You and Your Care

Bradford District NHS Care Trust

BOARD MEETING

30 October 2014

Paper Title:	Integrated Performance Report – September 2014 data
Section:	Public – Quality and Safety
Lead Director:	Helen Bourner, Commercial Director
Paper Authors:	Susan Ince, Deputy Director of Performance and Planning
	Margaret Waugh, Head of Performance and Information
	Mike Wellings, Interim Deputy Director of Finance
Agenda Item:	**11**
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 September 2014 and quarter two of 2014/15. 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

A separate Board paper outlines the revised performance management framework and proposes changes to the integrated performance report integrated performance report. Subject to Board approval, the next integrated performance report (October 2014 data) will be in the new format.

4. Financial Implications

a) Year to Date Performance

- **Income and Expenditure** - **The net surplus of £1,313k is £313k ahead of plan**

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

- **Capital – Capital expenditure of £1,363k to date is £1,528k below plan.**

The year to date capital expenditure of £1,363k is £1,528k less than the original planned spend of £2,891k. This is as result of slippage on estates schemes of £476k.
There is a separate capital exception report at 6.2 vi)

- **Cash – Cash balances of £15m are £4.6m lower than planned**

The adverse variance of £4.6m reflects higher than planned debtor levels of £5.1m, lower than planned creditor levels of £1.3m which results in less cash than planned. This is then offset by slippage on the capital programme of £1.5m, the higher than planned surplus of £300k and other minor changes in working balances.

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

Year to date, the trust has achieved 84% or £2,573k of planned schemes representing £500k gross under achievement. The inclusion of schemes brought forward from future years of £81k reduces this to a shortfall of £419k.

Substitution schemes of £540k have been delivered and deployment of the high risk CIP reserve of £250k combine to give a net year to date over achievement of £372k. 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 £500k above plan.

c) End of Year Projection

As at month six the Trust forecasts achievement of its financial plan. Work is ongoing 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.
- Embedding the new Admin hubs and achieving £1,279k savings. Recurrent staffing savings have been significantly eroded due to spend on agency staff in quarter one and two. It is expected at least £288k of the CIP will now not be recovered.
- 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.
- Managing Out of Area (OOA) placements within planned costs of £1,000k. OOA costs are £1,232k to date; an over spend of £732k.
- Managing Medical Locum costs within budget. Projected delivery risks are expected due to reduced junior doctor allocations in the August rotation.

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 report;
- approves the monthly self-certification for submission to the NHS Trust Development Authority.

INTEGRATED PERFORMANCE REPORT
SEPTEMBER 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 September 2014 performance and 2014/15 quarter two position where applicable.

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

- IAPT Minimum Data Set outcome data for all appropriate service users (indicator 3.22)

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 two, where 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 being led by an external reviewer from Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and will be finalised by the end of October. The reviewer has identified that the initial findings indicate that there are no themes or trends and that there has been much improvement in the past 18 months. The feedback will be considered at the locality quality and safety meeting. The review outcome will be reported to the Quality and Safety Committee in November 2014. During September 2014, there was one further complaint regarding South and West CMHT.

Update – Friends and Family Staff

From 1 April 2014, all NHS trusts providing acute, community, ambulance and mental health services in England were required to implement the Friends and Family Test for staff. The aim of the test is to ensure all staff should have the opportunity to feedback their views on their organisation at least once per year. It is hoped that the Staff Friends and Family Test will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

The Trust will run the test in quarters one, two and four, with the national staff survey taking place in quarter three. Quarter one results show 48% of Trust staff who responded to the survey are "extremely likely" or "likely" to recommend the Trust as a place to work and 62% of staff who responded to the survey are "extremely likely" or "likely" to recommend the Trust as a place to receive care.

The themes from the quarter one survey are consistent with feedback from concerns raised in the national staff survey and the culture conversations about workload pressures and the impact on patients and service users.

