

TRUST BOARD
29th June 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): 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>Five of best outcome KPI's were identified as having concerns and four were met</p> <p>Three of the Excellent Experience KPI's were identified as having concerns and nine were met.</p> <p>Three of the Workforce KPI's were identified as having concerns and four were met</p> <p>The Trust reported an in-month surplus of £0.8m against a planned surplus of £0.7m resulting in a £0.1m favourable in-month variance. The year to date position was £0.1m favourable to plan with a £0.1m deficit against a planned deficit of £0.2m delivering a UOR score of 2 compared to plan of 2. The Trust is on track with the NHSI control total at month 2 so has accrued the full amount of STF funding for month 2</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>
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DATE	22/06/2017
BOARD ACTION	<i>Assurance</i>

Balanced Scorecard

1.0 Introduction

The Trust is currently considering its strategy following the decision not to merge with the Royal Surrey County Hospital FT. A revised strategy which 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 May was 73, which represents a slight decline from the recent increases. The current rate is significantly higher than the 16/17 average of 68.9. The actual number of deaths in May was 112, 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 May. No trend can be assumed from this decrease as small numbers make this indicator labile, but the aim is to have zero.

67.5% of stroke patients admitted in May 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 a "A" unit in the national stroke audit.

Readmissions were at 14.1%. Readmissions continue to run at a higher rate than in the previous year.

The number of falls in May per 1000 bed days was 3.28. Whilst in previous months the trend looked stable there are now indications that this is on the rise.

There were no cases of hospital acquired MRSA and C-Diff cases.

Pressure Ulcers (per 1000 bed days) at 1.25 is below 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 heel 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 May. However this represents a significant improvement and is at a level which helps secure the STF funding.

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

The Friends and Family Test score for inpatients' in May was 95.7%, and is above the target of 95% following several months of improvement. The score for A&E is at 86.3% which is a decline on the recent excellent performance.

The follow-up complaints rate in May was 8.2% which represents a significant decline and a positive outcome.

6 out of 7 cancer waiting times targets were met which is a good improvement on previous months.

4.0 Skilled, motivated workforce

The annual workforce targets were discussed and agreed at the Workforce and OD Committee in May 2017.

Establishment and Vacancies

The budgeted establishment has been revised due to the new financial year as well as a number of TUPE's into the organisation and currently falls at 3941 wte. The Trust welcomed another 9 staff from Virgin Care this month and they fall within the Stroke and Discharge services. As a result, our staff vacancy figure stands at 13.3%.

Bank and Agency

Bank spend as a percentage of total pay increased again to 7.8% this month whilst agency spend has increased from 5.1% in April to 5.7% in May. Although the rate has risen, this is 1.1% lower when compared to the same time last year.

An analysis on the proportion of bank and agency wte usage identifies a 67% bank fill for all temporary staff use whilst the bank fill for Registered Nursing was 58%.

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. The turnover for the rolling year is currently 16.8%. We also report separately on voluntary turnover, which is turnover of those leavers that we can try to influence. The voluntary turnover figure is above target at 13.6%, compared with 12.5% at the same time last year.

The stability rate is also based on a rolling year and has fallen to 85.3% this month. This can be partially attributed to the change in staffing numbers and composition through our various TUPE's.

Sickness

The sickness rate is reported a month in arrears, and was 2.7% for April 17. The Trust tends to report within target for this indicator. The proportion of long term sickness is 1.5% against a short term sickness rate of 1.2%.

Appraisals

The appraisal rate has risen by 0.2% to 76.8% this month. May 16 figures were 72.7% so the Trust is performing well having improved the rate by over 4% in the last year. 87% of Medical and Estates and Facilities staff have had their annual appraisal. Healthcare Scientists have the lowest appraisal rates at 68.5%, however this has improved by 1.5% compared to last month.

Mandatory Training

The compliance rate is currently stable at 81.9%. Estates and Ancillary staff and Healthcare Scientist staff have the highest mandatory training levels at 87%. The competencies that have attained the highest training rates include Health and Safety, Conflict Resolution and Incident Management with trained rates of over 90%. The competencies with the lowest trained rates include Information Governance and Infection Control. The matrix for 2017/18 is being reviewed.

