

Board Integrated Performance Report

26th January 2017

December 2016 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Use of Resources



Agenda Item: 11

Lead Director: Director of Finance,
Contracting and Facilities

Presented For: Assurance

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

Board Action	Key Highlights	Slides
NHS Improvement Indicators		
Assurance	<ul style="list-style-type: none"> NHS Improvement indicators have been met for December 2016 and quarter 3, for those indicators where final data is available. 	4 - 5
Quality		
Assurance	<ul style="list-style-type: none"> The influenza uptake at the end of December 2016 was 75.9%: the Commissioning for Quality and Innovation (CQUIN) target of 75% uptake by 31/12/16 was therefore achieved. 	15 - 16
Exceptions	<ul style="list-style-type: none"> Labour turnover has reduced by 0.05% since November 2016 to 12.23%, though remains above the Trust's target of 10%. An analysis of starters and leavers was discussed at the January 2016 Directors' Business and Transformation Governance Meeting. The leaver analysis included information from the revised leaver interview process which aims to explore in more depth the reasons for staff leaving the organisation, what had contributed to this decision and whether any interventions would have enabled them to remain with the Trust. Information for each service will be considered at the Business Unit Performance Meetings. At the December meeting, the Board discussed sickness absence. The Finance, Business and Investment Committee is considering sickness absence in January 2017 as part of a workforce planning deep dive. The sickness absence rate for December 2016 has reduced to 5.95%, though remains above the internal target of 4.0% sickness absence. 	
Business Unit		
Exceptions	<ul style="list-style-type: none"> Business unit performance meetings for specialist inpatient, dental and administrative services and for mental health acute and community services focused on financial pressures and risks (captured within the finance slides). Further actions to reduce sickness absence were suggested by business units, including possible changes to the scope and thresholds of the Bradford Factor. Proposals will be discussed with staff side representatives within the next few weeks. 	
Change Programme		
Exceptions	<ul style="list-style-type: none"> Of the 7 transformational projects, 3 are rated red, 2 are rated amber and 2 are on track and rated green. In February 2017, the Finance, Business and Investment Committee will receive a deep dive into the shortfall of predicted agile savings against the original business case. A telephony task and finish group was established in December. An initial action plan was devised which has been progressed by the task and finish group over the last month. An update on telephony issues and actions was provided to the January 2017 Directors' Business and Transformation Governance meeting. 	28 - 30

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

Board Action	Key Highlights	Slides
Finance		
Exceptions	<ul style="list-style-type: none"> The financial position during 2016/17 has been extremely challenging. A number of risks have arisen during the year that have required strict controls to be implemented to manage costs, including additional controls on both temporary staff and all discretionary costs. These controls will continue until the end of the financial year. NHS Improvement allows Trusts to submit revised forecasts at quarter 2 and 3 only. In order to revise the forecast position, a rigorous internal and external assurance process must be observed. Trusts must assure themselves and NHS Improvement that all possible actions have been and will continue to be taken to deliver at least the planned position. After careful consideration of the elevated risk at month 8 and continued into month 9 the Executive, FBIC and Board recognised £500k probable outturn risk. This would drop the projected surplus from £1,350k to £857k (before adjusting for disposals). By taking this action the Trust will forfeit £790k Sustainability and Transformation funding (STF) that it expected to receive in the final quarter. NHS Improvement will request a recovery plan detailing further actions that the Trust can take to bring the position back in line with the Control Total. Although the Trust has highlighted very real challenges in meeting the Control Total it is still expected to make every effort to fully recover the position. <p><u>December financial position:</u></p> <ul style="list-style-type: none"> At Month 9 all key indicators are rated amber with the exception of the SOCI and CIPs which are rated Red. The Trust planned to make a surplus of £995k at the end of the period but has reported a £843k deficit and adverse plan variance of £1,838k, after taking account of actions that have been put in place to tightly manage expenditure. This highlights the scale of challenge in the final quarter, although £790k relates to unearned STF and £473k to CQUIN phasing and a further £375k to other income phasing. Cost Improvements are £412k behind plan at the end of the period, but offset non-recurrently through the high risk CIP reserve. Further details and mitigating actions are highlighted later. Capital Expenditure is £884k below plan, reflecting orchestrated slippage on both Estates and IM&T schemes and uncommitted contingency reserves in order to manage in-year pressures and enabling schemes. The position reflects achievement of a Use of Resources metric (UoR) of 2 compared to plan of 1, with a forecast year end rating of 1 subject to delivering all targeted actions to achieve the revised forecast or better. 	<p></p> <p>31</p> <p>32</p> <p>38 - 40</p> <p>41</p> <p>37</p>

Summary and Recommendations

The Board integrated performance report shows good performance against most non-financial targets in December 2016 (Quarter 3) but in response to significantly elevated concerns took the difficult decision to submit a formal forecast revision. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken 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, note the proposed actions and consider the consequences of the financial re-forecast.

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	Q3	Q3	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				100.0%	100.0%	100.0%	304	304	100.0%	90.5% as of November 16 Next publication date: 9 th Feb 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%				96.7%	100.0%	100.0%	158	160	98.7%	98.4% as of Q2 - 16/17 Next publication date: Jan 16	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	73% March 2016 Data	74.2%	63.8%	90.0%	64.0%	75.0%	52	69	75.3%		
M19	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:												
	a) Inpatient Wards	90.0%	TBC										
	b) Early Intervention in psychosis services	90.0%											
c) Community mental health services (people on Care Programme Approach)	65.0%												

Indicator M7: Data is provided in relation to the waiting time element of the new standard for Early Intervention in Psychosis (EIP). This shows patients who started treatment in December 2016 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of December 2016 was 29; 26 of these patients have been waiting for more than two weeks. Additional CCG investment in EIP was confirmed from April 2016 to enable the Trust to extend the age range for EIP services to adults up to 65 and to provide in accordance with NICE recommendations. All new staff are in post and the Trust is meeting all components of the new standard.

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

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	Q3	Q3	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.4% March Final data	99.5% June Final data	99.5% September Final data							95.5% Sep Final Next publication date: 24/01/2017	
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%	47.0%	47.6%	50.0%	52.6% (Provisional)	49.4% (Provisional)					48.4% as of Sep 16: Next publication date: 24 th January 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	88.8%	91.5%	94.2%	92.7% (Provisional)	95.5% (Provisional)					87.8% as at September 16 Next publication date: 24th January 2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	97.9%	98.1%	98.6%	99.1% (Provisional)	99.0% (Provisional)					98.3% as at September 16 Next publication date: 24th January 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: This is a new combination of metrics for achievement by 2016/17 year end, assessed monthly, comprising ethnicity, employment status, school attendance, accommodation status and ICD10 coding. The Trust is awaiting clarification with NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Whilst Trust recording of ethnicity is above the 85% target, ICD10 coding is significantly below the target and recording of school attendance is unknown as it is not currently reported from the MHSDS. The Executive Management Team is considering the approach to ICD10 coding.

Indicator M21: The Improving Access to Psychological Therapies (IAPT) service successfully migrated from SystemOne to PCMIS in May 2016. PCMIS supports accurate reporting of data internally and to NHS Digital. Within the Single Oversight Framework, Trust performance for IAPT recovery rate is assessed quarterly, based on final data published by NHS Digital. NHS Digital published final September 2016/quarter 2 data on 22 December 2016. At overall Trust level, the 50% recovery target was met for quarter 2. Trust performance now exceeds the England average.

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Accident and Emergency Waiting Times

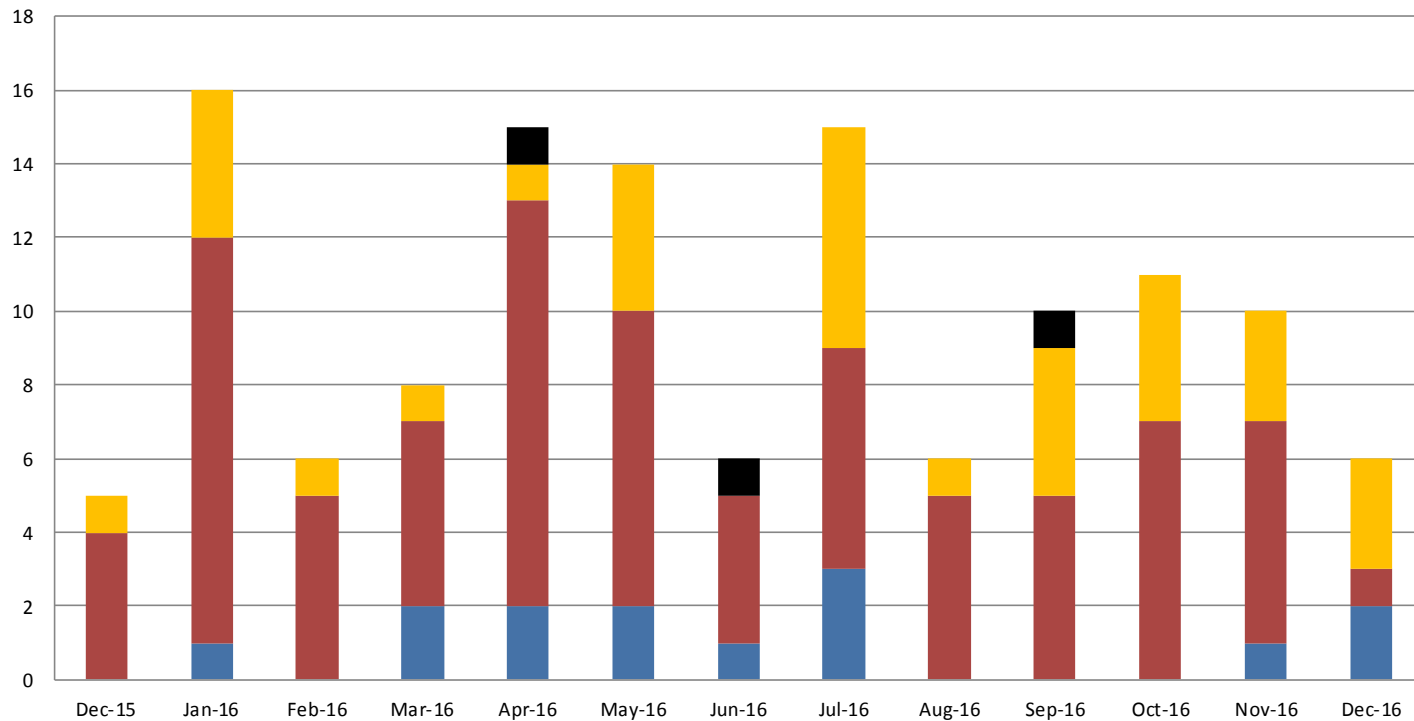
Airedale NHS Foundation Trust										
Indicator No.	Indicator	Target	Q4	Q1	Q2	July	Aug	Sep	Oct	Nov
	Total A&E attendances		13,796	14,324	14,612	5,124	4,765	4,723	4,852	4,585
	Total attendances within 4 hours		13,187	13,368	13,174	4,628	4,232	4,314	4,375	4,164
M18a	% of A&E attendances where service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

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

NHS England and NHS Improvement have designated the West Yorkshire system as an urgent and emergency care 'Acceleration Zone'. The key requirement of this is to deliver transformation and interventions which support delivery of the A&E 95% 4 hour target across West Yorkshire by 1 March 2017. National funding has been allocated to deliver transformation and interventions in which the Trust is a key partner and which will support delivery of A&E performance.

Serious Incident Numbers

Indicator No.	15/16 outturn	December 2016 Performance	16/17 YTD
Q3	141	6	93



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
■ under age admission	0	0	0	0	1	0	1	0	0	1	0	0	0
■ Suspected Suicides	1	4	1	1	1	4	0	6	1	4	4	3	3
■ 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	4	11	5	5	11	8	4	6	5	5	7	6	1
■ Serious incidents Other	0	1	0	2	2	2	1	3	0	0	0	1	2

The 2 incidents categorised as "Other" were allegations of abuse.
This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis.

