Board Integrated Performance Report

26 April 2018

March 2018 Data

1.1 CQC Rating

1.2 NHS Improvement Segment

1.3 NHS Improvement Finance Score

Agenda item: 15

Lead Director: Director of Finance, Contracting and Facilities

Presented for: Assurance

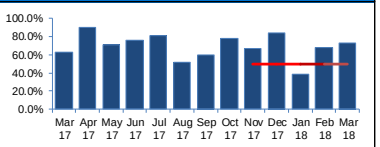
The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indicators.

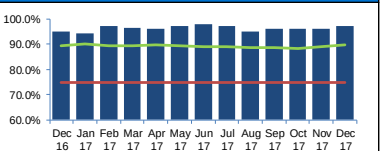
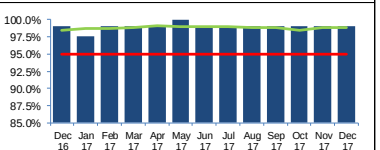
Board Action	Key Highlights	Slides
	NHS Improvement Indicators	
Information	• Under the Single Oversight Framework, NHS Improvement segments providers based on the level of support each provider needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. NHS Improvement has moved the Trust from segment 1 to segment 2 (providers offered targeted support), due to the change in the Care Quality Commission rating from 'Good' to 'Requires Improvement'.	**1**
Assurance	• Performance against the waiting time target for people with a first episode of psychosis remained above the target in March 2018 and the target has been met at Trust level for quarter 4.	**4**
	Quality	
Exception	• The Trust's internal forecast is that four of the 13 Commissioning for Quality and Innovation (CQUIN) goals will not be fully met. The forecast position has improved by £74k since quarter 3.	**8 - 10**
Assurance	• As reported verbally to the previous Board meeting, the information governance training compliance target has been met in March 2018. In terms of compliance for tertiary staff, 100% of staff bank workers (132 active workers) are in date. 95.2% of Taskmaster workers (80 out of 84 active workers) and 97.2% of Retinue workers (153 out 157 active workers) are in date, with the 8 out of date staff being chased for updated evidence of completion.	**11**
Exception	• Appraisal compliance is slightly below target. Underlying reasons vary across business units, with performance impacted by labour turnover, team leadership changes, sickness absence and workload. Discussions are occurring within corporate and service business units to mitigate risks when several of these factors occur simultaneously.	**11**
Information	• As agreed at the January 2018 Board meeting, the learning from deaths quarterly dashboard is now included within the integrated performance report.	**15 – 16**
	Business Unit	
Information	• Business Unit Performance Meetings have been held for Specialist Inpatients, Dental and Administration; Mental Health Acute and Community; Estates and Facilities. • Actions to address mental health in-patient staffing include a very successful recruitment event, which resulted in recruitment of: 42 bank workers and non-registered staff; 9 registered nurses; 2 Allied Health Professionals. A further event is planned for June 2018.	
Exception	• As demonstrated in the service line dashboard within the March integrated performance report, Child and Adolescent Mental Health Services have experienced challenges in meeting mandatory training and appraisal targets. The performance meeting considered the comprehensive action plan put in place by the business unit, including support for team managers and provision of information to support proactive management.	

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
	Change Programme	
Exceptions	• The 2017/18 Change Programme provides governance, monitoring and assurance for eight transformation projects delivering significant service transformation and change. Rating of the projects remains the same as the previous four months: - 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).	**18**
	Finance	
Assurance	• **Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position:** The end of year annual accounts (draft) position is a surplus of £3,268k. This includes including technical impairment reversals of £872k. Excluding impairment reversals the position is a surplus of £2,396k. This exceeds the planned £1,578k surplus by £818k, comprising £409k favourable performance (£192k gain on asset disposal and £217k favourable movement in month 12 risks) matched by anticipated £1 for £1 STF incentive income of £409k. These values remain estimated until the national provider position is consolidated and individual provider STF calculated. The final incentive/bonus STF will be notified to the Trust on 20 April. • **Cash:** Balances are £3.6m above plan reflecting favourable Control Total performance mainly due to the receipt of 2016/17 STF cash flows. We projected delivering an end of year cash balance of £14.5m compared to a plan of £11.5m. The final cash position was £15.1m, £0.6m higher than anticipated and linked to ongoing community property billing queries and local NHS provider partner invoice systems issues. • **Use of Resources (UoR):** The actual at Month 12 is '1' which is the same as planned.	**19 – 21**
Exceptions	• **CIPs:** CIPs are £498k below plan for 2017/18 but are fully mitigated by the £500k high risk CIP reserve in-year. The recurrent plan carried into 2018/19 requires full management of inpatient staffing pressures and is a key underlying risk. • **Workforce – Agency Controls:** Agency expenditure caps are being achieved for all but medical staffing. The medical cap was exceeded by £71k in month and by £255k for 2017/18. There were 176 price cap and 176 wage cap breaches at the end of March (4 week month) all related to medical locums. Medical locum pressures are expected to continue into 2018/19 including gaps on junior doctor rotations. A key continuing focus into 2018/19 is work to reduce inpatient agency usage through processes that ensure timely early approval of rosters and prioritise bank over agency bookings.	
Assurance	• **Capital:** Capital expenditure to the end of March was £2k below plan.	
	Summary and Recommendations	
The report shows good performance in March 2018 and quarter 4. The Board is recommended to consider the exceptions highlighted and note the proposed actions.		

