



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
28 November 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	
<u>STRATEGIC OBJECTIVE(S):</u>	
Quality Of Care	✓
People	✓
Modern Healthcare	✓
Digital	✓
Collaborate	✓
This paper measures achievement	
EXECUTIVE SUMMARY	
	The Balanced scorecard has been adjusted to reflect new measures agreed. Further developments may occur as the measures evolve to support the management of the organisation.
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



Ashford and St. Peter's Hospitals
NHS Foundation Trust





Finance	<i>n/a</i>
Legal	<i>n/a</i>
Link to Board Assurance Framework Principle Risk	<i>n/a</i>
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PRESENTED BY:	David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Sue Tranka, Chief Nurse James Thomas, Chief Operating Officer Simon Marshall, Director of Finance and information
DATE	22 November 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

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

Medication safety: The key priority to improve quality is aimed at a developing a safer medicines programme. The aim for 2019/20 is to reduce medication incidents with moderate or severe harm to no more than 8 and a 30% reduction in incidents resulting in any harm. The programme continues to deliver significant and sustained improvements. These have been achieved through improving the safety culture; improving access to medicines expertise; and addressing human factors through the use of digital solutions and automation. We are testing proof of concept by introducing a new model of care in the ED. The pilot is set to commence imminently and outcomes and effectiveness will be reported through Quality of Care Committee.

Infection Prevention and Control: The second quality priority for improvement is to reduce Surgical Site Infections (SSIs). Surveillance has improved following the appointment of the SSI Nurse and the Registrar Clinical Lead. Several interventions have been implemented to improve the outcome. These are the use of warming blankets prior to surgery, standardisation of antibiotic regimes, as well as post-operative wound management, standardisation of dressings and the monitoring of theatre temperatures. There were 5 cases of Trust apportioned Clostridium Difficile cases in October 2019 bringing the total to 19 cases (YTD) which remains on target to achieve the limit of no more than 28 cases. There were a total of 14 cases of E.coli bacteraemia's in October 2019 with 3 being hospital acquired. The Trust is currently 16 over trajectory. To address this there is an improvement programme focussing on invasive device procedures.

Effectiveness: In October 2019 there were 98 inpatient deaths (95 adult, 2 neonatal and 1 Paediatric in ED). This remains within common cause variation for the year. The stroke service improved the performance in October 2019 on patients being scanned within an hour and within 12 hours. The median time from clock start to scan was 36 minutes, a reduction of 14 minutes compared to September 2019. There was also an improvement on the number of patients admitted into a stroke bed within 4 hours, from 53.3% in September 2019 to 74.4% in October 2019. This improvement has been due to HASU assessment beds being protected for stroke patients.

Safety: There were 16 new Serious Incidents (SI) reported in October 2019. This consisted of 5 due to missed/delayed diagnosis, 4 inpatient falls with severe harm, 3 treatment delays, 1 neonatal death, 1 stillbirth, 1 hospital acquired pressure ulcer and 1 patient who received unnecessary treatment. Actions have been captured and learning identified.

The aim for improvement to reduce harm from hospital acquired category 2 and above pressure ulcers for 2019/2020 is 5%, which equates to no more than 13 per month. This has not been achieved for October 2019 as there were 15 hospital acquired category 2 pressure ulcers, 4 deep tissue injuries and 1 unstageable. This still remains within common cause variation. A localised improvement focus on areas that consistently report pressure damage continues.

The Trusts VTE risk assessment target of 97% was slightly under achieved at 96.8% for September 2019 (October's data is still being validated). In Q1 2019/2020 19.2% (25/130) of VTE events were diagnosed as hospital associated thrombosis (HATs). In Q2 this was 17.4% (25/144). Improvement initiatives include local prevention practice, as well as driving the scrutiny and learning from HATs. There were 46 hospital falls in October 2019 compared to 39 in September 2019. There were 4 falls that resulted in severe harm. The appointment of a new Falls Specialist Nurse for the Trust has started to drive through improvement initiatives to reduce the falls number further.

Experience: There were 48 new complaints received in October 2019. The response rate achieved was 93% an improvement from 90% in September 2019. There were 4 complaints re-opened in October 2019 compared to 2 in September 2019. The Patient Advisory Liaison Service (PALs) achieved a closure rate of 84% compared to 80% in September 2019. The themes around complaints and PALs continue to be around treatment and care and communication and information. Actions around complaints are being captured on Datix™ more rigorously with an improvement to capture the learning.

3.0 People

Establishment and Vacancies

There were 3502 staff in post on 31 October against the budgeted establishment of 3991 wte*. The Trust vacancy rate is 9.1% compared with 11.5% last month. This is the first time since March 2016 that vacancies have been within the target of 10%.

In the last two months, we have welcomed 185 new substantive staff to the organisation and had a net gain of 88 staff.

In October, there were 88 new substantive starters, including 48 registered nurses and midwives, 13 other clinical staff, 5 AHPs/Additional professional staff and 10 medical staff. Almost 120 staff attended the Trust induction in October, including bank and honorary staff, volunteers, and colleagues on rotation.

Bank and Agency

Total temporary spend was 19% for October, compared with 18% in Oct 18. Agency spend was £1.45m, just under the summer peak of £1.5m. A&E and Acute Medicine jointly utilised 26% of the temporary WTE fill, and the next highest users were Senior Adult Medical Services, with 10%. Of total use, 44% was agency and 56% bank.

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 during the period in question and is useful for showing retention.

The total Trust turnover improved again this month and currently stands at 14.2%, a reduction of 0.3% from last month. The voluntary turnover has also reduced and is within target at 11.5%.

Health & Wellbeing

The sickness absence figure was 2.7%. The sickness absence policy is being reviewed, and once finalised, the content will be encompassed within the manager's toolkit training day.

The Trust has reviewed the issues affecting the NHS Pensions situation for staff who have reached or are about to reach their Life Time Allowance/Annual Allowance and is considering options in light of national guidance.

Appraisals

The appraisal rate is 73.2%, improving by over 1% this month. An appraisal audit has been conducted by the Trust's auditors. An improvement plan will be developed based on the recommendations and reviewed at the People Committee.

Mandatory Training

The current compliance rate is 80.3%. Preparations are underway to pilot e-learning via ESR for Information Governance training.