The Chief Executive and Staff Side Chair have written to staff outlining that there are no quick fixes to resolving demographic driven workload pressure, but there is a lot the Trust can do to help staff manage their workload efficiently, support a positive and appreciative culture and ensure the "non-productive" work is minimised and to continue to work with partners to manage patient pathways and referral/discharge processes. The Chief Executive will be exploring these issues and approaches with staff further through the culture conversations over the coming months.

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

Exception report – IAPT Minimum Data Set outcome data for all appropriate service users (indicator 3.22)

No.	Indicator	13/14 outturn	14/15 Target	Numerator	Denominator	Current Performance	FOT 14/15	Trend
3.22	Completion of IAPT Minimum Data Set outcome data for all appropriate service users		90.0%	425	495	85.8% (Q1 14/15)		New

A number of new nationally mandated data completeness indicators were introduced into the 2014/15 standard NHS contract. The data to assess performance is taken from information published by the Health and Social Care Information Centre from national dataset submissions by trusts.

The Improving Access to Psychological Therapies (IAPT) indicator measures the percentage of all IAPT service users for whom at least two outcome scores were recorded in IAPT Minimum Data Set records. The consequence of breach is £10 in respect of each breach below the 90% target. The Health and Social Care Information Centre published the 2014/15 quarter one IAPT data on 17 October. The Trust's performance shows completion of outcome data for 425 out of 495 records, 20 records below the 90% standard.

The Trust uses SystmOne for IAPT. There is no single data extract available from SystmOne to meet the IAPT dataset requirements. Very few IAPT sites now use SystmOne because of the reporting difficulties. To produce the Trust reported performance (for example indicators 3.12 recovery rate, indicator 3.13 waiting times) the IAPT service and health intelligence team have to compile the data using a range of different reports and custom built queries.

The Trust has made some changes that are within local control. For example Gateway workers are being moved from GP systems to the BDCT SystmOne unit, enabling their data to be extracted and included in the dataset submissions resulting in earlier recording of patient outcome scores. One of the biggest challenges to creating the dataset has been to link appropriate patient outcome scores to the appointment; initially patients were being linked to a single score for the month but outcome scores are now being linked to individual appointments.

The Trust is negotiating with TPP (the suppliers of SystmOne) to develop a single data extract option to meet the IAPT dataset requirements. However other options are being considered including creating the dataset from a data-warehouse. Further advice is also being sought from the national IAPT support team.

The Trust has presented a paper to CCGs outlining current data quality issues for IAPT reporting. The CCGs acknowledged the complexity involved in extracting the national dataset from SystmOne and noted the difficulties in engaging TPP in prioritising this piece of work.

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

6.1 Financial Performance as at 30 September 2014

Year to date performance shows a surplus of £1,313k comparing income over expenditure and representing over achievement of £313k against the planned position after deploying uncommitted reserves.

At month 6 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, CQUIN delivery and agency usage.

The table below highlights an overall adverse variance of £1,300k 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 implement mitigating action plans.

LOCALITY/SERVICE DELIVERY	**VARIANCE FAV / (ADV) £000**
a) Airedale, Wharfedale & Craven	(58)
b) Bradford Districts	(930)
c) Bradford City	222
d) Inpatient Services	(650)
LOCALITY PERFORMANCE	**(1,300)**
e) Medical Staffing	(57)
f) Nursing & Specialist services	187
g) Support, Estates and Non-Core	381
h) Research & Development	48
OTHER OPERATIONAL BUDGETS	**559**
i) Central Financing and Reserves	1,560
REVENUE FROM PATIENT CARE	**(506)**
TRUST PERFORMANCE	**313**

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

a) **Airedale, Wharfedale & Craven.**

The adverse variance of £58k is explained by:

- Pay is underspent by £44k because of vacancies in the IAPT Team due to delays in recruiting staff into post.
- Non-pay is overspent by £80k as the result of a change in supplier of continence products £60k, and Podiatry decontamination £20k. A supplier review is to be carried out during October to understand the volume increase, and to ascertain any possible recharges to the CCG.
- Room hire and travel costs are higher than planned, these total £17k.
- Income has been achieved at £111k better than plan, as the result of staff secondments, and increased demand for Speech and Language services.

b) **Bradford Districts**

The adverse variance of £930k is explained by:

- Overspends in the admin hubs of £244k are due to CIP slippage in relation to cover for vacancies and sickness. A business case to address this issue has been prepared and reviewed by EMT.
- 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 £453k.
- Pay budgets in the Community Mental Health teams (CMHTs) are over spent by £245k due to agency staff covering Care Coordinator roles.

