



TRUST BOARD  
31 January 2019

<b>AGENDA ITEM</b>	17.2	
<b>TITLE OF PAPER</b>	Balanced Scorecard	
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 SUBMITTED</b>		
N/A		
<b>STRATEGIC OBJECTIVE(S):</b>		
<b>Quality Of Care</b>	<input checked="" type="checkbox"/>	This paper measures achievement
<b>People</b>	<input checked="" type="checkbox"/>	
<b>Modern Healthcare</b>	<input checked="" type="checkbox"/>	
<b>Digital</b>	<input checked="" type="checkbox"/>	
<b>Collaborate</b>	<input checked="" type="checkbox"/>	
<b>EXECUTIVE SUMMARY</b>		
<p>Six of 'Quality of care' KPIs were met and five were identified as having concerns</p> <p>Two 'People' KPIs were identified as having concerns and none were met</p> <p>Five 'Modern healthcare' KPIs were identified as having concerns and five were met</p> <p>Two "Digital" measure was met and one was identified as having concerns</p> <p>The Trust reported a YTD surplus of £16.4m against a plan of £18.5m resulting in an adverse variance of £2.1m. This included £10.4m of additional accrued incentive PSF income as required by NHSI. When adjusted for non-control total items the Trust was below the YTD NHSI control total by £1.6m. However within this the pre-PSF position was breakeven, as the Trust recorded a £1.6m loss on the Q2 &amp; Q3 A&amp;E PSF income due to not meeting the agreed trajectory. The FSR score YTD was a 2 against a plan of 1, however within that</p>		

	there is a continued worsening of the agency metric.
<b>RECOMMENDATION:</b>	Note and make recommendations on remedial actions where required
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	<i>n/a</i>
Patient impact	<i>n/a</i>
Employee	<i>n/a</i>
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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<b>PRESENTED BY</b>	David Fluck, Medical Director Louise McKenzie, Director of Workforce Sue Tranka, Chief Nurse Simon Marshall, Director of Finance and information
<b>DATE</b>	25 January 2019
<b>BOARD ACTION</b>	Assurance

# Balanced Scorecard

## 1.0 Introduction

The Trust has developed an updated strategy which was launched in May 2018. The revised strategy states that “Our vision is to provide an outstanding experience and the best outcome for patients and the team”

*By achieving our aims every patient will say...*

- + I was treated with compassion*
- + I was involved in a plan for my care which was understood and followed*
- + I was treated in a safe way, without delay*
- + And every member of our team was able to give their best and feel valued doing so.*

The Strategy sets out that ASPH will continue to be a vitally important centre for the delivery of urgent and emergency care supported by a breadth of critical care. We will seek to reinforce our position as the major emergency centre to the people of Surrey by developing the strength of our elective services to enable us to develop the critical mass of clinicians to offer specialist on-call rotas and out of hours provision that reinforces all care pathways.

Strategic objectives have been developed to support the delivery of the strategy which include:

Strategic Objective	Core Result
<b>Quality of Care</b>	Creating a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience
<b>People</b>	Being a great place to work and be a patient, where we listen, empower and value everyone
<b>Modern Healthcare</b>	Delivering the most effective and efficient treatment and care by standardising the delivery and outcomes of clinic services
<b>Digital</b>	Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients
<b>Collaborate</b>	Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve

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 Quality of Care

The RAMI mortality ratio for October was 83.9, which represents a continuation of the marginally lower average rate than the previous year. The actual number of deaths in December was 105 which also represents a currently stable trend. From October 2017 we have started to carry out full structured judgement reviews (SJR) on any deaths meeting certain minimum criteria. Year to date 56% of the reviews have been completed.

There were 11 hospital acquired category 2 or above pressure ulcers reported in December 2018. We have set an aim to reduce hospital acquired pressure ulcers (category 2 and above) by 5% for 2018/2019, which equates to no more than 15 per month. A number of other improvements are being tested with the identified ward teams and, from October 2018, ward teams have moved to twice-daily skin inspection and documentation for patients at risk of pressure damage. As a result, the Trust has achieved 58 days free from a hospital acquired category 3 or unstageable pressure ulcer.

There were no medication incidents that resulted in moderate or severe harm in December 2018. In December 2018 there were 68 medication-related incidents reported with no harm. Medication errors with 'no harm' are showing common cause variation with an average of 68 cases per month since May 2018 when a 33% special cause increase occurred.

The number of falls in December per 1000 bed days was 2.64, representing an increase on last month. The out turn for last year was higher than the previous year.

