

Strategic Dashboard Report Month 09 2016/17

Summary of Performance

Single Oversight Framework

Red indicators include: Never events (1 reported in November), mixed sex accommodation breaches (YTD only), staff sickness (in-month), liquidity, I&E margin and cost reduction strategy.

Strategic Objectives

The red indicators for:

Quality & Experience - Mortality reviews, Falls, Blood cultures taken within 24hrs preceding first antibiotic.

Service & Innovation - 14 day wait from referral to date first seen (in month only), 31-day wait from diagnosis to first treatment (November 2016,) Welsh RTT Pathways, 100,000k Genome Project - Rare Diseases.

Value - Overtime costs, additional sessions cost, CIP, Delivery of SLR self service to management and improve adoption of SLR as a reliable information source.

Workforce - Absence Rate.

Working Together - None to report.

Performance Report Summary

In addition to the above, rated red for the year are:

Quality - VTE Prophylaxis (in-month only) and Serious Incident (1 reported in November)

Performance - Cancelled Operations and Delayed Transfers Of Care.

For details on financial indicators please refer to the Financial Report.

Data Quality

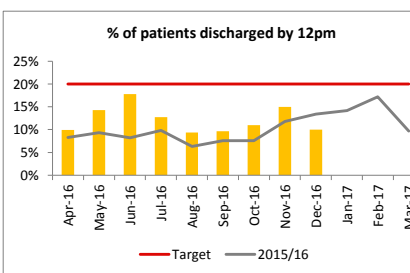
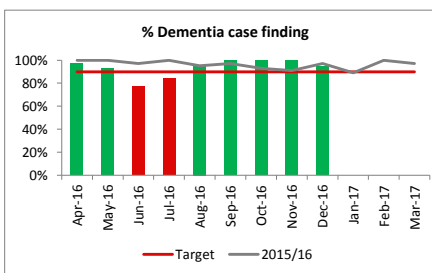
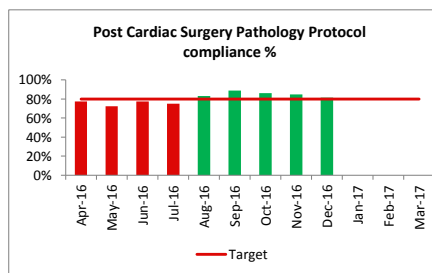
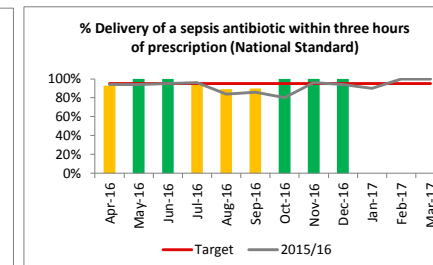
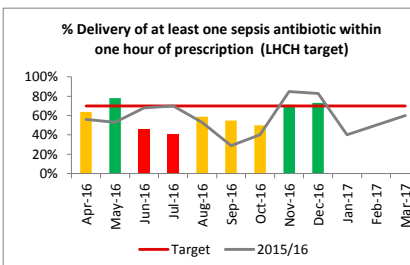
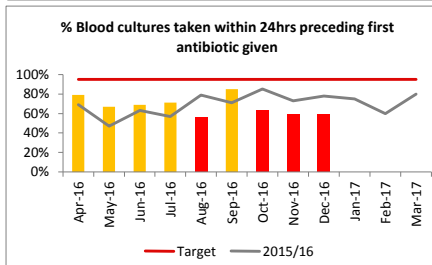
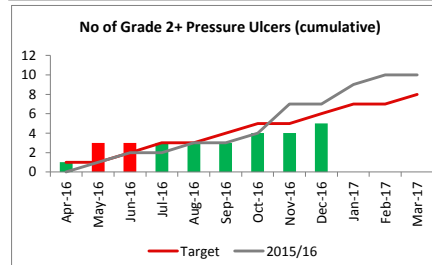
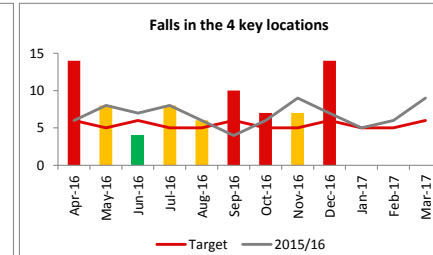
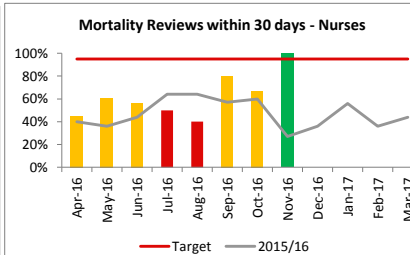
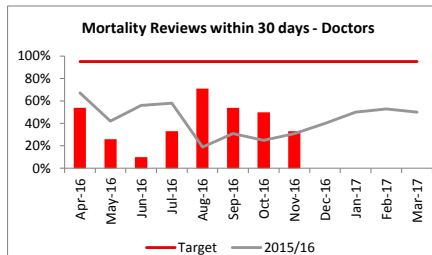
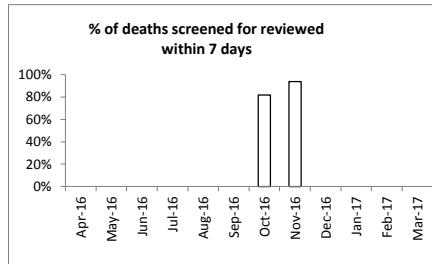
Any indicators rated red for data quality relate to timeliness of data/reporting.

