

Board Integrated Performance Report

30 November 2017

October 2017 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Use of Resources



Agenda item: 12

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 October 2017, for those indicators where final data is available. On 13 November, NHS Improvement published the updated Single Oversight Framework (SOF). The changes to the operational performance metrics are as per NHS Improvement's proposed changes that were considered by the Board in September. The Integrated Performance Report will be amended to reflect the updated SOF for the December Board meeting (November 2017 data). 	4 - 5
Quality		
Information Exceptions	<ul style="list-style-type: none"> In line with the Integrated Performance Reporting cycle, full data and narrative is provided to support the Board's focus on quality. There were two duty of candour incidents in October 2017. One incident concerned a service user who took an overdose of paracetamol whilst on unauthorised leave from an inpatient ward. The second incident concerned a service user who had self harmed: the initial review identified some gaps in management of risk. 	21
Business Unit		
Information	<ul style="list-style-type: none"> The Performance Report has been produced in advance of the scheduled business unit performance meetings. 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). 	22

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Board Action	Key Highlights	Slides
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Finance

Assurance	<ul style="list-style-type: none"> • Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position: With a year to date surplus of £1,203k performance is £1,876k ahead of the planned deficit of £673k and provides 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 7 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 to access £752k Sustainability and Transformation Funding (STF) and deliver a £1,578k composite surplus. The key focus now is on planning for 2018/19 where the position appears extremely challenging as a result of Public Health funded contract reductions, de-commissioning and unfunded pay awards, Trust cost pressures and uncertainty relating to the procurement of Community Dental Services. • Cash: Balances are £4.2m 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 (plan £11.5m). The £2.5m favourable movement reflects the prior year STF of £1.6m and a receipt (in November) from surplus asset disposals. Neither were assumed in the plan. • Use of Resources (UoR): The actual at Month 7 is '1' which is better than the '2' planned and is largely driven by favourable Control Total Performance. • CIPs: CIPs have over achieved by £69k YTD but forecast to under achieve by £420k (before high risk reserve). The recurrent CIP gap that will be brought forward into 2018/19 is £71k. • Workforce – Agency Controls: All agency expenditure caps except the one for medical staff have been achieved in M07. The medical was exceeded by £29k in month; and by £198k year to date. There were 273 price cap and wage cap breaches at the end of October (5 week month) all shifts related to medical locums. • Capital: Capital expenditure was £471k lower than plan year to date, 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. 	23 - 26
Exceptions		

Summary and Recommendations

Overall the report shows good performance in October 2017. 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.


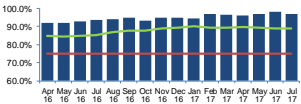
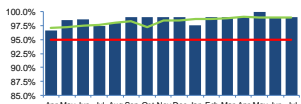
Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q4 16/17 Outturn	Q1 16/17 Outturn	Q2 17/18 Outturn	Oct	Nov	Dec	Q3 17/18 Numerator Outturn	Q3 17/18 Denominator Outturn	Q3 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%			328	328	100.0%	89.1% as of Sep 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%			65	65	100.0%	98.6% as of Q2 - 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%	77.5%			31	40	77.5%		
M19	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:												
	a) Inpatient Wards	90.0%			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 October 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of October 2017 was 42; 26 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	Q4 16/17 Outturn	Q1 16/17 Outturn	Q2 17/18 Outturn	Oct	Nov	Dec	Q3 17/18 Numerator Outturn	Q3 17/18 Denominator Outturn	Q3 17/18 Outturn	National Benchmark	Graph
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.5%	99.5%	99.5% of Jul 17							98.1% Jul 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%	50.0% (Sept Provisional)							50.4% as of Jul 17: Next publication date 23/11/17	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	94.4%	96.4%	96.2% (Sept Provisional)							88.8% as at Jul 17 Next publication date: 23/11/17	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	99.3%	99.2%	99.6% (Sept Provisional)							99.0% as at Jul 17 Next publication date: 23/11/17	

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's updated Single Oversight Framework confirms that these metrics will be replaced by 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 17/18	Q2 17/18	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	Oct-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	5,547
	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	5,221
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%	94.1%
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	13,723
	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	11,591
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%	84.5%

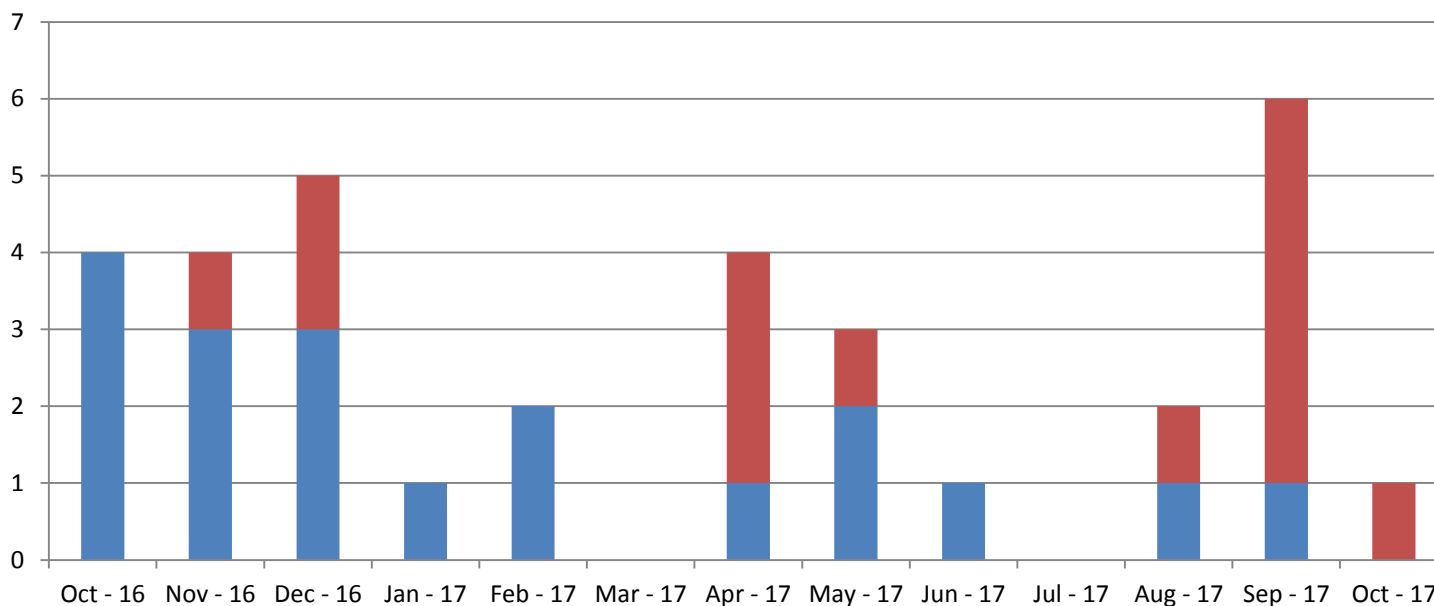
Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust performance against the national standard for Accident and Emergency (A&E) waits is provided to the Board for information. The Trust contributes to delivery of the target through a range of services and interventions.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

Systems are being challenged by NHS Improvement and NHS England to develop robust system plans and responses to ensure that expected winter pressures are jointly managed.

