

ODT Performance Report

Monthly – January 2017



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1. EXECUTIVE SUMMARY FOR FEBRUARY ODT SMT MEETING

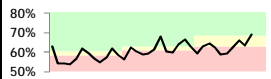
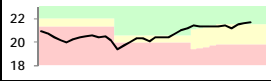
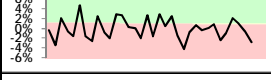
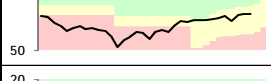

HEADLINES

- In January 345 patients received a transplant thanks to the generosity of 132 deceased donors and 193 families or patients who gave consent.
- Over the last four months, the monthly average number of deceased donors and transplants was 130 donors and 343 transplants.
- YTD 1636 families or patients have given consent; there have been 1182 deceased donors and 1127 utilised donors where at least one organ was transplanted. **This all means that 3110 patients have received a deceased donor transplant over the last 10 months.**
- January was a great month for consent, with an overall consent rate of 69% (75% DBD and 64% DCD).
- Northern Ireland achieved 100% consent rate in January and a SNOD was involved every time.
- Eastern, North West and South East achieved overall consent rates above 70% and South Wales and South West achieved world class consent rates of at least 80% in January. South East, South Wales and South West also had 100% SNOD involvement.
- Scotland continues with their impressive number of deceased donors with 109 YTD. This is 26 more than what they expected to achieve over the last 10 months and is more than they achieved in the whole of 2015/16 (99).
- Sickness absence is currently at 3% and the % annual turnover for ODT is also going in the right direction with a decrease to 13% currently.
- Mandatory training compliance is currently at 85% and PDPR compliance is at 91%.
- Living donor data is available a month in arrears, but in addition to the 322 deceased donor transplants performed in December, 68 patients received a transplant from a living donor. However, the last time the monthly number was as low as 68 was April 2011.
- Approximately 90k patients registered an opt-in decision on the ODR in January, bringing the total YTD to over 900k.

POTENTIAL MISSED OPPORTUNITIES

- With a focus on missed opportunities, the referral rates and number of missed referral opportunities are being included in the SMT and Executive Team balanced scorecard from this month onwards. Although we've seen a great improvement in the DCD referral rate over the years and sustained the high DBD referral rate, we still see a lot of missed referral opportunities each month. In January there were 84 patients who met the referral criteria but were not referred (3 DBD and 81 DCD) and YTD this equates to 787 missed referral opportunities (41 DBD and 746 DCD).
- There were 21 occasions in January where neurological death was suspected but tests were not performed.
- In January there were 3 occasions where families were approached without a SNOD despite the patient being on the ODR (and 91 occasions where the SNOD was involved). There were also 23 occasions where families were approached without a SNOD when the patient was not on the ODR (and 163 occasions where a SNOD was involved).
- There were 6 occasions where families overruled the patient's donation decision in January (all DCD), which is consistent with the Q3 average. The monthly average number of overrides per quarter is as follows: Q1=9, Q2=7, Q3=6. Q3 differs slightly from the average 5 reported in the last balanced scorecard due to late PDA data entry. Overall there have been 73 (22 DBD, 51 DCD) overrides YTD which is 18 fewer than the same period last year (-4 DBD, -14 DCD).
- There were 5 full coroner refusals in January and a further 21 partial refusals. Coroners and Procurators Fiscal gave full permission for donation on 80% of occasions where permission was requested in January (also 80% YTD).

2. ODT STRATEGIC OBJECTIVES

Strategic Objectives	Final Target	Final Target Date	Actual Performance			2016/17 Performance										Chart begins from Apr-14	2016/17 YTD
			2013/14	2014/15	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17		
1. Consent / authorisation	80%	March 2020	59.4%	57.7%	61.9%	59.3%	62.8%	64.5%	62.5%	58.6%	59.6%	62.4%	66.0%	63.3%	68.9%		62.9%
2. Donors pmp	26 pmp	March 2020	20.7	20.1	21.2	21.4	21.4	21.3	21.4	21.3	21.4	21.2	21.6	21.6	21.7		21.7
3. Organ utilisation	Increase of 5%	March 2020	3.1%	-0.1%	0.1%	0.6%	-0.5%	0.1%	0.8%	-2.4%	-1.1%	2.0%	1.1%	-0.6%	-2.9%		-0.3%
4. Transplants pmp	74 pmp	March 2020	55.1	52.4	54.9	55.2	55.1	55.2	55.4	55.6	55.8	55.0	56.1	56.1	56.3		56.3
5. Living donors pmp	26 pmp	March 2020	17.9	17.1	16.7	16.8	17.0	16.6	16.5	16.4	16.3	16.3	16.3	16.1			16.1

Objective 1 – Consent[^] for organ donation – aim for consent rate above 80%.

Objective 2 – Deceased organ donation – aim for 26 deceased donors per million population[#]

Objective 3 – Organ utilisation – aim to transplant 5% more of the organs offered from consented, actual donors.

