

# Board Integrated Performance Report

## 23 February 2017

### January 2017 Data

#### 1.1 CQC Rating



#### 1.2 NHS Improvement Segment



#### 1.3 NHS Improvement Use of Resources



Agenda Item: 11

Lead Director: Director of Finance,  
Contracting and Facilities

Presented For: Assurance

The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indicators.

| Board Action                      | Key Highlights  | Slides         |
|-----------------------------------|---|----------------|
| <b>NHS Improvement Indicators</b> |   |                |
| <b>Assurance</b>                  | <ul style="list-style-type: none"> <li>NHS Improvement indicators have been met for January 2017, for those indicators where final data is available.</li> </ul>  | <b>4 - 5</b>   |
| <b>Quality</b>                    |   |                |
| <b>Exceptions</b>                 | <ul style="list-style-type: none"> <li>Information Governance training compliance for substantive staff has reduced, with no business unit meeting the 95% target in January 2017. Urgent actions will be agreed for all areas at the Directors' Business and Transformation Governance meeting and a verbal update will be provided to the Board.</li> </ul>   | <b>10</b>      |
|                                   | <ul style="list-style-type: none"> <li>Labour turnover rose by 0.5% in January 2017 to 12.74%, remaining above the Trust's 10% target. Initiatives are in train to understand and respond, including development of a recruitment and retention action plan.</li> </ul>   | <b>12 - 13</b> |
|                                   | <ul style="list-style-type: none"> <li>Sickness absence rate reduced slightly in January 2017 to 6.23% but remains significantly above the Trust's 4% internal target. Responses are being explored, including identifying the Employee Health and Wellbeing interventions that make the most impact on sickness absence. The Trust is also learning from similar trusts that have a lower sickness rate, so that systems and processes can be revised as appropriate to help reduce sickness levels. This work should be completed by the end of February 2017.</li> </ul> | <b>14 - 15</b> |
| <b>Business Unit</b>              |   |                |
| <b>Information</b>                | <ul style="list-style-type: none"> <li>The Integrated Performance Report has been produced in advance of scheduled business unit performance meetings for specialist inpatient, dental and administrative services and for mental health acute and community services. The Board will receive a verbal update regarding any new issues identified for escalation.</li> </ul>  |                |
| <b>Change Programme</b>           |   |                |
| <b>Exceptions</b>                 | <ul style="list-style-type: none"> <li>Of the 7 transformation projects, 2 are rated red, 3 are rated amber and 2 are on track and rated green. Change Programme dashboards and highlight reports will be reviewed at the Directors' Business and Transformation Governance meeting on 21 February and a verbal update provided to the Board.</li> </ul>  | <b>22 - 24</b> |

The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indicators.

| Board Action      | Key Highlights   | Slides         |
|-------------------|--|----------------|
| <b>Finance</b>    |  |                |
| <b>Exceptions</b> | <p>The financial position has remained challenging throughout 2016/17, requiring ongoing robust oversight and control. The Trust developed recovery plan actions from quarter one and introduced additional controls to reduce costs, including non-clinical vacancies and agency and discretionary spend. Further actions continue to be developed and sustained effort will be required until the end of the financial year.</p> <p>The Trust submitted a re-forecast at Quarter 3, projecting a probable case surplus reduction of £494k (from £1,350k to £856k – before technical adjustment for gain on disposal). If the Trust is unable to recover the position it will forfeit the £790k STF funding; driving aggregate plan variance of £1,284k. The Quarter 3 re-forecast means that the Trust cannot receive STF cash flows during 2016/17 regardless of actual Quarter 4 performance. The Trust submitted a first draft recovery plan to NHS Improvement on 31 January. This outlines actions that the Trust is currently scoping. The Board is unanimous that every effort will be made to meet the an end of year position that is as close as possible to the approved plan.</p> <p><u>January 2017 financial position:</u></p> <ul style="list-style-type: none"> <li>At Month 10 all key indicators are rated amber with the exception of the Statement of Comprehensive Income and the CIPs which are rated Red (against the plan excluding reserves).</li> <li>The Trust planned to make a surplus of £1,107k by Month 10 but has achieved a £231k surplus (excluding disposals); an adverse variance of £877k. This has improved substantially and is broadly as forecast.</li> <li>Cost Improvements are £212k behind plan at the end of the period, but offset non-recurrently through the high risk CIP reserve. Further details and mitigating actions are highlighted later.</li> <li>Capital Expenditure is £887k below plan, reflecting managed slippage on both Estates and IM&amp;T schemes and uncommitted contingency reserves to mitigate in-year service / tender / enabling CIP pressures in Q4.</li> <li>The position reflects achievement of a Use of Resources metric (UoR) of 1 compared to a plan of 1. The Trust forecasts achieving a rating of 1 (highest), but this depends on achieving all targeted actions in Q4.</li> </ul> |                |
|                   |  | <b>25</b>      |
|                   |  | <b>26</b>      |
|                   |  | <b>31 - 33</b> |
|                   |  | <b>35</b>      |
|                   |  | <b>30</b>      |

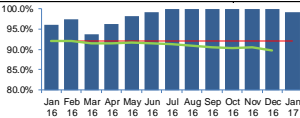
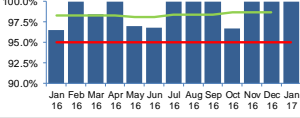
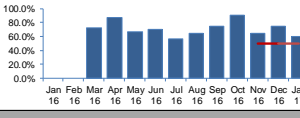
### Summary and Recommendations

The performance report shows good performance against most non-financial targets in January 2017 but in response to ongoing and elevated financial concern the Board took the difficult decision to submit a formal forecast revision.

Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information will take place at the Directors' Business and Transformation Governance meeting on 21 February and the Board will receive a verbal update on any themes or trends identified.





The Board is recommended to consider the exceptions highlighted and note the proposed actions.

## Single Oversight Framework Operational Performance Metrics

| Indicator No. | Indicator   | Target | Q1<br>Outturn | Q2<br>Outturn | Q3<br>Outturn | Jan    | Feb | Mar | Q4<br>Numerator<br>Outturn | Q4<br>Denominator<br>Outturn | Q4<br>Outturn | National<br>Benchmark   | Graph   |
|---------------|---|--------|---------------|---------------|---------------|--------|-----|-----|----------------------------|------------------------------|---------------|---|---|
| M3            | Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway                                     | 92.0%  |               |               |               | 99.3%  |     |     | 302                        | 304                          | 99.3%         | 89.7% as of Dec16<br>Next publication date:<br>9 <sup>th</sup> Mar 17 |  |
| M5            | Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards | 95.0%  |               |               |               | 100.0% |     |     | 48                         | 48                           | 100.0%        | 98.7% as of Q3 - 16/17<br>Next publication date:<br>Apr 17            |  |
| M7            | People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral                             | 50.0%  | 74.2%         | 63.8%         | 75.3%         | 60.5%  |     |     | 23                         | 38                           | 60.5%         |   |  |
| M19           | Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:                  |        |               |               |               |        |     |     |                            |                              |               |   |   |
|               | a) Inpatient Wards  | 90.0%  | TBC           |               |               |        |     |     |                            |                              |               |   |   |
|               | b) Early Intervention in psychosis services   | 90.0%  |               |               |               |        |     |     |                            |                              |               |   |   |
|               | c) Community mental health services (people on Care Programme Approach)   | 65.0%  |               |               |               |        |     |     |                            |                              |               |   |   |

**Indicator M7:** Data is provided in relation to the waiting time element of the new standard for Early Intervention in Psychosis (EIP). This shows patients who started treatment in January 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of January 2017 was 22; 12 of these patients have been waiting for more than two weeks. Additional CCG investment in EIP was confirmed from April 2016 to enable the Trust to extend the age range for EIP services to adults up to 65 and to provide in accordance with NICE recommendations. All new staff are in post and the Trust is meeting all components of the new standard.

**Indicator M19:** Performance against this standard is assessed as part of the 2016/17 national CQUIN indicator, via national audit. Data is collected and submitted in 4 of 2016/17. The Trust is projecting full achievement of the CQUIN which audits a 'snapshot'. The Single Oversight Framework requires sustained and embedded performance, measured on a quarterly basis. The mental health acute and community services business unit has developed a sustainability plan to maintain achievement across every quarter in all 3 service areas, however routine delivery of this current CQUIN indicator is not projected until April 2017.

| Graph Key  |   |
|------------|---|
| Measure    |  |
| Target     |  |
| Trend      |  |
| Trajectory |  |

## Single Oversight Framework Operational Performance Metrics

| Indicator No. | Indicator  | Target | Q1<br>Outturn            | Q2<br>Outturn                 | Q3<br>Outturn            | Jan                           | Feb | Mar | Q4<br>Numerator<br>Outturn | Q4<br>Denominator<br>Outturn | Q4<br>Outturn | National<br>Benchmark   | Graph |
|---------------|--|--------|--------------------------|-------------------------------|--------------------------|-------------------------------|-----|-----|----------------------------|------------------------------|---------------|---|-------|
| M20a          | Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital:<br>* Identifier metrics | 95.0%  | 99.5%<br>June Final data | 99.5%<br>September Final data | 99.6%<br>October (Final) |                               |     |     |                            |                              |               | 95.6%<br>Oct Final<br>Next publication date:<br>21st February 2017                |       |
| M20b          | Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital:<br>* Priority metrics   | 85.0%  | TBC                      |                               |                          |                               |     |     |                            |                              |               |   |       |
| M21           | Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)   | 50.0%  | 47.6%                    | 50.0%                         | 52.3%<br>(Provisional)   | 57.1%<br>Dec<br>(Provisional) |     |     |                            |                              |               | 49.0% as at<br>Oct 16<br>Next publication date:<br>21 <sup>st</sup> February 2017 |       |
| M10           | waiting time to begin treatment (from IAPT minimum data set)<br>- within 6 weeks   | 75.0%  | 91.5%                    | 93.7%                         | 94.6%<br>(Provisional)   | 96.4%<br>Dec<br>(Provisional) |     |     |                            |                              |               | 87.7% as at<br>Oct 16<br>Next publication date:<br>21 <sup>st</sup> February 2017 |       |
| M11           | waiting time to begin treatment (from IAPT minimum data set)<br>- within 18 weeks  | 95.0%  | 98.1%                    | 98.4%                         | 99.5%<br>(Provisional)   | 99.7%<br>Dec<br>(Provisional) |     |     |                            |                              |               | 97.2% as at<br>Oct 16<br>Next publication date:<br>21 <sup>st</sup> February 2017 |       |

**Indicator M20a:** This Mental Health Services Data Set (MHSDS) data completeness indicator comprises NHS number, date of birth, postcode, gender, GP and commissioner. The Trust is awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Data is provided based on internal calculation from the MHSDS.

**Indicator M20b:** In January 2017, NHS Improvement announced changes to mental health metrics used in the Single Oversight Framework. This new measure reviews the completeness of trusts' patient data against five elements. However, following publication of the Single Oversight Framework, it has become clear that data covering two of these – school attendance (children and young people only) and ICD10 coding – are not universally available across the Mental Health Services Data Set. NHS Improvement are working with NHS England to review this but, in the meantime, will only assess performance on the other three elements of this measure – ethnicity, accommodation status and employment status. The Trust is awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance for these three elements.

**Indicator M21:** The Improving Access to Psychological Therapies (IAPT) service successfully migrated from SystemOne to PCMIS in May 2016. PCMIS supports accurate reporting of data internally and to NHS Digital. Within the Single Oversight Framework, Trust performance for IAPT recovery rate is assessed quarterly, based on final data published by NHS Digital.

| Graph Key  |  |
|------------|--|
| Measure    |  |
| Target     |  |
| Trend      |  |
| Trajectory |  |

## Accident and Emergency Waiting Times

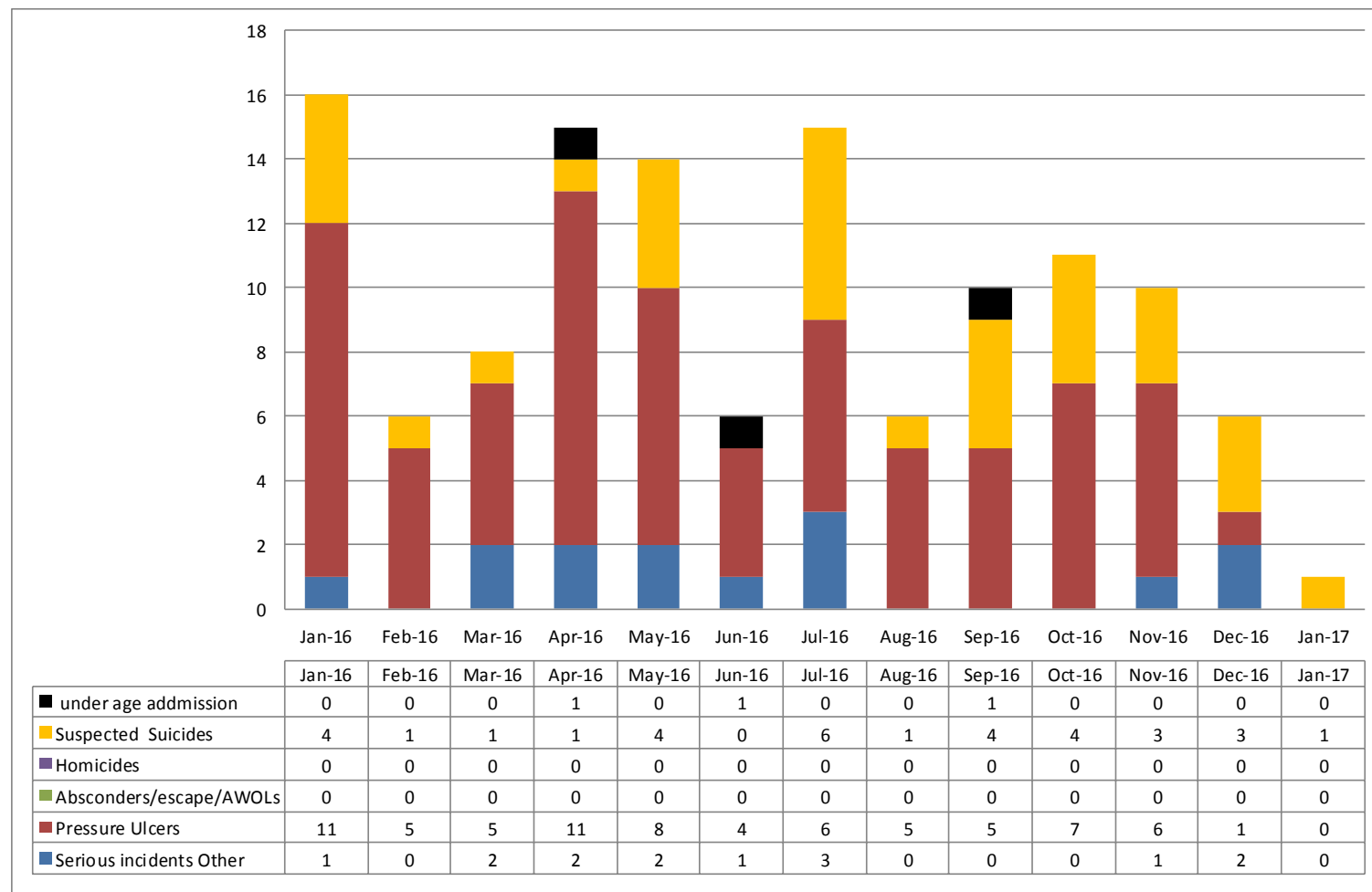
| Airedale NHS Foundation Trust                    |  |        |        |        |        |        |        |        |        |        |        |        |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Indicator No.                                    | Indicator  | Target | Q4     | Q1     | Q2     | Q3     | July   | Aug    | Sep    | Oct    | Nov    | Dec    |
|  | Total A&E attendances  |        | 13,796 | 14,324 | 14,612 | 14,722 | 5,124  | 4,765  | 4,723  | 4,852  | 4,585  | 5,335  |
|  | Total attendances within 4 hours   |        | 13,187 | 13,368 | 13,174 | 13,180 | 4,628  | 4,232  | 4,314  | 4,375  | 4,164  | 4,641  |
| M18a   | % of A&E attendances where service user was admitted, transferred or discharged within 4 hours | 95%    | 95.6%  | 93.3%  | 90.2%  | 89.2%  | 90.3%  | 88.8%  | 91.3%  | 90.2%  | 90.8%  | 87%    |
| Bradford Teaching Hospitals NHS Foundation Trust |  |        |        |        |        |        |        |        |        |        |        |        |
|  | Total A&E attendances  |        | 34,463 | 34,456 | 33,845 | 34,435 | 11,926 | 10,849 | 11,070 | 11,514 | 11,184 | 11,737 |
|  | Total attendances within 4 hours   |        | 31,436 | 31,297 | 30,250 | 28,941 | 10,714 | 9,774  | 9,762  | 9,792  | 9,516  | 9,633  |
| M18b   | % of A&E attendances where service user was admitted, transferred or discharged within 4 hours | 95%    | 91.2%  | 90.8%  | 89.4%  | 84.0%  | 89.8%  | 90.1%  | 88.2%  | 85.0%  | 85.1%  | 82.1%  |

Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust performance against the national standard for A&E waits is provided to the Board for information. The Trust contributes to delivery of the target through a range of services and interventions. The Trust is working actively with both Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust on providing support within A&E departments and developing pathways designed to avoid admissions. The Trust is supporting district-wide plans to manage winter pressures. The Trust participated in daily conference calls which were held throughout the Christmas and New Year period.

NHS England and NHS Improvement have designated the West Yorkshire system as an urgent and emergency care 'Acceleration Zone'. The key requirement of this is to deliver transformation and interventions will which support delivery of the A&E 95% 4 hour target across West Yorkshire by March 2017. National funding has been allocated to deliver transformation and interventions in which the Trust is a key partner and which will support delivery of A&E performance.

## Serious Incident Numbers

| Indicator No. | 15/16 outturn | JANUARY Performance | 16/17 YTD |
|---------------|---------------|---------------------|-----------|
| Q3            | 141           | 1                   | 94        |



This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis.

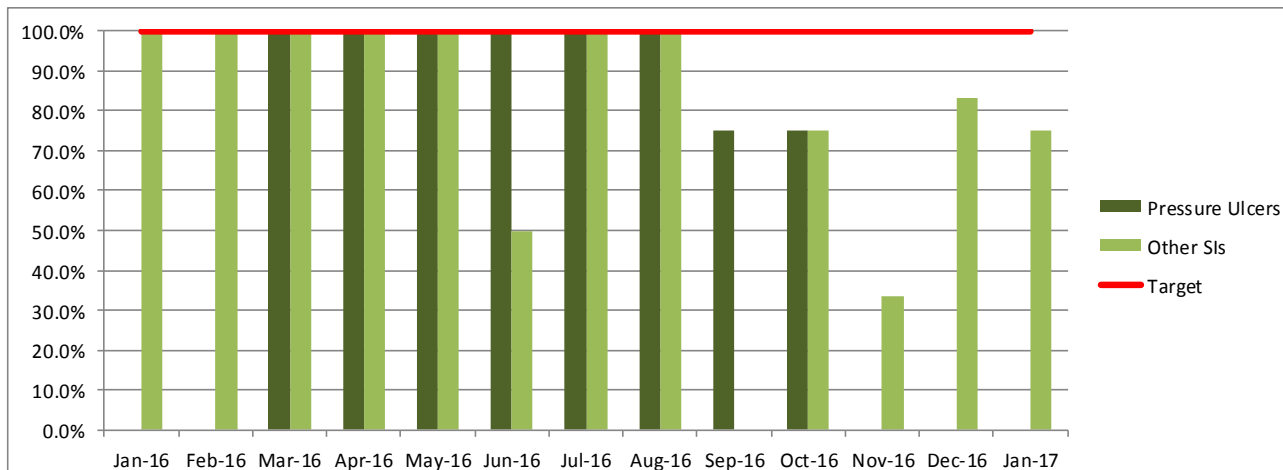
## Serious Incidents

| Ref   | Indicator   | 15/16<br>outturn | 16/17<br>Target | JANUARY Performance                                      |   |   | 16/17<br>YTD | FOT<br>16/17 |
|-------|---|------------------|-----------------|--|---|---|--------------|--------------|
|       |   |                  |                 | No. Closed this<br>month within<br>target<br>(Numerator) | Total number<br>completed in month<br>(Denominator) | Percentage<br>completed in<br>target time |              |              |
| Q4(a) | Serious incident reports completed(Total):<br>Q4(b) + Q4(c) | 48.9%            | 100%            | 3  | 4   | 75.0%                                     | 82.4%        |              |
| Q4(b) | Serious incident reports completed (Pressure Ulcers)        | 33.3%            | 100%            | 0  | 0   | #N/A                                      | 94.3%        |              |
| Q4(c) | Serious incident reports completed (all others causes)      | 90.9%            | 100%            | 3  | 4   | 75.0%                                     | 74.1%        |              |

**Indicator Q4b:** No pressure ulcer reports were completed in January 2017.

**Indicator Q4c:** There were 4 reports completed in the month, of which 3 were completed within the 12 week target. One report took 16 weeks. This report took additional time to complete due to the absence of key staff required for interview in the case.

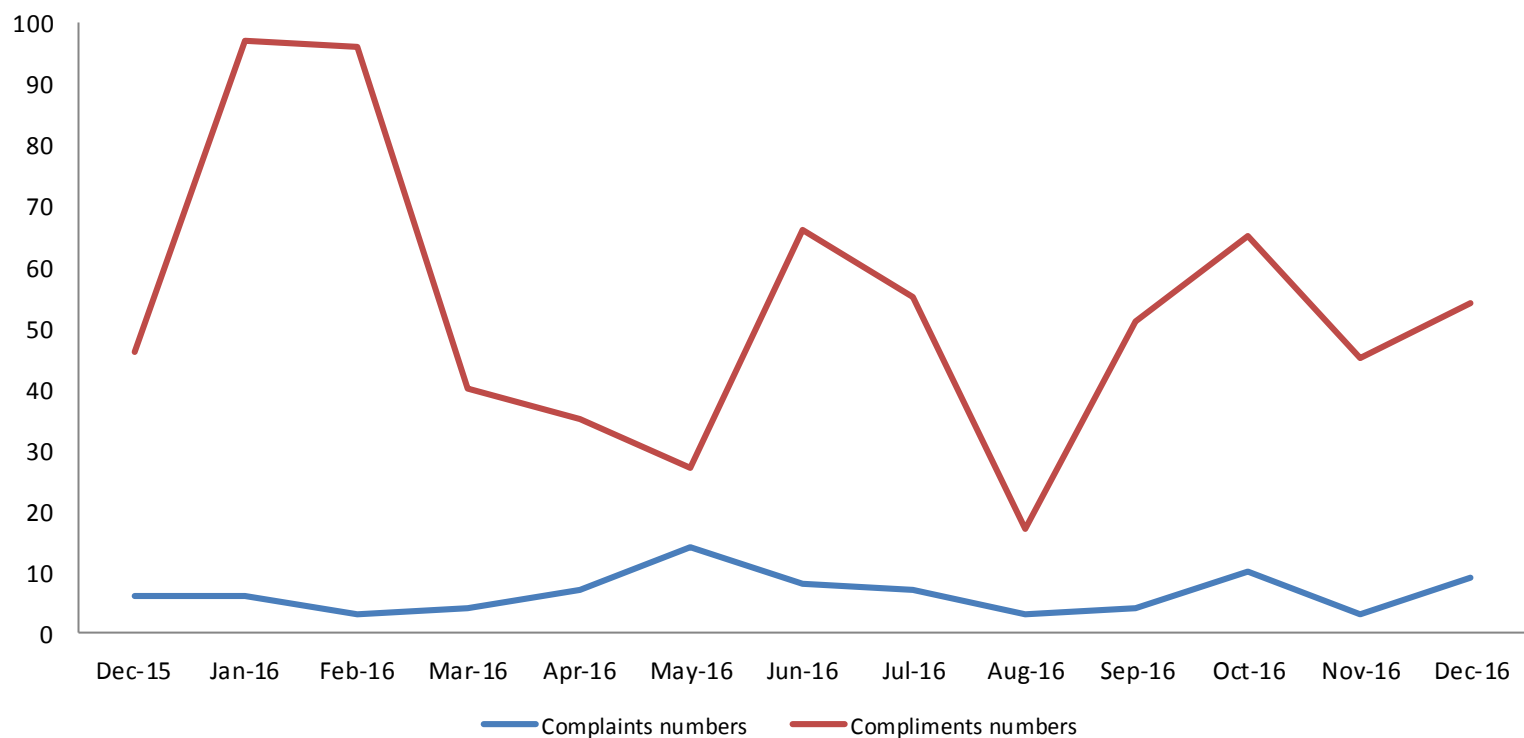
Serious incident reporting timescales: Percentage of reports completed within target time





## Number of Compliments, Complaints and Claims

| Indicator Number | Indicator           | 15/17 outturn | 16/17 Target | Jan-17 | 16/17 YTD |
|------------------|---------------------|---------------|--------------|--------|-----------|
| Q6               | Claims Numbers      | 8             | N/A          | 1      | 15        |
| Q8               | Complaints numbers  | 74            | N/A          | 9      | 69        |
| Q9               | Compliments numbers | 658           | N/A          | 54     | 455       |



**Indicator Q8:** There was no pattern with regards to the distribution of the complaints.  
**Indicator Q9:** Of the 54 compliments received, 21 were for Podiatry. Other compliments were distributed across a number of services.

## Workforce – Appraisal &amp; Mandatory Training

| Indicator No. | Indicator  | 15/16<br>outturn | 16/17<br>Target | Numerator | Denominator | Current<br>Performance | FOT<br>16/17 | Graph |
|---------------|--|------------------|-----------------|-----------|-------------|------------------------|--------------|-------|
| Q17           | % Mandatory training (excl. Information Governance Compliance)                     | 91.90%           | 80.00%          | 6450      | 7259        | 88.86%                 |              |       |
| Q17a          | % Information Governance Training - <i>Substantive Staff Only</i>                  | 97.94%           | 95.00%          | 2160      | 2419        | 89.29%                 |              |       |
| Q17b          | % Information Governance Training - <i>Tertiary Staff Only</i>                     | 85.83%           | 95.00%          | 450       | 457         | 98.47%                 |              |       |
| Q17c          | % Information Governance Training - <i>Substantive and Tertiary Staff Combined</i> | 96.50%           | 95.00%          | 2610      | 2876        | 90.75%                 |              |       |
| Q18           | % Staff Receiving Appraisal  | 83.14%           | 80.00%          | 1988      | 2406        | 82.63%                 |              |       |

**Indicator Q17a, b & c:** For substantive staff, compliance has remained below the 95% target (equivalent of 259 people being non-compliant) and for the first time in 2016/17, performance has fallen below 90% and is rated red. HR business partners continue to work with service managers to bring compliance rates up to target.

Agency providers were advised that from 1 April 2016 the Trust would not deploy tertiary staff who are non-compliant with information governance training and sought assurance from the providers that all agency staff would remain compliant. Retinue are reporting 97.91% compliance for January: 4 workers are currently outstanding and are in the process of completing the training. This month Taskmaster are reporting 96.55%, with 3 workers currently in the process of completing the training and the Internal Staff Bank are reporting 100%.

| Graph Key  |  |
|------------|--|
| Measure    |  |
| Target     |  |
| Trend      |  |
| Trajectory |  |

## Workforce – Appraisal and Mandatory Training Hotspots

## Information Governance

|                                |        |
|--------------------------------|--------|
| Current performance            | 89.29% |
| Change from the previous month | -1.77% |

| Business Unit  | %             | Change        |
|--|---------------|---------------|
| Human Resources  | 94.55%        | 0.10%         |
| Trust Management                                       | 93.88%        | 1.72%         |
| Specialist Services & Nursing                          | 93.33%        | -0.61%        |
| Mental Health - Acute Inpatient and Community Serv     | 87.77%        | -0.26%        |
| Specialist Inpatient Services, Dentistry and Administr | 86.49%        | -6.98%        |
| Research & Development                                 | 66.67%        | -13.33%       |
| <b>Grand Total</b>                                     | <b>89.29%</b> | <b>-1.77%</b> |

## Infection Prevention

|                                |        |
|--------------------------------|--------|
| Current performance            | 88.66% |
| Change from the previous month | 0.09%  |

| Business Unit                                      | %             | Change       |
|--|---------------|--------------|
| Estates, Facilities & Finance                      | 97.69%        | -0.43%       |
| Specialist Services & Nursing                      | 96.67%        | -3.33%       |
| Human Resources                                    | 96.36%        | 9.33%        |
| Adult Physical Health Community Services           | 89.39%        | 0.64%        |
| Mental Health - Acute Inpatient and Community Serv | 81.02%        | -2.84%       |
| Research & Development                             | 77.78%        | -12.22%      |
| <b>Grand Total</b>                                 | <b>88.66%</b> | <b>0.09%</b> |

## Appraisal

|                                |        |
|--------------------------------|--------|
| Current performance            | 82.63% |
| Change from the previous month | -0.68% |

| Business Unit                            | %             | Change        |
|--|---------------|---------------|
| Human Resources                          | 94.55%        | 7.27%         |
| Specialist Services & Nursing            | 93.94%        | 2.27%         |
| Estates, Facilities & Finance            | 91.32%        | 1.14%         |
| Trust Management                         | 79.17%        | -4.51%        |
| Adult Physical Health Community Services | 75.91%        | -1.91%        |
| Research & Development                   | 55.56%        | -4.44%        |
| <b>Grand Total</b>                       | <b>82.63%</b> | <b>-0.68%</b> |

## Fire Safety

|                                |        |
|--------------------------------|--------|
| Current performance            | 91.17% |
| Change from the previous month | 1.00%  |

| Business Unit                                    | %             | Change       |
|--|---------------|--------------|
| Specialist Services & Nursing                    | 96.67%        | 8.79%        |
| Estates, Facilities & Finance                    | 95.83%        | 1.55%        |
| Human Resources                                  | 94.64%        | -1.65%       |
| Mental Health - Acute Inpatient and Community Se | 87.95%        | 0.95%        |
| Quality & Governance                             | 87.50%        | -3.41%       |
| Research & Development                           | 77.78%        | -2.22%       |
| <b>Grand Total</b>                               | <b>91.17%</b> | <b>1.00%</b> |

## Moving &amp; Handling

|                                |        |
|--------------------------------|--------|
| Current performance            | 86.72% |
| Change from the previous month | -0.52% |

| Business Unit                                    | %             | Change        |
|--|---------------|---------------|
| Specialist Services & Nursing                    | 96.67%        | 2.73%         |
| Human Resources                                  | 96.36%        | 9.33%         |
| Quality & Governance                             | 91.67%        | -3.79%        |
| Estates, Facilities & Finance                    | 85.12%        | -0.53%        |
| Mental Health - Acute Inpatient and Community Se | 83.31%        | -0.76%        |
| Research & Development                           | 77.78%        | -12.22%       |
| <b>Grand Total</b>                               | <b>86.72%</b> | <b>-0.52%</b> |

## Key

|  |                                    |
|--|------------------------------------|
|  | Top three teams and above target   |
|  | Above target - but in bottom three |
|  | Below target and in bottom three   |

**Indicator Q17:** In terms of total mandatory training, 10 out of 11 areas are reporting over 80% compliance, as is Infection Prevention, Fire Safety and Moving & Handling.

