

Monitor

1.1 CQC Compliance



16 / 16

1.2 Monitor continuity of services risk rating .



Minimum Requirement: 3

1.3 Monitor governance rating



1.4 Monitor Quality Governance Score



Maximum Limit: <4

Monitor Governance Risk Indicators

Indicator No.	Indicator	13/14 Outturn	Target	Quarter 2 2013/2014				Quarter 3 2013/2014				Quarter 4 2013/2014				Quarter 1 2014/2015				NHS England Benchmark		
				Jul	Aug	Sept	Q2 Outturn	Oct	Nov	Dec	Q3 Outturn	Jan	Feb	Mar	Q4 Outturn	Apr	May	Jun	Q1 Outturn		England	
1.5	Access to health care for people with a learning disability		6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green				
1.6	Data completeness Referral to treatment information		50.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%				
1.7	Data completeness Referral information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				
1.8	Data completeness treatment activity information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				
1.9	RTT dental 18 weeks waits - admitted		90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	98.5%	98.5%	√86.6%	
1.10	RTT dental 18 weeks waits - non admitted		95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	√92.9%	
1.11	RTT dental 18 weeks waits - incomplete pathways		92.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	√92.9%
1.12	Mental Health Delayed Transfers of Care		<=7.5%	4.6%	6.7%	4.7%	5.3%	4.6%	6.1%	4.2%	5.1%	4.4%	2.5%	4.5%	3.8%	3.9%	3.8%	3.9%	3.9%	3.8%	3.9%	
1.13	Data Completeness: identifiers (MHMDS Part 1)		97.0%	99.0%	99.0%	99.0%	99.0%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.1%	99.1%	99.1%	99.1%	99.0%	99.0%	√99.4%
1.14	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%	85.2%	85.3%	83.2%	83.9%	87.6%	87.5%	86.9%	86.9%	86.1%	86.2%	85.3%	85.3%	86.0%	85.7%	85.7%	85.7%	85.7%	85.7%	71.3%
1.15'	New psychosis cases by Early Intervention Teams		95.0%	243.8%	247.5%	241.7%	250.0%	233.9%	227.6%	230.1%	235.6%	223.4%	226.1%	215.4%	215.4%	152.6%	124.3%	124.3%	124.3%	124.3%	124.3%	
1.16	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams		95.0%	96.4%	98.3%	96.5%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	99.2%	√98.3%
1.17	CPA patients receiving follow-up contact within 7 days of discharge		95.0%	98.2%	100.0%	100.0%	99.4%	95.3%	100.0%	98.2%	97.6%	98.3%	97.8%	97.6%	97.9%	100.0%	98.5%	99.2%	99.2%	99.2%	99.2%	√97.4%
1.18	CPA patients having formal review within 12 months		95.0%	95.1%	95.3%	96.0%	96.2%	98.5%	97.7%	96.2%	96.2%	95.8%	95.1%	95.1%	95.1%	95.7%	96.8%	96.8%	96.8%	96.8%	96.8%	*83.4%

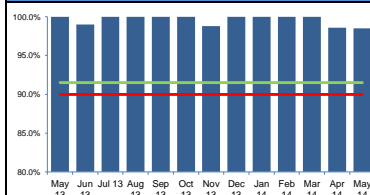
Monitor Narrative

Indicators 1.15 and 1.17: April 2014 data for new psychosis cases and CPA 7 day follow up has been refreshed, increasing April performance.

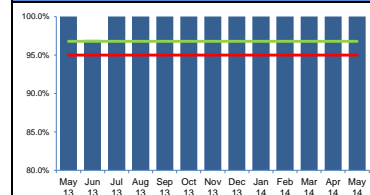
Key

	England Benchmark
	Indicator
	Target
1	Cumulative YTD
∧	England benchmarks have been refreshed for Q2 2013/14 onwards
∨	England benchmarks have been refreshed for February 2014
*	England benchmarks have been refreshed for November 2013

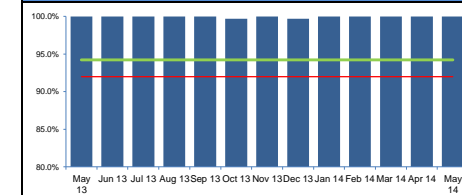
1.9 RTT dental 18 weeks waits - admitted



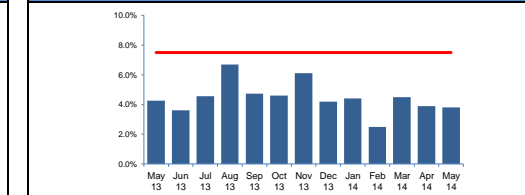
1.10 RTT dental 18 weeks waits - non admitted



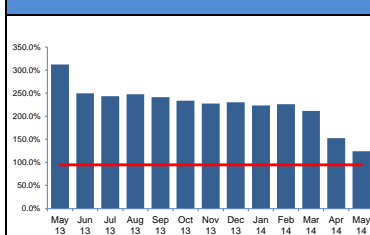
1.11 RTT dental 18 weeks waits - incomplete pathways



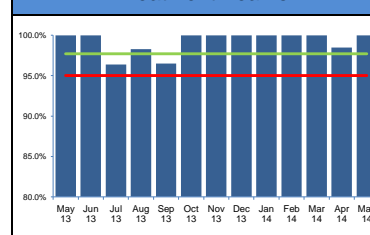
1.12 Mental Health Delayed transfers of care



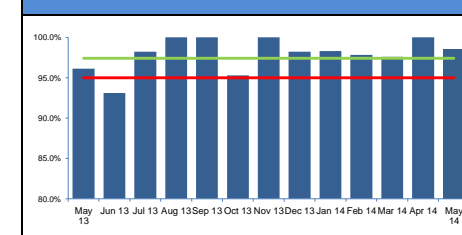
1.15 New psychosis cases by Early Intervention teams



