

# Board Integrated Performance Report

27<sup>th</sup> July 2017

June 2017 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
<b>NHS Improvement Indicators</b>		
<b>Assurance</b>	<ul style="list-style-type: none"> <li>NHS Improvement has published their latest segmentation of the provider sector confirming that the Trust is segment 1; the lowest level of oversight, for providers with maximum autonomy and no potential support identified.</li> <li>NHS Improvement indicators have been met for June 2017 and quarter 1, for those indicators where final data is available.</li> </ul>	<b>4 - 5</b>
<b>Quality</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>In line with the agreed changes to the Integrated Performance Reporting cycle, summary data only is provided this month. Full data and narrative focusing on actions and their impacts will be provided quarterly.</li> </ul>	<b>7 - 14</b>
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>The Trust's current internal forecast is that three of the 13 CQUIN (Commissioning for Quality and Innovation) indicators will not be fully met. The slides outline actions being taken. All CQUIN indicators are considered by the Quality and Safety Committee quarterly.</li> </ul>	<b>8 - 9</b>
<b>Assurance</b>	<ul style="list-style-type: none"> <li>Information Governance training compliance and appraisal rates remain below target and will be discussed at the July performance meetings for business units and corporate services.</li> </ul>	<b>10</b>
<b>Assurance</b>	<ul style="list-style-type: none"> <li>Further to discussion at the June 2017 Board meeting about actions taken by the Trust following the Grenfell Tower fire tragedy, additional information is provided regarding fire safety training compliance for the Trust's operational services.</li> </ul>	<b>11</b>
<b>Exception</b>	<ul style="list-style-type: none"> <li>The Trust has had its first clostridium difficile (c.diff) positive case in six years. A post infection review has been undertaken which found the infection was unavoidable. The patient had a number of comorbidities that increased their risk to c.diff and also had received extensive amounts of IV antibiotics in the acute trust for a range of infections. The prescribing whilst in our care was as per the microbiologist advice for their current infection.</li> </ul>	<b>15</b>
<b>Business Unit</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>The Integrated Performance Report has been produced in advance of the scheduled business unit performance meetings. The Board will receive a verbal update regarding any issues identified for escalation.</li> </ul>	
<b>Change Programme</b>		
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>The 2017/18 Change Programme provides governance, monitoring and assurance for eight transformation projects delivering significant service transformation and change. Of the eight projects:               <ul style="list-style-type: none"> <li>Three are rated red (roster savings; mental health acute and community; procurement)</li> <li>One is rated amber (corporate benchmarking)</li> <li>Four are rated green (adult physical health; estates and facilities; specialist inpatients, dental &amp; administration; children's services).</li> </ul> </li> </ul>	<b>16</b>

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Board Action	Key Highlights	Slides
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### Finance

<b>Assurance</b>	<ul style="list-style-type: none"> <li>• <b>Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position:</b> A year to date deficit of £331k is £1,044k ahead of plan (deficit of £1,375k). A number of CQUIN requirements and CIPs were profiled to deliver in the latter part of the financial year. Some implementation plans are still being finalised. Recurrent CIP delivery remains high risk and is subject to review at Finance, Business &amp; Investment Committee (FBIC). The Executive agreed to continue various financial controls during quarter 1 to provide headroom against end of year plan profiling risks. Operational pay under spending is assessed to be non recurrent with recruitment activities and increased medical locum costs expected. The Trust forecasts delivering an £826k surplus to secure £752k Sustainability and Transformation Funding (STF) and achieve the Control Total. The executive will assess whether to continue financial controls via an end of Quarter forecast, risks and efficiencies review.</li> <li>• <b>Cash:</b> Cash balances are £3.6m above plan reflecting favourable in-year performance compared to plan, capital programme slippage and settlement by NHS Property Services of all outstanding debts in June 2017 (full and final agreement in April 2017). Work is underway to revise the cash forecast to include projected asset disposals and bonus STF relating to 2016/17 which are likely to materially improve the Trust's cash position.</li> <li>• <b>Use of Resources (UoR):</b> The actual UoR at M03 is '2' compared to plan of '3' (ahead of plan).</li> <li>• <b>CIPs:</b> CIPs are £188k more than plan. Forecast net plan risks of £61k (after allocating the high risk reserve of £500k) will require close management. The recurrent implications are being considered at FBIC.</li> <li>• <b>Workforce – Agency Controls:</b> All agency expenditure caps except the medical staff expenditure cap have been achieved in M03. The medical locum was breached by £116k (in month) and £12k (year to date) and is expected to be extremely challenging to achieve across both consultant and junior medical grades. There were 162 price cap and 160 wage cap breaches in the 4 weeks to the end of June.</li> <li>• <b>Capital:</b> Expenditure is £393k below plan due largely to IM&amp;T order lags. Issues were discussed at CPIG and are being addressed with procurement. Capital expenditure is projected to be fully expended. The external review of all premises after the Grenfell Towers fire is ongoing. A verbal update will be provided to Board.</li> </ul>	<b>17 - 19</b>
<b>Exceptions</b>		

