TRUST BOARD
27 June 2019

AGENDA ITEM	16.2
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 SUBMITTED	
N/A	

STRATEGIC OBJECTIVE(S):

Quality Of Care	✓	
People	✓	
Modern Healthcare	✓	This paper measures achievement
Digital	✓	
Collaborate	✓	
EXECUTIVE SUMMARY		

The Balanced scorecard has been adjusted to reflect new measures commenced at the start of the financial year.

Three of 'Quality of care' KPIs were met and one was identified as having concerns.

Five 'People' KPIs were identified as having concerns and three were met

Five 'Modern healthcare' KPIs were identified as having concerns and three were met

Two "Digital" measures were identified as having concerns and two were met.

As at 31st May 2019 the Trust reported a YTD surplus of £0.1m against a plan of £0.5m resulting in a variance of £0.4m. This included a total of £1.0m of PSF and MRET funding YTD. The underlying position is considered to be adverse. This is mainly in pay and is a continuation of the acceleration of these costs in the latter part of 2018/19. At the present time the forecast has been held at the NHSI Control Total and

	plan level.
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(s)	David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Sue Tranka, Chief Nurse Simon Marshall, Director of Finance and information
DATE	21/06/2019
BOARD ACTION	Assurance

Balanced Scorecard

1.0   Introduction

The Trust has developed an updated strategy which was launched in May 2018. The revised strategy states that "Our vision is to provide an outstanding experience and the best outcome for patients and the team"

By achieving our aims every patient will say…

- *I was treated with compassion*
- *I was involved in a plan for my care which was understood and followed*
- *I was treated in a safe way, without delay*
- *And every member of our team was able to give their best and feel valued doing so.*

The Strategy sets out that ASPH will continue to be a vitally important centre for the delivery of urgent and emergency care supported by a breadth of critical care. We will seek to reinforce our position as the major emergency centre to the people of Surrey by developing the strength of our elective services to enable us to develop the critical mass of clinicians to offer specialist on-call rotas and out of hours provision that reinforces all care pathways.

Strategic objectives have been developed to support the delivery of the strategy which include:

Strategic Objective	Core Result
Quality of Care	Creating a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience
People	Being a great place to work and be a patient, where we listen, empower and value everyone
Modern Healthcare	Delivering the most effective and efficient treatment and care by standardising the delivery and outcomes of clinic services
Digital	Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients
Collaborate	Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve

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   Quality of Care

NHS classic safety thermometer harms are below the national average

The National Safety Thermometer 'classic' measurement tool combined harms percentage for pressure ulcers, falls, catheter-associated urinary tract infections (CAUTIs) and venous thromboembolism (VTE) was more favourable than the national average for both April and May. In May new pressure ulcers of 1.45% exceeded national average of 1.01% which was largely owing to 3 ulcers from Swan Ward. In May harms at a lower (more favourable) level than nationally were VTE, falls, and CAUTIs.

Complaints closed within the 25 working day timeline stood at 74% performance for May 19. This is a slight drop from the previous month's performance at 84%; however the complaints handling process is currently under significant review which will affect performance until processes are embedded. The aim is to meet 90% in Q2.

Pressure ulcer improvement interventions are Tissue Viability Team frontline training, refreshing the REACT to red campaign in wards, and a pictorial card to promote both prevention and early detection. A new Trust wide Falls Plan is under development for rollout in Q2. A CAUTI improvement programme is being worked-up to involve greater scrutiny around identifying the incidence of CAUTIs and promoting cross boundary working as many patients are both admitted and discharged with a long-term urinary catheter.

Quality measure for the medicines safety programme display favourably against target and trajectory is in direction of overall strategic aim. Since April 2019, 18 confirmed medications incidents with a description of harm have been reported (YTD target of 22 or fewer cases.

