

Board Integrated Performance Report

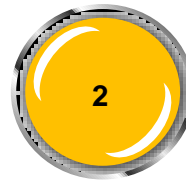
31st January 2019

December 2018 Data

1.1 CQC Rating



1.2 NHS Improvement Segment



1.3 NHS Improvement Finance Score



Agenda item: 11

Lead Director: Director of Finance, Contracting and Facilities & Deputy Chief Executive

Presented for: Assurance

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

Board Action	Key Highlights	Slides
NHS Improvement Indicators		
Assurance	<ul style="list-style-type: none"> As forecast, the waiting time target for people with a first episode of psychosis has been met in December 2018 and in quarter 3 overall. 	4
Information	<ul style="list-style-type: none"> High demand for adult acute mental health beds resulted in one adult acute out of area placement in December 2018. The total number of inappropriate out of area bed days remains slightly below the agreed quarterly trajectory. 	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 from 2018/19. Management of financial delivery risks associated with this is exacerbated by heavy weighting of the risk profile for the CQUIN schemes in quarter 4 (49.8% of available income). The Trust's internal forecast remains unchanged: that the Trust will achieve 93% of available CQUIN income in 2018/19, with potentially 4 of the 13 CQUIN goals not being fully met. 	8 - 10
Information	<ul style="list-style-type: none"> Role specific mandatory training compliance has been included in the integrated performance report since May 2018. Additional role specific training was added to the report in December 2018, to ensure Board oversight. For Care Programme Approach training, work is being undertaken to reduce the number of courses and to address issues regarding recording and reporting. Weekly Senior Leadership Group 'report outs' are focusing on training and appraisal compliance and associated improvement actions (recording and compliance). 	12 - 15
Business Unit		
Information	<ul style="list-style-type: none"> From December 2018 onwards, monthly business unit performance meetings have been replaced by weekly Senior Leadership Group meetings. The Senior Leadership Group agreed to move to weekly reporting for some key performance indicators, commencing from 21 January 2019. The aim of using weekly 'report outs' is to identify and take action to resolve issues and concerns quickly, before they begin to impact on patients or staff. Discussions are led by respective operational or corporate leads and focus on improvement or 'unblocking' actions that need to be taken to improve the position. The first weekly 'report out' focused on actions to improve mandatory training compliance, including confirming which staff require basic and immediate life support training, changing the Electronic Staff Record accordingly and confirming training capacity. 	
Change Programme		
Exception	<ul style="list-style-type: none"> The overall programme continues to be red rated with projected shortfalls against cost improvement schemes, particularly the recurrent management of inpatient pressures. 	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.

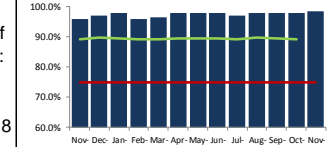
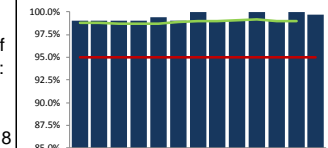
Board Action	Key Highlights	Slides
Finance		
<p>Assurance</p> <p>Exceptions</p>	<p>Control Total Performance – 2018/19 Performance: With a surplus of £51k at Month 9, performance is £12k ahead of the planned surplus of £39k. The 2018/19 plan included £1,195k of non recurrent CIP plans where recurrent solutions needed to be identified during this financial year. CIP performance incorporates non recurrent mitigations of £1,625k (£2,125k including the use of the high risk CIP reserve) that offset under-achievement of other schemes (principally management of inpatient staffing and medical locum cost pressures). The risk assessed forecast considered by the Executive is that the revised 2018/19 Control Total of £388k will be achieved in quarter 4, to secure access to £993k Provider Sustainability Funding (PSF) and deliver a £1,381k composite surplus.</p> <p>Cash: Balances are £4.4m above plan reflecting capital underspending, outstanding invoices for community properties and working capital movements and are forecast to be £1m above plan; at £17.2m, by year end.</p> <p>Use of Resources (UoR): The actual UoR rating at Month 9 is '1' which as planned.</p> <p>CIPs: CIPs are in line with plan in Month 9, however reflects non recurrent mitigations of £1,471k. 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 £2,125k (including £500k high risk CIP reserve). The full high risk CIP reserve is required to deliver the CIP plan in 2018/19 and a key focus is financial recovery planning for 2019/20.</p> <p>Workforce – Agency Controls: Total expenditure caps are being breached in month and cumulatively, driven by medical locum rates and utilisation. Neither of the caps for in month or year to date for medical staffing agency expenditure are being met, reflecting ongoing staffing challenges. There were 181 price and wage cap breaches at the end of December (5 week month) all related to medical locums.</p> <p>Capital internally funded: Capital expenditure is £579k below plan at Month 9 due to slippage on Estates and IM&T schemes that will be delivered later in the year. The capital plan is fully committed in 2018/19.</p> <p>Capital externally funded: External funding has been awarded to support the development of NHS Wi-Fi - £62k of £127k available capital funds is forecast to be required to deliver the scheme. This is funded externally through an increase in Public Dividend Capital (PDC) and cash via the DHSC.</p>	<p>22 - 24</p>

Summary and Recommendations




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

Single Oversight Framework Operational Performance Metrics

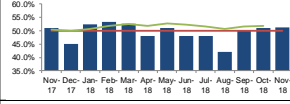
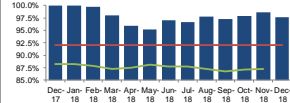
Indicator No.	Indicator	Target	Data status	Oct	Nov	Dec	3 Months Rolling Numerator	3 Months Rolling Denominator	Overall 3 months rolling	National Benchmark	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (Rolling month)	50% 17/18 53% 18/19	Finalised	28.5%	57.1%	79.1%	51	94	54.2%		

