You and Your Care

Bradford District NHS Care Trust

BOARD MEETING

27 February 2014

Paper Title:	Integrated Performance Report – January 2014 data
Section:	Public – Quality and Safety
Lead Director:	Helen Bourner, Commercial Director
Paper Authors:	Susan Ince, Deputy Director of Performance and Planning
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Agenda Item:	10

KEY ISSUES AND REQUIREMENTS OF THIS REPORT:

The January 2014 dashboard shows a positive position for most indicators.

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.

RISK ISSUES IDENTIFIED FOR DISCUSSION:

There are no additional risk issues identified for discussion.

LINKS TO STRATEGIC DRIVERS:

Patient Experience	Quality	Value for Money	Relationships
The integrated performance report and dashboard enables the Trust Board to assess material against each of the key strategic aims as well as triangulate 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.			

FINANCIAL IMPLICATIONS:

a) Year to Date Performance

All aspects of performance continue to be impacted by delays in the disposal of Moor Lane. Subject to no issues being raised during the judicial review period ending 20th February, completion is targeted for the following week. Completing the sale in 2013/14, achieving CQUIN income of 96% (£1,188k forecast relating to Q4 targets), managing OOA placements (driven by higher than planned adult inpatient lengths of stay and bed occupancy) and confirming impacts of IM&T Strategy and agile working business cases remain the key risks to forward financial performance.

- **Income and Expenditure –** Issues associated with the Moor Lane disposal means the Trust is £925k behind target for this CIP. Other budgets are £557k ahead of plan, however the Moor Lane impact drives a reduced overall surplus of income over expenditure of £2,858k, which is £368k behind plan for the year to date.
- **Capital -** Capital expenditure has slipped by £1,769k compared to original plan, reflecting Agile Working, enabling IT and Airedale functional ward slippage. This is offset by £1,250k slippage on Moor Lane capital asset disposal funding giving overall under spending against the planned Capital Resource Limit (CRL) of £519k. The Trust formally requested, and the NTDA has now actioned, a reduction of £1,656k CRL and EFL to reflect revised Agile Working and ATU projections for 2013/14. These depend on Moor Lane completing this financial year.
- **Cash –** balances are £1,091k less than plan, including £2,175k adverse linked to Moor Lane, £800k adverse linked to BMDC commissioning arrangements but offset by capital slippage (£1,769k) and other less material changes.

b) Cost Improvement Programme (CIP)

The Trust has achieved £4,836k (86%) to date against a target of £5,613k; (£777k adverse). This comprises £3,866k (64%) original Board approved CIPs, supplemented by £969k brought forward 2014/15 CIPs (16%); £4,836k gross achieved. Deploying £417k high risk CIP reserves (7%) brings aggregate performance to 86%. Moor Lane accounts for £925k (119%) of net slippage; the Trust is otherwise £148k ahead of plan.

c) 2013/14 Projection and Key Financial Risks

The Trust projects achievement of the planned £3,481k surplus and has actioned CRL and EFL reductions with the NTDA for £1,656k forecast capital under spending. The projected surplus fully deploys reserves and is subject to three key areas of uncertainty;

- **Moor Lane Disposal** – subject to no issues being raised in the judicial review period.
- **CQUIN –** Achieving 96% income (targets loaded £1,188k of forecast relates to Q4).
- **Business Cases** –The Trust projects capital slippage of £1,656k and formally requested reduced CRL and External Financing Limits as a consequence of revised capital forecasts; this includes £1.2m linked to Agile Working slippage.
- **OOA placements** – activity remains volatile reflecting higher than planned lengths of stay; £1,161k costs to date (£1,303k projected) with January placements and costs reducing increasing from 185 days and £98k to 112 days and £61k this month.

d) 2014/15 Financial Plan

The FBI Committee is considering the Trust's draft 2 year high level financial plan on 20th February in support of the work programme to submit a 2014/15 and 2015/16 financial plan to the NTDA in early March. Some changes to this draft plan may be required to take account of contracting discussions which are expected to conclude by 28th February.

