

Strategic Dashboard Report Month 01 2015/16

Objectives

Summary of Performance

Strategic Objectives

Achieving all strategic objectives measures for service & innovation and stakeholder.

Currently red rated for - incidents reported, financial margin, cost reduction strategy, staff turnover and bank & agency spend.

Performance Report Summary

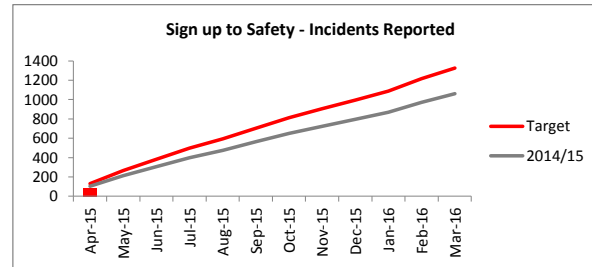
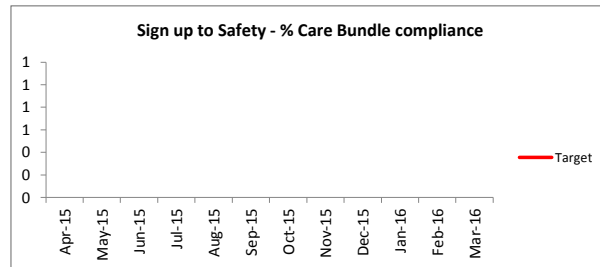
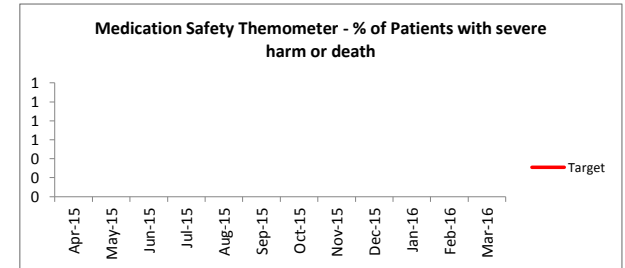
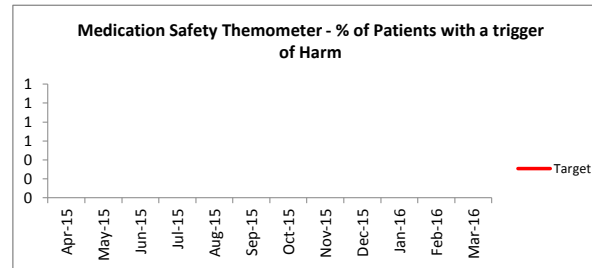
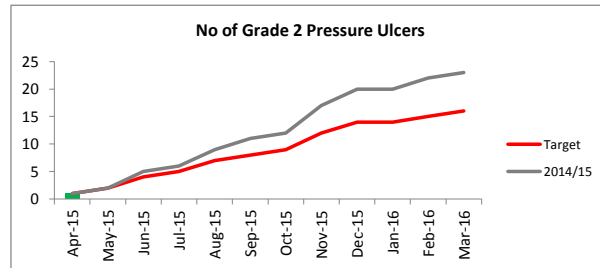
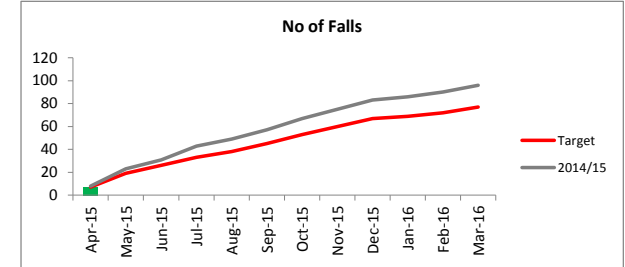
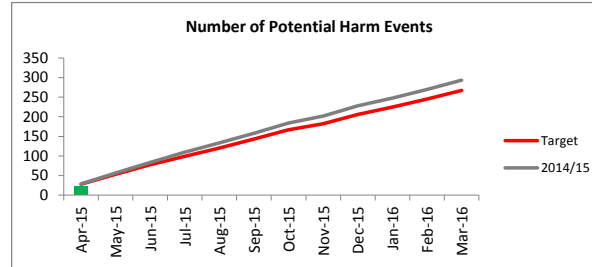
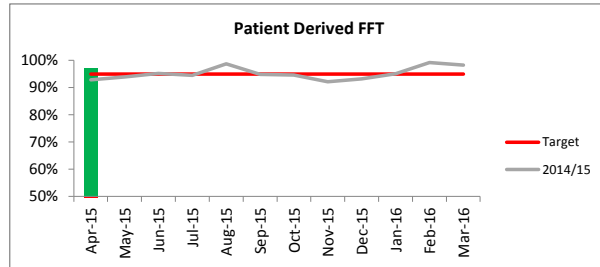
Currently red rated for mixed sex accomodation breaches, incidents reported, 18-weeks and 26-weeks all pathways, cancelled operations (including 28-day guarantee), delayed transfers of care and turnover.

