

<b>Report to:</b>	Public Trust Board of Directors				
<b>Date of Meeting:</b>	28 <sup>th</sup> October 2015				
<b>Report Title:</b>	Integrated Governance Dashboards September 2015				
<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 September 2015				

### **Purpose of the Report**

Attached are the Integrated Governance Dashboards cumulative to September 2015.

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 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 2014.

The overall position shows consistency for most areas in August and September 2015.

## 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 being declared risks with Monitor and there are also RTT and 62 day cancer standard pressures.

**Finance Risk Ratings** – The overall Continuity of Service Rating for Quarter 2 is 3.0. As noted previously, there are pressures on CIP delivery and bank and agency expenditure.

**Outpatient DNA Rates** – The position is slightly above the aspirational target set in the Annual Plan. Further work through the Right Care programme shall help progress towards the stretch targets. A separate Board paper was forwarded in September providing context, progress and further plans towards achieving this improvement.

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

**Friends and Family Test** – The response rates are below threshold for both Inpatients and A&E in September.

**Complaints** – The number of complaints has reduced below threshold in September.

### 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 90.3% and so achieving the required threshold. Workforce Development and Business Partners are continuing to work with areas to support further increases and the Foundation Trusts PDR process was completed during Quarter 1.

**Structured Appraisal** – This is currently running at 44.1% and so now achieving a 38% threshold.

**Engagement Index** – This indicator has improved to 3.88 for Quarter 2 and so is now above the 3.8 threshold.

**Stress** – The objective regarding reducing stress has reduced further in September but is still above threshold.

**Sickness Absence** – The position was above the required 3.6% threshold in September at 4.1%, although this has overall improved from January.

**Leaver Turnover Rate** – The position in September is 10.53%, above the threshold of 10%.

**Staff Recommending Trust** – The score for this indicator has improved in Quarter 2 and is now above 3.8 threshold.

**Staff Motivation** – The score for this indicator has also improved in Quarter 2 to 3.95 against a 3.9 threshold.

**Reduction in work pressure felt by staff** – This has improved to 3.1% in Quarter 2 but is still above a 2.9% threshold.

**Vacancy Rates** – The indicator for this improved in August to 2.1%.

**Elapsed Time To Fill Vacancies** – This has improved in September however the median is above the required threshold of 12 weeks. Specific work has now been put in place to establish clear protocols around this which should reduce the median over time.

