You and Your Care

Bradford District NHS Care Trust

BOARD MEETING

25 September 2014

Paper Title:	Integrated Performance Report – August 2014 data
Section:	Public – Quality and Safety
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Agenda Item:	**12**
Presented For:	Discussion

1. Purpose of this Report

The purpose of the integrated performance report and dashboard is to assist the Board in assessing the Trust's performance and progress in delivery of key targets and indicators.

2. Summary of Key Points

The Integrated Performance Dashboard shows a good performance, with achievement of the majority of indicators at August 2014. The report outlines pro-active work to drive improvement, including actions to increase clustering performance as part of the care packages and pathways project.

Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health & safety information has taken place and did not identify any particular areas of concern.

3. Board Consideration

The Commercial Director has undertaken a wider review of the content of the dashboard, particularly in light of the learning from the locality performance meetings. Board members have provided input to future performance reporting through discussion at the July Board development day and via meetings with the Commercial Director.

The Executive Management Team has considered changes to the integrated performance report and dashboard and proposes there is a single report, combining the tables and graphs currently in the dashboard, with the written report. In order to inform the Board about performance at a locality level, the integrated performance report will include a section on the key issues for each locality, identified in the monthly locality performance meetings.

The monitoring period for all of the Monitor governance indicators is quarterly and 50% of the contractual targets with CCGs are assessed quarterly rather than monthly. Consequently it is not desirable to make changes to Board reporting part way through a

quarter. The proposed changes will therefore be presented to the Board in October 2014 for discussion and agreement, prior to implementation from November 2014 (October 2014 data).

This will mean that in October, the Board will receive the integrated performance report and dashboard in the normal format as part of the Board pack. At the same time, much of new templates will also be completed to enable Board members to compare and contrast the new approach. The Commercial team will circulate the new templates electronically during early October for feedback and comment to all Board members.

It is proposed to use A4 PowerPoint slides in order to support the Board in agile working. Such a format has been introduced by the Finance team for the Finance Business and Investment Committee, and has been well received. Using slides will enable wider dissemination of appropriate performance information as necessary.

4. Financial Implications

a) Year to Date Performance

- **Income and Expenditure** - **The net surplus of £1,050k is £230k ahead of plan**

There are however cost pressures within operational budgets driven by agency staffing in admin hubs, Intensive Home Treatment, Low Secure and Community Mental Health Teams (CMHTs). In addition Out of Area placements continue above planned levels.

- **Capital – Capital expenditure of £618k to date is £1,454k below plan.**

The year to date capital expenditure of £618k is £1,454k less than the original planned spend of £2,072k. This is as result of slippage on IM&T schemes of £1,538k of which £800k relates to agile working, £292k on the Integrated Digital Care Record (IDCR), £138k on telecommunications, £103k on Windows 7 and the balance of £205k on other IM&T schemes.

Estates schemes are over spending by £62k of which £167k relates to the Organic and CCU schemes offset by an under spend on block allocations and PICU of £105k.

There is an IMT capital exception report in section 6.3 of the integrated performance report.

- **Cash – Cash balances of £17.9m are £2.4m lower than planned**

The adverse variance of £2.4m reflects higher than planned debtor levels of £3m (adverse), and lower than planned creditor levels of £1.2m (adverse) which results in less cash than planned. This is offset by capital slippage of £1.4m (favourable) and a higher than planned surplus of £0.2m (favourable) plus other minor changes in working balances. Month end accruals are higher than plan due to invoicing lags over the holiday period. This has now been resolved and outstanding invoices have been raised in September.

b) £6,164k Cost Improvement Programme (CIP)

Year to date the trust has achieved 83% or £2,114k of its target; representing £447k gross under achievement. By deploying the high risk CIP reserve of £208k the net CIP Programme shortfall is £239k or 10%.

The Trust has identified substitution schemes with a value of £197k to date. These are expected to be quality impact assessed by 30th September 2014 and would reduce the net shortfall to £42k or 2%.

