

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>13.9.18</b>	<b>Agenda item</b>	<b>Bo.9.18.9</b>

## Integrated Dashboard 31<sup>st</sup> July 2018

Presented by	Professor Clive Kay, Chief Executive	
Author	Cindy Fedell, Director of Informatics	
Lead Director	Cindy Fedell, Director of Informatics	
Purpose of the paper	The integrated dashboard provides a single view of quality and performance data from across the Trust, presenting it in a readily accessible way for Board oversight and challenge	
Key control	The Integrated Dashboard is a key control for all Strategic objectives	
Action required	To note	
Previously discussed at/ informed by	Quality Committee, Workforce Committee, Finance and Performance Committee, Partnerships Committee	
Previously approved at:	Committee/Group	Date
Key Options, Issues and Risks		
The integrated dashboard provides a single view of quality and safety metrics aligned to the Trust's Strategic Objectives. The Board Committees review and challenge the elements of the dashboards relevant to their terms of reference. Any specific matters for escalation to the Board of Directors are identified during the meetings and are either provided in a specific agenda item for the Board's attention or included in the Committee's highlight report.		
Analysis		
The Emergency Care Standard was not achieved. The improvement plan work continues and improvement is expected. A&E Department attendances in the month were exceptionally high with the third highest number of attendances out of the last 100 months and higher than July 2017 by +3.8%.		
The Trust's income and expenditure position is in line with the control total at the end of Month 4, however it is forecasted that without increased delivery of efficiencies the year end position will be below the pre-Provider Sustainability Fund control total by a considerable margin (£3m - £8m). This would result in year end cash balances being £14m - £22m lower than planned and would have an impact on both the capital programme and the Trust's ability to pay suppliers in a timely manner. The capital programme would need to be curtailed in this scenario. Data quality issues mean there is a significant risk that the Trust may not be able to accurately substantiate its income position for the Commissioners and as a consequence may not receive payment for the level of income assumed in the year to date or forecast positions. This may result in a material deterioration in the forecast financial position for 2018/19 in excess of the shortfall highlighted above.		
A formal presentation on the stroke service was given at the July 2018 Committee meeting from the Stroke team. The SSNAP results have demonstrated an improvement from Category E to Category C. A formal paper on the service is scheduled for the September 2018 Board of Directors meeting.		
The Maternity "Be the Best" Improvement Programme (MIP) was reviewed in detail in the July 2018 Quality Committee meeting. This review included positive progress on action plans. The indicators on the Regional Maternity Dashboard continue to show good performance in most areas against peers. Avoidable still births have shown year on year reductions. Learning from never events is becoming embedded with the World Health Organisation checklist procedures in place with additional audit and monitoring. An external senior clinician has agreed to work with the team to be a critical friend and mentor starting in October 2018.		
A higher incidence of puerperal sepsis triggered an alert from the Care Quality Commission. Early indications from the case note review would suggest an over recording of sepsis in labour has led to an increased coding of sepsis.		

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The Care Quality Commission have requested a formal update on progress against the compliance actions as well as any other improvements; submitted on the 31 August 2018.

### Recommendation

The Board of Directors is asked to note the report and any formal escalations from the Board Committees.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	The dashboard demonstrates a number of areas where risk is at variance with the risk appetite and defined risk tolerance of the Trust. The corporate risk register reflects these risks and describes the current mitigation					

Risk Implications	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	▪	
Quality implications	▪	
Resource implications	▪	
Legal/regulatory implications	▪	
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> <i>Safe, caring, effective, responsive, well led</i>
<b>Care Quality Commission Fundamental Standard:</b> All
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
▪	▪	▪	▪		