

Board Integrated Performance Report

25 May 2017

April 2017 Data

1.1 CQC Rating



1.2 NHS Improvement Segment

Provisional



1.3 NHS Improvement Use of Resources

Provisional



Agenda Item: 11a

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
NHS Improvement Indicators		
Assurance	<ul style="list-style-type: none"> NHS Improvement indicators have been met for April 2017, for those indicators where final data is available. 	4 - 5
Quality		
Exceptions	<ul style="list-style-type: none"> Information Governance (IG) training compliance has reduced to 90.46%. As per NHS Digital amended criteria for calculating IG compliance, the Trust included staff who were in date during 2015/16 within the compliance calculation for 2016/17. For April 2017, these have been removed from the figures. IG training compliance will continue to be closely monitored at the performance meetings for business units and corporate services (which follow the drafting of these papers in May). 	10 – 11
Information	<ul style="list-style-type: none"> The new Friends and Family Test system went live on 1 April 2017. The number of reviews completed in April is much lower than in previous months but expected to increase as staff become accustomed to the new system. 	20
Business Unit		
Information	<ul style="list-style-type: none"> The Integrated Performance Report has been produced in advance of scheduled business unit performance meetings. The Board will receive a verbal update regarding any issues identified for escalation. 	
Change Programme		
Exceptions	<ul style="list-style-type: none"> The 2017/18 Change Programme provides governance, monitoring and assurance for eight transformation projects delivering significant service transformation and change. Of the eight projects: <ul style="list-style-type: none"> - Five are rated red (adult physical health; mental health acute and community; estates and facilities; two residual projects in the latter half of the year are still being scoped); - Two are rated amber (specialist inpatients dental and administration; procurement); - One is rated green (children's services). 	22

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
Finance		
<p>Assurance</p> <p>Exceptions</p>	<ul style="list-style-type: none"> • Control Total Performance – 2017/18 Surplus/(Deficit) Position: A year to date surplus of £65k compares to a plan deficit of (£322k) giving a favourable £387k variance. A number of Commissioning for Quality and Innovation (CQUIN) requirements and CIPs are profiled to deliver in the latter part of the financial year with some CIP implementation plans still being finalised. CIP and CQUIN delivery and phasing therefore remain high risk. The majority of operational pay under spending at month 1 is assessed to be non recurrent, with recruitment activities and increased medical locum costs expected. The Trust forecasts being able to meet its Control Total of £826k surplus, although this is expected to be challenging. By meeting the Control Total the Trust will be able to access £752k Sustainability and Transformation Funding (STF). The Executive agreed to retain a number of financial controls during Quarter 1 pending a detailed forecast, risk and efficiency review. • Cash: Cash balances are £1m above plan reflecting £0.4m favourable Control Total performance and outstanding liabilities to NHS Property Services with whom final invoices were agreed in late April 2017. These will be paid in May 2017. • Use of Resources (UoR): The actual UoR at Month 1 is '1' compared to plan of '3' and reflects the achievement of an in month surplus (rather than deficit plan) position. • CIPs: Detailed project plans are still being finalised for a number of CIP schemes that are profiled to deliver in the last 6 months of the year. At Month 1 CIPs are £29k behind plan. Forecast risks of £712k are expected to require particularly close management. • Workforce – Agency Controls: All agency expenditure caps have been achieved in month 1 and are forecast to achieve with the exception of breaches for medical locum price and wage caps and with projected risks to the new medical locum expenditure cap. In the last week of April 29 shifts breached both price and wage caps. All related to medical staffing. • Capital: Capital expenditure was £94k lower than plan in month 1 driven by IM&T (with a £64k order received on 2 May), however all capital schemes are forecast to deliver in full. A £500k capital contingency is available to mitigate in-year applications and priorities, a number of which are already being considered. 	<p>23 - 25</p>

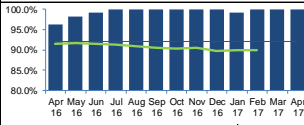
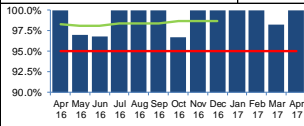
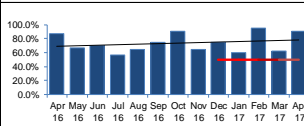
Summary and Recommendations

The performance report shows good performance in April 2017.

Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health & safety information took place at the Directors' Business & Transformation meeting but did not identify any themes or trends for Board escalation.




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

Single Oversight Framework Operational Performance Metrics

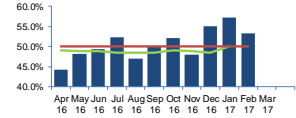
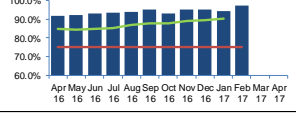
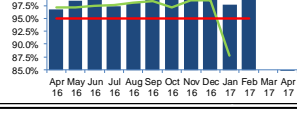
Indicator No.	Indicator	Target	Q2 16/17 Outturn	Q3 16/17 Outturn	Q4 16/17 Outturn	Apr	May	Jun	Q1 17/18 Numerator Outturn	Q1 17/18 Denominator Outturn	Q1 17/18 Outturn	National Benchmark	Graph
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				100.0%			336	336	100.0%	90.0% as of February 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 Next publication date: TBC	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	64.2%	75.3%	69.5%	90.0%			18	20	90.0%		
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%			94.0%								
	c) Community mental health services (people on Care Programme Approach)	65.0%			TBC								

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 April 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of April 2017 was 18; 11 of these patients have been waiting for more than two weeks.

Indicator M19: Performance against this standard was assessed as part of the 2016/17 national CQUIN indicator, via local and national audits in quarter 4 of 2016/17. The local audit of Early Intervention in Psychosis services showed 94.0% compliance. The national audit results for inpatient wards and community mental health services are not yet available.

Graph Key	
Measure	
Target	
England Benchmarking figure	

Single Oversight Framework Operational Performance Metrics




Indicator No.	Indicator	Target	Q2 16/17 Outturn	Q3 16/17 Outturn	Q4 16/17 Outturn	Apr	May	Jun	Q1 17/18 Numerator Outturn	Q1 17/18 Denominator Outturn	Q1 17/18 Outturn	National Benchmark	Graph
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.5% June Final data	99.5% September Final data	99.5% December Final data							97.1% Sep Final Next publication date: 25/05/2017	
M20b	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Priority metrics	85.0%	TBC										
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	52.8%		55.3% (Provisional)							50.1% as of Jan 17: Next publication date 25 th May 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	94.2%		95.6% (Provisional)							90.2% as at Jan 17 Next publication date: 25/05/2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	98.4%		98.3% (Provisional)							87.7% as at Jan 17 Next publication date: 25/05/2017	

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 still awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Pending this, data has been provided based on internal calculations from the MHSDS.

Indicator M20b: In January 2017, NHS Improvement confirmed that the MHSDS indicator for priority metrics will only assess performance on three elements – 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.

Indicators M21, M10, M11: Within the Single Oversight Framework, Trust performance for Improving Access to Psychological Therapies (IAPT) is assessed quarterly, based on final data published by NHS Digital.

Whilst not an NHS Improvement Single Oversight Framework metric, IAPT access rates are a key national priority. In 2016/17, the Trust's contract with Clinical Commissioning Groups (CCGs) was for IAPT services to see 15% of all people with anxiety and depression. The number of people accessing psychological therapies has increased since the launch of MyWellbeing College. Trust performance will be discussed at the Business Unit Performance Meetings in May. NHS Digital is due to publish final data for 2016/17 in June 2017.

