

Strategic Dashboard Report Month 03 2015/16

Objectives

Summary of Performance

Strategic Objectives

Achieving all strategic objectives measures for quality & experience and service & innovation.

Currently red rated for - financial margin, staff turnover (1-2 years) and bank & agency spend, recommendation as a place to work. Also, red rated for elective coronary surgery in month.

Performance Report Summary

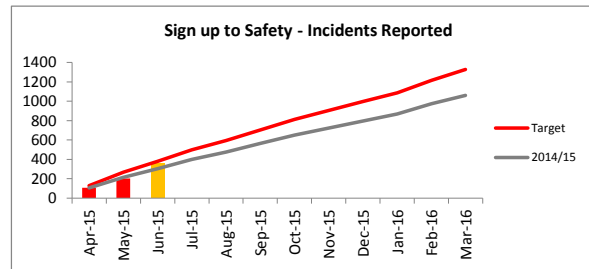
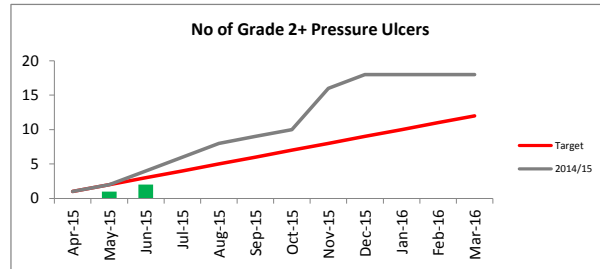
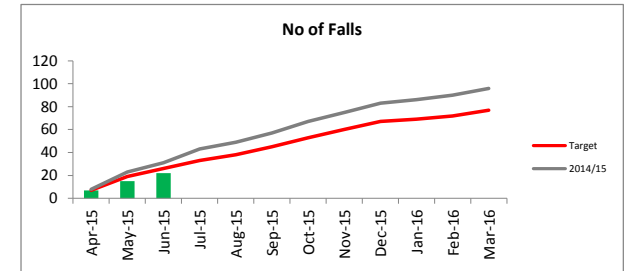
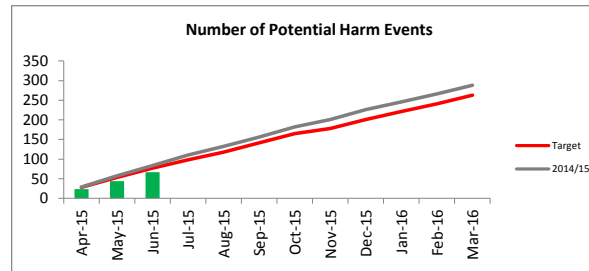
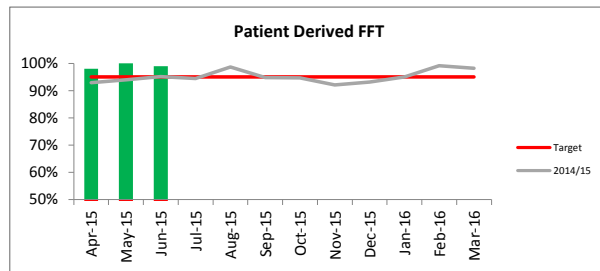
In addition to the above, currently red rated for YTD for mixed sex accommodation breaches, serious incidents, 26-weeks all pathways, cancelled operations (including 28-day guarantee), and appraisals.

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

Strategic Objective Measures 2015/16 - Quality & Experience

Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
	Target	Actual		Target	Jun 15	Month	Quality		
Cumulative % patient derived FFT	>=95%	99%	→	>=95%	99%	100%	G	M	
Potential harm events - falls, pressure ulcers, medication errors (9% reduction)	<=77	67	↑	<=24	23	21	S	M	
Number of Falls (20% reduction)	<=26	22	→	<=7	7	8	B	M	
Number of Pressure Ulcers - grade 2+ (30% reduction)	<=3	2	→	<=1	1	1	B	M	
Sign up to Safety - Incidents reported (25% increase)	>=381	358	↑	>=115	154	97	B	M	
Medication Safety Thermometer indicators to be reported in Q4									

