

## Board of Directors (in Public)

### Item 4.2

**Subject:** Operational Dashboards for 2020/21  
**Date of meeting:** Tuesday 31<sup>st</sup> March 2020  
**Prepared by:** Hayley Kendall, Chief Operating Officer  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose of report:** For approval

BAF Ref	Impact on BAF
3	No impact

#### 1. Executive Summary

This paper sets out a proposed approach for monitoring against the Trust's operational performance during 2020/21. The paper recommends continuing with the current method of monitoring performance with a reduced number of operational indicators and moving to a trend based report to provide the Board of Directors with an overview of Trust performance over a longer period of time. This will also include

#### 2. Introduction

The Board of Directors is response for monitoring Trust performance against the statutory targets that are set out in the national Single Oversight Framework (SOF). The indicators monitored through the 2019/20 financial year have been reviewed and any changes are documented within this paper.

##### 2.1 Single Oversight Framework Reporting

The Trust is monitored externally by NHS Improvement in accordance with the Single Oversight Framework (SOF). The framework has five themes with the aim of supporting Trusts to work alongside their local partners, maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively. The themes are:

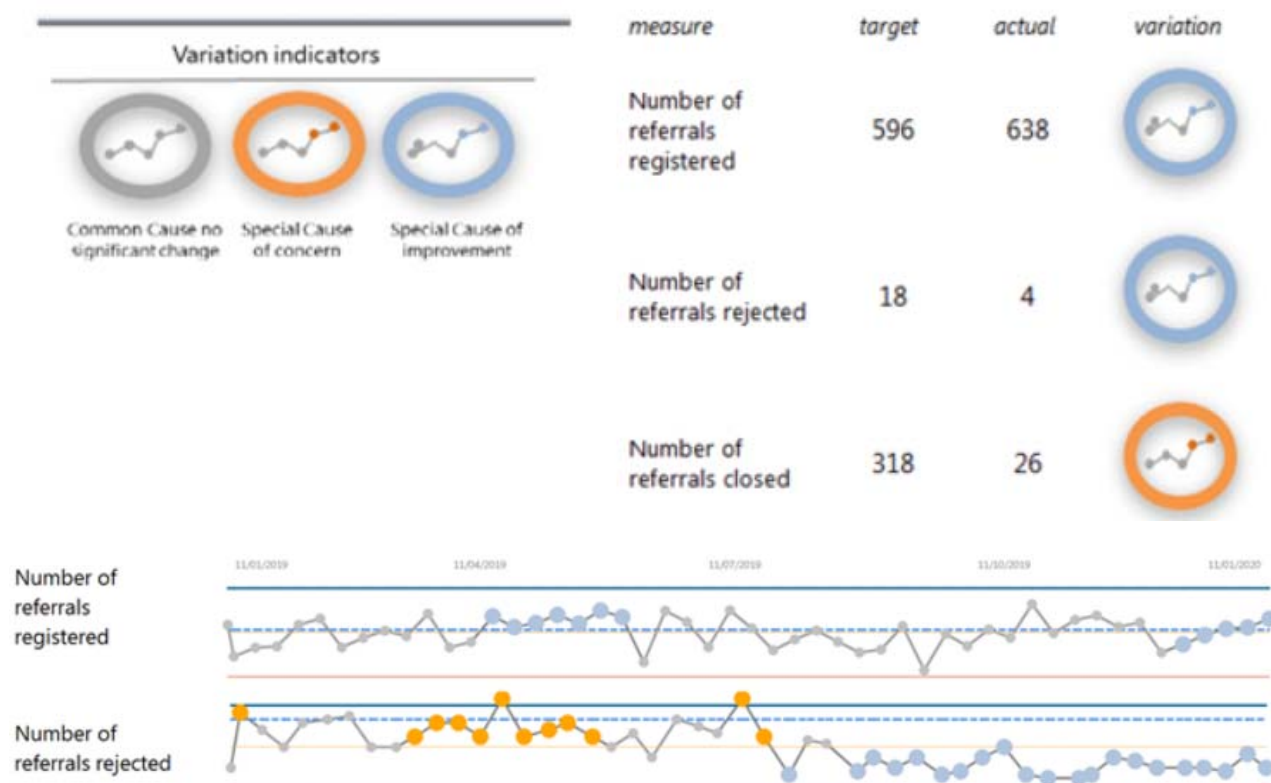
- i. Quality of care
- ii. Finance and use of resources
- iii. Operational performance
- iv. Strategic change
- v. Leadership and improvement capability

