

Board Integrated Performance Report

30 March 2017

February 2017 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Use of Resources



Agenda Item: 12

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 February 2017, for those indicators where final data is available. Recovery rates for Improving Access to Psychological Therapies (IAPT) show sustained improvement. Provisional data for January 2017 shows that the recovery rate is above the 50% target at overall Trust level and also for all three local Clinical Commissioning Groups. This is a particular achievement in the context of the national evidence that it is much harder to achieve recovery with black and minority ethnic communities and in areas of high deprivation. 	<p>4 – 5</p> <p>5</p>
Quality		
Exceptions	<ul style="list-style-type: none"> The March Directors' Business and Transformation Governance meeting agreed additional actions to ensure that Information Governance (IG) training compliance meets the 95% target by 31 March 2017. Deputy Directors and senior managers are contacting every member of staff who has not completed annual IG training and those whose training will be out of date by the end of March, to reiterate the importance of the training, ask them to complete the training as soon as possible and confirm the date it has been/will be completed. A verbal update about current performance will be provided to the Board. There was one duty of candour incident in February 2017. A patient was re-catheterised in the community by a District Nurse. The intervention caused trauma to the patient which resulted in the patient being admitted to hospital for treatment. 	<p>10 – 11</p> <p>21</p>
Business Unit		
Information	<ul style="list-style-type: none"> 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. 	
Change Programme		
Exceptions	<ul style="list-style-type: none"> Of the six transformation projects, three (agile project, agile resource reductions, telephony) continue to be rated red, two are rated amber and one is on track and rated green. At their 29 March 2017 meeting, the Finance, Business and Investment Committee will consider a telephony "deep dive" and a "deep dive" into agile working project benefits and costs. 	22 - 24

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		
Exceptions	<p>The risks highlighted at plan and elevated at the end of quarter 3 continue to prove extremely challenging and tight controls on non-essential vacancies, agency costs and discretionary spend will be kept in place until the end of the financial year.</p> <p>The level of risk highlighted in the Quarter 3 re-forecast was £494k (leading the Trust to revise the forecast surplus down from £1,350k to £856k – before technical adjustment for gain on disposal). This level of risk is still anticipated but with scoping of all recovery plan actions now nearing completion. Key outstanding actions relate to work to review asset lives and attendant capital charges and negotiation of property lease costs.</p> <p>If the Trust cannot recover the position fully we will forfeit access to £790k STF funding that it had planned to receive in the final quarter of the year. Every effort continues to be made to meet the planned surplus with forecasts proving broadly accurate at months 10 to 11 and improving materially from a £881k deficit at month 9.</p> <p>February financial position:</p> <ul style="list-style-type: none"> At Month 11 all key indicators are rated amber with the exception of the Statement of Comprehensive Income and CIPs which are both rated Red. The Trust planned to make a surplus of £1,218k at the end of the period but has reported a £861k surplus (excluding gain on disposal) and adverse plan variance of £357k, after taking account of actions that have been put in place to tightly manage expenditure. Cost Improvements are £216k 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. Capital Expenditure slippage has reduced in-month at £449k below plan at month 11, reflecting slippage on both Estates and IM&T schemes and uncommitted contingency reserves (for anticipated in-year pressures). 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 is dependant on delivery of the forecast actions. 	<p>25</p> <p>26</p> <p>32 - 34</p> <p>35</p> <p>31</p>

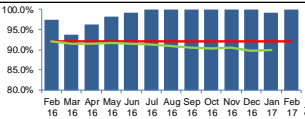
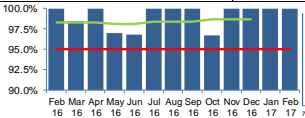
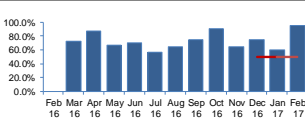
Summary and Recommendations

The performance report shows good performance against most non-financial targets in February 2017 but continued financial challenges.

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

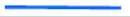



The Board is recommended to consider the exceptions highlighted and note the proposed actions.

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 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%				99.3%	100.0%		314	314	100.0%	89.9% as of Jan 17 Next publication date: 13 th Apr 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%	100.0%		99	99	100.0%	98.7% as of Q3 - 16/17 Next publication date: 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%	64.2%	75.3%	60.5%	95.4%		44	60	73.3%		
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 February 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of February 2017 was 38; 26 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 has been collected and submitted in quarter 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	Q2	Q3	Jan	Feb	Mar	Q4	Q4	Q4	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
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	99.5% September	99.5% November							96.0% Nov Final Next publication date: 23rd March 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%	47.6%	50.0%	52.0% (Provisional)	58.1% Jan (Provisional)						48.9% as at Nov 16 Next publication date: 23rd March 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	92.3%	94.2%	94.4% (Provisional)	94.5% Jan (Provisional)						88.8% as at Nov 16 Next publication date: 23rd March 2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	98.3%	98.6%	99.3% (Provisional)	98.2% Jan (Provisional)						98.5% as at Nov 16 Next publication date: 23rd March 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 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. The indicator applies from April 2017.

Indicator M21: The Improving Access to Psychological Therapies (IAPT) service successfully migrated from SystmOne 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

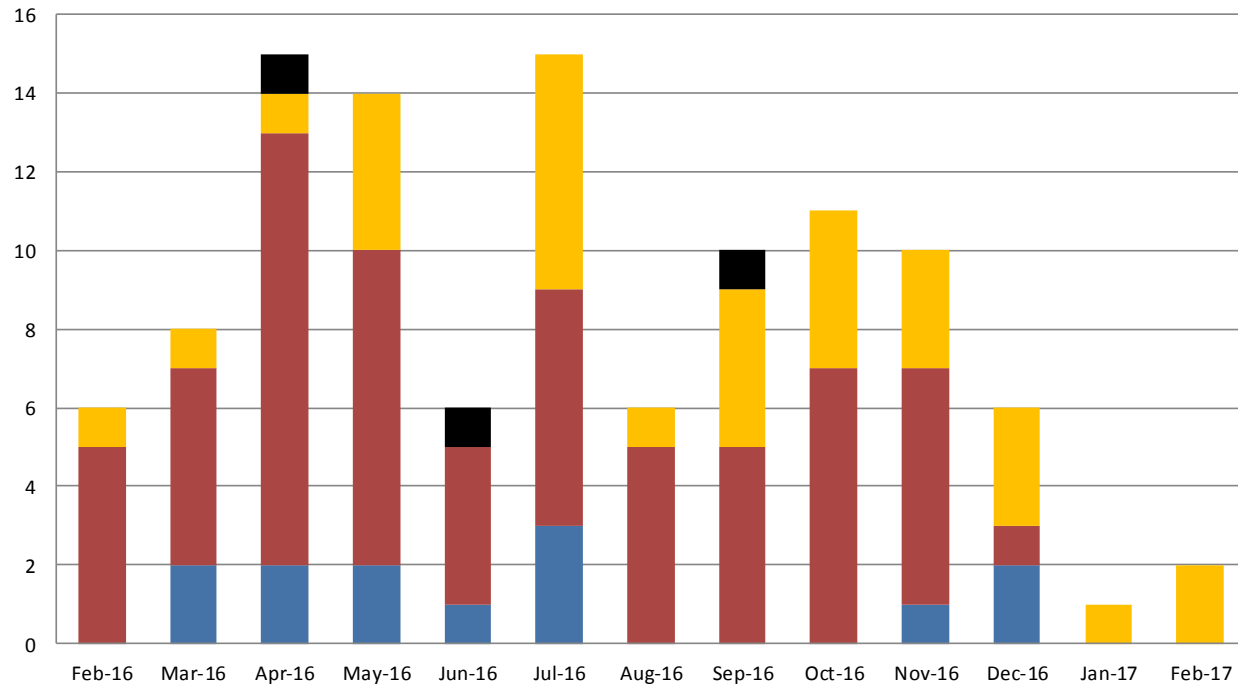
Airedale NHS Foundation Trust													
Indicator No.	Indicator	Target	Q4	Q1	Q2	Q3	July	Aug	Sep	Oct	Nov	Dec	Jan
	Total A&E attendances		13,796	14,324	14,612	14,772	5,124	4,765	4,723	4,852	4,585	5335	4,996
	Total attendances within 4 hours		13,187	13,368	13,174	13,180	4,628	4,232	4,314	4,375	4,164	4641	4,416
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%	90.1%	88.4%
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	11,080
	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	9,612
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%	86.8%

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	February 2017 Performance	16/17 YTD
Q3	141	2	96



	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
■ under age admission	0	0	1	0	1	0	0	1	0	0	0	0	0
■ Suspected Suicides	1	1	1	4	0	6	1	4	4	3	3	1	2
■ Homicides	0	0	0	0	0	0	0	0	0	0	0	0	0
■ Absconders/escape/AWOLs	0	0	0	0	0	0	0	0	0	0	0	0	0
■ Pressure Ulcers	5	5	11	8	4	6	5	5	7	6	1	0	0
■ Serious incidents Other	0	2	2	2	1	3	0	0	0	1	2	0	0