National Staff Survey

The fieldwork for the national NHS staff survey continues to the end of November. The final reminders have been sent out, and all respondents have or will receive a coffee/soft drinks voucher.

3.0 Modern Healthcare

Attendances were 9.9% higher than October 2018, with admissions also higher by 2.3%. Due to the ongoing high occupancy of the hospital (creating patient outliers and higher length of stay), high acuity of patients, busyness of ED and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. Comparing FY2019 A&E attendances (65,433) to FY2018 (59,859) confirms an increasing level of demand attending the emergency department (+9.3%), and an increasing level of admissions (+4.4%) via A&E FY2019 (13,941) versus FY2018 (13,351).

Planned & current improvements underway include;

- ED - Matron of the day, Medical staff rota change, and 3 times a week breach meetings & mitigation planning.
- Long length of Stay - Enhanced weekly review implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these patients.
- Hospital Flow - Two additional wards (delayed by 1 month to Jan 2020), Two Model wards underway (+1 extra November), New medical assessment unit (providing 10 assessment trolleys, 3 treatment & 1 infusion), introduction of a Frailty Unit and a doubling of capacity for the Surgical Assessment Unit. Thereby increasing capacity and opportunity to treat and discharge patients earlier, especially with intention to increase Same Day Emergency Care. The second of the 2 new wards will be focused on ambulatory urgent surgery.
- Two hospital re-set weeks scheduled 6th Nov & 16th Dec to coincide with hospital bed moves and escalation bed stock.

The Trust recorded a compliant 93.1% performance for RTT Incomplete Pathways, which was 0.9% above our agreed trajectory. A total of 6 specialties; General Surgery, Urology, Oral & MaxFacs, Plastic Surgery, General Medicine, and Gastroenterology remain non-compliant at specialty level, although good improvement was seen in General Surgery. The Trust continues to develop ways to maintain and enhance both clinic and elective capacity with the Trust now compliant for RTT over the previous 7months.

The Trust had to cancel 30 patients during October due to non-elective bed pressures

TWR performance

The Trust recorded a compliant performance for October at 93.6%. Of the 93 breaches recorded, patient choice accounted for 65.6%, Straight To Test capacity at 15.1% & OPA capacity and Administration at 19.4%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral.

62 Day GP Referral to Treatment Performance

The Trust recorded a compliant performance for October at 91.0%. Delays have been recorded due to complex pathways (5 patients), patient choice (2 patients), internal capacity (2 patients), patient fitness (1 patient) & diagnostic capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

31 Day NHS Subsequent Surgery Treatment

The Trust recorded a marginally non-compliant performance for October at 80.0% (1 x Dermatology patient breached due to capacity & patient choice).

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days

At the end of October the Trust had 14 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 14, 9 patients have a confirmed cancer diagnosis (5 patients delayed due to patient choice & 4 patients due to complex pathways).

The figures presented in the BS reflect the £8.25m NHSI Control Total accepted by the Trust Board for 2019/20. This includes £8.25m of PSF and Marginal Rate Emergency Tariff (MRET) funding.

As at 31st October 2019 the Trust is reporting a deficit against the NHSI Control Total of £2.4m, of which £0.8m is lost PSF and £1.6m operational performance. This includes PSF due from meeting the plan in quarters 1 and 2, but not quarter 3, an additional allocation for 2018/19 of £0.5m. Offset against this is the loss of STP system based PSF of £0.2m for quarter 2.

The reported YTD variances are;

- (i) pay costs are £2.8m adverse to plan, despite quarter 1 benefitting from a higher budget set aside for Agenda for Change contracted staff, for which costs had been accrued in the prior year
- (ii) non-pay budgets are £3.6m overspent due to Drugs (£0.8m), Clinical Supplies (£1.7m) and Purchase of Healthcare (£0.5m) and

- (iii) operational income, pre-PSF, £5.1m ahead of plan. Below the line costs are £0.3m adverse to plan following a change in useful lives for buildings impacting depreciation charges.

4.0 Digital

The Trust exceed the e-Referrals Appointment Slot Issues (ASI's) in October with performance recorded at 8.1%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see significant volatility in demand due to patient choice. The vast majority of specialities meet the objective with Cardiology, Dermatology and Urology being the areas of concern.

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 68.3%, though this is a significant improvement on earlier on the year. 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

Although within FY trajectory, the Trust had a similar number of Ambulance handover delays to September (<60 mins delay) . However the Trust maintained ongoing improvement in maintaining Ambulance (60+ mins) handover delays substantially lower than previous years, with only 1 recorded throughout October 2019 despite the significant patient flow difficulties detailed above.

The number of patients with a length of stay 7 days increased to average 221 patients during October, with the number of patients with a length of stay 21 days or more reducing marginally with average 75 patients recorded during October.

The Trust has implemented an enhanced weekly review of Long Length of Stay Patients (patients with a stay of 21 days or more), implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these long stay patients. This has also been extended to patients with a stay between 14-20 days.

Trust Balanced Scorecard - 2019/20



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



Cancer waiting times targets achieved 7 out of 7

<p>Appraisals 73.2% target 90%</p> 	<p>Stat & Mand Training 80.3% target 90%</p> 	<p>Vacancy Rate 9.1%</p> 	<p>A&E attendances 9579</p> 	<p>Inpatients - Elective 3456 Emergency 2712</p> 	<p>Outpatients 11049</p> 	<p>MRSA 0 CDIFF 5</p> 	<p>Harms (classic) 0</p> 	<p>Financial Score rating</p> <p>3</p>
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Trust Balanced Scorecard - 2019/20