It is forecast that with the full deployment of the CIP high risk reserve (£500k) and substitution schemes the Trust will deliver in-year savings of £418k above plan.

c) End of Year Projection

As at month 5 the Trust projects achievement of its financial plan. Work is on-going with primary budget holders and through locality performance meetings and other groups to ensure that in year financial risks are identified promptly and mitigation plans quickly agreed and implemented.

d) Key Risks in meeting planned full year forecast

- Achieving planned CQUIN revenues of 95% or £2,391k: Whilst it is forecast that the Trust will achieve planned CQUIN, delivery risks have been identified for future quarters, where revenues are most heavily weighted. Detailed action plans will continue to be reviewed on a monthly basis at Locality Performance meetings to ensure delivery milestones are met. £572k or 22.74% of CQUIN revenues are currently RED rated and £184k or 7.3% are currently AMBER rated.
- Embedding the new Admin hubs and achieving £1,279k full year effect CIPs: The recurrent staffing savings achieved through the restructure (concluded in March) have been significantly eroded due to spend on agency staff in quarter 1. It is expected at least £288k of the CIP will now not be recovered. In addition cost pressures have been identified through the delay in the roll-out of technology required and additional levels of activity within call centres.
- Achieving a challenging overall CIP plan of £6,164k. Monthly reviews will ensure that substitution schemes are monitored to maintain recurrent and in-year CIP delivery. Admin hubs agency spending and clarifying ongoing staff requirements represents the key recurrent challenge.
- Managing Out of Area (OOA) placements within planned costs of £1,000k. OOA costs are £975k to date; an over spend of £558k or 134
- Managing Medical Locum costs within budget. Projected delivery risks are expected due to reduced junior doctor allocations in the August rotation. Mitigations including the recovery of vat on locum medical staff will commence from 1st October 2014 with the pilot of a managed service solution.

5. Legal Implications

There are no known legal implications arising from this report.

6. Equality Impact Assessment

An equality impact assessment has not been undertaken on this report.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee		Service Governance Committee		Remuneration Committee		Finance Business & Investment Committee	
Executive Management team		Directors' Meeting	✓	Chair of Committees' Meeting		MH Legislation Committee	

8. Risk Issues Identified for Discussion

There are no additional risk issues identified for discussion.

9. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
The integrated performance report and dashboard enable the Trust Board to assess information against each of the key strategic aims as well as correlate across them for cross cutting themes and specifically to explore whether there is an interplay between the performance against one of the strategic aims and performance in any of the other areas.			

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.

11. Recommendations:

That the Board:

- reviews and considers the content of the dashboard in order to provide the opportunity for correlation of information;
- endorses the actions outlined in the exception reports;
- approves the monthly self certification for submission to the NHS Trust Development Authority.

INTEGRATED PERFORMANCE REPORT
AUGUST 2014 DATA

1. BACKGROUND

This paper has been developed to assist the Board in assessing progress to meet the delivery of key targets and performance indicators which impact on the Trust's regulatory, contractual or reputation status.

The integrated performance dashboard contains:

- Page one - national ratings and indicators from Monitor risk assessment framework
- Page two - priority indicators relating to quality
- Page three - priority indicators relating to contractual requirements
- Pages four and five - priority indicators relating to finance
- Page six - priority indicators relating to the Transforming Care Programme
- Page seven – safer staffing compliance

2. ITEMS OF NOTE AND EXCEPTION REPORTS

The dashboard shows August 2014 performance.

The Board is asked to note the assurances in relation to the following exception reports:

- Complaints to information commissioner (indicator 2.27)
- IAPT Step 3 waiting times (indicator 3.13)
- Number accessing psychological therapy (indicator 3.14)

3. NATIONAL RATINGS AND INDICATORS FROM MONITOR RISK ASSESSMENT FRAMEWORK (dashboard page one)

Care Quality Commission (CQC) compliance (indicator 1.1) shows an overall rating of "good" following inspection by the CQC in June 2014 and publication of the inspection report on 15 September 2014.

National indicators used by Monitor to assess governance (indicators 1.5 – 1.18) have all been achieved in August 2014, where monthly data is available, resulting in a self assessed governance rating of green (summary button 1.3).

4. PRIORITY INDICATORS RELATING TO QUALITY (dashboard page two)

Update – Complaints and Compliments (indicators 2.5 and 2.6)

Following triangulation of quality information at the Directors' meeting, it was agreed that complaints (three in April 2014) and serious incidents (one in March, one in April and one in May) within Bradford South and West Community Mental Health Team (CMHT) would be reviewed. In the June integrated performance report, it was confirmed that all serious incidents and complaints associated with South and West CMHT over the last two years would be reviewed.

