

**TRUST BOARD**  
**31<sup>st</sup> October 2013**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	<p>During 2013/14 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 though A&amp;E continues to be significantly under our desired level.</p> <p>The Trust reported an unfavourable variance of £0.4m in the month. This has increased the YTD reported adverse variance to £1.1m, with the YTD surplus now £0.9m. The main driver was an increase in expenditure for the month exceeding the income over-performance.</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>	The paper sets out the key level indicators that are relevant to patient care within the organisation.
<b>EQUALITY AND DIVERSITY ISSUES</b>	N/a
<b>LEGAL ISSUES</b>	N/a
<b>The Trust Board is asked to:</b>	Review the paper seeking additional assurance as appropriate.
<b>Submitted by:</b>	Dr David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
<b>Date:</b>	24 <sup>th</sup> October 2013
<b>Decision:</b>	For Assurance

## Scorecard Commentary – September's data

### 1.0 Introduction

During 2013/14 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 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 To achieve the highest possible quality of care and treatment for our patients

The SHMI mortality rate for September was 54 which mean's the rolling twelve month position remains at 62, against a target of 72. The actual number of deaths in September was 91 against the monthly target of 86.

The Trust continues to meet the target for VTE risk assessment (>95%). Although there was only one new case of hospital-associated DVT/PE in September, this remains a key area of focus for the Trust. New cases of thrombosis are identified via the return of patients to anti-coagulation clinics and it is difficult to accurately identify actual numbers due to the often clinically silent nature of VTE and it is not possible to completely eradicate the risk to patients. Clinical staff are receiving regular training sessions and the Trust has improved its root cause analysis to identify reasons for thrombosis developments with findings shared among clinical teams across the organisation.

There were 41 complaints in September, which was higher than August (26) and the Trust remains above its target reduction level for the year-to-date.

The Friends and Family Test score for September (68) was just below the Trust target (70) for inpatient care; the score for A&E (38.9) lies well below the target (70) set at the beginning of the year. Recent, published data show wide variation in the scores for A&E departments (from 20 to 75) and the Trust will reconsider the appropriateness of this target for A&E.

The number of falls in September (49) was below the monthly limit (58) but remains above the target level for the year-to-date. No patient suffered significant injury in September. The Trust focus on falls continues with development of new falls

prevention guidance for wards, patients and relatives and piloting of a new, multi-disciplinary falls risk assessment based on recent NICE guidance.

There were two cases of C-difficile in September, but no cases of MRSA. This leaves the year to date number of cases at four and zero respectively. During October the Trust celebrated 365 days with no cases of MRSA.

### **3.0 To deliver the Trust's strategy of joined up healthcare**

During September ASPH met all the key Monitor targets within the compliance framework with the exception of the four hour emergency access standard (94.2%). This was as a result of significant pressure on a number of days in September where patient volumes were above normal variances.

Readmissions are below the target level of 13% at 12.7%. The project led by the Medical Director to reduce readmissions continues. The data quality issues associated with readmissions that were reported in previous months have been corrected.

Elective activity dipped in the month and is now down by 6.7% year to date (was 5.3% below plan last month, 9.3% 2 months ago). However, there has been a shift towards day case work, and this is beneficial as the cost is lower, and attracts better tariffs in some instances, as is reflected in the income.

Emergency activity continued to increase and was 3.2% up (2.2% up last month), which represents a month on month increase, mainly due winter pressures starting earlier than anticipated, partially offset by a decrease in neo-natal activity in the month. The non-elective threshold and re-admissions penalty was increased by a further £0.1m as a result and now stands at £0.6m above plan YTD, and forecast to be £1.2m to the end of the year.

There is also an element of Emergency activity QIPPS within the budget (£0.7m YTD) and any non-achievement manifests as an income over-performance in value. The total value of CCG QIPPs within the budget year to date is £2.3m.

A&E over performance slowed down once again in month 6, and it is now 0.8% ahead of plan (1.1% ahead last month).

