Bradford District Care
NHS Foundation Trust

Agenda Item: 8
Lead Director: Non-Executive Directors
Presented For: Discussion

Council of Governors Performance Report

12 December 2019 meeting

Performance relating to October 2019

1.1 CQC Rating

1.2 NHS Improvement Segment

1.3 NHS Improvement Use of Resources

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.

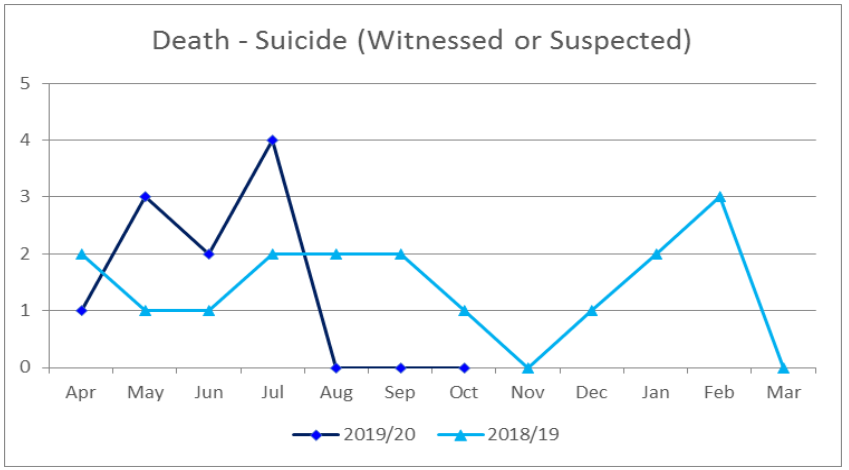
	Key Highlights	Slides
	Quality	
Assurance	• There were no serious incidents reported in September or October 2019.	**3**
	• Training compliance has improved, with only one course (Care Programme Approach) out of 21 below the required standard. Quality and Safety Committee noted the upward trend in compliance for the majority of training requirements.	**5**
	• Appraisals: performance remains strong, with 87.8% compliance in October.	**6**
Exception	• Sickness absence reduced for 7 consecutive months from January (6.83%) to August (4.5%) but increased in September (5.14%) and October (6.18%). Hot spots include Bradford 0-19 services. Although 0-19 contractual and other performance remains strong, there has been a significant increase in safeguarding work and staff are reporting pressures. This has been escalated via Systems and contract management arrangements. Board members heard, through quality and safety walkabouts, that work stressors include connectivity via 0-19 bases at family hubs. A solution proposed by Bradford Council IM&T colleagues and Virgin Media is being piloted urgently at 2 hubs. Prevention and Early Help and 0-19s governance is being brought together from 2020 to support integrated working.	**6**
Finance		
Exception	• Whilst year to date performance is on plan with a deficit of £727k at the end of October, this masks sustained and rising inpatient and out of area placement pressures. These now present a real risk to delivery of previously forecast inpatient expenditure trajectories for months 8 to 12. Additional actions have been agreed and are being implemented to reduce expenditure. These include daily inpatient roster trajectories with oversight via daily report outs, medical, physical health interventions and behavioural support on older people's wards. If the actions are unsuccessful, options to mitigate this level of over-spending are limited, meaning a significant risk to delivery of the planned position. Achieving the 2019/20 plan depends on agreed actions rapidly impacting inpatient staffing cost pressures, reducing lengths of stay, ward occupancy and out of area placements.	**7 - 8**
Regulatory		
Assurance	• NHS Oversight Framework performance metrics currently being met are: waiting time target for people with a first episode of psychosis; Improving Access to Psychological Therapies (IAPT): proportion of people completing treatment who move to recovery, waiting times to begin treatment within 6 weeks and 18 weeks.	**9**
Exception	• The Trust has a trajectory for inappropriate Out of Area bed days of 41 days per quarter. Continued high demand and acuity have resulted in an increased number of bed days for adult acute care and for psychiatric intensive care. Pressures reflect a challenging Trust position with a similar position across West Yorkshire and nationally. The Trust remains optimistic that the new Functional Medical Model and actions to bolster the acute care pathway and provide a more therapeutic offer will support further improvement.	**9**

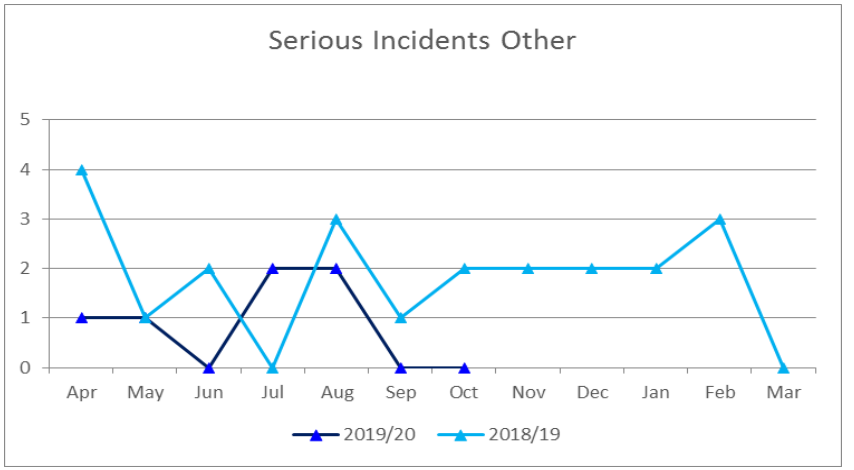
Summary and Recommendations

The Board considered assurance and reporting arrangements at a development session in April 2019, in light of significant feedback from the Care Quality Commission relating to Trust assurance processes and Board oversight. The first iteration of the new integrated performance report was considered at the July 2019 Board meeting and content further refined for the September and November 2019 Board. The Council of Governors performance report (COGPR) uses selected slides from the Board Integrated Performance Report (BIPR). It is proposed that a sub-group of Governors consider the new BIPR to determine the most appropriate content to be included in a revised COGPR and presented in February 2020.

Safe Domain - Serious Incidents

Indicator No.	18/19 Out-turn	This months Performance	19/20 Year to date
Q1	49	0	16





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Death - Suicide (Witnessed or Suspected) 19/20	1	3	2	4	0	0	0					
Death - Suicide (Witnessed or Suspected) 18/19	2	1	1	2	2	2	1	0	1	2	3	0
Serious Incidents Other - 19/20	1	1	0	2	2	0	0					
Serious Incidents Other - 18/19	4	1	2	0	3	1	2	2	2	2	3	0

Serious incidents are monitored in weekly Quality and Governance call outs and are included in the Quality & Safety Committee dashboard and reported every six weeks. There were **0 new reported serious incidents** in September or October 2019.

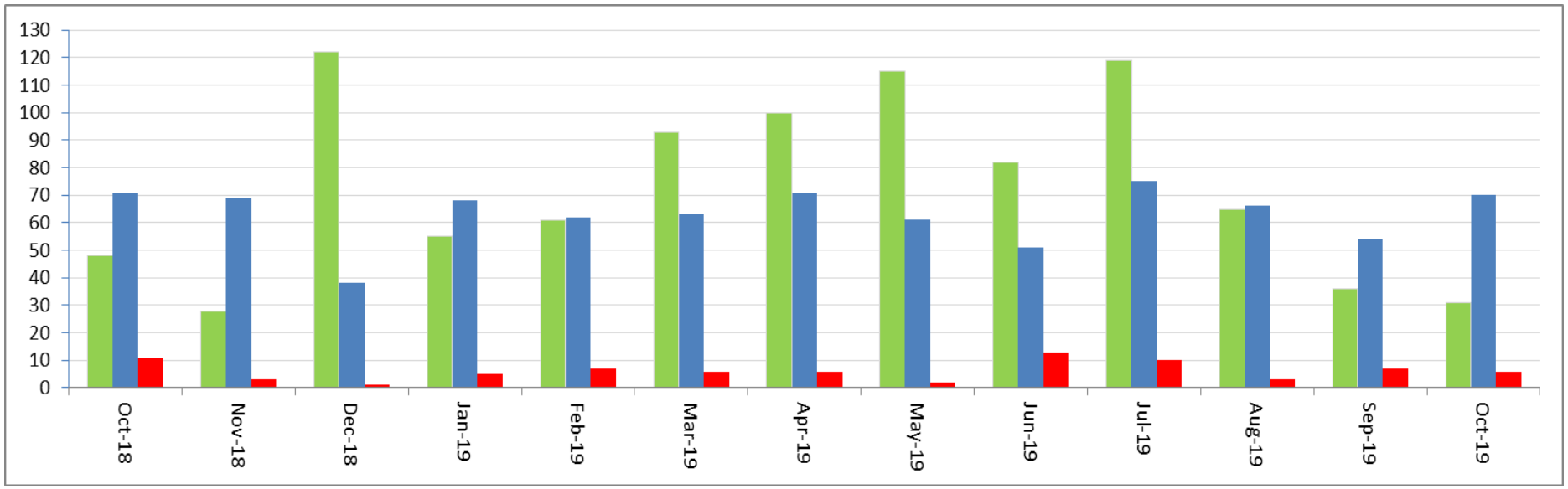
11 investigations are ongoing, with **5 having exceeded the 12-week timescales to complete** and requiring extensions. The reasons have been reviewed and relate to the investigations' complexity and availability of staff requiring interviewing. Revised processes have been introduced as a result of the Rapid Process Improvement Week (RPIW) for serious incidents investigations, to reduce the time taken to conduct the investigations and improve the process of investigation by reducing unnecessary waits and delays. Progress is now being monitored weekly against the 12-week timescale and the new RPIW targets.

There were **2 new incidents reported as requiring investigation under Duty of Candour**

- 1 service user injured after (unwitnessed) fall on Dementia Assessment Unit
- 1 service user injured following fall from chair. This fall was possibly linked to the wrong cushion being ordered by District Nurses.

3 serious incidents were closed in September. **Learning** from these closed serious incidents have included: 2 cases had learning for individuals to be progressed through Trust HR procedures. Local safety standards for invasive procedures have been recirculated to staff in the dental services. The Medical Director and Director of Nursing are jointly leading work to review how learning, including from serious incidents, is embedded across the organisation.

Safe Domain – Compliments, Complaints and Concerns - October 2018 to October 2019



Month	Key	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Compliment		48	28	122	55	61	93	100	115	82	119	65	36	31
Concern		71	69	38	68	62	63	71	61	51	75	66	54	70
Formal Complaint		11	3	1	5	7	6	6	2	13	10	3	7	6

Complaints and concerns are monitored through the weekly Quality Governance call out meeting, with reporting into the Quality and Safety Committee dashboard every six weeks.

The 6 **formal complaints** received in October were all registered to separate services. Ashbrook ward at Lynfield Mount Hospital and Child and Adolescent Mental Health Services (CAMHS) continue to receive a higher number of formal complaints and concerns. There is a theme in CAMHS of lack of communication with service users and their families.

There were 7 complaints closed in October. **Learning** from these cases included: individual reflection and learning for individuals and Community Mental Health Team (CMHT) staff have been reminded about importance of providing detailed information about attendees at appointments (where requested) on appointment letters. Where recommendations have been made, action plans have been developed and uploaded to the safeguard e-module for local monitoring.

Compliments have continued to be received across all Trust services. There has been an increase in those recorded for Adult CMHTs and District Nursing services.

Effective Domain - Mandatory and Required Training

Mandatory & Required Training		
Number of Courses Target Achieved:	Number of Courses <5% below target:	Number of Courses Target Not Achieved (>5% below target):
20	1	0

Exceptions:

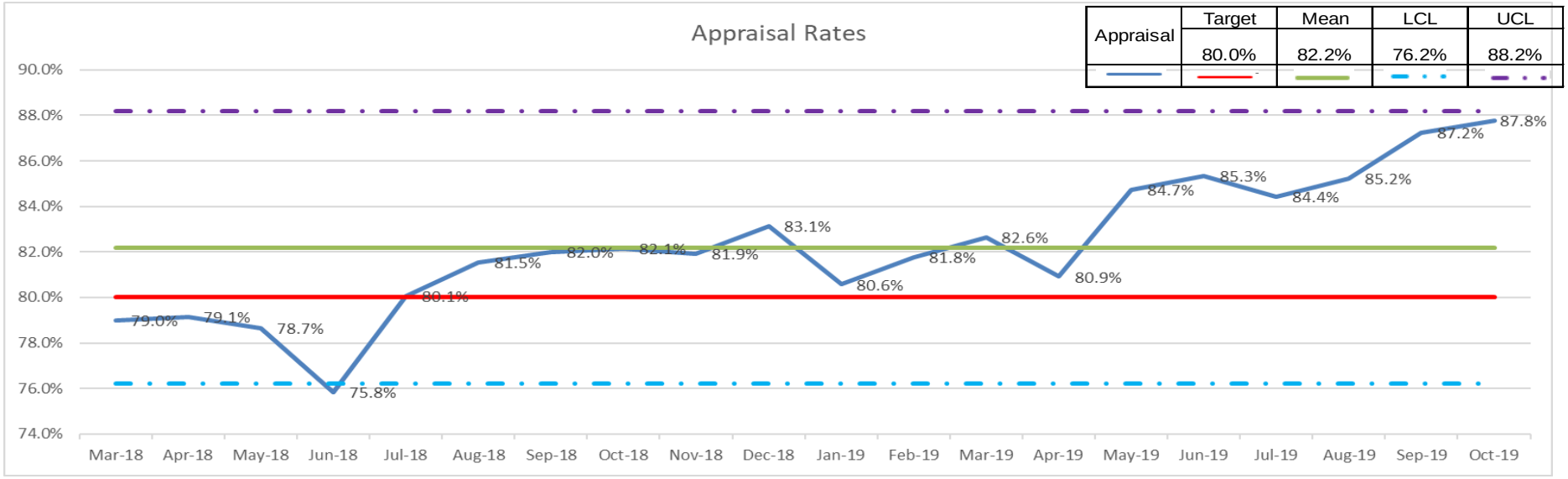
Training	Compliant	Compliance	Total Required	Non Compliant	Previous Compliance %	Change
Care Programme Approach (CPA)	1025	79.27%	1293	268	73.28%	↑

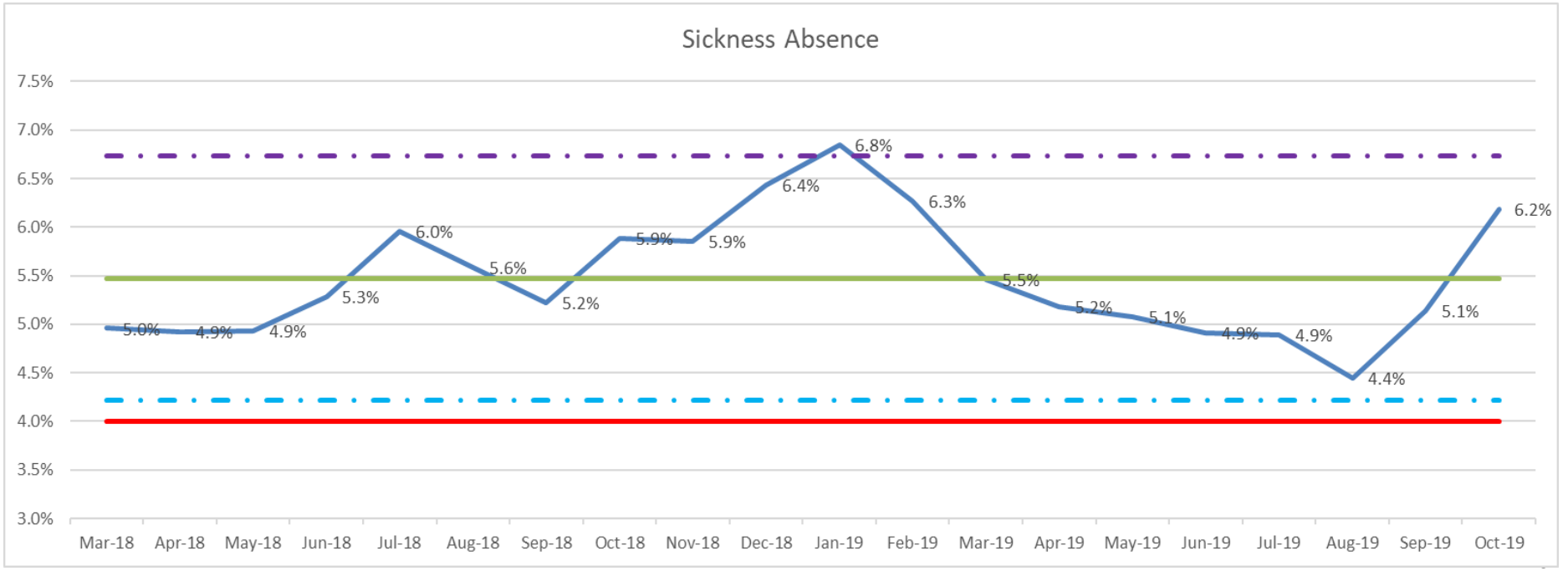
Training compliance has improved since August 2019 data, with no courses more than 5% below target.

Actions:
Actions are in place to secure further improvement in rates of CPA training. Daily Lean Management is being used to monitor and ensure rapid progress.

CPA training requirements have been streamlined (from five to three courses) and the number of places increased. Compliance with the three courses combined has increased from 65.63% in August to 79.27% in October. The CPA Clinical Risk, Formulation, Assessment and Management course has been prioritised and compliance for this course increased to 81.84% (above the 80% target) in October.

Effective Domain - Appraisal Rates and Sickness Absence



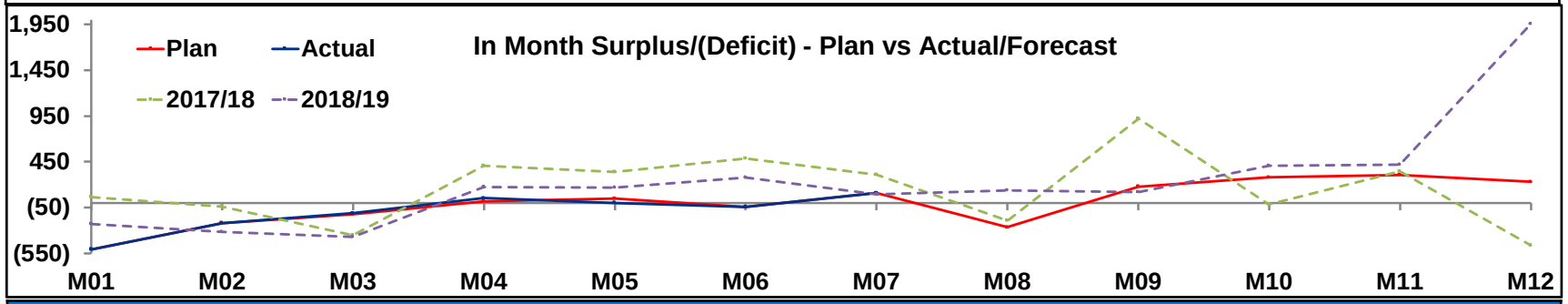


Financial Summary

Statement of Comprehensive Income

YTD	FOT
●	●

With a deficit of £727k at 31st October 2019 (Month 7) the Trust has met the planned control total target deficit. Year to date Provider Sustainability & Financial Recovery Funding is on plan at £1,349k. Robust actions are necessary to ensure delivery of the 2019/20 plan due to elevated and sustained inpatient occupancy, acuity and staffing levels and ongoing out of area placements.



Statement of Financial Position

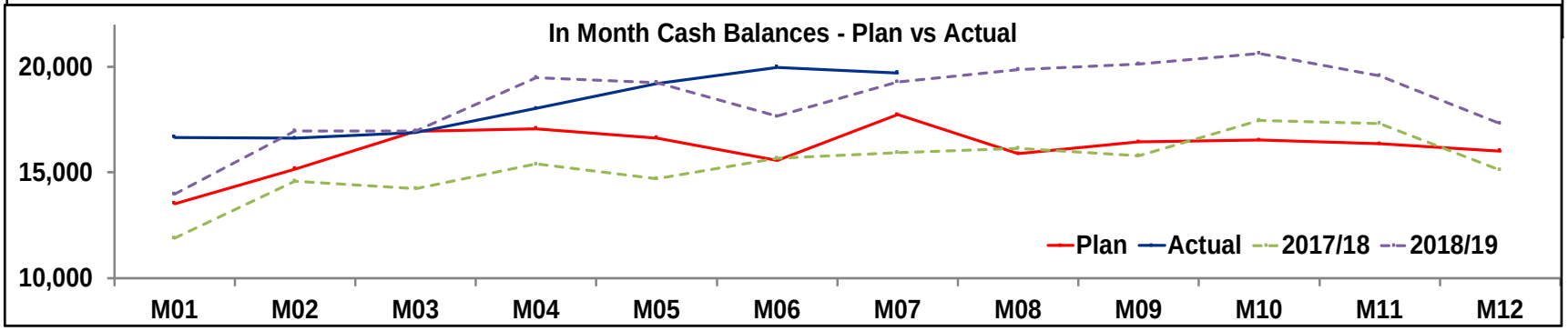
YTD	FOT
●	●

Net current assets are £0.6m lower than plan.

Statement of Cash Flows

YTD	FOT
●	●

Cash balances were £19.7m at the end of October which is £2.0m above plan but with end of year cash forecast to be £16m, as planned. Higher than planned balances reflect the underspend on the capital programme and payments due to NHS Property Services and Community Health Partnership, delayed due to awaiting credit notes for overcharges.

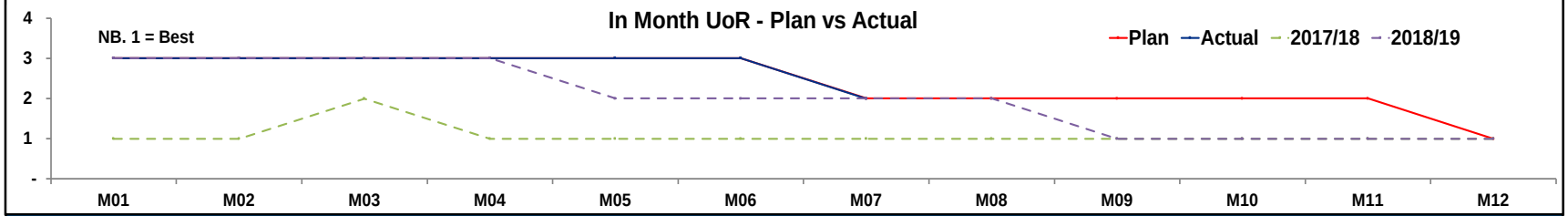


Financial Summary

Use of Resources Metric (UoR)

YTD	FOT
●	●

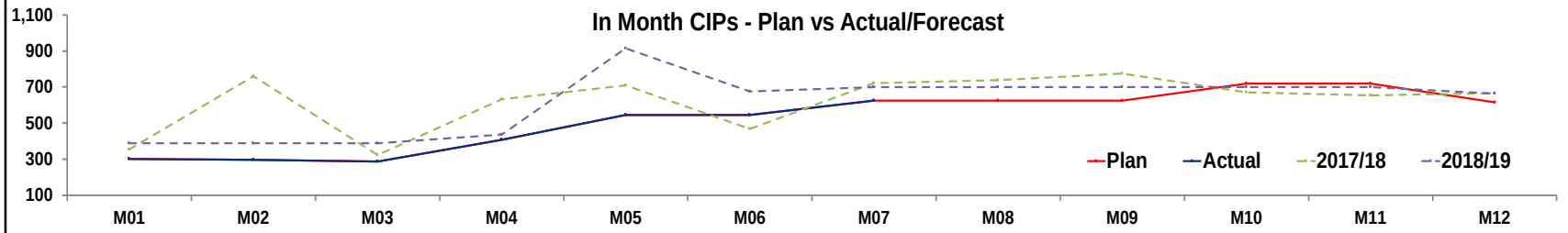
The Use of Resources rating for Month 7 is on plan at '2' (1 = Best, 4 = Worst). The forecast UoR is '1' which requires immediate action to mitigate year to date inpatient and out of area placement pressures. It is unlikely that the individual agency metric will now be achieved.



Cost Improvement Programmes (CIPs)

YTD	FOT
●	●

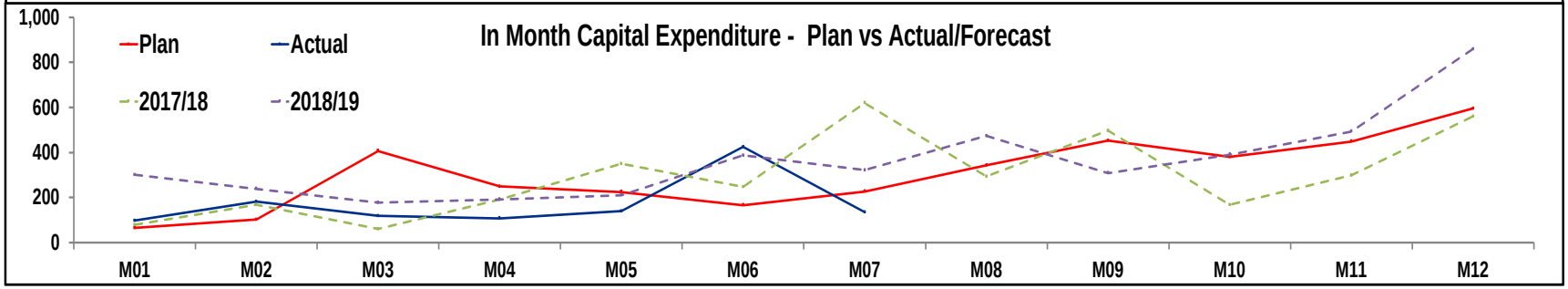
Cost Improvements are £201k below plan with a forecast of £640k which is being mitigated non-recurrently with actions being targeted to address the recurrent shortfall.



Capital Expenditure

YTD	FOT
●	●

Capital expenditure of £1.2m is £0.2m below plan at Month 7 but the capital programme is forecast to require the full £3.758m forecast.



NHS Oversight Framework – Provider Oversight Metrics

NHS Oversight Framework	
Number of requirements meeting target 4	Number of requirements Target Not Achieved 3

Exceptions:

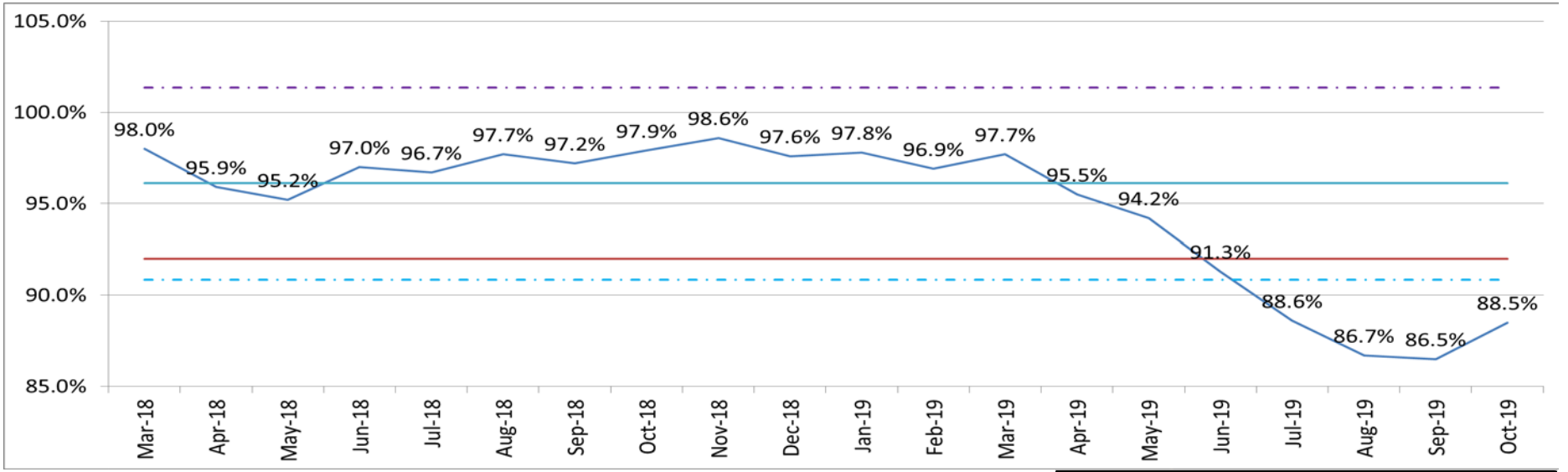
Indicator No.	Indicator	Target	Q4 18/19 Outturn	Q1 19/20 Outturn	Q2 19/20 Outturn	Oct	Nov	Dec	Q3 19/20 Numerator Outturn	Q3 19/20 Denominator Outturn	Q3 19/20 Outturn	National Benchmark
M22	Data Quality Maturity Index (DQMI) mental health services data set score	95.0%	77.5% (Mar-19)	82.8% (Jun - 19)	86.8% (Jul - 19)				TBC	TBC	TBC	Not available
M23	Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	41 Per Quarter 19/20	96	311	733	350	TBC	TBC			350	

Indicator M22: The Data Quality Maturity Index (DQMI) mental health services dataset score (MHSDS) data score is a quarterly publication from NHS Digital. There are 361 data items within the MHSDS. NHS Digital introduced 11 new data items to the DQMI data score, applied retrospectively from December 2018 data. The number of indicators will gradually increase to 31 measures as part of the national 2019/20 commissioning for quality and innovation indicator, applicable from 2019/20 quarter 3. Work is taking place to identify system configuration changes to ensure the clinical system is capable of recording necessary data items, following which work will be needed by operational services to improve collection of any data item under-performing.

Indicator M23: There were 5 inappropriate Psychiatric Intensive Care Unit out of area placements in October 2019, with 91 days spent out of area. High demand for adult acute mental health beds resulted in 12 inappropriate out of area placements in October 2019, with 259 days spent out of area.

NHS Oversight Framework – Provider Oversight Metrics

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate − patients on an incomplete pathway (Community dental service)



RTT	Target	Mean	LCL	UCL
	92.0%	96.1%	90.9%	101.4%

Performance has slightly improved in October 2019 but has remained below the 92% target for patients who require dental treatment under general anaesthetic. The increased waiting times relate to paediatric special care. The complexity of patients has increased and over the last three years there has been a 30% increase in the paediatric special care list. There is no additional theatre capacity available at Bradford Royal Infirmary or Airedale General Hospital. The Community Dental Service closely manages the process for treatment under general anaesthetic, with weekly reviews of the waiting lists and individual patients, including any patients waiting over 15 weeks.

Actions taken include: review of access criteria for the paediatric operating list; consultant/specialist opinion required before any child can be accepted for treatment under general anaesthetic; training for staff who lead on the administration of the operating lists to ensure adherence to the referral to treatment rules. The trajectory established by the service forecasts that the 18 week waiting time standard will be achieved from quarter 3 (December 2019).

The Bradford Community Dental Service referral to treatment performance is significantly better that all other dental services within the Yorkshire and Humber region.