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

TRUST BOARD
27th September 2012

TITLE	**Balanced Scorecard for September (reporting August data)**
EXECUTIVE SUMMARY	The paper outlines the core objectives for the Trust as: • Ensure the emergency pathway is improved to ensure an efficient flow of patients and as a result meets all national targets • 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 (July - 96.5%). The Trust was £0.2m behind target surplus in August, and is £0.4m 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:	18 September 2012
Decision:	For Noting

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

TRUST BOARD
27th September 2012
Balanced Scorecard for September

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

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

In August the Trust continued to meet the emergency access target being (96.5%). The Trust has now achieved £3.2m surplus year to date against the yearend target of £3.5 million. August came in £0.2m below plan, and year to date the surplus is £0.4m behind year to date plan.

The HSMR figure has now undergone its annual re-benchmarking process, and we finished the year 2011/2012 with an HSMR of 103. This is just below average. The current figure reported is for June at 101 with a YTD figure of 95 (April, May and June). The Crude Mortality Rate has shown a downward trend this year, which may be partially seasonal variation. These figures are current with August showing 1.14% (65 deaths) and a year to date value of 1.5%. The target we have set ourselves is a 10% reduction in last year's outturn (1.6%).

We have continued with our data quality improvement work – reviewing clinical and coding practices.

The rate of complaints remains stable at 0.61%, though the Trust continues to remains below the target number YTD. Detailed analysis across each ward and speciality continues with specific objectives being undertaken to reduce complaints.

With two cases of C-diff in August our total year to date increased to nine, which is in line with the trajectory. The forecast for the year end is still that the Trust will achieve the target. The number of falls in August was lower than in previous months ensuring that the Trust remains below trajectory for the number of falls that result in harm. This remains a key focus for the nursing team.

During August ASPH achieved all the key Monitor targets within the Compliance Framework including the four hour emergency access standard (96.5%). The A&E conversation rate has increased to 26.5% which is being reviewed as this is beginning to appear high. The change in the clinical pathway to be implemented from October 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 has increased there utilisation to 33.3% of all emergency admissions.

Whilst Emergency work continues to over perform against plan, with the year to date activity now 5.5% above plan (last month 5.2% above YTD plan), actual work undertaken in August was in line with July, however income on this activity was higher due to a change in case mix (fewer short stay episodes). The YTD variance to plan has increased due to PCT QIPPS (Commissioning for Quality, Innovation, Productivity and Prevention) 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 4.2% above YTD plan (last month 6.4% above YTD plan) largely due to annual leave in some surgical specialties (vascular work in particular was 21% down on previous month but this is expected to recover), whilst day cases increased to 7.9% above YTD plan. A&E attendances were 5% lower than in July; and the YTD variance has dropped to 5.2% above plan.

Market share performance remains good in our two key target specialities of Vascular and Bariatrics. Overall market share remains consistent at around 65%. Increases in market share have been seen in Ophthalmology from Hounslow due to the community ophthalmology scheme that the Trust runs. Referrals have been diverted from Moorfields to ASPH. Following publicity the "Choose and Book" service the Trust provides has seen an increase in usage which is against the local trend which has seen declines. Five specialities are working in conjunction with Virgin to provide clinics in the community.

Agency staffing levels remain above the targeted level (45 WTE), but have declined from 65 WTE per month to 53 WTE in August. Appraisal level rates are now 87% against a target of 98%. Staff in post has declined from 3290 to 3239 in August. Staff turnover remains stable at just below 14%, which is above the target of 13% but in accordance with revised plans. Mandatory training remains high at 96% - not withstanding the fact that non compliance is being actively managed via line managers and subject experts.

