Board of Directors

30 July 2020

Paper title:	Integrated Performance Report	**Agenda item** **13**
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 from escalation through daily lean management, leadership communication cells, groups and Committees through to Board.	For approval	
	For discussion	**X**
	For information	

Executive summary

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. Nationally, Boards have been asked to review and to significantly streamline their meeting arrangements and agendas to support focus by organisations on management of the coronavirus incident.

The proposed changes form part of the continued development of the Trust's performance management framework. The updated framework will build on the findings and recommendations from the corporate governance effectiveness review (on which the Board is receiving a separate output report).

The Board Highlights Report focuses on key items that have been discussed at Committees, based on their full data packs. The accompanying slides comprise the Committee summary dashboards together with data charts for any areas of escalation. Due to the timing of Committees, data that has been discussed by them relates to May. Updates have been provided for June 2020 where available to inform discussion. Further work is being undertaken to ensure consistent use of the variation, assurance and action status symbols.

Covid-19 has resulted in some very significant changes in activity, presentation, capacity and performance and this will continue to provide a major focus of Committee attention in the coming

weeks. Demand and capacity work is ongoing, led at a service level and overseen by the Care Groups.

Information on national evidence and trends is regularly considered by the Clinical Board who make recommendations to the Care Groups for their consideration. The on-going reset work is reported monthly into the Resilience Cell to ensure a coordinated approach and consideration of key interdependencies. Key next steps for reset include developing and modelling different scenarios to inform service, performance and financial forecasts. We continue to liaise with both the Bradford and Airedale place and West Yorkshire and Harrogate Integrated Care System with regards to reset plans.

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
The Board of Directors is asked to: • consider the key points and exceptions highlighted for May and June 2020 and note the proposed actions; 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)	The work contained with this report links to many of the strategic risks as identified in the BAF, particularly: • 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 • 6.1 Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risks as identified in the CRR: • 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
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • 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 (though some reporting is suspended during the Covid-19 pandemic)

Meeting of the Board of Directors

30 July 2020

Integrated Performance Report – Board Highlights

1. Purpose

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

A common theme through all the data packs is the impact of Covid-19, alongside other factors, on inpatient mental health acuity (resulting in an increase in the number of new Section 2s, high levels of incidents involving managing violence and aggression and an increase in the number of episodes of full physical intervention), occupancy, associated inpatient staffing pressures and increased out of area requirements to support ensure infection prevention and control through cohorting and/or isolation. Whilst adult acute inpatient occupancy averaged 88.9% and Psychiatric Intensive Care Unit (PICU) 85.3% during June, the Trust required an average of more than 11 acute and 4 PICU out of area beds to maintain COVID-safe ward environments.

Impacts of Covid-19 are being monitored through the incident command structure and have been a key focus for the Trust's re-set work coordinated by the Resilience Cell.

2. Workforce: 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.

Whilst performance at Trust level is compliant with the policy extension, incident command is mindful of the potential for, and need to plan to prevent, adverse compliance at the end of that period. An assessment has been undertaken for each target of how many are out of date against the 12-month (pre-extension) requirement. This will be considered via the incident command structures over the next two weeks and recovery plans and trajectories agreed for individuals exceeding the normal 12-month requirement.

3. Workforce: 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 May and June 2020 remains above the 80% target without the six month extension.

4. Workforce: Supervision

Supervision compliance has been reported to Quality and Safety Committee from December 2019 data. Compliance is 15.7% in May 2020 and 18.5% in June 2020. The Trust approach for clinical supervision has recently been reviewed in terms of consistency of approach and concerns raised over staff being able to meet compliance requirements during Covid-19. Senior clinical leads from each discipline met and the outcome of this review is that the current clinical supervision policy will remain as is.

The minimum requirement for all registered staff remains at 6 sessions per year of 1 hour duration (minimum) across a 12 month period. The Trust continues to acknowledge that staff groups engage with a range of supervision activity above that of the 1-1 requirement and some professional groups have specific governing body requirements to adhere to. This level of detail sits outside of the overarching policy and is required to be kept locally under the standard operating procedure for that specific service/staff group.

Clinical supervision activity (1-1 or group) continues to be recorded on ESR by either the clinical supervisor or staff member receiving the supervision.

5. Workforce: Safer Staffing

A safer staffing review is underway, based on the model rosters and patient acuity. This will encompass different scenarios, including staff absence due to Covid-19 and to influenza, and will inform the Trust's business continuity arrangements, re-set work and a winter plan that is due to be considered by the Board in September.

High vacancy levels on some wards are impacting on safer staffing compliance. Measures to improve recruitment include increasing clinical placements. Following on the success of the NHS England-administered Clinical Placements Expansion Programme in 2019, the scheme is being repeated for 2020. The aim of the programme is to build placement capacity to help recover/reimagine placements post-Covid-19 and support training capacity growth. The Trust has submitted enhanced placement capacity plans for nursing services and Allied Health Professions (AHP). The closing date for submissions was 17 July, with announcements of allocated funding to support meeting the declared expanded capacity for 2020/21 expected in late August.

6. Serious Incidents, Duty of Candour and Mortality

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.

There was a spike in the number of deaths due to a clinical condition in April and May. This was largely driven by Covid-19 related deaths. In June this number decreased, in line with national trends. A review of Covid-19 related deaths in Learning Disability services was undertaken. This found that in the district there is not a significant excess death rate at present; this is not the picture nationally, where increased deaths have been reported.

7. Incidents

In response to the high levels of incidents involving managing violence and aggression from March 2020 onwards, a task and finish group has been commissioned by Patient Safety and Learning Group to review this. Learning will be brough back to the July meeting of the group.

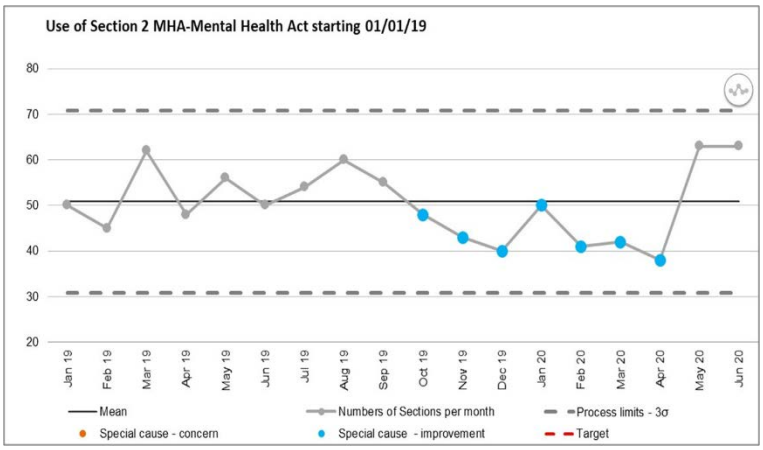
The reporting of near issues remains low and shows a decreasing trend. This was discussed at the Finance Business and Investment Committee who considered the Health and Safety Annual Report. A communications strategy is being devised and implemented to promote the reporting of near misses, linking with the work that commenced in July 2020 to revise the Trust's risk management strategy.

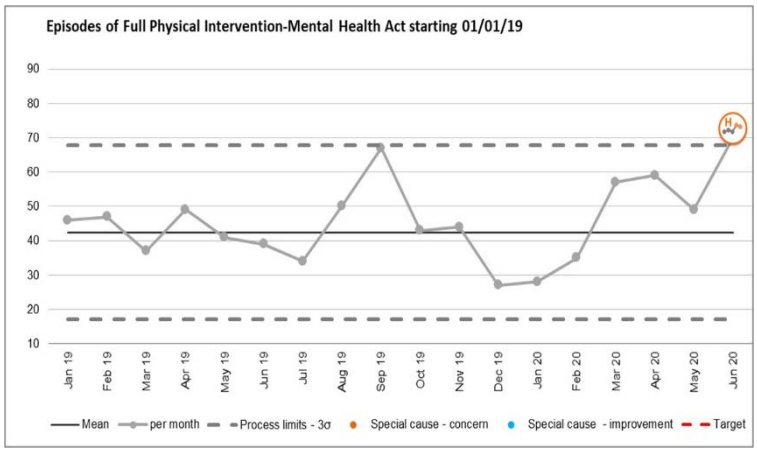
8. Quality of Care Delivery - Equipment Maintenance

