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

TRUST BOARD

27 July 2017

AGENDA ITEM NUMBER	**6.2**	
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):		
Best outcomes	✓	This paper measures achievement
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
EXECUTIVE SUMMARY		
	Five of best outcome KPI's were identified as having concerns and three were met with the increase in rate of readmissions of particular note. Four of the Excellent Experience KPI's were identified as having concerns and nine were met. Two of the Workforce KPI's were identified as having concerns and four were met; of note there has been an increase in the conversion of agency to bank spend. The Trust reported an in-month surplus of £1.3m against a planned surplus of £1.4m resulting in a £0.1m adverse in-month variance. The year to date position was in line with plan with a £1.2m surplus against a planned surplus of 1.2m delivering a UOR score of 1 compared to plan of 1. The Trust is on track with the NHSI control total at month 3 so has accrued the full amount of STF funding for month 3 as the A&E performance and improvement targets were also met	
RECOMMENDATION:	Note and make recommendations on remedial actions where required	
SPECIFIC ISSUES CHECKLIST:		

Quality and safety	*n/a*
Patient impact	*n/a*
Employee	*n/a*
Other stakeholder	*n/a*
Equality & diversity	*n/a*
Finance	*n/a*
Legal	*n/a*
Link to Board Assurance Framework Principle Risk	*n/a*
AUTHOR NAME/ROLE	Emma Jackson Paul Doyle Sunella Malik-Jones
PRESENTED BY	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	20/07/2017
BOARD ACTION	Assurance

1.0 Introduction

The Trust is in the process of developing a revised strategy will be developed by the autumn 2017. The current intention is to develop a strategy around the IHI triple aim vision.

In 3 years' time every patient will say…

- *I was treated with compassion*
- *We developed a plan for my care together, which was understood and followed*
- *My care was provided in a safe way, without delay*

…by everyone, all of the time.

Strategic actions will be developed to support this vision which will include the aim to ensure a clinically and financially sustainable organisation which is internally efficient and externally collaborative.

The attached scorecard is the core is one of the ways by which assurance is provided to the Trust Board that action is being taken to ensure high quality care.

2.0 Best Outcomes

The SHMI mortality ratio for June was 73, which remains stable in comparison to the previous month. The current rate is significantly higher than the 16/17 average of 68.9. The actual number of in-hospital deaths in June was 99, which continues the lower recent trend which is expected over the spring and summer months.

There were 3 cases of a cardiac arrest in non-critical care areas in June. No trend can be assumed from this decrease as small numbers make this indicator labile, but the aim is to have zero.

44.4% of stroke patients admitted in June reached the stroke ward within 4 hours of being admitted to the hospital based on discharged patients and is the primary stroke indicator which the Trust struggles to achieve. This is due to a variety of issues including ring fencing of beds and the overall pathway from A&E to the ward. Overall the stroke service is rated as an "A" unit in the national stroke audit.

Readmissions were at 15.9% and this continues to be above target and to run at a higher rate than in the previous year.

The number of falls in June per 1000 bed days was 2.07. This represents a decrease from the previous months and is under the target rate.

There were no cases of hospital acquired MRSA but there were 4 cases of C.Diff.

Pressure Ulcers (per 1000 bed days) at 2.07 is above the target rate of 1.98. The quality department is implementing an action plan to support a reduction in the number of ulcers. The recent focus has been on preventing ulcers on the heal as this has been a particular area of increase. This work is showing a positive outcome as pressure ulcers continue to decline.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (91.2%) during June although the percentage was 91.5%. However the improvement continues and is at a level which helps secure the STF funding.

The Trust did meet the 18 week target at Trust level, (Incomplete remains at 93.6%).

The Friends and Family Test score for inpatients' in June was 97.3%, showing an improvement on the previous month and is above the target of 95% continuing several months of improvement. The score for A&E is at 81.4% which is a decline on the previous month and on recent excellent performance.

The follow-up complaints rate in June was 8.1% which represents a significant decline and a positive outcome.

7 out of 7 cancer waiting times targets were met continuing the good improvement on previous months.

