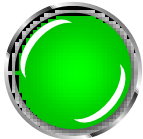


Council of Governors Integrated Performance Report

Meeting: 13 August 2015

Quarter One, 2015/16

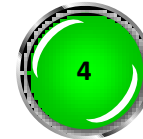
1.1 Monitor Governance Rating



1.2 CQC Compliance



1.3 Monitor Continuity of Services Risk Rating



Minimum Requirement: 3

Agenda Item: 10

Lead Director: Simon Large, Chief Executive

Presented For: Discussion

Monitor section

- The following Monitor slide shows the Trust's performance against the national targets for providers of mental health and community services.
- The indicators cover a range of access, data quality and outcome targets.
- Monitor expects NHS foundation trusts to meet the national targets. Performance should be rated green for each indicator, each quarter.
- The Trust continued to meet all the relevant national targets in the first quarter of 2015/16.
- Performance against these targets is scrutinised at the Trust's monthly locality performance meetings, chaired by the Chief Executive.
- Monitor uses performance against the national targets, together with other information (for example the outcome of inspections) to assess the strength of governance at an NHS foundation trust. This is the "Monitor Governance Rating" on slide 1.
- The Trust's assessment of the quarter one 2015/16 governance rating is green, meaning no governance concerns are evident.

Monitor Indicators – Quarter One 2015/16

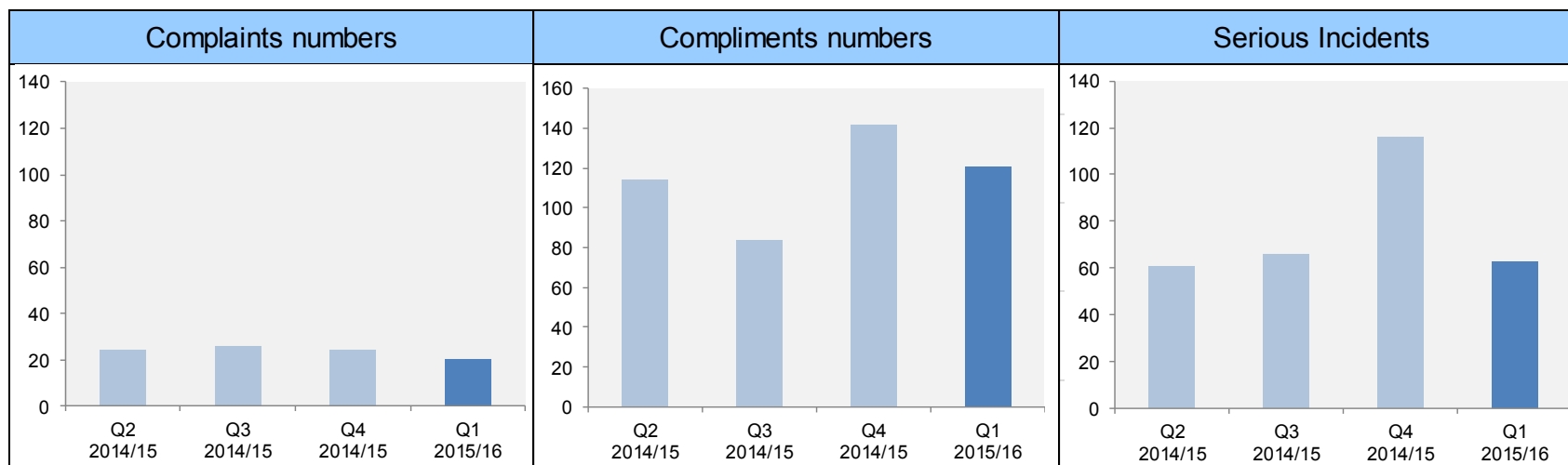
Indicator No.	Indicator	Target	2014/15 Q2 Outturn	2014/15 Q3 Outturn	2014/15 Q4 Outturn	2015/16 Q1 Outturn	Indicator No.	Indicator	Target	2014/15 Q2 Outturn	2014/15 Q3 Outturn	2014/15 Q4 Outturn	2015/16 Q1 Outturn	
M1	Referral to Treatment dental 18 weeks waits - admitted (Number of patients seen within 18 weeks/Number of patients seen)	90.0%				99.1%	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						
M2	Referral to Treatment dental 18 weeks waits - non admitted (Number of patients seen within 18 weeks/Number of patients seen)	95.0%				100.0%	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						
M3	Referral to Treatment dental 18 weeks waits - incomplete pathways (Number of patients who have waited 18 weeks or less/Number of patients waiting)	92.0%				100.0%	M12	Access to health care for people with a learning disability	6 Green				6 Green	
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.3%	M13	Community services data completeness: Referral to treatment information	50.0%				65.3%	
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				99.0%	M14	Community services data completeness: Referral information	50.0%				92.6%	
M6	New psychosis cases by Early Intervention Teams	95.0%				118.1%	M15	Data completeness treatment activity information	50.0%				99.2%	
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		Reporting to begin in Q4					M16	Mental Health data completeness: identifiers	97.0%				99.4%
M8	Care Programme Approach patients receiving follow-up contact within 7 days of discharge	95.0%				97.0%	M17	Mental health data completeness: outcomes for patients on Care Programme Approach	50.0%				83.0%	
M9	Care Programme Approach patients having formal review within 12 months	95.0%				98.3%								

