

		Date:	
Agenda item	Title	Executive Director lead and presenter	Report author
	Integrated Performance Report	Mathew Page	Toby Rickard/Kate Webb

**This report is for:**

Decision	Discussion	Note
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**Executive summary of key issues**

**Key national metrics**

The report provides a performance summary for the Trust, identifying performance issues by exception. From a Trust wide perspective, DTOC is the only non-compliant indicator on the NHSI Dashboard. DTOC performance has slightly worsened from the June position and was 6.4% in July 2018. BANES, Bristol and Wiltshire are the localities that are currently exceeding the 3.5% target.

**Divisional Key Performance Issues**

**BSW**

Performance by the Division has remained stable; there has been significant improvement to DTOC, with BANES position improving from 16.2% in June to 13.5% in July. This was due to Ward 4 DTOC patients being discharged to placements that met their specialist needs. Wiltshire DTOC rates have increased significantly from 4.6% in June to 8.9% in July; this is due to a number of service users on adult wards who are homeless. The wards are working with the Local authority to try to address these issues.

Concerns are noted for the following areas:

- Ashdown – NHS England Specialty funding for a patient in Ashdown has become a cost pressure.
- BANES Recovery Team – There has been additional pressure on this team in recent weeks due to significant long term sickness within the team. Mitigation plans are in place and there is a recruitment process that has been effective, but will still require time for new staff to be fully inducted.
- Wiltshire DTOC – It has become apparent that homelessness is becoming more of a feature for DTOC; and the teams are looking at ways of working with the Local Authority.
- Face to Face Training – Teams are reporting it is still difficult to access face to face training, for Managing Conflict, Physical Emergency Response Training (PERT), Practical Patient Handling, Understanding Preventing and Managing Aggression (UPMA), Safe Assistance of Moving Patients and Safeguarding Children Level 3. All staff are booked onto training however; due to availability issues other staff are going out of date making it difficult to meet the standard consistently. Learning and Development have agreed to use the ARC in Swindon to deliver some face to face training, which may help to ease some of the pressure.

Transformation plans update are as follows:

- PCLS – This continues to go well for BANES and Swindon and the staff continue to work hard to help resolve any problems. Wiltshire’s Go Live date is confirmed as 1 October. The Clinical Director for BSW, Clinical Lead and Access Service Manager Wiltshire delivered a presentation to the Wiltshire GP Cluster Meetings to demonstrate the transformation, the benefits and what improvements can be seen. The presentations were well received.
- ACU Swindon – This is going well being reviewed regularly.

- Medvivo – Meetings have been held with colleagues in Medvivo to agree the resource and time required to undertake the analysis of their data in terms of the amount of Mental Health activity coming through the integrated urgent care system.

## **BNSSG**

BNSSG CCG has agreed the additional recurring investment funding into the Core 24 services across BNSSG. This is a significant investment into our liaison services and will enable more comprehensive services into the acute hospitals at night. Now that confirmation of the funding has been received, the Division is working to a timeframe of October implementation and recruitment is currently underway. The clinical resource advert is live for Core 24 and early indications are that a good response has been received.

North Somerset has seen an improvement in their sickness rate (currently at 4.74%). This is a significant improvement to an indicator that has been red for many months and is reflective of the work undertaken in this Locality.

Evaluation of the first three months of the Bristol Acute Community Unit has been completed this week. This work is essential in helping the Division and Trust to understand the impact of this transformation pilot across the bed base and inpatient/intensive team flow across BNSSG. This will help to inform future service provision and investment.

## **SSC**

### **Specialised**

Performance indicators remain strong; statutory and mandatory training, supervision and appraisal all look positive.

Recruitment has improved on Daisy Unit. The unit has now had a consistent reduction of bank and agency use with further reductions expected as new staff complete their induction procedures and begin working on the unit.

The LiA pulse check has identified areas of concern such as the prisons and drug and alcohol services. There appears to be a correlation between dissatisfaction in the pulse check and the team having been through protracted consultations. Work is planned to support staff going through these difficult changes.

Uncertainty about accommodation and future of units (MBU and Acer) has been suggested as a reason for rises in sickness rates in both these units. The management team is working with the Trust to try and get some certainty around the units' futures and accommodation options to avoid this position deteriorating.

In preparation for the CQC visit some guidance is needed from the Trust around advance decisions. This was previously highlighted on the STEPs unit and it is expected that the CQC will want an update.

### **Secure**

Bank and agency use has continued to increase. This peaked at the end of July resulting in a 14.5% increase from June to 2,486 shifts used. This has largely been to support three service users with higher nursing need above the capacity safer staffing can facilitate. It is anticipated that staffing and acuity will peak in mid-August and then start to recover.

There was some positive recruitment news with 11 nurses or HCAs recruited with a view to start in July and August. This will have an impact on bank and agency usage due to vacancies.

The financial position has deteriorated with a year end forecast of £928k deficit. The worsening position is driven by bank and agency usage and low occupancy.

Medium Secure Occupancy was 90.3% in month 4 which is below the activity trigger (94.65%) and this impacts negatively on income. The clinical team are balancing increasing admissions to achieve activity trigger with the risk that this negatively impacts the bank and agency position. The timing of new admission needs to be carefully planned due to the impact on acuity.

## **CAMHS**

The Referral to Treatment 8 week performance indicator is on trajectory in accordance with the improvement plan. The Referral to Assessment target is behind the improvement trajectory. Month 4 performance for RTA 4 weeks was 34.19%; emergency and urgent referrals increased for June and July which is impacting upon performance. Following the submission of the demand and capacity paper, additional recurrent funding has been made available and waiting list trajectories will be developed and agreed with BNSSG commissioners by the end of quarter two.

There is continued medical agency usage in Community Triage Assessment and Outreach (CTAO) and Bristol South. This has a quality and financial impact. CTAO in particular has been very hard to recruit to and so the team are exploring a number of new recruitment strategies including the use of an external recruitment agency and the use of rotational posts. A LiA event was held in the most challenged service (CTAO) to discuss retention. The HR for CAMHS dashboard will be available in Month 6.

Response to concerns raised by staff in the South Gloucestershire CAMHS team has been delayed whilst it was decided which framework to investigate this under. Although this has now been resolved we are still awaiting an investigator external to the Division to be identified.

Supervision and appraisal deteriorated in July from previous month.

### **Performance themes across the Trust**

There has been a slight deterioration in DTOC performance with worsening positions in Bristol and Wiltshire. There are still some hotspots around the Trust with respect to RTA/RTT targets; areas noted are Banes, South Gloucestershire and Wiltshire. North Somerset, South Gloucestershire and Wiltshire for Memory RTA are currently below target.

There are LDU's that need to address performance in supervision and appraisal and further detail is provided within this report. Currently, Secure, Specialised and North Somerset are the hotspots for sickness absence. A much improved position for North Somerset is noted in this area (4.74% for July from a June position of 5.92%).

Statutory and Mandatory Training and appraisal performance for Operations is 83% and 78% in July respectively. Those areas that are below target have produced mitigation and improvement plans and performance is being tracked and assured through the monthly Operations Delivery Group meeting.

### **Statutory and Mandatory Training**

- Basic Resus – Wiltshire, SDAS, Bank, Medical and NQD is currently red. There are other areas that amber in terms of performance; Bristol, South Gloucestershire, Secure, Specialised and CAMHS.
- Fire – SDAS, Bank, Medical, NQD is currently red. Amber areas are Bristol, South Gloucestershire, Secure, Specialised and Corporate Affairs.
- PERT – Secure, Bank, CAMHS and NQD are red. Amber areas are Swindon and Specialised.
- PMVA – Bristol, Secure, Specialised, Bank and CAMHS are red. North Somerset is the only amber area.
- Practical Patient Handling – Bristol and Bank is red. North Somerset and Wiltshire is Amber.
- Safe Assistance of Moving Patients – Bristol, N Somerset, Wiltshire, Secure, Specialised and CAMHS is red. Swindon is amber.
- Safeguarding Level 2- N Somerset, South Gloucestershire, Wiltshire, SDAS, Secure, Specialised, Bank, Medical, NQD and OD are red. Banes, Bristol and Swindon are Amber.
- Safeguarding Level 3 – Banes, SDAS, Secure, Specialised, Medical and NQD are red. Bristol, Swindon, Wiltshire and CAMHS is amber.
- Information Governance – Bank and Medical are red. Corporate Affairs and NQD are amber.

The Localities have been asked to address the performance issues with statutory and mandatory training. Work is underway and this is reflected throughout the narrative in this report against each Locality where relevant.

Assurance over action being taken in other areas is still required.

### Highlights

The highlights below are drawn from the locality monthly reports. No further detail is contained within the main body of the report.

- **Banes** – The locality commenced ‘go live’ for the new PCLS model (Triage element only) on 2<sup>nd</sup> July.
- **Swindon** – The locality commenced ‘go live’ for the new PCLS model (Triage element only) on 2<sup>nd</sup> July.
- **Bristol** – The locality commenced ‘go live’ for the new PCLS model (Triage element only) on 2<sup>nd</sup> July.
- **Specialised** – BSW community perinatal funding of £750,000 has now been confirmed after co-production with local commissioners.
- **Secure** – There were two CQC MHA visits in July which reported back very positively to our Service Managers, however there were key themes raised regarding the use of advance statements which is currently incorporated into the collaborative safety plan but requires additional input. This has been addressed with the IQD and an improvement plan developed with Senior Practitioners.
- **Secure** – Three Band 5 and one Band 3 members of staff started work in July. Five Band 5 and two band 3 staff are due to start in August.
- **CAMHS** – The service held a celebration for the NHS 70<sup>th</sup> birthday celebrations at Barton Hill with commissioners, service users and staff in attendance. This was very well received and gave staff a boost in morale. There was a free raffle with over 80 prizes, food and music donated to the CAMHS services.
- **CAMHS** – Statutory and Mandatory training reached target for the first time since the TUPE transfer. Of particular note is the improvement in Level 3 Safeguarding Children which has improved from 62.3% in June to 85.6% in July.

### Where in the Trust has this been discussed before (meeting / dates)

N/A

### Recommendation

The Committee is asked to discuss and note the report.

### Corporate considerations

Quality implications:	x	Risk implications:	X
Resource implications:	X	Staffing implications	x
Financial implications	X	Legal & Regulatory implications	
Equalities implications:			

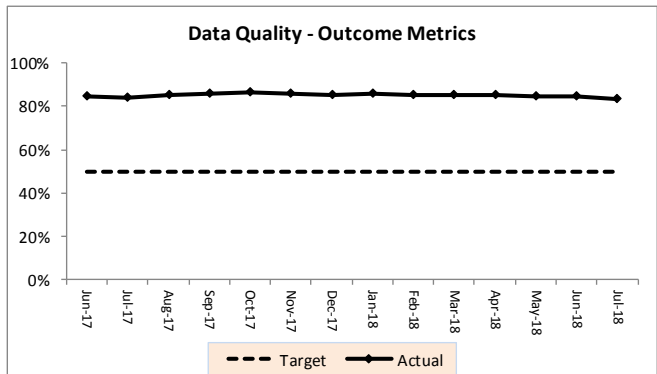
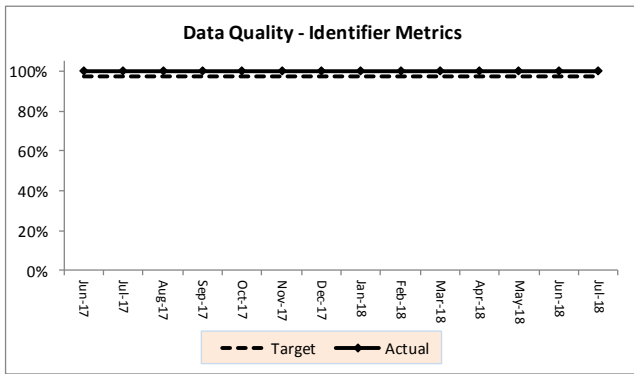
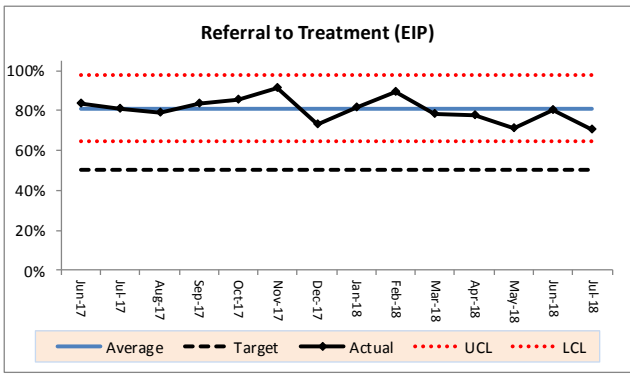
### Which Strategic Objectives does this paper progress or challenge?

