Board of Directors

9 September 2021

Paper title:	Board Integrated Performance Report – July 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 considered and escalated through the relevant governance groups. The accompanying slides comprise the Committee summary dashboards together with data charts for any areas of escalation. Where possible, forward trajectories have been provided for metrics that are under-performing.

COVID-19 continues to impact on activity, presentation, capacity and performance, together with associated staffing pressures, and this continues to provide a major focus of Committee attention.

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 have been reviewed to ensure inclusion of relevant System Oversight Framework metrics. From a tactical and operational reporting perspective, the metrics are already reported or are under development. The table on pages 3 and 4 shows the proposed alignment of metrics to Committees. The main change is the proposed reporting of service-related metrics to the Quality & Safety Committee, rather than to the Finance, Business & Investment Committee, to reduce duplication (as many of the indicators formed part of Care Group updates to the Quality & Safety Committee) and to focus on the quality implications. Any contractual or financial impacts would continue to be reported to the Finance, Business & Investment Committee. Reporting of the expanded suite of metrics to Committees will commence from August 2021 data onwards.

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 July 2021 and note the proposed actions; • consider any further attention via supporting Board Committee structures; • endorse the allocation of NHS System Oversight Framework metrics to Committees.

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 5 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 Organisational High Risk Register	The work contained with this report links to many of the organisational high risks including: • 2370: COVID-19 sustained pandemic - inability to sustain service delivery through the waves of the pandemic • 2437: Increased staffing pressures in district nursing as result of current pandemic, increased levels of staffing having to self isolate or absent from work with COVID • 2451: Rates of referral and demand far outweigh resource and capacity for psychological therapy in community mental health services • 2485: Reduced staffing levels in the core paediatric speech and language therapy service due to vacancies, with risk of breaching 18 week target • 2504: Existing waiting lists for assessment, diagnosis and review in OPMHS Memory Assessment Services exacerbated by limits on face to face assessments due to impact of COVID and COVID restrictions • 2509: Demand within community nursing services exceeding capacity
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 themes of: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; leadership and capability.

NHS System Oversight Framework (SOF) Metrics for 2021/22

Oversight Theme	Measure	Applicable Services	Proposed Committee	Comments
Quality, access and outcomes	2-hour urgent response activity	Adult community	Quality & Safety	Measure in development to support reporting.
Quality, access and outcomes	Elective activity levels Overall size of waiting list Patients waiting more than 52 weeks to start consultant-led treatment	May apply to community dental service activity under general anaesthesia	Quality & Safety + Finance, Business & Investment if any contractual or financial impacts	Dental referral to treatment previously included in Finance, Business & Investment Committee dashboard. Propose reported to Quality & Safety Committee, with quality focus (e.g. clinical prioritisation, management of people waiting).
Quality, access and outcomes	NHS Long Term Plan (LTP) metrics for mental health – which includes access measures for perinatal mental health, children and young people, children and young people eating disorders, Improving Access to Psychological Therapies (IAPT), Individual Placement and Support, Early Intervention in Psychosis (EIP), adult acute out of area placements, Mental Health Services Dataset Data Quality Maturity Index	Mental health	Quality & Safety + Finance, Business & Investment if any contractual or financial impacts	SOF now includes all LTP metrics for mental health. Mental health SOF metrics previously included in Finance, Business & Investment Committee dashboard. Propose reported to Quality & Safety Committee, with quality focus (e.g. clinical prioritisation, management of people waiting).
Quality, access and outcomes	Overall CQC rating Acting to improve safety (safety culture theme in NHS Staff Survey) Potential under-reporting of patient safety incidents National Patient Safety Alerts not completed by deadline MRSA bacteraemia infection rate Clostridium difficile infection rate E. coli bloodstream infections Venous thromboembolism risk assessment	Trust-wide	Quality & Safety	Existing indicators in quality dashboard
Preventing ill health and reducing inequalities	Ethnicity and most deprived quintile proportions across service restoration and NHS LTP metrics	To be confirmed – metrics not yet defined	Quality & Safety + Workforce & Equality if any workforce impacts	Useful operational measure for Trust services, irrespective whether required under SOF. Reporting capability being developed.

Preventing ill health and reducing inequalities	Proportions of patient activities with an ethnicity code	To be confirmed – metrics not yet defined	Quality & Safety	Propose to report ethnicity coding in Community Services, IAPT and Mental Health Services Datasets – linking with Mental Health Services Dataset Data Quality Maturity Index
Leadership and capability	Quality of leadership* Aggregate score for NHS Staff Survey questions that measure perception of leadership culture*	Trust-wide	Workforce & Equality	
People	People promise index* Health and wellbeing index* Proportion of staff who say they have experienced harassment, bullying or abuse at work in the last 12 months Proportion of people who report that in the last 3 months they have come to work despite not feeling well enough to support their duties % of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns % of jobs advertised as flexible Staff retention rate Sickness absence (working days lost to sickness) Proportion of staff who say they have a positive experience of engagement Flu vaccination uptake	Trust-wide	Workforce & Equality + Quality & Safety Committee for sickness absence, retention and flu vaccination uptake	Small number of metrics reported to Quality & Safety Committee because of their link to quality of services. Current sickness absence reporting to be expanded to include days lost to sickness, as well as % absence. Reporting being developed for new indicators.
People	Proportion of staff in senior leadership roles who are from (a) BME background (b) women Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion	Trust-wide	Workforce & Equality	Reporting being developed for new indicators.
Finance and Use of Resources	Performance against financial plan Underlying financial position Run rate expenditure Overall trend in reported financial position	Trust-wide	Finance, Business & Investment	

** Metric under development*

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	Data quality – mental health services dataset, out of area placements

Meeting of the Board of Directors

9 September 2021

Board Integrated Performance Report – Board Highlights

1. Purpose

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

A common theme through all the data packs is the combined impact of:

- growing demand, with increased acuity and complexity (with COVID-19 having a clear and significant impact); and
- staff absence and staffing shortages, with sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences; high levels of vacancies and turnover in some services; together with summer annual leave.

2. Workforce – Sickness Absence

Sickness absence remains above the Trust's 4% target (June 6.4%, July 7.4%) and breached the upper control limit in July 2021, showing special cause variation. Anxiety, stress and depression and musculoskeletal problems remain the top reasons for long-term sickness. The sickness absence rate 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. Hotspot areas include:

- rostered services (inpatients, some community mental health services, and out of hours district nursing) where the numbers of hours lost due to COVID absences has increased (June 3971 hours, July 4277 hours). This has impacted on services being able to manage the Working Time Directive effectively. 43 workers breached the 11 hour rest period between shifts in July, compared to 27 workers in June;
- Increased sickness absence in Bradford 0-19 services (June 6.81%, July 9.55%) and Wakefield 0-19 services (June 8.65%, July 11.06%). All sickness cases have been reviewed in detail with the HR business partner to ensure that colleagues are supported to return as soon as possible.

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. Wellbeing conversations are also embedded into the appraisal process.

3. Workforce - Labour Turnover and Vacancy Rate

Labour turnover remains above the Trust's 10% target, though within common cause variation (June 12.9%, July 12.6%). Vacancy rate increased to 10.5% in July, at the upper control limit and above the Trust's 10% target. Services escalated to the Senior Leadership Team include:

- vacancies and maternity leave in community nursing and speech and language therapy. Recruitment continues with staff due to start in September;
- labour turnover in the Bradford 0-19 service (17.37% in July), with experienced band 6 health visitors continuing to leave the service. Due to staffing challenges, the Bradford health visiting and school nursing services are working to business continuity plans, with a change to core service delivery. Bradford Council public health commissioners are fully aware and joint communications are being shared with partners. Actions and mitigation to address the inability to recruit band 6 specialist community public health nursing (SCPHN) colleagues to the Bradford 0-19 service include:
  - work with Just R. to attract candidates to hard to recruit posts;
  - a programme of skill mixed recruitment;
  - introduction of a 'Grow our Own' SCPHN programme.

Through workforce planning, creative opportunities are being explored for the introduction of new roles and for skill mix across all services in a pathway, for example children and young people.

4. Workforce - Safer Staffing

The safer staffing compliance rates in mental health inpatient services reflect the continuing pressures experienced through acuity of service-user presentation and associated staffing challenges. The complexity of the client group is necessitating higher levels of care hours per patient and staff are also required for patients in acute beds and section 136 suites. Some staff have been unable to take breaks. Sickness and annual leave are also contributing to requirements for bank and agency staffing.

Actions and mitigations include:

- block bookings of bank and agency staff to provide stability;
- targeted wellbeing plans for staff;
- overtime payments for staff in inpatient services, First Response and Intensive Home Treatment teams, with the arrangement reviewed on a monthly basis by the Executive Management Team to ensure balance between service need and wellbeing of staff;
- re-commencement of food provision for acute mental health staff;
- workforce model review programme.

5. Workforce - Mandatory and Role Specific Training Mandatory Training

In July 2021, Trust-wide compliance is 92.73%, with 38 out of the 43 training elements achieving the target. Only two training elements remain more than 5 percentage points below target:

Competency	Target	Compliance	Issue	Action	Forward View
Moving & Handling People (Practical)	80%	71.31%	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.	Forward trajectory established. 80% compliance projected from January 2022.
Managing Aggression & Violence (MAV) - Breakaway	80%	65.13%	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 by use of appropriately trained staff from the health & safety and clinical skills teams. Review of acute mental health staff competencies in ESR to reflect role changes.	Forward trajectory established. 80% compliance projected from January 2022.

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. All incidents continue to be monitored by the Positive and Proactive Steering Group. During July, a small number of complex service users, including two young people with complex needs, impacted on the numbers of incidents and level of interventions. (Both young people were moved to specialist placements/units in mid-August 2021.) Despite the challenges, restrictive practices have reduced on all wards except the section 136 suites. The Mental Health Care Group is planning the roll out of a 'no force first' approach and a business case is being developed for dedicated capacity and roles to take forward as a project, aligned with workforce planning and the Together We Improve Create and Sustain (TWICS) programme.

7. NHS Oversight Framework Metrics – Out of Area Placements

COVID-19 continues to result in increased use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds due to a combination of acuity of service user presentation and a reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients.

A forward trajectory has been agreed for 2021/22, based on the continuation of cohorting arrangements, with forecast reduction to 1148 beds days in quarter 3 and 774 bed days in quarter 4. The trajectory does not meet the national expectation of the elimination of inappropriate out of area placements. Crisis alternatives are currently being mobilised by Bradford and Craven Clinical Commissioning Group and Bradford Council, including four crisis respite beds. Within the Trust, a new flow manager is in post and out of area oversight structures are being strengthened, including setting discharge dates for all service users who are out of area. The forward trajectory will be reviewed in September 2021.

Given the increased number of admissions for people who have had no previous involvement with mental health services, the acute mental health team are exploring opportunities with the Early Intervention in Psychosis team to build on outreach work around early detection of psychosis, to help reduce the number of people becoming acutely unwell.

8. Mental Health Access Standards

NHS England/Improvement has published recommendations to introduce five new waiting times standards for community and liaison mental health services. The proposed standards are in addition to existing standards for Improving Access to Psychological Therapies access, Early Intervention in Psychosis and children and young people's eating disorders. A consultation period, closing on 1 September, will inform the development of the standards, the thresholds and support that health systems may need.

Pathway	Proposed Standard
Community-based mental health crisis services (all ages)	**For a 'very urgent' presentation**, a patient should be **seen within 4 hours** from referral
	For an 'urgent' presentation, a patient should be **seen within 24 hours** from referral
Mental health needs in an emergency department (all ages)	**For a referral from an emergency department**, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service, **commence within 1 hour**
Non-urgent community mental health care	Children, young people and their families/carers presenting to community-based mental health services, should **start to receive help 4 weeks from request for service** (referral)
	Adults and older adults presenting to community-based mental health services, should **start to receive help 4 weeks from request for service** (referral)

The Trust's all age mental health crisis services are in a good position to meet the proposed standards, which are in line with the First Response model. The service model agreed with the Clinical Commissioning Group for the Core 24 service, which is currently being mobilised and will be operational from October 2021, reflects the proposed one hour response time. Access to community mental health care will be considered as part of the all adult mental health pathway strategic programme.

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

31 August 2021