Measure	Outturn 18/19	Target 19/20	Oct-19	YTD 19/20	Data Quality	Measure	Outturn 18/19	Target 19/20	Oct-19	YTD 19/20	Data Quality
Quality of Care						Modern healthcare					
Number of medication errors with harm reported (M,C)	158	132	9	53		A&E 4 hour target (including Ashford & Woking)* (M,C)	88.4%	>95.0%	87.2%	88.0%	
Deaths considered more likely than not due to problems in care (M,C)	2	0	0	0		Cancer 62 Day (M,C)	85.3%	>85.0%	90.9%	81.9%	
Safety thermometer harms (M,C)	1.6%	1.6%	0.8%	1.4%		Cancer TWR (M,C)	92.3%	>93.0%	93.7%	93.2%	
% complaints response within 25 working days (M,C)		95%	93.0%	83.6%		Average Bed Occupancy (exc escalation beds) (M,C)	84.4%	<87.4%	92.1%	89.6%	
People						Patient Moves (ward changes >=3) (M,C)	5.1%	<5.9%	5.5%	7.7%	
Vacancies (%) (M)	11.7%	<10%	9.1%			RTT - Incomplete pathways (M,C)	91%	>92.0%	93.1%	92.4%	
Agency Use (WTE) (M)	191	<183	263			Average LoS Non-Elective (M,C)	6.3	6.1	6.4	6.7	
Agency % of Pay Bill (M)	7.1%	<6.8%	8.3%			Theatre Utilisation (M,C)	75.9%	>79.0%	73.6%	76.0%	
Bank Use (WTE) (M)	296	>300	331			Diagnostic 6 week standard (M,C)	98.20%	>99.0%	88.2%	92.6%	
Bank % of Pay Bill (M)	9.7%	>10%	10.7%			Same Day Emergency Care (adult pts exc maternity) (M,C)		TBA	562	3963	
Turnover (%) (M)	15.9%	<15%	14.2%			Overnight Waits in A&E [Avg daily DTA's] (DA)	11	8	10		
Voluntary Turnover (%) (M)	13.1%	<12%	11.5%			Patients (=>21 Days) Length of Stay (Monthly snap shot) (SS)	82	75	82		
Stability of workforce (%) (M)	86.1%	>88%	87.3%			Daily Weekend Discharges % vs. Daily Weekday Discharges % (M,C)	20.8%	20.80%	16.8%	18.7%	
Sickness (%) (M)	2.9%	<3.0%	2.7%			Total RTT Wait List size change vs 31 March 2019 (M)	-1089	0	762		
Appraisal (%) (M)	72.4%	>90%	73.2%			RTT incomplete pathways >26weeks (M,C)	6310	5679	401	3198	
Mandatory Training (%) (M)	85.4%	>90%	80.3%			RTT Incomplete pathways >52 weeks (M,C)	0	0	0	0	
Digital						I&E 000's (M,C)	£40,202	£877	-£294	£2,646	
Letter transmission IP % (24 hrs) (M,C)	87.1%	>80%	83.9%	84.5%		CIPs 000's (M,C)	£9,338	£756	£526	£3,858	
Letter transmission OP (10 days) (M,C)	71.8%	>80%	68.3%	77.2%		Capital 000's (M,C)	£11,886	£3,465	£2,536	£8,748	
eRS ASI Rate (M,C)	6.0%	4.0%	8.1%	6.4%		Cash Balance 000's (M)	£12,551	£56,364	£59,483		
SUS Data Quality Compliance ** (M,C)	91.0%	90%	90.5%	86.7%		Distance from Plan 000's (M)	£2,125	£0	-£1,662		
% Laptops/PCs Upgraded to Windows 10*** (M)		100.0%	73.0%			Collaborate					
Data Key - at the end of each measure in brackets shows the frequency of collection by month then YTD.						Delayed Discharges (M,C)	2186	1600	376	1617	
M = Monthly SS = Snapshot						Ambulance Handovers over 30 mins (M,C)	2651	2250	118	684	
DA = Daily Average C = Cumulative											

TBA - awaiting targets from relevant teams

** Data for previous month reported this month (Patient pathway is an on going issue on the SUS side, we are submitting the data correctly but the output doesn't reflect this therefore have manually adjusted the figures)