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

Strategic Objective Measures 2015/16 - Quality & Experience

Indicator	YTD		Trend	Current month		Previous Month	Data Quality	Frequency	Comments
	Target	Actual		Target	Apr 15				
Cumulative % patient derived FFT	>=95%	97%	→	>=95%	97%	98%	G	M	Calculation changed from Net Promoter score
Potential harm events - falls, pressure ulcers, medication errors (9% reduction)	<=28	22	→	<=28	22	23	S	M	
Number of Falls (20% reduction)	<=7	7	→	<=7	7	6	B	M	
Number of Pressure Ulcers - grade 2 (30% reduction)	<=1	1	→	<=1	1	1	B	M	
Medication Safety Thermometer - % of Patients with a trigger of Harm	TBD			TBD				M	New
Medication Safety Thermometer - % of Patients with severe harm or death	TBD			TBD				M	New
Sign up to Safety - % Care Bundle compliance	TBD			TBD				M	New
Sign up to Safety - Incidents reported (25% increase)	>=130	81	↓	>=130	81	88	B	M	

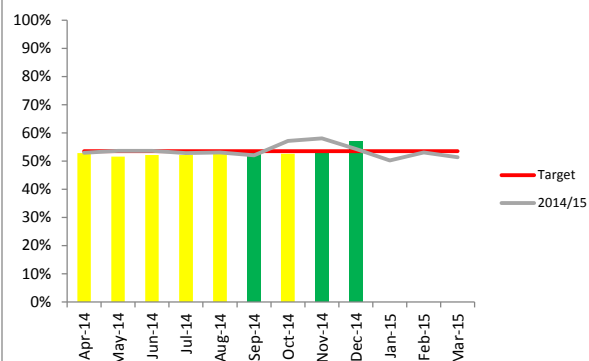
Quality & Experience



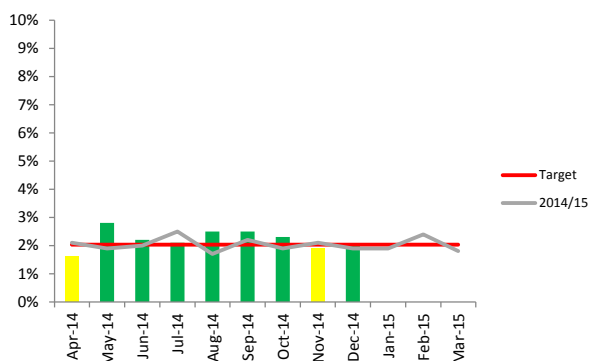
Strategic Objective Measures 2015/16 - Service & Innovation

Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
	Target	Actual		Target	Apr 15	Month	Quality		
Market share within main catchment area	53.5%	53.2%	↑	53.5%	57.0%	53.8%	P	M	Current figures Dec-14 due to reporting lag
Market share outside main catchment area	2.0%	2.2%	→	2.0%	2.0%	1.9%	P	M	Current figures Dec-14 due to reporting lag
Number of patients recruited into CRN research (open trials)	TBD	71	↑	TBD	71	52	B	M	
Cumulative innovation proposals	>=0	0		>=0	0			M	New
Number of innovations evaluated and fed back within 60 days	100%	-		100%	-			M	New

% Market Share - Main Catchment Area



% Market Share - Outside Main Catchment Area

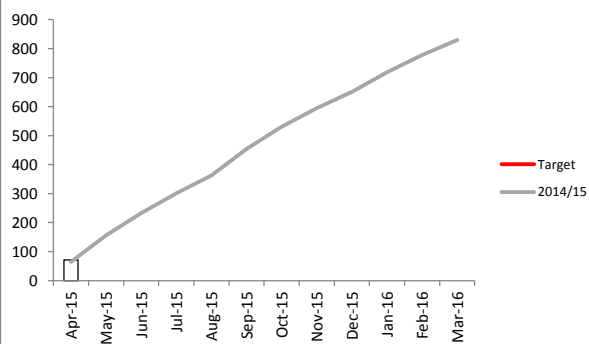


RAG rating for market share indicators :

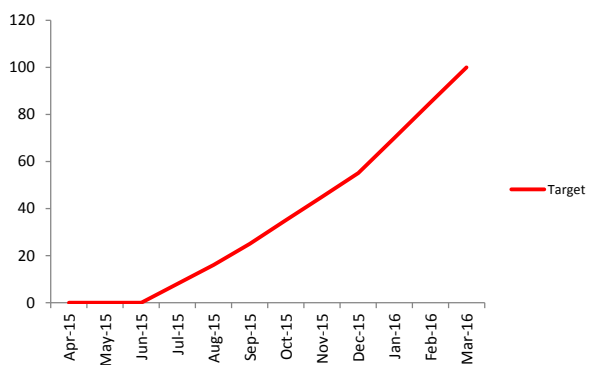
Main catchment area
 Green - above target
 Yellow - within 2.5% of target
 Amber - within 5% of target
 Red - below target by more than 5%

Outside main catchment area
 Green - above target
 Yellow - within 0.5% of target
 Amber - within 1% of target
 Red - below target by more than 1%

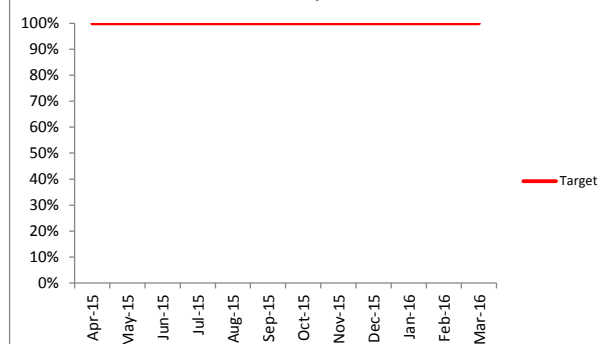
Number of patients recruited into CRN research (open trials)



