

|   |   |                   |                  |                 |                               |
|---|---|-------------------|------------------|-----------------|-------------------------------|
| <b>Report to:</b>                       | Public Board of Directors                     |                   |                  |                 |                               |
| <b>Date of Meeting:</b>                 | 30 <sup>th</sup> April 2014                   |                   |                  |                 |                               |
| <b>Report Title:</b>                    | Integrated Governance Dashboards March 2014   |                   |                  |                 |                               |
| <b>Status:</b>                          | <b>For information</b>                        | <b>Discussion</b> | <b>Assurance</b> | <b>Approval</b> | <b>Regulatory requirement</b> |
| Mark relevant box with X                | X   | X                 | X                |                 |                               |
| <b>Prepared by:</b>                     | Stuart Shaw, Head of Planning and Performance |                   |                  |                 |                               |
| <b>Executive Sponsor (presenting):</b>  | Andrew Copley, Director of Finance            |                   |                  |                 |                               |
| <b>Appendices (list if applicable):</b> | Integrated Governance Dashboards March 2014   |                   |                  |                 |                               |

### **Purpose of the Report**

Attached are the Integrated Governance Dashboards cumulative to March 2014.

The dashboards cover six sections;

- Summary of Overall Performance
- Finance and Performance (1)
- Safety, Quality, Patient Experience and Clinical Outcomes (2)
- Service Developments and Transformation (3)
- Staff Engagement and Workforce Development (4)
- Business Development (5)

### **Individual Sections**

For each of the individual sections numbered 1 to 4 above, the current position is shown against a series of objectives and/or performance indicators, with thresholds applied that are linked to 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 or where the information supporting this area is being developed.

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.

### **Summary of Overall Performance Section**

The Summary of Overall Performance shows the proportion of indicators that are rated Green for each of the four sections, together with the position for Business Development against its objectives for the year. This includes a comparison to the position reported for January and February. The overall position shows a consistent level for most areas and improvements for Finance and Performance in March.

## Key points for discussion

### Finance and Performance

**Monitor Risk Assessment Framework** – The Governance rating for Quarter 4 is Green, however the Clostridium Difficile and A&E 4 hour waiting time standards continue to be declared risks with Monitor for 2014/2015.

**Finance Risk Ratings** – The risk to CIP delivery is highlighted through reduced EBITDA ratings.

**CQUINS** – There is good progress on the 2013/2014 standards. The pressures and potential risks on Dementia and Safety Thermometer going forward in 2014/2015 are highlighted.

**Theatre Utilisation/Outpatient DNA Rates** – Both of these objectives are now achieving the thresholds as set in the Annual Plan.

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

**Friends and Family Test** – Following pressures earlier in the quarter, the overall response rate was above the required threshold of 20% for Quarter 4.

**Complaints** – The number of complaints has slightly increased in March.

### Service Developments and Transformation

**Vascular Surgery** – Some positive movement has taken place for the Radiofrequency ablation of varicose veins development. Surgeons have completed the training requirements and the pathway is being finalised for implementation in April 2014.

**Urology (Laser Light)** – The implementation of this development is due in April 2014.

**Respiratory Medicine (EBUS)** – The implementation of this development started in February 2014.

**Thoracoscopy** – This development is not expected to proceed this year.

**Paediatrics Febrile Neutropenia** – This potential development is slightly delayed due to additional training requirements.

**General Surgery** – The potential development regarding PTNS shall not be commissioned by the CCG's.

**Paediatrics Epilepsy** – This potential development is slightly delayed whilst further work takes place across the district on the model of service to be provided.

**Medical TOP** – The business case for this is slightly delayed. An options appraisal is to be completed.

**General Surgery** – The new Oncoplastic Breast surgeon started in February 2014.

### Staff Engagement and Workforce Development

**Staff Appraisal** – This is currently running at 76% against an 85% threshold.

**Stress/Sickness Absence Rates** – These have continued to be above threshold in March.

**Job Satisfaction** – The staff job satisfaction score has improved for Quarter 4.

**Reduction in work pressure felt by staff** – This has increased to 3.2% and is above the 2.9% threshold.

**Reduction in Locum and Agency Spend** – The indicator for this is being reviewed to consider a wider aggregate measure taking into account changes in WTE numbers.

**Elapsed Time To Fill Vacancies** – The March position has improved from February however this continues to be a pressure and is still above the 12 week threshold.