*** Data from June

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																		data for scorecard				
	S	T	C	A	B	A	Target	Apr 19 Actual	May 19 Actual	Jun 19 Actual	Jul 19 Actual	Aug 19 Actual	Sep 19 Actual	Oct 19 Actual	Nov 19 Actual	Dec 19 Actual	Jan 20 Actual	Feb 20 Actual	Mar 20 Actual	YTD 19/20	Last Entry		
	1	1	1	1	1	3																	
Quality of Care						3	lower is good	132	10	8	9	5	8	4	9						53	9	
Quality of Care						1	Lower is good	0.0	0	0	0	0	0								0	0	
Quality of Care						1	Lower is good	2.20%	1.80%	1.83%	1.21%	1.90%	0.82%	1.27%	0.80%						1.376%	0.8%	
Quality of Care						1	Higher is good		79.0%	72.0%	77.0%	83.0%	91.0%	90%	93%						84%	0.93	
People						1	Lower is good	10.00%	11.9%	12.7%	12.9%	11.30%	11.10%	11.50%	9.10%						9.1%	9.1%	
People						1	Lower is good	7%	7.8%	7.5%	8.0%	7.8%	8.8%	7.8%	8.3%						8.1%	8.3%	
People						1	Lower is good	9%	9.4%	10.3%	9.6%	9.9%	11.4%	9.7%	10.7%						316	331	
People						1	Lower is good	15.00%	15.5%	15.2%	15.1%	14.8%	14.5%	14.5%	14.2%						10.1%	10.7%	
People						1	Lower is good	12%	12.7%	12.5%	12.5%	12.2%	12.0%	11.8%	11.5%						11.5%	11.5%	
People						2	Higher is good	88%	86.3%	86.6%	86.8%	87.2%	87.3%	87.5%	87.3%						87.3%	87.3%	
People						2	Lower is good	3%	2.8%	2.7%	2.5%	2.8%	2.9%	2.9%	2.7%						2.7%	2.7%	
People						1	Higher is good	90%	92.0%	92.0%	91.4%	92.2%	92.3%	92.4%	93.2%						73.2%	73.2%	
People						1	Higher is good	90%	80.9%	81.1%	80.9%	80.7%	80.5%	79.9%	80.3%						80.3%	80.3%	
Modern healthcare						2	Higher is good	95%	84.4%	86.2%	86.9%	87.9%	89.1%	87.0%	87.2%						88.0%	87.2%	
Modern healthcare						2	Lower is good	22.64%	21.5%	21.7%	20.9%	20.3%	21.6%	21.7%	21.3%						22.3%	21.3%	
Modern healthcare						2	Lower is good	87.40%	87.7%	91.8%	90.9%	88.4%	87.3%	90.8%	92.1%						89.6%	92.1%	
Modern healthcare						2	Lower is good	5.87%	6.8%	8.1%	8.5%	8.2%	8.0%	7.7%	5.5%						7.7%	5.5%	
Modern healthcare						1	Higher is good	92%	92.0%	92.3%	92.5%	92.2%	92.4%	92.7%	93.1%						92.4%	93.1%	
Modern healthcare						3	Lower is good	3.32	3.63	4.13	2.87	4.15	3.75	3.58	3.59						3.61	3.59	
Modern healthcare						3	Lower is good	6.13	6.44	6.83	6.77	6.92	6.27	6.75	6.45						6.71	6.45	
Modern healthcare						3	Lower is good	83.00	86.00	97.00	87.00	77.00	78.00	82.00							84.29	83.00	
Modern healthcare						3		15.64%	18.19%	22.11%	16.12%	21.00%	21.09%	16.78%							18.67%	0.17	
Modern healthcare						3		548	610	606	553	535	549	562							3963.00	562.00	
Modern healthcare						1	Higher is good	99.0%	97.3%	95.0%	91.9%	91.2%	90.6%	89.4%	88.2%						92.58%	88.16%	
Modern healthcare						3	Higher is good	79%	77.7%	73.7%	77.57%	78.2%	76.63%	76.2%	73.63%						76.0%	73.6%	
Modern healthcare						3	Lower is good	226	1120	1099	734	575	762								762.0	762.0	
Modern healthcare						1	Lower is good	499	520	478	405	445	450	401							3198.0	401.0	
Modern healthcare						1	Lower is good	0	0	0	0	0	0	0							0.0	0.0	
Modern healthcare						3	Lower is good	10	11	9	9	6	8	10							9.1	9.5	
Digital						3	Higher is good	80%	84.6%	85.1%	85.6%	84.8%	84.5%	83.2%	83.9%						84.51%	83.93%	
Digital						3	Higher is good	80%	75.2%	73.9%	79.2%	82.3%	81.2%	80.9%	68.3%						77.18%	68.28%	
Digital						1	Lower is good	4%	5.27%	6.91%	7.77%	5.44%	5.08%	5.74%	8.09%						6.36%	8.09%	
Digital						1	Higher is good	83.72%	88.37%	86.05%	85.71%	85.71%	90.48%								86.67%	90.48%	
Digital						1	Higher is good	43%	46%	53%				73.00%								73.00%	
Collaborate						1	Lower is good	209	332	138	179	123	260	376							1617	376	
Collaborate						1		145	101	96	56	51	117	118							684	118	
Modern healthcare						1		72.6%	85.5%	83.0%	81.0%	88.1%	79.9%	90.9%							81.3%	93.0%	
Modern healthcare						1		95.3%	94.2%	89.9%	94.9%	95.1%	89.8%	93.7%							93.2%	93.7%	
Front Sheet						1	Lower is good	961	948	9131	9644	9167	9043	9579							65373	9579	
Front Sheet						1		100%	11.90%	12.7%	12.9%	11.30%	11.10%	11.50%	9.10%						9.1%	9.10%	
Front Sheet						2	Higher is good	90%	72.0%	72.0%	71.4%	72.2%	72.3%	72.1%	73.2%						73.2%	73.20%	
Front Sheet						2	Higher is good	90%	80.9%	81.1%	80.9%	80.7%	80.5%	79.9%	80.3%						80.3%	80.3%	
Front Sheet						2	Higher is good	3253	3423	3224	3323	3204	3315	3456							23198	3456	
Front Sheet						2	Lower is good	718	2575	2473	2572	2506	2466	2712							16022	2712	
Front Sheet						2		9545	10277	9702	10830	9231	10081	11049							70715	11049	
Front Sheet						1	Lower is good	0	0	0	0	0	0	0							0	0	
Front Sheet						1	Lower is good	16	3	4	0	1	2	3	5						18	5	
Front Sheet						1		6	8	5	6	6	5	7							43	7	
Front Sheet						1		1	3	2	2	2	3	3							16	3	
Modern healthcare						1	Higher is good	-819	91	1389	267	-1510	2704	-294							2,646	-294	
Modern healthcare						1		-864	501	627	718	702	709	877							4,134	877	
Modern healthcare						1	Higher is good	598	1170	589	583	-1510	475	526							3,858	526	
Modern healthcare						1		647	1297	653	776	757	757	756							4,995	756	
Modern healthcare						1	Higher is good	474	754	870	1364	1481	1743	2,536							8,748	2,536	
Modern healthcare						1		533	2151	2540	2014	2034	3091	3,465							15,295	3,465	
Modern healthcare						1	Higher is good	-1307	40656	39487	65366	66870	62264	59,483								59483	
Modern healthcare						1		-1363	44278	42000	63117	60838	55458	56,364								56364	
Modern healthcare						1		56	-387	409	-716	-998	1704	-1,662							-1,650	-1,662	

Plan	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%Laptops/PCs Upgraded to Windows 10 Plan	43%	46%	53%	59%	65%	72%	78%	85%	91%	97%	100%	100%

Linked through to the source
Manual Entry

SUS Data Quality Raw data

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
APC	Compliant Measures										
	Total Measures										
	Compliance										
Outpatients	Compliant Measures										
	Total Measures										
	Compliance										
A&E	Compliant Measures										
	Total Measures										
	Compliance										
TOTAL											

A&E Ambulance Handovers 2017/18/		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Number of handovers between ambulance and A&E taking place after 30 mins	1297	90	74	103	75	35	31	65	110	161	168
Number of handovers between ambulance and A&E taking place after 60 mins	199	3	2	7	1	2	0	8	11	24	44
Total	1496	93	76	110	76	37	31	73	121	185	212

Complication Rate

	Column Labels										
	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2018-01	2018-02
Sum of CountOfLocalPatientIdentifier	133	121	128	116	120	132	133	128	141	106	104
	Column Labels										
	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2018-01	2018-02

Sum of CountOfLocalPatientIdentifier	6216	6618	6805	6572	6422	6445	6802	6699	6290	6901	6052
	2.1%	1.8%	1.9%	1.8%	1.9%	2.0%	2.0%	1.9%	2.2%	1.5%	1.7%

6607	6544	7030	6805	6875	6519	6573	7250	7350	6605	7115	6475	7127	7219	7594	7158
1.6%	1.4%	1.5%	1.8%	1.8%	1.9%	1.7%	1.8%	1.9%	2.0%	1.5%	1.5%	2.2%	2.3%		

