

Board of Directors

28 November 2019

Paper title:	Integrated Performance Report	Agenda item 14
Presented by:	Liz Romaniak, Director of Finance, Contracting and Facilities and Deputy Chief Executive	
Prepared by:	Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members	

Purpose of the report		
The Board Integrated Performance Report and the underpinning Committee dashboards support Board oversight of progress towards strategic goals and ensure responsiveness to emerging issues, with a clear line of sight from Board to ward/service including escalation through daily lean management, weekly report outs, groups and Committees through to Board.	For approval	
	For discussion	X
	For information	

Executive summary		
<p>The Board considered assurance and reporting arrangements at a development session in April 2019, in light of significant feedback from the Care Quality Commission relating to Trust assurance processes and Board oversight. The first iteration of the new Integrated Performance Report was considered at the July 2019 Board meeting and the slides and content were further refined for the September 2019 Board.</p> <p>For the November 2019 report, a quarterly service dashboard has been added, to support the correlation of data at service level across a range of quality, workforce, finance and contractual indicators. Feedback on the usefulness of this and any additional data items (for example access and waiting times) would be welcomed.</p> <p>The Quality and Safety Committee is undertaking further work on the content of the Committee dashboard together with the slides and content to be included in the Board Integrated Performance Report. The content of the Committee and Board dashboard slides are still to be finalised in relation to:</p> <ul style="list-style-type: none"> • pressure ulcers; • safer staffing for inpatient wards and local safer staffing metrics for community teams; • supervision compliance (once recording systems have been implemented). <p>The Board Highlights paper provides key points in relation to October 2019 performance.</p>		
Do the recommendations in this paper have any impact upon the requirements of the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper

protected groups identified by the Equality Act?	No	
Recommendation		
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> consider the key points and exceptions highlighted and note the proposed actions; and consider any further attention via supporting Board Committee structures. 		

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

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to many of the strategic risks as identified in the BAF, particularly:</p> <ul style="list-style-type: none"> 1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate 2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation 2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase 3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate 4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements 5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services
Links to the Corporate Risk Register (CRR)	<p>The work contained with this report links to the following corporate risks as identified in the CRR:</p> <ul style="list-style-type: none"> Risk 1821: Failure to forecast and mitigate in year pressures

	<ul style="list-style-type: none"> • Risk 1825: Demands on the Trust’s community services • Risk 1826: Case for investment in mental health • Risk 1831: Recruitment, retention and engagement of a diverse workforce • Risk 2102: service user harm through ligatures within inpatient and CMHT environments.
<p>Compliance and regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • The NHS Oversight Framework requires providers to report performance against national requirements including quality of care, financial performance and sustainability, and delivery of national standards.

Meeting of the Board of Directors

28 November 2019

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to October 2019 performance.

2. Sickness Absence

Sickness absence reduced for seven consecutive months from January (6.83%) to August (4.5%) but increased in September (5.14%) and October 2019 (6.18%).

Sickness absence in Bradford 0-19 children's services was 5.66% for the period April to September 2019 and increased further to 7.6% in October 2019, driven by an increase in long term sickness absence to 6.7%. Approximately half of this long-term absence is stress related. Health and wellbeing support is being provided to staff. Support is being provided for team leaders in early intervention as well as in managing sickness absence and helping staff to return to work. Although 0-19 children's services performance appears to remain strong against contractual indicators (slide 22) and other metrics in the service dashboard (slide 23), there has been a significant increase in child protection/safeguarding work and staff are reporting pressures.

Board members received feedback from Quality & Safety walkabouts last month that work stressors include IM&T connectivity via 0-19 bases at Family Hubs. An IM&T solution has been proposed by council IM&T colleagues and Virgin Media and this is to be piloted urgently. Reducing absence in the 0-19s service is vital given the impact on capacity and following the recent mobilisation to the new delivery model.

3. Safer Staffing

The safer staffing steering group is reviewing and refining the safer staffing metrics for both inpatient services and community teams to support essential oversight of the impacts of demand and capacity on quality. A priority is to develop new metrics for Bradford 0-19 services where previously separate health visiting and school nursing disciplines now form an integrated 0-19 service and where capacity and demand are being impacted by increased safeguarding activity. It will be important to have visibility of both commissioned (funded) and actual (impacted by sickness absence) capacity.