Indicator No.	Indicator	Target	Data status	Q3 17/18 Outturn	Q4 17/18 Outturn	Q1 18/19 Outturn	Sep	Oct	Nov	3 Months Rolling Numerator	3 Months Rolling Denominator	Overall 3 months rolling	National Benchmark	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	Finalised - September October. Provisional - November	96.5%	97.4%	98.0%	98.0%	98.0%	98.5%	1306	1333	97.9%	99.0% as of October-18: next publication date 14/02/18	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	Finalised - September October. Provisional - November	99.3%	99.4%	100.0%	99.0%	100.0%	99.7%	1322	1333	99.1%	89.3% as of October-18: next publication date 14/02/18	

Indicator M7: Data is provided in relation to the waiting time element of the standard for Early Intervention in Psychosis (EIP). This shows patients who started treatment in December 2018 within two weeks of referral. The number of completed pathways in December 2018 was 24; 19 of these clients were seen within two weeks. The number of incomplete pathways (patients waiting) at the end of December 2018 was 22; 15 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 18/19 Outturn	Q2 18/19 Outturn	Q3 18/19 Outturn	Oct	Nov	Dec	Q3 18/19 Numerator Outturn	Q3 18/19 Denominator Outturn	Q3 18/19 Outturn	National Benchmark	Graph
M22	Data Quality Maturity Index (DQMI) mental health services data set score	95.0%	98.7%	TBC	TBC				TBC	TBC	TBC	Next publication date: TBC	
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	49.3%	46.2%	TBC	51.0% (Final)	51.2% (Primary)					51.8% as of October-18: next publication date 14/02/18	
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (community dental service)	92.0%	96.0%	97.2%	98.0%	97.9%	98.6%	97.6%	1290	1315	98.0%	87.1% as of October-18: next publication date 14/02/18	
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	62	4	39	6	16	17			39		
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%											
	b) Early Intervention in psychosis services	90.0%											
	c) Community mental health services (people on Care Programme Approach)	65.0%											
Providers to submit 2018/19 data in March 2019. Results expected June 2019													

Indicator M22: The Data Quality Maturity Index (DQMI) mental health services dataset score (MHSDS) data score is a quarterly publication from NHS Digital. There are 361 data items within the MHSDS. The score covers: ethnic category, GP code, NHS number, commissioner code, gender and postcode. In August 2018, NHS Digital published the 2017/18 quarter 4 scores. Three new data items were included (Mental Health Act legal status classification code, primary reason for referral, team classification), without prior notification. These additional items led to a deterioration in the score for most mental health providers. The Trust queried the changes with NHS Digital. NHS Digital has published the quarter 1 scores, reverting to the original data items. The Trust's performance is consequently above the 95% threshold in quarter 1. NHS Digital has published a separate experimental dataset score with six new data items.

Indicator M23: The Trust has relatively few inappropriate out of area bed days, relating primarily 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. High demand for female adult acute mental health beds resulted in one adult acute out of area placement in December 2018, resulting in 17 bed days spent out of area up to the end of December 2018.