Single Oversight Framework (SOF) 2016/17

		Reviews	Rating	Comment										Concern
NEW NEW NEW NEW	Leadership and Improvement Capability	Well Led Reviews - CQC Well Led Assessments		CQC review published September 2016 rated Well-led Domain as 'Outstanding'										
		Well Led Reviews - NHSI Code of Governance		In progress										
		Third Party Information - Healthwatch, MP's, Whistleblowers, Coroners' Reports, CQC Warnings, Other Material Concerns												
NEW	Strategic Change	Review of sustainability and transformation plans and other relevant matters		LHCH is lead for CVD cross-cutting theme										
		Indicator	Target	YTD	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Red Indicator		
						Target	Dec 16	Nov 16						
Operational Performance		Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	>=92%	92.45%	➡	>=92%	92.45%	92.41%			M			
		All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	>=85%	92.89%	➡	>=85%	100.0%	100.00%			M			
		Maximum 6-week wait for diagnostic procedures	>=99%	99.56%	⬆	>=99%	99.87%	99.45%			M			
NEW NEW NEW	Quality - Safe, Effective & Caring	Written complaints - rate	50	52	⬆	5	6	7			M	Awaiting national technical guidance		
		Occurrence of any Never Events	0	1	⬆	0	0	1			M	Never Event occurred in November 2016	Y	
		NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	➡	0	0	0			M			
NEW NEW NEW	Quality - Safe, Effective & Caring	Mixed Sex Accommodation breaches	0	11	➡	0	0	0			M	No breaches since August 2016	Y	
		VTE Risk Assessment	>=95%	96.3%	⬆	>=95%	95.9%	97.0%			M			
		Clostridium Difficile	4	0	➡	3	0	0			M	Due to lapses in care		
NEW NEW NEW	Quality - Safe, Effective & Caring	Clostridium Difficile infection rate (per 1000 beddays)	0.1	0.0	➡	0.1	0.0	0			M			
		MRSA bacteraemias	0	0	➡	0	0	0			M			
		HSMR for all diagnoses and procedures (supplied from Dr Foster)	100	105.09	⬆	100	111.12	66.27			M	Current month is September 2016		
NEW NEW NEW	Quality - Safe, Effective & Caring	HSMR for 56 diagnosis groups (supplied from Dr Foster - Hospital Guide)	100	115.77	⬆	100	109.54	80.46			M	Current month is September 2016		
		Hospital Standardised Mortality Ratio - Weekend (DFI)	100	126.9	⬆	100	216.5	90.09			M	Current month is September 2016 (95% CI: 58.3 - 554.2, 4 deaths)		
		Potential under reporting of patient safety incidents	<3	2	➡	<3	2	2			6M	NRIS Report April - September 2015 (3 = poor)		
NEW NEW NEW	Quality - Safe, Effective & Caring	Emergency readmissions following elective admission	<=100	109.82	⬆	<=100	127.40	95.30			M	Current month is June 2016		
		Emergency readmissions following non-elective admission	<=100	108.24	⬆	<=100	124.80	103.40			M	Current month is June 2016		
		Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (arrival)	>=90%	100%	➡	>=90%	100%	100%			6M	September 2016 Survey		
NEW NEW NEW	Quality - Safe, Effective & Caring	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (admission)	>=90%	100%	➡	>=90%	100%	95%			6M	September 2016 Survey		
		Std 5: 7-day Services: CT scan within 1 hr for critical care need	>=70%	100%	➡	>70%	100%	100%			6M	September 2016 Survey		
		Std 5: 7-day Services: Echocardiography within 12 hrs for urgent care need	>=80%	100%	➡	>=80%	100%	100%			6M	September 2016 Survey		
NEW NEW NEW	Quality - Safe, Effective & Caring	Std 5: 7-day Services: Microbiology tests within 12 hrs for urgent care need	>=85%	100%	➡	>=85%	100%	100%			6M	September 2016 Survey		
		Std 6: 7-day Services: Access to interventions	>=80%	100%	➡	>=80%	100%	100%			6M	September 2016 Survey		
		Std 8: 7-day Services: Ongoing review twice daily in high dependency area	>=80%	96%	➡	>=80%	96%	82%			6M	September 2016 Survey		
NEW NEW NEW	Quality - Safe, Effective & Caring	Std 8: 7-day Services: Ongoing review every 24 hours on general wards	>=80%	98%	➡	>=80%	98%	100%			6M	September 2016 Survey		
		Staff Friends and Family - recommend as a place of treatment	94%	95%	➡	94%	95%	95%			Q	Data is based on "Recommendation as a Place if treatment Work" from Q2 FFT until further guidance is provided for this indicator.		
		Inpatient scores from Friends & Family Test - % positive	>=95%	99%	➡	>=95%	99%	99%			M			
NEW NEW NEW	Quality - Organisational Health	Community scores from Friends & Family Test - % positive	>=95%	99%	➡	>=95%	100%	100%			M	Latest score from November; no surveys collected for December		
		Staff Sickness	<=3.6%	3.62%	⬆	<=3.6%	4.10%	3.70%			M		Y	
		Proportion of temporary Staff	5%	5.1%	➡	5%	5.4%	5.4%			M			
NEW NEW NEW	Quality - Organisational Health	Staff Turnover	10%	11.1%	➡	10%	11.1%	11.0%			M			
		Executive Team Turnover	25%	25.0%	➡	25%	25.0%	12.5%			M	Chief Finance Officer - May-16, Director of Strategy & OD - Dec-16		
		NHS Staff Survey - recommend as a place to work	76%	73%	⬆	76%	73%	70%			Q	Data is based on "Recommendation as a Place to Work" from Q2 FFT until further guidance is provided for this indicator.		
NEW NEW NEW	Finance	Capital service cover	2	2	➡	2	2	2			M	Trigger: Poor levels of overall financial performance (average score of 3 or 4) very poor performance (score of 4) in any individual metric Potential value for money concerns		
		Liquidity	4	4	➡	4	4	4			M			
		Efficiency												
I&E margin	4	4	➡	4	4	4			M					
Controls														
Performance against plan	1	1	⬆	1	1	2			M					
Agency spend	1	1	➡	1	1	1			M					
Overall Financial Performance														
Overall use of resources rating	3	3	➡	3	3	3			M					
NEW NEW NEW	Finance	Value for money information												
		NCBC Benchmarking Data, Meridian Review, Back Office Review, Pathology Review	Comment: Back office review underway as part of STP											
		Aggressive cost reduction plans - Cost reduction strategy delivered	-2,763	-2,471	⬆	-300	-265	-299			M	Includes £600k NR CIP's		
OUR NEW NEW	Overall	Control total acceptance	Yes											
		Segmentation	1	1	1	1	1	1			Adhoc	Segment 1: Maximum autonomy; universal support		

