

Board Integrated Performance Report

26 October 2017

September 2017 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Use of Resources



Agenda item: 14

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 Information	<ul style="list-style-type: none"> NHS Improvement indicators have been met for September 2017/quarter 2, for those indicators where final data is available. In September, the Board considered NHS Improvement's proposed updates to the Single Oversight Framework (SOF), including changes to some of the operational performance metrics. The Integrated Performance Report will be amended to reflect the updated SOF when the final Framework is published. 	4 - 5
Quality		
Information Exceptions	<ul style="list-style-type: none"> In line with the reporting cycle, summary data only is provided this month. Full data and narrative is provided quarterly. The Trust's current internal forecast is that three of the 13 Commissioning for Quality and Innovation (CQUIN) indicators will not be fully met. This is consistent with the internal forecast at quarter 1. The slides outline the actions being taken. All CQUIN indicators are considered by the Quality and Safety Committee quarterly. There has been one information governance serious incident reported on STEIS. This concerns the loss of paper documentation of children in Year 6 primary schools relating to the national child measurement programme data. There was one duty of candour incident in September 2017. A patient did not have their medication administered whilst on leave from hospital and was returned from leave due to deterioration in mental state, possibly as a result. 	8 - 9 14 14
Business Unit		
Information	<ul style="list-style-type: none"> The Performance Report has been produced in advance of the scheduled reviews of business unit performance. The Board will receive a verbal update regarding any additional issues identified for escalation. 	
Change Programme		
Exceptions	<ul style="list-style-type: none"> 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"> Three are rated red (roster savings; specialist inpatients, dental & administration; procurement) Two are rated amber (corporate benchmarking; mental health acute and community) Three are rated green (adult physical health; estates and facilities; children's services). 	15

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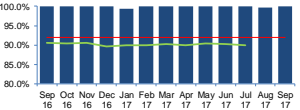
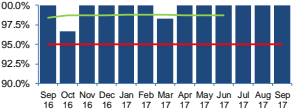
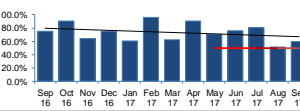
Board Action	Key Highlights	Slides
Finance		
Assurance	<ul style="list-style-type: none"> • Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position: With a year to date surplus of £893k performance is £1,863k ahead of the planned deficit of £970k. This is expected to provide mitigation for CQUIN and Cost Improvement Plan risks that are profiled in the latter part of the financial year. CIP delivery remains challenging and the Finance Business & Investment Committee (FBIC) is ensuring ongoing regular focus on schemes that require substitution. The majority of operational pay under spending at month 6 is assessed to be non recurrent as a consequence of recruitment activities, forward cost improvements and an increase in medical locum costs. The Trust forecasts meeting a 2017/18 Control Total of £826k surplus which would provide access to £752k Sustainability and Transformation Funding (STF) and deliver a £1,578k composite surplus. The executive team agreed to retain a number of financial controls during 2017/18 to provide headroom to mitigate in-year financial risks. • Cash: Balances are £4.8m above plan reflecting favourable Control Total performance, receipt of bonus 2016/17 STF and NHS Property Services cash flows, supplemented by capital slippage. We project delivering an end of year cash balance of £14m compared to a plan of £11.5m. The £2.5m favourable movement reflects 2016/17 STF cash flows of £1.6m and a forecast receipt from surplus asset disposals, neither of which were assumed in the plan. • Use of Resources (UoR): The actual at month 6 is '1' which is better than the '3' planned and is largely driven by favourable Control Total Performance. 	16-18
Exceptions	<ul style="list-style-type: none"> • CIPs: Performance is £108k ahead of plan at month 6 taking into account in-year substitutions but forecast to be £284k below plan. After allocating the £500k high risk CIP reserve the forecast would equate to £216k above plan. Work continues on a monthly basis to review delivery risks and identify in-year and recurrent substitutions. • Workforce – Agency Controls: All agency expenditure caps except the one for medical staff have been achieved in month 6. The medical was exceeded by £41k in month; and by £169k year to date. There were 205 price cap and 210 wage cap breaches at the end of September (4 week month) all shifts related to medical locums. • Capital: Capital expenditure was £805k lower than plan in month, driven by under spending in both IM&T and Estates. The capital programme has been re-prioritised to accommodate in year pressures and is fully committed. Informatics Board has been asked to provide assurance to the Capital Planning & Investment Group in relation to in-year delivery risks and the FBIC will review capital planning processes and prioritisation in October as part of 2018/19 Plan assurance activities. 	