Graph Key	
Measure	
Target	
England Benchmarking figure	

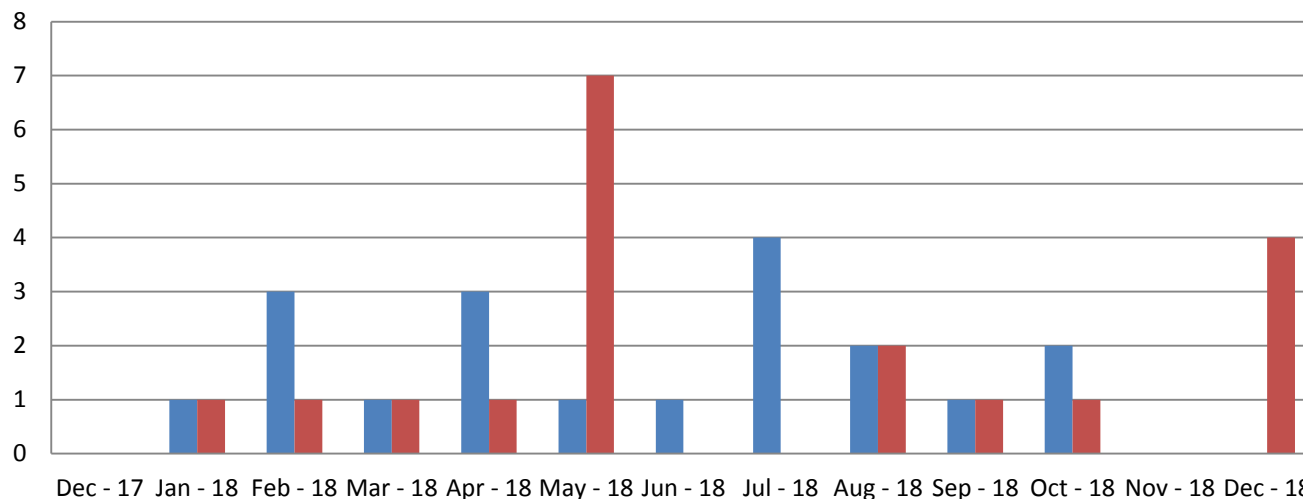
Accident and Emergency Waiting Times

Airedale NHS Foundation Trust																		
Indicator No.	Indicator	Target	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
	Total A&E attendances		15,680	17,488	17,569	17,288	5,420	4,751	5,509	5,433	6,312	5,743	6,089	5,784	5,696	5,972	5,533	5,783
	Total attendances within 4 hours		14,503	16,236	15,913	15,771	5,017	4,340	5,146	5,013	5,870	5,353	5,580	5,193	5,140	5,537	5,171	5,063
M18a	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	92.4%	92.8%	90.6%	90.6%	92.6%	91.3%	93.4%	92.3%	93.0%	93.2%	91.6%	89.8%	90.2%	92.7%	93.4%	87.5%
Bradford Teaching Hospitals NHS Foundation Trust																		
	Total A&E attendances		32,525	34,361	34,333	35,449	11,278	10,127	11,120	11,012	12,229	11,741	12,256	10,822	11,255	11,716	11,889	11,844
	Total attendances within 4 hours		25,399	29,781	28,666	27,641	8,819	7,829	8,751	9,222	10,584	9,975	10,186	9,333	9,147	9,454	8,940	9,247
M18b	% of A&E attendances where service user was admitted, transferred or discharged within 4 hours	95%	78.0%	78.1%	86.7%	86.7%	78.2%	77.3%	78.7%	83.7%	86.5%	84.9%	83.1%	86.2%	81.2%	80.6%	75.1%	78.0%

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

Q3 Serious Incident Numbers

Indicator No.	17/18 Out-turn	This month's performance	18/19 Year to Date
Q3	28	4	30



	Dec - 17	Jan - 18	Feb - 18	Mar - 18	Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sep - 18	Oct - 18	Nov - 18	Dec - 18
■ Death - Suicide (Witnessed Or Suspected)	0	1	3	1	3	1	1	4	2	1	2	0	0
■ Serious incidents Other	0	1	1	1	1	7	0	0	2	1	1	0	4

Serious Incidents: There were four serious incidents in December, one of which was admission of person under 16 years of age.

Reporting Timescales: There were two serious incident reports completed in December: one took 11 weeks to complete and the other 20 weeks.

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 change in clinical systems from RiO to SystmOne has meant there are some challenges in extracting the data required for reporting some CQUINs, but significant work is underway to minimise the impact on CQUIN delivery.

The CQUINs below are 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 people's MH 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
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.	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 forecast to not 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.	Achievement of 5% improvement in 2 of the 3 questions in the staff survey <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 MH Services And Specialist Inpatient Services	£15k	A	A	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 body mass index 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 MH Services And Specialist Inpatient Services	£8k + £8k	A	F	F	F
	<p>Issue: Attempts to obtain a list of all patients on the GP's QOF SMI register for quarter 1 were unsuccessful, resulting in the failure to deliver the quarter 1 milestone.</p> <p>Actions: A planned collaborative approach, in partnership with the CCG, is expected to be more effective and will be undertaken during quarter 2.</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 MH Services	£80k	A	A	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>							

Submissions for quarter 2 milestones were made to the commissioners at the end of October 2018. All milestones have been met with the exception of CQUIN 3b 'Improving Physical healthcare to reduce premature mortality for people with serious mental illness - collaboration with primary care clinicians' and CQUIN 5 'Transitions out of children's and young people's mental health services'.

We have provided additional evidence to Clinical Commissioning Groups to demonstrate compliance with the requirements, and we are awaiting their formal response.

A = Actual F = Forecast

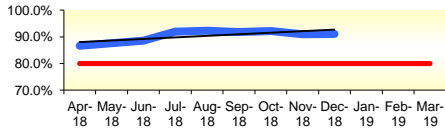
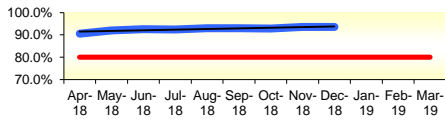
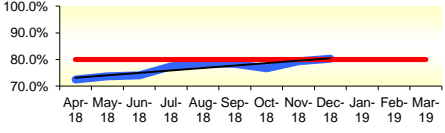
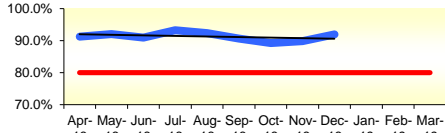
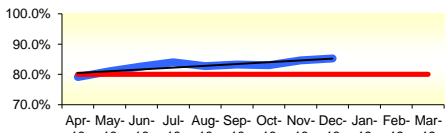
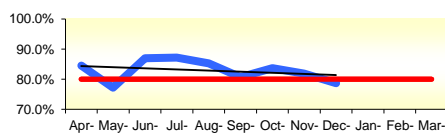
Workforce – Appraisal and Mandatory Training

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%	2649	2880	91.98%		
	% Infection Prevention Training	88.22%	80%	2628	2880	91.25%		
	% Moving & Handling Training	87.33%	80%	2570	2867	89.64%		
Q17a	% Information Governance Training - Substantive Staff Only	95.37%	95%	2423	2621	92.45%		
Q17b	% Information Governance Training - Tertiary Staff Only	97.86%	95%	367	394	93.15%		
Q17c	% Information Governance Training - Substantive and Tertiary Staff Combined	95.68%	95%	2790	3015	92.54%		
Q18	% Staff Receiving Appraisal	79.01%	80%	2129	2561	83.13%		

