

## Board of Directors

**28 November 2019**

<b>Paper title:</b>	Mid-Year Review of 2019/20 Operational Plan	<b>Agenda item</b>  <b>20</b>
<b>Presented by:</b>	Liz Romaniak, Director of Finance, Facilities and Contracting	
<b>Prepared by:</b>	Susan Ince, Deputy Director of Performance and Planning	

<b>Purpose of the report</b>		
<p>The purpose of the report is to:</p> <ul style="list-style-type: none"> <li>review progress in implementation of the Trust's Operational Plan 2019/20;</li> <li>highlight objectives and priorities where there are risks to achievement in the current financial year; and</li> <li>use current and projected 2019/20 performance to suggest implications for the Trust's business planning cycle for 2020/21.</li> </ul>	For approval	
	For discussion	X
	For information	

<b>Executive summary</b>
<p>In March 2019, the Board approved the Trust's Operational Plan for 2019/20. The Operational Plan is a key document, establishing priorities and ambitions for the Trust for the forthcoming year, including strategic breakthrough projects to make progress to deliver Better Lives, Together.</p> <p>The Trust level plan is underpinned by agreed priorities and actions for each Care Group and corporate function, with metrics to show whether the desired impact or outcome is being delivered.</p> <p>Progress against agreed objectives is formally reviewed at mid-year in order to:</p> <ul style="list-style-type: none"> <li>celebrate and learn from success;</li> <li>identify what else needs to be done during the current financial year to maximise possibilities and address challenges;</li> <li>inform Business Planning activities, priorities and workplans for 2020/21.</li> </ul> <p>The Finance, Business and Investment Committee has agreed the business planning process for 2020/21, with enhanced Board, operational and clinical leadership involvement. The initial mid-year review of the 2019/20 Operational Plan was considered and refined at the 23 September introductory business planning event, as part of the context setting that informs the priorities and work programmes for 2020/21.</p>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>Recommendation</b>
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>consider progress in implementation of the 2019/20 Operational Plan;</li> <li>discuss the potential risks to achievement of objectives and priorities and mitigating actions;</li> <li>identify key implications from the mid-year review of the 2019/20 Operational Plan for the 2020/21 business planning cycle.</li> </ul>

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

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

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to all the strategic risks as identified in the BAF.
<b>Links to the Corporate Risk Register (CRR)</b>	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> <li>Risk 1821: Failure to forecast and mitigate in year pressures</li> <li>Risk 1825: Demands on the Trust's community services</li> <li>Risk 1826: Case for investment in mental health</li> <li>Risk 1831: Recruitment, retention and engagement of a diverse workforce</li> <li>Risk 2102: service user harm through ligatures within inpatient and CMHT environments.</li> <li>Risk 2266: Physical assault of inpatient ward staff by service users</li> </ul>
<b>Compliance and regulatory implications</b>	Not applicable

## Meeting of the Board of Directors

**28 November 2019**

### Mid-Year Review of 2019/20 Operational Plan

#### 1. Purpose

The purpose of the report is to:

- review progress in implementation of the Trust's Operational Plan 2019/20;
- highlight objectives and priorities where there are 2019/20 delivery risks; and
- use current and projected 2019/20 performance to suggest implications for the Trust's business planning cycle for 2020/21.

#### 2. Context

Priorities, actions and key metrics were agreed for each Care Group and corporate function. This included actions to progress the Trust's 13 strategic programmes (highlighted in **turquoise** throughout this report). It was acknowledged that a number of these (denoted by \*) would be targeted more specifically during 2019/20 due to resourcing, lead times, context and other factors:

