

Board of Directors

Date	25 September 2019	Attachment Number:	9(i)																
Title of Report:	Integrated Governance Dashboards																		
Purpose of the report and the key issues for consideration/decision:	<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"> • Summary of Overall Performance • Operational Performance • Safety, Quality, Patient Experience and Clinical Outcomes • Staff Engagement and Workforce Development • Finance and Activity. <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>																		
Prepared by:	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
Presented by:	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td>Y</td> <td>Empower & Engage Staff</td> <td>Y</td> </tr> <tr> <td>Quality of Care</td> <td>Y</td> <td></td> <td></td> </tr> </table>			Financial Sustainability	Y	Empower & Engage Staff	Y	Quality of Care	Y										
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Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No		Yes		If Yes, Score											
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Which CQC Standards apply to this report:	Safe, Caring, Effective, Responsive, Well Led																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td>Y</td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>Y</td> <td>Patient Experience</td> <td>Y</td> </tr> <tr> <td>Human Resources</td> <td>Y</td> <td>Terms of Authorisation</td> <td>Y</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>Y</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital	Y	Equality & Diversity		National Policy/Legislation	Y	Patient Experience	Y	Human Resources	Y	Terms of Authorisation	Y	Governance & Risk Management (BAF)	Y	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>Y</td> <td>Receive for information</td> <td>Y</td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss	Y	Receive for information	Y	Decision									
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Previously Considered By:	<table border="1"> <tr> <td></td> <td>Date:</td> <td></td> </tr> </table>				Date:														
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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.																		

Board of Directors

Integrated Governance Dashboards

1. Context / Background

The Integrated Governance Dashboards are attached and reflect an overview of progress on key objectives for 2019/2020, including those supporting greater partnership working.

Following an initial update in May 2019, Executive Directors are currently completing a half year review of 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 is considering whether updates and amendments are required to some of the individual indicators and in some cases whether adjusted thresholds should be 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. **The outputs from the review shall be included in the October 2019 reports.**

Going forward, once this half year review is complete, we plan to further develop these reports by benchmarking indicators to sense check our comparable position, reviewing other Trust Board reports and utilising tools such as GIRFT and the Model Hospital.

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 June and July and also a comparison to August 2018. The overall position shows continued pressure for Operational Performance and Finance and Activity. Workforce has continued with sustained improvement following the most recent National Staff Survey and Pulse Survey results.

Within the appendices are Statistical Process Control (SPC) charts for NHS regulatory standards. Comments where relevant are incorporated in the following section.

3. Report Headings

Operational Performance

Although this report is to August, we have where possible provided a forward view for Operational Performance for September, based on detail available as at 11th September. Board members are asked to be aware that this is just an indicative position that could possibly change when actual September performance is reported next month.

1. Regulatory

NHS Improvement Single Oversight Framework – The Governance rating is Amber for August 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 however continue to have pressures around A&E 4 hours and Diagnostics 6 weeks and also have not delivered the RTT or Cancer 2 week waiting time standards. There is a potential Governance trigger that could be raised as a result of the current situation and our further approach to managing this is outlined in the report.

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 3.7% increase in A&E attendances compared to full year before, although it should be stated that this is currently reducing month on month.

The general increase in attendances when coupled with an increased level of Non-Elective activity and medical acuity, has led to significant urgent care pressures both within the A&E Department and bed base on the Wards.

Following improvement in July 2019 to 90.5%, the first time we have achieved a rate above 90% since November 2018, overall performance reduced in August to 88.5%. Despite performance remaining above 90% for the first three weeks of August, performance dropped to an average of 81% during the last week of August driven partly by increased pressures within the hospital bed base and an increase in patients attending A&E. Pleasingly, performance has improved for September, with our month to date performance currently showing 92.7% and Quarter 2 performance to date just below 90%.

This result comes alongside continued improvement work within the Emergency Department, led by the Clinical Director and Clinical Lead. We are also working alongside the NHS Improvement Academy with continued focus on Time to Initial Assessment (15 minute target) and Time to Treatment (60 minute target).

Same Day Emergency Care

37% of our Non-Elective activity is currently dealt with via Same Day Emergency Care, which is above the NHS England requirement of 30%. We plan to further extend our weekend ambulatory hours of operation to match weekday operating hours – this shall support work relating to our weekend discharge/admission position.

System

Work continues at a place level to reduce demand for urgent care services with a significant opportunity within the working age adult group (30 to 40% of attendances). For those who do attend, we are continuing to develop consistency of streaming services to support this group.

Length of Stay

We also plan to reduce Length of Stay 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 area
- Increase Same Day Emergency Care at weekends
- Continued focus on SAFER, particularly consistency regarding Estimated Date of Discharge
- Home care capacity (Domiciliary Care)
- The Trust will continue to invest in the MAID (Multi-Agency Discharge) team and the Matron for patient flow
- A System wide plan to focus on Mental Health and Frailty
- Winter planning and implementation of discharge to assess beds

Pressures are continuing into September and the Emergency Care Standard continues to be a challenge for the vast majority of acute providers in England. Further work ongoing around improvement includes 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.

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

The NHS Improvement Academy are continuing to support work within the A&E department – we are currently reviewing a proposal from the Academy to continue this work during the next 12 months.

Task and finish groups commissioned by the A&E Delivery Board have commenced on four programme areas (Frailty, Mental Health, Working Age Adults, Respiratory).

An Airedale improvement programme shall commence focussed on improving the care for patients admitted to hospital with an acute and emergency illness by:

- Ensuring patients are assessed in the Emergency Department within 15 minutes and commence treatment within 60 minutes of arrival
- Ensuring that only appropriate patients are admitted to an Assessment bed
- Once patients are admitted to an assessment bed they are assessed within 14 hours of admission by a consultant
- Improve SAFER, with a specific focus on early assessment, diagnostics, intervention and treatment to reduce Length of Stay for patients who stay longer than 3 days
- Reduce the time taken for patients being transferred to out of hospital care

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 Ultrasound.

Following a significant improvement in July to 97.6% which came as a result securing the support of a Locum Doctor for an intense two week period at the start of month, performance reduced slightly in August to 94.9%. The team are working hard to sustain and improve this position and will present a revised trajectory during September. Alongside this work the team are currently developing additional reports to ensure the Trust Board are sighted on 'referral to report' performance within the Radiology service.

Supporting sustained improvement, we are continuing reviewing options for temporary and substantive workforce changes including a Global Fellow Programme which involves attracting high quality candidates from overseas and offering a three year placement incorporating a day of training for them as well as service delivery.

We have kept our relationship team at NHS Improvement closely sighted on our approach and they have requested a revised trajectory for this standard during September.