Graph Key

Measure		Target		Trajectory	
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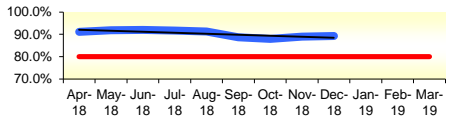
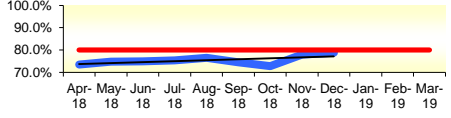
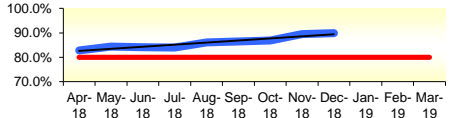
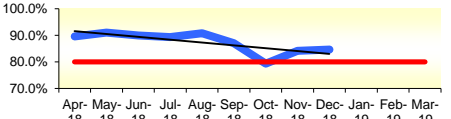
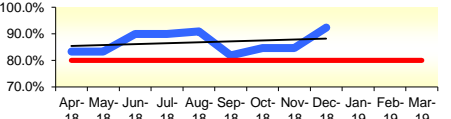
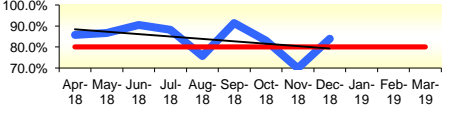
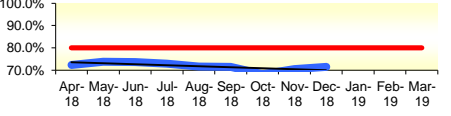
Workforce – Mandatory Training – Role Specific

Indicator No.	Indicator	17/18 outturn	18/19 Target	Numerator	Denominator	Current Performance	FOT 18/19	Graph
	% Equality & Diversity Training	84.56%	80%	2554	2805	91.05%		
	% Prevent Training	91.40%	80%	2625	2805	93.58%		
	% Risk Management Training	72.55%	80%	2253	2805	80.32%		
	% Safeguarding Adults – Level 1 Training	90.81%	80%	627	682	91.94%		
	% Safeguarding Adults – Level 2 Training	77.48%	80%	1654	1941	85.21%		
	% Safeguarding Adults – Level 3 Training	83.33%	80%	118	150	78.67%		




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
	% Safeguarding Children – Level 1 Training	91.27%	80%	599	671	89.27%		
	% Safeguarding Children – Level 2 Training	75.13%	80%	948	1203	78.80%		
	% Safeguarding Children – Level 3 - 3Yrs Training	82.63%	80%	446	496	89.92%		
	% Safeguarding Children – Level 3 - 1Yrs Training	89.15%	80%	357	422	84.60%		
	% Safeguarding Children – Level 4 Training	83.33%	80%	12	13	92.31%		
	Corporate Welcome	tbc	80%	26	31	83.87%		
	Health & Safety	tbc	80%	2004	2805	71.44%		

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
	% Basic Life Support	Tbc	80%	1482	1913	77.47%		
	% Immediate Life Support	Tbc	80%	122	185	65.95%		
	% Care Programme Approach (CPA) - Role, Authority, Responsibilities of Care Coordinator CLINICAL ROLE	Tbc	80%	174	474	36.71%		
	% CPA Awareness using Clinical Information System to Record Data	Tbc	80%	133	819	16.24%		
	% CPA Care Planning for Clinical Staff	Tbc	80%	177	503	35.19%		
	% CPA Clinical Risk, Formulation, Assessment and Management	Tbc	80%	238	514	46.30%		
	% CPA Clustering	Tbc	80%	63	437	14.42%		

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
	% Food Hygiene Awareness	Tbc	80%	270	436	61.93%		
	% Managing Aggression and Violence (MAV) - Breakaway	Tbc	80%	849	1189	71.40%		
	% MAV - Conflict Resolution	Tbc	80%	1980	2215	89.39%		
	% MAV - Physical Intervention	Tbc	80%	315	342	92.11%		
	% Medicines Management	Tbc	80%	363	412	88.11%		
	% Mental Capacity Act	Tbc	80%	1344	2009	66.90%		
	% Mental Health Act	Tbc	80%	316	432	73.15%		
	% Rapid Tranquilisation	Tbc	80%	99	132	75.00%		

Graph Key					
Measure		Target		Trajectory	

Workforce – Labour Turnover, Vacancy and Absence

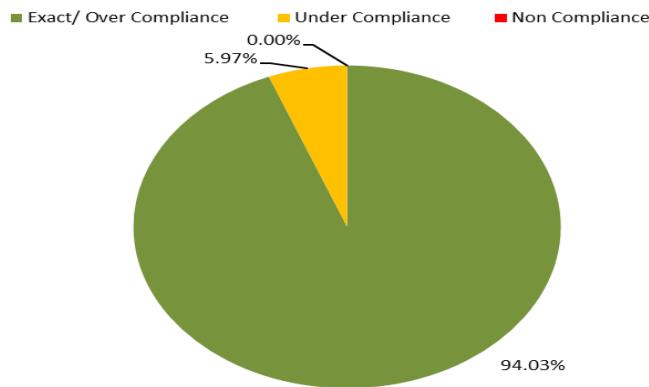
Indicator No.	Indicator	17/18 outturn	18/19 Target	Current Performance			FOT 18/19	Graph
Q19	% Labour Turnover	11.30%	10%	11.25%				
Q20	% Sickness absence rate	4.96%	4%	6.24%				
Q21	% Vacancy rate (Budgeted WTE less staff in post WTE as a percentage of budgeted WTE)	9.82%	10%	5.73%				
Indicator No.	Indicator	17/18 outturn	18/19 Target	Numer-ator	Denom-inator	Current Perform-ance	FOT 18/19	Graph
Q21	% Recruitment rate (Number of posts being actively recruited to as a percentage of staff in post)	7.48%	10%	319	3097	10.30%		