**Indicator Q17a:** The overall compliance level for information governance (IG) training remains below the 95% target. There are currently 259 staff non compliant with IG training. 141 have fallen out of date since last month. 104 (40.15%) of the 259 are at the top of their pay band. 137 more employees need to be compliant to achieve the 95% target. Reminders are sent out from the workforce development team and senior managers are being alerted to this, and when staff are due to lapse, in their one to one meetings with their HR Business Partner. In Business Units where compliance has slipped, the HR Business Partners are liaising with the head of operations to ensure the appropriate action is taken. HR Business Partners have cascaded the email link to managers to distribute to staff so that they can access the IG Training with ease. Further analysis of the data suggest that this does work with compliance rates increasing in response to prompts from HR. Research & Development are reporting a significant drop across all areas, however this is due to low number of employees within this group: 1 employee equates to approximately 10%.

**Indicator Q18:** Appraisal rates have reduced by 0.7% since December 2016. Looking across the last financial year this is a 0.1% increase since April 2016, with 5 of the 11 Business Units showing an increase in figures from the previous month.

## Workforce – Labour Turnover and Vacancy

| Indicator No. | Indicator         | 15/16 outturn | 16/17 Target | Numerator | Denominator | Current Performance | FOT 16/17 | Graph |
|---------------|-------------------|---------------|--------------|-----------|-------------|---------------------|-----------|-------|
| Q19           | % Labour Turnover | 11.62%        | 10.00%       | 309.01    | 2425.91     | 12.74%              |           |       |

**Indicator Q19:** Labour turnover (LTO) has increased by 0.5% to 12.74% since December 2016. A total of 300.38wte leavers were recorded for the 12 months to January 2016 compared to 309.01wte for the 12 months to January 2017, an increase of 8.63wte leavers.

The number of new starters over the last 12 months, stands at 256.9wte, indicating that the Trust has recruited 52.01wte less staff than were lost through LTO. The next slide provides an analysis of the reasons staff have given for leaving. The top three reasons for leaving over the last 12 months are (with the exception of Not Known/Other); relocation (51.88wte – 16.79%), retirement (48.04wte – 15.55%) and promotion (34.21wte – 11.07%). Feedback has been collated on the new process implemented to increase numbers of staff who engage with the exit interview process; so that the Trust can develop appropriate interventions to increase staff retention rates. Leaver information for each service will be considered at the business unit performance meetings.

The next slide also provides an analysis of areas that account for the highest numbers of leavers. Over 56% of Trust leavers in the 12 month rolling period were attributed to the five service areas listed, as were 42% of the Trust's new starters over the same time period. These areas have also recorded high levels of sickness. 25.39% (78.46wte) of leavers over the 12 month period left the Trust within 12 months of employment.

Current actions to mitigate the increase in labour turnover include;

- Rolling recruitment adverts in hot spot areas to help ensure vacancies are filled as quickly as possible;
- Undertaking first analysis of data from the new exit interview process and combining with further analysis to review alongside vacancy, sickness and temporary staffing levels.

| Indicator No. | Indicator  | 15/16 outturn | 16/17 Target | Numerator | Denominator | Current Performance | FOT 16/17 |
|---------------|--|---------------|--------------|-----------|-------------|---------------------|-----------|
| Q21           | % Vacancy rate   | 7.17%         | 10%          | 235.98    | 2661.89     | 8.87%               |           |
| Q21a          | % Vacancy rate (Specialist Inpatient, Dental & Administration) | 9.93%         | 10%          | 88.90     | 519.48      | 17.11%              |           |

**Indicator Q21:** The vacancy rate of 8.87% equates to approximately 235.98wte, with 37.67% of all vacancies recorded within Specialist Inpatient, Dental & Administration. Current mitigations include over recruitment to posts, and one-stop campaigns with further actions being developed following review by Deputy Directors. We are also heavily recruiting to staff bank posts to provide short term support.

## Workforce – Labour Turnover Exceptions

Hotspot areas / Exceptions

Turnover percentage starters and leavers WTE per month - Feb 16 to Jan 17

| Business Unit          | Service Area                                 | Labour Turnover | Headcount | Leavers | Starters |
|------------------------|--|-----------------|-----------|---------|----------|
|                        |  | %               |           | WTE     | WTE      |
| Specialist Inpatient   | Specialist - Inpatient                       | 23.60%          | 205       | 45.50   | 23.43    |
|                        | 453 Thornton Ward (FSM) (113126)             | 54.17%          | 26        |         |          |
|                        | 453 Dementia Assessment Unit (113501)        | 30.55%          | 30        |         |          |
|                        | 453 Bracken Ward (OPMH) - (113600)           | 19.01%          | 28        |         |          |
|                        | 453 Medical Psychology (OPMH) (113701)       | 125.00%         | 3         |         |          |
| Specialist Inpatient   | Administration Services                      | 15.00%          | 192       | 23.79   | 19.91    |
|                        | 453 Inpatient Administration (113070)        | 22.71%          | 37        |         |          |
|                        | 453 Single Point of Access (115085)          | 31.78%          | 21        |         |          |
|                        | 453 Administration - Lynfield Mount (115305) | 36.37%          | 15        |         |          |
| Adult Physical Health  | Community Nursing                            | 12.20%          | 378       | 39.67   | 34.20    |
|                        | 453 DN Team Westcliffe (115025)              | 26.42%          | 9         |         |          |
|                        | 453 DN Team Horton Park Team 1 (115032)      | 45.93%          | 8         |         |          |
|                        | 453 DN Team Parklands Team 2 (115038)        | 160.71%         | 3         |         |          |
|                        | 453 DN Team Bowling/Rooley (115042)          | 32.22%          | 8         |         |          |
|                        | 453 DN Team The Ridge (115048)               | 29.09%          | 21        |         |          |
|                        | 453 DN Team Haigh Hall MC (115057)           | 29.19%          | 10        |         |          |
|                        | 453 DN Team Moorside (115059)                | 33.26%          | 10        |         |          |
| MH Acute and Community | Acute - Inpatient                            | 16.75%          | 272       | 41.64   | 21.85    |
|                        | 453 Maplebeck Ward (AMH) (113004)            | 37.93%          | 18        |         |          |
|                        | 453 Clover (PICU Airedale) (AMH) (113010)    | 60.61%          | 21        |         |          |
|                        | 453 Intensive Home Treatment Team - Airedale | 25.14%          | 17        |         |          |
| MH Acute and Community | IAPT   | 26.34%          | 105       | 24.83   | 8.33     |
|                        | 453 Step 4 Aire/Wharfe/Craven Locality Psych | 27.91%          | 5         |         |          |
|                        | 453 City IAPT (115234)                       | 36.86%          | 11        |         |          |
|                        | 453 North IAPT (115236)                      | 52.45%          | 22        |         |          |

Reasons for leaving - 12 months (Feb 16 to Jan 17)

| Reasons for Leaving                             | WTE   | %     |
|---|-------|-------|
| VR - Other/Not Known                            | 81.33 | 26.32 |
| VR - Relocation                                 | 51.88 | 16.79 |
| Retirement                                      | 48.04 | 15.55 |
| VR - Promotion                                  | 34.21 | 11.07 |
| VR - Work Life Balance                          | 19.98 | 6.46  |
| End of Fixed Term Contract                      | 16.99 | 5.50  |
| Dismissal                                       | 12.56 | 4.06  |
| VR - To undertake further education or training | 10.56 | 3.42  |
| VR - Health                                     | 9.09  | 2.94  |
| VR - Better Reward Package                      | 7.32  | 2.37  |
| VR - Child Dependants                           | 6.79  | 2.20  |
| VR - Lack of Opportunities                      | 4.72  | 1.53  |
| Death in Service                                | 2.36  | 0.76  |
| VR - Incompatible Working Relationships         | 2.00  | 0.65  |
| VR - Adult Dependants                           | 1.17  | 0.38  |

**309.01**Number of Leavers - leaving within first 12 months of employment

| Reasons for Leaving                             | WTE          |
|---|--------------|
| VR - Other/Not Known                            | 18.80        |
| End of Fixed Term Contract                      | 12.71        |
| VR - Relocation                                 | 11.76        |
| VR - Work Life Balance                          | 9.56         |
| VR - Promotion                                  | 5.40         |
| VR - Child Dependants                           | 4.71         |
| Dismissal                                       | 4.00         |
| VR - Health                                     | 3.71         |
| VR - To undertake further education or training | 2.56         |
| VR - Better Reward Package                      | 1.96         |
| VR - Incompatible Working Relationships         | 1.00         |
| VR - Lack of Opportunities                      | 0.96         |
| VR - Adult Dependants                           | 0.50         |
| Death in Service                                | 0.43         |
| Retirement                                      | 0.40         |
|   | <b>78.46</b> |

Hotspot area Leavers Total (WTE) **175.43**Hotspot area Starters Total (WTE) **107.72**

Trustwide Leavers Total (WTE) 309.01

Trustwide Starters Total (WTE) 256.99

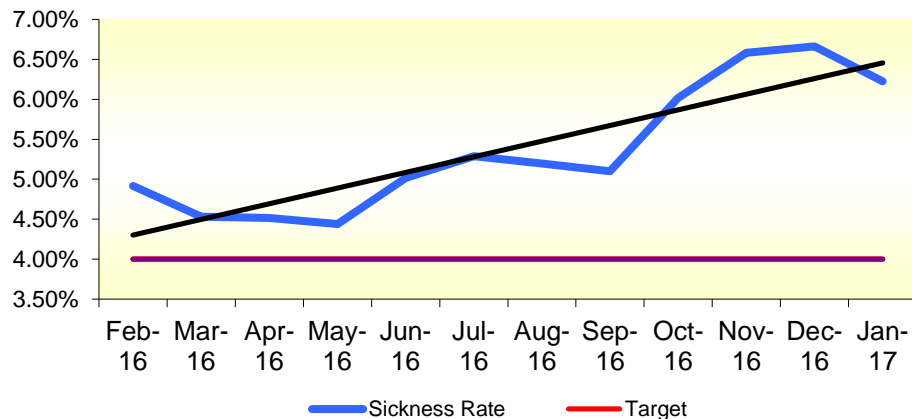
% Hotspot area total against Trustwide total **56.77%**% Hotspot area total against Trustwide total **41.92%**

## Workforce – Sickness Absence

| Indicator No. | Indicator               | 15/16 outturn | 16/17 Target | Numerator | Denominator | Current Performance | 16/17 YTD | FOT 16/17 |
|---------------|-------------------------|---------------|--------------|-----------|-------------|---------------------|-----------|-----------|
| Q20           | % Sickness absence rate | 4.53%         | 4%           | 4685.06   | 75234.11    | 6.23%               | 5.50%     |           |

| Staff Sickness Absence    | Total Number |
|---------------------------|--------------|
| Total days lost           | 39919        |
| Total staff               | 2426         |
| Average working days lost | 16.46        |

## Sickness Absence Rate



| Bradford Factor Score Points         | Previous Month | Current Month |
|--------------------------------------|----------------|---------------|
| Informal process: 20 - 99 points     | 438            | 447           |
| Informal process: 100 - 299 points   | 145            | 143           |
| Formal process: 300 points and above | 59             | 78            |

**Indicator Q20:** The sickness absence rate for January 2017 has reduced slightly to 6.23%. The three business units with the highest level of sickness absence continue to be Mental Health Acute and Community Services; Specialist Inpatient Services, Dental and Administration and Children's Services. The main reasons for sickness absence remain as stress, anxiety and depression and musculoskeletal.

There were 418 new episodes of sickness absence in January 2017. 35.41% were due to cold/flu, 23.21% were due to either gastrointestinal problems (16.51%) or musculoskeletal (6.70%). 86 of those 418 episodes remain open, which could potentially lead to long term sickness. Of these 86 cases, 13.95% are due to musculoskeletal problems and 23.26% to stress/anxiety. The number of long term cases has reduced from 123 in December to 98 cases in January, with stress and anxiety being the main cause. The number of life threatening cases has remained at 2. 13.27% (13 cases) of long term sickness are attributed to musculoskeletal/back concerns, a reduction of 0.55% since last month. 31% of musculoskeletal absences are within Mental Health Acute and Community Services, and 31% are within Specialist Inpatient Services, Dental and Administration.

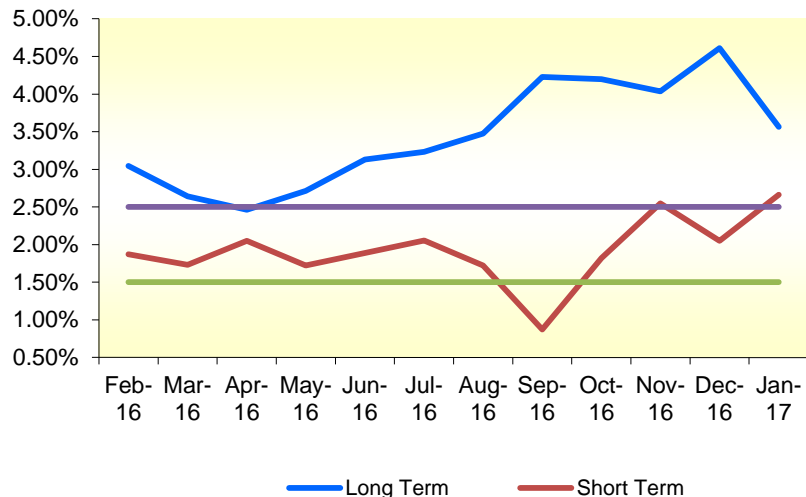
The sickness policy is being reviewed and further guidance will be provided to managers to ensure that the policy is being properly implemented.