3.0   People

Establishment and Vacancies
There were 3420 staff in post on 31 May. The establishment has been reviewed and has increased by 39 posts to 3969 wte. The Trust vacancy rate has consequently increased to 12.7%. There were 41 (37.8 wte) starters and 43 (37.9 wte) leavers this month. Of the leavers, 6 retired, 3 left following the end of their fixed term contracts, 5 left for better reward packages, 8 relocated, 4 left to undertake further training, 4 left for work life balance, 1 left for health reasons and 12 left for Other reasons. Of the retirees, one has already returned to work with us via bank and others have given their intention to do so.

Bank and Agency
Total temporary spend was 17.9%, compared with 17.2% last month. Agency spend was 7.5% compared with bank spend of 10.3%.

The Executive Team has weekly oversight of all agency shift bookings by staff group and the Divisional Management Teams are provided weekly intelligence on the high use areas.

Turnover and Stability

Turnover methodology is based on the number of leavers against the average staff in post over the previous 12 months, and it excludes training doctors and other rotational posts. Employees TUPE'ing out are excluded from turnover calculations. The stability rate shows the percentage of staff at the start of a 12 month period that do not leave the specified group during the period in question and is useful for showing retention.

The total Trust turnover has reduced to 15.2%, the lowest reported rate since May 2015. Our staff retention strategies have included more internal promotions, promoting flexible working opportunities, and providing greater access to training and development via apprenticeships. These have clearly had a positive impact and we continue to work on retention as a key area, including a specific focus on our nursing staff groups.

Health & Wellbeing

The sickness rate is reported a month in arrears and was 2.7% for April 2019. The Women's Health and Paeds directorate had the highest rate at 3.77% followed by TASCC, reporting at 3.4%.

Appraisals

Appraisal compliance is stable at 72%, although this is a 3% reduction since the new policy was launched last summer. Managers are being supported to update their staff's appraisals via ESR manager's self-service, and appraisal training workshops continue to be well attended.

Mandatory Training

The current compliance rate is 81.1%. There has been a renewed focus on mandatory training and Streamlining work is underway across the Surrey Heartlands.

Friends and Family Test (FFT) and National Staff Survey

A new provider to run the Staff FFT is being procured. Action points from the Staff Survey project plan are regularly reviewed in divisional meetings.

3.0   Modern Healthcare

ASPH did not meet the four hour emergency access standard (86.2%) during May. This represents a slight improvement on last month. Attendances in May (at 9,493) were 5% higher than May 2018, with admissions being nearly the same, taking into account the change in counting methodologies between the two years.

When comparing the Trust including Ashford and Woking WiC (NHSI position), for May (Acute Type 1 Footprint), the Trust is positioned 58th of 119 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During May only 7 Trusts reported a compliant performance greater than 95%.

The Trust with support from the NHSE Emergency Care Intensive Support Team and NHSi Regional Urgent Care Support team are developing a re-focused overarching urgent care improvement plan. The plan has specific focus on the Emergency Department, hospital flow and discharge, operational grip, workforce, estates and out of hospital. The detail of the each stream is being worked through with opportunities being prioritised to ensure most gain in performance and quality is achieved. Through April-May there has been significant work on this programme including a dedicated Trust Executive Committee on urgent care improvement, half day workshop between NHSi local support team and ED consultants, and Divisional Director focus groups on specific urgent care pathways.

The Trust recorded a compliant 92.3% performance for RTT Incomplete Pathways, which was 0.6% above our agreed trajectory. The Trust remains significantly above the 86.5% national average reported for April 2019 (latest month reported on 13th June 19).

The Trust had to cancel 43 patients during May due to non-elective bed pressures. This was a significant increase compared to previous months due to a number of surges in non-elective demand during the month. As a consequence, the Trust has embedded a revised process to ensure patients are advised as early as possible if there is risk of theatre cancellation due to non-elective bed pressures.

The figures presented in the report reflect the £8.25m NHSI Control Total that was accepted by the Trust Board for 2019/20. This includes £8.25m of PSF and Marginal Rate Emergency Tariff (MRET) funding. PSF funding of £5.5m is earned based on financial performance, whilst MRET of £2.8m is fixed and automatically payable to the Trust on a quarterly basis.