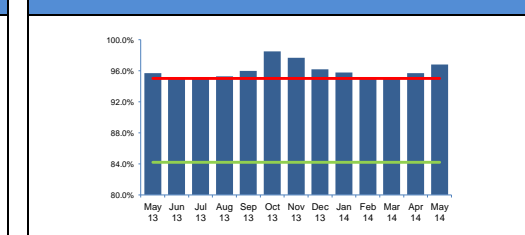
1.16 Admission to inpatients services had access to Crisis Resolution Home Treatment Teams



1.17 CPA patients receiving contact within 7 days discharge



1.18 CPA patients having formal review within 12 months



Integrated Performance Dashboard

Quality

Patient Experience

Equality Delivery System Goals						
Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.1*	Better Health Outcomes for All	76% Achieving		76% Achieving		
2.2*	Improved Patient Access and Experience	56% Achieving		56% Achieving		
2.3*	Empowered, engaged and well supported staff	59% Achieving		59% Achieving		
2.4*	Inclusive leadership at all levels	39% Achieving		39% Achieving		
Feedback						
Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.5	Complaints numbers	76	N/A	8	15	N/A
2.6	Compliments numbers	462	N/A	47	87	N/A
2.7	Dignity and respect (Q4 Data)	89.7%	95.0%	89.7% (Q4 13/14)		
2.8	Satisfaction with information on healthcare (Q4 Data)	85.1%	95%^	85.1% (Q4 13/14)		
2.9	Access to services (Q4 Data)	82.2%	95%^	82.2% (Q4 13/14)		
2.10	Friends and Family Staff	TBC				
2.11	Friends and Family Patients	TBC				

Workforce

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.12	% Mandatory training	83.7%	80.0%	84.8%		
2.13	% Staff Receiving Appraisal	83.9%	80.0%	83.6%		
2.14	% Medical Staff Appraisals	100.0%	100.0%	100.0%		
2.15	% Consultant Job Plans	97.7%	100.0%	97.6%		
2.16	% Labour Turn Over	9.1%	10.0%	6.6%	9.7% (12 Month Rolling)	
2.17	% Sickness absence rate	5.6%	3% by 31st March 2015	4.9%	4.9%	

Quality Narrative

Indicators marked with an \* are based on annual reporting.

Indicator 2.21: nine pressure ulcer serious incident reports and two other serious incident reports were completed during May 2014. In total nine reports met the nine week target. One pressure ulcer report and one 'other' report took 11 weeks each.

Indicators 2.28 and 2.30: there was one information governance breach in May 2014 that was reported as a Serious Incident Requiring Investigation and as a serious incident on the Strategic Executive Information System. An exception report is provided in Section 4 of the integrated performance report.

QUALITY

Quality Accounts						
Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.18	Quality Accounts		90% of Indicators achieved			
Serious Incidents						
Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.19	Never events	0	0	0	0	0
2.20	Serious incident numbers	129	N/A	17	52	N/A
2.21	Serious incident reporting timescales	87.9%	100.0%	89.4%	86.6%	
	Serious incident reporting timescales Pressure Ulcers	100.0%	100.0%	88.8%	88.8%	
	Serious incident reporting timescales Others	79.2%	100.0%	50.0%	50.0%	
2.22	Claims Numbers	17	N/A	1	3	N/A
Safety						
Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.23	Compliance within action dates CAS alert	100.00%	100.0%	100.0%	100.0%	
2.24	NHSLA	Level 1	Level 1	Level 1	Level 1	Level 1

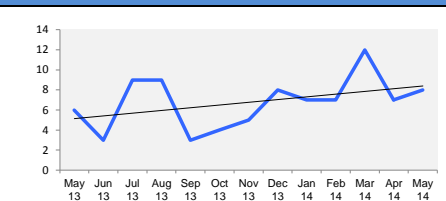
Estates

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.25	Level of backlog maintenance	£1,270,415 (Risk adjusted figure is £459,112)	737,692	£738,372 (Risk adjusted figure is £160,799)	£738,372 (Risk adjusted figure is £160,799)	£530,372 (Risk adjusted figure is £115,502)
2.26	% Vacant Estate	9%	<18%	4.0%	4.0%	2.0%

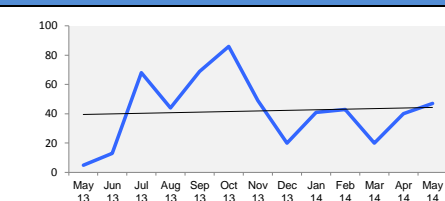
Information Governance

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.27	Complaints to Information Commissioner	0	0	0	0	
2.28	Information Governance STEIS (Strategic Executive Information System)	3	0	1	1	
2.29	Information Governance IG Toolkit	Level 2	Level 2	Level 2	Level 2	
2.30	Information Governance SIRI's	N/A	0	1	1	

