

Strategic Dashboard Report Month 3 2017/18

Summary of Performance (Red Indicators)

Single Oversight Framework

MRSA bacteraemias
eColi (YTD)
Potential under reporting of patient safety incidents
Liquidity
Aggressive cost reduction plans - Cost reduction strategy delivered £m (YTD)

Strategic Objectives

Quality & Experience

% of deaths screened for reviewed within 7 days,
% of radiological alerts with a response document.
% Blood cultures taken within 24hrs preceding first antibiotic given
% Delivery of at least one sepsis antibiotic within one hour of prescription

Service Delivery, Research & Innovation

Number of patients recruited into CRN trials

Financial Sustainability Delivering Value for Money

Deliver the recurrent cost improvement savings(YTD)
Liquidity

Be the Best NHS Employer

None

Partnership & Collaborative Working

None

Performance Report Summary

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

Quality

Number of Adverse Events (red alerts), SIs & Never Events (YTD)

Performance

cancelled operations
Cancelled operations seen in 28-days (YTD)
Delayed Transfers of Care
GP Referrals (YTD)
Cancer 31 day wait from diagnosis to first treatment
31 day wait for second or subsequent treatment (surgery)
62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj) (YTD)

Local Target

welsh waiting times

Workforce

appraisals

Finance

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.

Key: Type L = Local Target
 N = National Target

Single Oversight Framework (SOF)

	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	Jun 17	May 17						
Operational Performance	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	>=92%	92.3%	↑	>=92%	92.3%	91.14%			M			Y
	All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	>=85%	97.9%	↓	>=85%	95.2%	98%			M	Adjusted figure provided		
	Maximum 6-week wait for diagnostic procedures	>=99%	99.9%	→	>=99%	100%	100.00%			M			
Quality - Safe, Effective & Caring	Written Complaints - rate	22	12	→	6	4	4			M	Awaiting national technical guidance		
	Occurrence of any Never Events	0	0	→	0	0	0			M			
	NHS England/NHS Improvement Patient Safety Alerts outstanding	0	0	→	0	0	0			M			
	Mixed Sex Accommodation breaches	0	0	→	0	0	0			M			
	VTE Risk Assessment	>=95%	96.9%	↑	>=95%	97.6%	95.6%			M			
	Clostridium Difficile	3	1	↑	1	0	1			M			
	Clostridium Difficile infection rate (per 1000 beddays)	<=0.19	0.05	↓	<=0.19	0.05	0.15			M			
	MRSA bacteraemias	0	1	↓	0	1	0			M			
	eColi	8	4	↓	2	4	1				Red against trajectory		
	HSMR for all diagnoses and procedures (supplied from Dr Foster)	<=100	107.08	→	<=100	86.70	86.93			M	Current month is March 17		
	HSMR for 56 diagnosis groups (supplied from Dr Foster - Hospital Guide)	<=100	114.35	↓	<=100	105.32	99.04			M	Current month is March 17		
	Hospital Standardised Mortality Ratio - Weekend (DFI)	<=100	116.93	↑	<=100	163.86	210.42			M	Current month is March 17 (95% CI: 90.7 - 414.7)		
	Potential under reporting of patient safety incidents	<3	3	→	<3	3	3			6M	NRLS Report April - September 2016 (3 = poor)		Y
	Emergency readmissions following elective admission	<=100	88.21	↑	<=100	52.49	57.40			M	Current month is December 2016		
	Emergency readmissions following non-elective admission	<=100	104.73	↑	<=100	68.55	101.00			M	Current month is December 2016		
	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (arrival)	>=90%	100%	→	>=90%		100%			6M	September 2016 Survey		
	Std 2: 7-day Services: First Consultant review - seen/assess <14 hrs (admission)	>=90%	100%	→	>=90%		100%			6M	September 2016 Survey		
	Std 5: 7-day Services: CT scan within 1 hr for critical care need	>=70%	100%	→	>=70%		100%			6M	September 2016 Survey		
	Std 5: 7-day Services: Echocardiography within 12 hrs for urgent care need	>=80%	100%	→	>=80%		100%			6M	September 2016 Survey		
	Std 5: 7-day Services: Microbiology tests within 12 hrs for urgent care need	>=85%	100%	→	>=85%		100%			6M	September 2016 Survey		
	Std 6: 7-day Services: Access to interventions	>=80%	100%	→	>=80%		100%			6M	September 2016 Survey		
	Std 8: 7-day Services: Ongoing review twice daily in high dependency area	>=80%	96%	→	>=80%		96%			6M	September 2016 Survey		
	Std 8: 7-day Services: Ongoing review every 24 hours on general wards	>=80%	98%	→	>=80%		98%			6M	September 2016 Survey		
	Staff Friends and Family - recommend as a place of treatment	>=73%	73%	↑	>=73%	73%	96%			Q	Data is based on "Recommendation as a Place of Treatment" from 2016 FFT		
	Inpatient scores from Friends & Family Test - % positive	>=95%	99%	↑	>=95%	100%	98%			M			
	Community scores from Friends & Family Test - % positive	>=95%	100%	→	>=95%	100%	100%			M	May-17		
Quality - Organisational Health	Staff Sickness	<=3.4%	3.85%	→	<=3.4%	4.18%	3.95%			M			
	Proportion of temporary Staff	<=5%	5.13%	↑	<=5%	5.03%	5.1%			M			
	Staff Turnover	<=10%	10.6%	↑	<=10%	10.6%	10.9%			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 *NB exclude Raph Perry who left on Flexi retirement but returned.		
	NHS Staff Survey - recommend as a place to work	>=75%	70%	↑	>=75%	70%	64%			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	1	1	→	1	1	1			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			Y
	Efficiency												
	I&E margin	1	1	↑	1	1	2			M			
	Controls												
	Performance against plan	1	1	↑	1	1	2			M			
	Agency spend	2	1	→	2	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	863.00	673		306	244	283			M	Recurring CIP's only		Y
	Control total acceptance	Yes											
Overall	Segmentation									Adhoc	Segment 1: Maximum autonomy; universal support		