<b>Strategic Programme</b>	<b>Executive Sponsor</b>
The Care Trust Way *	Patrick Scott
Financial Sustainability Programme *	Liz Romaniak
Transform Child and Adolescent Mental Health Services (CAMHS) *	Patrick Scott
0 - 19 years *	Patrick Scott
Talent Management *	Sandra Knight
Participation and Involvement Strategy *	Paul Hogg
Care Closer to Home *	Patrick Scott
Work with Innovation Partners	Tim Rycroft
Retention of Staff	Sandra Knight
Older People's Pathway	Patrick Scott
Care Co-ordination in Primary Care	Patrick Scott
Equality & Diversity in the Workplace	Sandra Knight
Growth and Business Development	Sandra Knight

During the first six months of 2019/20, there have been significant (unforeseen) impacts from regulatory inspections:

- **Care Quality Commission (CQC)** issued a **Section 29A Warning Notice** at the end of March 2019 regarding acute inpatient wards and Psychiatric Intensive Care Unit. A Rapid Improvement Week took place to rapidly address the concerns raised. This work was subsequently followed up on wards with the implementation of a Purposeful Inpatient Admission process and Daily Lean Management. The CQC revisited in September 2019, with

the report noting 'significant improvements'. The Section 29A is now no longer in force. A joint Mental Health Legislation and Quality & Safety Committee will consider action plan progress on 9 December with an ambition to move towards 'embedding' of actions. Improvement work is continuing, including enhancing the therapeutic service offer on our acute wards via a second phase of **Care Closer to Home**.

- The Trust received an **Improvement Notice from the Health and Safety Executive (HSE)** in July 2019 relating to the Airedale Centre for Mental Health. The HSE required the Trust to develop ward-based risk assessments to ensure the safety of staff in respect of the management of aggression and violence. The Trust submitted a formal response to the HSE on 11 October 2019 and the Improvement Notice was lifted. A wider action plan is being implemented and is due to complete by the end of March 2020. The Estates team are completing a wider self-assessment against HSE requirements and will seek independent peer/expert review of this and co-ordinate a Board Development session, likely timed once NED appointments are in place, to support a broader Board self-assessment.

Participants at the 2020/21 business planning launch event in September 2019 commended the positive response from staff to regulatory action, with the inpatient rapid improvement week being a catalyst for collaborative change.

### **3. Objectives Completed / On Track**

The majority of objectives are being successfully implemented. The 2020/21 business planning launch event celebrated successes in the first six months of 2019/20 and highlighted actions being taken by March 2020. Significant progress noted included:

- Launch of **the Care Trust Way**, including coaching methodology. Four Rapid Process Improvement Weeks (RPIWs) held. Actions to March 2020: introduce all staff to the Care Trust Way; at least one member of every team trained to Care Trust Way Leaders level.
- New operational management structure implemented, including clinical leadership roles. (However, both Care Groups currently supported through interim General Managers.)
- Early Intervention in Psychosis: investment secured, extended workforce recruited, 56% target being met for people with a first episode of psychosis to begin treatment with a NICE-recommended package of care within 2 weeks of referral. Integration with community mental health to be included in phase 2 of **Care Closer to Home**.
- Expansion of perinatal mental health service: workforce in place and pathways re-aligned.
- Adult community nursing: wound care products standardised and e-formulary published.
- Adult physical health - engagement in community partnerships: community team leaders and service managers attend community partnership meetings. Awaiting new national service specifications in April 2020. Strong foundation set for development of **Care Coordination in Primary Care**.
- Bringing pharmacy 'in house': go live on track for 12 December 2019.
- Research and development: recruitment targets achieved; appointment of clinical academic post in older people's service; two regional clinical research leads for region (community dentistry and dementia).
- New **Involvement Strategy**: Involvement Strategy 2019-23 (Your Voice Matters) developed, approved October 2019 for launch and implementation during quarters 3 and 4.
- New processes and systems implemented around 'Supporting Attendance Policy and Procedure' to reduce sickness absence: sickness absence reduced for seven consecutive months from January (6.83%) to August 2019 (4.5%) but increased in September (5.14%) and October (6.18%). By September, 71.6% managers had been trained, with 105 remaining.
- RPIW undertaken to improved recruitment processes, including time to recruit, and TRAC recruitment system installed.

