

**TRUST BOARD**  
**30<sup>th</sup> May 2013****TITLE** **Balanced Scorecard for April (reporting April's data)****EXECUTIVE SUMMARY** In April the Trust failed to meet the emergency access target with performance at 93.6%, although this figure has improved for the second month in a row. The number of patients awaiting discharge has reduced of late but remains higher than what is required to improve patient flow through the hospitals. The forecast outturn surplus remains £3m. The Monitor FRR was 4 in the month, in line with plan, and the forecast remains at 3 for the year.**BOARD ASSURANCE (RISK)/ IMPLICATIONS** The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.**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:** Discuss the paper.**Submitted by:** David Fluck, Medical Director  
Simon Marshall, Director of Finance and information  
Louise McKenzie, Director of Workforce Transformation**Date:** 23<sup>rd</sup> May 2013**Decision:** For Discussion

### Balanced Scorecard for April

For 2013/14 the Trust's strategic objectives are:

- **To achieve the highest possible quality of care and treatment for our patients**
- **To recruit, retain and develop a high performing workforce**
- **To deliver the Trust's clinical strategy of joined up healthcare**
- **To ensure financial sustainability of the Trust through business growth and efficiency gains**

Emergency activity levels and access targets continue to be challenging. In April we achieved 93.6% against the 4 hour emergency access target of 95%. Our A&E conversion rate to admissions has stayed the same at 24% and although we recorded a reduction in A&E admission activity which would imply that we have seen fewer A&E attendances however this was not actually the case as GP referred patients are now bypassing A&E and going direct to the Medical and Surgical Assessment Units and consequently are now recorded as outpatients where their length of stay is less than 4 hours.

There is a National target that 80% of Stroke patients must spend 90% of their time in a specialist Stroke unit. We have set ourselves a stretch target that at least 85% of our patients meet this and for April we achieved 85.7% which was an improvement from the 2013/14 outturn of 82.4%.

Elective work in April was 4.8% above the 2013/14 YTD plan. The April activity level increased 4% month on month from March and was due to the Trust undertaking additional theatre lists to support 18 week RTT performance targets.

Market share data is only available to the end of January due to national issues regarding release of data following the NHS restructure. However, we have identified that there has been new data published in Dr Foster recently showing the activity levels of PIMS in the Woking area earlier in the year. This is covered in the separate Board paper on this topic.

New outpatient activity was 3.6% below target with 335 fewer appointments. There are a variety of possible reasons for this. As mentioned above we know that PIMS are starting to take activity from the Acute providers in the Woking area. Also there is continued focus on GPs to reduce inappropriate referrals and with the move to the CCG structure and more effort being put into this then we it is likely that we will see this reduce. NWS CCG have introduced a Referral management Service for the SASSE and Thames Medical areas and we know that typically referrals reduce when this approach is taken. We need to ensure that we offer the high quality responsive pathways for patients and best possible patient experience to ensure we grow market share to maintain activity levels.

The SHMI mortality rate for April was 58 against a target of 72. The Trust continues to work closely with Sam Beare the Woking Hospice, transferring patients who are expected to die, to the hospice, where this is a more appropriate setting. This was piloted towards the end of 2012/13 and had a positive effect of reducing mortalities in the hospital setting by the equivalent of circa 100 a year.

There were 56 complaints in April, which is high. The Trust will need to improve on this to 37 a month to achieve the year-end target of 450.

The MRSA and Cdiff targets for 2013/14 are 0 and 13 respectively, which have been further stretched from the year before (1 and 20). In April there were no MRSA cases and a single C Diff case. The new VTE nurse continues to implement best practice across the Trust and is working with each ward to appoint a VTE champion who will be responsible for continuous improvement and the completion of any RCAs / audits on their ward. The audits will ensure that the risk assessments are being completed correctly and the necessary interventions applied.

The Trust has set itself an improvement target in terms of reducing falls by 7% in 2013/14 and is currently on track to achieve this.

New for 2013/14 are financial penalties for hospital acquired grade 3 & 4 pressure ulcers. For grade 3 the 50% penalty applies if the RCA proves a failing in terms of either the risk assessment / intervention. Grade 4s are treated like never events insofar as non-payment of the episode of care. Catheter associated UTIs are not yet achieving the target set, although this is only to be achieved by month 6.

During April ASPH continued to achieve all the key Monitor targets within the compliance framework excluding the four hour emergency access standard (93.6%), although this is a single month's performance and the indicator is measured monthly.