Quality section

- The following slides provide an overview of the Trust's key quality initiatives and quality targets.
- The majority of these indicators are scrutinised by the Quality and Safety Committee.
- All of these indicators support the Trust's quality priorities of delivering safe, personal and effective services.
- The Care Quality Commission inspected the Trust's services in June 2014. The Trust achieved an overall rating of Good. This is the "CQC compliance" indicator on slide 1.

Compliments, Complaints, Claims and Serious Incidents: Quarter One 2015/16

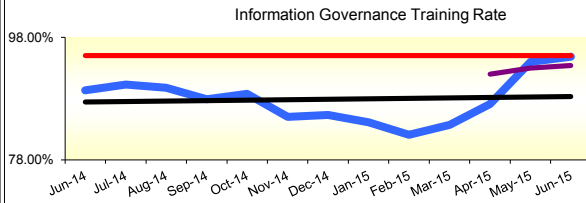
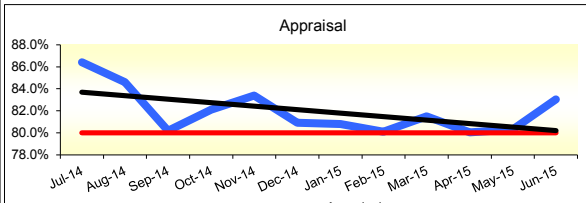
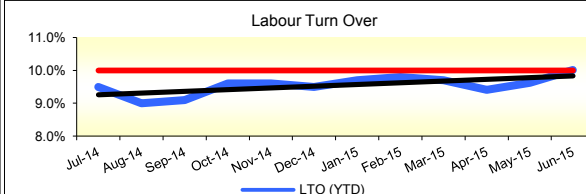
Indicator	14/15 outturn	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16
Claims Numbers	13	4	2	2	1
Complaints numbers	100	24	26	24	20
Compliments numbers	451	114	84	142	121
Serious Incidents	324	61	66	116	63



The charts show the number of complaints and compliments received and the number of completed Serious Incident investigations in the first quarter of 2015/16 and the last three quarters of 2014/15.

The data is assessed to determine if there are any patterns or trends. In the first quarter of 2015/16 there were no discernible trends and compliments were evenly distributed across the service areas within the Trust. The one claim received was from a member of staff and related to a back injury. Each Serious Incident is investigated and a target time for completion of 9 weeks has been set. In the first quarter of 2015/16, 61 of the 63 Serious Incidents that were investigated related to pressure ulcers.

