

## Board of Directors

<b>Date:</b>	28 November 2018	<b>Attachment:</b>	G(i)																
<b>Title of Report:</b>	<b>Integrated Governance Dashboards</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The Integrated Governance Dashboards measure performance against a range of objectives and performance indicators, based on key milestones in the Annual Plan or external frameworks. The reports cover the following areas;</p> <ul style="list-style-type: none"> <li>• Summary of Overall Performance</li> <li>• Finance and Performance</li> <li>• Safety, Quality, Patient Experience and Clinical Outcomes</li> <li>• Service Developments and Transformation</li> <li>• Staff Engagement and Workforce Development</li> <li>• Business Development.</li> </ul> <p>These monthly reports ensure there is a rounded view of the current position across a range of key areas and help assess whether performance in one area is affecting that in another.</p>																		
<b>Prepared by:</b>	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
<b>Presented by:</b>	Andrew Copley, Director of Finance																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>Y</td> <td><b>Empower &amp; Engage Staff</b></td> <td>Y</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>Y</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	Y	<b>Empower &amp; Engage Staff</b>	Y	<b>Quality of Care</b>	Y										
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<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>		<b>Yes</b>		<b>If Yes, Score</b>											
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<b>Which CQC Standards apply to this report:</b>	Safe, Caring, Effective, Responsive, Well Led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td>Y</td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>Y</td> <td><b>Patient Experience</b></td> <td>Y</td> </tr> <tr> <td><b>Human Resources</b></td> <td>Y</td> <td><b>Terms of Authorisation</b></td> <td>Y</td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>Y</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>	Y	<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>	Y	<b>Patient Experience</b>	Y	<b>Human Resources</b>	Y	<b>Terms of Authorisation</b>	Y	<b>Governance &amp; Risk Management (BAF)</b>	Y	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>Y</td> <td><b>Receive for information</b></td> <td>Y</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	Y	<b>Receive for information</b>	Y	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td><b>Executive Directors Group</b></td> <td><b>Date:</b></td> <td><b>26th November 2018</b></td> </tr> </table>			<b>Executive Directors Group</b>	<b>Date:</b>	<b>26th November 2018</b>													
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<b>Recommendations:</b>	The Board of Directors is asked to receive the Integrated Governance Dashboards and note the current position for the areas highlighted in the report.																		

# Public Board of Directors

## Integrated Governance Dashboards

### 28 November 2018

#### 1. Context / Background

Following a detailed review by the Executive Directors, the updated Integrated Governance Dashboards are now attached and reflect our key objectives for 2018/2019, including those supporting greater partnership working.

The review has focussed on the KPI's across each of the sections, to ensure there is a rounded view of the current position and help assess whether performance in one area is affecting that in another.

This has included both updates and amendments to some of the individual indicators and in some cases adjusted thresholds being applied based on a historical view of performance, the outputs from any previous detailed analysis completed where underperformance existed and a consideration if we have reached the optimal opportunity for improvement in areas.

Consideration was also given to the existing suite of more detailed reports that are available on Finance, Performance, Safety, Quality and Workforce to ensure alignment with the updated Dashboards.

Going forward we plan to further develop these reports by benchmarking indicators to sense check our comparable position, reviewing other Board reports and utilising tools such as GIRFT and the Model Hospital. In addition, we are looking to bring together the supporting reports for the areas covered here (ie Finance, Performance, Quality, Safety, Workforce) into more of an overall Integrated Board Report approach.

#### 2. Executive Summary

The Integrated Governance Dashboards measure performance against a range of objectives and/or performance indicators, based on 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, where the information supporting this area is being developed or where this is provided for information. 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.

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 August and September and also a comparison to October 2017.

Following significant operational demands, the overall position is consistent for most areas in October 2018, with Finance and Performance showing the greatest pressures. Workforce has continued with sustained improvement following the most recent National Staff Survey and Pulse Survey results, both of which are included.

