

## Strategic Dashboard Report Month 1 2017/18

### Summary of Performance

#### Single Oversight Framework

##### Strategic Objectives

The red indicators for:

**Quality & Experience -**

**Service Delivery, Research & Innovation -**

**Financial Sustainability Delivering Value for Money -**

**Be the Best NHS Employer -**

**Partnership & Collaborative Working -**

##### Performance Report Summary

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

**Quality -**

**Performance -**

**Workforce -**

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

##### Data Quality

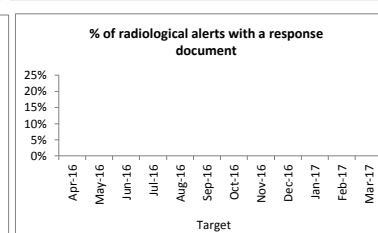
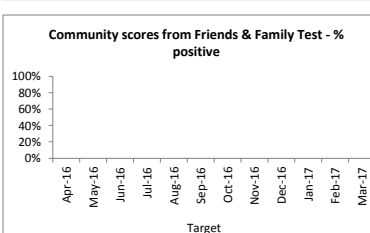
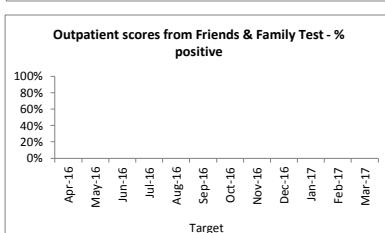
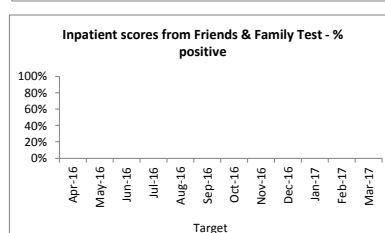
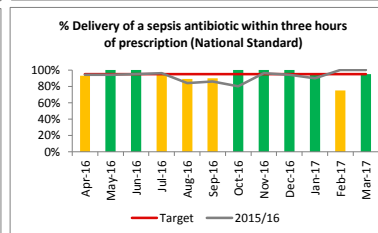
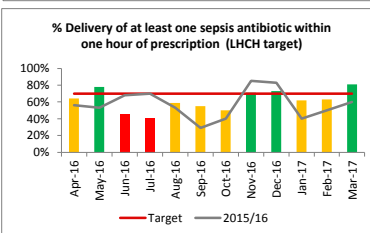
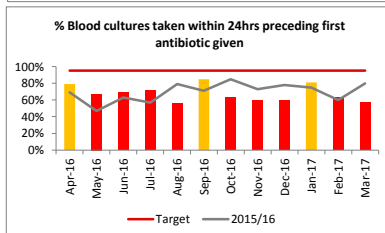
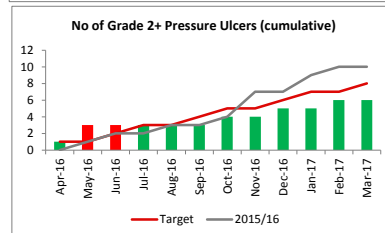
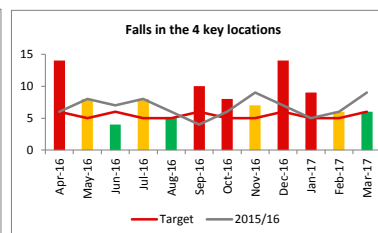
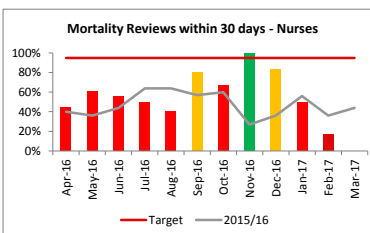
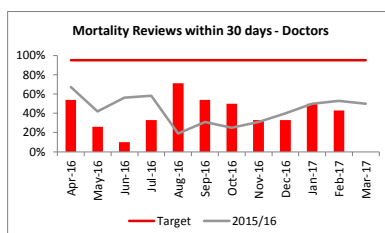
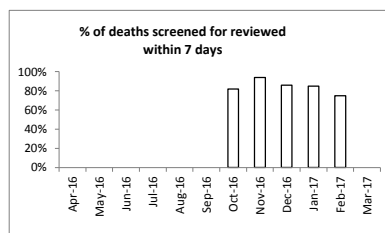
Any indicators rated red for data quality relate to timeliness of data/reporting.

## 2017/18

[illegible]

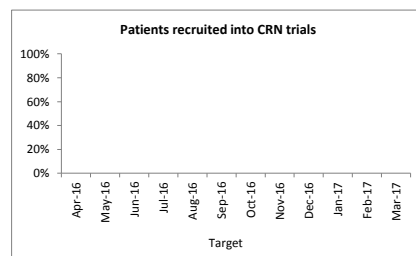
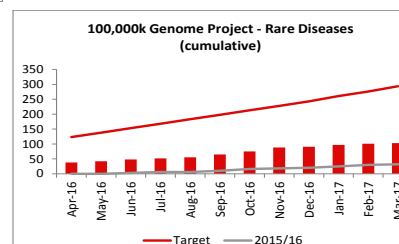
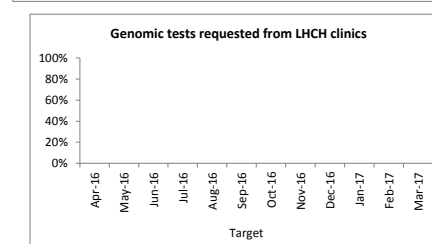
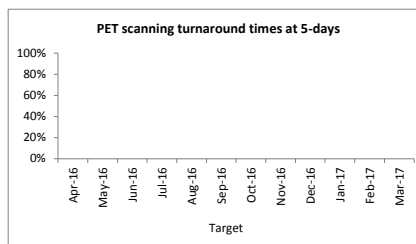
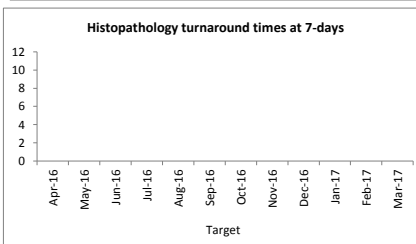
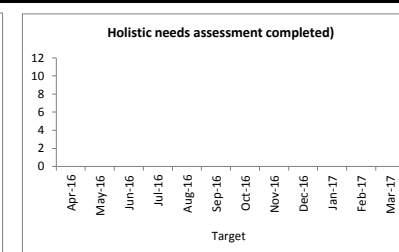
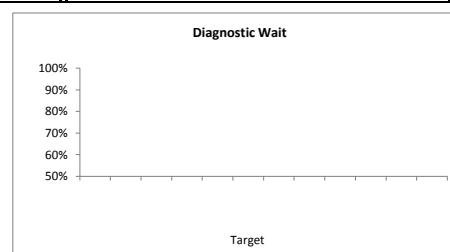
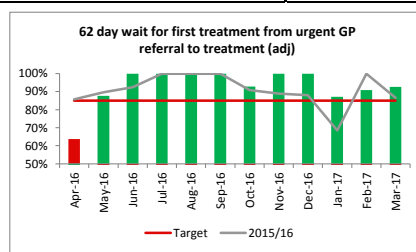
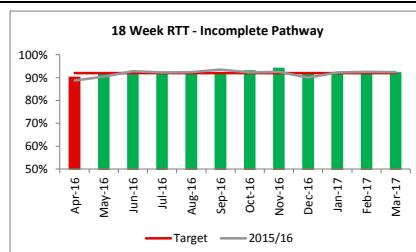
## Strategic Objective Measures 2017/18 - Quality & Experience

Indicator	YTD			Trend	Current month		Previous Month	Data Quality	Frequency	Comments
	Type	Target	Actual		Target	Mar 17				
% of deaths screened for reviewed within 7 days	L	>=95%	84%	↓	>=95%	75%	85%		M	Current month based on the previous months mortality
% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=80%	40%	↓	>=80%	43%	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	>=80%	60%	↓	>=80%	17%	50%		M	
HSMR for all diagnoses and procedures (supplied from Dr Foster)	N	<=100	112.81		<=100	107.79	100.50		M	
HSMR for 56 diagnosis groups (supplied from Dr Foster - Hospital Guide)	N	<=100	104.93		<=100	94.79	95.24		M	
Observed mortality rate	L	<=1.3%	1.35%		<=2.1%	1.39%	1.53%		M	
Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=86	99	→	<=6	6	6		M	Based on a 20% reduction the target for the year is 65.
Number of avoidable Pressure Ulcers - grade 2+	L	<=6	6	↑	<=1	0	1		M	Based on a 20% reduction the target for the year is 8.
% Blood cultures taken within 24hrs preceding first antibiotic given	L	>=95%	67%	↓	>=95%	57%	63%		M	
% Delivery of at least one sepsis antibiotic within <b>one</b> hour of prescription	L	>=70%	63%	↑	>=70%	81%	63%		M	
% Delivery of a sepsis antibiotic within <b>three</b> hours of prescription	N	>=96%	95%	↑	>=96%	95%	75%		M	
Inpatient scores from Friends & Family Test - % positive	L	>=95%	99%		>=95%	99%	100%		M	
Outpatient scores from Friends & Family Test - % positive	L	>=95%	94%		>=95%	72%	93%		M	
Community scores from Friends & Family Test - % positive	L	>=95%	99%		>=95%	100%	100%		M	
% of radiological alerts with a response document	L	>=95%		↑	>=95%				M	
All re-inspected KLOE's rated as outstanding	Yes or No			Comment:						
Follow-up audit of SUI reveals improvement embedded and delivering	Yes or No			Comment:						



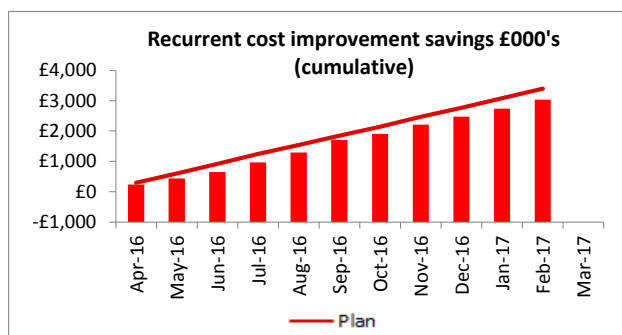
## Strategic Objective Measures 2017/18 - Service Delivery, Research & Innovation

Indicator	YTD			Trend	Current Month		Previous Month	Data Quality	Frequency	Comments
	Type	Target	Actual		Target	Mar 17				
18 Weeks Referral to Treatment - Incomplete Pathways	N	>=92%	92.40%	→	>=92%	92.40%	92.69%		M	Failed Monitor target for Q1
62 day wait for first treatment from urgent GP referral to treatment (adj)	N	>=85%	92.16%	↑	>=85%	92.59%	90.91%		M	
Maximum 6-week wait for diagnostic procedures	N	>=99%	99.60%		>=99%	99.91%	99.40%		M	
Complete a holistic needs assessment for patients diagnosed at LHCH	L	>=95%		→	>=95%				M	
Improve histopathology turnaround times at 7-days	L	>=75%		→	>=75%				M	
Improve PET scanning turnaround times at 5-days	L	>=75%		→	>=75%				M	
Develop and deliver new private patient strategy	Yes or No			Comment: due March 2018						
Present revised ACHD business case	Yes or No			Comment: due August 2018						
Present robotic surgery service business case	Yes or No			Comment: due April 2017						
Implement same day admission for surgery	Yes or No			Comment: due October 2017						
Develop and implement digital health strategy	Yes or No			Comment: due March 2018						
Increase number of genomic tests requested from LHCH clinics per year	L	>=300		→	>=300				M	
Number of service lines having at least one clinical pathway or guideline involving genomic testing	L	2		→	2				M	
Achieve recruitment on 100K genome project - rare diseases	L	>=180	108	↑	>=180	108			M	
Number of patients recruited into CRN trials	L	>=1200		→	>=1200				M	
Develop a corporate social responsibility strategy	Yes or No			Comment: due by March 2018						