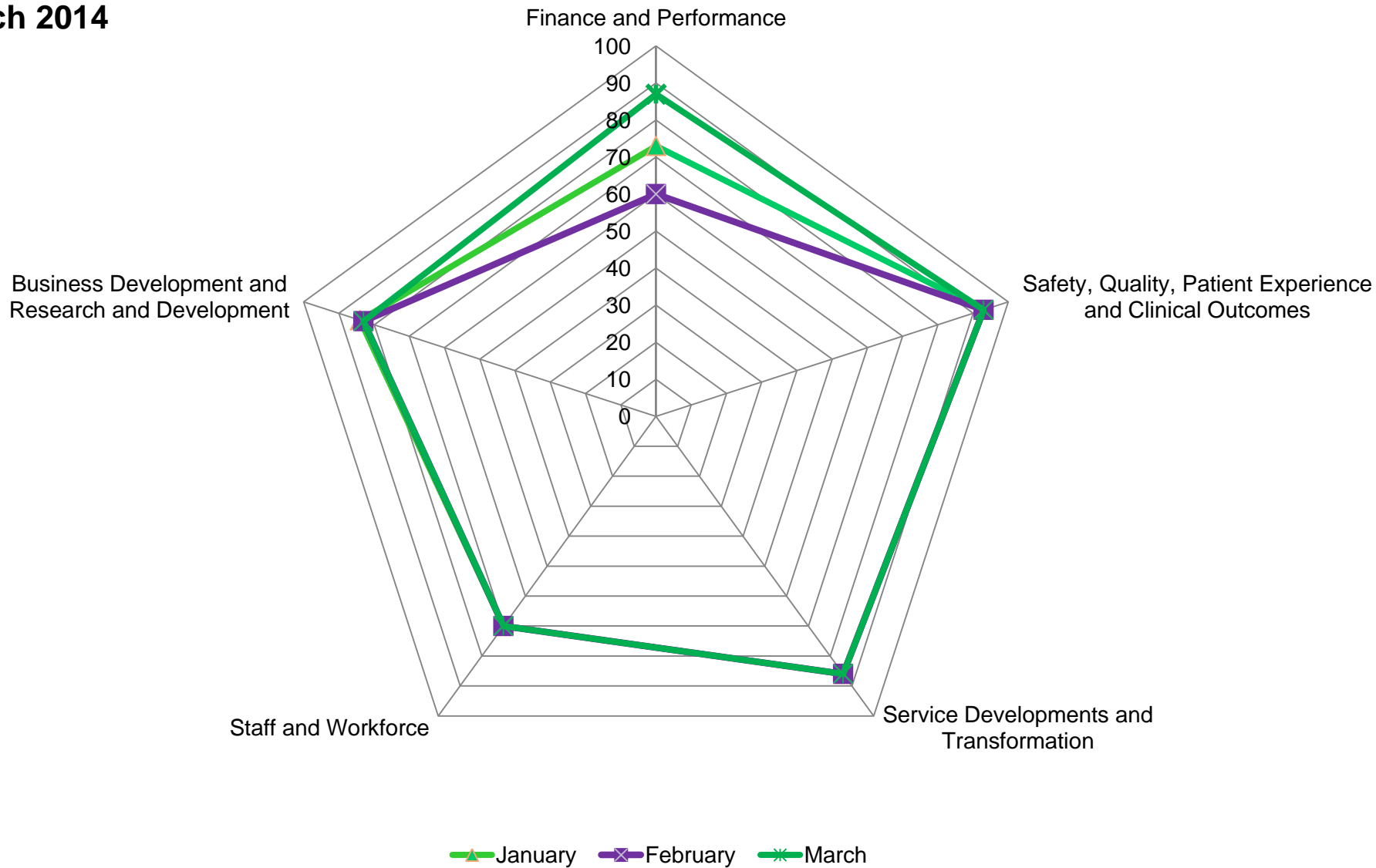
**Learning and Development** – The position recorded is back above the 65% threshold for Quarter.