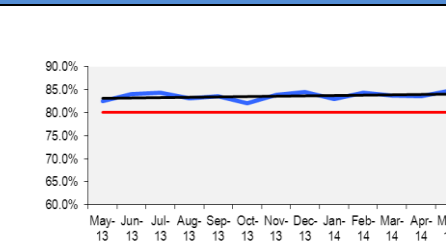
2.5 Complaints numbers



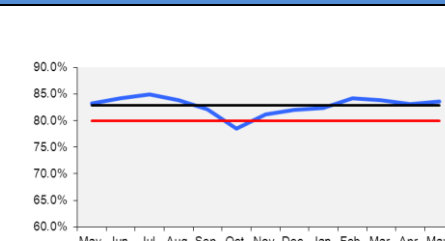
2.6 Compliments numbers



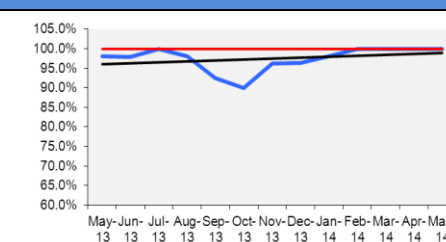
2.12 % Mandatory Training



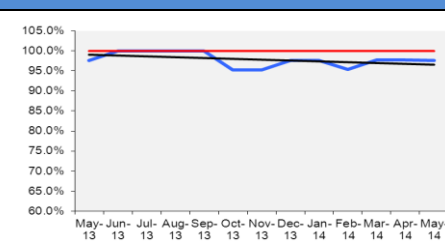
2.13 % of Staff Receiving Appraisal



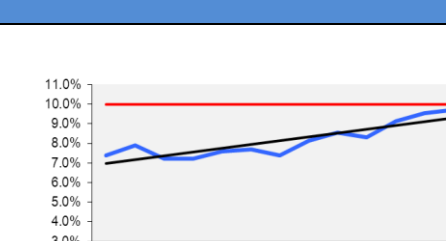
2.14 % Medical Staff Appraisals



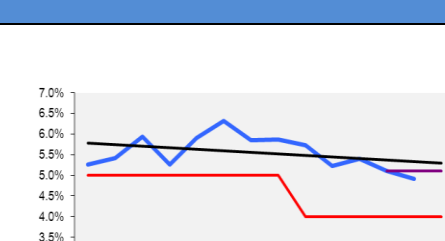
2.15 % Consultant Job Plans



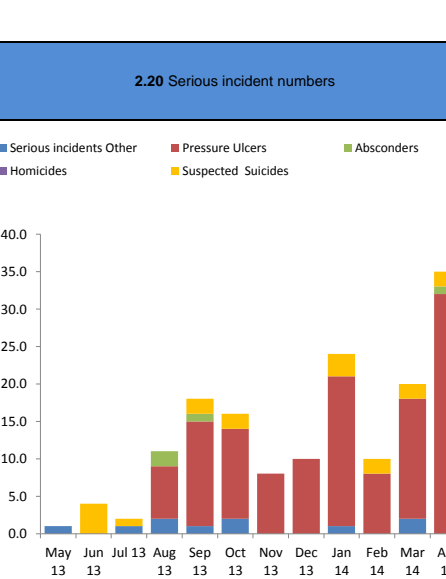
2.16 % Labour Turn Over YTD



2.17 % Sickness Absence Rate



2.20 Serious incident numbers



2.21 Serious incident reporting timescales (% within 12 weeks, upto the 31/07/13) (% within 9 weeks, from the 01/08/13)

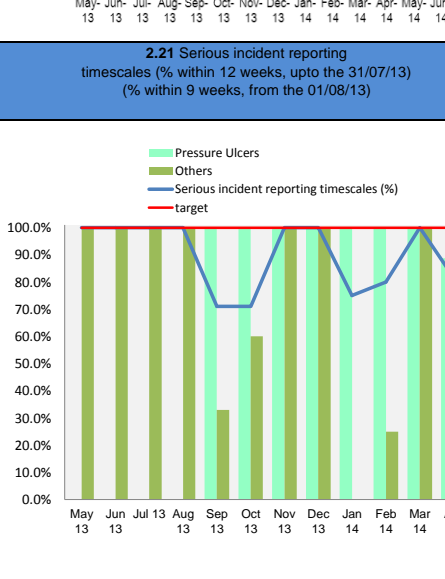
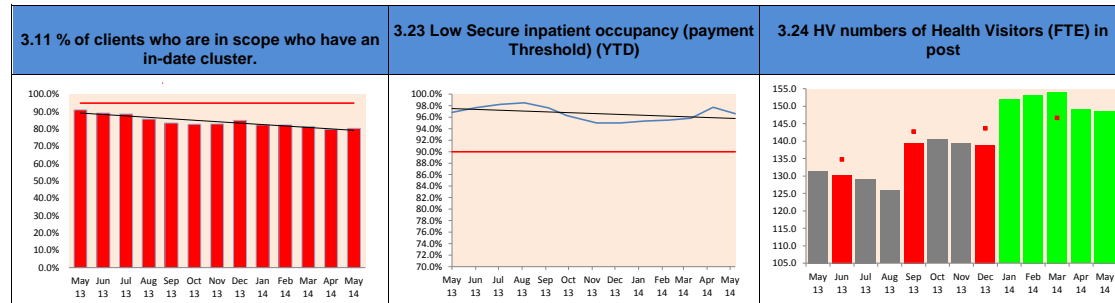


Chart Key

Target	Red line
Indicator	Blue line
Trend line	Black line
Trajectory	Purple line

Integrated Performance Dashboard  
Contractual

CQUINS							
Indicator No.	Indicator	Q1	Q2	Q3	Q4	Total Value	95%
3.1	Low Secure	£10,198	£31,291	£10,198	£51,583	£103,270	£98,107
3.2	Mental health & Community	£342,748	£347,744	£120,138	£1,309,459	£2,120,089	£2,014,085
3.3	NHS England	£85,209	£108,715	£85,209	£14,691	£293,824	£279,134
Total of 3.1, 3.2 and 3.3	Total	£438,155	£487,750	£215,546	£1,375,733	£2,517,183	£2,391,326



Contractual Narrative

Indicators 3.1 - 3.3: an update on current performance in relation to the 2014/15 CQUIN schemes is provided in section 5 of the integrated performance report.

Indicators 3.10 and 3.11: an update on clustering indicators is provided within section 7 of the integrated performance report.

