TRUST BOARD

28 September 2017

AGENDA ITEM NUMBER	6.2
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 VIEWED

N/A

STRATEGIC OBJECTIVE(S): *Tick any box below which is relevant and follow with a word or two of explanation as necessary.*

Best outcomes	✓	
Excellent experience	✓	This paper measures achievement
Skilled & motivated teams	✓	
Top productivity	✓	

EXECUTIVE SUMMARY	
	Four of best outcome KPI's were identified as having concerns and five were met

Three of the Excellent Experience KPI's were identified as having concerns and ten were met.

Three of the Workforce KPI's were identified as having concerns and four were met

The Trust reported an in-month loss of £1.2m against a planned surplus of £1.3m resulting in a £2.5m adverse in-month variance. The year to date position was £3.2m behind plan (last month was £0.8m behind plan) with a £0.9m surplus against a planned surplus of £4.1m. This delivered a UOR score of 3 compared to plan of 1. The Trust is unlikely to meet its quarter 2 NHSI control total, and therefore it has not accrued the full amount of STF funding. |
| **RECOMMENDATION:** | Note and make recommendations on remedial actions where required |

SPECIFIC ISSUES CHECKLIST: *Please provide a word or two of explanation on the risks which apply to this paper and link to the Board Assurance Framework if applicable.*

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	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	20/09/2017
BOARD ACTION	Assurance

Balanced Scorecard

1.0   Introduction

The Trust is currently considering its strategy following the decision not to merge with the Royal Surrey County Hospital FT. A revised strategy which will be developed by the autumn 2017. The current intention is to develop a strategy around the IHI triple aim vision.

> *In 3 years' time every patient will say…*
>
> ✚ *I was treated with compassion*
>
> ✚ *We developed a plan for my care together, which was understood and followed*
>
> ✚ *My care was provided in a safe way, without delay*
>
> *…by everyone, all of the time.*

Strategic actions will be developed to support this vision which will include the aim to ensure a clinically and financially sustainable organisation which is internally efficient and externally collaborative.

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   Best Outcomes

The SHMI mortality ratio for August was 60.8, which represents a significant decline from the previous increases. The current rate is now lower than the 16/17 average of 70. The actual number of deaths in August was 92, which continues the lower recent trend which is expected over the spring and summer months.

There were 2 cases of a cardiac arrest in non-critical care areas in August. Over the past few months the trend has changed to a flat level at low levels of incidents from the previous labile profile. The aim is to have zero.

57.1% of stroke patients admitted in August reached the stroke ward within 4 hours of being admitted to the hospital based on discharged patients and is the primary stroke indicator which the Trust struggles to achieve. This is due to a variety of issues including ring fencing of beds and the overall pathway from A&E to the ward. Overall the stroke service is rated as an "A" unit in the national stroke audit.

Readmissions were at 14.8%. Readmissions continue to run at a higher rate than in the previous year.

The number of falls in August per 1000 bed days was 1.93. Whilst in previous months the trend looked stable there are now indications that this is a variable indicator.

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

Pressure Ulcers (per 1000 bed days) at 1.72 is below the target rate of 1.98. The quality department is implementing an action plan to support a reduction in the number of ulcers. The recent focus has been on preventing ulcers on the heal as this has been a particular area of increase. This work is showing a positive outcome as pressure ulcers continue to decline.

3.0   Excellent Experience

ASPH did not meet the four hour emergency access standard (92.2%) during August. However this represents a significant improvement and is at a level which helps secure the STF funding.

The Trust did meet the 18 week target at Trust level, (Incomplete 92.8%).

The Friends and Family Test score for inpatients' in August was 96.0%, and is above the target of 95% following several months of improvement. The score for A&E is at 79.7% which is a decline on the recent excellent performance.

The follow-up complaints rate in August was 8.0% which represents a significant decline and a positive outcome.

7 out of 7 cancer waiting times targets were met which is a good improvement on previous months.

