

Council of Governors

3 February 2022

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| Paper title: | Performance Report | Agenda item 9.0 |
| Presented by: | Patrick Scott, Chief Operating Officer / Deputy Chief Executive | |
| Prepared by: | Susan Ince, Deputy Director of Performance and Planning | |

| Purpose of the report | | |
|---|-----------------|----------|
| The purpose of the performance report is to assist the Council of Governors in seeking assurance against the Trust's performance and progress in delivery of a broad range of key targets and indicators. | For approval | |
| | For discussion | X |
| | For information | |

| Executive summary | | |
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| <p>The Council of Governors Performance Report uses selected narrative and slides from the Board Integrated Performance Report. With effect from February 2021, a separate, complementary finance report is provided monthly to Board.</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, including the 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.</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> | If yes please set out what action has been taken to address this in your paper |

| Recommendation |
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| <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> consider the key points and exceptions highlighted and note the actions being taken. |

| 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) | The work contained with this report links to all 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 • 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 • 2590: School Nursing Special Needs Sussex Tool highlights a gap between demand and 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. |

Council of Governors Performance Report

3 February 2022 meeting

Performance relating to October, November and December 2021

Combined impact of:

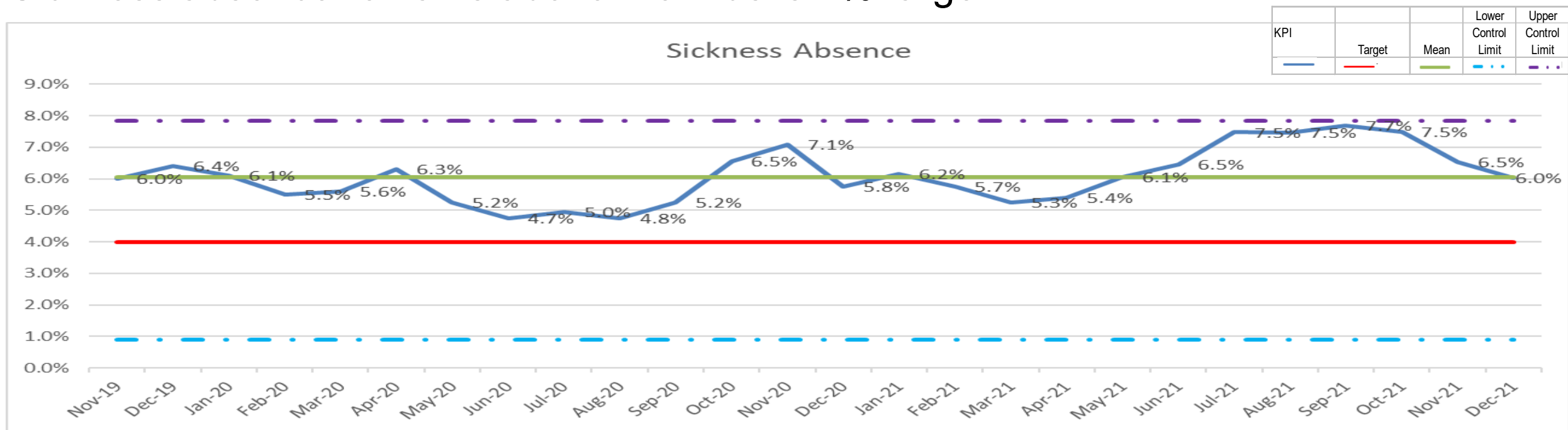
- **high service demands** - increased acuity and complexity, with COVID-19 having a clear and significant impact;
- **staff absence compounding existing workforce shortages** - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences; 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 are being intensified by the rise of the Omicron variant. Trust staff are also supporting 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.

Workforce – Staff Absence



- Sickness absence remains above the Trust's 4% target

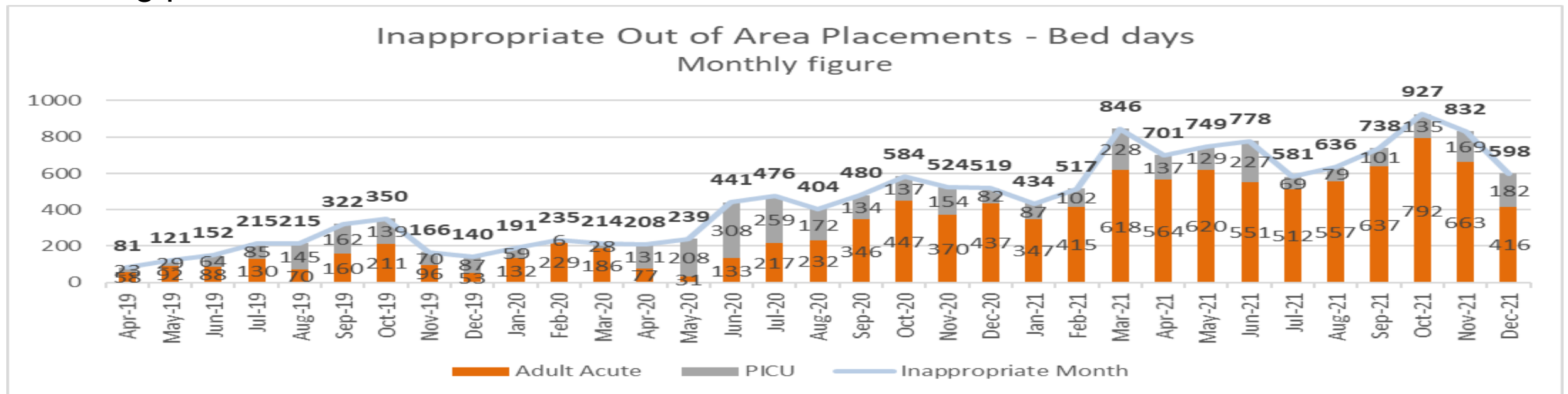


- The higher sickness absence rate is due to short term and COVID cases.
- In December 2021, the areas with the highest levels of sickness remain: estates, facilities and finance; mental health; community adults services.
- Sickness absence in community children's services is decreasing (November 5.87%, December 5.36%) despite the pressures experienced in these services.
- Sickness absence rate continues to have negative impacts on the Trust in terms of continuity of service, financial costs (due to bank/agency expenditure) and staff morale. In operational services, there is a correlation between sickness absence and labour turnover.
- The Trust has 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.

