Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
25th October 2012

TITLE	Balanced Scorecard for October (reporting September's data).
EXECUTIVE SUMMARY	The paper outlines the core objectives for the Trust as: • Ensure the emergency pathway is improved to enable an efficient flow of patients and as a result meet all national targets; and • Ensure the financial plan is met. The document highlights all the key performance metrics for the Trust and provides commentary on actions being taken where this is required. The paper highlights that performance against the emergency access target is good (September - 96.2%). The trust was on plan for its surplus in September, and is £0.2m behind target surplus year to date, but we are forecasting to recover the position by the end of 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	N/A
EQUALITY AND DIVERSITY ISSUES	N/A
LEGAL ISSUES	N/A
The Trust Board is asked to:	Note the paper
Submitted by:	Simon Marshall, Director of Finance and information
Date:	18th October 2012
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
25th October 2012

Balanced Scorecard

Scorecard Commentary – September
As with the previous month the Trusts underlying internal objectives for 2012/13 remain as:

- Ensure the emergency pathway is improved to enable an efficient flow of patients and as a result meet all national targets; and
- Ensure the financial plan is met.

In September the Trust continued to meet the emergency access target being 96.2%. The Trust has now achieved £3.2m surplus year to date against the year-end target of £3.3 million. September's financial plan was met. The FRR is '4' which is in-line with the plan and it is expected to be '3' by the year end.

The SHMI mortality rate is 61.8 bringing the year to date position to 64. This rate is in the middle of our peer group on CHKS.

The rate of complaints has declined significantly in September to 0.47% which reduces the year to date position to 0.5%. The Trust is now significantly below the target level of complaints with the total number of complaints in September being two thirds of the expected level.

With no cases of C-difficile in September our total year to date remains at nine which is just below the trajectory. The forecast for the year end is that the Trust will achieve the target. There was a high number of falls in September with two that resulted in harm. The Trust is predicting that it will not achieve its own target. This remains a key focus for the nursing team and the following actions are being taken:

- Review of paperwork to assist staff in identifying contributory factors to falling, prioritisation, proactively using equipment and documentation;
- Trial of new paperwork and systems of working at Ashford – initially on Fielding Ward. The Ashford Falls Project – due to start 15th October, 2012;
- Falls Champions, Ward Sister and Matron to attend Falls Group meeting and present their own falls data and why it is worse or better and what they are doing about it; and
- Continued individual feedback from Falls Nurse following a fall, copied to the Matrons and HON.

During September ASPH continued to achieve all the key Monitor targets within the Compliance Framework including the four hour emergency access standard (96.2%). The A&E conversation rate remained high at 26.2%. The planned changes to the clinical pathway

were implemented from the 8th October which will reduce the conversion rate as patients will be cared for directly in MAU rather than through an intermediary A&E step. The focus on the ambulatory care pathways dropped back slightly in September to 27.1% year to date which is below the year to date trajectory.

Whilst emergency work continues to over perform against plan, with the year to date activity now 5.7% above plan (last month 5.5% above YTD plan), actual work undertaken in September was 2% lower than in August, and the income was 3% lower. The YTD variance has dropped from 5.8% ahead of plan to 5.7% ahead. However, the YTD variance to plan has increased due to PCT QIPPS coming into the plan from July, which reduces the income and activity plan (£0.3m relating to Emergency pathways in the month).

Elective work dropped down to 2.9% above YTD plan (last month 4.2% above YTD plan) largely due to a 22% drop in Trauma & Orthopaedics (£0.2m lower than last month), a 17% drop in Gynaecology and a 14% drop in colorectal elective activity. Day case rates have also dropped sharply in the Surgical areas (Vascular day case rates dropped by 30%, Upper GI day cases dropped by 15%) but this has been largely offset by increases in other specialties, and therefore the variance to plan for day cases remains at 5.5% A&E attendances were slightly lower than in August; and the YTD variance has dropped to 4.1% above plan (last month 4.2% above plan). Overall, activity income is now gross £3.4m ahead year to date, and an estimate has been made to reduce this to allow for non-elective threshold reduction penalties due to the continued over performance in emergency work which equates to £1.2m YTD. The plan YTD assumes PCT QIPP of £2.2m (out of a full year total of £6.5m, with £0.6m of schemes scheduled to start in month 6).