## 3.0 People

### Establishment and Vacancies

Total staff in post is 3371 wte against an establishment of 3930 wte. The current vacancy rate is 13.1%, with the highest vacancy rate in Registered Nursing & Midwifery (22%) followed by Additional Clinical Services (12%). There were 30.3 wte starters this month and an additional 6.6 wte staff converted from a bank post to a substantive post, including 3 HCAs. There were 39 wte leavers this month.

### Bank and Agency

Total temporary spend was 17.5%, a reduction of 0.6% from month 8. Agency spend decreased by 0.2% whilst bank spend decreased by 0.4% this month. Total temporary use equated to 460 wte this month, with registered and unregistered nursing using 79% of the total and medical staff using 14%.

### 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. Employees TUPE'ing out are excluded from turnover calculations. The stability rate shows the percentage of staff at the start of a 12 month period that do not leave the specified group during the period in question and is useful for showing retention.

The turnover for the rolling year was 16.4%. Voluntary turnover was stable at 13.9%. Healthcare Assistants and other Clinical Support staff had the highest turnover rate at 24.4% followed by Registered Nursing and Midwifery staff at 19.4%.

### **Sickness**

The sickness rate is reported a month in arrears, and was just above the Trust target at 3.1% in November 2018, the cumulative year to date figure was within target at 2.9%. The flu vaccine uptake was 68% at the time of writing this report, with Women's Health and Paeds still reporting the highest clinical division uptake at 74% and Medicine and Emergency Services at 66%.

### **Appraisals**

The appraisal rate is 73.9% and has improved since the introduction of the new appraisal policy and paperwork. Training has been designed for managers to hold positive conversations with staff in relation to appraisals and performance in general and will launch in March.

### **Mandatory Training**

The compliance rate is 84.7%. The new streamlining programme project has started focusing on aligning all organisations across Surrey Heartlands to the Skills for Health framework and ASPH are in the process of meeting with the mandatory trainers to ensure we are compliant with the Skills for Health framework.

### **Friends and Family Test (FFT) and National Staff Survey**

The staff survey closed on 30 November 2018 and ASPH achieved an overall engagement score of 46%. Results are coming through with the final embargo being lifted at the end of February. HR Business Partners will be meeting with their Divisions in the next month to discuss the main priorities coming from the Staff Survey to focus on in the coming 12 months.

## **3.0 Modern Healthcare**

ASPH did not meet the four hour emergency access standard (87.4%) during December. This represents a slight decline on last month. A major new reform of the pathway was implemented on the 1<sup>st</sup> November 2018. This reform includes using Greenbrook Healthcare to manage the UTC for a 17 month basis. Due to increase in demand this has not improved the performance in the way expected.

The Emergency conversation rate has declined during 2018. This is predominately due to capacity constraints in beds which means that patients are being retained in A&E rather than being admitted to beds.

The Trust had to postpone 11 elective procedures during December due to no beds being available. The Trust had to postpone 11 elective procedures during December due to no beds being available. To release bed stock for medical patients over the winter period, only Urgent & Cancer elective operations are available at St Peters Hospital from Christmas 2018 to end Jan 2019. Non-elective average length of stay for December 2018 continued to reduce to 5.91 days although due to the number of patients admitted, causing patient flow difficulties through the hospital & creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During December the Trust recorded DTA patients waiting in A&E overnight on all 31 days. Overall the combined DTOC & Medically Optimised Delays have maintained a lower trend throughout 2018 compared to 2017.

The Trust recorded 91.1% for RTT Incomplete Pathways, 0.1% below our trajectory. The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity and community demand management schemes have been unable to address the historic increases seen in outpatient demand, compounded further by a significant reduction in elective capacity over the winter period (Christmas to end Jan19) releasing surgical beds for medical patients. The Trust remains significantly above the 87.3%

national average reported for November 2018 (latest month reported on 10th Jan 19). With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust is responding by increasing capacity as best able (& available) to meet demand, although within the financial envelope the Trust and Commissioners have agreed.

The Trust reported a YTD surplus of £16.4m against a plan of £18.5m resulting in an adverse variance of £2.1m. This included £10.4m of additional accrued incentive PSF income as required by NHSI. When adjusted for non-control total items the Trust was below the YTD NHSI control total by £1.6m. However within this the pre-PSF position was breakeven, as the Trust recorded a £1.6m loss on the Q2 & Q3 A&E PSF income due to not meeting the agreed trajectory. The FSR score YTD was a 2 against a plan of 1, however within that there is a continued worsening of the agency metric.