Objective 4 – Patients transplanted – aim for a deceased donor transplant rate of 74 per million population[#]

Objective 5 – Living Donation – aim for 26 living donors per million population[#]

Note:

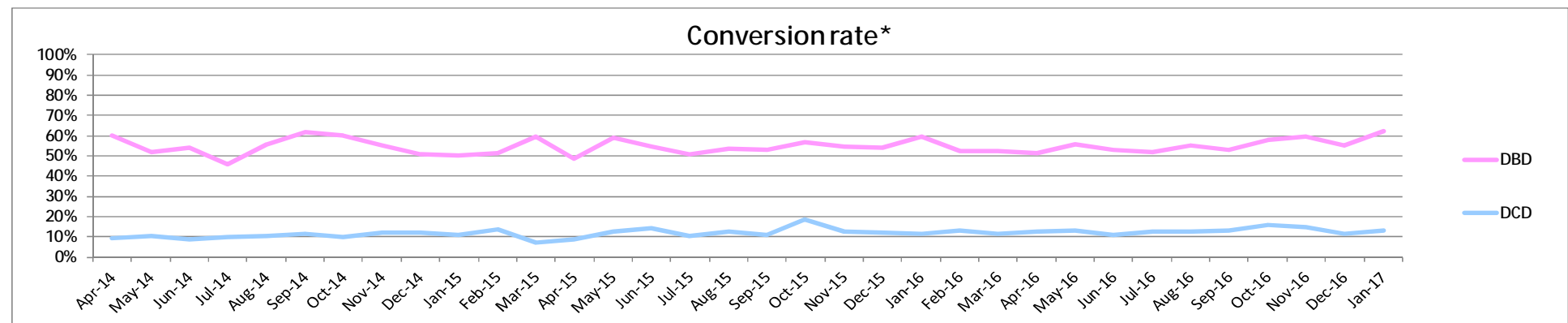
[#] Based on rolling 12 month period.

[^] Please read consent as consent/authorisation throughout the report.

3. SUMMARY OF DECEASED DONOR PATHWAY

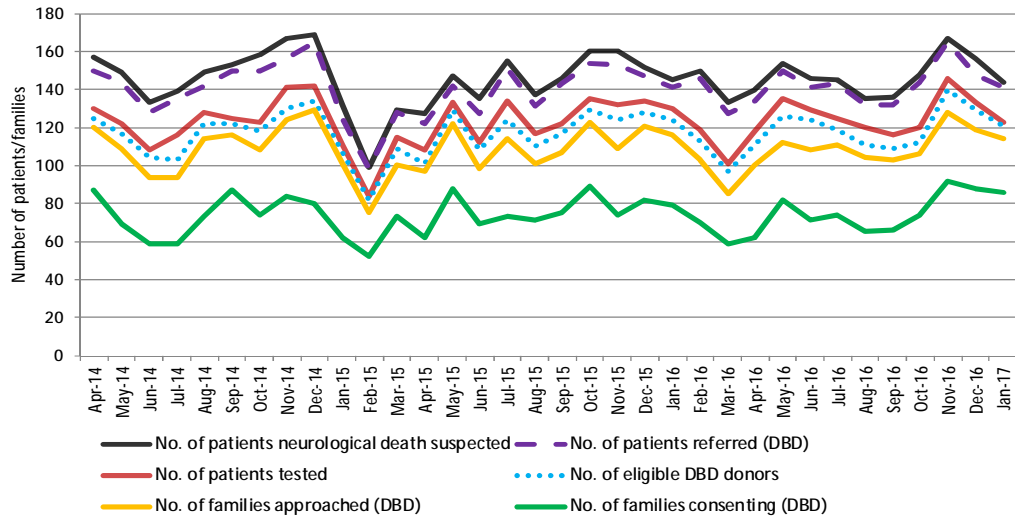
January 17													
	Potential donors	Patients referred	Eligible donors	Families approached	Families consenting	Actual donors	Utilised donors	Conversion rate*	Consented patients who did not proceed to donation	Actual donors where no organs were transplanted	Total consented patients from whom no organs were transplanted	Total consented patients from whom no organs were transplanted %	
DBD	144	141	121	114	86	76	75	62%	10	1	11	13%	
DCD	541	460	378	166	107	56	50	13%	51	6	57	53%	
Total	685	601	499	280	193	132	125	25%	61	7	68	35%	

2016/17 YTD													
	Potential donors	Patients referred	Eligible donors	Families approached	Families consenting	Actual donors	Utilised donors	Conversion rate*	Consented patients who did not proceed to donation	Actual donors where no organs were transplanted	Total consented patients from whom no organs were transplanted	Total consented patients from whom no organs were transplanted %	
DBD	1,471	1,430	1,202	1,105	760	686	668	56%	74	18	92	12%	
DCD	5,094	4,348	3,500	1,496	876	496	459	13%	380	37	417	48%	
Total	6,565	5,778	4,702	2,601	1,636	1,182	1,127	24%	454	55	509	31%	

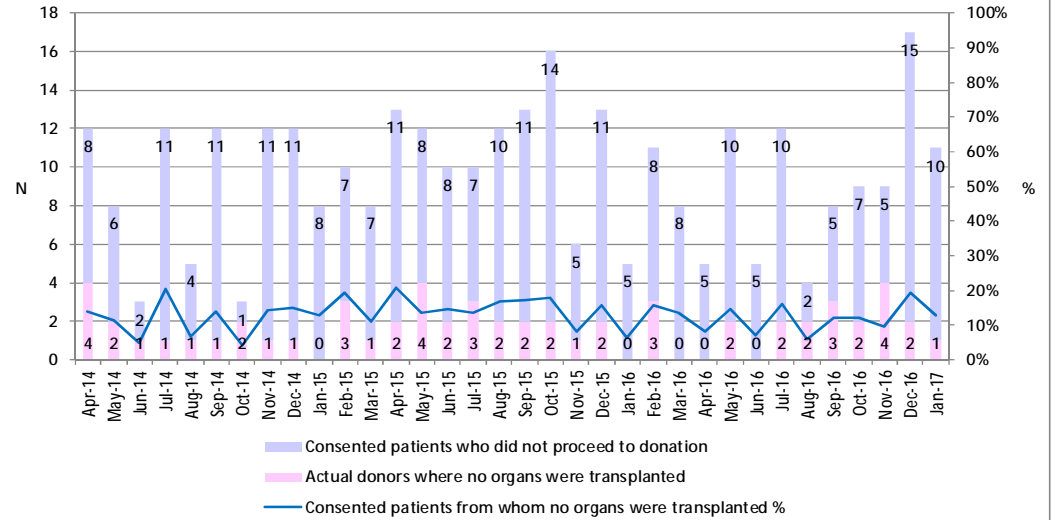


* The conversion rate represents the proportion of eligible donors from whom at least one organ was transplanted (utilised donors).