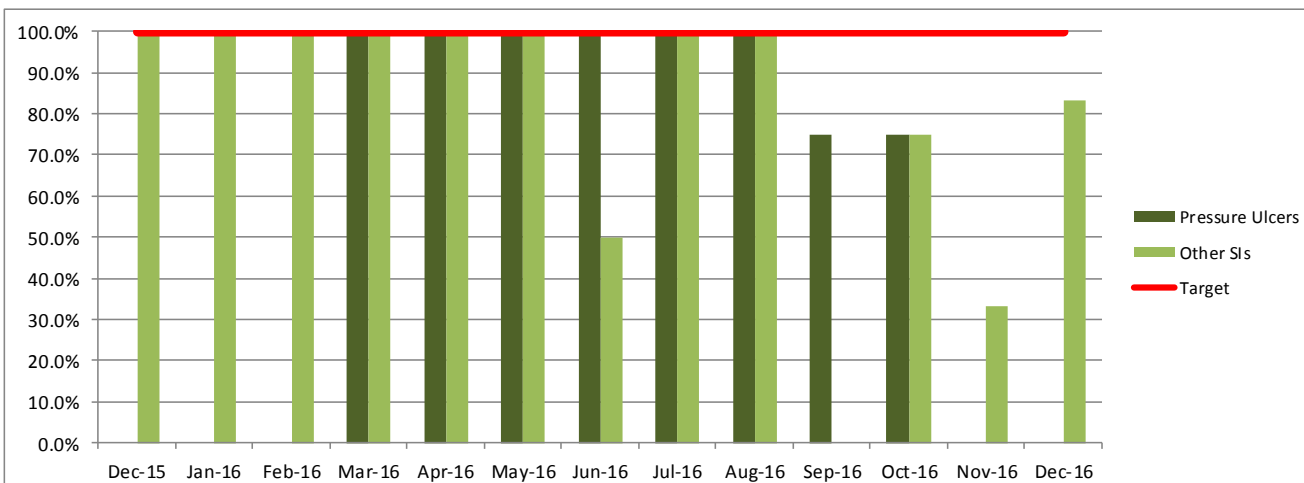
Serious Incidents

Ref	Indicator	15/16 outturn	16/17 Target	December 2016 Performance			16/17 YTD	FOT 16/17
				No. Closed this month within target (Numerator)	Total number completed in month (Denominator)	Percentage completed in target time		
Q4(a)	Serious incident reports completed(Total): Q4(b) + Q4(c)	48.9%	100%	5	6	83.3%	83.0%	
Q4(b)	Serious incident reports completed (Pressure Ulcers)	33.3%	100%	0	0	#N/A	91.6%	
Q4(c)	Serious incident reports completed (all others causes)	90.9%	100%	5	6	83.3%	73.9%	

During the month, six reports have been completed.

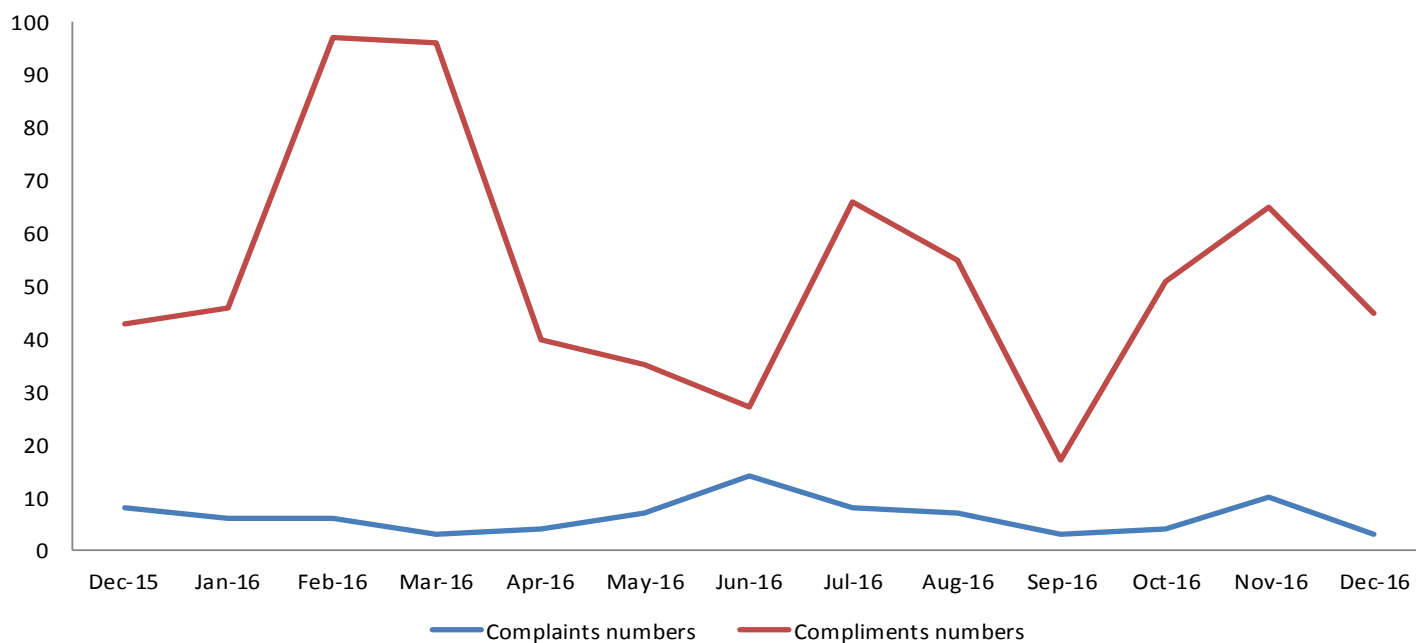
Of the six reports which were completed, five were completed within the 12 week target. The other took 20 weeks to complete. This report took additional time to complete due to the increased number of Serious Incidents that were under investigation at that time.

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	December 2016 Performance	16/17 YTD
Q6	Claims Numbers	8	N/A	3	14
Q8	Complaints numbers	74	N/A	3	60
Q9	Compliments numbers	658	N/A	45	401



Indicator Q8: There was no pattern with regards to the distribution of the complaints.
Indicator Q9: Of the 45 compliments received, 13 were for Podiatry and 13 were for the Child and Adolescent Mental Health Services team. Other compliments were distributed across a number of services.

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

National CQUINs				Actual / Forecast RAG			
Goal Name	Indicator Name	CQUIN Aim	Q3 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.	<ul style="list-style-type: none"> Provide update report on progress to date 	A	A	F	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.	<ul style="list-style-type: none"> No Q3 milestone requirement 	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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Produce a report to demonstrate clinical staff training plan fully implemented (assessed locally by commissioners) 	A	A	F	F
	2b Communication with General Practitioners	An audit to take place in Q2 to ensure an E-discharge form is sent to GP's after discharge from all inpatient wards to contain mandated information	<ul style="list-style-type: none"> No milestone – CQUIN completed and achieved 		A		

A = Actual
Forecast F =

Full achievement of quarter 2 milestones was confirmed by the commissioners.

Submissions will be made during week commencing 23 January to each of the commissioners to evidence delivery of the quarter 3 milestones. Feedback is expected by the end of February.

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	Q3 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 progress to date 	A	A	F	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. 	A	A	F	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"> Second 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	F	F
	Optimising joint working and discharge planning - AWC		<ul style="list-style-type: none"> Providers to develop an action plan and timetable for the event to be held around a sample of patients who have been admitted to ward 9 following a fall – needs to look at discharge planning and focus on getting the patient back home at the earliest opportunity and to review opportunities to avoid the original admission 	A	A	F	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"> 50% of staff trained as per roll out plan in Q1 – report to commissioner 	A	A	F	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"> To implement actions identified in quarter 2 with an update provided to Commissioners 	A	A	F	F

A = Actual	F =
Forecast	

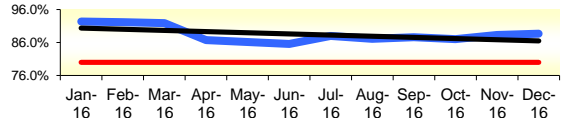
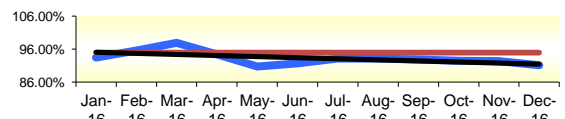
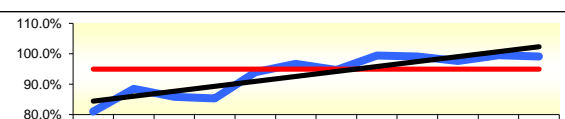
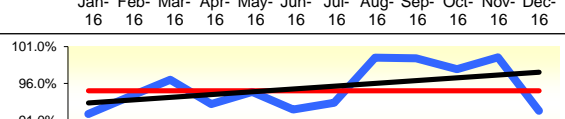
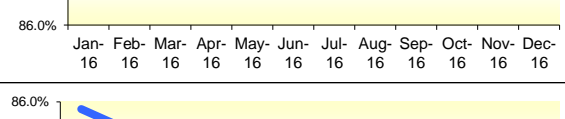
Q16 - Commissioning for Quality and Innovation (CQUINs) – Forecast 2016/17

NHS England CQUINs			Actual / Forecast RAG			
Goal Name	CQUIN Aims	Q3 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 	A	A	F	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"> Incorporate learning from Q2 into the framework and implement across service Monitoring data flows identified in Q1 	A	A	F	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	F	F





A = Actual F =
Forecast

Very positive feedback was received from the NHS England Specialised Commissioning Team regarding the successful delivery of quarter 2 requirements for the low secure services CQUIN goals.

Workforce – Appraisal & Mandatory Training

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	FOT 16/17	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	91.90%	80.00%	6422	7243	88.66%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	97.94%	95.00%	2201	2417	91.06%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	85.83%	95.00%	427	431	99.07%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	96.50%	95.00%	2628	2848	92.28%		
Q18	% Staff Receiving Appraisal	83.14%	80.00%	2011	2414	83.31%		

Indicator Q17a, b & c: For substantive staff, compliance has remained below the 95% target (equivalent of 216 people being non-compliant). HR are working with service managers to bring compliance rates up to target. Agency providers were advised that from 1 April 2016 the Trust would not deploy tertiary staff who are non-compliant with information governance training and sought assurance from the providers that all agency staff would remain compliant. Retinue are reporting 97.40% compliance for December, 4 workers are currently outstanding and are being escalated. This month Taskmaster are reporting 100% and the Internal Staff Bank are reporting 100%.