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 – December 2018

Staffing Level Compliance



	No. shifts
Exact/ Over Compliance	1780
Under Compliance	113
Non Compliance	0

Narrative on data extracts regarding staffing levels on 13 wards during December 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 December remained as Dementia Assessment Unit (DAU), Clover (PICU), Ashbrook, Oakburn, and Bracken wards due to the acuity (complexity of need) and the requirement for skill mix within the units. 38% of the shifts in December were requested for Specialising (34%) and Escorting (4%) over and above the baseline requirements to safely staff the wards (a 1% decrease from November). Vacancy remains the highest request reason for booking at 46%, (increased from 45% in November), with hotspot areas remaining in Specialist Inpatients as DAU and Thornton, and all Acute Inpatient wards being reviewed/ monitored as part of the Care Closer to Home project.

Under compliant shifts - There were 24 incidents reported relating to staffing shortages in December 2018 (decrease of 5 from the previous month), with 6 recorded on the Acute wards and 18 in Specialist inpatient services, mainly due to acuity of need/ difficulty in providing emergency cover via agency, and agency staff not attending shifts. All (IREs) incidents relating to staff shortfalls however were managed locally or escalated and/or mitigated. Sickness cover levels decreased in December (from 3.8%) to 3.7% of bank and agency bookings being attributed to sickness.

Non-compliant shifts – No shift was identified as being non-compliant in December.

Risks:

- Hotspot areas in terms of vacancies – for Specialist inpatients remain on DAU and Thornton – (requirements being predominantly qualified roles); meaning safe staffing levels cannot be sustained long term without posts being permanently recruited to. Vacancies in Acute Inpatient service are included within the Care Closer to Home project and are being monitored through the weekly service rapid recruitment meetings.
- The process of permanent recruitment continues, with 58 qualified nursing posts currently being recruited to (42 in pipeline), over 50 support worker posts – including bands 3 and 4 (32 in pipeline) and OT/ OT Assistant posts 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 Roster Development meeting, that reviews roster performance and plans/ monitors any strategic changes to the rostering system; continues to be held with the Inpatient wards. This group reports in to the Safer Staffing Steering Group on a monthly basis. Current actions include piloting and monitoring of 12 hour shift system, participation in testing for the national acuity model for Mental Health; and implementation of the SafeCare module within HealthRoster (following completion of the acuity model testing). Launch of the acuity tool (originally due November 2018), has been delayed until early 2019 to align with the new NHS Improvement plan to roll-out and develop eRostering across all Trusts and all clinical workforce groups. Performance monitoring actions include, review of headroom, review of annual leave patterns, monitoring of unused contract hours, monitoring of WTD breaches, and review of booking reasons for bank and agency shifts.
- Full programme of recruitment fayres planned over the next 12 months. Focus on Staff Bank recruitment to enable reduction of agency usage, with a recruitment day being held on the 26th January 2019.
- NHS Improvement held a launch event on Workforce Systems Deployment on 27th November 2018. NHS Improvement have set an objective for all Trusts to deliver e-rostering and e-job planning to all clinical staff by 2021/22. NHS Improvement will be publishing a model contract, technical specification documents and Meaningful Use Standards (Levels of Attainment) between January and March 2019, along with the opportunity to bid for capital monies; to help support Trusts in any procurement requirements and planning of implementation to achieve the target by 2021/22.
- The safer staffing steering group completed an annual safer staffing review 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. The next review is scheduled for January 2019.

Q23a - Safer Staffing: Inpatient Services – December 2018

Ward name	Main 2 Specialities on each ward Speciality 1	Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)					Day		Night		Allied Health Professionals		
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied health professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
		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	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	1080	948	720	1248	360	360	1080	1788	142.5	135	142.5	105	466	2.8	6.5	0.3	0.2	9.8	87.8%	173.3%	100.0%	165.6%	94.7%	73.7%
Heather	710 - ADULT MENTAL ILLNESS	876	744	1140	1752	360	360	1080	1440	142.5	142.5	142.5	105	554	2.0	5.8	0.3	0.2	8.2	84.9%	153.7%	100.0%	133.3%	100.0%	73.7%
Bracken	715 - OLD AGE PSYCHIATRY	720	768	1080	1932	360	468	1080	1788	142.5	82.5	427.5	352.5	664	1.9	5.6	0.1	0.5	8.1	106.7%	178.9%	130.0%	165.6%	57.9%	82.5%
Ashbrook	710 - ADULT MENTAL ILLNESS	720	780	1080	1584	360	384	1080	1572	285	157.5	142.5	105	764	1.5	4.1	0.2	0.1	6.0	108.3%	146.7%	106.7%	145.6%	55.3%	73.7%
Maplebeck	710 - ADULT MENTAL ILLNESS	720	936	1080	1500	360	408	1080	1428	285	195	0	0	546	2.5	5.4	0.4	0.0	8.2	130.0%	138.9%	113.3%	132.2%	68.4%	-
Oakburn	710 - ADULT MENTAL ILLNESS	720	960	1080	1200	360	684	1080	1128	142.5	142.5	285	195	601	2.7	3.9	0.2	0.3	7.2	133.3%	111.1%	190.0%	104.4%	100.0%	68.4%
Baildon	712 - FORENSIC PSYCHIATRY	720	708	1080	1080	360	360	720	720	0	0	0	0	283	3.8	6.4	0.0	0.0	10.1	98.3%	100.0%	100.0%	100.0%	-	-
Ilkley	712 - FORENSIC PSYCHIATRY	708	877.5	1056	960	360	360	720	708	0	0	0	0	290	4.3	5.8	0.0	0.0	10.0	123.9%	90.9%	100.0%	98.3%	-	-
Thornton	712 - FORENSIC PSYCHIATRY	1125	1110	2025	2220	279	334.8	837	892.8	0	0	0	0	306	4.7	10.2	0.0	0.0	14.9	98.7%	109.6%	120.0%	106.7%	-	-
Assessment & Treatment Unit (LD)	700 - LEARNING DISABILITY	900	780	1665	2332.5	279	279	837	1116	0	0	285	210	147	7.2	23.5	0.0	1.4	32.1	86.7%	140.1%	100.0%	133.3%	-	73.7%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	720	948	2160	2568	360	408	2160	2484	0	0	0	0	291	4.7	17.4	0.0	0.0	22.0	131.7%	118.9%	113.3%	115.0%	-	-
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	720	816	720	684	360	396	720	720	142.5	90	0	0	270	4.5	5.2	0.3	0.0	10.0	113.3%	95.0%	110.0%	100.0%	63.2%	-
Dementia Assessment Unit (DAU)	715 - OLD AGE PSYCHIATRY	900	1027.5	3150	5265	558	539.4	1674	3031.8	0	0	0	0	651	2.4	12.7	0.0	0.0	15.2	114.2%	167.1%	96.7%	181.1%	-	-

