Agenda Item

13



A note on the charts used in this data pack

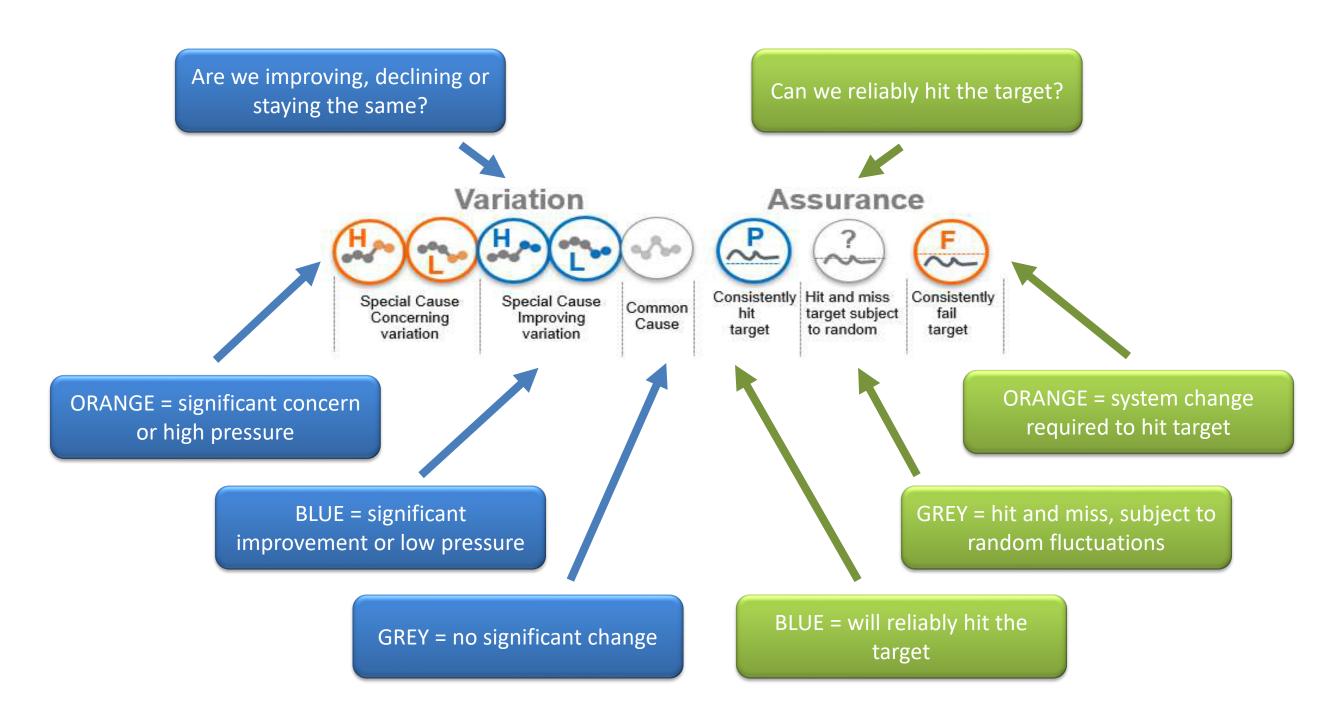
Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important 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.

Variation				Assurance	е	Action Status				
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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	

