

Board Integrated Performance Report

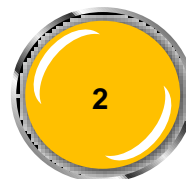
26 July 2018

June 2018 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Finance Score



Agenda item: 13

Lead Director: Interim Director of Finance

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"> In July 2018, NHS Improvement made some updates to the Single Oversight Framework, including updates to operational performance standards for mental health providers. From September 2018 onwards NHS Improvement will be monitoring providers' progress against trajectories for adult mental health inappropriate out of area placements. 	4 - 5
Quality		
Exceptions	<ul style="list-style-type: none"> Commissioning for Quality and Innovation (CQUIN) schemes are intended to deliver clinical quality improvements and drive transformational change. The schemes represent 2.5% (£2.52m in 2018/19) maximum available annual income to the Trust. The Trust's operational plan projected increased CQUIN delivery risks, most notably for 2018/19. In addition the risk profile for the CQUIN schemes is heavily weighted in quarter 4 (49.8% of available income) making financial forecasting and management more complex and precarious. The Trust's current internal forecast is that the Trust will achieve 83.4% of available CQUIN income in 2018/19, with potentially 5 of the 13 CQUIN goals not being fully met. There are clear and established governance processes for delivery of the CQUIN goals, with an identified lead for each CQUIN indicator and a steering group to coordinate delivery. Each indicator has an action plan that is updated monthly. Actual and forecast performance is reviewed at the business unit performance meetings. 	8 - 10
Information	<ul style="list-style-type: none"> Business Unit Performance Meetings will consider further actions and support required to increase and maintain fire safety training compliance, information governance training compliance and appraisal rates. As agreed at the January 2018 Board meeting, the learning from deaths quarterly dashboard is included within the Board integrated performance report. 	11 17
Business Unit		
Information	<ul style="list-style-type: none"> The performance report has been produced in advance of the scheduled business unit performance meetings. The Board will receive a verbal update regarding any additional issues for escalation. 	
Change Programme		
Exception	<ul style="list-style-type: none"> Significant transformation is underway across all operational business units. However the overall programme continues to be red rated with projected shortfalls against a number of cost improvement schemes. 	19

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
Finance		
Assurance	<p>Control Total Performance – 2018/19 Performance: Surplus/(Deficit) Position: With a deficit of £921k at Month 3, control total performance is £44k ahead the planned deficit of £965k. The underlying plan for 18/19 includes £1.195m of non recurrent CIP plans that require recurrent plans to be identified. In addition the in year CIP position includes non recurrent mitigations of £1.288m (before the use of the high risk CIP reserve) that are offsetting the schemes that are at risk of delivery (mainly inpatient staffing overspends and medical locum costs).</p> <p>Cash: Balances are £1.5m above plan reflecting mainly due to underspending on capital expenditure and working capital movements.</p> <p>Use of Resources (UoR): The actual UoR rating at Month 3 is '3' which is the same as planned.</p>	20 - 22
Exceptions	<p>CIPs: CIPs are in line with plan in Month 3, supported by non recurrent mitigations of £103k. The forecast position includes a number of CIP schemes that are at risk of delivery during 2018/19, mainly inpatients and medical staffing, that are supported by non recurrent mitigations of £1,288k. Recurrent plans now need to be targeted to address the recurrent shortfall. The full high risk CIP reserve is required to deliver the CIP plan in 2018/19.</p> <p>Workforce – Agency Controls: Agency expenditure caps are being achieved for total agency costs but medical staffing expenditure is in breach of the cap at Month 3 by £23k year to date. There were 189 price and wage cap breaches at the end of June (4 week month) all related to medical locums.</p>	
Information	<p>Capital: Capital expenditure is £375k below plan at Month 3 due to slippage on Estates and IM&T schemes that will be delivered later in the year. The capital plan will be fully committed in 2018/19.</p>	

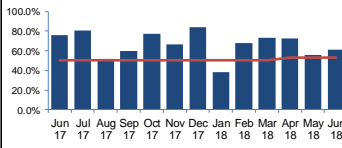
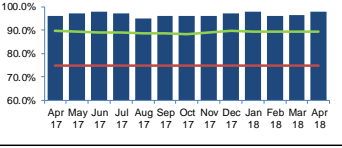
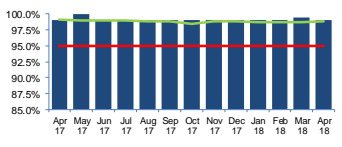
Summary and Recommendations

The report shows good overall performance in June 2018 and quarter 1.

Correlation of quality (including patient experience and safety related measures), performance, finance, workforce and health and safety information took place at the Directors' Business and Transformation meeting and did not identify any themes or trends for escalation.




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

Single Oversight Framework Operational Performance Metrics

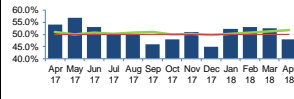
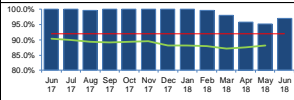
Indicator No.	Indicator	Target	Data status	Q2 17/18 Outturn	Q3 17/18 Outturn	Q4 17/18 Outturn	Apr	May	Jun	3 Months Rolling Numerator	3 Months Rolling Denominator	Overall 3 months rolling	National Benchmark	Graph
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (Rolling month)	50% 17/18 53% 18/19	Finalised	63.8%	74.4%	57.9%	72.7%	55.5%	61.1%	47	76	61.8%		
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	Provisional	96.3%	96.5%	97.4%	97.0%	98.0%	98.6%	1164	1184	98.3%	89.4% as at Apr 18 Next publication date: 09/08/2018	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	Provisional	99.2%	99.3%	99.4%	100.0%	99.0%	99.7%	1183	1184	99.9%	98.9% as at Apr 18 Next publication date: 09/08/2018	

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 June 2018 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of June 2018 was 39; 18 of these patients have been waiting for more than two weeks.

