Integrated Performance Report
Strategic Overview

March 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for March 2020. As agreed at the March Trust Board interim reporting arrangements are being put in place for the next three to six months during the course of the Covid-19 pandemic. The aim is to provide a report that provides information on:
• The Trust's response to Covid-19
• Other areas of performance we need to keep in focus and under control
• Priority programmes in so far as they contribute to the Trust response to Covid-19
• Locality sections in terms of how business continuity plans are operating

This approach has necessitated a review of the sections and metrics reported previously. Following that review some changes have been made to the executive dashboard to add in key metrics related to the Covid-19 response and suspend the appearance of some other metrics whilst the focus has moved to managing the Covid-19 outbreak. The quality section remains largely unaltered given the need to ensure the Trust retains focus on the provision of its core services. The report on nationial metrics is again unaltered as at the time of writing this report it is assumed national reporting requirements remain unchanged. Other sections remain in place with typically reduced content.

A separate new section for the Covid-19 response has been added. This has been structured in such a way as to explain what progress is being made against the six areas of focus recommended by NHS England & Improvement. These are:
• Free up maximum possible inpatient and critical care capacity
• Prepare for and respond to large numbers of patients requiring respiratory support
• Support our staff and maximise staff availability
• Support the wider population measures announced by the government
• Stress test operational readiness
• Remove routine burden

To an extent the report will need to develop in the coming weeks as the course of the pandemic progresses so as to ensure it is providing what is needed to understand the performance of the Trust in these exceptional circumstances.
With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the March month-end data. This will ensure that Trust Board can have a discussion on the most current position available as opposed to the position four weeks earlier.
It must also be recognised that given the focus of all staff on responding to Covid-19 and the increased level of staff absence not all the normal information is readily available for the report.

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress. These are:
• Improving health
• Improving care
• Improving resources
• Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
• Executive summary
• Covid-19 response
• Quality
• National metrics
• Priority programmes
• Finance & contracting
• Workforce

Our integrated performance strategic overview report is publicly available on the internet.

NHS South West Yorkshire Partnership NHS Foundation Trust

This dashboard represents a summary of the key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and requested for 2019/20. Given the outbreak of the Covid-19 pandemic, a number of additional metrics are included in this report. These relate to the actual data as at April 23rd as opposed to the end of March. A small number of metrics have been removed from the dashboard to enable greater focus on the Trust response to Covid-19. It should be noted that as well as these specific metrics many of the standard metrics used will be strongly influenced by the impact of Covid-19.

KPI	Target	Dec-19	Jan-20	Feb-20	As at April 23rd 2020	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19						
No of staff off sick - Covid-19 not working 7					**154**	
Shielding					54	
Symptomatic					69	
House hold symptoms					26	
OH Advised Isolation					5	
No of staff working from home - Covid-19 related 8					**125**	
Shielding					76	
Symptomatic					13	
House hold symptoms					29	
OH Advised Isolation	N/A	N/A			7	Data correct as at 23rd April 2020
Number of staff tested 9					90	
No of staff tested positive for Covid-19 10					24	
No of staff returned to work (including those who were working from home)					683/962 = 71%	
No of staff returned to work (not working only)					445/599 = 74%	
No of staff returned to work who were Covid-19 positive 12					10	
No of Service users tested (ward)					41	
No of service users tested positive (ward)					9	
No of service users recovered					8	
Additional number of staff enabled to work from home					900	
Calls to occupational health healthline					311	
Making SWYPFT a great place to work	Target	Dec-19	Jan-20	Feb-20	Mar-20	Year End Position
Sickness absence	4.5%	5.0%	5.0%	5.0%	3.8%	4.9%
Staff Turnover	10%	12.3%	12.1%	11.3%	11.9%	11.9%
Actual level of vacancies	tbc	11.5%	12.6%	12.2%		12%
Improve people's health and reduce inequalities	Target	Dec-19	Jan-20	Feb-20	Mar-20	Year End Position
% service users followed up within 7 days of discharge	95%	94/96 =97.92	83/87 =95.4%	81/85 =95.2%	105/107 =98.13%	1
Out of area beds 1	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	49	139	175	137	3
IAPT - proportion of people completing treatment who move to recovery 4	50%	55.9%	55.4%	52.5%	55.8%	1
Delayed Transfers of Care	3.50%	1.6%	0.7%	1.8%	1.9%	1
Improve the quality and experience of care	Target	Dec-19	Jan-20	Feb-20	Mar-20	Year End Position
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 3	trend monitor	17	35	23	28	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	16	15	12	6	
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	1	1	0	2	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 2	trend monitor	40.3%	45.6%	44.5%	41.8%	
Improve the use of resources	Target	Dec-19	Jan-20	Feb-20	Mar-20	Year End Position
Surplus/(Deficit)	In line with Plan	£384k	£348k	(£49k)	(£968k)	(£1.0m)
Agency spend	In line with Plan	£594k	£558k	£581k	£613k	£7.4m
Single Oversight Framework metric	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures Figures in italics are provisional and may be subject to change.

Notes:

1 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to adult acute and psychiatric intensive care unit mental health services only.

2 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data refreshed back to April 19 each month. Excludes ASD waits. Treatment waiting lists are currently impacted by data quality issues following the migration to SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.

3 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.

4 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.

5 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

6 - Data taken from the Trusts Covid-19 sickness absence recording system as at 23rd April broken down by those staff that are reported as being absent from work and being either symptomatic, shielding or household symptoms

7 - Data taken from the Trusts Covid-19 sickness absence recording system as at 23rd April. Staff not working due to Covid-19 related issues.

8 - Trusts Covid-19 sickness absence recording system as at 23rd April. Staff working from home but recorded as having either symptomatic, shielding or household symptoms.

9 - Count of tests undertaken for staff and/or staff family member up to and including 23rd April 2020.

10 - Number of staff and/or family member tested positive for Covid-19 out of those that have been tested.

11 - Number of staff that have returned to work who were reported as being off work due to Covid-19 related issues as at 23rd April 2020.

12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 23rd April 2020.

Lead Director:
• This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
• A number of targets and metrics are currently being developed and some reported quarterly.
• Opportunities for benchmarking are being assessed and will be reported back in due course.
• More detail on areas of underperformance are included in the relevant section of the Integrated Performance Report.

Quality
• Majority of quality reporting metrics maintained during pandemic
• Safer staffing for March relatively unaffected
• Meds omissions work positive
• Incident levels within usual parameters, enhanced clinical risk scan initiated to monitor impact of Covid19 on mental health
• Initial Covid19 response indicates business continuity plans work holding up well
• Covid19 guidance issued across organisation to support staff and patient safety measures
• CQC issue guidance on regulatory approach during pandemic

NHSI Indicators
• Two young people were admitted to an adult ward in March for a total of 5 days between them
• Inappropriate out of area bed usage amounted to 137 days in March taking the Q4 total to 440 days, the second highest quarter of the year.
• All other nationally reported targets are currently being achieved

Locality
• Teams are operating business continuity plans in light of the Covid pandemic
• Increased use of video consultations with face to face consultations still takin place when deemed as being required
• Barnsley community health services are typically seeing 635 patients in the community setting for priority visits and carrying out approximately 1,300 vide/tele consultations each day
• Increase demand for end of life care planning and support in terms of patients in care homes and community settings
• Some concerns re the vulnerability of learning disability service users in the community. Cases prioritised to meet need.

Priority Programmes
• Priority programmes have been re-assessed to determine how they support the Covid-19 response
• Good examples of working in partnership across all our systems to manage the impact of the pandemic
• Focus has been maintained on reducing the use of out of area bed placements and CAMHS improvements
• A number of digital solutions implemented to support staff in maintaining service delivery

Finance
• Final 2019/20 pre Provider Sustainability Funding (PSF) surplus of £1.0m. This is £0.9m higher than plan due to our allocation of an additional £50m of national funding to providers of mental health services.
• The outturn position is £1.2m above plan
• Assuming the West Yorkshire & Harrogate ICS delivers it aggregated control total £1.8m of PSF will be received by the Trust.
• The higher level of surplus has resulted in our financial risk rating improving to 1
• Other key points to note in the month include the recognition of an additional £1.3m of non-recurrent income from Calderdale & Huddersfield NHS Foundation Trust, increased costs on the Windows 10 implementation including laptops and planned spend on furniture replacements following on from actions identified on PLACE visits.
• Costs of £348k have been incurred in relation to the Trust response to Covid-19. These costs have been refunded in April
• Out of area bed costs were £359k in month, which represents the highest monthly costs in the year. Full year costs were 51% lower than last year.
• Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend of £7.4m is £2.1m (40%) above the full year cap of £5.3m and 15% higher than last year.
• CIP delivery of £10.7m is £0.1m above plan. Total recurrent CIP delivery represented 52% of the total
• Cash balance of £36.4m at the end of March
• Capital expenditure of £5.6m is £0.4m lower than plan. Some work could not be completed due to access restrictions to some buildings given the impact of Covid-19.

Workforce
• Staff turnover reduced to 11.9%
• 73,3% of staff received supervision with policy guidance at the end of Q4.
• 90 staff tested for Covid-19 as at April 23rd
• 24 staff have etested positive for Covid-19 of which 10 have returned to work
• As of April 23rd 152 staff off work Covid-19 related not working

Covid-19 Response
• New section of the report established
• Intense focus and work across the Trust on the repsonse to Covid-19
• Further detail on specific impact and actions taken included in the main report

Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identifed as key indicators to view using SPC. Further charts are in development.

Inappropriate Out of Area Bed Days
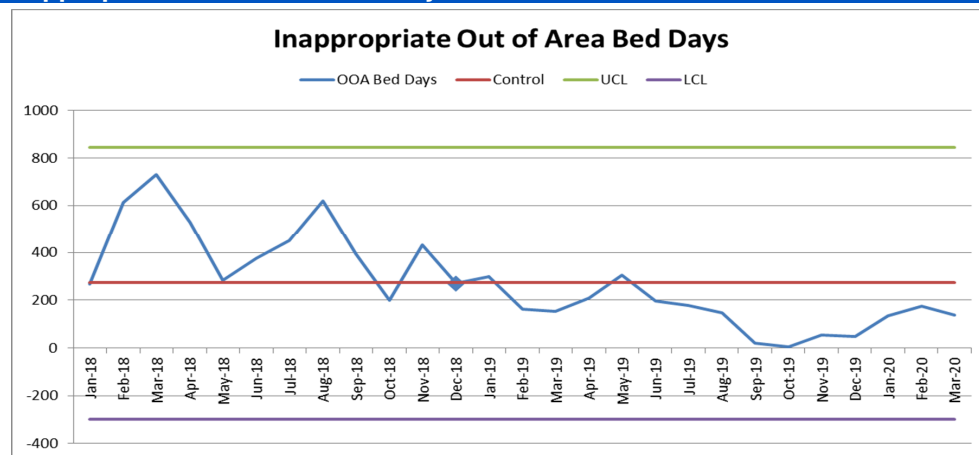
Inappropriate Out of Area Bed Days

OOA Bed Days — Control — UCL — LCL

SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence
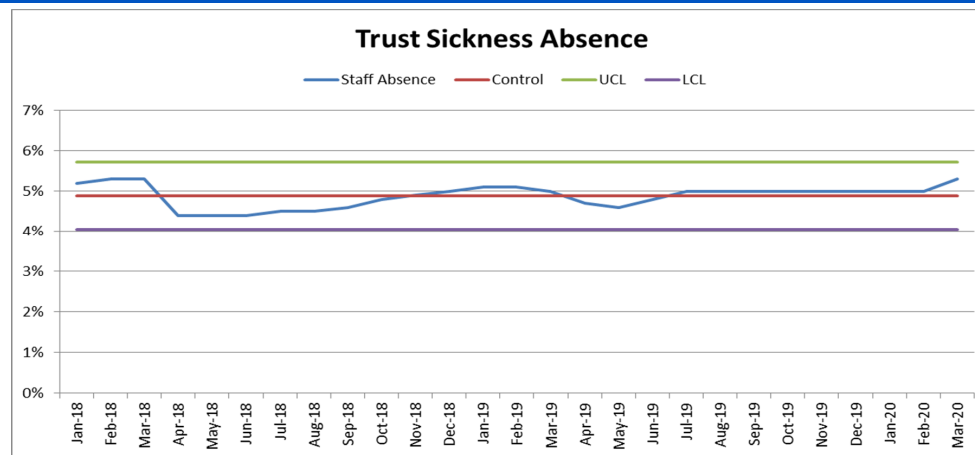
Trust Sickness Absence

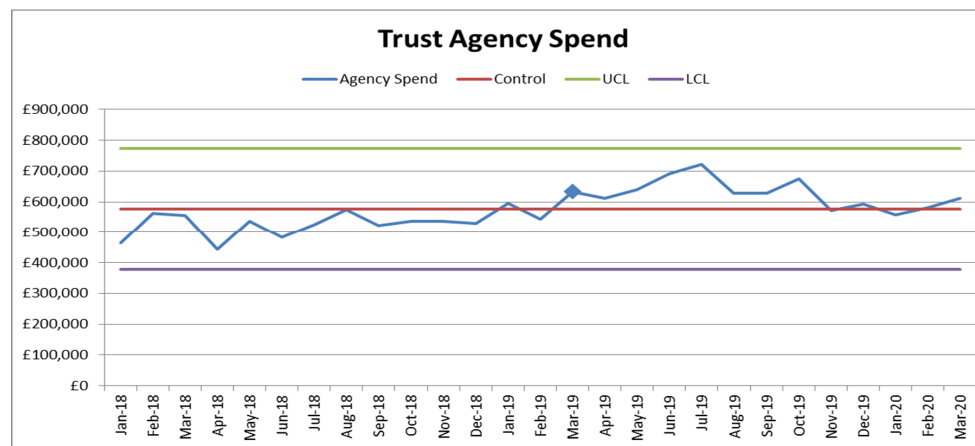Staff Absence — Control — UCL — LCL

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover
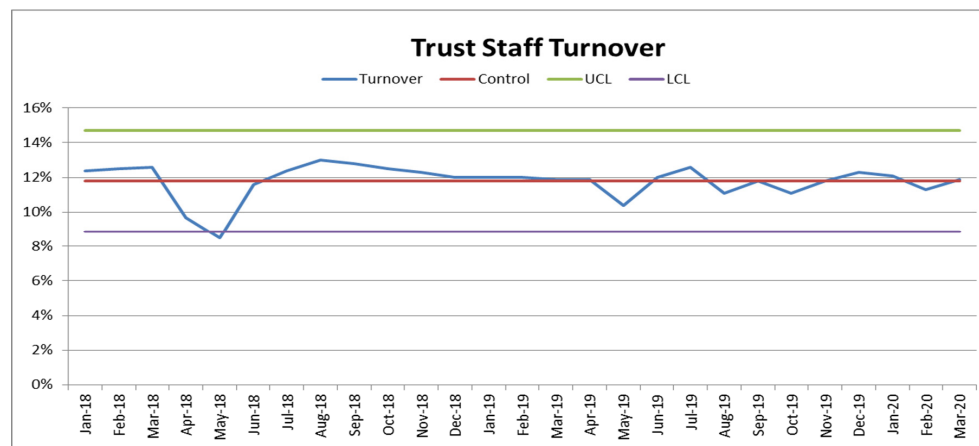
Trust Staff Turnover

Turnover — Control — UCL — LCL

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that staff turnover levels are within the expected range.

Agency Spend

Trust Agency Spend

Agency Spend — Control — UCL — LCL

SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.
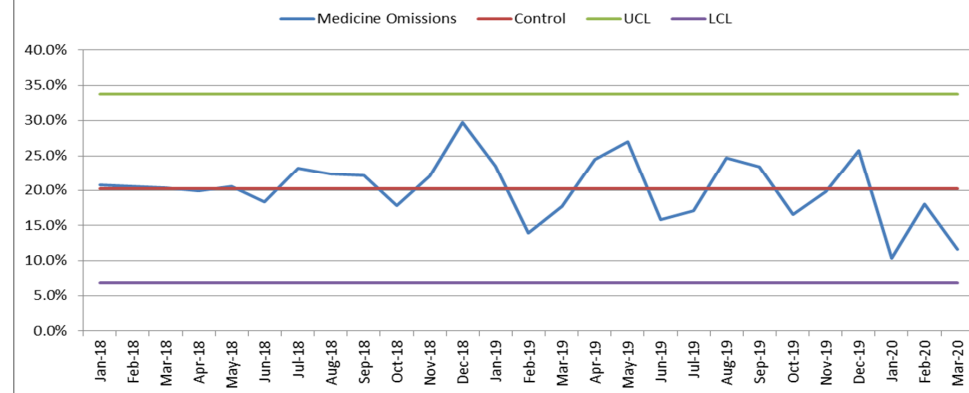
Incidents

Total Number of Reported Incidents
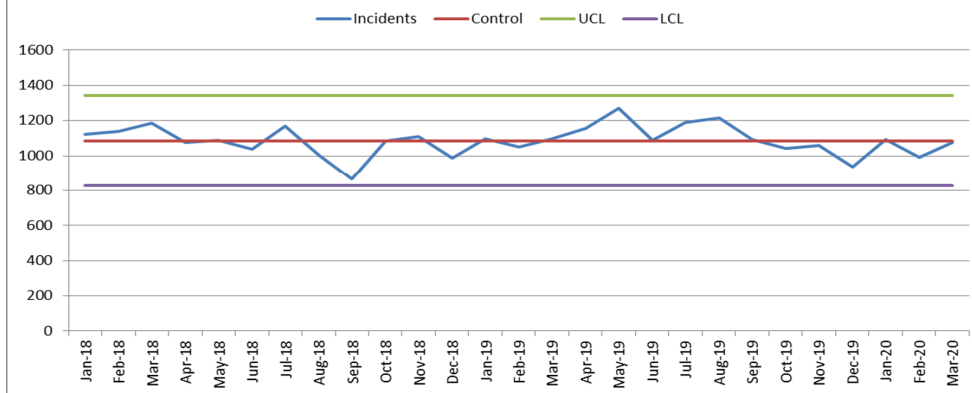
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.
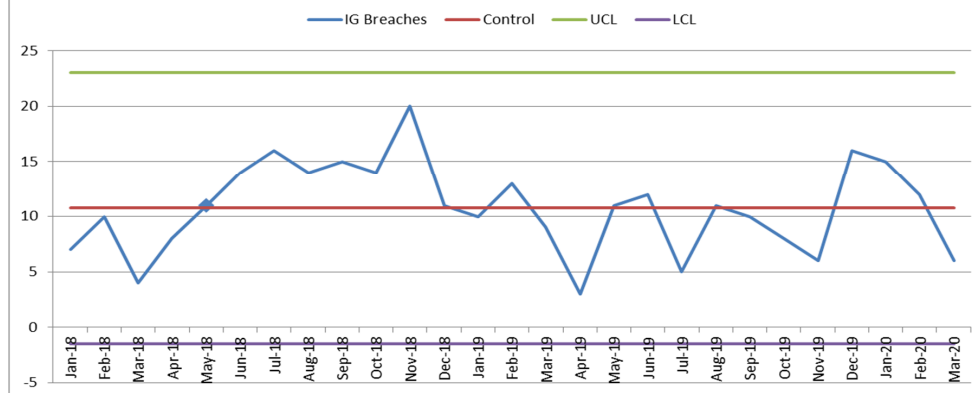
Medicine Omissions

Total Number of Medicine Omissions

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that medicine omission levels are within the expected range.
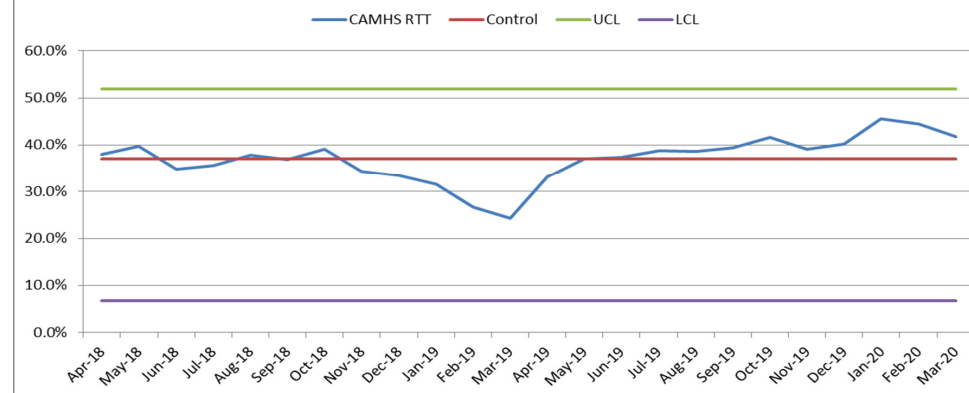
IG Breaches

Total Number of IG Breaches

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction on GDPR.

CAMHS Referral to treatment waiting times

CAMHS Referral to Treatment Waiting Times

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that waiting times are within the expected range.

