

Board of Directors

12 May 2022

Paper title:	Board Integrated Performance Report – March 2022 Data	Agenda item 13
Presented by:	Mike Woodhead, Director of Finance, Contracting and Estates	
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>The report highlights the combined impact of high service demands, with COVID-19 having a clear and significant impact, together with staff absence and high levels of vacancies and turnover in some services.</p> <p>The COVID-19 pandemic has exacerbated waiting lists and waiting times for some community health services and mental health services. Forward trajectories have been agreed as part of the 2022/23 operational plan.</p> <p>The Trust's performance management framework is being reviewed during quarter 1 of 2022/23 and Board members will be advised of any proposed changes.</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 March 2022 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: Continuity of service delivery during COVID-19 sustained pandemic • 2485: Reduced staffing levels in speech and language therapy core paediatric service • 2504: Waiting lists in memory assessment services • 2509: Community nursing services demand exceeding capacity • 2535: Staff wellbeing – 0-19 children’s services • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2611: Improving Access to Psychological Therapies waiting lists • 2620: Increased demand on speech and language therapy community adult service
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
STRATEGIC 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
STRATEGIC 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
STRATEGIC 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
STRATEGIC 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
		Highlights narrative report	Waiting times – partnership approaches

Meeting of the Board of Directors

12 May 2022

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to March 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.

2. Workforce – Sickness Absence and Labour Turnover

Sickness absence remains above the Trust's 4% target but has reduced over the last quarter to below the mean (January 8.7%, February 6.6%, March 5.8%). Sickness absence remains higher than pre-pandemic rates mainly due to the additional short term COVID cases and higher long term cases relating to anxiety, stress and depression. The data does not indicate how much sickness is related to work.

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

Care Group	Sickness Rate
Clinical Administration Hubs	7.51%
Community Adults Care Group	7.22%
Community Children's Care Group	6.68%
Mental Health Care Group	5.56%

Sickness absence in the mental health care group is reducing. Sickness rate in adult mental health inpatients is currently 7.17%. The new model roster, that aims to provide a sustainable workforce model for acute inpatient services, assumes a 5% sickness absence rate.

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. 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.

Labour turnover has remained above the Trust's 10% target for the last two years, with statistically significant increase from September 2021 (11.5%) to March 2022 (14.3%), matching the previous highest rate recorded in September 2020. In March 2022, the areas with the highest labour turnover rates remain across clinical services (community children's - 14.52%; mental health -

15.65%; community adults - 12.63%) with human resources (17.72%) having the highest level of turnover across corporate services.

In operational services, there is a correlation between sickness absence and labour turnover. A key action in Care Group operational plans for 2022/23 is development of an effective recruitment and retention strategy with service level recruitment and retention targets aligned to workforce plans. Staff wellbeing in community children's services has been identified as an organisational high risk, given the transfer of Wakefield 0-19 children's public health services to a new provider on 1 October 2022 and Bradford Council's intention to re-tender 0-19 children's public health services. Staff engagement events have been held and will be increased as the Bradford procurement process progresses. The restorative supervision offer has been scaled up, to reduce staff burnout and stress, with an enhanced offer including staff trained in critical incident stress de-briefing.

3. NHS Oversight Metrics – Access and Waiting Times

Capacity continues to be constrained through a combination of rising demand, staff absence, vacancies and infection prevention and control measures. The Senior Leadership Team oversees processes to manage and reduce waiting lists, with escalation from the Care Group Quality and Operational meetings.

As part of the 2022/23 operational plan, Mental Health Investment Standard funding of £2.4 million plus £1.7 million over-commitment has been agreed for mental health priorities including:

- adult community mental health psychological services – to stabilise the workforce and reduce waiting times;
- perinatal mental health – to broaden service and increase number of women accessing specialist perinatal service from 266 in 2021/22 to local target of 416 by 2023/24;
- Individual Placement and Support – to increase access in line with the national Long Term Plan ambition;
- Improving Access to Psychological Therapies (IAPT) – to increase people accessing treatment from 11,316 in 2021/22 to local target of 13,164 by 2023/24. This is in line with the findings of the Bradford and Craven review of IAPT and the recommendations being presented to Mental Health, Learning Disability and Neurodiversity Programme Board in May 2022. Whilst the local access rate will still be below the national Long Term Plan ambition, this reflects the workforce challenges faced in recruiting qualified practitioners, together with increased complexity that impacts session length.

The proportion of patients waiting less than 18 weeks for dental treatment under general anaesthetic continues to meet the 92% target (January 95.8%, February 94.0%, March 92.9%).

A forward trajectory for the numbers of people waiting for key community services has been agreed as part of the 2022/23 operational plan including:

- speech and language therapy paediatrics – with implementation of an action plan to address vacancies, projecting a reduction in the number of children waiting from 1028 in quarter 4 of 2021/22 to 800 by quarter 3 of 2022/23;
- speech and language therapy adults – patients on the waiting list have been triaged, and an options appraisal has been completed about how to use current vacancies, given increased demand on the community adult service with increasing referral rates, forecast stabilisation of the number of people waiting to 300 people;
- continence – as a result of recruitment to vacancies and return of staff from the COVID-19 vaccination programme, the number of people waiting more than the target of 4 weeks is forecast to reduce from 227 in quarter 4 of 2021/22 to 148 by quarter 3 of 2022/23.

4. NHS Oversight Metrics – Inappropriate Out of Area Placements

COVID-19 continues to result in high increased use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds due to a combination of reduction in bed capacity to support COVID infection prevention and control requirements for isolating and cohorting patients and acuity of service user presentation. Managing people with greater acuity in the community means that those entering inpatient care are more complex and have longer lengths of stay, alongside increased overall volume of need.

Daily communication cells, chaired at general manager and head of nursing level, have been introduced across inpatient services, focussing on staffing and deployment and on expediting discharges to free up capacity. Quality improvement work has also commenced, focused on purposeful admission and safe discharge.

As part of the 2022/23 operational plan, a forward trajectory has been agreed for out of area bed days:

Care Group	2022/23 Quarter 1	2022/23 Quarter 2	2022/23 Quarter 3	2022/23 Quarter 4
Inappropriate out of area bed days – reportable	2063	1406	0	0
Appropriate out of area bed days	27	27	27	27
Non-reportable bed days – continuity principles	0	553	1335	983

The trajectory is based on the continuation of COVID cohorting arrangements and reflects anticipated reductions in length of stay and the expected impact of six crisis respite beds being mobilised by Bradford and Craven Clinical Commissioning Group and Bradford Council. The trajectory assumes the application of continuity principles from September 2022 onwards, under which independent sector block contract beds would not be considered as an inappropriate out of area placement.

Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
3 May 2022