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Workforce – Appraisal and Mandatory Training Hotspots

Information Governance

Current performance	91.06%
Change from the previous month	-1.28%

Business Unit	%	Change
Quality & Governance	100.00%	0.00%
Human Resources	94.44%	1.59%
Adult Physical Health Community Services	93.97%	-2.24%
Medical & IM&T	88.89%	-5.85%
Mental Health - Acute Inpatient and Community Serv	88.33%	-1.41%
Research & Development	80.00%	-1.82%
Grand Total	91.06%	-1.28%

Infection Prevention

Current performance	88.57%
Change from the previous month	-0.63%

Business Unit	%	Change
Specialist Services & Nursing	100.00%	0.00%
Estates, Facilities & Finance	97.66%	0.93%
Quality & Governance	95.45%	-0.38%
Childrens Services	88.79%	-4.00%
Human Resources	87.04%	1.32%
Mental Health - Acute Inpatient and Community Serv	83.71%	-0.31%
Grand Total	88.57%	-0.63%

Appraisal

Current performance	83.31%
Change from the previous month	0.70%

Business Unit	%	Change
Quality & Governance	100.00%	4.00%
Specialist Services & Nursing	91.67%	-0.23%
Estates, Facilities & Finance	89.35%	0.67%
Mental Health - Acute Inpatient and Community Serv	82.80%	3.05%
Adult Physical Health Community Services	78.10%	-0.56%
Research & Development	60.00%	-12.73%
Grand Total	83.31%	0.70%

Fire Safety

Current performance	90.17%
Change from the previous month	-0.84%




Business Unit	%	Change
Human Resources	96.30%	3.44%
Estates, Facilities & Finance	93.87%	0.03%
Specialist Inpatient Services, Dentistry and Adminis	93.17%	-1.45%
Specialist Services & Nursing	87.88%	-0.36%
Mental Health - Acute Inpatient and Community Se	87.27%	0.07%
Research & Development	80.00%	7.27%
Grand Total	90.17%	-0.84%

Moving & Handling

Current performance	87.25%
Change from the previous month	2.60%

Business Unit	%	Change
Quality & Governance	95.45%	-0.38%
Specialist Services & Nursing	93.94%	2.76%
Specialist Inpatient Services, Dentistry and Adminis	90.93%	1.25%
Estates, Facilities & Finance	84.83%	12.85%
Medical & IM&T	84.62%	-0.29%
Mental Health - Acute Inpatient and Community Se	84.22%	1.71%
Grand Total	87.25%	2.60%

Key

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

Indicator Q17: In terms of total mandatory training, all 11 areas are reporting over 80% compliance, as is Infection Prevention, Fire Safety and Infection Prevention.

Indicator Q17a: The overall compliance level for information governance (IG) training remains below the 95% target. There are currently 216 staff non compliant with IG training. 70 have fallen out of date since last month. 101 (46.76%) of the 216 are at the top of their pay band. 94 more employees need to be compliant to achieve the 95% target. Reminders are sent out from the workforce development team and senior managers are being alerted to this, and when staff are due to lapse, in their one to one meetings with their HR Business Partner. In Business Units where compliance has slipped, the HR Business Partners are liaising with the head of operations to ensure the appropriate action is taken. HR Business Partners have cascaded the email link to managers to distribute to staff so that they can access the IG Training with ease. Further analysis of the data suggest that this does work with compliance rates increasing in response to prompts from HR.

Indicator Q18: Appraisal rates have increased by 0.7% since November 2016, looking across the last financial year this is a 3.5% increase since April 2015, with 4 of the 11 Business Units showing an increase in figures from the previous month.

Workforce – Labour Turnover and Vacancy

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	FOT 16/17	Graph
Q19	% Labour Turnover	11.62%	10.00%	296.92	2428.77	12.23%		

Indicator Q19: Labour turnover (LTO) has reduced by 0.05% to 12.23% since November 2016. A total of 297.14wte leavers were recorded for the 12 months to December 2015 compared to 296.92wte for the 12 months to December 2016, this is a reduction of 0.22wte leavers.

The number of new starters over the last 12 months, stands at 254.46wte, indicating that the Trust has recruited 42.46wte less staff than were lost through LTO. The next slide provides an analysis of the reasons staff have given for leaving. The top three reasons for leaving over the last 12 months are (with the exception of Not Known/Other); relocation (55.13wte – 18.57%), retirement (42.66wte – 14.37%) and promotion (33.61wte – 11.32%). Feedback has been collated on the new process that is being implemented to increase numbers of staff who engage with the exit interview process; so that the Trust can develop appropriate interventions to increase staff retention rates. The next slide provides an analysis of areas that account for the highest numbers of leavers. Over 54% of Trust leavers in the 12 month rolling period were attributed to the five service areas listed, as were 46% of the Trust's new starters over the same time period. These areas have also recorded high levels of sickness. 26.28% (78.04wte) of leavers over the 12 month period left the Trust within 12 months of employment.

Current actions to mitigate the increase in labour turnover include;

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

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	FOT 16/17
Q21	% Vacancy rate	7.17%	10%	240.20	2668.97	9.00%	
Q21a	% Vacancy rate (Specialist Inpatient, Dental & Administration)	9.93%	10%	95.67	551.19	17.36%	

Indicator Q21: The vacancy rate of 9.00% equates to approximately 240.20wte, with 39.83% of all vacancies recorded within Specialist Inpatient, Dental & Administration. Current mitigations include over recruitment to posts, and one-stop campaigns with further actions being developed following review by Deputy Directors. We are also heavily recruiting to staff bank posts to provide short term support.

Workforce – Labour Turnover Exceptions

Hotspot areas / Exceptions

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

Business Unit	Service Area	Labour Turnover		Leavers	Starters
		%	Headcount	WTE	WTE
Specialist Inpatient	Specialist - Inpatient	22.11%	241	47.93	25.69
	453 Thornton Ward (FSM) (113126)	44.00%	27		
	453 Dementia Assessment Unit (113501)	23.92%	32		
	453 Bracken Ward (OPMH) - (113600)	29.69%	27		
	453 Medical Psychology (OPMH) (113701)	22.73%	4		
Specialist Inpatient	Administration Services	13.33%	189	21.05	16.78
	453 Inpatient Administration (113070)	22.32%	36		
	453 Single Point of Access (115085)	24.87%	1		
	453 Administration - Lynfield Mount (115305)	26.46%	14		
Adult Physical Health	Community Nursing	12.59%	377	40.91	37.20
	453 DN Team Westcliffe (115025)	26.42%	9		
	453 DN Team Windhill MC (115027)	31.35%	10		
	453 DN Team Horton Park Team 1 (115032)	63.59%	6		
	453 DN Team Parklands Team 2 (115038)	107.14%	3		
	453 DN Team Bowling/Rooley (115042)	34.44%	7		
	453 DN Team The Ridge (115048)	29.09%	21		
	453 DN Team Moorside (115059)	44.88%	10		
MH Acute and Community	Acute - Inpatient	13.83%	243	31.51	26.00
	453 Maplebeck Ward (AMH) (113004)	30.43%	19		
	453 Clover (PICU Airedale) (AMH) (113010)	48.08%	22		
	453 Intensive Home Treatment Team - Airedale	26.74%	16		
MH Acute and Community	IAPT	22.27%	107	21.36	12.93
	453 Step 4 Aire/Wharfe/Craven Locality Psy	33.20%	6		
	453 City IAPT (115234)	29.49%	11		
	453 North IAPT (115236)	46.47%	22		

Reasons for leaving - 12 months (Jan 16 to Dec 16)

Reasons for Leaving	WTE	%
VR - Other/Not Known	79.24	26.69
VR - Relocation	55.13	18.57
Retirement	42.66	14.37
VR - Promotion	33.61	11.32
VR - Work Life Balance	18.18	6.12
End of Fixed Term Contract	13.99	4.71
Dismissal	12.53	4.22
VR - Health	8.83	2.97
VR - Better Reward Package	8.32	2.80
VR - To undertake further education or training	7.00	2.36
VR - Child Dependants	6.79	2.29
VR - Lack of Opportunities	3.72	1.25
VR - Incompatible Working Relationships	3.40	1.15
Death in Service	2.36	0.79
VR - Adult Dependants	1.17	0.39

296.92Number of Leavers - leaving within first 12 months of employment

Reasons for Leaving	WTE
VR - Other/Not Known	19.20
VR - Relocation	12.76
End of Fixed Term Contract	10.71
VR - Work Life Balance	8.56
VR - Promotion	4.80
VR - Child Dependants	4.71
Dismissal	4.00
VR - Health	3.45
VR - Better Reward Package	2.96
VR - To undertake further education or training	2.56
VR - Incompatible Working Relationships	1.60
VR - Lack of Opportunities	0.96
Retirement	0.85
VR - Adult Dependants	0.50
Death in Service	0.43
	78.04

Hotspot area Leavers Total (WTE) **162.76** Hotspot area Starters Total (WTE) **118.60**

Trustwide Leavers Total (WTE) 296.92 Trustwide Starters Total (WTE) 254.46

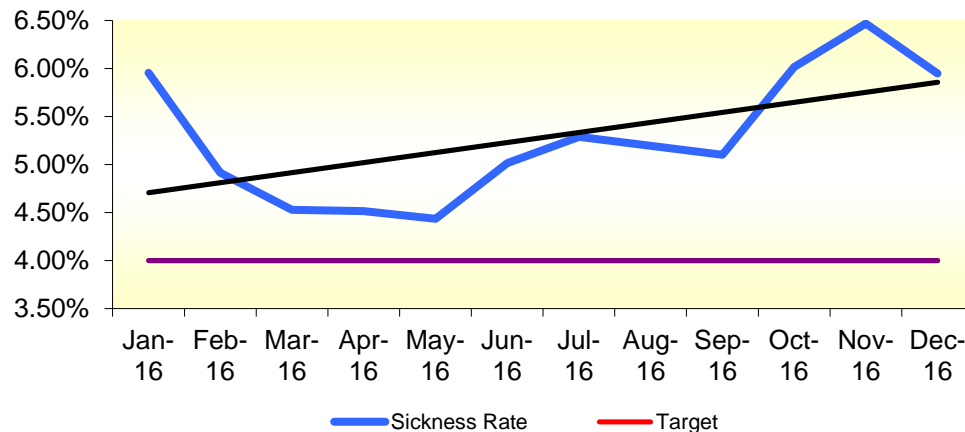
% Hotspot area total against Trustwide total **54.82%** Hotspot area total against Trustwide total **46.61%**

Workforce – Sickness Absence

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 YTD	FOT 16/17
Q20	% Sickness absence rate	4.53%	4%	4489.94	75484.14	5.95%	5.33%	

Staff Sickness Absence	Total Number
Total days lost	40584
Total staff	2429
Average working days lost	16.71

Sickness Absence Rate



Bradford Factor Score Points	Previous Month	Current Month
Informal process: 20 - 99 points	417	438
Informal process: 100 - 299 points	156	145
Formal process: 300 points and above	60	59

Indicator Q20: The sickness absence rate for December 2016 has reduced to 5.95%. The 3 business units with the highest level of sickness absence are Mental Health – Acute Inpatient and Community Services, Specialist Inpatient Services, Dental and Administration Services, and Children’s Services. The main reasons for sickness absence are stress, anxiety and depression and musculoskeletal.

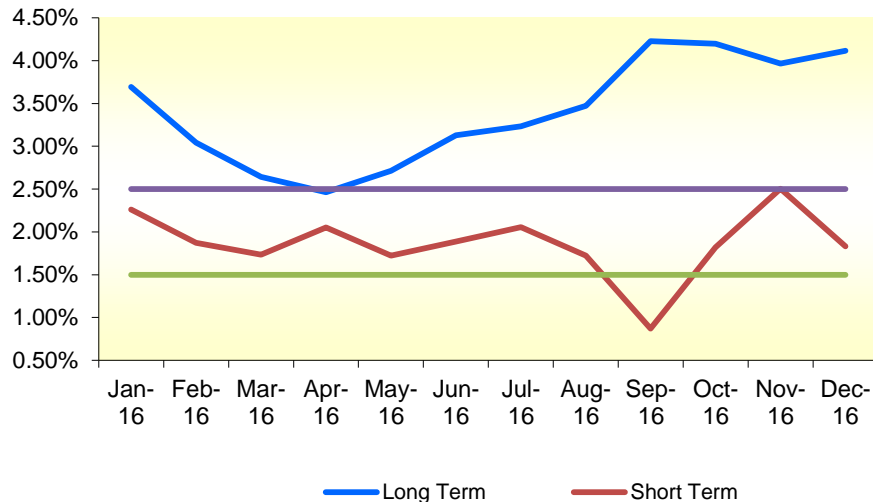
There were 225 new episodes of sickness absence in December 2016. 30.67% of those were due to either gastrointestinal problems (20.89%) or musculoskeletal (9.78%) and mainly short term sickness episodes. 45 of those episodes remain open – which could potentially lead to long term sickness; of which 4.44% are due to musculoskeletal problems and 24.44% due to stress/anxiety. The number of actual long term cases has increased from 111 cases in November to 123 cases in December, with stress and anxiety being the main cause. The number of life threatening cases has remained at 2. 13.82% (17 cases) of long term sickness are attributed to musculoskeletal/back concerns, a reduction of 4.20% since last month, 35% are within Mental Health Acute Inpatient and Community Services.