The Trust has now achieved £3.2m surplus year to date and an in-month surplus of £0.6m, however, August came in £0.2m below plan, and year to date the surplus is £0.4m behind plan. Pay was £23k higher than July, with temporary staff costs remaining similar to last month despite it being peak holiday season. Non pay spend dropped by £0.6m since last month, largely due to a drop in elective activity. The forecast outturn surplus remains £3.3m, though there is a risk the PCT will try to recover it's over performance through data challenges. Cash balances are lower than plan due to the above high levels of PCT income over performance, for which our reimbursement has yet to work through the PCT validation systems. The Monitor FRR was 4 in the month, in line with plan, and the forecast remains at 3 for the year

Trust Balanced Scorecard - August 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	T*	Annual Target 12/13	Annual Forecast 12/13	Aug Actual	Performance			YTD 12/13
						June	July	Aug	
1-01	Summary Hospital-level Mortality Indicator (SHMI)*	N	<100	<100	-	◄►	▼	▼	95.56
1-02	HSMR**	N	<100	<100	101	▼	▲	▲	95
1-03	Crude mortality (Excluding readmissions)	L	1.6	<1.6	1.14% (65)	▼	▲	▲	1.5%
1-04	Mortality UTI as Primary Diagnosis (SHMI)*	L	<100	>100	-	◄►	◄►	▲	126.1%
1-05	MRSA (Hospital only)	N	1	1	0	◄►	◄►	◄►	1
1-06	C.Diff (Hospital only)	N	20	20	2	▲	▼	▼	9
1-07	VTE (hospital acquired with PE or DVT)	L	14	15	3	▼	◄►	▼	7
1-08	Serious Incidents Requiring Investigation (SIRI)	L	50	69	10	▼	▲	▼	31
1-09	SIRI Grade 2 (proportion of total SIRI)	L	0.0%	5.8%	10.0%	◄►	◄►	▼	13%
1-10	Falls (Total Number Reported)	L	462	661	28	▲	▲	▲	297
1-11	Falls - resulting in significant injury (grade 3)	L	<15	14	0	▼	▼	▲	5
1-12	Stroke Patients (90% of stay on Stroke Unit)	N	80.0%	80.0%	80.0%	▼	▲	▼	86.0%
1-13	Average Bed Occupancy (inc escalation)	L	92.0%	-	89.0%	◄►	▲	▼	88.8%
1-14	Patient Moves (ward changes >=3)	L	<5%	8.0%	6.8%	▲	▼	▲	7.3%
1-15	Patient Satisfaction (NetPromoter Score)	L	65%	60.3%	55%	◄►	▼	▼	59%
1-16	Formal complaints (Total Number)	L	<500	448	38	▲	▲	▼	188
1-17	Formal complaints (rate per discharge - IP only)	L	0.44%	-	0.62%	▼	▲	▼	0.61%

* Figures for August unavailable due to change over from Dr Foster to CHKS

** HSMR month figure is June 2012 and YTD Apr-Jun 2012. Both of these are the rebased figures.

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

	Workforce	T*	Annual Target 12/13	Annual Forecast 12/13	Aug Actual	Performance			YTD 12/13
						Jun	Jul	Aug	
2-01	Establishment (WTE)		3264 *1	3257 *1	3239	▼	▼	▲	3239
2-02	Establishment (£Pay)		£139,394k	£139,394k	£11,681k	▲	▼	▼	£58,466k
2-03	Establishment growth (WTE)		42	42	0	▲	▲	◄►	11
2-04	Establishment growth (£Pay)		TBC	TBC	0	◄►	◄►	◄►	0
2-05	Establishment Reduction (WTE)		104	104	51	◄►	◄►	▲	91
2-06	Establishment Reduction (£Pay) *3		£2,902k	£2,902k	£280k	▲	◄►	▼	£1,255k
2-07	Agency Staff use (WTE)		<45	<45	52	▲	▲	▲	57
2-08	Agency Staff (£Pay) *4		£5,047k	£7,366k	£711k	▲	▼	▲	£3,471k
2-09	Bank Staff use (WTE)		<280	<280	228	▲	◄►	▲	234
2-10	Bank Staff (£Pay) *4		£10,937k	£10,937k	£748k	▼	▲	▼	£3,898k
2-11	Vacancy Rate (%)		<10%	<10%	6.9%	▲	▲	▲	6.9%
2-12	Staff turnover rate		<13%	<13%	13.9%	▲	▼	▲	13.9%
2-13	Stability		>85%	>85%	84.7%	▲	▼	▲	84.7%
2-14	Sickness absence		<3.0%	<3.0%	2.80%	▲	▲	▼	2.89%
2-15	Staff Appraisals		98%	98%	87.3%	▼	▲	▼	87.3%
2-16	Statutory and Mandatory Staff Training		98%	98%	96%	▲	▲	▼	96%

