Agenda Item 10.0

Bradford District Care
NHS Foundation Trust

Council of Governors Performance Report

1 July 2021 meeting

Performance relating to March, April and May 2021

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.

- Since March 2020, the Board, its Committees and associate sub-groups have used a consistent data pack containing high level dashboards supported by individual data charts. In November 2020, the Board approved a revised operational governance structure and reporting arrangements and subsequent changes to meeting schedules and flows of information. The changes form part of the continued development of the Trust's performance management framework. In May 2021, the Audit Committee approved the updated performance management framework 2021 – 2023.

- The Council of Governors Performance Report uses selected narrative and slides from the Board Integrated Performance Report. (With effect from February 2021, a separate, complementary finance report is provided monthly to Board.) 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

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Ongoing impact of COVID-19 on:

- **inpatient mental health acuity**, occupancy, associated inpatient staffing pressures and increased use of acute adult and Psychiatric Intensive Care Unit (PICU) beds. This includes responding to high current occupancy but also actions taken to support infection prevention and control through isolating and cohorting.

- **demand and capacity** within a growing number of services including community dental services, speech and language therapy for children and young people, Child and Adolescent Mental Health Service (CAMHS), Memory Assessment and Therapy Service (MATS) and psychological therapy services particularly in community mental health services.

- **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.

Quality and Safety Committee

Bradford District Care
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Workforce - Clinical Supervision

- Actions led by a clinical supervision task and finish group resulted in increased compliance with the clinical supervision policy from 34.8% in October 2020 to 80.2% in November 2020, meeting the Trust target of 80%. Improvement in clinical supervision rates has been sustained (March 85.5%, April 84.2%, May 80.2%). Work is ongoing to ensure that recording on the Electronic Staff Record is embedded in local practice.

Quality of Care Delivery - Equipment Maintenance

- Routine medical devices maintenance was stepped down in response to COVID-19, impacting on compliance with equipment maintenance standards. In June 2020, Leeds Teaching Hospitals Trust medical physics service re-commenced COVID-secure service visits to all risk levels of medical devices. A data cleanse exercise was undertaken in November 2020 to identify any devices to archive from the inventory.
- In May 2021, 90.7% of high risk medical devices have been serviced in the last 12 months, against the Trust target of 95%. Given the lower levels of compliance for medium and low risk devices in community services (medium risk devices 77.7%, low risk devices 78.7%), processes are being improved across community physical health services to ensure that data cleanse is done as part of everyday working and not once every 12 months.

Mental Health Legislation Committee

Bradford District Care
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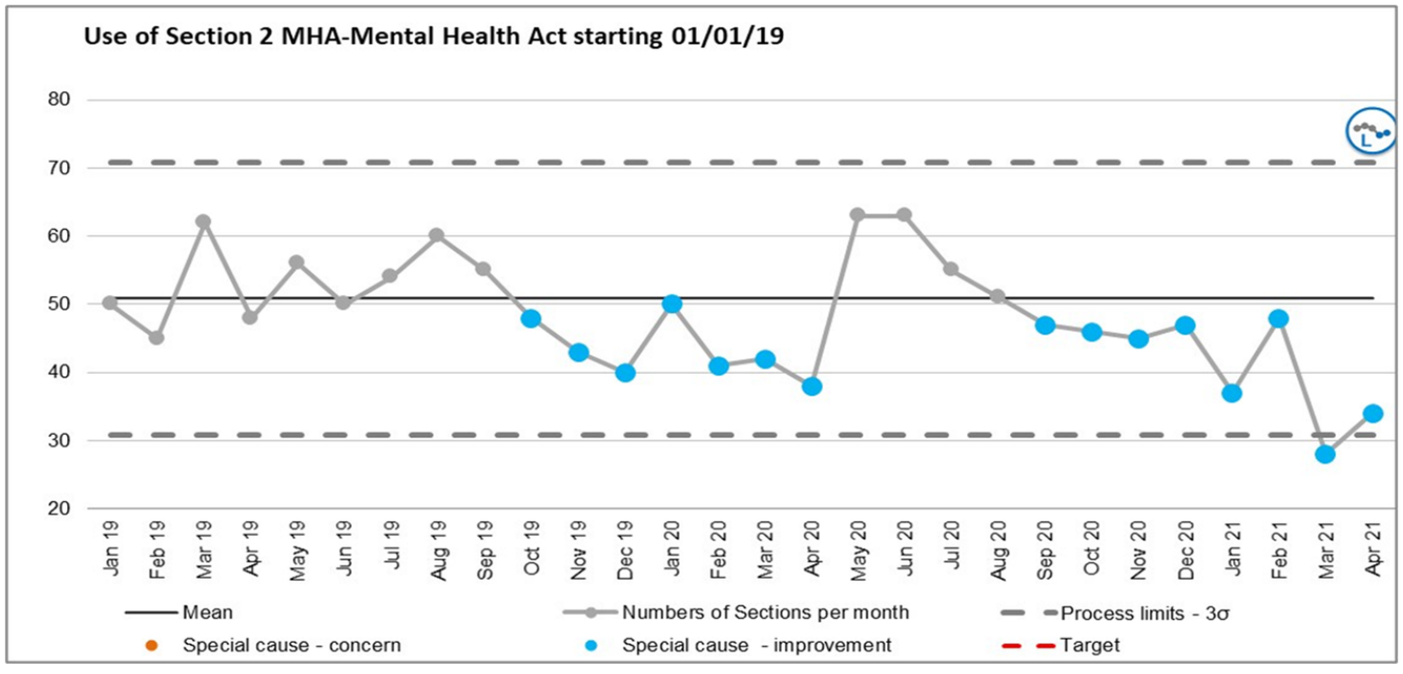
Mental Health Act – Use of Section 2

