

TRUST BOARD
31 March 2016

Agenda item number	5.2
Title of paper	Balanced Scorecard
Sensitivity of this paper :	
• Commercial in confidence?	<input type="checkbox"/>
• Patient confidential?	<input type="checkbox"/>
• Suitable for public access?	<input checked="" type="checkbox"/>
Any other papers which this particular paper relates to? Insert any details here	N/A
<u>Strategic objective(s)</u> that this paper relates to :	
• Best outcomes	<input checked="" type="checkbox"/>
• Excellent experience	<input checked="" type="checkbox"/>
• Skilled & motivated teams	<input checked="" type="checkbox"/>
• Top productivity	<input checked="" type="checkbox"/>
ASPH value(s) which this paper relates to : Tick any box below which is relevant and follow with a word or two of explanation	
• Patients first	<input checked="" type="checkbox"/>
• Personal responsibility	<input checked="" type="checkbox"/>
• Passion for excellence	<input checked="" type="checkbox"/>
• Pride in our team	<input checked="" type="checkbox"/>
Executive summary <i>This is a <u>summary</u> of the paper and the key points – including key points to highlight to the Board. It is NOT an introduction</i>	<p>The Trust reported an in-month deficit of £0.6m against a deficit plan of £0.6m, resulting in a year to date deficit of £0.4m (last month YTD was £0.2m surplus). The YTD favourable variance to budget was £0.6m (last month YTD was £0.6m ahead of plan).</p> <p>The Monitor Financial Sustainability Risk Rating (FSRR) is 3 against an internal plan of 3 for the year to date, which was in line with forecast.</p>
Recommendation <i>The recommendation that the board is being asked to consider by the person presenting the paper</i>	Note the paper
Specific issues checklist :	
• Quality and safety issues?	<input checked="" type="checkbox"/>
• Patient impact issues?	<input checked="" type="checkbox"/>
• Employee issues?	<input checked="" type="checkbox"/>

• Other stakeholder issues?	
• Equality & diversity issues?	
• Finance issues?	✓
• Legal issues?	
• Risk issues? Link to relevant BAF item number if so	✓
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Presented by director name/role	David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation & OD Simon Marshall, Director of Finance and Information
Date	23 March 2016
Board action	Receive

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 62, which represents a continuation of the existing trend. The rolling twelve month position has reduced to 64, against an indicative ratio limit of 72. The last six months indicates a slight downward trend. The actual number of deaths in February was 101, which is above our target rate of 86, but it is not seasonally adjusted.

There were 6 cases of cardiac arrests in non-critical care areas in February. This continues the rise on previous months.

Only 57.5% of stroke patients admitted in February reached the stroke ward within 4 hours of being admitted to the hospital. This performance is much lower than in previous months. The CCG have written informing us that they are withholding 0.5% of our income as a result as we are still not at the 90% target. Overall with the exception of this indicator, stroke performance is very good. An action plan was in place to recover the target by February which has been missed by a significant margin.

Readmissions were at 14.4%. Further validation activity is occurring to ensure that all readmissions are checked to ensure that they are recorded correctly and the number is not overstated. Benchmarking on CHKS indicates that we within the top third (good) of hospitals for our readmission rate.

The number of falls in February per 1000 bed days was 2.82 which is a reversal of the previous downward long term trend.

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

Pressure Ulcers (per 1000 bed days) at 2.35 is still above target rate of 1.19. Until recently the long term trend was downwards but recent months have seen an increasing trajectory.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (80.3%) during February, and this target continues to be an area of focus for the Trust as achievement remains challenging. The Operational team developed, with the CCG a whole system plan to recover the A&E position by April 2015. However as this has not been achieved a new plan has been developed. The reasons for the target failure are multifaceted, excess

demand and poor discharge flow was a significant contributor to the problem. Of particular pressure at present is the rate of discharges to social services beds.

The Trust did meet the 18 week target at Trust level, (Incomplete 95.1%).

The Friends and Family Test score for inpatient's in February was 96.4%, and is above our target of 95% following several months of improvement. The score for A&E is at 80.1% which is roughly stable with the previous month.

Follow-up complaints were at 3 in February and are well within the targeted level. New contract measures have been developed and against these the Trust is performing satisfactorily.

4.0 Skilled, motivated workforce

As at 29th February workforce establishment increased by 4 WTE to 3717 WTE. The number of staff in post was 3319 WTE giving a vacancy rate of 9.5% and remaining below 10% for last two months.

Agency expenditure as a percentage of the pay bill for all staff groups decreased this month to 9.3%, remaining above target. Agency spend has increased in January and February due to increased demand for staffing in these months. Looking ahead to 2016/17 the Trust has received notification from Monitor of an expenditure ceiling covering all agency and locum staff.

The Trust has reported every week to Monitor by staff group on all agency shifts where the hourly rate exceeds the capped hourly rates. The number of shifts reported over the rate cap has reduced for medical and nursing shifts as negotiations with agencies and are bringing the rates down, although escalated rates are being agreed where necessary to ensure patient safety. Further rate reductions are due on 1 April 2016.