Summary and Recommendations




Overall the report shows good performance in September 2017 and quarter 2. Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health and 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.

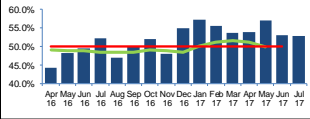
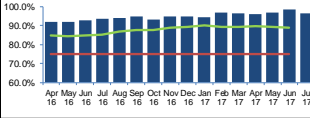

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q3 16/17	Q4 16/17	Q1 17/18	Jul	Aug	Sep	Q2 17/18	Q2 17/18	Q2 17/18	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%	99.7%	100.0%	1070	1071	99.9%	89.9% as of July 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%	162	162	100.0%	98.7% as of Q1 - 17/18 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%	75.3%	69.5%	78.0%	80.6%	51.5%	60.0%	60	94	63.8%		
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 September 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of September 2017 was 40; 28 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	Q3 16/17	Q4 16/17	Q1 17/18	Jul	Aug	Sep	Q2 17/18	Q2 17/18	Q2 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%	97.8% as of June 2017							98.0% June 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%	51.8%	54.9%	54.9%	52.8% (Provisional)	52.0% (Provisional)					50.9% as of June 17: Next publication date 24/10/17	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	94.4%	96.4%	97.4%	96.6% (Provisional)	94.6% (Provisional)					88.8% as at June 17 Next publication date: 24/10/17	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	99.3%	99.2%	100.0%	99.3% (Provisional)	99.3% (Provisional)					99.0% as at June 17 Next publication date: 24/10/17	

Indicator M20a: This Mental Health Services Data Set (MHSDS) data completeness indicator comprises NHS number, date of birth, postcode, gender, GP and commissioner. Data has been provided based on internal calculations from the MHSDS.

Indicators M20a and M20b: NHS Improvement is proposing amendment of this metric, as it is not supported by NHS Digital. NHS Improvement proposes using the Data Quality Maturity Index – Mental Health Services Data Set (MHSDS) Data Score, which is published by NHS Digital.

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	Q3 16/17	Q4 16/17	Q1 17/78	Q2 17/78	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	Total A&E attendances		14,772	15,053	16,506	16,533	5,124	4,765	4,723	4,852	4,585	5335	4,996	4,577	5,480	5,318	5,764	5,424	5,770	5,225	5,538
	Total attendances within 4 hours		13,180	13,840	15,528	15,546	4,628	4,232	4,314	4,375	4,164	4641	4,416	4,323	5,101	4,960	5,403	5,165	5,519	4,868	5,159
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	89.2%	91.9%	94.1%	94.0%	90.3%	88.8%	91.3%	90.2%	90.8%	90.1%	88.4%	94.5%	93.1%	93.3%	93.7%	95.2%	95.6%	93.2%	93.2%
Bradford Teaching Hospitals NHS Foundation Trust																					
	Total A&E attendances		34,435	32,411	34,084	34,928	11,926	10,849	11,070	11,514	11,184	11,737	11,080	9,969	11,362	11,105	12,000	10,979	11,808	10,879	12,241
	Total attendances within 4 hours		28,941	29,091	28,031	30,825	10,714	9,774	9,762	9,792	9,516	9,633	9,612	8,981	10,498	9,709	9,825	8,497	10,405	9,611	10,809
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	84.0%	89.8%	82.2%	88.3%	89.8%	90.1%	88.2%	85.0%	85.1%	82.1%	86.8%	90.1%	92.4%	87.4%	81.9%	86.3%	88.1%	88.3%	88.3%

