

Board Integrated Performance Report

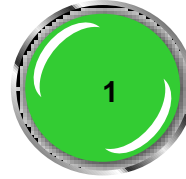
22 February 2018

January 2018 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		
Information	<ul style="list-style-type: none"> The Care Quality Commission (CQC) rating reflects the CQC report published in February 2018, following the 2017 inspection. The Board is receiving a separate paper on the CQC inspection results. 	1
Exceptions	<ul style="list-style-type: none"> In January 2018, we have not met the waiting time target for people with a first episode of psychosis. The underlying reasons, actions being taken and forecast quarter 4 performance will be considered at the business unit performance meeting and a verbal update provided to Board. As forecast, the Improving Access to Psychological Therapy (IAPT) recovery rate for quarter 3 remains slightly below the 50% target. The identified actions are impacting positively, with local data for January 2018 indicating recovery rates above 50% across all three Clinical Commissioning Groups. Performance continues to be reviewed monthly at the business unit performance meeting. 	4 5
Quality		
Exceptions	<ul style="list-style-type: none"> Information Governance training remains below target. Hotspot services are currently: community nursing services, Bradford health visiting service, child & adolescent mental health service, adult community mental health teams, acute mental health inpatient services and specialist inpatient services. A total of 295 records are showing as out of date, however, deeper interrogation of the data shows that there will also be a further 305 records that will be out of date by the end of March reducing the compliance rate to 75% for year end. A total of 514 training episodes will need to be completed to achieve the 95% target by the end of March 2018. Sickness remains above target. Stress and anxiety remains the main reason for sickness absence and is 15% higher than sickness absence related to musculo-skeletal. A new absence policy is being consulted upon and a sickness absence toolkit is being rolled out to support managers tackle sickness absence in a supportive, but robust manner. Short term sickness shows a seasonal trend meaning that if the current year follows this usual pattern we should see sickness rates start to reduce in March. 	9 - 10 11 - 12
Information	<ul style="list-style-type: none"> There was one duty of candour incident in January 2018. This relates to a palliative care patient who was discharged from the district nursing service after several attempts at visiting the home address without success. 	21
Business Unit		
Information	<ul style="list-style-type: none"> 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 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"> Four are rated red (roster savings; mental health acute and community; specialist inpatients, dental & administration; procurement) One is rated amber (corporate benchmarking) Three are rated green (adult physical health; estates and facilities; children's services). 	22

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
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Finance

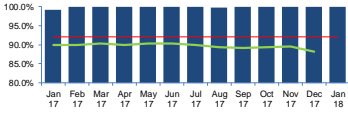
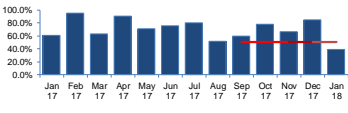
Assurance	<ul style="list-style-type: none"> • Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position: With a year to date surplus of £1,917k (excluding £410k adjustments relating to asset disposals) performance is £1,476k ahead of the planned surplus of £441k. The surplus includes Sustainability and Transformation Funding (STF) of £577k. The Trust experienced higher than average inpatient ward bank and agency costs in Month 9 and continued into Month 10 relating to cover for sickness, vacancies and special observation costs. Key issues that are impacting underlying Trust performance are inpatient staffing levels and disputed community property charges. The latter have been escalated and NHSI is supporting actions to resolve. Subject to containment of these the Trust forecasts meeting the 2017/18 Control Total of £826k surplus to secure access to £752k STF and deliver a £1,578k composite surplus. • Cash: Balances are £5.4m above plan reflecting favourable Control Total performance, receipt of 2016/17 STF, asset disposal proceeds and supplemented by capital slippage. We project delivering an end of year cash balance of £14.5m which is £3m ahead of plan. The £3m favourable movement includes 2016/17 STF cash flows of £1.6m and receipts from a surplus asset disposal £0.8m, neither of which were assumed in the plan, and working balance adjustments as a consequence of capital and revenue plan slippage. • Use of Resources (UoR): The actual at Month 10 is '1' which is the same as planned. • CIPs: CIPs have under achieved by £121k YTD and are forecast to under achieve by £498k (before mitigation by the £500k high risk CIP reserve). The recurrent CIP plan gap that will be carried into 2018/19 is £70k but this requires management of inpatient pressures. 	23 - 26
Exceptions	<ul style="list-style-type: none"> • Workforce – Agency Controls: Agency expenditure caps are being achieved for all but medical staffing. The medical cap was exceeded by £30k in month and by £213k year to date. There were 207 price cap and 210 wage cap breaches at the end of January (5 week month) all related to medical locums. A number of wage and price cap Agency reporting anomalies have been identified that will adjust (improve) reported performance. • Capital: Capital expenditure to the end of January was £253k below plan, driven by under spending in both IM&T and Estates. Some of this is a result of re-prioritising programmed expenditure to accommodate in-year pressures. The programme remains fully committed. 	

Summary and Recommendations

The report has been produced in advance of the Directors' Business & Transformation meeting. Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health and safety information will take place at the meeting. The Board will receive a verbal update of any themes or trends for escalation.




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

Single Oversight Framework Operational Performance Metrics



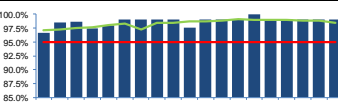
Indicator No.	Indicator	Target	Q1 17/18 Outturn	Q2 17/18 Outturn	Q3 17/18 Outturn	Jan	Feb	Mar	Q4 17/18 Numerator Outturn	Q4 17/18 Denominator Outturn	Q4 17/18 Outturn	National Benchmark	Graph
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				100.0%			409	409	100.0%	88.2% as of Dec 17	
M23	Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area		10	17	178	20					20		
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	69.5%	78.0%	74.4%	38.4%			10	26	38.4%		
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 January 2018 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of January 2018 was 41; 30 of these patients have been waiting for more than two weeks.

Indicator M23: The Trust has relatively few inappropriate out of area bed days, relating to the Psychiatric Intensive Care Unit 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.