NHS Oversight Framework Metrics

– Out of Area Placements

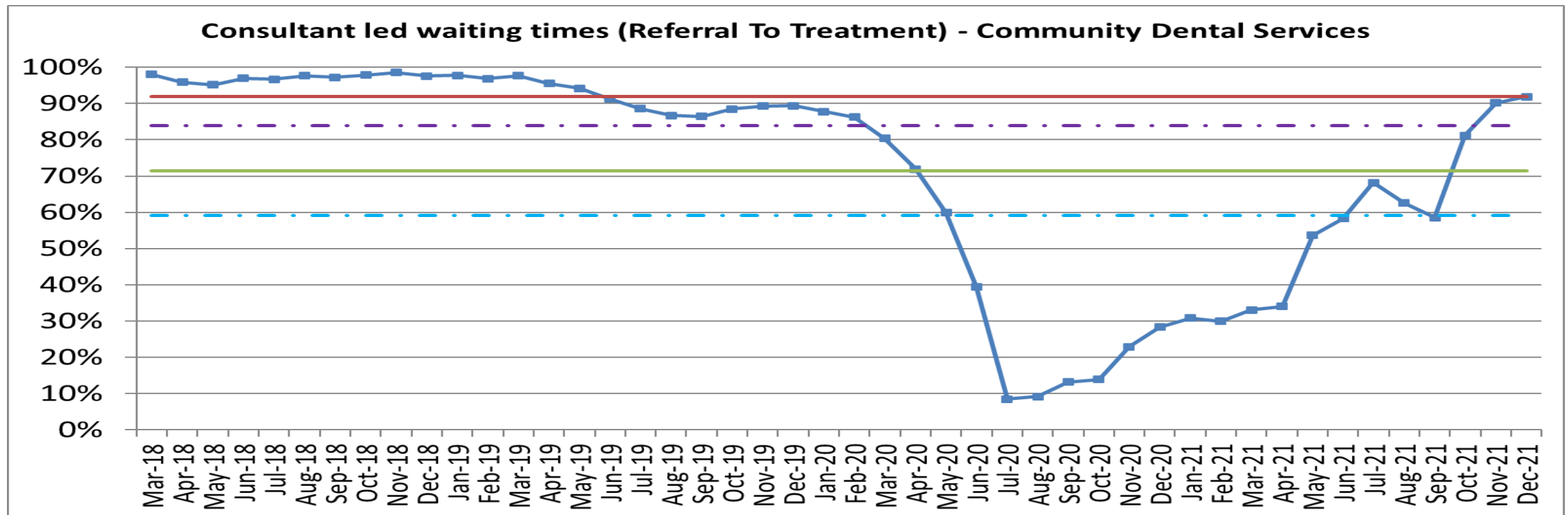
- COVID-19 has resulted in an increased number of inappropriate out of area placements for adult mental health services due to a combination of increasingly acute patients requiring an inpatient stay and a reduction in bed capacity to meet COVID safe requirements for isolating and cohorting patients.



- The Trust has worked with an independent sector partner to block purchase beds, with a rigorous assurance framework to oversee quality and maximise capacity available. Two additional PICU beds have been secured from the independent sector provider, for a time limited period, funded from COVID monies until the end of March 2022.
- Flow management has been strengthened, including flow team, daily partnership calls with acute trusts and the police and oversight of out of area placements.
- Further quality improvement work focused on purposeful admission and safe discharge has commenced, supported by the Kaizen Promotion Office. A sponsor development workshop is scheduled for 4 February 2022.

Waiting Times

- Capacity is being constrained through a combination of rising demand, staff absence, vacancies and infection prevention and control measures.
- The Senior Leadership Team continues to oversee processes to manage and reduce waiting lists, with escalation from the Care Group Quality and Operational meetings.
- Waiting times have been significantly reduced for dental treatment under general anaesthetic, with 91.9% of patients waiting less than 18 weeks to commence treatment in December 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.



With adjustments made for COVID-safe working, waiting times standards continue to be met in services including:

- podiatry;
- tissue viability: urgent referrals; non-urgent referrals;
- MyWellbeing Improving Access to Psychological Therapies (IAPT) service: people completing treatment;
- Child and Adolescent Mental Health Service (CAMHS): referral to first appointment (assessment); referral to second appointment (treatment);
- early intervention in psychosis: people with a first episode of psychosis who begin treatment with a NICE recommended package.

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

- community dental service: clinic services;
- speech and language therapy: patients on non-emergency pathways; paediatrics;
- continence: referral to appointment;
- CAMHS: broader CAMHS pathways; children and young people with eating disorders; neurodevelopment assessment
- MyWellbeing IAPT service: Step 2 and Step 3; waits between 1st and 2nd appointments;
- psychological therapies: community mental health services; learning disability;
- Memory Assessment and Therapy Service (MATS): referral to first appointment;
- Bradford and Airedale Neurodevelopmental Service: adult autism; adult attention deficit hyperactivity disorder.