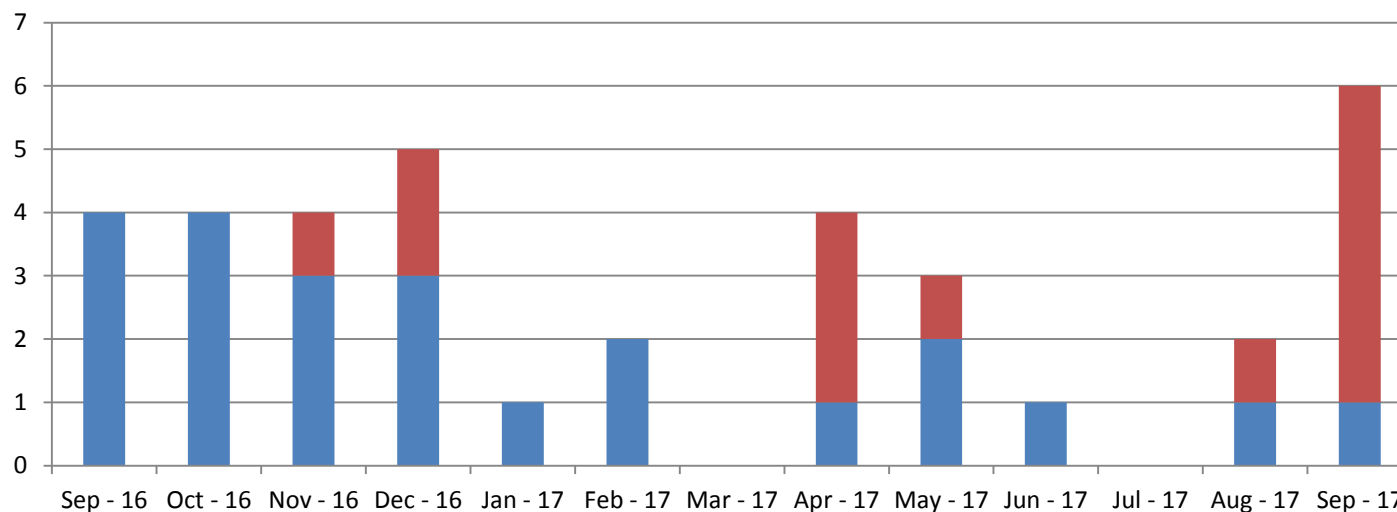
Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust performance against the national standard for Accident and Emergency (A&E) waits is provided to the Board for information. The Trust contributes to delivery of the target through a range of services and interventions. 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.

The two local Accountable Care Programme Boards have been asked to provide assurance about the adequacy and timeliness of the 9 point action plan for A&E across health and social care.

Serious Incident Numbers

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



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

Number	Area	Serious Incident Other consists of :
1	Previously inpatient on Maplebeck Ward. Referral made to First Response and CMHT but not under services at time of incident	Suspected homicide
1	Children & Families Team and Clinical Admin Services	Information governance incident
1	LMH Ward: Ashbrook	Allegations of abuse
1	CMHT - Adult (Craven)	Unexpected death
1	Dementia Assessment Unit	Standard of care

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 now 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 - £0.5m;
- 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 - £0.4m.