- **Growth and business development:** iCare programme enhanced and making use of new crowdsourcing capabilities: 'Best Place to Work' campaign completed and action plan in place to respond to feedback from staff; successful iCare socials.
- Estates & Facilities - achievement of ISO9001 core service accreditations; 5th consecutive RoSPA Gold Award (now a medal); Stirling Gold re-certification of Dementia and Assessment Unit (DAU) environment; bike-friendly business accreditation; positive internal PLACE visit preparation and initial assessor feedback.
- IT infrastructure: network upgrade completed. Whilst network performance metrics are good, staff are still reporting connectivity and related issues. An engagement week is being held in November for operational services, working with the informatics team, to capture 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.

#### 4. Challenges and Risks

Priorities that are not proceeding wholly in accordance with the expectations set out in the Operational Plan are outlined below. In addition, achievement of some priorities has been impacted by commissioning decisions made after the start of the new financial year. For mental services, there has had to be a balance between essential investment in 'core' mental health services and NHS Long Term Plan commitments. For example, the Mental Health Partnership Board agreed to prioritise acute care pathway investment over additional funding in 2019/20 to increase access to psychological therapies, although Bradford City Clinical Commissioning Group (CCG) is funding a culturally adapted form of Behavioural Activation therapy for black and minority ethnic people – helpful in the context of lower recovery rates in the City population.

<b>CARE GROUP PRIORITIES: Mental Health Services</b>						
<b>Objective</b>		<b>Progress against actions</b>				
<b>Care Closer to Home:</b> recruit new workforce, agree and implement functional model, reduce bed occupancy and length of stay, reduce bank and agency spend		Functional medical model implemented. Additional staff in place with reduced vacancies. However sustained high adult acute bed occupancy, elevated temporary staffing, high acuity and/or challenging behaviour requiring special observations, increased inappropriate out of area placements, overspend with further deterioration in inpatient ward financial performance in October 2019. Functional Medical Model, alongside actions to bolster the Adult Acute Care Pathway and provide a more therapeutic offer will support recovery, reduced lengths of stay (LOS) and bed occupancy. Through contract negotiations additional funding secured for Care Closer to Home (£840k) plus £1.25m to offset the existing pressures, by implementing a different, more therapeutic offer (Care Closer to Home phase 2).				
Indicator	Target	July 19	Aug 19	Sept 19	Oct 19	
Average length of stay		37.9 days	58.2 days	50.3 days	49.2 days	
Average occupancy – including leave	<=85%	100.1%	100.1%	100.9%	97.1%	
Average occupancy – excluding leave	<=85%	97.3%	95.4%	97.5%	94.2%	
Inappropriate out of area bed days	<=41 per quarter	225	226	322	350	
<b>Integrated older people's pathway,</b> with services that support being well at home.		Pressures in two older people's wards reflecting physical health vulnerabilities /challenges, medical model, acuity and LOS. Increased DAU bed occupancy (from 61.2% in April) and sustained high bed occupancy on Bracken ward. Overspend with further deterioration in inpatient ward financial performance in October 2019.				
Indicator	Target	July 19	Aug 19	Sept 19	Oct 19	
DAU: Average occupancy – including leave	<=85%	80.4%	90.4%	96.9%	97.2%	
DAU: Average occupancy – excluding leave	<=85%	80.4%	88.5%	93.7%	96.7%	
Bracken: Average occupancy – including leave	<=85%	95.1%	90.0%	104.0%	96.6%	
Bracken: Average occupancy – excluding leave	<=85%	89.2%	86.0%	93.4%	93.3%	

