

Report to:	Public Trust Board of Directors				
Date of Meeting:	27 th January 2016				
Report Title:	Integrated Governance Dashboards December 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 December 2015				

Purpose of the Report

Attached are the Integrated Governance Dashboards cumulative to December 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 October and November and also a comparison to December 2014.

The overall position shows consistency for most areas in December 2015.

Key points for discussion

Finance and Performance

Monitor Risk Assessment Framework – The Governance rating is Amber due to not delivering the A&E 4 hour standard in Quarter 3. The Clostridium Difficile and A&E standards both continue being declared risks with Monitor and there also RTT and 62 day cancer standard pressures.

Finance Risk Ratings – The overall Continuity of Service Rating for Quarter 3 is 3.0. As noted previously, there are pressures on CIP delivery and bank and agency expenditure.

Outpatient DNA Rates – The position continues to improve generally and is now just 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 December.

Unexpected Death – There was one unexpected death in December.

Service Developments and Transformation

A timetable for progressing the potential service development areas highlighted in the Groups Annual Plan presentations 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 89.2% 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 48.6% and so now achieving a 38% threshold.

Engagement Index – This indicator is currently at 3.87 and so is now above the 3.8 threshold.

Stress – The objective regarding reducing stress has reduced in December and is now below threshold.

Sickness Absence – The position was above the required 3.6% threshold in December at 4.01%, but is continuing to reduce.

Leaver Turnover Rate – The position in December was 10.73%. An updated threshold for this indicator has now been applied from October 2015 to be in line with national turnover rates for small acute Trusts. Overall the Foundation Trusts position is achieving the required level.

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

Staff Motivation – The score for this indicator is 3.92 against a 3.9 threshold.

Reduction in work pressure felt by staff – This has maintained at 3.1% but is still above a 2.9% threshold.

Vacancy Rates – The indicator for this remains consistent in December at 5.7%.

Elapsed Time To Fill Vacancies – This has improved in November and December and the median is now below the required threshold of 12 weeks. Specific work has now been put in place to establish clear protocols around this which should help sustain the median over time.

Mandatory Training – An updated threshold has now been applied from October 2015 in line with Audit recommendations. As a result of the new threshold, the Foundation Trust is now below the new planned achievement level of 80%, however this has improved in December.

