

Board Integrated Performance Report

27 April 2017

March 2017 Data

1.1 CQC Rating



1.2 NHS Improvement Segment *Provisional*



1.3 NHS Improvement Use of Resources *Provisional*



Agenda Item: 13

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 March 2017 and quarter 4, for those indicators where final data is available. 	4 – 5
Quality		
Assurance	<ul style="list-style-type: none"> In March 2017, NHS Digital issued an amendment to the criteria for calculating Information Governance (IG) training compliance for the IG Toolkit, allowing the inclusion of staff who were in date during 2015/16 within the compliance calculation. On this basis, the Trust's compliance is above the 95% target. IG training compliance continues to be closely monitored at the monthly business unit performance meetings. 	10 - 11
Business Unit		
Information	<ul style="list-style-type: none"> Contracts for Wakefield 0-19 years children's public health services (health visiting, Family Nurse Partnership, school nursing) and to provide vaccinations and immunisations on behalf of Wakefield Council and NHS England (North) were signed on 22 March and commenced on 1 April 2017. The Integrated Performance Report has been produced in advance of business unit performance meetings. 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, two (agile resource reductions and telephony) continue to be rated red, three are rated amber and one is on track and rated green. 	29 - 31

For information: Linked to ongoing work within Board Task and Finish Groups and cyclical reporting review processes, the format and content of the Board Integrated Performance Report is currently being reviewed:

- to ensure it continues to meet Board requirements, including changing risks, priorities and commissioner and regulatory requirements;
- to streamline reporting to support escalation and monitoring of key risks by the Board and its Committees;
- to move to periodic reporting of areas where actions are expected to take time to impact and where visibility of trends would be helpful;
- to ensure hierarchical reporting via Committees to Board, supporting deeper dives and escalation of key issues.

Further views and input from Board members are welcomed, with changes due to be effected during May to July 2017.

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 – Draft Unaudited Financial Position for 2016/17		
Assurance	<p>Despite projecting a £494k risk to delivery of the Trust's internal 2016/17 Control Total of £1350k planned surplus at quarter 3, sustained and positive financial recovery was reported for each of months 10 and 11, giving assurance that forecasts were accurate and the position robustly managed; this continued at month 12.</p> <p>The Trust submitted key draft performance data to NHS Improvement on 19 April and has reported achievement of the 2016/17 Control Total; with a £6k over achievement excluding national incentives. This follows robust and determined financial risk and mitigation planning across the Trust from early in 2016/17 supplemented by an extended recovery plan in quarter 4 which effected the following key improvements:</p> <ul style="list-style-type: none"> • A restatement of the Trust's asset lives (for Trust owned premises) and valuations on a modern equivalent asset basis, securing recurrent annual reductions in capital charges; and • Agreement of formerly unresolved property charges with NHS Property Services. <p>As a consequence of reporting a draft accounts position that fully achieves the Trust's £1,350k plan requirement the Trust expects to fully achieve £790k core Sustainability and Transformation Funding (STF). Further STF incentives have been confirmed, with NHS Improvement notifying the Trust on 24 April of the following STF allocation of £1,555k has been secured:</p> <ul style="list-style-type: none"> • Original £790k STF funding; • Surplus on asset disposals of £155k for the Trust; • Managing national cost pressures following a change in the discount rate of £36k for the Trust; • Over achievement against the Trust's internal control total £6k for the Trust; and • STF bonus of £568k. 	33
Exception Assurance	<p>The Trust has reported the following draft positions:</p> <ul style="list-style-type: none"> • Cash position of £14,529k (£60k below plan), a good outcome given the loss of STF cash (now due 2017/18); • Capital costs of £3,853k (£3k below plan), and including managing a number of 'enabling' in-year pressures. • Use of Resources score of 1 (requires confirmation by NHS Improvement) 	36 39 37

Summary and Recommendations

The performance report shows good performance against all targets in March 2017 and quarter 4, including successful sustained financial recovery in the final quarter and the conclusion of a substantial asset life and valuation review and full mitigation of a £0.5m projected risk.

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%	100.0%	390	390	100.0%	90.0 % as of Feb 17 Next publication date: May 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%	98.3%	158	159	99.3%	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%	74.2%	64.2%	75.3%	60.5%	95.4%	62.5%	64	92	69.5%		
M19	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:												
	a) Inpatient Wards	90.0%	TBC										
	b) Early Intervention in psychosis services	90.0%											
c) Community mental health services (people on Care Programme Approach)	65.0%												

Indicator M7: Data is provided in relation to the waiting time element of the new standard for Early Intervention in Psychosis (EIP). This shows patients who started treatment in March 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of March 2017 was 27; 15 of these patients have been waiting for more than two weeks.

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 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 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	99.5% September	99.5% December							96.7% Dec Final Next publication date: 25th April 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%	51.8%	57.2% Jan (Provisional)	53.2% Feb (Provisional)					48.5% as at Dec 16 Next publication date: 25th April 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	92.3%	94.2%	94.4%	94.3% Jan (Provisional)	97.0% Feb (Provisional)					89.4% as at Dec 16 Next publication date: 25th April 2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	98.3%	98.6%	99.3%	97.6% Jan (Provisional)	99.0% Feb (Provisional)					98.5% as at Dec 16 Next publication date: 25th April 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. Whilst the indicator is for achievement by 2016/17 year end, the Trust is awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance for these three elements.

Indicator M21: Within the Single Oversight Framework, Trust performance for IAPT recovery rate is assessed quarterly, based on final data published by NHS Digital. Provisional data for January and February 2017 shows that the recovery rate continues to be above the 50% target at overall Trust level. The recovery rate for each of the three local Clinical Commissioning Groups (CCGs) has improved during 2016/17. Whilst provisional data for January 2017 showed achievement of the 50% recovery target across all three local CCGs, provisional data for February 2017 shows recovery rates of 64.8% for Airedale, Wharfedale, Craven CCG, 48.7% for Bradford Districts CCG and 45.0% for Bradford City CCG.

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Accident and Emergency Waiting Times

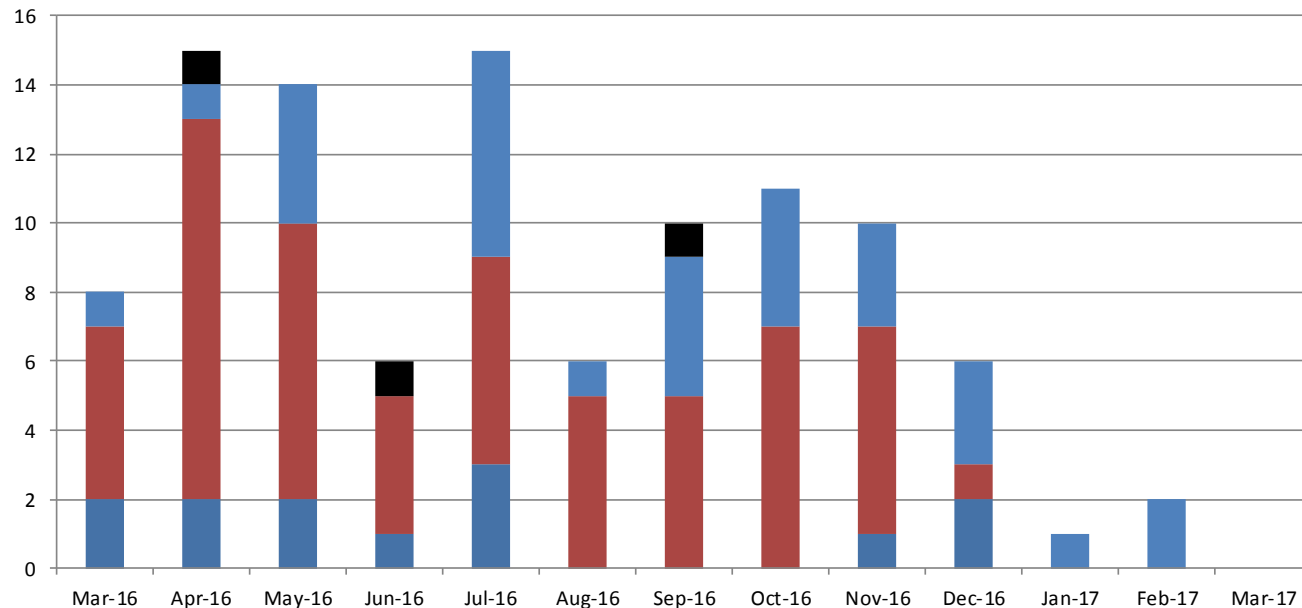
Airedale NHS Foundation Trust														
Indicator No.	Indicator	Target	Q4	Q1	Q2	Q3	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	Total A&E attendances		13,796	14,324	14,612	14,772	5,124	4,765	4,723	4,852	4,585	5335	4,996	4,577
	Total attendances within 4 hours		13,187	13,368	13,174	13,180	4,628	4,232	4,314	4,375	4,164	4641	4,416	4,323
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%	94.5%
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	9,969
	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	8,981
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%	90.1%

Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust performance against the national standard for A&E waits is provided to the Board for information. The Trust contributes to delivery of the target through a range of services and interventions. The Trust is working actively with both Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust on providing support within A&E departments and developing pathways designed to avoid admissions. The Trust supported district-wide plans to manage winter pressures.

NHS England and NHS Improvement have designated the West Yorkshire system as an urgent and emergency care 'Acceleration Zone'. 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	March 2017 Performance	16/17 Outturn
Q3	141	0	96



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

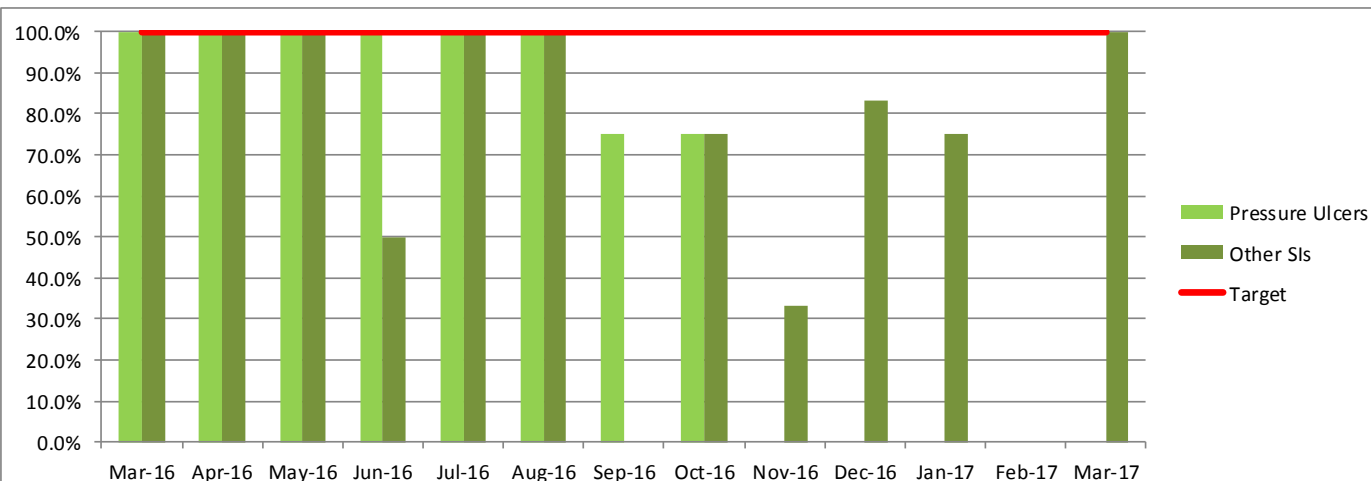
This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis.