Covid-19

This section of the report identifies the Trusts repose to the Covid-19 pandemic and in particular the 6 items identified by Simon Stevens that are critical to being able to work through the national crisis.

Free up maximum possible inpatient and critical care capacity

• In response to the national request the Trust has developed a refined service offer across general community services in Barnsley in line with current emergency planning arrangements. The aim of this has been to accommodate more acute care in the community setting and reduce exposure for vulnerable patients.
• Also in Barnsley general operations the discharge to assess (D2A) service commenced and patients are beginning to flow
• Cohorting standard operating procedures for acute and older peoples mental health services are being finalised and an inpatient clinical pathway has been agreed for Covid-19 positive patients. The position with regard to the number of patients requiring isolation is reviewed daily by the matrons in relation to the potential implementation of phased cohorting plans and to determine how services can best be managed in the event of an outbreak.
• 24/7 crisis support arrangements simplified and strengthened – and publicised on the Trust intranet. Arrangements include adult intensive home based treatment (IHBT) providing all-age single point of access function out of hours. This is designed to reduce 111 calls and attendances at A&E and will complement implementation of the recently procured 24/7 helpline.
• Whilst prioritising maintenance/strengthening of our crisis/IHBT/psychiatric liaison service capacity as part of agreed business continuity plans the Trust has responded to a growing sense (backed by central guidance) of the importance of early intervention/support. In planning terms these were some of the areas we were looking to redeploy capacity from but in practice improving access to psychological therapy, recovery colleges, staff support and helpline etc. have become key to system-wide continuity
• The Trust is working proactively with learning disability service users who may have experienced a reduced service offer from other agencies.
For our forensic secure services, NHS England have requested all bsuness continuity plans/COHORT ward plans do not affect capacity to ensure we keep patient flow at an optimum level and that we are able to respond to increased demand.

Prepare for and respond to large numbers of patients requiring respiratory support

• **Personal protective equipment (PPE)** - The Trust has been working to ensure that PPE stocks remain healthy and supply and demand can be met. We have reviewed our PPE guidance based on feedback from across the Trust and following national guidance. We continue to support partners where stocks are low. Basic model developed to identify forecast daily and weekly PPE requirements.
• **Guidance for staff** - infection prevention and control guidance has been issued for all staff. The Trust has concluded that all patient-facing areas should be considered as a 'possible' risk of transmission. Staff on our wards should consider whether the two metre distance is possible and where it is not follow the national guidance based on the risk of transmission. In doing so, staff must use clinical and operational judgement. Easy read guidance on PPE is now available and infection prevention and control have also issued new guidelines for physical restraint of patients with suspected/confirmed Covid-19.
• Prepare for cohorting patients and implementation of IPC rules re isolation etc.
• Covid19 clinical pathway finalised , including pre-admission screening, action in event of positive presentation, isolation advice, oxygen therapy, step up/down from acute care and discharge guidance. Pathway approved with acute hospital partners.
• Additional physical health training package initiated for all staff
• Audit of oxygen therapy equipment completed and revised kit now in place.

Support our staff and maximise staff availability

• Testing can now be provided for symptomatic colleagues within 48 hours of their sickness being confirmed. As of 20th April, 55 staff have been tested, 15 were identified as positive, 40 identified as negative, 68 awaiting testing.
Swab testing for staff current position - 22/4/20:
The current picture for delivery of swabbing is changing rapidly both nationally and locally. The SWYPFT infection prevention control (IPC) team have trained a total of 24 staff across the partnership to undertake the roles within the swabbing process. Additionally the SWYPFT IPC provided support to the production of a partnership standard operating procedure (SOP) and continue to produce guidance to support safe practice in line with national guidance.
To date within the Trust we have participated in four different methods of testing:
• Strand 1 - On Saturday the 4th April, the Trust was able to take up an offer of a pilot for home testing. We were able to facilitate 32 staff or members of their household for testing.
• Strand 2 - As of Monday 6th April the Trust set up and continues to run a drive through for staff at Fieldhead. This is for between 5 and 24 testing slots and the Mid Yorks trust labs are providing analysis.
• Strand 3 - A West Yorkshire and Harrogate healthcare partnership strand of work is established which involves the self test kit using the Fieldhead drive through. This has the capcity to undertake 100 tests per day and is open seven days per week. SWYPFT are facilitating and staffing the drive through and Locala are supporting the booking system process.
• Stand 4 – A South Yorkshire healthcare partnership stand of work is established which involves self test kits. SWYPFT are supporting the booking system for this process.

• New roles - In order to maximise our available workforce and as part of our business continuity planning, the opportunities for allied health professionals (AHPs) to expand their role is being considered in line with professional guidance. In addition our trainee nurse associate (TNA) and student nurse posts are being aligned to local need with the support of the nursing and midwifery council (NMC) and Higher Education Institutions (HEIs).

• Use of technology - In line with social distancing guidance , the Trust has introduced alternatives to face to face contacts with our service users, patients and their carers and between colleagues. Telephone contact can be made in the usual way and will be sufficient in many cases. The Trust has also introduced AirMid and WhatsApp which allow video consultations to take place. This activity will be counted in the same was as a face to face contact during the pandemic period. The Trust has supported a large proportion of staff that are able to work from home and this has been facilitated by increasing the availability of appropriate IT solutions. We are seeing some successful implementations of this across a number of services, particularly in our corporate support service functions. Trust has also accelerated a piece of work to enable the sharing of patient records across other organisations that use SystmOne and this is currently being rolled out across the Trust.

• Return to practice and student nurse plans implemented - Response to the Trusts retires and return scheme has been excellent. In the first 3 weeks the Trust has seen a total of 50 staff offering their services back into the Trust and we are continuing to receive further offers of support.

• Workforce - The Trust is currently undertaking extensive work to secure additional support from a volunteer workforce in a number of different avenues. Work has been ongoing on this from within the workforce planning, recruitment and HR teams since the initial pandemic outbreak. The 4 main avenues for recruitment have been: Bring Back Staff National Scheme, Bring Back Staff Trustwide Scheme, Trustwide talent pool, 'above the bar' general recruitment.

• The Trust has a range of wellbeing-related advice & guidance, support, and learning opportunities available to its leaders & manager and teams. The Trust has also introduced a telephone helpline via its occupational health service to support staff with mental health and wellbeing issues. To 22nd April, this has received 311 calls for general advice and support and 11 calls to the psychological support line.

Covid-19

Emergency recruitment position statement - 17th April 2020

The Trust is currently undertaking extensive work to secure additional support from a volunteer workforce in a number of different avenues. Work has been ongoing on this from within the workforce planning, recruitment and HR teams since the initial pandemic outbreak. The 4 main avenues for recruitment have been:

• Bring Back Staff National Scheme
• Bring Back Staff Trustwide Scheme
• Trustwide Talent Pool
• 'Above the bar' general recruitment

NHS England are co-ordinating the responses from those leaning forward nationally and forwarding details to individual Trusts where the Trusts have been identified as preference within the Bring Back Staff National Scheme. NHSE have been referring since 1st April and are doing so in date order of those staff registering their interest. All staff registering through the national scheme are already being presented to the Trust with pre-employment check forms filled in to speed up the process. This includes occupational health and DBS declaration. The Trust has its own fast track recruitment process in place.

Our Bring Back Staff Trustwide response has been 3 fold. We undertook an early social media campaign as a general 'call to arms' for localised response. This has reached out to staff that follow the Trusts standard recruitment campaign @NHSYorksJobs. We have also concentrated our initial phase 1 response within retire and return staff. This has been split into clinical staff and non-clinical roles as a postal response to all staff who have retired from substantive posts within SWYPFT in the last 3 years.
Our focus within staff returning from retirement has been on clinical frontline roles and experience. Those staff offering services from historic admin roles have been recorded regarding their skills and preferences and where possible offered back into the area/service they were originally employed to ensure familiarity and consistency and to minimise any delay in training required. If they are not required at this time then their details have been registered for future potential deployment. All staff will follow 2 distinct workflow processes for fast track recruitment which includes initial suitability skype/telephone screening calls from either the Trusts workforce planning team or the operational manager who will be employing the staff member to ensure they are suitably experienced and safe to practice under the role they are undertaking. All relevant training/update of mandatory training is done prior to start. All staff undertake a revised fast track local and trustwide induction. All staff are being offered 3 month rolling contracts although each is assessed on case-by-case basis for suitability with some agreeing 1 month rolling contracts or deployment to our bank services.
Response to the Trust's retires and return scheme has been excellent. In the first 3 weeks the Trust has seen a total of 50 staff offering their services back into the Trust and we are continuing to receive further offers of support. All staff offering non-clinical admin support are being contacted and held on file for future potential deployment as priority for admin support shortages across the Trust is being given to our internal talent pool process in the first instance.
At the time of this report the breakdown for temporary Covid-19 emergency staffing is as follows:

Bring back staff scheme - National
A total of 8 staff have approached the Trust via the national scheme.
1 medic, 6 clinical staff, 1 admin staff
1 medic has been employed on a 12 month contract into the intensive home based treatment team (IHBTT) in Kirklees and began in the Trust on the 13th April. 1 nurse was placed back into Barnsley neighbourhood nursing team (NNT) on the 13th April, 1 placed on the Trust bank and 4 awaiting deployment (all clinical). 1 was referred back to NHSE for re-deployment as they lived in York and wanted to work locally.

Bring back staff scheme - Trustwide social media
A total of 8 staff have approached to the Trust via our social media campaign - 4 clinical staff, 2 admin staff and 2 miscellaneous
1 nurse was placed back into Barnsley on the 14th April. 4 staff have their details registered for future potential deployment as no current requirement. 1 staff member has gone into Trust bank. The 2 miscellaneous staff members were not from an NHS background and could not be placed. Details held on file.

Bring back staff scheme - Trustwide social media
A total of 32 staff have approached the Trust via our retire and return scheme.
23 clinical staff (of which 11 nursing, 6 additional clinical services, 3 Scientific & Therapeutic, 3 AHP), 9 admin staff
11 clinical staff have been placed and are in the process of fast track recruitment. All are awaiting start dates to be agreed. These have been matched into need for support into a number of frontline services across the Trust. 1 admin staff member deployed into Trust swabbing team. All other admin staff have been placed on file within the pool for future potential deployment.

Above the bar general recruitment
In the last 2 weeks we have implemented an 'above the bar' scheme within our general recruitment process. All current vacancies that are set for interview in the following 7 day period are assessed on a weekly basis via our recruitment team for suitability. Once the operational/hiring manager for each post has conducted suitable skype interviews and informed their preferred candidate, any candidates who were appointable but unsuccessful are referred to the workforce planning team for an offer of potential temporary employment into our emergency covid response. As of the time of this report 2 further potential band 3 HCSW candidates are being approached for potential covid-19 contracted support.

Covid-19

Summary

MEDICAL/CLINICAL

	PLACED	IN PROCESS	REGISTERED INTEREST	NOT APPOINTABLE
BBS NATIONAL	4	3		
BBS TRUSTWIDE R&R	3	19	1	
BBS TRUSTWIDE SM	1	2	1	1
ABOVE THE BAR				
TOTAL	8	24	2	1

ALL STAFF

	PLACED	IN PROCESS	REGISTERED INTEREST	NOT APPOINTABLE
BBS NATIONAL	4	3	1	0
BBS TRUSTWIDE R&R	4	19	10	1
BBS TRUSTWIDE SM	1	2	3	2
ABOVE THE BAR	0	0	0	0
	9	24	14	3
TOTAL	50			

NON CLINICAL

	PLACED	IN PROCESS	REGISTERED INTEREST	NOT APPOINTABLE
BBS NATIONAL			1	
BBS TRUSTWIDE R&R	1		9	1
BBS TRUSTWIDE SM			2	1
ABOVE THE BAR				
TOTAL	1	0	12	2

Support the wider population measures announced by the government

• The Trust is working with partner agencies across Barnsley, Kirklees, Calderdale, Wakefield, South Yorkshire and West Yorkshire to develop a joint response to Covid-19. Involvement in Bronze/Silver/Gold command structures as required in each area. Data sharing is taking place and significant work is happening at pace across the whole system. Further detail relating to this can be seen in the priority programmes section of this report.
• Social distancing guidance in place for staff
• Comprehensive range of huidance available on the Trust intranet
• Increased use of vidieo consultations supported by rapid deployment of technological solutions

Stress test operational readiness

• Reviewed all business continuity plans (BC) to ensure fit for purpose, directing subsequent works such as staffing redeployment;
• OPEL levels within business delivery units being reviewed to identify trigger points in similar services to inform a Trustwide OPEL level; this now includes the co-ordination of information flows to maintain an accurate picture.
• Cohorting standard operating procedures for acute and older peoples services are being finalised and an inpatient clinical pathway has been agreed for Covid-19 positive patients. The position with regard to the number of patients requiring isolation is reviewed daily by the matrons in relation to the potential implementation of phased cohorting plans and to determine how services can best be managed in the event of an outbreak.
• Reviewed and revised BCP and their trigger points
• Implemented a Bronze personal protective equipment (PPE) group meetings
• Identified and raised the requirement for additional oxygen cylinders and concentrators
• Added additional security measures eg, CCTV ate key PPE storage locations
• Worked in partnership with Internal and external partners to ensure appropriate Pharmacy and medicines supplies are sufficient
• Worked alongside infection prevention control (IPC) to ensure appropriate IPC measures are suitable
• Raised nationally and regionally the need for increased medical waste provisions including a covid ward requirement
• Distributed guidance from the single point of contact account which related to cohort wards

Covid-19

Remove routine burden

In order to enable focus on the Covid-19 response options for removing existing routine burden have been put forward by NHS England & Improvement (NHSE&I). Actions the Trust or system has taken are highlighted below:

Governance & meetings
• All board and committee meetings are now taking place virtually
• Agendas and work plans for Trust Board have been reviewed and will have streamlined agendas
• Members' Council meeting will focus on essential business only and be held virtually
• Quality accounts deadline extended to June 30th and no longer subject to audit
• Interim governance arrangements in place to enable more rapid decision-making

Reporting & assurance
• Friends & family reporting ceased in the short term
• Operational planning process suspended
• System by default development work on hold
• No quarterly review meetings with NHSE&I currently scheduled
• Reduced reporting agreed to commissioners
• Clinical audit activity suspended

HR & staff related
• Some changes to mandatory training agreed, particularly the time required for refresher training
• Appraisals process suspended until September
• Revalidation for doctors due by September 2020 are deferred for 12 months
• NMC has initially extended the revalidation period for current registered nurses by an additional three months
• Talent pool developed for non-clinical staff

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	39.4%	41.7%	39.2%	40.3%	45.6%	44.5%	41.8%
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	33% 3/9	10% 2/22	0%	11% 2/11	6% 1/17	18% 4/22	15.0%
	Written complaints – rate 14				trend monitor				Due Mar 20			
	Number of compliments received	Improving Health	Caring	TB	N/A	32	38	24	17	35	17	11
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	26	21	19	17	39	19	
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor				10			Due May 20
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0	0	0	
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%							
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=9	10	8	6	16	15	12	6
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	2.7%	1.6%	1.0%	1.6%	0.7%	1.8%	1.9%
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	90.1%	93.3%	88.5%	91.4%	89.2%	81.5%	Due May 20
Quality	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	75.6%	70.5%	60.7%	72.3%	69.0%	69.8%	Due May 20
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1091	1044	1058	937	1092	990	1075
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	19	18	17	14	28	16	24
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	5	0	0	1	1	4	1
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	5	7	4	2	6	3	3
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	23.4%	16.6%	19.8%	25.7%	10.3%	18.0%	11.6%
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	116%	119.0%	119.0%	111.2%	112.9%	108.0%	109.9%
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	89.4%	94.3%	95.9%	91.8%	96.6%	89.4%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	44	50	42	46	44	36	31
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	85.2%	90.5%	97.5%	97.0%	95.5%	94.5%	94.5%
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	33	30	38	46	48	47	44
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	168	186	227	174	218	139	189
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	88.0%	84.4%	87.5%	90.6%	86.5%	83.9%	90.0%
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	1	0	0	0	0
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0

See key included in glossary
Figures in italics are not finalised
*** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.*

Quality Headlines

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage

3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches

4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.

5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in the latest month and this is expected to continue.

8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.

9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available eg when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.

9 - Patient safety incidents resulting in death (subject to change as more information comes available).

10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11. Number of records with up to date risk assessment. Criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point whether there is a Level 1 Sainsbury's risk assessment.

14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.
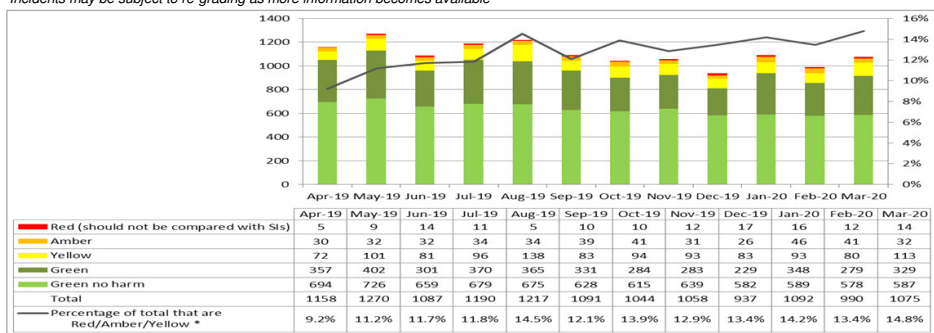
Quality Headlines

Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

• Number of restraint incidents - the number of restraint incidents during March has increased from 139 in February to 189. Prone restraint accounts for only 13% of all restraints and over 95% of these last lower than 3 minutes. Further detail can be seen in the managing violence and aggression section of this report.

• NHS Safety Thermometer - medicines omissions – performance has improved and remains below threshold in March This is the lowest rate reported all year.

It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored by NHS Improvement.

• Number of falls (inpatients) – A slight decrease in March from 47 reported in February to 44 incidents in March. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.

• Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these. As expected, some reductions in fill rates noted but only 2 acute wards below 100%, both at 99%.

• Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances

Safety First

Summary of Incidents March 2019 - March 2020

Incidents may be subject to re-grading as more information becomes available

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Red (should not be compared with SIs)	5	9	14	11	5	10	10	12	17	16	12	14
Amber	30	32	32	34	34	39	41	31	26	46	41	32
Yellow	72	101	81	96	138	83	94	93	83	93	80	113
Green	357	402	301	370	365	331	284	283	229	348	279	329
Green no harm	694	726	659	679	675	628	615	639	582	589	578	587
Total	1158	1270	1087	1190	1217	1091	1044	1058	937	1092	990	1075
Percentage of total that are Red/Amber/Yellow *	9.2%	11.2%	11.7%	11.8%	14.5%	12.1%	13.9%	12.9%	13.4%	14.2%	13.4%	14.8%

Degree of harm analysis:

The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and we can only report on what is recorded at a point in time.

Deaths: Of the 3 deaths , 2 were reported as serious incidents, 1 is awaiting confirmation of cause of death for decision regarding level of review . These occurred on Ashdale ward (patient on leave) 1, intensive home based treatment team (IHBTT) Wakefield 1, Core Team Barnsley, 1.

Severe harm: There was 1 severe incident reported this was a grade 4 pressure ulcer reported by neighbourhood nursing team Barnsley

Moderate harm: Of the 24 incidents – these have been analysed and these are across a range of incidents, with no particular patterns or trends. Degree of harm will be updated when more information emerges and incidents are approved, so the position may change. Pressure ulcers continue to be the highest category of moderate harm incidents with 10 incidents (all neighbourhood nursing, Barnsley). There is no particular pattern or trend. There are 11 self harm incidents (2 Nostell, 2 Elmdale, 1 Clark, 1 (IHBTT) Barnsley, 1 Newhaven, 1 Melton PICU, 1 IHBTT Wakefield, 1 Walton PICU, 1 Enhanced Team North 2, Kirklees). 1 inpatient fall (Neuro Rehab), 1 fall in patient's own home. 1 unwell/illness that occurred in patients own home appears to be due to physical health issues. Degree of harm will be updated when more information emerges and incidents are approved, so the position may change.

* A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
The distribution of these incidents shows 86% are low or no harm incidents.

Safety First cont…

Summary of Serious Incidents (SI) by category 2019/20

	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Suicide (incl apparent) - community team care - current episode	4	10	4	5	1	1	2	5	2	3	2	1	1	4	0	1	23
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	0	3	1	2	0	0	0	0	0	0	0	2	0	1	6
Physical violence (contact made) against staff by patient	1	0	1	2	0	0	1	0	0	0	1	0	1	1	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	0	3	0	0	0	0	0	0	0	0	0	1	2	0	3
Pressure Ulcer - Category 3	1	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0	3
Self harm (actual harm) with suicidal intent	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
Suicide (incl apparent) - community team care - discharged	0	1	1	0	0	0	0	1	0	0	0	1	0	0	0	0	2
Death - confirmed from physical/natural causes	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Illegal Acts	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1
Homicide by patient	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	12	12	8	15	3	5	4	6	2	4	2	2	4	9	4	2	47

• Please Note: initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report
• Incident reporting levels have been checked and remain within the expected range.
• Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
• Reporting of deaths as red incidents in line with the learning from healthcare deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
• All serious incidents are investigated using systems analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx
• Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group (OMG) continues to receive a monthly report, the format and content is regularly reviewed.
• No never events reported in March 2020
• Patient safety alerts not completed by deadline of March 2020 - None.