Sickness absence is discussed at the monthly Business Unit Performance Meetings and targeted support will continue to be provided to help staff stay well and resilient.

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

Workforce – Sickness Absence Exceptions

Long Term/ Short Term - Sickness Absence Rate



Absence

Current performance	5.95%
Current YTD	5.33%
Change from the previous month	-0.52%

Business Unit

Business Unit	%	Change
Quality & Governance	0.59%	-1.76%
Trust Management	1.04%	0.69%
Human Resources	2.67%	-1.88%
Childrens Services	6.30%	0.53%
Specialist Inpatient Services, Dentistry and Administration	6.32%	-1.59%
Mental Health - Acute Inpatient and Community Services	7.17%	0.16%
Grand Total	5.95%	-0.52%

Key

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

Mental Health Acute Inpatient and Community Services

Short term absence is 1.74% and long term absence is 5.43%. Long term absence has increased, with 47 long term cases currently being actively managed. 16 cases have been closed since November 2016 with 21 new cases now being monitored, 14 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 due to stress.

Specialist Inpatient Services, Dentistry & Administration

Short term absence is 1.77% and long term absence is 4.55%. Long term sickness has increased, with 27 long term cases currently being actively managed. 8 cases have been closed since November 2016 with 12 new cases now being monitored. 7 are related to stress/anxiety. There are 11 new absence episodes which are open ended and could potentially be long term by next month, 3 are stress related.

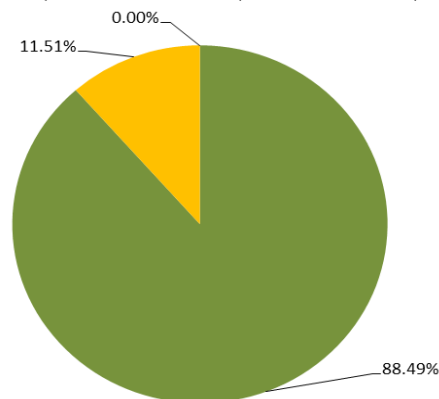
Children's Services

Short term absence is 2.10% and long term absence is 4.20%. Long term absence has increased, with 15 long term cases currently being actively managed, 5 cases have been closed since November 2016 with 8 new cases now being monitored. 7 are related to stress/anxiety. There are 6 new absence episodes which are open ended and could potentially be long term by next month, 3 are stress related.

Q23a - Safer Staffing: Inpatient Services - December 2016

Staffing Level Compliance

■ Exact/ Over Compliance ■ Under Compliance ■ Non Compliance



Exact/ Over Compliance
Under Compliance
Non Compliance

No. shifts	
Exact/ Over Compliance	2453
Under Compliance	319
Non Compliance	0

Risks:

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

Mitigating Actions:

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

Narrative on data extracts regarding staffing levels on 13 wards during December 2016

Exact/over compliant shifts - Over compliant shifts recorded in December were mainly attributed to Heather, Ashbrook, Oakburn, Dementia Assessment Unit (DAU), and Clover (PICU) wards due to the acuity (complexity of need) of the ward and the requirement for skill mix within the units – however, the overall number of over compliant shifts has reduced for the second consecutive month. 53% of all shifts worked were bank or agency filled with 80% of these shifts requesting unregistered staff. The main requirement reasons for bank and agency are; Vacancy (53%) with, Ashbrook, Maplebeck, and Heather wards (Acute Inpatients) and Baildon (Specialist services) currently recording the highest level of recruitment activity; and Observations/Specialing (19%) of which Clover and DAU recording the highest levels in December.

'Under compliant' shifts - There were 37 incidents reported relating to staffing shortages in December with all but 3 being reported within Specialist Inpatient areas. Incidents were more evenly spread across a number of wards this month (as opposed to previous months being concentrated within Older Peoples services). In addition to high levels of sickness, there was a high number of Bank and Agency DNA's during the Christmas and New Year period which impacted on service areas. The Staff Bank team are currently reviewing the detail and have an action to improve this going forward. Recruitment levels to Bank has increased from 65 to circa 180 since April, with a target of 300 new workers planned to be recruited and available by the end of 2017; with the recruitment pipeline for Bank also continuing to be used for filling permanent vacancies. The Peripatetic team will increase in number by the end of January 2017 and discussions are taking place in early January with Inpatients services to establish how to deploy this team when in place.

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

Q23a - Safer Staffing: Inpatient Services – December 2016

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				
Fern	710 - ADULT MENTAL ILLNESS	930	1042.5	930	907.5	288.3	372	864.9	771.9	112.1%	97.6%	129.0%	89.2%
Heather	710 - ADULT MENTAL ILLNESS	930	1102.5	930	1252.5	288.3	288.3	864.9	883.5	118.5%	134.7%	100.0%	102.2%
B racken	710 - ADULT MENTAL ILLNESS	930	952.5	1395	1170	288.3	288.3	864.9	855.6	102.4%	83.9%	100.0%	98.9%
Ashbrook	710 - ADULT MENTAL ILLNESS	982.5	1065	1335	1672.5	288.3	288.3	864.9	1041.6	108.4%	125.3%	100.0%	120.4%
Maplebeck	710 - ADULT MENTAL ILLNESS	930	900	1395	1365	288.3	288.3	864.9	855.6	96.8%	97.8%	100.0%	98.9%
Oakburn	710 - ADULT MENTAL ILLNESS	975	1020	1350	1402.5	288.3	306.9	864.9	827.7	104.6%	103.9%	106.5%	95.7%
Baildon	710 - ADULT MENTAL ILLNESS	937.5	960	1155	1042.5	288.3	288.3	576.6	585.9	102.4%	90.3%	100.0%	101.6%
Ilkley	710 - ADULT MENTAL ILLNESS	922.5	675	1170	1005	288.3	288.3	576.6	558	73.2%	85.9%	100.0%	96.8%
Thornton	710 - ADULT MENTAL ILLNESS	930	877.5	930	1282.5	288.3	297.6	864.9	827.7	94.4%	137.9%	103.2%	95.7%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	930	892.5	1395	1290	288.3	297.6	864.9	846.3	96.0%	92.5%	103.2%	97.8%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	937.5	1087.5	1830	2100	297.6	409.2	1143.9	1376.4	116.0%	114.8%	137.5%	120.3%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	562.5	690	600	675	288.3	288.3	288.3	306.9	122.7%	112.5%	100.0%	106.5%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	930	862.5	1860	2760	576.6	548.7	864.9	1543.8	92.7%	148.4%	95.2%	178.5%

Q23b: Staffing Ratio (Trends): Community Services

Dec-16		Actual Dec. 2016			J	F	M	A	M	J	J	A	S	O	N	D
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than												
FNP	25:1	21	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	269	312	362	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
School Nursing	2200:1	2453	2200	2500	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Special Need School Nursing	75:1	74	85	90	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
EIP	15:1	16	15	18	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow
AOT	15:1	13	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green
CMHT	35:1	34	33	35	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Yellow	Yellow
CAMHS	40:1	44	35	40	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Matrons and Case Managers	70:1	54	77	84	Red	Red	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green

Recommended Ratio

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

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

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

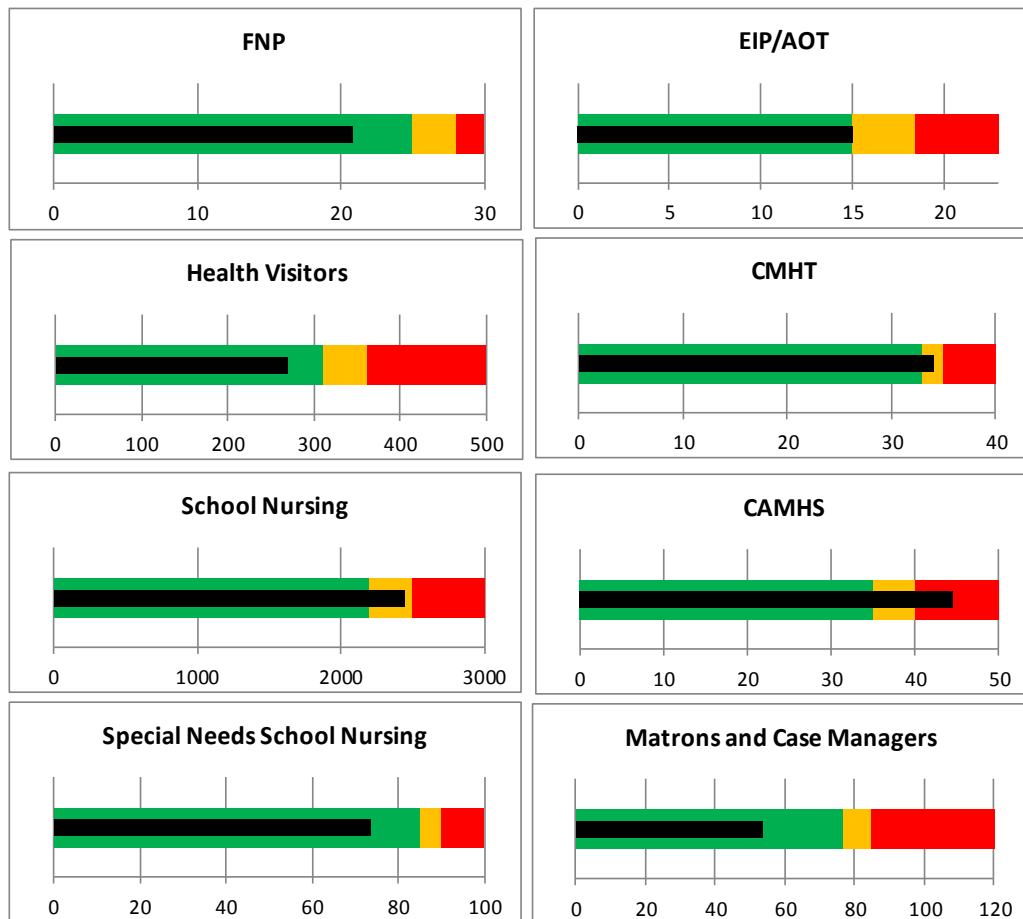
Special Needs School Nursing does not have a national recommendation, therefore it has been set locally.

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

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

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

Q23b: Staffing Ratio Community Services

**Legend / Glossary:**

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

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

Following the award by Wakefield Council and NHS England for the contract for provision of 0-19 Children's, and Vaccination and Immunisation, Services, discussions are underway with the commissioners and the current provider of these services to ensure a smooth transition of the services to the Trust. Budget reductions from Public Health in Bradford will impact on future staffing ratios - these are being addressed.

**Deputy Director
Mental Health Acute and Community**

During the coming months, to reflect changes to organisational structures, a review of red/amber/green thresholds, data cleansing and reporting methods for each of the services will be undertaken with a view to such changes being reflected in the 2017/18 integrated performance reports. The CAMHS team received 13 compliments in December.