- Non pay is overspent by £35k, as the result of chest and pleurex drains expenditure.
- Income has been over-recovered by £47k, mainly against Occupational Therapy post-graduate scheme.

c) **Bradford City**

The underspend of £222k is derived from the following:

- Vacancies in the Dental teams £132k under spend. Progress is being made to recruit into these posts.
- Difficulty in recruiting to School Nursing vacancies and timing of the start dates of new students has led to an under spend of £69k.
- There are vacancies within CAMHS following the Psychological Therapies Review which have led to a year to date under spend of £83k.
- Non-pay costs are overspent by £10k due to FP10s.
- There is an over-recovery of Health Visitor student income due to phasing differences of £36k. Full year income will be achieved in line with plan.
- CAMHS student placement additional income £16k has been achieved.

d) **Inpatient Services**

The overspend of £650k is the result of:

- Vacancies in Acute Care, (leading to continued use of NHSP Bank and Agency staff), and higher staffing ratios required for one service user in the Assessment and Treatment Unit (ATU), plus high levels of staff sickness, have resulted in pay over spends of £115k.
- Out of Area Treatments are over spent by £732k. Bed days reduced to 490 in September (April to August bed days averaged 373) There were 15 patients out of area at the end of September, compared with 20 at the end of August.
- Non-pay underspends of £63k are the result of low ECT charges £20k, Mental Health Strategies budget phasing £25k, and £18k underspend on travel
- Additional ATU income of £145k has been received from the commissioner, which has been offset by under-recovery of £11k in other areas.

e) **Medical Staffing**

The overspend of £57k has been generated by high agency spend on consultants and junior locum doctors.

f) **Nursing & Specialist Services**

The £187k underspend has arisen because of vacancies in Involvement and Equality, underspends on LETB placements and increased non-medical income.

g) **Support, Estates and Non-Core**

The favourable variance of £381k reflects:

- Reduction in costs of £274k in IM&T due to renegotiated CSU contract.
- Pay underspend of Estates re vacancies £73k.
- Non-pay underspend in Estates of £14k.
- Other underspends of £20k.

h) **Research & Development**

The favourable variance on R&D of £48k is a phasing issue and is forecast to achieve full-year plan.

i) **Central Financing and Reserves**

The favourable variance on reserves and central financing is £1,560k. This is comprised of the following:

- Uncommitted reserves provided at plan £655k, (Contingent reserves £380k, High risk CIP reserve £250k, AQP Reserve £25k).
- Of the £500k provided for CQUIN at plan, uncommitted sums account for slippage to date of £178k (reflecting the phasing profile of CQUIN income).
- Under-spending on capital charges due to capital programme slippage £94k.
- The Trust has additional under spending of £633k, 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 of £506k is due to the following;

- Delays in IAPT development now projected to start in January 2015 giving slippage of £190k (offset by under spending in reserves)
- ATU beds not marketed due to care of challenging service user of £190k
- PICU underachieving by £160k and linked to discussions with commissioners linked to over utilisation of 5.25 contracted PICU beds
- Other adverse contract variances including Cost per Case variances of £28k
- CQUIN accrual reversal following confirmation from the CCG that Trust faced no penalties on 2013/14 CQUIN (£62k).

6.2 End of Year Projection

On the basis of performance to month 6, 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 £2.4m 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%)	£417k	£464k	£205k	£1,307k	**£2,391k**
Available	£439k	£488k	£216k	£1,376k	**£2,516k**

The Trust has achieved 100% of the available quarters 1 and 2 CQUIN; however CQUIN delivery for the remaining 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 the final 2 quarters' planned CQUIN.