Bank expenditure increased to 6.4% of the pay bill, this is within target, as bank staff use continues to build.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. This month turnover decreased slightly to 16.7%, although the number of leavers remains high. There were 42 leavers in February with 2 retirements, 5 End of fixed term contracts, 2 dismissals, and 33 voluntary resignations, of these:

- 6 were promotions/better reward package/moves/further study
- 14 were childcare responsibilities/work life balance/health/other

Stability (percentage of the workforce with more than one year's service) decreased to 86.3 %, slightly below the target.

The sickness rate increased to 3.2%, with the year to date rate at 2.8% continuing to achieve the 2015/16 target.

The number of staff recorded as having an appraisal within the past year increased to 77.4%. Mandatory training compliance continues to improve to 82.2%, below the Trust target. It has improved every month since July 2016, although the increase is small.

The National Staff Survey results have been published. Work around leadership development will be accelerated, including roll out of the core people management training programme, adoption of a revised and comprehensive values-based 360, and implementation of a leadership assessment centre, including psychometric testing and coaching feedback. To address challenges around raising concerns, targeted Datix training will be delivered where necessary to ensure staff are familiar with the incident reporting process, and the Freedom to Speak Up Guardian will be appointed. To

improve perceptions around learning from mistakes, divisional quality governance processes will be reviewed for consistency in feedback loops and the profile of our online “Lessons Learned” log raised.

5.0 Top productivity

The Trust reported an in-month deficit of £0.6m against a deficit plan of £0.6m, resulting in a year to date deficit of £0.4m (last month YTD was £0.2m surplus). The YTD favourable variance to budget was £0.6m (last month YTD was £0.6m ahead of plan).

Within the YTD favourable variance, activity income was £7.8m above plan, other income was £1.0m above plan and the YTD expenditure overspend was £10.1m above plan CIP's came in at £12.4m against a plan of £12.4m, with a year to date variance of £6k (last month was £8k).

The year to date favourable variance is mainly down to impairments not yet happening (£0.9m), depreciation lower than plan (£0.4m) and merger costs behind plan (£0.4m), offset by a £1.3m adverse movement in EBITDA.

The Monitor Financial Sustainability Risk Rating (FSRR) is 3 against an internal plan of 3 for the year to date, which was in line with forecast.

Cash was behind plan mainly due to the EBITDA position, outstanding monies from 2014/15 c£0.7m and over-performance from 2015/16 activity offset by the underspend on the capital programme.

The forecast has been reduced to £0.7m deficit (last month was £0.2) following the recent agreement reached with North West Surrey CCG and pressures caused by the junior doctors strikes. This results in a FSRR of 2.

Activity is 6% above plan for activity excluding “Other” income (last month was 5% ahead), and 9.2% above plan for all activity. The most significant drivers for this increase is Elective and A&E activity. Most of this over performance is in areas where there are CCG QIPP plans (Upper GI; Urology and A&E).

Trust Balanced Scorecard - 2015/16

1. Best outcomes

Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Feb 16 Actual	6-month trend	YTD 15/16
1-01 In-hospital SHMI	58	<72	<72	62		64
1-02 RAMI	60	<70	<70	65		64
1-03 In-hospital deaths	1111	86	<1033	101		1027
1-04 Proportion of mortality reviews	38%	>90%	>90%	65%		56%
1-05 Number of cardiac arrests not in critical care areas	72	-	-	6		53
1-06 MRSA (Hospital only)	1	0	0	0		0
1-07 C.Diff (Hospital only)	18	1.4	17	3		14
1-08 Falls (Per 1000 Beddays)	3.29	3.00	3.00	2.82		2.57
1-09 Pressure Ulcers (Per 1000 Beddays)	2.03	1.19	1.19	2.35		2.05
1-10 Readmissions within 30 days - emergency only	12.6%	12.2%	12.2%	14.4%		13.0%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	52.8%	90.0%	90%	57.5%		64.1%
1-12 Medication errors - rate per 1000 bed days	2.04	2.01	2.01	2.89		2.90
1-13 Sepsis Screening audits undertaken*	N/A			62.0%**		59.6%**
1-14 Sepsis Antibiotic Administration Audits undertaken*	N/A			71.4%**		72.1%**
1-15 Maternity Safety Thermometer combined harm free care	N/A	>70.2%	>70.2%	83.3%		76.8%
1-16 Medications: Reconciliation within 24 hrs	N/A	>68%	>68%	53.4%		53.3%
1-17 Medications: Omission of critical medicines in last 24 hrs	N/A	<6.0%	<6.0%	6.8%		9.8%