LEGAL IMPLICATIONS:

There are no known legal implications arising from this report.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee		Service Governance Committee		Remuneration Committee		Finance and Investment Committee	
Executive Management team	✓	Risk Assurance Group		Chair of Committees Meeting		MH Legislation Committee	

RECOMMENDATIONS:

That the Board:

- reviews and considers the content of the dashboard in order to provide the opportunity for triangulation 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
JANUARY 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

2. ITEMS 0F NOTE AND EXCEPTION REPORTS

The dashboard shows January 2014 performance.

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

- Sickness absence rate (indicator 2.20)
- Serious incident reporting timescales (indicator 2.24)
- Information governance STEIS (indicator 2.31)

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

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

Delayed transfers of care (indicator 1.12) remain within national requirements and benchmark favourably with similar trusts. The Deputy Chief Executive/Director of Nursing has initiated work to assess the potential future impact of Local Authority cost reductions on delayed discharges.

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

Quality and Safety update

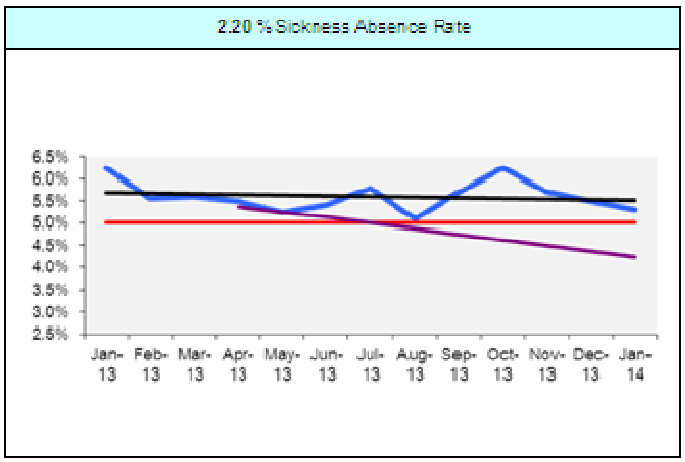
Correlation and discussion of key quality issues arising during January 2014 did not identify any specific issues of concern. Two issues have been identified for further monitoring:

- An increase in pressure ulcers in January 2014 (though some pressure ulcers may subsequently be downgraded). A review has not identified any outlying district nursing teams in terms of numbers of pressure ulcers;
- Three serious incidents relating to suspected suicides in January 2014. There were only seven suspected suicides from May to December 2013, though two to three suspected suicides in a month is within usual levels.

It is too early to identify whether there are any specific trends relating to these issues. Monitoring will continue and Directors will consider a further update as part of the triangulation of February 2014 quality and safety information.

Exception report – sickness absence rate (indicator 2.20)

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.20	% Sickness absence rate	5.5%	4% by 31st March 2014	5.3% (Jan)	5.6% (YTD Jan)	



Sickness absence reduced slightly from 5.5% in December 2013 to 5.3% in January 2014 (5.6% year to date), though performance remains above trajectory and reaching the 4% target by 31 March 2014 remains a challenge.

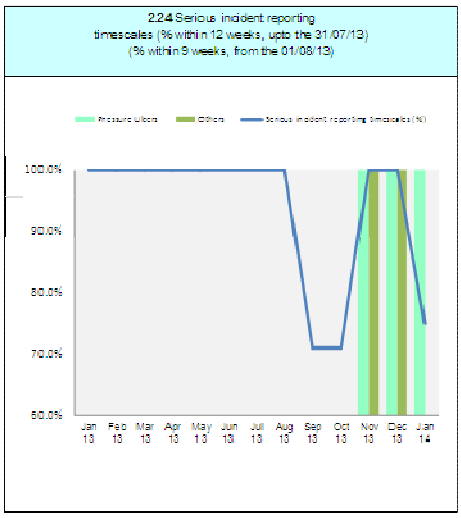
A focused discussion was held at February's Staff Side Partnership Forum, with managers from the top three hot spot areas also attending, to explore what further actions could be taken to reduce sickness absence rates. It was acknowledged by staff side that the current sickness absence levels affect all staff and there was a commitment to work in partnership to focus on interventions that will help drive down sickness. This will include the development of a new policy and the adoption of the Bradford Factor Score

