

Report to:	Public Board of Directors				
Date of Meeting:	24 th September 2014				
Report Title:	Integrated Governance Dashboards August 2014				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X	X	X		
Prepared by:	Stuart Shaw, Head of Planning and Performance				
Executive Sponsor (presenting):	Andrew Copley, Director of Finance				
Appendices (list if applicable):	Integrated Governance Dashboards August 2014				

Purpose of the Report

Attached are the Integrated Governance Dashboards cumulative to August 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 June and July. The overall position shows a consistent level for most areas, with Finance and Performance and Staff and Workforce showing pressures in August.

Key points for discussion

Finance and Performance

Monitor Risk Assessment Framework – The Governance rating 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 overall Continuity of Service Rating for Quarter 2 is 3.5. However, as noted previously, there are pressures on CIP delivery, bank and agency expenditure and income shortfalls for some areas.

CQUINS – The pressures and potential risks on the Dementia and Safety Thermometer indicators going forward in 2014/2015 are highlighted.

Performance and Quality Schedule – The Foundation Trust has received a Performance Notice regarding Stroke from the CCG's. Further details are included in the Performance Report.

Theatre Utilisation/Outpatient DNA Rates – Both of these objectives are below/above the respective thresholds set in the Annual Plan. Further work in these areas through the Right Care programme shall help progression towards delivery of the stretch targets.

Safety, Quality, Patient Experience and Clinical Outcomes

Friends and Family Test – Following the pressures noted previously, the overall Inpatient and A&E response rates are above the required thresholds. This follows a significant amount of focus across a number of areas in the Trust. This shall need to be continued to deliver the stretch targets for Quarter 4.

Hand Hygiene – The rate reduced to 94% in August. Overall the Quarter 2 position to date is above 95%.

Never Event – Regrettably, the Foundation Trust had a Never Event in August. This was a retained foreign object post operation. We have spoken to and apologised to the patient and a full investigation is currently being completed.

Complaints – Following increases in previous months, the number of complaints has reduced in August to 5.

Service Developments and Transformation

The report shows the potential areas of development in 2014/2015 as outlined in the Annual Plan. A timetable for progressing the potential service development areas highlighted in the 2 year Operational and 5 year Strategic Plans and the key milestones is currently being worked through.

Staff Engagement and Workforce Development

Staff Appraisal – This is currently running at 85.0% and so achieving the required threshold. Workforce Development and Business Partners are continuing to work with areas to support further increases.

Stress – The objective regarding reducing stress has continued to be above threshold in August.

Sickness Absence – Having recently improved, the position was slightly above the required 3.6% threshold in August at 3.99%.

Staff Recommending Trust / Staff Job Satisfaction – The scores for these objectives have reduced in Quarter 2.

Reduction in work pressure felt by staff – This has increased in Quarter 2 to 3.2% against a 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.

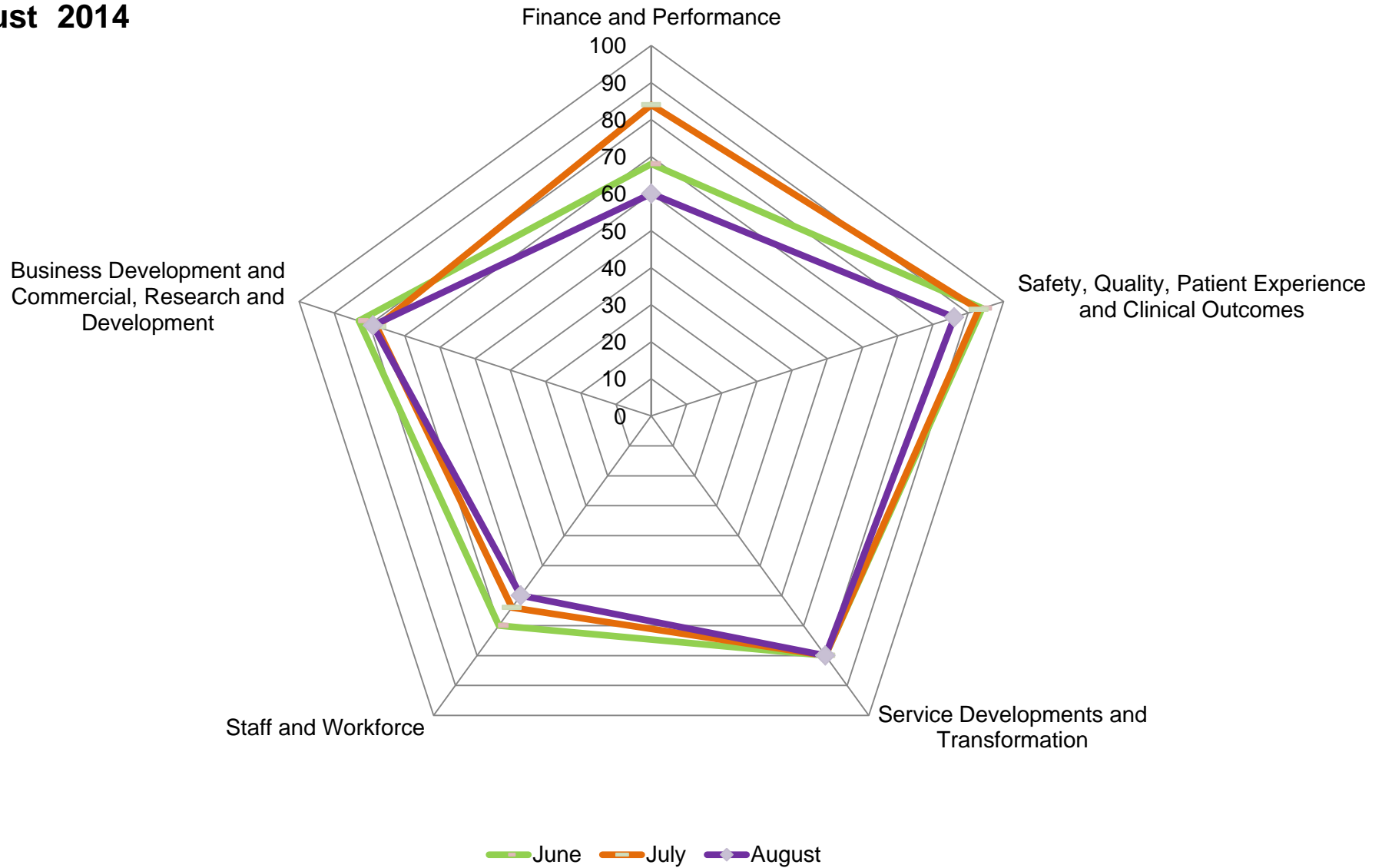
Elapsed Time To Fill Vacancies – The position has improved and the median is now below the required threshold of 12 weeks.