### Well Led

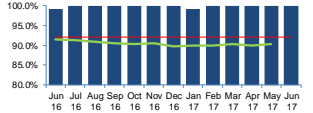
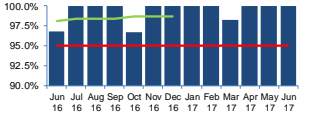
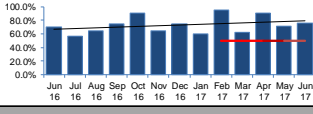
<b>Information</b>	<ul style="list-style-type: none"> <li>• In line with the agreed changes to the Integrated Performance Report, assurance reports from Committee chairs are now included rather than being provided as a separate Board paper.</li> </ul>	<b>20</b>
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### Summary and Recommendations




Overall the report shows good performance in June 2017 and quarter 1. Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health & safety information took place at the Directors' Business & Transformation meeting and did not identify any themes or trends for Board escalation.

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


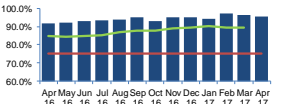
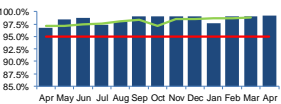
### Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q2 16/17 Outturn	Q3 16/17 Outturn	Q4 16/17 Outturn	Apr	May	Jun	Q1 17/18 Numerator Outturn	Q1 17/18 Denominator Outturn	Q1 17/18 Outturn	National Benchmark	Graph
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				100.0%	100.0%	100.0%	1027	1027	100.0%	90.4% as of May 17	
M5	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	95.0%				100.0%	100.0%	100.0%	189	189	100.0%	98.8% as of Q4 - 16/17 Next publication date: TBC	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	64.2%	75.3%	69.5%	90.0%	70.8%	75.8%	57	73	78.0%		
M19	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:												
	a) Inpatient Wards	90.0%			98.0%								
	b) Early Intervention in psychosis services	90.0%			94.0%								
	c) Community mental health services (people on Care Programme Approach)	65.0%			96.0%								

**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 June 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of June 2017 was 26;12 of these patients have been waiting for more than two weeks.

Graph Key	
Measure	
Target	
England Benchmarking figure	




## Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun	Q1 17/18	Q1 17/18	Q1 17/18	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.5%	99.5%	99.5%	99.9%			107610	108645	99.9%	97.3% Apr 17 Next publication date: TBC	
M20b	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Priority metrics	85.0%	TBC										
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	52.8%	51.8%	54.9%	53.6% (Provisional)	57.7% (Provisional)					51.7% as of Mar 17: Next publication date 25/07/17	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	94.2%	94.4%	96.4%	95.5% (Provisional)	97.3% (Provisional)					89.4% as at Mar 17 Next publication date: 25/07/17	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	98.4%	99.3%	99.2%	99.2% (Provisional)	99.5% (Provisional)					98.9% as at Mar 17 Next publication date: 25/07/17	

**Indicator M20a:** This Mental Health Services Data Set (MHSDS) data completeness indicator comprises NHS number, date of birth, postcode, gender, GP and commissioner. The Trust is still awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Pending this, data has been provided based on internal calculations from the MHSDS.

**Indicator M20b:** In January 2017, NHS Improvement confirmed that the MHSDS indicator for priority metrics will only assess performance on three elements – ethnicity, accommodation status and employment status. The Trust is still awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance for these three elements.

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

Graph Key	
Measure	
Target	
England Benchmarking figure	

## Accident and Emergency Waiting Times

## Airedale NHS Foundation Trust

Indicator No.	Indicator	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	Total attendances within 4 hours		13,368	13,174	13,180	13,840	4,628	4,232	4,314	4,375	4,164	4,641	4,416	4,323	5,101	4,960	5,403
<b>M18a</b>	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	93.3%	90.2%	89.2%	91.9%	90.3%	88.8%	91.3%	90.2%	90.8%	90.1%	88.4%	94.5%	93.1%	93.3%	93.7%

