Agenda Item

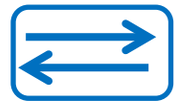
13

Bradford District Care
NHS Foundation Trust

A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included 'action status' symbols to highlight the current response to the data displayed in each chart.

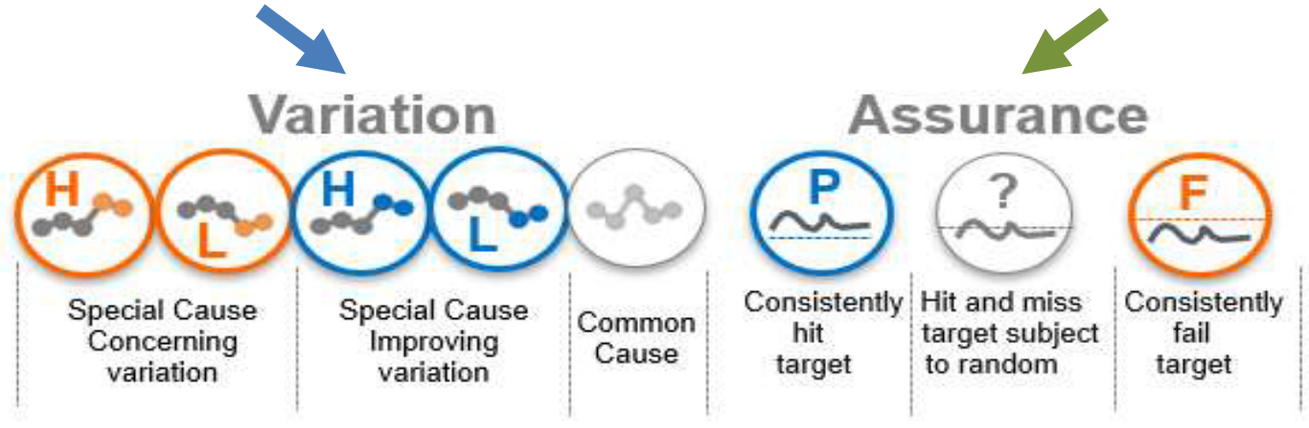
Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
									
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

A note on SPC charts – high level key

Are we improving, declining or staying the same?

Can we reliably hit the target?



ORANGE = significant concern or high pressure

BLUE = significant improvement or low pressure

GREY = no significant change

ORANGE = system change required to hit target

GREY = hit and miss, subject to random fluctuations

BLUE = will reliably hit the target

Quality and Safety Committee

Workforce Dashboard (January 2022)

Bradford District Care
NHS Foundation Trust

Metric	Goal & Assurance/ Action status	Current & Variation	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%	15.9%	Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%	8.47%	Sickness rate increased by 1.1% from December 2021
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%	13.09%	LTO continues to be above target but has remained static since April
Key Workforce Metrics – Vacancy Rate	10%	3.2%	Vacancy rate reduced from December, and both below target and LTO rate
Mandatory Training Summary	80%	91.1%	Performance has been impacted by COVID-19- specifically for face to face training. Overall compliance remains above 80%
Appraisal Rates Summary	80%	87.2%	Performance has been consistently above 80% target from Oct 2020
Clinical Supervision Rates Summary	80%	81.63%	Compliance rate had been consistently above target
Safer Staffing – Compliance Levels/ Heat Map/ WTD Breaches / Bank and Agency - Fill Rates/ Booking reasons	-	-	Fill rates and bank and agency usage remain high due to Specialing, COVID impact. Working Time Directive breaches still difficult to manage
DBS Status checks	95%	98%	Issue with update service failures due to out of date bank details in place at time of re-check
Professional Registration	95%	99%	% compliance included – actions taken where necessary (1 expired)

Lead Director	Sandra Knight	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Deputy Director of HR	Accountable Committee	Finance, Business & Investment, Quality & Safety, Workforce & Equality	Overall – Watching Brief