Graph Key	
Measure	
Target	
England Benchmarking figure	

Accident and Emergency Waiting Times

Airedale NHS Foundation Trust

Indicator No.	Indicator	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Total attendances within 4 hours		13,368	13,174	13,180	13,840	4,628	4,232	4,314	4,375	4,164	4,641	4,416	4,323	5,101
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	93.3%	90.2%	89.2%	91.9%	90.3%	88.8%	91.3%	90.2%	90.8%	90.1%	88.4%	94.5%	93.1%

Bradford Teaching Hospitals NHS Foundation Trust

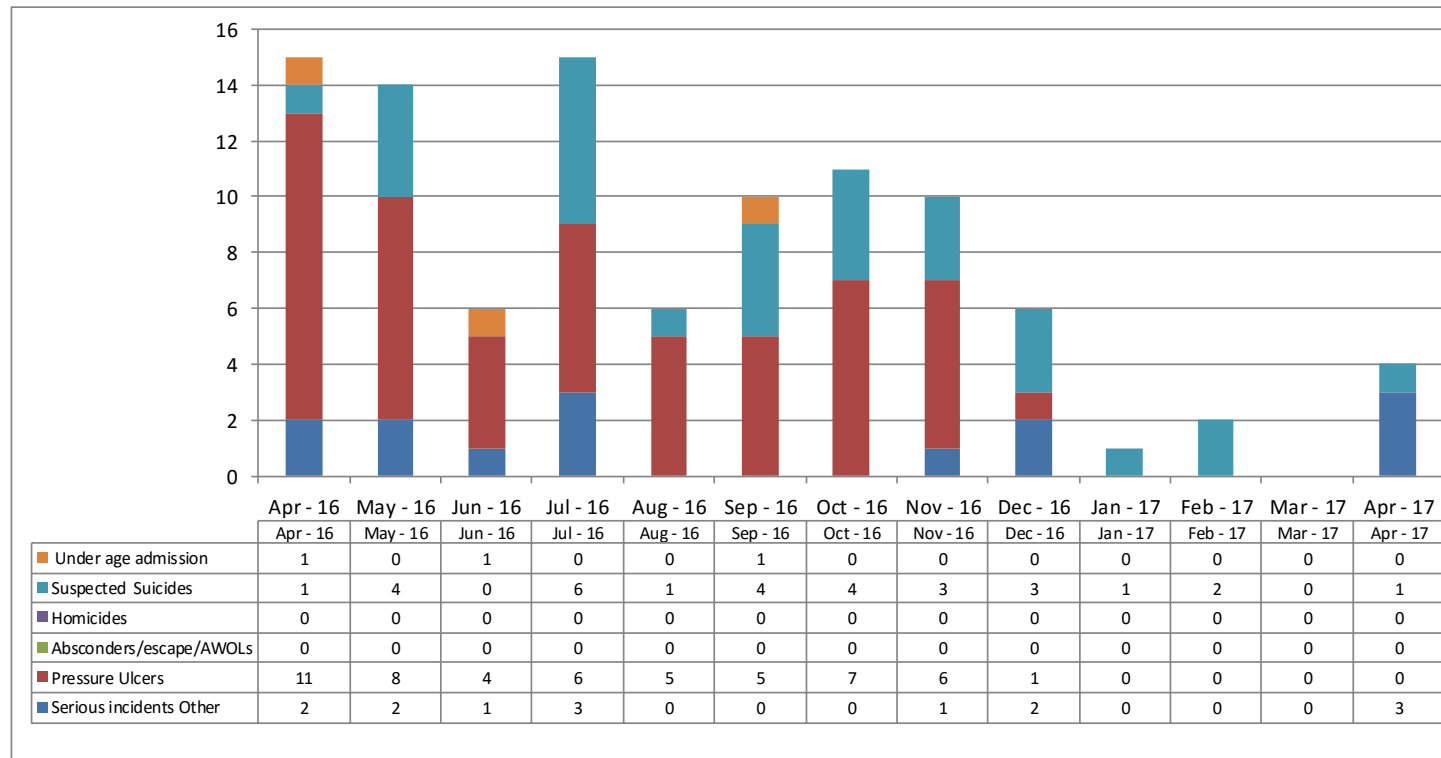
	Total attendances within 4 hours		31,297	30,250	28,941	29,091	10,714	9,774	9,762	9,792	9,516	9,633	9,612	8,981	10,498
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	90.8%	89.4%	84.0%	89.8%	89.8%	90.1%	88.2%	85.0%	85.1%	82.1%	86.8%	90.1%	92.4%

Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust performance against the national standard for Accident and Emergency (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.

NHS England and NHS Improvement 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 urgent and emergency care targets across West Yorkshire, including the A&E 4 hour target. National funding allocated to deliver transformation and interventions has been extended into quarter 1 of 2017/18.

Serious Incident Numbers

Indicator No.	16/17 Out-turn	This month's performance	17/18 Year to Date
Q3	96	4	4



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

The three serious incidents reported in April 2017 that are classified as "other" are: an alcohol related death, an unexpected death and an allegation of abuse.

Serious Incident Reports: Timescales to Complete

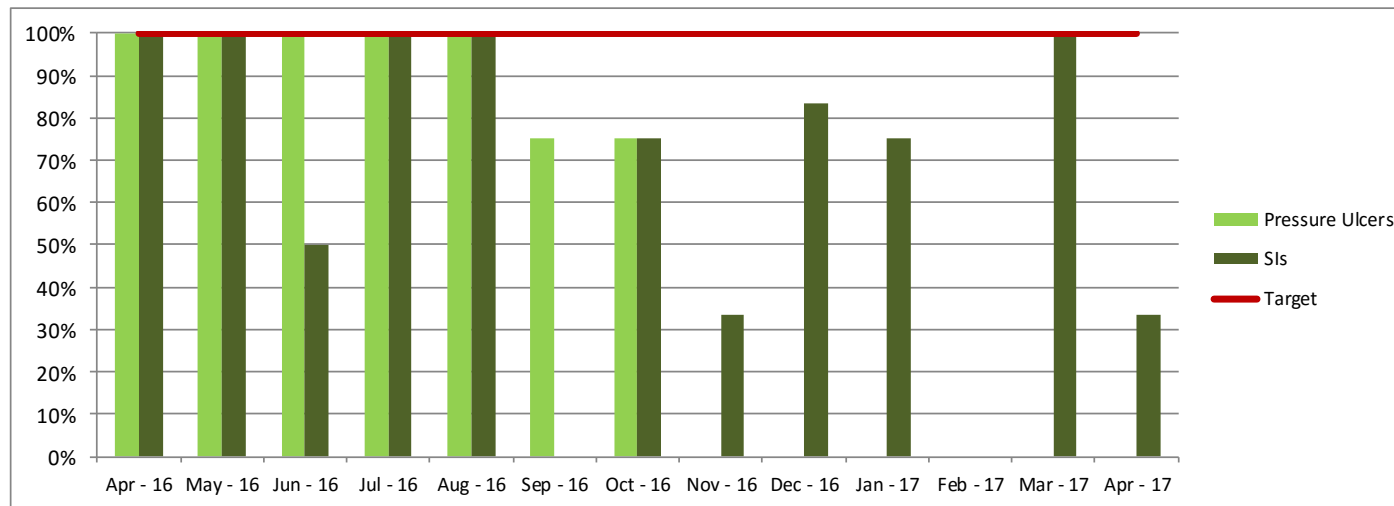
Ref	Indicator	16/17 outturn	17/18 Target	This month's performance			17/18 YTD	Forecast 17/18
				No. Closed this month within target (Numerator)	Total number completed in month (Denominator)	Percentage completed in target time		
Q4(a)	Serious incident reports completed(Total): Q4(b) + Q4(c)	80.0%	100%	1	3	33.3%	33.3%	80.0%
Q4(b)	Serious incident reports completed (Pressure Ulcers)	93.7%	100%	0	0	-	0.0%	90.0%
Q4(c)	Serious incident reports completed (all others causes)	71.0%	100%	1	3	33.3%	33.3%	75.0%

3 reports were completed in April 2017.

1 report was completed within the 12 week target.