The standards within each theme are set out in Appendix 1 together with proposed RAG rating thresholds for internal reporting purposes. The Board of Directors will continue to monitor performance against the standards contained within the SOF on a monthly basis. Indicators reported as 'red' will be flagged for exception reporting.




### 3. Performance Reporting

In addition to the SOF, the Board set and monitor other financial and operational performance targets to ensure delivery against key Trust priorities that are not included in the SOF. These have been reviewed for the coming financial year and proposed changes are detailed in Appendix 2. The Board will monitor performance on a monthly basis and indicators reported as 'red' will be flagged for exception reporting. The Board is asked to make comment on whether it feels all essential indicators are included for the new financial year or if there are any other important strategic and operational items that need to be added.

The current format of performance reporting is via a written report and a score card that details the Trust performance. To ensure the Board of Directors is fully sighted on performance the Trust will move to a new reporting structure utilising run charts for each indicator and a narrative to accompany any areas that are varying from the agreed target. This will be developed during April 2020 and implemented from May 2020 with the aim of providing the Board of Directors with an early warning system for indicators that may be varying from target, a first draft for illustrative purposes is copied below:



Utilising the variation indicators as above will allow the Board of Directors at a glance to view the areas of concern and an exception report will be provided next to each indicator for the indicators that have special cause of concern or special cause for improvement. The proposed way for monitoring and managing variation is summarised below:

Indicator	Description	Action
	<b>Common cause no significant change</b>	<b>Could be natural variation in movement</b> Monthly exception report on reason for variation as part of the monthly performance report to the Board of Directors.
	<b>Special cause of concern</b>	<b>Potentially a one off change or external influence</b> Monthly exception report with remedial action and timescales for improved performance.
	<b>Special cause of improvement</b>	<b>Potentially a one off change or external influence</b> Specific update to the Board of Directors on the performance indicator, actions taken to remedy the issue and a performance forecast for Board assurance.

#### 4. Conclusion

The current performance reporting structure has worked well for a number of years but introducing the use of run charts and exception reports for Board assurance seems a natural progression. The development of the reporting mechanism will develop through month one with a view to utilising the new format and charts for month two's performance.

#### 5. Recommendation

The Board of Directors is asked to:

- Approve the final set of performance indicators as set out in the appendices.
- Approve the proposed change in formatting to allow broader oversight of performance trends.

## Single Oversight Framework (SOF) Dashboard Indicators 2020/21

	Measure	Frequency	Target	RAG		
				Red	Amber	Green
	Operational Performance					
Retain	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	>=92%	<92%	-	>=92%
Retain	All cancers – maximum 62-day wait for first treatment from: a. urgent GP referral for suspected cancer	Monthly	>=85%	<85%	-	>=85%
Retain	All cancers – maximum 62-day wait for first treatment from: b. NHS cancer screening service referrals	Monthly	>=90%	<90%	-	>=90%
Retain	Maximum 6-week wait for diagnostic procedures	Monthly	<1%	>1%	-	<=1%
Retain	Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: a. who have a diagnosis of dementia or delirium or to whom case finding is applied	Quarterly	>=90%	<90%	-	>=90%
Retain	Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: b. who, if identified as potentially having dementia or delirium, are appropriately assessed	Quarterly	>=90%	<90%	-	>=90%
Retain	Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: c. where the outcome was positive or inconclusive, are referred on to specialist services	Quarterly	>=90%	<90%	-	>=90%
Quality – Safe, Effective & Caring						
Retain	Written complaints – rate	Quarterly	TBC	TBC	TBC	TCB
Retain	Staff Friends and Family - % recommended – care	Quarterly	>=96%	<86%	>=86% - <96%	>=96%
Retain	Occurrence of any Never Events	Monthly (rolling 6 months)	0	>0	-	0
Retain	Patient Safety Alerts not completed by deadline	Monthly	0	>0	-	0
Retain	Mixed sex accommodation breaches	Monthly	0	>0	-	0
Retain	Inpatient scores from Friends & Family Test - % positive	Monthly	>=95%	<90%	>=90% - <95%	>=95%