We will support our service users and carers:	x
We will engage our staff:	x
We will be sustainable:	x

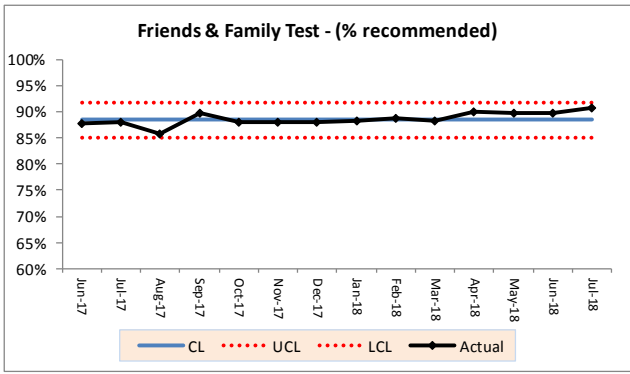
# 1 Operational Performance: NHS Improvement KPIs

## 1.1 Trust level, 2018-19, M4

<p><b>7 day FU to discharge</b></p>	<p><b>Gate keeping acute admissions</b></p>	<p><b>Annual Reviews (CPA only)</b></p>																								
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<p><b>Delayed Transfers of Care (DTOC)</b></p>	<p><b>IAPT RTT - 6 weeks</b></p>	<p><b>IAPT RTT - 18 weeks</b></p>																								
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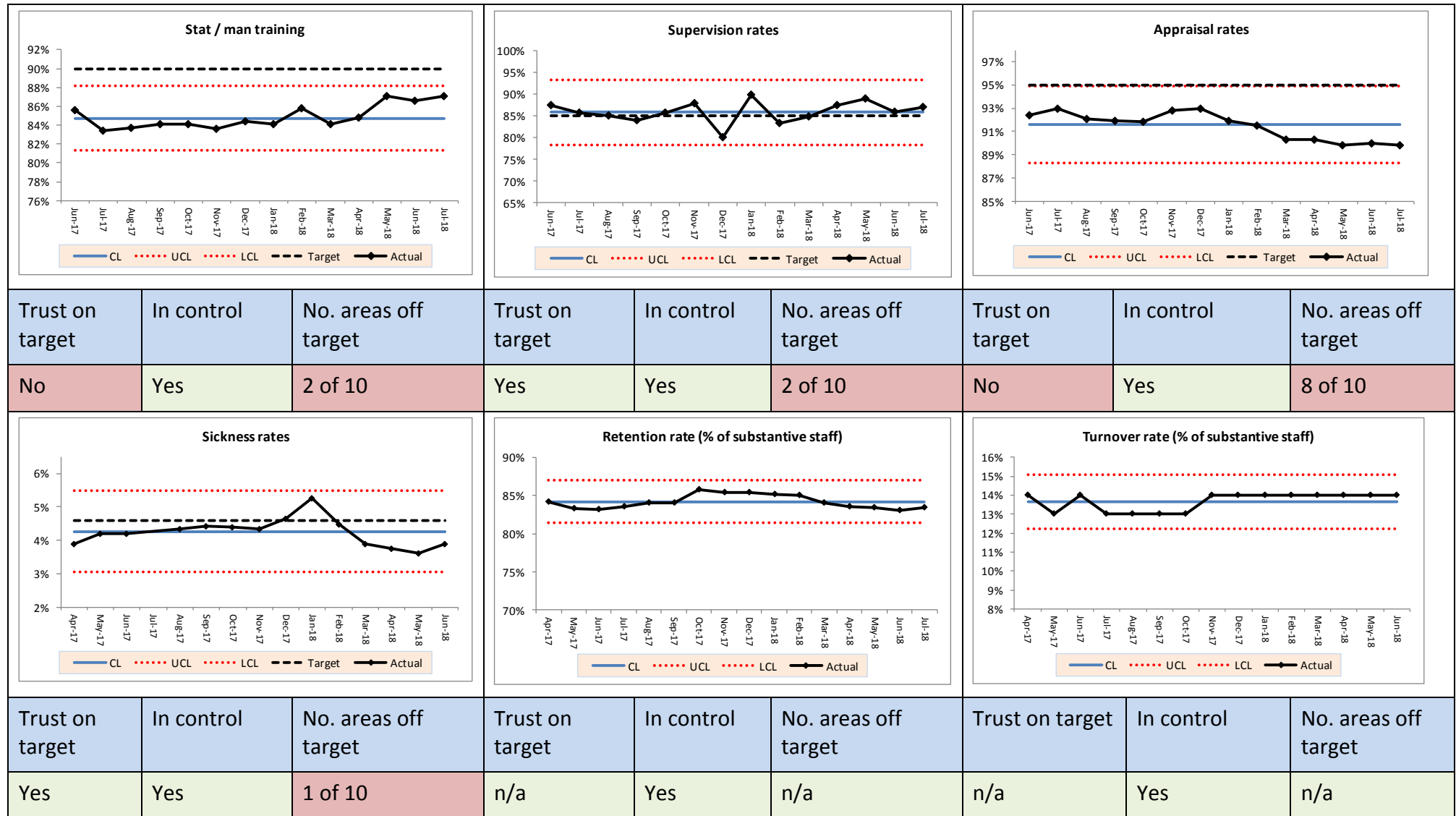
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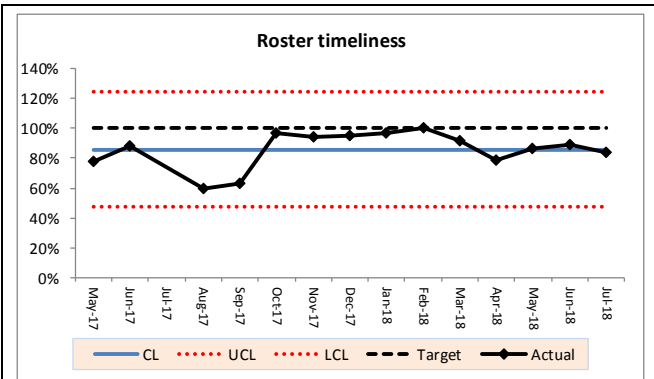


Trust on target	In control	No. areas off target
n/a	Yes	n/a

## 2 Workforce KPIs

### 2.1 Trust level, 2018-19, M4

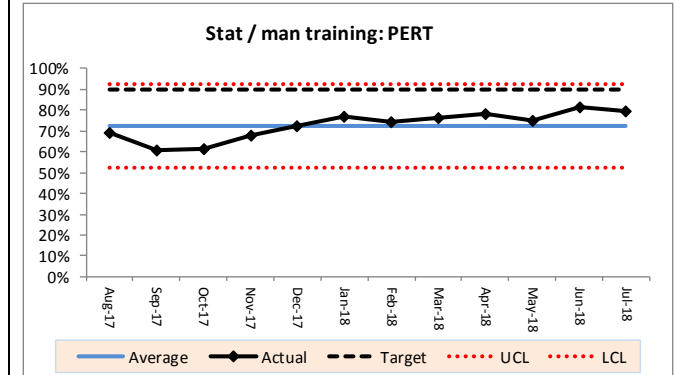
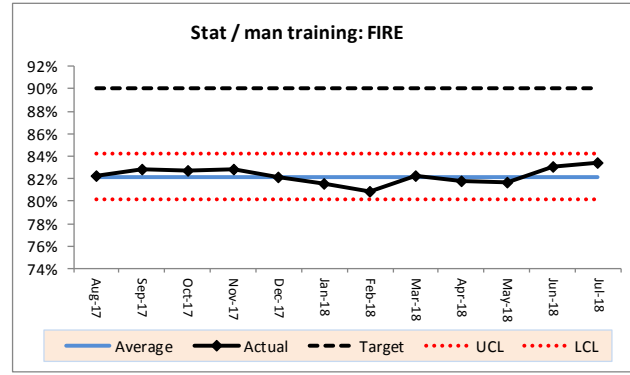
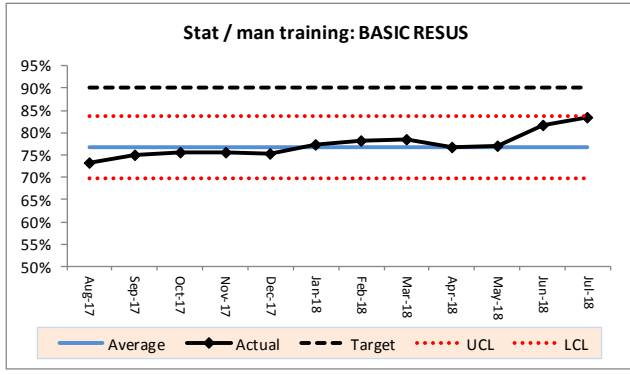




Trust on target	In control	No. areas off target
No	Yes	2 of 8



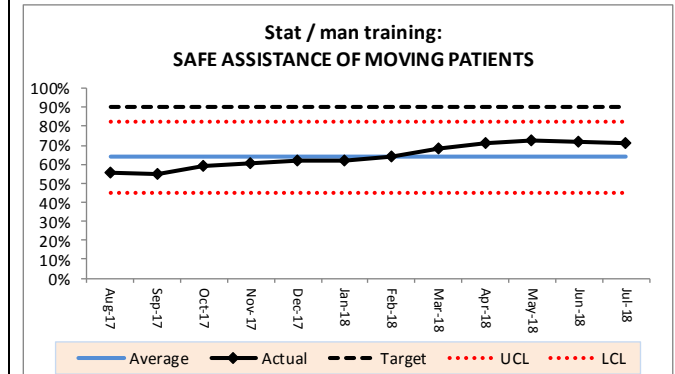
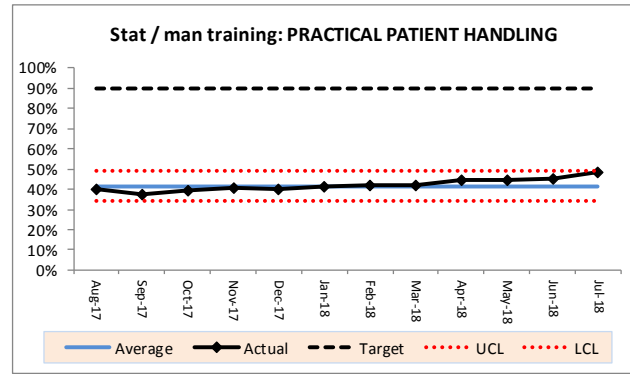
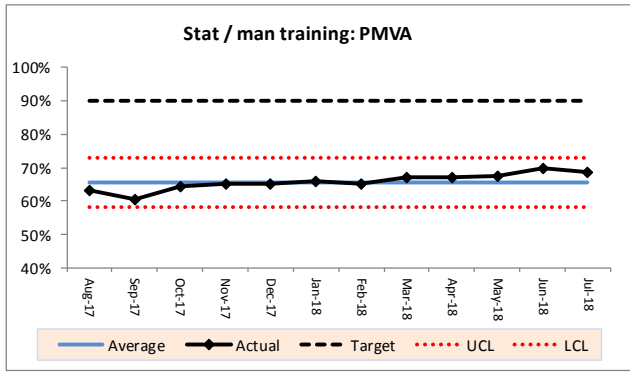
## 2.2 STAT / MAN TRAINING (Trust level, 2018-19, M4)



Trust on target	In control	No. areas off target
No	Yes	7 of 10

Trust on target	In control	No. areas off target
No	Yes	5 of 10

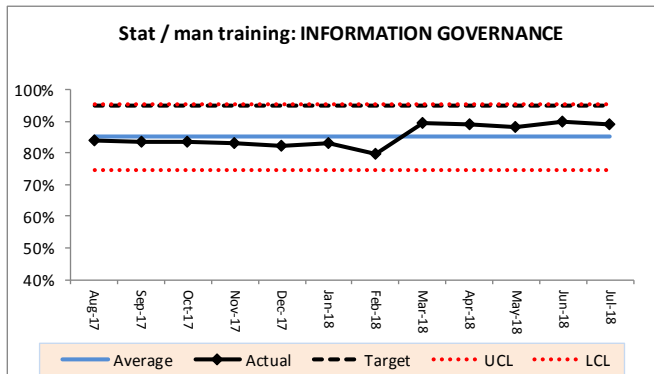
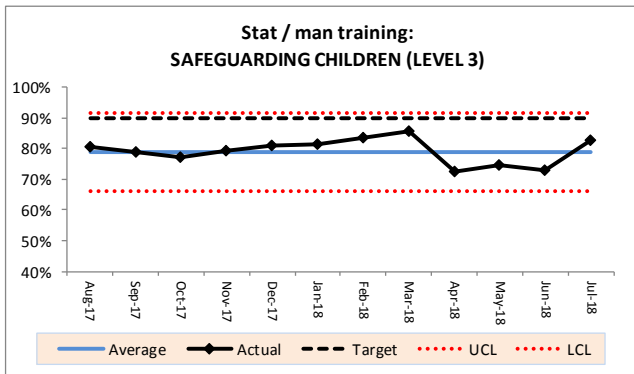
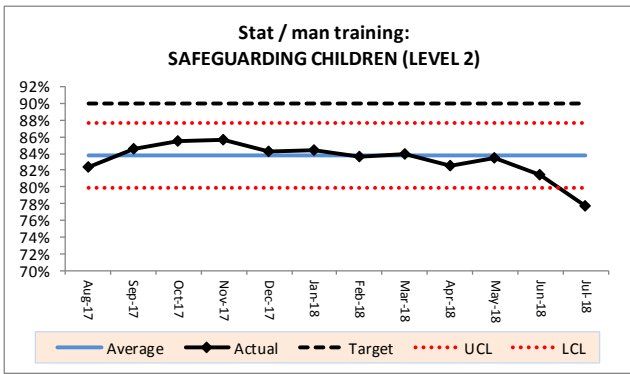
Trust on target	In control	No. areas off target
No	Yes	5 of 10



