

Integrated Performance Dashboard

Monitor

1.1 CQC Compliance



16 / 16

1.2 Monitor continuity of services risk rating .



Minimum Requirement: 3

1.3 Monitor governance rating



Maximum Limit: <4

1.4 Monitor Quality Governance Score

Monitor Governance Risk Indicators

Indicator No.	Indicator	12/13 Outturn	Target	Quarter 1				Quarter 2				Quarter 3				Quarter 4				NHS England Benchmark
				Apr	May	Jun	Q1 Outturn	Jul	Aug	Sept	Q2 Outturn	Oct	Nov	Dec	Q3 Outturn	Jan	Feb	Mar	Q4 Outturn	
1.5	Access to health care for people with a learning disability		6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green		
1.6	Data completeness Referral to treatment information		50.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%		
1.7	Data completeness Referral information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
1.8	Data completeness treatment activity information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
1.9	RTT dental 18 weeks waits - admitted		90.0%	99.0%	100.0%	99.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	^91.5%	
1.10	RTT dental 18 weeks waits - non admitted		95.0%	100.0%	100.0%	97.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	^96.8%	
1.11	RTT dental 18 weeks waits - incomplete pathways		92.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	99.7%	99.7%	^94.2%	
1.12	Mental Health Delayed Transfers of Care		<=7.5%	4.7%	4.3%	3.6%	4.2%	4.6%	6.7%	4.7%	5.3%	4.6%	6.6%	4.2%	5.1%					
1.13	Data Completeness: identifiers (MHMDS Part 1)		97.0%	99.5%	99.5%	99.1%	99.3%	99.0%	99.0%	99.0%	99.0%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	^99.4%	
1.14	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%	89.0%	85.7%	89.3%	89.6%	85.2%	85.3%	83.2%	83.9%	87.6%	87.5%	86.9%	86.9%				71.3%	
1.15 ¹	New psychosis cases by Early Intervention Teams		95.0%	262.5%	306.3%	250.0%	241.7%	250.0%	247.5%	250.0%	250.0%	239.3%	232.3%	235.6%	235.6%					
1.16	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams		95.0%	100.0%	100.0%	100.0%	100.0%	96.4%	98.3%	96.5%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	^98.7%	
1.17	CPA patients receiving follow-up contact within 7 days of discharge		95.0%	96.6%	96.1%	93.1%	95.3%	98.2%	100.0%	100.0%	99.4%	95.3%	100.0%	98.2%	97.6%				^97.5%	
1.18	CPA patients having formal review within 12 months		95.0%	95.4%	95.4%	95.0%	95.1%	95.1%	95.3%	96.0%	96.2%	98.5%	97.7%	96.2%	96.2%				84.2%	

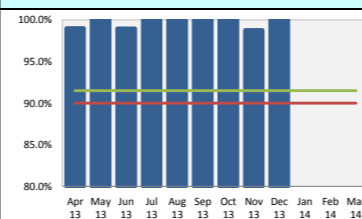
Monitor Narrative

Placeholder for monitor narrative text.

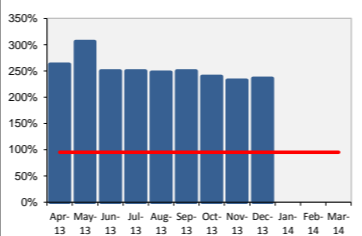
Key

	England Benchmark
	Indicator
	Target
	Cumulative YTD
	England benchmarks have been refreshed for Q2 2013/14 onwards

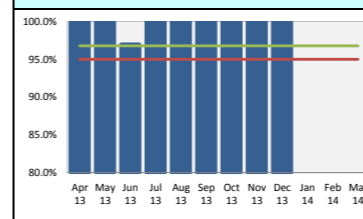
1.9 RTT dental 18 weeks waits - admitted



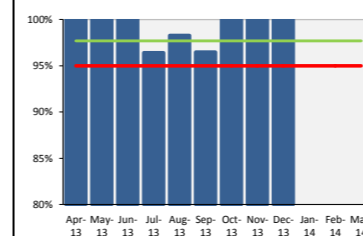
1.15 New psychosis cases by Early Intervention teams