Serious Incidents

Ref	Indicator	15/16 outturn	16/17 Target	March 2017 Performance			16/17 Outturn	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%	2	2	100.0%	80.0%	
Q4(b)	Serious incident reports completed (Pressure Ulcers)	33.3%	100%	0	0	#N/A	93.7%	
Q4(c)	Serious incident reports completed (all others causes)	90.9%	100%	2	2	100.0%	71.0%	

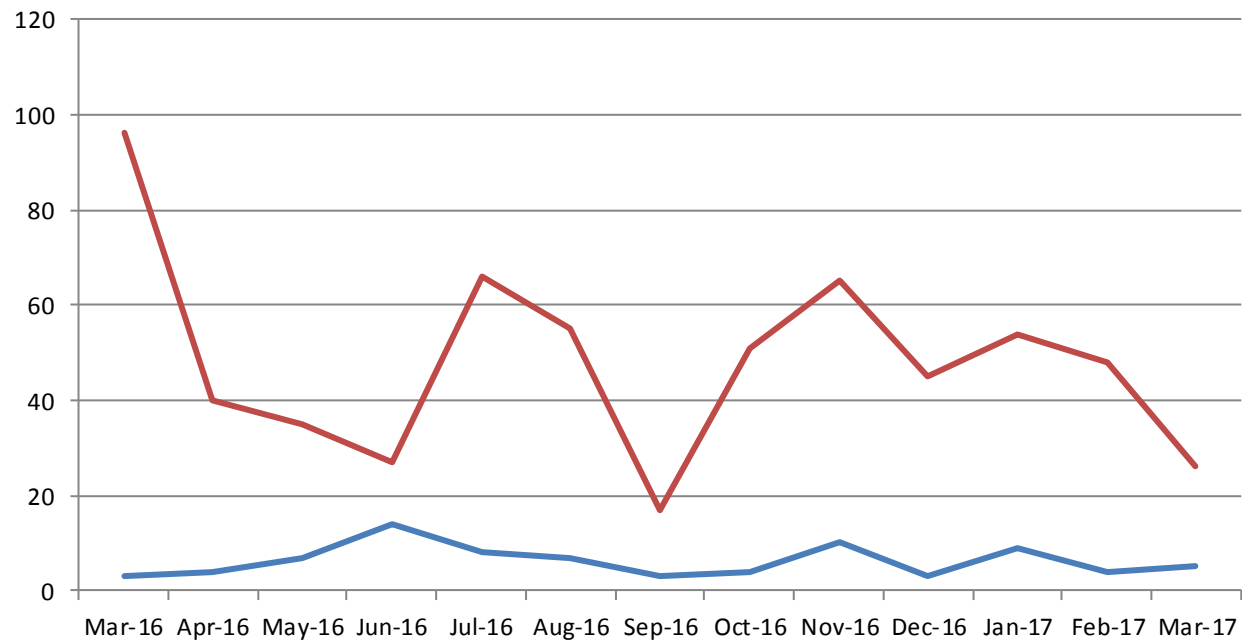
The procedure for reporting pressure ulcers has now changed following agreement with the CCG. Only Category 3 and 4 pressure ulcers with any omission/s in care that have not previously occurred will be reported on STEIS and investigated. All Category 3 and 4 pressure ulcers will continue to be recorded internally and the service managers will manage any occurrences within their areas/teams.

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	Mar-17	16/17 Outturn
Q6	Claims Numbers	8	N/A	0	15
Q8	Complaints numbers	74	N/A	5	78
Q9	Compliments numbers	658	N/A	26	529



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Complaints numbers	3	4	7	14	8	7	3	4	10	3	9	4	5
Compliments numbers	96	40	35	27	66	55	17	51	65	45	54	48	26

Indicator Q9: The 26 compliments received were evenly distributed, no particular themes emerged.

Q15 - Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17

National CQUINs			Actual / Forecast RAG				
Goal Name	Indicator Name	CQUIN Aim	Quarter 4 Milestones				
			Q1	Q2	Q3	Q4	
NHS Staff health and Wellbeing	1a. Introduction of health & wellbeing options	Evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to a higher staff engagement, better staff retention and better clinical outcomes for patients.	• Providers should have implemented their initiatives and actively promoted these services to staff to encourage uptake of initiatives	A	A	A	F
	1b. Healthy food for NHS staff, visitors and patients	Providers are expected to achieve a step-change in the health of the food offered on their premises, e.g., banning of sugary drinks and foods high in fat, sugar and salt.	• Submit details of any changes of food suppliers during 2016/17	A			F
	1c. Improving the uptake of flu vaccinations for front line staff within Providers	75% of front line staff will have had flu vaccinations by 31 st December 2016.	• Provide commissioners with a report evidencing an uptake of flu vaccinations by frontline clinical staff of 75%				F
Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness	2a Cardio Metabolic Assessment and treatment for patients with Psychoses	Assessing , documenting and acting on cardio - metabolic risk factors for in- patients, EIP and CMHT clients . Audit to be undertaken by Royal College of Psychiatry.	• Results on National audit across Inpatients and Community Mental Health services – Inpatients target 90%, CMHT target 65% • Results for local audit of EIP services – Target 90%	A	A	A	F
	2b Communication with General Practitioners	An audit to take place in quarter 2 to ensure an E-discharge form is sent to GPs after discharge from all inpatient wards to contain mandated information	• No milestone – CQUIN completed and achieved		A		

A = Actual F = Forecast

Feedback from commissioners confirms we have successfully delivered all the quarter 3 milestones and therefore fully achieved available CQUIN income to date.

Submission of evidence of our successful delivery of quarter 4 milestones will take place during week commencing 24 April, as per the contractual timetable. The Trust continues to forecast full achievement of all quarter 4 CQUIN goals.

Continued delivery of CQUINs is overseen by the monthly business unit performance meetings.

Q15 - Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17

CCG CQUINs				Actual / Forecast RAG			
Goal Name	Indicator Name	CQUIN Aim	Quarter 4 Milestones	Q1	Q2	Q3	Q4
Dementia	John's Campaign	Supporting carers and family members of people with dementia (all ages), to be welcomed by hospitals according to the patients' needs and not restricted by visiting hours	<ul style="list-style-type: none"> Provide update report on implementation of plan and analysis of carer feedback 	A	A	A	F
Joint Working	Joint working with BTHFT to reduce Mental Health frequent attenders at A&E	Both BDCFT & BTHFT are charged with understanding the flow of patients into A&E and to reduce this flow, utilising teams and services within both organisations to improve knowledge, communications and pathways for optimum patient care.	<ul style="list-style-type: none"> Providers to undertake three joint MDTs within the quarter with update report provided to commissioners in line with agreed format and content. Report to include a review of quarters 1, 2 and 3, including details of learning, impact of the CQUIN on patients and pathways and details of sustainability plan 	A	A	A	F
Discharge Planning	Optimising joint working and discharge planning - Bradford	Working jointly with BTHFT to ensure the right care vision is achieved by changing the culture and mind set of staff and patients around discharge planning.	<ul style="list-style-type: none"> Third event to be held in line with agreed framework Following the event a report to be submitted to the commissioner along with a SMART development plan of agreed actions to build on this audit and ensure this approach is embedded in practice. 	A	A	A	F
	Optimising joint working and discharge planning - AWC		<ul style="list-style-type: none"> Second event to be held to focus on a sample of patients who have been admitted to hospital following a fall Submit a report along with a development plan of agreed actions identified as a result of the event with a view to ensuring this approach is embedded in practice 	A	A	A	F
Self care	Self care - Training	To review the training for staff undertaken in 2015/16 and look at building on this in 2016/17	<ul style="list-style-type: none"> 75% of staff trained as per roll out plan in quarter 1 – report to commissioner 	A	A	A	F
	Self care – Exacerbation plans	To continue the work commenced in 2015/16 around development of exacerbation care plans for patients, focussing on a condition specific area for the next year, moving this work more into the acute setting to ensure care plans follow the patient throughout their journey.	<ul style="list-style-type: none"> Update on continued implementation of identified actions. Submission of highlight report to relevant strategic group, confirmed as the Operational delivery and Development Group (ODDG) 	A	A	A	F

A = Actual F = Forecast

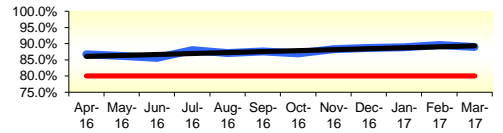
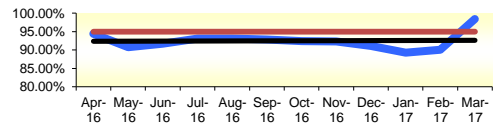
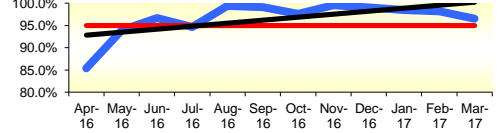
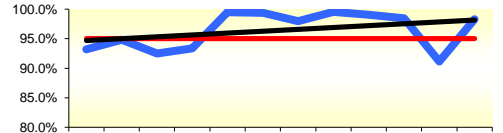
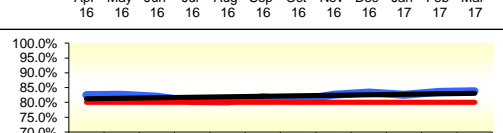
Q16 - Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17

NHS England CQUINs			Actual / Forecast RAG			
Goal Name	CQUIN Aims	Quarter 4 Milestones	Q1	Q2	Q3	Q4
Recovery colleges for Medium and Low Secure Patients	Recovery colleges deliver peer-led education and training programmes within mental health services. Courses are co-devised and co-delivered by people with lived in experience and by mental health professionals, and are based on recovery principles.	<ul style="list-style-type: none"> Provide a report of progress to date including action plan Data regarding proportion of target patient group enrolled and participating in courses in quarter 4 	A	A	A	F
Reducing restrictive practices with adult low and medium secure services	The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.	<ul style="list-style-type: none"> Report on the Implementation to date Provide detailed evaluation report showing what changes in practices have occurred. This should include a description of any good practice initiatives that have occurred from the introduction of the framework and monitoring data 	A	A	A	F
Health Inequalities	The aim of this CQUIN is to improve uptake of Public Health Section 7a Screening and Immunisation programmes for people with learning difficulties or mental health conditions in the eligible population.	<ul style="list-style-type: none"> Provide a report of progress to date including action plan 	A	A	A	F

A = Actual F = Forecast

Once again very complimentary feedback was received from NHS England for quarter 3 regarding our progress on delivering both the CQUIN goals that relate to low secure services.

