

**TRUST BOARD**  
**1<sup>st</sup> May 2014**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	<p>During 2013/14 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.</p> <p>The Trust continues to report good results for its inpatient services though A&amp;E continues to be significantly under our desired level.</p> <p>The Trust reported an end of year surplus of £1.4m, which was £0.1m below forecast and £1.6m adverse to plan. The £0.1m variance to prior month forecast was largely due to below the line expenditure coming in higher than expected. The in-month result was £1.2m better than plan, with the main driver being income coming in £3.1m higher than plan being offset by costs also coming in higher.</p>
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
<b>LINK TO STRATEGIC OBJECTIVE</b>	The scorecard links to all strategic objectives.
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	The paper sets out the key level indicators that are relevant to patient care within the organisation.
<b>EQUALITY AND DIVERSITY ISSUES</b>	N/a
<b>LEGAL ISSUES</b>	N/a
<b>The Trust Board is asked to:</b>	Review the paper seeking additional assurance as appropriate.
<b>Submitted by:</b>	David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
<b>Date:</b>	24 <sup>th</sup> April 2014
<b>Decision:</b>	For Assurance

## Balanced Scorecard

### 1.0 Introduction

During 2013/14 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.

The key measure for patient experience is the Friends and Family test which is showing reasonable results for ward based care, but the A&E experience is behind where the Trust is aiming. The Trust is performing well for the collection of data; it remains amongst the leading Trusts in the region. In terms of responses the Trust is comparing well against its peers for inpatient care. For A&E the Trust is collecting significantly more data than the majority of other Trusts.

### 2.0 To achieve the highest possible quality of care and treatment for our patients

The SHMI mortality rate for March was 60 which leaves the rolling twelve month position at 58, against a limit of 72 and has remained stable since December. The actual number of deaths in March was 88 which meant that the Trust achieved its objective of reducing deaths in hospital by 100 from the previous year.

There were 11 cases of hospital-associated DVT/PE in March, bringing the year to date total to 52 which is above the year-end target of 24. The Trust has been actively working on improving its identification process for hospital acquired thrombosis.

There were 66 new complaints in March, which is above the target rate of 37. Year to date the number of formal complaints is 548, above the year-end target of 450. The action plan to increase the response time to complaints is having positive results with now the vast majority of complaints being answered within the agreed timescales.

The Friends and Family Test score for March inpatients (67) which is below the Trust target (70) for inpatient care. The score for A&E (46.1) is below the target (70) set at the beginning of the year and is now showing slight improvements.

The number of falls in March was 51. Two patients suffered harm as a result of their care. The Trust focus on falls continues with the pilot of the falls risk assessment tool.

There was no cases of hospital acquired MRSA, but there were three cases of C.Diff this month. Year to date the Trust has had ten cases of C.Diff which is well within the trajectory.

### 3.0 To deliver the Trust's strategy of joined up healthcare

During March ASPH did meet the four hour emergency access standard (96.3%), with the end of year position being slightly above target at 95.5% This target remains an area of considerable focus for the Trust as achievement remains challenging.

Readmissions are above the Q4 target level of 10.6% at 14%. The Trust is to undertake a detailed analysis of the causes of readmissions during Q1 of 14/15 to identify further areas for improvement.

The activity variance on elective activity slipped to 4.6% year to date (was 5.5% below plan last month, 4.9% 2 months ago). Day surgery improved slightly in the month following a static month in February and it is 14.9% ahead of activity (last month was 14.7% ahead). This is due recovery of the cancelled sessions that had occurred in month 11.

Emergency activity increased to 5.8% up (5.1% up last month) and the non-elective threshold and re-admissions penalty finished at £1.6m above plan YTD.

There is also an element of Emergency activity QIPPS within the budget (£1.7m YTD) and any non-achievement manifests as an income over-performance in £'s. The total value of CCG QIPPs within the budget year to date is £5.2m.

A&E activity finished slightly above plan in month 12 as is now 0.1% ahead of plan (0.4% behind plan last month; 0.3% ahead two months ago). This increase is linked in part to the improved throughput experienced during the "Spring to Green" week, as well as increased attendances in the month.

It is expected that elective surgery activity will continue to increase in the new financial year as 18 week activity ramps up to clear backlogs, but there will be a cost implication to this, as it expected that most of the work will be outsourced.

#### **4.0 To recruit, retain and develop a high performing workforce**

At 31 March 2014 the workforce establishment decreased slightly to 3353.98 WTE (2390.51 WTE clinical and 963.47 WTE non-clinical posts) with a net reduction of 0.60 WTE as a result of adjustments and 1 WTE CIP in Finance & Information and 1 Growth in Pathology.