Referral to Treatment

As highlighted previously, regrettably the Referral to Treatment standard was not achieved for August at 90.5%. There continue to be pressures at specialty level in General Surgery, Orthopaedics, ENT, Cardiology, Respiratory Medicine and Neurology.

Neurology continues to be a significant performance outlier, driven partly by a spike in referrals seen during 2018/2019 - service interventions continue to be scoped and although the service have been unsuccessful in securing additional locum capacity to date, additional capacity has now been secured from a local GP with a special interest in Neurology (GPwSI). This is a positive development for the service. This may also require a system wide response to recovery as the specialty is a pressure across other parts of our system.

Pleasingly, Urology has achieved for a sixth month of exceeding the national standard having been a specialty pressure for some considerable period. Focussed work on pathway development has contributed to this and we hope shall support a sustained improvement going forward.

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. However, it should be noted that a downward trend in activity (some linked to the ongoing pension taxation matter affecting additional activity) is expected to result in continued deterioration of performance in September (as can be seen from the forward look this is currently 89.5% month to date). August was the first time this standard has not been achieved for some considerable period, and the impact of the above can be seen on the attached SPC charts as special cause variation.

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 from 7551 in March to 8991 in August and is currently 758 above our trajectory. The impact on some planned care work noted above is 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 August, out of a total of 8991 patients on an RTT pathway, 25 are currently waiting over 40 weeks. All patients are reviewed weekly through an established RTT meeting, to ensure all have appropriate access planned.

Regrettably, for July a 52 week breach was identified. This is being fully investigated and reported here for the Board to be aware at this stage.

Cancer

Following pressures noted previously, the Cancer two week standards were not achieved in August. Failure to achieve the two week wait standard was primarily due to staffing pressures in Endoscopy, partly driven by short-term nurse staffing challenges and the impact of capacity challenges linked to the national pension position. This can be seen on the SPC charts as special cause variation. The Endoscopy team are currently working with other providers, alongside recruitment plans to mitigate ongoing pressures. This position continues to be a challenge during September, but it is hoped that following this short term work to improve the position that an improvement will start to be seen during October onwards.

Despite pressures seen within the 2 week standard, the 62 day referral to treatment standard was comfortably achieved for August at 93.3% (target 85%) and the current forecast is that the standard will also be met for September and the standard for Quarter 2 overall will also therefore be met.

Overall these standards continue to be tight going forward, and so are being very closely monitored. As previously noted, we have requested and already received some support from the NHS Improvement Intensive Support Team. The Chief Operating Officer has subsequently implemented additional performance management meetings with the relevant specialties that take place every fortnight and also initiated a Cancer Recovery Plan.

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 Lower GI and Lung in August. Focus shall be placed on these through Integrated Performance Reviews.

Cognitive Screening

Pleasingly, following reinforcing messages with our clinical teams regarding the importance of completing these assessments in a timely manner, our Cognitive Screening levels were back above 90% in both July and August.

Governance

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

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 thirteen of the last fourteen 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 Demand – Pleasingly we continued to reduce the number of escalation beds opened and occupied in August despite experiencing some periods of peak demand, particularly during the bank holiday period. Despite this improvement there continues to be a significant focus on ensuring a reduction in those patients with a length of stay of >7, >14 and >21 days.

Theatre Utilisation – This was below plan in August and is being impacted by the current pension challenges that are having an effect on the number of additional sessions we are able to complete when standard timetabled sessions become available. 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 75% 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 nearly 90% utilisation. Work shall also be completed around ENT and Oral Surgery sessions in conjunction with our acute collaboration work.

Long Stay Patients – The number of patients with a length of stay over 21 days remained high in August. 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 62 beds at any one time. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.

As highlighted by the Chief Operating Officer at the September Board Strategy Day, 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. This makes achievement of the trajectory set challenging.

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

The introduction of the NHS England and NHS Improvement Long Length of Stay Discharge Patient Tracking List (LLOS DPTL) submission has been brought forward and the Trust is now reporting this information weekly. The purpose of this is to highlight and escalate constraints that cause long hospital stays.

Looking at the initial forward detail for September however, we are anticipating further pressures continuing in this area through the remainder of Quarter 2 and 3.

Elective and Outpatient Activity and Waiting Times – Further to the challenges around additional sessions noted above, these are impacting on our RTT aggregate standard, waiting list reduction delivery and also the average waiting times for both Outpatient attendances and Elective admissions. Our Outpatient waiting times are continuing to increase with increasing specialty pressures across a range of Surgical (General Surgery), Medical (Gastroenterology, Respiratory Medicine, Rheumatology and Neurology) and Women's and Children's (Gynaecology and Paediatrics) specialties. If the activity level from previous periods cannot be reached, these are likely to continue increasing in the short term. This position continues to be monitored closely, with an emphasis on ensuring quality of care is not compromised. Following publication of revised pension guidance for 2019/2020 and a further update anticipated regarding how this will be managed from 2020/2021 onwards, a local task and finish group will be established to progress work in this area. Where specialities have lost capacity due to pension changes, teams are reviewing the options of converting lost capacity to substantive clinical roles.

Outpatient DNA Rates – These remain consistently in line with the nationally benchmarked average between 7% and 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

Clostridium Difficile

The total number of Clostridium difficile infections for the year to date is 8. 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. Of the eight cases to date, five have so far been reviewed and deemed unavoidable (three agreed by the CCG with two awaiting confirmation). **The year to date total is therefore 0 cases against an annual threshold of 10 with three cases still to review.**

Where cases were identified on the same ward, different ribotypes were found and no evidence of onward transmission.

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 are set using two categories:

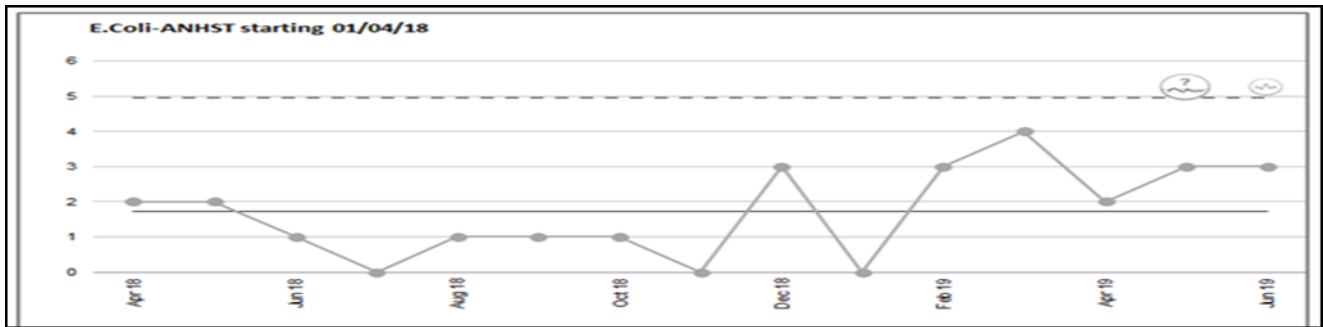
- Hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient was an Inpatient in the Trust reporting the case in the previous 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 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 13 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.