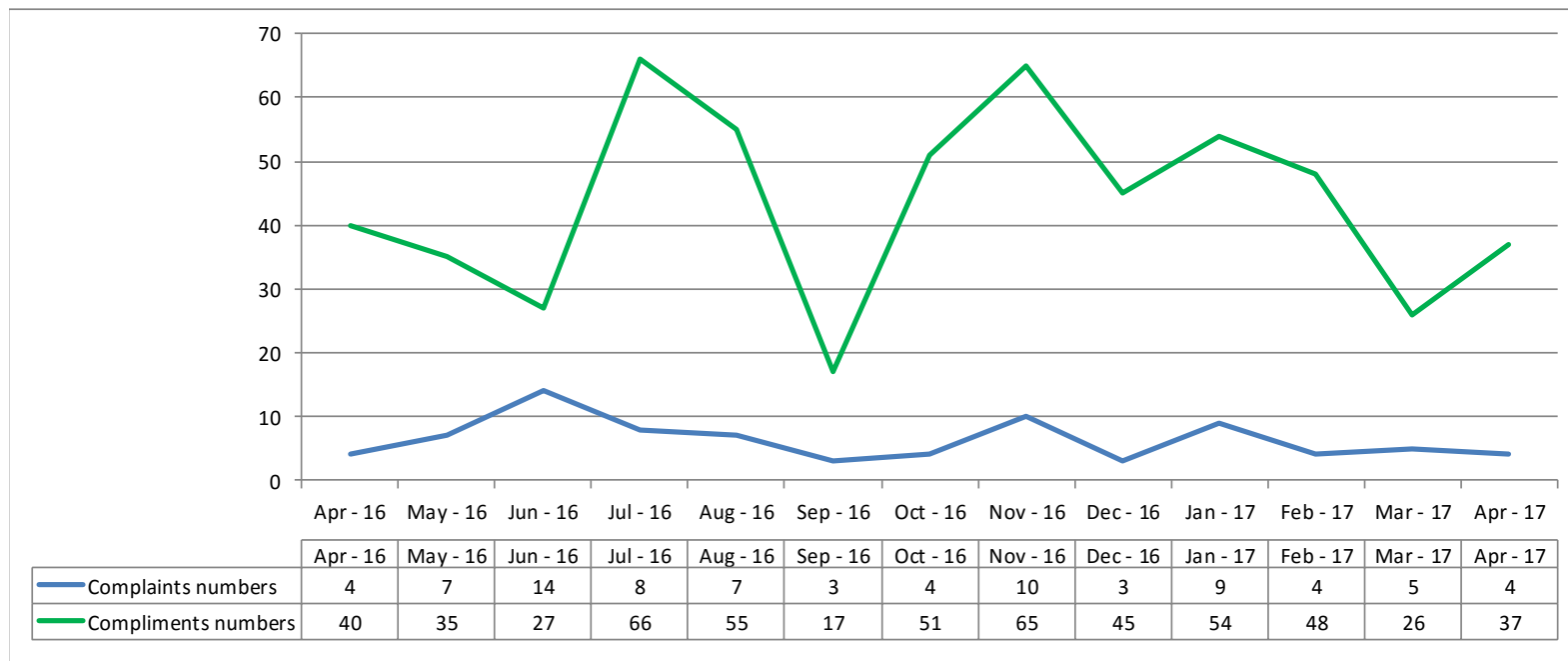
Of the 2 remaining reports:

- the completion of 1 was delayed because the key member of staff was absent from work and interviewed upon their return;
- Completion of the other report faced delays that are attributed to the large number of staff required for interview and liaison with a number of partner agencies.



Number of Compliments, Complaints and Claims

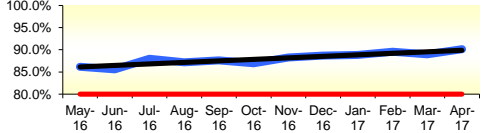
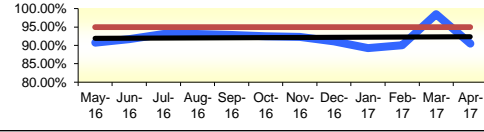
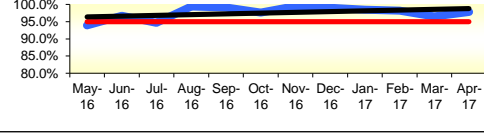
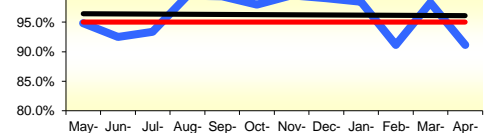
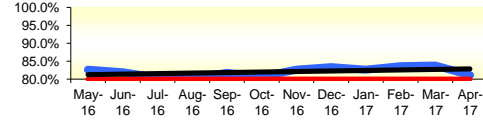
Indicator Number	Indicator	16/17 outturn	This Month	17/18 YTD
Q6	Claims Numbers	15	3	3
Q8	Complaints numbers	78	4	4
Q9	Compliments numbers	529	37	37



Indicator Q6: Of 3 claims, 2 were employer related claims, the other related to clinical issues.



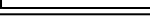
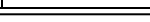
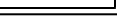
Indicator Q9: Of 37 compliments received, 11 were for podiatry. The rest were evenly distributed amongst several teams.

Workforce – Appraisal & Mandatory Training

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	FOT 17/18	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	88.96%	80.00%	6621	7343	90.17%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	98.46%	95.00%	2314	2558	90.46%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	96.51%	95.00%	269	275	97.82%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	98.28%	95.00%	2583	2833	91.18%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	1906	2351	81.07%		

Indicator Q17a, b & c: For March 2017, NHS Digital issued amended criteria for calculating Information Governance (IG) compliance. The change allowed the Trust to include staff who were in date during 2015/16 within the compliance calculation for 2016/17. For April 2017, these have been removed from the figures. The compliance rate has therefore reduced and remains below target at 90.46%. This is the equivalent of around 244 people who remain out of date with IG training.

Indicator Q17b: Retinue reports 100% compliance for April. Taskmaster reports 97.92% compliance, with 1 worker currently in the process of completing the training. The internal staff bank reports 94.95% compliance; there has been an issue of substantive staff leaving the Trust but remaining as bank workers and their IG training has expired. The staff bank team continue work to rectify this issue.

Graph Key				
Measure		Target		Trend
				

Workforce – Appraisal and Mandatory Training Hotspots

Information Governance

Current performance	90.46%
Change from the previous month	-8.00%

Business Unit	%	Change
Quality & Governance	95.83%	-4.17%
Trust Management	95.65%	-0.35%
Human Resources	94.64%	-3.66%
Medical & IM&T	89.09%	-10.91%
Adult Physical Health Community Services	88.87%	-9.01%
Mental Health - Acute Inpatient and Community Serv	88.42%	-10.15%
Grand Total	90.46%	-8.00%

Infection Prevention

Current performance	89.90%
Change from the previous month	1.01%

Business Unit	%	Change
Quality & Governance	100.00%	0.00%
Research & Development	100.00%	10.00%
Human Resources	98.31%	3.31%
Childrens Services	89.78%	1.58%
Specialist Inpatient Services, Dentistry and Administr	89.50%	0.38%
Mental Health - Acute Inpatient and Community Serv	85.94%	1.83%
Grand Total	89.90%	1.01%

Appraisal

Current performance	81.07%
Change from the previous month	-2.70%

Business Unit	%	Change
Trust Management	95.56%	7.80%
Quality & Governance	90.91%	-4.55%
Estates, Facilities & Finance	89.25%	-2.38%
Childrens Services	78.70%	-5.95%
Adult Physical Health Community Services	74.12%	-3.74%
Research & Development	63.64%	8.08%
Grand Total	81.07%	-2.70%

Fire Safety

Current performance	92.85%
Change from the previous month	1.38%

Business Unit	%	Change
Specialist Services & Nursing	100.00%	3.33%
Human Resources	98.21%	1.60%
Trust Management	97.83%	3.83%
Adult Physical Health Community Services	92.79%	1.07%
Research & Development	90.91%	0.91%
Mental Health - Acute Inpatient and Community Se	89.91%	-0.14%
Grand Total	92.85%	1.38%

Moving & Handling

Current performance	87.54%
Change from the previous month	1.03%

Business Unit	%	Change
Quality & Governance	100.00%	0.00%
Research & Development	100.00%	20.00%
Specialist Services & Nursing	96.88%	-3.13%
Adult Physical Health Community Services	89.40%	2.36%
Estates, Facilities & Finance	84.91%	-0.94%
Mental Health - Acute Inpatient and Community Se	81.57%	-3.16%
Grand Total	87.54%	1.03%

Key

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

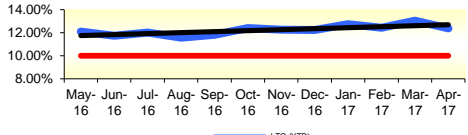
Indicator Q17: In terms of total mandatory training, all 11 areas are reporting over 80% compliance, as is Infection Prevention, Moving & Handling and Fire Safety. However just 2 areas are compliant with IG, making this a key area for concerted action.

Indicator Q17a: The overall compliance level for information governance (IG) training is below the 95% target. There are currently 244 staff non compliant with IG training. 119 have fallen out of date since last month. 122 (50%) of the 244 are at the top of their pay band. 115 more employees need to be compliant to achieve the 95% target.