The two local Accountable Care Programme Boards have provided 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	1	17



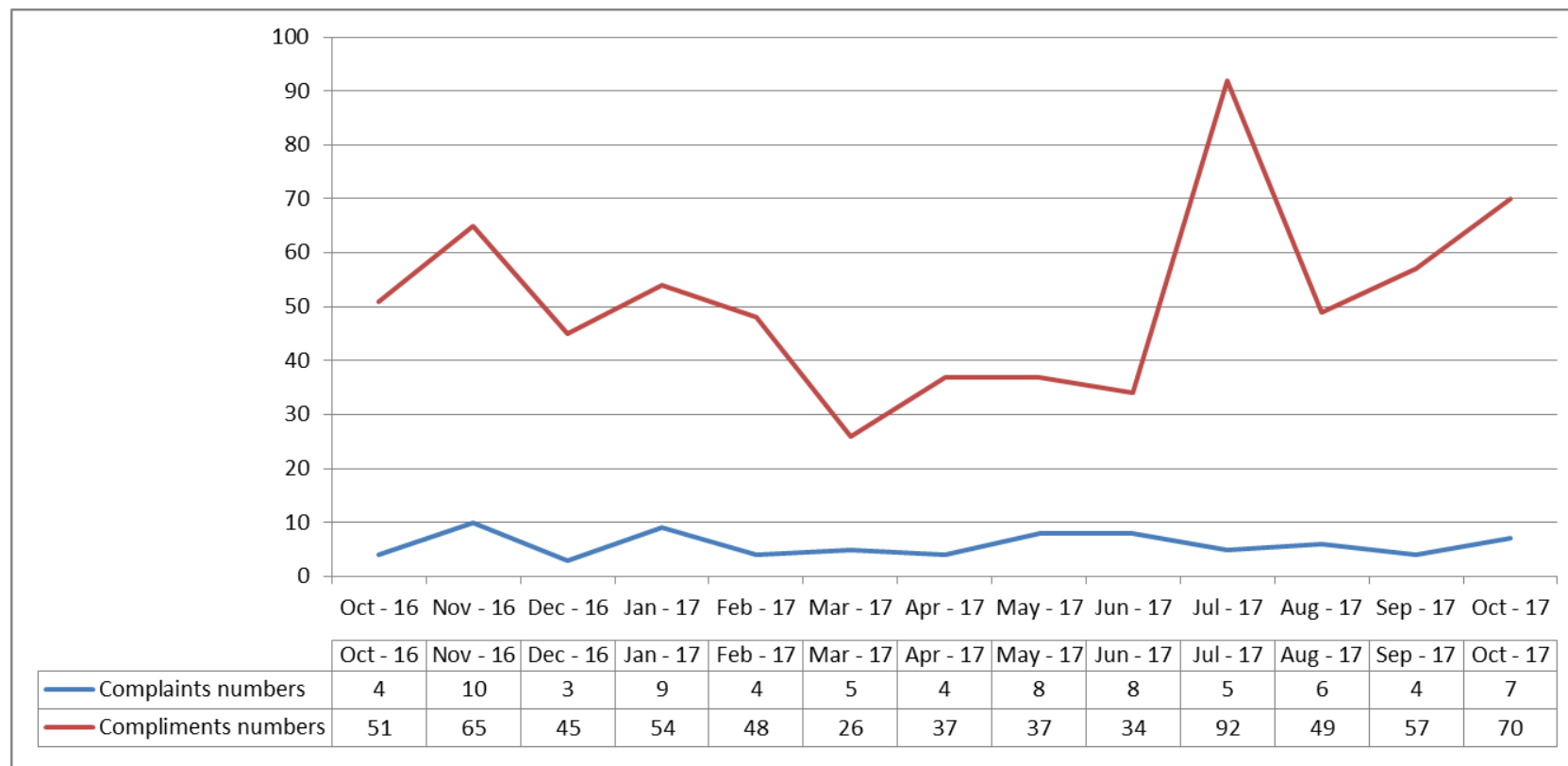
	Oct - 16	Nov - 16	Dec - 16	Jan - 17	Feb - 17	Mar - 17	Apr - 17	May - 17	Jun - 17	Jul - 17	Aug - 17	Sep - 17	Oct - 17
Serious incidents Other	0	1	2	0	0	0	3	1	0	0	1	5	1
Suspected Suicides	4	3	3	1	2	0	1	2	1	0	1	1	0

Type	Number	Area	Type
Other	1	ACMH Ward: Heather	Self-Harm

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

Number of Compliments, Complaints and Claims

Indicator Number	Indicator	16/17 outturn	This Month	17/18 YTD
Q6	Claims Numbers	15	0	9
Q8	Complaints numbers	78	7	42
Q9	Compliments numbers	529	70	376



Indicator Q9: Of the 70 compliments received, 20 were for podiatry; the rest were evenly distributed amongst several teams.

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%	6743	7548	89.33%		
Q17a	% Information Governance Training - Substantive Staff Only	98.46%	95.00%	2353	2537	92.75%		
Q17b	% Information Governance Training - Tertiary Staff Only	96.51%	95.00%	364	401	90.77%		
Q17c	% Information Governance Training - Substantive and Tertiary Staff Combined	98.28%	95.00%	2717	2938	92.48%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	2111	2521	83.74%		

Graph Key	
Measure	
Target	
Trend	

Workforce – Appraisal and Mandatory Training

The overall **mandatory training** compliance currently stands at 89.33%, which is a 2.8% increase across the quarter (August – October 2017). The hotspot areas (i.e. Business Units with the lowest current compliance) are:

- Trust Management (84.29%)
- Adult Physical Health Community Services (86.27%)

Of the 12 Business Units across the Trust, 11 are achieving the 80% target. 7 Business Units are reporting an increase in compliance since September 2017.

For **Information Governance** training, Trust compliance has increased across the quarter by 4.3% for substantive only staff and by 2.0% for substantive and tertiary staff combined. Despite this compliance remains below the 95% target. The hotspot areas (substantive only) are:

- Wakefield Children's Services (81.29%)
- Trust Management (81.63%)

Of the 12 Business Units across the Trust, only 3 are achieving the 95% target. 5 Business Units are reporting an increase in compliance since September 2017.

