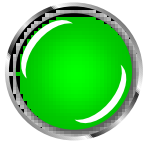
Board Integrated Performance Report

28th January 2016

December 2015 Data

1.1 CQC Compliance

1.2 Monitor Governance Rating



1.3 Monitor Sustainability and Performance Risk Rating

Minimum Requirement: 3

Agenda Item: 10

Lead Director: Director of Finance, Contracting and Facilities

Presented For: Discussion

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 indictors.

Board Action	Key Highlights	Slides
Monitor		
Assurance	• All Monitor performance requirements for December 2015 and quarter three have been met.	**4 – 6**
Quality		
Assurance	• The Care Quality Commission undertook a 'focussed inspection' of Trust services in January 2016. Initial verbal feedback was very positive. The Trust will receive the full reports in April 2016.	**7**
	• The Trust continues to forecast full achievement of quarter three and quarter four Commissioning for Quality and Innovation (CQUIN) indicators.	**11 - 13**
Exceptions	• Labour turnover shows a slight decrease from November 2015 but remains above the Trust's 10% target. In the February 2016 Board integrated performance report, additional information about vacancies and recruitment will be presented alongside turnover, to support correlation of information.	**15**
	• Sickness absence remains above the Trust's 4% target, with an increase in short term absence in December 2015. Forecast outturn has been revised from amber to red.	**17 & 18**
Information	• Staff influenza vaccine update has increased from 69.9% in November 2015 to 74.8% in December 2015.	
Assurance	• A new slide has been included in the integrated performance report from this month to provide assurance about performance against key quality indicators that are now reported to the Board by exception or quarterly.	**24**
Locality		
Information	• Locality performance meetings (LPMs) were not held in January to allow a smooth transition to the new operational service structures. During this transitional period performance was closely monitored, supported by detailed exception reporting. LPMs begin again in February 2016, reflecting the new operational structures.	
Exception	• In November 2015, based on provisional pre-publication data, the Trust exceeded the trajectory for the number of people who access Improving Access to Psychological Therapies (IAPT) in AWC and City CCGs and was slightly below trajectory for Bradford Districts CCG. The Trust is now in a stronger position to achieve the remedial action plan for access by December 2015. The November 2015 pre-publication data also shows significant improvement in recovery rate, though further improvement is required particularly in Bradford Districts CCG to achieve the agreed position in the remedial action plan of 50% recovery rate in all three CCGs by February 2016.	**25 & 26**

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 indictors.

Board Action	Key Highlights	Slides
Change Programme		
Assurance **Exceptions**	• The majority of the change programme projects remain on track and green rated, representing nine of the 15 'live' projects. • Two projects, Intensive Therapy Centre (ITC) and Assessment and Treatment Unit (ATU) continue to be rated red, as they will not achieve planned CIPs. These projects were reviewed by the Change Programme Board on 19 January 2016.	**29 & 30**
Finance		
Exception Update **Assurance** **Exception Update** **Key Risk**	• Year to-date performance on all key indicators is rated green with the exception of cash which is rated amber as at 31st December. This reflects previously reported timing issues in relation to payments of provisions and temporary staffing liabilities, with the overall variance to plan standing at £1.4m adverse. Whilst settlement of £0.4m overdue revenues by NHS Property Services has contributed, following escalation, this remains a concern with December balances not being remitted as had been agreed. • The Month 9 position reflects continued achievement of a Financial Sustainability Risk Rating of 4. • The achievement of ITC revenues remains challenging. The forecast from Month 9 has assumed one new admission in February and March of this financial year. The aggregate projected plan shortfall is £1,033k, comprising a £682k operating loss and £351k unachievable CIP as set out on slide 38. The Trust remains on track to achieve the planned surplus however this deploys reserves in full and any further deterioration may require management action. • The Trust is continuing to assess options to manage 2016/17 local authority contract reductions across Public Health and Substance Misuse services.	**31** **38**

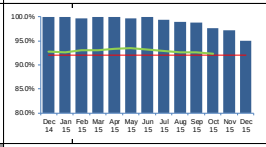
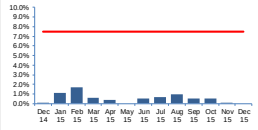
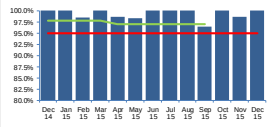
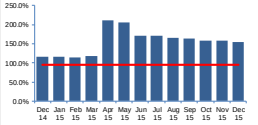
Summary and Recommendations

The integrated performance report shows strong performance, with achievement of the majority of indicators in December 2015 and quarter three where applicable. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place and did not identify any areas of particular concern.

The Board is recommended to:

- review and consider the exceptions highlighted and the actions and mitigations noted.

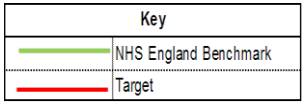
Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q4 Outturn	Q1 Outturn	Q2 Outturn	Oct	Nov	Dec	Q3 Numerator Outturn	Q3 Denominator Outturn	Q3 Outturn	National Benchmark	Graph
M3	**RTT dental 18 weeks waits - incomplete pathways** (Number of patients who have waited 18 weeks or less/Number of patients waiting)	92.0%				97.6%	97.2%	95.1%	316	332	95.1%	92.3% As of Oct 15	
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.5%	0.1%	0.0%	40	16804	0.2%		
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				100.0%	98.6%	100.0%	180	181	99.4%	97.0% as of Q2 15/16	
M6	New psychosis cases by Early Intervention Teams	95.0%				157.3%	158.5%	154.5%	255	165	154.5%		
M7	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	Reporting to begin in Q4											

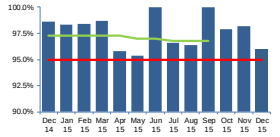
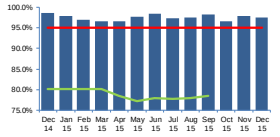
Narrative:

Indicator M4: The reported delays exclude patients on Section 3 of the Mental Health Act. At the April 2015 Board meeting, it was agreed that the Board should also continue to receive data for delays including patients on Section 3 of the Mental Health Act. In December 2015, the delayed transfers of care including patients on Section 3 was 0.8%.

Indicator M7: Publication of the national Early Intervention in Psychosis (EIP) Commissioning Guide is still awaited, including detailed definitions and measurement, which in turn impacts on the additional investment to deliver the new access standard from 1 April 2016. In preparation for the new standard and before EIP data can be submitted via the new Mental Health Services Dataset (MHSDS), NHS England is running an interim national data collection for the waiting time element of the standard, commencing in January for December 2015 data. Whether a service is capable of providing a full package of NICE-recommended care will be assessed by an accreditation programme and through the submission of SNOMED codes (common terminology in electronic care records) as part of the MDSDS. Accreditation will be phased in during 2016/17.



Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q4 Outturn	Q1 Outturn	Q2 Outturn	Oct	Nov	Dec	Q3 Numerator Outturn	Q3 Denominator Outturn	Q3 Outturn	National Benchmark	Graph
M8	CPA patients receiving follow-up contact within 7 days of discharge	95.0%				97.9%	98.2%	96.0%	174	179	97.2%	96.8% as of Q2 15/16 Next publication date: To be confirmed	
M9	CPA patients having formal review within 12 months	95.0%				96.6%	97.9%	97.4%	1709	1753	97.4%	78.5% as of Sept 15 Next publication date: To be confirmed	
M10	2.a. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	Q1 - 10% Q2 - 20% Q3 - 30% Q4 - 60%		52.6% Q1	69.1% Q2							82.0% as of Sep 15 Next publication date: 20/01/2016	
M11	2.b. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	Q1 - 50% Q2 - 60% Q3 - 70% Q4 - 80%		83.9% Q1	92.1% Q2							96.0% as of Sep 15 Next publication date: 20/01/2016	

Narrative:

Indicator M8: There were 75 clients who were discharged and on CPA in December 2015, of whom 72 were followed up within seven days, resulting in the target being met in December 2015. The three clients not followed up within seven days were within acute care services and the acute care management team is checking whether any further improvements could be made to discharge procedures.

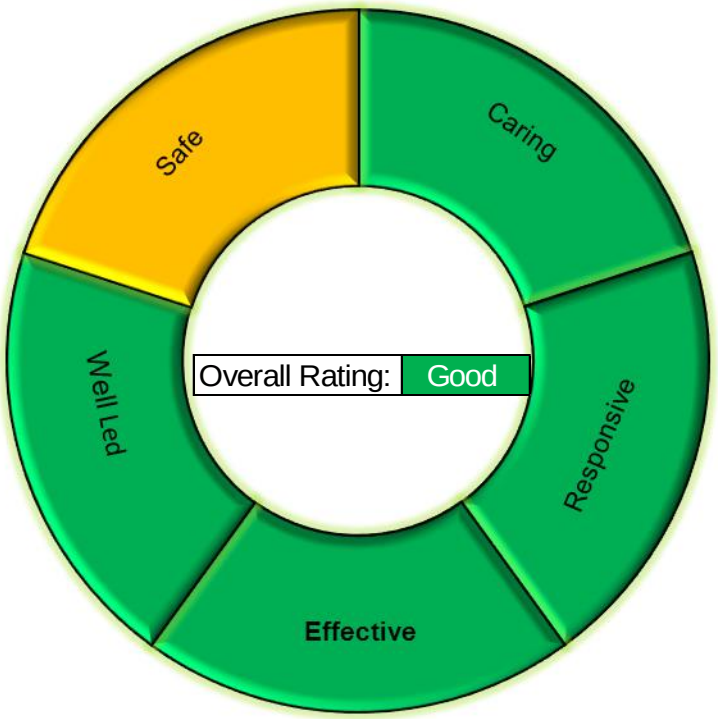
Key	
	NHS England Benchmark
	Target

Monitor Indicators – 2015/2016

Indicator No.	Indicator	13/14 Outturn	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	National Benchmark	Trend
M12	Access to health care for people with a learning disability		6 Green				6 Green	6 Green	6 Green	6 Green		
M13	Data completeness Referral to treatment information		50.0%				Q3 Data available in January 2016					
M14	Data completeness Referral information		50.0%				Q3 Data available in January 2016					
M15	Data completeness treatment activity information		50.0%				Q3 Data available in January 2016					
M16	Data Completeness: identifiers (MHMDS Part 1)		97.0%				99.4%	99.4%	99.7%	99.7%	99.4% as of August 2015	↑
M17	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%				81.1%	81.8%	81.7%	81.7%		↓

Narrative:

CQC Compliance, Period : Current Position (Indicator Number Q2)



Narrative:

This page provides more detailed information in relation to the Care Quality Commission (CQC) Compliance 'button' 1.3 on page 1 of the report. These ratings reflect the outcome of the CQC inspection of BDCFT services conducted in June 2014 and will remain unchanged until such time as the Trust receives the reports relating to the recent focussed inspection detailed below.

On 11 to 14 January 2016, the CQC undertook their 'focussed inspection' of BDCFT services; the purpose of the visit was to follow up on progress since the full inspection in June 2014 with a particular focus on the two 'must do' (compliance) actions identified; improvements to the Health Based Place of Safety suites and embedding the continuous care medical model.

The inspection involved visits to a number of acute wards plus the Health Based Place of Safety suites at Lynfield & Airedale sites, submission of approximately 50 pieces of evidence covering CAMHs, Low Secure Services, Learning Disabilities and the Acute wards. In addition an interview with the Deputy Chief Executive/Director of Nursing and the Medical Director was conducted.