Trust on target	In control	No. areas off target
No	Yes	6 of 9

Trust on target	In control	No. areas off target
No	Yes	3 of 5

Trust on target	In control	No. areas off target
No	Yes	7 of 9

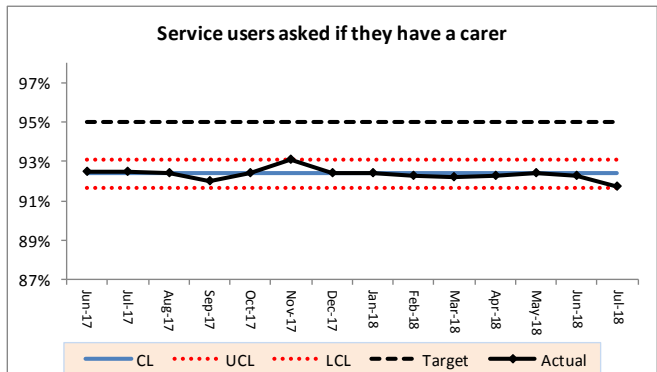
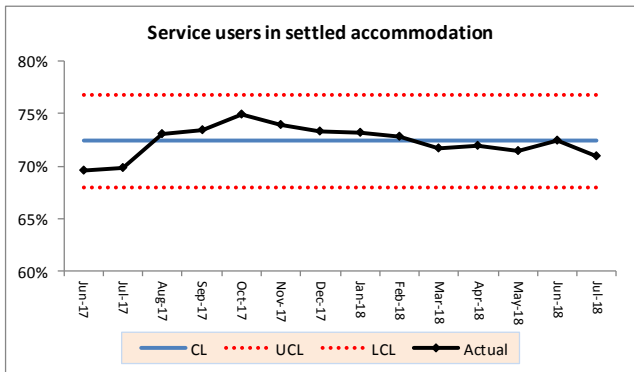
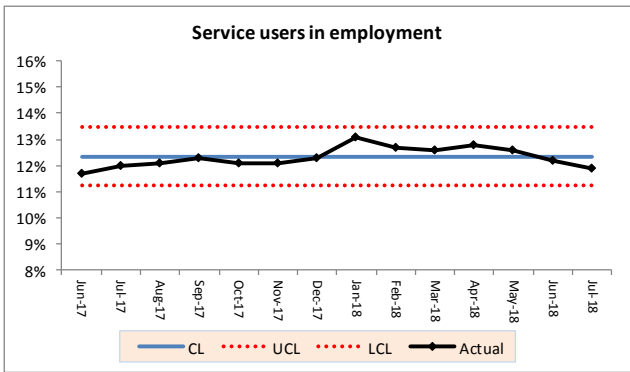


Trust on target	In control	No. areas off target	Trust on target	In control	No. areas off target	Trust on target	In control	No. areas off target
No	Yes	9 of 10	No	Yes	8 of 10	No	Yes	7 of 9

### 3 Operational Performance: Locally agreed KPIs, secondary care services

#### 3.1 Trust level, 2018-19, M4

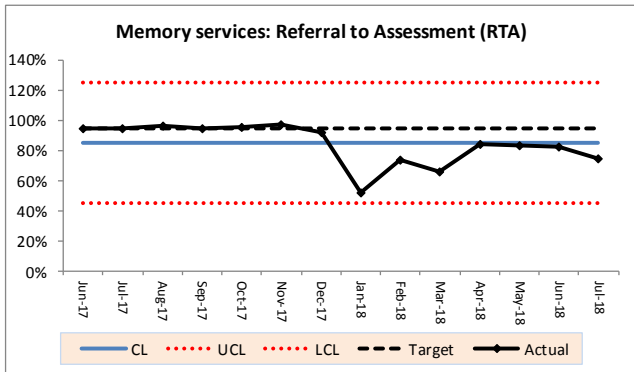
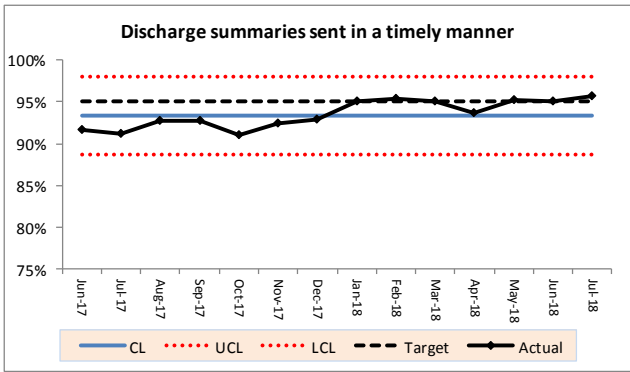
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Trust on target	In control	No. areas off target	Trust on target	In control	No. areas off target	Trust on target	In control	No. areas off target
Yes	Yes	1 of 6	Yes	n/a	0	Yes	n/a	0



Trust on target	In control	No. areas off target
n/a	Yes	n/a

Trust on target	In control	No. areas off target
n/a	Yes	n/a

Trust on target	In control	No. areas off target
No	Yes	1 of 6



Trust on target	In control	No. areas off target
Yes	Yes	3 of 9

Trust on target	In control	No. areas off target
No	Yes	3 of 3

## 4 Operational Performance: Place of Safety

### 4.1 Performance against 24hr detention standard

May 2018

MR3 - Length of Stay by Place of Safety				
Place of Safety	0-12 hours	12-24 hours	24-48 hours	Total
Mason Unit	32	54	1	87
Green Lane	19	10	2	31
External	6	15	0	21
<b>Total</b>	<b>57</b>	<b>79</b>	<b>3</b>	<b>139</b>

June 2018

MR3 - Length of Stay by Place of Safety					
Place of Safety	0-12 hours	12-24 hours	24-48 hours	48-72 hours	Total
Mason Unit	54	58	2	1	115
Green Lane	20	16	1	0	37
External	9	13	0	0	22
<b>Total</b>	<b>83</b>	<b>87</b>	<b>3</b>	<b>1</b>	<b>174</b>

July 2018

MR3 - Length of Stay by Place of Safety						
Place of Safety	0-12 hours	12-24 hours	24-48 hours	48-72 hours	72+ hours	Total
Mason Unit	30	56	5	1	0	92
Green Lane	17	19	1	0	1	38
External	8	11	3	0	0	22
<b>Total</b>	<b>55</b>	<b>86</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>152</b>

#### Commentary:

There were eight breaches in June; one in Bluebell and seven in Mason.

The breach in Bluebell was 67 hours and 55 minutes. Delays were experienced in assessments and locating a CAMHS bed. No CAMHS Consultant was available at the weekend which led to delays in the assessment and the Consultant completing Forms 1 & 2. A CAMHS protocol should be in place so that escalation happens on a timely basis and this is in the process of being developed.

July has been an extremely difficult month at Mason with the seven breaches. The seven breaches in Mason were 1 hour and 10 minutes, 1 hour and 15 minutes, 1 hour and 20 minutes, 2 hours, 9 hours and 15 minutes, 20 hours and 25 minutes and 26 hours and 20 minutes.

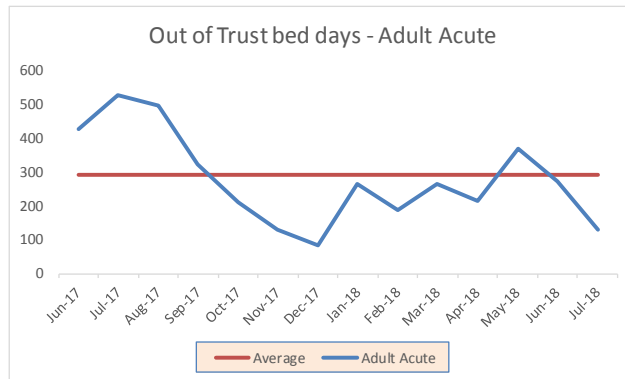
In summary, six of the seven breaches were due to a delay in admission to a PICU bed and the other delay related to an acute bed admission. The details of the breaches are as follows:

- 1) There was a delay to the assessment due to s12 doctor availability. No male PICU beds were available in the Trust and there was limited private PICUs available.
- 2) There was a delay in identifying an appropriate acute bed for admission. There was no bed available in the Locality.
- 3) There was a breach due to the delay in obtaining an appropriate PICU bed and then there was a delay experienced in completing the transfer overnight due to other work commitments.
- 4) The breach was due to the delay in identifying a male PICU bed. There were no male PICU beds available in the Trust and there were limited private PICUs available.
- 5) The breach was due to a delay in the Mental Health Act assessment as the service user was originally intoxicated when assessed. There was also a delay in obtaining a male PICU bed and then further delays to transport were experienced as there was an emergency job that needed to be completed first.
- 6) There was a delay of 14 hours due to the lack of s12 doctor to complete the assessment. There was a delay to discharge due to female PICU beds being available in the Trust.
- 7) There was a delay to the assessment of 20 hours due to no availability of s12 doctor to complete the assessment. There was no PICU bed availability in and out of the Trust following the Mental Health Assessment.

## 5 Operational Performance: Out of Trust (OOT) placements

### 5.1 Out of Trust placements

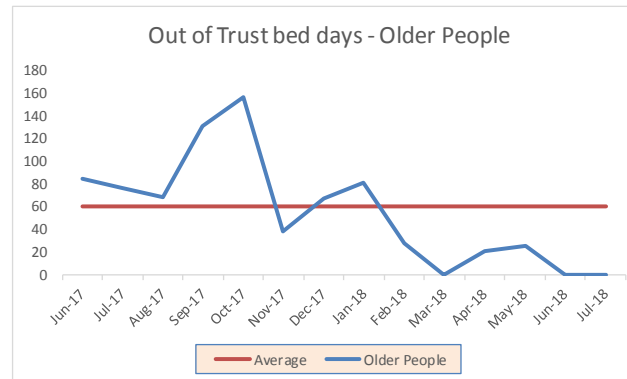
#### Adult Acute – bed days, by month



#### Further information:

The average number of individual patients placed OOT in the last 12 months was 22 per month, with an average distance travelled from their home of 25 miles.

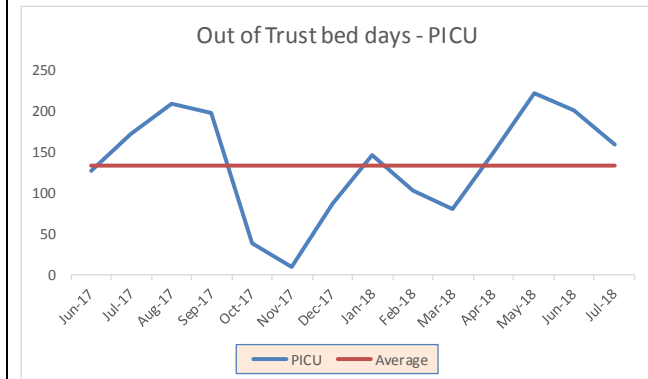
#### Older People – bed days, by month



#### Further information:

The average number of individual patients placed OOT in the last 12 months was 4 per month, with an average distance travelled from their home of 42 miles.

#### PICU – bed days, by month



#### Further information:

The average number of individual patients placed OOT in the last 12 months was 12 per month, with an average distance travelled from their home of 83 miles.

#### Commentary:

There has been continued demand for PICU beds albeit there has been a reduction in the number of Out of Trust bed days. The number of Out of Trust placements is continuing to hold steady at approximately 15 per day and the majority of these placements are PICU beds.

A meeting is being scheduled with key personnel in the Trust to discuss bed management and this meeting will also focus on the pressure on PICU beds and the need to gate keep these beds more effectively.

