

Board Report

Board of Directors (Public)

Item 5.1

Subject: Strategic & Operational Dashboard
Performance Assignment Thresholds

Date of meeting: 20th October 2015

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Presented by: Dr Mark Jackson, Director of Research &
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Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Mixed (see dashboards)	1 - 9	None

1. Executive Summary

The purpose of this paper is to provide clarity around the levels of performance necessary to assign a green, amber or red status for each metric in the strategic and operational dashboard.

2. Introduction

Indicators reported to the Board of Directors each year need to be revised accordingly to meet the strategic and operational needs of the organisation. These needs will be influenced by both external and internal priorities.

Clarity around targets set against these indicators is also required to ensure the Board are clearly sighted on performance across the Trust. Alongside these requirements is the need to be assured of robust data quality underpinning the information reported (refer to the Trust's Data Quality Strategy approved by the Board in July 2015 for further details pertaining to this particular aspect).

This document sets out the indicators covering strategic and operational reporting to the Board for 2015/16 and the associated targets relevant to each indicator.

3. Indicators and Targets

Appendix 1 shows all strategic and operational indicators for 2015/16 to be reported to the Board. The relevant targets and RAG ratings for each are shown, with indicators split into reporting sections directly aligned to the Trust's strategic objectives: quality & experience, service &

innovation, value, workforce, stakeholders, performance and finance. The majority of thresholds shown have been in use for some time. This paper makes these thresholds transparent and explicit. From this point on they will be revised annually in advance of the commencement of the new financial year.

4. Exception Reporting

Indicators shown as red rated in-month, in-quarter, year to date or end year forecast based on the ratings given in Appendix 1 will be flagged for exception reporting. Relevant Senior Managers (Divisional Heads of Operations, Heads of Nursing and Heads of Departments) will receive an exception report template to complete (Appendix 2). In the absence of a response from a relevant Senior Manager, exception report templates will be escalated to Executive Leads for comment.

5. Recommendation

The Board of Directors are asked to approve the contents of the paper for immediate implementation.

Appendix 1: Strategic and Operational Indicators 2015/16

Table: Targets and RAG Rating

	Target	Red	Amber	Green	Trend Change
Quality & Experience Indicators					
Patient derived FFT	>=95%	<90%	>=90% <95%	>=95%	>1%
Potential harm events (falls, avoidable pressure ulcers, medication errors)	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>1
Number of falls	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>1
Number of avoidable pressure ulcers	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>0
Sign up to safety - number of incidents reported	Sliding scale	Below target and below previous year performance	Below target but above previous year performance	Equal to or greater than target	>10
Friends and family Test response rate	>=40%	<35%	>=35% <40%	>=40%	>1%
Cumulative average family derived FFT	>=90%	<85%	>=85% <90%	>=90%	>1%
Number of complaints	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>0
Mixed sex accommodation	0	>0	-	0	>0
Dementia case finding	>=90%	<85%	>=85% <90%	>=90%	>1%
Incidence of MRSA Bacteraemia	0	>0	-	0	>0
Incidence of Clostridium Difficile	<=12 Monitor	>12	-	<=12	>0
Clostridium Difficile - lapses in care	<=4 Commissioner	>4	-	<=4	>0
VTE risk assessment	>=95%	<90%	>=90% <95%	>=95%	>1%
Number of medication errors	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>1
Number of in-hospital deaths	Sliding scale	Above target and above previous year performance	Above target but below previous year performance	Equal to or less than target	>1
Observed mortality	<=1.5% (different in month – see sliding scale)	>2%	>1.5% <=2%	<=1.5%	>0.1%
HSMR (all diagnosis)	<=100	Above upper 95% CI	Above 100 but below upper 95% CI	<=100	>10
HSMR (56 diagnostic groups)	<=100	Above upper 95% CI	Above 100 but below upper 95% CI	<=100	>10
Mortality CABG -	<=1	>1.5	>1 <=1.5	<=1	>0.2

