

## Single Oversight Framework (SOF)

2017/18

	Reviews	Rating	Comment										Concern
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		MIAA review published March 2017 concluding the Trust is well led with no significant concerns.										
	Third Party Information - Healthwatch, MP's, Whistleblowers, Coroners' Reports, CQC Warnings, Other Material Concerns												
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	Apr 17	Mar 17						
Operational Performance	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	>=92%	92.39%	➡	>=92%	92.39%	92.40%		M				
	All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	>=85%	100%	⬆	>=85%	100%	92.31%		M	Adjusted figure provided			
	Maximum 6-week wait for diagnostic procedures	>=99%	99.82%	⬇	>=99%	99.82%	99.91%		M				
Quality - Safe, Effective & Caring	Written complaints - rate	9	4	➡	9	4	4		M	Awaiting national technical guidance			
	Occurrence of any Never Events	0	0	⬆	0	0	1		M				
	NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	➡	0	0	0		M				
	Mixed Sex Accommodation breaches	0	0	⬆	0	0	3		M				
	VTE Risk Assessment	>=95%	97.5%	➡	>=95%	97.5%	97.1%		M				
	Clostridium Difficile	1	0	➡	1	0	0		M				
	Clostridium Difficile infection rate (per 1000 beddays)	<=0.16	0	➡	<=0.16	0	0		M				
	MRSA bacteraemias	0	0	➡	0	0	0		M				
	HSMR for all diagnoses and procedures (supplied from Dr Foster)	<=100	110.32	⬇	<=100	134.23	103.90		M	Current month is January 17			
	HSMR for 56 diagnosis groups (supplied from Dr Foster - Hospital Guide)	<=100	117.89	⬇	<=100	134.05	115.24		M	Current month is January 17			
	Hospital Standardised Mortality Ratio - Weekend (DFI)	<=100	116.93	⬇	<=100	210.42	88.47		M	Current month is January 17 (95% CI: 90.7 - 414.7)			
	Potential under reporting of patient safety incidents	<3	3	⬇	<3	3	2		6M	NRLS Report April - September 2016 (3 = poor)	Y		
	Emergency readmissions following elective admission	<=100	97.30	⬇	<=100	94.33	59.87		M	Current month is October 2016			
	Emergency readmissions following non-elective admission	<=100	105.96	⬇	<=100	114.24	96.69		M	Current month is October 2016			
	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (arrival)	>=90%	100%	➡	>=90%	100%	100%		6M	September 2016 Survey			
	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			
	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			
	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	>=96%	96%	➡	>=96%	96%	96%		Q	Data is based on "Recommendation as a Place of Treatment" from Q4 FFT until further guidance is provided for this indicator.			
	Inpatient scores from Friends & Family Test - % positive	>=95%	99%	➡	>=95%	99%	99%		M	Data up to March 17			
	Community scores from Friends & Family Test - % positive	>=95%	100%	➡	>=95%	100%	100%		M				
Quality - Organisational Health	Staff Sickness	<=3.4%	3.67%	⬆	<=3.4%	3.67%	3.20%		M				
	Proportion of temporary Staff	<=5%	5.17%	⬆	<=5%	5.22%	5.2%		M				
	Staff Turnover	<=10%	10.7%	⬆	<=10%	10.7%	11.2%		M	Turnover based on 'All' Leavers in 12 month period			
	Executive Team Turnover	<=25%	26.7%	➡	<=25%	26.7%	26.7%		M	Calculation: Leavers in 12 month period / Average Staff in Post in 12 month period x 100			
	NHS Staff Survey - recommend as a place to work	>=75%	64%	➡	>=75%	64%	73%		Q	Data is based on "Recommendation as a Place to Work" from Q4 FFT until further guidance is provided for this indicator.	Y		
Finance	Capital service cover	4	4	⬇	4	4	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 has potential value for money concerns			
	liquidity	4	4	➡	4	4	4		M				
	Efficiency												
	I&E margin	4	4	⬇	4	4	3		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				
	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 £m	273	146	⬇	273	146	427		M				
	Control total acceptance	Yes											
Overall	Segmentation								Adhoc	Segment 1: Maximum autonomy; universal support			