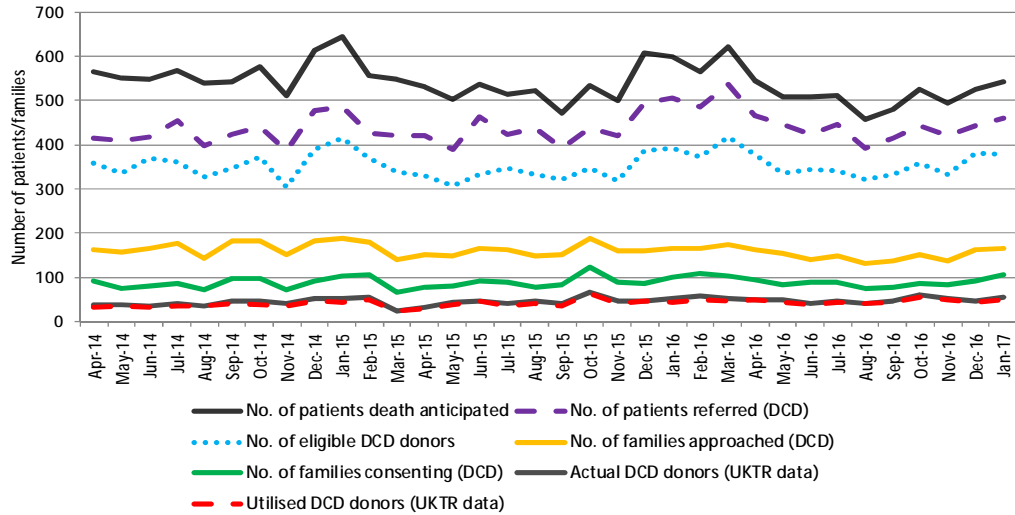
Summary of potential for DBD donation



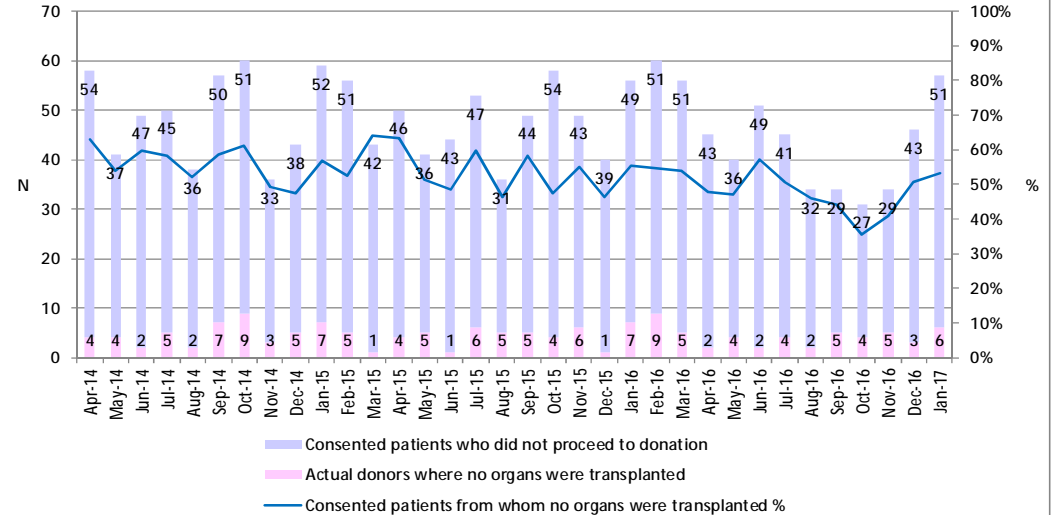
Non-proceeding consented DBD



Summary of potential DCD donation

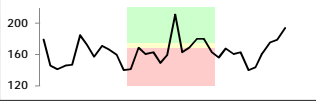
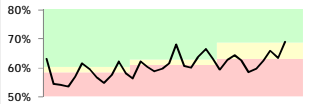
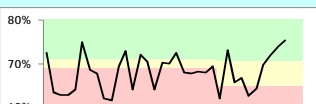
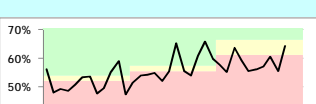