The Commercial Director, linking with Deputy Director Leads and the EMT, continues 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 £1,232k. Bed days are still high but have reduced from 631 in August to 490 in September. The budget allows for approximately 155 bed days per month. The forecast bed days 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 £1.2 million.

There is a risk that the forecast position could deteriorate further. 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 a further £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 an achievement of £3,194k or 104% of our CIP plan to date; £122k year to date above target. Contributing to the year to date achieved position is the release of £250k from the CIP High Risk Reserve, delivery of £540k from CIP substitution schemes and CIPs for 2015/16 achieved in this year of £81k.

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 6 the following schemes have been identified as being at risk;

- **Admin Review** - Slippage of £244k 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 £289k.
- **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 £158k 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 £66k 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 £540k have been Quality Impact Assessed.

The Trust currently projects achievement of the total gross CIP 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 £1,131k reflecting use of bank and agency staff to cover vacancies and costs of embedding the new admin hubs.

The bank & agency spend is £6,372k (13%) of the total pay costs for the first 6 months of the year, a level of spend similar to month 5. 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.

From October, a pilot scheme for the supply of locum medical staff will commence, followed by pilot schemes for the supply of clinical and non-clinical staff over the next three months.

v) Cash

The adverse variance of £4.6m reflects higher than planned debtor levels, capital slippage and lower creditor balances.

Outstanding receivable balances include; NHS England £838k, CCGs £523k, Leeds Teaching Hospitals £102k, Bradford Teaching Hospitals £318k, NHS Property Services £614k, NHS Professionals £123k and BMDC £1,791k. The table below provides an update on these balances.

Significant Receivable balances at month 06			
	M06 outstanding balance £000s	Paid in October £000s	Balance remaining £000s
NHS England	838	838	0
CCGs	523	467	56
BTHFT	318	117	201
BMDC	1,791	693	1,098
NHS Property Services	614	19	595
NHS Professionals	123	0	123
Others	653	280	373
Total	**4,860**	**2,414**	**2,446**

Further discussions are continuing with BMDC to follow up on the payment of the remaining balance before the end of October.

The overall debtor position also includes accruals of £2.6m and prepayments of £1.8m. The accruals have been reviewed and invoices have already been raised where appropriate. These include Families First, IAPT, Pressure Ulcer Development, Children's Transition in Healthcare and CQUIN for quarter 1.

Prepayments include rates, insurance, maintenance contracts, leases and other payments that cover a 12 month period; a significant proportion of which end in March 2015.

vi) Management of £8.6m Capital Expenditure Programme

The position reported at month 6 is an under spend of £1,528k 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 6 year to date position shows IM&T slippage against the re-forecast of £356k and a small under spend on estates schemes of £14k. The £356k on IM&T schemes comprises £195k Integrated Digital Care Record (IDCR), £225k other IM&T schemes and an over spend on agile working of £64k.

The under spend on the IDCR project is as a result of milestone payments being made in September following changes to the contract and revised governance arrangements put in place following audit recommendations. The re-phased forecast assumed that the full contract value would be paid in September.

Exception reports and action plans for each of the schemes for the October CPIG meeting will provide further information on the actions being taken, their expected impacts and indicate when expenditure will be back in line with the forecast

FBIC received a more detailed Month 5 capital review at the meeting on 16 October which is included in the table below for information.