As at 31st May 2019 the Trust reported a YTD surplus of £0.1m against a plan of £0.5m resulting in a variance of £0.4m. This included a total of £1.0m of PSF and MRET funding YTD.

When adjusted for non-control total items the Trust was below the YTD NHSI control total by £0.4m and, within this, the pre-PSF and MRET position was £0.4m behind plan.

The reported YTD variances are pay costs £0.2m adverse to budget, although month 1 benefitted by a higher budget set aside for Agenda for Change staff, non-pay budgets £0.3m overspent due to Drugs (£0.2m), Clinical Supplies (£0.1m) and Purchase of Healthcare (£0.1m) and operational income, pre-PSF, £0.2m ahead of plan. Below the line costs are £0.1m adverse to plan following a change in useful lives for buildings impacting depreciation.

The underlying position is considered to be adverse. This is mainly in pay and is a continuation of the acceleration of these costs in the latter part of 2018/19. At the present time the forecast has been held at the NHSI Control Total and plan level.

4.0   Digital

The Trust exceeded the e-Referrals Appointment Slot Issues (ASI's) in May with performance recorded at 6.9%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see significant volatility in demand due to patient choice. The Trust will be supporting a trial by NHS Digital called 'capacity alerts' which aims to reduce the volatility of referral demand across providers.

Letter transmission rates remain lower that we would like, though IP letters remain above the internal target the outpatient rate is below the target at 60.9%. We continue to work closely with local primary care to improve the speed and quality of documents. There is currently a particular issue with the quality of A&E discharge summaries which is being urgently reviewed.

5.0   Collaborate

Ambulance handover delays have risen, though in the last two months there has been a significant decline in the number of over 60 minute delays. These delays are related to patient flow issues within the A&E department and wider hospital. In May there were 101 ambulance handover delays.

As the Trust continues to experience high demand, additional preparations & planning took place for the May bank holiday weekends to help relieve pressure on staff and improve patient safety and experience. This enabled patients who were well enough to go home with additional support from colleagues from across our hospitals and the community to; (i) Help unblock delays, (ii) Increase morning discharges, (iii) Free up beds and increase flow.

Trust Balanced Scorecard - 2019/20

Ashford and St. Peter's Hospitals NHS Foundation Trust

Quality of Care
Creating a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience.

People
Being a great place to work and be a patient, where we listen, empower and value everyone.

Modern Healthcare
Delivering the most effective and efficient treatment and care by standardising the delivery and outcome of clinical services.
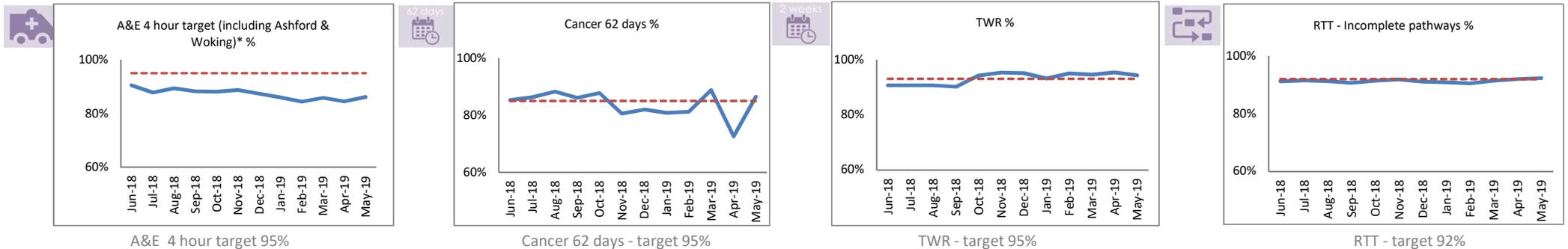
Digital
Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients.

Collaborate
Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve.