In 2018/19, Clinical Commissioning Groups (CCGs) have made additional investment in Early Intervention in Psychosis staffing, enabling the Trust to meet the 53% target for people with a first episode of psychosis to begin treatment with a NICE-recommended package of care within 2 weeks of referral by quarter 4 of 2018/19. CCGs have confirmed that further funding will become available in following years to both maintain and increase capacity as per the 2020/21 target.




Graph Key	
Measure	
Target	
England Benchmarking figure	

Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q2 17/18 Outturn	Q3 17/18 Outturn	Q4 17/18 Outturn	April	May	June	Q1 18/19 Numerator Outturn	Q1 18/19 Denominator Outturn	Q1 18/19 Outturn	National Benchmark	Graph
M22	Data Quality Maturity Index (DQMI) mental health services data set score	95.0%	98.0%	98.4%	TBC				TBC	TBC	TBC	Next publication date: TBC	
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	49.6%	48.2%	51.5%	48.0% (Final)	54.3% (Primary)					51.9% as of Apr 18: Next publication date 09/08/18	
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				95.9%	95.2%	97.0%	1297	1350	96.0%	88.1% as of May 18 Next publication date 09/08/18	
M23	Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	41 Per Quarter 18/19	9	144	4	11	14	37			62		
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%			96.5%								
	b) Early Intervention in psychosis services	90.0%			Awaiting results								
	c) Community mental health services (people on Care Programme Approach)	65.0%			88.9%								

Indicator M23: The Trust has relatively few inappropriate out of area bed days; all relate to the Psychiatric Intensive Care Unit (PICU). For 2018/19, the Trust has agreed a trajectory that maintains PICU inappropriate out of area placements at the 2017/18 baseline of 41 days per quarter, with review of PICU capacity across the West Yorkshire and Harrogate resulting in elimination of inappropriate out of area placements by 2020/21.

In July 2018, NHS Improvement made some updates to the Single Oversight Framework, including updates to operational performance standards for mental health providers. From September 2018 onwards NHS Improvement will be monitoring providers' progress against the out of area trajectories. Substantial variation against a provider's trajectory will trigger a discussion to determine whether support is required (if out of area placements are substantially higher than predicted by the trajectory) and whether quality and safety are being maintained (if out of area placements are substantially lower than predicted by the trajectory, e.g. sudden reductions in out of area placements can result in unintended consequences such as increased pressure on emergency departments). In the period until September, discussions will be triggered if substantial increases or decreases in out of area placements are noted from one month to another.

Graph Key	
Measure	
Target	
England Benchmarking figure	

Accident and Emergency Waiting Times

Airedale NHS Foundation Trust

Indicator No.	Indicator	Target	Q2 17/18	Q3 17/18	Q4 17/18	Q4 17/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
	Total A&E attendances		16,533	16,841	15,680	17,488	5,764	5,424	5,770	5,225	5,538	5,547	5,416	5,878	5,420	4,751	5,509	5,433	6,312	5,743
	Total attendances within 4 hours		15,546	15,591	14,503	16,236	5,403	5,165	5,519	4,868	5,159	5,221	5,029	5,341	5,017	4,340	5,146	5,013	5,870	5,353
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	94.0%	92.6%	92.5%	92.8%	93.7%	95.2%	95.6%	93.2%	93.2%	94.1%	92.9%	90.9%	92.6%	91.3%	93.4%	92.3%	93.0%	93.2%

