

TRUST BOARD
31st July 2014

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 results for its inpatient services and A&E in June, though both remain areas of key focus</p> <p>Meeting the 18 week target remains a challenge for the Trust, though the action plans to recover the situation have been agreed with commissioners and are being implemented.</p> <p>The Trust reported a smaller in-month deficit at £0.3m against a planned deficit of £0.1m (prior month deficit was £0.5m), bringing the year to date deficit to £1.4m (including £0.3m of non recurrent asset impairments).</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:	Danny Hariram, Acting Director of HR Simon Marshall, Director of Finance and information
Date:	23 rd July 2014
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 reasonable results for ward based care, but the A&E experience is 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. 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 June rose slightly to 55, with the rolling twelve month position remaining at 55, against an indicative ratio limit of 72. The level has remained relatively stable since December. The actual number of deaths in June was 70, slightly below the monthly indicative limit of 86.

There were 6 cases of cardiac arrests in non-critical care areas in June, up from 2 in May. This is a new measure for this year and the target will be established later this quarter. This measure forms part of the CQUIN schemes and a detailed action plan is being developed to reduce these numbers.

50% of stroke patients reached the stroke ward within 4 hours of being admitted to the hospital, down from 53% in May. This is below our improvement trajectory of 61% for Q1, and well below the year-end target of 90%, which is the national standard.

Readmissions were above the target level at 13.9%. Reducing the number of readmissions is a focus for the Trust and a new plan has been formulated. The Trust intends to pilot the phoning of patients the day after discharge by clinical staff to address any patient questions, with the aim of improving outcomes, reassurance and reducing readmission rates.

The number of falls in June was 44, with 0.61% patients suffering harm as measured by the safety thermometer. This is above the monthly limit of 0.5%, and higher than the 2013/14 outturn of 0.53%.

There were no cases of hospital acquired MRSA or C. Diff this month. Therefore the year to date positions remain stable.

While Pressure Ulcers (per 1000 bed days) at 1.97 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 meet the four hour emergency access standard (>95%) during June, and this target continues to be an area of considerable focus for the Trust as achievement remains challenging. The rate for June was 95.2%. The target was also achieved for the whole of quarter 1.

Meeting the 18 week target remains a challenge for the Trust, though the action plans to recover the situation have been agreed with commissioners and are being implemented. Monitoring against achievement occurs on a weekly basis at speciality level and Trust level. Backlogs of waiting patients are decreasing and an increasing number of specialties are now on course to meet target by their respective agreed timescale. This is reflected in the measure “referral to treatment” (RTT – Admitted Pathway) which has improved from 81.3% of admitted patients in April being seen within 18 weeks, to 84.2% in June, against a target of 90%. A number of key specialties are reducing our overall performance. These are Orthopaedics, General Surgery and Oral Surgery.

The Friends and Family Test score for inpatients in June increased to 79.4 and is above our target of 73. The score for A&E (48.1) is below this year’s target of 55 and is up from last month. The new maternity measure improved again to 82.7 in June, above our target level of 73.

Follow-up complaints were at 13 in June which is below the target.

4.0 Skilled, motivated workforce

New targets have been agreed for the new financial year, which are stretching but achievable:

Establishment and Vacancies

At 30th June 2014 the workforce establishment increased to 3536.80 WTE, the vacancy percentage has increased despite an increase in the staff in post. The net increase in the establishment of 16.7 WTE was due to investments of 18.9 WTE and a reduction of 2.2 WTE

Agency Spend

Agency expenditure in June decreased to 6.6% of the pay bill, higher than the target, with supply reducing from 93 WTE in May to 84 WTE in June, with an increase of 3.2 WTE for medical locums across all clinical divisions.

Bank expenditure increased to 7.0% of the pay bill and has now reached the target.

Turnover and Stability

Turnover is based on the number of leavers and average staff in post in the 12 month period. This month turnover has increased slightly from 14.3% to 14.4%, above the trust target.

The number of leavers this month increased from 39 in May to 40 with 2 retirements, 1 end of fixed term contract and 37 voluntary resignations, of these:

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

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

Sickness

The sickness rate reduced to 2.9% in May with the cumulative YTD figure remaining at 3.0%, the Trust target.

Appraisals and Mandatory Training

The number of staff recorded as having an appraisal within the past year decreased to 75.4%, below the target.

Mandatory training compliance decreased slightly from 85.8% to 84.8%, below the Trust target.

Friends and Family test score - staff

Each quarter, with the exception of the National Staff Survey fieldwork period [September-December 2014], all permanent staff will be invited to participate in the Staff Friends and Family Test. In a similar way to the Patients Friends and Family Test, the on-line survey is now live (from May 2014) and should only take a few minutes to complete. Staff will be asked two questions in relation to whether they would recommend the Trust as a place to work or receive treatment. There will also be space on the survey for the staff to give further feedback if they wish. The Trust target and results will be published when NHS England have ratified the data which is anticipated to be in September 2014.

5.0 Top productivity

The Trust reported an in-month deficit of £0.3m against a planned deficit of £0.1m (prior month deficit was £0.5m), bringing the year to date deficit to £1.4m. Activity income was £0.7m above plan YTD, however, other Income was £0.2 below plan and the YTD expenditure overspend was £1.6m above plan and therefore the YTD variance was £1.0m (last month YTD variance was £0.9m behind plan).

The Monitor Continuity of Service Risk Rating (CoSRR) is 3 against a plan of 3 for the year to date. However this is now a weak 3 as the Debt Service Cover is a 2. This is forecast to be a 3 by the end of the year.

CIP's came in at £3.0m against a plan of £3.5m, with a year to date variance of £0.6m.

Cash continues to track behind target due in part to the year to date deficit, in year over-performance not yet invoiced, 2013/14 over-performance of £1.4m not yet being recovered from NHS England and £1.0m due in profit share from BMI Runnymede. Full payment for these is now expected during July.

The forecast for the year has returned to £1.5m behind budget (£0m actual for the year) after providing for possible merger costs and on-going operational pressures which are also affecting CIP delivery, offset by additional income from increased activity.

A&E activity dropped by 4.58% in June compared to May, but YTD activity remains 4% higher than plan and 3% higher than quarter 1 last year.

Elective activity was broadly in line with May (ignoring excess bed days, which were higher than average in May), but continues to track below plan. In June a drop in Colorectal and Upper GI activity was offset by an increase in T&O activity, which has started to recover following the booking issues experienced in May.

Births were 10% lower in June than May, and hence have fallen back in line with quarter one last year despite the opening of the Abbey Birth Centre in May.

Trust Balanced Scorecard - 2014/15

1. Best outcomes

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Jun 14 Actual	6-month trend	YTD 14/15
1-01 In-hospital SHMI	N	56	<72	<72	55		55
1-02 RAMI	N	57	<70	<70	60		60
1-03 In-hospital deaths (CQUIN)	L	1033	86	<1033	70		234
1-04 Proportion of mortality reviews	L	23%	30% in Q1	>90%	68%		35%
1-05 Number of cardiac arrests not in critical care areas	L	NEW	-	-	6		15
1-06 MRSA (Hospital only)	N	2	0	0	0		0
1-07 C.Diff (Hospital only)	N	10	0.75	9	0		3
1-08 Falls (Total Number)	L	721	58	697	44		160
1-09 Falls (Per 1000 Beddays)	L	3.93	3.73	3.73	2.90		3.42
1-10 Falls with harm (safety thermometer measure)	N	0.53%	0.50%	0.50%	0.61%		0.34%
1-11 Pressure Ulcers (Per 1000 Beddays)	L	1.25	1.19	1.19	1.97		2.18
1-12 Pressure Ulcers (safety thermometer measure)	N	1.10%	1.20%	<1.2%	0.61%		1.21%
1-13 Readmissions within 30 days - emergency only	N	12.5%	12.5%	12.5%	13.9%		13.0%
1-14 WHO surgical safety checklist compliance	L	95.1%	98.0%	98.0%	97.7%		97.0%
1-15 Stroke Patients (% admitted to stroke unit within 4 hours)	N	52.5%	60% in Q1	90%	50.0%		54.4%
1-16 EDDs set within 14 hours of admission (CQUIN)	L	NEW	50% in Q2	90%	39%		39%

3. Excellent experience

Measure		Outturn 13/14	Monthly Target 14/15	Annual Target 14/15	Jun Actual	6-month trend	YTD 14/15
3-01 Trust 4Hr Target (Monitor Compliance)	N	95.5%	>95%	>95%	95.8%		95.2%
3-02 Emergency Conversion Rate	C	23.1%	<23.8%	<23.8%	22.5%		23.1%
3-03 Serious Incidents Requiring Investigation (SIRI)	L	94	N/A	N/A	5		21
3-04 Average Bed Occupancy (exc escalation beds)	L		92.0%	92%	87.6%		90.3%
3-05 Patient Moves (ward changes >=3)	L	6.5%	<6.5%	<6.5%	6.8%		6.8%
3-06 Discharge rate to normal place of residence (Stroke&FNOF)	L	60.7%	>62.1%	>62.1%	56.9%		63.7%
3-07 Friends & Family test score - InPatients	L	72.3	>73	>73	79.4		74.5
3-08 Friends & Family test score - A&E	L	47.6	>55	>55	48.1		47.3
3-09 Friends & Family test score - Maternity (Composite Score)	L	72.3	>73	>73	82.7		77.1
3-10 Follow-up complaints	L	144	14	136	13		38
3-11 Dementia screening (Composite Score)	N	96.7%	>90%	>90%	94.32%		92.3%
3-12 RTT - Admitted pathway	N	88.2%	>90%	>90%	84.2%		83.1%
3-13 RTT - Non-admitted pathway	N	97.3%	>95%	>95%	95.5%		95.80%
3-14 RTT - Incomplete pathways	N	96.9%	>92%	>92%	95.4%		95.11%

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure		Outturn 13/14	Annual Target 14/15	Jun Actual	6-month trend	YTD 14/15
2-01 Establishment (WTE) *1	L	3,354	3,564	3,537		3,537
2-02 Establishment (£Pay) *1	L	£150,650k	£155,079k	£13,041k		£39,142k
2-03 Agency Staff spend as a percentage of total pay	L	8.0%	5.0%	6.6%		7.1%
2-04 Bank Staff spend as a percentage of total pay	L	6.1%	7.0%	7.0%		6.7%
2-05 Vacancy Rate (%) excluding headroom *Note 1	L	7.4%	9.0%	9.9%		9.9%
2-06 Staff turnover rate	L	14.6%	14.0%	14.4%		14.4%
2-07 Stability	L	87.7%	89.0%	88.1%		88.1%
2-08 Sickness absence	L	3.2%	3.0%	2.9%		3.0%
2-09 Staff Appraisals	L	86.4%	90.0%	75.4%		75.4%
2-10 Statutory and Mandatory Training	L	87.6%	90.0%	84.8%		84.8%
2-11 Friends and Family test score - staff		NEW	90.0%	Qtrly		NEW

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

4. Top productivity

Measure		Outturn 13/14	Annual Target 14/15	Jun 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	£251,916	£21,310		£62,428
4-03 Total expenditure (£000)	L	£230,564	£235,001	£20,097		£59,837
4-04 EBITDA (£000)	L	£15,123	£16,915	£1,213		£2,590
4-05 CIP Savings achieved (£000)	L	£10,091	£14,902	£1,030		£2,960
4-06 CQUINs (£000)	L	£4,547	4,274	£396		1,187
4-07 Month end cash balance (£000)	L	£11,065	£15,376	£7,311		£7,311
4-08 Capital Expenditure Purchased (£000)	L	£15,664	£12,415	£1,657		£2,331
4-09 Emergency threshold/readmissions penalties	L	£5,332	5,572	£291		1,238
4-10 Average LoS Elective	L	3.77	3.32	3.27		3.26
4-11 Average LoS Non-Elective	L	6.62	6.29	6.70		6.59
4-12 Outpatient First to Follow ups	L	1.57	1.49	1.50		1.63
4-13 Daycase Rate (whole Trust)	L	83.9%	>84%	83.4%		84.2%
4-14 Theatre Utilisation	L	72.67%	>76%	75.74%		74.7%
4-16 A&E Activity (Attendances)	L	92,215	<92,215	8017		24005
4-17 Emergency Activity (Spells)	L	38,194	<38,194	2990		9247
4-18 Elective Activity (Spells)	L	38,058	>38,058	3000		8900
4-19 % Elective inpatient activity taking place at Ashford	L	48.3%	>57.53%	45.38%		45.13%
4-20 Outpatient Activity (New Attendances) *1	L	107,802	>107,802	9207		26684

Note 1 - 13/14 outturn for outpatient activity adjusted (in June scorecard) to reflect the points of delivery being reported in 14/15

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, excluding radiology and general medicine (as these specialties have 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 (excluding 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	Percentage of activity carried out as daycases of all elective activity.
4-14	Theatre Utilisation - In-session utilisation based on time used (Proc End - Anaesthetic Induction) as % of available session time. Includes Bluespacer records with missing tracking times
4-15	Overall Elective Market Share
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, OPFASPNC and OPFAMPCL) NB: This does not include direct access or POC