Mortality

Learning: Work continues to develop thematic learning summaries for sharing across the Trust.
Regional work: The March 2020 Northern Alliance meeting was cancelled, as is the regional mortality meeting.
Reporting: The Trust's learning from healthcare deaths information is reported through the quarterly incident reporting process in quarterly incident reports. Once agreed by Trust board, the latest information is added to the Trust website. Quarter 3 report has been added. Quarter 4/annual report is being prepared. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Policy: the Learning from Healthcare Deaths policy has been revised to reflect reporting deaths on Datix where we have had contact from the coroner/legal process. Also equality impact assessments updated. The intranet has been updated with this version.
Structured judgement reviews: reviewers are always need to review cases. Anyone wishing to complete reviews, to contact learningfromdeaths@swyt.nhs.uk and guidance and support will be given.

Safer Staffing

To note, the staffing fill rates for March 2020 included a higher annual leave period due to the end of year. The beginning of March was relatively unaffected by staff absence caused by the COVID-19 situation.

No ward has fallen below the 90% overall fill rate threshold. Of the 31 inpatient areas, 24 (76.8%) achieved greater than 100%. This was an increase of five (16.0%) on the previous month. Indeed of those 24 areas, nine achieved greater than 120% fill rate.

Average Total Fill Rates

Ward Name	Dec-19 Average Fill Rate - All Staff (%)	Jan-20 Average Fill Rate - All Staff (%)	Feb-20 Average Fill Rate - All Staff (%)	Mar-20 Average Fill Rate - All Staff (%)
Beamshaw	119.3%	112.6%	103.4%	103.2%
Clark	106.7%	106.7%	91.4%	102.5%
Melton Suite PICU	127.5%	132.3%	116.7%	124.8%
Neuro Rehab Unit	144.6%	158.4%	161.3%	129.9%
Stroke Rehab Unit	97.5%	94.3%	95.5%	95.7%
Willow Ward	95.4%	110.3%	131.7%	112.7%
Ashdale	97.2%	111.2%	92.2%	90.9%
Beechdale	126.5%	122.7%	108.1%	123.7%
Elmdale	109.8%	99.5%	89.0%	93.8%
Enfield Down	91.2%	95.4%	93.1%	91.4%
Lyndhurst	99.5%	100.9%	98.7%	95.8%
Ward 18	106.5%	99.3%	92.1%	97.2%
Ward 19 - Female	105.8%	102.3%	99.6%	106.8%
Ward 19 - Male	116.0%	109.0%	108.5%	103.4%
Appleton	92.0%	95.4%	97.8%	102.9%
Bronte	110.1%	103.8%	104.5%	119.6%
Chippendale	101.4%	96.7%	90.9%	95.0%
Hepworth	100.9%	116.0%	125.7%	104.5%
Johnson	153.4%	159.9%	152.3%	154.8%
Newhaven	97.7%	100.8%	100.7%	112.6%
Priestley	92.2%	102.0%	97.6%	100.1%
Ryburn	115.5%	102.1%	105.4%	106.4%
Sandal	98.6%	101.6%	106.2%	124.8%
Thornhill	96.3%	101.2%	103.6%	100.7%
Waterton	123.1%	130.6%	126.6%	140.3%
Crofton	106.6%	133.4%	127.3%	122.0%
Horizon	114.0%	115.4%	118.7%	122.7%
Nostell	118.0%	112.7%	102.7%	103.6%
Poplars	169.7%	149.6%	145.2%	143.4%
Stanley	106.6%	112.5%	95.2%	100.7%
Walton PICU	118.8%	124.2%	112.2%	107.9%
All Wards	111.2%	112.9%	108.0%	109.9%

Fill Rate Key for All Staff:	Less than 90% fill rate
	Greater than or equal to 120% fill rate

Registered On Days -Trust Total 81.4%. The number of wards that have failed to achieve 80% registered nurses increased on the previous month to 14 (44.8%). Six wards were within the forensic BDU, one in Wakefield, two in Barnsley and five in Calderdale and Kirklees. The forensic BDU remains under pressure from a staffing perspective. Contributory factors to that are high levels of acuity, high sickness/absence and existing vacancies. The service is implementing a recovery plan. As part of that plan overtime continues to be offered to substantive staff to improve staffing numbers and consistency. Forensic and Calderdale and Kirklees remain the focal point for the band 5 recruitment campaigns with some success which will have an impact moving forward.

Registered on nights- Trust total 96.4%. Two wards fell below the 80% fill rate in the month of January. These were Elmdale and Walton. This was due to a number of reasons including sickness, reallocation and a decrease in the bed base. The number of wards who are achieving 100% and above fill rate on nights remained at 18 (57.6%). Three wards utilised in excess of 120%.

Specialist Services are now included in the forensic BDU figures which impacted on that figure raising it from 110.1% to 117%. Barnsley decreased slightly from 116.7 to 115 %. Calderdale and Kirklees BDU increased from 97.7% to 110%. Wakefield BDU increased from 116.52% to 133%. The overall fill rate for the Trust increased from 111.9% to 117%. Significant pressures remain on our inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness. February and March are also a high leave period.

Safer Staffing continued…

Covid-19

We anticipated an impact from the Coronavirus pandemic with interventions and business continuity plans in place. Our BDUs and teams have been particularly proactive in assuring that staffing remains largely unaffected by the virus and resultant increase in sickness or self-isolation. This has been as a result of introducing over time – with attention being given to the potential for burn out among our substantive staff – cancelling annual leave where practical, training being moved online at the moment, the introduction of student nurses into extended placement and the retiree and return as well as the bring back scheme. Bank recruitment continues at a pace and there have been over 90 interviews offered to candidates in the last 2 weeks.

The bank capacity has not been exceeded in the previous 4 weeks nor that of our agency. As we go further through the current situation we have utilised more bank and less agency and had less unfilled shifts during this period. This has also impacted on the agency spend which can be offset against some of the overtime increase. See tables below:

Inpatient Area Fill Rates

Week Commencing 16-03-2020

Bank Fill	Agency Fill	Unfilled
61.04%	23.56%	15.40%

Week Commencing 23-03-2020

Bank Fill	Agency Fill	Unfilled
70.73%	17.61%	11.67%

Week Commencing 30-03-2020

Bank Fill	Agency Fill	Unfilled
73.52%	18.07%	8.41%

Week Commencing 06-04-2020

Bank Fill	Agency Fill	Unfilled
77.97%	15.59%	6.44%

Agency & Bank Spend - Registered & Non-Registered Inpatient Areas Nursing May 19 - April 20
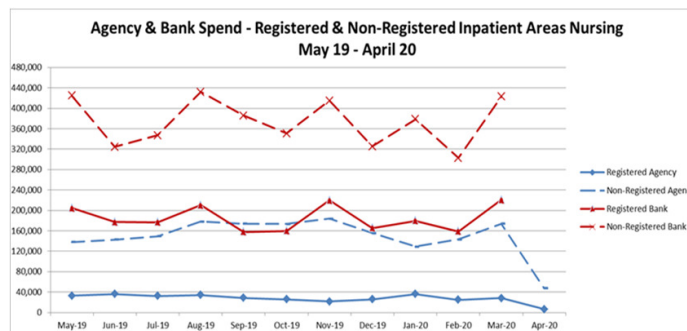
Information Governance

March saw a further reduction in the number of confidentiality breaches reported, closing at 6 compared to 15 in January and 12 in February. 5 incidents were due to information being sent to the wrong address or recipient and the other involved a medical care plan being found in a publicly accessible meeting room on Trust premises by a staff member. It was determined that minor or no harm was caused as a result of these incidents. IG continue to write to managers when an incident occurs to recommendation improvement action and request confirmation that appropriate action has been taken.

None of the incidents reported during February met the criteria for reporting to the Information Commissioner (ICO). It should be noted though that an incident that has occurred in April has been deemed as reportable to the ICO.

Commissioning for Quality and Innovation (CQUIN)

Q3 performance has been confirmed by most commissioners. Quarter 4 position requires discussion with commissioner as national guidance states Q4 submissions not required in light of the Covid-19 situation. It is likely that risk previously identified against mental health services data set (MHSDS) interventions and improving access to psychological therapies indicator.

Patient Experience

Friends and family test shows

• 89% of respondents would recommend Trust services.
• 98% of respondents would recommend community services.
• 86% of respondents would recommend mental health services.
• The number of responses increased by 27% (620) from the previous month (February 489).
• Text messages provided 52% of the responses in March.
Covid-19 update for Friends and Family Test
• The launch of the new Friends and Family Test has been postponed until further notice.
• All community data collection has ceased.
• We have stopped using iPads/tablets to decrease the risk of infection to either staff or patients.
• We continue to use text messaging to collect Friends and Family Test feedback and have developed and online feedback form to collect patient feedback.

Mental Health Services
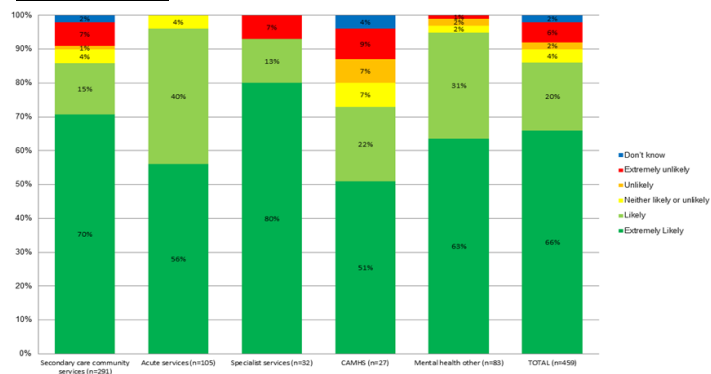
Community Services
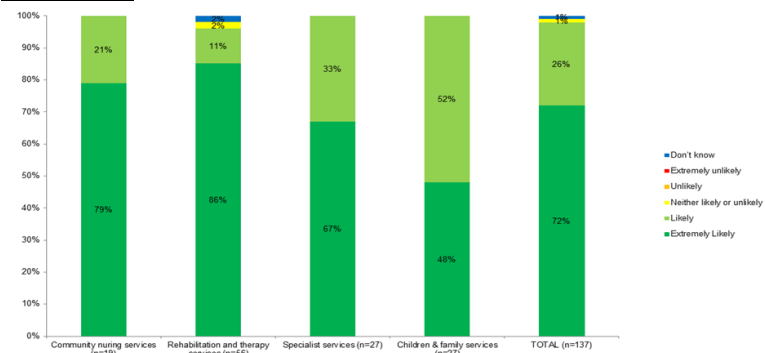
Care Quality Commission (CQC)

Partnership agreement between the NHS and Independent Sector (IS)
NHS England have published a partnership agreement between the NHS and IS. This is intended to enable the IS to have available hospital facilities and staff for the admission and treatment of NHS patients. Where these facilities are available then the IS will be legally accountable for the quality and safety of care.

Practicing privileges for consultants
Interim practicing privileges are to be granted to IS consultants who do not already hold these with the hospital so they can start working with patients immediately. CQC have acknowledged the need for this within the current climate and have said they will not penalise providers who use this fast track solution. This only applies to providers that are included within the NHS Covid-19 collaboration contract.
Any consultant who provides services to NHS patients in a IS provider hospital but does not have practicing privileges at the IS location is required to submit a declaration confirming their employer e.g. the Trust within which they work has the following information about them:
• DBS check
• References
• Appraisal
• CV
• Certificate of qualification (and a check of the general mendical council (GMC) register to verify their registration)
• Confirmation of health status
The doctor will need to provide this signed declaration to the IS registered manager but does not have to provide evidence of each piece of information.
This is interim guidance and further guidance is to be published. It is also acknowledged that staff from all disciplines will be transferring across both the NHS and independent healthcare sectors and guidance about this is to be issued early next week.

CQC inspection activity in light of coronavirus
Due to the Covid-19 outbreak all routine inspections have been suspended. Data and information about providers will continue to be monitored so that inspection visits can be undertaken in cases where there is a risk of harm or abuse within services.
CQC have written to providers of mental health services to update them on the interim methodology for Mental Health Act (MHA) monitoring visits during the Covid-19 pandemic.
They will be introducing new remote monitoring methods to continue our monitoring of the use of the Mental Health Act. This will include collecting data from a range of sources via phone, email or video calls. If we believe there to be a risk of harm, ill-treatment or human rights breaches for people detained in services then we will, with oversight from the Chief Inspector, carry out additional activity which may include a site visit.
CQC will focus on carrying out monitoring where there are known or emerging concerns, for example, allegations or complaints from people who are detained in the service. CQC's primary objective at this time continues to be to support providers and keep people safe.
CQC notifications
There is no requirement to notify CQC about individual coronavirus cases. We would be expected to notify them if the virus was affecting the day to day running of our organisation.
CQC Covid-19 registration framework
CQC have developed a Covid-19 registration framework which covers both new registrations and changes to existing services. Providers can notify and make an application to CQC about these changes on an online form. It applies where:
• It is intended to provide additional health and social care capacity in an area
• Contributes to the control of the outbreak of Covid-19 or treatment of people who have contracted the illness
CQC have said they will prioritise the Covid-19 applications and can assess the application at the same time as the changes are being made to speed up the process. CQC are expecting that most changes will be managed via the notification process e.g. changes to the statement of purpose.
We can contact our CQC inspection team if we are unsure as to whether a Covid-19 application is required.   Registration applications should be sent to hsca_applications@cqc.org.uk and should include 'Covid-19' in the e-mail to ensure the application is picked up quickly.

Second Opinion Appointed Doctors (SOAD's)
The MHA office have sent out a guidance note to medical staff about the changes listed below when requesting a SOAD and are also working on a guidance note for consultees.
Care providers with 15 locations or less must use the CQC provider portal to request SOAD's. When requesting a SOAD mental health services will be asked to:
• Provide a summary of the patient's current issues to CQC which SOAD's will use instead of visiting the hospital to look at care records.
• Consultations with professionals will be undertaken by telephone or video (Skype or Microsoft teams)
• Staff are asked to support patients who want to speak with the SOAD via telephone or video calls
• Services are being encouraged to accept electronic copies of certificates and act on that
• Documents can be e-mailed securely from a nhs.net or secure CJSM account to a secure CQC account cqc.soadteam@cqc.cjsm.net
• In cases where documents cannot be sent from a secure account then encrypted documents should be sent with a password separate e-mail to SOAD_Requests@cqc.org.uk
• CQC acknowledge SOAD's may need to consider a visit if they don't have all the information available to make a justifiable legal decision

Section 61 reports
Section 61 reports should be sent to the local MHA office and not directly to the CQC.

Care Quality Commission (CQC) continued…

Advance care planning

CQC emphasise the importance of having a personalised care plan in place for each patient, especially for older people and people who are frail or have other serious conditions. There is a need to make sure advance care planning is discussed directly with patients who have capacity or to follow best interest guidelines with family members and other professionals where a person lacks capacity.

CQC review into the use of restrictive interventions

The report into CQC findings on the use of restrictive interventions was due out in spring. The impact from the Covid-19 outbreak has meant CQC have not been able to engage with stakeholders to the extent they would have liked and therefore the report has been delayed.

Updated Regulation 16 (death notification) form

CQC would like to understand the numbers of deaths that are occurring due to Covid-19, whether suspected or confirmed. To do this, they have updated the Regulation 16 (death notification) form to indicate whether the death was a result of coronavirus (either confirmed or suspected). Providers should use this updated form to provide all Regulation 16 notifications from now on. CQC are aware that providers may have copies of the form saved locally on their computers – please check to make sure you are using the updated version. You can also bookmark the notification pages, or add them to your favourites, to ensure you are always able to access the most up-to-date form.

The information provided will help CQC to develop a more accurate picture of the number of deaths due to Covid-19, which in turn will help CQC to work with system partners to mobilise the right level of support. It will also help the inform the government response, so it can put in place appropriate measures to support the health and social care system during this time.

Visit CQC website to access the updated form.

Coronavirus Act 2020

The Coronavirus Bill has passed through Parliament and has now received Royal Assent to become law as the Coronavirus Act 2020. However, the Mental Health Act (MHA) has not been brought into force as yet. This is designed to ease the burden on NHS and adult care staff, be limited to two years and be switched off when no longer necessary. The Act has five key areas:

• Increasing availability of the workforce
• Easing burden on frontline staff
• Containing the virus
• Managing the demand with respect and dignity
• Supporting people

The CQC role is to support providers with their decision making and to capture the impact of Covid-19 on health and social care providers.

CQC interim guidance for DBS and recruitment checks

CQC have issued interim guidance in response to temporary changes being made by the Disclosure and Barring Service (DBS) to DBS applications and processes. It will be in operation for the period the Coronavirus Act 2020 remains in force, and CQC will review it on a regular basis.

Key points::

• This guidance applies to individuals (paid staff and volunteers) being recruited as a consequence of and during the coronavirus pandemic, and where the following three things apply:
o providers need to start staff urgently
o waiting for a full disclosure and barring service (DBS) check could cause undue delay
o this delay could lead to risks to the continuity of service, impacting the safety and wellbeing of people using the service
• Providers are offered a fast, free barred list DBS check for emergency roles being recruited in response to a provider risk assessment. Enhanced DBS check information will still be processed, but will be issued afterwards.
• The barred list check applies to staff working with children and adults.
• Providers should exercise diligence around all aspects of safe recruitment, for risk assessing their situation and making decisions based on the needs of their service and people using that service during this emergency.
• If providers take reasonable steps to ensure new staff are recruited in line with new DBS guidance, staff are adequately supported and sufficiently supervised. Providers should record the decisions they have made, and any risks identified along with the mitigations they will put in place.
• CQC will take a pragmatic view on the portability of certificates for those being employed in emergency roles, recognising that some providers may have to consider this as part of their risk assessment.
• All other appointments and applications for DBS checks that are not linked to coronavirus must be processed according to existing DBS and CQC guidance.

The guidance is laid out within the following link
 https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service

Safeguarding

Safeguarding Children and Adults
• Maintained the statutory and critical function role of safeguarding whilst working to Covid-19 guidelines. Produced additional briefing papers to support link practitioners as face to face session cancelled and e-learning offered. Supervision still provided via Skype and Microsoft teams. Daily advice/ support line available as normal practice. Information flow to safeguarding board reviews and Section 11 audit continues as normal practice.
• Internal audits completed, assurance provided that staff understand their role and commitment to their safeguarding duties.
• Attended safeguarding children practice review in Derby where the perpetrator of the abuse has had contact with SWYPFT services.
• Delivered bespoke safeguarding training on self-neglect to dietetics service to support safeguarding adult review actions (Barnsley) 4th March 2020.
• Attended prevent champions event in Kirklees and consequently updated the prevent policy and guidance
• Supported practitioner with Section 42 enquiry in Barnsley following a request for information re: potential organisation neglect from the local authority. Outcome of the investigation was no lapses in care found and investigation closed.
• Information provided to be included in Wakefield safeguarding adult board annual report.
• Draft of domestic abuse policy disseminated, comments incorporated and now to be sent to policy group.
• Prevent data quarterly submission achieved and all levels of training above NHS England mandatory reporting requirement.

Infection Prevention Control (IPC)

• Substantial amount of work being undertaken in response to Covid-19 pandemic.
• Annual plan 2019-20 was fully completed . Annual report is yet to be completed. It has been agreed that the reporting of this can be deferred to after June 2020.
• Surveillance: There has been zero cases of C difficile, MRSA Bacteraemia, MSSA bacteraemia and Ecoli bacteraemia.
• Mandatory training figures are above the mandatory Trust target:
• Hand hygiene-Trust wide total –94%; Infection Prevention and Control- Trust wide Total –88%
• All training is currently being delivered via e-learning due to Covid-19 guidelines
• Policies and procedures are up to date.
• Staff swabbing drive through established in Fieldhead and Barnsley working closely with partners to cover and updated lists to ensure timely process of staff accessing the service.