Reminders are issued by the workforce development team and senior managers 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 liaise with the head of operations to ensure the appropriate action is taken.

Indicator Q18: Appraisal rates have reduced by 2.7% since March 2017, looking across the last financial year this is a 1.4% reduction since April 2016, with just 2 of the 11 Business Units showing an increase in figures from the previous month.




Workforce – Labour Turnover and Vacancy

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	FOT 17/18	Graph
Q19	% Labour Turnover	13.04%	10.00%	316.83	2559.88	12.38%		

Indicator Q19: Labour turnover (LTO) has reduced by 0.7% to 12.38% since March 2017. Current benchmarking data shows turnover in the two CQC ‘Outstanding’ rated Mental Health Trusts as 7.6% at Northumberland, Tyne & Wear and 16.81% for East London (both organisations have approximately twice the number of staff). A total of 298.9 wte leavers were recorded for the 12 months to April 2016 compared to 316.8 wte for the 12 months to April 2017, this is an increase of 17.96 wte leavers.

The number of new starters over the last 12 months, stands at 231.7 wte, which would indicate that the Trust has recruited 85.1 wte less staff than were lost through LTO. Reasons identified for the difference include reduced intake to university places and national shortages in certain staffing groups. 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 (53.8 wte – 16.99%), retirement (55.2 wte – 17.42%) and promotion (30.1wte – 9.50%). In order to help retain staff, the Trust offers a range of flexible working models and flexible retirements. The Trust is also currently part of the Workforce Retention programme being lead by NHS Employers, the purpose of which is to support organisations to reduce turnover and retain staff – the final workshop is being held in July. The top 5 hotspot areas reporting the highest level of leavers/LTO are Specialist Inpatient Services, Administration Services, Community Nursing Services, Acute Inpatient Services, and IAPT (including fixed term IAPT assignments ending). Over 57% of Trust leavers in the 12 month rolling period were attributed to these five service areas listed, as were 43% of the Trust’s new starters over the same time period. 20.8% (66.0 wte) 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;
- Strategic recruitment plan in place which includes recruitment fayres, open evenings and working closely with universities.

Graph Key	
Measure	
Target	
Trend	

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	FOT 17/18	Indicator Q21: The vacancy rate of 5.42% equates to approximately 146.6 wte, with 61.7% of all vacancies recorded within Specialist Inpatient, Dental & Administration. Current mitigations include recruitment to staff bank posts to provide short term support. The aim is to recruit 10 per month and achieve 300 bank workers by December 2017. 11 new bank workers (4 registered, 7 non registered) started in April 2017. There are currently 253 staff bank workers. We are pursuing a pipeline of 32 workers (4 registered, 28 non registered) to join the staff bank.
Q21	% Vacancy rate	7.17%	10.00%	146.63	2706.51	5.42%		
Q21a	% Vacancy rate (Specialist Inpatient, Dental & Administration)	9.93%	10.00%	90.45	516.19	17.52%		

Workforce – Labour Turnover Exceptions

Hotspot areas / Exceptions

Turnover percentage starters and leavers WTE per month - May 16 to Apr 17

Business Unit	Service Area	Labour Turnover		Leavers	Starters
		%	Headcount	WTE	WTE
Specialist Inpatient	Specialist - Inpatient	23.40%	199	42.93	23.83
	453 Thornton Ward (FSM) (113126)	64.04%	24		
	453 Dementia Assessment Unit (113501)	25.09%	31		
	453 Medical Psychology (OPMH) (113701)	58.82%	4		
	453 Inpatient Specialist Services Management (114702)	33.33%	3		
Specialist Inpatient	Administration Services	15.43%	191	24.59	19.41
	453 Inpatient Administration (113070)	28.28%	34		
	453 Single Point of Access (115085)	38.19%	21		
	453 Administration - Lyrfield Mount (115305)	20.87%	14		
	453 Administration - Horton Park & Westbourne Green (115304)	22.04%	23		
Adult Physical Health	Community Nursing	13.51%	364	42.47	31.40
	453 DN Team Shipley (115024)	27.17%	9		
	453 DN Team Horton Park Team 1 (115032)	68.44%	6		
	453 DN Team Parklands (115038)	61.64%	6		
	453 DN Team Bowling/Rooley (115042)	54.43%	6		
	453 DN Team The Ridge (115048)	22.29%	21		
	453 DN Team Haigh Hall MC (115057)	29.41%	8		
	453 DN Team Wrose (115061)	36.14%	6		
MH Acute and Community	Acute - Inpatient	18.30%	240	41.40	21.00
	453 Maplebeck Ward (AMH) (113004)	39.08%	18		
	453 Clover (PICU Airedale) (AMH) (113010)	53.00%	21		
	453 Intensive Home Treatment Team - Airedale (113283)	25.14%	17		
	453 Bradford Locality Management (114700)	77.89%	4		
MH Acute and Community	IAPT	25.79%	137	30.35	3.24
	453 Step 4 Aire/Wharfe/Craven Locality Psych Therapy Team (115225)	27.91%	5		
	453 City IAPT (115234)	40.25%	10		
	453 North IAPT (115236)	51.76%	23		

Hotspot area Leavers Total (WTE)

181.75

Hotspot area Starters Total (WTE)

98.88

Trustwide Leavers Total (WTE)

316.83

Trustwide Starters Total (WTE)

231.72

% Hotspot area total against Trustwide total

57.36%

Hotspot area total against Trustwide total

42.67%

Reasons for leaving - 12 months (May 16 to Apr 17)

Reasons for Leaving	WTE	%
VR - Other/Not Known	79.19	24.99
VR - Relocation	53.83	16.99
Retirement	55.19	17.42
VR - Promotion	30.09	9.50
VR - Work Life Balance	25.04	7.90
End of Fixed Term Contract	20.71	6.54
VR - To undertake further education or training	13.16	4.15
Dismissal	11.39	3.59
VR - Better Reward Package	8.85	2.79
VR - Health	6.31	1.99
VR - Lack of Opportunities	4.92	1.55
VR - Child Dependants	3.79	1.20
Death in Service	2.36	0.74
VR - Incompatible Working Relationships	2.00	0.63
VR - Adult Dependants	0.00	0.00

316.83

Number of Leavers - leaving within first 12 months of employment

Reasons for Leaving	WTE
VR - Other/Not Known	14.60
End of Fixed Term Contract	16.61
VR - Relocation	8.76
VR - Work Life Balance	8.60
VR - Promotion	2.93
VR - Child Dependants	2.71
VR - To undertake further education or training	2.56
VR - Better Reward Package	2.49
Dismissal	2.00
VR - Health	0.97
VR - Incompatible Working Relationships	1.00
VR - Lack of Opportunities	0.96
Death in Service	0.43
Retirement	1.40
VR - Adult Dependants	0.00

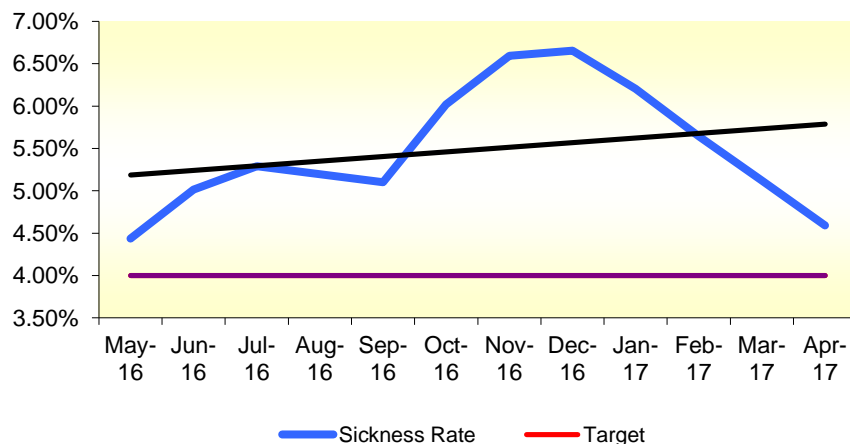
66.02

Workforce – Sickness Absence

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	17/18 YTD	FOT 17/18
Q20	% Sickness absence rate	5.12%	4.00%	3526.77	76800.74	4.59%	4.59%	

Staff Sickness Absence	Total Number
Total days lost	39398
Total staff	2560
Average working days lost	15.39