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 are now available and are very positive. Staff recommending the Trust as a place to be treated has increased by over 9% from 77.4% to 86.7%. Staff recommending the Trust as a place to work has improved from 68.4% to 74%. The quarter 2 survey is scheduled to go live in early-mid July.

5.0 Top productivity

The Trust reported an in-month surplus of £0.8m against a planned surplus of £0.7m resulting in a £0.1m favourable in-month variance. The year to date position was £0.1m favourable to plan with a £0.1m deficit against a planned deficit of £0.2m delivering a UOR score of 2 compared to plan of 2. The Trust is on track with the NHSI control total at month 2 so has accrued the full amount of STF funding for month 2 as the A&E performance target was also met (NB: although the payment for delivering STF targets are set quarterly, the Trust is required to for accrue income on a monthly basis).

The main reasons for the YTD variances are:

- (i) pay costs £0.5m below budget with lower agency costs arising within A&E (IR35 issues) and elsewhere,
- (ii) non-pay £0.1m below budget mainly due to lower activity levels (clinical supplies) and
- (iii) income £0.5m behind budget YTD, mainly due to lower activity than planned in April and May. CIP's came in at £0.1m ahead of plan at £1.6m.

The NHSI Use of Resources Rating (UOR) is 2 against a plan of 2.

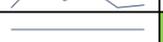
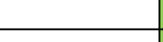
Cash balances were £1.8m lower than planned in May mainly because of over-performance relating to 2016/17 remaining unpaid (mainly from NHS England c£4.0m), offset by capital programme slippage.

At present the end of year forecast has been held at the plan of £13.4m which will deliver a UOR of 1. Despite being ahead of plan at month 2 on the CIP programme, currently we are forecasting a full year shortfall of £0.4m and work is ongoing to close this gap.

Activity in SLAM was 9% lower than the same period last year (last month was 9% lower), with A&E in line with last year, outpatients (12%) lower, Elective 6% lower and day cases (2%) lower. Emergency activity was 10% higher than last year.

Trust Balanced Scorecard - 2017/18

1. Best outcomes

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	May 17 Actual	6-month trend	YTD 16/17
1-01 In-hospital SHMI	70	<72	<72	72.7		68.9
1-02 RAMI	69	<70	<70	53.7		69.1
1-03 In-hospital deaths	30	90	<1082	112		202
1-04 Proportion of mortality reviews*	0%	>90%	>90%	68.5%		68.5%
1-05 Number of cardiac arrests not in critical care areas	62	-	-	3		5
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	20	1	17	0		0
1-08 Falls (Per 1000 Beddays)	2.36	2.46	2.46	3.28		2.93
1-09 Pressure Ulcers (Per 1000 Beddays)	2.24	1.98	1.98	1.25		0.88
1-10 Readmissions within 30 days - emergency only	14.1%	12.5%	12.5%	14.1%		14.3%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	58.3%	90.0%	90%	67.5%		59.8%
1-12 Medication errors - rate per 1000 bed days	3.0			3.28		2.73
1-13 Sepsis Screening audits undertaken *	89%	80%**		Quarterly Measure		88.6%
1-14 Sepsis Antibiotic Administration Audits undertaken *	79%	80%**		Quarterly Measure		81.3%

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

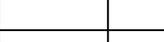
** - 2016/17 Q2 Quarterly target 80% (2016/17 Q1 Quarterly target 90%)

