

TRUST BOARD
25 May 2017

AGENDA NUMBER	ITEM	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		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	✓	This paper measures achievement
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
EXECUTIVE SUMMARY		
<p>Three of best outcome KPI's were identified as having concerns and eight were met</p> <p>Two of the Excellent Experience KPI's were identified as having concerns and seven were met.</p> <p>One of the Workforce KPI's were identified as having concerns and five were met</p> <p>The Trust reported an in-month deficit of £0.9m against a planned deficit of £0.9m resulting in a £0.015m favourable in-month variance. The year to date position results in UOR score of 3 compared to plan of 3. The Trust is on track with the NHSI control total at month 1.</p>		
RECOMMENDATION:		
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>
AUTHOR NAME/ROLE	Stephen Hepworth Paul Doyle Sunella Malik-Jones
PRESENTED BY DIRECTOR NAME/ROLE	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	19/05/2017
BOARD ACTION	Assurance

Balanced Scorecard

1.0 Introduction

The Trust is currently considering its strategy following the decision not to merge with the Royal Surrey County Hospital FT. A revised strategy which will be developed by the autumn 2017. The current intention is to develop a strategy around the IHI triple aim vision.

In 3 years' time every patient will say...

 *I was treated with compassion*

 *We developed a plan for my care together, which was understood and followed*

 *My care was provided in a safe way, without delay*

...by everyone, all of the time.

Strategic actions will be developed to support this vision which will include the aim to ensure a clinically and financially sustainable organisation which is internally efficient and externally collaborative.

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 Best Outcomes

The SHMI mortality ratio for April was 76, and although this is now reducing still represents an increase over the last four months. The current rate also remains higher than the 16/17 average of 69.9. The actual number of deaths in April was 90, which is an improvement on recent months.

There were 2 cases of a cardiac arrest in non-critical care areas in April. No trend can be assumed from this decrease due to the small numbers involved.

53.2% of stroke patients admitted in April 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. This is due to a variety of issues including ring fencing of beds and the overall pathway from A&E to the ward. Overall the stroke service is rated as a "A" unit in the national stroke audit.

Readmissions were at 14.5%. Readmissions continue to run at a higher rate than in the previous year.

The number of falls in April per 1,000 bed days was 2.56. Whilst there is some upward and downward movement in this indicator the overall long term position is stable.

There were no cases of hospital acquired MRSA and C-Diff cases.

Pressure Ulcers (per 1000 bed days) at 1.70 is below the target rate of 1.98. The quality department is implementing an action plan to support a reduction in the number of ulcers. The recent focus has been on preventing ulcers on the heel as this has been a particular area of increase.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (91.1%) during April. However this is in line with the agreed recovery plan with NHSI.

The Trust did meet the 18 week target at Trust level, (Incomplete 92.3%).

The Friends and Family Test score for inpatients' in April was 96.9%, and is above the target of 95% following several months of improvement. The score for A&E is at 84.7% which is a decline on the recent excellent performance.

The follow-up complaints rate in April was 5.3% which represents a significant decline and a positive outcome.

6 out of 7 cancer waiting times targets were met which is a good improvement on previous months.

4.0 Skilled, motivated workforce

Establishment and Vacancies

The Trust has welcomed over 50 wte new staff who transferred to us from Virgin Care on 1st April. Further TUPE's are due to take place through the year so the staffing composition and establishment will continue to change.

The budgeted establishment has been revised due to the new financial year and as a result our staff vacancy figure is currently 11.8%. The workforce targets for 17/18 are to be reviewed and ratified at the Workforce and OD Committee later this month.

Bank and Agency

Bank spend as a percentage of total pay had a positive increase to 7.3% whilst agency spend reduced significantly from 7.7% in March to 5.1% in the month of April. The trend for month twelve to month one tends to be a reduction; however this substantial drop suggests the control measures detailed below have taken effect.

Locum's Nest, which was piloted from January 17, has now rolled out across all the divisions. In conjunction with Locum's Nest, it has been possible for the Trust to be the first NHS organisation to operate a collaborative staff Bank with a neighbouring Trust. This is an innovative solution to ensure agency usage is kept to a minimum.

Additionally, the new IR35 arrangements which were introduced from April 2017 have resulted in a notable reduction of medical agency spend and usage and many doctors have either requested to join or worked via the Trust Bank to comply with the new regulations.

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. The turnover for the rolling year is currently 16.7%. The Trust is working hard to identify and counteract staff's reasons for leaving the organisation. Research suggests that the most commonly cited reason for leaving is 'unknown/other' and we are working with managers to make this data more specific.