### Recommendation

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  
March 2014



Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Finance & Performance

|                            | Indicator  | Green           | Red                    | Apr                                  |       |       | Jul                                  |       |       | Oct                                  |       |       | Jan                                  |       |  | Comment  | Trend<br>(Previous 5 Quarters<br>or 15 Months) |
|----------------------------|--|-----------------|------------------------|--------------------------------------|-------|-------|--------------------------------------|-------|-------|--------------------------------------|-------|-------|--------------------------------------|-------|--|--|--|
|                            |  |                 |                        | May                                  | Jun   | Jul   | Aug                                  | Sep   | Oct   | Nov                                  | Dec   | Jan   | Feb                                  | Mar   |  |  |  |
| Regulatory                 | Monitor Risk Assessment Framework<br>Finance Rating    | >3              | <3                     | 3                                    |       |       | 3                                    |       |       | 3                                    |       |       | 4                                    |       |  |  |  |
|                            | Monitor Risk Assessment Framework<br>Governance Rating | Green           | < Amber/Green          | Amber/ Green                         |       |       | Green                                |       |       | Green                                |       |       | Green                                |       |  | A&E 4 Hour Standard and<br>Clostridium Difficile<br>declared risks for<br>2014/2015.   |  |
|                            | Care Quality Commission Registration                   | No restrictions | Restrictions           | Full Registration<br>No Restrictions |       |       | Full Registration<br>No Restrictions |       |       | Full Registration<br>No Restrictions |       |       | Full Registration No<br>Restrictions |       |  | Castleberg<br>re-inspection report now<br>received. No concerns.<br>Full inspection report<br>received. No material<br>concerns. |  |
| Finance Report             | EBITDA (% achieved)                                    | 5.00            | 4.00                   | 5                                    |       |       | 4                                    |       |       | 4                                    |       |       | 4                                    |       |  | Main risk around CIP<br>delivery   |  |
|                            | EBITDA (Margin)  | 3.00            | 2.00                   | 3                                    |       |       | 3                                    |       |       | 2                                    |       |       | 2                                    |       |  |  |  |
|                            | Return on Finance                                      | 3.00            | 2.00                   | 4                                    |       |       | 4                                    |       |       | 4                                    |       |       | 3                                    |       |  |  |  |
|                            | Income & Expenditure Margin                            | 2.00            | 1.00                   | 2                                    |       |       | 3                                    |       |       | 2                                    |       |       | 2                                    |       |  |  |  |
|                            | Liquidity  | 4.00            | 3.00                   | 4                                    |       |       | 4                                    |       |       | 4                                    |       |       | 4                                    |       |  |  |  |
| CCG Contract               | Performance & Quality Schedule<br>Indicators           | No Notices      | Performance<br>Notices | 0                                    | 0     | 0     | 0                                    | 0     | 0     | 0                                    | 0     | 0     | 0                                    | 0     | 0  |  |  |
|                            | CQUINS   | >95%            | <95%                   | 92%                                  |       |       | 92%                                  |       |       | 95%                                  |       |       | 95%                                  |       |  | Dementia and Safety<br>Thermometer<br>pressures/risks for<br>2014/2015.  |  |
| Annual Plan Key Milestones | Beds   | TBC             | TBC                    | 344                                  | 368   | 384   | 379                                  | 379   | 379   | 379                                  | 379   | 379   | 379                                  | 379   | 26/03/2013<br>Closed Community Beds<br>(6) |  |  |
|                            | Theatre Time Utilisation                               | >85%            | <85%                   | 84%                                  | 86%   | 84%   | 86%                                  | 78%   | 85%   | 81%                                  | 86%   | 84%   | 88%                                  | 80%   | 90%  |  |  |
|                            | Theatre List Utilisation                               | >95%            | <95%                   | 98%                                  | 100%  | 98%   | 100%                                 | 92%   | 97%   | 93%                                  | 97%   | 98%   | 99%                                  | 98%   | 98%  |  |  |
|                            | Bed Occupancy  | >85% to <95%    | <85% or >95%           | 100.4%                               | 98.1% | 85%   | 83%                                  | 83%   | 83%   | 90%                                  | 87%   | 89%   | 92%                                  | 93%   | 89%  |  |  |
|                            | Outpatient DNA Rate                                    | <6%             | >6%                    | 7.46%                                | 7.31% | 6.88% | 6.54%                                | 7.41% | 6.98% | 6.72%                                | 7.48% | 8.76% | 5.88%                                | 6.87% | 5.94%                                      | Further work at specialty<br>level and by appointment<br>type  |  |
|                            | Staff Sickness   | <3.6%           | >3.6%                  | 3.83%                                | 3.36% | 3.31% | 3.43%                                | 3.08% | 3.15% | 3.53%                                | 3.93% | 3.94% | 4.36%                                | 4.39% | 4.18%                                      |  |  |

