

Council of Governors Integrated Performance Report

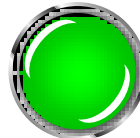
12th May 2016 Meeting

Performance for Quarter 4 - 2015/16

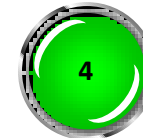
1.1 CQC
Compliance



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 |
|-----------------|--|
| Monitor | <ul style="list-style-type: none"> All quarter 4 Monitor performance requirements have been met. M3 - Dental 18 week waiting time performance has fluctuated with in the quarter but remains above target. M7 - Publication of the national Early Intervention in Psychosis (EIP) commissioning guidance is still awaited, however estimate data is provided to Board for the first time in March 2016. Work is ongoing to ensure full compliance with this requirement by Q3 2016/17. M10 & M11 - Trust performance against new national waiting time standards for Improving Access to Psychological Therapies (IAPT) is above the local contract trajectory at the end of 2015/16 and above the requirements that apply from 1st April 2016. |
| Quality | <ul style="list-style-type: none"> Three Duty of candour incidents have been reported in Quarter 4, details have been provided to Board. The Trust's internal assessment of quarter 4 Commissioning for Quality and Innovation (CQUIN) requirements is 97% achievement, with a small shortfall in the audit results of the 'cardio metabolic assessment and treatment for patients with psychosis' CQUIN. As this is also a CQUIN in 2016/17 work will continue to meet the full CQUIN requirements as soon as possible. Sickness absence remains above the Trust's 4.0% target however there has been a reducing trend over the last 3 months. Other workforce performance indicators such as appraisals and mandatory training remain above target. Labour turnover remains above target with a full report provided as part of April 2016 Board Integrated Performance Report. BDCFT was the highest ranked Mental Health Trust in England for uptake of flu immunisation by front line staff. |
| Locality | <ul style="list-style-type: none"> Locality Performance Meetings (LPMs) were not held in January 2016 to allow smooth transitions to the new operational service structures and to allow for final quarter 3 reporting in the pervious structures. LPMs are now successfully reorganised and overall annual performance for key metrics has been achieved. The Trust is agreeing a 2016/17 action plan for the Improving Access to Psychological Therapies (IAPT) services. |

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| Section | Key Highlights |
|-------------------------|--|
| Change Programme | <ul style="list-style-type: none"> • 11 of the 15 'live' projects are reporting on track. One project is red rated relating to the generation of targeted CIP revenues for the Intensive Therapy Centre (ITC) and continues to be reviewed by Change Programme Board in terms of mitigation. • Three projects have been amber rated; Agile Working, Bank & Agency Reductions and the Care Pathways and Packages Project. • Transformational and transactional schemes for 2016/17 have been agreed by Change Programme Board. |
| Finance | <ul style="list-style-type: none"> • The Month 12 position reflects continued achievement of a Financial Sustainability Risk Rating of 4. • The Month 12 position on all key indicators is rated green except for capital which is amber. • The Trust has achieved the planned surplus for 2015/16, although it should be noted that it was extremely challenging. Every effort will need to be made in 2016/17 to manage spend within budgets and ensure delivery of agreed CIP plans. • The cash indicator has been amber rated for a number of months, a cash management action plan was introduced in January which has been extremely successful and the Cash indicator for March is now green rated. • The Capital plan for Month 12 has reported a slight overspend against plan of £17k, which represents a 0.5% variance from plan. There has been a small overrun on a number of estates schemes. As the FT does not have a Capital Resource Limit, this does not report a breach in financial targets. |
| Summary | <p>The March 2016 Board Integrated Performance Report shows strong performance, with the majority of quarterly and year end requirements being successfully achieved.</p> <p>Information within this report supports the Trust's quarter 4 submission to Monitor of actual performance against plan. The Trust is compliant with the terms contained within the Monitor provider licence for quarter 4.</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

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| 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 4 performance | <p>CQC inspection update</p> <p>On January 11th to 14th, 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). Initial verbal feedback was positive.</p> <p>The report in relation to the January 2016 inspection was expected in early April however recent communications with the CQC indicate that there is some timescale slippage and at this point in time it is unclear when we will receive the report.</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