Complaints

NHS England and NHS Improvement released the following message on 26.3.20.
Due to the ongoing Covid-19 pandemic NHS England and NHS Improvement are supporting a system wide "pause" of the NHS complaints process which would allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to Covid-19 this means that:
• All providers should ensure that patients and the public are still able to raise concerns or make a complaint, but that the expectation of an investigation and response in the near future is managed.
• All providers would continue to acknowledge complaints, log them on their respective systems, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary. All complaints would then remain open until further notice, unless an informal resolution could be achieved, or the complainant chooses to withdraw their complaint.
• In secondary care where PALS offices still operate, they could still provide support by email and telephone and this should be encouraged for patients and the public to engage with the organisation.
• CCGs should ensure that they continue to have open channels of communication with patients and the public.
• We would advise the system that consideration should be given to complainants who, at the time of the "pause", have already waited excessively long for their response (specifically those who have waited six months or more) these should be reviewed to ascertain if and how these can be resolved to the complainant's satisfaction.
• The initial "pause" period is recommended to be for three months with immediate effect. All health care providers can opt to operate as usual regarding the management of complaints if they wish to do so and this "pause" is not being enforced.
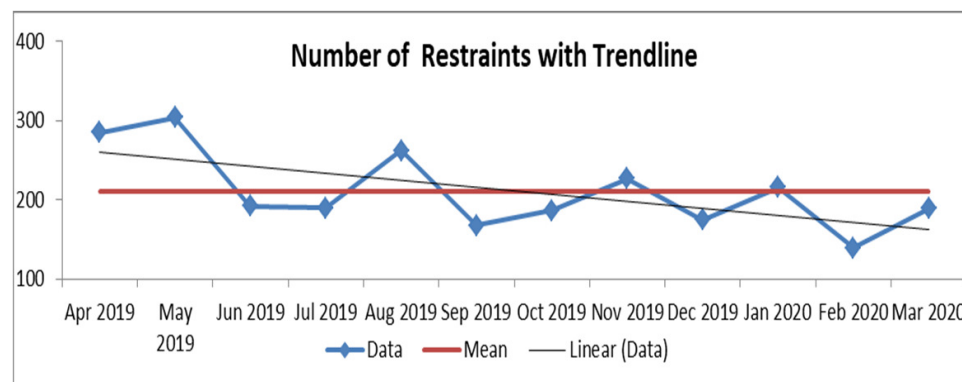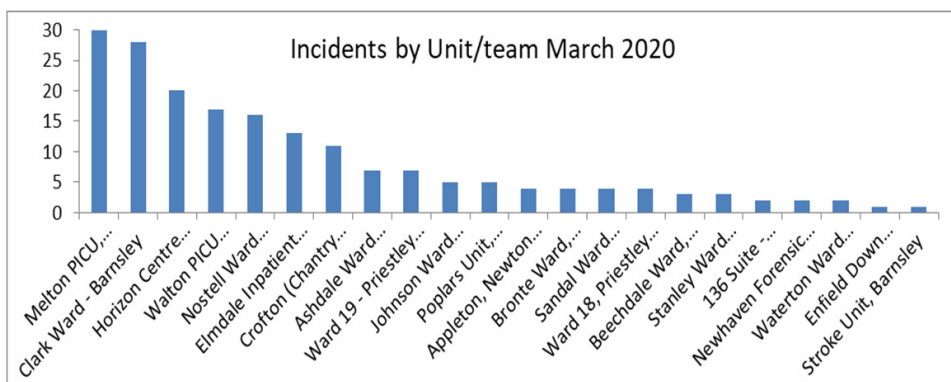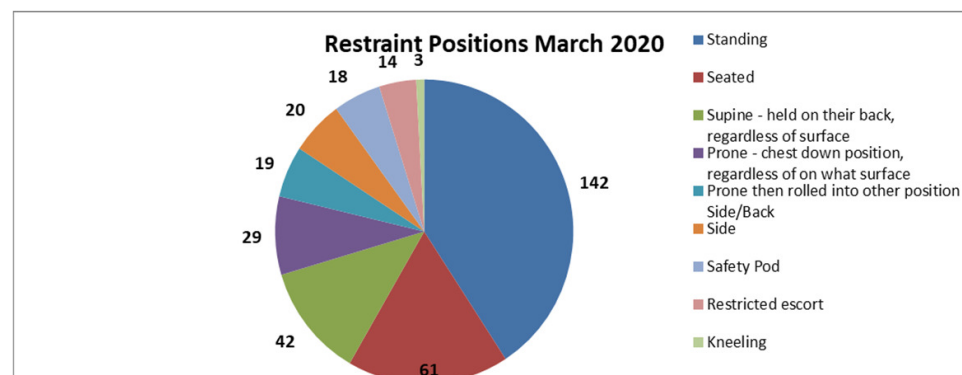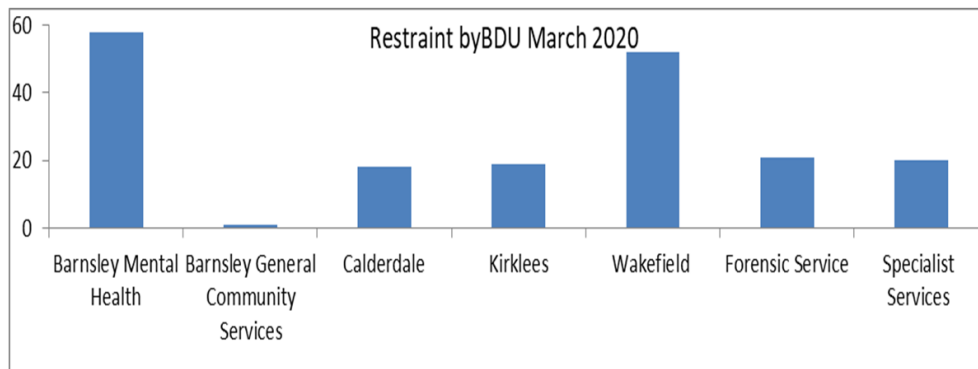Please note that the Parliamentary and Health Service Ombudsman and Local Government Ombudsmen have stopped accepting new complaints and has stopped work on open cases.
The Trust has developed a revised customer services offer in response to this guidance. Our response primarily focusses on providing support to clinical services, from clinical staff within the nursing directorate, to complete investigations.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust
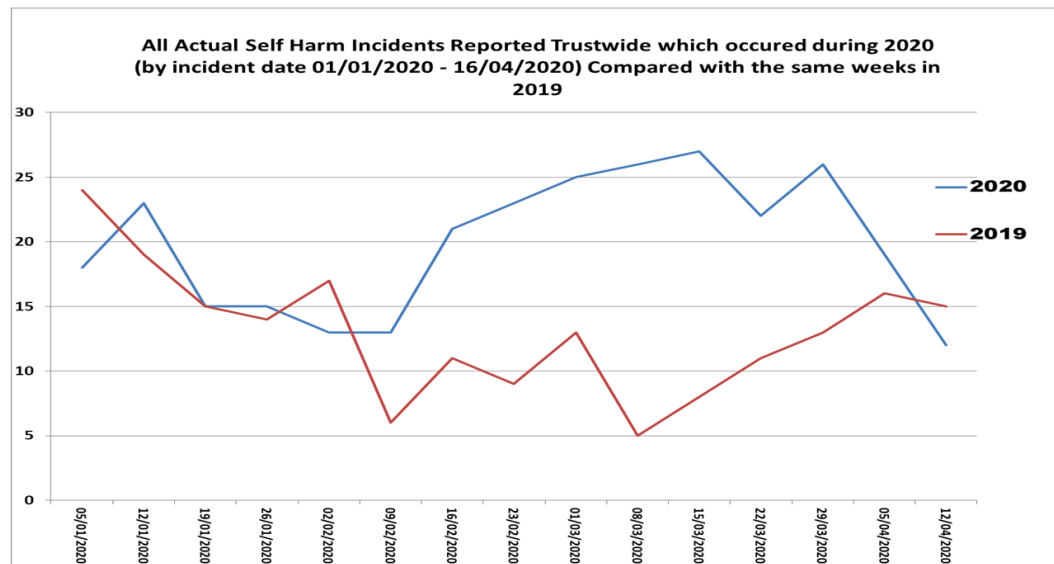
Reducing Restrictive Physical Intervention

There were 189 reported incidents of Reducing Restrictive Physical Interventions (RRPI) use in March this being a 16% increase on the February figure. There were 348 different restraint positions used in the 189 incidents. The standing position was used most often 142 (38%) followed by seated restraints at 61(16%). Prone restraint was reported 48 (13%). Barnsley BDU had the highest number of prone restraints with 22. Wakefield BDU had 12, forensics BDU had 6, Kirklees had 4 and Calderdale had 4. The Trust target of 90% of prone restraints lasting under 3 minutes is discussed at length, and the importance of striving to maintain this is strongly emphasised. In February 2020 only 1 incident of pronerestraint lasted over 3 minutes (4 -5 minutes) due to the Level of aggression displayed. 94.5% of prone restraints lasted under 3 minutes.

The RRPI team suspended training during March due the Covid-19 outbreak. Work has been ongoing to provide information, support and advice to staff on the wards. Access to e-learning has be extended. RRPI team has worked closely with the Infection Prevention and Control team to give guidance on Restraint and Personal Protective Equipment for patient either suspected or confirmed to have Covid-19.

Restraint byBDU March 2020

Restraint Positions March 2020

Incidents by Unit/team March 2020

Number of Restraints with Trendline

NHS South West Yorkshire Partnership NHS Foundation Trust
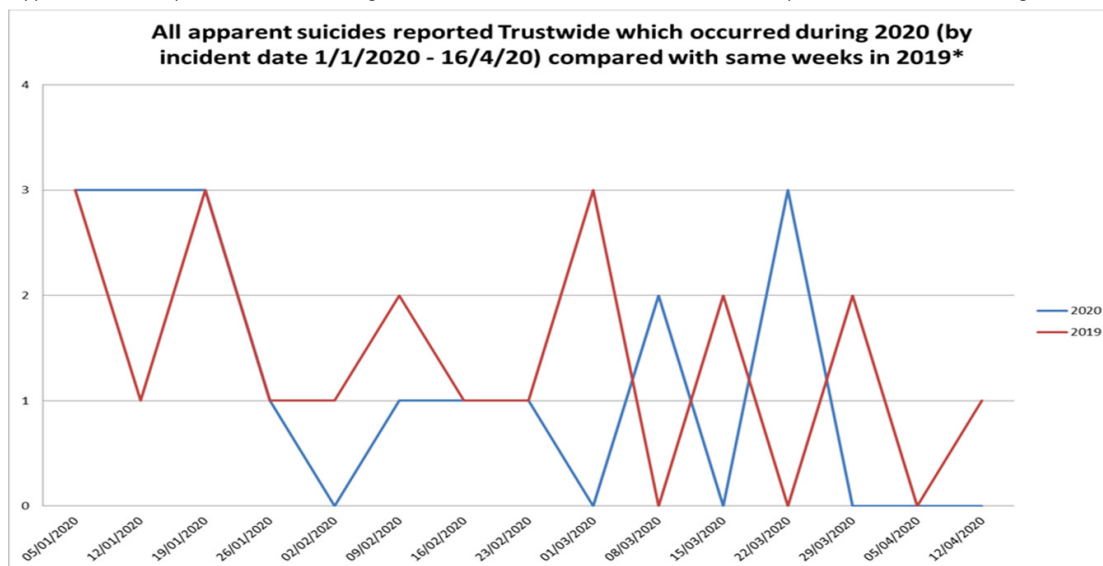
Self Harm

Actual self-harm incidents reported on Datix occurring between 1/1/2020 and 16/4/2020 at 17/4/20, compared with incidents occurring in the same period in 2019. It will be important to monitor trends/theme that may emerge relating to the impact of Covid19 on mental health. We are currently scanning all incidents where there is a Covid19 reference in the datix entry. In the first instance we are reviewing apparent suicide and self harm trends.

All Actual Self Harm Incidents Reported Trustwide which occured during 2020 (by incident date 01/01/2020 - 16/04/2020) Compared with the same weeks in 2019

• Total number of actual self-harm incidents reported during 01 Jan 2020 to 12 April 2020 is 298.

• Total number of actual self-harm incidents reported during 01 Jan 2019 to 12 April 2019 is 196.

• There have been 102 more actual self-harm incidents reported in 2020(01 Jan 2020 to 12 April 2020) when compared to the same period in 2019 (01 Jan 2019 to 12 April 2019. This increase is being reviewed to understand the change and any action that results will be taken through our clinical risk panel.

Apparent Suicide

Apparent suicides reported on Datix occurring between 1/1/2020 and 16/4/2020 at 17/4/20, compared with incidents occurring in the same period in 2019

All apparent suicides reported Trustwide which occurred during 2020 (by incident date 1/1/2020 - 16/4/20) compared with same weeks in 2019*

*Please note:
2020 figures includes 2 apparent suicides reported but which after initial review were not SWYPFT incidents. In comparison, the 2019 figure includes 6 apparent suicides of people who were not under SWYPFT care. Examples of 2020 cases are someone who had a contact with Liaison and Diversion Team, and died several months later, and death of someone who had had presented at a community team base, but was not under SWYPFT care.

Mental Health Act

From September 2019, we are able to include some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these have been taking place over the last few months. Monthly reporting of performance against Section 17 leave is now available. Future developments will include reporting relating to Section 132 patients rights. Progress to date on this is as follows:
• The Trust section 132 policy and additional document amendments have been completed and agreed with the practice governance coach and the matrons.
• The Mental Health Act administrators have started attending the wards and meeting with registered staff to show them the new process, where to record on SystmOne and where to access The SystmOne white board (dashboard) so that the registered staff can at a glance and in real-time see what the activity is and what needs addressing / where the hotspots are.
• The MHA administrators will be developing a process to keep this under review and send reminders where needed to registered staff alerting that a patients' rights are due. Further update regarding this can be seen below.

Section 17 leave

The Care Quality Commission have regularly raised an issue with the non completion of page 2 of the Section 17 leave from. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the MHA code of practice. Previous initiatives have not proven successful, therefore each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place since September 2019 and has proven effective in most areas.
Guidance note for staff has been completed and circulated to all clinical services.
The numbers above below separated into :numbers of forms received in total, of those forms the number of forms that need to be returned for completion . The target for completion is 100% following action by MHA administration staff process of reviewing and returning where not completed. The 100% compliance target is what is expected by the MHA code of practice.

Service	Sep-19 Section 17 form			Oct-19 Section 17 form			Nov-19 Section 17 form			Dec-19 Section 17 form			Jan-20 Section 17 form			Feb-20 Section 17 form			Mar-20 Section 17 form		
	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	67	62	92.5%	89	76	85.4%	67	61	91.0%	91	85	93.4%	149	128	85.9%	72	55	76.4%	23	22	95.7%
Working age adult - Trustwide	275	245	89.1%	217	177	81.6%	235	202	86.0%	257	230	89.5%	346	261	75.4%	245	160	65.3%	234	186	79.5%
Specialist Forensic services	219	160	73.1%	58	39	67.2%	74	30	40.5%	47	5	10.6%	121	85	70.2%	193	161	83.4%	63	35	55.6%
Rehabilitation services - trustwide	21	21	100.0%	11	10	90.9%	16	15	93.8%	33	27	81.8%	32	26	81.3%	18	18	100.0%	32	32	100.0%

Please note, data will be refreshed each month as completed forms are received.

Patients rights

Work is progressing on reporting for the adherence to reading of patients' rights. This data is now being recorded on SystmOne. We are now in the process of writing a report to flow this data. It is likely that this will be available to flow into the report from the May20 IPR (April 20 data).
There is currently a manual process in place monitoring the reading of patients' rights which is being undertaken by the mental health act administrators in conjunction with the wards.

This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:
• NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold.
• Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
• NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.
The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Oversight Framework Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Dec-19	Jan-20	Feb-20	Mar-20	Data quality rating 8	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	98.8%	98.2%	97.8%	98.2%	98.3%	98.3%	97.8%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.7%	97.9%	100%	100%	96.0%	97.7%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	294/301 =97.67%	344/354 97.18%	319/327 97.55%	269/279 =96.42%	94/96 =97.92%	83/87 =95.4%	81/85 =95.29%	105/107 =98.13%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	97.9%	97.1%	98.3%	98.5%	98.3%	98.3%	98.6%	98.6%		
Out of area bed days 5	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	703	318	108	440	49	133	170	137		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.9%	53.4%	53.6%	54.5%	55.9%	55.4%	52.5%	55.8%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	83.8%	77.5%	79.3%	85.3%	77.0%	85.8%	83.7%	86.5%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	97.4%	98.3%	97.6%	98.9%	97.7%	99.2%	98.5%	99.1%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	82.6%	85.6%	81.8%	86.7%	84.4%	85.7%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	90.5%	91.2%	90.8%	91.0%	91.3%	91.3%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	10%	11.4%	11.6%	11.8%	12.1%	11.9%	11.8%	12.1%	12.3%	⚠️	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	CH		Due June 20									

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Dec-19	Jan-20	Feb-20	Mar-20	Data quality rating 8	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	90	28	27	17	21	12	0	5		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	9	2	3	3	1	1	0	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	206	180	206		180			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	14.5%	13.1%	11.2%	10.0%	11.2%		10.0%			

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Dec-19	Jan-20	Feb-20	Mar-20	Data quality rating 8	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.1%	99.4%	98.8%	99.2%	99.1%	99.4%	98.9%	99.7%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	99.9%	99..9%	99.9%	99.9%	98.8%	99.9%	99.9%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	98.6%	98.7%	98.8%	98.8%	99.9%	98.8%	98.7%		

* See key included in glossary.
Figures in italics are provisional and may be subject to change.
1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.
2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).
5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle idenfiies any issues and detailed response provided below in the data quality rating section.

Areas of concern/to note:

• The Trust continues to perform well against the NHS Improvement metrics

• Inappropriate out of area bed placements amounted to 135 days in March, meaning there were 440 inappropriate bed days in total in Q4.

• During March 2020, 2 service users aged under 18 years were placed in an adult inpatient ward for a total of 5 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.

•% clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.

• The scope of the data quality maturity index changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been achieveing this target since July.

• IAPT treatment within 6 weeks of referral has achieved the 75% target although there are continuing challenges in meeting this particularly in regard to staffing numbers.

Data quality:

An additional column has been added to the above table to identify where there are any known data quaity issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

For the month of March the following data quality issues have been identified in the reporting:

• The reporting for employment and accomodation for March shows 14% of records have an unknown or missing employment and/or accommodation status, this is an improvement on last month which was reported at 15%. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU). For the month of March, the narrative in this section is reduced compared to focus on the operation of our business continuity plans in light of the Covid-19 pandemic.

Barnsley general community services
Key Issues
 • COVID-19 – in response to the national request we have developed a refined service offer across general community services in line with current emergency planning arrangements. The aim of this has been to accommodate more acute care in the community setting and reduce exposure for vulnerable patients.

Strengths
• General community staff providing swabbing service for care homes
• Stroke early supported discharge service launched 20 April 2020; currently a limited therapy only service
• Several services are utilising technology to undertake telephone/video call contacts to maintain service provision, particularly for those with complex and high level needs.
• Priority 1 and 2 visits for community nursing continue
• Video call / WhatsApp utilised to maintain recruitment process whilst adhering to social distancing guidance
• On an average day we are seeing 635 patients in the community setting for priority visits and carrying out approximately 1,300 video/tele consultations to maintain good care and reduce hospital admissions

Challenges
 • Support to care homes, particularly those residents Covid-19 symptomatic or positive due to increasing numbers and infection control challenges
 • Increase demand for end of life care planning and support in terms of patients in care homes and community settings
 • Urban House has been a high risk area but this is currently settling

Areas of Focus
• Personal protective equipment (PPE) – monitoring stock levels and redistributing across community sites where necessary
• Discharge to assess (D2A) service commenced and patients are beginning to flow
• Redeployment of SWYPFT staff (where service delivery is high risk for patients or face to face contacts are being suspended) into alternative roles e.g. swabbing, neighbourhood nursing teams, neighbourhood rehab services, discharge to assess team etc.
• Redeployment of Barnsley hospital NHS foundation trust colleagues into community.

Barnsley mental health services and child and adolescent mental health services:

Key Issues
• Community services provided essentially through telephone/video contact with ability to support on a face-to-face basis where there is a clinical need. Rolling out 'AirMid' to facilitate video contact option.
• Referral numbers across all services have reduced. Ability in services to not only maintain caseloads but proactively discharge/allocate.
• Crisis/Intensive home based treatment (IHBT) and psychiatric liaison services prioritised within continuity plans and arrangements in place to redeploy staff as/when required.
• 24/7 crisis support arrangements simplified and strengthened – and publicised on the Trust intranet. Arrangements include adult IHBT providing all-age single point of access function out of hours. This is designed to reduce 111 calls and attendances at A&E and will complement implementation of the recently procured 24/7 helpline.
• Support of staff – across partner agencies (e.g. BHNFT) – developing as key contribution to system continuity.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU). For the month of March, the narrative in this section is reduced compared to focus on the operation of our business continuity plans in light of the Covid-19 pandemic.

