

Board of Directors

30 January 2020

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| Paper title: | Board Integrated Performance Report | Agenda item 13 |
| 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 | | |
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| 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 |
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| <p>The Quality and Safety Committee is undertaking further work on the content and format of the Committee dashboard together with the slides and content to be included in the Board Integrated Performance Report. For the January report, additional slides have been included in relation to:</p> <ul style="list-style-type: none"> • recruitment rate; time to recruit; • safer staffing - inpatient unused hours, care hours per patient per day, bank and agency usage; • pressure ulcers – omissions in care. <p>The refinement of the Quality and Safety Committee dashboard is informing work being led by authors of dashboards to explore options for further improvement and standardisation of the content and format of Board, Committee and sub-group dashboards, including:</p> <ul style="list-style-type: none"> • moving to a standard set of templates; • removing unnecessary descriptive narrative and including narrative that outlines the key challenges (and actions being taken) and organisational risks (and mitigations); • visual aids to indicate what information should be discussed at what level; • specific data production periods so that there is a 'single version of the truth'. <p>Proposals will be discussed with Committee and Board members for input and decision.</p> <p>The Board Highlights paper provides key points in relation to December 2019 performance including the ongoing significant inpatient financial pressures that present a real risk to delivery of the 2019/20 Control Total.</p> |

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

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| 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 |

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| 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 |
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| <p>Links to the Corporate Risk Register (CRR)</p> | <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 • 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

30 January 2020

Board Integrated Performance Report – Board Highlights

1. Purpose

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

1. Sickness Absence

The November report highlighted that sickness absence in Bradford 0-19 children's services had increased to 7.6% in October 2019, from 5.66% in the period April to September 2019. Sickness absence reduced to 6.58% in November, with 5.49% attributed to long term absence. The overall rate increased in December to 6.84%, with long term absence slightly decreasing to 5.29% (approximately half of this long-term absence remains stress related). Health and wellbeing support continues to be provided to staff; along with support for team leaders in early intervention as well as in managing sickness absence and helping staff to return to work.

2. Safer Staffing

The indicators in the Safer Staffing slides have been revised to align with NHS Improvement requirements and to provide a greater level of detail and assurance for the Quality and Safety Committee and Board. There were no 'red' shifts in December (shifts without a registered nurse). However the data highlights ongoing challenges in relation to the acuity of patients and staff sickness.

3. Incidents

Reported Incidents: Following pilot work on Heather ward at Lynfield Mount Hospital, sexual safety training is being rolled out to other inpatient wards. The number of incidents relating to sexual safety is expected to rise, as a result of increased awareness and reporting.

Serious Incidents: There were no serious incidents in November and two serious incidents in December. Investigations are underway using the revised serious incident process.

There has been an unprecedented number of serious incidents in January 2020: five serious incidents and three 'watching briefs', as at 22 January 2020. The new serious incident process investigation process is adding value, with immediate learning identified within 24 hours and strong General Manager oversight.

4. Adult Community Mental Health Teams (CMHTs)

A number of data sources and qualitative feedback have highlighted pressures on staff in adult CMHTs, particularly North CMHT, with concerns about staff wellbeing. Intensive improvement work for CMHTs (a 'super flow' event) is scheduled to take place in the week commencing 27 April 2020.

5. Child and Adolescent Mental Health Services (CAMHS)

The November report highlighted that CAMHS continue to receive a higher number of formal complaints and concerns. There was a slight decrease in December 2019 in cases raised about CAMHS.

Waiting times from referral to first appointment (assessment) and from referral to second appointment (treatment) are being closely monitored through Care Group communications cells. A review is being undertaken of children and young people on the waiting list.

The CAMHS pathway is one of the Trust's 13 strategic programmes, sponsored by the Medical Director. Quality improvement work is planned, including three Rapid Process Improvement Workshops (RPIWs) between February and May 2020 focussing on referral to allocation; treatment pathway/formulation; referrals and offer. Urgent focus is also being given to discharge processes which have been linked to a number of concerns.

6. Financial Performance

Revenue and Cash: Year to date performance is £32k ahead of plan at the end of December with a deficit of £784k, compared to a planned deficit of £816k. Bottom line performance masks the true scale of sustained and increasing inpatient and out of area placement pressures and over-spending. These continue to represent a real risk to delivery of the Control Total and required inpatient 'model roster' expenditure trajectories for the remainder of 2019/20. Whilst, given the time of year, options to mitigate this level of over-spending are limited and present a significant risk efforts have focused on: i) supporting inpatient teams to make progress to reduce ward occupancy and to deliver the model rosters, ii) reducing out of area placements to an average of less than 2 per month and iii) identifying non-recurrent mitigations.

| December 2019 | Adult acute | PICU | DAU | Bracken | Low Secure |
|-------------------------------------|-------------|--------|-------|---------|------------|
| Average occupancy - including leave | 97.0% | 100.0% | 88.2% | 102.3% | 95.1% |

Having agreed individual ward level model rosters to monitor and support through Daily Lean Management effort is now focused on oversight through weekly established report-outs to improve understanding of, and agreeing actions to better manage, cost-drivers and secure daily intelligence as to the impact of those actions. Through regular finance and operational dialogue additional recent actions include verification that chaperoning costs are charged to relevant capital schemes, agreement of revised processes for the authorisation of additional shifts, notice periods for the cancellation of shifts not required without charge (24 hours in advance for bank; and 6 hours in advance for Agency) communicated to wards, reviewing whether additional night shifts are supporting patients being treated in Acute providers and related national guidance.

To supplement previously reported actions, key areas of recent focus have been:

- Securing access to £0.55m winter planning funding to reduce out of area and bed pressures through alternative e.g. community-based, responses;
- Optimising the availability of bank staff deploying additional training capacity for the new intake of bank only workers;
- Other services are reviewing actions to support financial recovery, with weekly updates agreed via the Senior Leadership Group; and

- Exploring technical and balance sheet flexibilities including the potential to utilise Modern Equivalent Asset valuations.

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’.

Recovery planning to support in year and recurrent management of inpatient pressures is pivotal. Elevated risks have been flagged to partners and via formal NHS Improvement reporting, however the Trust continued to forecast delivery of a break-even position at quarter 3. The decision to hold this position required careful consideration and does assume a number of small upsides and no further deterioration in the position. This makes delivery of the Control Total extremely sensitive to any adverse movement.

7. Out of Area Placements

Out of Area (OOA) placements continued into December, reflecting sustained high adult acute and Psychiatric Intensive Care Unit (PICU) occupancy, together with actions to preserve leave beds. This picture is reflected across providers regionally and nationally. Not all approvals for OOA placements proceeded due to lack of available beds meaning that Trust occupancy was pressured and placements and placement costs suppressed.

During December adult acute OOA activity significantly improved, however during the Christmas period two service users were required to be placed OOA. Work continues to repatriate these individuals. Additional adult acute and PICU out of area placements have also been required in the first three weeks of January 2020, with particular female acute pressures impacting so far.

| Inappropriate Out of Area Bed Placements | | Sep 19 | | Oct 19 | | Nov 19 | | Dec 19 | |
|--|--------|------------|-------------|------------|-------------|------------|------------|------------|------------|
| | | Days | Beds | Days | Beds | Days | Beds | Days | Beds |
| Adult Acute | Female | 94 | 3.1 | 105 | 3.4 | 0 | 0 | 0 | 0 |
| | Male | 66 | 2.2 | 106 | 3.4 | 96 | 3.2 | 53 | 1.7 |
| Total Adult Acute | | 160 | 5.3 | 211 | 6.8 | 96 | 3.2 | 53 | 1.7 |
| PICU | Female | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0.2 |
| | Male | 162 | 5.4 | 139 | 4.5 | 70 | 2.3 | 82 | 2.6 |
| Total PICU (CCG Funded) | | 162 | 5.4 | 139 | 4.5 | 70 | 2.3 | 87 | 2.8 |
| Total Inappropriate Bed Placement | | 322 | 10.7 | 350 | 11.3 | 166 | 5.5 | 140 | 4.5 |

It had been anticipated that the Functional Medical Model and Care Closer to Home actions would allow additional focus on recovery and discharge, supporting a reduced length of stay and reduced bed occupancy. Reviewing expected trajectories is a key focus for the Care Closer to Home Phase 2 business case being developed by the end of January and will also be critical to support decision making for the Trust’s forthcoming Strategic Outline Case for the redevelopment of acute inpatient facilities at Lynfield Mount Hospital.

The occupancy pressures continue to drive elevated staffing and out of area placement costs. Year to date out of area costs borne by the Trust relate to adult acute placements and represent £633k (after income from the CCG for PICU placement costs is offset) with forecast outcome expenditure of £844k.

Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
January 2020