Sickness Absence Rate



Bradford Factor Score Points	Previous Month	Current Month
Informal process: 20 - 99 points	437	422
Informal process: 100 - 299 points	135	137
Formal process: 300 points and above	73	69

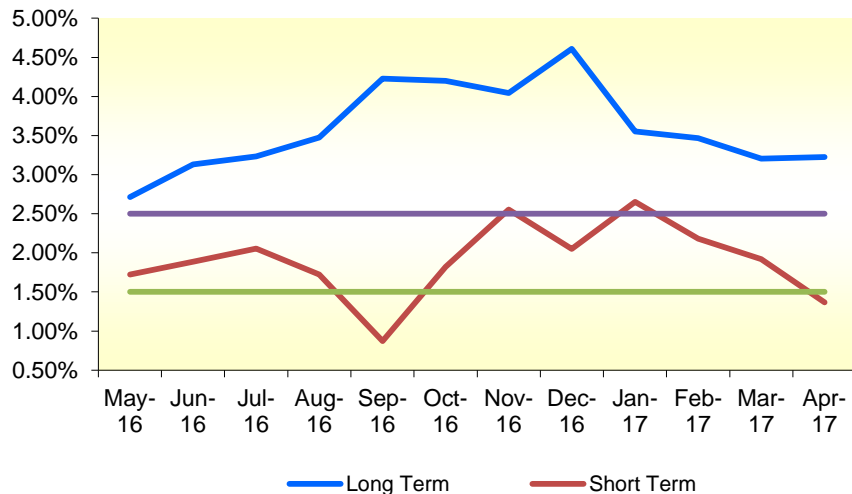
Indicator Q20: Sickness absence for April 2017 has reduced slightly to 4.59%. This is the fourth consecutive month reduction and is supported by targeted actions driving an in month reduction within both of the inpatient business units.

The main reasons for sickness absence remain as stress, anxiety/depression and musculoskeletal. There were 248 new episodes of sickness absence in April 2017. 13.7% were due to cold/flu, 35.1% were due to either gastrointestinal (21.4%) or musculoskeletal (13.7%) issues. 54 of those 248 episodes remain open and could potentially lead to long term sickness; of these cases 25.9% are due to musculoskeletal and 29.6% due to stress/anxiety issues. The number of long term cases has increased by 3 since March to 86 cases in April, with stress and anxiety being the main cause of long term sickness. The number of life threatening cases has reduced to 2. 24.4% (21 cases) of long term sickness are attributed to musculo-skeletal/back concerns, an increase of 9.96% since last month. 33.3% of long term musculoskeletal absences are within Adult Physical Health Services and 23.8% within Mental Health Acute and Community Services.

Sickness absence and actions to reduce is discussed at the monthly Business Unit Performance Meetings and targeted support will continue to be provided to help staff stay well and resilient. The sickness policy is being reviewed and further guidance will be provided to managers to ensure that the policy is being properly implemented.

Workforce – Sickness Absence Exceptions

Long Term/ Short Term - Sickness Absence Rate



Absence

Current performance	4.59%
Current YTD	4.59%
Change from the previous month	-0.53%

Business Unit

Business Unit	%	Change
Research & Development	0.00%	0.00%
Quality & Governance	0.00%	-0.86%
Medical & IM&T	1.81%	-0.10%
Specialist Inpatient Services, Dentistry and Administration	4.96%	-0.95%
Estates, Facilities & Finance	5.76%	1.61%
Adult Physical Health Community Services	6.00%	0.02%
Grand Total	4.59%	-0.53%

Key

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

Specialist Inpatient Services, Dentistry & Administration

Short term absence is 2.00% and long term absence is 2.95%. Long term sickness has reduced, with 11 long term cases currently being actively managed. 10 cases have been closed since March 2017 with 4 new cases now being monitored. 4 are related to stress/anxiety and 1 is life threatening. The impact of this is that overall absence has reduced by 0.95%. There are 13 new absence episodes which are open ended and could potentially be long term by next month, 4 are stress related.

Estates, Facilities & Finance

Short term absence is 2.5% and long term absence is 3.3%. Long term absence has increased, with 7 long term cases currently being actively managed. 4 cases have been closed since March 2017 with 6 new cases now being monitored, 3 are related to stress/anxiety and 3 are musculoskeletal. There are 7 new absence episodes which are open ended and could potentially be long term by next month, 2 are due to stress, and 5 are musculoskeletal.

Adult Physical Health Community Services

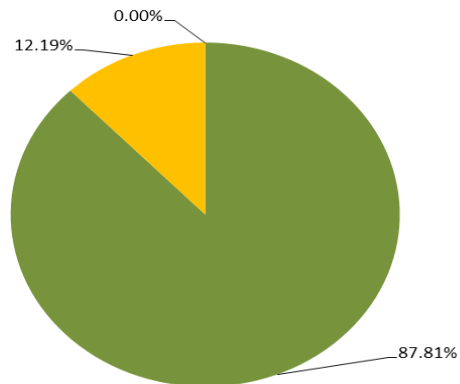
Short term absence is 1.4% and long term absence is 4.6%. Long term absence has increased, with 27 long term cases currently being actively managed, 7 cases have been closed since March 2017 with 12 new cases now being monitored. 10 are related to stress/anxiety and 7 are musculoskeletal. There are 15 new absence episodes which are open ended and could potentially be long term by next month, 4 are stress related, and 3 are musculoskeletal.

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

Q23a - Safer Staffing: Inpatient Services - April 2017

Staffing Level Compliance

■ Exact/ Over Compliance ■ Under Compliance ■ Non Compliance



	No. shifts
Exact/ Over Compliance	1973
Under Compliance	274
Non Compliance	0

Risks:

- Hotspot areas in terms of vacancies (in Clover, Ashbrook, and Thornton) , remain, although overall these have reduced.

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 functionality introduced to software update of eRostering system to allow redeployment of staff to be recorded in the system to provide audit trail.
- The SafeCare module is also being reviewed following trialing on 3 wards with plans to implement across all areas in the first half of 2017.
- Full programme of recruitment fayres being attended in next 12 months. Rolling recruitment ongoing with specialist programmes and potential new roles/ career pathways being explored – e.g. Associate Physician, and Apprenticeships.

Narrative on data extracts regarding staffing levels on 13 wards during April 2017

Exact/over compliant shifts - Over compliant shifts have significantly reduced in April due to the weekly planning meetings held within the services. Of the 22% over compliant shifts these were mainly attributed to Ashbrook, Dementia Assessment Unit (DAU), Heather, Thornton, Oakburn and Clover (PICU) wards due to the acuity (complexity of need) and the requirement for skill mix within the units. 48% (9% reduction from March) of all shifts worked were bank or agency filled, with 84% of these shifts requesting unregistered staff. The main reason for bank and agency is due to vacancy which has decreased by 18% from last month – 73% to 55%). Clover and Ashbrook wards (Acute Inpatients) and Thornton (Specialist ward) are currently recording the highest levels.

Under compliant shifts - There were 29 incidents reported relating to staffing shortages in April 2017 (a reduction of 14 from the previous month), with the majority (21) submitted by Specialist inpatient services. The reduction is perhaps attributed to the positive impact the peripatetic team; which along with the planned controls being introduced to track Bank staff who did not attend, will also reduce this further. Another contributing factor to under compliance is sickness. However, this has reduced by 7% this month (from 19% to 12%). Additionally, due to Maplebeck experiencing low levels of occupancy, staff have been redeployed to areas of greater need over the month which also contributes to the reduction of under compliant shifts.

Non-compliant shifts – No shifts were identified as being non-compliant in April, however, most wards have recorded low levels of staff on at least one occasion across the month. These have been mitigated by use of safer staffing systems in place, such as use of Duty Nurse, redeployment, use of overtime policy.

