

TRUST BOARD
29th May 2014

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>During 2013/14 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.</p> <p>The Trust continues to report good results for its inpatient services though A&E continues to be significantly under our desired level.</p> <p>The Trust recorded an improved level of expenditure in the month, however this reduction was insufficient to meet the month one planned surplus and the Trust reported an in-month deficit of £0.6m. Income is being reviewed as both the budget and actuals are estimates, and adjustments will be made in month 2 if required</p> <p>The Monitor Continuity of Service Risk Rating (CoSRR) is 2 against a plan of 3 for the year to date. This has been impacted by the low level of I&E in the month.</p> <p>CIP's came in at £0.9m against a plan of £1.2m</p>
BOARD ASSURANCE (RISK)/ IMPLICATIONS	<p>The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.</p>
LINK TO STRATEGIC OBJECTIVE / BAF	The scorecard links to all strategic objectives.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	The paper sets out the key level indicators that are relevant to patient care within the organisation.
EQUALITY AND DIVERSITY ISSUES	N/A
LEGAL ISSUES	N/A
The Trust Board is asked to:	Review the paper seeking additional assurance as appropriate.
Submitted by:	David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
Date:	22 nd May 2014
Decision:	For Assurance

Balanced Scorecard

1.0 Introduction

During 2014/15 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.

The key measure for patient experience is the Friends and Family test which is showing reasonable results for ward based care, but the A&E experience is behind where the Trust is aiming. The Trust is performing well for the collection of data; it remains amongst the leading Trusts in the region. In terms of responses the Trust is comparing well against its peers for inpatient care. For A&E the Trust is collecting significantly more data than the majority of other Trusts.

2.0 To achieve the highest possible quality of care and treatment for our patients

The SHMI mortality rate for April was 54 which is below the year end outturn for 13/14 of 56, against a limit of 72. The level has remained relatively stable since December. The actual number of deaths in April was 70 which is below the monthly limit of 86.

There were 7 cases of cardiac arrests in non-critical care areas. This is a new measure for this year. At the time of writing the report the target is to be established. This measure forms part of the CQUIN schemes and a detailed action plan is being developed to reduce the numbers.

61% of stroke patients reached the stroke ward within 4 hours of being admitted to the hospital. This is in line with our improvement trajectory, though the year-end target is 90%, which is the national standard.

The Friends and Family Test score for February inpatients (71.8) which is below our target of 73. The score for A&E (50.1) is below the target (55) set at the beginning of the year. The new maternity measure is just above our target level of 73 at 73.2.

The number of falls in April was 55, with 0.2% patients suffering harm as measured by the safety thermometer.

There were no cases of hospital acquired MRSA, though there was one case of C.Diff this month.

3.0 To deliver the Trust's strategy of joined up healthcare

During April ASPH did meet the four hour emergency access standard (97.0%). This target remains an area of considerable focus for the Trust as achievement remains challenging.

Readmissions are above the target level of 12.5% at 13.3%. Reducing the number of readmissions is a focus for the Trust and a new plan is being formulated. The Trust

intends to pilot the phoning of all discharged patients from the respiratory ward after discharge to ensure that there are no issues that might require a readmission.

Meeting the 18 week target remains a challenge for the Trust, though the action plans to recover the situation are fully in place and are being implemented. Monitoring against achievement occurs on a weekly basis at speciality level and Trust level.

The month one plan has not yet been finalised, and therefore the ledger plan represents the best estimate. The actuals have been captured as accurately as possible given that not all contracts had been finalised at the close of the ledger, but the variance to budget is a best estimate and will be reviewed when more accurate data is available. A more detailed income and activity analysis will be available in month 2.

4.0 To recruit, retain and develop a high performing workforce

New targets have been agreed for the new financial year, which are stretching but achievable:

Establishment and Vacancies

At 30th April 2014 the workforce establishment increased to 3513.69 WTE with additional investment and Year End adjustments increasing the establishment by 160 WTE. These posts are being recruited to from the start of the financial year and the vacancy rate will remain above target whilst recruitment is taking place.

Agency Spend

Agency expenditure in April reduced to 7.0% of the pay bill which is higher than the target. Bank expenditure increased, though remains within target.

Turnover and Stability

Turnover is based on the number of leavers and average staff in post in the 12 month period. This month turnover has decreased from 14.6% to 14.4%, near the new the trust target. The number of leavers this month decreased to 33 in April with 3 retirements, 1 dismissal and 29 voluntary resignations, of these:

- o 8 were promotions/better reward package/relocations/further study
- o 21 were childcare responsibilities/work life balance/health/other

Stability (percentage of the workforce with more than one year's service) increased to 87.9%, slightly below the new Trust target.

Sickness

The sickness rate reduced to 3.1% in March with the cumulative YTD figure of 3.1%, below the new 2014-15 target.

Appraisals and Mandatory Training

The number of staff recorded as having an appraisal within the past year decreased to 83%, below the target.

Mandatory training compliance decreased to 86% below the 2014-15 target.

Friends and Family test score - staff

Each quarter, with the exception of the National Staff Survey fieldwork period [September-December 2014], all permanent staff will be invited to participate in the Staff Family and Friends Test. In a similar way to the Patients Family and Friends Test, the survey should only take a few minutes to complete. Staff will be asked two

questions in relation to whether they would recommend the Trust as a place to work or receive treatment. There will also be space on the survey for the staff to give further feedback if they wish.

Our combined target will be 90%, broken down as follows:

- The percentage of staff who would recommend the Trust as a place to work: 85%
- The percentage of staff who would recommend the Trust as a place to receive care: 89%

5.0 To ensure financial sustainability of the Trust through business growth and efficiency gains

The Trust recorded an improved level of expenditure in the month, however this reduction was insufficient to meet the month one planned surplus and the Trust reported an in-month deficit of £0.6m. Income is being reviewed as both the budget and actuals are estimates, and adjustments will be made in month 2 if required

The Monitor Continuity of Service Risk Rating (CoSRR) is 2 against a plan of 3 for the year to date. This has been impacted by the low level of I&E in the month.

CIP's came in at £0.9m against a plan of £1.2m

Cash continues to track behind target due in part to the in-month deficit and due to 2013/14 over-performance not yet being recovered in full particularly from NHS England where no payments have yet been received. A very large challenge has been received from NHS England, which the Trust is rebutting.

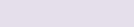
The forecast for the year has been reduced to a breakeven position after providing for possible merger costs.

Trust Balanced Scorecard - 2014/15

1. Best outcomes

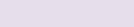
Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Apr 14 Actual	6-month trend	YTD 14/15
1-01 In-hospital SHMI	N	56	<72	<72	54		56
1-02 RAMI	N	57	<70	<70	53		N/A
1-03 In-hospital deaths (CQUIN)	L	1033	86	<1033	70		70
1-04 Proportion of mortality reviews	L	23%	30% in Q1	>90%	16%		N/A
1-05 Number of cardiac arrests not in critical care areas	L	NEW	0	0	7		7
1-06 MRSA (Hospital only)	N	2	0	0	0		0
1-07 C.Diff (Hospital only)	N	10	0.75	9	1		1
1-08 Falls (Total Number)	L	721	58	697	55		55
1-09 Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	3.58		3.58
1-10 Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.20%		0.20%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	1.18	1.12	1.12	0.98		0.98
1-12 Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	1.01%		1.01%
1-13 Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	13.3%		13.3%
1-14 WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	95.9%		95.9%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1	90%	61.0%		61.0%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2	90%	41%		41%