Patient pathway
on Sus portal
know issue

Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
12	11	11	12							70
13	12	12	12							75
92%	92%	92%	100%							5.602564
16	16	16	16							95
17	17	17	17							102
94%	94%	94%	94%							5.588235
9	9	9	10							56
13	13	13	13							78
69%	69%	69%	77%							4.307692
86%	86%	86%	90%							87%

June	July	August	September	October	November	December	January	February	March	2019/20 YTD	2018/19 YTD
88	52	50	112	117						619	1890
8	4	1	5	1						65	761
96	56	51	117	118						684	2651

2019-07 2019-08
169 45

2017/18
1468

2019-07 2019-08

7604	3381
-------------	-------------

2.2%	1.3%
------	------

78429

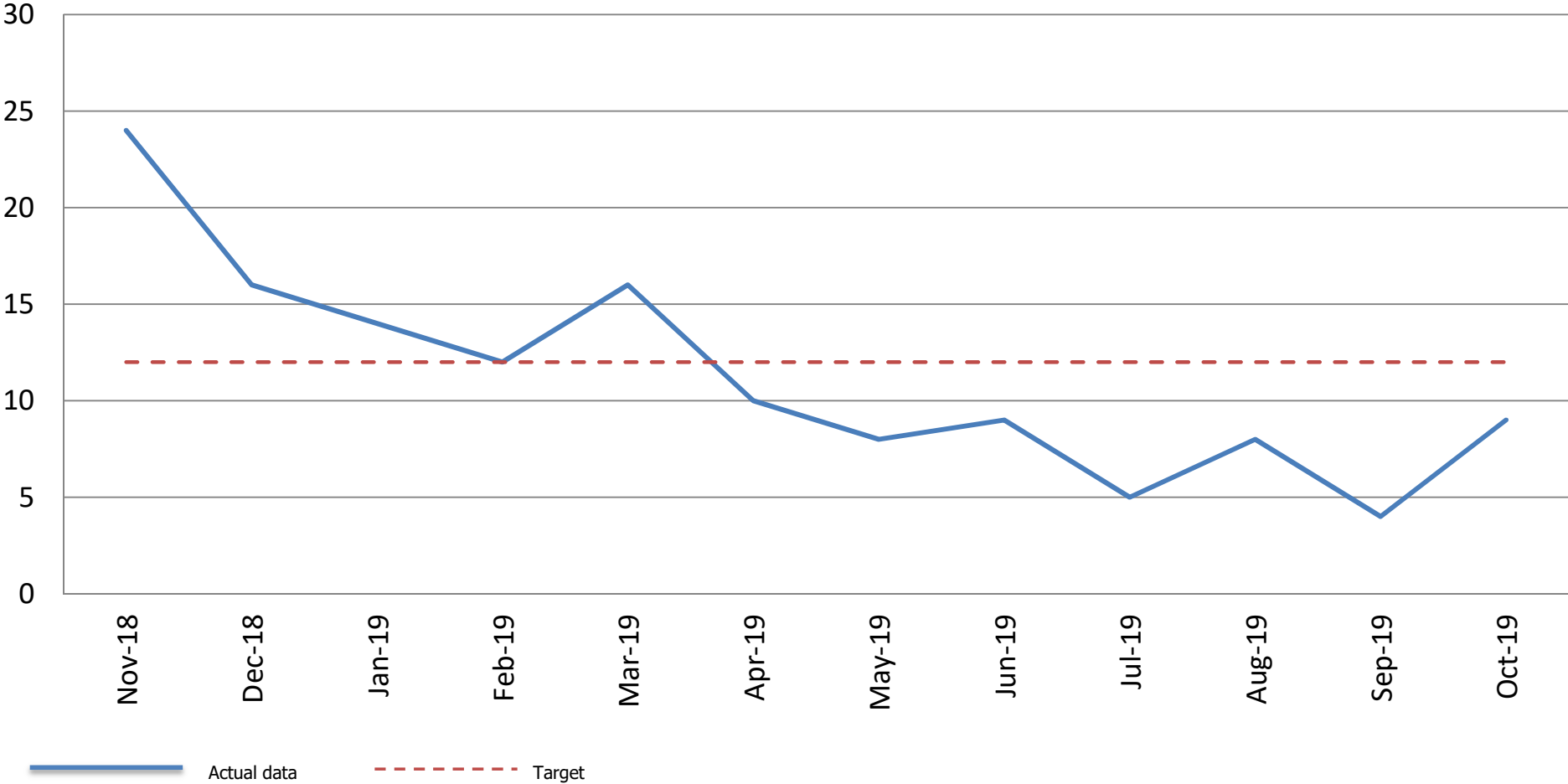
1.9%

Rolling 12 month trend - monthly measures

Number of medication errors with harm reported

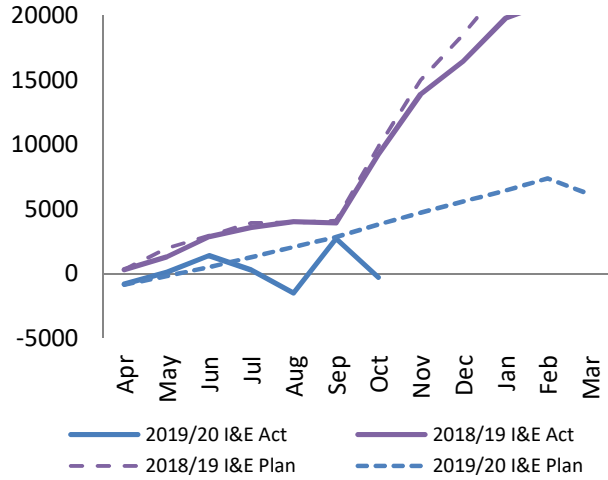
Select measure

Number of medication errors with harm reported

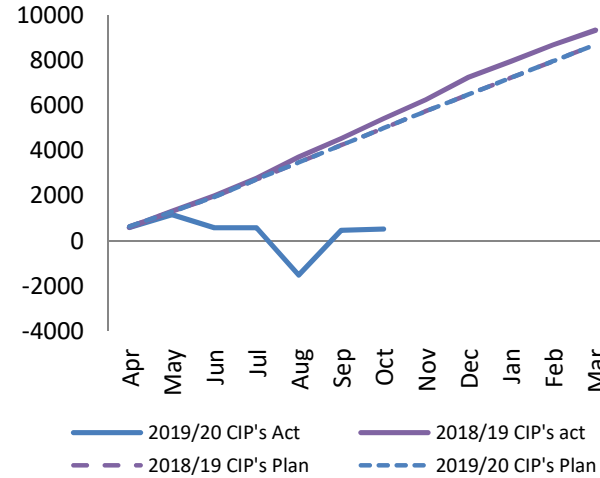


YTD monthly cumulative Finance Charts

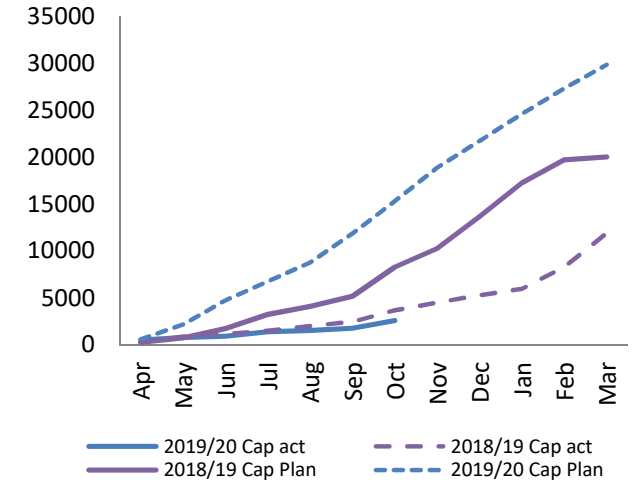
I&E



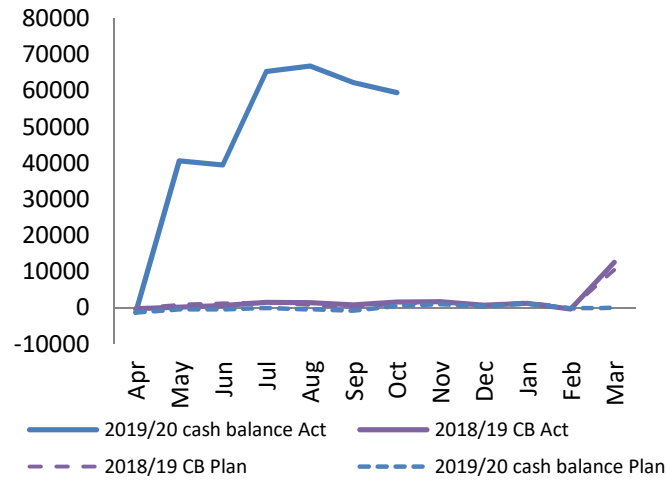
CIPs



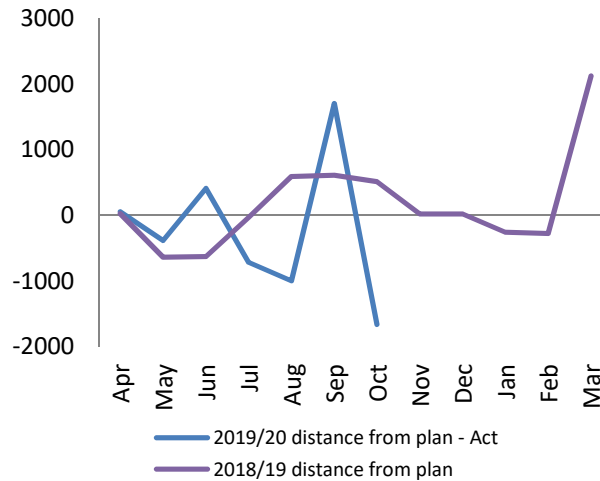
Capital



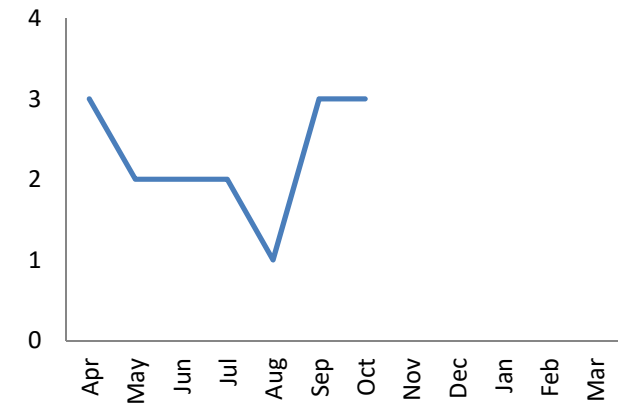
Cash Balance



Distance from plan



Finance Score rating



Scorecard

		Definitions
Quality of Care	Number of medication errors with harm reported	Medication errors with harm - all medication errors listed on Datix with levels of severity of 2 (low) to 5 (death);
Quality of Care	Deaths considered more likely than not due to problems in care	Where second Structured Judgment Review states 'possibly avoidable' (greater than 50:50) or 'strong evidence of avoidability'
Quality of Care	Safety thermometer harms	Classic Safety Thermometer is a monthly audit tool for improvement which focuses on 4 common harms in healthcare: pressure ulcers, falls, catheter associated urinary tract infections (CAUTIs) and venous thromboembolism (VTE)
Quality of Care	% complaints response within 25 working days	
People	Vacancies (%)	% of vacancies (YTD cumulative)
People	Agency Use (WTE)	Agency Whole time equivalent
People	Agency % of Pay Bill	Agency WTE is reported from Healthroster for all staff groups. Agency % is reported as the expenditure on agency as a % of the total payroll including permanent, bank and agency
People	Bank Use (WTE)	Bank Whole time equivalent
People	Bank % of Pay Bill	Bank WTE is reported from Healthroster for all staff groups. Bank % is reported as the expenditure on Bank as a % of the total payroll including permanent, bank and agency
People	Turnover (%)	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. (YTD cumulative)
People	Voluntary Turnover (%)	Vacancy Turnover Rate (YTD cumulative)
People	Stability of workforce (%)	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. (YTD cumulative)
People	Sickness (%)	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.
People	Appraisal (%)	% receiving Staff Appraisals. (YTD cumulative)
People	Mandatory Training (%)	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 competence. (YTD cumulative)
Modern healthcare	A&E 4 hour target (including Ashford & Woking)* %	Trust 4Hr target (Including Ashford)