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Key issues
• Focus is continuing on optimising patient flow which is having a positive effect on out of area placements and capacity in inpatient units.
• Cohorting standard operating procedures for acute and older people's services are being finalised and an inpatient clinical pathway has been agreed for Covid-19 positive patients. The position with regard to the number of patients requiring isolation is reviewed daily by the matrons in relation to the potential implementation of phased cohorting plans and to determine how services can best be managed in the event of an outbreak.
• Community services continue to provide assessment, care management and interventions with service users utilising a range of innovative means of communication and ensure face to face contacts are made wherever these are clinically indicated.
• A situation, background, assessment and recommendation exercise has been undertaken relating to the experience on Beechdale ward in Halifax of their dealing with a recent outbreak of Covid-19 which affected 7 patients. As part of its conclusion it commended the staff as follows: 'Each staff member was addressed individually and each personal level of need responded to…..The team have supported one another through this challenging time and have worked over and above what they would usually do to ensure the function of the ward, the care of the patients and the well-being of all during the current challenges.'

Forensic business delivery unit and Learning Disability services:

Forensics
Key Issues
• 8.8% staff not in work due to Covid-19.
• Forensic development plan remains a key priority.
• Specialist commissioner keen to maintain service user flow in secure care.
• Business continuity plan (BCP) fit for purpose but constantly under review at Bronze command meetings.

Learning Disability (LD)
• Some pressures in the health system regarding assessment and treatment unit beds.
• Some concerns re the vulnerability of LD service users in the community. Cases prioritised to meet need.
• Business continuity plan fit for purpose at this stage but constantly under review at Bronze command meetings

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU). For the month of March, the narrative in this section is reduced compared to focus on the operation of our business continuity plans in light of the Covid-19 pandemic.

Communications, Engagement and Involvement

• Bronze command meeting taking place internally for communication and engagement
• Daily coronavirus update sent out 7 days a week to all staff and governors
• Coronavirus section on the intranet providing updates on guidance, resources available and health and wellbeing support
• Health and wellbeing support website resources developed, providing advice and support to service users and the public
• Easy read resources developed for guidance, eg. personal protective equipment (PPE)
• Wakefield Families Together supported with comms plan and resources linked to mental health and wellbeing
• Wakefield children and young people's plan, public document created ready for sharing
• Barnsley wraparound advertorial produced
• Partner Bronze command meetings taking place in all areas
• Forensic focus newsletter developed and distributed
• Support provided to EyUp. Revised communications plan and promotion of smile campaign
• Renaming repositioning of child and adolescent mental health service in Wakefield. Press release in development encouraging people to refer to us. Radio interview in Wakefield arranged and supported.
• Support provided to mental health 24/7 access project, including revisions to the website.
• Support provided to SystmOne roll out project, including web update, and letters to stakeholders and service users
• West Yorkshire and Harrogate assessment and treatment unit (ATU) engagement (now on hold due to coronavirus)
• Recovery college comms approach developed. Now sourcing funding for recovery college website
• Delivering the Trust wide Virtual Visitor scheme in partnership with befriending service and mobilisation of volunteers to address the restriction on visiting. Work has taken place to create the guidance tools, identified equipment through Trust wide engagement and approach to IG, safeguarding and sign off by silver
• Engaged stakeholders on the Virtual Visitor scheme to gather feedback and insight and to identify offers of support – the team will also co-design the public facing information and branding for the scheme
• Continuing to work on Trust wide EIAs
• Finalising the EDS2 conversations – and writing a report of findings. The grading will support a Trust wide submission of evidence
• Finalising the report of findings from the strategy engagement. The Trust in total received over 800 responses from all protected groups through postcards, focus groups, conversations and a survey. We will also be using the staff survey to inform our approach
• Starting on the Trust wide strategy and associated action plans for equality, engagement and carers
• Linking into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
• Working in partnership with Barnsley CVS, council and SWYT colleagues to mobilise a preventative mental health support network along the lines of Virtual visitor
• Supporting recovery colleges with an offer of support from the wider team – sharing toolkits and identifying volunteering opportunities
• Supporting the roll out of SystmOne – approach to involving stakeholders, service users and carers – translation and easy read materials
• Driving the equality agenda in relation to COVID19 with a comprehensive approach to EIA, framework and COVID specific EIA
• Identifying a COVID19 BAME working group to address emerging evidence of inequality
• Supporting weekly MP briefings
• Attending national seminars and briefings
• Attendance at Bronze and Silver meetings as required

This is the April 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for March 2020. The priority programme areas of work providing an update in this report have been refocused during the next 3 months in response to the covid19 pandemic. The following programmes of work reported in the IPR this month are:
1. CAMHS improvement
2. Forensic improvement
3. Advance our wellbeing and recovery approach
4. Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire
5. Accelerating use of digital technology
6. Providing care as close to home as possible
The framework for this update is based on the revised Trust priority programmes agreed in March 2020, and provides details of the scope, aims, delivery and governance arrangements, and progress to date including risk management. The proposed delivery is in line with the agreed Integrated Change Framework.

Priority	Scope	SRO	Change Manager	Governance Route	Narrative Update	Progress RAG rating
IMPROVE HEALTH						
Advance our wellbeing and recovery approach	Focus on how we change the offer to support community wellbeing and recovery in light of Covid-19 working with Creative Minds and Recovery Colleges, SIM, Volunteer services	Salma Yasmeen	Sue Barton & Matt Ellis	EMT	Recovery Colleges are exploring innovative digital solutions to delivering courses. Connections are being made with people and a range of support is offered. Discussions have commenced about the development of websites for the colleges which would enable local content to be provided. Creative Minds are supporting partners to develop digital offers to vulnerable groups.	
Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire	Work with partners in Barnsley, Kirklees, Calderdale, Wakefield, South Yorkshire and West Yorkshire to develop a joint response to Covid-19	Sean Rayner / Salma Yasmeen	Sharon Carter	EMT	SWYPFT are involved in Bronze/Silver/Gold command structures as required in each area. Data sharing is taking place and significant work is happening at pace across the whole system. In West Yorkshire, all West Yorkshire & Harrogate Mental Health, Learning Disabilities & Autism work overseen by the programme board that is not immediately supportive of the Covid-19 response, or which can be done in the background with reduced support or engagement has been paused or repurposed. For the work that continues there will remain light touch support via the programme team. A West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships update is scheduled to be provided to Trust Board on 28th April. The focus is to add value to more immediate needs and to plan for the medium-long term response. Immediate priorities are: ICU (intensive care unit) capacity to cope with demands of Covid-19; supporting discharge into community to free up bed capacity; building coordinated support for those people in the shielded and other at risk groups including digital support solutions; and support for delivering business continuity. The Secondary Care Pathways steering group has been repurposed to focus on crisis pathways discussions across the collaborative, with YAS (Yorkshire Ambulance Service) and WYP . Work has commenced on establishing a support line for health and social care staff across Wakefield, Kirklees and Calderdale, and supporting collaborative discussions on key workforce support, training and wellbeing. There are plans for a West Yorkshire bereavement support line across the ICS (intergrated care system) footprint and discussions are already taking place with partners, such as hospices. The 24/7 Mental Health support line is a West Yorkshire commissioned service to support the general public and was planned before the Covid-19 outbreak. The contract has been awarded to Nottingham Community Housing Association with a soft launch planned imminently. The South Yorkshire & Bassetlaw ICS (intergrated care system) strategic health coordination group has been established to focus on immediate issues such as Mental Health, Primary Care capacity and response, critical care capacity, and mortuary establishment. In all localities, health and care providers collectively meet and are working on system-wide responses to demands of Covid-19: In Barnsley, there has been a system wide discussion on managing discharges from hospital. The establishment of a surveillance cell to produce and collate surveillance pertaining to the Covid-19 outbreak, e.g. activity and capacity. In Wakefield, the Mental Health Alliance are working on developing communication for partners detailing support available for adults services and Children and Young People's services during the Covid-19 outbreak. The Wakefield health and care workforce hub shared information with partners about support available for health and social care staff. Work continues to mobilise and test a version of a Wakefield safe space. Nova manages an emotional and mental wellbeing grant fund for the VCS (voluntary community sector) on behalf of the Wakefield Mental Health Alliance. The main objectives of the grant fund have been the prevention of crisis and support for people during a crisis. With the challenges posed by Covid-19, the decision was taken to open the grant fund to proposals that allow VCS (voluntary community sector) organisations to continue to support emotional and mental wellbeing generally across Wakefield during this challenging time. A range of applications were received and supported.	

| Summary | Covid-19 | Quality | National Metrics | Locality | **Priority Programmes** | Finance/Contracts | Workforce |

IMPROVE CARE

Provide all care as close to home as possible	Focus on PICU, patient flow and Criteria Led Discharge (CLD) All other workstreams to maintain a momentum but at an appropriate pace	Carol Harris	Ryan Hunter	OMG	Pressures have reduced across the bed base recently and the current OOA (out of area) placements are gender specific PICU. Work has continued across the CC2H (care closer 2 home) programme, albeit at an appropriate pace as some operational activity has taken priority in light of Covid-19. In the current period, programme governance has been streamlined and the aim is to bring back full governance from June. Highlights include: • Extended hours patient flow service running across the Easter weekend – feedback that this worked well and supports the case to extend the service going forward. • PICU – now more confident that the current PICU placements are appropriate level of need and the challenge is to establish the new operating policies to maintain this when pressures increase. • Criteria Led Discharge continues to be used across the wards and checkpoint meetings have been rescheduled to late April. • SPA team is now developing a plan to implement the triage scale in Calderdale and Kirklees. Funding from Calderdale for additional posts into the service has been confirmed. Awaiting go live of the new West Yorkshire 24/7 MH help line. • TIPD (trauma informed personality disorder) pathway work is progressing on development of outcomes measures, implementing the new pathway and focussing on reviewing activity / developing plans for some of the service users that have a high number of admissions and contacts.	Progress Against Plan	
					Failure to deliver timely improvement due to lack of resource, other work priorities and skills - the likelihood of this has increased given the need to prioritise operational activity around covid-19, though the impact may be more limited than expected given the current easing of bed pressures.		
					Planned milestones are changing due to operational priorities following the outbreak of the Coronavirus. When the project moves back into full governance (current aim of June) the milestones will be refreshed with new appropriate timeframes.		
Camhs Improvement work	Rescoping based on project capacity and required support to implement changes to operational delivery. Will maintain a momentum but at a slower pace.	Carol Harris	Carmain Gibson-Holmes (Wakefield) Kate Jones (Barnsley) Supported by Micele Ezro (Wakefield) and Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	Waiting list trajectories for March 2020 have been met by both Barnsley and Wakefield. Waiting list update report sent to Barnsley CCG at end of March 2020. Request made to P&I team to enable telephone contacts due to Covid-19 situation to count as partnership contacts otherwise there could be significant impact on meeting waiting list trajectories. Barnsley and Wakefield CAMHS have sent out a questionnaire to all staff to enable initial capture of changing the ways that staff are working. Questionnaire also shared with Integrated Change Team as part of capturing learning from changes made as a result of the Covid-19 outbreak. Full implementation of All Age Liaison Service not fully operational in either Barnsley and Wakefield. Staff consultations due to finish early/mid-April have been suspended due to Covid-19. Drop-in sessions in Barnsley to assist staff with maximising the use of SystmOne have been delivered. Contingency plan agreed with Wakefield CCG. As part of lean working, initial questionnaire sent out to staff to gain their views regarding internal service, Trust and external meetings.	Progress Against Plan	
					Barnsley CCG has confirmed extension of 2020/21 contract to end of Dec. 20 and procurement exercise has been suspended to July 2020. Regular communications with CAMHS staff as well as staff side representatives is ongoing.	Management of Risk	
					Implementation plan/Key milestones include: By 30/4/20 Letters to all service users to advise of current service provision in light of Covid-19 situation. By 30/04/40 Current service arrangements to be communicated with Barnsley CCG as a pro-active measure. By 30/04/20 Clarity regarding capture of telephone contacts and associated impact on waiting list trajectories. By 14/05/20 Initial thematic analysis of 'changing the way we working' to be done for Barnsley service. By 14/05/20 Age Liaison Service expected to be fully operational in Barnsley and Wakefield following staff consultation, shadowing and transition processes completed. By 31/5/20 Analysis of 'meeting' questionnaires to determine staff's views regarding meetings.		
Forensics Improvement work	Improvement plan has been prioritised by steering group with clear focus on safety, learning lessons, staff engagement and staff wellbeing	Carol Harris	Sue Barton	Forensics Improvement Group with monthly report to OMG	Work on focused areas continuing with a prioritised plan in place up to the end of April 2020. Key actions on security have taken place with the purchase of a B.O.S.S. Chair and development of processes to support locking off of ward areas. New induction processes have been implemented.		

IMPROVE RESOURCES

| | Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid19
EPMA – electronic prescribing project
AirMid & WhatsApp for E Consultations
Virtual Visitors
Continue to maintain I Hub to support staff wellbeing and facilitate conversations | Mark Brooks | Vicki Whyte | ISIG | The following digital solutions have been tested and introduced during March 2020 to support different ways of working during Covid-19.

AirMid
To support practitioners to maintain contact with patients, we have reviewed our policy on the use of electronic consultations and agreed that during the Covid-19 pandemic we have introduced the use of Airmid which forms part of TPP's SystmOne offer.

Work is also progressing to evaluate a number of other video conferencing solutions and apps including AccRX, Attend Anywhere, MS Skype for Business, Whats App & Zoom.

MS Teams has been rolled out to all devices across the Trust to support video conferencing and instant messaging to support teams and staff to maintain virtual contact whilst working offsite.

Virtual Visitor
To ensure the people in our care do not become socially isolated, continue to have contact with their families, friends and volunteers a Virtual Visitor proof of concept using Android devices on wards and Zoom has been approved and will commence from w/c 20th April.

Recovery Colleges
Work is progressing to ensure Recovery Colleges are able to provide online virtual courses through MS Teams. | | |
| Make better use of digital technology and introducing new ways of virtual working to help support staff and service users | | | | | | | |

MAKE THIS A GREAT PLACE TO WORK

| | | | | EMT | Focus on this in relation to Covid 19 and supporting key conversations with staff to help them to cope and connect
Workforce talent pool as part of HR hub (by mid April)
Link to Forensic improvement work
These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR | | |

Progress against plan rating

On target to deliver within agreed timescales / project tolerances	
ability/confidence to deliver actions within agreed timescales / project tolerances	
ability/capacity to deliver actions within agreed timescales / project tolerances	
Actions will not be delivered within agreed timescales / project tolerances	
Action complete	

Risk Rating

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	5 Almost certain	
5 Catastrophic	5	10	15	25	
4 Major	4	8	12	20	
3 Moderate	3	6	9	15	
2 Minor	2	4	6	10	
1 Negligible	1	2	3	5	

Green	1 – 3	Low risk
Yellow	4 – 6	Moderate risk
Amber	8 – 12	High risk
Red	15 – 25	Extreme / SUI risk
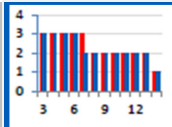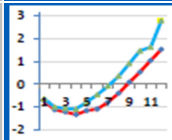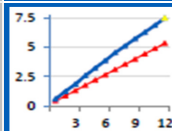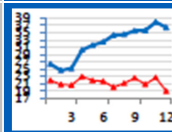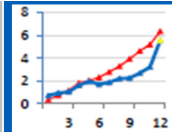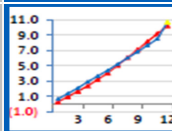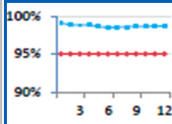
Glossary:

C&YP Children and Young People	ATU Assessment and Treatment Unit
ICS Integrated Care System	HASU Hyper acute stroke unit
WY West Yorkshire	SPA single point of access
SYB South Yorkshire and Bassetlaw	NHSE/I National Health Service England/ NHS Improvement
NHS National Health Service	IPS individual placement support
PCH Primary Care Hub (also referred to as Primary Care Network)	NMOC new model of care
PCN Primary Care Network (also referred to as Primary Care Hub)	OMG organisational management group
IHBT – Intensive Home Based Treatment	OPS older peoples services
MH mental health	SRU stroke rehabilitation unit
VCS voluntary and community sector	FIRM Formulation informed risk assessment
DBT Dialectic Behavioural Therapy	CSDG clinical safety design group
MOU memorandum of understanding	QI quality improvement
LTC long term conditions	SPC statistical process control
IAPT Improving Access to Psychological Therapies	IHI Institute for Health Improvement
CCG Clinical Commissioning Group	QSIR Quality, Service Improvement and Redesign)
IM&T Information management and technology	SSG an external consultancy company
P&I performance and information	EMT executive management team
ESD Early Supported Discharge	GP General practitioner
WY&H West Yorkshire and Harrogate	TIPD Trauma Informed Personality Disorder
HCP Health Care partnership	SBAR Situation - Background - Assessment – Recommendation – quality improvement tool
LD Learning Disabilities	
UEC Urgent and Emergency Care	AMHP Approved mental health professional
BDCFT Bradford District Care Trust	RACI roles and responsibilities indicator
SWYPFT South West Yorkshire Partnership Foundation Trust	LTP long term plan
	ICT Integrated change team

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

	Performance Indicator	Final position 19/20	Narrative	Trend
1	NHS Improvement Finance Rating	1	The NHS Improvement risk rating has changed from 2 to 1 in March. This is due to the I & E margin rating and linked directly to delivery of a surplus position.	
2	Normalised Deficit (excl PSF)	£1m	A final position of £1m surplus (excluding Provider Sustainability Funding PSF) has been reported for 2019/20. This includes £0.9m of additional national mental health funding received in March 2020. Excluding this a small surplus of £0.1m has been reported which is in line with forecast and £0.3m higher than our original plan.	
3	Agency Cap	£7.4m	Agency spend of £7.4m exceeds the capped level set by NHS Improvement by £2.1m (40%).	
4	Cash	£36.4m	Cash in the bank continues to be above planned levels due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£5.6m	There was increased activity and spend in the last few weeks of the year resulting in total capital spend of £5.6m Some work has been delayed due to access issues into buildings as a result of the Covid-19 outbreak.	
6	Delivery of CIP	£10.7m	The cost reduction target for 2019/20 of £10.6m has been achieved. Of this £5.5m is non-recurrent (£1.9m more than planned; £1.3m relating to additional income confirmed in March 2020).	
7	Better Payment	99%	This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

Red	Variance from plan greater than 15%
Amber	Variance from plan ranging from 5% to 15%
Green	In line, or greater than plan

Plan	—
Actual	—
Forecast	—

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.1%	4.6%	4.7%	4.7%	5.20%	5.30%	5.10%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%	
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	86.8%		76.2%			75.1%			76.1%			73.3%		
Bank Cost	Improving Resources	Well Led	AD	-	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	£769k	£685k	£1,241k
Agency Cost	Improving Resources	Effective	AD	-	£545k	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	£537k	£581k	£613k
Health & Safety																		
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20		7			4			Due April 20			Due April 20		

1 - this does not include data for medical staffing.

• Focus has shifted to metrics showing the impact of Covid-19 on the workforce. These are expanded on in the earlier Covid-19 section73.3% of staff received supervision within policy guidance at the end of Q4
• As at April 23rd, 152 staff off work Covid-19 related, not working
• 90 staff tested as at April 23rd
• 24 staff have tested positive for Covid-19 of which 10 have returned to work
• Staff turnover reduced to 11.9%

Sickness reporting

As at 8am on Thursday 23rd April, the Trust has 277 staff absent or working from home due to Covid-19. This makes up 6.3% of the workforce. Of those absent, 29.2% are symptomatic, 19.4% have household symptoms, 46.9% are shielding and 4.3% are occupational health advised isolation. The business delivery unit (BDU) with the biggest impact is Wakefield with 8.3% of staff impacted (43/518), the BDU with the second biggest impact is Barnsley with 7.7% of staff affected (39/506), the BDU with the third biggest impact is ASD/ADHD with 7.6% of staff affected (2/26). This is obviously having a significant impact on operational services and resources are being deployed accordingly to ensure patient and staff safety during this challenging period.

• The Trust have established a Gold, Silver and Bronze command structure.
• Business continuity plans have been updated across the Trust
• Bank and agency availability is being reviewed to assist with resource availability.
• Previous retired workers have been contacted and a number of those have agreed to come back to work to support.
• Corporate services have undertaken a piece of work to identify staff that can be released for duties that would assist with pressure on operational services – this includes working in a health care support worker role, domestic, estates and facilities and clinical admin functions.
• Critical functions for corporate support services are now generally working from home to adhere to the government's social distancing guidelines.
• Communications team are ensuring guidance is distributed and working hard to keep staff up to date.