3. Excellent experience

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Apr 14 Actual	6-month trend	YTD 14/15
3-01 Trust 4Hr Target (Monitor Compliance)	N	95.5%	>95%	>95%	97.0%		97.0%
3-02 Emergency Conversion Rate	C	23.1%	<23.8%	<23.8%	24.7%		24.7%
3-03 Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	12		12
3-04 Average Bed Occupancy (exc escalation beds)	L		92.0%	92%	90.2%		90.2%
3-05 Patient Moves (ward changes >=3)	L	6.5%	<6.5%	<6.5%	6.6%		6.6%
3-06 Discharge rate to normal place of residence (Stroke&FNOF)	L	60.7%	>62.1%	>62.1%	68.6%		68.6%
3-07 Friends & Family test score - InPatients	L	72.3	>73	>73	71.8		71.8
3-08 Friends & Family test score - A&E	L	47.6	>55	>55	50.1		50.1
3-09 Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	73.2		73.2
3-10 Follow-up complaints	L	144	14	136	16		16
3-11 Dementia screening (Composite Score)	N	96.7%	>90%	>90%	90.7%		90.7%
3-12 RTT - Admitted pathway	N	88.2%	>90%	>90%	81.3%		81.3%
3-13 RTT - Non-admitted pathway	N	97.3%	>95%	>95%	96.03%		96.03%
3-14 RTT - Incomplete pathways	N	96.9%	>92%	>92%	94.6%		94.58%

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure		Outturn 13/14	Annual Target 14/15	Apr 14 Actual	6-month trend	YTD 14/15
2-01 Establishment (WTE) *1	L	3,354	TBC	3,514		3,514
2-02 Establishment (EPay) *1	L	£150,650k	TBC	£13,016k		£13,016k
2-03 Agency Staff spend as a percentage of total pay	L	8.0%	5.0%	7.0%		7.0%
2-04 Bank Staff spend as a percentage of total pay	L	6.1%	7.0%	6.8%		6.8%
2-05 Vacancy Rate (%) excluding headroom	L	7.4%	9.0%	10.8%		10.8%
2-06 Staff turnover rate	L	14.6%	14.0%	14.4%		14.4%
2-07 Stability	L	87.7%	89.0%	87.9%		87.9%
2-08 Sickness absence	L	3.2%	3.0%	3.1%		3.1%
2-09 Staff Appraisals	L	86.4%	90.0%	82.9%		82.9%
2-10 Statutory and Mandatory Training	L	87.6%	90.0%	86.3%		86.3%
2-11 Friends and Family test score - staff		NEW	90.0%	Qtrly		Qtrly

Note 1 - from April 2014 Vacancy Percentage rate is without any adjustments for nursing Headroom

4. Top productivity

Measure		Outturn 13/14	Annual Target 14/15	Apr 14 Actual	6-month trend	YTD 14/15
4-01 Monitor Continuity of Service Risk Rating	N	3	3	2		2
4-02 Total income excluding interest (E000)	L	£245,687	£250,245	£20,361		£20,361
4-03 Total expenditure (E000)	L	£230,564	£233,330	£19,737		£19,737
4-04 EBITDA (E000)	L	£15,123	£16,915	£623		£623
4-05 CIP Savings achieved (E000)	L	£10,091	£14,902	£868		£868
4-06 CQUINs (E000)	L	£4,547	TBC	TBC		TBC
4-07 Month end cash balance (E000)	L	£11,065	£15,376	£7,996		£7,996
4-08 Capital Expenditure Purchased (E000)	L	£15,664	£12,415	£355		£355
4-09 Emergency threshold/readmissions penalties	L	£5,332	TBC	TBC		TBC
4-10 Average LoS Elective	L	3.77	3.32	3.18		3.18
4-11 Average LoS Non-Elective	L	6.62	6.29	6.50		6.50
4-12 Outpatient First to Follow ups	L	1.57	1.49	1.63		1.63
4-13 Daycase Rate (whole Trust)	L	83.9%	>84%	84.3%		84.3%
4-14 Theatre Utilisation	L	72.67%	>76%	72.6%		72.6%
4-15 Overall Elective Market Share	L					
4-16 A&E Activity (Attendances)	L	92,215	<92,215	7596		7596
4-17 Emergency Activity (Spells)	L	38,194	<38,194	3119		3119
4-18 Elective Activity (Spells)	L	38,058	>38,058	3278		3278
4-19 % Elective inpatient activity taking place at Ashford	L	48.3%	>57.53%	45.03%		45.03%
4-20 Outpatient Activity (New Attendances)	L	107,488	>107,488	8804		8804

