

29th January 2015

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>During 2014/15 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience (developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here).</p> <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>The Trust reported an in-month deficit of £0.7m against a planned deficit of £0.4m (prior month deficit was £0.3m), increasing the year to date deficit to £2.0m (last month YTD was £1.3m), which is £0.7m worse than prior forecast. The YTD adverse variance to budget was £2.1m (last month YTD was £1.8m behind plan).</p> <p>Within the YTD adverse variance, activity income was £4.4m above plan, other income was £0.6m above plan and the YTD expenditure overspend was £7.6m above plan. CIP's came in at £9.4m against a plan of £11.0m, with a year to date variance of £1.6m (last month was £1.6m adverse).</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:	Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
Date:	21 January 2015
Decision:	For Assurance

Balanced Scorecard

1.0 Introduction

During 2014/15 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience (developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here).

The key measure for patient experience is the Friends and Family test which is showing good results for ward based care, while A&E experience is improving albeit still behind where the Trust is aiming. The Trust is performing well for the collection of data; it remains amongst the leading Trusts in the region. In terms of responses the Trust is comparing well against its peers for inpatient care and maternity. For A&E the Trust is collecting significantly more data than the majority of other Trusts.

2.0 Best Outcomes

The SHMI mortality ratio for December was 55, with the rolling twelve month position reducing to 57, against an indicative ratio limit of 72. The level has remained relatively stable for a year. The actual number of deaths in December was 123, well above the monthly indicative limit of 86.

There were 9 cases of cardiac arrests in non-critical care areas in December, one more than in October. This is a new measure for this year and the target is yet to be established. This measure forms part of the CQUIN schemes and a detailed action plan is being developed to reduce these numbers.

41.7% of stroke patients in December reached the stroke ward within 4 hours of being admitted to the hospital, which is a significant decline on previous performance. 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. The CCG issued a contract notice on the Trust to improve stroke services, but accepted the explanation of the Trust. The CCG therefore withdrew their notice.

Readmissions were below the target level at 12.3%. Reducing the number of readmissions is a focus for the Trust. With the high level of emergency admissions in December the new plan, reported in November's report has been delayed until January. From February all high risk patients will be identified to the GP's in the discharge summary. 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 December was 49, with no patients suffering harm as measured by the safety thermometer. This positive outcome takes the year to date for 2014/15 to 0.53%, which is in line with the 2013/14 outturn.

There were no cases of hospital acquired MRSA and 2 cases of C.Diff this month. While the year to date for MRSA remains stable at 0, the 2 new cases of C.Diff takes the year to date to 15 against the annual target of 9. Though it should be noted that only cases that are found to be caused by the hospital are financially penalised.

While Pressure Ulcers (per 1000 bed days) at 1.56 is still above target rate of 1.19, there has been an improvement since April's adjusted rate of 2.92.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (84.7%) during December, and this target continues to be an area of focus for the Trust as achievement remains challenging. The Operational team have developed, with the CCG a whole system plan to recover the A&E position by April 2015. The reasons for the target failure are multifaceted, excess demand and poor discharge flow was a significant contributor to the problem. The CCG are withholding payments for not achieving the target as well as charging fines. The year to date position is 93.0%, below the annual target of 95%.

The Trust has largely recovered its 18 week position at Trust level, though there are a few specialities where the target remains challenged. Therefore whilst the Trust met the targets in December this target remains a focus for the Trust.

The Friends and Family Test score for inpatients in December increased to 74.6 from 72.6 in October, and is above our target of 73 following several months of improvement. The score for A&E has continued to rise from 38.4 in July to 48.6 in December, though has fallen back from its peak in October. Given the high demand for A&E services in December this is not unexpected. The new maternity measure continues to be above our target level in December at 82.3. This is reflected in the continuing increase of women choosing the service.

Follow-up complaints were at 4 in December and now are within the targeted level. Following a formal contract notice from the CCG our response times to complaints has significantly improved with 86% of patients received their responses within the agreed timescale in December.

4.0 Skilled, motivated workforce

At 31st December 2014 the workforce establishment remained at 3586 WTE. The vacancy percentage has increased slightly to 7.8% an increase of 0.1% with a slight drop in staff in post numbers. The Trust continues to recruit in line with the Hire Ahead programme for qualified Nursing and Midwifery staff with Recruitment Days and overseas recruitment campaigns.

Agency expenditure in December increased to 9.4% of the pay bill, remaining higher than the target.

