

# Council of Governors Performance Report

## 9 February 2017 meeting

### Performance for Quarter 3 (2016/17)

#### 1.1 CQC Rating



#### 1.2 NHS Improvement Segment



#### 1.3 NHS Improvement Use of Resources



Agenda Item: 5

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 (NHSI) Indicators</b>		
<b>Assurance</b>	<ul style="list-style-type: none"> <li>NHSI indicators have been met for December and quarter 3, for those indicators where final data is available.</li> </ul>	<b>6-7</b>
<b>Quality</b>		
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>Service user experience continues to record positive results under the Friends and Family test with an average score of around 4.40 across Business Units.</li> <li>Influenza uptake at 31 December was 75.9% against the 75% Commissioning for Quality &amp; Innovation Target.</li> <li>Labour turnover has fallen by 0.05% in month to 12.23% remaining above the Trust's 10% target of 10%. A number of initiatives are in train to understand and respond to this key risk.</li> <li>The Board discussed sickness absence in December, with an FBIC workforce planning deep dive scheduled for January 2017. Sickness absence has fallen to 5.95% but remains above the 4% internal target. Responses to reduce sickness absence have been proposed, including revising Bradford Factor score scope and thresholds. Proposals will be discussed with staff side representatives within the next few weeks.</li> </ul>	<b>9</b>
		<b>10</b>
		<b>10</b>
<b>Finance</b>		
<b>Exceptions</b>	<ul style="list-style-type: none"> <li>After careful consideration of the elevated risk at month 8 and continued into month 9 the Executive, FBIC and Board recognised £494k probable outturn risk. This would drop the projected surplus from £1,350k to £856k (before adjusting for disposals). Failure to achieve the planned surplus would mean the Trust forfeits £790k Sustainability and Transformation funding (STF) that it expected to receive in March. As a consequence of the forecast NHSI require that Board to provide assurance that a recovery plan has been developed. This should detail further actions to bring the position back on plan. Although the Trust has highlighted very real challenges in meeting the Control Total it is still expected to make every effort to fully recover the position</li> </ul>	<b>11</b>
<b>Summary and Recommendations</b>		
<p>The Performance Report shows good performance against most non-financial targets in December 2016 (Quarter 3) but in response to significantly elevated concerns took the difficult decision to submit a formal forecast revision.</p> <p>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 3-5).</p>		

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

From the December and January Committee Meetings:

**Exceptions**

- The **financial position** of the Trust is behind the planned position. The Committee heard updates about the continuing actions aimed at achieving the control total at the end of the financial year. The current best estimate, before taking into account possible additional actions, is that we will miss the control total by £494k. If the Trust does not achieve its control total, it will not be awarded Sustainability and Transformation Funding which would increase the gap to approximately £1,284k. At the January meeting of FBIC, it was agreed to recommend a change in the NHS Improvement quarter three forecast outturn. This was agreed by Trust Board and formally ratified at its meeting in January 2017. Discussion took place with NHSI in advance of the submission and subsequently. The Trust will be submitting a first draft financial recovery plan to NHSI at the end of January 2017.
- The Committee noted a key challenge for the Agile programme remains the delivery of the planned staff savings in 2017/18 and 2018/19. The Committee will be considering a detailed paper about this at its March 2017 meeting.
- The Committee also noted the telephony programme is currently showing a £217k shortfall against the 2016/17 Cost Improvement Plan (CIP). A full report will be considered at the March 2017 meeting.

**Assurance**

- The **Environmental Annual Report**. This revealed the Trust's use of energy had increased as a result of increased occupancy of some buildings.
- The Committee received an update over the Trust's **Marketing Strategy**, noting the significant success in winning the Wakefield Children's Services Tender, and the latest position on a number of other opportunities.
- The Committee endorsed the updated **Estates Strategy**, noting the significant progress made, including reductions in workstation/employee ratios, and reviews of the use of some major facilities as service patterns changed and wider system building use reviews were pursued.

## Quality &amp; Safety Committee (Chair: Sue Butler)

## Exceptions:

From the November Committee meeting:

- The results of a **deep dive into physical health of mental health service users** which provided assurance that work was progressing. The Committee has asked the Nursing Council to seek assurance on the training and skills of registered nurses in effective blood pressure monitoring.
- An **increase in serious incidents relating to suicides**. The Executive Management Team has identified that an increase in self-referral service provision could be the reason behind the increase. The Trust has commissioned an audit of suicides over the last three years to determine whether any common themes are evident and/or whether any lessons could be learnt.
- The Lightning Review into **access to Child and Adolescent Mental Health services (CAMHS)**. In previous Board walkabouts to CAMHS, waiting times were cited. Joint work is being undertaken with CCGs and acute trusts regarding autism and ADHD waiting times. The Committee agreed to receive the outcome of the Trust's CAMHS review in May 2017.

From the December Committee meeting:

- **Managing waiting times for Psychological Therapies**. The Board discussed that a number of factors were impacting on waiting times including the length of time service users remained on case-loads, under-investment in the service and some members of staff carrying smaller case-loads. With effect from 1 February 2017, the Psychological Therapies team will form part of the Improving Access to Psychological Therapies structure and a plan is in place which will be monitored by the Committee.
- Achieving an appropriate balance of **capacity and staffing on the Dementia Assessment Unit**.
- Considerable **staffing pressures in the Medicines Management team** due to high levels of sickness absence. Information about mitigations in place to address this concern have been shared with Board members and, following discussion at January Board, further work is being undertaken by the Medical Director/Director of Nursing.

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

#### Exceptions

From the October 2016 and January 2017 Committee meetings:

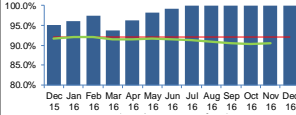
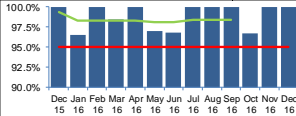
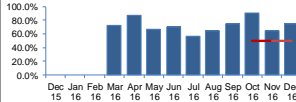
- The Committee had previously requested an analysis of service users detained from a Pakistani background as compared to people from a white British background. Governors also expressed an interest in understanding the number of **service users detained from a BME background**. The latest MHLC dashboard demonstrates that local rates of detention, under the Mental Health Act, are proportionate to local BME demography.
- The **use of Section 17 leave by those service users that smoked**. An audit of 50 patients detained under the Mental Health Act showed that patients who did not smoke appeared to have far simpler leave authorisations and that a significant amount of nursing time was taken up with regards to administration issues in relation to Section 17 leave. The Committee noted concerns raised in relation to impact on staff, which the Chair and Interim Director of Operations and Nursing will discuss in further detail. The Executive Management Team is leading work to review the No Smoking Policy, leading to a Smoke Free Policy relaunch.
- The **Care Programme Approach (CPA) audit**. The Committee received limited assurance about the effectiveness of the approach. The Committee commissioned further work and in January the Director of Operations and Nursing reported that a workshop had been held to consider how to improve this. As a result, each Team Leader and Ward Manager will now undertake monthly deep dives into CPA performance.

### Audit Committee (Chair: David Banks)

#### Assurance





- **Internal audit:** The Committee received four "significant assurance" reports from Internal Audit, covering sickness absence controls; Agile project progress to date; Staff performance indicators; Key performance indicators and one "full assurance" report on Business continuity. There were no "limited assurance" reports. The Committee received assurances that there was nothing to date from internal audit which would adversely impact the annual reports and accounts.
- **Year end planning and external audit:** The Committee received assurances that planning is in place for preparation and audit of the annual accounts for the year to 31 March 2017.

## Single Oversight Framework Operational Performance Metrics

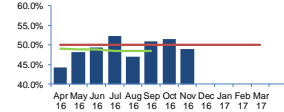
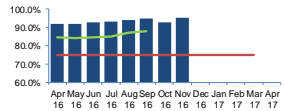
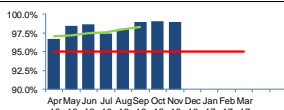
Indicator No.	Indicator	Target	Q4	Q1	Q2	Oct	Nov	Dec	Q3	Q3	Q3	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M3	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92.0%				100.0%	100.0%	100.0%	304	304	100.0%	90.5% as of November 16 Next publication date: 9 <sup>th</sup> Feb 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%				96.7%	100.0%	100.0%	158	160	98.7%	98.4% as of Q2 - 16/17 Next publication date: Jan 16	
M7	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50.0%	73% March 2016 Data	74.2%	63.8%	90.0%	64.0%	75.0%	52	69	75.3%		
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%	TBC										
	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 December 2016 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of December 2016 was 29; 26 of these patients have been waiting for more than two weeks. Additional CCG investment in EIP was confirmed from April 2016 to enable the Trust to extend the age range for EIP services to adults up to 65 and to provide in accordance with NICE recommendations. All new staff are in post and the Trust is meeting all components of the new standard.

**Indicator M19:** Performance against this standard is assessed as part of the 2016/17 national CQUIN indicator, via national audit. Data is collected and submitted in 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	Q4	Q1	Q2	Oct	Nov	Dec	Q3	Q3	Q3	National Benchmark	Graph
			Outturn	Outturn	Outturn				Numerator Outturn	Denominator Outturn	Outturn		
M20a	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set Submissions to NHS Digital: * Identifier metrics	95.0%	99.4% March Final data	99.5% June Final data	99.5% September Final data							95.5% Sep Final Next publication date: 24/01/2017	
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%	47.0%	47.6%	50.0%	52.6% (Provisional)	49.4% (Provisional)					48.4% as of Sep 16: Next publication date: 24 <sup>th</sup> January 2017	
M10	waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks	75.0%	88.8%	91.5%	94.2%	92.7% (Provisional)	95.5% (Provisional)					87.8% as at September 16 Next publication date: 24th January 2017	
M11	waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks	95.0%	97.9%	98.1%	98.6%	99.1% (Provisional)	99.0% (Provisional)					98.3% as at September 16 Next publication date: 24th January 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:** This is a new combination of metrics for achievement by 2016/17 year end, assessed monthly, comprising ethnicity, employment status, school attendance, accommodation status and ICD10 coding. The Trust is awaiting clarification with NHS Improvement and NHS Digital about the data definitions to be used to calculate performance. Whilst Trust recording of ethnicity is above the 85% target, ICD10 coding is significantly below the target and recording of school attendance is unknown as it is not currently reported from the MHSDS. The Executive Management Team is considering the approach to ICD10 coding.

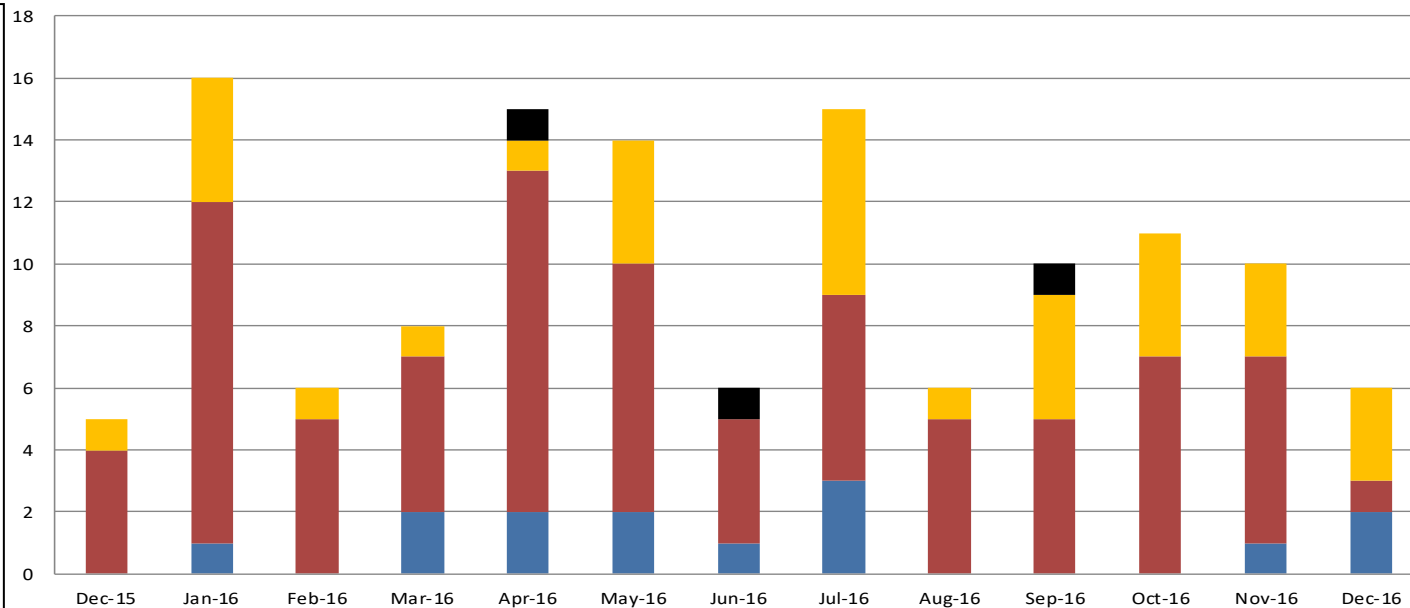
**Indicator M21:** The Improving Access to Psychological Therapies (IAPT) service successfully migrated from SystemOne to PCMIS in May 2016. PCMIS supports accurate reporting of data internally and to NHS Digital. Within the Single Oversight Framework, Trust performance for IAPT recovery rate is assessed quarterly, based on final data published by NHS Digital. NHS Digital published final September 2016/quarter 2 data on 22 December 2016. At overall Trust level, the 50% recovery target was met for quarter 2. Trust performance now exceeds the England average.

Graph Key	
Measure	
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Trend	
Trajectory	

### Serious Incident Numbers

Indicator No.	15/16 outturn	December 2016 Performance	16/17 YTD
Q3	141	6	93

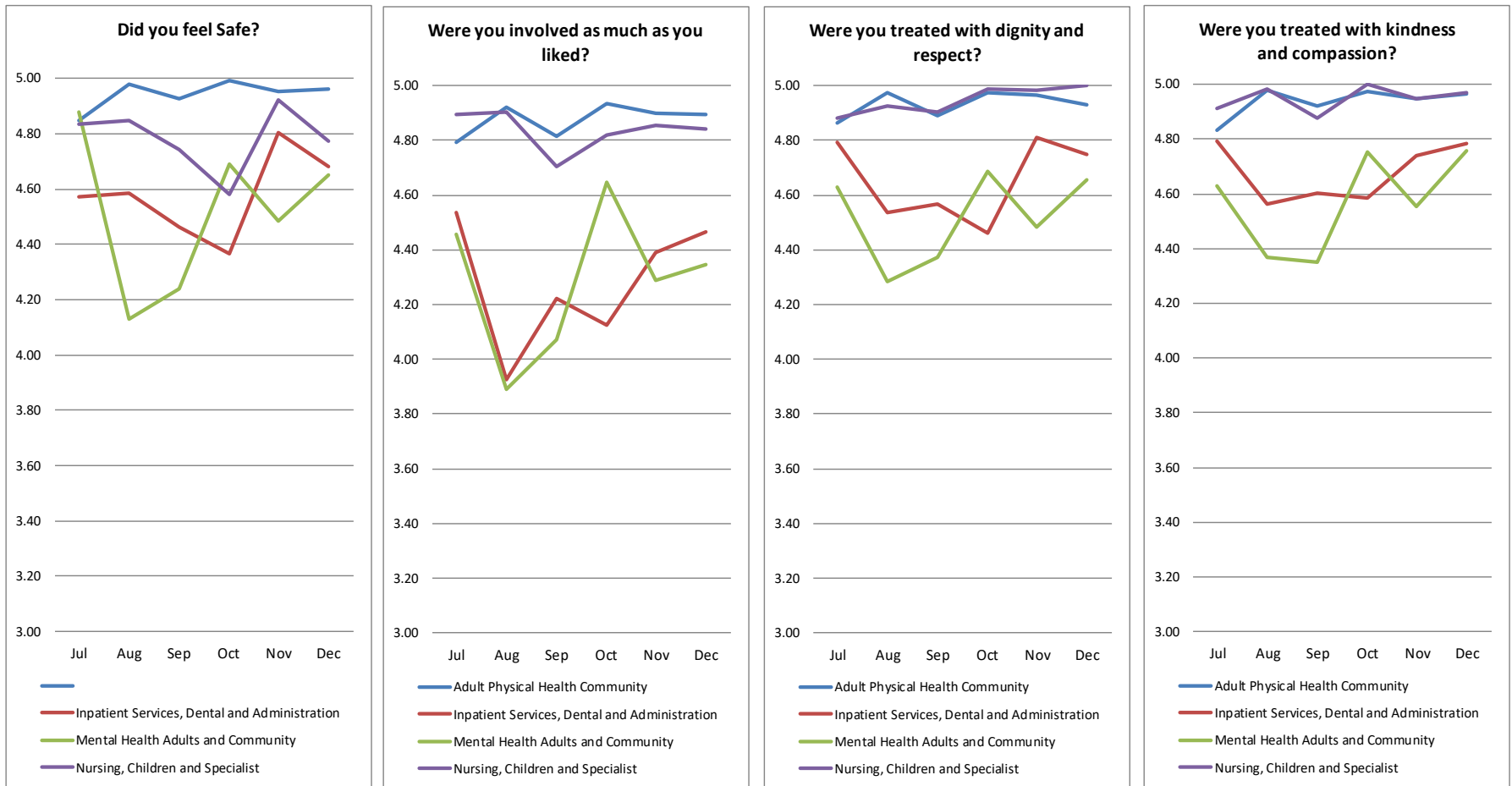
The 2 incidents categorised as "Other" were allegations of abuse. This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis.



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
■ under age admission	0	0	0	0	1	0	1	0	0	1	0	0	0
■ Suspected Suicides	1	4	1	1	1	4	0	6	1	4	4	3	3
■ 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	4	11	5	5	11	8	4	6	5	5	7	6	1
■ Serious incidents Other	0	1	0	2	2	2	1	3	0	0	0	1	2



## Service User Experiences



The Friends and Family Test asks if service users: “felt safe”; “were treated with kindness and compassion”; “were involved in their care as much as they would have liked” and if “they were treated with kindness and compassion”. Where a reviewer responds to these questions with “Totally” a score of 5 is recorded, where the response is “Not at all” then a score of 1 is recorded. The charts show the average score for the service business units, and starts at 3 (a neutral opinion).

## Workforce – Appraisal &amp; Mandatory Training

Indicator No.	Indicator	15/16 outturn	16/17 Target	Numerator	Denominator	Current Performance	FOT 16/17	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	91.90%	80%	6,422	7,243	88.66%		
Q17c	% Information Governance Training - All Staff Combined	96.50%	95%	2,628	2,848	92.28%		
Q18	% Staff Receiving Appraisal	83.14%	80%	2,011	2,414	83.31%		
Q19	% Labour Turnover	11.62%	10%	296.9	2,428.8	12.23%		
Q21	% Vacancy rate	7.17%	10%	240.20	2,668.97	9.00%		39.8% of vacancies are in Specialist Inpatient, Dental & Admin. Actions include over recruitment to posts and one-stop campaigns supplemented by active staff bank recruitment to provide short term support as an alternative to agency.
Q20	% Sickness absence rate	4.53%	4%	4,489.94	75,484.14	5.95%	5.33%	Work is underway to learn from similar Trusts that have lower sickness absence, to support improvements to support, systems and processes. This work should conclude by the end of February 2017.

Graph Key	
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### Executive Summary

Proposed Board RAG Rating	YTD	FOT	Commentary
<p><b>Statement of Comprehensive Income (SoCI)</b></p> <p>A deficit of £843k year to date is £1,838k below the planned surplus of £995k, before adjusting for £78k net technical benefit from impairments/disposals. This reflects the degree of challenge in the financial plan for 2016/17 and will require rapid, ongoing and robust action planning to ensure delivery of the planned surplus.</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 £1.3m above plan. Current liabilities are £2.2m above plan. These variances underpin the adverse year to date cash flow variance.</p>
<p><b>Statement of Cash Flows (SoCF)</b></p> <p>Cash balances are £0.9m below plan at the end of the month. The main reasons for the cash variance relates to the Month 9 SOCI variation from plan of £1,838k offset by capital underspends. The Trust forecasts an outturn cash position of £12,882k which is lower than plan due to the lower forecast surplus and loss of STF funding.</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 M09, the new metric shows a 2 (1 = Best, 4 = Worst) rating, which reflects the year to date financial position. The Trust forecasts achieving a rating of 1.</p>	●	●	<p><b>In Month UoR - Plan vs Actual</b></p>
<p><b>Cost Improvement Programmes (CIPs)</b></p> <p>CIPs are under achieving by £412k YTD (before reserve). This includes schemes rated RED when the plan was approved. The full year forecast shows an under achievement of £633k against the gross annual CIP of £5,787k, this underachievement is mitigated by the £500k high risk CIP reserve. Programme Leads are now progressing required (mitigating) actions to ensure delivery of the gross plan.</p>	●	●	<p><b>In Month CIPs - Plan vs Actual/Forecast</b></p>
<p><b>Capital Expenditure</b></p> <p>Capital expenditure is £884k below plan at the end of the period mainly due to the timing of expenditure for key schemes in Estates and IM&amp;T, and no calls on the capital contingency at this point in the year. Plans are in place to fully commit the capital programme. There is still uncertainty regarding a Capital Control Total.</p>	●	●	<p><b>In Month Capital Expenditure - Plan vs Actual/Forecast</b></p>