A two-day event was held in early November to identify improvement areas within the end to end inpatient rostering process and support vital financial recovery actions. Key improvements initiated included:

- The current end to end process ran for 21 weeks: this was reduced to 19 weeks with interventions developed as part of the auto roster process;
- The changed auto roster process was tested with Fern ward. The baseline position was that the auto roster ran between 72% and 84% but reduced down to 34% following changes made

- before publication. Rules were reviewed and the auto roster process run with the rostering analyst and ward manager developing the roster together. The roster developed was published with an auto roster percentage of 69% using the new methods. The time taken to produce the roster was reduced to 4 hours. Plans are in place to roll-out the new process to all wards for the next roster round (which starts mid-December);
- Rules and reason codes were reviewed to ensure consistent use and therefore increase in data quality leading to more accurate interpretation of data;
- SafeCare acuity functionality in conjunction with the MHOST acuity tool was demonstrated and action being taken to roll-out to all wards by mid-December, with first full month report available from end of January 2020.

4. Infection Prevention

Infection prevention data is now included in the Quality and Safety Committee dashboard, with any issues escalated to Board. In August and September 2019 there were three cases screening positive for Methicillin-Resistant Staphylococcus Aureus (MRSA). One of the MRSA screening cases was a patient on Dementia Assessment Unit who was not screened on admission. The ward has been reminded of standard precautions and the infection prevention team are undertaking spot checks to ensure these are implemented.

The staff flu vaccination programme has commenced. At 31 October 2019, flu vaccine uptake was 46%.

5. Dementia Assessment Unit Deep Dive

The Quality and Safety Committee have initiated a deep dive into the Dementia Assessment Unit, encompassing staffing, leadership and the service model. An initial report will be presented to the Committee in December. This will provide vital intelligence to inform both the older people's pathway re-design and financial planning.

6. Mental Health Legislation

The new stretch target of 98% for both the percentage of sections reviewed on time and for the percentage of error-free sections is being monitored through the Mental Health Legislation Committee. The target has been met in September and October 2019.

The Mental Health Legislation is considering the content of the Committee dashboard, which may result in future changes to the slides to be included in the Board Integrated Performance Report. The Committee dashboard is likely to have greater focus on compliance with the Trust's responsibilities under the Mental Health Act and Mental Capacity Act.

7. Financial Performance

Revenue and Cash: Whilst year to date performance is on plan at the end of October meeting a plan deficit of £727k, this masks sustained and increasing inpatient and out of area placement pressures. These now present a real risk to delivery of previously forecast inpatient expenditure trajectories for months 8 to 12. If actions now in train to target reduced ward staffing expenditure

and lengths of stay are unsuccessful, options to mitigate this level of over-spending will be limited, presenting a significant risk to delivery of the planned position.

Achieving the planned 2019/20 position depends on agreed actions being successful in rapidly impacting inpatient staffing cost pressures, reducing ward occupancy and out of area placements.

October 2019	Adult acute	PICU	DAU	Bracken	Low secure
Average occupancy - including leave	97.1%	94.1%	97.2%	96.6%	97.7%

In addition to actions reported through the last Board Report, the Executive met on 19 November, in advance of the Sustainability Board, to consider additional actions and support to inpatient teams. The focus has been on agreeing individual ward level metrics that can be usefully embedded through Daily Lean Management and weekly established report-outs to improve understanding of, and actions to better manage, cost-drivers and secure daily intelligence as to the impact of those actions.

