

Board of Directors

Date:	27 March 2019	Attachment Number:	9(i)																
Title of Report:	Integrated Governance Dashboards																		
Purpose of the report and the key issues for consideration/decision:	<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"> • Summary of Overall Performance • Finance and Performance • Safety, Quality, Patient Experience and Clinical Outcomes • Staff Engagement and Workforce Development • Business Development <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>																		
Prepared by:	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
Presented by:	Andrew Copley, Director of Finance																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td>Y</td> <td>Empower & Engage Staff</td> <td>Y</td> </tr> <tr> <td>Quality of Care</td> <td>Y</td> <td></td> <td></td> </tr> </table>			Financial Sustainability	Y	Empower & Engage Staff	Y	Quality of Care	Y										
Financial Sustainability	Y	Empower & Engage Staff	Y																
Quality of Care	Y																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No		Yes		If Yes, Score											
No		Yes		If Yes, Score															
Which CQC Standards apply to this report:	Safe, Caring, Effective, Responsive, Well Led																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td>Y</td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>Y</td> <td>Patient Experience</td> <td>Y</td> </tr> <tr> <td>Human Resources</td> <td>Y</td> <td>Terms of Authorisation</td> <td>Y</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>Y</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital	Y	Equality & Diversity		National Policy/Legislation	Y	Patient Experience	Y	Human Resources	Y	Terms of Authorisation	Y	Governance & Risk Management (BAF)	Y	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>Y</td> <td>Receive for information</td> <td>Y</td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss	Y	Receive for information	Y	Decision									
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Previously Considered By:	<table border="1"> <tr> <td></td> <td>Date:</td> <td></td> </tr> </table>				Date:														
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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.																		

Board of Directors

Integrated Governance Dashboards

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 Trust 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 (i.e. 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 December and January and also a comparison to February 2018.

Following significant operational demands, the overall position is consistent for most areas in February 2019, 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

Although this report is to February, we have where possible provided a forward view for Finance and Performance for March, based on detail available as at 12th March.

1. Regulatory

The regulatory situation remains relatively 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 February and we are currently in Segment 2 of the Framework (on a scale where 1 is the highest and 4 the lowest). We have delivered a number of the national standards this month with the exception of A&E 4 hours, Diagnostics 6 weeks and Cancer 62 days screening, which continue to experience a significant increased level of demand and acuity. 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 – Pleasingly the Foundation Trust Care Quality Commission Inspection Report shows an Overall combined Good rating. Use of Resources was rated Good with the overall Quality of Care rated as Requires Improvement. Within this, we were rated as Good for the Responsive, Caring and Effective domains. There is further work to complete for the Safe and Well Led domains that were rated as Requires Improvement.

Finance Risk Ratings – The overall Financial Use of Resources Risk Rating for February 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 recurrent deficit of £871k following non-recurrent support as at February 2019. 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 February 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, we are continuing to experience pressures for our urgent care service.

Theatre Utilisation – This continued to be above plan in February. Within this 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 – Following significant operational pressure, the number of patients with a length of stay over 21 days remains high in February. To meet the national reduction target 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 64 beds at any one time. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.

It should be noted that in line with the demand pressures, we have opened up a number of additional Intermediate Care and Specialist Rehabilitation beds (40 beds in total) and all of these patients are on a pathway that for appropriate clinical reasons are likely to exceed 21 days.

We expect further improvements in this area from;

- Enhancements to the MAIDT (Multiagency Integrated Discharge Team) including Community Matrons, Social Care and Occupational Therapists additional in the team.
- Implementing new developments 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

Looking at the initial forward detail for March however, we are anticipating further pressures continuing in this area through the remainder of Quarter 4.

Outpatient Follow Up Appointments – This remains a significant challenge to delivering the national ambition of a 30% reduction in full, as set out in the recent NHS Long Term Plan.

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. This shall be an important area of our 2019/2020 system work. 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.

Elective Activity and Waiting Times – Despite the urgent care pressures, we have successfully managed to complete a good level of elective activity in Quarter 4 to date, which helps with delivery of our RTT and waiting list target requirements.

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

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 January and February. However, as noted previously, 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.

Unexpected Death – There was one unexpected death in February. The review process is currently taking place.

