

Council of Governors Integrated Performance Report

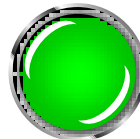
10 November 2016 Meeting

Performance for Quarter 2 - 2016/17

1.1 CQC Rating



1.2 NHS Improvement
Governance Rating



1.3 NHS Improvement Financial
Sustainability Risk Rating



Minimum Requirement: 3

Agenda Item: 11

Lead Director: Nicola Lees, Interim Chief Executive

Presented For: Discussion

The slide shows key issues that were highlighted to Board in the Board Integrated Performance Report. Governors have separate access to this report.

Section	Key Highlights
NHS Improvement	<ul style="list-style-type: none"> All quarter 2 NHS Improvement performance requirements have been met. Indicators M10 & M11 – The new national waiting time standards for Improving Access to Psychological Therapies (IAPT) apply from April 2016. The Trust is consistently meeting the new standards and exceeds national benchmarks. Following a period of national consultation NHS Improvement published its Single Oversight Framework in September 2016. This sets out a new single approach to oversee NHS trusts and foundation trusts. The framework confirms operational and quality metrics against which provider performance will be monitored and assessed. The framework applies from 1 October and significantly changes the basket of indicators that will be reviewed by NHS Improvement.
Quality	<ul style="list-style-type: none"> One Duty of Candour incident was reported in quarter 2, concerning a patient who was prescribed Lamotrogine in 2015 and claims it has caused them Steve-Johnsons Syndrome. The number of suspected suicides has increased compared to 2015/16. The Trust has a Suicide Reduction Steering Group in place to review all suicides within the organisation (and any learning as a response) and to support the development of a suicide prevention strategy both for the Trust and for West Yorkshire as a whole. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness published in October 2016 indicates that the number of deaths by suicide for mental health patients in the UK has risen in recent years. Sickness absence remains above the Trust's 4.0% target and the Integrated Performance Reports (IPR) outline responses to both short term and long term absence. Labour turnover remains above the Trust target of 10%. The IPR outlines issues and actions relating to the retention of staff, particularly in specialist in-patient services and acute in-patient services where labour turnover, vacancy and sickness absence rates are higher.
Business Unit	Issues identified for escalation to the Board relate to financial pressures and risks captured within the finance slides.

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Change Programme	<ul style="list-style-type: none"> The 2016/17 Change Programme consists of 8 transformational and 30 transactional (cost improvement) projects. Of 8 transformational projects, 3 are on track and rated green, 4 are rated amber and 1 is rated red. <p>Estates/Document Storage – In the absence of a records rationalisation strategy, the £125k cost improvement saving will not be achieved. The Change Programme Board has agreed to close this project. It will be re-scoped for 2017/18, following completion of the Trust's records strategy and with a narrower focus on non clinical records opportunities.</p> <p>Agile Project and Agile Resources Reductions – The first Trust site to be set up with agile infrastructure is nearing completion. Forecast savings in 2016/17 for travel costs have already been achieved. 2017/18 workforce planning is behind schedule. The impacts of this are exacerbated by an abridged planning timescale. Urgent Business Unit and Corporate actions have been prioritised for review by the Executive Management Team during November.</p> <p>IM&T – Telephony – There is a non recurrent shortfall of £153k in the savings forecasted for 2016/17 though additional potential recurrent savings of £100k have been identified from 2017/18.</p> <p>Care Packages and Pathways – Clustering performance remains below target (82% vs 95% target). Cluster based 'shadow' tariffs are planned in 2017/18 with 95% clustering target achievement therefore being targeted prior to this.</p>
Finance	<ul style="list-style-type: none"> Performance at the end of September highlights the ongoing challenges of delivery during 2016/17 and signifies the need for continued and urgent remedial attention. 5 key indicators are rated amber with the Statement of Comprehensive Income rated red. The Trust planned to make a surplus of £666k at the end of the period but has reported a £224k deficit and adverse plan variance of £890k despite receipt of Moor Lane overage at month 5. Cost improvements are £196k behind plan at the end of the period, but offset non-recurrently through the high risk cost improvement plan (CIP) reserve. Further details and mitigating actions are highlighted later. Capital expenditure is £313k below plan, reflecting slippage on both Estates and IM&T schemes and uncommitted contingency reserves (for known in-year pressures) of £14k. The position achieves a Financial Sustainability Risk Rating (FSRR) of 3 (planned FSRR 4). Whilst we forecast an outturn FSRR of 4 this depends on delivering challenging actions in the coming months. Whilst FSRR headroom rose to £450k at month 6 the primary focus is achieving the £1,350k control total and £790k Sustainability Funding.
Summary	<ul style="list-style-type: none"> The Board Integrated Performance Report shows strong performance against non financial targets in quarter 2 but a number of challenging financial pressures requiring robust ongoing management and oversight if the Trust is to achieve 2016/17 plan requirements. Correlation of quality information (including patient experience and safety related measures) performance, finance, workforce and health and safety information has taken place and did not identify any areas of particular concern.

