You and Your Care

Bradford District NHS Care Trust

BOARD MEETING

30 January 2014

Paper Title:	Integrated Performance Report – December 2013 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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	Liz Romaniak, Deputy Director of Finance, Planning and Performance
Agenda Item:	12

KEY ISSUES AND REQUIREMENTS OF THIS REPORT:

The December 2013 dashboard shows a positive position for most indicators. All Monitor governance indicators are rated green for quarter three.

Triangulation 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. The report outlines pro-active work to drive improvement, particularly in adult mental health average length of stay and occupancy, sickness absence and clients clustered.

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, completion is targeted for the end of February. Completing the sale in 2013/14, achieving CQUIN income of 97%, managing Out of Area (OOA) placements and confirming impacts of clinical information system and agile working business cases remain the key risks to 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 £379k ahead of plan, however the Moor Lane impact drives a reduced overall surplus of income over expenditure of £2,543k, which is £546k behind plan for the year to date.
- **Capital -** Capital expenditure has slipped by £1,330k compared to 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 £80k. The Trust formally requested 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 -** The Trust has £420k less than plan, driven by £2.2m adverse linked to Moor Lane, £0.8m adverse linked to BMDC commissioning arrangements but offset by capital slippage (£1.3m) and delayed restructuring payment (£1.2m).

b) Cost Improvement Programme (CIP)

The Trust has achieved £4,328k (86%) to date against a target of £5,055k; (£726k adverse). This comprises £3,428k (63%) original Board approved CIPs, supplemented by £900k brought forward 2014/15 CIPs (17%); £3,840k gross achieved. Deploying £333k high risk CIP reserves (7%) brings aggregate performance to 86%. Moor Lane accounts for £925k (127%) of net slippage; the Trust is otherwise £199k ahead of plan.

c) 2013/14 Projection and Key Financial Risks

The Trust projects achievement of the planned £3,481k surplus but has requested a reduced CRL and EFL due to forecast capital under spending of £1,656k. The projected surplus deploys all remaining 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 97% income; elevated risk (CQUIN3 Pharmacy Access to RiO).
- **Business Cases** – In-year and 2014/15 agile and clinical information system costs are uncertain due to delays in concluding business cases. The Trust projected 2013/14 capital slippage of £1,656k formally to the NTDA this month and requested revised CRL and External Financing Limits as a consequence.
- **OOA placements** – activity remains volatile; £1,085k costs to date (£1,409k projected) with a December placements and costs increasing from 98 days and £46k to around 185 days and £84k this month.

d) 2014/15 Financial Plan

The FBI Committee reviewed the Trust's high level financial planning assumptions in December and considered the impacts of a reduced planned surplus and increased capital expenditure programme. Further updates for 2014/15 and 2015/16 will be reviewed at the next meeting in February in support of the required 2 year plan submission to the NTDA in early March.

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
DECEMBER 2013 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 December 2013 performance and quarter three position where applicable.

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

- Sickness absence rate (indicator 2.20)
- Numbers of health visitors in post (indicator 3.12)
- Clients clustered; clients with an in date cluster (indicators 3.13 and 3.14)
- Mothers breastfeeding at 6-8 weeks (indicator 3.17)

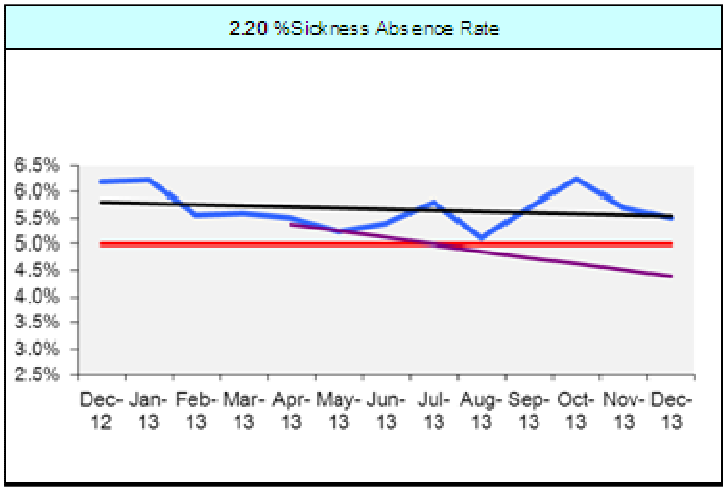
3. NATIONAL RATINGS AND INDICATORS FROM MONITOR RISK ASSESSMENT FRAMEWORK (dashboard page one)