This review is currently being undertaken, led by an external reviewer from Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust, is due is due to be completed by the end of September 2014. During August 2014, there was one further complaint regarding South and West CMHT.

Exception report - Complaints to information commissioner (indicator 2.27)

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.27	Complaints to Information Commissioner	0	0	1	1	

In August 2014, there was one complaint made to the Information Commissioner. The Information Commissioner's office notified the Trust in September 2014 that the Trust had not breached the Data Protection Act and therefore this complaint was not upheld.

5. PRIORITY INDICATORS RELATING TO CONTRACTUAL PERFORMANCE (dashboard page three)

Exception report – IAPT Step 3 waiting times (indicator 3.13) and number accessing psychological therapy (indicator 3.14)

No.	Indicator	13/14 outturn	14/15 Target	Numerator	Denominator	Current Performance	FOT 14/15	Trend
3.13	IAPT: Step 3 waiting times		>=95.0% From Q2	154	215	71.6%		↑
3.14	Number Accessing Psychological therapy		6602 (Annual) 1650 (Per Quarter)			1044 (June, July & Aug)		↑

Indicator 3.13 measures the number of people commencing treatment for Step 3 Improving Access to Psychological Therapies (IAPT) services who did so less than 12 weeks after their initial assessment. The target is for 95% of people to be seen within 12 weeks. The target was set from quarter two of 2014/15 as additional IAPT capacity was funded by commissioners in 2013/14 with new staff commencing in post during quarter four of 2013/14 and quarter one of 2014/15.

Indicator 3.14 measures the number of people who have entered the IAPT service during the three month reporting period. It is a key national target for Clinical Commissioning Groups (CCGs) to increase the number of people accessing psychological therapy. The Trust's 2014/15 target is currently 6602 people per annum, equating to 1650 people per quarter. CCGs have agreed to invest additional recurrent resources during 2014/15 to further increase access and recruitment is underway to ensure that the Trust can draw down this funding and deliver the extra activity.

It should be noted that the proportion of people who have completed IAPT treatment and are assessed as reaching recovery (indicator 3.12) exceeds the target within the contract with CCGs of 60% and the national evidence based target of 50% of individuals receiving treatment reaching recovery.

The Trust has undertaken detailed modelling of the capacity of the service currently commissioned, compared to demand and there have been on-going discussions with commissioners about the level of activity that could be delivered via improved productivity or other service redesign. The national IAPT intensive support team have undertaken a desk top review and provided initial feedback to CCGs and the Trust in September 2014.

Further meetings are taking place with the intensive support team to advise CCGs about the level of investment required to meet national IAPT targets and to work with the Trust to optimise the current service capacity.

6. PRIORITY INDICATORS RELATING TO FINANCE (dashboard pages 4 & 5)

6.1 Financial Performance as at 31 August 2014

Year to date performance shows a surplus of £1,050k comparing income over expenditure and representing over achievement of £230k against the planned position after deploying uncommitted reserves.

At month 5 a number of financial pressures have been identified that require rectification plans. Work continues with budget holders to implement robust action plans to mitigate cost pressures and financial risks associated with the challenging CIP programme (most notably admin hubs), CQUIN delivery and agency usage.

The table below highlights an overall adverse variance of £1,173k for the four operational localities, and the position for other services and support functions. This analysis more clearly highlights those areas where action is already being taken to develop mitigating action plans.

LOCALITY/SERVICE DELIVERY	**VARIANCE FAV / (ADV) £000**
a) Airedale, Wharfedale & Craven	(2)
b) Bradford Districts	(753)
c) Bradford City	159
d) Inpatient Services	(577)
LOCALITY PERFORMANCE	**(1,173)**
e) Medical Staffing	(45)
f) Nursing & Specialist services	174
g) Support, Estates and Non-Core	65
h) Research & Development	35
OTHER OPERATIONAL BUDGETS	**229**
i) Central Financing and Reserves	1,600
REVENUE FROM PATIENT CARE	**(426)**
TRUST PERFORMANCE	**230**

