

## Board of Directors

<b>Date:</b>	26 June 2019	<b>Attachment Number:</b>	9(i)																
<b>Title of Report:</b>	<b>Integrated Performance Dashboards</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The Integrated Performance 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>	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
<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>Recommendations:</b>	The Trust Board of Directors are asked to receive the Integrated Performance Dashboards and note the current position for the areas highlighted in the report.																		

## **Board of Directors**

### **Integrated Performance Dashboards**

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

Following a review by the Executive Directors in May 2019, the initial update of the Integrated Performance 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. The 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 Performance 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 March and April and also a comparison to May 2018. Following 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 May, we have where possible provided a forward view for Finance and Activity and Operational Performance for June, based on detail available as at 11th June.

#### 1. Regulatory

**NHS Improvement Single Oversight Framework** – The Governance rating is Amber for May 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 breast 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.

#### National Standards

##### A&E

It should be noted that we continue to experience high operational demand and the Board have previously acknowledged the hard work of staff across the Trust in dealing with the considerable urgent care pressures over the previous couple of years. For the most recent 12 Months we have seen a 5.0% increase in A&E attendances compared to full year before.

The general increase in attendances over the past couple of years when coupled with an increased level of Non-Elective activity (6% increase in 2018/2019 over and above 2017/2018) and medical acuity, has led to significant urgent care pressures both within the A&E Department and bed base on the Wards. Significant pressures are continuing into June (as at 11th June our performance was 87.9% for the month to date) below both the national standard and Annual Plan trajectory. An Exception Report was attached to the Board Performance Report in April outlining further detail and corrective action being taken.

The Emergency Care Standard continues to be a challenge for the vast majority of acute providers in England.

#### Current position

The main reasons for breaches continue to be delayed first assessment and bed holds. This was mainly affected by;

- Insufficient capacity (Doctor, ANP, and ENP) to meet demand, particularly during the evenings as increased activity began.
- Lack of downstream capacity for admitted patients. From the analysis of the activity, acuity of presentation and beds occupied, winter started earlier than planned in mid-November. This clearly impacted on the ability to meet demand with the early opening of escalation beds impacting on nursing, medical and supporting workforce.
- Patients with a length of stay over both 7 and 21 days, still account for on average 69 beds at any one time following demand pressures. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.

- Implementation of the SAFER bundle, which is an evidenced based tool for managing patient flow. This is strongly dependent on a stable and sustained nursing workforce across Inpatient wards. Nurse staffing pressures are making consistent delivery challenging.
- Pressures within the domiciliary care market, to facilitate the safe and timely discharge of patients requiring on-going out of hospital care.
- Alongside the unanticipated growth, there has been a shift of activity from day time hours (9-5) to early evening/night.

### **Going forward;**

Work is progressing on the transformation of clinical pathways across the front end and we recognise there is still work to do in respect of reducing the number of patients who wait longer than 4 hours because of a delayed first assessment. We have already put in place a more robust minor injuries stream to reduce delayed assessments.

### **Further actions being taken to further support improvement include;**

Silver command continues in daily operation when required via our OPEL process. During May however we have managed to close a large proportion of the additional capacity we had opened to support winter.

We continue to work in collaboration with colleagues from Adult Social Care and the CCG regarding the provision of domiciliary care.

NHS Improvement Academy are working with our A&E department and shall report back with suggested next steps.

Task and finish groups commissioned by the A&E Delivery Board commence during May and will report back by August with recommendations on four programme areas (Frailty, Mental Health, Working Age Adults, Respiratory)

An Airedale focussed improvement programme shall commence focussed on:

#### **Front door**

- Improvements in time to initial assessment and time to first treatment
- Increased ambulatory care at weekends
- Review of frailty
- Trial of additional non-clinical coordination support to department to support flow
- ED@home

#### **In hospital**

- Review of consultant delivered ward rounds in Medicine
- SAFER and Red to Green days
- Frailty offer for Inpatients

#### **Out of hospital**

- Get me home meetings
- Discharge to assess and step down
- Frailty outside of hospital

In addition, Right Care shall relaunch a new programme of work which incorporates managing acute and emergency at the front end, improving flow and discharge and partnership working with the system to manage increasing demand.