At 30 April 2013 the workforce establishment remained at 3240 WTE (2306 WTE clinical and 934 WTE non-clinical posts). Planned growth and reductions, as identified within divisional and corporate workforce plans, will be reflected in the establishment as validated against financial establishments.

The use of agency staff **decreased** by 12.8 WTE from 75 WTE in March to 62 WTE in April, remaining above target.

- Medical agency **decreased** from 30.1 WTE to 24.7 WTE, mainly in Acute Medicine,
- Nursing & HCA agency **decreased** from 44.4 WTE to 36.1 WTE, with decreases across medical specialities and increase in agency use in theatres,
- AHP/HCHS **increased** from 0.6 WTE to 1.6 WTE in Head & Neck and Pathology.

The use of bank staff **decreased** from 298 WTE to 237 WTE with reductions in all staff groups, and the vacancy rate **decreased** from 8.4% to 7.4%, below the 10% target. Turnover (number of leavers during previous 12 months expressed as a percentage of the workforce) **reduced** from 14.9% to 14.5%, remaining above the trust target, and the sickness rate **decreased** from 3.2% to 2.9% in March, the target is 2.9%.

Mandatory training compliance **decreased** to 93%, below the trust target, due to the internal validation identifying a number of records within incorrect intervals and the normal effect of training due for renewal in the new financial year.

The staff engagement measure is a new indicator this year to test the pulse of the workforce, with a rating from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'. The measure will be updated quarterly.

The Trust reported a surplus of £0.449m in month which represented a variance to the £0.585m planned surplus of £0.136m largely due to pay overspends in month 1 in excess of income over performance. At this early stage our forecast year end surplus remains £3m, The Monitor Financial Risk Rating was 4 in the month, in line with plan, and the forecast remains at 3 for the year. CIPS are currently forecast to be £11.2m against a plan of £11.8m, as some schemes are still being assured. Cash balances reduced by £3.2m from March due to income not being received from our specialist commissioners. (This was subsequently received in May.)

During 2013/14 the Trust and our Commissioners agreed to review and develop a revised model for rehabilitation/re-ablement services across North West Surrey. We intend to do this through the piloting of a "Proof of Concept Model" which will look at the entirety of the frail/elderly pathway. A total of £2 million funding has been made available for this project and we have committed to detailed co-design of new pathways in Q1 and Q2 for the implementation in Q2, Q3 and Q4.

# Trust Balanced Scorecard - APRIL 2013/14

## 1. To achieve the highest possible quality of care and treatment for our patients

Patient Safety & Quality	Outturn 12/13	Monthly Target 13/14	Annual Target 13/14	Apr Actual	Performance			YTD 13/14	
					Feb	Mar	Apr		
1-01 Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	58	▲	▼	▲	58
1-02 Actual deaths	L	1160	<78	<945	97	▲	▼	▲	97
1-03 MRSA (Hospital only)	N	2	0	0	0	◀▶	◀▶	◀▶	0
1-04 C.Diff (Hospital only)	N	15	<=1	<13	1	▼	◀▶	▲	1
1-05 VTE (hospital associated with PE or DVT)	L	24	<2	<24	1	▲	▲	▼	1
1-06 Serious Incidents Requiring Investigation (SIRI)	L	71	<6	<75	4	▼	▼	▲	4
1-07 Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	89.8%	▼	◀▶	▲	89.8%
1-08 Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	6.9%	▼	▲	▲	6.9%
1-09 Formal complaints (Total Number)	L	485	<37	<450	56	▲	▼	▼	56
1-10 Friends & Family test score - InPatients	L	-	70	70	67.6	▼	▲	▲	67.6
1-10a Friends & Family test score - A&E	L	-	70	70	63.1	-	▼	▲	63.1
1-11 Falls (Total Number)	L	766	<58	<700	53	▲	▼	▼	53
1-12 Falls - resulting in significant injury (grade 3)	L	18	<1	<15	0	▼	▼	▲	0
1-13 Hospital acquired pressure ulcers grade 2 and above	L	164	<11	<139	10	▼	▲	▲	10
1-14 Catheter associated UTI *	L		<1.2%	<1.2%	1.57%	-	-	-	1.57%