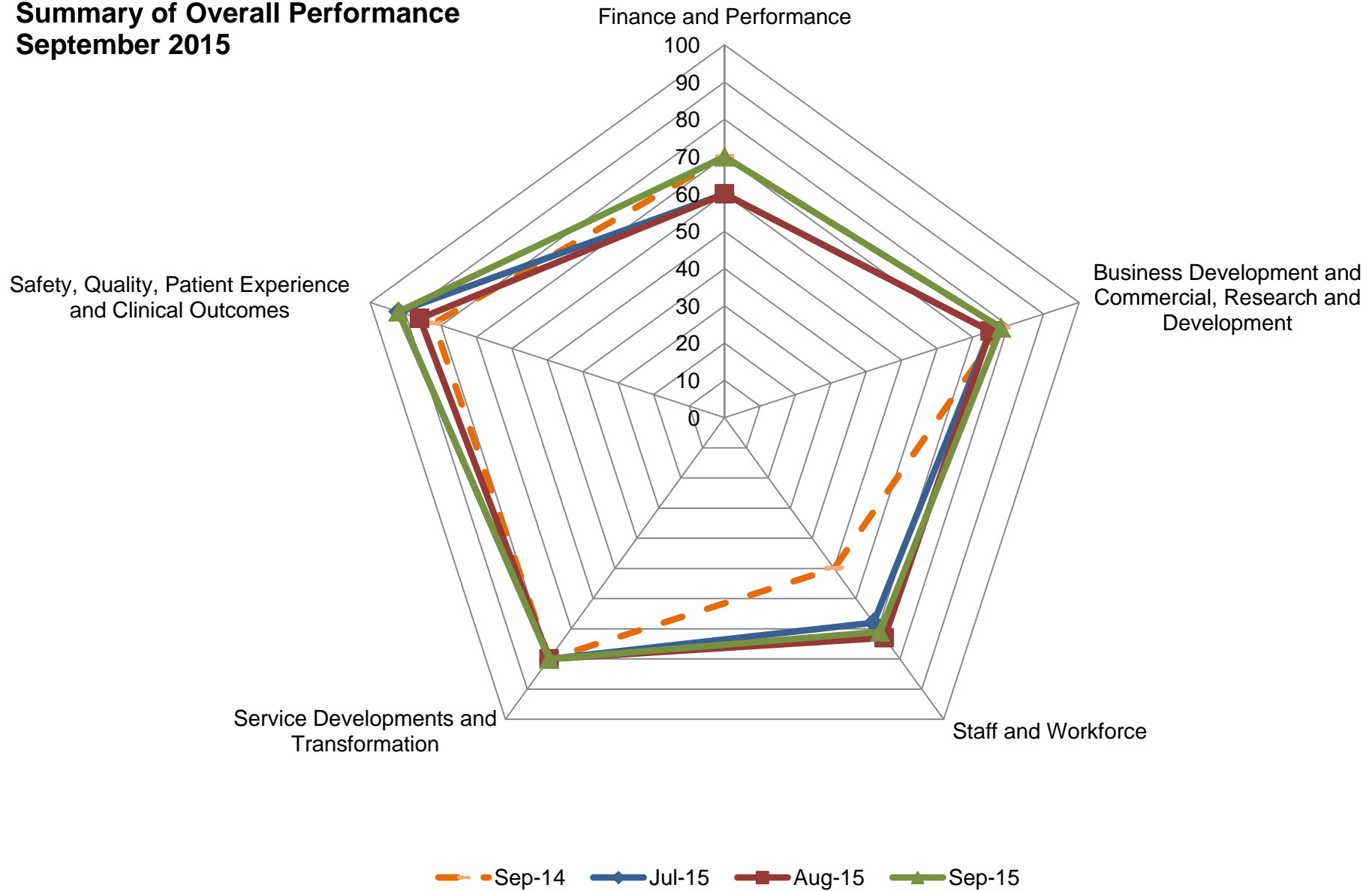
**Learning and Development** – The indicator for this in Quarter 2 was 69% and above threshold.

### 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 2015



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

**Finance & Performance**

2014/2015

2015/2016

	Indicator	Green		Red		Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Comment	Trend (Previous 5 Quarters or 15 Months)
Regulatory	Monitor Risk Assessment Framework Finance Rating	>3 or in line with Plan	<3 or not in line with Plan	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			Liquidity Ratio 2.0 Capital Service Capacity 3.0 Continuity of Service Rating 2.5			Liquidity Ratio 2.0 Capital Service Capacity 3.0 Continuity of Service Rating 3.0			Pressures around CIP delivery, bank and agency costs and Income.																																	
	Monitor Risk Assessment Framework Governance Rating	Green	< Green	Green			Green			Amber			Green			Green			A&E 4 Hour Standard and Clostridium Difficile declared risks. RTT and 62 Day Cancer Standard pressures																																	
	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	1	1	1	1	1	1	1	1	0	0	0	0	0	0	Performance Notices received previous year regarding Stroke																																	
	CQUINS	>93%	<93%	93%			93%			83%			83%			83%			100%			Quarter 2 Work In Progress																														
Annual Plan Key Milestones	Beds	TBC	TBC	356	356	356	356	356	356	356	356	356	354	354	358	358	358	358	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed																																	
	Winter Beds Opened and Occupied	TBC	TBC				0	0	38	40	31	37	0	0	0	0	0	0																																		
	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	5	11	14	2	7	8																																		
	Theatre Time Utilisation	>85%	<85%	86%	84%	87%	86%	93%	78%	86%	90%	93%	90%	90%	87%	88%	86%	88%																																		
	Theatre List Utilisation	>95%	<95%	96%	98%	98%	97%	98%	98%	99%	99%	99%	98%	99%	99%	98%	95%	99%																																		
	Bed Occupancy	>85% to <95%	<85% or >95%	95%	88%	91%	92%	92%	100%	100%	100%	98%	92%	89%	87%	84%	81%	86%																																		
	GP Referrals (All Commissioners)	TBC	TBC	3643	3083	3510	3690	3017	3135	3387	3304	3532	3415	3193	3672	3820	2931	3145																																		
	Outpatient DNA Rate	<6%	>6%	7.10%	6.80%	6.67%	8.01%	6.73%	6.57%	6.50%	6.42%	8.0%	6.3%	7.7%	6.8%	6.1%	6.8%	6.7%	Further work at specialty level and by appointment type																																	
	Staff Sickness	<3.6%	>3.6%	3.88%	4.13%	4.47%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%																																		

Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2014/2015		2015/2016												Comments	Trend (Previous 5 Quarters or 15 Months)			
	Green	Red	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	91%	93%	95%	92%	93%	93%	96%	92%	93%	94%	95%	91%	90%	93%	91%		
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	98%	99%	99%	97%	100%	100%	97%	98%	100%	100%	99%	98%	97%	100%	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	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	24% Inpatient and 25.8% A&E	22.6% Inpatient and 13.5% A&E	24.0% Inpatient and 11.5% A&E	21.4% Inpatient and 16.2% A&E	26.4% Inpatient and 17.7% A&E	20.5% Inpatient and 14.2% 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	0.89	0.89	0.89	0.89	0.89	0.91	0.91	0.91	0.91	0.94	0.94	0.94	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%	97%	94%	94%	98%	97%	97%	98%	98%	97%	96%	98%	97%	97%	98%	96%		
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	12	7	6	2	6	3	9	7	3	3	3	1	9	2	TBC		
Unexpected death	0	>0	2	0	0	0	1	2	1	2	0	0	0	0	1	0	TBC		
Never Events	0	>0	0	0	1	0	0	0	0	0	0	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	14	5	8	17	2	6	6	4	6	12	11	4	5	8	5		
PALS Issues Raised	Monitoring	Monitoring	219	132	152	159	152	179	205	168	154	165	122	107	139	107	154		
Compliments	Monitoring	Monitoring	262	278	351	345	220	177	216	350	172	235	283	206	186	398	146		

Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2014/2015									2015/2016									
Indicator		Green	Red	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Comment	
Great Line Management	Staff receiving annual appraisal	>85%	<85%	87.7%			89.3%			89.0%			86.0%			90.3%				
	Staff saying they had well structured appraisal	>38%	<35%	44.0%			56.0%			45.0%			36.5%			44.1%				
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.61			3.8			3.82			3.71			3.79				
Engaged Workforce	Engagement Index	>3.8	<3.73	3.74			4.01			3.84			3.75			3.88				
	Sickness Absence Rate	<3.6%	>3.6%	3.88%	4.13%	4.47%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%		
	Number of staff citing stress as reason for absence	<28	>40	42	38	44	42	40	52	46	46	44	37	39	39	48	39	31		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.71			4.09			3.79			3.77			3.94				
	Staff Job Satisfaction	>3.7	<3.62	3.56			3.79			3.71			3.76			3.72				
	Staff Motivation at Work	>3.9	<3.83	3.94			4.16			4.03			3.72			3.95				
Effective Resourcing	Leaver Turnover Rate	8% to 10%	<8% >10%	8.49%	8.71%	8.88%	9.02%	8.96%	9.12%	9.52%	10.21%	10.51%	10.57%	10.76%	10.81%	11.01%	10.76%	10.53%		
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.2%			3.0%			3.2%			3.3%			3.1%				
	Vacancy Rate	3% to 5%	>6%	4.4%	1.6%	3.8%	4.5%	4.9%	5.5%	4.7%	4.4%	4.8%	5.0%	5.2%	6.1%	5.3%	2.1%	TBC		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 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	13 weeks 4 days	15 weeks	11 weeks 3 days	13 weeks 3 days	15 weeks 4 days	13 weeks 5 days		
	Mandatory Training Overall Compliance	50% to 60%	<50%	73.0%	73.8%	72.9%	74.6%	74.8%	75.0%	74.0%	71.8%	72.5%	69.5%	70.5%	72.0%	73.0%				
	Staff saying learning and development help them do their job more effectively	>65%	<65%	64.2%			69.2%			72.0%			62.0%			69.0%				