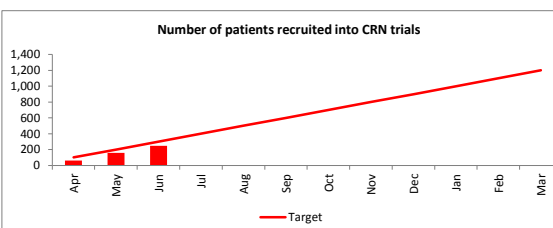
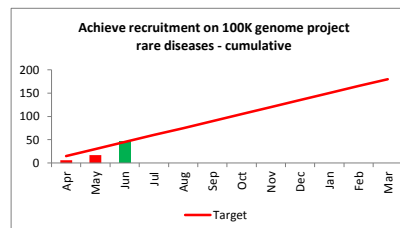
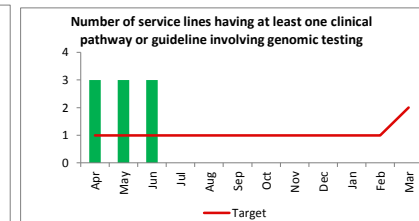
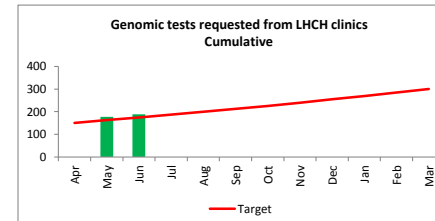
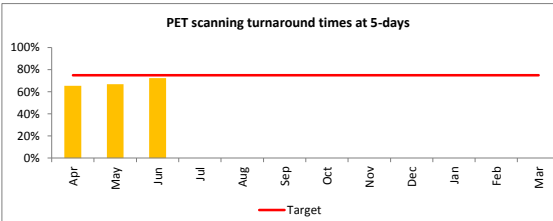
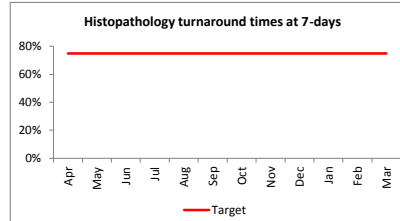
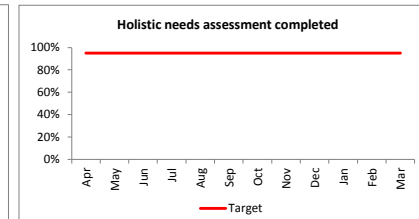
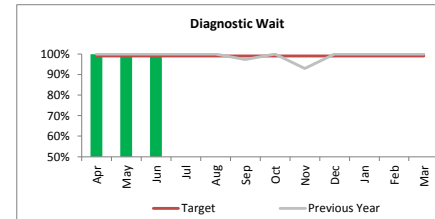
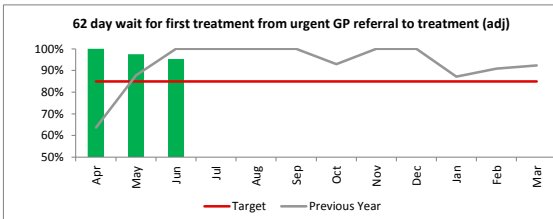
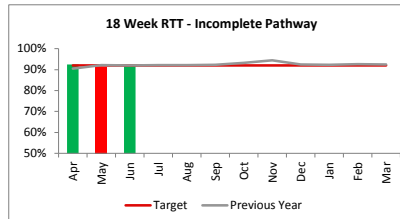
Strategic Objective Measures 2017/18 - Quality & Experience