The following graph show the percentage of staff absences attributed to Covid-19 as a proportion of the BDU headcount. Wakefield, Barnsley ADHD/ASD services business delivery units are currently the greatest affected areas in the Trust.
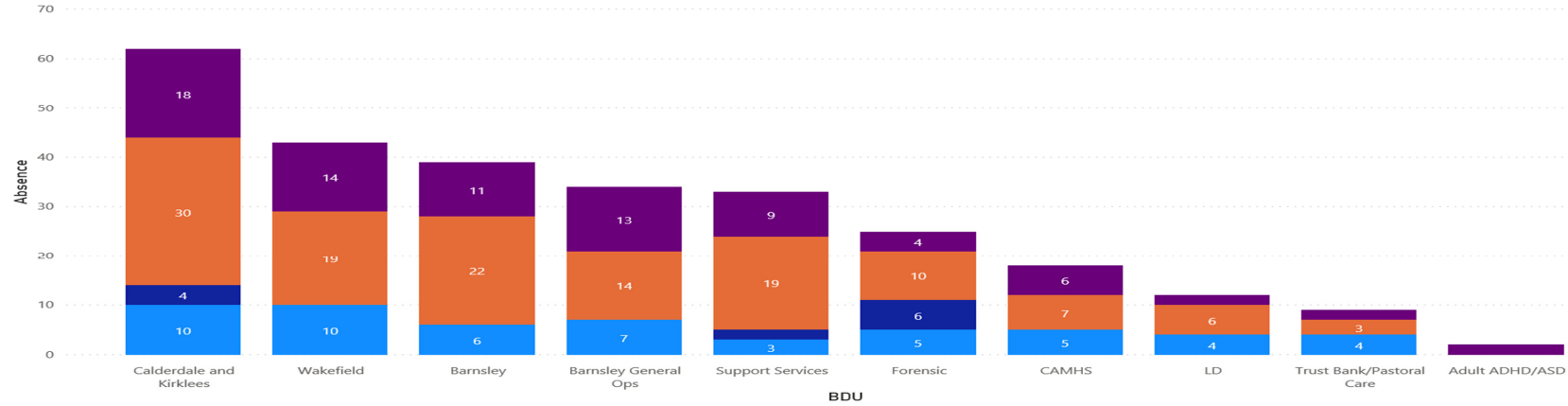
Sick/Absent % by BDU/Service/Cost Centre (excludes Trust Bank/Pastoral Care)
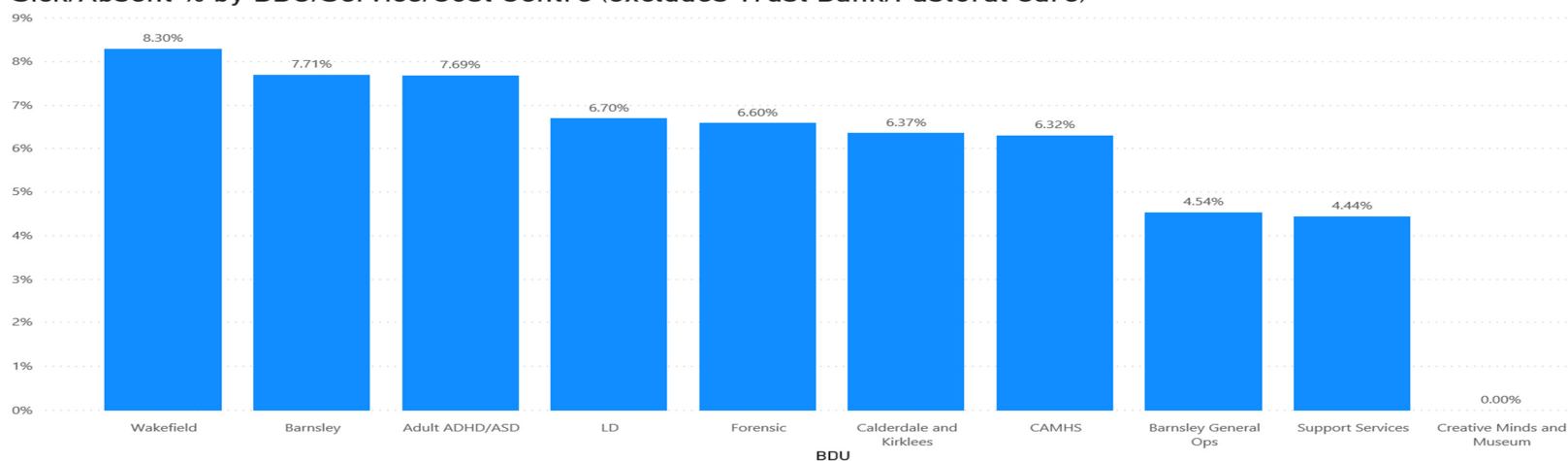
The following graph shows the reasons for Covid-19 absence by BDU. The largest reason for absence relates to staff being advised to shield.
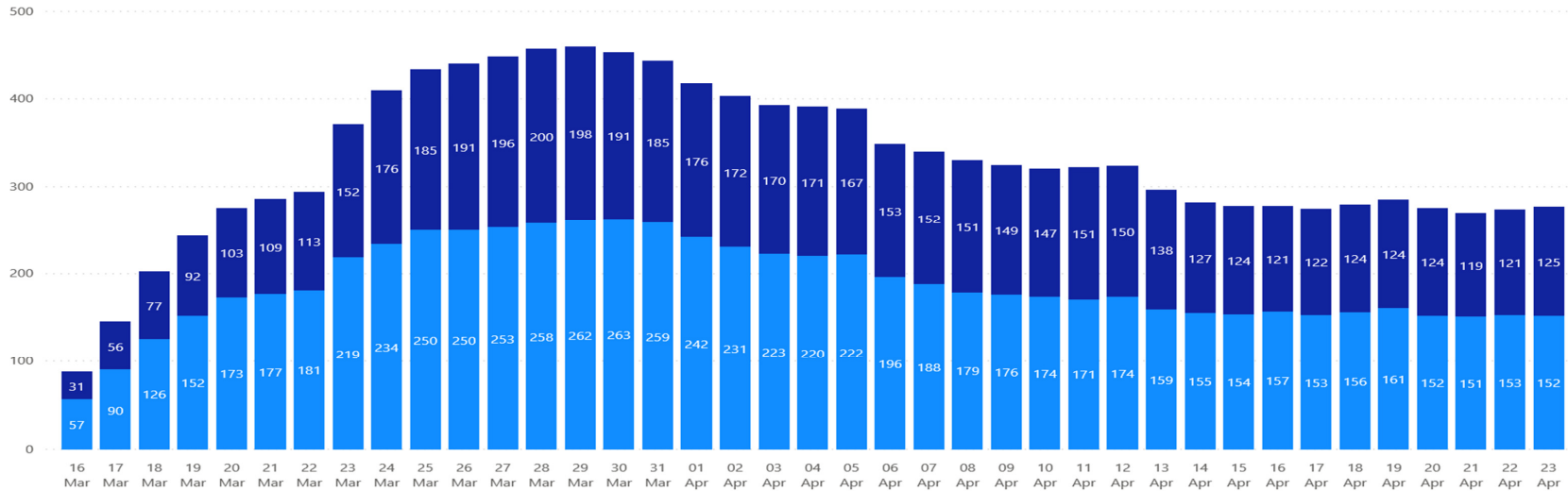
Absence by BDU and Reason for absence

Reason for absence ● Household symptoms ● OH advised isolation ● Shielding (high risk) ● Symptomatic (self)

The following chart shows Covid-19 staff absences over the period 16th March - 21st April:

Absent staff – Working from home vs Not working

Working: ● Not working ● Working from home

Publication Summary

This section of the report identifies publications that may be of interest to the board and its members.

NHS sickness absence rates: November 2019, provisional statistics

NHS workforce statistics: December 2019

Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): October to December 2019

Mental health services monthly statistics: final January, provisional February 2020

Direct access audiology waiting times: February 2020

Finance Report

**Month 12
(2019 / 20)**
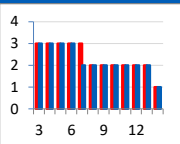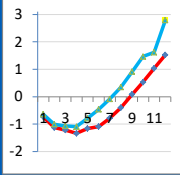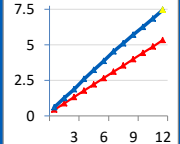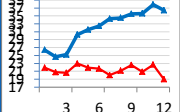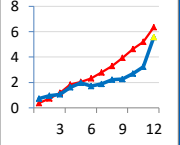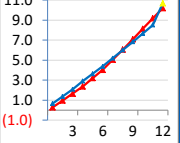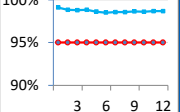
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Contents

1.0 Executive Summary / Key Performance Indicators

	Performance Indicator	Final 19/20 position	Narrative	Trend
1	NHS Improvement Finance Rating	1	The NHS Improvement risk rating has changed from 2 to 1 in March. This is due to the I & E margin rating and linked directly to delivery of a surplus position.	
2	Normalised Surplus / (Deficit) (excl PSF)	£1m	A final position of £1m surplus (excluding Provider Sustainability Funding PSF) has been reported for 2019/20. This includes £0.9m of additional national mental health funding received in March 2020. Excluding this a small surplus of £0.1m has been reported which is in line with forecast and £0.3m higher than our original plan.	
3	Agency Cap	£7.4m	Agency spend of £7.4m exceeds the capped level set by NHS Improvement by £2.1m (40%).	
4	Cash	£36.4m	Cash in the bank continues to be above planned levels due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£5.6m	There was increased activity and spend in the last few weeks of the year resulting in total capital spend of £5.6m Some work has been delayed due to access issues into buildings as a result of the Covid-19 outbreak.	
6	Delivery of CIP	£10.7m	The cost reduction target for 2019/20 of £10.6m has been achieved. Of this £5.5m is non-recurrent (£1.9m more than planned; £1.3m relating to additional income confirmed in March 2020).	
7	Better Payment	99%	This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust object	Plan	———
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective le	Actual	———
Green	In line, or greater than plan	Forecast	———

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

Area	Weight	Metric	Actual Performance Score	Actual Performance Risk Rating	Plan - Month 12 Score	Plan - Month 12 Risk Rating
Financial Sustainability	20%	Capital Service Capacity	4.3	1	3.5	1
	20%	Liquidity (Days)	31.6	1	18.1	1
Financial Efficiency	20%	I & E Margin	1.2%	1	0.7%	2
Financial Controls	20%	Distance from Financial Plan	0.9%	1	0.0%	1
	20%	Agency Spend	39%	3	10%	2
Weighted Average - Financial Sustainability Risk Rating				1		1

Impact

The rating has improved to 1 in March. This is the only month in 2019/20 where this is the case and is due to improvement in the I & E margin. This is due to a higher year-end surplus, largely as a result of an additional £0.9m funding, which was the Trust's allocation of £50m funding to NHS providers of mental health services.

The agency rating is the only metric which is lower than planned however this has remained below the 50% threshold which would have capped the overall rating at 3.

Definitions

Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

I & E Margin - the degree to which the organisation is operating at a surplus/deficit

Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Agency Cap - A cap of £5.3m has been set for the Trust in 2019 / 2020. This metric compares performance against this cap.

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,700	19,134	434	Clinical Revenue	215,726	215,461	(265)	215,726	215,461	(265)
				18,700	19,134	434	**Total Clinical Revenue**	215,726	215,461	(265)	215,726	215,461	(265)
				1,447	2,111	664	Other Operating Revenue	15,317	16,095	778	15,317	16,095	778
				20,148	21,246	1,098	**Total Revenue**	231,043	231,556	514	231,043	231,556	514
0	0	0	#DIV/0!	(15,544)	(15,490)	54	Pay Costs	(182,062)	(175,926)	6,136	(182,062)	(175,926)	6,136
				(4,217)	(6,200)	(1,983)	Non Pay Costs	(43,872)	(46,244)	(2,372)	(43,872)	(46,244)	(2,372)
				565	2,246	1,681	Provisions	2,579	223	(2,356)	2,579	223	(2,356)
				0	(184)	(184)	Gain / (loss) on disposal	0	(404)	(404)	0	(404)	(404)
0	0	0	#DIV/0!	(19,196)	(19,627)	(431)	**Total Operating Expenses**	(223,355)	(222,351)	1,004	(223,355)	(222,351)	1,004
0	0	0	#DIV/0!	952	1,618	667	**EBITDA**	7,688	9,206	1,518	7,688	9,206	1,518
				(442)	(500)	(59)	Depreciation	(5,302)	(5,743)	(440)	(5,302)	(5,743)	(440)
				(227)	(174)	53	PDC Paid	(2,726)	(2,673)	53	(2,726)	(2,673)	53
				8	24	16	Interest Received	100	238	138	100	238	138
0	0	0	#DIV/0!	291	968	677	**Normalised Surplus / (Deficit) Excl PSF**	(240)	1,028	1,268	(240)	1,028	1,268
				205	205	0	PSF (Provider Sustainability Fund)	1,765	1,765	0	1,765	1,765	0
0	0	0	#DIV/0!	496	1,173	677	**Normalised Surplus / (Deficit) Incl PSF**	1,525	2,793	1,268	1,525	2,793	1,268
				0	0	0	Revaluation of Assets	0	5,719	5,719	0	5,719	5,719
0	0	0	#DIV/0!	496	1,173	677	**Surplus / (Deficit)**	1,525	8,512	6,987	1,525	8,512	6,987

Trust Monthly I & E Profile (Excluding revaluation and PSF)
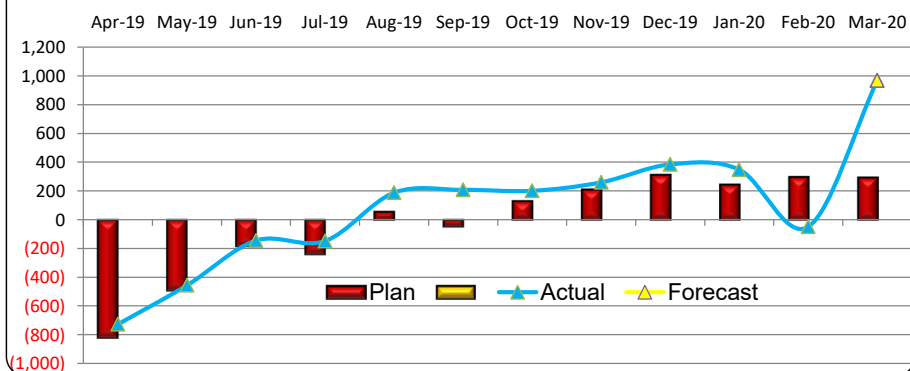
Trust Cumulative I & E Profile (Excluding revaluation and PSF)
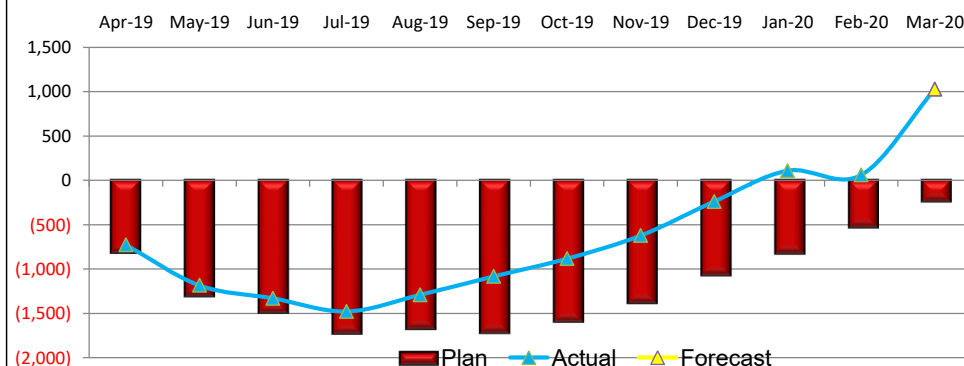
Income & Expenditure Position 2019 / 20

Excluding Provider Sustainability Funding a surplus of £1m has been recorded for 2019/20. This is better than planned.

Final position - 2019 / 20

The financial position in March 2020 has been impacted by the Trust response to COVID 19. Additional reasonable costs arising from the Trust response have been calculated (£348k) and an income assumption included in the overall position. The Trust continues to provide additional reporting on this nationally and into the local Integrated Care System (ICS).

Excluding the Provider Sustainability Funding (PSF) the 2019 / 20 position is a surplus of £1,028k. Post PSF this is a surplus of £2,793k. This is £1,268k better than plan.

Income

Additional national funding for mental health providers has been received in March 2020. This was £942k and has been allocated through a nominated commissioner. This has passed directly into the improved surplus position. Year end positions have been agreed with commissioners.

Pay Expenditure

Pay expenditure in March is broadly in line with budget; this is different to the normal run rate which has been underspends as recruitment and retention work continues. Overall there has been an increase of nearly 300 WTE paid from April 2019 to March 2020. Additional analysis is included within the pay information report to highlight expenditure across staff and service groups.

Additional information is also highlighted within the report on agency spend. The maximum agency cap set by NHSI for 2019/20 has been set at £5.3m and spend was £7.4m The cap has been exceeded by 40%.

Non Pay Expenditure

Non pay is significantly more than planned in March 2020. Cumulatively the Trust has spend £1.3m more than last year. An element, such as the rapid roll out of IM & T equipment and enabling mass agile working, is directly related to the Trust response to COVID 19 (and is offset by additional funding). This position also includes additional spend already committed in year such as the Windows 10 programme, refresh of furniture and fittings. The demand on services, and the impact this has on out of area placement, remains variable.

Income Information

The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position (page 5). The majority of Trust income is secured through block contracts and therefore there has traditionally been little variation to plan. This is subject to regular discussions and triangulation with commissioners to ensure that we have no differences of expectation. This is periodically formally assessed by NHS England and Improvement.

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k	Total 18/19 £k
CCG	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,053	10,177	11,132	10,380	10,295	122,145	146,036
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,075	2,025	2,075	24,397	23,356
Alliance	1,295	1,295	1,295	1,295	1,295	1,334	1,332	1,264	1,388	1,453	1,408	1,113	15,767	14,596
Local Authority	0	0	0	0	0	0	0	0	0	0	0	0	0	5,074
Partnerships	614	614	670	631	633	494	744	499	751	583	623	819	7,673	7,172
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,732	3,721	3,789	3,898	4,833	45,479	6,708
Total	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	215,461	202,942
18/19	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,752	17,303	17,506	202,942	

Trust Income Profile — Plan, Actual, Forecast (Apr-19 to Mar-20)
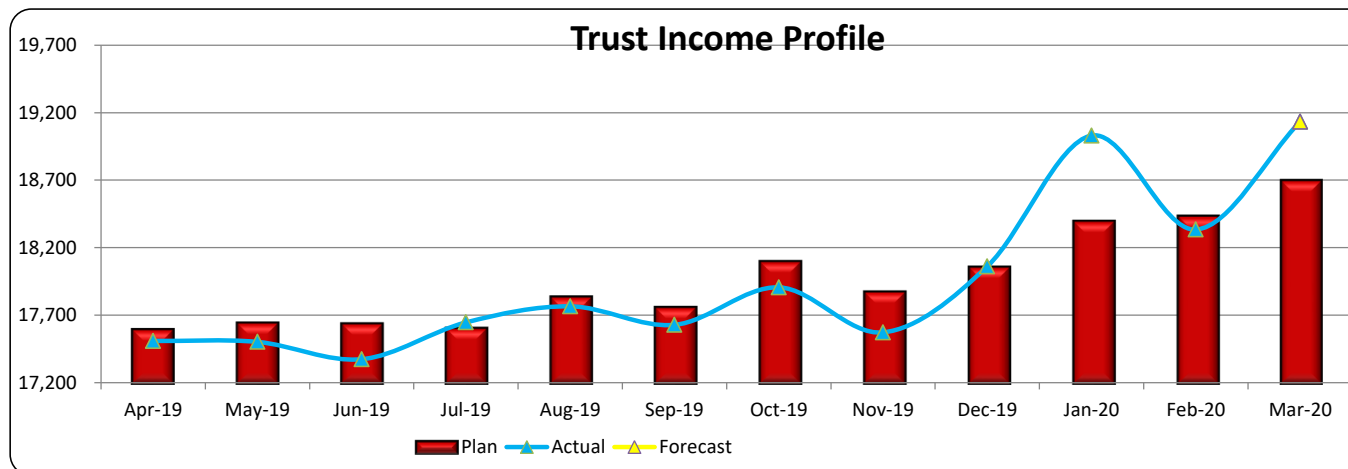
Work has been ongoing with commissioners to agree final income values for 2019/20. This includes agreement of additional investment such as Q4 pump priming of 2020/21 investment and re-imbursement of actual costs incurred.

The March position also includes an additional £942k received as part of national funding attributed to mental health providers. This has flowed through 1 nominated commissioner; Barnsley CCG.

In line with current national guidance the Trust will receive block income, with values set nationally, for April to July 2020. The impact of this is currently being assessed.

Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 79% of our budgeted total expenditure.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs. Additional analysis has been included to highlight the varying levels of overspend by service and is the focus of the key messages below.