The Trust is operationally breaking even YTD. On the basis that the Trust is still striving to achieve the full pre-PSF finance control target and the Q4 A&E target, the EOY forecast includes £25.2m of the £26.8m planned PSF, which includes the additional £16.0m relating to the PSF incentive scheme. The £1.6m shortfall in Q2 & Q3 A&E PSF is the reason for the shortfall in overall forecast. Combined with the adverse agency metric this would deliver an FSR of 2.

The YTD variances are (i) pay costs £1.3m adverse to budget despite a £0.1m budget gain due to the delayed medical pay award (ii) non-pay £4.1m overspend including Outsourcing £2.1m, Drugs £1.1m and Premises £0.6m, and (iii) operational income, pre-PSF, £5.2m ahead of the phased plan YTD.

CIP's came in £0.5m behind plan for the year to date with the CIP forecast outturn for the year £0.8m behind plan.

Capital is underspent by £8.4m (62%).

#### **4.0 Digital**

The Trust's Appointment Slot Issues (ASI) rate reduced to 6.3% during December although GP referral demand exceeded expected capacity in Ophthalmology, Cardiology, Breast Surgery, Gynaecology, General Medicine and Paediatrics due to patient choice.

SUS data quality compliance at 91% places us in the top quartile performance nationally

Letter transmission rates are lower than we would like, though IP letters are above the internal target. We continue to work closely with local primary care to improve the speed and quality of documents. There is currently a particular issue with the quality of A&E discharge summaries which is being urgently reviewed.

#### **5.0 Collaborate**

Ambulance handover delays have risen significantly since the start of 2018, peaking in July 2018. These delays are related to patient flow issues within the A&E department and wider hospital.

Overall the combined DTOC & Medically Optimised Delays have maintained a lower trend throughout 2018 compared to 2017.

The Psych Liaison is meeting its agreed targets. However we are undertaking further pathway work with them as there are increasing issues with alcohol liaison service with the reduction in funding for that service from the County Council.

# Trust Balanced Scorecard - 2018/19



**Quality of Care**  
Creating a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience.



**People**  
Being a great place to work and be a patient, where we listen, empower and value everyone.



**Modern Healthcare**  
Delivering the most effective and efficient treatment and care by standardising the delivery and outcome of clinical services.