Market share performance is unavailable this month as the replacements, in testing, for Dr Foster replacement have not proved effective. The Trust has expressed interest in an oral surgery tender for Berkshire.

The Trust surplus remains at £3.2m. Pay was £23k higher than August, with temporary staff costs reducing significantly in September to the lowest level year to date. The forecast outturn surplus remains £3.3m. Cash balances are lower than plan due to high levels of PCT income over performance and also a timing difference between the agreed invoicing amounts and the planned activity levels (the total contract is billed in even 12ths rather than in line with planned activity), as well as scheduled payments in September for the PDC Dividend and loan instalment payment. The Monitor FRR was '4' in the month, in line with plan, and the forecast remains at '3' for the year.

The agency staffing level continues to run above the targeted level (45 WTE), with an increase from the August level of 53 WTE to 55 WTE in September. This increase was in Nursing Agency. The appraisal level across the Trust is now 84.6% against a target of 98%. The low appraisal rate Divisions continue to be targeted. Staff in post has increased to 3243 in August from 3239. Staff turnover is stable at around 14%, which is above the target of 13%. Statutory training remains high at 94%. The rate of sickness continues to decline with the rate being 2.67% in September which is below the target of 3%.

Trust Balanced Scorecard - September 2012

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

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

	Patient Safety & Quality		Annual Target 12/13	Annual Forecast 12/13	Sep Actual	Performance			YTD 12/13
						July	Aug	Sep	
1-01	Summary Hospital-level Mortality Indicator (SHMI)*	N	<100	<100	61.8	▼	▲	▲	64
1-02	HSMR*	N	<100	<100	-	▲	▲	-	82
1-03	Crude mortality (Excluding readmissions)	L	1.6	<1.6	1.6%	▲	▲	▼	1.5%
1-04	Mortality UTI as Primary Diagnosis (HSMR)*	N	<100	>100	-	◄►	▲	-	126.1%
1-05	MRSA (Hospital only)	N	1	1	0	◄►	◄►	◄►	1
1-06	C.Diff (Hospital only)	N	20	20	0	▼	▼	▲	9
1-07	VTE (hospital acquired with PE or DVT)	L	14	18	4	◄►	▼	▼	11
1-08	Serious Incidents Requiring Investigation (SIRI)	L	50	69	6	▲	▼	▲	37
1-09	SIRI Grade 2 (proportion of total SIRI)	L	0.0%	7.2%	16.6%	◄►	▼	▼	14%
1-10	Falls (Total Number)	L	462	667	43	▲	▲	▼	355
1-11	Falls - resulting in significant injury (grade 3)	L	<15	14	2	▼	▲	▼	7
1-12	Stroke Patients (90% of stay on Stroke Unit)	N	80.0%	80.0%	81.4%	▲	▼	▲	85.3%
1-13	Average Bed Occupancy (inc escalation)	L	92.0%	-	93.6%	▲	▼	▼	89.2%
1-14	Patient Moves (ward changes >=3)	L	<5%	8.0%	6.7%	▼	▲	▲	7.3%
1-15	Patient Satisfaction (NetPromoter Score)	L	65%	60.3%	64%	▼	▼	▲	60%
1-16	Formal complaints (Total Number)	L	<500	427	28	▲	▼	▲	216
1-17	Formal complaints (rate per discharge - IP only)	L	0.44%	-	0.47%	▲	▼	▲	0.50%

1-01 * Provided by CHKS, reported 1 month in arrears.