4.0 Skilled, motivated workforce

Bank and Agency

Bank spend as a percentage of total pay increased again to 8.0% this month whilst agency spend has risen from 5.7% in May to 6.2% in June. The June 2016 position was 8.2% agency and 6.5% bank so whilst the figures are similar, part of the agency spend has been successfully converted to bank, particularly within medical staffing where the spend proportions have improved from 22% bank in 2016 to 63% bank this month.

Turnover and Stability

Turnover is based on the number of leavers against the average staff in post over the previous 12 months, and it excludes training doctors and other rotational posts. The turnover for the rolling year is currently 16.6%, an improvement of 0.2% from the previous month. We also report separately on voluntary turnover, which is turnover of those leavers that we can try to influence. The voluntary turnover figure is 12.8%, the same as the June 16 figure.

The stability rate is also based on a rolling year and has improved from 85.3% to 85.9% this month.

A leaver's checklist has been devised and is now on Trustnet for staff and managers to refer to. The checklist includes the link to our leaver's questionnaire from which we will be gathering valuable feedback which will assist us with our future retention.

NHS Improvement has selected the Trust to participate in a nursing retention support and improvement programme for which the aims are to improve the leaver rates on a sustainable and longer term basis. A project team is being set up.

Sickness

The sickness rate is reported a month in arrears, and was 2.6% for May 17. The cumulative 12 month sickness was 3.02%. Clinical Support and Estates and Ancillary staff reported the highest rates at 3.6% each for May 17.

Appraisals

The overall appraisal rate is currently 75.6% with 90% of Medical staff being up to date with their appraisals compared with 67% for both Healthcare Scientists and Administrative staff. Following feedback from staff and managers, the appraisal paperwork is currently under review. Appraisal workshops continue to be well attended.

Mandatory Training

The compliance rate has fallen slightly to 81.3% compared against last month's 81.9%. The training matrix has been reviewed and the new matrix has now been ratified. The next steps entail the operational update on the ESR system. Staff will be sent letters with their updated training requirements.

FFT

The Friends and Family Test (FFT) asks staff to confirm how likely they are to recommend the Trust as a place to work or as a place to be treated. The 2017 quarter one results were positive and the quarter 2 survey is now underway.

5.0 Top productivity

The Trust reported an in-month surplus of £1.3m against a planned surplus of £1.4m resulting in a £0.1m adverse in-month variance. The year to date position was in line with plan with a £1.2m surplus against a planned surplus of £1.2m delivering a Use of Resource score of 1 compared to plan of 1. The Trust is on track with the NHSI control total at month 3 so has accrued the full amount of STF funding for month 3 as the A&E performance and improvement targets were also met.

The main reasons for the YTD variances are:

(i) pay costs £0.6m below budget with lower agency costs arising within A&E (IR35 issues) and elsewhere,
(ii) non-pay £0.1m above budget mainly due to drugs and premises costs; and
(iii) income £0.5m behind budget YTD, mainly due to low Local Authority and other non-operating income. Activity in SLAM was 3% lower than the same period last year (last month was 9% lower), with A&E in 1% higher than last year, outpatients (4%) lower, Elective 13% lower and day cases (1%) lower. Emergency activity was 1% lower than last year.

CIP's came in at £0.1m ahead of plan at £2.4m. Despite being ahead of plan at month 3 on the CIP programme, currently we are forecasting a full year shortfall of £0.3m

Cash balances were £0.4m higher than planned in June. There is slippage in the capital programme as highlighted in the report; however this is offset by over-performance relating to 2016/17 remaining unpaid (mainly from NHS England c£4.0m).

At present the end of year forecast has been held at the plan of £13.4m which will deliver a UOR of 1. There are a number of significant risks to achieving the forecast

