

# Council of Governors Performance Report

## 11 May 2017 meeting

### Performance for Quarter 4 of 2016/17

#### 1.1 CQC Rating



#### 1.2 NHS Improvement Segment

Provisional



#### 1.3 NHS Improvement Use of Resources

Provisional



Agenda Item: 8

Lead Director: Non-Executive Directors

Presented For: Discussion

The purpose of this Performance Report is to assist the Council of Governors in seeking assurance against the Trust's performance and progress in delivery of a broad range of key targets and indicators.

Key Highlights		Slides
<b>NHS Improvement Indicators</b>		
<b>Assurance</b>	<ul style="list-style-type: none"> <li>NHS Improvement indicators have been met for March 2017 and quarter 4, for those indicators where final data is available.</li> <li>Improving Access to Psychological Therapies service recovery rates have improved during 2016/17 with recovery above the 50% target at overall Trust level. Board members are mindful that recovery rates are lower within black, asian and minority ethnic communities and in areas of high deprivation. The Trust is considering work relating to cultural sensitivity, working with a pilot team in the Bradford City area.</li> </ul>	7 – 8  8
<b>Quality</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>Commissioners have agreed revised reporting for pressure ulcers. Only category 3 and 4 pressure ulcers with any omissions in care will be reported as serious incidents. All pressure ulcers continue to be recorded internally and are monitored through the Quality and Safety Committee.</li> </ul>	9
<b>Assurance</b>	<ul style="list-style-type: none"> <li>The Trust met all Information Governance (IG) toolkit requirements at Level 2 or above for 2016/17. IG training compliance continues to be closely monitored at the business unit performance meetings.</li> </ul>	11
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>In March 2017, labour turnover was 13.0% against an internal Trust target of 10%. The top 3 reasons given by staff for leaving the Trust are relocation, retirement and promotion. The Finance Business and Investment Committee has considered a deep dive into labour turnover and the Committee requested further work on analysing the number of incidents recorded in services with a high level of turnover;</li> <li>Sickness absence fell in quarter 4 but remains above the internal Trust target of 4%. Learning from trusts with lower sickness absence has shown the importance of consistent application by managers of the sickness absence policy and support to increase their confidence when responding to sickness absence.</li> </ul>	11  11
<b>Finance</b>		
<b>Assurance</b>	<ul style="list-style-type: none"> <li>The Trust submitted key draft finance data to NHS Improvement on 19 April and reported achievement of the 2016/17 Control Total; with £6k over achievement excluding national incentives. This follows robust and determined financial risk and mitigation planning from early in 2016/17 supplemented by an extended recovery plan in quarter 4 which effected the following key improvements:               <ul style="list-style-type: none"> <li>- Reviewed Trust asset lives / valuations, securing recurrent annual reductions in capital charges; and</li> <li>- Agreement of formerly unresolved property charges with NHS Property Services.</li> </ul> </li> </ul>	12
<b>Summary and Recommendations</b>		
<p>The performance report shows good performance against all targets in March 2017, including successful financial recovery. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place at the Board Committees (see highlights at slides 3 to 6).</p>		2

**Finance, Business & Investment Committee (Chair: Rob Vincent)**

From the March and April 2017 Committee Meeting:

**Exceptions**

- NHS England invited providers to bid to provide **Community Dental Services** (currently delivered by the Trust). However, this process has been deferred for 18 months to allow NHS England to undertake wider market engagement. The Trust will utilise this period to prepare for the tendering exercise.
- The Trust has experienced difficulties in filling some **consultant/junior doctor** roles due to a lack of psychiatry entrants. At the same time, the Trust is required to ensure **agency staff expenditure** meets national price, wage and expenditure caps. The Committee heard about steps being taken to address these issues and highlighted the importance of more effective engagement between the Board and consultants / junior doctors.
- In April, the Committee received a review of the **Workforce Strategy** and noted the intensity of the challenges within it and their relevance to performance. The Committee requested that the November report pay particular attention to process and job redesign issues and to any further learning from the Executive's current follow up of issues identified in the Staff Survey.

