Agenda Item 8.0

Bradford District Care
NHS Foundation Trust

Council of Governors Performance Report

3 December 2020 meeting

Performance relating to September 2020 and October 2020

Overview and Recommendations

Bradford District Care
NHS Foundation Trust

- The purpose of the 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.

- In March 2020, the Board approved a proposal for the Board, its Committees and associate sub-groups to use a consistent data pack containing high level dashboards supported by individual data charts to support assurance activity across the organisation. The changes form part of the continued development of the Trust's performance management framework.

- The Council of Governors dashboard uses selected slides from the Board Integrated Performance Report. It is proposed that a Council of Governors sub-group consider the new Board Integrated Performance Report to select the most appropriate content for a revised Council of Governors Performance Report.

Key Themes – Sept and Oct 2020

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Ongoing impact of COVID-19 on:

- **inpatient mental health acuity** (resulting in high levels of incidents involving managing violence and aggression and an increase in the number of episodes of full physical intervention), occupancy, associated inpatient staffing pressures and increased use of acute adult and Psychiatric Intensive Care Unit beds.

- **workforce** - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences, for example staff needing to self-isolate; working time directive breaches.

Workforce: Supervision

- A clinical supervision task and finish group commenced in September, consisting of senior clinical leaders. Compliance with the clinical supervision policy has increased from 18.5% in June to 34.8% in October but remains significantly below the Trust target of 80%. The following actions are underway in November and December:
  - Administrator commencing 23 November to triangulate locally recorded team data with recording on Electronic Staff Record (ESR) and input any missing records;
  - Launch of the clinical supervision toolkit via web links and a short video. This will include the staff guide to inputting on ESR, the updated supervision format, appraisal and policy, and how to access the clinical supervisor register;
  - Deputy Director of Nursing and General Managers are meeting weekly to review the ESR business intelligence reports being developed to provide oversight and assurance of compliance against target.

Incidents

- The Trust experienced increased levels of incidents involving managing violence and aggression from March 2020 onwards. Consequently, a task and finish group was commissioned to review these by Patient Safety and Learning Group, with learning brought to the 28 August meeting of the group. No themes or trends were identified within wards or teams. Despite the increase in the number of full physical interventions, a decrease in the number of allegations against staff was observed.

Lead Director	Phillipa Hubbard / Patrick Scott	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Fiona Sherburn / Kelly Barker / Michelle Holgate	Accountable Committee	Quality & Safety Committee	X Underperformance