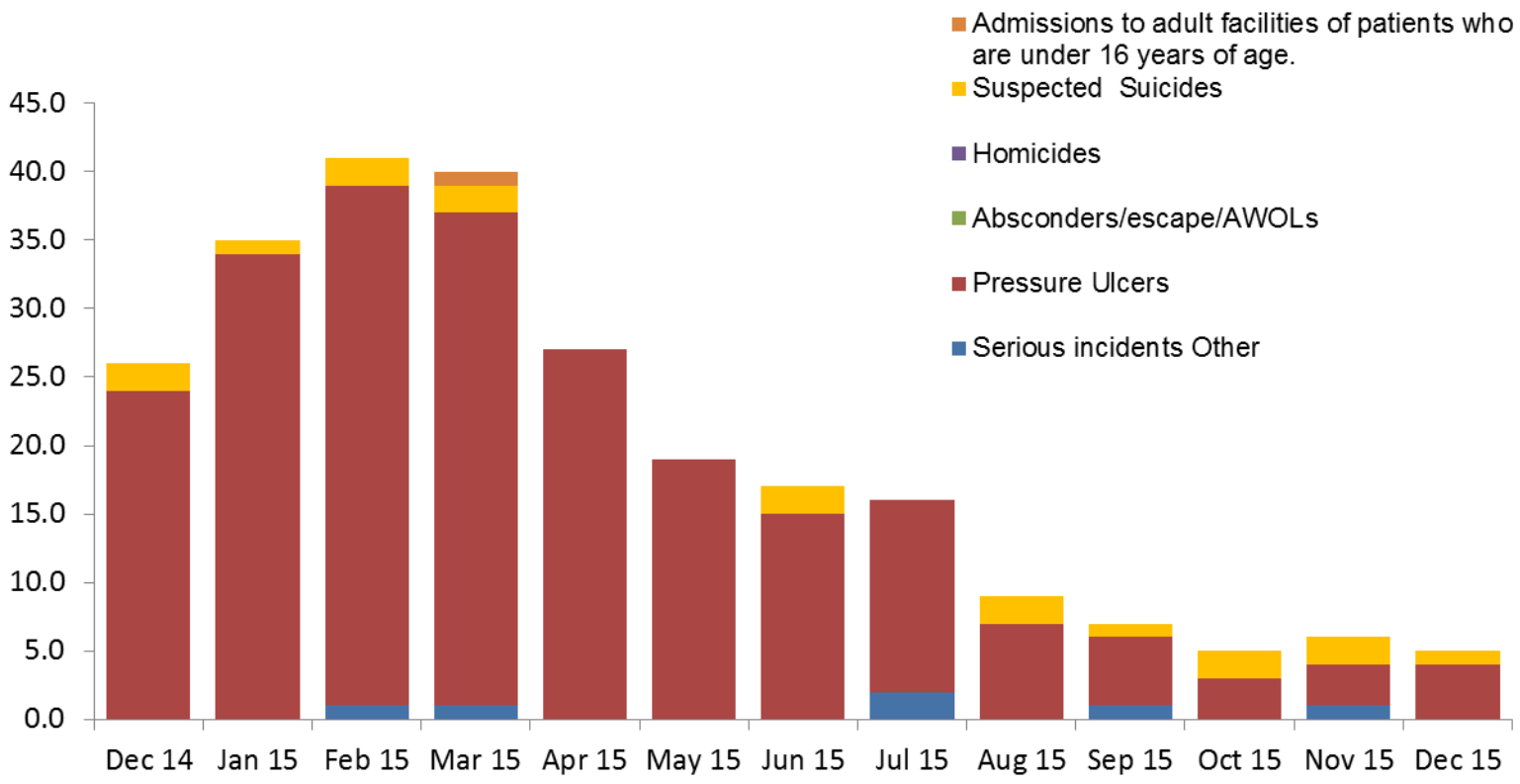
Initial verbal feedback was provided by the CQC on 18 January and was very positive, including good feedback from services users, knowledgeable staff, innovative approach re the use of video consultation, good evidence of physical health monitoring, improved Health Based Places of Safety and a well embedded Continuous Care Medical Model.

The Trust will receive the full reports in April 2016. There will be three reports in all; one overall report, one for the acute wards and one for the PICU and Health Based Places of Safety combined. A successful outcome could lead to the 'safe' domain being re-rated from amber (requires improvement) to green (good).

Serious Incident Numbers, Period: Monthly & Year-to-date

Indicator No.	14/15 outturn	December 2015 Performance	15/16 YTD
Q3	324	5	111

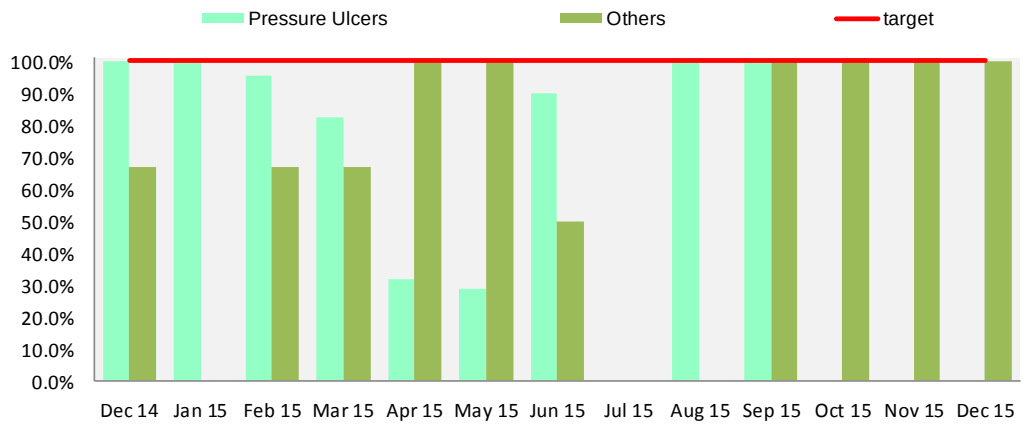
Narrative:
This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis



Serious Incident Reporting and Never Events

Indicator No.	Indicator	14/15 outturn	15/16 Target	December 2015 Performance			15/16 YTD	FOT 15/16
				No. Closed this month within target (Numerator)	Total number completed in month (Denominator)	Percentage completed in target time		
Q4(a)	Serious incident reports completed(Total): Q4(b) + Q4(c)	94.3%	100%	2	14	14.3%	42.3%	
Q4(b)	Serious incident reports completed (Pressure Ulcers)	100.0%	100%	0	12	0.0%	32.3%	
Q4(c)	Serious incident reports completed (all others causes)	75.0%	100%	2	2	100.0%	84.6%	
Indicator No.	**Indicator**	**14/15 outturn**	**15/16 Target**	**Number of Never events December 2015 Performance**			**15/16 YTD**	**FOT 15/16**
Q5	Never events	0	0	0			0	

Serious incident reporting timescales: Percentage of reports complted within target time



There were 12 reports associated with Pressure Ulcers completed in December, none were completed within the 12 week target. This was because:

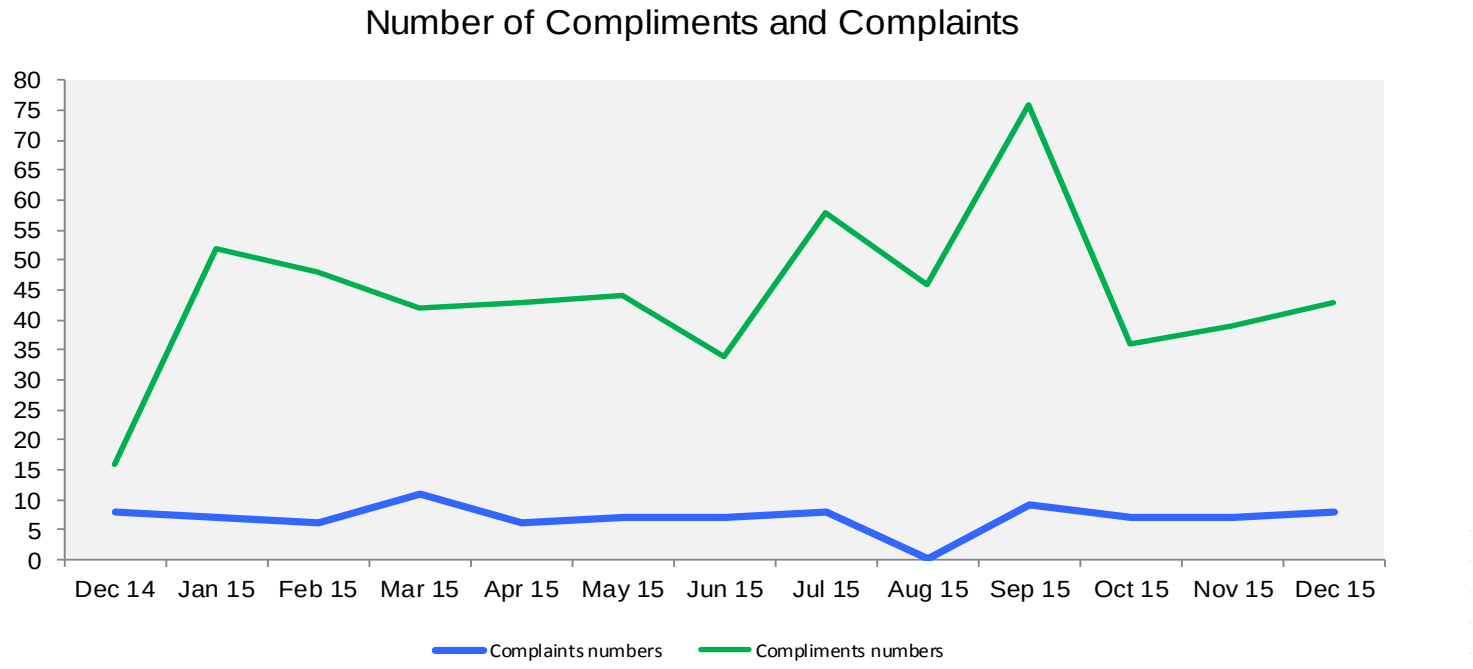
- The Serious Incident Framework stated that pressure ulcers should be reported as clusters in April 2015. The Trust requested a change in process as it believed more learning would be gained by investigating the pressure ulcers at level 2.
- The new process was not agreed with commissioners until 17 June 2015 Quality and Performance Group meeting
- Therefore the Trust has subsequently been behind schedule in investigating the Level 2 Pressure ulcer reports
- The logistics of combining several pressure ulcers into one report has added to the time taken to the reports completion

The average time taken to resolve the 12 Pressure Ulcer reports was 17 weeks.

Following a focussed piece of work to catch up with the reports, as of January 2016 all pressure ulcer reports are on schedule of being completed within 12 weeks. Work is on-going to streamline the process to ensure the 12 week time scale is achieved

Claims, Complaints and Compliments

Indicator Number	Indicator	14/15 outturn	15/16 Target	December 2015 Performance	15/16 YTD
Q6	Claims Numbers	13	N/A	0	5
Q8	Complaints numbers	100	N/A	8	59
Q9	Compliments numbers	451	N/A	43	419



Narrative:

Indicator Q6: There were no claims received this month.
Indicator Q8: Complaints: There are eight complaints received in this month. There was no pattern with regards to the distribution of the complaints.
Indicator Q9: 43 compliments were received in total: 17 were for the Podiatry service and the rest were evenly distributed across a number of services.

Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16 – (Q15)

National CQUINs				Actual / Forecast RAG			
Goal Name	Indicator Name	CQUIN Aim	Q3 Milestones	Q1	Q2	Q3	Q4
Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness	**2a** Cardio Metabolic Assessment and treatment for patients with Psychoses	Assessing , documenting and acting on cardio - metabolic risk factors for in- patients and EIP clients . Audit to be undertaken by Royal College of Psychiatry.	Clinical staff training plan fully implemented (assessed locally by commissioners)	A		F	F
	2b Communication with General Practitioners	An audit to take place in Q2 to ensure an E-discharge form is sent to GP's after discharge from all inpatient wards to contain mandated information	CQUIN complete at quarter 2		A		
Care Home Liaison	**3a** In home liaison and education programme	To train staff in 9 identified care homes, across the district, to reduce unplanned admissions for delirium and challenging behaviours	No Q3 milestone		A		F
	3b Use and review of behavioural Management Plans	To work jointly with staff in the 9 identified care homes to develop and implement behaviour management plans for clients with delirium and challenging behaviours .	No Q3 milestone		A		F

Narrative:

2015/16 CQUIN indicators are outlined on slides 11 to 13.

Commissioners have confirmed full achievement and full payment of quarter two requirements.

The Trust is predicting full achievement for quarter three requirements and the forecast position for each CQUIN for quarter four remains RAG rated green.

Continued delivery of CQUINs is overseen by the monthly Locality Performance Meetings. CQUIN indicators are also considered quarterly by the Quality and Safety Committee.

