

# Board Integrated Performance Report

## 25 January 2018

### December 2017 Data

1.1 CQC Rating



1.2 NHS Improvement  
Segment



1.3 NHS Improvement  
Finance Score



Agenda item: 13

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 Exception</b>	<ul style="list-style-type: none"> <li>Performance for the majority of the NHS Improvement indicators remains strong.</li> <li>However the Improving Access to Psychological Therapist (IAPT) recovery rate for quarter 2 is 49.6%, just below the 50% target. The slide outlines the issues and actions being taken. Performance will continue to be reviewed monthly at the business unit performance meetings.</li> </ul>	<b>4 – 5 5</b>
<b>Quality</b>		
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>The Trust's current internal forecast is that five of the 13 Commissioning for Quality and Innovation (CQUIN) indicators will not be fully met. The forecast has deteriorated by £57k relating to 3 CQUINs (6 indicators) since last quarter. The slides outline the actions being taken. Actions and mitigations will be discussed at the January business unit performance meetings. All CQUIN indicators are considered by the Quality and Safety Committee quarterly.</li> <li>There was one Duty of Candour incident in December 2017, which related to a patient assaulting another patient on a mental health ward.</li> </ul>	<b>8 - 10  15</b>
<b>Business Unit</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>The report has been produced in advance of the scheduled business unit performance meetings. The Board will receive a verbal update regarding any additional issues for escalation.</li> <li>The service line dashboard for quarter 2/October 2017 shows that, despite demand and staffing pressures, all operational business units are performing well in delivery of contractual and key performance indicators, as well as mandatory training and appraisal compliance.</li> </ul>	<b>16</b>
<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>- Four are rated red (roster savings; mental health acute and community; specialist inpatients; procurement);</li> <li>- One is rated amber (corporate benchmarking); and</li> <li>- Three are rated green (adult physical health; estates and facilities; children's services).</li> </ul> </li> </ul>	<b>17</b>

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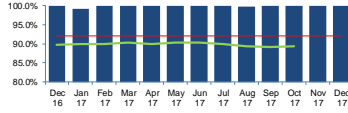
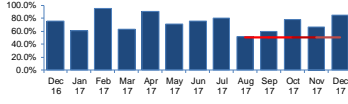
### Finance

<b>Assurance</b>	<ul style="list-style-type: none"> <li>• <b>Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position:</b> With a year to date surplus of £1,521k (excluding reversal of impairments, profit and incentive STF funding relating to asset disposals) performance is £1,636k ahead of the planned deficit of £115k. The Trust experienced higher than average inpatient ward staffing costs in December relating to cover for sickness, vacancies and special observations. Subject to management of this, favourable performance to date is expected to mitigate risks in the final quarter. Management attention is now focused on finalising Community Property charges (regular dialogue has continued throughout 2017/18, the need for escalation is now being clarified) and inpatient staffing pressures. The Trust forecasts meeting a 2017/18 Control Total of £826k surplus and accessing £752k Sustainability and Transformation Funding (STF) to deliver a £1,578k composite surplus. Key forward risks relate to elevated temporary staffing costs including levels of special observations on the Trust's Inpatient Wards.</li> <li>• <b>Cash:</b> Balances are £3.8m above plan reflecting favourable Control Total performance, receipt of core, incentive and bonus 2016/17 STF, capital receipts and supplemented by capital slippage. The end of year is forecast to be £3m ahead of plan, reflecting unplanned 2016/17 STF receipts and capital disposals and the consequences of revenue slippage on likely working capital requirements.</li> <li>• <b>Use of Resources:</b> A rating of '1' is better than the '2' planned reflecting the year to date surplus.</li> <li>• <b>CIPs:</b> CIPs have over achieved by £69k YTD but are forecast to under achieve by £498k (before £500k high risk CIP reserve). The recurrent CIP gap that will carry into 2018/19 is £70k but this requires management of inpatient pressures.</li> </ul>	<b>18-20</b>
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>• <b>Workforce – Agency Controls:</b> Agency expenditure caps are being achieved for all but medical staffing and the in month qualified nursing % cap. The medical locum cost cap was exceeded by £56k in month (£184k year to date). There were 158 price cap and 181 wage cap breaches at the end of December (4 week month) all related to medical locums. Qualified agency nurse costs were 3.24%, or 0.24% above cap; the first period in which the agency nurse expenditure cap has been exceeded.</li> <li>• <b>Capital:</b> Expenditure was £173k below plan at the end of December. Some of this results from re-prioritisation of programmed expenditure to accommodate in-year pressures. The programme remains fully committed.</li> </ul>	

### Summary and Recommendations

The December Board integrated performance report (November 2017 data) was circulated to Board members by E Mail. In line with the reporting cycle, information was provided for informatics and estates and facilities, to support the Board's focus on strategy. Board members are asked to raise any issues regarding the November 2017 data, by exception. Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health and safety information took place at the Directors' Business and 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	Q1 17/18	Q2 17/18	Oct	Nov	Dec	Q3 17/18	Q3 17/18	Q3 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%	100.0%	100.0%	1131	1131	100.0%	89.3% as of Oct 17	
M23	Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area		6	10	17	133	45	TBC			178		
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%	66.6%	84.2% Provisional	73	98	74.4% Provisional		
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 December 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of December 2017 was 51; 41 of these patients have been waiting for more than two weeks.



