Board of Directors

24 September 2020

Paper title:	Board Integrated Performance Report – August Data	**Agenda item** **16**
Presented by:	Liz Romaniak, Director of Finance, Contracting and Facilities & 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 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

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 July. Updates have been provided for August 2020 where available to inform discussion. Actions identified as part of the corporate governance effectiveness review (separate output report received by the Board in July) included consideration of meeting schedules and flows of information. Further work is also being undertaken to ensure consistent use of the variation, assurance and action status symbols. The proposed changes form part of the continued development of the Trust's performance management framework. The framework has been updated and reviewed by the Senior Leadership Team during September, with any significant changes to be highlighted to the Audit Committee in October.

COVID-19 has resulted in some very significant changes in activity, presentation, capacity and performance and this continues to provide a major focus of Committee attention. Understanding the short- and medium-term implications of this on capacity, demand, performance, outcomes and financially is now a key consideration. The on-going re-set work is led by services and the Care Groups and reported into the resilience and re-set cell to ensure a coordinated approach and consideration of key interdependencies. Over the next four weeks, key steps for re-set include working with services to test assumptions on demand, ways of working/capacity and workforce and to model different scenarios to inform service business continuity plans, workforce and financial forecasts and identify key areas of risk and potential mitigations. We continue to liaise with both the Bradford and Airedale place and West Yorkshire and Harrogate Integrated Care System with regards to re-set plans and to understand and respond within the national (including financial) frameworks.

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'** **No**	If yes please set out what action has been taken to address this in your paper

Recommendation
The Board of Directors is asked to: • consider the key points and exceptions highlighted for July and August 2020 and note the proposed actions; • note the deteriorating underlying position for inpatients and Out of area placements: 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

24 September 2020

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to July and August 2020 performance and highlights changes from mid-March onwards resulting from COVID-19.

A common theme through all the data packs is the ongoing 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. This includes responding to high current occupancy but also actions taken at points during the pandemic to support ensure infection prevention and control through cohorting and/or isolation.

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 and re-set 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 were extended by six months, the extension due to expire on 30th September 2020. Consequently, from April 2020, the training compliance rates in the Quality and Safety Committee data pack have been inclusive of the six-month extension.

Whilst performance at Trust level is compliant with the policy extension, incident command has continued to be mindful of the potential for, and need to plan to prevent, adverse compliance at the end of that period. Due to the ongoing impacts of operating from COVID-secure environments and observing appropriate social distancing on face to face training, compliance expiry dates for Managing Violence and Aggression (MVA), Basic Life Support and Moving and Handling (3 of the Trust's xx mandatory training elements) have been extended for a further three months. This trajectory will allow training capacity to be targeted at new starters and those staff who are the longest out of date and ensure compliance at the end of the extension. For face to face courses, including Managing Violence and Aggression, a blended eLearning with classroom-based approach has also been adopted to reduce classroom time required. Recovery plans and trajectories are reviewed monthly through Silver command.

3. Workforce: Supervision

Supervision compliance has been reported to Quality and Safety Committee from December 2019 data. Compliance has increased from 18.5% in June to 24.4% in July and 30.4% in August.

The Trust's approach for clinical supervision has been reviewed to improve consistency of approach and to clarify the different kinds of supervision and staff groups to be included. Access to supervisors and training is being reviewed. Consideration is being given to changing the target to one supervision every eight weeks rather than six sessions per year across a 12-month period. Clinical supervision activity (1-1 or group) continues to be recorded on ESR by either the clinical supervisor or staff member receiving the supervision. A pilot is underway within Child and Adolescent Services (CAMHS) and 0 – 19 services to support the move from local recording to recording on ESR and to review and assure associated data quality.

4. Workforce: Safer Staffing

A review of the model rosters has been undertaken in acute inpatients, encompassing current vacancies and fill rates together with the infection prevention arrangements required during the COVID-19 and reduced bed bases where applicable. The model roster review will be considered by the Board in November.

The Compliance Group has considered working time directive breaches, concentrating on ensuring 11-hour rest period between shifts and that staff do not work more than four consecutive days or nights. A reduction in breaches is expected from August 2020, at which point additional e-roster safeguards were implemented and became active in the next roster period.