Workforce – Appraisal & Mandatory Training

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 outturn	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	91.90%	80.00%	6602	7421	88.96%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	97.94%	95.00%	2434	2473	98.46%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	85.83%	95.00%	249	258	96.51%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	96.50%	95.00%	2683	2730	98.28%		
Q18	% Staff Receiving Appraisal	83.14%	80.00%	2039	2434	83.77%		

Indicator Q17a, b & c: For all staff, Information Governance (IG) compliance is now above the 95% target. Compliance has increased since February 2017. This includes the impact of amended criteria that were issued by NHS Digital for calculating IG Toolkit compliance. The change allowed the Trust to include staff who were in date during 2015/16 as compliant for this year's IG Toolkit submission. In real terms however, although the compliance rate has improved since the previous month, this remains below target at 92.5% which overall is the equivalent of around 200 people whose records show as 'out of date' for IG training. Agency providers were advised that from 1 April 2016 the Trust would not deploy tertiary staff who are non-compliant with information governance training. The Trust sought assurance from providers that all agency staff would remain compliant. Retinue are reporting 100% compliance for March, Taskmaster are reporting 98.46%, with 1 worker currently in the process of completing the training and the Internal Staff Bank are reporting 91%. There has been a recent issue of substantive staff leaving the Trust but remaining as bank workers but with expired IG training; the staff bank team are working to rectify this issue.

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Workforce – Appraisal and Mandatory Training Hotspots

Information Governance	Current performance	98.46%
	Change from the previous month	8.44%

Business Unit	%	Change
Quality & Governance	100.00%	4.17%
Specialist Services & Nursing	100.00%	6.90%
Medical & IM&T	100.00%	7.27%
Adult Physical Health Community Services	97.88%	7.05%
Childrens Services	97.68%	11.22%
Trust Management	96.00%	1.66%
Grand Total	98.46%	8.44%

Infection Prevention	Current performance	88.89%
	Change from the previous month	-1.14%

Business Unit	%	Change
Quality & Governance	100.00%	0.00%
Specialist Services & Nursing	100.00%	3.57%
Medical & IM&T	96.15%	1.61%
Specialist Inpatient Services, Dentistry and Administr	89.12%	-1.34%
Childrens Services	88.21%	-1.69%
Mental Health - Acute Inpatient and Community Serv	84.11%	-0.47%
Grand Total	88.89%	-1.14%

Appraisal	Current performance	83.77%
	Change from the previous month	0.19%

Business Unit	%	Change
Quality & Governance	95.45%	-0.20%
Estates, Facilities & Finance	91.63%	-0.50%
Human Resources	91.07%	-1.66%
Mental Health - Acute Inpatient and Community Serv	81.21%	-1.05%
Adult Physical Health Community Services	77.86%	1.02%
Research & Development	55.56%	-22.22%
Grand Total	83.77%	0.19%

Fire Safety	Current performance	91.46%
	Change from the previous month	-0.63%

Business Unit	%	Change
Quality & Governance	100.00%	4.55%
Specialist Services & Nursing	96.67%	-3.33%
Human Resources	96.61%	-1.64%
Mental Health - Acute Inpatient and Community Se	90.06%	-0.43%
Research & Development	90.00%	12.22%
Childrens Services	87.92%	-3.25%
Grand Total	91.46%	-0.63%

Moving & Handling	Current performance	86.51%
	Change from the previous month	-0.06%

Business Unit	%	Change
Specialist Services & Nursing	100.00%	0.00%
Quality & Governance	100.00%	0.00%
Human Resources	93.10%	-3.39%
Mental Health - Acute Inpatient and Community Se	84.73%	0.30%
Specialist Inpatient Services, Dentistry and Adminis	82.66%	-1.26%
Research & Development	80.00%	2.22%
Grand Total	86.51%	-0.06%

Key

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

Indicator Q17: 10 out of 11 service areas have aggregate mandatory training compliance that exceeds 80%. All 11 areas are compliant with Fire Safety, Infection Prevention, Information Governance (IG) and Moving & Handling targets.

Indicator Q17a: Overall compliance for IG training now exceeds the 95% target. This includes staff in date in 2015/16 as per IG toolkit compliance guidance. This followed detailed follow up of staff who were non-compliant or due for renewal by the end of March 2017 by Deputy Directors.

HR Business Partners have provided support to managers to support staff to access IG Training with ease. Data suggests that this has proved effective.

Indicator Q18: Appraisal rates have increased by 0.2% since February 2017, and by 1.3% since April 2016, with 8 of the 11 service areas showing an increase in figures from the previous month and 9 of the 11 compliant as at 31 March 2017.

Workforce – Labour Turnover and Vacancy

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 outturn	Graph
Q19	% Labour Turnover	11.62%	10.00%	313.42	2403.43	13.04%		

Indicator Q19: Labour turnover (LTO) has increased by 0.6% since February 2017. A total of 291.4 wte leavers were recorded for the 12 months to March 2016 compared to 313.4 wte for the 12 months to March 2017; an increase of 22 wte leavers. There were 235.5 wte new starters over the last 12 months, with recruitment of 77.9wte fewer staff than were lost through LTO.

The following slide analyses the reasons staff have given for leaving the Trust. The top three reasons for leaving over the last 12 months (with the exception of Not Known/Other) are:

- relocation (54.17wte – 17.28%)
- retirement (48.96wte – 15.62%)
- promotion (31.29wte – 9.98%).

Feedback on processes to engage more staff with exit interviews is being collated to support interventions to increase staff retention. The top 5 hotspot areas reporting the most leavers/LTO are Specialist Inpatient Services, Administration Services, Community Nursing Services, Acute Inpatient Services, and IAPT. Over 59% of Trust leavers and 45% of new starters in the 12 month period were in these services. 23.08% (72.34wte) of leavers over the 12 month period left the Trust within 12 months of employment. Current LTO mitigations include;

- Rolling recruitment adverts in hot spot areas to help ensure vacancies are filled as quickly as possible;
- Analysis of new exit interview process data combined with analysis alongside vacancy, sickness and temporary staffing levels.

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 outturn
Q21	% Vacancy rate	7.17%	10%	256.31	2659.74	9.64%	
Q21a	% Vacancy rate (Specialist Inpatient, Dental & Administration)	9.93%	10%	95.74	519.48	18.43%	

Indicator Q21: The vacancy rate of 9.64% equates to 256.31wte, with 37.35% of all vacancies within Specialist Inpatient, Dental & Administration. Current mitigations include recruitment to staff bank posts to provide short term support. We have recruited 26 workers to the staff bank between January and March 2017. The aim is to recruit 10 per month and achieve 300 staff bank workers by December 2017. We are pursuing a pipeline of 63 workers (5 registered, 58 non registered) to join the staff bank. 50 are mental health band 2 health care support workers. We have 47 people at shortlisting stage with interviews currently being arranged.

Workforce – Labour Turnover Exceptions

Hotspot areas / Exceptions

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

Business Unit	Service Area	Labour Turnover		Leavers	Starters
		%	Headcount	WTE	WTE
Specialist Inpatient	Specialist - Inpatient	24.45%	197	44.53	23.53
	453 Thomson Ward (FSM) (113126)	64.04%	24		
	453 Dementia Assessment Unit (113501)	27.44%	31		
	453 Medical Psychology (OPMH) (113701)	83.33%	3		
	453 Inpatient Specialist Services Management	33.33%	3		
Specialist Inpatient	Administration Services	16.75%	190	26.55	22.14
	453 Inpatient Administration (113070)	28.75%	34		
	453 Single Point of Access (115085)	38.19%	21		
	453 Administration - Lynfield Mount (115305)	30.09%	14		
Adult Physical Health	Community Nursing	12.83%	366	40.75	32.00
	453 DN Team Shipley (115024)	29.59%	8		
	453 DN Team Windhill MC (115027)	23.40%	10		
	453 DN Team Horton Park Team 1 (115032)	82.13%	5		
	453 DN Team Parklands (115038)	91.84%	4		
	453 DN Team Bowling/Rooley (115042)	75.86%	6		
	453 DN Team Woodroyd (115051)	175.00%	1		
	453 DN Team Haigh Hall MC (115057)	38.82%	8		
MH Acute and Community	Acute - Inpatient	19.02%	243	43.60	23.00
	453 Maplebeck Ward (AMH) (113004)	43.68%	18		
	453 Clover (PICU Airedale) (AMH) (113010)	62.38%	21		
	453 Intensive Home Treatment Team - Airedale	25.14%	17		
	453 Bradford Locality Management (114700)	40.83%	5		
MH Acute and Community	IAPT	25.32%	137	29.83	4.09
	453 Step 4 Aire/Wharfe/Craven Locality Psych	27.91%	5		
	453 City IAPT (115234)	40.25%	10		
	453 North IAPT (115236)	51.25%	23		

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

Reasons for Leaving	WTE	%
VR - Other/Not Known	80.19	25.59
VR - Relocation	54.17	17.28
Retirement	48.96	15.62
VR - Promotion	31.29	9.98
VR - Work Life Balance	24.14	7.70
End of Fixed Term Contract	19.90	6.35
VR - To undertake further education or training	13.16	4.20
Dismissal	11.39	3.63
VR - Better Reward Package	9.85	3.14
VR - Health	6.31	2.01
VR - Lack of Opportunities	4.92	1.57
VR - Child Dependants	4.79	1.53
Death in Service	2.36	0.75
VR - Incompatible Working Relationships	2.00	0.64
VR - Adult Dependants	0.00	0.00

313.42

Number of Leavers - leaving within first 12 months of employment

Reasons for Leaving	WTE
VR - Other/Not Known	16.96
End of Fixed Term Contract	15.61
VR - Relocation	10.76
VR - Work Life Balance	9.56
VR - Promotion	4.93
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	1.97
VR - Incompatible Working Relationships	1.00
VR - Lack of Opportunities	0.96
Death in Service	0.43
Retirement	0.40
VR - Adult Dependants	0.00

72.34

Hotspot area Leavers Total (WTE)

185.26

Hotspot area Starters Total (WTE)

104.77

Trustwide Leavers Total (WTE)

313.42

Trustwide Starters Total (WTE)

235.49

% Hotspot area total against Trustwide total

59.11%

% Hotspot area total against Trustwide total

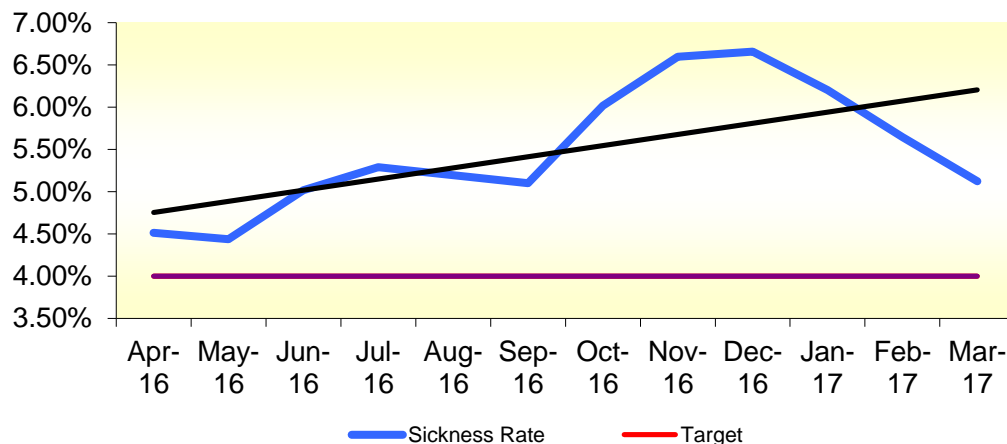
44.49%

Workforce – Sickness Absence

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 YTD	16/17 outturn
Q20	% Sickness absence rate	4.53%	4%	3836.44	74897.84	5.12%	5.48%	

Staff Sickness Absence	Total Number
Total days lost	39521
Total staff	2403
Average working days lost	16.44

Sickness Absence Rate



Indicator Q20: The sickness absence rate for March 2017 has reduced slightly to 5.12%. Further details on the top 3 business units are provided on the next slide. The main reasons for sickness absence remain as stress, anxiety/depression and musculo-skeletal.