Routine equipment maintenance was stepped down in response to Covid-19, impacting on compliance with equipment maintenance standards. In June 2020, Leeds Teaching Hospitals Trust medical physics service re-commenced service visits to all risk levels of medical devices. Plans to restore previously improving compliance will be progressed via incident command structures and overseen weekly by the Senior Leadership Team.

9. Mental Health Legislation Committee

The Committee data pack advises a watching brief for Mental Health Act metrics and incident data. In May and June 2020 there has been an increase in the numbers of new Section 2s, resulting from high demand for beds and increased levels of acuity. Covid-19 restrictions appear to be impacting patients and staff significantly, with increased acuity and including elevated PICU out of area placements. There has been an increase in the number of episodes of full physical intervention in June 2020, exceeding the upper control limit:





Data continues to be monitored through Covid-19 incident command and at the Mental Health Legislation Committee.

10. Financial Performance

It is anticipated that temporary national finance arrangements to reimburse reasonable additional COVID-19 costs to the end of July 2020 will be extended to the end of August (and possibly September). Whilst this significant intervention has freed NHS organisation capacity to focus on business continuity arrangements to deliver safe care and working practice, the income top-ups that support a break-even position for quarter one mask a deteriorating financial position.

Understanding the implications of this, on service capacity and demand and consequential financial performance for the remainder of the year, is a key concern. The Finance, Business and Investment Committee will receive forecasts based on different scenarios when it meets in September 2020 and has agreed that focus and reporting on metrics aligned to the Trust's Strategic Programmes, which will target recovery in the most significant areas of financial risk, would be helpful.

It is unclear to what extent revised financial arrangements will provide funding for the increased expected, but as yet difficult to predict, impacts on mental health and community physical health teams arising from the pandemic. It has been signalled that the NHS will need to deliver within more normal 'fixed' financial envelopes for the second half of 20202/21, although details are still being discussed nationally at the time of writing.

Since low occupancy early in the pandemic across all acute and older adult mental health inpatient wards, occupancy and acuity has increased to a significant extent within adult acute wards. This, alongside actions to ensure infection prevention and control, has increased out of area placement requirements and costs, including to ensure the appropriate isolation and/or cohorting of new admissions and/or symptomatic patients. Rapid work is underway on the Care Closer to Home adult mental health pathway, as part of the re-launch of the Trust's strategic programmes. This includes the continued development of intensive home treatment and community mental health team pathways for high acuity service users and additional support to reduce readmissions experienced by individuals with a diagnosis of personality disorder and to reduce lengths of stay for individuals with a diagnosis of psychosis.

Managing patient acuity, readmissions, lengths of stay and associated inpatient staffing and out of area placement pressures is the key risk to the Trust's financial improvement trajectory

11. Single Oversight Framework Metrics

All provider metrics within the Single Oversight Framework are impacted by Covid-19, though national reporting and monitoring is currently suspended for some metrics. 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 and about impact on access and waiting times for both mental health and physical health services. The impact is being monitored and actions agreed by the Care Groups and included in the next stage of the Trust's reset work, coordinated by the resilience cell.

At the time of writing financial arrangements beyond August/September and associated performance requirements for the remainder of 2020/21 are still being discussed nationally. It expected that further detail will be provided in early August, likely involving adjusted prospective block allocations for systems, rather than the current individual retrospective organisation cost

and income top-up claims. Significant ongoing impacts on capacity, activity and performance are expected for services provided by the Trust, with populations locally facing on average materially disproportionate (adverse) health inequalities.

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