Key areas of recent focus have been:

- Secured agreement to prioritise a level of 2019/20 and 2020/21 CCG contract investment in Mental Health for acute care pathway re-design. This equates to £2.1m over the two years (£0.9m and 1.2m respectively);
- Completed roster improvement work to optimise roster efficiency, timeliness of approvals, review of un-rostered hours, early release of additional planned bank shifts;
- Additional consultant psychiatrist input and new roles, for example podiatry/community matrons to respond to growing physical health needs/frailty experienced through admissions to older people's wards. Senior and behavioural planning lead inputs to support clinical decision-making and care planning support;
- Concluding Local Authority discussions regarding Deprivation of Liberty Safeguards and support packages for individuals within the Assessment and Treatment Unit (ATU);
- Rapid consideration of options to access winter planning funds to support immediate out of area and bed pressures through alternative e.g. community-based responses;
- Optimising availability of bank staff. Reviewed induction training requirements for bank staff (to correspond with permanent staff) and increase numbers available to work. Commission additional training capacity for new intake of bank only workers;
- Other services are reviewing actions to support financial recovery, with weekly updates agreed via the Senior Leadership Group from now to the year end.

Sustained high temporary staffing levels and high occupancy mean that the Trust continues to be in breach of NHS England/Improvement Agency Expenditure cap, with an agency rating of '3', but achieved the planned overall Use of Resources Rating of '2'.

The key focus is recovery planning to support in year and recurrent management of inpatient pressures. A decision will be necessary in the next month as to the likely case end of year forecast. Elevated risks have been flagged to partners and via formal NHS Improvement reporting, however the Trust forecast delivery of a break-even position at month 7. Our ability to hold this position will be influenced by impacts in the coming few weeks.

8. Informatics Digital Projects

Trust network improvements have been completed. Although good progress has been made, staff are still reporting some connectivity and related issues. An engagement week is being held week commencing 25 November for operational services working with the informatics team to capture in real time data and issues from every team across all sites, in order to understand and support actions to improve users' experience of network capacity and availability.

There are connectivity issues at Bradford Council Prevention and Early Help hub sites used by the children's 0-19 service. Bandwidth increases are being explored with the Council as referenced above.

9. Regulatory and Contractual

Service Dashboard: The quarterly dashboard does not highlight any new issues requiring escalation. Training compliance is strong across most services, despite the pressures being experienced. Daily Lean Management is being successfully used to drive and sustain performance.

Out of Area (OOA) Placements: Inappropriate OOA bed days remain elevated and have continued to rise each month. The increase in adult acute OOA bed days was marked in October, more than doubling to 259 days from 124 days in September. The opposite was true for PICU (funded by CCG commissioners), falling to 91 days from 198 days in September. This volatility represents a key risk to delivery of the financial position and reflects a deterioration in the in-month finances at the end of October.

Actual beds used included Trust capacity and out of area placements (inappropriate and appropriate). Combined activity, including out of area placements for the previous two months highlights an increased adult acute bed (101 bed Trust capacity) and PICU bed (10 bed Trust capacity) requirement:

Combined Occupancy	Bed Days		Beds	
	September	October	September	October
Acute Inpatients	3079	3211	102.6	103.6
PICU	459	383	15.3	12.4
Total	3538	3594	117.9	116.0

The occupancy pressures continue to drive elevated staffing and out of area placement costs. Year to date out of area placements costs are £637k.

The Trust remains optimistic that implementing a Functional Medical Model, alongside actions to bolster the Adult Acute Care Pathway and provide a more therapeutic offer will support recovery, however the timing of improvements via reduced lengths of stay, bed occupancy and financial cost reductions has slipped.

10. Managing Violence and Aggression: Inpatient Wards

The level of violence and aggression on inpatient wards has been raised by staff as a concern. This correlates with feedback from operational service leaders who have highlighted the emotional (as well as physical) impact on staff. Violence and aggression is a factor within: incident

numbers and impact grading; health and safety actions; RIDDOR reportable incidents; staff survey results; sickness absence; demand for Psychiatric Intensive Care and seclusion. Changes in practice for people detained under Section 136 of the Mental Health Act (which gives a police officer the power to take a person to a place of safety because they are concerned that the person may have a mental disorder and should be seen by a mental health professional) may be a contributory factor.

An internal audit is being planned for quarter 4, with input into the agreement of its scope welcomed. Given violence and aggression is a cross cutting issue across Committees, the Board is asked to discuss where and how the issues are best explored and responded to.

Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
November 2019