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	13,082	12,768	12,819	12,959	13,014	13,063	13,147	13,207	13,404	13,568	13,636	**158,314**
Bank & Locum	663	906	752	747	934	821	794	938	767	853	746	1,241	**10,163**
Agency	613	641	624	722	628	628	674	572	594	558	581	613	**7,449**
Total	**14,923**	**14,629**	**14,145**	**14,288**	**14,522**	**14,463**	**14,531**	**14,656**	**14,568**	**14,815**	**14,896**	**15,490**	**175,926**
18/19	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	14,138	14,137	15,126	**168,476**
Bank as %	4.4%	6.2%	5.3%	5.2%	6.4%	5.7%	5.5%	6.4%	5.3%	5.8%	5.0%	8.0%	**5.8%**
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%	3.9%	4.1%	3.8%	3.9%	4.0%	**4.2%**

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	23,682	18,948	700	3,617	23,264	418
Nursing Registered	65,297	53,096	3,605	523	57,224	8,073
Nursing Unregistered	19,850	17,812	4,725	1,865	24,402	(4,552)
Other	44,692	42,873	497	1,389	44,758	(66)
BDU Admin	12,793	10,886	430	10	11,326	1,467
Corporate Admin	15,748	14,699	206	45	14,951	797
Total	**182,062**	**158,314**	**10,163**	**7,449**	**175,925**	**6,136**

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	79,684	67,790	1,993	4,583	74,366	5,318
Inpatient	46,371	37,633	7,005	2,467	47,105	(734)
BDU Support	6,709	6,427	177	10	6,615	95
Community	21,522	20,448	400	279	21,126	396
Corporate	27,775	26,015	589	110	26,714	1,061
Total	**182,062**	**158,314**	**10,163**	**7,449**	**175,926**	**6,136**

Pay Expenditure Profile
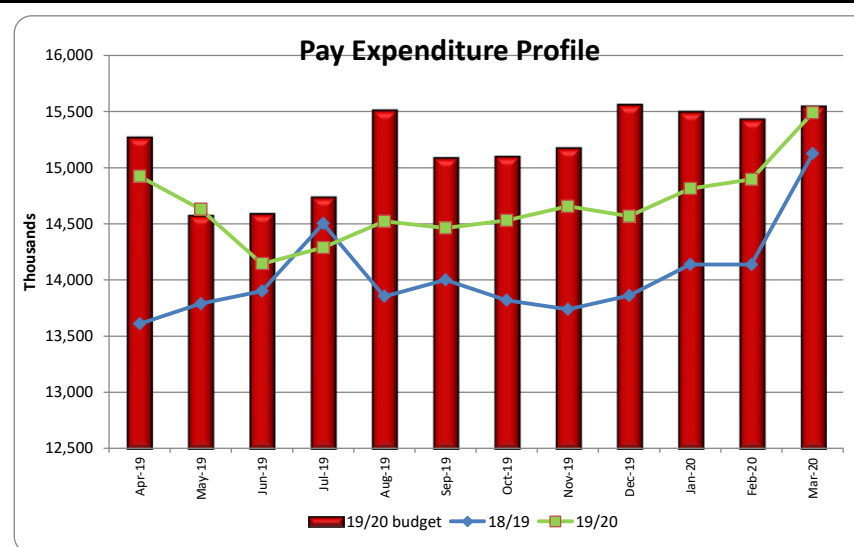
Key Messages

The Trust has seen an increase in pay expenditure monthly run rate across the year as recruitment and retention of staff incurred to support significant new service investment. This is planned to continue into 2020/21 in line with overall positive mental health investment from commissioners. To note that the April 2019 position included c. £700k one off payment made under national Agenda For Change terms and conditions. Overall pay expenditure is £7.5m more than last year. Of this approximately £4.3m is due to pay increases (cost of living plus increments) and £3.2m due to additional service investment.

In March 2020 spend was in line with budget. Part of this relates to the staffing impact of COVID-19 with additional staffing requirements to cover increased staff absences. Additional reasonable increases in costs will be covered by national income.

Overall temporary staffing (bank, locum and agency) totalled £17.6m, this is an increase of £1.8m from last year of which £1m relates to increased agency costs.

The tables above provide a breakdown of spend by staff grouping and also service grouping. The majority of the underspend in 2019/20 arises from registered nursing vacancies which in part, to ensure staffing numbers and safety, has been offset by use of unregistered nursing. The impact of this is considered within the Trust.

The NHS Improvement agency cap is £5.3m

Spend on agency staff in 2019/20 totalled £7.4m. This is £2.1m more than cap.

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

The maximum agency cap established by NHSI for 2019/20 is £5.3m which is £0.1m higher than the 2018/19 cap. In 2018/19 spend was £6.5m which breached the cap by £1.3m (24%). The NHSI agency cap has been profiled equally across the year with a maximum spend of £443k a month. The Trust plan assumed spend in excess of the cap at £5.9m.

Actual agency usage continues to be reported to NHS England and Improvement on a weekly basis.

March spend is £613k, 36% above cap, and although higher than the last couple of months, isn't out of sync with usual trends. Cumulative spend is £7.4m which is 40% above cap and 15% higher than last year.

As shown by the agency spend by month graph (below right), the monthly profile has been relatively flat for November 2019 to March 2020. Workforce plans are required to reduce the volume of agency staff used.

Bank and locum expenditure in March 2020 is £1.2m which is higher than previous months. This trend is common across previous March / year-end values.

Agency Expenditure Trends (£m)

Legend: Other, A & C, Other Clinical, Nursing, Other Medical, Consultants
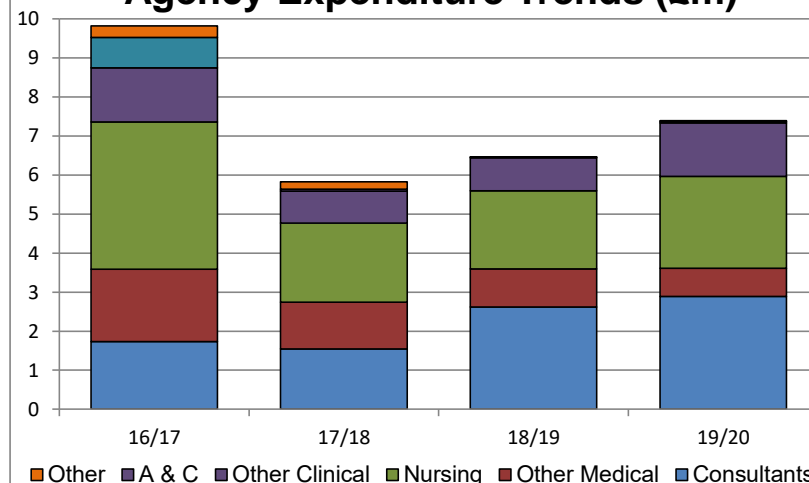
Agency and bank expenditure trend

Legend: Bank - Actual, Agency - Actual

Agency Spend By Month

Legend: 17/18, 18/19, 19/20, 19/20 NHSI cap
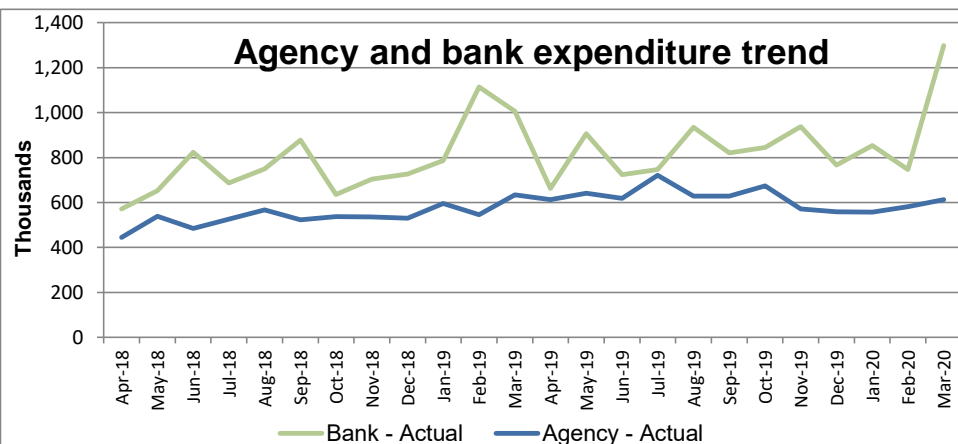
Whilst pay expenditure represents over 80% of all Trust expenditure, non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

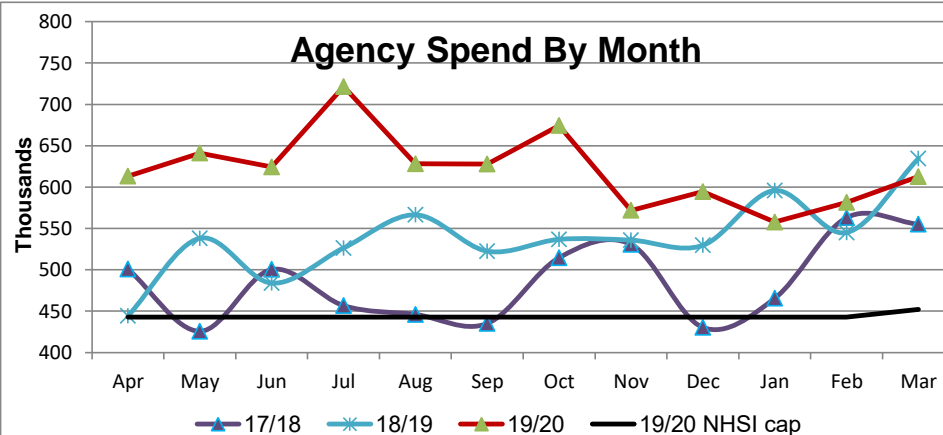|	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	**46,244**
2018/19	3,437	3,588	3,706	3,689	3,582	3,498	3,417	3,719	3,771	3,773	3,458	5,321	**44,959**

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Clinical Supplies	2,660	3,103	(442)
Drugs	3,658	3,573	85
Healthcare subcontracting	5,291	5,269	22
Hotel Services	1,858	1,865	(7)
Office Supplies	5,327	6,838	(1,511)
Other Costs	4,997	5,067	(71)
Property Costs	7,006	7,595	(590)
Service Level Agreements	6,202	6,206	(4)
Training & Education	658	713	(55)
Travel & Subsistence	3,559	3,282	278
Utilities	1,302	1,438	(136)
Vehicle Costs	1,353	1,293	59
Total	**43,872**	**46,244**	**(2,372)**
Total Excl OOA and Drugs	**34,922**	**37,401**	**(2,479)**
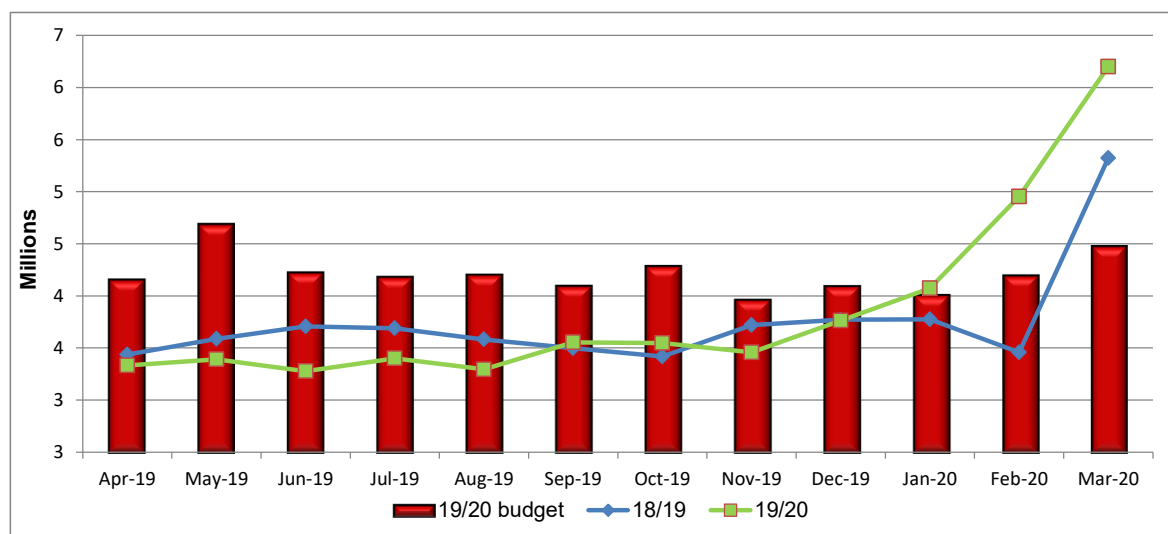
Key Messages

There has been a trend of increased non-pay expenditure in Q4 2019/20. It is no unsual for there to be higher non-pay spend in the fourth quarter. This year the increase has been more striking due the Trust response to COVID-19 with many of the reasonable additional costs incurred to date being non-pay in nature. Submissions have been made nationally for these costs and they are expected to be met through additional income.

As at the 31st March additional costs had been incurred in IM & T solutions (categorised above within office supplies) to include additional laptop purchases, VPN tokens to support working from home and mobile phones. Additional costs have been incurred in Trust purchases of personal protective equipment and cleaning products; changes have been made in March to supply chain arrangements meaning that some goods are now provided nationally and no cost is within the Trust.

IM & T costs were already higher than originally planned due to investment to support the rollout of Windows 10; ensuring that Trust IM & T solutions are appropriately supported and protected.

Non-pay pressures remain within the Trust. Out of area placements are separately discussed in this report with demand continuing to fluctuate.

In this context the term out of area expenditure refers to spend incurred in order to provide clinical care to service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key reasons are highlighted below.

 - Specialist health care requirements of the service user not available directly from the Trust or not specifically commissioned.
 - No current bed capacity to provide appropriate care

On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

This analysis is for the out of area placements relating to adult acute beds including PICU in all areas. This excludes activity relating to locked rehab in Barnsley

Out of Area Expenditure Trend (£)

	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
17/18	282	367	253	351	373	427	479	434	414	276	626	762	5,044
18/19	607	374	412	501	680	473	245	508	329	358	197	220	4,904
19/20	282	354	238	206	156	28	53	129	166	216	305	275	2,408

Bed Day Information 2019 / 2020 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	32	26	30	26	0	0	15	18	29	26	32	14	248
Acute	160	277	178	150	142	24	7	41	42	122	147	103	1,393
Appropriate	90	51	30	30	14	4	31	70	95	68	126	158	767
Total	282	354	238	206	156	28	53	129	166	216	305	275	2,408

Out of Area Expenditure - monthly
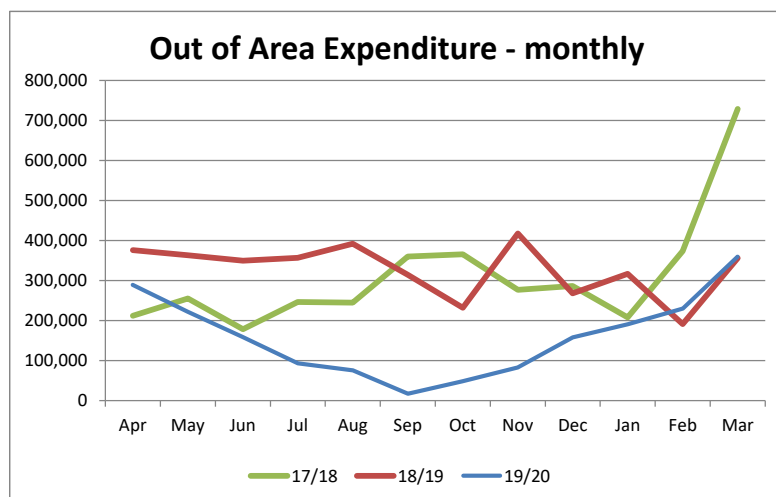
In 2019/20 the PICU out of area budget has been set to fund 2 appropriate out of area placements at any time. The acute out of area budget is phased to fund 9 out of area placements in April 2019 reducing to 5 placements by March 2020.

Acute activity has reduced in March 2020. There were four admissions early in the month in addition to six admitted in February 2020. Nine were returned to Trust beds by 13th March with the 10th returning on 20th March.

There have been no acute patient placements out of area since.

PICU activity remains typical of recent months with 7 patients placed out of area. Of these, 6 require gender specific environments which the Trust cannot provide.

Focus remains on the care closer to home workstream, to not only reduce placements, but also to support the Trust and Integrated Care System (ICS) response to COVID 19.

2.1   Cost Improvement Programme 2019 / 2020

The Trust priorities for 2019/20 includes Improving the Use of Resources. This is the drive to improve quality and reduce costs in order to meet our financial targets. We will do this by ensuring we spend money wisely and reduce waste.

The financial element of this priority is recorded below with schemes identified as part of the Trust Cost Improvement Programme (CIP) being monitored for actual performance against those originally planned.

There are additional efficiencies and savings made within the overall financial position; only those with identified schemes and Quality Impact assessments are captured here, although all contribute to the overall position.

The Trust has set a challenging CIP target for 2019/20 of £10.6m which included £1.4m of unidentified savings at the beginning of the year.

Cumulative CIP Delivery 2019 / 2020

Plan — Actual — Forecast
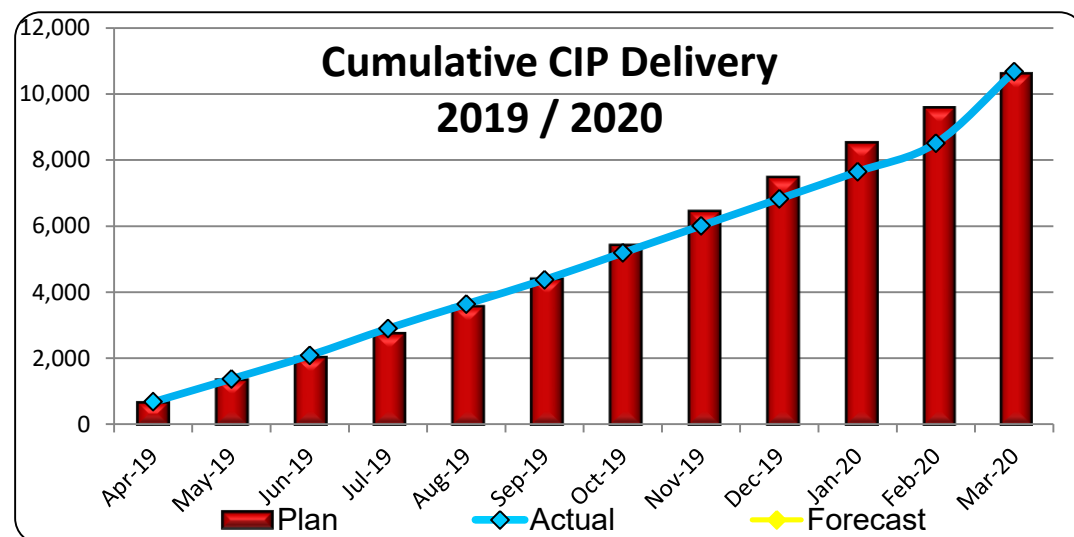
CIP Monitoring	Target Plan £k	Actual £k
Recurrent	7,368	5,570
Non Recurrent	3,256	5,111
Total	**10,624**	**10,681**
Shortfall / (over achieved)		(57)

Overall the 2019/20 CIP plan has been achieved which is reflected in the positive overall financial position. However it is important to be noted that this has been achieved through a number of non recurrent mitigations. This needs to be considered alongside the Trust's overall financial sustainability position. Recurrent costs such as pay awards continue to increase faster than uplifts in contract income and therefore recurrent cost reductions need to be secured.

A major contribution was the confirmation of additional non-recurrent income of £1.3m in March 2020.

	2018 / 2019 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	100,005	101,735	107,617	1
Current Assets				
Inventories & Work in Progress	259	232	238	
NHS Trade Receivables (Debtors)	3,019	4,548	5,655	2
Non NHS Trade Receivables (Debtors)	1,007	2,168	953	3
Prepayments, Bad Debt, VAT	1,559	1,805	2,219	
Accrued Income	5,138	3,044	2,824	4
Cash and Cash Equivalents	27,823	18,946	36,417	5
Total Current Assets	**38,806**	**30,743**	**48,307**	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(937)	(4,102)	6
Capital Payables (Creditors)	(1,070)	(464)	(272)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,001)	(6,311)	
Accruals	(8,020)	(8,691)	(10,868)	7
Deferred Income	(276)	(559)	(1,462)	
Total Current Liabilities	**(20,031)**	**(16,652)**	**(23,016)**	
Net Current Assets/Liabilities	**18,775**	**14,091**	**25,291**	
Total Assets less Current Liabilities	**118,780**	**115,826**	**132,909**	
Provisions for Liabilities	(7,221)	(5,275)	(8,724)	
Total Net Assets/(Liabilities)	**111,560**	**110,551**	**124,185**	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,971	
Revaluation Reserve	9,453	9,845	12,763	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	51,265	61,231	8
Total Taxpayers' Equity	**111,560**	**110,551**	**124,185**	

The Balance Sheet analysis compares the current month end position to that within the annual plan. The previous year end position is included for information.