The use of agency staff increased by 0.6 WTE from 84.9 WTE in February to 85.6 WTE in March, remaining above target.

- Medical agency increased slightly by 0.3 WTE.
- Nursing & HCA agency increased from 54.2 WTE to 55.9 WTE, with increased use in Medicine wards and Escalation, Dickens, SAU and Paediatric A&E.
- AHP/HCHS/Other decreased from 2.7 WTE to 1.3 WTE

Agency expenditure remains above target, with accruals being revalidated by Finance. The use of bank staff increased from 286 WTE to 318 WTE. Usage has now exceeded the target, as the bank supply has continued to increase to meet demand.

The vacancy rate has remained at 5.9% as a result of continued recruitment activity and is within the target of 10.0%. Turnover is based on the number of leavers and average staff in post in the 12 month period. This month turnover has decreased from 14.8% to 14.6%, remaining above the trust target.

The number of leavers this month increased to 44 in March with 11 retirements, 1 dismissal, 2 End of fixed term contracts and 30 voluntary resignations, of these:

- 11 were promotions/better reward package/relocations/further study
- 19 were childcare responsibilities/work life balance/health/other

Stability (percentage of the workforce with more than one year's service) decreased to 87.7%, remaining above the Trust target. The sickness rate remained at 3.4% in February with the cumulative YTD figure remaining at 3.2%, slightly above the Trust target.

The number of staff recorded as having an appraisal within the past year increased to 86%, remaining below the target. Mandatory training compliance remained at 88%. Divisional action plans are in place to address compliance rates.

The staff engagement measure tests the pulse of the workforce, with a rating from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'.

## **5.0 To ensure financial sustainability of the Trust through business growth and efficiency gains**

The Trust reported an end of year surplus of £1.4m, which was £0.1m below forecast and £1.6m adverse to plan. The £0.1m variance to prior month forecast was largely due to below the line expenditure coming in higher than expected. The in-month result was £1.2m better than plan, with the main driver being income coming in £3.1m higher than plan being offset by costs also coming in higher.

The Monitor Cost of Service Risk rating (CoSR) is 3 against a plan of 4 for the year.

CIP's came in at £10.1m against a plan of £11.8m. For detail see the Finance report.

Cash continues to track behind target due in part to the month 12 year to date deficit against plan and income over-performance not yet being recovered in full, offset by the underspend against the original capital plan. The anticipated over-performance payment from NHS England was not received in March, hence the variance to the month 11 cash forecast.

# Trust Balanced Scorecard - MARCH 2013/14

## 1. To achieve the highest possible quality of care and treatment for our patients

Patient Safety & Quality	Outturn 12/13	Monthly Target 13/14	Annual Target 13/14	Mar Actual	Performance			YTD 13/14	
					Jan	Feb	Mar		
1-01 Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	60	▲	▼	▼	58
1-02 In-Hospital Deaths (CQUIN)	L	1134	<86	<1034	88	▼	▲	▼	1033
1-03 MRSA (Hospital only)	N	2	0	0	0	▲	▼	▲	2
1-04 C.Diff (Hospital only)	N	15	<=1	<13	3	▲	▼	▲	10
1-05 VTE (hospital associated with PE or DVT)	L	24	<2	<24	11	▲	▼	▲	52
1-06 Serious Incidents Requiring Investigation (SIRI)	L	71	<6	<75	12	▲	▼	▲	94
1-07 Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	87.7%	▼	▲	▲	86.8%
1-08 Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	6.4%	▼	▲	▼	5.9%
1-09 Formal complaints (Total Number)	L	485	<37	<450	66	▼	▼	▼	548
1-10 Friends & Family test score - InPatients	L	-	70	70	67.0	▲	▼	▼	72.3
1-10a Friends & Family test score - A&E	L	-	70	70	46.1	▼	▼	▲	47.6
1-11 Falls (Total Number)	L	766	<58	<700	51	▲	▲	▼	721
1-12 Falls - resulting in significant injury (grade 3)	L	18	<1	<15	2	▲	▼	▲	20
1-13 Hospital acquired pressure ulcers grade 2 and above	L	164	<11	<139	18	▲	▼	▲	141
1-14 Catheter associated UTI *	L	-	<1.2%	<1.2%	0.00%	▲	▲	▲	0.31%

1-01 IN-HOSPITAL (SHMI) Monthly figure is a rolling 3 month position, 1 month in arrears & YTD figure is a rolling 12 Month position, 1 Month in arrears

