

# Board Integrated Performance Exception Report

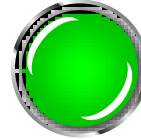
17<sup>th</sup> December 2015

November 2015 Data

## 1.1 CQC Compliance



## 1.2 Monitor Governance Rating



## 1.3 Monitor Sustainability and Performance Risk Rating



Minimum Requirement: 3

Agenda Item: 12

Lead Director: Director of Finance,  
Contracting and Facilities

Presented For: Discussion

The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indicators.

Board Action	Key Highlights	Slide
<b>Monitor</b>		
<b>Assurance</b>	<ul style="list-style-type: none"> <li>All November 2015 Monitor performance requirements have been met.</li> </ul>	<b>4 – 6</b>
<b>Quality</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>The CQC will undertake a routine focussed inspection on 11th to 13th January to review progress against the Trust's two 'must do' (compliance) actions resulting from the June 2014 inspection. These related to our Health Based Places of Safety and to embedding the Continuous Care Medical Model. It is likely that some of the 'should do' actions from 2014 will be followed up as well as current issues that the Inspectors wish to review; we await further detail. The safe domain (rated 'amber' in the 2014 Report) could be rated 'green' if Inspectors are assured as a result of their visit.</li> </ul>	<b>7-8</b>
<b>Assurance</b>	<ul style="list-style-type: none"> <li>Public Health England has published flu vaccination uptake figures for September to October. The Trust was the top performing Mental Health and Community Trust in England and achieved 69.9% take up. Over the last few weeks the following teams have achieved a 100% uptake: Ilkley District Nurses, Ilkley School Nurses, Lynfield Mount Outpatients, Moorside District Nurses and the Nursing Support Team.</li> </ul>	
<b>Exception</b>	<ul style="list-style-type: none"> <li>Whilst Sickness performance has improved slightly this month, details are provided for Board on slide 7-8.</li> </ul>	
<b>Locality</b>		
<b>Information</b>	<ul style="list-style-type: none"> <li>Locality performance meetings were not held in December as a result of early Board and Reporting dates. January meetings will not be held to allow a smooth transition to new operational service structures with the whole of Quarter 3 reported in current locality formats. During this transitional period performance will continue to be closely monitored supported by detailed exception reporting.</li> <li>CPA review in 6 months performance has improved slightly this month from 71.8% to 73.1%.</li> </ul>	<b>9 – 10</b>
<b>Exception</b>	<ul style="list-style-type: none"> <li>IAPT performance remains below trajectory with close monitoring. A Locality Exception slide is provided.</li> </ul>	
<b>Change Programme</b>		
<b>Exception Update</b>	<ul style="list-style-type: none"> <li>Change Programme Board met on the 15th December and reviewed the 2 'Red' rated projects (ITC and ATU) which will not achieve planned CIPs. The Trust has contracted external marketing expertise to ensure that marketing activity is optimised over the next 2 months with current close monitoring.</li> </ul>	

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Board Action	Key Highlights	Slides
<b>Finance</b>		
<b>Exception Update</b>	<ul style="list-style-type: none"> <li>Year to-date performance on all key indicators is rated green with the exception of cash which is rated amber as at 30th November. Cash is £504k below plan which reflects previously reported timing issues in relation to payments of provisions and temporary staffing liabilities, but represents an overall in month improvement of £346k. NHS Property Services and Community Health Partnerships cash flows remain problematic and risks / actions were discussed at the recent FBIC meeting.</li> </ul>	
<b>Assurance</b>	<ul style="list-style-type: none"> <li>The Month 8 position reflects achievement of a Financial Sustainability Risk Rating of 4.</li> </ul>	
<b>Exception Update</b>	<ul style="list-style-type: none"> <li>The achievement of planned ITC occupancy and revenues remains challenging. Change Programme Board reviewed the forecast and additional contracted marketing expertise on 15<sup>th</sup> December. No new admissions have been achieved in the last month driving a deterioration of £18k. The aggregate projected plan shortfall is £1,037k, comprising a £686k operating loss and £351k unachievable CIP. The Trust remains on track to achieve the planned surplus however this incorporates planned non recurrent CIP substitution and any further deterioration may require management action.</li> </ul>	
<b>Key Risk</b>	<ul style="list-style-type: none"> <li>The Trust is assessing options to manage Public Health Grant reductions of 6.2% on contracts from 1 April 2016 resulting from 2015/16 national grant reductions. The Comprehensive Spending Review confirmed that further 2016/17 grant reductions would be imposed. These have not yet been confirmed at a local level but are expected to require further cash reductions of 2.5%. Public Health grants are expected to be confirmed in December. The Spending Review confirmed that the grant ring-fence will not be preserved beyond 2017/18. The impact of the cash reductions is exacerbated by inflationary pressures, including National Insurance pressures relating to Pensions costs. The Trust may need to provide for costs of service re-design during quarter 4 and has requested Local Authority support should this be the case.</li> </ul>	