Contractual Activity Requirements										
All										
Indicator No.	Indicator	13/14 outturn	14/15 target	Numerator	Denominator	Current Performance	FOT 14/15	Trend	Potential Penalty	
3.4	Mixed sex accommodation breaches	0	0	0		0		↔	£250 per day per patient affected	
3.5	Publication of formulary	Published on website							↔	Withhold up to 1.0% per month until published
3.6	Duty of candour								↔	Recovery costs of episode of care or £10,000
3.7	Infection control training at induction	100.0%	100.0%	19 (Feb 14)	19 (Feb 14)	100%		↔	Remedial action plan at second breach	
3.8	Safeguarding adults and children	100.0%	100.0%	19 (Feb 14)	19 (Feb 14)	100%		↔	Remedial action plan at second breach	
3.9	Mental capacity act training at induction	100.0%	100.0%	19 (Feb 14)	19 (Feb 14)	100%		↔	Remedial action plan at second breach	
3.10	% of Clients clustered whose cluster is still in-date	84.7%	100.0% with 5% Tolerance. Breach <95% of target	4604	5523	83.3%		↑		
3.11	% of clients who are in scope who have an in-date cluster.	81.5%	>=95%	4604	5722	80.4%		↑		
CCG										
3.12	IAPT: recovery rate	64.9%	>=60%	559	870	64.2%		↑		
3.13	IAPT: Step 3 Waiting Times		>=95.0% From Q2	142	250	56.8%		↓		
3.14	Number Accessing Psychological therapy		6602 (TBC)			961		↑		
3.15	CPA 7 days (3 CCG only) (Quarterly Outturn)	97.8%	95.0%	126	127	99.2%		↓	£200 for each breach above threshold	
3.16	Podiatry – reduced foot pain, more than 50% of patients reporting reduced pain using the 11 point Visual Analogue (VAS) Scale.		50.0%	26 (Q4 13/14)	28 (Q4 13/14)	92.9% (Q4 13/14)		New	Remedial action plan at first breach	
3.17	Waiting Times - AQP Podiatry Nail Surgery	96.0%	95.0%	64	64	100.0%		↑	Remedial action plan at first breach	
3.18	All new referrals to District Nursing aged >65 years to be risk assessed for falls, target = 95%, reporting quarterly		95% reporting quarterly	1134 (Q4 13/14)	1158 (Q4 13/14)	97.9% (Q4 13/14)		New		
3.19	Tissue viability, % of patients with chronic leg ulcers, wound healed within 12 weeks		>=80% from Q3, reporting to start Q2.	Awaiting Quarterly Data	Awaiting Quarterly Data	Awaiting Quarterly Data	Awaiting Quarterly Data	New		
3.20	Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users, as defined in Contract Technical Guidance		90.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	
3.21	Completion of valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance		99.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	
3.22	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance		90.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	
NHS England										
3.23	Low Secure inpatient occupancy (payment Threshold) (YTD)	95.8%	>=90%	1887	1952	96.6%		↓	Financial penalty relating to non achievement of occupancy levels.	
3.24	HV numbers of Health Visitors (FTE) in post	154.17	159.7 by 31/3/15			148.59		↓		
3.25	Percentage of births that receive a face to face new birth visit within 14 days by a health visitor.		Q1 – 70%, Q2 – 80%, Q3 – 90% and Q4 95%.	Awaiting Quarterly Data	Awaiting Quarterly Data	Awaiting Quarterly Data	Awaiting Quarterly Data	New		
3.26	% of academic year cohort who have received Dose 3 of the HPV vaccination	Cohort 10 93.7%	>=90.0% June	2601	3066	84.8%		N/A		
Local Authority/Other										
3.27	Substance misuse indicator (TBC)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	





Finance 2

5. Statement of Financial Position as at 31st May 2014

31 Mar 14		Current Month	Year End Plan	Notes
£000s	Non-current assets:	£000s	£000s	
48,080	Property, plant and equipment	47,861	53,925	1
0	Trade and other receivables	0	0	
<b>48,080</b>	<b>Total non-current assets</b>	<b>47,861</b>	<b>53,925</b>	
17	<b>Current Assets:</b>			
	Inventories	17	9	
3,944	Trade and Other Receivables	5,753	4,218	2
19,144	Cash and cash equivalents	17,291	15,921	3
<b>23,106</b>	<b>Sub total Current Assets</b>	<b>23,062</b>	<b>20,148</b>	
0	Non Current Assets Held for Sale	0	0	
<b>23,106</b>	<b>Total Current Assets</b>	<b>23,062</b>	<b>20,148</b>	
<b>71,186</b>	<b>TOTAL ASSETS</b>	<b>70,923</b>	<b>74,073</b>	
(12,051)	<b>Current Liabilities:</b>			
(798)	Trade and other payables	(11,546)	(13,659)	
	Provisions	(798)	(743)	
(299)	Borrowings	(249)	(321)	
<b>(13,149)</b>	<b>Total Current Liabilities</b>	<b>(12,594)</b>	<b>(14,723)</b>	
<b>9,957</b>	<b>Net Current Assets</b>	<b>10,468</b>	<b>5,425</b>	
<b>58,037</b>	<b>TOTAL ASSETS LESS CURRENT</b>	<b>58,329</b>	<b>59,350</b>	
0	<b>Non Current Liabilities:</b>			
(532)	Other liabilities	(532)	(531)	
(3,730)	Borrowings	(3,730)	(3,405)	
<b>(4,262)</b>	<b>Total Non Current Liabilities</b>	<b>(4,262)</b>	<b>(3,936)</b>	
<b>53,775</b>	<b>TOTAL ASSETS EMPLOYED</b>	<b>54,067</b>	<b>55,414</b>	
	<b>TAXPAYERS</b>			
33,458	Public Dividend Capital	33,458	34,579	
(4,241)	Retained Earnings	(3,949)	(3,152)	4
14,363	Revaluation Reserve	14,363	13,791	
10,196	Other reserves	10,196	10,196	
<b>53,775</b>	<b>TOTAL TAXPAYERS EQUITY</b>	<b>54,067</b>	<b>55,414</b>	

