Balanced Scorecard Summary

Month 4

The Shrewsbury and Telford Hospital NHS

NHS Trust

Operational Performance

	Previous Month	This Month	Year to Date
		Number	Number
Green	17	17	15
Amber	3	2	2
Red	2	4	5
No RAG Applied	2	1	2

Finance

	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	7	7	0
Amber	1	0	0
Red	7	7	0
No RAG Applied	2	3	17

SaTH Overall Performance

	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	37	36	17
Amber	4	3	2
Red	11	13	6
No RAG Applied	13	13	40

Quality

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

Safety

	Previous Month	This Month	Year to Date
	Number	Number	Number
Green	12	11	2
Amber	0	0	0
Red	1	2	1
No RAG Applied	5	5	15

Operational Performance

Month 4	Lead Exec	Indicator	Definition	Performing Threshold	Under-performing Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	2012/13 YTD	Actions	Reference
OP	WD	Sickness absence rate	The monthly figure represents the most recent unvalidated view of the month detailed. YTD shows validated performance 2 months in arrears, IE for July the YTD figure is at end of May.	3.39%		%	4.60%	4.15%	4.33%	4.96%	4.14%	A revised Managing Sickness Absence policy has been approved by HEC and will be presented to Trust Board in August. Workforce Director Dedicated resources have been identified to focus attention on supporting managers and staff in developing health and wellbeing strategies to improve attendance in conjunction with Team Prevent, the Trust's Occupational Health provider. Workforce Director	
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%	95.63%	94.87%	93.71%	Continue to manage implementation of agreed action plan on-going. Director of Operations and Director of Patient Safety & Quality	Urgent Care Pathway Improvement Action Plan
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%	%	1.78%	1.89%	2.06%	1.99%	1.93%		
OP	DoO	A&E	Left department without being seen rate		>5%	%	0.91%	1.28%	1.30%	1.31%	1.21%		
OP	DoO	A&E	Time to initial assessment - 95th centile		>15 Mins	Minutes	30	35	35	34	44	Continue to manage implementation of agreed action plan on-going. Director of Operations and Director of Patient Safety & Quality	Urgent Care Pathway Improvement Action Plan
OP	DoO	A&E	Time to treatment in department - median		>60 Mins	Minutes	39	45	31	43	42		
OP	DoO	Cancelled ops	Ops Cancelled on day of or following Admission for non Medical reason			Number	52	59	80	65	256		
OP	DoO	Cancelled ops	Breaches of 28 days readmission as % of Prev month cancelled ops	5%	15%	%	17.24%	5.76%	25.49%	45.00%	28.79%	July's 45 represents 36 of Junes 80 cancellations not readmitted within 28 days. Centre Managers have been asked to confirm escalation arrangements are in place within their Centres for each non medical cancellation.	
OP	DoO	Referral To Treatment	RTT - admitted - 95th percentile	<=23	>27.7	Weeks	25.79	25.93	27.23	21.4	25.47		
OP	DoO	Referral To Treatment	RTT - non-admitted - 95th percentile	<=18.3		Weeks	17.98	17.38	17.46	17.77	17.67		
OP	DoO	Referral To Treatment	RTT - incomplete - 95th percentile	<=28	>36	Weeks	19.18	18.82	18.26	19.77	18.88		
OP	DoO	Referral To Treatment	RTT - admitted - 90% in 18 weeks	90%	85%	%	85.22%	82.84%	77.54%	90.98%	84.09%	On-going implementation of agreed action plans that have delivered the improved July performance. Director of Operations	
OP	DoO	Referral To Treatment	RTT - non-admitted - 95% in 18 weeks	95%	90%	%	95.04%	96.08%	96.59%	95.84%	95.88%		
OP	DoO	Cancer	2 week GP referral to 1st outpatient	93%	88%	%	97.85%	94.46%	95.39%	95.21%	96.33%		
OP	DoO	Cancer	2 week GP referral to 1st outpatient - breast symptoms	93%	88%	%	98.41%	100.00%	96.34%	92.86%	95.77%	Cancer Information Manager to provide report to all relevant Centre Managers confirming specialty and consultant data to allow for full Root Cause Analysis to be undertaken.	
OP	DoO	Cancer	31 day second or subsequent treatment - surgery	94%	89%	%	91.67%	94.34%	96.67%	94.44%	94.67%		
OP	DoO	Cancer	31 day second or subsequent treatment - drug	98%	93%	%	96.49%	98.77%	98.25%	100.00%	99.28%		
OP	DoO	Cancer	31 day diagnosis to treatment for all cancers	96%	91%	%	98.13%	97.35%	96.08%	96.41%	97.36%		
OP	DoO	Cancer	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	94%	89%	%	100%	98.65%	98.72%	94.81%	97.97%		
OP	DoO	Cancer	62 day referral to treatment from screening	90%	85%	%	94.44%	92.86%	85.71%	92.31%	91.60%		
OP	DoO	Cancer	62 day referral to treatment from hospital specialist	85%	80%	%	96.55%	94.67%	94.12%	92.86%	94.86%		
OP	DoO	Cancer	62 days urgent GP referral to treatment of all cancers	85%	80%	%	86.42%	82.43%	85.19%	82.65%	84.56%	Cancer Information Manager to provide report to all relevant Centre Managers confirming specialty and consultant data to allow for full Root Cause Analysis to be undertaken.	
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%	89.90%	95.00%	85.00%		
OP	DoO	Delayed transfers of care	Delayed transfers of care	4%	5%	%	3.23%	3.85%	3.38%	3.13%	N/A		