A = Actual F = Forecast

Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16– (Q15)

CCG CQUINs

Goal Name	Indicator Name	CQUIN Aim	Q3 Milestones	Actual / Forecast RAG			
				Q1	Q2	Q3	Q4
Care Planning	**4** Falls assessment	To ensure service users identified at high risk of falling are risk assess, treated and signposted to other services e.g. podiatry, ophthalmology.	Providers to arrange joint meeting with Acute providers and commissioners to discuss audit findings and agree implementation plan – by November 2015	A		F	F
Self-Care	**5a** Staff training	To agree and implement a training programme for BDCT and ANHSFT staff on promoting self care for clients with long term conditions	Roll out training plan (with evidence of milestones) with agreed staff cohort To show evidence of training to the % of staff agreed within the roll out programme	A	A	F	F
	5b Exacerbation self-care plans	To design and implement an exacerbation self-care plan for service users, ensuring that self-care is embedded within clinical practice across community services.	Development of an audit tool (by CCG commissioners) to be agreed across provider and commissioner by end of June 2015 BDCT and ANHST to agree audit tool, methodology and sample size utilising best practice for sample size Implementation of the new care plan across agreed teams – providers to monitor and report progress against the implementation plan as agreed at Q2 BDCFT to monitor progress for Bradford patients and to share outcomes with CCG's	A	A	F	F
Putting people at the centre of care	**6** Personalised care	Undertake a pilot within identified teams, to ensure service users are central to the care planning and goal setting process	BDCFT and ANHSFT to review outcomes of the pilot by producing a number of case studies per organisation (as agreed in Q1) To be presented at a joint workshop with providers and commissioners by staff involved. The workshop will be arranged by providers. This will inform further implementation	A	A	F	F
Integrated discharge coordination	**7a** Community nursing services responses	To continue to work with local Acute Trust to ensure service users discharged from hospital with complex needs are seen with 24 hours (face to face or telephone as appropriate)	Audit report to be shared and discussed with commissioners Audit of quality of contacts as agreed in Quarter 1 report regarding re-admissions	A	A	F	F
	7b Implementation of 'Early supported discharge' in association with partner organisations	To work in Medical Assessment Unit and care of the elderly wards at BTHFT to facilitate early supported discharge to BDCFT services	Evidence of established system to proactively identify patients for early planned discharge suitable for care under the community nursing service Format of case studies agreed with partners and commissioners	A	A	F	F

Narrative:

A = Actual F = Forecast

Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16– (Q16)

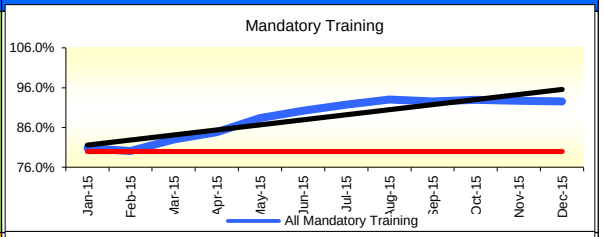
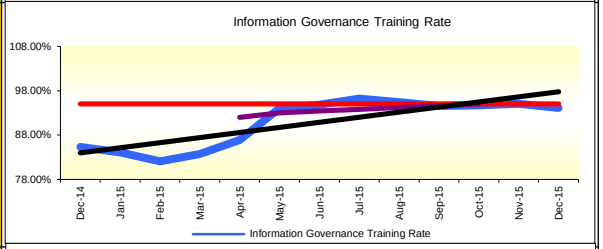
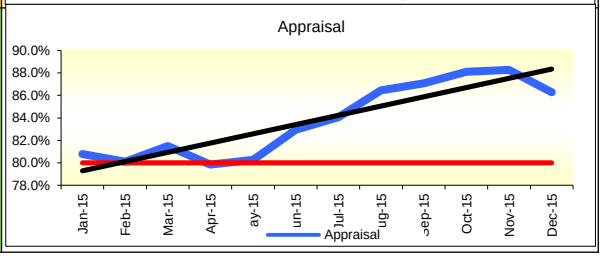
NHS England CQUINs			Actual / Forecast RAG			
Goal Name	CQUIN Aims	Q3 Milestones	Q1	Q2	Q3	Q4
Collaborative risk assessment	To involve service users in collaborative risk assessment and management	No Q3 milestone		A		F
Smoking cessation in secure services	To support service users in Low Secure services to stop smoking	No Q3 milestone		A		F
Supporting carer involvement	To build on the 2014/15 Carer Involvement CQUIN and develop further ways to involve carers , family and friends.	No Q3 milestone		A		F
Building Community Capacity	A continuation of 2014/15 CQUIN, working with local partners to build sustainable projects and groups for young children and families	Evidence of progressive achievement against 'Building Community Capacity' plans, based upon 'Suggested activities at Communities Service Offer' of the national Health Visitor service specification, working with local partners where appropriate to build sustainable initiatives.	A	A	F	F

Narrative:

Whilst there are no quarter three milestones for the Low Secures Services CQUINs, they are all monitored monthly and are on track to meet the final milestones in quarter four.

A = Actual F = Forecast

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Current Performance	15/16 YTD	FOT 15/16	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	82.7%	80.00%	92.55%	92.55%		
Q17a	*% Information Governance Training*	*83.70%*	*95.00%*	*94.08%*	*94.08%*		
Q18	% Staff Receiving Appraisal	81.50%	80.00%	86.28%	86.28%		

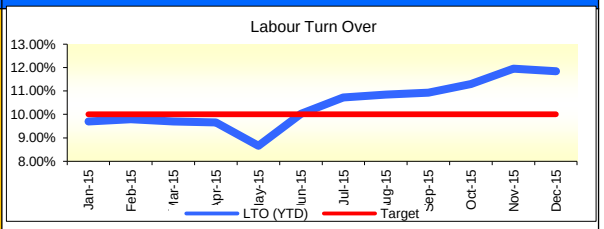
Narrative:

Indicator Q17: Mandatory training overall is reporting a reduction of 0.14% since November 2015 though remains significantly above the Trust target of 80%.

Indicator Q17a: Information Governance Training is reporting a 1% drop since November 2015 and is reporting just below the Trust target of 95%. However this is a shortfall of only 22 staff across the Trust.

Indicator Q18: Appraisal compliance has reduced by 2% since November 2015 though remains above the Trust target of 80%.

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Current Performance	15/16 YTD	FOT 15/16	Graph
Q19	% Labour Turnover	9.7%	10.00%	11.84%	11.84%		

Indicator Q19: Labour turnover shows a slight decrease (0.12%) from the previous month's data. No distinct patterns have been identified for the rate of leavers; with retirement and voluntary resignation due to work/life balance and relocation remaining the categories with the highest number of reasons for leaving. Labour turnover is calculated on a rolling 12 month basis with high numbers of leavers being reported across the previous four months. However December 2015 is showing a reduction in the number of leavers when compared with other months which has reduced the overall labour turnover %.

A healthy labour turnover can support changes to skill mix and ways of working, particularly supporting the delivery of agile working savings. However high turnover can have a negative impact in terms of filling vacancies in a timely manner particularly if there are national shortages (e.g. qualified nurses – specifically Mental Health and District Nurses). The Finance Business and Investment Committee and Quality & Safety Committee have both received a deeper dive report on recruitment and labour turnover (in February and March 2015 respectively) and have received assurance around plans to recruit to the more difficult staffing groups. Further analysis triangulating labour turnover with reasons for leaving, vacancies, agency and staff survey results will be provided in future reports. In addition the HR team is exploring different approaches to exit interviews.

The top three areas for turnover are:

- **Adult Physical Health** - particularly the Drug and Alcohol team at 39.58% (4.0wte leavers – 2 retirement and 2 relocation/better reward package)
- **MH Acute Inpatients and Community** - particularly the Acute wards: Ashbrook – 10.9% (2.80wte leavers), Maplebeck – 12.7% (3.00wte leavers), Oakburn – 28.1% (7.6wte leavers),Clover – 30.2% (7wte leavers). Main reasons for leaving are work life balance (5), relocations (4) and promotion (4)
- **Specialist Inpatient Services -** Step Forward - 31.65% (5wte leavers) , Bracken – 34.28% (9wte leavers) and DAU – 32.98% (9.27wte leavers), with the main reasons for leaving being death in service (2), retirement (8), relocation (5), dismissal-capability (2), dismissal-conduct (1).

The same areas for the previous 12 months show there were significantly less leavers than the current 12 months, (a total of 29.82wte leavers compared to the total 47.67wte for the areas listed above).

The number of leavers due to retirement is consistent with the Trust's age profile. In terms of mitigating the increase in labour turnover rolling recruitment adverts in hot spot areas are used to help ensure vacancies are filled as quickly as possible. In addition the staff bank, once insourced, will help services cover vacant posts. In terms of attracting and retaining staff, evidence in other organisations highlights the importance of line managers in staff retention. Staff who are well led and managed will be more likely to stay with an organisation. Engaging leaders and ongoing management development alongside an on-going investment in staff development and the well being agenda will be critical to retaining and motivating staff.

Workforce – Top 3 / Bottom 3 Service Areas
Mandatory Training

Information Governance

Current performance	94.08%
Change from the previous month	-1.00%

Locality / Directorate	%	Change
Service Governance	100.00%	0.00%
Specialist Services & Nursing	98.21%	-0.03%
Specialist Inpatient Services, Dentistry and Administr	96.82%	0.93%
Adult Physical Health Community Services	92.57%	-3.28%
Research & Development	91.67%	-8.33%
Medical	88.46%	3.28%
Grand Total	**94.08%**	-1.00%

Fire Safety

Current performance	94.00%
Change from the previous month	0.50%

Locality / Directorate	%	Change
Trust Management	100.00%	0.00%
Specialist Services & Nursing	98.21%	-0.03%
Specialist Inpatient Services, Dentistry and Adminis	96.82%	0.93%
Research & Development	91.67%	0.00%
Estates, Facilities & Finance	87.68%	-1.53%
Medical	76.92%	2.85%
Grand Total	**94.00%**	**0.50%**

Infection Prevention

Current performance	92.66%
Change from the previous month	0.75%

Locality / Directorate	%	Change
Service Governance	100.00%	4.55%
Human Resources	97.96%	0.09%
Estates, Facilities & Finance	96.06%	-0.51%
Mental Health - Acute Inpatient and Community Serv	90.49%	1.14%
Research & Development	83.33%	0.00%
Medical	80.77%	17.81%
Grand Total	**92.66%**	**0.75%**

Moving & Handling

Current performance	89.46%
Change from the previous month	-0.83%

Locality / Directorate	%	Change
Human Resources	100.00%	0.00%
Estates, Facilities & Finance	97.04%	-0.01%
Service Governance	95.24%	4.33%
Mental Health - Acute Inpatient and Community Se	84.36%	-2.42%
Commercial Directorate	83.33%	-9.17%
Medical	73.08%	6.41%
Grand Total	**89.46%**	**-0.83%**

Appraisal

Current performance	86.28%
Change from the previous month	-2.00%

Locality / Directorate	%	Change
Service Governance	100.00%	8.00%
Human Resources	92.45%	0.45%
Specialist Services & Nursing	91.67%	1.34%
Childrens Directorate	79.41%	-3.22%
Commercial Directorate	78.57%	11.07%
Research & Development	73.33%	13.33%
Grand Total	**86.28%**	**-2.00%**

Areas highlighted in red are <u>not</u> currently in line with the Trust Targets

Narrative:

<u>Information Governance Training</u>

This has fallen slightly below the Trust target of 95%, we believe this is due to individuals letting their training lapse. However 4 service areas remain compliant above the Trust target of 95%. Reminders are sent out from the workforce development team and senior managers are being alerted to this, and when staff are due to lapse, in their one to one meetings with the HR Team. In localities where compliance has slipped, the HR Business Partners are liaising with the head of operations to ensure the appropriate action is taken. HR Business Partners have cascaded the email link to managers to distribute to staff so that they can access the IG Training with ease.

<u>Moving and Handling and Fire Safety training</u>

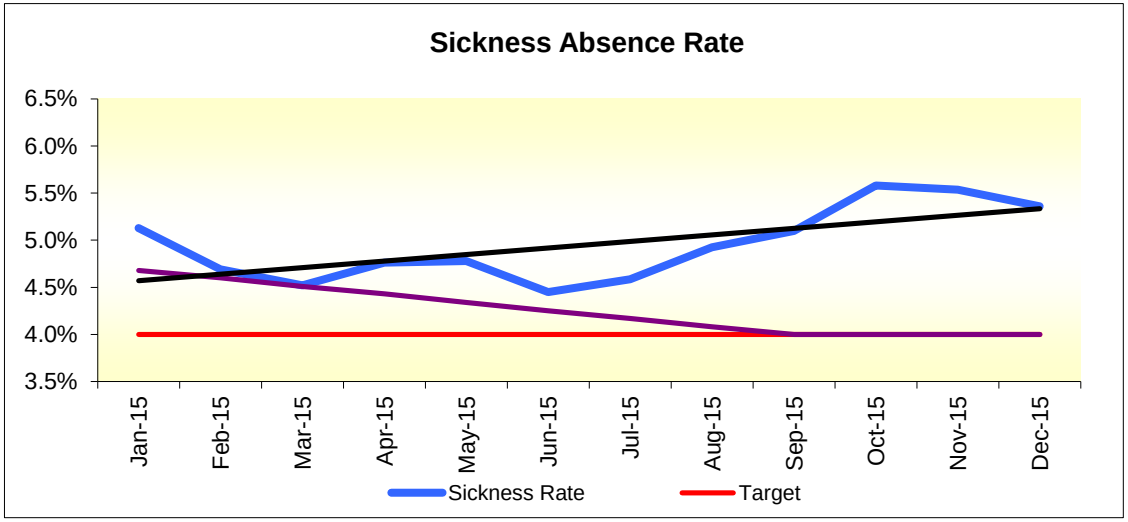
Both areas are reporting 11 out of 12 areas as being compliant over the 80% target.

<u>Appraisal</u>

Appraisal rates have dropped by 2% since November 2015, however looking across the financial year this is a 6.4% increase since April 2015, and 6 of the 12 areas are showing an increase in figures from the previous month.

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Current Performance	15/16 YTD	FOT 15/16
Q20	% Sickness absence rate	4.8%	4%	5.36%	5.01%	



Bradford Factor Score Points	Previous Month	Current Month
Informal process: 20 - 99 points	400	401
Informal process: 100 - 299 points	121	128
Formal process: 300 points and above	63	56

Indicator No.	Indicator	14/15 outturn	15/16 Target	Current Performance	15/16 YTD	FOT 15/16
Q21	% Vacancy rate	5.8%	10%	7.27%	7.27%	

Indicator Q20: The sickness absence rate reported for November 2015 was 5.45%, this has now increased to 5.54%. The current sickness absence rate for December 2015 is 5.36%, with 5.01% year to date, which is above the trajectory of 4.0%.

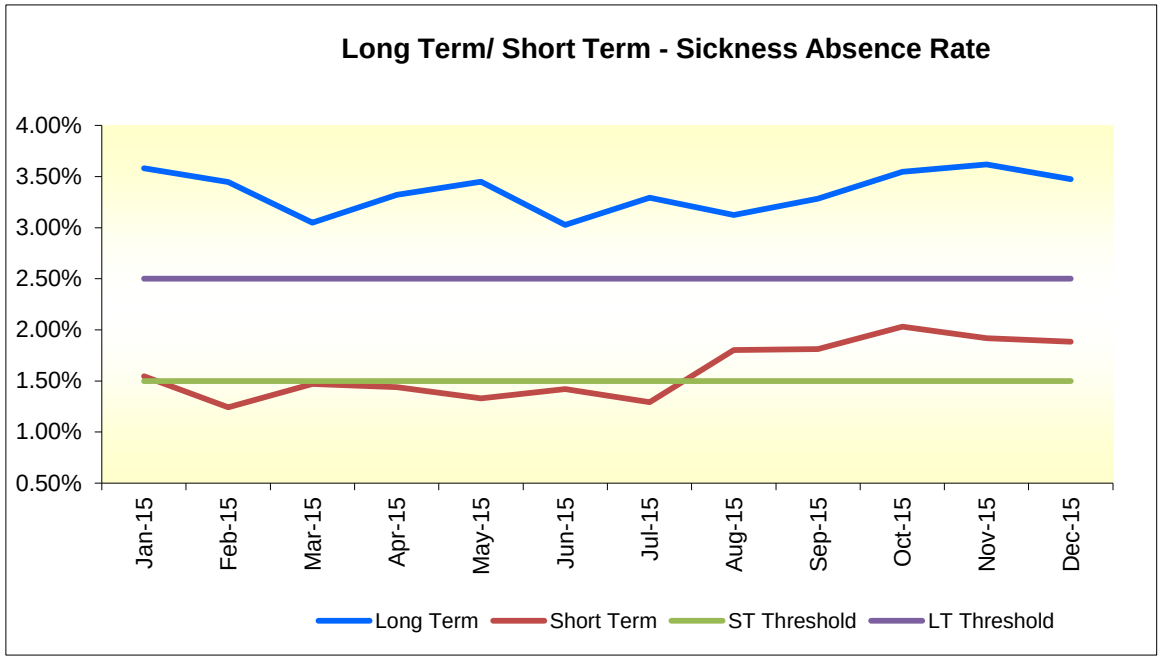
In month, the number of long term absence cases has remained the same, with stress and anxiety being the main cause, however previously, 7 life threatening long term cases have been reported, this has now increased to 11cases. All long term cases are under active and robust management with HR Attendance Advisors providing support to managers and staff.

The Bradford Factor Score table opposite demonstrates that short term absence is increasing and details the number of cases being managed under each stage of the Bradford Factor Score system. There were 274 new episodes of sickness absence in December 2015, 52% of those were due to either gastrointestinal problems (22%) or cold/flu (30%). 53 of those episodes remain open; 15% of those are due to musculoskeletal problems. Recruitment of 0.5wte Physiotherapist has been completed with 94 referrals forwarded to the Physiotherapy team.

The key challenge over the winter is to keep staff well when seasonal colds/illnesses are prevalent. HR Attendance Advisors will be attending service manager meetings to present attendance data from the past 6 months and discuss the effective management of short term sporadic illness going forward as well as reminding staff to have their flu vaccination.

Indicator Q21: The current vacancy rate of 7.27% equates to approximately 200wte with current recruitment activity levels remaining highest across Inpatient Nursing and District Nursing areas; and additionally in IAPT services this month. Large recruitment campaigns underway for Inpatients to fill circa 26wte vacancies across the Acute wards and have populated additional resource to Staff Bank with overall aim to reduce agency spend.

Workforce – Top 3 / Bottom 3 Service Areas
Sickness



Absence

Current performance	5.36%
Current YTD	5.01%
Change from the previous month	-0.18%

Locality / Directorate	**%**	**Change**
Trust Management	0.00%	0.00%
Research & Development	0.00%	-5.41%
Medical	0.14%	-2.95%
Adult Physical Health Community Services	6.22%	0.38%
Estates, Facilities & Finance	6.77%	-0.64%
Service Governance	7.83%	3.50%
Grand Total	**5.36%**	**-0.18%**

Areas highlighted in red are <u>not</u> currently in line with the Trust Targets

Narrative:

<u>Estates and Facilities</u>

In month data – short term absence 2.13% and long term absence 4.63%. Long term absence has increased, with 12 long term cases currently being actively managed. The hotspot area is hotel services, accounting for 8 of the 12 cases. 5 of the 12 cases are related to musculoskeletal problems, and 2 to stress.

<u>Adult Physical Health Community Services</u>

In month data – short term absence 2.23% and long term absence 3.99%. Long term absence has increased, with 25 long term cases currently being actively managed. 8 cases have been closed since November 2015 with 12 new cases now being monitored. 6 are related to musculoskeletal problems, and 5 to stress, 1 of the cases is life threatening. 12 of the 15 cases are within Community Nursing. The top 3 hot spot areas are all with District Nursing (Windhill, Ling House and North Street teams) all recording over 33% in month, with short term sickness increasing predominantly due to cold/flu or gastrointestinal problems.

<u>Service Governance</u>

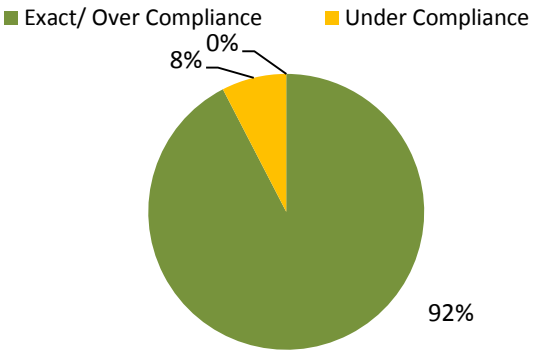
In month data – short term absence 2.98% and long term absence 4.85%. There are currently no open ended long term sickness cases; the figures above were due to 1 long term case which closed at the end of December.

Specialist Services & Nursing are not currently within the bottom 3, however they are reporting one of the largest increases in sickness absence, an increase of 2.33% when compared with November 2015. Only 1 long term cases is currently being reported therefore the overall increase is due to short term sickness of which is predominantly cold/flu.

Focused support and plans are also in place for Administration and Dental Services.

Q23a - Safer Staffing: Inpatient Services - December 2015

	No. shifts
Exact/ Over Compliance	2494
Under Compliance	205
No Compliance	0



Exact/over compliant shifts' -The overall percentage split between exact and over compliance shows that 39.18% (an increase from last month of 0.24%) of shifts were over compliant. Over compliant shifts recorded in December were mainly attributed to the Acute wards, PICU (Clover) and Dementia Assessment Unit (DAU), Assessment and Treatment Unit (ATU) and additionally Ilkley and Thornton wards, due to the acuity (complexity of need) of the ward and the requirement of specialing within the units. Information gathered from the template Safer Staffing tool, highlights 42% of all shifts worked were bank or agency filled and that 74% of these shifts were unregistered staff. The main requirement reasons for these staff are vacancy (34%) - current vacancies total 12wte Support Worker roles and 13.8wte Qualified Nursing roles across all wards (with the majority being across the Acute wards and Clover); and Observations/Specialing (50%) - Thornton and Clover showing the largest increase in requirement for this in December. The baseline requirements for the wards are currently under review with adjustments made this month to ATU. 5 newly qualified staff and 9 new health care support workers have joined Inpatient Services in the last 10 weeks. This has meant that preceptorship, local induction and competency training has been high, with the majority of the new staff allocated to ATU. This has meant that specialling needs had to be met by use of some agency. The team manager has envisaged that most of the training will be complete and therefore the need for additional staffing will end in January.

'Under compliant' shifts *- Under compliance often highlights different skill mix within wards, whilst maintaining minimum levels of staff overall. A further variable is that due to ward occupancy levels a shift may not require the mimimum level of staff.* Recent staff shortages due to sickness and vacancies on some wards have resulted in dependency on agency to fill a number of shifts. The number of Incident reports relating to staffing shortages has reduced from November from 25 to 18 in December. Weekly contract meetings continue to be held with Retinue, HR and service representatives, and the Trust is currently exploring procurement frameworks looking at other providers. The Trust is also currently in the process of setting up an internal bank and recruiting to a reflief team to fill urgent shift requirements .

Risks:

- Under compliant shifts highlight medium risks with the requirement of agency staff due to sickness and current vacancies. Sickness is often short notice and Retinue are unable to fill all requested shifts. Recruitment plans in place for vacancies.

- There has been an ongoing high level of acuity and occupancy on all Acute and Older Peoples wards that has required an increase in staffing levels.

Contingency/ Mitigating Actions:

- Roster review / risk assessment on a daily basis
- Risks initially managed by the ward manager or designated deputy.
- Escalation procedures followed when local management plans have failed resulting in :-
    - Book additional temporary staff
    - Moving staff between wards to ensure Safer staffing levels maintained
    - Ward managers reschedule official duties to work on ward

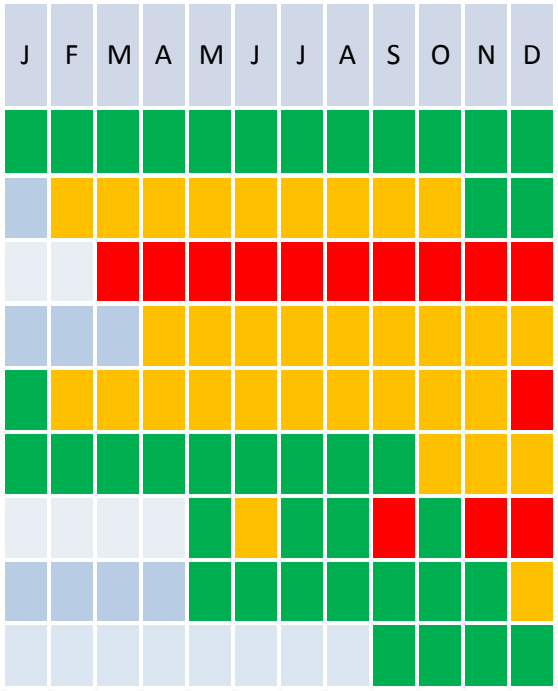
Q23a - Safer Staffing: Inpatient Services – December 2015

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Specialty 1	Specialty 2	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	710 - ADULT MENTAL ILLNESS	1222.5	1252.5	772.5	675	288.3	483.6	837	697.5	102.5%	87.4%	167.7%	83.3%
Heather	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	975	1267.5	922.5	1042.5	288.3	409.2	864.9	734.7	130.0%	113.0%	141.9%	84.9%
Bracken	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	900	990	1387.5	1575	288.3	288.3	864.9	1106.7	110.0%	113.5%	100.0%	128.0%
Ashbrook	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	930	885	1342.5	1387.5	288.3	325.5	855.6	995.1	95.2%	103.4%	112.9%	116.3%
Maplebeck	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	900	1050	1342.5	1297.5	288.3	372	567.3	855.6	116.7%	96.6%	129.0%	150.8%
Oakburn	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	930	1125	1275	1357.5	288.3	483.6	864.9	706.8	121.0%	106.5%	167.7%	81.7%
Baildon	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	930	795	862.5	1155	288.3	297.6	576.6	567.3	85.5%	133.9%	103.2%	98.4%
Ilkley	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	465	645	930	900	288.3	297.6	576.6	576.6	138.7%	96.8%	103.2%	100.0%
Thornton	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	705	1432.5	1140	1785	288.3	539.4	576.6	1413.6	203.2%	156.6%	187.1%	245.2%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	700- LEARNING DISABILITY	930	1147.5	2557.5	3697.5	288.3	297.6	1153.2	1934.4	123.4%	144.6%	103.2%	167.7%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	847.5	922.5	922.5	2115	288.3	344.1	864.9	1292.7	108.8%	229.3%	119.4%	149.5%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	465	757.5	607.5	442.5	288.3	306.9	279	288.3	162.9%	72.8%	106.5%	103.3%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	930	982.5	1395	2287.5	288.3	334.8	864.9	1432.2	105.6%	164.0%	116.1%	165.6%