6. 2014/15 Capital Expenditure Programme as at 31st May 2014

	2014/15 Capital Programme													YTD	Q1	Q2	Q3	Q4	Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£000						
<b>Original Planned Capital Expenditure</b>	518	518	518	259	259	819	919	913	913	980	970	970	518						8,555
<b>Less: Book Value of Disposed Assets</b>	0	0	0	0	0	0	0	0	0	0	0	0	0						0
<b>Equals Capital Resource Limit (CRL)</b>	518	518	518	259	259	819	919	913	913	980	970	970	518						8,555
<b>Cumulative CRL</b>	518	1,036	1,554	1,813	2,072	2,891	3,810	4,723	5,636	6,616	7,585	8,555	518						0
<b>Current Projected Capital Expenditure</b>																			
<b>TOTAL BLOCK ALLOCATIONS</b>	37	37	37	37	37	37	63	57	57	67	57	57	527						0
<b>TOTAL STRATEGIC INPATIENT REVIEW</b>	41	41	41	0	0	331	331	331	331	331	331	331	2108						0
<b>TOTAL IT SCHEMES</b>	439	439	439	222	222	222	296	296	296	353	353	353	0						0
<b>TOTAL CIP RELATED SCHEMES</b>	0	0	0	0	0	229	229	229	229	229	229	229	3579						0
<b>TOTAL NOT YET ALLOCATED</b>	0	0	0	0	0	0	0	0	0	0	0	0	0						0
<b>Actual Capital Disposals</b>	0	0	0	0	0	0	0	0	0	0	0	0	0						0
<b>Actual Capital Expenditure</b>	55	139	0	0	0	0	0	0	0	0	0	0	194						
<b>Charge against CRL</b>	55	139	0	0	0	0	0	0	0	0	0	0	194						
<b>Variance from plan</b>	(463)	(379)	0	0	0	0	0	0	0	0	0	0	(842)						
<b>Explanation of variance from plan:</b>																			
Expenditure to date of £194k is £842k less than the planned spend of £1,036k. This is made up of £840k on IT schemes of which £527k relates to agile working, £141k relates to RiO and IDCR, £96k relates to telecommunications and £43k to the windows upgrades. Estates block allocations are £46k less than plan and the SOC schemes are £59k less than plan.																			
Current Variance Comments: Slippage against the phased plan on 2 significant schemes was identified last month. This has been discussed at CPIG and revised monthly monitoring arrangements including action plans for managing expenditure to plan for the rest of the year have now been put in place through CPIG.																			

8a. Cashflow & Cashflow Forecast for Period Ending 31st May 2014

	2014/15 Cashflow (Current Financial Year)													Q1	Q2	Q3	Q4	Total				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£000						£000	£000	£000	£000
<b>NTDA Cash Plan 2014/15</b>	18,982	19,492	19,756	20,056	20,341	19,620	19,156	18,680	18,189	17,615	17,052	15,921										
<b>In Year</b>	<b>Actual</b>												<b>Forecast</b>									
<b>Opening Balance b/wd</b>	19,145	17,032	17,291	18,251	18,618	18,868	18,291	18,179	18,067	17,955	17,755	17,555										
<b>Total receipts</b>	10,729	10,149	11,489	10,722	10,722	10,722	10,722	10,722	10,722	10,722	10,722	10,722										
<b>Total payments</b>	12,842	9,890	10,529	10,355	10,472	11,299	10,834	10,834	10,834	10,922	10,922	12,356										
<b>Forecast Rolling 12 Month Balance</b>			18,251	18,618	18,868	18,291	18,179	18,067	17,955	17,755	17,555	15,921										
<b>Actual Closing Balance</b>	17,032	17,291	0	0	0	0	0	0	0	0	0	0										
<b>Variance from plan</b>	(1,950)	(2,201)	0	0	0	0	0	0	0	0	0	0										
<b>Current Variance Comments:</b> The variance from plan includes outstanding BMDC contract income invoices for April of £767k, an NHS England outstanding May contract income invoice of £409k and other invoicing lags including NHS Property Services of £400k.																						

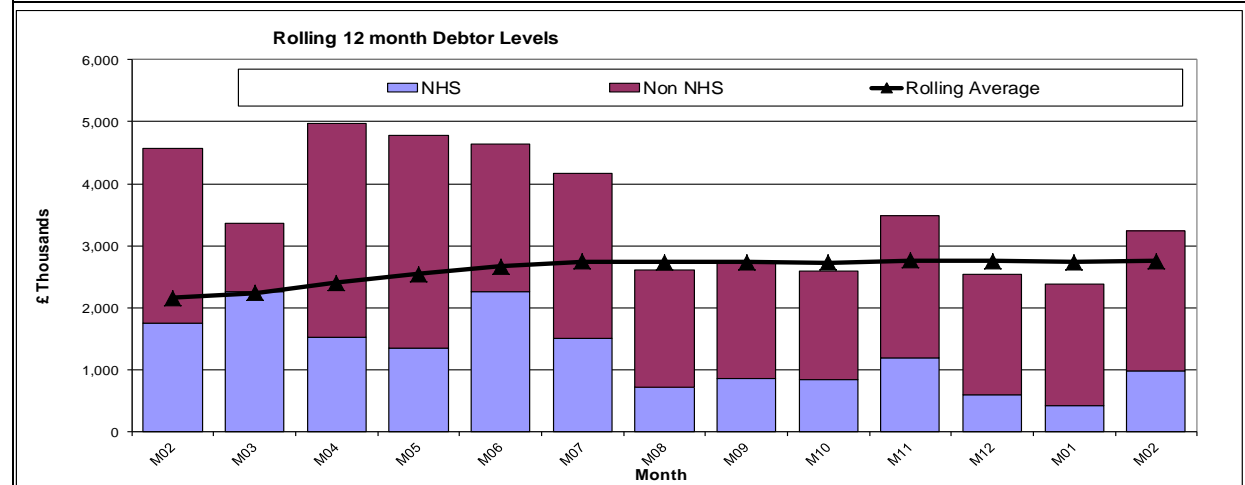
2014/15 Cashflow - Rolling 12 Months Projection