Strategic Objective Measures 2016/17 - Quality & Experience

	Indicator	YTD			Trend	Current month		Previous	Data		Frequency	Comments
		Type	Target	Actual		Target	Dec 16	Month	Quality			
Reduce Harm	% of deaths screened for reviewed within 7 days	L	TBD	89%	↑	TBD	94%	82%			M	Current month based on the previous months mortality
	% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=95%	39%	↓	>=95%	33%	50%			M	Current month based on the previous months mortality. 7 day screening started in October therefore the figures will exclude any that are N/A from then onwards.
	% Mortality reviews to be completed within 30 days of allocation - Nurses	L	>=95%	59%	↑	>=95%	100%	67%			M	
	Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=49	78	↓	<=6	14	7			M	Based on a 20% reduction the target for the year is 65.
	Number of avoidable Pressure Ulcers - grade 2+	L	<=6	5	↓	<=1	1	0			M	Based on a 20% reduction the target for the year is 8.
Improve Effectiveness	% Blood cultures taken within 24hrs preceding first antibiotic given	L	>=95%	66%	→	>=95%	59%	59%			M	
	% Delivery of at least one sepsis antibiotic within one hour of prescription	L	>=70%	60%	→	>=70%	73%	71%			M	
	% Delivery of a sepsis antibiotic within three hours of prescription	N	>=95%	96%	→	>=95%	100%	100%			M	
	% Compliance with the Post Cardiac Surgery Pathology Protocol	L	>=80%	80.6%	→	>=80%	81.3%	84.9%			M	
	% Dementia case finding	L	>=90%	93%	↓	>=90%	94%	100%			M	
	% of patients discharged by 12pm	L	>=20%	12%	↓	>=20%	10%	15%			M	

