

## Strategic Dashboard Report Month 11 2016/17

### Summary of Performance

#### Single Oversight Framework

Red indicators include: Never events (YTD only), mixed sex accommodation breaches, NHS Staff Survey - recommend as a place to work, liquidity, I&E margin and cost reduction strategy.

#### Strategic Objectives

The red indicators for:

**Quality & Experience** - Mortality reviews, Falls (YTD only), Blood cultures taken within 24hrs preceding first antibiotic and Discharges by Lunch (in-month).

**Service & Innovation** - 62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)(YTD only), Welsh RTT Pathways, 100,000k Genome Project - Rare Disease and Cancer (in month only).

**Value** - NHS Activity (in month), Agency costs, Bank Cost, Overtime cost, Additional sessions cost, CIP, Delivery of SLR self service to management and improve adoption of SLR as a reliable information source.

**Workforce** - Turnover Rate between 1-2 yrs service (Voluntary Leavers) and Recommendation as a Place to Work

**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), In hospital death and Serious Incidents

**Performance** - Cancelled Operations, Delayed Transfers Of Care, Bed Occupancy (in Month) and GP referrals in month.

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.

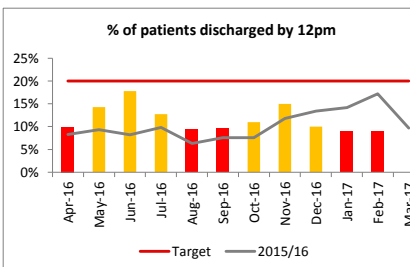
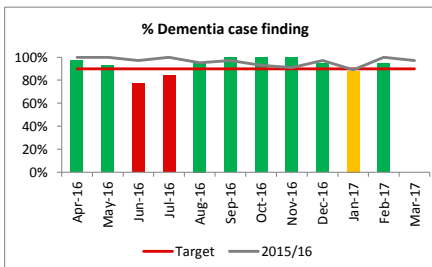
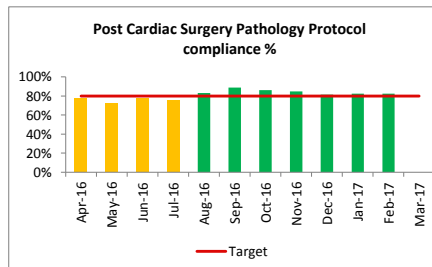
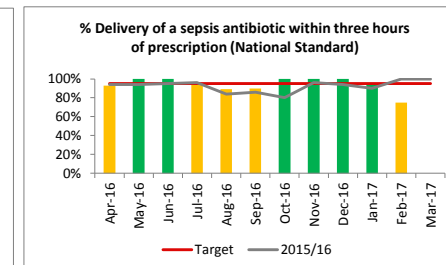
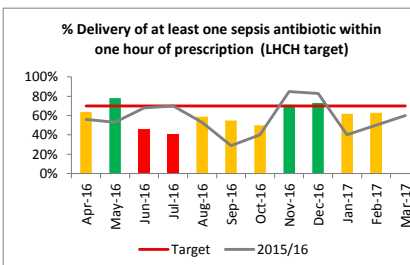
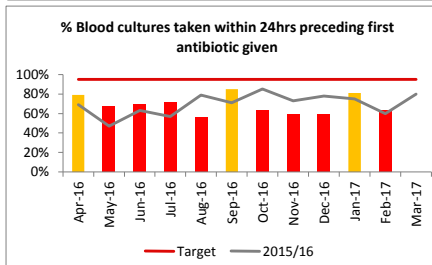
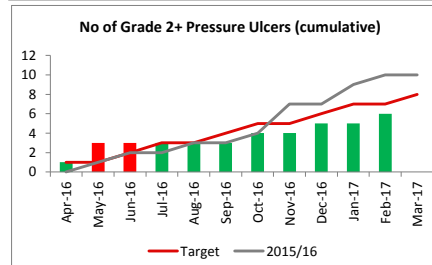
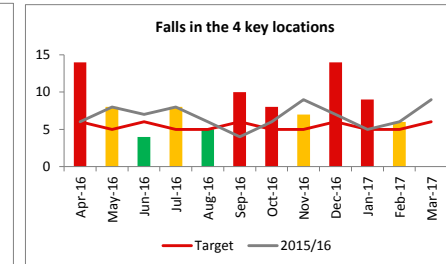
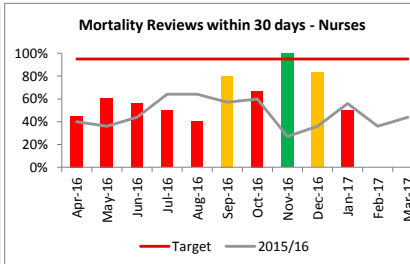
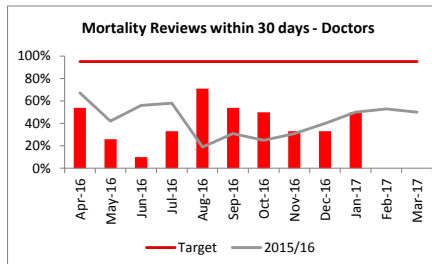
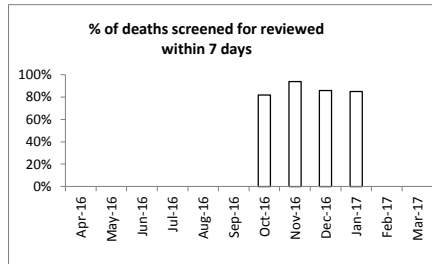
# Single Oversight Framework (SOF) 2016/17

