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

TRUST BOARD
28th May 2012

TITLE	**Trust Balanced Scorecard**
SUMMARY	This paper sets out the key indicators by which the Trust is measuring its performance within 2012/13. The key issues in the commentary reflect the underlying objectives of the Trust which are to improve the emergency care pathway and ensure that the financial plan is met. The A&E performance for April was below target overall, but in the last two weeks performance was above 95% and this has continued through May. The Trust was behind the financial plan by £229k by the end of month one mainly due to overspends on non-pay and temporary staffing.
BOARD ASSURANCE (Risk) / IMPLICATIONS	This paper highlights a number of risks and the management of these.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None identified
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
The Trust Board is asked to:	Note the report
Submitted by:	Simon Marshall, Director of Finance and Information
Date:	22nd May 2012
Decision:	For Noting

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Trust Balanced Scorecard - Commentary

The Trust's underlying internal objectives for 2012/13 are:

- Ensure the emergency pathway is improved to ensure an efficient flow of patients and as a result meets all national targets

- Ensure the financial plan is met.

Achievement against the scorecard is underpinned by these two key metrics.

During April ASPH achieved all the key monitor targets within the Compliance Framework with the exception of four hour emergency access standard. Whilst this was not achieved during April as a whole, significant progress was made with the last two weeks being above target. This above target performance has been sustained into May. If performance continues along this trajectory the Trust will deliver against this standard for Q1 as a whole. The Board should note that delivery against this target remains a key risk. The current progress will be sustained by continuing to implement the Emergency pathway recovery plan.

April has seen a significant effort by the senior clinical team in the Emergency Department (ED) to reinforce use of the ambulatory care pathways. The Clinical Lead in ED has undertaken audits of compliance and educated individual junior doctors where appropriate. Whilst we are below the internal target the Trust set itself, the use of the pathways has increased as a result.

The Trust continues to focus on reducing the Length of Stay (LoS). Phase 2 of the RealTime project began and LoS continues on its downward trend.

The work to reduce the Did Not Attend (DNA) rate is continuing through 2012/13 and the Trust has set a new objective to reduce the rate to less than 5%. In April the work to achieve the lower target continued and this is expected to be achieved over the year.

The contract with our commissioners was signed in April, with the exception of the small contract with specialised commissioning which represents less than 1% of our total income, though activity levels have been agreed. To date the detail of the CQUINs has not been agreed with the commissioners, because of the requirements of NHS South of England, which is being resolved. However the Trust has put in place a plan to achieve the CQUINs and the first key milestone is to deliver plans to the PCT by the end of June for which the Trust will earn £300k. During April this was on track to deliver. CQUIN delivery for the year end has been forecast at 75% achievement based on the previous year's performance.

Elective activity was above plan for both inpatient and day cases whilst emergency activity was lower than expected levels. This continues trends from the previous year. With new outpatients being higher than plan, total income was slightly ahead by £200k. This over recovery on income was offset by overspends on temporary staffing and non-pay, compounded by slow delivery on CIPs. By the end of month one the Trust was behind plan by £229k.

During April the establishment reduced by 33 WTE to 3286 by the 30th April. The forecast position remains on track with an expected net reduction to 3264 WTE by the year end.

Overall agency staff reduced by 8 WTE in April, though remains above target with medical agency remaining flat at 19 WTE from the previous month. Overall bank staff usage declined by 20 WTE and remains within target, whilst the overall vacancy rate increased to 10.7% which is just outside target, but reflects that posts are being held for the head count reduction programmes.

During April the rate of complaints was 0.44%. A detailed analysis across each ward and speciality was provided to the Divisions to enable targeted actions to address on-going issues. Further actions have been developed to address issues highlighted by the inpatient survey.

The Medical Director has continued to lead improvements in data quality and ensuing the tracking of clinical outcomes e.g. PROMs data, Dr Foster data, mortality reviews. These improvement streams will continue with a targeted focus on reported deaths in Urinary Tract Infection (UTI).

Mortality is demonstrated by the 3 metrics CMR, HSMR and SHMI. The CMR has fallen to the year average last year at 1.67%. The HSMR and SHMI are below 100 but the HSMR figure has not been rebenchmarked this year. We will be reconsidering the targets or these metrics over the next month. The palliative coding has now been resubmitted in line with the new guidelines but has not been uploaded to SUS. We have used a SHMI for hip fractures which remains excellent and we are also monitoring our mortality from patients with a primary diagnosis of UTI which has been highlighted as high by Dr Foster. Rather than an absolute rate we may revert to a SHMI figure for this metric.

The new Balanced Scorecard is also reviewing our efficiency in terms of multiple bed moves and bed occupancy. This is also considered in the strategy quadrant with the emergency flow metrics in terms of reduced external demand (3.01, 3.02, 3.03, 3.05), reducing demand by improving efficiency of care delivery (3.06, 3.07, 3.08, 3.09), and the effect of these demand management processes on the patient and staff experience (1.11, 1.12, 1.14, 3.04). The targets for these metrics require further refinement and will be undertaken over the next few months.