Modern healthcare	Emergency Conversion Rate %	Number of patients who were admitted as a percentage of the total number of attendances at A&E
Modern healthcare	Average Bed Occupancy (exc escalation beds) %	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic (including paediatric and labour wards)
Modern healthcare	Patient Moves (ward changes >=3) ** %	The percentage of non-elective patients who were transferred between wards, 3 or more times during their admission. Excludes maternity and paed. Transfers to the discharge lounge, theatres, endoscopy, between SAUV and SAU have not been included in the count.
Modern healthcare	RTT - Incomplete pathways %	RTT - Incomplete pathways. Trust percentage compliance with the 18 weeks rules. 92% of incomplete pathways should be waiting less than 18 weeks.
Modern healthcare	Average LoS Non-Elective	Average Length of Stay for Non- Elective patients (Excludes 0 days and Gynae/ Paeds/well babies)
Modern healthcare	Patients (=>21 Days) Length of Stay monthly snap shot	Snap shot taken on the last Thursday of every month for patients who are in hospital with a LOS >=21
Modern healthcare	Daily Weekend Discharges % vs. Daily Weekday Discharges %	filters are not Paeds well babies obs or maternity. Admission methods are elective and emergency must have an over night stay or an expected overnight stay.
Modern healthcare	Same Day Emergency Care	Data is for Adult emergency admission methods (not maternity or Obs) with a zero LOS.
Modern healthcare	Diagnostics 6 week standard	% of patients waiting < 6 weeks from being added to the waiting list to treatment as per the DM01 Guidance for monthly submission
Modern healthcare	Theatre Utilisation %	Theatre Utilisation - In-session utilisation based on time used (enter recovery/Proc End - Anaes Induction or StartofWhochecklist (since Dec 18) as % of available session time. Includes Bluesprier records with missing tracking times
Modern healthcare	Total Wait List size change vs 31 March	Current RTT waiting list size compared with RTT Waiting list from the 31/03/2019
Modern healthcare	RTT Incomplete pathways >26 weeks	Number of patient waiting >26 weeks at the month end (from snap shot data used on the RTT submission)
Modern healthcare	RTT incomplete pathways >52weeks	Number of patient waiting >52 weeks at the month end (from snap shot data used on the RTT submission)
Modern healthcare	Overnight Waits in A&E [Avg daily DTA's]	Reported using the daily data for Alamac, and averaged to show an average day
Modern healthcare	I&E (cum)	I&E (cum)
Modern healthcare	I&E (cum) plan	I&E (cum) plan
Modern healthcare	Total CIPs (cum)	Total CIPs (cum)
Modern healthcare	Total CIPs (cum) plan	Total CIPs (cum) plan
Modern healthcare	Total Capex (cum)	Total Capex (cum)
Modern healthcare	Total Capex (cum) plan	Total Capex (cum) plan
Modern healthcare	Cash Balance	Cash Balance
Modern healthcare	Cash Balance plan	Cash Balance plan
Modern healthcare	distance from plan	distance from plan
Digital	Letter transmission IP %	% of letter transmissions for IP
Digital	Letter transmission OP %	% of letter transmissions for OP (10 days)
