

**TRUST BOARD**  
**29<sup>th</sup> November 2012**

<b>TITLE</b>	<b>Balanced Scorecard for November (reporting Octobers' data)</b>
<b>EXECUTIVE SUMMARY</b>	<p>The paper outlines the core objectives for the Trust as:</p> <ul style="list-style-type: none"> <li>• Ensure the emergency pathway is improved to ensure an efficient flow of patients and as a result meets all national targets</li> <li>• Ensure the financial plan is met.</li> </ul> <p>The document highlights all the key performance metrics for the Trust and provides commentary on actions being taken where this is required. The paper highlights that performance against the emergency access target is good (October - 96.5%). The Trust has now achieved £3.7m surplus year to date against a target of £4.4m. The forecast for the year end remains at £3.3million</p>
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	N/A
<b>EQUALITY AND DIVERSITY ISSUES</b>	N/A
<b>LEGAL ISSUES</b>	N/A
<b>The Trust Board is asked to:</b>	Discuss the paper.
<b>Submitted by:</b>	Raj Bhamber, Director of Workforce and Organisational Development, David Fluck, Interim Medical Director and Simon Marshall, Director of Finance and information.
<b>Date:</b>	21 <sup>st</sup> November 2012
<b>Decision:</b>	For Discussion.

**TRUST BOARD****29<sup>th</sup> November 2012****Balanced Scorecard****Scorecard Commentary – October**

As with the previous month the Trust's underlying internal objectives for 2012/13 remain as:

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

In October the Trust continued to meet the emergency access target (96.6%) and implemented the revised emergency pathway changes for the Medical Division. The Operations Team are now focused on reviewing the surgical emergency pathway. The Trust has now achieved £3.7m surplus year to date against a target of £4.4m. The forecast for the year end remains at £3.3million. October's finances were behind plan by £0.3 million. The FRR remained at 4 which is in-line with the plan and it is expected to be 3 by the year end.

The SHMI mortality rate is 80 bringing the year to date position to 62. This rate is in the middle of our peer group on CHKS.

There were 46 complaints in October bringing the year to date total to 262. Therefore the Trust is forecasting to achieve its target of receiving less than 500 complaints by year end.

With one case of C-difficile in October, our year to date total increased to ten which is just below the trajectory. The forecast for the year end is that the Trust will achieve the target. There was one case of MRSA in October, bringing the year to date total to two against a target of one. Due to the low target level, Monitor does not reduce the governance rating until there are more than six cases in a year. The number of Falls in October is three above the monthly target however it is one of the lowest monthly figures so far for the year with two that resulted in harm. The Trust is predicting that it will not achieve its own target of total falls. The Falls that are reported follow the Safety Thermometer definition. Consequently Falls in the Emergency Department, although reported and monitored by the Trust internally, are not included in the Falls reported to the Board. Over the past 12-month period, there have been 37 Falls in the Emergency Department with one Grade 3 Fall (Falls Resulting in Significant Injury).

During October ASPH continued to achieve all the key Monitor targets within the compliance framework including the four hour emergency access standard (96.6%). The A&E conversion rate declined to 21% as a result of the changes to the clinical pathway. The clinical pathway changes have also had a positive effect on the use of ambulatory care pathways where usage increased to the target level of 30%.

Emergency work continues to over perform against plan, with the year to date activity now 7% above plan (last month 5.7% above YTD plan). The increasing over performance is in part due to the PCT QIPPS not delivering as expected which reduces the income and activity plan (£0.4m relating to Emergency pathways in the month). Elective work continued to decline month on month and is now at 2.1% above YTD plan (last month 2.9% above YTD plan). This is despite elective activity increasing in the month compared to September, as the plan for October was high, and therefore the activity was below plan in the month, most significantly in Acute Medicine (16% below plan). There was an 8% increase in A&E attendances in October and the YTD variance has increased to 5% above plan (last month 4.1% above plan). This is despite the new MAU model taking effect in the month, and this is also reflected in the increase of Emergency admissions, for which only 30% of the income is received once the threshold has been exceeded. An error in the counting and coding of Urology procedures has been identified and corrected. The corrections have been backdated to September.

Market share performance remains stable. Vascular market share is remaining static at around 46% of Surrey. Similarly bariatric surgery has been constant at just below 30%. The surgical division is focusing on how to increase bariatric surgery levels. Plans to increase market share within Surrey are being focused on two areas; West Byfleet and Cobham.

The October financial position was £0.3k below plan. This was due to:

- An increase in the NEL threshold provision of £0.1k as emergency activity remains above plan;
- A correction of over reported income for an anti-coagulant clinic activity £0.1k; and
- A large clinical supplies invoice that had not previously been accrued £0.1k.