Appraisal compliance has increased 5.4% across the quarter. The hotspot areas are:

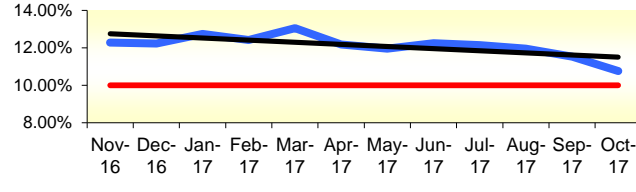
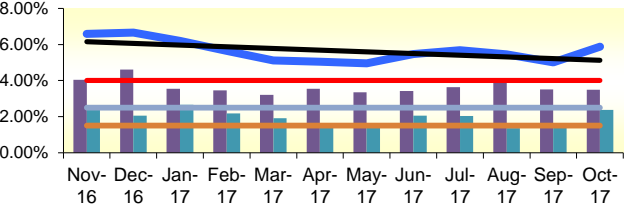
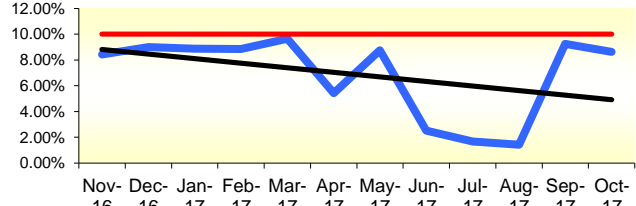
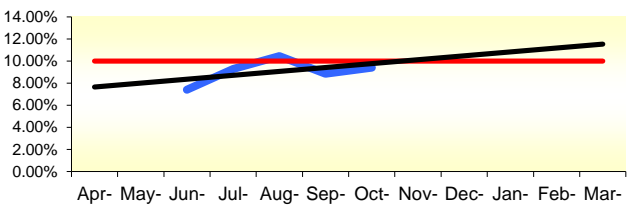
- Trust Management (72.73%)
- Specialist Services & Nursing (78.79%)

Of the 12 Business Units across the Trust, 8 are achieving the 80% target, 4 Business Units are reporting an increase in compliance since September 2017.








Actions to address performance:

- Training in Business Intelligence reporting from ESR is being rolled out to managers to enable running of 'real time' information to be used for operational performance monitoring.
- In conjunction with the training, trajectory reports are being developed at service level to inform the senior managers on numbers of staff going out of date and the required number of staff per month to achieve target within their area, to assist with forward planning to achieve target (as well as future stretch targets).
- The Deputy Director of Human Resources & Organisation Development is meeting with the Trust's clinical managed service agency staff provider to ensure that actions to achieve 100% Information Governance compliance are agreed and implemented responsibly.
- Following the transfer of Wakefield children's services staff into the Trust, an action plan has been developed and is being monitored to ensure staff are compliant with key workforce indicators.

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%	10.76%		
Q20	% Sickness absence rate	5.12%	4.0%	5.88%		
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	7.17%	10.0%	8.61%		
	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)		10.0%	9.39%		

Graph Key

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

Workforce – Labour Turnover, Vacancy and Absence

Labour Turnover has reduced by 1.2% across the quarter, currently reflecting 278.39 WTE leavers across the last 12 months. The hotspot areas are:

- Adult Physical Health Community Services (14.10%)
- Trust Management (13.51%)
- Human Resources (13.12%)

Retirements account for 18.27% of all leavers, whilst a further 21.38% are due to voluntary resignation – other/not known. 39.32% of leavers are qualified nurses, 25.15% of those were through retirement, and 71.12% were through voluntary resignation. 18.79% of all leavers left with less than one year's service.

Actions to address:

- Reviewing how information is collected to gather intelligence on reasons for leaving to inform retention strategies as part of the national recruitment and retention project;
- Proactive work continuing with universities to recruit newly qualified nurses and review of the preceptorship programme;
- As part of the Trust involvement in the NHS Improvement 90 Day Rapid Improvement Programmes, retention plans are currently being developed. These include a staff development programme, exploring how flexible working options can be further extended and skill mixing to provide additional career opportunities for nurses;
- A number of recruitment days have been held to promote roles and working for the Trust;
- Recruitment and selection processes are being reviewed to ensure they are as streamlined as possible.

Sickness Absence rates increased by 0.42% across the quarter, standing at 5.88% for October, 5.36% year to date. The hotspot areas are:

- Specialist Services & Nursing (9.45%, 6.18% long term – 2 ongoing long term sickness cases);
- Specialist Inpatient Services, Dentistry & Administration (7.88%, 4.84% long term – 20 ongoing long term sickness cases).
- Adult Physical Health Community Services (6.46%, 4.01% long term – 21 ongoing long term sickness cases);

The primary cause of long term sickness within these hotspot areas are stress and musculoskeletal.

Actions to address:

- Reviewing the absence management policy to provide early intervention and consistency between the way we approach long and short term sickness.
- Developing an absence management toolkit for managers to help them provide proactive support to staff.

Vacancy rate - The current vacancy rate stands at 8.61% equating to approximately 243.83 vacant WTE, with a recruitment rate of 9.39%. From September 2017, any cost centres that relate to development monies have been excluded. For the next integrated performance report, data for the last 12 months will be re-stated using the revised calculation.

Actions to address:

- The actions outlined under labour turnover (above) will also impact positively on the vacancy rate, particularly recruitment activities, streamlining of recruitment and selection processes and the NHS Improvement 90 day Rapid Improvement Project on staff retention.

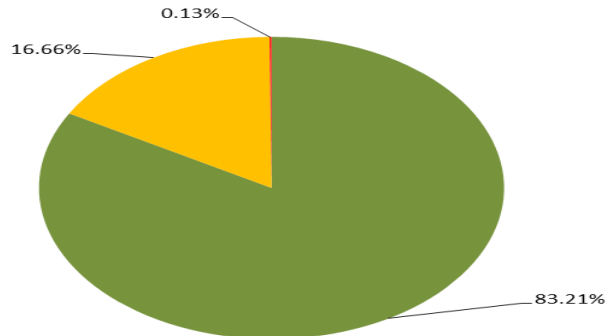
Workforce – Agency Reporting – as at October 2017