Other actions include:-

- Developing an occupational health led service that will focus on providing coaching to staff who are suffering from stress and anxiety
- Training for managers in how to support staff with mental health issues
- Piloting the use of a health and wellbeing app aimed at encouraging staff to adopt a healthier lifestyle.

Exception report - Serious incident reporting timescales (indicator 2.24)

Indicator No.	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.24	Serious incident reporting timescales	100.0%	100.0%	75.0%	87.7%	
	Serious incident reporting timescales Pressure Ulcers	N/A	100.0%	100.0%	100.0%	
	Serious incident reporting timescales Others	N/A	100.0%	0.0%	50.0%	



In June 2013, the NHS Serious Incident Framework 2013 reduced the timescales for completion of serious incident investigations from 60 working days to 45 working days for Grade 1 Investigations.

Since the new timescales were introduced the Trust has completed 75% of investigations within the 9 week timescale and 25% completed reports have required an extension. The reduction to 45 working days to complete serious incident investigations has affected the ability to undertake Root Cause Analysis investigations by the serious incident investigators with the resources currently available.

A proposal has been submitted to the commissioners that addresses capacity issues within the serious incident team. This has identified additional resource required for the investigation and management of all serious incidents to ensure the Trust has adequate resources to investigate serious incidents within the timescales without compromising quality.

Exception report – information governance STEIS (indicator 2.31)

Indicator No	Indicator	12/13 outturn	13/14 Target	Current Performance	13/14 YTD	FOT 13/14
2.31	Information Governance STEIS (Strategic Executive Information System)	4	2	1	3	

There was one information governance incident in December 2013 reportable on the Strategic Executive Information System (STEIS). Three clinical letters for different service users that should have gone to a GP practice were posted to the home address of one of the service users. An investigation has been completed and recommendation implemented: window envelopes will not be used in future for batch letters to GP practices; plain envelopes addressed to the GP, clearly marked Private & Confidential, will be used.

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

Update report - numbers of health visitors in post (indicator 3.12)

As outlined in the exception report provided in the last integrated performance report, the newly qualified health visitors recurited by the Trust commenced in post in January 2014. At the end of January 2014, there were 151.94 w.t.e. health visitors in post, exceeding the quarter four target of 146.66 w.t.e. The Trust will therefore achieve the 2013/14 target and will be in a strong position for 2014/15, the final year of health visitor expansion programme.

Update report - clients clustered and clients in scope with an in date cluster (indicators 3.13 and 3.14)

A detailed exception report was provided to the Board in January 2014 and the actions to improve clustering performance continue.

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

6.1 Financial Performance as at 31 January 2014

The Trust has generated a surplus of £2,858k; which is £368k behind plan for the year to date. The main driver of this is the delayed disposal of Moor Lane and the associated £925k CIP realised as a surplus on sale. Whilst bottom line performance is otherwise £557k ahead of plan, this continues to mask a number of in-year issues. These include;

