

TRUST BOARD
May 2016

AGENDA NUMBER	ITEM	5.2
TITLE OF PAPER	Balanced Scorecard	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
N/A		
STRATEGIC OBJECTIVE(S): Tick any box below which is relevant and follow with a word or two of explanation as necessary.		
Best outcomes	<input checked="" type="checkbox"/>	This paper measures achievement
Excellent experience	<input checked="" type="checkbox"/>	
Skilled & motivated teams	<input checked="" type="checkbox"/>	
Top productivity	<input checked="" type="checkbox"/>	
EXECUTIVE SUMMARY	<i>This is a <u>summary</u> of the paper and the key points. It is NOT an introduction. Highlight what the Board is being asked to do and why; for 'standing items' the hot issues and challenges, and present a steer to the board on these and provide assurance.</i>	
	<p>The Trust reported an in-month deficit of £42k against a deficit plan of £32k, resulting in an adverse variance to plan of £10k.</p> <p>Within the adverse variance, activity income was £162k below plan, other income was £75k below plan and the expenditure underspend was £242k. CIP's came in at £587k against a plan of £786k, with a adverse variance of £199k.</p> <p>The adverse variance was mainly down to the reduction in expenditure not sufficiently offsetting the income reduction with a £5k impact on EBITDA, and a further overspend in below the line of £5k to make up the overall adverse movement of £10k.</p>	
RECOMMENDATION:	Note and make recommendations on remedial actions where required	
SPECIFIC ISSUES CHECKLIST: Please provide a word or two of explanation on the risks which apply to this paper and link to the Board Assurance Framework if applicable.		
Quality and safety	n/a	
Patient impact	n/a	
Employee	n/a	

Other stakeholder	<i>n/a</i>
Equality & diversity	<i>n/a</i>
Finance	<i>n/a</i>
Legal	<i>n/a</i>
Link to Board Assurance Framework Principle Risk	<i>n/a</i>
AUTHOR NAME/ROLE	Stephen Hepworth Paul Doyle
PRESENTED BY DIRECTOR NAME/ROLE	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	Friday, 20 May 2016
BOARD ACTION	<i>Assurance</i>

Balanced Scorecard

1.0 Introduction

Our Trust vision is to create excellent joined-up patient care, which includes

- Join up care within our hospitals – to ensure our care is well coordinated, our patients are kept informed, and there is no unnecessary waiting.
- Join up care into and out of hospitals, enabling good access into our hospitals and ensuring seamless pathways out of hospital to the appropriate next care setting.
- Provide leadership in creating great systems of care locally.
- Deliver excellent care to our patients. A strong component of feedback from our staff was the ambition to be amongst the best in the care we deliver.
- Put patients at the centre of everything we do.

The attached scorecard is the core measurement tool by which these objectives are monitored.

2.0 Best Outcomes

The SHMI mortality ratio for April was 64, which represents a continuation of the existing trend. The rolling twelve month position has reduced to 64, against an indicative ratio limit of 72. The last six months indicates a stable trend. The actual number of deaths in April was 96, which is above our target rate of 90.

There were 5 cases of cardiac arrests in non-critical care areas in April. The final year position was 56 which represents a 22% improvement on the previous year.

65.6% of stroke patients admitted in April reached the stroke ward within 4 hours of being admitted to the hospital. This is still below the target. The CCG are in the process of re-procuring stroke with a fully integrated pathway. The primary impact will mean that either the stroke unit at RSCH or St Peters will be moved to the other site. The recommended location will be brought to May's Board Meeting for confirmation.

Readmissions were at 13.3%. Readmissions continue to run at a higher rate in the last 6 months than in previous periods.

The number of falls in April per 1000 bed days was 2.05 which is consistent with previous months.

There were no cases of hospital acquired MRSA or C-Diff which continues the very low long term trend.

Pressure Ulcers (per 1000 bed days) at 1.91 is below the revised target rate of 1.98. The long term trend is currently stable.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (82.8%) during April, and this target continues to be an area of focus for the Trust as achievement remains challenging. Significant pathway changes have been implemented including the creation of the urgent care centre and during May a new outpatient area within A&E. This should greatly increase the performance.

The Trust did meet the 18 week target at Trust level, (Incomplete 94%).

