

Council of Governors Integrated Performance Report

11th February 2016 Meeting

Performance for Quarter 3 - 2015/16

1.1 CQC Compliance



1.2 Monitor Governance Rating



1.3 Monitor Financial Sustainability Risk Rating



Minimum Requirement: 3

Agenda Item: 7

Lead Director: Simon Large, Chief Executive

Presented For: Discussion

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

Section	Key Highlights	BIPR Slides
Monitor	<ul style="list-style-type: none"> All quarter 3 Monitor performance requirements have been met. Indicator M7 - Publication of the national Early Intervention in Psychosis (EIP) commissioning guidance is still awaited. Work is ongoing to ensure BDCFT contribute to the interim national data collection processes, commencing in January 2016, whilst awaiting information on staffing requirements and confirmation of the level of additional resources expected to be required to achieve NICE concordant treatments from April 2016. Trust performance against the new national waiting time standards for Improving Access to Psychological Therapies (IAPT) which apply from April 2016 is above the local contract trajectory. 	4 - 6
Quality	<ul style="list-style-type: none"> The Trust's internal assessment is full achievement of quarter 3 Commissioning for Quality and Innovation (CQUIN) requirements, with projected full delivery of all milestones for quarter 4. Discussion have begun to agree 2016/17 CQUINs with commissioners. Sickness absence remains above the Trust's 4.0% target; however there has been a slight decrease in December 2015. Actions to reduce sickness absence are in place though the 4% target is not now forecast to be achieved in 2015/16. Other workforce performance indicators such as appraisals and mandatory training remain above target. A new slide has been included within the December 2015 Board Integrated Performance Report (BIPR, slide 24) to provide additional assurances about performance against key quality indicators that are now reported to the Board by exception or quarterly. Performance is generally positive against the quality goals reported this quarter; whilst the 100% aspirational targets are not always met the majority are on track to exceed the associated baseline performance or national target. The quality goals for 2016/17 have been drafted in response to consultation and will be progressed over the next few weeks (via the CoG task & finish group) and signed off by the Board in February 2016. 	7 - 24
Locality	<ul style="list-style-type: none"> Locality Performance Meetings (LPMs) have not been held in December and January to allow smooth transitions to the new operational service structures and to allow for final quarter 3 reporting in the previous structures. During this transition period performance was closely monitored by detailed exception reporting. LPMs begin again in February 2016, reflecting the new operational structures. 	25 - 28

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Change Programme	<ul style="list-style-type: none"> • 9 of the 15 'live' projects are reporting on track . Two projects are red rated relating to the generation of targeted CIP revenues for the Intensive Therapy Centre (ITC) and Assessment and Treatment Unit (ATU). • Four projects have been amber rated; Agile Working, IM&T strategy, Bank & Agency and the Care Pathways and Packages Project. • Actions and interventions are being directed, supported and overseen via the Change Programme Board. 	29 - 30
Finance	<ul style="list-style-type: none"> • Performance on all key indicators is green with the exception of cash which is amber rated. This reflects timing issues in relation to the payment of provisions, settlement of liabilities on termination of the previous temporary staffing contract and outstanding revenues from NHS Property Services (now resolved following escalation) • The Quarter 3 position reflects achievement of a Financial Sustainability Risk Rating of 4. • The most substantial in year risk relates to achievement of planned revenues for the ITC. The projected net income and expenditure shortfall has required CIP substitution and/or release of reserves however the Trust remains on track to achieve the overall planned end of year position. • Following confirmation by the Local Authority that a blanket reduction of at least 6.2% will be deducted from all Trust contracts commissioned by them in 2016/17 the Trust is progressing work via the new Children's Locality to assess the service impacts. No costs of service re-design have been assumed in the forecast. 	31- 43
Summary	<p>The December 2015 the Board Integrated Performance Report shows strong performance, with achievement of the majority of indicators in quarter 3 of 2015/16.</p> <p>Information within this report supports the Trust's quarter 3 submission to Monitor of actual performance against plan. The Trust is compliant with the terms contained within the Monitor provider licence for quarter 3.</p> <p>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.</p>	