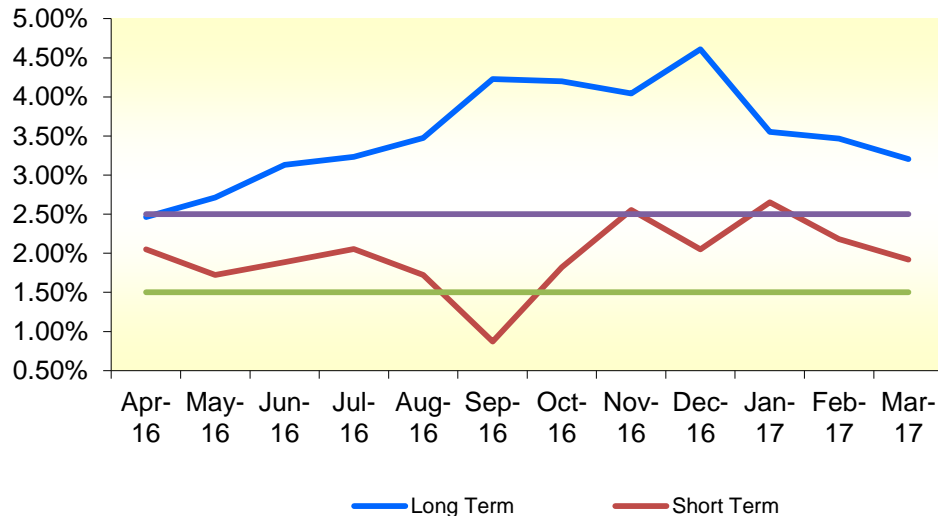
There were 294 new episodes of sickness in March. 16.3% were due to cold/flu, 23.5% to gastrointestinal problems and 11.2% musculo-skeletal. 58 of those 294 episodes remain open, which could potentially lead to long term sickness. Of these 58 cases 17.24% are due to musculoskeletal problems and 37.93% to stress/anxiety. The number of actual long term cases has reduced from 105 cases in February to 83 cases in March, with stress and anxiety being the main cause of long term sickness. The number of life threatening cases has increased to 3. 14.46% (12 cases) of long term sickness are attributed to musculoskeletal/back concerns, a reduction of 2.68% since last month. 33.33% of musculoskeletal absences are within Mental Health Acute and Community Services, and 25.00% are within Adult Physical Health Community Services.

Sickness absence is discussed at the monthly Business Unit Performance Meetings and targeted support continues 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	455	437
Informal process: 100 - 299 points	136	135
Formal process: 300 points and above	72	73

Workforce – Sickness Absence Exceptions

Long Term/ Short Term - Sickness Absence Rate



Absence

Current performance	5.12%
Current YTD	5.48%
Change from the previous month	-0.52%

Business Unit

Business Unit	%	Change
Research & Development	0.00%	-5.28%
Quality & Governance	0.86%	-0.56%
Human Resources	1.90%	0.66%
Mental Health - Acute Inpatient and Community Services	5.86%	-0.37%
Specialist Inpatient Services, Dentistry and Administration	5.91%	-1.14%
Adult Physical Health Community Services	5.98%	0.14%
Grand Total	5.12%	-0.52%

Key

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

Mental Health Acute and Community Services

Short term absence is 1.84% and long term absence is 4.03%. Long term absence has reduced, with 27 long term cases currently being actively managed. 22 cases have been closed since February 2017 with 10 new cases now being monitored; 9 are related to stress/anxiety. There are 20 new absence episodes which are open ended and could potentially be long term by next month; 7 are due to stress, and 3 are musculoskeletal.

Specialist Inpatient Services, Dentistry & Administration

Short term absence is 2.80% and long term absence is 3.11%. Long term sickness has reduced, with 17 long term cases currently being actively managed. 15 cases have been closed since February 2017 with 8 new cases now being monitored. 7 are related to stress/anxiety. There are 12 new absence episodes which are open ended and could potentially be long term by next month, 7 are stress related.

Adult Physical Health Community Services

Short term absence is 2.04% and long term absence is 3.94%. Long term absence has reduced, with 22 long term cases currently being actively managed. 13 cases have been closed since February 2017 with 11 new cases now being monitored. 11 are related to stress/anxiety. There are 14 new absence episodes which are open ended and could potentially be long term by next month; 3 are stress related, 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.

Workforce

Indicator No.	Indicator	Q1	Q2	Q3	Q4	Graph																				
Q22a	% Staff recommending the Trust to Family and Friends as a place to be treated	74.70%	75.16%	63.00%	68.69%	<p>Q22a - Staff Friends and Family Test</p> <table border="1"> <caption>Data for Q22a - Staff Friends and Family Test</caption> <thead> <tr> <th>Quarter</th> <th>14/15</th> <th>15/16</th> <th>16/17</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>61.0%</td> <td>68.0%</td> <td>75.0%</td> </tr> <tr> <td>Quarter 2</td> <td>60.0%</td> <td>70.0%</td> <td>75.0%</td> </tr> <tr> <td>Quarter 3</td> <td>63.0%</td> <td>68.0%</td> <td>63.0%</td> </tr> <tr> <td>Quarter 4</td> <td>72.0%</td> <td>78.0%</td> <td>68.7%</td> </tr> </tbody> </table>	Quarter	14/15	15/16	16/17	Quarter 1	61.0%	68.0%	75.0%	Quarter 2	60.0%	70.0%	75.0%	Quarter 3	63.0%	68.0%	63.0%	Quarter 4	72.0%	78.0%	68.7%
Quarter	14/15	15/16	16/17																							
Quarter 1	61.0%	68.0%	75.0%																							
Quarter 2	60.0%	70.0%	75.0%																							
Quarter 3	63.0%	68.0%	63.0%																							
Quarter 4	72.0%	78.0%	68.7%																							
Q22b	% Staff recommending the Trust to Family and Friends as a place to work	54.90%	53.59%	59.00%	45.45%	<p>Q22b - Staff Friends and Family Test</p> <table border="1"> <caption>Data for Q22b - Staff Friends and Family Test</caption> <thead> <tr> <th>Quarter</th> <th>14/15</th> <th>15/16</th> <th>16/17</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>47.0%</td> <td>67.0%</td> <td>55.0%</td> </tr> <tr> <td>Quarter 2</td> <td>58.0%</td> <td>66.0%</td> <td>53.6%</td> </tr> <tr> <td>Quarter 3</td> <td>60.0%</td> <td>63.0%</td> <td>59.0%</td> </tr> <tr> <td>Quarter 4</td> <td>72.0%</td> <td>61.0%</td> <td>45.5%</td> </tr> </tbody> </table>	Quarter	14/15	15/16	16/17	Quarter 1	47.0%	67.0%	55.0%	Quarter 2	58.0%	66.0%	53.6%	Quarter 3	60.0%	63.0%	59.0%	Quarter 4	72.0%	61.0%	45.5%
Quarter	14/15	15/16	16/17																							
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Quarter 4	72.0%	61.0%	45.5%																							

The Staff Family and Friends Test is a national initiative with two mandatory questions. The purpose is to enable staff to provide timely and regular feedback to the Trust that supports further improvements.

Indicator Q22a – out of 99 respondents (3.46% of Trust total workforce), 68 would recommend the Trust to Family and Friends as a place to be treated.

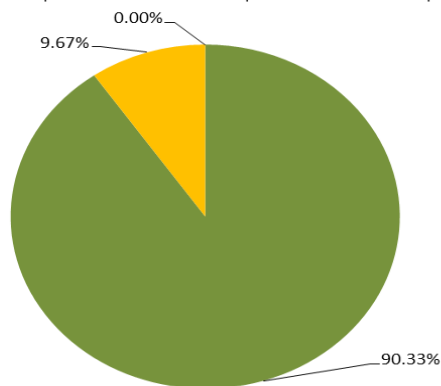
Indicator Q22b – out of 99 respondents (3.46% of Trust total workforce), 45 would recommend the Trust to Family and Friends as a place to work. This is a significant decrease from the previous quarter, however, aligns with the staff survey being undertaken over the same period.

Despite ongoing communications and engagement the response rate remains low. HR and services will continue to focus on responding to feedback received from the staff satisfaction survey and from other staff engagement interventions such as the cultural conversations, Board walkabouts and staff governor feedback.

Q23a - Safer Staffing: Inpatient Services - March 2017

Staffing Level Compliance

Exact/ Over Compliance Under Compliance Non Compliance



Exact/ Over Compliance
Under Compliance
Non Compliance

No. shifts
2232
239
0

Risks:

- Hotspot areas in terms of vacancies (in Clover, Ashbrook, DAU, Bracken 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 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 March 2017

Exact/over compliant shifts - Over compliant shifts recorded in March 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. 57% 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 (73% - 20% increase from last month). Clover and Ashbrook wards (Acute Inpatients) and DAU and Thornton and Bracken (Specialist wards) currently recording the highest level. Observations/Specialising is the second most requested type (37%) of which Ashbrook, Clover, DAU, and Oakburn are recording the highest levels in March.

Under compliant shifts - There were 43 incidents reported relating to staffing shortages in March 2017, with the majority (39) submitted by Specialist inpatient services. Recruitment levels to Bank has increased to over 200, with plans to recruit to more specialist and registered roles as well as clinical support roles during 2017. The recruitment pipeline for Bank also continues to be used for filling permanent vacancies. The Peripatetic team has been increased, with March being the first full month of operation in terms of the staff working truly peripatetically across the wards. Another contributing factor to under compliance is sickness, of which 19% of bank and agency bookings in March 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 March, however, Bracken ward recorded a very low level of staff over the 24 hour period on 6th March due to sickness. This was mitigated by use of overtime and cover from Duty Senior Nurse to ensure sufficient levels across the early/ late shifts.