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Data status	Q1 17/18 Outturn	Q2 17/18 Outturn	Q3 17/18 Outturn	Jan	Feb	Mar	3 Months Rolling Numerator	3 Months Rolling Denominator	Overall 3 months rolling	National Benchmark	Graph
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (Rolling month)	50.0%	Final	78.0%	63.8%	74.4%	38.4%	67.8%	73.3%	40	69	57.9%		

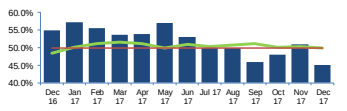
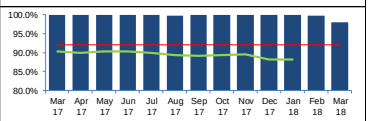
Indicator No.	Indicator	Target	Data status	Q1 17/18 Outturn	Q2 17/18 Outturn	Q3 17/18 Outturn	Dec	Jan	Feb	3 Months Rolling Numerator	3 Months Rolling Denominator	Overall 3 months rolling	National Benchmark	Graph
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	Provisional	97.4%	96.3%	96.5%	97.0%	98.4%	96.4%	1239	1271	97.4%	89.7% as at Dec 17 Next publication date: 25/04/18	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	Provisional	100.0%	99.2%	99.3%	99.0%	99.4%	98.9%	1264	1271	99.4%	98.8% as at Dec 17 Next publication date: 25/04/18	

Indicators M7, M10, M11: Reporting shows the 3 month rolling position, rather than traditional quarters, in order to match how NHS Improvement now monitors these metrics under the Single Oversight Framework (updated November 2017).

Indicator M7: Data is provisional 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 March 2018 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of March 2018 was 39; 27 of these patients have been waiting for more than two weeks.

Graph Key	
Measure	
Target	
England Benchmarking figure	

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	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%	TBC				TBC	TBC	TBC	Next publication date: TBC	
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	54.9%	49.6%	48.2%	52.3% (Provisional)	53.2% (Provisional)					49.9% as of Dec 17: Next publication date 25/04/18	
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate − patients on an incomplete pathway	92.0%				100.0%	99.7%	98.0%	1233	1242	99.2%	88.2% as of Jan 18	
M23	Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area		10	9	144	0	0	4			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 M21: As forecast, Improving Access to Psychological Therapies (IAPT) recovery rate has improved in quarter 4. Provisional data for February 2018 indicates recovery rates above 50% for two of the three Clinical Commissioning Groups and for the Trust overall.

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	

Accident and Emergency Waiting Times

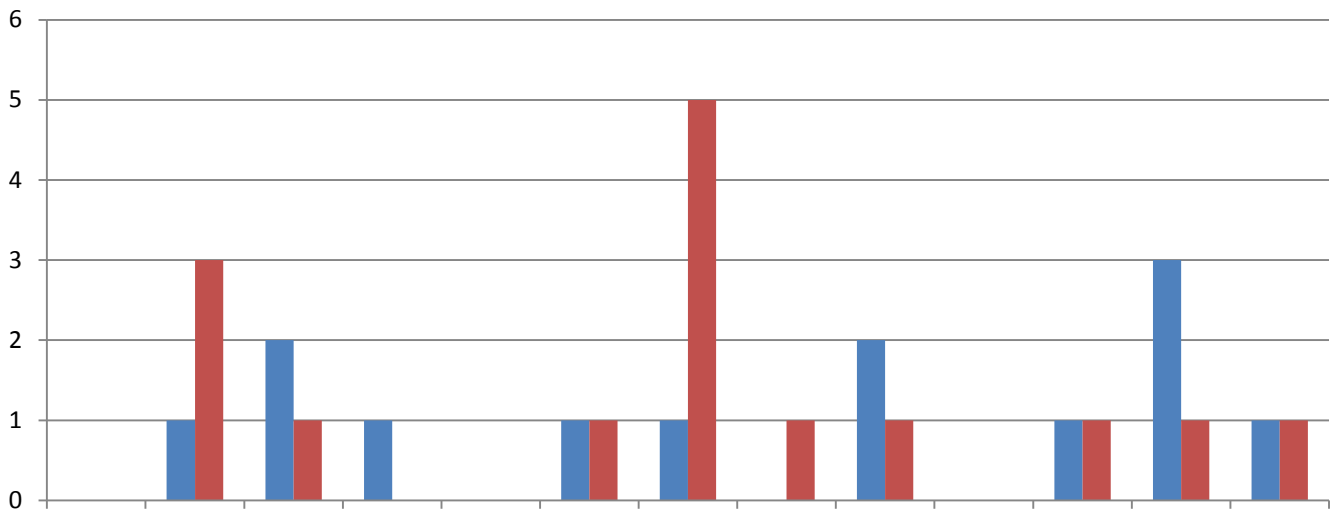
Indicator No.	Indicator	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Airedale NHS Foundation Trust																			
	Total A&E attendances		16,506	16,533	16,841	15,680	5,480	5,318	5,764	5,424	5,770	5,225	5,538	5,547	5,416	5,878	5,420	4,751	5,509
	Total attendances within 4 hours		15,528	15,546	15,591	14,503	5,101	4,960	5,403	5,165	5,519	4,868	5,159	5,221	5,029	5,341	5,017	4,340	5,146
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	94.1%	94.0%	92.6%	92.5%	93.1%	93.3%	93.7%	95.2%	95.6%	93.2%	93.2%	94.1%	92.9%	90.9%	92.6%	91.3%	93.4%
Bradford Teaching Hospitals NHS Foundation Trust																			
	Total A&E attendances		32,411	34,084	40,255	32,525	11,362	11,105	12,000	10,979	11,808	10,879	12,241	13,723	13,050	13,482	11,278	10,127	11,120
	Total attendances within 4 hours		29,091	28,031	33,865	25,399	10,498	9,709	9,825	8,497	10,405	9,611	10,809	11,591	11,088	11,186	8,819	7,829	8,751
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	89.8%	82.2%	84.1%	78.1%	92.4%	87.4%	81.9%	86.3%	88.1%	88.3%	88.3%	84.5%	85.0%	83.0%	78.2%	77.3%	78.7%

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.

Nationally, 84.6% of patients were seen within 4 hours in all A&E departments in March 2018, compared to 85.0% in February 2018 and 90.0% in March 2017. This is the lowest performance since the collection began, both in overall performance (which includes urgent care attendances) and for type one emergency attendances. Just three non-specialist acute providers met the 95% standard in March 2018: Luton and Dunstable University Hospital Foundation Trust; North Tees and Hartlepool Foundation Trust; and Dorset County Hospital Foundation Trust.