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

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

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	5.5% (Dec)	5.6% (YTD Dec)	



Sickness absence rate reduced slightly from 5.7% in November 2013 (5.6% year to date) to 5.5% in December 2013 (5.6% year to date), though performance remains above trajectory and the trend remains relatively static. Recognising the challenge posed in reaching 4% sickness absence by 31 March 2014, the forecast out-turn has been changed from amber to red.

An in-depth report and discussion took place at October's Finance Business and Investment Committee. There was acknowledgement that the Trust's approach to reducing absence reflected best practice locally and nationally as audited by NHS Employers and the Department of Health. The Committee however understood the risks that the current high levels present to staff motivation, morale, productivity and delivering the associated cost improvement savings. It was therefore agreed that a future "Forward to Excellence" session would be held to elicit the views of the Trust's senior leadership team on what further steps could be taken to reduce sickness absence, and this has now been scheduled for April 2014.

Actions being taken to reduce sickness absence rate are as follows:

- The current sickness absence policy is being strengthened, drawing on learning from other similar trusts who have achieved a 4% sickness absence rate. The new policy will use the Bradford Score to calculate a score for each employee by applying a relative weighting to their unplanned absence. The Bradford score is designed around the principle that repeat, short term absence has greater operational impact. Using the Bradford Score will help the Trust identify areas of problem absenteeism by highlighting patterns of absence (particularly short term patternable absence) that requires immediate management attention. In addition the new policy will require staff to use annual leave to support any phased return to work plans – which should help speed up the return of staff to work.

- The new appraisal process will ensure that staff that are being formally managed for short term sickness absence will not be entitled to their annual incremental increase.

- Discussions will commence in February with staff side regarding other levers that could be introduced for new starters to help ensure absence rates remain below 4%. This may include for examples measures such as less generous sick pay entitlements.

- The Trust will pilot a fast track physiotherapy pathway in those services that have high levels of musculo-skeletal related absence and is also rolling out mindfulness programmes in those areas with high levels of anxiety related absence.

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

Update report – Trust internal improvement targets

The Trust internal improvement targets (indicators 3.3 to 3.7) set as part of the annual planning process with the NHS Trust Development Authority, are stretch targets that are only expected to be achieved towards the end of 2013/14.

In-patient services have taken on responsibility for follow up of patients after discharge as part of the implementation of the adult mental health acute care pathway. The pathway ensures continuity of care and early follow up of patients post discharge, in accordance with the strong evidence base for reduction in suicide. The pathway is supporting consistent achievement of the Monitor target of 95% of CPA patients receiving follow up contact within seven days of discharge (indicator 1.17). The pathway should support the Trust to meet the local improvement target of 95% of patients followed up within three days (indicator 3.3) but this remains a challenging target to achieve by March 2014.

The proportion of CPA patients having a formal review within 12 months (indicator 3.4) met the 97% stretch target in October and November 2013 and the Trust expects to meet the target in quarter 4 of 2013/14. Improved performance is being supported by monthly alerts to teams highlighting service users whose CPA 12 month review will expire within the next 30 days.