Q23a - Safer Staffing: Inpatient Services – March 2017

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Ward name	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				
Fem	710 - ADULT MENTAL ILLNESS	990	1095	870	877.5	288.3	325.5	864.9	1004.4	110.6%	100.9%	112.9%	116.1%
Heather	710 - ADULT MENTAL ILLNESS	945	1057.5	915	1110	288.3	306.9	864.9	855.6	111.9%	121.3%	106.5%	98.9%
Bracken	710 - ADULT MENTAL ILLNESS	930	915	1395	1447.5	288.3	288.3	864.9	864.9	98.4%	103.8%	100.0%	100.0%
Ashbrook	710 - ADULT MENTAL ILLNESS	952.5	990	1372.5	1462.5	288.3	288.3	864.9	1078.8	103.9%	106.6%	100.0%	124.7%
Maplebeck	710 - ADULT MENTAL ILLNESS	892.5	802.5	967.5	1110	288.3	288.3	864.9	855.6	89.9%	114.7%	100.0%	98.9%
Oakburn	710 - ADULT MENTAL ILLNESS	997.5	922.5	1327.5	1170	288.3	288.3	864.9	957.9	92.5%	88.1%	100.0%	110.8%
Baildon	710 - ADULT MENTAL ILLNESS	930	900	1162.5	1140	288.3	288.3	576.6	576.6	96.8%	98.1%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	915	832.5	1170	1177.5	288.3	288.3	576.6	567.3	91.0%	100.6%	100.0%	98.4%
Thornton	710 - ADULT MENTAL ILLNESS	1185	1065	2077.5	1890	288.3	288.3	864.9	883.5	89.9%	91.0%	100.0%	102.2%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	907.5	825	1417.5	1627.5	288.3	288.3	864.9	864.9	90.9%	114.8%	100.0%	100.0%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	922.5	1035	1402.5	2235	288.3	297.6	864.9	1497.3	112.2%	159.4%	103.2%	173.1%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	510	502.5	652.5	600	288.3	288.3	390.6	399.9	98.5%	92.0%	100.0%	102.4%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	697.5	832.5	2092.5	2437.5	576.6	548.7	864.9	1264.8	119.4%	116.5%	95.2%	146.2%

Q23b: Staffing Ratio (Trends): Community Services

March 2017		Actual Mar 2017														
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than	A	M	J	J	A	S	O	N	D	J	F	M
FNP	25:1	18	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	277	312	362	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
School Nursing	2200:1	2797	2200	2500	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	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	17	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
AOT	15:1	15	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green
CMHT	35:1	24	33	35	Green	Green	Green	Green	Green	Green	Red	Yellow	Yellow	Green	Green	Green
CAMHS	40:1	42	35	40	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Matrons and Case Managers	70:1	75	77	84	Yellow	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.

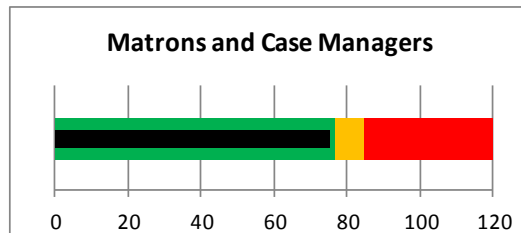
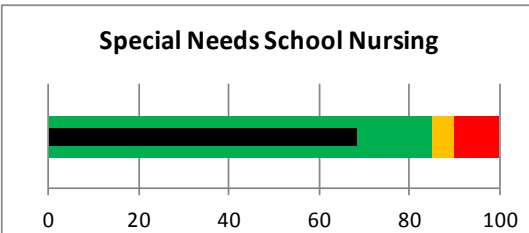
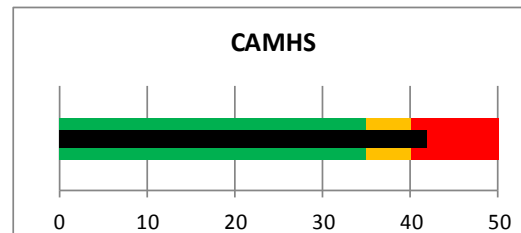
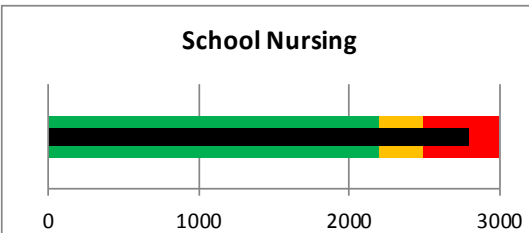
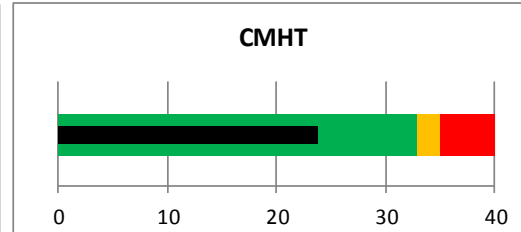
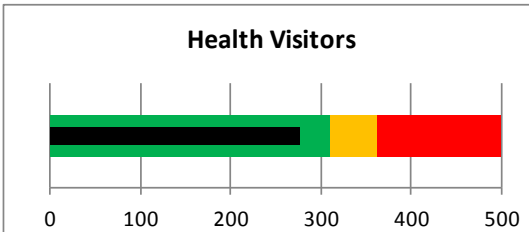
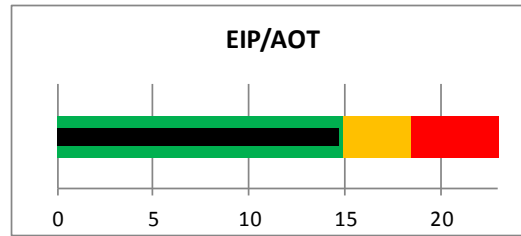
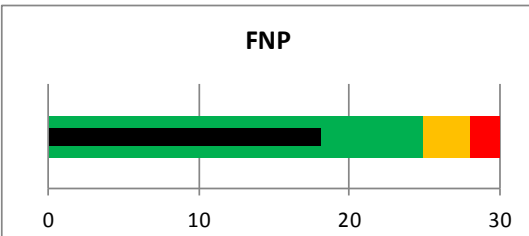
Special needs school nursing does not have a national recommendation, therefore it has been set locally.

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.

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

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

Q23b: Staffing Ratio Community Services

**Legend / Glossary:**

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**

The Wakefield 0-19 children's public health service (health visiting, FNP and school nursing) transferred on 1st April 2017. Safer staffing figures for Wakefield will be reported from August. Discussions continue with Bradford Council regarding impact of savings required on service delivery. This will impact on staffing levels in Bradford, and is due to be presented at a Quality Impact panel in April. School nursing have moved into the red due to increased sickness and maternity. Work is underway to get staff fit and back to work and to clarify with commissioners the school nursing care offer to ensure priority areas are addressed.

Deputy Director**Mental Health Acute and Community**

CAMHS recruitment still ongoing with 2wte due to start now in May, with 3 long term sick cases planned to return April. The Local Authority (LA) have yet to resolve the issue of the vacant posts. CAMHS are reviewing the offer to LA & CSC in light of this gap. Impacts are being presented to Deputy Director and then with the LA Deputy Director of Children's Services.

Deputy Director**Adults Community Physical Health**

As part of the ongoing work to determine safer caseloads the management team are considering the recommendations of the recently published Safe, Sustainable and Productive Report produced by the National Quality Board to determine safer caseloads for the Complex care teams in Bradford and District Nursing Services and a robust method of data collection. These recommendations will be presented to the next safer staffing steering group in May.

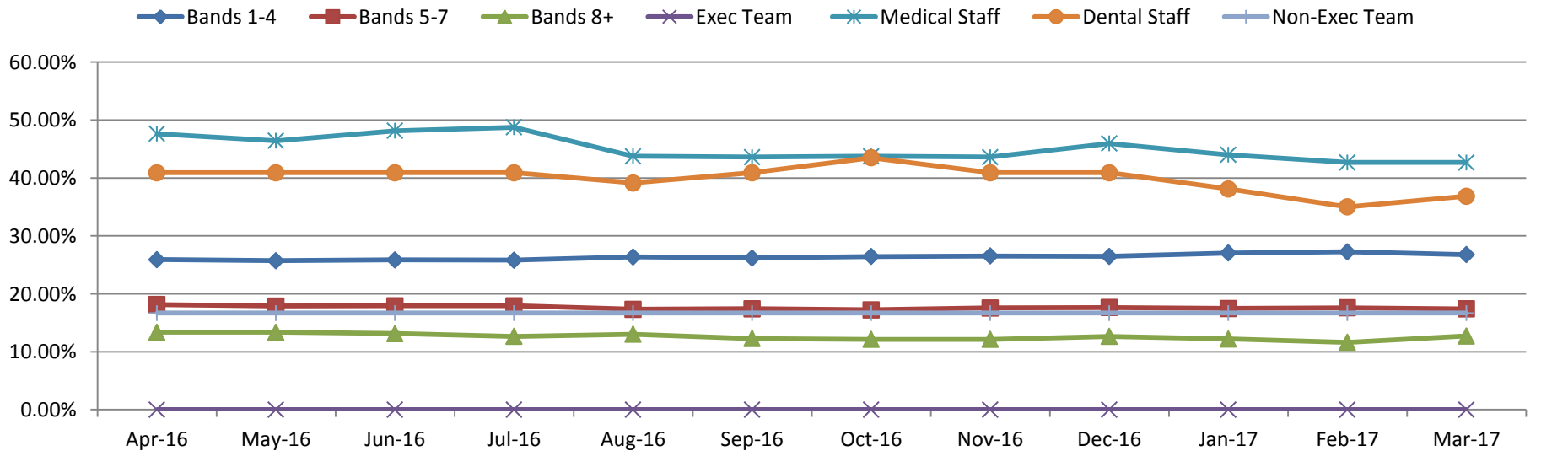
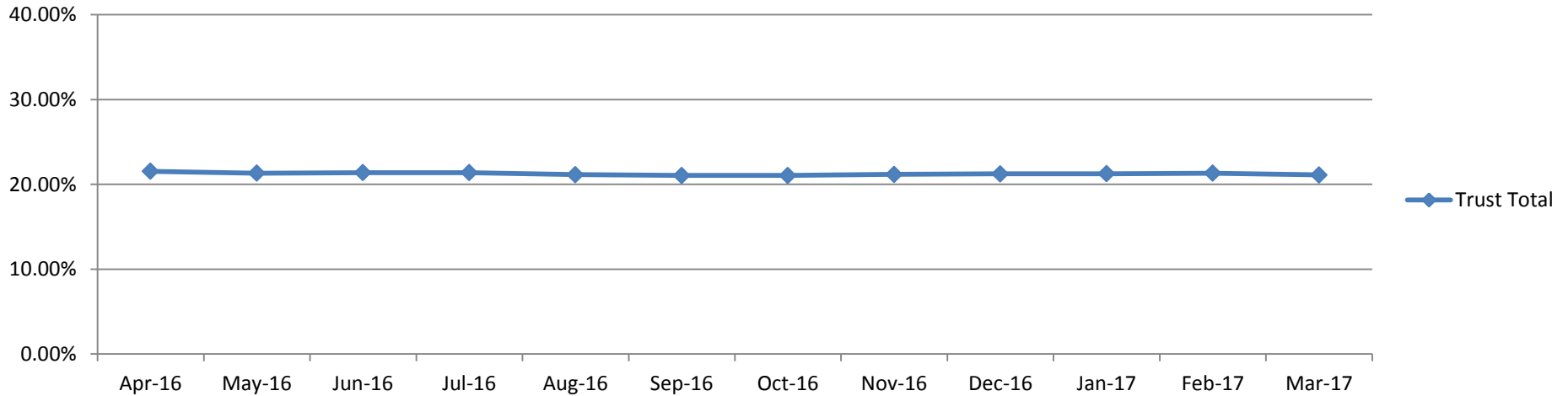
Q25 - Black and Minority Ethnic (BME) Diversity in Employment Strategy