Serious Incident Numbers

Indicator No.	16/17 Out-turn	This month's performance	17/18 Out-turn
Q3	96	2	28



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

Serious Incident other: This was an allegation of inappropriate use of physical intervention.
Reporting Timescales: There were no serious incident reports submitted in March 2018.

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

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

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

- Delivering all in year milestones and targets of the clinical quality and transformational indicators - £1.5m.
- Sustainability and Transformation Partnerships (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 quarters 1, 2 and 3 were delivered, with the exception of 3b and 9e, and achieved £1m 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.
The forecast position for indicator 4 "Improving services for people with mental health needs who present at A&E" has improved, following receipt of quarter 4 data that shows the target of 20% reduction in A&E attendances for the cohort of frequent attenders has been met.

National CQUINs					Actual / Forecast RAG			
Indicator Name	**CQUIN Aim**	**Delivery of Milestone at Risk**	**Business Unit affected**	**Potential unachieved income**	**Q1**	**Q2**	**Q3**	**Q4**
1a. Improvement of health & wellbeing of NHS staff	Evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to a higher staff engagement, better staff retention and better clinical outcomes for patients.	Achievement of 5% improvement in 2 of the 3 questions in the staff survey • 9a) Does your organisation take positive action on health and wellbeing? • 9b) In the last 12 months have you experienced musculoskeletal problems as a result of your work? • 9c) During the 12 months have you felt unwell as a result of work related stress?	All	£58k				F
	Issue: Results from the 2017 staff survey show that we have not met the level of improvement from the 2015 staff survey (baseline period) for any of the 3 questions. The internal forecast is now that no income will be received for this indicator. **Actions**: The Trust is focusing on three actions from the 2017 staff survey: leadership; bullying and harassment/ discrimination; staff engagement and involvement. These areas of focus are also aimed at supporting discussions and actions to improve staff health and well-being and addressing concerns identified through the survey around levels of resourcing and support.							

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**
3b Improving Physical healthcare to reduce premature mortality for people with serious mental illness - Collaboration with primary care clinicians	90% of patients to have either an up to date CPA, care plan or a comprehensive discharge summary shared with their GP.	Q2 – Identify and develop clear plans for aligning and cross checking SMI QOF and CPA registers Q4 - 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	£17k	A	A	A	F
	Issue: Q2 - The identification of a process for cross checking registers across organisations was unable to be completed within the required timeline due to issues that arose regarding gaining access to QOF data and IG concerns. Whilst a workable solution has now been identified and implemented, the commissioners feel that as it wasn't within the stipulated timeframe we have failed to meet the requirement. **Issue: Q4** - 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. **Actions:** 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.							
8b. Supporting proactive and safe discharge	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5%	By the end of Q4 • 2.5% increase from baseline in number of patients discharged to usual place of residence, or • 47.5% of patients discharged to usual place of residence	Adult Physical Health	£70k		A		F
	Issue: 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. **Actions**: 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 CCGs Senior Clinical Quality Manager regarding care home engagement. NHS England has suspended this CQUIN goal for 2018/19 for acute and community providers.							

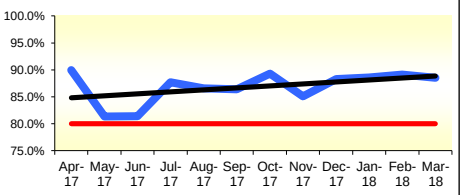
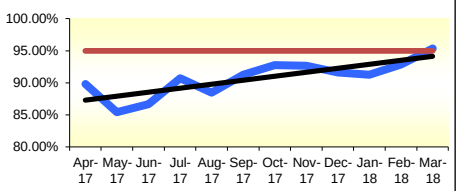
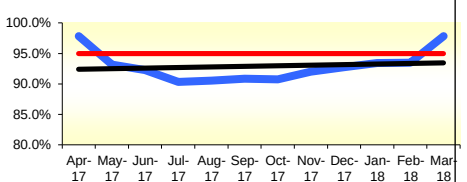
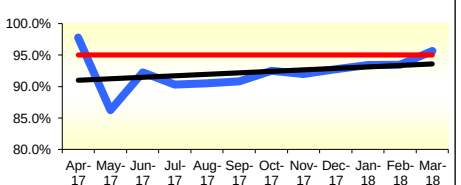
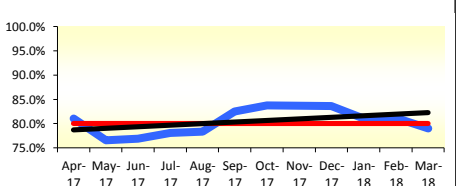
A = Actual F = Forecast

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**
9. Preventing ill health by risky behaviours - alcohol and tobacco	Percentage of unique adult patients who are screened for smoking status and whose results are recorded; a) Tobacco screening 90% b) Tobacco brief advice 90% c) Tobacco referral and medication offer 30% d) Alcohol screening 50% e) Alcohol brief advice or referral 80%	Q2 – The target was not met for 9e but we did meet the requirement for a partial payment for our improved performance Q3 – Performance reported to our commissioners reported that the target for 9e had not been met	Acute & Community MH Services And Specialist Inpatient Services	£6k	A	A	A	F
					A	A	A	F
					A	A	A	F
					A	A	A	F
					A	A	A	F
	Issue: When screening indicates a potential alcohol dependence patients need to be referred to specialist services instead of receiving brief advice. **Actions**: When screening is undertaken staff will ensure that the appropriate referral is made for the patient and that accurate records are completed.							