Graph Key	
Measure	
Target	
England Benchmarking figure	




Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q1 17/18 Outturn	Q2 17/18 Outturn	Q3 17/18 Outturn	Jan	Feb	Mar	Q4 17/18 Numerator Outturn	Q4 17/18 Denominator Outturn	Q4 17/18 Outturn	National Benchmark	Graph
M22	Data Quality Maturity Index (DQMI) mental health services data set score	95.0%	97.8%	98.0%								Next publication date: TBC	
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	54.9%	49.6%	48.4% (Provisional)							50.1% as of Oct 17: Next publication date: 22/02/18	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	96.4%	96.3%	96.1% (Provisional)							88.3% as at Oct 17 Next publication date: 22/01/18	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	99.2%	99.6%	98.8% (Provisional)							98.5% as at Oct 17 Next publication date: 22/02/18	

Indicator M21: Improving Access to Psychological Therapies (IAPT) recovery rate has reduced in all three Clinical Commissioning Group (CCG) areas in quarter 2 and quarter 3. This is largely due to revisions in treatment pathways to reduce waiting times for psychological therapy within Community Mental Health Teams (CMHT). We have developed a stepped care approach during this period which is based on cluster. MyWellbeing College is a uni-disciplinary service appropriate to work with clusters 1 to 4 and not appropriate for people (clustered 5 to 17) who require a multi-disciplinary approach i.e. require psychological therapy within CMHT. We have ensured that people clustered 1 to 4 now receive therapy within MyWellbeing College, reducing demand on CMHT therapy. We have instigated an improved assessment and triage process, this has optimised the flow into the two pathways ensuring as far as possible that clients are seen by the appropriate service. We have also instigated a review process for those missed at initial assessment enabling them to be signposted to the appropriate service without negatively impacting on recovery rates.

The Trust has commenced innovative work within the City IAPT Team to consider and develop appropriate service responses to cultural issues. This work is supported by Hari Sewell, a national expert in the specialist field of equalities in mental health, and is due to complete in June 2018. We expect that this will support improvements in both access and recovery in City CCG and also BME populations across the district, by introducing culturally adapted promotion and interventions based on BME service user experience.

Local Trust data for January 2018 indicates recovery rates above 50% across all three CCGs. This indicates the identified actions are impacting positively at the beginning of quarter 4.

Graph Key	
Measure	
Target	
England Benchmarking figure	

Accident and Emergency Waiting Times

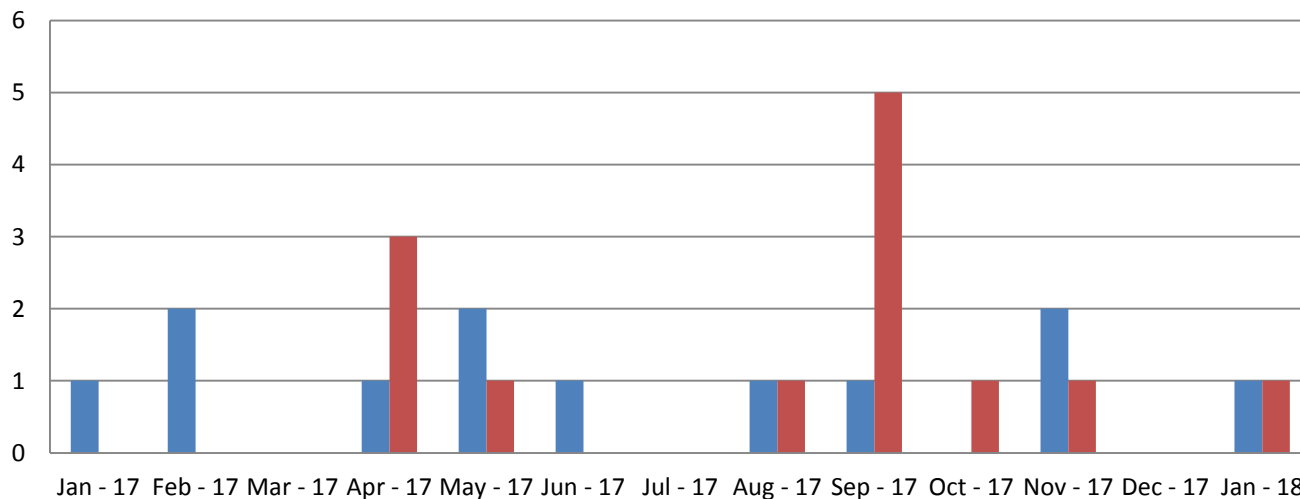
Airedale NHS Foundation Trust																									
Indicator No.	Indicator	Target	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
	Total A&E attendances		15,053	16,506	16,533	16,841	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	5,416	5,878	5,420
	Total attendances within 4 hours		13,840	15,528	15,546	15,591	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	5,029	5,341	5,017
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%	92.6%
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	11,278
	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	8,819
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%	78.2%

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.

NHS England and NHS Improvement planning guidance for 2018/19 outlines that the A&E performance recovery trajectory has been pushed back one year, with aggregate performance against the standard expected at or above 90% by September 2018. The majority of providers are expected to achieve the 95% standard in March 2019, with the NHS returning to 95% overall performance within 2019. The guidance states that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018.

Serious Incident Numbers

Indicator No.	16/17 Out-turn	This month's performance	17/18 Year to Date
Q3	96	2	22



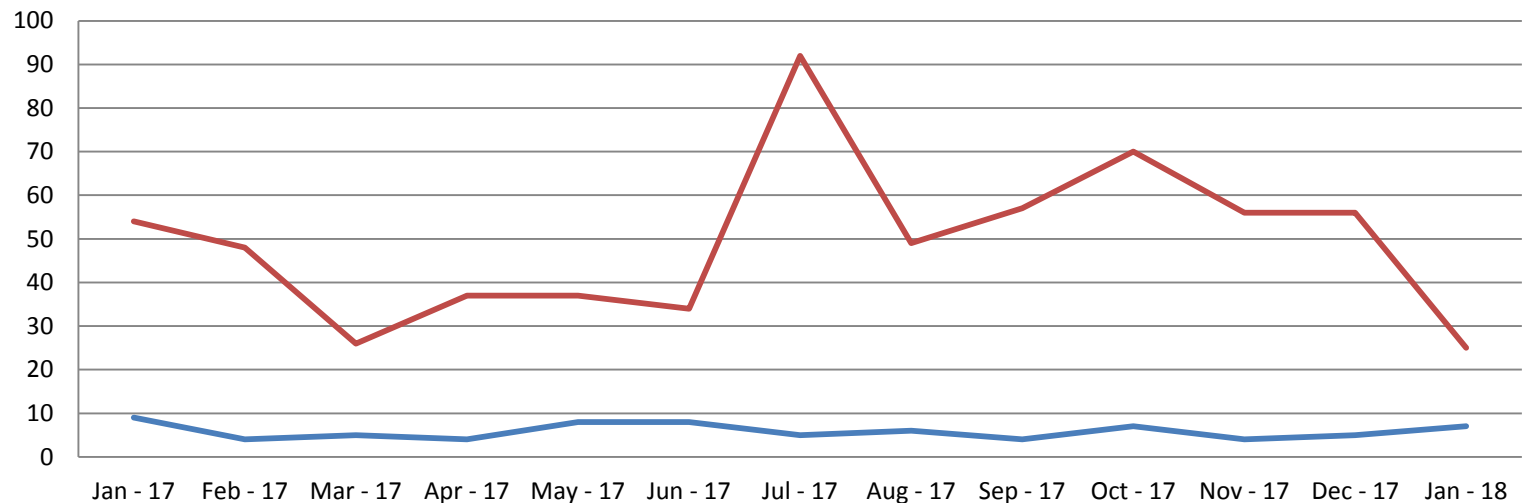
	Jan - 17	Feb - 17	Mar - 17	Apr - 17	May - 17	Jun - 17	Jul - 17	Aug - 17	Sep - 17	Oct - 17	Nov - 17	Dec - 17	Jan - 18
■ Suspected Suicides	1	2	0	1	2	1	0	1	1	0	2	0	1
■ Serious incidents Other	0	0	0	3	1	0	0	1	5	1	1	0	1

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

The "Serious Incident Other" in January 2018 relates to the death of a detained patient.