Next Year	Forecast												Q1	Q2	Q3	Q4			
<b>Opening Balance b/wd</b>	0	16,228																	
<b>Total receipts</b>	10,722	10,722																	
<b>Total payments</b>	10,415	10,298																	
<b>Forecast Rolling 12 Month Balance</b>	307	16,652	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

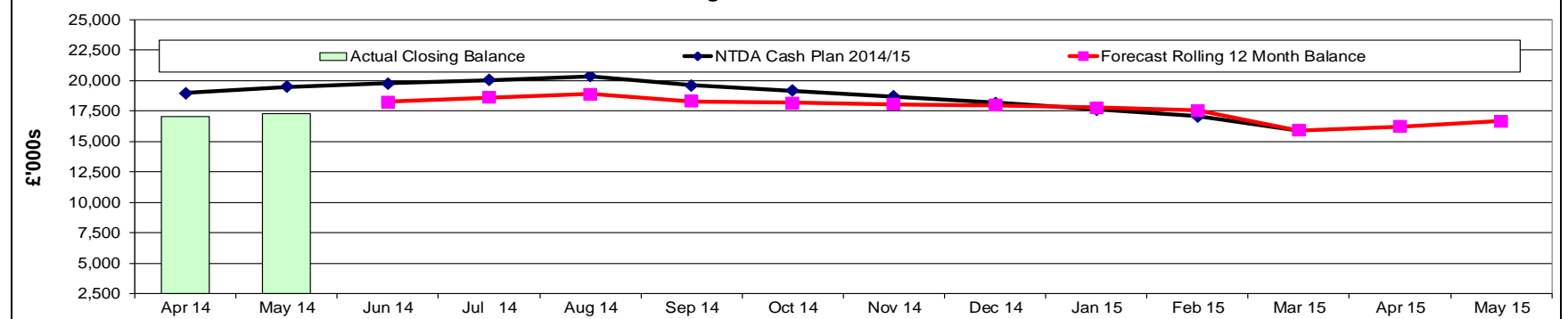
7. Monitor Compliance - Financial Risk Rating for Period Ending 31st May 2014

<b>Monitor Continuity of Services Rating</b>	<b>4</b>
--	----------

8b. Levels of Overall Billed Debts



Rolling Cash Flow Forecast



8c. Overdue Debts affecting cashflow for Period Ending 30th April 2014

	0 - 30	31 - 60	61 - 90	90 +	90 + %	Total
<b>NHS Receivables</b>	613	36	113	226	22.9%	988
<b>Non NHS Receivables</b>	203	25	13	89		330
<b>BMDC Receivables</b>	1,598	28	149	146		1,921
<b>Non NHS receivables including BMDC</b>	1,801	53	162	235	10.4%	2,251
<b>Total Billed Receivables</b>	2,414	89	275	461	14.2%	3,239
<b>BMDC % of Total Billed Receivables</b>	49.3%	0.9%	4.6%	4.5%		59.3%
<b>Percentage of Total Billed</b>	75%	2.7%	8.5%	14.2%		100%

Debtors over 90 days were £461k; or 14.2% of due billed revenues totalling £3,239k at the period end. NHS over 90 days of £226k includes £170k with BTHFT which is subject to pro-active ongoing discussion. Outstanding invoices for BMDC of £1,921k mainly relate to contract income invoices, of which £830k relating to May is not yet due.

**Project: Adult Mental Health** Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: To be confirmed

Workforce: On track to achieve 14-15 Targets

Activity: ALOS remains above target at 48.7 days v. 30 day target, resulting in above target occupancy. Alerting reports produced to focus on the issue. Trial of teleconsultation to facilitate more timely review. Mental Health Strategies work ongoing to investigate length of stay - will be extended to analyse CMHT. Quality: Dignity & Respect and Access to Services e-feedback below target

Milestone: Planned milestones around public and staff consultations about potential reduction in bed numbers delayed by one year. Mental Health Strategies work commenced to investigate length of stay.

**Project: Inpatient Redesign** Project Sponsor: Liz Romaniak

Financial	Workforce	Activity	Quality	Milestone
YTD		YTD	YTD	YTD
FOT		FOT	FOT	FOT

Finance: To be confirmed

Workforce: No workforce target for this project

Activity: Organic ward indicators on track. Functional ward indicators awaiting calculation following system changes from Duchy Court to Bracken Ward

Quality: On track to achieve 14-15 Targets

Milestones: Organic ward opening delayed until July 2015

**Project: Adult Community Nursing** Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: Sickness absence above target at 5.8%

Activity: District Nursing & Community Matron face to face contacts below target

Quality: Patient Safety Thermometer not meeting target

Milestone: Develop Airedale Hospice @ Home by end August 14

**Project: Children And Families** Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD		YTD	YTD
FOT	FOT		FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: On track to achieve 14-15 Targets

Activity: No activity target for this project

Quality: On track to achieve 14-15 Targets

Milestones: On track to achieve 14-15 Targets

**Project: Allied Health Professionals** Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: Sickness absence above target

Activity: 18 week RTT in Speech and Language Therapy marginally below target

Quality: No current risk to quality indicators.