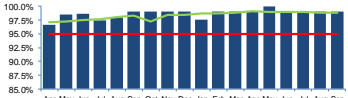
**Indicator M23:** The process for agreeing trajectories toward eliminating acute mental health out-of-area placements is being jointly led by the NHS England and NHS Improvement regional teams. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with clinical commissioning groups and mental health providers to develop both STP and provider level baselines and trajectories.

The Trust has relatively few inappropriate out of area bed days, relating to the Psychiatric Intensive Care Unit (PICU) only. The Trust's local data for out-of-area bed days are included in the Board integrated performance report, rather than using the NHS Digital published data that suppresses small numbers.

High patient acuity in October 2017 resulted in increased demand for PICU.

Graph Key	
Measure	
Target	
England Benchmarking figure	




## Single Oversight Framework Operational Performance Metrics

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			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M22	Data Quality Maturity Index (DQMI) mental health services data set score	95.0%	98.3%	97.8%								Next publication date: TBC	
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	51.8%	54.9%	49.6%	49.2% (Provisional)	51.7% (Provisional)					51.1% as of Sep 17: Next publication date: 22/01/18	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	94.4%	96.4%	96.3%	96.3% (Provisional)	97.7% (Provisional)					88.7% as at Sep 17 Next publication date: 22/01/18	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	99.3%	99.2%	99.6%	99.3% (Provisional)	97.8% (Provisional)					98.9% as at Sep 17 Next publication date: 22/01/18	

**Indicator M22:** The Data Quality Maturity Index (DQMI) Mental Health Services Data Set (MHSDS) data score replaces the previous standards for MHSDS priority and identifier metrics. The DQMI is a quarterly publication from NHS Digital that is intended to highlight the importance of NHS data quality NHS. The MHSDS data score covers ethnic category, GP code, NHS number, commissioner code, gender and postcode.

**Indicator M21:** The final NHS Digital data for quarter 2 shows the Improving Access to Psychological Therapies (IAPT) recovery rate to be 49.6%. Recovery rate declined in all three CCG areas in quarter 2. This was primarily due to the waiting list initiative in secondary care therapy services. To reduce waiting lists for therapy within the CMHTs, the CMHT therapists had begun to refer people into MyWellbeing College, without prior agreement. The enrolment team had assessed and placed patients into first therapy appointments. At first therapy appointment the therapist had recognised that these patients could not undertake therapy without a multi-disciplinary team to support and they were discharged. This had the reporting effect of increasing the number of patients discharged without achieving recovery. Immediate action was taken to change the way that staff recorded the discharge on PCMIS so that these patients would not impact recovery score. To improve correct sign-posting we have also developed guidance showing which mental health clusters can benefit from therapy alone (uni-disciplinary approach) and which clusters require a multi-disciplinary approach.

We anticipate a reduced recovery rate in quarter 3 (October to December 2017) because some of the staff who achieve the highest recovery rates have been undertaking additional training and they are unable to treat as many patients whilst in training.

Graph Key	
Measure	
Target	
England Benchmarking figure	

## Accident and Emergency Waiting Times

## Airedale NHS Foundation Trust

Indicator No.	Indicator	Target	Q4 16/17	Q1 17/18	Q2 17/18	Q3 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	Nov-17	Dec-17
	Total A&E attendances		15,053	16,506	16,533	16,841	5,124	4,765	4,723	4,852	4,585	5,335	4,996	4,577	5,480	5,318	5,764	5,424	5,770	5,225	5,538	5,547	5,416	5,878
	Total attendances within 4 hours		13,840	15,528	15,546	15,591	4,628	4,232	4,314	4,375	4,164	4,641	4,416	4,323	5,101	4,960	5,403	5,165	5,519	4,868	5,159	5,221	5,029	5,341
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	91.9%	94.1%	94.0%	92.6%	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%	92.9%	90.9%

## Bradford Teaching Hospitals NHS Foundation Trust

	Total A&E attendances		34,435	32,411	34,084	40,255	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	13,050	13,482
	Total attendances within 4 hours		28,941	29,091	28,031	33,865	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	11,088	11,186
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	84.0%	89.8%	82.2%	84.1%	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%	85.0%	83.0%