Stroke – Pleasingly, the latest SSNAP reports were published in February 2019 and the results showed a significant increase in ANHSFT overall SSNAP banding score from a D to a B for both the patient centred and team centred results.

Staff Engagement and Workforce Development

Where relevant, and as indicated on the report, the Quarter 4 performance 2017/2018 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 Quarter 3 and Quarter 4 to date are based on the **Pulse Survey** completed.

The **National Staff Survey** results for 2018/2019 shall be reviewed by the Trust Board of Directors in March. These are very encouraging and show that staff are positive about working at the Trust. Overall our results make positive reading. We are better than average in areas such as health and wellbeing, line managers, morale, inclusion, working in a safe environment, safety culture and staff engagement. Staff have also reported improvements (compared to last year) in relation to support from line managers, staff engagement and developing a safety culture. The detail in these shall be reflected in the next set of Integrated Governance Dashboards.

The key headlines from the most recent results are;

1. Engaged Workforce

Stress – The objective regarding reducing stress has significantly reduced in February but 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 February position was above the planned threshold of 4.1% at 4.28%.

Work is being completed to shift the focus of managing sickness absence to managing attendance. As such, strategies continue to be developed to manage health, wellbeing and attendance and reduce sickness absence across the Trust. These include but not limited to:

- HR Business Partners and HR Advisors providing regular timely reports on sickness absence and attendance
- Promotion of teams/directorates with the best staff attendance for the month/quarter/year.
- Bespoke managing attendance training and coaching for line managers
- Identifying and supporting newly promoted or appointed line managers with coaching or delivery of managing attendance training
- Contribution to a new staff induction document on the importance of staff health and wellbeing and the offer available in the Trust including signposting to partner organisations for support
- Introduction of a Wellness Recovery Action Plan (WRAP) for staff who have disclosed a mental health diagnosis or who are struggling to cope (work related or not) to identify triggers and support available at work. This plan is considered best practice and recommended by Mind (the mental health charity)
- Working with Patient Services Managers and the Post Graduate team to ensure that medical and dental staff and junior doctor sickness absence is recorded and effectively managed
- The promotion of health and wellbeing monthly online seminars accessible via the employee assistance programme
- Work with managers and those responsible for coding sickness absence to ensure more accurate reporting of reasons for sickness absence which will aid analysis and benchmarking
- Promotion of the Action for Happiness monthly calendar
- Close working relationship between the Employee Health and Wellbeing team and HR Business Partner Health, Wellbeing and Attendance

In addition, management of all short and long-term periods of sickness absence continues to be supported by utilising Employee Health and Wellbeing advice and adopting a case management approach where appropriate. Counselling support continues to be accessed via the Employee Assistance Programme, therapies from the Occupational Therapist and Remploy. Other initiatives continue to be explored to strengthen the support offered to staff with Mental Health problems.

2. Effective Resourcing

Leaver Turnover Rate – The position in February remains better than threshold and also below the average leaver turnover rate nationally for Small Acute Trusts. A review of the past 15 Months shows a very consistent level in this area that averages 11.62%.

Vacancy Rate – The vacancy rate in February remained in line with expected threshold. The highest proportions are 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 and moving in Children's Services in March 2019;
- Health Care Support Workers - Apprentices pursued through recruitment and continuing to focus on developing skills of those currently in post. To prepare those HCSW's who may wish to pursue

a career as a Nurse Associate, arrangements have been made for Keighley College to support their development on site;

- Discharge Liaison Officer role increasing in Surgical Services;
- Ward based Pharmacy Assistant role; This has now been recommenced successfully on Ward 5 and is being rolled out to Ward 4.
- Registered Nurse recruitment: 25 staff commenced in September and October with a further two staff being supported through the RN apprenticeship; Recruitment events are in place and the campaign for 2019 being filmed to coincide with the February RCN Conference and Airedale's recruitment evening in March. Options are being explored with the University of Bolton to support staff who hold a registration outside the UK to registration.
- Pastoral post agreed to support new graduate retention
- Therapy Ward Leaders : One in post

In addition we received an invitation to join cohort 4 of the NHS Improvement retention collaborative.

