

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2015/16	2016/17			2016/17			Triggers Concerns
		Performing	Weighting	Q4	Q1	Q2	Q3	Jan 2017	Feb 2017	Q4	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	80.3%	85.3%	83.3%	86.3%	73.7%	79.6%	76.5%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	3	6	9*	7*	4**	4**	8*	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	90.1%	89.9%	90.5%	91.1%	90.0%	89.6%	89.8%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.8%	99.4%	100.0%	99.5%	98.9%	100.0%	99.4%	
	31 day second or subsequent treatment - surgery	94%	1.0	98.8%	100.0%	100.0%	98.9%	97.5%	100.0%	98.4%	
	31 day second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	1.0	94.6%	93.0%	92.7%	95.9%	92.2%	95.8%	94.0%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		69.6%	60.5%	93.3%	94.8%	86.1%	93.1%	89.9%	
SOF	62 day referral to treatment from screening	90%	1.0	96.4%	90.4%	85.7%	95.8%	100.0%	83.3%	93.1%	
SOF	62 day urgent referral to treatment of all cancers	85%		89.6%	89.5%	90.7%	88.1%	81.6%	85.6%	83.6%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	1.03%	1.00%	0.96%	0.97%	1.32%	1.16%	1.24%	

* Q2: 1 under review. Q3: 1 under review. Q4: 4 under review.

** Jan: 1 under review. Feb: 3 under review.

Triggers Concerns	
Performance Indicators with an STF Trajectory	Concerns are triggered by the distance from the STF trajectory and the failure to meet the trajectory for two consecutive months.
Performance Indicators without an STF Trajectory	Concerns are triggered by the failure to meet the target for two consecutive months.

Finance and Use of Resources

	Plan YTD ending 28-Feb-17	Actual YTD ending 28-Feb-17	Variance YTD ending 28-Feb-17	Plan Year ending 31-Mar-17	Adjusted Forecast Year ending 31-Mar-17	Forecast Variance Year ending 31-Mar-17
Capital service metric	3.137	2.210	(0.928)	3.150	2.687	(0.463)
Capital service rating	1	2		1	1	
Liquidity metric	9.765	5.900	(3.865)	11.035	12.883	1.848
Liquidity rating	1	1		1	1	
I&E Margin metric	2.71%	1.73%	(0.98%)	3.12%	2.85%	(0.30%)
I&E Margin rating	1	1		1	1	
I&E Variance from plan metric		(0.98%)			(0.27%)	
I&E Variance from plan rating		2			2	
Agency metric	14.45%	(12.49%)	(26.94%)	17.90%	(20.66%)	(38.56%)
Agency rating	2	1		2	1	
Rounded score		1			1	
Use Of Resources Rating before overrides		1			1	
4 Rating Trigger for Use Of Resources Rating		NO TRIGGER			NO TRIGGER	
Use Of Resources Rating after 4 rating override		1			1	

1	No evident concerns
2	Emerging or minor concern potentially requiring scrutiny
3	Material risk
4	Significant risk

CARING				Threshold	
ID	Lead	Local	Performance Indicator	Performing	Under-performing
1	DON	SOF	Friends and Family Test ED - (includes MAU/SAU)	>=+80	<80
2	DON	SOF	Friends and Family Test Inpatients	>=+78	<78
3	DON	SOF	Friends and Family Test Maternity	>=80	<=75
4	DON	NR	Friends and Family Test Outpatients	>=70	<=65
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10
7	COO	LC	Number of discharged patients that have had more than three ward moves	<=25	>=28
8	COO	LC	Number of discharged patients with dementia having more than three ward moves	<=3	>=4
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35

2015/16	2016/17			Current Month
Q4	Q1	Q2	Q3	Feb 2017
96	97	97	97	97
97	97	96	98	98
90	98	99	100	100
76	96	96	98	97
0.0%	0.0%	0.0%	0.0%	0.0%
6	6	6	6	4
14	14	12	9	10
0	2	3	1	0
22	19	15	16	24

EFFECTIVE					
10	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence level being below 100)	<=100	>100
11	MD	SOF	HSMR weekends-relative risk of dying weekend admission(rag rating based on the lower confidence level being below 100)	<=100	>100
12	MD	SOF	Readmissions - Total	<=10.5%	>12.5%
13	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward (Q3 Performance is August - November 2016 SSNAP data)	>=80%	<=60%
14	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%
15	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%
16	DON	NT	Sepsis - % of antibiotics given within 1 hour	>=59%	<59%
17	COO	NR	% Cancelled Operations - non-clinical (number of cancelled patients) - Surgical	<=1%	>1%
18	COO	LC	Theatre utilisation (elective)	>=85%	<=80%
19	DOF	L	(Under)/Overspent	Under Plan	Over Plan
20	DOF	L	Total Income	>100%	<95%
21	DOF	L	Total Pay Expenditure	>100%	<95%
22	DOF	L	Total Non Pay Expenditure	>100%	<95%
23	DOF	SOF	CIP Identified	>100%	<85% planned
24	DOF	SOF	CIP Delivered	>100%	<85% planned

2015/16	2016/17			Current Month
103.9	107.0	109.6	Lag(6)	Lag(6)
103.9	114.7	118.8	Lag(6)	Lag(6)
11.8%	12.7%	12.6%	12.0%	12.2%
85.6%	78.4%	74.4%	85.7%	Lag(3)
92.9%	79.5%	89.3%	83.6%	83.3%
78.2%	76.5%	69.2%	72.8%	76.9%
65.7%	75.0%	77.1%	76.4%	Lag(1)
2.5%(69)	2.2%(65)	2.5%(77)	2.2%(67)	1.5%(42)
81.4%	82.1%	86.6%	95.4%	95.0%
	1.56	-4.80	-1.92	0.71
	27.30	29.80	27.80	23.30
	15.70	15.80	15.30	16.20
	8.80	8.00	9.10	7.70
	0.70	2.40	0.99	0.94

RESPONSIVE					
25	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%
26	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%
27	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0
28	COO	NT	Urgent Operations cancelled for the second time	0	>0
29	COO	NT	Cancelled operations not rebooked within 28 days (number of patients not rebooked) - Surgical	0	>0
30	COO	NT	12 Hour Trolley Waits	0	>0
31	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%
32	COO	L	GP Direct Admits to SAU	>=168	<168
33	COO	L	GP Direct Admits to MAU	>=84	<84
34	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%
35	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC
36	COO	LC	Number of medical outliers - median	<=25	>=30
37	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%
38			Mothers referred to smoking cessation service	TBC	TBC

2015/16	2016/17			Current Month
81.4%	82.8%	83.1%	83.2%	85.2%
1.03%	1.00%	0.96%	0.97%	1.16%
2	3	1	1	1
0	0	0	0	0
0	0	1	0	1
0	0	0	0	0
	14.0%	15.3%	15.8%	16.0%
	112	109	218	86
	48	48	44	61
2.8%	2.9%	5.7%	4.0%	3.9%
5.3	5.2	5.4	4.9	5.6
38	32	28	31	37
91.3%	91.3%	91.3%	92.3%	92.4%
	54	51	56	61

SAFE					
39		SOF	C Diff variance from plan	TBC	TBC
40		SOF	C Diff infection rate	TBC	TBC
41	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0
42	DON	SOF	Never events	0	>0
43	DON	L	Medication Errors Causing Serious Harm	0	>0
44	DON	NR	Percentage of harm free care (NHS Safety Thermometer)	>=92%	<92%
45	DON	SOF	CAS Alerts not responded to within the deadline	0	>0
46	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%
47	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3
48	DON	NT	Hospital acquired pressure ulcers (grade 3& 4)	0	>0
49	DON	NT	Hospital acquired pressure ulcers (grade 2)	<=2	>2
50	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC
51	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC
52	COO	NR	Bed occupancy (Adult)	<=93%	>=97%
53	DON	SOF	Emergency c-sections as a percentage of total labours	<=15.2%	>=16.2%
54	HRD	NR	Midwife to birth ratio	<1:29.5	>1:35

2015/16	2016/17			Current Month
	0	3	1	2
	10.6	15.7	12.3	22.6
0	0	1	0	0
0	0	0	0	0
0	0	0	0	0
95.1%	94.3%	94.4%	95.3%	94.5%
0	2	0	1	0
98.1%	98.5%	98.7%	96.7%	98.2%
2	3	3	2	4
0	0	0	1	0
3	4	2	3	4
39	36	35	40	35
	2	6	3	4
94.7%	94.2%	94.7%	94.1%	96.8%
13.6%	12.3%	10.5%	17.3%	15.0%
1:31:0	1:31:0	1:32:0	1:30:0	1:27:0

WELL LED					
55	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%
56	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%
57	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%
58	HRD	SOF	Turnover - Rolling 12 months	<=11.88%	>12.88%
59	HRD	SOF	Sickness Rate	<=3.26%	>4.26%
60	HRD	LC	Vacancy Rate	<=4.75%	>5.75%
61	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%
62	HRD	LC	% agency nursing staff (agency nursing spend as a % of total nursing pay bill)	TBC	TBC
63	HRD	LC	% of Staff with annual appraisal	>=86.3%	<76.3%
64	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%
65	DOF		Information Governance Breaches	TBC	TBC
66	HRD	LC	Mandatory training	>=87.8%	<77.8%

2015/16	2016/17			Current Month
9.7%	12.0%	20.5%	18.1%	12.6%
29.5%	32.2%	35.6%	34.5%	44.0%
19.9%	21.8%	22.4%	14.0%	18.1%
12.3%	12.5%	12.3%	12.0%	11.6%
4.8%	4.1%	3.9%	4.3%	4.8%
4.6%	6.4%	5.4%	4.4%	3.7%
1.4%	1.9%	2.5%	2.2%	1.8%
		3.7%	3.1%	3.5%
84.9%	84.8%	85.2%	84.7%	82.8%
87.5%	88.6%	86.4%	86.6%	87.3%
	13	11	13	8
86.3%	86.8%	86.6%	87.3%	87.8%

Note: Performance indicators recorded in numerics are displayed as a quarterly average to provide comparison with in month position.

LC	Local target - within the contract
L	Local target - not in the contract
NR	National return
NT	National target
SOF	Single Oversight Framework