

Strategic Dashboard Report Month 03 2016/17

Objectives

Summary of Performance

Strategic Objectives

The red indicators for:

Quality & Experience - Mortality reviews, Falls, Sepsis (Blood cultures taken within 24hrs preceding first antibiotic given), Compliance with the Post Cardiac Surgery Pathology Protocol. Dementia case finding also rated red in month.

Service & Innovation - 18 Week RTT Incomplete pathways, all 26 week pathways, Cancer 62 day wait for first treatment from urgent GP referral to treatment.

Value - NHS Activity, Premium session spend, CIP, Delivery of SLR self service to management and improve adoption of SLR as a reliable information source.

Performance Report Summary

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

Quality - Mixed Sex Accommodation breaches, In-hospital deaths, Incidents reported and SI event Complaints also rated red in month.

Performance - Cancelled Operations and Delayed Transfers Of Care. Referrals from GP also rated red in month..

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

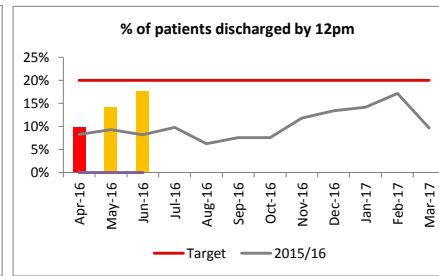
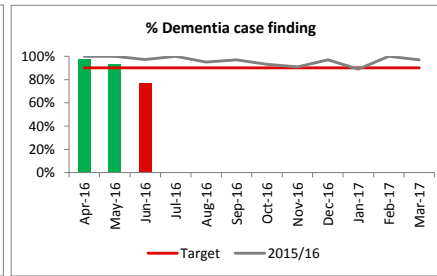
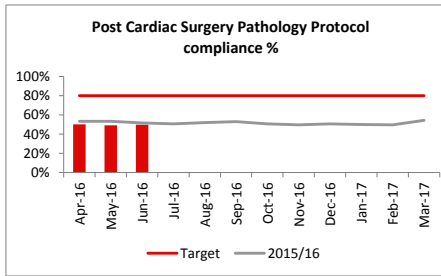
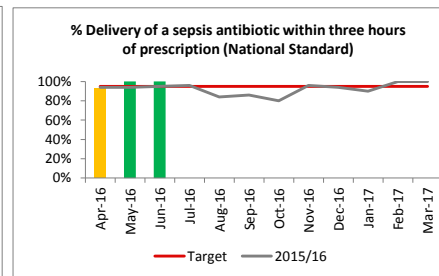
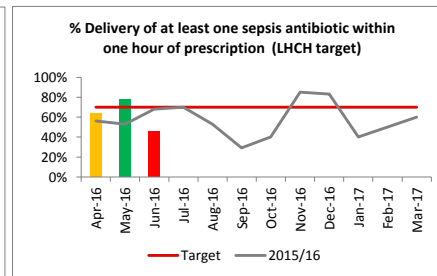
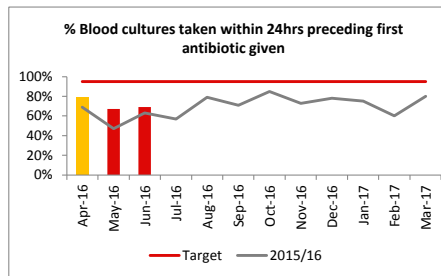
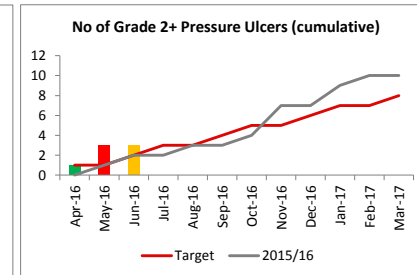
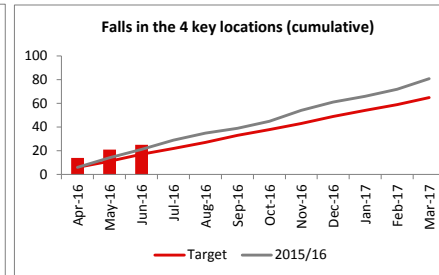
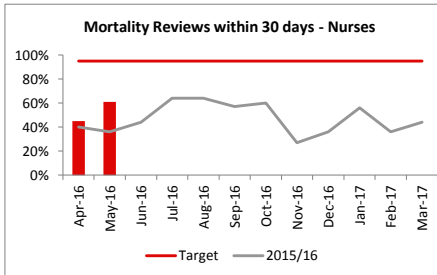
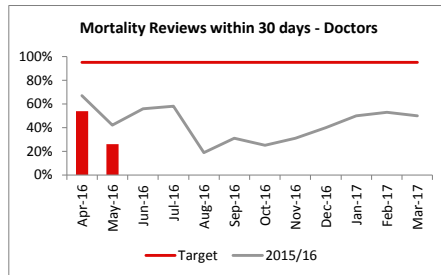
Data Quality