October 2020

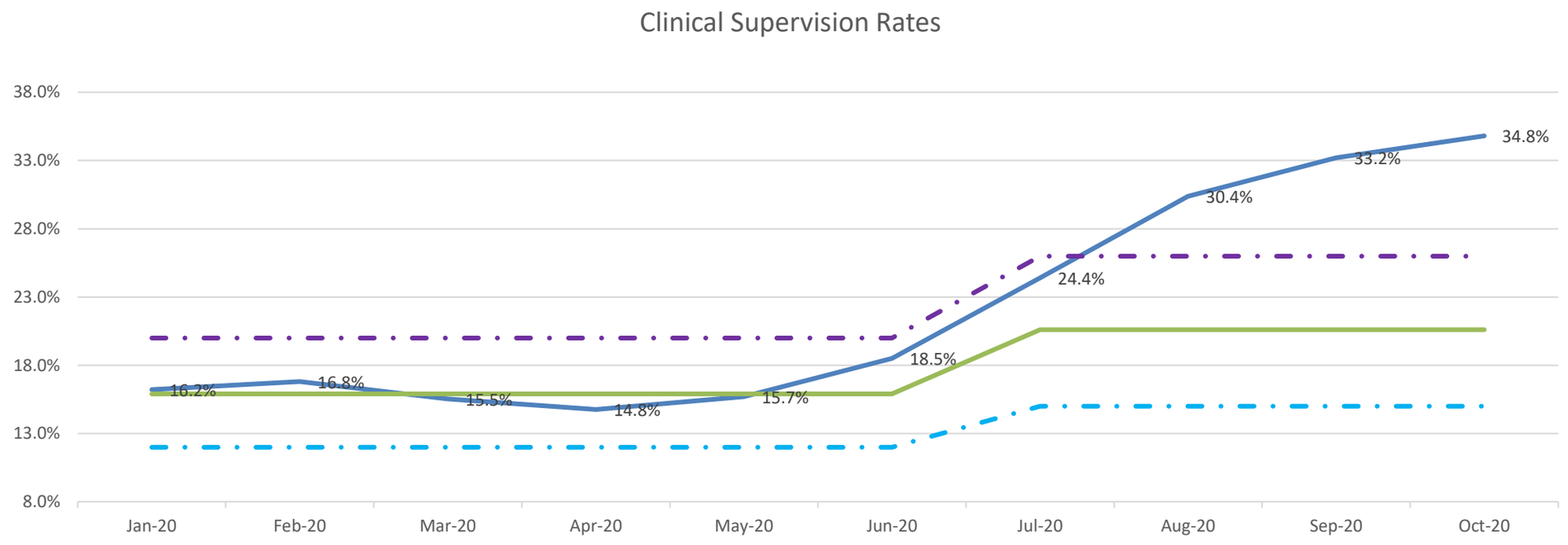
Clinical Supervision Rates

Data monitoring

Compliance levels for Clinical Supervision currently below target – but improving trend

Goal/ target

Current target of 80%



Care Group	Clinical Supervision Rate
453 Community Adults Services Care Group (Level 3)	19.03%
453 Community Children's Services Care Group (Level 3)	13.77%
453 Mental Health Care Group (Level 3)	52.22%
453 Professions Leads (Level 3)	50.00%
	34.80%

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Shows cumulative levels of clinical supervision	Change to the baseline measure and the staff groups included shows different compliance level to that previously reported.	Mandatory requirement for ESR to record clinical supervision – low number of records currently recorded, but increasing. Unclear regarding criteria for recording as clinical supervision.	Clinical Supervision policy has been reviewed to clarify different kinds of supervision / staff groups to be included. High levels of compliance reported at service daily lean management meetings from local records. Administrator commencing 23 November to triangulate locally recorded team data with recording on ESR and input any missing records.

Lead Director	Phil Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Greg Sawiuk	Accountable Committee	Quality & Safety	X underperformance

