

**TRUST BOARD**  
**25<sup>th</sup> July 2013**

<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 initial results on the F&amp;F test show the Trust comparing favourably against other Hospitals returning similar levels of data.</p> <p>The Trust reported a surplus of £0.065m in month which represented a variance of £0.126m to the planned surplus. This brings the year to date variance to £0.5m largely due to expenditure overspends in month 2 &amp; 3.</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 Balanced Scorecard encompasses all four 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>	Discuss and obtain assurance from the paper.
<b>Submitted by:</b>	Dr David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
<b>Date:</b>	18 <sup>th</sup> July 2013
<b>Decision:</b>	For Assurance

## Scorecard Commentary – June's data

### 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 good 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 is the leading Trust in the region. In terms of responses the Trust is comparing well against its peers for inpatient care and is amongst the top group. For A&E the Trust is collecting significantly more data than the majority of other Trusts. Those Trusts who collect a lot of data have worse A&E results; therefore the most comparable Trust for A&E data is Frimley Park whom we are outperforming.

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

The SHMI mortality rate for June was 63 bringing the rolling twelve month position to 63. The actual number of deaths in June was 87 which is above the trajectory of 78. The Trust's commitment to review every death that occurs in the hospital is intended to provide information as well as opportunities for clinical teams to reflect on potential human and systems factors that can be potentially improved upon. Clinical staff continue to review deaths where there is potential for learning at their monthly Quality Safety Half Days. Performance against the mortality reviews targets is being monitored at monthly clinical specialty review meetings.

There were 36 complaints in June, which was slightly lower than April and May. For the month the level of complaints was below the expected level.

The Friends and Family results for June were above the expected level for inpatient care, but A&E was significantly below the target level. The Trust compares well against other Trusts for its inpatients scores. This is related to the challenges we are experiencing with the emergency care pathway. The action plan for improving this is being constantly monitored in addition to a recently instated Emergency Care Pathway meeting chaired by the CEO.

The number of falls remains above the target level, with six patients suffering a significant injury in June. Progress on the action plan designed in the previous month is being monitored in IGAC.

There were no cases of C-difficile and MRSA in June leaving the year to date number of cases at one and zero respectively. This reflects the on-going focus on implementing infection control strategies.

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

During June ASPH continued to achieve all the key Monitor targets within the compliance framework excluding the four hour emergency access standard (98.1%). This target remains a key focus and has continued to see significant improvement throughout June and July. The Trust has received a formal performance notice from the CCG with regard to its historic four hour performance, but the Trust is strongly challenging.

Readmissions are above the target level of 6.3%, however the Trust has met the external target that it set with the CCG for Q1 and should achieve the external target in Q2.

Elective activity is down by 10.6% year to date (was 13.1% below plan last month), however, there has been a shift towards day case work, and this is beneficial as the cost is lower, and attracts better tariffs in some instances as is reflected in the income.

Emergency activity was 0.5% down (1.5% down last month), which represents a month on month increase, mainly due to an increase in Critical Care discharges (the activity is only recorded on final discharge, so activity recording can be delayed) in both ITU and neo natal. In income terms, performance was up due to a shift in case mix in the acuity of patients (reflected in increased pay costs), which is partially offset by an income adjustment in "Other" for the Non-elective Threshold and Re-admissions Penalty and a further adjustment in the ledger for additional NELCAP above plan.

There is also an element of QIPPS not achieved (£0.2m YTD) which manifests as an income over performance in £'s. Whilst A&E continued to be busy in month 3, which was 1.1% above plan, overall it is now 1.4% ahead of plan (1.5% ahead last month) as activity starts to drop off in line plan over the summer.

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

At 30 June 2013 the workforce establishment increased to 3366 WTE (2384 WTE clinical and 966 WTE non-clinical posts). A decrease of 6 administration posts was offset by an increase in the number of clinical staff by 8.

The use of agency staff increased by 7 WTE from 63 WTE in May to 70 WTE in June. Therefore this remains above target. Medical staffing, Nursing and administration all saw increases. The use of bank staff increased from 240 WTE to 267 WTE with an increase of 9 WTE nursing staff and 20 WTE Admin and AHP staff .

Turnover decreased from 15.6% to 15.0% and therefore remains above the trust target. The sickness rate has decreased from 3.16% to 2.9% in June, which is within the target of 3.00%.

The number of staff recorded as having an appraisal within the past year decreased to 89.4%, below the target. Mandatory training compliance increased to 87.4%, below the trust target, as training records are being validated.

The staff engagement measure is a new indicator this year to test the pulse of the workforce, with a rating from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'. The measure will be updated quarterly.

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

The Trust reported a surplus of £0.065m in month which represented a variance to the £0.126m planned surplus of £0.061m largely due to expenditure overspends in month 3 in excess of income over performance. The year to date variance to plan is £0.5m adverse (YTD at month 2 was £0.4m adverse).

Pay was £0.2m higher than last month and £0.4m. This is discussed in more detail in the finance report. The forecast outturn surplus remains £3m, although there has been a further shift between pay and income based on the month 3 actuals.

The Monitor FRR was 3 in the month, which was below the plan of 4. The forecast remains at 3 for the year. Against the shadow Cost of Service Risk Rating the Trust scores 4 (the maximum) year to date and forecast. CIPS are forecast to be £11.3m against a plan of £11.8m, as some schemes are still being assured. This represents a reduction in the forecast of £0.3m compared to last month as detailed in the finance report. Cash was behind target due in part the month 3 year to date over-performance income not yet being recovered from the CCGs.

# Trust Balanced Scorecard - JUNE 2013/14

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

Patient Safety & Quality	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Jun Actual	Performance			YTD 13/14	
						Apr	May	Jun		
1-01 Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	<72	63	▲	▲	▲	63
1-02 Actual deaths ( Includes Neonatal Intensive Care)	L	1160	<236	<78	<945	87	▲	▲	▼	267
1-03 MRSA (Hospital only)	N	2	0	0	0	0	▲	▲	▲	0
1-04 C.Diff (Hospital only)	N	15	<=3	<=1	<13	0	▲	▲	▲	1
1-05 VTE (hospital associated with PE or DVT)	L	24	<6	<2	<24	1	▼	▼	▲	8
1-06 Serious Incidents Requiring Investigation (SIRI)	L	71	<18	<6	<75	7	▲	▼	▲	20
1-07 Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	<92%	86.4%	▲	▲	▲	88.6%
1-08 Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	<7.5%	5.2%	▲	▲	▲	5.8%
1-09 Formal complaints (Total Number)	L	485	<112	<37	<450	36	▼	▲	▲	132
1-10 Friends & Family test score - InPatients	L	-	70	70	70	74.5	▲	▲	▲	72.1
1-10a Friends & Family test score - A&E	L	-	70	70	70	45.3	▲	▼	▼	48.0
1-11 Falls (Total Number)	L	766	<175	<58	<700	66	▼	▼	▲	194
1-12 Falls - resulting in significant injury (grade 3)	L	18	<3	<1	<15	6	▲	▼	▼	8
1-13 Hospital acquired pressure ulcers grade 2 and above	L	164	<34	<11	<139	9	▲	▲	▲	35
1-14 Catheter associated UTI *	L	-	<1.2%	<1.2%	<1.2%	0.41%	-	▲	▼	0.74%

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

1-14 \*Achieved by 6 months then maintained

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

Clinical Strategy	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Jun Actual	Performance			YTD 13/14	
						Apr	May	Jun		
3-02 Trust 4Hr Target (Monitor Compliance)	N	95.3%	>95%	>95%	>95%	98.1%	▲	▲	▲	95.7%
3-03 Emergency Conversion Rate	C	24.0%	<23.8%	<23.8%	<23.8%	23.2%	▲	▲	▼	22.6%
3-04 Ambulatory Care Pathways	N	26.5%	>30%	>30%	>30%	28.5%	▲	▲	▲	21.8%
3-05 95% of all LOS < 27 days	L	-	<27 days	<27 days	<27 days	22	▲	▲	▲	23
3-06 Readmissions within 30 days - elective & emergency	N	0.0%	<6.3%	<6.3%	<6.3%	7.3%	▲	▼	▲	7.2%
3-07 Overall Elective Market Share	L	-	>66%	>66%	>66%	65.4%	▲	▲	▲	65.4%
3-08 Overall Elective Market Share (Vascular)	L	-	>50%	>50%	>50%	51.7%	▼	▼	▲	51.7%
3-09 Stroke Patients (90% of stay on Stroke Unit)	N	82.4%	>85%	>85%	>85%	75.5%	▲	▼	▲	76.1%
3-10 % Elective inpatient activity taking place at Ashford	L	52.3%	>57.53%	>57.53%	>57.53%	53.52%	▼	▲	▲	52.4%
3-11 Discharge rate to normal place of residence (Stroke&FNOF)	L	57.1%	>62.1%	>62.1%	>62.1%	71.1%	▲	▼	▲	64.5%
3-12 R&D - Observations & Interventions	L	508	16	16	797	-	▲	▲	▲	9
3-13 Elective Activity (Spells)	L	34,252	>8604	>2868	>34,417	3090	▲	▲	▼	9254
3-14 Emergency Activity (Spells)	L	40,580	<9411	<3137	<37,644	3330	▼	▼	▼	9683
3-15 Outpatient Activity (New Attendances)	L	111,061	>27560	>9186	>110,242	8584	▼	▲	▼	26060