Number of Compliments, Complaints and Claims

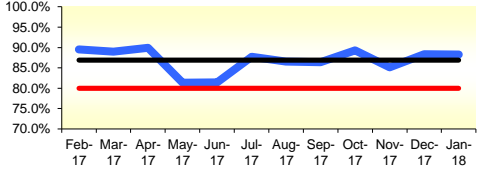
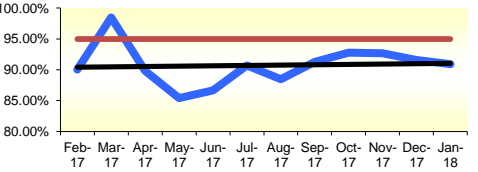
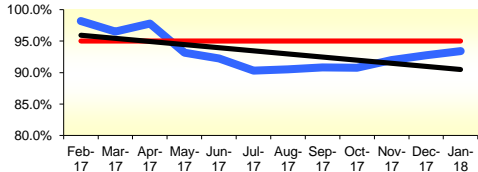
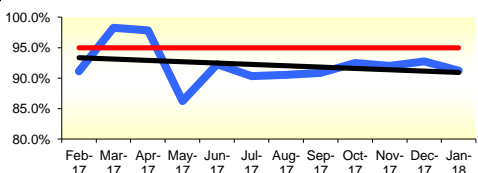
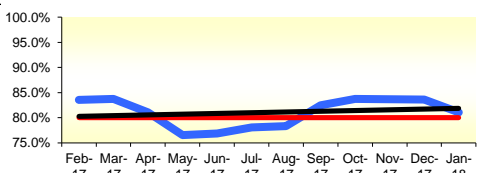
	Indicator	16/17 outturn	This Month	17/18 YTD
Q6	Claims Numbers	15	0	10
Q8	Complaints numbers	78	7	58
Q9	Compliments numbers	529	25	513






	Jan - 17	Feb - 17	Mar - 17	Apr - 17	May - 17	Jun - 17	Jul - 17	Aug - 17	Sep - 17	Oct - 17	Nov - 17	Dec - 17	Jan - 18
Complaints numbers	9	4	5	4	8	8	5	6	4	7	4	5	7
Compliments numbers	54	48	26	37	37	34	92	49	57	70	56	56	25

Indicator Q9: compliments are distributed amongst several service areas.

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%	7275	8214	88.57%		
Q17a	% Information Governance Training - <i>Substantive Staff Only</i>	98.46%	95.00%	2314	2536	91.25%		
Q17b	% Information Governance Training - <i>Tertiary Staff Only</i>	96.51%	95.00%	341	365	93.42%		
Q17c	% Information Governance Training - <i>Substantive and Tertiary Staff Combined</i>	98.28%	95.00%	2655	2901	91.52%		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	2044	2522	81.05%		

Graph Key	
Measure	
Target	
Trend	

Workforce – Appraisal and Mandatory Training

The overall **Mandatory Training** compliance currently stands at 88.28%, which is a 3.2% increase across the quarter (November 2017 – January 2018). The hotspot areas (i.e. the 3 Business Units with the lowest current compliance) are:

- Mental Health – Acute Inpatient and Community Services (86.85%)
- Trust Management (88.49%)
- Adult Physical Health Community Services (89.59%)

All 12 Business Units are achieving the 80% target. 6 Business Units report an increase in compliance since December 2017.

For **Information Governance** training, Trust compliance has reduced across the quarter by 1.8% for substantive only staff and by 0.8% for substantive and tertiary staff combined. Therefore despite additional management focus compliance remains below the 95% target. The hotspot areas (substantive only) are:

- Medical (60.00%) – this relates to 3 out of 5 members of staff being in date.
- Wakefield Children’s Services (86.05%)
- Mental Health – Acute Inpatient and Community Services (89.26%)

Just 3 of the 12 Business Units are achieving the 95% target. 6 Business Units report an increase in compliance since December 2017.

Appraisal compliance has reduced by 2.6% across the quarter. The hotspot areas are:

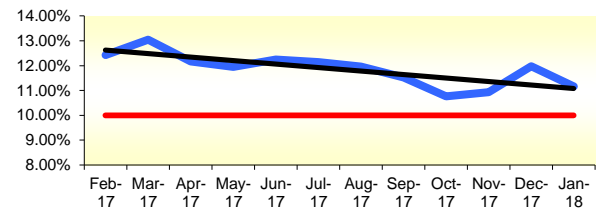
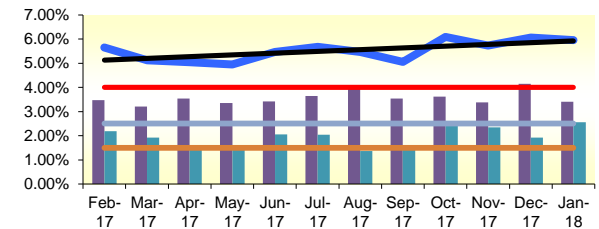
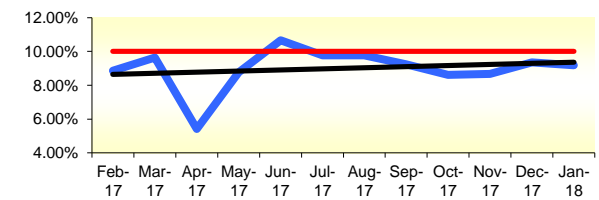
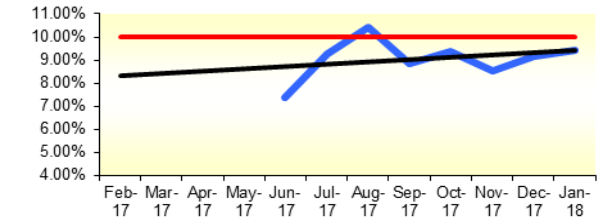
- Mental Health – Acute Inpatient and Community Services (76.90%)
- Adult Physical Health Community Services (77.34%)

9 of the 12 Business Units are achieving the 80% target. 2 Business Units report an increase in compliance since December 2017.