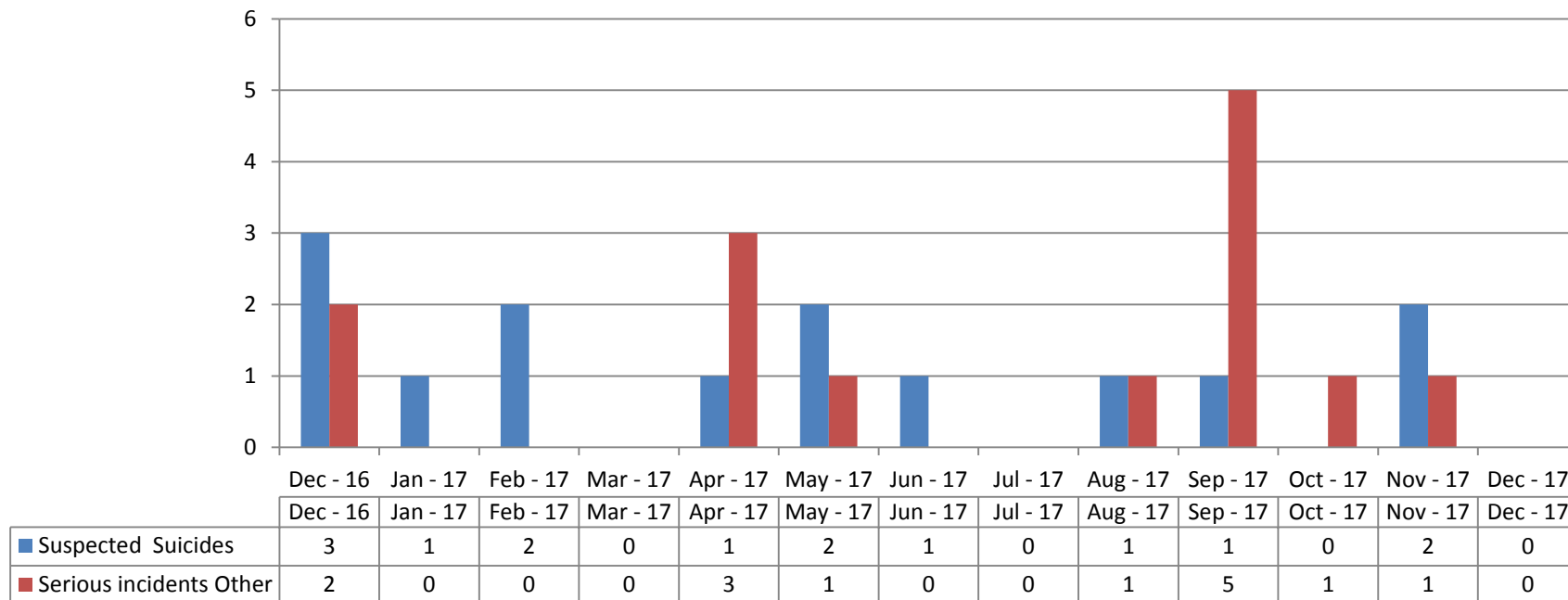
Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust performance against the national standard for Accident and Emergency (A&E) waits is provided to the Board for information. The Trust contributes to delivery of the target through a range of services and interventions.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

Both Acute Trusts experienced periods of very high demand during December. Twice daily system calls were initiated to assess and support system mitigation of challenges being experienced at different points by individual providers.

### Serious Incident Numbers

Indicator No.	16/17 Out-turn	This month's performance	17/18 Year to Date
Q3	96	0	20



No serious incidents were reported in December 2017.

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 CQUIN indicators. The Trust has 13 CQUINs with an approximate value of £2.4 million.

There are now three components of CQUIN delivery ;

- Delivering all national 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 - £0.5m. As reported to the Board in October 2017, the Trust has secured this income.
- 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 - £0.4m. This is held as an STP risk reserve therefore the Trust's plans do not assume any benefit from this.

All milestones for quarter 1 and 2 were delivered, with the exception of 9b and 9e, and achieved £713k income.

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
<b>1a. Improvement of health &amp; wellbeing of NHS staff</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.	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	£76k (50% risk forecast last quarter)				F
<p><b>Issue:</b> Results from the 2017 staff survey are expected to show that we have not met the required level of improvement from the 2015 staff survey (baseline period). The internal forecast is now that no income will be received for this indicator.</p> <p><b>Actions:</b> An action plan will be produced to address all areas requiring improvement relating to the staff survey.</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>3b Improving Physical healthcare to reduce premature mortality for people with serious mental illness - Collaboration with primary care clinicians</b>	90% of patients to have either an up to date CPA, care plan or a comprehensive discharge summary shared with their GP.	90% of patients discharged during Q3 from inpatient care to have a completed e-discharge sent to their GP within 48 hours of discharge	Acute & Community MH Services And Specialist Inpatient Services	£7k (not forecast last quarter)	A	A	F	F
	<p><b>Issue:</b> Of the patients discharged within November 2017 only 53% were completed within 48 hours. The e-discharge documentation is completed by a number of clinical professions and should not be sent to the GP before it is fully complete: this can lead to delays.</p> <p><b>Actions:</b> Work is ongoing to review the process for completing the e-discharge documentation, to identify any improvements that can be made. This will continue to be monitored by the Physical Health CQUIN Delivery Group.</p>							
<b>4. Improving services for people with mental health needs who present at A&amp;E</b>	Successful delivery 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 (as forecast last quarter)	A	A	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. Performance for the first 6 months has been reviewed and whilst improvements have been made it is still possible that the target may not be met.</p>							