The Friends and Family Test score for inpatients' in April was 96%, and is above our target of 95% following several months of improvement. The score for A&E is at 84.5% which is roughly stable with the previous month.

The follow-up complaints rate in March was 5.7% and are well within the targeted level.

4.0 Skilled, motivated workforce

The number of staff in post was 3782 WTE giving a vacancy rate of 10.8% in April which is above target.

Agency expenditure as a percentage of the pay bill for all staff groups decreased this month to 7.3%, which is above the target level of 7% but is a significant decrease. The Trust has confirmed the agency spend cap for 2016/17 and is working with divisions to agree targets for expenditure in all staff groups. The Trust is supporting the agency price caps and has successfully negotiated with most agency suppliers to bring rates down to the April capped rates. Breaches of the rate cap are taking place, only where essential to support safe patient care and these are reported weekly to NHS Improvement .

Bank expenditure reduced to 6.3% of the pay bill in April, this is within target.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. Turnover for the year is at 16.8%, higher than target, but comparable to 2015/16. Stability (percentage of the workforce with more than one year's service) was 86.7%, below the target.

The sickness rate decreased to 2.6% in April, which is below last year's average of 3.0%.

The number of staff recorded as having an appraisal within the past year has dropped to 74.3%.

Mandatory training compliance has remains stable at 81.8%, below the Trust target. Compliance been maintained at this level since the year end figure in 2014/15 of 81.8%. The mandatory training matrix has been updated for 2016/17 and refresher days are being updated to improve ease of booking and attendance.

5.0 Top productivity

The Trust reported an in-month deficit of £42k against a deficit plan of £32k, resulting in an adverse variance to plan of £10k.

Within the adverse variance, activity income was £162k below plan, other income was £75k below plan and the expenditure underspend was £242k. CIP's came in at £587k against a plan of £786k, with a adverse variance of £199k.

The adverse variance was mainly down to the reduction in expenditure not sufficiently offsetting the income reduction with a £5k impact on EBITDA, and a further overspend in below the line of £5k to make up the overall adverse movement of £10k.

The Monitor Financial Sustainability Risk Rating (FSRR) is 3 against a plan of 3 for the year.

Cash balances were higher than planned in April. It was expected that a milestone payment of the EmR project would be paid in April, but that didn't happen.

The year-end forecast has been held to budget at this stage, and it is assumed the CIPs forecast will be recovered by the end of the year.

Trust Balanced Scorecard - 2016/17

1. Best outcomes

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Apr 16 Actual	6-month trend	YTD 16/17
1-01 In-hospital SHMI	64	<72	<72	64		64
1-02 RAMI	62	<70	<70	61		61
1-03 In-hospital deaths	1139	90	<1082	96		96
1-04 Proportion of mortality reviews*	56%	>90%	>90%	56%		56%
1-05 Number of cardiac arrests not in critical care areas	56	-	-	5		5
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	15	2	17	0		0
1-08 Falls (Per 1000 Beddays)	2.59	2.46	2.46	2.05		2.05
1-09 Pressure Ulcers (Per 1000 Beddays)	2.08	1.98	1.98	1.91		1.91
1-10 Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	13.3%		13.3%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	65.0%	90.0%	90%	65.6%		65.6%
1-12 Medication errors - rate per 1000 bed days	2.9	2.01	2.01	3.21		3.21
1-13 Sepsis Screening audits undertaken*	70.5%**	90%	90%	*Quarterly Measure		*Quarterly Measure
1-14 Sepsis Antibiotic Administration Audits undertaken*	71.6%**	90%	90%	*Quarterly Measure		*Quarterly Measure