## Bradford Teaching Hospitals NHS Foundation Trust

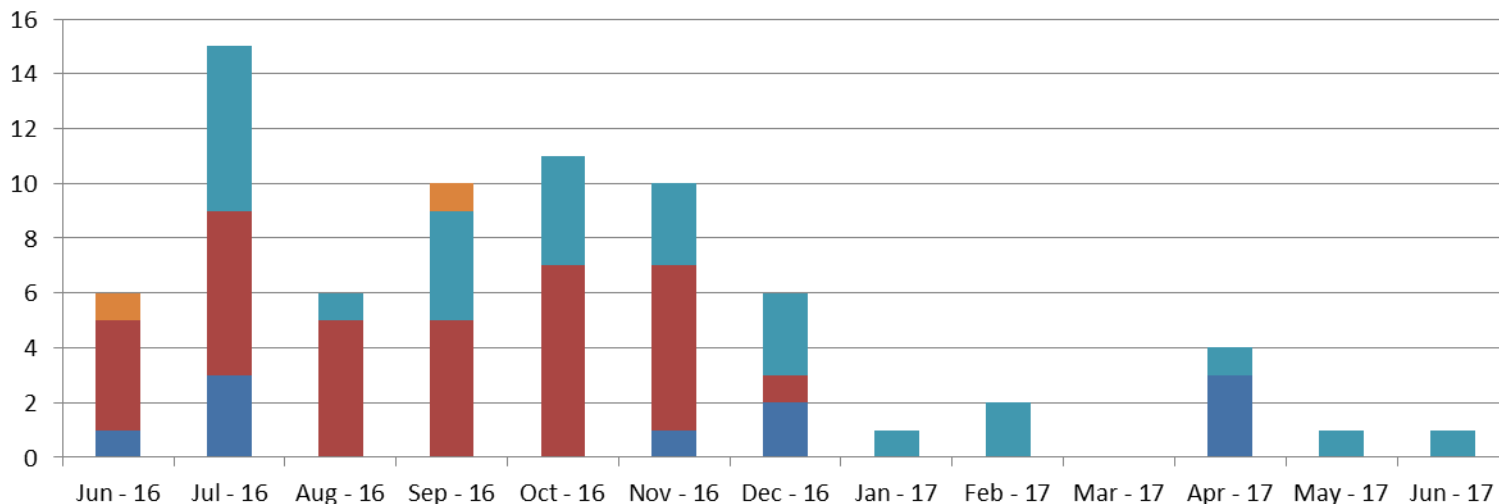
	Total attendances within 4 hours		31,297	30,250	28,941	29,091	10,714	9,774	9,762	9,792	9,516	9,633	9,612	8,981	10,498	9,709	9,825
<b>M18b</b>	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	90.8%	89.4%	84.0%	89.8%	89.8%	90.1%	88.2%	85.0%	85.1%	82.1%	86.8%	90.1%	92.4%	87.4%	81.9%

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

The Department of Health and Department for Communities and Local Government have published Integration and Better Care Fund Planning Requirements 2017-19 to enable areas to finalise their system-wide planning. One of the purposes of the additional funding for adult social care is to reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready. NHS Improvement and NHS England have advised local A&E Delivery Boards of priorities for the next few months to build resilience ahead of winter 2017/18, including ensuring there is enough capacity to meet the pressures of winter.

### Serious Incident Numbers

Indicator No.	16/17 Out-turn	This month's performance	17/18 Year to Date
Q3	96	1	6



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

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

## Commissioning for Quality and Innovation (CQUINs) – Forecast 2017/18

The CQUIN indicators for 2017/18 have been set nationally; there are no locally agreed CQUINs. The Trust has 13 CQUINs with an approximate value of £2.4 million. There are three components of CQUIN delivery:

- Delivering all in year milestones and targets of the clinical quality and transformational indicators - £1.5m
- Sustainability and Transformation Plans (STPs) - reinforcing the critical role providers have in developing and implementing local STPs. As an active partner the Trust is confident of securing this resource - £0.45m
- Local financial sustainability – encouraging providers and commissioners to work together to achieve financial balance and to complement the introduction of system control totals at STP level. This is held as an STP risk reserve therefore the Trust's plans do not assume any benefit from this - £0.45m

The following tables report on those milestones relating to section a) and where the current internal forecast is that requirements are unlikely to be delivered in full. The Trust's financial plan assumes 95% achievement of CQUIN milestone targets and income with £150k reserved to cover further income risk.