2016/17

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## Strategic Objective Measures 2016/17 - Quality & Experience

	Indicator	YTD			Trend	Current month		Previous Month	Data		Frequency	Comments
		Type	Target	Actual		Target	Feb 17		Quality			
Reduce Harm	% of deaths screened for reviewed within 7 days	L	TBD	87%	↓	TBD	85%	86%			M	Current month based on the previous months mortality
	% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=95%	39%	↑	>=95%	50%	33%			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%	60%	↓	>=95%	50%	83%			M	
	Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=59	93	↑	<=5	6	9			M	Based on a 20% reduction the target for the year is 65.
	Number of avoidable Pressure Ulcers - grade 2+	L	<=7	6	↓	<=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%	68%	↓	>=95%	63%	81%			M	
	% Delivery of at least one sepsis antibiotic within <b>one</b> hour of prescription	L	>=70%	60%	↑	>=70%	63%	62%			M	
	% Delivery of a sepsis antibiotic within <b>three</b> hours of prescription	N	>=95%	95%	↓	>=95%	75%	95%			M	
	% Compliance with the Post Cardiac Surgery Pathology Protocol	L	>=80%	80.9%	→	>=80%	82.5%	82.4%			M	
	% Dementia case finding	L	>=90%	93%	↑	>=90%	94%	88%			M	
	% of patients discharged by 12pm	L	>=20%	12%	→	>=20%	9%	9%			M	