Capital expenditure exception report at month 06				
Scheme	**M05 variance against re-phased forecast £000**	**Reason**	**Actions**	**M06 variance against re-phased forecast £000**
Infrastructure Refresh	18	It was anticipated in the re-phased forecast that the project would commence in October. Project management staff have been appointed earlier than originally planned.	The re-phased forecast expenditure is planned from October so the current overspend will reduce from that point as the expenditure starts to be more in line with the plan.	23
PC/Laptop refresh	(15)	The expenditure against this project relates to replacement of end of life equipment that is not covered by other capital schemes. This is inter dependent on the agile working project and the Windows 7 upgrade.	Work is underway to identify the equipment required and it is expected that orders will be placed in November.	(14)
Windows 7 Upgrade	(14)	The project covers both project management costs and equipment. Staffing problems have arisen in the early stages of the project leading to delays in the project. The re-phased forecast assumed that £67k would be spent on equipment in September but due to the issues in respect of project management this has not happened.	The staffing problems need to be resolved to be able to get the project back on track. The bulk purchase of equipment is now planned for November at the earliest.	(79)
Business Intelligence	(15)	The new business intelligence team was established mid-August, later than expected. This has delayed some of the work in relation to BI tools and systems	Work is underway with TPP to establish a daily extract from SystmOne and additional storage capacity and technical input is required to complete the project.	(19)

Telecommunications project	(12)	Delays on this scheme are as a result of staff illness and a review of the project scope. This project is also linked with the EXIT from the CSU SLA and delays and lack of information from the CSU also has an impact on this project.	The re-phased forecast included £78k in September for additional consultancy project costs on this project which due to the project review has not been spent. It is expected that the project review will be completed in October.	(83)
Single e mail solution	(9)	This project has been delayed as a result of difficulties with the CSU. The original plan for moving staff from the CSU to BDCT email platform has had to be reviewed. This scheme is also interlinked with agile working and two other schemes to ensure BDCT has a single system for Intranet (Connect) and shared folders.	The re-phased forecast included £75k in September for additional project costs on this project which due to the project review has not been spent. It is expected that the project review will be completed in October.	(82)
Agile Working	(209)	Initial delays on the technology elements of this project were as a result of the procurement of the agile solution and devices. There have been some challenges in finding the right procurement route to meet the needs of the Trust. There have also been some supplier delays in getting equipment delivered on time which are now resolved and did not impact overall agile project delivery as equipment was being ordered early.	The re-phased forecast included £200k for devices in August. These have been ordered and received in September. A further order has been placed for the next batch of devices to arrive in October which is on plan. The appointment of the solution provider will complete in October however BDCT will be paying for work completed rather than up front which will affect the rate at which capital is spent. Further spend on devices is planned for	64

			December, January and February to ensure all equipment is received before the year end.	
Implementation of IM&T Strategy	7	There was a small over spend at month 5 which is as a result of the spend being planned from September onwards.	The level 1 refurbishment has now completed and expenditure for this has been incurred in September. The re-phased forecast assumed that this would be spread over more than one month therefore the October position should see an improvement.	28
ISBN Changes to Datasets requirements	(12)	Responsibility for this has moved to the new BI team also there are uncertainties relating to data set specifications that are being worked through.	Work is underway in relation to MHMDSLD, CIDS, IAPT, NDTMS data sets.	(24)
Upgrade to RiO 7	(25)	Initial delays were as a result of legal opinions being sought on the contract.	The contract has been signed and the first 2 contractual milestone payments have been made in September. The re-phased forecast assumed that the full contract costs would be incurred in September however the contract has been set up with milestone payments which require appropriate assurance and approval by the Information Management Board to ensure that audit requirements are met. There will be	(142)

			variances in future months as a result of this change in the contract structure.	
E Referrals and e Discharges	(9)	Coding errors resulted in most of this variance. Delays in recruiting the right additional people so support this scheme also affect the spend profile	These have now been corrected however other project management costs are behind plan which mean small variances against the plan will continue.	(17)
SystmOne Viewer	(4)	Coding errors resulted in most of this variance. Delays in recruiting the right additional people so support this scheme also affect the spend profile	These have now been corrected however other project management costs are behind plan which mean small variances against the plan will continue.	(12)
IDCR	(3)	Some equipment has been purchased	Additional project management costs are expected to be incurred in future months with the majority of the cost (£80k) being spent in February.	(6)
Clinical System Optimisation	(9)	This is as a result of delays in the appointment of project staff.	Staff have now been appointed and expenditure is being incurred as the project gets under way.	(18)
IT capital salaries	18	This relates to overall IT project management costs which need to be allocated against a number of schemes. This offsets some of the above under spends.	Further work is required between finance and IT to allocate these costs to the correct scheme in the same way as estates salary costs. This is usually undertaken at year end.	26

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

The **adult mental health transformation project** is red rated against targets concerning adult mental health acute inpatient activity, including average length of stay which was 53.5 days in September 2014, against a target of 30 days and occupancy (excluding leave) which was 94.8% in August against a target of 85%. A number of long-stay patients have been discharged in August and September, which although a positive clinical result has resulted in an adverse impact on length of stay figures.