CQUINS income has had a year to date adjustment downwards of £0.5m to reflect the latest forecast – however this has been matched by a budget reserve release. Pay remains flat month on month, while non-pay has increased, however month 6 was artificially low due to a one off adjustment in accounting entries for Surrey Pathology Services between non pay and income. The forecast outturn surplus remains £3.3m with the Monitor FRR remaining at 4 in the month, in-line with plan. The forecast remains at 3 for the year

The Trust's establishment decreased to 3235 WTE, a net reduction of 8 WTE. The establishment is made up of 2307 WTE clinical posts and 928 WTE non-clinical posts. The net reduction was due to growth of 5 WTE new midwifery posts and a planned reduction of 13 WTE (Corporate, Middle & Administrative Office Review reductions of 8 WTE in Finance, 0.5 WTE in Quality and 0.2 in R&D as part of Workstream 4, and a further 4 WTE reception

posts as part of Workstream 3). The forecast establishment for 31 March 2013 will be reviewed at the end of quarter 3.

The agency staffing level continues to run above the targeted level (45 WTE), but with a decrease from September's level of 6.0 WTE. All areas of agency usage (Medical, Nursing & AHP's) saw declines.

- Medical agency decreased from 18.8 to 17.8 WTE
- Nursing & HCA agency use decreased from 33.4 to 31.6 WTE
- Other Staff Groups decreased from 3.2 to 0.1 WTE in dental support.

The turnover rate for clinical staff was 14.9% and non-clinical was 13.4%. Stability for clinical staff was 84.2% and non-clinical was 87.8%.

The number of staff recorded as having an appraisal within the past year increased with the appraisal level for clinical staff recorded at 89.0% and non-clinical at 90.0%. The low appraisal rate Divisions continue to be targeted, particularly in the half year reviews which were completed in October. Vacancy rates declined to 6.4% in October which is now well below the target of 10%, with clinical staff was 5.6% and non-clinical was 8.2%.

The rate of sickness continues to decline with the rate being 2.54% in September which is below the target of 3%.

# Trust Balanced Scorecard - October 2012

## 1. To achieve the highest possible quality of care and treatment for our patients

Patient Safety & Quality	Annual Target 12/13	Annual Forecast 12/13	Oct Actual	Performance			YTD 12/13
				Aug	Sep	Oct	
1-01 Summary Hospital-level Mortality Indicator (SHMI)*	N <100	<100	80	▲	▲	▼	62
1-02 Risk Adjusted Mortality Index (RAMI) **	N <100	<100	67	▲	▲	▼	67
1-03 Crude mortality (Excluding readmissions)	L 1.6	<1.6	1.7%	▲	▼	▼	1.56%
1-05 MRSA (Hospital only)	N 1	2	1	◀▶	◀▶	▼	2
1-06 C.Diff (Hospital only)	N 20	18	1	▼	▲	▼	10
1-07 VTE (hospital acquired with PE or DVT)	L 14	21	4	▼	▼	◀▶	15
1-08 Serious Incidents Requiring Investigation (SIRI)	L 50	110	9	▼	▲	▼	46
1-09 SIRI Grade 2 (proportion of total SIRI)	L 0.0%	4.6%	0.0%	▼	▼		11%
1-10 Falls (Total Number)	L 462	674	41	▲	▼	▲	414
1-11 Falls - resulting in significant injury (grade 3)	L <15	15	2	▲	▼	◀▶	9
1-12 Stroke Patients (90% of stay on Stroke Unit)	N 80.0%	80.0%	75.7%	▼	▲	▼	84.1%
1-13 Average Bed Occupancy (inc escalation)	L 92.0%	-	85.4%	▼	▼		88.5%
1-14 Patient Moves (ward changes >=3)	L <5%	8.0%	7.5%	▲	▲	▲	7.3%
1-15 Patient Satisfaction (NetPromoter Score)	L 65%	60.3%	64%	▼	▲	◀▶	60%
1-16 Formal complaints (Total Number)	L <500	447	46	▼	▲	▼	262
1-17 Formal complaints (rate per discharge - IP only)	L 0.44%	-	0.58%	▼	▲	▼	0.59%

1-01 \* Provided by CHKS, reported 1 month in arrears.  
1-02 \*\* Provided by CHKS, reported 1 month in arrears.