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 – This was in line with threshold in February. 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

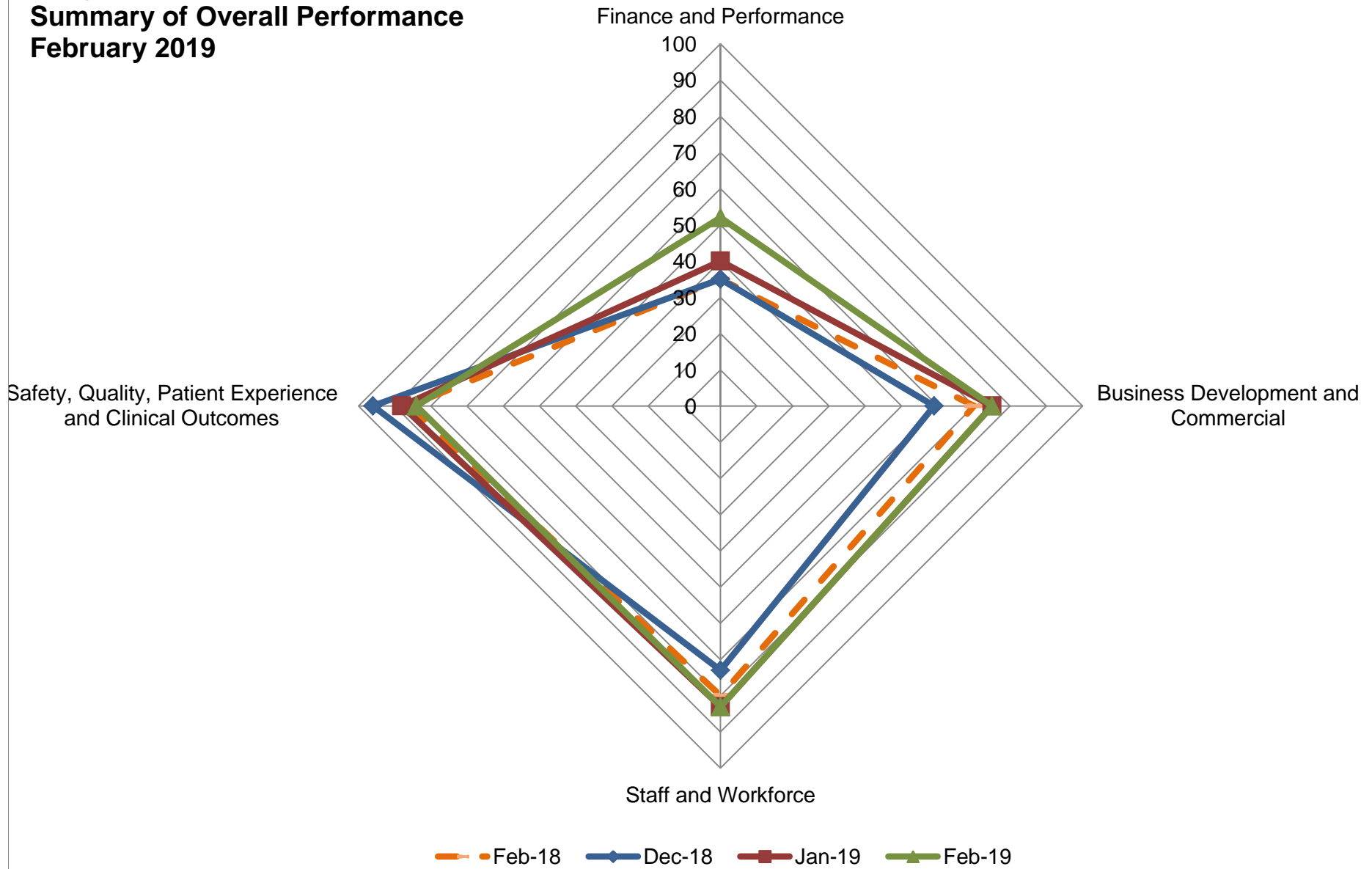
These are highlighted in Section 2.

