

Board of Directors

11 November 2021

Paper title:	Board Integrated Performance Report – September 2021 Data	Agenda item 13
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		
<p>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.</p> <p>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.</p> <p>The table on page 3 shows the alignment of the integrated performance report narrative and metrics to the Trust's strategic objectives and associated Board Assurance Framework (BAF) risks. Feedback is welcomed from Board members about the helpfulness of this approach.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> consider the key points and exceptions highlighted for September 2021 and note the proposed actions; 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 Organisational High Risk Register	<p>The work contained with this report links to many of the organisational high risks including:</p> <ul style="list-style-type: none"> • 2370: COVID-19 sustained pandemic - inability to sustain service delivery through the waves of the pandemic • 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 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	<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"> • 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.

Board Integrated Performance Report – Alignment to Strategic Objectives

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	Recruitment rate; sickness; labour turnover; vacancy rate; mandatory training; appraisals; clinical supervision; safer staffing compliance levels and Working Time Directive
		Mental Health Legislation Committee: Training dashboard	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	Freedom to Speak Up
		Workforce & Equality Committee dashboard	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	Serious incidents, duty of candour incidents, suicides, expected deaths, unexpected deaths, COVID relates deaths – community, inpatients, Structured Judgement Reviews
		Quality and Safety Committee: Incidents dashboard	All incidents, violence and aggression, medication errors, near misses
		Quality and Safety Committee: Quality of care delivery dashboard	Clinical audit
		Mental Health Legislation Committee dashboard: Incidents dashboard	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, Friends and Family Test
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	Bank and agency fill rates/booking reason
		Quality and Safety Committee: System Oversight Framework Dashboard	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.	Quality and Safety Committee: System Oversight Framework Dashboard	Data quality – mental health services dataset, out of area placements

Meeting of the Board of Directors

11 November 2021

Board Integrated Performance Report – Board Highlights

1. Purpose

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

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

- high service demands, 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.

Seasonal pressures over winter are likely to be intensified by the ongoing impact of the COVID-19 pandemic. The Trust's winter plan, considered and approved by the Board and Quality and Safety Committee in October 2021, outlines proactive planning taking place across Trust services with Bradford and Craven health and care partners, to ensure that essential presenting needs continue to be met.

2. Workforce – Sickness Absence

Sickness absence remains above the Trust's 4% target (July 7.4%, August 7.3%, September 7.3%) and has breached the upper control limit, showing special cause variation. The higher sickness absence rate is due to short term and COVID cases. A high proportion of long term cases remain relating to anxiety, stress and depression. In September 2021, the areas with the highest levels of sickness remain:

Care Group	Sickness Rate
Estates, Facilities and Finance	10.02%
Clinical Administration Hubs	8.00%
Community Adults Services	7.76%
Mental Health	7.66%
Community Children's Services	7.56%

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.

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. Additional actions to promote health and wellbeing and resilience include employment of a dedicated health and wellbeing lead to support team stress risk assessments, designing

bespoke interventions to help with team wellbeing. Tailored support is also being provided to address specific challenges in services, including:

- adult physical health services have used in-year underspend to invest in additional non-recurrent HR support to improve sickness absence management;
- continued wellbeing support is being delivered into Child and Adolescent Mental Health Services (CAMHS) teams to improve morale and build resilience. Sickness absence rate has reduced to 2.90% in August and 2.67% in September;
- extra psychological support for staff on Bracken ward due to high levels of sickness.

Where staffing capacity does not meet the level of demand, thresholds, actions/mitigations and escalation procedures are well developed through service business continuity plans, daily lean management and COVID incident command arrangements. However the ongoing challenge of covering staffing shortfalls is taking considerable management and team leader time and energy.

High levels of vacancies and turnover experienced in some services impact on sickness absence. A clinical workforce strategy is being developed and will be in place by end of November. This will be supported by a detailed workforce plan and a recruitment and retention plan.

3. Workforce - Mandatory and Role Specific Training Mandatory Training

In September 2021, Trust-wide compliance is 88.94%, with 38 out of the 45 training elements achieving the target.

Two new e-learning training elements have been introduced for all staff: Adverse Childhood Events (ACEs), trauma and resilience; Freedom to Speak Up. Compliance is increasing, to 67.85% and 68.35% respectively. There are forthcoming national mandatory requirements in relation to safeguarding and learning disabilities and autism that will further increase training requirements, substantially for some staff groups. Recognising the significant amount of time required for staff to complete mandatory training, the Senior Leadership Team has initiated a full audit of mandatory training, to be completed by the end of March 2022.

Apart from the new competencies, three training elements remain more than 5 percentage points below target:

Competency	Target	Compliance	Issue	Action	Forward View
Moving & Handling People (Practical)	80%	74.07%	Capacity impacted by smaller class sizes, COVID sickness and isolation of trainers and attendees.	Blended learning approach (eLearning and classroom). Additional classroom sessions to support new starters and those returning from long term sickness/maternity leave.	Forward trajectory established. 80% compliance projected from March 2022.
Managing Aggression & Violence (MAV) - Breakaway	80%	65.91%	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 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. External company now commissioned to run the breakaway training.	Forward trajectory established. 80% compliance projected from February 2022.

Immediate Life Support	80%	67.61%	Training is commissioned via Airedale Hospitals Trust and Bradford Teaching Hospitals Trust (BTHFT), 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. BTHFT training affected by COVID absence in September resulting in cancellation of courses.	NHS Forward Trajectory established. 80% compliance projected from January 2022.
------------------------	-----	--------	---	--	---

Access to face to face training provision, both provided internally and commissioned from other organisations, is being impacted by sickness absence of trainers. The Senior Leadership Team is establishing a task and finish group to review and strengthen resilience in training provision, including consideration of further alignment of training with partners in Bradford and Craven and/or the West Yorkshire and Harrogate integrated care system.

4. 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.

Within the Trust, a new flow team is in place, there are daily partnership calls with acute trusts and the police and out of area oversight structures have been strengthened. Further quality improvement work focused on purposeful admission and safe discharge is planned, supported by the Kaizen Promotion Office.

Collaborative work on alternative provision for people experiencing mental health crisis is taking place with voluntary, community and social enterprise partners and Bradford and Craven Clinical Commissioning Group (CCG), including mobilising NHS England transformation funding to strengthen and broaden the reach of the existing safer spaces offer. In addition the CCG is working with Bradford Council on the opening of four crisis respite beds offering a non-medical approach to supporting a mental health crisis. However due to staffing availability, these beds are now unlikely to be operational during 2021/22.

Work is taking place as part of the West Yorkshire and Harrogate adult acute mental health pathway programme and the PICU programme to create a more aligned model across all providers.

A target for inappropriate out of area bed days in 2021/22 was agreed with the West Yorkshire and Harrogate integrated care system, based on the continuation of cohorting arrangements. The trajectory does not meet the national expectation of the elimination of inappropriate out of area placements. The Trust’s forward trajectory for Half 2 of 2021/22 has been reviewed and revised to reflect current levels of demand and complexity and delay in the opening of the four crisis respite beds.

Inappropriate out of area bed days	2021/22 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4
BDCFT target / trajectory <i>(with continuation of cohorting arrangements)</i>	1755	1461	1148	774
Actual	2405	2028		
Revised forecast <i>(with continuation of cohorting arrangements)</i>			2357	1980

The revised forecast bed numbers are consistent with the financial forecast for Half 2 of 2021/22. For the remainder of 2021/22, the Trust is likely to use the 18 beds blocked purchased from an independent sector provider. The contract supports more local placements, with a robust quality assurance framework to oversee quality and maximise capacity available.

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

28 October 2021