

28th May 2015

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>The Trust continues to report good Friends and Family Test results for its inpatient and maternity services, with improving results in A&E though this remains an area of key focus.</p> <p>Overall results are positive, there remains a number of challenging national targets e.g. A&E, 18 weeks, cancer etc.</p> <p>In summary the Trust reported an in-month deficit of £0.5m which was £43k behind budget.</p> <p>The Continuity of Services Risk Rating for April 2015 is a 3. This is expected to drop to a 2 during the quarter as there are expected lease capital repayments to make in May and June</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:	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
Date:	28 May 2015
Decision:	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 April was 65, with the rolling twelve month position remaining at 58, 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 April was 113, which is well above our target rate of 86.

There were 8 cases of cardiac arrests in non-critical care areas in April. This is a new measure for this year and the target is yet to be established.

37.5% of stroke patients in April reached the stroke ward within 4 hours of being admitted to the hospital, which is a collapse in performance from previous levels. This is significantly lower than expected with the redesign of the stroke pathway. The poor performance can be directly attributed to the unavailability of ring fenced beds for the stroke pathway. Ring fencing has been broken to facilitate the emergency care pathway and meet the higher than expected demand for medical emergencies.

Readmissions were at 12.4%. 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 April was 47, with 0.19% patients suffering harm as measured by the safety thermometer.

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

While Pressure Ulcers (per 1000 bed days) at 2.09 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 (92.5%) during April, 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 is being 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. Therefore whilst the Trust just missed one of the targets in April this target remains a focus for the Trust.

The Friends and Family Test score for inpatient's in April was 96.7%, and is above our target of 95 following several months of improvement. The score for A&E is at 84.7%. The scores have changed significantly from the 14/15 reported percentages. The measurement has changed from a net promoter score to a satisfaction scoring.

Follow-up complaints were at 2 in April and now are within the targeted level. Following a formal contract notice from the CCG our response times to complaints has significant improved though it has slipped back to less than ideal levels in April.

4.0 Skilled, motivated workforce

At the 30th April 2015 the workforce establishment increased to 3720 WTE, reflecting the start of year increase in the budgeted establishment. The addition of 132 WTE has increased the vacancy rate to 10.7% until such posts are filled.

Agency expenditure as a percentage of the pay bill decreased to 9.3% in April, the 2015/16 target is to restrict spend to below 7%. In April the total agency use for the Trust remained the same with:

- Nursing use increasing by 2.8 WTE and
- Medical locum use reducing by 2.6 WTE on the previous month.

In Quarter 1 2015/16 the Trust is implementing two new software systems, one will manage bookings and timesheets and one will enable the trust to benefit from the HMRC VAT savings model. Bank expenditure decreased to 7.2% of the pay bill. The target for 2015/16 which is linked to the reducing agency spend and has been set at 7%.

This month turnover increased to 14.5%, slightly above the outturn for last year and the target for 2015/16. The number of leavers this month decreased from 53 in March to 38 in April, with 4 retirements, 1 death in service, 2 end of fixed term contracts and 31 voluntary resignations, of these:

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

Stability (percentage of the workforce with more than one year's service) increased from 88.4% to 89.1%, achieving the new 2015/16 target. The sickness rate increased to 2.8% still achieving the 2015/16 target.

The number of staff recorded as having an appraisal within the past year decreased to 63.4%, 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 figures shows the effect of recalculating the metric to allow for appraisals following the implementation of new appraisal policy and process would increase the KPI to 81.0% for appraisals.

Mandatory training compliance decreased to 80.9%, below the Trust target.

The survey results 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

In summary the Trust reported an in-month deficit of £0.5m which was £43k behind budget. The main points are as follows: -

- Income from activities is over-achieved by £425k (subject to the comments below);
- activity income is being reviewed as, whilst the actuals have been prepared on the usual basis, it is possible that not all contractual changes have been fully reflected. In addition detailed plans have not yet been agreed with commissioners so the budget is a best estimate for month 1. Adjustments will be made in months 2 and 3 as these are agreed; and
- other income streams are slightly behind budget and are being followed up.

Pay is overspent by £571k with the main areas being Medicine & Emergency Services (MES) £329k and Theatres, Anaesthetics and Critical Care (TASCC) £199k. The over spend is currently estimated to be analysed between sickness/maternity leave £247k, unfunded posts £236k and activity £210k, offset by vacancies of £122k (net of temporary staffing); and temporary staffing costs continue at the levels seen over the last few months as set out in summary below.

Total non-pay expenditure is £126k below budget. Within that drugs expenditure is £147k above budget, compensated by higher recovery of income on excluded drugs.

The Continuity of Services Risk Rating for April 2015 is a 3. This is expected to drop to a 2 during the quarter as there are expected lease capital repayments to make in May and June

CIP are £167k (13%) behind plan at month 1, with the current forecast for delivery of £11,399k (84.2%) of the total CIP plan of £13,544k. Detailed CIP review meetings commence with Divisions on 20th May 2015.