**2015/16 Quarter 3 Figures - YTD Figures 2015/16 Q2&Q3

3. Excellent experience

Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Feb 16 Actual	6-month trend	YTD 15/16
3-01 A&E 4 hour target (exc Ashford)	92.7%	>95%	>95%	80.3%		87.7%
3-02 Emergency Conversion Rate	23.8%	<22.64%	<22.64%	24.3%		24.1%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG				8		8
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG				7		105
3-05 Average Bed Occupancy (exc escalation beds)	91.9%	92.0%	92%	87.4%		85.7%
3-06 Patient Moves (ward changes >=3) **	7.7%	<7.31%	<7.31%	8.6%		7.0%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	60.6%	>62.1%	>62.1%	57.3%		56.1%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	93.9%	95%	95%	96.4%		96.2%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	83.6%	87%	87%	80.1%		85.0%
3-10 Friends & Family Satisfaction Score - Maternity (Composite Score)	95.8%	TBC	TBC	93.8%		96.2%
3-11 Friends & Family Satisfaction Score - Outpatients	NEW	TBC	TBC	95.0%		94.6%
3-12 Follow-up complaints	85	7	81	3		32
3-13 Dementia screening (Composite Score)	96.6%	>90%	>90%	96.6%		96.9%
3-14 RTT - Admitted pathway (Unadjusted) **	87.5%	>90%	>90%	72.6%		91.1%
3-15 RTT - Non-admitted pathway **	95.38%	>95%	>95%	95.6%		95.8%
3-16 RTT - Incomplete pathways	95.49%	>92%	>92%	95.1%		96.4%
3-17 Cancer waiting times targets achieved	N/A	8	8	6 out of 8		N/A

** - Definition amended, please see definitions

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure	Outturn 14/15	Annual Target 15/16	Feb 16 Actual	6-month trend	YTD 15/16
2-01 Establishment (WTE)	3588	3,674	3717		3717
2-02 Establishment (E Pay)	£161,791k	£162,956k	£14,472k		£154,742k
2-03 Agency Staff Spend as a Percentage of Total Pay	7.9%	<7%	9.3%		9.2%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7%	6.4%		6.2%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	7.1%	<8%	9.5%		9.5%
2-06 Staff turnover rate	14.4%	<14%	16.7%		16.7%
2-07 Stability	88.4%	>88%	86.3%		86.3%
2-08 Sickness absence	2.9%	<3%	3.2%		2.8%
2-09 Staff Appraisals	64.3%	>90%	77.4%		77.4%
2-10 Staff Appraisals Recalculated to allow for appraisals pending implementation of new appraisal policy and process from May 2014 onwards			82.9%		82.9%
2-11 Statutory and Mandatory Training	81.8%	>90%	82.2%		82.2%
2-12 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)			Qtr 4 Results due Apr16		(Qtr 2 2015/16) 82% : 5%
2-13 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)			Qtr 4 Results due Apr16		(Qtr 2 2015/16) 70% : 13%

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

Note 2 - Qtr 1 Results published Sept 2015

4. Top productivity

Measure	Outturn 14/15	Annual Target 15/16	Feb 16 Actual	6-month trend	YTD 15/16
4-01 Monitor Financial Sustainability Risk Rating	3	3			3
4-02 Total income excluding interest (£000)	£260,618	£257,134			£222,000
4-03 Total expenditure (£000)	£247,125	£243,344			£211,208
4-04 EBITDA (£000)	£13,493	£13,789			£10,792
4-05 CIP Savings achieved (£000)	£13,565	£13,544			£11,292
4-06 CQUINs (£000)	£4,831	£5,195			£4,329
4-07 Month end cash balance (£000)	£10,465	£8,714			£7,628
4-08 Capital Expenditure Purchased (£000)	£10,976	£10,247			£5,549
4-09 Emergency threshold/readmissions penalties	£7,341	£3,153			£2,604
4-10 Average LoS Elective (RealTime)	3.41	3.32	3.21		3.41
4-11 Average LoS Non-Elective (RealTime)	6.82	6.13	6.39		6.41
4-12 Outpatient First to Follow ups	1.38	1.31	1.34		1.36
4-13 Daycase Rate (whole Trust)	83.0%	>84%	84.6%		83.5%
4-14 Theatre Utilisation	75.0%	>79%	74.3%		73.9%
4-15 A&E Activity (Attendances)*	94497	<76016	7864		87480
4-16 Emergency Activity (Spells)*	38114	<34231	3154		34649
4-17 Elective Activity (Spells)*	35667	>32661	3215		33517
4-18 % Elective inpatient activity taking place at Ashford	55.62%	>57.53%	53.8%		54.7%
4-19 Outpatient Activity (New Attendances)*	110830	>91007	9803		108485

* Annual target data equals YTD target

Trust Balanced Scorecard 2015/16

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.
1-15	Maternity Safety thermometer - Percentage of patients with combined harm-free care (physical harm and women's perception of safety per national measure).
1-16	Medications Safety thermometer - Percentage of patients with reconciliation started within 24 hours of admission
1-17	Medications Safety thermometer - Percentage of patients with an omission of critical medicines in the last 24 hours
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)
2-04	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	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
2-08	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.
2-09	Staff Appraisals
2-10	Staff Appraisals Recalculated to allow for appraisals pending implementation of new appraisal policy and process from May 2014 onwards
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 (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
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
3-13	Dementia screening (Composite Score based on the national return, combining the two questions)
3-14	RTT - Admitted Undisputed (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 - Anaes Induction) as % of available session time. Includes Bluespир 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, OPFASPCL and OPFAMPCL) NB: This does not include direct access or POC