**Deputy Director
Adults Community Physical Health**

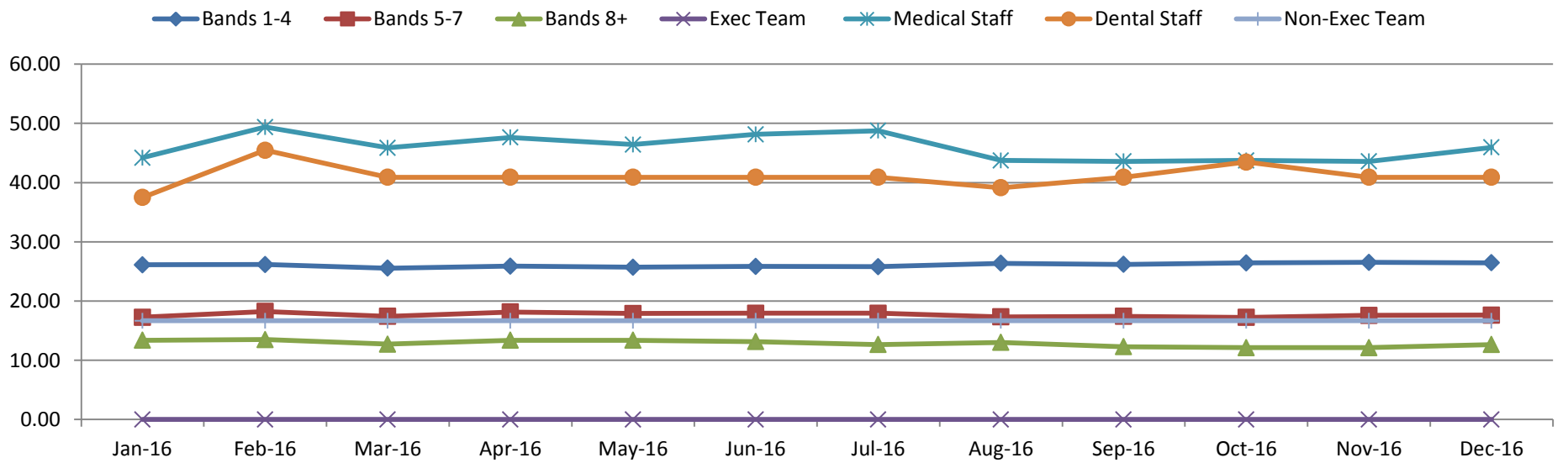
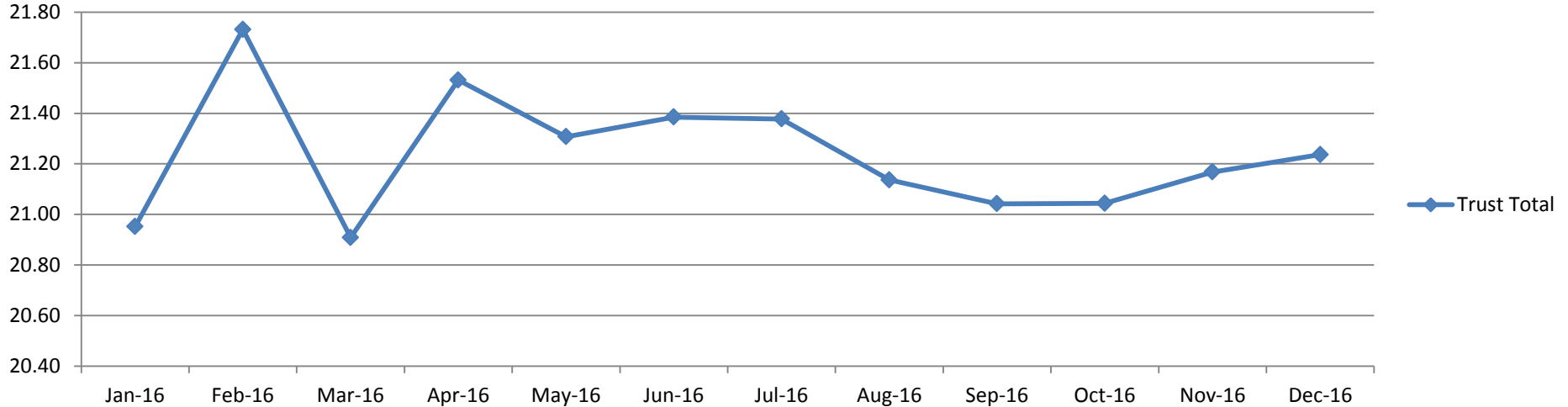
Community Matron and Case Managers have been merged and in the Bradford locality and renamed 'Complex Care'. They will now deliver care to a new cohort of patients, providing equitable care across Bradford. At present the complex care teams in Bradford are developing new case loads so the rating is skewed in favour of green. Work will be undertaken to review the safer staffing thresholds and caseload allocation.

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

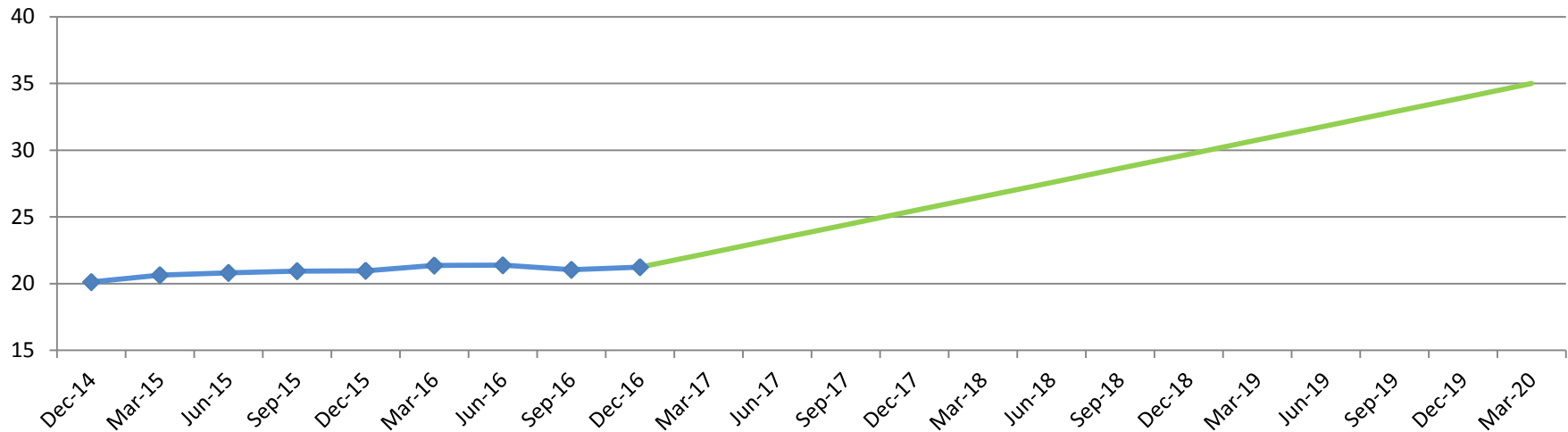
Positive changes in BME representation	15/16 Outturn Total Headcount	15/16 outturn	16/17 Target	In Quarter whole staff statistics					% change from previous quarter			
				Headcount	Not Stated	White	BME	% BME	Q1	Q2	Q3	Q4
Band 1	48	12.50	35	63	6	42	15	23.81	5.15	5.37	2.76	
Band 2	346	27.46		312	19	206	87	27.88	0.78	-0.56	0.21	
Band 3	369	27.64		356	16	242	98	27.53	-1.50	0.97	0.68	
Band 4	255	23.14		252	6	186	60	23.81	1.19	-0.29	-0.61	
Band 5	576	22.74		533	7	407	119	22.33	-0.42	-2.26	1.37	
Band 6	777	16.22		781	32	621	128	16.39	-0.35	0.60	0.04	
Band 7	288	13.19		285	7	243	35	12.28	0.74	-0.02	-1.29	
Band 8a	114	16.67		113	3	92	18	15.93	-0.74	-1.36	0.47	
Band 8b	36	2.78		36	3	32	1	2.78	-0.08	0.24	-0.16	
Band 8c	12	25.00		13	1	10	2	15.38	-1.92	-7.69	0.00	
Band 8d	11	0.00		12	0	11	1	8.33	0.00	7.14	1.19	
Exec Team	6	0.00		5	0	5	0	0.00	0.00	0.00	0.00	
Medical Staff	85	47.06		74	18	22	34	45.95	1.09	-4.56	2.36	
Dental Staff	22	40.91		22	0	13	9	40.91	0.00	0.00	0.00	
Non-Exec Team	5	20.00		6	3	2	1	16.67	0.00	0.00	0.00	
Trust Total	2950	21.36		2863	121	2134	608	21.24	-0.07	-0.34	0.19	

Q25 - BME Diversity in Employment Strategy

Trust Total % BME



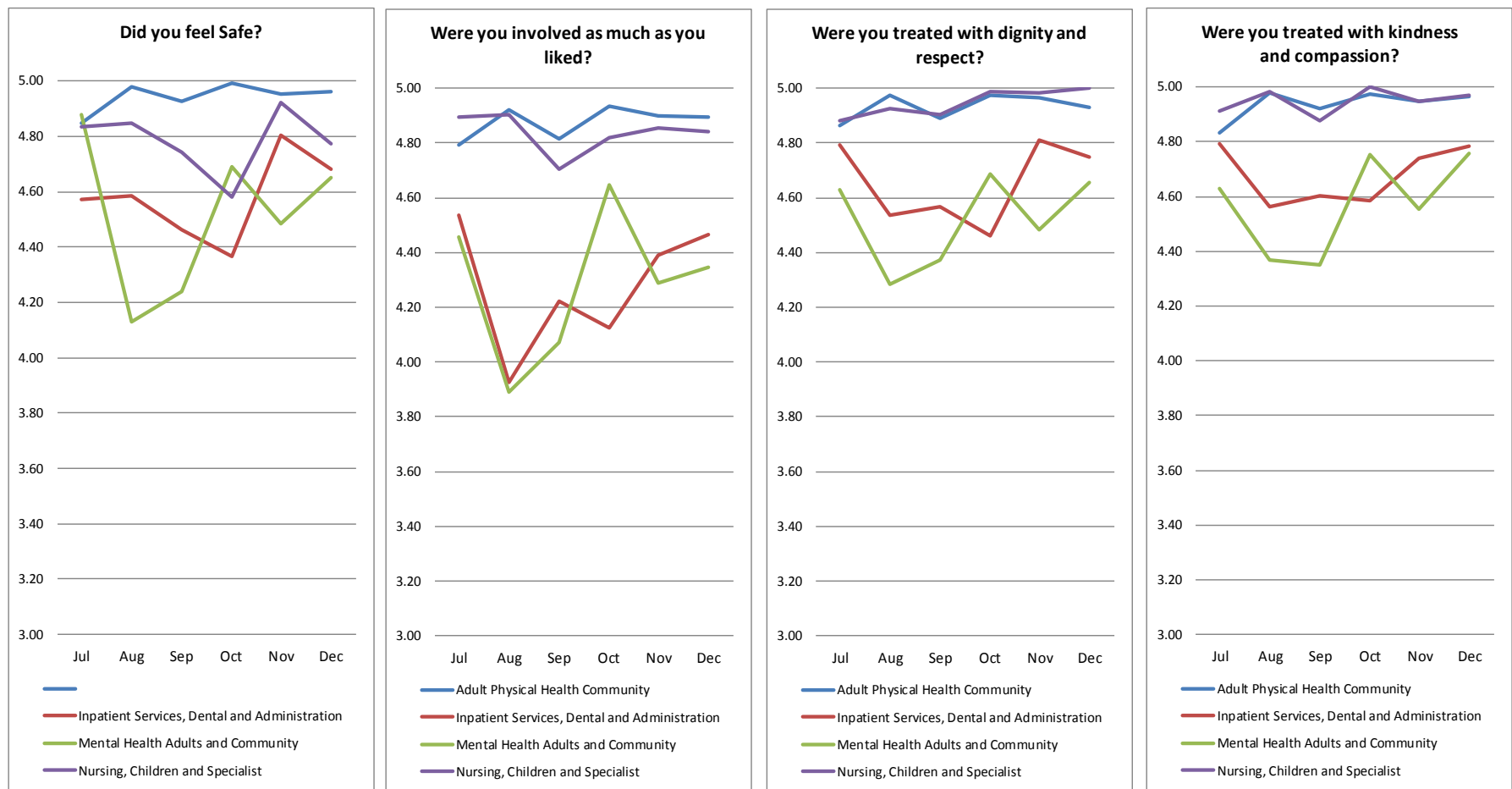
Q25 - BME Diversity in Employment Strategy Trajectory (% BME)



Quarter 3 Data Analysis

- The overall total of BME staff employed in the Trust shows a slight positive change of 0.19% to 21.24% across the Trust within Q3, and reflects a 0.29% positive change over the last 12 months.
- Positive change can be seen across 9 of the 15 band groupings, the most significant within band 1. In terms of recruitment across the quarters – 29.21% of new starters are from BME backgrounds. It should be noted however that 6.25% of new starters chose not to disclose this information.
- The negative changes from quarter 2 in across bands 2, 3, 7, 8a, 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) 31.16% of new starters are from BME backgrounds, 31.96% of those were recruited to band 2 positions, and 20.57% 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 3.44% increase in BME staff per year. Current data shows a 0.29% increase 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



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

Quality Assurance

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

Programme summary: 2016/17

Overall Programme Summary			
Sep-16	Oct-16	Nov-16	Dec-16

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

Specific tasks of the Change Programme are to:

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

The 2016/17 Change Programme is monitoring 7 transformational projects and 30 transactional Cost Improvement Projects. Financial forecasts at the end of December 2016 demonstrate shortfall of £632k for 2016/17. The high risk reserve of £500k leaves a shortfall of £132k. This is an increase of c £100k on telephony compared to last month, driven by issues with forecasting, expenditure and actual IM&T supplier invoicing relating to telephony. Detailed investigation and reporting is being undertaken via a task and finish group.