Staff Category	Annual Budget £000's	Funded WTE	Substantive				Bank				Agency				All Staff						
			In month cost x 12 £000's	In month WTE	Annual Cost per WTE £000's	In month Change	In month cost x 12 £000's	In month WTE	Annual Cost per WTE £000's	In month Change	In month cost x 12 £000's	In month WTE	Annual Cost per WTE £000's	In month Change	In month cost x 12 £000's	In month WTE	Annual Cost per WTE £000's	In month Change			
Clinical	Consultants	5,576	43.21	5,268	39.63	£133	↓							962	5.69	£169	↓	6,231	45.32	£137	↔
	Career/Staff Grades	3,197	44.85	2,963	32.03	£93	↓											2,963	32.03	£93	↑
	Trainee Grades	995	14.70	474	9.00	£53	↑							849	10.79	£79	↑	1,323	19.79	£67	↔
	Registered Nursing, Midwifery and Health visiting staff	47,574	1,156.17	41,817	1,051.64	£40	↔	940	23.95	£39	↑	568	11.83	£48	↑	43,325	1,087.42	£40	↔		
	Scientific, Therapeutic and Technical staff - of which Allied Health Professionals	13,088	305.89	12,324	297.03	£41	↓	426	11.14	£38	↑	66	1.65	£40	↑	12,816	309.82	£41	↓		
	Support to clinical staff	13,608	501.53	11,902	475.16	£25	↔	1,677	63.48	£26	↑	2,329	74.21	£31	↑	15,908	612.85	£26	↔		
Total Clinical	84,039	2,066.35	74,749	1,904.49	£39	↓	3,043	98.57	£31	↑	4,774	104.17	£46	↑	82,566	2,107.23	£39	↔			
% of Total			91%				4%				6%			100%							
Non Clinical	NHS Infrastructure Support	23,318	687.89	21,582	674.54	£32	↓											21,582	674.54	£32	↑
	Non Medical/Clinical staff	2,851	91.54					1,692	64.09	£26	↓	284	10.92	£26	↑	1,976	75.01	£26	↓		
Total Non Clinical	26,169	779.43	21,582	674.54	£32	↓	1,692	64.09	£26	↓	284	10.92	£26	↑	23,558	749.55	£31	↑			
% of Total			92%				7%				1%			100%							
Total All Staff	110,208	2,845.78	96,331	2,579.03	£37	↓	4,735	162.66	£29	↑	5,059	115.09	£44	↑	106,124	2,856.78	£37	↑			
% of Total			91%				4%				5%			100%							

Q23a - Safer Staffing: Inpatient Services

Staffing Level Compliance

Exact/ Over Compliance Under Compliance Non Compliance



Exact/ Over Compliance
Under Compliance
Non Compliance

No. shifts
1868
374
3

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 ongoing.

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/October with analysis of usage expected at the next Safer Staffing Group Meeting.
- Full programme of recruitment fayres (including Dublin) being attended in next 12 months. DAU continue their intake of volunteers through November 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 October 2017

Exact/over compliant shifts - Over compliant shifts continue to be monitored across all wards during the weekly planning meetings held within the services. The hotspots during October remained on Dementia Assessment Unit (DAU), Clover (PICU), Fern and Heather with a particular increase also on Ashbrook, Oakburn and Assessment & Treatment Unit wards due to the increase in acuity (complexity of need) and the requirement for skill mix within the units. 49% (3% increase from September) 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 and recorded at 42% (4% decrease from September), 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 36 incidents reported relating to staffing shortages in October 2017 (a decrease of 14 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 increased in October with 21% 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 October.

Q23a - 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	960	982.5	900	990	288.3	288.3	576.6	967.2	102.3%	110.0%	100.0%	167.7%
Heather	710 - ADULT MENTAL ILLNESS	1132.5	1020	1192.5	1732.5	288.3	297.6	864.9	1320.6	90.1%	145.3%	103.2%	152.7%
Bracken	710 - ADULT MENTAL ILLNESS	945	885	1380	1230	288.3	316.2	864.9	827.7	93.7%	89.1%	109.7%	95.7%
Ashbrook	710 - ADULT MENTAL ILLNESS	930	900	1395	2520	288.3	427.8	864.9	1674	96.8%	180.6%	148.4%	193.5%
Maplebeck	710 - ADULT MENTAL ILLNESS	982.5	907.5	1342.5	1192.5	297.6	399.9	855.6	855.6	92.4%	88.8%	134.4%	100.0%
Oakbum	710 - ADULT MENTAL ILLNESS	930	832.5	1395	1687.5	288.3	353.4	864.9	1264.8	89.5%	121.0%	122.6%	146.2%
Baildon	710 - ADULT MENTAL ILLNESS	945	877.5	1147.5	1192	288.3	288.3	576.6	604.5	92.9%	103.9%	100.0%	104.8%
Ilkley	710 - ADULT MENTAL ILLNESS	727.5	660	1132.5	1207	288.3	288.3	576.6	576.6	90.7%	106.6%	100.0%	100.0%
Thomton	710 - ADULT MENTAL ILLNESS	1372.5	1192.5	1882.5	1957.5	288.3	288.3	864.9	939.3	86.9%	104.0%	100.0%	108.6%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	930	757.5	1725	2917.5	288.3	288.3	864.9	1674	81.5%	169.1%	100.0%	193.5%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	930	787.5	1860	4042.5	288.3	316.2	1153.2	2576.1	84.7%	217.3%	109.7%	223.4%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	472.5	465	690	690	288.3	288.3	576.6	288.3	98.4%	100.0%	100.0%	50.0%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	930	1020	2790	5947.5	576.6	539.4	1441.5	3757.2	109.7%	213.2%	93.5%	260.6%

Q23b: Staffing Ratio (Trends): Community Services

Oct

Service Area	recommend ratio	Actual this month			N	D	J	F	M	A	M	J	J	A	S	O
		Ratio of Clients to staff	Amber if greater than	Red if greater than												
FNP	25:1	12	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	350	312	362	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
School Nursing	2200:1	2719	2200	2500	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red
Special Need School Nursing	75:1	72	85	90	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
EIP	15:1	19.45	15	18	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red
AOT	15:1	15	15	18	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CMHT	35:1	29	33	35	Green	Red	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
CAMHS	40:1	34.8	35	40	Red	Red	Red	Red	Red	Red	Red	Yellow	Red	Yellow	Yellow	Green
Matrons and Case Managers	70:1	62	77	84	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green

Recommended Ratio

FNP (Bradford) - ratio for FNP is based on the national licensing agreement.

Health Visitors (Bradford) - based upon nationally recommended levels amended to reflect local needs.

School Nursing (Bradford) - 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.