Non-proceeding consented DCD



Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD	Target	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Customer Deliver more donors	Number of eligible donors	5,609	4,702	Target														<p>The number of eligible donors fluctuates and is provided here for information. YTD there have been 92 more eligible donors than the same period last year (+8 DBD, +84 DCD) but 60 fewer than the same 10 months of 2014/15 (+20 DBD, -80DCD). There is still disparity between teams with some seeing a decrease in the number of eligible donors whilst others have seen an increase. Local investigations have failed to identify a clinical reason for the decrease in some areas. Management have concerns around inaccurate and/or untimely completion of PDA impacting on number of eligible donors identified.</p> <p>ACTIONS: 1) PDA training in Regional Team meetings - especially to include definitions of, 'what is a referral, what is imminent death, was treatment withdrawn, what is a coma'. 2 teams, where training complete, have seen more accurate completion and timely returns</p> <p>2): Working group established to review PDA definitions.</p> <p>3): Regional teams to capture true/actual potential in their management drill down. On viewing regional summaries the number of Eligible DBD donors is not substantially reduced by screening or SNOD assessment but the number of Eligible DCD donors is reduced substantially (almost half) using the DCD screening tool exclusion criteria, and screening calls by SNOD (Non-validated data). Not all true potential DCD donors were referred and can be seen as missed opportunities. (See actions SNOD involvement)</p>	
		Actual	516	484	515	490	462	468	461	431	441	469	472	509	499				
	Number of new opt-in registrants on the ODR (million) *	2.000	1.340	Target	0.240	0.200	0.200	0.095	0.095	0.095	0.125	0.115	0.165	0.155	0.165	0.195	0.135	<p>There have been 937,845 new registrations on the ODR since the beginning of April, compared to 1,110,851 during the same period last year. This represents uplift on the 2014 baseline (c0.9m for full year) but is 15% behind the same period last year. Marketing is having to work harder to counteract the decline in gov.uk transactions and in January drove 34% of all new registrations, second highest month this year. During January we ran a paid for social campaign targeting over 50s to encourage people to join the NHS Organ Donor Register. It generated 8,451 sign ups at a cost per sign up of £4.73. This campaign resulted in 622 new registrations onto the ODR. 34% of new registrations came through digital channels in January. There were 22,145 new registrations through the NHSBT website in Jan 2017 compared to 19,327 in December 2016. Registration figures since December are also lower as a result of switching off the England/Wales GP feed, due to an on-going investigation into a data issue identified at the GP end.</p>	
	Actual	1.332	0.938	0.125	0.110	0.112	0.111	0.100	0.101	0.098	0.103	0.110	0.084	0.075	0.064	0.091			
	Proportion of approaches led by a SNOD (from Referral Record)	79.0%	83.0%	Target	79.0%	79.0%	79.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	<p>See dashboard for in-month and YTD SNOD involvement rates. Eight regions are concerned about unit specific practice with pre-approaches by clinicians and Cons only approaches.</p> <p>ACTIONS:</p> <ol style="list-style-type: none"> 1) Increase SNODs confidence in discussing all non best practices approaches, through reflective practice sessions 2) Explore possibility of RCLODs to write to CLODs +/-Chairs when there is a missed or non best practice approach. Actioned in three Regions to date: NW, Yorkshire, Scotland 3) Explore option of national ODC chair meeting(s) being facilitated to set expectations/ reiterate good practice - ODT Service Development Manager to organise. 4) Undertake analysis of timings of clinician approaches to ascertain if these are more likely to happen at a weekend. 5). 3rd region - Yorkshire has changed their stretch goal to examine non-collaborative and pre approaches for donation 6). SE Trialling use of NI's Approach Aide 7) Review practice using PDSA cycle 	
	Actual	78.5%	80.7%	82.4%	80.9%	77.7%	77.5%	80.6%	75.8%	80.4%	81.6%	79.9%	82.2%	84.2%	81.6%	82.3%			

Note: * denotes metric is also a strategic target.
Chart begins from Apr-14

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Customer Deliver more donors	Number of consented eligible donors	2,125		Target	177	177	177											Consent was ascertained from 193 families/patients in January. This is the second highest number of consents ascertained in a single month, with October 2015 being the highest month (211).	
		2,004	1,636	Actual	180	180	163	156	167	160	163	139	143	161	175	179	193		
	Overall consent rate *	64.0%	70.0%	Target	64.0%	64.0%	64.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%		January was a great month for consent, with an overall consent rate of 69% (75% DBD and 64% DCD). Northern Ireland achieved 100% consent rate in January and a SNOD was involved every time. Eastern, North West and South East achieved overall consent rates above 70% and South Wales and South West achieved world class consent rates of at least 80% in January. South East, South Wales and South West also had 100% SNOD involvement. YTD the DBD consent rate now matches the rate achieved last year, which is a great turnaround from the decline we observed earlier in the year. The DCD consent rate is 2 percentage points higher than the same period last year. The most cited reason for non-consent for DBD donation is 'patient's previously expressed wish'; followed by 'Family were not sure whether the patient would have agreed to donation'. In DCD donation the principle reason for non-consent is 'patient's previously expressed wish' followed by 'length of process too long' ACTIONS: 1) Implementation of requestor role - 4 Regions 2) Collaborative work with education team to look at identifying strategies focussing on overrides, re-approaches and addressing known wish relative refusals.
		61.9%	62.9%	Actual	63.8%	66.7%	63.2%	59.3%	62.8%	64.5%	62.5%	58.6%	59.6%	62.4%	66.0%	63.3%	68.9%		
DBD consent rate	72.5%	72.0%	Target	72.5%	72.5%	72.5%	72.0%	72.0%	72.0%	72.0%	72.0%	72.0%	72.0%	72.0%	72.0%	72.0%	The most cited reason for non-consent for DBD donation is 'patient's previously expressed wish'; followed by 'Family were not sure whether the patient would have agreed to donation'. In DCD donation the principle reason for non-consent is 'patient's previously expressed wish' followed by 'length of process too long' ACTIONS: 1) Implementation of requestor role - 4 Regions 2) Collaborative work with education team to look at identifying strategies focussing on overrides, re-approaches and addressing known wish relative refusals.		
	68.8%	68.8%	Actual	68.1%	68.0%	69.4%	62.0%	73.2%	65.7%	66.7%	62.5%	64.1%	69.8%	71.9%	73.9%	75.4%			
DCD consent rate	58.5%	68.0%	Target	58.5%	58.5%	58.5%	68.0%	68.0%	68.0%	68.0%	68.0%	68.0%	68.0%	68.0%	68.0%	68.0%		The most cited reason for non-consent for DBD donation is 'patient's previously expressed wish'; followed by 'Family were not sure whether the patient would have agreed to donation'. In DCD donation the principle reason for non-consent is 'patient's previously expressed wish' followed by 'length of process too long' ACTIONS: 1) Implementation of requestor role - 4 Regions 2) Collaborative work with education team to look at identifying strategies focussing on overrides, re-approaches and addressing known wish relative refusals.	
	57.3%	58.6%	Actual	60.8%	65.9%	60.1%	57.7%	55.2%	63.6%	59.3%	55.6%	56.2%	57.2%	60.6%	55.5%	64.5%			