Quality

Month 4	Lead Exec	Indicator	Definition	Target / Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	2012/13 YTD	Actions	Reference
Q	DQ&S	Single Sex Accommodation Breaches			Number	0	0	0	0	0		
Q	DQ&S	RED rated areas on your maternity dashboard?			Number	No	No	No	No	N/A		
Q	DQ&S	Falls resulting in severe injury or death			Number	3	2	0	2	7	Comfort rounds are embedded in practice across the organisation to enhance patient observation and to support falls reduction. DQ&S	Quality & Safety Report
Q	DQ&S	Grade 3 or 4 pressure ulcers			Number	3	4	3	4	14	Work is still on-going with regards to actions previously identified in relation to reducing the number of hospital acquired pressure ulcers. DQ&S	
Q	DQ&S	Formal complaints received			Number	47	64	61	60	232	Work continues to identify the 30 oldest cases awaiting a first response at the beginning of each month, these are being progressed and a number of case reviews are being undertaken to complete complex cases. DQ&S	Quality & Safety Report
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	No	No	N/A	Associate Director of Quality & Patient Experience is implementing the agreed action plan which is undergoing regular review with updates being provided via trust board reporting. The action plan is expected to deliver compliance with all 6 measures by October 2012 . Assurance and evidence to allow certification of compliance will be included in a report to October Trust Board	Quality & Safety Report

Safety

Month 4	Lead Exec	Indicator	Definition	Target / Threshold	Unit	Apr-12	May-12	Jun-12	Jul-12	2012/13 YTD	Actions	Reference
S	MD	SHMI - latest data			Ratio	109	109	109	107.5	N/A		
S	MD	Venous Thromboembolism (VTE) Screening		90%	%	90.05%	91.72%	90.12%	90.15%	N/A		
S	MD	Elective MRSA Screening			%	90.16%	90.28	89.16%	90.01%	N/A		
S	MD	Non Elective MRSA Screening			%	97.08	96.37	97.38%	96.19%	N/A		
S	DQ&S	Open Serious Incidents Requiring Investigation (SIRI)			Number	96	88	61	25	N/A		
S	DQ&S	"Never Events" in month		0	Number	2	0	0	1	3	Full Root Cause Analysis of the incident is being completed by the Patient Safety Team.	
S	DCRM	CQC Conditions or Warning Notices			Number	No	No	No	No	N/A		
S	DCRM	Open Central Alert System (CAS) Alerts Past Completion Date			Number	3	3	3	3	N/A		
S	MD	100% compliance with WHO surgical checklist		100%	%	99.60%	99.50%	100%	99.40%	N/A		
S	MD	Clostridium Difficile		45	Number	2	2	5	2	11		
S	MD	MRSA		2	Number	1	0	0	0	1		
S	DCRM	CQC Registration	Are there any compliance conditions on registration outstanding.			No	No	No	No	N/A		
S	DCRM	CQC Registration	Are there any restrictive compliance conditions on registration outstanding.			No	No	No	No	N/A		
S	DCRM	CQC Registration	Moderate CQC concerns regarding the safety of healthcare provision			Yes	No	No	No	N/A		
S	DCRM	CQC Registration	Major CQC concerns regarding the safety of healthcare provision			No	No	No	No	N/A		
S	DCRM	CQC Registration	Formal CQC Regulatory Action resulting in Compliance Action			No	No	No	No	N/A		
S	DCRM	CQC Registration	Formal CQC Regulatory Action resulting in Enforcement Action			No	No	No	No	N/A		
S	DCRM	CNST	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements			No	No	No	No	N/A		

Finance

Month 4	Lead Exec	Indicator	Definition	Target / Threshold	Unit	Apr-12	May 12 - YTD	Jun 12 - YTD	Jul 12 - YTD	2012/13 YTD	Actions	Reference
F	FD	Agency and bank spend as a % of turnover			%	6.61%	5.30%	5.70%	6.17%	5.81%	Please refer to the Month 4 Finance Report for actions and narrative related to the Finance Measures.	Month 4 Finance Report
F	FD	FRR Underlying performance	EBITDA margin %	3.0		1	2	2	2	N/A		
F	FD	FRR Achievement of plan	EBITDA achieved %	5.0		1	3	3	3	N/A		
F	FD	FRR Financial efficiency	Return on assets %	3.0		2	2	2	2	N/A		
F	FD	FRR Financial efficiency	I&E surplus margin %	2.0		1	1	2	2	N/A		
F	FD	FRR Liquidity	Liquid ratio days	2.0		2	2	2	2	N/A		
F	FD	FRR Average	Weighted Average	2.8		1.5	1.9	2.1	2.1	N/A		
F	FD	Unplanned decrease in EBITDA margin in two consecutive quarters				No	No	No	No	N/A		
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	No	No	N/A		
F	FD	FRR 2 for any one quarter				Yes	Yes	Yes	N/A	N/A		
F	FD	Working capital facility (WCF) agreement includes default clause				N/A	N/A	N/A	N/A	N/A		
F	FD	Debtors > 90 days past due account for more than 5% of total debtor balances				No	No	No	No	N/A		
F	FD	Creditors > 90 days past due account for more than 5% of total creditor balances				Yes	No	No	No	N/A		
F	FD	Two or more changes in Finance Director in a twelve month period				No	No	No	No	N/A		
F	FD	Interim Finance Director in place over more than one quarter end				No	No	No	No	N/A		
F	FD	Quarter end cash balance <10 days of operating expenses				Yes	Yes	Yes	Yes	N/A		
F	FD	Capital expenditure < 75% of plan for the year to date				No	No	Yes	Yes	N/A		