

## Board of Directors

<b>Date:</b>	29 May 2019	<b>Attachment Number:</b>	9(i)																
<b>Title of Report:</b>	<b>Integrated Governance Dashboards</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The Integrated Governance Dashboards measure performance against a range of objectives and performance indicators, based on key milestones in the Annual Plan or external frameworks. The reports cover the following areas;</p> <ul style="list-style-type: none"> <li>• Summary of Overall Performance</li> <li>• Operational Performance</li> <li>• Safety, Quality, Patient Experience and Clinical Outcomes</li> <li>• Staff Engagement and Workforce Development</li> <li>• Finance and Activity</li> </ul> <p>These monthly reports ensure there is a rounded view of the current position across a range of key areas and help assess whether performance in one area is affecting that in another.</p>																		
<b>Prepared by:</b>	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
<b>Presented by:</b>	Andrew Copley, Director of Finance																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>Y</td> <td><b>Empower &amp; Engage Staff</b></td> <td>Y</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>Y</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	Y	<b>Empower &amp; Engage Staff</b>	Y	<b>Quality of Care</b>	Y										
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<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>		<b>Yes</b>		<b>If Yes, Score</b>											
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<b>Which CQC Standards apply to this report:</b>	Safe, Caring, Effective, Responsive, Well Led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td>Y</td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>Y</td> <td><b>Patient Experience</b></td> <td>Y</td> </tr> <tr> <td><b>Human Resources</b></td> <td>Y</td> <td><b>Terms of Authorisation</b></td> <td>Y</td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>Y</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>	Y	<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>	Y	<b>Patient Experience</b>	Y	<b>Human Resources</b>	Y	<b>Terms of Authorisation</b>	Y	<b>Governance &amp; Risk Management (BAF)</b>	Y	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>Y</td> <td><b>Receive for information</b></td> <td>Y</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	Y	<b>Receive for information</b>	Y	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td><b>Finance, Performance and Digital Committee</b></td> <td><b>Date:</b></td> <td>21<sup>st</sup> May 2019</td> </tr> </table>			<b>Finance, Performance and Digital Committee</b>	<b>Date:</b>	21 <sup>st</sup> May 2019													
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<b>Recommendations:</b>	The Trust Board of Directors are asked to receive the Integrated Governance Dashboards and note the current position for the areas highlighted in the report.																		

# **Board of Directors**

## **Integrated Governance Dashboards**

### **1. Context / Background**

Following a review by the Executive Directors in May 2019, the initial update of the Integrated Governance Dashboards are attached and reflect an overview of progress on key objectives for 2019/2020, including those supporting greater partnership working.

The review focussed on the KPI's across each of the sections, to ensure there is a rounded view of the current position and help assess whether performance in one area is affecting that in another.

This has included a slight update to the four sections included, mainly through establishing Finance and Activity and Operational Performance specific sections. In addition there are both updates and amendments to some of the individual indicators and in some cases adjusted thresholds applied based on a historical view of performance, the outputs from any previous detailed analysis completed where underperformance existed and a consideration if we have reached the optimal opportunity for improvement in areas.

Consideration was also given to the existing suite of more detailed reports that are available on Finance and Activity, Operational Performance, Safety, Quality and Workforce to ensure alignment with the updated Dashboards.

Going forward we plan to further develop these reports for 2019/2020 by benchmarking indicators to sense check our comparable position, reviewing other Trust Board reports and utilising tools such as GIRFT and the Model Hospital. In addition, we are looking to bring together the supporting reports for the areas covered here (i.e. Finance, Performance, Quality, Safety, Workforce) into more of an overall Integrated Board Report approach. This intention is to review the updates made half way through the year with further iterations being included for the September Board meeting.

### **2. Executive Summary**

The Integrated Governance Dashboards measure performance against a range of objectives and/or performance indicators, based on key milestones in the Annual Plan or external frameworks.

For most of the objectives or indicators, a rating of either Green or Red is applied based on the position to date against the threshold set. In some cases an Amber rating is applied for reasons such as the objective/indicator area being currently on hold or as an early warning that an area being measured on a quarterly or annual basis is currently behind plan. Items shown in grey are where the reporting period has not yet been completed, where the information supporting this area is being developed or where this is provided for information. Where relevant, supporting comments are made in the column on the right hand side together with trend charts showing the position over the previous 5 quarters or 15 months, depending on the frequency of the measurement period.

The Summary of Overall Performance shows the proportion of indicators that are rated Green for each of the sections, this includes a comparison to February and March and also a comparison to April 2018. Following significant operational demands, the overall position shows continued pressure for Finance and Activity and Operational Performance. Workforce has continued with sustained improvement following the most recent National Staff Survey and Pulse Survey results.

### 3. Report Headings

#### Operational Performance

Although this report is to April, we have where possible provided a forward view for Finance and Activity and Operational Performance for May, based on detail available as at 15th May.

#### 1. Regulatory

**NHS Improvement Single Oversight Framework** – The Governance rating is Amber for April and we are currently in Segment 2 of the Framework (on a scale where 1 is the highest and 4 the lowest). We have delivered a number of the national standards this month with the exception of A&E 4 hours, Diagnostics 6 weeks and Cancer 2 week waits, which continue to experience a significant level of demand and acuity. There is a potential Governance trigger that could be raised as a result of the current situation and our continued approach to addressing our current performance pressures are highlighted in the Performance Report.