An SPC approach of the previous 15 Months shows common cause variation.



Focussed work is taking place on mouth care, hydration and urinary catheter care in support of keeping infections to a minimum.

Never Event – Regrettably there was one Never Event in August for Wrong Site Surgery which is currently being reviewed.

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 the year to date 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 – The report includes the most updated SSNAP reports which shows a slight reduction in banding and score. The areas of challenge in the most recent period were around access to a specialist stroke unit, specialist assessment and thrombolysis. These are areas currently being reviewed by the teams with actions being developed to try and improve our score prior to the next return.

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. Well Led

The Healthskills leadership programme is due to complete in October. The final sessions will be attended by the Executive team to receive evaluation of the programme, learning and next steps from participants. The second cohort of ILM 5 coaching launched in July with 21 participants from Airedale NHS Foundation Trust, BTHFT and voluntary sector.

Planning is underway for the third leadership community session to be held in September, hosted by the Chief Executive.

Indicators of engagement remain strong. Pulse scores for the first quarter showed the highest results in the last 12 month period, with overall engagement scores at 4.11, which is an increase of 0.10 on the previous survey in Quarter 4 2018/2019. However response rates are low at 13% and Business Partners are working with Divisional colleagues to increase the response rate for Quarter 2 which shall be available in the autumn.

PDR return is progressing well and the PDR window is completing in September 2019.

2. Engaged Workforce

Stress – The objective regarding reducing stress continued as a pressure in August 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 August position was below the planned threshold at 3.53%, the lowest rates since October 2013. The main reasons remain around mental health, musculoskeletal problems and gastrointestinal.

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/Advisors providing regular 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
- 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)
- 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
- 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. A similar document is to be produced specifically for junior doctors.
- Introduction of Schwartz Rounds; group reflective practice forum to be held monthly which provides an opportunity for staff from all disciplines to reflect on the emotional aspects of their work and in turn impacting positively on their health and wellbeing. The first meeting for this took place on Wednesday 10th July which focused on "A patient I will never forget". This session was well attended and feedback received been positive. The next session is to be held in September.
- 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.
- Closer working relationship between the Employee Health and Wellbeing team and HR Business Partnering Service by way of quarterly meetings, attendance at EHWPB monthly meetings and aligning EHWPB Nurses to HR Business Partners.
- A Staff Wellbeing Steering Group, sponsored by a Non-Executive Director, to be established to drive health and wellbeing across the Trust.
- A programme of promotion and activities to be developed. This will include promotion of Action for Happiness monthly calendar and app, monthly wellbeing webinars from the Employee Assistance Programme and other health and wellbeing initiatives such as Airedale Spokes Cycling Club, subsidised fitness classes etc.

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.

3. Effective Resourcing / Recruitment and Retention

Leaver Turnover Rate – The position in August was slightly better than threshold and from the most recently available data in line with the average leaver turnover rate nationally for Small Acute Trusts. However, we are seeing a slight increase in trend with a 12.9% average for the most recent six months compared to 11.9% for the six months preceding this.

The Trust continues to take an active approach through the People Plan to growing the future workforce. The new non-clinical work experience programme has had 10 participants over the summer; a new development programme for people working in support roles is now live and the supported internship programme with Keighley College will grow by 50% in the autumn as the Trust welcomes six new learners. This is in addition to work across the system aimed at attracting children and young people to careers in the health and care system.

Vacancy Rate – The overall vacancy rate has remained relatively stable between 5% and 9% **Note: The Medical Staffing vacancy rates reported are currently being reviewed (please see Board paper regarding this).**

Work continues on developing and implementing the plan for increasing the Nursing workforce supply through the continued use of healthcare support worker apprenticeships, the deployment of new roles, (e.g. Nurse Associates; the development of existing employees into registered nursing roles; and an international recruitment of approximately 70 registered nurses commencing in the Autumn). The Trust have been accepted onto the Pathway to Excellence Programme which is focused on investing in the optimum workplace for nurses, to successfully recruit and retain through high job satisfaction.

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

Nursing

- Nursing Associates - 5 registered and 23 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
- Registered Nursing Pastoral post – Embedded and conducting stay interviews with new registrants which is proving useful.
- International Recruitment - Board approval to recruit 70 nurses. Agency sourced through Direct Award – HCL. Aim for first cohort by November 2019 and then 10 recruits per month from Philippines and India. Attraction package being finalised.
- Continue to work in collaboration with Bradford – Educational programmes including Nurse Associate training and a focus on aligning Advanced Practice in clinical practice.
- Pathway to Excellence – Invitation from NHS Improvement and NHS England to put forward an Expression of Interest for the programme – completed - outcome awaited

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 speciality 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 - Replaced 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 below threshold in July. 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 for four consecutive months. Improvement work continues via business partners, organisational learning and improvement, and subject matter experts to ensure all groups and subjects perform consistently above 90%. 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.

4. Inclusion

- Work continues with the four Board sponsored inclusion groups. Some key developments since the last report are:
- Planning is underway for the Trust's first 'Celebrating Inclusion' event in October 2019
- The Trust has agreed with Keighley college to employ one of the four interns as a business administration apprentice (one intern has secured employment with AGH Solutions, one has secured employment elsewhere and one is considering options)
- A further six interns will join the Trust from October
- A self-assessment has been done as part of the Stonewall Diversity Champions Programme which will provide our work plan for the coming 12 months
- The Trust will launch the Rainbow badge scheme on 13th September in support of LGBT colleagues and patients to tie in with the first ever Keighley Pride event

Finance and Activity

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 August is 2.0. As noted previously, there are pressures on CIP delivery and bank and agency expenditure. £3.2m of the Annual Plan is reliant on ICS support to deliver savings in the later end of the financial year. At this stage there is no process across the ICS for accessing this support, although it is recognised that this needs to be addressed. Integrated Performance Review 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 £634k, £276k better than plan. EBITDA performance is £155k behind plan. CIP has achieved at Month 5 and is £1,009k above plan. Cash is below plan this month, however the gap between actual and plan has reduced to £98k at Month 5. The progress against plan 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 commenced 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