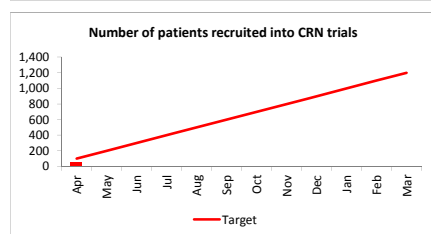
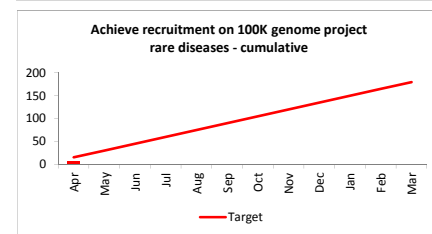
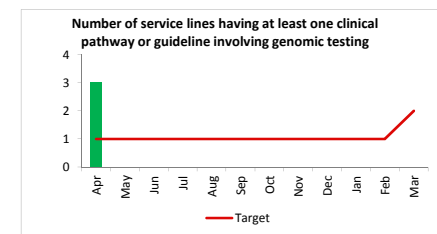
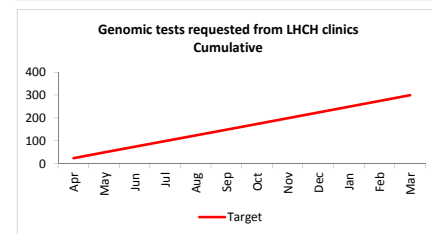
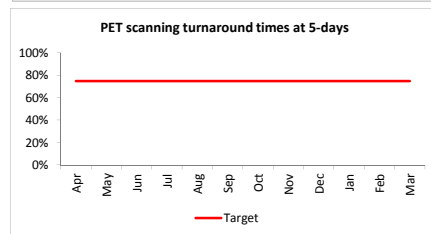
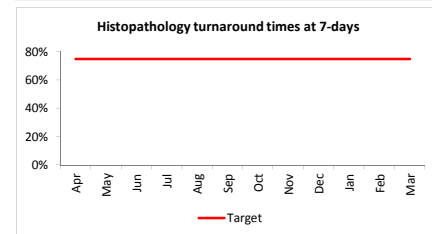
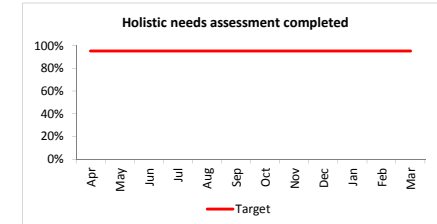
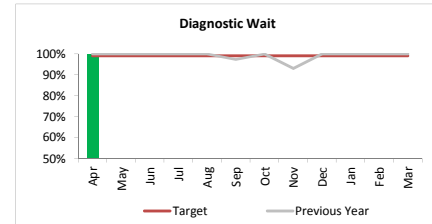
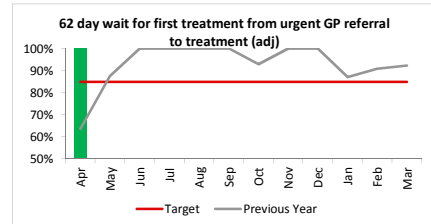
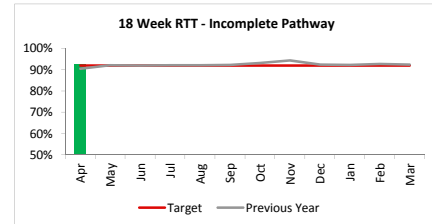
## Strategic Objective Measures 2017/18 - Quality & Experience