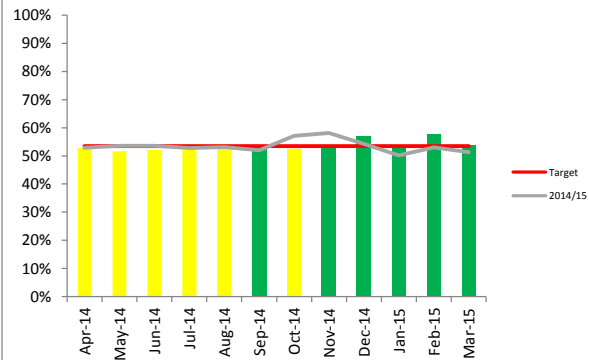
Quality & Experience



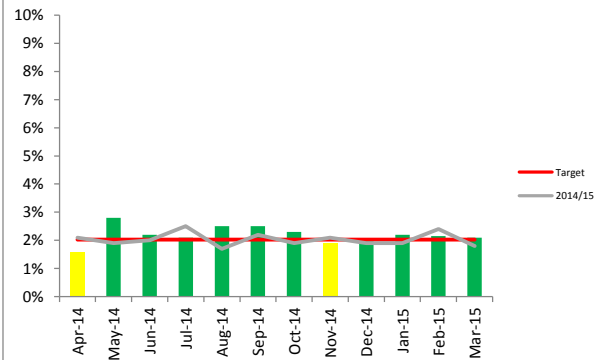
Strategic Objective Measures 2015/16 - Service & Innovation

Indicator	YTD		Trend	Current Month		Previous	Data	Frequency	Comments
	Target	Actual		Target	Jun 15	Month	Quality		
Market share within main catchment area	53.5%	53.7%	↓	53.5%	53.8%	57.7%	P	M	Current figures Mar-15 due to reporting lag
Market share outside main catchment area	2.03%	2.2%	→	2.03%	2.1%	2.15%	P	M	Current figures Mar-15 due to reporting lag
Number of patients recruited into CRN research (open trials)	188	188	↓	63	55	71	B	M	
Innovation suggestion scheme currently being reviewed by Execs									

% Market Share - Main Catchment Area



% Market Share - Outside Main Catchment Area

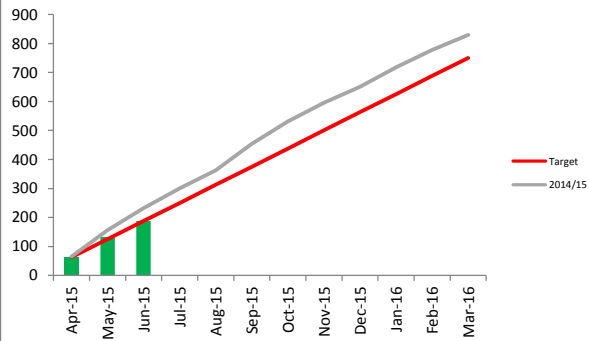


RAG rating for market share indicators :

