Trust Integrated Balanced Scorecard - May 2024

Royal United Hospitals Bath NHS

					Targ	et			2023	/2024		2024	1/2025
Strategic Goal		Goal Description	Performance Indicator	Measure description	Performing	Under Performing	Baseline	Dec	Jan	Feb	Mar	Apr	Мау
	People we care for	Together we will support you, as when you need us most	To achieve 'much better than expected' score and best in class for our region	Annual CQC IP survey	8.5	7.8	8.2	-	-	-	-	-	-
People Group Goals (5yr ambition, annual measure)	People we work with	Together we will create the conditions to perform at our best	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	59.0%	-	-	53.0%
measure)	People in our community	Together we will create one of the healthiest places to live	RUH Social Impact Score?					-	-	-	-	-	-
		Connecting with you - helping you feel safe, understood and always welcome	Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected					13	24	18	17	20	24
	People we care for	Consistently delivering the highest quality healthcare and outcomes	Number of patients over 65 weeks	Ensure no patient waits over 65 weeks for treatment by December 2023	Target is 0 by March - trajectory being agreed during business planning			253	256	193	39	33	41
		Communicating well, listening and active on what matters to you	Overal patient experience score	? From patient surveys, FFT (if we can improve the response rate)				93.9%	93.9%	94.0%	93.6%	93.9%	93.7%
		Demonstrating our shared values with kindness, civility and respect	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	59.0%	-	-	53.0%
Trust Goals (monthly or quarterly measure)		Taking care of and investing in teams, training and facilities	% staff say the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age					-	-	57.1%	-	-	57.0%
			Working with partners to make the most of our shared resources and plan wisely for future needs	Delivery of Breakeven Position	Variance from Plan YTD (£'000)	>=0	<0		-4570	-5545	-6130	1665	527
People in our community		Taking positive action to reduce health inequalities	Equity of access to the RUH for all					-	-	-	-	-	-
	community	Creating a community that promotes the wellbeing of our people and enviornment	Carbon emission reduction	Monthly proxy measure - % carbon footprint reduction of electricity & gas, against 20/21 carbon footprint	<=0%	>0%		-	-	-	-	-	-
	People we work with		% staff reporting they have personally experienced discrimination at work from manager, team leader or other colleagues					-	-	13.7%	-	-	14.0%
			We improve together					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Breakthrough Goals	People we care for		Why not home, why not today					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	People in our community		Delivery of financial plan'	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	(£5.03m)	(£5.03m)	(£6.70m)	£0.01m	£0m	(£0.08m

Key Standards

						Targ		2023/2024				2024/2025		
Strategic Goal		De	escription	Performance Indicator		Performing	Under Performing	Baseline	Dec	Jan	Feb	Mar	Apr	Мау
	People in our community			Deliver 109% of 19/20 Elective Activity		>=109%	<109%		112.0%	112.0%	114.0%	115.0%	130.0%	125.0%
		unplanned care	e across the RUH	% treated and admitted or discharged within four hours	To ensure 76% of patients can be treated within 4 hours of arrival at ED	>=76%	<76%		67.7%	66.4%	68.7%	69.8%	68.6%	68.6%
			ealthcare Associated mmunity) tolerance =	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59		<=3	>3	-	5	8	11	9	7	9
		SOF RTT - Incomple	ete Pathways in 18	RTT - Incomplete Pathways in 18 weeks		>=92%	<92%	87.1%	60.2%	60.4%	62.3%	63.6%	65.4%	66.4%
		NT 31 day diagnos for all cancers	sis to first treatment	31 day diagnosis to first treatment for all cancers		>=96%	<96%	-	-	-	-	-	-	-
		treatment - dru	or subsequent ig treatments	31 day second or subsequent treatment - drug treatments		>=98%	<98%	-	-	-	-	-	-	-
			ent - radiotherapy	31 day second or subsequent cancer treatment - radiotherapy treatments		>=94%	<94%	-	•	-	-	-	-	-