Q23b - Staffing Ratio (Trends): Community Services

December	Planned	Actual (WTE)			Actual	Recommended	Actual
Service Area	Staff WTE	Absent *1	Vac	Staff available	Clients	Ratio of Clients to staff	Ratio of Clients to staff
FNP	9.67	0.09	0.70	8.88	175	25:1	20
Health Visitors	162.2	16.63	0	145.57	42,075	312:1	289
School Nursing	23.65	4.25	1.6	17.8	49 Secondary schools *2		2.75
Specialist SN	12.02	0.91	0	11.11	1,000	75:1	90
EIP	25.1	1	1	23.1	428	15:1	19
AOT	7.6	1	0	6.6	121	15:1	18
Community Matrons	24.94	1.4	2	21.54	1961	70:1	91
Case Managers	7	1.8	0	5.2	415	70:1	80
CMHT	107.63	12.55	4.39	90.69	2569	35:1	28



*1 Absent includes: Long Term Sick; unfilled posts (maternity, secondment) and other long term absences.
*2 "Clients" for school nursing is number of secondary schools, the ratio being based on 1 secondary school per School nurse.
*3 Community Matrons, the number of clients for the South and West teams includes all the people in the care homes that the Community Matron visits. The number of clients used in determining the ratio for safer staffing is the number of contacts made.

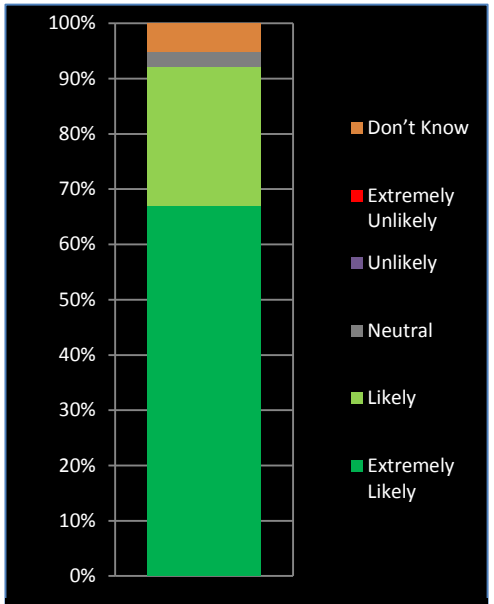
Q23b - Staffing Ratio (December): Community Services

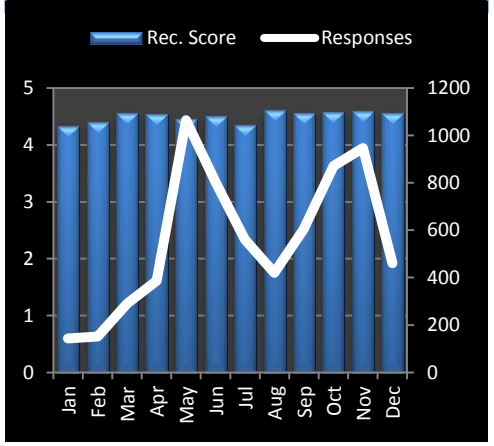
- Given the recent organisational changes which has resulted in new localities and new management structures, and considering that safer staffing for community services has now been reported for a year it is felt opportune to re-assess the safer staffing ratio and associated thresholds to ensure that they reflect current situations. It is proposed that a detailed discussion be held by members of the Safer Staffing Steering Group, the outcome of which will be reported to the March 2016 Board seeking approval for any suggested changes.

- For the first time since reporting safer staffing the Health Visiting service has moved into the green; this has coincided with the consolidation of the HV teams into the Children's Directorate, this has facilitated more effective sharing of resources to meet demands
- Interim feedback from the HV and School Nursing reviews by the Local Authority indicates that they are keen to pilot the Children's Services cluster model that was presented to the Board of Directors in December 2015. Further work is being developed to implement a pilot of the new model. This move will also see School Nursing teams working alongside HVs and FNP specialists in the new clusters. The new models will have a positive impact on staff to client ratios.
- Staffing levels in school nursing and special needs school nursing are monitored and risks assessed on a weekly basis and staff moved to meet needs of most vulnerable areas.
- An update report regarding progress of work undertaken within children's services will be presented to board in March 2016
- EIP and AOT teams are using agency staff to cover shortfalls and to manage increased client numbers. The team is looking to evaluate options to backfill long term sick post. The previous L.A. vacancy has been recruited to but a start date is awaited. The long term sick is due to return to AOT in mid Jan 2016 – this should alleviate some of the pressures.
- 2 vacancies in the South and West Community Matron team have had a negative effect on the staffing ratio. Interviews to fill these posts are being held on the 21st Jan 2016. In the short term, to mitigate risks the workload is being shared across the team. The number of clients includes all residents in any care home visited by the Community Matron.

Q26 - Friends and Family Test: Would you recommend our service?

December 2015	Number Of responses	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely	Don't know
The Trust Number of respondents	**461**	**309**	**116**	**12**	**0**	**0**	**24**
Percentage of all respondents		**67.03%**	**25.16%**	**2.60%**	**0.00%**	**0.00%**	**5.21%**
Community Health (number)	**378**	**250**	**99**	**7**	**0**	**0**	**22**
Community Nursing Services	53	81.13%	18.87%	0.00%	0.00%	0.00%	0.00%
Rehabilitation & Therapy	11	81.82%	9.09%	0.00%	0.00%	0.00%	9.09%
Specialist Services	121	81.82%	18.18%	0.00%	0.00%	0.00%	0.00%
Children & Family Services	193	51.30%	34.20%	3.63%	0.00%	0.00%	10.88%
Community Health Other	0						
Mental Health (number)	**79**	**55**	**17**	**5**	**0**	**0**	**2**
Primary Care	3	66.67%	33.33%	0.00%	0.00%	0.00%	0.00%
Secondary Care Community	38	71.05%	26.32%	0.00%	0.00%	0.00%	2.63%
Acute services	31	70.97%	12.90%	12.90%	0.00%	0.00%	3.23%
Specialist Services	1	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
CAMHS	3	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%
Other	3	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
None	**4**	**4**	**0**	**0**	**0**	**0**	**0**
Not specified		100%	0.00%	0.00%	0.00%	0.00%	0.00%





Community Health Other includes the Housing for Health Services
Community Health Specialist Services includes Dental Services, COPD, Continence, Podiatry, Pressure Ulcer Teams
Mental Health Other includes Learning Disability Services

The fall in number of respondents is probably related to the Christmas holiday period – take up of FFT is closely monitored and staff will take actions to increase the number of response

In December no reviewers were "unlikely" or "extremely unlikely" to recommend the service.

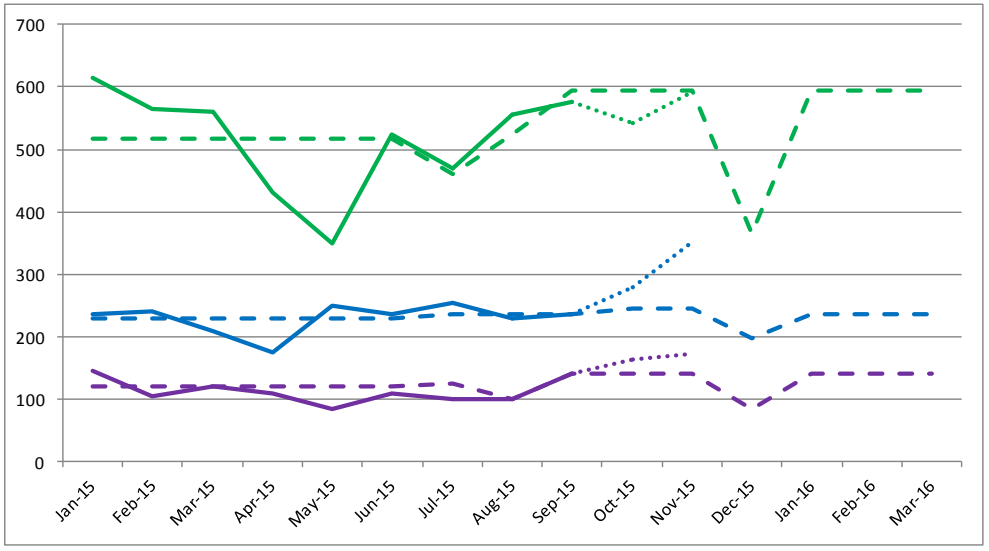
Average Recommendation Score

Quality Assurance

Indicator Number	Target	Target met this month
Q7	Meet Central Alert System (CAS) timelines	Y
Q10	No MRSA bacteraemia cases	Y
Q11	No Methicillin sensitive staphylococcus aureus (MSSA) bacteraemia cases	Y
Q12	No Clostridium difficile (C.diff) cases	Y
Q15	Meet nationally mandated Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16	Y
Q15	Meet CCG local Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16	Y
Q16	Meet NHS England Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16	Y
Q32	No Complaints to Information Commissioners Office (ICO)	Y
Q33	No Information Governance Serious Incidents (STEIS)	Y
Q34	Maintain Mixed sex accommodation status	Y
Q35	Meet Dental Referral To Treatment within 52 weeks	Y
Q36	Meet IAPT Recovery rate (see slides 25 & 26 for further detail)	N
Q37	Maintain Publication of the Formulary on Provider's website	Y
Q38	No duty of candour incidents	Y

Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16

Number of people who have depression and/or anxiety disorders who receive psychological therapies



	Sep-15	Oct-15	Nov-15
Trajectory AWC	235	245	245
Final AWC	235	279	351
Trajectory District	595	595	595
Final District	575	542	591
Trajectory City	140	140	140
Final City	140	163	173

Note. October and November performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following HSCIC processing.

Narrative:

The Trust has agreed a remedial action plan with commissioners for the two IAPT 2015/16 contractual targets: access (number of people who receive psychological therapies) and recovery rate. The financial consequence is that CCGs will withhold £17.5k per target against under performance of the agreed trajectories. Failure to meet the agreed position by December 2015 (for numbers accessing IAPT) or February 2016 (for recovery rate) will result in the retention of any withheld monies. Bradford District CCG poses the greatest risk of monies being withheld.

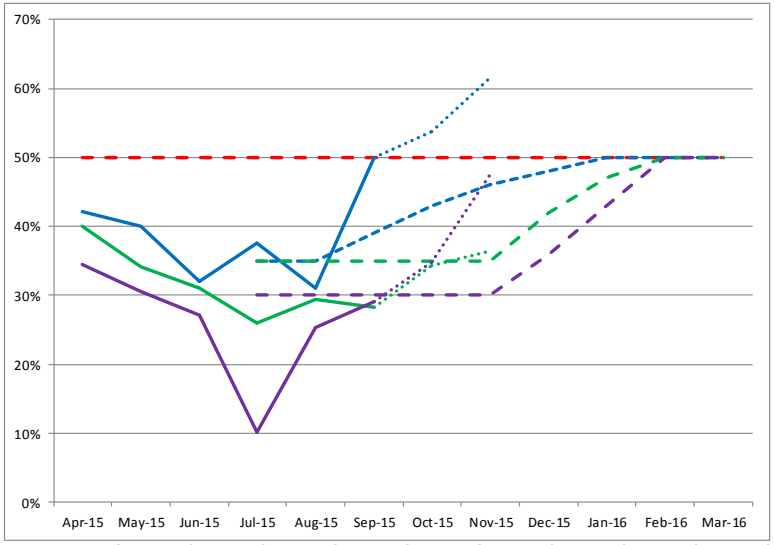
A significant issue for the service has been data quality and upload to Health and Social Care Information Centre (HSCIC). We continue to monitor the data quality of individual staff and implement support to them as required. We are now more confident that our local forecast data will have little variation from the HSCIC data.

In November 2015, based on provisional pre-publication data, the Trust exceeded the trajectory for the number of people who begin psychological therapy across the three CCGs collectively. The target was exceeded for AWC and City CCGs, but was below the trajectory for Bradford Districts CCG. The Bradford District CCG data showed a drop in October, recovering to near target in November; the fluctuation is linked to capacity, output being reduced due to complexity of cases being accepted. Further work is being undertaken to improve assessment and 'stepping up' complex cases to the psychological therapy hub.