Bradford Teaching Hospitals NHS Foundation Trust

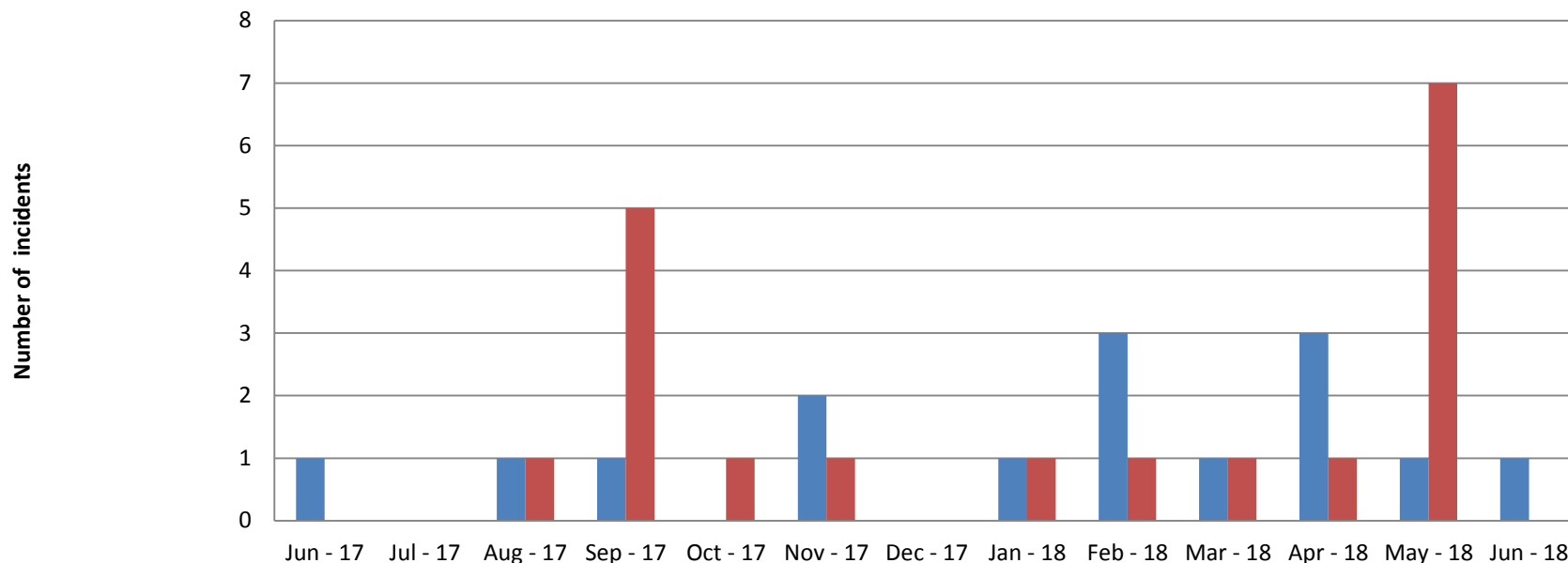
	Total A&E attendances		34,084	40,255	32,525	34,982	12,000	10,979	11,808	10,879	12,241	13,723	13,050	13,482	11,278	10,127	11,120	11,012	12,229	11,741
	Total attendances within 4 hours		28,031	33,865	25,399	29,781	9,825	8,497	10,405	9,611	10,809	11,591	11,088	11,186	8,819	7,829	8,751	9,222	10,584	9,975
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	82.2%	84.1%	78.1%	85.1%	81.9%	86.3%	88.1%	88.3%	88.3%	84.5%	85.0%	83.0%	78.2%	77.3%	78.7%	83.7%	86.5%	84.9%

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 continues to work actively with both Airedale NHS Foundation Trust and Bradford Teaching Hospitals Foundation Trust, providing support within A&E departments and developing pathways designed to avoid admissions.

A progress report from the A&E Delivery Board will be included in the September Board Integrated Performance Report.

Serious Incident Numbers

Indicator No.	17/18 Out-turn	This month's performance	18/19 Year to Date
Q3	28	1	13



	Jun - 17	Jul - 17	Aug - 17	Sep - 17	Oct - 17	Nov - 17	Dec - 17	Jan - 18	Feb - 18	Mar - 18	Apr - 18	May - 18	Jun - 18
■ Suspected Suicides	1	0	1	1	0	2	0	1	3	1	3	1	1
■ Serious incidents Other	0	0	1	5	1	1	0	1	1	1	1	7	0

Reporting Timescales: There was one Serious Incident report completed in June 2018. This was associated with a suspected suicide and took 16 weeks to complete.

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

Commissioning for Quality and Innovation (CQUINs) – Forecast 2018/19

For 2018/19 the Trust has 13 CQUINs with an approximate value of £2.5 million.

There are two components of CQUIN delivery;

- Delivering all in year milestones and targets of the clinical quality and transformational indicators - £1.5m (1.5%)
- Sustainability and Transformation Partnerships (STPs): reinforcing the critical role providers have in developing and implementing local STPs - £0.9m (1%)

The CQUINs below are currently forecast to achieve all of their milestones in 2018/19

Indicator name	CQUIN Aim	Business units affected
1b. Healthy food for NHS staff, visitors and patients	Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.	All
1c. Improving the uptake of flu vaccinations for front line staff		
5. Transitions out of Children's and Young Peoples Mental Health services	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.	Acute & Community Mental Health
9. Preventing ill health by risky behaviours	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.	Acute & Community Mental Health
10. Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	Adult Physical Health
Recovery college – Low secure services	The establishment of a co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.	Specialist Inpatient Services
Adult Secure Mental Health service review – Low secure services	To support the Mental Health service review through key developments; transition and partnership working.	Specialist Inpatient Services
Health Inequalities	Providers should be able to demonstrate how they identify and address any health inequalities in children's vaccinations and immunisations.	Children's Services

Commissioning for Quality and Innovation (CQUINs) – Forecast 2018/19

The following CQUINs are currently not forecast to achieve all of their milestones in 2018/19

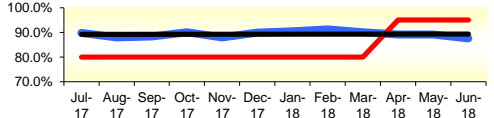
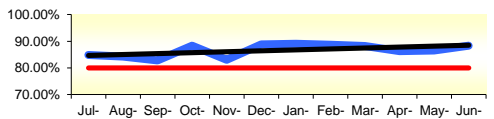
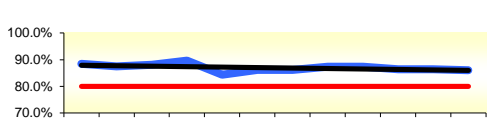
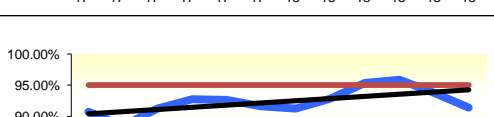
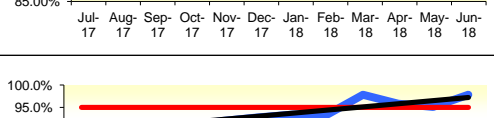
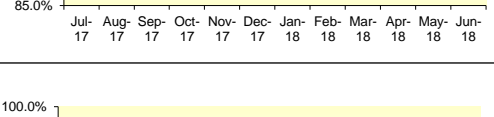
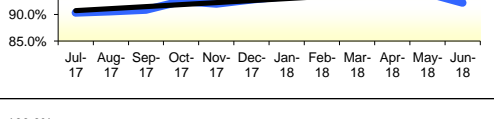
Indicator Name	CQUIN Aim	Delivery of Milestone at Risk	Business Unit affected	Potential unachieved income	Actual / Forecast RAG			
					Q1	Q2	Q3	Q4
1a. Improvement of health & wellbeing of NHS staff	Evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to a higher staff engagement, better staff retention and better clinical outcomes for patients.	<p>Achievement of 5% improvement in 2 of the 3 questions in the staff survey</p> <ul style="list-style-type: none"> 9a) Does your organisation take positive action on health and wellbeing? 9b) In the last 12 months have you experienced musculoskeletal problems as a result of your work? 9c) During the 12 months have you felt unwell as a result of work related stress? 	All	£68k				F
<p>Issue: Results from the 2017 staff survey show that we did not meet the level of improvement from the 2015 staff survey (baseline period) for any of the 3 questions. Whilst extensive work has been undertaken regarding staff health and wellbeing it is difficult to predict that this will result in an improvement in our scores in the 2018 staff survey.</p> <p>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.</p>								
3a. Improving Physical healthcare to reduce premature mortality for people with serious mental illness –Cardio metabolic assessment	To demonstrate cardio metabolic assessment and treatment for patients with psychoses in inpatient wards, EIP and in the community.	<ul style="list-style-type: none"> At least no more than 35% of EIP patients should gain no more than 7% body weight in the first year of taking an anti-psychotic At least 10% of patients who were previously in the Red Zone for smoking on the Lester Tool have stopped smoking 	Acute & Community Mental Health Services; Specialist Inpatient Services	£15k	F	F	F	F
<p>Issue: As part of the physical health assessment and interventions, which include diet, exercise, healthy eating, weight and smoking cessation, we are unable to confirm that we can guarantee a percentage reduction in BMI of those patients that are in their first year of taking anti-psychotic medication and a percentage reduction of service users will stop smoking.</p> <p>Actions: Advice regarding healthy lifestyle choices and smoking cessation is provided to service users in addition to referrals to appropriate services such as social prescribers and health trainers.</p>								

A = Actual F = Forecast

Commissioning for Quality and Innovation (CQUINs) – Forecast 2018/19

Indicator Name	CQUIN Aim	Delivery of Milestone at Risk	Business Units affected	Potential unachieved income	Actual / Forecast RAG			
					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.	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 Mental Health Services; Specialist Inpatient Services	£8k	F	F	F	F
	<p>Issue: in 2017/18 we achieved 53% e-discharges were completed within 48 hours. The e-discharge documentation is completed by a number of clinical professions and should not be sent to the GP before it is fully complete: this can lead to delays.</p> <p>Actions: A review of the process was undertaken by the Physical Health CQUIN Delivery Group, and further work will continue after the implementation of the new clinical system for mental health.</p>							
4. Improving services for people with mental health needs who present at A&E	Delivering at 20% reduction in attendances at A&E for frequent attenders who would benefit from mental health and psychosocial interventions	<ul style="list-style-type: none"> Maintain the reduction in attendances achieved in 2017/18 Achieve 20% reduction in the frequent attenders at A&E identified for 2018/19 	Acute & Community Mental Health Services	£80k	F	F	F	F
	<p>Issue: Whilst a cohort of patients have been identified, who were frequent attenders at A&E in 2017/18, and care packages agreed for them, it is too early at this stage to confirm that the target of 20% reduction in A&E attendances will be met.</p> <p>Actions: Joint multi-disciplinary meetings take place, on a monthly basis, with both local acute providers, to review the case notes of the selected cohort of patients and the impact of the clinical interventions that have been implemented. Performance will continue to be monitored and the forecast revised accordingly.</p>							
11. Personalised care and support planning	To identify the groups of patients who would benefit most from the delivery of personalised care and support planning and provide this support to them.	Meeting the various targets for reporting the number of care and support planning conversations that take place with each patient and conducting a follow up review of patient's knowledge, skills and confidence	Adult Physical Health	£204k				F
	<p>Issue: Clarification required regarding the commissioners' expectations of what is achievable for this CQUIN</p> <p>Actions: Discussions are underway with commissioners to agree expectations.</p>							