Bradford District Care NHS Foundation Trust

KPI	Target	Mean	Lower Control Limit	Upper Control Limit

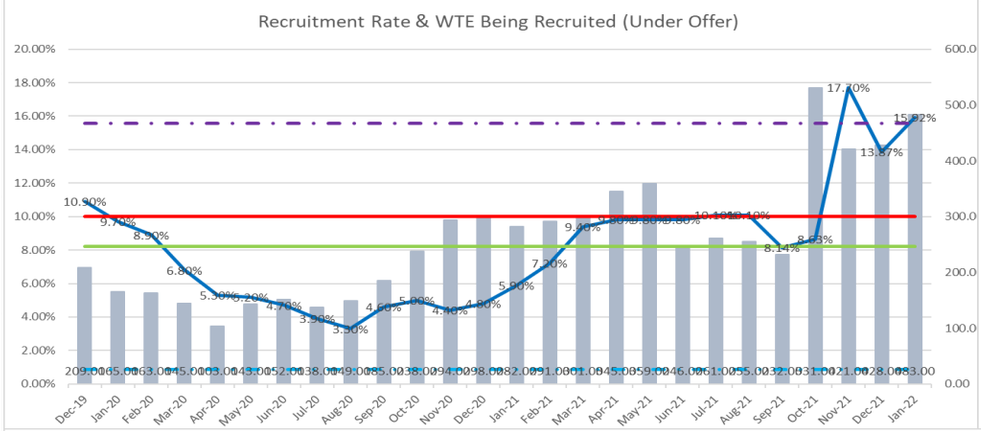
January 2022

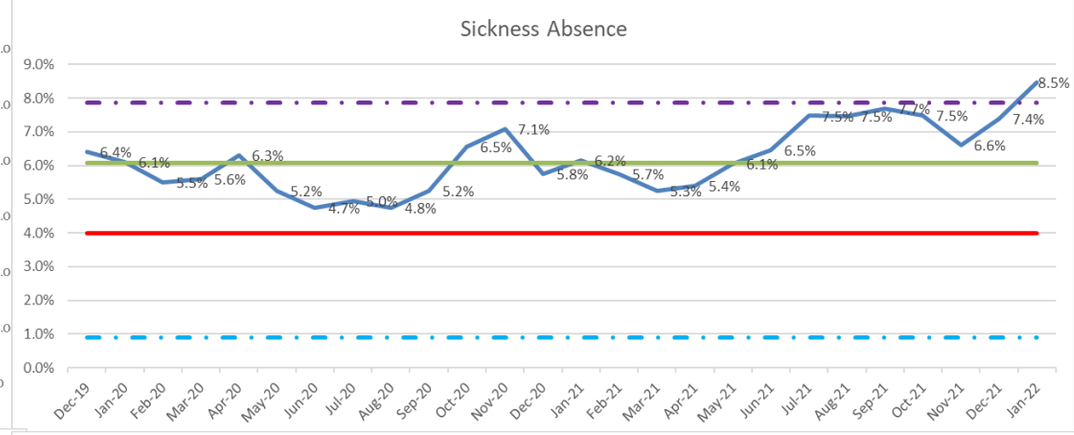
Key workforce metrics

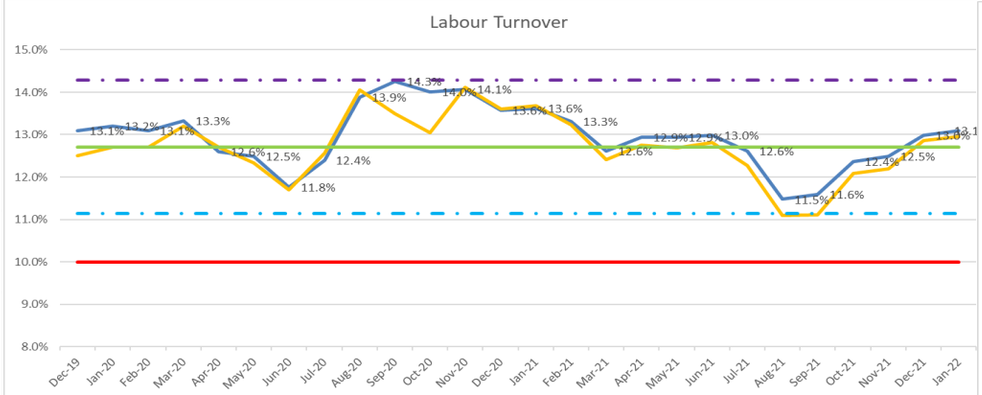
Data monitoring

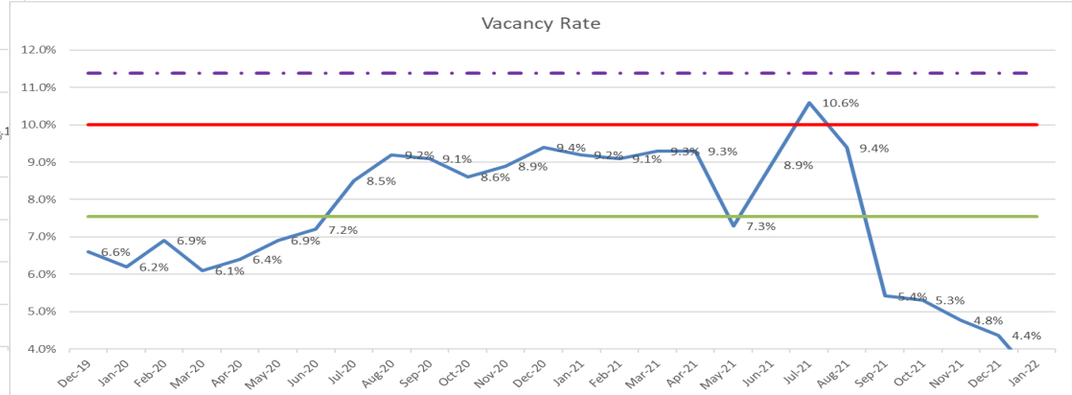
Goal/ target

10% target for labour turnover, recruitment and vacancy rates, and 4% target for sickness absence









	Dec-21	Jan-22	Change
Average Cost	£620,513.45	£ 733,024.76	£ 112,511.31
Episodes	734	873	139
LT Sick Days %	4.95%	4.33%	-0.62%
ST Sick Days %	2.43%	4.15%	1.72%

