

Council of Governors Performance Report

(including mid-year review of 2017-19 operational plan)

14 December 2017 meeting

July to October 2017 Data

1.1 CQC Rating



1.2 NHS Improvement
Segment



1.3 NHS Improvement
Use of Resources



Agenda Item: 7

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

NHS Improvement Indicators

| | | |
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| <p>Assurance Information</p> | <ul style="list-style-type: none"> NHS Improvement indicators have been met for July to October 2017, for those indicators where final data is available. In many areas the Trust's performance is higher than the national benchmark. In November 2017, NHS Improvement published the updated Single Oversight Framework, including changes to some of the metrics used to identify trusts' support needs. The Integrated Performance Report will be amended to reflect the updated Single Oversight Framework for the December 2017 Board meeting. | <p>7 - 8</p> |
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Quality

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| <p>Exceptions Information</p> | <ul style="list-style-type: none"> There were a higher than average number of serious incidents recorded during September. This will be monitored by the Quality & Safety Committee. Mandatory training, information governance training, appraisal rates and labour turnover have improved since the report to the July Council of Governors meeting. The Board has reviewed the current workforce targets. In light of the Grenfell Towers tragedy, the Board has decided to increase the mandatory fire training compliance rate from 80% to 95% by 31 March 2018; Other changes to workforce targets will be brought in during 2018/19. The completion of appraisals will rise to 90% and all other mandatory training targets will increase to 95%. | <p>9 11</p> |
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Finance

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| <p>Assurance Information</p> | <ul style="list-style-type: none"> Control Total Performance – 2017/18 Performance: Surplus/(Deficit) Position: A year to date surplus of £1,203k is £1,876k ahead of the planned deficit of (£665k). This provides mitigation for Commissioning for Quality and Innovation (CQUIN) requirements and cost improvement plans (CIPs) that are profiled to deliver in the latter part of the financial year. CIP delivery remains challenging and the Finance, Business and Investment Committee is ensuring ongoing regular focus on schemes that require substitution. The Trust forecasts meeting a 2017/18 Control Total of £826k surplus to access £752k Sustainability and Transformation Funding and deliver a £1,578k composite surplus. The key focus now is on planning for 2018/19 where the position appears extremely challenging as a result of Public Health funded contract reductions, de-commissioning and unfunded pay awards, Trust cost pressures and uncertainty relating to the procurement of Community Dental Services. | <p>12</p> |
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Summary and Recommendations

The report shows good performance in July to October 2017, including further improvements in relation to appraisals, mandatory training and information governance training compliance. Whilst year to date financial performance is good we anticipate elevated financial challenges in quarters 3 and 4 due to phasing of efficiencies and CQUIN targets.

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).

Finance, Business and Investment Committee (FBIC) - July to November 2017

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|-----------------------------------|--|
| Assurances | <ul style="list-style-type: none"> The Trust envisages it will achieve the 2017/18 control but projects increasing challenges into 2018/19. Action is being taken by the Executive Management Team to strengthen Information Management & Technology and cyber security. The Trust's Environment and Energy targets are being met, although the re-setting of our benchmarks against mental health (rather than community) trusts has provided more opportunity to target improvement. It was noted that continuing capital provision will be required to maintain progress. |
| Exceptions | <p>Issue: Detailed work is underway to develop the 2018/19 financial plan, considering cost pressures, plans to deliver Cost Improvements and co-ordinate early Quality Impact Assessment of these. However current plans fall some way from the required £1.65m control total for 2018/19.</p> <p>Status: Full discussion is scheduled for the December meetings of FBIC and Board.</p> <p>Issue: NHS England is procuring a contract for delivery of Community Dental Services later this year, on a footprint that includes Bradford, Craven and Kirklees and Calderdale.</p> <p>Status: A paper regarding this contract has been prepared for consideration by the Board at its Private Board meeting in December.</p> <p>Issue: Challenges in relation to alternatives to medical locums for psychiatry remain and price/wage and overall expenditure caps for locums are being breached.</p> <p>Status: Action is being taken by the Medical Director to liaise with individual locums and by the Director of HR at West Yorkshire level to target an alternative medical bank to mitigate the problem.</p> <p>Issue: Increases numbers of slips and falls within the Dementia unit were discussed.</p> <p>Status: The Committee was assured the fabric of the estate was not associated with the falls and the issue was referred to the Quality and Safety Committee for review.</p> <p>Issue: The Council has launched 2 public consultations that impact Trust provision. A Prevention and Early Years Consultation proposes closer integration of council, children's centre and Trust provision to achieve significant budget reductions. A separate Council Budget Consultation sets out the council's full detailed budget proposals for the next 2 years 2018/19 and 2019/20. This incorporates the Early Years implications and proposals for all council funded services.</p> <p>Status: A Private Board discussion is planned in December to consider the implications for services and next steps. Further discussions are planned until the consultations close; in December and January.</p> <p>Issue: There is currently a significant over spend in relation to contracted interpreting services where demand has substantially increased.</p> <p>Status: Actions are in train to develop service specific mitigations which may include telephone interpreting, where appropriate. It was agreed that a project plan for reviewing the service should be brought to the January FBIC meeting.</p> |
| Exceptions carried forward | <ul style="list-style-type: none"> Workforce Strategy – FBIC had planned to return to consider Medical Staff engagement and the Trust's Staff Survey. However both were subsequently agreed as requiring full Board discussion and assurances were provided in October and November 2017 meetings respectively. |

Audit Committee - July to November 2017

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| Assurances | <ul style="list-style-type: none"> The Committee has received significant assurance reports from internal audit on the following issues: Serious incidents and complaints, Quality and Safety Committee, Clinical Coding, Bank and Agency staff, the redesign of the Children's Services, Safeguarding, CQC compliance and Management of telephony. Regular updates were provide on counter-fraud activity, losses and special payments, and waivers of Standing Orders. The new General Data Protection Regulations (GDPR) will come into force during May 2018 and the Committee requested these be reviewed by the Executive Management Team and that an assurance report be provided to the Board (completed in November). A number of minor amendments were approved to the Trust's Standing Financial Instructions, Scheme of Delegation and Committee terms of reference. The Committee also reviewed the work of the Freedom to Speak up Guardian (FTSUG) and how this compared with other trusts. |
| Exceptions carried forward | <ul style="list-style-type: none"> There are no outstanding exceptions. |

Mental Health Legislation Committee - July to November 2017

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| Assurances | <ul style="list-style-type: none"> The Committee scrutinised the use of blanket restrictions and was assured that each service user's personal needs were taken into account when applying restrictions at ward level. Mental Capacity Act specialists within District Nursing teams across the Trust have been identified and trained. Additionally, 30 members of staff within Mental Health and Learning Disability services have been trained to support Mental Capacity Act issues at local team level. The Trust is one of only a few trusts nationally to have this level of local knowledge and support for practitioners. |
| Exceptions | <p>Issue: There has been a decrease in Care Programme Approach compliance levels (down from 73.17% to 71.65%).</p> <p>Status: Steps are being taken to understand the factors contributing to this. The reasons for a decline in statutory requirements relating to safeguarding will also be investigated. These issues will be monitored by the Committee.</p> <p>Issue: The results from the two unannounced CQC inspections of Mental Health wards were highlighted.</p> <p>Status: An update will be provided about the CQC inspection at the December Council of Governors meeting.</p> <p>Issue: The number of Community Treatment Orders (CTOs) has dropped following the sickness absence of a Psychiatrist.</p> <p>Status: This trend is likely to reverse as the replacement locum Psychiatrist has now spent sufficient time in the role to develop the required level of understanding about each of the service users.</p> |
| Exceptions carried forward | <ul style="list-style-type: none"> There are no outstanding exceptions. |

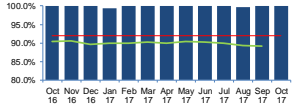
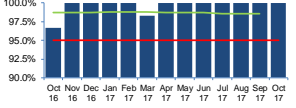
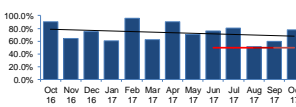
Quality and Safety Committee - July to November 2017

| | |
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| Assurances | <ul style="list-style-type: none"> An action plan is in progress to minimise pressure on the SPA service and to optimise successful transfers and transfer times to First Response, including the recruitment of four additional telecoaches and diversion of professionals' calls to other numbers. Key Performance Indicators (KPIs) for the SPA will be included in the QSC dashboard from the next quarter. The first cohort of trained volunteers has joined the Dementia Assessment Unit team. A Deep Dive into their work will be presented to the QSC next year. The waiting times for dental procedures in theatre, which were exceeding targets earlier in the year, are now running at 100% within target time. Actions continue to be taken to address outpatient waiting times of 35 weeks+ for new patients due to high demand. Work to support carers continues with a range of outreach facilities being developed from the Carer's Hub. The Library service scored 100% in an externally led review into the quality of its service provision. A deep dive was undertaken into progress being made on the Psychological Therapies redesign. The number of patients on the waiting list has reduced by 36% (equating to 117 service users). Key Performance Indicators relating to waiting times have now been incorporated into the Committee dashboard. Progress has been made in implementing the Equality and Diversity standards despite capacity constraints. However, the work currently reflects a greater emphasis on workforce than service users. The Committee was assured that this imbalance will be addressed in the next report. There has been a rapid increase in the number of falls occurring within the Dementia Assessment Unit. This was associated with the admission of two service users with very complex problems. Measures are in place to: regularly review and minimise the risk of a fall occurring, closely supervise service users at risk of falling and to minimise harm from common causes of falling. A complaints forum is to be established to promote effective complaints investigation, including service user and carer involvement in the complaints process. The Committee noted clusters of complaints including those regarding community mental health teams. A review of these complaints is taking place to understand themes and/or possible systemic causes. |
| Exceptions | <p>Issue: The time taken to produce Serious Incident reports continues to exceed the national target due to capacity issues.</p> <p>Status: Recruitment to a vacant post will minimise the risk that Serious Incident investigations and reports will not be completed within recommended timescales.</p> <hr/> <p>Issue: A review of the Community Mental Health Teams revealed they received a higher level of concerns than other teams.</p> <p>Status: This will be picked up through the 6-monthly complaints reports to the Quality and Safety Committee.</p> <hr/> <p>Issue: The number of staff members reporting disabilities through Equality and Diversity standards monitoring was noted to be much lower than the number expected from benchmark statistics and lower than the number reporting in the staff survey.</p> <p>Status: The Board will be receive a paper in January 2018.</p> |




Quality and Safety Committee - July to November 2017 continued

| | | |
|-----------------------------------|---------|---|
| Exceptions | Issue: | National funding streams for health research are shrinking. Work is ongoing to attract commercial funding to support research and innovation. Success is perceived to be unlikely without a dedicated research facility. Additionally, staffing pressures leading to the need to prioritise front-line care are impacting upon the uptake of evidence based practice training and staff engagement in research. |
| | Status: | This will be considered through a further update on research and development progress to the Quality and Safety Committee in 2018 (exact date to be confirmed). |
| | Issue: | Expected budget reductions of just over a third in both health and local authority children's services in the coming year present a significant challenge. The Committee was assured that Health visiting standards and SOPs are being agreed to promote a consistent approach to quality and that feedback from service users remains very positive. |
| | Status: | A redesign of the children's pathway, as well as school nursing and services for children with Special Educational Needs, is underway. |
| | Issue: | Meeting the needs of those living in care homes and sheltered accommodation , now 25% of the local district nursing caseload, remains a challenge both locally and nationally. |
| | Status: | This work is being taken forward with local partners, including GPs, and the Trust is part of a national network seeking effective ways forward for adults in care homes and their district nursing teams. A community nursing workforce strategy is now in place resulting in the Trust "growing" its own District Nurses. |
| Exceptions carried forward | Issue: | Complaints have been received relating to Bradford and Airedale Neuro-Development Service (BANDs) due to a high number of referrals into a small team which is creating long waiting times. |
| | Status: | The Clinical Commissioning Group has agreed to close this service to new referrals. |
| | Issue: | The number of incidents relating to smoking are so frequent that current reporting does not provide a realistic picture of where and when smoking materials are being used. |
| | Status: | A review is being prepared including the feasibility of allowing vaping to assist smoking cessation. |
| Exceptions carried forward | Issue: | Committee and Board challenged to consider how they have taken forward their approach to risk tolerance and risk appetite . |
| | Status: | Discussions about risk appetite related to one specific element included within the 3-year Risk Management Strategy, which requires further discussion at a Board development session during 2018. |
| Exceptions carried forward | Issue: | Triangle of Care initiative extended due to capacity issues. |
| | Status: | To be completed by 31/12/17. |

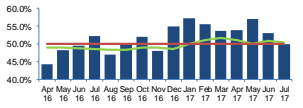
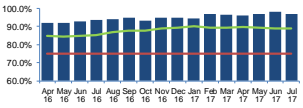
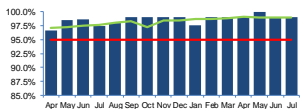
Single Oversight Framework Operational Performance Metrics

| Indicator No. | Indicator | Target | Q4 16/17 Outturn | Q1 16/17 Outturn | Q2 17/18 Outturn | Oct | Nov | Dec | Q3 17/18 Numerator Outturn | Q3 17/18 Denominator Outturn | Q3 17/18 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% | | | | 100.0% | | | 328 | 328 | 100.0% | 89.1% as of Sep 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% | | | 65 | 65 | 100.0% | 98.6% as of Q2 - 17/18 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% | 75.3% | 69.5% | 78.0% | 77.5% | | | 31 | 40 | 77.5% | |  |
| 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% | | | 98.0% | | | | | | | | |
| | b) Early Intervention in psychosis services | 90.0% | | | 94.0% | | | | | | | | |
| | c) Community mental health services (people on Care Programme Approach) | 65.0% | | | 96.0% | | | | | | | | |

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 October 2017 within two weeks of referral. The number of incomplete pathways (patients waiting) at the end of October 2017 was 42; 26 of these patients have been waiting for more than two weeks.

| Graph Key | |
|-----------------------------|---|
| Measure |  |
| Target |  |
| England Benchmarking figure |  |




Single Oversight Framework Operational Performance Metrics

| Indicator No. | Indicator | Target | Q4 16/17 Outturn | Q1 16/17 Outturn | Q2 17/18 Outturn | Oct | Nov | Dec | Q3 17/18 Numerator Outturn | Q3 17/18 Denominator Outturn | Q3 17/18 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% | 99.5% | 99.5% of Jul 17 | | | | | | | 98.1% Jul 17 Next publication date: TBC | |
| 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% | 51.8% | 54.9% | 50.0% (Sept Provisional) | | | | | | | 50.4% as of Jul 17: Next publication date 23/11/17 |  |
| M10 | waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks | 75.0% | 94.4% | 96.4% | 96.2% (Sept Provisional) | | | | | | | 88.8% as at Jul 17 Next publication date: 23/11/17 |  |
| M11 | waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks | 95.0% | 99.3% | 99.2% | 99.6% (Sept Provisional) | | | | | | | 99.0% as at Jul 17 Next publication date: 23/11/17 |  |

Indicator M20a: This Mental Health Services Data Set (MHSDS) data completeness indicator comprises NHS number, date of birth, postcode, gender, GP and commissioner. Data has been provided based on internal calculations from the MHSDS.

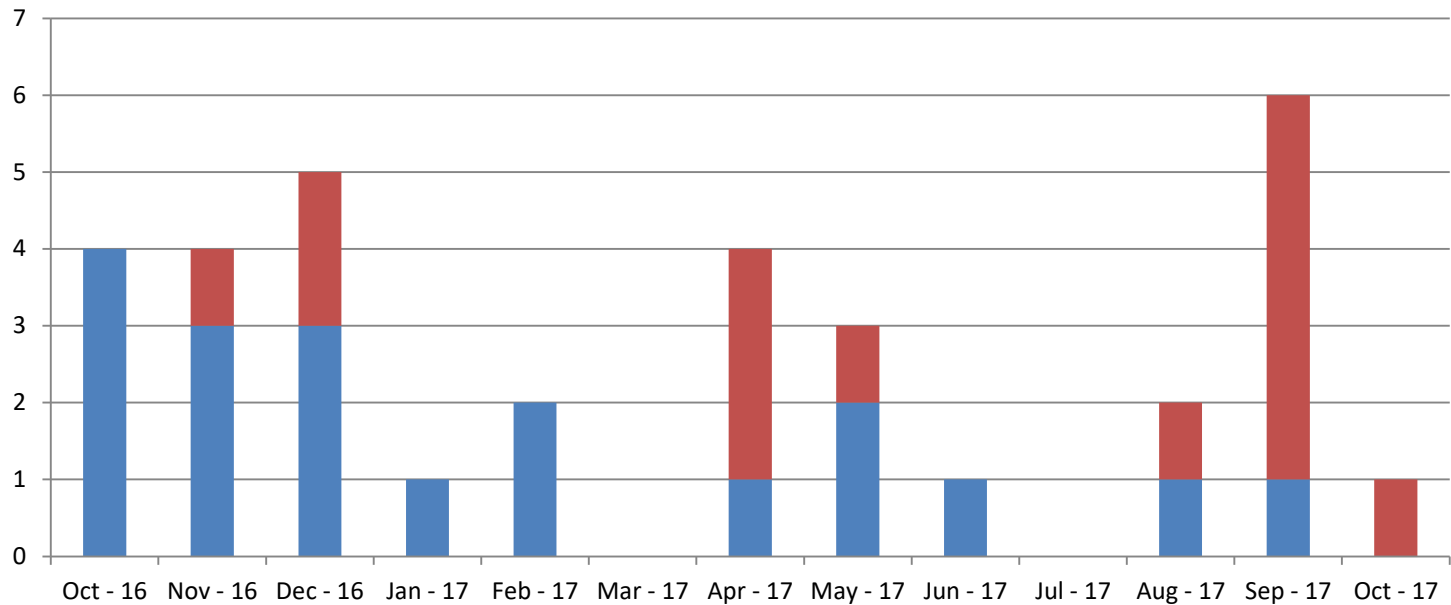
Indicators M20a and M20b: NHS Improvement's updated Single Oversight Framework confirms that these metrics will be replaced by the Data Quality Maturity Index – Mental Health Services Data Set (MHSDS) Data Score, which is published by NHS Digital.

Indicators M21, M10, M11: Within the Single Oversight Framework, Trust performance for Improving Access to Psychological Therapies (IAPT) is assessed quarterly, based on final data published by NHS Digital.

| Graph Key | |
|-----------------------------|---|
| Measure |  |
| Target |  |
| England Benchmarking figure |  |

Serious Incident Numbers

| Indicator No. | 16/17 Out-turn | This month's performance | 17/18 Year to Date |
|---------------|----------------|--------------------------|--------------------|
| Q3 | 96 | 1 | 17 |



| | Oct - 16 | Nov - 16 | Dec - 16 | Jan - 17 | Feb - 17 | Mar - 17 | Apr - 17 | May - 17 | Jun - 17 | Jul - 17 | Aug - 17 | Sep - 17 | Oct - 17 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Serious incidents Other | 0 | 1 | 2 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 5 | 1 |
| Suspected Suicides | 4 | 3 | 3 | 1 | 2 | 0 | 1 | 2 | 1 | 0 | 1 | 1 | 0 |

This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis.

Patient and Service User Experiences: Overview by Service Areas

Reporting Period: Quarter 2 2017/18 (July, August, September 2017)

| Service Area | Number of Reviews | Percentage likely to recommend |
|---------------------------------------|-------------------|--------------------------------|
| Trust as whole | 1324 | 96% |
| Acute Wards | 105 | 90% |
| Community Mental Health Teams | 41 | 85% |
| Community Nursing | 90 | 99% |
| Dental Services | 312 | 98% |
| District Wide Specialist Services | 35 | 100% |
| Family Nurse Partnership Speciality | 8 | 100% |
| Health Visiting | 318 | 98% |
| Learning Disabilities | 60 | 100% |
| Looked after Children | 43 | 88% |
| Older Peoples Mental Health | 55 | 93% |
| Podiatry Speciality | 97 | 100% |
| Psychological Therapies City Locality | 4 | 100% |
| School Nursing | 65 | 91% |
| Specialist Inpatient services | 58 | 90% |
| Speech and Language Therapy | 30 | 100% |
| Unknown Speciality | 1 | 100% |
| Volunteer Services | 2 | 100% |

The table shows for each service area: the number of Friends and Family Test reviews received and the percentage who would be either likely or extremely likely to recommend the service (this is percentage of reviews where a preference was expressed).

The 'unknown speciality' is where the reviewer did not complete the name of the service / ward.

A report was provided to the Executive Management Team in August to determine data sets to be provided to Board, Quality and Safety Committee and commissioners. Further discussions are to be held with Quality and Safety Committee members.

| Indicator No. | Indicator | 16/17 Outturn | 17/18 Target | Current Performance | 17/18 Forecast | Graph |
|---------------|--|---------------|--------------|---------------------|----------------|-------|
| Q17 | % Mandatory training (excluding Information Governance Compliance) | 88.96% | 80% | 89.33% | | |
| Q17c | % Information Governance Training - All Staff Combined | 98.28% | 95% | 92.48% | | |
| Q18 | % Staff Receiving Appraisal | 83.77% | 80% | 83.74% | | |
| Q19 | % Labour Turnover | 11.62% | 10% | 10.76% | | |
| Q20 | % Sickness absence rate | 5.12% | 4.00% | 5.88% | | |
| Q21 | % Vacancy rate | 7.17% | 10% | 8.61% | | |

| | |
|---------|--|
| Measure | |
| Target | |
| Trend | |

Finance Key Measures

| £000's | Year to Date | | | | Forecast Outturn | | | |
|---------------------------------------|--------------|--------|--------------------|-----|------------------|--------|--------------------|-----|
| | Plan | Actual | Variance (Adv)/Fav | RAG | Plan | Actual | Variance (Adv)/Fav | RAG |
| Net Surplus/(Deficit) | (673) | 1,203 | 1,876 | ● | 1,578 | 1,578 | | ● |
| Technical Adjustments | | | | ● | | | | ● |
| Performance against the Control Total | (673) | 1,203 | 1,876 | ● | 1,578 | 1,578 | | ● |
| CIPs (before High Risk Reserve) | 3,901 | 3,970 | 69 | ● | 7,973 | 7,553 | (420) | ● |
| Capital Expenditure | 2,183 | 1,712 | 471 | ● | 3,528 | 3,528 | | ● |
| Cash Balance | 11,715 | 15,922 | 4,207 | ● | 11,485 | 14,000 | 2,515 | ● |
| Use of Resources | 2 | 1 | 1 | ● | 1 | 1 | | ● |

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| ● | Favourable variance |
| ● | Adverse variance under £100k or 10% |
| ● | Adverse variance £100k or 10% or greater |

Note for RAG for Cost Improvement Plans (CIPs) – 10% variance is amber, over 10% is red

After taking into account the high risk CIP reserve performance is £80k ahead of plan. A key focus remains recurrent scheme delivery and/or substitution and is subject to Finance, Business and Investment Committee scrutiny.

Month 6: Operational Plan Review

In March 2017, the Board approved the Trust's Operational Plan for 2017/18 and 2018/19. The Operational Plan is a key document, setting out priorities and ambitions for the Trust. In October 2017, the Board reviewed progress in implementation of the Trust's Operational Plan and considered performance against key milestones as at month 6.

Key priorities not proceeding in accordance with plan and mitigations in place

| Operational Plan Objectives and Priorities | Potential Risks to Achievement | Mitigating Actions |
|---|--|--|
| OPERATIONAL PRIORITIES | | |
| Review bed occupancy, deliver alternative community model for acute/crisis mental health . | Levels of in-patient occupancy and acuity | NHS Improvement – 90 day rapid improvement project: <u>Criteria led discharge</u> |
| Explore the introduction of a 2-shift system for mental health acute and specialist in-patient wards. | Paused following feedback from other trusts | NHS Improvement – 90 day rapid improvement project: <u>Health Auto-roster pilot</u> |
| Actively explore workforce development opportunities in our acute care services . | Recruitment to medical and nursing roles, turnover | Roll-out of acuity model to acute mental health wards. Recruitment fayres. Proactive work with universities to recruit newly qualified nurses |
| Further develop the psychological therapies hub model so that capacity meets demand. | Waiting times for specialist psychological therapies | Waiting list redesign, service redesign, waiting list initiative |
| Assess and suggest mitigations to reduce the impacts from reduced social care provision . | Volatility in care home sector. Impact of Council budget reductions | Work with health, local authority, voluntary and community sector partners in Accountable Care System developments, to deliver new models of care |
| Work with CCGs to review Bradford and Airedale Neuro Development Service to meet current demand within acceptable waiting times. | CCG Commissioned capacity does not match demand | West Yorkshire mapping exercise undertaken across adult and children's services with plans to develop commissioning at a West Yorkshire level. |
| Enhance dementia care by developing the workforce; local and national profiling; working more closely with the community. | High occupancy, high sickness, increasing acuity, observation costs | Safer staffing numbers increased. Recruitment plan. Pilot of an acuity model. Staff grade doctor joined ward. 12 volunteers for Dementia Assessment Unit |
| Assess and suggest mitigations to manage the impact of de-registration of nursing homes . | Demand and acuity increasing | Developing National Quality Board reporting. Capacity and demand paper for commissioners |
| Deliver Skills, Training and Employment Pathways for people with mental health problems. | Change in DWP requirements, referrals from Job Centre coaches | Working closely with our partner The Cellar Trust and with Job Centres. |
| CORPORATE PRIORITIES | | |
| Support the transformation activities within the transformation and improvement programme . | Cost Improvements rated red and requiring mitigation in-year | Mitigation plans including exceptions and actions reported monthly to Directors' meeting and 6-weekly via Committee. |
| Workforce: capacity and capability; efficiency, effectiveness and productivity; working in partnership across the local and West Yorkshire Sustainability and Transformation Programme | Staff turnover, vacancies and sickness. Shortage of key staff. Required training. Medical agency cap breaches. 2016 Staff survey results | Centre of Excellence (support staff); staff bank; apprenticeship strategy; proactive recruitment; review of preceptorship programme; review of attendance management policy, improvement project: <u>Staff Retention</u> |

Celebrating Success

The mid year review of the 2017/18 and 2018/19 operational plan highlighted key successes in the first six months of 2017/18, including where the Trust is being recognised regionally and nationally.

OUR VISION, VALUES, AIMS & OBJECTIVES

Our Vision: Working with diverse communities to provide outstanding care



Shortlisted for "Provider Trust of the Year" at national HSJ Awards, for third year running. Our nomination covered information on many different achievements across services, demonstrating that we are a caring, innovative and high performing organisation.

HSJ AWARDS

"You & Your Care"
You're A Star Awards

The winner of the Working Together Award went to the "Young Dynamor", a young people's research advisory group within the Trust that has been helping to shape and influence service for young people
[Click here](#) to view the winner's video



New Models of Care and Integration

Successful bids for two specialised mental health services: the Trust has been awarded additional funding and devolved commissioning powers from NHS England for two specialised mental health services, as part of a joint bid with other mental health trusts across the West Yorkshire and Harrogate Sustainability and Transformation Partnership. We are working with Leeds Community Healthcare Trust, Leeds and York Partnership Foundation Trust (FT) and South West Yorkshire Partnership FT to develop [services for children and adolescent mental health](#), and working with Leeds and York Partnership FT and South West Yorkshire Partnership FT, to develop an [adult eating disorder service](#).



BUSINESS UNIT: MENTAL HEALTH ACUTE & COMMUNITY SERVICES



Learning disability services and staff have been shortlisted for awards at the **National Learning Disability and Autism Awards 2017**. **Waddiloves health clinic team**, which provides health support to people with learning disabilities including dental clinics, psychologists and dieticians, has been named as a finalist for the Great Autism Practice Award. Health facilitation nurse, **Andrew Birkenshaw** who is based at Waddiloves, has been shortlisted for the Learning Disability Nurse Award 2017 along with **Sue Gibson**, who has been shortlisted for the Support Worker Award.

You're A Star Awards
Andrew Birkenshaw, Health facilitation nurse and **Jodee Simpson**, speech and language therapist, won the Quality Award Category of the Trust's You're a Star Awards, for their work in finding creative ways to support people with learning disabilities, to have their health needs met.



[Click here](#) to view the winner's video

You & Your Care

W: www.bdct.nhs.uk T: @BDCFT

BUSINESS UNIT: ADULT PHYSICAL HEALTH SERVICES



Fire Service Partnership: The Trust has teamed up with West Yorkshire Fire and Rescue Service to support vulnerable people who are at an increased risk of falling. We have embarked on an 18 month project to train all firefighters across Bradford and Airedale to identify people aged over 65 who are at risk of falling, offer advice to prevent falls from happening and referring people who are at risk of a fall to the district nursing team. The project is based on a successful six month pilot in Keighley which saw 80 people undertake a falls screening assessment to identify people at risk of a fall, of those 46 referrals were made to the district nursing team.



The primary care wellbeing team won the Positive Practice in Mental Health Awards in the primary and secondary mental health care collaboration category. Their work can be viewed [on YouTube](#).

Speech and language therapy have developed [communication aids in various languages](#) to support families from Eastern Europe to understand how to assist their children in improving their communication. This has been translated by the use of pictures and words and can be adapted for use across all of adult physical health services.

CORPORATE AND SUPPORT SERVICES



Patient-Led Assessments of the Care Environment

The Trust has been ranked amongst the **best performing NHS organisations** in the country in this year's **Patient-Led Assessments of the Care Environment (PLACE) assessment**. Five assessors, made up of service users, relatives, carers and patient advocates, carried out assessments in May 2017. They gave scores and comments on all areas of the care environment at Lynfield Mount Hospital and Airedale Centre for Mental Health. Quality of food served to patients at Lynfield Mount Hospital received top marks and high praise from assessors with a score of 100%. Food quality at the Airedale Centre for Mental Health also scored highly with 98.83%. Overall this ranked the Care Trust's food **third overall out of all 222 NHS trusts**. The Trust was also ranked second out of all NHS trusts for privacy, dignity and wellbeing and third overall for condition, appearance and maintenance.

Estates Maintenance was assessed for the first time to achieve ISO9001 accreditation. This has been part of a detailed plan to improve customer service standards and we are really proud of all of the hard work the team have put in and of the outcome.

PATIENT SAFETY AWARDS

Our **safety risk and resilience team** were finalists at the **Patient Safety Awards 2017** in the category of clinical governance and risk management in patient safety.

The **new iCare programme** encourages and supports staff to develop their ideas, whether it's improving services, saving money or generating income. iCare aims to give all our staff an opportunity to share their passion and energy for new ideas, by offering guidance and support to make these ideas a reality.

iCare