Safety, Quality, Patient Experience and Clinical Outcomes

| Indicator   | Green                          | Red                            | Apr  |      |       | May  |       |       | Jun   |       |       | Jul   |       |       | Aug |     |     | Sep |     |     | Oct |     |     | Nov |     |     | Dec |     |     | Jan |     |     | Feb |     |     | Mar |     |  | Comments | Trend<br>(National Survey /<br>Real Time Survey) |
|---|--------------------------------|--------------------------------|------|------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|----------|--|
|   |                                |                                | Apr  | May  | Jun   | Jul  | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar  |          |  |
| Were you involved as much as you wanted to be in decisions about your care and treatment? | >73                            | <73                            | 85%  | 93%  | 93%   | 90%  | 93%   | 90%   | 92%   | 93%   | 94%   | 87%   | 90%   | 87%   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Did you feel you were treated with respect and dignity whilst you have been in hospital?  | >95                            | <95                            | 95%  | 99%  | 97%   | 100% | 97%   | 98%   | 97%   | 98%   | 99%   | 100%  | 99%   | 99%   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Friends and Family Test: Response Rate  | >20%                           | <20%                           | 7.6% | 9.0% | 15.0% | 21%  | 17.8% | 21.8% | 21.3% | 17.6% | 23.1% | 17.4% | 19.3% | 25.6% |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| NHS LA  | >1                             | <1                             | 1    | 1    | 1     | 1    | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | NHSLA further assessment completed         |          |  |
| SHMI  | <1                             | >1                             | 0.92 | 0.92 | 0.92  | 0.93 | 0.93  | 0.93  | 0.93  | 0.93  | 0.93  | 0.93  | 0.93  | 0.93  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | Updated Information. Within Expected Range |          |  |
| Care Quality Commission QRP Exceptions/Conditions   | 0                              | >0                             | 0    | 0    | 0     | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Hand Hygiene Audit  | 95%                            | <95%                           | 96%  | 95%  | 97%   | 94%  | 98%   | 97%   | 97%   | 97%   | 98%   | 98%   | 98%   | 98%   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| NICE Guidance / TAGs within 90 days   | 100%                           | <100%                          | 100% | 100% | 100%  | 100% | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| CAS Alerts Outstanding  | 0                              | >0                             | 0    | 0    | 0     | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Safeguarding (New Staff trained within 3 Months)  | 100%                           | <100%                          | 100% | 100% | 100%  | 100% | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Serious Incidents Requiring Investigation   | TBC following revised guidance | TBC following revised guidance | 2    | 4    | 2     | 10   | 6     | 6     | 5     | 4     | 8     | 9     | 2     | TBC   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Unexpected death  | 0                              | >0                             | 1    | 1    | 1     | 0    | 1     | 0     | 1     | 1     | 0     | 0     | 0     | 0     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Never Events  | 0                              | >0                             | 0    | 0    | 0     | 0    | 0     | 1     | 0     | 0     | 0     | 0     | 0     | 0     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Obstetrics - Stillbirth or Unexpected Death   | 0                              | >0                             | 0    | 0    | 1     | 0    | 0     | 0     | 1     | 1     | 0     | 0     | 0     | 0     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Complaints  | <6                             | >6                             | 5    | 8    | 4     | 6    | 6     | 5     | 12    | 5     | 5     | 4     | 4     | 8     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| PALS Issues Raised  | Monitoring                     | Monitoring                     | 196  | 252  | 163   | 197  | 193   | 167   | 188   | 213   | 146   | 229   | 203   | 207   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |
| Compliments   | Monitoring                     | Monitoring                     | 303  | 262  | 308   | 280  | 321   | 363   | 345   | 483   | 474   | 320   | 336   | 314   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |          |  |

