

BOARD MEETING**26 June 2014**

Paper Title:	Integrated Performance Report – May 2014 data
Section:	Public – Quality and Safety
Lead Director:	Helen Bourner, Commercial Director
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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 month two of 2014/15.

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

3. Board Consideration

The Commercial Director is leading work to undertake a wider review of the content of the dashboard, particularly in light of the learning from the locality performance meetings that commenced in May 2014. Proposed changes to the integrated performance report and dashboard, which will also reflect changes to the way the financial position is reported, will be presented for Board consideration in September 2014, together with a revised performance framework that reflects the strengthened performance management arrangements.

4. Financial Implications**a) Year to Date Performance**

- **Income and Expenditure** - The net surplus of £291k is in line with plan. There are however cost pressures within operational budgets driven by agency staffing used in 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 £194k is £842k less than the plan (£1,036k). The key driver of this is £840k slippage on IM&T -£527k Agile Working, £141k

Integrated Digital Care Record, £96k telecommunications and £43k Windows 7. Estates block and Inpatient schemes are £46k and £59k below plan respectively. Slippage was identified last month and discussed at the Capital Planning and Investment Group (CPIG) and action plans are being monitored at CPIG to performance manage in-year delivery.

- **Cash** - Cash balances are £2,201k below plan. This is a result of delays in receipt of payment of BMDC and NHS England contract income invoices of £767k and £409k respectively in addition to other invoicing lags including NHS Property Services of £400k. Agreement has been reached with NHS England for payments to be brought in line during June.

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

Year to date the trust has achieved 85% of its target. It is forecast that will increase to 94% with further substitution schemes being developed to achieve the full year target of £6,164k. The Trust has a high risk CIP reserve of £500k, to cushion against slippage, of which £83k has been deployed to offset slippage at the end of May.

As at month 2 the following schemes have been identified as being at risk;

- **Additional Admin Review** - Slippage of £100k year to date due to sickness and vacancies. Full recruitment is planned to be completed by 31 July. However £200k of the CIP will not be recovered.
- **Community Mental Health** - Phasing slippage. Forecast to deliver in full.
- **Assessment and Treatment Unit Marketing** – The Trust is currently unable to service additional beds due to clinical requirements. It is not expected that this CIP will be achieved this year due to the need of a complex service user.

c) End of Year Projection

As at month 2 the Trust projects achievement of its financial plan. Work is on-going with primary budget holders 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 100% at quarter 1, significant delivery risks have been identified for future quarters, where revenues are most heavily weighted. Detailed action plans will continue to be reviewed on a monthly basis at Locality Performance meetings to maximise achievement.
- Embedding the new Admin hubs and achieving £1,279k full year effect CIPs: There is a risk that savings achieved through the restructure (concluded in March) will be eroded by agency staff costs as systems and processes are embedded. Full recruitment planned to be completed by 31 July. However, at least £200k of the CIP will now not be recovered. Substitution CIPs have been identified to offset this shortfall and are currently in the process of validation including QIA before they can be included within the financial forecast.
- Achieving a challenging overall CIP plan of £6,164k. Monthly reviews will ensure that substitutions are developed to maintain recurrent and in-year CIP delivery.
- Managing OOA placements within planned costs of £1,000k. OOA placements remain high in May 309 bed days, April; 310 bed days (399 March) driving year to date costs of £311k. A full review of the effectiveness of the action plans is currently underway and additionally approaches are being drafted to Commissioners to share the financial risk.

- Managing Medical Locum costs within budget. Projected delivery risks are anticipated and mitigation planning is progressing including reviewing contracting to alleviate VAT impacts.

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	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors' Meeting	<input checked="" type="checkbox"/>	Chair of Committees' Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

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;
- agrees to receive, through email circulation, the quarter 1 Commissioning for Quality and Innovation report that will be presented to the Quality and Safety Committee;
- approves the monthly self certification for submission to the NHS Trust Development Authority.

INTEGRATED PERFORMANCE REPORT MAY 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 May 2014 performance.

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

- Information governance (indicators 2.28 and 2.30)

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 May 2014, resulting in a self assessed governance rating of green (summary button 1.3).