Continuous improvement (Maintain observed to expected ratio at 1 or below)					
Mace PCI - Continuous improvement (Maintain observed to expected ratio at 1 or below)	<=1	>1.5	>1 <=1.5	<=1	>0.2
Emergency readmissions - same provider	<=0.7%	>1%	>0.7% <=1%	<=0.7%	>0.1%
Number of Never events	0	>0	-	0	>0
Number of SUIs	0	>0	-	0	>0
Number of adverse events (red alerts)	0	>0	-	0	>0
Service & Innovation					
Market share within main catchment area	>=53.5%	<48.5%	Amber - >=48.5% <51% Yellow - >=51% <53.5%	>=53.5%	>2.5%
Market share outside main catchment area	>=2%	<1%	Amber - >=1% <1.5% Yellow - >=1.5% <2%	>=2%	>0.2%
Number of patents recruited into CRN research (open trials)	Sliding scale	Below target	-	Above target	>5
Value					
Average LoS for elective CABG	<=10 days	>12 days	>10 <=12 days	<=10 days	>0.5 days
Average LoS for elective Valve	<=11 days	>13 days	>11 <=13 days	<=11 days	>0.5 days
% project tasks delivered (PMO)	Sliding scale	Below target	-	Above target	>2%
Workforce					
Overall staff sickness	<=3.6%	>3.8%	>3.6% - <=3.8%	<=3.6%	>0.25%
Overall staff turnover - voluntary	<=9%	>10%	>9% - <=10%	<=9%	>0.25%
Turnover Rate between 1-2 years service (voluntary)	<=1.4%	>2%	>1.4% - <=2%	<=1.4%	>0.1%
Mandatory Training Compliance	>=95%	<85%	>=85% - <95%	>95%	>1%
Appraisals Compliance	>=85%	<75%	>=75% - <85%	>=85%	>1%
Bank & Agency spend	<=3.6%	>5%	>3.6% - <5%	<=3.6%	>0.25%
Recommend as a place to work	>=76%	<66%	>=66% - <76%	>=76%	>2.5%
Engagement score	>=4.31	<4.31		>=4.31	>0.05
Advocacy Score	>=4.29	<4.29		>=4.29	>0.05
Stakeholders					
NHS activity (inpatients)	Sliding scale	Below target and decrease from previous	Below target but increase from previous	Above target	-

		year	year		
NHS activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	Above target	>1%
PP activity (inpatients)	Sliding scale	Below target and decrease from previous year	Below target but increase from previous year	Above target	-
PP activity percentage variance from plan	>0%	Below target and decrease from previous year	Below target but increase from previous year	Above target	>1%
Performance					
Diagnostic waiting times <6 weeks	>99%	<99%	-	>=99%	>0.1%
18 weeks Referral To Treatment (RTT) waiting times - Incomplete patients	>=92%	<92%	-	>=92%	>1%
Number of 18-week Pathways Waiting 52-weeks+	0	>0	-	0	>0
26 weeks Referral To Treatment (Welsh) waiting times - Admitted patients	>=95%	<95%	-	>=95%	>1%
26 weeks Referral To Treatment (Welsh) waiting times - Non-admitted patients	>=98%	<98%	-	>=98%	>1%
26 weeks Referral To Treatment (Welsh) waiting times - Incomplete patients	>=95%	<95%	-	>=95%	>1%
Cancer: 14 day GP referral to 1st Outpatient Appointment	>=93%	<93%	-	>=93%	>1%
Cancer: 31 day diagnosis to 1st treatment for all cancers	>=96%	<96%	-	>=96%	>1%
Cancer: 31 day Second or subsequent treatment (surgery & drug)	>=94%	<94%	-	>=94%	>1%
Cancer: 62 day Urgent GP referral	>=85%	<85%	-	>=85%	>1%
Cancer: 62 day Consultant Upgrade	>=85%	<85%	-	>=85%	>1%
Cancelled operations for non-clinical reasons	<=0.6%	>0.8%	>0.6% <=0.8%	<0.6%	>0.1%
Cancelled operations for non-clinical reasons readmitted with 28 days	100%	<100%	-	100%	0.1%
Urgent operations cancelled for 2 nd time	0	>0	-	0	>0
Delayed Transfers of care	<=4.5%	>5%	>4.5% <=5%	<=4.5%	0.5%
Bed Occupancy	>=85%	<80% or >90%	>=80% or <85%	>=85% or <=90%	>1%
Average LoS for elective cardiac	<=11 days	>13 days	>11 <=13 days	<=11 days	>0.5 days