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	1	4	0	1
Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2
41	40	3	4	2	1
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
59	59	1	3	3	1
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
5	4	4	4	0	0	0
Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3
6	6	6	6	0	0	0
Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4

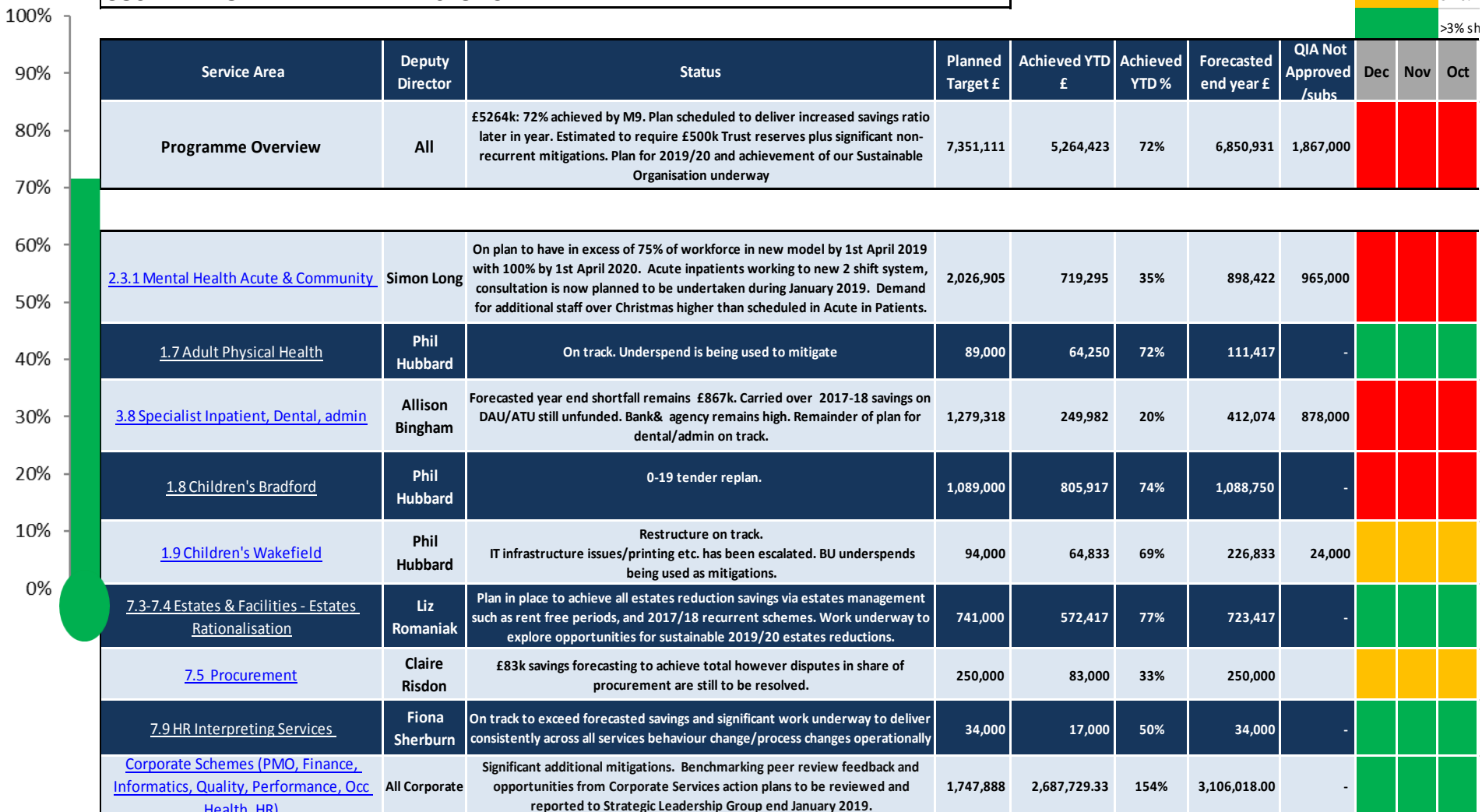
Quality Assurance

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).