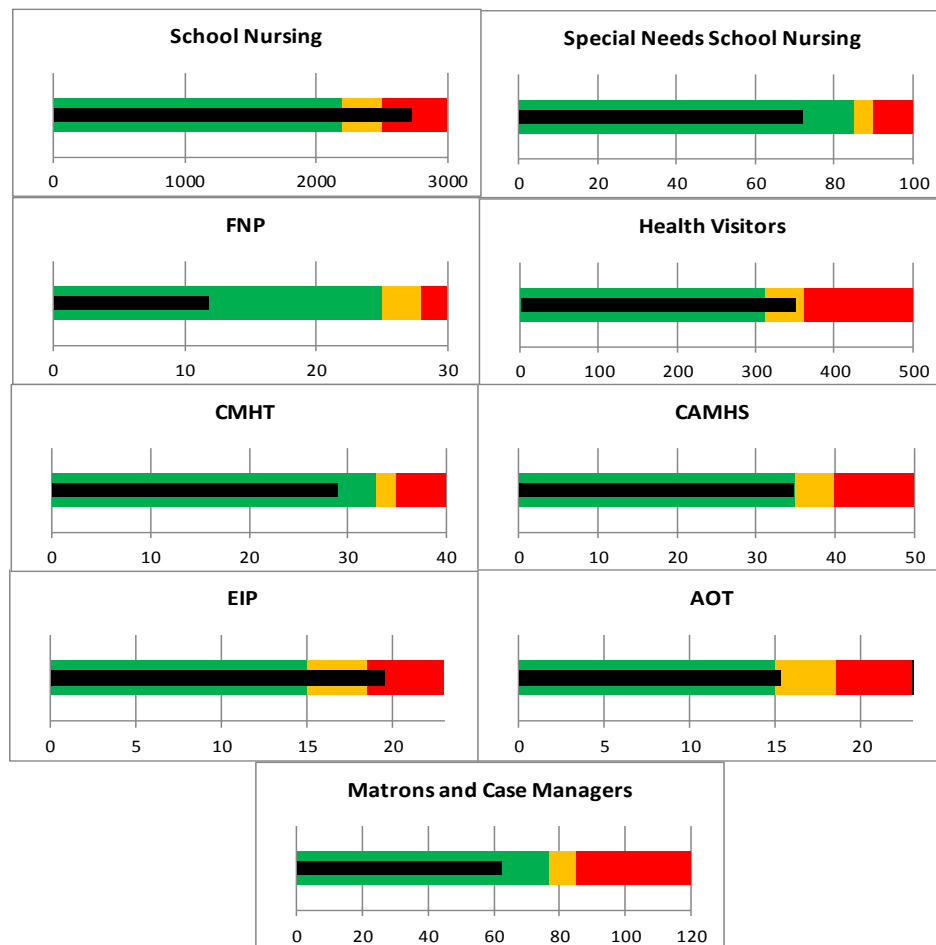
Special Needs School Nursing - does not have a national recommendation, therefore it has been set locally.

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

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

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

Q23b: Staffing Ratio Community Services



Legend / Glossary:

Black line indicates current months ratio of cases to staff against agreed thresholds.

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

Deputy Director,

Nursing, Children and Specialist Services

Health Visiting Bradford remains amber due to high maternity leaves, along with 12 WTE reductions due to Public Health contract cutbacks. School Nursing remains red due to sickness and maternity leaves. Work is underway to support staff to return to work. A wider local authority consultation has commenced concluding in Feb 2018, highlighting across the whole of the children's services Partnership, a total of £13.3 million cost reduction will be made by 2020/21, with a saving of £5.2 million from funding for BDCFT 0-19 children's services. This will be phased over the next 3 years with a total reduction to be achieved by 2020/21. Wakefield services will be reported in the next quarter.

Deputy Director

Mental Health Acute and Community

Early Intervention in Psychosis team case ratios remain in red, due to continued increase in referrals and vacancies. Capacity and demand work will be undertaken to review this, caseload reviews for all services planned as part of transformation. CAMHS have moved to green due to ongoing work on caseload management and recruitment. CMHT safer staffing will be reviewed in next quarter.

Deputy Director

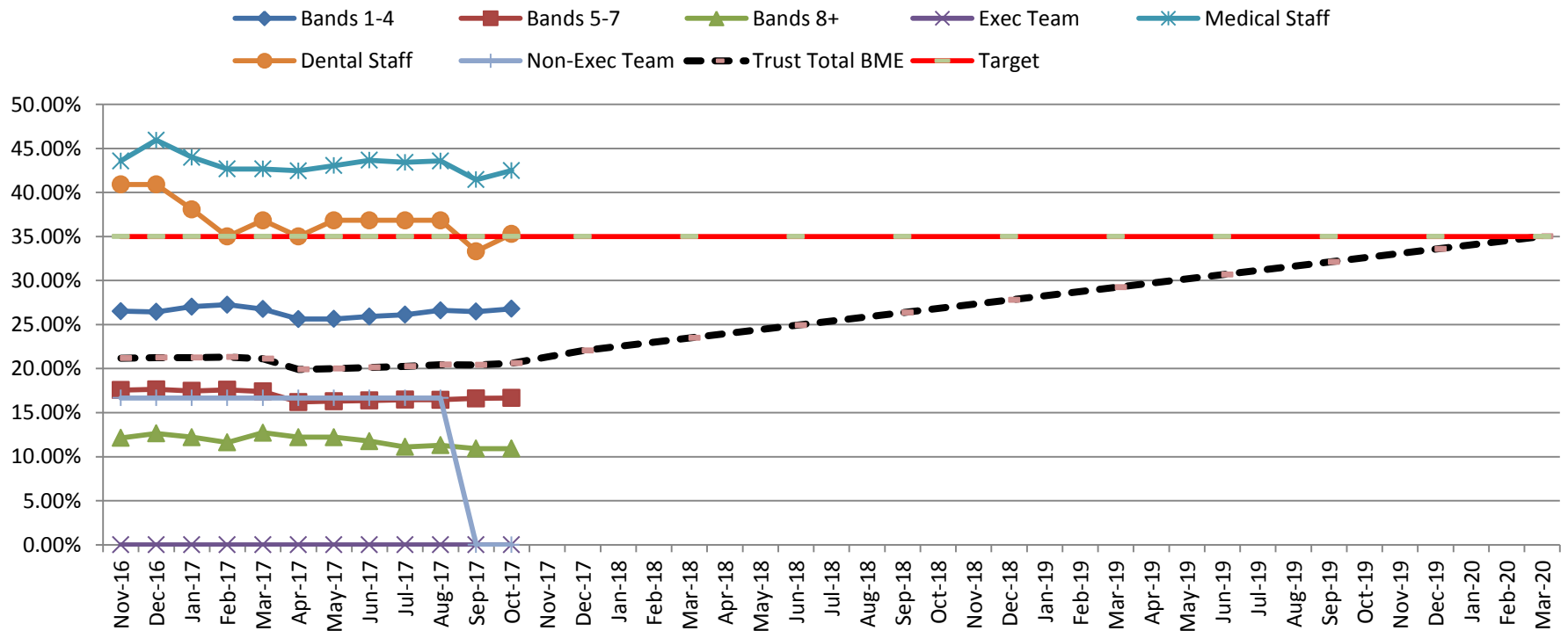
Adults Community Physical Health

Work ongoing to explore safer staffing models for District Nursing community services. A pilot of 2 teams has been undertaken with reporting commencing in November 2017; and this will be included within the community dashboard.

