Paper 13.0

TRUST BOARD
24 November 2016

AGENDA ITEM NUMBER	6.3
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 VIEWED

N/A

STRATEGIC OBJECTIVE(S):

Best outcomes	✓	
Excellent experience	✓	This paper measures achievement
Skilled & motivated teams	✓	
Top productivity	✓	

EXECUTIVE SUMMARY	.
	The four of best outcome KPI's were met with concerns in six areas. Action plans are in place for the areas of concern.
	Workforce indicators are predominately just below trajectory with particular concern related to the staff turnover rate which is 0.7% beyond planned levels.
	The Trust reported a year to date surplus of £7.4m (£3.2m excluding £4.2m STF) against a planned surplus of £7.2m (£3.0m excluding STF) resulting in a year to date favourable variance to plan of £0.2m (£0.2m excluding STF) (last month year to date variance was £0.1m favourable).
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	*n/a*
Legal	*n/a*
Link to Board Assurance Framework Principle Risk	*n/a*
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PRESENTED BY DIRECTOR NAME/ROLE	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	17/11/2016
BOARD ACTION	Assurance

Paper 13.0

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 October was 60, which represents a continuation of the recent downward trend. The rolling twelve month position reduced to 62, against an indicative ratio limit of 72. The actual number of deaths in October was 113, which is above our target rate of 90.

There were 6 cases of a cardiac arrest in non-critical care areas in October. This represents a spike from recent months performance.

69% of stroke patients admitted in October reached the stroke ward within 4 hours of being admitted to the hospital based on discharged patients and is the primary stroke indicator which the Trust struggles to achieve. Overall the stroke service is rated as a "A" unit in the national stroke audit. Only 18% of stroke units nationally have this rating and therefore overall the unit is very high performing.

Readmissions were at 13.9%. Readmissions continue to run at a higher rate in the last 6 months than in previous periods.

The number of falls in October per 1000 bed days was 2.18. The primary areas with falls are the orthopaedic wards and Chaucer Annex. Both areas are being supported by the Falls Nurse to ensure there is improvement.

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

Pressure Ulcers (per 1000 bed days) at 2.18 is above the target rate of 1.98. The quality department is implementing an action plan to support a reduction in the number of ulcers.

The Sepsis audit results are below targeted levels. An action plan is being implemented to increase compliance with treatment protocols.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (90.4%) during October, and this target continues to be an area of focus for the Trust as achievement remains challenging. Significant pathway changes have been implemented including the creation of the urgent care centre and during May a new outpatient area within A&E. This has improved performance, though excess demand continues with activity being 6% higher than the same period last year. Attendances are above the winter levels of activity.

The Trust did meet the 18 week target at Trust level, (Incomplete 92.9%).

The Friends and Family Test score for inpatients' in October was 94.7%, and is just below target of 95% following several months of improvement. The score for A&E is at 92.3% which is a significant improvement when the service pressures are taken into account.

The follow-up complaints rate in October was 5.7% which is above the revised target level.

4.0   Skilled, motivated workforce

Contracted staff in post increased to 3306 wte resulting in a vacancy rate of 11.8%. The vacancy rate for medical staff has improved due to a number of new starters this month.

The Trust is continuing to work with recruitment agencies to recruit too hard to fill medical positions. A Medical Locum Scrutiny Group has been set up, meeting fortnightly, chaired by the Medical Director. The target for the group is to reduce medical agency spend by 20%, through a focus on understanding demand, improved management of time and attendance and promotion of the medical bank and supporting systems.

A Midwifery specific recruitment trip to Italy is taking place in November and on-site nursing recruitment events including a Surgery/Theatres evening are scheduled for November, December and January.

Bank expenditure has increased to 8.1% for October, and stands at an average of 7.5% for the last quarter. The highest for any given quarter since April 15 was 6.4%.This reflects an increase in demand for additional staffing that is being met this month by bank staff rather than agency. Of the WTE worked, 7% was covered by bank and 4% by agency, based on hours worked.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months, and it excludes training doctors. The turnover for the rolling year is steady at 16.2% as is the stability rate (87.2%). We are currently benchmarking with other Trusts on which reasons for leaving (voluntary/involuntary) are included in turnover figures and this will be reported in the scorecard in addition to all reasons for leaving from next month.

The reported sickness rate is compiled a month in arrears, and was within target at 2.8% for October. The Occupational Health department has been working hard to encourage 'flu vaccination uptake and 23% of staff with direct patient care responsibilities had been immunised by the end of October.