Indicator	YTD				Current month		Previous	Data	Frequency	Comments
	Type	Target	Actual	Trend	Target	Apr 17	Month	Quality		
% of deaths screened for reviewed within 7 days	L	>=95%	83%	→	>=95%	78%	75%		M	Current month based Mar-17
% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=80%	62%	↑	>=80%	83%	43%		M	Current month based Mar-17
% Mortality reviews to be completed within 30 days of allocation - Nurses	L	>=80%	59%	↑	>=80%	67%	17%		M	Current month based Mar-17
HSMR for all diagnoses and procedures	N	<=100	110.32	↓	<=100	134.23	103.90		M	Latest figures supplied by Dr Foster to January 17
HSMR for 56 diagnosis groups	N	<=100	117.89	↓	<=100	134.05	115.24		M	Latest figures supplied by Dr Foster to January 17
Observed mortality rate	L	<=1.3%	1.88%	↓	<=1.3%	1.88%	1.39%		M	
Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=7	13	↓	<=7	13	6		M	Target for the year is 86
Number of avoidable Pressure Ulcers - grade 2	L	<=1	0	→	<=1	0	0		M	
Number of avoidable Pressure Ulcers - grade 3	L	<=0	0	→	<=0	0	0		M	
% Blood cultures taken within 24hrs preceding first antibiotic given	L	>=95%	76%	↑	>=95%	76%	57%		M	
% Delivery of at least one sepsis antibiotic within <u>one</u> hour of prescription	L	>=70%	76%	→	>=70%	76%	81%		M	
% Delivery of a sepsis antibiotic within <u>three</u> hours of prescription	N	>=96%	95%	→	>=96%	95%	95%		M	
Inpatient scores from Friends & Family Test - % positive	L	>=95%	99%	→	>=95%	99%	99%		M	Data up to March 17
Outpatient scores from Friends & Family Test - % positive	L	>=95%	91%	↓	>=95%	75%	72%		M	Data up to March 17
Community scores from Friends & Family Test - % positive	L	>=95%	100%	→	>=95%	100%	100%		M	
% of radiological alerts with a response document	L	>=95%	-	-	>=95%	-	-		M	Indicator under development
All re-inspected KLOE's rated as outstanding	Yes or No				Comment: The Trust is waiting for re-inspection to determine whether objective has been achieved					
Follow-up audit of SUL reveals improvement embedded and delivering	No				Comment: OL Policy complimenting recent learning from deaths guidance					



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

Indicator	YTD			Trend	Current Month		Previous	Data	Frequency	Comments
	Type	Target	Actual		Target	Apr 17	Month	Quality		
18 Weeks Referral to Treatment - Incomplete Pathways	N	>=92%	92.39%	→	>=92%	92.39%	92.40%		M	
62 day wait for first treatment from urgent GP referral to treatment (adj)	N	>=85%	100.00%	↑	>=85%	100.00%	92.31%		M	
Maximum 6-week wait for diagnostic procedures	N	>=99%	99.82%	↓	>=99%	99.82%	100.00%		M	
Complete a holistic needs assessment for patients diagnosed at LHCH	L	>=95%	-	-	>=95%	-	-		M	Awaiting resource to complete assessment
Improve histopathology turnaround times at 7-days	L	>=75%	-	-	>=75%	-	-		M	Indicator under development
Improve PET scanning turnaround times at 5-days	L	>=75%	-	-	>=75%	-	-		M	Indicator under development
Increase number of genomic tests requested from LHCH clinics per year	L	>=25	-	-	>=25	-	-		M	Indicator under development
Number of service lines having at least one clinical pathway or guideline involving genomic testing	L	2	3	-	2	3	-		M	
Achieve recruitment on 100K genome project - rare diseases	L	>=15	6	↓	>=15	6	18		M	
Number of patients recruited into CRN trials	L	>=100	60	-	>=100	60	-		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			Comment: due April 17						
Implement same day admission for surgery	Yes or No			Comment: due October 2017						
Develop and implement digital health strategy	Yes or No			Comment: Digital Healthcare strategy due at Board July 2017. Implementation thereafter.						
Develop a corporate social responsibility strategy	Yes or No			Comment: due March 2018						