Definitions

Quadrant 1	Indicator Definition
1-01	<p>IN-HOSPITAL SHMI - The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider.</p> <p>The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital.</p> <p>The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charleston Comorbidity Index and diagnosis grouping.</p> <p>A 3 year dataset is used to create the risk adjusted models. A 1 year dataset is used to score the indicator. The 1 year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The 3 years used for creating the dataset is a full 36 months up to, and including, the most recently available data.</p> <p>The data source is CHKS. The monthly figure shown is a rolling 6 month position, reported one month in arrears and the YTD figure shown is a rolling 12 month position, reported one month in arrears</p>
1-02	<p>RAMI (Risk Adjusted Mortality Index) uses a method developed by CHKS to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data. The model calculates the expected probability of death for each patient based on the experience of the norm for patients with similar characteristics (age, sex, diagnoses, procedures, clinical grouping, admission type) at similar hospitals (teaching status). After assigning the predicted probability of death for each patient, the patient-level data is aggregated.</p> <p>The data source is CHKS. The monthly figure and YTD is reported one month in arrears.</p>
1-03	The total number of in-hospital deaths (CQUINN definition, excludes age<18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*)
1-04	Proportion of mortality reviews. Number of mortality reviews (numerator) divided by total number of deaths (denominator). Unlike 1-03, the denominator has no exclusions, i.e. all deaths are counted. This measure is reported one month in arrears to account for the time lag to carry out and record the mortality review.
1-05	Number of cardiac arrests <u>not</u> in critical care areas (i.e. not in MAU, CCU, SDU, SAU, Endoscopy, Cardiac cath lab, A&E, ICU, Theatres, MHDU, Paeds A&E)
1-06	Number of Hospital acquired MRSA
1-07	Number of Hospital acquired C-Diff
1-08	Falls (Total Number)
1-09	Falls (Per 1000 Beddays)
1-10	Falls with harm (safety thermometer measure i.e. point prevalence)
1-11	Pressure Ulcers (Per 1000 Beddays)
1-12	Pressure Ulcers (safety thermometer measure i.e. point prevalence)
1-13	Re-admissions within 30 days of first admission where the first admission was an emergency. CQUIN definition
1-14	WHO surgical checklist compliance; source of data is the theatres Qlikview dashboard, excluding radiology and general medicine (as these specialties have a 2 part checklist)
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)
1-16	EDDs set within 14 hours of admission (CQUIN)
Quadrant 3	Indicator Definition
3-01	Trust 4Hr target (Monitor Compliance)
3-02	Number of patients who were admitted as a percentage of the total number of attendances at A&E
3-03	The total number of Serious Incidents requiring Investigation
3-04	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic
3-05	The percentage of patients who were transferred between wards, 3 or more times during their admission.
3-06	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-07	Friends and Family Test score for inpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?")
3-08	Friends and Family Test score for A&E (Test asks following standardised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?")
3-09	Friends & Family test score - Maternity (Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care)
3-10	The number of follow-up complaints received
3-11	Dementia screening (Composite Score based on the national return, combining the three questions about finding.)
3-12	RTT - Admitted pathway. Trust percentage compliance with the 18 weeks rules. 90% of Admitted patients should be seen within 18 weeks.
3-13	RTT - Non-admitted pathway. Trust percentage compliance with the 18 weeks rules. 95% of Non-Admitted patients should be seen within 18 weeks.
3-14	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incomplete pathways should be waiting less than 18 weeks.
Quadrant 4	Indicator Definition
4-10	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-12	Outpatient first to follow-up appointments (Methodology excludes certain clinic codes in line with the contract)
4-13	Percentage of activity carried out as daycases of all elective activity.
4-14	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anaesthetic Induction) as % of available session time. Includes Bluespier records with missing tracking times
4-15	Overall Elective Market Share
4-16	A&E Activity (Attendances)
4-17	Total number of Emergency Spells in the month
4-18	Total number of Elective (Inpatient & Daycase) Spells in the month
4-19	Percentage of elective inpatient activity taken place at Ashford
4-20	Total number of Outpatient New attendances