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



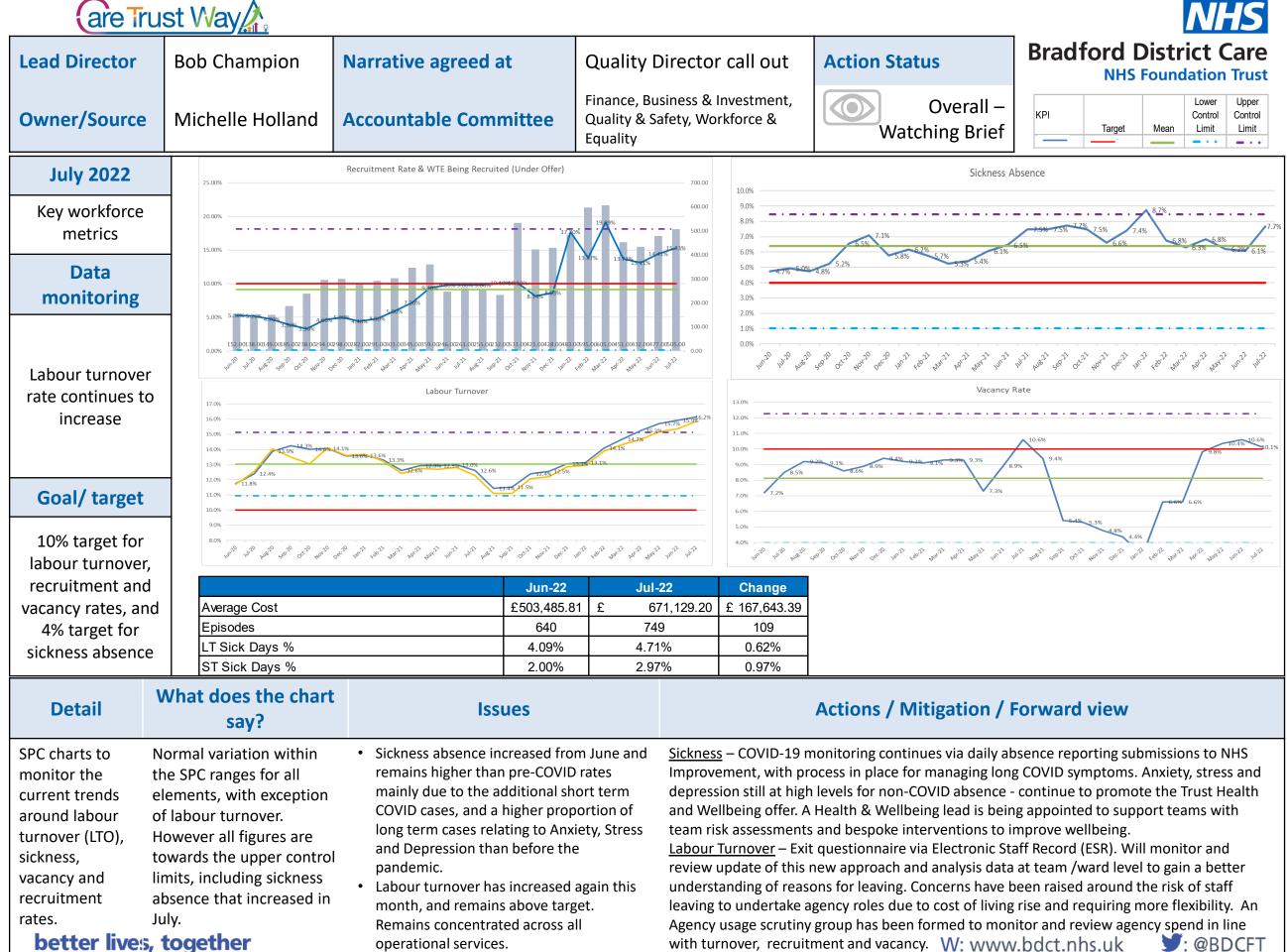




Are Trust WayQuality and Safety CommitteeWorkforce Dashboard (July 2022)



Metric		surance/ Action status	Current &	& Variation	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		15.33%		Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%		7.68%		Sickness rate increased by 1.6% from June 2022
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%		16.15%		LTO continues to be above target and has been increasing since September 2021
Key Workforce Metrics – Vacancy Rate	10%		10.13%		Vacancy rate remained the same, and both below target and LTO rate
Mandatory Training Summary	80%		87.98%		Performance has been impacted by COVID-19- specifically for face to face training. Overall compliance remains above 80%
Appraisal Rates Summary	80%		85.98%		Performance has been consistently above 80% target from October 2020
Clinical Supervision Rates Summary	80%		83.67%		Compliance rate had been consistently above target
<u>Safer Staffing</u> – Compliance Levels/ Heat Map/ Working Time Directive Breaches / Bank and Agency - Fill Rates/ Booking reasons	-		-		Fill rates and bank and agency usage remain high due to Specialing, COVID impact. Working Time Directive breaches still difficult to manage