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

Agile Staffing Savings - 2017/18 forecast has identified just £306k or 30% of the Adult Physical Health savings and £492k of 48% of Adult Acute and Community Mental Health savings. Demand and savings report spanning the last 3 years is to be discussed at the February Finance, Business and Investment Committee.

Agile Project delivery – Older People's Mental Health at Meridian completed and work confirmed to start at Horton Park in February. Change requests reviewed to bring forward some children's mental health sites.

IM&T – Telephony - £62k of savings now forecasted to be delivered in 2016/17 which is £100k less than forecast last month. This is due to forecasting, expenditure and actual IM&T supplier invoicing. Detailed financial investigation and reports are being undertaken. A shortfall of £271k is now to be expected in 2016/17. Urgently understanding this issue is critical to 2017/18. Additional audit review is being planned.

CPPP (Care Packages and Pathways) – Clustering performance remains below target (81.8% vs 95% target). No cost improvement is attached to this project for 2016/17. Shadow cluster tariffs will operate from 2017/18 but will complement rather than replace service line contract currencies. CCGs recognise the need to achieve 95% target and shadow currency arrangements are already in place.

Bank & Agency – Agency use continues to decrease. Agency expenditure is £3.15m less than this point last year (with increased Bank use) and well below the NHSI expenditure cap set for 2016/17. However breaches of the price cap and wage cap are still being experienced.

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

- Resources delivering the infrastructure for agile roll out plan and development of clinical system due to expire in March 2017. Estates and agile staffing reduction CIP plans for 2017/18 in jeopardy if not in place.
- Older People's team at Meridian fast tracked to have agile environment; and start of Hub development at Horton Park planning for late January with project brief for architects and detailed plan in place.
- Ongoing issues with connectivity and accessing live clinical system is being tracked and resolutions being achieved.
- Centralised laptop procurement budget agreed in principle for progression in quarter 1 of 2016/17.
- Agile estates savings for 2016/17 on track, with Mornington Street and The Ridge recently vacated.
- Ensure continued alignment of Organisational Fit work to drive vision for the Trust's digital ambitions.

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

- 1-2-1 training sessions taking place with clinicians (2-3 a week).
- Clustering performance target continues not to be achieved - at December 2016 performance is 81.8% (95% target).
- Work underway with Finance/Deputy Directors to define 2 year work plan as per commissioners' requirements.
- Project team now directly entering reminders into consultants diaries.
- Clustering still included on monthly team/operational meetings to highlight need to improve performance.
- Training materials developed to be uploaded onto the new Connect page.
- No cost improvement attached to this project

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

- 2016/17 savings on track to be achieved with the exception of the £188k recurrent staff reductions for adult community nursing, which have been carried over to 2017/18.
- Intensive work for 2017/18 has identified £306k or 30% of the Adult Physical Health savings and £492k or 48% of Adult Acute and Community Mental Health staff savings. The identified savings were approved at Quality Impact Assessment panels in November and December.
- In February, the Finance, Business and Investment Committee will receive a deep dive into shortfall of predicted agile savings against original business case.

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

- £62k of savings now forecast to be delivered in 2016/17 which is £100k less than forecast last month. This is due to forecasting, expenditure and actual IM&T supplier invoicing. Detailed financial investigation is being undertaken.
- However a cost improvement shortfall of £271k is now expected in 2016/17.
- Savings schemes for embedding the new line infrastructure and introduction of legacy systems will now not commence until April 2017.
- Smartphone roll out progressing well, 600 deployed to date (300 more scheduled in next 6 weeks). Savings being made by not providing smartphones where staff only work in Wi-Fi only locations.
- Ongoing communications are taking place to identify all staff with laptop sims, to ensure accurate laptop sim asset information.
- Asset infrastructure greatly improving supported by Project team.
- Sporadic invoicing from many suppliers is impacting on ability to accurately forecast savings. Task Group set up to investigate.
- Removal of Taskmaster project support is likely to impact on delivery.
- 10% of users have fed back on ease of use, connectivity and battery life showing generally positive results team picking up directly where not the case.

5.20 Bank + Agency**F Sherburn**

- Combined Bank & Agency/E-Rostering steering group to be in place from early 2017 now Meridian Consultancy work completed.
- Focus on effective use of the E-Rostering system to reduce agency use.
- Financial trend shows agency costs reducing and use of staff bank increasing.
- Year on year the Trust has spent £3.15m less than this time last year.
- The Trust is under the overall NHS Improvement agency expenditure cap, though with some shifts continuing to breach the price cap/wage cap particularly for medical staff.
- Current CIP position indicates an overspend of £300k to date in 2016/17 driven by high vacancies and sickness in Mental Health Acute and Specialist Inpatients.

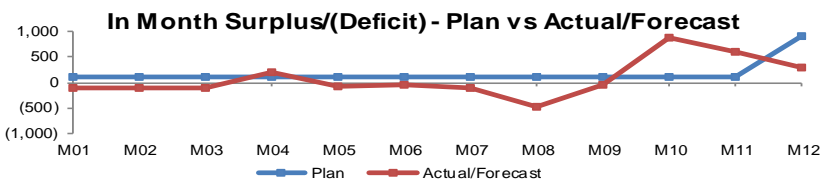
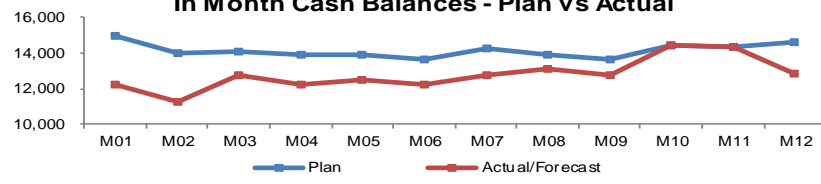
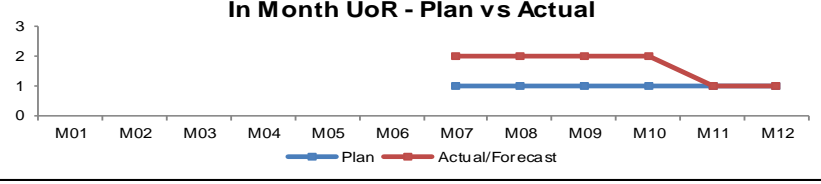
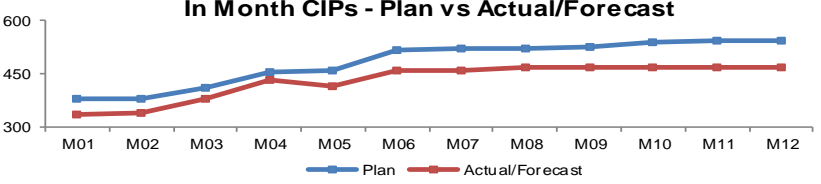
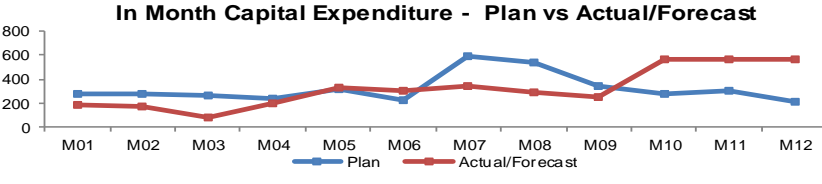
1.11 Children's Schemes**C Woffendin**

- All health visiting SystemOne modules now merged.
- Staff aware of new models and teams, and roll out of clusters to be completed before end of financial year.
- Optimum work locations agreed with estates and team moves planned for early 2017.
- Following successful pilot in Cluster 4, all other clusters to follow in January.
- Temporary document records centralisation space identified.
- All cost improvement plans on track except IT schemes, which are still delayed pending resources but being mitigated non-recurrently by vacancies, with an updated Project Brief in place.

2.1.3 Out of Area Placements**S Long**

- Project confirmed as closed at the Directors' Business and Transformation Governance meeting.
- Work continuing to review opportunities for 2017/18.

Executive Summary

Proposed Board RAG Rating	YTD	FOT	Commentary
Statement of Comprehensive Income (SoCI) A deficit of £843k year to date is £1,838k below the planned surplus of £995k. This reflects the degree of challenge in the financial plan for 2016/17 and will require rapid, ongoing and robust action planning to ensure delivery of the planned surplus.	●	●	In Month Surplus/(Deficit) - Plan vs Actual/Forecast 
Statement of Financial Position (SoFP)	●	●	Current assets (including cash, receivables, accruals, prepayments) are £1.6m above plan. Current liabilities are £2.6m above plan. These variances underpin the adverse year to date cash flow variance.
Statement of Cash Flows (SoCF) Cash balances are £0.9m below plan at the end of the month. The main reasons for the cash variance relates to the Month 9 SOCI variation from plan of £1,838k offset by capital underspends. The Trust forecasts an outturn cash position of £12,882k which is lower than plan due to the lower forecast surplus and loss of STF funding.	●	●	In Month Cash Balances - Plan vs Actual 
Use of Resources Metric (UoR) From M07, the new 'Use of Resources (UoR)' metric comes into force. At M09, the new metric shows a 2 (1 = Best, 4 = Worst) rating, which reflects the year to date financial position. The Trust forecasts achieving a rating of 1.	●	●	In Month UoR - Plan vs Actual 
Cost Improvement Programmes (CIPs) CIPs are under achieving by £412k YTD (before reserve). This includes schemes rated RED when the plan was approved. The full year forecast shows an under achievement of £633k against the gross annual CIP of £5,787k, this underachievement is mitigated by the £500k high risk CIP reserve. Programme Leads are now progressing required (mitigating) actions to ensure delivery of the gross plan.	●	●	In Month CIPs - Plan vs Actual/Forecast 
Capital Expenditure Capital expenditure is £884k below plan at the end of the period mainly due to the timing of expenditure for key schemes in Estates and IM&T, and no calls on the capital contingency at this point in the year. Plans are in place to fully commit the capital programme. There is still uncertainty regarding a Capital Control Total.	●	●	In Month Capital Expenditure - Plan vs Actual/Forecast 