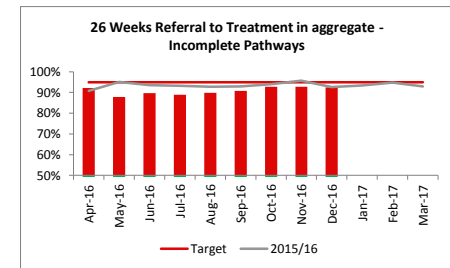
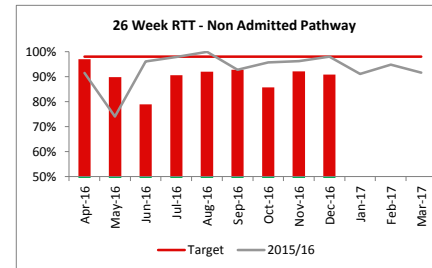
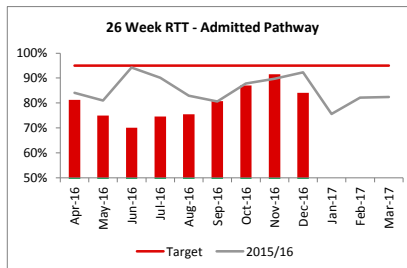
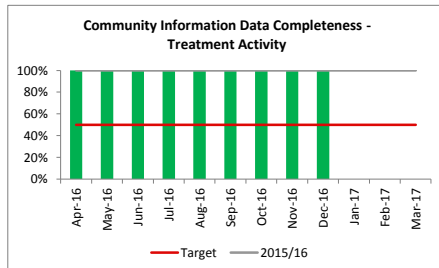
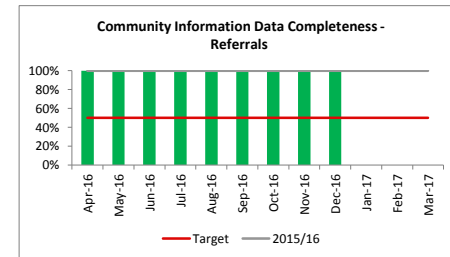
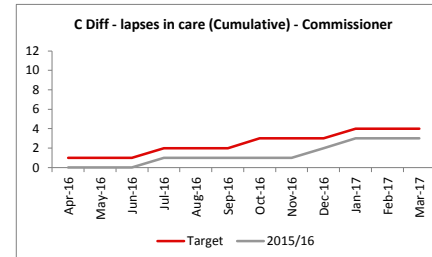
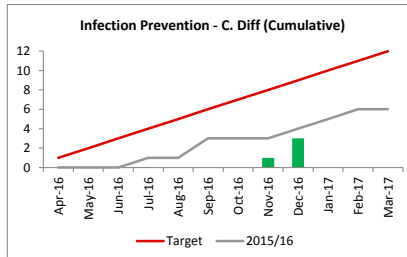
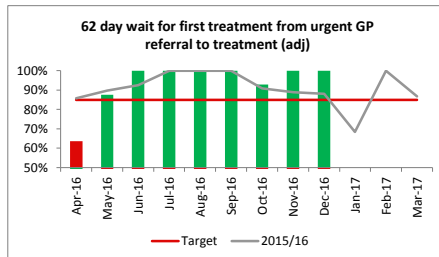
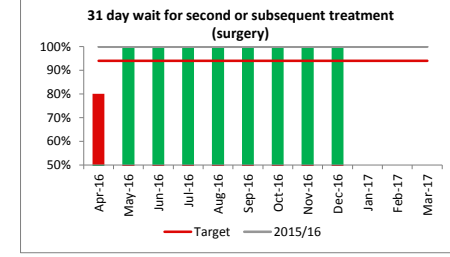
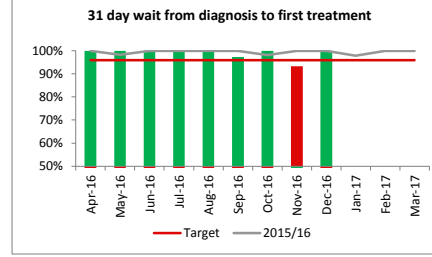
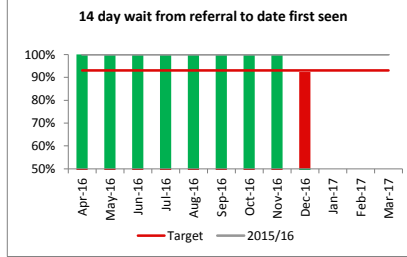
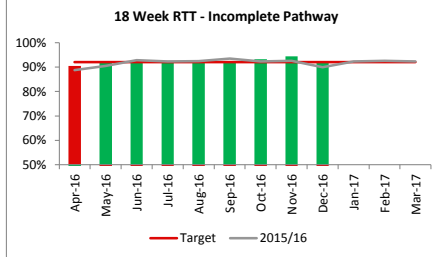