Note: * denotes metric is also a strategic target.
Chart begins from Apr-14

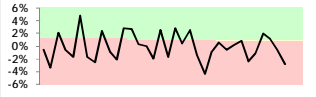
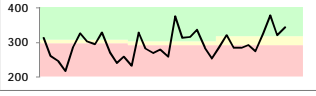
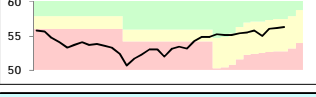
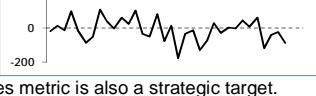
Balanced Scorecard: ODT - as at the end of January 2017

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Customer Deliver more donors	Number of families overruling patient consent 	50	73	Target	4	4	4											<p>There were 6 occasions where families overruled the patient's donation decision in January, which is consistent with the Q3 average. The monthly average number of overrides per quarter is as follows: Q1=9, Q2=7, Q3=6. Q3 differs slightly from the average 5 reported in the last balanced scorecard due to late PDA data entry. Overall there have been 73 overrides YTD which is 18 fewer than the same period last year.</p> <p>In January there were 3 occasions where families were approached without a SNOD despite the patient being on the ODR and 91 occasions where the SNOD was involved.</p> <p>ACTIONS as consent with additional actions:</p> <ol style="list-style-type: none"> 1) SNODs discussing overrides with TMs at time of occurrence to ensure all options explored with families. 2) SNODs discussing overrides at Shared practice/ALS/PDSA reviews 3) Use ODR overrides DVD by PDS team for facilitated discussion with SNODs 4) Engagement with HTA re: consent, retraction and information. 5) Work with education team to explore tools for encouraging SNODs to continuously practice consenting skills, such as Audio scenario recordings <p>In January there were 23 occasions where families were approached without a SNOD when the patient was not on the ODR and 163 occasions where a SNOD was involved.</p> <p>Over the last four months, on average there were 130 deceased donors per month, which brings the total YTD (1182) into green. Scotland continues with their impressive number of deceased donors with 109 YTD. This is 26 more than what they expected to achieve over the last 10 months and is more than they achieved in the whole of 2015/16.</p>	
	Consent rate when patient on ODR * 	95.0%	90.5%	Target	95.0%	95.0%	95.0%												
	Consent rate when patient not on ODR * 	51.0%	51.2%	Target	51.0%	51.0%	51.0%												
	Number of deceased donors (DBD/DCD) * 	1,365	1,200	Target	114	114	114	120	120	120	120	120	120	120	120	120	120		120
	Deceased donors pmp * 	21.0	22.0	Target	21.0	21.0	21.0	21.5	21.6	21.7	21.9	22.0	22.0	22.0	22.0	22.0	22.0		22.0
		1,364	1,182	Actual	126	121	104	108	121	106	112	105	109	127	141	121	132		
		51.0%	51.2%	Actual	52.1%	58.4%	51.7%	49.7%	51.1%	52.7%	52.7%	46.3%	46.7%	50.5%	54.7%	50.8%	56.5%		
		21.0	22.0	Target	21.0	21.0	21.0	21.5	21.6	21.7	21.9	22.0	22.0	22.0	22.0	22.0	22.0		
		21.2	21.7	Actual	20.7	21.0	21.2	21.4	21.4	21.3	21.4	21.3	21.4	21.2	21.6	21.6	21.7		

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Customer	Deliver more donors Number of deceased donors where at least one organ was transplanted 	1,300		Target	108	108	108											Of the 132 deceased donors in January, at least one organ was transplanted on 125 occasions (95%). Living donor data is available a month in arrears, but in addition to the 322 deceased donor transplants performed in December, 68 patients received a transplant from a living donor. However, the last time the monthly number was as low as 68 was April 2011.	
		1,283	1,127	Actual	119	109	99	106	115	104	106	101	101	121	132	116	125		
	Number of living donors * 	1,223	945	Target	102	102	102	105	105	105	105	105	105	105	105	105			
		1,074	788	Actual	91	72	96	91	80	89	92	73	91	91	113	68			
	Living donors pmp 	19.0	18.6	Target	19.0	19.0	19.0	17.0	17.4	17.5	17.6	18.0	18.0	18.3	18.4	18.6			
	16.7	16.1	Actual	16.8	16.7	16.7	16.8	17.0	16.6	16.5	16.4	16.3	16.3	16.3	16.1				
Ensure donors reflect society Consent Rate of BAME Families 	45.0%	50.0%	Target	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	In January consent was ascertained on 12 occasions (35%) from the 34 BAME families approached for a formal organ donation discussion. ACTIONS: 1) All new SNODs now receive cultural awareness training in cohort training. 2) Team manager now in post (for 6 months) to lead on implementing the workforce sustainability action plan which includes several diversity positive action initiatives. 3) Diversity Lead Nurse Specialist appointed December, to commence in March. REGION SPECIFIC ACTION - LONDON Focus on Religious cultural aspects to approach in Team education using multi-ethnic communities handbook	
	33.8%	32.9%	Actual	22.6%	40.9%	47.1%	25.9%	32.3%	37.0%	31.8%	42.9%	18.2%	57.1%	24.0%	34.6%	35.3%			
Enhance Donor Family Experience Family Survey Results 	90%	90%	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	This metric is reported quarterly, a quarter in arrears. All SNODs have been reminded (via RMs/TMs) the process for sending service evaluation forms to families who decline donation.	
	93%	91%	Actual			94%				91%			91%						