* YTD figure is for 2015/16 as measure reported a month in arrears

3. Excellent experience

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Apr 16 Actual	6-month trend	YTD 16/17
3-01 A&E 4 hour target (exc Ashford)	86.6%	>95%	>95%	82.8%		82.8%
3-02 Emergency Conversion Rate	23.9%	<22.64%	<22.64%	24.0%		24.0%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	8	N/A	N/A	7		7
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	116	N/A	N/A	7		7
3-05 Average Bed Occupancy (exc escalation beds)	86.5%	<92%	<92%	90.1%		90.1%
3-06 Patient Moves (ward changes >=3) **	6.5%	<6.18%	<6.18%	8.9%		8.9%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	56.0%	>62.1%	>62.1%	62.5%		62.5%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	96.2%	95%	95%	96.0%		96.0%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	84.3%	87%	87%	84.5%		84.5%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.3%	97%	97%	94.4%		94.4%
3-11 Friends & Family Satisfaction Score - Outpatients	0.9	92%	92%	95.8%		95.8%
3-12 Complaints - FollowUp Rate	8.3%	<10%	<10%	5.7%		5.7%
3-13 Dementia screening (Composite Score)	96.9%	90%	90%	95.3%		95.0%
3-14 RTT - Admitted pathway (Unadjusted)	80.5%	>90%	>90%	62.9%		62.9%
3-15 RTT - Non-admitted pathway	95.50%	>95%	>95%	94.4%		94.4%
3-16 RTT - Incomplete pathways	95.71%	>92%	>92%	94.0%		94.0%
3-17 Cancer waiting times targets achieved	N/A	7 out of 7	7 out of 7	7 out of 7		7 out of 7

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure	Outturn 15/16	Annual Target 16/17	Apr 16 Actual	6-month trend	YTD 16/17
2-01 Establishment (WTE)	3717	3,674	3782		3782
2-02 Establishment (£ Pay)	£169,101k	£162,956k	£ 14,506		£ 14,506
2-03 Agency Staff Spend as a Percentage of Total Pay	9.1%	<7%	7.3%		7.3%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.2%	<7%	6.3%		6.3%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	8.8%	<8%	10.8%		10.8%
2-06 Staff turnover rate	16.7%	<14%	16.8%		16.8%
2-07 Stability	86.8%	>88%	86.7%		86.7%
2-08 Sickness absence	3.0%	<3%	2.6%		2.6%
2-09 Staff Appraisals	77.4%	>90%	74.3%		74.3%
2-10 Statutory and Mandatory Training	81.7%	>90%	81.8%		81.8%
2-11 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)			**		**
2-12 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)			**		**

** - Results for Quarter 4 15/16 expected 26 May 2016

4. Top productivity

Measure	Outturn 15/16	Annual Target 16/17	Apr 16 Actual	6-month trend	YTD 16/17
4-01 Monitor Financial Sustainability Risk Rating**	2	3	3		3
4-02 Total income excluding interest (£000)**	£267,474	£279,236	£22,586		£22,586
4-03 Total expenditure (£000)	£255,685	£261,695	£21,584		£21,584
4-04 EBITDA (£000)**	£11,789	£17,541	£1,003		£1,003
4-05 CIP Savings achieved (£000)	£13,693	£10,727	£587		£587
4-06 CQUINs (£000)	£5,195	TBC	TBC		TBC
4-07 Month end cash balance (£000)**	£8,672	£7,251	£9,014		£9,014
4-08 Capital Expenditure Purchased (£000)	£8,584	£9,945	£249		£249
4-09 Emergency threshold/readmissions penalties	£3,016	TBC	TBC		TBC
4-10 Average LoS Elective (RealTime)	3.40	3.32	4.58		4.58
4-11 Average LoS Non-Elective (RealTime)	6.36	6.13	6.87		6.87
4-12 Outpatient First to Follow ups	1.36	1.31	1.32		1.32
4-13 Daycase Rate (whole Trust)	83.7%	>84%	84.8%		84.8%
4-14 Theatre Utilisation	73.7%	>79%	69.4%		69.4%
4-15 A&E Activity (Attendances)	96328	<0	7898		7898
4-16 Emergency Activity (Spells)	37779	<0	3171		3171
4-17 Elective Activity (Spells)	37629	>0	528		528
4-18 % Elective inpatient activity taking place at Ashford	54.52%	>57.53%	48.2%		48.2%
4-19 Outpatient Activity (New Attendances)	118268	>0	10276		10276