### **4.0 To recruit, retain and develop a high performing workforce**

As a result of high recruitment activity, the vacancy rate decreased from 10.7% to meet the target of 10.0%. There are 242 substantive and 122 bank candidates undergoing pre-employment clearance with start dates between October and January'

The use of agency staff increased by 9.6 WTE from 78.2 WTE in August to 87.8 WTE in September, remaining above target. Medical agency increased from 25.5 WTE to 31.6 WTE. As a result of improved reporting in departments, there are increases in

Care of the Elderly, Clinical Haematology, Respiratory Medicine, and Paediatrics. Particular focus this month has been given to renegotiating agency rates and converting regular agency bookings onto the Trust bank.

Nursing & HCA agency increased slightly from 51 WTE to 54.7 WTE with agency use continuing in A&E, Medicine, Surgery, Theatres at St Peters and Ashford, ITU and Paediatrics. AHP/HCHS/Other decreased from 1.7 WTE to 1.5 WTE. Agency expenditure in the scorecard remains above target, with accruals being revalidated by Finance. The use of bank staff increased from 272 WTE to 274 WTE, and the in-house Bank continue to recruit to strengthen supply.

Turnover remains high this month, although the number of leavers decreased from 55 in August to 36. Turnover is based on the number of leavers during previous 12 months and this has decreased from 16.6% to 16.2%, remaining above the trust target.

#### **5.0 To ensure financial sustainability of the Trust through business growth and efficiency gains**

The Trust reported an unfavourable variance of £0.4m in the month. This has increased the YTD reported adverse variance to £1.1m, with the YTD surplus now £0.9m. The main driver was an increase in expenditure for the month exceeding the income over-performance.

Following a detailed analysis the forecast outturn surplus has been reduced to £1.5m and the risks and opportunities within the forecast are discussed in detail within the Finance report

The current Monitor FRR is 3 which is as planned, however the weighted score is lower than plan. The forecast remains at 3 for the year. Against the shadow Continuity of Service Risk Rating the Trust scores 4 (the maximum) year to date and forecast.

CIPS are forecast to be £10.6m against a plan of £11.8m, as some schemes are still being assured. This represents a reduction in the forecast of £0.1m compared to last month.

Cash was behind target due in part to the month 6 year to date deficit, income over-performance income not yet being recovered and some invoicing delays/phasing, offset by the underspend against the original capital plan.

# Trust Balanced Scorecard - SEPTEMBER 2013/14

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

Patient Safety & Quality	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Sep Actual	Performance			YTD 13/14
						Jul	Aug	Sep	
1-01 Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	54	▲	▲	▲	62
1-02 In-Hospital Deaths (CQUIN)	L	1134	<517	<86	<1034	91	▲	▲	517
1-03 MRSA (Hospital only)	N	2	0	0	0	◀▶	◀▶	◀▶	0
1-04 C.Diff (Hospital only)	N	15	6	<=1	<13	2	◀▶	▼	4
1-05 VTE (hospital associated with PE or DVT)	L	24	<12	<2	<24	1	▼	▼	17
1-06 Serious Incidents Requiring Investigation (SIRI)	L	71	<37	<6	<75	2	◀▶	▲	35
1-07 Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	<92%	85.6%	▲	▲	87.8%
1-08 Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	<7.5%	6.1%	▼	▲	5.8%
1-09 Formal complaints (Total Number)	L	485	<225	<37	<450	41	▼	▲	242
1-10 Friends & Family test score - InPatients	L	-	70	70	70	68.1	▲	▼	72.5
1-10a Friends & Family test score - A&E	L	-	70	70	70	38.9	▲	▼	46.4
1-11 Falls (Total Number)	L	766	<350	<58	<700	49	▼	▲	385
1-12 Falls - resulting in significant injury (grade 3)	L	18	<7	<1	<15	0	▼	▲	11
1-13 Hospital acquired pressure ulcers grade 2 and above	L	164	<69	<11	<139	10	▲	▲	62
1-14 Catheter associated UTI *	L	-	<1.2%	<1.2%	<1.2%	0.41%	▼	▲	0.51%

1-01 IN-HOSPITAL (SHMI) Monthly figure is a rolling 3 month position, 1 month in arrears & YTD figure is a rolling 12 Month position, 1 Month in arrears  
 1-08 Patients Moves excluded: To the Discharge Lounge, MAUV-MAU and SAUV-SAU, between Theatres, between Endoscopy  
 1-14 \*Achieved by 6 months then maintained