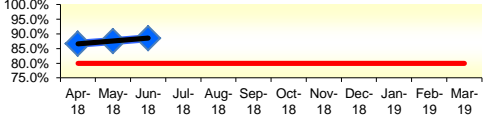
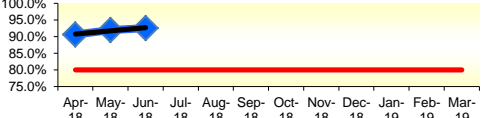
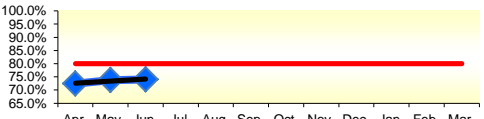
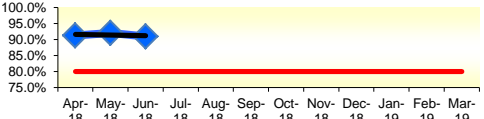
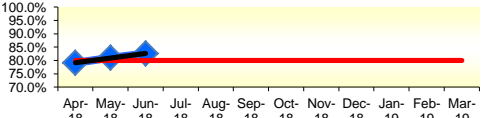
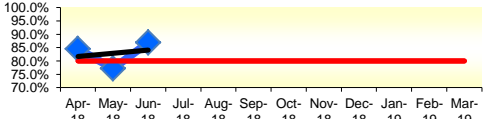
Workforce – Appraisal and Mandatory Training

Indicator No.	Indicator	17/18 outturn	18/19 Target	Numerator	Denominator	Current Performance	FOT 18/19	Graph
Q17	% Fire Training	90.00% (80% target)	95%	2568	2930	87.65%		
	% Infection Prevention Training	88.22%	80%	2523	2855	88.37%		
	% Moving & Handling Training	87.33%	80%	2458	2857	86.03%		
Q17a	% Information Governance Training - Substantive Staff Only	95.37%	95%	2477	2711	91.37%		
Q17b	% Information Governance Training - Tertiary Staff Only	97.86%	95%	360	368	97.83%		
Q17c	% Information Governance Training - Substantive and Tertiary Staff Combined	95.68%	95%	2837	3079	92.14%		
Q18	% Staff Receiving Appraisal	79.01%	80%	2024	2631	76.93%		

Graph Key

Measure		Target		Trajectory	
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Workforce – Mandatory Training – Role Specific

Indicator No.	Indicator	17/18 outturn	18/19 Target	Numerator	Denominator	Current Performance	FOT 18/19	Graph
	% Equality & Diversity Training	84.56%	80%	2446	2763	88.53%		
	% Prevent Training	91.40%	80%	2557	2764	92.51%		
	% Risk Management Training	72.55%	80%	2046	2764	74.02%		
	% Safeguarding Adults – Level 1 Training	90.81%	80%	593	652	90.95%		
	% Safeguarding Adults – Level 2 Training	77.48%	80%	1544	1870	82.57%		
	% Safeguarding Adults – Level 3 Training	83.33%	80%	133	153	86.93%		

Graph Key			
Measure		Target	
Trajectory			

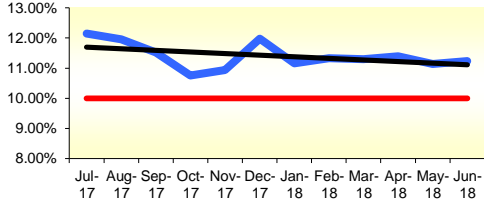
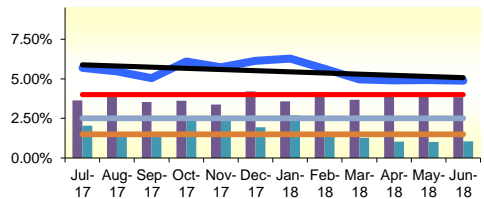
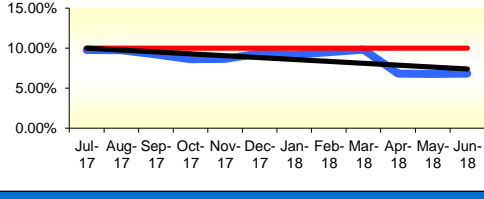
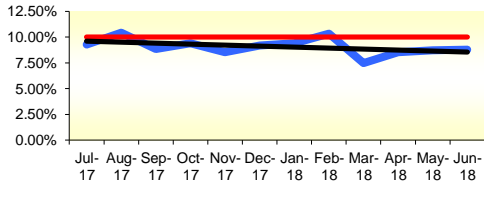
Workforce – Mandatory Training – Role Specific

Indicator No.	Indicator	17/18 outturn	18/19 Target	Numerator	Denominator	Current Performance	FOT 18/19	Graph
	% Safeguarding Children – Level 1 Training	91.27%	80%	592	644	91.93%		
	% Safeguarding Children – Level 2 Training	75.13%	80%	861	1149	74.93%		
	% Safeguarding Children – Level 3 - 3Yrs Training	82.63%	80%	386	459	84.10%		
	% Safeguarding Children – Level 3 - 1Yrs Training	89.15%	80%	377	419	89.98%		
	% Safeguarding Children – Level 4 Training	83.33%	80%	9	10	90.00%		
	Corporate Welcome	tbc	80%					
	Health & Safety	tbc	80%					








Graph Key

Measure	Target	Trajectory

Workforce – Labour Turnover, Vacancy and Absence

Indicator No.	Indicator	17/18 outturn	18/19 Target	Current Performance		FOT 18/19	Graph	
Q19	% Labour Turnover	11.30%	10%	11.23%				
Q20	% Sickness absence rate	4.96%	4%	4.87%				
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	9.82%	10%	6.81%				
Indicator No.	Indicator	17/18 outturn	18/19 Target	Num-erator	Denom-inator	Current Performance	FOT 18/19	Graph
Q21	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)	7.48%	10%	266	3027	8.79%		

