

Report to:	Public Trust Board of Directors				
Date of Meeting:	25 th January 2017				
Report Title:	Integrated Governance Dashboards December 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 December 2016				

Purpose of the Report

Attached are the Integrated Governance Dashboards cumulative to December 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 (NB these are currently just being reviewed). This includes a comparison to the position reported for October and November and also a comparison to December 2015.

The overall position is consistent for most areas in December 2016, with Finance and Performance showing pressures. Workforce has improved following the most recent Pulse Survey results. In Workforce a couple of indicators now include revised or stretch targets from April 2016.

Key points for discussion

Finance and Performance

NHS Improvement Risk Assessment Framework – The Governance rating is Amber for Quarter 3 due to not achieving the A&E 4 hour standard. The Clostridium Difficile and A&E standards both continue being declared risks and there are RTT and 62 day cancer standard pressures. There is a potential Governance trigger that could be raised as a result of the A&E standard not being achieved four times in the previous five quarters.

Care Quality Commission – The Foundation Trust's Care Quality Commission Inspection Report shows Requires Improvement. The Trust has also had notification from the Care Quality Commission of enhanced monitoring being implemented from June and so the rating is now showing red.

Finance Risk Ratings – The overall Financial Use of Resources Risk Rating for December is 1.0. As noted previously, there are pressures on CIP delivery, bank and agency expenditure and Income through undertrades. The underlying position is showing a forecast deficit of £1.8m.

Outpatient DNA Rates – In December this was above the aspirational target of 6% set in the Annual Plan. The current level is within the nationally benchmarked average of between 7% and 8%. It should be noted that some of this increase could possibly be as a result of ensuring Outpatient capacity was fully booked during December. Further work through the Right Care programme shall help continue progress this. A separate report was presented in September regarding work ongoing to try and improve the rate.

Safety, Quality, Patient Experience and Clinical Outcomes

Friends and Family Test – The response rates are below threshold, but notably improved for A&E.

Care Quality Commission – The Foundation Trusts Inspection Report shows Requires Improvement.

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

A number of these indicators now include the results of the most recent Pulse Survey.

Staff Appraisal – This is currently running at 84.5% based on the survey. The PDR process was completed during Quarter 1 and over 90% of Agenda For Change staff have now had a PDR completed.

Structured Appraisal – This is currently at 55% and above a 38% threshold.

Engagement Index – This indicator is at 3.90 and above the 3.8 threshold.

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

Sickness Absence – The December position increased slightly. This is above the threshold at 4.63%.

Leaver Turnover Rate – The position in December was 10.32%. 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 is above the 3.8 threshold.

Staff Motivation – The score for this indicator is 4.03 against a 3.9 threshold.

Reduction in work pressure felt by staff – This has reduced to 3.0%, just above a 2.9% threshold.

Elapsed Time To Fill Vacancies – These reduced in December to 10 weeks and 5 days. Specific work has now been put in place around protocols which should help sustain improvements in the median.

Mandatory Training – An updated threshold has now been applied from April 2016 to work towards a 90% achievement level. As a result of the new threshold, the Foundation Trust is now below the new planned achievement level at 82.4%, however this has generally improved.