All milestones for quarter 1 were delivered and £240k income achieved. Following submission of evidence about how the Trust is supporting and engaging in local STP initiatives, the Trust has also secured the £0.5m related to Sustainability and Transformation plans. The following tables only report on the milestones where the Trust's current internal forecast is that requirements may not be fully delivered. The Trust's financial plan includes a small reserve to offset this potential 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"> • 9a) Does your organisation take positive action on health and wellbeing? • 9b) In the last 12 months have you experienced musculoskeletal problems as a result of your work? • 9c) During the 12 months have you felt unwell as a result of work related stress? 	All	£38k				F
<p>Issue: due to the extensive work undertaken regarding staff health and wellbeing, we are forecasting that the target for 9a should be achievable however our staff survey results for 9b and 9c have not reflected the same level of improvement.</p> <p>Actions: We have just participated in a national exercise undertaken by NHS England - evaluating our health and wellbeing initiatives. The results will identify best practice and this will be shared in due course.</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
4. Improving services for people with mental health needs who present at A&E	Successful delivery of the CQUIN requires partnership working and joint governance between CCGs, acute providers, mental health providers and other key local partners to achieve an improved service for people with mental health and psychosocial needs who present at A&E.	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	MH Acute & community services	£65k	A	F	F	F
	<p>Issue: Whilst a selected cohort of patients, who were frequent attenders at A&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&E attendances will be met.</p> <p>Actions: 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. Performance for the first 6 months of the year will be reviewed at the end of October and the RAG rating revised accordingly.</p>							
8b. Supporting proactive and safe discharge	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 Q4 <ul style="list-style-type: none"> 2.5% increase from baseline in number of patients discharged to usual place of residence, or 47.5% of patients discharged to usual place of residence 	Adult Physical Health	£65k		F		F
	<p>Issue: Reliance on whole system change, namely ANHSFT, BTHFT and care homes to achieve an increase in patients aged 65+, admitted non electively with a LOS of >2 days being discharged to their usual place of residence within 3 to 7 days.</p> <p>Actions: Baselines have been established: ANHSFT = 39.02%, BTHFT = 47% and a joint working group has been established between ANHSFT, BTHFT and BDCFT, linking with the CCGs' Senior Clinical Quality Manager regarding care home engagement. Performance will continue to be monitored on a monthly basis, with a review at the end of October of the impact of the interventions that have been implemented.</p>							

A = Actual F = Forecast

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	7785	86.41%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	98.46%	95.00%	2387	2616	91.25%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	96.51%	95.00%	426	469	90.83%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	98.28%	95.00%	2813	3085	91.18%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	2153	2610	82.49%		

Graph Key

Measure	
Target	
Trend	

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%	10.0%	11.52%		
Q20	% Sickness absence rate	5.12%	4.0%	4.92%	Short term: 1.47% Long term: 3.45%	
Q21a	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	7.17%	10.0%	9.24%		
Q21b	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)		10.0%	8.84%		

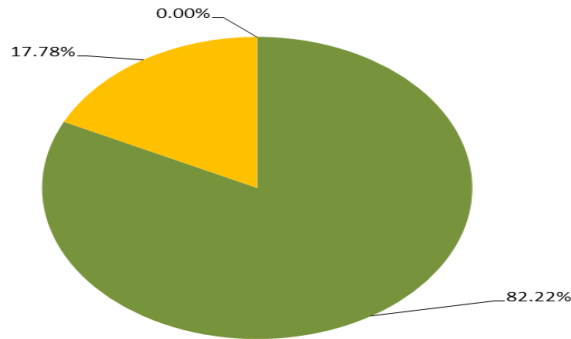
Indicator Q21a – The significant increase in vacancy rate from previous months' figures is due to a change in calculation. From September 2017, any cost centres that relate to development monies have been excluded. This provides a more accurate recording of actual vacancies.

Graph Key			
Measure		Long term sickness threshold (2.5%)	
Target		Short term sickness threshold (1.5%)	
Trend			

Q23a - Safer Staffing: Inpatient Services

Staffing Level Compliance

Exact/ Over Compliance Under Compliance Non Compliance



	No. shifts
Exact/ Over Compliance	1826
Under Compliance	395
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. The process of permanent recruitment is however, currently underway (76 posts – of which 26 are qualified nursing posts) with 15 confirmed starters in September, and 11 in October 2017.

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 re-distribute staff across services as required. Redeployment of staff is now recorded in the system to provide audit trail.
- The SafeCare module is currently being configured with the Keith Hurst Acuity model with roll-out to the acute mental health wards expected in the next month. The pilot on DAU using an acuity model developed internally (aligned to MH Patient Clustering) has been run in September with analysis of usage expected in October.
- Full programme of recruitment fayres (including Dublin) being attended in next 12 months. DAU are inducting 12 volunteers in Sept 2017 and will report on progress with this initiative at Q&S early in 2018.
- Ongoing proactive work with universities to recruit newly qualified nurses, along with a review of the preceptorship programme, Additional MH nurse training placements (increase to 36) also available this year.