**Assurance**

- In March, the Committee supported work to explore three possible areas to support achievement of the Trust's **2017/18 control total**. These related to: i) asset life and valuation review work; ii) a contribution to overheads from the Wakefield Children's Services contract; and iii) potential Corporate savings following a benchmarking review which suggests costs exceed lower quartile. Senior managers will explore Corporate efficiencies and report their findings to the Executive and Committee in June. The Committee also noted the significance of the financial challenges during the coming financial year, including new agency cost reductions.
- In April 2017, the Committee noted that due to efforts of staff throughout the organisation, the Trust had achieved its **2016/17 control total** and would be report a **Use of Resources Rating of 1** to NHS Improvement.
- The Committee noted the breadth of positive impacts arising from the **Agile programme** with higher than anticipated benefits to date. Reduced staff savings have been reflected in the 2017/18 and 2018/19 financial plans but the original net 5 year plan benefit is still expected to be met due to lower than expected costs. Reduced savings reflect changing circumstances e.g. lower Commissioner funding for demographic changes and pressures on community teams.
- A review of **telephony costs** revealed issues relating to historic SIM card tracking and revised processes have been introduced to overcome these. The Committee will monitor progress and financial impacts.
- The Committee was assured by the grip now being applied to the leadership and management of the **Informatics service**. It also noted the strong grip on the **Market Development Strategy**.
- The Committee commented on draft proposals for an **Intellectual Property Policy** in advance of a review by the wider Executive Management Team

**Quality & Safety Committee (Chair: Sue Butler)**

From the February and March 2017 Committee meetings:

**Exceptions:**

- Due to capacity issues in the Patient Experience team, a six month extension has been given to the **Triangle of Care** initiative, taking the completion date to 31 December 2017. This initiative is designed to improve and evidence the involvement of carers, alongside service users and professionals, in the care of the service user.
- There has been an ongoing struggle to maintain the flow of responses to the **Friends and Family Test** and the current electronic system has not been well used and so a new paper based system has been commissioned.
- Following the identification of a significant number of people on the waiting list for **psychological therapies** and significant waiting times, a number of actions are being taken: i) a service redesign which will see Psychological Therapies and IAPT working in a single team on one clinical pathway; and ii) a 'keeping in touch' service for those on the waiting list. The service will move to the Adult Mental Health Business Unit so that all team members are within a single management structure.

**Assurance**

- **Patricia**, whose story had been shared with the Board in June 2016, now provides positive feedback about the support and response she receives from the Trust.
- The relaunch of the **Smoke Free strategy** has been associated with improvements. These include little or no smoking leave, minimal smoking around inpatient entrances, increased availability of support activities for service users and staff and improved reporting of smoking incidents.
- There has been a steady increase in referrals to the **Wellbeing College**.
- Two locum pharmacists have been recruited within the **Medicines Management team** to alleviate the pressures on the team as a result of high levels of sickness absence.
- Significant progress has been made in relation to the **equality delivery system**. A large proportion of staff have taken part in activities relating to accessible information, unconscious bias and cultural competence and a further cohort of BME staff has graduated from the Moving Forward programme.
- There is an upward trend in the number of **serious incidents**, the majority of which relate to suicide. The Committee was assured that this is a national trend.
- Internal audit completed a review of all **deaths from suicide** identified amongst users of BDCFT services in the period January 2014 to July 2016. The Committee was assured themes identified were consistent with those identified through the incident and complaints processes. The themes will inform training and risk management relating to suicides. The report will also feed into the local health economy suicide strategy.
- A **Mortality Review Group** has been established to undertake structured reviews of all deaths of service users with a learning disability, as well as a sample of deaths within Mental Health services and Adult Physical Health services. Attendance at a recent national learning event suggests our progress compares favourably with that of other trusts.

**Mental Health Legislation Committee (Chair: Nadira Mirza)**

From the April 2017 Committee meeting:

**Exceptions**

- The Committee noted a number of signals that the current arrangements for meeting Mental Health Act requirements were struggling to match demands. In particular, there had been substantial, sustained increases in the numbers of applications for review under sections two and three of the Act. A significant number of Hospital Manager meetings were being postponed due to scheduled health tribunal hearings. It was also clear that a staff absence was impacting on workload. A business case, aimed at addressing the issues, will be considered by the Executive Management Team.