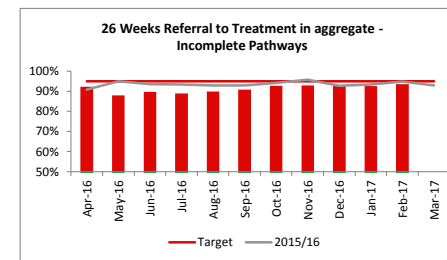
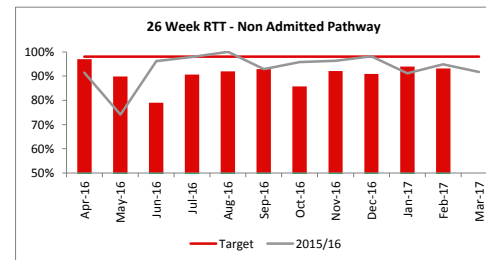
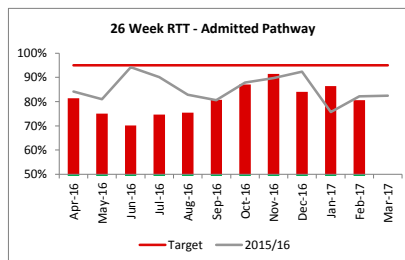
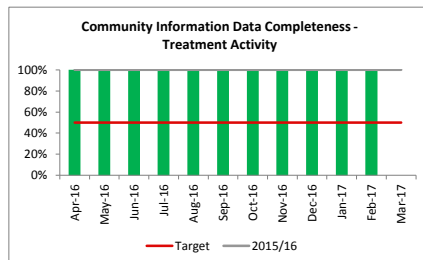
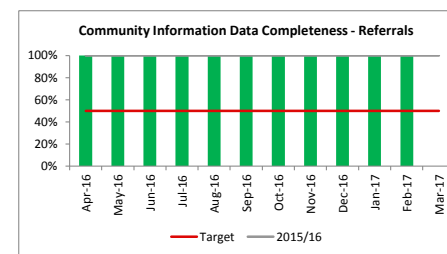
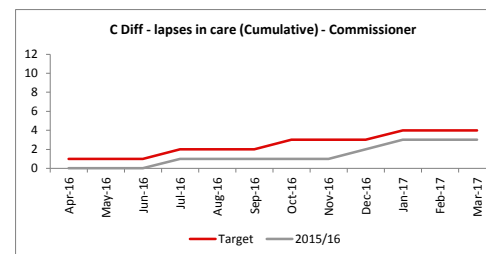
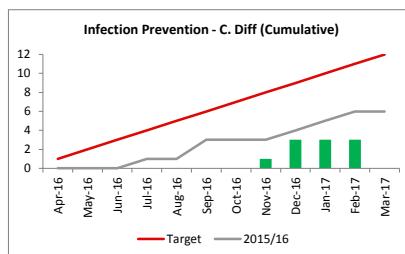
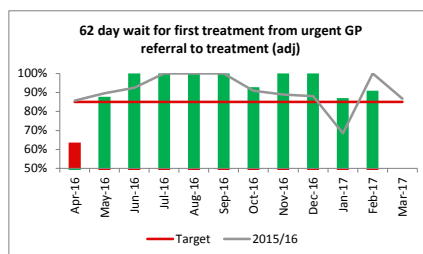
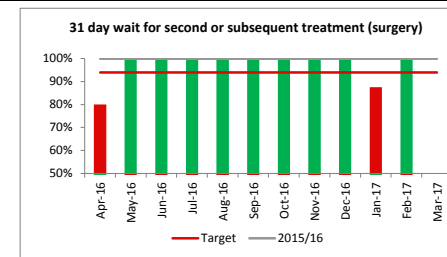
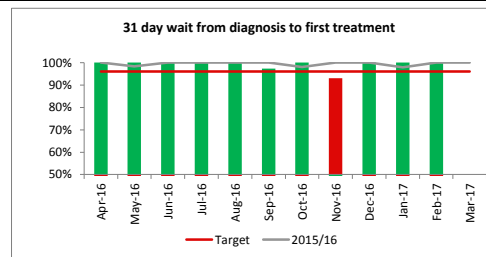
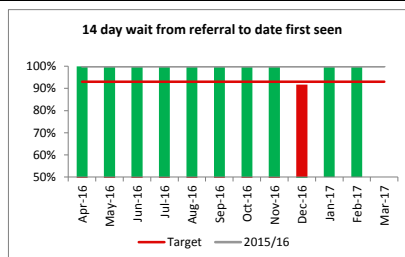
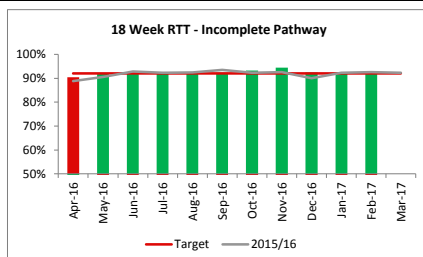


Strategic Objective Measures - Quality and Experience Self-Assessments 2016/17

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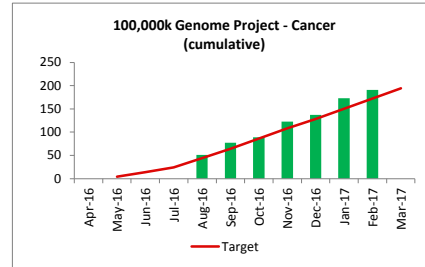
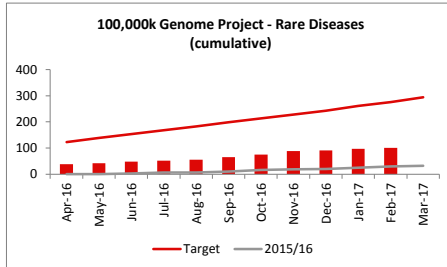
## Strategic Objective Measures 2016/17 - Service & Innovation

