

Board of Directors – Meeting held in Public

10 November 2022

Paper title:	Board Integrated Performance Report – September 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	
Committees where content has been discussed previously	Quality and Safety Committee 20/10/22 Mental Health Legislation Committee 22/09/22 Workforce and Equality Committee 20/10/22 Finance, Business and Investment Committee 22/09/22 Senior Leadership Team 19/10/22	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input checked="" type="checkbox"/> Supporting people to live to their fullest potential <input checked="" type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

Purpose of the report
<p>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, groups and Committees through to Board.</p>

Executive Summary

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.

The report highlights the combined impact of high service demands 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.

In September, the Board considered initial plans for winter 2022, including actions being taken to help address anticipated demand, capacity and workforce pressures and challenges. The Board is receiving a separate update report on the winter plan.

<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	<p><input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this)</p> <p><input checked="" type="checkbox"/> No</p>
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Recommendation(s)

The Board of Directors is asked to:

- consider the key points and exceptions highlighted for September 2022 and note the proposed actions;
- consider any further attention via supporting Board Committee structures.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- ☒ **SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- ☒ **SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- ☒ **SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- ☒ **SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- ☒ **SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- ☒ **SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • 2485: Reduced staffing levels in speech and language therapy core paediatric service due to vacancies • 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 • 2648: Safeguarding team staff sickness
<p>Compliance & regulatory implications</p>	<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"> • The NHS oversight framework describes how NHS England’s oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

Meeting of the Board of Directors

10 November 2022

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to September 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; 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, Vacancy Rate, Sickness Absence

Recruitment, retention and wellbeing of staff continue to be a key concern and focus. Labour turnover remains high (July 16.2%, August 16.0%, September 16.2%). Although overall Trust vacancy rate is 9.38% in September 2022, against a Trust target of equal to or less than 10%, there are elevated vacancy rates in some operational services particularly:

Care Group	Vacancy Rate
Estates and facilities	25.47%
Adult mental health inpatients	24.97%
Community nursing services	13.10%
Dental services	13.03%

The integrated performance reports to the July and September Board outlined the main components of the Trust's clinical workforce strategy 2021-2024 and medium term actions to help deliver the ambitions for our workforce, together with work to address immediate pressures, including recruitment and retention incentive packages for high risk areas and support for staff with cost of living.

Staff shortages, coupled with growing demand on services, are resulting in psychological strain on staff, with staff fatigue and burnout flagged as a concern in some services. There continue to be a higher proportion of long term absence cases relating to anxiety, stress and depression than before the COVID-19 pandemic. In September 2022, the areas with the highest sickness rate are:

Care Group	Sickness Rate
Bradford 0-19 children's services	9.83%
Older people's mental health services	9.43%
Payroll	9.17%
IM&T	9.01%
Adult mental health inpatients	8.76%
Specialist children's services	8.14%

There is extensive health and wellbeing support in place for all staff, together with tailored approaches such as a focus on restorative supervision and Professional Nurse Advocate role in children's services. Organisational development support and pastoral care is also an important component of the Trust and Bradford and Craven place plans for winter 2022/23.

Mental health inpatient services

A hot spot area is inpatient mental health services, which has increased levels of sickness absence (unregistered and registered staff, including those in Bands 6, 7 and 8A) coupled with high levels of vacancies, particularly in professionally qualified roles. Staffing challenges, together with high patient acuity, result in a high level of temporary staff being used. Bank and agency registered staff fill rates are deteriorating. Safer staffing compliance shows overfill of unregistered staff to compensate for areas where registered staff requirements cannot be met.

Key actions and mitigations already in place include:

- daily, weekly, monthly structures to support workforce planning and deployment of staff;
- deployment of Patient Safety and Head of Nursing to support, oversee and assure quality of care;
- Model Roster 3 onward recruitment;
- prioritising recruitment team capacity and building additional capacity to support;
- mutual aid meetings in mental health across the West Yorkshire Integrated Care System to support recruitment, retention and oversight of key issues.