The above areas are supporting improvement, however, there is significant further work required to ensure resilience in this area across the whole health and care system going forward.

### **Diagnostics**

The Diagnostics 6 week waiting time standard continues to be affected mainly by Echocardiography where there are currently some service pressures and also in MRI and Ultrasound. We currently have challenges for Cardiac Echocardiography through both an increase in demand and loss of specialist workforce that we are struggling to replace in the short term. We have looked to outsource some of this work (NHS and Independent Sector) but no capacity is currently available within the timescales required. The Operational Leads produced an Action Plan with a number of key elements to help return performance back to the national standard by May 2019 and agreed this with NHS Improvement. However, given the continued pressures experienced we are having to extend this to August 2019.

The actions being taken include;

- Part-time locum Radiologist secured (due to start in June) to support MSK and other MSK posts also being explored
- Currently reviewing options for temporary and substantive workforce changes
- Recovery of diagnostic standard is not anticipated until August 2019. Improvement is expected to be seen in June (96%) and July (97%) with achievement of standard by August 2019

### **Referral to Treatment**

Pleasingly, the Referral to Treatment standard was achieved for May at 93.1%. There continue to be pressures at specialty level in ENT, Cardiology and Neurology. We have significant pressures in Neurology due to an increase in demand and whilst we are mitigating this in the short term through some additional Locum capacity, it requires a system wide response. Because of the activity volumes for some specialties, it can have a disproportionate effect on the aggregate percentage. Specific focus is being placed on utilisation levels and seeking additional capacity in support of continued delivery of the standard.

It should be noted we managed to achieve the standard again in Orthopaedics for the fifth consecutive month following focussed and additional work completed over a number of months. In addition, Urology achieved for a third consecutive month with a rate of 93.9% having been a specialty pressure for some considerable period and we have also managed to deliver in General Surgery for the first time in a number of months. Focussed work on pathway development has contributed to this and we hope shall support a sustained improvement going forward.

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 8673 and is currently 1046 above trajectory. There is an indication that some planned care work was impacted in April and May together with a slight increase in referrals, partly affecting this.

A further aspect being reviewed nationally are the numbers of long waiting patients, specifically the national standard regarding no patients waiting over 52 weeks. In addition, NHS Improvement have indicated Boards should be sighted on the number of patients currently waiting 40 weeks and over. To date the Foundation Trust has had low numbers for both of these indicators.

As at May, out of a total of 8673 patients on an RTT pathway, 2 are currently waiting over 40 weeks. All patients are reviewed weekly through an established RTT meeting, to ensure all have appropriate access planned.

### **Cancer**

Following pressures noted previously, pleasingly the 62 day cancer standard was achieved in May at 92.5%. The Cancer 62 day screening standard was also achieved.

Overall the 62 day standard continues to be tight going forward, with an indication of pressures in June, and so is being very closely monitored. As previously noted, we have requested and already received some support from the NHS Improvement Intensive Support Team. Due to the ongoing pressures with 62 day cancer performance, the Chief Operating Officer has implemented additional performance management meetings with the relevant specialties that take place every fortnight and also initiated a Cancer Recovery Plan.

Unfortunately we did not achieve the Cancer 2 Week breast standard in May but all other Cancer standards were achieved. A separate Exception Report was attached to the Performance Report in April outlining further detail and corrective action being taken.

There is continued national priority focus being placed on Improving and Sustaining cancer performance, particularly around the 62 day standard. Nationally, weekly reporting of this standard has now been implemented and Trusts are being required to progress work on a number of key priorities such as leadership, policies, pathways, reporting, patient tracking and capacity and demand analysis.

One requirement is for Boards to have greater visibility of cancer site performance. At site level, there were pressures for Gynaecology in May. Focus shall be placed on these through Integrated Performance Reviews.