Learning disability Transforming Care service redesign across West Yorkshire & Harrogate (WY&H) to reduce beds in treatment units and increase intensive support in communities	Movement to WY&H System model of Assessment and Treatment Unit (ATU) beds with final redesign subject to partnership Business Case (expected January 2020). Ongoing discussions with local authority about onward placement packages for individuals in ATU to reduce lengths of stay and support community placements. Trust liaising with local authority in relation to DOLS assessments.
De-commissioning of public health substance misuse service	Requires transition of substance misuse dual diagnosis into adult community mental health pathways. Reviewing gaps and effects of service reduction. Financial risks including stranded overheads. Service delivery model being scoped in context of <b>Care Closer to Home</b> phase 2.
<b>Transforming CAMHS:</b> capacity and demand, skills mixing and business processes	CAMHS (and wider system) under significant strain as a result of increasing demand and the withdrawal or reduction of other services. Increase in safeguarding concerns has brought significant additional workload. Concern expressed about waiting times. Referrals have risen by 23% between 2015/16 and 2018/19: marked increase in quarter 1 of 2019/20 (12.3% above previous two years). Jointly sponsored strategic review of all local authority and NHS commissioned mental health and wellbeing services for young people up to the age of 25 years taking place – with interim report to Health and Wellbeing Board in January and review to be completed by March 2020. Placeholder for investment in CAMHS by CCG from 2020/21.
Work with CCGs to review and further develop the Bradford and Airedale Neuro Development Service (BANDS) and waiting times	Demand exceeds commissioned capacity and is not meeting current demand within acceptable waiting times. Service remains closed to new adult autism referrals. Non-recurrent funding to address the backlog waiting list was agreed by the CCGs. Working with CCGs and West Yorkshire & Harrogate partners around future service model.

<b>CARE GROUP PRIORITIES: Adult Physical Health and Children's Services</b>	
<b>Objective</b>	<b>Progress against actions</b>
<b>0-19 (Bradford):</b> Implementation of new model of care and associated metrics and KPIs	2019/20 staffing model nearly complete. 2020/21 staffing model is being progressed but is challenging. Co-locations delayed due to Council family hubs not being available from April as expected – some teams still not re-located and integration slower than expected as a consequence. Family hub network and printing issues to be resolved. Website live from 1 October. E-forms and consent now live. Dual process for e-forms is in place with paper and electronic: target not yet set for full move to e-forms given patient choice implications. Uptake is being monitored and reviewed. Significant increase in child protection/safeguarding work. Staff are reporting pressures. Sickness absence was 5.66% for the period April to September 2019 and increased further to 7.6% in October 2019. Health and wellbeing support is being provided to staff. Agenda for Change and pensions financial risk from 2020/21.
0-19 (Wakefield)	Continuing high levels of OFSTED-related child protection/safeguarding work is significantly impacting on workload. Ongoing discussions taking place with commissioners and wider health partnership.
CCG Looked After Children, Care Leavers and Youth Offending review and outcomes implemented	Service is under pressure with significant numbers of children new into care. No additional resource into the service. Risks - non-compliance with statutory timescales (CQC). Large caseload numbers. Work ongoing within the service and with CCG commissioners.
Special Needs School Nursing Service: Expansion of current team and enhanced team offer	Additional staff have been funded by CCGs and recruited. Skill mix within the service. Risks - the special needs school population is continuing to increase therefore further staffing will be required. No further resource available from the CCGs in 2019/20.

<b>CORPORATE SERVICE PRIORITIES: Workforce</b>	
<b>Objective</b>	<b>Progress against actions</b>
<b>Talent management, Retention of staff, Equality and diversity:</b> Ensuring sufficient workforce capacity and capability by attracting people into the workforce (focusing particularly on widening access) developing and retaining them	Sustained levels of labour turnover; at above 12% throughout 2019. The Finance Business and Investment Committee received a detailed review into the impacts from, and actions to mitigate, turnover arising due to the Trust's ageing workforce. Notwithstanding the breadth and success of actions, national workforce pressures and lead times to train staff mean sustained focus is required. Staff bank - temporary staffing requirements remain elevated, reflecting particular challenges on inpatient wards. As at 11/11/19, 152 new bank workers recruited since January. Challenges with Managing Aggression & Violence training capacity: action plan in place to address. Unconscious bias training developed and will be rolled out in 2020; action plans in place to respond to Workforce Race Equality System and Workforce Disability Equality System data.