## 6 Operational Performance: secondary care services, by exception (where services are below standard)

### 6.1 East Division Summary

#### Performance

Performance by the Division has remained stable; there has been significant improvement to DTOC, with BANES position improving from 16.2% in June to 13.5% in July. This was due to Ward 4 DTOC patients being discharged to placements that met their specialist needs. Wiltshire DTOC rates have increased significantly from 4.6% in June to 8.9% in July; this is due to a number of service users on adult wards who are homeless. The wards are working with the Local authority to try to address these issues.

Wiltshire has seen a decrease in Safeguarding Training Level 1 & 2 for both Community Teams and Inpatient units. Each team has developed a recovery plan to ensure improvement throughout August and September. An improvement is expected to be seen by the end of September. The Management team are closely monitoring this.

#### Transformation Plans

- PCLS – This continues to go well for BANES and Swindon and the staff continue to work hard to help resolve any problems. Wiltshire's Go Live date is confirmed as 1 October. The Clinical Director for BSW, Clinical Lead and Access Service Manager Wiltshire delivered a presentation to the Wiltshire GP Cluster Meetings to demonstrate the transformation, the benefits and what improvements can be seen. The presentations were well received.
- ACU Swindon – This is going well being reviewed regularly.
- Medvivo – Meetings have been held with colleagues in Medvivo to agree the resource and time required to undertake the analysis of their data in terms of the amount of Mental Health activity coming through the integrated urgent care system.

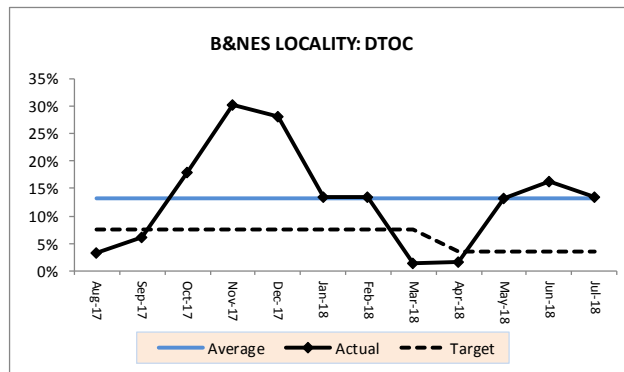
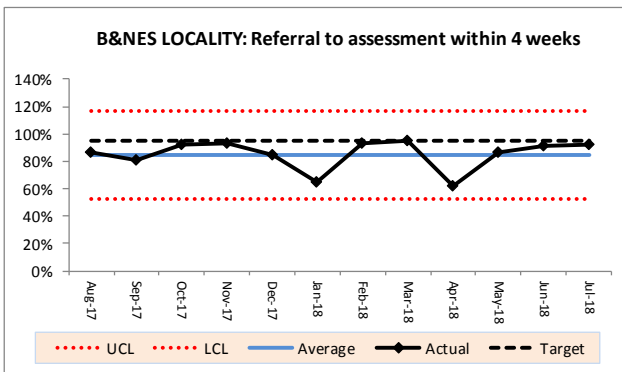
Concerns are noted for the following areas:

- Ashdown – NHS England Specialty funding for a patient in Ashdown has become a cost pressure.
- BANES Recovery Team – There has been additional pressure on this team in recent weeks due to significant long term sickness within the team. Mitigation plans are in place and there is a recruitment process that has been effective, but will still require time for new staff to be fully inducted.
- Wiltshire DTOC – It has become apparent that homelessness is becoming more of a feature for DTOC; and the teams are looking at ways of working with the Local Authority.
- Face to Face Training – Teams are reporting it is still difficult to access face to face training, for Managing Conflict, Physical Emergency Response Training (PERT), Practical Patient Handling, Understanding Preventing and Managing Aggression (UPMA), Safe Assistance of Moving Patients and Safeguarding Children Level 3. All staff are booked onto training however; due to availability issues other staff are

going out of date making it difficult to meet the standard consistently. Learning and Development have agreed to use the ARC in Swindon to deliver some face to face training, which may help to ease some of the pressure.



## 6.2 East Division, B&NES (2018-19, Month 4)



### Commentary:

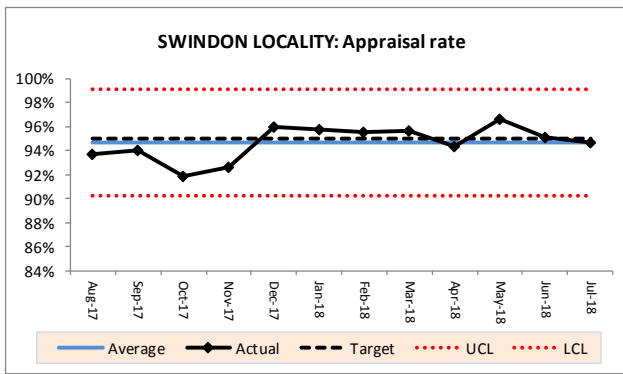
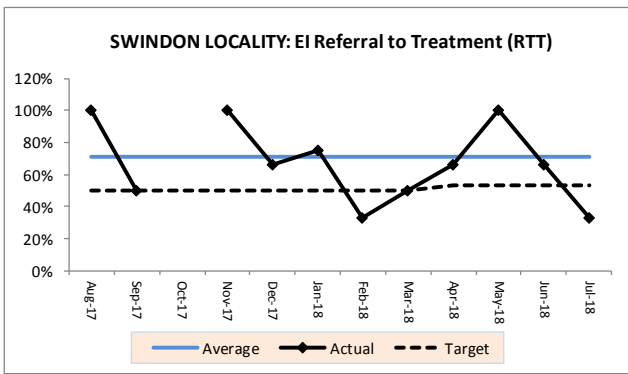
There has been additional pressure on the Recovery team in recent weeks due to significant long-term sickness within the team. This has been managed well, with additional support from the Locality, but this has had an impact on the metrics.

Mitigation plans are in place and there is a recruitment process that has been effective, but will still require time for new staff to be fully inducted/ in place.

### Commentary:

DTOC position has improved from 16.2% in June to 13.5% in July as the Ward 4 DTOC patients were discharged to placements that met their specialist needs. However, DTOC remains an issue on Sycamore Ward. There are two DTOCS on Sycamore that involve external placement requirements under Ministry of Justice and NHSE responsibility. Both of these patients have been flagged with the relevant (external to AWP) Case Manager and professionals meetings have been arranged.

### 6.3 East Division, SWINDON (2018-19, Month 4)



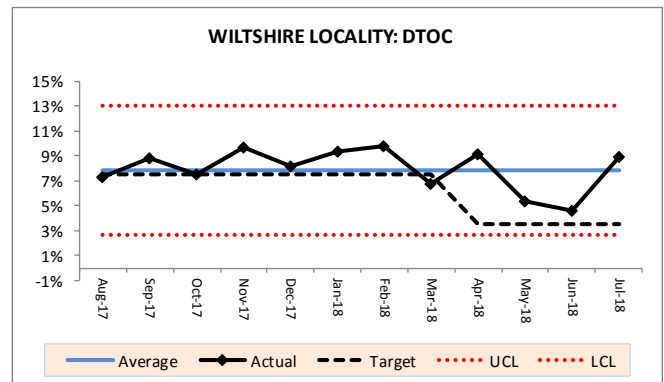
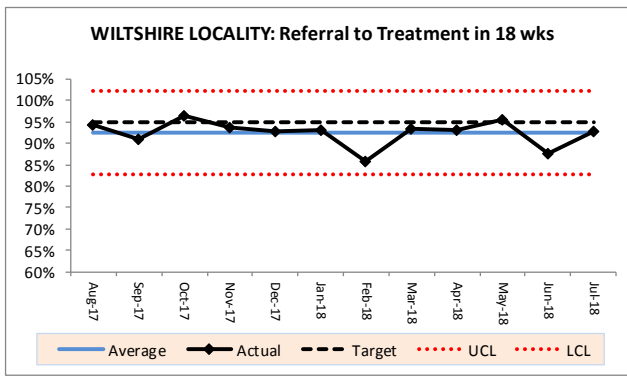
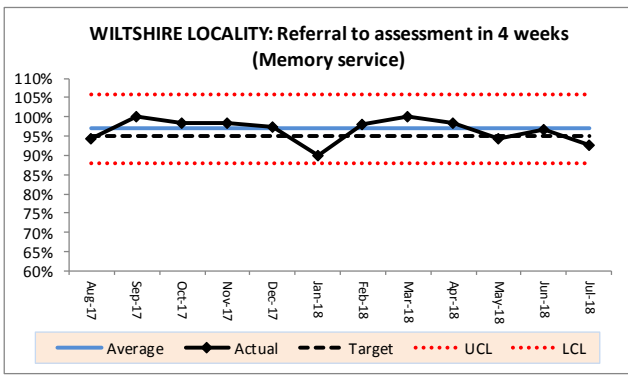
**Commentary:**

There has been a drop in referral to treatment; however, target is for 50% of all referrals to be taken on to caseload. On a year to date basis the team is meeting this indicator.

**Commentary:**

Appraisal rate for July was 94.4% which is just below target. Swindon LIFT is at 87.5% which equates to five staff. Applewood and Liddington have two staff per ward outstanding. Medical Education has one appraisal outstanding.

6.4 East Division, WILTSHIRE (2018-19, Month 4)



Commentary:

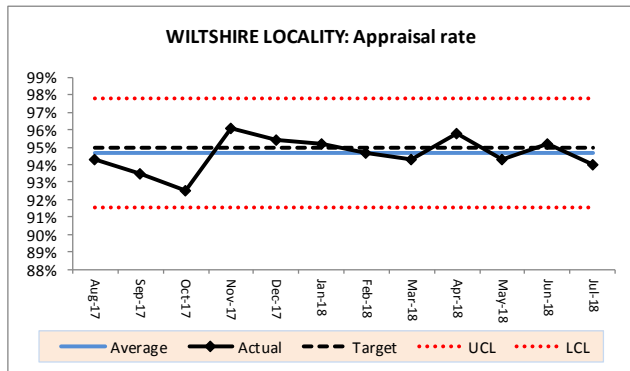
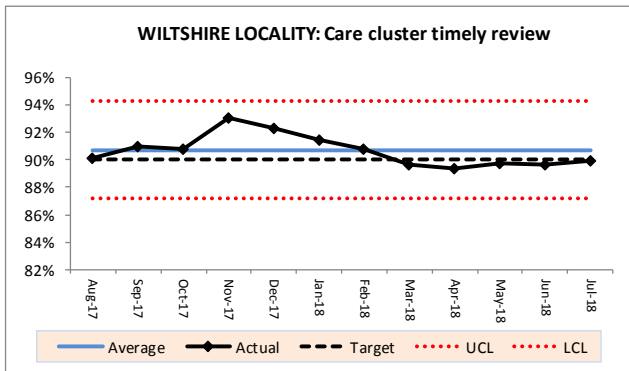
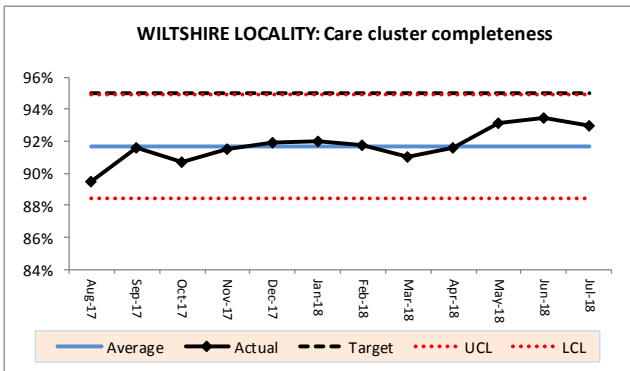
Referral to assessment in the West Memory Team has deteriorated in June to 92.8% and further to 89.2% in July. It has been identified that there is an underlying issue with two individual Band 6 Memory Nurses in this team not working to the same procedures as other teams. This is being addressed through supervision and performance management. There is also sickness in the team.

Commentary:

Referral to treatment was 92.8% in July. The area impacting on performance is Primary Care Liaison Service. Sarum Primary Care Liaison has 17 service users waiting over 18 weeks, WWYKD Primary Care Liaison has 12 service users waiting over 18 weeks and NEW Primary Care Liaison has 10 service users waiting over 18 weeks.

Commentary:

DTOC rates have increased in July (8.9% in July from 4.6% in June). Beechlydene DTOC is at 5% in July, and Poppy Ward at 3.5%, this is due to a number of service users on adult wards who are homeless. The Wards are working with the Local Authority to address these issues. There are ongoing issues with availability of Care and Nursing Homes for Dementia. Amblescroft South has increased from 2.6% to 13.6% from June to July.