### **Mixed Sex Accommodation**

Regrettably, during some operational demand periods in month, we also had one Mixed Sex Accommodation breach in May. This was on the Coronary Care Unit and related to two female patients and a male patient being in the coronary care unit together. This was initially a justified breach but when the male patient was declared well enough to move to a general ward and there was no bed available, it became an unjustified breach. A review is taking place and shall be reported on when complete.

Pleasingly all other Single Oversight Framework national standards were achieved or were within de minimis limits. The current position however remains tight in June.

There is still a potential risk of a formal Governance trigger by NHS Improvement, as a result of the A&E 4 hour standard not being achieved for twelve of the last thirteen quarters and the pressures around Diagnostics and Cancer. In addressing our current urgent care pressures we continue to implement a variety of actions to ensure this position does not become normalised. Despite the increased demand we continue to progress work both internally and with partners in the Health and Care system. These include

task and finish groups commissioned by A&E Delivery Board that commenced during May and will report back by August with recommendations around four programme areas (Frailty, Mental Health, Working Age Adults, Respiratory) together with an Airedale focussed improvement programme that will commence focussed on front door, in hospital and out of hospital care. In addition the Trust is working with the NHS Improvement Academy who shall report back with suggested next steps. This is being co-ordinated in conjunction with work ongoing on the system wide progress towards the 9 point Urgent and Emergency care plan, the oversight for which is provided by the A&E Delivery Board.

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

**Operational Pressure** – The operational demand pressures that continued in May 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. During May however we have managed to close a large proportion of the additional capacity we had opened to support winter.

**Theatre Utilisation** – This was above plan in May. 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 operational pressures, the number of patients with a length of stay over 21 days remains high in May. 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 69 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 June 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 May, 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 (General Surgery), Medical (Rheumatology and Neurology) and Women's and Children's (Gynaecology and Paediatrics) specialties.

**Outpatient DNA Rates** – These remain consistently in line with the nationally benchmarked average between 7% and 8% and in May were actually at 6.6%. 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**

**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.

#### **Clostridium Difficile**

The total number of Clostridium difficile infections for the year to date is 1. This is set against the national target of 10 applied in the Single Oversight Framework. In line with national guidance, individual cases can now be reviewed with Commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trusts annual target. The year to date total is 0 cases against an annual threshold of 10 with one case still to review.

Achievement of the Clostridium difficile threshold for 2019/2020 remains at risk as declared to NHS Improvement in the Annual Plan submission. Further development of the reporting around this standard means that for 2019/2020 Acute provider objectives shall be set using two categories:

- Hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient was an Inpatient in the Trust reporting the case in the previous four weeks.
- The Clostridium difficile case objective for the Foundation Trust in 2019/2020 is 10. Our 2018/2019 level against these updated criteria was 10.
- The risk declared is based on the low centrally set target for 2019/2020 which, despite having reduced the number of infections from 235 to 0 (with one case still to review) over the previous ten years, the Board of Directors feel is challenging to keep within in the current year.

The Clostridium difficile case objective for the Foundation Trust in 2019/2020 is 10. Our 2018/2019 level against these updated criteria was 10.

The risk declared is based on the low centrally set target for 2019/2020 which, despite having reduced the number of infections from 235 to 0 (with one case still to review) over the previous ten years, the Board of Directors feel is challenging to keep within in the current year.

**E.Coli** – The number of infections is currently 5 year to date set against the annual target of 15, although it should be noted we have already made significant improvements in this area over the previous couple of years. Infection prevention measures are being re-emphasised and monitored to support further improvements.

**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 and May 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 Performance 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 continued as a pressure in May 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 May position was above the planned threshold of 3.6% at 4.24%.

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 May 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 11.98%.

**Vacancy Rate** – The vacancy rate was stable in May but the highest proportions are for Medical and Nursing staff.

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

### **Nursing**

- Nursing Associates - 5 registered and 22 trainees in post. We intend to support 12 trainees a year
- Health Care Support Workers – Apprentice scheme continues, including supporting existing care workers to advance to possessing the Level 3 qualification plus the relevant English and Maths for Nursing Associate consideration
- Ward Based Pharmacy role – Evaluating well and now in another Ward with plans to implement in other areas where appropriate
- Registered Nursing Pastoral post – In post and evaluating well. We are conducting stay interviews with new registrants and this is proving useful.

- Board approval to recruit 70 nurses through international recruitment.
- Continue to work in collaboration with Bradford regarding increasing training circuit and nursing workforce alignment.
- Recent visit from NHS Improvement / NHS England Chief Nurse of the North supporting of Nursing Workforce Strategy

### **Medical**

The Medical Director and Deputy Medical Directors are doing similar for the medical workforce, where we have already deployed new roles (e.g. ACPs and Clinical Assistants) to undertake tasks previously undertaken by junior doctors. We are also recruiting to trust grade positions to fill Deanery gaps on the junior doctor rota; taking steps to recruit and retain specialty doctors through increased annual leave and the implementation of the Associate Specialist Grade; and considering targeted international recruitment. Other professional groups (e.g. Therapies, Pharmacy and Pathology) have their own workforce plans.

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
- Implemented Stay Interviews
- Launched e-observations across all Inpatient adult ward areas
- Employee Health and Well Being - Replacing all the beds for electric beds during June
- Reviewing requirements to undertake safety thermometer

### **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.
- We have implemented reduced capped agency commissions for all our agencies
- Introduced ANP/ACPs within Elderly and Orthopaedics to fill medical rota gaps
- Introduced CTs on AAU to cover ward based shifts on long days which has reduced our agency requirement from 12.5 hour shifts to 4 hour shifts
- Published a generic rolling advert for FY3 Level Trust Doctors in order to fill gaps without having to advertise for each specialty
- Introduced floating doctors within Medicine and Surgical/Orthopaedic rotas to reduce need for locum cover

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 slightly above threshold in May. 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 this shall help highlight areas that require further support.

**Mandatory Training** – This continues to generally improve and is now 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 May, we have where possible provided a forward view for Finance and Activity and Operational Performance for June, based on detail available as at 11<sup>th</sup> June.**

### **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 May 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 £531k, £155k worse than plan. EBITDA performance is £610k worse than plan. CIP has achieved at Month 2, delivering £1,079k against a target of £709k, £369k above 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.

Further details are provided in the Finance Report.

### **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. The joint Bradford/Airedale Outpatient transformation programme commences in June.

Specific areas of focus include;