Key Standards	_	NT 2 week GP ref	erral to 1st outpatient	2 week GP referral to 1st outpatient		>=93%	<93%	-	-	-	-	-	-	-
,	People we care for	NT 2 week GP refe breast symptor		2 week GP referral to 1st outpatient - breast symptoms		>=93%	<93%	-	-	-	-	-	-	-
		NT 28 day referral diagnosis of all	to informed of cancers	28 day referral to informed of diagnosis of all cancers		>=70%	<70%	-	67.0%	59.8%	64.3%	68.3%	69.0%	(LAG 1)
		NT Combined 31	Day Cancer Targets	Combined 31 day cancer targets for first treatment, subsequent surgery, subsequent drug, subsequent radiotherapy and subsequent other treatments; excludes subsequent active monitoring and subsequent palliative care)		>=96%	<96%		92.2%	90.7%	94.3%	88.6%	90.9%	(LAG 1)
		SOF Combined 62	Day Cancer Targets	Combined 62 day cancer targets for GP referral, screening and consultant upgrade		>=75%	<75%		71.8%	66.5%	66.3%	73.5%	72.4%	(LAG 1)
		SOF 62 day referral screening	to treatment from	62 day referral to treatment from screening		>=90%	<90%		-	-	-	-	-	-
		SOF 62 day urgent r	referral to treatment	62 day urgent referral to treatment of all cancers		>=85%	<85%		-	-	-	-	-	-
		SOF Diagnostic test weeks	s maximum wait of 6	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%		32.7%	26.8%	19.6%	18.5%	23.4%	28.2%

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Product starty incidents - inter private index is the intra. 1-2			_	hours	T	>90%	<90%	-	-	-	-	-	100.0%	(LAG 1)	_/\
Tracker Image: marking				Patient safety incidents - rate per 1000 bed		>43	<=43		49	53	50	45	45	44	$ \land $
Problem Search In Section 2 focus in section 2 model is specified as the control of all is specified and the control of			ΙТ		per 1000 patient bed days.							.0			4
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Tracker Anholance Handover Delays quartile Percentage of majors attendances with DTA. Image: Tracker Measures Image: Tracker admited values Image: Tracker admited values Percentage of majors attendances with DTA. >=00% <0.53.0%			п	Same Day Emergency Care (SDEC)		>=30 %	<30 %	-	30.976	32.3%	32.1 /0	33.0 %	33.3 %	34.2 /0	
Tracker Measures Time from arrival in ED to decision to admited get mains with DTA within 3 hours of arrival. Excludes non- admited get mains patients admited get mains patients admited patients. >>=80% < 53.8% 52.7% 52.8% 52.7% 48.0% >11.7% 48.9% ////////////////////////////////////				Ambulance Handover Delays					822	810	887	995	1194	938	
Tracker Time from arrival in ED to decision to admit admit and patients with DTA. Source of arrival Exclusions con- submitted patients arrival exclus															5
Tracker Measures If admit admited patients admited viab 1 har as admited viab 1 har admited viab 1 har admited viab 1 har admited viab 1 har admited viab 1 har admited viab 1				Time from arrival in ED to desision to		>=80%	<80%	-	53.8%	52.7%	52.8%	48.0%	51.7%	49.9%	$\setminus \land$
Measures Image: patients admitted with 1 hour of D1A are admitted within 1 hour of D1A are admitted within 1 hour of D1A. >=60% - 23.4% 24.5% 25.9% 22.7% 24.5% Vitin Discharge Summaries Completed with 0 TA. >=60% - 0 62.9% 64.3% 84.3% 84.3% 84.4% 23.0% 24.5% 25.9% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5% 24.5%			п												V i
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Frequencies Time from decision to admit in E0 to sub DTA. Exclude an on-admitted patients with DTA. Image: Completed (in admitsion) Exclude an on-admitted patients with DTA. % with Discharge Summaries Completed Within 24 Hours Image: Completed (in admitsion) Imadmitsion) Imadmitsion) <t< td=""><td></td><td></td><td></td><td></td><td></td><td>>-50%</td><td>~50%</td><td></td><td>23.4%</td><td>24.8%</td><td>25.9%</td><td>25.8%</td><td>22.7%</td><td>24.5%</td><td>$\langle \rangle_i$</td></t<>						>-50%	~50%		23.4%	24.8%	25.9%	25.8%	22.7%	24.5%	$ \langle \rangle_i$
** with Discharge Summaries Completed with 24 Hours ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** **					Excludes non-admitted patients	>=5078	<50%	-	23.470	24.070	23.370	23.078	22.170	24.370	/ //
within 24 hours model			п		with DTA.										
HSMR - Total m 95.9 (LAG 5) (L									82.9%	84.3%	84.3%	84.7%	84.8%	84.4%	Γ
HSMR. Weekady m 96.3 (LAG 5) (\sim
HSMR-Weekend LAG 5) LUAG 5)			-												\sim
People we work with IT Vacancy Rate m c=4% >5% 1.8% 1.0% 1.4% 4.9% 1.7%				HSMR -Weekend	Malum tama tuma a				94.4	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	
People we work with IT Sickness Rate Rolling 12 months <=3.5% >4.5% 4.7% 4.9% 4.8% 4.6% 4.5% (LG I) IT Mandatory Training Compliance >=90% <80%					voluntary turnover only										
If Mandatory Training Compliance >=90% <80% 99.3% 90.4% 99.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90.3% 90		People we work with			Rolling 12 months										\leq
People in our community Health Inequalities 1 % Difference in DNA rates between IMD1-2 and IMD 9-10 5.4% 4.0% 5.4% 4.2% 4.0% 3.8% N People in our community Health Inequalities 1 % Difference in 28 Day Diagnosis Performance between IMD 1-2 vs IMD9-10 -1.5% 7.4% 0.8% 13.3% 0.6% 2.7% N Image: Community Sustainable Development Assessment IT Tool (SDAT) Score from Revised Plan (£'000) Overarching measurement across all sustainability areas >=44% <44%			IT						89.8%		90.8%	90.4%			\geq
Health Inequalities 1between IMD1-2 and IMD 9-105.4%4.0%5.4%4.0%3.8%VNotificance in 28 Day Dignosis Performance between IMD 1-2 vs IMD9-10				% Staff with annual appraisal	% Difference in DNA rates	>=80%	<80%								
Diagnosis Performance between IMD 1-2 vs IMD9-10-1.5%7.4%0.8%13.3%0.6%2.7%MSustainable Development Assessment Tool (SDAT) ScoreOverarching measurement across all sustainability areas across all sustainability areas Immovement process all sustainability areas Delivery of Financial Control Total - Variance Immovement Financial Control Total at Tool (SDAT) ScoreDelivery of Financial Control Total - Variance Under/Overspent, YTD $<=0$ >0 $ -$				Health Inequalities 1	between IMD1-2 and IMD 9-10				5.4%	4.0%	5.4%	4.2%	4.0%	3.8%	V
Health Inequalities 2between IMD 1-2 vs IMD9-10 \sim									-1 50/	7 /0/	0.8%	13 20/	0.6%	2 70/	_Λ
People in our communityITTool (SDAT) Scoreacross all sustainability areas $>=44\%$ $<44\%$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ </td <td></td> <td></td> <td></td> <td>Health Inequalities 2</td> <td></td> <td></td> <td></td> <td></td> <td>-1.3%</td> <td>1.470</td> <td>0.0%</td> <td>13.3%</td> <td>0.0%</td> <td>2.170</td> <td>/ V V</td>				Health Inequalities 2					-1.3%	1.470	0.0%	13.3%	0.0%	2.170	/ V V
People in our communityIn Tool (SUAT) Score palmed required Data (Control Total - Variance from Revised Plan (£'000)Under/Overspent, YTD<=0>05094-6438-68073986308526IIIfrom Revised Plan (£'000)Inder/Overspent, YTD<=0						>=44%	<44%	-	-	-	-	-	-	_	
People in our communityITfrom Revised Plan (£'000)Under/Overspent, YTD $<=0$ >0 $ -5094$ -6438 -6807 3986 308 526 \int IIIForecast Delivery of Financial Control Total at med of financial yearForecast Delivery of Financial Control Total at planned recurrent QIPP $<=0$ >0 $ -$			П		across all sustainability areas										N.
