

**NHSI Single Oversight Framework**

**Operational Pressures**

| Target | Performance Indicator  | Threshold  | 2019/20 | 2020/21 |        |        |        | 2020/21 |  | Triggers Concerns |
|--------|--|------------|---------|---------|--------|--------|--------|---------|--|-------------------|
|        |  | Performing | Q4      | Q1      | Q2     | Q3     | Jan    | Feb     |  |                   |
| SOF    | Four hour maximum wait in A&E (All Types)                                | 95%        | 69.6%   | 94.4%   | 80.6%  | 76.4%  | 73.4%  | 76.5%   |  |                   |
|        | C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59 | 4          | 9       | 12      | 19     | 11     | 2      | 4       |  |                   |
| SOF    | RTT - Incomplete Pathways in 18 weeks                                    | 92%        | 84.6%   | 66.3%   | 57.8%  | 68.3%  | 67.1%  | 67.9%   |  |                   |
|        | 31 day diagnosis to first treatment for all cancers                      | 96%        | 97.9%   | 97.2%   | 97.4%  | 97.7%  | 95.2%  | 97.1%   |  |                   |
|        | 31 day second or subsequent treatment - drug treatments                  | 98%        | 100.0%  | 100.0%  | 100.0% | 98.5%  | 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%  |  |                   |
|        | 2 week GP referral to 1st outpatient                                     | 93%        | 86.0%   | 92.4%   | 78.1%  | 78.8%  | 86.8%  | 93.4%   |  |                   |
|        | 2 week GP referral to 1st outpatient - breast symptoms                   | 93%        | 98.2%   | 87.5%   | -      | -      | 100.0% | 99.1%   |  |                   |
|        | 28 day referral to informed of diagnosis of all cancers                  | 70%        | 78.3%   | 83.3%   | 81.0%  | 81.0%  | 79.2%  | 83.4%   |  |                   |
| SOF    | 62 day referral to treatment from screening                              | 90%        | 84.1%   | 81.8%   | 93.8%  | 68.4%  | 92.3%  | 83.3%   |  |                   |
| SOF    | 62 day urgent referral to treatment of all cancers                       | 85%        | 79.6%   | 84.7%   | 81.8%  | 76.6%  | 74.9%  | 74.8%   |  |                   |
| SOF    | Diagnostic tests maximum wait of 6 weeks                                 | 1%         | 10.28%  | 51.63%  | 43.14% | 36.64% | 39.92% | 32.40%  |  |                   |

| Triggers Concerns      |  |
|------------------------|--|
| Performance Indicators |  |

**Finance and Use of Resources - February 2021**

|  | YTD Plan | YTD Actual | YTD Variance |
|--|----------|------------|--------------|
| Capital Service Cover Metric   |          |            |              |
| Capital Service Cover Rating   | 1        | 2          |              |
| Liquidity Metric   |          |            |              |
| Liquidity Rating   | 1        | 2          |              |
| I&E Margin Metric  |          |            |              |
| I&E Margin Rating  | 1        | 2          |              |
| Variance from Control Metric   |          |            |              |
| Variance from Control Rating   |          | 4          |              |
| Agency Metric  |          |            |              |
| Agency Rating  | 1        | 3          |              |
| Rounded Score  | 1        | 3          |              |
| Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here                                 |          | Trigger    |              |
| Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4 |          | 0          |              |

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

# Integrated Balanced Scorecard - February 2021

| CARING |      |       |   | Threshold  |                  | 2019/20 |     |     |     | 2020/21 |     |     |     |     |     |
|--------|------|-------|---|------------|------------------|---------|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| ID     | Lead | Local | Performance Indicator   | Performing | Under-performing | Q4      | Q1  | Q2  | Q3  | Sep     | Oct | Nov | Dec | Jan | Feb |
| 1      | DON  | SOF   | Friends and Family Test % Recommending ED - (includes MAU/SAU)      | >=80       | <80              | 94      | n/a | n/a | 100 | n/a     | n/a | n/a | 100 | 100 | 67  |
| 2      | DON  | SOF   | Friends and Family Test % Recommending Inpatients                   | >=78       | <78              | 97      | n/a | n/a | 100 | n/a     | n/a | n/a | 100 | 98  | 97  |
| 3      | DON  | SOF   | Friends and Family Test % Recommending Maternity                    | >=80       | <=75             | 99      | n/a | n/a | n/a | n/a     | n/a | n/a | n/a | 100 | 90  |
| 4      | DON  | NR    | Friends and Family Test % Recommending Outpatients                  | >=70       | <=65             | 97      | n/a | n/a | 97  | n/a     | n/a | n/a | 97  | 100 | 97  |
| 5      | DON  | SOF   | Mixed Sex Accommodation Breaches                                    | 0%         | >0%              | 0.0%    | n/a | n/a | n/a | n/a     | n/a | n/a | n/a | n/a | n/a |
| 6      | DON  | LC    | Overnight Ward Moves (average per day)                              | <7         | >=10             | 5.7     | 3.8 | 5.4 | 4.6 | 4.9     | 4.3 | 5.3 | 4.2 | 4.9 | 3.8 |
| 7      | COO  | LC    | Discharged patients that have had more than three ward moves        | <=25       | >=28             | 57      | 48  | 47  | 112 | 17      | 42  | 35  | 35  | 44  | 60  |
| 8      | COO  | LC    | Discharged patients with dementia having more than three ward moves | <=3        | >=4              | 5       | 10  | 1   | 3   | 0       | 0   | 0   | 3   | 4   | 2   |
| 9      | DON  | SOF   | Number of written complaints made to the NHS Trust                  | <30        | >=35             | 76      | 29  | 61  | 86  | 25      | 30  | 36  | 20  | 9   | 24  |

| EFFECTIVE |      |       |  | Threshold  |                  | 2019/20   |          |           |           | 2020/21  |           |           |           |           |           |
|-----------|------|-------|--|------------|------------------|-----------|----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|
| ID        | Lead | Local | Performance Indicator  | Performing | Under-performing | Q4        | Q1       | Q2        | Q3        | Sep      | Oct       | Nov       | Dec       | Jan       | Feb       |
| 10        | DON  | SOF   | Dementia case finding  | >=90%      | <90%             | 81.9%     | 86.4%    | 86.0%     | 77.1%     | 83.3%    | 82.7%     | 79.1%     | 70.3%     | 70.7%     | Lag (1)   |
| 11        | DON  | SOF   | Dementia Assessment  | >=90%      | <90%             | 98.0%     | n/a      | n/a       | n/a       | n/a      | n/a       | n/a       | n/a       | n/a       | n/a       |
| 12        | DON  | SOF   | Dementia Referrals   | >=90%      | <90%             | 100.0%    | n/a      | n/a       | n/a       | n/a      | n/a       | n/a       | n/a       | n/a       | n/a       |
| 13        | MD   | SOF   | HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence) | <=Expected | >Expected        | 113.9     | 111.9    | 112.3     | Lag (3)   | 112.3    | 112.5     | 112.6     | Lag (3)   | Lag (3)   | Lag (3)   |
| 14        | MD   | SOF   | SHMI (total)   | <=Expected | >Expected        | 1,0415    | 1,0480   | 1,0480    | Lag (4)   | 1,0532   | 1,0521    | Lag (4)   | Lag (4)   | Lag (4)   | Lag (4)   |
| 15        | MD   | L     | Readmissions - Total   | <=10.5%    | >12.5%           | 7.4%      | 7.9%     | 7.6%      | 7.5%      | 7.3%     | 7.3%      | 7.7%      | 7.6%      | 7.4%      | 7.0%      |
| 16        | COO  | NT    | Patients that have spent more than 90% of their stay on a stroke ward            | >=80%      | <=60%            | 84.3%     | n/a      | n/a       | n/a       | n/a      | n/a       | n/a       | n/a       | n/a       | n/a       |
| 17        | COO  | NT    | Higher risk TIA treated within 24 hours  | >=60%      | <=55%            | 78.6%     | 90.5%    | 91.8%     | 92.9%     | 88.9%    | 100.0%    | 91.3%     | 88.9%     | 83.3%     | 92.3%     |
| 18        | COO  | NR    | Hip fractures operated on within 36 hours  | >=80%      | <=70%            | 73.0%     | 44.4%    | 40.4%     | 65.0%     | 34.0%    | 32.7%     | 87.9%     | 79.3%     | 64.0%     | 75.8%     |
| 19        | DON  | NT    | ED Sepsis - % of antibiotics given within 1 hour                                 | >=90%      | <50%             | n/a       | n/a      | n/a       | n/a       | n/a      | n/a       | n/a       | n/a       | n/a       | n/a       |
| 20        | COO  | NR    | % Cancelled Operations non-clinical (number of cancelled patients) Surgical      | <=1%       | >1%              | 1.1% (95) | 0.2% (7) | 0.3% (24) | 0.5% (38) | 0.3% (8) | 0.6% (16) | 0.4% (10) | 0.5% (12) | 0.5% (11) | 0.4% (10) |
| 21        | COO  | LC    | Theatre utilisation (elective)   | >=90%      | <=85%            | 87.2%     | 33.0%    | 73.5%     | 94.8%     | 96.7%    | 109.1%    | 93.3%     | 82.0%     | 77.9%     | 75.7%     |
| 22        | DOF  | L     | Under / Overspent  | Under Plan | Over Plan        | -3.99     | 0.00     | 0.00      | -0.22     | 0.00     | 0.04      | -0.02     | -0.24     | -0.80     | 1.49      |
| 23        | DOF  | L     | Total Income   | >100%      | <95%             | 86.09     | 93.83    | 94.99     | 96.28     | 32.75    | 31.67     | 32.04     | 32.57     | 32.34     | 36.04     |
| 24        | DOF  | L     | Total Pay Expenditure  | >100%      | <95%             | -67.26    | -61.20   | -60.46    | -61.73    | -20.41   | -20.15    | -20.53    | -21.05    | -21.35    | -23.47    |
| 25        | DOF  | L     | Total Non Pay Expenditure  | >100%      | <95%             | -31.48    | -27.71   | -29.17    | -31.40    | -10.35   | -10.42    | -10.07    | -10.91    | -10.77    | -22.17    |
| 26        | DOF  | L     | CIP Plan   | >100%      | <85% planned     |           |          |           |           |          |           |           |           |           |           |
| 27        | DOF  | L     | CIP Delivered  | >100%      | <85% planned     | 3.08      | n/a      | n/a       | 3.31      | n/a      | 2.36      | 0.55      | 0.41      | 0.49      | 0.10      |