Positive changes in BME representation	15/16 Outturn Total Headcount	15/16 outturn	16/17 Target	In Quarter whole staff statistics					% change from previous quarter			
				Headcount	Not Stated	White	BME	% BME	Q1	Q2	Q3	Q4
Band 1	48	12.50	35	62	6	41	15	24.19	5.15	5.37	2.76	0.38
Band 2	346	27.46		306	20	204	82	26.80	0.78	-0.56	0.21	-1.09
Band 3	369	27.64		354	14	237	103	29.10	-1.50	0.97	0.68	1.57
Band 4	255	23.14		257	6	189	62	24.12	1.19	-0.29	-0.61	0.31
Band 5	576	22.74		524	8	398	118	22.52	-0.42	-2.26	1.37	0.19
Band 6	777	16.22		776	30	623	123	15.85	-0.35	0.60	0.04	-0.54
Band 7	288	13.19		280	7	239	34	12.14	0.74	-0.02	-1.29	-0.14
Band 8a	114	16.67		113	3	91	19	16.81	-0.74	-1.36	0.47	0.88
Band 8b	36	2.78		37	3	33	1	2.70	-0.08	0.24	-0.16	-0.08
Band 8c	12	25.00		12	1	10	1	8.33	-1.92	-7.69	0.00	-7.05
Band 8d	11	0.00		11	0	10	1	9.09	0.00	7.14	1.19	0.76
Exec Team	6	0.00		5	0	5	0	0.00	0.00	0.00	0.00	0.00
Medical Staff	85	47.06		75	17	26	32	42.67	1.09	-4.56	2.36	-3.28
Dental Staff	22	40.91		19	0	12	7	36.84	0.00	0.00	0.00	-4.07
Non-Exec Team	5	20.00		6	3	2	1	16.67	0.00	0.00	0.00	0.00
Trust Total	2950	21.36		2837	118	2120	599	21.11	-0.07	-0.34	0.19	-0.12

For quarterly reporting during 2016/17, the change from the previous quarter has been red/amber/green rated. Reporting for 2017/18 is being reviewed and ratings will be applied to the % of BME staff by band, rather than to the change from the previous quarter.

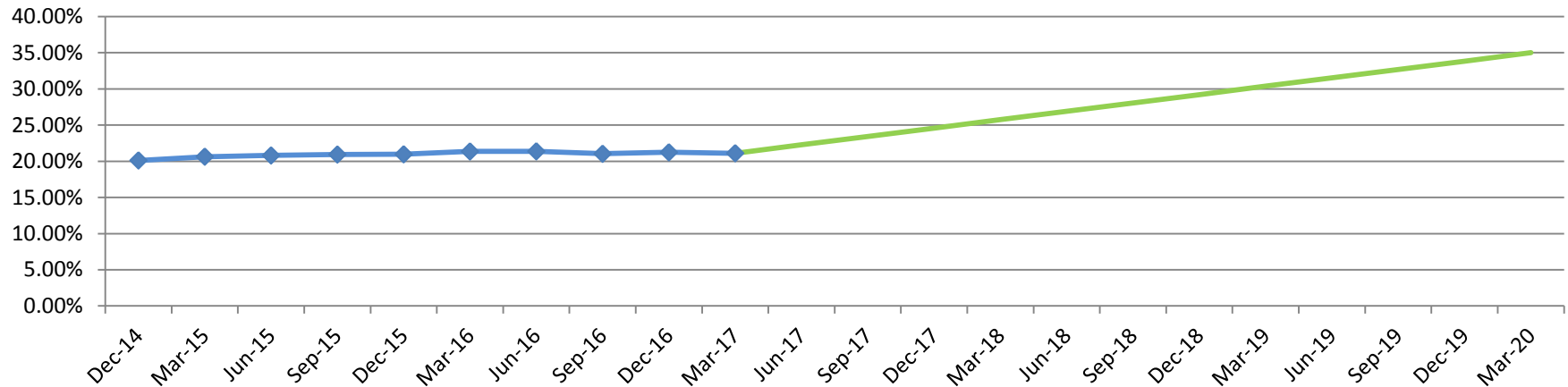
Q25 – BME Diversity in Employment Strategy

Trust Total % BME



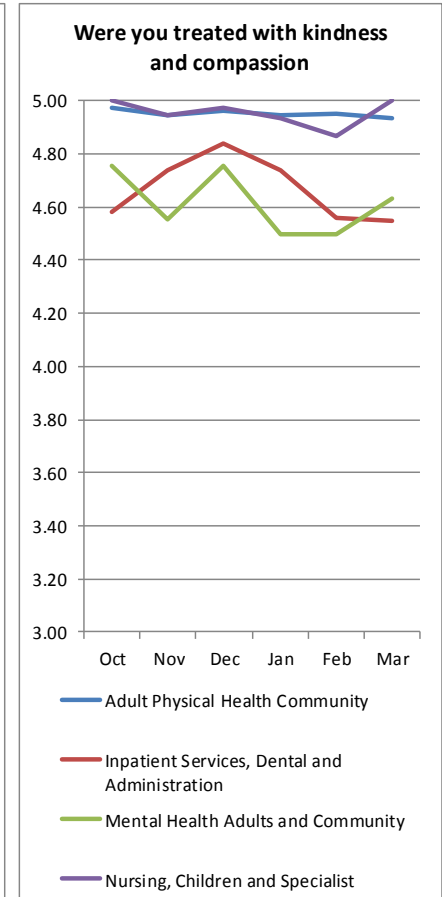
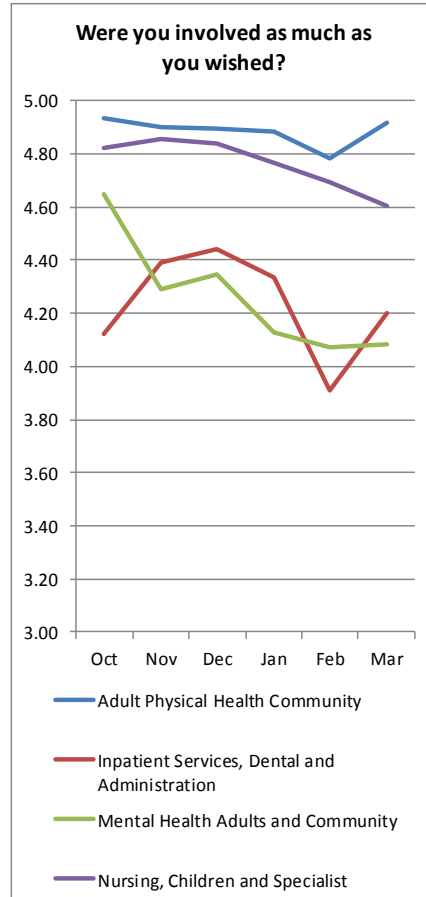
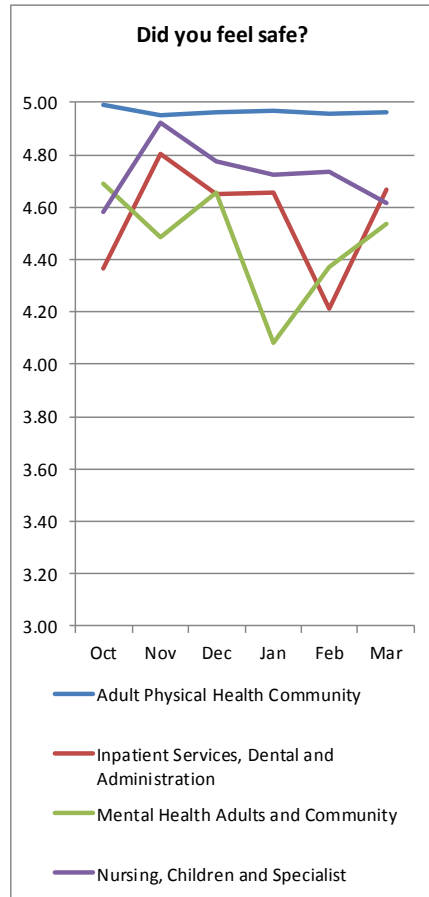
Q25 - BME Diversity in Employment Strategy

Trajectory (% BME)

**Quarter 4 Data Analysis**

- The overall total of Black and Minority Ethnic (BME) staff employed in the Trust shows a slight reduction of 0.12% to 21.11% across the Trust within quarter 4, and reflects a 0.24% reduction over the last 12 months.
- Positive change can be seen across 4 of the 15 band groupings, the most significant within band 1. In terms of recruitment across the quarters – 28.08% of new starters are from BME backgrounds. It should be noted however that 11.88% of new starters chose not to disclose this information.
- The negative changes from quarter 3 in across bands 2, 5, 6, 7, 8b, and 8c are primarily due to slight increases in headcount of non-BME staff and slight reductions in BME staff.
- In terms of recruitment (excluding not stated) 31.87% of new starters are from BME backgrounds, 29.29% of those were recruited to band 2 positions, 18.71% of those were recruited to band 3 positions, and 18.33% of those were recruited to band 5 positions.
- The trajectory chart shows analysis of achieving the 35% target by March 2020. This calculates to a requirement of a 3.47% increase in BME staff per year. Current data shows a 0.24% reduction over the last 12 months.
- Work will continue to implement the BME in Employment strategy and to seek opportunities to encourage applications from a BME background through more local advertising of roles, recruitment fairs and radio advertising for example. In addition 2017 will see the roll out of cultural competence training and recruitment and selection training that includes unconscious bias.

Q40: Service User Experiences



Number of reviews	Oct	Nov	Dec	Jan	Feb	Mar
Adult Physical Health Community	129	111	87	78	84	110
Inpatient Services, Dental & Administration	65	59	43	27	34	25
Mental Health Adults & Community	127	83	79	92	56	49
Nursing, Children & Specialist	175	160	119	302	47	223

A new Friends and Family Test system went live on 1 April 2017. There will be slight changes to the way in which the information shown above is presented. Scores are no longer 'out of five' but are expressed as a percentage. Up to 1 April 2017 where a score fell below 4 out of 5, narrative has been provided for Board. Narrative will now be provided if the score falls below 80%.

Quality Assurance

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

Programme summary: 2016/17

Jan-17

Feb-17

Mar-17

The purpose of the Directors Business & Transformation 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 Directors' Business & Transformation Programme projects. Highlight reports provided for transformational projects;
- Approve detailed Project Initiation documents 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 Directors' Business & Transformation Programme.

