

Report to:	Public Trust Board of Directors				
Date of Meeting:	27 th April 2016				
Report Title:	Integrated Governance Dashboards March 2016				
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 2016				

Purpose of the Report

Attached are the Integrated Governance Dashboards cumulative to March 2016.

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 January and February and also a comparison to March 2015.

The overall position shows consistency for most areas in March 2016, with our Workforce section showing continued improvement and achieving its highest levels in over 12 Months.

Key points for discussion

Finance and Performance

Monitor Risk Assessment Framework – The Governance rating is Green for Quarter 4.

The Clostridium Difficile and A&E standards both 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 4 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 and in Quarter 4 we delivered the aspirational target of 6% set in the Annual Plan, the first time this was achieved this year. Further work through the Right Care programme shall help continue progress.

Safety, Quality, Patient Experience and Clinical Outcomes

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

Complaints – The number of complaints increased slightly to 11 and was above threshold in March.

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 88.5% 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 shall again be completed during Quarter 1 in 2016/2017.

Structured Appraisal – This is currently running at 52.2% and achieving a 38% threshold.

Engagement Index – This indicator has increased to 3.98 and is above the 3.8 threshold.

Stress – The objective regarding reducing stress has increased in March and was between the threshold limits each month in Quarter 4.

Sickness Absence – The position was above the required 3.6% threshold in March at 3.96%, but is generally continuing to reduce.

Leaver Turnover Rate – The position in March was 10.37%. 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 again and is above 3.8 threshold.

Staff Motivation – The score for this indicator has also increased again to 4.02 against a 3.9 threshold.

Reduction in work pressure felt by staff – This has improved slightly to 3.0% and is just above a 2.9% threshold.

Vacancy Rates – These were 4.8% in March and in line with our threshold.

Elapsed Time To Fill Vacancies – These increased in March above threshold. This was mainly driven by the length of time to interviews after the closing date. Specific work has now been put in place to establish clear protocols which should help sustain improvements in 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 continued to improve in March.

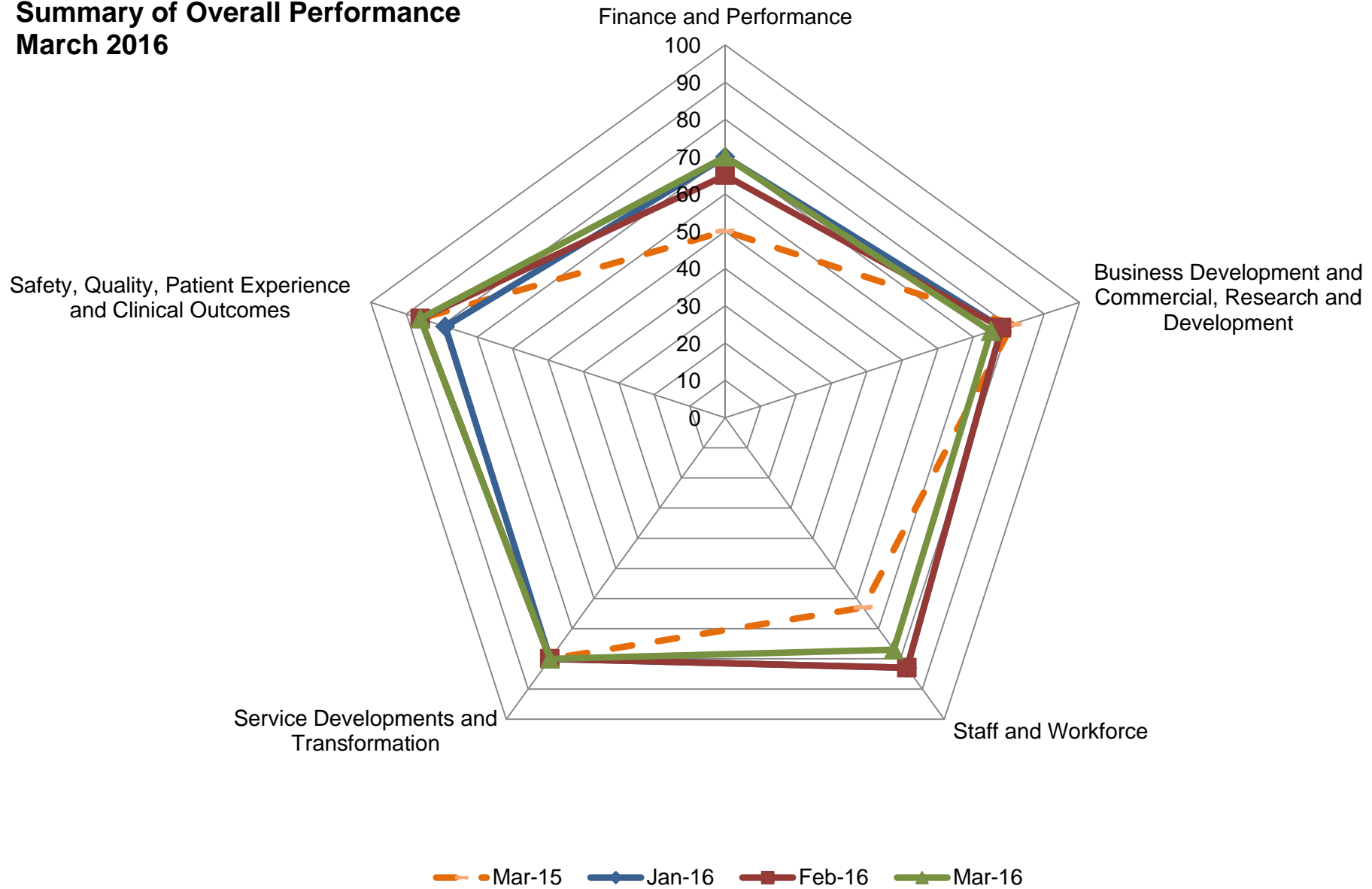
Learning and Development – The indicator for this in March was 65% and above threshold.