<b>CORPORATE SERVICE PRIORITIES: Finance</b>	
<b>Objective</b>	<b>Progress against actions</b>
<b>Financial sustainability:</b> Deliver the 2019/20 financial plan and develop a sustainable 5-year plan consistent with NHS E/I improvement trajectories	Key drivers of the in-year and forward financial position that are the focus of recovery focus are: Inpatient mental health occupancy, length of stay, acuity, staffing (mix and pressures) and out of area placements; Unfunded Agenda for Change cost pressures; impacts from Bradford public health decommissioning and contract reductions. The Sustainability Board and a Mental Health Financial recovery group are overseeing detailed action planning/impact assessment to target management of in-year financial risks and a focus on sustained recurrent cost reduction. Key positive outcomes have included securing Wakefield Council Agenda for Change and NHS pensions indemnities and CCG acute care pathway investment (committing Mental Health Investment Standard contract uplifts over 2019/20 and 2020/21). Key risk relates to in-year deterioration of brought forward £3.2m inpatient pressure by IRO £2.2m. Critical next steps include review of planning assumptions for 0-19s contract (in the context of service line deficit, unfunded AFC, pensions risk, safeguarding work volumes and progress to integrate with Prevention & Public Health), assessing impacts from IFRS 16 for capital and revenue and risk assessment of deliverability of financial improvement trajectory for 2020/21. <i>See financial slides/narrative of Board integrated performance report for in-year performance update.</i>

<b>CORPORATE SERVICE PRIORITIES: Informatics and Digital</b>	
<b>Objective</b>	<b>Progress against actions</b>
SystemOne optimisation: to make clinical services more efficient when dealing with service users and enabling national requirements to be met.	Update to Board in July 2019 on mental health SystemOne optimisation. Lack of standardised method of recording referrals, appointments and discharges impacting on data quality. Systematic SystemOne training programme developed to ensure mental health services are trained in a consistent, defined, manner. Pilot in CAMHS completed 25/10/19. Further delivery phases to be agreed by the new Clinical Systems Governance Group.

**Performance against the NHS Oversight Framework**, with under-performance against three of the provider oversight metrics, is outlined in the Integrated Performance Report. Revisions to the framework and metrics may have implications for 2020/21.

## 5. Implications for 2020/21 Business Planning

The 2019/20 plan includes a large number of priorities and actions for operational and corporate services. As part of the Care Trust Way, the Trust is rolling out a strategic planning tool. Strategy deployment processes plan alignment of the resources in an organisation to our purpose, vision

and strategy. They help to identify and plan the vital few 'breakthrough' programmes and deliverables required to achieve the Trust's aims. Strategy deployment enables the organisation's workforce to understand their role and contribution to the success of the Trust, ensuring all teams are engaged and aligned with the vision and strategy. Strategy deployment workshops are taking place between October 2019 and January 2020 for staff reporting to Directors and staff reporting to General Managers/Deputy Directors. Strategy deployment will help to support prioritisation of actions to support the strategic programmes and 'business as usual' actions, matched to team capacity.

Critical next steps include:

- Co-ordinating service-led business planning activities culminating in a 20 January business planning event;
- risk-assessing the implications of the Trust's 2020/21 financial improvement trajectory;
- conducting a post-mobilisation review of the Bradford 0-19s contract;
- progressing contract discussions at place, including assessment at place and West Yorkshire and Harrogate level of relative plan 'stretch'; and
- considering priorities for the Trust's breakthrough programmes and wider business plans in the context of the above progress and challenges.

**Susan Ince**  
**Deputy Director of Performance and Planning**  
**November 2019**