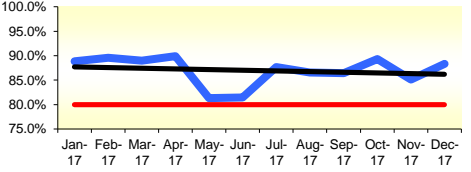
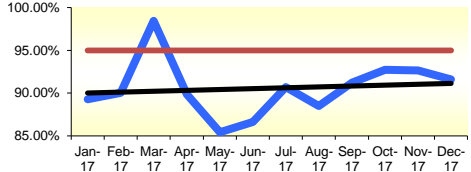
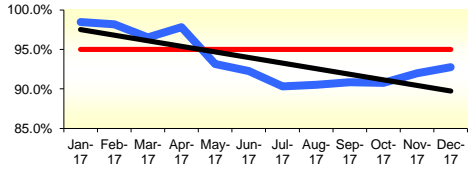
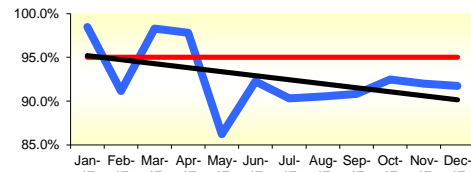
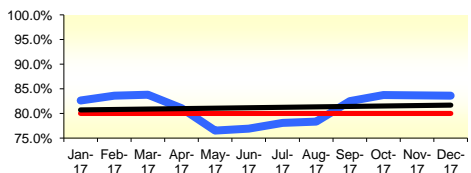
A = Actual	F = Forecast
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## Commissioning for Quality and Innovation (CQUINs) – Forecast 2017/18




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>8b. Supporting proactive and safe discharge</b>	Increasing the 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"> <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 (as forecast last quarter)		A		F
<p><b>Issue:</b> Reliance on whole system change, particularly ANHSFT, BTHFT and care homes, to achieve an increase in patients aged 65+, admitted non electively with a length of stay of more than 2 days being discharged to their usual place of residence within 3 to 7 days.</p> <p><b>Actions:</b> Baselines have been established: ANHSFT = 39.02%, BTHFT = 47% and a joint working group is taking place between ANHSFT, BTHFT and BDCFT, linking with the CCG Senior Clinical Quality Manager regarding care home engagement. Performance will continue to be monitored on a monthly basis, and the forecast viewed accordingly.</p>								
<b>9. Preventing ill health by risky behaviours - alcohol and tobacco</b>	Percentage of unique adult patients who are screened for smoking status and whose results are recorded; <ol style="list-style-type: none"> <li>Tobacco screening 90%</li> <li>Tobacco brief advice 90%</li> <li>Tobacco referral and medication offer 30%</li> <li>Alcohol screening 50%</li> <li>Alcohol brief advice or referral 80%</li> </ol>	Q2 – Performance reported to our commissioners showed that targets for 9b and 9e had not been met.	Acute & Community MH Services And Specialist Inpatient Services	£12k (not forecast last quarter)	A	A	F	F
					A	A	F	F
					A	A	F	F
					A	A	F	F
					A	A	F	F
<p><b>Issue:</b> All patients who had been admitted into inpatient care during July – Sept 2017 had been included in the cohort of patients reported for quarter 2. On reviewing their case notes, a number of patients who were either too ill to participate in the health screening or declined to participate, should have been clearly identified and excluded from the reporting to the commissioners.</p> <p><b>Actions:</b> When compiling the report for future reporting periods, patients who meet the exclusion criteria will be clearly identified and not included in the overall performance, but they will be included within the report to the commissioners.</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%	7256	8215	88.33%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	98.46%	95.00%	2321	2534	91.59%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	96.51%	95.00%	346	373	92.76%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	98.28%	95.00%	2667	2907	91.74%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	2093	2503	83.62%		

## 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%		11.98%		
Q20	% Sickness absence rate	5.12%		5.99%		
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	7.17%		9.36%		
Q21	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)			9.17%		

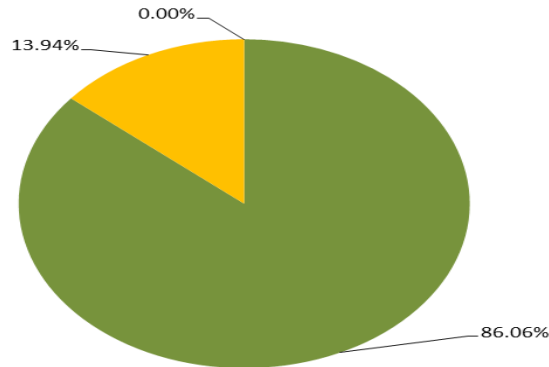
Graph Key

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

## Q23a - Safer Staffing: Inpatient Services

### Staffing Level Compliance

Exact/ Over Compliance    Under Compliance    Non Compliance



	No. shifts
Exact/ Over Compliance	1933
Under Compliance	313
Non Compliance	0

#### Risks:

- Hotspot areas in terms of vacancies (remain 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 continues however, with 55 posts (of which 37 are qualified nursing posts) at various stages of recruitment and 74 starters having commenced in post over the last 3 months.