Actions to address performance:

- Directors have contacted team leaders of staff members who are out of date with information governance training, indicating the importance of action to ensure staff whose training has lapsed are brought back in date and take action to ensure that those whose training is due to lapse do not go out of date.
- Training in Business Intelligence reporting from ESR continues to be rolled out to managers to enable running of ‘real time’ information to be used for operational performance monitoring. Standard reports are being developed that managers will be able to use within Business Intelligence that will match the parameters used within the main workforce key performance indicators reported to Board.
- 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) and will be available from the start of the new financial year.
- Following the TUPE transfer of Wakefield 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%	11.16%		
Q20	% Sickness absence rate	5.12%	4.0%	5.96%		
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	7.17%	10.0%	9.19%		
Q21	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)		10.0%	9.41%		

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 increased by 0.2% across the quarter, currently reflecting 287.15 WTE leavers across the last 12 months. The hotspot areas are:

- Specialist Services & Nursing (19.13%)
- Adult Physical Health Community Services (14.22%)
- Human Resources (13.31%)

Retirements account for 19.35% of all leavers, whilst a further 16.40% are due to voluntary resignation – other/not known. 40.02% of leavers are qualified nurses, 29.34% of those were through retirement, and 67.44% were through voluntary resignation. 19.54% of all leavers left with less than one years 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.
- A Strategic Recruitment Plan is being developed for 2018/19 specifically for qualified nursing and healthcare support worker roles.

Sickness Absence rates have increased by 0.23% across the quarter, standing at 5.96% for January 2018, 5.55% YTD, currently exceeding the 4% target. The hotspot areas are:

- Estates, Facilities & Finance (8.43%, 4.66% long term – 17 ongoing long term sickness cases);
- Specialist Inpatient Services, Dentistry & Administration (7.91%, 4.02% long term – 21 ongoing long term sickness cases).
- Adult Physical Health Community Services (6.65%, 4.29% long term – 33 ongoing long term sickness cases);

The primary cause of long term sickness within these hotspot areas are stress and musculoskeletal, the primary cause of short term sickness is cold/flu and gastrointestinal.

Actions to address:

- The absence management policy has been developed and is due to go to Staff Side for consultation.
- Work is underway to promote the absence management toolkit for managers to help them provide proactive support to staff.

Vacancy rate - The current vacancy rate stands at 9.19% equating to approximately 260.39 vacant WTE, with a recruitment rate of 9.41%.

Actions to address:

- Although reduction in vacancy rate is a positive sign that posts are successfully being recruited to; a review of skill mix and service redesign may benefit from some vacancy within the service. This is currently being discussed as part of the safer staffing ward reviews being conducted within Inpatient services.

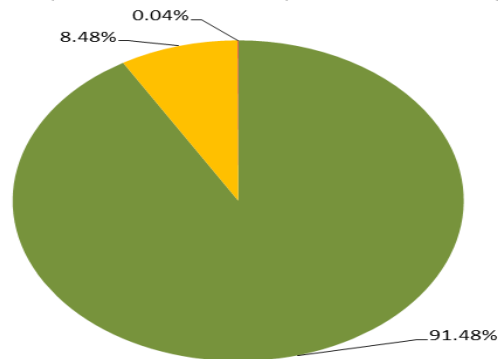
Workforce – Agency Reporting – as at December 2017

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	4,913	38.63	£127	↓						↓	6,019	45.16	£133	↔		
	Career/Staff Grades	3,187	44.85	2,884	33.23	£87	↓							2,884	33.23	£87	↑		
	Trainee Grades	995	14.70	349	5.00	£70	↑							1,333	17.67	£75	↔		
	Registered Nursing, Midwifery and Health visiting staff	47,413	1,155.54	42,303	1,072.82	£39	↔	1,069	24.60	£43	↑	1,503	30.91	£49	↑	44,875	1,128.33	£40	↔
	Scientific, Therapeutic and Technical staff - of which Allied Health Professionals	13,001	305.89	12,532	317.97	£39	↓	136	3.08	£44	↑	29	0.58	£50	↑	12,697	321.63	£39	↓
	Support to clinical staff	13,670	503.13	11,296	442.54	£26	↔	2,912	105.27	£28	↑	2,972	89.27	£33	↑	17,180	637.08	£27	↔
Total Clinical	83,843	2,067.32	74,278	1,910.19	£39	↓	4,117	132.95	£31	↑	6,594	139.96	£47	↑	84,989	2,183.10	£39	↔	
% of Total			87%				5%				8%			100%					
Non Clinical	NHS Infrastructure Support	23,514	687.89	23,157	673.75	£34	↓							23,157	673.75	£34	↑		
	Non Medical/Clinical staff	2,851	91.54					1,433	46.48	£31	↓	210	4.70	£45	↑	1,644	51.18	£32	↓
Total Non Clinical	26,365	779.43	23,157	673.75	£34	↓	1,433	46.48	£31	↓	210	4.70	£45	↑	24,801	724.93	£34	↑	
% of Total			93%				6%				1%			100%					
Total All Staff	110,208	2,846.75	97,435	2,583.94	£38	↓	5,550	179.43	£31	↑	6,804	144.66	£47	↑	109,790	2,908.03	£38	↑	
% of Total			89%				5%				6%			100%					

Q23a - Safer Staffing: Inpatient Services

Staffing Level Compliance

Exact/ Over Compliance Under Compliance Non Compliance



	No. shifts
Exact/ Over Compliance	2115
Under Compliance	196
Non Compliance	1

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 36 qualified nursing posts currently being recruited to (33 in pipeline), 27 support worker posts (23 in pipeline) and 5 OT/ OT Assistant posts (2 in pipeline).

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 piloted on the acute mental health wards with the Keith Hurst Acuity model. The pilot on DAU using an acuity model developed internally (aligned to MH Patient Clustering) has been run in September/October; with a paper comparing the output of both pilots being presented at the next Safer Staffing Group Meeting in February.
- 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.
- The safer staffing steering group is currently undertaking safer staffing reviews with each ward to look at skill mix possibilities and establishment levels against need of the unit as recommended by the National Quality Board – Safe, Sustainable and Productive Staffing document.

Narrative on data extracts regarding staffing levels on 13 wards during January 2018

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 January were on the Dementia Assessment Unit (DAU), Clover (PICU), Fern, Heather, Ashbrook, Thornton and Oakburn wards due to the increase in acuity (complexity of need) and the requirement for skill mix within the units.

The number of bank or agency shifts requested has been reducing over the last few months from nearly 4,000 in October 2017 to 2,800 in January 2018). 38% of the shifts in January were requested for Specializing and Escorting (which equates to an additional 22% over the baseline requirements to safely staff the wards). Vacancy is the highest request reason for booking at 47%, (5% increase from December), with hotspot areas remaining as DAU, Thornton, Bracken and Ashbrook.

Under compliant shifts - There were 45 incidents reported relating to staffing shortages in January 2018 (an increase of 7 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 January (from 12%) with 9% 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 – One shift was identified as being non-compliant in January. This was on the Assessment & Treatment Unit (ATU) due to no registered nurse being available on the night shift. This was mitigated by the Duty Nurse on Low Secure overseeing the night shift.