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

	Workforce		Annual Target 12/13	Annual Forecast 12/13	Sep Actual	Performance			YTD 12/13
						Jul	Aug	Sep	
2-01	Establishment (WTE)		3264 *1	3257 *1	3243	▼	▲	▲	3243
2-02	Establishment (£Pay)		£139,394k	£139,394k	£11,695k	▼	▼	▼	£70,161k
2-03	Establishment growth (WTE)		42	42	2	▲	◄►	▲	13
2-04	Establishment growth (£Pay)		TBC	TBC	0	◄►	◄►	◄►	0
2-05	Establishment Reduction (WTE)		104	104	0	◄►	▲	◄►	91
2-06	Establishment Reduction (£Pay) *3		£2,902k	£2,902k	£353k	◄►	▼	▲	£1,609k
2-07	Agency Staff use (WTE)		<45	<48	55	▲	▲	▼	57
2-08	Agency Staff (£Pay) *4		£5,047k	£7,479k	£647k	▼	▲	▲	£4,118k
2-09	Bank Staff use (WTE)		<280	<280	258	◄►	▲	▲	238
2-10	Bank Staff (£Pay) *4		£10,937k	£10,937k	£714k	▲	▼	▲	£4,612k
2-11	Vacancy Rate (%)		<10%	<10%	7.2%	▲	▲	▼	7.2%
2-12	Staff turnover rate		<13%	<13%	14.1%	▼	▲	▼	14.1%
2-13	Stability		>85%	>85%	82.3%	▼	▲	▼	82.3%
2-14	Sickness absence		<3.0%	<3.0%	2.67%	▲	▼	▲	2.85%
2-15	Staff Appraisals		98%	98%	84.6%	▲	▼	▼	84.6%
2-16	Statutory and Mandatory Staff Training		98%	98%	94%	▲	▼	▼	94%

*1 Establishment forecast updated at the end of quarter 1
*2 Reflects additional funding over existing budget
*3 Pay expenditure linked to WTE reductions in establishment
*4 Included within Establishment (£pay)

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

	Clinical Strategy		Annual Target 12/13	Annual Forecast 12/13	Sep Actual	Performance			YTD 12/13
						July	Aug	Sep	
3-01	Attendances at RAC	L	844	868	77	▼	▲	▼	434
3-02	Admissions from Nursing Homes (emergency adm)		5.3%	-	4.1%	▲	▼	▲	5.3%
3-03	Trust 4Hr Target *	N	95.0%	95.0%	96.2%	▲	▼	▼	96.4%
3-04	Emergency Conversion Rate	C	23.8%	25.2%	26.2%	◄►	▼	▲	25.0%
3-05	Ambulatory Care Pathways	N	30.0%	TBC	25%	▼	▲	▼	27.1%
3-06	Readmissions within 30 days - Elective	N	3.15%	TBC	3.39%	▼	▲	▼	2.98%
3-07	Readmissions within 30 days - Emergency	N	12.60%	TBC	14.27%	▼	▼	▲	13.88%
3-08	Discharge Rate at weekends *	C	13.50%	15.0%	21.00%	▼	▼	▲	13.10%
3-09	Day Surgery Rate (BADS procedures)	N	85%	85%	84.4%	▲	▼	▼	84.0%
3-10	Overall Elective Market Share*	L	>66%	-	-	▼	▲	-	64.4%
3-11	Overall Elective Market Share (Bariatric)*	L	30%	-	-	▼	▲	-	28.9%
3-12	Overall Elective Market Share (Vascular)*	L	50%	-	-	▲	▼	-	47.7%
3-13	R&D *	L	444	TBC	83	-	◄►		83
3-14	Elective Activity (Spells)	L	34,417	34,123	2709	▼	▲	▼	17062
3-15	Emergency Activity (Spells)	L	37,644	39,738	3265	▼	▲	▼	19898
3-16	Outpatient Activity (New Attendances)	L	110,242	110,190	8,632	▲	▼	▲	55095

3-03 * As per Monitor reporting (includes Ashford)
3-08 * Methodology as per CQUIN target, excludes Maternity and Births
3-10 * Market Share currently unavailable
3-13 * R&D figures are reported 1 month retrospective and cumulative. They include both observations and interventions.