- Nursing Agency decreased by 8.1 WTE for nursing as overall demand decreased due to some departments closing over the bank holidays.
- Medical Agency increased by 5.3 WTE increasing in Paediatrics, Surgery and Acute Medicine.
- AHP/HCHS/Other Agency decreased by 1.3 WTE

Bank expenditure decreased to 6.4% of the pay bill with the YTD figure at 6.9%, meeting the Trust target. Usage and demand was down due to some departments closing over the bank holidays.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. This month turnover dropped to 13.8%, now below the trust target. The number of leavers this month increased slightly from 34 in November to 35 in December, with 5 retirements, 1 dismissal and 29 voluntary resignations, of these:

- 12 were promotions/better reward package/relocations/further study
- 17 were childcare responsibilities/work life balance/health/other

Stability (percentage of the workforce with more than one year's service) decreased slightly from 89.5% to 88.1%, still exceeding the Trust target.

The sickness rate decreased to 2.8% in November with the cumulative YTD figure remaining at 2.8%, both figures below the Trust target.

The number of staff recorded as having an appraisal within the past year decreased slightly to 75.7%, remaining 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 scorecard shows the effect of recalculating the metric to allow for appraisals pending implementation of new appraisal policy and process would increase the KPI to 85.6% for appraisals.

Mandatory training compliance increased to 86.6%, below the Trust target.

Each quarter all permanent staff are invited to participate in the Staff Friends and Family Test. Staff are asked two questions in relation to whether they would recommend the Trust as a place to work and receive treatment. The Staff Friends and Family Test is not run during Quarter 3 (September to December) during the National Staff Survey, the results of which are published each February.

5.0 Top productivity

The Trust reported an in-month deficit of £0.7m against a planned deficit of £0.4m (prior month deficit was £0.3m), increasing the year to date deficit to £2.0m (last month YTD was £1.3m), which is £0.7m worse than prior forecast. The YTD adverse variance to budget was £2.1m (last month YTD was £1.8m behind plan).

Within the YTD adverse variance, activity income was £4.4m above plan, other income was £0.6m above plan and the YTD expenditure overspend was £7.6m above plan. CIP's came in at £9.4m against a plan of £11.0m, with a year to date variance of £1.6m (last month was £1.6m adverse).

The Monitor Continuity of Service Risk Rating (CoSRR) is 3 against a plan of 3 for the year to date. The forecast is to achieve a 3 for the year, although this is now very tight.

Cash continues to track behind target due to the year to date deficit, in year over-performance not yet invoiced/paid and 2013/14 over-performance not fully recovered. Some cash has now been received in January which has eased the position for January.

The income plan figures included in the ledger year to date are as per the above table. Emergency work remained 3.5% below plan year to date (last month year to date was in 3.5% below plan) although income remains above plan, and the NEL cap has been increased accordingly (actual NEL cap recorded in-month was £0.7m; £3.3m YTD vs £2.4m planned).

A&E activity was 1.8% higher in December compared to November, and YTD activity is 6.2% higher than plan (last month ytd was 5.4% higher) and 4% higher than last year to date.

Elective activity was 23% down on November, and is 7.5% below plan. Elective activity in T&O decreased in December by 26%, largely due to high levels of Consultant annual leave. This was partially offset by an 8% increase in day case work.

Births were 8% higher in December than November and year to date were 2.3% higher than the same period last year to date. The variance to budget for income includes £0.5m of CIPs not achieved year to date.

Trust Balanced Scorecard - 2014/15

1. Best outcomes

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
1-01 In-hospital SHMI	N	56	<72	<72	56		57
1-02 RAMI	N	57	<70	<70	81		60
1-03 In-hospital deaths (CQUIN)	L	1033	86	<1033	123		790
1-04 Proportion of mortality reviews	L	23%	70% in Q3	>90%	22%		34%
1-05 Number of cardiac arrests not in critical care areas	L	NEW	-	-	9		52
1-06 MRSA (Hospital only)	N	2	0	0	0		0
1-07 C.Diff (Hospital only)	N	10	0.75	9	2		15
1-08 Falls (Total Number)	L	721	58	697	49		475
1-09 Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	2.95		3.31
1-10 Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.00%		0.53%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	1.56		2.01
1-12 Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	0.60%		0.98%
1-13 Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	12.3%		12.8%
1-14 WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	98.2%		98.4%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	80% in Q3	90%	41.7%		53.7%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	NEW	75% in Q3	90%	75%		50%

3. Excellent experience

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
3-01 Trust 4Hr Target (Monitor Compliance)	N	95.5%	>95%	>95%	84.7%		93.0%
3-02 Emergency Conversion Rate	C	23.1%	<23.8%	<23.8%	25.0%		23.4%
3-03 Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	9		75
3-04 Average Bed Occupancy (exc escalation beds)	L		92.0%	92%	92.8%		90.3%
3-05 Patient Moves (ward changes >=3)	L	6.5%	<6.5%	<6.5%	5.9%		6.8%
3-06 Discharge rate to normal place of residence (Stroke&FNOF)	L	60.7%	>62.1%	>62.1%	64.2%		59.6%
3-07 Friends & Family test score - InPatients	L	72.3	>73	>73	74.6		74.9
3-08 Friends & Family test score - A&E	L	47.6	>55	>55	48.6		46.7
3-09 Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	82.3		78.1
3-10 Follow-up complaints	L	144	14	136	4		75
3-11 Dementia screening (Composite Score)	N	96.7%	>90%	>90%	95.64%		95.9%
3-12 RTT - Admitted pathway	N	88.2%	>90%	>90%	92.6%		87.0%
3-13 RTT - Non-admitted pathway	N	97.3%	>95%	>95%	95.2%		95.45%
3-14 RTT - Incomplete pathways	N	96.9%	>92%	>92%	95.8%		95.55%