Indicator	Type	YTD			Current month		Previous	Data Quality	Frequency	Comments
		Target	Actual	Trend	Target	Jun 17	Month			
% of deaths screened for reviewed within 7 days	L	>=95%	56%	↑	>=95%	71%	40%		M	Current month based May-17
% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=80%	76%	↓	>=80%	71%	80%		M	Current month based May-17
% Mortality reviews to be completed within 30 days of allocation - Nurses	L	>=80%	88%	↓	>=80%	86%	95%		M	Current month based May-17
HSMR for all diagnoses and procedures	N	<=100	107.08	↑	<=100	86.70	86.93		M	Latest figures supplied by Dr Foster to January 17
HSMR for 56 diagnosis groups	N	<=100	114.35	↓	<=100	105.32	99.04		M	Latest figures supplied by Dr Foster to January 17
Observed mortality rate	L	<=1.3%	1.88%	→	<=1.3%	1.88%	1.88%		M	Current month based on May 2017
Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<= 21	22	↓	<= 7	7	2		M	Target for the year is 86
Number of avoidable Pressure Ulcers - grade 2	L	<=2	2	→	1	0	2		M	2 x small avoidable pressure ulcers tops of ears, minor
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%	77%	↑	>=95%	88%	67%		M	7/8 bundles
% Delivery of at least one sepsis antibiotic within <u>one</u> hour of prescription	L	>=70%	69%	↑	>=70%	63%	50%		M	5/8 bundles
% Delivery of a sepsis antibiotic within <u>three</u> hours of prescription	N	>=96%	97%	→	>=96%	100%	100%		M	8/8 bundles
Inpatient scores from Friends & Family Test - % positive	L	>=95%	99%	↑	>=95%	100%	98%		M	
Outpatient scores from Friends & Family Test - % positive	L	>=95%	90%	↓	>=95%	95%	100%		M	
Community scores from Friends & Family Test - % positive	L	>=95%	100%	→	>=95%	100%	100%		M	Latest data May 2017
% of radiological alerts with a response document	L	>=95%	63%	↓	>=95%	63%	62%		M	
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 SUI reveals improvement embedded and delivering	No			Comment: OL Policy complementing recent learning from deaths guidance						