		YTD			Trend	Current Month		Previous	Data	Frequency	Comments	
Indicator		Type	Target	Actual		Target	Feb 17	Month	Quality			
Improve Effectiveness	NHSA Target	18 Weeks Referral to Treatment - Incomplete Pathways	N	92%	92.69%	→	92%	92.69%	92.36%		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%	99.44%	→	93%	100.00%	100.00%		M	
		31 day wait from diagnosis to first treatment	N	96%	99.07%	→	96%	100.00%	100.00%		M	
		31 day wait for second or subsequent treatment (surgery)	N	94%	97.80%	↑	94%	100.00%	87.50%		M	
		62 day wait for first treatment from urgent GP referral to treatment (adj)	N	85%	92.16%	↑	85%	90.91%	87.10%		M	
		62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	N	85%	83.78%	↑	85%	100.00%	55.56%		M	Not charted below
		Infection Prevention - C. Diff (Cumulative)	N	11	3	→	11	0	0		M	
		C Diff - lapses in care (Cumulative) - Commissioner	N	4	0	→	4	0	0		M	
		Community Information Data Completeness - Referrals	N	50%	99.99%	→	100%	100.00%	100%		M	
	Community Information Data Completeness - Treatment Activity	N	50%	100.00%	→	100%	100.00%	100%		M		
	Local Target	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	N	95%	80.07%	↓	95%	80.56%	86.40%		M	
		26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	N	98%	90.46%	→	98%	93.10%	93.94%		M	
		26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	N	95%	91.28%	↑	95%	93.55%	92.52%		M	



## Strategic Objective Measures 2016/17 - Service & Innovation

			YTD			Trend	Current Month		Previous	Data			Frequency	Comments
Indicator			Type	Target	Actual		Target	Feb 17	Month	Quality				
Improve Effectiveness	Local Target													
		100,000k Genome Project - Rare Diseases	N	276	101	↓	15	4	6				M	
		100,000k Genome Project - Cancer	N	172	191	↓	22	18	36				M	Recruitment started in May 16 due to the implementation of the STRATA Database.



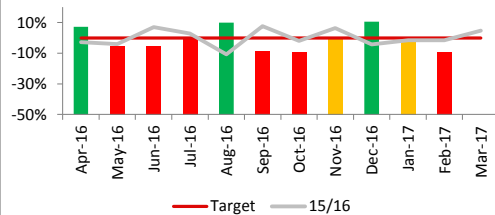
Strategic Objective Measures - Service and Innovation Self-Assessments 2016/17

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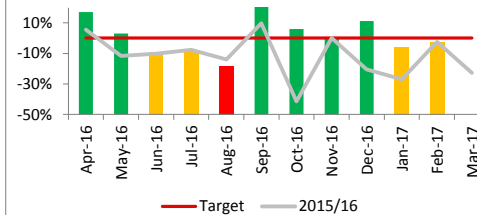
## Strategic Objective Measures 2016/17 Value

		YTD			Current month		Previous	Data		
Indicator		Plan	Actual	Trend	Plan	Feb 17	Month	Quality	Frequency	Comments
Achieve Income Plans	NHS activity (inpatients) - to achieve plan	>=12,129	11981		>=1109	1004	1116		M	
	NHS activity % variance from plan	0%	-1.2%	↓	0%	-9.5%	-1.8%		M	
	PP activity (inpatients) - to achieve plan	>=358	365		>=33	33	31		M	
	PP activity % variance from plan	0%	1.9%	↓	0%	-2.9%	-6.6%		M	
Reduce Expenditure	Total agency cost £000's	-£1,703	-£1,450	↑	-£99	-£109	-£94		M	
	Total bank cost £000's	-£1,594	-£1,692	↓	-£131	-£231	-£131		M	
	Total overtime cost £000's	-£201	-£322	↓	-£18	-£29	-£25		M	
	Total additional sessions cost £000's	-£799	-£1,521	↓	-£73	-£162	-£133		M	
Save	Cost Improvement £000's (3% reduction)	£3,395	£3,038	↓	£315	£298	£268		M	

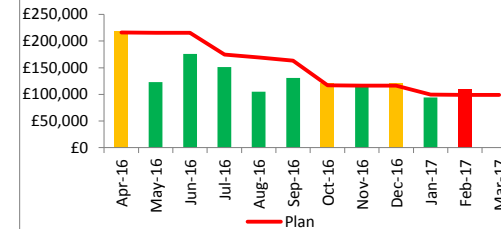
% Variance from Plan in NHS Activity



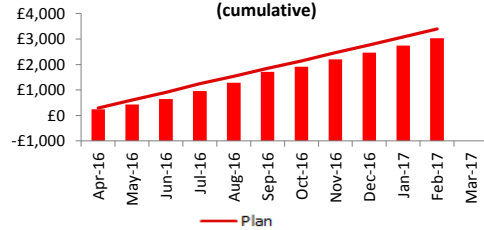
% Variance from Plan in Private Activity