### 3. Report Headings

#### Finance and Performance

##### 1. Regulatory

The regulatory situation remains static, reflecting a period of the Trust balancing continued high levels demand within a finite resource. The current headlines are;

**NHS Improvement Single Oversight Framework** – The Governance rating is Amber for October and we are currently in Segment 2 of the Framework (on a scale where 1 is the highest and 4 the lowest). Pleasingly we have delivered all of the national standards this month with the exception of A&E which continues to experience a significant increased level of demand. There is a potential Governance trigger that could be raised as a result of the current situation and our continued approach to addressing our current performance pressures are highlighted in the Performance Report.

**Care Quality Commission** – The Foundation Trust Care Quality Commission Inspection Report shows Requires Improvement and so the rating is showing red. The Trust has for some time been working through its Quality Improvement Plan in response to areas requiring further work and is currently being inspected again for Core Services, Use of Resources and Well-Led through November and December.

**Finance Risk Ratings** – The overall Financial Use of Resources Risk Rating for October is 2.0, in line with the position expected in the Annual Plan. As noted previously, there are pressures on CIP delivery, bank and agency expenditure. The underlying position is showing a deficit of £2,003k as at October 2018. Weekly financial recovery meetings continue taking place with our Clinical Groups and Executive Directors to focus on progress in delivering our activity income plan, staff expenditure and Cost Improvement Plans.

##### 2. Annual Plan Key Milestones/Key Operational Metrics

**Operational Pressure** – The operational demand pressures that continued in October can be seen through the continued escalation beds being opened and occupied. We have for significant periods over the past few months been at Operational Pressure and Escalation Level (OPEL) 2 to 3 which requires instigating Silver Command. This is due to increased A&E attendances and admissions, acuity and patients who have delays in their discharge arrangements. As a result there have been at times significant escalation beds opened and in addition we have had to use a number of super surge beds for weeks rather than odd days. As noted in the Performance Report, following some further work on minor stream work we have seen some improvement over the past few weeks, however remain cautious about a number of continuing pressures for our urgent care service.

**Theatre Utilisation** – This continued to be above plan in October. Within this two of our biggest specialties, General Surgery and Orthopaedics, are consistently utilising over 90% of their available operating time. Urology and Gynaecology are currently operating at between 80% and 90% and it is anticipated that some of the further work completed through the Model Hospital and GIRFT with our clinical teams shall help further progress further improvements in this area. Work shall also be completed around ENT and Ophthalmology sessions in conjunction with our acute collaboration work.

**Long Stay Patients** – We continue to make progress in reducing patients with a length of stay over 21 days and achieving the national ambition of a 25% reduction by December 2018, but this requires continued work with partners across the system to help deliver.

Patients with a length of stay over both 7 and 21 days, still account for on average of 50 beds at any one time. Pleasingly this is a reduction on the previous months. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.

We are also over half way towards our ambition set by NHS Improvement of 43 patients with a Length of Stay of 21 days or more.

We expect further improvements in this area through Quarters 3 and 4 from;

- Enhancements to the MAIDT (Multiagency Integrated Discharge Team) including Community Matrons, Social Care and Occupational Therapists additional in the team.
- Implementing new developments during December that should help us reduce the number of patients who have a delay in hospital whilst families find a care home.
- The substantive appointment of a Flow Matron post, which has contributed significantly to current improvements

**Outpatient Follow Up Appointments** – We continue to make some progress in reducing Outpatient follow up appointments through our Outpatient Improvement Plan (i.e. the 3 month average to October shows there were 504 fewer follow up appointments than in the same period in 2017/2018). This however remains a significant challenge to delivering the national ambition of a 30% reduction in full.

We are engaging with a variety of stakeholders across Bradford and Airedale through the Planned Care Steering Group to further progress improvements in this area as it requires a system level response to supporting different models of care for managing patients once discharged. The outputs from the NHS Improvement Outpatient programme we have opted into shall also help as a lever for focussed work and this shall eventually become part of the Model Hospital publication.