The total Trust appraisal figure has improved again and currently stands at 75.9%, the highest achieved for the year to date. Estates and Ancillary and Healthcare Assistants

are the staff groups with the highest completed appraisal rates at 82.9% and 82.6% respectively.

The compliance rate has increased to 81.2%, as a result of streamlining the required competences on the matrix, issuing personalised letters to all staff, and introducing a clearer programme of training days. Estates and Facilities and Operations are the areas with the most improved rates for the year to date. The next steps include reviewing content and delivery of training programmes and refocusing on the value and benefit of the training in support of patient care.

The quarter two Friends and Family test received 226 responses which was just over 6% and sufficient to be statistically valid.

The national staff survey is currently live and encompasses the FFT questions which will form the outcome for quarter 3. The current running response rate is average for the sector and campaigns continue to encourage completion of the questionnaire. The survey is due to close in early December. Indicative results will be made available to the Trust before the end of the year whilst the final results will be published in February 2017.

5.0   Top productivity

The Trust reported a year to date surplus of £7.4m (£3.2m excluding £4.2m STF) against a planned surplus of £7.2m (£3.0m excluding STF) resulting in a year to date favourable variance to plan of £0.2m (£0.2m excluding STF) (last month year to date variance was £0.1m favourable).

Within the year to date variance, activity income was £0.3m above plan, other income £0.9m ahead and the expenditure overspend was £1.4m above plan. CIP's came in at £5.0m, against a plan of £5.9m, with an adverse variance of £0.9m year to date. Sustainability & Transformation funding of £4.2m has been included in the YTD surplus.

EBITDA was in line with budget in the month and £0.2m adverse year to date (partly reduced STF income), with below the line items coming in £0.4m favourable year to date largely due to impairments not required. This resulted in a net favourable variance of £0.2m.

The NHSI Use of Resources Rating (UOR), introduced on 1st October 2016, is 1 against a plan of 1.

Cash balances were £2.3m higher than planned in October. Commissioner payments have now mostly caught up, although some payments for last year are to be invoiced once agreed, and in-year over-performance needs agreement and invoicing. In addition there has been slippage in the capital programme. The first tranche of £2.1m STF funds have been received with the quarter 2 tranche due at the end of November.

The year-end forecast has been held to budget at this stage although with a number of significant risks, and it is assumed the CIP's forecast will be recovered by the end of the year. CCG QIPPs and the risk share agreement are still being reviewed by the Joint Delivery Board.

The 2016/17 figures have now been finalised in SLAM with activity 3% above plan (excluding "Other") year to date and was 7% up on the same period last year (last month was 7% up). There have been increases in A&E (6%), outpatients (8%), Elective

(5%) and day cases (2%). Year on year increases in activity may be related to Easter being in March in 2016.

Over-performance against plan YTD is likely to be linked to non-delivery of QIPP's.

Trust Balanced Scorecard - 2016/17

1. Best outcomes

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Oct 16 Actual	6-month trend	YTD 16/17
1-01 In-hospital SHMI	64	<72	<72	60		62
1-02 RAMI	62	<70	<70	60		60
1-03 In-hospital deaths	1139	90	<1082	113		660
1-04 Proportion of mortality reviews*	56%	>90%	>90%	64.0%		64.3%
1-05 Number of cardiac arrests not in critical care areas	56	-	-	6		24
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	15	2	17	4		10
1-08 Falls (Per 1000 Beddays)	2.59	2.46	2.46	2.18		2.35
1-09 Pressure Ulcers (Per 1000 Beddays)	2.08	1.98	1.98	2.18		2.04
1-10 Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	13.9%		13.9%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	65.0%	90.0%	90%	69.0%		64.6%
1-12 Medication errors - rate per 1000 bed days	2.9			2.63		2.92
1-13 Sepsis Screening audits undertaken *note1	70.5%**	90%	90%	Quarterly Data		88.3%
1-14 Sepsis Antibiotic Administration Audits undertaken *note 1	71.6%**	90%	90%			80.9%

*note 1 - 2016/17 Sepsis results for ED only

2. Skilled, motivated workforce

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Oct 16 Actual	6-month trend	YTD 16/17
2-01 Establishment (WTE)	3717		3,782	3802		3802
2-02 Establishment (£ Pay)	£169,101k		175911	£ 15,024		£ 102,851
2-03 Agency Staff Spend as a Percentage of Total Pay	9.1%	<7.3%	<7.3%	8.2%		7.9%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.2%	<7%	<7%	8.1%		6.9%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	8.8%	<9.0%	<9.0%	11.8%		11.8%
2-06 Staff turnover rate	16.7%	<15.5%	<15.5%	16.2%		16.2%
2-07 Stability	86.8%	>88%	>88%	87.2%		87.2%
2-08 Sickness absence	3.0%	<3%	<3%	2.8%		2.8%
2-09 Staff Appraisals	77.4%	>90%	>90%	75.9%		75.9%
2-10 Statutory and Mandatory Training	81.7%	>90%	>90%	81.2%		81.2%
2-11 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	79%			Quarterly Measure		
2-12 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	70%					

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

Note 2 - Survey in progress

3. Excellent experience

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Oct 16 Actual	6-month trend	YTD 16/17
3-01 A&E 4 hour target (exc Ashford)	86.6%	>95%	>95%	90.4%		89.2%
3-02 Emergency Conversion Rate	23.9%	<22.64%	<22.64%	24.0%		23.3%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	8	N/A	N/A	9		9
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	116	N/A	N/A	1		57
3-05 Average Bed Occupancy (exc escalation beds)	86.5%	<92%	<92%	87.6%		87.4%
3-06 Patient Moves (ward changes >=3) **	6.5%	<6.18%	<6.18%	6.1%		9.4%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	56.0%	>62.1%	>62.1%	69.2%		55.7%
3-08 Friends & Family Satisfaction Score - InPatients (incld Daycases)	96.2%	95%	95%	94.7%		94.6%
3-09 Friends & Family Satisfaction Score - A&E (incld Paeds)	84.3%	87%	87%	92.3%		84.9%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.3%	97%	97%	100.0%		97.0%
3-11 Friends & Family Satisfaction Score - Outpatients	0.9	92%	92%	95.2%		95.8%
3-12 Complaints - FollowUp Rate	8.3%	<10%	<10%	5.7%		6.4%
3-13 Dementia screening (Composite Score)	96.9%	90%	90%	35.1%		70.5%
3-14 RTT - Admitted pathway (Unadjusted)	80.5%	>90%	>90%	57.2%		61.7%
3-15 RTT - Non-admitted pathway	95.50%	>95%	>95%	92.5%		93.4%
3-16 RTT - Incomplete pathways	95.71%	>92%	>92%	92.9%		93.6%
3-17 Cancer waiting times targets achieved	N/A	7 out of 7	7 out of 7	6 out of 7		6 out of 7

4. Top productivity

Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	Oct 16 Actual	6-month trend	YTD 16/17
4-01 Use of Resources Score (UOR) Note 1			2	2		2
4-02 Total income excluding interest (£000) *Note 1, **	£267,474		£282,080	£24,522		£164,663
4-03 Total expenditure (£000), **	£255,685		£264,539	£22,798		£154,106
4-04 EBITDA (£000) *Note 1	£11,789		£17,541	£1,724		£10,557
4-05 CIP Savings achieved (£000)	£13,693		£10,727	£1,013		£4.985
4-06 CQUINs (£000), **	£5,195	TBC	£5,052	£397		£3,067
4-07 Month end cash balance (£000) *Note 1	£8,672		£7,251	£5,460		£5,460
4-08 Capital Expenditure Purchased (£000)	£8,584		£9,945	£485		£3,223
4-09 Emergency threshold/readmissions penalties	£3,016	TBC	£3,319	£294		£2,125
4-10 Average LoS Elective (RealTime)	3.40	3.32	3.32	3.66		3.71
4-11 Average LoS Non-Elective (RealTime)	6.36	6.13	6.13	6.46		6.32
4-12 Outpatient First to Follow ups	1.36	1.31	1.31	1.24		1.29
4-13 Daycase Rate (whole Trust)	83.7%	>84%	>84%	80.3%		82.7%
4-14 Theatre Utilisation	73.7%	>79%	>79%	73.0%		72.7%
4-15 A&E Activity (Attendances)	96328	<8460	YTD <58419	8769		58427
4-16 Emergency Activity (Spells)	37779	<3311	YTD <22870	3357		22561
4-17 Elective Activity (Spells)	37629	>3190	YTD >21661	3417		22146
4-18 % Elective inpatient activity taking place at Ashford	54.52%	>57.53%	>57.53%	55.7%		51.3%
4-19 Outpatient Activity (New Attendances)	118268	>9882	YTD >70042	11045		73501

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

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

** - Changes to annual target

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

Prepared by Information Services
Additional data provided by: Finance, Workforce and Quality

Trust Balanced Scorecard 2016/17

Definitions

Quadrant 1	Indicator Definition
1-01	IN-HOSPITAL SHMI - The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charleston Comorbidity Index and diagnosis grouping. A 3 year dataset is used to create the risk adjusted models. A 1 year dataset is used to score the indicator. The 1 year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The 3 years used for creating the dataset is a full 36 months up to, and including, the most recently available data. The data source is CHKS. The monthly figure shown is a rolling 6 month position, reported one month in arrears and the YTD figure shown is a rolling 12 month position, reported one month in arrears
1-02	RAMI (Risk Adjusted Mortality Index) uses a method developed by CHKS to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data.The model calculates the expected probability of death for each patient based on the experience of the norm for patients with similar characteristics (age, sex, diagnoses, procedures, clinical grouping, admission type) at similar hospitals (teaching status). After assigning the predicted probability of death for each patient, the patient-level data is aggregated. The data source is CHKS. The monthly figure and YTD is reported one month in arrears.
1-03	The total number of in-hospital deaths (Uses a previous CQUIN definition i.e. excludes age<18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*)
1-04	Proportion of mortality reviews. Number of mortality reviews (numerator) divided by total number of deaths (denominator). Unlike 1-03, the denominator has no exclusions, i.e. all deaths are counted. This measure is reported one month in arrears to account for the time lag to carry out and record the mortality review.
1-05	Number of cardiac arrests <u>not</u> in critical care areas (i.e. not in MAU, CCU, SDU, SAU, Endoscopy, Cardiac cath lab, A&E, ICU, Theatres, MHDU, Paeds A&E)
1-06	Number of Hospital acquired MRSA
1-07	Number of Hospital acquired C-Diff
1-08	Falls (Per 1000 Beddays)
1-09	Pressure Ulcers - total number of hospital acquired pressure ulcers (Per 1000 Beddays)
1-10	Re-admissions within 30 days of first admission where the first admission was an emergency. CQUIN definition
1-11	Stroke Patients (% admitted to stroke unit within 4 hours)
1-12	Medications Errors - Administration& Prescribing (Per 1000 Beddays)
1-13	The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate.
1-14	The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of ARRIVAL.

Quadrant 2	Indicator Definition
2-01	Establishment is the pay budget of the Trust, described in numbers of posts (WTE). Whole Time Equivalent is the method of counting staff or posts to reflect the contracted hours of staff against the standard full-time hours e.g. a full-time worker is 1.0 WTE and a member of staff who works half the full time hours would be 0.5 WTE
2-02	Pay bill for staff employed (£k)
2-03	Agency WTE is reported from Healthroster for all staff groups. Agency % is reported as the expenditure on agency as a % of the total paybill including permanent, bank and agency
2-04	Bank WTE is reported from Healthroster for all staff groups. Bank % is reported as the expenditure on Bank as a % of the total paybill 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	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
2-11	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)
2-12	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 paeds. Transfers to the discharge lounge, theatres, endoscopy, between SAUV and SAU have not been included in the count.
3-07	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-08	Friends and Family Satisfaction (Recommend) rate for Inpatients (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?" Now includes Daycase Activity
3-09	Friends and Family Satisfaction (Recommend) Rate for A&E (Test asks following standadised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?" including Paeds
3-10	Friends and Family Satisfaction (Recommend) Rate for Maternity all four measures combined (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3-11	Friends and Family Satisfaction (Recommend) Rate for Outpatients (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3-12	The number of follow-up complaints received as a rate of the 12 month rolling average of new complaints
3-13	Dementia screening (Composite Score based on the national return, combining the two questions)
3-14	RTT - Admitted Unadjusted (ie. No Clock Pauses) Pathway. Trust percentage compliance with the 18 weeks rules.
3-15	RTT - Non-admitted pathway. Trust percentage compliance with the 18 weeks rules.
3-16	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incompelte pahways 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 - Anae Induction) as % of available session time. Includes Bluespier records with missing tracking times
4-15	Overall Elective Market Share
4-15	A&E Activity (Attendances)
4-16	Total number of Emergency Spells in the month
4-18	Percentage of elective Inpatient activity taken place at Ashford
4-19	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPNCL and OPFAMPCL) NB: This does not include direct access or POC