

Report to:	Public Trust Board of Directors				
Date of Meeting:	29 th April 2015				
Report Title:	Integrated Governance Dashboards March 2015				
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 March 2015				

<p>Purpose of the Report</p> <p>Attached are the Integrated Governance Dashboards cumulative to March 2015. The dashboards cover six sections;</p> <ul style="list-style-type: none"> • 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) <p>Individual Sections</p> <p>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.</p> <p>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.</p> <p>Summary of Overall Performance Section</p> <p>The Summary of Overall Performance shows the proportion of indicators that are rated Green for each of the 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 and also a comparison to March 2014.</p> <p>The overall position shows Finance and Performance and Staff and Workforce showing pressure in March.</p>

Key points for discussion

Finance and Performance

Monitor Risk Assessment Framework – The Governance rating is Amber with the Clostridium Difficile and A&E 4 hour waiting time standards being declared risks with Monitor and there also being 62 Day Cancer standard pressures for Quarter 4.

Finance Risk Ratings – The overall Continuity of Service Rating for March is 3.0. 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, Safety Thermometer and Integrated Discharge indicators are highlighted. The overall CQUINS projection has reduced due to not meeting the full Quarter 3 and Quarter 4 objectives.

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

Bed Occupancy – This continues to be above the upper threshold at 98%.

Outpatient DNA Rates – The position is not achieving the aspirational target set in the Annual Plan. In some cases this is as a result of the recent demand pressures being experienced across the Foundation Trust. Further work through the Right Care programme shall help progress towards the stretch targets.

Safety, Quality, Patient Experience and Clinical Outcomes

Friends and Family Test – Whilst the Inpatient and A&E response rates have increased, the CQUINS stretch targets for these areas for Quarter 4 were not achieved.

Unexpected Death – There were 2 recorded cases in February.

Complaints – The number of complaints continued to be below threshold in March.

Service Developments and Transformation

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 are being worked through. 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 89.0% 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 March.

Sickness Absence – The position was above the required 3.6% threshold in March at 4.71%, although this has improved from the January position.

Leaver Turnover Rate – The position in March has increased to 10.51%, above the threshold of 10%. This was mainly due to the MARS scheme.

Staff Recommending Trust – The score for this indicator has reduced slightly in Quarter 4.

Reduction in work pressure felt by staff – This has increased 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 March and the median is now above the required threshold of 12 weeks.

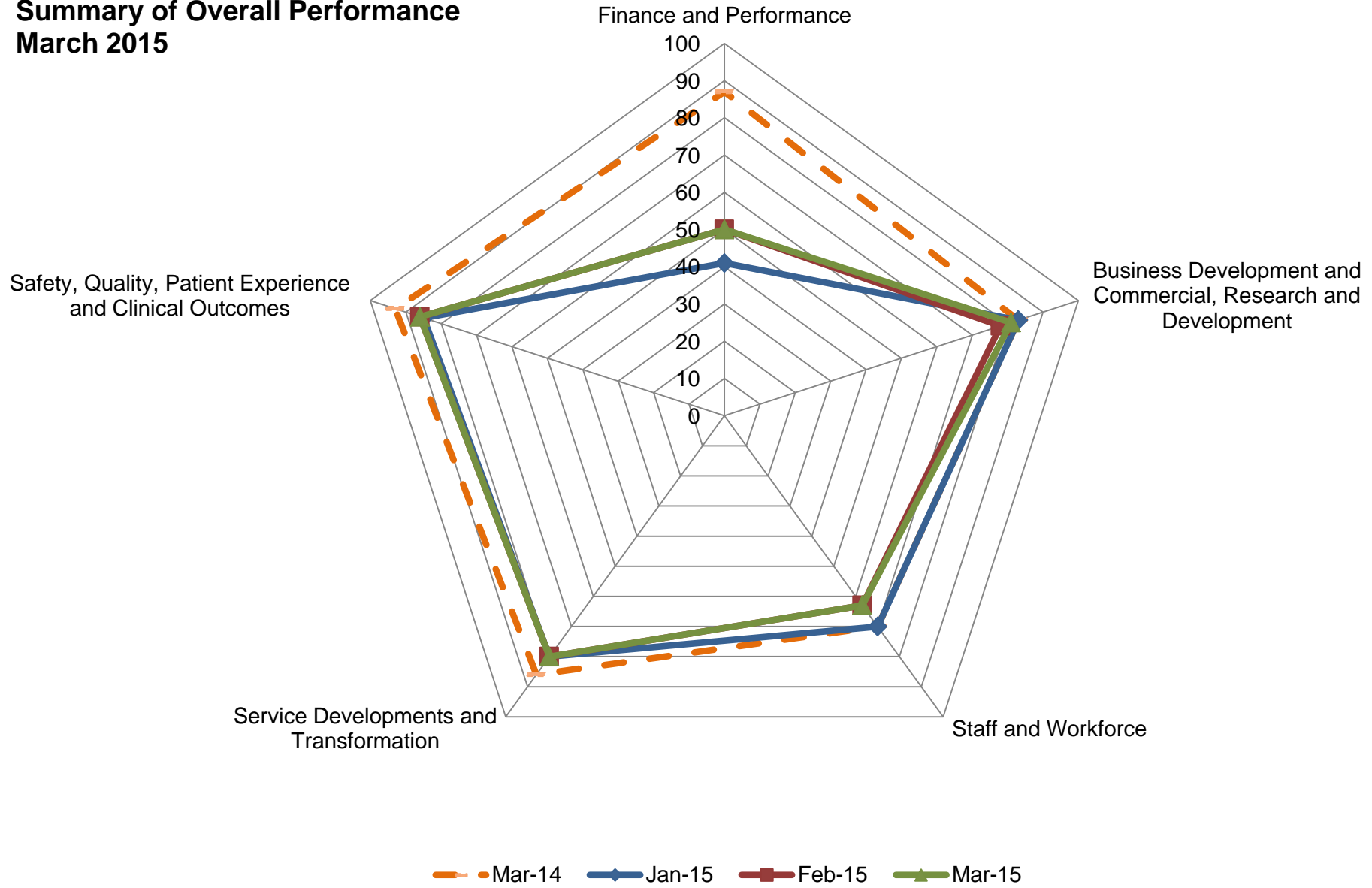
Learning and Development – The position in March has continued to be above the threshold.