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
SPC charts to monitor the current trends around labour turnover (LTO), sickness, vacancy and recruitment rates.	Normal variation within the SPC ranges for all elements, with exception of sickness which has been climbing and remains high in January.	Sickness absence increased slightly from December, and remains higher than pre-COVID rates mainly due to the additional short term Covid cases, and a higher proportion of long term cases relating to Anxiety, Stress and Depression than before the pandemic. Labour turnover has increased this month, and remains above target. Remains concentrated across all operational services.	Sickness – COVID-19 monitoring continues via daily absence reporting submissions to NHS Improvement, with process for managing Long COVID symptoms in place. Anxiety, stress and depression still at high levels for non-COVID absence - Continue to promote the Trust Health and Wellbeing offer. A Health & Wellbeing lead has been appointed to support teams with team risk assessments and bespoke interventions to improve wellbeing. Labour Turnover – Looking at introducing exit questionnaire via ESR. Will monitor and review update of this new approach and analysis data at team /ward level to gain a better understanding of reasons for leaving. Recruitment/ Vacancies – Workforce plan submitted to NHS Improvement in November 2021 included detailed recruitment plan by month for the second half of the financial year.

Bradford District Care
NHS Foundation Trust

Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Grainne Eloi/ Kelly Barker	Accountable Committee	Quality & Safety	☒ Under-performance

January 2022

Safer Staffing – Compliance Levels

Data Monitoring

Improving fill rate of required shifts over last quarter

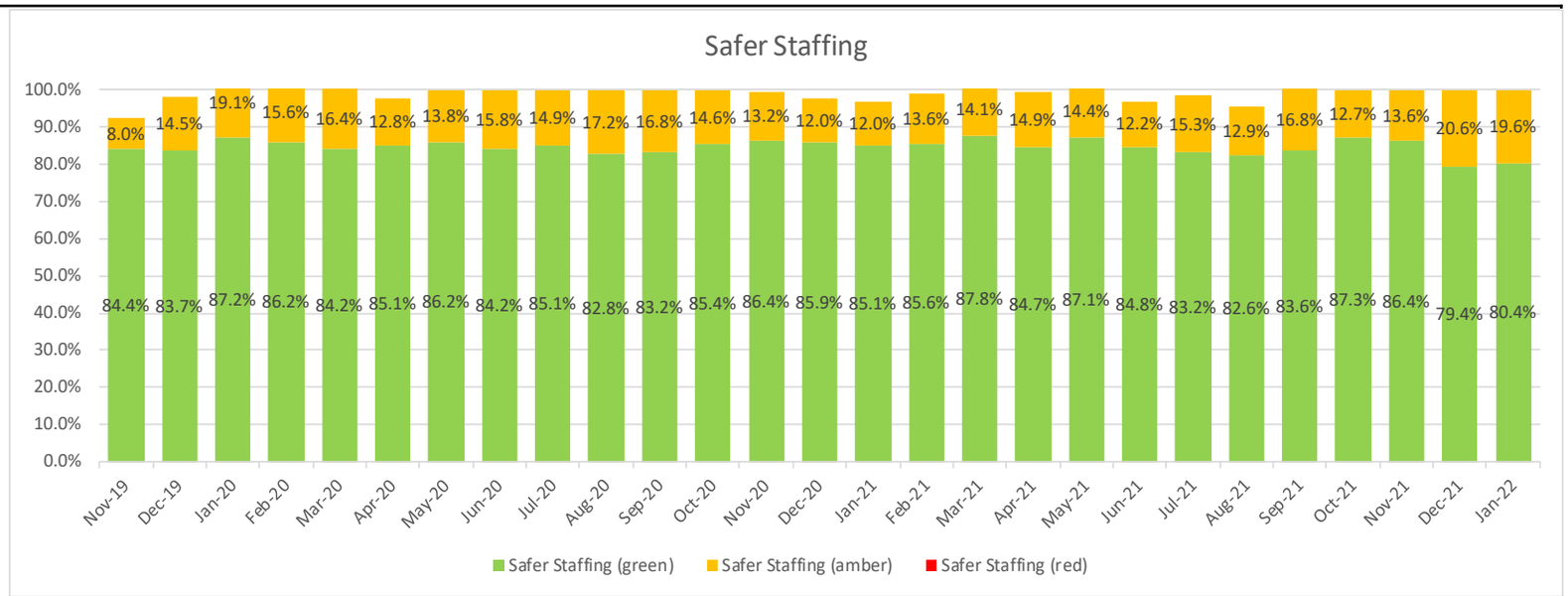
Goal/Target

100% filled at appropriate levels.

Amber - % of shifts filled below requested levels

Red - % of shifts unfilled with Registered Staff

Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Nov-19	84.4%	8.0%	0.0%
Dec-19	83.7%	14.5%	0.0%
Jan-20	87.2%	19.1%	0.0%
Feb-20	86.2%	15.6%	0.0%
Mar-20	84.2%	16.4%	0.0%
Apr-20	85.1%	12.8%	0.0%
May-20	86.2%	13.8%	0.0%
Jun-20	84.2%	15.8%	0.0%
Jul-20	85.1%	14.9%	0.0%
Aug-20	82.8%	17.2%	0.0%
Sep-20	83.2%	16.8%	0.0%
Oct-20	85.4%	14.6%	0.0%
Nov-20	86.4%	13.2%	0.0%
Dec-20	85.9%	12.0%	0.0%
Jan-21	85.1%	12.0%	0.0%
Feb-21	85.6%	13.6%	0.0%
Mar-21	87.8%	14.1%	0.0%
Apr-21	84.7%	14.9%	0.0%
May-21	87.1%	14.4%	0.0%
Jun-21	84.8%	12.2%	0.0%
Jul-21	83.2%	15.3%	0.0%
Aug-21	82.6%	12.9%	0.0%
Sep-21	83.6%	16.8%	0.0%
Oct-21	87.3%	12.7%	0.0%
Nov-21	86.4%	13.6%	0.0%
Dec-21	79.4%	20.6%	0.0%
Jan-22	80.4%	19.6%	0.0%