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
February 2019



Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Finance & Performance

2017/18

2018/19

Indicator	Green Red		2017/18			2018/19			2018/19			2018/19			2018/19			2018/19			Mar (as at 13th March)	Trend (Previous 5 Quarters or 15 Months)			
	Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar					
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 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			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 2.0			Pressures around CIP delivery, bank and agency costs. Underlying deficit £871k following non-recurrent support as at February 2019			
	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	Good or above	Inadequate	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.			Combined Rating: Good Use of Resources: Good Overall Quality of Care: Requires Improvement			Rated as 'Good' for responsive, caring, and effective, and 'Requires Improvement' for safe and well-led.			
CCC 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	0	0	0			
	CQUINS	>85%	<85%	96%			96%			87%			87%			87%			TBC						
Annual Plan Key Milestones / Key Operational Metrics	Beds	For Information	For Information	360	360	358	358	358	358	352	352	352	351	351	347	345	345	338	338	338	338				
	Total Escalation Beds Opened and Occupied (Average)	<10	>10	8	17	17	38	34	24	26	19	12	17	18	14	14	18	35	53	46	44				
	Theatre Time Utilisation	>85%	<85%	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%	87.8%	86.1%	88.3%	89.6%	84.2%				
	Bed Occupancy	>85% to <95%	<85% or >95%	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%	92.5%	95.4%	97.3%	97.9%	90.6%	Based on all core beds (includes Paediatrics)			
	Bed Occupancy (Adults)	>85% to <95%	<85% or >95%	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%	96.5%	95.8%	97.5%	98.1%	91.1%				
	Bed Occupancy (Children)	>85% to <95%	<85% or >95%	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%	68.2%	86.0%	88.0%	93.6%	79.0%				
	Average Length Of Stay (Non-Elective)	<4.3	>4.3	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	3.7	4.7	4.5	4.4	4.2	Threshold based on 12 month average			
	Average Length Of Stay (Elective)	<2.5	>2.5	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	2.8	2.9	2.8	3.3	2.7	Threshold based on 12 month average			
	Patients LOS Over 21 Days	< Trajectory (25% reduction by Dec 2018)	> Trajectory (25% reduction by Dec 2018)	57	57	57	56	55	54	52	51	50	48	47	46	45	44	43	43	43	43	Threshold to achieve 25% reduction by December 2018			
	Non-Elective Activity	>2334	<2334	2406	2398	2332	2444	2200	2418	2273	2507	2266	2537	2337	2210	2465	2319	2348	2539	2295	2386	Projected	Threshold based on 12 month average		
	Inpatient/Day Case Elective Activity	>2286	<2286	2413	2458	2133	2372	2104	2295	2343	2466	2651	2736	2836	2555	3068	2949	2725	2842	2580	2962	Projected	Threshold based on 12 month average		
	First Outpatient Activity	>3105	<3105	3347	3422	2723	3298	2756	3098	3189	3438	4016	3151	3211	3178	3517	3349	2332	2802	3080	2992	Projected	Threshold based on 12 month average		
	Follow Up Outpatient Activity	<Trajectory	>Trajectory	7688	7688	7688	7688	7688	7688	7496	7304	7112	6920	6728	6536	6344	6152	5960	5768	5576	5384	7774	Projected	Threshold to meet 30% reduction in follow ups	
	A&E Attendances	Up to 5750	>5750	5553	5411	5878	5420	4770	5509	5532	6312	5743	6097	5784	5696	5972	5533	5785	5838	5364	5351	7774	Projected	Threshold based on attendance levels where 95% standard met	
	Inpatient / Day Case Average Waiting Time (Weeks)	<6.2	>6.2	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	4.7	5.7	5.1	4.9	4.9	Threshold based on 12 month average			
Outpatient Average Waiting Time (Weeks)	<8.8	>8.8	8.5	8.6	9.1	9.1	9.0	9.1	9.6	9.6	10.5	10.1	10.1	10.1	9.8	10.3	10.7	10.4	10.6	10.6	Threshold based on 12 month average				
Outpatient DNA Rate	<6%	>6%	7.2%	6.9%	8.4%	6.7%	7.0%	8.1%	6.9%	7.1%	7.0%	7.2%	8.1%	7.4%	6.8%	6.5%	7.2%	6.6%	7.1%	7.1%	National Benchmark is between 7% and 8%				