Reduce Agency Spend



Cost reduction strategy delivered £000's (cumulative)



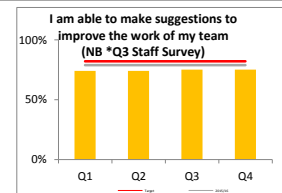
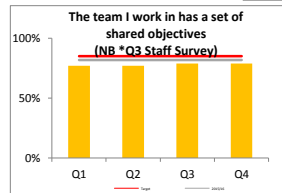
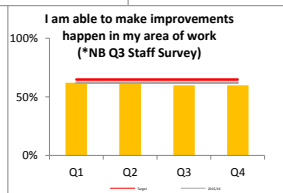
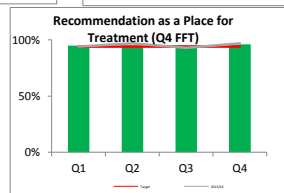
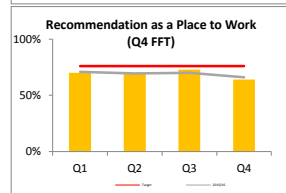
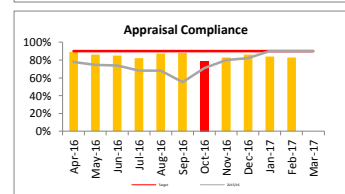
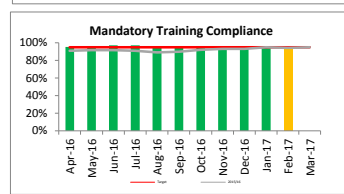
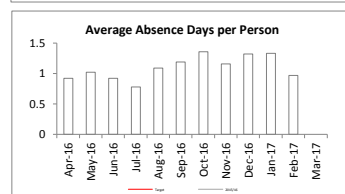
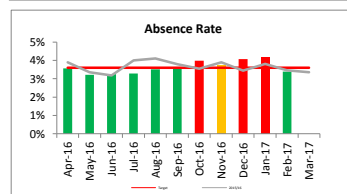
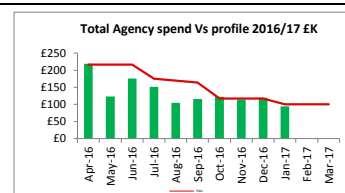
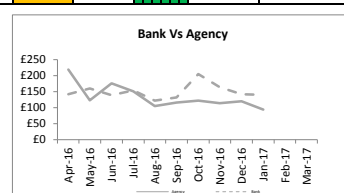
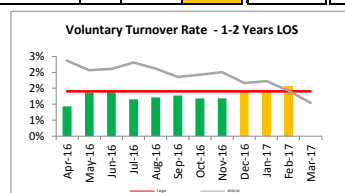
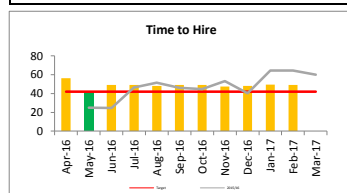


Strategic Objective Measures - Value Self-Assessments 2016/17																		
Sub-Objective	Indicator	Type	KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Executive Responsible	
Improve Service Line Reporting	Ensure SLR reconciles with the Ledger		Acceptable error margin (% & £)														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	YTD		Trend	Current month		Previous	Data		Comments
		Target	Actual		Target	Feb	Month	Quality	Frequency	
Time to Hire (days)	L	42	48.1	↑	42	49.2	49.4		M	<b>Calculation:</b> Period from Closing date to Authorised to Start date - excludes Bank Holidays / Excludes Medical Staff wrongly coded in TRAC previously.
Turnover Rate ( <b>All Leavers</b> 12 months to date)		10	11.40%	→	10	11.40%	11.4%		M	<b>Calculation:</b> All Leavers in Period / Average Staff in Post in Period x 100. Data is 12 months to date.
Turnover Rate ( <b>Voluntary Leavers</b> 12 months to date)		8	7.91%	→	8	7.91%	7.9%			<b>Calculation:</b> Voluntary Leavers in Period / Average Staff in Post in Period x 100.
Turnover Rate between 1-2 yrs service ( <b>Voluntary Leavers</b> )	L	1.4%	1.57%	↓	1.4%	1.57%	1.4%		M	<b>Calculation:</b> 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	£1,594	£1,692	↓	£131	£192	£140		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	£1,703	£1,450	↓	£99	£109	£94		M	NHS Improvement Target - Figures subject to change due to input schedule.
Qualified Nurse Agency Spend Vs profile	N	£1,488	£747	↑	£85	£38	£38		M	
Absence Rate	L	3.6%	3.65%	↑	3.6%	3.39%	4.17%		M	<b>Calculation:</b> 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	-	1.13	↑	-	0.97	1.33		M	<b>Calculation:</b> 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%	94%	↓	95%	94%	95%		M	
Appraisal Compliance	L	90%	83%	↓	90%	83%	84%		M	