### Summary and Recommendations

The integrated performance report shows strong performance, with achievement of the majority of indicators in November 2015. 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.

The Board is recommended to:

- review and consider the exceptions highlighted and the actions and mitigations noted.

## Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q4 Outturn	Q1 Outturn	Q2 Outturn	Oct	Nov	Dec	Q3 Numerator Outturn	Q3 Denominator Outturn	Q3 Outturn	National Benchmark	Graph
M3	RTT dental 18 weeks waits - incomplete pathways (Number of patients who have waited 18 weeks or less/Number of patients waiting)	92.0%				97.6%	97.2%		319	328	97.2%	92.5% As of Sep 15	
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.5%	0.1%		40	11090	0.3%		
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				100.0%	98.6%		122	123	99.1%	97.0% as of Q2 15/16	
M6	New psychosis cases by Early Intervention Teams	95.0%				157.3%	158.5%		233	147	158.5%		
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											

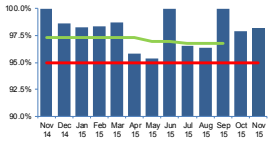
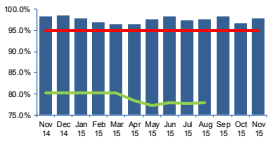
**Narrative:**

**Indicator M4:** The reported delays exclude patients on Section 3 of the Mental Health Act. At the April 2015 Board meeting, it was agreed that the Board should also continue to receive data for delays including patients on Section 3 of the Mental Health Act.

In November 2015, the delayed transfers of care including patients on Section 3 was 0.7%.



Key	
	NHS England Benchmark
	Target

## Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	Q3	Q3	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M8	CPA patients receiving follow-up contact within 7 days of discharge	95.0%				97.9%	98.2%		102	104	98.0%	96.8% as of Q2 15/16 Next publication date: To be confirmed	
M9	CPA patients having formal review within 12 months	95.0%				96.6%	97.9%		1722	1758	97.9%	78.0% as of Aug 15 Next publication date: To be confirmed	
M10	2.a. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	Q1 - 10% Q2 - 20% Q3 - 30% Q4 - 60%		52.6%	65.5% (July + Aug)							81.2% as of Aug 15 Next publication date: 22/12/2015	
M11	2.b. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	Q1 - 50% Q2 - 60% Q3 - 70% Q4 - 80%		83.9%	91.0% (July + Aug)							96.1% as of Aug 15 Next publication date: 22/12/2015	

## Narrative:

## Key

	NHS England Benchmark
	Target

## Monitor Indicators – 2015/2016

Indicator No.	Indicator	13/14 Outturn	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	National Benchmark	Trend
M12	Access to health care for people with a learning disability		6 Green				6 Green	6 Green		6 Green		
M13	Data completeness Referral to treatment information		50.0%				Q3 Data available in January 2016					
M14	Data completeness Referral information		50.0%				Q3 Data available in January 2016					
M15	Data completeness treatment activity information		50.0%				Q3 Data available in January 2016					
M16	Data Completeness: identifiers (MHMDS Part 1)		97.0%				99.4%	99.4%		99.4%	99.4% as of August 2015	↔
M17	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%				81.1%	81.8%		81.8%		↑

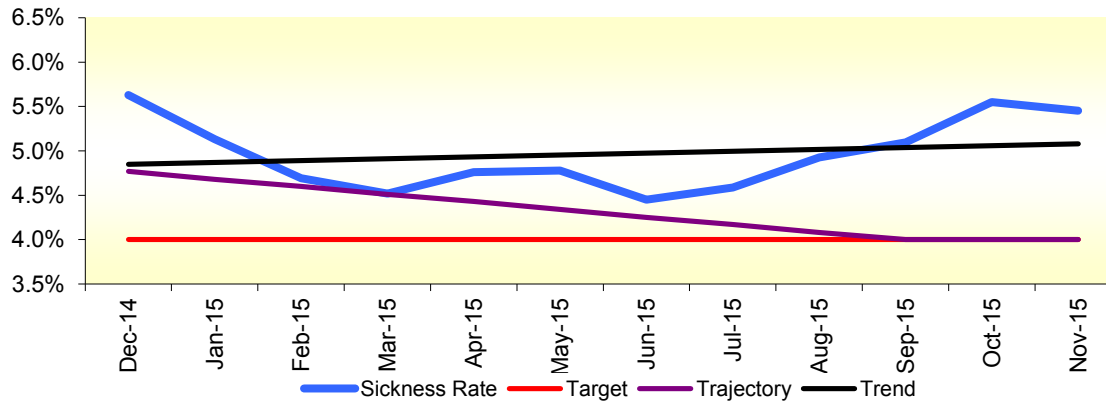
**Narrative:**

**Indicator M17:** MHMDS Part 2 Patient Outcomes has increased to 81.8% in comparison to the previous month (81.1%). Although the number of Active Clients across all 3 measures has increased from the previous month; the number of clients with data recorded in accommodation, employment and clients who have a HoNOS (clinical outcome measure) has also increased.

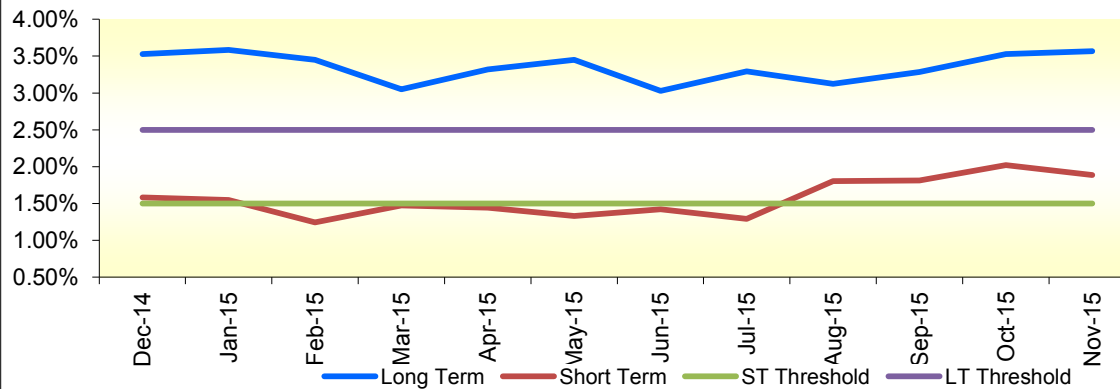
## Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Current Performance	15/16 YTD	FOT 15/16
Q20	% Sickness absence rate	4.8%	4%	5.45%	4.95%	

Sickness Absence Rate



Long Term/ Short Term - Sickness Absence Rate



## Narrative:

**Q20** – The sickness absence rate reported for October 2015 was 5.45%, this has now increased to 5.55%. The current sickness absence rate for November 2015 is 5.45%, with 4.95% year to date, which is above the trajectory of 4.0%.

The number of long term sickness cases has reduced slightly, however it is the time lost due to long term sickness which has increased, with 7 life threatening long term cases continuing to be reported. All long term cases are under active and robust management with HR Attendance Advisors providing support to managers and staff.

The key challenge over the winter is to keep staff well when seasonal colds/illnesses are prevalent. HR Attendance Advisors will be attending service manager meetings to present attendance data from the past 6 months and discuss the effective management of short term sporadic illness going forward as well as reminding staff to have their flu vaccination.

**Workforce – Top3/Bottom 3 Service Areas - Sickness****Absence**

<b>Current performance</b>	<b>5.45%</b>
<b>Current YTD</b>	<b>4.95%</b>
<b>Change from the previous month</b>	<b>-0.10%</b>

**Locality / Directorate**

	<b>%</b>	<b>Change</b>
Trust Management	0.00%	0.00%
Human Resources	0.38%	-1.37%
Commercial Directorate	0.46%	-3.19%
Bradford District CCG Teams	6.59%	0.41%
Estates, Facilities & Finance	7.41%	-1.39%
Bradford City CCG Teams	7.43%	0.31%
<b>Grand Total</b>	<b>5.45%</b>	<b>-0.10%</b>

**Narrative:**Estates, Facilities and Finance

In month data – short term absence 1.76% and long term absence 5.65%. The position is driven by Estates and Facilities absence levels. Long term absence has reduced, with 10 long term cases currently being actively managed. The hotspot areas are in maintenance and hotel services, accounting for 8 of the 10 cases. 5 of the 10 cases are related to musculoskeletal problems, and 2 to stress.

Bradford City CCG Teams

In month data – short term absence 2.52% and long term absence 4.91%. The proportion of long term absence has increased, however this is based on time lost. Despite this the overall number of long term cases currently being actively managed has reduced to 12, previously reporting 17 long term cases. 9 have since been closed with 4 new cases being reported in November 2015. Stress is stated as the reason in 3 of the 12 cases.

Bradford District CCG teams

In month data – short term absence 2.74% and long term absence 3.85%. Previously reporting 21 long term cases, 10 have since been closed, however reporting 15 new long term cases in November 2015. 12 of the 26 cases are stress related.

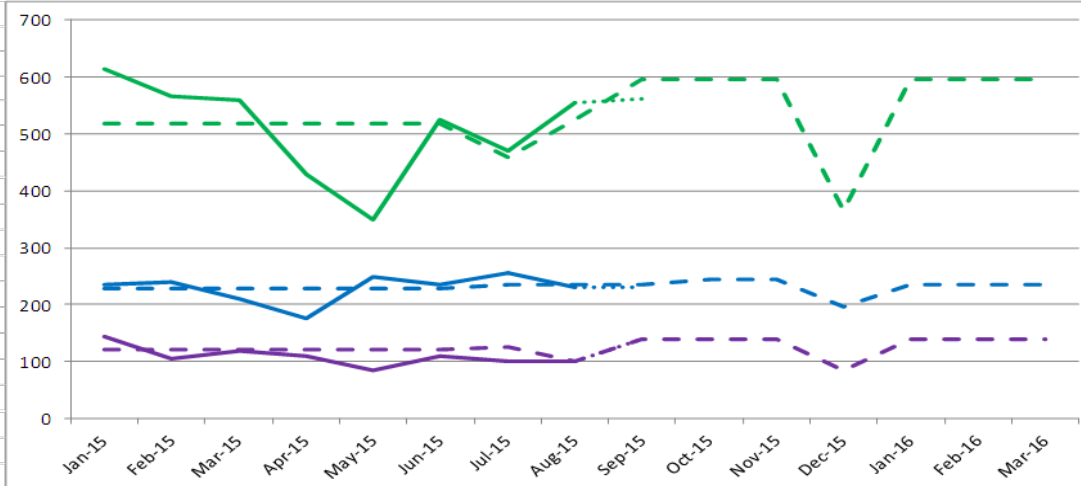
3 of the 7 life threatening cases are within Bradford Services.

**Areas highlighted in red are not currently in line with the Trust Targets**



## Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16

## Number of people who have depression and/or anxiety disorders who receive psychological therapies



	Jul-15	Aug-15	Sep-15
Trajectory AWC	235	235	235
Final AWC	255	230	231
Trajectory District	460	525	595
Final District	470	555	561
Trajectory City	125	100	140
Final City	100	99	140

Note. September performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following final HSCIC processing.

**Narrative:**

The Trust agreed a remedial action plan with commissioners for the two IAPT 2015/16 contractual targets: access (number of people who receive psychological therapies) and recovery rate. The financial consequence for under performance against the agreed trajectories is that CCGs will withhold £17.5k per target per month. Failure to meet the agreed trajectory by December 2015 (for numbers accessing IAPT) or February 2016 (for recovery rate) will result in the retention of any withheld monies.

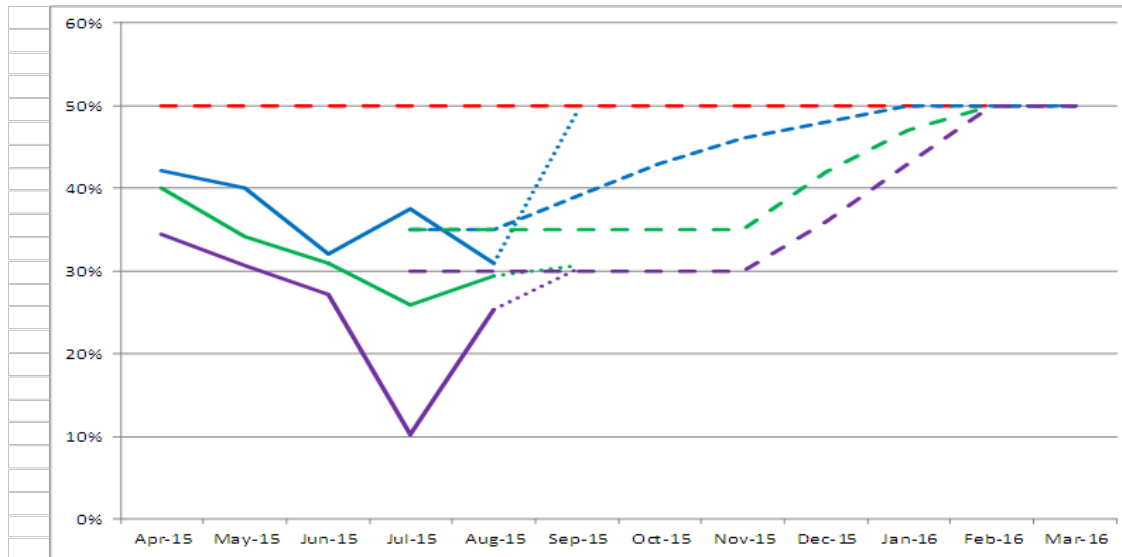
In August 2015, the Trust exceeded the trajectory for the number of people who begin psychological therapy across the three CCGs collectively. The target was exceeded for AWC and Bradford Districts CCGs, but was below the trajectory for City CCG.

Provisional figures for September suggest that the Trust failed to achieve the trajectory for the number of people who begin psychological therapy across the three CCGs collectively. The target was met for City CCGs, but was below trajectory for AWC and District CCGs.

In City CCG, the actual numbers of referrals from GPs continues to fall short of the numbers required to enter therapy each month. The service is further developing the self-referral process, now working in conjunction with local voluntary care sector to raise awareness of the service within the community.

A significant issue for the service has been data quality and upload to Health and Social Care Information Centre (HSCIC). A significant number of data quality issues are generated by a relatively small number of staff, a monitoring process is now in place to identify and support these staff with additional training.

## Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16

**IAPT Recovery Rate: Increase in number of people who have completed treatment within the reporting quarter having attended at least two treatment sessions and are moving to recovery**

	Jul-15	Aug-15	Sep-15
Trajectory AWC	35%	35%	39%
Final AWC	38%	31%	49%
Trajectory District	35%	35%	35%
Final District	26%	29%	31%
Trajectory City	30%	30%	30%
Final City	10%	25%	30%

Note. September performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following final HSCIC processing.

The service continues to focus on both clinical and recording issues. Key actions include: and enhanced focus on recovery as part of ongoing caseload management; additional training and advice for caseload managers; daily monitoring of recovery figures; clinicians given their individual recovery scores on a weekly basis.

Whilst August performance dipped for AWC and all CCGs were below trajectory for recovery, provisional September figures suggest improved recovery rates for all CCGs with District remaining below trajectory.

Discrepancies between locally extracted SystmOne data and nationally published data (HSCIC) persist for the Trust recovery rate. HSCIC generated a higher recovery rate for August compared to our own locally generated recovery rate. The discrepancy is created when mapping data from SystmOne to HSCIC, due to data quality issues. The data quality issues are largely due to incompleteness of data; for example an appointment recording may have been completed by the clinician, but they have not completed the clinical measures used to calculate the recovery rate. The Performance team are monitoring data quality by individual clinician and reporting this to service.

It is estimated that around 90% of the data quality issues have been generated by 12 staff who are now being supported with additional training and supervision. We anticipate that this will lead to improved reliability between local and HSCIC generated recovery rates. Other providers within the IAPT regional network report similar discrepancies.