

Meeting:	Public Trust Board of Directors		
Date of Meeting:	Wednesday 31 st January 2018		
Report Title:	Integrated Governance Dashboards December 2017		
Status: (tick one box)	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> Regulatory <input type="checkbox"/>
Classification	NHS Confidential	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Lead Director			
	Andrew Copley, Director of Finance		
Report Author			
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Appendices			
	Integrated Governance Dashboards December 2017		
Links to strategic objectives			
	Board Assurance Framework Reference and description		
Links to corporate risks			
	Corporate Risk Register Reference and description		

Purpose of the Report	
<p>Attached are the Integrated Governance Dashboards cumulative to December 2017. 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 (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 2016. Following significant operational demands, the overall position is consistent for most areas in December 2017, with Finance and Performance showing pressures. Workforce has continued improvement following the most recent Pulse Survey results. In Workforce some indicators now include revised or stretch targets from April 2017.</p>	

Key points for discussion

Finance and Performance

NHS Improvement Single Oversight Framework – The Governance rating is Amber for December. The Clostridium Difficile and A&E standards both continue being declared risks and there are RTT, 62 day cancer standard and Diagnostics 6 week wait standard pressures. There is a potential Governance trigger that could be raised as a result of the A&E standard not being achieved seven times in the previous eight quarters, although as we delivered the national standard in June and July and the STF for Quarters 1, 2 and 3, this is probably reduced at this time.

Care Quality Commission – The Foundation Trust's Care Quality Commission Inspection Report shows Requires Improvement 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 deficit of £1,932m.

Theatre Utilisation – This was below threshold in December. There were a high number of patient cancellations.

Outpatient DNA Rates – In December this was 8.2%. The nationally benchmarked average is between 7% and 8%. Further work through the Right Care programme, shall help continue progress this.

Safety, Quality, Patient Experience and Clinical Outcomes

Friends and Family Test – The response rates are below threshold for December for Inpatients/Day Cases and also for A&E. The Day Case rates are low overall and work is currently taking place to monitor this at Ward level so that specific areas for improvement can be agreed.

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

Complaints – There were 8 recorded complaints in Quarter 3. This is the lowest quarterly level recorded since we introduced the Integrated Governance Dashboards in 2012/2013.

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.

Staff Engagement and Workforce Development

At the Board, the Director of HR and Workforce shall provide further details on our people metrics.

Staff Appraisal – This is currently running at 89.8% and above threshold.

Structured Appraisal – This is currently at 48.2% and above a 38% threshold.

Engagement Index – This indicator has achieved 3.97 and is above the 3.8 threshold.

Stress – The objective regarding reducing stress has reduced in December but is above threshold.

Freedom To Speak Up cases – Details regarding the number of freedom to speak up cases is now included. A threshold shall be applied once several months data is established.

Sickness Absence – Updated monthly stretch targets have now been applied from April 2017. The December position is above the planned threshold of 4.2% at 4.85%.

Leaver Turnover Rate – The position in December was 11.24% and achieved.

Staff Recommending Trust – The score achieved is 4.02 and is above the 3.8 threshold.

Staff Motivation – The score for this indicator is 4.00 against a 3.9 threshold.

Reduction in work pressure felt by staff – This has reduced slightly to 2.95%, above a 2.9% threshold.

Vacancy Rate – The vacancy rate in December was 6.8%. This calculation for this is based on budgeted WTE v actual WTE, however it should be noted there are some items that can affect how the overall rate appears (e.g. how winter monies are profiled, how staff involved in partnership working are counted). The Medical rates have now increased to their regular level after previous monthly reduction.

Elapsed Time To Fill Vacancies – These improved and were below threshold in December at 10 weeks and 6 days. Work has now been put in place around protocols which should help with improvement.

Mandatory Training – As a result of the new threshold to work towards a 90% level, the Foundation Trust is now below the new planned achievement level at 81.5%, however this has generally improved.

