

Council of Governors

5 May 2022

Paper title:	Performance Report	Agenda item 9.0
Presented by:	Susan Ince, Deputy Director of Performance and Planning	
Prepared by:	Susan Ince, Deputy Director of Performance and Planning	

Purpose of the report		
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.	For approval	
	For discussion	X
	For information	

Executive summary		
<p>The Council of Governors performance report uses selected narrative and slides from the Board integrated performance report. A sub-group of Governors met in April 2022 to consider the content of the report, to ensure Governors receive the information they need. It was agreed to provide summary data regarding quality of care (including safeguarding, incidents and service user feedback); workforce; waiting times; and out of area placements. This will complement the Alert, Advise, Assure reports received from Committees. Governors will also be provided with a link to the full Board integrated performance report and data pack so they can access further detail if required.</p> <p>COVID-19 continues to impact on activity, presentation, capacity and performance, together with associated staffing pressures, and this continues to provide a major focus of Committee attention. The 2021/22 quarter 4 data and performance demonstrate the intense pressure services were under during the peak of the Omicron surge, with higher rates of staff absence than at any other time during the pandemic. COVID-19 pandemic has exacerbated waiting lists and waiting times for some community health services and mental health services. Forward trajectories have been agreed as part of the 2022/23 operational plan.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> consider the key points and exceptions highlighted and note the actions being taken; provide any further feedback regarding the content of the performance report.

Strategic vision				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

Care Quality Commission domains				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to all the Trust's strategic objectives and associated BAF risks.
Links to the Organisational High Risk Register	<p>The work contained with this report links to many of the organisational high risks including:</p> <ul style="list-style-type: none"> • Risk 2370: Continuity of service delivery during COVID-19 sustained pandemic • Risk 2485: Reduced staffing levels in speech and language therapy core paediatric service • Risk 2504: Waiting lists in memory assessment services • Risk 2509: Community nursing services demand exceeding capacity • Risk 2535: Staff wellbeing – 0-19 children's services • Risk 2597: Harm to staff or members of the public as a result of violence • Risk 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • Risk 2610: Core Children and Adolescent Mental Health Service waiting list • Risk 2611: Improving Access to Psychological Therapies waiting lists • Risk 2620: Increased demand on speech and language therapy community adult service
Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • Under the NHS System Oversight Framework, NHS England and NHS Improvement monitor and gather insights about performance of integrated care systems, trusts and commissioners across five themes of: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; leadership and capability.

Council of Governors Performance Report

5 May 2022

**Performance relating to
January, February and March 2022**

Combined impact of:

- **high service demands** - increased acuity and complexity, with COVID-19 having a clear and significant impact;
- **staff absence compounding existing workforce shortages** - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences; high levels of vacancies and turnover in some services; reduced bank and agency staff availability impacting on staffing levels across inpatient services.

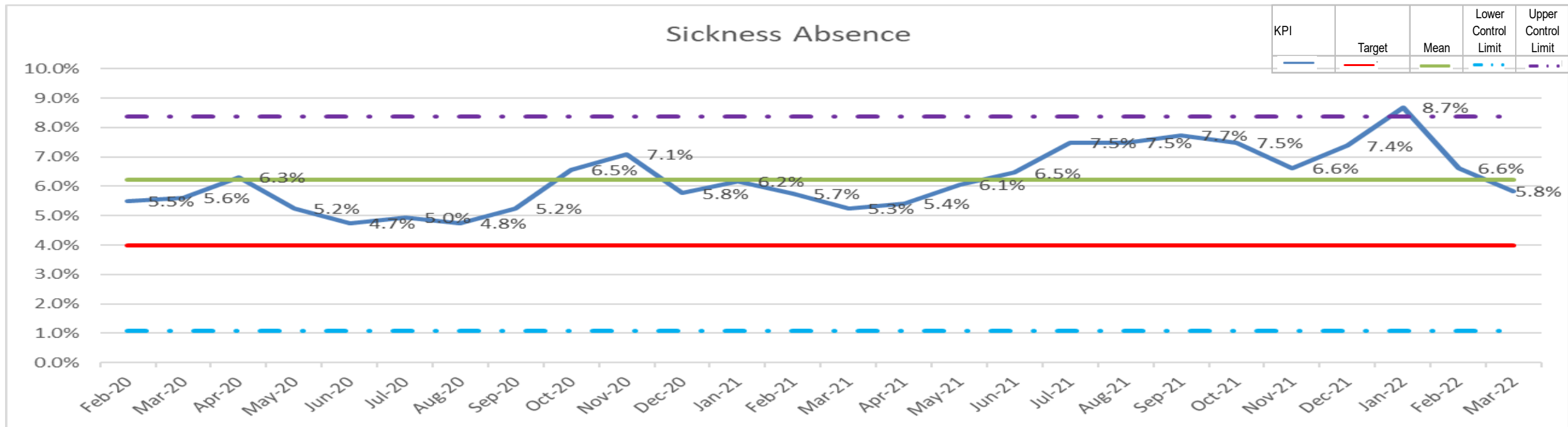
Seasonal pressures over winter have been intensified by the Omicron surge, with the highest number of staff absences in January 2022 than at any other time during the pandemic. Trust staff have also supported the intensified COVID-19 vaccination programme. Proactive planning is taking place across Trust services with Bradford and Craven health and care partners to ensure that essential presenting needs continue to be met.