Although positive progress has been made around average length of stay (indicator 3.5), the Trust does not expect the meet the target of 35 days by March 2014. Year to date performance is 48.3 days. Length of stay has reduced since quarter one. The adult mental health acute pathway puts greater emphasis on home based support and treatment. Actions being taken to reduce length of stay include:

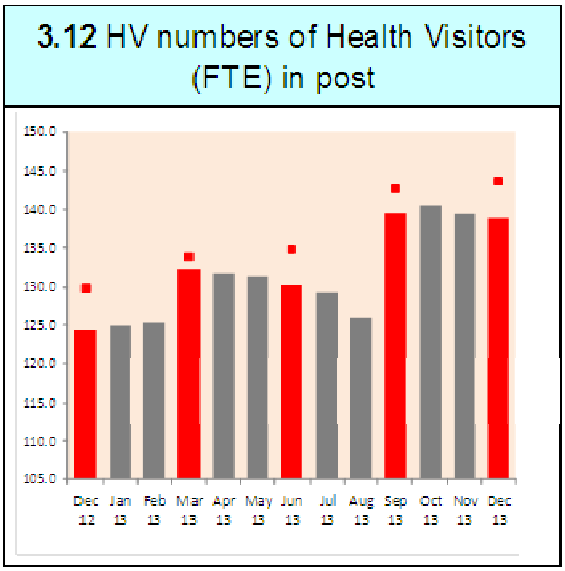
- Sharing average length of stay information by consultant
- Average length of stay audit
- Monitoring where there is extended use of leave (over three days duration)
- Developing escalation alerts for ward managers and consultants where patients have remained in bed based care for more than 28 days
- Developing teleconsultation/teleconferencing opportunities to enhance timely review of patients, particularly those geographically displaced
- Automated weekly bed state occupancy alert
- Assertive management around delayed transfers of care

Adult mental health occupancy (indicator 3.6) remains a pressure and is not forecast to be met in 2013/14. Year to date position was 99.9% in December. Weekly alerts continue to be sent showing the up-to-date position on bed occupancy both trust wide and split by gender. Teams are asked to explore whether there are additional clinical and operational measures which can be undertaken to support patients to be discharged in a timely manner. Decision making is supported by the escalation alert where patients have remained in bed based care for more than 28 days, together with the alert where patients have been granted more than three days leave; for periods of longer leave, discharge to the Intensive Home Treatment Team will be considered.

Prevalence of pressure ulcers, recorded using the Safety Thermometer (indicator 3.7) has been below the 4.4% target every month since April 2013. In 2014/15, a new national commissioning for quality and innovation (CQUIN) indicator will incentivise further reduction in pressure ulcers.

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

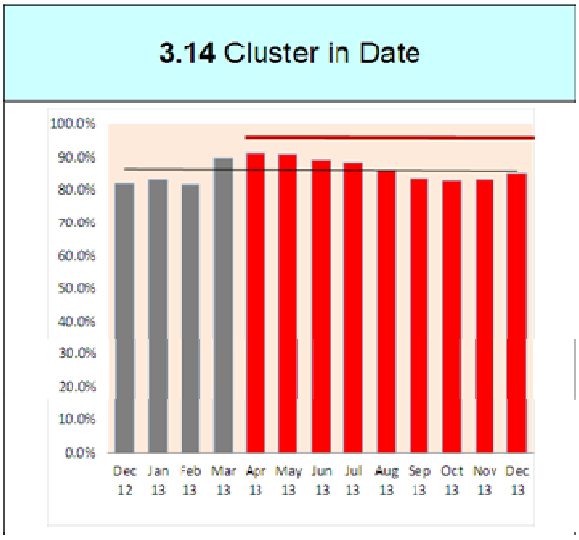
ndicator No	Indicator	12/13 outturn	13/14 target	Numerator	Denominator	Current Performance	FOT 13/14	Trend	Potential Penalty
3.12	HV numbers of Health Visitors (FTE) in post	132.44	[illegible]	[illegible]		138.85		⌄	



As at the 31 December 2013 there were 138.85 whole time equivalent (w.t.e.) health visitors in post. This is under the quarter 3 trajectory of 143.66 w.t.e. A new group of trainee health visitors qualifies in January 2014 and the Trust has successfully recruited 13 of these, all of whom will commence in post during January 2014. These new starters will take the Trust above the quarter 3 trajectory and the year-end target of 146.66 w.t.e. At the end of March 2014 we expect to have around 150 w.t.e. health visitors in post. This will achieve the 2013/14 target and put the Trust in a strong position for 2014/15, the final year of health visitor expansion programme.