A piece of work is currently underway to learn from those trusts that are similar to BDCFT and have a lower sickness rate, so that systems and processes can be revised as appropriate to help reduce sickness levels. This work should be completed by the end of February 2017.



## Workforce – Sickness Absence Exceptions

## Long Term/ Short Term - Sickness Absence Rate



## Absence

|                                |        |
|--------------------------------|--------|
| Current performance            | 6.23%  |
| Current YTD                    | 5.50%  |
| Change from the previous month | -0.44% |

## Business Unit

| Business Unit  | %            | Change        |
|--|--------------|---------------|
| Quality & Governance                                   | 0.30%        | -0.29%        |
| Trust Management                                       | 1.32%        | 0.28%         |
| Medical & IM&T   | 1.39%        | -1.42%        |
| Childrens Services                                     | 6.15%        | -0.36%        |
| Mental Health - Acute Inpatient and Community Serv     | 7.10%        | -0.84%        |
| Specialist Inpatient Services, Dentistry and Administr | 8.14%        | -0.25%        |
| <b>Grand Total</b>                                     | <b>6.23%</b> | <b>-0.44%</b> |

## Key

- Top three teams and below target
- Below target - but in bottom three
- Above target and in bottom three

**Specialist Inpatient Services, Dental and Administration**

Short term absence is 3.35% and long term absence is 4.78%. Long term sickness has reduced, with 25 long term cases currently being actively managed. 14 cases have been closed since December 2016 with 12 new cases now being monitored. 10 are related to stress/anxiety. There are 22 new absence episodes which are open ended and could potentially be long term by next month, 6 are stress related, with another 4 related to musculoskeletal, and 4 due to cold/flu.

**Mental Health Acute and Community Services**

Short term absence is 2.50% and long term absence is 4.60%. Long term absence has reduced, with 33 long term cases currently being actively managed. 32 cases have been closed since December 2016 with 18 new cases now being monitored, 9 are related to stress/anxiety. There are 19 new absence episodes which are open ended and could potentially be long term by next month, 4 are due to stress, 4 are due to musculoskeletal, and 3 are due to gastrointestinal problems.

**Children's Services**

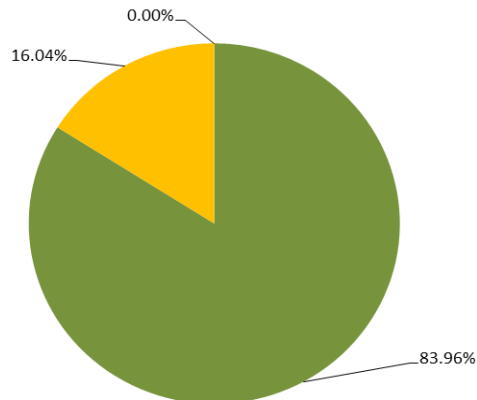
Short term absence is 2.53% and long term absence is 3.62%. Long term absence has reduced, with 13 long term cases currently being actively managed, 7 cases have been closed since December 2016 with 5 new cases now being monitored. 6 are related to stress/anxiety. There are 14 new absence episodes which are open ended and could potentially be long term by next month, 3 are stress related, 2 are musculoskeletal, and 3 are due to chest/respiratory problems.

Key themes across all 3 hotspot areas are that approximately 50% of all new open ended absences are related to stress/anxiety or musculoskeletal issues.

## Q23a - Safer Staffing: Inpatient Services - January 2017

## Staffing Level Compliance

Exact/ Over Compliance    Under Compliance    Non Compliance



## No. shifts

Exact/ Over Compliance  
Under Compliance  
Non Compliance

|                        |      |
|------------------------|------|
| Exact/ Over Compliance | 2105 |
| Under Compliance       | 402  |
| Non Compliance         | 0    |

**Risks:**

- Hotspot areas in terms of vacancies (in Ashbrook, Heather, Maplebeck, DAU and Thornton) meaning safe staffing levels cannot be sustained long term without posts being permanently recruited to.

**Contingency/ Mitigating Actions:**

- Roster review / risk assessment in place on a daily basis
- Weekly ward meetings in place to forward plan rosters and re-distribute staff across services as required.
- New eRostering system will allow baseline requirements to be amended in real time according to patient acuity. The SafeCare module is currently being reviewed with plans to implement in the first half of 2017.
- Full programme of recruitment fayres being attended in next 12 months. Rolling recruitment ongoing and specialist programmes being explored for specialist areas such as DAU where a new Band 4 role being trialled.

**Narrative on data extracts regarding staffing levels on 13 wards during January 2017**

**Exact/over compliant shifts** - Over compliant shifts recorded in January were mainly attributed to Ashbrook, Dementia Assessment Unit (DAU), and Clover (PICU) wards due to the acuity (complexity of need) of the ward and the requirement for skill mix within the units – however, the overall number of over compliant shifts has reduced for the third consecutive month and can be attributed to the weekly planning meetings held within the services to redeploy staff to wards with unfilled shifts. 59% of all shifts worked were bank or agency filled with 80% of these shifts requesting unregistered staff. The main requirement reasons for bank and agency are; Vacancy (58%) with Ashbrook, Maplebeck and Heather wards (Acute Inpatients) and DAU, Thornton (Specialist services) currently recording the highest level of vacancies; and Observations/Specialing (13%) of which Clover and DAU recording the highest levels in January.

**'Under compliant' shifts** - There were 47 incidents reported relating to staffing shortages in January 2017. Recruitment levels to Bank has increased from 65 to circa 180 since April, with a target to increase further from 180 to 300 new workers to be available by the end of 2017; with the recruitment pipeline for Bank also continuing to be used for filling permanent vacancies. The Peripatetic team has increased in number from the end of January 2017 and discussions have taken place with Inpatients services to establish how to deploy this team. Another contributing factor to under compliance is sickness, of which 19% of bank and agency bookings in January were attributed to long term sickness, particularly across Assessment and Treatment Unit (ATU), Bracken, Thornton and Oakburn wards.

**'Non-compliant' shifts** – No shifts were identified as being non-compliant in January.



## Q23a - Safer Staffing: Inpatient Services – January 2017

## Fill rate indicator return

### Staffing: Nursing, midwifery and care staff

| Ward name                        | Main 2 Specialties on each ward | Day                               |                                  |                                   |                                  | Night                             |                                  |                                   |                                  | Day  |                                    | Night  |                                    |
|----------------------------------|---------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|
|                                  |                                 | Registered midwives/nurses        |                                  | Care Staff                        |                                  | Registered midwives/nurses        |                                  | Care Staff                        |                                  | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
|                                  |                                 | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours |  |                                    |  |                                    |
| Fern                             | 710 - ADULT MENTAL ILLNESS      | 1020                              | 1020                             | 840                               | 757.5                            | 390.6                             | 437.1                            | 762.6                             | 762.6                            | 100.0%   | 90.2%                              | 111.9%   | 100.0%                             |
| Heather                          | 710 - ADULT MENTAL ILLNESS      | 1072.5                            | 1132.5                           | 1245                              | 1065                             | 288.3                             | 325.5                            | 864.9                             | 976.5                            | 105.6%   | 85.5%                              | 112.9%   | 112.9%                             |
| Bracken                          | 710 - ADULT MENTAL ILLNESS      | 930                               | 945                              | 1395                              | 1237.5                           | 288.3                             | 288.3                            | 864.9                             | 883.5                            | 101.6%   | 88.7%                              | 100.0%   | 102.2%                             |
| Ashbrook                         | 710 - ADULT MENTAL ILLNESS      | 930                               | 967.5                            | 1395                              | 1605                             | 288.3                             | 297.6                            | 864.9                             | 1153.2                           | 104.0%   | 115.1%                             | 103.2%   | 133.3%                             |
| Maplebeck                        | 710 - ADULT MENTAL ILLNESS      | 930                               | 847.5                            | 1395                              | 1365                             | 288.3                             | 288.3                            | 864.9                             | 874.2                            | 91.1%  | 97.8%                              | 100.0%   | 101.1%                             |
| Oakburn                          | 710 - ADULT MENTAL ILLNESS      | 930                               | 982.5                            | 1395                              | 1140                             | 316.2                             | 353.4                            | 837                               | 753.3                            | 105.6%   | 81.7%                              | 111.8%   | 90.0%                              |
| Baildon                          | 710 - ADULT MENTAL ILLNESS      | 982.5                             | 795                              | 1110                              | 810                              | 288.3                             | 288.3                            | 576.6                             | 567.3                            | 80.9%  | 73.0%                              | 100.0%   | 98.4%                              |
| Ilkley                           | 710 - ADULT MENTAL ILLNESS      | 945                               | 750                              | 1147.5                            | 892.5                            | 288.3                             | 288.3                            | 576.6                             | 558                              | 79.4%  | 77.8%                              | 100.0%   | 96.8%                              |
| Thornton                         | 710 - ADULT MENTAL ILLNESS      | 930                               | 960                              | 1395                              | 1447.5                           | 288.3                             | 288.3                            | 1153.2                            | 985.8                            | 103.2%   | 103.8%                             | 100.0%   | 85.5%                              |
| Assessment & Treatment Unit (LD) | 700- LEARNING DISABILITY        | 930                               | 862.5                            | 1725                              | 1612.5                           | 297.6                             | 288.3                            | 855.6                             | 855.6                            | 92.7%  | 93.5%                              | 96.9%  | 100.0%                             |
| Clover (PICU)                    | 710 - ADULT MENTAL ILLNESS      | 930                               | 990                              | 1860                              | 2137.5                           | 288.3                             | 390.6                            | 1153.2                            | 1413.6                           | 106.5%   | 114.9%                             | 135.5%   | 122.6%                             |
| Step Forward (Rehab)             | 710 - ADULT MENTAL ILLNESS      | 532.2                             | 510                              | 570                               | 585                              | 288.3                             | 288.3                            | 288.3                             | 297.6                            | 95.8%  | 102.6%                             | 100.0%   | 103.2%                             |
| Dementia Assessment Unit (DAU)   | 710 - ADULT MENTAL ILLNESS      | 697.5                             | 847.5                            | 2092.5                            | 2640                             | 576.6                             | 558                              | 864.9                             | 1488                             | 121.5%   | 126.2%                             | 96.8%  | 172.0%                             |

## Q23b: Staffing Ratio (Trends): Community Services

| January 2017                |                 | Actual Dec. 2016          |                       |                     |        |        |        |        |        |        |        |        |        |        |        |        |
|-----------------------------|-----------------|---------------------------|-----------------------|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Service Area                | recommend ratio | Ratio of Clients to staff | Amber if greater than | Red if greater than | F      | M      | A      | M      | J      | J      | A      | S      | O      | N      | D      | J      |
| FNP                         | 25:1            | 18                        | 25                    | 28                  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  |
| Health Visitors             | 312:1           | 271                       | 312                   | 362                 | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  |
| School Nursing              | 2200:1          | 2453                      | 2200                  | 2500                | Yellow | Yellow | Yellow | Yellow | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Special Need School Nursing | 75:1            | 74                        | 85                    | 90                  | Yellow | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  |
| EIP                         | 15:1            | 17                        | 15                    | 18                  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    | Yellow | Yellow | Yellow | Yellow |
| AOT                         | 15:1            | 11                        | 15                    | 18                  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  | Green  | Green  |
| CMHT                        | 35:1            | 29                        | 33                    | 35                  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Red    | Yellow | Yellow | Green  |
| CAMHS                       | 40:1            | 50                        | 35                    | 40                  | Red    | Red    | Red    | Red    | Red    | Red    | Red    | Red    | Red    | Red    | Red    | Red    |
| Matrons and Case Managers   | 70:1            | 70                        | 77                    | 84                  | Red    | Yellow | Yellow | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  | Green  |

**Recommended Ratio**

The recommended ratio for Family Nurse Partnership (FNP) is based on the national licensing agreement.

The Health Visitor ratio is based upon nationally recommended levels amended to reflect local needs.

School Nursing is locally developed based upon pupil numbers and numbers of pupils in pre-determined priority support needs and is reflective of the school nursing staff mix, not just school nurses.

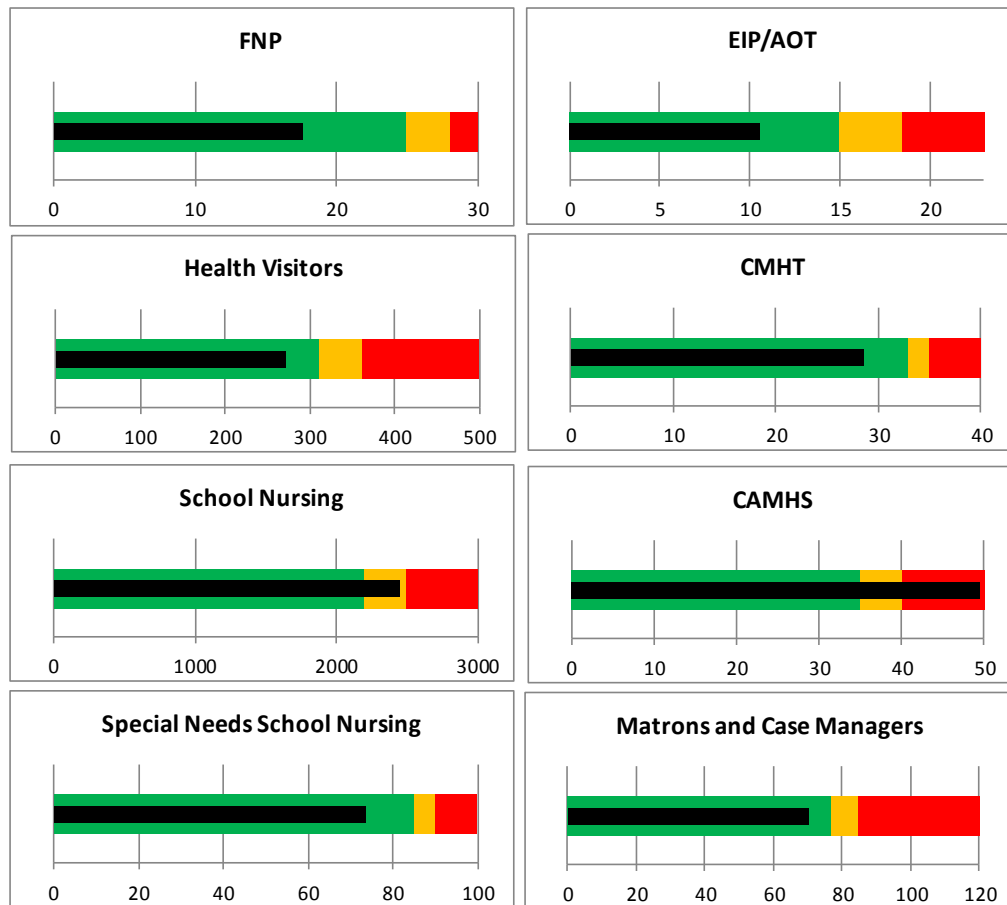
Special Needs School Nursing does not have a national recommendation, therefore it has been set locally.