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

Update – Correlation of Quality and Safety Issues

The Deputy Director of Quality and Governance produces a quality and safety report for the Directors' meeting, to triangulate and raise key quality issues arising during the previous month and to inform the content of the Board integrated performance report. From June 2014, feedback from trainee doctors has been included in the quality and safety report and this feedback provides a further source of information for correlation purposes. This reflects national recommendations that the voice of trainee doctors is very important in highlighting any safety / quality issues.

Update – Complaints and Compliments (indicators 2.5 and 2.6)

The last integrated performance report highlighted that three of the complaints received in April 2014 related to the South and West Community Mental Health Team (CMHT) and that this team had received eight complaints over the previous five months. In May 2014 there were no further complaints relating to Bradford South and West CMHT; the team had one serious incident.

The Deputy Chief Executive and the Deputy Director of Bradford Services have confirmed that all serious incidents and complaints associated with South and West CMHT over the last two years are to be reviewed. This work will be led by an external reviewer and will include working with the team to look at the key themes, trends and issues arising.

Exception report – information governance (indicators 2.28 and 2.30)

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.28	Information Governance STEIS (Strategic Executive Information System)	3	0	1	1	
2.30	Information Governance SIRIs	N/A	0	1	1	

Personal information about an ex-member of staff was shared with a third party by a current staff member. A full investigation is underway and the investigation outcome is awaited. The breach in confidentiality was reported through the IG Toolkit Incident Reporting Tool for Serious Incidents Requiring Investigation (SIRI), by the Trust's information governance team. The Information Commissioner's Office has responded and will not seek any further action in relation to this case. The grading for this incident, using the national SIRI matrix, also met the criteria for reporting on the Strategic Executive Information System, by the Trust's Serious Incident Lead.

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

Update – Commissioning for Quality and Innovation (indicators 3.1, 3.2, 3.3)

The May integrated performance report provided information about the Commissioning for Quality and Innovation (CQUIN) schemes for 2014/15, including governance and performance management. The Board is aware that the CQUINs are challenging both in the quality aspirations and the likelihood of obtaining full financial achievement. Work is on-going with commissioners to obtain joint understanding of a small number of outstanding queries and with external partner agencies to progress joint CQUIN delivery throughout the year. Deputy Directors are continuing to progress actions and in month two, all 10 of the milestones to be delivered in quarter one are RAG rated green.

The Quality and Safety Committee (previously Service Governance) will receive a detailed report on quarter 1 progress to deliver CQUINs at its August meeting. This will provide more information about the schemes and the anticipated benefits / changes for patients. It is proposed that this paper be circulated to the Trust Board for information.

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

6.1 Financial Performance as at 31 May 2014

Financial Performance as at 31 May 2014

Year to date performance shows a surplus of £291k comparing income over expenditure and representing achievement of the planned position after deploying uncommitted reserves.

At this early stage in the financial year a number of financial pressures have been identified that require rectification plans. Work has commenced with budget holders to provide robust action plans to mitigate cost pressures and financial risks associated with the challenging CIP programme and CQUIN delivery.

The table below highlights an overall adverse variance of £430k for the four operational localities, and the position for other services and support functions. This analysis more clearly highlights those areas where action is already being taken to develop mitigating action plans.

LOCALITY/SERVICE DELIVERY	VARIANCE FAV / (ADV) £000
a) Airedale, Wharfedale & Craven	26
b) Bradford Districts	(240)
c) Bradford City	34
d) Inpatient Services	(250)
LOCALITY PERFORMANCE	(430)
e) Medical Staffing	26
f) Nursing & Specialist services	17
g) Support, Estates and Non Core	145
h) Research & Development	2
OTHER OPERATIONAL BUDGETS	190
i) Central Financing and Reserves	423
INCOME	(183)
TRUST PERFORMANCE	0

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

- a) Pay over spending due to continued use of NHSP within the Community Mental Health (linked to new posts funded by the Trust and via demographic funding in 2014/15), offset with vacancies in other areas including Speech and Language Therapies. Favourable Income variance due to additional speech and language therapy income relating to schools SLA's.
- b) Pay budgets in the admin hubs are overspent by £215k due to:
 - vacancies and sickness resulting in temporary staffing costs causing slippage of CIP of £100k.
 - 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 £122k.
 - Pay over spending due to back pay to a CAMHS consultant.

