

TRUST BOARD MEETING

26 September 2019

Paper Title:	Board Integrated Performance Report
Lead Director:	Liz Romaniak, Director of Finance, Contracting and Facilities
Paper Authors:	Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
Agenda Item:	11
Presented For:	Discussion
Paper Category:	Governance & Compliance

Executive Summary:

The Board considered assurance and reporting arrangements at a development session in April 2019, in light of significant feedback from the CQC relating to Trust assurance processes and Board oversight. The first iteration of the new Integrated Performance Report was considered at the July 2019 Board meeting.

The revised and evolving IPR and Committee dashboard content and style will support Board oversight of progress towards strategic goals and ensure responsiveness to emerging issues, with a clear line of sight from Board to ward/service including escalation through daily lean management, weekly report outs, groups and Committees through to Board.

Committee members have further reviewed the content of underpinning Committee dashboards together with the slides and content to be included in the Board IPR. The format and content of the report has been further refined, based on Committee and Board member feedback.

Changes made include additional content relating to:

- Quality & Safety: Reported incidents;
- Quality & Safety: Safer staffing – summary compliance;
- Finance Business & Investment: Informatics key statistics and digital projects;
- Finance Business & Investment: Estates and facilities key performance indicators.

The Quality and Safety Committee is undertaking further work, for completion by November 2019, on the content of the Committee dashboard, and the slides and content to be included in the Board IPR. Revisions for November 2019 will include consideration of content in relation to infection prevention (quarterly data), clinical audit activity and supervision compliance rates. The Board agreed that content would be finalised by November 2019 and support a 6-month review of the Performance Management Framework in December 2019.

The Board Highlights paper provides key points in relation to August 2019 performance.

Recommendations:
<p>That the Board:</p> <ul style="list-style-type: none"> discusses and provides any further feedback on the revised report format and content; and considers the key points and exceptions highlighted and notes the proposed actions.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):						
Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee
Senior Leadership Group	X	Directors		Chair of Committee Meetings		Mental Health Legislation Committee
Council of Governors						

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	X
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	X
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	X

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	X
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	X
Responsive: Services are organised to meet the needs of people who use our services	X
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	X
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	X

BOARD INTEGRATED PERFORMANCE REPORT

BOARD HIGHLIGHTS

1. Incidents

Reported incidents: Incident data is reviewed by the Quality and Safety Committee. The Committee requested that data presented around contributory factors is reviewed in line with the Yorkshire Contributory Factors Framework. This will be undertaken following the Serious Incidents Investigation Rapid Process Improvement Workshop taking place week commencing 30 September 2019.

Serious Incidents: Two serious incidents were reported in August 2019: one allegation of a staff member assaulting a service user and one incident where a service user sustained injuries after jumping from a window at home.

Pressure ulcers: A number of actions have already taken place in the management of pressure ulcers. A deep dive has been undertaken and a full update was provided to the September 2019 Quality & Safety Committee. Next steps include review of the incident reporting process for reporting pressure ulcers and associated actions.

2. Training and Appraisals

Mandatory and Required Training: Consistent with the positive movement reported in July training compliance has continued to improve which means most Trust level requirements (19 of 21) remain above or within five percentage points of the required standard. Quality and Safety Committee noted the upward trend in compliance for the majority of training requirements.

Two training elements remain more than five percentage points below the required standard: Care Programme Approach (CPA) and Mental Health Act however compliance has improved markedly for both. CPA training requirements have been streamlined (from five to three courses) and the number of places increased. Compliance with the three courses combined has increased from 52.6% in June to 65.6% in August. For Mental Health Act training, compliance has increased from 59.5% in June to 72.6% in August and the training lead is targeting hot spot areas.

Appraisals: Overall performance remains strong, with 85.2% compliance.

3. Sickness Absence reduction from 6.83% to 4.5% (January to August 2019)

Sickness absence has reduced for the seventh consecutive month. Statistical Process Control (SPC) analysis shows this is a falling trend.

	Jan 2019	Jun 2019	Aug 2019	Change
Average Cost £ 000	£ 501	£ 343	£ 320	£ 181
Episodes	628	434	414	214
Absence Days	5,492	3,804	3,684	1,808
Days / Episode	8.7	8.8	8.9	0.2

There has been a reduction in both long and short-term absences, representing an average estimated productivity gain equivalent to £181k per month.

