

Council of Governors Integrated Performance Report

11th August 2016 Meeting

Performance for Quarter 1 - 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: Simon Large, 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 1 NHS Improvement performance requirements have been met. Indicator M7 - Data has been provided in relation to the waiting time element of the new standard for Early Intervention in Psychosis (EIP). Although the Trust is meeting the waiting time element of the standard, the other components of the standard (extended age range and provision in accordance with NICE recommendations) are not yet in place. Additional CCG investment in EIP was confirmed from April 2016, allowing staff recruitment to commence. This will enable the Trust to extend the age range for EIP services to adults up to 65 and to provide a full package of NICE recommended care. As a result of the recent investment, the Trust projects meeting all components of the standard from quarter 3 of 2016/17. Indicators M10 & M11 – The new national waiting time standards for Improving Access to Psychological Therapies (IAPT) apply from April 2016. The Trust has met the standards in April 2016 (based on provisional pre-publication data).
Quality	<ul style="list-style-type: none"> The final versions of the reports relating to the Care Quality Commission January 2016 inspection were received by the Trust in May 2016. The Trust is now rated as ‘good’ for the safe domain and as ‘good’ overall. Only two other mental health trusts that have undergone inspections have been rated ‘good’ in all five domains. One Duty of Candour incident was reported in quarter 1, concerning the inappropriate application of a wound dressing. Sickness absence remains above the Trust’s 4.0% target and the Integrated Performance Reports outline responses to both short term and long term absence. Labour turnover remains above the Trust target of 10%. The Integrated Performance Reports outline 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	<ul style="list-style-type: none"> Issues identified for escalation to the Board relate to financial pressures and risks captured within the finance slides, together with in-patient staffing.

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
Change Programme	<ul style="list-style-type: none"> • The 2016/17 Change Programme consists of 9 transformational projects and 29 transactional cost improvement projects (CIPs). • Of the 9 transformational projects, 5 are currently on progressing to plan track and are rated green. 4 projects are rated amber (agile working, IM&T telephony, estates rationalisation, care packages and pathways programme) with actions and mitigation in place to manage the risks and issues.
Finance	<ul style="list-style-type: none"> • Performance at the end of June highlights the level of challenge anticipated when the 2016/17 Annual Plan was approved. A mitigating action plan is now being progressed and overseen by the Executive Team and through the Finance Business & Investment Committee to address a probable case outturn variance of £0.3 to £0.5m. • The year to date position is that all key indicators are rated 'Amber', with the exception of the forecast Statement of Comprehensive Income which is rated 'Red'. • The Trust planned to make a surplus of £330k at the end of the period but has reported a £316k deficit and adverse plan variance of £646k. Cost improvements are £136k behind plan at the end of the period. This shortfall is mitigated by deploying the high risk CIP reserve, pending agreement of substitute actions and/or agreed but re-phased plans delivering. • Capital expenditure is £366k below plan year to date, reflecting slippage for Estates and IM&T schemes and uncommitted contingency reserves (for anticipated in-year pressures) of £60k. • The position reflects achievement of a Financial Sustainability Risk Rating (FSRR) of 3, compared to a plan rating of 4 but with next to no headroom before a drop in the overall rating.
Summary	<ul style="list-style-type: none"> • The Board Integrated Performance Report shows strong performance against non financial targets in quarter 1 but a number of financial pressures that require robust ongoing financial management and oversight if the Trust is to achieve a challenging financial plan in 2016/17. • 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 June 2014 and will remain unchanged until the CQC conduct a further inspection.</p>
Quarter 1 performance	<p>On 11 to 14 January 2016, the CQC undertook their ‘focussed inspection’ of Trust services. The purpose of the visit was to follow up on progress since the full inspection in June 2014 with a particular focus on the two ‘must do’ (compliance) actions identified (improvements to the Health Based Place of Safety suites and embedding the continuous care medical model).</p> <p>The report in relation to the January 2016 inspection has been received and the Trust is pleased to confirm that a rating of ‘good’ was awarded 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 1 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>All indicators are projected to remain green in 2016/17.</p> <p>NHS Improvement is consulting on a Single Oversight Framework which proposes operational performance metrics that will form part of the monitoring processes for providers. This would result in significant changes to the set of indicators that are currently reported to NHS Improvement.</p>

1.2 NHS Improvement Indicators – Quarter 1 2016/17

Indicator No.	Indicator	Target	2015/16 Q2 Outturn	2015/16 Q3 Outturn	2015/16 Q4 Outturn	2016/17 Q1 Outturn	Indicator No.	Indicator	Target	2015/16 Q2 Outturn	2015/16 Q3 Outturn	2015/16 Q4 Outturn	2016/17 Q1 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%				99.2%	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%				96.8%	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%	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%				97.9%	M16	Mental Health data completeness: identifiers	97.0%				99.6%
M9	Care Programme Approach patients having formal review within 12 months	95.0%				98.3%	M17	Mental health data completeness: outcomes for patients on Care Programme Approach	50.0%				78.3%
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%	69.1% Q2	85.0% Q3	89.4% Q4								
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%	92.4% Q2	95.0% Q3	97.7% Q4								

All quarter 1 NHS Improvement requirements have been achieved.