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Proportion of required shifts filled to required levels of safety. Red shifts would indicate no registered staff assigned to work on a particular shift	Shows no shifts recorded as 'red' – i.e. no registered staff on shift. Amber shifts (i.e. no. of staff working is lower than required staffing level) show a fluctuating trend.	High patient acuity on some wards leading to reliance on temporary staff. COVID-19 has impacted on available pool of temporary staff to draw from. There are a number of shifts being covered by band 7 and above workers in order to meet safer staffing levels however these hours are not being captured on the roster.	Monitored through daily lean management. Safer staffing group reviews and escalate concerns to Quality and Safety Committee. Workforce Planning surgeries held with each ward to review and plan staffing levels (to include forecast for winter pressures and stabilisation solutions). Work is underway to calculate the additional hours being worked by band 7 and over workers and a plan is being put in place to determine how this could be paid.

Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Kelly Barker / Grainne Eloi	Accountable Committee	Quality & Safety	X Under-performance

January 2022

Safer Staffing – Compliance Levels

Data Monitoring

Care Hours Per Patient per Day increasing over last quarter (which will have positive impact on quality of service delivery)

Goal/Target

90% for fill rates,

10% for annual leave,

4% for sickness

Heat Map - Inpatient Wards

	Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day				
Inpatient Ward	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD Total
Fern	90.12%	19.18%	93.33%	69.64%	1.84%	3.44%	152.34%	63.08%	178.33%	83.18%	3.34%	2.71%	3.1	3.1	3.9	10.5	13.6
Heather	94.44%	25.88%	96.67%	58.62%	0.99%	6.76%	142.22%	53.13%	160.00%	78.65%	7.75%	7.92%	3.1	2.9	4.3	8.6	11.5
Bracken	91.11%	19.51%	93.33%	92.86%	4.76%	5.86%	97.85%	58.79%	110.07%	85.37%	7.01%	7.07%	2.6	2.3	4.8	5.2	7.5
Ashbrook	110.47%	44.21%	96.67%	75.86%	2.42%	5.87%	271.03%	65.17%	326.67%	88.44%	8.45%	11.42%	2.3	1.9	3.0	7.4	9.3
Maplebeck	102.27%	12.22%	108.33%	76.92%	1.92%	2.30%	396.40%	70.45%	403.33%	91.46%	6.59%	6.71%	2.8	2.0	3.6	8.2	10.2
Oakburn	100.00%	43.82%	100.00%	65.00%	2.06%	6.02%	374.77%	76.68%	398.89%	94.71%	7.25%	4.08%	2.8	2.7	3.6	6.8	9.5
Baildon	90.00%	18.52%	100.00%	23.33%	7.80%	2.36%	107.78%	31.96%	103.33%	27.96%	0.65%	2.86%	3.5	4.2	7.0	8.4	12.6
Ilkley	78.33%	8.51%	100.00%	26.67%	7.76%	12.78%	86.67%	34.62%	91.11%	28.05%	6.83%	3.74%	3.2	3.5	5.3	5.9	9.4
Thornton	73.26%	31.75%	83.33%	100.00%	4.66%	2.39%	113.16%	47.09%	190.00%	83.63%	12.05%	4.23%	3.5	3.8	7.3	10.8	14.7
Assessment & Treatment Unit (LD)	77.01%	25.37%	53.33%	28.13%	5.56%	6.99%	110.53%	49.52%	181.67%	93.58%	5.22%	3.77%	6.8	6.7	15.5	31.1	37.8
Clover (PICU)	84.00%	39.29%	95.00%	66.67%	11.64%	3.78%	338.33%	71.43%	263.33%	90.13%	8.00%	9.53%	7.0	7.0	10.5	18.8	25.9
Step Forward (Rehab)	73.33%	13.64%	100.00%	20.00%	3.49%	4.19%	171.67%	29.13%	174.58%	80.58%	12.61%	6.26%	2.9	2.4	3.9	2.7	5.2
Dementia Assessment Unit (DAU)	70.24%	5.08%	96.67%	65.52%	9.13%	3.58%	100.57%	33.90%	109.04%	73.58%	9.27%	3.98%	3.0	2.1	7.1	4.9	6.9
Total	**87.84%**	**25.43%**	**92.75%**	**64.69%**	**4.83%**	**4.97%**	**179.64%**	**60.09%**	**197.98%**	**83.70%**	**7.24%**	**5.66%**	**3.2**	**3.0**	**5.3**	**8.4**	**11.3**

This is based on the total number required in the month against the total number who worked