1-08 Patients Moves excluded: To the Discharge Lounge, MAUV-MAU and SAUV-SAU, between Theatres, between Endoscopy

1-05 VTE (hospital associated with PE or DVT)

1-14 \*Achieved by 6 months then maintained

## 3. To deliver the Trust's clinical strategy of joined up healthcare

Clinical Strategy	Outturn 12/13	Monthly Target 13/14	Annual Target 13/14	Mar Actual	Performance			YTD 13/14	
					Jan	Feb	Mar		
3-02 Trust 4Hr Target (Monitor Compliance)	N	95.3%	>95%	>95%	96.3%	▼	▼	▲	95.5%
3-03 Emergency Conversion Rate	C	24.0%	<23.8%	<23.8%	23.4%	▼	▼	▲	23.1%
3-04 Ambulatory Care Pathways	N	26.5%	>30%	>30%	20.1%	▼	▼	▲	17.4%
3-05 95% of all LOS < 27 days	L		<27 days	<27 days	20	▼	▲	▲	21
3-06 Readmissions within 30 days - emergency only (CQUIN)	N	0.0%	≤10.6%	EOY ≤ 10.6%	14.0%	▼	▼	▼	12.5%
3-07 Overall Elective Market Share	L	-	>66%	>66%	-	-	-	-	64.3%
3-08 Overall Elective Market Share (Vascular)	L	-	>50%	>50%	-	-	-	-	40.6%
3-09 Stroke Patients (90% of stay on Stroke Unit)	N	82.4%	>85%	>85%	70.8%	▼	▲	▼	76.7%
3-10 % Elective inpatient activity taking place at Ashford	L	52.3%	>57.53%	>57.53%	44.30%	▲	▼	▼	48.3%
3-11 Discharge rate to normal place of residence (Stroke&FNOF)	L	57.1%	>62.1%	>62.1%	62.1%	▲	▼	▲	60.7%
3-12 R&D - Observations & Interventions	L	508		797	-				881
3-13 Elective Activity (Spells)	L	34,252	2897	>34,222	3282	▲	▼	▲	38058
3-14 Emergency Activity (Spells)	L	40,580	3139	<37,320	3335	▲	▲	▼	38194
3-15 Outpatient Activity (New Attendances)	L	111,061	8714	>102,867	8767	▲	▼	▲	107488

3-02 \* As per Monitor reporting (includes Ashford)

3-04 \* 2 Additional Pathways (Total 20 Pathways)

3-05 \* Methodology as per CQUIN target, excludes Daycases and zero LOS

3-07 \* Market Share reported 2 month in arrears - Data not available from Dr Foster

3-12 \* R&D figures are cumulative. They include both observations and interventions Reported a month in arrears - Haven't received data for March position

## 2. To recruit, retain and develop a high performing workforce

Workforce	Outturn 12/13	Annual Target 13/14	Mar Actual	Performance			YTD 13/14	
				Jan	Feb	Mar		
2-01 Establishment (WTE) *1	L	3240	3374	3354	▲	▲	▲	3354
2-02 Establishment (£Pay) *1	L	£141,700k	£142m	£13,084k	▲	▼	▼	£150,650k
2-03 Establishment Reduction - CIPs (WTE) *2	L	49	55	4	▲	▲	▲	66
2-04 Growth (New/Redesigned Roles) *2	L	128	88	4	▲	▲	▲	47
2-05 Agency Staff use (WTE)	L	58	<45 WTE	86	▼	▼	▼	79
2-06 Agency Staff (£Pay) *3	L	£8,699k	3.65% of paybill	£1,124k *5	▲	▼	▼	£11,985k
2-07 Bank Staff use (WTE)	L	256	<280 WTE	318	▲	▼	▼	265
2-08 Bank Staff (£Pay) *3	L	£9,001k	6.35% of paybill	£871k	▲	▼	▼	£9,206k
2-09 Vacancy Rate (%)	L	0	<10%	5.9%	▲	▲	▲	5.9%
2-10 Staff turnover rate	L	14.9%	<13%	14.6%	▲	▼	▲	14.6%
2-11 Stability	L	85.5%	>85%	87.7%	▲	▲	▼	87.7%
2-12 Sickness absence	L	2.87%	<3.00%	3.4%	▲	▲	▲	3.2%
2-13 Staff Appraisals	L	92%	98%	86%	▼	▲	▲	86%
2-14 Statutory and Mandatory Training	L	98%	98%	88%	▲	▲	▲	88%
2-15 Staff Engagement Measure *4	L	NEW	3.69	3.62	▲	▲	▲	3.62