Trust Balanced Scorecard - 2017/18

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

1. Best outcomes

	Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Jun 17 Actual	6-month trend	YTD 16/17
1-01	In-hospital SHMI	70	<72	<72	72.8		68.4
1-02	RAMI	69	<70	<70	51.9		67.4
1-03	In-hospital deaths	30	90	<1082	99		301
1-04	Proportion of mortality reviews*	0%	>90%	>90%	69.0%		68.8%
1-05	Number of cardiac arrests not in critical care areas	62	-	-	3		8
1-06	MRSA (Hospital only)	0	0	0	0		0
1-07	C.Diff (Hospital only)	20	1	17	4		4
1-08	Falls (Per 1000 Beddays)	2.36	2.46	2.46	2.07		2.65
1-09	Pressure Ulcers (Per 1000 Beddays)	2.24	1.98	1.98	2.07		1.67
1-10	Readmissions within 30 days - emergency only	14.1%	12.5%	12.5%	15.9%		14.8%
1-11	Stroke Patients (% admitted to stroke unit within 4 hours)	58.3%	90.0%	90%	44.4%		56.1%
1-12	Medication errors - rate per 1000 bed days	3.0			2.96		2.81
1-13	Sepsis Screening audits undertaken *	89%	80%**		Quarterly Measure		88.6%
1-14	Sepsis Antibiotic Administration Audits undertaken *	79%	80%**				81.3%

* - 2016/17 Sepsis results for ED only (2016/17 Quarter 2 onwards) Position amended after submission to Unify reporting 77%

** - 2016/17 Q2 Quarterly target 80% (2016/17 Q1 Quarterly target 90%)

2. Skilled, motivated workforce

	Measure	Outturn 16/17	Annual Target 17/18	Jun 17 Actual	6-month trend	YTD 16/17
2-01	Establishment (WTE)	3791	3,874	3941		3941
2-02	Establishment (£ Pay)	177198	182045	£ 15,002		£ 44,909
2-03	Agency Staff Spend as a Percentage of Total Pay	8.2%	6.3%	6.2%		5.7%
2-04	Bank Staff Spend as a Percentage of Total Pay	6.9%	<7.7%	8.0%		7.7%
2-05	Vacancy Rate (%) Excluding Headroom *Note 1	10.9%	<10%	13.3%		13.3%
2-06	Staff turnover rate	16.9%	<15.5%	16.6%		16.6%
2-07	Voluntary turnover rate (NEW)	13.0%	<12%	12.8%		12.8%
2-08	Stability	87.1%	>88%	85.9%		85.9%
2-09	Sickness absence	3.0%	<3.0%	2.6%		2.6%
2-10	Staff Appraisals	75.0%	>90%	75.6%		75.6%
2-11	Statutory and Mandatory Training	82.3%	>90%	81.3%		81.3%
2-12	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	77.4%		Qtr 1 survey results being analysed		
2-13	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	68.4%				

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

3. Excellent experience

	Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Jun 17 Actual	6-month trend	YTD 16/17
3-01	A&E 4 hour target (including Ashford)	90.6%	>95%	>95%	91.5%		91.3%
3-02	Emergency Conversion Rate	23.8%	<22.64%	<22.64%	24.9%		24.0%
3-03	Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	9	N/A	N/A	13		13
3-04	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	104	N/A	N/A	2		17
3-05	Average Bed Occupancy (exc escalation beds)	86.6%	<92%	<92%	83.8%		83.4%
3-06	Patient Moves (ward changes >=3) **	8.0%	<6.18%	<6.18%	4.2%		4.1%
3-07	Discharge rate to normal place of residence (Stroke&FNOF)	55.1%	>62.1%	>62.1%	58.7%		61.5%
3-08	Friends & Family Satisfaction Score - InPatients (incld Daycases)	94.9%	95%	95%	97.3%		96.6%
3-09	Friends & Family Satisfaction Score - A&E (incld Paeds)	86.4%	87%	87%	81.4%		84.5%
3-10	Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.8%	97%	97%	92.7%		92.1%
3-11	Friends & Family Satisfaction Score - Outpatients	1.0	92%	92%	95.2%		95.1%
3-12	Complaints - FollowUp Rate	6.5%	<10%	<10%	8.1%		7.2%
3-13	Dementia screening - Asked case finding question within 72 hrs of adm	42.8%	90%	90%	38.5%		35.6%
3-13a	Dementia screening - Scored positively to case finding question	99.4%	90%	90%	94.9%		98.4%
3-13b	Dementia screening - Diagnostic Assessment	96.0%	90%	90%	100.0%		100.0%
3-14	RTT - Admitted pathway (Unadjusted)	61.2%	>90%	>90%	55.1%		52.4%
3-15	RTT - Non-admitted pathway	93.13%	>95%	>95%	94.1%		93.1%
3-16	RTT - Incomplete pathways	93.21%	>92%	>92%	93.6%		93.2%
3-17	Cancer waiting times targets achieved	6 out of 7	7 out of 7	7 out of 7	7 out of 7		7 out of 7

