

Council of Governors Integrated Performance Report

12th November 2015 Meeting

Performance for Quarter 2 - 2015/16

1.1 CQC Compliance



1.2 Monitor Governance Rating



1.3 Monitor Financial Sustainability Risk Rating



Minimum Requirement: 3

Agenda Item: 8

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 (BIPR).
Governors have separate access to this report.

Section	Key Highlights	BIPR Slide Ref
Monitor	<ul style="list-style-type: none"> All quarter 2 Monitor performance requirements have been met. An update is provided on the new access standard for Early Intervention in Psychosis, to be reported from 2015/16 quarter 4 and applicable from 1 April 2016. Publication of the national Commissioning Guide, including measurement of the standard and staffing requirements, is still awaited. This will confirm the level of additional resources expected to be required to achieve NICE compliant treatments from 2016/17. Trust performance against new national waiting time standards for Improving Access to Psychological Therapies (IAPT) is above local contract trajectory but below national benchmark performance. Clearance of a backlog of Bradford Districts patients waiting for second therapy sessions has commenced following confirmation of a successful joint bid to NHS England for non recurrent funding and supporting the Trust to meet waiting time standards by March 2016. 	<p>4 - 6</p> <p>4</p> <p>5</p>
Quality	<ul style="list-style-type: none"> One Duty of Candour incident was reported in September 2015 relating to a possible inappropriate clinical intervention in the treatment of a pressure ulcer within a District Nursing (DN) team. The patient has been informed by the DN team leader and a letter has also been sent to the patient. The Trust's internal assessment is full achievement of quarter 2 Commissioning for Quality and Innovation (CQUIN) requirements, with projected full delivery of all milestones. It is proposed to move to quarterly reporting of CQUINs to the Board, with any exceptions escalated monthly. Sickness absence remains above the Trust's 4.0% target. The report outlines issues and actions relating to responses to both long and short term absence. Safer staffing information has been consolidated onto a reduced number of slides, focussing on the data that is nationally reported data together with any exceptions. The format and content of these slides will be further refined for the November integrated performance report. Friends and Family Test responses have been summarised onto a single slide. 	<p>12</p> <p>17 and 18</p> <p>20 - 24</p> <p>25</p>
Locality	<ul style="list-style-type: none"> Clustering Performance continues to improve with Specialist Inpatient Services achieving 95% but overall performance is below 95% at the end of quarter 2. The Steering Group continues to target resource to achievement of the 95% but is now refocussing on embedding activities and data quality reviews to support use of clustering currencies. The Trust has agreed a remedial action plan with CCGs for achievement of the IAPT targets for numbers of people who have depression and/or anxiety disorders who receive psychological therapies and for people reaching recovery. The Board is asked to note the issues and actions outlined in the exception report. 	<p>27</p> <p>28 and 29</p>

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Section	Key Highlights	BIPR Slide Ref
Change Programme	<ul style="list-style-type: none"> The majority of change programme projects remain on track and green rated, representing 10 of the 15 'live' projects. Two projects have been red rated relating to the generation of targeted CIP revenues for the Intensive Therapy Centre (ITC) and Assessment and Treatment Unit (ATU). Three projects have been amber rated; Agile Working, IM&T strategy and the Care Pathways and Packages Project. The report outlines actions that are being supported and overseen via the Change Programme Board. 	30 - 36
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 2 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, with Change Programme Board agreeing a more cautious forecast should be assumed at Month 6 based on admissions to date. The projected net income and expenditure shortfall will require CIP substitution and/or release of reserves however the Trust remains on track to achieve the 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. 	<p>37 & 42</p> <p>43</p> <p>39 & 47</p>
Summary	<p>The Board integrated performance report shows strong performance, with achievement of the majority of indicators in September and for quarter 2 of 2015/16.</p> <p>Information within this report supports the Trust's quarter 2 submission to Monitor of actual performance against plan. The Trust is compliant with the terms contained within the Monitor provider licence for quarter 2.</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 a further inspection.</p>
Quarter 2 performance	<p>Scrutiny against CQC requirements occurs throughout the year , culminating in an annual Board Assurance report that brings together compliance information from a number of sources .</p> <p>Two ‘must do’ compliance actions resulted from the June 2014 inspection, both are now complete:</p> <ul style="list-style-type: none"> • Physical improvements to the Trust’s Health Based Places of Safety, and • Continuous Care Medical Model. <p>CQC identified a number of further ‘should do’ actions. The majority were completed within services during 2014 and early 2015 (two actions remaining).</p> <p>Sample reviews of the completed ‘should do’ actions are underway to ensure ongoing compliance.</p>
Projected Performance	<p>Actions taken to complete ‘must’ and ‘should do’ actions and to complete sample reviews by the end of 2015 provide some confidence that the Trust will be ready for a follow up CQC inspection. This is expected to take place during 2016.</p>