Trust Balanced Scorecard - 2015/16

1. Best outcomes

Measure		Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
1-01 In-hospital SHMI	N	58	<72	<72	65		58
1-02 RAMI	N	60	<70	<70	56		60
1-03 In-hospital deaths	L	1111	86	<1033	113		113
1-04 Proportion of mortality reviews	L	38%	<90%	<90%	58%		58%
1-05 Number of cardiac arrests not in critical care areas	L	72	-	-	8		8
1-06 MRSA (Hospital only)	N	1	0	0	0		0
1-07 C.Diff (Hospital only)	N	18	1.4	17	1		1
1-08 Falls (Total Number)	L	638	51	606	47		47
1-09 Falls (Per 1000 Beddays)	L	3.29	3.00	3.00	2.98		2.98
1-10 Falls with harm (safety thermometer measure)	N	0.57%	0.50%	0.50%	0.19%		0.19%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	2.03	1.19	1.19	2.09		2.09
1-12 Pressure Ulcers (safety thermometer measure)	N	0.99%	0.95%	<0.95%	0.77%		0.77%
1-13 Readmissions within 30 days - emergency only	N	12.6%	12.2%	12.2%	12.4%		12.4%
1-14 WHO surgical safety checklist compliance	L	96.9%	98.0%	98.0%	97.9%		97.9%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.8%	90.0%	90%	37.5%		37.5%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	58%	90.0%	90%	91%		91%

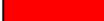
2. Skilled, motivated workforce

Measure		Outturn 14/15	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
2-01 Establishment (WTE)	L	3588	3,674	3720		3720
2-02 Establishment (£ Pay)	L	£161,791k	£162,674k	£14,266k		£14,266k
2-03 Agency Staff Spend as a Percentage of Total Pay	L	7.9%	<7%	9.3%		9.3%
2-04 Bank Staff Spend as a Percentage of Total Pay	L	6.9%	<7%	7.2%		7.2%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	L	7.1%	<8%	10.7%		10.7%
2-06 Staff turnover rate	L	14.4%	<14%	14.5%		14.5%
2-07 Stability	L	88.4%	>88%	89.1%		89.1%
2-08 Sickness absence	L	2.9%	<3%	2.8%		2.8%
2-09 Staff Appraisals	L	64.3%	>90%	63.4%		63.4%
2-10 Statutory and Mandatory Training	L	81.8%	>90%	80.9%		80.9%
Q4 14/15						
2-11 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/ likely %)						83%:5%
2-12 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/ likely %)						73%:15%

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

3. Excellent experience

Measure		Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
3-03 Serious Incidents Requiring Investigation (SIRI)	L	114	N/A	N/A	14		14
3-07 Friends & Family Satisfaction Score - InPatients (incl Daycases)	L	93.9%	95%	95%	96.7%		96.7%
3-08 Friends & Family Satisfaction Score - A&E	L	83.6%	87%	87%	84.7%		84.7%
3-09 Friends & Family Satisfaction Score - Maternity (Composite Score)	L	95.8%	TBC	TBC	96.6%		96.6%
3-09a Friends & Family Satisfaction Score - Outpatients		NEW	TBC	TBC	92.2%		92.2%
3-10 Follow-up complaints	L	85	7	81	2		2
3-11 Dementia screening (Composite Score)	N	96.6%	>90%	>90%	97.67%		97.7%

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

4. Top productivity

Measure		Outturn 14/15	Annual Target 15/16	Apr Actual	6-month trend	YTD 15/16
4-03 Total expenditure (£000)	L	£247,125	£242,606	£20,826		£20,826
4-07 Month end cash balance (£000)	L	£10,465	£8,714	£8,232		£8,232
4-08 Capital Expenditure Purchased (£000)	L	£10,976	£10,247	£206		£206
4-09 Emergency threshold/readmissions penalties	L	£7,341	TBC	TBC		TBC
4-10 Average LoS Elective (RealTime)	L	3.41	3.32	3.41		3.41
4-11 Average LoS Non-Elective (RealTime)	L	6.82	6.13	7.25		7.25
4-12 Outpatient First to Follow ups	L	1.38	1.31	1.41		1.41
4-16 Emergency Activity (Spells)	L	38114		3178		3178
4-17 Elective Activity (Spells)	L	35667		2902		2902
4-18 % Elective inpatient activity taking place at Ashford	L	55.62%	>57.53%	55.43%		55.43%
4-19 Outpatient Activity (New Attendances)	L	110830		9303		9303

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 (Uses a previous CQUIN definition i.e. 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 (NB now includes radiology which has 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 Satisfaction (Recommend) rate 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?" Now includes Daycase Activity)
3-08	Friends and Family Satisfaction (Recommend) Rate 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 and Family Satisfaction (Recommend) Rate for Maternity (Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care)
3-09a	Friends and Family Satisfaction (Recommend) Rate for Outpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3-11	Dementia screening (Composite Score based on the national return, combining the two questions)
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/well babies)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
4-12	Outpatient first to follow-up appointments (Methodology excludes certain clinic codes in line with the contract)
4-13	* In-hospital SHMI currently unavailable through CHKS due to a technical error
4-14	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anaesthetic Induction) as % of available session time. Includes Bluespier records with missing tracking times
4-15	A&E Activity (Attendances)
4-16	Total number of Emergency Spells in the month
4-18	Percentage of elective Inpatient activity taken place at Ashford
4-19	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPCL and OPFAMPCL) NB: This does not include direct access or POC