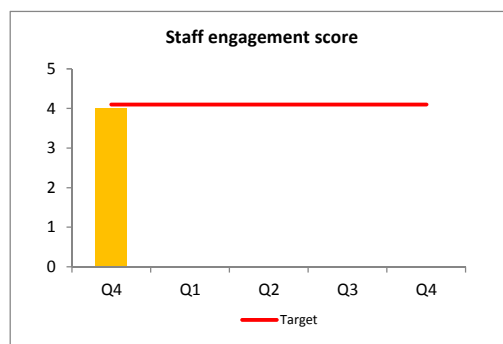
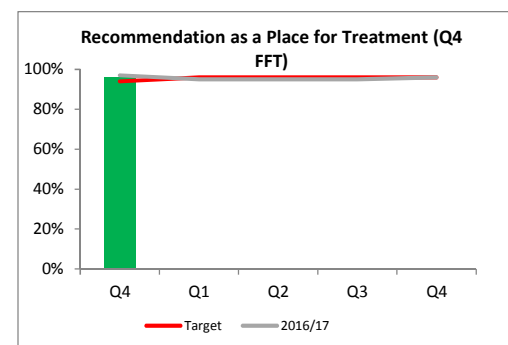
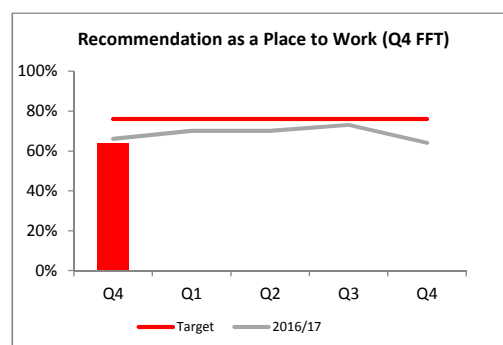
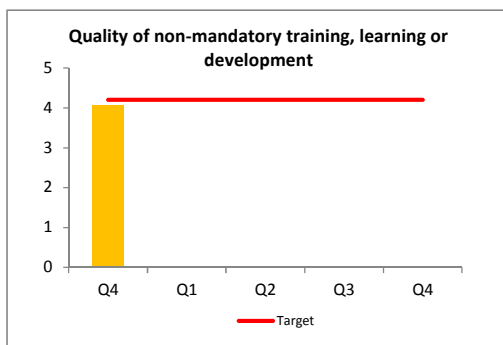


## Strategic Objective Measures 2017/18 - Financial Sustainability Delivering

	YTD		Trend	Current month		Previous	Data			Frequency	Comments
Indicator	Plan	Actual		Plan	Apr 17	Month	Quality				
Overall use of resources rating	3	3	→	3	3	3				M	
Deliver the recurrent cost improvement savings	£273	£146	↓	£273	£146	£427				M	
Agency rating	1	1	→	1	1	1				M	
Liquidity rating	4	4	→	4	4	4				M	
Implement model hospital dashboard	Yes or No		Comment: March 18								
Develop service line reporting	Yes or No		Comment: August 17								
Implement service line reporting plan	Yes or No		Comment: March 2018 (key milestone reference costs August 2017)								

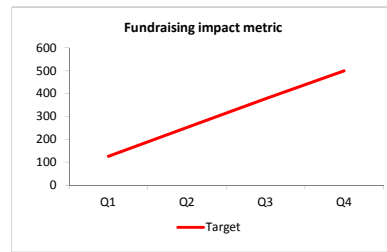
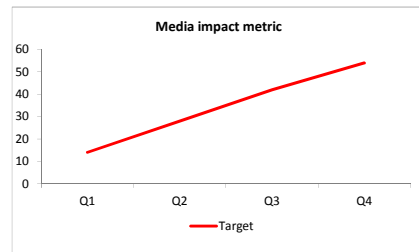
## Strategic Objective Measures 2017/18 - Be the Best NHS Employer