#### 2. Annual Plan Key Milestones/Key Operational Metrics

**Operational Pressure** – The operational demand pressures that continued in April can be seen through the continued escalation beds being opened and occupied. We have for significant periods over the past few months been at Operational Pressure and Escalation Level (OPEL) 2 to 3 which requires instigating Silver Command. This is due to increased A&E attendances and admissions, acuity and patients who have delays in their discharge arrangements. As a result there have been at times significant escalation beds opened and in addition we have had to use a number of super surge beds for weeks rather than odd days. As noted in the Performance Report, we are continuing to experience pressures for our urgent care service.

**Theatre Utilisation** – This was slightly below plan in April. Within this our biggest specialties, General Surgery and Orthopaedics, are consistently utilising over 90% of their available operating time. Urology and Gynaecology are currently operating at between 80% and 90% year to date and it is anticipated that some of the further work completed through the Model Hospital and GIRFT with our clinical teams shall help further progress further improvements in this area. In Gynaecology we are already seeing some sustained improvement and over the past few months the specialty are averaging over 90% utilisation. Work shall also be completed around ENT and Ophthalmology sessions in conjunction with our acute collaboration work.

**Long Stay Patients** – Following significant operational pressure, the number of patients with a length of stay over 21 days remains high in April. To meet the national reduction target (the updated profile for 2019/2020 submitted to NHS Improvement is now included in these reports) requires continued work with partners across the system to help deliver. Patients with a length of stay over both 7 and 21 days, still account for on average of 68 beds at any one time. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.

It should be noted that in line with the demand pressures, we have opened up a number of additional Intermediate Care and Specialist Rehabilitation beds (40 beds in total) and all of these patients are on a pathway that for appropriate clinical reasons are likely to exceed 21 days.

The system's integrated Urgent Care group, who report to the A&E Delivery Board, have the continued progression on the A&E 4 Hour Standard and reduction in Length of Stay as a key priority. The focus in 2019/2020 shall be on Length of Stay to reduce by 0.5 days by March 2020 to support this work through;

- Roll out of discharge to assess pathways across all of the Airedale, Wharfedale and Craven patch, including an operational plan to support the commitment that Continuing Health Care assessments will not take place in an acute hospital bed. This is a significant operational ask and requires the capacity to be in place outside of acute hospitals which is part of the plan.
- Increase Same Day Emergency Care at weekends to match the efficiency of service during the week - Improving Length of Stay for patients spending 1 to 2 days in hospital
- From a Foundation Trust perspective, a continued focus on SAFER, particularly consistency regarding the use of Estimated Date of Discharge, specific focus on early assessment, diagnostics, intervention and treatment to reduce Length of Stay for those patients with Length of Stay between 4 and 10 days
- Home care capacity (Domiciliary Care) – Our Local Authority are working up a new proposition for the Providers to incentivise the market
- The Foundation Trust will continue to invest in the MAID (Multi-Agency Discharge) team and the Matron for patient flow which has worked well to date to reduce Length of Stay for patients spending over 14 days in hospital
- A System wide plan to focus on Mental Health and Frailty in respect of attendance and admission avoidance
- Winter planning and implementation of discharge to assess beds

Looking at the initial forward detail for May however, we are anticipating further pressures continuing in this area through the remainder of Quarter 1.

**Elective Activity and Waiting Times** – Despite the urgent care pressures, we have successfully managed to complete a good level of elective activity in April, which helps with delivery of our RTT and waiting list target requirements. Our Elective Length of Stay appears to be slightly increased as a result of some patients with a long length of stay across various specialties, thus increasing the average.

**Waiting Times** – Our Outpatient waiting times are continuing to increase with increasing specialty pressures across a range of Surgical (Orthopaedics), Medical (Cardiology) and Women’s and Children’s (Gynaecology and Paediatrics) specialties.

The Board shall be aware of an increasing focus being applied by both NHS Improvement and NHS England on the total waiting list size. In the 2019/2020 Planning Guidance, a key objective was for there to be no increase in the total waiting list size by March 2020 from that in March 2019. Pleasingly, we managed to deliver a small reduction in this target for 2018/2019 which was well received, however the total number of patients waiting has increased in April from 7551 to 8095 and is 536 above trajectory. There is an indication that some elective work was impacted in April, mainly affected by the Easter holidays and also increased Non-Elective work.

**Outpatient DNA Rates** – These remain consistently in line with the nationally benchmarked average between 7% and 8% and in April were actually at 6.8%. Further work through the Right Care programme on Outpatients shall help continue progress this, through continued initiatives such as the automated and personalised phone calls to some patients as well as text reminders being forwarded for appointments.

## **Safety, Quality, Patient Experience and Clinical Outcomes**

### **1. Regulatory**

**Care Quality Commission** – Pleasingly the Foundation Trust Care Quality Commission Inspection Report shows an Overall combined Good rating. Use of Resources was rated Good with the overall Quality of Care rated as Requires Improvement. Within this, we were rated as Good for the Responsive, Caring and Effective domains. There is further work to complete for the Safe and Well Led domains that were rated as Requires Improvement.

### **2. Safety and Quality Metrics**

**Unexpected Death** – There was one unexpected death in April. The review process is currently taking place.

**Never Events** - Regrettably there were 2 Never Events in April for a misplaced naso or oro-gastric tube and wrong site surgery. The reviews are currently taking place and shall be reported on when complete.

**Complaints Responded To Within Target Time** – The volume of complaints being responded to within the target of 40 days (stretch target of 35 days by September 2019 and further stretch target of 30 days by March 2020) is being included in the report. The detail from April 2018 to date is included in the report and pleasingly for April 2019 we are achieving 100%.