1.1 CQC Compliance

Description	<p>This slide provides more detail in relation to the Care Quality Commission (CQC) Compliance rating shown on slide 1 (button 1.1).</p> <p>This rating reflects the outcome of the CQC inspection of BDCFT services conducted in June 2014 and will remain unchanged until the CQC conduct and confirm the outcome of the further inspection.</p>
Quarter 3 performance	<p>CQC inspection update</p> <p>On 11 to 14 January 2016, the CQC undertook their 'focussed inspection' of BDCFT 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 inspection involved visits to a number of acute wards plus the Health Based Place of Safety suites at Lynfield & Airedale sites, submission of approximately 50 pieces of evidence covering other services and an interview with the Deputy Chief Executive/Director of Nursing and the Medical Director.</p> <p>Initial verbal feedback was provided by the CQC on 18 January and was very positive including good feedback from services users, knowledgeable staff, innovative approach re the use of video consultation, good evidence of physical health monitoring, improved Health Based Places of Safety and a well embedded Continuous Care Medical Model.</p> <p>The Trust will receive the full reports in April 2016. There will be three reports in all; one overall report, one for the acute wards and one for the PICU and Health Based Places of Safety combined.</p>
Projected Performance	<p>Initial feedback from the CQC indicates that the outcome of the inspection will be positive; the Trust feels there is the potential for the current amber rating (requires improvement) on the 'safe' domain to be rated green (good) however this cannot be confirmed until the formal report is received.</p>

1.2 Monitor Governance rating

<p>Description</p>	<p>The following Monitor 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>Monitor expects NHS foundation trusts to meet the national targets, achieving 'green' rated performance for each indicator, each quarter.</p> <p>Monitor uses performance against national targets alongside other information e.g. inspection outcomes to assess the strength of governance at an NHS foundation trust. This is the "Monitor Governance Rating" on slide 1 (button 1.2).</p>
<p>Quarter 3 Performance</p>	<p>Performance is scrutinised at monthly Locality Performance meetings and Director/Deputy Director meetings chaired by the Chief Executive.</p> <p>The Trust's assessment of governance rating is green, meaning no governance concerns are evident.</p>
<p>Projected Performance</p>	<p>All targets are projected to remain green.</p>

1.2 Monitor Indicators – Quarter 3 2015/16

Indicator No.	Indicator	Target	2014/15	2015/16	2015/16	2015/16	Indicator No.	Indicator	Target	2014/15	2015/16	2015/16	2015/16
			Q4	Q1	Q2	Q3				Q4	Q1	Q2	Q3
			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%				95.1%	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%		52.6% Q1	69.1% Q2	
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.2%	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%		83.9% Q1	92.1% Q2	
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				99.4%	M12	Access to health care for people with a learning disability	6 Green				6 Green
M6	New psychosis cases by Early Intervention Teams	95.0%				154.5%	M13	Community services data completeness: Referral to treatment information	50.0%				65.0% Q3
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		Reporting to begin in Q4				M14	Community services data completeness: Referral information	50.0%				92.9% Q3
M8	Care Programme Approach patients receiving follow-up contact within 7 days of discharge	95.0%				97.2%	M15	Data completeness treatment activity information	50.0%				99.7% Q3
M9	Care Programme Approach patients having formal review within 12 months	95.0%				97.4%	M16	Mental Health data completeness: identifiers	97.0%				99.7%
							M17	Mental health data completeness: outcomes for patients on Care Programme Approach	50.0%				81.7%

Narrative:

Indicators M10 – M11: Quarter 3 final figures are not yet available for waiting times for people accessing the Improving Access to Psychological Therapies services. October 2015 final plus November 2015 primary figures = 76.6% entered therapy within 6 weeks and 95.1% within 18 weeks.

