

Board of Directors (in Public)

Item 4.3

Subject: Strategic and Operational Dashboards 2019/20
Date of meeting: Tuesday 30th April 2019
Prepared by: Claire Wilson, Chief Finance Officer
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Presented by: Claire Wilson, Chief Finance Officer
Purpose of Report: For approval

BAF Ref	Impact on BAF
1 - 5	The BAF has been revised to reflect the risk associated with the 2019/20 strategic objectives.

1. Executive Summary

This paper sets out a proposed approach for monitoring against the Trust's strategic and operational performance during 2019/20.

2. Introduction

The Board of Directors is responsible for setting the overall strategic direction of the Trust and to monitor performance against its objectives. The indicators reported to the Board of Directors have been reviewed for 2019/20 in line with its statutory duties and operational objectives. This paper sets out the proposed framework for 2019/20 together with the delivery targets for each indicator where appropriate.

3. Strategic Objectives

Trust's mission to provide *excellent, compassionate and safe care for every patient, every day*, the strategic objectives that underpin our vision to be the best are based around 5 key strategic themes for which the Board key milestones and priorities for 2019/20 have been agreed as set out below. One additional objective has been included since the version previously agreed by the Board 'Facilitate, Lead and deliver the development of a new LHCH Strategic Plan' which is included in Theme 5 - Partnerships.

(i) Quality, Patient and Family Centred Care

- Improve safety culture and reduce harm;
- Embed organisational learning such that there is clear evidence of observable changes in practice;
- Retain CQC rating of 'outstanding'

- Deliver the improvement plan in response to GIRFT Report.
- Develop system leadership role in setting and raising standards and ensuring patient and family experience is embedded into new models of care.

ii) Research and Innovation

- Develop, expand and evaluate robotics clinical and research programme
- Raise the Trust's academic profile and increase the number of academic appointments
- Deliver Research and innovation Strategy milestones including attraction of research grants
- Deliver actions set out in good corporate citizenship strategy
- Develop Liverpool Cardio Vascular Science Center with research partners
- Develop core digital systems to support delivery of objectives set out in Data Quality strategy
- Replace the Trusts Cath Lab facilities with a modern, innovative facility which enhances patient experience.

iii) Finance, Value and Productivity

- Retain Segmentation 1 under NHS Improvement's Single Oversight Framework
- Embed business partner model and complete implementation of Business Intelligence and Patient Administration System transformation plans
- Operate Use of Resources Framework in shadow form
- Deliver targets set out in private patient strategy
- Expand international business activities and levels of income generation
- Increase focus on productivity improvement through embedded benchmarking and performance metrics
- Develop marketing strategy to maximise opportunities for business development

iv) Best NHS Employer

- Listen, involve and develop Team LHCH through delivery of an effective staff engagement plan
- Build capability for outstanding leadership at all levels
- Equip our workforce for delivering new models of care
- Implement objectives set out in retention strategy
- Embed continuous service Improvement through programme of staff engagement
- Promote diversity through an all-inclusive workforce

v) Partnerships

- Facilitate, Lead and deliver the development of a new LHCH Strategic Plan
- Lead and deliver the CVD programme and specifically
 - Progress single cardiology pathway
 - Enhance stakeholder engagement across the health and care partnership and beyond
- Play a substantial role in bringing specialist trusts together
- Develop single respiratory service
- Improve the visibility and external promotion of surgical work
- Embed Congenital Heart Disease services
- Expand Cardio-Oncology service

Appendix 1 sets out the proposed deliverables for each objective. The risks associated with each is reflected in the Board Assurance Framework (BAF) for 2019/20. The Board of Directors will receive a quarterly update on the delivery against each objective alongside the quarterly BAF report.

4. Operational Objectives

4.1 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 2 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.

4.2 Quality Reporting

The quality strategy is currently being reviewed and a revised draft will be considered by the Board of Directors in quarter 1 2019/20. Appendix 3 sets out the current quality performance dashboard which will continue to be used until the new strategy is implemented. The dashboard will be revised alongside the new strategy.

4.3 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. Appendix 4 sets out the proposed Performance dashboard for 2019/20 for those targets not already reflected in the SOF report. The Board will monitor performance on a monthly basis and Indicators reported as 'red' will be flagged for exception reporting.