#### 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 have inducted 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 December 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 December remained on Dementia Assessment Unit (DAU), Clover (PICU), Fern, Heather, Ashbrook, Maplebeck and Oakburn wards due to the increase in acuity (complexity of need) and the requirement for skill mix within the units.

29% of all shifts worked were bank or agency filled (of which 76% requested unregistered staff). An additional 21% above baseline requirements was requested for Specialising and Escorting which currently accounts for 49% of all bank and agency requests. Vacancy is the next highest request reason at 42% at 42% (5% increase from December), with hotspot areas remaining as DAU, Thornton, Bracken and Ashbrook.

**Under compliant shifts** - There were 38 incidents reported relating to staffing shortages in December 2017 (an increase of 5 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 decreased in December (from 22%) with 12% of bank and agency bookings being attributed to long term sickness. The Trust continues to be part of the 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 December.

## 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	1102.5	900	855	288.3	399.9	576.6	818.4	114.8%	95.0%	138.7%	141.9%
Heather	710 - ADULT MENTAL ILLNESS	1125	990	1200	1642.5	288.3	288.3	864.9	1078.8	88.0%	136.9%	100.0%	124.7%
Bracken	710 - ADULT MENTAL ILLNESS	930	915	1395	1590	288.3	288.3	864.9	985.8	98.4%	114.0%	100.0%	114.0%
Ashbrook	710 - ADULT MENTAL ILLNESS	945	1035	1380	1687.5	288.3	362.7	864.9	1190.4	109.5%	122.3%	125.8%	137.6%
Maplebeck	710 - ADULT MENTAL ILLNESS	1012.5	1035	1312.5	1170	288.3	344.1	864.9	1041.6	102.2%	89.1%	119.4%	120.4%
Oakburn	710 - ADULT MENTAL ILLNESS	937.5	1050	1387.5	1830	288.3	399.9	864.9	1190.4	112.0%	131.9%	138.7%	137.6%
Baildon	710 - ADULT MENTAL ILLNESS	997.5	1005	1095	825	288.3	279	576.6	585.9	100.8%	75.3%	96.8%	101.6%
Ilkley	710 - ADULT MENTAL ILLNESS	712.5	690	1147.5	982.5	288.3	279	576.6	576.6	96.8%	85.6%	96.8%	100.0%
Thomton	710 - ADULT MENTAL ILLNESS	1155	997.5	2100	2400	288.3	297.6	864.9	1627.5	86.4%	114.3%	103.2%	188.2%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	930	922.5	1710	2437.5	288.3	288.3	864.9	1153.2	99.2%	142.5%	100.0%	133.3%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	930	915	1860	2910	288.3	316.2	1153.2	1822.8	98.4%	156.5%	109.7%	158.1%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	465	480	697.5	847.5	288.3	288.3	576.6	576.6	103.2%	121.5%	100.0%	100.0%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	930	1110	2790	5370	576.6	511.5	1441.5	3431.7	119.4%	192.5%	88.7%	238.1%

## Quality Assurance

Indicator Number	Target	Target met this month Yes/No
Q5	Never Events	Y
Q7	Meet Central Alert System (CAS) timelines	Y
Q10	No MRSA bacteraemia cases	Y
Q11	No Methicillin sensitive staphylococcus aureus (MSSA) bacteraemia cases	Y
Q12	No Clostridium difficile (C.diff) cases	Y
Q15	Meet Commissioning for Quality and Innovation (CQUINs) – current quarter (quarter 3)	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	1

## Service Dashboard

Reporting Period	Target (if applicable)	Adult Physical Health						Children's Services						Mental Health Acute and Community										Specialist/Admin/Dental		
		Community Nursing and Complex Care	Specialist Services: Continence, Tissue Viability, Falls	Palliative Care, Hospice at Home, Fast Track	Podiatry	Speech & Language Therapy	Safeguarding, Looked After Children, Youth Offending	Bradford School Nursing and Specialist 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	Acute Care Services - Inpatients	First Response	Intensive Home Treatment Team	Learning Disabilities (Community)	Older People Community Mental Health	Substance Misuse	Administration Services	Inpatients - Specialist Services	Dental Services
2017/18 quarter 2		426	3	6	5	10	2	15	18	0	1	8	0	62	7	7	10	709	21	50	17	45	18	28	807	28
2017/18 quarter 2		4	0	1	1	1	0	1	0	0	0	1	0	2	0	1	3	53	0	0	2	0	0	1	12	0
2017/18 quarter 2		0	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0	1	0
2017/18 quarter 2		35	9	10	47	1	0	0	1	0	0	0	0	11	1	0	30	15	1	1	5	0	0	1	10	8
2017/18 quarter 2		0	1	0	0	0	0	0	0	0	0	0	0	2	3	0	0	3	1	0	0	0	1	0	1	0
2017/18 quarter 2		90	35		97	30	43	65	297	7		21	1	41			4	105			60	55			58	312
2017/18 quarter 2		99%	100%		100%	100%	88%	91%	98%	100%		95%	100%	85%			100%	90%			100%	93%			90%	98%
Oct-17		307	30	32	40	61	21	83	179	12	37	94	9	123	81	51	139	207	37	37	59	71	16	177	186	93
Oct-17	Being piloted										From Jan 18	From Jan 18	From Jan 18				See slides								See slides	
Oct-17	<= 4%																									
12 months to Oct 17	<= 10%																									
Oct-17	>= 80%																									
Oct-17	>= 80%																									
Oct-17	>= 80%																									
Oct-17	>= 95%																									
Oct-17	>= 80%																									
2017/18 year to date																										
2017/18 forecast																										
2017/18 year to date																										
2017/18 forecast																										
2017/18 Q2		88,281	4,325	4,116	20,162	5,570								16,159	4,265						395	4562				
Change		↑	↑	↑	↑	↓								↓	↓						↓	↓				
2017/18 quarter 1																										
2016/17		Yes	No	Yes	Yes	No	No	No	No	No				Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No
2017/18		Yes	Yes	No	No	Mar-18	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Feb-18	No	No	Yes	Yes