Number of innovation proposals from Staff

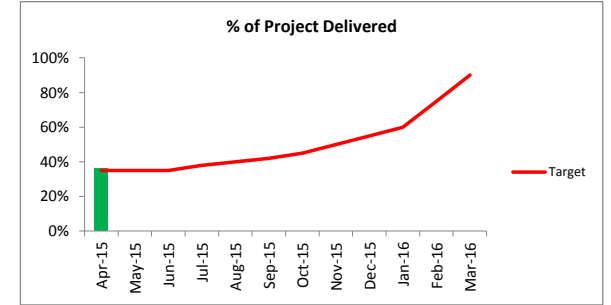
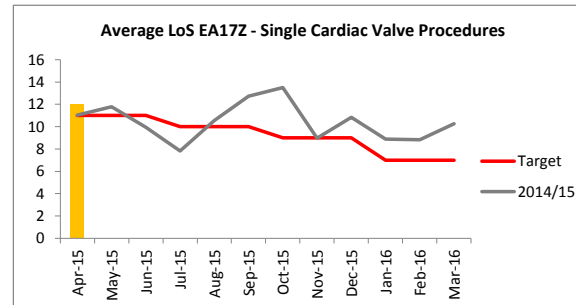
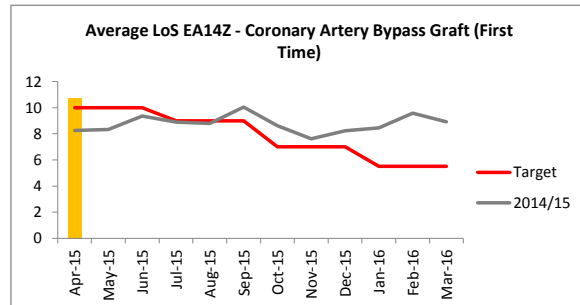
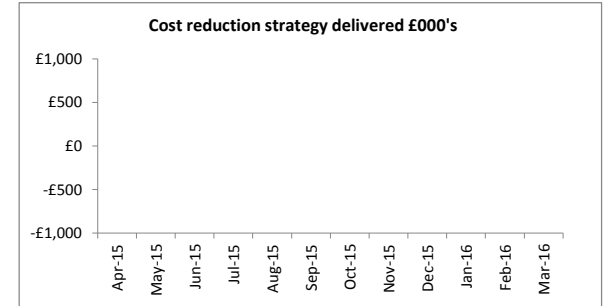
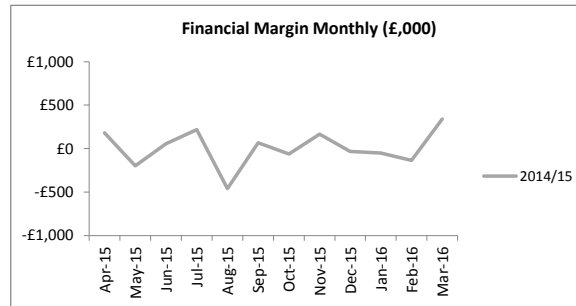
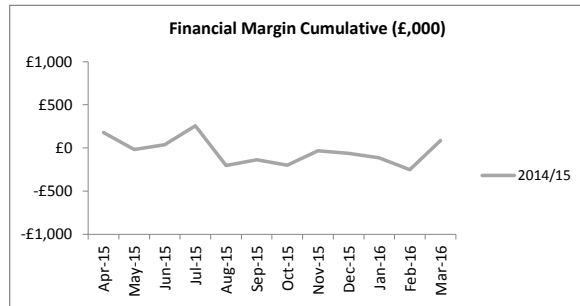