Further information being developed in this area for including in future reports is around the PALS conversion rate to Complaints and the number of reopened Complaints

**Stroke** – Pleasingly, the latest SSNAP reports were published in February 2019 and the results showed a significant increase in ANHSFT overall SSNAP banding score from a D to a B for both the patient centred and team centred results.

### **Staff Engagement and Workforce Development**

The **National Staff Survey** results for 2018/2019 were very encouraging and show that staff are positive about working at the Trust. Overall our results make positive reading. We are better than average in areas such as health and wellbeing, line managers, morale, inclusion, working in a safe environment, safety culture and staff engagement. Staff have also reported improvements (compared to last year) in relation to support from line managers, staff engagement and developing a safety culture. The detail in these shall be reflected in the next set of Integrated Governance Dashboards.

The key challenges for the Trust remain in relation to: workforce supply and resilience and its impact. Our People Plan shall therefore continue to focus on:

- Workforce supply and redesign to address shortages in the supply of doctors, nurses and other clinical employees to respond to changes in peoples' care needs.
- Employee engagement and well-being, particularly supporting mental health in the workplace and attendance.
- Culture change to: prepare people for the changes ahead as we move to Integrated Care Systems; more collaborative working; a digital enabled workforce; a focus on safety culture and inclusion.
- Enriched leadership and management development and support to further improve consistency and people management.

The key headlines from the most recent results are;

## 1. Engaged Workforce

**Stress** – The objective regarding reducing stress has increased in April and continues above threshold. Further details regarding the approach to managing Sickness Absence are included below.

**Freedom To Speak Up cases** – Details regarding the number of freedom to speak up cases is now included.

**Sickness Absence** – Updated monthly stretch targets have now been applied for 2019/2020. The April position was above the planned threshold of 4.0% at 4.29%.

Work is being completed to shift the focus of managing sickness absence to managing attendance. As such, strategies continue to be developed to manage health, wellbeing and attendance and reduce sickness absence across the Trust. These include but are not limited to:

- HR Business Partners and HR Advisors providing regular timely reports on sickness absence and attendance
- Promotion of teams/directorates with the best staff attendance for the month/quarter/year.
- Bespoke managing attendance training and coaching for line managers
- Identifying and supporting newly promoted or appointed line managers with coaching or delivery of managing attendance training
- Contribution to a new staff induction document on the importance of staff health and wellbeing and the offer available in the Trust including signposting to partner organisations for support
- Introduction of a Wellness Recovery Action Plan (WRAP) for staff who have disclosed a mental health diagnosis or who are struggling to cope (work related or not) to identify triggers and support available at work. This plan is considered best practice and recommended by Mind (the mental health charity)
- Working with Patient Services Managers and the Post Graduate team to ensure that medical and dental staff and junior doctor sickness absence is recorded and effectively managed
- The promotion of health and wellbeing monthly online seminars accessible via the employee assistance programme
- Work with managers and those responsible for coding sickness absence to ensure more accurate reporting of reasons for sickness absence which will aid analysis and benchmarking
- Promotion of the Action for Happiness monthly calendar
- Close working relationship between the Employee Health and Wellbeing team and HR Business Partner Health, Wellbeing and Attendance

In addition, management of all short and long-term periods of sickness absence continues to be supported by utilising Employee Health and Wellbeing advice and adopting a case management approach where appropriate. Counselling support continues to be accessed via the Employee Assistance Programme, therapies from the Occupational Therapist and Remploy. Other initiatives continue to be explored to strengthen the support offered to staff with Mental Health problems.

## 2. Effective Resourcing / Recruitment and Retention

**Leaver Turnover Rate** – The position in April remains better than threshold and also below the average leaver turnover rate nationally for Small Acute Trusts. A review of the past 15 Months shows a very consistent level in this area that averages 11.6%.

**Vacancy Rate** – The vacancy rate in April remained in line with expected threshold. The highest proportions are for Medical and Nursing staff.

Some of the specific actions being completed to help address this include;

- Increased Nursing Associates being deployed in Medical and Surgical Services and moving in Children's Services in March 2019;
- Health Care Support Workers - Apprentices pursued through recruitment and continuing to focus on developing skills of those currently in post. To prepare those HCSW's who may wish to pursue a career as a Nurse Associate, arrangements have been made for Keighley College to support their development on site;
- Discharge Liaison Officer role increasing in Surgical Services;
- Ward based Pharmacy Assistant role; This has now been recommenced successfully on Ward 5 and is being rolled out to Ward 4.
- Registered Nurse recruitment: 25 staff commenced in September and October with a further two staff being supported through the RN apprenticeship; Recruitment events are in place and the campaign for 2019 filmed to coincide with the February RCN Conference and Airedale's recruitment evening in March. Options are being explored with the University of Bolton to support staff who hold a registration outside the UK to registration.
- Pastoral post agreed to support new graduate retention
- Therapy Ward Leaders : One in post

In addition we received an invitation to join cohort 4 of the NHS Improvement retention collaborative.