Strategic Objective Measures - Quality and Experience Self-Assessments 2016/17

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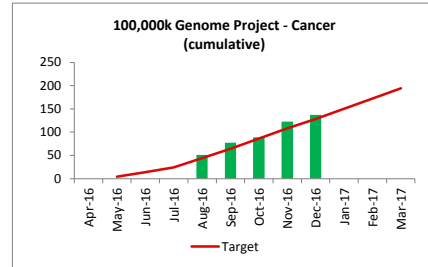
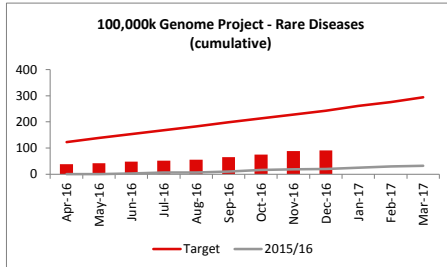
Strategic Objective Measures 2016/17 - Service & Innovation

	Indicator	YTD			Trend	Current Month		Previous Month	Data Quality	Frequency	Comments
		Type	Target	Actual		Target	Dec 16				
Improve Effectiveness	NHS/A Target										
	18 Weeks Referral to Treatment - Incomplete Pathways	N	92%	92.45%	→	92%	92.45%	92.41%		M	Failed Monitor target for Q1
	18 Weeks Referral to Treatment Incomplete Pathways 52 week +	N	0	0	→	0	0	0		M	Not charted below
	14 day wait from referral to date first seen	N	93%	99.38%	↓	93%	92.31%	100.00%		M	
	31 day wait from diagnosis to first treatment	N	96%	98.94%	↑	96%	100.00%	93.33%		M	
	31 day wait for second or subsequent treatment (surgery)	N	94%	98.78%	→	94%	100.00%	100.00%		M	
	62 day wait for first treatment from urgent GP referral to treatment (adj)	N	85%	92.89%	→	85%	100.00%	100.00%		M	
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	N	85%	90.32%	→	85%	100.00%	100.00%		M	Not charted below
	Infection Prevention - C. Diff (Cumulative)	N	12	3	↓	9	2	1		M	
	C Diff - lapses in care (Cumulative) - Commissioner	N	4	0	→	3	0	0		M	
	Community Information Data Completeness - Referrals	N	50%	99.90%	→	100%	99.99%	100%		M	
	Community Information Data Completeness - Treatment Activity	N	50%	100%	→	100%	100%	100%		M	
	Local Target										
	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	N	95%	79.16%	↓	95%	84.06%	91.49%		M	
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	N	98%	89.77%	↓	98%	90.91%	92.11%		M	
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	N	95%	90.86%	→	95%	92.51%	92.83%		M	



Strategic Objective Measures 2016/17 - Service & Innovation

Improve Effectiveness	Local Target	Indicator	YTD			Trend	Current Month		Previous Month	Data Quality	Frequency	Comments
			Type	Target	Actual		Target	Dec 16				
		100,000k Genome Project - Rare Diseases	N	243	91	↓	15	3	13		M	
		100,000k Genome Project - Cancer	N	128	137	↓	20	14	34		M	Recruitment started in May 16 due to the implementation of the STRATA Database.



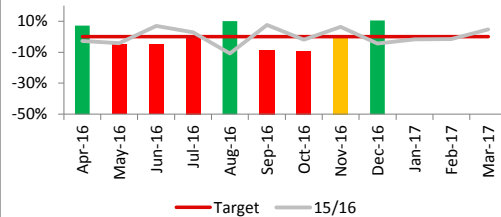
Strategic Objective Measures - Service and Innovation Self-Assessments 2016/17

Sub-Objective	Indicator	Type	KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Executive Responsible
Develop & deliver strategy	Implement cardiology strategy (Mandate)	L	Delivery of strategy milestones	On Track	On Track	On Track	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Robin Wiggs
	Develop service line specific strategies informed by KPMG	L	Production of strategies	Complete	On Track	Complete	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Tony Wilding
	Implement service line specific strategies	L	Delivery of strategy milestones	On Track	On Track	On Track	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Robin Wiggs
	Implement world class cancer outcomes strategy (Mandate)	L	Delivery of strategy milestones	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Tony Wilding
	Develop & implement a genomics strategy	L	Delivery of strategy milestones	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Mark Jackson
	Develop & implement an integrated IM&T strategy	L	Delivery of strategy milestones	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Implement new models of care	Embed the community respiratory service	L	Deliver contract specific KPI's	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Tony Wilding
	Adult Congenital Heart Disease	L	Business case submission	Complete	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Tony Wilding
	Robotic surgery	L	Business case submission	Complete	Complete	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Tony Wilding
	Implement a seven day ACS service (24/7 service)	L	Referral to treatment time for ACS patients	Complete	Complete	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Tony Wilding
	Develop & deliver innovations that keep us at the cutting edge	L	Innovation specific	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	On Track	On Track	On Track	Complete	Mark Jackson