Digital	eRS ASI Rate	Appointment Slot issues (ASI). Number os ASI/Number booked
Digital	SUS Data Quality	% of compliant SUS Data quality measures
Digital	% Laptops/PCs Upgraded to Windows 10	% Laptops/PCs Upgraded to Windows 10
Collaborate	Delayed Discharges	From the reported monthly figure for NHS and Social services days for Acute only
Collaborate	Ambulance Handovers	Number of ambulance handover delays over 30 minutes
Front Sheet		
Modern healthcare	Cancer 62 days %	62 Day Standard (Snap shot 12th work day subject to change)
Modern healthcare	TWR %	14 Day TWR First Seen (Snap shot 12th work day subject to change)
Modern healthcare	A&E attendances	A&E Activity (Attendances)
People	Appraisals %	% staff who have had an appraisal in the last 12 months.
People	Statutory and mandatory training %	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 competence
Modern healthcare	Inpatients - elective	Percentage of elective inpatient activity taken place at Ashford
Modern healthcare	Inpatients - emergency	Total number of Emergency Spells in the month
Modern healthcare	Outpatients	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPCL and OPFAMPCL) NB: This does not include direct access or POC
Quality of Care	MRSA	Number of Hospital acquired MRSA
Quality of Care	CDIFF	Number of Hospital acquired C-Diff
Cancer targets	Cancer targets	Cancer waiting times targets achieved

Quality of Care	Number of medication errors with harm reported
Quality of Care	Deaths considered more likely than not due to problems in care
Quality of Care	Safety thermometer harms
Quality of Care	% complaints response within 25 working days
People	Vacancies (%)
People	Agency Use (WTE)
People	Agency % of Pay Bill
People	Bank Use (WTE)
People	Bank % of Pay Bill
People	Turnover (%)
People	Voluntary Turnover (%)
People	Stability of workforce (%)
People	Sickness (%)
People	Appraisal (%)
People	Mandatory Training (%)
Modern healthcare	A&E 4 hour target (including Ashford & Woking)* %
Modern healthcare	Emergency Conversion Rate %
Modern healthcare	Average Bed Occupancy (exc escalation beds) %
Modern healthcare	Patient Moves (ward changes >=3) ** %
Modern healthcare	RTT - Incomplete pathways %
Modern healthcare	Average LoS Elective
Modern healthcare	Average LoS Non-Elective
Modern healthcare	Patients (=>21 Days) Length of Stay monthly snap shot
Modern healthcare	Daily Weekend Discharges % vs. Daily Weekday Discharges %
Modern healthcare	Same Day Emergency Care
Modern healthcare	Diagnostics 6 week standard
Modern healthcare	Theatre Utilisation %
Modern healthcare	Total Wait List size change vs 31 March
Modern healthcare	RTT Incomplete pathways >26 weeks
Modern healthcare	RTT incomplete pathways >52weeks
Modern healthcare	Overnight Waits in A&E [Avg daily DTA's]
Modern healthcare	I&E (cum)
Modern healthcare	I&E (cum) plan
Modern healthcare	Total CIPs (cum)
Modern healthcare	Total CIPs (cum) plan
Modern healthcare	Total Capex (cum)
Modern healthcare	Total Capex (cum) plan
Modern healthcare	Cash Balance
Modern healthcare	Cash Balance plan
Modern healthcare	Distance from plan
Digital	Letter transmission IP % (24 hrs)
Digital	Letter transmission OP (10 days)
Digital	eRS ASI Rate

