

TRUST BOARD
26th June 2014

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>During 2014/15 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&E continues to be significantly under our desired level.</p> <p>The Trust recorded an improved level of overspend in the month, however this was insufficient to meet the month two plan. Further work is required to reverse the current trends in order to meet our year-end planned position.</p> <p>The forecast for the year has been reduced to a breakeven position after providing for possible merger costs.</p> <p>The Monitor Continuity of Service Risk Rating (CoSRR) has returned to target for the year to date.</p> <p>CIPs came in at £1.9m against a plan of £2.4m, with a year to date variance of £0.4m.</p>
BOARD ASSURANCE RISK/ IMPLICATIONS	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
LINK TO STRATEGIC OBJECTIVE / BAF	The scorecard links to all strategic objectives
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	The paper sets out the key level indicators that are relevant to patient care within the organisation. .
EQUALITY AND DIVERSITY ISSUES	N/a
LEGAL ISSUES	N/a
The Trust Board is asked to:	Review the paper, seeking additional assurance as appropriate
Submitted by:	Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
Date:	19 th June 2014
Decision:	For Assurance

Balanced Scorecard

1.0 Introduction

During 2014/15 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 Best Outcomes and Excellent Experience

The SHMI mortality ratio for May continued at 54, with the rolling twelve month position at 55, against an indicative ratio limit of 72. The level has remained relatively stable since December. The actual number of deaths in May was 94, up from 70 last month and slightly above the monthly indicative ratio limit of 86.

There were 2 cases of cardiac arrests in non-critical care areas in May, down from 7 in April. This is a new measure for this year and the target will be established later this quarter. This measure forms part of the CQUIN schemes and a detailed action plan is being developed to reduce the numbers.

53% of stroke patients reached the stroke ward within 4 hours of being admitted to the hospital, down from 61% in April. This is now below our improvement trajectory of 61% for Q1, and well below the year-end target of 90%, which is the national standard.

The Friends and Family Test score for inpatients in May reduced marginally to 71.3 and is below our target of 73. The score for A&E (43.7) is below this year's target of 55 and is down from 50.1 last month. The new maternity measure improved significantly to 80 in May, above our target level of 73.

The number of falls in May was 61, with 0.2% patients suffering harm as measured by the safety thermometer, remaining well within the monthly limit of 0.5% and lower than the 2013/14 outturn of 0.53%.

There were no cases of hospital acquired MRSA again this month. However, there were two further cases of C. Diff this month, making a total of 3 this year so far against an annual limit of 9 cases.

While Pressure Ulcers (per 1000 bed days) at 1.66 is still above target rate of 1.19, there has been an improvement in the month from April's adjusted rate of 2.92.

Follow-up complaints have fallen from 16 in April to 9 in May.

ASPH did not meet the four hour emergency access standard (<95%) during May, and this target continues to be an area of considerable focus for the Trust as achievement remains challenging. The rate reduced from 97% in April to 93% in May, with the year to date now at 94.9%.

Readmissions are now below the target level of 12.5%, down from 13.3% in April to 12.1% this month. Reducing the number of readmissions is a focus for the Trust and a new plan has been formulated. The Trust intends to pilot the phoning of patients the day after discharge by clinical staff to address any patient questions, with the aim of improving outcomes, reassurance and reducing readmission rates.

Meeting the 18 week target remains a challenge for the Trust, though the action plans to recover the situation have been agreed with commissioners and are being implemented. Monitoring against achievement occurs on a weekly basis at speciality level and Trust level. Backlogs of waiting patients are decreasing and an increasing number of specialties are now on course to meet target by their respective agreed timescale. This is reflected in the measure "referral to treatment" (RTT – Admitted Pathway) which has improved from 81.3% of admitted patients in April being seen within 18 weeks, to 83.9% in May, against a target of 90%.

4.0 Skilled, motivated workforce

New targets have been agreed for the new financial year, which are stretching but achievable:

Establishment and Vacancies

At 31st May 2014 the workforce establishment increased to 3520.14 WTE, this increase along with a decrease in staff in post resulted in a slight increase in the vacancy percentage rate to 9.7%.

Agency Spend

Agency expenditure in May increased to 7.6% of the pay bill which is higher than the target. Spending on medical staff reduced this month but increased for nursing and other staff. Bank expenditure decreased to 6.4% of the pay bill, remaining within target.

Turnover and Stability

Turnover is based on the number of leavers and average staff in post in the 12 month period. This month turnover has decreased from 14.4% to 14.3%, near the new trust target. The number of leavers this month increased from 33 in April to 39 in May with 3 retirements, 1 dismissal, 1 end of fixed term contract and 34 voluntary resignations, of these:

- 15 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) increased to 88.5%, slightly below the new Trust target.

Sickness

The sickness rate reduced to 3.0% in April with the cumulative YTD figure of 3.0%, now at the new 2014-15 Trust target.

