

Board of Directors

14 July 2022

Paper title:	Board Integrated Performance Report – May 2022 Data	Agenda item 13
Presented by:	Mike Woodhead, Director of Finance, Contracting and Estates	
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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 workforce challenges, with increasing labour turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff and sickness absence remaining higher than pre-COVID rates and a higher proportion of long term cases relating to anxiety, stress and depression than before the pandemic.</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 May 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. The table has been revised to reflect the refreshed 2022/23 strategic objectives and ambitions.
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"> • 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 monitors and gathers insights about performance of integrated care boards and trusts 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

Ambition	Key risk to achieving the ambition	Board integrated performance report	
		Section	Metrics / Narrative
STRATEGIC OBJECTIVE 1: ENGAGING WITH OUR PATIENTS, SERVICE USERS AND WIDER COMMUNITY TO ENSURE THEY ARE EQUAL PARTNERS IN CARE DELIVERY			
1.1: Valuing lived experience, supporting the voice of under-represented groups	Your Voice Matters does not respond	Quality and Safety Committee: Staff and Service User Feedback dashboard	Formal complaints, concerns, compliments, Freedom to Speak Up, Friends and Family Test
1.2: Roles for people with lived experience across all areas of Trust activity	unable to demonstrate achievement		
1.3: Increase number and diversity of volunteers	lack of capacity to deliver volunteering strategy	Quality and Safety Committee: Quality of care delivery dashboard	Clinical audit
1.4: Supporting patients to be partners in their own care	fail to maximise relationships between professionals & service users		
STRATEGIC OBJECTIVE 2: PRIORITISING OUR PEOPLE, ENSURING THEY HAVE THE TOOLS, SKILLS AND RIGHT ENVIRONMENT TO BE EFFECTIVE LEADERS WITHIN A CULTURE THAT IS OPEN, COMPASSIONATE, IMPROVEMENT-FOCUSED AND INCLUSIVE CULTURE			
2.1: Embedding a compassionate and inclusive culture	lack may result in higher levels of staff disengagement and increased turnover	Quality and Safety Committee: Workforce dashboard	Recruitment rate; sickness; labour turnover; vacancy rate; appraisals; clinical supervision; safer staffing
2.2: Recognising & rewarding staff, sharing learning	reduction in morale, negative impact on discretionary effort, increased turnover		
2.3: Ensuring staff have a voice that counts	lack of thriving networks, inability to demonstrate compliance with WRES and WDES standards	Workforce & Equality Committee dashboard	Looking after our people, belonging in the organisation, new ways of working and delivering care, growing for the future
2.4: Staff are safe and healthy	increased staff absence and negative consequences for patient care		
STRATEGIC OBJECTIVE 3: MAXIMISING THE POTENTIAL OF SERVICES TO DELIVER OUTSTANDING CARE TO OUR COMMUNITIES			
3.1: Enabling every service to move towards its own excellence	targets are not sufficiently sensitive to recognise progress	Quality and Safety Committee: Serious Incidents, Duty of Candour & Mortality dashboard + Staff and Service User Feedback Dashboard	Serious incidents, duty of candour incidents, suicides, expected deaths, unexpected deaths, Formal complaints, concerns, compliments,
3.2: Enhancing our approach to organisational learning	data quality and maturity is insufficient to support learning		
3.3: Maximise opportunities to learn from best practice & research	lack of capacity due to operational pressures	Mental Health Legislation Committee: Metrics dashboard Highlights narrative report	Use of Mental Health Act – sections free from fundamental errors, sections reviewed on time Waiting times – actions and mitigations
3.4: Understand support needed for people to prevent harm whilst waiting for services	insufficient place-based offer		
STRATEGIC OBJECTIVE 4: COLLABORATING TO DRIVE INNOVATION AND TRANSFORMATION, ENABLING US TO DELIVER AGAINST LOCAL AND NATIONAL AMBITIONS			
4.1, 4.2, 4.3, 4.4: Working across place / ICS to develop a sustainable workforce; embed a culture of continuous improvement; transform services to reduce health inequalities and build community resilience; embed system leadership behaviours	insufficient capacity to develop strong relationships leading to lack of shared purpose, clarity, and misalignment of priorities	Highlights narrative report	Waiting times – partnership approaches
STRATEGIC OBJECTIVE 5: TO MAKE EFFECTIVE USE OF OUR RESOURCES TO ENSURE SERVICES ARE ENVIRONMENTALLY AND FINANCIALLY SUSTAINABLE AND RESILIENT			
5.1: Maximising internal/external opportunities to enable delivery of in-year & longer-term financial plans; best use of ICS £	inability to maximise opportunities may result in regulatory interventions, reputational damage, and reduced quality of services	Quality and Safety Committee: Workforce dashboard	Bank and agency fill rates/booking reason
5.2: Embedding environmental sustainability to support ultimate ambition to be a carbon net zero organisation	inability to meet targets impact negatively on finances, quality of estates, wellbeing of our population and workforce and reputation	Finance, Business & Investment Committee: System Oversight Framework dashboard	Out of area placements
STRATEGIC OBJECTIVE 6: TO MAKE PROGRESS IN IMPLEMENTING OUR DIGITAL STRATEGY TO SUPPORT OUR AMBITION TO BECOME A DIGITAL LEADER IN THE NHS			
6.1: Strengthen our insights by improving data quality and understanding needs	do not fully understand data needs	Finance, Business & Investment Committee: System Oversight Framework dashboard	Data Quality Maturity Index – Mental Health Services dataset score
6.2: Embedding virtualisation of care	increased health inequalities caused by inequity of access		
6.3: Create a digital workforce	training and education needs or workforce not being understood, barriers to capability	Quality and Safety Committee: Staff and Service User Feedback Dashboard	Complaints
6.4: Strengthen our digital foundation	will not have the tools / confidence of stakeholders to deliver our ambitions		

Meeting of the Board of Directors

14 July 2022

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to May 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
- workforce challenges, with increasing labour turnover, high levels of vacancies in some services, continued difficulties in attracting and retaining professionally qualified staff and sickness absence remaining higher than pre-COVID rates and a higher proportion of long term cases relating to anxiety, stress and depression than before the pandemic.