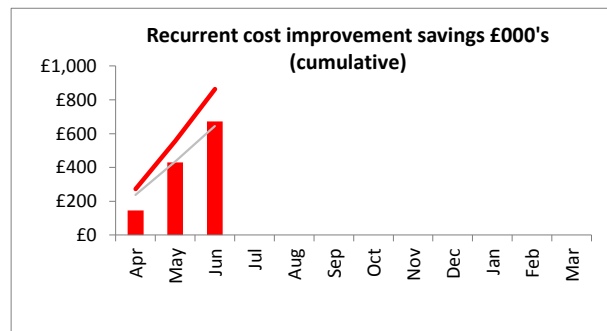
Strategic Objective Measures 2017/18 - Service Delivery, Research & Innovation

Indicator	YTD				Current Month		Previous Month	Data Quality	Frequency	Comments
	Type	Target	Actual	Trend	Target	Jun 17				
18 Weeks Referral to Treatment - Incomplete Pathways	N	>=92%	92.34%	↑	>=92%	92.34%	91.14%	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
62 day wait for first treatment from urgent GP referral to treatment (adj)	N	>=85%	97.87%	↓	>=85%	95.24%	97.56%	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
Maximum 6-week wait for diagnostic procedures	N	>=99%	99.91%	→	>=99%	100.00%	100.00%	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
Complete a holistic needs assessment for patients diagnosed at LHCH	L	>=95%	-	0.00	>=95%	-	-	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	Awaiting resource to complete assessment
Improve histopathology turnaround times at 7-days	L	>=75%	-	0.00	>=75%	-	-	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	Indicator under development
Improve PET scanning turnaround times at 5-days	L	>=75%	67%	↑	>=75%	72.2%	66.7%	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
Increase number of genomic tests requested from LHCH clinics per year	L	>=175	189	-	>=175	189	177	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	12-month period
Number of service lines having at least one clinical pathway or guideline involving genomic testing	L	2	3	-	2	3	3	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
Achieve recruitment on 100K genome project - rare diseases	L	>=45	46	↑	>=15	29	17	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	M	
Number of patients recruited into CRN trials	L	>=300	245	↓	>=100	86	99	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	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 September 2017. Implementation thereafter.					
Develop a corporate social responsibility strategy	Yes or No				Comment: due March 2018					



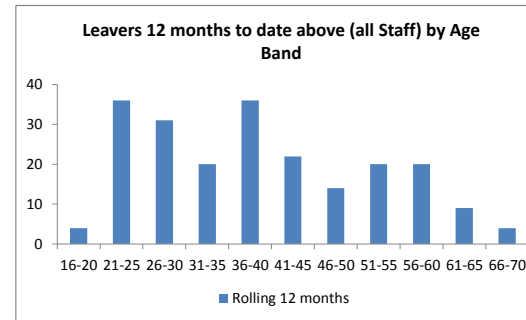
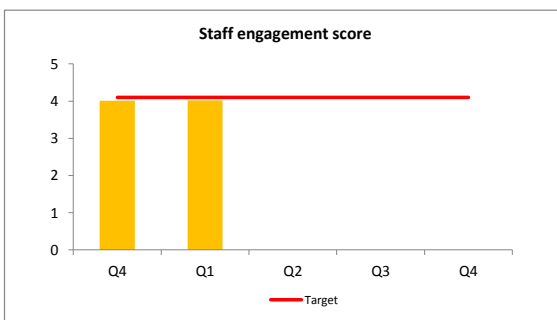
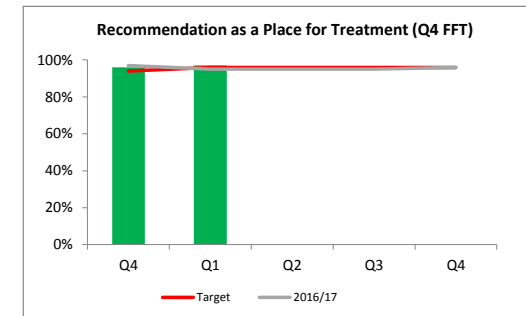
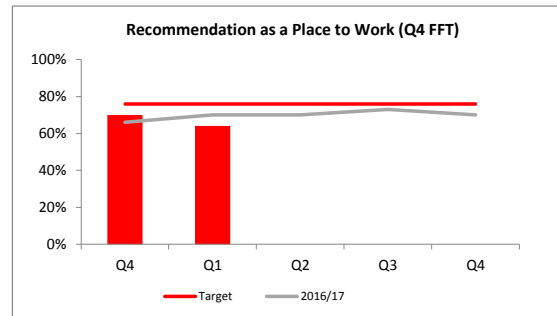
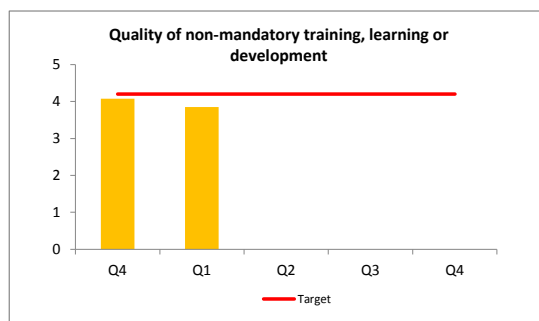
Strategic Objective Measures 2017/18 - Financial Sustainability Delivering Value for Money