A = Actual F = Forecast

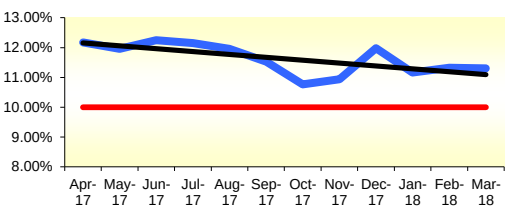
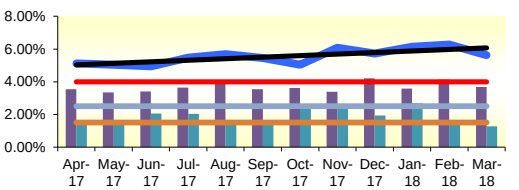
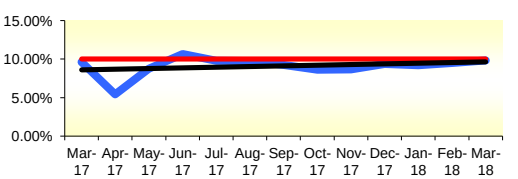
Workforce – Appraisal and Mandatory Training

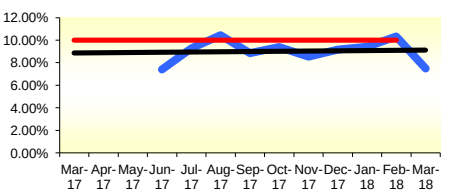
Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	17/18 outturn	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	88.96%	80.00%	7263	8204	88.53%		
Q17a	*% Information Governance Training - Substantive Staff Only*	*98.46%*	*95.00%*	*2450*	*2569*	*95.37%*		
Q17b	*% Information Governance Training - Tertiary Staff Only*	*96.51%*	*95.00%*	*365*	*373*	*97.86%*		
Q17c	*% Information Governance Training - Substantive and Tertiary Staff Combined*	*98.28%*	*95.00%*	*2815*	*2942*	*95.68%*		
Q18	% Staff Receiving Appraisal	83.77%	80.00%	1976	2501	79.01%		

Graph Key

Measure	
Target	
Trend	

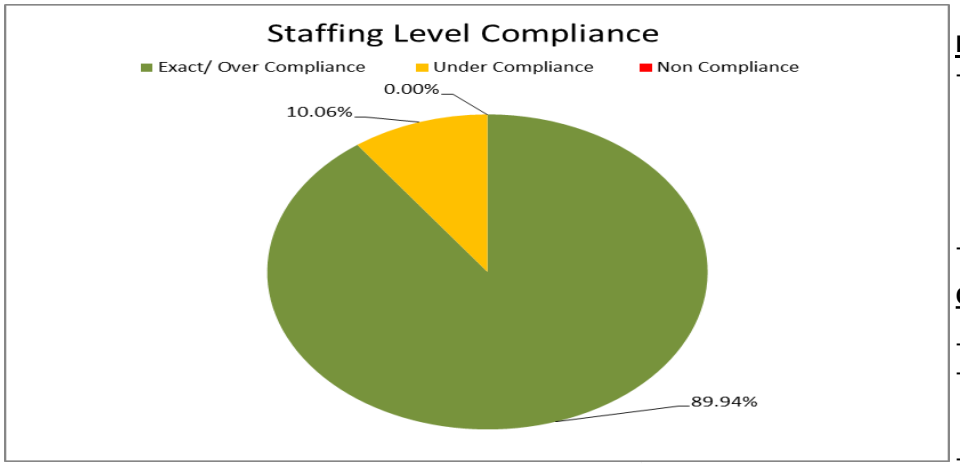
Workforce – Labour Turnover, Vacancy and Absence

Indicator No.	Indicator	16/17 outturn	17/18 Target	Current Performance	17/18 outturn	Graph
Q19	% Labour Turnover	13.04%	10.0%	11.30%		
Q20	% Sickness absence rate	5.12%	4.0%	4.96%	5.54%	
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	7.17%	10.0%	9.82%		

Indicator No.	Indicator	16/17 outturn	17/18 Target	Numerator	Denominator	Current Performance	17/18 outturn	Graph
Q21	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)		10.0%	227	3033	7.48%		

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



	No. shifts
Exact/ Over Compliance	1931
Under Compliance	216
Non Compliance	0

Narrative on data extracts regarding staffing levels on 13 wards during March 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 March were on the Dementia Assessment Unit (DAU), Assessment and Treatment Unit (ATU), Clover (Psychiatric Intensive Care Unit), Fern, Heather, Ashbrook, and Oakburn wards due to the acuity (complexity of need) and the requirement for skill mix within the units. 29% of the shifts in March were requested for Specialing and Escorting over and above the baseline requirements to safely staff the wards. Vacancy remains the highest request reason for booking at 48%, (1% increase from February), with hotspot areas remaining as DAU, Thornton and Bracken.

Under compliant shifts - There were 28 incidents reported relating to staffing shortages in March 2018 (an increase of 1 from (27) the previous month), 11 recorded on the Acute wards and 17 in Specialist inpatient services, mainly due to acuity of need and difficulty in providing cover, and staff not attending shifts. All IREs however were escalated and mitigated. Sickness levels decreased in March (from 12%) with 9% of bank and agency bookings being attributed to long term sickness.