Area	**Favourable £ 000**	**Adverse £ 000**
Aire/Wharfe/Craven and Bradford Localities	(1,537)	
Specialist & Nursing, Estates and Support	(513)	
Medical Budgets		246
Inpatient Services		1,832
Reserves and Central Budgets	(84)	
Revenue from Patient Care	(501)	
Sub Total	**(2,635)**	**2,078**
Net Financial Variance	**(557 Favourable)**	
Moor Lane asset disposal		925
Overall Net Financial Variance	**368 Adverse**	

a) Under spending in Airedale, Wharfedale & Craven, and Bradford City & District localities, driven by general non pay under spending, new confirmed Health Visitor student income and early achievement of 2014/15 locality CIPs, but masking £609k Community Mental Health pay pressures
b) Under spending against other operational budgets in Specialist & Nursing (£193k) and Support (£565k) masking over spending of £40k in estates and £204k information budgets.
c) Over spending against Medical budgets reflecting medical locum costs outlined later in this report

d) Over spending within inpatient budgets. Pay pressures of £833k including £425k relating to ATU/ATU CIP, £88k to PICU, £43k to Acute Care Pathway and £226k to psychology waiting list pressure (April-September). Other pressures of £998k include £1,061k out of area placement costs (CIP target to eradicate costs from 1 April) offset by (£10k) under spending including drugs, travel and other ward non pay items and (£53k) over recovery of psychology income.
e) Over recovery against planned revenue from patient care (£501k), reflecting higher than plan (96.7%) CQUIN projections (£56k), Mental Health and LD cost per case activity (£182k) and PICU activity bringing forward achievement of 2014/15 plans (£351k), offset by under recovery of low secure income £67k and other small variances.
f) Delay in Moor Lane planned disposal and profit on sale (plan September forecast February)

Out of Area placement costs have fallen from the elevated levels reported last month; 98 in November rising to around 185 in December and falling to 112 days in January. Placements have arisen as a consequence of ongoing bed pressures (occupancy levels are 99.6% compared to 85% planned) and linked to higher than planned lengths of stay (49.4 days compared to 35 days targeted) and some increases during 2013/14 in the percentage of delayed transfers of care (below 2% in early 2012/13, rising to 3.1% by March 2013).

Although October, November and January suggest a positive reduction in OOA placements, the challenges experienced in December and year to date costs of £1,161k mean that the outlook remains unpredictable.

6.2 End of Year Projection

The Trust projects achievement of the planned surplus of £3,481k, based on the assumption that reserves are fully deployed; one of the approved downside mitigation plans available to us and outlined within our Integrated Business Plan.

This is before technical adjustments for £1,491k fixed asset impairments that we estimate will impact as at 31 March 2014; based on a revaluation exercise undertaken by the District Valuer. These accounting adjustments are excluded from the assessment of in-year NHS financial performance but are included as technical items in the overall position as it is disclosed in the statutory annual accounts.

The forecast is predicated on a number of assumptions in relation to CIPs including the successful completion of the Moor Lane disposal, projected out of area placement costs and other key risk factors outlined more fully below.

Whilst the balance of risks remains favourable, the key areas of uncertainty/volatility relate to;

Key Risk	Forecast Assumption £ 000	Best Case £ 000	Worst Case £ 000	Issue
Moor Lane Disposal	(989)	(989)	0	Possibility of delay if an issue link to the developer's planning application is lodged during the Judicial Review period which ends on 20 February) High Impact – assessed by developer and Trust agent as low risk
Quarter 4 CQUIN Targets	(1,188)	(1,225)	(1,151)	Key risk rated by service relates to CQUIN 7 £73k available at Q4 currently rated as amber, forecast 50% £37k
February and March OOA Placement Costs	142	98	400	Placements reduced materially in October and November (approx. £49k per month, but rose to £84k this month. Peak costs at Quarter 2 averaged £200k per month

Although net Out of Area, Community Mental Health Team staffing and Inpatient pay pressures are being managed by deploying reserves and other operational under spending, the key issue going forward is the extent to which these issues are recurrent and impact on our plan for 2014/15.

The overall in-year assessment for 2013/14 is broadly consistent with that reported last month; with a likely case forecast of £3,481k being maintained.

Work to assess the likely 2014/15 and 2015/16 impacts of the business case for Agile Working has progressed and is due to be shared with the FBI Committee (FBIC) in February. The impacts have been taken account of in the draft 2 year financial plans being considered by the FBIC, however as yet only high level planning assumptions are available for the IM&T strategy / clinical information systems and as such will require further refinement prior to sign off of the annual plan by the Board in March.