5. Incidents

The Trust experienced increased levels of incidents involving managing violence and aggression from March 2020 onwards. Consequently, a task and finish group was commissioned to review these by Patient Safety and Learning Group, with learning brought to the 28 August meeting of the group. No themes or trends were identified within wards or teams. Despite the increase in the number of full physical interventions, a decrease in the number of allegations against staff was observed.

Staff have been reminded about the importance of reporting near miss issues, linking with the work that commenced in July 2020 to revise the Trust's risk management strategy. Although reporting remains low, it has increased above the mean in July and August 2020 and levels of reporting will continue to be monitored by the Quality and Safety Committee.

6. Quality of Care Delivery - Equipment Maintenance

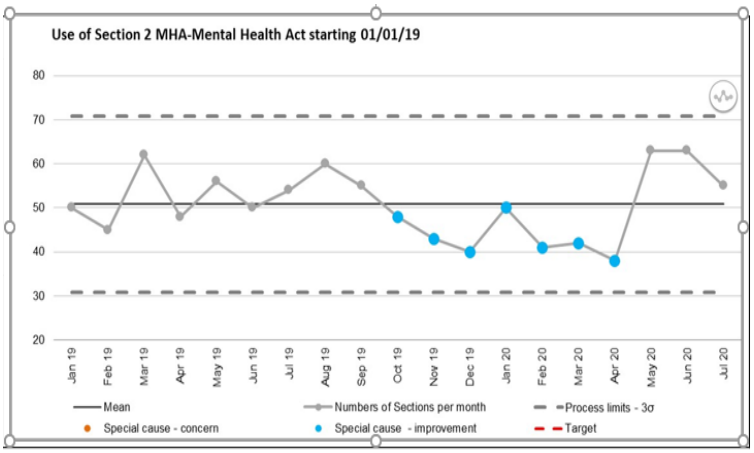
Routine medical devices maintenance was stepped down in response to COVID-19, impacting on compliance with equipment maintenance standards. In June 2020, Leeds Teaching Hospitals Trust medical physics service re-commenced COVID-secure service visits to all risk levels of medical devices. Overall compliance has consequently improved from 68.1% in June to 71.3% in August. Leeds Teaching Hospitals Trust medical physics has provided a programme of planned visits to Trust sites to undertake maintenance and calibration of devices. Compliance is progressed through the Medical Devices Working Group, with escalation to the Senior Leadership Team, who will discuss improvement trajectories during September.

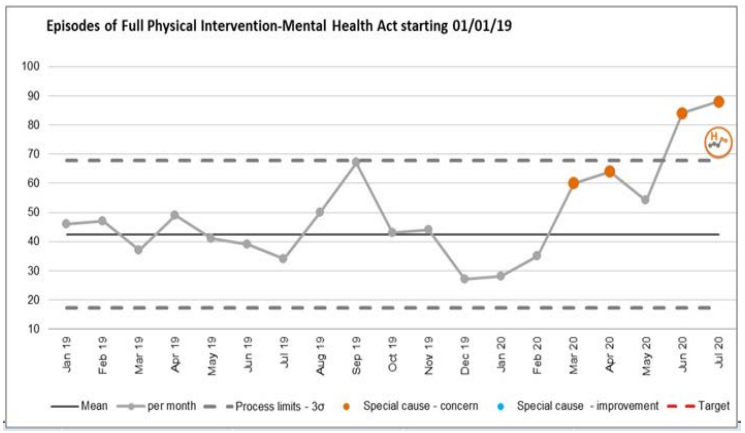
7. Workforce – Sickness Absence

Sickness absence rates remain above the Trust's 4% target but within normal variation (May 5.3%, June 4.7%, July 5.3%, August 4.6%). Most cases continue to be attributable to long-term sickness, with an increase in the number of cases recorded as anxiety, stress and depression. A detailed review of sickness hotspots aligned to the impact of COVID-19 on service delivery is underway and due to report in October. This will highlight any emerging patterns (including where anxiety of returning to work environments is a factor) and identify areas where support additional to the Trust's existing and expanded wellbeing offer is required.

8. Mental Health Legislation Committee

The Committee data pack advises a watching brief for Mental Health Act metrics and incident data. In May, June and July 2020 the numbers of new Section 2s were significantly higher than the prior 6-month generally downward trend, resulting from high demand for beds, high levels of acuity and a greater proportion of admissions of individuals previously unknown to mental health services. COVID-19 restrictions appear to be impacting patients and staff significantly, with increased acuity also illustrated through elevated male PICU out of area placements. A similar situation is being experienced across West Yorkshire and Harrogate. There has been an increase in the number of episodes of full physical intervention over the last five months, with June and July 2020 exceeding the upper control limit. However there has not been a corresponding increase in episodes of prone restraint or episodes of seclusion, and incidents of rapid tranquilisation remain within expected levels.