\*1 Additional investment confirmed, revised at end of quarter 1

\*2 Included in divisional and corporate workforce plans

\*3 Included within Establishment (£pay)

\*4 Ratings Scale from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'

\*5 Agency Expenditure (accruals) are being revalidated by Finance

## 4. To ensure the financial sustainability of the Trust through business growth and efficiency gains

Finance & Efficiency	Outturn 12/13	Annual Target 13/14	Mar Actual	Performance*			YTD 13/14	
				Jan	Feb	Mar		
4-01 Monitor Continuity of Service Risk Rating	N	4	3	▲	▲	▲	3	
4-02 Total income excluding interest (£000)	L	£232,217	£232,609	£22,784	▲	▲	▲	£245,687
4-03 Total expenditure (£000)	L	£215,891	£215,254	£20,362	▲	▲	▲	£230,564
4-04 EBITDA (£000)	L	£16,326	£17,354	£2,422	▼	▼	▲	£15,123
4-05 CIP Savings achieved (£000)	L	£12,058	£11,839	£831	▲	▼	▼	£10,091
4-06 CQUINs (£000)	L	£3,969	£4,950	£10	▲	▲	▼	£4,547
4-07 Month end cash balance (£000)	L	£15,239	£12,843	£11,065	▼	▼	▼	£11,065
4-08 Capital Expenditure Purchased (£000)	L	£8,985	£17,036	£2,606	▼	▼	▲	£15,664
4-09 Emergency threshold/readmissions penalties	L	£5,855	£3,692	£80	▼	▲	▼	£5,332
4-10 Average LoS Elective	L	3.69	3.32	3.41	▲	▼	▲	3.77
4-11 Average LoS Non-Elective	L	7.15	6.99	6.66	▼	▲	▲	6.62
4-12 Outpatients first to follow-up ratio	L		1:1.5	1:1.62	▼	▲	▼	1:1.57
4-13 Daycase Rate (whole Trust)	L	81.5%	>84%	83.1%	▲	▼	▼	83.9%
4-14 Theatre Utilisation	L	71.55%	≥78%	72.6%	▲	▲	▼	72.67%

4-10 Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.

4-12 Revised target to align with 2013/14 contract as advised by Simon Marshall

4-14 Utilisation based on Time Used as % of Available Session Time (4hours) includes Bluespier records with missing tracking times. (NB. Operation end time changed to "Enter Recovery" as at January 2014)

\* Performance rating for finance is against plan

Delivering or exceeding Target	▲	Improvement on previous Month	▲
Underachieving Target	▲	No change to previous month	▲
Failing Target	▲	Deterioration on previous month	▼

## Trust Balanced Scorecard 2013/14

### 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.
1-02	The total number of in-hospital deaths (CQUINN definition, excludes age<18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*)
1-03	Number of Hospital acquired MRSA
1-04	Number of Hospital acquired C-Diff
1-05	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-06	The total number of Serious Incidents requiring Investigation
1-07	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-08	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-09	The number of formal complaints
1-10	Friends and Family Test score 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?")
1-10a	Friends and Family Test score 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?")
1-11	The total number of Falls
1-12	The total number of Falls resulting in significant injury grade 3 or above
1-13	The total number of hospital acquired pressure ulcers grade 2 or above
1-14	New Catheters and UTI's as a rate of total sampled patients
Quadrant 3	Indicator Definition
3-02	Number of attendances at A&E discharged within 4 hours
3-03	Percentage of patients who were admitted of the total number of attendances at A&E
3-04	Ambulatory Care Pathways % who were sent home or 0 LOS after attending A&E with specified conditions ie COPD, asthma, TIA, Acute Headache
3-05	95th percentile of all LOS - Methodology as per CQUIN target, excludes Daycases and zero LOS
3-06	Re-admissions within 30 days of first admission where the first admission was an Emergency.CQUIN definition
3-07	Overall Elective Market Share - Surrey PCT - All specialties for Surrey PCT
3-08	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 - Surrey PCT
3-09	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
3-10	Percentage of elective Inpatient activity taken place at Ashford
3-11	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-12	Research & Development - Number of observations and interventions
3-13	Total number of Elective (Inpatient & Daycase) Spells in the month
3-14	Total number of Emergency Spells in the month
3-15	Total number of Outpatient New attendances
Quadrant 4	Indicator Definition
4-10	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-12	Outpatient New - Follow-up Ratio (Criteria in line with Business contract)
4-13	Percentage of daycases of all electives.
4-14	Theatre Utilisation - 'Utilisation based on Time Used (Proc End - Anaesthetic Induction) as % of Available Session Time (4hours) Includes Bluespир records with missing tracking times