- c) Vacancies in the Dental teams have given rise to a £32k pay under spend, with small variances on other service lines offsetting each other. Recruitment to some Dental nurse posts are on hold pending the outcome of re-tendering of the Unscheduled Dental Care contract, whilst the Community Dental nurse vacancies have now been recruited to.

The non-pay over spend is driven by a £4k over spend on FP10s in the CAMHS service – a review of FP10s budget allocation across services is to be undertaken as there are underspends in other areas.

- d) Vacancies in Acute Care have led to continued use of NHSP Bank and Agency staff and an over spend at month 2 of £84k. This is net of £79k Specialising funding released to match those costs to date. Services are pro-actively pursuing recruitment with start dates agreed for approximately two thirds of vacancies and advertising for residual positions.

High temporary staffing ratios have been required for one service user currently accommodated in the Assessment & Treatment Unit to support commissioners. The complexity of this patient has additionally resulted in a number of staff being absent; requiring temporary cover. Negotiation with Commissioners has commenced with a view to funding the losses incurred.

There are off-setting under spends of £43k across all other In Patient pay budgets. On non-pay, Out of Area Treatments are over spent by £144k. The budget allows for approximately 155 bed days per month, but bed day usage has been double that; at 310 days in April and 309 days in May.

- e) Income over recovery of £34k as a result of deferred income from previous year. This is being offset by non-pay overspending on travel and subsistence of £9k.
- f) The favourable variance in Support, Estates and Non-Core services reflects vacancies in Finance, HR and Transformation teams. There are also favourable fluctuations in ancillary agency spend and other costs in Estates and other general under spending.
- g) The small variance of £2k on R&D is a phasing issue and not representative of a trend that is expected to impact on outturn financial performance.
- h) The favourable position on reserves deploys £417k; this is made up of two twelfths of all uncommitted contingency reserves provided at plan. These comprise £1,810k and reflect £500k high risk CIP reserve, £334k CQUIN reserves (£252k committed), £760k contingency and £50k AQP. In addition slippage from service developments of £115k are included and relate to ATU, CCU and Agile working as they are being rephased during 2014/15.

6.2 End of Year Projection

On the basis of performance at month two and the balance of known financial risks, reserves and opportunities, the Trust projects achievement of the planned £1,335k surplus.

Work continues to agree detailed projections and actions plans with prime budget holders; taking into account a number of new financial risks and CIP challenges. Following the launch of new Locality Performance Management arrangements last month, work is already underway to understand and develop action plans to address adverse locality performance.

Whilst it is too early to draw firm conclusions from the year to date position; a number of risks are already known; particularly attaching to CQUIN and its uneven distribution by quarter, cost pressures within the admin hubs as the trust embeds the new structure and continued high levels of OOA placements.

Key projected financial risks include;

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

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

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

The forecast for quarter 1 is that the Trust will achieve the £439k available (rated green by operational leads), however CQUIN delivery for the remaining 3 quarters still retains significant risk. It is clear there are dependencies on collaboration with acute trust partners to deliver reductions in re-admissions. There remain challenges in delivering 34%, or £664k of final 3 quarters planned CQUIN.

The Commercial Director, linking with Deputy Director Leads and the EMT; has co-ordinated work to develop and 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 £311k. The budget allows for approximately 155 bed days per month, but bed day usage has been double that at 310 days in April and 309 days in May. The OOA forecast assumes 300 bed days per month for the remainder of the year, which leads to a forecast overspend of £811k.

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

The year to date position reflects achievement of £862k or 84% of our gross CIP plan to date; £165k year to date slippage.

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, the need to identify substitute plans in Community Mental Health and Children and Families services, and under recovery against ATU income targets as referenced previously.

A detailed review with CIP Programme leads has been carried out at month 2 encompassing delivery plans and current expected phasing of efficiencies. There are several substitution schemes currently being documented for QIA approval prior to implementation in the second half of the year. In addition there is evidence that some CIP schemes will deliver additional savings in 2014/15.