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
March 2015



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

2013/2014

2014/2015

	Indicator	Green Red		Jan Feb Mar			Apr May Jun			Jul Aug Sep			Oct Nov Dec			Jan Feb Mar			Comment	Trend (Previous 5 Quarters or 15 Months)	
Regulatory	Monitor Risk Assessment Framework Finance Rating	>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			Liquidity Ratio 2.0 Capital Service Capacity 4.0 Continuity of Service Rating 3.0			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	Green			Green			Green			Green			Amber			A&E 4 Hour Standard and Clostridium Difficile declared risks. 62 Day Cancer Standard pressures Quarter 4		
	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			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	1	1	1	1	1	1	1	1	Performances Notices received regarding Stroke		
	CQUINS	>93%	<93%	95%			93%			93%			93%	93%	83%	83%	83%	83%	Dementia, Safety Thermometer and Integrated Discharge pressures/risks.		
Annual Plan Key Milestones	Beds	TBC	TBC	379	379	379	379	383	356	356	356	356	356	356	356	356	356	356	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed		
	Winter Beds Opened and Occupied	TBC	TBC										0	0	38	40	31	37			
	Total Winter Beds Plus Escalation Beds Opened and Occupied	Core Beds Plus Winter Beds	>Core Beds Plus Winter Beds											12	13	50	43	31	37		
	Theatre Time Utilisation	>85%	<85%	88%	80%	90%	84%	84%	84%	86%	84%	87%	86%	93%	78%	86%	90%	93%			
	Theatre List Utilisation	>95%	<95%	99%	98%	98%	95%	98%	98%	96%	98%	98%	97%	98%	98%	99%	99%	99%			
	Bed Occupancy	>85% to <95%	<85% or >95%	92%	93%	89%	85%	96%	90%	95%	88%	91%	92%	92%	100%	100%	100%	98%			
	GP Referrals (All Commissioners)	TBC	TBC	3544	3289	3384	3344	3450	3648	3643	3083	3510	3690	3017	3135	3277	3065	3532			
	Outpatient DNA Rate	<6%	>6%	5.88%	6.87%	5.94%	6.65%	6.69%	7.53%	7.10%	6.80%	6.67%	8.01%	6.73%	6.57%	6.50%	6.42%	8.0%	Further work at specialty level and by appointment type		
	Staff Sickness	<3.6%	>3.6%	4.36%	4.39%	4.18%	3.64%	3.49%	3.62%	3.88%	4.13%	4.47%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%			

