

TRUST BOARD
31 October 2019

AGENDA ITEM	16.2	
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 SUBMITTED		
N/A		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care	✓	This paper measures achievement
People	✓	
Modern Healthcare	✓	
Digital	✓	
Collaborate	✓	
EXECUTIVE SUMMARY		
	The Balanced scorecard has been adjusted to reflect new measures agreed. Further developments may occur as the measures evolve to support the management of the organisation.	
RECOMMENDATION:	Note and make recommendations on remedial actions where required	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	n/a	
Patient impact	n/a	
Employee	n/a	
Other stakeholder	n/a	
Equality & diversity	n/a	

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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PRESENTED BY	David Fluck, Medical Director Louise McKenzie, Director of Workforce Sue Tranka, Chief Nurse Simon Marshall, Director of Finance and information
DATE	25 October 2019
BOARD ACTION	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
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 outcomes of clinic 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

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

Medication safety: The aim for improving medication safety in 2019/2020 is to reduce medication incidents causing harm to less than 132 in total for the year (a 30% reduction on the baseline year). There have been 45 incidents with harm reported in the year to date. This report provides an update on the interventions that have improved meeting the aim as well as the issues that require a focus.

Infection Prevention and Control: The second priority for improvement this year is infection prevention and control and specifically the reduction in surgical site infections (SSIs). The report provides an update on the plan to implement a mechanism for continuous SSI surveillance and the results of the reporting of SSIs currently underway. There were 3 C.difficile cases apportioned to the Trust and 18 hospital-onset E.coli bacteraemia in September 2019. The report highlights the improvement process measures underway.

Effectiveness: In September 2019 there were 82 in-patient deaths (79 Adult deaths and 3 Neonatal deaths) which remain within common cause variation for the year. In Q2 2019/2020, no cases have been found to have received 'poor' care. The Sentinel Stroke National Audit Programme (SSNAP) achieved an A rating for Q1 2019/2020.

Safety: There were 7 new Serious Incidents (SI) reported and 10 SI investigations submitted to CCG for closure in September 2019. Details of the new incidents reported in this period along with initial actions taken and learning are detailed in the SI Report presented to Board. The number of hospital acquired pressure ulcers (stage 2 or higher) reported each month remains within common cause variation; however, the aim of less than 13 incidents reported per month was not achieved in September 2019.

Experience: There were 31 new complaints received in September 2019 with 90% of complaints closed within 25 working days with a re-open rate of 2%. This success is based on improvement initiatives implemented. This report highlights the improvements made whilst also illustrating the further work that needs to take place to reach the target of 95% performance.

3.0 People

Establishment and Vacancies

There were 3406 staff in post on 30 September against the budgeted establishment of 3991 wte. The Trust vacancy rate is 11.5%.*

Due to a late September induction, the full complement of September starters had not been added to the HR database until mid-October, so the published staff in post figures for September are lower than the actual. The figures will be aligned by next month.

There were 92* starters and 50 leavers this month. Six of the leavers were retirees.

We are preparing for the TUPE intake of up to 90 pathology staff from the south east and south central regions following the successful bid for screening services. Staff are expected to join us through November 19.

Streamlining work continues across workforce and organisational development. We are exploring the deployment of ESR self-service for applicants, which will empower our applicants to manage their own e-Learning and monitor their clearances prior to their start date.

Bank and Agency

Total temporary spend was 17.5% for September, agency spend was 7.8%, a 1% reduction on the figure for month 5. 81% of total temporary use was for registered and unregistered nursing staff, 12% for medical staff and 7% for other or AHP staff.

Turnover and Stability

Turnover methodology 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 during the period in question and is useful for showing retention.

The total Trust turnover was stable at 14.5%, with voluntary turnover within target for the first time since the KPI was introduced in 2016.

Health & Wellbeing

The sickness absence figure has been stable at between 2.8% and 2.9% for the last 3 months, as expected for the summer months.

The seasonal flu vaccination campaign is well underway and 25 staff had been trained as peer vaccinators. Recent figures indicate 37% of frontline staff had already been vaccinated, three weeks into the campaign. The government target is 80% uptake of frontline staff.

Appraisals

The appraisal rate is currently 72.1%.

All line managers are provided with monthly reports on their staff's appraisal due dates, and they are also sent email notifications when appraisals are due. Appraisal workshops are well attended by appraisers and appraisees.

Mandatory Training

The current compliance rate is 79.9%. We are working towards utilising more e-Learning for mandatory training and are aiming to pilot this with Information Governance.

National Staff Survey

The staff survey was launched on 7th October, and the response rate is currently 17%. We are conducting an all staff survey, and first reminders for staff who have not yet completed the survey have been sent out. The fieldwork is continuing until the end of November.

3.0 Modern Healthcare

Attendances were 9.4% higher than September 2018, with admissions also higher by 4.3%. Due to the ongoing high occupancy of the hospital (creating patient outliers and higher length of stay), high acuity of patients, busyness of ED and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. Comparing FY2019 A&E attendances (55,853) to FY2018 (51,139) confirms an increasing level of demand attending the emergency department (+9.2%), and an increasing level of admissions (+4.8%) via A&E FY2019 (11,897) versus FY2018 (11,352). When comparing the Trust including Ashford and Woking WiC (NHSI position), for August (Acute Type 1 Footprint), the Trust is positioned 37th of 119 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During August only 8 Trusts reported a compliant performance greater than 95%.

Planned & current improvements underway include;

- ED - Matron of the day, Medical staff rota change, and 3 times a week breach meetings & mitigation planning.
- Long length of Stay - Enhanced weekly review implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these patients.
- Hospital Flow - Two additional wards ready end Dec19, Two Model wards underway (+1 extra November), New medical assessment unit (providing 10 assessment trolleys, 3 treatment & 1 infusion), introduction of a Frailty Unit and a doubling of capacity for the Surgical Assessment Unit. Thereby increasing capacity and opportunity to treat and discharge patients earlier, especially with intention to increase Same Day Emergency Care. The second of the 2 new wards will be focused on ambulatory urgent surgery.
- Two hospital re-set weeks are also planned for 6th Nov & 16th Dec to coincide with hospital bed moves and escalation bed stock.

The Trust recorded a compliant 92.7% performance for RTT Incomplete Pathways, which was 0.6% above our agreed trajectory. The Trust remains significantly above the declining 85.0% national average reported for August 2019 (latest month reported on 10th September 19).

The Trust had to cancel 24 patients during September due to non-elective bed pressures. Where patients were cancelled on the day due to non-clinical reasons, all patients have had their procedure rebooked within 28 days.

The Trust recorded a compliant performance for August at 95.2%. Of the 67 breaches recorded, patient choice accounted for 76.1%, Straight to Test capacity at 19.4% & OPA capacity at 4.5%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral including actions to reduce wait to 1st TWR appointment & streamline admin processes.

TWR performance - The Trust recorded a non-compliant performance for September at 89.8%. Of the 137 breaches recorded, patient choice accounted for 54.7%, Straight To Test capacity at 35.8% (increase due to surge in colonoscopy demand) & OPA capacity (2 x Derm clinic cancellations) and administration at 9.5%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral including actions to reduce wait to 1st TWR appointment & streamline admin processes.

62 Day GP Referral to Treatment Performance - The Trust recorded a non-compliant performance for September at 78.8%. Delays have been recorded due to complex pathways (10 patients), patient choice (4 patients), tertiary capacity (3 patients), & diagnostic capacity (3 patients). These breaches are undergoing clinical validation by the tumour group leads.

31 Day NHS Subsequent Surgery Treatment - The Trust recorded a marginally non-compliant performance for September at 92.6% (2 x Dermatology patients breached due to capacity).

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days - At the end of September the Trust had 14 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 14 (4 patients have a confirmed cancer diagnosis) with 2 patients delayed due to patient fitness, 7 patients due to patient choice, & 5 patients due to complex pathways.

The financial figures presented in the scorecard reflect the £8.25m NHSI Control Total that was accepted by the Trust Board for 2019/20. This includes £8.25m of PSF and Marginal Rate Emergency Tariff (MRET) funding. PSF funding of £5.5m is earned based on financial performance, whilst MRET of £2.8m is fixed and automatically payable to the Trust on a quarterly basis.