**Waiting Times** – Our Outpatient waiting times are continuing to increase with increasing specialty pressures across a range of Surgical (General Surgery, ENT, Ophthalmology), Medical (Cardiology, Neurology and Rheumatology) and Women's and Children's (Gynaecology and Paediatrics) specialties.

Overall our Outpatient activity is above plan and we have also experienced an increase in referrals for the year to date, so we have recently engaged with our Commissioners on options to potentially complete some additional work to reduce these. The Board shall be aware from the Performance Report, of an increasing focus from both NHS Improvement and NHS England around reducing the total waiting list size back to the March 2018 level.

**Outpatient DNA Rates** – These remain consistently in line with the nationally benchmarked average between 7% and 8. Further work through the Right Care programme on Outpatients shall help continue progress this, through continued initiatives such as the automated and personalised phone calls to some patients as well as text reminders being forwarded for appointments.

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

The majority of the indicators remain in line with threshold.

**Complaints** – Following a period of prolonged low numbers, there was a slight increase in recorded complaints in October. As noted previously however, the 2017/2018 Quarter 3 level was the lowest recorded since we introduced the Integrated Governance Dashboards in 2012/2013 and this continued into Quarter 4 and the early part of 2018/2019 with a rate half that of the same period the previous year.

## **Staff Engagement and Workforce Development**

Where relevant, and as indicated on the report, the Quarter 4 performance shown is based on the results from the **National Staff Survey**. Positive results in this covered a number of areas including Staff reporting; Receiving an annual appraisal, Indicating they had a well structured appraisal, Satisfied with the level of support from their immediate line manager, Good overall engagement, Staff recommending the Trust, Job Satisfaction and Motivation.

The most recent reports shown for Quarters 3, 4 and October are based on the **Pulse Survey** completed.

The key headlines from the most recent results are;

### **1. Engaged Workforce**

**Stress** – The objective regarding reducing stress in October continues above threshold. Further details regarding the approach to managing Sickness Absence are included below.

**Freedom To Speak Up cases** – Details regarding the number of freedom to speak up cases is now included.

**Sickness Absence** – Updated monthly stretch targets have now been applied for 2018/2019. The October position is above the planned threshold of 4.2% at 4.36%, although this has still reduced from a peak of 5.3% in January. The higher proportion of the reported October 2018 rate relates to long term absence. For long term absence the main reasons were Mental Health and MSK problems. Short term absence was mainly affected by Gastrointestinal illness and Cough, Colds and Flu.

In October 2018, the numbers of recorded Mental Health related absence cases remained at 49 - the same as the previous two months. Support in relation to Mental Health related absence from line managers and the day one service, provided by Employee Health and Wellbeing continues to be in place. Over 100 colleagues attended the 'Happiness is the Best Medicine' sessions in October, with further sessions on how to apply this learning to your team scheduled for November.

Strategies continue to be deployed to manage health, wellbeing and attendance and reduce absence across the Trust. These include the HR Case Manager and HR Advisors providing regular absence updates and one to one coaching. Throughout November, weekly Managing Health, Wellbeing and Attendance training session are also taking place.

Management of all short and long-term periods of sickness absence continues to be supported by utilising Employee Health and Wellbeing advice, counselling support via the Employee Assistance Programme, therapies from the Occupational Therapist and Remploy.

## 2. Effective Resourcing

**Leaver Turnover Rate** – The position in October remains better than threshold and also below the average leaver turnover rate nationally for Small Acute Trusts which is 14.22%. A review of the past 15 Months shows a very consistent level in this area that averages 11.5%.