The 2016/17 Directors' Business & Transformation Programme is monitoring 6 transformational projects and 30 transactional Cost Improvement Projects. Financial forecasts now indicate achievement of £5.46m Cost Improvement Programme savings by end of March, with shortfall of £240k against the programme for 2016/17. The high risk reserve of £500k is in place to cover the shortfall.

Agile Resource Reductions – A non recurrent underspend in Adult Physical Health of £145k has been reallocated against the 2016/17 savings target, along with unspent project management monies, overachieving the 2016/17 target. The 2017/18 forecast identifies 92% of the Adult Physical Health savings and £492k (48%) of Acute and Community Mental Health savings.

Agile Project delivery – Agile estates savings have fully achieved, along with overachievement in travel and mileage savings of £70k. A plan to create a hub site with touchdown space at Horton Park has been approved by steering group with capital bid going to CPIG in May.

IM&T – Telephony - A shortfall of £282k is expected at the end of 2016/17. Finance, Business and Investment Committee deep dive report outlined the future plans and mitigations. The project has transferred to Informatics Programme Board to manage the activities as “business as usual.”

CPPP (Care Packages and Pathways) – Clustering performance has improved by 1.2% on last month however is still below target (85.2% 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. Plans to incorporate clustering within the Mental Health new model of care and monitor/manage the required 95% target and shadow currency arrangements are already in place.

Bank & Agency – Agency use continues to decrease. Agency expenditure is £4m 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 for medical staff.

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

- Project resources for agile ceased in March 2017 and going forward will be incorporated as business as usual by estates, HR/OD and Informatics.
- Transition to WorkSmart in April.
- Checkpoint review of Agile working project approved at Agile Steering Group ahead of transition to WorkSmart and deep dive report received at Finance, Business and Investment Committee.
- Horton Park hub design to include touchdown space and optimisation of office and clinic space approved by Agile Steering Group with a bid for funding to go to CPIG in May.
- Outstanding issues to be resolved around budgets for shared space. Work underway with Medical Director to maximise use of clinical space.
- Scoping of Meridian House will start in April, followed by Fieldhead and Craven Centre to complete a number of hub sites to support our workforce.
- Completed roll out or training on SystemOne care plan changes and in addition roll out of prescription printing for district nursing.

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

- Adult Physical Health underachieved on the original recurrent target but have used non recurrent underspends to offset this.
- Travel and mileage savings 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.
- Labour turnover is still increasing, currently stands at 11.83% (up from 11.5% and against target of 10%). Staff sickness is 5.3% which is now tracking just above the Trust average.

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 seen with Community Mental Health Team team leader champion.
- Assistant Psychologist has reduced hours until contract concludes end June.
- Clustering figures for March show improvement on February, at 85.2%, however this is 3% lower than this time last year.
- Care Pathways and Packages Project activity will be incorporated in the 2 year work plan to re-design Mental Health and Acute Community Services.

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

- A shortfall of £282k is expected overall in 2016/17 driven by legacy forecasting, expenditure and supplier invoicing.
- 1096 Smartphones deployed during the 6 months since mobilisation, with another additional 200+ on the waiting list still to do. Work still required to identify final balance.
- BT confirmed 1,966 laptop SIMs being billed. To date 1,192 have been cancelled with 200 more planned to cancel by end of April. Work underway to ensure cancellation of all remainder of SIMs now out of contract.
- Prioritisation of high laptop data users to move them across to a Smartphone
- Local Authority Service Level Agreement still not agreed affecting 85 staff.


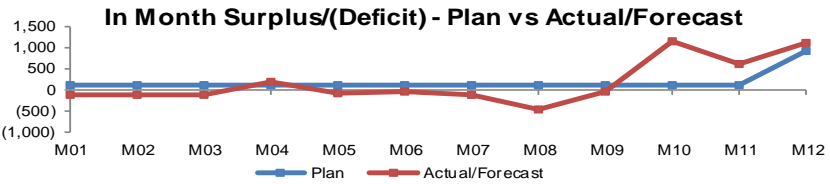


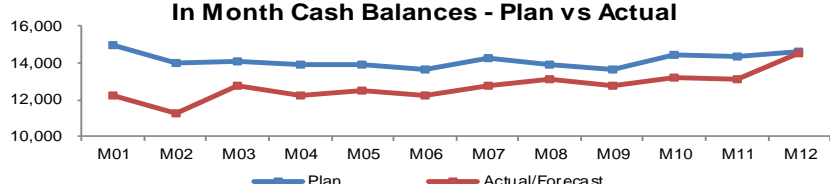

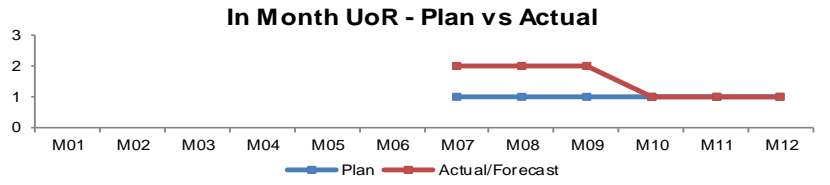

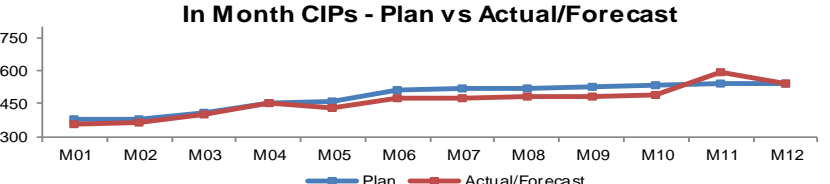

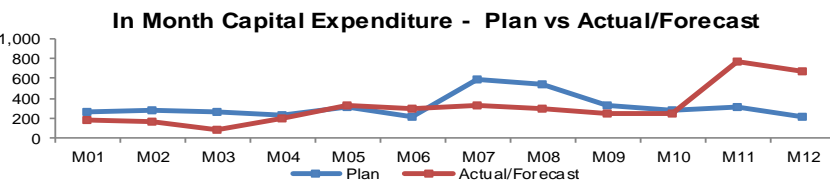
1.11 Children's Schemes**C Woffendin**

- Further vacancies and underspend submitted for 2016/17 creating zero deficit overall.
- All SystemOne modules now merged.
- Staff now working in the new clusters aligned to Local Authority.
- Optimum work locations agreed and all teams now moved.
- Temporary document records centralisation space identified
- A couple of CIPs did not achieve (due to negotiations with the Local Authority) however these were mitigated by vacancies and underspend put forward by the business unit
- Discussions with Local Authority commissioners about 2017/18 budget reductions continue and will conclude by the end of April 2017.

5.20 Bank + Agency**F Sherburn**

- Proposal being reviewed to form a working group in 2017/18 to review workforce issues including sickness, bank & agency and agree a consistent set of data. Reporting into WorkSmart group.
- Agreements on Meridian Consultancy outcomes and targets for 2017/18 still to be approved.
- Work still slow to progress new Safe Care e-rostering module.
- Trend showing agency costs reducing and staff bank increasing.
- Currently under the overall NHS Improvement agency cap however continue to breach the price cap/wage cap for medical staff.
- Final position indicates overspend on agency expenditure.
- Informatics service desk showing significant numbers of complaints and quality concerns (due to effect of agency staff reductions).

Executive Summary

Proposed Board RAG Rating	YTD	Commentary
<p>Statement of Comprehensive Income (SoCI)</p> <p>A surplus of £2,911k (excluding £155k net technical benefit from disposal of assets and £999k impairments) is £771k above the planned surplus of £2,140k and includes additional STF incentive funding of £197k and bonus STF of £568k.</p>		<p>In Month Surplus/(Deficit) - Plan vs Actual/Forecast</p> 
<p>Statement of Financial Position (SoFP)</p>		<p>Current assets (including cash, receivables, accruals, prepayments) are £0.1m below plan. Current liabilities are £0.7m below plan.</p>
<p>Statement of Cash Flows (SoCF)</p> <p>Cash balances are £0.06m below plan at the end of the year.</p>		<p>In Month Cash Balances - Plan vs Actual</p> 
<p>Use of Resources Metric (UoR)</p> <p>From M07, the new 'Use of Resources (UoR)' metric comes into force. At M12, the new metric shows a 1 (1 = Best, 4 = Worst) rating for year to date.</p>		<p>In Month UoR - Plan vs Actual</p> 
<p>Cost Improvement Programmes (CIPs)</p> <p>CIPs have under achieved by £241k YTD (before reserve). This includes schemes rated RED when the plan was approved. This underachievement is mitigated by the £500k high risk CIP reserve.</p>		<p>In Month CIPs - Plan vs Actual/Forecast</p> 
<p>Capital Expenditure</p> <p>Capital expenditure is £3k below plan at the end of the year.</p>		<p>In Month Capital Expenditure - Plan vs Actual/Forecast</p> 

Statement of Comprehensive Income				
£000's	Year to Date			YTD RAG
	Plan	Actual	Variance	
Operating income (inc in EBITDA)				
NHS Clinical income	(104,636)	(106,361)	1,726	
Non-NHS Clinical income	(18,786)	(18,314)	(472)	
Non-Clinical income	(7,191)	(10,584)	3,393	
Total	(130,612)	(135,260)	4,648	
Operating expenses (inc in EBITDA)				
Employee expense	103,878	102,608	1,270	
Non-Pay expense	20,209	26,894	(6,685)	
PFI / LIFT expense	199	207	(8)	
Total	124,286	129,709	(5,423)	
EBITDA	(6,326)	(5,551)	(775)	
EBITDA Margin %	4.84%	4.10%		
Operating expenses (exc from EBITDA)				
Depreciation & Amortisation	3,155	2,749	406	
Total	3,155	2,749	406	
Non-operating income				
Finance income	(64)	(35)	(29)	
Total	(64)	(35)	(29)	
Non-operating expenses				
Interest expense (PFI / LIFT)	157	135	22	
PDC expense	1,713	1,346	367	
Sustainability & Transformation Fund	(790)	(790)		
Control Total Balancing	15		15	
Total	1,095	691	404	
(Surplus) / Deficit (Control Total)	(2,140)	(2,146)	6	
Impairment Losses / (Reversals)		999	(999)	
(Gain)/loss on asset disposals		(155)	155	
Sustainability & Transformation Fund (incentive)		(197)	197	
Sustainability & Transformation Fund (bonus)		(568)	568	
(Surplus) / Deficit	(2,140)	(2,067)	(73)	

Statement of Financial Position				
£000's	Year to Date			YTD RAG
	Plan	Actual	Variance	
Non-current Assets				
Intangible assets		119	(119)	
Property, Plant & Equipment	50,520	43,575	6,946	
On-balance sheet PFI	4,220	5,453	(1,233)	
Non Current Assets Held For Sale		400	(400)	
Total	54,740	49,547	5,194	
Current Assets				
Cash and cash equivalents	14,589	14,529	60	
Other current assets	4,620	4,576	44	
Total	19,209	19,105	104	
Current Liabilities				
PFI / LIFT leases	(339)	(279)	(60)	
Other current liabilities	(10,238)	(9,559)	(680)	
Total	(10,577)	(9,838)	(740)	
Non-current Liabilities				
PFI / LIFT leases	(2,721)	(2,458)	(263)	
Other non-current liabilities	(630)	(568)	(62)	
Total	(3,351)	(3,026)	(325)	
Total Assets Employed	60,021	55,788	4,234	
Reserves	60,021	55,788	4,233	

Key Variances

- **Non current assets** reflect the impact of the modern equivalent assets revaluation/asset lives work programme.
- **Other current liabilities** include £1,555k confirmed STF; £790k core, £197k incentive & £568k bonus STF due for receipt in 2017/18.
- NHS Property Services features in both **payables and receivables** - a financial settlement as now been agreed and these will be cleared in the new financial year.