Learning and Development – The position recorded in Quarter 2 is below the required threshold.

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.

Integrated Governance Dashboards
Summary of Overall Performance
August 2014



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Integrated Governance Reporting

Finance & Performance

		2013/2014															2014/2015									Comment	Trend (Previous 5 Quarters or 15 Months)
Indicator	Green Red	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep								
Regulatory	Monitor Risk Assessment Framework Finance Rating	>3 <3	3			3			3			4			Liquidity Ratio 3.0 Capital Service Capacity 4.0 Continuity of Service Rating 3.5			Liquidity Ratio 3.0 Capital Service Capacity 4.0 Continuity of Service Rating 3.5			Pressures around CIP delivery, bank and agency costs and income shortfalls for some areas.						
	Monitor Risk Assessment Framework Governance Rating	Green < Amber/Green	Amber/ Green			Green			Green			Green			Green			Green			A&E 4 Hour Standard and Clostridium Difficile declared risks for 2014/2015.						
	Care Quality Commission Registration	No restrictions Restrictions	Full Registration No Restrictions			Full Registration No Restrictions			Full Registration No Restrictions			Full Registration No Restrictions			Full Registration No Restrictions			Full Registration No Restrictions			Castleberg re-inspection report now received. No concerns. Full inspection report received. No material concerns.						
CCG Contract	Performance & Quality Schedule Indicators	No Notices Performance Notices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Performance Notice received regarding Stroke								
	CQUINS	>95% <95%	92%			92%			95%			95%			Quarter 1 Return forwarded to CCG 31st July Assessment 95%			Assessment 95%			Dementia and Safety Thermometer pressures/risks for 2014/2015.						
Annual Plan Key Milestones	Beds	TBC TBC	344	368	384	379	379	379	379	379	379	379	379	379	379	383	356	356	356	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed							
	Theatre Time Utilisation	>85% <85%	84%	86%	84%	86%	78%	85%	81%	86%	84%	88%	80%	90%	84%	84%	84%	86%	84%								
	Theatre List Utilisation	>95% <95%	98%	100%	98%	100%	92%	97%	93%	97%	98%	99%	98%	98%	95%	98%	98%	96%	98%								
	Bed Occupancy	>85% to <95% <85% or >95%	100.4%	98.1%	85%	83%	83%	83%	90%	87%	89%	92%	93%	89%	85%	96%	90%	95%	88%								
	GP Referrals (All Commissioners)	TBC TBC	3185	3312	2995	3491	3022	3089	3642	3353	3050	3544	3289	3384	3343	3452	3626	3517	TBC								
	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%	6.65%	6.69%	7.53%	7.10%	6.80%	Further work at speciality level and by appointment 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%	3.64%	3.49%	3.62%	3.43%	3.99%								

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Safety, Quality, Patient Experience and Clinical Outcomes