**Vacancy Rate** – The vacancy rate in October increased slightly with the highest proportions for Nursing staff.

Some of the specific actions being completed to help address this include;

- Increased Nursing Associates being deployed in Medical and Surgical Services;
- Health Care Support Workers - Apprentices pursued through recruitment and continuing to focus on developing skills;
- Discharge Liaison Officer role increasing in Surgical Services;
- Ward based Pharmacy Assistant role recommencing;
- Registered Nurse recruitment: 25 staff commenced in September and October with a further two staff being supported through the RN apprenticeship;
- Pastoral post in place to support new graduate retention

In addition we have received an invitation to join cohort 4 of the NHS Improvement retention collaborative, commencing in November/December 2018.

Recognising the continued workforce challenges, a range of recruitment and retention strategies continue. In particular we are keen to progress our ambition for a wider system response to the overall workforce challenges (e.g. taking forward proposals for rotational apprenticeships and management trainees).

**Elapsed Time To Fill Vacancies** – The recent improvement continued in October. Work continues to focus on sustaining this to being 12 weeks or below consistently. We are currently reviewing the recruitment process to look at further ways to support managers ensure new starters are joining the Trust without any delays. We are also now live with the Trac recruitment system and should be in a position to report directly from Trac soon when there will be the first few months of data available. This shall highlight areas that require further support.

**Mandatory Training** – This continues to generally improve. Individual mandatory training reports are now produced and circulated to Department Heads each Month. These levels are therefore expected to continue increasing as this is a core part of the review process.

## 4. Conclusions

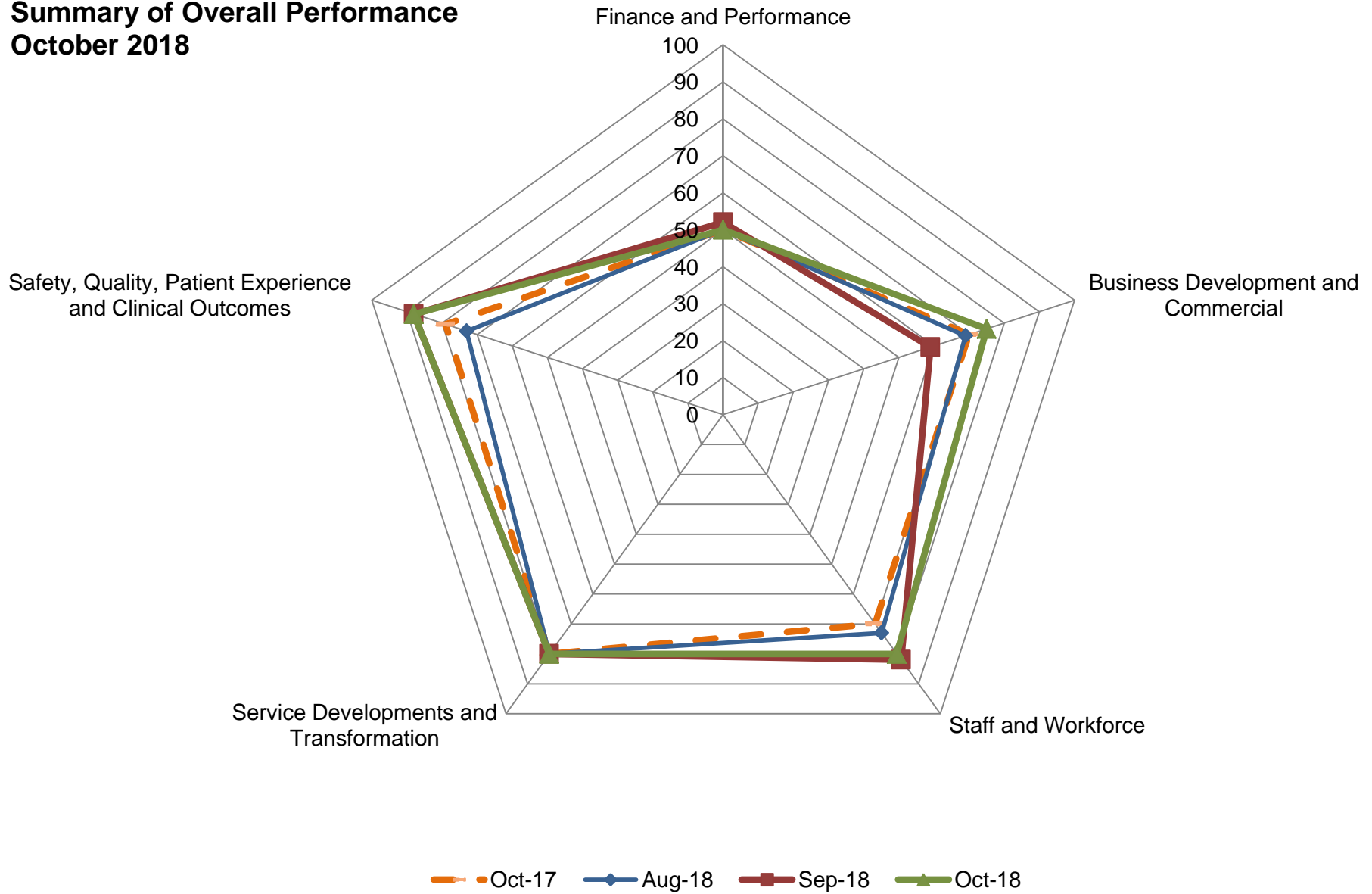
These are highlighted in Section 2.