Milestone: 14-15 milestones to be defined

**Project: Productivity** Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: Predicted shortfall of £200K in 14-15 admin review

Workforce: Sickness absence target is < 5% but currently stands at 6.9%

Activity: Productivity target to be defined

Quality: No current risk to quality indicators.

Milestones: On track to achieve 14-15 Targets (reflecting revised date for agile devices rollout)

**Project: Bradford Locality Working** Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
			YTD	YTD
			FOT	FOT

Finance: No finance targets for this project

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No risks to quality indicators predicted by year end

Milestone: To be defined

**Project: Airedale, Wharfedale & Craven Locality Working** Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
			YTD	YTD
			FOT	FOT

Finance: No finance targets for this project

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No risks to quality indicators predicted by year end

Milestone: To be defined

**Project: Improving Access Psychological Therapies** Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD		YTD	YTD	YTD
FOT		FOT	FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: No workforce target for this project

Activity: On track to achieve 14-15 Targets

Quality: No current risk to quality indicators.

Milestone: On track to achieve 14-15 Targets

**Project: Integrated Clinical Information System** Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
YTD			YTD	YTD
FOT			FOT	FOT

Finance:

Workforce: No workforce target for this project

Activity: No activity target for this project

Quality: No current risk to quality indicators.

Milestone: On track to achieve 14-15 Targets

**Project: Care Pathways & Packages** Project Sponsor: Liz Romaniak

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance targets for this project

Workforce: No workforce target for this project

Activity: Clients clustered figure at 80.4% v target of 95%. Exceptions identified at HCP / Service User level. Admin resource in Inpatient Services closing multiple open clusters in conjunction with clinicians. Revised action plan under development to focus on training, clustering awareness

Quality: Clients with multiple open clusters - 886 of these remaining. Remainder being addressed manually. Client level exception report has been produced. Admin resource in Inpatient Services closing multiple open clusters in conjunction with clinicians.

Milestone: On track to achieve 14-15 Targets

**Project: Substance Misuse** Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 14-15 targets

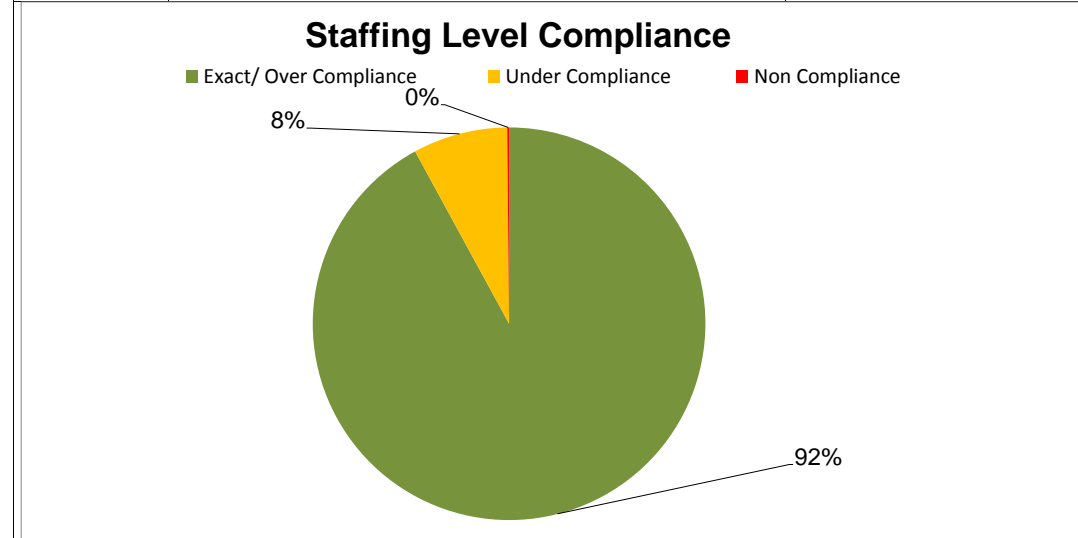
Workforce: Appraisals below target.

Activity: On track to achieve 14-15 targets

Quality: No current risk to quality indicators.

Milestone: Work with commissioners around procurement of SMS ongoing

Trust Summary Position		
Indicator No.	Indicator	Current Performance
7.1	Exact/ Over Compliance	2414
7.2	Under Compliance	204
7.3	Non-compliance	0



**Narrative**

Narrative on data extracts regarding staffing levels on 13 wards during May 2014

**Key/ Definitions:**  
Compliance is measured against minimal staffing requirements per ward - (split by registered/ unregistered requirements per shift per day) - based on advised definitions by the TDA as below.

<b>Exact/over compliance</b>	Any shift (split by registered/ unregistered staff) recorded as having either an exact match to requirements or more than the requirements for a particular ward - For example 3 registered staff (actual) compared to 3 planned, or 4 registered staff (actual) compared 3 planned.
<b>Under Compliance</b>	Measured where any shifts (split by registered/ unregistered staff) are recorded as fewer staff than planned requirement. For example, 2 registered staff on a shift where planned requirement is 3.
<b>Non-compliance</b>	Any shift recorded as having either no unregistered or no registered staff on the ward compared to planned requirements.

**Data analysis - May 14:**  
*'Exact/over compliant shifts'* -The overall percentage split between exact and over compliance shows that 27.8% of shifts were over compliant. This highlights and underpins the argument for developing an acuity tool to confirm "required" staffing levels. Over compliant shifts have particularly been highlighted on both ATU and Ashbrook due to the acuity of the ward and the requirement of specialising within the unit.