Narrative on data extracts regarding staffing levels on 13 wards during September 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 September remain attributed to Ashbrook, Dementia Assessment Unit (DAU), Assessment & Treatment Unit and Clover (PICU) wards due to the acuity (complexity of need) and the requirement for skill mix within the units. 46% (3% decrease from July) of all shifts worked were bank or agency filled, with 87% of these shifts requesting unregistered staff. The main reason for bank and agency is due to Vacancy and recorded at 46% (2% decrease from August), with hotspot areas remaining as DAU, Thornton, Bracken and Ashbrook. Work is also being undertaken to review shifts currently being recorded as Specialising, in order to break down further to identify the shifts that should be recorded as Escorting, in order to obtain a truer picture of specialising requirements.

Under compliant shifts - There were 50 incidents reported relating to staffing shortages in September 2017 (a decrease of 6 from the previous month), the majority of these remain in Specialist inpatient services, due to acuity of need and difficulty in providing cover. Sickness levels also remain high with 18% of bank and agency bookings being attributed to long term sickness. The Trust is currently part of a NHS Improvement 90 Day Rapid Improvement Collaboration on eRostering. The aim of the programme is to collaborate with the cohort of 22 other trusts to identify efficiency challenges and then apply improvements to rostering processes over a 90 day cycle. The Trust is focusing on reviewing roster rules, monitoring and reducing unused contracted hours and working closely with the wards to initiate cultural changes to ensure autorostering is optimised across all areas. Medium term actions within the plan include; roll-out and embedding of the SafeCare module, change from 4 week to 8 week rosters to initiate longer term planning; and modelling different shift times/ patterns for potential pilot in the new year.

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

Q23b - Safer Staffing: Inpatient Services

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	892.5	870	907.5	855	279	279	558	846.3	97.5%	94.2%	100.0%	151.7%
Heather	710 - ADULT MENTAL ILLNESS	1117.5	1042.5	1132.5	1335	279	297.6	837	1162.5	93.3%	117.9%	106.7%	138.9%
Bracken	710 - ADULT MENTAL ILLNESS	930	817.5	1320	1080	279	269.7	837	827.7	87.9%	81.8%	96.7%	98.9%
Ashbrook	710 - ADULT MENTAL ILLNESS	900	885	1350	1807.5	279	269.7	837	1255.5	98.3%	133.9%	96.7%	150.0%
Maplebeck	710 - ADULT MENTAL ILLNESS	900	652.5	1350	960	279	267.7	837	837	72.5%	71.1%	95.9%	100.0%
Oakburn	710 - ADULT MENTAL ILLNESS	907.5	810	1342.5	1237.5	279	306.9	837	911.4	89.3%	92.2%	110.0%	108.9%
Baildon	710 - ADULT MENTAL ILLNESS	900	907.5	1125	1080	279	279	558	558	100.8%	96.0%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	900	675	1125	1095	279	279	558	548.7	75.0%	97.3%	100.0%	98.3%
Thornton	710 - ADULT MENTAL ILLNESS	1132.5	1065	2017.5	1702.5	279	279	837	837	94.0%	84.4%	100.0%	100.0%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	922.5	765	1627.5	2010	279	288.3	837	1088.1	82.9%	123.5%	103.3%	130.0%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	900	750	1800	3030	279	297.6	1116	2064.6	83.3%	168.3%	106.7%	185.0%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	472.5	450	660	622.5	279	279	548.7	279	95.2%	94.3%	100.0%	50.8%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	900	870	2730	5025	558	511.5	1413.6	3403.8	96.7%	184.1%	91.7%	240.8%

Quality Assurance

Indicator Number	Target	Target met this month Yes/No
Q5	Never Events	Yes
Q7	Meet Central Alert System (CAS) timelines	Yes
Q10	No MRSA bacteraemia cases	Yes
Yes	No Methicillin sensitive staphylococcus aureus (MSSA) bacteraemia cases	Yes
Q12	No Clostridium difficile (C.diff) cases	Yes
Q15	Meet Commissioning for Quality and Innovation (CQUINs) – current quarter (quarter 2)	Yes
Q32	No Complaints to Information Commissioners Office (ICO)	Yes
Q33	No Information Governance Serious Incidents (STEIS)	No
Q34	Maintain Mixed sex accommodation status	Yes
Q35	Meet Dental Referral To Treatment within 52 weeks	Yes
Q37	Maintain Publication of the Formulary on Provider's website	Yes
Q38a	Meet duty of candour requirement to notify the relevant person of a suspected or actual reportable patient safety incident	Yes
Q38b	Number of duty of candour incidents	1