October 2020

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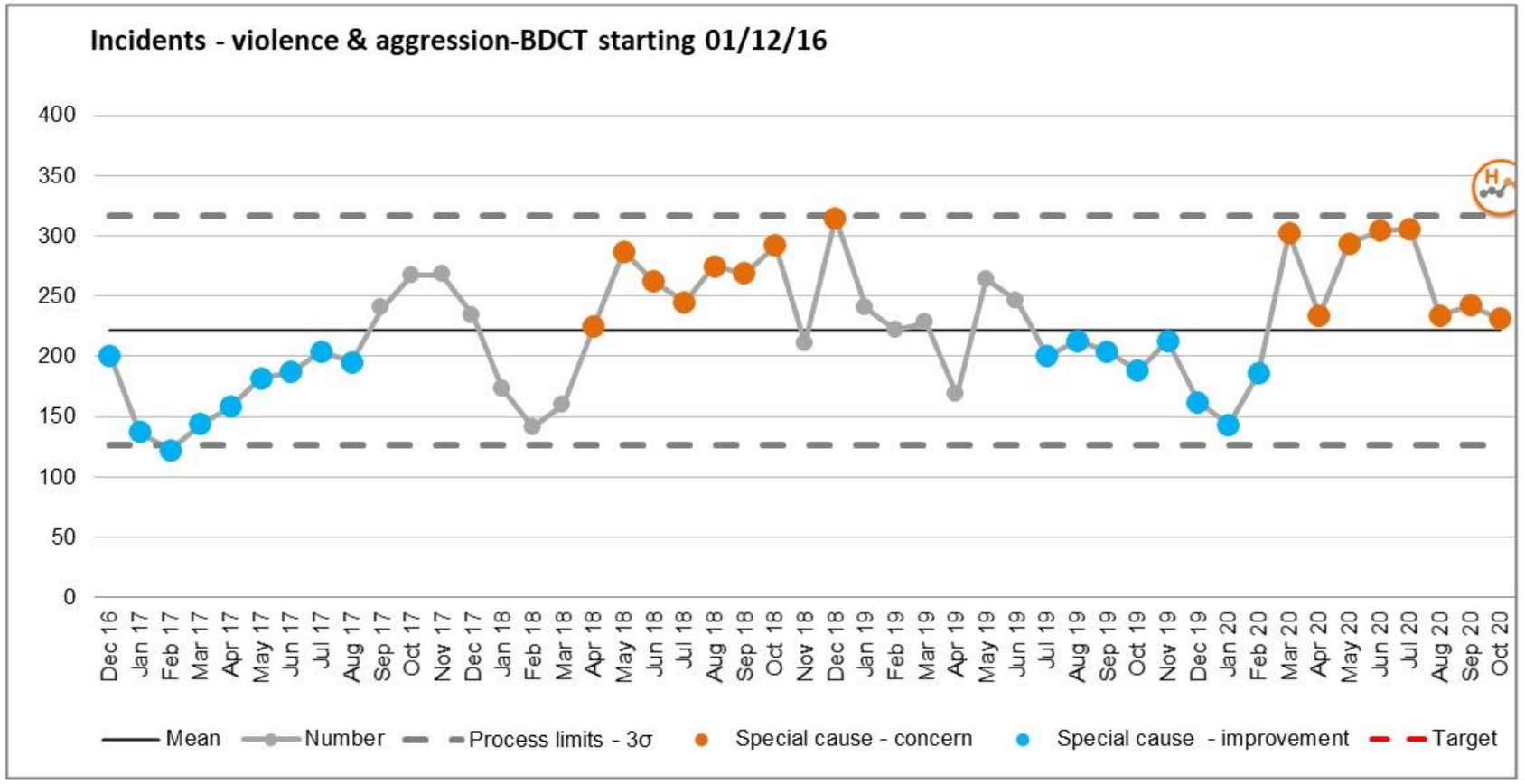
Data monitoring

The data shows normal variation within expected limits

Goal/ target

The trust is proactive in supporting reporting from staff



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Total number of incidents reported	The high level of incidents involving violence and aggression has been steady in October			All incidents continue to be monitored	

Mental Health Legislation Committee

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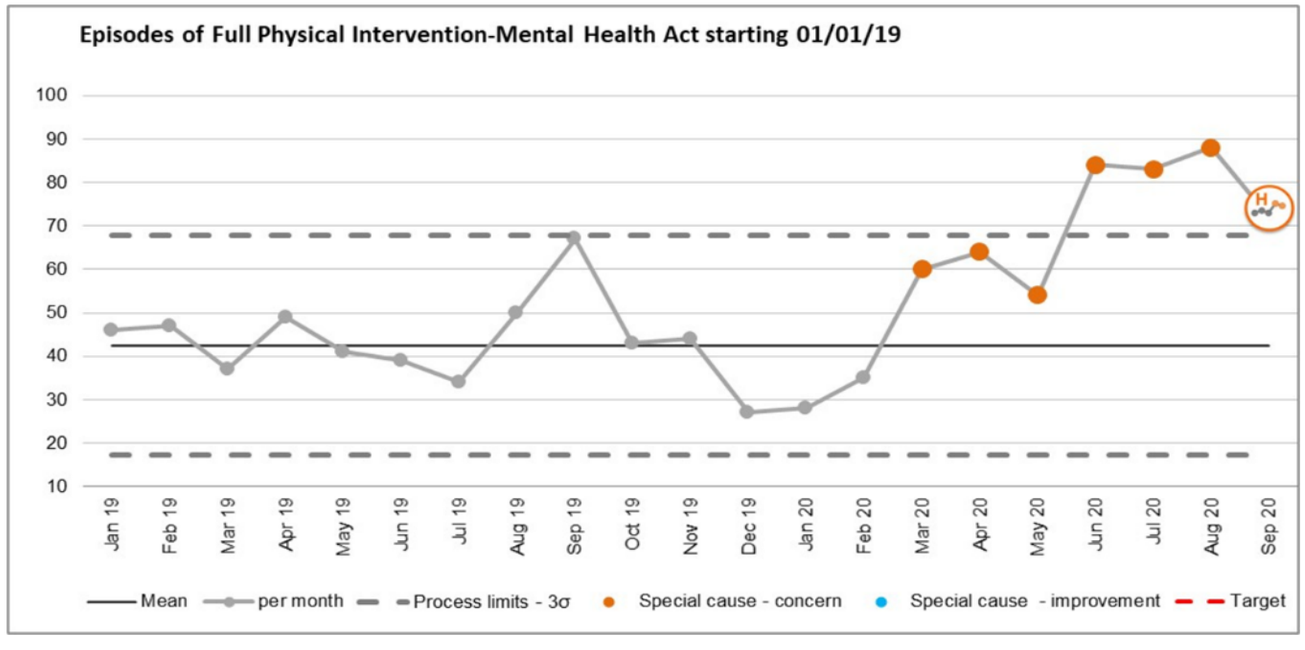
- The Committee data pack advises a watching brief for Mental Health Act metrics and incident data. In May, June and July 2020 the numbers of new Section 2s were higher than the prior 6-month generally downward trend, resulting from high demand for beds, high levels of acuity and a greater proportion of admissions of individuals previously unknown to mental health services. The number of new Section 2s returned to near or below the mean in August and September 2020.