Further plans being taken forward in support of our clinical workforce in our Annual Plan 2019/2020 provides a focus on recruitment, retention and new ways of working;

### **Nursing Workforce**

- Senior Nursing teams weekly review of roster management
- Actively participating in NHS Improvement retention project
- Actively recruiting to our bank staff
- Run regular Nurse recruitment evenings
- Run 'Keep in touch' events with Nursing new starters
- Developing pipelines into vacancies with our 3rd year Nursing students
- We are planning to implement a Fellowship for Nurses programme to support our 12 Nurses from India to receive their UK NMC registration

### **Medical Workforce**

- Operational leads regularly reviewing Medical Workforce vacancies
- Actively participating in the NHS Improvement retention project
- Actively recruiting to bank staff
- Annual advertising contract in place with BMJ

- We are actively participating in the WYATT collaborative bank project
- Developing new roles, for example the Clinical Assistant.
- Use of Advanced Nurse Practitioners/Emergency Nurse Practitioners on junior doctor rotas in the Emergency Department and introduced ANP/ACPs within Elderly and Orthopaedics to fill medical rota gaps

Recognising the continued workforce challenges, a range of recruitment and retention strategies continue. In particular we are keen to progress our ambition for a wider system response to the overall workforce challenges (e.g. taking forward proposals for rotational apprenticeships and management trainees).

**Elapsed Time To Fill Vacancies** – This was in line with threshold in April. Work continues to focus on sustaining this to being 12 weeks or below consistently. We are currently reviewing the recruitment process to look at further ways to support managers ensure new starters are joining the Trust without any delays. We are also now live with the Trac recruitment system and should be in a position to report directly from Trac soon when there will be the first few months of data available. This shall highlight areas that require further support.

**Mandatory Training** – This continues to generally improve and is close to achieving the 90% stretch target set. Individual mandatory training reports are now produced and circulated to Department Heads each Month. These levels are therefore expected to continue increasing as this is a core part of the Personal Development Review process.

## **Finance and Activity**

**Although this report is to April, we have where possible provided a forward view for Finance and Activity and Operational Performance for May, based on detail available as at 15<sup>th</sup> May.**

### **1. Regulatory**

The regulatory situation remains relatively static, reflecting a period of the Trust balancing continued high levels demand within a finite resource. The current headlines are;

**Finance Risk Ratings** – The overall Financial Use of Resources Risk Rating for April is 3.0. As noted previously, there are pressures on CIP delivery and bank and agency expenditure. The underlying position is showing a recurrent deficit of £3.2m as set out in the Financial Plan, which correlates with the value we are reliant on receiving ICS support for to deliver savings in the later end of the financial year. Weekly financial recovery meetings continue taking place with our Clinical Groups and Executive Directors to focus on progress in delivering our activity income plan, staff expenditure and Cost Improvement Plans.

### **2. Financial Metrics**

**Financial Metrics** – The position shows the underlying position is a deficit of £600k, £392k worse than plan. EBITDA performance is £605k worse than plan. CIP has under achieved at Month 1, delivering £274k against a target of £355k, £81k behind plan. Cash is also below plan this month but this is expected to be a short-term issue due to timing of incoming cash flows, however the position will continue to be monitored closely. Tighter controls remain around bank, agency and overtime with sign off at Executive level. Increased controls are also in place around discretionary spend.



### 3. Activity

**Outpatient Follow Up Appointments** – This remains a significant challenge to delivering the national ambition of a 30% reduction in full, as set out in the recent NHS Long Term Plan.

We are engaging with a variety of stakeholders across Bradford and Airedale through the Planned Care Steering Group to further progress improvements in this area as it requires a system level response to supporting different models of care for managing patients once discharged. This shall be an important area of our 2019/2020 system work. The outputs from the NHS Improvement Outpatient programme we have opted into shall also help as a lever for focussed work and this shall eventually become part of the Model Hospital publication. As well as a reduction in follow up appointments, benchmarking on this suggests improvements can be made around reducing cancelled appointments and electronic consultation. In addition the Joint Bradford/Airedale Outpatient transformation programme shall commence in June 2019.