**Commentary:**

Clustering issues are in Primary Care Liaison Service teams. Service users are required to be clustered if they are transferred to a service to receive treatment. The implications of this are still being worked through.

**Commentary:**

Cluster reviews issues are in Memory and relate to the requirement to cluster six monthly in Clusters 19 and 20, whereas Memory Services are only commissioned to provide yearly reviews.

**Commentary:**

Appraisal rates have dropped by 1.2% in July. Teams which require improvement are ECT, Wiltshire Management and Medics. All appraisals in the Management Team have been booked and went out of date in July. The Service Manager will discuss ongoing poor performance with the ECT lead as this indicator has been red for 6 months. The Locality believe medical appraisal has been completed but not entered in the system and will work with administrator to ensure this is completed in August.

## 6.5 West Division Summary

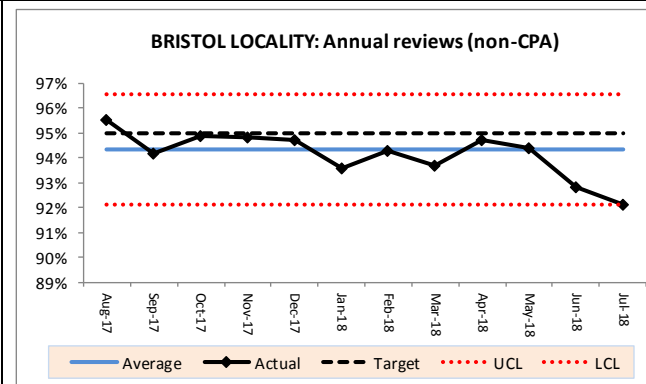
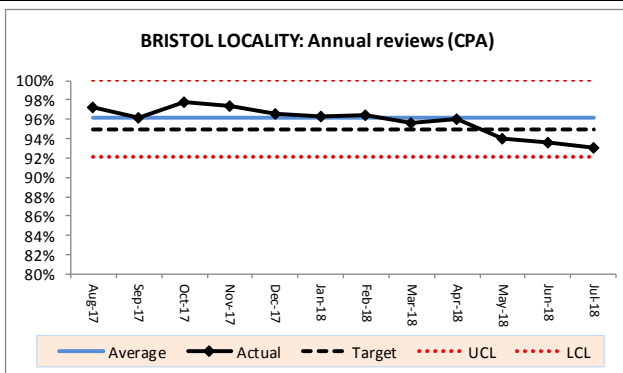
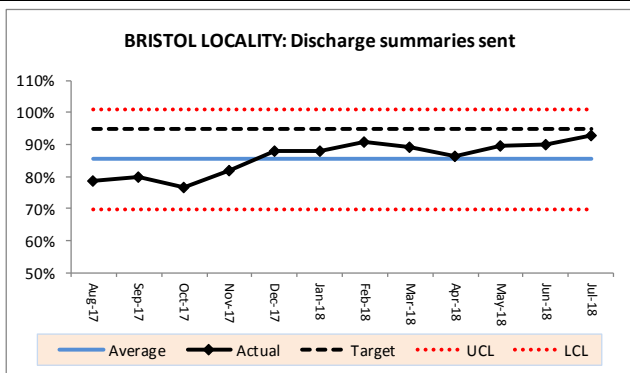
BNSSG CCG has agreed the additional recurring investment funding into the Core 24 services across BNSSG. This is a significant investment into our liaison services and will enable more comprehensive services into the acute hospitals at night. Now that confirmation of the funding has been received, the Division is working to a timeframe of October implementation and recruitment is currently underway. The clinical resource advert is live for Core 24 and early indications are that a good response has been received.

The feasibility works for the upgrade of seclusion within our PICUs has been approved at Investment Planning Group. This work will help to inform the future specification for seclusion specification within the PICUs and the Place of Safety suites.

Evaluation of the first three months of the Bristol Acute Community Unit has been completed this week. This work is essential in helping the Division and Trust to understand the impact of this transformation pilot across the bed base and inpatient/intensive team flow across BNSSG. This will help to inform future service provision and investment.

North Somerset has seen an improvement in their sickness rate (currently at 4.74%). This is a significant improvement to an indicator that has been red for many months and is reflective of the work undertaken in this Locality.

## 6.6 West Division, BRISTOL (2018-19, Month 4)



### Commentary:

Performance in July was 93.4% against a target of 95% for discharge summaries sent in Bristol. This continues to improve within most of the community teams; improvement is still required within the Assessment & Recovery North team. The Interim Clinical Operations Manager is working closely with the Team Manager and Quality Administrator to support them to implement new approaches to improve this KPI. The cases that have breached have been reviewed to understand why they had breached. The link to clinical safety has been made.

Discharge summaries have been added into the action plans.

### Commentary:

CPA review performance remains amber at 93.5%. The CPA reviews have been added to the Community Quality Assurance Tools. Quality Administrators send individual emails to practitioners highlighting those Service Users due to breach. Staff that have multiple breaches are highlighted to the Senior Practitioners for them to follow up. This is also discussed in team business meetings and at the Quality Assurance calls.

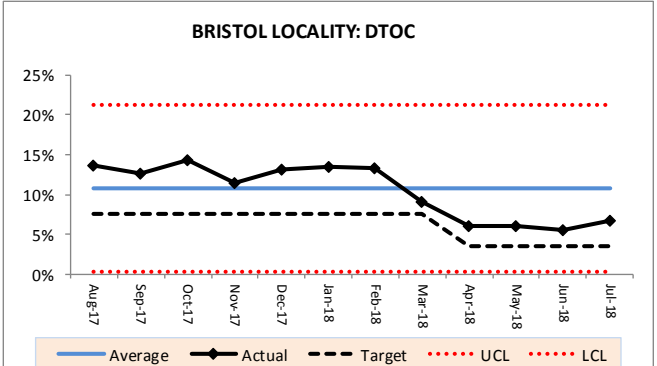
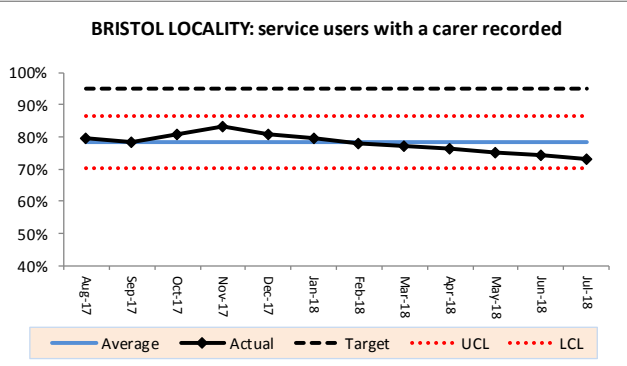
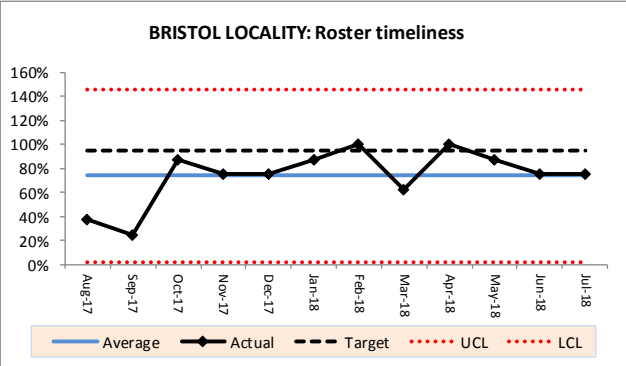
There is an action plan in place and these have been reviewed by the Interim Clinical Operations Manager. Education about CPA is required and improved action plans will be put in place.

### Commentary:

Non CPA Performance has deteriorated to 92.4%. The Locality continues to monitor this indicator during the fortnightly quality assurance calls. The data has been reviewed in detail. The service users which breach often relate to the same care co-ordinators. These are being followed up individually with the individual staff members. Many of these staff are Recovery Navigators, additional training has been offered and clarification has been given to all staff around what constitutes a Non CPA Review. The assurance plans coming from these calls are shared with the Partnership Recovery and Development Managers from the VCS organisations to enable them to follow up on areas which require improvement in supervision. The teams have plans for improvement and these are being adjusted as improvements have not been made as quickly as anticipated.

There is an action plan in place and these have been reviewed by the Interim Clinical Operations

Manager. Education about non-CPA is required and improved action plans will be put in place.



**Commentary:**

Roster timeliness has been red for the fourth month in a row. Performance has been 75% for the last 3 months. The breaches for this indicator are a different team each month.

The Locality has ensured that the deadline dates for roster sign off are in both Ward Manager and Matron diaries for all teams.

The Inpatient Service Manager has also set up monthly meetings with Matrons and Ward Managers to discuss rosters. Part of this meeting will be to ensure they are completed on time.

**Commentary:**

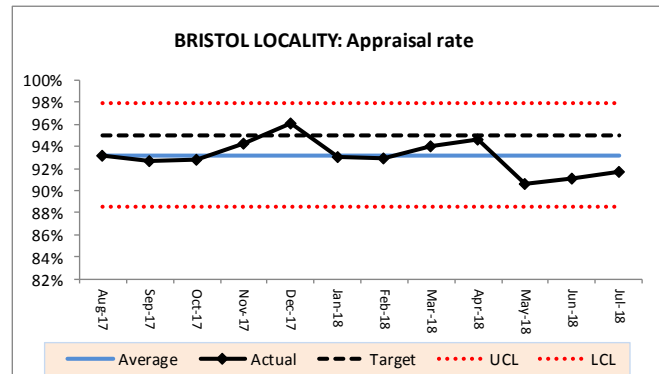
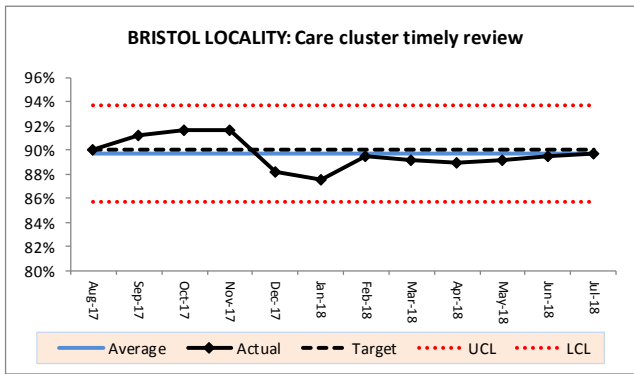
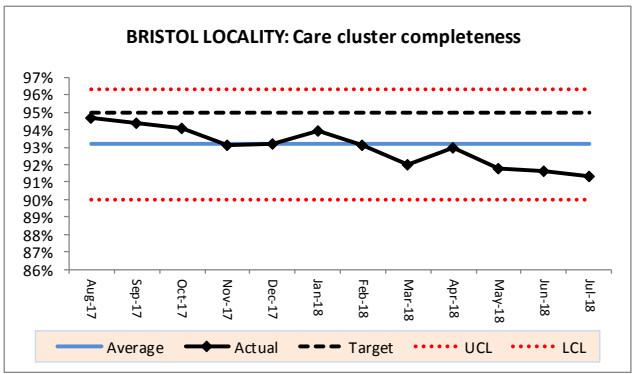
Performance has continued to decline against this indicator. The July position was 73.1%. The Interim Clinical Operations Manager has met with Quality Administrators and an action plan to address this has been developed. The Quality Administrators will draw up a list of the service users that do not have this information recorded. They are booking time with practitioners to go through the list and update the RIO record at this meeting.

**Commentary:**

DTOCs for Bristol have increased to 6.3% and this was due to the complexities of a few individual service users with specific care needs. There is also a service user where responsibility for social care is being disputed between Bristol and Birmingham.

The new Community Service Manager is engaging with the barriers to discharge process, attending the DTOC call and linking in with the Bed Co-ordination Team.

DTOCs in Bristol is another area being reviewed by the Interim Clinical Operations Manager.



**Commentary:**

Care cluster completeness has deteriorated for the third month in a row and July's performance was 91.3% in July. Locally, the teams had aimed to achieve 95% compliance unfortunately, this has not been achieved.

The introduction of new staff was attributed who had yet to receive care cluster training was attributed as the reason for reduced performance. These staff were targeted for training in June and July, therefore, the impact of this training should be seen in August.

All teams are encouraged to complete care clusters for service users who are assessed and due to be taken on.