IT end of financial year < < <			ІТ	from Revised Plan (£'000)		<=0	>0	-	-5094	-6438	-6807	3986	308	526	\int_{-}^{-}
Delivery of Recurrent Finance Improvement Programme (£'000) Variance from year to date planned recurrent QIPP >=0 <0 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<		People in our community	п			<=0	>0	-	-	-	-	-	-	-]
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Improvement Programme at end of financial year Forecast variance from annual planned recurrent QIPP - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <t< td=""><td></td><td></td><td>п</td><td>Programme (£'000)</td><td>planned recurrent QIPP</td><td>>=0</td><td><0</td><td>-</td><td>-</td><td></td><td>-</td><td>-</td><td>-</td><td><u> </u></td><td>\vdash</td></t<>			п	Programme (£'000)	planned recurrent QIPP	>=0	<0	-	-		-	-	-	<u> </u>	\vdash
IT year planned recurrent QIPP Image: Control of the pay costs as a % of total pay costs > 19/20 % - 3.0% 2.7% 2.5% 1.2% 1.2% Mathematical control of the cont					Forecast variance from annual			-	-	-	-	-	-	-	<u> </u>
IT Reduction in Agency Expenditure pay costs < 19/20 % - 3.0% 2.7% 2.7% 2.5% 1.2% 1.2% % activity delivered off site (virtual and			ІТ												
% activity delivered off site (virtual and			п	Reduction in Agency Expenditure		< 19/20 %	> 19/20 %	-	3.0%	2.7%	2.7%	2.5%	1.2%	1.2%	
				% activity delivered off site (virtual and					21.00/	22.70/	21.00/	22.40/	22.00/	21.00/	Λ
21.8% 22.7% 21.8% 22.1% 22.0% 21.9%				community)					21.0%	22.170	∠1.0%	22.170	22.0%	21.9%	\sim

					Та			2023	2024		2024	/2025		
	Strategic Goal		Performance Indicator	Description	Performing	Under Performing	Baseline	Dec	Jan	Feb	Mar	Apr	Мау	Trend
			Total monthly fill rate, day hours, RN	Average per ward	>=90%	<90%		80.2%	79.9%	75.0%	82.3%	84.4%	86.3%	\sim
	People We Work		Total monthly fill rate, day hours, HCA	Average per ward	>=90%	<90%		72.5%	75.1%	78.4%	77.3%	77.3%	84.2%	\sim
	With		Total monthly fill rate, night hours, RN	Average per ward	>=90%	<90%		94.6%	92.7%	92.0%	93.5%	93.4%	93.1%	\sim
	with		Total monthly fill rate, night hours, HCA	Average per ward	>=90%	<90%		82.7%	83.8%	85.6%	85.4%	87.9%	88.8%	\sim
			Information Governance Training Compliance		>=80%	<80%		86.8%	87.6%	88.4%	87.7%	88.5%	86.8%	\sim
		NR	Serious Incidents (NRLS) reporting (TBC)					1	3	1	1	-	-	\sim
		NR	Hip fractures operated on within 36 hours		>=80%	<=70%		62.3%	66.7%	53.2%	46.9%	66.0%	39.6%	\geq
		NR	Time to Initial Assessment - 95th Percentile					123	104	102	106	154	120	\leq
		NR	% of mothers booked within 12 completed weeks		>=90%	<=85%		87.6%	84.7%	88.6%	87.4%	86.3%	85.0%	\sim
		NR	% Women identified as smokers referred to specialist stop smoking service		>=90%	<=80%		97.0%	100.0%	96.6%	96.6%	96.4%	94.7%	
		NR	Midwife to Birth Ratio		<=1:27	>1:32		1:26	1:27	1:29	1:27	1:27	1:29	
		NT	TIA Treated within 24 hours		>=60%	<=55%		29.0%	44.2%	41.7%	21.2%	19.0%	20.8%	\sim
		NT	12 Hour Breaches		0	>0		27	21	24	16	39	4	~~
		LC	Number of medical outliers - median		<=25	>=30		12	9	16	11	10.5	6	\sim