- COVID-19 restrictions continue to impact patients and staff significantly. There has been an increase in the number of episodes of full physical intervention, with June, July, August and September 2020 exceeding the upper control limit. However there has not been a corresponding increase in episodes of prone restraint or episodes of seclusion, and incidents of rapid tranquilisation remain within expected levels.



Workforce and Equality Committee

Bradford District Care
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Mandatory and Role Specific Training

- As part of the Trust's COVID-19 response, mandatory and role specific training compliance expiry dates were extended by six months to 30 September 2020. In October 2020, Trust-wide compliance is 97.72%, with only two of the 41 training elements below target:
  - Immediate Life Support: increased courses arranged from January 2021
  - Level 2 Certificate in Food: revised system for recording of eLearning

Sickness Absence

- Sickness absence rates remain above the Trust's 4% target but within normal variation (August 4.7%, September 4.5%, October 6.2%). The majority of cases continue to be attributable to long-term sickness, with increased number of cases recorded as anxiety, stress and depression, as well as a significant increase in October in staff off sick due to COVID-19. A detailed review of sickness hotspots aligned to the impact of COVID-19 on service delivery will report in January. This will highlight any emerging patterns (including where anxiety of returning to work environments is a factor) and identify areas where support additional to the Trust's existing and expanded wellbeing offer is required.

Finance, Business and Investment Committee

Bradford District Care
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Financial Performance

- Temporary national finance arrangements were in place to reimburse reasonable additional COVID-19 costs to the end September 2020. The Trust has recovered £4,020k through COVID revenue cost claims.
- The financial settlement for October 2020 to March 2021 reflects a change from a 'top up to breakeven' approach to 'fixed financial allocations', including a COVID allocation of £3,972k. Managing costs within the fixed allocations will be a key focus for the second half of the year.

Out of Area Placements

- The Trust experienced unusually low occupancy in the first weeks of the pandemic across all acute and older adult mental health inpatient wards. However occupancy and acuity increased to a significant extent, and has remained elevated, most notably within the adult acute pathway. This, alongside actions to ensure infection prevention and control, has increased out of area placements.