### 4. Conclusions

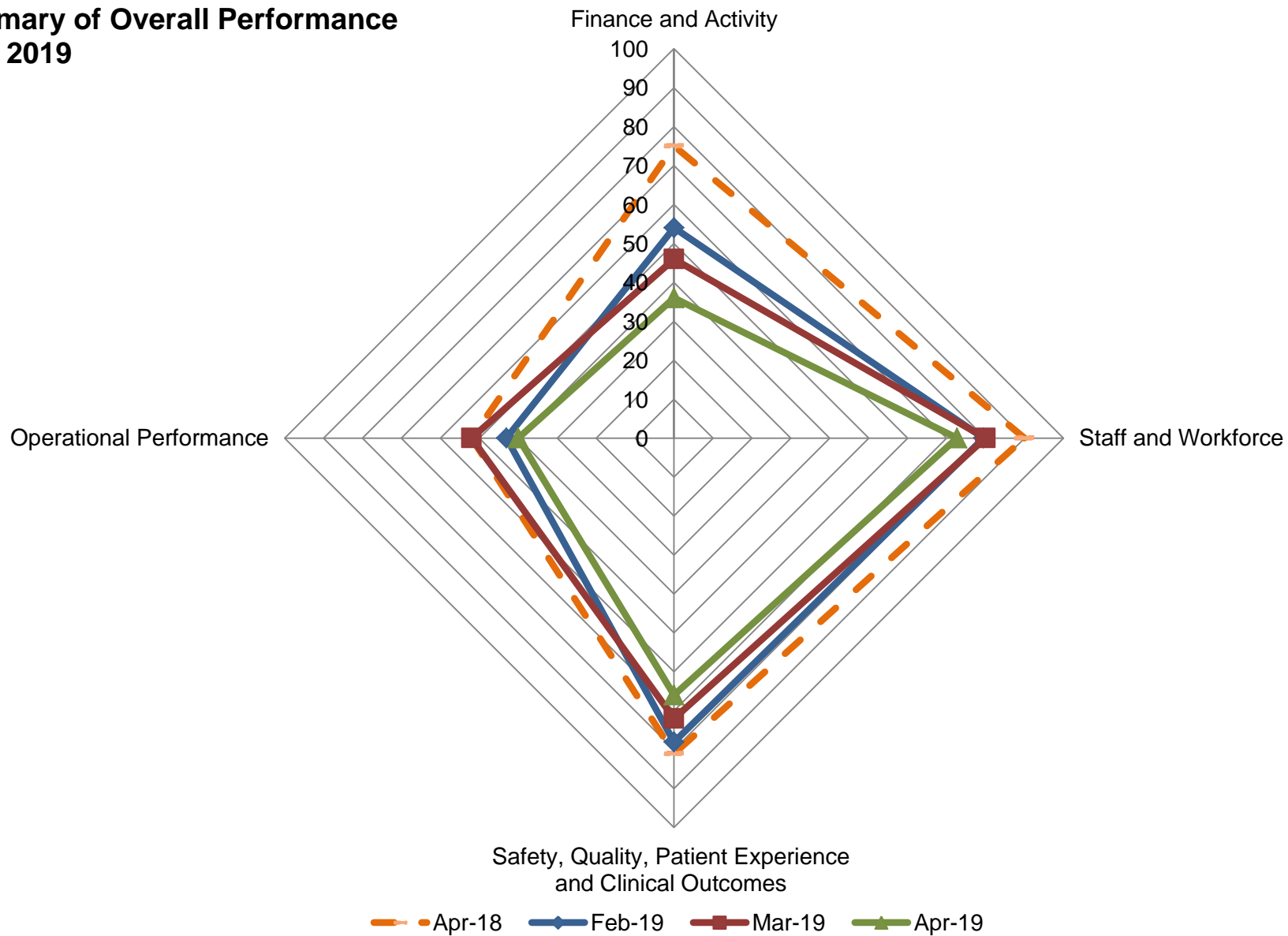
These are highlighted in Section 2.

### 5. Recommendations

The Trust Board of Directors are asked to receive the Integrated Governance Dashboards and note the current position for the areas highlighted in the report.