Q23a - Safer Staffing: Inpatient Services – April 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	682.5	600	1117.5	1147.5	297.6	353.4	818.4	771.9	87.9%	102.7%	118.8%	94.3%
Heather	710 - ADULT MENTAL ILLNESS	892.5	967.5	907.5	1132.5	279	279	837	818.4	108.4%	124.8%	100.0%	97.8%
Bracken	710 - ADULT MENTAL ILLNESS	907.5	900	1342.5	1267.5	279	260.4	837	827.7	99.2%	94.4%	93.3%	98.9%
Ashbrook	710 - ADULT MENTAL ILLNESS	907.5	945	1342.5	1680	279	279	837	1227.6	104.1%	125.1%	100.0%	146.7%
Maplebeck	710 - ADULT MENTAL ILLNESS	900	780	1350	1177.5	279	279	837	855.6	86.7%	87.2%	100.0%	102.2%
Oakburn	710 - ADULT MENTAL ILLNESS	922.5	907.5	1327.5	1620	279	306.9	837	1218.3	98.4%	122.0%	110.0%	145.6%
Baildon	710 - ADULT MENTAL ILLNESS	900	772.5	1110	960	279	279	558	558	85.8%	86.5%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	915	712.5	1110	937.5	279	279	558	558	77.9%	84.5%	100.0%	100.0%
Thornon	710 - ADULT MENTAL ILLNESS	892.5	922.5	1350	1507.5	279	288.3	837	1004.4	103.4%	111.7%	103.3%	120.0%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	877.5	720	1372.5	1732.5	279	269.7	837	818.4	82.1%	126.2%	96.7%	97.8%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	892.5	945	1807.5	2505	279	279	1116	1646.1	105.9%	138.6%	100.0%	147.5%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	510	502.5	615	585	279	279	558	548.7	98.5%	95.1%	100.0%	98.3%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	907.5	817.5	2692.5	2917.5	539.4	530.1	1413.6	1655.4	90.1%	108.4%	98.3%	117.1%

Q23b: Staffing Ratio (Trends): Community Services

April 2017		Actual this month														
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than	M	J	J	A	S	O	N	D	J	F	M	A
FNP	25:1	17	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	298	312	362	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
School Nursing	2200:1	2722	2200	2500	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red
Special Need School Nursing	75:1	68	85	90	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
EIP	15:1	16	15	18	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
AOT	15:1	15	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
CMHT	35:1	28	33	35	Green	Green	Green	Green	Green	Red	Yellow	Yellow	Green	Green	Green	Green
CAMHS	40:1	40	35	40	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Yellow
Matrons and Case Managers	70:1	59	77	84	Green	Green	Green	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 visitors ratio is based upon nationally recommended levels amended to reflect local needs.

The school nursing ratio 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.

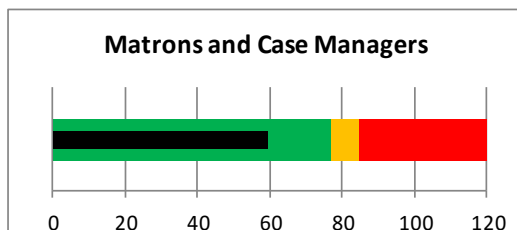
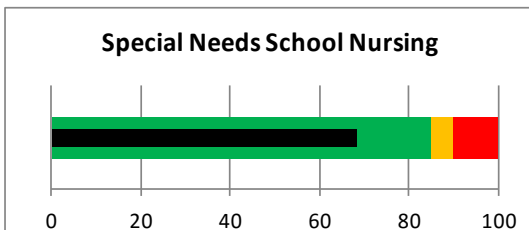
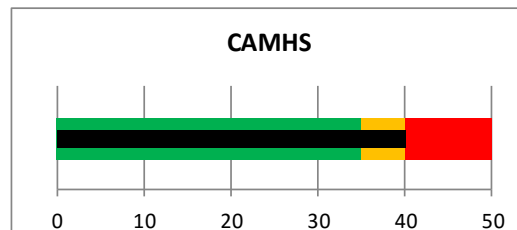
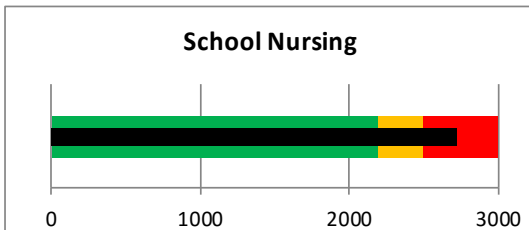
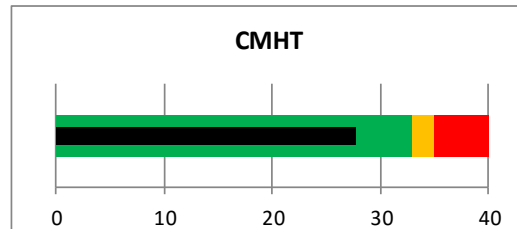
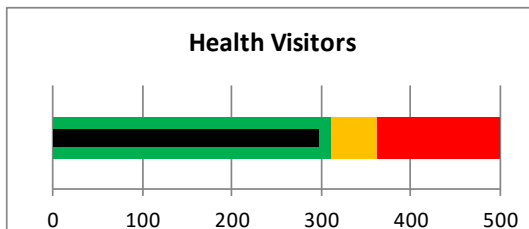
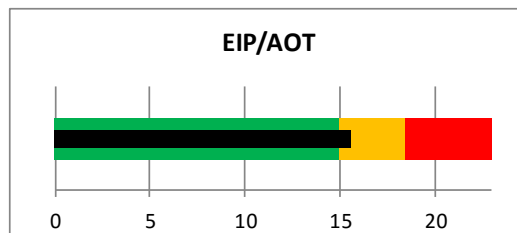
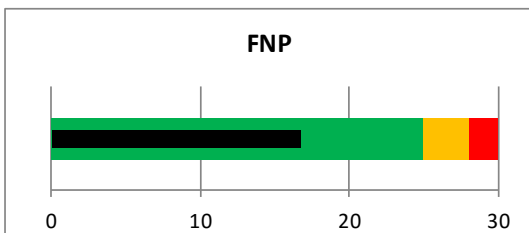
Special needs school nursing does not have a national recommendation, therefore it has been set locally.

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

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

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

Q23b: Staffing Ratio (Trends): Community Services



Legend / Glossary:

Black line indicates current months ratio of cases to staff against agreed thresholds.

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

Discussions continue with Bradford Council regarding the impact of savings required on service delivery. This will impact on staffing levels in Bradford, and was presented at a Quality Impact panel in April 2017. Mitigation of risks was discussed and agreed. School Nursing have moved to a red RAG due to increased sickness and 5.85 WTE on maternity leave. Work is underway to get staff fit and back to work and timescales have now been agreed to clarify with commissioners the school nursing 'core offer' to ensure priority areas can be targeted.