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

9. Financial Performance

Temporary national finance arrangements to reimburse reasonable additional COVID-19 costs to the end of July 2020 have been extended to the end of September 2020. To date the Trust has recovered £3,679k through COVID cost claims. Whilst this significant intervention has freed NHS organisational capacity to focus on business continuity arrangements to deliver safe care and working practices, the cost recovery and income top-ups that support a break-even position continue to mask a deteriorating underlying financial outlook, driven by inpatient service and Out of Area placement pressures outlined above.

Over-spending against the 'pre-COVID' draft financial plan assumptions shows combined year to date overspending of £4,511k for those two issues at month 5, of which £1,695k relates to Out of Area costs and £2,816k residual inpatient over spending (£627k being unachieved CIPs). Out of Area costs include £1,033k in respect of PICU placements, for which CCG Commissioners would ordinarily reimburse the Trust. This potentially transfers a commissioner risk to the Trust under proposed block funding arrangements for October to March 21. If average year to date costs continue to the end of March this would represent a full year pressure of £10,826k (or £8,347k excluding full year PICU costs, with £1,781k being unachieved CIPs).

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 best- mid- and worst- case early draft financial forecasts based on different scenarios when it meets in September 2020. These will be refined and informed by internal services' re-set work over the next four weeks, information on financial allocations for the remaining 6 months of the financial year, and consideration of options to mitigate any consequential funding shortfall. The Sustainability Board is considering the longer-term financial strategy, built from understanding of current year financial forecasts and pandemic implications, the underlying 'pre-COVID' plan position, review of any loss-making contracts, and growth and investment opportunities.

Whilst West Yorkshire and Harrogate Integrated Care System-level financial allocations have been received in the week preceding the Board meeting, it is not yet clear to what extent funding will cover the increased expected individual organisation cost pressures, e.g. on mental health and community physical health services arising from the pandemic. Systems have been asked to deliver within 'fixed' financial envelopes for the second half of 2020/21, with details now starting to be discussed and aggregate pressures and relative system priorities assessed. Systems have been required to ensure mental health and health inequalities-focused investment.

The Trust experienced unusually low occupancy in the first weeks of the pandemic across all acute and older adult mental health inpatient wards, however occupancy and acuity increased to a significant extent, and has remained elevated, most notably within the adult acute pathway. This, alongside actions to ensure infection prevention and control, has increased out of area placements, including to ensure the appropriate isolation and/or cohorting of new admissions and/or symptomatic patients. Managing patient acuity, readmissions, lengths of stay and associated inpatient staffing and out of area placement pressures was the most significant financial risk before the pandemic. Current Trust and West Yorkshire experience suggests that pressures and associated financial consequences have risen to a significant extent.

There is a potential risk and financial implication associated with an imminent change of mobile telephony provider. The September Finance, Business and Investment Committee is receiving a paper regarding the mobile phone contracting arrangements outlining related details, risks and associated assurances.

10. 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.

Impacts are being monitored, and actions agreed, by the Care Groups and included in the next stage of the Trust's re-set work, coordinated by the resilience and re-set cell.

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. Re-set work over the next four weeks is being used to assess the baseline activity and referral impacts, forecast demand and capacity and consequential service and performance implications. This will be reported separately to the Board.

The Senior Leadership Team (SLT) has received a position paper regarding the Community Dental Service COVID-19 Phase 3 response which outlined the unprecedented challenges faced by the service, including constraints on capacity to make dental surgeries 'COVID secure', with a growing number of patients on the service's waiting list. Additionally, the resumption of the hospital operating lists is dependent on the re-set plans at Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. SLT requested further information, including discussion regarding next steps with NHS England as the commissioner. The ethics advisory group considered the position on 15 September, with proposals to be considered by the Clinical Board on 25 September.

In some services, including Improving Access to Psychological Therapy (IAPT) and Early Intervention in Psychosis (EIP) services, waiting time targets have continued to be met, though this positive performance is partly attributable to a reduction in referrals during COVID-19.

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