5. Reporting Development and Data Quality Framework

The Trusts' reporting processes are being reviewed as part of the Informatics review action plan. First phase of this work is expected to complete in quarter one with final completion expected in quarter two. A data quality framework has been developed to support the full implementation of the data quality strategy and will begin reporting in quarter one. For quarterly assurance the national data quality measurement tool, the Data Quality Maturity Index (DQMI), will also be reported quarter alongside the usual dashboard reporting.

6. Recommendation

The Board of Directors are asked to:

- Approve the final set of strategic objectives for 2019/20 as set out in the paper
- Approve the proposed approach for monitoring strategic and operational performance for 2019/20.

Strategic Objectives 2019/20

Strategic Objective	Executive Lead	Deliverables
[1] Quality, Patient and Family Centred Care		
Improve safety culture and reduce harm	Director of Nursing/ Director of Corporate Affairs	<ul style="list-style-type: none"> Continued focus on Safety Seven Improve incident reporting across the Trust and focus on areas with lower rates Continue to reduce harms and sustain improvements made Embed FTSU Summit; deliver Board Action Plan and establish an FTSU Charter Implement Improvement Framework and Plan
Embed organisational learning such that there is clear evidence of observable changes in practice	Medical Director	<ul style="list-style-type: none"> Maintain / embed Organisational Learning processes Quarterly Learning From Deaths (LFD) report to BoD Focus on evidence to support LFD in 2019/20 – divisions and Operational Board Triumvirates to review and refine process for review of learning
Retain CQC rating of outstanding	Director of Nursing and Operations	<ul style="list-style-type: none"> Focus on triangulation of learning and embedding in to practice On-going programme of mock inspections Continue sharing & learning
Deliver the improvement plan in response to GIRFT Report	Medical Director	<ul style="list-style-type: none"> GIRFT action plan delivered from national and local reports
Develop system leadership role in setting and raising standards and ensuring patient and family experience is embedded into new models of care.	Director of Strategic Partnerships	<ul style="list-style-type: none"> Demonstrable progress against the Single Cardiorespiratory programme with the roll out the approach to other parts of Cheshire & Merseyside Develop LHCH models of care in all parts of Cheshire and

		Merseyside
[2] Research and Innovation		
Develop, expand and evaluate robotics clinical and research programme	Director of Nursing and Operations	<ul style="list-style-type: none"> • To demonstrate delivery against business case objectives relating to: <ul style="list-style-type: none"> • Research programme • Outcomes • Affordability and value for money
Raise the Trust's academic profile and increase the number of academic appointments	Director of Research and Innovation	<ul style="list-style-type: none"> • Increase number of staff with academic appointments. Includes honorary, or University person working predominantly from our site. Applies to both research and educational appointments. Target 5 for 2019/20.
Deliver Research and innovation Strategy milestones including attraction of research grants	Director of Research and Innovation	<ul style="list-style-type: none"> • Achieve CRN recruitment. Target 900 for 2019/20
Deliver actions set out in good corporate citizenship strategy	Director of Workforce	<ul style="list-style-type: none"> • Implementation of milestones in line with agreed plan
Develop Liverpool Center for Cardiovascular Science with research partners	Director of Research and Innovation	<ul style="list-style-type: none"> • Develop a research strategy for LCCS • Attract phase II clinical trials to LHCH
Develop core digital systems to support delivery of objectives set out in Data Quality strategy	Chief Finance Officer	<ul style="list-style-type: none"> • Develop digital strategy aligned to development of organisational strategy • Deliver 2019/20 digital systems work programme • Operationalise Data Quality Assurance Framework
Replace the Trusts Cath Lab facilities with a modern, innovative facility which	TBC	<ul style="list-style-type: none"> • Develop Business Case for consideration by the Board of Directors • Explore commercial partnerships to support development • Deliver milestones agreed set out within Business Case