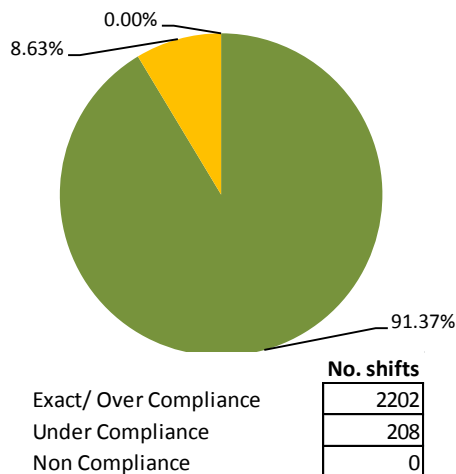
Graph Key

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

Q23b - Safer Staffing: Inpatient Services – June 2018

Staffing Level Compliance

■ Exact/ Over Compliance ■ Under Compliance ■ Non Compliance



Narrative on data extracts regarding staffing levels on 13 wards during June 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 June were on the Dementia Assessment Unit (DAU), Clover (PICU), ATU, Thornton, Heather and Ashbrook wards due to the acuity (complexity of need) and the requirement for skill mix within the units. 36% of the shifts in June were requested for Specialising and Escorting over and above the baseline requirements to safely staff the wards (a 7% decrease from May). Vacancy remains the highest request reason for booking at 46%, (increased from 45% in May), with hotspot areas remaining as DAU, Thornton and Bracken.

Under compliant shifts - There were 41 incidents reported relating to staffing shortages in June 2018 (a decrease of 8 from 49 the previous month), 11 recorded on the Acute wards and 30 in Specialist inpatient services, mainly due to acuity of need and difficulty in providing cover, and staff not attending shifts. All (IREs) incidents relating to staff shortfalls however were managed locally or escalated and/or mitigated. Sickness cover levels slightly increased in June (from 5%) with 6% of bank and agency bookings being attributed to sickness.

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

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 37 qualified nursing posts currently being recruited to (32 in pipeline), 64 support worker posts (52 in pipeline) and 13 OT/ OT Assistant posts (12 in pipeline).
- Ineffective use of the rostering system may be 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 Roster Development 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 piloting 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 attended the initial testing phase of the model in June and following a two week data gathering exercise in July; will also attend the final testing in September 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 recruitment day held on the 16th June has resulted in a further 16 posts currently being recruited to. A further 2 recruitment days are also scheduled over the summer, with a recruitment campaign being developed between BDCFT, the Pulse and Job Centre Plus (as per the previous year), and planned for later in the year.

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.

Q23b - Safer Staffing: Inpatient Services – June 2018

Ward name	Main 2 Specialties on each ward Specialty 1	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
		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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
		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	802.5	877.5	705	742.5	279	297.6	837	911.4	109.3%	105.3%	106.7%	108.9%	430	2.7	3.8	6.6
Heather	710 - ADULT MENTAL ILLNESS	885	855	1020	1267.5	279	223.2	957.9	1125.3	96.6%	124.3%	80.0%	117.5%	460	2.3	5.2	7.5
Bracken	710 - ADULT MENTAL ILLNESS	705	705	1057.5	1095	279	260.4	837	883.5	100.0%	103.5%	93.3%	105.6%	466	2.1	4.2	6.3
Ashbrook	710 - ADULT MENTAL ILLNESS	450	480	675	802.5	279	325.5	837	976.5	106.7%	118.9%	116.7%	116.7%	582	1.4	3.1	4.4
Maplebeck	710 - ADULT MENTAL ILLNESS	705	727.5	1057.5	1507.5	279	288.3	837	1292.7	103.2%	142.6%	103.3%	154.4%	548	1.9	5.1	7.0
Oakburn	710 - ADULT MENTAL ILLNESS	705	787.5	1057.5	1155	279	269.7	837	902.1	111.7%	109.2%	96.7%	107.8%	586	1.8	3.5	5.3
Baldon	710 - ADULT MENTAL ILLNESS	900	900	1125	1125	279	279	558	576.6	100.0%	100.0%	100.0%	103.3%	239	4.9	7.1	12.1
Ilkley	710 - ADULT MENTAL ILLNESS	832.5	825	1185	1185	279	279	558	558	99.1%	100.0%	100.0%	100.0%	307	3.6	5.7	9.3
Thornton	710 - ADULT MENTAL ILLNESS	1125	1125	2025	2160	279	269.7	837	1004.4	100.0%	106.7%	96.7%	120.0%	239	5.8	13.2	19.1
Assessment & Treatment Unit (LD)	700 - LEARNING DISABILITY	900	855	1665	2662.5	279	279	837	1525.2	95.0%	159.9%	100.0%	182.2%	90	12.6	46.5	59.1
Clover (PICU)	710 - ADULT MENTAL ILLNESS	450	615	900	1560	279	306.9	1116	2259.9	136.7%	173.3%	110.0%	202.5%	244	3.8	15.7	19.4
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	675	720	675	802.5	279	279	558	604.5	106.7%	118.9%	100.0%	108.3%	309	3.2	4.6	7.8
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	900	885	1800	6075	837	548.7	1116	3478.2	98.3%	337.5%	65.6%	311.7%	554	2.6	17.2	19.8

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
41	41	4	3	0	0
Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4

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
6	6	6	6	0	0	0
Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4

All learning in quarter 1 of 2018/19 has resulted from Serious Incident investigations, rather than local reviews, and is reported to the Quality and Safety Committee.