Indicator	YTD			Trend	Current month		Previous Avail. Quarter	Data		Comments
	Type	Target	Actual		Target	Q4 16		Quality	Frequency	
Quality of non-mandatory training, learning or development	L	>=4.2	4.08%	↓	>=4.2	4.08%	4.10%		Q	Information from 'NHS_staff_survey_2016_RBQ_full' (Q3 2016) > KEY FINDING 13 - see folder for Calculations. Previous Avail. Quarter from Staff Survey 2015
Recommendation as a Place to Work	L	>=76%	64%	↓	>=76%	64%	73%		Q	Data from Q4 2016 FFT. Previous Avail. Quarter from Q3 (2016) Staff Survey
Recommendation as a Place for Treatment	L	>=96%	96%	↑	>=96%	96%	95%		Q	Data from Q4 2016 FFT. Previous Avail. Quarter from Q3 (2016) Staff Survey
My organisation takes positive action on health & well-being	L	>=45%	41%	→	>=45%	41%	41.0%		Q	Q9a Staff Survey Q3 2016. Previous Avail. Quarter from Staff Survey 2015
Staff engagement score	L	>=4.1	4.01	↓	>=4.1	4.01	4.02		Q	Data from "Staff Survey Engagment report" Q3 2016. Previous Avail. Quarter from Staff Survey 2015.



## Strategic Objective Measures 2017/18 - Partnership & Collaborative Working

Indicator	YTD			Trend	Current Quarter		Previous	Data	Frequency	Comments
	Type	Target	Actual		Target	Q1	Quarter	Quality		
Media impact metric	L	14	-	-	14	-	-		Q	
Fundraising impact metric	L	126	-	-	126	-	-		Q	
Address issues arising from the externally facing element of the well led review	Yes			Comment:						
Implement CVD STP Plan	Yes			Comment: We are developing a case for change for each of the 7 priority areas: prevention, cardiac rehabilitation, community HF services, imaging, pacing services, ACS pathway and stroke sustainability. We have identified clinical leads for each area at CVD board level and have also identified project support for each.						



# Performance Report Summary 2016/17

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Apr 17					
Quality	Friends and family Test response rate	>=50%	48%	↑	>=50%	48%	39%		M	Data up to March 17	
	VTE Prophylaxis	>=95%	88%	↑	>=95%	88%	84.4%		M		Y
	Number of in-hospital deaths	N/A	20	↓	N/A	20	18		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	1	→	0	1	1		M	1 SI in Apr 17	Y
	Number of Reported Patient Safety Incidents (6-month rolling avg)	>=135	122	↑	>=135	122	114		M		
Performance	Cancelled operations	<=1.5%	2.9%	↑	<=1.5%	2.9%	3.2%		M	Internal Target	Y
	Cancelled operations seen in 28-days	100%	95%	↓	100%	95%	100%		M	1 Operation not re-booked within 28 days of cancellation / 20 Elective Operations cancelled for non clinical reasons	Y
	Urgent operations cancelled 2nd time	0	0	→	0	0	0		M		
	Delayed transfers of care	<=4.5%	6.62%	↓	<=4.5%	6.62%	6.37%		M		Y
	Bed occupancy	>=85%	87.37%	↑	>=85%	87.37%	91.20%		M		
	Referrals - GP	>=2362	1,831	↓	>=2362	1,831	2,470		M		Y
	Referrals - DGH	>=844	801	→	>=833	801	958		M		
	Referrals - Other	>=144	163	→	>=824	163	191		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%	100.00%	→	93%	100.00%	100%		M		
	31 day wait from diagnosis to first treatment	96%	97.30%	↓	96%	97.30%	100%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	100.00%	→	94%	100.00%	100%		M		
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	75.00%	↓	85%	75.00%	100.00%		M		Y
Local Target	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	87.67%	↑	95%	87.67%	84.30%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	88.89%	↓	98%	88.89%	95.56%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	90.77%	↓	95%	90.77%	94.38%		M		Y
Workforce	Appraisals	>=90%	79%	↓	>=90%	79%	83%		M		Y
	Mandatory training	>=95%	93%	↑	>=95%	93%	92%		M		
	Turnover Rate between 1-2 yrs service (voluntary(FTC excluded))	<=1.4%	1.55%	→	<=1.4%	1.55%	1.51%		M		
Finance	Net Surplus £000's	-374	-374		-374	-374	2,004		M		
	Normalised Net Surplus £000's	-374	-374		-374	-374	449		M		
	Cash Balance	5,452	4,713		-509	-155	-750		M		Y
	Capital expenditure £000's	676	121		676	121	-1,631		M		
	Total agency cost £000's	-188	-138		-188	-138	-145		M		
	Total bank cost £000's	-59	-200		-59	-200	-249		M		Y