Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Paper 5.1

TRUST BOARD
June 2016

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	✓	This paper measures achievement
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
EXECUTIVE SUMMARY		
	The Trust reported an in-month surplus of £746k against a planned surplus of £737k, resulting in a year to date adverse variance to plan of £0k (last month year to date variance was £10k adverse). Within the year to date variance, activity income was £346k below plan, other income was £60k below plan and the expenditure underspend was £416k below plan. CIP's came in at £1.2m, against a plan of £1.6m, with an adverse variance of £0.4m year to date. EBITDA was £5k favourable to budget in the month, £10k favourable year to date, with Below the line coming in £10k adverse year to date, resulting in a net surplus variance of £0k.	
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*	

Paper 5.1

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 DIRECTOR NAME/ROLE	David Fluck, Medical Director Louise McKenzie, Director of Workforce Simon Marshall, Director of Finance and information
DATE	21 June 2016
BOARD ACTION	Assurance

Paper 5.1

Balanced Scorecard

1.0 Introduction

Our Trust vision is to create excellent joined-up patient care, which includes

- Join up care within our hospitals – to ensure our care is well coordinated, our patients are kept informed, and there is no unnecessary waiting.
- Join up care into and out of hospitals, enabling good access into our hospitals and ensuring seamless pathways out of hospital to the appropriate next care setting.
- Provide leadership in creating great systems of care locally.
- Deliver excellent care to our patients. A strong component of feedback from our staff was the ambition to be amongst the best in the care we deliver.
- Put patients at the centre of everything we do.

The attached scorecard is the core measurement tool by which these objectives are monitored.

2.0 Best Outcomes

The SHMI mortality ratio for May was 64, which represents a continuation of the existing trend. The rolling twelve month position has reduced to 63, against an indicative ratio limit of 72. The last six months indicates a stable trend. The actual number of deaths in May was 105, which is above our target rate of 90.

There were 6 cases of cardiac arrests in non-critical care areas in May. As the number of events is low the actual performance is relatively labile.

63% of stroke patients admitted in May reached the stroke ward within 4 hours of being admitted to the hospital. This is still way below the target. The CCG are in the process of re-procuring stroke with a fully integrated pathway. A proposal was submitted to the Commissioners on the 21st June which recommended a HASU and ASU at St Peter's Hospital only. Our modelling indicates that this would double the stroke activity at this hospital.

Readmissions were at 14.5%. Readmissions continue to run at a higher rate in the last 6 months than in previous periods.

The number of falls in May per 1000 bed days was 1.74 which is lower than in the previous months.

There were no cases of hospital acquired MRSA and one case of C-Diff which continues the very low long term trend.

Pressure Ulcers (per 1000 bed days) at 2.2 is above the revised target rate of 1.98. The long term trend is currently stable.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (89.3%) during May, and this target continues to be an area of focus for the Trust as achievement remains challenging. Significant pathway changes have been implemented including the creation of the urgent care centre and during May a new outpatient area within A&E.

This has improved performance, though excess demand (second highest month ever) counteracted the improvement work.

The Trust did meet the 18 week target at Trust level, (Incomplete 94.4%).

The Friends and Family Test score for inpatients' in May was 95.2%, and is above our target of 95% following several months of improvement. The score for A&E is at 84.1% which is roughly stable with the previous month.

The follow-up complaints rate in May was 8.4% which is below the revised target level.

4.0 Skilled, motivated workforce

The number of staff in post was 3782 WTE giving a vacancy rate of 10.5% in May which is above target.

Agency expenditure as a percentage of the pay bill for all staff groups decreased this month to 6.8%, which is above the target level of 7% but is a significant decrease. The Trust has confirmed the agency spend cap for 2016/17 and is working with divisions to agree targets for expenditure in all staff groups. The Trust is supporting the agency price caps and has successfully negotiated with most agency suppliers to bring rates down to the April capped rates. Breaches of the rate cap are taking place, only where essential to support safe patient care and these are reported weekly to NHS Improvement .

Bank expenditure reduced to 6.1% of the pay bill in May, this is within target.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. Turnover for the year is at 16.3%, higher than target, but comparable to 2015/16. Stability (percentage of the workforce with more than one year's service) was 87%, below the target.

The sickness rate decreased to 2.4% in May, which is below last year's average of 3.0%.

The number of staff recorded as having an appraisal within the past year has dropped to 72.7%.

Mandatory training compliance has remains stable at 80.3%, below the Trust target. Compliance been maintained at this level since the year end figure in 2014/15 of 81.8%. The mandatory training matrix has been updated for 2016/17 and refresher days are being updated to improve ease of booking and attendance.

5.0 Top productivity

The Trust reported an in-month surplus of £746k against a planned surplus of £737k, resulting in a year to date adverse variance to plan of £0k (last month year to date variance was £10k adverse).

Within the year to date variance, activity income was £346k below plan, other income was £60k below plan and the expenditure underspend was £416k below plan. CIP's came in at £1.2m, against a plan of £1.6m, with an adverse variance of £0.4m year to date.

EBITDA was £5k favourable to budget in the month, £10k favourable year to date, with Below the line coming in £10k adverse year to date, resulting in a net surplus variance of £0k.

The Monitor Financial Sustainability Risk Rating (FSRR) is 3 against a plan of 3.
Cash balances were higher than planned in May. It had been expected that two milestone payments for the EmR project would be paid in April and May, but only one was paid.
The year-end forecast has been held to budget at this stage, and it is assumed the CIP's forecast will be recovered by the end of the year. Uncertainty remains around the finalisation of CCG QIPPs and the risk share agreement.

The activity plan figures have not yet been finalised in SLAM for 2016/17 and the figures shown are a proxy plan at this stage, however, activity was 6% up on the same period last year (last month was 5% up), with increases in A&E (6%), outpatients (9%) and day cases (10%).

Year on year increases in activity may be related to Easter being in March in 2016, though GP referrals are up 8% comparing the two time periods.

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NHS Foundation Trust

Paper 5.1

Trust Balanced Scorecard - 2016/17

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1. Best outcomes

	Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	May 16 Actual	6-month trend	YTD 16/17
1-01	In-hospital SHMI	64	<72	<72	64		63
1-02	RAMI	62	<70	<70	60		61
1-03	In-hospital deaths	1139	180	<1082	105		201
1-04	Proportion of mortality reviews*	56%	>90%	>90%	68%		68%
1-05	Number of cardiac arrests not in critical care areas	56	-	-	6		11
1-06	MRSA (Hospital only)	0	0	0	0		0
1-07	C.Diff (Hospital only)	15	2	17	1		1
1-08	Falls (Per 1000 Beddays)	2.59	2.46	2.46	1.74		1.83
1-09	Pressure Ulcers (Per 1000 Beddays)	2.08	1.98	1.98	2.20		2.07
1-10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	14.5%		13.8%
1-11	Stroke Patients (% admitted to stroke unit within 4 hours)	65.0%	90.0%	90%	63.0%		64.4%
1-12	Medication errors - rate per 1000 bed days	2.9	2.01	2.01	3.34		3.29
1-13	Sepsis Screening audits undertaken*	70.5%**	90%	90%	*Quarterly Measure		*Quarterly Measure
1-14	Sepsis Antibiotic Administration Audits undertaken*	71.6%**	90%	90%			

2. Skilled, motivated workforce

	Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	May 16 Actual	6-month trend	YTD 16/17
2-01	Establishment (WTE)	3717		3,782	3782		3782
2-02	Establishment (£ Pay)	£169,101k		175911	£14,422		£28,928
2-03	Agency Staff Spend as a Percentage of Total Pay	9.1%	<7.3%	<7.3%	6.8%		7.1%
2-04	Bank Staff Spend as a Percentage of Total Pay	6.2%	<7%	<7%	6.1%		6.2%
2-05	Vacancy Rate (%) Excluding Headroom *Note 1	8.8%	<9.0%	<9.0%	10.5%		10.8%
2-06	Staff turnover rate	16.7%	<15.5%	<15.5%	16.3%		16.8%
2-07	Stability	86.8%	>88%	>88%	87.0%		86.7%
2-08	Sickness absence	3.0%	<3%	<3%	2.4%		2.6%
2-09	Staff Appraisals	77.4%	>90%	>90%	72.7%		74.3%
2-10	Statutory and Mandatory Training	81.7%	>90%	>90%	80.3%		81.8%
2-11	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)	79%			Note 2		Note 2
2-12	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)	70%					

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

Note 2 - Survey in progress

3. Excellent experience

	Measure	Outturn 15/16	Monthly Target 16/17	Annual Target 16/17	May 16 Actual	6-month trend	YTD 16/17
3-01	A&E 4 hour target (exc Ashford)	86.6%	>95%	>95%	89.3%		86.2%
3-02	Emergency Conversion Rate	23.9%	<22.64%	<22.64%	24.8%		24.1%
3-03	Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG	8	N/A	N/A	12		12
3-04	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG	116	N/A	N/A	3		10
3-05	Average Bed Occupancy (exc escalation beds)	86.5%	<92%	<92%	93.0%		91.4%
3-06	Patient Moves (ward changes >=3) **	6.5%	<6.18%	<6.18%	9.7%		9.3%
3-07	Discharge rate to normal place of residence (Stroke&FNOF)	56.0%	>62.1%	>62.1%	68.8%		62.3%
3-08	Friends & Family Satisfaction Score - InPatients (incld Daycases)	96.2%	95%	95%	95.2%		95.6%
3-09	Friends & Family Satisfaction Score - A&E (incld Paeds)	84.3%	87%	87%	84.1%		84.3%
3-10	Friends & Family Satisfaction Score - Maternity (Touch Point 2)	96.3%	97%	97%	98.1%		97.1%
3-11	Friends & Family Satisfaction Score - Outpatients	0.9	92%	92%	95.5%		95.7%
3-12	Complaints - FollowUp Rate	8.3%	<10%	<10%	8.4%		7.0%
3-13	Dementia screening (Composite Score)	96.9%	90%	90%	94.4%		94.2%
3-14	RTT - Admitted pathway (Unadjusted)	80.5%	>90%	>90%	65.8%		62.9%
3-15	RTT - Non-admitted pathway	95.50%	>95%	>95%	94.5%		94.4%
3-16	RTT - Incomplete pathways	95.71%	>92%	>92%	94.4%		94.0%
3-17	Cancer waiting times targets achieved	N/A	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 15/16	Monthly Target 16/17	Annual Target 16/17	May 16 Actual	6-month trend	YTD 16/17
4-01	Monitor Financial Sustainability Risk Rating *Note 1	2	3	3	3		3
4-02	Total income excluding interest (£000) *Note 1	£267,474		£279,170	£23,437		£46,024
4-03	Total expenditure (£000)	£255,685		£261,629	£21,666		£43,250
4-04	EBITDA (£000) *Note 1	£11,789		£17,541	£1,771		£2,773
4-05	CIP Savings achieved (£000)	£13,693		£10,727	£597		£1,183
4-06	CQUINs (£000)	£5,195	TBC	TBC	TBC		TBC
4-07	Month end cash balance (£000) *Note 1	£8,672		£7,251	£7,849		£7,849
4-08	Capital Expenditure Purchased (£000)	£8,584		£9,945	£334		£583
4-09	Emergency threshold/readmissions penalties	£3,016	TBC	TBC	TBC		TBC
4-10	Average LoS Elective (RealTime)	3.40	3.32	3.32	3.93		3.78
4-11	Average LoS Non-Elective (RealTime)	6.36	6.13	6.13	6.15		6.46
4-12	Outpatient First to Follow ups	1.36	1.31	1.31	1.29		1.30
4-13	Daycase Rate (whole Trust)	83.7%	>84%	>84%	83.0%		84.1%
4-14	Theatre Utilisation	73.7%	>79%	>79%	76.1%		72.8%
4-15	A&E Activity (Attendances)	96328	<8156	YTD <16313	8777		16675
4-16	Emergency Activity (Spells)	37779	<3195	YTD <6391	3395		6561
4-17	Elective Activity (Spells)	37629	>3056	YTD >6113	3144		6222
4-18	% Elective inpatient activity taking place at Ashford	54.52%	>57.53%	>57.53%	47.4%		47.7%
4-19	Outpatient Activity (New Attendances)	118268	>9839	YTD >19678	10230		20516

Note 1 - Measures the Trust's financial performance before receipt of Sustainability & Transformation funding.

Trust Balanced Scorecard 2016/17

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, MMDU, 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 agency
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 agency
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	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
2-08	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.
2-09	Staff Appraisals
2-10	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
2-11	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)
2-12	F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)

Quadrant 3	Indicator Definition
3-01	Trust 4Hr target (Excluding 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
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 Femur
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 complaints
3-13	Dementia screening (Composite Score based on the national return, combining the two questions)
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
4-10	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 - Anae Induction) as % of available session time. Includes Bluespier records with missing tracking times
4-15	Overall Elective Market Share
4-15	A&E Activity (Attendances)
4-16	Total number of Emergency Spells in the month
4-18	Percentage of elective inpatient activity taken place at Ashford
4-19	Total number of Outpatient New attendances - SLAM figures (for PODS = OPFASPCL, OPFASPNCL and OPFAMPCL) NB: This does not include direct access or POC