		L	Readmissions - Total		<=10.5%	>12.5%		8.4%	7.4%	7.6%	7.9%	8.0%	8.7%	\sim
		L	Discharges by Midday (excluding Maternity)	Includes transfers to the Discharge Hub	>=45%	<45%		19.7%	22.6%	21.9%	22.6%	23.3%	22.6%	\nearrow
		NT	Number of 52 Week Waiters Incomplete Pathways	Dioonargo Hab				1151	1072	905	813	650	737	$\overline{\}$
		1	GP Direct Admits to SAU		>=168	<168		229	237	243	249	218	259	Ň
		1	GP Direct Admits to MAU (including DAA)		>=84	<84		314	328	243	353	289	306	2
		NR	Bed occupancy (Adult)		<=93%	>97%		93.8%	96.6%	96.9%	96.7%	97.5%	95.0%	Ň
			% Cancelled Operations non-clinical (number											· · ·
		NR	of cancelled patients) Surgical		<=1%	>1%		1.0% (29)	1.2% (43)	1.3% (46)	0.7% (24)	0.9% (33)	1.2% (44)	
		NT	Urgent Operations cancelled for the second time		0	>0		0	0	1	2	0	0	Л
	People we care	NT	Cancelled operations not rebooked within 28 days - Surgical		0	>0			0	0	0	0	0	
Other Measures	for	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)		<=3	>3		2		9	6	2	8	\wedge
		SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)					3	2	2	3	5	1	\searrow
		SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated		<=6	>6		5	1	4	1	4	4	$\Lambda \Gamma$
		SOF	E.coli bacteraemia cases Community Onset,					2	5	4	4	5	6	\sim
		SOF	Healthcare Associated MRSA Bacteraemias >= 48 hours post		0	>=1		0	0	0	0	0	0	/
		001	admission								Ŭ			<u> </u>
		L	Infection Control - Klebsiella spp post 2 days		<=2	>2		2	0	4	1	2	2	\sim
			Klebsiella Spp Community Onset Healthcare Associated					0	1	0	2	2	2	\mathcal{N}
		L	Infection Control - Pseudomonas aeruginosa post 2 days		<=1	>1		0		0	0	1	0	\wedge
			Influenza Outbreaks					2	0	1	0	0	0	\sim
			Norovirus Outbreaks					2	0	1	2	0	0	\sim
			Hospital Associated Infections including Flu,					34	67	53	35	60	32	Λ
		L	COVID-19 and Norovirus Number of Hospital Acquired Pressure Ulcers	Includes Medical Device Related	<=2	>2		2	5	4	1	1	1	\wedge
			Category 2 Number of Hospital Acquired Pressure Ulcers											/ <u>\</u>
		SOF	Category 3 & 4 Never events	Includes Medical Device Related	<=0 0	>0		0	0	2 0	0	1 0	1 0	
		SOF	Never events SHMI	1	-	>=1		0.95	0.95	(LAG 4)	(LAG 4)	(LAG 4)	(LAG 4)	
		50F	Mixed Sex Accomodation Breaches	1	<=Expected	> Expected		0.95	0.95	(LAG 4) 170	(LAG 4) 182	(LAG 4) 170	(LAG 4) 221	\rightarrow
			Delivery of Group financial plan	Variance from year to date plan	<=0	>0		97 (£5.03m)	(£5.03m)	(£6.70m)	182 £0.01m	170 £0m	(£0.08m)	<u> </u>
				Variance from year to date										
	People In Our	L	Delivery of capital programme	planned capital expenditure (Internally Funded Schemes)	-5%	<5%		-67.0%	-57.9%	-33.1%	-0.5%	67.3%	51.9%	
	Community	L	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+/-5%	><5%		0.0%	0.0%	0.0%	-0.5%	0.0%	0.0%	∇
		L	Delivery of planned cash balance	Variance from year to date planned cash balance	+/-10%	><10%		14.0%	-5.1%	-8.6%	-12.8%	8.8%	25.6%	\checkmark

	SOF	Single Oversight Framework					
	NT	National Target					
Key	NR	National Return					
Rey	L	Local Target - not in contract					
	LC	Local Target - in contract					
	IT	Improving Together					