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

Clinical Strategy	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Sep Actual	Performance			YTD 13/14
						Jul	Aug	Sep	
3-02 Trust 4Hr Target (Monitor Compliance)	N	95.3%	>95%	>95%	>95%	94.2%	▼	▲	95.8%
3-03 Emergency Conversion Rate	C	24.0%	<23.8%	<23.8%	<23.8%	23.6%	▲	▼	22.7%
3-04 Ambulatory Care Pathways	N	26.5%	>30%	>30%	>30%	25.1%	▼	▲	24.5%
3-05 95% of all LOS < 27 days	L	-	<27 days	<27 days	<27 days	19	▲	▼	21
3-06 Readmissions within 30 days - emergency only	N	0.0%	≤13%	≤13%	EOY ≤ 10.6%	12.7%	▼	▲	13.9%
3-07 Overall Elective Market Share	L	-	>66%	>66%	>66%	63.0%	▼	▲	64.3%
3-08 Overall Elective Market Share (Vascular)	L	-	>50%	>50%	>50%	38.2%	▼	▲	40.6%
3-09 Stroke Patients (90% of stay on Stroke Unit)	N	82.4%	>85%	>85%	>85%	80.0%	▲	▼	79.3%
3-10 % Elective inpatient activity taking place at Ashford	L	52.3%	>57.53%	>57.53%	>57.53%	49.03%	▼	▲	48.7%
3-11 Discharge rate to normal place of residence (Stroke&FNOF)	L	57.1%	>62.1%	>62.1%	>62.1%	47.9%	▲	▲	62.3%
3-12 R&D - Observations & Interventions	L	508	332	2899	797	834	▲	▼	834
3-13 Elective Activity (Spells)	L	34,252	17114	2899	>34,417	3055	▲	▼	18605
3-14 Emergency Activity (Spells)	L	40,580	18909	3030	<37,644	3258	▲	▲	19144
3-15 Outpatient Activity (New Attendances)	L	111,061	51433	8714	>110,242	9048	▲	▼	52641

3-02 \* As per Monitor reporting (includes Ashford)  
 3-04 \* 2 Additional Pathways (Total 20 Pathways)  
 3-05 \* Methodology as per CQUIN target, excludes Daycases and zero LOS  
 3-07 \* Market Share reported 2 month in arrears - Data not available from Dr Foster until September  
 3-12 \* R&D figures are cumulative. They include both observations and interventions reported by Surrey & Sussex CLRN not by UK CRN

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

Workforce	Outturn 12/13	Annual Target 13/14	Sep Actual	Performance			YTD 13/14
				Jul	Aug	Sep	
2-01 Establishment (WTE) *1	L	3240	3374	3339	▼	▲	3339
2-02 Establishment (£Pay) *1	L	£141,700k	£142m	£12,546k	▼	▲	£73,663k
2-03 Establishment Reduction - CIPs (WTE) *2	L	49	55	0	▲	▼	50
2-04 Growth (New/Redesigned Roles) *2	L	128	88	1	▲	◀▶	15
2-05 Agency Staff use (WTE)	L	58	<45 WTE	88	▼	▲	75
2-06 Agency Staff (£Pay) *3	L	£8,699k	3.65% of paybill	£1,063k *5	▼	▲	£5,485k
2-07 Bank Staff use (WTE)	L	256	<280 WTE	272	▼	▲	257
2-08 Bank Staff (£Pay) *3	L	£9,001k	6.35% of paybill	£809k	▲	▲	£4,387k
2-09 Vacancy Rate (%)	L	0	<10%	10.0%	▲	▼	10.0%
2-10 Staff turnover rate	L	14.9%	<13%	16.2%	▲	▼	16.2%
2-11 Stability	L	85.5%	>85%	88.5%	▼	◀▶	88.5%
2-12 Sickness absence	L	2.87%	<3.00%	2.8%	◀▶	▼	3.0%
2-13 Staff Appraisals	L	92%	98%	90%	▲	▼	90%
2-14 Statutory and Mandatory Training	L	98%	98%	87%	◀▶	▼	87%
2-15 Staff Engagement Measure *4	L	NEW	3.69	3.62	◀▶	◀▶	3.62