**Assurance**

- The Trust received a generally positive report following a recent unannounced inspection of the Heather Ward, although it was noted that some procedural issues noted in an earlier report remained a concern. The Committee requested that further attention be given to the mechanisms for sharing findings with all ward managers and for assuring the delivery of agreed actions.
- Mental Capacity Act training continues to be well-attended.
- The Committee was assured by a report which indicated effective preparations had been made to implement recent changes in legislation affecting police and mental health working arrangements. The Committee requested that a fully developed implementation plan, with SMART objectives, be shared with Committee members and that the strength of engagement arrangements with North Yorkshire Police be checked.

**Charitable Funds Committee (Chair: Nadira Mirza)**

From the February 2017 Committee meeting:

**Exceptions**

- The Committee considered an options appraisal for investment opportunities to maximise the return on investment of the funds held in the Charities account balanced against the risks of those opportunities. The Committee agreed; in keeping with the principles of the fund and the need to make it accessible for use, it would be most cost effective to keep the funds in a savings account.

**Assurance**

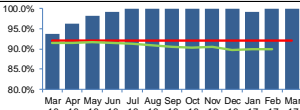
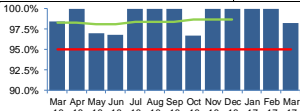

- A Charitable Funds Panel has been established and aims to increase awareness and promote access to charitable funds amongst staff and service users. The Committee was assured by the wide range of applications being received and that the funds were being allocated in accordance with Fund requirements.

**Audit Committee (Chair: David Banks)****Assurance**

From the February and April 2017 Committee meetings:





- The **Information Commissioner's Office (ICO)** undertook an audit in September 2016 and highlighted a small number of actions requiring attention. These were subsequently implemented and have been signed off by the ICO.
- **Internal Audit:** The committee received three 'significant assurance' reports from Internal Audit in February 2017, covering: medical staff appraisals and revalidation; IT local service provider; and business development. The Committee also received three 'significant assurance' reports from Internal Audit in April 2017, covering: financial systems, informatics capacity and charitable funds. There were no 'limited assurance' or 'no assurance' reports at either meeting. The Committee was assured by the reduction during the year of the number of outstanding internal audit follow up items and also received early indication there would be a 'significant assurance' statement in the annual opinion provided by the Head of Internal Audit.
- **Internal Audit Plan:** The Committee gained assurance that the internal audit plan for the next three years had been informed by analysis of the Board Assurance Framework and strategic risks.
- **External Audit:** The Committee received assurance that adequate planning was in place for the audit of the annual accounts. External Auditors also provided assurance in relation to changes in the Trust's financial forecast and the ability to deal with any audit implications which may arise.
- The Committee also received assurance in respect of: **counter fraud activity; losses and special payments;** and the **waiver of standing orders** (which are only used in accordance with policy requirements).

## Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 Outturn	National Benchmark	Graph
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				99.3%	100.0%	100.0%	390	390	100.0%	90.0% as of Feb 17 Next publication date: May 17	
M5	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	95.0%				100.0%	100.0%	98.3%	158	159	99.3%	98.7% as of Q3 - 16/17 Next publication date: TBC	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	74.2%	64.2%	75.3%	60.5%	95.4%	62.5%	64	92	69.5%		
M19	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:												
	a) Inpatient Wards	90.0%											
	b) Early Intervention in psychosis services	90.0%											
	c) Community mental health services (people on Care Programme Approach)	65.0%											

**Indicator M7:** Data is provided in relation to the waiting time element of the new standard for Early Intervention in Psychosis (EIP). This shows patients who started treatment in March 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of March 2017 was 27; 15 of these patients have been waiting for more than two weeks.

**Indicator M19:** Performance against this standard is assessed as part of the 2016/17 national CQUIN indicator, via national audit. Data has been collected and submitted in quarter 4 of 2016/17. The Trust is projecting full achievement of the CQUIN which audits a 'snapshot'. The Single Oversight Framework requires sustained and embedded performance, measured on a quarterly basis. The mental health acute and community services business unit has developed a sustainability plan to maintain achievement across every quarter in all 3 service areas, however routine delivery of this current CQUIN indicator is not projected until April 2017.