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14




Dimension / CSFs		Measure description		2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Customer	Deliver products patients need	Organ utilisation (improvement against 2012/13 baseline)		1.0%	1.0%	Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	The organ utilisation rate fluctuates from month to month. There has been no improvement this year on the 2012/13 baseline.	
				0.1%	-0.3%	Actual	-1.4%	-4.4%	-0.8%	0.6%	-0.5%	0.1%	0.8%	-2.4%	-1.1%	2.0%	1.1%	-0.6%	-2.9%		
		Number of deceased donor transplants *		3,694	3,250	Target	308	308	308	325	325	325	325	325	325	325	325	325	325	325	Over the last four months, on average there were 343 deceased donor transplants per month.
				3,530	3,110	Actual	336	285	254	283	320	285	284	292	275	325	379	322	345		
		Deceased donor transplants pmp *		57.0	58.7	Target	57.0	57.0	57.0	55.9	56.0	56.5	57.4	58.1	58.2	58.3	58.5	58.6	58.7		
		54.9	56.3	Actual	54.2	54.9	54.9	55.2	55.1	55.2	55.4	55.6	55.8	55.0	56.1	56.1	56.3				
	Growth in total (active and suspended) transplant waiting list (^at end of month)				Target															There are currently 6358 patients actively waiting for a transplant and a further 3363 suspended patients (9721 in total). There were 87 fewer patients on the transplant waiting list at the end of January than at the end of December (58 active, 29 suspended).	
					Growth	-130	-79	+25	-33	-1	-5	+43	+3	+58	-119	-41	-25	-87			

Note: * denotes metric is also a strategic target.
Chart begins from Apr-14

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
Resources	Deliver better VFM for the NHS Cost per transplant (£000s) - Annual forecast * 	18.16	17.90	Target	18.16	18.16	18.16	17.90	17.90	17.90	17.90	17.90	17.90	17.90	17.90	17.90	17.90	17.90	See separate finance report.
		18.39	17.90	Actual	18.46	18.29	18.39	17.63	17.63	17.63	18.91	18.99	18.99	18.26	18.28	18.21	17.90		
	Reduce net tax-payer burden Quarterly average number of organs retrieved per abdominal team (Qtrly in arrears) 			Target															This metric is reported quarterly, a month in arrears. There has been an increase in the quarterly average number of organs retrieved per team in Q3, for both abdominal and cardiothoracic.
				Actual			149			139			138				164		
	Quarterly average number of organs retrieved per cardiothoracic team (Qtrly in arrears) 			Target														See separate finance report.	
			Actual			22			50			38				53			
	Invest for the long-term Transformation forecast spend vs plan 	100.0%	100.0%	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	See separate finance report.	
		74.6%	136.4%	Actual	96.4%	89.6%	74.6%	100.0%	100.0%	100.0%	117.8%	120.0%	114.6%	126.4%	130.6%	131.5%	136.4%		

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14

Balanced Scorecard: ODT - as at the end of January 2017

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD	Target	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary
Operations	Operate a single 24/7 business	0	0	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	There were no occasions where organs were offered outside of the allocation policy in January.
		7	6	Actual	0	2	0	1	0	0	0	1	1	0	2	1	0	
	Manage Daily Improvement	Number of planned improvement activities ie LEAN & PDSA events (Qtrly in arrears)			Target													
			Actual			8			13			10			12			
Operate safely	Number of Serious Incidents	0	0	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	We had 61 incidents reported in January 2017. Of these, we had 4 SAEs reported to the HTA. Incidents continue to be complex requiring investigation with many stakeholders.
	3	2	Actual	0	0	0	0	0	1	0	0	0	0	1	0	0		