COST IMPROVEMENT PLAN - 2018-19



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	39	51	12	●	1,381	1,381	0	●
Control Total Performance	39	51	12	●	1,381	1,381	0	●
CIPs (before High Risk Reserve)	5,289	5,289		●	7,351	6,851	(500)	●
Capital Expenditure	3,185	2,606	579	●	4,276	4,338	(62)	●
Cash Balance	15,700	20,137	4,437	●	16,230	17,230	1,000	●
Use of Resources	1	1		●	1	1		●

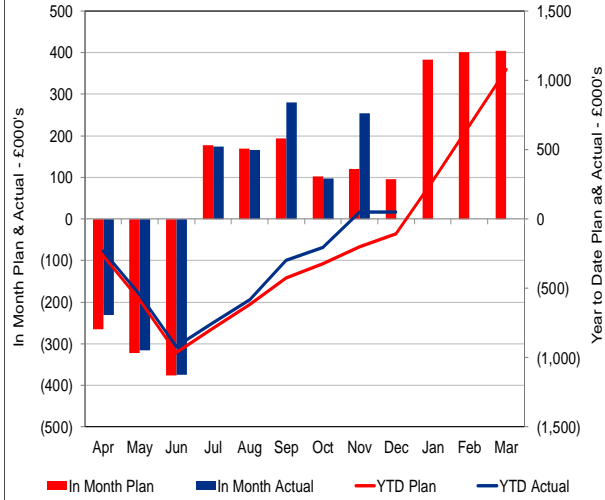
●	Favourable variance
●	Adverse variance under £100k or 10%
●	Adverse variance £100k or 10% or greater

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

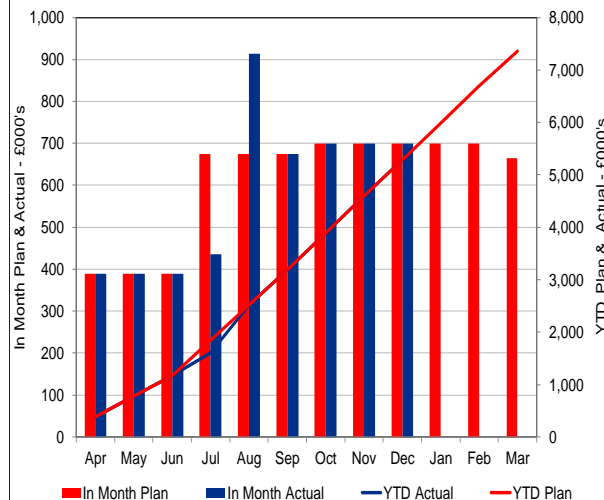
After taking into account the high risk CIP reserve performance is forecast to be £1,625k behind plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to FBIC scrutiny.

Note that the additional forecast outturn capital expenditure is due to additional central funding for NHS Wi-Fi which is funded through an increase in Public Dividend Capital (PDC) and cash.