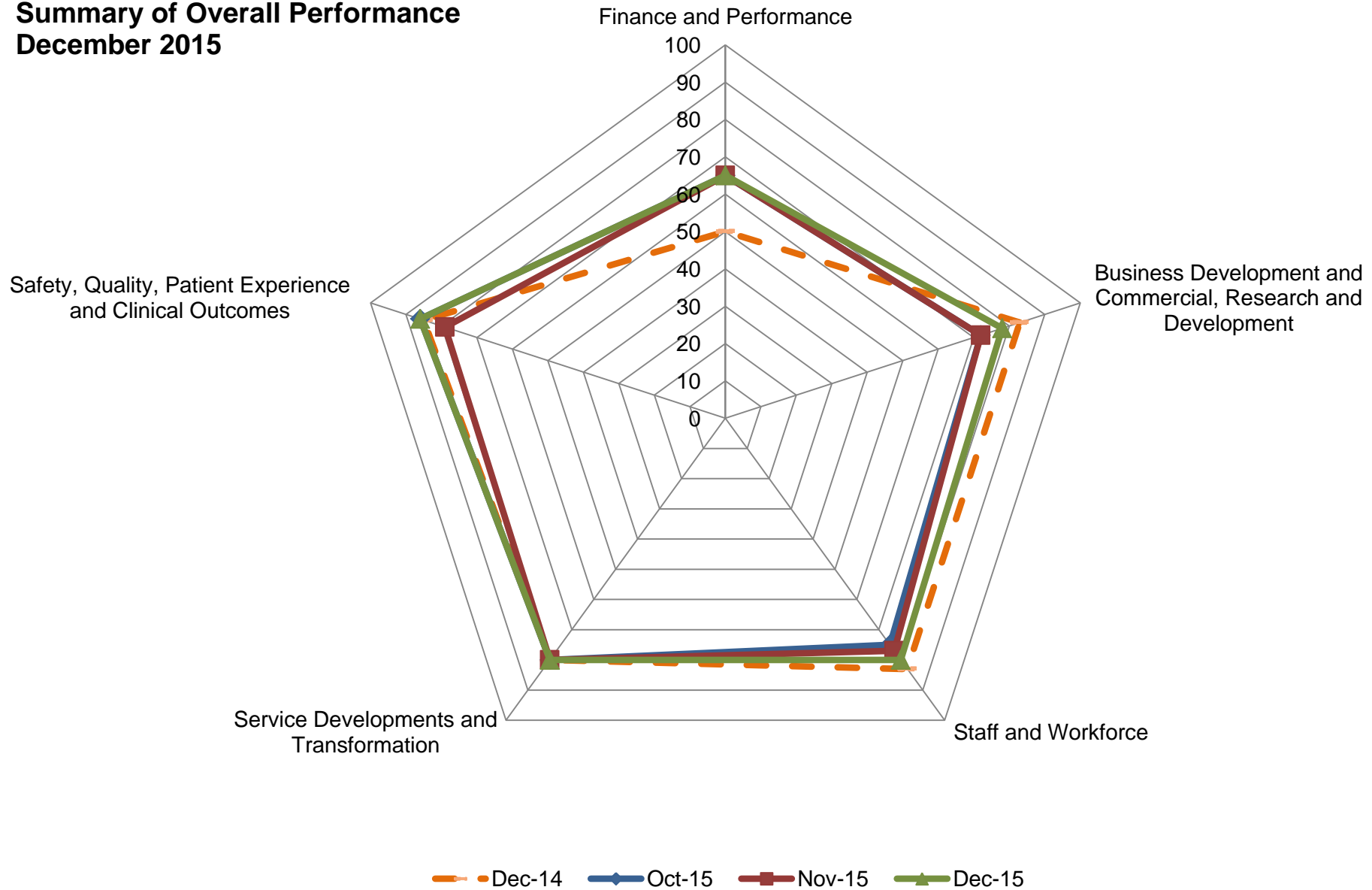
Learning and Development – The indicator for this in December was 65% and above threshold.