1.3 Monitor Financial Sustainability Risk Rating

Description	<p>The following Monitor slide shows the Trust's performance against the national metrics for measuring financial risk and other key financial performance measures. The Monitor rating comprises four measures (the latter 2 being introduced from Quarter 3 2015/16):</p> <ol style="list-style-type: none"> 1. Capital Servicing Capacity 2. Liquidity 3. I&E Margin 4. Variance From Plan <p>Monitor uses these measures to assess the overall level of financial risk of an NHS FT. A score of 4 represents the lowest possible risk (the best rating) with a minimum Monitor required score of '3'. This is the "Monitor Financial Sustainability and Performance Risk Rating" (FSRR) on slide 1.</p>
Quarter 3 Performance	<p>Financial performance is scrutinised at monthly Locality Performance meetings and Director/Deputy Director 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 Monitor. Using the FSRR the Trust's risk rating is '4'.</p>
Projected Performance	<p>Whilst a number of emerging financial risks have potential to impact moving into 2016/17, the Trust anticipates at this stage being able to maintain a Monitor FSRR of at least a '3' for the next 12 months by:</p> <ul style="list-style-type: none"> - Identifying new cost reductions linked to service re-design for Council contracts - Bringing forward planned cost improvements and exploring new business opportunities - Considering the level of planned surplus and deploying reserves.

1.3 Monitor Financial Sustainability Risk Rating

Financial Sustainability Risk Ratings (updated from August 2015 RAF) for Bradford District Care NHS Foundation Trust

	Plan For Current YTD ending 31-Dec-15	Actual For Current YTD ending 31-Dec-15	Plan For Year ending 31-Mar-16	Forecast For Year ending 31-Mar-16
Capital Service Cover	4	4	4	4
Liquidity	4	4	4	4
I&E Margin	3	3	4	4
I&E Margin Variance From Plan	4	3	4	3
Financial Sustainability Risk Rating	4	4	4	4

Financial Performance Summary

Proposed Board RAG Rating	Year to Date	Forecast 2015/16	Commentary
Statement of Comprehensive Income (SoCI)			A surplus of £700k for the year to date, which is £1k ahead of plan. The forecast includes the assumed recognition of overage for the recently disposed Moor Lane Site. Accounting treatment is being discussed with External Audit. This benefit would provide mitigation for Public Health grant risks previously elevated as a concern within the report. The revised forecast for 2015/16 is that the required surplus will be maintained.
Statement of Financial Position (SoFP)			Current assets, which includes receivables, accruals and prepayments are £333k more than plan. Current liabilities are £201k less than plan. Forecast to deliver plan but with financial risks identified for cash flows resulting from reductions in forecast income for ITC and debtor payment delays.
Statement of Cash Flows (SoCF)			A cash flow position currently £1.4m below plan due to a number of in-year phasing issues. The forecast is to achieve the planned cash balance for 2015/16 supported by a detailed cash management action plan that will mitigate the current shortfall.
Financial Sustainability Risk Rating (FSRR)			Achievement of a Financial Sustainability Risk Rating (FSRR) of 4. Risks and mitigation plans identified.
Cost Improvement Programmes (CIPs)			Delivery of £5,122k CIPs against a net plan of £4,748k. Forecast delivery is £6,876k. This would represent over-achievement of £500k or 8% against plan. Substitution schemes have delivered an additional £352k to offset the slippage from ITC scheme.
Capital Expenditure			Capital under spending of £118k is driven by flow through items. The January CPIG meeting confirmed forecast under spending of £91k and reviewed expenditure priorities from capital funding requests not previously funded. CPIG approved the balance of funding to progress Dental IM&T and staff bank accommodation requirements, bringing the capital forecast back on line with plan.

Monitor - Quarter 3 return and Board Governance Statements

Description	<p>Foundation trusts must submit a confirmation of their rating under the Risk Assessment Framework (RAF) to Monitor on a quarterly basis.</p> <p>The governance rating consists of various elements including Monitor 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 3 Performance	<p>The Trust Board discussed the quarter three position within the Integrated Performance Report and assurances provided from Board Committees and agreed compliance with the Governance Statements (slide 11).</p>
Projected Performance	<p>The Trust projects that a number of new financial risks have potential to impact moving into 2016/17 however 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 Monitor

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 Monitor (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.

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Signed on behalf of the board of directors