

TRUST BOARD
30th October 2014

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>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).</p> <p>The Trust continues to report good Friends and Family Test results for its inpatient and maternity services, with improving results in A&E in September though this remains an area of key focus.</p> <p>Sound progress over recent months has resulted in a significantly improved position towards meeting the admitted pathway 18 week target, although this remains a challenge for the Trust. We expect to return to full compliance by Q3.</p> <p>The Trust reported an in-month deficit of £0.3m against a planned surplus of £0.3m (prior month deficit was £0.5m), bringing the year to date deficit to £1.7m (last month YTD was £1.4m). The YTD adverse variance to budget was £1.8m (last month YTD was £1.2m behind plan).</p>
BOARD ASSURANCE RISK/ IMPLICATIONS	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
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 Simon Marshall, Director of Finance and information
Date:	23 rd October 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 good results for ward based care, while A&E experience is improving albeit still 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 and maternity. For A&E the Trust is collecting significantly more data than the majority of other Trusts.

2.0 Best Outcomes

The SHMI mortality ratio for September was 57, with the rolling twelve month position increasing to 60, against an indicative ratio limit of 72. The level has remained relatively stable since December. The actual number of deaths in September was 71, well below the monthly indicative limit of 86, and in line with August's results.

There were 2 cases of cardiac arrests in non-critical care areas in September, three less than in August and four less than both June and July. This is a new measure for this year and the target is yet to be established. This measure forms part of the CQUIN schemes and a detailed action plan is being developed to reduce these numbers.

53.8% of stroke patients in September reached the stroke ward within 4 hours of being admitted to the hospital, which is in line with August. This is significantly lower than expected with the redesign of the stroke pathway. Further initiatives have been implemented to improve the position, but the standard is affected by the overall access to emergency beds issues.

Readmissions were above the target level at 13.6%. Reducing the number of readmissions is a focus for the Trust and a new plan has been formulated. The Trust intends to pilot the phoning of patients the day after discharge by clinical staff to address any patient questions, with the aim of improving outcomes, reassurance and reducing readmission rates. This pilot has begun on the Cardiology ward.

The number of falls in September was 51, with 0.99% of patients suffering harm as measured by the safety thermometer. This is above the monthly limit of 0.5%, and takes the year to date for 2014/15 to 0.64%, slightly above the 2013/14 outturn of 0.53%.

There were no cases of hospital acquired MRSA and 3 cases of C.Diff this month. While the year to date for MRSA remains stable at 0, the 3 new cases of C.Diff takes the year to date to 10 against the annual target of 9. Though it should be noted that only cases that are found to be caused by the hospital are financially penalised.

While Pressure Ulcers (per 1000 bed days) at 2.01 is still above target rate of 1.19, there has been an improvement since April's adjusted rate of 2.92.

3.0 Excellent Experience

ASPH met the four hour emergency access standard (>95%) during September, and this target continues to be an area of focus for the Trust as achievement remains challenging. The rate for September was 95.4%. The year to date position is 95.2%, marginally above the annual target of 95%.

Meeting the 18 week targets remain a challenge for the Trust, though action plans agreed with commissioners are being implemented vigorously. All three targets were above the standard in September, though there are target issues in Orthopaedics, Cardiology and General Surgery.

The Friends and Family Test score for inpatients in September decreased to 70.6 from 80.7 in July, and is now below our target of 73. The score for A&E rose from 38.4 in July to 52.3 in September but remains below this year's target of 55. Over the past few months there has been a month on month improvement. The new maternity measure continues to be above our target level in September at 79.9.

Follow-up complaints were at 8 in September and continue to be below the target.

4.0 Skilled, motivated workforce

At 30th September 2014 the workforce establishment increased to 3578.71 WTE, a net increase of 10.8 WTE. This is over target, although all funded posts. The vacancy percentage has increased to 9.8%, partly with the increase in establishment and partly due to junior doctors rotating at the end of September with replacements due to start in October.

Agency expenditure in September increased to 7.1% of the pay bill, higher than the target with increasing supply in all clinical divisions. Supply increased by 6.0 WTE for nursing due to opening escalation beds in September, 3.0 WTE for medical and decreased 8.7 WTE for AHP/HCHS staff. Bank expenditure increased to 7.8% of the pay bill, exceeding the target of 7.0%.