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

Clinical Strategy	Annual Target 12/13	Annual Forecast 12/13	Oct Actual	Performance			YTD 12/13
				Aug	Sep	Oct	
3-01 Attendances at RAC	L 844	929	102	▲	▼	▲	544
3-02 Admissions from Nursing Homes (emergency adm)	L 5.3%	-	3.7%	▼	▲		4.2%
3-03 Trust 4Hr Target *	N 95.0%	95.0%	96.6%	▼	▼	▲	96.4%
3-04 Emergency Conversion Rate	C 23.8%	25.2%	21.0%	▼	▲	▲	25.4%
3-05 Ambulatory Care Pathways	N 30.0%	TBC	30%	▲	▼		27%
3-06 Readmissions within 30 days - Elective	N 3.15%	TBC	3.02%	▲	▼	▲	3.21%
3-07 Readmissions within 30 days - Emergency	N 12.60%	TBC	14.49%	▼	▲	▼	14.30%
3-08 Discharge Rate at weekends *	C 13.50%	15.0%	12.90%	▼	▲	▼	13.10%
3-09 Day Surgery Rate (BADs procedures)	N 85%	85%	81.6%	▼	▼		83.8%
3-10 Overall Elective Market Share*	L >66%	-	64.7%	▲	▲	▼	64.6%
3-11 Overall Elective Market Share (Bariatric)*	L 30%	-	28.6%	▲	▲	▲	28.2%
3-12 Overall Elective Market Share (Vascular)*	L 50%	-	45.9%	▼	▼	▲	45.1%
3-13 R&D *	L 444	TBC	100	◀▶	◀▶	◀▶	100
3-14 Elective Activity (Spells)	L 34,417	34,553	3075	▲	▼	▲	20156
3-15 Emergency Activity (Spells)	L 37,644	39,947	3411	▲	▼	▲	23336
3-16 Outpatient Activity (New Attendances)	L 110,242	111,761	10,506	▼	▲	▲	65,199

3-03 \* As per Monitor reporting (includes Ashford)  
3-08 \* Methodology as per CQUIN target, excludes Maternity and Births  
3-10 \* Market Share currently unavailable  
3-13 \* R&D figures are reported 1 month retrospective and cumulative. They include both observations and interventions.

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

Workforce	Annual Target 12/13	Annual Forecast 12/13	Oct Actual	Performance			YTD 12/13
				Aug	Sep	Oct	
2-01 Establishment (WTE)	3264 *1	3257 *1	3235	▲	▲	▲	3235
2-02 Establishment (£Pay)	£139,394k	£140,135k	£11,699k	▼	▼	◀▶	£81,860k
2-03 Establishment growth (WTE)	42	42	5	◀▶	▲	▲	18
2-04 Establishment growth (£Pay)			0	◀▶	◀▶	◀▶	0
2-05 Establishment Reduction (WTE)	104	104	13	▲	◀▶	▲	104
2-06 Establishment Reduction (£Pay) *3	£2,902k	£2,902k	£378k	▼	▲	▲	£1,987k
2-07 Agency Staff use (WTE)	<45	<48	49	▲	▼	▲	56
2-08 Agency Staff (£Pay) *4	£5,047k	£7,479k	£753k	▲	▲	▼	£4,870k
2-09 Bank Staff use (WTE)	<280	<280	248	▲	▲	▲	239
2-10 Bank Staff (£Pay) *4	£10,937k	£10,937k	£647k	▼	▲	▲	£5,257k
2-11 Vacancy Rate (%)	<10%	<10%	6.4%	▲	▼	▲	6.4%
2-12 Staff turnover rate	<13%	<13%	14.3%	▲	▼	▼	14.3%
2-13 Stability	>85%	>85%	87.5%	▲	▼	▲	87.5%
2-14 Sickness absence	<3.0%	<3.0%	2.54%	▼	▲	▲	2.81%
2-15 Staff Appraisals	98%	98%	89.3%	▼	▼	▲	89.3%
2-16 Statutory and Mandatory Staff Training	98%	98%	94%	▼	▼	◀▶	94%

\*1 Establishment forecast updated at the end of quarter 2  
\*2 Reflects additional funding in excess of existing budget  
\*3 Pay expenditure linked to WTE reductions in establishment  
\*4 Included within Establishment (£pay)