The Trust currently projects achievement of the net £5.7m CIP target but is taking action to ensure delivery of the gross recurrent plan for £6.2m.

iv) Reducing the use of Agency Staff

The year to date position includes a total pay underspend of £290k, however this is due to vacancies not being filled in district nursing, healthcare assistants and corporate services of £601k. Offsetting this is the over spend on Admin Hubs and Adult Community Mental health Teams of £311k.

The bank & agency spend is £1,934k (12.8%) of the total pay costs for the first 2 months of the year. 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.

v) Management of £8.6m Capital Expenditure Programme

The position reported at month 2 is an under spend of £842k. 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.

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

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

The **adult mental health transformation project** is red RAG rated against targets concerning adult mental health acute in-patient activity, including average length of stay which was 48.7 days in May 2014, up from 44.5 days the previous month, against a target of 30 days (reduced from 35 days in 2013/14) and occupancy which was 94.1% in May 2014 against a target of 85%. Out of area placements remained high in May (309 bed days) and April (310 bed days). The out of area budget forecast assumes 300 bed days per month for the remainder of the year, which leads to a forecast overspend of £811k. E-feedback patient indicators around dignity and respect and access to services were red RAG-rated overall across the adult mental health wards. Investigation into the recent deterioration in this position is ongoing.

Given the overall current position within adult mental health, there is a high possibility that the project will not be able to meet future milestones concerning the reduction in adult mental health capacity over the coming years. Discussions are ongoing within adult mental health around service options to address the high average length of stay and Mental Health Strategies have been engaged as consultants to review the existing plans to change the adult acute pathway. The scope of this exercise has been expanded to also include community mental health services so the entirety of adult mental health is

considered in the same exercise. Longer term plans within this project will be shaped by the recommendations of this report.

Adult community nursing is red RAG rated against sickness absence, which is higher than target within this service area at 5.8% and is being monitored within service on an ongoing basis. The patient safety thermometer indicator is shown as red (with a value of 5%) against a target of 1.8%. Investigation is ongoing to confirm that only community nursing data is reported on this dashboard, rather than overall trust level data.

The **allied health professionals project** also has a sickness absence rate of 5.8% (above the 4% target) and this level of sickness is subject to ongoing monitoring and review within service.

The **productivity project** is rated red due to the sickness absence level within the administrative workforce being 6.9%, the same figure as in April 2014. The overall position is being reviewed whilst staff are in a transitional period during the implementation of the administrative hubs and any concerns are being responded to promptly. Financially, it is currently forecast that at least £200k of the 2014/15 additional admin review cost improvement programme will now not be recovered. This is due to 10 temporary wte administration staff currently covering sickness and absence, currently expected to leave the Trust by 31 July 2014.

The **care packages and pathways project** remains red rated year to date against three indicators related to in date clusters and number of open clusters. Performance has improved slightly during May 2014 against indicators for the number of clients clustered, now at 80.4% but below the target of 95%. Action plans are being reviewed that address the number of expired clusters and of multiple open clusters. The planned additional new actions include dedicated communication methods such as a video to staff to emphasise the importance of clustering, and additional resource being funded to promote a clustering culture. Performance is expected to improve over the coming months as the actions take effect and the number of service users with a cluster that is active increases.

The substance misuse project is red rated against appraisal rate, which is below the 90% target level, currently standing at 80.4%. This indicator is being monitored as part of ongoing work within the service.

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

In May 2014, the Board received a summary of the implementation of the safer staffing initiative outlined in the November 2013 National Quality Board update on safer staffing levels. The Board agreed that a summary of safer staffing information would be presented as part of the integrated performance report to each Board meeting, with more detailed information being presented to the Service Governance Committee. In addition the Board will receive a detailed review of staffing levels including findings and recommendations six monthly, commencing in June 2014.

In May 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 and dashboard will be presented to the Board in July 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;
- agrees to receive, through email circulation, the quarter 1 Commissioning for Quality and Innovation report that will be presented to the Quality and Safety Committee;
- approves the monthly self certification for submission to the NHS Trust Development Authority.