The stability rate is also based on a rolling year and has fallen to 85.5% this month. This can be partially attributed to the change in staff numbers and the arrival of our new staff.

Sickness

The sickness rate is reported a month in arrears, and was 2.6% for March 17. Sickness, as expected, tends to peak in the winter months and stabilise through the

year. We are using past trend data to forecast future periods that may require additional staffing.

Appraisals

The appraisal rate has risen again and is currently at 76.6% - the highest it has been in the last twelve months. 87% of Medical and Estates and Facilities staff have had their annual appraisal compared with only 67% of Healthcare Scientists.

Mandatory Training

The compliance rate is currently 81.6%. Operations and QMNM are the divisions which have seen the most improvement over the last 12 months whilst Additional Professional staff have increased their percentage compliance by 5% and Registered Nurses have improved by 4% in the rolling 12 month period. The matrix for 2017/18 is in the process of being reviewed.

FFT

The Friends and Family Test (FFT) questions formed part of the national staff survey and the score improved slightly for staff recommending the Trust as a place to work but fell slightly for the Trust being recommended as a place to be treated. The next quarterly FFT has completed and the final results are being analysed and will be available by next month.

5.0 Top productivity

The Trust reported an in-month deficit of £0.9m against a planned deficit of £0.9m resulting in a £0.015m favourable in-month variance. The year to date position is a £0.9m deficit against a planned deficit of £0.9m delivering a UOR score of 3 compared to plan of 3. The Trust is on track with the NHSI control total at month 1 so has accrued the full amount of STF funding for month 1 as the A&E performance target was also met (NB: although STF targets are set quarterly the Trust is required to for accrue income on a monthly basis).

The main reasons for the variances are:

- (i) pay costs £0.2m below budget with lower agency costs arising within A&E (IR35 issues) and elsewhere,
- (ii) non-pay £0.5m below budget mainly due to lower activity levels (drugs and clinical supplies) and
- (iii) income £0.7m behind budget in the month, mainly due to lower activity than planned in April. CIP's came in at £0.1m ahead of plan at £0.9m.

As mentioned above April was planned to have lower activity levels due to the number of 'working' days - activity levels were in fact lower than plan. The income under-recovery was matched by cost underspends. At present the end of year forecast has been held at the plan of £13.4m which will deliver a UOR of 1. Despite being ahead of plan at month 1 on the CIP programme, currently we are forecasting a full year shortfall of £0.5m and work is ongoing to close this gap..

Caution needs to be exercised on the activity income figure as detailed plans have yet to be finalised with the commissioners, however we do not believe it to be materially incorrect.

1. Best outcomes

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Apr 17 Actual	6-month trend	YTD 16/17
1-01 In-hospital SHMI	70	<72	<72	76.0		69.9
1-02 RAMI	69	<70	<70	68.7		70
1-03 In-hospital deaths	30	90	<1082	90		90
1-04 Proportion of mortality reviews*	0%	>90%	>90%	57.6%		64.8%
1-05 Number of cardiac arrests not in critical care areas	62	-	-	2		2
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	20	1	17	0		0
1-08 Falls (Per 1000 Beddays)	2.36	2.46	2.46	2.56		2.56
1-09 Pressure Ulcers (Per 1000 Beddays)	2.24	1.98	1.98	1.70		1.70
1-10 Readmissions within 30 days - emergency only	14.1%	12.5%	12.5%	14.5%		14.5%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	58.3%	90.0%	90%	53.2%		53.2%
1-12 Medication errors - rate per 1000 bed days	3.0			2.13		2.13
1-13 Sepsis Screening audits undertaken *	89%	80%**		Quarterly Measure		88.6%
1-14 Sepsis Antibiotic Administration Audits undertaken *	79%	80%**		Quarterly Measure		81.3%

* - 2016/17 Sepsis results for ED only (2016/17 Quarter 2 onwards) Position amended after submission to Unify reporting 77%
 ** - 2016/17 Q2 Quarterly target 80% (2016/17 Q1 Quarterly target 90%)