Turnover is based on the number of leavers and average staff in post in the 12 month period. This month turnover has risen slightly to 14.4%, slightly above the trust target. The number of leavers this month increased from 55 in August to 83 (including 33 doctors on rotation) with 4 retirements, 34 end of fixed term contract (33 juniors), 45 voluntary resignations, of these:

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

Stability (percentage of the workforce with more than one year's service) increased slightly from 88.6% to 89%, just below the Trust target.

The sickness rate remains at 2.8% in August with the cumulative YTD figure remaining at 2.9%, both figures below the Trust target.

The number of staff recorded as having an appraisal within the past year increased to 75.9%, below the target. The return of weekly reporting at the end of July has improved recording rates. Mandatory training compliance showed a marginal increase to 83.5% from 83.3%, below the Trust target.

Each quarter, with the exception of the National Staff Survey fieldwork period [September-December 2014], all permanent staff are being invited to participate in the Staff Friends and Family Test. Staff are asked two questions in relation to whether they would recommend the Trust as a place to work and receive treatment.

The Trust annual target and quarter 1 results will be published when NHS England have ratified the data which was anticipated to be released at the end of September 2014. The results are shown for Quarter 1 and 2 and show a significant improvement both in number of staff responding and in responses they have given

5.0 Top productivity

The Trust reported an in-month deficit of £0.3m against a planned surplus of £0.3m (prior month deficit was £0.5m), bringing the year to date deficit to £1.7m (last month YTD was £1.4m). The YTD adverse variance to budget was £1.8m (last month YTD was £1.2m behind plan).

Within the YTD adverse variance activity income was £2.2m above plan YTD, other income was £0.3 above plan and the YTD expenditure overspend was £4.6m above plan (see Sections 3 and 4). CIP's came in at £6.4m against a plan of £7.2m, with a year to date variance of £0.8m (last month was £0.8m adverse)

The Monitor Continuity of Service Risk Rating (CoSRR) is 3 against a plan of 3 for the year to date. The forecast is to achieve a 3 for the year.

Cash continues to track behind target due to the year to date deficit, in year over-performance not yet invoiced and 2013/14 over-performance not fully recovered by the end of the month. The cash plan reflects the Monitor submission in September 2014.

The income plan figures included in the ledger year to date are as per the above table. Emergency work is now broadly in line with plan year to date (last month year to date was 1% below plan) and the NEL cap has been increased accordingly.

A&E activity increased by 2% in September compared to August, and YTD activity is 3% higher than plan and 2.5% higher than last year to date.

Elective activity was 8% up on August, and is 4% below plan. In September activity in T&O increased by 18% due to catching up of work after the August holidays. This was partially offset by decreases in other areas.

Births were 5.7% higher in September than August and 3.6% higher than the same period last year to date. The variance to budget for income includes £0.3m of CIPs not achieved year to date.

Trust Balanced Scorecard - 2014/15

1. Best outcomes

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Sep Actual	6-month trend	YTD 14/15
1-01 In-hospital SHMI	N	56	<72	<72	57		60
1-02 RAMI	N	57	<70	<70	51		59
1-03 In-hospital deaths (CQUIN)	L	1033	86	<1033	71		462
1-04 Proportion of mortality reviews	L	23%	50% in Q2	>90%	46%		38%
1-05 Number of cardiac arrests not in critical care areas	L	NEW	-	-	2		28
1-06 MRSA (Hospital only)	N	2	0	0	0		0
1-07 C.Diff (Hospital only)	N	10	0.75	9	3		10
1-08 Falls (Total Number)	L	721	58	697	51		314
1-09 Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	3.20		3.35
1-10 Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.99%		0.64%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	2.01		2.02
1-12 Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	1.18%		1.09%
1-13 Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	13.6%		12.8%
1-14 WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	98.4%		98.4%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1	90%	53.8%		54.5%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2	90%	54%		43%