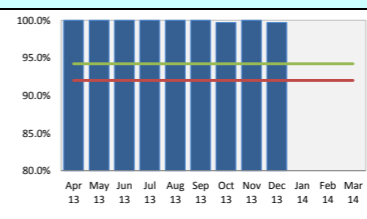
1.10 RTT dental 18 weeks waits - non admitted



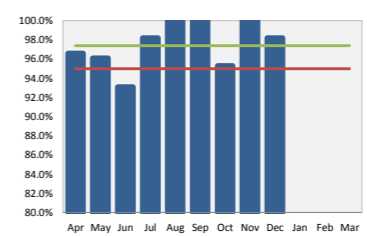
1.16 Admission to inpatients services had access to Crisis Resolution Home Treatment Teams



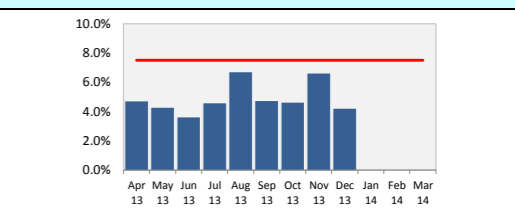
1.11 RTT dental 18 weeks waits - incomplete pathways



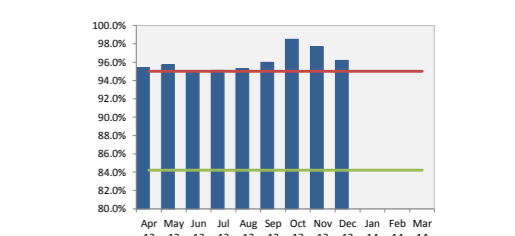
1.17 CPA patients receiving contact within 7 days discharge



1.12 Mental Health Delayed transfers of care



1.18 CPA patients having formal review within 12 months



Integrated Performance Dashboard

Quality

Patient Experience

PLACE assessments Scores (Annual 13/14)

Indicator No.	Indicator	Lynnfield Mount Hospital	Daisy Hill House	Airedale General Hospital	FOT 13/14
2.1	Privacy, dignity Well being	95.5%	96.0%	93.8%	
2.2	Cleanliness	99.3%	99.7%	99.8%	
2.3	Food	95.5%	94.8%	95.1%	
2.4	Condition Appearance and Maintenance	94.8%	91.7%	87.6%	

Equality Delivery System Goals

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.5*	Better Health Outcomes for All	76% Achieving		76% Achieving		
2.6*	Improved Patient Access and Experience	56% Achieving		56% Achieving		
2.7*	Empowered, engaged and well supported staff	59% Achieving		59% Achieving		
2.8*	Inclusive leadership at all levels	39% Achieving		39% Achieving		

Feedback

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.9*	Annex B - patient experience scores	Performing				
2.10	Complaints numbers	86	N/A	8	50	N/A
2.11	Compliments numbers	201	N/A	20	358	N/A
2.12	Dignity and respect (Q3 Data)	90.0%	95.0%	91.0%		
2.13	Satisfaction with information on healthcare (Q3 Data)	86.0%	95% [^]	85.2%		
2.14	Access to services (Q3 Data)	92.0%	95% [^]	87.0%		

Workforce

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.15	% Mandatory training	80.3%	80.0%	94.4%		
2.16	% Staff Receiving Appraisal	82.4%	80.0%	82.0%		
2.17	% Medical Staff Appraisals	96.2%	100.0%	96.3%		
2.18	% Consultant Job Plans	80.6%	100.0%	97.6%		
2.19	% Labour Turn Over	7.9%	10.0%	11.2%	8.2%	
2.20	% Sickness absence rate	5.5%	4% by 31st March 2014	5.5% (Dec)	5.6% (YTD Dec)	

Quality Narrative

Indicators marked with an * are based on annual reporting frequency. Indicators marked with an ^ show a target increase since 12/13

Indicator 2.13: satisfaction with information on healthcare was 85.2% (amber) in quarter 3, compared to 87.0% (green) in quarter 2.

