

**TRUST BOARD**  
**March 2017**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	<b>6.2</b>
<b>TITLE OF PAPER</b>	<b>Balanced Scorecard</b>	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
N/A		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	✓	This paper measures achievement
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
<b>EXECUTIVE SUMMARY</b>		
<p>The two of best outcome KPI's were met with concerns in eight areas. Action plans are in place for the areas of concern.</p> <p>The nine of the Excellent Experience KPI's were met with concerns in six areas. Action plans are in place for the areas of concern.</p> <p>Workforce indicators are predominately just below trajectory with particular concern related to the staff turnover rate which is 1.3% beyond planned levels.</p> <p>The Trust reported a year to date surplus of £8.2m (£1.9m excluding £6.3m STF) against a planned surplus of £9.1m (£2.8m excluding STF) resulting in a year to date performance of £0.9m below plan. Against the NHSI control total the result is £1.3m below plan (last month was £1.3m below plan).</p>		
<b>RECOMMENDATION:</b>	Note and make recommendations on remedial actions where required	
<b>SPECIFIC ISSUES CHECKLIST:.</b>		
Quality and safety	n/a	
Patient impact	n/a	
Employee	n/a	
Other stakeholder	n/a	

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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<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
<b>DATE</b>	24 March 2017
<b>BOARD ACTION</b>	Assurance

## 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 February was 73, which represents an increase, reversing the previous downward trend, but will be a reflection of increased mortality in the winter. The rolling twelve month position increased to 70, against an indicative ratio limit of 72. The actual number of deaths in February was 114, which is above our target rate of 90.

There were 5 cases of a cardiac arrest in non-critical care areas in February. This represents a return to the lower levels of cardiac arrest prior to the autumn spike.

56% of stroke patients admitted in February 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 primarily due to significant numbers of emergency admissions in February 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. Only 18% of stroke units nationally have this rating and therefore overall the unit is very high performing.

Readmissions were at 14.0%. Readmissions continue to run at a higher rate than in the previous year.

The number of falls in February per 1000 bed days was 2.69. The primary areas with falls are the orthopaedic wards and Chaucer Annex. Both areas are being supported by the Falls Nurse to ensure there is improvement.

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

Pressure Ulcers (per 1000 bed days) at 2.34 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 heel as this has been a particular area of increase.

### 3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (83.1%) during February. A&E services were subjected to very high demand for their services. Attendances are well above previous years' levels of activity.

The Trust did meet the 18 week target at Trust level, (Incomplete 92.2%).

The Friends and Family Test score for inpatients' in February was 96.6%, and is above the target of 95% following several months of improvement. The score for A&E is at 91.2% which is a significant improvement when the service pressures are taken into account.

The follow-up complaints rate in February was 2.8% which represents a significant decline and a positive outcome.

4 out of 7 cancer waiting times targets were met with the 62 day target being a particular challenge.

The emergency admission rate has increased during the winter months which is to be expected. Though with the introduction of Consultant of the Week in Orthopaedics there has been a reduction in emergency admissions of 0.3 patients per day (10 patients a month) which will not appearing to be large has had the effect of reducing orthopaedic outliers in surgery. Overall daily emergency bed demand in orthopaedics has reduced by four beds on average.

#### **4.0 Skilled, motivated workforce**

The overall establishment WTE was 3798 as at 28<sup>th</sup> February, with a vacancy rate of 11.5%.

Both bank and agency expenditure as a percentage of total pay reduced by 0.1% in February. Of the agency WTE usage, over 60% was within the Medical division and 28% of that was within A&E. Care of the Elderly was the speciality with the highest bank WTE usage using 11% of all filled bank shifts whilst both of these specialities were also the highest users of total temporary staffing overall. The Medical Workforce Strategy Scrutiny Group continues to review medical spend and agency spend.

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 has remained at 16.8% this month. The staff groups with the highest turnover are additional professional services at 24.8% (this staff group encompasses pharmacy staff, physiologists and theatre practitioners) and unregistered nurses and other clinical staff at 22%.

The stability rate has dropped down to 86.4% following a period of higher stability. This follows the same pattern as 15/16 and could be caused by seasonal factors.

A new indicator of 'voluntary turnover rate' has been added to the Board Balanced Scorecard, in response to intelligence from other Trusts who are using this indicator to monitor leavers. This rate reflects the number of staff who have left for their own reasons and it has risen to 13.5 % this month.