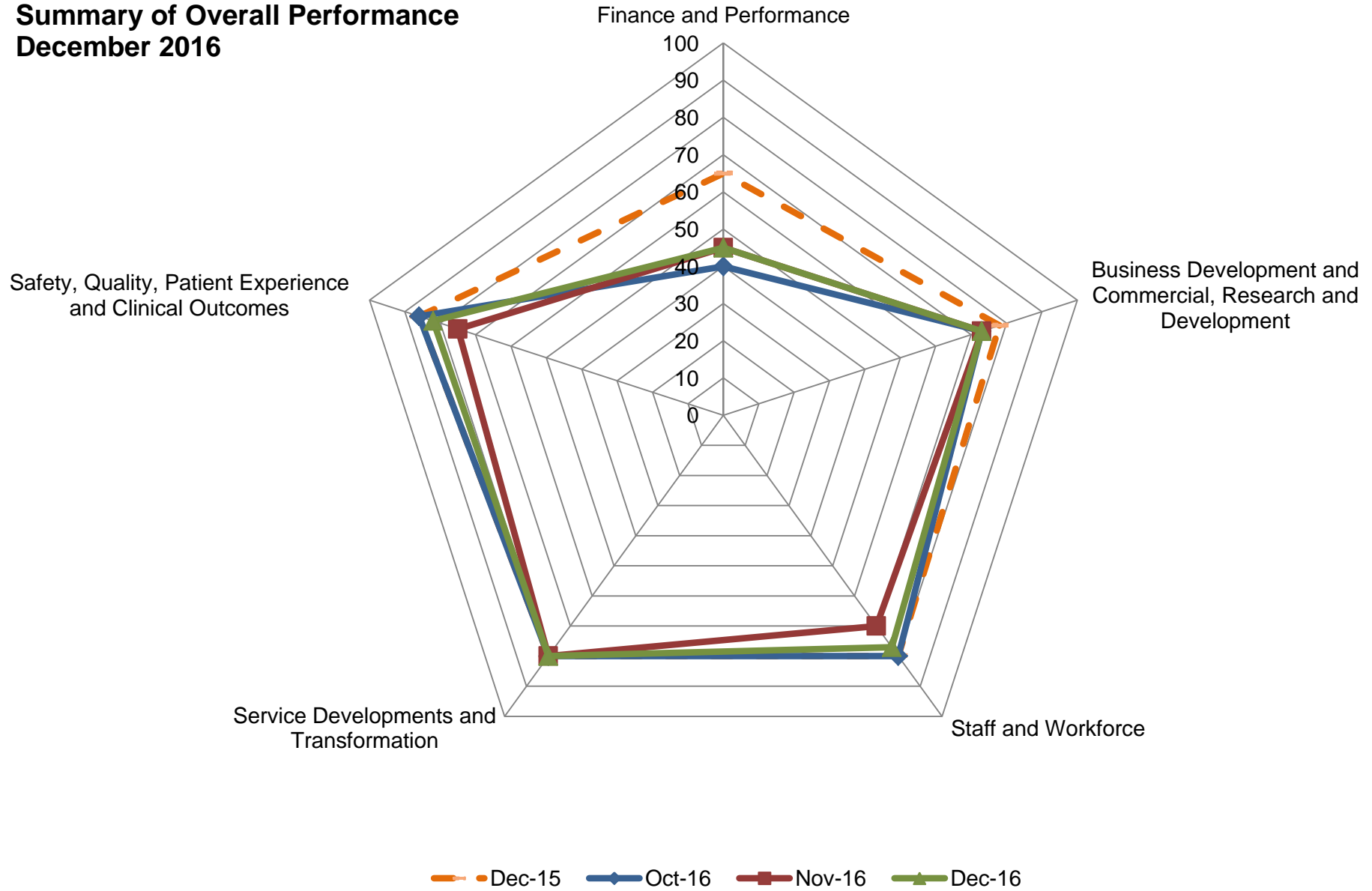
Learning and Development – The indicator for this is above threshold.

