Meeting of the Board of Directors - Public

8 July 2021

Paper title:	Board Integrated Performance Report – May 2021 Data	**Agenda item** **14**
Presented by:	Patrick Scott, Chief Operating Officer 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 and data packs support the Trust's governance and assurance processes. They support Board oversight of performance, progress towards strategic goals and ensure responsiveness to emerging issues, with a clear line of sight from Board to ward/service including from escalation through daily lean management, leadership communication cells, groups and Committees through to Board.	For approval	
	For discussion	**X**
	For information	

Executive summary

The Board highlights report focuses on key items that have been discussed at Committees, based on their full data packs. The accompanying slides comprise the Committee summary dashboards together with data charts for any areas of escalation. With effect from February 2021, a separate, complementary finance report is provided monthly to Board.

In February 2021, the Board agreed changes to Committee and Board dates, aligned to data reporting so that operational data used to inform the Integrated Performance Report is as timely as possible but has been considered, contextualised and appropriately escalated through the relevant governance groups before being provided for assurance at Committee and Board. The changes form part of the continued development of the Trust's performance management framework. In May 2021, the Audit Committee approved the updated performance management framework 2021 – 2023. On 28 June 2021, NHS England and NHS Improvement published the NHS System Oversight Framework for 2021/22, including a single set of oversight metrics applicable to Integrated Care Systems, Clinical Commissioning Groups and trusts. The metrics and data packs used by the Trust at tactical, operational and strategic level will be reviewed during July to ensure inclusion of relevant System Oversight Framework metrics.

COVID-19 continues to impact on activity, presentation, capacity and performance and this continues to provide a major focus of Committee attention. Understanding the short and medium-term implications of this on capacity, demand, performance, outcomes and financially has been coordinated through the Phase 3 reset work, with non-recurrent resources allocated in 2020/21 to support Care Groups to reduce backlog and is supported by actions agreed as part of the Next Steps week in June 2021. This work has informed investment priorities for 2021/22 as part of the Trust, Bradford and Craven place and West Yorkshire and Harrogate Integrated Care System operational planning process.

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'	
	No	

Recommendation
The Board of Directors is asked to: • consider the key points and exceptions highlighted for May 2021 and note the proposed actions; and • consider any further attention via supporting Board Committee structures.

Strategic vision				
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				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	The table on page 3 shows the alignment of the Board integrated performance report narrative and metrics to the Trust's strategic objectives and associated BAF risks.
Links to the Supporting Operational Risk Register	The work contained with this report links to many of the organisational high risks including: • 1821: If the Trust fails to accurately forecast and fully mitigate in-year pressures, then it may not secure improvement trajectory funding • 1825: If current volatility in the care home sector and LA budget reductions continue to reduce care packages and support to individuals, then demands on the Trust's community services will become unsustainable • 1826: If the Trust does not present a convincing case for investment in mental health, then CCGs, the WY&H ICS and NHSE may not prioritise revenue and capital investment in these areas • 2370: COVID-19 sustained pandemic - inability to sustain service delivery through the waves of the pandemic • 2418: Potential that 0-19 contract is under resourced due to financial settlement, which may impact on quality of services • 2451: Rates of referral and demand far outweigh resource and capacity for psychological therapy in community mental health services
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Under the NHS System Oversight Framework, NHS England and NHS Improvement monitor and gather insights about performance of integrated care systems, trusts and commissioners across five national themes of quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

Board Integrated Performance Report – Alignment to Strategic Objectives

Bradford District Care NHS Foundation Trust

Strategic objective	Key risk to achieving the objective	Board integrated performance report	
		Section	Metrics / Narrative
STRAEGIC PRIORITY: BEST PLACE TO WORK			
SO2: To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated	**Risk 2:** If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing.	Quality and Safety Committee: Workforce dashboard Mental Health Legislation Committee: Training dashboard	Recruitment rate; sickness; labour turnover; vacancy rate; mandatory training; appraisals; clinical supervision; safer staffing compliance levels and Working Time Directive Training - CPA, Mental Capacity Act, Mental Health Act
SO4: To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity	**Risk 4:** If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.	Quality and Safety Committee: Staff and Service User Feedback dashboard Workforce & Equality Committee dashboard	Freedom to Speak Up Diverse & inclusive culture, staff engagement, leadership
STRAEGIC PRIORITY: HEALTHY AS POSSIBLE			
SO3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)	**Risk 3:** If we do not equip people to deliver quality improvement locally, we will be unable to identify and embed organisational learning and this will have a negative impact on the quality of care	Quality and Safety Committee: Serious Incidents, Duty of Candour & Mortality dashboard Quality and Safety Committee: Incidents dashboard Quality and Safety Committee: Quality of care delivery dashboard Mental Health Legislation Committee dashboard: Incidents dashboard	Serious incidents, duty of candour incidents, suicides, expected deaths, unexpected deaths, COVID relates deaths – community, inpatients, Structured Judgement Reviews All incidents, violence and aggression, medication errors, near misses Clinical audit Full interventions, prone restraint, rapid tranquilisation, seclusion, blanket restrictions, individual restrictions, long term segregation
STRAEGIC PRIORITY: BEST QUALITY CARE			
SO1: To engage with our patients and service users, ensuring they are equal partners in care delivery	**Risk 1:** If we do not engage effectively with our service users this will adversely affect our reputation and the quality of services. Service users will be unable to be active partners in their own care.	Quality and Safety Committee Staff and Service User Feedback dashboard	Formal complaints, concerns, compliments, Freedom to Speak Up
SO6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable	**Risk 6:** If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services	Quality and Safety Committee: Workforce dashboard Finance, Business & Investment Committee: Provider Oversight Metrics Dashboard	Bank and agency fill rates/booking reason Out of area placements
STRAEGIC PRIORITY: SEAMLESS ACCESS			
SO5: To value partnership ensuring that we collaborate to deliver maximum impact on health inequalities	**Risk 5:** If we do not develop effective partnerships across place, ICS and beyond we will be unable to support the voice of our service users and communities being heard in the planning and delivery of care. We will lose the opportunities to deliver the right care in the right place at the right time to address the full range of people's needs.	Finance, Business & Investment Committee: Provider Oversight Metrics Dashboard Highlights narrative report	Out of area placements Waiting times – partnership approaches

Meeting of the Board of Directors

8 July 2021

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to May 2021 performance.

A common theme through all the data packs is the significant impact of COVID-19 on:

- inpatient mental health acuity, occupancy, associated inpatient staffing pressures and increased use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds. This includes responding to high current occupancy but also actions taken to support infection prevention and control through isolating and cohorting;
- demand and capacity within a growing number of services including community dental services, speech and language therapy for children and young people, Child and Adolescent Mental Health Service (CAMHS), Memory Assessment and Therapy Service and psychological therapy services particularly in community mental health services;
- staff absence - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences, for example staff needing to self-isolate; working time directive breaches.

Impacts of COVID-19 continue to be monitored through the incident command structure.

2. Workforce - Safer Staffing

The Compliance and Risk Group and Workforce and Equality Committee have considered working time directive breaches. Staff sickness absence, COVID related absence, for example through staff needing to self-isolate or care for children who are self-isolating, has impacted on the ability to reduce working time directive breaches, particularly ensuring the 11 hour rest period between shifts. The number of workers breaching the 11 hour rest period has significantly reduced since February 2021 (32 in March, 36 in April, 24 in May) due to the implementation of automated roster planning processes.

3. Workforce – Sickness Absence

Sickness absence rates remain above the Trust's 4% target but within normal variation (March 5.2%, April 5.3%, May 6.1%). Over the last three years the average sickness absence rate has been 5.54%. The sickness absence rate, which is higher than other similar trusts, continues to have a number of negative impacts on the Trust in terms of continuity of service, financial costs (due to bank and agency expenditure) and staff morale.

The Workforce and Equality Committee received an update on current sickness rates, and a review of impact of COVID-19 on absence levels as a whole, including key hotspot areas, an overview of the health and wellbeing programme that is in place for staff and the new actions that have been put in place to help tackle sickness particularly in hotspot areas. The Trust has agreed

to retain the 4% sickness target, but progress towards the target will be incremental and each year a stretch target will be agreed that reflects a 0.2% improvement on the previous year, adjusting for any exceptional circumstances.

The health and wellbeing offer for staff has been extended significantly in response to COVID to include access to several national health and wellbeing support initiatives. The Trust has also increased the provision of psychological support to staff by setting up its own psychological helpline staffed by therapists. The Trust's offer to staff will be informed and strengthened following a successful West Yorkshire and Harrogate Integrated Care System and Bradford and Craven bid to address the stigma of mental health staff accessing psychological support.

4. Workforce - Mandatory and Role Specific Training Mandatory Training

In May 2021, Trust-wide compliance is 89.22%, with 32 out of the 41 training elements achieving the target. Six training elements are more than 5% below target:

Competency	Target	Compliance	Issue	Action
Fire Safety	95%	87%	Impacted by reduced staffing capacity and service pressures.	Non-compliant staff being encouraged to complete the eLearning. Monitoring through Daily Lean Management.
Moving & Handling People (Practical)	80%	66%	Capacity impacted by smaller class sizes, COVID sickness and isolation of trainers and attendees.	Blended learning approach. Additional classroom sessions to support new starters and those returning from long term sickness/maternity leave.
Immediate Life Support	80%	70%	Training is commissioned via Airedale Hospitals Trust and Bradford Teaching Hospitals Trust, who initially suspended the training in response to COVID-19. Provision recommenced but with reduced classroom capacity.	Number of courses increased from January 2021 at both acute hospitals. Competency profiles of staff being updated where training no longer required (Intensive Home Treatment Team).
Managing Aggression & Violence (MAV) - Breakaway	80%	59%	Capacity impacted by smaller class sizes, COVID sickness and isolation of trainers and attendees. Additional demand from Staff Bank and newly qualified intake.	Blended learning approach (eLearning and classroom) has reduced the length of time on courses, enabling increase in course offering. Trainer capacity increased to address backlog. Changes to environment to increase participant numbers.
MAV – Physical Intervention	80%	69%		
Safeguarding Children – Level 3	80%	72%	Impacted by reduced staffing capacity (Speech and Language Therapy) and service pressures (Bradford 0-19 service).	Adult and Children's Physical Health Care Group putting actions in place. Reporting through Quality and Operations meetings to Senior Leadership Team.

Trajectories have been developed for training elements that are below target and compliance will be reviewed at the July Senior Leadership Team Business Plan Performance meeting.

5. Mental Health Act – Use of Section 2

In May, June and July 2020 the numbers of new Section 2s were higher than the prior 6-month generally downward trend, resulting from high demand for beds, high levels of acuity and a greater proportion of admissions of individuals previously unknown to mental health services. The number of new Section 2s reduced to at or below the mean for the period from August 2020 to April 2021.

6. Mental Health Legislation - Incidents

COVID-19 restrictions continue to impact patients and staff significantly. There has been an increase in the number of episodes of full physical intervention from March 2020, reflecting the high levels of acuity and the impact of isolation requirements. However there has not been a corresponding increase in episodes of prone restraint and both episodes of seclusion and incidents of rapid tranquilisation remain within expected levels.

7. NHS Oversight Framework Metrics – Out of Area Placements

COVID-19 has resulted in an increased number of inappropriate out of area placements for adult mental health services due to a combination of increasingly acute patients requiring an inpatient stay and a reduction in bed capacity to meet COVID safe requirements for isolating and cohorting patients.

The Trust has worked with an independent sector partner to block purchase beds, with a rigorous assurance framework in place to oversee quality and maximise capacity available. These beds are being fully utilised. Demand for PICU is increasing, with access to seclusion being the key factor. Work is taking place as part of the refreshed West Yorkshire and Harrogate PICU programme to create a more aligned model across all providers.

West Yorkshire and Harrogate Integrated Care System trajectories are being finalised for 2021/22, against the national expectation of the elimination of inappropriate out of area placements. Discussions are taking place with the national mental health lead regarding 'continuity principles' under which the independent sector block contract beds would not be considered as an inappropriate out of area placement.

8. Waiting Times

The Senior Leadership Team (SLT) continues to oversee processes to manage and reduce waiting lists. The main services where waiting times standards are not currently being met are:

Service	Actions and Mitigations
Community dental service - clinic services - treatment under general anaesthetic	Improving position - monitoring in place against trajectories. Exploring additional clinic capacity via safer workspaces group. Forward view: increased referrals which likely relates to general dental practice re-opening, and potentially holding referrals during the period when Trust waiting list was closed.
Speech and language therapy - paediatrics	Recruitment ongoing (5.5wte qualified vacancies, 2 staff on maternity leave). Two task and finish groups established to consider recruitment, waiting list initiatives, reviewing referral criteria, communications to service users & waiting list revalidation exercise. Forward view: schools are identifying more issues as children return to school; a further 3 therapists are due on maternity leave.
Continence - referral to appointment	This is a legacy of a staff member being deployed to the vaccine centre. Team have been providing 'trials without catheter' during COVID, activity

	undertaken by the hospital trusts pre-COVID. Demand is growing. Highlighting to commissioners to find system solution (including funding).
CAMHS - broader CAMHS pathways - children and young people with eating disorders	Continued staff wellbeing support to improve morale and build resilience. Temporary staffing in post. Additional administrative staff in post (non-recurrent). Staff on maternity leave returning.
MyWellbeing College - Step 2 and Step 3	Agreement to recruit additional trainees – awaiting Health Education England offer of places. Joint review with Clinical Commissioning Group of voluntary and community services contracts. Integrated Care System review of current IAPT commissioning. Targeted recruitment of current vacancies and backfill of staff on maternity leave.
Psychological therapies - community mental health services - learning disability	Focused recruitment activity to fill vacancies – new roles introduced. Handover & keep in touch standard operating procedure in place. Voluntary and community services wrap around support waiting list initiatives. Psychological Therapies Action Plan.
Memory Assessment and Therapy Service (MATS) - referral to first appointment	Revised offer to enhance digital assessment. Identified additional clinical space to facilitate face to face. Outsourced 100 referrals. Recruited additional staffing non recurrently. System investment in MATS backlog.
Neurodiversity - children and young people - adult autism - adult attention deficit hyperactivity disorder	System wide Strategic programme. Use of System Development Funding. Outsourcing of neurodevelopment assessments for children and young people. Scoping outsourcing for adult attention deficit hyperactivity disorder to address staff sickness.

Partnership approaches are in place to support individuals and carers who are waiting, including a partnership model with voluntary and community services, that also strengthen delivery to under-served communities. However, there is low take up of these initiatives, with some service users reluctant to accept the offer of support. SLT has considered what more could do to engage service users including: communications; branding under the 'Healthy Minds' banner as part of the system wide integrated pathway; requesting feedback and support from the Bradford and Craven Provider Forum; seeking the help of the Trust's involvement partners.

Within the Mental Health Care Group, over the previous 12 months 'lack of support' is the largest category for complaints and concerns and is linked to services where there are long waiting times. The Care Group is continuing to monitor the impact of support initiatives for individuals who are waiting on the number of complaints and concerns.

Reset plans have been developed to address impacts of COVID and ways of working, COVID suppressed demand and resulting impacts upon responsiveness and waiting times. This work has informed investment priorities for 2021/22 as part of the Trust, Bradford and Craven place and West Yorkshire and Harrogate Integrated Care System operational planning process.

Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
28 June 2021