1. Capital expenditure is detailed on page 14.The revaluation of estate exercise has been revisited in March 2020 and an update actioned to reflect the current valuation.

2. Debtors are higher than planned at year end. Of this value £942k relates to additional mental health funding only informed and invoiced at the end of March.

3. Non NHS debtors remain lower than plan and continue to be proactively managed. 83% of non NHS debt is less than 30 days old.

4. Accrued income is lower than previous years and this links with the higher level of debtors as invoices have been raised. £0.6m relates to Q4 PSF.

5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 16.

6. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17).

7. Accruals are higher than plan as the Trust awaits invoices for goods and services received.

8. This reserve represents year to date surplus plus reserves brought forward.

|	REVISED Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	2,715	2,280	(435)	2,280	(435)	
Equipment Replacement	93	93	107	14	107	14	
IM&T	2,195	2,195	2,338	143	2,338	143	
Major Capital Schemes							
Fieldhead Non Secure	936	936	463	(473)	463	(473)	
Nurse Call system	200	200	197	(3)	197	(3)	
Clinical Record System	211	211	213	2	213	2	
VAT Refunds	0	0	(32)	(32)	(32)	(32)	1
TOTALS	**6,350**	**6,350**	**5,566**	**(784)**	**5,566**	**(784)**	

Total capital spend 2019/20 is £5.6m.

**Capital Expenditure 2019 / 2020**

1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

Overall an extensive and changing minor capital programme has been delivered helping to underpin the Trust's activities and ensuring we have a safe, effective and pleasant environment for both staff and service users.

The majority of capital schemes have been delivered in 2019/20 as planned. A small number of schemes were impacted by access restrictions resulting from Covid-19. These will be completed as soon as possible and will be factored into the 2020/21 capital programme.

Capital Programme 2019 / 2020 Cumulative Profile
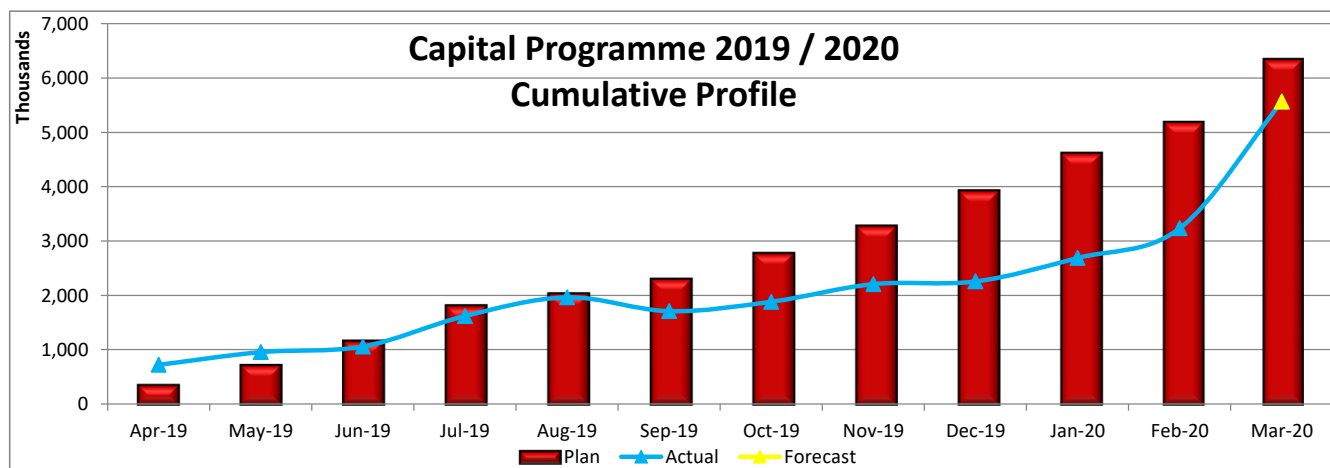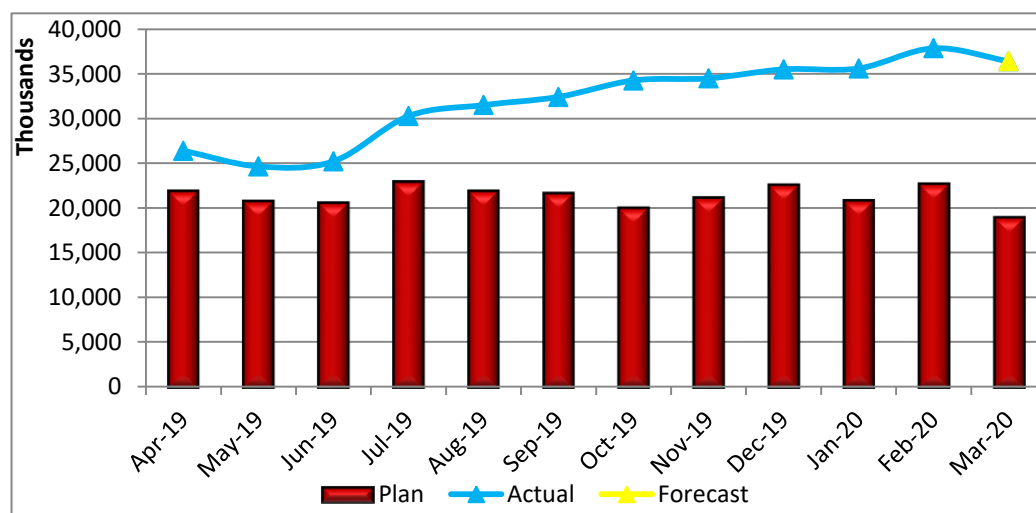
	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	18,946	36,417	17,471
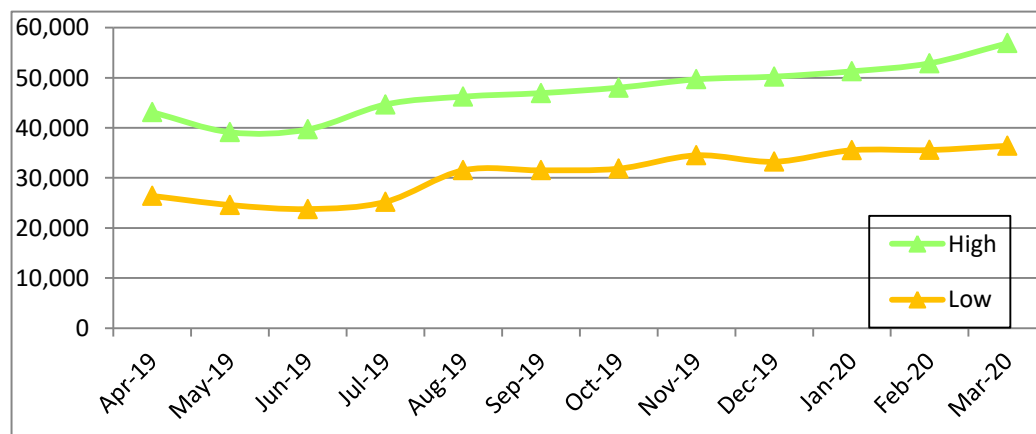
The Trust has retained positive cash balances throughout 2019/20

The Trust cash position remains favourable to plan driven by a higher opening balance than originally assumed, timing of capital expenditure, recent monthly surpluses and focused working capital management.

A detailed reconciliation of working capital compared to plan is presented on page 16.

The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £56.9m
The lowest balance is: £36.4m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**22,617**	**27,823**	**5,206**	**1**
Surplus / Deficit (Exc. non-cash items & revaluation)	9,453	11,374	1,921	2
Movement in working capital:				
Inventories & Work in Progress	0	21	21	
Receivables (Debtors)	(1,191)	(929)	262	3
Trade Payables (Creditors)	(1,300)	(261)	1,039	4
Other Payables (Creditors)	0	750	750	
Accruals & Deferred income	0	4,034	4,034	5
Provisions & Liabilities	(1,000)	1,503	2,503	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(7,007)	(6,364)	643	6
Cash receipts from asset sales	0	890	890	
PDC Dividends paid	(2,726)	(2,663)	63	
PDC Dividends received			0	
Interest (paid)/ received	100	238	138	
Closing Balances	**18,946**	**36,417**	**17,471**	
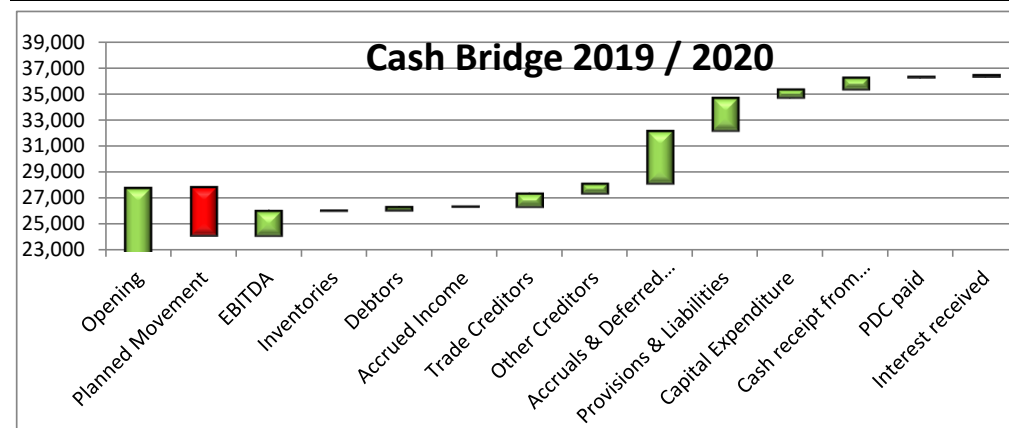
The plan value reflects the April 2019 submission to NHS Improvement.

All summary categories, shown to the right, contribute to the cash positon being higher than plan:

1. The opening cash balance was higher than what was assumed in the annual plan submission.

2. The in year I & E position is better than plan.

3. Debtors, including accrued income, continue to be better than plan.

4. Creditors are lower than plan.

5. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received.

6. The final capital programme was lower than originally planned and therefore this improves the cash position.

Cash Bridge 2019 / 2020

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

NHS	Number %	Value %
Year to February 2020	98%	98%
Year to March 2020	98%	98%
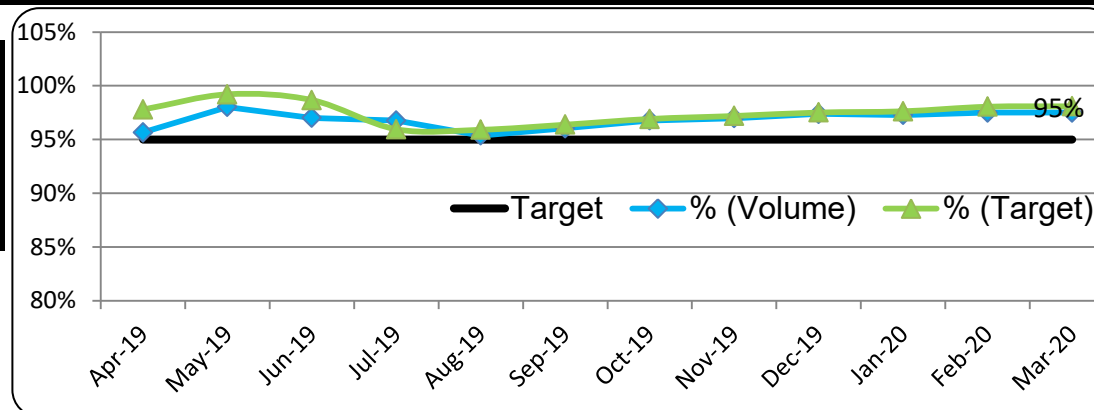
Non NHS	Number %	Value %
Year to February 2020	99%	98%
Year to March 2020	99%	98%
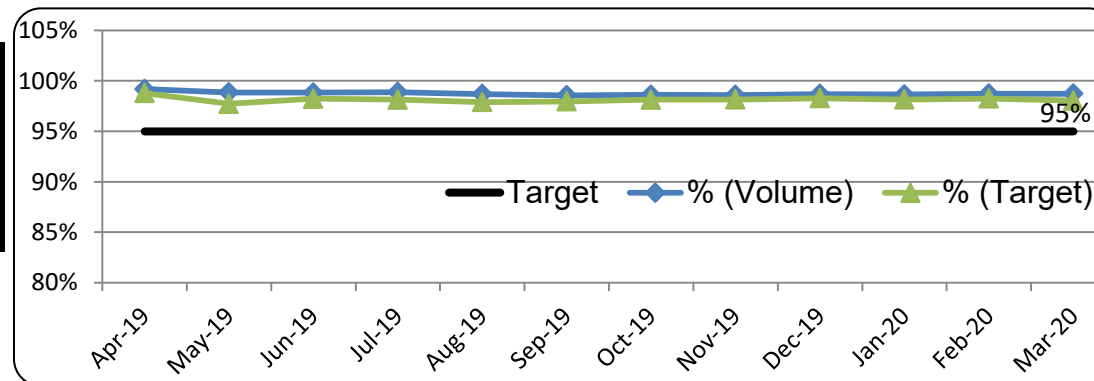
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
06-Mar-20	Lead Provider	Forensics	Bradford District Care Trust	3133677	300,000
18-Mar-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3134937	232,879
13-Mar-20	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3134362	200,000
27-Mar-20	Computer Software / License Fees	Trustwide	Daisy Corporate Services Trading Ltd	3135842	164,117
20-Sep-19	Purchase of Healthcare	Trustwide	Leeds and York Partnership NHS FT	3118505	158,158
04-Mar-20	Property Rental	Kirklees	Bradbury Investments Ltd	3133557	118,518
20-Mar-20	Computer Software / License Fees	Trustwide	Softcat Ltd	3135184	106,973
11-Mar-20	Computer Software / License Fees	Trustwide	Daisy Corporate Services Trading Ltd	3134212	90,250
09-Mar-20	Computer Software / License Fees	Trustwide	Daisy Corporate Services Trading Ltd	3133852	90,250
23-Mar-20	Property Rental		BHF Corporate Services Ltd	3135280	80,172
06-Mar-20	Computer Software / License Fees	Trustwide	Thirsty Horses Solutions Limited	3133764	64,260
19-Mar-20	Staff Recharge	Wakefield	Wakefield MDC	3135022	59,027
23-Mar-20	Training	Specialist	University of Huddersfield HEC	3136200	48,000
24-Feb-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3132529	46,475
24-Feb-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3132530	46,475
24-Feb-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3132532	46,475
24-Feb-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3132534	46,475
24-Feb-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3132535	46,475
25-Mar-20	Training	Trustwide	State Of Mind Sport	3135643	41,600
03-Mar-20	Purchase of Healthcare	Forensics	Niche Health & Social Care Consulting Ltd	3133333	41,475
02-Mar-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3133075	41,378
09-Mar-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3133812	38,954
20-Mar-20	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3135227	37,977
20-Mar-20	Purchase of Healthcare	Trustwide	Derbyshire Community Health Services NHS FT	3135193	37,803
20-Mar-20	Electricity	Trustwide	Mid Yorkshire Hospitals NHS Trust	3135225	35,151
19-Mar-20	Computer Software / License Fees	Trustwide	Quadient UK Ltd	3135107	35,000
13-Mar-20	Training	Trustwide	University of Huddersfield HEC	3134399	35,000
06-Mar-20	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3133730	32,358
03-Mar-20	Property Rental	Barnsley	Community Health Partnerships	3133296	31,925
13-Mar-20	Training	Trustwide	University of Huddersfield HEC	3134400	30,000
02-Mar-20	Electricity	Trustwide	EDF Energy	3133201	29,553
16-Mar-20	Mobile Phones	Trustwide	Vodafone Corporate Ltd	3134464	28,247
04-Mar-20	Property Rental	Kirklees	Bradbury Investments Ltd	3133558	27,758
06-Mar-20	Electricity	Trustwide	EDF Energy	3133752	27,171
11-Mar-20	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	3134222	27,015
18-Mar-20	Property Rental	Wakefield	SJM Developments Limited	3134938	27,000
06-Mar-20	Electricity	Trustwide	EDF Energy	3133752	25,914
03-Mar-20	Property Rental	Barnsley	Community Health Partnerships	3133296	25,624
25-Mar-20	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	3135651	25,465
24-Mar-20	Telephone	Trustwide	Virgin Media Payments Ltd	3135543	25,438
13-Mar-20	Purchase of Healthcare	Trustwide	Mid Yorkshire Hospitals NHS Trust	3134361	25,007

* Recurrent - an action or decision that has a continuing financial effect

* Non-Recurrent - an action or decision that has a one off or time limited effect

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2018 / 2019 the Trust were set a control total deficit.

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

* Provider Sustainability Fund (PSF) - is an income stream distributed by NHS Improvement to all providers who meet certain criteria (this was formally called STF - Sustainability and Transformation Fund)

NHS South West Yorkshire Partnership NHS Foundation Trust

Glossary

ACP	Advanced clinical practitioner	HEE	Health Education England	NICE	National Institute for Clinical Excellence
ADHD	Attention deficit hyperactivity disorder	HONOS	Health of the Nation Outcome Scales	NK	North Kirklees
AQP	Any Qualified Provider	HR	Human Resources	NMoC	New Models of Care
ASD	Autism spectrum disorder	HSJ	Health Service Journal	OOA	Out of Area
AWA	Adults of Working Age	HSCIC	Health and Social Care Information Centre	OPS	Older People's Services
AWOL	Absent Without Leave	HV	Health Visiting	ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	IAPT	Improving Access to Psychological Therapies	PbR	Payment by Results
BDU	Business Delivery Unit	IBCF	Improved Better Care Fund	PCT	Primary Care Trust
C&K	Calderdale & Kirklees	ICD10	International Statistical Classification of Diseases and Related Health Problems	PICU	Psychiatric Intensive Care Unit
C. Diff	Clostridium difficile	ICO	Information Commissioner's Office	PREM	Patient Reported Experience Measures
CAMHS	Child and Adolescent Mental Health Services	IG	Information Governance	PROM	Patient Reported Outcome Measures
CAPA	Choice and Partnership Approach	IHBT	Intensive Home Based Treatment	PSA	Public Service Agreement
CCG	Clinical Commissioning Group	IM&T	Information Management & Technology	PTS	Post Traumatic Stress
CGCSC	Clinical Governance Clinical Safety Committee	Inf Prevent	Infection Prevention	QIA	Quality Impact Assessment
CIP	Cost Improvement Programme	IPC	Infection Prevention Control	QIPP	Quality, Innovation, Productivity and Prevention
CPA	Care Programme Approach	IWMS	Integrated Weight Management Service	QTD	Quarter to Date
CPPP	Care Packages and Pathways Project	JAPS	Joint academic psychiatric seminar	RAG	Red, Amber, Green
CQC	Care Quality Commission	KPIs	Key Performance Indicators	RiO	Trusts Mental Health Clinical Information System
CQUIN	Commissioning for Quality and Innovation	LA	Local Authority	SIs	Serious Incidents
CROM	Clinician Rated Outcome Measure	LD	Learning Disability	S BDU	Specialist Services Business Delivery Unit
CRS	Crisis Resolution Service	MARAC	Multi Agency Risk Assessment Conference	SK	South Kirklees
CTLD	Community Team Learning Disability	Mgt	Management	SMU	Substance Misuse Unit
DoV	Deed of Variation	MAV	Management of Aggression and Violence	SRO	Senior Responsible Officer
DoC	Duty of Candour	MBC	Metropolitan Borough Council	STP	Sustainability and Transformation Plans
DQ	Data Quality	MH	Mental Health	SU	Service Users
DTOC	Delayed Transfers of Care	MHCT	Mental Health Clustering Tool	SWYFT	South West Yorkshire Foundation Trust
EIA	Equality Impact Assessment	MRSA	Methicillin-resistant Staphylococcus Aureus	SYBAT	South Yorkshire and Bassetlaw local area team
EIP/EIS	Early Intervention in Psychosis Service	MSK	Musculoskeletal	TB	Tuberculosis
EMT	Executive Management Team	MT	Mandatory Training	TBD	To Be Decided/Determined
FOI	Freedom of Information	NCI	National Confidential Inquiries	WTE	Whole Time Equivalent
FOT	Forecast Outturn	NHS TDA	National Health Service Trust Development Authority	Y&H	Yorkshire & Humber
FT	Foundation Trust	NHSE	National Health Service England	YHAHSN	Yorkshire and Humber Academic Health Science
FYFV	Five Year Forward View	NHSI	NHS Improvement	YTD	Year to Date

KEY for dashboard Year End Forecast Position / RAG Ratings	
1	On-target to deliver actions within agreed timeframes.
2	Off trajectory but ability/confident can deliver actions within agreed time frames.
3	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
4	Actions/targets will not be delivered
	Action Complete

NB: The year end forecast position for the dashboards was reviewed in October 2019 and revised to alisgn with the NHSI rating system.

NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures