

## Item 4.1a Strategic Dashboard Report Month 12 2016/17

### Summary of Performance

#### Single Oversight Framework

Red indicators include: Never events, 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) and blood cultures taken within 24hrs preceding first antibiotic given.

**Service & Innovation** - 62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)(in month only), Welsh RTT -pathways, 100,000k genome project - rare disease.

**Value** - Private patient 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** - Recommendation as a place to work as noted above.

**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 incidents.

**Performance** - Cancelled operations and delayed transfers of care.

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

#### Data Quality

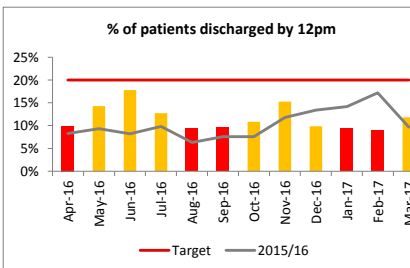
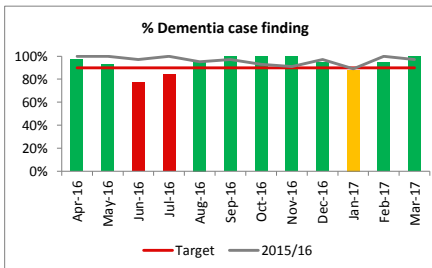
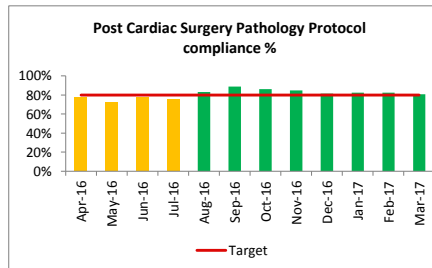
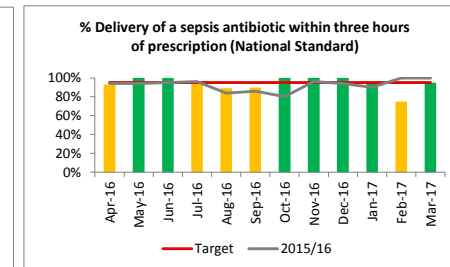
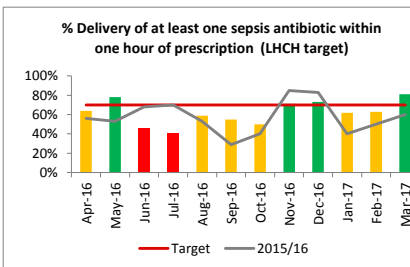
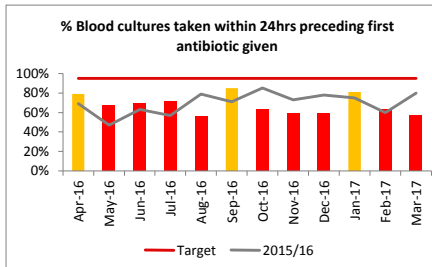
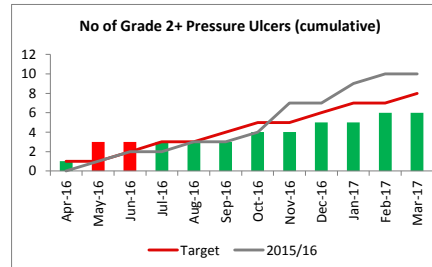
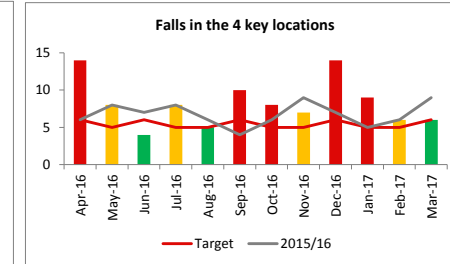
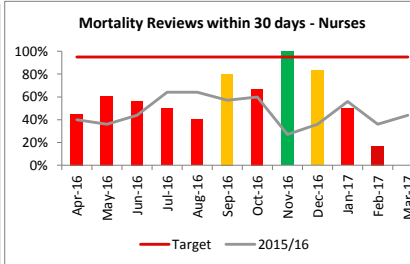
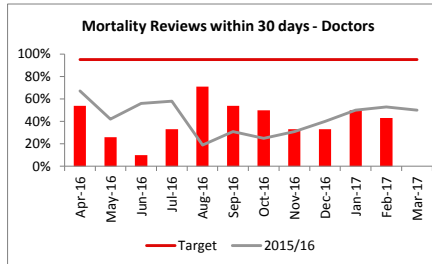
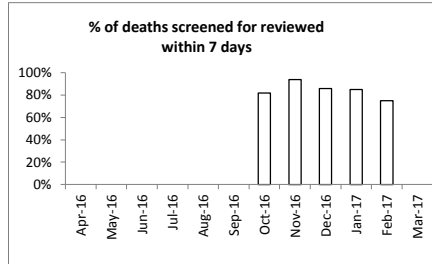
Any indicators rated red for data quality relate to timeliness of data/reporting.

## 2016/17

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

	Indicator	YTD			Trend	Current month		Previous	Data		Frequency	Comments
		Type	Target	Actual		Target	Mar 17	Month	Quality			
Reduce Harm	% of deaths screened for reviewed within 7 days	L	TBD	84%	↓	TBD	75%	85%			M	Current month based on the previous months mortality
	% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=95%	40%	↓	>=95%	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	>=95%	60%	↓	>=95%	17%	50%			M	
	Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=65	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	<=8	6	↑	<=1	0	1			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%	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	>=95%	95%	↑	>=95%	95%	75%			M	
	% Compliance with the Post Cardiac Surgery Pathology Protocol	L	>=80%	80.9%	→	>=80%	80.6%	82.5%			M	
	% Dementia case finding	L	>=90%	94%	↑	>=90%	100%	94%			M	
	% of patients discharged by 12pm	L	>=20%	12%	↑	>=20%	12%	9%			M	

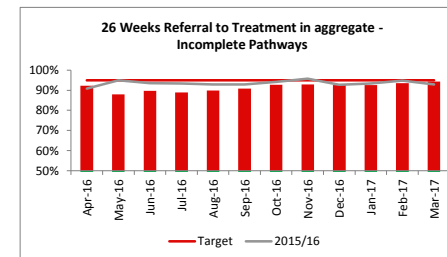
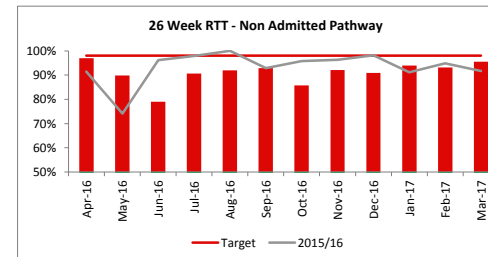
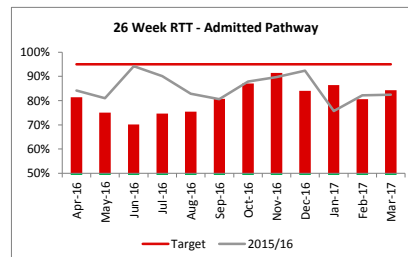
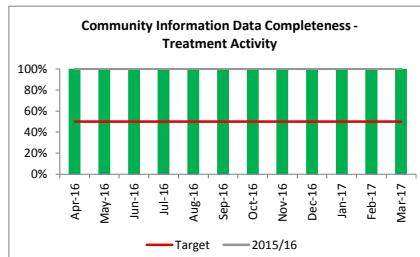
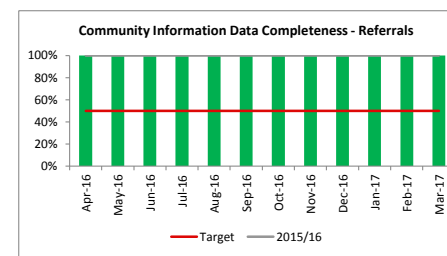
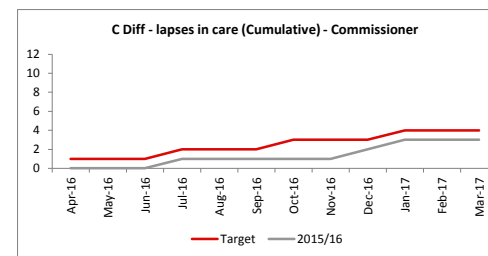
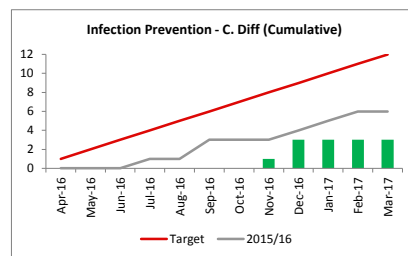
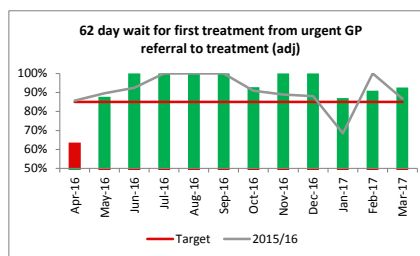
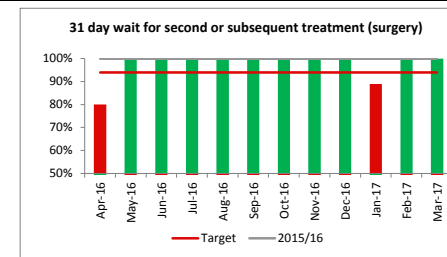
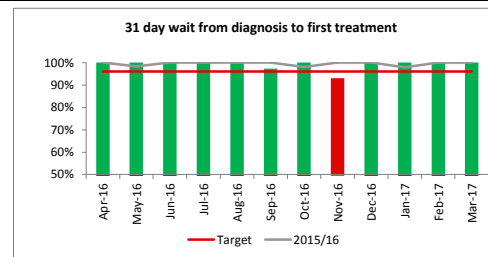
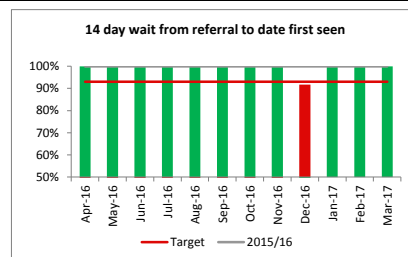
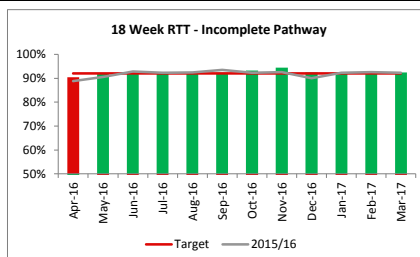


Strategic Objective Measures - Quality and Experience Self-Assessments 2016/17

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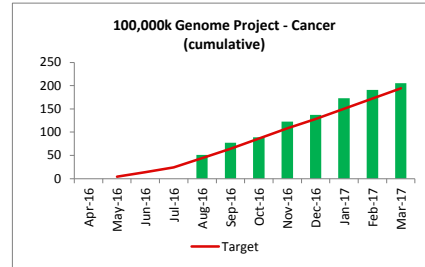
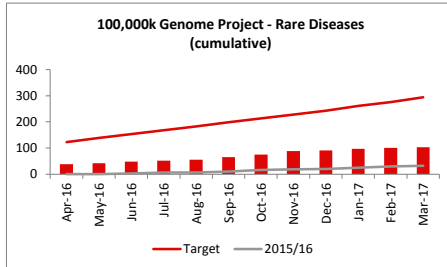
## Strategic Objective Measures 2016/17 - Service & Innovation

		YTD			Trend	Current Month		Previous	Data	Frequency	Comments	
Indicator		Type	Target	Actual		Target	Mar 17	Month	Quality			
Improve Effectiveness	NHSIA Target	18 Weeks Referral to Treatment - Incomplete Pathways	N	92%	92.40%	→	92%	92.40%	92.69%		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%	99.55%	→	93%	100.00%	100.00%		M	
		31 day wait from diagnosis to first treatment	N	96%	99.19%	→	96%	100.00%	100.00%		M	
		31 day wait for second or subsequent treatment (surgery)	N	94%	98.06%	→	94%	100.00%	100.00%		M	
		62 day wait for first treatment from urgent GP referral to treatment (adj)	N	85%	92.16%	↑	85%	92.59%	90.91%		M	
		62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	N	85%	85.37%	↓	85%	71.43%	100.00%		M	Not charted below
		Infection Prevention - C. Diff (Cumulative)	N	12	3	→	3	0	0		M	
		C Diff - lapses in care (Cumulative) - Commissioner	N	4	0	→	0	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%	80.49%	↑	95%	84.30%	80.56%		M
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways		N	98%	91.05%	↑	98%	95.56%	93.10%		M	
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways		N	95%	91.54%	→	95%	94.38%	93.55%		M	



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

			YTD			Trend	Current Month		Previous	Data			Frequency	Comments
Indicator			Type	Target	Actual		Target	Mar 17	Month	Quality				
Improve Effectiveness	Local Target													
		100,000k Genome Project - Rare Diseases	N	294	103	↓	18	2	4				M	
		100,000k Genome Project - Cancer	N	194	205	↓	22	14	18				M	Recruitment started in May 16 due to the implementation of the STRATA Database.



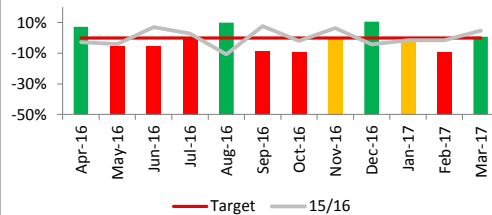
Strategic Objective Measures - Service and Innovation Self-Assessments 2016/17

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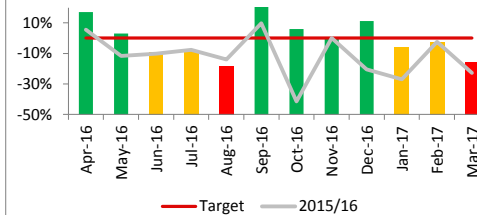
## Strategic Objective Measures 2016/17 Value

	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Plan	Actual		Plan	Mar 17	Month	Quality		
Achieve Income Plans	NHS activity (inpatients) - to achieve plan	>=13,378	13239		>=1249	1258	1004		M	
	NHS activity % variance from plan	0%	-1.0%	↓	0%	0.7%	-9.5%		M	
	PP activity (inpatients) - to achieve plan	>=397	398		>=39	33	33		M	
	PP activity % variance from plan	0%	0.4%	↓	0%	-15.4%	-2.9%		M	
Reduce Expenditure	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	
	Total overtime cost £000's	-£220	-£362	↓	-£19	-£39	-£29		M	
	Total additional sessions cost £000's	-£871	-£1,408	↓	-£73	-£210	-£73		M	
Save	Cost Improvement £000's (3% reduction)	£3,720	£3,454	↓	£325	£427	£315		M	

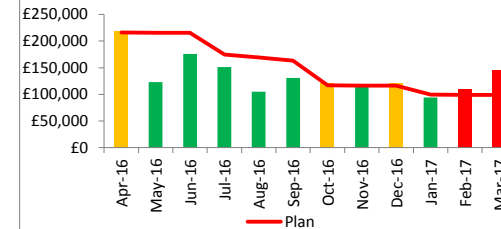
% Variance from Plan in NHS Activity



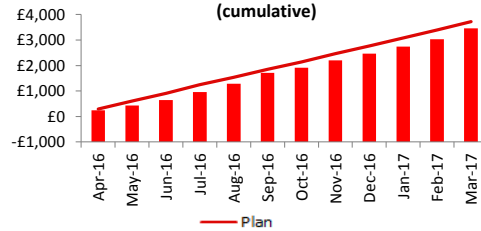
% Variance from Plan in Private Activity



Reduce Agency Spend



Cost reduction strategy delivered £000's (cumulative)



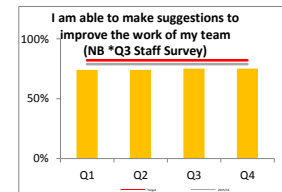
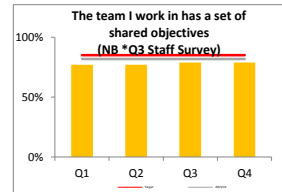
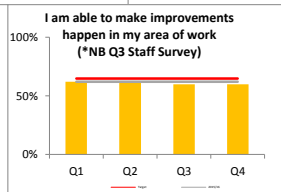
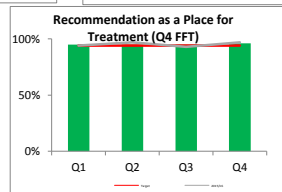
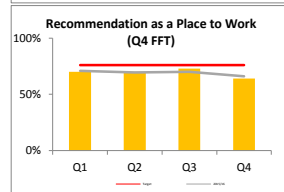
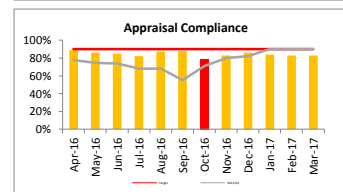
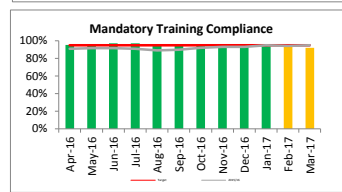
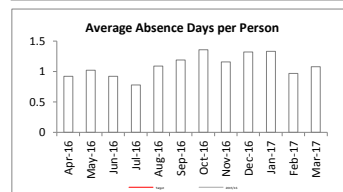
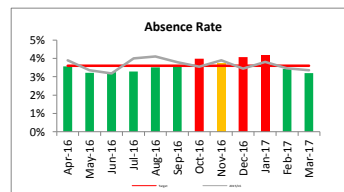
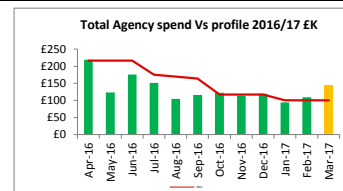
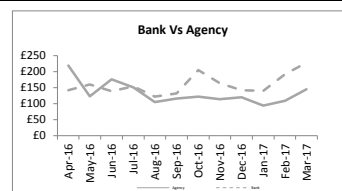
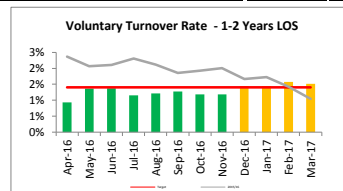
## Strategic Objective Measures - Value Self-Assessments 2016/17

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## Strategic Objective Measures 2016/17- Workforce

Indicator	Type	Target	Actual	Trend	Current month		Previous Month	Data		Comments
					Target	Mar		Quality	Frequency	
Time to Hire (days)	L	42	50.4	↓	42	50.4	49.2		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	11.17%	↑	10	11.17%	11.4%		M	<b>Calculation:</b> All Leavers in Period / Average Staff in Post in Period x 100. Data is 12 months to date for Current Month and YTD.
Turnover Rate ( <b>Voluntary Leavers</b> 12 months to date)		8	8.10%	↓	8	8.10%	7.9%			<b>Calculation:</b> Voluntary Leavers in Period / Average Staff in Post in Period x 100. Data is 12 months to date for Current Month and YTD.
Turnover Rate between 1-2 yrs service ( <b>Voluntary Leavers</b> )	L	1.4%	1.51%	↑	1.4%	1.51%	1.6%		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	£1,725	£1,941	↓	£131	£228	£192		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	£1,802	£1,595	↓	£99	£145	£109		M	NHS Improvement Target - Figures subject to change due to input schedule.
Qualified Nurse Agency Spend Vs profile	N	£1,573	£796	↓	£85	£50	£38		M	
Absence Rate	L	3.6%	3.61%	↑	3.6%	3.20%	3.43%		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	↓	-	1.08	0.97		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%	92%	↓	95%	92%	94%		M	
Appraisal Compliance	L	90%	83%	→	90%	83%	83%		M	

	Type	Target	Q4*	Previous Quarter	Trend	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	Mar 17					
Quality	Friends and family Test response rate	>=40%	49%	↓		>=40%	39%	59%		M		
	Cumulative average family derived FFT	>=90%	97%	↓		>=90%	97%	100%		M		
	VTE Prophylaxis	>=95%	91.2%	↓		>=95%	84.4%	87.2%		M		Y
	Number of in-hospital deaths	<=150	184	↓		<=14	18	16		M		
	Observed mortality (number of in-hospital deaths / spells)	<=1.35%	1.35%	↑		<=2.2%	1.39%	1.53%		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)	>=1378	1524	→		>=132	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	>=26585	27,558	↑		>=2096	2,453	2,245		M		
	Referrals - DGH	>=10454	10,499	↑		>=833	920	791		M		
	Referrals - Other	>=10863	11,165	↑		>=824	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
	C Diff - lapses in care (Cumulative) - Commissioner	4	0	→		4	0	0		M		
	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%	94.38%	93.55%		M		Y
Local Target	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	Capital Service Capacity Rating	1	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)	14.2	19.1			14.2	19.1	15.1		M		
	IE Margin Metric	3	3			3	3	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	2			1	2	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	-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		
	Percentage of nursing agency staff	7%	4%			3%	3%	2%		M	Budget based on Trust Internal Plan and not Cap - Cap is higher	
	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		