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
March 2016



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

2014/2015

2015/2016

	Indicator	Green Red	2014/2015			2015/2016			2015/2016			2015/2016			2015/2016			Notes	Trend (Previous 5 Quarters or 15 Months)
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
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 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			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	Amber			Green			Green			Amber			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	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0		
	CQUINS	>93% <93%	83%	83%	83%	100%			Local 100%			Local 100%			Quarter 4 Work Ongoing				
Annual Plan Key Milestones	Beds	TBC TBC	356	356	356	354	354	358	358	358	358	358	349	351	351	351	351	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed	
	Winter Beds Opened and Occupied	TBC TBC	40	31	37	0	0	0	0	0	0	0	10	24	30	49	24		
	Total Winter Beds Plus Escalation Beds Opened and Occupied	Core Beds Plus Winter Beds >Core Beds Plus Winter Beds	43	31	37	5	11	14	2	7	8	19	5	17	13	6	2		
	Theatre Time Utilisation	>85% <85%	86%	90%	93%	90%	90%	87%	88%	86%	88%	90%	87%	82%	90%	88%	87%		
	Theatre List Utilisation	>95% <95%	99%	99%	99%	98%	99%	99%	98%	95%	99%	98%	100%	99%	100%	100%	100%		
	Bed Occupancy	>85% to <95% <85% or >95%	100%	100%	98%	92%	89%	87%	84%	81%	86%	90%	95%	93%	100%	100%	100%		
	GP Referrals (All Commissioners)	TBC TBC	3387	3304	3532	3415	3193	3672	3820	2931	3145	3306	3390	3238	3135	3196	3164		
	Outpatient DNA Rate	<6% >6%	6.50%	6.42%	8.0%	6.3%	7.7%	6.8%	6.1%	6.8%	6.7%	6.3%	6.4%	6.2%	5.5%	5.5%	6.0%	Further work at specialty level and by appointment type	
	Staff Sickness	<3.6% >3.6%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%	4.6%	4.4%	4.0%	4.1%	3.8%	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			Notes	Trend (Previous 5 Quarters or 15 Months)
	Green	Red		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73		96%	92%	93%	94%	95%	91%	90%	93%	91%	81%	91%	80%	92%	80%	89%		
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95		97%	98%	100%	100%	99%	98%	97%	100%	100%	98%	98%	98%	100%	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		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	22.9% Inpatient and 13.4% A&E	27.4% Inpatient and 14.2% A&E	22.0% Inpatient and 10.4% 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	0.91	0.91	0.91	0.91	0.94	0.94	0.94	0.93	0.93	0.95	0.95	0.95	0.93	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%	97%	96%	98%	97%	97%	98%	96%	98%	99%	98%	98%	98%	96%		
NICE Guidance / TAGs within 90 days	0	>0		0	0	0	0	0	0	0	0	0	0	1	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	7	3	3	3	1	9	2	2	3	2	3	3	2	0		
Unexpected death	0	>0		1	2	0	0	0	0	1	0	0	1	1	1	2	0	0		
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		6	4	6	12	11	4	5	8	5	6	4	4	8	8	11		
PALS Issues Raised	Monitoring	Monitoring		205	168	154	165	122	107	139	107	154	163	161	111	126	120	160		
Compliments	Monitoring	Monitoring		216	350	172	235	283	206	186	398	146	296	257	162	252	155	211		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2014/2015			2015/2016															
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%	89.0%			86.0%			90.3%			89.2%			88.5%				
	Staff saying they had well structured appraisal	>38%	<35%	45.0%			36.5%			44.1%			48.6%			52.2%				
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.82			3.71			3.79			3.68			3.78				
Engaged Workforce	Engagement Index	>3.8	<3.73	3.84			3.75			3.88			3.87			3.98				
	Sickness Absence Rate	<3.6%	>3.6%	5.29%	4.97%	4.71%	4.39%	4.33%	4.36%	4.33%	4.00%	4.1%	4.63%	4.43%	4.01%	4.07%	3.83%	3.96%		
	Number of staff citing stress as reason for absence	<28	>40	46	46	44	37	39	39	48	39	31	39	35	28	30	29	35		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.79			3.77			3.94			3.92			4.10				
	Staff Job Satisfaction	>3.7	<3.62	3.71			3.76			3.72			3.77			3.82				
	Staff Motivation at Work	>3.9	<3.83	4.03			3.72			3.95			3.92			4.02				
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	9.52%	10.21%	10.51%	10.57%	10.76%	10.81%	11.01%	10.76%	10.53%	10.37%	11.17%	10.73%	10.37%	9.99%	10.37%		
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.2%			3.3%			3.1%			3.1%			3.0%				
	Vacancy Rate	3% to 5%	>6%	4.7%	4.4%	4.8%	5.0%	5.2%	6.1%	5.3%	5.2%	5.1%	5.5%	5.6%	5.7%	4.4%	4.2%	4.8%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 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	10 weeks 6 days	11 weeks 5 days	12 weeks 6 days		
	Mandatory Training Overall Compliance	>80% (Updated October 2015)	<70% (Updated October 2015)	74.0%	71.8%	72.5%	69.5%	70.5%	72.0%	72.9%	73.0%	73.0%	73.0%	73.0%	75.8%	76.6%	78.0%	79.0%		
	Staff saying learning and development help them do their job more effectively	>65%	<65%	72.0%			62.0%			69.0%			65.0%			65.0%				