

Board of Directors

8 September 2022

Paper title:	Board Integrated Performance Report – July 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.</p> <p>The Board is receiving a separate report regarding plans for winter 2022, which outlines actions being taken to help address anticipated demand, capacity and workforce pressures and challenges.</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 July 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 2022/23 strategic objectives and ambitions, 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"> • 2485: Reduced staffing levels in speech and language therapy core paediatric service due to vacancies • 2495: Potential loss of community nursing workforce to neighbouring trusts • 2504: Waiting lists in memory assessment services • 2509: Community nursing services demand exceeding capacity • 2535: Staff wellbeing – 0-19 children's services • 2598: Staff shortages in older people's mental health 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 Quality and Safety Committee: Quality of care delivery dashboard	Formal complaints, concerns, compliments, Freedom to Speak Up, Friends and Family Test Clinical audit
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		
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

8 September 2022

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to July 2022 performance.

The common theme through all the data packs continues to be 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. Labour turnover has been rising since September 2021 (11.5%) with further increases in June 2022 (15.9%) and July 2022 (16.2%). In July 2022, the areas with the highest labour turnover rates are:

Care Group	Turnover Rate
Human resources	22.19%
Medical administration	22.07%
Estates, facilities and finance	18.30%
Community children's services	18.20%
Mental health services	17.69%
Specialist services and nursing	16.71%

The integrated performance report to the July Board outlined the main components of the Trust's clinical workforce strategy 2021-2024 to maximise the effectiveness of the workforce, and the key areas of oversight for the Together We Improve Create and Sustain (TWICS) Workforce Transformation Accountability and Guidance Group over the next six months, to help deliver the ambitions for our workforce.

To complement this medium and longer term work and address immediate pressures, including reports of staff leaving to undertake agency roles due to cost of living rises, the Senior Leadership Team (SLT) established a rapid task and finish group in July 2022 to model, agree and pilot recruitment and retention incentive packages for high risk areas. Like other providers across Bradford and Craven and West Yorkshire, the Trust is already offering a number of incentives, including relocation expenses, cost of living and travel expense payments. The Executive Management Team approved a "golden handshake" incentive payment from July 2022 to March 2023 for hard to fill critical posts, including newly appointed Band 5 nurses. Recruitment incentives scheme decisions will be monitored and collated centrally within the recruitment team and will be reported to the Chief People Officer on an annual basis in order to review the success of the scheme and to highlight any inconsistencies.

3. NHS Oversight Metrics – Waiting Lists and Waiting Times

Vacancies and staff absence combined with infection prevention and control measures, continue to constrain capacity. At the same time there is increased demand and complexity for many services. SLT continues to oversee the process for management of waiting lists and waiting times. Processes include:

- oversight using Care Trust Way and Daily Lean Management structures;
- clinical assessment of need of those awaiting intervention/support, with prioritisation where appropriate;
- communication to individuals regarding waits for support including how to seek support should their situation change and support that can be offered whilst waiting.

Care Group updates to the September Quality and Safety Committee will include one slide summaries for all services that have waiting lists, covering current performance, challenges, quality assurance, actions to stabilise or reduce waiting lists and forward trajectories.

4. 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. The number of out of area placements increased in July, impacted by COVID infections. However the number of bed days remains lower than the forward trajectory agreed as part of the 2022/23 operational plan, with 530 bed days in June 2022 (trajectory 680 days) and 679 bed days in July 2022 (trajectory 703 days).

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 met with West Yorkshire trust and Integrated Care Board (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 explained the challenges that have developed over the past two years and outlined the provider led, place and West Yorkshire actions and collaboration. We asked NHS England to:

- support the case for investment into our ageing estate, creating the infrastructure to better able to cope with infection prevention and control requirements and heightened acuity;
- support flexibility in use of funding to address acute pathway challenges;
- support the work with Health Education England and Higher Education Institutions at a regional level on increasing clinical course capacity for high priority roles;
- share good practice in relation to:
 - workforce retention initiatives;
 - application of continuity of care principles;
 - recurrent discharge initiatives and schemes.

As part of the 2022/23 operational plan, a forward trajectory was agreed for out of area bed days. The trajectory was based on the continuation of COVID cohorting arrangements and reflected anticipated reductions in length of stay and the expected impact of six crisis respite beds being mobilised by Bradford and Craven Health and Care Partnership and Bradford Council. The trajectory assumed 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.

The following assumptions have now changed:

- crisis respite beds will not be mobilised from September due to legal issues. Discussions are underway regarding the interim arrangements with an alternative provider, though beds are not expected to be mobilised until December, with full impact from March 2023. This results in projected use of an additional 465 out of area bed days. The increased costs will be reflected in the month 05 financial position and forecast;
- the independent sector provider needs further time to set up Trust access to clinical records. Continuity principles will be applied from November, once robust information sharing is in place, including the ability to access full clinical records with appropriate information governance. The Trust will continue to report externally the use of inappropriate out of area placements in September and October 2022, until continuity principles are applied in November 2022. Commissioners have been informed.

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

25 August 2022