Control Total Performance

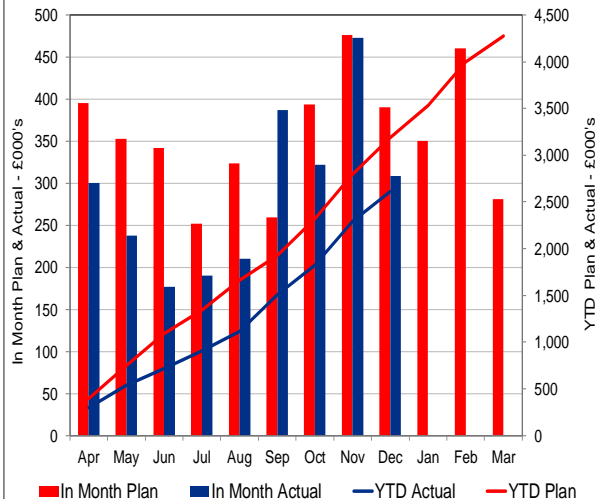


Cost Improvement Programmes

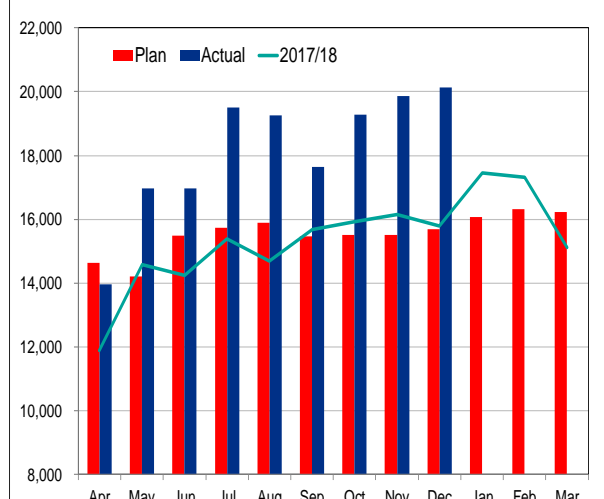


Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap £000's	RAG	Change in month
Total Agency Expenditure Cap in Month	62	● Improvement	Improvement
Medical Agency Expenditure Cap in Month	(79)	● Improvement	Improvement
Total Agency Expenditure Cap YTD	4	● Improvement	Improvement
Medical Agency Expenditure Cap YTD	(313)	● Deterioration	Deterioration
Workforce KPIs - Agency Expenditure Cap	(Adv)/Fav Variance from Cap %	RAG	Change in month
Qualified Nursing Expenditure Cap - In Month	1.09%	● Deterioration	Deterioration
Qualified Nursing Expenditure Cap - YTD	0.95%	● Improvement	Improvement
Workforce KPIs - Price & Wage Cap Breaches	No. of Shifts	RAG	Change in month
Price Cap Breaches in Month - Medical	181	● Decrease	Decrease
Wage Cap Breaches in Month - Medical	181	● Decrease	Decrease
Price Cap Breaches in Month - Non Medical	0	● No change	No change
Wage Cap Breaches in Month - Non Medical	0	● No change	No change
Price Cap Breaches YTD - Medical	1,884	● Increase	Increase
Wage Cap Breaches YTD - Medical	1,870	● Increase	Increase
Price Cap Breaches YTD - Non Medical	8	● No change	No change
Wage Cap Breaches YTD - Non Medical	0	● No change	No change
Workforce KPIs - Average cost per WTE	£000's	RAG	Change in month
Average cost per WTE	39	● Decrease	Decrease

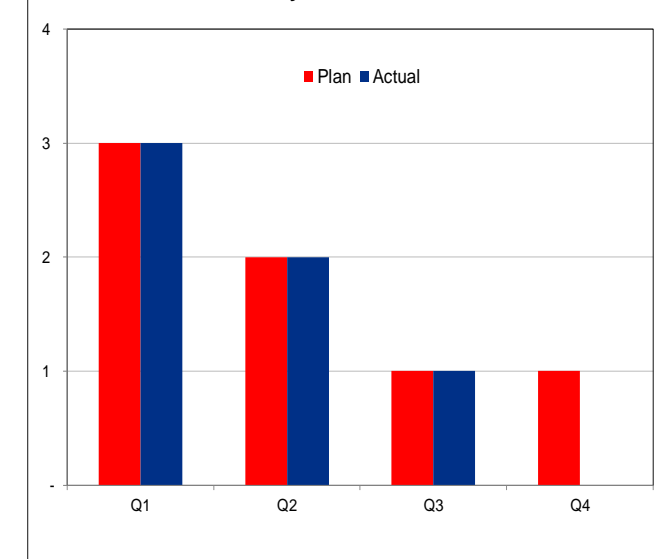
Capital Expenditure



In Month Cash Balances



Quarterly Use of Resources



Trust CIP Exceptions and Substitutions

QIA RAG Status	Outturn £'000's						
	Plan	Forecast	Variance (Adv)/Fav	QIA Complete	QIA Outstanding	Recurrent	Non Recurrent
Green	5,484	5,123	(361)	5,123		4,071	1,052
Not yet due for QIA	24	24	0		24	24	0
QIA Plans Outstanding	1,843	79	(1,764)		1,843	79	0
Sub Total	7,351	5,226	(2,125)	5,123	1,867	4,174	1,052
Non Recurrent Mitigations QIA		1,625	1,625	1,625			1,625
High Risk Reserves	0	500	500	0	0	0	500
Sub Total NR CIPs	0	2,125	2,125	1,625	0	0	2,125
Total CIPs including reserves	7,351	7,351	0	6,748	1,867	4,174	3,177

Reason for Variance & Mitigating Actions

CIPs have under achieved by £1,471k in month 9 and forecast delivery risk of £2,125k, however this has been fully mitigated by non recurrent measures in month and the High Risk CIP reserve. The 2018/19 plan included non recurrent CIPs of £1,195k where recurrent plans needed to be developed during 2018/19, there is a shortfall in delivering the non recurrent CIP of £143k due to IHTT in year pressures.

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.
- IHTT due to increased use of Agency & Bank to cover service requirements. (£143k)
- ATU, DAU, & Inpatients (£867k) due to the high usage of bank and Agency staff to cover sickness, vacancies, special observations and maternity leave.
- Other small schemes (£150k)

Actions have commenced to identify recurrent solutions to address the underlying £3,177k pressure as part of financial recovery planning for 2019/20. Sustainability actions are being progressed to support the identification of additional organisational efficiencies by April 2019.

Assurance Reports from Committee Chairs

Assurance Report: Quality and Safety Committee – 14 December 2018

- Children's Services – Committee to receive regular assurance updates between now and the likely transfer of contract.
- Infection Prevention training – there had been notable achievements but 14% of staff required refresher Infection Prevention training.
- The Research and Development Bi-annual Report had demonstrated an outstanding year with all study recruitment targets being met.
- The Medicines Management Bi-annual Report had been well received. The team had had a positive impact on quality and safety, however, staff vacancies had limited the scope to undertake training responsibilities. Issues raised about the fire wall between Bradford District Care Foundation Trust and Bradford Teaching Hospitals Foundation Trust which had resulted in delays to ward discharges. The Board had approved and supported the move to an in-house pharmacy service.
- The Mortality Review Process Report had highlighted achievement in all agreed outcomes.
- The Recruitment and Retention Report had been well received and highlighted the presence of agency staff and the need to reduce their use. It was agreed that future reports would focus on a more succinct report on impact and KPIs.
- Assessment of the impact of the Trust's electronic health record transfer remains a quality and safety priority. The Chief Information Officer has committed to undertake a series of heuristic evaluations with front line clinicians and a report would be received by Committee in February.

Assurance Report: Quality and Safety Committee – 17 December 2018

- Update presented on the clinical waste contract.
- Further discussion on the health and social care network investment, with a recommendation to Trust Board.
- 'True-up' discussion on Microsoft licence agreement.
- Capital Planning and Financial Strategy 2019/20 update, which would be subject to further discussions in February.
- Update on the Worksmart Strategy and priorities for the 2019/20 programme.
- Update on Market Development Plan.