Early Intervention in Psychosis (EIP), Assertive Outreach (AOT), Community Mental Health Teams (CMHT) and Child and Adolescent Mental Health Services (CAMHS) are based on national standards.

Matrons and Case Managers ratio is based upon Bradford & North Commissioning Alliance Service Delivery Plan.

The red, amber, green thresholds are established by local managers using their professional judgement.

## Q23b: Staffing Ratio Community Services

**Legend / Glossary:**

|        |   |
|--------|---|
| FNP:   | Family Nurse Partnership                    |
| EIP:   | Early Intervention in Psychosis             |
| AOT:   | Assertive Outreach Team                     |
| CAMHS: | Child and Adolescent Mental Health Services |
| CMHT:  | Community Mental Health Teams               |

**Deputy Director,  
Nursing, Children and Specialist Services**

Senior Managers have been meeting with the commissioners at Wakefield Council and NHS England to develop positive relationships with the new commissioner of 0-19 Children's Health and Vaccination and Immunisation services in Wakefield. Discussions are also taking place with Bradford Council regarding the impact of savings targets will have on service delivery. These discussions may have a negative impact upon safer staffing levels in Bradford.

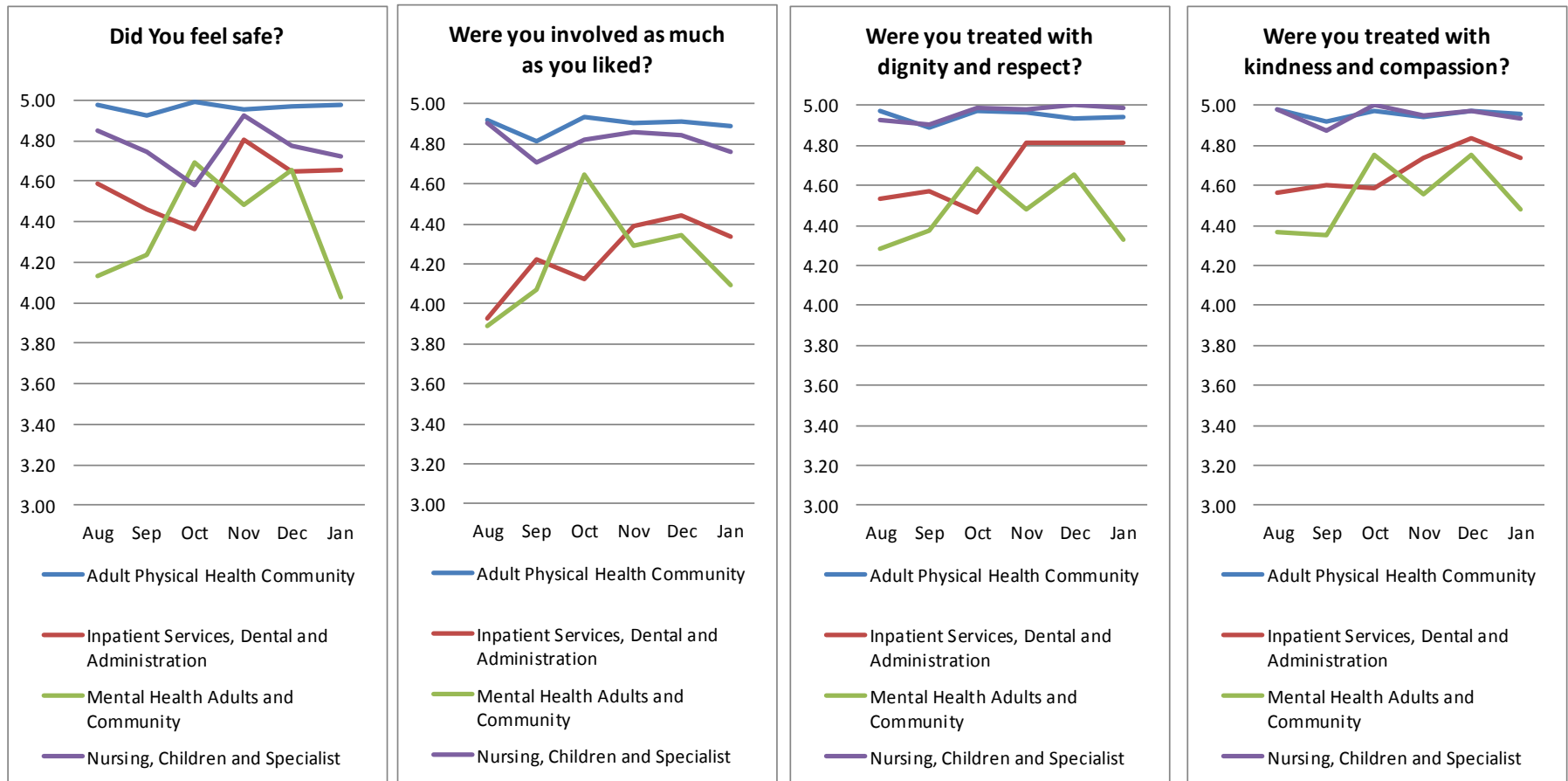
**Deputy Director,  
Mental Health Acute and Community**

CAMHS have received investment from "Future in Mind" to recruit 2 new posts; one commences February the other is still to recruit. CCGs have also recently agreed to fund 3 temporary posts to reduce staffing/case ratios. These are in the process of being filled and will help to alleviate some of the pressures.

**Deputy Director,  
Adults Community Physical Health**

The complex care teams in Bradford are developing new case loads so the rating is skewed in favour of green. Work will be undertaken to review the safer staffing thresholds and caseload allocation. Team dashboards are being created to support safer staffing until the release of further guidance in May 2017.

## Q40: Service User Experiences



The Friends and Family Test asks if service users: “felt safe”; “were treated with kindness and compassion”; “were involved in their care as much as they would have liked” and if “they were treated with kindness and compassion”. Where a reviewer responds to these questions with “Totally” a score of 5 is recorded, where the response is “Not at all” then a score of 1 is recorded. The charts show the average score for the service business units, and starts at 3 (a neutral opinion).

## Quality Assurance

| Indicator Number | Target   | Target met this month Yes/No |
|------------------|--|------------------------------|
| Q5               | Never Events   | Y                            |
| Q7               | Meet Central Alert System (CAS) timelines  | Y                            |
| Q10              | No MRSA bacteraemia cases  | Y                            |
| Q11              | No Methicillin sensitive staphylococcus aureus (MSSA) bacteraemia cases  | Y                            |
| Q12              | No Clostridium difficile (C.diff) cases  | Y                            |
| Q15              | Meet nationally mandated Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17.                             | Y                            |
| Q15              | Meet CCG local Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17  | Y                            |
| Q16              | Meet NHS England Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17                                      | Y                            |
| Q32              | No Complaints to Information Commissioners Office (ICO)  | Y                            |
| Q33              | No Information Governance Serious Incidents (STEIS)  | Y                            |
| Q34              | Maintain Mixed sex accommodation status  | Y                            |
| Q35              | Meet Dental Referral To Treatment within 52 weeks  | Y                            |
| Q37              | Maintain Publication of the Formulary on Provider's website  | Y                            |
| Q38a             | Meet duty of candour requirement to notify the relevant person of a suspected or actual reportable patient safety incident | Y                            |
| Q38b             | Number of duty of candour incidents  | 0                            |

## Programme summary: 2016/17

| Overall Programme Summary |        |        |        |
|---------------------------|--------|--------|--------|
| Oct-16                    | Nov-16 | Dec-16 | Jan-17 |

The purpose of the Change Programme is to effectively govern the Trust's strategic transformation projects. Projects for major change activities are reported to and monitored by the Change Programme Board and have project management arrangements in place to ensure project delivery and a consistent approach to Quality Impact Assessments (QIA).

Specific tasks of the Change Programme are to:

- Monitor transformational and transactional Change Programme projects. Highlight reports provided for transformational projects;
- Approve detailed Project Initiation to reflect emerging and new Change Programme projects;
- Provide appropriate and effective governance arrangements;
- Review the overall programme risks and ensure appropriate mitigation is in place;
- Monitor the Quality Impact Assessment status of the projects in the Change Programme.

The 2016/17 Change Programme is monitoring 7 transformational projects and 30 transactional Cost Improvement Projects. Financial forecasts demonstrate achievement of £5,389k CIP savings, with forecasted shortfall of £397k against the CIP programme for 2016/17. A surplus of £170k in Adult Physical Health has been identified and will replace part of the high risk reserve. Other mitigations have been identified and will be brought forward for February.

Of the 7 transformational projects, 2 are rated red, 3 are rated amber and 2 are on track and rated green:

**Agile Staffing Savings** – An underspend in Adult Physical Health of £170k is being reallocated against the 2016/17 savings target, easing the pressure for 2017/18. 2017/18 forecast still identifying £306k or 30% of Adult Physical Health savings and £492k or 48% of Acute Community Mental Health savings. Demand and savings report for the last 3 years is to be circulated to the Finance, Business and Investment Committee.

**Agile Project delivery** – Project resources for agile due to expire March 2017 and will be delivered via existing commercial resources going forward. New WorkSmart strategy for the next 3 years is to be discussed at February's Directors' Business and Transformation Governance Meeting. Horton Park WorkSmart pilot is being planned, with a paper to be produced for approval by the end of March.

**IM&T – Telephony** - A shortfall of £271k is still to be expected in 2016/17. Urgently understanding this issue is critical to 2017/18. Additional audit review is being planned.

**CPPP (Care Packages and Pathways)** – Clustering performance has improved by 2.7% on last month however still below target (84.9% vs 95% target). No cost improvement is attached to this project for 2016/17. Shadow cluster tariffs will operate from 2017/18 but will complement rather than replace service line contract currencies. CCGs recognise the need to achieve 95% target and shadow currency arrangements are already in place.

**Bank & Agency** – Agency use continues to decrease. Agency expenditure is £3.7m less than this point last year (with increased Bank use) and well below the NHS Improvement expenditure cap set for 2016/17. However breaches of the price cap and wage cap are still being experienced.

**1.2 Agile Project****P Hubbard & S Long**

- Project resources confirmed to expire March 2017. One permanent clinical systems developer post to be resourced within Informatics. In 2017/18 Agile Project to be delivered and prioritised from existing corporate resources.
- New WorkSmart Strategy for 2017-20 (Agile repurpose) to be agreed.
- WorkSmart pilot started at Horton Park. Service Managers/HR preparing teams for site changes and new ways of working.
- Work still underway to support Consultants at Meridian House.
- Connectivity issues being dealt with by Informatics, with project to undertake upgrades at each site due to complete March 2017.
- Centralised laptop procurement budget agreed in principle but awaiting outcome of telephony review to implement.
- Agile estates savings for 2016/17 still on track.
- Engagement still an issue with Steering group, new approach considered as WorkSmart strategy developed.

**5.7 Care Packages and Pathways Project****S Long**

- Clinical Psychologist contract concludes at end of February, activities to be picked up within mental health services.
- Assistant Psychologist is reducing days until contract concludes end June. The clustering figures for January show an improvement of 2.7% on December, and stands at 84.9%. However this is lower than this point last year at 88.7%.

**1.2 Agile Resource Reductions****P Hubbard & S Long**

- Adult Physical Health now confirmed as having £170k of underspend in 2016/17 reallocated against 2016/17 CIP savings target.
- Intensive work for 2017/18 has identified £306k or 30% of the Adult Physical Health savings and £492k or 48% of Mental Health staff. The identified savings were approved at Quality Impact Assessment panels in November and December.
- In February, the Finance, Business and Investment Committee will receive a deep dive paper into shortfall of predicted agile savings against revised 2014 business case.

**5.1 IM&T - Telephony****M Waugh**

- A shortfall of £271k is still to be expected in 2016/17 driven by forecasting, expenditure and actual IM&T supplier invoicing.
- Project resources will be returning to Informatics in March, with telephony training support to be embedded as business as usual. Handover being planned to manage the transition.
- 790 Smartphones deployed to date (approx 400 left to do) with savings being made by not providing smartphones where staff in Wi-Fi only sites.
- BT confirmed 1,966 laptop SIMs currently being billed monthly. To date 499 have been cancelled.
- An e-update message was issued every Monday during January.
- Asset infrastructure greatly improving supported by Project team.
- 10% of staff fed back on Smartphones, still seeing positive trend on ease of use and better connectivity.
- Work still underway to define offer for students and Local Authority staff.

**1.11 Children's Schemes****C Woffendin**

- All SystemOne modules now merged
- Staff now working in the new clusters aligned to Local Authority
- Optimum work locations agreed with estates; new delivery models will be monitored to ensure efficiencies are maintained
- Cluster Go Live celebration being held in February.
- Temporary document records centralisation space identified.
- All CIPs on track except IT schemes, which are dependent on corporate funding. Consequently CIP saving shortfall mitigated by vacancies with an updated Project Brief in place.

**5.20 Bank + Agency****F Sherburn**

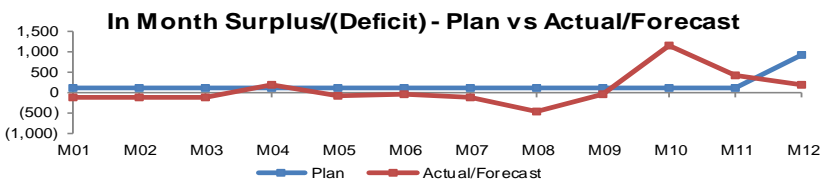
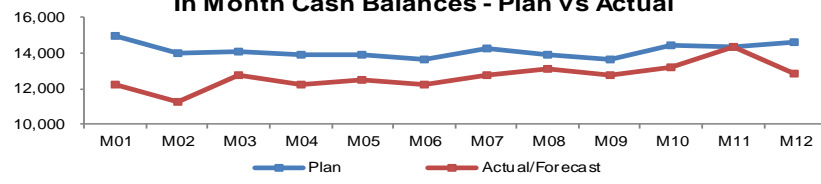
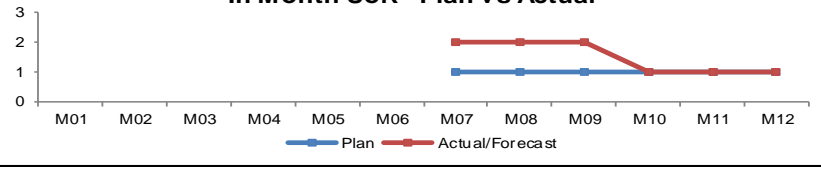
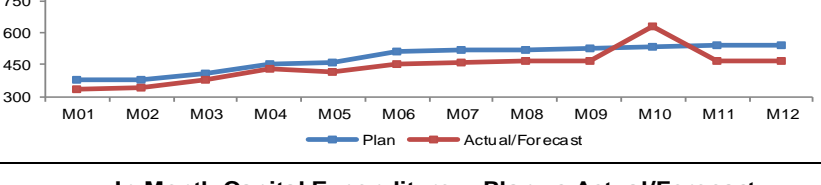
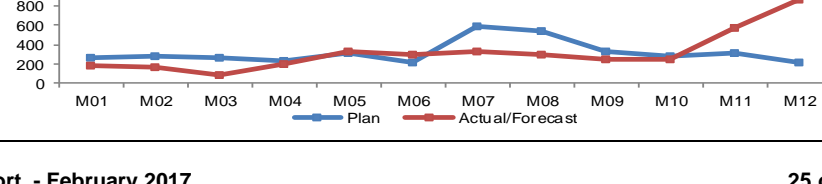
- Combined e-rostering/Bank and Agency Steering group not established as predicted.
- Work underway to progress new Safer Care e-rostering module for Mental Health Acute and Community Services.
- Work still underway with medical staffing to encourage use of e-rostering
- Finance engaging with all business units at monthly operational meetings where bank and agency spend reviewed.
- Financial trend showing agency costs reducing/staff bank increasing.
- Year on year the Trust has spent £3.71m less than this time last year.
- Trust is under the overall NHS Improvement agency expenditure cap, though some shifts continue to breach the price cap/wage cap particularly for medical staff
- Current CIP position indicates overspend of £333k to date in 2016/17.