Graph Key	
Measure	
Target	
Trend	
Trajectory	



## Single Oversight Framework Operational Performance Metrics

Indicator No.	Indicator	Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 Outturn	National Benchmark	Graph
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.5% June	99.5% September	99.5% December							96.7% Dec Final Next publication date: 25th April 2017	
M20b	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Priority metrics	85.0%	TBC										
M21	Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50.0%	47.6%	50.0%	51.8%	57.2% Jan (Provisional)	53.2% Feb (Provisional)					48.5% as at Dec 16 Next publication date: 25th April 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	92.3%	94.2%	94.4%	94.3% Jan (Provisional)	97.0% Feb (Provisional)					89.4% as at Dec 16 Next publication date: 25th April 2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	98.3%	98.6%	99.3%	97.6% Jan (Provisional)	99.0% Feb (Provisional)					98.5% as at Dec 16 Next publication date: 25th April 2017	

**Indicator M20a:** This Mental Health Services Data Set (MHSDS) data completeness indicator comprises NHS number, date of birth, postcode, gender, GP and commissioner. The Trust is awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Data is provided based on internal calculation from the MHSDS.

**Indicator M20b:** In January 2017, NHS Improvement confirmed that the MHSDS indicator for priority metrics will only assess performance on three elements – ethnicity, accommodation status and employment status. Whilst the indicator is for achievement by 2016/17 year end, the Trust is awaiting clarification from NHS Improvement and NHS Digital about the data definitions to be used to calculate performance for these three elements.

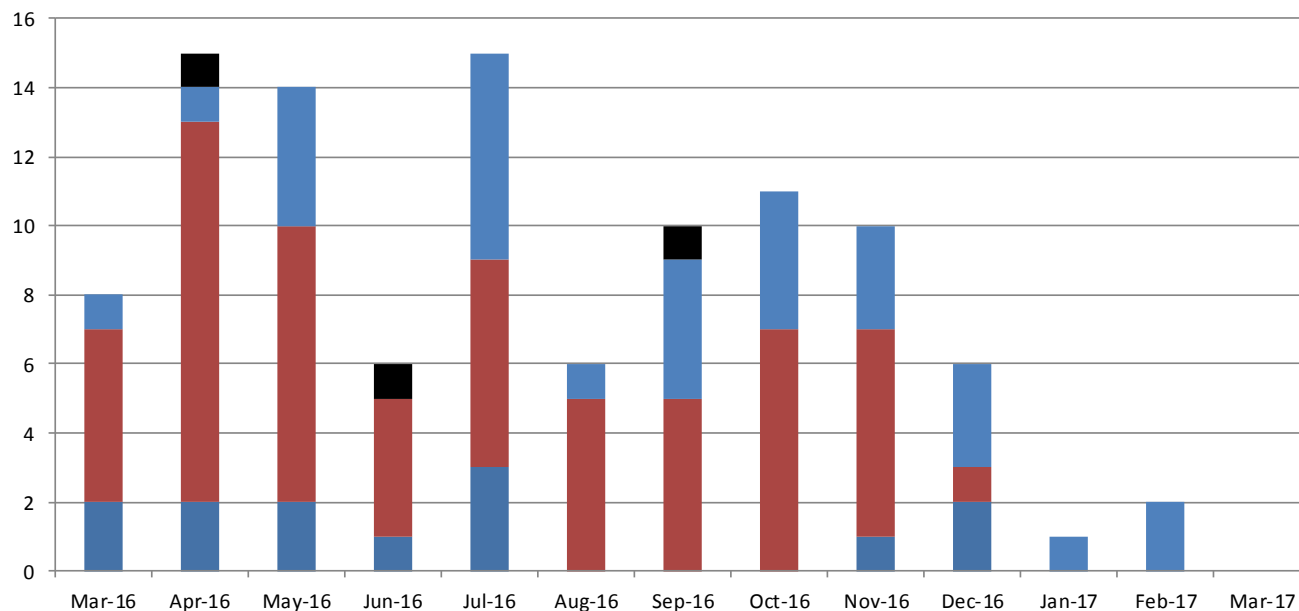
**Indicator M21:** Within the Single Oversight Framework, Trust performance for Improving Access to Psychological Therapies (IAPT) recovery rate is assessed quarterly, based on final data published by NHS Digital. Provisional data for January and February 2017 shows that the recovery rate continues to be above the 50% target at overall Trust level. The recovery rate for each of the three local Clinical Commissioning Groups (CCGs) has improved during 2016/17. Whilst provisional data for January 2017 showed achievement of the 50% recovery target across all three local CCGs, provisional data for February 2017 shows recovery rates of 64.8% for Airedale, Wharfedale, Craven CCG, 48.7% for Bradford Districts CCG and 45.0% for Bradford City CCG.