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

Key: Type L = Local Target
N = National Target

Strategic Objective Measures 2016/17 - Quality & Experience

	Indicator	YTD			Trend	Current month		Previous Month	Data Quality	Frequency	Comments
		Type	Target	Actual		Target	Jun 16				
Reduce Harm	% Mortality reviews to be completed within 30 days of allocation - Doctors	L	>=95%	38%	↓	>=95%	26%	54%		M	Current month based on May mortality
	% Mortality reviews to be completed within 30 days of allocation - Nurses	L	>=95%	55%	↑	>=95%	61%	45%		M	
	Number of Falls - 4 key locations (Birch, Cedar, Elm & Oak)	L	<=17	25	↑	<=6	4	7		M	Based on a 20% reduction the target for the year is 65.
	Number of avoidable Pressure Ulcers - grade 2+	L	<=1	3	↑	<=1	0	2		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%	71%	→	>=95%	69%	67%		M	
	% Delivery of at least one sepsis antibiotic within <u>one</u> hour of prescription	L	>=70%	64%	↓	>=70%	46%	78%		M	
	% Delivery of a sepsis antibiotic within <u>three</u> hours of prescription	N	>=95%	98%	→	>=95%	100%	100%		M	
	% Compliance with the Post Cardiac Surgery Pathology Protocol	L	>=80%	49.6%	→	>=80%	49.7%	49.2%		M	
	% Dementia case finding	L	>=90%	89%	↓	>=90%	77%	93%		M	
	% of patients discharged by 12pm	L	>=20%	14.1%	↑	>=20%	17.8%	14.3%		M	