Indicator	YTD		Trend	Current month		Previous Month	Data Quality	Frequency	Comments
	Plan	Actual		Plan	Jun 17				
Overall use of resources rating	3	3		3	3	3	<div><div></div><div></div><div></div><div></div><div></div></div>	M	
Deliver the recurrent cost improvement savings	£863	£673		£306	£244	£283	<div><div></div><div></div><div></div><div></div><div></div></div>	M	
Agency rating	2	1		2	1	1	<div><div></div><div></div><div></div><div></div><div></div></div>	M	
Liquidity rating	4	4		4	4	4	<div><div></div><div></div><div></div><div></div><div></div></div>	M	
Implement model hospital dashboard	Yes or No		Comment: March 18						
Develop service line reporting	Yes or No		Comment: April 17						
Implement service line reporting plan	Yes or No		Comment: March 2018 (key milestone reference costs August 2017)						



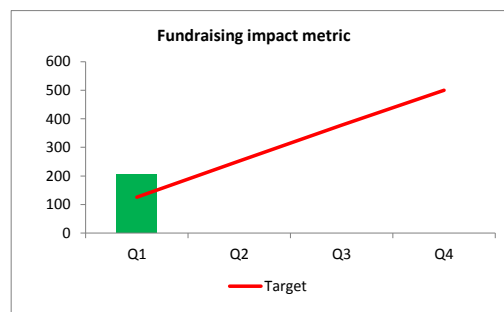
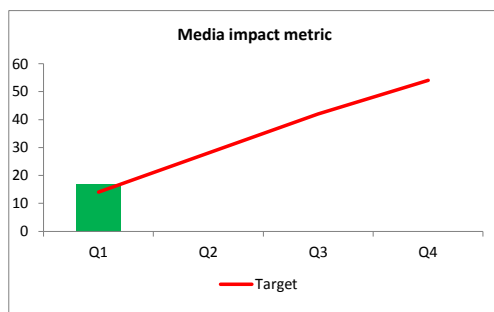
Strategic Objective Measures 2017/18 - Be the Best NHS Employer

Indicator	YTD			Trend	Current month		Previous Quarter	Data Quality	Frequency	Comments
	Type	Target	Actual		Target	Q1 1718				
Quality of non-mandatory training, learning or development	L	>=4.2	3.85%	↓	>=4.2	3.85%	4.08%		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	N	>=73%	73%	→	>=73%	73%	70%		Q	Data from 2016 FFT.
Recommendation as a Place for Treatment	N	>=94%	95%	→	>=94%	95%	95%		Q	Data from 2016 FFT.
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	4.02	4.01	>=4.1	4.02	4.01		Q	Data from "Staff Survey Engagment report" Q3 2016. Previous Avail. Quarter from Staff Survey 2015.
Indicator	YTD			Trend	Current month		Previous Month	Data Quality	Frequency	Comments
	Type	Target	Actual		Target	M2				
Registered Nursing Turnover (rolling 12 months)		N/A	8.06	↓	N/A	8.06	6.93		M	Registered Nursing Turnover rolling 12-months
All Leavers (rolling 12 months) - Age Band : 16-20			4			4			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 21-25			36			36			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 26-30			31			31			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 31-35			20			20			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 36-40			36			36			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 41-45			22			22			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 46-50			14			14			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 51-55			20			20			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 56-60			20			20			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 61-65			9			9			M	Headcount rolling 12-months
All Leavers (rolling 12 months) - Age Band : 66-70			4			4			M	Headcount rolling 12-months