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

Risks:

- Hotspot areas in terms of vacancies remain in DAU, Thornton and Bracken; meaning safe staffing levels cannot be sustained long term without posts being permanently recruited to. The process of permanent recruitment continues however, with 50 qualified nursing posts currently being recruited to (37 in pipeline), 41 support worker posts (33 in pipeline) and 10 OT/ OT Assistant posts (4 in pipeline).
- Ineffective use of the rostering system impacting on bank and agency spend

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 NHS Improvement 90 Day Rapid Improvement Collaboration on eRostering Group has now transitioned to an operational meeting on performance and review of strategic changes to the rostering system. It has been agreed that this group going forward will report in to the Safer Staffing Steering Group. The group will work with the wards to continue roll-out of the interventions as part of the original NHS Improvement group and will implement strategic changes on the rostering system (such as work on changing to a 2-shift system), as well as monitoring performance via the newly developed dashboards on rostering effectiveness and bank/ agency usage and spend.
- The Mental Health specific Acuity model for SafeCare is now planned to be introduced in October 2018. The Trust continues to work with NHS Improvement and have been invited to attend the testing phases of the model in June 2018
- Full programme of recruitment fayres planned over the next 12 months. The most recent event was held on the 24th March, and resulted in a number of newly qualified nurses being recruited to Acute Inpatient vacancies. The next recruitment day is due to be held on the 26th May and will predominantly focus on recruiting to Specialist Inpatient vacancies.
- Proactive work around retention is ongoing and includes working closely with universities to recruit newly qualified nurses, and a review of the preceptorship programme, Additional MH nurse training placements (increase to 36) also available this year.
- The safer staffing steering group has just completed 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. A paper has been produced to be submitted to EMT in May.

Q23a - Safer Staffing: Inpatient Services

Safe Staffing (Rota Fill Rates and CHPPD) Collection

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 (%)
	Specialty 1	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	952.5	1020	907.5	937.5	288.3	325.5	576.6	976.5	107.1%	103.3%	112.9%	169.4%
Heather	710 - ADULT MENTAL ILLNESS	1147.5	1012.5	1177.5	2092.5	288.3	269.7	864.9	1367.1	88.2%	177.7%	93.5%	158.1%
Bracken	710 - ADULT MENTAL ILLNESS	930	697.5	288.3	260.4	288.3	260.4	864.9	1004.4	75.0%	90.3%	90.3%	116.1%
Ashbrook	710 - ADULT MENTAL ILLNESS	744	792	1116	1920	372	432	1116	1836	106.5%	172.0%	116.1%	164.5%
Maplebeck	710 - ADULT MENTAL ILLNESS	930	907.5	1395	1365	288.3	306.9	864.9	818.4	97.6%	97.8%	106.5%	94.6%
Oakburn	710 - ADULT MENTAL ILLNESS	952.5	997.5	1372.5	1357.5	297.6	353.4	855.6	864.9	104.7%	98.9%	118.8%	101.1%
Baildon	710 - ADULT MENTAL ILLNESS	930	907.5	1162.5	1125	288.3	288.3	576.6	576.6	97.6%	96.8%	100.0%	100.0%
Ilkley	710 - ADULT MENTAL ILLNESS	705	855	1155	1185	288.3	288.3	576.6	576.6	121.3%	102.6%	100.0%	100.0%
Thornton	710 - ADULT MENTAL ILLNESS	1192.5	1170	2062.5	1912.5	325.5	325.5	827.7	818.4	98.1%	92.7%	100.0%	98.9%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	930	892.5	1725	2017.5	288.3	288.3	864.9	1227.6	96.0%	117.0%	100.0%	141.9%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	744	732	1488	2244	372	336	1488	2472	98.4%	150.8%	90.3%	166.1%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	472.5	675	915	825	288.3	279	576.6	576.6	142.9%	90.2%	96.8%	100.0%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	930	1027.5	2790	4830	576.6	558	1441.5	2445.9	110.5%	173.1%	96.8%	169.7%

Learning from deaths

Total Number of Deaths within Mental Health Services (excluding service users with identified learning disabilities)					
Total number of deaths	Total number of deaths reviewed at Mortality Review Group	Total number of deaths subject to further local review	Total number of deaths reviewed as a serious incident	Total number of in-patient deaths	Total number of significant learning points (excluding learning from serious incidents)
Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1
66	66	3	5	2	3
Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2
40	40	1	7	0	1
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
49	49	3	1	0	0
Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4
60	60	2	3	4	2

Total Number of Learning Disability (LD) Deaths, and total number reported through Learning Disabilities Mortality Review (LeDeR) Programme						
Total number of LD deaths	Total number of LD deaths reviewed at Mortality Review Group	Total number of LD deaths subject to further local review	Total number of deaths reported through LeDeR	Total number of LD deaths reviewed as a serious incident	Total number of in-patient LD deaths	Total number of significant learning points (excluding learning from serious incidents)
Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1
8	8	8	8	0	0	0
Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2
5	5	5	5	0	0	0
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
5	5	5	5	0	0	0
Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4
6	6	6	6	0	0	0

Learning from deaths

The detail of Serious Incidents and associated action plans is already reported through Quality and Safety Committee.

Excluding the Serious Incidents, so far, only one potentially avoidable death has been identified (relating to clozapine monitoring) and this death was subject to a detailed, level 2 investigation but wider learning is emerging and being fed back into individuals, services, business units or Trust-wide, as appropriate.

The most significant learning points, referred to in the table, were as follows:

- There was a lack of clarity regarding how abnormal physical health parameters, (e.g. tachycardia), for patients on clozapine should be followed up. As a result, a detailed protocol is being developed by pharmacy and local cardiologists to ensure a clear escalation pathway from clozapine clinic.

- A&E staff referred a service user to Trust drug and alcohol services but they did not engage. A new drug and alcohol signposting pathway was developed enabling signposting to non-statutory, community-based, drug and alcohol services, where appropriate, which are easier to access and do not require a formal referral.

- There was no pathway to follow when patients rang up to be referred to the Haven and it was full. The service has now devised a pathway for staff to follow which describes how we deal with service users who cannot attend diversion services. This ensures no urgent cases are missed and that service users are booked into the next available slot or offered a same-day, face-to-face with Trust staff should the risks be high.

- We recently found that some staff were writing requests for blood tests and physical health checks in ‘progress notes’ which, as result, might be missed and not acted upon. Services are currently producing a new protocol.

- There was inconsistency with Community Mental Health Teams (CMHTs) around ensuring service continuity when a staff member was off sick. The operational policy for CMHTs has now been updated and states, “When a staff member is off sick, their team manager will ensure an out of office is applied to the email account of that staff member on the first day of sickness, detailing the following: (Name of Worker) is unavailable, until further notice. If you require a response please contact (Team Manager Name) on (email address) or (Telephone number) for further assistance.”