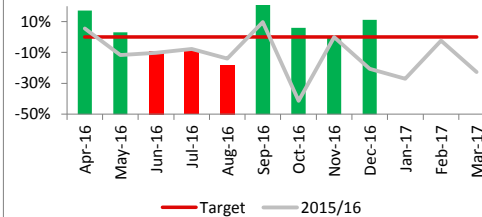
Strategic Objective Measures 2016/17 Value

	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Plan	Actual		Plan	Dec 16	Month	Quality		
Achieve Income Plans	NHS activity (inpatients) - to achieve plan	>=9883	9861		>=886	979	1195		M	
	NHS activity % variance from plan	0%	-0.2%	↓	0%	10.5%	-0.2%		M	
	PP activity (inpatients) - to achieve plan	>=291	301		>=27	30	35		M	
	PP activity % variance from plan	0%	3.3%	↑	0%	11.1%	0.0%		M	
Reduce Expenditure	Total agency cost £000's	£1,504	£1,247	↓	£116	£120	£114		M	
	Total bank cost £000's	£1,332	£1,361	↓	£152	£143	£164		M	
	Total overtime cost £000's	£165	£268	↓	£18	£29	£28		M	
	Total additional sessions cost £000's	£653	£1,157	↓	£73	£126	£122		M	
Save	Cost Improvement £000's (3% reduction)	£2,763	£2,471	↓	£300	£265	£299		M	

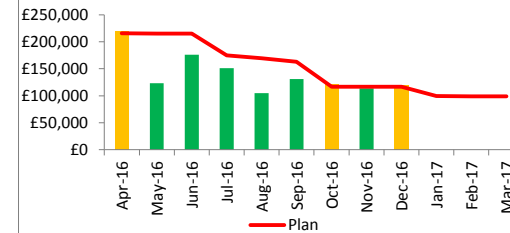
% Variance from Plan in NHS Activity



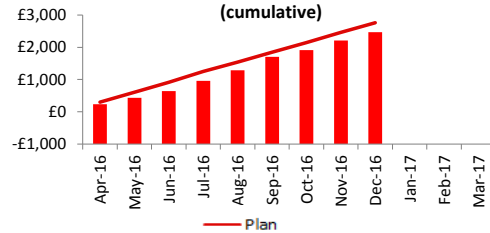
% Variance from Plan in Private Activity



Reduce Agency Spend



Cost reduction strategy delivered £000's (cumulative)

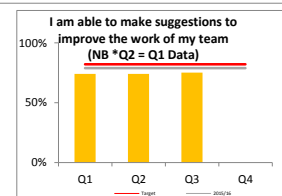
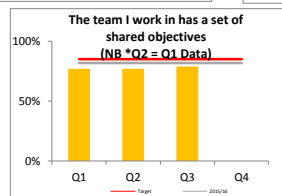
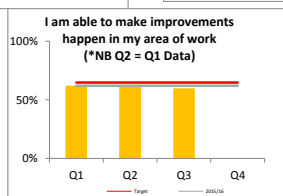
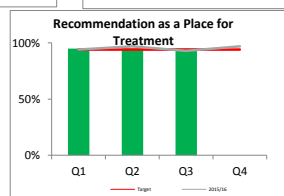
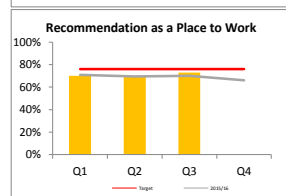
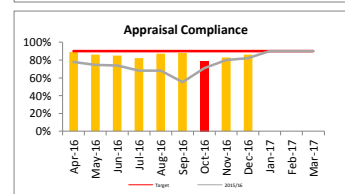
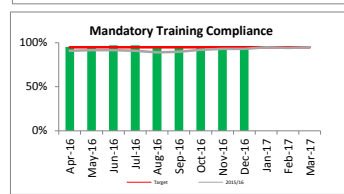
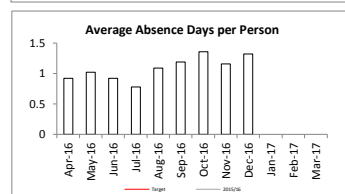
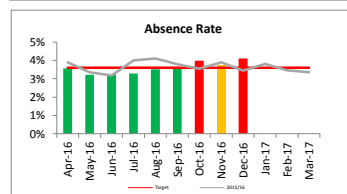
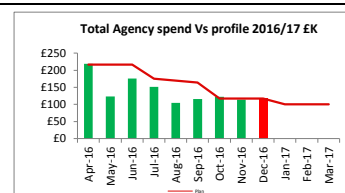
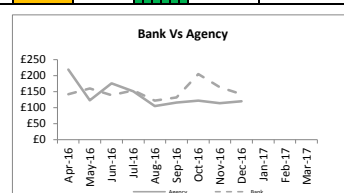
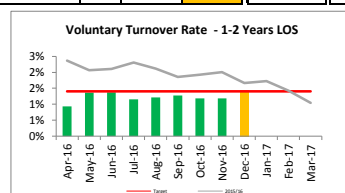
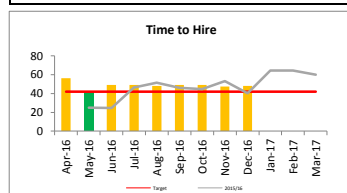