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

Indicator No.	Indicator	12/13 outturn	13/14 target	Numerator	Denominator	Current Performance	FOT 13/14	Trend	Potential Penalty
3.13	In-date Cluster Clients Clustered	91.8%	100% with 5% tolerance	4685	5346	87.6%		↑	
3.14	In-date Cluster/Clients in scope	89.7%	>= 95%	4685	5514	84.9%		↑	



Whilst performance against the two targets related to clients clustered has improved in December, they are both still below the 95% target. This shortfall in service users clustered is made up of three elements:

- Clients never clustered
- Clients who have been clustered in the past, but whose cluster has expired
- Clients with multiple open clusters where an erroneous multiple cluster(s) is having a negative impact on the figures.

Work is on-going with operational staff to continue to improve clustering performance. Systemic changes are now operational within RiO via the introduction of an alerting functionality. This proactive functionality alerts clinicians in advance of a cluster refresh due date. Additionally, alerts also include where a cluster refresh date has been surpassed. If action is not taken in response to these alerts an escalation process has been built in to ensure tighter management of performance.

The script to automatically close open clusters has gone live and has reduced the number of clients with multiple open clusters from 2,685 in October to 908 in December. These remainder cannot currently be closed by the script due to the complexity of the cluster set-up and confusion over which to close. The possibility of refining the script to handle these is being investigated. In the meantime, they will need to be addressed manually.

Additionally, CSE are developing a warning to be added to RiO to warn users if they are attempting to set up a new cluster without first closing the existing cluster.

Exception report - % mothers breastfeeding at 6-8 weeks

Indicator No.	Indicator	12/13 outturn	13/14 target	Numerator	Denominator	Current Performance	FOT 13/14	Trend	Potential Penalty
3.17	% mothers breastfeeding at 6-8 weeks (Quarterly)	39.2%	>=42%	874 (Q3 13/14)	2098 (Q3 13/14)	41.6%		↑	

Work continues to be carried out to raise awareness of breastfeeding and to try to improve the 6 - 8 week performance. The breastfeeding champions continue to meet with teams to share best practice and to train staff ahead of the stage 3 baby friendly assessment. The Trust is liaising with midwifery services to improve handover and health visitors are also increasing antenatal contacts. Performance has improved from 39.5% in quarter 2 to 41.6% in quarter 3. Nevertheless, the 42% target for 2013/14 is challenging and forecast out-turn therefore remains red.

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

6.1 Financial Performance as at 31 December 2013

The Trust has generated a surplus of £2,543k; which is £546k 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 £379k ahead of plan, this continues to mask a number of in-year issues. These include;

Area	Favourable £ millions	Adverse £ millions
Aire/Wharfe/Craven and Bradford Localities	(1.23)	
Specialist & Nursing, Estates and Support	(0.50)	
Medical Budgets		0.25
Moor Lane asset disposal		0.93
Inpatient Services		1.7
Reserves and Central Budgets	(0.08)	
Revenue from Patient Care	(0.50)	
Sub Total	**(2.31)**	**2.86**
Overall Net Financial Variance	**0.55 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 brought forward achievement of 2014/15 locality workforce CIPs, but masking £0.5m CMHT pay pressures
b) Under spending against other operational budgets in Specialist & Nursing and Support masking over spending in information service budgets
c) Over spending against Medical budgets reflecting medical locum costs outlined later in this report
d) Over spending on Moor Lane planned disposal (expected September)
e) Over spending within inpatient budgets. Pay pressures of £0.7m include £0.34m relates to ATU/ATU CIP, £0.07m to PICU, and £0.3m to psychology waiting list pressure (April-September). Non pay pressures of £0.97m reflect £1.1m out of area placement costs (CIP target to eradicate costs from 1 April) offset by (£0.11m) under spending including drugs, travel and other ward non pay items.
f) Over recovery against planned revenue from patient care, reflecting higher than plan (96.7%) CQUIN projections, Mental Health and LD cost per case activity and PICU activity due to brought forward achievement of 2014/15 plans.