National CQUINs				Actual / Forecast RAG				
Indicator Name	CQUIN Aim	Delivery of Milestone at Risk	Business Unit affected	Potential unachieved income	Q1	Q2	Q3	Q4
1a. Improvement of health & wellbeing of NHS staff	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.	Achievement of 5% improvement in 2 of the 3 questions in the staff survey <ul style="list-style-type: none"> <li>9a) Does your organisation take positive action on health and wellbeing?</li> <li>9b) In the last 12 months have you experienced musculoskeletal problems as a result of your work?</li> <li>9c) During the 12 months have you felt unwell as a result of work related stress?</li> </ul>	All	£38k				F
	<p><b>Issue:</b> Due to the extensive work undertaken regarding staff health and wellbeing, we are forecasting that the target for 9a should be achievable. However despite interventions in place, the number of staff experiencing musculoskeletal problems (9b) and work related stress (9b) are not currently reflecting the expected level of improvement.</p> <p><b>Actions:</b> Contact has been made with other high performing trusts to explore areas where we might be able to improve and utilise best practice.</p>							

A = Actual    F = Forecast



### Commissioning for Quality and Innovation (CQUINs) – Forecast 2017/18

National CQUINs					Actual / Forecast RAG			
Indicator Name	CQUIN Aim	Delivery of Milestone at Risk	Business Unit affected	Potential unachieved income	Q1	Q2	Q3	Q4
<b>4. Improving services for people with mental health needs who present at A&amp;E</b>	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.	20% reduction in A&E attendances of those within the selected cohort of frequent attenders in 2016/17 who would benefit from mental health and psychosocial interventions	Mental Health Acute & Community Services	£65k	F	F	F	F
	<p><b>Issue:</b> Whilst a selected cohort of patients, who were frequent attenders at A&amp;E in 2016/17, have been identified and care packages agreed for them it is too early at this stage to confirm that the target of 20% reduction in A&amp;E attendances will be met.</p> <p><b>Actions:</b> Joint multi-disciplinary meetings take place, on a monthly basis, with both local acute providers, to review the case notes of the selected cohort of patients and the impact of the clinical interventions that have been implemented.</p>							
<b>8b. Supporting proactive and safe discharge</b>	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5%	By the end of Quarter 4 <ul style="list-style-type: none"> <li>• 2.5% increase from baseline in number of patients discharged to usual place of residence, or</li> <li>• 47.5% of patients discharged to usual place of residence</li> </ul>	Adult Physical Health	£65k		F		F
	<p><b>Issue:</b> Indicator covers all patients aged 65+, admitted non electively, with a length of stay of more than 2 days. Reliant on whole system change including with Airedale NHS Foundation Trust (ANHSFT), Bradford Teaching Hospitals Foundation Trust (BTHFT) and care homes.</p> <p><b>Actions:</b> Baselines have established: ANHSFT = 39.02%, BTHFT = 47%. A joint working group has been established between ANHSFT, BTHFT and BDCFT, linking with the Clinical Commissioning Groups' Senior Clinical Quality Manager regarding care home engagement</p>							

A = Actual	F = Forecast
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## Workforce – Appraisal and Mandatory Training

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	FOT 17/18	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	88.96%	80.00%	6727	8262	81.42%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	98.46%	95.00%	2244	2590	86.64%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	96.51%	95.00%	262	284	92.25%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	98.28%	95.00%	2506	2874	87.20%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	1954	2541	76.90%		

## Graph Key

Measure		Target		Trend	
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## Workforce – Mandatory Training: Fire Safety Training

Indicator	Target	Reporting Period	Adult Physical Health						Children's Services							Mental Health Acute and Community						Specialist/Admin/Dental			
			Community Nursing	Specialist Services: Continence, Tissue Viability, Falls	Palliative Care, Hospice at Home, Fast Track	Podiatry	Speech & Language Therapy	Substance Misuse	Safeguarding, Looked After Children, Youth Offending	Bradford School Nursing	Bradford Health Visiting	Bradford Family Nurse Partnership	Wakefield School Nursing	Wakefield Health Visiting	Wakefield Family Nurse Partnership	Adult Community Mental Health	Child & Adolescent Mental Health	Early Intervention in Psychosis	Psychological Therapies	In-patient - Acute Care Services (Wards, First Response, IHTT)	Learning Disabilities (Community)	Older People Community Mental Health	Administration Services	Inpatients - Specialist Services	Dental Services
Fire safety training	80%	Jun-17	96.95%	92.00%	96.43%	82.22%	93.22%	94.29%	80.95%	86.75%	86.60%	90.00%	85.71%	80.85%	75.00%	79.65%	81.93%	88.24%	89.26%	87.50%	94.20%	96.72%	94.41%	86.93%	83.84%

At the June 2017 Board meeting, an update was provided about the actions taken by the Trust following the Grenfell Tower fire.

Compliance with mandatory training (comprising fire safety; infection prevention; moving and handling) is reported monthly to Board. Additional information showing fire safety compliance for the Trust's operational services is outlined above, to provide assurance to Board members and inform the Board's consideration of the fire safety training target and future reporting requirements.

Training compliance is closely monitored at the monthly business unit performance meetings.

## Workforce – Labour Turnover, Vacancy and Absence

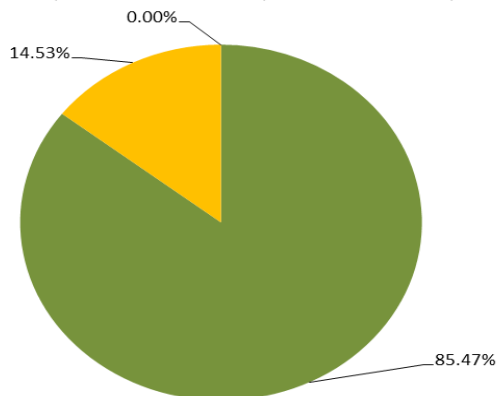
Indicator No.	Indicator	16/17 outturn	17/18 Target	Current Performance	FOT 17/18	Graph
Q19	% Labour Turnover	13.04%	10.00%	12.25%		
Q20	% Sickness absence rate	5.12%	4.00%	5.13%		
Q21	% Vacancy rate	7.17%	10.00%	2.52%		

Graph Key					
Measure		Target		Trend	

## Q23a - Safer Staffing: Inpatient Services - June 2017

### Staffing Level Compliance

Exact/ Over Compliance    Under Compliance    Non Compliance



Exact/ Over Compliance  
Under Compliance  
Non Compliance

No. shifts	
Exact/ Over Compliance	1888
Under Compliance	321
Non Compliance	0

#### **Risks:**

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

#### **Contingency/ Mitigating Actions:**

- Roster review / risk assessment in place on a daily basis
- Weekly ward meetings continue to be held to forward plan rosters and where appropriate to cross deploy staff across services as required. Cross deployment of staff is now recorded in the system to provide audit trail.
- The SafeCare module has been reviewed with further work planned to pilot this on DAU.
- Full programme of recruitment fayres being attended in next 12 months. Rolling recruitment ongoing with specialist programmes and potential new roles/ career pathways being explored – e.g. Associate Physician, and Apprenticeships.

### Narrative on data extracts regarding staffing levels on 13 wards during June 2017

**Exact/over compliant shifts** - Over compliant shifts continue to reduce across all wards due to the weekly planning meetings held within the services. The hotspots during June however, were mainly attributed to Ashbrook, Dementia Assessment Unit (DAU), Assessment and Treatment Unit (ATU) and Clover (PICU) wards due to the acuity (complexity of need) and the requirement for skill mix within the units. Both ATU and DAU have had to support service users at Bradford Royal Infirmary for a number of weeks adding increased pressure on staffing levels. 49% (3% decrease from May) of all shifts worked were bank or agency filled, with 88% of these shifts requesting unregistered staff. The main reason for bank and agency is due to Vacancy which has decreased by 1% from last month (52% to 51%), with hotspot areas remaining as DAU, Thornton, Bracken and Ashbrook.

**Under compliant shifts** - There were 31 incidents reported relating to staffing shortages in June 2017 (an decrease of 26 from the previous month), however the majority of these remain in Specialist inpatient services; and particularly DAU, due to acuity of need. There are planned controls now in place to track Bank staff who DNA; this will be monitored on a monthly basis to ensure the reduction in the number of under-compliant shifts occurs. Another contributing factor to under compliance is sickness, of which 14% of bank and agency bookings in June were attributed to long term sickness (a decrease of 1% from previous month), particularly across Assessment and Treatment Unit (ATU), Ashbrook Heather, and Bracken wards.

**Non-compliant shifts** – No ward was left without qualified nursing cover during June;

## Q23b - Safer Staffing: Inpatient Services – June 2017

## Fill rate indicator return

### Staffing: Nursing, midwifery and care staff

Ward name	Main 2 Specialties on each ward	Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Fern	710 - ADULT MENTAL ILLNESS	900	1042.5	900	682.5	279	288.3	558	837	115.8%	75.8%	103.3%	150.0%
Heather	710 - ADULT MENTAL ILLNESS	1125	1117.5	837	762.6	279	334.8	837	762.6	99.3%	91.1%	120.0%	91.1%
Bracken	710 - ADULT MENTAL ILLNESS	900	795	1350	1342.5	279	279	837	809.1	88.3%	99.4%	100.0%	96.7%
Ashbrook	710 - ADULT MENTAL ILLNESS	900	810	1350	1717.5	279	288.3	837	1106.7	90.0%	127.2%	103.3%	132.2%
Maplebeck	710 - ADULT MENTAL ILLNESS	900	765	1350	1162.5	279	279	837	837	85.0%	86.1%	100.0%	100.0%
Oakburn	710 - ADULT MENTAL ILLNESS	900	885	1350	1155	279	297.6	837	818.4	98.3%	85.6%	106.7%	97.8%
Baildon	710 - ADULT MENTAL ILLNESS	900	817.5	900	907.5	279	279	558	576.6	90.8%	100.8%	100.0%	103.3%
Ilkley	710 - ADULT MENTAL ILLNESS	675	622.5	900	922.5	279	279	558	558	92.2%	102.5%	100.0%	100.0%
Thomton	710 - ADULT MENTAL ILLNESS	900	862.5	1350	1432.5	279	279	837	939.3	95.8%	106.1%	100.0%	112.2%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	900	885	1800	2280	279	279	837	1311.3	98.3%	126.7%	100.0%	156.7%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	900	930	1800	2670	279	279	1116	1925.1	103.3%	148.3%	100.0%	172.5%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	450	450	675	660	279	279	558	474.3	100.0%	97.8%	100.0%	85.0%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	900	855	3600	3525	558	474.3	1953	2297.1	95.0%	97.9%	85.0%	117.6%