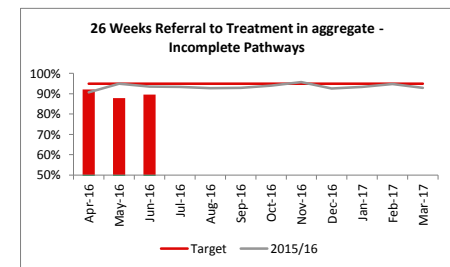
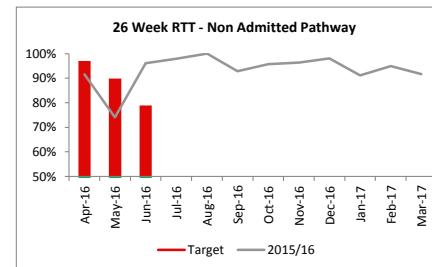
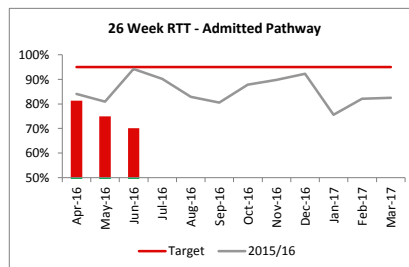
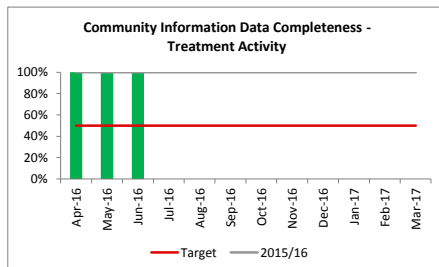
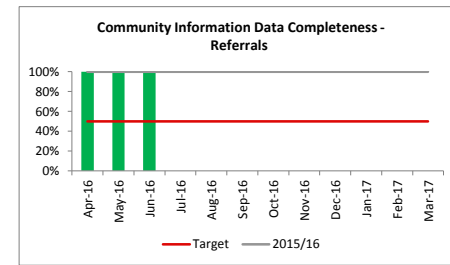
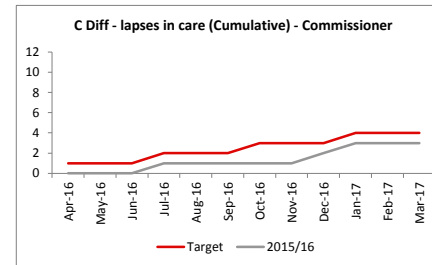
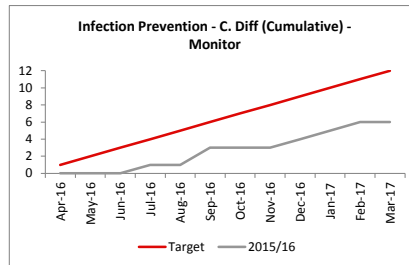
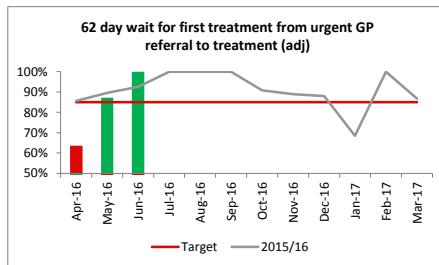
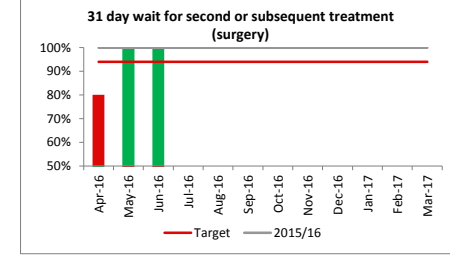
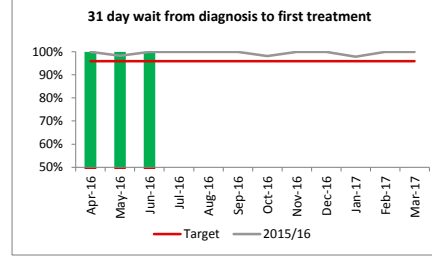
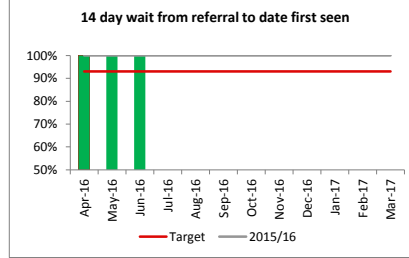
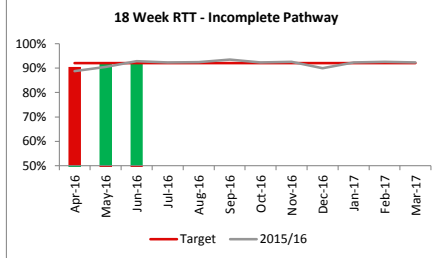


Strategic Objective Measures - Quality and Experience Self-Assessments 2016/17

[illegible]