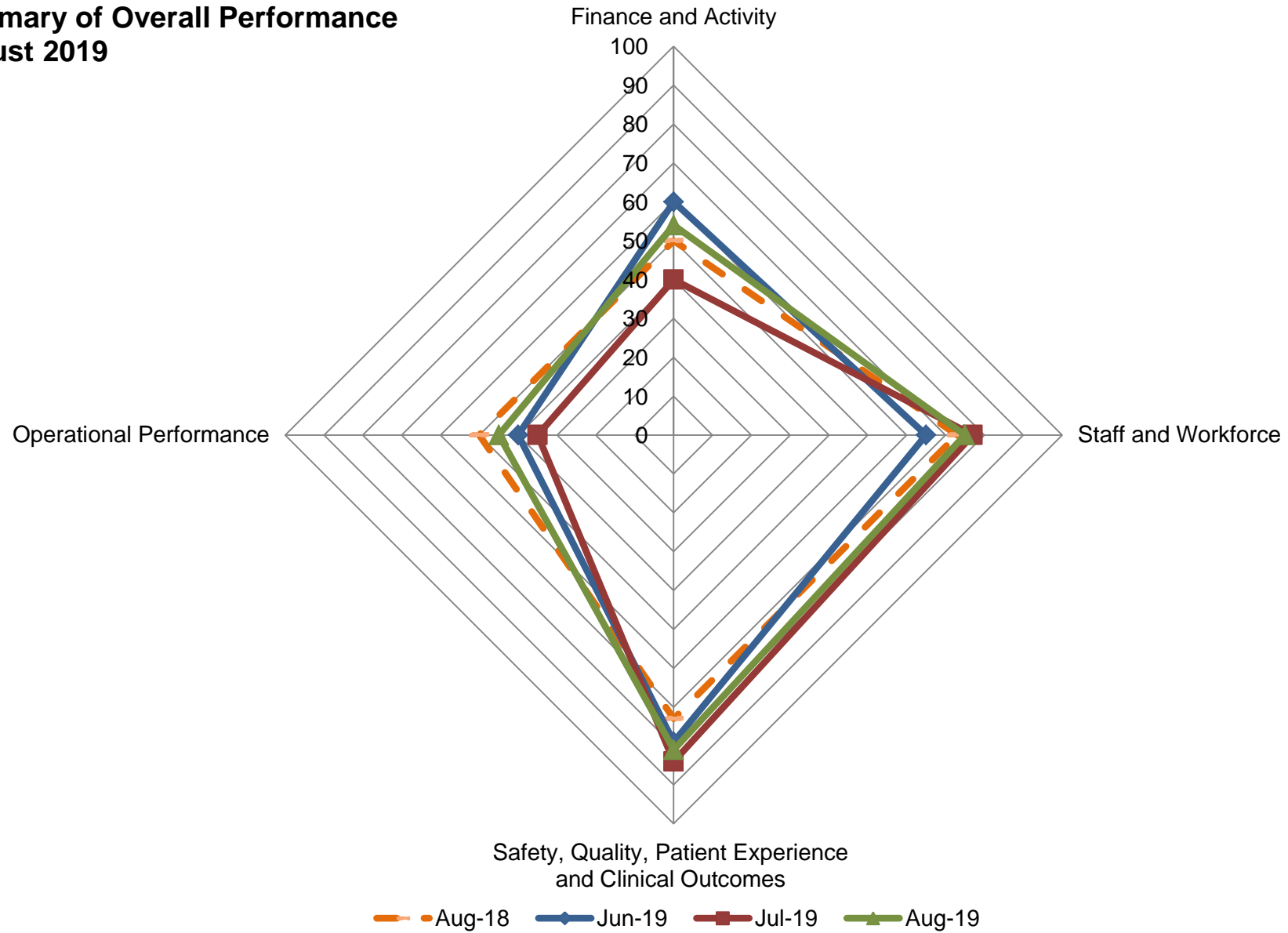
These are highlighted in Section 2.

5. Recommendations

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



Operational Performance

			2018/2019												2019/2020																																																
			Green			Red			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			June			Jul			Aug			As at Wed 11th Sep		Trend (Previous 5 Quarters or 15 Months)	
Indicator			Segment 1		Segment 3		Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			As at Wed 11th Sep																				
NHS Improvement Single Oversight Framework Governance Rating			Segment 1		Segment 3		Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			Segment 2			As at Wed 11th Sep		A&E 4 Hour Standard and Clinicians Difficult declared risks. RTT, A&E, 62 Day and 2 Week Cancer Standard and Diagnostics 6 Week standard pressures. Potential Governance trigger																		
A&E 4 Hour Waits			95%		<95%		92.4%			93.0%			93.2%			91.7%			89.8%			90.2%			92.7%			93.5%			87.6%			87.8%			86.1%			89.8%			85.9%			90.5%			88.3%			92.7%											
Referral To Treatment			92%		<92%		92.7%			92.6%			92.8%			92.4%			92.1%			92.0%			92.6%			93.0%			93.1%			93.2%			92.4%			92.6%			93.1%			92.2%			92.1%			90.5%	89.5%										
Waiting List Target			7379		7348		7520			7786			7502			7465			7519			7137			7077			7169			7452			7581			7560			7627			7802			8336			8233	8065													
Total Waiting List (RTT Pathways)			Profile		>Profile		7560			7627			7802			8336			8233			8064			7873			7941			7696			7523			7577			7551			8095			8673			8773			8962			8991			9326	758				
Cancer 62 Day Urgent Referral to Treatment			85%		<85%		87.7%			86.1%			81.6%			84.4%			84.5%			89.2%			85.7%			87.0%			89.0%			81.3%			88.6%			90.7%			88.1%			92.9%			80.6%			84.9%			93.3%	100.0%							
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%		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%			82.9%			88.8%			75.7%	76.5%							
Cancer 2 Week Wait Breast Symptomatic from Urgent GP Referral			93%		<93%		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%			84.1%			93.8%			93.2%			91.1%	92.7%							
Diagnostics 6 Week Waiting Time			99%		<99%		93.8%			89.8%			94.0%			97.8%			96.9%			99.0%			99.8%			99.4%			97.0%			96.9%			97.4%			96.0%			94.7%			95.8%			92.4%			97.6%			94.9%			94.7%					
Cognitive Screening			90%		<90%		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%			88.6%			92.5%	92.0%										
VTE Assessment			95%		<95%		95.2%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.3%			95.2%			95.2%			95.6%														
Zero Tolerance Standards (RTT 52 Weeks, A&E 12 Hour Waits, SSA, Urgent Operations Cancelled Twice)			0		>0		3			0			0			0			0			0			1			0			0			0			0			0			1			1			0			1			1			1	1				
Beds			For Information		For Information		352			352			352			351			351			347			345			345			338			338			335			333			333			333			333			333			347			347			347	347	
Total Escalation Beds Opened and Occupied (Average)			<10		>=10		26			19			12			17			18			14			14			18			35			53			46			46			38			31			31			28			10			4					
Theatre Time Utilisation			>=85%		<85%		88.1%			92.7%			89.3%			88.4%			83.3%			88.3%			89.8%			87.8%			86.1%			88.3%			89.6%			85.2%			84.5%			85.0%			82.3%			81.4%			83.5%			92.1%					
Cancelled Operations			0.80%		>0.8%		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%			0.18%			1.53%			0.80%			0.47%					
Bed Occupancy			>85% to <95%		<85% or >95%		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%			95.8%			94.7%			89.8%			92.8%					
Bed Occupancy (Adults)			>85% to <95%		<85% or >95%		94.1%			95.7%			92.5%			93.9%			94.6%			94.5%			91.9%			96.5%			95.8%			97.5%			98.1%			97.8%			96.5%			97.2%			97.1%			96.4%			92.0%			93.1%					
Bed Occupancy (Children)			>85% to <95%		<85% or >95%		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%			70.0%			60.2%			42.6%			68.5%					
Average Length Of Stay (Non-Elective)			<4.3		>4.3		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			4.2			4.4			4.3			4.3	4.3				
Average Length Of Stay (Elective)			<2.5		>2.5		2.4			2.0			2.4			2.3			2.3			2.8			2.0			2.8			2.9			2.8			3.3			2.2			2.7			2.8			2.5			2.3			2.5	2.6							
Patients LOS Over 21 Days Profile			52		51		50			48			47			46			45			44			43			43			43			43			43			43			43			43			43			43			43			48	45				
Patients LOS Over 21 Days (last day of month)			< Trajectory (updated from April 2019)		> Trajectory (updated from April 2019)		71			68			65			63			57			35			50			64			57			74			64			58			68			69			67			61			62			68	68				
Inpatient / Day Case Average Waiting Time (Weeks)			<6.2		>6.2		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			4.9			5.0			6.1			6.1	6.1				
Outpatient Average Waiting Time (Weeks)			<8.8		>8.8		8.1			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			11.1			11.6			12.2			12.2	12.2				
Outpatient DNA Rate			<6%		>6%		6.8%			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%			6.2%			7.5%			7.1%			6.8%	6.8%				