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

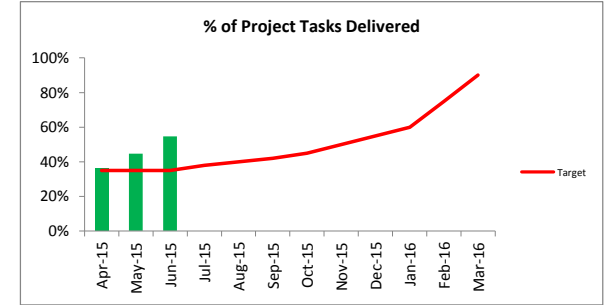
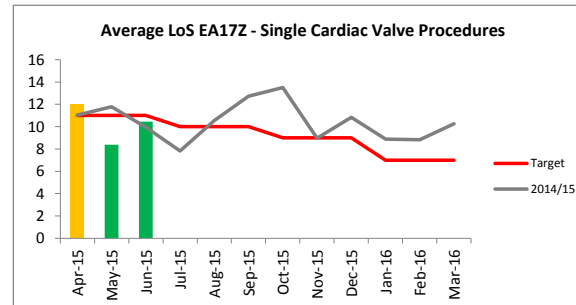
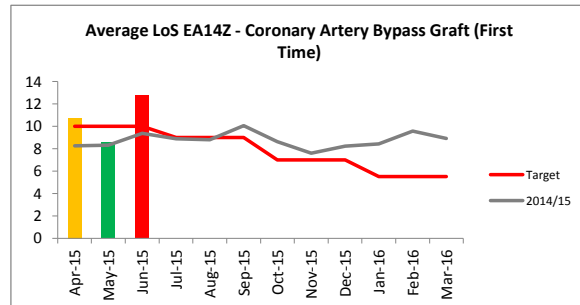
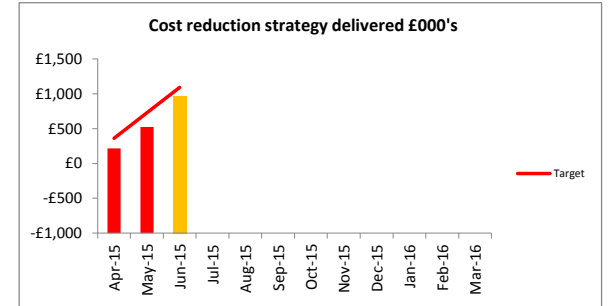
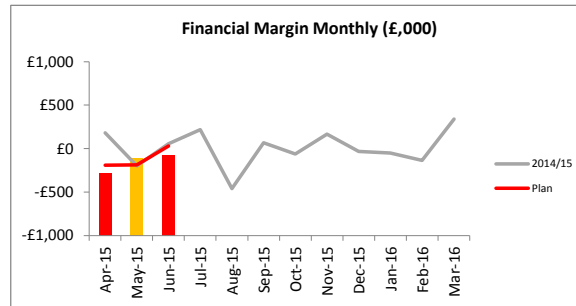
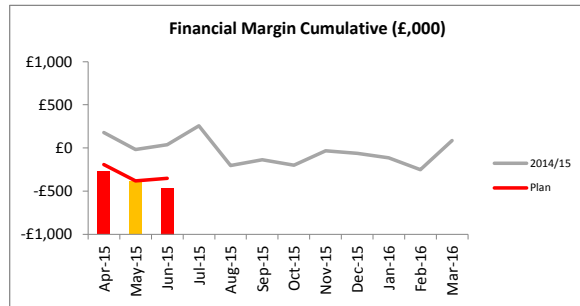
Outside main catchment area
 Green - above target
 Yellow - within 0.5% of target
 Amber - within 1% of target
 Red - below target by more than 1%

Number of patients recruited into CRN research (open trials)



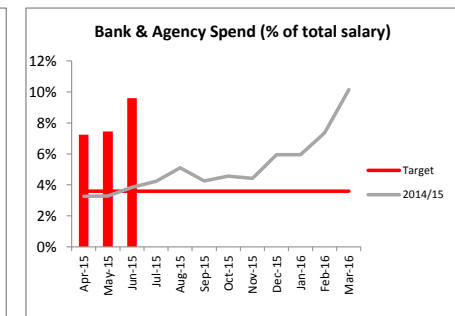
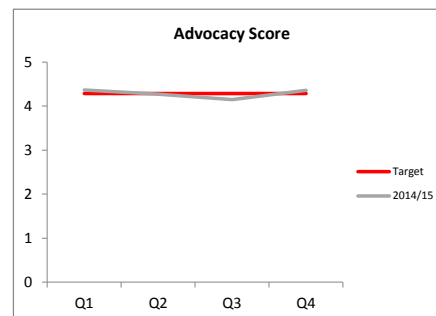
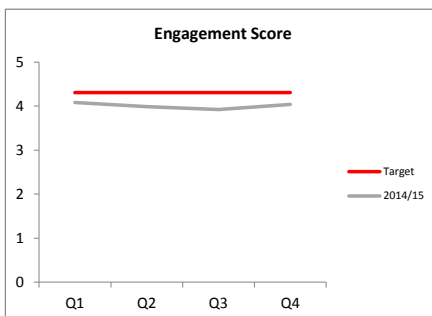
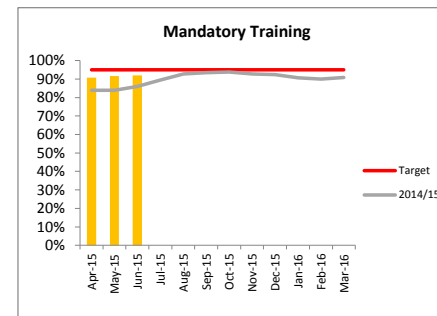
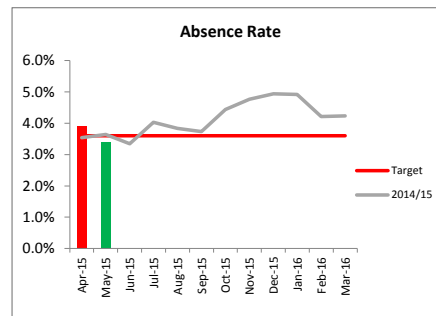
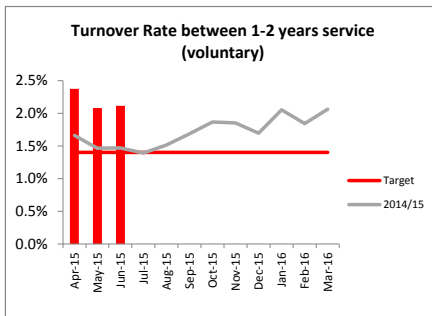
Strategic Objective Measures 2015/16- Value