Trust Balanced Scorecard - April 2012

Ashford and St. Peter's Hospitals NHS
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1. To achieve the highest possible quality of care and treatment for our patients

	Patient Safety & Quality	Annual Target 12/13	Annual Forecast 12/13	April Actual	Performance			YTD 12/13
					Apr	May	June	
1-01	Summary Hospital-level Mortality Indicator (SHMI)*	<100	<100	95.7	-			95.7
1-02	HSMR*	<100	<100	98.8	-			98.8
1-03	Crude mortality (Excluding readmissions)	1.6	-	1.86%	-			1.86%
1-04	Mortality UTI as Primary Diagnosis (SHMI)*	<100	TBC	131.6%	-			131.6%
1-05	Mortality from Hip fractures (SHMI)*	<90	-	77.8	-			77.8
1-06	Stroke Patients (90% of stay on Stroke Unit)	80.0%	80.0%	82.9%	-			82.9%
1-07	VTE (hospital acquired with PE or DVT)	14	-	2	-			2
1-08	Serious Incidents Requiring Investigation (SIRI)	50	-	12				12
1-09	SIRI Grade 2 (proportion of total SIRI)	0.0%	-	25%	-			25%
1-10	Falls (Total Number)	462	-	41				41
1-11	Falls Rate - resulting in significant injury (grade 3)	<15	TBC	0	-			0
1-12	Average Bed Occupancy (inc escalation)	92.0%	TBC	90.3%	-			90.3%
1-13	Patient Moves (ward changes >=3)	<5%	5.0%	7.6%	-			7.6%
1-14	Patient Satisfaction (NetPromoter Score)	60%	-	57%	-			57%
1-15	Formal complaints (Total Number)	<500	-	34				34
1-16	Formal complaints (rate per discharge - IP only)	10% reduction	-	0.44%	-			0.44%

* These metrics are taken from Dr Foster and are reported 2 months in arrears (Currently Feb)

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

	Workforce	Annual Target 12/13	Annual Forecast 12/13	April Actual	Performance			YTD 12/13
					Apr	May	June	
2-01	Establishment (WTE)	3264	3264	3286	▲			3286
2-02	Establishment (£Pay)	£139,394k	£139,394k	£11,683k	▲			£11,683k
2-03	Establishment growth (WTE)	42	42	0	◄►			0
2-04	Establishment growth (£Pay)	£1,620k	£1,620k	0	-			0
2-05	Establishment Reduction (WTE)	97	97	33	▲			33
2-06	Establishment Reduction (£Pay)*	£2,902k	£2,902k	£348k	-			£348k
2-07	Agency Staff use (WTE)	<45	<45	65	▲			65
2-08	Agency Staff (Pay)	£5,047k	£5,047k	£499k	▲			£499k
2-09	Bank Staff use (WTE)	<280	<280	258	◄►			258
2-10	Bank Staff (Pay)	£10,937k	£10,937k	£890k	▲			£890k
2-11	Vacancy Rate (%)	<10%	<10%	10.7%	▼			10.7%
2-12	Staff turnover rate	<13%	<13%	13.6%	▲			13.6%
2-13	Stability	>85%	>85%	85.4%	▲			85.4%
2-14	Sickness absence	<3.0%	<3.0%	2.98%	▲			2.98%
2-15	Staff Appraisals	1	1	91.6%	▼			91.6%
2-16	Statutory and Mandatory Staff Training	1	1	79%	▲			79%

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

	Clinical Strategy	Annual Target 12/13	Annual Forecast 12/13	April Actual	Performance			YTD 12/13
					Apr	May	June	
3-01	Attendances at RAC	844	-	66	-			66
3-02	Admissions from Nursing Homes (emergency adm)	5.3%	-	5.59%	-			5.59%
3-03	Ambulance Conveyance Rate	TBC	TBC	TBC	-			TBC
3-04	Trust 4Hr Target	95.0%	95.0%	93.1%	-			93.1%
3-05	Emergency Conversion Rate	23.8%	-	23.5%	-			23.5%
3-06	Ambulatory Care Pathways	30.0%	TBC	24%	-			24%
3-07	Readmissions within 30 days - Elective	TBC	TBC	3.62%	-			3.62%
3-08	Readmissions within 30 days - Emergency	TBC	TBC	14.40%	-			14.40%
3-09	Discharge Rate at weekends	28.6%	-	16.4%	-			16.4%
3-10	Day Surgery Rate (BADS procedures)	85%	85%	84.5%	-			84.5%
3-11	Overall Elective Market Share	>26%	-	25%	-			25%
3-12	Overall Elective Market Share (Bariatric)	14%	-	21.1%	-			21.1%
3-13	Overall Elective Market Share (Vascular)	35%	-	43.1%	-			43.1%
3-14	R&D	TBC	TBC	TBC	-			TBC
3-15	Elective Activity (Spells)	34,417	-	2697	-			2697
3-16	Emergency Activity (Spells)	37,644	-	3048	-			3048
3-17	Outpatient Activity (Attendances)	355,914	-	27,295	-			27,295