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

Positive changes in BME representation by Agenda for Change pay band	16/17 Outturn	16/17 Outturn	17/18 Target	In Quarter whole staff statistics				
				Total Headcount	Headcount	Not Stated	White	BME
Band 1	62	24.19%	35%	71	9	47	15	21.13%
Band 2	306	26.80%		308	19	203	86	27.92%
Band 3	354	29.10%		396	13	273	110	27.78%
Band 4	257	24.12%		300	3	220	77	25.67%
Band 5	524	22.52%		557	14	419	124	22.26%
Band 6	776	15.85%		843	36	687	120	14.23%
Band 7	280	12.14%		309	9	259	41	13.27%
Band 8a	113	16.81%		117	4	96	17	14.53%
Band 8b	37	2.70%		35	3	32	0	0.00%
Band 8c	12	8.33%		11	1	9	1	9.09%
Band 8d	11	9.09%		10	0	9	1	10.00%
Band 8d	0	0.00%		1	0	1	0	0.00%
Exec Team	5	0.00%		5	0	5	0	0.00%
Medical Staff	75	42.67%		80	20	26	34	42.50%
Dental Staff	19	36.84%		17	0	11	6	35.29%
Non-Exec Team	6	16.67%		6	3	3	0	0.00%
Trust Total	2837	21.11%			3066	134	2300	632

Q25 - BME Diversity in Employment Strategy



- The **overall total of BME staff employed** in the Trust shows a slight increase of 0.15% to 20.61% across the Trust. However this reflects an overall reduction of 0.55% over the last 12 months.
- Positive change can be seen across 5 of the 16 band groupings, the most significant within band 8d. In terms of recruitment across the last 12 months – **29.07% of new starters are from BME backgrounds**. It should be noted however that 11.77% of new starters chose not to disclose this information. 32.95% of new starters (excluding not stated) are from BME backgrounds, 31.12% of those were recruited to band 2 positions, 17.29% of those were recruited to band 3 positions, and 22.40% of those were recruited to band 5 positions.
- Achievement of the 35% target by March 2020 requires a 1.44% increase in BME staff per year. Current data shows a 0.55% reduction over the last 12 months.

Work is underway to develop an equality and diversity strategy which will replace the BME in Employment strategy and take account of all protected characteristics.

Patient and Service User Experience: Overview by Service Areas

Reporting Period: Q2, 2017-18 (July, Aug, Sept 2017)

Service Area	Number of Reviews	Percentage likely to recommend
Trust as whole	1324	96%
Acute Wards	105	90%
Community Mental Health Teams	41	85%
Community Nursing	90	99%
Dental Services	312	98%
Distict Wide Specialist Services	35	100%
Family Nurse Partnership Speciality	8	100%
Health Visiting	318	98%
Learning Disabilites	60	100%
Looked after Children	43	88%
Older Peoples Mental Health	55	93%
Podiatry Speciality	97	100%
Psychological Therapies City Locality	4	100%
School Nursing	65	91%
Specialist InPatient services	58	90%
Speech and Language Therapy	30	100%
Unknown Specialty	1	100%
Volunteer Services	2	100%

The table shows for each service area: the number of Friends and Family Test reviews received and the percentage who would be either likely or extremely likely to recommend the service (this is percentage of reviews where a preference was expressed).

The 'unknown speciality' is where the reviewer did not complete the name of the service / ward.

A report was provided to the Executive Management Team in August to determine data sets to be provided to Board, Quality and Safety Committee and commissioners. Further discussions are to be held with Quality and Safety Committee members.

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
Q11	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)	Yes
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	2

Directors Business & Transformation Programme Monthly Summary

Overall Programme Summary

Jul-17

Aug-17

Sep-17

Oct-17

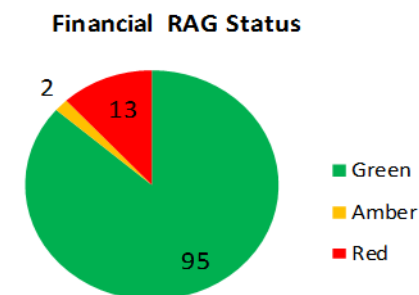
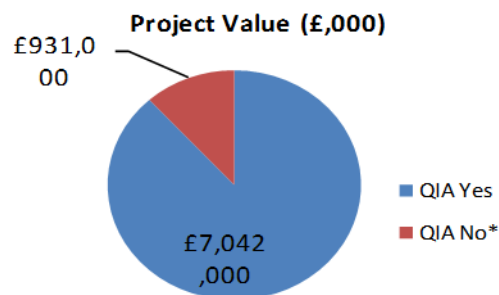
The purpose of Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

The 2017/18 programme is providing governance, and assurance for 8 transformation projects delivering significant service transformation. The scale of these savings and change activities required is expected to deliver budget reductions totaling £7.973m during 2017/18.

In month 7 the overall programme is rated red, due to concern over recurrent savings. The programme is on track to deliver £7.61m budget reductions and has forecasted shortfall of £363k, which is covered by a £500k high risk reserve. There are £512k of savings with no Quality Impact delivery plan or saving assumed, with another £423k requiring re-submission.

- ↑ **Corporate Schemes (not including Estates) – Currently forecasting to overachieve however non recurrent underspend being used; 2 HR schemes were rejected at Quality Panel and work underway to bring forward proposal for changes to Interpreting services**
- ↔ **Roster Savings – Paused by EMT following feedback from other Trusts, pending further investigation and pilot of shift patterns on 3 wards in quarter 4**
- ↓ **Mental Health Acute & Community – Still showing strong financial position although slippage to last month due to high agency bill which is being investigated. Ongoing work on rostering and discharge criteria, supported by new live Ward Dashboard information**
- ↑ **Trust Procurement – Forecasts predicting a £236k shortfall**
- ↔ **Adult Physical Health - Non recurrent funding put forward to mitigate with all on track currently**
- ↔ **Estates and Facilities - Savings on track and all schemes now Quality Impact Assessed**
- ↔ **Inpatients, Specialist, Dental & Admin – Position same as last month showing high agency spend and sickness**
- ↔ **Children's 2017/18 – Both Bradford and Wakefield savings on track**

All Service Areas	Number of Schemes	Value (£,000)
QIA Yes	95	£ 7,042,000
QIA No*	12	£ 931,000
Total Schemes	107	£ 7,973,000
Financial RAG Status	Green	95
	Amber	2
	Red	13
	Total Schemes	107