Statement of Comprehensive Income

£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Operating income (inc in EBITDA)								
NHS Clinical income	(78,182)	(79,040)	858		(104,636)	(106,311)	1,675	
Non-NHS Clinical income	(14,089)	(13,676)	(414)		(18,786)	(18,252)	(534)	
Non-Clinical income	(5,559)	(7,117)	1,557		(7,191)	(9,440)	2,249	
Total	(97,831)	(99,832)	2,001		(130,612)	(134,003)	3,391	
Operating expenses (inc in EBITDA)								
Employee expense	77,757	77,033	724		103,878	102,120	1,758	
Non-Pay expense	15,209	19,895	(4,686)		20,239	25,926	(5,687)	
PFI / LIFT expense	149	159	(10)		199	203	(4)	
Total	93,115	97,086	(3,971)		124,316	128,249	(3,933)	
EBITDA	(4,716)	(2,746)	(1,970)		(6,296)	(5,754)	(542)	
EBITDA Margin %	4.82%	2.75%			4.82%	4.29%		
Operating expenses (exc from EBITDA)								
Depreciation & Amortisation	2,366	2,513	(147)		3,155	3,374	(219)	
Impairment (Losses) / Reversals	0	48	(48)		0	48	(48)	
Total	2,366	2,561	(195)		3,155	3,422	(267)	
Non-operating income								
Finance income	(48)	(27)	(21)		(64)	(35)	(29)	
(Gain)/loss on asset disposals	0	(126)	126		0	(126)	126	
Total	(48)	(153)	105		(64)	(161)	97	
Non-operating expenses								
Interest expense (PFI / LIFT)	118	119	(1)		157	157	(0)	
PDC expense	1,285	1,062	223		1,713	1,417	296	
Total	1,403	1,181	222		1,870	1,574	296	
(Surplus) / Deficit after tax	(995)	843	(1,838)		(1,335)	(919)	(416)	
Sustainability & Transformation Fund					(790)		(790)	
Control Total Balancing					(15)	(15)	0	
Total	(995)	843	(1,838)		(2,140)	(934)	(1,206)	

Statement of Comprehensive Income

	Risk	Mitigation
Specialist Inpatients, Dental & Admin	<p>There are projected pay pressures in the Admin Hubs, Inpatient services and Learning Disabilities.</p> <p>Admin Hub Re-design – 5 (of 29) reception areas to remain at an annual cost of c £120k.</p>	Savings on pay in other areas (especially Dental and Psychological Therapies) reduce the forecast adverse pay position to £284k. DAU staffing model reviewed with business case developed to reflect new rotas.
Acute & Community Mental Health	<p>Establishment & agency costs in adult CMHTs, inpatients and IHTT, medical locum costs.</p> <p>CMHT Drug spend.</p>	<p>Head of Service leading review and monitoring of position, forecast and mitigating actions. Controls and actions to minimise Agency spend and Medical Locum costs are in place and being led by the DD, Head of Service and Medical Director. New supplier contacted with a view to supplying locums below agency price cap. Fixed term contracts being used where possible instead of locums. Skill mixing of vacancies to use resource efficiently. Meridian reviewing IHTT and inpatients rostering system.</p> <p>Tighter controls have been established around drugs issues.</p>
Adult Physical Health	Projected District Nursing pay and non-pay, Continence products, Nursing Support Team recharge pressures. Red rated £187k Agile CIP at plan.	A non recurrent risk reserve has been established to mitigate the £187k Agile risk. Options are currently being explored to reduce Nursing Support Team pressures and establish residual risk, price uplift has been established. Expenditure review and controls are in place to mitigate non pay pressures. Budget transfers have reduced District Nursing pay pressure. Deep dive into District Nursing found over established posts to be managed by service. A rebate on continence products in Craven is being pursued with the supplier.
Corporate Functions	<p>Estates - Costs pressures have arisen due to vandalism costs not covered by insurance, undelivered CIPs for Paperless and Stoney Ridge, maintenance cost overspend compared to recovery plan.</p> <p>Non pay CIPs slippage for Telephony (£263k), Addaction (33k), Drug Pricing (£50k)</p>	<p>An estates recovery plan has been developed and agreed with full Service Manager engagement. Detailed plans are being monitored on a monthly basis through FMT and additional actions agreed to pull back any slippage on recovery schemes.</p> <p>Mitigations/actions are outlined on the CIP slides where plans have been identified. Review of non clinical bank and agency costs to remove non essential posts.</p>

Statement of Financial Position								
£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Non-current Assets								
Property, Plant & Equipment	50,389	48,453	1,936		50,520	50,520	0	
On-balance sheet PFI	4,337	4,578	(241)		4,220	4,220	0	
Total	54,726	53,031	1,695		54,740	54,740		
Current Assets								
Cash and cash equivalents	13,640	12,760	880		14,589	12,882	1,707	
Other current assets	3,920	6,072	(2,152)		4,620	4,620	0	
Total	17,560	18,832	(1,272)		19,209	17,502	1,707	
Current Liabilities								
PFI / LIFT leases	(343)	(341)	(2)		(339)	(339)	0	
Other current liabilities	(9,630)	(11,807)	2,177		(10,238)	(7,148)	(3,090)	
Total	(9,973)	(12,148)	2,174		(10,577)	(7,487)	(3,090)	
Non-current Liabilities								
PFI / LIFT leases	(2,806)	(2,807)	1		(2,721)	(2,721)	0	
Other non-current liabilities	(630)	(542)	(88)		(630)	(630)	0	
Total	(3,436)	(3,349)	(87)		(3,351)	(3,351)	0	
Total Assets Employed	58,876	56,366	2,510		60,021	61,404	(1,383)	
Reserves	58,876	56,366	2,510		60,021	61,404	(1,383)	

Key Risks	Key Mitigations & Action Plans
<p>Higher creditors will impact on BPPC performance and higher debtors may result in not achieving the cash target.</p> <p>Overall movement between other current assets and other current liabilities includes the difference in the outstanding charges and income relating to NHS Property services, along with the outstanding debt relating to local NHS providers, GP's and voluntary sector organisations.</p> <p>Increased prepayments against plan have also impacted on the variance of other current assets.</p> <p>Forecasts outturn cash position of £12,882k is now lower than plan due to the lower forecast surplus and loss of STF funding.</p>	<p>Receivables continue to be monitored closely and escalation plans are in place. Month end balances with some NHS acute organisations and the local CCG's are higher than planned, of which have been escalated and thoroughly investigated and reported in the quarter 2 national NHS Agreement of Balances exercise. All other receivables, as part of current assets, are being monitored weekly and discussions are taking place to ensure outstanding amounts are settled.</p> <p>In respect of liabilities, discussions continue with NHS Property Services and regarding the outstanding charges. The Trust are proactively working towards an agreement that matches funding.</p>

Position Statement – Fixed Assets

Green Lane Land – Trust owned

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

Stoney Ridge – Trust owned

Stoney Ridge and New Ridge is a trust owned property and formally occupied mainly by Home Farm Trust (linked to the Section 75 agreement). HFT has vacated the property and the associated income streams have ceased. The property is less than 50% occupied and significant capital investment is required to improve the site to an acceptable standard. As a result, the best option would be to market the site for external sale. In order to decant the site and relocate the services, capital investment is required at both Daisy Hill House and Waddiloves. Alternative provision has now been sourced for both the Hydrotherapy Pool and ReBounce Therapy and work is planned during the final quarter of the year to relocate these services. Once vacant, the asset can be officially held for sale. The proposal is to potentially relocate services and sell the asset by the end of this financial year.

Abelia Mount – Trust owned

Two storey dwelling in Bradford 7, currently occupied by Local Authority commissioned Supported Living Services. As part of a rental negotiation for occupying the property, a potential option to buy was discussed. An acceptable offer to purchase the asset has been submitted and the Trust are recommending to Board that work is commenced with the interested party to proceed with the sale. It is expected that the property will be officially held for sale on 1st April 2017. An expected profit on sale is expected in the region of £32,500.

Park Road Health Centre – Finance Lease

Park Road Health Centre was built in 1997 on Trust 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 are in the process of working closely with both NHSPS and KPMG to review the accounting treatment of the finance lease that is currently reported on our balance sheet. The outcome of this work will determine the next steps. We anticipate to complete this work and action any changes this financial year.

Statement of Cash Flows

£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Surplus (Deficit) from Operations	2,350	233	2,117		3,946	2,395	1,551	
Operating activities	2,367	2,513	(146)		3,155	3,374	(219)	
Movements in working capital	(3,397)	(3,349)	(47)		(3,028)	(3,912)	884	
Investing activities	(3,005)	(2,166)	(839)		(3,795)	(3,644)	(151)	
Financing activities	(1,266)	(1,218)	(48)		(2,280)	(1,922)	(358)	
Opening cash and cash equivalents less bank overdraft	16,591	16,748	(157)		16,591	16,591		
Closing cash and cash equivalents	13,640	12,760	880		14,589	12,882	1,707	

Key Risks

Cash balances are £0.9m below plan at the end of the month. The main reasons for the cash variance relates to the Month 9 SOCI variation from plan of £2,015k offset by capital underspends. The Trust forecasts an outturn cash position of £12,882k which is lower than plan due to the lower forecast surplus and loss of STF funding.

Key Mitigations & Action Plans

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

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

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

Use of Resources Metrics (UoR)								
£000's	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Capital Service Cover								
Revenue Available for Capital Service	4,765	2,773	(1,992)		7,165	5,804	(1,361)	
Capital Service	(1,664)	(1,442)	222		(2,218)	(1,922)	296	
Capital Service Cover metric	2.86	1.92	(0.94)		3.23	3.02	(0.21)	
Capital Service Cover rating	1	2			1	1		
Liquidity								
Working capital balance	7,569	6,609	(960)		8,614	8,614		
Operating Expenses within EBITDA, Total	(93,114)	(97,086)	(3,972)		(124,301)	(128,234)	(3,933)	
Liquidity metric	21.9	18.4	(3.5)		24.9	24.2	(0.8)	
Liquidity rating	1	1			1	1		
I & E Margin								
Surplus/(deficit) adjusted for donations and asset disposals	995	(921)	(1,917)		2,140	856	(1,284)	
Total operating income for EBITDA	97,831	99,832	2,001		131,402	134,003	2,601	
I & E Margin % metric	1.02%	(0.92%)	(1.94%)		1.63%	0.64%	(0.99%)	
I & E Margin % rating	1	3			1	2		
I & E Margin Variance From Plan								
I & E Variance From Plan		(1.94%)				(0.99%)		
I & E Margin Variance From Plan rating		3				2		
Agency								
Agency staff, total	(5,485)	(4,104)	1,380		(7,313)	(5,153)	2,160	
Agency ceiling	(5,880)	(5,880)			(7,840)	(7,840)		
Agency metric	(6.72%)	(30.20%)	(23.48%)		(6.72%)	(34.27%)	(27.55%)	
Agency rating	1	1			1	1		
Use of Resources Metric (UoR)	1	2			1	1		

Description of Key Metrics

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

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

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

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

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

Overall Rating: Aggregate rounded average of all metrics.