The forecast is predicated on the key assumptions and areas of volatility highlighted above. Other lower impact assumptions include;

- Revenue from cost per case patient care commissioning is sustained at projected levels to achieve **PICU over trading of £460k and other cost per case over trading of £151k**
- The Trust faces no risks relating to **AQP in podiatry**
- **Staff turnover** continues to release an additional £44k per month to the end of the year to release **£88k**
- **Other CIP projections** are achieved, including additional procurement savings of £240k, Admin hub CIP savings of £384k and **psychological therapies structures are implemented from 1 January**
- **No new commitments are made from reserves**
- The **current year costs of business cases** approved in-year are contained to within estimates of **£241k for admin hubs** approved in the summer. **No other costs** have been assumed **for agile working** (with the exception of £257k project costs already committed via EMT) **or for clinical information systems.**

Key risks already being experienced include the following material items;

i) Managing Out of Area (OOA) placements – planned expenditure nil

Year to date costs of £1,161k or 2,272 occupied bed days reflect sustained adult inpatient bed pressures, however in-month improvements account for a £106k deterioration in the projection, reversing the upward movement seen last month.

The forecast agreed with service leads of £1,303k or 2,872 bed days assumes that average bed days for February and March will be within an average of 150 per month (below the full year to date average of 227 but above the quarter 3 average of 127 days).

	Actual Bed Days per Month											**Average Bed Days**			
M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	**Total**	Q1	Q2	Q3	**Ytd**
215	251	208	388	368	349	98	98	185	112	**2,272**	225	368	127	**227**

There is therefore some risk attached to sustaining recent reductions to achieve this assumption. If costs continued at average year to date levels the projection could be as high as £1,393k (£90k deterioration) but if they remained at current month levels could fall to £1,283k (£20k improvement).

Quarter 2 bed days averaged at 368 days or £200k per month. The worst case projection is therefore £400k for February and March; an outturn of £1,561k (£258k deterioration).

At their lowest; in October and November, bed days averaged 98 days or £49k per month. The best case projection is therefore £98k for February and March; an outturn of £1,259k (£44k improvement).

The Trust expects that this pressure will continue to impact on the Trust going forward into 2014/15 £1 million but reducing to around £400k in 2015/16 as the Trust works to reduce lengths of stay and bed occupancy levels. Potential to develop invest to save schemes is also being considered by operational colleagues.

This planned cost assumptions are included in financial planning work that is currently underway.

ii) Eradicating over spending in Adult Community Mental Health

Year to date over spending of £609k (£791k projected) includes a small level of over spending in respect of admin staffing (which will be addressed on a recurrent basis via the admin review). Actions relating to residual CMHT over spending have been considered by the Community Mental Health transformation work stream and a recurrent care co-ordination pressure of £0.5m has been considered and included as part of refreshed annual business and financial planning for 2014/15.

iii) Eradicating over spending in Adult Acute Inpatient Wards

The position includes agreed commissioner funding for specialling of £195k. As a consequence of this, and actions taken by operational leads to reduce agency staffing reliance using vigorous and targeted recruitment, overall acute care pathway pay budgets show reduced residual over spending of £43k to date (£29k over spend projected). The £30k deterioration in the projection reflects revised agency staffing forecasts with service which include the impacts of known staff leavers.

iv) Containing Medical Locum pressures to £500k reserved at plan

The position to the end of the period is an over spend of £347k after taking account of associated vacancy budgets. This is expected to reduce slightly and result in projected over spending of £305k inclusive of vacancy budgets. The projection has reduced by £15k this month to reflect items queried last month and credit notes received from NHS Professionals for junior locums.