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 2016



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

2015/2016

2016/2017

Indicator	2015/2016		2015/2016			2016/2017			2016/2017			2016/2017			2016/2017			Notes	Trend (Previous 5 Quarters or 15 Months)							
	Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec									
Regulatory	NHS Improvement Single Oversight Framework Finance Rating	1 or in line with Plan (from September)	>=3 or not in line with Plan (from September)	Liquidity Ratio 2.0 Capital Service Capacity 4.0 Continuity of Service Rating 3.0			Based on Pulse Survey. NB Over 90% of Agenda For Change staff had PDR completed during Quarter 1.			Liquidity Ratio 3.0 Capital Service Capacity 4.0 Financial Sustainability Risk Rating 4.0			Liquidity Ratio 2.0 Capital Service Capacity 1.0 Use of Resources Rating 2.0			Liquidity Ratio 2.0 Capital Service Capacity 1.0 Use of Resources Rating 2.0			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0			Pressures around CIP delivery, bank and agency costs and income through undertrades. Underlying A&E 4 Hour Standard and Clostridium Difficile declared risks. RTT, A&E and 62 Day Cancer Standard pressures. Potential Governance trigger	
	NHS Improvement Single Oversight Framework Governance Rating	Green	< Green	Amber			Green			Amber			Amber			Amber			Amber							
	Care Quality Commission Registration	No restrictions	Restrictions	Full Registration No Restrictions			Full Registration No Restrictions			Enhanced Monitoring			Inspection Report: Requires Improvement Rating. Enhanced Monitoring			Inspection Report: Requires Improvement Rating. Enhanced Monitoring			Inspection Report: Requires Improvement Rating. Enhanced Monitoring			Inspection Report: Requires Improvement Rating. Enhanced Monitoring				
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								
	CQUINS	>93%	<93%	95%			95%			95%			95%			Quarter 3 Work Ongoing			Quarter 3 Work Ongoing			Quarter 3 Work Ongoing				
Annual Plan Key Milestones	Beds	TBC	TBC	349	349	358	358	358	358	358	353	354	354	354	346	346	346	346	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed							
	Winter Beds Opened and Occupied	TBC	TBC	0	10	24	30	49	24	43	0	0	0	0	0	20	33									
	Escalation Beds Opened and Occupied (Average from April 2016)	Core Beds Plus Winter Beds	>Core Beds Plus Winter Beds	19	5	17	13	6	2	3	15	23	15	6	14	18	23	22								
	Theatre Time Utilisation	>85%	<85%	90%	87%	82%	90%	88%	87%	86%	86%	91%	83%	82%	90%	89%	88%	87%								
	Bed Occupancy	>85% to <95%	<85% or >95%	92%	95%	93%	100%	100%	100%	100%	99%	95%	93%	88%	94%	96%	98%	98%	Based on all core beds							
	GP Referrals (All Commissioners)	TBC	TBC	3440	3523	3269	3135	3196	3388	3447	3129	3319	2986	3209	3144	3253	3384	3133								
	Outpatient DNA Rate	<6%	>6%	6.2%	6.5%	6.2%	5.5%	5.5%	6.4%	5.5%	6.1%	6.4%	6.4%	6.9%	7.4%	7.6%	7.5%	8.1%	National Benchmark is between 7% and 8%							
Staff Sickness	Updated Profile April 2016	< Profile	> Profile	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.7%	3.5%	3.5%	3.7%	3.5%	3.6%	4.0%	4.0%	4.1%								