- An old National Patient Safety Alert, relating to known fire risks with the use of paraffin-based emollients, has been re-circulated to all staff and shared with local acute trusts and NHS England.

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	0

Directors Business & Transformation Programme Monthly Summary

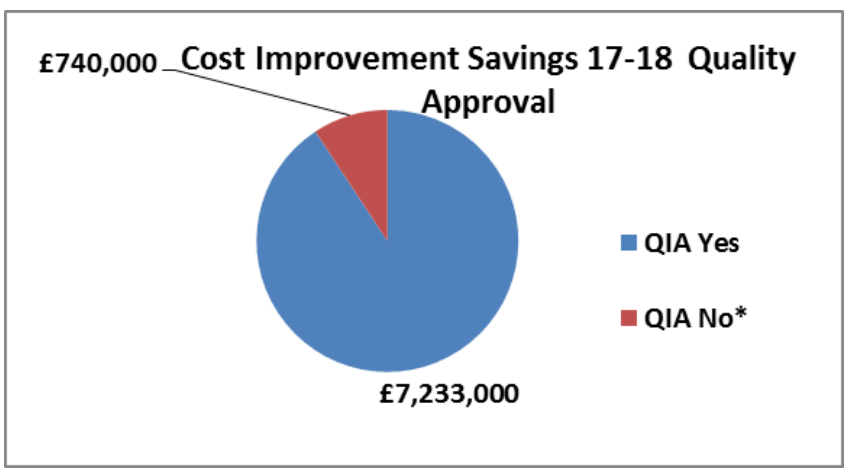
Overall Programme Summary			
Dec-17	Jan-18	Feb-18	Mar-18

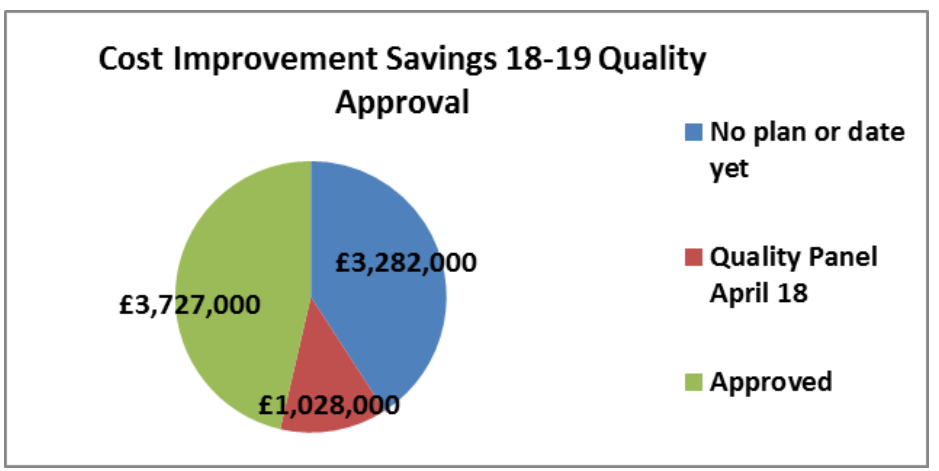
The purpose of Directors Business & Transformation Programme is to ensure effective project governance, delivery, monitor and approve Project Initiation and risks, issues and exceptions and ensure a consistent approach to Quality Impact Assessments (QIA).

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 planned to deliver budget reductions totaling £7.973m during 2017/18.

Overall programme is red rated, despite the control total being met and the significant achievement of £7.475m which is 94% of the target which has required £498k of the £500k high risk reserve. The red rag status reflects that 13% of the forecasted total is non-recurrent savings (£974k). The plans for Cost Improvements in 2018/19 position is: £3.51m of savings have been approved through Quality Impact Assessment process. The overall target for 2018/19 is currently being confirmed.

1. ⇔ **Corporate Schemes currently forecasting to overachieve however significant non recurrent underspend being used**
2. ⇔ **Roster Savings – 3 wards piloting alternative 2 shift or 3 shift system, evaluation being undertaken**
3. ⇔ **Mental Health Acute & Community – Care Closer to Home work progressing however bank and agency spend impacting on savings. Auto rostering supporting reducing bank and agency usage and Criteria Led Discharge supporting reduced patient length of stay**
4. ⇔ **Trust Procurement – Forecasts predicting a £236k shortfall**
5. ⇔ **Adult Physical Health - Savings on track and all schemes Quality Impact Assessed**
6. ⇔ **Estates and Facilities - Savings on track and all schemes Quality Impact Assessed**
7. ⇔ **Specialist Inpatients, Dental & Administration – bank and agency spend impacting on savings**
8. ⇔ **Children's 2017/18 – Savings on track and all schemes Quality Impact Assessed**