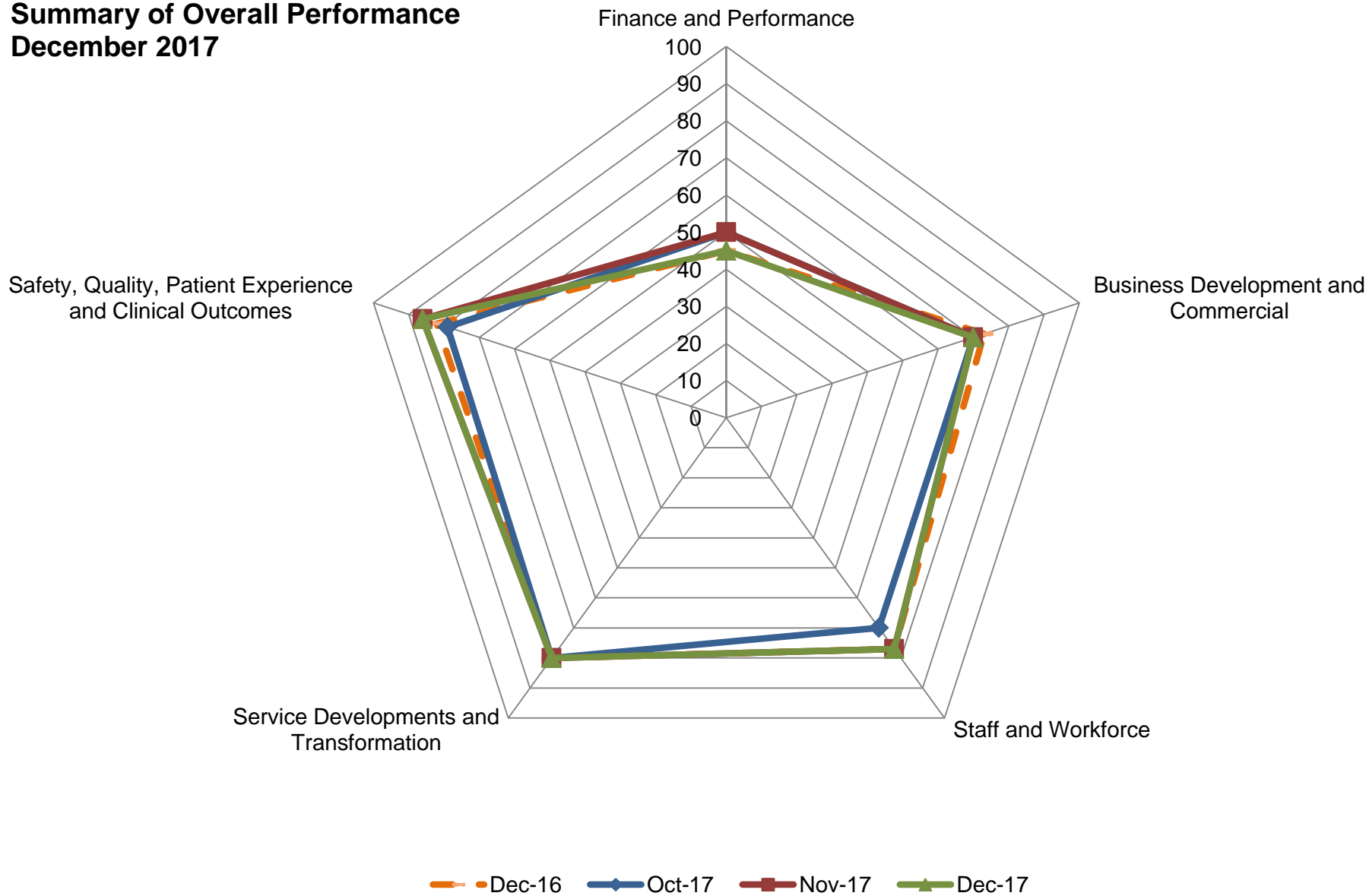
Learning and Development – The indicator for this is above threshold.