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

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).

Service Area	Deputy Director	Status	Plan Target	Achieved YTD %	Forecasted end year position	QIA outstanding	June	May
Programme Overview	All	16% achieved in M3 as the plan is scheduled for late in year delivery of many projects. Currently estimated to require the £500k reserve as significant mitigations have been put forward.	7,351,111	16%	6,851,048	3,043,000		
2.3.1 Mental Health Acute & Community	Simon Long	Transformation activity on Care Closer to Home still progressing, new model for CMHT being reviewed. 2 shift trial in Inpatients started 19th June	2,026,905	11%	1,052,505	1,318,000		
1.7 Adult Physical Health	Phil Hubbard	On track. Diabetes pathway remodelling progressing. Underspend offset against overall deficit	89,000	17%	158,917	-		
3.8 Specialist Inpatient, Dental, admin	Allison Bingham	Progressing to plan with restructure work underway. Risk over unfunded 17-18 savings but mitigated by underspend in other areas	1,279,318	7%	950,868	878,000		
1.8 Children's Bradford	Phil Hubbard	Re tender for 0-19 service work plan and support for staff Forecasted Local Authority reductions, working towards Digital Innovation starting with e-forms	1,089,000	21%	1,055,667	-		
1.9 Children's Wakefield	Phil Hubbard	Restructure on track. IT infrastructure is still to complete	94,000	61%	126,833	24,000		
7.3-7.4 Estates & Facilities - Estates Rationalisation	Andrew Morris	Space reduction in 17/18 already achieved 55% savings, rest of savings planned to achieve in 18/19 - schemes to be reviewed at QIA July	741,000	13%	694,417	160,000		
7.5 Procurement	Claire Risdon	Steering group has taken place, savings at risk until full review/approval in place - QIA July	250,000	0%	250,000	250,000		
7.9 HR Interpreting Services	Fiona Sherburn	On track for savings however significant work underway to deliver behaviour change/process changes operationally	34,000	0%	34,000	-		
Corporate Schemes (PMO, Finance, Informatics, Quality, Performance, Occ Health, HR)	All Corporate	£230k outstanding IM&T savings planned QIA in July 2018	1,747,888	17%	2,527,841.33	413,000		

Finance Key Measures

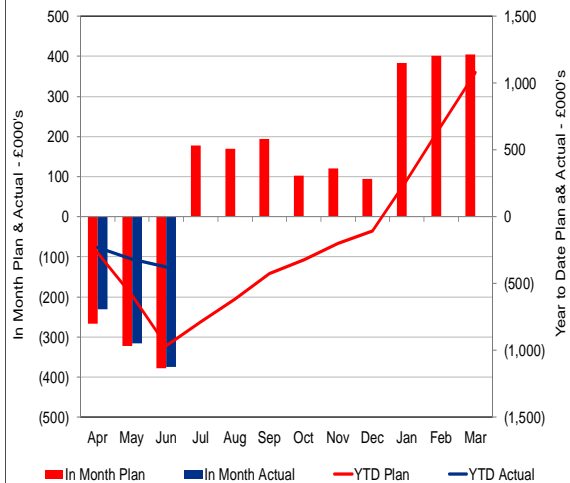
£000's	Year to Date				Forecast			
	Plan	Actual	Variance (Adv)/Fav	RAG	Plan	Actual	Variance (Adv)/Fav	RAG
Surplus/(Deficit) including Technical Adjustments	(965)	(921)	44	●	1,081	1,081	0	●
Control Total Performance	(965)	(921)	44	●	1,081	1,081	0	●
CIPs (before High Risk Reserve)	1,167	1,167		●	7,351	6,851	(500)	●
Capital Expenditure	1,090	715	375	●	4,276	4,276		●
Cash Balance	15,484	16,970	1,486	●	16,230	16,230		●
Use of Resources	3	3		●	1	1		●

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

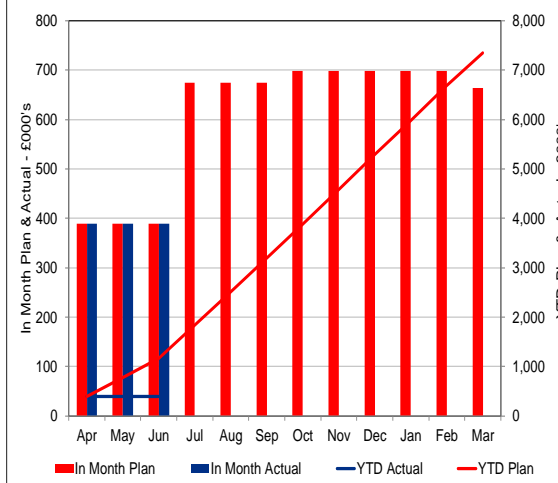
Note for RAG for CIPs – 10% variance is Amber, over 10% is Red