Key drivers of the variances shown in the table above are;

a) **Airedale, Wharfedale & Craven** - Use of agency and bank staff to cover vacancies in CMHTs, Speech and language, Community mental health teams.

b) **Bradford Districts** - Pay budgets in the admin hubs are overspent by £512k due to:

- Vacancies and sickness resulting in temporary staffing costs causing slippage of CIP of £212k.
- Cost pressures resulting from the development of digital technologies being rolled out to junior doctors and activity pressure from call centre usage resulting in a year to date over spend of 301k.
- Pay budgets in the Community Mental Health teams (CMHTs) are over spent by £233k due to agency staff covering Care Coordinator roles. Permanent recruitment into these roles is underway and expected to conclude by November.

c) **Bradford City** - Vacancies in the Dental teams have given rise to a £107k pay under spend, progress is being made to recruit into these posts with some appointments made in August. Difficulty in recruiting to School Nursing vacancies and timing of the start dates of new students has led to an under spend of £53k year to date. Vacancies in CAMHS following the psychological therapies review has led to an under spend of £34k year to date with various posts currently out to advert. CMHT vacancies account for the remaining £33k of pay under spends.

Vacancies are being offset by £7k overspend on non-pay and £28k under recovery of income. Income under recovery is due to phasing of the Health Visitor student income compared to actual income received. Full income will be recovered by the end of the year.

d) **Inpatient Services** - Vacancies in Acute Care have led to continued use of NHSP Bank and Agency staff and an over spend at month 5 of £77k. This is net of £246k "Specialing" funding released to match those costs to date.

Higher staffing ratios required for one service user in the ATU, coupled with high levels of staff off sick, have contributed to an over spend of £173k at month 5. The majority of this expenditure is offset by income of £145k negotiated with commissioners.

On non-pay, Out of Area Treatments are over spent by £558k. Bed days have increased significantly, to 631 days in August from 328 in July.

e) **Medical Staffing** – Agency spend on consultants and junior locum doctors

f) **Nursing & Specialist services** - Vacancies in Involvement and Equality together with underspend on LETB placements and increased non-medical income due to increased activity.

g) **Support, Estates and Non-Core** - The favourable variance reflects vacancies in Finance, HR and Transformation teams. There has also been a reduction in the use of ancillary agency.

h) **Research & Development** - The variance on R&D is a phasing issue and is forecast to achieve full-year plan.

i) **Central Financing and Reserves** -The favourable position on reserves and central financing represents £1,601k; this includes, five twelfths (£546k) of all uncommitted reserves provided at plan, (Contingent reserves £317k, High risk CIP reserve £208k, AQP Reserve £21k). Of the £500k provided for CQUIN at plan, uncommitted sums account for slippage to date of £150k (reflecting the phasing profile of CQUIN income).

From central financing, underspending is £104k, incorporating under spending on capital charges due to capital programme slippage.

The Trust has additional under spending of £801k, including other slippage on developments, unutilised accruals and provisions. This was highlighted as part of the quarter one review of the financial position.

Service development slippage incorporates IM&T strategy, Pharmacy SLA, CCU development, IAPT development, ANP training, Pressure Ulcer set up costs.

Revenue from Patient Care

The adverse year to date variance is due to the following;

- Delays in IAPT development now projected to start in January 2015 giving slippage of £158k (offset by under spending in reserves)
- ATU beds not marketed due to care of challenging service user of £183k
- PICU underachieving by £120k and linked to discussions with commissioners linked to over utilisation of 5.25 contracted PICU beds
- Health visiting expansion funding invoiced at less than plan. Recruitment underway and forecast to recover income in full £73k
- Other adverse contract variances including Cost Per Case variances of £34k offset by CQUIN accrual reversal following confirmation from the CCG that Trust faced no penalties on 2013/14 CQUIN (£142k).

6.2 End of Year Projection

On the basis of performance to month five, and the balance of known financial risks, reserves and opportunities, the Trust projects achievement of the planned £1,335k surplus. At the end of quarter one the position indicated opportunities for non-recurrent investment of £0.5m (likely case projection £1.4m but a number of areas of volatility recognised including CQUIN and OOAs). Schemes were agreed in the week ending 19th September following discussion at EMT.