				Brai	atord District Ca
Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out		NHS Foundation Tr
Owner/Source	Grainne Eloi / Kelly Barker	Accountable Committee	Quality & Safety	Under-performance	
July 2022	Month Staffing Staffing Staffing (green) (amber) (red)	100.0%	Safer Staffing		
Safer Staffing – Compliance Levels	May-20 86.2% 16.4% 0.0% Jun-20 84.2% 12.8% 0.0% Jul-20 85.1% 13.8% 0.0% Aug-20 82.8% 15.8% 0.0%	90.0% ^{16.4%} 12.8% 13.8% 15.8% 14.9% ^{17.2% 1} 80.0% - 70.0% - 60.0% -	^{5.8%} 14.6% 13.2% 12.0% ^{12.0%} 13.6% ^{14.1%} 14.9% 14	1.4% 1 <mark>2.2%</mark> 15.3% 12.9% 1 ^{6.8%} 20.6% 19.6% 17.9% 17.8	3% <u>17.4% 18.1% ^{15.4%} 21.7%</u>
Data Monitoring	Sep-20 83.2% 14.9% 0.0% Oct-20 85.4% 17.2% 0.0% Nov-20 86.4% 16.8% 0.0%	50.0% 40.0%	5.4% 85.9% 85.1% 85.6% ^{87.8%} 84.7% 87.1% 84.8% ₈₃	.2% 82.6% 83.6% ^{87.3%} 86.4% _{79.4%} 80.4% 82.1% 82.7	2%_82.6%_81.9%_ ^{84.6%_} 78.3%_
Improving fill rate of required shifts over last quarter	Dec-20 85.9% 14.6% 0.0% Jan-21 85.1% 13.2% 0.0% Feb-21 85.6% 12.0% 0.0% Mar-21 87.8% 12.0% 0.0% Apr-21 84.7% 13.6% 0.0% May-21 87.1% 14.1% 0.0%	30.0% - 20.0% - 10.0% - 0.0% - Na ² ^D J ^J ^C J ^J ^D R ^J ^C 5 ^A ^D O ^{C^D} H ^O	Decilo ward result ward ward ward ward with	hugent sont octat work pearly want for the	part warth with with
Goal/Target	Jun-21 84.8% 14.9% 0.0% Jul-21 83.2% 14.4% 0.0% Aug-21 82.6% 12.2% 0.0%		■ Safer Staffing (green) ■ Safer Staffing (ambe	er) Safer Staffing (red)	
100% filled at appropriate levels.	Sep-21 83.6% 15.3% 0.0% Oct-21 87.3% 12.9% 0.0% Nov-21 86.4% 16.8% 0.0% Dec-21 79.4% 20.6% 0.0%				
Amber - % of shifts filled below requested levels	Jan-22 80.4% 19.6% 0.0% Feb-22 82.1% 17.9% 0.0% Mar-22 82.2% 17.8% 0.0% Apr-22 82.6% 17.4% 0.0% May-22 81.9% 18.1% 0.0%				
Red - % of shifts unfilled with Registered Staff	Jun-22 84.6% 15.4% 0.0% Jul-22 78.3% 21.7% 0.0%				
Detail	What does the c	hart say?	ssues	Actions / Mitigation / F	orward view
Proportion of require hifts filled to require evels of safety.		ered staff leading to relianc COVID-19 has imp	e on temporary staff. Safer pacted on available Qual	itored through daily lean mana staffing group reviews and es ity and Safety Committee.	calate concerns to
Red shifts would ndicate no registere	Amber shifts (i.e. no ed working is lower that	D. of staff There are a numb	per of shifts being revie	kforce Planning surgeries held w and plan staffing levels. k is underway to calculate the s	

Work is underway to calculate the additional hours being worked by band 7 and over workers and a plan is being put in place to determine how this could be paid.

better lives, together

required staffing level) show a

fluctuating trend.

staff assigned to work

on a particular shift



in order to meet safer staffing levels

however these hours are not being

captured on the roster.

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NHS

Owner/Source Kelly Barker / Grainne Eloi Accountable Committee Quality & Safety Image: Complex com	Lead Direct	tor	Phillipa Hubbard	Na	rrative	e agre	eed at		Q	uality	Direct	or call	out	Actio	n Sta	tus		NHS F	oundatio	on Trust
Safer Staffing - Compliance Levels Registered Safe Staffing Unregistered Safe Staffing Care Hour per Patient Day Data Monitoring Filler Kurden Registered Safe Staffing Unregistered Safe Staffing Registered Adual Pawed	Owner/Sou	urce		Ac	counta	able (Commi	ttee	Q	uality	& Safe	ety		X	Indei	r-perfo	ormance			
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Instant Baidon 9338 Down Instant Baidon 100 Content Baidon 100<	quarter (whi	ich will	Maplebeck	82.76%	13.89%	103.33%	59.68%	4.03%	3.47%	227.88%	52.74%	280.00%	80.16%	8.64%	3.82%	2.6	1.9	3.4	7.8	9.7
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sickness levels, against Care Hours Per Patient Day. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Patient Day. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) leading to high % of temporary staff being used. Some areas of high sickness (Mainly unregistered staff) (Mainly unregistered staff) (Mainly unregistered staff) (Mainly unregistered staff) (Mainly unregistered staff) (Mainly unregistered staff)		•		•		number	r of vacan	cies –	partic	ularly			-				cnital _ Por	ruitmont	taking pla	co for
 Ievels, against Care Hours Per Patient Day. Isome areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used. High sickness levels recorded across Bracken, Thornton, Assessment and Treatment Unit (ATU) and Dementia Assessment Unit. Fatigue around the pandemic is also still present. Focus on staff retention after student training. Focus on staff retention after student training. A review of staff working across different shifts has been undertaken. A patient safety lead has been recruited to engage with wards. Workforce Planning surgeries held with each ward to review and plan staffing levels. Model roster 3 business case approved and monitoring plan in place. 		matcheu	•	0															laking pia	
 against Care Hours Per Patient Day. (mainly unregistered staff) leading to high % of to high % of to high % of to high % of the partial to high %		Some are	eas of high sickness		nt acuity	contin	ues to be	experi	enceo	d acros	s acute			-		-	-			
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 Hours Per temporary staff being used. Patient Day. Assessment and Treatment Unit (ATU) and Dementia Assessment Unit. Fatigue around the pandemic is also still present. A patient safety lead has been recruited to engage with wards. Workforce Planning surgeries held with each ward to review and plan staffing levels. Model roster 3 business case approved and monitoring plan in place. W: www.bdct.nhs.uk 	-			-							n,				-					акеп.
 Assessment Unit. Fatigue around the pandemic is also still present. Workforce Planning surgeries held with each ward to review and plan staffing levels. Model roster 3 business case approved and monitoring plan in place. We www.bdct.nhs.uk I (@BDCFT) 		-	-	Assessmer	nt and Tr	eatmer	nt Unit (A	TU) and	d Dem	nentia				-						
• Model roster 3 business case approved and monitoring plan in place. W: www.bdct.nhs.uk : @BDCFT	Patient Day.	1	,	Assessmer	nt Unit.									-	surge	ries held	with each	ward to re	eview and	plan
• Model roster 3 business case approved and monitoring plan in place. W: www.bdct.nhs.uk 5 :@BDCFT				Fatigue arc	ound the	pande	mic is als	o still p	reser	nt.			0							
		-		-				•				• Mo	del roste	r 3 busi	ness c	ase appr	oved and n	nonitoring		
	better lives	s, toge	ther												W:	WWW	.bdct.nh	ns.uk	9:@	BDCFT



Safeguarding Dashboard (July 2022)



Metric		Goal & Assurance/ Action status		riation	Average		
Safeguarding Adult Referrals	N/A		5	N/A	5.9		
Safeguarding Children Referrals	N/A		35 (Bradford) 7 (Wakefield)	N/A	22.7 (Bradford) 9.84 (Wakefield)		
Duty Calls regarding adults	N/A		99 (Bradford) 0 (Wakefield)	N/A	76.9 (Bradford) 0.0 (Wakefield)		
Duty Calls regarding children	N/A		73 (Bradford) 25 (Wakefield)	N/A	52.8 (Bradford) 18.7 (Wakefield)		





Serious Incidents, Duty of Candour & Mortality Dashboard (July 2022)

Metric		ssurance/ n status	Current 8	& Variation	Average
Serious Incidents	N/A		0	(ag Real	2.7
Duty of Candour incidents	0		0	(ag/200)	1.0
Suicides	N/A		0	(ag Bas	1.4
Expected Deaths	N/A		11	(agree)	13.1
Unexpected Deaths	N/A		4	and	6.6
COVID related deaths – community	N/A		2	N/A	3.2
COVID related deaths – inpatients	N/A		0	N/A	0.1
Structured Judgement Reviews	N/A		0	N/A	N/A



Incidents Dashboard (July 2022)



Metric		Goal & Assurance/ Action status		، Variation	Average
All incidents	N/A		702	(agliere)	931.3
Violence & Aggression	N/A		115	adaa	200.0
Medication Errors	0		44	(a) ² 00	46.6
Near Misses	N/A		12	(ag ^A po)	19.9





Staff and Service User Feedback Dashboard (July 2022)



Metric		ssurance/ n status	Current 8	Variation	Average
Formal Complaints	0		4	(ag Part)	5.8
Concerns	0		47	~	52.9
Compliments	N/A		25	(m)	43.0
Freedom To Speak Up	N/A		13	N/A	N/A
Friends & Family Test	90%		93.3%	-	-





Quality of Care Delivery Dashboard (July 2022)



Metric	Goal & As Action	ssurance/ status	Current & Var	riation	Average
Infection Prevention & Control	0		9	N/A	N/A
Pressure Ulcers	0		20	N/A	21
Insulin Errors	0		3	N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A		0	N/A	N/A
Equipment maintenance	95%		91.4% High risk 80.2% All	N/A	N/A
Ligature assessments	100%		100%	N/A	100%
Clinical Audit	100%		100%	N/A	N/A





NHS Oversight Framework Metrics Dashboard (July 2022)

Metric	Goal & A	ssurance, status	/ Action		ent & ation	Average
Improving Access to Psychological Therapies (IAPT) Access Rate	982	X	F	557		
IAPT Recovery Rate	50%	$\overleftarrow{}$		51.0%	(agha)	53.1%
Waiting times IAPT i) 6 weeks	75%			90.8%		95.4%
Waiting times IAPT ii) 18 weeks	95%			99.3%	~	99.5%
IAPT waiting >90 days between 1st & 2nd Treatment	<10%	X		44.6%		
Children & young people's eating disorder waiting times – urgent	95%	X		80.0%		
Children & young people's eating disorder waiting times - routine	95%	X		26.0%		
Inappropriate out of area bed days	1406 (Q2)	X		679 (July)		
Data Quality – Mental Health Services Dataset (MHSDS) Score	90% (2022/23)			94.2%		
Consultant led waiting times (Referral to Treatment)	92%	X	F	82.1%	H	74.0%
Waiting times – first episode of psychosis	60%			78.9%	(ag Rate	79.5%

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Bradford District Care NHS Foundation Trust

NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Foundation Tr
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance	

July 2022	Period	Та	rget	Actual	Access to IAPT services (E	Bradford District & Cra	aven (CG Only)
July - 557 (provisional)	Period	National	Contractual	Actual			
Year to date - 2222 (April - July)	Apr-22	1589	962	520	1800		
Data monitoring	May-22	1589	962	582	1600		
Variation indicates falling short of	Jun-22	1589	962	563	1200	*****	
the local contractual target	Jul-22	1619	982	557	1000		
	YTD	6387	3868	2222		\sim	
Goal/ target	Aug-22	1619	982		600		
National trajectory	Sep-22	1619	982		400		
= 1619 (Month - July)	Oct-22	1649	1000		200		
= 6387 (Year to date – April - July)	Nov-22	1649	1000		0		
	Dec-22	1649	1000		61-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-20 -20 -20 -21 -21 -21 -21	-21 -21 -21 -21 -21 -21 -21 -21 -21 -22 -22
Local contractual target	Jan-23 Feb-23	1679 1679	1020 1020		Apr-19 May-19 Jun-19 Jun-19 Aug-19 Sep-19 Sep-19 Dec-19 Jan-20 May-20 Jun-20 Jun-20 Jun-20 Jun-20	Sep Oct Nov Jan Jan Feb Mar Apr	May Jun Juru Aug Sep Sep Sep Nov Nov Nov Mar Apr Apr May May Uul
= 982 (Month - July)		1679	1020		National Trajectory	Achieved Local	Trajectory (16.3%)
= 3868 (Year to date – April - July)	Mar-23	10/9	1020				
Detail What does the cha	art say?	Issues			Actions	Mitigation	Forward view
 Number of people who first receive Improving Access to Psychological Therapies (IAPT) recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. COVID-19 resulted reduction in referrat Referrals now return pre-COVID levels. Commissioned actibility below the Clinical Commissioning Growther Clinical acceleration in referration in referrati	als. rned to vity is oup	2 and 3 for gro High le 2022 5 High la (24.05 July 20 vacanc shorta Loss of practit	sing intensity and reduce up therapy. vels of sickn .81%). bour turnov % in 12 mon 22). Several ies, with nat ge of qualified ioners to ndent secto	ed need less (July ver ths to tional ed staff.	 preferred methods of delivery – modelled remote versus face to face capacity Piloting incentives for hard to recruit roles Self referral process changes to reduce assessment duration and increase therapy capacity Focus on IAPT workforce issues at West Yorkshire level, including consideration of a West Yorkshire 'virtual' IAPT offer on behalf of all places to increase service 	Monthly waiting list meeting in place, with review of outliers.	As part of the 2022/23 operational plan, funding agreed to increase people accessing treatment from 11,316 in 2021/22 to 13,164 by 2023/24. Whilst the local access rate will still be below the national Long Term Plan ambition, this reflects the workforce challenges faced in recruiting qualified practitioners, together with
		-	ers, particula nat are 'rem	-	resilience and allow places to focus on face to face provision in		increased complexity that impacts session length.

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NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Found
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance	

April 2022	Period	Target	Actual	IAPT - Proportion of Referrals waiting over 90 days between 1st and 2nd
44.6%	Apr-22	10%	44.6%	Treatment
	May-22	10%		50.0%
Note: April 2022 is the latest published data	Jun-22	10%		40.0%
Data monitoring	Jul-22	10%		35.0%
	Aug-22	10%		30.0%
	Sep-22	10%		25.0%
	Oct-22	10%		20.0%
Goal/ target	Nov-22	10%		10.0%
	Dec-22	10%		5.0%
-100/	Jan-23	10%		
<10%	Feb-23	10%		peril ward will will week sept our hourd peril ion't feet ward peril ward will will week sept our hourd peril ion't feet peril peril
	Mar-23	10%		The proportion of referrals waiting over 90 days Threshold

Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
access to psychological	There is some variation. The proportion of referrals waiting over 90 days has increased since July 2021.	 Increasing intensity and waits in steps 2 and 3 (4 months) and reduced need for group therapy. 30% of step 3 are PTSD. High levels of sickness (July 2022 5.81%). Assessments cancelled due to staff long term sickness. High labour turnover (24.05% in 12 months to July 2022). Several vacancies, with national shortage of qualified staff 	 Developing relationships with private providers to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity. Focus on IAPT workforce issues at West Yorkshire level, including consideration of a West Yorkshire 'virtual' IAPT offer on behalf of all places to increase service resilience and allow places to focus on face to face provision in their locality. 	Monthly waiting list meeting in place, with review of outliers.	Investment agreed as part of the 2022/23 operational plan to increase access, with a trajectory that reflects the workforce challenges faced in recruiting qualified practitioners, together with increased complexity that impacts session length.





Bradford District Care tion Trust

NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Foundatio
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance	

Quarter 1 2022/23	Period	Target	Actual				+: f-	ullusant	Defensela	ta Childu			ala Datina	- Dia and -			
	Q1	95%	80.0%	100.00% -		waiting		or Urgent	Referrals	to Childr	en and Yo	oung Peop	ole Eating	g Disorde	r Services	5	
80.0%	Q2	95%		90.00% - 80.00% -			$/ \setminus$		/		\checkmark						
Data monitoring	Q3	95%		70.00% - 60.00% -				$\backslash/$	r 				\mathbf{i}		/		
	Q4	95%		50.00% - 40.00% -	/			V						\checkmark			
				30.00% - 20.00% -													
Goal/ target				10.00% -													
95%				0.00%	Q1	Q2 2019		Q4 — Length of	Q1		Q3 0/21	Q4	Q1	Q2 202 Target	Q3 1/22	Q4	Q1

Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
The proportion of children and young people with eating disorders (urgent cases) that wait one week or less from referral to start of NICE- approved treatment	The target has not been achieved since quarter 4 of 2020/21. Relatively small numbers results in variation. In quarter 1 of 2022/23, 4 out of 5 children and young people waited less than one week to start treatment.	 Significant increase in referrals as a result of the COVID-19 pandemic. Commissioned resource is for 50 cases per year but demand increased to 100 cases per year. Changing profile of children and young people with higher complexity and acuity of presentations Inpatient capacity challenges - increase in the number of acutely unwell patients being cared for in the community 	Service Development funding approved in 2021/22 and additional staff commenced in post during quarters 3 and 4 of 2021/22.	Core CAMHS support and respond to eating disorder cases with consultation from the eating disorder team if referrals are in excess of eating disorder capacity.	Forward trajectory agreed as part of 2022/23 operational plan. Forecast to meet 95% target from quarter 3 of 2022/23.





NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Found
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Quarter 1 2022/23	Period	Target	Actual	Waiting times for Routine Referrals to Children and Young People Eating Disorder Services
	Q1	95%	26.0%	100.00%
26.0%	Q2	95%		90.00%
Data monitoring	70.00%			
	Q4	95%		50.00%
Goal/ target				30.00%
95%				0.00% Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 2019/20 2020/21 2021/22 Q3 Q4 Q1 Length of completed CYP ED care pathways (routine cases) -Target

Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
The proportion of children and young people with eating disorders (routine cases) that wait 4 weeks or less from referral to start of NICE- approved treatment	The target has not been achieved since quarter 3 of 2020/21. Relatively small numbers results in variation. In quarter 1 of 2022/22, 6 out of 23 children and young people waited less than four weeks to start treatment.	 Significant increase in referrals as a result of the COVID-19 pandemic. Commissioned resource is for 50 cases per year but demand increased to 100 cases per year. Changing profile of children and young people with higher complexity and acuity of presentations Inpatient capacity challenges - increase in the number of acutely unwell patients being cared for in the community 	Service Development funding approved in 2021/22 and additional staff commenced in post during quarters 3 and 4 of 2021/22.	Core CAMHS support and respond to eating disorder cases with consultation from the eating disorder team if referrals are in excess of eating disorder capacity.	Forward trajectory agreed as part of 2022/23 operational plan. Forecast to meet 95% target from quarter 3 of 2022/23.





Bradford District Care tion Trust

NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Foundati
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance	

Quarter 2 (July)	Period	Trajectory	Actual	Inappropriate Out of Area Placements - Bed days				
679 bed days	Q1	2063	1520	Monthly figure				
Data monitoring	Q2	1406	679 (Jul)	1000 843 896 800 701 749 778 802 701 708 135 707 679				
Meeting 2022/23 trajectory	Q3	0		$\begin{array}{c} 800 \\ 600 \\ \hline 441 \\ 476 \\ 404 \\ 480 \\ 404 \\ 137 \\ 137 \\ 129 \\ 227 \\ 137 \\ 129 \\ 227 \\ 137 \\ 129 \\ 227 \\ 581 \\ 612 \\ 101 \\ 69 \\ 79 \\ 69 \\ 79 \\ 109 \\ 494 \\ 179 \\ 109 \\ 94 \\ 470 \\ 520 \\ 530 \\ 48 \\ 48 \\ 48 \\ 48 \\ 48 \\ 48 \\ 48 \\ 4$				
Goal/ target	Q4	0		$\begin{array}{cccccccccccccccccccccccccccccccccccc$				
2063 Q1 1406 Q2 0 Q3 0 Q4				Apr-20 Jul-20 Jul-20 Jul-20 Jul-20 Jul-20 Jul-20 Jul-21 Jul-21 Jul-21 Jul-21 Jul-22 Ju				

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: 41 patients out of area in July (631 bed days). Psychiatric Intensive Care Unit (PICU): 3 patients out of area in July (48 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. April to July 2022, meeting the trajectory agreed as part of the 2022/23 operational plan. However, in 2022/23 quarters 1 and 2, the trajectory does not meet the national expectation of the elimination of out of area placements. 	 Quality improvement work on purposeful admission and safe discharge, supported by the Kaizen Promotion Office. Independent sector contract initiated January 2021, extended for 2022/23, with assurance framework in place to oversee quality and maximise capacity available. 	 Daily communication cells, chaired at general manager and head of nursing level, across inpatient services, focussing on staffing and deployment and on expediting discharges to free up capacity. West Yorkshire system wide work on adult acute mental health pathway and PICU pathway. 	 2022/23 trajectory assumes: continuation of COVID cohorting arrangements anticipated reductions in length of stay expected impact of six crisis respite beds being mobilised by Bradford and Craven Health and Care Partnership and Bradford Council application of continuity principles from September 2022 under which independent sector block contract beds would not be considered as inappropriate out of area placements.
petter lives,	together			VV: \	www.bdct.nhs.uk 😏 : @BDCF



NHS

Lead Director	Tafadzwa Mugwagwa	Narrative agreed at	Senior Leadership Team	Action Status	NHS Foundation Trust
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	X Underperformance	