Strategic Objective Measures - Value Self-Assessments 2016/17																		
Sub-Objective	Indicator	Type	KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Executive Responsible	
Improve Service Line Reporting	Ensure SLR reconciles with the Ledger		Acceptable error margin (% & £)														Mark Jackson	
	Deliver SLR self service to management	L	Deliver product														Mark Jackson	
	Improve adoption of SLR as a reliable information source	L	50% consultants prepared to use output for assessing performance (individual or service line)														Mark Jackson	

Strategic Objective Measures 2016/17- Workforce

Indicator	Type	Target	Actual	Trend	Current month		Previous Month	Data		Comments
					Target	Dec		Quality	Frequency	
Time to Hire (days)	L	42	45.0	↓	42	48.2	47.6		M	Calculation: Period from Closing date to Authorised to Start date - excludes Bank Holidays / Excludes Medical Staff wrongly coded in TRAC previously.
Turnover Rate (All Leavers 12 months to date)		10	11.13%	↓	10	11.13%	11.04%		M	Calculation: All Leavers in Period / Average Staff in Post in Period x 100. Data is 12 months to date.
Turnover Rate (Voluntary Leavers 12 months to date)		8	7.90%	↓	8	7.90%	7.66%			Calculation: Voluntary Leavers in Period / Average Staff in Post in Period x 100.
Turnover Rate between 1-2 yrs service (Voluntary Leavers)	L	1.4%	1.44%	↓	1.4%	1.44%	1.2%		M	Calculation: Voluntary leavers (FTE) with LOS between 1-2 (>= 1 and <=2) divided by FTE in Post at end of period x 100. Data is 12 months to date.
Bank Spend 2016/17 EK	L	£1,332	£1,361	↑	£152	£142	£164		M	Plan based on prior year position as bank costs budget included as part of budget for substantive staffing.
Total Agency spend Vs profile 2016/17 EK	N	£1,504	£1,247	↓	£116	£120	£114		M	NHS Improvement Target - Figures subject to change due to input schedule.
Qualified Nurse Agency Spend Vs profile	N	£1,319	£671	↑	£102	£61	£76		M	
Absence Rate	L	3.6%	3.62%	↓	3.6%	4.10%	3.73%		M	Calculation: FTE Days Lost / FTE Day Available in Period x 100. Figures subject to change due to input schedule.
Average Absence Days per person (Heads)	L	-	1.14	↓	-	1.32	1.16		M	Calculation: Number of days lost in period divided by headcount at end of period. Figures subject to change due to input schedule.
Mandatory Training Compliance	L	95%	95%	→	95%	95%	95%		M	
Appraisal Compliance	L	90%	86%	↑	90%	86%	83%		M	

	Type	Target	Actual	Trend	Current Quarter		Previous Quarter			Comments
					Target	Q3*				
Recommendation as a Place to Work	L	76%	73%	↑	76%	73%	70%		Q	Q3 Data from 2016 Staff Survey - Q1, 2 & 4 taken from Staff FFT Q3 from National Staff Survey
Recommendation as a Place for Treatment	L	94%	95%	→	94%	95%	95%		Q	Q3 Data from 2016 Staff Survey - Q1, 2 & 4 taken from Staff FFT Q3 from National Staff Survey
I am able to make improvements happen in my area of work	L	65%	60%	↓	65%	60%	62%		Bi-An	Q3 Data from 2016 Staff Survey - Q1 taken from Staff FFT, Q3 from National Staff Survey
The team I work in has a set of shared objectives	L	85%	79%	↑	85%	79%	77%		Bi-An	Q3 Data from 2016 Staff Survey - Q1 taken from Staff FFT, Q3 from National Staff Survey
I am able to make suggestions to improve the work of my team	L	82%	75%	↑	82%	75%	74%		Bi-An	Q3 Data from 2016 Staff Survey - Q1 taken from Staff FFT, Q3 from National Staff Survey



Strategic Objective Measures - Workforce Self-Assessments 2016/17

[illegible]

Strategic Objective Measures - Working Together Self-Assessments 2016/17

[illegible]