Out of Area placement costs increased from the materially reduced levels reported last month; rising to 98 in November to around 185 in December. Placements have arisen as a consequence of ongoing bed pressures and linked to higher than planned lengths of stay and some recent increases in the percentage of delayed transfers of care. Although October and November showed an extremely positive reduction, the challenges experienced in December and year to date costs of £1,085k mean that the outlook remains unpredictable.

6.2 End of Year Projection

The Trust projects achievement of the planned surplus of £3.48m, however this assumes that the Trust's 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 £1.49m fixed asset impairments that we estimate will impact as at 31 March 2014; based on the revaluation exercise undertaken by the District Valuer. These accounting adjustments are excluded from the assessments of in-year NHS financial performance but are included as technical items in the overall position as disclosed in the annual accounts.

The forecast is predicated on a number of assumptions in relation to CIPs including the disposal of Moor Lane, 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	(925)	(1,019)	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 3 & 4 CQUIN Targets	(1,645)	(1,645)	(1,269)	Key risks relate to Quarter 4 achievement of CQUIN 3 £0.37m
Quarter 4 OOA Placement Costs	324	147	600	Placements reduced materially in October and November (approx. £49k per month, but rose to £84k this month. Peak costs at Quarter 2 costs averaged £200k per month

Although Out of Area, CMHT 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. Further work is needed to confirm the likely in year and 2014/15 impacts associated with ongoing business cases for clinical information systems and agile working.

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 **£132k**
- **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 £1,085k or 2,160 occupied bed days reflect sustained adult inpatient bed pressures and an £11k deterioration in the projection. Whilst the Trust achieved substantially reduced bed days in the 2 previous months, the increase in December alongside ongoing bed pressures mean that achieving the forecast outturn position remains challenging. The forecast agreed with service leads of £1,409k or 2,850 bed days assumes that average bed days for quarter 4 will be within an average of 230 per month (below the full year to date average of 240 but above quarter 3).

Actual Bed Days per Month										**Average Bed Days**			
M1	M2	M3	M4	M5	M6	M7	M8	M9	**Total**	Q1	Q2	Q3	**Ytd**
215	251	208	388	368	349	98	98	185	**2,160**	225	368	127	**240**

There are therefore risks 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 £1,447k (£38k deterioration) but if they remained at current month levels could fall to £1,337k (£72k improvement).

Quarter 2 bed days averaged at 368 days or £200k per month. The worst case projection is therefore £600k for quarter 4; an outturn of £1,685k (£276k deterioration).

October and November bed days averaged at 98 days or £49k per month. The best case projection is therefore £147k for quarter 4; an outturn of £1,232k (£177k 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. These 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 £575k (£794k 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 an increased recurrent risk of £0.5m will need to be considered and addressed as part of refreshed annual business and financial planning for 2014/15.

iii) Eradicating over spending in Adult Acute Inpatient Wards

The position this month 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 £16k to date (£1k under spend projected).

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

The position to the end of the period is an over spend of £311k after taking account of associated vacancy budgets. This is expected to increase slightly and result in projected over spending of £320k inclusive of vacancy budgets. The projection has increased by £87k due this month. This reflect the later than anticipated start dates for 3 new appointments (March and April rather than January) due to applicants needing to complete training and a delay in the recruitment of one further post into the new financial year.

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 quarter achievements are not anticipated.