Number of innovation evaluated and fed back within 60 days



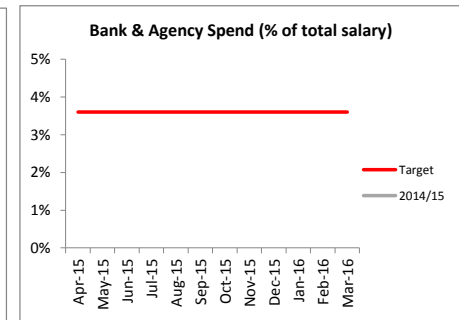
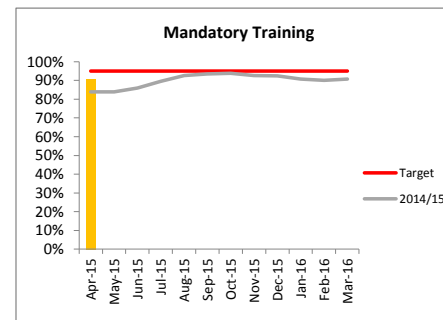
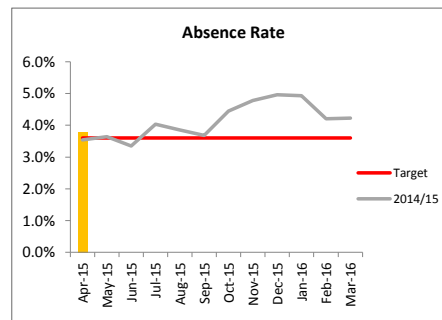
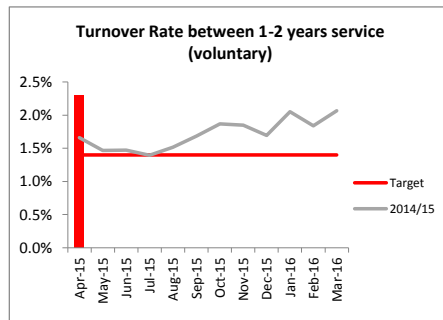
Strategic Objective Measures 2015/16- Value

	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Plan	Actual		Plan	Apr 15	Month	Quality		
Value	Financial margin for the total trust (£,000) - cumulative	-£187	-£277		-£187	-£277		P	M	Data is normalised Net Surplus
	Cost reduction strategy delivered £000's (4% reduction)	£364	£219		£364	£219		P	M	
	Average LoS EA14Z - Elective Coronary Artery Bypass Graft (First Time)	<=10	10.73	↓	<=10	10.73	8.92	P	M	New
	Average LoS EA17Z - Elective Single Cardiac Valve Procedures	<=11	11.95	↓	<=11	11.95	10.25	P	M	New
	% of projects delevered (PMO Office)	35%	36.3%		35%	36.3%			M	New



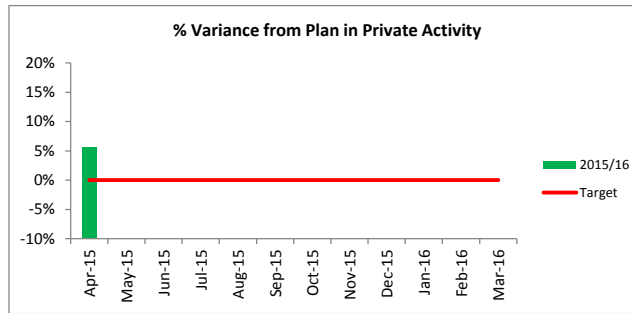
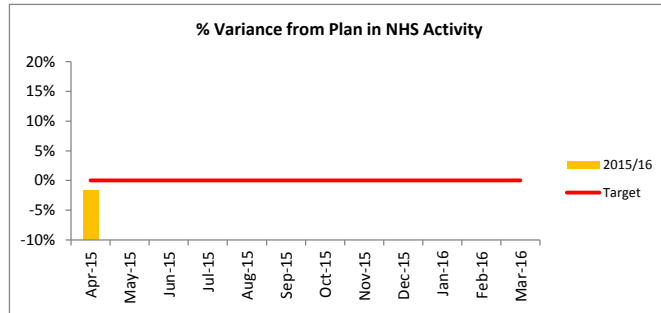
Strategic Objective Measures 2015/16- Workforce

Indicator	YTD		Trend	Current month		Previous Month	Data		Comments
	Target	Actual		Target	Apr 15		Quality	Frequency	
Turnover Rate between 1-2 years service (voluntary(FTC excluded))	1.4%	2.30%	↓	1.4%	2.30%	2.07%	S	M	Monthly figures are rolling 12 months
Absence Rate	3.6%	3.80%	↑	3.6%	3.80%	4.23%	S	M	Figures subject to change due to input schedule
Bank & Agency Spend (% of total salary)	0.3%	7.20%	↑	3.6%	7.20%	8.40%		M	New
Mandatory Training Compliance	95%	91%	→	95%	91%	91%	S	M	



Strategic Objective Measures 2015/16 - Stakeholders

Stakeholders	Indicator	YTD		Trend	Current month		Previous Month	Data	Frequency	Comments
		Target	Actual		Target	Apr 15		Quality		
	NHS activity (inpatients) - to achieve plan	>=1055	1037	→	>=1055	1037		P	M	
	NHS activity % variance from plan	0%	-1.7%	→	0%	-1.7%		P	M	
	PP activity (inpatients) - to achieve plan	>=36	38	→	>=36	38		S	M	
	PP activity % variance from plan	0%	5.6%	→	0%	5.6%		S	M	



RAG rating for performance against plan:

Green - above target
 Amber - below target, but increase from previous year
 Red - below target and decrease from previous year

Performance Report Summary 2015/16

	Indicator	Target	Actual		Performance Trend	Current month		Previous Month	Data Quality	Frequency	Comments	Exception
			YTD	Qtr 1		Target	Apr 15					
Quality	Friends and family Test response rate	>=40%	47%		↓	>=40%	47%	50%	G	M		
	Cumulative average patient derived FFT (Inpatients)	>=95%	98%		→	>=95%	98%	98%	G	M	Calculation changed from Net Promoter score	
	Cumulative average family derived FFT	>=90%	93%		→	>=85%	93%		S	M	Calculation changed from Net Promoter score	
	Number of complaints	<=9	6		→	<=9	6	2	B	M	Target for year end is equal to or below 67	
	Mixed sex accommodation	0	5		↓	0	5	0	S	M		Y
	Dementia case finding	>=90%	100%		→	>=90%	100%	100%	S	M		
	MRSA bacteraemia	0	0		→	0	0	0	P	M		
	Clostridium Difficile	<=12	0	0	↑	<=1	0	4	P	M	Cumulative Monitor target	
	Clostridium Difficile - lapses in care	<=4	0		↑	<=1	0	1	P	M	Cumulative Commissioner target	
	VTE risk assessment	>=95%	96.0%		↑	>=95%	96.0%	94.2%	S	M		
	Number of falls	<=7	7		→	<=7	7	6	B	M	Target for year end is equal to or below 77	
	Number of pressure ulcers	<=1	1		→	<=1	1	1	B	M	Target for year end is equal to or below 16	
	Number of medication errors	<=20	14		↑	<=20	14	16	B	M	Target for year end is equal to or below 174	
	Number of in-hospital deaths	<=11	12		→	<=11	12	13	G	M	Target for year end is equal to or below 173	
	HSMR - all diagnosis	<100	95.0		↓	<100	104.4	68.5	G	M	Current month Dec-14	
	HSMR - 56 diagnosis groups	<100	91.2		↓	<100	112.7	69.6	G	M	Current month Dec-14	
	Risk adjusted CABG mortality	<1	1.07		→	<1	1.34	1.24	G	M	Current month Dec-14	
	Risk adjusted non-primary PCI MACE	<1	0.32		↓	<1	1.50	0.47	G	M	Current month Dec-14	
	Emergency readmissions - same provider	<=0.70%	0.66%		→	<=0.70%	0.66%	0.63%	P	M	Data a month in arrears due to 30-days for outcome	
	Number of Never events	0	0		→	0	0	0	B	M		
	Number of SIs	0	0		→	0	0	0	B	M		
	Number of adverse events (red alerts)	0	0		→	0	0	0	B	M		
	Number of incidents reported	>=130	81		↓	>=130	81	88	B	M	Target is based on 25% increase in reporting	Y
Performance	Monitor governance risk rating	Green		Green		Green	Green	Green	P	M		
	Diagnostic waiting times	>=99%	99.76%		↑	>=99%	99.76%	99.49%	S	M		
	18-weeks admitted pathway	>=90%		82.71%	↑	>=90%	82.71%	78.32%	P	M		Y
	18-weeks non-admitted pathway	>=95%		92.74%	↑	>=95%	92.74%	90.60%	P	M		Y
	18-weeks incomplete pathway	>=92%		88.77%	↓	>=92%	88.77%	89.95%	P	M		Y
	Patients waiting >52 weeks	0	0		→	0	0	0	P	M		
	26-weeks admitted pathway	>=95%	84.13%		↓	>=95%	84.13%	87.88%	S	M		Y
	26-weeks non-admitted pathway	>=98%	91.49%		↓	>=98%	91.49%	100%	S	M		Y
	26-weeks incomplete pathway	>=95%	90.73%		→	>=95%	90.73%	90.61%	S	M		Y
	Cancer 14-day wait	>=93%		100%	→	>=93%	100%	100%	S	M		
	Cancer 31-day wait (first treatment)	>=96%		96.36%	→	>=96%	96.36%	96.36%	S	M		
	Cancer 31-day wait (subsequent treatment)	>=94%		100%	→	>=94%	100%	100%	S	M		
	Cancer 62-day wait (urgent GP)	>=85%		87.10%	→	>=85%	87.10%	88.89%	S	M		
	Cancer 62-day wait (Consultant upgrade)	>=85%	100%		→	>=85%	100%	100%	S	M		
	Cancelled operations	<=0.6%	2.01%		↓	<=0.6%	2.01%	1.39%	B	M		Y
	Cancelled operations seen in 28-days	100%	86%		↓	100%	86%	100%	B	M		Y
	Delayed transfers of care	<=4.50%	6.02%		↓	<=4.50%	6.02%	5.29%	S	M	New commissioner target of 4.5%	Y
	Bed occupancy	85%	80.00%		↓	85%	80.00%	84.79%	P	M		
	Elective length of stay for cardiac surgery (days)	<=11	11.3		↓	<=11	11.3	9.20	P	M		
	Referrals - GP	1,734	1,849		↓	1,734	1,849	2,276	S	M		
	Referrals - DGH	816	826		→	816	826	849	S	M		
	Referrals - Other	885	820		↓	885	820	922	S	M		
	Community data completeness - Referrals	>=50%		100%	→	>=50%	100%	100%	S	M		
	Community data completeness - Treatments	>=50%		100%	→	>=50%	100%	100%	S	M		
Workforce	Overall staff sickness	<=3.6%	3.80%		↑	<=3.6%	3.80%	4.23%	S	M	Figures subject to change due to input timing	
	Overall staff turnover - voluntary	<=9%	10.50%		↓	<=9%	10.50%	9.90%	S	M	Rolling 12-month figures	Y
	Mandatory training	>=95%	91%		→	>=95%	91%	91%	S	M		
	Appraisals	>=85%	78%		↓	>=85%	78%	83%	S	M		
	Advocacy score	4.29	4.36		↑	4.29	4.36	4.15	B	Q	Latest data Q4 14/15; previous data Q3 14/15	
Finance	Monitor Continuity of Service Risk Rating	3	3		→	3	3		P	M		
	Capital Service Capacity Rating	3	3		→	3	3		P	M		
	Liquidity Rating	3	2		→	3	2		P	M		
	Liquidity (Days)	-6.7	-7.9		→	-6.7	-7.9		P	M		
	Net Surplus £000's	-187	-277		→	-187	-277		P	M		
	Normalised Net Surplus £000's	-187	-277		→	-187	-277		P	M		
	Cost reduction strategy delivered £000's	364	219		→	364	219		P	M		
	Cash Balance	7,928	10,762		→	7,928	10,762		P	M		
	Capital expenditure £000's	-425	-447		→	-425	-447		P	M		
	Total agency cost £000's	-4	-254		→	-4	-254		P	M		
	Total bank cost £000's	-11	-143		→	-11	-143		P	M		

KEY:

Monitor indicators