Airedale NHS Foundation Trust  
Integrated Governance Dashboards

Integrated Governance Dashboards  
Summary of Overall Performance  
April 2019



Operational Performance

Indicator	2017/2018		2018/2019									2019/2020					Trend (Previous 5 Quarters or 15 Months)				
	Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar	Apr	May (as at 15th May)	
NHS Improvement Single Oversight Framework Governance Rating	Segment 1	Segment 3	Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2		A&E 4 Hour Standard and Clostridium Difficile declared risks. RTT, A&E, 62 Day Cancer Standard and Diagnostic 6 week standard pressures. Potential Governance trigger.	
A&E 4 Hour Waits	95%	<95%	92.5%	91.3%	93.4%	92.4%	93.0%	93.2%	91.7%	89.8%	90.2%	92.7%	93.5%	87.6%	87.8%	88.6%	87.8%	86.1%	89.2%		
Referral To Treatment	92%	<92%	92.1%	92.6%	92.3%	92.7%	92.6%	92.8%	92.4%	92.1%	92.0%	92.6%	93.0%	93.1%	93.2%	93.2%	92.4%	92.6%	93.3%		
Waiting List Target						7379	7348	7520	7786	7502	7465	7519	7137	7077	7169	7452	7581	7560	7627		
Total Waiting List (RTT Pathways)	Profile	>Profile				7560	7627	7802	8335	8233	8064	7873	7941	7696	7523	7577	7551	8099	8614		
Cancer 62 Day Urgent Referral To Treatment	85%	<85%	87.6%	92.0%	91.9%	87.7%	86.1%	81.6%	84.4%	84.5%	89.2%	85.7%	87.0%	89.0%	81.3%	88.6%	90.7%	86.8%	95.3%		
Cancer 31 Days from Diagnosis to Treatment	96%	<96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Cancer 2 Week Wait from Urgent GP Referral	93%	<93%	96.7%	97.2%	95.6%	93.8%	94.7%	92.7%	91.7%	95.3%	94.7%	94.0%	94.4%	93.7%	94.6%	96.4%	92.4%	89.4%	93.5%		
Cancer 2 Week Wait Breast Symptomatic from Urgent GP Referral	93%	<93%	98.6%	93.9%	94.6%	89.4%	93.9%	96.8%	93.9%	100.0%	100.0%	96.5%	94.1%	88.4%	82.7%	96.5%	92.4%	82.7%	80.0%		
Diagnostics 6 Week Waiting Time	99%	<99%	96.20%	97.60%	96.20%	93.30%	89.9%	94.6%	97.8%	96.9%	99.0%	99.8%	99.4%	97.0%	96.9%	97.4%	96.0%	94.7%	94.9%		
Cognitive Screening	90%	<90%	95.3%	90.3%	88.1%	93.8%	96.2%	92.7%	93.1%	92.9%	90.3%	88.7%	91.5%	90.9%	90.4%	91.6%	91.4%	93.5%			
VTE Assessment	95%	<95%	95.68%			95.20%			95.34%			93.78%			96.25%			95.6%			
Zero Tolerance Standards (RTT 52 Weeks, A&E 12 Hour Waits, SSA, Urgent Operations Cancelled Twice)	0	>0	2	0	0	3	0	0	0	0	0	1	0	0	0	0	0	1	0	Mixed Sex Accommodation breach in April	
Beds	For Information	For Information	358	358	358	352	352	352	351	351	347	345	345	338	338	335	333	333	333	Curgate beds closed - nil	
Total Escalation Beds Opened and Occupied (Average)	<10	>10	88	84	24	26	39	12	17	18	18	14	18	85	83	46	46	38	24		
Theatre Time Utilisation	>85%	<85%	86.7%	88.5%	88.7%	88.1%	92.7%	89.3%	88.4%	83.3%	88.3%	89.8%	87.8%	86.1%	88.3%	89.6%	85.2%	84.9%	88.0%		
Cancelled Operations	0.80%	>0.8%	0.80%	1.00%	0.87%	0.50%	0.47%	0.60%	0.54%	0.46%	0.86%	0.73%	0.47%	0.57%	0.77%	0.85%	0.81%	0.67%	0.31%		
Bed Occupancy	>85% to <95%	<85% or >95%	97.2%	96.8%	93.0%	90.4%	93.4%	90.1%	90.6%	91.5%	92.4%	90.3%	92.5%	95.4%	97.3%	97.9%	97.4%	96.1%	98.2%	Based on all core beds (Includes Paediatrics)	
Bed Occupancy (Adults)	>85% to <95%	<85% or >95%	99.9%	99.8%	96.4%	94.1%	95.7%	92.5%	93.9%	94.6%	94.5%	91.9%	96.5%	95.8%	97.5%	98.1%	97.8%	96.3%	98.1%		
Bed Occupancy (Children)	>85% to <95%	<85% or >95%	51.3%	59.8%	50.8%	43.9%	59.2%	49.0%	41.3%	45.5%	60.7%	66.1%	68.2%	86.0%	88.0%	93.6%	90.1%	87.8%	78.2%		
Average Length Of Stay (Non-Elective)	<4.3	>4.3	4.6	4.2	4.0	4.8	4.2	3.9	4.2	4.2	4.3	4.2	3.7	4.7	4.5	4.4	4.6	4.4	4.5	Threshold based on 12 month average	
Average Length Of Stay (Elective)	<2.5	>2.5	2.2	2.1	2.4	2.4	2.9	2.4	2.3	2.3	2.8	2.9	2.8	2.9	2.8	3.3	2.2	2.7	2.8	Threshold based on 12 month average	
Patients LOS Over 21 Days Profile			56	55	54	52	51	50	48	47	46	45	44	43	43	43	43	43	70	65	
Patients LOS Over 21 Days	< Trajectory (updated from April 2019)	> Trajectory (updated from April 2019)	54	65	69	71	59	60	63	57	55	50	64	67	74	64	58	68	65	Threshold to achieve 25% reduction by December 2018	
Inpatient / Day Case Average Waiting Time (Weeks)	<6.2	>6.2	6.2	5.9	5.8	6.0	4.9	4.6	4.4	4.7	4.6	5.1	4.7	5.7	5.1	4.9	4.7	4.7	4.7	Threshold based on 12 month average	
Outpatient Average Waiting Time (Weeks)	<8.8	>8.8	9.1	9.0	9.0	9.1	9.6	9.6	10.5	10.1	10.1	9.8	10.3	10.7	10.4	10.6	10.0	11.0	11.0	Threshold based on 12 month average	
Outpatient DNA Rate	<6%	>6%	6.7%	7.0%	8.1%	6.9%	7.1%	7.0%	7.2%	8.1%	7.4%	6.9%	6.5%	7.2%	6.8%	7.0%	6.4%	6.8%	6.8%	National Benchmark is between 7% and 8%	