Performance Report Summary 2016/17

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Dec 16					
Quality	Friends and family Test response rate	>=40%	49%	➡	>=40%	39%	39%		M		
	Cumulative average family derived FFT	>=90%	100%	➡	>=90%	100%	100%		M		
	VTE Prophylaxis	>=95%	93.6%	⬇	>=95%	88.4%	91.8%		M		Y
	Number of in-hospital deaths	<=122	124	⬆	<=13	14	16		M		
	Observed mortality (number of in-hospital deaths / spells)	<=1.35%	1.22%	➡	<=1.35%	1.39%	1.30%		M		
	Risk adjusted CABG mortality	<1	0.94	➡	<1	0.94	0.84		M	6-month rolling averages; latest data up to Sep-16	
	Risk adjusted non-primary PCI MACE	<1	0.35	➡	<1	0.35	0.43		M	6-month rolling averages; latest data up to Sep-16	
	Number of Adverse Events (red alerts), SIs & Never Events	0	3	⬆	0	0	2		M	1 SI in April and 1 SI in November; Never Event in November	Y
	Number of Reported Patient Safety Incidents (6-month rolling avg)	>=129	131	➡	>=129	131	134		M		
Performance	Cancelled operations	<=1.5%	2.14%	⬆	<=1.5%	1.70%	3.5%		M	No commissioner target has been set for this year	Y
	Cancelled operations seen in 28-days	100%	100%	➡	100%	100%	100%		M		
	Urgent operations cancelled 2nd time	0	0	➡	0	0	0		M		
	Delayed transfers of care	<=4.5%	5.91%	⬇	<=4.5%	10.17%	4.60%		M		Y
	Bed occupancy	>=85%	84.30%	⬇	>=85%	82.37%	86.56%		M		
	Referrals - GP	>=19075	20,182	⬇	>=2055	1,868	2,442		M		
	Referrals - DGH	>=7905	7,743	⬇	>=892	735	926		M		
	Referrals - Other	>=8075	8,100	⬇	>=763	711	961		M		
	Activity - NHS	0%	-0.2%	⬇	0%	10.5%	-0.2%		M		
	Activity - Private	0%	3.3%	⬇	0%	11.1%	0.0%		M		
	18 Weeks Referral to Treatment Incomplete Pathways 52 week +	0	0	➡	0	0	0		M		
	14 day wait from referral to date first seen	93%	99.38%	⬆	93%	92.31%	100.00%		M		Y
	31 day wait from diagnosis to first treatment	96%	98.94%	⬆	96%	100.00%	93.33%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	98.78%	➡	94%	100.00%	100.00%		M		
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	90.32%	➡	85%	100.00%	100.00%		M		
	C Diff - lapses in care (Cumulative) - Commissioner	4	0	➡	3	0	0		M		
	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	79.06%	⬇	95%	84.06%	91.49%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	89.77%	⬇	98%	90.91%	92.11%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	90.86%	➡	95%	92.51%	92.83%		M		Y
	Appraisals	>=90%	86%	⬇	>=90%	86%	83%		M		
Local Target	Mandatory training	>=95%	95%	➡	>=95%	95%	95%		M		
	Turnover Rate between 1-2 yrs service (voluntary)(FTC excluded))	>=1.4%	1.44%	⬆	>=1.4%	1.44%	1.2%		M		
Finance	Use of Resources Rating (previously the Financial Sustainability Risk Rating)	3	3		3	3	3		M	Change in reporting scale from October (1-4) with 1 being good. Previous the other way around. This figure is duplicated in SoF finance section sheet	
	Capital Service Capacity Rating	2	2		2	2	2		M	Change in reporting scale from October (1-4) with 1 being good. Previous the other way around. This figure is duplicated in SoF finance section sheet	
	Liquidity Rating	4	4		4	4	4		M	Change in reporting scale from October (1-4) with 1 being good. Previous the other way around. This figure is duplicated in SoF finance section sheet	
	Liquidity (Days)	-25.4	-15.3		-25.4	-15.3	-14.6		M		
	IE Margin Metric	4	4		4	4	4		M	Change in reporting scale from October (1-4) with 1 being good. Previous the other way around. This figure is duplicated in SoF finance section sheet	
	Variance in IE Margin	1	1		1	1	2		M	Change in reporting scale from October (1-4) with 1 being good. Previous the other way around. This figure is duplicated in SoF finance section sheet	
	Agency	1	1		1	1	1		M		
	Net Surplus £000's	-1,399	-1,434		-184	-173	-86		M		
	Normalised Net Surplus £000's	-1,399	-1,422		-184	-167	-81		M		
	Cash Balance	4,643	5,846		481	418	75		M		
	Capital expenditure £000's	-4,571	-2,890		-397	-214	-215		M		
	Percentage of nursing agency staff	8%	4%		5%	3%	4%		M	Budget based on Trust Internal Plan and not Cap - Cap is higher	
	Total agency cost £000's	-1,504	-1,247		-116	-120	-114		M		
	Total bank cost £000's	-1,332	-1,361		-152	-143	-164		M		