Service Development and Transformation

| Indicator   | Green              | Red                    | Apr  | May         | Jun   | July  | Aug                                | Sept                | Oct  | Nov                      | Dec   | Jan  | Feb  | Mar      | Comment                                       |
|---|--------------------|------------------------|--|-------------|---|---|------------------------------------|---------------------|--|--------------------------|---|--|--|----------|---|
| Ophthalmology (Macular Degeneration and Minor Surgery)                                      |                    |                        | Implemented                                |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Gynaecology (Uro-Gynaecology)   |                    |                        | Business Case DAG                          |             | Business Case CEG-more info required-back to CEG in Aug.  |   | Business Case CEG-V2 (Approved)    | Business Case Board | Implementation   |                          |   |  |  |          |   |
| General Surgery (Upper GI)  |                    |                        | Business Case DAG                          |             | Business Case CEG and SDG   | Preparation to advertise  |                                    |                     | Implementation   |                          |   |  |  |          | Approved                                      |
| Paediatric Surgery  |                    |                        | Implementation                             |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Cardiology (CT Angiography and stress echos)  |                    |                        |  |             |   |   | Stress Echos approved at SDG       |                     |  | Stress Echos implemented |   | Assessment of viability for 2014/2015                      |  |          | Approved                                      |
| Neurology (Parkinsons Disease Specialist Nursing)   |                    |                        | Business Case SDG                          | Recruitment |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Urology - Laser Ureteric Stones   |                    |                        | Laser Uretic Stones Implemented            |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Urology - Laser Light (DC/TUR)  |                    |                        |  |             |   |   | Consultant recruitment             | Business Case DAG   |  |                          |   | Business case to March DAG. Implementation due April 2014. |  |          |   |
| Urology - One Stop Haematuria   |                    |                        | To be developed                            |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Respiratory Medicine (CPAP, EBUS) Thoracoscopy 2014/2015                                    |                    |                        | EBUS Business Case DAG                     |             | EBUS Business Case SDG  |   | EBUS Business Case Commissioned    |                     | EBUS Implemented (Delayed)   |                          |   | EBUS Implemented (Revised Date)                            |  |          | Thoracoscopy unlikely to proceed in 2013/2014 |
| Pathology (Additional GP practices / Blood Transfusion service)                             |                    |                        |  |             |   |   | Additional 2 Practices Implemented |                     |  |                          |   |  |  |          |   |
| Paediatrics (Febrile Neutropenia)   | Achieving Schedule | Not achieving schedule | SCG Approval                               |             | Review of Specialist Commissioning Service Specification. Staff training being taken forward. Looking to implement in August 2013 (due to delay in release of regional guidelines implementation will now be early September) |   |                                    |                     | Delayed - Further guidance has been reviewed and highlighted that the service requires 2 x appropriately trained nurses per shift. There is therefore a delay in implementation. |                          |   |  | Due to delay in release of regional guidelines implementation. |          |   |
| General Surgery (PTNS)  |                    |                        |  |             | Business Case SDG   |   |                                    |                     |  |                          |   |  |  |          | CCG not commissioning service at AFT          |
| Diabetes  |                    |                        | Implemented - Agreed through activity plan |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Rheumatology  |                    |                        | Implemented - Agreed through activity plan |             |   |   |                                    |                     |  |                          |   |  |  |          |   |
| Paediatric Epilepsy Best Practice Tariff  |                    |                        |  |             |   | Business case delayed-more work required on model of service. Agreed to work on this district wide though CCG Children's Network and complete further benchmarking with other providers. Revised business case date TBC.  |                                    |                     |  |                          |   |  |  |          |   |
| Medical TOP   |                    |                        |  |             |   | Due to ongoing issues with operators for TOP the Group have agreed to conduct a full TOP service review and assessment to inform an options appraisal, this is to ascertain if a business case is needed or if the Trust looks to decommission the service going forward. |                                    |                     |  |                          |   |  |  |          |   |
| General Surgery (Oncoplastic Breast Surgery)  |                    |                        |  |             | Business Case CEG   |   | Advertise Post                     |                     |  |                          |   | New Breast Surgeon starts February 2014                    |  | Approved |   |
| Vascular Surgery (Radiofrequency ablation of varicose veins)                                |                    |                        | On Hold                                    |             |   |   |                                    |                     |  |                          | Surgeons have completed training requirements. Pathway being finalised to commence April 2014 |  |  |          |   |
| Nurse Cystoscopist  |                    |                        |  |             | Nurse Training  | Implementation Plan agreed  |                                    |                     |  |                          |   | Business case being finalised for March DAG                |  |          |   |
| Dermatology Outpatient Services in conjunction with Harrogate District NHS Foundation Trust |                    |                        |  |             |   | Implemented   |                                    |                     |  |                          |   |  |  |          |   |