1.1 CQC Compliance

Description	<p>This slide provides more detail in relation to the Care Quality Commission (CQC) Rating shown on slide 1 (button 1.1).</p> <p>This rating reflects the outcome of the CQC inspection of Trust services conducted in January 2016 and will remain unchanged until the CQC conduct a further inspection.</p>
Quarter 2 performance	<p>No change since quarter 1 report; the Trust has been awarded a rating of 'good' for each of the 5 CQC questions, with a rating of good overall. The CQC identified various aspects of good practice; they did not identify any recommendations or actions for improvement.</p>
Projected Performance	<p>The rating of good will remain until such time the CQC conducts any further inspections.</p> <p>The Trust has in place an internal self-assessment process to provide assurance that the requirements continue to be met.</p>

1.2 NHS Improvement Governance Rating

Description	<p>The following NHS Improvement slide shows the Trust's performance against national targets for providers of mental health and community services. Indicators cover a range of access, data quality and outcome targets.</p> <p>NHS Improvement expects NHS foundation trusts to meet the national targets, achieving 'green' rated performance for each indicator, each quarter.</p> <p>NHS Improvement uses performance against national targets alongside other information e.g. inspection outcomes to assess the strength of governance at foundation trust. This is the "NHS Improvement Governance Rating" on slide 1 (button 1.2).</p>
Quarter 2 Performance	<p>Performance is scrutinised at monthly Business Unit performance meetings and Directors' Business and Transformation Governance meetings chaired by the Chief Executive.</p> <p>The Trust's assessment of governance rating is green, meaning no governance concerns are evident.</p>
Projected Performance	<p>In October the Board has received shadow reporting of Trust performance against the new Single Oversight Framework operational performance metrics, together with an assessment of forecast achievement. Whilst full achievement of most indicators is projected (for example waiting times for Improving Access to Psychological Therapies, Early Intervention in Psychosis and dental services referral to treatment), some indicators are more challenging (for example routinely delivering cardio-metabolic assessment and treatment for people with psychosis).</p>

1.2 NHS Improvement Indicators – Quarter 2 2016/17

Indicator No.	Indicator	Target	2015/16	2015/16	2016/17	2016/17	Indicator No.	Indicator	Target	2015/16	2015/16	2016/17	2016/17
			Q3	Q4	Q1	Q2				Q3	Q4	Q1	Q2
			Outturn	Outturn	Outturn	Outturn				Outturn	Outturn	Outturn	Outturn
M3	RTT dental 18 weeks waits - incomplete pathways (Number of patients who have waited 18 weeks or less/Number of patients waiting)	92.0%				100.0%	M12	Access to health care for people with a learning disability	6 Green				6 Green
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.0%	M13	Community services data completeness: Referral to treatment information	50.0%				66.0% Q1
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				100.0%	M14	Community services data completeness: Referral information	50.0%				91.9% Q1
M7	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	50.0%			74.2%	64.2%	M15	Data completeness treatment activity information	50.0%				99.4% Q1
M8	Care Programme Approach patients receiving follow-up contact within 7 days of discharge	95.0%				97.5%	M16	Mental Health data completeness: identifiers	97.0%				99.5%
M9	Care Programme Approach patients having formal review within 12 months	95.0%				97.1%	M17	Mental health data completeness: outcomes for patients on Care Programme Approach	50.0%				75.8%
M10	2.a. People with common mental health conditions referred to the Improving Access to Psychological Therapies programme will be treated within 6 weeks of referral	Q1 - 10% Q2 - 20% Q3 - 30% Q4 - 60%	85.0% Q3	88.8% Q4	91.5% Q1								
M11	2.b. People with common mental health conditions referred to the Improving Access to Psychological Therapies programme will be treated within 18 weeks of referral	Q1 - 50% Q2 - 60% Q3 - 70% Q4 - 80%	94.7% Q3	97.9% Q4	98.1% Q1								

All quarter 2 NHS Improvement requirements have been achieved.

1.3 NHS Improvement Financial Sustainability Risk Rating

Description	<p>The following NHS Improvement slide shows the Trust's performance against the national metrics for measuring financial risk and other key financial performance measures. The NHS Improvement rating comprises four measures:</p> <ol style="list-style-type: none"> 1. Capital Servicing Capacity 2. Liquidity 3. I&E Margin 4. Variance From Plan <p>NHS Improvement used these measures to assess the overall level of financial risk of an NHS foundation trust until 30 September 2016. A score of 4 represents the lowest possible risk (the best rating) with a minimum required score of 3. This is the NHS Improvement Financial Sustainability Risk Rating (FSRR) on slide 1 (button 1.3).</p> <p>Following publication by NHS Improvement of the Single Oversight Framework, quarter 2 is the last period in which the Financial Sustainability Risk Rating will apply. A new Use of Resources score will apply from October 2016. Going forward a score of 4 will represent the highest possible risk (the worst rating) with a minimum required score of 2.</p>
Quarter 2 Performance	<p>Financial performance is scrutinised at monthly Business Unit Performance meetings and Director/Deputy Director meetings chaired by the Chief Executive. The Executive Management Team and the Finance Business & Investment Committee review the quarter end position prior to consideration by the Board and submission to NHS Improvement. Using the FSRR the Trust's risk rating is 3.</p>
Projected Performance	<p>The position reflects achievement of a FSRR of 3 compared to a plan FSRR of 4. The Trust forecasts achieving an outturn FSRR of 4 in quarter 4 (or 1 under the new Single Oversight Framework) but this depends on delivering targeted actions in Q3 and Q4.</p>