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| 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 4 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>All targets are projected to remain green in 2016/17</p> |

1.2 Monitor Indicators – Quarter 4 2015/16

| Indicator No. | Indicator | Target | 2015/16 | 2015/16 | 2015/16 | 2015/16 |
|---------------|--|--------|---------|---------|---------|-----------------------------|
| | | | Q1 | Q2 | Q3 | Q4 |
| | | | 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% | | | | 93.7% |
| M4 | Mental Health Delayed Transfers of Care | <=7.5% | | | | 0.0% |
| M5 | Admission to inpatients services had access to Crisis Resolution Home Treatment Teams | 95.0% | | | | 98.3% |
| M6 | New psychosis cases by Early Intervention Teams | 95.0% | | | | 147.2% |
| 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% | | | | 73.0% March 2016 Data |
| M8 | Care Programme Approach patients receiving follow-up contact within 7 days of discharge | 95.0% | | | | 95.7% |
| M9 | Care Programme Approach patients having formal review within 12 months | 95.0% | | | | 95.9% |

| Indicator No. | Indicator | Target | 2015/16 | 2015/16 | 2015/16 | 2015/16 |
|---------------|--|--|-------------|-------------|-------------|------------------------------------|
| | | | Q1 | Q2 | Q3 | Q4 |
| | | | Outturn | Outturn | Outturn | Outturn |
| 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 | 85.0% Q3 | 89.5% 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% | 83.9% Q1 | 92.4% Q2 | 95.0% Q3 | 97.1% Q4 |
| M12 | Access to health care for people with a learning disability | 6 Green | | | | 6 Green |
| M13 | Community services data completeness: Referral to treatment information | 50.0% | | | | 66.4% Jan & Feb data only |
| M14 | Community services data completeness: Referral information | 50.0% | | | | 92.5% Q4 |
| M15 | Data completeness treatment activity information | 50.0% | | | | 99.7% Q4 |
| M16 | Mental Health data completeness: identifiers | 97.0% | | | | 99.6% |
| M17 | Mental health data completeness: outcomes for patients on Care Programme Approach | 50.0% | | | | 79.5% |

Narrative:

All quarter 4 Monitor requirements have been achieved.

1.3 Monitor Financial Sustainability Risk Rating













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| 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" or FSRR on slide 1 (button 1.3).</p> |
| Quarter 4 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 YTD ending 31-Mar-16 | Actual For YTD ending 31-Mar-16 | Plan For Year ending 31-Mar-16 | Forecast For Year ending 31-Mar-16 |
|--|-------------------------------------|---------------------------------------|---|---|
| Capital Service Cover rating | 4 | 4 | 4 | 4 |
| Liquidity rating | 4 | 4 | 4 | 4 |
| I&E Margin rating | 4 | 4 | 4 | 4 |
| I&E Margin Variance From Plan rating | 4 | 3 | 4 | 3 |
| Overall 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 £1,346k has been reported for the year, which is in line with plan. |
| Statement of Financial Position (SoFP) |  |  | Current assets, which includes receivables, accruals and prepayments are £371k less than plan. Current liabilities are £12k less than plan. |
| Statement of Cash Flows (SoCF) |  |  | A cash flow position currently £184k ahead of plan, which is an improvement on last month's position of £1,255k below plan. |
| 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 £6,877k CIPs against a net plan of £6,376k. This represents an over-achievement of £501k or 8% against plan. Substitution schemes have delivered an additional £360k to offset the slippage from ITC and ATU schemes. |
| Capital Expenditure |  |  | Capital expenditure has overspent by £17k in relation to a small number of estates schemes overspending. The overspend represents a variance against plan of 0.5%. Foundation Trusts do not have Capital Resourcing limit targets, and therefore this does not represent a breach in financial duties. |

Monitor - Quarter 3 return and Board Governance Statements

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|------------------------------|--|
| 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 4 Performance | <p>The Trust Board discussed the quarter four 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 (Liz Romaniak to update post Board meeting).

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