4.0   Skilled, motivated workforce

Establishment and Vacancies

The budgeted establishment fell slightly this month following the planned removal of some posts including some from medical records. The vacancy rate has therefore decreased and stands at 13%, which is an improvement of 0.4% from the previous month.

Bank and Agency

Bank spend as a percentage of total pay was 8.2% this month, whilst agency spend dropped to 5.6% from a high of 6.2% in June. Average bank spend for the year to date is 7.9%, slightly above the target of <7.7%.

The Trust went live with a new medical agency bookings system in May 2017 and this has been followed up with the implementation of a medical AHP bookings system in August 2017. This has created more transparency and improved recording and reporting of AHP agency usage.

A medical workforce rostering system will be implemented with the pilot planned to go live in December 2017.

Turnover and Stability
Turnover 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.

The turnover for the rolling year is currently 16.4%, an improvement of 0.2% from the previous month and 0.3% from the beginning of the financial year. The voluntary turnover figure is 13.0%. Clinical services have the highest turnover at 21.9%. This group includes Healthcare Assistants and unregistered clinical support workers.

The Trust has launched a programme of work aimed at improving retention of Nurses, Midwives and HCAs, and understanding turnover which is particularly high within this staff group (17% at the time of benchmarking) compared to peer Trusts. Half of the leavers in the last 12 months had less than 2 years' service. Focus groups and questionnaires have been used to obtain staff feedback across departments and a Quality Improvement approach is being used to understand the issues and implement solutions. The Trust is part of an NHS Improvement cohort addressing nursing retention and a recent visit from the NHSI team gave positive feedback on the QI approach being taken to understand the issues.

Sickness
The sickness rate is reported a month in arrears, and was 2.8% for July 17. The cumulative 12 month sickness was 2.98%. Women's Health and Paeds tends to be the directorate with the highest overall sickness rate (3.9% in July 17) whilst unregistered clinical support staff report the highest sickness figures.

Appraisals
The overall appraisal rate is currently 74.7%, falling from 75.9% in July. This can be partially attributed to a seasonal variation, and is indicating a similar trend to 16/17 figures.

Mandatory Training
The compliance rate has fallen slightly to 80.1%. The August report was postponed in order to enable the necessary updates to be made on the HR system following the ratification of the new compliance matrix. Staff will be sent letters with their personalised training requirements as soon as all the amendments have been made.

FFT
The quarter 2 results are currently being finalised. There is no FFT in the autumn as the National Staff Survey encompasses the FFT questions. We are carrying out an all staff survey and this will be distributed via a mix of paper and email surveys in early October.

5.0   Top productivity
The Trust reported an in-month loss of £1.2m against a planned surplus of £1.3m resulting in a £2.5m adverse in-month variance. The year to date position was £3.2m behind plan (last

month was £0.8m behind plan) with a £0.9m surplus against a planned surplus of £4.1m. This delivered a UOR score of 3 compared to plan of 1. The Trust is unlikely to meet its quarter 2 NHSI control total, and therefore it has not accrued the full amount of STF funding.

The main reasons for the YTD variances are (i) pay costs £0.7m below budget with lower agency costs arising within A&E and elsewhere, (ii) non-pay £0.9m above budget mainly in drugs, work sent out and premises costs and (iii) income £2.9m behind budget YTD, mainly due to activity income, private patients, revenue generation and STF, the latter £1.0m. CIP's came in at £0.2m behind plan at £3.7m.

Cash balances were £3m below plan in August. There is slippage in the capital programme, however this is offset by over-performance relating to 2016/17 remaining unpaid (mainly from NHS England c£2.2m) and £2.3m due from NWS CCG for one month of the MSK contract.

At present the end of year forecast has been held at the plan of £13.4m in line with NHSI guidance, which will deliver a UOR of 1. The CIP programme, is currently forecasting a full year shortfall of £0.3m. Given the August results there are a number of significant risks to the delivery of the forecast. An action plan is being developed for a Board discussion on the forecast position.