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

Serious Incidents

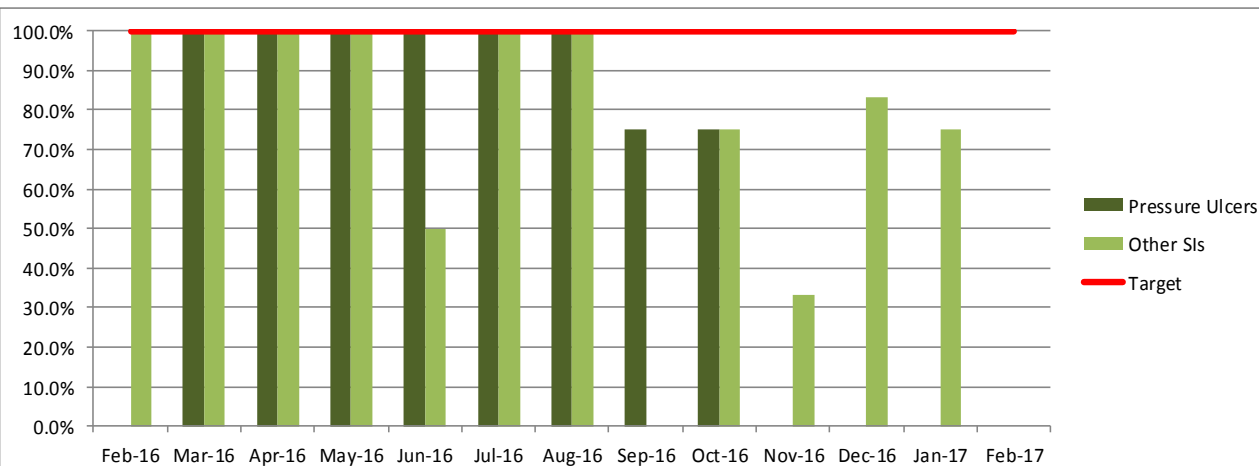
Ref	Indicator	15/16 outturn	16/17 Target	February 2017 Performance			16/17 YTD	FOT 16/17
				No. Closed this month within target (Numerator)	Total number completed in month (Denominator)	Percentage completed in target time		
Q4(a)	Serious incident reports completed(Total): Q4(b) + Q4(c)	48.9%	100%	0	2	0.0%	79.2%	
Q4(b)	Serious incident reports completed (Pressure Ulcers)	33.3%	100%	0	0	#N/A	93.9%	
Q4(c)	Serious incident reports completed (all others causes)	90.9%	100%	0	2	0.0%	69.0%	

The two incidents completed in February 2017, reported out of timescale, were delayed due to the complexity of the investigations. One took 29 weeks and the other took 30 weeks. One was a Duty of Candour incident and one was an attempted homicide.

The ability to complete Serious Incident Reports within the 12 week timescale has also been affected by:

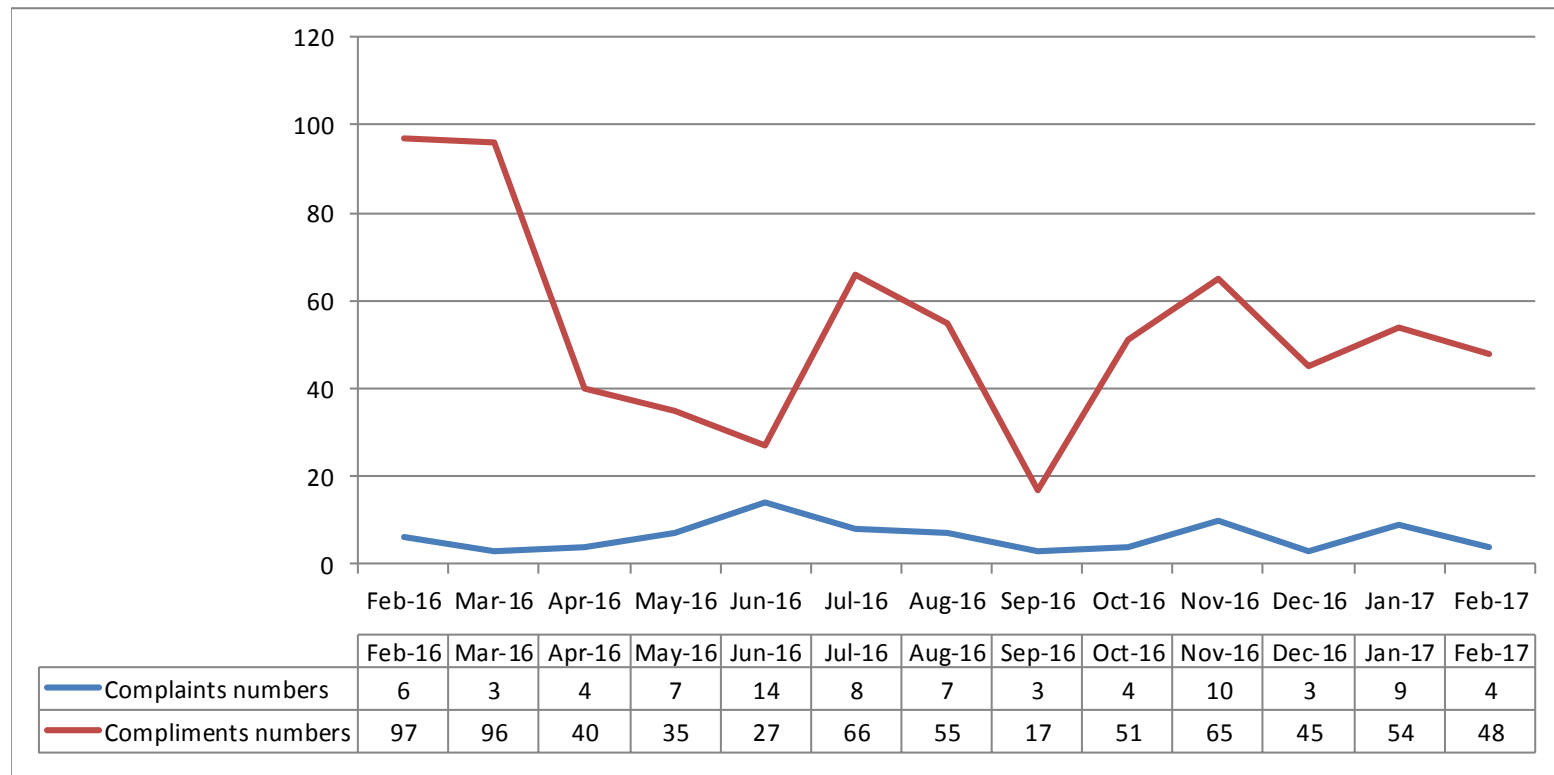
- the increase in number of serious incidents;
- the temporary reduction in Serious Incident Investigators. There are currently 1.3wte Serious Incidents Investigator post vacancies. Future investigation models are being considered.

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	Feb-17	16/17 YTD
Q6	Claims Numbers	8	N/A	0	15
Q8	Complaints numbers	74	N/A	4	73
Q9	Compliments numbers	658	N/A	48	503



Indicator Q8: Complaints: There was no pattern with regards to the distribution of the complaints.

Indicator Q9: Of the 48 compliments received, the majority were for Podiatry. The other compliments were distributed across a number of services.

Workforce – Appraisal & Mandatory Training

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	FOT 16/17	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	91.90%	80.00%	6640	7413	89.57%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	97.94%	95.00%	2229	2476	90.02%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	85.83%	95.00%	381	388	98.20%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	96.50%	95.00%	2610	2864	91.13%		
Q18	% Staff Receiving Appraisal	83.14%	80.00%	2046	2448	83.58%		

Indicator Q17a, b & c: For substantive staff, compliance has remained below the 95% target (equivalent of 247 people being non-compliant). However compliance has increased 0.73% from January 2017. HR are working 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 97.90% compliance for February: 3 workers are currently outstanding and are in the process of completing the training. Taskmaster are reporting 94.44%, with 4 workers currently in the process of completing the training and the Internal Staff Bank are reporting 100%.