1-14 \*Achieved by 6 months then maintained

## 3. To deliver the Trust's clinical strategy of joined up healthcare

Clinical Strategy	Outturn 12/13	Monthly Target 13/14	Annual Target 13/14	Apr Actual	Performance			YTD 13/14	
					Feb	Mar	Apr		
3-01 Emergency activity level above 2009/10 outturn* (24,975)	L	36.64%		7.2%	▲	▼	▲	7.2%	
3-02 Trust 4Hr Target (Monitor Compliance)	N	95.3%	>95%	>95%	93.6%	▼	▲	▲	93.6%
3-03 Emergency Conversion Rate	C	24.0%	<23.8%	<23.8%	24.0%	▲	▼	▲	24.0%
3-04 Ambulatory Care Pathways	N	26.5%	>30%	>30%	29.4%	▼	▲	▲	29.4%
3-05 95% of all LOS < 27 days	L		<27 days	<27 days	24	◀▶	▼	◀▶	24
3-06 Readmissions within 30 days - elective & emergency	N	0.0%	<6.3%	<6.3%	7.4%	▼	▼	▲	7.4%
3-07 Overall Elective Market Share	L	-	>66%	>66%	-	▼	▲	-	-
3-08 Overall Elective Market Share (Vascular)	L	-	>50%	>50%	-	▼	▲	-	-
3-09 Stroke Patients (90% of stay on Stroke Unit)	N	82.4%	>85%	>85%	85.7%	▼	▲	▲	85.7%
3-10 % Elective inpatient activity taking place at Ashford	L				50.4%	▼	▲	▼	50.4%
3-11 Discharge rate to normal place of residence	L	94.0%			94.0%	▼	▼	▲	94.0%
3-12 R&D - Observations & Interventions	L	508	>37	>444	-	◀▶	◀▶	◀▶	-
3-13 Elective Activity (Spells)	L	34,252	>2868	>34,417	3006	▼	▲	▲	3006
3-14 Emergency Activity (Spells)	L	40,580	<3137	<37,644	2098	▼	▲	▼	2098
3-15 Outpatient Activity (New Attendances)	L	111,061	>9186	>110,242	8851	▼	▼	▼	8851

3-01 Excludes Ambulatory data for April 2013

3-02 \* As per Monitor reporting (includes Ashford)

3-04 \* 2 Additional Pathways (Total 20 Pathways)

3-05 \* Methodology as per CQUIN target, excludes Daycases and zero LOS

3-07 \* Market Share reported 2 month in arrears

3-12 \* R&D figures are reported 1 month retrospective and cumulative. They include both observations and intervention

## 2. To recruit, retain and develop a high performing workforce

Workforce	Outturn 12/13	Annual Target 13/14	Apr Actual	Performance			YTD 13/14	
				Feb	Mar	Apr		
2-01 Establishment (WTE)	L	3240	3273	3240	▲	▲	◀▶	3240
2-02 Establishment (£Pay) *1	L	£141,700k	£142m	£12,099k	▼	▲	▼	£12,099k
2-03 Establishment Reduction - CIPs (WTE) *2	L	49	55	0	◀▶	◀▶	◀▶	0
2-04 Growth (New/Redesigned Roles) *2	L	128	88	0	▲	▲	▲	0
2-05 Agency Staff use (WTE)	L	58	<45 WTE	62	▼	▼	▲	62
2-06 Agency Staff (£Pay) *3	L	£8,699k	3.65% of paybill	£857k	▲	▼	▲	£857k
2-07 Bank Staff use (WTE)	L	256	<280 WTE	237	▼	▼	▲	237
2-08 Bank Staff (£Pay) *3	L	£9,001k	6.35% of paybill	£661k	▼	▼	▲	£661k
2-09 Vacancy Rate (%)	L	0	<10%	7.4%	▲	▼	▲	7.4%
2-10 Staff turnover rate	L	14.9%	<13%	14.5%	▼	◀▶	▲	14.5%
2-11 Stability	L	85.5%	>85%	85.5%	▲	▲	◀▶	85.5%
2-12 Sickness absence	L	2.87%	<3.0%	2.9%	▼	▲	▲	2.9%
2-13 Staff Appraisals	L	92%	98%	92%	▲	▼	◀▶	92%
2-14 Statutory and Mandatory Training	L	98%	98%	93%	◀▶	▲	▼	93%
2-15 Staff Engagement Measure *4	L	NEW	369%	3.62	NEW	NEW	NEW	3.62

\*1 Additional investment to be confirmed by Finance

\*2 Included in divisional and corporate workforce plans

\*3 Included within Establishment (£pay)