RAG Ratings

Fill rates
Over 100% - Blue
>90% - Green
80-90% - Amber
<80% - Red

Annual Leave
>14.1% - Red
10-14% - Amber
<10 - Green

Sickness
>5% - Red
4-5% - Amber
<4 - Green

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
A heatmap to outline the fill rates, annual leave and sickness levels, against Care Hours Per Patient Day.	Overfill of Unregistered staff to compensate for areas where Registered staff requirements cannot be matched. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used.	High volume of night shifts continue to be filled with temporary staff. Registered staff fill rates deteriorating with some wards still experiencing high number of vacancies – particularly registered nurses. High patient acuity continues to be experienced across acute wards. High sickness levels recorded across Assessment and Treatment Unit (ATU) and Clover for registered staff, with high sickness for unregistered staff across most acute wards, ATU, Dementia Assessment Unit and Bracken. Fatigue around the pandemic is also still present.	• Recruitment of bank and agency staff to Airedale Centre for Mental Health wards, helping to stabilise staffing levels. • Extra psychological support being provided for staff on Bracken ward due to high levels of sickness. • Acute wards at Lynfield Mount Hospital – Recruitment taking place for band 3 and 4 staff (including activity co-ordinators). • Focus on staff retention after student training. • A review of staff working across different shifts has been undertaken. • A patient safety lead has been recruited to engage with wards. • Workforce Planning surgeries held with each ward to review and plan staffing levels (to include forecast for winter pressures and stabilisation solutions).

Safeguarding Dashboard (January 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Safeguarding Adult Referrals	N/A	1 N/A	5.6
Safeguarding Children Referrals	N/A	23 (Bradford) 10 (Wakefield) N/A	20.7 (Bradford) 10.4 (Wakefield)
Duty Calls regarding adults	N/A	51 (Bradford) 0 (Wakefield) N/A	67.0 (Bradford) 0.0 (Wakefield)
Duty Calls regarding children	N/A	47 (Bradford) 26 (Wakefield) N/A	49.6 (Bradford) 26.0 (Wakefield)

Serious Incidents, Duty of Candour & Mortality Dashboard (January 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Serious Incidents	N/A		2		2.8
Duty of Candour incidents	0		1		1.1
Suicides	N/A		2		1.4
Expected Deaths	N/A		15		13.5
Unexpected Deaths	N/A		8		6.6
COVID related deaths – community	N/A		6	N/A	3.6
COVID related deaths – inpatients	N/A		0	N/A	0.1
Structured Judgement Reviews	N/A		0	N/A	N/A

Incidents Dashboard (January 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A	807	953. 5
Violence & Aggression	N/A	146	209.7
Medication Errors	0	29	47.5
Near Misses	N/A	5	21.0

Staff and Service User Feedback Dashboard (January 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Formal Complaints	0	1	6.0
Concerns	0	30	53.5
Compliments	N/A	14	45.3
Freedom To Speak Up	N/A	15 N/A	N/A
Friends & Family Test	90% (tbc)	97.9% -	-

Quality of Care Delivery Dashboard (January 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Infection Prevention & Control	0		23	N/A	N/A
Pressure Ulcers	0		10	N/A	21
Insulin Errors	0		5	N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A		0	N/A	N/A
Equipment maintenance	95%		91.5% / 78.0%	N/A	N/A
Ligature assessments	100%		100%	N/A	100%
Clinical Audit	100%		95.0%	N/A	N/A

NHS Oversight Framework Metrics Dashboard (January 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Improving Access to Psychological Therapies (IAPT) Access Rate	943	801	N/A
IAPT Recovery Rate	50%	48.4%	53.2%
Waiting times IAPT i) 6 weeks	75%	91.5%	96.2%
Waiting times IAPT ii) 18 weeks	95%	99.6%	99.6%
IAPT waiting >90 days between 1st & 2nd Treatment	<10%	31.5%	N/A
Out of Area Placements	774 (Q4)	778	N/A
Data Quality – MHSDS dataset Score	80% 21/22	93.8%	N/A
Consultant led waiting times (RTT)	92%	95.8%	72.0%
Waiting times – first episode of psychosis	60%	74.3%	79.5%

Lead Director	Patrick Scott	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance

January 2022

January - 801 (provisional)
Year to date - 8563 (Apr – Jan)

Data monitoring

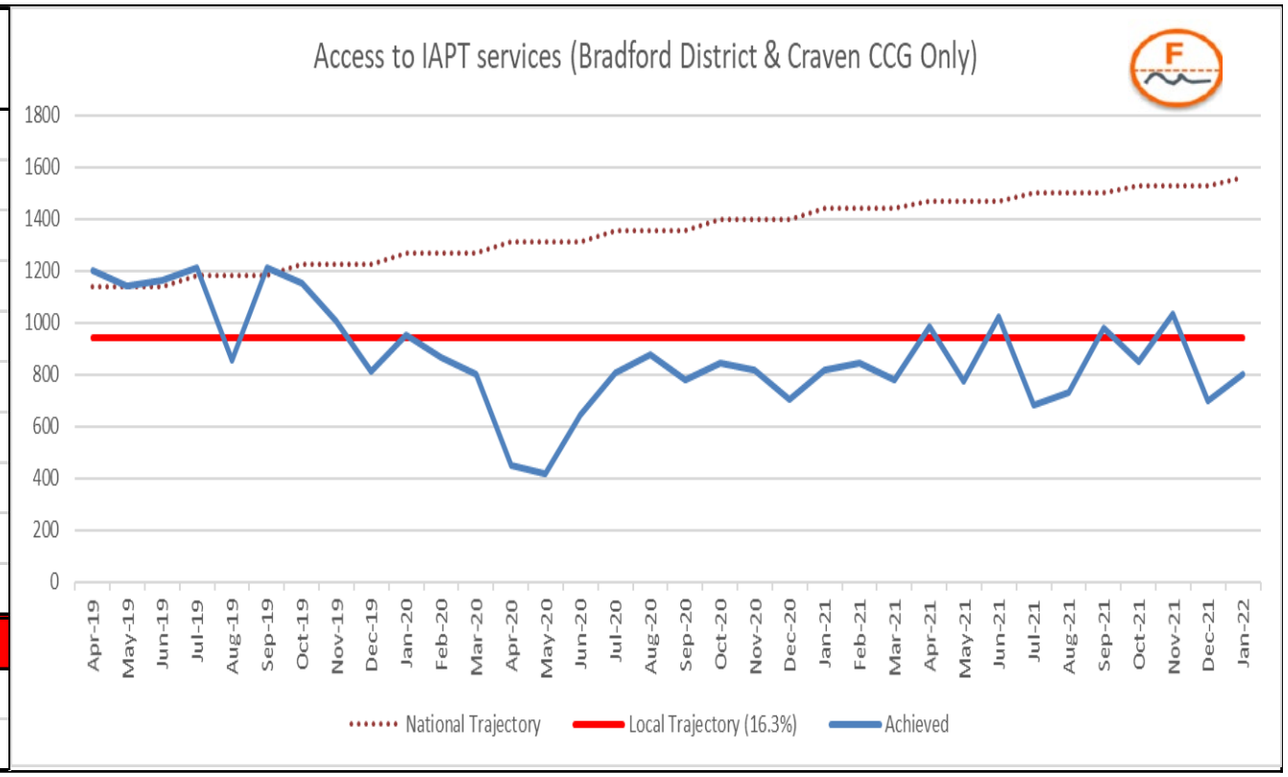
Variation indicates falling short of the local contractual target

Goal/ target

National trajectory
= 1559 (Jan)
= 15064 (Apr – Jan)

Local contractual target
= 943 (Jan)
= 9430 (Apr – Jan)

Period	Target		Actual
	National	Contractual	
Apr-21	1471	943	985
May-21	1471	943	775
Jun-21	1471	943	1025
Jul-21	1501	943	685
Aug-21	1501	943	730
Sep-21	1501	943	980
Oct-21	1530	943	850
Nov-21	1530	943	1035
Dec-21	1530	943	697
Jan-22	1559	943	801
YTD	**15064**	**9430**	**8563**
Feb-22	1559	943	
Mar-22	1559	943	