Graph Key	
Measure	
Target	
Trend	

Workforce – Appraisal and Mandatory Training Hotspots

Information Governance

Current performance	90.02%
Change from the previous month	0.73%

Business Unit	%	Change
Quality & Governance	95.83%	4.17%
Trust Management	94.34%	3.96%
Specialist Services & Nursing	93.10%	-3.45%
Mental Health - Acute Inpatient and Community Serv	88.76%	1.03%
Childrens Services	86.46%	-2.60%
Research & Development	66.67%	0.00%
Grand Total	90.02%	0.73%

Infection Prevention

Current performance	90.03%
Change from the previous month	1.37%

Business Unit	%	Change
Quality & Governance	100.00%	4.17%
Human Resources	98.28%	1.91%
Estates, Facilities & Finance	97.17%	-0.52%
Childrens Services	89.90%	-1.01%
Mental Health - Acute Inpatient and Community Serv	84.58%	3.68%
Research & Development	77.78%	0.00%
Grand Total	90.03%	1.37%

Appraisal

Current performance	83.58%
Change from the previous month	0.95%

Business Unit	%	Change
Quality & Governance	95.65%	8.15%
Human Resources	92.73%	-1.82%
Estates, Facilities & Finance	92.13%	0.81%
Trust Management	80.39%	3.92%
Research & Development	77.78%	22.22%
Adult Physical Health Community Services	76.84%	0.66%
Grand Total	83.58%	0.95%

Fire Safety

Current performance	92.09%
Change from the previous month	0.92%




Business Unit	%	Change
Specialist Services & Nursing	100.00%	3.45%
Human Resources	98.25%	3.60%
Medical & IM&T	96.55%	5.48%
Childrens Services	91.17%	-1.80%
Mental Health - Acute Inpatient and Community Se	90.49%	2.58%
Research & Development	77.78%	0.00%
Grand Total	92.09%	0.92%

Moving & Handling

Current performance	86.57%
Change from the previous month	-0.15%

Business Unit	%	Change
Specialist Services & Nursing	100.00%	3.45%
Quality & Governance	100.00%	8.33%
Human Resources	96.49%	0.13%
Estates, Facilities & Finance	83.96%	-1.15%
Specialist Inpatient Services, Dentistry and Adminis	83.92%	-5.20%
Research & Development	77.78%	0.00%
Grand Total	86.57%	-0.15%

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 247 staff non compliant with IG training. 155 have fallen out of date since last month. 117 (47.37%) of the 247 are at the top of their pay band. 122 more employees need to be compliant to achieve the 95% target.

A list of staff who are non compliant or due for renewal by end of March 2017 has been sent to Deputy Directors so that they can chase up staff who are non compliant.

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.

Indicator Q18: Appraisal rates have increased by 1.0% since January 2017, looking across the last financial year this is a 1.1% increase since April 2016, with 8 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%	301.31	2425.50	12.42%		

Indicator Q19: Labour turnover (LTO) has reduced by 0.3% to 12.42% since January 2017. A total of 309.01wte leavers were recorded for the 12 months to February 2016 compared to 301.31wte for the 12 months to February 2017, a reduction of 7.69wte leavers.

The number of new starters over the last 12 months, stands at 234.03wte, indicating that the Trust has recruited 67.28wte 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 (48.17wte – 15.99%), retirement (46.44wte – 15.41%) and promotion (32.76wte – 10.87%). Feedback will be collated on the new process that is being 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. The next slide provides an analysis of areas that account for the highest numbers of leavers. Over 57% of Trust leavers in the 12 month rolling period were attributed to the five service areas listed, as were 45% of the Trust's new starters over the same time period. These areas have also recorded high levels of sickness. 24.32% (73.27wte) 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%	235.73	2661.23	8.86%	
Q21a	% Vacancy rate (Specialist Inpatient, Dental & Administration)	9.93%	10%	86.80	519.48	16.71%	

Indicator Q21: The vacancy rate of 8.86% equates to approximately 235.73wte, with 36.82% 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 - Mar 16 to Feb 17

Business Unit	Service Area	Labour Turnover		Leavers	Starters
		%	Headcount	WTE	WTE
Specialist Inpatient	Specialist - Inpatient	21.31%	203	40.70	22.23
	453 Thornton Ward (FSM) (113126)	41.67%	28		
	453 Dementia Assessment Unit (113501)	24.35%	30		
	453 Bracken Ward (OPMH) - (113600)	19.01%	28		
	453 Medical Psychology (OPMH) (113701)	125.00%	3		
Specialist Inpatient	Administration Services	13.72%	195	22.39	20.90
	453 Inpatient Administration (113070)	21.88%	38		
	453 Single Point of Access (115085)	31.78%	21		
	453 Administration - Lynfield Mount (115305)	37.77%	14		
Adult Physical Health	Community Nursing	12.52%	372	40.27	32.00
	453 DN Team Horton Park Team 1 (115032)	59.19%	7		
	453 DN Team Parklands Team 2 (115038)	180.00%	2		
	453 DN Team Bowling/Rooley (115042)	32.22%	8		
	453 DN Team The Ridge (115048)	27.70%	22		
	453 DN Team Woodroyd (115051)	58.33%	3		
	453 DN Team Haigh Hall MC (115057)	24.12%	8		
	453 DN Team Moorside (115059)	33.26%	10		
MH Acute and Community	Acute - Inpatient	17.86%	278	45.29	24.49
	453 Maplebeck Ward (AMH) (113004)	35.87%	19		
	453 Clover (PICU Airedale) (AMH) (113010)	62.38%	21		
	453 Intensive Home Treatment Team - Airedale	26.74%	16		
	453 Bradford Locality Management (114700)	51.11%	5		
MH Acute and Community	IAPT	26.56%	105	25.21	4.60
	453 Step 4 Aire/Wharfe/Craven Locality Psychology	27.91%	5		
	453 City IAPT (115234)	40.25%	10		
	453 North IAPT (115236)	52.45%	22		

Hotspot area Leavers Total (WTE)

173.86

Hotspot area Starters Total (WTE)

104.22

Trustwide Leavers Total (WTE)

301.31

Trustwide Starters Total (WTE)

234.03

% Hotspot area total against Trustwide total

57.70%

Hotspot area total against Trustwide total

44.53%

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

Reasons for Leaving	WTE	%
VR - Other/Not Known	79.62	26.43
VR - Relocation	48.17	15.99
Retirement	46.44	15.41
VR - Promotion	32.76	10.87
VR - Work Life Balance	19.98	6.63
End of Fixed Term Contract	19.35	6.42
Dismissal	12.16	4.04
VR - To undertake further education or training	11.16	3.70
VR - Better Reward Package	8.32	2.76
VR - Health	7.31	2.42
VR - Lack of Opportunities	5.72	1.90
VR - Child Dependants	4.79	1.59
Death in Service	2.36	0.78
VR - Incompatible Working Relationships	2.00	0.66
VR - Adult Dependants	1.17	0.39

301.31

Number of Leavers - leaving within first 12 months of employment

Reasons for Leaving	WTE
VR - Other/Not Known	17.00
End of Fixed Term Contract	15.07
VR - Relocation	11.76
VR - Work Life Balance	9.56
VR - Promotion	4.40
Dismissal	3.00
VR - Child Dependants	2.71
VR - To undertake further education or training	2.56
VR - Health	1.97
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

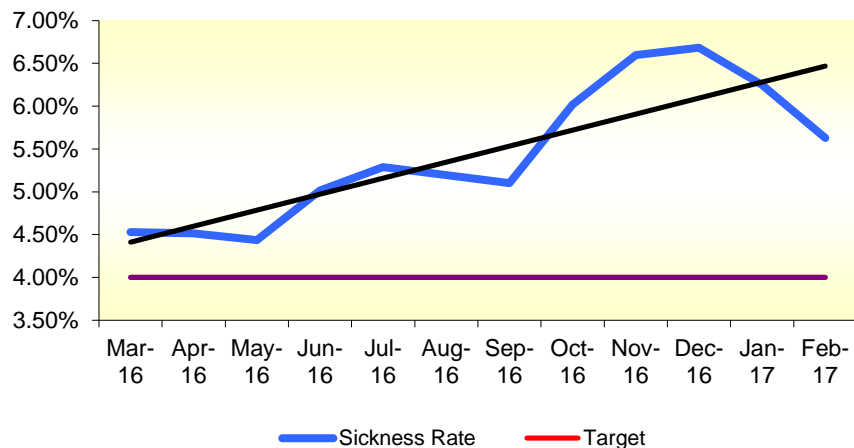
73.27

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%	3807.77	67663.30	5.63%	5.52%	

Staff Sickness Absence	Total Number
Total days lost	39899
Total staff	2425
Average working days lost	16.45

Sickness Absence Rate



Indicator Q20: The sickness absence rate for February 2017 has reduced slightly to 5.63%. Further details on the top 3 business units are provided on the next slide. The main reasons for sickness absence remain as stress, anxiety and depression and musculoskeletal.