enhances patient experience.		
[3] Finance, Value and Productivity		
Retain Segmentation 1 for under NHS Improvement's Single Oversight Framework	Executive lead in line with Single Oversight Framework (SOF) theme.	<ul style="list-style-type: none"> • SOF indicators monitored monthly. • Deliver Trust Control Total
Embed business partner model and complete implementation of Business Intelligence and Patient Administration System transformation plans	Chief Finance Officer	<ul style="list-style-type: none"> • Strengthen business partnership model in Informatics function • Deliver milestones set out in PAS transformation plan • Deliver Business Intelligence improvement work through data warehousing and enhanced reporting.
Operate Use of Resources Framework in shadow form	Chief Finance Officer	<ul style="list-style-type: none"> • Delivery of milestones as agreed within divisional benchmarking plans • Develop process for mock inspections
Deliver targets as set out in Private patient strategy	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Deliver 2019/20 targets set out in private patient strategy
Expand international business activities and levels of income generation.	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Continued focus on securing contracts with international partners with at least 2 further contracts signed in 2019/20.
Increase focus on productivity improvement through embedded benchmarking and performance metrics	Chief Finance Officer	<ul style="list-style-type: none"> • Delivery of milestones as agreed within divisional benchmarking plans • Continued focus on productivity improvement within clinical divisions and corporate departments in the development of a 3 year rolling CIP programme.
Develop marketing strategy to maximise opportunities for business development	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Develop and approve marketing strategy

[4] Best NHS Employer		
Listen, involve and develop Team LHCH through delivery of an effective staff engagement plan	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Continued delivery of Improvement Framework and Plan programme Quarterly updates on delivery of 'Team LHCH' strategy Improve engagement scores Measures and report on staff experience NED & Exec walkabouts
Build capability for outstanding leadership at all levels	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Delivery of milestones set out in the Education Strategy and Plan building on "Team LHCH" Strategy Continued roll out succession planning / talent plan as part of the Leadership Strategy
Equip our workforce for delivering new models of care	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Implementation of Workforce Plans ensuring educational and training needs are identified to deliver new ways of working and new workforce models
Implement objectives set out in retention strategy	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Delivery of milestones as set out in the strategy
Embed continuous service Improvement through programme of staff engagement	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Further embed service improvement methodology as per Improvement Framework and Plan Deliver 2019/20 Service Improvement programme milestones
Promote diversity through an all-inclusive workforce	Director of Workforce & Service Improvement	<ul style="list-style-type: none"> Develop plan which targets improvement in response to staff survey findings Deliver against milestones in the revised Equality and Inclusion Strategy 2019-2021 and Equality Action Plan Further develop programme of engagement with BAME workforce Implement new Workforce Disability Equality Scheme - WDES
[5] Partnerships		
Facilitate, Lead and deliver the	Director of Strategic Partnerships	<ul style="list-style-type: none"> Delivery of the Strategic Plan in line with the timetable agreed by the Board of Directors.

development of a new LHCH Strategic Plan		
Lead and deliver the CVD programme and specifically: <ul style="list-style-type: none"> • Progress single cardiology pathway • Enhance stakeholder engagement across the health & care partnership and beyond. 	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Delivery of the CVD programme supported by transformational funds including • Happy Hearts website • Stroke case for change • Development of A.F and Lipid Teams • Delivery of the Single Services Cardiorespiratory integrated service work plan
Play a substantial role in bringing specialist trusts together	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Continue to explore all opportunities for collaboration. • Play active role in developing appropriate governance • Deliver tangible examples of working collaboratively
Develop Single Respiratory Service	Director of Strategic Partnerships	<ul style="list-style-type: none"> • Delivery of the Single Services Cardiorespiratory integrated service work plan
Improve the visibility and external promotion of surgical work	Director of Nursing and Operations	<ul style="list-style-type: none"> • Deliver on milestones set out in divisional engagement plan
Embed congenital heart disease services	Director of Nursing and Operations	<ul style="list-style-type: none"> • Further embed a high quality, responsive service in line with 2019/20 operational plan and in conjunction with our partners
Expand cardio-oncology service	Director of Nursing and Operations	<ul style="list-style-type: none"> • Develop high quality, responsive service in line with 2019/20 operational plan and in partnership with Clatterbridge Centre for Oncology.

Single Oversight Framework (SOF) Dashboard Indicators 2019/20

Measure	Frequency	Target	RAG		
			Red	Amber	Green
Operational Performance					
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	>=92%	<92%	-	>=92%
All cancers – maximum 62-day wait for first treatment from: a. urgent GP referral for suspected cancer	Monthly	>=85%	<85%	-	>=85%
All cancers – maximum 62-day wait for first treatment from: b. NHS cancer screening service referrals	Monthly	>=90%	<90%	-	>=90%
Maximum 6-week wait for diagnostic procedures	Monthly	<1%	>1%	-	<=1%
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%
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%
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					
Written complaints – rate	Quarterly	TBC	TBC	TBC	TCB
Staff Friends and Family - % recommended – care	Quarterly	>=96%	<86%	>=86% - <96%	>=96%
Occurrence of any Never Events	Monthly (rolling 6 months)	0	>0	-	0
Patient Safety Alerts not completed by deadline	Monthly	0	>0	-	0
Mixed sex accommodation breaches	Monthly	0	>0	-	0
Inpatient scores from Friends & Family Test - % positive	Monthly	>=95%	<90%	>=90% - <95%	>=95%

CQC inpatient survey	Annual	TBC			
Venous thromboembolism (VTE) risk assessment	Quarterly	>=95%	<90%	>=90% - <95%	>=95%
Clostridium difficile (C.difficile) plan: C.difficile actual variance from plan (actual number v plan number)	Monthly	TBC	TBC	TBC	TBC
Clostridium difficile – infection rate	Monthly (12-month rolling)	<=0.16	>0.16	-	<=0.16
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Monthly (12-month rolling)	TBC			
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	Monthly (12-month rolling)	TBC			
Escherichia coli (E.coli) bacteraemia bloodstream infection (BSI)	Monthly (12-month rolling)	TBC			
Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	Quarterly	<=100	>100 with statistical significance	>100 not statistically significant	<=100
Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	Quarterly	<=100	>100 with statistical significance	>100 not statistically significant	<=100
Potential under reporting of patient safety incidents	Monthly (six-month rolling)	TBC			
Community scores from Friends & Family Test - % positive	Monthly	>=95%	<90%	>=90% - <95%	>=95%
Outpatient scores from Friends & Family Test - % positive		>=95%	<90%	>=90% - <95%	>=95%
Organisational Health					
Staff Sickness - Level of staff absenteeism through illness in the period	Monthly	<=3.4%	>3.8%	>3.4% - <=3.8%	<=3.4%
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%
NHS Staff Survey - Staff recommendation of the organisation as a place to work or receive treatment	Annual	>=75%	<65%	>=65% - <75%	>=75%

Proportion of temporary staff - Agency staff costs (as defined in measuring performance against the provider's cap) as a proportion of total staff costs		<=5%	>6%	>5% - <=6%	<=5%
Executive Team Turnover		<=25%	>30%	>25% - <=30%	<=25%
Finance and Use of Resources					
Capital service capacity - score	Weighting: 0.2	1	>=3	2	1
Liquidity (days) - score	Weighting: 0.2	1	>=3	2	1
Income and expenditure (I&E) Margin - score	Weighting: 0.2	1	>=3	2	1
Distance from financial plan - score	Weighting: 0.2	1	>=3	2	1
Agency spend	Weighting: 0.2	1	>=3	2	1
Overall use of resources rating		1	>=3	2	1
Control total acceptance		Yes/No	No	NA	Yes

*NB. Indicators highlighted in Grey are not contained within the national SOF as published by NHS Improvement

Quality dashboard

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

	Target	Red	Amber	Green
Number of avoidable LHCH-Acquired Pressure Ulcers Grade 2	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target
Number of avoidable LHCH-Acquired Pressure Ulcers Grade 3+	0	>0	-	0
Observed mortality Rate	<=1.5%	>2.4%	<=2.4% >1.5%	<=1.5%
% mortality reviews screened within 7 days	>=90%	<75%	>=75% <90%	>=90%
Mortality reviews completed within 30 days after screening completed and full review allocated (Doctors)	>=80%	<70%	>=70% <80%	>=80%
Mortality reviews completed within 30 days of allocation (Nurses)	>=80%	<70%	>=70% <80%	>=80%
Blood cultures taken within 24hrs preceding first antibiotic given	>=95%	<75%	>=75% <95%	>=95%
Delivery of at least one sepsis antibiotic within one hour of diagnosis (National target)	>=70%	<50%	>=50% <70%	>=70%
Delivery of a sepsis antibiotic within three hours of diagnosis (LHCH Target)	>=96%	<75%	>=75% <96%	>=96%
% of radiological alerts with a response document	>=95%	<85%	>=85% <95%	>=95%
Complete a holistic needs assessment for patients diagnosed at LHCH	>=95%	<85%	>=85% <95%	>=95%
Friends and family Test response rate	>=50%	<45%	>=45% <50%	>=50%
VTE Prophylaxis	>=95%	<90%	>=90% <95%	>=95%
Mortality CABG - Continuous improvement (Maintain observed to expected ratio at 1 or below)	<=1	>1.5	>1 <=1.5	<=1
Mace PCI - Continuous improvement (Maintain observed to expected ratio at 1 or below)	<=1	>1.5	>1 <=1.5	<=1