Graph Key	
Measure	
Target	
Trend	
Trajectory	



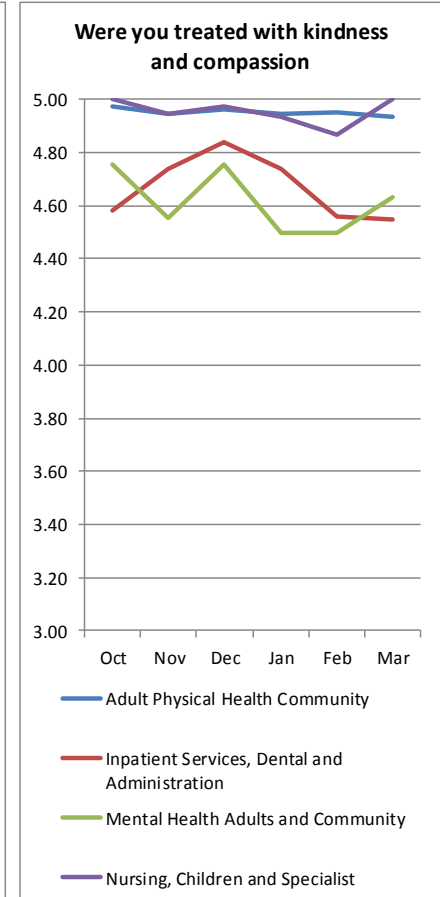
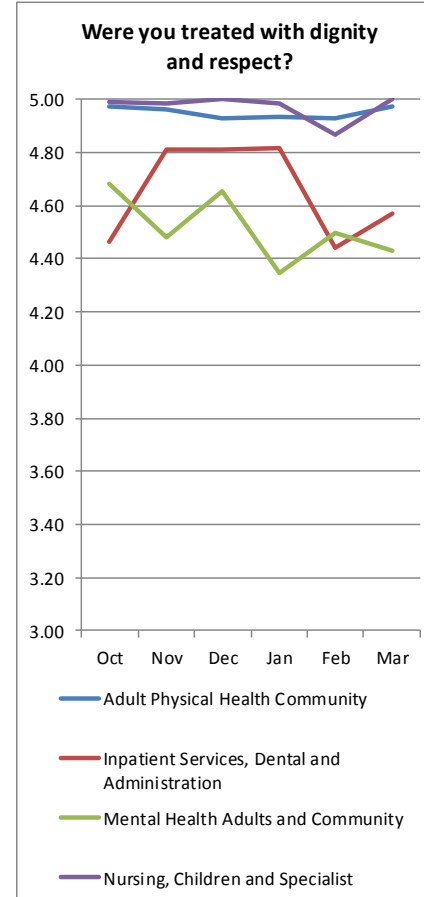
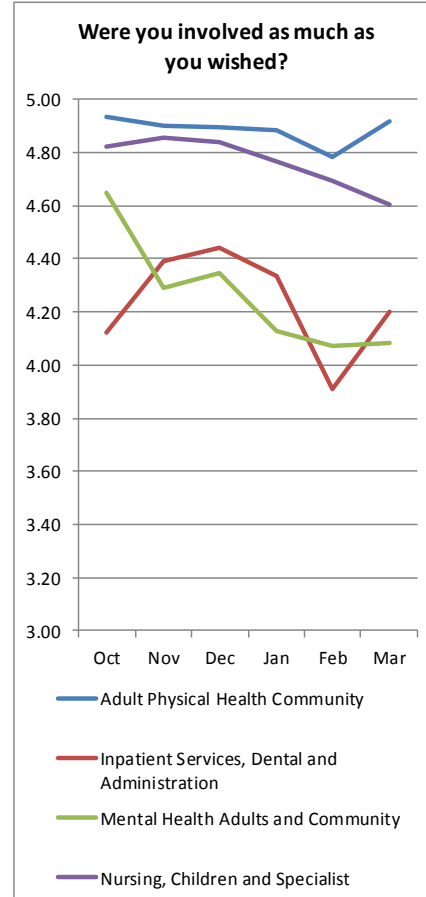
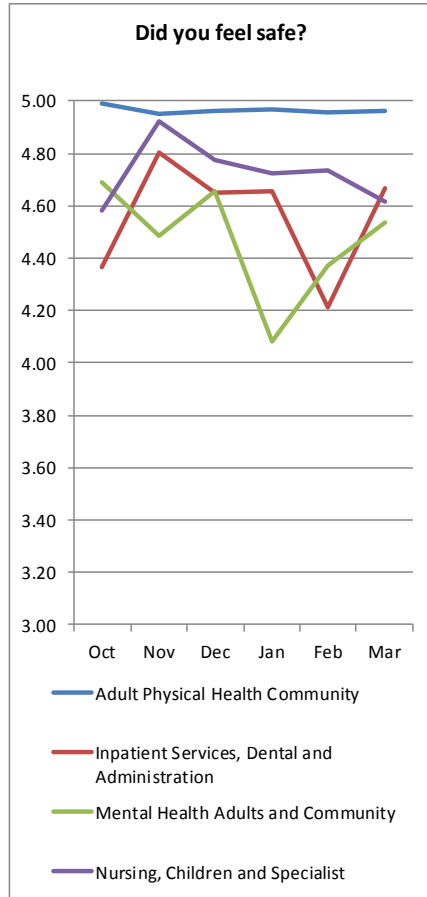
## Serious Incident Numbers