Retain	CQC inpatient survey	Annual	TBC			
Retain	Venous thromboembolism (VTE) risk assessment	Quarterly	>=95%	<90%	>=90% - <95%	>=95%
Retain	Clostridium difficile (C.difficile) plan: C.difficile actual variance from plan (actual number v plan number)	Monthly	TBC	TBC	TBC	TBC
Retain	Clostridium difficile – infection rate	Monthly (12-month rolling)	<=0.16	>0.16	-	<=0.16
Retain	Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Monthly (12-month rolling)	TBC			
Retain	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	Monthly (12-month rolling)	TBC			
Retain	Escherichia coli (E.coli) bacteraemia bloodstream infection (BSI)	Monthly (12-month rolling)	TBC			
Retain	Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	Quarterly	<=100	>100 with statistical significance	>100 not statistically significant	<=100
Retain	Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	Quarterly	<=100	>100 with statistical significance	>100 not statistically significant	<=100
Retain	Potential under reporting of patient safety incidents	Monthly (six-month rolling)	TBC			
Retain	Community scores from Friends & Family Test - % positive	Monthly	>=95%	<90%	>=90% - <95%	>=95%
Retain	Outpatient scores from Friends & Family Test - % positive		>=95%	<90%	>=90% - <95%	>=95%
<b>Organisational Health</b>						
Retain	Staff Sickness - Level of staff absenteeism through illness in the period	Monthly	<=3.4%	>3.8%	>3.4% - <=3.8%	<=3.4%
Retain	Staff Turnover - Number of Staff leavers reported within the period /Average of number of Total Employees at end of the month and Total Employees at end of the month for previous 12 month period	Monthly	<=10%	>12%	>10% - <=12%	<=10%
Retain	NHS Staff Survey - Staff recommendation of the organisation as a place to work or receive treatment	Annual	>=75%	<65%	>=65% - <75%	>=75%
Retain	Proportion of temporary staff - Agency staff costs (as defined in measuring performance against the provider's cap) as a proportion of	Monthly	<=5%	>6%	>5% - <=6%	<=5%

	total staff costs					
Retain	Executive Team Turnover		<=25%	>30%	>25% - <=30%	<=25%
Finance and Use of Resources						
Retain	Capital service capacity - score	Weighting: 0.2	1	>=3	2	1
Retain	Liquidity (days) - score	Weighting: 0.2	1	>=3	2	1
Retain	Income and expenditure (I&E) Margin - score	Weighting: 0.2	1	>=3	2	1
Retain	Distance from financial plan - score	Weighting: 0.2	1	>=3	2	1
Retain	Agency spend	Weighting: 0.2	1	>=3	2	1
Retain	Overall use of resources rating		1	>=3	2	1
	Control total acceptance		Yes/No	No	NA	Yes

**Performance dashboard (not statutory)**

Additional priority indicators not covered by the Standard Operating Framework (SOF).