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
December 2015



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

		2014/2015						2015/2016												
Indicator		Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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 3.0 Continuity of Service Rating 2.5			Liquidity Ratio 2.0 Capital Service Capacity 3.0 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.	
	Monitor Risk Assessment Framework Governance Rating	Green	< Green	Green			Amber			Green			Green			Amber			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	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	Performance Notices received previous year regarding Stroke	
	CQUINS	>93%	<93%	93%	93%	83%	83%	83%	83%	100%			Local 100%			Quarter 3 Work Ongoing				
Annual Plan Key Milestones	Beds	TBC	TBC	356	356	356	356	356	356	354	354	358	358	358	358	358	349	351	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	0	10	24		
	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	19	5	17		
	Theatre Time Utilisation	>85%	<85%	86%	93%	78%	86%	90%	93%	90%	90%	87%	88%	86%	88%	90%	87%	82%		
	Theatre List Utilisation	>95%	<95%	97%	98%	98%	99%	99%	99%	98%	99%	99%	98%	95%	99%	98%	100%	99%		
	Bed Occupancy	>85% to <95%	<85% or >95%	92%	92%	100%	100%	100%	98%	92%	89%	87%	84%	81%	86%	90%	95%	93%		
	GP Referrals (All Commissioners)	TBC	TBC	3690	3017	3135	3387	3304	3532	3415	3193	3672	3820	2931	3145	3306	3390	3238		
	Outpatient DNA Rate	<6%	>6%	8.01%	6.73%	6.57%	6.50%	6.42%	8.0%	6.3%	7.7%	6.8%	6.1%	6.8%	6.7%	6.3%	6.4%	6.2%	Further work at specialty level and by appointment type	
	Staff Sickness	<3.6%	>3.6%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%	4.6%	4.4%	4.0%		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2014/2015			2015/2016			2014/2015			2015/2016			2014/2015			2015/2016			Comments	Trend (Previous 5 Quarters or 15 Months)
	Green	Red		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73		92%	93%	93%	96%	92%	93%	94%	95%	91%	90%	93%	91%	81%	91%	80%		
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95		97%	100%	100%	97%	98%	100%	100%	99%	98%	97%	100%	100%	98%	98%	98%		
Friends and Family Test: Response Rate	2013/2014 (>15% Q1, >20% Q4) 2014/2015 >25% A&E each Quarter	2013/2014 (<15% Q1, <20% Q4) 2014/2015 >25% Inpatient and >15% A&E each Quarter		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	19.7% Inpatient and 14.5% A&E	18.6% Inpatient and 13.7% A&E	18.8% Inpatient and 10.7% 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	0.91	0.91	0.91	0.91	0.94	0.94	0.94	0.93	0.93	0.95	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%	97%	97%	98%	98%	97%	96%	98%	97%	97%	98%	96%	98%	99%	98%		
NICE Guidance / TAGs within 90 days	0	>0		0	0	0	0	0	0	0	0	0	0	0	0	0	1	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		2	6	3	9	7	3	3	3	1	9	2	2	3	2	3		
Unexpected death	0	>0		0	1	2	1	2	0	0	0	0	1	0	0	1	1	1		
Never Events	0	>0		0	0	0	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		17	2	6	6	4	6	12	11	4	5	8	5	6	4	4		
PALS Issues Raised	Monitoring	Monitoring		159	152	179	205	168	154	165	122	107	139	107	154	163	161	111		
Compliments	Monitoring	Monitoring		345	220	177	216	350	172	235	283	206	186	398	146	296	257	162		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2014/2015						2015/2016												
	Indicator	Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Comment	
Great Line Management	Staff receiving annual appraisal	>85%	<85%	89.3%			89.0%			86.0%			90.3%			89.2%				
	Staff saying they had well structured appraisal	>38%	<35%	56.0%			45.0%			36.5%			44.1%			48.6%				
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.8			3.82			3.71			3.79			3.68				
Engaged Workforce	Engagement Index	>3.8	<3.73	4.01			3.84			3.75			3.88			3.87				
	Sickness Absence Rate	<3.6%	>3.6%	4.59%	4.62%	5.34%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%	4.63%	4.43%	4.01%		
	Number of staff citing stress as reason for absence	<28	>40	42	40	52	46	46	44	37	39	39	48	39	31	39	35	28		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	4.09			3.79			3.77			3.94			3.92				
	Staff Job Satisfaction	>3.7	<3.62	3.79			3.71			3.76			3.72			3.77				
	Staff Motivation at Work	>3.9	<3.83	4.16			4.03			3.72			3.95			3.92				
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	9.02%	8.96%	9.12%	9.52%	10.21%	10.51%	10.57%	10.76%	10.81%	11.01%	10.76%	10.53%	10.37%	11.17%	10.73%		
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.0%			3.2%			3.3%			3.1%			3.1%				
	Vacancy Rate	3% to 5%	>6%	4.5%	4.9%	5.5%	4.7%	4.4%	4.8%	5.0%	5.2%	6.1%	5.3%	5.2%	5.1%	5.5%	5.6%	5.7%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	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	13 weeks	11 weeks	11 weeks		
	Mandatory Training Overall Compliance	>80% (Updated October 2015)	<70% (Updated October 2015)	74.6%	74.8%	75.0%	74.0%	71.8%	72.5%	69.5%	70.5%	72.0%	72.9%	73.0%	73.0%	73.0%	73.0%	73.0%	75.8%	
	Staff saying learning and development help them do their job more effectively	>65%	<65%	69.2%			72.0%			62.0%			69.0%			65.0%				