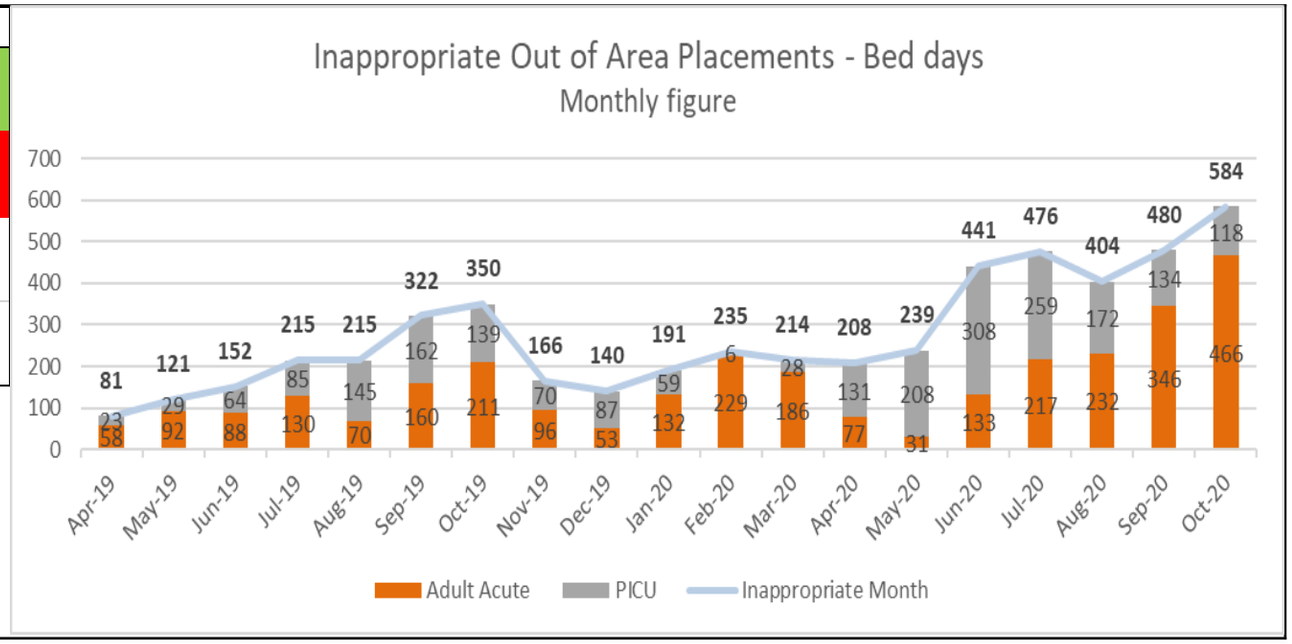
Community Dental Service Waiting Times

- Community Dental Service faces unprecedented challenges, including constraints on capacity to make dental surgeries 'COVID secure', with a growing number of patients on the service's waiting list. The resumption of the hospital operating lists is dependent on the reset plans at Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. Following discussion with NHS England as the commissioner and with the support of the ethics advisory group and Clinical Board, Senior Leadership Team agreed to restrict access to some patient groups for initial period of 3 months from November 2020.

Lead Director	Patrick Scott	Narrative agreed at		Action Status
Owner/Source	Business Intelligence	Accountable Committee	Finance, Business and Investment Committee	☒ Underperformance

Quarter 3
584 (October)
Data monitoring
Performance remains significantly above the target
Goal/ target
Q1 928 Q2 973 Q3 595 Q4 595

Period	Target	Actual
Q1	928	888
Q2	973	1361
Q3	595	584 (Oct)
Q4	595	

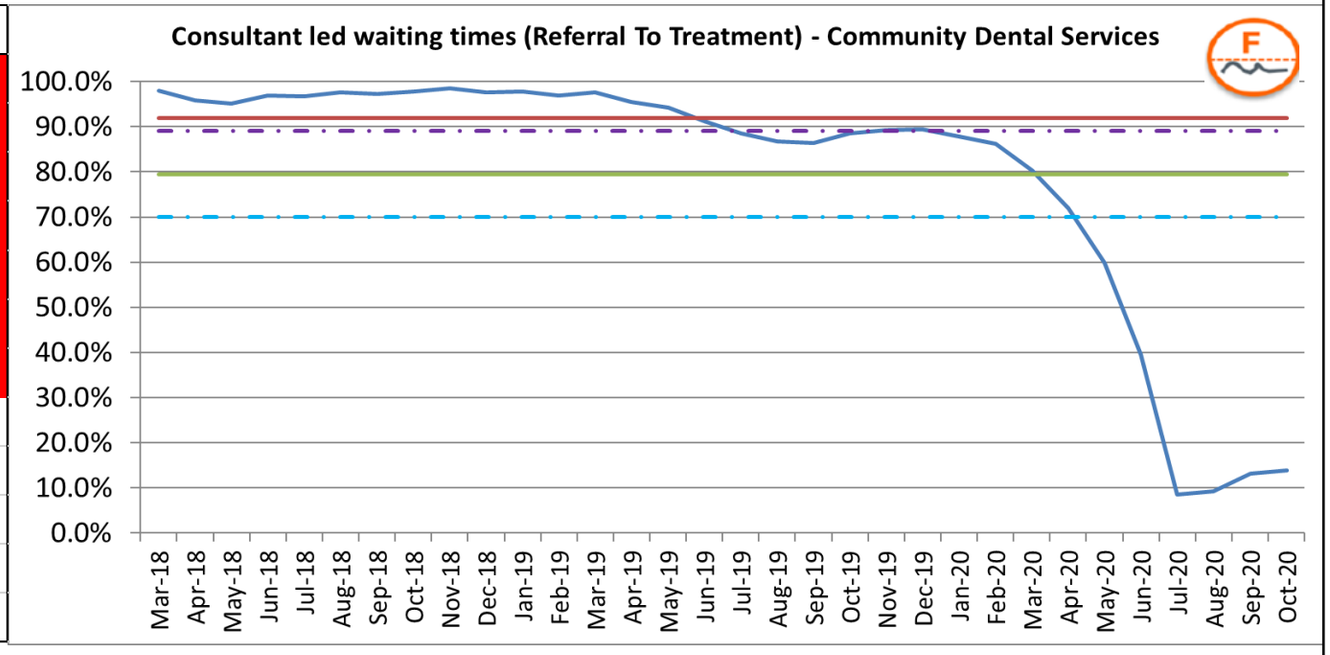


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	**Adult acute**: 23 patients out of area in October (466 bed days). **Psychiatric Intensive Care Unit (PICU)**: 9 patients out of area in October (118 bed days).	High levels of acuity on adult acute wards. COVID-19 - Impact of isolation on ward capacity.	Rapid work is underway on the Care Closer to Home adult mental health pathway. This includes the continued development of intensive home treatment and community mental health team pathways for high acuity service users.		Inappropriate out of area bed days (adult acute and PICU) remain elevated into November reflecting actions to maintain COVID-safe ward environments.

Lead Director	Patrick Scott	Narrative agreed at		Action Status
Owner/Source	Business Intelligence	Accountable Committee	Finance, Business and Investment Committee	X Underperformance

October 2020
13.9%
Data monitoring
Data shows special cause variation – last 6 values below Lower Control Limit and 7 consecutive values below mean
Goal/ target
92%

Period	Target	Actual
Apr-20	92%	71.9%
May-20	92%	59.9%
Jun-20	92%	39.5%
Jul-20	92%	8.5%
Aug-20	92%	9.2%
Sep-20	92%	13.2%
Oct-20	92%	13.9%
Nov-20	92%	
Dec-20	92%	
Jan-21	92%	
Feb-21	92%	
Mar-21	92%	



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Proportion of patients waiting less than 18 weeks to commence treatment - patients who require dental treatment under general anaesthetic (community dental service)	Performance is consistently falling short of the target	Suspension of hospital operating lists for dental service from mid March as a result of COVID-19 pandemic. Backlog and growing number of patients on the waiting list.	From late September 2020, 6 operating lists re-commenced per month, with reduced patient numbers per list (compared to 20 operating lists per month pre COVID).	With support of Clinical Board, Ethics Advisory Group and Senior Leadership Team, agreed to restrict access to some patient groups for initial period of 3 months from November 2020.	Trajectory to clear the 240 patients currently waiting for dental treatment under general anesthesia is dependent on operating list availability.