There is a short-term risk during February 2016 of reduced numbers entering therapy as we introduce a more clinical robust self-referral system, this may temporarily reduce numbers of people self-referring as we suspend advertising.

Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16

IAPT Recovery Rate: Increase in number of people who have completed treatment within the reporting quarter having attended at least two treatment sessions and are moving to recovery



	Sep-15	Oct-15	Nov-15
Trajectory AWC	39%	43%	46%
Final AWC	50%	54%	62%
Trajectory District	35%	35%	35%
Final District	28%	34%	36%
Trajectory City	30%	30%	30%
Final City	29%	35%	48%

Note. October & November performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following HSCIC processing.

Narrative:

As with numbers entering therapy, a significant issue for recovery rates of the service has been data quality and upload to Health and Social Care Information Centre (HSCIC). Monitoring of the data quality of individual staff and providing additional support to them, as required, is leading to improved reliability of data. We are now more confident that our local forecast data will have little variation from the HSCIC data.

Regular reporting on recovery to patients (using clinical measures) within treatment sessions and through caseload management/clinical supervision, has begun to improve clinical effectiveness, reflected in improved rates.

In November 2015, the Trust exceeded the trajectory for recovery rate across the three CCGs collectively. The rate achieved by AWC CCG exceeds the national 50% target and compares favourably with the highest performing providers nationally. Improvement at Bradford City CCG is impressive, having seen a significant improvement in a short period of time and now close to the 50% national target. Bradford Districts CCG remains on trajectory, however the service will now focus additional resource on monitoring and support.

There is a short-term risk on recovery rate for Bradford Districts CCG. We had a significant number of people with complex difficulties discharged in December 2015 who should not have been accepted for an IAPT intervention, ie they will in future be stepped up to complex care. A significant proportion of these treatments will not have achieved recovery due to complexity and we anticipate that this will temporarily impact some of the improvements in recovery achieved during this period.

CPA 6 Months Review (refreshed as at 31.12.15) – (L2)

Locality Name	Number of clients on CPA for 12 months	Has validated review in 6 months (183 Days)	Does not have validated review in 6 months (183 Days)	% of clients on CPA for at least 12 months and who had a review in 6 months. Target 100.0%	Trend
TRUST	**1754**	**1283**	**471**	73.1%	◀▶
Acute Care	47	34	13	72.3%	▼
AWC Services	484	360	124	74.3%	▼
Bradford City	344	242	102	70.3%	▲
Bradford Districts	848	630	218	74.2%	▲
Inpatients	17	9	8	52.9%	▲
Team	**Number of clients on CPA for 12 months**	**Has validated review in 6 months (183) Days**	**Does not have validated review in 6 months (183) Days**	**% of clients on CPA for at least 12 months and who had a review in 6 months. Target 100.0%**	**Trend**
AD CMHT City	214	138	76	64.4%	▲
AD CMHT South & West	287	218	69	75.9%	▲
AD CMHT Airewharfe	231	169	62	73.1%	▲

Narrative:

The internal stretch target set by the Trust was for achievement of 100% of CPA 6 month reviews by August 2015. Trust performance for December 2015 has remained static at 73.1%.

The three teams in the Trust with the highest number of clients who ‘do not have a validated review in 6 months’ are listed above. Performance by team continues to be monitored at the monthly locality performance meetings.

Overall performance has remained static over the year. Local trajectories and actions for achievement will therefore be reviewed at the February locality performance meetings.

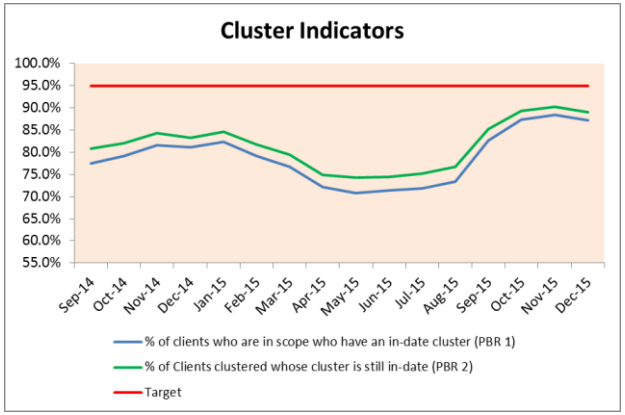
Clustering Position as at 31.12.15 – (L4)

PbR Indicator 1 - % of Clients who are in scope who have an in-date cluster						
Trust/Locailty	**14/15 outturn**	**14/15 Target**	**Numerator**	**Denominator**	**Current performance**	**Trend**
Trust	**76.70%**	**Not <95.0%**	**5010**	**5739**	87.2%	▼
Bradford Districts	77.10%		2598	3061	84.8%	▼
Bradford City	72.70%		1050	1217	86.2%	▲
AWC Services	16.70%		1326	1413	93.8%	▲
Acute Care	87.70%		421	484	86.9%	◀▶
Inpatients	81.50%		790	802	98.5%	◀▶

PbR Indicator 2 -% of Clients clustered whose cluster is in-date						
Trust	**14/15 outturn**	**14/15 Target**	**Numerator**	**Denominator**	**Current performance**	**Trend**
Trust	84.70%	Not <95.0%	5010	5623	89.0%	▼

PbR Indicator 1 & 2					
Team	**Number of Active Clients**	**Clients with an Indate Cluster**	**Without In Date & Never Clustered (%)**	**Clients Never Clustered (%)**	**Not in date Cluster**
AD CMHT South & West	1176	925 (78.6%)	251 (21.3%)	45 (3.8%)	206 (17.5%)
AD CMHT City	887	760 (85.6%)	127 (14.3%)	10 (1.1%)	117 (13.1%)
AD CMHT North	931	845 (90.7%)	86 (9.2%)	9 (0.9%)	77 (8.2%)

PBR Indicator 3 YTD - % of all service users in scope who's review is updated appropriately in relation to their allocated cluster						
Trust	**14/15 Outturn**	**14/15 Target**	**Numerator**	**Denominator**	**Current Performance**	**Trend**
Trust	74.4%	Not <95.0%	2550	3937	64.8%	▼



Narrative:

The clustering target was 95% clients with an in-date cluster by 30 September 2015. Significant progress to improve performance from 71% in-date clusters in July to 89.3% in October has been achieved. As at 31st December, clustering performance was at 89% with concentrated support continuing to be focused in the remaining outlier (CMHT Bradford S&W). The Steering Group has identified that further actions to re-assign all patients appropriately when under the care of a Consultant who is on long term sickness needs to be completed and additionally for those patients who can be transferred safely back to primary care as a result of the implementation of the First response service are yet to be completed. The underlying performance once these actions have been completed will result in an increase in target performance to at least 95%.

The Steering Group has re-focussed on embedding clustering and reviewing data quality to ensure the ongoing sustainability of clustering performance and use as a clinical support tool. A revised action plan has been delayed to February whilst national agreement is being considered to provide the framework on progress towards Payment by Results (PbR) using clustering, as well as developing outcomes measurement.

Programme summary: 2015/16

The change programme projects are contained within the five programmes which form the basis of the Trust's strategy as set out in the Integrated Business Plan. The five programmes are:

1. Achieving integrated community health care
2. Meeting the need for 24/7 adult and older people's mental health care
3. Extending the in-patient care portfolio
4. Developing new services to enhance care pathways
5. Enabling strategic change

There are currently 15 projects across the five programmes being monitored by the Change Programme Board during 2015/16.

In January 2016, nine of the projects are progressing to plan and are rated green. Four projects are rated amber with actions and mitigation in place to manage the risks and issues. Two projects are red rated given the risk of their CIPs not achieving.

The chart overleaf provides the accumulative RAG summary for these projects over the last four months.

Accumulative RAG Summary

Project Name	October 2015 RAG RATING	November 2015 RAG RATING	December 2015 RAG RATING	January 2016 RAG RATING	Actions Planned in next Month
Adult Community Nursing	G	G	G	G	
Children & Families	G	G	G	G	
Agile working - staffing	A	A	A	A	PID Phase 2 to be approved. New Project Manager to start. Monthly reporting tracking agile savings
Adult Mental Health - Acute Care Pathway	G	G	G	G	Proposal to extend scope of AMH Acute Care Pathway to whole of Mental Health Services and include strategic redesign work
Dementia Assessment Unit	G	G	G	G	
Intensive Therapy Centre 1	R	R	R	R	Marketing plan in place and dedicated marketing role actively leading on activity to promote the centre
Learning Disabilities Assessment Treatment Unit (LD ATU)	R	R	R	R	Work continues to improve occupancy rates. Marketing role in place to help support.
Psychiatric Intensive Care Unit - New Opportunity	G	G	G	G	
Information Management & Technology (IM&T) Strategy implementation	A	A	A	A	Revised IM&T strategy and associated PID will be presented via the March 2016 Technology Board
Review of functions - A. back office 2015-16	G	G	G	G	
Admin Services Project (formally Admin review)	G	G	G	G	Closure of current project agreed and residual work to be picked up as business as usual.
Bank & agency reductions	G	G	A	A	Project closure proposed. New project, PID and delivery plan to be developed.
Bank & agency reductions - from trust wide sickness	G	G	G	G	
Procurement	G	G	G	G	
Care Pathways, Packages and Payments by Results (CPPP)	A	A	A	A	Agreement of payment approach needed with commissioners. Action Plan to be amended as a result.

Executive Summary

Proposed Board RAG Rating	Year to Date	Forecast 2015/16	Commentary
Statement of Comprehensive Income (SoCI)			A surplus of £700k for the year to date, which is £1k ahead of plan. The forecast includes the assumed recognition of overage for the recently disposed Moor Lane Site. Accounting treatment is being discussed with External Audit. This benefit would provide mitigation for Public Health grant risks previously elevated as a concern within the report. The revised forecast for 2015/16 is that the required surplus will be maintained.
Statement of Financial Position (SoFP)			Current assets, which includes receivables, accruals and prepayments are £333k more than plan. Current liabilities are £201k less than plan. Forecast to deliver plan but with financial risks identified for cash flows resulting from reductions in forecast income for ITC and debtor payment delays.
Statement of Cash Flows (SoCF)			A cash flow position currently £1.4m below plan due to a number of in-year phasing issues. The forecast is to achieve the planned cash balance for 2015/16 supported by a detailed cash management action plan that will mitigate the current shortfall.
Financial Sustainability Risk Rating (FSRR)			Achievement of a Financial Sustainability Risk Rating (FSRR) of 4. Risks and mitigation plans identified.
Cost Improvement Programmes (CIPs)			Delivery of £5,122k CIPs against a net plan of £4,748k. Forecast delivery is £6,876k. This would represent over-achievement of £500k or 8% against plan. Substitution schemes have delivered an additional £352k to offset the slippage from ITC scheme.
Capital Expenditure			Capital under spending of £118k is driven by flow through items. The January CPIG meeting confirmed forecast under spending of £91k and reviewed expenditure priorities from capital funding requests not previously funded. CPIG approved the balance of funding to progress Dental IM&T and staff bank accommodation requirements, bringing the capital forecast back on line with plan.

Statement of Comprehensive Income

£000's	Year to Date			YTD RAG	Q3 In Quarter Forecast			Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	Plan	Actual	Variance	
Operating income (inc in EBITDA)											
NHS Clinical income	(81,873)	(82,021)	148		(25,796)	(25,588)	(208)	(108,254)	(108,430)	176	
Non-NHS Clinical income	(9,626)	(9,631)	5		(4,920)	(5,069)	149	(14,485)	(14,531)	46	
Non-Clinical income	(5,944)	(7,594)	1,650		(1,836)	(2,318)	481	(7,778)	(10,011)	2,233	
Total	**(97,443)**	**(99,246)**	**1,803**		**(32,553)**	**(32,974)**	**421**	**(130,517)**	**(132,973)**	**2,456**	
Operating expenses (inc in EBITDA)											
Employee expense	77,132	77,479	(347)		25,665	25,673	(8)	101,954	104,154	(2,201)	
Non-Pay expense	15,903	17,258	(1,356)		5,466	5,845	(379)	22,234	22,488	(253)	
PFI / LIFT expense	150	150	0		50	50	0	199	199	0	
Total	**93,185**	**94,888**	**(1,703)**		**31,181**	**31,568**	**(387)**	**124,387**	**126,841**	**(2,454)**	
EBITDA	**(4,258)**	**(4,358)**	**100**		**(1,372)**	**(1,406)**	**34**	**(6,130)**	**(6,132)**	**2**	
EBITDA Margin %	**4.37%**	**4.39%**			**4.21%**	**4.27%**		**4.70%**	**0**		
Operating expenses (exc from EBITDA)											
Depreciation & Amortisation	2,486	2,560	(74)		860	886	(27)	3,355	3,355	0	
Impairment (Losses) / Reversals	0	0	0		0	0	0	0	0	0	
Restructuring costs	0	0	0		0	0	0	0	0	0	
Total	**2,486**	**2,560**	**(74)**		**860**	**886**	**(27)**	**3,355**	**3,355**		
Non-operating income											
Finance income	(48)	(34)	(14)		(16)	(11)	(5)	(64)	(64)	0	
Gain / (Losses) on asset disposals	0	0	0		0	0	0	0	0	0	
Total	**(48)**	**(34)**	**(14)**		**(16)**	**(11)**	**(5)**	**(64)**	**(64)**	**0**	
Non-operating expenses											
Interest expense (PFI / LIFT)	119	131	(12)		40	44	(4)	158	158	0	
PDC expense	1,002	1,001	1		334	334	(0)	1,335	1,335	0	
Other finance costs	0	0	0		0	0	0	0	0	0	
Total	**1,121**	**1,133**	**(12)**		**373**	**377**	**(4)**	**1,493**	**1,493**	**0**	
(Surplus) / Deficit after tax	**(699)**	**(700)**	**1**		**(155)**	**(153)**	**(2)**	**(1,346)**	**(1,348)**	**2**	

Statement of Comprehensive Income

Area Impacted	Risk	Mitigation	Area Impacted
NHS Clinical Income	ITC-Under recovery of Intensive Therapy Centre revenue with 3 admissions to date generating income of £304k against a plan of £996k as at end of December. Forecast income has been further reduced by £56k following no admissions in month 8 and 9. The forecast assumes 2 admission by 31st March and aggregate revenues of £449k against plan of £1,589k.	A revised marketing plan has been developed and activities are underway. For every additional client the Trust would generate income of £18k per complete month. Additional interest has been generated recently with a firm indication of 1 January admission now being progressed. To provide further mitigation the Trust deployed staff in post to other inpatient areas to reduce the need for temporary staffing. Further financial mitigations include not backfilling maternity leave.	NHS Clinical Income
	ATU-No admissions as at month 9. The assumption of 1 admission in November didn't materialize. The £55k income forecast assume 1 in Feb and 1 in March 2016. Worst case scenario is nil admission, hence nil income with forecast variance of £307k.	Refreshed Marketing plan actions now underway for ATU. Some clinical staff is temporarily redeployed to work on Marketing Strategy.Revenue slippage is expected to be mitigated by cost per case activity and staff recruitment slippage. There is a high risk that the £55k projected income will not materialise despite the additional marketing campaign.	NHS Clinical Income
	CQUIN-Leads currently predict full achievement of CQUIN revenues against planned achievement of 95%. Thus 100% CQUIN revenue has been forecasted as at month 9.		NHS Clinical Income
Non Clinical Income	NHS Property Services De-Commissioning - NHS Property Services withdrew from Housekeeping contracts with effect from mid September. Notice was served on residual provision from December meaning the Trust needs to mitigate NHS PS overhead contributions (£34k quarterly, £136k full year).	NHS PS advised that the contract will be extended to 31 March 2016 so the overhead impact has been deferred into 2016/17. The overhead impact to the Trust is approximately £34k per quarter. The Deputy Director of Estates has drafted a full 2016/17 mitigation plan.	Non Clinical Income

Statement of Comprehensive Income

Area Impacted	Risk	Mitigation	Area Impacted
Employee Expenses	**Admin Hubs pressures** from manning receptions within shared properties and use of temporary staff due to sickness and vacancies.	Following meetings with NHS Property Services, BDCFT recharged reception costs to other tenants and invoiced NHS Property Services for the cost of delivering property management services on their behalf. NHS PS did not wish these services to continue from November and made alternative arrangements. A scoping exercise is underway to understand options to manage residual BDCFT reception pressures. The cost pressure has been recognised in the 2016/17 draft financial plan.	**Non Clinical Income**
	IM&T pressures of £403k at month 9 following the exit by the Trust from CSU IM&T contracts. No staff were TUPE transferred and agency staff are currently being used to support delivery pending recruitment to a stabilisation plan.	Whilst non recurrent pay pressures have been incurred to month 9, these are expected to be addressed through structural changes and mitigation plans are in place to ensure the forecast overspend is reduced to the level identified with Trust reserves for the IM&T strategy.	**Employee expenses**
	Managing Nurse agency staff costs below 4% of total nursing pay costs (Monitor cap). The current nursing temporary staffing costs represent 3.07% of total nursing pay costs in the month, a decrease of 0.44% from month 8.	Internal nurse staff bank, peripatetic inpatient staff and limited overtime options are being introduced to support the Trust to achieve the 4% cap and a lower 3% cap from 1 April. Weekly reporting to Monitor on agency cap breaches is active with 16 clinical and 13 non clinical assignments in breach of the cap declared at the end of December. Staff paid over the monitor cap, are being actively monitored to ensure that end dates are negotiated where safe to do so. The monitor agency cap reduces in February for clinical staff and again in March. In April 2016 no member of staff (clinical or non-clinical) should be paid more than 55% over the substantive rates.	**Employee expenses**
Non Pay Expenses	**Continence product pressures** have continued despite increased funding over successive financial years. There has been an increase in product volumes due to an increase in patient numbers (6% from Q3 2014 to Q3 2015), representing an additional £88k product cost (full year).	A rebate was received in relation to education activities whilst some products have been recharged to the CCG. Further mitigation of approximately £60k will be required from under spending elsewhere and/or offset against Trust contingency reserves. The cost pressure has been recognised in the 2016/17 draft financial plan.	**Non Pay Expenses**

Statement of Financial Position

£000's	Year to Date			YTD RAG	Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Non-current Assets								
Intangible assets	0	0	0		0	0	0	
Property, Plant & Equipment	49,771	49,586	185		49,445	49,445	0	
On-balance sheet PFI	4,322	4,315	7		4,218	4,218	0	
Other	0	0	0		0	0	0	
Total	**54,093**	**53,901**	**192**		**53,663**	**53,663**		
Current Assets								
Cash and cash equivalents	14,775	13,292	1,483		16,591	16,591	0	
Other current assets	5,657	7,474	(1,817)		5,318	5,318	0	
Total	**20,432**	**20,765**	**(333)**		**21,909**	**21,909**		
Current Liabilities								
Overdrafts and drawdowns in committe	0	0	0		0	0	0	
PFI / LIFT leases	(343)	(82)	(261)		(343)	(343)	0	
Other borrowings	0	0	0		0	0	0	
Other current liabilities	(13,620)	(13,680)	60		(14,022)	(14,022)	0	
Total	**(13,963)**	**(13,762)**	**(201)**		**(14,365)**	**(14,365)**		
Non-current Liabilities								
PFI / LIFT leases	(3,061)	(3,407)	346		(3,061)	(3,061)	0	
Other non-current liabilities	(553)	(553)	0		(553)	(553)	0	
Total	**(3,614)**	**(3,960)**	**346**		**(3,614)**	**(3,614)**	**0**	
Total Assets Employed	**56,948**	**56,944**	**4**		**57,593**	**57,593**	**0**	
Reserves	**56,948**	**56,944**	**4**		**57,593**	**57,593**	**0**	

Key Risks	Key Mitigations & Action Plans
The 2015 Monitor consultation on proposed changes to financial sustainability risk ratings could have meant that the Trust was exposed to potential capital expenditure variance risk should phasing in year deviate from plan. However Monitor excluded this metric from calculation of the final Financial Sustainability Risk Rating in the Risk Assessment Framework. The amber risk rating relates to the in-year variance on PFI between current liabilities and non-current liabilities which are adjusted at year end.	Receivables continue to be monitored closely and escalation plans are in place. Month end balances with BMDC are higher than planned due to the requirement to raise invoices early to ensure payment by the 15th of the month following the novation of the Health Visiting contract from NHS England. A detailed and pro-active cash management plan is being developed and will be taken forward at pace to ensure that the cash balance is brought back in line with plan for March 2016.

Statement of Cash Flows

£000's	Year to Date			YTD RAG	Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Surplus (Deficit) from Operations	1,772	1,798	(26)		2,775	2,775		
Operating activities	2,486	2,560	(74)		3,355	3,355		
Movements in working capital	(216)	(2,453)	2,237		773	773		
Investing activities	(4,169)	(4,088)	(81)		(4,426)	(4,426)		
Financing activities	(1,029)	(456)	(573)		(1,817)	(1,817)		
Opening cash and cash equivalents less bank overdraft	15,931	15,931			15,931	15,931		
Closing cash and cash equivalents less bank overdraft	**14,775**	**13,292**	**1,483**		**16,591**	**16,591**		

Key Risks	Key Mitigations & Action Plans
The cash position for December is £1,483k less than plan. Additionally, reduced income forecast in relation to ITC and long standing NHS Property Services issues mean risks remain elevated. Movements in Working Capital: The increase in creditors as a result of accounting for prepayments has worsened the working capital position, although the impact will reduce by the financial year end as these balances are utilised.	A Cash Management action plan is in place including daily cash planning and the Trust is working towards bringing the cash position back into line with plan by the year end. The plan will include the following: • Rigorous chasing of debt and where necessary unpaid debts are escalated for senior management attention. This has already resulted in CHP agreeing to pay their outstanding invoices • Ensuring that all income is billed and paid • Agreeing final value invoices with commissioners for payment in March, including the Local Authority • Securing CQUINS income in March

Financial Sustainability Risk Ratings

£000's	Year to Date			Q3 In Quarter Forecast			Year End Forecast			RAG Rating (YTD)
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Capital Service Cover										
Revenue Available for Capital Service	4,306	4,393	87	4,306	4,393	87	6,194	6,196	2	
Capital Service	(1,364)	(1,348)	16	(1,364)	(1,348)	16	(1,817)	(1,790)	27	
Capital Service Cover metric	**3.16**	**3.26**	**0.10**	**3.16**	**3**	**0.10**	**3.41**	**3.46**	**0**	
Capital Service Cover rating	**4**	**4**		**4**	**4**		**4**	**4**		
Liquidity										
Working Capital for FSRR	6,451	6,985	534	6,451	6,985	534	7,526	8,060	534	
Operating Expenses within EBITDA, Total	(93,185)	(94,888)	(1,703)	(93,185)	(94,888)	(1,703)	(124,387)	(126,841)	(2,454)	
Liquidity metric	**18.7**	**19.9**	1	**18.7**	**19.9**	1.2	**21.8**	**22.90**	**1.12**	
Liquidity rating	**4**	**4**		**4**	**4**		**4**	**4**		
I & E Margin										
Surplus/(deficit) before impairments, disposal on FA & restructuring costs	699	700	1	699	700	1	1,346	1,348	2	
Total operating & non operating income	97,491	99,280	1,789	97,491	99,280	1,789	130,581	133,037	2,456	
I & E Margin % metric	**0.72%**	**0.70%**	-0.02%	**0.72%**	**0.70%**	(0)	**1.03%**	**1.01%**	**-0.02%**	
I & E Margin % rating	**3**	**3**		**3**	**3**		**4**	**4**		
I & E Margin Variance										
I & E Margin	0.72%	0.70%	-0.02%	0.72%	0.70%		1.03%	1.01%	(0)	
I & E Margin variance from plan		-0.01%	-0.01%		-0.01%	(0)		-0.02%	-0.02%	
I & E Margin Variance From Plan Rating	**4**	**3**		**4**	**3**		**4**	**3**		
Financial Sustainability Risk Rating	**4**	**4**		**4**	**4**		**4**	**4**		

Description of Key Metrics

Capital Service Cover: Metric currently weighted at 25% and shows how many times income covers the servicing of capital costs.
Liquidity: Metric currently weighted at 25% and shows how liquid the Trust is in respect of days' operating expense cover.
I & E Margin: Metric currently weighted at 25% and shows normalised surplus as a % of income.
I & E Margin Variance From Plan: Metric currently weighted at 25% and shows I & E Margin actual compared to planned.
Overall Rating: Aggregate rounded average of all metrics.

Key Risks, Mitigations & Actions

The I&E margin % rating is 0.02% (£1k) below Monitor plan year to date which reflects an amber rating due to the Monitor formula used for variation.

Key risks are expected to stem from the requirement to achieve a 1% surplus in month/quarter to maintain a rating of 4 for the I&E Margin metric. However, the Trust does not currently project risks to achievement of the overall FSRR (Financial Sustainability Risk Rating) as sensitivity analysis demonstrates robust plans are in place and cumulatively the Trust expects to retain a FSRR of 4.

Strategic Initiatives - Cost Improvement Programmes

£000's	Expense Category	Year to Date			Q3 In Quarter Forecast			Year End Forecast			RAG
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Impact of strategic initiatives on activity											
NHS Clinical Income		282	83	199	162	33	129	468	117	351	
Trust Reserves Income		(118)	0	(118)	(69)		(69)	(210)		(210)	
Cost Improvement Programmes											
Employee Expense		1,559	1,565	(6)	610	522	89	2,087	2,087	0	
Trust Reserves Pay		(50)		(50)	(108)		(108)	(75)		(75)	
Drugs expense		94	162	(68)	31	59	(28)	126	222	(96)	
Clinical Supplies expense		146	146	0	49	49	0	195	195	0	
Non-clinical Supplies expense		834	983	(149)	278	400	(122)	1,237	1,383	(146)	
Trust Reserves - Non Pay		(72)		(72)	(19)		(19)	(215)		(215)	
Other Non-Pay Operating Expenses		2,073	2,183	(110)	691	691	0	2,764	2,874	(110)	
Total Strategic Initiatives		**4,748**	**5,122**	**(374)**	**1,627**	**1,754**	**(127)**	**6,376**	**6,877**	**(501)**	

Pay	1,559	1,565	(6)	610	522	89	2,087	2,087	0
Non Pay	3,147	3,474	(327)	1,049	1,199	(150)	4,321	4,673	(352)
Income	282	83	199	162	33	129	468	117	351
Reserves	(240)	0	(240)	(195)	0	(195)	(500)	0	(500)
Total	**4,748**	**5,122**	**(374)**	**1,627**	**1,754**	**(127)**	**6,376**	**6,877**	**(501)**

Key Risks, Mitigations & Action Plans

ATU - There is a risk that forecast income will be £253k below planned levels in 2015/16 as a result of OBDs being projected to outturn at 420 bed days below plan. This will be offset in part by forecast staff and non pay slippage of £32k leaving a potential shortfall of £222k. This will not impact achievement of the £9k CIP which has been substituted.

ITC – The ITC CIP performance is reviewed by the Change Programme Board each month. The Trust forecasts a gross shortfall of 1,897 occupied bed days (approximately 10 complete admission packages) compared to plan and resulting in a £1,140k shortfall of income for the year.
The shortfall in income will be partially offset by forecast staff and non pay slippage of £107k leaving a total shortfall of £1,033k, of which £351k relates to the CIP. The CIP shortfall will be offset by substitution schemes and over delivery of savings from drugs and FP10's of £96k, VAT non-recurrent of £110k and Travel costs of £146k. The CIP high risk reserve remains unused for release in quarter 4.

Cost Improvement Programmes

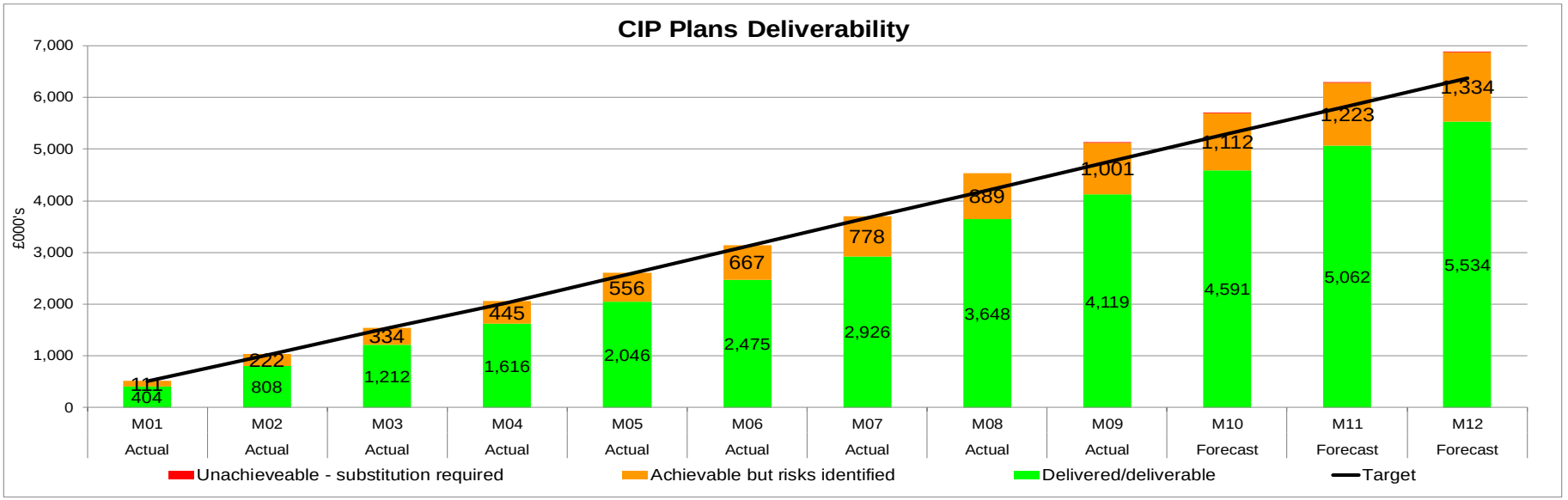
£000's	Year to Date			Q3 In Quarter Forecast			Year End Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Programme 1									
Pay	642	642	0	214	214	0	856	856	0
Non Pay	293	406	(113)	98	130	(32)	390	537	(146)
Total	**934**	**1,048**	**(113)**	**311**	**344**	**(32)**	**1,246**	**1,392**	**(146)**
Programme 2									
Pay	38	38	0	13	13	0	50	50	0
Non Pay	1,498	1,498	0	533	533	0	2,031	2,031	0
Total	**1,536**	**1,536**	**0**	**545**	**545**	**0**	**2,081**	**2,081**	**0**
Programme 3									
Income	305	83	222	162	33	129	468	117	351
Total	**305**	**83**	**222**	**162**	**33**	**129**	**468**	**117**	**351**
Programme 5									
Pay	886	886		295	295		1,181	1,181	
Non Pay	1,392	1,570	(178)	508	536	(28)	1,900	2,105	(205)
Total	**2,278**	**2,456**	**(178)**	**803**	**831**	**(28)**	**3,081**	**3,286**	**(205)**
High Risk CIP Reserve									
Pay	(56)	0	(56)	(19)	0	(19)	(75)	0	(75)
Non Pay	(108)	0	(108)	(107)	0	(107)	(215)	0	(215)
Income	(141)	0	(141)	(69)	0	(69)	(210)	0	(210)
Total	**(305)**	**0**	**(305)**	**(195)**	**0**	**(195)**	**(500)**	**0**	**(500)**
Pay	1,509	1,565	(56)	503	522	(19)	2,012	2,087	(75)
Non Pay	3,075	3,474	(399)	1,031	1,199	(168)	4,106	4,673	(566)
Income	164	83	81	93	33	60	258	117	141
Grand Total	**4,748**	**5,122**	**(374)**	**1,627**	**1,754**	**(127)**	**6,375**	**6,876**	**(500)**

ATU Income & Expenditure and Occcupancy 2015/16 as at M09

ATU (Additional 4 beds) - £000's					
Income & Expenditure and CIP Target Planned	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income			(155)	(153)	(308)
Pay & Non Pay Expenditure			70	70	141
Planned surplus			(85)	(83)	(167)
Planned Income only CIP			(5)	(5)	(9)
Income & Expenditure and CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income				(55)	(55)
Pay & Non Pay Expenditure			34	75	109
Forecast surplus			34	21	54
Forecast Income only CIP achievement			(5)	(5)	(9)
Variance to CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income			155	98	253
Pay & Non Pay Expenditure			(37)	5	(32)
Forecast surplus			118	103	222
Forecast Income only CIP achievement					
Bed Days & Admissions Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Occupied Bed Days - Forecast			31	273	304
Admissions			0	2	2
Discharges					

ITC Income & Expenditure and Occcupancy 2015/16 as at M09

ITC (Additional 12 beds) - £000's					
Income & Expenditure and CIP Target Planned	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income	(4)	(393)	(599)	(593)	(1,589)
Pay & Non Pay Expenditure	164	340	367	367	1,238
CIP / Surplus	160	(53)	(232)	(226)	(351)
Income & Expenditure and CIP Target - Actual & Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income		(127)	(178)	(144)	(449)
Pay & Non Pay Expenditure	146	327	345	313	1,131
CIP / Surplus	146	200	167	169	682
Planned CIP Unachieved	1	87	132	131	351
Variance to CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income	4	266	421	449	1,140
Pay & Non Pay Expenditure	(18)	(13)	(22)	(54)	(107)
CIP / Surplus	(14)	253	399	395	1,033
Bed Days & Admissions - Actual & Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Occupied Bed Days		212	297	240	748
Admissions		5		2	7
Discharges		(1)	(1)	(3)	(5)



Current Status, Key Risks & Mitigations	Current Status, Key Risks & Mitigations
Programme 1 : Achieving integrated community health care. Whilst expected to achieve in full for 2015/16, increased Agile savings required in future years represent a forward financial risk. This 2016/17 risk requires close monitoring of turnover and vacancies via Change Programme Board and may include substitution following Meridian Productivity work to achieve.	**Programme 4 : Developing new services to enhance care pathways.** Programme 4 commences in 2016/17 however it is expected that Liaison Psychiatry and Dementia targets will require substitution as part of the annual business planning cycle. Further work is required to confirm or replace these anticipated new service developments.
Programme 2 : Meeting the need for 24/7 Adult & Older people's mental health care. Delays in the closure of **Ward 24** will be offset by savings in capital charges from delayed opening of the organic ward. **Out of area placement** costs of £100k were incurred to December due to 5 PICU admissions, however these costs will be recharged to commissioners. Actions to manage OOA risks remain robust as occupancy and assessment processes seem to be well-embedded.	**Programme 5 : Enabling strategic change**. The IM&T strategy has delivered the price reduction element of the CIP but there is a financial risk that the cost of services with is greater due to the use of agency staff pending a staffing restructure and review of IM&T provision options. A revised IM&T strategy is being drafted for Board to mitigate agency over spending, manage service risks and deliver the digital environment described in the IBP.
Programme 3 : Extending the inpatient care portfolio. The ITC had 3 admissions as at the end of December with 2 further clients forecast for admission. The programme has been risk evaluated at the Change Programme Board. A forecast CIP shortfall of £351k for the full year is currently forecast to be offset by substitutions and over achievement of other schemes.	**High Risk Reserve**. The high risk reserve currently is forecast to be released in quarter 4 as there is no current requirement..

Capital Expenditure

£'000	Year to Date			YTD	Q3 In Quarter Forecast			Year End Forecast			Forecast
	Plan	Actual	Variance	RAG	Plan	Actual	Variance	Plan	Actual	Variance	RAG
Capital expenditure											
Plant and equipment - Information Technology	377	414	(37)		41	123	(82)	417	537		
Plant and equipment - Other	119	111	8		0	0	0	119	111		
Property, plant and equipment - other expenditure	2,105	1,958	147		673	708	(35)	2,778	2,666		
Total	**2,601**	**2,483**	**118**		**714**	**831**	**(117)**	**3,314**	**3,314**	**0**	
Capital expenditure funding sources											
Disposal Proceeds (pure cash flows)								275	275		
Depreciation	2,486	2,560	(74)		869	795	74	3,355	3,355		
Other	115	(77)	192		(155)	36	(191)	(316)	(316)		
Total	**2,601**	**2,483**	**118**		**714**	**831**	**(117)**	**3,314**	**3,314**	**0**	

Key Risks	Key Mitigations & Action Plans
Property Maintenance Expenditure: In year capital programme pressures have been identified relating to 1. Requested First Response/IHTT/DN Out of Hours team integration and relocation at LMH Management suite 2. Failure of the heating main at LMH causing water loss and requiring repair 3. Inpatient Ward anti climb precautions.	First Response/IHTT/DN Out of Hours relocation and integration is now complete. The repair to the heating main at Lynfield Mount has been completed and the anti-climb precautions work is underway and progressing according to plan. Work on the Moorlands View refurbishment is progressing in line with the CPIG approved plan.
Plant and Equipment (Other): All the items have now been received.	
Disposal Proceeds: The planned disposal of land at Green Lane/Thornton Road in 2015/16 will not be achieved. The Trust has continued to meet with the local planning officer and has discussed potential options regarding the planning application. Further information is being provided by the Trust and once this has been updated by the council, the next steps will be discussed with the case officer.	The Trust requested legal advice from the Trust's solicitors and has subsequently liaised through our planning and heritage consultants to meet the appropriate council officers to understand the way forward. The heritage report was received on schedule and is being shared with council officers on an informal basis initially.
Capital underspend against plan – CPIG met to discuss projected under spending of £91k on the capital programme, to verify the assumptions and risks and to agree management of this position.	The January CPIG meeting has agreed new Dental and staff bank accommodation commitments to fully mitigate projected under spending on capital of £91k.