*'Under compliant' shifts* - Data collection is currently not showing clearly, staff that are moved from another ward mid shift, to aid compliance with staffing levels. Some shifts however, have reduced staffing numbers that have been managed by utilising staff working on 9-5 rosters .In these cases necessary risk assessments were made and contingency plans put in place at a local level.

*'Non-compliant shifts'* - Further detailed analysis of the shifts identified as non-compliant (as per the key/ definitions above) has provided full assurance that all shifts had safe staffing levels overall. There were 0 shifts recorded as non-compliant.

**Risks:**  
Under compliant shifts highlight medium risks with the requirement of Agency and NHSP staff due to sickness and current vacancies. Sickness is often short notice and NHSP are unable to fill requested shifts. Recruitment plans in place for vacancies.

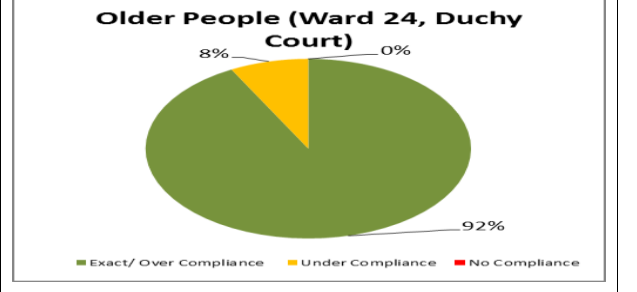
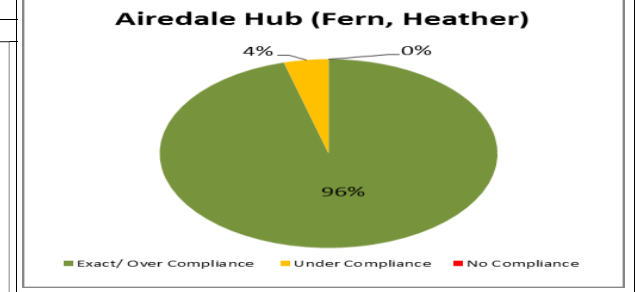
There has been an especially high level of acuity on both the Assessment & Treatment Unit and Ashbrook ward that has required an increase in staffing levels.

**Contingency/ Mitigating Actions:**

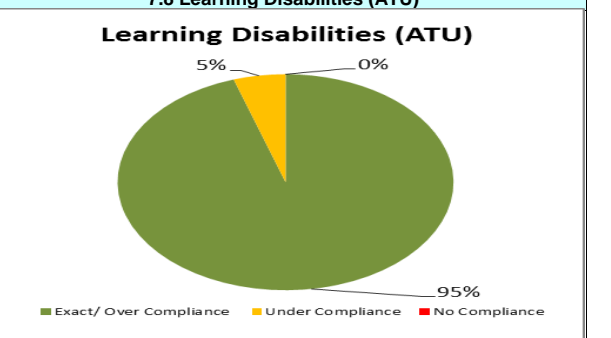
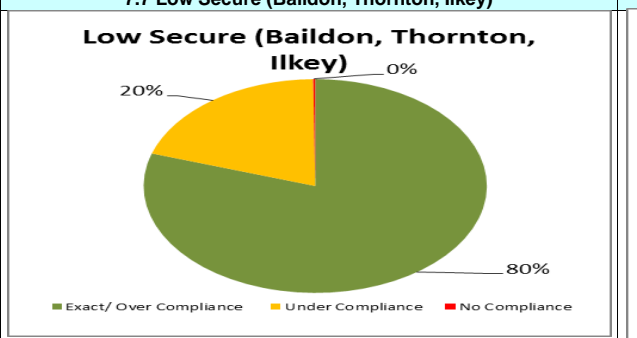
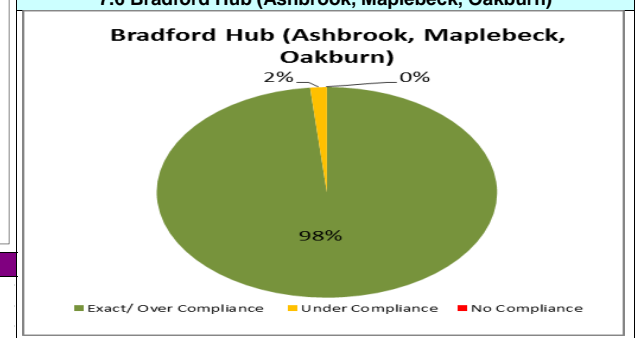
- Roster review / risk assessment on a daily basis
- Risks initially managed by the ward manager or designated deputy.
- Escalation procedures followed when local management plans have failed resulting in :-
  - Book additional temporary staff
  - Moving staff between wards to ensure Safer staffing levels
  - Ward managers reschedule official duties to work on ward

**Ward Level Information**

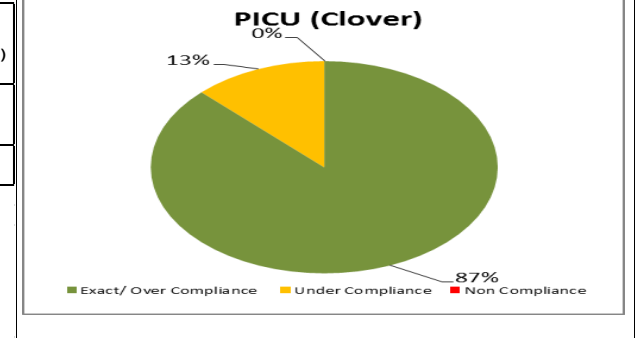
**AIREDALE WARDS**



**BRADFORD WARDS**



**7.9 PICU (Clover)**



**7.10 Rehab (Step Forward)**