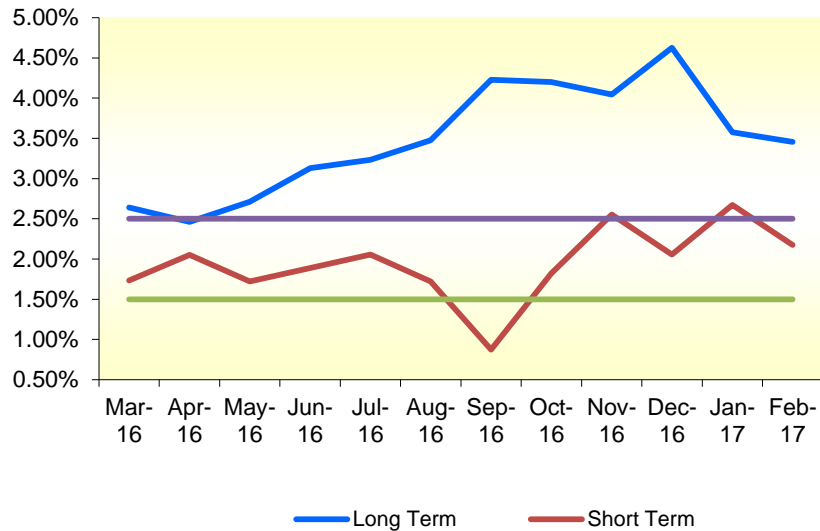
There were 304 new episodes of sickness absence in February 2017. 23.68% were due to cold/flu, 30.92% of those were due to either gastrointestinal problems (24.01%) or musculoskeletal (6.91%). 41 of those 304 episodes remain open – which could potentially lead to long term sickness; of these 41 cases 19.51% are due to musculoskeletal problems and 36.59% due to stress/anxiety. The number of actual long term cases has increased from 98 cases in January to 105 cases in February, with stress and anxiety being the main cause of long term sickness. The number of life threatening cases has remained at 2. 17.14% (18 cases) of long term sickness are attributed to musculoskeletal/back concerns, an increase of 3.87% since last month, 28% of musculoskeletal absences within Mental Health Acute Inpatient and Community Services, and 28% are within Adult Physical Health Community Services.

Sickness absence 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.

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.

Bradford Factor Score Points	Previous Month	Current Month
Informal process: 20 - 99 points	447	455
Informal process: 100 - 299 points	143	136
Formal process: 300 points and above	78	72

Workforce – Sickness Absence Exceptions

Long Term/ Short Term - Sickness Absence
Rate

Absence

Current performance	5.63%
Current YTD	5.52%
Change from the previous month	-0.62%

Business Unit	%	Change
Human Resources	1.24%	-0.72%
Trust Management	1.37%	-1.46%
Quality & Governance	1.42%	1.07%
Adult Physical Health Community Services	5.67%	0.41%
Mental Health - Acute Inpatient and Community Serv	6.48%	-0.88%
Specialist Inpatient Services, Dentistry and Administr	6.84%	-1.02%
Grand Total	5.63%	-0.62%

Key

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

Specialist Inpatient Services, Dentistry & Admin

Short term absence is 2.73% and long term absence is 4.11%. Long term sickness has reduced, with 24 long term cases currently being actively managed. 10 cases have been closed since January 2017 with 9 new cases now being monitored. 6 are related to stress/anxiety. There are 8 new absence episodes which are open ended and could potentially be long term by next month, 4 are stress related, and 3 are due to gastrointestinal.

Mental Health Acute Inpatient and Community Services

Short term absence is 2.12% and long term absence is 4.36%. Long term absence has increased, with 39 long term cases currently being actively managed. 9 cases have been closed since January 2017 with 15 new cases now being monitored, 13 are related to stress/anxiety. There are 14 new absence episodes which are open ended and could potentially be long term by next month, 4 are due to stress, 2 are musculoskeletal and 2 are pregnancy related.

Adult Physical Health Community Services

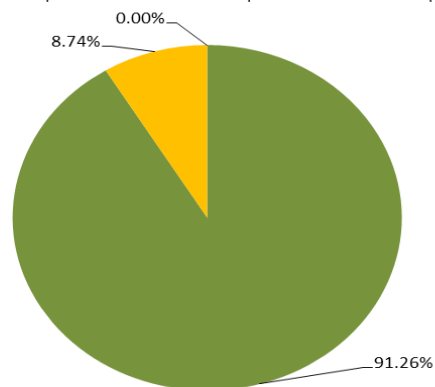
Short term absence is 2.20% and long term absence is 3.30%. Long term absence has increased, with 24 long term cases currently being actively managed, 6 cases have been closed since January 2017 with 15 new cases now being monitored. 13 are related to stress/anxiety. There are 14 new absence episodes which are open ended and could potentially be long term by next month, 5 are stress related, and 3 are musculoskeletal..

Key themes across all 3 hotspot areas are that approximately 40% of all new open ended absences are related to stress/anxiety or musculoskeletal issues.

Q23a - Safer Staffing: Inpatient Services - February 2017

Staffing Level Compliance

Exact/ Over Compliance Under Compliance Non Compliance



Exact/ Over Compliance
Under Compliance
Non Compliance

No. shifts	
Exact/ Over Compliance	2057
Under Compliance	197
Non Compliance	0

Risks:

- Hotspot areas in terms of vacancies (in Clover, 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 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 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 February 2017

Exact/over compliant shifts - Over compliant shifts recorded in February were mainly attributed to Ashbrook, Dementia Assessment Unit (DAU), and Clover (PICU) wards due to the acuity (complexity of need) and the requirement for skill mix within the units. Despite this, the total number of over compliant shifts continues to show a reducing trend attributed to the weekly planning meetings held within the services. 51% of all shifts worked were bank or agency filled, with 81% of these shifts requesting unregistered staff. The main reason for bank and agency is for Vacancy (53%). Clover, Maplebeck and Heather wards (Acute Inpatients) and DAU and Thornton Thornton (Specialist wards) currently recording the highest level. Observations/Specialing is the second most requested type (24%) of which Ashbrook, Clover and DAU are recording the highest levels in February.

Under compliant shifts - There were 37 incidents reported relating to staffing shortages in February 2017, with the majority (34) submitted by Specialist inpatient services. Recruitment levels to Bank has increased to circa 194, with plans to recruit to more specialist and registered roles as well as clinical support roles during 2017. The recruitment pipeline for Bank continues to be used for filling permanent vacancies. The Peripatetic team has increased and a process has been agreed with Inpatients services on how to deploy this team on a daily basis. Another contributing factor to under compliance is sickness, of which 20% of bank and agency bookings in February 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 February, however, DAU recorded a very low level of staff over the 24 hour period on 27th February; where a number of temporary staff did not attend. This was mitigated by use of overtime and mid shift staff not fulfilling normal duties to ensure cover across the early/ late shifts.

Q23a - Safer Staffing: Inpatient Services – February 2017

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Ward name	Main 2 Specialties on each ward Specialty 1	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	870	885	810	870	260.4	344.1	781.2	827.7	101.7%	107.4%	132.1%	106.0%
Heather	710 - ADULT MENTAL ILLNESS	855	990	825	982.5	260.4	269.7	781.2	790.5	115.8%	119.1%	103.6%	101.2%
Bracken	710 - ADULT MENTAL ILLNESS	855	877.5	1245	1140	260.4	260.4	781.2	790.5	102.6%	91.6%	100.0%	101.2%
Ashbrook	710 - ADULT MENTAL ILLNESS	885	937.5	1215	1410	260.4	251.1	781.2	939.3	105.9%	116.0%	96.4%	120.2%
Maplebeck	710 - ADULT MENTAL ILLNESS	855	757.5	825	1020	260.4	260.4	781.2	771.9	88.6%	123.6%	100.0%	98.8%
Oakburn	710 - ADULT MENTAL ILLNESS	862.5	900	1237.5	1200	260.4	232.5	781.2	837	104.3%	97.0%	89.3%	107.1%
Baildon	710 - ADULT MENTAL ILLNESS	840	847.5	1050	1005	260.4	260.4	520.8	520.8	100.9%	95.7%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	840	787.5	1050	1005	260.4	260.4	520.8	520.8	93.8%	95.7%	100.0%	100.0%
Thomton	710 - ADULT MENTAL ILLNESS	840	750	840	1297.5	260.4	288.3	781.2	995.1	89.3%	154.5%	110.7%	127.4%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	840	697.5	1260	1357.5	260.4	260.4	781.2	762.6	83.0%	107.7%	100.0%	97.6%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	840	960	1680	2430	260.4	325.5	1041.6	1683.3	114.3%	144.6%	125.0%	161.6%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	457.5	427.5	592.5	592.5	279	260.4	241.8	241.8	93.4%	100.0%	93.3%	100.0%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	840	802.5	1680	2430	520.8	502.2	781.2	1441.5	95.5%	144.6%	96.4%	184.5%

Q23b: Staffing Ratio (Trends): Community Services

February 2017		Actual Feb 2017			M	A	M	J	J	A	S	O	N	D	J	F
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than												
FNP	25:1	19	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	275	312	362	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
School Nursing	2200:1	2609	2200	2500	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Special Need School Nursing	75:1	70	85	90	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
EIP	15:1	18	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow
AOT	15:1	11	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green
CMHT	35:1	25	33	35	Green	Green	Green	Green	Green	Green	Green	Red	Yellow	Yellow	Green	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	65	77	84	Yellow	Yellow	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.

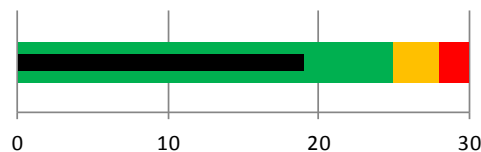
Special needs school nursing does not have a national recommendation, therefore it has been set locally.

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.