**Commentary:**

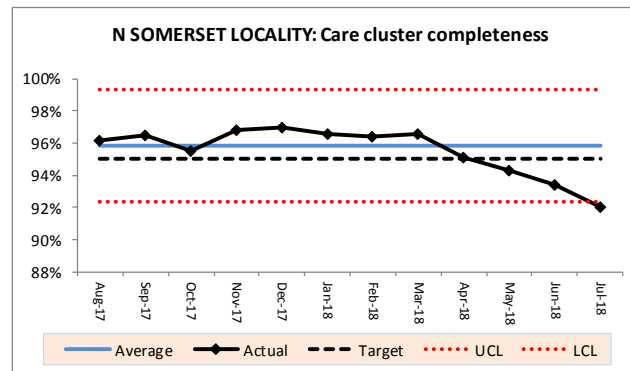
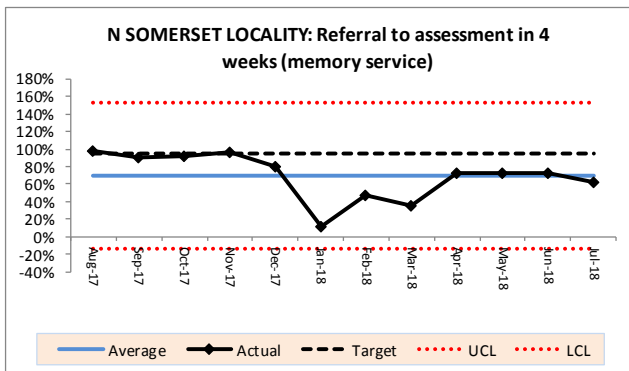
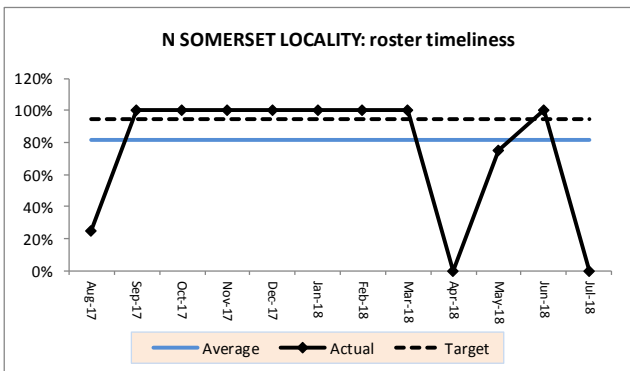
The timeliness of care cluster review is only just below target at 89.7%. The narrative for care cluster completeness applies equally to this indicator.

**Commentary:**

The appraisal completion rate has improved in July, however, remains amber at 91.8%. A mitigation plan has been put in place. Appraisals have been added to the Quality Assurance Reporting Tool for Assessment and Recovery Community Teams and are discussed fortnightly at the Quality Assurance Calls. Appraisals are also monitored weekly at the Inpatient Ward Manager meetings has been added to the Inpatient Assurance Reporting Tool which is reviewed fortnightly at the weekly Ward Manager meetings. Individual Ward Managers have also been asked to specifically review and book in appraisals.



6.7 West Division, NORTH SOMERSET (2018-19, Month 4)



Commentary:

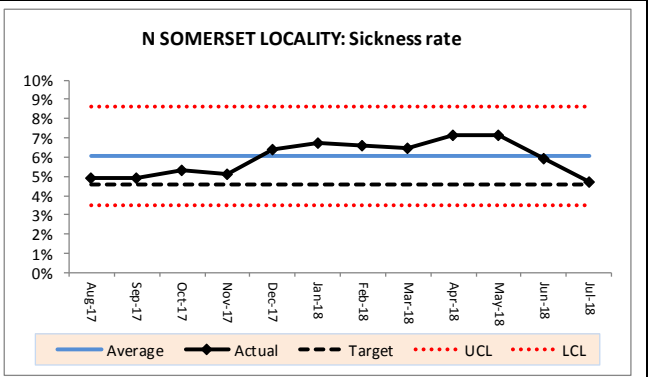
The 0% performance in July was an error on the Matrons part and the deadline was missed by a day.  
The Matron and PA now have diary reminders for the future, so there should not be any further breaches.

Commentary:

Performance for Memory RTA has deteriorated during July to 62.2%. The reduction in the number of referrals was a temporary position and has now returned to the trend position.  
Without further funding to increase the Band 6 numbers, the service will continue to miss this target.  
The team have undertaken successful recruitment of the Consultant Psychiatrist post and is expected to start October/November 2018, and the consultant has returned from long-term sick.

Commentary:

Care cluster completeness has deteriorated further to 92.2% in July whilst waiting for changes to the denominator for this indicator to be updated in line with the new Standard Operating Procedure introduced for Primary Care Liaison Services. Service users will be clustered if they are transferred to a service to receive treatment.

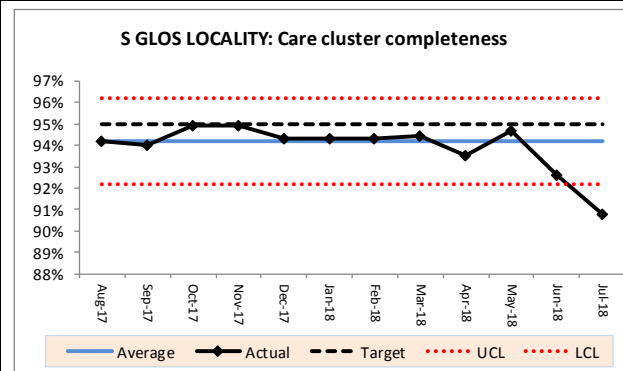
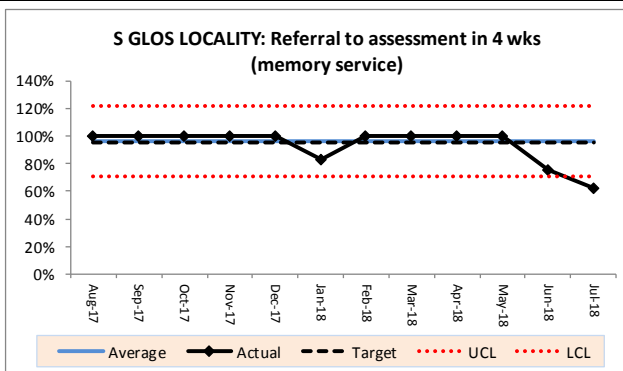
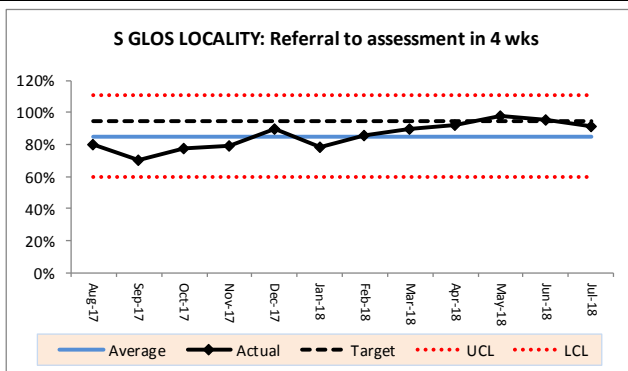


**Commentary:**

Sickness rates have further improved in month and are now at 4.74%, only just above target of 4.6%.

This is now the lowest sickness rate since May 2017, and further improvements are expected with the return to work of a number of long-term sickness cases.

## 6.8 West Division, SOUTH GLOUCESTERSHIRE (2018-19, Month 4)



### Commentary:

Referral to assessment performance dipped in July to 91.6%. This was due to ten service users within Primary Care Liaison Service waiting over 4 weeks to be seen. There were also six service users waiting to be assessed within the Primary Care Liaison Service that had waited over 4 weeks.

### Commentary:

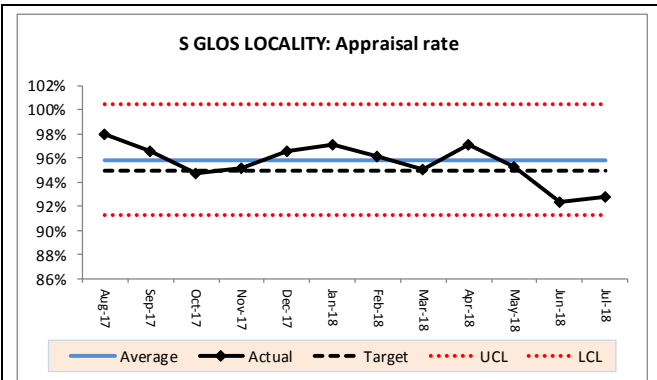
This is a three month rolling programme so as reported previously the breaches are as a consequence of cancelling original appointments because the Clinical Psychologist was sick for a fortnight. None of these appointments could be reallocated to anyone else as they all require in depth neuropsychological cognitive testing. Improvement is expected by the end of September.

### Commentary:

The Primary Care Liaison Service is primarily attributable for the decline in performance to 90.8%. As identified earlier in the report the denominator for this indicator is to be updated as service users will be clustered if they are transferred to a service to receive treatment.

Memory and Intensive Services are currently below target. Team and Service Managers have been written to about performance against this indicator.

Team Managers have confirmed that they have written/spoken to care coordinators to cluster/re-cluster those service users on their caseload.



**Commentary:**

Appraisal rates had taken a downturn in June which has improved slightly in July although the figure remains below the Trust target of 95%. It is anticipated that this is mainly due to annual leave commitments and should therefore not become a downward trend. The situation is being monitored closely and interventions will be put in place should the figures remain down in August.

## 7 Operational Performance: Specialised, Secure & CAMHS KPIs

### 7.1 Specialised, Secure & CAMHS

#### Specialised

Performance indicators remain strong; statutory and mandatory training, supervision and appraisal all look positive.

Recruitment has improved on Daisy Unit. The unit has now had a consistent reduction of bank and agency use with further reductions expected as new staff complete their induction procedures and begin working on the unit.

The LiA pulse check has identified areas of concern such as the prisons and drug and alcohol services. There appears to be a correlation between dissatisfaction in the pulse check and the team having been through protracted consultations. Work is planned to support staff going through these difficult changes.

Uncertainty about accommodation and future of units (MBU and Acer) has been suggested as a reason for rises in sickness rates in both these units. The management team is working with the Trust to try and get some certainty around the units' futures and accommodation options to avoid this position deteriorating.

In preparation for the CQC visit some guidance is needed from the Trust around advance decisions. This was previously highlighted on the STEPs unit and it is expected that the CQC will want an update.

BSW community perinatal funding of £750,000 has now been confirmed after co-production with local commissioners.

The financial position remains favourable with a year to date surplus and year end forecast of £1.8m surplus.

#### Secure

There were two CQC MHA visits in July which reported back very positively to our Service Managers, however there were key themes raised regarding the use of advance statements which is currently incorporated into the collaborative safety plan but requires additional input. This has been addressed with the IQD and an improvement plan developed with Senior Practitioners.

There was some positive recruitment news with 11 nurses or HCAs recruited with a view to start in July and August. Hopefully this will have an impact on bank and agency usage.

Bank and agency use has continued to increase. This peaked at the end of July resulting in a 14.5% increase from June to 2,486 shifts used. This has largely been to support three service users with higher nursing need above the capacity safer staffing can facilitate. It is anticipated that staffing and acuity will peak in mid-August and then start to recover.

The financial position has deteriorated with a year end forecast of £928k deficit. The worsening position is driven by bank and agency usage and low occupancy.

Medium Secure Occupancy was 90.3% in month 4 which is below the activity trigger (94.65%) and this impacts negatively on income. The clinical team are looking to get more service users admitted but it is essential this does not further worsen our bank and agency usage. The timing of new admission needs to be carefully planned due to the impact on acuity.

## **CAMHS**

The Referral to Assessment target is behind the improvement trajectory. Month 4 performance for RTA 4 weeks was 34.19%; emergency and urgent referrals increased for June and July which is impacting upon performance. The Referral to Treatment 8 week performance indicator is on target. Following the submission of the demand and capacity paper, additional recurrent funding has been made available and waiting list trajectories will be developed and agreed with BNSSG commissioners by the end of quarter two.

There is continued medical agency usage in Community Triage Assessment and Outreach (CTAO) and Bristol South. CTAO in particular has been very hard to recruit to. This has a quality and financial impact. A LiA event was held in the most challenged service (CTAO) to discuss retention. HR dashboard will be available in Month 6.

Response to concerns raised by staff in the South Gloucestershire CAMHS team has been delayed whilst it was decided which framework to investigate this under. Although this has now been resolved we are still awaiting an investigator external to the Division to be identified.

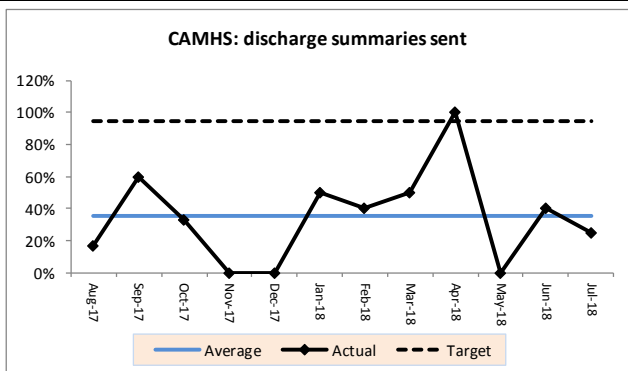
Supervision and appraisal deteriorated in July from previous month.