1.2 Monitor Governance rating

Description	<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 (FT) 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 FT. This is the "Monitor Governance Rating" on slide 1 (button 1.2).</p>
Quarter 2 Performance	<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>
Projected Performance	<p>New Monitor access targets will apply from April 2016 for IAPT and EIP.</p> <ul style="list-style-type: none"> - IAPT performance is predicted to be green (M10 and M11) - EIP Commissioning guidance is still awaited and additional resources are expected to be required to achieve these new requirements recurrently (M7) <p>All other targets are projected to remain green.</p>

1.2 Monitor Indicators – Quarter 2 2015/16

Indicator No.	Indicator	Target	2014/15 Q3 Outturn	2014/15 Q4 Outturn	2015/16 Q1 Outturn	2015/16 Q2 Outturn	Indicator No.	Indicator	Target	2014/15 Q3 Outturn	2014/15 Q4 Outturn	2015/16 Q1 Outturn	2015/16 Q2 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%				98.8%	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%			52.6%		
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.8%	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%		
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				99.0%	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%				163.6%	M13	Community services data completeness: Referral to treatment information	50.0%				64.2% Q2	
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%				91.9% Q2
M8	Care Programme Approach patients receiving follow-up contact within 7 days of discharge	95.0%				97.6%	M15	Data completeness treatment activity information	50.0%				99.7% Q2	
M9	Care Programme Approach patients having formal review within 12 months	95.0%				98.2%	M16	Mental Health data completeness: identifiers	97.0%				99.4%	
							M17	Mental health data completeness: outcomes for patients on Care Programme Approach	50.0%				81.5%	

1.3 Monitor Financial Sustainability Risk Rating

<p>Description</p>	<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 2 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" or FSRR on slide 1 (button 1.3).</p>
<p>Quarter 2 Performance</p>	<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>
<p>Projected Performance</p>	<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

Summary of Financial Statements for Bradford District Care NHS Foundation Trust

		Plan For YTD ending 30-Sep-15	Actual For YTD ending 30-Sep-15	Plan For Year ending 31-Mar-16	Forecast Year ending 31-Mar-16
Financial Sustainability Risk Rating					
Capital Service Cover					
Capital Service Cover rating	Score	4	4	4	4
Liquidity					
Liquidity rating	Score	4	4	4	4
I&E Margin					
I&E Margin rating	Score	3	3	4	4
I&E Margin Variance					
I&E Margin Variance From Plan rating	Score	4	3	4	3
Overall Financial Sustainability Risk Rating	Score	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 £547k for the year to date, which is £1k ahead of plan. Forecast to deliver financial plan with financial risks and mitigating actions identified.
Statement of Financial Position (SoFP)			Current assets, which includes receivables, accruals and prepayments are £944k more than plan. Current liabilities are £627k less than plan. Receivables and payables continue to be closely monitored as part of the improved weekly cash management processes.
Statement of Cash Flows (SoCF)			A cash position which is currently £1,435k less than plan due to a number of in year phasing issues but forecast to achieve the planned cash balance for 2015/16. A cash management action plan is in place including daily cash planning and the Trust is working towards bringing the cash position back into line with plan by the year end.
Financial Sustainability Risk Rating (FSRR)			Achievement of a Financial Sustainability Risk Rating (FSRR) of 4. Risks and mitigation plans identified. Monitor confirmed the Q1 Continuity of Service Risk Rating was '4', (new risk ratings were introduced from Quarter 2).
Cost Improvement Programmes (CIPs)			Delivery of £3,141k CIPs against a net plan of £3,121k. Forecast delivery is £6,525k, after taking account of £500k high risk CIP reserves. This includes a £351k call on the high risk reserve to mitigate Intensive Therapy Centre CIP non achievement. Mitigations and substitute CIPs to be identified for Quality Impact Assessment and Change Programme Board approval.
Capital Expenditure			Capital under spending of £25k, with monthly agreed capital projections to match quarterly and year end forecast as planned. Capital risks and mitigation plans identified.

Monitor Quarter 2 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 2 Performance	<p>The Trust Board discussed the quarter two 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 Continuity of Service risk rating of at least 3 over the next 12 months.

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, Diagram 6) 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