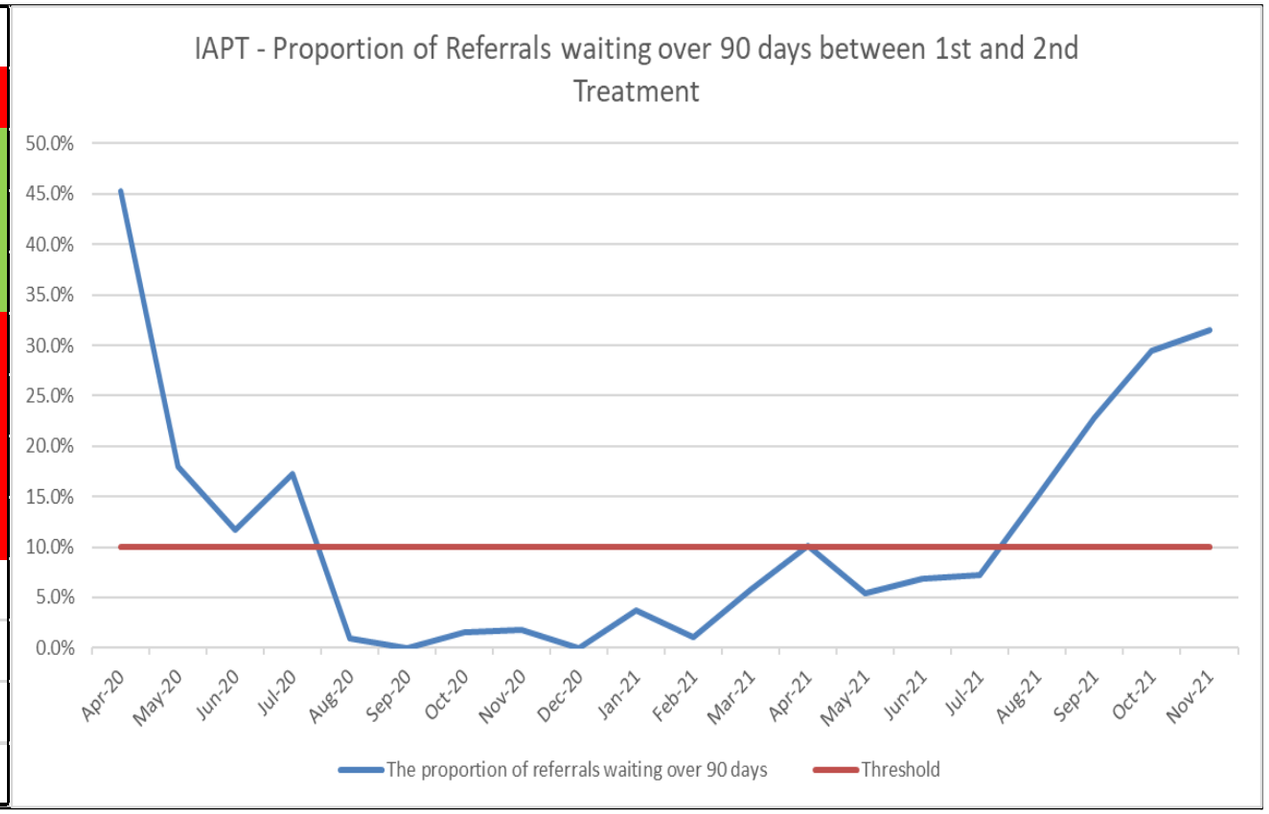


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Number of people who first receive Improving Access to Psychological Therapies (IAPT) recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period.	COVID-19 resulted in 65% reduction in referrals. Referrals now returned to pre-COVID levels. Commissioned activity is below the Clinical Commissioning Group (CCG) national access target.	• Increasing intensity in steps 2 and 3 and reduced need for group therapy. • High levels of sickness and maternity leave. • Several vacancies, with national shortage of qualified staff.	• Targeted recruitment of current vacancies and backfill of staff on maternity leave. • CCG commissioned review of IAPT will inform the appropriate access target for the Bradford and Craven population	As part of the review, a working group has been set up that is looking at staffing, qualification levels, activity data/ demand and delivery pathways.	• Findings of review and recommendations to be presented to Mental Health, Learning Disability and Neurodiversity Programme Board in May 2022. • Prioritisation of mental health investment against NHS Long Term Plan requirements to be agreed as part of 2022/23 operational plan.

Lead Director	Patrick Scott	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance

November 2021
22.8% Note: November 2021 is the latest published data
Data monitoring
Goal/ target
<10%

Period	Target	Actual
Apr-21	10%	10.1%
May-21	10%	5.6%
Jun-21	10%	6.9%
Jul-21	10%	7.2%
Aug-21	10%	14.9%
Sep-21	10%	22.8%
Oct-21	10%	29.4%
Nov-21	10%	31.5%
Dec-21	10%	
Jan-22	10%	
Feb-22	10%	
Mar-22	10%	