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2017/2018		2018/2019									2019/2020				Notes	Trend (Previous 5 Quarters or 15 Months)				
	Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan			Feb	March	Apr	
Patient Feedback	Were you involved as much as you wanted to be in decisions about your care and treatment?	>73 <73	96%	95%	96%	99%	99%	99%	99%	99%	98%	96%	99%	90%	98%	96%	94%	100%	96%		
	Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95 <95	97%	100%	98%	100%	100%	99%	97%	98%	99%	100%	97%	100%	99%	98%	97%	99%			
	Would you recommend the hospital to your Family and Friends?	>94% <94%	98.3%	94.9%	98.4%	98%	98%	98%	97.7%	96.3%	97.3%	96.9%	97.2%	97.6%	97.8%	97.4%	97.6%	97.0%			
Regulation	Care Quality Commission	Good or above Inadequate	Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Combined Rating: Good Use of Resources: Good Overall Quality of Care: Requires Improvement				Rated as 'Good' for responsive, caring, and effective, and 'Requires Improvement' for safe and well-led.		
	Regulation 28	0 >1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0			
Mortality	Mortality	For information For information	No of inpatient deaths 161 No of deaths reviewed 54 Stillbirth 0 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 158 No of deaths reviewed 58 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 148 No of deaths reviewed 70 Stillbirth 2 Maternal deaths 1 All reviewed deaths were deemed unavoidable			No of inpatient deaths 154 No of deaths reviewed 58 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 192 No of deaths reviewed 59 Stillbirth 2 Maternal deaths 0 All reviewed deaths were deemed unavoidable						
	SHMI	<1 >1	0.98			0.98			0.98			0.94			0.90						
Safety	Hand Hygiene Audit	95% <95%	98%	98%	97%	98%	98%	98%	98%	97%	98%	98%	97%	97%	98%	98%	99%	97%			
	Staff Flu Jab Completion	70% <70%	74%	75%								59%	71%	76%	76%	76%				Flu vaccinations stopped now until October	
Stroke	SSNAP Data	>=8 E	D			D			D			8			8						
	SSNAP Score	TBC TBC	45			45			48			76			76						
Infection Prevention and Control	MRSA	0 >0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0			
	Clostridium difficile	10 YTD >10 YTD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	e.Coli	15 YTD >15 YTD				2	2	1	0	1	1	1	0	3	0	3	4	2			
Womens and Childrens	Caesarean Sections	For information National average 27.8%				31.6%	21.2%	21.3%	27.1%	24.2%	25.9%	32.4%	31.6%	32.7%	30.2%	30.5%	23.8%	30.5%		2018/2019 27.71%	
	Continuity of Carer	TBC TBC																		Being developed	
Safety and Quality Indicators	Patient Safety Incidents	For information For information				454	464	448	544	581	560	510	607	571	606	473	520	603			
	Medication Incidents in Moderate Harm	For information For information	0			0			0			0			0						
	Falls Resulting in Significant Harm	For information For information	6			13			5			12			12				2		
	Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information For information	5			14			5			14			6				6		
	Serious Incidents Requiring Investigation	For information For information	4	3	1	0	3	1	0	4	2	0	0	0	1	3	2	3			
	Sepsis Antibiotic Administration Within One Hour	90% <50%	48.0%			68.0%			84.0%			81.0%			69.9%				TBC		
	Unexpected death	0 >0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1			
	Never Events	0 >0	0	0	1	0	2	0	0	1	0	0	0	0	0	0	0	0			
Obstetrics - Stillbirth or Unexpected Death	0 >0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0				
Complaints and Compliments	Complaints Resolved Within Waiting Time	<40 days, 35 days from September 2019, 30 days by March 2020			100.0%	100.0%	60.0%	66.0%	25.0%	56.0%	25.0%	0.0%	28.6%	33.3%	40.0%	60.0%	72.7%	100.0%			
	PALS Issues Raised	Monitoring Monitoring	97	122	94	110	80	82	83	95	75	95	123	87	125	111	149	159			
	PALS Conversion to Complaints	Monitoring Monitoring																		Being developed	
	Reopened Complaints	Monitoring Monitoring																		Being developed	
	Compliments	Monitoring Monitoring	253	236	315	345	125	143	192	146	227	163	209	165	259	106	124	121			

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Staff Engagement & Workforce Development

		2017/2018			2018/2019																
Indicator		Green	Red	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Trend (Previous 5 Quarters or 15 Months)	Comment
Great Line Management	Staff receiving annual appraisal	>85%	<85%	92.9%			95.5%			95.8%			95.8%			93.0%			93.0%	Quarter 1 Pulse survey reports due July	
	Staff saying they had well structured appraisal	>38%	<35%	38.2%			47.7%			51.5%			51.5%			45.2%			45.2%	Quarter 1 Pulse survey reports due July	
	Staff satisfied with support from immediate line manager	>3.7	<3.6	4.00			4.09			4.03			4.03			4.06			4.06	Quarter 1 Pulse survey reports due July	
Engaged Workforce	Engagement Index	>3.8	<3.73	4.00			4.02			4.05			4.05			4.00			4.00	Quarter 1 Pulse survey reports due July	
	Sickness Absence Rate	Updated Profile April 2016		3.9%	3.4%	3.3%	3.4%	3.6%	3.8%	3.9%	3.5%	3.9%	4.2%	4.7%	4.5%	4.9%	4.1%	3.6%	4.0%		Updated stretch targets from April 2017
	Number of staff citing stress as reason for absence	<28	>40	54	50	46	42	38	48	56	54	55	55	58	60	57	44	46	58		
	Freedom to speak up cases raised	TBC	TBC	26	7	10	1	3	5	7	4	0	4	2	3	2	4	1	6		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	4.06			4.03			4.11			4.11			4.07			4.07	Quarter 1 Pulse survey reports due July	
	Staff Job Satisfaction	>3.7	<3.62	3.98			4.03			4.04			4.04			3.93			3.93	Quarter 1 Pulse survey reports due July	
	Staff Motivation at Work	>3.9	<3.83	3.98			4.01			4.01			4.01			4.01			4.01	Quarter 1 Pulse survey reports due July	
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	11.55%	11.57%	12.26%	12.35%	12.06%	11.77%	11.11%	11.19%	11.59%	11.75%	11.51%	11.41%	11.85%	11.85%	11.85%	11.85%		
	Reduction in work pressure felt by staff	<2.9%	>3.18%	2.82			2.76			2.80			2.80			2.90			2.90	Quarter 1 Pulse survey reports due July	
	Vacancy Rate	3% to 5%	>9%	6.7%	5.7%	6.4%	5.0%	8.6%	8.0%	7.2%	5.6%	5.6%	5.8%	5.7%	5.6%	4.9%	5.0%	5.1%	TBC		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	12 weeks	12 weeks	10 weeks 4 days	12 weeks	12 weeks	13 weeks 4 days	12 weeks 6 days	11 weeks 2 days	12 weeks	11 weeks 6 days	11 weeks 6 days	12 weeks 1 day	14 weeks 1 day	12 weeks	11 weeks 5 days	11 weeks 6 days		
	Mandatory Training Overall Compliance	>90% (Updated April 2016)	<80% (Updated April 2016)	81.6%	82.0%	81.6%	82.8%	83.3%	83.9%	84.5%	85.0%	85.0%	85.7%	88.3%	89.2%	88.2%	89.7%	89.9%	89.5%		
Staff saying learning and development help them do their job more effectively	>65%	<65%	64.3%			68.8%			73.3%			73.3%			68.0%			68.0%	Quarter 1 Pulse survey reports due July		
Recruitment and Retention	Vacancy Rate: Managers & Infrastructure Support	6%	>10%							4.4%	3.8%	3.8%	4.3%	3.7%	2.8%	2.0%	1.8%	2.7%	2.9%		
	Vacancy Rate: Medical Staff	6%	>10%							13.7%	2.4%	2.4%	2.3%	3.9%	3.7%	3.2%	1.0%	3.0%	11.3%		
	Vacancy Rate: Registered Nursing	6%	>10%							9.6%	9.4%	9.4%	8.3%	7.7%	8.8%	9.3%	10.1%	9.6%	10.0%		
	Vacancy Rate: Scientific, Therapeutic & Technical Staff	6%	>10%							4.0%	3.8%	3.8%	2.8%	1.1%	0.0%	-0.7%	1.1%	0.8%	7.3%		
	Vacancy Rate: Support to Nursing Staff	6%	>10%							4.8%	3.7%	3.7%	3.4%	5.8%	6.1%	3.7%	4.2%	4.1%	8.5%		
	Medical Bank and Agency Fill Rates	For information	For information										92.9%	95.6%	96.8%	92.7%	91.1%	94.1%	95.5%		
	Nursing Bank and Agency Fill Rates	For information	For information										92.1%	72.2%	57.5%	63.8%	63.6%	63.6%	65.3%		
Inclusion	Percentage of BME Staff (Total Staffing)	For information	For information					12%				12%			13%		13%		14%		
	Percentage of Disabled Staff (Total Staffing)	For information	For information					2%				2%			2%		2%		2%		
	Percentage of BME staff in Bands 8 and above	For information	For information					5%				5%			5%		5%		5%		
	Percentage of Disabled staff in Bands 8 and above	For information	For information					2%				2%			2%		2%		2%		

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Finance and Activity

	Indicator	2017/2018		2018/2019									2019/2020					Trend (Previous 5 Quarters or 15 Months)					
		Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar	Apr	May (as at Weds 15th May)		
Regulatory	NHS Improvement Single Oversight Framework Finance Rating	1 or in line with Plan (from September 2016)	>=3 or not in line with Plan (from September 2016)	Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0 (March to be confirmed)			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0			Liquidity Ratio 1.0 Capital Service Capacity 3.0 Use of Resources Rating 3.0			Liquidity Ratio 1.0 Capital Service Capacity 2.0 Use of Resources Rating 2.0			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 2.0			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0	Pressures around CIP delivery, bank and agency costs. The underlying consolidated position at the end of April is a deficit of £600k which is £392k worse than plan. Trust performance is a deficit of £612k, which is £393k worse than plan.			
Key Financial Metrics	Bank and Agency	Better than plan	Above plan	£1.47m			£281k			(£152k)			(£994k)			(£1,967k)			(£366k)				
	Cost Improvement Programme	Better than plan	Above plan	£0			£650k			£1,977k			£1,416.3k			(£955k)			(£81k)				
	EBITDA	Better than plan	Above plan	(£1,907k)			£23k			£856k			(£664k)			(£1,752k)			(£605k)				
	Cash	Better than plan	Above plan	(£2,653k)			£6,248k			£3,647k			£141k			£2,686k			(£1974k)				
	Income & Expenditure Margin	Better than plan	Above plan	£1.089k			(£1,802k)			(£2,010k)			(£2,423k)			£543k			(£600k)				
Activity	Non-Elective Activity	>2334	<2334	2444	2200	2418	2273	2507	2266	2537	2337	2210	2465	2319	2348	2539	2295	2386	2435	Estimate 2372	Threshold based on 12 month average		
	Inpatient/Day Case Elective Activity	>2286	<2286	2372	2104	2295	2343	2466	2651	2736	2836	2555	3068	2949	2725	2842	2580	2962	2977	Estimate 2889	Threshold based on 12 month average		
	First Outpatient Activity	>3105	<3105	3298	2756	3098	3189	3438	4016	3151	3211	3178	3517	3349	2332	2802	3080	2992	3474	Estimate 3085	Threshold based on 12 month average		
	Follow Up Outpatient Profile			7688	7688	7688	7496	7304	7112	6920	6728	6536	6344	6152	5960	5768	5576	5384	5192	5192			
	Follow Up Outpatient Activity	<Trajectory	>Trajectory	8327	6919	7490	7586	8393	8331	7234	7046	7599	8458	7703	6663	8767	7702	7774	7956	Estimate 7955	Threshold to meet 30% reduction in follow ups		
	A&E Attendances	Up to 5750	>5750	5420	4770	5509	5532	6312	5743	6097	5784	5696	5972	5533	5785	5838	5364	5921	5920	Estimate 5788	Threshold based on attendance levels where 95% standard met		
Referrals	AWC CCG (n)	<2250 (from April 2019)	>2250 (from April 2019)	2432	2009	2287	2415	2312	2343	2349	2139	2057	2440	2425	1827	2324	2312	2437	2205				
	BFD DIST and CITY CCG (n)	<534 (from April 2019)	>534 (from April 2019)	560	522	541	586	627	648	643	587	500	609	669	465	553	554	590	502				
	EL CCG (n)	>404	<404	402	390	418	390	434	392	425	406	384	524	430	398	443	432	441	448				