

TRUST BOARD
24th September 2015

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>The Trust reported an in-month deficit of £0.7m against a deficit budget of £0.6m, resulting in a year to date surplus to £0.2m (last month YTD was £0.8m surplus). The YTD favourable variance to budget was £0.5m (last month YTD was £0.6m ahead of plan).</p> <p>Within the YTD favourable variance, activity income was £2.8m above plan, other income was £0.2m above plan and the YTD expenditure over spend was £3.3m above plan. CIP's came in at £5.7m against a plan of £5.7m, with a year to date variance of £0.0m</p> <p>The year to date favourable variance is down to impairments not yet happening (£0.3m) and merger costs behind plan (£0.4m), offset by a £0.2m adverse movement in EBITDA in August.</p>
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
ALIGN TO TRUST RISK REGISTER	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:	Heather Caudle, Chief Nurse David Fluck, Medical Director Simon Marshall, Director of Finance and information Louise McKenzie, Director of Workforce
Date:	17 September 2015
Decision:	For Assurance

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 August was 67, which represents an increase from the previous month. The rolling twelve month position rose significantly to 66, against an indicative ratio limit of 72. The actual number of deaths in August was 81, which is slightly below our target rate of 86.

There were 3 cases of cardiac arrests in non-critical care areas in August. There is a downward trend though given the low volumes the monthly position varies. The year to date position is very slightly below the long term trend

65.1% of stroke patients discharged in August reached the stroke ward within 4 hours of being admitted to the hospital. This is a decline on recent month's performance. Quarter 1 SSNAP results have been published which showed overall the stroke results are good with a "B" rating which is in the upper quartile of stroke performance nationally.

Readmissions were at 13.3%. 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 August per 1000 bed days was 2.47 which reflects the continuing downward trend.

There were no cases of hospital acquired MRSA and C.Diff this month.

While Pressure Ulcers (per 1000 bed days) at 2.20 is still above target rate of 1.19. This is below the long term trend but higher than the Trust is targeting.

3.0 Excellent Experience

ASPH did not meet the four hour emergency access standard (88.6%) during August, and this target continues to be an area of focus for the Trust as achievement remains challenging. The Operational team developed, with the CCG a whole system plan to recover the A&E position by April 2015. However as this has not been achieved a new plan has been developed. The reasons for the target failure are multifaceted, excess demand and poor discharge flow was a significant contributor to the problem. Of particular pressure at present is the rate of discharges to social services beds.

The Trust did not meet all of the 18 week targets at Trust level, (Admitted 89.2%) though there are a few specialities where the target remains challenged, particularly where endoscopy is part of the 18 week pathway. The admitted and non-admitted targets are no longer measured nationally.

The Friends and Family Test score for inpatient's in August was 97%, and is above our target of 95 following several months of improvement. The score for A&E is at 87% which continues to show improvement.

Follow-up complaints were at 4 in August and are well within the targeted level. New contract measures have been developed and against these the Trust is performing satisfactorily but the CCG is requiring improvement informally.

4.0 Skilled, motivated workforce

At 31st August the workforce establishment increased to 3674 WTE including planned growth in medical posts, 1.1 WTE Consultants and 3 WTE trainees. The vacancy rate increased slightly to 10.8% (there is no non-medical induction in August due to the junior doctors Kent, Surrey and Sussex rotation).

Agency expenditure as a percentage of the pay bill decreased again this month to 8.8%, remaining above target. The 2015/16 target is to restrict spend to below 7%. This target is currently being reviewed in line with the Nurse Agency rules published by Monitor introducing a cap on the Trust's qualified nursing agency spend.

The Trust has implemented two software systems for managing medical locums this year. The HMRC-approved VAT savings model was implemented in April with year to date savings of £99.6k and we went live with the Asclepius bookings and timesheets system in August to manage bookings, save on hourly rates and commission paid for agency medical staff, and ensure bookings are on-framework. Bank expenditure increased to 6.1% of the pay bill as usage increased. This is within target.

Turnover is based on the number of leavers against the average staff in post over the previous 12 months. This month turnover remained at 15.8%, above the target for 2015/16. The number of leavers this month increased from 36 in July to 57 in August, with 6 retirements, 2 end of fixed term contracts, and 49 voluntary resignations, of these:

- 21 were promotions/better reward package/moves/further study
- 28 were childcare responsibilities/work life balance/health/other

Stability (percentage of the workforce with more than one year's service) increased to 91.3%, achieving the 2015/16 target.

The sickness rate increased to 3.2%, with the year to date rates still achieving the 2015/16 target.

The number of staff recorded as having an appraisal within the past year increased to 71.1%, below the target. The adjusted figure in respect of the Trust's Staff Appraisals Policy implemented in October 2014, shows the effect of recalculating the metric to allow for appraisals following the implementation of new appraisal policy and process.