**Measures the Trust's financial performance before receipt of Sustainability & Transformation funding.

Trust Balanced Scorecard 2016/17

Definitions

Quadrant 1	Indicator Definition
1.01	IN-HOSPITAL SHMI - 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. 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.
1.02	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. The data source is CHKS. The monthly figure and YTD is reported one month in arrears.
1.03	The total number of in-hospital deaths (Uses a previous CQUIN definition i.e. 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 I-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, CCL, 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 (Per 1000 Beddays)
1.09	Pressure Ulcers - total number of hospital acquired pressure ulcers (Per 1000 Beddays)
1.10	Re-admissions within 30 days of first admission where the first admission was an emergency, CQUIN definition
1.11	Stroke Patients (% admitted to stroke unit within 4 hours)
1.12	Medications Errors - Administration & Prescribing (Per 1000 Beddays)
1.13	The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate.
1.14	The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of ARRIVAL.
Quadrant 2	Indicator Definition
2.01	Establishment is the pay budget of the Trust, described in numbers of posts (WTE). Whole Time Equivalent is the method of counting staff or posts to reflect the contracted hours of staff against the standard full-time hours e.g. a full-time worker is 1.0 WTE and a member of staff who works half the full time hours would be 0.5 WTE
2.02	Pay bill for staff employed (ES)
2.03	Agency WTE is reported from Healthforce for all staff groups. Agency % is reported as the expenditure on agency as a % of the total payroll including permanent, bank and agency
2.04	Bank WTE is reported from Healthforce for all staff groups. Bank % is reported as the expenditure on Bank as a % of the total payroll including permanent, bank and agency
2.05	The vacancy factor is the difference between the number of substantially employed staff and the budgeted establishment, measured in WTE or reported as a percentage of establishment.
2.06	Turnover is cumulative, and is the number of staff (headcount) leaving in last 12 months divided by the average number of staff in post now and 12 months previously, as a percentage. Doctors in training are excluded from the figures as this is planned rotation.
2.07	Stability is the number of staff (headcount) with more than one year's service, divided by the current number of staff in post, as a percentage.
2.08	Sickness is the number of WTE days lost due to sickness divided by the number of WTE days available, as a percentage for the period.
2.09	Staff Appraisals
2.10	Compliance is measured as the number of employees compliant with individual competences at month end, as a percentage of the number of employees required to be compliant with each competence.
2.11	F&P - Recommend for Training (Extremely likely/likely %)
2.12	F&P - Recommend to Work (Extremely likely/likely % - Extremely unlikely/unlikely %)
Quadrant 3	Indicator Definition
3.01	Trust A&E target (Excluding Ashford)
3.02	Number of patients who were admitted as a percentage of the total number of attendances at A&E
3.03	Serious Incidents Requiring Investigation (SIRI) Reports overdue to CCG
3.04	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG
3.05	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic.
3.06	The percentage of non-elective patients who were transferred between wards, 3 or more times during their admission. Excludes maternity and paed. Transfers to the discharge lounge, theatres, endoscopy, between SAUV and SAU have not been included in the count.
3.07	Number of discharge delays - normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3.08	Friends and Family Satisfaction (Recommend) rate 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?" Now includes Daycase Activity)
3.09	Friends and Family Satisfaction (Recommend) Rate 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?" including Paeds)
3.10	Friends and Family Satisfaction (Recommend) Rate for Maternity (four questions combined. First asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3.11	Friends and Family Satisfaction (Recommend) Rate for Outpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3.12	The number of follow-up complaints received as a rate of the 12 month rolling average of new complaints
3.13	Dementia screening Composite Score based on the national return, combining the two questions
3.14	RTT - Admitted (unadjusted i.e. No Clock Pauses) Pathways - Trust percentage compliance with the 18 weeks rules.
3.15	RTT - Non-admitted pathways - Trust percentage compliance with the 18 weeks rules.
3.16	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of incomplete pathways should be waiting less than 18 weeks.
3.17	Cancer waiting times targets achieved
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	It is an indicator that is not available through CHKS as a technical error.
4.14	Theatre utilisation is calculated based on time used (proc. time) as a percentage of available session time. Includes Blueprint reports with missing tracking times.
4.15	Overall Elective Market Share
4.16	Total number of Emergency Spells in the month
4.18	Percentage of elective inpatient activity taken place at Ashford
4.19	Total number of Outpatient New attendances - SAM figures (for PDS = OPASPC, OPASPNCL and OPASPLCL) NB: This does not include direct access or PC