## Directors Business & Transformation Programme Monthly Summary

### Overall Programme Summary

Sep-17	Oct-17	Nov-17	Dec-17
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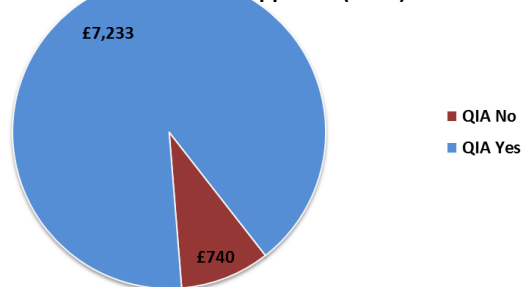
The purpose of Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

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.

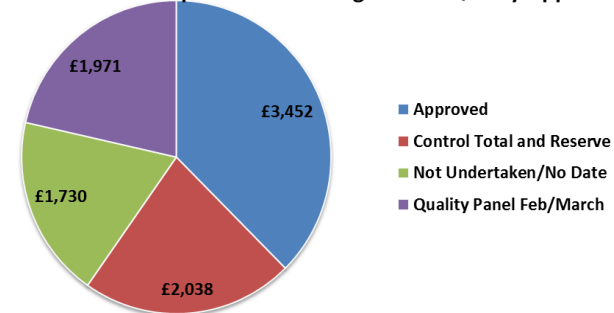
In Month 9 the overall programme remains Red RAG rated but is forecasted currently to achieve our control total to save £7.973m. We have achieved £5.48m of savings year to date which is 69% of our target and ahead of plan to date. There is a forecasted shortfall of £498k which is covered by the £500k high risk reserve put in place at the beginning of the year. There are £740k of savings with either no Quality Impact delivery plan, or require re-submission. £3.452m of savings (38%) have been approved through Quality Panel for 2018-19.

- ↑ **Corporate Schemes (excludes Estates) – Currently forecasting over achievement however non recurrent under spend substituting in-year slippage; 2 HR schemes were rejected at Quality Impact Assessment Panel. Work underway to bring forward proposals for Interpreting.**
- ↔ **Roster Savings – 3 wards piloting a 2 shift or revised 3 shift system, evaluation planned for March 2018 via 90-day Improvement work.**
- ↓ **Mental Health Acute & Community – Deterioration attributed to high agency costs in month. Ongoing work on rostering and discharge criteria, supported by new live Ward Dashboards however showing improved rostering of substantive staff.**
- ↔ **Trust Procurement – A £236k shortfall is projected**
- ↔ **Adult Physical Health - All savings now identified recurrently and all Quality Impact Assessed**
- ↔ **Estates and Facilities - Savings on track and all schemes Quality Impact Assessed**
- ↔ **Inpatients, Specialist, Dental & Admin – Criteria led Ward Dashboards planned to Go Live in early 2018 and work to support specialising review**
- ↔ **Children's 2017/18 – Both Bradford/Wakefield savings on track and all schemes Quality Impact Assessed**

Cost Improvement Savings 17-18 Quality Approval (£000)