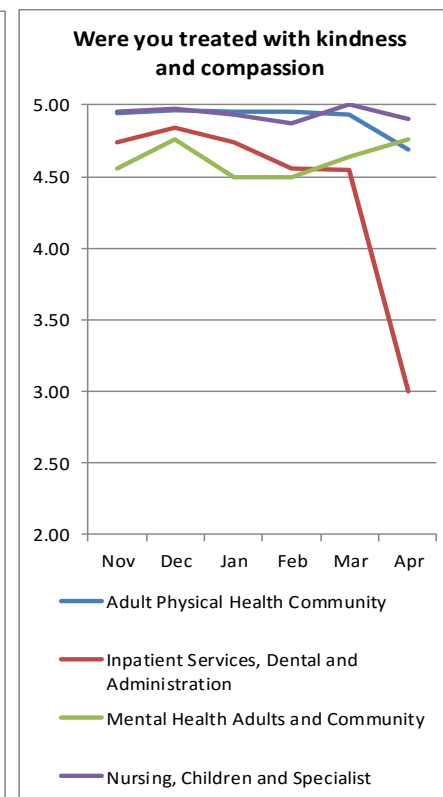
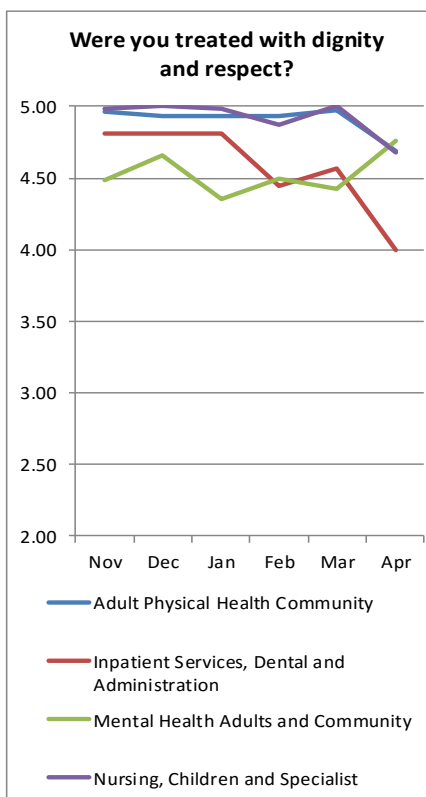
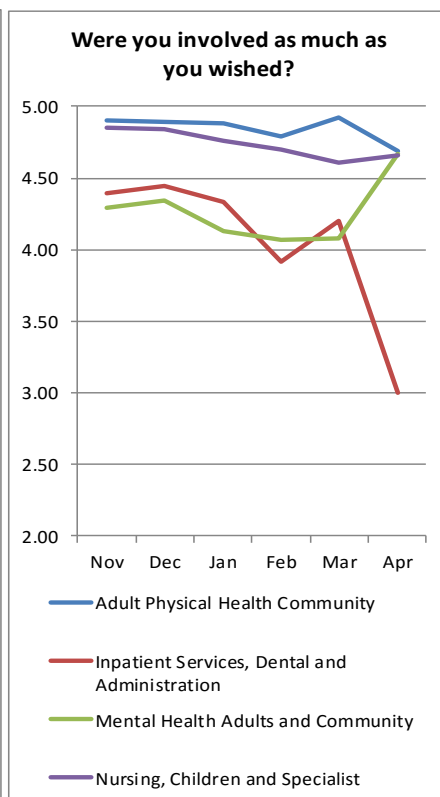
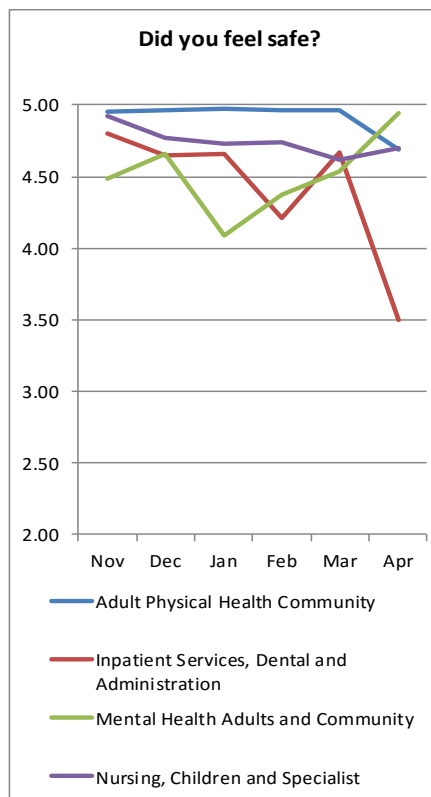
Deputy Director, Mental Health Acute and Community

A small improvement has been noted in CAMHS, and will be monitored. Services are being reviewed; Assertive Outreach team caseloads will be reviewed along with those of the CMHT teams as part of a transformation programme.

Deputy Director, Adults Community Physical Health

Work is ongoing exploring safer staffing models for community services based on the safe and sustainable care document published by the National Quality Board. A pilot of 2 teams will be undertaken in June 2017 with reporting commencing in September 2017.

Q40: Service User Experiences



Number of Reviews	Nov	Dec	Jan	Feb	Mar	Apr
Adult Physical Health Community	111	87	78	84	110	29
Inpatient Services, Dental and Administration	59	43	27	34	25	2
Mental Health Adults and Community	83	79	92	56	49	30
Nursing, Children and Specialist	160	119	302	47	223	50
Grand Total	413	328	499	221	407	111

The new Friends and Family Test system went live on 1 April 2017. For this month responses are still scored out of 5. There is an option to present information mapped against CQC domains.

The figures are averages of individual scores. The average score for Inpatient Services has been impacted by only having recorded 2 reviews on the new system. Despite a low average score, both reviewers were "likely to recommend". Comments offered do not explain the low score. One reviewer said "people were understanding" and the other commented "felt welcomed by staff and patients/need more staff". The low scores are mapped to a response of "sometimes" (for example "Sometimes I felt involved").

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 2017/18.	Y
Q15	Meet CCG Commissioning for Quality and Innovation (CQUINs) – current quarter	Y
Q16	Meet NHS England Commissioning for Quality and Innovation (CQUINs) – current quarter	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

Directors Business & Transformation Programme Monthly Summary

Feb-17

Mar-17

Apr-17

The purpose of the Directors Business & Transformation Programme is to provide effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

The 2016/17 projects delivered £5.5m transformation and improvement savings, and all major projects have now completed checkpoint or closure reports. These include Agile Working, Bank & Agency, Telephony, Care Packages and Pathways: all have been transitioned to business as usual service management.

The 2017/18 Directors Business & Transformation Programme provides governance, monitoring and assurance for 8 transformation projects delivering significant service transformation and change. In addition 86 transactional cost improvement savings are being monitored across the Trust. The scale of these savings and change activities required is expected to deliver budget reductions totaling £7.98m during 2017/18 to achieve the Trust objectives of financial sustainability, outstanding care and digital capability.

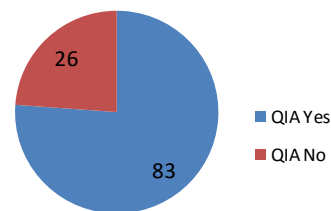
In April 2017 (month 1) the overall programme is rated red. 26 of 109 schemes do not have detailed implementation plans or have not yet been quality impact assessed. The Trust's plans are weighted to deliver more in the latter half of the year, allowing some time to complete these activities which are now progressing with urgency. The scale of transformation and need for thorough planning and engagement has impacted project initiation, with some plans needing to be re-modelled. The RAG and QIA status reflects the level of 'stretch' in the Trust's plans at 5.8% and late agreement in March of a Control Total of £826k that requires new schemes to be developed. In summary, at month 1:

1. **Adult Physical Health - due to agile working staffing savings still to be identified**
2. **Mental Health Acute & Community - due to Quality Impact Assessment not yet complete**
3. **Estates and Facilities - due to risk of CCG void cost recharging and Quality Impact Assessment not yet complete**
4. **2 outstanding projects (roster savings and control total stretch target) are being scoped**
5. **Specialist Inpatients, Dental and Admin and Procurement have a number of smaller schemes that need to be finalised**
6. **Children's Services are on track**
7. **Transactional Projects are on track**

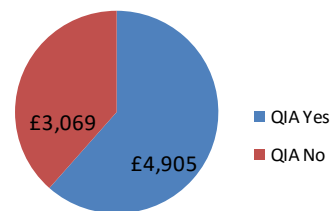
All Service Areas Financial status and Quality Impact Assessment (QIA) Completed

All Service Areas	Number of Schemes	Value (£,000)
QIA Yes	83	£ 4,905
QIA No	26	£ 3,069
Total Schemes	109	£ 7,974
RAG Status	Green	84
	Amber	8
	Red	17
	Total Schemes	109

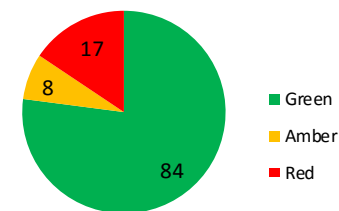
Number of Schemes QIA Status



Project Value (£,000)