Number of adverse events (red alerts), SI and never events	0	>0	-	0
Number of patient related safety incidents reported	Sliding scale	Below target and below previous year performance	Below target but above previous year performance	Equal to or greater than target
Hospital Standardised Mortality Ratio - Weekend (DFI)	<=100	Small sample size - statistical significance determined by breach of upper confidence interval	Small sample size – above 100 but within the upper confidence interval	<=100

Performance dashboard

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

	Target	Red	Amber	Green
Performance				
Cancelled Operations for non-clinical reasons	0.015	>2%	<2%	<=1.5%
Improve histopathology turnaround times at 7-days	>=75%	<65%	<75%	>=75%
Improve PET scanning turnaround times at 5-days	>=75%	<65%	<75%	>=75%
Cancelled operations for non-clinical reasons readmitted with 28 days	1	<100%	-	1
Urgent operations cancelled for 2nd time	0	>0	-	0
Delayed Transfers of care	<=4.5%	>5%	<=5%	<=4.5%
Bed Occupancy	>=85%	<80% or >90%	>=80%	>=85%
Referrals – GP	Sliding scale	Below target greater than 200 away from plan	Below target but within 200 of plan	Above target
Referrals – DGH	Sliding scale	Below target greater than 200	Below target but within 200	Above target
Referrals – Other	Sliding scale	Below target greater than 200	Below target but within 200	Above target
NHS activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	Above target
PP activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	Above target
Number of 18-week Pathways Waiting 52-weeks+	0	>0	-	0
Cancer: 14 day GP referral to 1st Outpatient Appointment	>=93%	<93%	-	>=93%
Cancer: 31 day diagnosis to 1st treatment for all cancers	>=96%	<96%	-	>=96%
Cancer: 31 day Second or subsequent treatment (surgery & drug)	>=94%	<94%	-	>=94%
Cancer: 62 day Consultant Upgrade	>=85%	<85%	-	>=85%
Welsh patients: 26 weeks Referral To Treatment waiting times - Admitted patients	>=95%	<95%	-	>=95%
Welsh Patients: 26 weeks Referral To Treatment waiting times - Non-	>=98%	<98%	-	>=98%

admitted				
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	>=95%	<95%	-	>=95%
Radiology Reporting - Plain Film Inpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - Plain Film Outpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - CT Inpatient reports within Standard	>= 90%	<90%		>=90%
Radiology Reporting - CT Outpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - MRI Inpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - MRI Outpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - Ultrasound Inpatient reports within standard	>= 90%	<90%		>=90%
Radiology Reporting - Ultrasound Outpatient reports within standard	>= 90%	<90%		>=90%
Emergency readmissions following elective admission	<=100	>150	<100	<=100
Emergency readmissions following non-elective admission	<=100	>150	<100	<=100
Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (arrival)	>=90%	<85%	>=85%	>=90%
Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (admission)	>=90%	<85%	>=85%	>=90%
Std 5: 7-day Services: CT scan within 1 hr for critical care need	>=70%	<65%	>=65%	>=70%
Std 5: 7-day Services: Echocardiography within 12 hrs for urgent care need	>=80%	<75%	>=75%	>=80%
Std 5: 7-day Services: Microbiology tests within 12 hrs for urgent care need	>=85%	<80%	>=80%	>=85%
Std 6: 7-day Services: Access to interventions	>=80%	<75%	>=75%	>=80%
Std 8: 7-day Services: Ongoing review twice daily in high dependancy area	>=80%	<75%	>=75%	>=80%
Std 8: 7-day Services: Ongoing review every 24 hours on general wards	>=80%	<75%	>=75%	>=80%
In-Hospital mortality	No worse than previous year			
Workforce				

Mandatory Training Compliance	>=95%	<85%	>=85%	>=95%
Appraisals Compliance	>=90%	<80%	>=80%	>=90%
Turnover Rate between 1-2 years' service (voluntary)	<=1.4%	>2%	>1.4% - <=2%	<=1.4%
Finance				
Net Surplus £m's	Financial plan	Below target by more than 5%	Below target between >0% to 5%	Equal to or above target
Capital expenditure	Financial plan	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target
Cash balance	Financial plan	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target
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