

Council of Governors

13 July 2022

Paper title:	Performance Report	Agenda Item 7.0
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>In April and May 2022, high service demands have continued, compounded by workforce challenges, with increasing labour turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff and sickness absence higher than pre-COVID rates. The COVID-19 pandemic has exacerbated waiting lists and waiting times for some community health services and mental health services. The Senior Leadership Team continues to oversee processes to manage and reduce waiting lists, including support for people who are waiting. 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 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

13 July 2022

**Performance relating to
April and May 2022**

Combined impact of:

- **high service demands** - increased acuity and complexity, with COVID-19 having a clear and significant impact;
- **workforce challenges** - with increasing labour turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff, sickness absence remaining higher than pre-COVID rates and a higher proportion of long term cases relating to anxiety, stress and depression than before the pandemic.

Workforce Dashboard (May 2022)

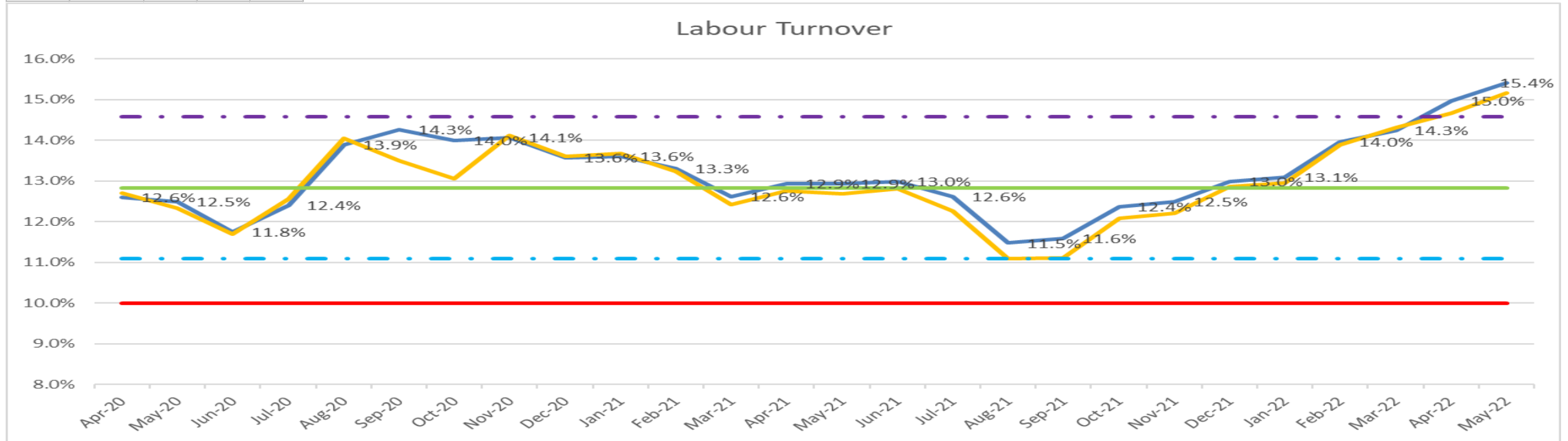
Metric	Goal & Action status		Current	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		13.11%	Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%		6.00%	Sickness rate reduced by 0.8% from April 2022
Key Workforce Metrics – Labour Turnover	10%		15.41%	Labour turnover continues to be above target and has been increasing since September 2021
Key Workforce Metrics – Vacancy Rate	10%		10.36%	Vacancy rate remained the same, and both below target and labour turnover rate
Mandatory Training Summary	80%		90.52%	Performance has been impacted by COVID-19- specifically for face to face training. Overall compliance remains above 80%
Appraisal Rates Summary	80%		87.19%	Performance has been consistently above 80% target from October 2020
Clinical Supervision Rates Summary	80%		83.81%	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 Turnover



Bradford District Care
NHS Foundation Trust

KPI	Target	Mean	Lower Control Limit	Upper Control Limit
	—	—	—	—

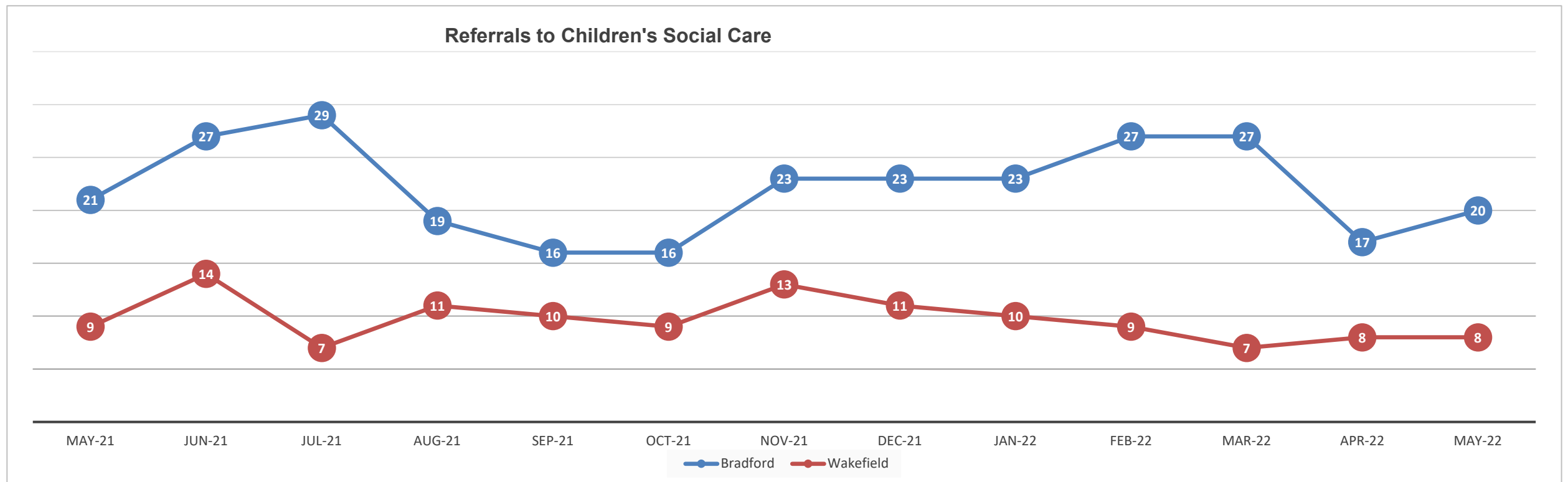


- Labour turnover remains above the Trust’s 10% target and has been increasing since September 2021
- In May 2022, the areas with the highest labour turnover rates remain across operational services and some corporate services
- Continued challenges attracting and retaining professionally qualified staff
- Trust’s Clinical Workforce Strategy 2021-2024 considers how the Trust can maximise the effectiveness of the workforce by reviewing the workforce skills mix, designing and developing new roles based on the needs of services, maximising the benefits of digital approaches and developing robust service level workforce plans to enable the Trust to retain, recruit and develop the right people
- A separate strategy for corporate services is currently being developed

Quality and Safety





Safeguarding Dashboard (May 2022)

Metric	Goal & Action status	Current	Average (rolling 13 months)
Safeguarding Adult Referrals	N/A	7	5.8
Safeguarding Children Referrals	N/A	20 (Bradford) 8 (Wakefield)	22.1 (Bradford) 10.5 (Wakefield)
Duty Calls regarding adults	N/A	88 (Bradford) 0 (Wakefield)	72.1 (Bradford) 0.0 (Wakefield)
Duty Calls regarding children	N/A	51 (Bradford) 21 (Wakefield)	49.6 (Bradford) 22.8 (Wakefield)



Quality and Safety

Incidents Dashboard (May 2022)

Metric	Goal & Action status	Current	Average
All incidents	N/A 	683	938.7
Violence & Aggression	N/A 	72	203.0
Medication Errors	0 	39	46.8
Near Misses	N/A 	7	20.2

Patient Insight Report (May 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?

92.8%
Positive FFT

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

600

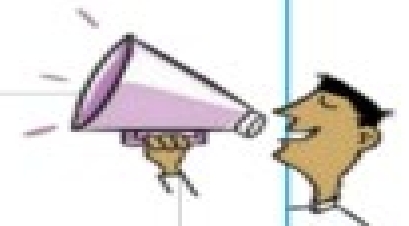
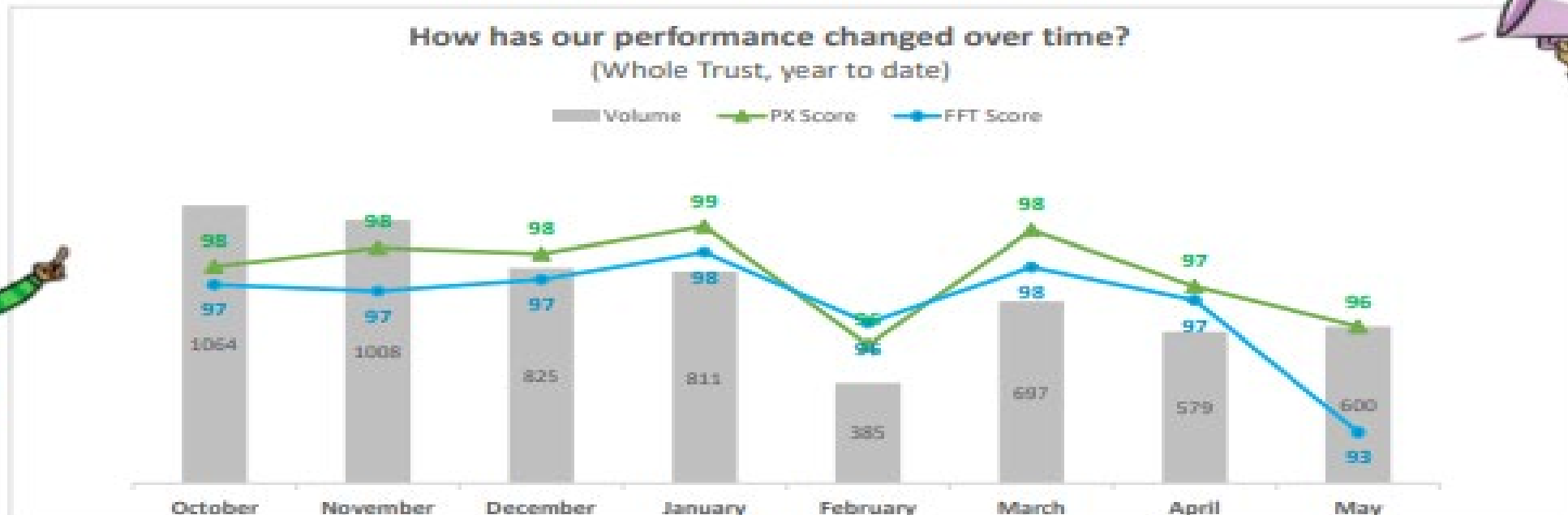
respondents
to all questionnaires
this month

96.0

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)

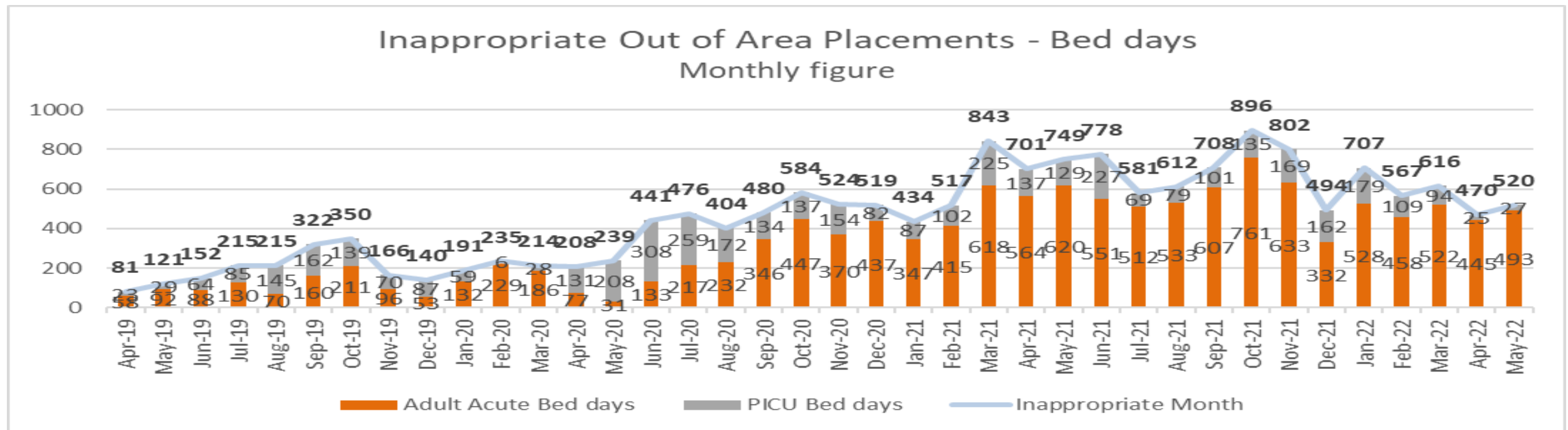
Volume PX Score FFT Score



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:
 - 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: treatment under general anaesthetic; 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