Safety, Quality, Patient Experience and Clinical Outcomes

2018/2019

2019/2020

Indicator	2018/2019		2018/2019									2019/2020									Notes	Trend (Previous 5 Quarters or 15 Months)	
	Green	Red	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	Apr	May	Jun	Jul	Aug				
Patient Feedback	Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	99%	99%	99%	99%	98%	96%	99%	90%	98%	96%	94%	100%	96%	97%	98%	100%	TBC			
	Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	100%	100%	99%	97%	98%	99%	100%	97%	100%	99%	98%	97%	99%	95%	97%	96%	TBC			
	Would you recommend the hospital to your Family and Friends?	>94%	<94%	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%	97.5%	97.1%	TBC			
Regulation	Care Quality Commission	Good or above	Inadequate	Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Combined Rating: 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	1	0	0	0	0	0	0	0	0	0	0		0	0		
Mortality	Mortality	For information	For information	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			No of inpatient deaths 146 No of deaths reviewed 54 Stillbirth 2 Maternal deaths 0 All reviewed deaths were deemed unavoidable			TBC				
	SHMI	<1	>1	0.98			0.98			0.94			0.90			0.90			0.90				
Safety	Hand Hygiene Audit	95%	<95%	98%	98%	98%	98%	97%	98%	98%	97%	97%	98%	98%	99%	97%	97%	97%	96%	TBC	Flu vaccinations stopped now until October		
	Staff Flu Jab Completion	70%	<70%							59%	71%	76%	76%	76%									
Stroke	SSNAP Data	>=B	E	D			D			B			B			C			C				
	SSNAP Score	TBC	TBC	45			48			76			77			68			68				
Infection Prevention and Control	MRSA	0	>0	0	0	0	0	0	0	1	0	0	0	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	3	3	2			
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%	27.7%	30.9%	35.7%	2018/2019 27.71%		
	Patient Safety Incidents	For information	For information	454	464	448	544	581	560	510	607	571	606	473	520	603	479	509	515	503			
Safety and Quality Indicators	Medication Incidents in Moderate Harm	For information	For information	0			0			0			0			1			0			0	
	Falls Resulting in Significant Harm	For information	For information	13			5			12			12			7			4			4	
	Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information	For information	14			5			14			6			11			4			3	
	Serious Incidents Requiring Investigation	For information	For information	0	3	1	0	4	2	0	0	0	1	3	2	3	1	1	5	2			
	Sepsis Antibiotic Administration Within One Hour	90%	<50%	68.0%			84.0%			81.0%			69.9%			TBC			TBC				
	Unexpected death	0	>0	0	0	0	0	0	1	0	0	0	0	1	1	1	0	0	1	0			
	Never Events	0	>0	0	2	0	0	1	0	0	0	0	0	0	0	2	0	0	0	1	1 Never Event in August 2019		
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0				
Complaints and Compliments	Complaints Resolved Within Waiting Time	<40 days, 35 days from September 2019, 30 days by March 2020		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%	100.0%	100.0%	100.0%			
	PALS Issues Raised	Monitoring	Monitoring	110	80	82	83	95	75	95	123	87	125	111	149	159	198	164	182	161			
	Compliments	Monitoring	Monitoring	345	125	143	192	146	227	163	209	165	259	106	124	121	244	261	314	444			

