

Item 4.1a

SOF, Regulatory and Operational Performance Dashboard Report

Month 8 2018/19

Summary of Performance - (Red Indicators YTD and/or Month)

Single Oversight Framework

Maximum 6-week wait for diagnostic procedures (YTD & Month)
Staff Sickness (Month)

Quality of Care

% of deaths screened for review within 7 days (YTD & Month)
HSMR Weekend (DFI) (Month)
Number of Falls (Birch, Cedar, Elm and Oak) (Month)
Number of Adverse Events (Red Alerts), Serious Incidents and Never Events (YTD & Month)
% Blood Cultures taken within 24 hours preceding first antibiotic given (YTD & Month)

Finance & Use of Resources

Deliver the recurrent cost improvement savings £000s (YTD)

Operational Performance

Improve histopathology (YTD & Month)
Improve PET scanning turnaround times at 5-days (YTD & Month)
Cancelled Operations (YTD & Month)
Cancelled Operations in 28 Days (YTD)
Delayed Transfers of Care (YTD & Month)
Referrals - Other (YTD)
18 Weeks Referral to treatment Incomplete Pathways 52 week +(YTD)
Plain Film Inpatient (YTD & Month)
CT Outpatient (YTD & Month)
MRI Outpatient (YTD & Month)
104 Day Cancer (YTD)
26 Weeks Referral to Treatment in aggregate- Admitted Pathways (YTD & Month)
26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways (YTD & Month)
26 Weeks Referral to Treatment in aggregate - Incomplete Pathways (YTD & Month)
Std 6: 7 Day Services: Access to interventions (YTD)
Capital expenditure £000's (YTD)
Total bank cost £000's (YTD & Month)
Deliver the recurrent cost improvement savings £000s (YTD)

Workforce