2. Workforce – Labour Turnover

Labour turnover has remained above the Trust's 10% target for the last two years, with a statistically significant increase from September 2021 (11.5%) to May 2022 (15.41%), exceeding the previous highest rate recorded in September 2020. In May 2022, the areas with the highest labour turnover rates are:

Care Group	Turnover Rate
Medical administration	23.88%
Specialist services and nursing	21.73%
Human resources	21.46%
Community children's services	17.01%
Mental health services	16.97%
Community adults services	13.84%

There are continued challenges in recruitment and retention across many services, particularly for professionally qualified roles. The training pipeline qualified roles (nursing, psychological therapists, allied health professionals, pharmacists, doctors) is not sufficient to meet demand. Availability of staff is the principal rate-limiting factor on the ability of the Trust, Bradford and Craven place and West Yorkshire system to increase activity to meet rising demand, transform and grow community teams and treat the backlog of patients on waiting lists.

In April 2022, the Workforce and Equality Committee ratified the Trust's Clinical Workforce Strategy 2021-2024. The strategy considers how the Trust can maximise the effectiveness of the workforce by reviewing the workforce skills mix, designing and developing new roles based on the needs of services, maximising the benefits of digital approaches and developing robust service level workforce plans to enable the Trust to retain, recruit and develop the right people.

A separate strategy for corporate services is currently being developed.

The senior leadership team held a workforce workshop on 22 June to establish the focus for the Together We Improve Create and Sustain (TWICS) Workforce Transformation Accountability and Guidance Group over the next few months, to help deliver the ambitions for our workforce. The following key areas of oversight were agreed:

1. Building a fit for purpose infrastructure to support proactive planning
2. Oversight of development of the training and development offer
3. Maintaining and continuing to develop the medical and pharmacy workforce
4. Workforce integration - across health organisations and between health and social care
5. Recruitment, onboarding and retention

3. NHS System Oversight Framework

On 27 June 2022, NHS England published the updated NHS Oversight Framework for 2022/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of integrated care boards (ICBs). The 2022/23 framework reinforces system-led delivery of integrated care in line with the direction of travel set out in the NHS Long Term Plan, Integrating care: Next steps to building strong and effective integrated care systems across England and the Integration White Paper (Joining up care for people, places and populations). The updated framework takes effect from 1 July 2022.

The content of the Trust's NHS Oversight Framework dashboard will be updated once technical specifications have been published for the high-level oversight metrics at ICB and trust level.

4. NHS Oversight Metrics – Children and Young People's Eating Disorders

Waiting times targets for children and young people with eating disorders (urgent and routine cases) have been added to the Oversight Framework dashboard, as key mental health metrics within the NHS Long Term Plan and the 2022/23 operational plan.

The COVID-19 pandemic has taken a significant toll on people's mental health, particularly among children and young people, and the effects are expected to last longer than in some other areas of health care. Nationally and locally there has been an unprecedented surge in urgent eating disorder cases among children and young people. In Bradford, of those children and young people who started treatment between January and March 2022, 75% of urgent cases were seen within one week, below the target of 95% but better than the overall England performance of 59% in 2021/22 quarter 3 (latest published data). Service Development funding was approved in 2021/22 and additional staff commenced in post during quarters 3 and 4 of 2021/22. The service forecasts to meet the 95% target for urgent and routine cases from quarter 3 of 2022/23.

The Council of Governors requested an update on actions to mitigate the waiting time challenges within the Child and Adolescent Mental Health service, which includes children and young people's eating disorders, and the Speech and Language Therapy service. Mitigations are outlined in summary slides, attached for information in appendix 1.

5. NHS Oversight Metrics – Inappropriate Out of Area Placements

Use of acute adult and Psychiatric Intensive Care Unit (PICU) out of area beds has continued 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. However the number of inappropriate bed days is lower than the forward trajectory agreed as part of the 2022/23 operational plan, with 470 bed days in April 2022 (trajectory 680 days) and 520 bed days

in May 2022 (trajectory 703 days). This is an improvement in number of out of area bed days when compared to same time last year though more than pre-pandemic.

All West Yorkshire mental health trusts are experiencing continued pressures in mental health inpatient services, with high adult acute mental health bed occupancy rates, increasing length of hospital stay, delayed discharges, and continued reliance on acute out of area placements. The NHS England national team is meeting with West Yorkshire trust and ICB colleagues in early August to discuss performance, understand the local context, and any ongoing challenges that they might be able to help address. Trust and ICB leads will be explaining the challenges that have developed over the past two years and outlining the provider led, place and West Yorkshire actions and collaboration.

The Trust was one of the organisations with a high number of out of area placement records open for more than 100 days in the national out of area placements data collection system. The Business Intelligence team has reviewed the last 12 months of clients entered into the system and closed down placements inappropriately shown as open, including those open for more than 100 days. Internal processes have been amended to identify discharges that need to be closed in the data collection system and regular monitoring is in place.

The Trust has a comprehensive quality assurance framework in place to oversee out of area placements, including any individual cases with longer lengths of stay. A quality dashboard is in place, with daily and weekly calls with independent sector providers, together with formal monthly meetings and quality visits where indicated.

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

4 July 2022