IT issues and resolution remain a challenge due to the complexity of provision and lack of funding within the contract for replacement. CAMHS equipment is variously provided by NBT and AWP with no funding for replacement. This is a complex challenge which is impacting staff and needs further unpicking to understand. Kerry Darvill and Simon Truelove are due to visit CAMHS sites (Central or South) to understand the issues.

Statutory and Mandatory training reached target for the first time since the TUPE transfer. Of particular note is the improvement in Level 3 Safeguarding Children which has improved from 62.3% in June to 85.6% in July.

The financial position remains favourable with a year to date surplus and year end surplus forecast.

## 7.2 CAMHS (2018-19, Month 4)



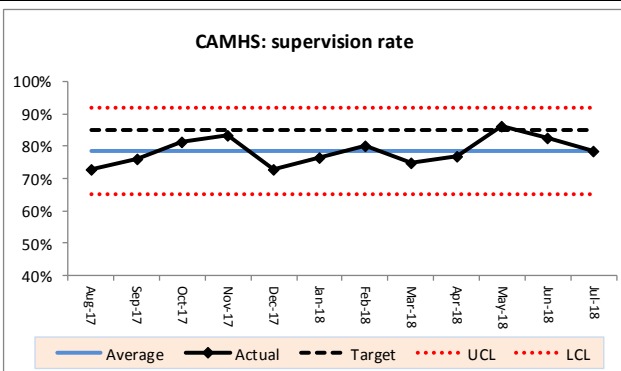
### Commentary:

Performance in July was 25%. This was due to three discharge letters at the Riverside Unit not being uploaded with 24 hours.

RiO is not able to record Riverside's discharge information accurately as it does not recognise day patients in the same way as inpatients. When a patient is discharged from the ward as an inpatient, RiO will expect an AWP Interim Discharge Summary to be uploaded within 24 hours. However, it is not often that an inpatient gets discharged directly as in most cases they transfer to the Day Programme.

RiO does not expect an AWP Interim Discharge Summary when Day Patients are discharged, as patients are only logged as 'ward attendees' – however, this is uploaded within 24 hours of discharge.

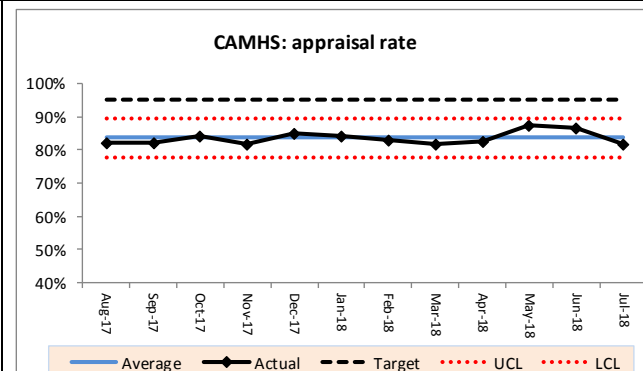
The Modern Matron and Ward Manager are to look at how best to mitigate the issue and discuss with the Operational Manager and Associate



### Commentary:

CAMHS compliance for supervision rates had improved month on month from March 2018, however performance has decreased in June and July. The July position was 79.7%.

The Clinical Director for SSC will be looking at the reason for the decline.



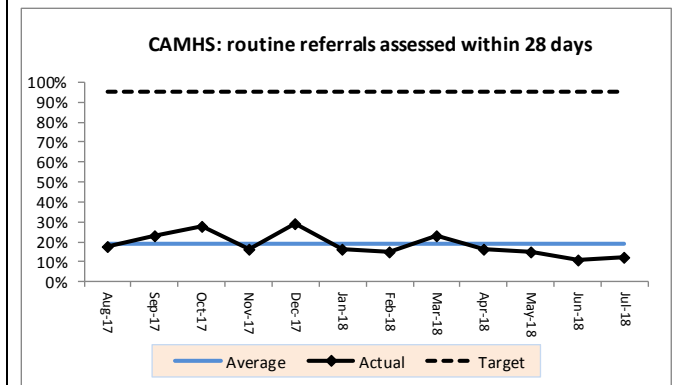
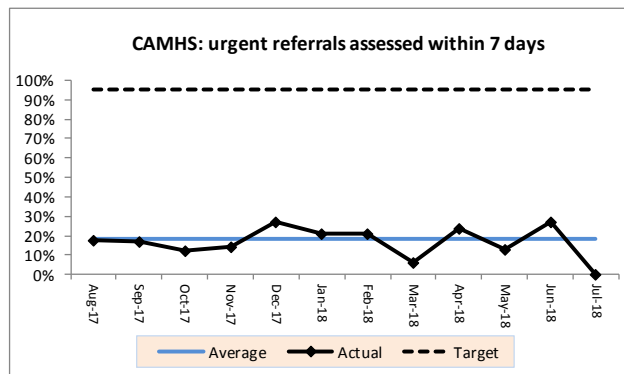
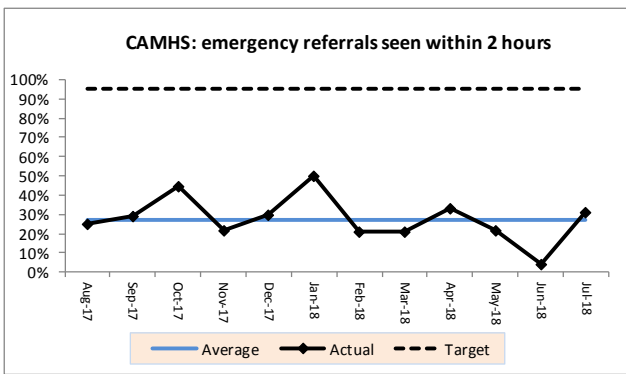
### Commentary:

Similar to performance for supervision, the appraisal rate was on an improving trajectory albeit still below target performance. There has been a decline in performance in June and July. July performance was 81.6% and there are 35 appraisals outstanding.

The Clinical Director for SSC will be looking at the reason for the decline.

Three appraisals sit within Medical Education and relate to medical staff rotating posts. This was discussed at Ops Delivery Group with a possible HR solution to require medical education assurance regarding appraisals completed in other organisations.

Director of Operations Specialised, Secure and CAMHS.



**Commentary:**

The service is not fully recruited to and has therefore used agency staff which can impact upon performance. Performance against this target is largely dependent upon how many emergency referrals are received. Referrals received have remained steady over the last few months. Performance has dramatically improved in July from 8% in June to over 30% in July.

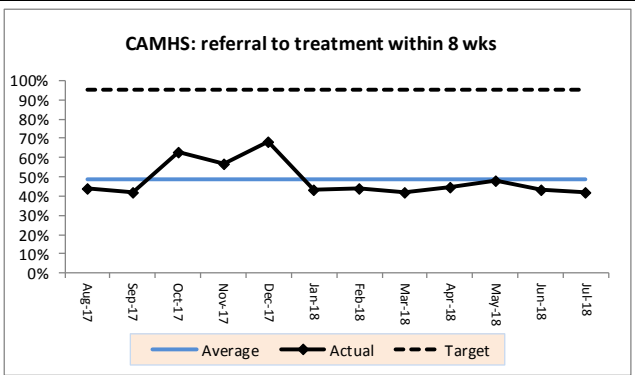
**Commentary:**

Performance has declined from the June position of 27% to 0% in July. In July, there were 13 urgent referrals and none of these were assessed within 7 days. As specified performance in this area is largely dependent upon how many emergency referrals are received. There has been an increase in the number of emergency referrals seen within 2 hours and this has impact on performance against this indicator.

**Commentary:**

Performance for routine referrals has improved slightly from 11% in June to 12% in July. As commented earlier there is an impact upon routine referrals as emergency and urgent referrals are prioritised ahead of these.

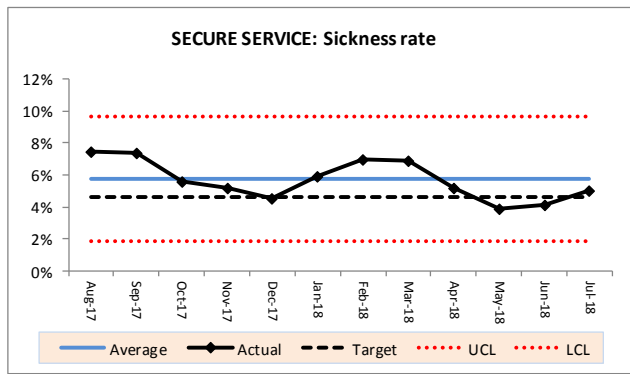
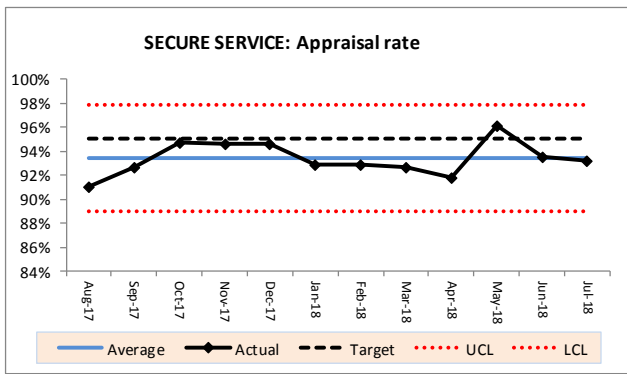
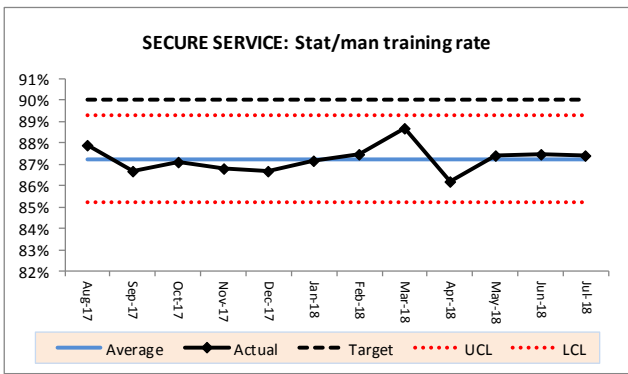




**Commentary:**

Performance has reduced again in July 2018 to 42% from 43% in June. However improvement in performance against this indicator is on target.

### 7.3 SECURE KPIs (2018-19, Month 4)



**Commentary:**

There are 11 areas which require further improvement although some areas have seen small uplifts in month. This is a piece of ongoing work with Matrons and Team Managers. There has been an impact on PERT in July with a course cancellation at Fromeside.

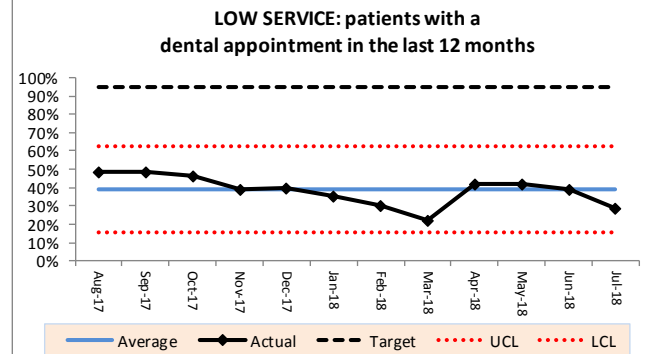
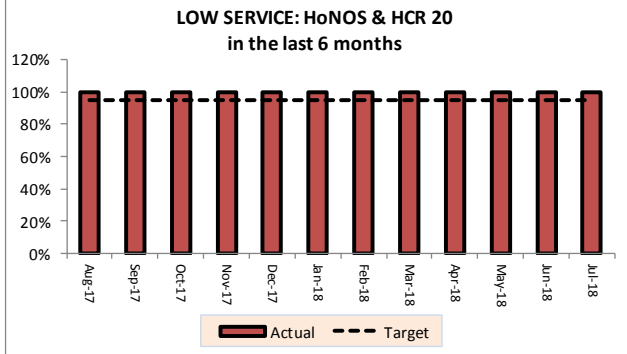
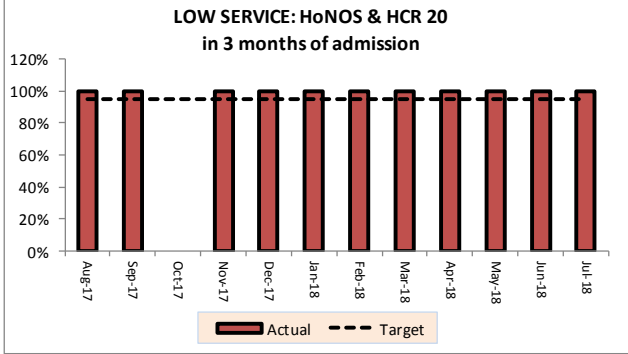
**Commentary:**

20 appraisals are outstanding with 5 due from June, 12 from July and 3 which are 3 months or older which are currently being reviewed for accuracy.

**Commentary:**

Sickness is currently at 5% with a slight reduction in short term absence. Long term absence factor has been impacted by two people who have been dismissed on grounds of capability; however, this will impact on figures for 12 months.

**7.4 LOW SECURE (2018-19, Month 4)**



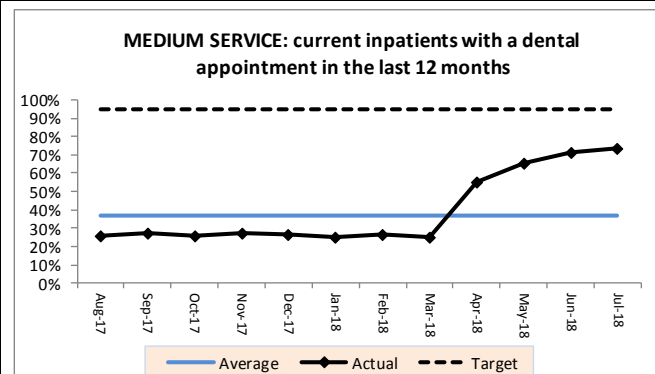
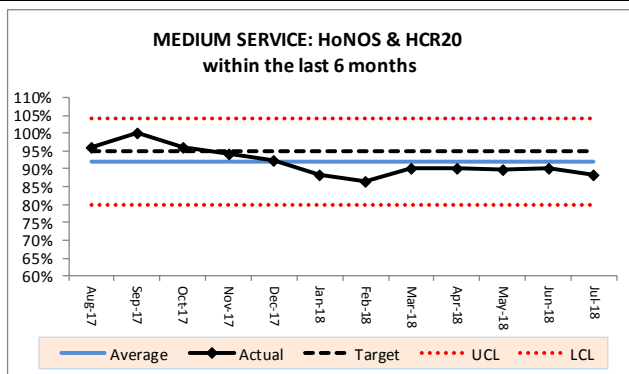
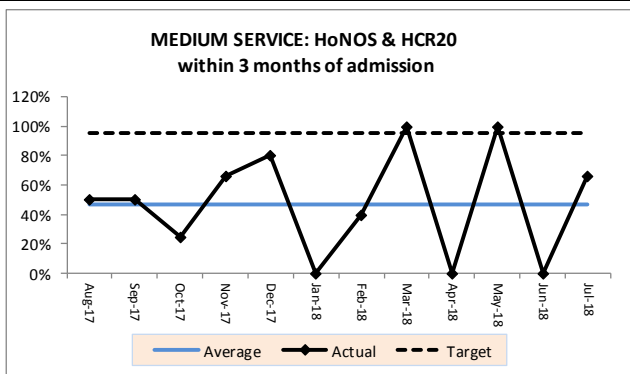
**Commentary:**

On target.

On target.

The dental service is available every Wednesday and service users are offered a dental review on admission and annually. There is capacity within the dental service to respond to emergencies as required. The reduction in uptake is those who decline use of the service rather than them not being offered the opportunity.

## 7.5 MEDIUM SECURE (2018-19, Month 12)



### Commentary:

For some service users with particularly complex needs, completion of the HCR20 can take longer than the 3 month period. This is reported by exception to NHSE.

There has been an increased demand for the 3-month completion of HCR20 concurrent with the increased demand in admissions from prison services.

The completion of HCR20 has traditionally been the domain of psychology in secure services. The LDU is developing HCR20 training for the wider MDT to support psychology in completion and achievement of this target.

### Commentary:

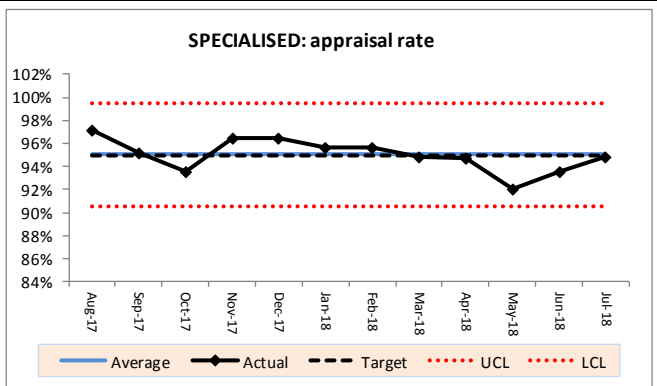
Where HCR20s have been completed the LDU has been challenged with uploading in a timely way. The LDU is working with the team administrators to improve this.

The completion of HCR20 has traditionally been the domain of psychology in Secure Services. The LDU is developing HCR20 training for the wider MDT to support psychology in completion and achievement of this target.

### Commentary:

The dental service is available every Wednesday and service users are offered a dental review on admission and annually. There is capacity within the dental service to respond to emergencies as required. The increase in uptake is due to a number of people who have complex dental needs and require repeat appointments for treatment.

## 7.6 SPECIALISED (2018-19, Month 3)



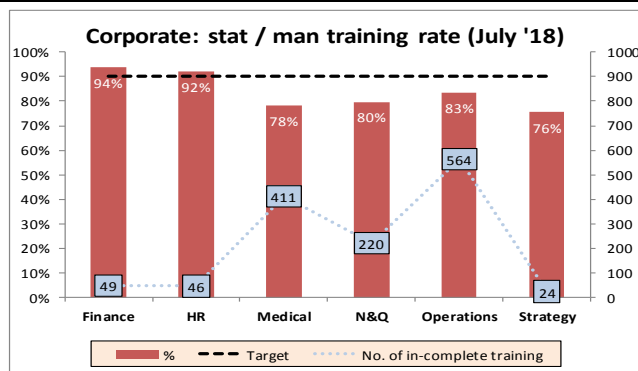
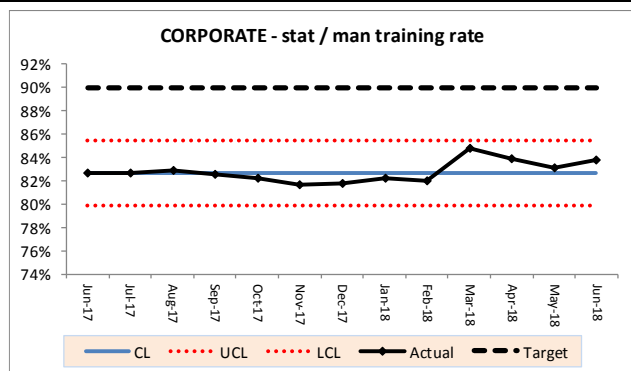
### Commentary:

Performance against this indicator is 0.2% (1 appraisal) below compliance. There are several people identified who have just returned from long term absence. There are also some people who are marked as absent within the appraisal system, but in IQ are still being counted in the numbers.

Acer and STEPS IP will be booked in for appraisals week beginning 13<sup>th</sup> August.

## 8 Operational Performance: Corporate Services

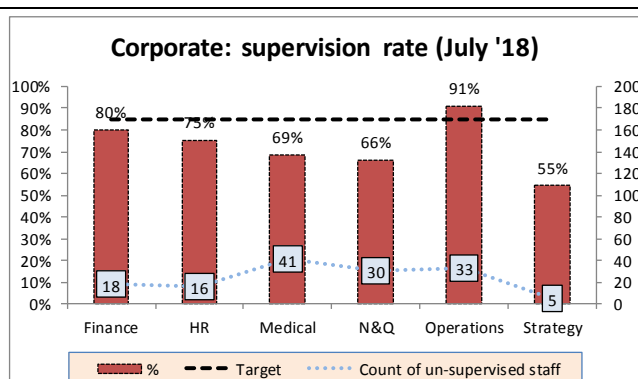
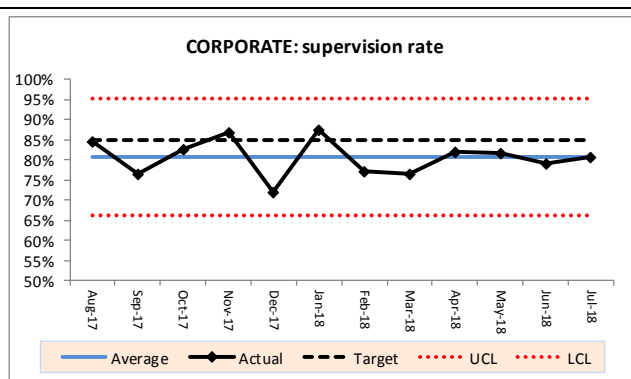
### 8.1 Corporate (2018-19, Month 4) – WORKFORCE METRICS



#### Commentary:

Performance across Operations has been addressed in the Divisional and Locality updates contained within this report. Those areas that are below target have mitigation and improvement plans in place to address below target performance.

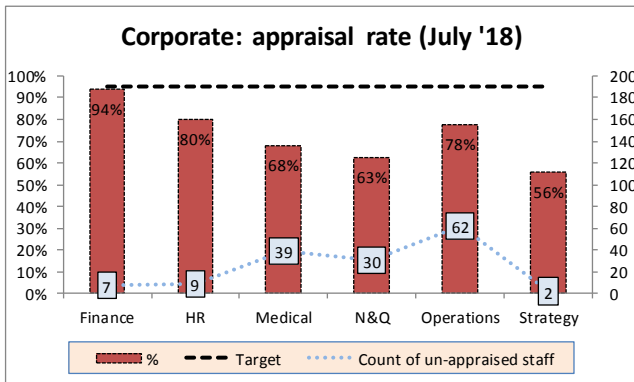
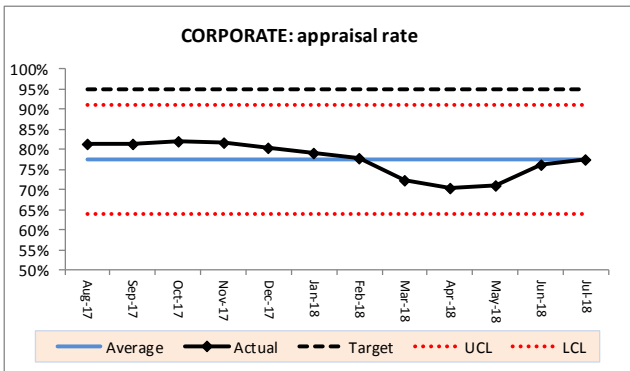
Performance has remained relatively static from the June position. Finance and HR remain the only corporate teams with above target performance.



#### Commentary:

Performance in Operations performance is noted as this is now above target (June position was 86%).

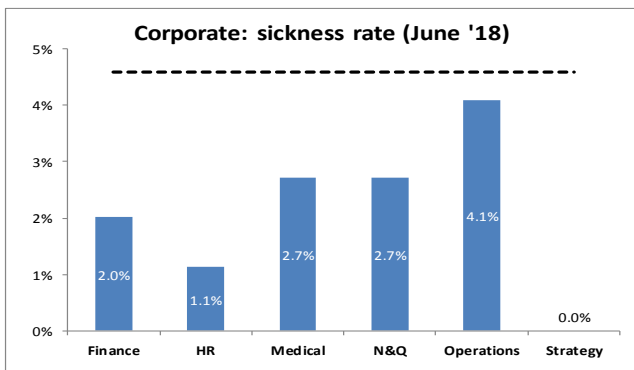
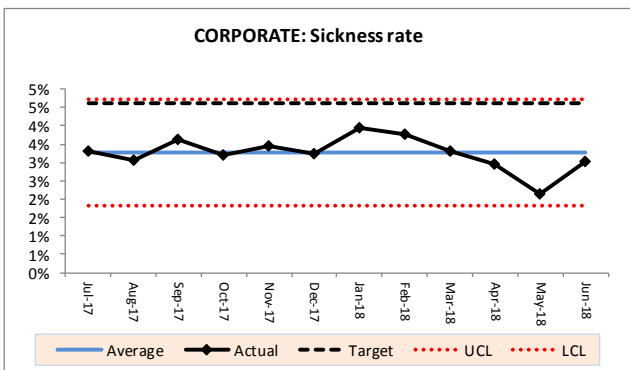
Performance is Medical and N&Q has improved whilst Finance, HR and Strategy performance has worsened from the June position.



**Commentary:**

All departments continue to underperform against this indicator. Performance rates have remained consistent with the June position.

Director leads in the areas below target should develop an improvement plan to provide assurance as to when compliance will be achieved.



**Commentary:**

All departments are below the ceiling target for sickness absence. Sickness absence has increased in HR, Medical, N&Q and Operations.