Strategic Objective Measures 2016/17 - Service & Innovation

			YTD				Current Month		Previous	Data			
Indicator			Type	Target	Actual	Trend	Target	Jun 16	Month	Quality	Frequency	Comments	
Improve Effectiveness	NHSA Target	18 Weeks Referral to Treatment - Incomplete Pathways	N	92%	92.07%	→	92%	92.07%	92.14%		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%	100%	→	93%	100%	100%		M		
		31 day wait from diagnosis to first treatment	N	96%	100%	→	96%	100%	100%		M		
		31 day wait for second or subsequent treatment (surgery)	N	94%	96.15%	→	94%	100%	100%		M		
		62 day wait for first treatment from urgent GP referral to treatment (adj)	N	85%	83.72%	↑	85%	100%	87.23%		M		
		62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	N	85%	100%	→	85%	100%	100%		M	Not charted below	
		Infection Prevention - C. Diff (Cumulative) - Monitor	N	2	0	→	1	0	0		M		
		C Diff - lapses in care (Cumulative) - Commissioner	N	1	0	→	1	0	0		M		
		Community Information Data Completeness - Referrals	N	50%	100%	→	100%	100%	100%		M		
		Community Information Data Completeness - Treatment Activity	N	50%	100%	→	100%	100%	100%		M		
	Local Target	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	N	95%	74.75%	↓	95%	70.15%	75.00%		M		
		26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	N	98%	88.15%	↓	98%	78.95%	89.86%		M		
		26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	N	95%	89.90%	↑	95%	89.62%	87.89%		M		

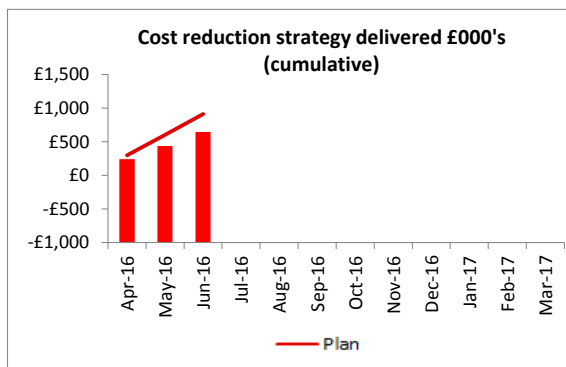
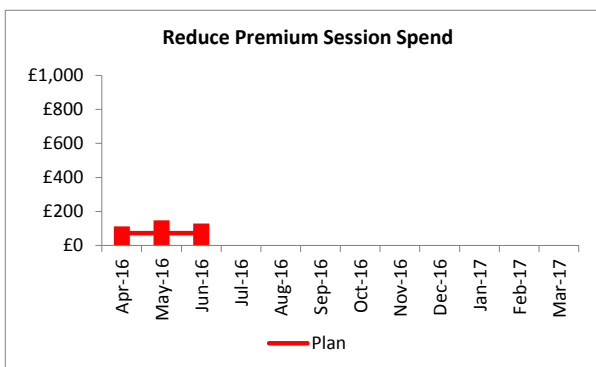
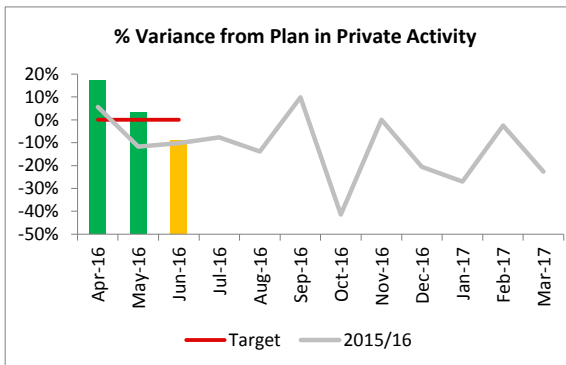
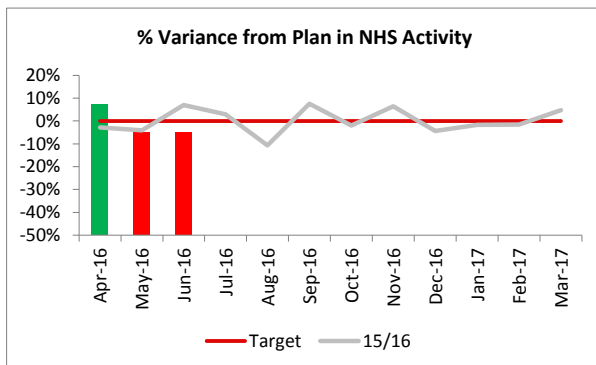


Strategic Objective Measures - Service and Innovation Self-Assessments 2016/17

[illegible]

Strategic Objective Measures 2016/17 Value

	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Plan	Actual		Plan	Jun 16	Month	Quality		
Achieve Income Plans	NHS activity (inpatients) - to achieve plan	>=3301	3255		>=1193	1132	1059		M	
	NHS activity % variance from plan	0%	-1.4%	→	0%	-5.1%	-5.0%		M	
	PP activity (inpatients) - to achieve plan	>=94	98		>=32	30	33		M	
	PP activity % variance from plan	0%	4.3%	↓	0%	-9.1%	3.1%		M	
Reduce Expenditure	Reduce Premium Session Spend	£218	£388	↓	£73	£128	£260		M	
Save	Cost Improvement £000's (3% reduction)	£913	£645	↓	£312	£211	£434		M	



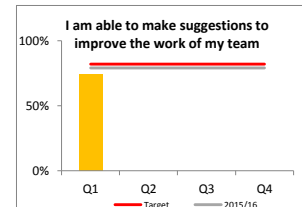
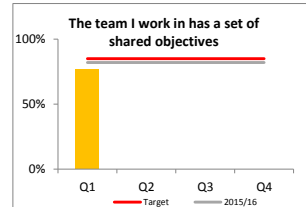
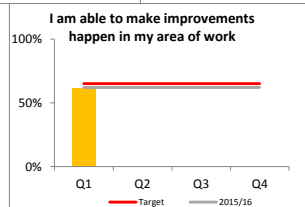
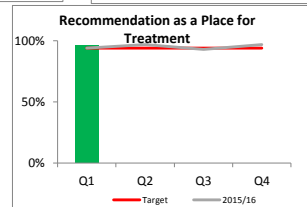
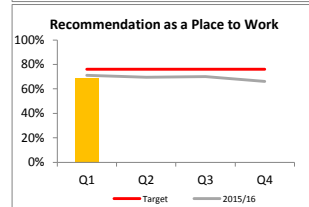
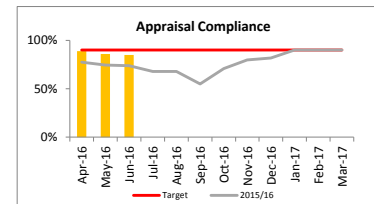
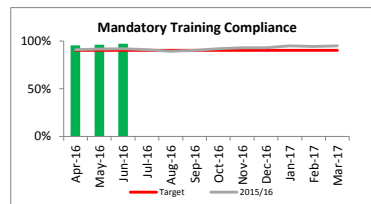
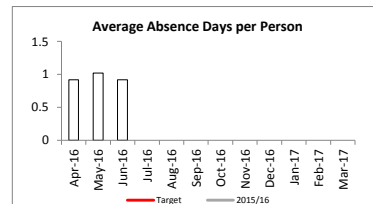
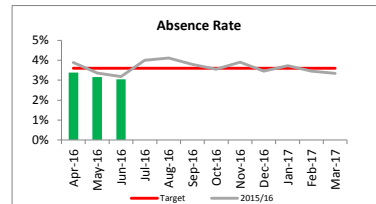
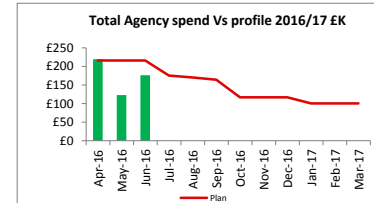
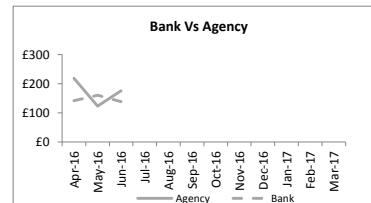
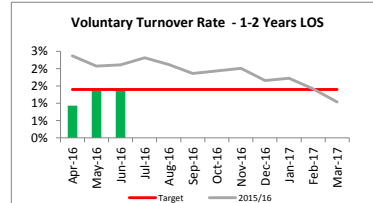
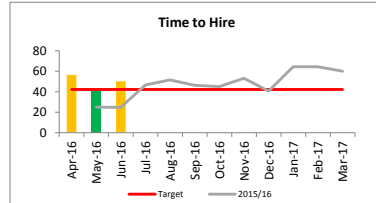
Strategic Objective Measures - Value Self-Assessments 2016/17