Mandatory training compliance increased slightly to 80.3%, below the Trust target.

5.0 Top productivity

The Trust reported an in-month deficit of £0.7m against a deficit budget of £0.6m, resulting in a year to date surplus to £0.2m (last month YTD was £0.8m surplus). The YTD favourable variance to budget was £0.5m (last month YTD was £0.6m ahead of plan).

Within the YTD favourable variance, activity income was £2.8m above plan, other income was £0.2m above plan and the YTD expenditure over spend was £3.3m above plan. CIP's came in at £5.7m against a plan of £5.7m, with a year to date variance of £0.0m (last month was £0.0m).

The year to date favourable variance is down to impairments not yet happening (£0.3m) and merger costs behind plan (£0.4m), offset by a £0.2m adverse movement in EBITDA in August.

The Monitor Continuity of Service Risk Rating (CoSRR) is 3 against a plan of 3 for the year to date, which is in line with forecast. This has been measured against the new CoSRR calculation which comprises of four metrics.

Cash ended ahead of target due to the slippage on the capital programme, some 2014/15 over-performance payments received earlier than expected and the improved financial position. In addition NWS CCG are paying ahead of planned income levels, but in accordance with their SLA.

The end of year forecast has been held at plan at this stage.

Activity is 2% above plan for activity excluding "Other" income, and 11.3% above plan for all activity. The most significant drivers for this increase is Elective and A&E activity. Most of this over performance is in areas where there are CCG QIPP plans (Upper GI; Urology and A&E).

Trust Balanced Scorecard - 2015/16

1. Best outcomes

Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Aug 15 Actual	6-month trend	YTD 15/16
1-01 In-hospital SHMI	58	<72	<72	67		66
1-02 RAMI	60	<70	<70	61		66
1-03 In-hospital deaths	1111	86	<1033	81		456
1-04 Proportion of mortality reviews	38%	>90%	>90%	61%		50%
1-05 Number of cardiac arrests not in critical care areas	72	-	-	3		23
1-06 MRSA (Hospital only)	1	0	0	0		0
1-07 C.Diff (Hospital only)	18	1.4	17	0		5
1-08 Falls (Per 1000 Beddays)	3.29	3.00	3.00	2.47		2.76
1-09 Pressure Ulcers (Per 1000 Beddays)	2.03	1.19	1.19	2.20		2.10
1-10 Readmissions within 30 days - emergency only	12.6%	12.2%	12.2%	13.3%		12.5%
1-11 Stroke Patients (% admitted to stroke unit within 4 hours)	52.8%	90.0%	90%	65.1%		58.1%
1-12 Medication errors - rate per 1000 bed days	2.04	2.01	2.01	2.41		2.96
1-13 Sepsis audits undertaken (PLACEHOLDER ONLY - TO BE ADDED IN Q3)						

3. Excellent experience

Measure	Outturn 14/15	Monthly Target 15/16	Annual Target 15/16	Aug 15 Actual	6-month trend	YTD 15/16
3-01 A&E 4 hour target (exc Ashford)	92.7%	>95%	>95%	88.6%		90.3%
3-02 Emergency Conversion Rate	23.8%	<22.64%	<22.64%	25.3%		23.9%
3-03 Serious Incidents Requiring Investigation (SIRI) Reports Overdue to CCG				33		33
3-04 Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG				13		53
3-05 Average Bed Occupancy (exc escalation beds)	91.9%	92.0%	92%	85.2%		87.5%
3-06 Patient Moves (ward changes >=3) *Note 1	7.7%	<7.31%	<7.31%	4.6%		5.5%
3-07 Discharge rate to normal place of residence (Stroke&FNOF)	60.6%	>62.1%	>62.1%	64.8%		59.5%
3-08 Friends & Family Satisfaction Score - InPatients (incl Daycases)	93.9%	95%	95%	97.0%		96.2%
3-09 Friends & Family Satisfaction Score - A&E (incl Paeds)	83.6%	87%	87%	87.0%		85.7%
3-10 Friends & Family Satisfaction Score - Maternity (Composite Score)	95.8%	TBC	TBC	93.1%		96.5%
3-11 Friends & Family Satisfaction Score - Outpatients	NEW	TBC	TBC			94.2%
3-12 Follow-up complaints	85	7	81	4		15
3-13 Dementia screening (Composite Score)	96.6%	>90%	>90%	99.2%		97.4%
3-14 RTT - Admitted pathway	87.5%	>90%	>90%	89.2%		91.1%
3-15 RTT - Non-admitted pathway	95.38%	>95%	>95%	95.2%		95.8%
3-16 RTT - Incomplete pathways	95.49%	>92%	>92%	96.0%		96.4%
3-17 Cancer waiting times targets achieved	N/A	8	8	7 out of 8		N/A