	Type	Target	Q4*	Previous	Quarter	Frequency	Comments
Recommendation as a Place to Work	L	76%	64%	73%	Q		*Q4 Data from FFT Survey - Q1, 2 & 4 taken from Staff FFT Q3 from National Staff Survey
Recommendation as a Place for Treatment	L	94%	96%	95%	Q		*Q4 Data from FFT 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%	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%	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%	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

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

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# Performance Report Summary 2016/17

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Feb 17					
Quality	Friends and family Test response rate	>=40%	50%	↑	>=40%	59%	50%		M		
	Cumulative average family derived FFT	>=90%	99%	↑	>=90%	100%	99%		M		
	VTE Prophylaxis	>=95%	91.9%	↓	>=95%	87.2%	88.4%		M		Y
	Number of in-hospital deaths	<=150	166	↓	<=14	16	14		M		
	Observed mortality (number of in-hospital deaths / spells)	<=1.35%	1.34%	↓	<=2.2%	1.53%	1.39%		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	4	↓	0	1	0		M	1 SI in Apr, 1 SI in Nov & 1 SI in Feb; Never Event in Nov-16	Y
	Number of Reported Patient Safety Incidents (6-month rolling avg)	>=1378	1410	→	>=132	125	121		M		
Performance	Cancelled operations	<=1.5%	2.10%	↓	<=1.5%	2.00%	1.7%		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%	5.83%	↑	<=4.5%	5.05%	10.17%		M		Y
	Bed occupancy	>=85%	85.06%	↓	>=85%	90.76%	82.37%		M		
	Referrals - GP	>=24231	24,888	↑	>=2592	2,245	1,868		M		Y
	Referrals - DGH	>=9573	9,471	↑	>=846	791	735		M		
	Referrals - Other	>=9926	9,909	↑	>=895	850	711		M		
	Activity - NHS	0%	-1.2%	↓	0%	-9.5%	-1.8%		M		
	Activity - Private	0%	1.9%	↑	0%	-2.9%	-6.6%		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%	99.44%	→	93%	100.00%	100.00%		M		
	31 day wait from diagnosis to first treatment	96%	99.07%	→	96%	100.00%	100.00%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	97.80%	↑	94%	100.00%	87.50%		M		
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	83.78%	↑	85%	100.00%	87.10%		M		Y
	C Diff - lapses in care (Cumulative) - Commissioner	4	0	→	4	0	0		M		
	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	80.07%	↓	95%	80.56%	86.40%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	90.46%	→	98%	93.10%	93.94%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	91.28%	↑	95%	93.55%	92.52%		M		Y
	Appraisals	>=90%	84%	→	>=90%	84%	84%		M		
Workforce	Mandatory training	>=95%	94%	↓	>=95%	94%	95%		M		
	Turnover Rate between 1-2 yrs service (voluntary)(FTC excluded))	<=1.4%	1.57%	↓	<=1.4%	1.57%	1.4%		M		
Finance	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	-15.1		16.8	-15.1	-16.2		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	1		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				
	Net Surplus £000's	-1,388	-1,330		158	174	-70		M		
	Normalised Net Surplus £000's	-1,388	-1,295		158	197	-64		M		
	Cash Balance	5,973	6,538		763	-175	871		M		
	Capital expenditure £000's	-5,107	-4,323		-292	-212	-1,221		M		
	Percentage of nursing agency staff	7%	4%		4%	2%	2%		M	Budget based on Trust Internal Plan and not Cap - Cap is higher	
	Total agency cost £000's	-1,703	-1,450		-99	-109	-94		M		
	Total bank cost £000's	-1,594	-1,692		-131	-231	-131		M		