The reduction is driven by a reduced number of absence episodes, with the average number of days per episode being relatively consistent. Additional attendance management input from HR has been supporting managers to proactively manage sickness absence and support staff to return to work.

Notwithstanding the reduced sickness absence, temporary staffing requirements remain elevated. This reflects particular challenges on inpatient wards including:

- sustained high adult acute bed occupancy (95.4% in August);
- support to individuals for whom onward placement packages are being coordinated within the Assessment & Treatment Unit;
- increased Dementia Assessment Unit occupancy (increased from 61.2% in April to 88.5% in August) and levels of special observations;
- high acuity and/or challenging behaviour requiring special observations;
- additional Twilight shifts agreed in a Rapid Improvement Week held in April to consider the Trust's response to the CQC Section 29A Warning Notice for Inpatient Services (due to end in September).

The impact and actions are picked up in the finance section of the report.

4. Mental Health Legislation

The new stretch target of 98% for both the percentage of Sections reviewed on time and for the percentage of error-free Sections is being monitored through the Mental Health Legislation Committee. The target has been met in both July and August 2019.

5. Financial Performance

Revenue and Cash: Whilst year to date performance is on track at the end of month five meeting a plan deficit of £790k, this masks increasing inpatient pressures which mean the risk of delivering previously forecast expenditure trajectories for months 6 to 12 has increased and requires further attention. Inflation-adjusted pay costs suggest around a £2m deterioration in the financial position for inpatient services in aggregate if year to date run rates are projected forward. The plan and forecast assumes back-end phased cost reductions, action is needed to ensure that these are deliverable and consider additional mitigations.

Achieving the planned 2019/20 position depends on urgent action to manage inpatient bed cost pressures, target reduced occupancy and the elimination of out of area placements. A new Mental Health Triumvirate Recovery Group has been established to agree further actions to reduce over-spending. Following discussion at the Senior Leadership Team's new monthly Finance, Sustainability & Growth focussed meeting, a different approach to increase the support and attention on Inpatient financial recovery is to be agreed. Actions include:

- review of roster efficiency, timeliness of approvals, review of un-rostered hours, early release of additional planned bank shifts;
- review of the Dementia pathway and service model / review of zonal engagement used in other Dementia services;
- agreeing trajectories for expected occupancy and expenditure reductions linked to the (still embedding) Functional Medical Model and Care Closer to Home (first phase) business case;
- agreeing and recruiting to further recurrent therapeutic staffing/skills mix;

- progressing agreed Local Authority placements and support packages for individuals within the Assessment and Treatment Unit (ATU) and meeting Local Authority and CCG commissioners to discuss current financial risks;
- delivering existing Zero Agency Health Care Support Workers CIPs;
- securing final agreement to prioritise a level of 2019/20 CCG contract investment in Mental Health for acute care pathway re-design.

Sustained high temporary staffing levels and high occupancy mean that the Trust has breached the NHS Improvement Agency Expenditure cap but achieved the planned aggregate Use of Resources Rating of 3.

The key focus is recovery planning to support in year and recurrent management of inpatient pressures.

Workforce Deep Dive: Slide 10 in the dashboard shows the sustained levels of labour turnover; at above 12% throughout 2019, albeit within upper and lower control limits for the same period (suggesting normal variation).

The Finance Business and Investment Committee received a detailed review into the impacts from, and actions to mitigate, turnover arising due to the Trust's ageing workforce. The actions set out in this and a previous deep dive have been developed to mitigate such risks, creating a more balanced age profile by attracting younger workers (in addition to valuing mature entrants) and retaining the skills and experience of our existing workforce. The Committee discussed actions directed at both these aims, including strategies at Trust, local place and wider ICS level. Notwithstanding the breadth and success of actions, national workforce pressures and lead times to train staff mean sustained focus is required.

Cash balances are £16.9m, or £49k ahead of plan.

Capital: The Board was previously advised that NHS Providers within West Yorkshire and Harrogate had been asked to submit revised, reduced capital programmes on 15th July, as a result of pressures on the national Capital Delegated Expenditure Limit, or CDEL. The Partnership had been given a Capital Control Total of £141.5m and asked to defer aggregate programme expenditure of £36.5m. This would have meant that the Trust needed to defer £544k (15%) of capital schemes into 2020/21. The announcement by the Government of an additional £1.85bn national capital funding means that this reduction is no longer required.

£1.2m capital has been prioritised to progress anti-ligature and assistive nurse call and door alarm technologies following the approval of an associated business case by the Board in July.

NHS Providers is lobbying nationally and regionally on behalf of providers to urge the government to provide the NHS with a clear 5-year increased capital funding settlement. Uncertainty in relation to capital budgets nationally is problematic for providers and systems who are currently developing 5-year plans to ensure delivery of the NHS Long Term plan.

6. Ligature Risk Assessments

Following feedback from the CQC the Trust revised risk assessment processes and documentation on Inpatient Wards. Whilst all assessments are current and in-date the approval in July by the Board of a business case for phased capital anti-ligature works will require a detailed and coordinated risk assessment programme. A sub group is being

established to ensure the detailed scheduling of works, ligature assessment and hand back of rooms for occupancy. This will have oversight at the Capital Planning and Investment Group and at the Ligature and Environmental Risk and Safety Group (which in turn reports to the Compliance Group).

7. Health & Safety Executive Improvement Notice

The Trust received an Improvement Notice from the Health and Safety Executive (HSE) in July 2019. This relates to the Airedale Centre for Mental Health and followed an inspection of the Trust in June. The HSE have required that the Trust develops ward-based risk assessments to ensure the safety of staff in respect of the Management of Aggression and Violence at the Airedale Centre for Mental Health. Inspectors found that site assessments for Health and Safety were in place but that employee risks arising from the management of aggression and violence and actions to manage these were not documented.

Templates have been developed, populated and are being tested, with relevant documents and policies now being revised. HSE helpfully described the specific requirements for the ward-based assessments which should include consideration of affected staff groups, control measures, daily communications and care plans, ward design, staff training, security systems and incident responses. With their permission, draft documents are being shared with HSE within the next week for feedback. The staff side chair, as co-chair of the Health and Safety Group, has been engaged in the Trust's response and risk assessment response.

A task and finish group of the Ligature and Environmental Risk and Safety Group is coordinating wider actions (beyond the specific improvement notice) to respond to feedback from the HSE and to ensure consistency of approach in services across the Trust.

8. Regulatory and Contractual

Community Dental Services Referral to Treatment: Performance has remained below the 92% target in August 2019 for patients who require dental treatment under general anaesthetic. The increased waiting times relate to paediatric special care which has seen an increase in both the numbers and complexity of children being seen. Actions taken include: review of access criteria for the paediatric operating list; consultant/specialist opinion required before any child can be accepted for treatment under general anaesthetic; training for staff who lead on the administration of the operating lists to ensure adherence to the referral to treatment rules. The service has established an improvement trajectory and forecast that the 18 week waiting time standard will be achieved from quarter 3.

Out of Area (OOA) Placements: Inappropriate OOA bed days remain elevated and increased to 225 bed days in July and 226 bed days in August. This reflects continued high occupancy and acuity for adult acute wards and the Psychiatric Intensive Care Unit, however the balance in each month was markedly different as shown below:

Out of Area Bed Days	July	August
Acute Inpatients	130	55
PICU	95	171
Total	225	226

The Care Quality Commission expressed concern about the impacts from the use of leave beds. Adult acute bed occupancy (without PICU) including leave beds was 100.1% for August, which is the lowest level since January 2019 when it was 99.9%. The metric peaked

at 105% in March 2019. The reduction in both occupancy metrics (with and without leave) in-month reflect lower occupied bed and leave days in July.

Actual beds used included Trust capacity and out of area placements. Combined activity, including out of area placements for the previous two months highlights a reduced adult acute bed (101 bed Trust capacity) but increased PICU bed (10 bed Trust capacity) requirement:

Combined Occupancy	Bed Days		Beds	
	July	August	July	August
Acute Inpatients	3177	3043	102.5	98.2
PICU	408	450	13.2	14.5
Total	3585	3493	115.6	112.7

Pressures reflect a challenging position with bed occupancy pressures across West Yorkshire and nationally. The occupancy pressures continue to drive elevated staffing and out of area placement costs. Year to date out of area placements costs are £509k.

The Trust remains optimistic that implementing a Functional Medical Model, alongside actions to bolster the Adult Acute Care Pathway and provide a more therapeutic offer will support recovery, reduced lengths of stay and bed occupancy. Work to support the Mental Health Care Group to model trajectories for improved performance is now vital.