Appraisals and Mandatory Training

The number of staff recorded as having an appraisal within the past year decreased to 78.4%, below the target. The number of completed medical appraisals increased this month from 63% to 74%.

Mandatory training compliance decreased slightly from 86.3% to 85.8%, below the Trust target.

Friends and Family test score - staff

Each quarter, with the exception of the National Staff Survey fieldwork period [September-December 2014], all permanent staff will be invited to participate in the Staff Family and Friends Test. In a similar way to the Patients Family and Friends Test, the on-line survey is now live and should only take a few minutes to complete. Staff will be asked two questions in relation to whether they would recommend the Trust as a place to work or receive treatment. There will also be space on the survey for the staff to give further feedback if they wish.

Our combined target will be 90%, broken down as follows:

- The percentage of staff who would recommend the Trust as a place to work: 85%
- The percentage of staff who would recommend the Trust as a place to receive care: 89%

5.0 Top productivity

The Trust recorded an improved level of overspend in the month, however this was insufficient to meet the month two plan. Further work is required to reverse the current trends in order to meet our year-end planned position.

The forecast for the year has been reduced to a breakeven position after providing for possible merger costs.

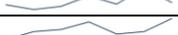
The Monitor Continuity of Service Risk Rating (CoSRR) has returned to its target rating of 3 for the year to date.

CIP's came in at £1.9m against a plan of £2.4m, with a year to date variance of £0.4m.

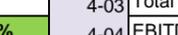
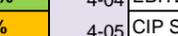
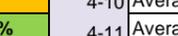
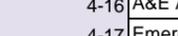
Cash continues to track behind target due in part to the in-month deficit and due to 2013/14 over-performance not yet being recovered in full, particularly from NHS England. However, a substantial element of this was received in June..

Trust Balanced Scorecard - 2014/15

1. Best outcomes

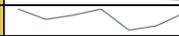
Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	May Actual	6-month trend	YTD 14/15
1-01 In-hospital SHMI	N	56	<72	<72	54		55
1-02 RAMI	N	57	<70	<70	44		44
1-03 In-hospital deaths (CQUIN)	L	1033	86	<1033	94		164
1-04 Proportion of mortality reviews	L	23%	30% in Q1	>90%	30%		30%
1-05 Number of cardiac arrests not in critical care areas	L	NEW	-	-	2		9
1-06 MRSA (Hospital only)	N	2	0	0	0		0
1-07 C.Diff (Hospital only)	N	10	0.75	9	2		3
1-08 Falls (Total Number)	L	721	58	697	61		116
1-09 Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	3.76		3.67
1-10 Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.20%		0.20%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	1.66		2.28
1-12 Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	2.00%		2.00%
1-13 Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	12.1%		12.7%
1-14 WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	97.3%		96.6%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1	90%	53.0%		56.0%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2	90%	38%		38%

3. Excellent experience

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	May Actual	6-month trend	YTD 14/15
3-01 Trust 4Hr Target (Monitor Compliance)	N	95.5%	>95%	>95%	93.0%		94.9%
3-02 Emergency Conversion Rate	C	23.1%	<23.8%	<23.8%	22.4%		23.5%
3-03 Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	4		16
3-04 Average Bed Occupancy (exc escalation beds)	L		92.0%	92%	89.7%		90.2%
3-05 Patient Moves (ward changes >=3)	L	6.5%	<6.5%	<6.5%	7.1%		0.0%
3-06 Discharge rate to normal place of residence (Stroke&FNOF)	L	60.7%	>62.1%	>62.1%	64.4%		65.2%
3-07 Friends & Family test score - InPatients	L	72.3	>73	>73	71.3		71.5
3-08 Friends & Family test score - A&E	L	47.6	>55	>55	43.7		46.9
3-09 Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	80.0		77.1
3-10 Follow-up complaints	L	144	14	136	9		25
3-11 Dementia screening (Composite Score)	N	96.7%	>90%	>90%	93.10%		91.7%
3-12 RTT - Admitted pathway	N	88.2%	>90%	>90%	83.9%		81.3%
3-13 RTT - Non-admitted pathway	N	97.3%	>95%	>95%	95.9%		96.03%
3-14 RTT - Incomplete pathways	N	96.9%	>92%	>92%	95.3%		94.58%

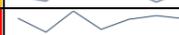
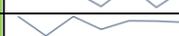
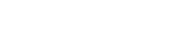
Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure		Outturn 13/14	Annual Target 14/15	May Actual	6-month trend	YTD 14/15
2-01 Establishment (WTE) *1	L	3,354	3,564	3,520		3,520
2-02 Establishment (£Pay) *1	L	£150,650k	£155,079k	£13,084k		£23,100k
2-03 Agency Staff spend as a percentage of total pay	L	8.0%	5.0%	7.6%		7.3%
2-04 Bank Staff spend as a percentage of total pay	L	6.1%	7.0%	6.4%		6.6%
2-05 Vacancy Rate (%) excluding headroom *Note 1	L	7.4%	9.0%	9.7%		9.6%
2-06 Staff turnover rate	L	14.6%	14.0%	14.3%		14.3%
2-07 Stability	L	87.7%	89.0%	88.5%		88.5%
2-08 Sickness absence	L	3.2%	3.0%	3.0%		3.0%
2-09 Staff Appraisals	L	86.4%	90.0%	78.4%		78.4%
2-10 Statutory and Mandatory Training	L	87.6%	90.0%	86%		85.8%
2-11 Friends and Family test score - staff		NEW	90.0%	Qtrly		Qtrly

Note 1 - from April 2014 Vacancy Percentage rate is adjusted to reflect posts within the nursing Headroom held for bank fill

4. Top productivity

Measure		Outturn 13/14	Annual Target 14/15	May Actual	6-month trend	YTD 14/15
4-01 Monitor Continuity of Service Risk Rating	N	3	3	3		3
4-02 Total income excluding interest (£000)	L	£245,687	£252,045	£20,757		£41,118
4-03 Total expenditure (£000)	L	£230,564	£235,130	£20,003		£39,741
4-04 EBITDA (£000)	L	£15,123	£16,915	£754		£1,377
4-05 CIP Savings achieved (£000)	L	£10,091	£14,902	£1,062		£1,930
4-06 CQUINs (£000)	L	£4,547	TBC	TBC		TBC
4-07 Month end cash balance (£000)	L	£11,065	£15,376	£7,795		£7,795
4-08 Capital Expenditure Purchased (£000)	L	£15,664	£12,415	£319		£674
4-09 Emergency threshold/readmissions penalties	L	£5,332	5,572	£623		1,232
4-10 Average LoS Elective	L	3.77	3.32	3.48		3.31
4-11 Average LoS Non-Elective	L	6.62	6.29	6.65		6.57
4-12 Outpatient First to Follow ups	L	1.57	1.49	1.60		1.62
4-13 Daycase Rate (whole Trust)	L	83.9%	>84%	83.5%		84.2%
4-14 Theatre Utilisation	L	72.67%	>76%	72.25%		72.5%
4-15 Overall Elective Market Share	L					
4-16 A&E Activity (Attendances)	L	92,215	<92,215	8,392		15988
4-17 Emergency Activity (Spells)	L	38,194	<38,194	3,265		6177
4-18 Elective Activity (Spells)	L	38,058	>38,058	3,239		6516
4-19 % Elective inpatient activity taking place at Ashford	L	48.3%	>57.53%	50.06%		45.48%
4-20 Outpatient Activity (New Attendances)	L	107,488	>107,488	7892		17730

Definitions

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> <p>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</p>
1-02	<p>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.</p> <p>The data source is CHKS. The monthly figure and YTD is reported one month in arrears.</p>
1-03	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*)
1-04	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 (Total Number)
1-09	Falls (Per 1000 Beddays)
1-10	Falls with harm (safety thermometer measure i.e. point prevalence)
1-11	Pressure Ulcers - total number of hospital acquired pressure ulcers (Per 1000 Beddays)
1-12	Pressure Ulcers (safety thermometer measure i.e. point prevalence)
1-13	Re-admissions within 30 days of first admission where the first admission was an emergency. CQUIN definition
1-14	WHO surgical checklist compliance; source of data is the theatres Qlikview dashboard, excluding radiology and general medicine (as these specialties have a 2 part checklist)
1-15	Stroke Patients (% admitted to stroke unit within 4 hours)
1-16	EDDs set within 14 hours of admission (CQUIN)
Quadrant 3	Indicator Definition
3-01	Trust 4Hr target (Monitor Compliance)
3-02	Number of patients who were admitted as a percentage of the total number of attendances at A&E
3-03	The total number of Serious Incidents requiring Investigation
3-04	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic
3-05	The percentage of patients who were transferred between wards, 3 or more times during their admission.
3-06	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-07	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?")
3-08	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?")
3-09	Friends & Family test score - Maternity (Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care)
3-10	The number of follow-up complaints received
3-11	Dementia screening (Composite Score based on the national return, combining the three questions about finding,)
3-12	RTT - Admitted pathway. Trust percentage compliance with the 18 weeks rules. 90% of Admitted patients should be seen within 18 weeks.
3-13	RTT - Non-admitted pathway. Trust percentage compliance with the 18 weeks rules. 95% of Non-Admitted patients should be seen within 18 weeks.
3-14	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incomplete pathways should be waiting less than 18 weeks.
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 first to follow-up appointments (Methodology excludes certain clinic codes in line with the contract)
4-13	Percentage of activity carried out as daycases of all elective activity.
4-14	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anaesthesia Induction) as % of available session time. Includes Bluespacer records with missing tracking times
4-15	Overall Elective Market Share
4-16	A&E Activity (Attendances)
4-17	Total number of Emergency Spells in the month
4-18	Total number of Elective (Inpatient & Daycase) Spells in the month
4-19	Percentage of elective Inpatient activity taken place at Ashford
4-20	Total number of Outpatient New attendances