

**TRUST BOARD**  
**25<sup>th</sup> June 2015**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	<p>The Trust reported an in-month deficit of £0.4m against a planned surplus of £0.0m, increasing the year to date deficit to £0.8m (last month YTD was £0.4m). The YTD adverse variance to budget was £0.4m (last month YTD was £0.0m behind plan).</p> <p>Within the YTD adverse variance, activity income was £0.2m below plan, other income was in line with plan and the YTD expenditure overspend was £0.2m above plan. Pay expenditure reduced compared to April. CIP's came in at £2.4m against a plan of £2.5m, with a year to date variance of £0.1m (last month was £0.2m adverse).</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>ALIGN TO TRUST RISK REGISTER</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 Simon Marshall, Director of Finance and information
<b>Date:</b>	17 <sup>th</sup> June 2015
<b>Decision:</b>	For Assurance

## 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 May was 67, with the rolling twelve month position rising to 60, against an indicative ratio limit of 72. The level has remained relatively stable for a year though is on an upward trajectory. The actual number of deaths in May was 91, which is above our target rate of 86.

There were 2 cases of cardiac arrests in non-critical care areas in May. This is a significant reduction from April's 8 cases and is below the long term trend.

51.2% of stroke patients in May reached the stroke ward within 4 hours of being admitted to the hospital, which is an improvement on recent performance. This is significantly lower than expected with the redesign of the stroke pathway. The ring fencing of the acute stroke beds was reinforced during May which led to the increase in performance. Tighter control of the beds in June has led to a 72% rate in the first two weeks of June which is a significant improvement. The CCG has requested an improvement plan from the Trust, just short of implementing the full contractual sanctions within the contract.

Readmissions were at 13.9%. 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.

The number of falls in May per 1000 bed days was 3.11 which was slightly higher than April though not significantly so.

There were no cases of hospital acquired MRSA and three cases of C.Diff this month.

While Pressure Ulcers (per 1000 bed days) at 2.79 is still above target rate of 1.19, there has been an improvement since April 2014 adjusted rate of 2.92.

### 3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (89.4%) during May, 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.

The Trust had largely recovered its 18 week position at Trust level, though there are a few specialities where the target remains challenged, particularly on the admitted pathway. The Trust met all the targets in May this target remains a focus for the Trust.

The Friends and Family Test score for inpatient's in May was 96.2%, and is above our target of 95 following several months of improvement. The score for A&E is at 85.4% which continues to show improvement.

Follow-up complaints were at 5 in May and now are 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 the 31<sup>st</sup> May 2015 the workforce establishment increased to 3725 WTE, reflecting further planned increases in the budgeted establishment. The addition of 137 WTE since 1 April has increased the vacancy rate to 11.2% pending recruitment to these posts.

Agency expenditure as a percentage of the pay bill increased to 9.4%. The 2015/16 target is to restrict spend to below 7%, and we will review this in light of the anticipated announcements from the Department of Health on a cap on agency use and the impact on Foundation Trusts. The Trust has implemented the first of two new free software systems for medical locums, the HMRC VAT savings model has been implemented and is delivering savings as planned. The bookings and timesheets system will go live in July. Bank expenditure decreased to 5.7% of the pay bill. This is within target.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. This month turnover increased to 15%, above the target for 2015/16. The number of leavers this month increased from 38 in April to 49 in May, with 9 retirements, 1 death in service, 1 dismissal and 37 voluntary resignations, of these:

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

Stability (percentage of the workforce with more than one year's service) decreased to 88%, achieving the new 2015/16 target.

The sickness rate decreased to 2.7% still achieving the 2015/16 target.

The number of staff recorded as having an appraisal within the past year increased to 66.4%, below the target. The Trust has introduced a new Staff Appraisals Policy and training for managers, reflecting values based behaviours and Agenda for Change pay flexibilities. The adjusted figure shows the effect of recalculating the metric to allow for appraisals following the implementation of new appraisal policy and process. Mandatory training compliance **decreased** slightly to 80.6%, below the Trust target.

The survey results for the Friends and Family were published by NHS England on February 24. The ASPH results showed a significant improvement on our results over previous years. In particular:

- An above average result for the overall staff engagement score, compared to the national average.
- An above average result for staff feeling able to contribute to improvements at work.
- An improvement in staff willing to recommend the Trust as a place to work and/or receive treatment.
- An above average result for staff motivation at work.

- 18 key findings which are 'best 20%', 'above average' or 'average' nationally, compared to 9 in 2013.
- A reduction to 2 key findings in *bottom 20%* nationally in 2014, compared to 8 in 2013.
- Only one area of deterioration compared with 2013 (number of appraisals).

#### 5.0 Top productivity

The Trust reported an in-month deficit of £0.4m against a planned surplus of £0.0m, increasing the year to date deficit to £0.8m (last month YTD was £0.4m). The YTD adverse variance to budget was £0.4m (last month YTD was £0.0m behind plan).

Within the YTD adverse variance, activity income was £0.2m below plan, other income was in line with plan and the YTD expenditure overspend was £0.2m above plan. Pay expenditure reduced compared to April. CIP's came in at £2.4m against a plan of £2.5m, with a year to date variance of £0.1m (last month was £0.2m adverse).

The Monitor Continuity of Service Risk Rating (CoSRR) is 2 against a plan of 2 for the year to date, which was in line with forecast. The end of year forecast has been held at plan at this stage, with the expectation the CIPs will be achieved, and the income position will recover.

A number of actions are being taken which include:

- address pay issues (unfunded posts etc) and continue the downward trend seen in pay costs in month 2;
- 2. review Trust procedures against the new national initiatives on agency costs that are being introduced, implementing any necessary changes;
- 3. no future investments (business cases) until the Trust finances are back on track;
- 4. no use of uncommitted contingencies within the budget;
- 5. continue monthly CIP review meetings to maximise the delivery of CIP plans and seek new schemes; and
- 6. ensure QIPP plans are understood and cost responses identified and actioned as QIPP schemes start to work