The Mandatory Training compliance rate has increased slightly to 83.7% which is a good result for February with the pressure on staffing levels, and a reflection of the progress this year to boost staff attendance.

The field work for the National staff survey took place from October to December 2016 and the final response rate was average for acute Trusts at 43%. The final reports have been released and the Trust is showing a significant improvement in many of its scores compared to 2015. Compared to other hospitals, we are in the top 25% for the overall staff engagement score (ranked 31 out of 137). The friends and family test questions formed part of the national staff survey and the score improved slightly for staff

recommending the Trust as a place to work but fell slightly for the Trust being recommended as a place to be treated.

## **5.0 Top productivity**

The Trust reported a year to date surplus of £8.2m (£1.9m excluding £6.3m STF) against a planned surplus of £9.1m (£2.8m excluding STF) resulting in a year to date performance of £0.9m below plan. Against the NHSI control total the result is £1.3m below plan (last month was £1.3m below plan).

Within the year to date variance, activity income was £0.6m below plan, other income £1.6m ahead and the expenditure overspend was £2.3m above plan. CIP's came in at £8.9m, against a plan of £9.7m, with an adverse variance of £0.8m year to date. Sustainability & Transformation funding of £6.3m has been included in the YTD surplus in respect of quarters 1-3.

EBITDA was £0.1m ahead of budget in the month and £1.3m adverse year to date, with below the line items coming in £0.4m favourable year to date largely due to impairments not required and restructuring costs underspending. This resulted in a net position of £0.9m behind of plan

The NHSI Use of Resources Rating (UOR) is 2 against a plan of 2 including the STF and 2 against a plan of 2 excluding STF.

Cash balances (Including STF) were £0.6m lower than planned in February. The Q3 STF payment of £2.1m has not yet been received and commissioner over-performance for 2016/17 requires agreement and payment. Offsetting some of this is the large slippage in the capital programme, although this spend and payments are now increasing significantly.

The year-end forecast has been held at £1.7m before STF and £8.0m including £6.3m STF. Against the NHSI control total this is £4.9m off plan. There are further risks related to the risk share agreement and CQUIN delivery.

Activity in SLAM was 4.2% above plan (excluding "Other") year to date and was 5% up on the same period last year (last month 6% up). There have been increases in A&E (4%), outpatients (6%), Elective (1%) and day cases (3%). Year on year increases in activity may be related to Easter being in March in 2016.

Over-performance against plan YTD is likely to be linked to non-delivery of QIPP's. February saw increased elective inpatient activity as the Trust cancelled fewer operations in the month.

# Trust Balanced Scorecard - 2016/17

## 1. Best outcomes

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Feb 17 Actual	6-month trend	YTD 16/17
1-01 In-hospital SHMI	64	<72	<72	73		70
1-02 RAMI	62	<70	<70	82		69
1-03 In-hospital deaths	1139	90	<1082	114		1203
1-04 Proportion of mortality reviews*	56%	>90%	>90%	69.5%		45.3%
1-05 Number of cardiac arrests not in critical care areas	56	-	-	5		52
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	15	1	17	1		15
1-08 Falls (Per 1000 Beddays)	2.59	2.46	2.46	2.69		2.39
1-09 Pressure Ulcers (Per 1000 Beddays)	2.08	1.98	1.98	2.34		2.31
1-10 Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	14.0%		14.1%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	65.0%	90.0%	90%	55.9%		58.4%
1-12 Medication errors - rate per 1000 bed days	2.9			2.90		3.04
1-13 Sepsis Screening audits undertaken *	71%	80%**		Quarterly Measure		88.9%
1-14 Sepsis Antibiotic Administration Audits undertaken *	72%	80%**		Quarterly Measure		78.8%