Key Risks, Mitigations & Actions

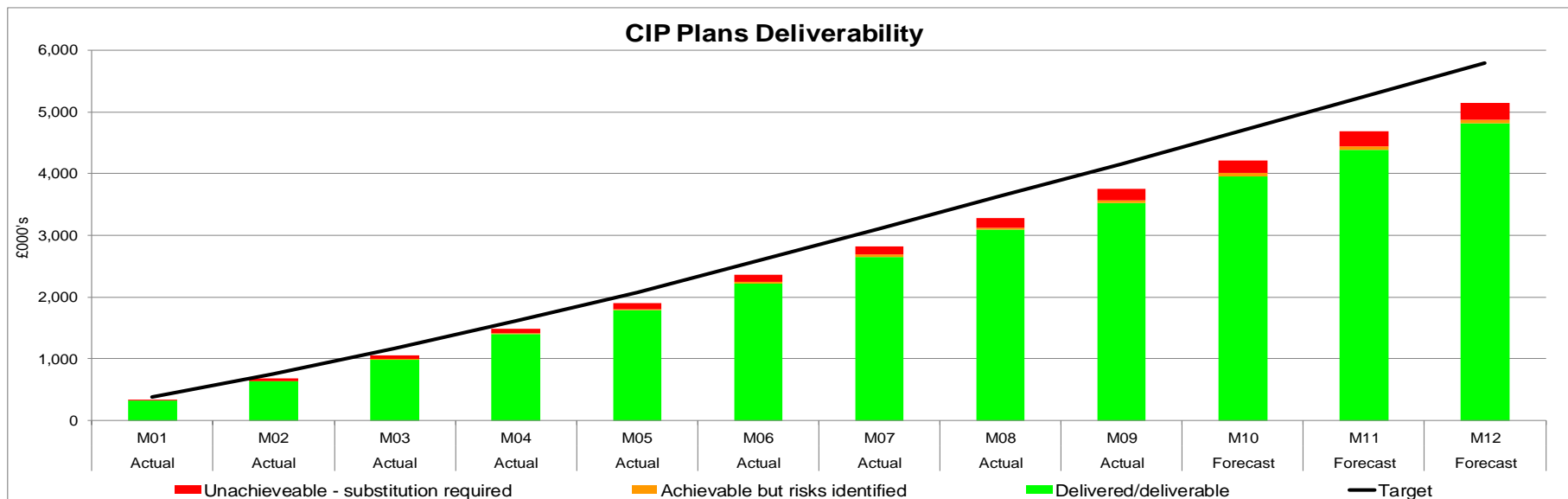
The Single Oversight Framework came into force from 1st October. The table above shows the new financial metrics (Use of Resources (UoR)). The main change is the reversal of the scores (i.e. 1 is now the highest score compared to 4 previously) and the addition of an Agency metric which has diluted the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

Cost Improvement Schemes 2016/17

Business Unit & CIP Scheme	Year to date			Year End Forecast			
	Plan	Actual	Variance	Plan	Actual	Variance	FOT RAG
Adult Physical Health Community Services	860	898	(38)	1,250	1,256	(6)	
1.1.3-SLT Income generation contribution	19	19		25	25		
1.2-Agile project staffing - (No plans for CIP)	140		140	187		187	
1.2-Agile project staffing - RED rated	97	97		168	168		
1.2-Agile project staffing-Lead	567	567		776	776		
1.2b-Agile project staffing (phasing for OD)	(178)		(178)	(193)		(193)	
3.3-Substance Misuse % reductions	215	215		287	287		
Childrens	793	793	0	1,058	1,058	0	
1.11-Childrens - New models for FNP	264	264		352	352		
1.11-Childrens - Secondments & career breaks	34	34		45	45		
1.11-Childrens Management overhead reduction	135	135		180	180		
1.11-Childrens Non pay procurement savings	22	22		30	30		
1.11-Childrens -Reduction in staff hours	53	53		71	71		
1.11-Childrens Skill mix efficiencies	211	211		281	281		
1.11-Childrens Use of technology to free clinical time	74	74		99	99		
Corporate	333	249	84	488	357	131	
2.1.2-CAMHS Eating disorders contribution (contract income)	15	15		20	20		
5.21-Executive director savings	37	37		49	49		
5.4.1-Salary sacrifice increased income from new and existing schemes	150	150		226	226		
5.4.2-Corporate overheads - Executive Pas	37	37		49	49		
5.5.1-Drug pricing target reductions	38		38	50		50	
5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT	46		46	81	0	81	
5.22-Trust Board efficiencies	10	10		13	13		
Estates & Facilities	395	263	132	557	371	186	
1.2-Agile - Estates Project	176	161	15	235	235		
5.2.1-Estates rationalisation	72		72	125		125	
5.23-Mitigate Stoney Ridge cost pressure by CIP	45		45	61		61	
5.9-Release of NHS property services overhead costs	102	102		136	136		
Finance	180	180	0	250	250	0	
5.13-Salary sacrifice increased income from new and existing schemes	67	67		100	100		
5.14-Reduce SBS contract value	22	22		30	30		
5.15-Reduce computer maintenance & support	23	23		30	30		
5.16-Reduce trust wide finance budget	26	26		35	35		
5.17-Reduce finance training budget	8	8		10	10		
5.18-Restructure finance team	34	34		45	45		

Cost Improvement Schemes 2016/17

Business Unit & CIP Scheme	Year to date			Year End Forecast			
	Plan	Actual	Variance	Plan	Actual	Variance	FOT RAG
Human Resources	152	152	0	210	210	0	
5.11-HR Childcare cost reduction	19	19		25	25		
5.11-HR Contribution from CCG's HR/OD Contract	55	55		74	74		
5.11-HR non pay efficiencies	32	32		42	42		
5.11-Salary sacrifice increased income from new and existing schemes	46	46		69	69		
IM&T	292	67	225	389	126	263	
5.1-IM&T Strategy CIP (telephony)	251	26	225	334	71	263	
5.6-CHIS cost reduction from CSU contract	41	41		55	55		
Medical Director	167	167	0	223	223	0	
2.1.1-Locum budget reserve reduction	113	113		150	150		
5.8.1-Research & Development recurrent reduction	4	4		6	6		
5.8.1-Research & Development non recurrent vacancy reduction	30	30		40	40		
5.8.1-Research & Development reduce BDCT provision	20	20		27	27		
Mental Health Acute & Community Services	577	577	0	813	813	0	
1.2-Agile project staffing	335	335		447	447		
1.2b-Agile NR reserve (phasing for OD)	(58)	(58)		(63)	(63)		
2.1.3-Out of area placements reduction	300	300		400	400		
2.1.4-IAPT post reductions				29	29		
Specialist Inpatients	33	33	0	44	44	0	
3.6-Dental savings	33	33		44	44		
Trust wide	379	370	9	506	447	59	
1.2-Agile - Travel cost reductions	72	105	(33)	96	91	5	
5.10-Recharge to Addaction	70	44	26	94	61	33	
5.4.2-Reduction in operational management costs	69	69		92	92		
5.5.2-Procurement savings	168	152	16	224	203	21	
Total	4,161	3,749	412	5,787	5,154	633	
High Risk CIP Reserve	(168)	0	(168)	(224)	0	(224)	
High Risk CIP Reserve Pay	(168)		(168)	(224)		(224)	
High Risk CIP Reserve Non Pay							
High Risk CIP Reserve Income							
Grand Total	3,993	3,749	244	5,563	5,154	409	



Current Status, Key Risks & Mitigations

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

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

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

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

Current Status, Key Risks & Mitigations

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

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

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

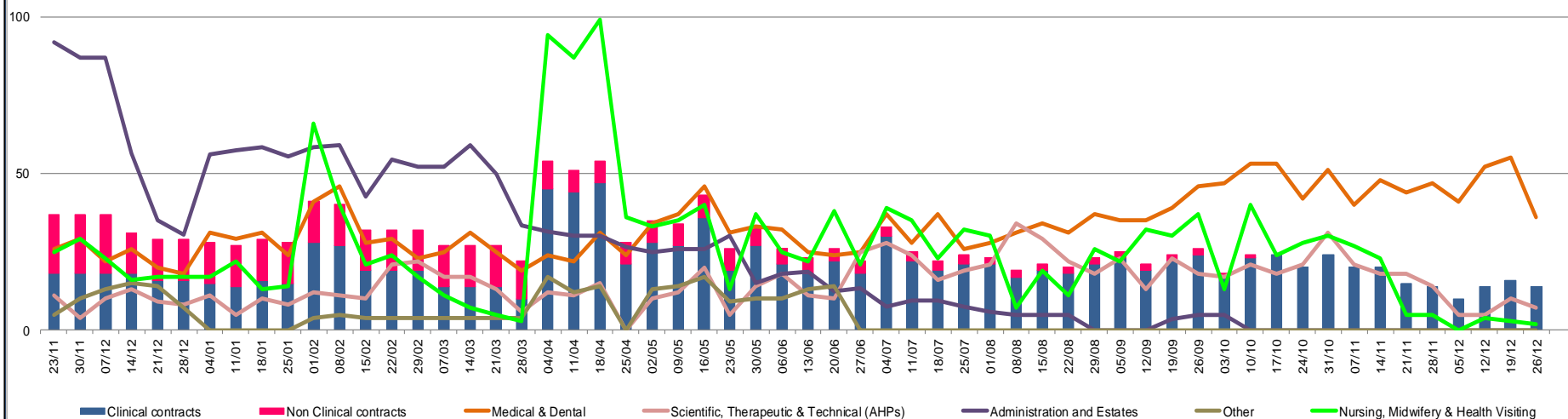
Substance Misuse Services External Recharge - Negotiations are underway with partial recovery demonstrated in billing but a risk of non-settlement. The Local Authority is seeking legal advice to understand whether BMDC or Addaction are liable for the charges. CMB have been appraised and are awaiting confirmation from BMDC to identify who is responsible for the charges. The revised value of income chargeable has been calculated at £64k. If agreed a risk remains of £31k.

Capital Expenditure								
	Year to Date			YTD RAG	Year End Forecast			FOT RAG
	Plan £000	Actual £000	Variance £000		Plan £000	Actual £000	Variance £000	
Capital expenditure								
Property - maintenance expenditure	487	147	340		842	181	661	
Plant and equipment - Information Technology	686	457	229		1,000	871	129	
Plant and equipment - Other	18	48	(30)		40	48	(8)	
Property, plant and equipment - other expenditure	1,859	1,515	344		1,973	2,755	(782)	
Total	3,050	2,166	884		3,855	3,855	0	
Capital expenditure funding sources								
Depreciation	2,366	2,080	286		3,155	3,374	(219)	
Other	684	86	598		700	481	219	
Total	3,050	2,166	884		3,855	3,855	0	
Note: YTD change within 'other' funding sources is due to the timing of when capital spend has been incurred compared to the YTD plan phasing for depreciation. Forecast outturn has also been reflected accordingly to reflect the anticipated end of year financial position.								

Key Risks	Key Mitigations & Action Plans
<p>Estates schemes are under committed by £358k which includes; £382k Flood Recovery works (commence on site on 19th September), £53k Energy Centre (Final certification and Fees now expected in month 10).</p> <p>IM&T schemes are under committed by £164k which includes £66k on IT infrastructure improvements, to review the work around data network capacity, £87k on WiFi programme and £36k relating to clinical system integration.</p> <p>Contingency reserves account for a further £363k to date.</p>	<p>Close management of all capital schemes is required to ensure that the schemes are brought in on budget and as profiled at plan. Funding in the first 9 months represents anticipated minimum capital requirements with the exception of £160k (6/12s) of contingency reserve.</p> <p>The key focus is ensuring that the capital plan is fully committed in line with the plan profile and fully expended by the end of the financial year.</p> <p>The capital plan was constructed to phase £700k in the last 6 months to mitigate against any unknown national control totals. In September the Board approved that commitments should be made against planned resources in the absence of any national communications or clarification regarding constraints. A number of pressing priorities were highlighted to Board (from the £700k and/or aggregate contingency). These schemes were presented to CPIG in November 2016 and approval was given to commence with those schemes considered high priority. Further re-prioritisation of the programme has been actioned to accommodate other enabling schemes that support 2017/18 CIPs.</p>

NHSI Agency Price Cap

Agency shifts worked that cost over the NHS Improvement Price Cap



Key Risks, Mitigations & Action Plans

Agency staff price caps were introduced during 2015/16, with stepped reductions from February and April 2016 to reduce premium hourly rates paid. There is an escalation procedure for approval of non compliant agency staff however patient safety is the only reason accepted by NHS Improvement. The price caps from April 2016 generate breaches if rates exceed 55% above substantive staff rates. From 1st July, 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 45 shifts were above the **price cap** at the end of December - 2 nursing shifts, 7 allied health professional shifts and 36 medical and dental shifts. A total of 96 shifts were above the **wage cap** at the end of December - 37 nursing shifts, 21 allied health professional shifts and 38 medical and dental shifts. Urgent conversations are being taken forward with Retinue to ensure that rates quoted by them are accurate and that staff are placed with agencies that are compliant with the price and wage cap arrangements.

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

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