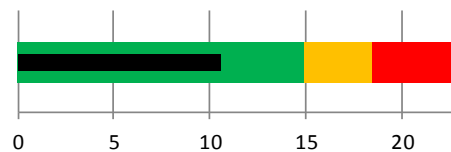
Matrons and Case Managers ratio is based upon Bradford & North Commissioning Alliance Service Delivery Plan.

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

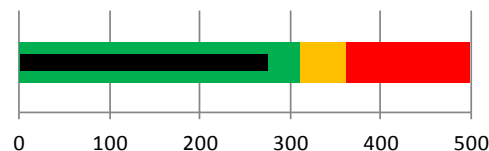
FNP



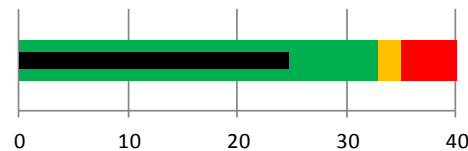
EIP/AOT



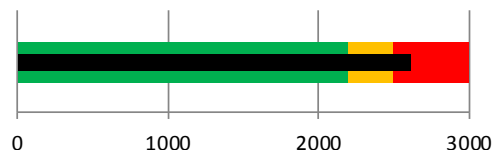
Health Visitors



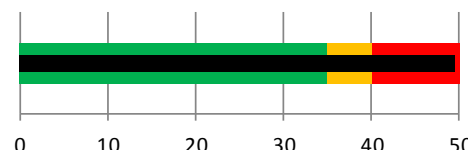
CMHT



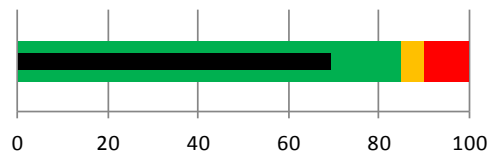
School Nursing



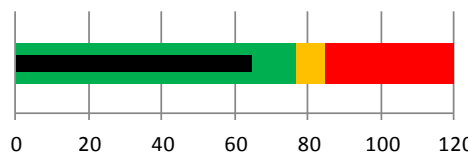
CAMHS



Special Needs School Nursing



Matrons and Case Managers

**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**

Senior Managers continue to meet 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. Discussions also taking place with Bradford Council regarding the impact of savings targets on service delivery. These discussions may have a negative impact upon safer staffing levels in Bradford. Work being considered on safer staffing 'Wakefield figures' which will form part of transformation plans in 3-6 months.

Deputy Director**Mental Health Acute and Community**

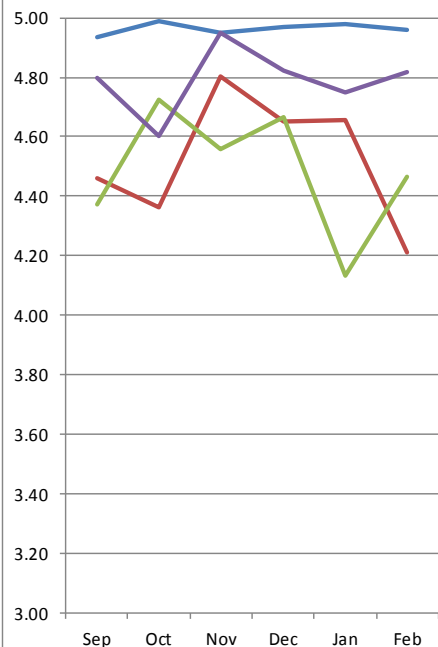
CAMHS received CCG non recurrent monies to support gaps until end of March. Vacancies currently being recruited to with good interest. Local Authority budget reductions may mean loss of 2 staff which are currently vacant: discussions are ongoing with the Local Authority. There has been a considerable increase in referrals which are currently being analysed regarding pathways within generic CAMHS and consequent pressures within the service.

Deputy Director**Adults Community Physical Health**

Complex care teams in Bradford are developing new case loads so the rating is skewed as it stands. Work will be undertaken to review safer staffing thresholds and caseload allocation. Team dashboards are being created for District Nursing to support safer staffing until the release of further national guidance and benchmarking in May 2017. Meeting taking place at end of March to progress work on this.

Q40: Service User Experiences

Did You feel safe?



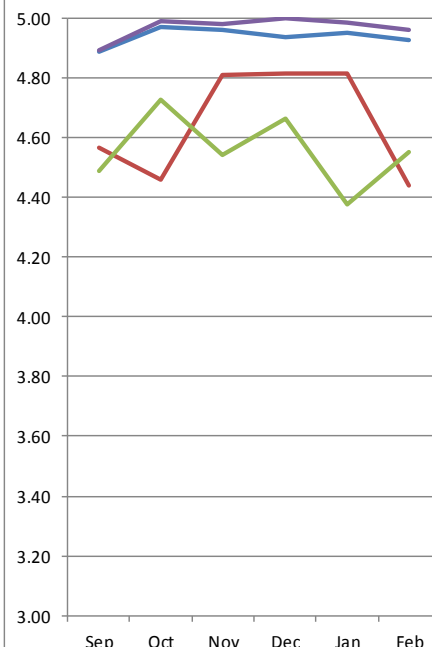
— Adult Physical Health Community
 — Inpatient Services, Dental and Administration
 — Mental Health Adults and Community
 — Nursing, Children and Specialist

Were you involved in your care as much as you wished



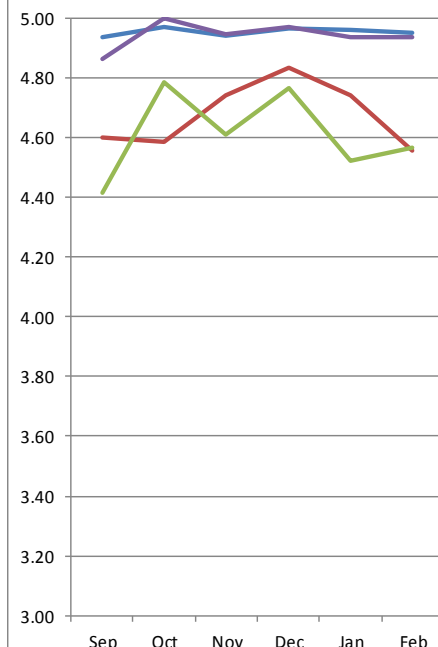
— Adult Physical Health Community
 — Inpatient Services, Dental and Administration
 — Mental Health Adults and Community
 — Nursing, Children and Specialist

Were you treated with dignity and respect



— Adult Physical Health Community
 — Inpatient Services, Dental and Administration
 — Mental Health Adults and Community
 — Nursing, Children and Specialist

Were you treated with kindness and compassion



— Adult Physical Health Community
 — Inpatient Services, Dental and Administration
 — Mental Health Adults and Community
 — Nursing, Children and Specialist

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).

In February the average score for ‘involved’ for Inpatient Services, Dental and Administration fell just below the 4.0 score. There were 34 reviews, 5 of which scored 2 or less out of 5. There was no indication for those reviews as to why the score was low. The new system for logging FFT reviews (from 1st April 2017) asks the reviewer to comment against each question. This may give a better insight into reasons for low scores.

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	1

Programme summary: 2016/17

Overall Programme Summary

Nov-16

Dec-16

Jan-17

Feb-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 6 transformational projects and 30 transactional Cost Improvement Projects. Financial forecasts now indicate achievement of £5.57m CIP savings by end of March, with forecasted shortfall of £215k against the whole programme for 2016/17. A high risk reserve of £500k is still in place to cover the balance. This is a significant improvement to last month due to an increased surplus from Adult Physical Health and use of Children's vacancies.

Agile Staffing Savings – A non-recurrent 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 of 48% of Acute Community Mental Health savings. A “deep dive” into the agile working project benefits and an overview of the whole life costs and financial position is being considered at the 29 March 2017 Finance, Business and Investment Committee meeting.

Agile Project delivery – Project resources for agile conclude in March 2017 and will be delivered via existing support resources going forward. Governance for WorkSmart strategy for the next 3 years is to be discussed by the Executive Management Team (EMT).

IM&T – Telephony - A shortfall of £271k is still to be expected in 2016/17. A telephony “deep dive” report is being considered by the Finance, Business and Investment Committee on 29 March 2017. The project is now transferred to the Informatics Programme Board to manage.

CPPP (Care Packages and Pathways) – Clustering performance has improved by 2.7% on last month however is still below target (84.3% 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. Team leader is proactively working with teams and delivering marked improvement. 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. Breaches of the price cap are reducing but wage cap non compliance is still being experienced.

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

- Project resources for agile cease March 2017. Clinical systems developer post confirmed for 2017/18. Checkpoint report for programme to date discussed at Agile Steering Group and further detailed resource planning underway. In 2017/18 Agile to be delivered and prioritised from existing resources.
- New WorkSmart Strategy agreed, governance and plan in development.
- Planning and design work started at Horton Park. Service Managers/HR preparing teams for site changes and new ways of working.
- Standard environment set up is still not being consistently applied across the Trust. This is being addressed by the project manager and estates.