Staff Engagement & Workforce Development

		2018/2019										2019/2020										Trend (Previous 5 Quarters or 15 Months)	Comment
Indicator	Green Red	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug					
Great Line Management	Staff receiving annual appraisal (based on Pulse Survey)	>85% <85%	95.5%			95.8%			95.8%			91.7%			89.4%			89.4%			Q2 Pulse survey reports not available until end of October		
	Staff saying they had well structured appraisal	>38% <35%	47.7%			51.5%			51.5%			45.2%			48.5%			48.5%			Q2 Pulse survey reports not available until end of October		
	Staff satisfied with support from immediate line manager	>3.7 <3.6	4.09			4.03			4.03			4.06			4.13			4.13			Q2 Pulse survey reports not available until end of October		
Engaged Workforce	Engagement Index	>3.8 <3.73	4.02			4.05			4.05			4.00			4.10			4.10			Q2 Pulse survey reports not available until end of October		
		Updated Profile April 2019	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%	4.0%	4.0%	4.0%	4.1%	Updated stretch targets from April 2019			
	Sickness Absence Rate	< Profile >Profile	3.63%	3.91%	4.25%	4.38%	4.22%	4.27%	4.23%	4.69%	4.69%	4.57%	4.32%	4.24%	4.32%	4.24%	4.12%	3.63%	3.53%		Sickness Absence Rate: There can be a movement in data which is due to late sickness absence reporting.		
	Number of staff citing stress as reason for absence	<28 >40	42	38	48	56	54	55	55	58	60	57	44	46	58	52	53	60	56				
	Freedom to speak up cases raised	TBC TBC	2	11	5	7	4	0	4	2	3	2	4	1	6	6	8	19	5				
	Staff recommending the Trust as a place to work or receive treatment	>3.8 <3.65	4.03			4.11			4.11			4.07			4.12			4.12			Q2 Pulse survey reports not available until end of October		
	Staff Job Satisfaction	>3.7 <3.62	4.03			4.04			4.04			3.93			4.06			4.06			Q2 Pulse survey reports not available until October		
	Staff Motivation at Work	>3.9 <3.83	4.01			4.02			4.02			4.01			4.09			4.09			Q2 Pulse survey reports not available until October		
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015) >13.9% (Updated October 2015)	12.35%	12.06%	11.77%	11.11%	11.19%	11.59%	11.75%	11.51%	11.41%	11.85%	13.24%	12.96%	12.76%	12.89%	13.24%	12.83%	12.57%				
	Reduction in work pressure felt by staff	>3.18 <2.9	2.76			2.80			2.80			2.91			2.95			2.95			Q2 Pulse survey reports not available until October		
	Vacancy Rate	3% to 5% >9%	5.0%	8.6%	8.0%	7.2%	5.6%	5.4%	5.8%	5.7%	5.6%	4.9%	5.0%	5.1%	7.5%	8.3%	8.5%	8.0%					
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks >12 weeks	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	15 weeks 1 day	11 weeks 2 days	TBC		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)	82.83%	83.33%	83.89%	84.51%	85.01%	85.01%	85.67%	88.34%	89.21%	88.21%	89.74%	89.99%	89.48%	90.0%	91.2%	91.2%	91.4%				
Staff saying learning and development help them do their job more effectively	>65% <65%	68.8%			73.3%			73.3%			67.9%			71.8%			71.8%			Q2 Pulse survey reports not available until October			
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%	2.7%	4.9%	4.8%	4.0%	6.4%		Consolidated vacancy figure		
	Vacancy Rate: Medical Staff	6% >10%	Currently being reviewed (please see Board paper regarding this)																				
	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%	9.2%	9.6%	10.4%		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%	7.5%	8.1%	7.8%	5.8%	5.9%		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%	8.0%	7.5%	9.9%		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%	94.8%	95.3%	95.8%			
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%	70.5%	67.9%	66.3%				
Inclusion	Percentage of BME Staff (Total Staffing)	For information For information	12%			12%			13%			13%			14%			14%					
	Percentage of Disabled Staff (Total Staffing)	For information For information	2%			2%			2%			2%			2%			2%					
	Percentage of BME staff in Bands 8 and above	For information For information	5%			5%			5%			6%			6%			5%					
	Percentage of Disabled staff in Bands 8 and above	For information For information	2%			2%			2%			2%			2%			2%					