4. Top productivity

	Measure	Outturn 16/17	Annual Target 17/18	Jun 17 Actual	6-month trend	YTD 16/17
4-01	Use of Resources Score (UOR) Excl STF	2	1	1		1
4-02	Total income excluding interest (£000)	£288,082	£300,360	£25,251		£72,551
4-03	Total expenditure (£000)	£268,042	£273,074	£22,870		£68,019
4-04	EBITDA (£000)	£20,040	£27,287	£2,381		£4,531
4-05	Month end cash balance (£000)	£10,459	£22,788	£11,291		£11,291
4-06	Capital Expenditure Purchased (£000)	£8,777	£8,712	£560		£1,637
4-07	CIP Savings achieved (£000)	£10,313	£10,541	£771		£2,401
4-08	STF Funding within income £000)	£6,265	£7,672	£384		£1,151
4-09	CQUINs (£000)	£3,565	TBC	TBC		TBC
4-10	Joint Delivery Plan with CCG (Income Only)	£3,300	£8,000	TBC		TBC
4-11	Average LoS Elective (RealTime)	3.75	3.32	3.33		3.63
4-12	Average LoS Non-Elective (RealTime)	6.38	6.13	6.38		6.11
4-13	Outpatient First to Follow ups	1.30	1.31	1.19		1.23
4-14	Daycase Rate (whole Trust)	84.0%	>84%	85.7%		85.9%
4-15	Theatre Utilisation	72.8%	>79%	73.2%		74.1%
4-16	A&E Activity (Attendances)	99584				16636
4-17	Emergency Activity (Spells)	39390				9464
4-18	Elective Activity (Spells)	37227				5937
4-19	% Elective inpatient activity taking place at Ashford	53.46%	>57.53%	54.2%		52.3%
4-20	Outpatient Activity (New Attendances)	124972				19928

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

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

Prepared by Information Services
Additional data provided by: Finance, Workforce and Quality

Trust Balanced Scorecard 2017/18

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 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 (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 (£k)
2-03	Agency WTE is reported from Healthroster for all staff groups. Agency % is reported as the expenditure on agency as a % of the total paybill including permanent, bank and agenc
2-04	Bank WTE is reported from Healthroster for all staff groups. Bank % is reported as the expenditure on Bank as a % of the total paybill including permanent, bank and agenc
2-05	The vacancy factor is the difference between the number of substantively 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	Vancancy Turnover Rate
2-08	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
2-09	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
2-10	Staff Appraisals
2-11	Mandatory Training is reported 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 competenc
2-12	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %
2-13	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)
Quadrant 3	**Indicator Definition**
3-01	Trust 4Hr target (Including 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 (including paediatric and labour wards
3-06	The percentage of non-elective patients who were transferred between wards, 3 or more times during their admission. Excludes maternity and paeds. Transfers to the discharge lounge, theatres, endoscopy, between SAUV and SAU have not been included in the count.
3-07	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femu
3-08	Friends and Family Satisfaction (Recommend) rate 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?" Now includes Daycase Activity
3-09	Friends and Family Satisfaction (Recommend) Rate 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?" including Paeds
3-10	Friends and Family Satisfaction (Recommend) Rate for Maternity all four measures combined (Test asks following standadised 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 standadised 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 complaint.
3-13	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons.
3-13a	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations.
3-13b	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.
3-14	RTT - Admitted Unadjusted (ie. No Clock Pauses) Pathway. Trust percentage compliance with the 18 weeks rules.
3-15	RTT - Non-admitted pathway. Trust percentage compliance with the 18 weeks rules.
3-16	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incompelte pahways should be waiting less than 18 weeks
3-17	Cancer waiting times targets achieved
Quadrant 4	**Indicator Definition**
4-11	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
4-12	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
4-13	Outpatient first to follow-up appointments (Methodology excludes certain clinic codes in line with the contract)
4-14	* In-hospital SHMI currently unavailable through CHKS due to a technical error
4-15	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anae 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)
4-18	Total number of Emergency 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, OPFASPNCL and OPFAMPCL) NB: This does not include direct access or POC

Prepared by Information Services
Additional data provided by: Finance, Workforce and Quality