As at 30th September 2019 the Trust reported a breakeven position against a planned surplus of £2.5m. This includes PSF due from meeting the plan in quarters 1 and 2, as well as an additional allocation for 2018/19 PSF of £0.5m. This unplanned £0.5m PSF gain is being treated as outside of the 2019/20 Control Total by NHSI. Whilst September itself was a better month, the year to date position has been met with anticipated system support with conversations continuing. The Trust was on target for the YTD NHSI control total.

The reported YTD variances are:

- (i) pay costs are £1.9m adverse to plan, despite quarter 1 benefitting from a higher budget set aside for Agenda for Change contracted staff, for which costs had been accrued in the prior year
- (ii) nonpay budgets are £2.7m overspent due to Drugs (£0.6m), Clinical Supplies (£1.3m) and Purchase of Healthcare (£0.6m) and
- (iii) operational income, pre-PSF, £4.9m ahead of plan. Below the line costs are £0.3m adverse to plan following a change in useful lives for buildings impacting depreciation charges.

Given the run rate there are a number of risks to the forecast position. As the Trust Board has not yet had the chance to fully debate the latest financial position, and following guidance from NHSI, at the present time the forecast has been held at the NHSI Control Total and plan level.

4.0 Digital

The Trust exceeded the e-Referrals Appointment Slot Issues (ASI's) in September with performance recorded at 5.7%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see significant volatility in demand due to patient choice. The vast majority of specialities meet the objective with Cardiology, Dermatology and Urology being the areas of concern.

Letter transmission rates remain lower than we would like, though IP letters remain above the internal target the outpatient rate is below the target at 76.4%, though this is a significant improvement on earlier on the year. 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

Although within FY trajectory, the Trust had a higher number of Ambulance handover delays (<60 mins delay) than recent months. However the Trust maintained ongoing improvement in maintaining Ambulance (60+ mins) handover delays substantially lower than previous years, with only 5 recorded throughout September 2019 despite the significant patient flow difficulties detailed above.

The number of patients with a length of stay 7 days increased marginally to average 214 patients during September, with the number of patients with a length of stay 21 days or more remaining static with average 76 patients recorded during September.

The Trust has implemented an enhanced weekly review of Long Length of Stay Patients (patients with a stay of 21 days or more), implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these long stay patients. This is also being extended to patients with a stay between 14-20 days.

Trust Balanced Scorecard - 2019/20



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.

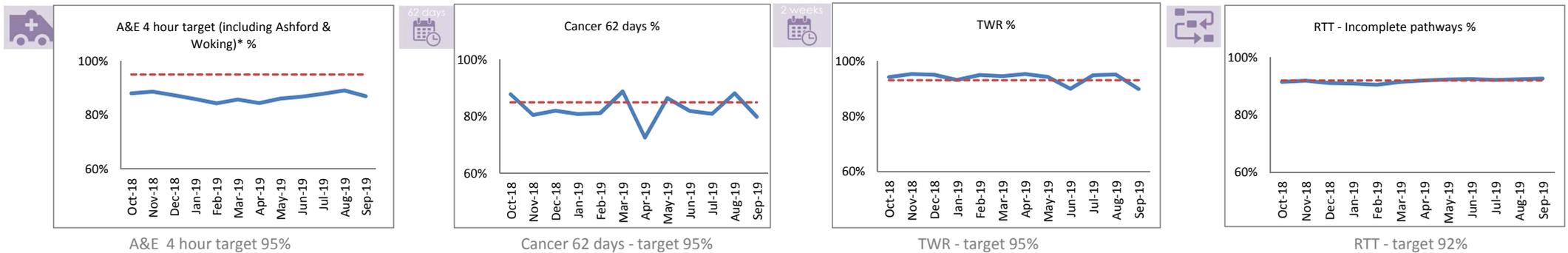


Digital
Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients.



