

Report to:	Public Board of Directors				
Date of Meeting:	29 th October 2014				
Report Title:	Integrated Governance Dashboards September 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 September 2014				

Purpose of the Report

Attached are the Integrated Governance Dashboards cumulative to September 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)

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 July and August and also a comparison to September 2013.

The overall position shows a consistent level for most areas, with Staff and Workforce showing pressures in September.

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 3.0. 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.

Outpatient DNA Rates – The position is above the aspirational threshold of 6% 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 was below threshold in August and September.

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 taking place. This is due to be completed in November.

Complaints – The number of complaints was above threshold in September at 8 cases.

Service Developments and Transformation

The report shows the potential areas of development outlined in the Annual Plan. A timetable for progressing the potential service development areas highlighted in both the 2 year Operational and 5 year Strategic Plans and the key milestones for these is being worked through over the next few weeks. From this an updated schedule shall be constructed against which progress is to be monitored.

Staff Engagement and Workforce Development

Staff Appraisal – This is currently running at 87.7% 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 September.

Sickness Absence – Having recently improved, the position was above the required 3.6% threshold in September at 4.47%.

Staff Recommending Trust / Staff Job Satisfaction – The scores for these 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 – This has increased in September and the median is now above the required threshold of 12 weeks. This was affected by some staff awaiting registration and periods of notice with previous employers being worked.

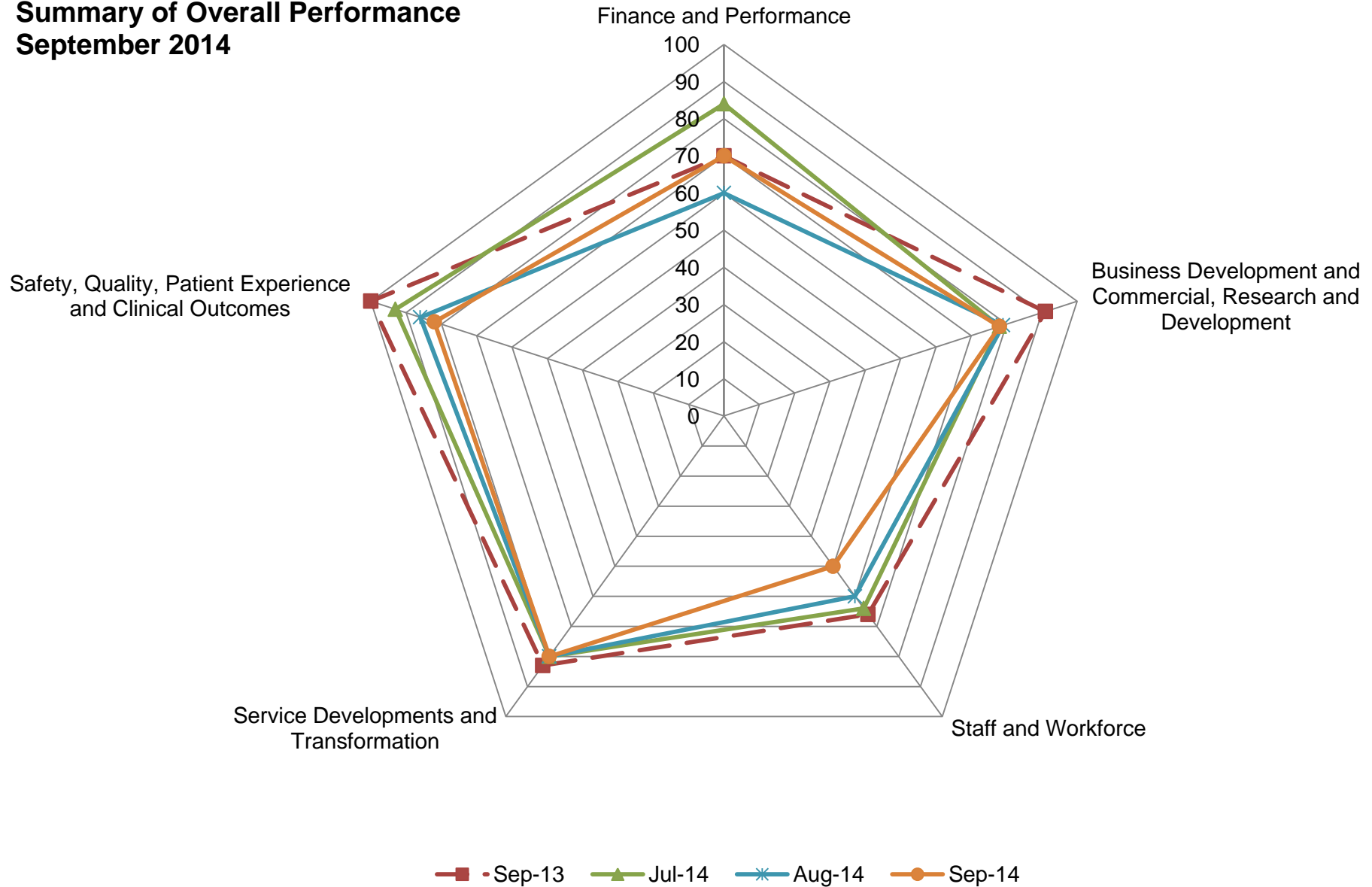
Learning and Development – The position recorded in Quarter 2 is below the required threshold.