	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Plan	Actual		Plan	Jun 15	Month	Quality		
Value	Financial margin for the total trust (£,000) - cumulative	-£350	-£463	↑	£30	-£75	-£111	P	M	Data is normalised Net Surplus
	Cost reduction strategy delivered £000's (4% reduction)	£1,092	£969	↑	£364	£442	£308	P	M	
	Average LoS EA14Z - Elective Coronary Artery Bypass Graft (First Time)	<=10	10.68	↓	<=10	12.77	8.55	P	M	New
	Average LoS EA17Z - Elective Single Cardiac Valve Procedures	<=11	10.26	↓	<=11	10.44	8.39	P	M	New
	% of project tasks delivered (PMO Office)	>=35%	54.7%	↑	>=35%	54.7%	36.3%		M	New



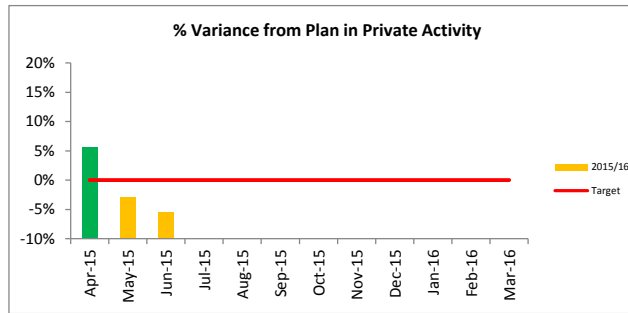
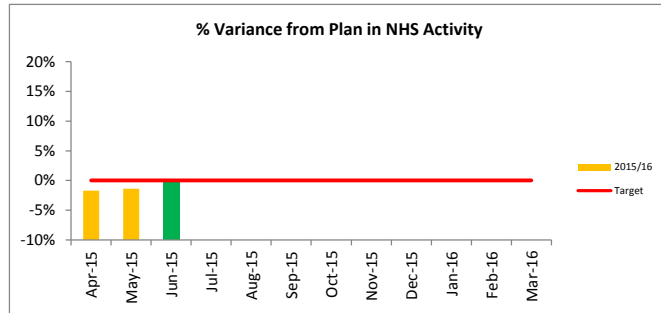
Strategic Objective Measures 2015/16- Workforce