Strategic Objective Measures 2017/18 - Partnership & Collaborative Working

Indicator	YTD			Trend	Current Quarter		Previous Quarter	Data Quality	Frequency	Comments
	Type	Target	Actual		Target	Q1				
Media impact metric	L	14	17	-	14	17	-		Q	
Fundraising impact metric	L	125	205	-	125	205	-		Q	
Address issues arising from the externally facing element of the well led review	Yes			Comment: There were no significant findings from this review.						
Implement CVD STP Plan	Yes			Comment: Work continues on the cases 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. A mini clinical summit is scheduled for autumn between Countess of Chester and Wirral University Teaching Hospital and work is progressing towards a mini summit between Warrington and St Helens and Knowsley.						



Performance Report Summary 2017/18

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Jun 17					
Quality	Friends and family Test response rate	>=50%	60%	↑	>=50%	60%	48%		M		
	VTE Prophylaxis	>=95%	90.3%	↑	>=95%	95.5%	87.6%		M		Y
	Number of in-hospital deaths	N/A	42	→	N/A	21	21		M		
	Risk adjusted CABG mortality	<=1	0.88	→	<=1		0.88		M	6-month rolling averages; latest data up to Mar-17	
	Risk adjusted non-primary PCI MACE	<=1	0.10	→	<=1		0.10		M	6-month rolling averages; latest data up to Dec-16	
	Number of Adverse Events (red alerts), SIs & Never Events	0	1	→	0	0	0		M	1 SI in Apr 17	Y
	Number of Reported Patient Safety Incidents (6-month rolling avg)	>=135	125	→	>=135	125	123		M		
Performance	Cancelled operations	<=1.5%	2.5%	↓	<=1.5%	2.5%	2.2%		M	Internal Target	Y
	Cancelled operations seen in 28-days	100%	97.5%	→	100%	100%	100%		M	1 Operation not re-booked within 28 days of cancellation	Y
	Urgent operations cancelled 2nd time	0	0	→	0	0	0		M		
	Delayed transfers of care	<=4.5%	6.88%	↓	<=4.5%	8.19%	6.19%		M		Y
	Bed occupancy	>=85%	80.25%	↑	>=85%	80.69%	69.83%		M		Y
	Referrals - GP	>=7086	6,465	→	>=2362	2,369	2,254		M		Y
	Referrals - DGH	>=2532	2,533	→	>=844	805	914		M		
	Referrals - Other	>=432	2,745	→	>=144	904	931		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%	98.26%	↓	96%	93.75%	100%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	95.24%	↓	94%	83.33%	100%		M		
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	84.62%	→	85%	100.00%	100.00%		M		Y
Local Target	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	82.83%	↓	95%	82.83%	84.40%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	77.55%	↓	98%	77.55%	92.86%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	90.10%	↓	95%	90.10%	91.33%		M		Y
Workforce	Appraisals	>=90%	28%	↑	>=90%	28%	15%		M	Appraisal window reset to 0%	Y
	Mandatory training	>=95%	95%	↑	>=95%	95%	94%		M		
	Turnover Rate between 1-2 yrs service (voluntary(FTC excluded))	<=1.4%	1.45%	→	<=1.4%	1.45%	1.47%		M		
Finance	Net Surplus £000's	-766	-753	↑	-601	-622	-131		M		
	Normalised Net Surplus £000's	-766	-753	↓	-601	-622	449		M		
	Cash Balance	6,210	4,257	↓	466	-1,688	1,232		M		Y
	Capital expenditure £000's	-2,028	-696	↑	-676	-68	-507		M		
	Total agency cost £000's	-563	-451	↑	-188	-179	-272		M		
	Total bank cost £000's	-151	-450	↓	-51	-134	-120		M		Y