The forecast outturn spend on out of area treatments is £2.20 million against a target of £1 million. Bank and agency forecast outturn is £2.33 million as a result of high labour turnover and high ward occupancy levels. Discussions continue within adult mental health around service options to address high occupancy and average length of stay and the Mental Health Strategies report around activity modelling, received in September, is informing action plans.

Funding has been secured to introduce a first response team which will run as a 6 month pilot in the second half of 2014/15, and which is currently recruiting staff and should be operational from December 2014. This new team and extended hours for the intensive home treatment team will focus attention onto admission avoidance and should help reduce the demand for beds.

The **inpatient project** has a slightly higher than expected number of admissions forecast for 2014/15 into functional beds (112 against a target of 104).

The **productivity project** is rated red due to a financial forecast that the outturn for the 2014/15 additional admin review CIP will be £289K short. This is due to 40 temporary unfunded WTE administration staff currently covering sickness and maternity leave – a cost reduction plan has been formulated.

Planned estates savings of £132K will not be achieved due to delays in the estate rationalisation plan at Lynfield Mount, but substitutions have been identified.

The tender around productivity has been delayed by three months to October 2014, mainly due to the complexity of the procurement exercise being greater than Supplies and IT had experienced before, meaning that future milestones around payments are much tighter but that the rollout of agile devices is still scheduled to complete as originally planned. The delay was discussed via a paper to October Productivity Steering Group which confirmed that it is not expected that the delay will have an adverse impact on the productivity savings associated with the Productivity project as the focus in year one (2014/15) is on service improvement and redesign with savings of £362k to be achieved by 31st March 2015. In year two the savings increase to £847 k which need to be achieved by 31st March 2016.

More generally, work is ongoing to identify productivity measures linked to the rollout of agile working.

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 improved during September 2014 against indicators for in date clusters for clients clustered and in scope; now at 80.8% and 77.5% respectively, but both remain well below the target of 95%.

If a Payment by Results (PbR) contract based on activity / clustering was to be introduced, low compliance with clustering currently would mean the trust would face a notional shortfall in income of £9.83 million. The individual locality level impacts of this potential £9.83 million shortfall are being considered in locality performance reporting.

The Medical Director has sought feedback from two trusts with high levels of clustering performance regarding actions taken in those organisations to deliver this high performance, and feedback indicated that reporting on this potential financial impact ensured staff were clear about the importance of clustering.

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 (153 remaining in September). 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.

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, including the Director of Nursing and the Commercial Director has taken place to consider other wider strategic issues, and this meeting confirmed the planned approach from the first EMT discussion.

The recently recruited Psychology Assistant has been working with consultants who hold high caseloads to review clustering levels and support them to improve performance. There are also plans to recruit a contract lead clinician with an interest in both clustering and clinical systems.

Initially the five lowest performing teams and five lowest performing consultants in terms of absolute numbers unclustered will be targeted and a trajectory for improvement developed.

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, and a dedicated page on Connect to answer questions on clustering and the related issues of CPA status and caseload. An electronic questionnaire asking staff about issues with clustering has been circulated and responses are currently being received.

Performance is expected to be relatively fixed over the last months of 2014, and it is clear that no single action will impact immediately. The implementation of RiO 7 in January 2015 and the targeted training around clustering should result in improvements during early 2015. This approach has been discussed and agreed at EMT.

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 September 2014, there were no areas of non-compliance.

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

Paper 11a 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 will be presented to the Board in November 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 report;
- approves the monthly self certification for submission to the NHS Trust Development Authority.