**2.1.3 Out of Area Placements****S Long**

- CLOSED



## Executive Summary

| Proposed Board RAG Rating  | YTD                                   | FOT                                   | Commentary   |
|--|---------------------------------------|---------------------------------------|--|
| <p><b>Statement of Comprehensive Income (SoCI)</b></p> <p>A surplus of £231k (after adjusting for £78k net technical benefit from sale of Green Lane) is £876k below the planned surplus of £1,107k. This reflects the degree of challenge in the financial plan for 2016/17 and will require rapid, ongoing and robust action planning to ensure delivery of the planned surplus.</p>   | <span style="color: red;">●</span>    | <span style="color: red;">●</span>    | <p><b>In Month Surplus/(Deficit) - Plan vs Actual/Forecast</b></p>    |
| <p><b>Statement of Financial Position (SoFP)</b></p>   | <span style="color: orange;">●</span> | <span style="color: orange;">●</span> | <p>Current assets (including cash, receivables, accruals, prepayments) are £3.0m above plan. Current liabilities are £2.9m above plan. These variances underpin the adverse year to date cash flow variance.</p> |
| <p><b>Statement of Cash Flows (SoCF)</b></p> <p>Cash balances are £1.2m below plan at the end of the month. The main reasons for the cash variance relates to the Month 10 SOCI variation from plan of £798k offset by capital underspends. The Trust forecasts an outturn cash position of £12,882k which is lower than plan due to the lower forecast surplus and loss of STF funding.</p>   | <span style="color: orange;">●</span> | <span style="color: red;">●</span>    | <p><b>In Month Cash Balances - Plan vs Actual</b></p>   |
| <p><b>Use of Resources Metric (UoR)</b></p> <p>From M07, the new 'Use of Resources (UoR)' metric comes into force. At M09, the new metric shows a 2 (1 = Best, 4 = Worst) rating, which reflects the year to date financial position. The Trust forecasts achieving a rating of 1.</p>   | <span style="color: orange;">●</span> | <span style="color: orange;">●</span> | <p><b>In Month UoR - Plan vs Actual</b></p>    |
| <p><b>Cost Improvement Programmes (CIPs)</b></p> <p>CIPs are under achieving by £212k YTD (before reserve). This includes schemes rated RED when the plan was approved. The full year forecast shows an under achievement of £397k against the gross annual CIP of £5,787k, this underachievement is mitigated by the £500k high risk CIP reserve. Programme Leads are now progressing required (mitigating) actions to ensure delivery of the gross plan.</p> | <span style="color: red;">●</span>    | <span style="color: red;">●</span>    | <p><b>In Month CIPs - Plan vs Actual/Forecast</b></p>   |
| <p><b>Capital Expenditure</b></p> <p>Capital expenditure is £887k below plan at the end of the period mainly due to the timing of expenditure for key schemes in Estates and IM&amp;T, and no calls on the capital contingency at this point in the year. Plans are in place to fully commit the capital programme.</p>  | <span style="color: orange;">●</span> | <span style="color: green;">●</span>  | <p><b>In Month Capital Expenditure - Plan vs Actual/Forecast</b></p>    |

## Statement of Comprehensive Income

| £000's                                      | Year to Date     |                  |                | YTD<br>RAG | Year End Forecast |                  |                | FOT<br>RAG |
|---|------------------|------------------|----------------|------------|-------------------|------------------|----------------|------------|
|   | Plan             | Actual           | Variance       |            | Plan              | Actual           | Variance       |            |
| <b>Operating income (inc in EBITDA)</b>     |                  |                  |                |            |                   |                  |                |            |
| NHS Clinical income                         | (87,000)         | (88,583)         | 1,584          |            | (104,636)         | (106,301)        | 1,666          |            |
| Non-NHS Clinical income                     | (15,655)         | (15,201)         | (453)          |            | (18,786)          | (18,252)         | (534)          |            |
| Non-Clinical income                         | (6,103)          | (8,733)          | 2,629          |            | (7,191)           | (10,608)         | 3,417          |            |
| <b>Total</b>                                | <b>(108,758)</b> | <b>(112,517)</b> | <b>3,760</b>   |            | <b>(130,612)</b>  | <b>(135,161)</b> | <b>4,549</b>   |            |
| <b>Operating expenses (inc in EBITDA)</b>   |                  |                  |                |            |                   |                  |                |            |
| Employee expense                            | 86,467           | 85,518           | 949            |            | 103,878           | 102,120          | 1,758          |            |
| Non-Pay expense                             | 16,884           | 22,511           | (5,627)        |            | 20,239            | 27,114           | (6,875)        |            |
| PFI / LIFT expense                          | 166              | 173              | (7)            |            | 199               | 200              | (1)            |            |
| <b>Total</b>                                | <b>103,517</b>   | <b>108,203</b>   | <b>(4,685)</b> |            | <b>124,316</b>    | <b>129,434</b>   | <b>(5,117)</b> |            |
| <b>EBITDA</b>                               | <b>(5,241)</b>   | <b>(4,315)</b>   | <b>(926)</b>   |            | <b>(6,296)</b>    | <b>(5,727)</b>   | <b>(569)</b>   |            |
| <b>EBITDA Margin %</b>                      | <b>4.82%</b>     | <b>3.83%</b>     |                |            | <b>4.82%</b>      | <b>4.24%</b>     |                |            |
| <b>Operating expenses (exc from EBITDA)</b> |                  |                  |                |            |                   |                  |                |            |
| Depreciation & Amortisation                 | 2,629            | 2,801            | (172)          |            | 3,155             | 3,376            | (221)          |            |
| <b>Total</b>                                | <b>2,629</b>     | <b>2,801</b>     | <b>(172)</b>   |            | <b>3,155</b>      | <b>3,376</b>     | <b>(221)</b>   |            |
| <b>Non-operating income</b>                 |                  |                  |                |            |                   |                  |                |            |
| Finance income                              | (53)             | (29)             | (25)           |            | (64)              | (34)             | (30)           |            |
| <b>Total</b>                                | <b>(53)</b>      | <b>(29)</b>      | <b>(25)</b>    |            | <b>(64)</b>       | <b>(34)</b>      | <b>(30)</b>    |            |
| <b>Non-operating expenses</b>               |                  |                  |                |            |                   |                  |                |            |
| Interest expense (PFI / LIFT)               | 131              | 132              | (1)            |            | 157               | 158              | (1)            |            |
| PDC expense                                 | 1,428            | 1,180            | 248            |            | 1,713             | 1,387            | 326            |            |
| <b>Total</b>                                | <b>1,558</b>     | <b>1,312</b>     | <b>247</b>     |            | <b>1,870</b>      | <b>1,545</b>     | <b>325</b>     |            |
| <b>(Surplus) / Deficit (Control Total)</b>  | <b>(1,107)</b>   | <b>(231)</b>     | <b>(876)</b>   |            | <b>(1,335)</b>    | <b>(841)</b>     | <b>(494)</b>   |            |
| Impairment Losses / (Reversals)             | 0                | 48               | (48)           |            | 0                 | 48               | (48)           |            |
| (Gain)/loss on asset disposals              | 0                | (126)            | 126            |            | 0                 | (126)            | 126            |            |
| Sustainability & Transformation Fund        |                  |                  |                |            | (790)             |                  | (790)          |            |
| Control Total Balancing                     |                  |                  |                |            | (15)              | (15)             | 0              |            |
| <b>(Surplus) / Deficit</b>                  | <b>(1,107)</b>   | <b>(309)</b>     | <b>(798)</b>   |            | <b>(2,140)</b>    | <b>(934)</b>     | <b>(1,206)</b> |            |

## Statement of Comprehensive Income

|  | Risk   | Mitigation   |
|--|--|--|
| <b>Specialist Inpatients, Dental &amp; Admin</b> | <p>There are projected pay pressures in the Admin Hubs, Inpatient services and Learning Disabilities.</p> <p>Admin Hub Re-design – 5 (of 29) reception areas to remain at an annual cost of c £120k.</p>   | Savings on pay in other areas (especially Dental and Psychological Therapies) reduce the forecast adverse pay position to £266k. DAU staffing model reviewed with business case developed to reflect new rotas.  |
| <b>Acute &amp; Community Mental Health</b>       | <p>Establishment &amp; agency costs in adult CMHTs, inpatients and IHTT, medical locum costs.</p> <p>CMHT Drug spend.</p>  | <p>Head of Service leading review and monitoring of position, forecast and mitigating actions. Controls and actions to minimise Agency spend and Medical Locum costs are in place and being led by the DD, Head of Service and Medical Director. New supplier engaged to supply locums below agency price cap. Fixed term contracts being used where possible instead of locums. Skill mixing of vacancies to use resource efficiently. Meridian reviewing IHTT and inpatients rostering system to reduce agency costs. Agency costs have reduced however not to the level that was agreed in the Meridian business case.</p> <p>Tighter controls have been established around drugs issues.</p> |
| <b>Adult Physical Health</b>                     | Projected District Nursing pay and non-pay, Continence products, Nursing Support Team recharge pressures. Red rated £187k Agile CIP at plan.   | A non recurrent risk reserve has been established to mitigate the £187k Agile risk. Nursing Support Team price uplift has been established. Expenditure review and controls are in place to mitigate non pay pressures. A rebate on continence products in Craven is being pursued with the supplier, rebate in Bradford area confirmed in month at higher than anticipated levels. Underspends within the Business Unit are fully mitigating the financial risks.   |
| <b>Corporate Functions</b>                       | <p>Estates - Costs pressures have arisen due to vandalism costs not covered by insurance, undelivered CIPs for Paperless and Stoney Ridge, maintenance cost overspend compared to recovery plan.</p> <p>Non pay CIPs slippage for Telephony (£263k), Addaction (31k), Drug Pricing (£50k), Pharmacy SLA (£81k)</p> | <p>An estates recovery plan has been developed and agreed with full Service Manager engagement. Detailed plans are being monitored on a monthly basis through FMT and additional actions agreed to pull back any slippage on recovery schemes.</p> <p>Mitigations/actions are outlined on the CIP slides where plans have been identified. Review of non clinical bank and agency costs to remove non essential posts.</p>   |

## Statement of Financial Position

| £000's                         | Year to Date    |                 |                | YTD<br>RAG | Year End Forecast |                 |              | FOT<br>RAG |
|--------------------------------|-----------------|-----------------|----------------|------------|-------------------|-----------------|--------------|------------|
|                                | Plan            | Actual          | Variance       |            | Plan              | Actual          | Variance     |            |
| <b>Non-current Assets</b>      |                 |                 |                |            |                   |                 |              |            |
| Property, Plant & Equipment    | 50,443          | 48,440          | 2,002          |            | 50,520            | 50,024          | 496          |            |
| On-balance sheet PFI           | 4,298           | 4,578           | (280)          |            | 4,220             | 4,220           | 0            |            |
| <b>Total</b>                   | <b>54,741</b>   | <b>53,018</b>   | <b>1,722</b>   |            | <b>54,740</b>     | <b>54,244</b>   | <b>496</b>   |            |
| <b>Current Assets</b>          |                 |                 |                |            |                   |                 |              |            |
| Cash and cash equivalents      | 14,418          | 13,213          | 1,205          |            | 14,589            | 12,882          | 1,707        |            |
| Other current assets           | 3,438           | 7,672           | (4,234)        |            | 4,620             | 4,620           | 0            |            |
| <b>Total</b>                   | <b>17,856</b>   | <b>20,885</b>   | <b>(3,029)</b> |            | <b>19,209</b>     | <b>17,502</b>   | <b>1,707</b> |            |
| <b>Current Liabilities</b>     |                 |                 |                |            |                   |                 |              |            |
| PFI / LIFT leases              | (343)           | (341)           | (3)            |            | (339)             | (339)           | 0            |            |
| Other current liabilities      | (9,857)         | (12,727)        | 2,871          |            | (10,238)          | (10,002)        | (236)        |            |
| <b>Total</b>                   | <b>(10,200)</b> | <b>(13,068)</b> | <b>2,868</b>   |            | <b>(10,577)</b>   | <b>(10,341)</b> | <b>(236)</b> |            |
| <b>Non-current Liabilities</b> |                 |                 |                |            |                   |                 |              |            |
| PFI / LIFT leases              | (2,778)         | (2,779)         | 1              |            | (2,721)           | (2,721)         | 0            |            |
| Other non-current liabilities  | (630)           | (542)           | (88)           |            | (630)             | (542)           | (88)         |            |
| <b>Total</b>                   | <b>(3,408)</b>  | <b>(3,321)</b>  | <b>(87)</b>    |            | <b>(3,351)</b>    | <b>(3,263)</b>  | <b>(88)</b>  |            |
| <b>Total Assets Employed</b>   | <b>58,988</b>   | <b>57,515</b>   | <b>1,474</b>   |            | <b>60,021</b>     | <b>58,143</b>   | <b>1,878</b> |            |
| <b>Reserves</b>                | <b>58,988</b>   | <b>57,515</b>   | <b>1,473</b>   |            | <b>60,021</b>     | <b>58,143</b>   | <b>1,878</b> |            |

## Key Risks

Higher creditors will impact on BPPC performance and higher debtors may result in not achieving the cash target.

Overall movement between other current assets and other current liabilities includes the difference in the outstanding charges and income relating to NHS Property services, along with the outstanding debt relating to local NHS providers, GP's and voluntary sector organisations.

Increased prepayments against plan have also impacted on the variance of other current assets.

Forecasts outturn cash position of £12,882k is now lower than plan due to the lower forecast surplus and loss of STF funding.

## Key Mitigations &amp; Action Plans

Receivables continue to be monitored closely and escalation plans are in place. Month end balances with some NHS acute organisations and the local CCG's are higher than planned, of which have been escalated and thoroughly investigated and reported in the quarter 3 national NHS Agreement of Balances exercise. All other receivables, as part of current assets, are being monitored weekly and discussions are taking place to ensure outstanding amounts are settled.

In respect of liabilities, discussions continue with NHS Property Services and regarding the outstanding charges. The Trust are proactively working towards an agreement that matches funding.