## 5. Recommendations

The 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**  
**October 2018**



Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Finance & Performance

		2017/18									2018/19									Notes	Trend (Previous 5 Quarters or 15 Months)
Indicator	Green Red	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct				
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 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			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0 (March to be confirmed)			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0			Liquidity Ratio 1.0 Capital Service Capacity 3.0 Use of Resources Rating 3.0			Liquidity Ratio 1.0 Capital Service Capacity 2.0 Use of Resources Rating 2.0	Pressures around CIP delivery, bank and agency costs and income through undertrades. Underlying deficit £2,003k as at October 2018		
	NHS Improvement Single Oversight Framework Governance Rating	Green < Green	Amber			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			Inspection Report: Requires Improvement Rating			Inspection Report: Requires Improvement Rating			Inspection Report: Requires Improvement Rating			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	0			
	CQUINS	>85% <85%	96%			96%			96%			87%			Work Ongoing			Work Ongoing			
Annual Plan Key Milestones / Key Operational Metrics	Beds	For Information For Information	359	359	361	360	360	358	358	358	352	352	352	351	351	347	345				
	Total Escalation Beds Opened and Occupied (Average)	<10 >10	4	4	9	8	17	17	38	34	24	26	19	12	17	18	14	14			
	Theatre Time Utilisation	>85% <85%	93.1%	83.3%	92.3%	89.3%	92.0%	87.8%	86.7%	88.5%	88.7%	88.1%	92.7%	89.3%	88.4%	83.3%	88.3%	89.8%			
	Bed Occupancy	>85% to <95% <85% or >95%	88.3%	85.0%	88.5%	90.0%	95.3%	93.5%	97.2%	96.8%	93.0%	90.4%	93.4%	90.1%	90.6%	91.5%	92.4%	90.3%			
	Bed Occupancy (Adults)	>85% to <95% <85% or >95%	90.8%	87.8%	91.5%	93.3%	98.1%	96.3%	99.9%	99.8%	96.4%	94.1%	95.7%	92.5%	93.9%	94.6%	94.5%	91.9%			
	Bed Occupancy (Children)	>85% to <95% <85% or >95%	52.4%	44.5%	50.3%	54.2%	60.1%	58.5%	51.3%	59.8%	50.8%	43.9%	59.2%	49.0%	41.3%	45.5%	60.7%	66.1%			
	Average Length Of Stay (Non-Elective)	<4.3 >4.3	4.4	4.2	4.0	4.1	4.0	3.9	4.6	4.2	4.0	4.8	4.2	3.9	4.2	4.2	4.3	4.2			
	Average Length Of Stay (Elective)	<2.5 >2.5	2.6	2.6	2.3	2.7	2.4	2.7	2.2	2.1	2.4	2.4	2.9	2.4	2.3	2.3	2.8	2.9			
			57	57	57	57	57	57	57	55	54	52	51	50	48	47	46	45			
	Patients LOS Over 21 Days	< Trajectory (25% reduction by Dec 2018) > Trajectory (25% reduction by Dec 2018)	61	62	48	50	50	59	54	65	63	71	59	65	63	57	55	50			
	Non-Elective Activity	>2334 <2334	2216	2119	2240	2406	2398	2332	2444	2200	2418	2273	2507	2266	2537	2337	2210	2465			
	Inpatient/Day Case Elective Activity	>2286 <2286	2291	2360	2155	2413	2458	2133	2372	2104	2295	2343	2466	2651	2736	2836	2555	3068			
	First Outpatient Activity	>3105 <3105	3161	3312	3103	3347	3422	2723	3298	2756	3098	3189	3438	4016	3151	3211	3178	3517			
			7688	7688	7688	7688	7688	7688	7688	7688	7688	7496	7304	7112	6920	6728	6536	6344			
	Follow Up Outpatient Activity	<Trajectory >Trajectory	7266	7799	7636	8172	8939	6549	8327	6919	7490	7586	8393	8331	7234	7046	7599	8458			
	A&E Attendances	Up to 5750 >5750	5778	5225	5538	5553	5411	5878	5420	4770	5509	5532	6312	5743	6097	5784	5696	5972			
	Inpatient / Day Case Average Waiting Time (Weeks)	<6.2 >6.2	6.2	6.1	6.3	6.1	5.2	6.1	6.2	5.9	5.8	6.0	4.9	4.6	4.4	4.7	4.6	5.1			
Outpatient Average Waiting Time (Weeks)	<8.8 >8.8	8.9	9.2	9.0	8.5	8.6	9.1	9.1	9.0	9.0	9.1	9.6	9.6	10.5	10.1	10.1	9.8				
Outpatient DNA Rate	<6% >6%	7.1%	6.7%	7.1%	7.2%	6.9%	8.4%	6.7%	7.0%	8.1%	6.9%	7.1%	7.0%	7.2%	8.1%	7.4%	7.0%				



Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2017/18		2017/18				2018/19				2018/19				Notes	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	95%	96%	96%	98%	97%	99%	96%	95%	96%	99%	99%	99%	99%	98%	96%	99%	
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	100%	100%	99%	99%	100%	100%	97%	100%	98%	100%	100%	99%	97%	98%	99%	100%	
Would you recommend the hospital to your Family and Friends?	>94%	<94%	91.2%	96.6%	97.2%	97.7%	96.2%	95.6%	98.3%	94.9%	98.4%	98%	98%	98%	97.7%	96.3%	97.3%	96.9%	
Regulation 28	0	>1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
Mortality	For information	For information	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 deemed unavoidable			No of inpatient deaths 171 No of deaths reviewed 38 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 161 No of deaths reviewed 54 Stillbirth 0 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 158 No of deaths reviewed 58 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 148 No of deaths reviewed 70 Stillbirth 1 Maternal deaths 1 All reviewed deaths were deemed unavoidable			TBC	
SHMI	<1	>1	0.97			0.97			0.98			0.98			0.98			0.94	
SSNAP Data	<B	E	D			D			D			D			D			D	
SSNAP Score	TBC	TBC	46			46			45			45			45			45	
NICE Guidance / TAGS within 90 days	0	>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	0	
Falls Resulting in Significant Harm	For information	For information	13			18			6			13			5			1	
Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information	For information	18			21			5			14			5			2	
Serious Incidents Requiring Investigation	For information	For information	7	1	1	0	5	1	4	3	1	0	3	1	0	4	2	0	
Unexpected death	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Never Events	0	>0	0	0	0	0	0	0	0	0	1	0	2	0	0	1	0	0	
Obstetrics - Stillbirth or Unexpected Death	0	>0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	
Complaints	<6	>6	6	9	9	4	2	2	2	4	5	6	2	8	7	2	4	8	
Coding Data Quality Index	>94.96	<94.96	96.91				97.36												Based on CHKS Data Quality Coding Report
PALS Issues Raised	Monitoring	Monitoring	144	89	87	95	92	70	97	122	94	110	80	82	83	95	75	95	
Compliments	Monitoring	Monitoring	193	193	157	230	102	220	253	236	315	345	125	143	192	146	227	163	