Directors Business & Transformation Programme Monthly Summary

Overall Programme Summary

Jun-17

Jul-17

Aug-17

Sep-17

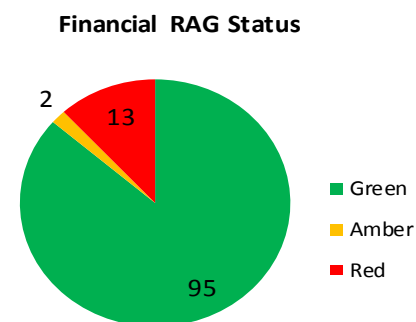
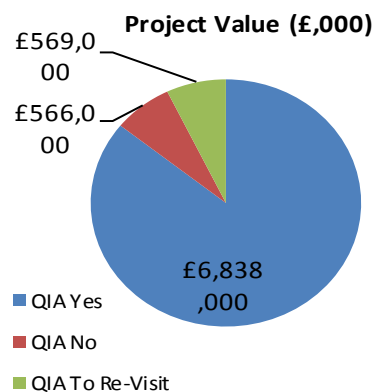
The purpose of Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

The 2017/18 programme is providing governance, and assurance for 8 transformation projects delivering significant service transformation. In addition there are 60 corporate transactional savings being monitored across the Trust. The scale of these savings and change activities required is expected to deliver budget reductions totaling £7.973m during 2017/18.

In month 6 the overall programme is rated Red, due to concern over recurrent savings, and the £284k forecasted shortfall. There are £566k of savings with no Quality Impact delivery plan, with another £569k requiring re submission.

1. ⇔ **Corporate Benchmarking – Planned savings still forecast as £186k in year, long term recurrent plans still to be developed**
2. ⇔ **Roster Savings – Paused by EMT following feedback from other Trusts, pending further investigation and pilot outcome**
3. ↓ **Mental Health Acute & Community – Still showing strong financial position although slight slippage to last month. Ongoing work on rostering optimisation and discharge criteria, supported by new live Ward Dashboard information**
4. ⇔ **Trust Procurement – £219k shortfall forecast. However the procurement team is identifying opportunities to fully achieve including use of national Procurement Price Index Benchmarking data now accessible to community and mental health trusts**
5. ⇔ **Adult Physical Health - Non recurrent funding put forward to mitigate, with all currently on track**
6. ⇔ **Estates and Facilities - Savings on track with Quality Impact Assessment of food services planned for October**
7. ↓ **Specialist Inpatients, Dental & Admin – Position worsened to last month with higher agency spend and increase in sickness**
8. ⇔ **Children's 2017/18 – Both Bradford and Wakefield savings on track**
9. ⇔ **Corporate Transactional Schemes – All on track except proposed change to interpreting service which is being reviewed**

All Service Areas	Number of Schemes	Value (£,000)
QIA Yes	95	£ 6,838,000
QIA No	7	£ 566,000
QIA To Re-Visit	5	£ 569,000
Total Schemes	107	£ 7,973,000
Financial RAG Status	Green	95
	Amber	2
	Red	13
	Total Scemes	107