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

	Finance & Efficiency	Annual Target 12/13	Annual Forecast 12/13	April Actual	Performance			YTD 12/13
					Apr	May	June	
4-01	Monitor Financial Risk Rating	3	3	2	-			2
4-02	Total income excluding interest (£000)	£227,107	£227,107	£18,281	-			£18,281
4-03	EBITDA actual (£000)	£17,020	£17,020	£859	-			£859
4-04	I&E net operational surplus (£000)	£3,300	£3,300	-£207	-			-£207
4-05	CIP Savings achieved (£000)	£12,000	£11,453	£1,244	-			£1,244
4-06	CQUINs	£4,236	£3,750	£313	-			£313
4-07	Month end cash balance (£000)	£12,560	£12,560	£16,816	-			£16,816
4-08	Capital Expenditure Purchased (£000)	£11,748	£11,748	£140	-			£140
4-09	Contract Penalties	£0	£200k	£18k	-			£18k
4-10	Business Rules (2 month in arrears)	£2m	£1.5m	n/a	-			n/a
4-11	Readmission Costs	£3.7m	£3.7m	n/a	-			n/a
4-12	Average LoS Elective	TBC	-	2.8	-			2.8
4-13	Average LoS Non-Elective	TBC	-	5.36	-			5.36
4-14	Outpatients DNA	<=6%	-	7.30	-			7.30
4-15	Daycase Rate (whole Trust)	84%	-	81.8%	-			81.8%
4-16	Theatre Utilisation	>=85%	-	82.30%	-			82.30%

Delivering or exceeding Target		Improvement on previous Month	▲
Underachieving Target		No change to previous month	◄►
Failing Target		Deterioration on previous month	▼

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Prepared by Information Services
Data Provided by: Information Services, Finance, Workforce Quality

Balanced Scorecard - April 2012
Definitions

Quadrant 1	Indicator Definition
1-01	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, Charlson 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.
1-02	The HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in casemix. The ratio is of observed to expected deaths (multiplied conventionally by 100). Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. For all of the 56 diagnosis groups, the observed deaths are the number that have occurred following admission in each NHS Trust during the specified time period. The expected number of deaths in each analysis is the sum of the estimated risks of death for every patient.
1-03	The total number of deaths against the total number of patients discharged in the month. (A patient will only be counted once)
1-04	Mortality where the primary diagnosis was UTI (From Dr Foster)
1-05	Mortality from Hip Fractures (SHMI)
1-06	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
1-07	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-08	The total number of Serious Incidents requiring Investigation
1-09	The proportion of Grade 2 incidents against the total number of incidents.
1-10	The total number of Falls
1-11	Percentage of Falls that were Grade 3 of the total number of falls
1-12	Average number of beds available (including escalation beds) in the month against the average number of beds occupied.
1-13	The percentage of patients who were transferred between wards 3 or more times during their admission.
1-14	Patent Satisfaction - Net Promoter
1-15	The total number of formal complaints received
1-16	Proportion of formal complaints received (for inpatients only) against the number of discharges.

Quadrant 3	Indicator Definition
3-01	Number of attendances at Rapid Access Clinics
3-02	Proportion of patients who were admitted to the Trust as an emergency from a Nursing Home or Residential Care from the total number of emergency admissions
3-03	Ambulance Conveyance rate - Currently not available
3-04	Number of attendances at A&E discharged within 4 hours
3-05	Percentage of patients who were admitted of the total number of attendances at A&E
3-06	Ambulatory Care Pathways
3-07	Re-admissions within 30 days of first admission where the first admission was an Elective.
3-08	Re-admissions within 30 days of first admission where the first admission was an Emergency.
3-09	Proportion of patients who were discharged on the weekend from the total number of discharges.
3-10	Number of procedures done as day surgery as per the recommended listing of the British Association of Day Surgery (BADS)
3-11	Overall Elective Market Share - Surrey PCT All specialties for Surrey PCT
3-12	Overall Elective Market Share for Bariatric activity (Using Dr Foster) Bariatric procedure codes, PCTs included Surrey, Hounslow, Berkshire East)
3-13	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 Surrey PCT Excludes Royal Marsden activity
3-14	Total number of Elective (Inpatient & Daycase) Spells in the month
3-15	Total number of Emergency Spells in the month
3-16	Total number of Outpatient attendances in the month. Includes First, Follow Up and Procedures.

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