

Board of Directors

26 November 2020

Paper title:	Board Integrated Performance Report – October 2020 Data	Agenda item 19.0
Presented by:	Susan Ince, Interim Associate Director of Performance, Planning & Estates	
Prepared by:	Susan Ince, Interim Associate Director of Performance, Planning & Estates – 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
<p>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 September 2020. Updates have been provided for October where available to inform discussion. The continued development of the Trust's performance management framework includes consideration of meeting schedules and flows of information. A full review of the framework will be undertaken in December 2020 and January 2021, notably to reflect the revised governance structures and reporting arrangements outlined in the Well-Led Update (separate paper to November Board). The updated performance management framework will be presented to the Audit Committee in February 2021 for approval.</p> <p>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 has been coordinated through the Phase 3 reset work and non recurrent resources for 2020/21 have been approved to support the Care Groups to target reduction in back log, with effectiveness of the investment being monitored through the Senior Leadership Team.</p> <p>A financial settlement for October 2020 to March 2021 (months 7 to 12) has been agreed by the Trust Board in October, in line with the agreement negotiated with the West Yorkshire and Harrogate Integrated Care System (ICS). A number of risks are being progressed by the ICS, and the Trust is kept abreast of developments and likely impacts. Cost improvement plans have been stood back up from October 2020. A key focus for the second half of the year is managing costs within the fixed financial allocations.</p>

Whilst the NHS Improvement reporting on the Use of Resources metrics has been stood down for external reporting, the main area of concern relates to agency cap breaches which continues to be highlighted as a key risk through the Finance, Business and Investment Committee.

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 September and October 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)	<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 • 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 (though some reporting is suspended during the Covid-19 pandemic)

Meeting of the Board of Directors

26 November 2020

Board Integrated Performance Report – Board Highlights

1. Purpose

The paper provides key points in relation to September and October 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 on:

- inpatient mental health acuity (resulting in 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 use of acute adult and Psychiatric Intensive Care Unit (PICU) beds. This includes responding to high current occupancy but also actions taken to support infection prevention and control through cohorting and/or isolation;
- staff absence - sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences, for example staff needing to self-isolate.

Impacts of COVID-19 continue to be monitored through the incident command structure.

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 to 30 September 2020. In October 2020, Trust-wide compliance is 97.72%, with only two of the 41 training elements below target:

Competency	Target	Compliance	Issue	Action
Immediate Life Support	80%	74%	Training is commissioned via Airedale Hospitals Trust and Bradford Teaching Hospitals Trust, who initially suspended the training in response to COVID-19. Provision recommenced in June with reduced classroom capacity.	To allow training capacity to be targeted at new starters, compliance expiry dates for face to face courses, including immediate life support, extended for a further three months to 31 December 2020. Number of courses increased from January 2021 at both acute hospitals.
Level 2 Certificate Food Safety in Catering	80%	69%	Capturing of eLearning from Virtual College. Some completions not reflected in October compliance data.	In October facilities and training admin agreed and implemented a revised process to record training completion.

3. Workforce: Supervision

A clinical supervision task and finish group commenced in September, consisting of senior clinical leaders. Compliance with the clinical supervision policy has increased from 18.5% in June to 34.8% in October but remains significantly below the Trust target of 80%. The following actions are underway in November and December:

- Administrator commencing 23 November to triangulate locally recorded team data with recording on Electronic Staff Record (ESR) and input any missing records;
- Launch of the clinical supervision toolkit via web links and a short video. This will include the staff guide to inputting on ESR, the updated supervision format, appraisal and policy, and how to access the clinical supervisor register;
- Deputy Director of Nursing and General Managers are meeting weekly to review the ESR business intelligence reports being developed to provide oversight and assurance of compliance against target.

4. Workforce: Safer Staffing

A safer staffing review will be presented to Quality and Safety Committee in December. This includes a review of the model rosters which has been undertaken in acute inpatients, encompassing current vacancies and fill rates, acknowledging the changes in practice during COVID-19 and the increase in acuity since March 2020. The improvements in skill mix are also noted on the wards: these were recommendations of the last safer staffing review in May 2020. The community adult services and 0-19 service is also included in the review for the first time.