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2017/18		2018/19																Notes	Trend (Previous 5 Quarters or 15 Months)		
	Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan			Feb	
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	98%	97%	99%	96%	95%	96%	99%	99%	99%	99%	98%	96%	99%	90%	98%	96%	94%			
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	99%	100%	100%	97%	100%	98%	100%	100%	99%	97%	98%	99%	100%	97%	100%	99%	98%			
Would you recommend the hospital to your Family and Friends?	>94%	<94%	97.7%	96.2%	95.6%	98.3%	94.9%	98.4%	98%	98%	98%	97.7%	96.3%	97.3%	96.9%	97.2%	97.6%	97.8%	97.4%			
Regulation 28	0	>1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0			
Mortality	For information	For information	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 2 Maternal deaths 1 All reviewed deaths were deemed unavoidable			No of inpatient deaths 154 No of deaths reviewed 58 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			Reported Quarterly				
SHMI	<1	>1	0.97			0.98			0.98			0.98			0.94			0.90				
SSNAP Data	>=B	E	D			D			D			D			B			B				
SSNAP Score	TBC	TBC	46			45			45			48			76			76				
NICE Guidance / TAGs within 90 days	0	>0	0	0	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	0	0	0	0	
Falls Resulting in Significant Harm	For information	For information	18			6			13			5			12			Reported Quarterly				
Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information	For information	21			5			14			5			14			Reported Quarterly				
Serious Incidents Requiring Investigation	For information	For information	0	5	1	4	3	1	0	3	1	0	4	2	0	0	0	1	3			
Unexpected death	0	>0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1			
Never Events	0	>0	0	0	0	0	0	1	0	2	0	0	1	0	0	0	0	0	0			
Obstetrics - Stillbirth or Unexpected Death	0	>0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0			
Complaints	<6	>6	4	2	2	2	4	5	6	2	8	7	2	4	8	5	2	7	6			
Coding Data Quality Index	>94.96	<94.96	97.36																Based on CHKS Data Quality Coding Report			
PALS Issues Raised	Monitoring	Monitoring	95	92	70	97	122	94	110	80	82	83	95	75	95	123	87	125	111			
Compliments	Monitoring	Monitoring	230	102	220	253	236	315	345	125	143	192	146	227	163	209	165	259	106			

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

				2017/2018			2018/2019			2018/2019			2018/2019			2018/2019			Trend (Previous 5 Quarters or 15 Months)		Comment			
Indicator	Green	Red	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb					
Great Line Management	Staff receiving annual appraisal	>85%	<85%	91.0%			92.9%			95.5%			95.8%			95.8%			95.8%			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
	Staff saying they had well structured appraisal	>38%	<35%	3.15			38.2%			47.7%			52.2%			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	3.75			4.00			4.09			4.04			4.04			4.04			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
Engaged Workforce	Engagement Index	>3.8	<3.73	3.85			4.00			4.02			4.06			4.06			4.06			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
	Sickness Absence Rate	Updated Profile April 2016	< Profile	> Profile	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%	4.7%	4.5%	4.9%	4.1%		Updated stretch targets from April 2017	
	Number of staff citing stress as reason for absence	<28	>40	62	67	59	54	50	46	42	38	48	56	54	55	55	58	60	57	44				
	Freedom to speak up cases raised	TBC	TBC	2	5	8	26	7	10	1	3	5	7	4	0	4	2	3	2	4				
	Staff recommending the Trust as a place to work or receive treatment	>3.8	<3.65	3.80			4.06			4.03			4.11			4.11			4.11			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
	Staff Job Satisfaction	>3.7	<3.62	3.94			3.98			4.03			4.04			4.04			4.04			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
	Staff Motivation at Work	>3.9	<3.83	3.94			3.98			4.01			4.02			4.02			4.02			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
Effective Resourcing	Leaver Turnover Rate	<12.9%	>13.9%	(Updated October 2015)			(Updated October 2015)																	
	Reduction in work pressure felt by staff	<2.9%	>3.18%	3.25			2.82			2.76			2.80			2.80			2.80			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4		
	Vacancy Rate	3% to 5%	>9%	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%	5.7%	5.6%	4.9%	5.0%				
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks	>12 weeks	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	11 weeks 6 days	12 weeks 1 day	14 weeks 1 day	12 weeks				
	Mandatory Training Overall Compliance	>90%	<80%	(Updated April 2016)			(Updated April 2016)																	
Staff saying learning and development help them do their job more effectively	>65%	<65%	85.0%			81.6%			64.3%			68.8%			73.3%			73.3%			73.3%			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4