1.3 NHS Improvement Financial Sustainability Risk Rating (FSRR)

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. Income & Expenditure Margin 4. Variance From Plan <p>NHS Improvement uses these measures to assess the overall level of financial risk of an NHS foundation trust. A score of 4 represents the lowest possible risk (the best rating) with a minimum required score of 3. This is the "NHS Improvement Sustainability and Performance Risk Rating" on slide 1 (button 1.3).</p>
Quarter 1 Performance	<p>Financial performance is scrutinised at monthly Business Unit performance meetings and Directors' Business and Transformation Governance meetings chaired by the Chief Executive. EMT and the Finance Business & Investment Committee review the quarter end position prior to consideration by the Board and submission to NHS Improvement. The quarter 1 position reflects achievement of a FSRR of 3, compared to a plan rating of 4.</p>
Projected Performance	<p>The Trust projects achieving a FSRR of 4, subject to management of probable case risks of £0.3 to £0.5 million. Mitigating action plans have been agreed and are progressing via the Executive Management Team. The position at month 3 provides very little headroom on the Income & Expenditure metrics and a further deterioration in the position of £5k would result in the Trust reporting an overall FSRR of 2.</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-June-16	Actual For YTD ending 30-June-16	Plan For Year ending 31-Mar-17	Actual For Year ending 31-Mar-17
Capital Service Cover rating	4	2	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	4
Overall Financial Sustainability Risk Rating	4	3	4	4

Executive Summary

Proposed Board RAG Rating	Year to Date	Forecast 2016/17	Commentary
Statement of Comprehensive Income (SoCI)			A deficit of £316k for the period is £646k below the planned surplus of £330k. 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. A detailed risk and mitigation plan will be shared with FBIC in July.
Statement of Financial Position (SoFP)			Current assets (including cash, receivables, accruals, prepayments) are £2,811k above plan. Current liabilities are £3,159k above plan. These variances underpin the adverse year to date cash flow variance.
Statement of Cash Flows (SoCF)			Cash balances are £1,268k below plan at the end of the period, mainly due to the Local Authority contract sums for June not settled in month due to the finalisation of their internal processes for agreeing the 2016/17 contract terms and conditions. The forecast is still achievement of the cash target of £14,589k but noting elevated risks relating to achievement of the planned surplus.
Financial Sustainability Risk Rating (FSRR)			Achievement of a Financial Sustainability Risk Rating (FSRR) of 3 in Month 3, however a further deterioration in the I&E position of £5k would result in an overall FSRR of 2. The forecast position of delivering the Trusts required surplus will achieve a rating of 4.
Cost Improvement Programmes (CIPs)			Under achievement of £118k compared to planned CIPs reflects further work now needed to secure financial savings. This includes schemes rated RED when the plan was approved. Under achievement of £308k against the gross annual CIP of £5,787k is forecast but this underachievement is mitigated by the £500k high risk CIP reserve. Programme Leads now progressing required (mitigating) actions to ensure delivery of the gross plan.
Capital Expenditure			Capital expenditure is £366k below plan at the end of the period mainly due to the timing of expenditure for most major schemes within both Estates and IT, and no calls on the capital contingency at this early point in the year. Plans are in place to fully commit the capital programme.

NHS Improvement - Quarter 1 return and Board Governance Statements

Description	<p>Foundation trusts must submit a confirmation of their rating under the Risk Assessment Framework (RAF) to NHS Improvement on a quarterly basis.</p> <p>The governance rating consists of various elements including NHS Improvement performance indicators (slide 6), changes to the composition of the Board of Directors and any governor elections that have taken place each quarter.</p> <p>The financial rating, via the Financial Sustainability and Performance Risk Rating (FSRR) comprises 4 key metrics (slide 8).</p>
Quarter 1 Performance	<p>EMT discussed the quarter 1 position shown as part of the Integrated Performance report and assurances were provided to agree compliance with the Governance Statements (slide 11).</p>
Projected Performance	<p>In 2016/17 the Trust projects achieving a FSRR of 4, subject to management of probable case risks of £0.3 to £0.5 million. Mitigating action plans have been agreed and are progressing via the Executive Management Team.</p> <p>The Trust anticipates at this stage being able to maintain a Monitor FSRR of at least a '3' for the next 12 months.</p>

Board Governance Statement to NHS Improvement

In Year Governance Statement from the Board of Bradford District Care NHS Foundation Trust

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

**Board
Response**

For finance, that:

The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.

Confirmed

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.

Confirmed

For governance, that:

The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.

Confirmed

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (per the Risk Assessment Framework, Table 3) which have not already been reported.

Confirmed

Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.

0

Signed on behalf of the board of directors