Indicator	YTD		Trend	Current month		Previous Month	Data		Comments
	Target	Actual		Target	Jun 15		Quality	Frequency	
Turnover Rate between 1-2 years service (voluntary(FTC excluded))	1.4%	2.11%	→	1.4%	2.11%	2.08%	S	M	Monthly figures are rolling 12 months
Absence Rate	3.6%	3.66%	↑	3.6%	3.40%	3.92%	S	M	Absence data up to May-15 due data quality issues
Absence Days	-	2938	↑	-	1389	1549	S	M	Absence days up to end of May-15
Mandatory Training Compliance	95%	92%	→	95%	92%	92%	S	M	
Bank & Agency Spend (% of total salary)	3.6%	8.1%	↓	3.6%	9.6%	7.5%	P	M	
Bank Spend (% of total salary)	-	2.4%	↓	-	2.4%	2.3%	P	M	
Agency Spend (% of total salary)	-	5.7%	↓	-	7.2%	5.2%	P	M	
				Current Quarter		Previous Quarter			
	Target	Q1		Target	Q1		Quality	Frequency	
Engagement Score (Improve by 10%)	4.31	-	-	4.31	-	4.04	B	Q	Latest data Q4 14/15
Advocacy Score (maintain)	4.29	-	-	4.29	-	4.36	B	Q	Latest data Q4 14/15
Recommendation as a Place to Work (Improve by 10%)	76%	64%	↓	76%	64%	75%	B	Q	Q1 figures taken from Staff FFT



Strategic Objective Measures 2015/16 - Stakeholders

Stakeholders	Indicator	YTD		Trend	Current month		Previous	Data	Frequency	Comments
		Target	Actual		Target	Jun 15	Month	Quality		
	NHS activity (inpatients) - to achieve plan	>=3242	3246		>=1109	1182	1023	P	M	
	NHS activity % variance from plan	0%	0.1%	↑	0%	6.6%	-4.1%	P	M	
	PP activity (inpatients) - to achieve plan	>=109	103		>=38	35	30	S	M	
	PP activity % variance from plan	0%	-5.5%	↓	0%	-7.9%	-6.2%	S	M	



RAG rating for performance against plan:

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

Private Activity:-
 Green - above target
 Amber - below target, but within 10% variance
 Red - below target and greater than 10% variance