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				
Fem	710 - ADULT MENTAL ILLNESS	945	1065	915	1125	288.3	455.7	576.6	892.8	112.7%	123.0%	158.1%	154.8%
Heather	710 - ADULT MENTAL ILLNESS	1147.5	1102.5	1177.5	1590	288.3	306.9	864.9	1181.1	96.1%	135.0%	106.5%	136.6%
Bracken	710 - ADULT MENTAL ILLNESS	937.5	787.5	1387.5	1515	288.3	288.3	864.9	930	84.0%	109.2%	100.0%	107.5%
Ashbrook	710 - ADULT MENTAL ILLNESS	930	1072.5	1395	1905	288.3	334.8	864.9	1190.4	115.3%	136.6%	116.1%	137.6%
Maplebeck	710 - ADULT MENTAL ILLNESS	967.5	1065	1357.5	1365	288.3	316.2	864.9	892.8	110.1%	100.6%	109.7%	103.2%
Oakburn	710 - ADULT MENTAL ILLNESS	937.5	1245	1387.5	1762.5	288.3	344.1	864.9	1199.7	132.8%	127.0%	119.4%	138.7%
Baildon	710 - ADULT MENTAL ILLNESS	975	907.5	1117.5	1132.5	288.3	288.3	576.6	576.6	93.1%	101.3%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	742.5	840	1117.5	1147.5	288.3	288.3	576.6	576.6	113.1%	102.7%	100.0%	100.0%
Thornton	710 - ADULT MENTAL ILLNESS	1140	1222.5	2115	3540	288.3	306.9	864.9	1934.4	107.2%	167.4%	106.5%	223.7%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	945	960	1845	2032.5	288.3	288.3	864.9	1329.9	101.6%	110.2%	100.0%	153.8%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	855	847.5	1935	2377.5	288.3	316.2	1153.2	1618.2	99.1%	122.9%	109.7%	140.3%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	697.5	735	697.5	817.5	288.3	288.3	576.6	567.3	105.4%	117.2%	100.0%	98.4%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	930	1035	2790	4995	576.6	548.7	1441.5	3375.9	111.3%	179.0%	95.2%	234.2%

Q23b: Staffing Ratio (Trends): Community Services

Jan-18		Actual this month			F	M	A	M	J	J	A	S	O	N	D	J
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than												
FNP	25:1	15	25	28	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Health Visitors	312:1	337	312	362	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow
School Nursing	2200:1	2686	2200	2500	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red
Special Need School Nursing	75:1	65	85	90	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
EIP	15:1	18.6	15	18	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Yellow	Red
AOT	15:1	17	15	18	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow
CMHT	35:1	32	33	35	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CAMHS	40:1	34.2	35	40	Red	Red	Red	Red	Yellow	Red	Yellow	Yellow	Green	Green	Green	Green
Matrons and Case Managers	70:1	59	77	84	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	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.

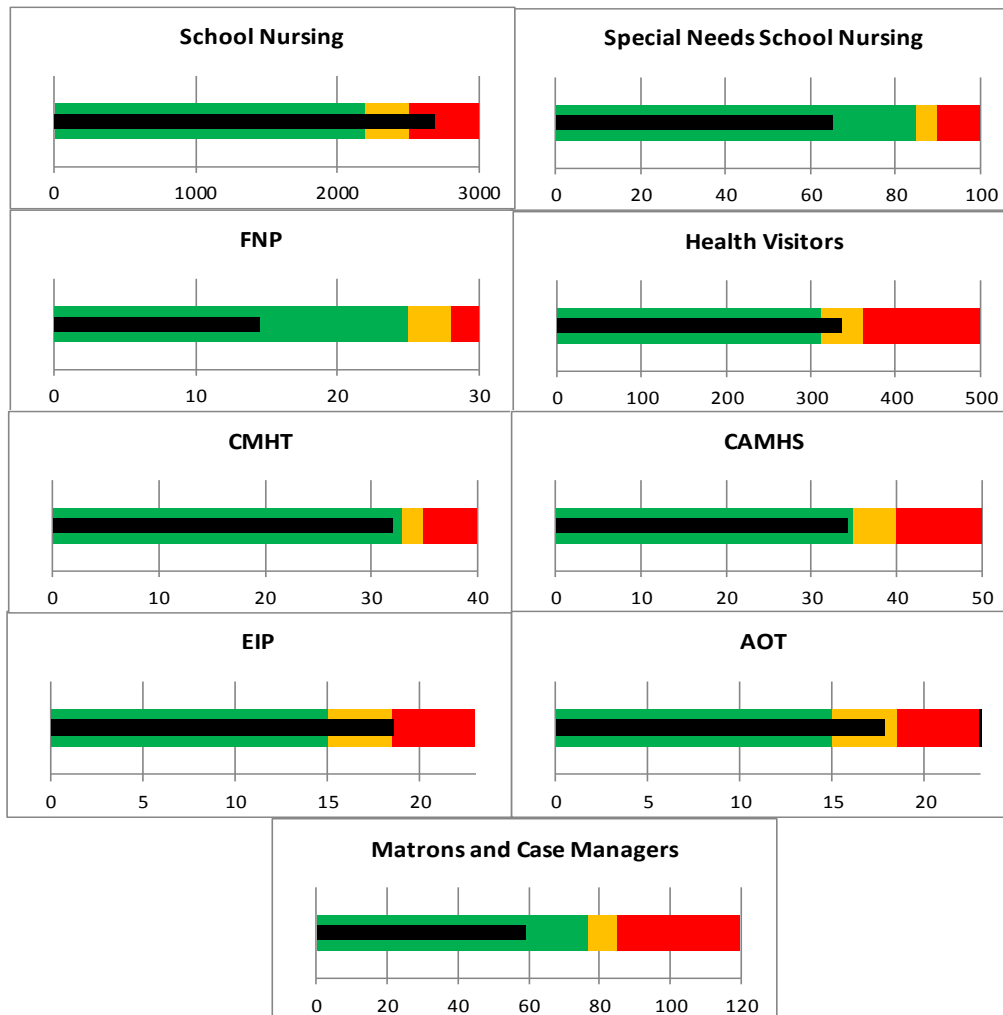
Special Needs School Nursing - does not have a national recommendation, therefore it has been set locally.

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 services within Bradford remain as amber due to high numbers of maternity leaves, in conjunction with a vacancy freeze as part of securing the savings identified by the public health reduction in 2018/19. School Nursing remains in the red due to sickness and maternity leaves. Work is underway to support staff to return to work and staff are prioritising safeguarding and more complex cases. A wider local authority consultation has commenced concluding in February 2018, highlighting £13.3 million cost reduction savings across the partnership. Work is ongoing between BDCFT children's managers and the commissioners to agree a revised service specification in line with these.