- 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 reduced to at or below the mean for the period from August 2020 to April 2021.



Full Physical Interventions

- COVID-19 restrictions continue to impact patients and staff significantly. There has been an increase in the number of episodes of full physical intervention. 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.

Lead Director	Patrick Scott	**Narrative agreed at**		**Action Status**	
Owner/Source	Greg Sawiuk	**Accountable Committee**	MHLC	Cause for concern	

April 2021

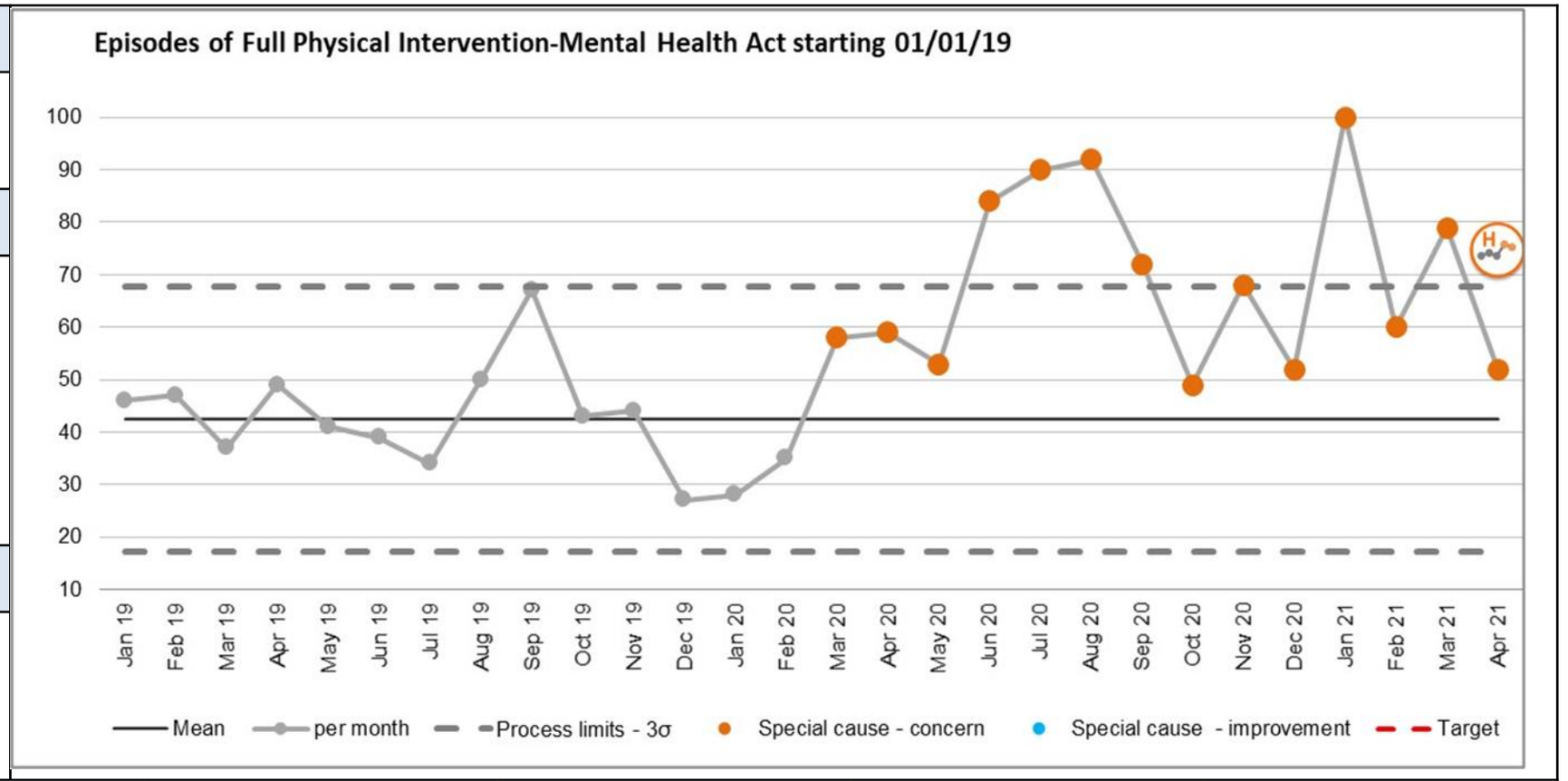
Full Physical Interventions - 52

Data monitoring

The data shows that compared to 2019, when 7 out of 12 months were below average, all of 2020 and Q1 of 2021 are above average and 6 months exceed the Upper Control Limit (UCL)

Goal/ target

Whilst the trust aims to have 0 incidents, it is proactive in supporting reporting from staff



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Total number of incidents reported. The Committee is also supplied with detailed Escalation Reports first seen at Positive & Proactive Steering Group	Incidents have exceeded the UCL 6 times since June 2020	Not all instances of intervention relate to disturbed patients. A number of interventions relate impact of isolation requirements	Changes made to admission, transfer and discharge processes, how interventions are managed	All incidents continue to be monitored by the Positive and Proactive Steering Group and Escalation Reports are submitted monthly to them	The levels of acuity on wards remains high, coupled with isolation requirements

Workforce and Equality Committee

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Working Time Directive Breaches

- Staff sickness absence, COVID related absence, for example through staff needing to self-isolate or care for children who are self-isolating, has impacted on the ability to reduce working time directive breaches, particularly ensuring the 11 hour rest period between shifts. Breaches have reduced in March, April and May 2021 due to the implementation of automated roster planning processes.

Sickness Absence

- Sickness absence rates remain above the Trust's 4% target but within normal variation (March 5.2%, April 5.3%, May 6.1%). Over the last three years the average sickness absence rate has been 5.54%. The sickness absence rate, which is higher than other similar trusts, continues to have a number of negative impacts on the Trust in terms of continuity of service, financial costs (due to bank and agency expenditure) and staff morale.
- The Workforce and Equality Committee received an update on current sickness rates, and a review of impact of COVID-19 on absence levels as a whole, including key hotspot areas, an overview of the health and wellbeing programme that is in place for staff and the new actions that have been put in place to help tackle sickness particularly in hotspot areas. Further work is being undertaken regarding the most appropriate and realistic future sickness absence target.

Finance, Business and Investment Committee

Bradford District Care
NHS Foundation Trust

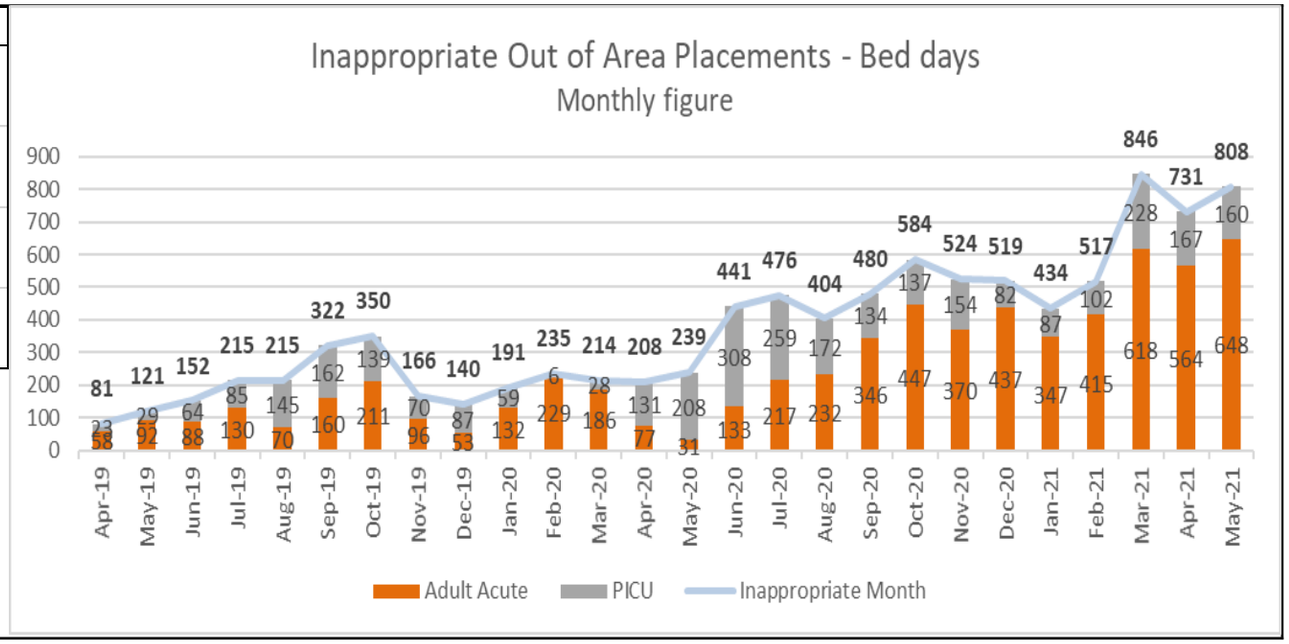
Out of Area Placements

- COVID-19 has resulted in an increased number of inappropriate out of area placements for adult mental health services due to a combination of increasingly acute patients requiring an inpatient stay and a reduction in bed capacity to meet COVID safe requirements for isolating and cohorting patients. The Trust has worked with an independent sector partner to block purchase beds, with a rigorous assurance framework in place to oversee quality and maximise capacity available.
- The Trust's ability to meet the national expectation of the elimination of inappropriate out of area placements will depend on internal and external factors including
  - the impact of service models and actions implemented through the Trust's adult mental health transformation programme and the Bradford and Craven crisis and liaison acute mental health programme;
  - future demand patterns, particularly COVID driven changes in mental health need and service demand;
  - COVID-19 infection prevention and control requirements, particularly any changes to local arrangements or national guidance around cohorting, isolation and social distancing.

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

Quarter 1 (April - May)
1539
Data monitoring
Goal/ target
TBC

Period	Target	Actual
Q1	TBC	1539 (May)
Q2	TBC	
Q3	TBC	
Q4	TBC	



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**: 27 patients out of area in May (648 bed days). **Psychiatric Intensive Care Unit (PICU)**: 8 patients out of area in May (160 bed days).	High levels of acuity on adult acute wards. Actions to maintain COVID safe ward environments – capacity reduced by 10 beds to support isolation and cohorting of patients. Increase in general adult admissions compared to 2019.	Mobilising discharge support monies including specialist housing worker within the new flow transition team.	Independent sector contract initiated January 2021, with assurance framework in place to oversee quality and maximise capacity available.	Nationally, delivery of trajectories to eliminate inappropriate out of area placements have been impacted by the COVID pandemic. West Yorkshire and Harrogate Integrated Care System trajectories to be agreed for 2021/22.

Waiting Times

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Waiting times standards are being met in services including:

- podiatry: non-emergency pathways; patients with limb-threatening limb conditions; patients with underlying potentially serious medical condition and/or podiatric need that requires intervention;
- speech and language therapy: patients on non-emergency pathways;
- continence: new referrals;
- tissue viability: urgent referrals; non-urgent referrals;
- MyWellbeing College: people completing treatment;
- CAMHS: referral to first appointment (assessment); referral to second appointment (treatment);
- early intervention in psychosis: people with a first episode of psychosis who begin treatment with a NICE recommended package.

Waiting times standards are not currently being met in the following services:

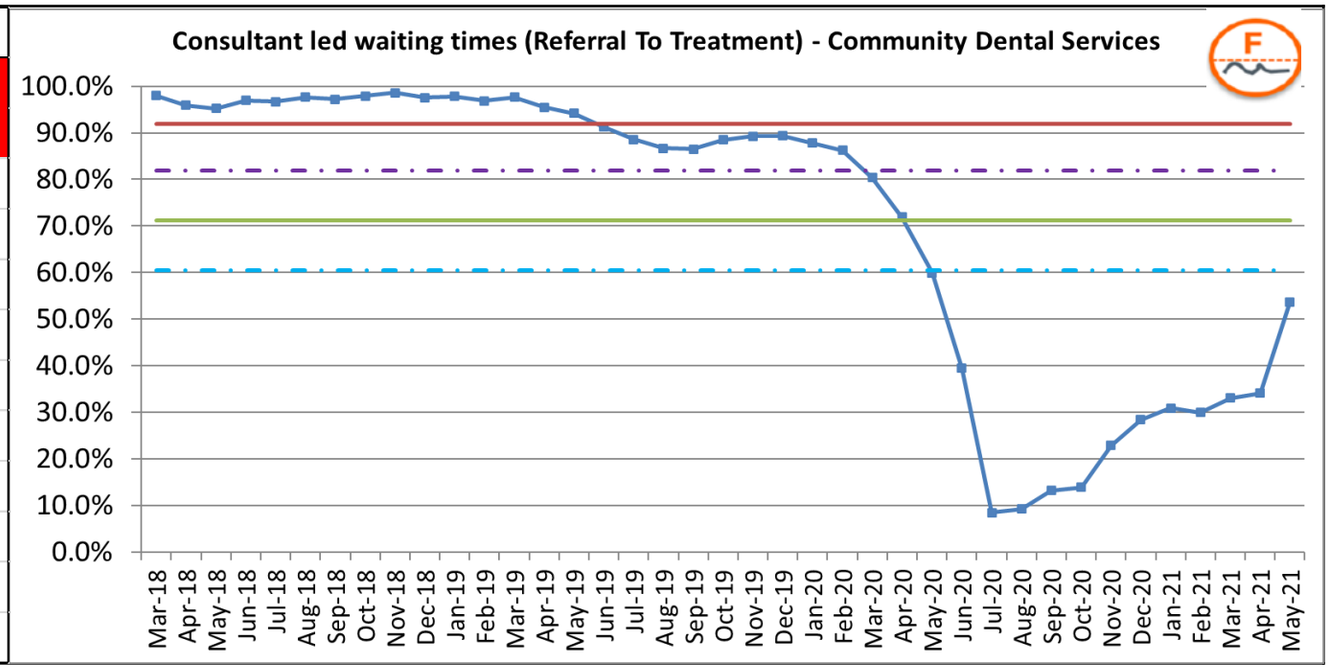
- community dental service: clinic services; treatment under general anaesthetic;
- speech and language therapy: paediatrics;
- CAMHS: broader CAMHS pathways (impacted by the activation of the business continuity plan to reduce waits for ‘core’ CAMHS); neurodevelopment assessment; children and young people with eating disorders from referral to start of NICE approved treatment;
- psychological therapies: community mental health services psychological therapies; learning disability psychology;
- MATS: time waiting from referral to first appointment;
- adult autism: referral to diagnostic assessment;
- adult attention deficit hyperactivity disorder (ADHD): assessment; treatment initiation.

Partnership approaches are in place to support individuals and carers who are waiting, including a partnership model with voluntary and community services. Reset plans have been developed to address impacts of COVID and ways of working, COVID suppressed demand and resulting impacts upon responsiveness and waiting times. This includes recruitment of additional clinical capacity, adapting models of delivery to include evening clinics and extended hours, outsourcing of specific assessments (MATS and CAMHS neurodevelopment assessment).

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

May 2021
53.7%
Data monitoring
Data shows special cause variation – last 13 values below Lower Control Limit and 13 consecutive values below mean
Goal/ target
92%

Period	Target	Actual
Apr-21	92%	34.1%
May-21	92%	53.7%
Jun-21	92%	
Jul-21	92%	
Aug-21	92%	
Sep-21	92%	
Oct-21	92%	
Nov-21	92%	
Dec-21	92%	
Jan-22	92%	
Feb-22	92%	
Mar-22	92%	



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Community dental service: Proportion of patients waiting less than 18 weeks to commence treatment - patients who require dental treatment under general anaesthetic (GA)	53.7% of patients waited less than 18 weeks in May 2021 134 patients waiting Longest wait is 81.57 weeks 34 patients waiting more than 52 weeks	Suspension of hospital operating lists for dental service as a result of COVID-19	The service investigated all possible alternatives to the delivery of dental GA outside an acute setting or with a private provider. Not feasible due to the complexity of the patients. From 12/04/21, service theatre allocation at Airedale General Hospital reinstated for comprehensive care.	All referrals received are triaged; waiting lists are validated and monitored on a weekly basis. Exploring potential for weekend waiting list initiative.	Permanent 'restart sessions' at the Dales Suite, Airedale General Hospital, where most paediatric dental cases are treated, recommenced from 17/05/21.