Workforce Dashboard (March 2022)

Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		19.09%	Recruitment rate increasing, now above target
Key Workforce Metrics – Sickness Rate	4%		5.82%	Sickness rate reduced by 0.8% from February.
Key Workforce Metrics – Labour Turnover	10%		14.25%	Labour turnover continues to be above target and has increased over the last 7 months.
Key Workforce Metrics – Vacancy Rate	10%		6.6%	Recruitment strategy being finalised to support hot spot areas and wider recruitment challenges
Mandatory Training Summary	80%		91.43%	Performance has been impacted by COVID-19-specific for face to face training. Overall compliance remains above 80%
Appraisal Rates Summary	80%		86.7%	Performance has been consistently above 80% target
Clinical Supervision Rates Summary	80%		85.87%	Compliance rate had been consistently above target.
Safer Staffing – Compliance Levels/ Heat Map/ WTD Breaches / Bank and Agency - Fill Rates/ Booking reasons	-		-	Fill rates and bank and agency usage remain high due to Specialising, COVID impact. Working Time Directive breaches still difficult to manage

Workforce – Staff Absence

- Sickness absence remains above the Trust's 4% target



- The higher sickness absence rate in January 2022 was due to additional short term COVID cases.
- In March 2022, the areas with the highest levels of sickness are: clinical administration, community adults services, community children's services, mental health.
- A higher proportion of long term cases relate to anxiety, stress and depression than before the pandemic. The data does not indicate how much sickness is related to work.
- Sickness absence rate continues to have negative impacts on the Trust in terms of continuity of service, financial costs (due to bank/agency expenditure) and staff morale.
- Workforce health, wellbeing and resilience remains a key focus at Trust, Bradford and Craven place and West Yorkshire and Harrogate Integrated Care System level and there is a wide range of wellbeing support available to staff.

Quality and Safety

Safeguarding Dashboard (March 2022)

Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A	6	5.8
Safeguarding Children Referrals	N/A	27 Bradford 7 Wakefield	22.3 Bradford 10.7 Wakefield
Duty Calls regarding adults	N/A	85 Bradford 0 Wakefield	70.8 Bradford 0.0 Wakefield
Duty Calls regarding children	N/A	48 Bradford 14 Wakefield	51.7 Bradford 23.9 Wakefield

Incidents Dashboard (March 2022)

Metric	Goal & Action status	Current	Average
All incidents	N/A	807	946.5
Violence & Aggression	N/A	128	207.0
Medication Errors	0	47	47.3
Near Misses	N/A	16	20.6

Patient Insight Report (March 2022)

The Friends and Family Test reports overall satisfaction

We present the positive answers to the question:
Overall, how was your experience of our care?
as a percentage of all those responding

The PX Score represents the patient experience

We ask questions about the experience of each of our services
Each response is scored on a scale of 1-100
The score is a composite measure representing
all reported patient experience via Patient Connect

90

is our target for both measures

Scores need to be interpreted in context; Please check the volume of responses before drawing conclusions from scores.

What do our patients say about the Trust as a whole?

How did we do this month?

96.5%
Positive FFT

Overall, how was your experience of our care?
'Good' + 'Very Good' as a percentage of those
answering the FFT question

697

respondents
to all questionnaires
this month

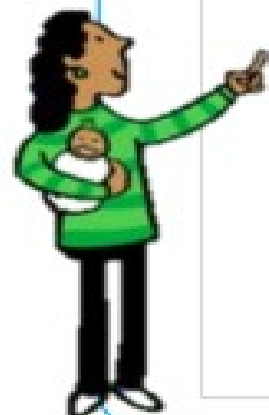
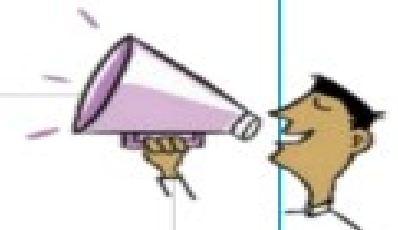
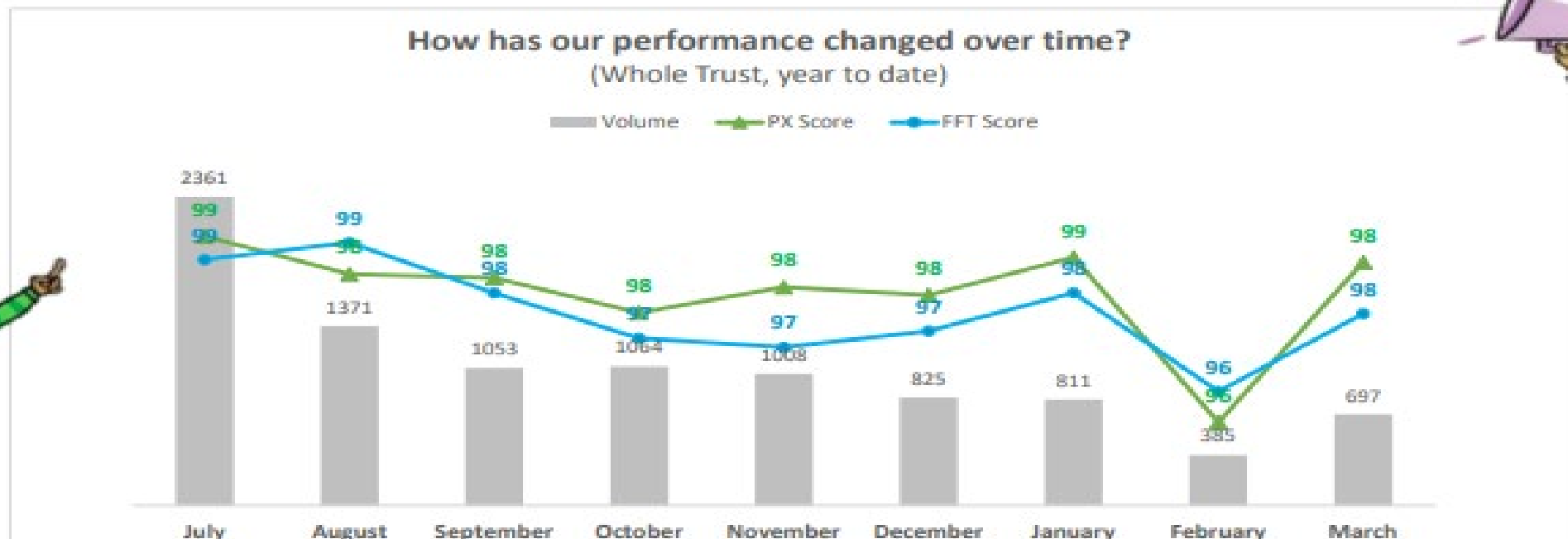
98.5

Overall Patient Experience Score

Composite of all patient experience questions
(where 100 = best answer, 1 = worst answer)
all questionnaires

How has our performance changed over time? (Whole Trust, year to date)

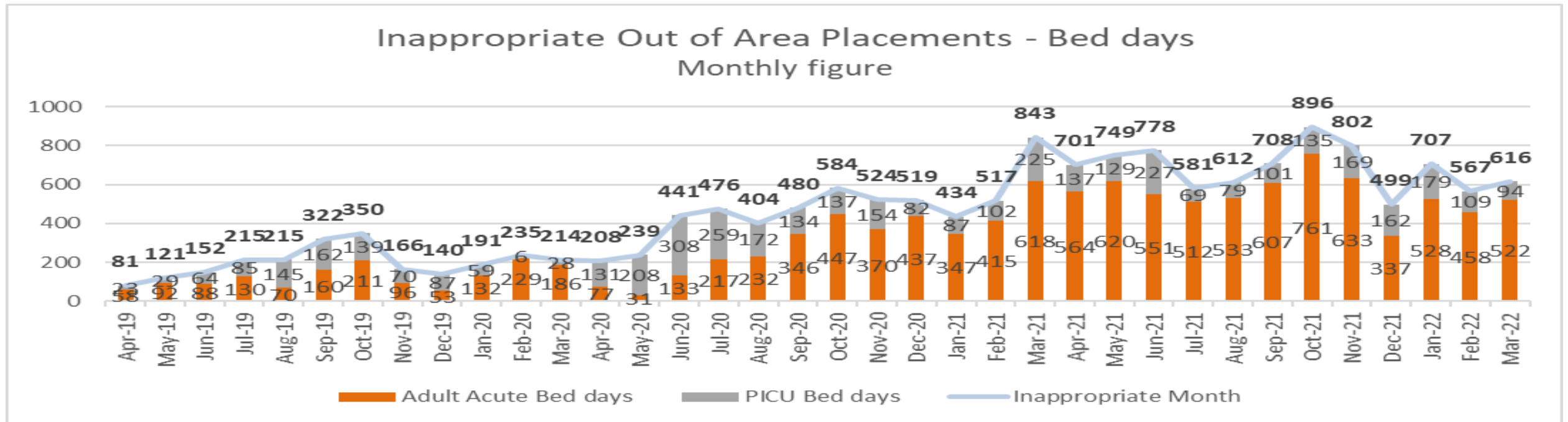
Volume PX Score FFT Score



NHS Oversight Framework Metrics

– 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 to oversee quality and maximise capacity available.
- Flow management has been strengthened, including flow team, daily partnership calls with acute trusts and the police and oversight of out of area placements.
- Further quality improvement work focused on purposeful admission and safe discharge has commenced, supported by the Kaizen Promotion Office.
- A forward trajectory for 2022/23 has been established as part of the operational plan.

- Capacity is being constrained through a combination of rising demand, staff absence, vacancies and infection prevention and control measures.
- The Senior Leadership Team continues to oversee processes to manage and reduce waiting lists, including support for people who are waiting. Forward trajectories for 2022/23 have been agreed as part of the operational plan.
- Waiting times standards continue to be met in services including:
 - community dental service - dental treatment under general anaesthetic;
 - podiatry;
 - tissue viability;
 - MyWellbeing Improving Access to Psychological Therapies (IAPT) – referral to 1st treatment;
 - Child and Adolescent Mental Health Service (CAMHS) – referral to 1st appointment (assessment), referral to 2nd appointment (treatment);
 - early intervention in psychosis
- The main services where waiting times standards are not currently being met are:
 - community dental service: clinic services;
 - speech and language therapy: patients on non-emergency pathways; paediatrics;
 - continence: referral to appointment;
 - CAMHS: broader CAMHS pathways; children and young people with eating disorders; neurodevelopment assessment;
 - MyWellbeing IAPT service: Step 2 and Step 3; waits between 1st and 2nd appointments;
 - psychological therapies: community mental health services; learning disability;
 - Memory Assessment and Therapy Service (MATS): referral to first appointment;
 - Bradford and Airedale Neurodevelopmental Service: adult autism; adult attention deficit hyperactivity disorder.

A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included ‘action status’ symbols to highlight the current response to the data displayed in each chart.

Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain