

Board of Directors

28 May 2020

Paper title:	Integrated Performance Report – March 2020 Data	Agenda item 12
Presented by:	Liz Romaniak, Director of Finance, Contracting and Facilities and Deputy Chief Executive	
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 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, leadership communication cells, groups and Committees through to Board.	For approval	
	For discussion	X
	For information	

Executive summary
<p>At the 26 March 2020 Board development session, the Board approved a proposal for the Board, its Committees and associate sub-groups to use a consistent data pack containing high level dashboards supported by individual data charts to support assurance activity across the organisation. Whilst work has progressed on the agreed next steps, including transfer of data into the new format, progress has been inevitably been impacted by COVID-19. The April Board development session was postponed, and the Board has not yet had opportunity to consider the data pack and the appropriate flow and timing of data.</p> <p>Nationally, Boards have been asked to review and to streamline their meeting arrangements and agendas to support focus by organisations on management of the Coronavirus Incident.</p> <p>Given these constraints, the Board Highlights Report focuses on key items that have been discussed with Committees, based on their full dashboards, in the preceding two weeks. A further set of slides has not been extracted specifically for the Board. Due to the timing of Committees, most of the data within the Committee's dashboards relates to March 2020. The more significant impacts of COVID-19 are seen in the data towards the end of March. COVID-19 has resulted in some very significant changes in April and May 2020 performance and this will be the focus of significant Committee attention in the coming weeks, including next steps for planning the next phase of our response.</p> <p>More current data is considered through the daily COVID-19 incident control structures. Ensuring responsiveness to these service impacts in the current second phase is vital and assessments of demand and capacity have formed a key aspect of preparations for our internal recovery and resilience cell work and are starting to inform place-based systems 're-set' planning.</p>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> consider the key points and exceptions highlighted for month 12 and note the proposed actions. note the favourable end of year financial performance as included in the Trust's draft 2019/20 annual accounts, demonstrating achievement of the Control Total and a surplus of £400k: and consider any further attention via supporting Board Committee structures.

Strategic vision				
Please mark those that apply with an X				
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				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to many of the strategic risks as identified in the BAF, particularly:</p> <ul style="list-style-type: none"> 1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate 2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation 2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase 3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate 4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements 5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services
--	---

	<ul style="list-style-type: none"> • 6.1 Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period
<p>Links to the Corporate Risk Register (CRR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the CRR:</p> <ul style="list-style-type: none"> • Risk 1821: Failure to forecast and mitigate in year pressures • Risk 1825: Demands on the Trust's community services • Risk 1826: Case for investment in mental health • Risk 1831: Recruitment, retention and engagement of a diverse workforce • Risk 2102: Service user harm through ligatures within inpatient and CMHT environments. • Risk 2370: Impact of Covid
<p>Compliance and 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 requires providers to report performance against national requirements including quality of care, financial performance and sustainability, and delivery of national standards.

Meeting of the Board of Directors

28 May 2020

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to March 2020 performance and signals changes from mid-March onwards resulting from Covid-19.

Impacts of Covid-19 are being monitored through the Incident Command Structures and have been a key focus for the Trust's recovery cell work, with learning week workshops taking place week commencing 11 May and 18 May, including initial stage review of key data.

2. Mandatory and Role Specific Training

As part of the Trust's Covid-19 response, mandatory and role specific training compliance expiry dates have been extended by six months. From April 2020, the training compliance rates in the Quality and Safety Committee data pack are inclusive of the six month extension.

Gold Command received a detailed briefing in relation to mandatory training on 6th May (attached). This included updates on the significant additional work that has been completed to rapidly develop and operationalise new e-learning and 'Teams'-delivered live training packages which are supporting compliance in the absence of face to face classroom delivery.

Whilst performance at Trust level is compliant with the policy extension, Incident Command is mindful of the potential for adverse compliance at the end of that period. It has requested an assessment, and ongoing tracking, for each target of how many are out of date against the 12-month (pre-extension) requirement; recovery plans and trajectory for individuals exceeding the normal 12-month requirement. This is to ensure that compliance is restored by the end of the extension period. Clearly the situation will be monitored alongside the status of the Coronavirus and impacts on the Trust and staffing.

3. Appraisals

In light of Covid-19, a six-month extension has also been granted to appraisal expiry dates. This is consistent with national guidance suggesting that appraisals should be stood down at the present time.

From April 2020, the Quality and Safety Committee data pack has been adjusted to show the actual appraisal rate and the adjusted rate with the six-month extension to the expiry dates. During the Covid-19 incident, appraisals continue to be undertaken where operationally possible. Compliance in April 2020 remains above the 80% target without the six month extension.

4. Safeguarding

The impact of Covid-19 on the numbers of adult and children safeguarding concerns reported is being monitored and reviewed. A focus on vulnerable individuals has been a key aspect of the Trust's and System-wide Covid-19 response, including assessments to RAG-rate vulnerabilities to ensure targeting of support.

5. Duty of Candour, Serious Incidents and Mortality

In 2019/20 quarter 4, there were two serious incidents relating to allegations of abuse in in-patient settings. There were two further allegations of abuse reported in April 2020. This is a notable increase in serious incidents of this nature. The Patient Safety and Learning Group on 28 May 2020 will review this increase.

From April 2020, the Quality and Safety Committee data pack contains specific information on Covid-19 related deaths. All deaths continue to be reviewed at the Mortality and Duty of Candour Group. The Board (in private) will receive a separate report that highlights the learning from incidents and the learning from deaths.

6. Incidents - Violence and Aggression

There was an increase in incidents of violence and aggression in March 2020 and a reduction in April 2020, though both within the normal statistical limits. Although too early to directly evidence the impact of Covid-19, there is feedback from ward managers that a temporary change to the Trust's no-smoking policy, considered and endorsed by the Trust's Ethics Committee, may have contributed to a reduction in incidents. The reduction will be reviewed when April data is discussed, to consider the level of incidents relative to ward occupancy, which reduced significantly in April.

Monitoring and analysis of incidents will also consider the impact of other Covid-19 related changes particularly increased levels of inpatient acuity; though balanced against reduced occupancy (adult acute and older people's wards), and changes in use of restrictive practices. These issues will be considered at the Patient Safety and Learning Group meeting on 28 May 2020.

7. Mental Health Legislation Committee - Incidents

The incidents data provided in the Committee data pack related to March 2020 and it was too early to assess the impact of COVID-19 on physical interventions, restraint, rapid tranquilisation, restrictive practices, and segregation. The Chief Operating Officer and Medical Director provided a verbal Covid-19 update to the 21 May meeting of the Committee. Data will continue to be monitored through Covid-19 incident command and at the Mental Health Legislation Committee.

8. Financial Performance

The Trust's draft annual accounts were submitted on 11 May 2020 and are now subject to audit by KPMG, our external auditor. Despite a challenging year, the draft reported position is consistent with the required Control total. Key performance outcomes are shown below:

The Trust planned to deliver a deficit of £2.998m, secure access to £2.998m planned national Provider Sustainability and Financial Recovery Funding and achieve a break-even Control Total. Control Totals are nationally determined targets against which a provider's financial performance is individually assessed. The Trust generated a surplus of £400k which was £400k better than plan and reflected:

- Urgent National Mental Health provider support of £457k allocated to the Trust during March which improved the outturn position.
- Despite a challenging year, throughout which inpatient occupancy and high acuity drove significant additional staffing and out of area placement costs, outturn performance against service budgets of £4k better than planned.
- An increase in accrued untaken annual leave as staff supported the response to the Coronavirus pandemic. This generated a £61k permitted deterioration from the surplus that the Trust was expected to achieve.

The Trust had turnover of £160.6 million in 2019/20 and, after expending £160.2 million, generated a surplus excluding technical adjustments of £0.4 million, or 0.25% as shown below:

Income and expenditure performance for the year ending 31 March 2020

	£000's
Income from Patient Care Activities	149,619
Other Operating Income	10,988
Total Income	160,607
LESS:	
Operating Expenses	(159,072)
Interest Paid and Received	69
Public Dividend Capital	(1,204)
Surplus excluding technical adjustments	400
Impairments (incl. in Operating Expenses)	(2,068)
Deficit including technical adjustments	(1,668)

The reported surplus of £400k includes compensating income from NHS England for £157k additional costs incurred during March as part of the Trust's response to the Coronavirus incident.

- Use of Resources Rating – performance reflects a risk rating of 1 (lowest level of risk) which is as planned.
- Cash flow – cash balances were £3m above plan at the year end and incorporate prior year bonus Sustainability and Transformation Funding, Urgent national Mental Health funding allocated during March and other changes in working capital including the agreement to include Commissioning for Quality and Innovation (CQUIN) funding within the Trust's CCG fixed income contract.
- Capital – costs are £152k above the original plan and reflect ICS-level agreement of additional capital costs offset by underspending by other organisations. The 2019/20 plan required re-prioritisation in-year to accommodate a significant business case to install nurse call alarms and the first phase of full door surround alarms in 40 rooms across the Trust's inpatient estate.
- Cost Improvements – plan requirements were only achieved with the use of non-recurrent mitigations and by deploying the Trust's high-risk CIP reserve.

Key issues relate to underlying inpatient staffing, acuity and occupancy pressures exacerbated by Out of Area Placement costs. These remain the Trust's key ongoing forward financial risk.

9. Single Oversight Framework Metrics

All the provider metrics within the Single Oversight Framework are impacted by Covid-19. There were reduced referrals to some mental health services, including Improving Access to Psychological Therapies (IAPT), from late March 2020. There is local and national concern about the impact of the Covid-19 pandemic on mental wellbeing and specifically mental health caseload, acuity and capacity. The impact is being monitored and actions agreed by the Care Groups and included in the next stage of the Trust's recovery work.

Susan Ince, Deputy Director of Performance and Planning – with Senior Leadership Team members
May 2020