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14

Balanced Scorecard: ODT - as at the end of January 2017

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD	Target	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
People	Lead employees driving improvement % vacant Clinical Lead - Organ Donation (CLOD) and Donation Committee Chair posts 	6%	7%	Target															8 CLOD vacancies and 19 Chair vacancies ACTIONS: 1) Scotland management team reviewing the effectiveness of hospital donation committees 2) Regional Management team to meet with donation committee chairs to set expectations 3) National event to be held for donation committee chairs to share knowledge, set expectations and reinvigorate donation committees 4) Local Hospital strategies to be developed focusing on how to support/facilitate donation when critical care department is full 5) Recruitment in progress 2 CLODs NW & SC, 1 CLOD appointment SW
	Sickness Absence 	4.0%	4.0%	Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	Absence has had a small decrease this month from 3.64% to 3.3%, remaining in target overall but should note that Organ Donation have reduced their absence from 4.62% in December to 3.58%. The breakdown for ODT is 1.79% short term and 1.51% long term (a decrease from 1.90% long term last month).
	% annual turnover 	10.0%	10.0%	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	Turnover overall in ODT has decreased from 14.71% to 12.96% and it is further encouraging to note that turnover in Organ Donation has decreased substantially from 13.28% to 10.82% which results in a steady reduction month on month from 16.21% in September 2016. TSS however had experienced a steady month on month increase since September 2016 in turnover from 13.08% to 23.01% which has slightly decreased this month to 22.98%.
	Lead motivated employees % mandatory training compliance (Qtrly) 12-months rolling period 	95.0%	95.0%	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	Mandatory training has seen a further increase this month from 84% to 86%. Monthly data is shared with relevant operational managers providing detail on the mandatory training compliance per course and per individual. Changes to the individual mandatory training requirements per role, are starting to be implemented on the Shine Academy as individuals are completing the updated mandatory training requirements.
	P DPR (Qtrly) 12-months rolling period 	95.0%	95.0%	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	P DPR compliance has increased from 89% to 91% overall, with 16 of our 24 functional teams at 90% or more and 6 further teams have compliance above 80%. Again, individual data is shared with operational managers to enable team level discussions to improve the compliance.
				Actual	6%	6%	6%	6%	6%	6%	7%	6%	6%	6%	7%	7%	7%		
				Actual	3.5%	3.9%	3.4%	2.8%	2.7%	1.4%	2.7%	3.1%	4.1%	3.2%	2.8%	3.6%	3.3%		
				Actual	14.1%	14.6%	14.8%	15.4%	14.4%	14.7%	16.1%	14.7%	15.4%	14.9%	14.3%	14.7%	13.0%		
				Actual	87.8%		87.8%			82.8%			83.3%			84.1%			
				Actual	87.2%		87.2%			66.9%			87.2%			89.2%			

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14

Dimension / CSFs	Measure description	2015/16 Actual	2016/17 YTD		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Commentary	
People Recruit and Retain Expert, Caring Employees	Create Flexible Employee Base Proportion of SNOD establishment competent on the rota 	85.0%	85.0%	Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	39 SNODs in total required on call supervision in January: 32 training SNODs, 4 return from maternity leave, 2 return from long term sick leave and 1 for ongoing issues. Highest ever number of SNODs in Cohort training.	
		75.3%	71.1%	Actual	75.5%	75.5%	75.3%	77.8%	75.8%	74.3%	74.3%	70.0%	66.5%	68.3%	67.4%	67.4%	71.1%		
		Number of SNOD vacancies (WTE)			Target														In the last week of January there were 15.8 WTE SNOD vacancies reported by the regional teams.
				Actual										10.3	17.3	12.3	12.3	15.8	
		Average time taken to fill vacancies (in weeks)			Target														Five ODT appointments were made in January with an average time of 12.67 weeks to recruit. There were 3 unsuccessful recruitment campaigns (62.5% successful recruitment).
				Actual	11.30	13.00	13.60	16.60	11.10	10.17	8.54	12.81	18.90	15.27	11.92	10.69	12.67		
	H&S Incidents (Level 1 & 2 only)	0	0	Target	0	0	0	0	0	0	0	0	0	0	0	0		This metric is reported a month in arrears. There were no level 1 or 2 incidents in December.	
		0	0	Actual	0	0	0	0	0	0	0	0	0	0	0	0			
	Number of BAME managers		1	Target	≥1 (2017)													This metric is reported quarterly. The Q4 update is due in April.	
		0	1	Actual			0			1			2			1			
	Number of BAME staff		20	Target									19			19			
		17	18	Actual			17			18			20			18			

Note: * denotes metric is also a strategic target.
 Chart begins from Apr-14

5. OD KEY PERFORMANCE MEASURES: MONTHLY AND YTD SUMMARIES

OD Regional Performance Dashboard IN-MONTH

OD Regional Dashboard (in-month)												Month Reported: January 2017	Date Production Date: 08/02/2017
January 2017		Deceased Donor Pathway										Competent SNODs on the rota	
		Donors	Approx* donor target	Difference*	Utilised donors	BSD testing	Referral	Approach	SNOD Present	Consent / Authorisation	Consent / Authorisation for eyes (Quarterly in arrears)		
Targets	Combined									70.0%		85.0%	
	DBD									72.0%			
	DCD									68.0%			
Eastern	Combined	10	12	-2	10					72.2%	52%	50.6%	
	DBD	5			5	66.7%	100.0%	100.0%	100.0%	83.3%			
	DCD	5			5		75.5%	35.3%	91.7%	66.7%			
London	Combined	15	13	2	13					63.6%	55%	53.3%	
	DBD	11			11	100.0%	95.7%	81.8%	88.9%	72.2%			
	DCD	4			2		82.0%	48.4%	100.0%	53.3%			
Midlands	Combined	9	13	-4	9					58.1%	27%	68.1%	
	DBD	5			5	91.7%	100.0%	90.9%	90.0%	80.0%			
	DCD	4			4		86.3%	53.8%	95.2%	47.6%			
North West	Combined	18	14	4	18					76.3%	46%	88.3%	
	DBD	9			9	77.8%	100.0%	92.9%	100.0%	76.9%			
	DCD	9			9		83.7%	41.7%	96.0%	76.0%			
Northern	Combined	8	8	1	8					66.7%	55%	91.7%	
	DBD	4			4	100.0%	100.0%	100.0%	100.0%	83.3%			
	DCD	4			4		85.4%	26.5%	77.8%	55.6%			
Northern Ireland	Combined	4	5	-1	4					100.0%	33%	69.2%	
	DBD	2			2	75.0%	100.0%	100.0%	100.0%	100.0%			
	DCD	2			2		81.8%	55.6%	100.0%	100.0%			
Scotland	Combined	14	8	6	14					64.5%	32%	90.0%	
	DBD	9			9	91.7%	100.0%	100.0%	81.8%	81.8%			
	DCD	5			5		82.1%	60.6%	55.0%	55.0%			
South Central	Combined	10	9	1	7					67.9%	81%	65.6%	
	DBD	4			4	88.9%	100.0%	100.0%	87.5%	62.5%			
	DCD	6			3		86.5%	51.3%	80.0%	70.0%			
South East	Combined	18	13	5	16					70.6%	31%	62.5%	
	DBD	11			10	73.1%	92.3%	100.0%	100.0%	72.2%			
	DCD	7			6		83.6%	42.1%	100.0%	68.8%			
South Wales	Combined	10	5	5	10					85.7%	33%	83.3%	
	DBD	7			7	100.0%	100.0%	87.5%	100.0%	85.7%			
	DCD	3			3		100.0%	50.0%	100.0%	85.7%			
South West	Combined	7	9	-2	7					80.0%	42%	68.1%	
	DBD	4			4	83.3%	100.0%	100.0%	100.0%	80.0%			
	DCD	3			3		96.0%	29.4%	100.0%	80.0%			
Yorkshire	Combined	9	10	-1	9					55.0%	38%	77.8%	
	DBD	5			5	81.8%	100.0%	100.0%	88.9%	55.6%			
	DCD	4			4		90.4%	36.7%	90.9%	54.5%			
National	Combined	132	120	12	125					68.9%	43%	71.1%	
	DBD	76	71	5	75	85.4%	97.9%	94.2%	93.9%	75.4%			
	DCD	56	49	7	50		85.0%	43.9%	88.6%	64.5%			