3. Excellent experience

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Sep Actual	6-month trend	YTD 14/15
3-01 Trust 4Hr Target (Monitor Compliance)	N	95.5%	>95%	>95%	95.4%		95.2%
3-02 Emergency Conversion Rate	C	23.1%	<23.8%	<23.8%	24.6%		23.1%
3-03 Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	9		45
3-04 Average Bed Occupancy (exc escalation beds)	L		92.0%	92%	90.4%		89.1%
3-05 Patient Moves (ward changes >=3)	L	6.5%	<6.5%	<6.5%	7.4%		6.9%
3-06 Discharge rate to normal place of residence (Stroke&FNOF)	L	60.7%	>62.1%	>62.1%	66.7%		57.9%
3-07 Friends & Family test score - InPatients	L	72.3	>73	>73	70.6		75.0
3-08 Friends & Family test score - A&E	L	47.6	>55	>55	52.3		46.3
3-09 Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	79.9		78.0
3-10 Follow-up complaints	L	144	14	136	8		60
3-11 Dementia screening (Composite Score)	N	96.7%	>90%	>90%	97.32%		94.8%
3-12 RTT - Admitted pathway	N	88.2%	>90%	>90%	90.0%		85.3%
3-13 RTT - Non-admitted pathway	N	97.3%	>95%	>95%	95.3%		95.48%
3-14 RTT - Incomplete pathways	N	96.9%	>92%	>92%	95.8%		95.46%

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure		Outturn 13/14	Annual Target 14/15	Sep Actual	6-month trend	YTD 14/15
2-01 Establishment (WTE)	L	3,354	3,564	3579		3579
2-02 Establishment (£ Pay)	L	£150,650k	£155,079k	£13,537k		£65,567k
2-03 Agency Staff Spend as a Percentage of Total Pay	L	8.0%	5.0%	7.1%		7.0%
2-04 Bank Staff Spend as a Percentage of Total Pay	L	6.1%	7.0%	7.8%		7.0%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	L	7.4%	9.0%	9.8%		9.8%
2-06 Staff turnover rate	L	14.6%	14.0%	14.4%		14.2%
2-07 Stability	L	87.7%	89.0%	89.0%		88.6%
2-08 Sickness absence	L	3.2%	3.0%	2.8%		2.9%
2-09 Staff Appraisals	L	86.4%	90.0%	75.9%		75.4%
2-10 Statutory and Mandatory Training	L	87.6%	90.0%	83.5%		83.3%
			Q1 14/15	Q2 14/15		
2-11 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/ likely %)		NEW	82%:7%	82%:7%		82%:7%
2-12 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/ likely %)		NEW	69%:12%	69%:12%		69%:12%

Note 1 - from April 2014 Vacancy Percentage rate is adjusted to reflect posts within the nursing Headroom held for bank fill

Note 2 - The Trust target and results will be published when NHS England have ratified the data which is anticipated to be in September 2014.

4. Top productivity

Measure		Outturn 13/14	Annual Target 14/15	Sep Actual	6-month trend	YTD 14/15
4-01 Monitor Continuity of Service Risk Rating	N	3	3	3		3
4-02 Total income excluding interest (£000)	L	£245,687	£252,142	£21,496		£127,934
4-03 Total expenditure (£000)	L	£230,564	£235,227	£20,583		£121,719
4-04 EBITDA (£000)	L	£15,123	£16,915	£913		£6,214
4-05 CIP Savings achieved (£000)	L	£10,091	£14,902	£1,229		£6,366
4-06 CQUINs (£000)	L	£4,547	£4,296	£488		2,458
4-07 Month end cash balance (£000)	L	£11,065	£11,811	£4,677		£4,677
4-08 Capital Expenditure Purchased (£000)	L	£15,664	£12,415	£804		£4,705
4-09 Emergency threshold/readmissions penalties	L	£5,332	£5,572	£478		£2,526
4-10 Average LoS Elective (RealTime)	L	3.77	3.32	3.14		3.46
4-11 Average LoS Non-Elective (RealTime)	L	6.62	6.29	6.90		6.56
4-12 Outpatient First to Follow ups	L	1.57	1.49	1.36		1.36
4-13 Daycase Rate (whole Trust)	L	83.9%	>84%	81.4%		83.1%
4-14 Theatre Utilisation	L	72.67%	>76%	75.25%		74.75%
4-16 A&E Activity (Attendances)	L	92,215	<92,215	7732		47732
4-17 Emergency Activity (Spells)	L	38,194	<38,194	3298		18926
4-18 Elective Activity (Spells)	L	38,058	>38,058	2997		18111
4-19 % Elective inpatient activity taking place at Ashford	L	48.3%	>57.53%	50.17%		50.56%
4-20 Outpatient Activity (New Attendances)	L	107,802	>107,802	9859		45176

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 not 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 - total number of hospital acquired 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/well babies)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
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
4-16	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 - SLAM figures (for PODS = OPFASPCL, OPFASPCL and OPFAMPCL) NB: This does not include direct access or POC