Indicator 2.18: the proportion of consultants who have an in date consultant job plan has increased from 95.2% in November 2013 to 97.6% in December 2013.

Indicator 2.19: although labour turn over was 11.2% in December, the year to date figure remains within target at 8.2%.

Indicator 2.20: sickness absence rate reduced slightly from 5.7% in November 2013 to 5.5% in December 2013. An exception report is detailed in section 4 of the integrated performance report.

QUALITY

Quality Accounts

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.21	Quality Accounts	25/35	90% of Indicators achieved			

Serious Incidents

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.22	Never events	0	0	0	0	
2.23	Serious incident numbers	29	N/A	10	75	N/A
2.24	Serious incident reporting timescales	100.0%	100.0%	100%	91.1%	
	Serious incident reporting timescales Pressure Ulcers	N/A	100.0%	100%	100.0%	
	Serious incident reporting timescales Others	N/A	100.0%	100%	63.6%	
2.25	Claims Numbers	8	N/A	2	13	N/A

Safety

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.26	Compliance within action dates CAS alert	0	100.0%	100.0%	100.0%	
2.27	NHSLA	Level 1	Level 1	Level 1	Level 1	

Estates

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.28	Level of backlog maintenance	£1,121,578 (Risk adjusted figure is £405,325)	737,692	£1,270,415 (Risk adjusted figure is £458,112)	£1,270,415 (Risk adjusted figure is £458,112)	£737,692 (Risk adjusted figure is £256,593) (includes £104,000 for Fire Safety measures and £100,127 for contribution to Airedale SOC scheme)
2.29	% Vacant Estate	18%	18.0%	9.0%	9.0%	10.0%

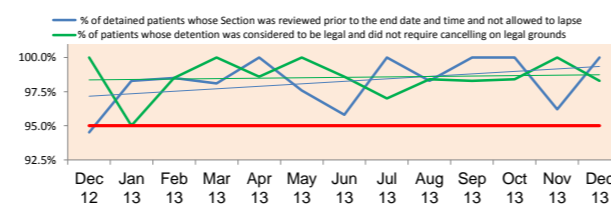
Information Governance

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.30	Complaints to Information Commissioner	0	0	0	0	
2.31	Information Governance STEIS (Strategic Executive Information System)	4	0	0	2	
2.32	Information Governance IG Toolkit	Level 2	Level 2	Level 2	Level 2	

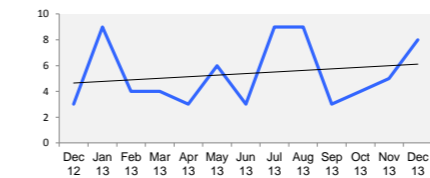
Mental Health Act

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.33	% of detained patients whose Section was reviewed prior to the end date and time and not allowed to lapse	97.6%	95.0%	100.0%	98.6%	
2.34	% of patients whose detention was considered to be legal and did not require cancelling on legal grounds	98.4%	95.0%	98.3%	98.6%	

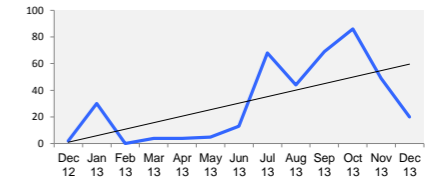
2.33 % of detained patients whose section was reviewed prior to the end date and time and not allowed to lapse
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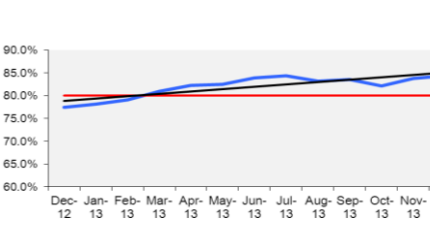
2.10 Complaints numbers