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

- Adult Physical Health now contributed £187k of underspend in 2016/17 reallocated against 2016/17 CIP agile savings target but reflecting non-recurrent substitution only.
- Mileage currently forecasting £55k overachievement in 2016/17.
- 92% of Adult Physical Health's 2017/18 agile savings now identified.
- 48% or £492k of Mental Health 2017/18 savings identified.
- Finance, Business and Investment Committee "deep dive" paper reflects the shortfall of predicted agile savings against the revised 2014 business case.
- QIA metrics for labour turnover (11%) and staff sickness (5.3%) continuing to exceed the Trust target.

5.1 IM&T – Telephony**M Waugh**

- A shortfall of £271k is expected in 2016/17 driven by forecasting, expenditure and supplier invoicing.
- Project training resources returned to Informatics at the end of February with telephony delivery support to be embedded as business as usual. Concern over resource capacity to deliver, therefore Project Manager providing substantial support. Informatics require staff to attend New Mill for phone deployment and no further site based roll out.
- 960 Smartphones deployed during the 5 months since mobilisation, with another additional 320 still to do. Work still required to identify final balance.
- BT confirmed 1,966 laptop SIMs currently being billed monthly. To date 791 have been cancelled with 400 more planned to cancel by end of March.
- An e-update message was issued regularly in February. Plans to communicate progress and checkpoint outcome at the end of March.
- Asset infrastructure records greatly improving supported by Project team
- Staff feedback reporting positive trend on ease of use and better connectivity. However from March feedback will not be tracked.
- Local Authority Service Level Agreement still not agreed affecting 85 staff.
- Prioritisation of high data users to move to new SIMs and new solution.
- Review of CIP planned for 2017/18 still in progress

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

- Clinical Psychologist contract concluded at end of February, activities now being picked up within mental health services and positive results being observed with team leader champion. Plan for delivery of activity in 2017/18 still to be finalised.
- Assistant Psychologist has reduced hours until contract concludes end June. The clustering figures for February show a similar position to January and stands at 84.3%. However this is lower than this point last year which was 88.7%.
- Project will be impacted by clinical systems review decision to understand if focus needs to be on RiO revised cluster pathway amendments.
- Greatest single month improvement in CMHT by team leaders coming together to case manage medical staff.

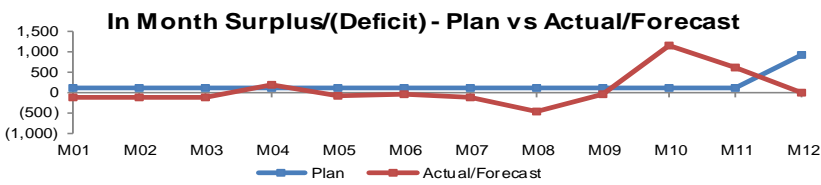
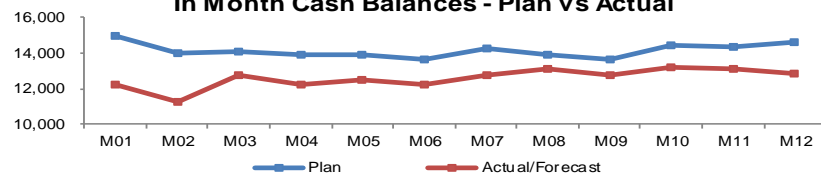
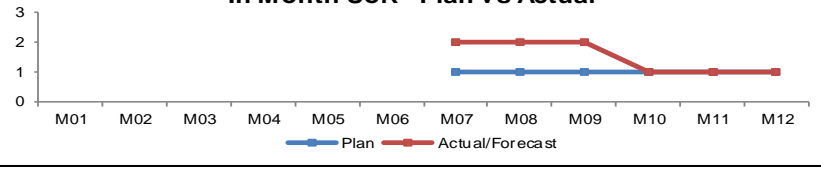
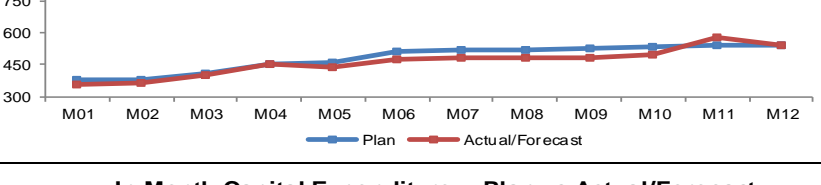
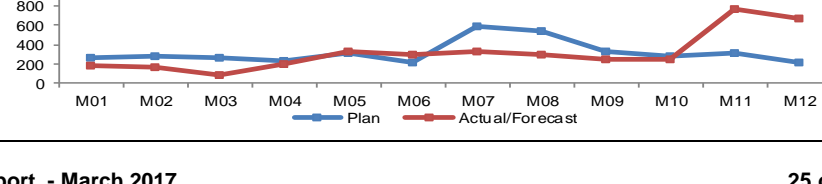
5.20 Bank + Agency**Fiona Sherburn**

- Agreements on Meridian Consultancy outcomes and targets for 2017/18 still to be approved.
- Work underway to progress new Safer Care e-rostering module for Mental Health Acute and Community Services Team.
- Finance engaging with all business units at monthly operational meetings where bank and agency spend reviewed.
- Trend showing agency costs reducing/ staff bank increasing
- Currently under the overall Agency Monitor cap however continue to breach the price cap/wage cap particularly for medical staff.
- Current position indicates overspend on targets set for CIP of £366k to date in 2016/17.
- QIA metrics on performance of Informatics service desk due to decreased agency staffing, showing significant increase in complaints and quality concerns. Deputy Director resource plan in place.

1.11 Children's Schemes**C Woffendin**

- Further mitigations submitted for 2016/17 reducing overall deficit position to -£8k.
- 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 held in early 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.
- Discussions with Local Authority commissioners over 2017/18 budget reductions continue.

Executive Summary

Proposed Board RAG Rating	YTD	FOT	Commentary
Statement of Comprehensive Income (SoCI) A surplus of £861k (excluding £78k net technical benefit from sale of Green Lane) is £357k below the planned surplus of £1,218k. 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.	●	●	In Month Surplus/(Deficit) - Plan vs Actual/Forecast 
Statement of Financial Position (SoFP)	●	●	Current assets (including cash, receivables, accruals, prepayments) are £2.1m above plan. Current liabilities are £1.8m above plan. These variances underpin the adverse year to date cash flow variance.
Statement of Cash Flows (SoCF) Cash balances are £1.2m below plan at the end of the month. The main reasons for the cash variance relates to the Month 11 SOCI variation from plan 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.	●	●	In Month Cash Balances - Plan vs Actual 
Use of Resources Metric (UoR) From M07, the new 'Use of Resources (UoR)' metric comes into force. At M11, the new metric shows a 1 (1 = Best, 4 = Worst) rating for year to date, and the Trust is forecasting to achieve a rating of 1.	●	●	In Month UoR - Plan vs Actual 
Cost Improvement Programmes (CIPs) CIPs are under achieving by £216k YTD (before reserve). This includes schemes rated RED when the plan was approved. The full year forecast shows an under achievement of £215k 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.	●	●	In Month CIPs - Plan vs Actual/Forecast 
Capital Expenditure Capital expenditure is £449k below plan at the end of the period mainly due to the timing of expenditure for key schemes in Estates and IM&T, and no calls on the capital contingency at this point in the year. Plans are in place to fully commit the capital programme.	●	●	In Month Capital Expenditure - Plan vs Actual/Forecast 

Statement of Comprehensive Income

£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Operating income (inc in EBITDA)								
NHS Clinical income	(95,818)	(97,405)	1,587		(104,636)	(106,211)	1,576	
Non-NHS Clinical income	(17,220)	(16,725)	(495)		(18,786)	(18,248)	(538)	
Non-Clinical income	(6,647)	(9,693)	3,046		(7,191)	(10,448)	3,257	
Total	(119,685)	(123,822)	4,137		(130,612)	(134,907)	4,295	
Operating expenses (inc in EBITDA)								
Employee expense	95,151	93,791	1,359		103,878	102,082	1,795	
Non-Pay expense	18,586	24,484	(5,897)		20,239	27,024	(6,784)	
PFI / LIFT expense	182	186	(4)		199	200	(1)	
Total	113,920	118,461	(4,542)		124,316	129,306	(4,990)	
EBITDA	(5,765)	(5,361)	(404)		(6,296)	(5,601)	(695)	
EBITDA Margin %	4.82%	4.33%			4.82%	4.15%		
Operating expenses (exc from EBITDA)								
Depreciation & Amortisation	2,892	3,089	(197)		3,155	3,235	(80)	
Total	2,892	3,089	(197)		3,155	3,235	(80)	
Non-operating income								
Finance income	(59)	(31)	(28)		(64)	(34)	(30)	
Total	(59)	(31)	(28)		(64)	(34)	(30)	
Non-operating expenses								
Interest expense (PFI / LIFT)	144	145	(1)		157	135	22	
PDC expense	1,570	1,298	272		1,713	1,410	303	
Control Total Balancing					(15)	(15)	(15)	
Total	1,714	1,443	271		1,855	1,544	311	
(Surplus) / Deficit (Control Total)	(1,218)	(861)	(357)		(1,350)	(856)	(494)	
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)	(790)	
(Surplus) / Deficit	(1,218)	(939)	(279)		(2,140)	(934)	(1,206)	