Performance Report Summary 2015/16

	Indicator	Target	Actual	Performance Trend	Current month			Frequency	Comments	Exception
			YTD		Target	Jun 15	Previous Month	Data Quality		
Quality	Friends and family Test response rate	>=40%	50%	↑	>=40%	65%	38%	G	M	
	Cumulative average patient derived FFT (Inpatients)	>=95%	99%	↓	>=95%	99%	100%	G	M	
	Cumulative average family derived FFT	>=90%	96%	↓	>=85%	93%	100%	S	M	
	Number of complaints	<=22	19	↑	<=6	6	7	B	M	Target for year end is equal to or below 67
	Mixed sex accomodation	0	8	↓	0	2	1	S	M	Y
	Dementia case finding	>=90%	99%	↓	>=90%	97%	100%	S	M	
	MRSA bacteraemia	0	0	→	0	0	0	P	M	
	Clostridium Difficile	<=12	0	→	<=3	0	0	P	M	Cumulative Monitor target
	Clostridium Difficile - lapses in care	<=4	0	→	<=1	0	0	P	M	Cumulative Commissioner target
	VTE risk assessment	>=95%	96.7%	→	>=95%	97.2%	96.9%	S	M	
	Number of falls	<=26	22	↑	<=7	7	8	B	M	Target for year end is equal to or below 77
	Number of avoidable pressure ulcers 2+	<=3	2	→	<=1	1	1	B	M	Target for year end is equal to or below 17
	Number of medication errors	<=48	43	↑	<=16	15	12	B	M	Target for year end is equal to or below 174
	Number of in-hospital deaths	<=45	41	↓	<=19	16	13	G	M	Target for year end is equal to or below 174
	Observed mortality (number of in-hospital deaths / spells)	<=1.3%	1.20%	↓	<=1.7%	1.4%	1.2%	G	M	
	HSMR - all diagnosis	<100	92.61	↑	<100	76.87	102.8	G	M	Current month Mar-15
	HSMR - 56 diagnosis groups	<100	91.95	↑	<100	86.41	114.4	G	M	Current month Mar-15
	Risk adjusted CABG mortality	<1	0.96	→	<1	0.96	0.94	G	M	6-month rolling averages; latest data up to Mar-15
	Risk adjusted non-primary PCI MACE	<1	0.43	→	<1	0.43	0.40	G	M	6-month rolling averages; latest data up to Mar-15
	Emergency readmissions - same provider (cumulative)	<=0.70%	0.88%	↑	<=0.70%	0.88%	1.37%	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	2	↓	0	2	0	B	M	Y
	Number of adverse events (red alerts)	0	0	→	0	0	0	B	M	
	Number of incidents reported	>=366	358	↓	>=136	154	97	B	M	Target is based on 25% increase in reporting
Performance	Monitor governance risk rating	Green	Green	→	Green	Green	Green	P	M	
	Diagnostic waiting times	>=99%	99.77%	↑	>=99%	100.00%	99.89%	S	M	
	18-weeks incomplete pathway	>=92%	92.80%	↑	>=92%	92.80%	90.52%	P	M	
	Patients waiting >52 weeks	0	0	→	0	0	0	P	M	
	26-weeks admitted pathway - Welsh patients	>=95%	86.62%	↑	>=95%	94.23%	80.95%	S	M	Y
	26-weeks non-admitted pathway - Welsh patients	>=98%	88.00%	↑	>=98%	96.15%	74.07%	S	M	Y
	26-weeks incomplete pathway - Welsh patients	>=95%	93.15%	→	>=95%	93.49%	95.02%	S	M	Y
	Cancer 14-day wait	>=93%	100%	→	>=93%	100%	100%	S	M	
	Cancer 31-day wait (first treatment)	>=96%	99.44%	↑	>=96%	100%	96.88%	S	M	
	Cancer 31-day wait (subsequent treatment)	>=94%	100%	→	>=94%	100%	100%	S	M	
	Cancer 62-day wait (urgent GP)	>=85%	90.91%	↑	>=85%	94.44%	86.67%	S	M	
	Cancer 62-day wait (Consultant upgrade)	>=85%	100%	→	>=85%	100%	100%	S	M	
	Cancelled operations	<=0.6%	2.37%	↑	<=0.6%	2.00%	2.81%	B	M	Y
	Cancelled operations seen in 28-days	100%	96%	→	100%	100%	100%	B	M	Two 28-day breaches previously reported in April
	Delayed transfers of care	<=4.50%	4.27%	↓	<=4.50%	4.05%	2.89%	S	M	New commissioner target of 4.5%
	Bed occupancy	85%	83.39%	→	85%	85.41%	84.73%	P	M	
	Elective length of stay for cardiac surgery (days)	<=11	11.3	↓	<=11	12.6	8.90	P	M	
	Referrals - GP	5,372	5,946	↑	1,848	2,251	1,839	S	M	
	Referrals - DGH	2,495	2,557	↑	830	879	804	S	M	
	Referrals - Other	2,611	2,726	→	944	933	886	S	M	
Workforce	Community data completeness - Referrals	>=50%	100%	→	>=50%	100%	100%	S	M	
	Community data completeness - Treatments	>=50%	100%	→	>=50%	100%	100%	S	M	
	Overall staff sickness	<=3.6%	3.66%	↑	<=3.6%	3.40%	3.92%	S	M	Absence data up to May-15 due data quality issues
Finance	Overall staff turnover - voluntary	<=9%	9.70%	→	<=9%	9.70%	9.80%	S	M	Rolling 12-month figures
	Mandatory training	>=95%	92%	→	>=95%	92%	92%	S	M	
	Appraisals	>=85%	74%	→	>=85%	74%	75%	S	M	Y
Finance	Advocacy score	4.29	-	-	4.29	-	4.36	B	Q	Latest data Q4 14/15
	Monitor Continuity of Service Risk Rating	3	3	→	3	3	3	P	M	
	Capital Service Capacity Rating	3	3	→	3	3	3	P	M	
	Liquidity Rating	3	2	→	3	2	2	P	M	
	Liquidity (Days)	-6.9	-7.5	↑	-6.9	-7.5	-8.8	P	M	
	Net Surplus £000's	-350	-463	↑	30	-75	-111	P	M	
	Normalised Net Surplus £000's	-350	-463	↑	30	-75	-111	P	M	
	Cost reduction strategy delivered £000's	1,092	969	↑	364	-442	308	P	M	
	Cash Balance	8,046	7,227	↑	2,363	-733	-2,811	P	M	
	Capital expenditure £000's	-1,259	-1,143	↓	-423	-303	-393	P	M	
	Total agency cost £000's	-11	-948	↓	-4	-414	-280	P	M	
	Total bank cost £000's	-34	-401	↓	-11	-135	-123	P	M	

KEY:

Monitor indicators