### 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	N
Q15	Meet Commissioning for Quality and Innovation (CQUINs) – current quarter (quarter 1)	Y
Q32	No Complaints to Information Commissioners Office (ICO)	Y
Q33	No Information Governance Serious Incidents (STEIS)	Y
Q34	Maintain Mixed sex accommodation status	Y
Q35	Meet Dental Referral To Treatment within 52 weeks	Y
Q37	Maintain Publication of the Formulary on Provider's website	Y
Q38a	Meet duty of candour requirement to notify the relevant person of a suspected or actual reportable patient safety incident	Y
Q38b	Number of duty of candour incidents	0

## Directors Business &amp; Transformation Programme Monthly Summary

Mar-17

Apr-17

May-17

Jun-17

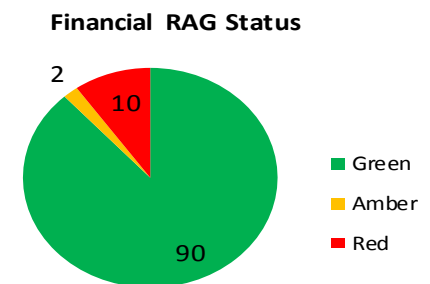
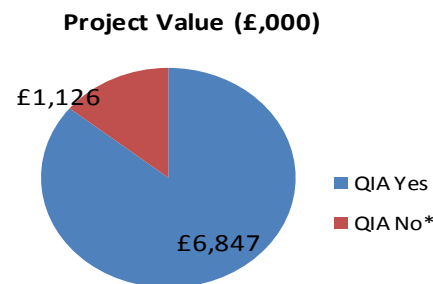
The purpose of the Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

The 2017/18 programme is providing governance, and assurance for 8 transformation projects delivering significant service transformation. In addition there are 60 corporate transactional Cost Improvement savings being monitored across the Trust. The scale of these savings and change activities required is expected to deliver budget reductions totaling £7.975m during 2017/18 to achieve the Trust objectives to become financially sustainable and digitally capable.

In month 3 the overall programme is rated red, despite the improvement in forecast from month 2 and further quality impact assessments of £1m of savings. The red rating is due to a £561k current forecasted shortfall and £1m+ scoped schemes having incomplete delivery plans or not been quality impact assessed. There is a £500k high risk reserve covering this balance. Given the scale of transformation and thorough planning and engagement with stakeholders the project initiation and plans have required some re modelling.

1. **Corporate Benchmarking – Planned savings now to achieve £120k saving reduced from £290k, all quality impact assessed**
2. **Roster savings – Paused by EMT following feedback from other Trusts, pending further investigation**
3. **Mental Health Acute & Community – Transformation programme underway but still expecting financial shortfall**
4. **Trust Procurement – Work underway to deliver savings but 50% risk flagged due to further stretch target**
5. **Adult Physical Health - Non recurrent funding put forward to mitigate and all on track**
6. **Estates and Facilities - Plan partially approved at Quality Impact Assessment and planning underway at a number of key sites**
7. **Specialist Inpatients, Dental, Admin – Plan now QIA'd but work still to review skill mix and clinical management reductions**
8. **Children's 2017/18 – Both Bradford and Wakefield on track**
9. **Corporate Schemes – All on track bar proposed HR reductions subject to re-review with some schemes rejected at QIA Panel**

All Service Areas	Number of Schemes	Value (£,000)
QIA Yes	85	£ 6,847
QIA No*	17	£ 1,126
<b>Total Schemes</b>	<b>102</b>	<b>£ 7,973</b>
<b>Financial RAG Status</b>	<b>Green</b>	90
	<b>Amber</b>	2
	<b>Red</b>	10
	<b>Total Scemes</b>	102



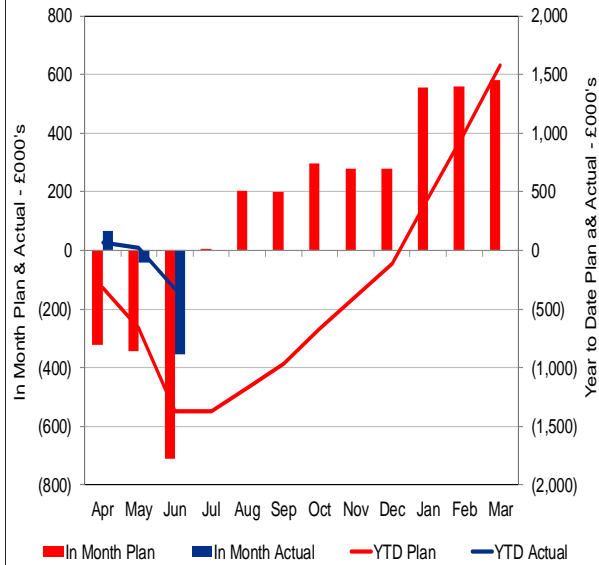
\* note - "QIA No" includes those with partial QIA



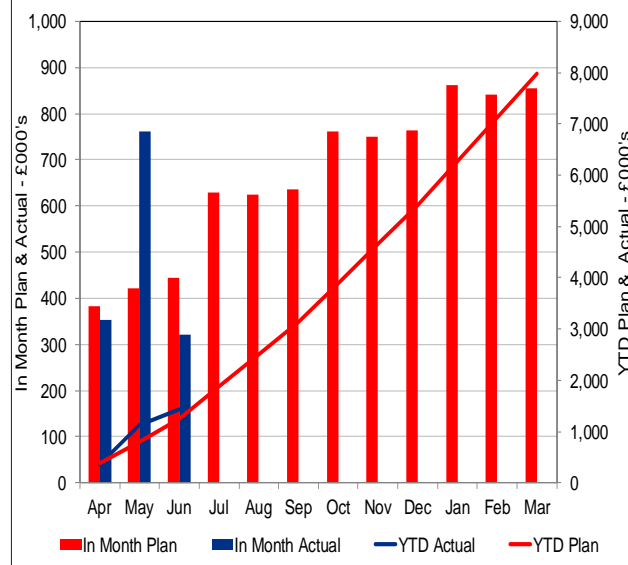
## Finance Key Measures

£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Net Surplus/(Deficit)	(1,375)	(331)	1,044	●	1,578	1,578		●
Technical Adjustments				●				●
Performance against the Control Total	(1,375)	(331)	1,044	●	1,578	1,578		●
CIPs (before High Risk Reserve)	1,249	1,437	188	●	7,973	7,412	(561)	●
Capital Expenditure	698	305	393	●	3,528	3,528		●
Cash Balance	10,681	14,235	3,554	●	11,485	11,485		●
Use of Resources	3	2	1	●	1	1		●

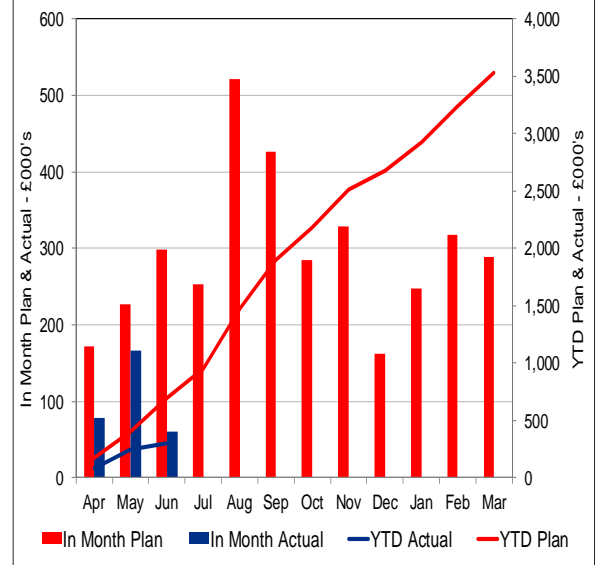
### Control Total Performance



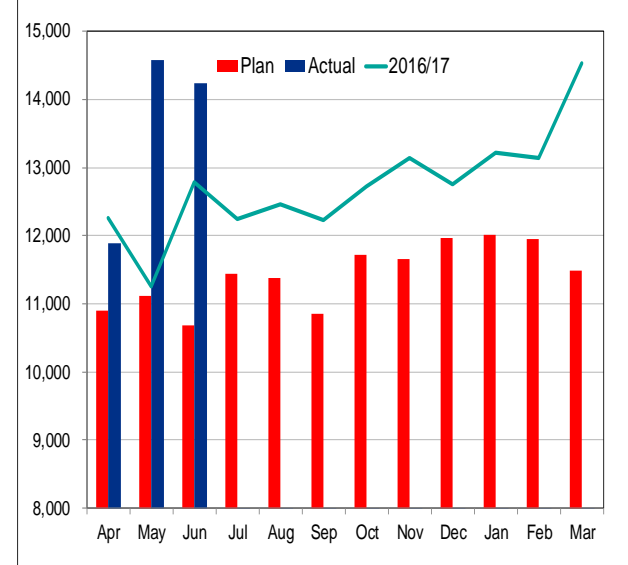
### Cost Improvement Programmes



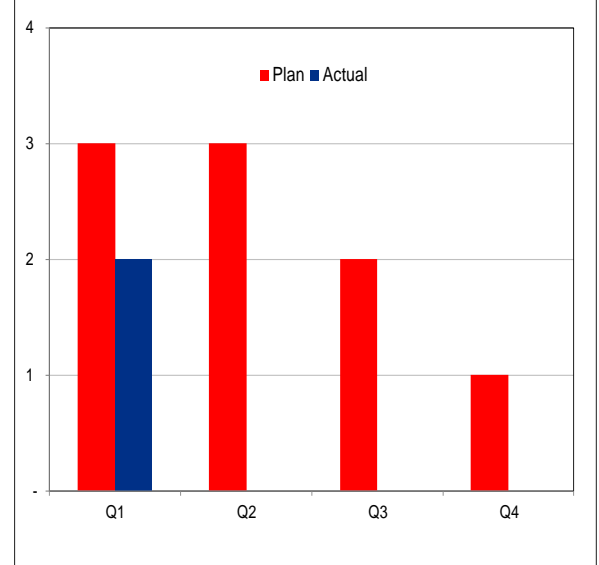
### Capital Expenditure



### In Month Cash Balances



### Quarterly Use of Resources



Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	YTD RAG	Change in month
Total Agency Expenditure Cap in Month	149	● Deterioration	
Medical Agency Expenditure Cap in Month	(116)	● Deterioration	
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	YTD RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	1.84%	● Deterioration	
Qualified Nursing Expenditure Cap - YTD	1.65%	● Improvement	
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	YTD RAG	Change in month
Price Cap Breaches in Month - Medical	162	● Decrease	
Wage Cap Breaches in Month - Medical	160	● Decrease	
Price Cap Breaches in Month - Non Medical	0	● Same	
Wage Cap Breaches in Month - Non Medical	0	● Same	
Workforce KPIs - Average cost per WTE	£000's	YTD RAG	Change in month
Average cost per WTE	39	● Decrease	

## Trust CIP Exceptions and Substitutions

QIA RAG Status	Year to Date - £000's			Forecast Outturn - £000's		
	Plan	Actual	Variance (Adv)/Fav	Plan	Actual	Variance (Adv)/Fav
Green	1,238	1,284	46	6,614	6,023	(591)
Amber	3	14	11	233	210	(23)
Red/Blue	8	15	7	1,126	583	(544)
Mitigations	0	124	124	0	596	596
<b>Total CIPs</b>	<b>1,249</b>	<b>1,437</b>	<b>188</b>	<b>7,973</b>	<b>7,412</b>	<b>(561)</b>
High Risk Reserves	(416)		416	(500)		500
<b>Total CIPs net of Reserves</b>	<b>833</b>	<b>1,437</b>	<b>604</b>	<b>7,473</b>	<b>7,412</b>	<b>(61)</b>

### Reason for Variance & Mitigating Actions

Of the £1,126k planned Red/Blue CIP schemes

- £193k APHCS and Risk plans are still to be developed
- £281k has been planned for QIA review in August (Lower quartile - Estates & Facilities)
- £51k in relation to the Wakefield Vaccs & Imms Contract to be QIA'd on the 19<sup>th</sup> July
- £319k currently on hold pending EMT decision (Roster savings)
- £155k have been presented to QIA panel on the 13<sup>th</sup> July, not approved. Further work has been requested for the August QIA panel
- £127k schemes currently being finalised (Interpreting and Airedale Supplies)

## Assurance Reports from Committee Chairs

- **Finance, Business and Investment Committee** – this Committee is next meeting on Wednesday, 26 July. A verbal update of key assurances and exceptions will be provided at the Board meeting
- **Quality and Safety Committee** - this Committee will next meet on Friday, 4 August
- **Mental Health Legislation Committee** – this Committee will be meeting on Thursday, 20 July. A verbal update of key assurances and exceptions will be provided at the Board meeting
- **Audit Committee** – this Committee will next meet on Monday, 4 September
- **Charitable Funds** - this Committee will next meet on Monday, 4 September