*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	T*	Annual Target 12/13	Annual Forecast 12/13	Aug Actual	Performance			YTD 12/13
						June	July	Aug	
3-01	Attendances at RAC	L	844	857	83	▲	▼	▲	357
3-02	Admissions from Nursing Homes (emergency adm)	L	5.3%	-	5.6%	▲	▲	▼	5.7%
3-03	Trust 4Hr Target	N	95.0%	95.0%	96.5%	▲	▲	▼	96.4%
3-04	Emergency Conversion Rate	C	23.8%	24.5%	26.5%	▼	◄►	▼	25.0%
3-05	Ambulatory Care Pathways	L	30.0%	TBC	33.3%	▲	▼	▲	28.3%
3-06	Readmissions within 30 days - Elective	N	3.15%	TBC	3.07%	▼	▼	▲	2.79%
3-07	Readmissions within 30 days - Emergency	N	12.60%	TBC	14.57%	▲	▼	▼	12.93%
3-08	Discharge Rate at weekends ***	C	13.50%	15.0%	12.60%	▲	▼	▼	12.90%
3-09	Day Surgery Rate (BADS procedures)	L	85%	85%	85.58%	▲	▲	▼	84.1%
3-10	Overall Elective Market Share*	L	>66%	-	64.8%	▲	▼	▲	64.4%
3-11	Overall Elective Market Share (Bariatric)*	L	30%	-	27.8%	▲	▼	▲	28.9%
3-12	Overall Elective Market Share (Vascular)*	L	50%	-	44.6%	▼	▲	▼	47.7%
3-13	R&D **	L	444	444	65	-	-	◄►	65
3-14	Elective Activity (Spells)	L	34,417	32,663	3449	▲	▼	▲	13631
3-15	Emergency Activity (Spells)	L	37,644	40,579	3451	▲	▼	▲	16964
3-16	Outpatient Activity (Attendances)	L	355,914	353,648	28932	▲	▼	▼	147357

* Market Share at May

** R&D figures are reported 1 month retrospective. They include both observations and interventions. The month figure is currently unavailable and therefore only YTD figures are included.

*** Methodology as per CQUIN target, excludes Maternity and Births

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

	Finance & Efficiency	T*	Annual Target 12/13	Annual Forecast 12/13	Aug Actual	Performance			YTD 12/13
						June	July	Aug	
4-01	Monitor Financial Risk Rating	N	3	3	4	-	▲	◄►	4
4-02	Total income excluding interest (£000)	I	£226,878	£232,042	£19,410	-	▲	▼	£97,855
4-03	EBITDA actual (£000)	I	£17,020	£17,081	£1,686	-	▲	▼	£8,570
4-04	I&E net operational surplus (£000)		£3,300	£3,300	£600	-	▲	▼	£3,219
4-05	CIP Savings achieved (£000)		£12,000	£10,992	£896	-	▼	▲	£3,992
4-06	CQUINs	N	£4,236	£4,236	£353	-	◄►	◄►	£1,765
4-07	Month end cash balance (£000)	L	£12,560	£12,560	£15,745	-	▲	▼	£15,745
4-08	Capital Expenditure Purchased (£000)	L	£11,747	£9,679	£426	-	▲	▼	£1,723
4-09	Contract Penalties	N	£0	£200k	£1	-	◄►	◄►	£20k
4-10	Business Rules (2 month in arrears)	L	£2m	£1.5m	£80k**	-	◄►	◄►	£160k
4-11	Readmission Costs	N	£3.7m	£3.7m	£315k	-	◄►	◄►	£945k
4-12	Average LoS Elective*	L	3.32	-	3.38	▼	▼	▲	3.80
4-13	Average LoS Non-Elective*	L	6.99	-	6.77	▲	▼	▲	7.34
4-14	Outpatients DNA	L	<=6%	-	7.9%	▼	▼	▼	7.5%
4-15	Daycase Rate (whole Trust)	L	>84%	-	80.7%	▲	▲	▼	80.2%
4-16	Theatre Utilisation	L	>=85%	-	86.0%	▼	▲	▼	85.1%

* 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	▼

(T*) Target Type:	N, L, C	National, Local, or CQUIN

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

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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