Activity in SLAM was 5% lower than the same period last year (last month was 5% lower), with A&E 1% higher than last year, outpatients 6% lower, Elective 11% lower and day cases in line with last year. Emergency activity was also in line with last year.

Activity including iMSK and excluding "Other" is 4% below plan (LM was 3% behind).

Trust Balanced Scorecard - 2017/18

Ashford and St. Peter's Hospitals NHS Foundation Trust

1. Best outcomes

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Aug 17 Actual	6-month trend	YTD 17/18
1-01 In-hospital SHMI	70	<72	<72	60.8		67.0
1-02 RAMI	69	<70	<70	47.7		65.47
1-03 In-hospital deaths	30	90	<1082	92		465
1-04 Proportion of mortality reviews*	0%	>90%	>90%	63.5%		56.4%
1-05 Number of cardiac arrests not in critical care areas	62	-	-	2		15
1-06 MRSA (Hospital only)	0	0	0	0		0
1-07 C.Diff (Hospital only)	20	1	17	1		8
1-08 Falls (Per 1000 Beddays)	2.36	2.46	2.46	1.93		2.52
1-09 Pressure Ulcers (Per 1000 Beddays)	2.24	1.98	1.98	1.72		1.68
1-10 Readmissions within 30 days - emergency only	14.1%	12.5%	12.5%	14.8%		14.7%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	58.3%	90.0%	90%	57.1%		58.8%
1-12 Medication errors - rate per 1000 bed days	3.0			3.24		2.90
1-13 Sepsis Screening audits undertaken *	89%	80%**		Quarterly Measure		92.0%
1-14 Sepsis Antibiotic Administration Audits undertaken *	79%	80%**				68.0%

* - 2016/17 Sepsis results for ED only (2016/17 Quarter 2 onwards) Position amended after submission to Unify reporting 77%

** - 2016/17 Q2 Quarterly target 80% (2016/17 Q1 Quarterly target 90%)

2. Skilled, motivated workforce

Measure	Outturn 16/17	Annual Target 17/18	Aug 17 Actual	6-month trend	YTD 17/18
2-01 Establishment (WTE)	3791	3,874	3928		3928
2-02 Establishment (£ Pay)	177198	182045	£ 15,020		£ 74,961
2-03 Agency Staff Spend as a Percentage of Total Pay	8.2%	6.3%	5.6%		5.7%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7.7%	8.2%		7.9%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	10.9%	<10%	13.0%		13.0%
2-06 Staff turnover rate	16.9%	<15.5%	16.4%		16.4%
2-07 Voluntary turnover rate (NEW)	13.0%	<12%	13.0%		13.0%
2-08 Stability	87.1%	>88%	86.1%		86.1%
2-09 Sickness absence	3.0%	<3.0%	2.8%		2.8%
2-10 Staff Appraisals	75.0%	>90%	74.7%		74.7%
2-11 Statutory and Mandatory Training	82.3%	>90%	80.1%		80.1%
2-12 F&F Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	77.4%		Quarterly Measure		
2-13 F&F Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	68.4%				