surgery					
Referrals – GP	Sliding scale	Below target greater than 200 away from plan	Below target but within 200 of plan	Above target	>50
Referrals – DGH	Sliding scale	Below target greater than 200	Below target but within 200	Above target	>50
Referrals – Other	Sliding scale	Below target greater than 200	Below target but within 200	Above target	>50
Community data completeness - Referrals	>=50%	<50%	-	>=50%	>1%
Community data completeness - Treatments	>=50%	<50%	-	>=50%	>1%
Finance					
Financial Sustainability Risk Rating	Sliding Scale	Below Target	On Target for rating, but metric below	Equal to or above target	
Capital Service Capacity Rating	Sliding Scale	Below Target	On Target for rating, but metric below	Equal to or above target	
Liquidity Rating	Sliding Scale	Below Target	On Target for rating, but metric below	Equal to or above target	
Liquidity (Days)	Sliding Scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
IE Margin Metric	Sliding Scale	Below Target	On Target for rating, but metric below	Equal to or above target	
Variance in IE Margin	Sliding Scale	Below Target	On Target for rating, but metric below	Equal to or above target	
Net Surplus £000's	Sliding scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
Normalised Net Surplus £000's	Sliding scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
Cost reduction strategy delivered £000's	Sliding scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
Cash Balance	Sliding scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
Capital expenditure £000's	Sliding scale	Below target by more than 10%	Below target between >0% to 10%	Equal to or above target	
Total agency cost £000's	Sliding scale	Above target by more than 3%	Above target between >0% to 3%	Equal to or below target	
Total bank cost £000's	Sliding scale	Above target by more than 3%	Above target between >0% to 3%	Equal to or below target	

Table: Sliding Scale Targets

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Potential harm events (falls, avoidable pressure ulcers, medication errors)	28	53	77	98	118	141	165	178	201	221	241	263
Number of falls	7	19	26	33	38	45	53	60	67	69	72	77
Number of avoidable pressure ulcers	1	2	3	4	5	6	7	8	9	10	11	12
Sign up to safety - number of incidents reported	130	266	381	498	594	704	813	904	996	1086	1216	1326
Number of complaints	9	16	22	26	29	36	40	45	50	55	61	67
Number of medication errors	20	32	48	61	75	90	105	110	125	142	158	174
Number of in-hospital deaths	11	26	45	61	73	89	103	112	132	144	161	174
Observed mortality	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
Number of patents recruited into CRN research (open trials)	63	125	188	250	313	375	438	500	563	625	688	750
% project tasks delivered (PMO)	35%	35%	35%	38%	40%	42%	45%	50%	55%	60%	75%	90%
NHS activity (inpatients)	1067	2133	3242	4394	5482	6591	7722	8810	9918	11006	12073	13184
PP activity (inpatients)	36	70	109	147	183	224	265	300	338	375	416	459
Average LoS for elective cardiac surgery	11	11	11	10	10	10	9	9	9	8	8	8
Referrals – GP	1734	3524	5372	7273	8815	10820	12932	14804	16506	18821	21069	23354
Referrals – DGH	816	1665	2495	3392	4163	5066	5971	6800	7605	8376	9183	10061
Referrals - Other	885	1667	2611	3611	4486	5468	6505	7472	8331	9355	10283	11279
Financial Sustainability Risk Rating	2	2	2	3	3	3	3	3	3	3	3	3
Capital Service Capacity Rating	3	3	3	4	4	4	4	4	4	4	4	4
Liquidity Rating	3	3	3	3	3	3	3	3	3	3	2	2
Liquidity (Days)	-6.7	-6.9	-6.9	-6.1	-5.6	-5.9	-6.1	-6.4	-6.5	-6.8	-7.2	-7.1
IE Margin Metric	1	1	1	2	2	2	2	2	2	2	2	2
Variance in IE Margin	3	3	3	3	3	3	3	3	3	3	3	3
Net Surplus £000's (YTD)	-187	-380	-350	-101	-195	-177	-12	-78	-32	-101	-282	-300

Normalised Net Surplus £000's (YTD)	-187	-380	-350	-101	-195	-177	-12	-78	-32	-101	-282	-300
Cost reduction strategy delivered £000's (YTD)	364	728	1,092	1,442	1,791	2,135	2,539	2,943	3,347	3,752	4,156	4,560
Cash Balance	7,928	5,684	8,046	7,829	6,649	7,771	5,506	5,614	7,527	6,590	5,512	6,989
Capital expenditure £000's (YTD)	-425	-836	-1,259	-1,744	-1,928	-2,357	-2,955	-3,347	-3,880	-4,321	-4,724	-5,305
Total agency cost £000's (YTD)	-4	-7	-11	-15	-18	-22	-26	-30	-33	-37	-41	-44
Total bank cost £000's (YTD)	-11	-23	-34	-45	-56	-68	-79	-90	-101	-113	-124	-135

Appendix 2: Exception Report Template

Indicator

(Completed by Information Department)

Issue

(Completed by Information Department)

Actions Taken with Dates of Implementation

(Completed by Lead)

Estimated Timeframe for Recovery of Performance

(Completed by Lead)