**Airedale (NHS) Foundation Trust**  
Integrated Governance Reporting

**Staff Engagement & Workforce Development (2013/2014 Indicators)**

|                       | Indicator   | Green          | Red       | Apr                   |                    |                    | May               |                    |          | Jun                |          |                   | July               |                    |          | Aug |     |     | Sept |     |      | Oct |     |     | Nov |     |     | Dec |     |     | Jan  |     |      | Feb |     |     | Mar |     |     | Comment |
|-----------------------|---|----------------|-----------|-----------------------|--------------------|--------------------|-------------------|--------------------|----------|--------------------|----------|-------------------|--------------------|--------------------|----------|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|-----|---------|
|                       |   |                |           | Apr                   | May                | Jun                | July              | Aug                | Sept     | Oct                | Nov      | Dec               | Jan                | Feb                | Mar      | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |         |
| Great Line Management | Staff receiving annual appraisal  | >85%           | <85%      | Reporting to start Q2 |                    |                    | 75.2%             |                    |          | 71.4%              |          |                   | 76.0%              |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff saying they had well structured appraisal                               | >38%           | <35%      | Reporting to start Q2 |                    |                    | 45.0%             |                    |          | 41.0%              |          |                   | 40.5%              |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff satisfied with support from immediate line manager                      | >3.7           | <3.6      | Reporting to start Q2 |                    |                    | 3.8               |                    |          | 3.7                |          |                   | 3.9                |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
| Engaged Workforce     | Engagement Index  | >3.8           | <3.73     | 3.77                  |                    |                    | 3.75              |                    |          | 3.81               |          |                   | 3.87               |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Sickness Absence Rate   | <3.6%          | >3.6%     | 3.83%                 | 3.36%              | 3.31%              | 3.43%             | 3.09%              | 3.15%    | 3.53%              | 3.93%    | 3.94%             | 4.36%              | 4.39%              | 4.18%    |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Number of staff citing stress as reason for absence                           | <28            | >40       | 34                    | 27                 | 24                 | 27                | 27                 | 26       | 28                 | 32       | 31                | 38                 | 37                 | 36       |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff recommending the Trust as a place to work or receive treatment          | >3.8           | <3.65     | 3.7                   |                    |                    | 3.7               |                    |          | 3.85               |          |                   | 3.92               |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff Job Satisfaction  | >3.7           | <3.62     | 3.64                  |                    |                    | 3.63              |                    |          | 3.62               |          |                   | 3.77               |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff Motivation at Work  | >3.9           | <3.83     | 3.96                  |                    |                    | 3.86              |                    |          | 3.97               |          |                   | 3.93               |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
| Effective Resourcing  | Leaver Turnover Rate  | 8% to 10%      | <8% >10%  | 8.98%                 |                    |                    | 9.58%             | 9.75%              | 9.63%    | 9.63%              | 9.57%    | 9.64%             | 9.6%               | 9.37%              | 9.35%    |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Reduction in Locum and Nurse Agency spend                                     | 15%            | <15%      | TBC                   |                    |                    |                   |                    |          |                    |          |                   |                    |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Reduction in work pressure felt by staff                                      | <2.9%          | >3.18%    | Quarterly Reporting   |                    |                    | 3.3%              |                    |          | 3.1%               |          |                   | 3.2%               |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Vacancy Rate  | 3% to 5%       | >6%       | 5.5%                  |                    |                    | 5.7%              | 3.1%               | 4.3%     | 4.5%               | 4.7%     | 4.2%              | 3.8%               | 2.7%               | 3.1%     |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Elapsed time to fill vacancies from advert to appointment                     | 11 to 12 weeks | >12 weeks | 10 weeks<br>6 days    | 10 weeks<br>6 days | 12 weeks<br>3 days | 14 weeks<br>1 day | 13 weeks<br>2 days | 14 weeks | 13 weeks<br>2 Days | 12 weeks | 12 weeks<br>1 Day | 12 weeks<br>5 Days | 16 weeks<br>2 days | 14 weeks |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Mandatory Training Overall Compliance   | 50% to 60%     | <50%      | 58.0%                 | 57.6%              | 58.2%              | 58.7%             | 63.4%              | 64.7%    | 65.0%              | 67%      | 69%               | 67.6%              | 69.5%              | 69.6%    |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |
|                       | Staff saying learning and development help them do their job more effectively | >65%           | <65%      | Quarterly Reporting   |                    |                    | 70%               |                    |          | 58%                |          |                   | 71%                |                    |          |     |     |     |      |     |      |     |     |     |     |     |     |     |     |     |      |     |      |     |     |     |     |     |     |         |