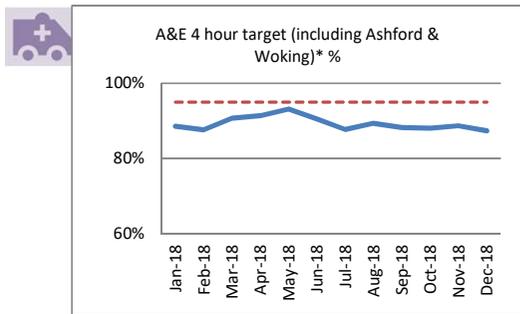


**Digital**  
Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients.

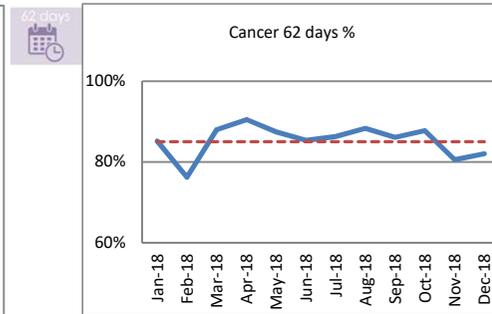


**Collaborate**  
Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve.

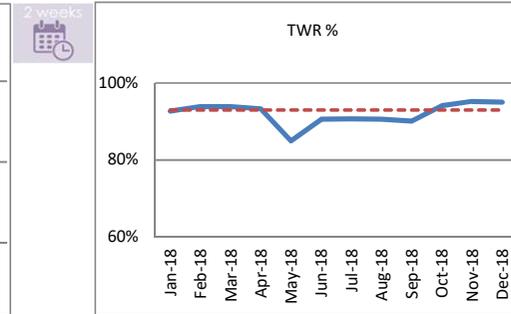
## Key Trust Measures rolling 12 months



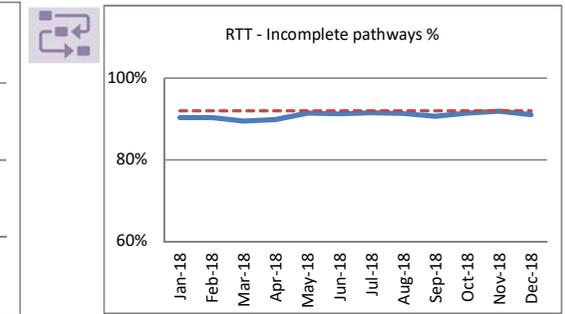
A&E 4 hour target 95%



Cancer 62 days 95% - target 95%



TWR 95% - target 95%



RTT 91.98% - target 92%

Cancer waiting times targets achieved 5 out of 7

Appraisals 73.9%  
target 90%

Stat & Mand Training  
84.7% target 90%



Vacancy  
Rate 13.1%



A&E attendances 9220



Inpatients - Elective 2936  
Emergency 3415



Outpatients  
8528



MRSA 0 CDIFF 1



Pressure ulcer-  
1000 bed days  
1.7



Financial Score  
rating

**2**

# Trust Balanced Scorecard - 2018/19

Measure	Outturn 17/18	Annual Target 18/19	Dec-18	YTD 18/19	Data Quality	Measure	Outturn 17/18	Annual Target 18/19	Dec-18	YTD 18/19	Data Quality
<b>Quality of Care</b>						<b>Modern healthcare</b>					
In-hospital SHMI	61.1	<68.4	62.17	63.66		A&E 4 hour target (including Ashford & Woking)*	91.0%	>95%	87.4%	88.5%	
RAMI	90.79	<100	83.99	95.02		Emergency Conversion Rate	23.4%	<22.64%	22.1%	22.1%	
In-hospital deaths	1184	<1082	105	843		Average Bed Occupancy (exc escalation beds)	84.6%	<87.4%	82.9%	83.3%	
Falls (Per 1000 Beddays)	2.45	2.13	2.64	2.78		Patient Moves (ward changes >=3)	4.9%	<5.87%	4.3%	4.2%	
Pressure Ulcers (Per 1000 Beddays)	1.79	1.88	1.69	1.55		No of Serious Incidents Requiring Investigation (SIRI)			8	78	
Readmissions within 30 days - emergency only	14.2%	12.5%	14.50%	12.58%		RTT - Incomplete pathways	92%	>92%	91.1%	91.2%	
Medication errors - rate per 1000 bed days	2.59		2.78	2.28		Average LoS Elective	3.76	3.32	3.24	3.41	
Complication Rate (for previous month)	1.9%	1.8%	2.0%	1.75%		Average LoS Non-Elective	6.15	6.13	5.97	6.22	
Friends & Family Satisfaction - InPats (incl Daycases)	96.3%	95.0%	100.0%	95.69%		<b>Theatre Utilisation</b>	74.20%	>79%	74.9%	75.7%	
Friends & Family Satisfaction Score - A&E (incl Paeds)	83.9%	87.0%	100.0%	69.70%		I&E		£18,503	£16,428	£16,428	
Friends & Family Satisfaction - Maternity (Touch Pt 2)	81.6%	97.0%	85.7%	70.00%		CIPs		£7,762	£7,253	£7,253	
Friends & Family Satisfaction Score - Outpatients	95.9%	92.0%	96.7%	97.33%		Capital		£13,665	£5,258	£5,258	
<b>People</b>						<b>Digital</b>					
Agency Staff Spend as a Percentage of Total Pay	5.6%	<5.4%	8.2%	7.5%		Letter transmission IP % (24 hrs)	86.82%	>80%	82.9%	84.3%	
Bank Staff Spend as a Percentage of Total Pay	8.3%	<8.6%	9.3%	9.4%		Letter transmission OP (10 days)	78.37%	>80%	61.0%	77.1%	
Staff turnover rate	15.8%	<15%	16.4%	16.4%		eRS ASI Rate	N/A	4%	7.5%	5.5%	
Voluntary turnover rate	13.0%	12.0%	13.9%	13.9%		SUS Data Quality Compliance **	89%		91%	91%	
Stability	86.5%	>88%	85.5%	85.5%		<b>Collaborate</b>					
Sickness absence	3.3%	<3.0%	3.1%	2.9%		Delayed Discharges	5966		133	1448	
F&F: Recommend for Treatment	81.0%		72.0%	72.0%		Ambulance Handovers	1496		340	1519	
F&F: Recommend to Work	71.0%		65.0%	65.0%		Psych Liaison	79.9%		74.8%	74.9%	

## Data Quality

Visual indicator to acknowledge the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based.