Airedale (NHS) Foundation Trust  
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2017/2018										2018/2019											
Indicator	Green	Red	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Trend (Previous 5 Quarters or 15 Months)	Comment			
	Great Line Management																						
Staff receiving annual appraisal	>85%	<85%	89.8%			91.0%			92.9%			95.5%			95.8%			95.8%		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Staff saying they had well structured appraisal	>38%	<35%	48.2%			3.15			38.2%			47.7%			52.2%			52.2%		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Staff satisfied with support from immediate line manager	>3.7	<3.6	4.04			3.75			4.00			4.09			4.04			4.04		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Engaged Workforce																							
Engagement Index	>3.8	<3.73	3.97			3.85			4.00			4.02			4.06			4.06		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Sickness Absence Rate	Updated Profile April 2016		3.8%	4.1%	3.9%	4.4%	4.1%	4.2%	3.9%	3.4%	3.3%	3.4%	3.6%	3.8%	3.9%	3.5%	3.9%	4.2%		Updated stretch targets from April 2017			
Number of staff citing stress as reason for absence	<28	>40	4.03%	4.00%	4.14%	4.58%	5.05%	4.85%	5.32%	4.47%	3.74%	3.63%	3.91%	4.24%	4.51%	4.36%	4.44%	4.36%					
Freedom to speak up cases raised	TBC	TBC	54	49	58	62	67	59	54	50	46	42	38	48	56	54	55	55					
Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	4.02			3.80			4.06			4.03			4.11			4.11		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Staff Job Satisfaction	>3.7	<3.62	3.90			3.94			3.98			4.03			4.04			4.04		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Staff Motivation at Work	>3.9	<3.83	4.00			3.94			3.98			4.01			4.02			4.02		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Effective Resourcing																							
Leaver Turnover Rate	<12.9% (Updated October 2015)	>13.9% (Updated October 2015)	10.85%	11.09%	11.20%	11.24%	11.24%	11.30%	11.55%	11.57%	12.26%	12.35%	12.06%	11.77%	11.11%	11.19%	11.19%	11.19%					
Reduction in work pressure felt by staff	<2.9%	>3.18%	2.95%			3.25			2.82			2.76			2.80			2.80		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			
Vacancy Rate	3% to 5%	>9%	7.3%	4.3%	6.6%	6.9%	6.8%	7.2%	6.7%	5.7%	6.4%	5.0%	8.6%	8.0%	7.2%	5.6%	5.6%	5.8%					
Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	11 weeks 6 days	12 weeks 1 day	15 weeks 2 days	13 weeks 2 days	11 weeks 6 days	10 weeks 6 days	12 weeks	12 weeks	10 weeks 4 days	12 weeks	12 weeks	13 weeks 4 days	12 weeks 6 days	11 weeks 2 days	12 weeks	11 weeks 6 days					
Mandatory Training Overall Compliance	>90% (Updated April 2016)	<80% (Updated April 2016)	84.8%	85.0%	84.4%	84.3%	83.4%	81.5%	81.6%	82.0%	81.6%	82.8%	83.3%	83.9%	84.2%	84.9%	84.6%	85.5%					
Staff saying learning and development help them do their job more effectively	>65%	<65%	68.4%			85.0%			64.3%			68.8%			73.3%			73.3%		National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4			