Finance Key Measures

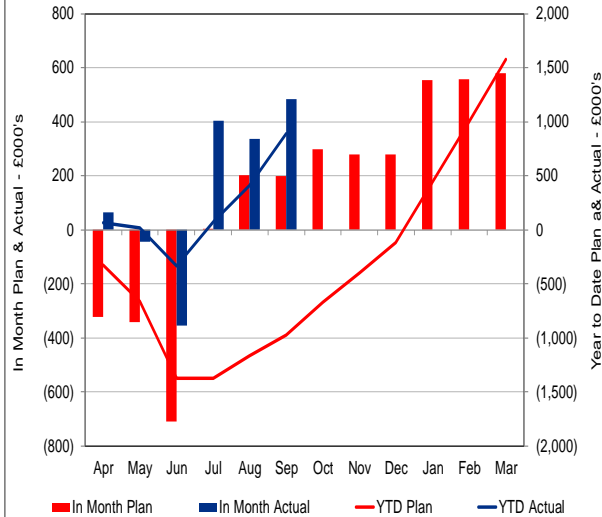
£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Net Surplus/(Deficit)	(970)	893	1,863	●	1,578	1,578		●
Technical Adjustments				●				●
Performance against the Control Total	(970)	893	1,863	●	1,578	1,578		●
CIPs (before High Risk Reserve)	3,140	3,248	108	●	7,973	7,690	(284)	●
Capital Expenditure	1,898	1,093	805	●	3,528	3,528		●
Cash Balance	10,847	15,681	4,834	●	11,485	14,000	2,515	●
Use of Resources	3	1	2	●	1	1		●

●	Favourable variance
●	Adverse variance under £100k or 10%
●	Adverse variance £100k or 10% or greater

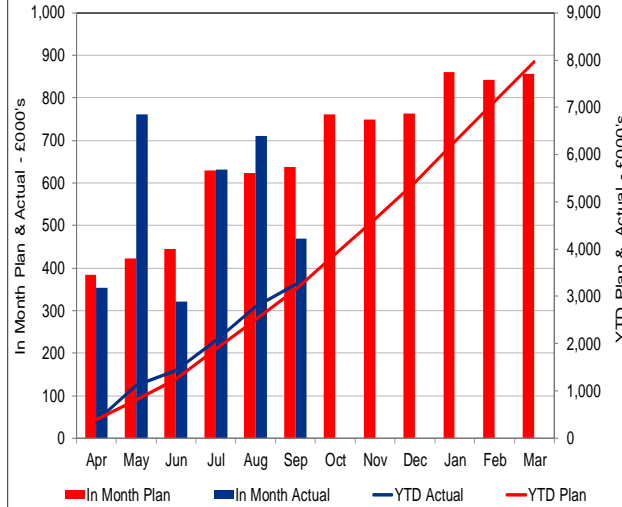
Note for RAG for CIPs – 10% variance is Amber, over 10% is Red

After taking into account the high risk CIP reserve performance is £108k ahead of plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to FBIC scrutiny.