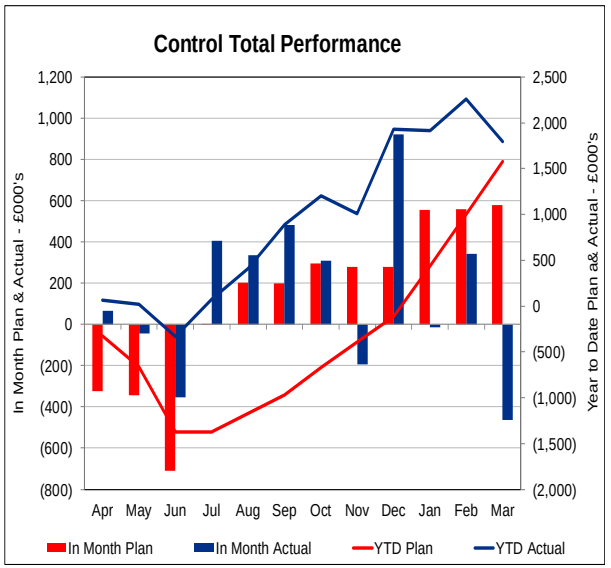


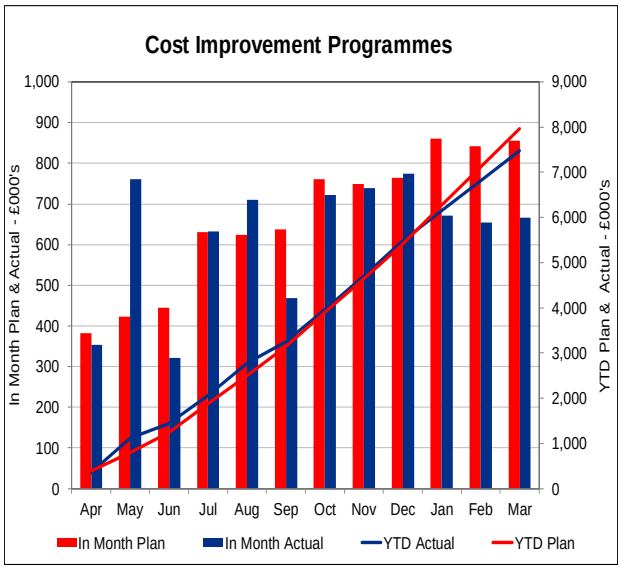
Finance Key Measures

£000's	Outturn			
	Plan	Actual	Variance (Adv)/Fav	RAG
Surplus/(Deficit) including Technical Adjustments	**1,578**	**3,268**	**1,690**	🟢
Add back all I&E impairments/(reversals)		(873)	(873)	
Control Total Performance	**1,578**	**2,396**	**818**	🟢
Additional STF Finance Incentive income		409	409	
Profit on Disposal of Fixed Assets		192	192	🟢
Control Total Performance excluding Technical Adiustments	**1,578**	**1,794**	**216**	🟢
CIPs (before High Risk Reserve)	7,973	7,475	(498)	🔴
Capital Expenditure	3,528	3,526	2	🟢
Cash Balance	11,485	15,110	3,625	🟢
Use of Resources	1	1		🟢

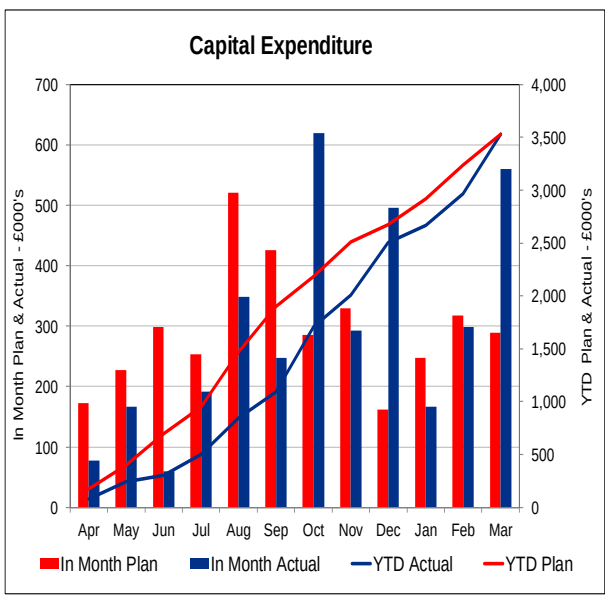
🟢	Favourable variance
🟡	Adverse variance under £100k or 10%
🔴	Adverse variance £100k or 10% or greater

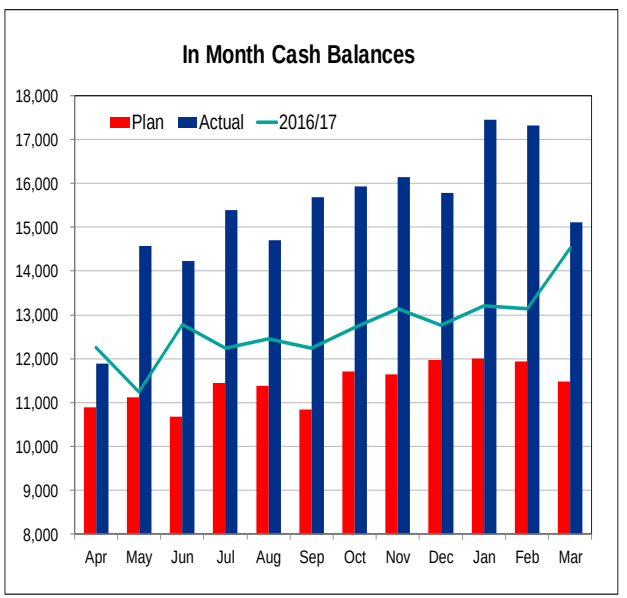
Note for RAG for CIPs – 10% variance is Amber, over 10% is Red
Before taking into account the high risk CIP reserve performance is £121k behind plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to FBIC scrutiny.

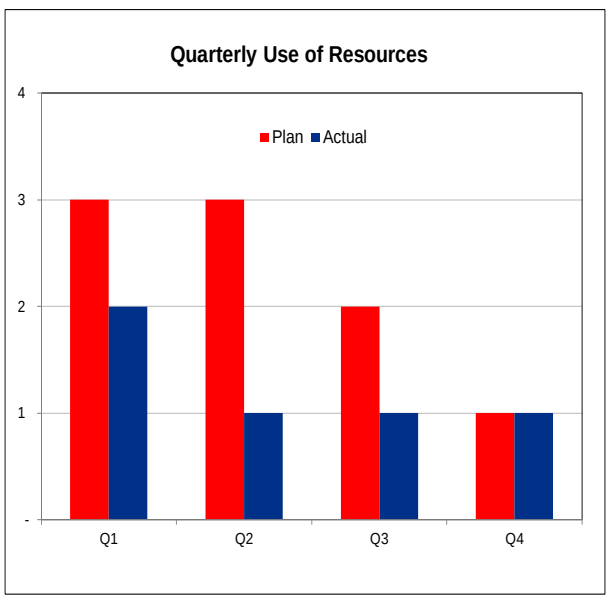




Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	54		Deterioration
Medical Agency Expenditure Cap in Month	(71)		Deterioration
Workforce KPIs - Agency Expenditure Cap	**(Adv)/Fav Variance from Cap %**	**RAG**	**Change in month**
Qualified Nursing Expenditure Cap - In Month	0.68%		Deterioration
Qualified Nursing Expenditure Cap - YTD	1.20%		Deterioration
Workforce KPIs - Price & Wage Cap Breaches	**No. of Shifts**	**RAG**	**Change in month**
Price Cap Breaches in Month - Medical	176		No change
Wage Cap Breaches in Month - Medical	176		No change
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		Deterioration