Work continues to agree detailed projections and actions plans with prime budget holders; taking into account a number of financial risks and CIP challenges. Work continues to develop action plans to address adverse locality performance through Locality Performance Management meetings.

Risks have been identified; particularly attaching to CQUIN and its uneven distribution by quarter, cost pressures within the admin hubs as the trust embeds the new structure and continued high levels of OOA placements.

Key projected financial risks include;

i) Achieving £2.4 million revenues from 95% achievement of current CQUIN targets

Income targeted represents 95% of the total available or £2,391k and is weighted heavily to the final quarter;

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Plan (95%)	£417	£464	£205	£1,307	**£2,391**
Available	£439	£488	£216	£1,376	**£2,516**

The Trust has achieved 100% of the available quarter 1 CQUIN; however CQUIN delivery for the remaining 3 quarters still retains significant risk. There are clear dependencies on collaboration with acute trust partners to deliver reductions in re-admissions. There remain challenges in delivering 26%, or £631k of final 3 quarters planned CQUIN.

The Commercial Director, linking with Deputy Director leads and the EMT; continues co-ordinated work to review the action plans and to monitor delivery via the monthly performance management arrangements. Financial projections will continue to be reviewed pro-actively and linked to this wider programme of work.

ii) Managing Out of Area (OOA) placements within £1,000k budget

Year to date costs are £975k. Bed days have increased significantly, to 631 days in August (from 310 in July). The budget allows for approximately 155 bed days per month. The forecast bed days has been increased to 600 bed days for September, but assumes a reduction to 450 for October and maintaining 300 bed days per month for the remainder of the year. These assumptions drive forecast over spending of £1.23 million.

Forecast costs of £2,231k assume that placements reduce to 600 days in September, 450 days in October and 300 days for the remainder of the year. There is a risk that the position, could deteriorate further although the numbers of individuals currently OOA has dropped considerably at the time of writing. A paper requesting a review of Trust liability for these costs has been shared with Commissioners and is due to be considered in conjunction with the MH Strategies review (not yet finalised) and wider acute care pathway.

A worst case forecast could deteriorate by as much as £0.77m.

iii) Achieving a recurrent gross Cost Improvement Target of £6.2 million, offset by a £0.5 million high risk CIP reserve

The year to date position reflects achievement of £2,114k or 83% of our gross CIP plan to date; £447k year to date slippage. This has been offset by the release of £208k from the CIP High Risk Reserve and delivery of £197k from CIP substitution schemes reducing the slippage to £42k.

Key issues affecting year to date CIP under achievement include the costs of agency staff being utilised within admin hubs as new systems are embedded, slippage in estates rationalisation plans and under recovery against ATU income targets as referenced previously.

As at month 5 the following schemes have been identified as being at risk;

- **Admin Review** - Slippage of £212k year to date due to sickness and volume activity pressures. Following the implementation of remedial actions it is forecast that the full year slippage will be £288k.
- **Community Mental Health** - Phasing slippage. Forecast to deliver in full.
- **ATU Marketing** – The Trust is currently unable to service additional beds due to clinical requirements. It is not expected that the CIP of £157k will be achieved this year due to the impact upon staff and ward damages incurred through the needs of a complex service user.
- **Estates transformation –** delays in the planned ward closure and associated opening of the new organic ward shows slippage of £55k year to date and forecast slippage of £132k for the year. This slippage has been partially offset by a reduction in PDC liability due to the delay in opening the new organic ward.

In total substitution schemes worth £655k have been submitted for Quality Impact Assessment (QIA). In addition there is evidence that some CIP schemes will deliver additional savings in 2014/15, providing mitigation against further anticipated admin hub pressures.

The Trust currently projects achievement of the net £6.081m CIP target and delivery of the total target of £6,164k for 2014/15.

iv) Reducing the use of Agency Staff

Total pay over spend in the year to date position is £835k reflecting use of bank and agency staff to cover vacancies and costs of embedding the new admin hubs.

The bank & agency spend is £5,264k (13%) of the total pay costs for the first 5 months of the year, a level of spend similar to month 4. Further work is still needed to ensure that costs and recruitment are managed robustly to remain within substantially higher staffing resources and new demographic budgets agreed in the 2014/15 financial plan.