Position Statement – Fixed Assets**Green Lane Land – Trust owned**

The land is located to the West of Bradford in Thornton Village and 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. By meeting the Control Total the Trust now benefits from a pound for pound profit incentive.

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. The property is now vacant and the asset officially held of sale on the 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. By meeting the Control Total the Trust now benefits from a pound for pound profit incentive.

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 has resulted 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
	Plan	Actual	Variance	
Surplus (Deficit) from Operations	3,946	2,790	1,156	
Operating activities	3,155	3,748	(593)	
Movements in working capital	(3,028)	(3,687)	659	
Investing activities	(3,795)	(3,254)	(541)	
Financing activities	(2,280)	(1,818)	(462)	
Opening cash and cash equivalents less bank overdraft	16,591	16,748	(157)	
Closing cash and cash equivalents	14,589	14,529	60	

Key Variances

- 2016/2017 closing cash position was £14,529k against a planned position of £14,589.
- The variance of £60k relates to the delivery of the Trust control total, where some transactions were non-cash items (e.g. depreciation)

Use of Resources Metrics (UoR)				
£000's	Year to Date			YTD RAG
	Plan	Actual	Variance	
Capital Service Cover				
Revenue Available for Capital Service	7,165	6,571	(594)	
Capital Service	(2,218)	(1,829)	389	
Capital Service Cover metric	3.23	3.59	0.36	
Capital Service Cover rating	1	1		
Liquidity				
Working capital balance	8,614	9,092	477	
Operating Expenses within EBITDA, Total	(124,301)	(129,710)	(5,409)	
Liquidity metric	24.9	25.2	0.3	
Liquidity rating	1	1		
I & E Margin				
Surplus/(deficit) adjusted for donations and asset disposals	2,140	2,341	201	
Total operating income for EBITDA	131,402	136,246	4,844	
I & E Margin % metric	1.63%	1.72%	0.09%	
I & E Margin % rating	1	1		
I & E Margin Variance From Plan				
I & E Variance From Plan		0.09%		
I & E Margin Variance From Plan rating		1		
Agency				
Agency staff, total	(7,313)	(5,419)	1,894	
Agency ceiling	(7,840)	(7,840)		
Agency metric	(6.72%)	(30.88%)	(24.16%)	
Agency rating	1	1		
Use of Resources Metric (UoR)	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

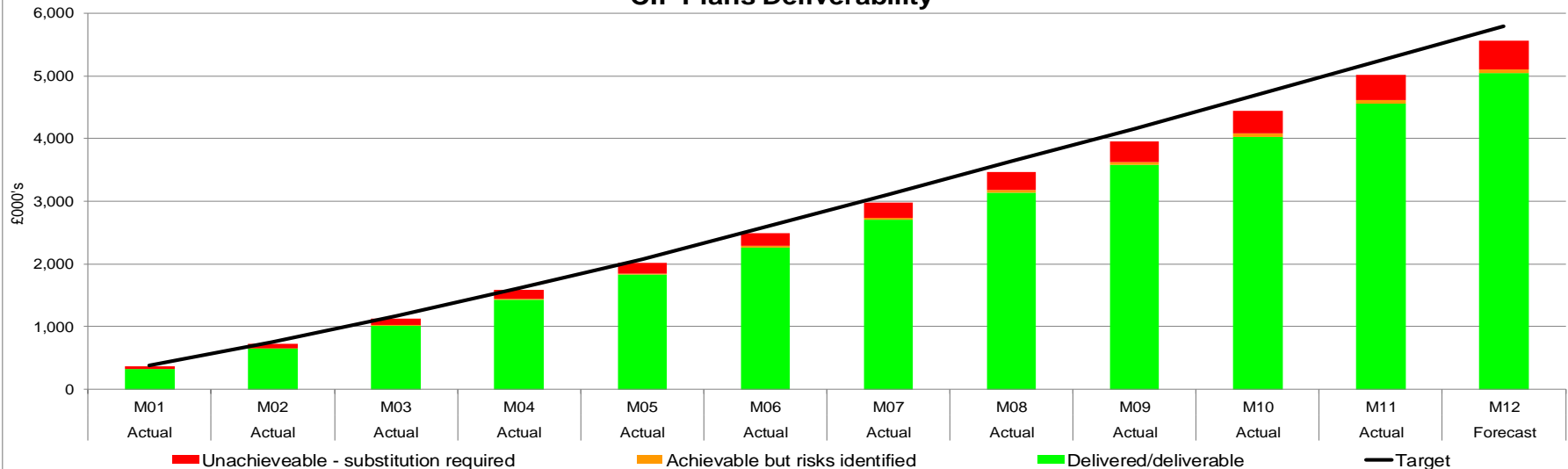
Key Risks, Mitigations & Actions

The Single Oversight Framework came into force from 1st October 2016.

The table shows the new financial metrics for Use of Resources (UoR). The main changes relate to:

- i) the scores themselves (i.e. 1 is now the highest score compared to 4 previously); and
- ii) the addition of an Agency metric which has diluted the weightings of the current metrics to 20% each (25% previously).

CIP Plans Deliverability



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 has been met from vacancies within the unit.

Finance SBS Contract – This scheme has not delivered the planned savings in 2016/17 but is fully mitigated by VAT savings.

Salary Sacrifice – Lease car over- offsets under-achievement on IM&T & Childcare. A net shortfall has been substituted non-recurrently by retrospective VAT savings in year.

Drugs - Planned savings have not materialised meaning that recurrent Annual Plan mitigations were required for the £50k target. A level of mitigation has been identified by rolling out 'patients own medicines' in all of the inpatient wards.

Current Status, Key Risks & Mitigations

Estates: The Agile CIP has delivered in full. The Stoney Ridge CIP will achieve in April 2017. In the absence of a records rationalisation strategy the Paperless scheme has not progressed and has required Annual Plan substitution.

Procurement: Whilst Airedale supplies report over achievement on Procurement, the Estates element has not been fully achieved.

IM&T Strategy CIP (telephony) – The scheme is forecast to deliver savings recurrently but there has been a shortfall of £274k in 2016/17. £9k of mitigations 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 estates related costs in 2016/17. Operational costs associated with support to the service will be paid directly by Addaction. The revised value chargeable is £64k with a risk remaining of £30k.

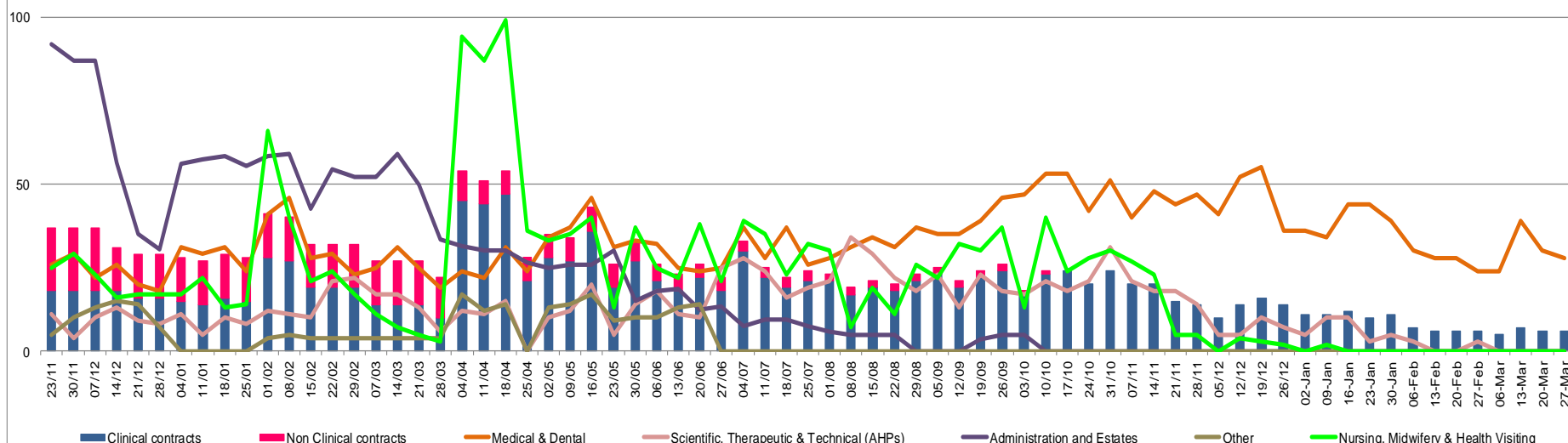
Capital Expenditure				
	Year to Date			YTD RAG
	Plan £000	Actual £000	Variance £000	
Capital expenditure				
Plant and equipment - Information Technology	655	683	(28)	
Plant and equipment - Other	2,194	2,286	(92)	
Property, plant and equipment - other expenditure	1,007	884	123	
Total	3,856	3,853	3	
Capital expenditure funding sources				
Depreciation	3,155	2,749	406	
Other	701	1,104	(403)	
Total	3,856	3,853	3	

Notes

- Reported YTD position of £3,853k against a capital programme of £3,856k.
- The reduction in depreciation reflects the impact of the asset revaluation / asset lives review work that was undertaken in 2016/17.
- Due to the decrease in depreciation which is the main source for the capital programme, the balance has been funded from cash (cash balances brought forward and from the surplus).

NHSI Agency Price Cap

Agency shifts worked that cost over the NHS Improvement Price Cap



Key Risks, Mitigations & Action Plans

Agency price caps were introduced during 2015/16, with further stepped reductions from February and April 2016 to reduce premium hourly rates. There is an EMT 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 28 shifts were above the **price cap** at the end of March – all medical and dental shifts. A total of 38 shifts were above the **wage cap** at the end of March - all medical and dental shifts. No price or wage cap breaches have been reported recently for non-medical agency staff and the Trust's managed service providers ensure that shifts are booked with agencies that are compliant with the price and wage cap arrangements.

Medical Locum contracts remain a key area of risks 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, linked to elevated consultant vacancies and recruitment concerns and junior doctor rotation gaps. IR35 is widely expected to impact price and wage cap compliance. NHS Improvement recently confirmed the Trust's 2017/18 cost reduction target for medical locum expenditure equivalent to £262k compared to 2016/17.

EMT monitors and manages progress and reviews compliance reports (produced and circulated widely) on a weekly basis.