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

Finance Key Measures

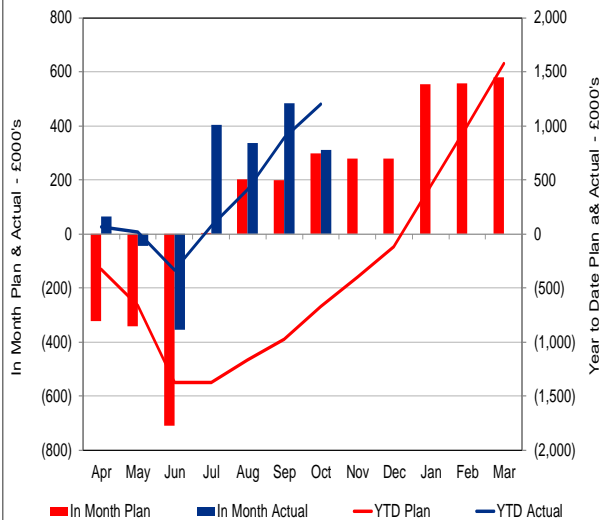
£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Net Surplus/(Deficit)	(673)	1,203	1,876	●	1,578	1,578		●
Technical Adjustments				●				●
Performance against the Control Total	(673)	1,203	1,876	●	1,578	1,578		●
CIPs (before High Risk Reserve)	3,901	3,970	69	●	7,973	7,553	(420)	●
Capital Expenditure	2,183	1,712	471	●	3,528	3,528		●
Cash Balance	11,715	15,922	4,207	●	11,485	14,000	2,515	●
Use of Resources	2	1	1	●	1	1		●

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

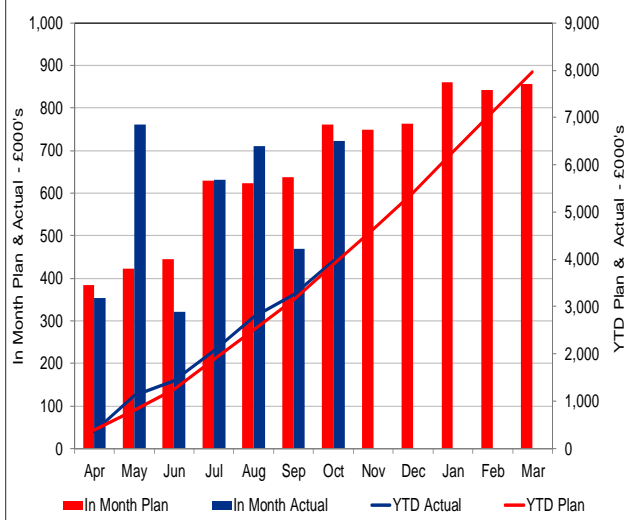
Note for RAG for CIPs – 10% variance is Amber, over 10% is Red

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

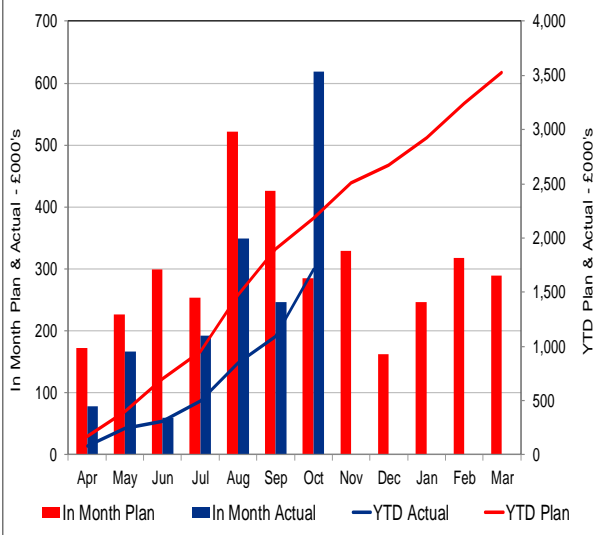


Cost Improvement Programmes

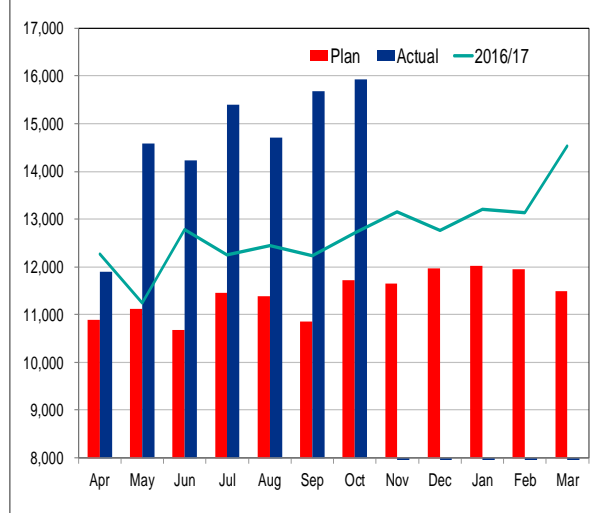


Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	161	● Deterioration	
Medical Agency Expenditure Cap in Month	(29)	● Improvement	
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	1.74%	● Improvement	
Qualified Nursing Expenditure Cap - YTD	1.57%	● Improvement	
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	273	● Decrease	
Wage Cap Breaches in Month - Medical	273	● Decrease	
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	37	● Decrease	

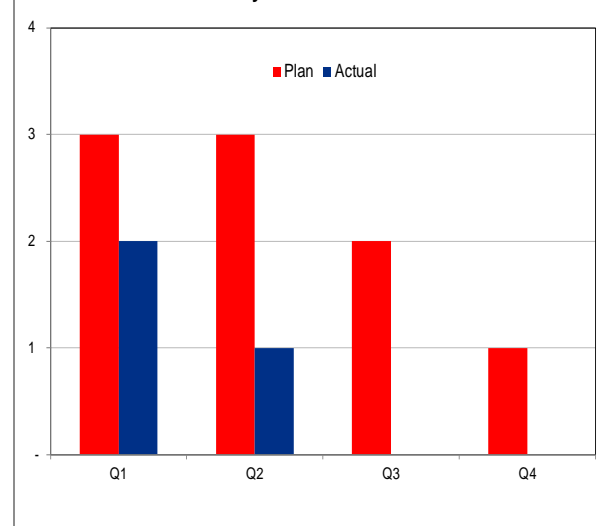
Capital Expenditure



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	3,661	3,428	(233)	7,040	6,249	(791)
Amber	7	68	61	233	210	(23)
Red/Blue	233	64	(169)	700	145	(555)
Mitigations	0	409	409	0	949	949
Total CIPs	3,901	3,970	69	7,973	7,553	(420)
High Risk Reserves	(500)		500	(500)		500
Total CIPs net of Reserves	3,401	3,970	569	7,473	7,553	80

Reason for Variance & Mitigating Actions

CIPs have over achieved by £69k YTD but forecast to under achieve by £420k (before high risk reserve). The recurrent CIP gap that will be brought forward into 2018/19 is £71k.

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 NHSI improvement programme are scheduled in the final quarter to support the Trust to scope and test roster changes
- Procurement stretch target – the prudent forecasts 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

Assurance Reports from Committee Chairs

Update dates

- Audit Committee - 27 November 2017: update to be provided at the Board meeting.