\*4 Ratings Scale from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'

## 4. To ensure the financial sustainability of the Trust through business growth and efficiency gains

Finance & Efficiency	Outturn 12/13	Annual Target 13/14	Apr Actual	Performance*			YTD 13/14	
				Feb	Mar	Apr		
4-01 Monitor Financial Risk Rating	N	3	3	4	-	-	-	4
4-02 Total income excluding interest (£000)	L	£232,217	£232,399	£19,581	-	-	▲	£19,581
4-03 Total expenditure (£000)	L	£215,891	£215,045	£18,047	-	-	▲	£18,047
4-04 EBITDA (£000)	L	£16,326	£17,354	£1,534	-	-	▼	£1,534
4-05 CIP Savings achieved (£000)	L	£12,058	£11,839	£604	-	-	▼	£604
4-06 CQUINs (£000)	L	£3,969	tbc	tbc	-	-	-	tbc
4-07 Month end cash balance (£000)	L	£15,239	£12,900	£12,093	-	-	▼	£12,093
4-08 Capital Expenditure Purchased (£000)	L	£8,985	£16,058	£367	-	-	▼	£367
4-09 Emergency threshold/readmissions penalties	L	5854.68	tbc	tbc	-	-	-	tbc
4-10 Average LoS Elective	L	3.69	3.32	3.74	▼	▲	▼	3.74
4-11 Average LoS Non-Elective	L	7.15	6.99	7.23	▲	▼	▼	7.23
4-12 Outpatients first to follow-up ratio	L		1:1.5	1:1.6	▲	▼	▼	1:1.6
4-13 Daycase Rate (whole Trust)	L	81.5%	>84%	84.5%	▼	▼	▲	84.5%
4-14 Theatre Utilisation	L	73.7%	>=80%	71.2%	▲	▲	▼	71.2%

4-10 Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.

4-12 Revised target to align with 2013/14 contract as advised by Simon Marshall

4-14 Utilisation based on Time Used (Proc End - Anaesthesia Induction) as % of Available Session Time (4hours) Includes Bluespacer records with missing tracking times

\* Performance rating for finance is against plan

Delivering or exceeding Target	▲	Improvement on previous Month	▲
Underachieving Target	◀▶	No change to previous month	◀▶
Failing Target	▼	Deterioration on previous month	▼

**Trust Balanced Scorecard 2013/14**

**Definitions**

Quadrant 1	Indicator Definition
1-01	The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. 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. 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. 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.
1-02	The total number of deaths
1-03	Number of Hospital acquired MRSA
1-04	Number of Hospital acquired C-Diff
1-05	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-06	The total number of Serious Incidents requiring Investigation
1-07	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-08	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-09	The number of formal complaints
1-10	Friends and Family Test score for Inpatients (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?")
1-10a	Friends and Family Test score for A&E (Test asks following standadised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?")
1-11	The total number of Falls
1-12	The total number of Falls resulting in significant injury grade 3 or above
1-13	The total number of hospital acquired pressure ulcers grade 2 or above
1-14	New Catheters and UTI's as a rate of total sampled patients

Quadrant 3	Indicator Definition
3-01	Comparison of emergency activity against activity during 2009/10
3-02	Number of attendances at A&E discharged within 4 hours
3-03	Percentage of patients who were admitted of the total number of attendances at A&E
3-04	Ambulatory Care Pathways
3-05	95th percentile of all LOS - Methodology as per CQUIN target, excludes Daycases and zero LOS
3-06	Re-admissions within 30 days of first admission where the first admission was Elective or Emergency.
3-07	Overall Elective Market Share - Surrey PCT - All specialties for Surrey PCT
3-08	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 - Surrey PCT
3-09	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
3-10	Percentage of elective Inpatient activity taken place at Ashford
3-11	Number of discharges discharged to normal place of residence as a rate of all discharges
3-12	Research & Development - Number of observations and interventions
3-13	Total number of Elective (Inpatient & Daycase) Spells in the month
3-14	Total number of Emergency Spells in the month
3-15	Total number of Outpatient New attendances

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 New - Follow-up Ratio (Criteria in line with Business contract)
4-13	Percentage of daycases of all electives.
4-14	Theatre Utilization - Utilization based on Time Used (Proc End - Anae Induction) as % of Available Session Time (4hours) Includes Bluewiner records with missing tracking times

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