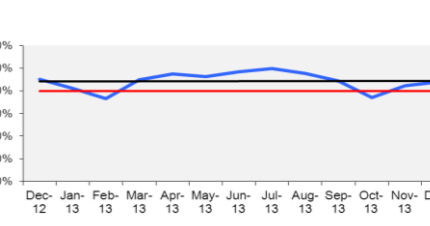
2.11 Compliments numbers



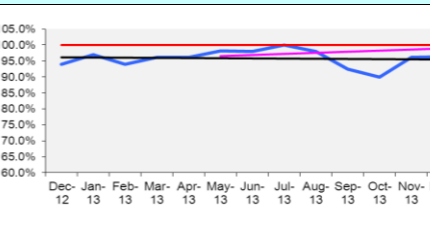
2.15 % Mandatory Training



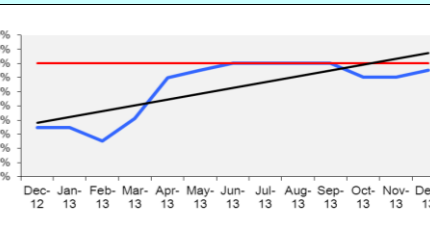
2.16 % of Staff Receiving Appraisal



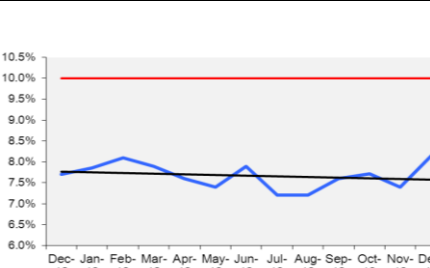
2.17 % Medical Staff Appraisals



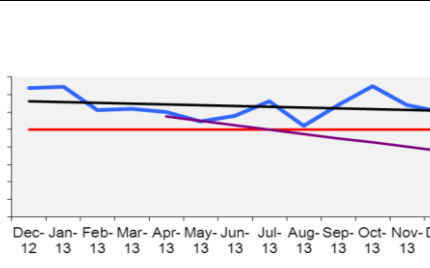
2.18 % Consultant Job Plans



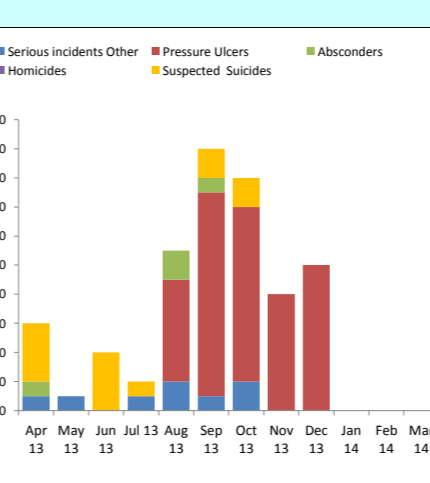
2.19 % Labour Turn Over YTD



2.20 % Sickness Absence Rate



2.23 Serious incident numbers



2.24 Serious incident reporting timescales (% within 12 weeks, upto the 31/07/13) (% within 9 weeks, from the 01/08/13)

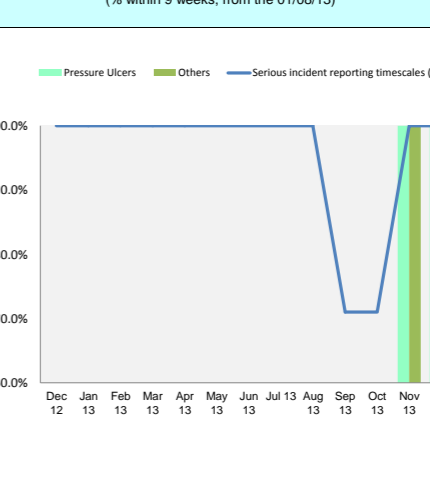


Chart Key

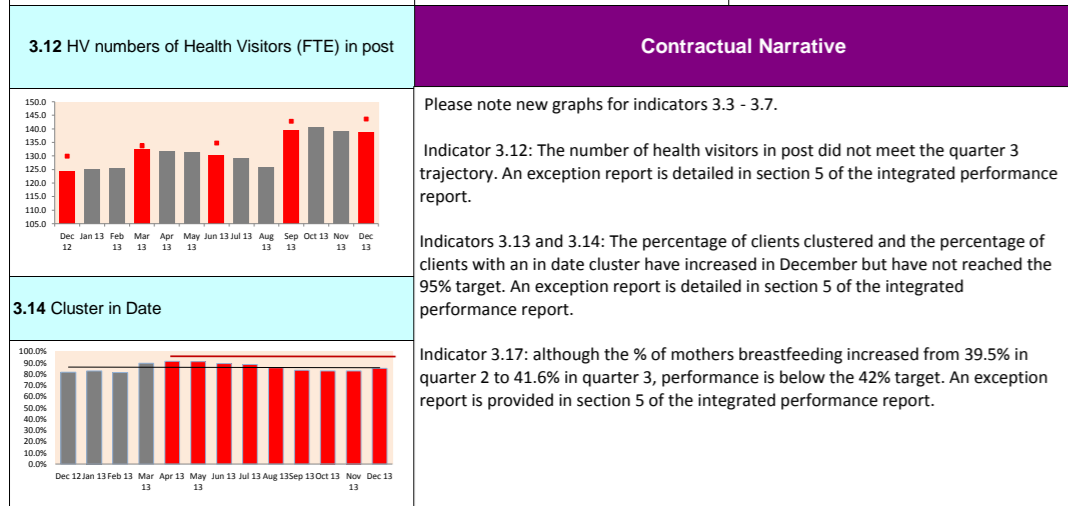
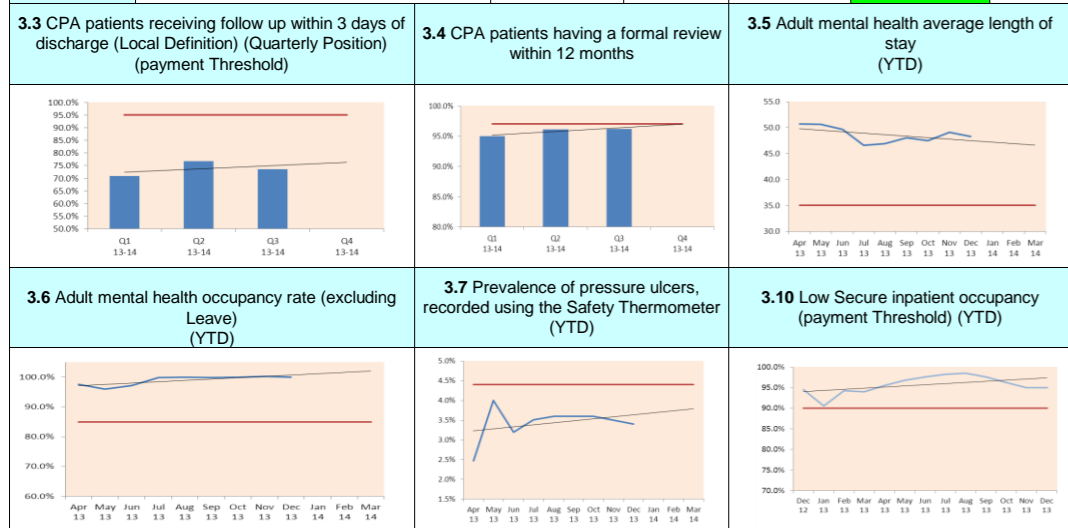
Target	Red line
Indicator	Blue line
Trend line	Black line
Trajectory	Purple line

Integrated Performance Dashboard

Contractual

CQUINS						
Indicator No.	Indicator	Current Performance	FOT 13/14	Total Value	YTD £	FOT £
3.1	Low Secure			£110,907	£75,694	
3.2	Mental health & Community			£2,441,298	£1,757,735	

Trust Internal Improvement Targets						
Indicator No.	Indicator	13/14 target	Numerator	Denominator	Current Performance	Trend
3.3	CPA patients receiving follow up within 3 days of discharge (Local Definition) (Quarterly Position)	95.0%	123	167	73.6%	↑
3.4	CPA patients having a formal review within 12 months (Local definition to that currently reported in indicator 1.18 on the National page) (Q1-Q2 Cumulative; Q3 onwards is a snapshot at end of the reporting period)	97.0%	1517	1576	96.2%	↓
3.5	Adult mental health average length of stay (YTD)	35	29552	612	48.3	↓
			LOS	Discharges		
3.6	Adult mental health occupancy rate (excluding Leave) (YTD)	<85%	28026	28050	99.9%	↑
3.7	Prevalence of pressure ulcers, recorded using the Safety Thermometer (YTD)	4.4% median	337	9720	3.4%	↓



Contractual Activity Requirements										
Indicator No.	Indicator	12/13 outturn	13/14 target	Numerator	Denominator	Current Performance	FOT 13/14	Trend	Potential Penalty	
3.8	No. Home Treatment Episodes carried out by CR/HT teams (YTD)	1450	1298	111		962		↑		
3.9	No. of Patients receiving Assertive Outreach services	268	>=259	268		268		↔		
3.10	Low Secure inpatient occupancy (payment Threshold) (YTD)	94.2%	>=90%	8363	8800	95.0%		↔		
3.11	Mixed sex accommodation breaches	0	0	0		0		↔	£250 per day per patient affected	
3.12	HV numbers of Health Visitors (FTE) in post	132.44	134.76 by 30/06/2013 142.76 by 30/09/2013 143.66 by 31/12/2013 146.66 by 31/03/2014	138.85		138.85		↓		
3.13	In-date Cluster/Clients Clustered	91.8%	100.0% with 5% Tolerance. Breach <95% of target	4685	5346	87.6%		↑		
3.14	In-date Cluster/Clients in scope	89.7%	>=95%	4685	5514	84.9%		↑		
3.15	IAPT: recovery rate	64.8%	>=60%	607	951	63.8%		↑		
3.16	IAPT: waiting list recovery rate	69.3%	>=50%						£808 per patient TBC	
3.17	% mothers breastfeeding at 6-8 weeks (Quarterly)	39.2%	>=42%	874 (Q3 13/14)	2098 (Q3 13/14)	41.6% (Q3)		↑		
3.18	% of babies with breastfeeding status recorded at 6-8 weeks (Quarterly)	96.9%	>=95%	2019 (Q3 13/14)	2098 (Q3 13/14)	96.7% (Q3)		↓		
3.19	% of academic year cohort who have received Dose 1 of the HPV vaccination	Cohort 10 95.5%	>=90% December	2897	3066	94.4%		↑		
	% of academic year cohort who have received Dose 2 of the HPV vaccination	Cohort 10 94.9%	>=90% January	2709	3066	88.3%				
	% of academic year cohort who have received Dose 3 of the HPV vaccination	Cohort 10 92.0%	>=90.0% June	Dose 3 due to commence April 2014						
3.20	New psychosis cases by Early Intervention Teams (Local commissioner Target)	124.74%	>=190	172		119.4%		↑		
3.21	Publication of formulary	N/A	Published					↔	Withhold up to 1.0% per month until published	
3.22	Duty of candour (Quarterly)	N/A						↔	Recovery costs of episode of care or £10,000	
3.23	Infection control training at induction	N/A	100.0%	34 (Sept 13)	34 (Sept 13)	100%		↔	Remedial action plan at second breach	
3.24	Safeguarding adults and children	N/A	100.0%	34 (Sept 13)	34 (Sept 13)	100%		↔	Remedial action plan at second breach	
3.25	Mental capacity act training at induction	N/A	100.0%	34 (Sept 13)	34 (Sept 13)	100%		↔	Remedial action plan at second breach	
3.26	CPA 7 days (Same as Indicator 1.17)	N/A	95.0%	163	167	97.6%		↑	Remedial action plan at first breach	
3.27	Podiatry - Improved Mobility and independence for patients	N/A	50.0%	Q3						Remedial action plan at first breach
3.28	Waiting Times - AQP Nail Surgery	N/A	95.0%	70 November Data	72 November Data	97.2% November Data		↑	Remedial action plan at first breach	

Project: Adult Mental Health Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: Net forecast staff overspend of £74K (Agency overspend v. Permanent underspend) MATS forecast overspend of £1408K

Workforce: On track to achieve 13-14 project target.

Activity: ALoS remains above target, resulting in above target occupancy. Various alerting reports now developed to focus on the issue. Trial of teleconsultation to facilitate more timely review.

Quality: On track to achieve 13-14 targets

Milestone: Planned milestones around public and staff consultations about potential closure of Maplebeck and Fern Wards delayed by one year.

Project: Inpatient Redesign Project Sponsor: Carol Stubbley

Financial	Workforce	Activity	Quality	Milestone
YTD		YTD	YTD	YTD
FOT		FOT	FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: No workforce target for this project

Activity: ALOS remains above target at 71.2 days in older people's functional mental health services (target is 66).

Quality: No current risk to quality indicators.

Milestone: Progress against Organic is behind schedule and the capital business case is now due to go to Trust Board in February 2014 for approval. The estimated date of the service becoming operational is now 08.05.15. Delays to the external work on the Functional unit mean it is now estimated to open on 28.03.14

Project: Adult Community Nursing Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD		YTD	YTD	YTD
FOT		FOT	FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: No workforce target for this project

Activity: On track to achieve 13-14 project target.

Quality: No current risk to quality indicators.

Milestone: On track to achieve 13-14 project target.

Project: Children And Families Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD		YTD	YTD
FOT	FOT		FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: Failure to hit HV expansion target. Recruitment underway. Expect to be back on track Jan 14.

Activity: No activity target for this project

Quality: There has been a reduction in overall satisfaction from 91% in Q4 12/13 to 88% in Q2 13/14. There were some comments around venues, groups sizes and the length of sessions. Expect the School Nursing IPE score to be back over 90% in Q4.

Milestone: Failure to hit HV expansion target. Recruitment underway. Expect to be back on track Jan 14.

Project: Allied Health Professionals Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD		YTD	YTD	YTD
FOT		FOT	FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: No workforce target for this project

Activity: On track to achieve 13-14 project target.

Quality: No current risk to quality indicators.

Milestone: On track to achieve 13-14 project target.

Project: Productivity Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: Sickness absence target is < 5% but currently stands at 6.19%

Activity: On track to achieve 13-14 project target.

Quality: No current risk to quality indicators.

Milestone: Awaiting approval of agile business case

Project: Bradford Locality Working Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
			YTD	YTD
			FOT	FOT

Finance: No finance target for this project

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No current risk to quality indicators.

Milestone: On track to achieve 13-14 project target.

Project: Airedale, Wharfedale & Craven Locality Working Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
			YTD	YTD
			FOT	FOT

Finance: No finance target for this project

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No current risk to quality indicators.

Milestone: On track to achieve 13-14 project target.

Project: Psychological Therapies Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance target for this project

Workforce: No workforce target for this project

Activity: On track to achieve 13-14 project target.

Quality: No current risk to quality indicators.

On track

Project: Integrated Clinical Information System Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
YTD			YTD	YTD
FOT			FOT	FOT

Finance: On track to achieve 13-14 project target.

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No current risk to quality indicators.

Milestone: On track to achieve 13-14 project target.

Project: Care Pathways & Packages Project Sponsor: Carol Stubbley

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance target for this project

Workforce: No workforce target for this project

Activity: Clients clustered figure at 84.9% v target of 95% - similar to October. Exceptions identified at HCP / Service User level. OD work around clustering planned in Jan 2014. Clinical clustering training planned. Current performance indicates achievement of target may be at risk.

Quality: Clients with multiple open clusters - 908 of these remaining. Remainder need addressing manually. Current performance indicates achievement of target may be at risk.

Milestone: On track to achieve 13-14 project target.

Project: Substance Misuse Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
	YTD	YTD	YTD	YTD
	FOT	FOT	FOT	FOT

Finance: Initial finance target for this project scoped - full details needed

Workforce: Sickness Absence rate higher than 12-13, but still below 5%

Activity: On track to achieve 13-14 project target.

Quality: Patient Satisfaction indicator to be developed.

Milestone: It has recently been announced that various elements of SMS may be subject to tendering processes during 2014 and 2015. Likely to have an impact on overall direction of the project. SMS Procurement Group established.