∞	Staff Training/Std Op Procedures
∞	Timelines/Granularity/completeness
∞	Clinical Input and validation in data capture
∞	Reports are evaluated bu trust/ division/ speciality
∞	Benchmarking Data utilised
∞	Adequacy internal/External Audit

Sufficient 1  
 Insufficient 2  
 Not yet assessed 3

Scorecard

		Definitions
Quality of Care	In-hospital SHMI	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
Quality of Care	RAMI	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.
Quality of Care	In-hospital deaths	The total number of in-hospital deaths (Uses a previous CQUIN definition i.e. excludes ages 18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*)
Quality of Care	Falls (Per 1000 Beddays)	Falls (Per 1000 Beddays)
Quality of Care	Pressure Ulcers (Per 1000 Beddays)	Pressure Ulcers - total number of hospital acquired pressure ulcers (Per 1000 Beddays)
Quality of Care	Readmissions within 30 days - emergency only %	Re-admissions within 30 days of first admission where the first admission was an emergency. CQUIN definition
Quality of Care	Medication errors - rate per 1000 bed days	Medications Errors - Administration & Prescribing (Per 1000 Beddays)
Quality of Care	Complication Rate	Number of incidents where a patient has had a complication ICD10 code *T8* during their spell / number of spells
Quality of Care	Friends & Family Satisfaction Score - InPatients (incl Daycases) %	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
Quality of Care	Friends & Family Satisfaction Score - A&E (incl Paeds) %	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
Quality of Care	Friends & Family Satisfaction Score - Maternity (Touch Point 2) %	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?"
Quality of Care	Friends & Family Satisfaction Score - Outpatients %	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?"
People	Agency Staff Spend as a Percentage of Total Pay %	Agency WTE is collated from different reporting systems and shows in-month WTE use. Agency % is reported as the expenditure on agency as a % of the total payroll including permanent, bank and agency
People	Bank Staff Spend as a Percentage of Total Pay %	Bank WTE is collated from different reporting systems and shows in-month WTE use. Bank % is reported as the expenditure on Bank as a % of the total payroll including permanent, bank and agency
People	Staff turnover rate %	Turnover is cumulative, and is the number of staff (headcount) leaving in the last 12 months divided by the average number of staff in post over the 12 months, as a percentage. Doctors in training are excluded from the figures as this is planned rotation.
People	Voluntary turnover rate %	The voluntary turnover rate is as per the total turnover rate but comprises staff who leave for reasons we can try to influence.
People	Stability %	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
People	Sickness absence %	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.
People	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)
People	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)
Modern healthcare	A&E 4 hour target (including Ashford & Woking) * %	Trust 4hr target (Including Ashford)
Modern healthcare	Emergency Conversion Rate %	Number of patients who were admitted as a percentage of the total number of attendances at A&E
Modern healthcare	Average Bed Occupancy (exc escalation beds) %	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic (including paediatric and labour wards)
Modern healthcare	Patient Moves (ward changes >=3) ** %	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.
Modern healthcare	No of Serious Incidents Requiring Investigation (SIRI)	Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG
Modern healthcare	RTT - Incomplete pathways %	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incomplete pathways should be waiting less than 18 weeks.
Modern healthcare	Average LoS Elective	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies) From Realtime
Modern healthcare	Average LoS Non-Elective	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies) from realtime
Modern healthcare	Theatre Utilisation %	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anaesthesia Induction) as % of available session time. Includes Bluespир records with missing tracking times
Modern healthcare	I&E	Income and expenditure
Modern healthcare	CIPs	Cost improvement Plans
Modern healthcare	Capital	Capital
Digital	Letter transmission IP %	% of letter transmissions for IP
Digital	Letter transmission OP %	% of letter transmissions for OP (10 days)
Digital	eRS ASI Rate	Appointment Slot issues (ASI). Number of ASI/Number booked
Digital	SUS Data Quality	% of compliant SUS Data quality measures
Collaborate	Delayed Discharges	From the reported monthly figure for NHS and Social services days for Acute only
Collaborate	Ambulance Handovers	Number of ambulance handover delays over 30 minutes
Collaborate	Psych Liaison	Number of Referrals to Psych Liaison team referred within 2 hours from A&E
Front Sheet		
Modern healthcare	Cancer 62 days %	62 Day Standard
Modern healthcare	TWR %	14 Day TWR First Seen
Modern healthcare	A&E attendances	A&E Activity (Attendances)
People	Vacancy Rate %	Vacant wte / Budgeted establishment
People	Appraisals %	% staff who have had an appraisal in the last 12 months.
People	Statutory and mandatory training %	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
Modern healthcare	Inpatients - elective	Percentage of elective inpatient activity taken place at Ashford
Modern healthcare	inpatients - emergency	Total number of Emergency Spells in the month
Modern healthcare	Outpatients	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPNCPL and OPFAMPPL) NB: This does not include direct access or POC
Quality of Care	MRSA	Number of Hospital acquired MRSA
Quality of Care	CDIFF	Number of Hospital acquired C-Diff
Cancer targets		Cancer waiting times targets achieved