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance and Activity

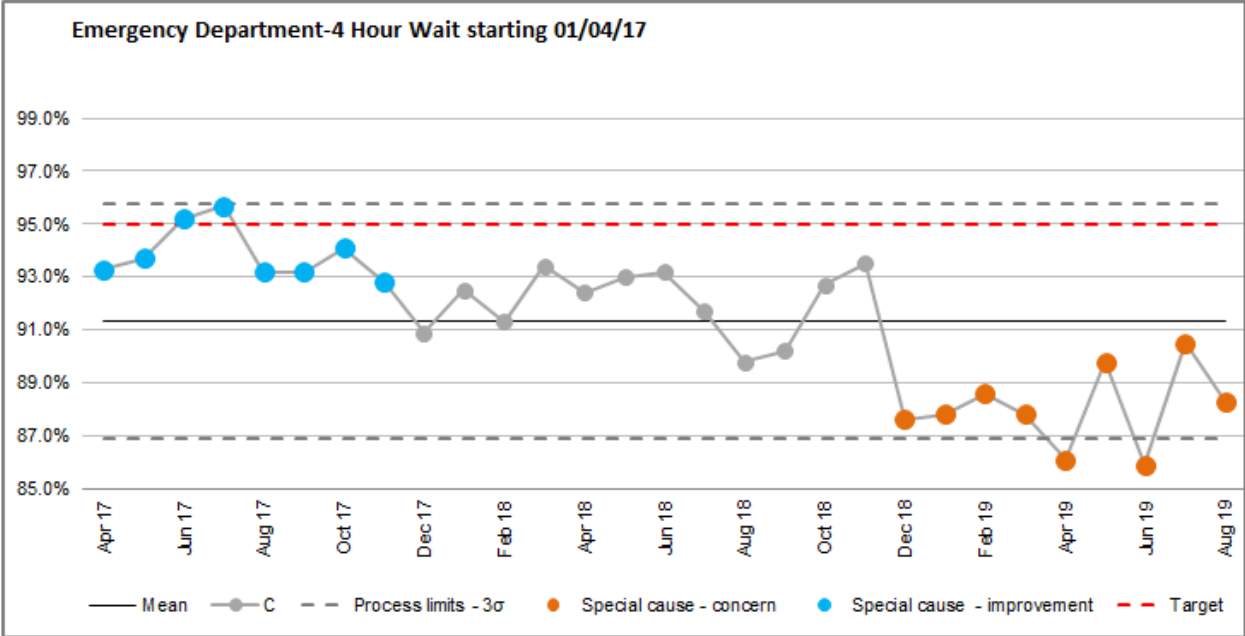
2018/2019

2019/2020

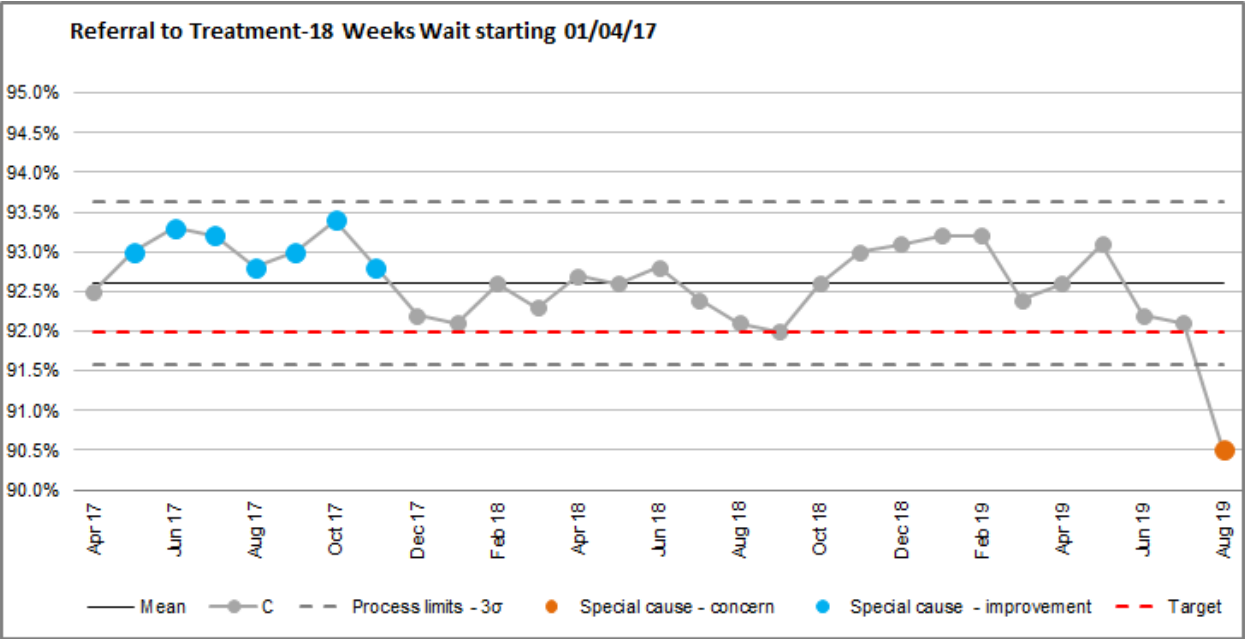
Indicator	2018/2019		2018/2019			2018/2019			2018/2019			2019/2020			2019/2020			Trend (Previous 5 Quarters or 15 Months)				
	Green	Red	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Jul	Aug		
Regulatory NHS Improvement Single Oversight Framework Finance Rating	1 or in line with Plan (from September 2016)	>=3 or not in line with Plan (from September 2016)	Liquidity Ratio 1.0 Capital Service Capacity 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 1.0 Use of Resources Rating 2.0			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 2.0			Pressures around CIP delivery, bank and agency costs. The underlying consolidated position at August is a deficit of £634k which is £276k better than plan	
Key Financial Metrics Bank and Agency	Better than plan	Above plan	£281k			£152k			£994k			£1,967k			£1,194k			£1,793k				
Cost Improvement Programme	Better than plan	Above plan	£650k			£1,977k			£1,416.3k			£955k			£569k			£1,009k				
EBITDA	Better than plan	Above plan	£23k			£856k			£664k			£1,752k			£139k			£155k				
Cash	Better than plan	Above plan	£6,248k			£3,647k			£141k			£2,686k			£4,555k			£98k				
Income & Expenditure Margin	Better than plan	Above plan	£1,802k			£2,010k			£2,423k			£543k			£289k			£276k				
Activity Non-Elective Activity	>2334	<2334	2273	2507	2266	2537	2337	2210	2465	2319	2348	2539	2295	2386	2435	2482	2368	2425	2395	Threshold based on 12 month average		
Inpatient/Day Case Elective Activity	>2286	<2286	2343	2466	2651	2736	2836	2555	3068	2949	2725	2842	2580	2962	2977	3051	2798	3265	2895	Threshold based on 12 month average		
First Outpatient Activity	>3105	<3105	3189	3438	4016	3151	3211	3178	3517	3349	2332	2802	3080	2992	3474	3350	3179	3563	3108	Threshold based on 12 month average		
Follow Up Outpatient Profile			7496	7304	7112	6920	6728	6536	6344	6152	5960	5768	5576	5384	5192	5192	5192	5192	5192	Threshold to meet 30% reduction in follow ups		
Follow Up Outpatient Activity	<Trajectory	>Trajectory	7586	8393	8331	7234	7046	7599	8458	7703	6663	8767	7702	7774	7956	7851	7404	8008	7000	Threshold based on attendance levels where 95% standard met		
A&E Attendances	Up to 5750	>5750	5532	6312	5743	6097	5784	5696	5972	5533	5785	5838	5364	5921	5920	5945	5788	6282	5995	Threshold based on attendance levels where 95% standard met		
Referrals AWC CCG (n)	<2250 (from April 2019)	>2250 (from April 2019)	2415	2312	2343	2349	2139	2057	2440	2425	1827	2324	2312	2437	2205	2294	2021	2392	1983			
BFD DIST and CITY CCG (n)	<534 (from April 2019)	>534 (from April 2019)	586	627	648	643	587	500	609	669	465	553	554	590	502	550	515	592	453			
EL CCG (n)	>404	<404	390	434	392	425	406	364	524	430	398	443	432	441	448	442	385	385	347			