Digital	SUS Data Quality Compliance **
Digital	% Laptops/PCs Upgraded to Windows 10
Collaborate	Delayed Discharges
Collaborate	Ambulance Handovers
	Cancer 62 days %
	TWR %
	A&E attendances
	Vacancy Rate %
	Appraisals %
	Statutory and mandatory training %
	Inpatients - elective
	inpatients - emergency
	Outpatients
	MRSA
	CDIFF
	Cancer targets met
	NHSI Finance Score Rating

	Linked through to the source
	Manual Entry

Source
Mark Hinchcliffe
Mark Hinchcliffe/Paul Murray
Sumita
Andrea Lewis / Natasha Lary
HR Data Email to Sunella Malik-Jones
The Bible
Data Submissions: A&E Conversions Spreadsheet
Data Submissions: BEDS Spreadsheet
Data Submissions: Patient Moves Spreadsheet
Tracey - Spreadsheet
Tab: RealTimeLOS
Tab: RealTimeLOS
LOS21
weekend
SamedayEmeg
New measure TBC
Qlikview
New measure TBC
DTA8am
Finance Data Email to Nicky Ghahrai
Manju: Spreadsheet
Tab: ASI

Tab: Measures DQ Dashboard in Simon Berry Folder
Jason Wilson IT
Manju: Spreadsheet
Tab: Measures Debbie Morgan Shabs: Cancer Dashboard
Data Submissions: SLAM Spreadsheet Minglin to process data
HR Data Email to Sunella Malik-Jones
Data Submissions: SLAM Spreadsheet Minglin to process data
EXT: 2128 Infection Control
Shabs: Cancer Dashboard
Finance Data Email to Nicky Ghahra

P:\SimonBerry\SUS\DQ Dashboards\1819
T:\A&E Reporting\Ambulance Handover Delays\Jan - Dec 2019
P:\CWT\Cancer Standards Monitoring\Cancer Scorecard\2018_19\CancerPerformance_2018_19.xls
count the number of ones that are not red , exclude "62 day consultant upgrade"

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.

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

- Sufficient
1
- Insufficient
2
- Not yet assessed
3

Yr	(Multiple Items)
Mth	(All)

Average of AvLOS	YearMonth														
AdmitType	2015-10	2015-11	2015-12	2015-4	2015-5	2015-6	2015-7	2015-8	2015-9	2016-1	2016-10	2016-11	2016-12	2016-2	2016-3
Elective	3.23	3.44	4.15	3.46	3.52	3.26	3.41	3.46	3.03	3.46	3.65	3.41	4.40	3.21	3.33
Nonelect	6.09	6.35	5.89	7.23	6.74	7.00	6.25	6.28	6.32	5.83	6.44	6.53	6.20	6.19	6.19
Grand Total	5.57	5.86	5.65	6.64	6.22	6.33	5.72	5.84	5.76	5.49	5.94	6.07	5.97	5.71	5.82

YearMonth	(Multiple Items)
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Average of AvLOS	
AdmitType	Total
Elective	3.61
Nonelect	6.71
Grand Total	6.28

Yr	(Multiple Items)
Mth	(All)

Average of AvLOS	YearMonth														
AdmitType	2015-10	2016-4	2016-5	2016-6	2016-7	2016-8	2016-9	2017-1	2017-10	2017-11	2017-12	2017-2	2017-3	2017-4	2017-5
Elective	3.23	3.63	3.85	3.41	3.59	3.66	4.14	3.90	3.58	3.87	3.74	3.38	4.07	4.08	3.54
Nonelect	6.09	6.77	6.18	6.26	6.11	6.25	6.21	6.72	6.06	6.44	5.96	6.27	6.54	5.87	6.08
Grand Total	5.57	6.31	5.81	5.80	5.69	5.85	5.87	6.42	5.74	6.01	5.65	5.85	6.19	5.63	5.72

YearMonth	(Multiple Items)
-----------	------------------

Average of AvLOS	
AdmitType	Total
Elective	3.61
Nonelect	6.71
Grand Total	6.28

Yr	(Multiple Items)
Mth	(All)

Average of AvLOS	YearMonth													
AdmitType	2015-10	2017-6	2017-7	2017-8	2017-9	2018-1	2018-10	2018-11	2018-12	2018-2	2018-3	2018-4	2018-5	
Elective	3.23	3.25	3.41	3.70	3.31	4.06	3.49	3.13	3.24	4.37	4.05	4.11	3.51	
Nonelect	6.09	6.41	5.77	5.93	6.09	6.26	6.43	6.03	5.97	6.62	6.29	6.21	6.28	
Grand Total	5.57	5.94	5.42	5.61	5.67	6.07	5.99	5.58	5.59	6.30	5.97	5.94	5.82	

YearMonth	(Multiple Items)
-----------	------------------

Average of AvLOS	
AdmitType	Total
Elective	3.61
Nonelect	6.71
Grand Total	6.28

Yr	(Multiple Items)
Mth	(All)

Average of AvLOS	YearMonth										
AdmitType	2015-10	2018-6	2018-7	2018-8	2018-9	2019-1	2019-2	2019-3	2019-4	2019-5	2019-6
Elective	3.23	3.25	3.67	3.20	3.25	3.26	3.84	2.85	3.63	4.13	2.87
Nonelect	6.09	5.94	6.43	6.55	6.17	6.47	6.32	6.62	6.44	6.83	6.77
Grand Total	5.57	5.50	6.01	6.04	5.69	6.08	5.98	6.01	6.08	6.47	6.20

YearMonth	(Multiple Items)
-----------	------------------

Average of AvLOS	
AdmitType	Total
Elective	3.61
Nonelect	6.71
Grand Total	6.28

Yr	(Multiple Items)
Mth	(All)

Average of AvLOS	YearMonth					
AdmitType	2015-10	2019-7	2019-8	2019-9	2019-10	Grand Total
Elective	3.23	4.15	3.75	3.58	3.59	3.57
Nonelect	6.09	6.92	6.27	6.75	6.45	6.33
Grand Total	5.57	6.50	5.94	6.32	6.07	5.92

YearMonth	(Multiple Items)
-----------	------------------

Average of AvLOS	Total
AdmitType	Total
Elective	3.61
Nonelect	6.71
Grand Total	6.28