Trust CIP Exceptions and Substitutions

QIA RAG Status	Outturn - £000's		
	Plan	Actual	Variance (Adv)/Fav
Green	7,234	6,115	(1,118)
Amber	233	72	(161)
Red/Blue	507	0	(507)
Mitigations	0	1,287	1,287
Total CIPs	**7,973**	**7,475**	**(498)**
High Risk Reserves	(500)		500
Total CIPs net of Reserves	**7,473**	**7,475**	**2**

Reason for Variance & Mitigating Actions

CIPs have under achieved by £498k (before high risk reserve).

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

- Agency and Skill Mix schemes in Specialist Inpatient and Mental Health services show a further shortfall. This reflects cover required for sickness, vacancies and high level of in year observation costs associated with patient acuity and an excess of agency over bank shifts worked (reversing the balance achieved previously in number and percentage). Rebalancing bank over agency bookings is a key priority.
- 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 however a number of wards are piloting different shift rosters.
- 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 and have been subject to detailed review by the Finance, Business and Investment Committee. A further review is scheduled at FBIC for June 2018.

Assurance Reports from Committee Chairs

Assurance Report: Audit Committee – 16 April 2018

Assurances

There were no "limited assurance" or "no assurance" reports from Internal Audit. The Committee received three "significant assurance" reports, covering:

- Recruitment and retention
- Financial forecasting
- General Data Protection Regulation (GDPR) preparedness

However, the Committee recognised the limited scope of the work undertaken by Internal Audit on retention and recruitment and noted that further work in this area is contained in the revised internal audit plan for 2018/19.

Assurances were also received in relation to:

- Progress towards preparation and audit of the 2017/18 Report and Accounts and Quality Accounts, including a satisfactory outcome to interim audit work by the external auditors;
- GDPR preparedness;
- Work undertaken to reduce the Trust's risk of successful cyber attack, although the Committee agreed that risk of cyber attack should remain on the corporate risk register;
- A "nil return" on the gifts and hospitality register, although the Committee asked that continued publicity be given on the requirement for staff to register gifts/hospitality >£50;
- Counter-fraud activity, including a successful outcome to the prosecution of a former member of staff found to be working elsewhere whilst claiming sick pay from the Trust;
- Losses and special payments - no significant untoward items;
- Waiver of standing orders - only used where necessary and in accordance with Standing Financial Instructions (SFIs).

Board to Note

- The external auditors will be considering any implications from the Care Quality Commission (CQC) report in their "value for money" conclusion for 2017/18.
- Following further consideration of the CQC report, the Committee requests that Board review its risk appetite, having identified certain areas where it seems that CQC are more risk averse than the Trust.
- The Committee agreed a revised internal audit plan for 2018/19, which takes into account the implications of the CQC report.
- The Committee agreed that the Committee Chair will liaise with the Chair of Quality & Safety Committee to confirm that all aspects of clinical audit, and assurances and learning arising therefrom, are covered by one or other of the committees.
- The Committee proposed that post-implementation audits should be undertaken on all major projects and CIPs, not just those involving significant capital expenditure. There will be liaison with the Programme Management Office to determine how this can best be approached.

Assurance Reports from Committee Chairs

Assurance Report: Mental Health Legislation Committee – 19 April 2018

Assurances

- Care Quality Commission (CQC) Action Plan: the Committee was provided with the actions arising from the CQC inspection and was assured these were either in development or on track.
- Internal Audit Reports provided assurance that the Mental Health Act team administrative systems were working effectively.
- Mental Health Act Action Plan: the Committee was assured that the CQC Mental Health Act Reviewer did not identify any issues on the Bracken Ward. However, the development of care plans that demonstrate involvement and inclusivity of the service user was a theme running through a number of other CQC Mental Health Act review visits and the Committee asked for further details on the care plan review process for consideration at the October meeting.
- Care Programme Approach (CPA) Audit provided assurance that audit compliance had improved and was now at 82%. The way future audits will be conducted will change with the migration to SystmOne.
- Review of blanket restrictions: the Committee was assured that a new procedure had been developed to ensure front-line clinical staff on wards understood what constituted a restriction and how to assess and apply/not apply as appropriate.
- The Committee was assured the Trust had approached Bradford University about training requirements relating to mental health legislation. There had been recognition there was a knowledge gap in relation to the understanding of the legislation by newly qualified nurses.

Exceptions

- Section 17 Leave: the Committee heard from a Consultant Psychiatrist in Low Secure about a number of practice and system development issues in relation to the recording of leave. These will be explored and addressed prior to migration of records to SystmOne.
- Committee Dashboard: the Committee asked for further analysis of the ethnicity data relating to adults of working age from an Indian, Pakistani and Bangladeshi background as detention rates were higher than the population of Bradford would suggest.

Board to Note

- Two Non-Executive Directors from Humber NHS Foundation Trust are undertaking a peer review of the Committee's effectiveness and observed the meeting and invited reflections at the end of the meeting.

Assurance Reports

- The Finance, Business and Investment Committee meet on 25 April and an update will be tabled at the Board meeting.
- The Quality and Safety Committee is next due to meet on 3 May 2018.