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

Finance & Efficiency	Annual Target 12/13	Annual Forecast 12/13	Oct Actual	Performance			YTD 12/13
				Aug	Sep	Oct	
4-01 Monitor Financial Risk Rating	3	3	4	▲	◀▶	◀▶	4
4-02 Total income excluding interest (£000)	£225,816	£230,804	£19,817	▲	▼	▲	£135,605
4-03 EBITDA actual (£000)	£17,020	£17,051	£1,624	▲	▼	▼	£11,210
4-04 I&E net operational surplus (£000)	£3,300	£3,300	£549	▲	▼	▼	£3,725
4-05 CIP Savings achieved (£000)	£12,000	£11,978	£1,171	▼	▲	▲	£6,528
4-06 CQUINs	£4,236	£3,295	£275	◀▶	◀▶	▼	£1,922
4-07 Month end cash balance (£000)	£12,560	£12,560	£14,803	▲	▼	▼	£14,803
4-08 Capital Expenditure Purchased (£000)	£11,752	£10,260	£664	▲	▼	▼	£2,845
4-09 Contract Penalties	£0	£200k	£0	◀▶	◀▶	◀▶	£0
4-10 Business Rules (2 month in arrears)	£2m	£1.5m	£80k**	◀▶	◀▶	◀▶	£400k
4-11 Readmission Costs	1889k	1889k	£315k	◀▶	◀▶	◀▶	£1,734,643
4-12 Average LoS Elective*	L 3.32	3.7	3.51	▲	▼	▲	3.81
4-13 Average LoS Non-Elective*	L 6.99	7.1	7.17	▲	▲	▼	7.35
4-14 Outpatients DNA	L <=6%	7.5%	7.5%	▼	▲	▼	7.5%
4-15 Daycase Rate (whole Trust)	L >84%	80%	77.1%	▼	▲	▼	80.6%
4-16 Theatre Utilisation***	L >=85%	-	76.4%	▼	▼	▲	73.9%

\* Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.  
\*\* Estimated Figure  
\*\*\* Utilisation based on Time Used (Proc End - Anaesthetic Induction) as % of Available Session Time (4hours)

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

**Trust Balanced Scorecard 2012/13**  
**Definitions**

Quadrant 1	Indicator Definition
1-01	The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, 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.
1-02	The HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in casemix. The ratio is of observed to expected deaths (multiplied conventionally by 100). Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. For all of the 56 diagnosis groups, the observed deaths are the number that have occurred following admission in each NHS Trust during the specified time period. The expected number of deaths in each analysis is the sum of the estimated risks of death for every patient.
1-03	The total number of deaths against the total number of patients discharged in the month. (A patient will only be counted once even if they have been admitted more than once in the month)
1-05	Number of Hospital acquired MRSA
1-06	Number of Hospital acquired C-Diff
1-07	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-08	The total number of Serious Incidents requiring Investigation
1-09	The proportion of Grade 2 incidents against the total number of Serious Incidents requiring Investigation.
1-10	The total number of Falls
1-11	The number of Falls that were Grade 3 of the total number of falls
1-12	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
1-13	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-14	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-15	Patent Satisfaction - Net Promoter
1-16	The total number of formal complaints received.
1-17	Proportion of formal complaints received (for inpatients only) against the number of discharges.

Quadrant 3	Indicator Definition
3-01	Number of attendances at Rapid Access Clinics.
3-02	Proportion of patients who were admitted to the Trust as an emergency from a Nursing Home or Residential Care from the total number of emergency admissions
3-03	Number of attendances at A&E discharged within 4 hours
3-04	Percentage of patients who were admitted of the total number of attendances at A&E
3-05	Ambulatory Care Pathways
3-06	Re-admissions within 30 days of first admission where the first admission was an Elective.
3-07	Re-admissions within 30 days of first admission where the first admission was an Emergency.
3-08	Proportion of patients who were discharged on the weekend from the total number of discharges, for Electives (Inpatient & Daycase) and Non-Elective excluding Maternity and Births as per CQUIN calculation.
3-09	Number of procedures done as day surgery as per the recommended listing of the British Association of Day Surgery (BADS)
3-10	Overall Elective Market Share - Surrey PCT All specialities for Surrey PCT
3-11	Overall Elective Market Share for Bariatric activity (Using Dr Foster) Bariatric procedure codes, PCTs included Surrey, Hounslow, Berkshire East)
3-12	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 Surrey PCT Excludes Royal Marsden activity
3-13	Research & Development - Number of observations and interventions
3-14	Total number of Elective (Inpatient & Daycase) Spells in the month
3-15	Total number of Emergency Spells in the month
3-16	Total number of Outpatient attendances in the month. Includes First, Follow Up and Procedures.

Quadrant 4	Indicator Definition
4-12	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-13	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-14	Percentage of patients who did not attend outpatient appointments
4-15	Percentage of daycases of all electives.
4-16	Theatre Utilisation - based on Time Used (Proc End - Anaesthetic Induction) as % of Available Session Time (4hours)