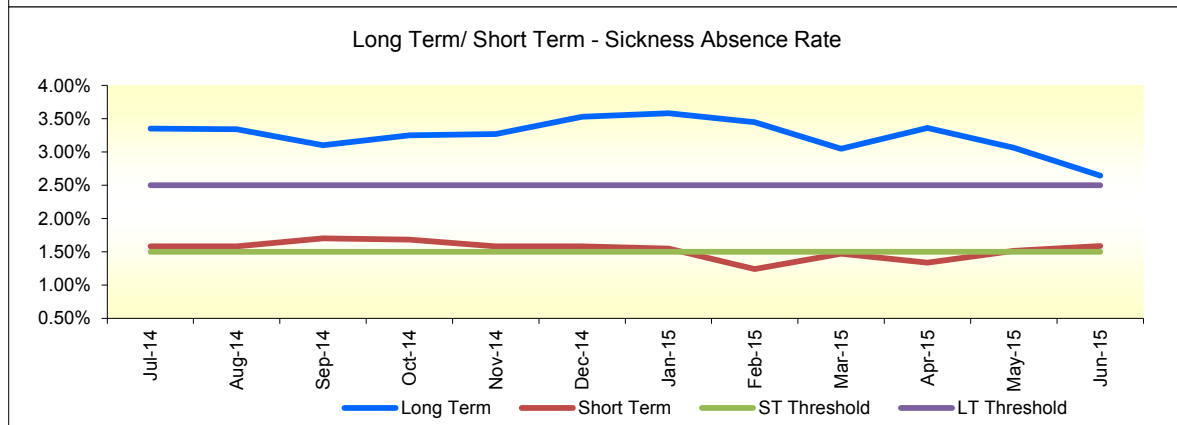
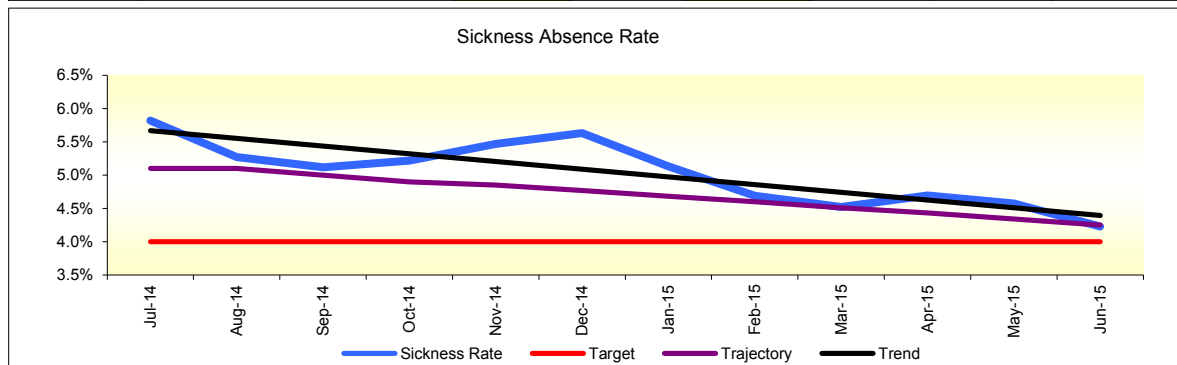
Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Qtr1	Qtr2	Qtr3	Qtr4	Graph
Q17	% Mandatory training (excluding Information Governance Compliance)	82.7%	80.00%	88.74%				
Q17a	% Information Governance Training	83.70%	95.00%	94.84%				
Q18	% Staff Receiving Appraisal	81.50%	80.00%	83.03%				
Q19	% Labour Turnover	9.7%	10.00%	10.01%				

% Labour Turnover – Shows a slight increase from the previous quarter's data. No patterns have been identified for the increase in the number of leavers; retirements and voluntary resignation due to work/life balance remain the categories with the highest number of reasons for leaving. A piece of work will be carried out between July and October to identify any hotspots and trends within specific services.