In October there will be 2 pilot schemes starting to address the cost of agency staff through a managed service contract.

v) Management of £8.6m Capital Expenditure Programme

The position reported at month 5 is an under spend of £1,238k against the original Board approved plan. As reported last month, arrangements for the Capital Planning and Investment Group (CPIG) have been refreshed to include rigorous performance management against individual capital schemes.

As a result of slippage earlier in the year and substantial changes in the phasing of IM&T and complex/organic ward schemes, the capital expenditure for the remainder of the year was re-forecast and agreed with project leads during month 4. Revised CPIG monitoring arrangements are operating to ensure that the re-forecast expenditure profile is achieved. This requires exception reports and action plans to be submitted where expenditure deviates from the re-forecast.

The month 5 position shows IM&T slippage against the re-forecast of £294k and a small over spend on estates schemes of £8k. The £294k on IM&T schemes comprises £209k agile working, £49k IDCR and £26k other IM&T.

To date IM&T schemes have committed just £0.2m or 5% of a projected £3.9m IM&T programme for 2014/15. Whilst this is just £294k lower than the re-forecast any slippage will exacerbate the challenges of delivery. The same rigour will be applied to Estates schemes which are similarly heavily weighted in the final months of the year.

An exception report and action plans for each of the schemes was discussed in detail at CPIG on 15th September. It was agreed that reports to the October CPIG meeting needed to provide further information on the actions being taken, their expected impacts and indicate when expenditure would be back in line with the forecast. It was agreed at the 16th September Directors meeting that an exception report should be provided for Board to accompany the Integrated Performance Report.

Finance, Business and Investment (FBI) Committee will receive a more detailed Month 5 capital review in October.

Programme leads have been asked to submit refreshed detailed annual forecasts and action plans each month. Given the further slippage in month this is a crucial aspect of financial performance arrangements going forward and will be reviewed by FBIC in October.

6.3 Exception Report - Capital Spend on IMT

The under spend against the original capital plan shows the following IT schemes underspending: agile working £800k, Integrated Digital Care Record (IDCR) £292k, Telecommunications £138k, Windows 7 upgrade £103k and other schemes £205k. The re-forecast exercise undertaken and agreed with project leads shows a revised underspend on IT schemes of £294k.

Slippage against the original TDA plan has resulted in the expenditure for the remainder of 2014/15 being re-forecast and agreed with project leads. Performance against this re-forecast is currently under spending by £294k against this re-forecast. The majority of this underspend is on agile working and the IDCR project.

A detailed capital report is being prepared for the October FBI Committee meeting to evidence appropriate plans for delivery on all capital schemes, and IMT will work with finance teams to ensure that these plans can provide assurance that spend will be in line with the forecast.

A brief summary is provided below on the slippages in the Agile and IDCR schemes.

Agile

The agile project includes spend on (1) equipment and (2) infrastructure.

(1) <u>Equipment</u>
Orders for agile equipment have been placed through existing frameworks and it is expected that this spend profile will be quickly back on track. The under-spend has been caused through an issue with the supplier. This is now resolved. Future equipment orders are expected to meet planned delivery deadlines (and match forecast monthly capital expenditure from October). The budget code forecasts expenditure as follows, October (£200K), December (£558K), January (£300K), February (£300K). The first teams will be issued with equipment in October.

(2) Infrastructure element
GCloud process completed. The contract that is signed will provide a two year contract of implementation and support for the agile roll-out to provide security, user identity and mobile device management. As part of the Agile project plan, there are planned expenditure commitments month by month and it is expected that these will be met in line with the roll out of the equipment (see above). The delay in this element was linked to procurement and it is likely that future major IT procurements should seek external specialist advice (in the same way that Estates does) at any early stage to prevent such slippage.

IDCR

The IDCR work includes the RiO upgrade which was delayed and a number of other work-streams. Contract signature was delayed through the Board's request for legal advice on the contract. This has now been completed and the contract was signed in August. A detailed project plan for the upgrade and deployment is in place and spend is being re-profiled accordingly. RiO has a go-live date in February by which time all capital will have been spent.