Cost Improvement Savings 18-19 Quality Approval



## Finance Key Measures

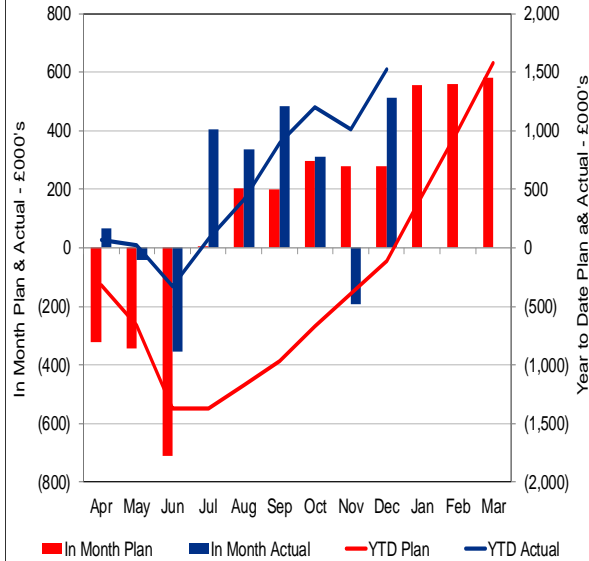
£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Net Surplus/(Deficit)	(115)	1,930	2,045	●	1,578	2,192	614	●
Technical Adjustments		410	410	●		614	614	●
<b>Performance against the Control Total</b>	<b>(115)</b>	<b>1,521</b>	<b>1,636</b>	●	<b>1,578</b>	<b>1,578</b>		●
CIPs (before High Risk Reserve)	5,414	5,483	69	●	7,973	7,475	(498)	●
Capital Expenditure	2,674	2,501	173	●	3,528	3,528		●
Cash Balance	11,971	15,780	3,809	●	11,485	14,500	3,015	●
Use of Resources	2	1	1	●	1	1		●

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

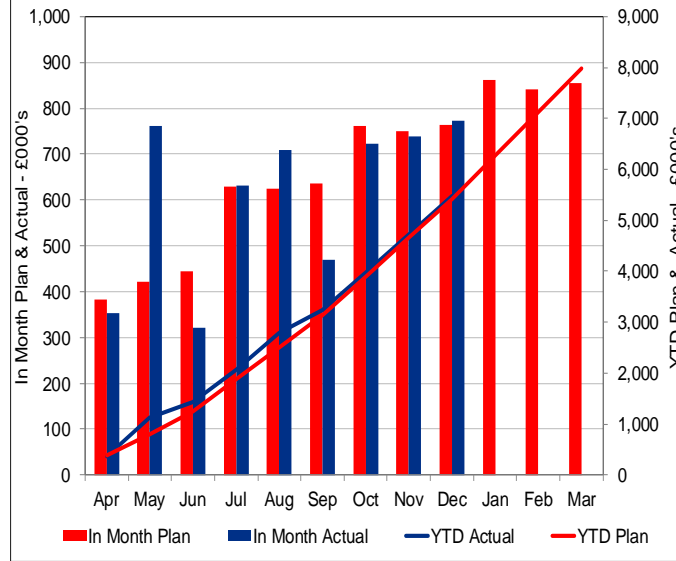
**Note for RAG for CIPs – 10% variance is Amber, over 10% is Red**

**Before taking into account the £500k high risk CIP reserve performance is £69k ahead of plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to FBIC scrutiny.**