\*1 Additional investment confirmed, revised at end of quarter 1  
 \*2 Included in divisional and corporate workforce plans  
 \*3 Included within Establishment (£pay)  
 \*4 Ratings Scale from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'  
 \*5 Agency Expenditure (accruals) are being revalidated by Finance

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

Finance & Efficiency	Outturn 12/13	Annual Target 13/14	Sep Actual	Performance*			YTD 13/14
				Jul	Aug	Sep	
4-01 Monitor Financial Risk Rating	N	3	3	3	▼	▼	3
4-02 Total income excluding interest (£000)	L	£232,217	£232,320	£20,128	▲	▲	£100,365
4-03 Total expenditure (£000)	L	£215,891	£214,966	£19,034	▲	▲	£94,077
4-04 EBITDA (£000)	L	£16,326	£17,354	£1,094	▼	▲	£6,288
4-05 CIP Savings achieved (£000)	L	£12,058	£11,839	£704	▼	▼	£4,174
4-06 CQUINs (£000)	L	£3,969	£4,950	£412	◀▶	◀▶	£2,062
4-07 Month end cash balance (£000)	L	£15,239	£12,845	£8,929	▼	▼	£12,745
4-08 Capital Expenditure Purchased (£000)	L	£8,985	£17,036	£658	▲	▲	£3,841
4-09 Emergency threshold/readmissions penalties	L	£5,855	£3,692	£408	◀▶	▲	£2,035
4-10 Average LoS Elective	L	3.69	3.32	4.69	▲	▲	3.89
4-11 Average LoS Non-Elective	L	7.15	6.99	6.50	▲	▲	6.64
4-12 Outpatients first to follow-up ratio	L	-	1:1.5	1:1.5	◀▶	◀▶	1:1.56
4-13 Daycase Rate (whole Trust)	L	81.5%	>84%	84.4%	▲	▼	83.9%
4-14 Theatre Utilisation	L	71.55%	>=75%	63.4%	▼	▼	64.83%

4-10 Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.  
 4-12 Revised target to align with 2013/14 contract as advised by Simon Marshall  
 4-14 Utilisation based on Time Used (Proc End - Anaesthesia Induction) as % of Available Session Time (4hours) Includes Bluespир records with missing tracking times

\* Performance rating for finance is against plan

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

## Trust Balanced Scorecard 2013/14

### 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.
1-02	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*)
1-03	Number of Hospital acquired MRSA
1-04	Number of Hospital acquired C-Diff
1-05	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-06	The total number of Serious Incidents requiring Investigation
1-07	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-08	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-09	The number of formal complaints
1-10	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?")
1-10a	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?")
1-11	The total number of Falls
1-12	The total number of Falls resulting in significant injury grade 3 or above
1-13	The total number of hospital acquired pressure ulcers grade 2 or above
1-14	New Catheters and UTI's as a rate of total sampled patients
Quadrant 3	Indicator Definition
3-02	Number of attendances at A&E discharged within 4 hours
3-03	Percentage of patients who were admitted of the total number of attendances at A&E
3-04	Ambulatory Care Pathways % who were sent home or 0 LOS after attending A&E with specified conditions ie COPD, asthma, TIA, Acute Headache
3-05	95th percentile of all LOS - Methodology as per CQUIN target, excludes Daycases and zero LOS
3-06	Re-admissions within 30 days of first admission where the first admission was an Emergency.
3-07	Overall Elective Market Share - Surrey PCT - All specialties for Surrey PCT
3-08	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 - Surrey PCT
3-09	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
3-10	Percentage of elective Inpatient activity taken place at Ashford
3-11	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-12	Research & Development - Number of observations and interventions
3-13	Total number of Elective (Inpatient & Daycase) Spells in the month
3-14	Total number of Emergency Spells in the month
3-15	Total number of Outpatient New attendances
Quadrant 4	Indicator Definition
4-10	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-12	Outpatient New - Follow-up Ratio (Criteria in line with Business contract)
4-13	Percentage of daycases of all electives.
4-14	Theatre Utilisation - 'Utilisation based on Time Used (Proc End - Anae Induction) as % of Available Session Time (4hours) Includes Bluespier records with missing tracking times