Going forward into 2014/15 management of the position is dependent on recruitment of 4 substantive members of staff, 3 of whom now have start dates. This position is being closely managed by the Medical Director.

v) Substituting under performing CIPs and managing in year performance to achieve a recurrent £7.2m target, offset by a £0.5m high risk CIP reserve

The year to date position reflects CIPs that are being achieved ahead of plan, and actions to support formal substitution of currently under performing schemes, and/or those where future month achievements are not anticipated.

Of £6,029k year to date plans originally approved by the Board, the Trust has achieved £3,866k or 64% of our gross CIP plan to date (£2,163k adverse).

This is supplemented by £969k CIPs achieved ahead of plan (2014/15 community locality and PICU marketing) to bring aggregate achievement to £4,836k (80% gross). After deploying high risk CIP reserves of £417k net CIP performance is 86%.

The CIP target includes the planned September disposal of Moor Lane; to achieve a non-recurrent surplus and CIP on sale of £925k. The projection includes £989k (£925k planned CIP plus £64k negotiated sale price increase).

The judicial review period is underway and; subject to no issues being raised by 20th February, this should still allow the Trust to complete the sale by the 25th February (targeted completion date) and before year end.

Key variances and impacts on the projection are outlined below;

Original Scheme	Variance	Risk
Moor Lane Disposal - delayed from September completion expected by end February subject to judicial review	925	Amber - High Impact, low probability – non-recurrent risk
OOA Placements – will not achieve	556	Will not achieve 2013/14 or 2014/15. 2014/15 and 2015/16 draft plans include £1m and £400k pressures respectively
ATU re-design – commissioner review concluded after 2013/14 plan but before June LTFM submission	299	Will not achieve 2013/14. 2014/15 plan already substitutes impact.
Admin Review and implementing Hubs – revised operational plans may mean 13/14 target is exceeded non-recurrently but savings will accrue largely in quarter 4	210	Green – on track to complete by year end and expect to achieve 2014/15

Travel & Car Parking – delays in introducing car parking charges will require substitution non-recurrently	100	Green – may require non-recurrent substitution 2013/14
Effective Use of Estate – procurement savings not yet confirmed as achieved	17	Green – information received retrospectively
Other	56	Amber – substitutions may be required
Total Original Schemes	**2,163**	

The Trust sought Board approval via FBIC to formally recognise brought forward achievement of a number of CIPs that had been planned for delivery next year, but where benefits are already accruing. These represent £1.2m including £0.74m Community workforce services linked to productivity and £0.56m PICU marketing. A further £70k support service non pay savings being achieved recurrently ahead of plan are supporting in-year substitutions on a non-recurrent basis.

Work being conducted within the Transforming Care Programme Office will continue to support ongoing delivery by tracking the achievement of key milestones attached to future savings, e.g. accommodation and IT requirements for admin and agile working

vi) Delivering planned income and activity levels for Commissioner contracts and additional funded programmes, including Health Visitor / FNP recruitment, demographics and psychological therapies waiting list initiative and containing costs within projected levels.

6.3 Capital Resource Limit (CRL) and Capital Expenditure

The year to date CRL of £1,377k comprises planned capital expenditure of £3,552k offset by (£2,175k) planned disposals; comprising Odsal clinic/Daisy Bank (£925k) and Moor Lane (£1,250k).

Actual capital costs of £1,783k are offset by disposals of (£925k) generate a charge of £858k and an under spend of £519k compared to the year to date CRL at plan. Expenditure slippage includes Agile Working and enabling IT £1022k (Agile Business Case to be considered at February FBIC) and the Airedale functional Ward scheme £203k.

Key in-year CRL risks relate to the planned disposal of Moor Lane. Trust officers continue to liaise closely with the Moor Lane developer and our agents to ensure that required steps are expedited as quickly as possible. Subject to no issues being raised during the judicial review period which ends on 20th February, the sale will complete around 25th February 2014. Achieving this disposal is vital to achieving our capital, revenue and cash plans this financial year, with planned £2,175k cash, £1,250k CRL and £925k CIP attached to this scheme.