Control Total Performance

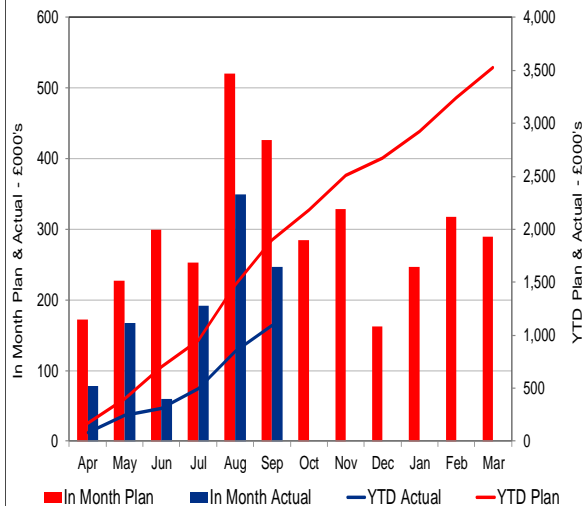


Cost Improvement Programmes

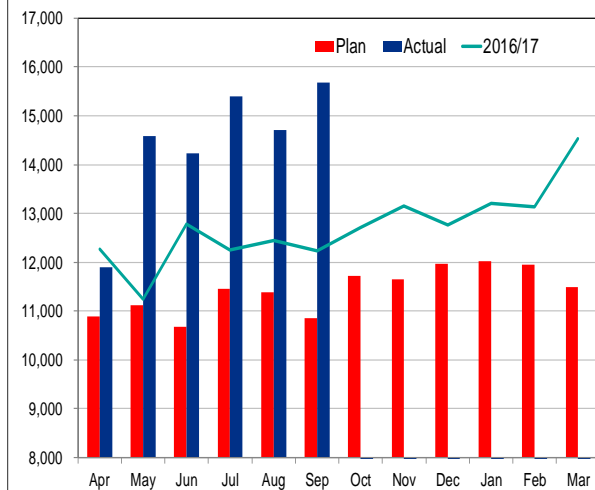


Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	208	●	Improvement
Medical Agency Expenditure Cap in Month	(41)	●	Improvement
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	1.43%	●	Improvement
Qualified Nursing Expenditure Cap - YTD	1.54%	●	Deterioration
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	205	●	Increase
Wage Cap Breaches in Month - Medical	210	●	Increase
Price Cap Breaches in Month - Non Medical	0	●	No change
Wage Cap Breaches in Month - Non Medical	0	●	No change
Workforce KPIs - Average cost per WTE	£000's	RAG	Change in month
Average cost per WTE	36	●	Decrease

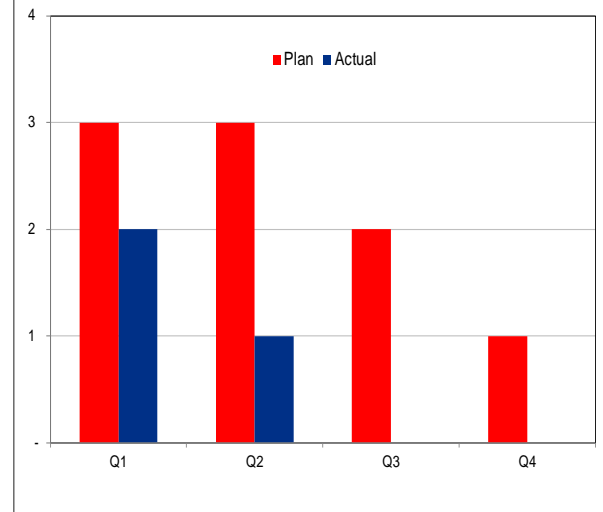
Capital Expenditure



In Month Cash Balances



Quarterly Use of Resources



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	2,974	2,805	(169)	6,840	6,318	(522)
Amber	6	49	43	233	210	(23)
Red/Blue	160	97	(62)	900	376	(523)
Mitigations	0	297	297	0	785	785
Total CIPs	3,140	3,248	108	7,973	7,690	(284)
High Risk Reserves	(500)		500	(500)		500
Total CIPs net of Reserves	2,640	3,248	608	7,473	7,690	216

Reason for Variance & Mitigating Actions

The year to date position for CIP plans at month 6 is a £108k over recovery against plan, with a forecast shortfall of £284k, before applying the high risk CIP reserve.

The forecast reflects projected shortfalls against a number of schemes, including:

- Agency and skill mix schemes in Specialist Inpatient and Mental Health services are reporting a shortfall in delivery mainly due to the high level of in year observation costs associated with patient acuity
- Roster plans that have been paused. Activities linked to a 90 day NHS Improvement rapid improvement programme are scheduled in the final quarter to support the Trust to scope and test roster changes
- Procurement stretch target – the prudent forecast risk reflects run rate efficiencies however the procurement team is focused on identifying opportunities to fully achieve including use of national Procurement Price Index Benchmarking (PPIB) data now accessible to community and mental health trusts through a licence with NHS Improvement
- Human Resources slippage on structure savings in year, which will be delivered in full from 2018/19
- Interpreting savings from telephone slots have been eroded as a result of increased service volume

In year substitutions are providing a short term mitigation for slippage, along with the High Risk CIP Reserve. The FBIC received a paper in October outlining recurrent mitigations. These suggest a recurrent shortfall of £53k at present subject to key inpatient area assumptions. Work continues to address this shortfall and continue to review overall delivery risks as part of the 2018/19 financial plan work programme.

Assurance Reports from Committee Chairs

Meeting and Assurance Report Dates

- **Mental Health Legislation Committee**, 19 October 2017 – update to be provided at the Board meeting.
- **Finance, Business and Investment Committee**, 25 October 2017 – update to be provided at the Board meeting.
- **Quality and Safety Committee** – the next meeting is scheduled to take place on 17 November 2017.
- **Audit Committee** – the next meeting is scheduled to take place on 27 November 2017.