| RESPONSIVE |      |       |   | Threshold  |                  | 2019/20 |        |        |        | 2020/21 |        |        |        |        |        |
|------------|------|-------|---|------------|------------------|---------|--------|--------|--------|---------|--------|--------|--------|--------|--------|
| ID         | Lead | Local | Performance Indicator   | Performing | Under-performing | Q4      | Q1     | Q2     | Q3     | Sep     | Oct    | Nov    | Dec    | Jan    | Feb    |
| 28         | COO  | LC    | Discharge Summaries completed within 24 hrs                               | >90%       | <80%             | 85.4%   | 87.6%  | 82.8%  | 82.3%  | 82.1%   | 83.3%  | 82.0%  | 81.3%  | 84.6%  | 86.5%  |
| 29         | COO  | SOF   | Diagnostic tests maximum wait of 6 weeks                                  | <1%        | >1%              | 10.28%  | 51.63% | 43.14% | 36.64% | 40.83%  | 38.56% | 33.97% | 37.33% | 39.92% | 32.40% |
| 30         | COO  | NT    | RTT over 52 week waiters (cumulative quarter)                             | 0          | >0               | 13      | 14     | 245    | 755    | 171     | 242    | 293    | 220    | 202    | 185    |
| 31         | COO  | NT    | Urgent Operations cancelled for the second time                           | 0          | >0               | 1       | 0      | 1      | 2      | 1       | 2      | 0      | 0      | 2      | 0      |
| 32         | COO  | NT    | Cancelled operations not rebooked within 28 days - Surgical               | 0          | >0               | 12      | 0      | 1      | 0      | 0       | 0      | 0      | 0      | 0      | 0      |
| 33         | COO  | NR    | Time to Initial Assessment - 95th Percentile                              | TBC        | TBC              | 147.0   | 20.0   | 101.0  | 75.0   | 107.0   | 108.0  | 30.0   | 92.4   | 85.3   | 83.6   |
| 34         | COO  | NT    | 12 Hour Trolley Waits   | 0          | >0               | 0       | 0      | 0      | 0      | 0       | 0      | 0      | 0      | 0      | 0      |
| 35         | DON  | L     | % Discharges by Midday (Excluding Maternity)                              | >=33%      | <33%             | 26.3%   | 24.5%  | 24.3%  | 22.8%  | 23.0%   | 23.8%  | 24.2%  | 20.2%  | 22.3%  | 23.6%  |
| 36         | COO  | L     | GP Direct Admits to SAU   | >=168      | <168             | 558     | n/a    | n/a    | n/a    | n/a     | n/a    | n/a    | n/a    | n/a    | n/a    |
| 37         | COO  | L     | GP Direct Admits to MAU   | >=84       | <84              | 514     | 701    | 727    | 380    | 230     | 203    | 126    | 51     | 46     | 97     |
| 38         | COO  | NR    | Delayed Transfers of Care - (Days)  | <=3.0%     | >3.5%            | 5.2%    | 2.5%   | 3.0%   | n/a    | n/a     | n/a    | n/a    | n/a    | n/a    | n/a    |
| 39         | COO  | LC    | Average length of stay - Non Elective (Trust, excluding maternity)        | TBC        | TBC              | 4.6     | 3.3    | 3.5    | 4.0    | 3.6     | 3.8    | 4.1    | 4.1    | 4.6    | 4.2    |
| 40         | COO  | LC    | Number of medical outliers - median                                       | <=25       | >=30             | 7       | 0      | 3      | 15     | 5       | 5      | 16     | 25     | 23     | 14     |
| 41         | COO  | NR    | Percentage of mothers booked within 12 completed weeks                    | >=90%      | <=85%            | 92.2%   | 92.7%  | 93.6%  | 93.4%  | 94.5%   | 92.7%  | 94.3%  | 93.9%  | 93.7%  | 93.7%  |
| 42         | COO  | NR    | % Women identified as smokers referred to specialist stop smoking service | >=90%      | <=80%            | 95.1%   | 95.8%  | 95.3%  | 95.4%  | 95.5%   | 94.0%  | 97.8%  | 94.5%  | 93.3%  | 93.1%  |

| SAFE |      |       |   | Threshold  |                  | 2019/20 |       |       |       | 2020/21 |       |       |       |       |         |
|------|------|-------|---|------------|------------------|---------|-------|-------|-------|---------|-------|-------|-------|-------|---------|
| ID   | Lead | Local | Performance Indicator   | Performing | Under-performing | Q4      | Q1    | Q2    | Q3    | Sep     | Oct   | Nov   | Dec   | Jan   | Feb     |
| 43   | DON  | SOF   | Clostridium Difficile Hospital Onset, Healthcare Associated (counted)     | TBC        | TBC              | 5       | 9     | 10    | 4     | 6       | 0     | 2     | 2     | 2     | 1       |
| 44   | DON  | SOF   | Clostridium Difficile Community Onset, Healthcare Associated (counted)    | TBC        | TBC              | 4       | 3     | 9     | 7     | 5       | 4     | 2     | 1     | 0     | 3       |
| 45   | DON  | SOF   | E.coli bacteraemia cases Hospital Onset, Healthcare Associated            | TBC        | TBC              | 7       | 11    | 7     | 17    | 3       | 8     | 6     | 3     | 3     | Lag (1) |
| 46   | DON  | SOF   | E.coli bacteraemia cases Community Onset, Healthcare Associated           | TBC        | TBC              | 13      | 6     | 11    | 10    | 5       | 4     | 4     | 2     | 4     | Lag (1) |
| 47   | DON  | SOF   | MRSA Bacteraemias >= 48 hours post admission                              | 0          | >0               | 0       | 0     | 2     | 0     | 1       | 0     | 0     | 0     | 0     | 1       |
| 48   | DON  | SOF   | Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias          | TBC        | TBC              | 6       | 8     | 5     | 6     | 2       | 0     | 3     | 3     | 8     | Lag (1) |
| 49   | DON  | SOF   | Never events  | 0          | >0               | 0       | 0     | 0     | 0     | 0       | 0     | 0     | 0     | 0     | 0       |
| 50   | DON  | L     | Medication Errors Causing Serious Harm                                    | 0          | >0               | 1       | 3     | 2     | 0     | 1       | 1     | 0     | 0     | 0     | 0       |
| 51   | DON  | SOF   | CAS Alerts not responded to within the deadline                           | 0          | >0               | 1       | 5     | 1     | 4     | 1       | 1     | 1     | 2     | 0     | 2       |
| 52   | MD   | SOF   | Venous thromboembolism % risk assessed                                    | >=95%      | <95%             | 82.7%   | n/a   | n/a   | n/a   | n/a     | n/a   | n/a   | n/a   | n/a   | Lag (1) |
| 53   | DON  | L     | Number of patients with falls resulting in serious harm (moderate, major) | <=1        | >=3              | 7       | 4     | 5     | 4     | 4       | 0     | 2     | 2     | 3     | 0       |
| 54   | DON  | NT    | Number of hospital acquired pressure ulcers (grade 3 & 4)                 | 0          | >0               | 1       | 1     | 1     | 0     | 1       | 0     | 0     | 0     | 1     | 0       |
| 55   | DON  | NT    | Number of hospital acquired pressure ulcers (grade 2)                     | <=2        | >2               | 1       | 2     | 1     | 3     | 0       | 2     | 1     | 0     | 2     | 2       |
| 56   | DON  | SOF   | Patient safety incidents - rate per 1000 bed days                         | TBC        | TBC              | 39      | 47    | 47    | 49    | 48      | 47    | 50    | 50    | 43    | 52      |
| 57   | DON  | NR    | Serious Incidents (NRLS) reporting (TBC)                                  | TBC        | TBC              | 22      | 14    | 14    | 33    | 6       | 3     | 13    | 17    | 5     | 11      |
| 58   | COO  | NR    | Bed occupancy (Adult)   | <=93%      | >=97%            | 92.6%   | 60.2% | 85.6% | 87.9% | 86.9%   | 88.9% | 86.2% | 88.4% | 89.1% | 89.1%   |
| 59   | DON  | SOF   | Emergency Caesarean Births as a percentage of total labours               | <=13.1%    | >=19.6%          | 16.9%   | 14.3% | 17.6% | 16.4% | 20.0%   | 18.4% | 15.4% | 16.1% | 16.8% | 16.4%   |
| 60   | HRD  | NR    | Midwife to birth ratio  | <1:29      | >1:35            | 1:28    | 1:28  | 1:29  | 1:28  | 1:28    | 1:29  | 1:28  | 1:28  | 1:27  | 1:27    |