Indicator No.	15/16 outturn	March 2017 Performance	16/17 Outturn
Q3	141	0	96



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
■ under age admission	0	1	0	1	0	0	1	0	0	0	0	0	0
■ Suspected Suicides	1	1	4	0	6	1	4	4	3	3	1	2	0
■ Homicides	0	0	0	0	0	0	0	0	0	0	0	0	0
■ Absconders/escape/AWOLs	0	0	0	0	0	0	0	0	0	0	0	0	0
■ Pressure Ulcers	5	11	8	4	6	5	5	7	6	1	0	0	0
■ Serious incidents Other	2	2	2	1	3	0	0	0	1	2	0	0	0

## Service User Experiences



Number of reviews	Oct	Nov	Dec	Jan	Feb	Mar
Adult Physical Health Community	129	111	87	78	84	110
Inpatient Services, Dental & Administration	65	59	43	27	34	25
Mental Health Adults & Community	127	83	79	92	56	49
Nursing, Children & Specialist	175	160	119	302	47	223


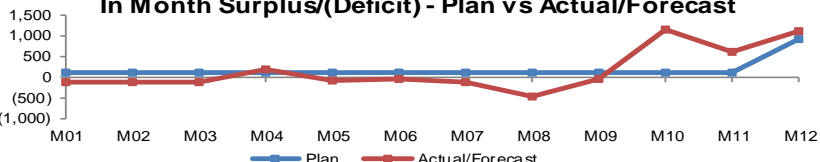


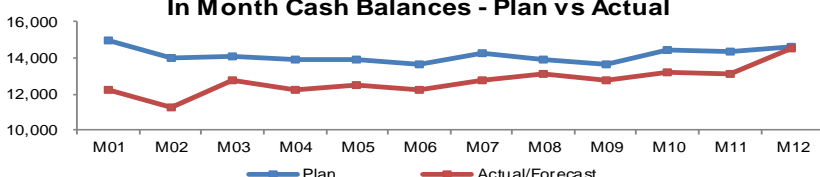

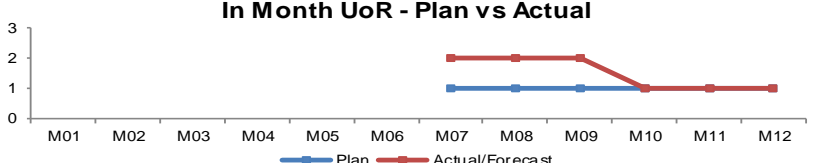

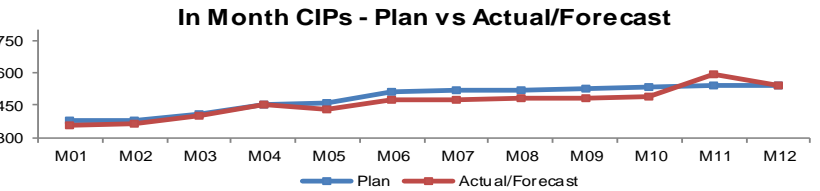

A new Friends and Family Test system went live on 1 April 2017. There will be slight changes to the way in which the information shown above is presented. Scores are no longer 'out of five' but are expressed as a percentage. Up to 1 April 2017 where a score fell below 4 out of 5, narrative has been provided for Board. Narrative will now be provided if the score falls below 80%.

## Workforce – Appraisal &amp; Mandatory Training

Graph Key	
Measure	
Target	
Trend	
Trajectory	

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	16/17 Outturn	Graph or Narrative
Q17	% Mandatory training (excluding Information Governance Compliance)	91.90%	80%	6602	7421	88.96%		
Q17c	% Information Governance Training - All Staff Combined	96.50%	95%	2683	2730	98.28%		
Q18	% Staff Receiving Appraisal	83.14%	80%	2039	2434	83.77%		
Q19	% Labour Turnover	11.62%	10%	313.42	2403.43	13.04%		
Q21	% Vacancy rate	7.17%	10%	256.31	2659.74	9.64%		37.35% of all vacancies are within Specialist Inpatient, Dental & Administration. Current mitigations include recruitment to staff bank posts to provide short term support. We have recruited 26 workers to the staff bank between January and March 2017. The aim is to recruit 10 per month and achieve 300 staff bank workers by December 2017.
Q20	% Sickness absence rate	4.53%	4%	3836.44	74897.84	5.12%		The main reasons for sickness absence remain as stress, anxiety/depression and musculo-skeletal. The sickness policy is being reviewed and further guidance will be provided to managers to ensure that the policy is being properly implemented.

### Executive Summary

Proposed Board RAG Rating	YTD	Commentary
<p><b>Statement of Comprehensive Income (SoCI)</b></p> <p>A surplus of £2,911k (excluding £155k net technical benefit from disposal of assets and £999k impairments) is £771k above the planned surplus of £2,140k and includes additional STF incentive funding of £197k and bonus STF of £568k.</p>		<p><b>In Month Surplus/(Deficit) - Plan vs Actual/Forecast</b></p> 
<p><b>Statement of Financial Position (SoFP)</b></p>		<p>Current assets (including cash, receivables, accruals, prepayments) are £0.1m below plan. Current liabilities are £0.7m below plan.</p>
<p><b>Statement of Cash Flows (SoCF)</b></p> <p>Cash balances are £0.06m below plan at the end of the year.</p>		<p><b>In Month Cash Balances - Plan vs Actual</b></p> 
<p><b>Use of Resources Metric (UoR)</b></p> <p>From M07, the new 'Use of Resources (UoR)' metric comes into force. At M12, the new metric shows a 1 (1 = Best, 4 = Worst) rating for year to date.</p>		<p><b>In Month UoR - Plan vs Actual</b></p> 
<p><b>Cost Improvement Programmes (CIPs)</b></p> <p>CIPs have under achieved by £241k YTD (before reserve). This includes schemes rated RED when the plan was approved. This underachievement is mitigated by the £500k high risk CIP reserve.</p>		<p><b>In Month CIPs - Plan vs Actual/Forecast</b></p> 
<p><b>Capital Expenditure</b></p> <p>Capital expenditure is £3k below plan at the end of the year.</p>		<p><b>In Month Capital Expenditure - Plan vs Actual/Forecast</b></p> 