**Referral Management** through the use of GP Assist, Advice and Guidance, e-consultation and primary care triage;

**Productivity and Efficiency** through focus on triage, DNAs and clinic cancellations;

**Service Redesign** through patient initiated follow up and non-face to face appointments

#### 4. Conclusions

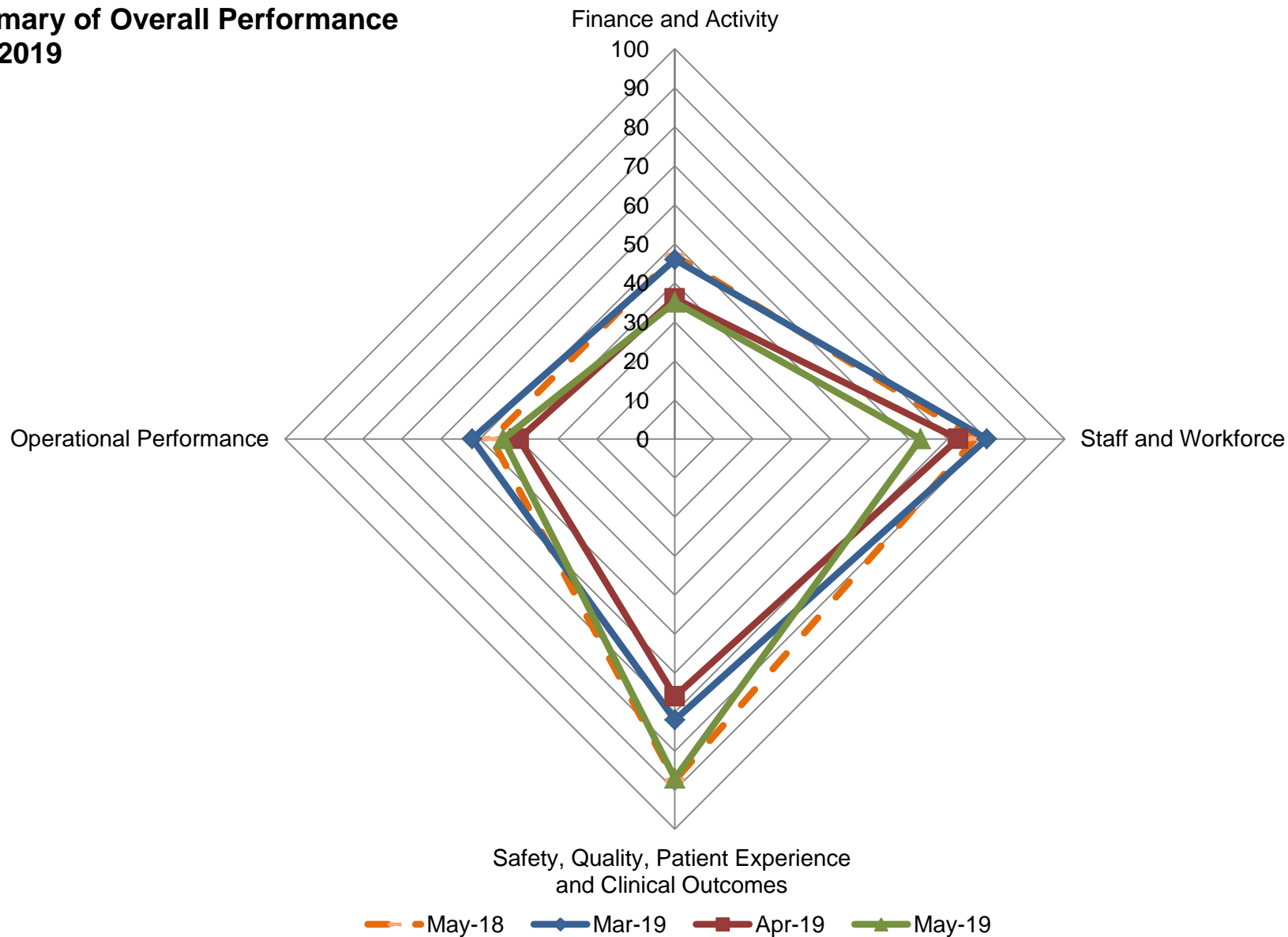
These are highlighted in Section 2.

#### 5. Recommendations

The Trust Board of Directors are asked to receive the Integrated Performance 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  
May 2019