3. Excellent experience

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Apr 17 Actual	6-month trend	YTD 16/17
3-01 A&E 4 hour target	90.6%	>95%	>95%	91.1%		91.1%
3-02 Emergency Conversion Rate	23.8%	<22.64%	<22.64%	23.8%		23.8%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	9	N/A	N/A	9		9
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	104	N/A	N/A	7		7
3-05 Average Bed Occupancy (exc escalation beds)	86.6%	<92%	<92%	77.3%		77.3%
3-06 Patient Moves (ward changes >=3) **	8.0%	<6.18%	<6.18%	4.0%		4.0%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	55.1%	>62.1%	>62.1%	61.9%		61.9%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	94.9%	95%	95%	96.9%		96.9%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	86.4%	87%	87%	84.7%		84.7%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.8%	97%	97%	95.5%		95.5%
3-11 Friends & Family Satisfaction Score - Outpatients	1.0	92%	92%	94.9%		94.9%
3-12 Complaints - FollowUp Rate	6.5%	<10%	<10%	5.3%		5.3%
3-13 Dementia screening - Asked case finding question within 72 hrs of adm	42.8%	90%	90%	31.1%		31.1%
3-13a Dementia screening - Scored positively to case finding question	99.4%	90%	90%	100.0%		100.0%
3-13b Dementia screening - Diagnostic Assessment	96.0%	90%	90%	100.0%		100.0%
3-14 RTT - Admitted pathway (Unadjusted)	61.2%	>90%	>90%	52.4%		52.4%
3-15 RTT - Non-admitted pathway	93.13%	>95%	>95%	91.7%		91.7%
3-16 RTT - Incomplete pathways	93.21%	>92%	>92%	92.3%		92.3%
3-17 Cancer waiting times targets achieved	6 out of 7	7 out of 7	7 out of 7	6 out of 7		6 out of 7

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure	Outturn 16/17	Annual Target 17/18	Apr 17 Actual	6-month trend	YTD 16/17
2-01 Establishment (WTE)	3791	3,874	3874		3874
2-02 Establishment (£ Pay)	177198	182045	£ 15,024		£ 15,024
2-03 Agency Staff Spend as a Percentage of Total Pay	8.2%	6.3%	5.1%		5.1%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7.7%	7.3%		7.3%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	10.9%	<10%	11.8%		11.8%
2-06 Staff turnover rate	16.9%	<15.5%	16.7%		16.7%
2-07 Voluntary turnover rate (NEW)	13.0%	<12%	13.5%		13.5%
2-08 Stability	87.1%	>88%	85.5%		85.5%
2-09 Sickness absence	3.0%	<3.0%	2.6%		2.6%
2-10 Staff Appraisals	75.0%	>90%	76.6%		76.6%
2-11 Statutory and Mandatory Training	82.3%	>90%	81.9%		81.9%
2-12 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	77.4%				
2-13 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	68.4%				

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

4. Top productivity

Measure	Outturn 16/17	Annual Target 17/18	Apr 17 Actual	6-month trend	YTD 16/17
4-01 Use of Resources Score (UOR) Excl STF	2	1	3		3
4-02 Total income excluding interest (£000)	£288,082	£300,360	£22,492		£22,492
4-03 Total expenditure (£000)	£268,042	£273,074	£22,243		£22,243
4-04 EBITDA (£000)	£20,040	£27,287	£249		£249
4-05 Month end cash balance (£000)	£10,459	£22,788	£11,061		£11,061
4-06 Capital Expenditure Purchased (£000)	£8,777	£8,712	£253		£253
4-07 CIP Savings achieved (£000)	£10,313	£10,541	£893		£893
4-08 STF Funding within income £000	£6,265	£7,672	£384		£384
4-09 CQUINs (£000)	£3,565	TBC	TBC		TBC
4-10 Joint Delivery Plan with CCG (Income Only)	£3,300	£8,000	TBC		TBC
4-11 Average LoS Elective (RealTime)	3.75	3.32	4.09		4.09
4-12 Average LoS Non-Elective (RealTime)	6.38	6.13	5.89		5.89
4-13 Outpatient First to Follow ups	1.30	1.31	1.27		1.27
4-14 Daycase Rate (whole Trust)	84.0%	>84%	84.9%		84.9%
4-15 Theatre Utilisation	72.8%	>79%	72.7%		72.7%
4-16 A&E Activity (Attendances)	99584		7911		7911
4-17 Emergency Activity (Spells)	39390		4533		4533
4-18 Elective Activity (Spells)	37227		2896		2896
4-19 % Elective inpatient activity taking place at Ashford	53.46%	>57.53%	52.3%		52.3%
Outpatient Activity (New Attendances)	124972		8888		8888

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 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.
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 payroll 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 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	Vacancy Turnover Rate
2-08	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
2-09	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
2-10	Staff Appraisals
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 (Including 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 (including paediatric and labour wards)
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 as a rate of the 12 month rolling average of new complaint.
3-13	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons.
3-13a	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations.
3-13b	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.
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 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 - Anaesthetic 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, OPFASPNC and OPFAMPCL) NB: This does not include direct access or POC