Note 1 - Definition for patients moves amended, please see definitions

Delivering or exceeding Target	
Underachieving Target	
Failing Target	

2. Skilled, motivated workforce

Measure	Outturn 14/15	Annual Target 15/16	Aug 15 Actual	6-month trend	YTD 15/16
2-01 Establishment (WTE)	3588	3,674	3674		3674
2-02 Establishment (£ Pay)	£161,791k	£162,956k	£13,957k		£69,833k
2-03 Agency Staff Spend as a Percentage of Total Pay	7.9%	<7%	8.8%		9.2%
2-04 Bank Staff Spend as a Percentage of Total Pay	6.9%	<7%	6.5%		6.3%
2-05 Vacancy Rate (%) Excluding Headroom *Note 1	7.1%	<8%	10.8%		10.8%
2-06 Staff turnover rate	14.4%	<14%	15.8%		15.8%
2-07 Stability	88.4%	>88%	91.3%		91.3%
2-08 Sickness absence	2.9%	<3%	3.2%		2.8%
2-09 Staff Appraisals	64.3%	>90%	71.1%		71.1%
2-10 Staff Appraisals Recalculated to allow for appraisals pending implementation of new appraisal policy and process from May 2014 onwards			84.8%		84.8%
2-11 Statutory and Mandatory Training	81.8%	>90%	80.3%		80.3%
Q4 14/15					
2-12 F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)					(Qtr 4) 83% : 5%
2-13 F&F: Recommend to Work (Extremely likely/likely % : Extremely unlikely/unlikely %)					(Qtr 4) 73% : 15%

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

Note 2 - Qtr 1 Results published Sept 2015

4. Top productivity

Measure	Outturn 14/15	Annual Target 15/16	Aug 15 Actual	6-month trend	YTD 15/16
4-01 Monitor Continuity of Service Risk Rating	3	3	3		3
4-02 Total income excluding interest (£000)	£260,618	£257,085	£21,818		£110,643
4-03 Total expenditure (£000)	£247,125	£243,296	£21,480		£105,097
4-04 EBITDA (£000)	£13,493	£13,789	£338		£5,546
4-05 CIP Savings achieved (£000)	£13,565	£13,544	£1,041		£5,715
4-06 CQUINs (£000)	£4,831	£5,195	£433		£2,165
4-07 Month end cash balance (£000)	£10,465	£8,714	£12,004		£12,004
4-08 Capital Expenditure Purchased (£000)	£10,976	£10,247	£988		£3,472
4-09 Emergency threshold/readmissions penalties	£7,341	£3,153	£170		£1,169
4-10 Average LoS Elective (RealTime)	3.41	3.32	3.45		3.42
4-11 Average LoS Non-Elective (RealTime)	6.82	6.13	6.30		6.71
4-12 Outpatient First to Follow ups	1.38	1.31	1.38		1.34
4-13 Daycase Rate (whole Trust)	83.0%	>84%	84.8%		83.2%
4-14 Theatre Utilisation	75.0%	>79%	73.3%		74.1%
4-15 A&E Activity (Attendances)	94497		7601		39121
4-16 Emergency Activity (Spells)	38114		3110		15691
4-17 Elective Activity (Spells)	35667		2979		15289
4-18 % Elective inpatient activity taking place at Ashford	55.62%	>57.53%	46.0%		55.7%
4-19 Outpatient Activity (New Attendances)	110830		8513		47552

Trust Balanced Scorecard 2015/16

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 <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 (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	Sepsis audits undertaken
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	Staff Appraisals Recalculated to allow for appraisals pending implementation of new appraisal policy and process from May 2014 onwards
2-11	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
2-12	F&F: Recommend for Treatment (Extremely likely/likely % : Extremely unlikely/unlikely %)
2-13	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
3-03a	Serious Incidents Requiring Investigation (SIRI) Reports Submitted to CCG
3-04	Average Bed Occupancy (excluding escalation beds) - based on the midnight bed stay statistic
3-05	The percentage of non-elective patients who were transferred between wards, 3 or more times during their admission. Excludes maternity and paed. Transfers to the discharge lounge, theatres, endoscopy, SAUV to SAU have not been included in the count.
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 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
3-08	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
3-09	Serious Incidents Requiring Investigation (SIRI)
3-09a	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?"
3-10	The number of follow-up complaints received
3-11	Dementia screening (Composite Score based on the national return, combining the two questions)
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.
3-15	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 Bluesprier 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, OPFASPNC and OPFAMPCL) NB: This does not include direct access or POC