Assurance report of the Quality and Safety Committee 17 November 2017

Assurances received:

- **Trips and Falls in the Dementia Assessment Unit:** the Finance, Business and Investment Committee (FBIC) informed the Quality and Safety Committee (QSC), via Board feedback, that there had been an increase in the annual number of falls occurring within the Dementia Assessment Unit. This was associated with the admission of two service users with very complex problems. The QSC was assured that measures are in place to regularly review and minimise the risk of a fall occurring, closely supervise service users at risk of falling and to minimise harm from common causes of falling.
- **Call answering and transfer times in Single Point of Access (SPA):** the Committee received assurances that an action plan is in progress to minimise pressure on the service and to optimise successful transfers and transfer times to First Response, including the recruitment of four additional telecoaches and diversion of professionals' calls to other numbers. Key Performance Indicators (KPIs) for the SPA will be included in the QSC dashboard from the next quarter.
- **Psychological Therapies:** KPIs, highlighting the number of people waiting to access the service and waiting times, have been included in the QSC dashboard from this quarter. The Committee was assured that the number of complaints relating to these waiting times has reduced.
- Recruitment of specialist therapists in Learning Disability is proving very difficult, a challenge for both service users and their health care teams.

Business Unit Quality and Safety

- **Children's Services:** expected budget reductions of just over a third in both health and local authority children's services in the coming year present a significant challenge. The Committee was assured that health visiting standards and standard operating procedures are being agreed to promote a consistent approach to quality and that feedback from service users remains very positive. Integrated redesign of the children's pathway, as well as school nursing and services for children with special educational needs, is underway.
- **Adult Physical Health:** is also in the midst of significant redesign as part of the development of integrated (physical and mental health) community teams within Accountable Care Organisations. Meeting the needs of those living in care homes and sheltered accommodation, now 25% of the local district nursing caseload, remains a challenge both locally and nationally. The Committee was assured that this work is being taken forward with local partners, including GPs, and that the Trust is part of a national network seeking effective ways forward for adults in care homes and their district nursing teams. A community nursing workforce strategy is now in place resulting in the Trust "growing" its own District Nurses.

Assurance Reports from Committee Chairs

Assurance report of the Quality and Safety Committee 17 November 2017 - continued

Assurances received:

- **Freedom to Speak Up:** a network of champions is now established across the Trust. There is a slow but steady increase in the number of concerns being raised, and in the number of those concerns that are about quality and safety.
- **Serious Incidents (SIs):**
 - the review of the Serious Incident Policy is almost complete. Given the level of attention the Board is now paying to SIs, it is suggested that Board members may wish to comment upon the draft policy. The Committee noted that the policy sits within a complex web of clinical policies and looks forward to a simplification of these relationships when a planned review of all these policies is complete. Recruitment to a vacant post will minimise the risk that serious incident investigations and reports will not be completed within recommended timescales.
 - The Clinical Commissioning Groups gave very positive feedback on all but one of the SI reports submitted to them in the last two quarters. All were considered good. The Terms of Reference of the Serious Incident and Complaints forum have been reviewed and the forum will meet monthly in future to promote effective learning from SIs and complaints. In future the forum will give more attention to testing whether or not completed actions have been sustained over time.
- **Incidents:** while pressure ulcers remain one of the three most frequent causes of reported incidents for the first time, there was a small fall in the number reported in the last quarter. The other two: incidents of violence and aggression and of self-harm have increased recently. The Committee was assured that where teams report no or few incidents this is followed up.
- **Complaints:**
 - the Committee supported the establishment of a complaints forum to promote effective complaints investigation, including service user and carer involvement in the complaints process. The Committee noted clusters of complaints including those regarding community mental health teams. A review of these complaints is taking place to understand themes and/or possible systemic causes.
 - Complaints have also been received relating to the Bradford and Airedale Neuro-developmental Disorders Service (BANDS) due to a high number of referrals into a small team which is creating long waiting times. The Clinical Commissioning Groups have agreed to close this service to new referrals.

Exception:

- The number of incidents relating to smoking are so frequent that current reporting does not provide a realistic picture of where and when smoking materials are being used. A review is being prepared including the feasibility of allowing vaping to assist smoking cessation.

Assurance Reports from Committee Chairs

Assurance report of the Finance, Business and Investment Committee 20 November 2017

Issues where Finance, Business and Investment Committee (FBIC) recommends attention at Board:

- The committee considered an update on preparations for the next annual and capital plans for 2018/19. It noted that:
 - discussions with the design and construction partner over costs to replace cladding and assess fire stopping on the Airedale site were continuing. The next meeting was scheduled for 30 November. In the meantime, the 2018/19 capital plan had provision pencilled in. The review of other submissions for inclusion within the capital plan envelope was continuing;
 - implications from the Community Dental Services tender would need to be considered;
 - the Council had begun a 90-day consultation over further reductions in the Public Health budget relating to the Early Years provision linked to a planned procurement of an integrated offer. The implications for provision commissioned from the Trust would only be made clear after the consultation period; when service specifications would be released;
 - the Council had also confirmed further significant phased cuts for other residual Public Health funded services; and
 - the Chancellor's Autumn Statement on 22 November may have significant implications, including the level of provision for pay awards.
- A great deal of detailed work is underway, including analysis of cost pressures, CIP proposals, and QIAs, but it currently seems unlikely that we will be able to assemble a deliverable, safe, plan that meets the proposed control total for 2018/19. Full discussion is scheduled for the December meetings of FBIC and Board.
- The envelope declared for the Community Dental Service tendering process has been analysed. A paper is prepared for consideration at the Private Board session. FBIC supports its recommendations.

Issues where FBIC can provide assurance to Board:

- Monitoring of the 2017/18 budget shows some variations, but none which fundamentally change the expected end of year position, or Use of Resources scores.
- The committee discussed the provision of interpretation services at some length. There is currently a significant discrepancy between budget provision and spend levels. It was agreed that a project plan for reviewing the service should be brought to the January FBIC meeting. The expectation is that the plan should set out a framework which allowed delegation of control to operational managers only once the service and budget had been brought into alignment. Meanwhile provision for 2018/19 budgets will be assessed as part of the Annual Plan preparation process.
- Progress against strands of the WorkSmart programme was reviewed. It was agreed that a fuller analysis of that strand that relates to promoting self-care and the use of health-related apps should feature in the next update, due in six months' time.
- The committee received an impressive annual review of the Trust's Environment and Energy Strategy. Targets are being met, although the re-setting of our benchmarks against mental health (rather than care) trusts places BDCFT in the upper quartile for some e.g. energy cost benchmarks. It was noted that continuing capital provision will be required to maintain progress.

Other matters considered at the meeting:

- The Committee noted, with satisfaction, that the Stoney Ridge sale had been completed, at the agreed valuation.