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 2017



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

		2016/2017						2017/2018												
Indicator		Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Notes	Trend (Previous 5 Quarters or 15 Months)
Regulatory	NHS Improvement Single Oversight Framework Finance Rating	1 or in line with Plan (from September 2016)	>=3 or not in line with Plan (from September 2016)	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			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0			Liquidity Ratio 2.0 Capital Service Capacity 2.0 Use of Resources Rating 2.0			Liquidity Ratio 2.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0			Pressures around CIP delivery, bank and agency costs and income through undertrades. Underlying deficit £1,932m	
	NHS Improvement Single Oversight Framework Governance Rating	Green	< Green	Amber			Amber			Amber			Amber			Amber			A&E 4 Hour Standard and Clostridium Difficile declared risks. RTT, A&E, 62 Day Cancer Standard and Diagnostics 6 week standard pressures. Potential Governance trigger	
	Care Quality Commission Registration	No restrictions	Restrictions	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.			Inspection Report: Requires Improvement Rating.				
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%			98%			96%			96%			96% (Estimate)				
Annual Plan Key Milestones	Beds	TBC	TBC	346	346	346	346	346	346	363	363	359	359	359	361	360	360	358	March 2013 Closed Community Beds (6) June 2014 Ward 15 Closed.	
	Winter Beds Opened and Occupied	TBC	TBC	0	20	33	35	32	32	0	0	0	0	0	0	0	0	0		
	Escalation Beds Opened and Occupied (Average from April 2016)	Core Beds Plus Winter Beds	>Core Beds Plus Winter Beds	18	23	22	35	10	13	11	18	12	4	4	9	8	17	17		
	Theatre Time Utilisation	>85%	<85%	89%	88%	87%	86%	88%	89%	87%	86%	85%	88%	84%	88%	85%	88%	84%		
	Bed Occupancy	>85% to <95%	<85% or >95%	96%	98%	98%	98%	96%	96%	95%	95%	93%	88%	85%	88%	90%	95%	94%	Based on all core beds (includes Paediatrics)	
	GP Referrals (All Commissioners)	TBC	TBC	3253	3384	3220	3346	3089	3847	2963	3439	3762	3499	3368	3226	3519	3382	2734		
	Outpatient DNA Rate	<6%	>6%	7.6%	7.5%	8.0%	8.3%	7.8%	5.9%	6.4%	6.4%	6.2%	7.1%	6.7%	7.1%	7.2%	6.9%	8.2%	National Benchmark is between 7% and 8%	
	Staff Sickness	Updated Profile April 2016	< Profile	> Profile	4.0%	4.0%	4.1%	4.4%	4.2%	4.0%	3.4%	3.3%	3.7%	3.8%	4.1%	3.9%	4.4%	4.1%	4.2%	Updated stretch targets from April 2017