The Board was advised last month of projected under spending of £1,656k, as a result of delays in finalising Agile Working business case (£1.1m) and Clinical Information systems requirements (£0.1m) and reflecting (£0.4m) ATU programmed works suspended to allow higher priority projects to proceed in 2014/15. A formal request made to the NTDA last month to reduce the Trust's capital resource and external financing limits has now been actioned. This means that the Trust's end of year cash balances will be £1,656k higher and our planned capital expenditure £1,656k lower than originally planned to achieve our revised targets.

6.4 Working Balance Management

The cash balance at the end of the period is £17,085k which is £1,091k less than planned. As already highlighted, disposing of Moor Lane this year is the key current anticipated risk. The cash variance includes;

- £0.8m adverse - different contracting arrangements with BMDC
- £2.2m adverse – delayed Moor Lane disposal
- (£1.9m) favourable – other including capital expenditure & restructuring slippage

As outlined above, as a consequence of the Trust's revised capital expenditure forecast we requested a reduction in our capital resource and external financing limits (EFL) to reflect reduced capital cash commitments.

These have been actioned by the NTDA and mean that the Trust needs to hold cash balances of £19,138k as at 31 March; £1,656k higher than the original plan of £17,482k.

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

The adult mental health transformation project continues to be red against targets concerning adult mental health acute inpatient activity, including average length of stay which was 49.4 days in January and 48.3 days in December against a target of 35 days and occupancy which was 99.6% in January against a target of 85%. This project will not be able to meet future milestones concerning the reduction in adult mental health capacity by 31 March 2015, increasing the likelihood of a significant cost pressure in 2015/16. Discussions are ongoing within adult mental health around service options to address the high average length of stay. There are overspends in bank and agency cost and in the use of out of area placements where there is a forecast overspend of £1.3 million for the year.

The inpatient redesign project has been delayed by a total of five months to reach an agreed unit design for the older people's mental health organic unit at Daisy Hill House, the anticipated opening date is now 8 May 2015 (subject to Board approval of the business case). An outline option has now been agreed by EMT and is going forward as the recommended option within the capital business case going to Trust Board in February 2014 for approval. There is a six month delay in the withdrawal from ward 24 at Airedale NHS Foundation Trust. The anticipated withdrawal is now May 2015. The average length of stay for functional older people's mental health was 66.6 days in January and 69.8 days in December, against a target of 66 days.

The productivity project is rated red due to an increase in sickness within the administrative workforce to 6.3% (against the current target of 5%), this is due to a small number of staff on long term sickness absence who are being supported to return to work and the overall position is being monitored closely whilst staff are in an transitional period during the implementation of the administrative hubs and any concerns are being responded to promptly. The business case for the procurement of agile mobile devices is going to March 2014 Trust Board for approval, having been provisionally agreed by EMT. Efficiency savings should still be achievable during 2014/15 as the emphasis is being place on organisational development work within service areas to release efficiencies prior to the introduction of mobile technologies.

The care packages and pathways project remains red rated against three indicators related to in date clusters and number of open clusters. Performance for the number of clients clustered has deteriorated from 87.6% in December 2013 to 85.3% in January 2014. Action plans are in place to address the number of expired clusters and of multiple open clusters.

8. SUPPORTING INFORMATION

The Board is also reminded that the information available to it, to support an assessment of performance, is greater than the material presented in the integrated performance dashboard and report. The Integrated Performance Framework approved at the May 2012 Board encourages Board members to actively and independently assess the information and intelligence that is available to them in order to triangulate information presented in reports with information derived from direct experience and feedback. The Board 'walk-abouts', 'clinical buddying' schemes, meetings with complainants and feedback from meetings with stakeholders will help Board members to triangulate the information at their disposal.

Discussion and correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health & safety information took place at the Directors' meeting. The correlation of information did not identify any particular areas of concern.

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

Paper 10a 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 (February 2014 data) will be presented to the Board in March 2014.

11. RECOMMENDATIONS

That the Board:

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