\* - 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 15/16	Monthly Target 16/17	Annual Target 16/17	Feb 17 Actual	6-month trend	YTD 16/17
3-01 A&E 4 hour target (exc Ashford)	86.6%	>95%	>95%	83.1%		87.5%
3-02 Emergency Conversion Rate	23.9%	<22.64%	<22.64%	25.2%		23.8%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	8	N/A	N/A	5		5
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	116	N/A	N/A	10		98
3-05 Average Bed Occupancy (exc escalation beds)	86.5%	<92%	<92%	84.6%		87.0%
3-06 Patient Moves (ward changes >=3) **	6.5%	<6.18%	<6.18%	7.1%		8.1%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	56.0%	>62.1%	>62.1%	58.0%		54.4%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	96.2%	95%	95%	96.6%		94.9%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	84.3%	87%	87%	91.2%		86.4%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.3%	97%	97%	98.3%		96.6%
3-11 Friends & Family Satisfaction Score - Outpatients	0.9	92%	92%	96.4%		95.9%
3-12 Complaints - FollowUp Rate	8.3%	<10%	<10%	2.8%		6.7%
3-13 Dementia screening - Asked case finding question within 72 hrs of adm	96.9%	90%	90%	28.8%		44.3%
3-13a Dementia screening - Scored positively to case finding question		90%	90%	91.3%		99.4%
3-13b Dementia screening - Diagnostic Assessment		90%	90%	100.0%		95.7%
3-14 RTT - Admitted pathway (Unadjusted)	80.5%	>90%	>90%	60.7%		61.5%
3-15 RTT - Non-admitted pathway	95.50%	>95%	>95%	92.5%		93.3%
3-16 RTT - Incomplete pathways	95.71%	>92%	>92%	92.2%		93.3%
3-17 Cancer waiting times targets achieved	N/A	7 out of 7	7 out of 7	4 out of 7		4 out of 7

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

## 2. Skilled, motivated workforce

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Feb 17 Actual	6-month trend	YTD 16/17
2-01 Establishment (WTE)	3588	3,674	3,782	3798		3790
2-02 Establishment (£ Pay)	£161,791k	£162,956k	175911	£ 14,707		£ 162,334
2-03 Agency Staff Spend as a Percentage of Total Pay	7.9%	<7%	<7.3%	8.2%		8.2%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7%	<7%	6.9%		6.9%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	7.1%	<8%	<9.0%	11.5%		11.5%
2-06 Staff turnover rate	14.4%	<14%	<15.5%	16.8%		16.8%
2-07 Voluntary turnover rate (NEW)			<12%	13.5%		13.5%
2-08 Stability	88.4%	>88%	>88%	86.4%		86.4%
2-09 Sickness absence	2.9%	<3%	<3%	3.5%		3.5%
2-10 Staff Appraisals	64.3%	>90%	>90%	74.9%		74.9%
2-11 Statutory and Mandatory Training	81.8%	>90%	>90%	83.7%		83.7%
2-12 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)				Staff Survey in Progress		
2-13 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)				Staff Survey in Progress		

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

## 4. Top productivity

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Feb 17 Actual	6-month trend	YTD 16/17
4-01 Use of Resources Score (UOR) Excl STF Note 1			2	2		2
4-02 Total income excluding interest (£000) *Note 1, **	£267,474		£282,227	£22,160		£258,527
4-03 Total expenditure (£000), **	£255,685		£264,686	£22,365		£244,689
4-04 EBITDA (£000) *Note 1	£11,789		£17,541	(£206)		£13,838
4-05 CIP Savings achieved (£000)	£13,693		£10,727	£1,320		£8,907
4-06 CQUINs (£000), **	£5,195	TBC	£5,052	(£270)		£3,655
4-07 Month end cash balance (£000) *Note 1	£8,672		£7,251	£6,770		£6,770
4-08 Capital Expenditure Purchased (£000)	£8,584		£9,945	£1,043		£7,047
4-09 Emergency threshold/readmissions penalties	£3,016	TBC	£3,319	£402		£3,718
4-10 Average LoS Elective (RealTime)	3.40	3.32	3.32	3.69		3.84
4-11 Average LoS Non-Elective (RealTime)	6.36	6.13	6.13	6.25		6.36
4-12 Outpatient First to Follow ups	1.36	1.31	1.31	1.31		1.30
4-13 Daycase Rate (whole Trust)	83.7%	>84%	>84%	83.6%		83.9%
4-14 Theatre Utilisation	73.7%	>79%	>79%	74.6%		73.1%
4-15 A&E Activity (Attendances)	96328	<7656	YTD <91189	7498		91229
4-16 Emergency Activity (Spells)	37779	<3008	YTD <35706	3230		35936
4-17 Elective Activity (Spells)	37629	>2914	YTD >33709	2908		34085
4-18 % Elective inpatient activity taking place at Ashford	54.52%	>57.53%	>57.53%	52.7%		52.4%
4-19 Outpatient Activity (New Attendances)	118268	>9449	YTD >109139	9574		113434

Note 1 - previously Monitor Financial Sustainability Risk Rating 15/16 Figures,

Note: Annual Target, In month and YTD figures are all net of STP funding.

\*\* - Changes to annual target

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 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 (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 (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 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 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