Safety, Quality, Patient Experience and Clinical Outcomes

2015/2016

2016/2017

Indicator	Green	Red	2015/2016			2016/2017			2016/2017			2016/2017			Notes	Trend (Previous 5 Quarters or 15 Months)		
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			Oct	Nov
(Patients) Would you recommend this ward to your friends and relatives?	>73	<73	81%	91%	80%	Based on P	80%	89%	84%	87%	96%	89%	97%					
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	81%	91%	80%	92%	80%	89%	84%	87%	96%	89%	92%	98%	94%	92%	90%	
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	98%	98%	98%	100%	99%	99%	100%	97%	96%	97%	97%	97%	99%	99%	99%	
Friends and Family Test: Response Rate	2016/2017 >25% Inpatient and >15% A&E each Quarter	2016/2017 <25% Inpatient and <15% A&E each Quarter	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	17.7% Inpatient and 11.4% A&E	20.2% Inpatient and 11.3% A&E	20.8% Inpatient and 9.2% A&E	22.8% Inpatient and 8.2% A&E	21.2% Inpatient and 10.9% A&E	24.5% Inpatient and 7.4% A&E	21.0% Inpatient and 4.7% A&E	23.1% Inpatient and 11.2% A&E	18.9% Inpatient and 23.2% A&E	October Inpatients 24.8% Day Cases 14.4%
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	0.93	0.93	0.95	0.95	0.95	0.93	0.93	0.93	0.91	0.91	0.94	0.94	0.94	0.94	0.93	Updated Information. Within Expected Range
Care Quality Commission QRP Exceptions/Conditions	0	>0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	Inspection Report: Requires Improvement
Hand Hygiene Audit	95%	<95%	98%	99%	98%	98%	98%	96%	97%	97%	95%	97%	97%	99%	97%	96%	97%	
NICE Guidance / TAGs within 90 days	0	>0	0	1	0	0	0	0	0	0	0	2	2	2	2	0	3 partially compliant	3 partially compliant
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	3	2	3	3	2	0	5	2	4	5	1	2	3	0	3	
Unexpected death	0	>0	1	1	1	2	0	0	1	0	1	1	0	1	0	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	1	0	0	0	0	0	
Complaints	<6	>6	6	4	4	8	8	11	8	7	3	4	6	8	5	7	2	
PALS Issues Raised	Monitoring	Monitoring	163	161	111	126	120	160	172	193	151	120	140	164	145	141	107	
Compliments	Monitoring	Monitoring	296	257	162	252	155	211	280	256	331	257	136	166	266	120	173	

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2015/2016									2016/2017									
	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%	89.2%			88.5%			80.9%			89.0%			84.5%			Based on Pulse Survey. NB Over 90% of Agenda For Change staff had PDR completed during Quarter 1.	
	Staff saying they had well structured appraisal	>38%	<35%	48.6%			52.2%			34.5%			57.5%			55.0%				
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.68			3.78			3.77			4.08			3.82				
Engaged Workforce	Engagement Index	>3.8	<3.73	3.87			3.98			3.89			4.07			3.90				
		Updated Profile April 2016		3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.7%	3.5%	3.5%	3.7%	3.5%	3.6%	4.0%	4.0%	4.1%		
	Sickness Absence Rate	< Profile	> Profile	4.63%	4.43%	4.01%	4.07%	3.83%	3.96%	3.66%	3.63%	3.96%	4.17%	4.42%	4.32%	4.79%	4.46%	4.63%		
	Number of staff citing stress as reason for absence	<28	>40	39	35	28	30	29	35	41	37	41	39	41	40	39	36	28		
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.92			4.10			3.89			4.12			3.91				
	Staff Job Satisfaction	>3.7	<3.62	3.77			3.82			3.74			3.86			3.76				
	Staff Motivation at Work	>3.9	<3.83	3.92			4.02			4.02			4.23			4.03				
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	10.37%	11.17%	10.73%	10.37%	9.99%	10.37%	10.49%	10.51%	10.33%	10.45%	10.32%	10.38%	10.32%	10.32%	10.32%		
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.1%			3.0%			3.1%			3.1%			3.0%				
	Vacancy Rate	3% to 5%	>6%	5.5%	5.6%	5.7%	4.4%	4.2%	4.8%	7.1%	7.6%	6.9%	7.3%	5.1%	6.0%	5.7%	5.6%	7.2%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	13 weeks	11 weeks	11 weeks	10 weeks 6 days	11 weeks 5 days	12 weeks 6 days	11 weeks 3 days	10 weeks 1 day	12 weeks 6 days	12 weeks	18 weeks	12 weeks 4 days	10 weeks 4 days	11 weeks 1 days	10 weeks 5 days		
	Mandatory Training Overall Compliance	>90% (Updated April 2016)	<80% (Updated April 2016)	73.0%	73.0%	75.8%	76.6%	78.0%	79.0%	80.0%	81.2%	80.9%	82.0%	82.0%	81.2%	81.8%	81.8%	82.4%		
	Staff saying learning and development help them do their job more effectively	>65%	<65%	65.0%			65.0%			63.0%			67.0%			73.0%				