% in 18 weeks	95%	90%	%	95.04%	96.08%												95.60%			
OP	DoO	Cancer	2 week GP referral to 1st outpatient	93%	88%	%	97.85%	94.46%												95.99%			
OP	DoO	Cancer	2 week GP referral to 1st outpatient - breast symptoms	93%	88%	%	98.41%	100.00%												95.80%			
OP	DoO	Cancer	31 day second or subsequent treatment - surgery	94%	89%	%	91.67%	94.34%												93.75%			
OP	DoO	Cancer	31 day second or subsequent treatment - drug	98%	93%	%	96.49%	98.77%												99.35%			
OP	DoO	Cancer	31 day diagnosis to treatment for all cancers	96%	91%	%	98.13%	97.35%												97.85%			
OP	DoO	Cancer	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	94%	89%	%	100.000%	98.65%												99.30%			
OP	DoO	Cancer	62 day referral to treatment from screening	90%	85%	%	94.44%	92.86%												93.75%			
OP	DoO	Cancer	62 day referral to treatment from hospital specialist	85%	80%	%	96.55%	94.67%												95.83%			
OP	DoO	Cancer	62 days urgent GP referral to treatment of all cancers	85%	80%	%	86.42%	82.43%												85.75%	12 of the 13 in month breaches were Colorectal patients. This is part related to increased referrals following the national Bowel Cancer Awareness advertising campaign.	The Surgical Centre Manger has started discussions re opening up the 3 PRH room to increase access to colonoscopies .	
OP	DoO	Stroke	Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	%	86.30%	83.60%												84.95%			
OP	DoO	Delayed transfers of care	Delayed transfers of care	4%	5%	%	3.36%	3.36%												3.36%			
OP	DoO	Cancelled ops	Ops Cancelled on day of or following Admission for non Medical reason			Number	52	59												111			

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Quality																			Narrative	Actions	Reference	
Domain	Lead Exec	Indicator	Definition	Target / Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	2012/12 YTD				
Q	DQ&S	Single Sex Accommodation Breaches			Number	0	0												0			
Q	DQ&S	RED rated areas on your maternity dashboard?			Number	No	No												N/A			
Q	DQ&S	Falls resulting in severe injury or death			Number	3	2												5			
Q	DQ&S	Grade 3 or 4 pressure ulcers			Number	3	4												7			
Q	DQ&S	Formal complaints received			Number	47	64												111			
Q	DQ&S	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Certification against compliance with requirements regarding access to healthcare for people with a learning disability			No	No												N/A	A draft disability strategy is being developed which will incorporate addressing the 6 requirements.	Associate Director of Quality & Patient Experience is developing an action plan that meets the 6 specific requirements of the access to healthcare for people with a learning disability policy	Quality & Safety Report

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Finance																	Narrative	Actions	Reference			
Domain	Lead Exec	Indicator	Definition	Target / Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13				Mar-13	2012/12 YTD	
F	FD	Agency and bank spend as a % of turnover			%	1	2													Planned YTD EBITDA margin 2.6%, achieved 1.9%. Key factors within the planned YTD low EBITDA Margin is that clinical income (excluding support) YTD at Month 2 is significantly lower than the average planned income for the remainder of the year. This is due to the number of bank holidays falling within April affecting elective and outpatient capacity. Expenditure budgets however, are phased on a more even basis		
F	FD	FRR Underlying performance	EBITDA margin %			1	1													Variance from plan E341k. Pay overspend 195k, Non Pay underspend E108k, income underperformance E254k		
F	FD	FRR Achievement of plan	EBITDA achieved %			2	2													As above the under performance relates to the phasing of the delivery of the E1.9m affected by the number of working days available as explained above.		
F	FD	FRR Financial efficiency	Return on assets %			1	1													Planned YTD I&E Surplus margin -2.3%, achieved -3.0%. Key factors within the planned YTD low I&E Margin are again as described above.		
F	FD	FRR Liquidity	Liquid ratio days			2	2													In line with plan		
F	FD	FRR Average	Weighted Average			1.50%	1.70%															
F	FD	Unplanned decrease in EBITDA margin in two consecutive quarters				No	No															
F	FD	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months				No	No															
F	FD	FRR 2 for any one quarter				Yes	Yes															
F	FD	Working capital facility (WCF) agreement includes default clause				N/A	n/a													See Comments on FRR Slide 4		
F	FD	Debtors > 90 days past due account for more than 5% of total debtor balances				No	No															
F	FD	Creditors > 90 days past due account for more than 5% of total creditor balances				Yes	No													Following end of year Agreement of Balances, legacy creditor balances have been settled or resolved.		
F	FD	Two or more changes in Finance Director in a twelve month period				No	No															
F	FD	Interim Finance Director in place over more than one quarter end				No	No															
F	FD	Quarter end cash balance <10 days of operating expenses				Yes	Yes															
F	FD	Capital expenditure < 75% of plan for the year to date				No	No															
																				As discussed above the current YTD deficit will be addressed primarily through additional clinical income in future months compared to current levels due to the increased number of working days available. The current pay cost trends shows a reduction in staffing levels (95 wte) from Month 1 and Month 2, the Trust anticipates this to continue in response to the controls it has put in place around the use of non permanent staff and vacancy control policies. In addition, the current bed reduction programme has enabled re-deployment of permanent staff into vacancies covered by non-permanent staff. Non pay is currently under-spent by cE100k and will be continued to be monitored closely through monthly performance meetings with each clinical centre. The Trust created a Programme Management Office (PMO) in 2011/12 and this proved to be successful in delivery the identified savings within 2011/12. The PMO is tracking all identified CIP schemes and atten		