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

3-12 \* R&D figures are reported 1 month retrospective and cumulative. They include both observations and intervention

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

Workforce	Outturn 12/13	Annual Target 13/14	Jun Actual	Performance			YTD 13/14	
				Apr	May	Jun		
2-01 Establishment (WTE) *1	L	3240	3397	3366	▲	▲	▲	3366
2-02 Establishment (£Pay) *1	L	£141,700k	£142m	£12,290k	▼	▲	▲	£36,451k
2-03 Establishment Reduction - CIPs (WTE) *2	L	49	55	0	▲	▲	▲	12
2-04 Growth (New/Redesigned Roles) *2	L	128	88	2	▲	▲	▲	5
2-05 Agency Staff use (WTE)	L	58	<45 WTE	70	▲	▼	▼	65
2-06 Agency Staff (£Pay) *3	L	£8,699k	3.65% of paybill	£840k	▲	▲	▼	£2,450k
2-07 Bank Staff use (WTE)	L	256	<280 WTE	267	▲	▲	▲	248
2-08 Bank Staff (£Pay) *3	L	£9,001k	6.35% of paybill	£756k	▲	▼	▼	£2,152k
2-09 Vacancy Rate (%)	L	0	<10%	10.4%	▲	▲	▲	10.4%
2-10 Staff turnover rate	L	14.9%	<13%	15.0%	▲	▼	▲	15.0%
2-11 Stability	L	85.5%	>85%	88.1%	▲	▲	▲	88.1%
2-12 Sickness absence	L	2.87%	<3.00%	2.9%	▲	▼	▲	3.0%
2-13 Staff Appraisals	L	92%	98%	89%	▲	▲	▼	89%
2-14 Statutory and Mandatory Training	L	98%	98%	87%	▲	▼	▲	87%
2-15 Staff Engagement Measure *4	L	NEW	3.69	3.62	NEW	NEW	NEW	3.62

\*1 Additional investment confirmed

\*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'

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

Finance & Efficiency	Outturn 12/13	Annual Target 13/14	Jun Actual	Performance*			YTD 13/14	
				Apr	May	Jun		
4-01 Monitor Financial Risk Rating	N	3	3	-	▼	▼	3	
4-02 Total income excluding interest (£000)	L	£232,217	£232,296	£20,217	▲	▲	▲	£59,742
4-03 Total expenditure (£000)	L	£215,891	£214,941	£19,064	▲	▲	▲	£55,635
4-04 EBITDA (£000)	L	£16,326	£17,354	£1,154	▼	▼	▼	£4,107
4-05 CIP Savings achieved (£000)	L	£12,058	£11,839	£1,044	▼	▼	▼	£2,750
4-06 CQUINs (£000)	L	£3,969	£4,950	£412	-	▲	▲	£1,237
4-07 Month end cash balance (£000)	L	£15,239	£12,845	£14,653	▼	▼	▼	£14,653
4-08 Capital Expenditure Purchased (£000)	L	£8,985	£17,036	£743	▼	▲	▼	£1,602
4-09 Emergency threshold/readmissions penalties	L	£5,855	£3,692	£308	-	▲	▲	£923
4-10 Average LoS Elective	L	3.69	3.32	4.01	▼	▲	▼	3.63
4-11 Average LoS Non-Elective	L	7.15	6.99	6.67	▼	▲	▲	6.92
4-12 Outpatients first to follow-up ratio	L	-	1:1.5	1:1.33	▲	▲	▲	1:1.34
4-13 Daycase Rate (whole Trust)	L	81.5%	>84%	84.2%	▲	▼	▲	84.9%
4-14 Theatre Utilisation	L	71.55%	>=75%	70.00%	▼	▼	▲	70.22%

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 (Proc End - Anaesthetic Induction) as % of Available Session Time (4hours) Includes Bluespacer records with missing tracking times

\* Performance rating for finance is against plan

Delivering or exceeding Target	▲
Underachieving Target	▲
Failing Target	▼

Quadrant 1	Indicator Definition
1-01	<p>IN-HOSPITAL SHMI - The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider.</p> <p>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.</p> <p>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.</p> <p>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.</p>
1-02	The total number of deaths
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 standadised 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 standadised 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
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 Elective or Emergency.
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 Ut