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

3. Excellent experience

Measure	Outturn 16/17	Monthly Target 17/18	Annual Target 17/18	Aug 17 Actual	6-month trend	YTD 17/18
3-01 A&E 4 hour target (including Ashford)	90.6%	>95%	>95%	92.2%		91.3%
3-02 Emergency Conversion Rate	23.8%	<22.64%	<22.64%	23.4%		24.4%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	9	N/A	N/A	6		6
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	104	N/A	N/A	8		41
3-05 Average Bed Occupancy (exc escalation beds)	86.6%	<92%	<92%	79.6%		82.9%
3-06 Patient Moves (ward changes >=3) **	8.0%	<6.18%	<6.18%	5.4%		4.3%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	55.1%	>62.1%	>62.1%	69.3%		63.2%
3-08 Friends & Family Satisfaction Score - InPatients (incld Daycases)	94.9%	95%	95%	96.0%		96.5%
3-09 Friends & Family Satisfaction Score - A&E (incld Paeds)	86.4%	87%	87%	79.7%		83.1%
3-10 Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.8%	97%	97%	78.5%		84.7%
3-11 Friends & Family Satisfaction Score - Outpatients	1.0	92%	92%	94.9%		95.3%
3-12 Complaints - FollowUp Rate	6.5%	<10%	<10%	8.0%		6.9%
3-13 Dementia screening - Asked case finding question within 72 hrs of adm	42.8%	90%	90%	39.8%		36.9%
3-13a Dementia screening - Scored positively to case finding question	99.4%	90%	90%	100.0%		99.1%
3-13b Dementia screening - Diagnostic Assessment	96.0%	90%	90%	100.0%		100.0%
3-14 RTT - Admitted pathway (Unadjusted)	61.2%	>90%	>90%	54.4%		53.3%
3-15 RTT - Non-admitted pathway	93.13%	>95%	>95%	92.7%		93.2%
3-16 RTT - Incomplete pathways	93.21%	>92%	>92%	92.8%		93.1%
3-17 Cancer waiting times targets achieved	6 out of 7	7 out of 7	7 out of 7	4 out of 7		4 out of 7

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

4. Top productivity

Measure	Outturn 16/17	Annual Target 17/18	Aug 17 Actual	6-month trend	YTD 17/18
4-01 Use of Resources Score (UOR) Excl STF	2	1	3		3
4-02 Total income excluding interest (£000)	£288,082	£300,360	£23,011		£120,728
4-03 Total expenditure (£000)	£268,042	£273,074	£23,100		£114,226
4-04 EBITDA (£000)	£20,040	£27,287	(£89)		£6,502
4-05 Month end cash balance (£000)	£10,459	£22,788	£9,490		£9,490
4-06 Capital Expenditure Purchased (£000)	£8,777	£8,712	£544		£2,647
4-07 CIP Savings achieved (£000)	£10,313	£10,541	£660		£3,734
4-08 STF Funding within income £000	£6,265	£7,672	(£512)		£1,151
4-09 CQUINs (£000)	£3,565	TBC	(£14)		£1,442
4-10 Joint Delivery Plan with CCG (Income Only)	£3,300	£8,000	£482		£2,242
4-11 Average LoS Elective (RealTime)	3.75	3.32	3.70		3.58
4-12 Average LoS Non-Elective (RealTime)	6.38	6.13	5.90		6.01
4-13 Outpatient First to Follow ups	1.30	1.31	1.25		1.25
4-14 Daycase Rate (whole Trust)	84.0%	>84%	82.9%		85.5%
4-15 Theatre Utilisation	72.8%	>79%	74.3%		74.6%
4-16 A&E Activity (Attendances)	99584	100,830	8197		41986
4-17 Emergency Activity (Spells)	39390	38,473	4706		23814
4-18 Elective Activity (Spells)	37227	37,090	3045		15172
4-19 % Elective inpatient activity taking place at Ashford	53.46%	>57.53%	53.2%		53.0%
4-20 Outpatient Activity (New Attendances)	124972	111,929	9750		50082

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

Trust Balanced Scorecard 2017/18

Definitions

Quadrant 1	Indicator Definition
1-01	IN-HOSPITAL SHMI - 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, Charleston 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. 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
1-02	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. The data source is CHKS. The monthly figure and YTD is reported one month in arrears.
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 not 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 (Per 1000 Beddays)
1-09	Pressure Ulcers - total number of hospital acquired pressure ulcers (Per 1000 Beddays)
1-10	Re-admissions within 30 days of first admission where the first admission was an emergency. CQUIN definition
1-11	Stroke Patients (% admitted to stroke unit within 4 hours)
1-12	Medications Errors - Administration& Prescribing (Per 1000 Beddays)
1-13	The percentage of patients who met the criteria of the local protocol for sepsis screening and were screened for sepsis and for whom sepsis screening is appropriate.
1-14	The percentage of patients who present with severe sepsis, Red Flag Sepsis or septic shock to emergency departments and other units that directly admit emergencies, and were administered intravenous antibiotics within 1 hour of ARRIVAL.