Deputy Director Mental Health Acute and Community

Early Intervention in Psychosis team ratios remain rated red, due to continued increase in referrals. However recruitment of 4 posts starting February/March to support this should start to see improvement in waiting times and caseloads. CAMHS is maintaining green rating, due to ongoing work on caseload management and recruitment. The new CMHT Assessment team in place since December 2017 will support caseload management within this service.

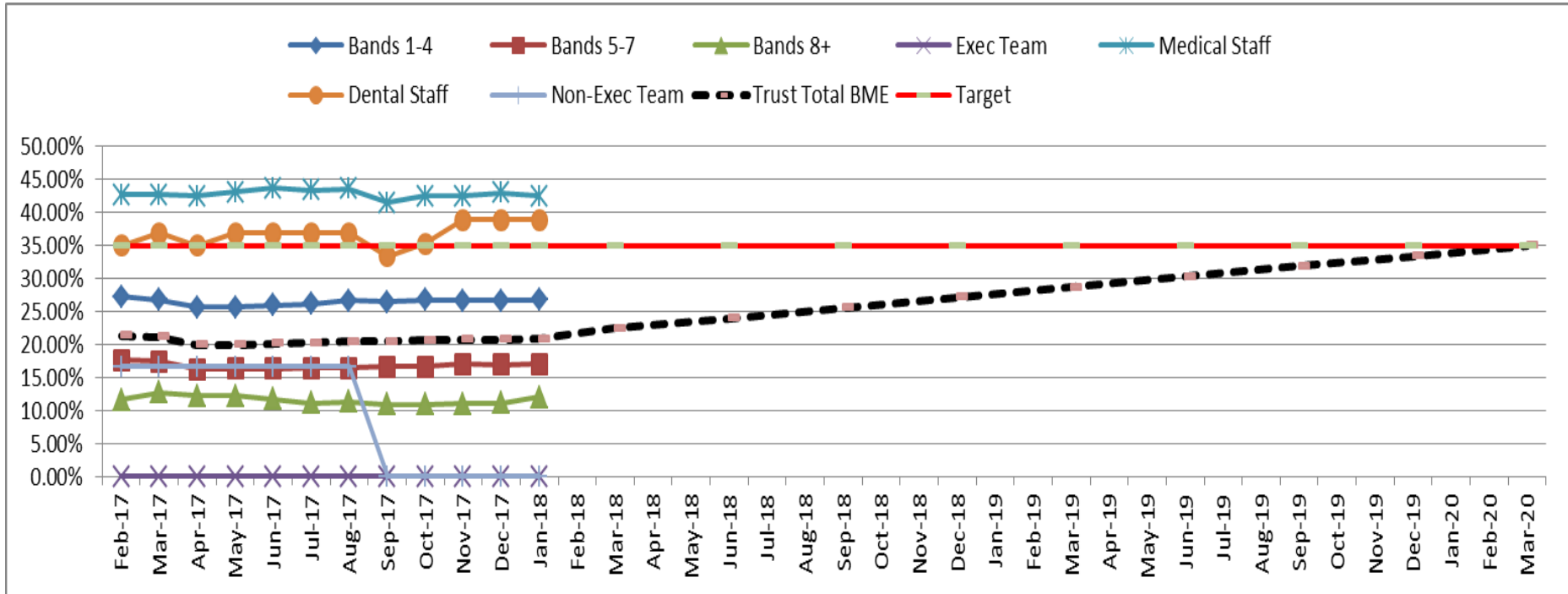
Deputy Director Adults Community Physical Health

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

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

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%		295	20	194	81	27.46%
Band 3	354	29.10%		389	13	266	110	28.28%
Band 4	257	24.12%		300	3	221	76	25.33%
Band 5	524	22.52%		566	19	422	125	22.08%
Band 6	776	15.85%		838	37	673	128	15.27%
Band 7	280	12.14%		307	8	260	39	12.70%
Band 8a	113	16.81%		118	4	96	18	15.25%
Band 8b	37	2.70%		35	1	33	1	2.86%
Band 8c	12	8.33%		11	1	9	1	9.09%
Band 8d	11	9.09%		10	0	9	1	10.00%
Band 9	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	22	24	34	42.50%
Dental Staff	19	36.84%		18	0	11	7	38.89%
Non-Exec Team	6	16.67%		6	3	3	0	0.00%
Trust Total	2837	21.11%		3050	140	2274	636	20.85%

Q25 - BME Diversity in Employment



The overall total of BME staff employed in the Trust shows a slight increase of 0.24% to 20.85% across the Trust. However this reflects an overall reduction of 0.46% over the last 12 months.

Positive change can be seen across 7 of the 16 band groupings, the most significant within band 4. In terms of recruitment across the last 12 months – 27.05% of new starters are from BME backgrounds. It should be noted however that 12.67% of new starters chose not to disclose this information. 30.97% of new starters (excluding not stated) are from BME backgrounds, 30.68% of those were recruited to band 2 positions, 13.67% of those were recruited to band 4 positions, and 23.58% of those were recruited to band 5 positions.

Achievement of the 35% target by March 2020 requires a 1.57% increase in BME staff per year. Current data shows a 0.46% reduction over the last 12 months.

The Trust's BME in Employment strategy ended in 2017 and the Board ratified a new Equality and Diversity Strategy in January 2018. A comprehensive action plan is in place to underpin the implementation of the strategy.

In the next quarterly review bank workers will be added into the review.

Patient and Service User Experience: Overview by Service Areas

Reporting Period: Quarter 3, 2017-18 (Oct, Nov, Dec 2017)

Area	Number of reviews expressing an opinion	Percentage of reviewers likely to recommend service to friends and family
Trust as a Whole	2424	95%
Acute Wards	141	89%
Adult Mental health	11	100%
Children and Adolescent Mental Health Services	23	61%
Clinical Admin Services	29	90%
Community Mental Health Teams	69	91%
Community Nursing	169	98%
Dental Services	158	97%
District Wide Specialist Services	69	100%
Family Nurse Partnership Speciality	9	100%
Health Visiting	425	98%
Learning Disabilities	107	100%
Looked after Children	89	93%
Older Peoples Mental Health	76	100%
Palliative Care Speciality	2	100%
Podiatry Speciality	85	95%
Psychological Therapies City Locality	1	100%
School Nursing	791	96%
Specialist Inpatient services	110	83%
Speech and Language Therapy	38	100%
Unknown Specialty	2	100%
Volunteer Services	20	95%

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

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

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
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	1

Directors Business & Transformation Programme Monthly Summary

Overall Programme Summary

Oct-17

Nov-17

Dec-17

Jan-18

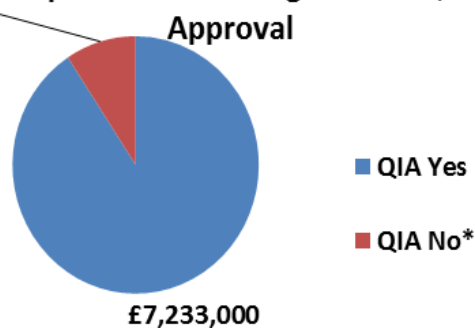
The purpose of Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

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.