The Compliance Group and Quality and Safety Committee have 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. Staff sickness absence, COVID related absence, for example through staff needing to self-isolate or care for children who are self-isolating, has impacted on the ability to reduce working time directive breaches.

5. Quality of Care Delivery: Pressure Ulcers

Since October there has been an increase in category 3 pressure ulcers. A similar increase has been noted in neighbouring geographical areas. The pressure ulcer steering group believe that the increased number of frail and elderly patients now surviving COVID-19 is resulting in an increase of those patients subsequently being more vulnerable to pressure ulcers. Contributing factors could also be related to staffing capacity particularly in care homes and care agencies which could impact on care delivery. Capacity is also impacted by staff with school age children who have to take time off to look after children when they have been sent home to self-isolate. No concerns have been raised around omissions in care.

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 70.2% in October. A data cleanse exercise is being undertaken in November to identify any devices to archive from the inventory. Compliance is progressed through the Medical Devices Working Group, with escalation to the Senior Leadership Team (SLT). SLT has set an improvement

trajectory to achieve the Trust target of 95% of medical devices serviced in the last 12 months by 30 November 2020, with weekly review of progress.

7. National Institute for Health and Care Excellence (NICE) Guidance

In 2018/19 Internal Audit carried out the NICE Guidance audit report. This resulted in a number of actions to mitigate risks identified in the audit. Those actions were reported as completed in October 2020, after a delay of some months in being able to deliver the required training offer due to COVID19 arrangements. Evidence has been provided to Internal Audit demonstrating the completeness of these actions and to inform the level of assurance that will be provided to the Board that the recommendations have been implemented, and original risks mitigated.

The NICE Oversight Group meets monthly to review the guidance published in the previous month to determine applicability and allocate for further review as necessary. The group also maintains oversight of the implementation of actions to ensure the Trust is in line with all relevant NICE guidance. As of the last meeting on 17 November the Trust has:

- 2 items of guidance that require an assessment of applicability in November / December, and if necessary an action plan developing;
- 14 items of guidance where actions plans are either in development or in the process of being implemented;
- 2 items of guidance where there is an external reason why the Trust cannot reach full compliance. These are:
 - CG128: Autism spectrum disorder in under 19s; recognition, referral and diagnosis
Whilst this is being reviewed as part of the transformational projects, it is unlikely with the current model/funding arrangements that we will be able to meet the NICE guidance in full.
 - CG142: autism spectrum disorder in adults; diagnosis and management.
The Trust is currently engaged with the Clinical Commissioning Group (CCG) in a service specification review which is reviewing our offer against the relevant evidence base, activity and current funding available.

8. Workforce – Sickness Absence

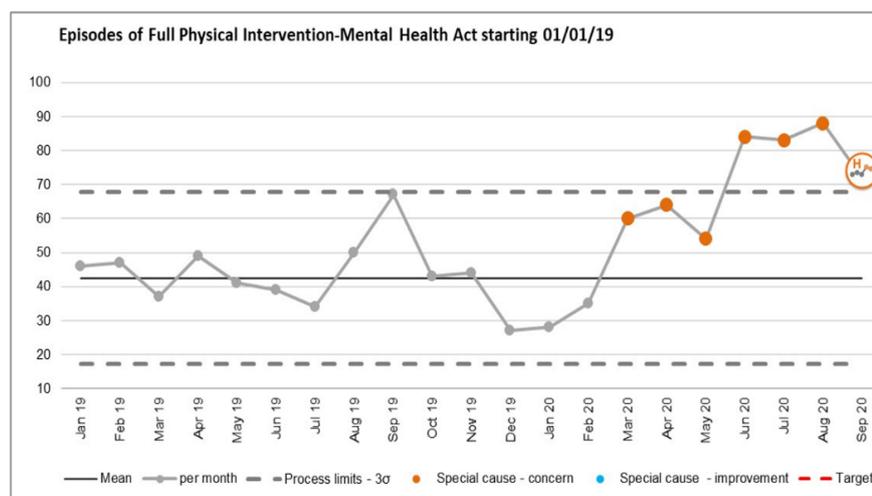
Sickness absence rates remain above the Trust's 4% target but within normal variation (August 4.7%, September 4.5%, October 6.2%). The majority of cases continue to be attributable to long-term sickness, with increased number of cases recorded as anxiety, stress and depression, as well as a significant increase in October in staff off sick due to COVID-19. A detailed review of sickness hotspots aligned to the impact of COVID-19 on service delivery will report to the Finance, Business and Investment Committee in January. 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.

9. 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 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.

The number of new Section 2s returned to near or below the mean in August and September 2020.

COVID-19 restrictions continue to impact patients and staff significantly, with increased acuity also illustrated through elevated 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, with June, July, August and September 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.

10. Financial Performance

Temporary national finance arrangements are in place to reimburse reasonable additional COVID-19 costs to the end September 2020. To date the Trust has recovered £4,020k through COVID revenue 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.

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

encouraging signs that the pressure on inpatient mental health services is being recognised nationally with a potential funding source to support independent sector costs.

Over-spending against the 'pre-COVID' draft financial plan assumptions shows combined year to date overspending of £4,796k for those two issues at month 6, of which £2,102k relates to out of Area costs and £2,694k residual inpatient over spending, inclusive of COVID costs. Out of area costs include £821k in respect of PICU placements, for which CCG Commissioners would ordinarily reimburse the Trust. The transfer of commissioner risk to the Trust under the block funding arrangements for October to March 2021 has been reflected in the settlement and agreement has been reached to recharge/ reimburse variations to the CCG.

Understanding the implications on service capacity and demand and consequential financial performance for the remainder of the year, is a key concern. The Trust has approved non-recurrent 'reset' funding to support services to manage immediate pressures and partially address backlog requirements. Backlog implications for 2021/22 and beyond will be considered through the business planning process.

The Finance, Business and Investment Committee (FBIC) has received best- mid- and worst-case early draft financial forecasts based on different scenarios at its meeting in November 2020. The financial settlement for Month 7 – 12 has provided a level of cover for run rate risks (non-recurrently), work is now required through the business planning process to develop plans to mitigate recurrently. 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.

The NHS Improvement Use of Resource metrics has been stood down for external reporting in 2020/21, due to the changes in the current financial arrangements, it has been agreed to produce the metrics internally for FBIC oversight. The agency rating metric, which reports spend against the agency ceiling, continues to be an area of concern. The Finance, Business and Investment Committee has oversight through the performance dashboards for agency and medical staff expenditure caps, including associated actions to target cost reductions.

Whilst Cost Improvement Plans (CIP) were suspended in the first half of the year, reporting has been re-established from October 2020. Plans in place reflect full year effect of savings initiated in 2019/20 and additional schemes developed to meet the financial settlement. Delivery of CIP plans will be overseen at the Finance, Business and Investment Committee.

The financial settlement for October 2020 to March 2021 (months 7 to 12) reflects a change from a 'top up to breakeven' approach to 'fixed financial allocations', including a COVID allocation of £3,972k, managing costs within the fixed allocations will be a key focus for the remaining 6 months of the year.

Funding has been secured to support winter pressures amounting to £230k which will target investment to support improved access for perinatal services, older adults and children in crisis, loneliness and isolation and voluntary and community service (VCS) staff wellbeing and resilience.

11. Single Oversight Framework Metrics

All provider metrics within the Single Oversight Framework are impacted by COVID-19. Understanding the short and medium-term implications on capacity, demand, performance, outcomes and financially has been coordinated through the Phase 3 reset work and non recurrent resources for 2020/21 have been approved to support the Care Groups to target reduction in back log. In some services, including Improving Access to Psychological Therapy (IAPT) and Early Intervention in Psychosis (EIP) services, waiting time targets continue to be met, though this positive performance is partly attributable to a reduction in referrals during COVID-19.

SLT 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. Following discussion with NHS England as the commissioner and with the support of the ethics advisory group and Clinical Board, SLT agreed to restrict access to some patient groups for initial period of 3 months from November 2020.

Susan Ince, Interim Associate Director of Performance, Planning and Estates – with Senior Leadership Team members