Public Trust Board of Directors

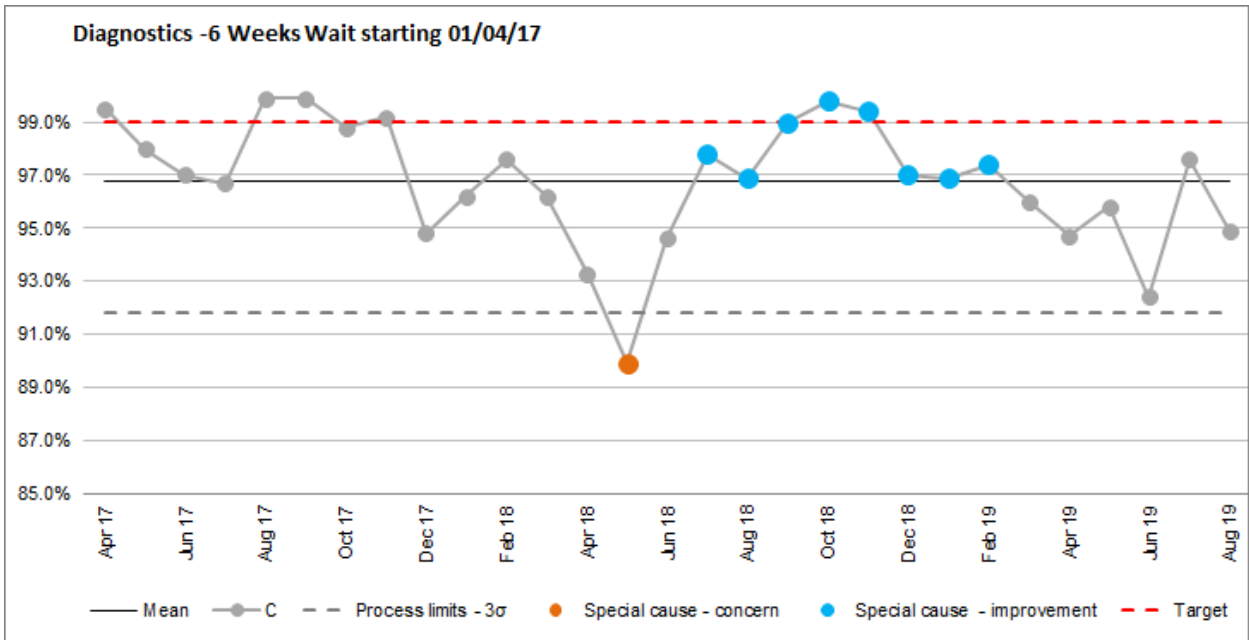
Statistical Process Control Charts



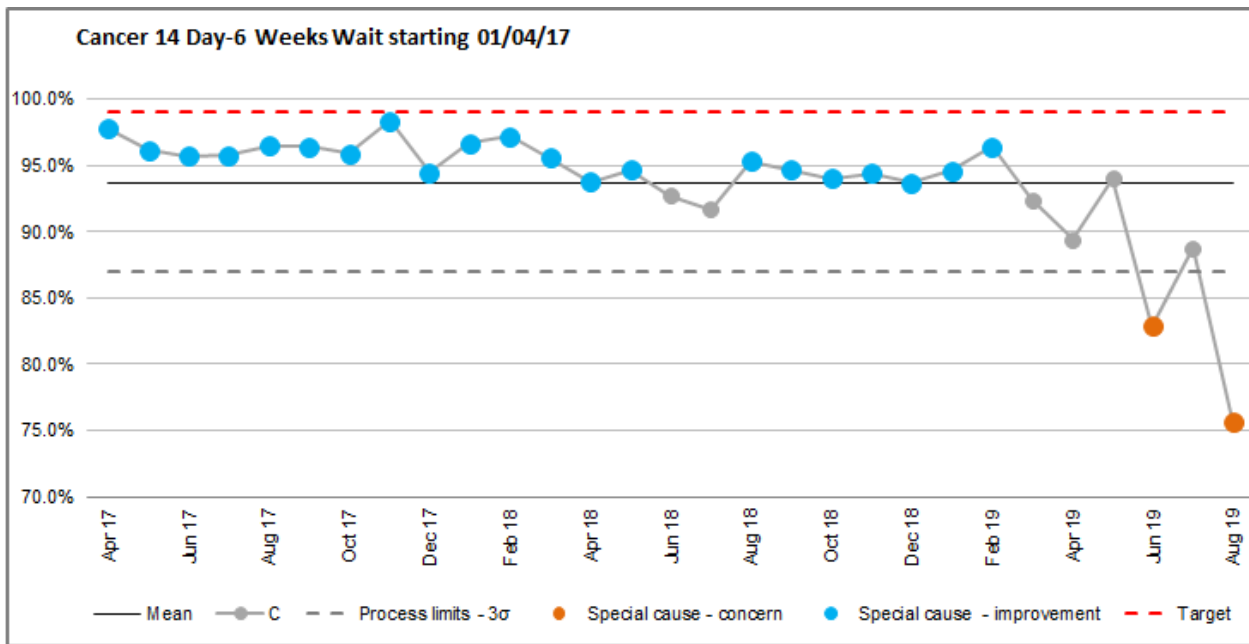
Special cause variation - **concern**, 7+ points below the mean



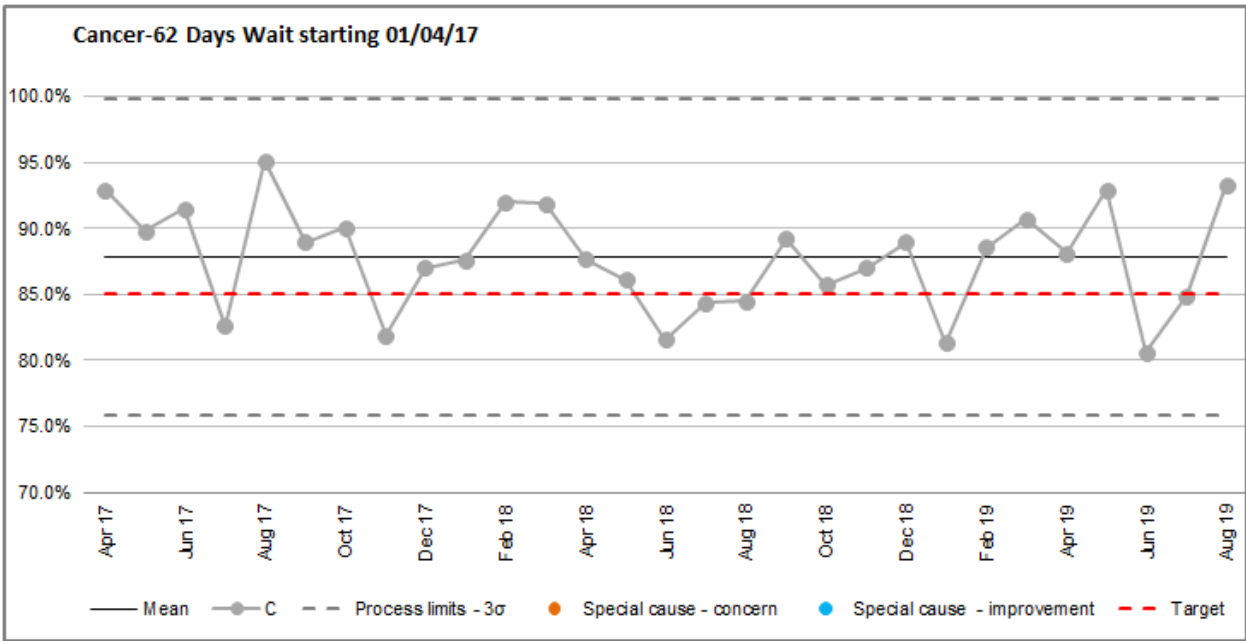
Special cause variation - **concern**, one point outside of control limits



Common cause variation, performance is within process limits



Special cause variation - **concern**, one point outside of control limits



Common cause variation, performance is within process limits