[illegible]

Strategic Objective Measures 2016/17- Workforce

Indicator	YTD			Trend	Current month		Previous Month	Data		Comments
	Type	Target	Actual		Target	June		Quality	Frequency	
Time to Hire (days)	L	42	26	↑	42	50	51		M	
Turnover Rate between 1-2 yrs service (voluntary(FTC excluded))	L	1.4%	1.4%	→	1.4%	1.4%	1.4%		M	Monthly figures are rolling 12 months - Calc is Voluntary leavers (FTE) with LOS between 1-2 (>= 1 and <=2) divided by FTE in Post at end of period
Bank Spend 2016/17 £K	L	£423	£441	↑	£141	£139	£160		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 £K	N	£647	£518	↓	£215	£176	-£342		M	NHS Improvement Target - Figures subject to change due to input schedule
Qualified Nurse Agency Spend Vs profile	N	£374	£300	↓	£187	£92	£54		M	
Absence Rate	L	3.6%	3.3%	↑	3.6%	3.0%	3.2%		M	Figures subject to change due to input schedule
Average Absence Days per person (Heads)	L	-	1.01	↑	-	0.92	1.02		M	Figures subject to change due to input schedule. Calc is number of days lost in period divided by headcount at end of period
Mandatory Training Compliance	L	95%	97%	↑	95%	97%	96%		M	
Appraisal Compliance	L	90%	85%	↓	90%	85%	86%		M	

	Type	Target	Actual	Trend	Current Quarter		Previous Quarter	Frequency	Comments
					Target	Q1			
Recommendation as a Place to Work	L	76%	69%	↑	76%	69%	66%	Q	Q1, 2 & 4 taken from Staff FFT Q3 from National Staff Survey
Recommendation as a Place for Treatment	L	94%	96%	↓	94%	96%	97%	Q	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%	62%	→	65%	62%	62%	Bi-An	Q1 taken from Staff FFT, Q3 from National Staff Survey
The team I work in has a set of shared objectives	L	85%	77%	↓	85%	77%	82%	Bi-An	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%	74%	↓	82%	74%	79%	Bi-An	Q1 taken from Staff FFT, Q3 from National Staff Survey



Strategic Objective Measures - Workforce Self-Assessments 2016/17

[illegible]

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

[illegible]