## Position Statement – Fixed Assets

### Green Lane Land – Trust owned

The land is located to the West of Bradford City Centre in Thornton Village. The land was previously part of the grounds of Ashfield House, a property formerly owned by the Trust but which was sold to Yorkshire Housing Association (YHA) in January 2003. The Local Authority (and YHA) terminated the lease in August 2014, since which time the Trust has been holding the land pending a surplus asset declaration, disposal planning, marketing, and sale. There were two interested parties for the land of which the highest offer was £176k. The Trust have accepted the higher offer and proceeded with the sale in December. A gain on disposal of £126k and an impairment of £48k were reported as a result of the land sale.

### Stoney Ridge – Trust owned

Stoney Ridge and New Ridge is a trust owned property and formally occupied mainly by Home Farm Trust (linked to the Section 75 agreement). HFT has vacated the property and the associated income streams have ceased. The property is less than 50% occupied and significant capital investment is required to improve the site to an acceptable standard. As a result, the best option would be to market the site for external sale. In order to decant the site and relocate the services, capital investment has been identified in the 2016/17 capital programme for the works required at both Daisy Hill House and Waddiloves. Alternative provision has now been sourced for both the Hydrotherapy Pool and ReBounce Therapy and work is underway to relocate these services. Once vacant, the asset can be officially held for sale, the anticipated date being 24<sup>th</sup> March 2017.

### Abelia Mount – Trust owned

Two storey dwelling in Bradford 7, currently occupied by Local Authority commissioned Supported Living Services. As part of a rental negotiation for occupying the property, a potential option to buy was discussed. An acceptable offer to purchase the asset has been submitted and the Trust has recommended to Board that work is commenced with the interested party to proceed with the sale. It is expected that the property will be officially held for sale and sold during Quarter 4 of 2016/17. A profit on sale is expected in the region of £32,500.

### Park Road Health Centre – Finance Lease

Park Road Health Centre was built in 1997 on Trust land and is accounted for as a finance lease on the Trust balance sheet. NHS Property Services hold the head lease for this building directly with the vendor. The Trust have no invested interest or responsibility in the way this site is both occupied or managed. As a result, we are in the process of working closely with both NHSPS and KPMG to review the accounting treatment of the finance lease that is currently reported on our balance sheet. The outcome of this work will determine the next steps. We had anticipated completing this work and accounting for changes this financial year however this may not now be possible.

## Statement of Cash Flows

| £000's  | Year to Date  |               |              | YTD<br>RAG | Year End Forecast |               |              | FOT<br>RAG |
|---|---------------|---------------|--------------|------------|-------------------|---------------|--------------|------------|
|   | Plan          | Actual        | Variance     |            | Plan              | Actual        | Variance     |            |
| Surplus (Deficit) from Operations                     | 2,612         | 1,466         | 1,146        |            | 3,946             | 2,318         | 1,628        |            |
| Operating activities                                  | 2,630         | 2,849         | (219)        |            | 3,155             | 3,424         | (269)        |            |
| Movements in working capital                          | (2,829)       | (4,424)       | 1,595        |            | (3,028)           | (2,553)       | (475)        |            |
| Investing activities                                  | (3,278)       | (2,167)       | (1,111)      |            | (3,795)           | (5,163)       | 1,368        |            |
| Financing activities                                  | (1,308)       | (1,260)       | (48)         |            | (2,280)           | (1,893)       | (387)        |            |
| Opening cash and cash equivalents less bank overdraft | 16,591        | 16,748        | (157)        |            | 16,591            | 16,748        | (157)        |            |
| <b>Closing cash and cash equivalents</b>              | <b>14,418</b> | <b>13,213</b> | <b>1,205</b> |            | <b>14,589</b>     | <b>12,882</b> | <b>1,707</b> |            |

## Key Risks

Cash balances are £1.2m below plan at the end of the month. The main reasons for the cash variance relates to the Month 10 SOCI variation from plan of £798k offset by capital underspends. The Trust forecasts an outturn cash position of £12,882k which is lower than plan due to the lower forecast surplus and loss of STF funding.

## Key Mitigations &amp; Action Plans

Specifically in respect of key Commissioners and other local NHS bodies and voluntary organisations, both the Head of Contracting and Head of Financial Accounting are liaising personally with counterparts to ensure that cash receivable is remitted in full on a monthly basis.

Discussions are to take place at Deputy Director meetings to ensure we are proactively managing prepayments for all future contracts, working closely with Supplies to only authorise prepaid contracts if significant discounts are awarded.

The cash position continues to be closely monitored, with variations from plan being thoroughly investigated. Actions will be identified to rectify variances from plan at an early stage.

| Use of Resources Metrics (UoR)                               |                |                 |                 |            |                   |                 |                 |            |
|--|----------------|-----------------|-----------------|------------|-------------------|-----------------|-----------------|------------|
| £000's   | Year to Date   |                 |                 | YTD<br>RAG | Year End Forecast |                 |                 | FOT<br>RAG |
|  | Plan           | Actual          | Variance        |            | Plan              | Actual          | Variance        |            |
| <b>Capital Service Cover</b>                                 |                |                 |                 |            |                   |                 |                 |            |
| Revenue Available for Capital Service                        | 5,295          | 4,344           | (951)           |            | 7,165             | 5,773           | (1,392)         |            |
| Capital Service  | (1,848)        | (1,602)         | 247             |            | (2,218)           | (1,893)         | 325             |            |
| <b>Capital Service Cover metric</b>                          | <b>2.86</b>    | <b>2.71</b>     | <b>(0.15)</b>   |            | <b>3.23</b>       | <b>3.05</b>     | <b>(0.18)</b>   |            |
| <b>Capital Service Cover rating</b>                          | <b>1</b>       | <b>1</b>        |                 |            | <b>1</b>          | <b>1</b>        |                 |            |
| <b>Liquidity</b>   |                |                 |                 |            |                   |                 |                 |            |
| Working capital balance                                      | 7,638          | 7,800           | 162             |            | 8,614             | 8,614           |                 |            |
| Operating Expenses within EBITDA, Total                      | (103,516)      | (108,203)       | (4,686)         |            | (124,301)         | (129,419)       | (5,117)         |            |
| <b>Liquidity metric</b>                                      | <b>22.1</b>    | <b>21.6</b>     | <b>(0.5)</b>    |            | <b>24.9</b>       | <b>24.0</b>     | <b>(1.0)</b>    |            |
| <b>Liquidity rating</b>                                      | <b>1</b>       | <b>1</b>        |                 |            | <b>1</b>          | <b>1</b>        |                 |            |
| <b>I &amp; E Margin</b>                                      |                |                 |                 |            |                   |                 |                 |            |
| Surplus/(deficit) adjusted for donations and asset disposals | 1,107          | 231             | (876)           |            | 2,140             | 853             | (1,287)         |            |
| Total operating income for EBITDA                            | 108,758        | 112,517         | 3,760           |            | 131,402           | 135,158         | 3,756           |            |
| <b>I &amp; E Margin % metric</b>                             | <b>1.02%</b>   | <b>0.21%</b>    | <b>(0.81%)</b>  |            | <b>1.63%</b>      | <b>0.63%</b>    | <b>(1.00%)</b>  |            |
| <b>I &amp; E Margin % rating</b>                             | <b>1</b>       | <b>2</b>        |                 |            | <b>1</b>          | <b>2</b>        |                 |            |
| <b>I &amp; E Margin Variance From Plan</b>                   |                |                 |                 |            |                   |                 |                 |            |
| <b>I &amp; E Variance From Plan</b>                          |                | <b>(0.81%)</b>  |                 |            |                   | <b>(1.00%)</b>  |                 |            |
| <b>I &amp; E Margin Variance From Plan rating</b>            |                | <b>2</b>        |                 |            |                   | <b>2</b>        |                 |            |
| <b>Agency</b>  |                |                 |                 |            |                   |                 |                 |            |
| Agency staff, total  | (6,094)        | (4,530)         | 1,564           |            | (7,313)           | (5,096)         | 2,217           |            |
| Agency ceiling   | (6,533)        | (6,533)         |                 |            | (7,840)           | (7,840)         |                 |            |
| <b>Agency metric</b>   | <b>(6.72%)</b> | <b>(30.66%)</b> | <b>(23.94%)</b> |            | <b>(6.72%)</b>    | <b>(35.00%)</b> | <b>(28.28%)</b> |            |
| <b>Agency rating</b>   | <b>1</b>       | <b>1</b>        |                 |            | <b>1</b>          | <b>1</b>        |                 |            |
| <b>Use of Resources Metric (UoR)</b>                         | <b>1</b>       | <b>1</b>        |                 |            | <b>1</b>          | <b>1</b>        |                 |            |

### Description of Key Metrics

**Capital Service Cover:** Metric currently weighted at 20% and shows how many times income covers the servicing of capital costs.

**Liquidity:** Metric currently weighted at 20% and shows how liquid the Trust is in respect of days' operating expense cover.

**I & E Margin:** Metric currently weighted at 20% and shows normalised surplus as a % of income.

**I & E Variance From Plan:** Metric currently weighted at 20% and shows I & E Margin actual compared to planned.

**Agency :** Metric currently weighted at 20% and shows performance against the agency expenditure ceiling.

**Overall Rating:** Aggregate rounded average of all metrics.

### Key Risks, Mitigations & Actions

The Single Oversight Framework came into force from 1<sup>st</sup> October. The table above shows the new financial metrics (Use of Resources (UoR)). The main change is the reversal of the scores (i.e. 1 is now the highest score compared to 4 previously) and the addition of an Agency metric which has diluted the weightings of the current metrics to 20% each (25% previously).



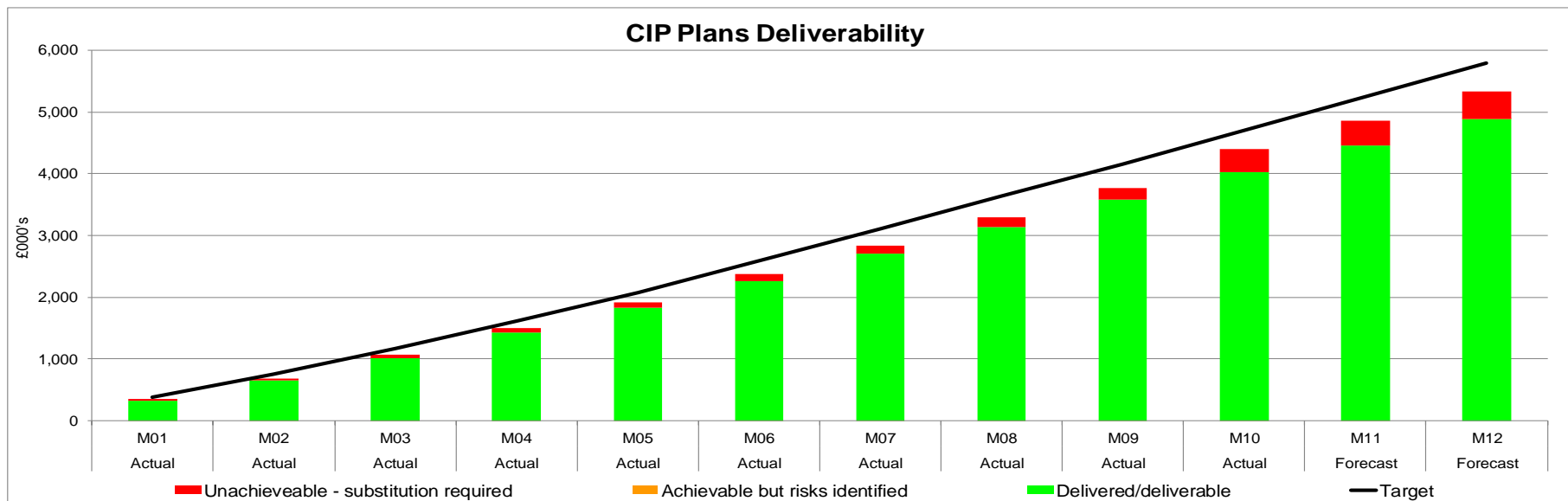
## Cost Improvement Schemes 2016/17

| Business Unit & CIP Scheme  | Year to date |              |            | Year End Forecast |              |            |         |
|---|--------------|--------------|------------|-------------------|--------------|------------|---------|
|   | Plan         | Actual       | Variance   | Plan              | Actual       | Variance   | FOT RAG |
| <b>Adult Physical Health Community Services</b>                       | <b>1,173</b> | <b>1,174</b> | <b>(1)</b> | <b>1,443</b>      | <b>1,426</b> | <b>17</b>  |         |
| 1.1.3-SLT Income generation contribution                              | 21           | 21           |            | 25                | 25           |            |         |
| 1.2-Agile project staffing - (No plans for CIP)                       | 156          | 156          |            | 187               | 170          | 17         |         |
| 1.2-Agile project staffing - RED rated                                | 120          | 121          | (1)        | 168               | 168          |            |         |
| 1.2-Agile project staffing-Lead                                       | 637          | 637          |            | 776               | 776          |            |         |
| 3.3-Substance Misuse % reductions                                     | 239          | 239          |            | 287               | 287          |            |         |
| <b>Childrens</b>  | <b>922</b>   | <b>881</b>   | <b>0</b>   | <b>1,101</b>      | <b>1,058</b> | <b>43</b>  |         |
| 1.11-Childrens - New models for FNP                                   | 293          | 293          |            | 352               | 352          |            |         |
| 1.11-Childrens - Secondments & career breaks                          | 37           | 37           |            | 45                | 45           |            |         |
| 1.11-Childrens Management overhead reduction                          | 150          | 150          |            | 180               | 180          |            |         |
| 1.11-Childrens Non pay procurement savings                            | 25           | 25           |            | 30                | 30           |            |         |
| 1.11-Childrens -Reduction in staff hours                              | 59           | 59           |            | 71                | 71           |            |         |
| 1.11-Childrens Skill mix efficiencies                                 | 234          | 234          |            | 281               | 281          |            |         |
| Former public health (Children's) Agile CIP to be substituted         | 41           |              |            | 43                |              | 43         |         |
| 1.11-Childrens Use of technology to free clinical time                | 83           | 83           |            | 99                | 99           |            |         |
| <b>Corporate</b>  | <b>385</b>   | <b>285</b>   | <b>100</b> | <b>488</b>        | <b>357</b>   | <b>131</b> |         |
| 2.1.2-CAMHS Eating disorders contribution (contract income)           | 17           | 17           |            | 20                | 20           |            |         |
| 5.21-Executive director savings                                       | 41           | 41           |            | 49                | 49           |            |         |
| 5.4.1-Salary sacrifice increased income from new and existing schemes | 176          | 176          |            | 226               | 226          |            |         |
| 5.4.2-Corporate overheads - Executive Pas                             | 41           | 41           |            | 49                | 49           |            |         |
| 5.5.1-Drug pricing target reductions                                  | 42           |              | 42         | 50                |              | 50         |         |
| 5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT              | 58           |              | 58         | 81                | 0            | 81         |         |
| 5.22-Trust Board efficiencies   | 10           | 10           |            | 13                | 13           |            |         |
| <b>Estates &amp; Facilities</b>                                       | <b>449</b>   | <b>299</b>   | <b>150</b> | <b>557</b>        | <b>371</b>   | <b>186</b> |         |
| 1.2-Agile - Estates Project   | 196          | 186          | 10         | 235               | 235          |            |         |
| 5.2.1-Estates rationalisation   | 89           |              | 89         | 125               |              | 125        |         |
| 5.23-Mitigate Stoney Ridge cost pressure by CIP                       | 51           |              | 51         | 61                |              | 61         |         |
| 5.9-Release of NHS property services overhead costs                   | 113          | 113          |            | 136               | 136          |            |         |
| <b>Finance</b>  | <b>203</b>   | <b>203</b>   | <b>0</b>   | <b>250</b>        | <b>250</b>   | <b>0</b>   |         |
| 5.13-Salary sacrifice increased income from new and existing schemes  | 78           | 78           |            | 100               | 100          |            |         |
| 5.14-Reduce SBS contract value  | 25           | 25           |            | 30                | 30           |            |         |
| 5.15-Reduce computer maintenance & support                            | 25           | 25           |            | 30                | 30           |            |         |
| 5.16-Reduce trust wide finance budget                                 | 29           | 29           |            | 35                | 35           |            |         |
| 5.17-Reduce finance training budget                                   | 8            | 8            |            | 10                | 10           |            |         |
| 5.18-Restructure finance team   | 38           | 38           |            | 45                | 45           |            |         |