Statement of Comprehensive Income

	Risk	Mitigation
Specialist Inpatients, Dental & Admin	<p>Admin hubs are forecasting a full year variance from plan on pay of £340k. Higher than expected levels of agency costs have been incurred due to sickness.</p> <p>DAU pay costs are reporting a forecast full year variance from plan of £287k, which reflects the increased specialising costs throughout the year and agency costs relating to sickness.</p>	<p>Admin hub pay pressures of £120k has been included, and provisionally agreed, in the 2017/18 financial plan. The Business Unit continues to put in place plans to manage sickness and associated agency costs.</p> <p>The commissioner has supported investment of £500k in the 2017/18 contract for DAU safer staffing levels.</p> <p>Underspends in other service lines (Dental and Psychological Therapies) contribute to mitigating the overspend.</p>
Acute & Community Mental Health	<p>Inpatients and PICU are reporting a full year forecast net overspend of £95k (£380k overspend, offset by additional income of £285k) due to bank and agency spend.</p> <p>CMHT Pay costs are reporting a forecast overspend of £687k.</p> <p>CMHT Drug spend is forecast to overspend by £256k</p> <p>Medical Staffing is forecast to overspend by c£400k in 2016/17.</p>	<p>The Meridian Business Case principles must continue to be applied to manage the monthly spend within budget.</p> <p>Extensive work has been undertaken to bring costs in line with budget. The in month variance for CMHT at month 11 is overspent by £6k for the month, which relates to ANP posts. ANP funding has been provisionally agreed in the 2017/18 financial plan.</p> <p>Service reviewing work from Ashbrook and ePACT prescribing data to investigate any outliers or best practice which can be rolled out. The financial plan for 2017/18 includes a provisionally agreed cost pressure of £116k.</p> <p>The Trust has engaged an additional agency supplier who have identified a number of locums under the price cap. Recruitment continues with the aim of permanently recruiting to vacancies. A West Yorkshire approach to develop a locum bank is underway via the HR Directors forum.</p>
Corporate Functions	<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 RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Non-current Assets								
Property, Plant & Equipment	50,527	48,902	1,625		50,520	50,165	355	
On-balance sheet PFI	4,259	4,578	(319)		4,220	4,220	0	
Total	54,786	53,480	1,306		54,740	54,385	355	
Current Assets								
Cash and cash equivalents	14,355	13,143	1,212		14,589	12,882	1,707	
Other current assets	3,657	6,970	(3,313)		4,620	4,620	0	
Total	18,012	20,113	(2,101)		19,209	17,502	1,707	
Current Liabilities								
PFI / LIFT leases	(343)	(340)	(3)		(339)	(339)	0	
Other current liabilities	(9,975)	(11,816)	1,840		(10,238)	(10,142)	(96)	
Total	(10,318)	(12,156)	1,838		(10,577)	(10,481)	(96)	
Non-current Liabilities								
PFI / LIFT leases	(2,750)	(2,750)	0		(2,721)	(2,721)	0	
Other non-current liabilities	(630)	(542)	(88)		(630)	(542)	(88)	
Total	(3,380)	(3,292)	(88)		(3,351)	(3,263)	(88)	
Total Assets Employed	59,099	58,145	954		60,021	58,143	1,878	
Reserves	59,099	58,145	954		60,021	58,143	1,878	

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.

The variance in current assets and liabilities between YTD and forecast are due to the year end management of the cash position and the agreement of balance process.

Key Mitigations & 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 Trust has approved 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; Equipment costs for Valley View and Frizinghall has been approved via the 2017/18 capital programme. 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 of sale, the anticipated date being 24th 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, an option to buy has been approved. An acceptable offer to purchase the asset has been submitted and the Trust Board has agreed to proceed with the sale. The property has been sold in March, and a profit on sale is has materialised of £32,500.

Park Road Health Centre – Finance Lease

Park Road Health Centre was built in 1997 on Trust owned 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 have worked 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 result in the asset and liability relating to the Finance Lease being written off of the Trusts books in 2016/17. A formal letter will be issued to NHSPS to share the advice that we have received that they should recognised the Finance Lease on their Balance Sheet.

Statement of Cash Flows

£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Surplus (Deficit) from Operations	2,873	2,225	649		3,946	2,318	1,628	
Operating activities	2,893	3,137	(244)		3,155	3,283	(128)	
Movements in working capital	(3,072)	(5,093)	2,021		(3,028)	(4,004)	976	
Investing activities	(3,581)	(2,571)	(1,010)		(3,795)	(3,571)	(224)	
Financing activities	(1,350)	(1,303)	(47)		(2,280)	(1,892)	(388)	
Opening cash and cash equivalents less bank overdraft	16,591	16,748	(157)		16,591	16,748	(157)	
Closing cash and cash equivalents	14,355	13,143	1,212		14,589	12,882	1,707	

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 11 SOCI variation from plan offset by capital underspends. £500k payment from BMDC was also made on the last working day of the month, which cleared in March. 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 & 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 RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Capital Service Cover								
Revenue Available for Capital Service	5,825	5,392	(433)		7,165	5,632	(1,533)	
Capital Service	(2,033)	(1,762)	271		(2,218)	(1,892)	326	
Capital Service Cover metric	2.87	3.06	0.20		3.23	2.98	(0.25)	
Capital Service Cover rating	1	1			1	1		
Liquidity								
Working capital balance	7,676	7,939	264		8,614	8,614		
Operating Expenses within EBITDA, Total	(113,919)	(118,461)	(4,542)		(124,301)	(129,306)	(5,005)	
Liquidity metric	22.2	22.1	(0.1)		24.9	24.0	(1.0)	
Liquidity rating	1	1			1	1		
I & E Margin								
Surplus/(deficit) adjusted for donations and asset disposals	1,218	861	(357)		2,140	853	(1,287)	
Total operating income for EBITDA	119,685	123,822	4,137		131,402	134,907	3,505	
I & E Margin % metric	1.02%	0.70%	(0.32%)		1.63%	0.63%	(1.00%)	
I & E Margin % rating	1	2			1	2		
I & E Margin Variance From Plan								
I & E Variance From Plan		(0.32%)				(1.00%)		
I & E Margin Variance From Plan rating		2				2		
Agency								
Agency staff, total	(6,704)	(4,846)	1,858		(7,313)	(5,155)	2,158	
Agency ceiling	(7,187)	(7,187)			(7,840)	(7,840)		
Agency metric	(6.72%)	(32.58%)	(25.86%)		(6.72%)	(34.25%)	(27.53%)	
Agency rating	1	1			1	1		
Use of Resources Metric (UoR)	1	1			1	1		