Operational Performance

		2017/2018			2018/2019									2019/2020										
Indicator		Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June (as at 11th June)	Trend (Previous 5 Quarters or 15 Months)		
Respiratory				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 5 week standard pressures. Potential Governance trigger		
NHS Improvement Single Oversight Framework Governance Rating		Segment 1	Segment 3	Segment 2			Segment 2			Segment 2			Segment 2			Segment 2								
A&E 4 Hour Waits		95%	<95%	92.5%	91.3%	93.4%	92.4%	93.0%	93.2%	91.7%	89.6%	90.2%	92.7%	93.5%	87.6%	87.8%	88.6%	87.8%	86.1%	83.8%	87.0%			
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%	92.4%	92.6%	92.6%	93.1%	92.8%			
Waiting List Target							7379	7348	7520	7786	7502	7465	7519	7137	7077	7169	7452	7581	7560	7627	7802			
Total Waiting List (RTT Pathways)		Profile	>Profile				7560	7627	7802	8316	8213	8064	7873	7941	7696	7523	7577	7551	8095	8673	8939			
Cancer 62 Day Urgent Referral To Treatment		85%	<85%	87.6%	92.0%	91.9%	87.7%	86.1%	81.0%	84.4%	84.5%	89.2%	85.7%	87.0%	89.0%	81.3%	88.6%	90.7%	86.8%	92.5%	65.4%			
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%	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%	94.0%	78.9%			
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%	84.3%	91.9%			
Diagnostics 6 Week Waiting Time		99%	<99%	96.20%	97.60%	96.20%	91.30%	89.9%	94.6%	97.8%	96.9%	99.0%	99.8%	99.4%	97.0%	96.9%	97.4%	96.0%	94.7%	95.4%				
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%	93.0%				
VTE Assessment		95%	<95%	95.68%			95.20%			95.34%			93.76%			96.25%			95.6%	96.0%				
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	1	0	1 MSA breach in April and 1 in May		
Beds		For Information	For Information	358	358	358	352	352	352	351	351	347	345	345	338	338	335	333	333	333	333	Curgate beds closed - nil		
Total Escalation Beds Opened and Occupied (Average)		<10	>10	38	34	24	26	19	12	17	18	14	14	18	35	53	46	46	38	31	41			
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%	89.0%	85.2%	84.5%	85.0%	92.1%			
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%	0.33%	0.26%			
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%	96.7%	96.9%	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%	97.6%	98.1%	97.8%	96.5%	97.2%	85.9%			
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%	76.8%	69.1%			
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	4.2	4.4	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	2.9	2.9	2.8	3.3	2.2	2.7	2.8	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	43	70	60	55	
Patients LOS Over 21 Days		< Trajectory (updated from April 2019)	> Trajectory (updated from April 2019)	54	65	63	71	59	65	63	57	55	50	64	57	74	64	58	68	69	69	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	4.8	4.8	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	10.9	10.9	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%	6.8%	6.5%	7.2%	6.6%	7.0%	6.4%	6.8%	6.6%	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	May		
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%	98%	96%	99%	90%	98%	96%	94%	100%	96%	97%			
	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%	95%			
	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%	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			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	1	0	0	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			TBC				
	SHMI	<1	>1	0.98			0.98			0.98			0.94			0.90			0.90				
Safety	Hand Hygiene Audit	95%	<95%	98%	98%	97%	98%	98%	98%	98%	97%	98%	98%	97%	97%	98%	98%	99%	97%	97%			
	Staff Flu Jab Completion	70%	<70%	74%	75%								59%	71%	76%	76%	76%					Flu vaccinations stopped now until October	
Stroke	SSNAP Data	>=B	E	D			D			D			B			B			B				
	SSNAP Score	TBC	TBC	45			45			48			76			77			77				
Infection Prevention and Control	MRSA	0	>0	0	0	0	0	0	0	0	0	0	1	0	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	0			
	e.Coli	15 YTD	>15 YTD				2	2	1	0	1	1	1	0	3	0	3	4	2	3			
Women and Children	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%	31.0%	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	479			
	Medication Incidents in Moderate Harm	For information	For information	0			0			0			0			0			0	0			
	Falls Resulting in Significant Harm	For information	For information	6			13			5			12			12			2	3			
	Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information	For information	5			14			5			14			6			6	4			
	Serious Incidents Requiring Investigation	For information	For information	4	3	1	0	3	1	0	4	2	0	0	0	1	3	2	3	1			
	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	1	0		
	Never Events	0	>0	0	0	1	0	2	0	0	1	0	0	0	0	0	0	0	0	2	0		
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	0	0	0	0	0	0	1	0	0	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%	100.0%				
	PALS Issues Raised	Monitoring	Monitoring	97	122	94	110	80	82	83	95	75	95	123	87	125	111	149	159	198			
	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	244				