		2013/2014										2014/2015										Comments	Trend (Previous 5 Quarters or 15 Months)
Indicator	Green Red	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep				
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%	91%	91%	89%	91%	93%					
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%	99%	99%	99%	98%	99%					
Friends and Family Test: Response Rate	2013/2014 (>15% Q1, >20% Q4) 2013/2014 (<15% Q1, <20% Q4) 2014/2015 >25% Inpatient and >15% A&E each Quarter 2014/2015 >25% Inpatient and >15% A&E each Quarter	7.6%	9.0%	15.0%	21%	17.8%	21.8%	21.3%	17.6%	23.1%	17.4%	19.3%	25.6%	43.9% Inpatient and 14.3% A&E	52.4% Inpatient and 13.6% A&E	53.6% Inpatient and 28.2% A&E	48.5% Inpatient and 19.9% A&E	52.2% Inpatient and 15.6% A&E					
NHS LA	>1 <1	1	1	1	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	0.92	0.92	0.92	0.92	0.92	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	0	0	0	0	0					
Hand Hygiene Audit	95% <95%	96%	95%	97%	94%	98%	97%	97%	97%	98%	98%	98%	98%	98%	97%	98%	97%	94%					
NICE Guidance / TAGs within 90 days	100% <100%	100%	100%	100%	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	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%	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	3	7	7	4	12	TBC					
Unexpected death	0 >0	1	1	1	0	1	0	1	1	0	0	0	0	1	0	0	2	0					
Never Events	0 >0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1					
Obstetrics - Stillbirth or Unexpected Death	0 >0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0					
Complaints	<6 >6	5	8	4	6	6	5	12	5	5	4	4	8	10	12	13	14	5					
PALS Issues Raised	Monitoring Monitoring	196	252	163	197	193	167	188	213	146	229	203	207	206	196	205	219	132					
Compliments	Monitoring Monitoring	303	262	308	280	321	363	345	483	474	320	336	314	311	166	334	262	278					

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Service Development and Transformation

Indicator		Green	Red	2014/2015	Comment
Service Developments	Growth	Achieving Schedule	Not achieving schedule		Milestones being defined with Operational leads
	Diagnostics			Additional Practices	
	Cardiology/Rheum/Diabetes/Endocrine			Growth and Development (e-Consults)	
	Breast Surgery			Growth (Familial Breast, BME, Cancer)	
	Upper GI Surgery			Review options for further development	
	Colorectal Surgery			Growth (Cancer)	
	Vascular Surgery			Growth	
	Urology			Growth (ERP, DC / Laser Surgery)	
	Orthopaedics			Options For Investment	
	Gastroenterology			Growth (Cancer)	
	Ophthalmology			Options For Investment	
	Gynaecology			Growth (Cancer) and Repatriation (EL)	
	Community Services			Develop Community Services bid	
	Paediatrics			Develop Outreach and Ambulatory Care	
	Cardiology			Joint Appointments with LTH / PCI	
	Rehabilitative Medicine			Assessment of Neuro-Rehab options	
All Specialties	18 Week Specialty Plans				

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Staff Engagement & Workforce Development

		2013/2014											2014/2015									
Indicator		Green	Red	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Comment
Great Line Management	Staff receiving annual appraisal	>85%	<85%	Reporting to start Q2			75.2%			71.4%			76.0%			79.0%			85.0%			Pulse Survey 91.0%
	Staff saying they had well structured appraisal	>38%	<35%	Reporting to start Q2			45.0%			41.0%			40.5%			39.0%			44.0%			
	Staff satisfied with support from immediate line manager	>3.7	<3.6	Reporting to start Q2			3.8			3.7			3.9			3.8			3.61			
Engaged Workforce	Engagement Index	>3.8	<3.73	3.77			3.75			3.81			3.87			3.8			3.74			
	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%	3.64%	3.49%	3.62%	3.88%	3.99%		
	Number of staff citing stress as reason for absence	<28	>40	34	27	24	27	27	26	28	32	31	38	37	36	37	36	38	42	38		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.7			3.7			3.85			3.92			3.87			3.71			
	Staff Job Satisfaction	>3.7	<3.62	3.64			3.63			3.62			3.77			3.68			3.56			
Staff Motivation at Work	>3.9	<3.83	3.96			3.86			3.97			3.93			3.85			3.94				
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%	9.39%	9.39%	9.19%	8.49%	8.71%		
	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%			3.03%			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%	3.3%	3.6%	3.7%	4.4%	1.6%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	10 weeks 6 days	10 weeks 6 days	12 weeks 3 days	14 weeks 1 day	13 weeks 2 days	14 weeks	13 weeks 2 Days	12 weeks 1 Day	12 weeks	12 weeks 5 Days	16 weeks 2 days	14 weeks	12 weeks	13 weeks	13 weeks	11 weeks 4 days	11 weeks 4 days		
	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%	71.1%			73.0%	73.8%		
	Staff saying learning and development help them do their job more effectively	>65%	<65%	Quarterly Reporting			70%			58%			71%			68.3%			64.2%			