Quadrant 2	Indicator Definition
2-01	Establishment is the pay budget of the Trust, described in numbers of posts (WTE). Whole Time Equivalent is the method of counting staff or posts to reflect the contracted hours of staff against the standard full-time hours e.g. a full-time worker is 1.0 WTE and a member of staff who works half the full time hours would be 0.5 WTE
2-02	Pay bill for staff employed (£k)
2-03	Agency WTE is reported from Healthroster for all staff groups. Agency % is reported as the expenditure on agency as a % of the total paybill including permanent, bank and agenc
2-04	Bank WTE is reported from Healthroster for all staff groups. Bank % is reported as the expenditure on Bank as a % of the total paybill including permanent, bank and agenc
2-05	The vacancy factor is the difference between the number of substantively employed staff and the budgeted establishment, measured in WTE or reported as a percentage of establishment
2-06	Turnover is cumulative, and is the number of staff (headcount) leaving in last 12 months divided by the average number of staff in post now and 12 months previously, as a percentage. Doctors in training are excluded from the figures as this is planned rotation.
2-07	Vancancy Turnover Rate
2-08	Stability is the number of staff (headcount) with more than one year's service, divided by the current number of staff in post, as a percentage
2-09	Sickness is the number of WTE days lost due to sickness divided by the number of WTE days available, as a percentage for the period
2-10	Staff Appraisals
2-11	Mandatory Training is reported as the number of employees compliant with individual competences at month end, as a percentage of the number of employees required to be compliant with each competenc
2-12	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %
2-13	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)

Quadrant 3	Indicator Definition
3-01	Trust 4Hr target (Including Ashford)
3-02	Number of patients who were admitted as a percentage of the total number of attendances at A&E
3-03	Serious Incidents Requiring Investigation (SIRI) Reports overdue to CCG
3-04	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG
3-05	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic (including paediatric and labour wards
3-06	The percentage of non-elective patients who were transferred between wards, 3 or more times during their admission. Excludes maternity and paeds. Transfers to the discharge lounge, theatres, endoscopy, between SAUV and SAU have not been included in the count.
3-07	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femu
3-08	Friends and Family Satisfaction (Recommend) rate 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?" Now includes Daycase Activity
3-09	Friends and Family Satisfaction (Recommend) Rate 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?" including Paeds
3-10	Friends and Family Satisfaction (Recommend) Rate for Maternity all four measures combined (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
3-11	Friends and Family Satisfaction (Recommend) Rate for Outpatients (Test asks following standadised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?
3-12	The number of follow-up complaints received as a rate of the 12 month rolling average of new complaint
3-13	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons.
3-13a	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations.
3-13b	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.
3-14	RTT - Admitted Unadjusted (ie. No Clock Pauses) Pathway. Trust percentage compliance with the 18 weeks rules.
3-15	RTT - Non-admitted pathway. Trust percentage compliance with the 18 weeks rules.
3-16	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of Incompelte pahways should be waiting less than 18 weeks
3-17	Cancer waiting times targets achieved

Quadrant 4	Indicator Definition
4-11	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
4-12	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds/well babies)
4-13	Outpatient first to follow-up appointments (Methodology excludes certain clinic codes in line with the contract)
4-14	* In-hospital SHMI currently unavailable through CHKS due to a technical error
4-15	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anae Induction) as % of available session time. Includes Bluespier records with missing tracking times
4-15	Overall Elective Market Share
4-16	A&E Activity (Attendances)
4-18	Total number of Emergency Spells in the month
4-19	Percentage of elective Inpatient activity taken place at Ashford
4-20	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPNCL and OPFAMPCL) NB: This does not include direct access or POC