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

	Finance & Efficiency		Annual Target 12/13	Annual Forecast 12/13	Sep Actual	Performance			YTD 12/13
						July	Aug	Sep	
4-01	Monitor Financial Risk Rating		3	3	4	-	▲	◄►	4
4-02	Total income excluding interest (£000)		£225,673	£230,408	£17,933	-	▲	▼	£115,788
4-03	EBITDA actual (£000)		£17,020	£17,054	£1,015	-	▲	▼	£9,585
4-04	I&E net operational surplus (£000)		£3,300	£3,300	-£43	-	▲	▼	£3,176
4-05	CIP Savings achieved (£000)		£12,000	£11,946	£1,391	-	▼	▲	£5,353
4-06	CQUINs		£4,236	£3,295	£353	-	◄►	◄►	£2,118
4-07	Month end cash balance (£000)		£12,560	£12,560	£14,243	-	▲	▼	£14,243
4-08	Capital Expenditure Purchased (£000)		£11,752	£10,139	£458	-	▲	▼	£2,181
4-09	Contract Penalties		£0	£200k	£0	-	◄►	◄►	£0
4-10	Business Rules (2 month in arrears)		£2m	£1.5m	£80k**	-	◄►	◄►	£320k
4-11	Readmission Costs		1889k	1889k	155k	-	◄►	◄►	947k
4-12	Average LoS Elective*	L	3.32	-	4.46	▼	▲	▼	3.83
4-13	Average LoS Non-Elective*	L	6.99	-	6.70	▼	▲	▲	7.17
4-14	Outpatients DNA	L	<=6%	-	7.5%	▼	▼	▲	7.5%
4-15	Daycase Rate (whole Trust)	L	>84%	-	80.3%	▲	▼	▼	80.5%
4-16	Theatre Utilisation	L	>=85%	-	84.2%	▲	▼	▼	85.0%

* Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.
** Estimated Figure

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

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Version 3 draft
14/10/2012

Prepared by Information Services
Data Provided by: Information Services, Finance, Workforce Quality

Trust Balanced Scorecard 2012/13
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 HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in casemix. The ratio is of observed to expected deaths (multiplied conventionally by 100). Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. For all of the 56 diagnosis groups, the observed deaths are the number that have occurred following admission in each NHS Trust during the specified time period. The expected number of deaths in each analysis is the sum of the estimated risks of death for every patient.
1-03	The total number of deaths against the total number of patients discharged in the month. (A patient will only be counted once even if they have been admitted more than once in the month)
1-04	Mortality where the primary diagnosis was UTI (SHMI)
1-05	Number of Hospital acquired MRSA
1-06	Number of Hospital acquired C-Diff
1-07	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-08	The total number of Serious Incidents requiring Investigation
1-09	The proportion of Grade 2 incidents against the total number of Serious Incidents requiring Investigation.
1-10	The total number of Falls
1-11	The number of Falls that were Grade 3 of the total number of falls
1-12	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
1-13	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-14	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-15	Patent Satisfaction - Net Promoter
1-16	The total number of formal complaints received.
1-17	Proportion of formal complaints received (for inpatients only) against the number of discharges.

Quadrant 3	Indicator Definition
3-01	Number of attendances at Rapid Access Clinics.
3-02	Proportion of patients who were admitted to the Trust as an emergency from a Nursing Home or Residential Care from the total number of emergency admissions
3-03	Number of attendances at A&E discharged within 4 hours
3-04	Percentage of patients who were admitted of the total number of attendances at A&E
3-05	Ambulatory Care Pathways
3-06	Re-admissions within 30 days of first admission where the first admission was an Elective.
3-07	Re-admissions within 30 days of first admission where the first admission was an Emergency.
3-08	Proportion of patients who were discharged on the weekend from the total number of discharges, for Electives (Inpatient & Daycase) and Non-Elective excluding Maternity and Births as per CQUIN calculation.
3-09	Number of procedures done as day surgery as per the recommended listing of the British Association of Day Surgery (BADS)
3-10	Overall Elective Market Share - Surrey PCT All specialties for Surrey PCT
3-11	Overall Elective Market Share for Bariatric activity (Using Dr Foster) Bariatric procedure codes, PCTs included Surrey, Hounslow, Berkshire East)
3-12	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 Surrey PCT Excludes Royal Marsden activity
3-13	Research & Development - Number of observations and interventions
3-14	Total number of Elective (Inpatient & Daycase) Spells in the month
3-15	Total number of Emergency Spells in the month
3-16	Total number of Outpatient attendances in the month. Includes First, Follow Up and Procedures.

Quadrant 4	Indicator Definition
4-12	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-13	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-14	Percentage of patients who did not attend outpatient appointments
4-15	Percentage of daycases of all electives.
4-16	Theatre Utilisation - Based on time used (Procedure end time - Anaesthetic Induction) as a % of available session time.

Prepared by Aasiya Moreea - Head of Information Services