1.3 NHS Improvement Financial Sustainability Risk Rating

Financial Sustainability Risk Ratings for Bradford District Care NHS Foundation Trust

	Plan For YTD ending 30-Sep-16	Actual For YTD ending 30-Sep-16	Plan For Year ending 31-Mar-17	Actual For Year ending 31-Mar-17
Capital Service Cover rating	4	3	4	4
Liquidity rating	4	4	4	4
I&E Margin rating	4	2	4	4
I&E Margin Variance From Plan rating	3	2	3	3
Overall Financial Sustainability Risk Rating	4	3	4	4

Executive Summary

Proposed Board RAG Rating	YTD	FOT	Commentary
<p>Statement of Comprehensive Income (SoCI)</p> <p>A deficit of £224k year to date is £890k below the planned surplus of £666k. This reflects the degree of challenge in the financial plan for 2016/17 and will require rapid, ongoing and robust action planning to ensure delivery of the planned surplus.</p>	●	●	<p>In Month Surplus/(Deficit) - Plan vs Actual/Forecast</p>
<p>Statement of Financial Position (SoFP)</p>	●	●	<p>Current assets (including cash, receivables, accruals, prepayments) are £2.2m above plan. Current liabilities are £2.9m above plan. These variances underpin the adverse year to date cash flow variance.</p>
<p>Statement of Cash Flows (SoCF)</p> <p>Cash balances are £1.4m below plan at the end of the year. The main reasons for the cash variance relates to the Month 6 SOCI variation from plan of £885k. The remaining cash variance, is due to the non-payment of the insurance monies for the flood damage at New Mill, now due in October and an increased level of prepayments in 2016/17. The Trust forecast achievement of the planned outturn cash of £14,589k.</p>	●	●	<p>In Month Cash Balances - Plan vs Actual</p>
<p>Financial Sustainability Risk Rating (FSRR)</p> <p>Use of Resources Metric (UoR)</p> <p>Achievement of a FSRR of 3 in Month 6, however a further deterioration in the I&E position of £450k would result in an overall FSRR of 2. The Trust forecasts achieving the planned surplus and a rating of 4. From M07, the new 'Use of Resources (UoR)' metric comes into force. At M06, the new metric is in shadow format and shows a 2 (1 = Best, 4 = Worst) rating.</p>	●	●	<p>In Month FSRR - Plan vs Actual</p>
<p>Cost Improvement Programmes (CIPs)</p> <p>CIPs are under achieving by £196k YTD (before reserve). This includes schemes rated RED when the plan was approved. The full year forecast shows an under achievement of £494k against the gross annual CIP of £5,787k, this underachievement is mitigated by the £500k high risk CIP reserve. Programme Leads are now progressing required (mitigating) actions to ensure delivery of the gross plan.</p>	●	●	<p>In Month CIPs - Plan vs Actual/Forecast</p>
<p>Capital Expenditure</p> <p>Capital expenditure is £313k below plan at the end of the period mainly due to the timing of expenditure for key schemes in Estates and IM&T, and no calls on the capital contingency at this point in the year. Plans are in place to fully commit the capital programme. There is still uncertainty regarding a Capital Control Total.</p>	●	●	<p>In Month Capital Expenditure - Plan vs Actual/Forecast</p>

NHS Improvement - Quarter 2 return and Board Governance Statements

Description	<p>Foundation Trusts were asked to confirm their Quarter 2 Financial & Sustainability Risk Rating under the Risk Assessment Framework (RAF) to NHS Improvement.</p> <p>Separate Foundation Trust Board statements relating to governance and rolling financial performance were not required at Quarter 2. This reflected changes in the transitional period toward the new Single Oversight Framework which applies equally to NHS trusts and foundation trusts from 1 October 2016.</p> <p>The financial rating under the former RAF ratings, via the Financial Sustainability and Performance Risk Rating (FSRR) comprises 4 key metrics (slide 8).</p>
Quarter 2 Performance	<p>The Finance, Business and Investment Committee and the Board considered the Financial Sustainability Risk Rating for quarter 2. Governance Statements were not required for quarter 2 due to the implementation of NHS Improvement's new Single Oversight Framework that applies from October 2016.</p>