		Target	Red	Amber	Green
	Performance				
Retain	Cancelled Operations for non-clinical reasons	0.015	>2%	<2%	<=1.5%
Remove	Histopathology turnaround times at 10 days	>=75%	<65%	<75%	>=75%
Retain	Patients not booked in within 28 days (non clinical cancellations)	0	<100%	-	0
Remove	Urgent operations cancelled for 2nd time	0	>0	-	0
Retain	Delayed Transfers of care	<=4.5%	>5%	<=5%	<=4.5%
Retain	Bed Occupancy	>=85%	<80% or >92%	>=80%	>=85%
Remove	Referrals – total	Sliding scale	Below target greater than 200 away from plan	Below target but within 200 of plan	Above target
Retain	NHS activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	On target
Retain	PP activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	Above target
Retain	Number of 18-week Pathways Waiting 52-weeks+	0	>0	-	0
Retain	Cancer: 14 day GP referral to 1st Outpatient Appointment	>=93%	<93%	-	>=93%
Retain	Cancer: 31 day diagnosis to 1st treatment for all cancers	>=96%	<96%	-	>=96%
Retain	Cancer: 31 day Second or subsequent treatment (surgery & drug)	>=94%	<94%	-	>=94%
Retain	Cancer: 62 day Consultant Upgrade	>=85%	<85%	-	>=85%
Remove	Welsh patients: 26 weeks Referral To Treatment waiting times - Admitted patients	>=95%	<95%	-	>=95%
Remove	Welsh Patients: 26 weeks Referral To Treatment waiting times - Non-admitted	>=98%	<98%	-	>=98%
Retain	Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	>=95%	<95%	-	>=95%
Remove	Radiology Reporting - Plain Film Inpatient reports within standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - Plain Film Outpatient reports within standard	>= 90%	<90%		>=90%

Remove	Radiology Reporting - CT Inpatient reports within Standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - CT Outpatient reports within standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - MRI Inpatient reports within standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - MRI Outpatient reports within standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - Ultrasound Inpatient reports within standard	>= 90%	<90%		>=90%
Remove	Radiology Reporting - Ultrasound Outpatient reports within standard	>= 90%	<90%		>=90%
Remove	Emergency readmissions following elective admission	<=100	>150	<100	<=100
Remove	Emergency readmissions following non-elective admission	<=100	>150	<100	<=100
Remove	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (arrival)	>=90%	<85%	>=85%	>=90%
Remove	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (admission)	>=90%	<85%	>=85%	>=90%
Remove	Std 5: 7-day Services: CT scan within 1 hr for critical care need	>=70%	<65%	>=65%	>=70%
Remove	Std 5: 7-day Services: Echocardiography within 12 hrs for urgent care need	>=80%	<75%	>=75%	>=80%
Remove	Std 5: 7-day Services: Microbiology tests within 12 hrs for urgent care need	>=85%	<80%	>=80%	>=85%
Remove	Std 6: 7-day Services: Access to interventions	>=80%	<75%	>=75%	>=80%
Remove	Std 8: 7-day Services: Ongoing review twice daily in high dependancy area	>=80%	<75%	>=75%	>=80%
Remove	Std 8: 7-day Services: Ongoing review every 24 hours on general wards	>=80%	<75%	>=75%	>=80%
Retain	In-Hospital mortality	No worse than previous year			
<b>Workforce</b>					
Retain	Mandatory Training Compliance	>=95%	<85%	>=85%	>=95%
Retain	Appraisals Compliance	>=90%	<80%	>=80%	>=90%
Retain	Turnover Rate between 1-2 years' service (voluntary)	<=1.4%	>2%	>1.4% - <=2%	<=1.4%
<b>Finance</b>					
Retain	Net Surplus £m's	Financial plan	Below target by more than 5%	Below target between >0% to 5%	Equal to or above target
Retain	Capital expenditure	Financial plan	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target
Retain	Cash balance	Financial plan	Below target by	Below target	Equal to or above



			more than 10%	between >0% to 10%	target
Retain	Deliver the target recurrent cost improvement savings	Financial plan	Below target by more than 5%	Below target between >0% to 5%	Equal to or above target