Key Trust Measures rolling 12 months

A&E 4 hour target (including Ashford & Woking)* %

A&E 4 hour target 95%

Cancer 62 days %

Cancer 62 days - target 95%

TWR %

TWR - target 95%

RTT - Incomplete pathways %

RTT - target 92%

Cancer waiting times targets achieved 8 out of 7

Appraisals 72% target 90%

Stat & Mand Training 81.1 % target 90%

Vacancy Rate 12.7%

A&E attendances 9456

Inpatients - Elective 3464 Emergency 2577

Outpatients 10167

MRSA 0 CDIFF 4

Harms (classic) 0

Financial Score rating

2

Trust Balanced Scorecard - 2019/20

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Measure	Outturn 18/19	Target 19/20	May-19	YTD 19/20	Data Quality
Quality of Care					
Number of medication errors with harm reported	158	132	8	18	
Number of surgical site infections (SSIs) reported		TBA	10	10	
Deaths considered more likely than not due to problems in care	2	0	0	0	
Safety thermometer harms	1.58%	2.25	1.86%	0	
% complaints response within 25 working days		95%	74%	79%	
People					
Vacancies (%)	11.7%	<10%	12.70%	12.70%	
Agency Use (WTE)	191	<183	237	230	
Agency % of Pay Bill	7.1%	<6.8%	7.50%	7.70%	
Bank Use (WTE)	296	>300	316	307	
Bank % of Pay Bill	9.7%	>10%	10.30%	9.90%	
Turnover (%)	15.9%	<15%	15.20%	15.50%	
Voluntary Turnover (%)	13.1%	<12%	12.50%	12.50%	
Stability of workforce (%)	86.1%	>88%	86.6%	86.6%	
Sickness (%)	2.9%	<3%	2.70%	2.70%	
Appraisal (%)	72.4%	>90%	72.0%	72.0%	
Mandatory Training (%)	85.4%	>90%	81.1%	81.1%	
Collaborate					
Delayed Discharges	2186		332	541	
Ambulance Handovers over 30 mins	2651		101	246	
Psych Liaison	73.8%		39.1%	39.0%	

Measure	Outturn 18/19	Target 19/20	May-19	YTD 19/20	Data Quality
Modern healthcare					
A&E 4 hour target (including Ashford & Woking)*	88.4%	>95%	86.1%	85.6%	
Emergency Conversion Rate	22.0%	<22.64%	21.7%	21.4%	
Average Bed Occupancy (exc escalation beds)	84.4%	<87.4%	91.9%	89.8%	
Patient Moves (ward changes >=3)	5.1%	<5.87%	8.0%	7.7%	
RTT - Incomplete pathways	91%	>92%	92.34%	92.2%	
Average LoS Elective	3.44	3.32	3.97	3.87	
Average LoS Non-Elective	6.27	6.13	6.78	6.61	
Theatre Utilisation	75.90%	>79%	77.0%	77.0%	
I&E	£40,202	£501	£91	£91	
CIPs	£9,338	£1,297	£1,170	£1,170	
Capital	£11,886	£2,151	£754	£754	
Cash Balance	£12,551	£44,278	£40,656	£40,656	
Distance from Plan	£2,125		-£387	-£387	
Digital					
Letter transmission IP % (24 hrs)	87.10%	>80%	85.3%	84.9%	
Letter transmission OP (10 days)	67.0%	>80%	60.9%	67.5%	
eRS ASI Rate	6.0%	4%	6.9%	6.1%	
SUS Data Quality Compliance **	91%		91%	91%	

Blue text = trend worsening
Purple text = trend improving
** Data for previous month reported this month

Please click the link for the definitions of the measures: DEFINITIONS *(Amendments to definitions are in red)*
Please click the link for the Data Quality Key: KEY

Data Quality

Visual indicator to acknowledge the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based.

Staff Training/Std Op Procedures	Timelines/Granularity/completeness	Clinical Input and validation in data capture	Reports are evaluated bu trust/ division/ specialt	Benchmarking Data utilised	Adequacy internal/External Audit
S	T	C	R	B	A

Sufficient	1
Insufficient	2
Not yet assessed	3