

## Board of Directors

**10 March 2022**

<b>Paper title:</b>	Board Integrated Performance Report – January 2022 Data	<b>Agenda item</b>  <b>13</b>
<b>Presented by:</b>	Patrick Scott, Chief Operating Officer and Deputy Chief Executive	
<b>Prepared by:</b>	Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members	

<b>Purpose of the report</b>		
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	<b>X</b>
	For information	

<b>Executive summary</b>		
<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. The January 2022 data and performance demonstrates the intense pressure services were under during the peak of the Omicron surge, with higher rates of staff absence than at any other time during the pandemic.</p> <p>COVID-19 pandemic has exacerbated waiting lists and waiting times for some community health services and mental health services. Forward trajectories are being agreed as part of the 2022/23 operational plan.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p><b>State below 'Yes' or 'No'</b></p> <p><b>No</b></p>	

<b>Recommendation</b>
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>consider the key points and exceptions highlighted for January 2022 and note the proposed actions;</li> <li>consider any further attention via supporting Board Committee structures.</li> </ul>

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

<b>Relationship to the Board Assurance Framework (BAF)</b>	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.
<b>Links to the Organisational High Risk Register</b>	<p>The work contained with this report links to many of the organisational high risks including:</p> <ul style="list-style-type: none"> <li>• 2370: COVID-19 sustained pandemic - inability to sustain service delivery through the waves of the pandemic</li> <li>• 2485: Reduced staffing levels in the core paediatric speech and language therapy service due to vacancies, with risk of breaching 18 week target</li> <li>• 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</li> <li>• 2509: Demand within community nursing services exceeding capacity</li> <li>• 2590: School Nursing Special Needs Sussex Tool highlights a gap between demand and capacity</li> <li>• 2609: Organisational risks associated with out of area bed use (finance, performance and quality)</li> <li>• 2610: Child and Adolescent Mental Health Service core waiting list</li> </ul>
<b>Compliance and regulatory implications</b>	<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"> <li>• 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.</li> </ul>

# Board Integrated Performance Report – Alignment to Strategic Objectives

Strategic objective	Key risk to achieving the objective	Board integrated performance report	
		Section	Metrics / Narrative
<b>STRATEGIC PRIORITY: BEST PLACE TO WORK</b>			
<b>SO2:</b> To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated	<b>Risk 2:</b> 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
<b>SO4:</b> To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity	<b>Risk 4:</b> 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
<b>STRATEGIC PRIORITY: HEALTHY AS POSSIBLE</b>			
<b>SO3:</b> To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)	<b>Risk 3:</b> 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
<b>STRATEGIC PRIORITY: BEST QUALITY CARE</b>			
<b>SO1:</b> To engage with our patients and service users, ensuring they are equal partners in care delivery	<b>Risk 1:</b> 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
<b>SO6:</b> To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable	<b>Risk 6:</b> 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
<b>STRATEGIC PRIORITY: SEAMLESS ACCESS</b>			
<b>SO5:</b> To value partnership ensuring that we collaborate to deliver maximum impact on health inequalities	<b>Risk 5:</b> 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
		Highlights narrative report	Waiting times – partnership approaches

## Meeting of the Board of Directors

10 March 2022

### Board Integrated Performance Report – Board Highlights

#### 1. Purpose

The paper provides key points in relation to January 2022 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 compounding existing workforce 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; reduced bank and agency staff availability impacting on staffing levels across inpatient services.

Seasonal pressures over winter have been intensified by the Omicron surge, with the highest number of staff absences in January 2022 than at any other time during the pandemic. Trust staff have also supported the intensified COVID-19 vaccination programme. Proactive planning is 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 (November 6.6%, December 7.5%, January 8.5%), breaching the upper control limit in January. The higher sickness absence rate is due to additional short term COVID cases, with COVID related absence peaking during the first three weeks of January. As at 6 January 2022, 12.73% of staff were absent in total, with 5.97% Covid related absence.

A higher proportion of long term cases relate to anxiety, stress and depression than before the pandemic. The data does not indicate how much sickness is related to work. High level of vacancies correlates with high levels of sickness rates.

In January 2022, the areas with the highest levels of sickness are:

Care Group	Sickness Rate
Community Adults Care Group	10.64%
Community Children's Care Group	10.29%
Mental Health Care Group	8.47%
Clinical Administration Hubs	7.56%

Within community adults, the highest sickness absence is in dental services (14.01%), community adults specialist services (12.10%) and community nursing services (9.29%).

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. In operational services, there is a correlation between sickness absence and labour turnover.

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. The Trust introduced a 12 week incentive scheme for clinical staff who work in patient / service user facing services, offering extra payments to staff who take up bank and additional shifts between 24 December 2021 and 17 March 2022.

There was a joint Quality and Safety Committee and Workforce and Equality Committee meeting on 16 December 2021 on the subject of staff health and wellbeing and sickness absence. Workforce health, wellbeing and resilience remains a key focus at Trust, Bradford and Craven place and West Yorkshire and Harrogate Integrated Care System level and there is a wide range of wellbeing support available to staff.

### 3. Workforce - Mandatory and Role Specific Training Mandatory Training

In early January 2022, given the significant pressures resulting from the spread of the Omicron variant and rising sickness levels, the Senior Leadership Team (SLT) took the decision to step down all mandatory refresher training (except for immediate life support and infection prevention training) and all other non-mandatory training so as not to add undue pressure on staff to complete. A grace period of one month was given for those staff whose competence expired during this time where the training is via eLearning and three months for any face-to-face sessions, acknowledging that there may be a capacity issue for the trainers in providing additional sessions. However, as most of the training continued to be via eLearning, staff were encouraged to complete training as soon as they could. To enable the Trust to continue to recruit staff to support the delivery of care, all new starter training was continued. Mandatory and role specific training was stood back up in mid-February.

In January 2022, Trust-wide compliance is 91.1%, with 39 out of the 45 training elements achieving the target. There are four training elements that remain more than 5 percentage points below target:

Competency	Target	Compliance	Issue	Action	Forward View
<b>Immediate Life Support</b>	80%	64.33%  Adult mental health inpatients – 62.39%	Training re-commissioned via Airedale Hospitals Trust and Bradford Teaching Hospitals Trust (BTHFT). COVID infection prevention measures reduce the classroom capacity. BTHFT training affected by COVID absence, resulting in cancellation of courses.	BTHFT sessions re-commenced in mid-February.  Training dates confirmed for the remainder of 2022 and shared with operational leads, to make the most of the spaces available.	Forward trajectory being formulated.

<b>Managing Aggression &amp; Violence (MAV) - Breakaway</b>	80%	65.81%	Capacity impacted by smaller class sizes, COVID sickness and isolation of trainers and attendees.	Refresher training recommenced with additional training dates provided. Practical Training Unit (PTU) providing on-site breakaway training to inpatient services. Trainers from external company being utilised whilst substantive recruitment into PTU continues.	NHS Compliance Trust increasing during February. Forward trajectory being reviewed.
<b>MAV – Physical Intervention</b>	80%	71.65%			
<b>Safeguarding Adults – Level 3</b>	80%	69.82%	Impacted by staff capacity and COVID absence.	Focussed support for mental health inpatient and community services to regain compliance. Safeguarding lead attends General Manager call out.	Compliance increasing during February. Forward trajectory being reviewed.

Compliance and forward trajectories will be reviewed by SLT in mid-March.

Compliance has increased and is now above target for the two new e-learning training elements introduced for all staff: Adverse Childhood Events (ACEs), trauma and resilience (89.36%); Freedom to Speak Up (84.34%). 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, SLT initiated a review of mandatory training to ensure that the competencies included are appropriate for the delivery of safe and effective care, the competencies are necessary so not adding undue pressure on staff time and there is a robust governance process agreed for maintaining the mandatory training matrix. An update on progress to date was provided to SLT in early February, with the findings and recommendations due by the end of March.

#### 4. NHS Oversight Metrics – Access and Waiting Times

Capacity is being constrained through a combination of rising demand, staff absence, vacancies and infection prevention and control measures. The SLT continues to oversee processes to manage and reduce waiting lists, with escalation from the Care Group Quality and Operational meetings.

The Trust continues to meet the national waiting times standards for Improving Access to Psychological Therapies (IAPT), with 91.5% of people waiting less than 6 weeks from referral to first treatment (target is 75% target) and 99.6% of people waiting less than 18 weeks from referral (target is 95%). However people are presenting with higher levels of need, requiring more one to one therapy rather than group therapy. 30% of people in Step 3, which is for those with more severe presentations, have post traumatic stress disorder. There are also high levels of staff sickness (10.79% in January 2022) and vacancies, with a national shortage of qualified staff. The proportion of patients waiting over 90 days between first and second appointment has been increasing since July 2021.

The level of IAPT access commissioned from the Trust is below the Clinical Commissioning Group national access target. The CCG is leading a review of IAPT which will inform the appropriate access target for the Bradford and Craven population. Findings of review and recommendations to be presented to Mental Health, Learning Disability and Neurodiversity Programme Board in May 2022. Forward trajectories the mental health long term plan priorities, including IAPT access, are being agreed as part of the 2022/23 operational plan, reflecting Bradford and Craven system decision about prioritisation of mental health and service development funding.

Waiting times have been significantly reduced for dental treatment under general anaesthetic, with 95.82% of patients waiting less than 18 weeks to commence treatment in January 2022 (statistically significant improvement from 34.1% in April 2021) against the target of 92%. The service has worked closely with Bradford Teaching Hospitals and Airedale Foundation Trust to reinstate and maintain operating lists for dental services with all lists reinstated except one fortnightly exodontia list at Airedale General Hospital. However operating theatre sessions remain subject to cancellation by acute trusts due to staff shortages and/or increased COVID-19 hospital admissions.

The main community services where waiting times standards are not currently being met are:

- Speech and language therapy - paediatrics: referrals are significantly higher than pre-COVID levels, with increased demand correlated to the closure of schools and nurseries. Capacity is constrained by staff vacancies and maternity leave (4.58 wte vacancies, 4.2 wte qualified staff on maternity leave). Recruitment is ongoing and Speech and Language Therapy support workers have been employed.
- Continence – referral to appointment: staff have been supporting the expanded COVID-19 vaccination programme and service capacity has also been impacted by sickness absence. Recruited to vacancies has been successful, using skill mix.

A forward trajectory for the numbers of people waiting for key community services is being agreed as part of the 2022/23 operational plan.

## **5. NHS Oversight 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.

For the remainder of 2021/22, the Trust is projecting 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. Discussions have taken place with the national mental health lead, the other West Yorkshire mental health trusts and West Yorkshire and Harrogate Integrated Care System (ICS) colleagues regarding ‘continuity principles’ under which the independent sector block contract beds would not be considered as an inappropriate out of area placement. Proposed changes will be considered by the Executive Management Team and will be reflected in the forward trajectory being agreed as part of the 2022/23 operational plan. The trajectory will also reflect the impact of quality improvement work that has commenced, focused on purposeful admission and safe discharge.

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

**24 February 2022**