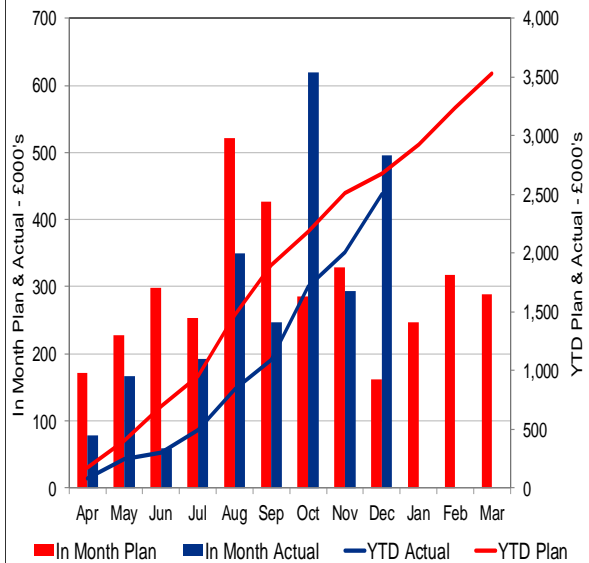
### Control Total Performance



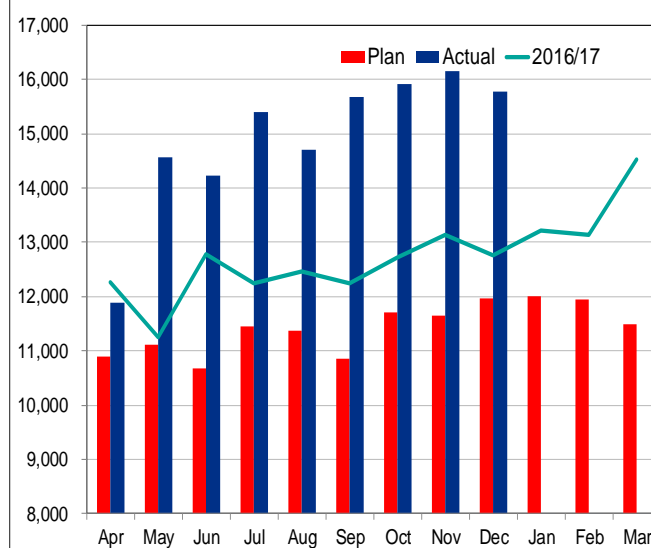
### Cost Improvement Programmes



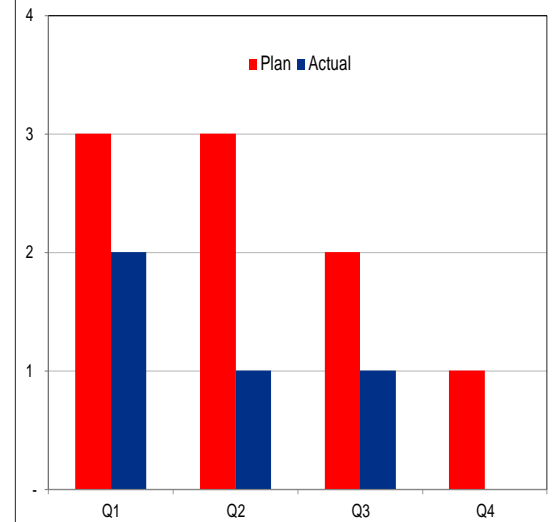
### Capital Expenditure



### In Month Cash Balances



### Quarterly Use of Resources



Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	16	●	Deterioration
Medical Agency Expenditure Cap in Month	(56)	●	Deterioration
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	(0.24%)	●	Deterioration
Qualified Nursing Expenditure Cap - YTD	1.27%	●	Deterioration
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	158	●	Decrease
Wage Cap Breaches in Month - Medical	181	●	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	38	●	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	5,114	4,424	(690)	7,234	6,115	(1,118)
Amber	9	49	40	233	72	(161)
Red/Blue	291	0	(291)	507	0	(507)
Mitigations	0	1,009	1,009	0	1,288	1,288
<b>Total CIPs</b>	<b>5,414</b>	<b>5,483</b>	<b>69</b>	<b>7,973</b>	<b>7,475</b>	<b>(498)</b>
High Risk Reserves	(500)		500	(500)		500
<b>Total CIPs net of Reserves</b>	<b>4,914</b>	<b>5,483</b>	<b>569</b>	<b>7,473</b>	<b>7,475</b>	<b>2</b>

### Reason for Variance & Mitigating Actions

CIPs have over achieved by £69k YTD but are forecast to under achieve by £498k (before high risk reserve). The recurrent CIP gap that will be brought forward into 2018/19 is £70k subject to management of inpatient staffing pressures.

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 further shortfall in delivery mainly due to cover required for sickness, vacancies and 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. Roster savings have been removed from the 2018/19 plan with the exception of £50k savings attributable to Acute Mental Health wards.
- Procurement stretch target – the prudent forecast risk reflects run rate efficiencies however the procurement team is focused on identifying opportunities 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 sessions have been eroded as a result of increased service volume

## Assurance Reports from Committee Chairs

### Assurance report: Quality and Safety Committee December 2017

#### Exceptions

The Committee wishes to draw the attention of the Board to the following items:

- The Learning Network - a database through which teams can share information about lessons learnt in their services. The Learning Network is a standing agenda item on Business Unit quality and safety meetings.
- The Clinical Senate - the Senate includes experienced clinicians from across the STP. The Senate can be commissioned by any commissioner or provider within the STP to undertake independent clinical reviews of service change proposals. A range of examples were provided. The Committee recommends that the Board also receives this brief presentation.
- The move to 7 day working of the BTHFT Medicines Management team. This has the potential to reduce capacity available from the team who provide services to BDCFT.
- The Committee received a scheduled Board Walkabout report. The Committee discussed recent proposals for a change to the focus of Board Walkabouts, variable perceptions across services of the purpose of Board walkabouts and the varying SMARTness and impact of recorded actions. The Committee commissioned Informatics, a survey of the perceived purpose and impact of the Walkabouts.
- The Committee agreed a timetable for a review of its dashboard with the first updated dashboard being available in June 2018.

#### Assurance

The Committee received:

- A Medicines Management report and was assured that work is progressing well, with the team expecting to be restored to full capacity shortly. Audits of antimicrobial use, in light of the drive to optimise antimicrobial use, and of Nicotine Replacement Therapy (NRT) prescribing have been undertaken. The latter has prompted work to improve follow-up prescribing for NRT users in inpatient services.
- The bi-annual Safeguarding report relating to Bradford services. A report for Wakefield services is expected at the next meeting. The Committee was assured that rates of Safeguarding training are rising. The potential to make Safeguarding training a requirement for all staff is to be discussed with the Safeguarding Forum. The Trust has received positive feedback regarding work on the Prevent agenda.
- A report from the Learning from Deaths group. The Committee was assured that no factors have been identified suggesting that the deaths reviewed were preventable. This in line with national intelligence.

### Assurance Reports: Finance Business & Investment and Mental Health Legislation Committees

- Finance, Business and Investment meeting held on 22 January 2018: A paper will be tabled at the Board meeting.
- Mental Health Legislation Committee: An update regarding the meeting held on 18 January 2018 will be provided at the meeting.