The potential quality impacts are being closely monitored, including medication incidents, allegations against staff and duty of candour issues. The Chief Operating Officer is leading work with system partners to consider actions that may be necessary to maintain service quality over the winter period.

3. Mental Health Legislation Committee – Restrictive Practice

Despite the acuity of service presentation, there has been a continued reduction in the use of restrictive interventions across inpatient wards, with a decrease in the number of full physical interventions and incidents of rapid tranquilisation since June 2022. Thinking in a trauma informed way and applying 'No Force First' principles is resulting in a shift towards conflict resolution and less intensive means of support. Changes are being made to admission, transfer and discharge processes and how interventions are managed. All incidents continue to be monitored by the Positive and Proactive Steering Group.

4. NHS Oversight Metrics

At the end of June 2022, NHS England published the NHS oversight framework for 2022/23, including a set of oversight metrics, applicable to integrated care boards, NHS trusts and foundation trusts, to support implementation of the framework. NHS England subsequently published technical specifications for the oversight metrics. The Trust's NHS oversight framework dashboard has been updated to include applicable metrics. Two new indicators (community mental health access for adults and older adults; children and young people mental health access) will be added to the dashboard once data has been validated.

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 September to 771 bed days, with elevated demand for female beds.

The integrated performance report to the September Board outlined changed assumptions regarding:

- the opening of crisis respite beds, with interim arrangements not expected to be mobilised until December, which impacts on the projected use of out of area bed days;
- application of the continuity principles from November, with the Trust continuing to report externally the use of inappropriate out of area placements in September and October.

From September, the number of reported inappropriate bed days therefore exceeds the forward trajectory agreed as part of the 2022/23 operational plan (0 bed days in September).

The internal forecast of out of area bed usage has been further adjusted as length of stay reductions associated with the flow improvement programme are not anticipated to be realised in 2022/23. Planned Rapid Process Improvement Weeks (RPIWs) and Kaizen events on purposeful inpatient admission, discharge and admission pathways have been impacted by staff availability. A workshop was held with Bradford and Craven place partners in mid October to address flow through mental health inpatient beds. Plans for the winter period include enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service. However high acuity and complexity means that anticipated reductions of two to five days in average length of stay are not likely to be achieved in 2022/23. The increased costs are reflected in the month 06 financial position and forecast.

5. NHS Long Term Plan Mental Health Metrics

The mental health NHS Long Term Plan measures no longer included in the NHS oversight framework are provided in a separate dashboard.

Child and Adolescent Mental Health Services (CAMHS) – Children and Young People with Eating Disorders

Despite a significant increase in referrals, higher complexity and acuity of presentations, waiting times have improved for children and young people with eating disorders. Recruitment to new posts was successful and performance has improved in line with the forward trajectory agreed as part of the 2022/23 operational plan. The national access standards were met in 2022/23 quarter 2, for the first time since 2020/21, with 100% of urgent cases waiting one week or less from referral to start of treatment and 100% of routine cases waiting 4 weeks or less from referral to start of treatment, against a target of 95%.

Quality Improvement – Demand, Capacity and Flow

The Trust is joining an 18 month demand, capacity and flow quality improvement collaborative, run by the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists. The aims of the collaborative are to:

- support community and inpatient teams within mental health services to understand demand, develop and test change ideas to improve flow, reduce waiting lists and manage demand in creative ways;
- provide opportunities for peer-to-peer sharing and learning through regular in-person events.

The Trust is planning to focus on waiting times in CAMHS given the continued rise in children being referred to specialist CAMHS and on Improving Access to Psychological Therapies (IAPT) given the recruitment and retention challenges impacting service capacity. Although the programme is for mental health services, staff from the Trust's physical health services will be included in the project groups to share learning.

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

28 October 2022