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2016/2017		2017/2018												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
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	94%	92%	90%	94%	95%	93%	94%	95%	94%	95%	96%	96%	98%	97%	99%		
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	99%	99%	99%	100%	100%	99%	97%	99%	100%	100%	100%	99%	99%	100%	100%		
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	21.0% Inpatient and 4.7% A&E	23.1% Inpatient and 11.2% A&E	18.9% Inpatient and 23.2% A&E	20.4% Inpatient and 15.9% A&E	22.8% Inpatient and 16% A&E	21.1% Inpatient and 11.8% A&E	20.4% Inpatient and 11.2% A&E	23.2% Inpatient and 7.2% A&E	21.7% Inpatient and 5.4% A&E	23.1% Inpatient and 9.8% A&E	22.8% Inpatient and 17.8% A&E	21.6% Inpatient and 9.63% A&E	22.9% Inpatient and 10.7% A&E	24.3% Inpatient and 6.3% A&E	19.5% Inpatient and 6.2% A&E	Dec Inpatients 28.2% Day Cases 12.9%	
NHS LA	>1	<1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		NHSLA further assessment completed
Mortality									Total number of inpatient deaths 155 No of deaths reviewed 57 Number of neonatal deaths 0 Stillbirths 1 Maternal deaths zero All reviewed deaths were unavoidable			Total number of inpatient deaths 164 No of deaths reviewed 34 Number of neonatal deaths zero Stillbirths 1 Maternal deaths zero All reviewed deaths were unavoidable							
SHMI	<1	>1	0.94	0.94	0.93	0.93	0.93	0.93	0.93	0.97	0.97	0.97	0.97	0.97	0.97	0.98	0.98		Updated Information. Within Expected Range
Care Quality Commission QRP Exceptions/Conditions	0	>0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		Inspection Report: Requires Improvement
Hand Hygiene Audit	95%	<95%	97%	96%	97%	98%	97%	97%	98%	99%	99%	98%	97%	99%	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		Partially compliant TA's reviewed through risk management process
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	0	3	4	3	1	0	10	1	7	1	1	0	5	1		
Unexpected death	0	>0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Never Events	0	>0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0		
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0		
Complaints	<6	>6	5	7	2	9	6	8	8	3	5	6	9	9	4	2	2		
PALS Issues Raised	Monitoring	Monitoring	145	141	107	155	123	137	160	175	177	144	89	87	95	92	70		
Compliments	Monitoring	Monitoring	266	120	173	282	189	173	212	175	125	193	193	157	230	102	220		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2016/2017						2017/2018											
	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%	84.5%			92.5%			89.7%			89.8%			89.8%			
	Staff saying they had well structured appraisal	>38%	<35%	55.0%			48.3%			47.9%			48.2%			48.2%			
	Staff satisfied with support from immediate line manager	>3.7	<3.6	3.82			3.95			3.93			4.04			4.04			
Engaged Workforce	Engagement Index	>3.8	<3.73	3.90			4.03			3.97			3.97			3.97			
	Sickness Absence Rate	Updated Profile April 2016		4.0%	4.0%	4.1%	4.4%	4.2%	4.0%	3.4%	3.3%	3.7%	3.8%	4.1%	3.9%	4.4%	4.1%	4.2%	Updated stretch targets from April 2017
	Number of staff citing stress as reason for absence	<28	>40	39	36	28	34	29	35	44	53	50	54	49	58	62	67	59	
	Freedom to speak up cases raised	TBC	TBC							6	6	15	21	11	4	2	5	8	
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.91			4.07			4.03			4.02			4.02			
	Staff Job Satisfaction	>3.7	<3.62	3.76			4.00			3.89			3.90			3.90			
	Staff Motivation at Work	>3.9	<3.83	4.03			4.03			3.99			4.00			4.00			
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	10.32%	10.21%	10.68%	10.54%	10.54%	10.54%	10.34%	10.36%	10.54%	10.85%	11.09%	11.20%	11.24%	11.24%	11.24%	
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.0%			3.1%			2.99%			2.95%			2.95%			
	Vacancy Rate	3% to 5%	>6%	5.7%	5.6%	7.2%	4.2%	3.5%	2.3%	6.6%	7.8%	8.6%	7.3%	4.3%	6.6%	6.9%	6.8%	6.7%	
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	10 weeks 4 days	11 weeks 1 days	10 weeks 5 days	13 weeks 2 days	11 weeks 2 days	12 weeks	13 weeks	14 weeks 6 days	15 weeks 4 days	11 weeks 6 days	12 weeks 1 day	15 weeks 2 days	13 weeks 2 days	11 weeks 6 days	10 weeks 6 days	
	Mandatory Training Overall Compliance	>90% (Updated April 2016)	<80% (Updated April 2016)	81.8%	81.8%	82.4%	80.1%	84.6%	85.0%	84.9%	85.2%	84.8%	84.8%	85.0%	84.4%	84.3%	83.4%	81.5%	
	Staff saying learning and development help them do their job more effectively	>65%	<65%	73.0%			72.4%			73.5%			68.4%			68.4%			