3. Excellent experience

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	May 17 Actual	6-month trend	YTD 16/17
3-01 A&E 4 hour target	90.6%	>95%	>95%	91.2%		91.2%
3-02 Emergency Conversion Rate	23.8%	<22.64%	<22.64%	24.2%		24.0%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	9	N/A	N/A	9		9
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	104	N/A	N/A	8		15
3-05 Average Bed Occupancy (exc escalation beds)	86.6%	<92%	<92%	85.1%		83.2%
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%	64.8%		62.4%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	94.9%	95%	95%	95.7%		96.9%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	86.4%	87%	87%	86.3%		84.7%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.8%	97%	97%	91.3%		95.5%
3-11 Friends & Family Satisfaction Score - Outpatients	1.0	92%	92%	95.3%		94.9%
3-12 Complaints - FollowUp Rate	6.5%	<10%	<10%	8.2%		6.7%
3-13 Dementia screening - Asked case finding question within 72 hrs of adm	42.8%	90%	90%	37.3%		34.2%
3-13a Dementia screening - Scored positively to case finding question	99.4%	90%	90%	100.0%		100.0%
3-13b Dementia screening - Diagnostic Assessment	96.0%	90%	90%	100.0%		100.0%
3-14 RTT - Admitted pathway (Unadjusted)	61.2%	>90%	>90%	49.4%		50.8%
3-15 RTT - Non-admitted pathway	93.13%	>95%	>95%	93.2%		92.5%
3-16 RTT - Incomplete pathways	93.21%	>92%	>92%	93.6%		93.0%
3-17 Cancer waiting times targets achieved	6 out of 7	7 out of 7	7 out of 7	6 out of 7		6 out of 7

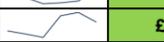
Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure	Outturn 16/17	Annual Target 17/18	May 17 Actual	6-month trend	YTD 16/17
2-01 Establishment (WTE)	3791	3,874	3941		3941
2-02 Establishment (£ Pay)	177198	182045	£ 14,883		£ 29,907
2-03 Agency Staff Spend as a Percentage of Total Pay	8.2%	6.3%	5.7%		5.4%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7.7%	7.8%		7.6%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	10.9%	<10%	13.3%		13.3%
2-06 Staff turnover rate	16.9%	<15.5%	16.8%		16.8%
2-07 Voluntary turnover rate (NEW)	13.0%	<12%	13.6%		13.6%
2-08 Stability	87.1%	>88%	85.3%		85.3%
2-09 Sickness absence	3.0%	<3.0%	2.7%		2.7%
2-10 Staff Appraisals	75.0%	>90%	76.8%		76.8%
2-11 Statutory and Mandatory Training	82.3%	>90%	81.9%		81.9%
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%		Qtr 1 survey results being analysed		

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

4. Top productivity

Measure	Outturn 16/17	Annual Target 17/18	May 17 Actual	6-month trend	YTD 16/17
4-01 Use of Resources Score (UOR) Excl STF	2	1	2		2
4-02 Total income excluding interest (£000)	£288,082	£300,360	£24,808		£47,299
4-03 Total expenditure (£000)	£268,042	£273,074	£22,906		£45,149
4-04 EBITDA (£000)	£20,040	£27,287	£1,901		£2,150
4-05 Month end cash balance (£000)	£10,459	£22,788	£9,411		£9,411
4-06 Capital Expenditure Purchased (£000)	£8,777	£8,712	£824		£1,077
4-07 CIP Savings achieved (£000)	£10,313	£10,541	£736		£1,630
4-08 STF Funding within income £000)	£6,265	£7,672	£383		£767
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	3.58		4.09
4-12 Average LoS Non-Elective (RealTime)	6.38	6.13	6.35		5.89
4-13 Outpatient First to Follow ups	1.30	1.31	1.25		1.19
4-14 Daycase Rate (whole Trust)	84.0%	>84%	85.7%		86.0%
4-15 Theatre Utilisation	72.8%	>79%	75.7%		74.3%
4-16 A&E Activity (Attendances)	99584		8725		16636
4-17 Emergency Activity (Spells)	39390		4902		9464
4-18 Elective Activity (Spells)	37227		3089		5937
4-19 % Elective inpatient activity taking place at Ashford	53.46%	>57.53%	51.5%		51.4%
Outpatient Activity (New Attendances)	124972		10903		19928

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 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 payroll including permanent, bank and agency
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 payroll including permanent, bank and agency
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	Vacancy 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 competence
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 paed. 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 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 all four measures combined (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3-11	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 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 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	* In-Hospital SHMI currently unavailable through CHKS due to a technical error
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
4-15	Overall Elective Market Share
4-15	A&E Activity (Attendances)
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 - SLAM figures (for PODS = OPFASPCL, OPFASPNC and OPFAMPCL) NB: This does not include direct access or POC