* Rounded to the nearest integer
 Consent / Authorisation for eyes is the last reported quarterly figure.

OD Regional Performance Dashboard

YTD

OD Regional Dashboard (YTD)													
Month Reported: January 2017													
Date Production Date: 08/02/2017													
2016/17 YTD		Deceased Donor Pathway										Competent SNODs on the rota	
		Deceased donors pmp	Donors	Approx* donor target	Difference*	Utilised donors	BSD testing	Referral	Approach	SNOD Present	Consent / Authorisation		Consent / Authorisation for eyes (Quarterly in arrears)
Targets	Combined	22.0									70.0%		85.0%
	DBD										72.0%		
	DCD										68.0%		
Eastern	Combined		116	117	-1	109					67.6%	39%	50.6%
	DBD		51			50	76.3%	96.8%	95.8%	92.6%	80.9%		
	DCD		65			59		82.7%	41.0%	82.8%	61.4%		
London	Combined		134	133	1	127					56.8%	47%	53.3%
	DBD		90			89	90.7%	97.5%	87.1%	93.5%	59.8%		
	DCD		44			38		88.3%	47.6%	85.8%	53.2%		
Midlands	Combined		134	133	1	132					58.6%	30%	68.1%
	DBD		75			75	78.0%	93.2%	88.5%	91.3%	69.6%		
	DCD		59			57		81.6%	46.9%	71.6%	52.8%		
North West	Combined		149	142	7	146					64.2%	44%	88.3%
	DBD		84			82	82.9%	98.4%	95.3%	97.2%	67.1%		
	DCD		65			64		84.5%	37.3%	89.9%	62.1%		
Northern	Combined		72	75	-3	68					61.1%	30%	91.7%
	DBD		46			44	95.4%	100.0%	97.5%	97.5%	64.6%		
	DCD		26			24		91.7%	27.4%	78.2%	57.7%		
Northern Ireland	Combined		35	50	-15	33					65.2%	30%	69.2%
	DBD		25			24	82.0%	100.0%	92.5%	97.3%	75.7%		
	DCD		10			9		73.7%	42.1%	87.5%	53.1%		
Scotland	Combined		109	83	26	104					63.9%	32%	90.0%
	DBD		65			64	87.4%	92.8%	93.7%	88.8%	79.8%		
	DCD		44			40		78.6%	56.8%	61.5%	53.1%		
South Central	Combined		91	92	-1	86					62.9%	69%	65.6%
	DBD		55			55	89.0%	99.1%	97.8%	92.2%	67.8%		
	DCD		36			31		81.0%	38.2%	75.7%	59.1%		
South East	Combined		125	129	-4	112					67.4%	42%	62.5%
	DBD		69			63	84.0%	95.7%	92.4%	90.2%	64.8%		
	DCD		56			49		90.2%	45.2%	89.4%	69.7%		
South Wales	Combined		40	54	-14	39					61.8%	42%	83.3%
	DBD		25			24	90.0%	100.0%	94.3%	100.0%	75.8%		
	DCD		15			15		87.5%	36.5%	81.2%	55.1%		
South West	Combined		81	88	-7	79					69.4%	40%	68.1%
	DBD		46			44	89.2%	98.9%	86.3%	94.2%	78.3%		
	DCD		35			35		89.7%	55.9%	83.7%	63.5%		
Yorkshire	Combined		96	104	-8	92					60.9%	34%	77.8%
	DBD		55			54	90.7%	100.0%	89.2%	92.3%	64.8%		
	DCD		41			38		89.8%	45.3%	84.7%	58.1%		
National	Combined	21.7	1182	1200	-18	1127					62.9%	40%	71.1%
	DBD	12.3	686	713	-27	668	86.0%	97.2%	91.9%	93.4%	68.8%		
	DCD	9.4	496	488	9	459		85.4%	42.7%	80.6%	58.6%		

* Rounded to the nearest integer

Consent / Authorisation for eyes is the last reported quarterly figure.