July 2022	Period	Target	Actual	Consultant led waiting times (Referral To Treatment) - Community Dental Services
	Apr-21	92%	88.7%	100%
82.1%	May-21	92%	89.7%	90%
	Jun-21	92%	88.7%	
Data monitoring	Jul-21	92%	82.1%	80%
	Aug-21	92%		
Data shows special cause variation	Sep-21	92%		60%
with 8 values above the upper control	Oct-21	92%		50%
limit	Nov-21	92%		40%
Goal/ target	Dec-21	92%		30%
	Jan-22	92%		20%
	Feb-22	92%		
	Mar-22	92%		
92%				Mapril 222 Jun

Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Community dental service: Proportion of patients waiting less than 18 weeks to	82.1% of patients are waiting less than 18 weeks in July2022230 patients waiting	 Hospital operating lists for dental service suspended in March 2020 as a result of COVID-19. Most operating lists reinstated in quarter 1 of 2021/22. However capacity is still a challenge as COVID-19 infection 	Working closely with Bradford Teaching Hospitals Foundation Trust and Airedale Foundation Trust to ensure dental lists are maintained and to	All referrals received are triaged; waiting lists are validated and	 Demand increasing from all referrers. Increased referrals from general dental practitioners likely relates to general
commence treatment -	Longest wait is 40.6 weeks	prevention and control protocols reduce the number of patients seen	increase the number of patients per operating	monitored on a weekly	dental practice re- opening.
patients who require dental treatment under general anaesthetic (GA)	0 patients waiting more than 52 weeks	 per operating session. Reduction in theatre sessions in April, May and June due to bank holidays. Cancellation of some theatre sessions. Increased Covid staff sickness in July 2022. 	theatre session in accordance with the new infection prevention guidance. Capacity due to be increased from September 2022.	basis.	 Managing patients within COVID guidelines and hospital staffing issues mean that performance will continue to fluctuate.

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Gre Trust Way Mental Health Legislation Committee



Metrics Dashboard (June 2022)

Metric		Goal & Assurance/ Action status		Variation	Average
Use of Mental Health Act (MHA) – Sections free from fundamental errors	98%		100.0%	(and the second	99.5%
Use of MHA – Sections Reviewed on time	98%		100.0%	(0, ⁰ / ₂ 0)	99.2%



Incidents Dashboard (June 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average per month
Full Interventions	0		36	(and the	51
Full Interventions Males only	0		7	-	34
Full Interventions Females only	0		29	(aghao)	28
Full interventions Male & Female tracked	0		NA		NA
Prone Restraint	0	?	0		0.3
Rapid Tranquillisation	0		24	and	25
Seclusion	0		3	(asho)	5
Restrictions and Segregation totals	0		29 (up from 21)	N/A	58
Blanket Restrictions	0		28 (up from 21)	N/A	57+
Individual Restrictions	0		1 (up from 0)	N/A	1
Long-Term Segregation	0		0 (0 for 3 months)	N/A	0.4
better lives, together	Page 20			W: ww	/w.bdct.nhs.uk 🔰: @BDCF1



Training Dashboard (June 2022)



Metric Training	Goal & Assurance/ Action status		Current & Variation		Average
Teams where Training Compliance is below 80%	80%		69 staff (up from 57)		
Care Programme Approach (CPA) Roles & Responsibilities	80%		94.50%	H	80.70%
CPA Care Planning	80%		96.90%	H	84.50%
CPA Clinical Risk	80%		91.50%	Hr	83.20%
Mental Capacity Act	80%		95.30%	(ag Real	95.60%
Mental Health Act Qualified Staff	80%		95.40%	Hr	87.70%
Mental Health Act for Health Care Support Workers	80%		98.60%	Ha	86.30%

Goal & Action Current Metric Comment Performance status Indicators include: Staff Survey overall scores, labour turnover, sickness rate **Theme 1** – Looking After Our People Indicators include: Equality Diversity & Inclusion, Workforce Race Equality **Theme 2** – Belonging in the Organisation Standard, Workforce Disability Equality Standard, appraisal and clinical supervision compliance ? Theme 3 – New ways of working and Indicators currently include: bank and delivering care agency data Indicators include: recruitment, vacancies, new roles/skill mix, mandatory **Theme 4** – Growing for the future training, Leadership & Management **Development Passport programme**

Workforce & Equality Committee

are Trust Way

Committee Dashboard (July 2022)



Bradford District Care

NHS Foundation Trust