| WELL LED |      |       |  | Threshold  |                  | 2019/20 |       |       |       | 2020/21 |       |       |       |       |       |
|----------|------|-------|--|------------|------------------|---------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| ID       | Lead | Local | Performance Indicator  | Performing | Under-performing | Q4      | Q1    | Q2    | Q3    | Sep     | Oct   | Nov   | Dec   | Jan   | Feb   |
| 61       | DON  | NT    | FFT Response Rate for ED (includes MAU/SAU)                                  | >=15%      | <=10%            | 4.3%    | n/a   | n/a   | 0.1%  | n/a     | n/a   | n/a   | 0.1%  | 0.1%  | 0.2%  |
| 62       | DON  | NT    | FFT Response Rate for Inpatients   | >=30%      | <25%             | 29.2%   | n/a   | n/a   | 4.6%  | n/a     | n/a   | n/a   | 4.6%  | 2.4%  | 4.5%  |
| 63       | DON  | NT    | FFT Response Rate for Maternity (Labour Ward)                                | >=22%      | <=17%            | 40.1%   | n/a   | n/a   | 0.3%  | n/a     | n/a   | n/a   | 0.3%  | 1.2%  | 2.7%  |
| 64       | HRD  | SOF   | Turnover - Rolling 12 months   | <=11%      | >12%             | 11.1%   | 10.4% | 9.3%  | 8.6%  | 8.7%    | 8.6%  | 8.7%  | 8.4%  | 8.2%  | 8.2%  |
| 65       | HRD  | SOF   | Sickness Rate  | <=3.5%     | >4.5%            | 4.3%    | 4.7%  | 3.5%  | 3.9%  | 3.6%    | 3.8%  | 4.0%  | 4.1%  | 5.2%  | 5.1%  |
| 66       | HRD  | LC    | Vacancy Rate   | <=4%       | >5%              | 4.4%    | 6.8%  | 5.7%  | 5.5%  | 5.9%    | 5.6%  | 5.6%  | 5.4%  | 5.2%  | 3.5%  |
| 67       | HRD  | SOF   | % of agency staff (agency spend as a percentage of total pay bill)           | <=2.5%     | >3.5%            | 3.8%    | 1.5%  | 1.8%  | 2.8%  | 1.5%    | 2.5%  | 2.8%  | 3.0%  | 4.5%  | 2.5%  |
| 68       | HRD  | LC    | % agency nursing staff (% of agency nursing spend of total nursing pay bill) | <=3%       | >4%              | 8.1%    | 5.4%  | 4.5%  | 5.7%  | 5.5%    | 5.1%  | 5.8%  | 6.1%  | 10.9% | 2.1%  |
| 69       | HRD  | LC    | % of Staff with annual appraisal   | >=90%      | <80%             | 80.0%   | 73.7% | 72.2% | 70.0% | 72.0%   | 70.9% | 69.3% | 69.8% | 66.0% | 66.7% |
| 70       | HRD  | NR    | Information Governance Training compliance (Trust)                           | >=95%      | <85%             | 87.1%   | 87.6% | 85.5% | 83.7% | 85.5%   | 84.4% | 84.2% | 82.6% | 79.5% | 77.8% |
| 71       | DOF  | NT    | Information Governance Breaches  | TBC        | TBC              | 48      | 36    | 43    | n/a   | 13      | n/a   | n/a   | n/a   | n/a   | n/a   |
| 72       | HRD  | LC    | Mandatory training   | >=90%      | <80%             | 87.7%   | 86.5% | 86.4% | 86.6% | 86.5%   | 86.5% | 86.7% | 86.7% | 85.9% | 85.8% |

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

### Well Led Seasonal Targets

|              | Q1    | Q2 | Q3 | Q4 | 2021 |
|--------------|-------|----|----|----|------|
| Sickness (%) | 3.48% |    |    |    |      |