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Qtr 1	Qtr2	Qtr3	Qtr4
Q20	% Sickness absence rate	4.80%	4% by Sep 15	4.51%			



Indicator No.	Indicator	14/15 outturn	15/16 Target	Qtr 1	Qtr2	Qtr3	Qtr4
Q21	% Vacancy Rate	5.80%	Maximum 10%	9.3%			

Sickness absence

The Trust's internal target is to reduce sickness absence to 4% by September 2015.

The sickness absence rate graph shows the month by month absence rates against the 4% target and the trajectory to achieve the 4% target by September 2015.

Long Term/ Short Term Split

The graph illustrates the short & long term sickness trends from July 2014. Long term absence has reduced during quarter one of 2015/16.

Vacancy rate

The vacancy rate has increased in quarter one of 2015/16. This is attributed to central reserves monies which will be assigned to new service developments in the Trust's plan for 2015/16 (such as Learning Disabilities Assessment and Treatment Unit, Improving Access to Psychological Therapies services and Children's pathway).

Total vacant posts, including new posts, across all services is approximately 252 whole time equivalents.

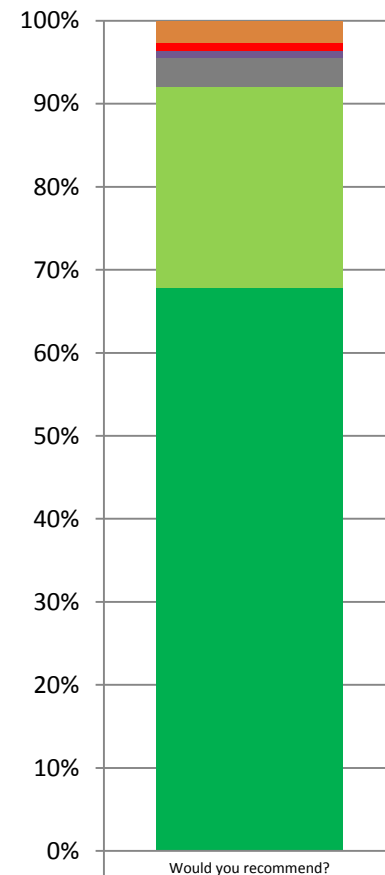
Friends and Family Test: Would you recommend our service?

Quarter 1 2015/16
Apr-Jun

	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely	Don't know	Total
The Trust							
Number of respondents	1525	542	79	20	22	58	2246
Percentage of all respondents	67.9%	24.1%	3.5%	0.9%	1.0%	2.6%	100%
Community Health (number)							
Community Nursing Services	1249	404	60	8	11	49	1781
Community Nursing Services	79.31%	19.83%	0.00%	0.86%	0.00%	0.00%	79.31%
Rehabilitation & Therapy	77.78%	22.22%	0.00%	0.00%	0.00%	0.00%	77.78%
Specialist Services	82.36%	15.83%	0.80%	0.60%	0.00%	0.40%	82.36%
Children & Family Services	63.87%	25.93%	4.84%	0.35%	0.95%	4.06%	63.87%
Mental Health (number)							
Primary Care	268	129	19	12	11	9	448
Primary Care	67.25%	25.73%	1.17%	2.34%	0.58%	2.92%	67.25%
Secondary care community	49.74%	31.94%	8.38%	4.19%	5.24%	0.52%	49.74%
Acute services	22.22%	66.67%	11.11%	0.00%	0.00%	0.00%	22.22%
CAMHS	72.37%	23.68%	0.00%	0.00%	0.00%	3.95%	72.37%
Mental Health Other	67.25%	25.73%	1.17%	2.34%	0.58%	2.92%	67.25%
None							
Not specified	8	9	0	0	0	0	17
Not specified	47.06%	52.94%	0.00%	0.00%	0.00%	0.00%	47.06%

The percentages are the views of those people who used that particular service, eg 79.31% of those using Community Nursing Services said they would be "extremely likely" to recommend the service

- "Neutral" means the user was "neither likely nor unlikely" to recommend the service, "Don't Know" means the responder either did not answer the question, or opted to choose "Don't know" as their response.
- Community Specialist includes: Case Managers, Drug and Alcohol, Homelessness and New Arrivals,
- There were 17 returns which was not associated with any team.



Would you recommend?	Percentage
Don't Know	2.6
Extremely Unlikely	1
Unlikely	0.9
Neutral	3.5
Likely	24.1
Extremely Likely	67.9

Friends and Family Test: Trust and Locality Analysis



Q1 2015/16	FFT Service Review Average				
	Recommend	Dignity	Information	Involved	Staff Attitude
Trust as a whole	4.49	4.79	4.65	4.64	4.80
AWC	4.66	4.87	4.76	4.73	4.87
City	4.45	4.87	4.80	4.81	4.88
District	4.55	4.89	4.84	4.83	4.90
Acute Care	4.11	4.42	4.02	4.07	4.43
Specialist Inpatient Services	4.39	4.48	4.21	4.17	4.51
Nursing and Specialist	4.49	4.79	4.65	4.64	4.80

The chart shows the average scores for reviews received in quarter one of 2015/16 for the following questions:

- Would you recommend our services to your family and friends?
- Were you treated with dignity and respect?
- Were you given clear information?
- Were you involved as much as you liked?
- Were you treated with kindness?

The maximum score is 5 (a very positive score) and the lowest score is 1.

Change Programme section

The following slide shows the performance of the projects within the Trust's change programme. The projects are contained within the five programmes which form the basis of the Trust's strategy as set out in the Integrated Business Plan. The five programmes are:

1. Achieving integrated community health care
2. Meeting the need for 24/7 adult and older people's mental health care
3. Extending the in-patient care portfolio
4. Developing new services to enhance care pathways
5. Enabling strategic change

The programme dashboard summarises projects within the change programme, which utilises a Red Amber Green (RAG) rating rationale across a range of project 'principles', resulting in an overall RAG rating. The summary narrative below provides the key details of any issues and the steps being taken to mitigate.

The process provides a standardised objective assessment across the entire programme of projects ensuring the monthly Change Programme Board, chaired by the Chief Executive, has an assured view and confidence that discussions are directed at issue resolution, mitigation and programme progression.













Summary Quarter One, 2015/16

In this quarter, the projects have been managed effectively and have remained either green or amber rated. However one project, Learning Disabilities Assessment and Treatment Unit had issues that were unresolved and required escalation to the Change Programme Board for targeted discussion, direction and action planning. It is anticipated that this particular project with the action plans put in place will move up to an amber rating again in July.

Change Programme summary: 2015/16

Project Name	Project Description	April	May	June
		RAG RATING	RAG RATING	RAG RATING
Adult Community Nursing	Service Review of workforce, looking at skill mix and integrated working	A	G	G
Children & Families	Service Review of workforce, looking at skill mix and integrated working	A	G	G
Agile working - staffing	The project aims to enable the workforce to work in an 'agile' way through the deployment of technology, freeing up time to see more patients.	A	A	A
Adult Mental Health - Acute Care Pathway	The aim of this project is to transform and improve the current service provision within adult mental health services within BDCFT	A	A	G
Dementia Assessment Unit	The building of a new unit	A	G	G
Intensive Therapy Centre 1	The building of a new unit	G	G	G
Learning Disabilities Assessment Treatment Unit (LD ATU)	The increase and marketing of 4 beds within the unit	A	A	R
Psychiatric Intensive Care Unit - New Opportunity	The marketing of beds to Out of Area (OOA) patients	G	G	G
Information Management & Technology (IM&T) Strategy implementation	The Implementation of the IM&T strategy within BDCFT	A	A	A
Review of functions - A. back office 2015-16	The review of use of back office functions aiming to identify and reduce costs	G	G	G
Bank & agency reductions	The reduction of bank and agency staff usage throughout BDCFT	G	G	G
Bank & agency reductions - from trust wide sickness	The reduction in the levels of sickness throughout BDCFT	G	G	G
Reduction in drug costs	The project proposes an in depth analysis of drug usage to identify opportunities to improve efficient prescribing.	G	G	G
Procurement	A review of procurement arrangements to identify and reduce costs to BDCFT	G	G	G
FP10 reduction	A review of out-patient prescribing (FP10s) to identify and reduce costs	G	G	G
Care Pathways, Packages and Payments by Results (CPPP)	A review of how BDCFT capture, record and report care information, in preparation for the move to PBR	A	A	A

Finance section

Proposed Board RAG Rating	Year to date	Forecast 2015/16
Statement of Comprehensive Income (SoCI)		
Statement of Financial Position (SoFP)		
Statement of Cash Flows (SoCF)		
Continuity of Services Risk Rating (CoSR)		
Cost Improvement Programmes (CIPs)		
Capital Expenditure		

All key financial performance indicators are currently rated green:

- A surplus of £219k for the year to date, which is £8k ahead of plan. Forecast to deliver financial plan but with financial risk and mitigating actions identified.
- Delivery of £1,547k CIPs against a net plan of £1,528k. Forecast delivery is £6,876k, after taking account of £500k high risk CIP reserves. This would represent over-achievement of £500k or 8% against plan. Delivery risks identified and mitigating plans developed for implementation following QIA process.
- Achievement of a Continuity of Service Risk Rating (CoSRR) of 4. Monitor Consultation likely to change Risk Assessment Framework from Quarter 2. Risks and mitigation plans identified.
- A cash position which is currently £115k more than planned, it is forecast to achieve the planned cash balance for 2015/16. Cash Management action plan in place including daily cash planning.
- Capital under spending of £48k, with monthly agreed capital projections to match quarterly and year end forecast as planned. Capital risks and mitigation plans identified.

Monitor Risk Assessment Framework - Existing Metrics

£000's	Year to Date			Q2 In Quarter Forecast			Year End Forecast			RAG
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Capital Service Cover										
Revenue Available for Capital Service	1,395	1,408	13	2,920	2,920		6,194	6,194		
Capital Service	454	459	4	909	909		1,817	1,817		
Capital Service Cover metric	3,071	3,071	(1)	3,214	3,214		3,409	3,409		
Capital Service Cover rating	4	4		4	4		4	4		
Liquidity										
Working Capital for CoSRR	6,041	6,442	401	6,028	6,028		7,526	7,526		
Operating Expenses within EBITDA, Total	(31,097)	(31,810)	(713)	(62,001)	(62,001)		(124,387)	(124,387)		
Liquidity metric	17,484	18,227	743	17,499	17,499		21,782	21,782		
Liquidity rating	4	4		4	4		4	4		
2* Override										
Continuity of Service Risk Rating	4	4		4	4		4	4		

Description of Key Metrics

Capital Service Cover: Metric currently weighted at 50% and shows how many times income covers the servicing of capital costs.

Liquidity: Metric currently weighted at 50% shows how liquid the Trust is in respect of days' operating expense cover.

Overall Rating: Aggregate rounded average of Capital Service Cover and Liquidity metric.

Key Risks

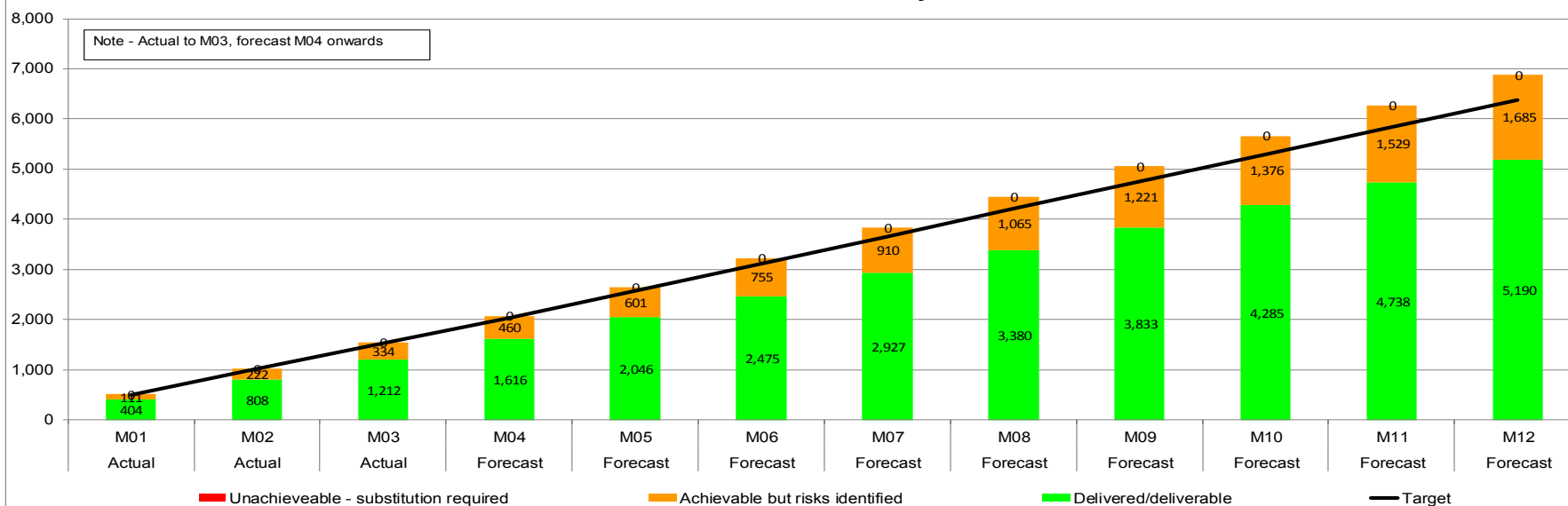
Monitor have recently consulted on proposed changes to the Risk Assurance Framework (RAF) with the expectation of implementing changes from quarter 2.

Key risks are expected to stem from the requirement to achieve a 1% surplus (each quarter end to maintain a rating of 4) and linked to capital expenditure variance sensitivities however the Trust does not currently project risks to achievement of the overall CoSRR.

Key Mitigations & Action Plans

The sensitivity analysis carried out at month 2 demonstrates robust plans are in place and cumulatively the Trust expects to retain a COSRR of 4.

CIP Plans Deliverability



Current Status, Key Risks & Mitigations

Programme 1 : Achieving integrated community health care . Whilst expected to achieve in full for 2015/16 increased Agile savings required in future years represent a forward financial risk. This 2016/17 risk requires close monitoring of turnover and vacancies via Change Programme Board and may include substitution following Meridian Productivity work to achieve.

Programme 2 : Meeting the need for 24/7 Adult & Older people's mental health care . Delays in the closure of **Ward 24** will be offset by savings in capital charges from delayed opening of the organic ward. **Out of area placements** remain at nil and currently actions to manage OOA risks remain robust as occupancy and assessment processes seem to be well-embedded.

Programme 3 : Extending the inpatient care portfolio . Whilst £4k planned revenue for June was now achieved the ITC now has 2 confirmed admission bookings. Any shortfall in income CIP is expected to be offset by savings as a result of recruitment delays and from staff currently in-post covering vacancies in other inpatient areas.

Current Status, Key Risks & Mitigations

Programme 4 : Developing new services to enhance care pathways. Programme 4 commences in 2016/17 however it is expected that Liaison Psychiatry and Dementia targets for will required substitution as part of the annual business planning cycle. Further work is required during quarter 2 to confirm or replace these anticipated new service developments.

Programme 5 : Enabling strategic change . The IM&T strategy has delivered the price reduction element of the CIP but there is a financial risk that the cost of services with is greater due to the use of agency staff pending a staffing restructure and review of IM&T provision options. A revised IM&T strategy is being drafted for Board to mitigate agency over spending, manage service risks and deliver the digital environment described in the IBP.

High Risk Reserve . The high risk reserve has no calls on it to date and would only be required should substitution schemes not be identifiable to offset in-year delivery risks.