The other work streams include e-referrals, system one viewer, IDCR and clinical system optimisation. A significant amount of the underspend has been linked to recruitment of project staff and these are now resolved and will be reviewed and re-profiled as part of the report that is being prepared for the FBI Committee

7. PRIORITY INDICATORS RELATING TO THE TRANSFORMING CARE PROGRAMME (dashboard page 6)

The **adult mental health transformation project** is red RAG-rated against targets concerning adult mental health acute inpatient activity, including average length of stay which was 52.5 days in August 2014, against a target of 30 days and occupancy which was 94.8% in August against a target of 85%. The forecast outturn spend on out of area treatments is £2.2M against a target of £1M. Bank and agency forecast outturn is £2.3M as a result of high labour turnover and high ward occupancy levels.

Future milestones related to the reduction in adult mental health capacity over the coming years have been amended to reflect a lower capacity reduction, which is now planned to occur by March 2018.

Discussions are ongoing within adult mental health around service options to address the high occupancy and average length of stay and Mental Health Strategies have been engaged as consultants to review the high average length of stay, and have produced a draft report based on their findings focussed on acute care. The scope of this exercise has been expanded to also include Community Mental Health Teams so the entirety of adult mental health is considered in the same exercise.

Longer terms plans within this project will be shaped by the recommendations of this report and will address the likelihood of being able to implement the reduction in inpatient capacity.

Funding has been secured to introduce a first response team which will run as a six month pilot in the second half of 2014/15, and should allow the intensive home treatment team to focus on their core role and help to prevent admission to ward.

The **productivity project** is rated red due to a financial forecast that the outturn for the 2014/15 additional admin review CIP will be almost £300K short. This is due to temporary 40 unfunded wte administration staff currently covering sickness and maternity leave – a cost reduction plan has been formulated.

Staff complaints related to agile working has been rated as amber in August.

The **care packages and pathways (CPP) project** remains red rated year to date against indicators for in date clusters and the number of multiple open clusters. Performance has again deteriorated slightly during August 2014 against indicators for in date clusters for clients clustered and in scope; now at 78.7% and 75.2% respectively, but each remain well below the target of 95%.

Action plans to address multiple open clusters, including an automated system script and manual closures have achieved substantial net reductions in the number of multiple open clusters (down to 94 in August). Staff who are generating new multiple open clusters are being contacted directly to offer support and training and this is impacting via reduced new instances.

A Clustering paper presented to August Finance Business and Investment Committee outlined that the complex issues required a dual approach of targeted operational actions supplemented by a more strategic level review of other factors including engagement, consultant caseload and care co-ordination capacity. EMT had an initial discussion in September and agreed to target a re-launch of clustering alongside training for RiO 7 and that the Medical Director would review those consultants with high caseload and high expired clusters to understand what issues were impacting performance. A follow-up EMT discussion is planned to consider other issues.

The targeted actions that have been agreed include recruitment of a Psychology Assistant (now in post) to help train staff, support targeted work with low performing team and to promote a clustering culture internally. There are also plans to also contract lead clinician capacity with an interest in both clustering and clinical systems. Dedicated communication methods will include using Connections article (November), an Executive sponsored video to staff to emphasise the importance of clustering, additional trainer resource and training materials being funded and linked with the RiO 7 upgrade training. Performance is expected to improve gradually over the coming months as the various actions and systems upgrade take effect, however it is clear that no single action will impact immediately.

8. SAFER STAFFING COMPLIANCE (dashboard pages 7 and 7a)

The Board has agreed that a summary of safer staffing information will be presented as part of the integrated performance report to each Board meeting, with more detailed information being presented to the Quality and Safety Committee. In addition the Board receives a detailed review of staffing levels including findings and recommendations six monthly.

In August 2014, there were no areas of non-compliance.

9. NHS TRUST DEVELOPMENT AUTHORITY ACCOUNTABILITY FRAMEWORK: OVERSIGHT SUBMISSION SELF ASSESSMENT

Paper 12a summarises the Trust's self-assessment submission that forms part of the oversight arrangements contained within the NHS Trust Development Authority's accountability framework for NHS trusts.

10. MONITORING AND REVIEW

The next integrated performance report and dashboard will be presented to the Board in October 2014.

11. RECOMMENDATIONS

That the Board:

- reviews and considers the content of the dashboard in order to provide the opportunity for correlation of information;
- endorses the actions outlined in the exception reports;
- approves the monthly self certification for submission to the NHS Trust Development Authority.