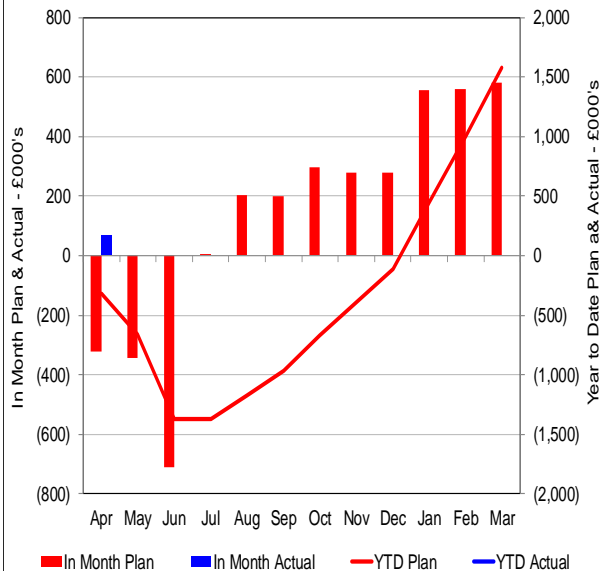
Financial RAG Status



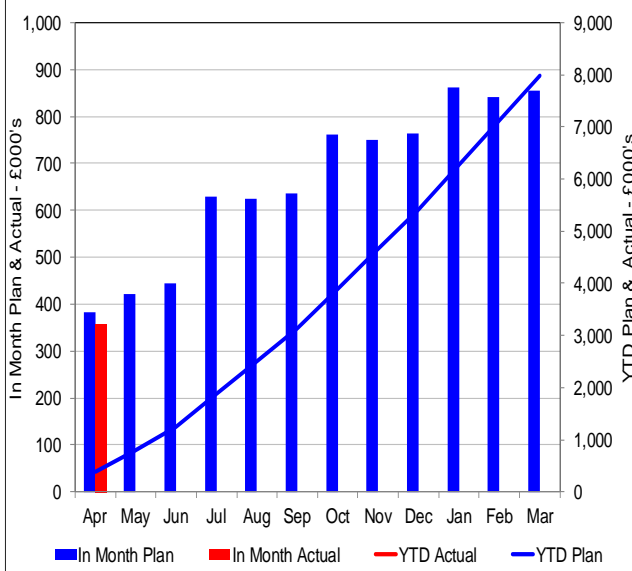
Finance Key Measures

£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG
Net Surplus/(Deficit)	(322)	65	(387)	●	1,578	1,578	(0)	●
Technical Adjustments				●				●
Performance against the Control Total	(322)	65	(387)	●	1,578	1,578	(0)	●
CIPs (net of High Risk reserve)	383	354	29	●	7,473	7,299	174	●
Capital Expenditure	172	78	94	●	3,528	3,528		●
Cash Balance	10,896	11,894	(998)	●	11,485	11,485		●
Use of Resources	3	1	2	●	1	1		●

Control Total Performance

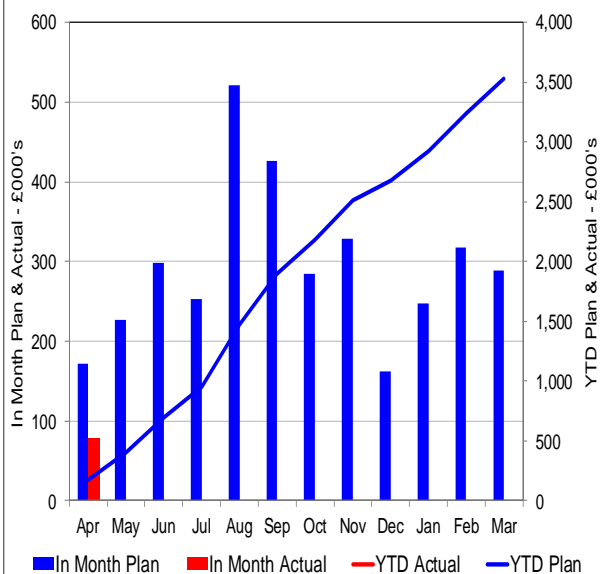


Cost Improvement Programmes

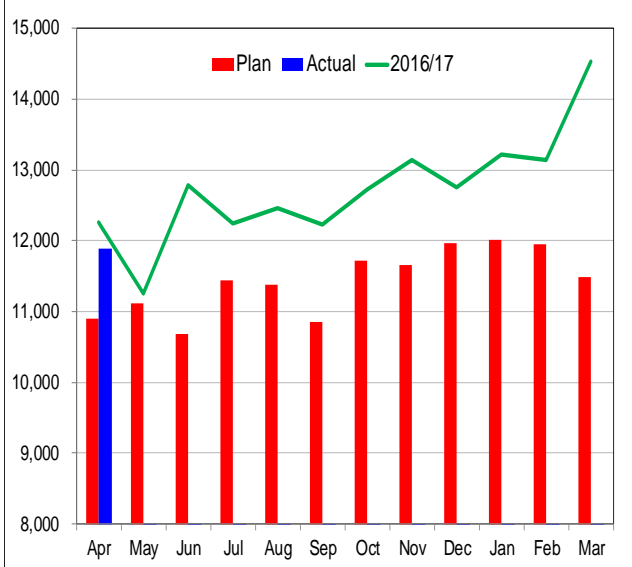


Workforce KPIs - Agency Expenditure Cap	Variance from Plan £000's	YTD RAG	Change in month
Total Agency Expenditure Cap	(329)	●	
Medical Agency Expenditure Cap	(69)	●	
Workforce KPIs - Agency Expenditure Cap	Variance from Plan %	YTD RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	(1.17%)	●	
Qualified Nursing Expenditure Cap - YTD	(1.17%)	●	
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	YTD RAG	Change in month
Price Cap Breaches in Month - Medical	92	●	
Wage Cap Breaches in Month - Medical	92	●	
Price Cap Breaches in Month - Non Medical	0	●	
Wage Cap Breaches in Month - Non Medical	0	●	
Workforce KPIs - Average cost per WTE	£000's	YTD RAG	Change in month
Average cost per WTE	39	●	

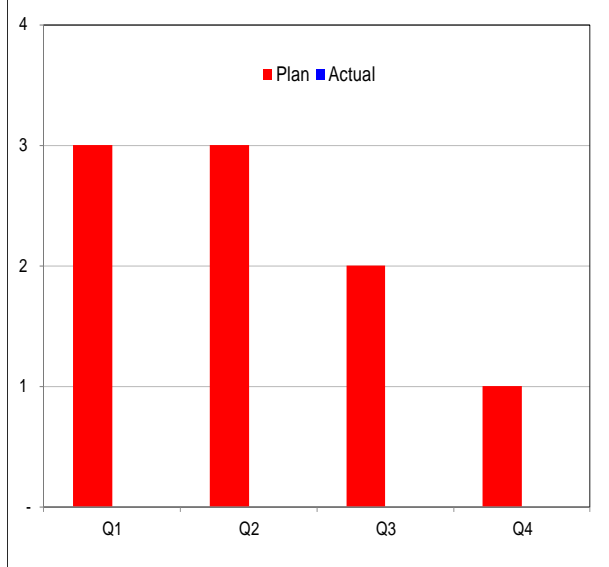
Capital Expenditure



In Month Cash Balances



Quarterly Use of Resources



Trust CIP Exceptions and Substitutions

Business Unit	Scheme	Start Date	QIA status	Year to Date £000's				Forecast Outturn £000's			
				Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG
Estates and Facilities	Airedale FT supplies cost reduction(receipt & distribution) - substitution may be required	Apr-17	Requires QIA	3		(3)	●	40		(40)	●
Specialist Inpatient Services	Inpatient Skill Mix Review	Apr-17	Requires QIA	9		(9)	●	110		(110)	●
Mental Health Acute & Community Services	Inpatient agency savings	Apr-17	Requires QIA	5		(5)	●	373		(373)	●
	Bed reductions	Jul-17	Requires QIA				●	221	221		●
	Inpatient Skill Mix Review	Apr-17	Requires QIA	12		(12)	●	140		(140)	●
Human Resources	HR Pay reductions	Jun-17	Requires QIA				●	120	120		●
	HR Pay reductions	Apr-17	Requires QIA	3	3		●	30	30		●
Quality & Governance	12% Risk and governance reduction Balance to find	Jul-18	Requires QIA				●	48		(48)	●
Director of Nursing Services	Roster savings - IDASH	Jan-18	Requires QIA				●	167	167		●
	Roster savings - MHACS	Jan-18	Requires QIA				●	152	152		●
Other	Control Total stretch target	Oct-17	Requires QIA	3	3		●	290	290		●
Total Blue and Red Schemes				35	6	(29)		1,692	981	(712)	

Key Actions

1. Roster savings – A proposal to implement a 2 shift system is being finalised and financially modelled. This will require engagement and a formal staff consultation before being implemented. The CIP is therefore profiled to deliver from Quarter 4.
2. Bed reductions – A timeline is being finalised to support the Trust to effect phased bed reductions during 2017/18. This will require agreement with CCG Commissioners and investment by the Trust to implement additional community support.
3. Inpatient Ward Skills mix – Plans have been identified to reduce agency costs on PICU by implementing a revised skills mix and staffing ratio. Agency costs are elevated as a result of Inpatient sickness absence remaining above the Trust's 4% target. Backfill for training over and above 10 funded days per WTE are also creating pressures. HR are actively supporting managers in all departments to manage short and long term sickness.
4. Control Total stretch target - Plans are being developed to target reductions in corporate departments, capital charges and from overhead contributions via new contracts for Children's Services. Initial proposals will be presented to EMT at the end of May.