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.

Airedale NHS Foundation Trust
Integrated Governance Dashboards

Integrated Governance Dashboards
Summary of Overall Performance
September 2014



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

2013/2014

2014/2015

	Indicator	Green		2013/2014			2014/2015			2013/2014			2014/2015			2013/2014			2014/2015			Comment	Trend (Previous 5 Quarters or 15 Months)
		>3	<3	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 2.0 Capital Service Capacity 4.0 Continuity of Service Rating 3.0			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	1	Performance Notice received regarding Stroke		
	CQUINS	>93%	<93%	92%			92%			95%			95%			Quarter 1 Return forwarded to CCG 31st July Assessment 95%			Assessment 93%			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	383	356	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%	87%		
	Theatre List Utilisation	>95%	<95%	98%	100%	98%	100%	92%	97%	93%	97%	98%	99%	98%	98%	95%	98%	98%	96%	98%	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%	91%		
	GP Referrals (All Commissioners)	TBC	TBC	3185	3312	2995	3491	3022	3089	3642	3353	3050	3544	3289	3384	3345	3449	3654	3657	3066	3385		
	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%	6.67%	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%	3.88%	4.13%	4.47%		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2013/2014		2013/2014												2014/2015												Comments	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	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%	95%								
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%	99%								
Friends and Family Test: Response Rate	2013/2014 (>15% Q1, >20% Q4) 2014/2015 >25% Inpatient and >15% A&E each Quarter	2013/2014 (<15% Q1, <20% Q4) 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	56.4% Inpatient and 13.3% A&E								
NHS LA	>1	<1	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	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	0	0							
Hand Hygiene Audit	95%	<95%	96%	95%	97%	94%	98%	97%	97%	97%	98%	98%	98%	98%	98%	97%	98%	97%	94%	94%								
NICE Guidance / TAGs within 90 days	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
CAS Alerts Outstanding	0	>0	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%	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	7	TBC								
Unexpected death	0	>0	1	1	1	0	1	0	1	1	0	0	0	0	1	0	0	2	0	0								
Never Events	0	>0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0								
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	0	1	0	0	0	1	1	0	0	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	8								
PALS Issues Raised	Monitoring	Monitoring	196	252	163	197	193	167	188	213	146	229	203	207	206	196	205	219	132	152								
Compliments	Monitoring	Monitoring	303	262	308	280	321	363	345	483	474	320	336	314	311	166	334	262	278	351								

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Service Development and Transformation

	Area	Development	Comment
Service Developments	Diagnostics	Additional Practices	Milestones being defined with Operational leads. Updated schedule to be available November from which progress to be monitored monthly
	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	

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

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%			87.7%			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%	4.13%	4.47%		
	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	44		
	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%	8.88%		
	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%	3.8%		
	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 5 Days	16 weeks 2 days	14 weeks	12 weeks	13 weeks	13 weeks	11 weeks 4 days	11 weeks 4 days	14 weeks 3 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%	72.9%		
	Staff saying learning and development help them do their job more effectively	>65%	<65%	Quarterly Reporting			70%			58%			71%			68.3%			64.2%				