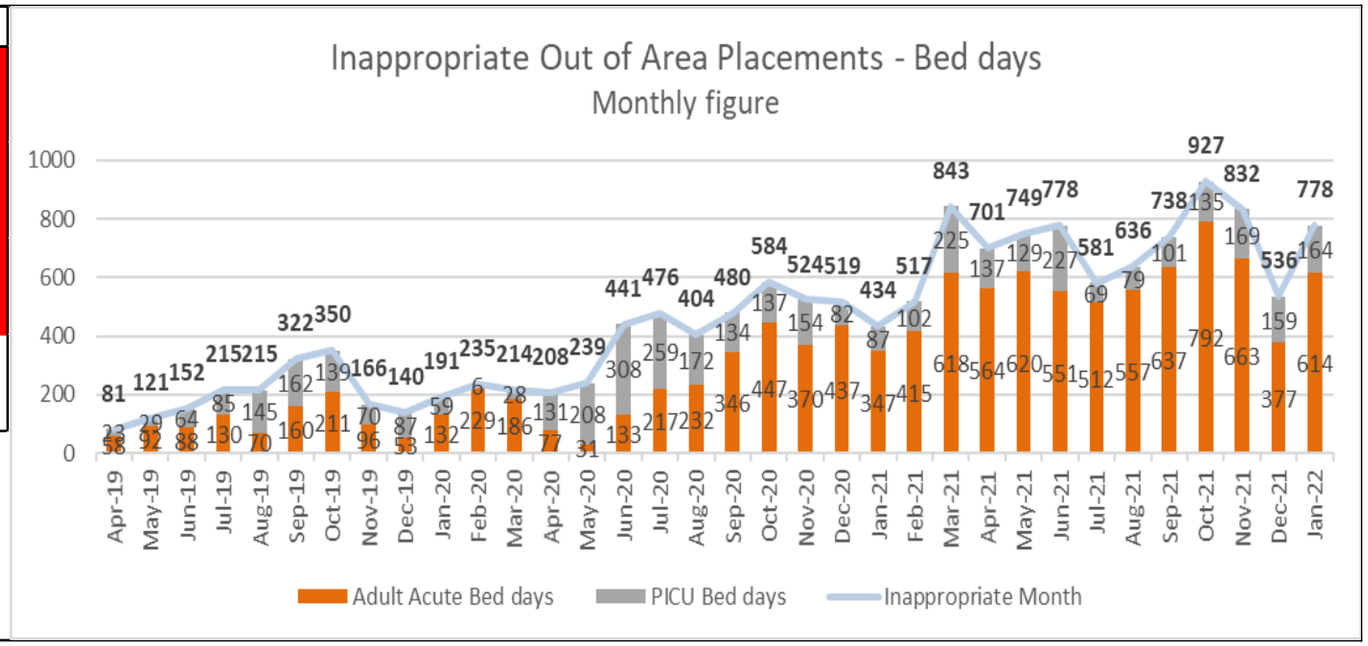


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Improving access to psychological therapies (IAPT) - Proportion of referrals waiting over 90 days between 1st and 2nd treatment.	There is some variation, with the proportion of referrals waiting over 90 days increasing since July 2021 but below 10% in 7 of the previous 12 months.	• Increasing intensity and waits in steps 2 and 3 (4 months) and reduced need for group therapy. 30% of step 3 are PTSD. • High levels of sickness (10.79% in January 2022) and maternity leave. • Several vacancies, with national shortage of qualified staff.	Targeted recruitment of current vacancies and backfill of staff on maternity leave CCG commissioned review of IAPT will inform the appropriate access target for the Bradford and Craven population	As part of the review, a working group has been set up that is looking at staffing, qualification levels, activity data/ demand and delivery pathways.	Prioritisation of mental health investment against NHS Long Term Plan requirements to be agreed as part of 2022/23 operational plan.

Lead Director	Patrick Scott	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance

Quarter 4 (January 2022)
778
Data monitoring
Goal/ target
1755 Q1 1461 Q2 1148 Q3 774 Q4

Period	Target	Actual
Q1	1755	2228
Q2	1461	1955
Q3	1148	2295
Q4	774	778 (Jan)



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	**Adult acute**: 33 patients out of area in January (614 bed days). **Psychiatric Intensive Care Unit (PICU)**: 7 patients out of area in January (164 bed days).	• High levels of acuity on adult acute wards. • Actions to maintain COVID safe ward environments – capacity reduced by 10 beds to support isolation and cohorting of patients. • Trajectory does not meet the national expectation of the elimination of out of area placements. • CCG/Council commissioned crisis beds, which would reduce demand on acute beds, not expected to be operational in 2021/22 due to staffing availability.	• Quality improvement work on purposeful admission and safe discharge, supported by the Kaizen Promotion Office. • Independent sector contract initiated January 2021, with assurance framework in place to oversee quality and maximise capacity available. Contract extended to secure 18 beds to support demand and more local placements.	Flow manager in place, daily partnership calls with police and acute trusts. Out of area oversight structure commenced September 2021. West Yorkshire system wide work on adult acute mental health pathway and PICU pathway.	2021/22 forward trajectory, revised to reflect levels of demand/acuity and assumption that 4 crisis beds will not be operational: Quarter 3 – 2357 bed days Quarter 4 – 1980 bed days 2022/23 forward trajectory being developed as part of operational plan.

Metrics Dashboard (December 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Use of Mental Health Act (MHA) – Sections free from fundamental errors	98%	98.9%	99.5%
Use of MHA – Sections Reviewed on time	98%	100%	99.2%
Number of Care and Treatment Reviews carried out (new)	N/A	1	2

Incidents Dashboard (December 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	0	66	51
Full Interventions Males only	0	18	34
Full Interventions Females only	0	48	28
Full interventions Male & Female tracked	0	N/A	N/A
Prone Restraint	0	0	0.3
Rapid Tranquillisation	0	51	24
Seclusion	0	2	5
Restrictions and Segregation totals	0	75 (down from 90)	N/A	63
Blanket Restrictions	0	74 (down from 88)	N/A	61
Individual Restrictions	0	1 (same as Nov 21)	N/A	2
Long-Term Segregation	0	0 (down from 1)	N/A	0.6

Training Dashboard (December 2021)

Metric Training	Goal & Assurance/ Action status	Current & Variation	Average
Teams where Training Compliance is below 80%	80%	41 staff (down from 67)	
Care Programme Approach (CPA) Roles & Responsibilities	80%	96.81%	80.70%
CPA Care Planning	80%	99.07%	84.50%
CPA Clinical Risk	80%	91.67%	83.20%
Mental Capacity Act	95%	97.12%	95.60%
Mental Health Act Qualified Staff	80%	96.34%	87.70%
Mental Health Act for Health Care Support Workers (HCSWs)	80%	99.06%	86.30%

January 2022 update: All Face to Face training has been suspended again for a period 5 weeks ending mid-February. E-learning can and does continue and trainers are committed to supporting staff to enrol and complete training as capacity dictates.

Workforce & Equality Committee

Committee Dashboard (January 2022)

Metric	Goal & Action status	Current Performance	Comment
Goal 1 – Attract, Retain, Motivate	-	-	Indicators include: Labour Turnover, Vacancy, Recruitment, Safer Staffing and Bank & Agency data
Goal 2 – Talent	-	-	Indicators currently include: Appraisal and Clinical Supervision compliance
Goal 3 – Diverse & Inclusive Culture	-	-	Indicators include: Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap results
Goal 4 – Staff Engagement	-	-	Staff survey results show number of improvements from previous year's figures
Goal 5 – Leadership	-	-	Indicators include: Leadership & Management Development Passport programme uptake, Freedom to Speak Up
Performance – Workforce Planning	5 year plans completed	-	Significant workforce planning activity underway across local services, Trust and ICS
Performance – Mandatory Training	80%	91.1%	Managing Aggression and Violence – Breakaway, Immediate Life Support, Safeguarding Adults Level 3 currently under target – due to capacity to catch up face to face training following pandemic
Performance – Sickness Absence	4%	8.47	Deterioration on previous two months sickness rate and still significantly above target