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

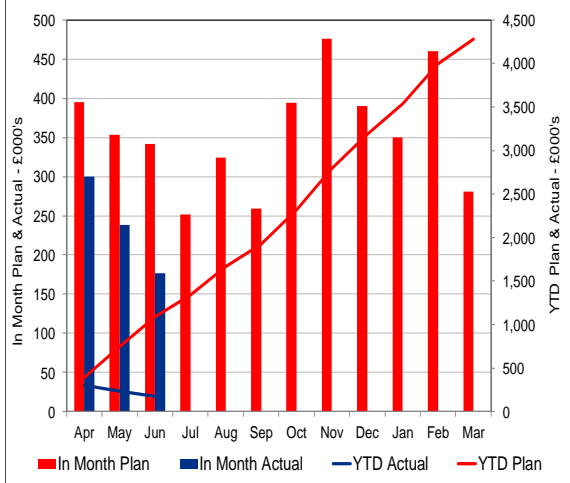


Cost Improvement Programmes

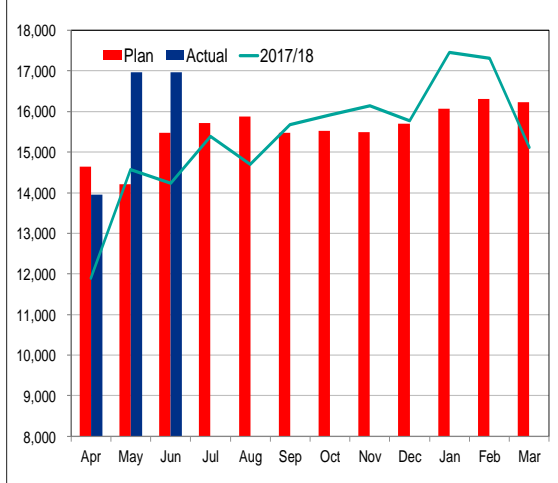


Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	36	●	Improvement
Medical Agency Expenditure Cap in Month	3	●	Improvement
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	1.18%	●	Deterioration
Qualified Nursing Expenditure Cap - YTD	1.15%	●	Improvement
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	189	●	Increase
Wage Cap Breaches in Month - Medical	189	●	Increase
Price Cap Breaches in Month - Non Medical	0	●	No change
Wage Cap Breaches in Month - Non Medical	0	●	No change
Workforce KPIs - Average cost per WTE	£000's	RAG	Change in month
Average cost per WTE	40	●	Decrease

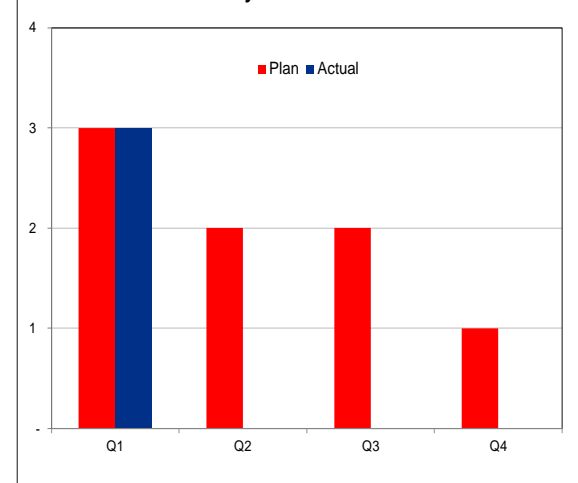
Capital Expenditure



In Month Cash Balances



Quarterly Use of Resources



Trust CIP Exceptions and Substitutions

QIA RAG Status	Outturn £'000's				
	Plan	Actual	Variance (Adv)/Fav	Recurrent	Non Recurrent
Green	4,308	3,997	(312)	3,305	692
Not yet due for QIA	57	50	(8)	50	0
Amber - Scheduled to QIA in July	2,986	1,517	(1,469)	1,014	503
Non Recurrent Mitigations	0	1,288	1,288	0	1,288
Total CIPs	7,351	6,851	(500)	4,368	2,483
High Risk Reserves		500	500		500
Total CIPs net of reserves	7,351	7,351	0	4,368	2,983

Reason for Variance & Mitigating Actions

CIPs have under achieved by £103k in month 3 and forecast delivery risk of £1,288k (before high risk reserve), however this has been fully mitigated by non recurrent measures in month and forecast. The High Risk CIP reserve is required to manage the CIP programme for 2018/19.

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

- Medical Staffing (£528k) due to the ongoing use of Locums to backfill vacancies, sickness and junior doctor gaps
- Acute Inpatients (£437k) due to the high usage of Agency and bank staff due to sickness, vacancies and observations. Mitigating actions are being developed to utilise existing staff more effectively, improve retention and reduce the use of temporary staff.
- ATU,DAU & Inpatients (£538k) due to the high usage of bank and Agency staff to cover sickness, vacancies, specialising and maternity leave. This is being mitigated by underspends within Dental and Admin £207k

Where mitigating actions have not been identified from within the business unit these pressures are being mitigated non recurrently by underspends in Nursing and Corporate Services.

The underlying plan for 2018/19 includes non recurrent CIPs of £1,195k where recurrent plans are required to be identified.

Assurance Reports from Committee Chairs

The Mental Health Legislation Committee is taking place on 19 July 2018 and an update will be provided at the Board meeting.

The Finance, Business and Investment Committee is taking place on 25 July 2018 and an update will be provided at the Board meeting.

The Quality and Safety Committee next meets on 3 August 2018.

The Audit Committee next meets on 3 September 2018.