Performance Report Summary 2016/17

	Indicator	Target	Actual	Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD		Target	Jun 16					
Quality	Friends and family Test response rate	>=40%	50%	↓	>=40%	46%	48%		M		
	Cumulative average patient derived FFT (Inpatients)	>=95%	99%	→	>=95%	99%	100%		M		
	Cumulative average family derived FFT	>=90%	90%	→	>=90%	100%	100%		M		
	Number of complaints	<=17	17	↓	<=6	10	5		M	Target for year end is equal to or below 67	Y
	Mixed sex accommodation	0	9	↓	0	2	1		M		Y
	MRSA bacteraemia	0	0	→	0	0	0		M		
	VTE risk assessment	>=95%	95.9%	↑	>=95%	96.7%	95.4%		M		
	VTE Prophylaxis	>=95%	93.3%	↓	>=95%	94.3%	95.5%		M		
	Number of in-hospital deaths	40	42	↑	13	10	19		M		Y
	Observed mortality (number of in-hospital deaths / spells)	<=1.35%	0.44%	↑	<=1.35%	1.25%	1.46%		M		
	HSMR - all diagnosis	<100	103.83	→	<100	85.60	87.53		M	Current month Mar-16	
	HSMR - 56 diagnosis groups	<100	106.25	→	<100	84.30	88.61		M	Current month Mar-16	
	Risk adjusted CABG mortality	<1	0.89	→	<1	0.73	0.73		M	6-month rolling averages; latest data up to Mar-16	
	Risk adjusted non-primary PCI MACE	<1	0.30	→	<1	0.42	0.42		M	6-month rolling averages; latest data up to Mar-16	
Performance	Number of Adverse Events (red alerts), SIs & never events	0	1	→	0	0	0		M	1 SI in April-16	Y
	Number of incidents reported	>=414	267	↓	>=138	55	97		M	Target is based on 25% increase in reporting	Y
	Cancelled operations	<=1.5%	2.56%	↑	<=1.5%	1.62%	2.71%		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		
	Diagnostic waiting times	>=99%	99.58%	↑	>=99%	99.74%	99.51%		M		
	Delayed transfers of care	<=4.5%	5.31%	↑	<=4.5%	4.90%	5.81%		M		Y
	Bed occupancy	>=85%	83.74%	↑	>=85%	84.60%	83.29%		M		
	Referrals - GP	>=5950	6,390	↓	>=2255	2,023	2,120		M		Y
	Referrals - DGH	>=2584	2,474	→	>=902	829	805		M		
	Referrals - Other	>=2835	2,702	→	>=1025	907	902		M		
	Monitor Governance Risk Assessment	Green	Green	Green	Green	Green	Green		M		
	18 Weeks Referral to Treatment - Incomplete Pathways	92%	92.07%	→	92%	92.07%	92.14%		M		
	18 Weeks Referral to Treatment Incomplete Pathways 52 week +	0	0	→	0	0	0		M		
NHS Target	14 day wait from referral to date first seen	93%	100%	→	93%	100%	100%		M		
	31 day wait from diagnosis to first treatment	96%	100%	→	96%	100%	100%		M		
	31 day wait for second or subsequent treatment (surgery)	94%	96.15%	→	94%	100%	100%		M		
	62 day wait for first treatment from urgent GP referral to treatment (adj)	85%	83.72%	↑	85%	100%	87.23%		M		Y
	62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adj)	85%	100%	→	85%	100%	100%		M		
	Infection Prevention - C. Diff (Cumulative) - Monitor	2	0	→	1	0	0		M		
	C Diff - lapses in care (Cumulative) - Commissioner	1	0	→	1	0	0		M		
	Community Information Data Completeness - Referrals	50%	100%	→	50%	100%	100%		M		
	Community Information Data Completeness - Treatment Activity	50%	100%	→	50%	100%	100%		M		
	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	95%	74.75%	↓	95%	70.15%	75%		M		Y
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways	98%	88.15%	↓	98%	78.95%	89.86%		M		Y
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways	95%	89.90%	↑	95%	89.62%	87.89%		M		Y
	Mandatory training	>=95%	97%	↑	>=95%	97%	96%		M		
	Financial Sustainability Risk Rating	2	2		2	2	2		M		
Finance	Capital Service Capacity Rating	1	1		1	1	1		M		
	Liquidity Rating	1	1		1	1	1		M		
	Liquidity (Days)	-17.2	-15.4		-17.2	-15.4	-18.5		M		
	IE Margin Metric	1	1		1	1	1		M		
	Variance in IE Margin	3	3		3	3	3		M		
	Net Surplus £000's	-1,081	-1,080		361	539	-1,619		M		
	Normalised Net Surplus £000's	-1,081	-1,080		361	539	-1,619		M		
	Cost reduction strategy delivered £000's	913	645		312	211	434		M		
	Cash Balance	4,035	6,312		273	-406	-48		M		
	Capital expenditure £000's	-1,862	-1,596		-724	-549	-444		M		
	Percentage of nursing agency staff	9%	5%		9%	5%	5%		M	Target for year end is 6% - NHS Improvement Cap 3%	
	Total agency cost £000's	-647	-518		-215	-176	-342		M		
	Total bank cost £000's	-423	-441		-141	-139	-303		M	Plan based on prior year position as bank costs budget included as part of budget for substantive staffing.	