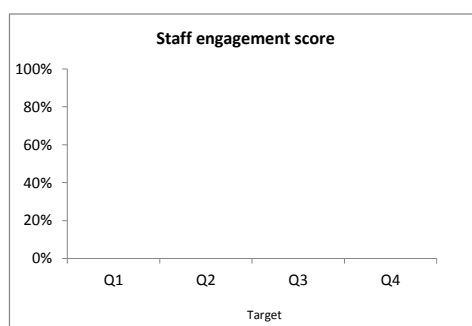
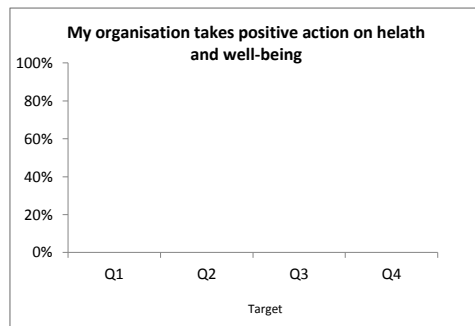
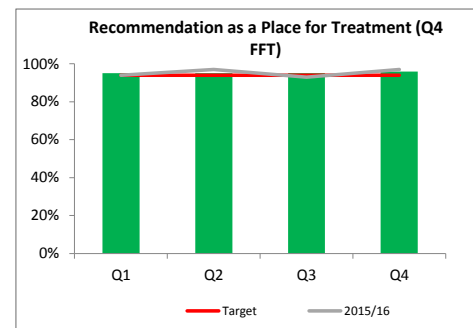
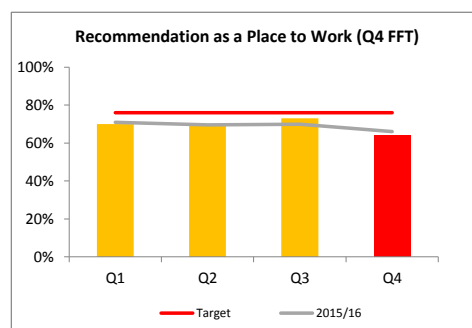
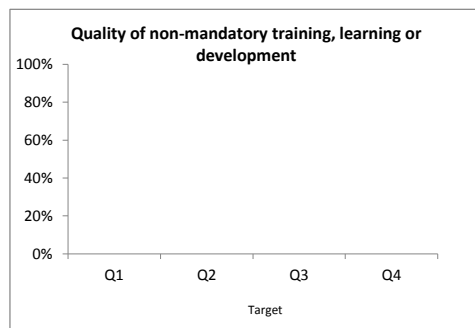
## Strategic Objective Measures 2017/18 - Financial Sustainability Delivering Value

Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
	Plan	Actual		Plan	Mar 17	Month	Quality		
Overall use of resources rating	2	2		2	2	3		M	
Deliver the recurrent cost improvement savings	£3,395	£3,038	↓	£315	£298	£268		M	
Agency rating	1	1		1	1	1		M	
Liquidity rating	2	4	↓	2	4	4		M	
Implement model hospital dashboard	Yes or No		Comment: March 2018						
Develop service line reporting	Yes or No		Comment: April 2017						
Implement service line reporting plan	Yes or No		Comment: March 2018 (key milestone reference costs August 2017)						



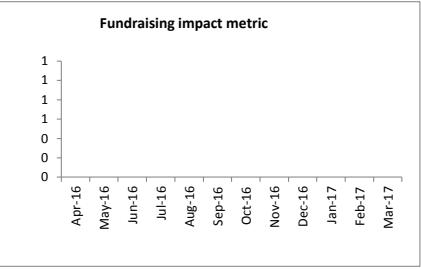
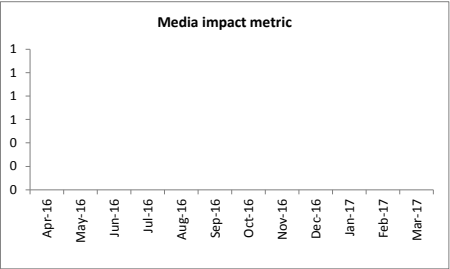
## Strategic Objective Measures 2017/18 - Be the Best NHS Employer

Indicator	YTD			Trend	Current month		Previous Month	Data		Comments
	Type	Target	Actual		Target	Mar		Quality	Frequency	
Quality of non-mandatory training, learning or development	L	>=4.2			>=4.2				Q	
Recommendation as a Place to Work	L	>=75%	64%		>=75%	64%	73%		Q	
Recommendation as a Place for Treatment	L	>=96%	96%		>=96%	96%	95%		Q	
My organisation takes positive action on health & well-being	L	>=45%			>=45%				Q	
Staff engagement score	L	>=4.1			>=4.1				Q	



Strategic Objective Measures 2017/18 - Partnership & Collaborative Working

	YTD				Current Quarter		Previous	Data			
Indicator	Type	Target	Actual		Trend	Target	Q4	Quarter	Quality	Frequency	Comments
Address issues arising from the externally facing element of the well led review	Yes or No				Comment:						
Implement CVD STP Plan	Yes or No				Comment:						
Media impact metric	L	54			➡						



# Performance Report Summary 2016/17

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Mar 17					
Quality	Friends and family Test response rate	>=50%	49%	↓	>=50%	39%	59%		M		Y
	VTE Prophylaxis	>=95%	91.2%	↓	>=95%	84.4%	87.2%		M		Y
	Number of in-hospital deaths	N/A	184	↓	N/A	18	16		M		
	Risk adjusted CABG mortality	<1	0.84	↑	<1	0.78	0.94		M	6-month rolling averages; latest data up to Dec-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	5	→	0	1	1		M	1 SI in Apr, 1 SI in Nov & 1 SI in Feb; Never Event in Nov-16 and Mar-17	Y
	Number of Reported Patient Safety Incidents (6-month rolling avg)	>=1683	1524	→	>=142	114	119		M		
Performance	Cancelled operations	<=1.5%	2.2%	↓	<=1.5%	3.20%	2.0%		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%	5.88%	↓	<=4.5%	6.37%	5.05%		M		Y
	Bed occupancy	>=85%	85.06%	→	>=85%	91.20%	90.76%		M		
	Referrals - GP	>=27558	27,558	↑	>=2453	2,453	2,245		M		
	Referrals - DGH	>=10499	10,499	↑	>=920	920	791		M		
	Referrals - Other	>=11165	11,165	↑	>=1156	1,156	850		M		
	Activity - NHS	0%	-1.0%	↓	0%	0.7%	-9.5%		M		
	Activity - Private	0%	0.4%	↓	0%	-15.4%	-2.9%		M		Y
	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%	99.55%	→	93%	100%	100%		M		
	31 day wait from diagnosis to first treatment	96%	99.19%	→	96%	100%	100%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	98.06%	→	94%	100%	100%		M		
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	85.37%	↓	85%	71.43%	100.00%		M		Y
Local Target	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	80.49%	↑	95%	84.30%	80.56%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	91.05%	↑	98%	95.56%	93.10%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	91.54%	→	95%	84.38%	93.55%		M		Y
Workforce	Appraisals	>=90%	83%	→	>=90%	83%	84%		M		
	Mandatory training	>=95%	92%	↓	>=95%	92%	94%		M		
	Turnover Rate between 1-2 yrs service (voluntary(FTC excluded))	<=1.4%	1.51%	↑	<=1.4%	1.51%	1.6%		M		
Finance	Net Surplus £000's	-927	674		461	2,004	174		M		
	Normalised Net Surplus £000's	-927	-847		461	449	197		M		
	Cash Balance	6,217	4,868		244	-1,670	-175		M		
	Capital expenditure £000's	-5,961	-5,949		-854	-1,631	-212		M		
	Total agency cost £000's	-1,802	-1,595		-99	-145	-109		M		
	Total bank cost £000's	-1,725	-1,941		-131	-249	-231		M		