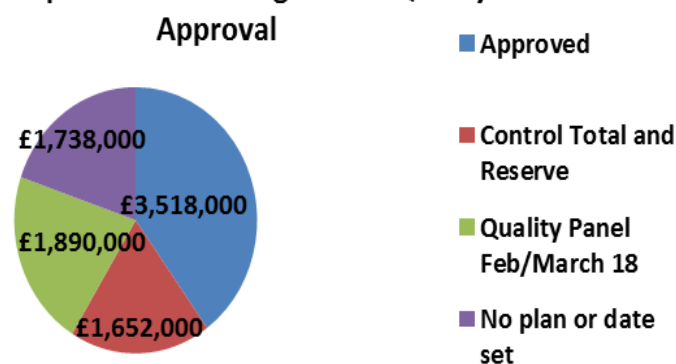
In Month 10 the programme remains red RAG rated but is forecasted to achieve our control total to save £7.973m. We have achieved £6.154m of savings year to date which is 77% of our target and ahead of plan to date. There is a forecasted shortfall of £498k which is covered by the £500k high risk reserve 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. £3.51m of savings have been approved through Quality Panel for 2018-19.

1. ⇔ **Corporate Schemes (not inc Estates) – Currently forecasting to overachieve however non recurrent underspend being used; work underway to bring forward proposal for changes to Interpreting services**
2. ⇔ **Roster Savings – 3 wards piloting either a 2 shift or revised 3 shift system, evaluation planned for March 2018**
3. ⇔ **Mental Health Acute & Community – forecast still inclusive of high agency spend, work ongoing to review spend and acuity as rostering and discharge trackers showing reduction in bank and agency usage.**
4. ⇔ **Trust Procurement – Forecasts predicting a £236k shortfall**
5. ⇔ **Adult Physical Health - Savings now found recurrently and all schemes Quality Impact Assessed**
6. ⇔ **Estates and Facilities - Savings on track and all schemes Quality Impact Assessed**
7. ⇔ **Inpatients, Specialist, Dental & Admin – Criteria led Ward Dashboards now live and review of specialising underway**
8. ⇔ **Children's 2017/18 – Both Bradford/Wakefield savings on track and all schemes Quality Impact Assessed**

£740,000 Cost Improvement Savings 17-18 Quality



Cost Improvement Savings 18-19 Quality



2018/19 cost improvement savings are being finalised as part of the planning work. A verbal update will be provided to the Board.

Finance Key Measures

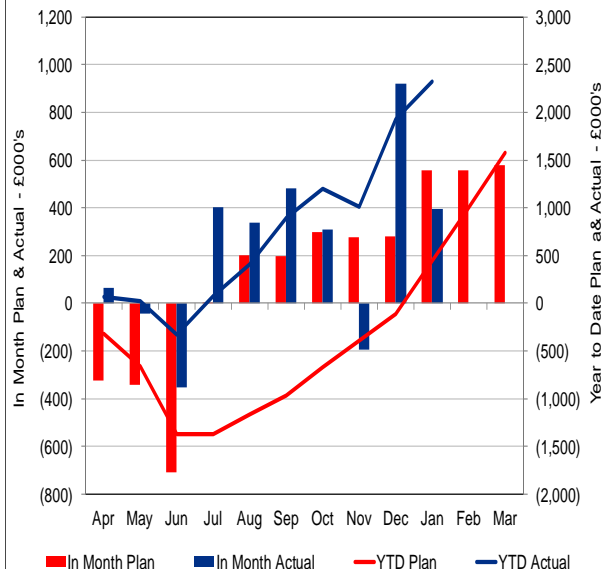
£000's	Year to Date				Forecast Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Surplus/(Deficit) including Technical Adjustments	441	2,327	1,886	●	1,578	2,398	820	●
Add back all I&E impairments/(reversals)		(206)	(206)			(206)	(206)	
Retain impact of DEL I&E (impairments)/reversals						206	206	
Control Total Performance	441	2,120	1,679	●	1,578	2,398	820	●
Additional STF Finance Incentive income						410	410	
Profit on Disposal of Fixed Assets		203	203			203	203	
Impairment reversal						206	206	
Surplus/(Deficit) excluding Technical Adjustments	441	1,917	1,476	●	1,578	1,578		●
CIPs (before High Risk Reserve)	6,275	6,154	(121)	●	7,973	7,475	(498)	●
Capital Expenditure	2,921	2,668	253	●	3,528	3,528		●
Cash Balance	12,013	17,449	5,436	●	11,485	14,500	3,015	●
Use of Resources	1	1		●	1	1		●

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

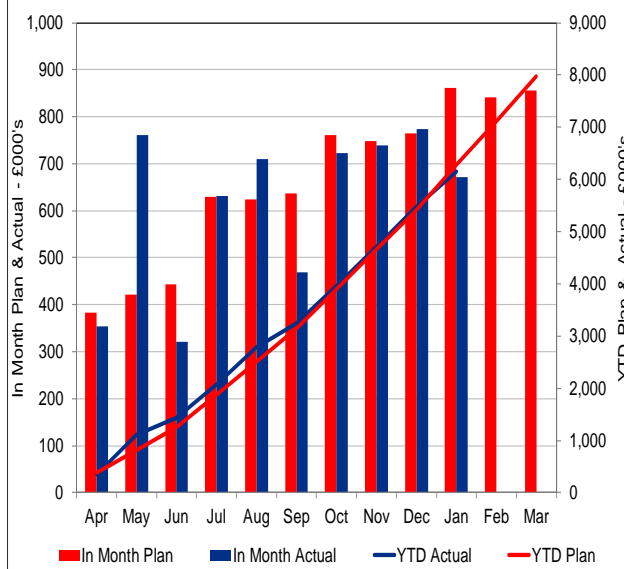
Note for RAG for CIPs – 10% variance is Amber, over 10% is Red

Before taking into account the high risk CIP reserve performance is £121k behind plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to FBIC scrutiny.

Control Total Performance

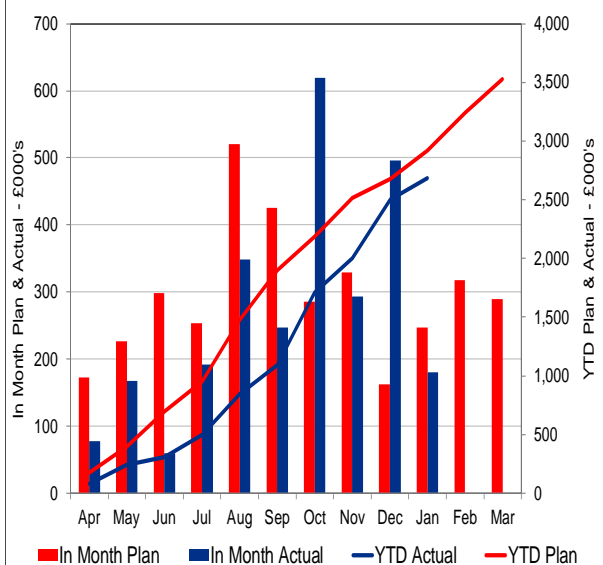


Cost Improvement Programmes

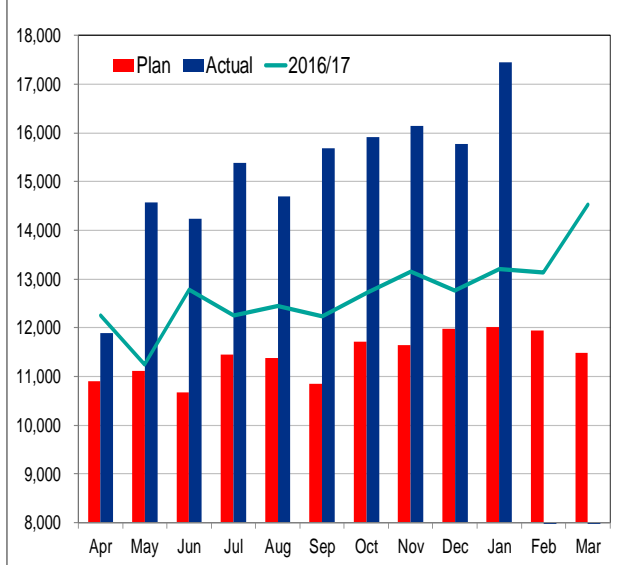


Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	61	●	Improvement
Medical Agency Expenditure Cap in Month	(30)	●	Improvement
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	0.93%	●	Improvement
Qualified Nursing Expenditure Cap - YTD	1.24%	●	Deterioration
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	207	●	Increase due to 5 week
Wage Cap Breaches in Month - Medical	210	●	Increase due to 5 week
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	●	No change

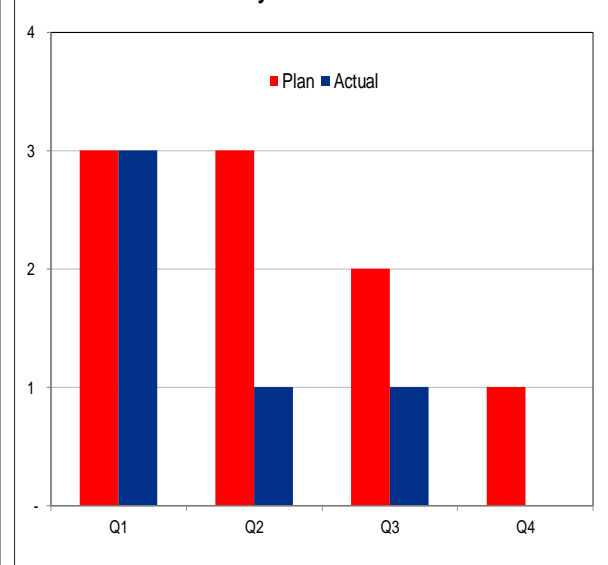
Capital Expenditure



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	5,828	4,995	(833)	7,234	6,115	(1,118)
Amber	84	57	(27)	233	72	(161)
Red/Blue	363	0	(363)	507	0	(507)
Mitigations	0	1,102	1,102	0	1,288	1,288
Total CIPs	6,275	6,154	(121)	7,973	7,475	(498)
High Risk Reserves	(500)		500	(500)		500
Total CIPs net of Reserves	5,775	6,154	379	7,473	7,475	2

Reason for Variance & Mitigating Actions

CIPs have under achieved by £121k YTD and forecast to under achieve by £498k (before high risk reserve). The recurrent CIP gap that will be brought forward into 2018/19 is £70k.

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 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 sessions have been eroded as a result of increased service volume

Assurance Reports from Committee Chairs

Assurance Report: Quality and Safety Committee – 9 February 2018

Assurances

- **Children's services strategy:** the committee was assured that the strategy engaged extensively with service users to design a model of care with the child at the centre of the service network, recognising that others may be appropriately involved in the decision about what is best for a child. In light of the uncertainties surrounding the children's service model going forward, including severe financial pressures, the committee asked to receive an update on implementation of the strategy later in the year.
- **Serious Incident policy:** following review the policy was approved by the committee. The committee welcomed the review of the network of clinical policies within which this policy sits.
- **Safeguarding children - Wakefield:** the committee was assured that the risks present at the point of transfer of the service have been mitigated with a safeguarding team and supervision in place and a significant improvement in proportion of staff with in date safeguarding training, operating to a single set of standards across the Trust.
- **Business Units:** the committee was assured of an ongoing robust approach to quality and safety assurance and improvement in the Adult Mental Health and Specialist Inpatient, Administration and Dental Services.
- BDCFT currently has the highest achievement nationally on the **CQUIN Physical Review of the health of Mental Health service users.**
- There has been an **external review of the Forensic Mental Health** service with 7 of 14 standards met and areas of good practice noted, 3 partly met and 4 not met.
- **Out of Hospital Care:** the committee received an assurance report on the development of an integrated approach across the Bradford Integrated Care System including the establishment of Primary Care Homes to include GPs, BDCFT, acute Trust, local authority community services and voluntary services
- **Dashboard:** a slide showing achievement of required training is now included in the dashboard
- All call monitoring KPIs for the **Single Point of Access** were rated green in December for the first time (data is collected monthly).

Exceptions

- Business Unit red risks:
 - **Vacancies in psychological therapies** for service users with Learning Disabilities - two of the posts are expected to be filled shortly
 - The **transfer of calls from the SPA to First Response:** two of four tele-coach posts have been filled; there now only isolated instances of long waiting times for calls to be answered and the number of unsuccessful transfers has fallen.
 - Staffing on the Dementia Assessment Unit continues to be challenging despite a range of actions in place.
- Dashboard: despite all actions taken **waiting lists for community mental health psychology services** continue to grow.
- The number of **clinical policies** in date has deteriorated with a quarter of policies out of date and no smart plan for approval in place. A strengthened monitoring process has been agreed
- The committee agreed to the development of a new provider **Serious Incident Assurance report**, incorporating the work of the refreshed Serious Incident and Complaints forum as well as the relevant elements of the CQC action plan, to give assurance of appropriate and sustained learning from Serious Incidents.

Assurance Reports from Committee Chairs

Assurance Reports: Audit Committee and Finance, Business and Investment Committee

- Audit Committee, 19 February 2018 – a paper will be tabled at the Board meeting
- Finance, Business and Investment Committee – next meeting March 2018