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

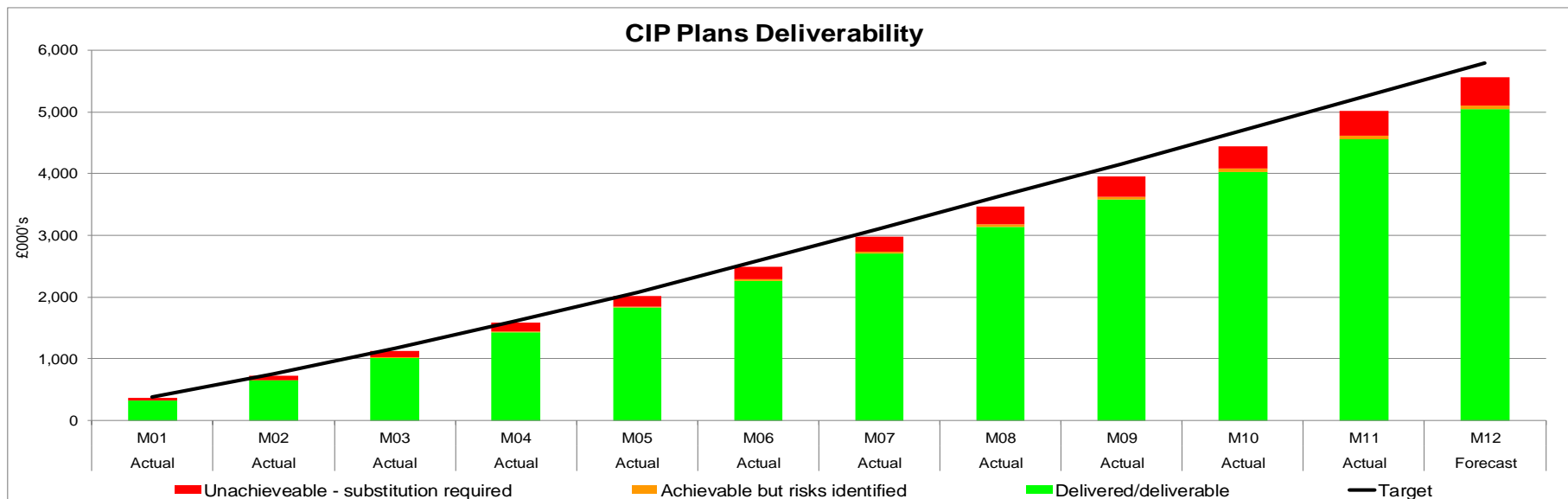
The Single Oversight Framework came into force from 1st October. The table above shows the new financial metrics (Use of Resources (UoR)). The main change is the reversal of the scores (i.e. 1 is now the highest score compared to 4 previously) and the addition of an Agency metric which has diluted the 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
Adult Physical Health Community Services	1,307	1,307	0	1,443	1,443	0	
1.1.3-SLT Income generation contribution	23	23		25	25		
1.2-Agile project staffing - (No plans for CIP)	171	171		187	187		
1.2-Agile project staffing - RED rated	144	144		168	168		
1.2-Agile project staffing-Lead	707	707		776	776		
3.3-Substance Misuse % reductions	262	262		287	287		
Childrens	1,013	980	33	1,101	1,093	8	
1.11-Childrens - New models for FNP	323	323		352	352		
1.11-Childrens - Secondments & career breaks	41	41		45	45		
1.11-Childrens Management overhead reduction	165	165		180	180		
1.11-Childrens Non pay procurement savings	28	28		30	30		
1.11-Childrens -Reduction in staff hours	65	65		71	71		
1.11-Childrens Skill mix efficiencies	42	9	33	43	35	8	
Former public health (Children's) Agile CIP to be substituted	258	258		281	281		
1.11-Childrens Use of technology to free clinical time	91	91		99	99		
Corporate	435	301	134	488	357	131	
2.1.2-CAMHS Eating disorders contribution (contract income)	18	18		20	20		
5.21-Executive director savings	45	45		49	49		
5.4.1-Salary sacrifice increased income from new and existing schemes	201	182	19	226	226		
5.4.2-Corporate overheads - Executive Pas	45	45		49	49		
5.5.1-Drug pricing target reductions	46		46	50		50	
5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT	69		69	81	0	81	
5.22-Trust Board efficiencies	11	11		13	13		
Estates & Facilities	503	335	168	557	371	186	
1.2-Agile - Estates Project	216	211	5	235	235		
5.2.1-Estates rationalisation	107		107	125		125	
5.23-Mitigate Stoney Ridge cost pressure by CIP	56		56	61		61	
5.9-Release of NHS property services overhead costs	124	124		136	136		
Finance	226	226	0	250	250	0	
5.13-Salary sacrifice increased income from new and existing schemes	89	89		100	100		
5.14-Reduce SBS contract value	27	27		30	30		
5.15-Reduce computer maintenance & support	27	27		30	30		
5.16-Reduce trust wide finance budget	32	32		35	35		
5.17-Reduce finance training budget	9	9		10	10		
5.18-Restructure finance team	42	42		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
Human Resources	191	191	0	210	210	0	
5.11-HR Childcare cost reduction	23	23		25	25		
5.11-HR Contribution from CCG's HR/OD Contract	68	68		74	74		
5.11-HR non pay efficiencies	39	39		42	42		
5.11-Salary sacrifice increased income from new and existing schemes	61	61		69	69		
IM&T	356	100	256	389	126	263	
5.1-IM&T Strategy CIP (telephony)	306	50	256	334	71	263	
5.6-CHIS cost reduction from CSU contract	50	50		55	55		
Medical Director	205	205	0	223	223	0	
2.1.1-Locum budget reserve reduction	138	138		150	150		
5.8.1-Research & Development recurrent reduction	5	5		6	6		
5.8.1-Research & Development non recurrent vacancy reduction	37	37		40	40		
5.8.1-Research & Development reduce BDCT provision	25	25		27	27		
Mental Health Acute & Community Services	796	796	0	876	876	0	
1.2-Agile project staffing	410	410		447	447		
2.1.3-Out of area placements reduction	367	367		400	400		
2.1.4-IAPT post reductions	19	19		29	29		
Specialist Inpatients	40	40	0	44	44	0	
3.6-Dental savings	40	40		44	44		
Trust wide	463	544	(81)	506	578	(72)	
1.2-Agile - Travel cost reductions	88	144	(56)	96	153	(57)	
5.10-Recharge to Addaction	86	59	27	94	64	30	
5.4.2-Reduction in operational management costs	84	84		92	92		
5.5.2-Procurement savings	205	186	19	224	203	21	
1.2-Underspend on Agile Project Management		71	(71)		66	(66)	
Sub Total Gross CIPs	5,535	5,025	510	6,086	5,570	516	
Agile Reserves	(294)	0	(294)	(300)	0	(300)	
Plan - Agile Reserve (included in high risk CIP reserve)	(190)		(190)	(194)		(194)	
1.2b-Agile NR reserve (phasing for OD)	(62)		(62)	(63)		(63)	
Agile Reserve Childrens	(42)		(42)	(43)		(43)	
CIP Control Total	5,241	5,025	216	5,786	5,570	216	
High Risk CIP Reserve	(453)		(453)	(500)		(500)	
High Risk CIP Reserve Pay	(384)		(384)	(419)		(419)	
5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT	(69)		(69)	(81)	(0)	(81)	
High Risk CIP Reserve Non Pay							
High Risk CIP Reserve Income							
Grand Total	4,788	5,025	(237)	5,286	5,570	(284)	



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.

Drugs - Planned savings are not now anticipated meaning that mitigations will be required for the £50k target. Mitigations have been identified by rolling out 'patients own medicines' in all of the inpatient wards.

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 be achieved until 2017/18 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 £30k.

Capital Expenditure								
	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan £000	Actual £000	Variance £000		Plan £000	Actual £000	Variance £000	
Capital expenditure								
Plant and equipment - Information Technology	721	602	119		655	655	0	
Plant and equipment - Other	2,114	2,010	104		2,194	2,266	(72)	
Property, plant and equipment - other expenditure	803	577	226		1,007	935	72	
Total	3,638	3,189	449		3,856	3,856	0	
Capital expenditure funding sources								
Depreciation	2,629	2,801	(172)		3,155	3,377	(222)	
Other	1,009	388	621		701	479	222	
Total	3,638	3,189	449		3,856	3,856	0	
Note: 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 £104k which includes; £100k New Mill refurbishment scheme, due to complete on the 24th March 2017.

IM&T schemes are under committed by £119k. Full review of priorities has taken place to ensure the required IM&T schemes are fully committed by 31st March 2017 and resources are allocated accordingly to the new service provision in Wakefield.

Contingency reserves account for a further £226k to date, with the majority of spend committed in March 2017.

Key Mitigations & Action Plans

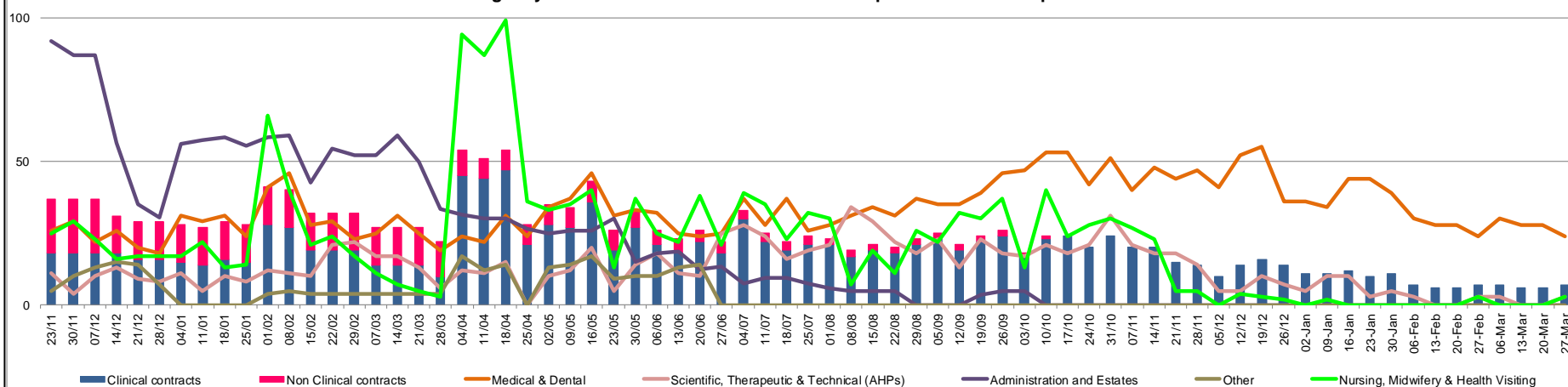
Close management of all capital schemes is required to ensure that the schemes are brought in on budget and as profiled at plan.

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.

NHSI Agency Price Cap

Agency shifts worked that cost over the NHS Improvement Price Cap



Key Risks, Mitigations & 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 1st July 2016, 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 30 shifts were above the **price cap** at the end of February - 3 allied health professional shifts, 3 Nursing shifts and 24 medical and dental shifts. A total of 37 shifts were above the **wage cap** at the end of February - 3 allied health professional shifts and 34 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. A medical locum expenditure cap is being proposed to be in place for 2017/18.

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.