## Cost Improvement Schemes 2016/17

| Business Unit & CIP Scheme   | Year to date |              |              | Year End Forecast |              |              |         |
|--|--------------|--------------|--------------|-------------------|--------------|--------------|---------|
|  | Plan         | Actual       | Variance     | Plan              | Actual       | Variance     | FOT RAG |
| <b>Human Resources</b>   | <b>171</b>   | <b>171</b>   | <b>0</b>     | <b>210</b>        | <b>210</b>   | <b>0</b>     |         |
| 5.11-HR Childcare cost reduction                                     | 21           | 21           |              | 25                | 25           |              |         |
| 5.11-HR Contribution from CCG's HR/OD Contract                       | 62           | 62           |              | 74                | 74           |              |         |
| 5.11-HR non pay efficiencies   | 35           | 35           |              | 42                | 42           |              |         |
| 5.11-Salary sacrifice increased income from new and existing schemes | 53           | 53           |              | 69                | 69           |              |         |
| <b>IM&amp;T</b>  | <b>325</b>   | <b>84</b>    | <b>241</b>   | <b>389</b>        | <b>126</b>   | <b>263</b>   |         |
| 5.1-IM&T Strategy CIP (telephony)                                    | 279          | 38           | 241          | 334               | 71           | 263          |         |
| 5.6-CHIS cost reduction from CSU contract                            | 46           | 46           |              | 55                | 55           |              |         |
| <b>Medical Director</b>  | <b>186</b>   | <b>186</b>   | <b>0</b>     | <b>223</b>        | <b>223</b>   | <b>0</b>     |         |
| 2.1.1-Locum budget reserve reduction                                 | 125          | 125          |              | 150               | 150          |              |         |
| 5.8.1-Research & Development recurrent reduction                     | 5            | 5            |              | 6                 | 6            |              |         |
| 5.8.1-Research & Development non recurrent vacancy reduction         | 33           | 33           |              | 40                | 40           |              |         |
| 5.8.1-Research & Development reduce BDCT provision                   | 23           | 23           |              | 27                | 27           |              |         |
| <b>Mental Health Acute &amp; Community Services</b>                  | <b>655</b>   | <b>655</b>   | <b>0</b>     | <b>876</b>        | <b>876</b>   | <b>0</b>     |         |
| 1.2-Agile project staffing   | 372          | 372          |              | 447               | 447          |              |         |
| 2.1.3-Out of area placements reduction                               | 333          | 333          |              | 400               | 400          |              |         |
| 2.1.4-IAPT post reductions   | 10           | 10           |              | 29                | 29           |              |         |
| <b>Specialist Inpatients</b>   | <b>36</b>    | <b>36</b>    | <b>0</b>     | <b>44</b>         | <b>44</b>    | <b>0</b>     |         |
| 3.6-Dental savings   | 36           | 36           |              | 44                | 44           |              |         |
| <b>Trust wide</b>  | <b>422</b>   | <b>414</b>   | <b>8</b>     | <b>506</b>        | <b>449</b>   | <b>57</b>    |         |
| 1.2-Agile - Travel cost reductions                                   | 80           | 115          | (35)         | 96                | 91           | 5            |         |
| 5.10-Recharge to Addaction   | 78           | 53           | 25           | 94                | 63           | 31           |         |
| 5.4.2-Reduction in operational management costs                      | 77           | 77           |              | 92                | 92           |              |         |
| 5.5.2-Procurement savings  | 187          | 169          | 18           | 224               | 203          | 21           |         |
| <b>Sub Total Gross CIPs</b>  | <b>4,886</b> | <b>4,388</b> | <b>498</b>   | <b>6,086</b>      | <b>5,389</b> | <b>697</b>   |         |
| <b>Agile Reserves</b>  | <b>(286)</b> | <b>0</b>     | <b>(286)</b> | <b>(300)</b>      | <b>0</b>     | <b>(300)</b> |         |
| Plan - Agile Reserve APHCS   | (185)        |              | (185)        | (194)             |              | (194)        |         |
| Plan - Agile Reserve Childrens                                       | (41)         |              | (41)         | (43)              |              | (43)         |         |
| Plan - Agile Reserve MHACs   | (60)         |              | (60)         | (63)              |              | (63)         |         |
| <b>CIP Control Total</b>   | <b>4,600</b> | <b>4,388</b> | <b>212</b>   | <b>5,786</b>      | <b>5,389</b> | <b>397</b>   |         |
| <b>High Risk CIP Reserve</b>   | <b>(431)</b> |              | <b>(246)</b> | <b>(500)</b>      |              | <b>(500)</b> |         |
| High Risk CIP Reserve Pay  | (373)        |              | (188)        | (419)             |              | (419)        |         |
| 5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT             | (58)         |              | (58)         | (81)              |              | (81)         |         |
| <b>Grand Total</b>   | <b>4,169</b> | <b>4,388</b> | <b>(34)</b>  | <b>5,286</b>      | <b>5,389</b> | <b>(103)</b> |         |



### Current Status, Key Risks & Mitigations

**Children's Business Unit:** £352k CIP relating to Better Start Bradford commenced delivery in month 3. The SLA has been signed and any in-year shortfall has been mitigated from vacancies within the FNP teams. Plans for the £99k use of technology to free clinical time have been delayed, the shortfall will be met from vacancies within the unit.

**Finance SBS Contract** – This scheme will not deliver the planned savings in 2016/17. The shortfall will be fully mitigated by retrospective VAT savings with the expectation of achieving recurrently.

**Salary Sacrifice** – Expected lease car overachievement will be offset by underachievement on IM&T & Childcare. A net forecast shortfall will be substituted non-recurrently by retrospective VAT savings in year. HMRC is consulting on proposals that would adversely impact salary sacrifice schemes for lease cars and IM&T.

**Drugs** - Planned savings are not now anticipated meaning that mitigations will be required for the £50k target. Mitigations are being explored but are not anticipated to deliver until 2017/18.

### Current Status, Key Risks & Mitigations

**Estates:** Plans for The Agile Estates CIP have been agreed and the CIP is expected to deliver in full. The Stoney Ridge CIP will not now achieve and in the absence of a records rationalisation strategy the Estates Paperless scheme is also predicted to not achieve in 16/17.

**Procurement:** Whilst Airedale supplies are still forecasting overachievement on the total CIP, the Estates & Facilities element is not expected to fully achieve.

**IM&T Strategy CIP (telephony)** – This scheme is now forecast to deliver planned savings recurrently but a shortfall of £263k is expected in 2016/17, due to delays in scheme implementation. £9k of mitigations have been identified and are being used to offset the shortfall.

**Substance Misuse Services External Recharge** - Negotiations are underway with partial recovery demonstrated in billing but a risk of non-settlement. The Local Authority have agreed to fund the estates related costs in 2016/17. The operational costs associated with supporting the service are to be paid directly by Addaction. The revised total value of income chargeable has been calculated at £64k, therefore a risk remains of £31k.

| Capital Expenditure  |              |                |                  |            |                   |                |                  |            |
|--|--------------|----------------|------------------|------------|-------------------|----------------|------------------|------------|
|  | Year to Date |                |                  | YTD<br>RAG | Year End Forecast |                |                  | FOT<br>RAG |
|  | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 |            | Plan<br>£000      | Actual<br>£000 | Variance<br>£000 |            |
| <b>Capital expenditure</b>   |              |                |                  |            |                   |                |                  |            |
| Plant and equipment - Information Technology   | 613          | 388            | 225              |            | 655               | 655            | 0                |            |
| Plant and equipment - Other  | 2,050        | 1,824          | 226              |            | 2,194             | 2,267          | (73)             |            |
| Property, plant and equipment - other expenditure  | 666          | 230            | 436              |            | 1,007             | 934            | 73               |            |
| <b>Total</b>   | <b>3,329</b> | <b>2,442</b>   | <b>887</b>       |            | <b>3,856</b>      | <b>3,856</b>   | <b>0</b>         |            |
| <b>Capital expenditure funding sources</b>   |              |                |                  |            |                   |                |                  |            |
| Depreciation   | 2,629        | 2,801          | (172)            |            | 3,155             | 3,377          | (222)            |            |
| Other  | 700          | (359)          | 1,059            |            | 701               | 479            | 222              |            |
| <b>Total</b>   | <b>3,329</b> | <b>2,442</b>   | <b>887</b>       |            | <b>3,856</b>      | <b>3,856</b>   | <b>0</b>         |            |
| <b>Note:</b> YTD change within 'other' funding sources is due to the timing of when capital spend has been incurred compared to the YTD plan phasing for depreciation. Forecast outturn has also been reflected accordingly to reflect the anticipated end of year financial position. |              |                |                  |            |                   |                |                  |            |

**Key Risks**

Capital under spending is being closely monitored at a national level, with Trust Boards being required to give detailed assurance that Capital forecast are robust.

Estates schemes are under committed by £226k which includes; £217k Flood Recovery works where ongoing insurer discussions to Quarter 3 drove some programme delays – works on track to conclude in March.

IM&T schemes are under spent by £225k buy have been fully re-programmed following a review of priorities to resource equipping of the new service provision in Wakefield. This is therefore managed slippage.

Contingency reserves account for a further £436k to date, with the majority of spend committed in February and March 2017 as part of enabling CIP expenditure to support service to vacate Stoney Ridge and to mitigate in-year service priorities and pressures.

**Key Mitigations & Action Plans**

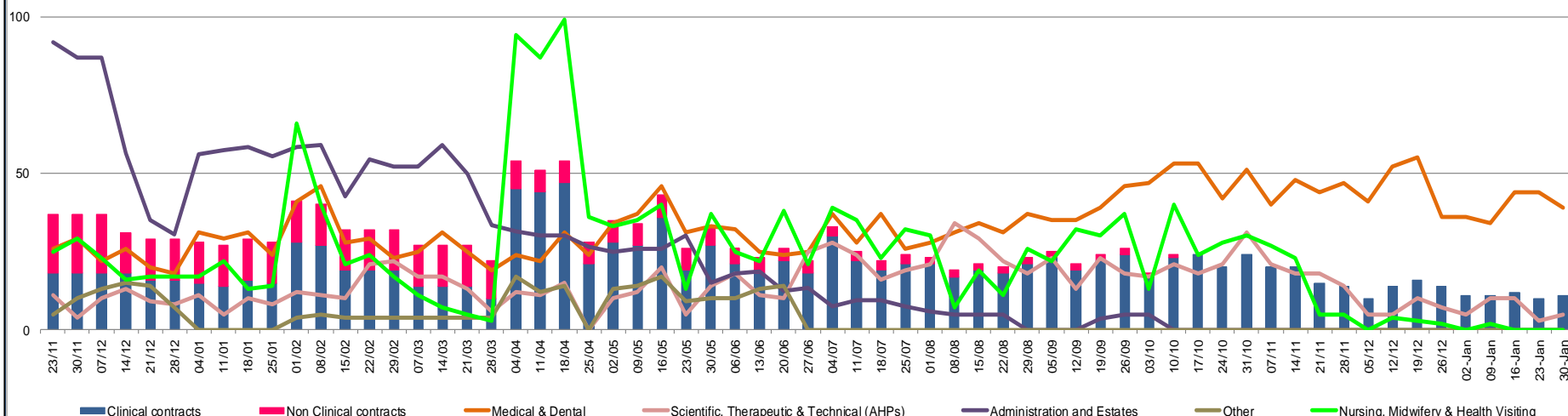
Close management of all capital schemes is required to ensure that the schemes are brought in on budget and as profiled at plan.

The key focus is ensuring that the capital plan is fully committed in line with the plan profile and fully expended by the end of the financial year.

The capital plan was constructed to phase £700k in the last 6 months to mitigate against any unknown national control totals. In September the Board approved planned resources and in the absence of any national communications or clarification regarding constraints. A number of pressing priorities were highlighted to Board (from the £700k and/or aggregate contingency). These schemes were presented to CPIG in November and December 2016 and approval was given to commence with those schemes considered high priority CPIG has continued to closely scrutinise the capital programme and has needed to re-prioritise the plan to accommodate clinical systems, service tender, and in-year pressures including fire and vandalism.

## NHSI Agency Price Cap

Agency shifts worked that cost over the NHS Improvement Price Cap



## Key Risks, Mitigations &amp; Action Plans

Agency staff price caps were introduced during 2015/16, with stepped reductions from February and April 2016 to reduce premium hourly rates paid. There is an escalation procedure for approval of non compliant agency staff however patient safety is the only reason accepted by NHS Improvement. The price caps from April 2016 generate breaches if rates exceed 55% above substantive staff rates. From 1<sup>st</sup> July, we were also required to report any wage cap breaches (agency workers paid a maximum wage rate) in addition to price cap breaches.

**Current performance :**

A total of 44 shifts were above the **price cap** at the end of January - 5 allied health professional shifts and 39 medical and dental shifts.

A total of 54 shifts were above the **wage cap** at the end of January - 15 allied health professional shifts and 39 medical and dental shifts. Urgent conversations are being taken forward with Retinue to ensure that rates quoted by them are accurate and that staff are placed with agencies that are compliant with the price and wage cap arrangements.

Medical Locum agencies remain the high risk area with expected ongoing compliance breaches. Issues are being experienced at a local and national level due to Medical agencies failing to respond to the NHS price and wage caps and linked to elevated consultant vacancies and recruitment concerns. Work continues with Retinue to target agencies that are not complying with NHSI price and wage caps. Retinue have been instructed to use alternative agencies when specific suppliers are not compliant. Regular meetings are being held to monitor and manage progress. Compliance reports are produced and circulated widely on a weekly basis.

Discussions are ongoing with Retinue regarding their interpretation of whether all elements of the management fee should be included in the rate which is compared to the NHSI price cap. Retinue are in discussions with NHS Improvement regarding this issue.