Of £5,430k year to date plans originally approved by the Board, the Trust has achieved £3,428k or 63% of our gross CIP plan to date (£2,002k adverse). This is supplemented by £900k brought forward CIPs from schemes previously planned for 2014/15 (community and PICU marketing) to bring aggregate achievement to £4,328k (80% gross). After deploying high risk CIP reserves of £375k 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 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 end of 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	500	Will not achieve 2013/14 or 2014/15
ATU re-design – commissioner review concluded after 2013/14 plan but before June LTFM submission	225	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	154	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	90	Green – may require non-recurrent substitution 2013/14
Effective Use of Estate – procurement savings not yet confirmed as achieved	77	Green – information received retrospectively
Other	30	Amber – susbtitutions may be required
Total Original Schemes	**2002**	

In addition to this, the profile of CIPs is more challenging in Quarters 3 and 4, reflecting the phasing of £383k admin review plans and £449k previously expected savings from the re-provision of LD ATU Inpatient services which will not now proceed.

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 £0.7m Community workforce services linked to productivity and £0.5m 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 £548k comprises planned capital expenditure of £2.72m, offset by £2.18m planned disposals (Odsal clinic/Daisy Bank £0.93k and Moor Lane £1.25m).

Capital costs of £1.39m offset by disposals of £0.93m generate a charge of £0.46m and an under spend of £80k compared to plan. Expenditure slippage includes Agile Working and enabling IT £0.9m (Agile Business Case not finalised) and the Airedale functional Ward scheme £0.35m.

Key in-year CRL risks now relate to the planned disposal of Moor Lane. Trust officers continue to liaise closely with the Moor Lane developer via our agents to ensure that required steps are expedited as quickly as possible. The position will be continuously reviewed but the assumption is still that; subject to no issues being raised during the judicial review period which ends on 20th February, the sale will complete at the end of February 2014. Achieving this disposal is vital to achieving our capital, revenue and cash plans this financial year, with £2.18m cash, £1.25m CRL and £0.93m 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. This was highlighted to the NTDA at month 8 and a formal request to reduce the Trust's capital resource and external financing limits has been submitted at month 9.

Subject to this being actioned nationally, 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 £17.8m which is £0.74m 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
- (£2.6m) favourable – other including capital expenditure & restructuring slippage

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

This means that the Trust's cash balances as at 31 March will be £1,656k higher or £19.1m, compared to an original plan of £17.5m

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 48.3 days in December and 49.3 days in November against a target of 35 days and occupancy which was 99.9% in December 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.

The inpatient redesign project has been delayed by two months to reach an agreed unit design for the older people's mental health organic unit at Daisy Hill House. The capital business case will be forwarded for approval in January 2014. Consequently there is a three month delay in the withdrawal from ward 24 at Airedale NHS Foundation Trust with subsequent impact on resources released from the lease circa £50k. The anticipated withdrawal is now January 2015. The average length of stay for functional older people's mental health was 69.8 days in December and 71.2 days in November, against a target of 66 days. Occupancy is still within trajectory at 83.2% of future capacity (against the target of less than 85%) due to the reduced number of admissions against plan.

The children and families project is still rated red against the health visitor expansion programme. However, as reported in section 5, it is anticipated that the Trust will have over recruited to vacancies by January 2014 and be able to report this indicator as green at this point.

The productivity project is rated red due to the failure to secure approval of the agile working business case for the procurement of mobile devices. Although the milestone has been missed this will have no impact on anticipated productivity savings in 2014/15 due to the emphasis being place on organisational development work with service areas to release efficiencies prior to the introduction of mobile technologies. There has been an increase in sickness within the administrative workforce to 6.2% (against the current target of 5%) although this is in line with the Trust overall trend and not specific to the project.

The care packages and pathways project remains red rated against three indicators related to in date clusters and number of open clusters. As outlined in section 4, performance has improved, with a significant reduction in the number of multiple open clusters from 2,685 in October to 908 in December as a result of improvements within the clinical information system.

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 triangulation of quality information (including patient experience and safety related measures), performance, finance, workforce and health & safety information took place at the Service Improvement and Development Group and by the Executive Management Team. The triangulation of information did not identify any particular areas of concern.

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 (January 2014 data) will be presented to the Board in February 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.