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure		Outturn 13/14	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
2-01 Establishment (WTE)	L	3,354	3,564	3586		3586
2-02 Establishment (£ Pay)	L	£150,650k	£155,079k	£13,661k		£119,894k
2-03 Agency Staff Spend as a Percentage of Total Pay	L	8.0%	5.0%	9.4%		7.5%
2-04 Bank Staff Spend as a Percentage of Total Pay	L	6.1%	7.0%	6.4%		6.9%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	L	7.4%	9.0%	7.8%		7.8%
2-06 Staff turnover rate	L	14.6%	14.0%	13.8%		13.8%
2-07 Stability	L	87.7%	89.0%	88.1%		88.1%
2-08 Sickness absence	L	3.2%	3.0%	2.8%		2.8%
2-09 Staff Appraisals	L	86.4%	90.0%	75.7%		75.7%
Staff Appraisals Recalculated to allow for appraisals pending implementation of new appraisal policy and process between May and September				85.6%		85.6%
2-10 Statutory and Mandatory Training	L	87.6%	90.0%	86.6%		86.6%
		Q1 14/15	Q2 14/15	Q3 14/15		
2-11 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/ likely %)		78%:8%	82%:7%	*Note 3		82%:7%
2-12 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/ likely %)		55%:26%	69%:12%	*Note 3		69%:12%

Note 1 - from April 2014 Vacancy Percentage rate is adjusted to reflect posts within the nursing Headroom held for bank fill

Note 2 - The Trust target and results will be published when NHS England have ratified the data which is anticipated to be in September 2014.

Note 3 - National Staff Survey Run

4. Top productivity

Measure		Outturn 13/14	Annual Target 14/15	Dec Actual	6-month trend	YTD 14/15
4-01 Monitor Continuity of Service Risk Rating	N	3	3	3		3
4-02 Total income excluding interest (£000)	L	£245,687	£252,142	£21,597		£193,705
4-03 Total expenditure (£000)	L	£230,564	£235,227	£20,990		£183,539
4-04 EBITDA (£000)	L	£15,123	£16,915	£607		£10,167
4-05 CIP Savings achieved (£000)	L	£10,091	£14,902	£1,224		£9,393
4-06 CQUINs (£000)	L	£4,547	£4,296	£392		£3,610
4-07 Month end cash balance (£000)	L	£11,065	£11,811	£3,939		£3,939
4-08 Capital Expenditure Purchased (£000)	L	£15,664	£12,415	£970		£7,145
4-09 Emergency threshold/readmissions penalties	L	£5,332	£5,572	£939		£4,808
4-10 Average LoS Elective (RealTime)	L	3.77	3.32	3.97		3.45
4-11 Average LoS Non-Elective (RealTime)	L	6.62	6.29	6.72		6.60
4-12 Outpatient First to Follow ups	L	1.57	1.49	1.35		1.37
4-13 Daycase Rate (whole Trust)	L	83.9%	>84%	84.2%		82.7%
4-14 Theatre Utilisation	L	72.67%	>76%	72.5%		75.37%
4-16 A&E Activity (Attendances)	L	92,215	<91243	8322		72415
4-17 Emergency Activity (Spells)	L	38,194	<38,194	3355		28844
4-18 Elective Activity (Spells)	L	38,058	>38,058	2675		26707
4-19 % Elective inpatient activity taking place at Ashford	L	48.3%	>57.53%	55.9%		55.9%
4-20 Outpatient Activity (New Attendances)	L	107,802	>107,802	8865		45149

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 (CQUINN definition, 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 (<u>excluding</u> 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 Test score 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?")
3-08	Friends and Family Test score 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 & Family test score - Maternity (Composite Score calculated from the questions asked at 4 touchpoints - antenatal care, birth, labour ward and postnatal care)
3-10	The number of follow-up complaints received
3-11	Dementia screening (Composite Score based on the national return, combining the three questions about finding,)
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 Bluespider records with missing tracking times
4-16	A&E Activity (Attendances)
4-17	Total number of Emergency Spells in the month
4-18	Total number of Elective (Inpatient & Daycase) 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, OPFASPCL and OPFAMPCL) NB: This does not include direct access or POC