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2013/2014		2014/2015												Comments	Trend (Previous 5 Quarters or 15 Months)		
	Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Jan	Feb
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	87%	90%	87%	91%	91%	89%	91%	93%	95%	92%	93%	93%	96%	92%	93%	
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	100%	99%	99%	99%	99%	99%	98%	99%	99%	97%	100%	100%	97%	98%	100%	
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	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	50.2% Inpatient and 22.6% A&E	45.5% Inpatient and 20.2% A&E	34.3% Inpatient and 6.4% A&E	37.8% Inpatient and 9.1% A&E	41.1% Inpatient and 8.8% A&E	36.7% Inpatient and 20.8% A&E	
NHS LA	>1	<1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	NHSLA further assessment completed
SHMI	<1	>1	0.89	0.89	0.89	0.87	0.87	0.87	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.91	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	
Hand Hygiene Audit	95%	<95%	98%	98%	98%	98%	97%	98%	97%	94%	94%	98%	97%	97%	98%	98%	97%	
NICE Guidance / TAGs within 90 days	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	
Safeguarding (New Staff trained within 3 Months)	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	9	2	3	7	7	4	12	7	6	2	6	3	9	7	TBC	
Unexpected death	0	>0	0	0	0	1	0	0	2	0	0	0	1	2	1	2	TBC	
Never Events	0	>0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	<6	>6	4	4	8	10	12	13	14	5	8	17	2	6	6	4	6	
PALS Issues Raised	Monitoring	Monitoring	229	203	207	206	196	205	219	132	152	159	152	179	205	168	154	
Compliments	Monitoring	Monitoring	320	336	314	311	166	334	262	278	351	345	220	177	216	350	172	

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Integrated Governance Reporting

Service Development and Transformation

	Area	Development	Comment
Service Developments	Surgery Medicine Womens and Childrens Community Services	As per Annual Planning Schedules	Milestones being defined with Operational leads. Updated schedule to be used for monitoring.

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2013/2014						2014/2015												
Indicator		Green	Red	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comment	
Great Line Management	Staff receiving annual appraisal	>85%	<85%	76.0%			79.0%			87.7%			89.3%			89.0%			Pulse Survey 91.0%	
	Staff saying they had well structured appraisal	>38%	<35%	40.5%			39.0%			44.0%			56.0%			45.0%				
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.9			3.8			3.61			3.8			3.82				
Engaged Workforce	Engagement Index	>3.8	<3.73	3.87			3.8			3.74			4.01			3.84				
	Sickness Absence Rate	<3.6%	>3.6%	4.36%	4.39%	4.18%	3.64%	3.49%	3.62%	3.88%	4.13%	4.47%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%		
	Number of staff citing stress as reason for absence	<28	>40	38	37	36	37	36	38	42	38	44	42	40	52	46	46	44		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.92			3.87			3.71			4.09			3.79				
	Staff Job Satisfaction	>3.7	<3.62	3.77			3.68			3.56			3.79			3.71				
	Staff Motivation at Work	>3.9	<3.83	3.93			3.85			3.94			4.16			4.03				
Effective Resourcing	Leaver Turnover Rate	8% to 10%	<8% >10%	9.6%	9.37%	9.35%	9.39%	9.39%	9.19%	8.49%	8.71%	8.88%	9.02%	8.96%	9.12%	9.52%	10.21%	10.51%	Increase due to MARS	
	Reduction in Locum and Nurse Agency spend	15%	<15%	TBC																
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.2%			3.03%			3.2%			3.0%			3.2%				
	Vacancy Rate	3% to 5%	>6%	3.8%	2.7%	3.1%	3.3%	3.6%	3.7%	4.4%	1.6%	3.8%	4.5%	4.9%	5.5%	4.7%	4.4%	4.8%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	12 weeks 5 Days	16 weeks 2 days	14 weeks	12 weeks	13 weeks	13 weeks	11 weeks 4 days	10 weeks 3 days	14 weeks 3 days	10 weeks 5 days	13 weeks 2 days	14 weeks	13 weeks 6 days	10 weeks 4 days	16 weeks 6 days		
	Mandatory Training Overall Compliance	50% to 60%	<50%	67.6%	69.5%	69.6%	71.1%			73.0%	73.8%	72.9%	74.6%	74.8%	75.0%	74.0%	71.8%	72.5%	Please note this does not include Information Governance and Dementia Awareness for this quarter.	
	Staff saying learning and development help them do their job more effectively	>65%	<65%	71%			68.3%			64.2%			69.2%			72.0%				