Staff Engagement & Workforce Development

		2017/2018			2018/2019									2019/2020			Trend (Previous 5 Quarters or 15 Months)	Comment		
Indicator	Green Red	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Apr	May
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 Updated Profile April 2016	4.00			4.02			4.05			4.05			4.00			4.00	Quarter 1 Pulse survey reports due July	
	Sickness Absence Rate	< Profile >Profile	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%	3.3%	3.6%	Updated stretch targets from April 2019
	Number of staff citing stress as reason for absence	<28 >40	5.32%	4.47%	3.74%	3.63%	3.91%	4.24%	4.38%	4.22%	4.29%	4.25%	4.70%	4.71%	4.59%	4.27%	4.25%	4.37%	4.24%	Sickness Absence Rate: There can be a movement in data which is due to late sickness absence reporting.
	Freedom to speak up cases raised	TBC TBC	54	50	46	42	38	48	56	54	55	55	58	60	57	44	46	58	52	
	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%	12.96%	12.77%	12.56%	12.59%
Reduction in work pressure felt by staff		>3.18 <2.9	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%	5.9%	7.7%	7.9%	7.2%	5.4%	5.4%	4.9%	4.9%	4.9%	4.2%	4.6%	4.8%	3.1%	3.6%	
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	12 weeks 5 days	From March 2019 onwards, the recruitment timeline shall be reported for the Airedale Group, prior to this point it was Trust only.
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%	87.4%	88.6%	88.8%	89.2%	90.2%	
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%	1.9%	4.2%	Consolidated vacancy figure
	Vacancy Rate: Medical Staff	6% >10%							13.7%	2.4%	2.4%	2.3%	3.9%	3.7%	3.2%	1.0%	3.0%	11.6%	11.7%	Consolidated vacancy figure
	Vacancy Rate: Registered Nursing	6% >10%							9.6%	9.4%	9.4%	8.3%	7.7%	8.8%	9.3%	10.1%	9.6%	8.7%	9.0%	Consolidated vacancy figure
	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%	-14.3%	-15.3%	Consolidated vacancy figure
	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%	8.4%	8.1%	Consolidated vacancy figure
	Medical Bank and Agency Fill Rates	For information For information										92.9%	95.6%	96.8%	92.7%	91.1%	94.1%	95.5%	95.9%	
	Nursing Bank and Agency Fill Rates	For information For information										92.1%	72.2%	57.5%	63.8%	63.6%	63.6%	65.3%	66.6%	
Inclusion	Percentage of BME Staff (Total Staffing)	For information For information																		
	Percentage of Disabled Staff (Total Staffing)	For information For information							2%					2%					2%	
	Percentage of BME staff in Bands 8 and above	For information For information							5%					5%					5%	
	Percentage of Disabled staff in Bands 8 and above	For information For information							2%					2%					2%	

Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Finance and Activity

		2017/2018			2018/2019			2019/2020																
Indicator		Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June (as at Weds 11th June)	Trend (Previous 5 Quarters or 15 Months)		
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 £531k which is £155k worse than plan.	
Key Financial Metrics	Bank and Agency	Better than plan	Above plan	£1.47m			£281k			£(152k)			£(994k)			£(1,967k)			£(795k)					
	Cost Improvement Programme	Better than plan	Above plan	£0			£650k			£1,977k			£1,416.3k			£(955k)			£369k					
	EBITDA	Better than plan	Above plan	£(1,907k)			£23k			£856k			£(664k)			£(1,752k)			£(610k)					
	Cash	Better than plan	Above plan	£(2,653k)			£6,248k			£3,647k			£141k			£2,686k			£(1,974k)					
	Income & Expenditure Margin	Better than plan	Above plan	£1,089k			£(1,802k)			£(2,010k)			£(2,423k)			£543k			£(155k)					
Activity	Non-Elective Activity	>2334	<2334	2444	2200	2418	2273	2507	2266	2537	2337	2210	2465	2319	2348	2539	2295	2386	2435	2482	Estimate 2428	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	3051	Estimate 3047	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	3350	Estimate 3023	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	5192	5192		
	Follow Up Outpatient Activity	<Trajectory	>Trajectory	8327	6919	7490	7586	8393	8331	7234	7046	7599	8458	7703	6663	8767	7702	7774	7956	7851	Estimate 7822	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	5945	Estimate 5738	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	2294				
	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	550				
	EL CCG (n)	>404	<404	402	390	418	390	434	392	425	406	364	524	430	398	443	432	441	448	442				