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 - target 95%

TWR - target 95%

RTT - target 92%

Cancer waiting times targets achieved 5 out of 7

<p>Appraisals 72.1% target 90%</p> 	<p>Stat & Mand Training 79.9 % target 90%</p> 	<p>Vacancy Rate 11.5%</p> 	<p>A&E attendances 9169</p> 	<p>Inpatients - Elective 3295 Emergency 2467</p> 	<p>Outpatients 10102.5</p> 	<p>MRSA 0 CDIFF 3</p> 	<p>Harms (classic) 0</p> 	<p>Financial Score rating</p> <p>3</p>
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Cancer 62 Day and TWR snap shot on the 12th work day may be subject to change

Trust Balanced Scorecard - 2019/20

Measure	Outturn 18/19	Target 19/20	Sep-19	YTD 19/20	Data Quality	Measure	Outturn 18/19	Target 19/20	Sep-19	YTD 19/20	Data Quality
Quality of Care						Modern healthcare					
Number of medication errors with harm reported	158	132	4	44		A&E 4 hour target (including Ashford & Woking)*	88.4%	>95%	87.0%	87.0%	
Deaths considered more likely than not due to problems in care	2	0	0	0		Cancer 62 Day		>85%	79.9%	82.3%	
Safety thermometer harms	1.58%	2.25	1.27%	0		Cancer TWR		>93%	89.8%	93.9%	
% complaints response within 25 working days		95%	90%	82%		Average Bed Occupancy (exc escalation beds)	84.4%	<87.4%	91.4%	89.6%	
People						Collaborate					
Vacancies (%)	11.7%	<10%	11.50%	11.50%		Patient Moves (ward changes >=3)	5.1%	<5.87%	7.8%	8.2%	
Agency Use (WTE)	191	<183	243	238		RTT - Incomplete pathways	91%	>92%	92.66%	92.3%	
Agency % of Pay Bill	7.1%	<6.8%	7.80%	8.05%		Average LoS Non-Elective	6.27	6.13	6.32	6.71	
Bank Use (WTE)	296	>300	3	313		Theatre Utilisation	75.90%	>79%	76.2%	78.3%	
Bank % of Pay Bill	9.7%	>10%	9.70%	10.03%		Diagnostic 6 week standard		>99%	89.4%	92.6%	
Turnover (%)	15.9%	<15%	14.50%	14.50%		Same Day Emergency Care (adult pts exc maternity)			548	3400	
Voluntary Turnover (%)	13.1%	<12%	11.8%	11.80%		Overnight Waits in A&E [Avg daily DTA's]			8		
Stability of workforce (%)	86.1%	>88%	87.5%	87.5%		Patients (=>21 Days) Length of Stay (Monthly snap shot)			78	508	
Sickness (%)	2.9%	<3%	2.90%	2.70%		Daily Weekend Discharges % vs. Daily Weekday Discharges %			21.1%	19.0%	
Appraisal (%)	72.4%	>90%	72.1%	72.1%		Total RTT Wait List size change vs 31 March 2019			-26492		
Mandatory Training (%)	85.4%	>90%	79.9%	79.9%		RTT incomplete pathways >26weeks			450	2347	
Digital						Collaborate					
Letter transmission IP % (24 hrs)	87.10%	>80%	83.4%	84.7%		I&E	£40,202	£709	£2,704	£2,704	
Letter transmission OP (10 days)	67.0%	>80%	76.4%	78.1%		CIPs	£9,338	£757	£475	£475	
eRS ASI Rate	6.0%	4%	0.0%	6.1%		Capital	£11,886	£3,091	£1,743	£1,743	
SUS Data Quality Compliance **	91.0%		85.7%	85.7%		Cash Balance	£12,551	£55,458	£62,264	£62,264	
% Laptops/PCs Upgraded to Windows 10***		100.0%	47.0%	47.0%		Distance from Plan	£2,125		£1,704	£1,704	
						Collaborate					
						Delayed Discharges					
						2186					
						260					
						541					
						Ambulance Handovers over 30 mins					
						2651					
						117					
						566					

** Data for previous month reported this month

*** Data from June

Please click the link for the definitions of the measures:

[DEFINITIONS](#) (Amendments to definitions are in red)

Please click the link for the Data Quality Key:

[KEY](#)

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.

S	T	C	R	B	A
Staff Training/Std Op Procedures	Timelines/Granularity/completeness	Clinical Input and validation in data capture	Reports are evaluated by trust/ division/ special	Benchmarking Data utilised	Adequacy internal/External Audit

- Sufficient
1
- Insufficient
2
- Not yet assessed
3