

Integrated Performance Report Strategic Overview



April 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for April 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 national 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 (NHSE & I). 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

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.

A further letter has been sent to chief executives from NHSE&I at the end of April with regard to responding to the next phase of the pandemic. The Trusts approach to this is included in the Covid-19 response section.

To an extent the report will need to continue 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 April 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 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.

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
<p>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 in 2019/20. Any change in requirement for 2020/21 will be reviewed in the coming weeks. 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 May 19th as opposed to the end of May. 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.</p>							

KPI	Target	Jan-20	Feb-20	As at April 23rd 2020	As at 19th May 2020	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19						
No of staff off sick - Covid-19 not working ⁷				154	204	
Shielding				54	59	
Symptomatic				69	118	
House hold symptoms				26	24	
OH Advised Isolation				5	1	
Other Covid-19 related				0	2	
No of staff working from home - Covid-19 related ⁸				125	136	
Shielding				76	78	
Symptomatic				13	28	
House hold symptoms				29	23	
OH Advised Isolation				7	6	
Other Covid-19 related				0	1	
Number of staff tested ⁹				90	603	
No of staff tested positive for Covid-19 ¹⁰				24	93	cumulative
No of staff returned to work (including those who were working from home)				683/962	921/1246	
				= 71%	= 73.9%	
No of staff returned to work (not working only)				445/599	609/807	
				= 74%	= 75%	
No of staff returned to work who were Covid-19 positive ¹²				10	43	
No of Service users tested (ward)				41	65	Symptomatic
No of service users tested positive (ward)				9	1	During month
No of service users recovered				8	1	
Additional number of staff enabled to work from home				900	900	
Calls to occupational health healthline				311	316	
Making SWYPFT a great place to work	Target	Jan-20	Feb-20	Mar-20	Apr-20	Forecast
Sickness absence	4.5%	5.0%	5.0%	3.8%	4.0%	
Staff Turnover	10%	12.1%	11.3%	11.9%	8.5%	
Actual level of vacancies	tbc	12.6%	12.2%		8.7%	
Improve people's health and reduce inequalities	Target	Jan-20	Feb-20	Mar-20	Apr-20	Forecast
% service users followed up within 7 days of discharge	95%	83/87 =95.4%	81/85 =95.2%	105/107 =98.1%	90/92 =97.8%	1
Out of area beds ¹	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	139	175	137	137	2
IAPT - proportion of people completing treatment who move to recovery ⁴	50%	55.4%	52.4%	55.4%	50.7%	1
Delayed Transfers of Care	3.50%	0.7%	1.8%	1.9%	2.0%	1
Improve the quality and experience of care	Target	Jan-20	Feb-20	Mar-20	Apr-20	Forecast
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) ³	trend monitor	33	25	22	40	
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	15	12	6	15	
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	1	0	2	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ²	trend monitor	46.1%	45.0%	44.9%	40.6%	
Improve the use of resources	Target	Jan-20	Feb-20	Mar-20	Apr-20	Forecast
Surplus/(Deficit)	In line with Plan	£348k	(£49k)	(£968k)	-	
Agency spend	In line with Plan	£558k	£581k	£613k	£469k	
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 - 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 19th May 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 19th May. Staff not working due to Covid-19 related issues.
- 8 - Trusts Covid-19 sickness absence recording system as at 19th May. 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 19th May.
- 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 19th May.
- 12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 19th May.

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 April shows positive position
- Incident levels within usual parameters, although increase under close review.
- Enhanced clinical risk scan initiated to monitor impact of Covid-19 on mental health
- Initial Covid-19 response indicates business continuity plans work holding up well
- Covid-19 guidance updated in response to emerging advice and guidance.
- CQC issue further guidance on regulatory approach during pandemic

NHSI Indicators

- One young person was admitted to an adult ward in April for a total of 2 days
- Inappropriate out of area bed usage amounted to 137 days in April, which was the same number of days as the previous month
- The percentage of service users seen for a diagnostic appointment within 6 weeks has reduced as a direct consequence of Covid-19
- All other nationally reported targets are currently being achieved

Locality

- Only limited information is available at the time of preparing this report.
- All localities remain focused on operating their business continuity plans and meeting the response to Covid-19

Priority Programmes

- The Trust continues to work with partners across both integrated care systems particularly on the response to Covid-19 in each place and also on staff wellbeing
- Work has continued on providing care to closer to home and minimising the use of out of area bed placements
- Work has continued on improving access to CAMHS services and the use of digital technology has been shown to have benefits
- Virtual visitor is being used in our wards to support service users maintaining contact with family and friends. Cards of Kindness have also been introduced
- Work is taking place to evaluate the provision of on-line recovery college courses

Finance

- Interim financial arrangements in place for April through to July.
- £417k of costs identified as being reasonably incurred as part of the Covid-19 response
- Deficit pre final top-up of £241k. Assumed this will be reimbursed to enable the Trust to break-even. The main issue is the lack of CAMHS income for Barnsley due to the timing of the calculation of block income compared to planned changes in commissioning arrangements
- Taking the above into account a break-even position has been reported (follows instructions in the national guidance)
- Given the fact two block payments were made in April the cash balance has increased to £54.1m
- Out of area bed costs reduced from £359k to £157k in month, largely due to demand for PICU beds.
- Minimal capital expenditure in April.

Workforce

- As at May 19th 204 staff off work and not working as a result of Covid-19 diagnosis, symptoms, household symptoms or shielding, with a further 136 working from home
- 603 staff tested for Covid-19 as at May 19th with 93 returning a positive result
- Non-Covid staff sickness at the end of April was 4.0%
- Staff turnover has reduced to 8.5% and the actual level of vacancies has fallen to 8.7%

Covid-19 Response

In addition to the points identified in the sections above:

- Emergency planning command structure remains in place and is functioning well
- Planning for phase 2 of the pandemic is taking place
- Increased staff testing programme is underway

Summary

Covid-19

Quality

National Metrics

Locality

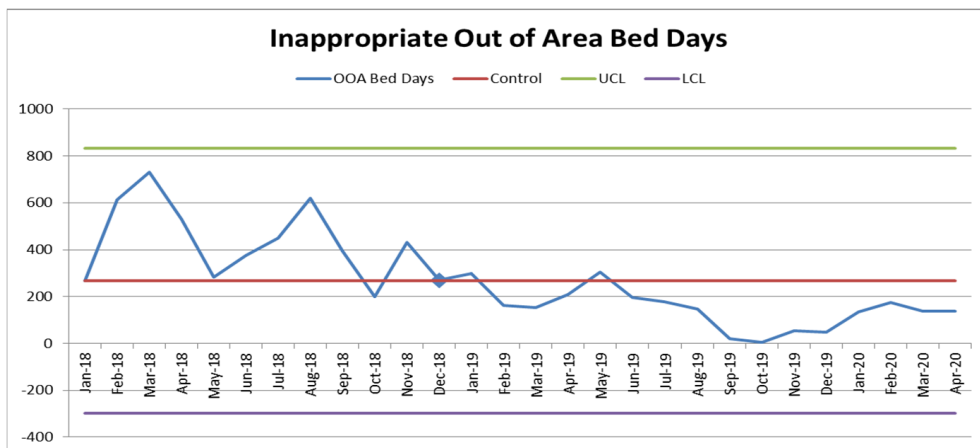
Priority Programmes

Finance/Contracts

Workforce

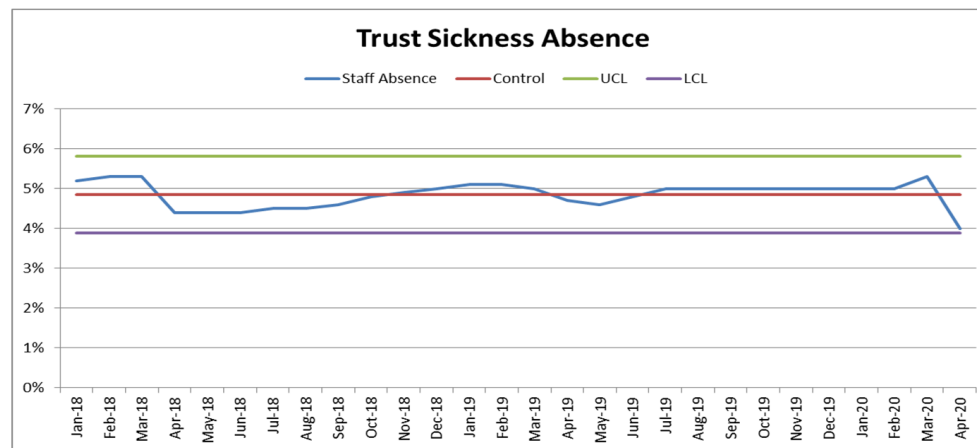
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



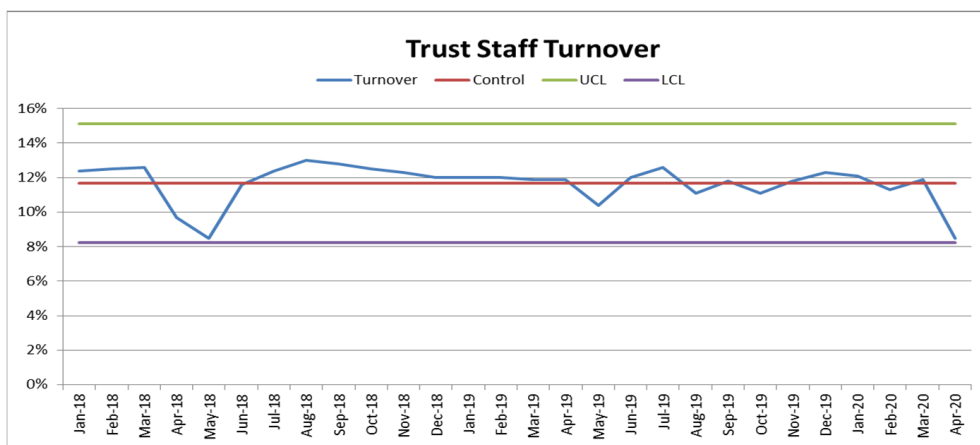
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



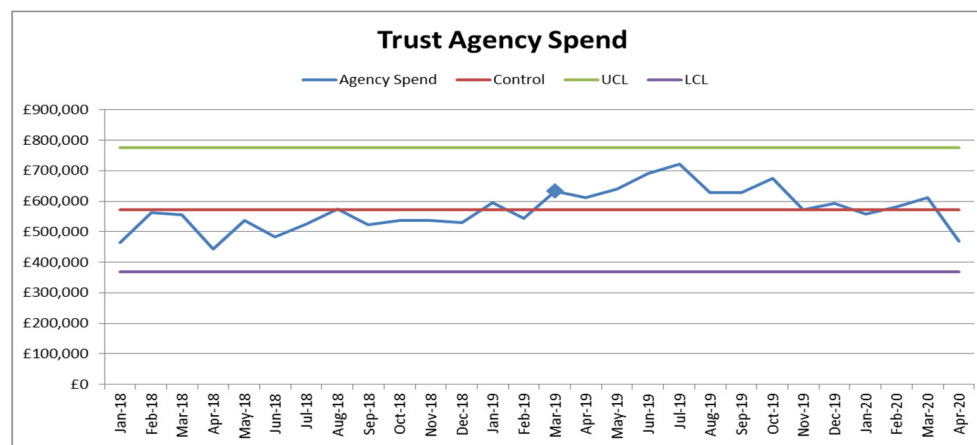
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



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.

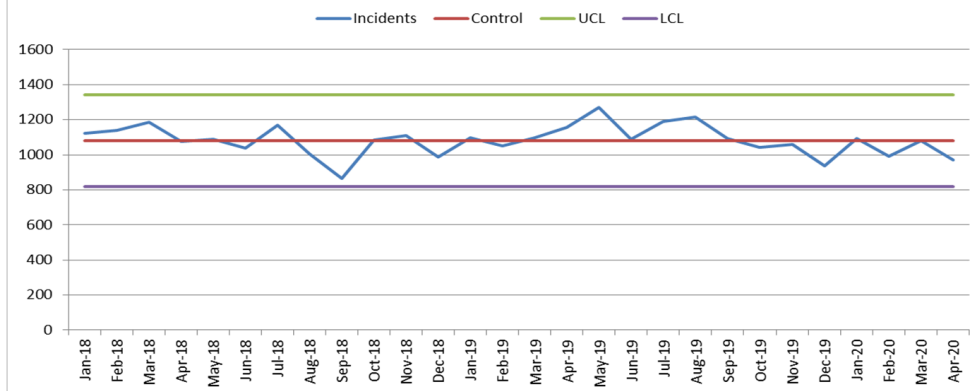
Agency Spend



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

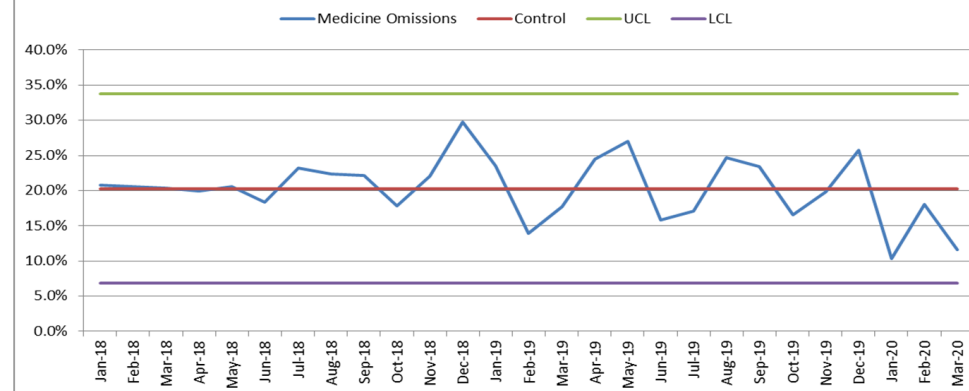
Total Number of Reported Incidents



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

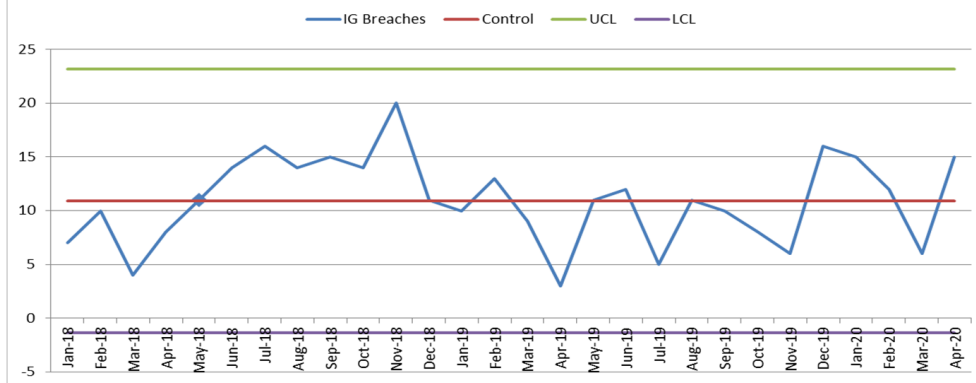
Total Number of Medicine Omissions



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. This information is no longer available after March 2020.

IG Breaches

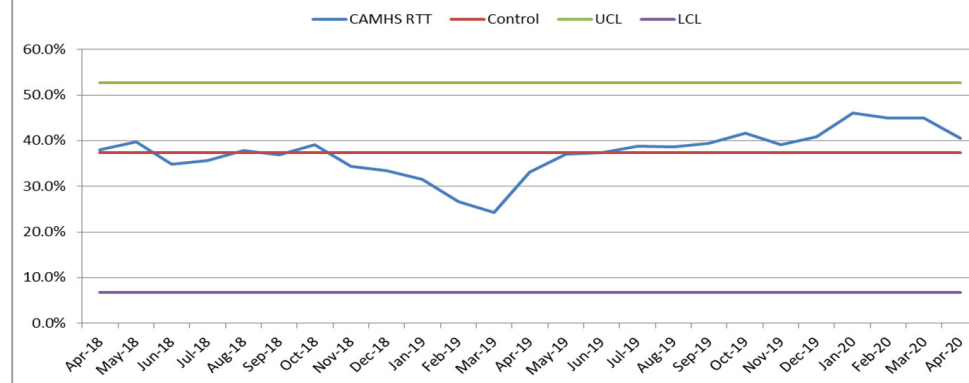
Total Number of IG Breaches



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 of 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 response

This section of the report identifies the Trusts response 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.
- In Barnsley general operations the discharge to assess (D2A) service has completed 310 assessments (27.3.20 - 18.5.20).
- Cohorting standard operating procedures for acute and older peoples mental health services have been 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.

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. Modelling and predictions in place.
- **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. Guidance is regularly updated in line with national requirements.
- 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 symptoms being identified. As of 19th May, 603 staff have been tested, 93 were identified as positive.
- 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, Accurx and WhatsApp allows video consultations to take place. This activity will be counted in the same way 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. The 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 Trust's retirees 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 end April, this has received 627 calls for general advice and support and 11 calls to the psychological support line.
- The Trust has written to all BAME staff following national evidence of a disproportionate impact of Covid-19 on people from a BAME background recognising concerns and confirming their manager will discuss these concerns and working arrangements with them. It has also created a task force to oversee their health, safety and wellbeing during the pandemic.

Covid-19 response

Emergency recruitment position statement - 17th April 2020

No update is available at the time of producing the report, therefore April information is shown again below.

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 retire 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 (IHBT) 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 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 response

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

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

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
TOTAL	9	24	14	3
	50			

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 guidance available on the Trust intranet
- Increased use of video consultations supported by rapid deployment of technological solutions

Stress test operational readiness

- The Trust continues to work in an emergency planning mode with daily Bronze and Silver meetings and Gold command taking place three times a week.
- Planning for a recovery phase has commenced
- The Trust is working closely with partners in each place it provides service.
- 1 cohort ward is now operational at Newton Lodge with reports to date to Silver command confirming procedures and processes are manageable
- BDU trigger points agreed for OPEL levels during the Covid-19 pandemic – commence feeding into electronic system to determine overall Trust OPEL level from 27 May 2020
- Bronze PPE group meetings continue with a strong focus on stock levels and continued management of such
- Additional oxygen cylinders and concentrators received to support cohort wards should the need arise
- Implementation of scrubs and community workwear for staff has commenced
- PPE stocks allocated to cohort wards and managed via "hubs"
- Strong leadership from the Infection Prevention & Control (IPC) team to ensure appropriate IPC measures are suitable;
- Continued representation of the Trust on national and regional meetings and webinars, feeding in and out guidance on a range of issues
- Regular distribution of guidance from the single point of contact (SPOC) account including that related to cohort wards
- A group has been established that is focusing on a phased return to work for our workforce for when the time is appropriate. Initially this focusing on social distancing requirements in both the office environment and clinical environment.
- Hydration stations for staff being introduced

Covid-19 response

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 have streamlined agendas
- Members' Council meeting took place virtually with a streamlined agenda
- Quality accounts deadline extended to December 15th 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
- No quarterly review meetings with NHSE&I currently scheduled
- Reduced reporting agreed to commissioners, although significant reporting required nationally and locally regarding Covid-19 response.
- 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

PPE stock levels (by key product type) - days of stock. Currently the Trust has appropriate levels of PPE to meet demand. Guidance is regularly reviewed and factored in to our forecasting and planning model. We are working with both of our ICSs to manage PPE across each system. The amount of PPE delivered to the Trust has reduced in recent weeks but the stock levels remain sufficient for current need.

Response to the second phase of the pandemic:

The Trust has been asked by NHSE & I to take a number of actions as part of a second phase of the response to Covid-19. The key points for our Trust and the actions being taken are summarised as follows:

- Preparing our community health and mental health services for Covid-19 aftercare and support.
- Risk assessing those staff disproportionately affected by Covid-19 with focus on those from black, Asian and minority ethnic (BAME) background
- Working with partners across the system to step up non Covid-19 urgent services
- Identifying and locking in beneficial changes that have taken place in recent weeks.
- Specifically in community services we are working with partners to sustain the hospital discharge service.
- With mental health / learning disability / autism we are preparing for a potential increase in demand and focussing on access to core services

Covid-19 response

Safer Staffing

The Trust and its staff have responded robustly to the challenges that this outbreak has brought. The staffing plans developed as part of business continuity plans have remained resilient in the face of significant challenges. Focussing on critical functions, redeploying staff, modifying mandatory training requirements, staff voluntarily limiting annual leave, prompt testing of staff, offering overtime payments and ensuring sufficient staff bank capacity and capability have ensured that we have remained at Operational Pressure Escalation Levels (OPEL) level 2 and services remain safe and effective.

Inpatient Area Fill Rates

Week Commencing 16-03-2020

Bank Fill	Agency Fill	Unfilled
61.04%	23.56%	15.40%

Inpatient Area Fill Rates

Week Commencing 23-03-2020

Bank Fill	Agency Fill	Unfilled
70.73%	17.61%	11.67%

Inpatient Area Fill Rates

Week Commencing 30-03-2020

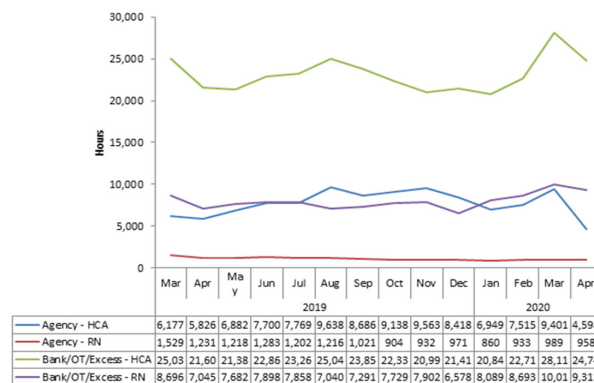
Bank Fill	Agency Fill	Unfilled
73.52%	18.07%	8.41%

Inpatient Area Fill Rates

Week Commencing 06-04-2020

Bank Fill	Agency Fill	Unfilled
77.97%	15.59%	6.44%

Below shows the impact of an increase in the usage of bank/OT/excess hours on agency spend.



Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	39.6%	40.8%	46.1%	45.0%	44.9%	40.6%
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	0%	11% 2/11	6% 1/17	18% 4/22	15.0%	10.0%
	Written complaints – rate ¹⁴				trend monitor	Due June 20					
	Number of compliments received	Improving Health	Caring	TB	N/A	24	17	35	17	11	13
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	19	17	39	19	295 incidents during 19/20	
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	11					
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	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	6	16	15	12	6	15
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	1.0%	1.6%	0.7%	1.8%	1.9%	2.0%
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	95%	88.5%	91.4%	89.2%	81.5%	82.7%	Due June 20
	Number of records with up to date risk assessment - Community ¹¹	Improving Care	Effective	CH	95%	60.7%	72.3%	69.0%	69.8%	83.9%	Due June 20
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1058	936	1092	991	1082	969
	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	16	14	27	15	19	37
	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	0	1	1	4	1	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	4	1	5	6	2	2
	MH Safety thermometer - Medicine Omissions ¹⁵	Improving Care	Safety Domain	TB	17.7%	19.8%	25.7%	10.3%	18.0%	11.6%	No longer available
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	119.0%	111.2%	112.9%	108.0%	109.9%	115.1%
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	95.9%	91.8%	96.6%	89.4%	88.9%	95.7%
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	42	46	44	36	31	46
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	80%	97.5%	97.0%	95.5%	94.5%	94.5%	93.0%
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	38	46	48	47	44	38
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	227	174	218	139	189	173
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	87.5%	90.6%	86.5%	83.9%	90.0%	95.3%
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	1	0	0	0	0	0
	C Diff avoidable cases	Improving Care	Safety Domain	TB	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.
- 15 - The medicine omissions data was taken from the NHS Safety thermometer tool. This data collection ended at the end of March 20 and therefore data for this metric is no longer available.

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 April reduced from 189 to 173. 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.

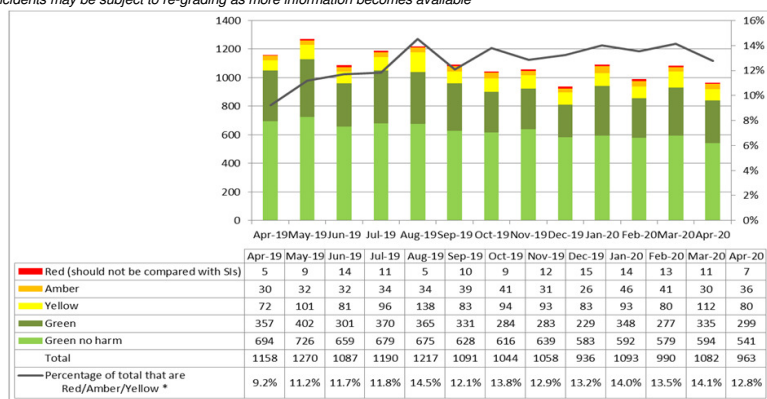
It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored by NHS Improvement.

- Number of falls (inpatients) – A slight decrease in April from 44 reported in March to 38 incidents in April. 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.
- 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 May 2019 - April 2020

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



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.

* 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 20/21 (April only)	Q2 19/20	Q3 19/20	Q4019/ 20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	2	1	0	0	0	0	0	0	0	1	0	1	0	3
Death - confirmed from physical/natural causes	0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	2
Self harm (actual harm) with suicidal intent	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Substance Misuse	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1
Suicide (ind apparent) - community team care - current episode	0	10	4	5	2	2	5	2	3	2	1	1	4	0	1	0	23
Suicide (ind apparent) - community team care - discharged	0	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	2
Suicide (ind apparent) - inpatient care - current episode	0	0	0	3	0	0	0	0	0	0	0	0	1	2	0	0	3
Physical violence (contact made) against staff by patient	0	0	1	2	0	1	0	0	0	0	1	0	1	1	0	0	4
Pressure Ulcer - Category 3	0	1	1	0	1	0	0	0	1	0	0	1	0	0	0	0	3
Total	0	12	8	15	5	4	6	2	4	2	2	4	9	4	2	0	44

- 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://www.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 continues to receive a monthly report, the format and content is regularly reviewed.
- No never events reported in April 2020
- Patient safety alerts not completed by deadline of April 2020 - None

Mortality Learning: Work continues to develop thematic learning summaries for sharing across the Trust. Paused during Covid 19 period.

Regional work: No further meetings currently arranged.

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. Cumulative data for 2019/20 will be included in the annual incident report.

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

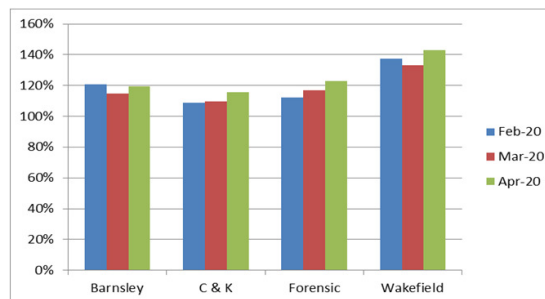
To note, the staffing fill rates for April 2020 included proportion of staff either self-isolating or shielding due to the COVID-19 virus. There has also been an influx of student nurses in their 3rd year opting to take up an extended paid placement (43 to date). There has also been some success in the Bring Back to Work project as well as retirees and returns. All the above was supported by an extensive recruitment onto bank project.

No ward has fallen below the 90% overall fill rate threshold. Of the 31 inpatient areas, 27 (86.4%) achieved greater than 100%. This was an increase of three (9.6%) on the previous month. Indeed of those 27 areas, 11 (an increase of two wards) achieved greater than 120% fill rate.

Registered On Days - Trust Total 90.6% (an increase of 9.2%). The number of wards that have failed to achieve 80% registered nurses decreased by five wards on the previous month to nine (28.2%). Four wards were within the Forensic BDU, two in Wakefield and three in Calderdale and Kirklees. All inpatient areas remain under pressure from a staffing perspective. COVID – 19 has had a significant impact as well as other contributory factors including high levels of acuity, high sickness/absence and existing vacancies. Forensic and C&K 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 100.8% (an increase of 6.4%).

Ward Name	Feb-20 Average Fill Rate - All Staff (%)	Mar-20 Average Fill Rate - All Staff (%)	Apr-20 Average Fill Rate - All Staff (%)
Beamshaw	103.4%	103.2%	107.1%
Clark	91.4%	102.5%	95.5%
Melton Suite PICU	116.7%	124.8%	128.5%
Neuro Rehab Unit	161.3%	129.9%	121.1%
Stroke Rehab Unit	95.5%	95.7%	113.1%
Willow Ward	131.7%	112.7%	121.2%
Ashdale	92.2%	90.9%	96.0%
Beechdale	108.1%	123.7%	102.5%
Elmdale	89.0%	93.8%	97.6%
Enfield Down	93.1%	91.4%	102.5%
Lyndhurst	98.7%	95.8%	103.9%
Ward 18	92.1%	97.2%	107.3%
Ward 19 - Female	99.6%	106.8%	117.3%
Ward 19 - Male	108.5%	103.4%	103.8%
Appleton	97.8%	102.9%	113.3%
Bronte	104.5%	119.6%	133.4%
Chippendale	90.9%	95.0%	95.7%
Hepworth	125.7%	104.5%	110.0%
Johnson	152.3%	154.8%	173.1%
Newhaven	100.7%	112.6%	106.6%
Priestley	97.6%	100.1%	116.2%
Ryburn	105.4%	106.4%	117.3%
Sandal	106.2%	124.8%	131.0%
Thornhill	103.6%	100.7%	114.1%
Waterton	126.6%	140.3%	129.2%
Crofton	127.3%	122.0%	136.4%
Horizon	118.7%	122.7%	120.8%
Nostell	102.7%	103.6%	126.5%
Poplars	145.2%	143.4%	143.3%
Stanley	95.2%	100.7%	109.8%
Walton PICU	112.2%	107.9%	101.4%
All Wards	108.0%	109.9%	115.1%



BDU Overall Fill Rates

Forensic and LD BDU rose from 117% to 123%. Barnsley increased slightly from 115% to 120%. Calderdale and Kirklees BDU increased from 110% to 116%. Wakefield BDU increased from 133% to 143%.

The time series for fill rates will be available from next month after the templates have been updated in line with the establishment review for the Working Aged Adults.

Information Governance

April saw a significant increase in confidentiality breaches with 15 being reported, all of which were due to information being disclosed in error verbally, being sent to the wrong email or postal address, or through another patients' details being included in correspondence. Two were reported as yellow/ moderate harm and were subject to further investigation by management: both occurred in the same location. One involved the parent of patient being given the wrong information about her son when she called a ward: whilst the other patient was not identifiable the nature of the information shared caused substantial distress to the parent. The other yellow incident involved a service user alerting staff to a handover sheet left in a public part of the ward that included sensitive patient information, including her own, leaving her distressed.

One incident was reported to the information commissioners office and involved a staff member, who is the neighbour of an inpatient, sharing sensitive information about the patient with another neighbour. An internal investigation is in progress and further information has been provided to the ICO, and we await their response.

Commissioning for Quality and Innovation (CQUIN)

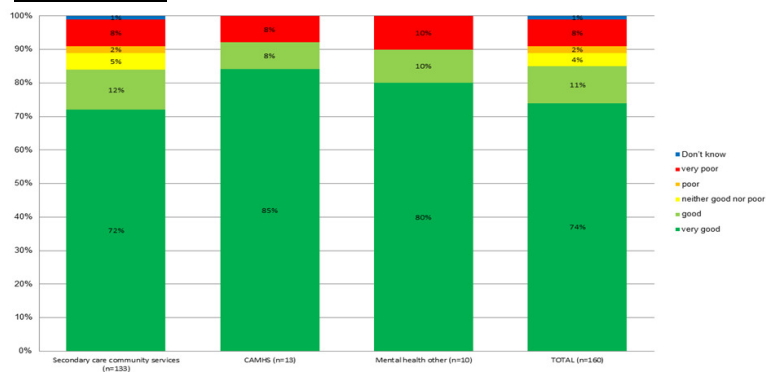
Quarter 4 position requires discussion with commissioner as national guidance states Q4 submissions not required in light of the Covid-19 situation. It is likely that risk previously identified against mental health services data set (MHSDS) interventions and improving access to psychological therapies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

Patient Experience

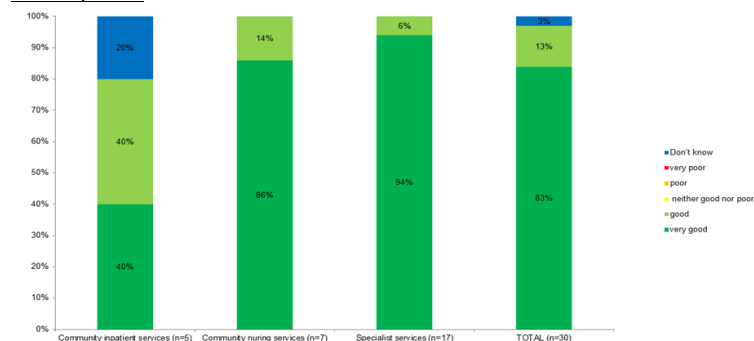
Friends and family test shows

- 97% of respondents would recommend community services.
- 86% of respondents would recommend mental health services.

Mental Health Services



Community Services



Care Quality Commission (CQC)

CQC MHA visits

During the COVID 19 pandemic CQC have been undertaking Mental Health Act (MHA) visits remotely. A number of our teams have been subject to this new way of working and the feedback about the process has been positive. The new way of working also entails a shortened version of the report from the MHA visit, something which CQC are considering as a more longer-term measure for when the COVID 19 outbreak is no longer with us.

CQC Insight report

In May 2020 we received our latest CQC Insight report. The CQC Insight report is produced and updated every two months from all of the information that has been pulled nationally. The report is aimed at enabling us to see our data and performance and how this compares with other similar providers and helps us to identify any outliers. The current COVID-19 situation and its impact on staffing resources has meant that the collection and publication of official statistics for the purpose of the CQC Insight report have been put on hold during the current climate. CQC have also been unable to refresh and update certain indicators based on the Mental Health Services Data Set (MHSDS), our MHA visits and data CQC receives from providers because the analysis is unable to be made in a timely way. This has led to 17 indicators being suspended.

Our May Insight report shows we have made some Trust wide improvements in the quality of appraisals, staff engagement and quality of care. We also better compared nationally in the proportion of staff doing unpaid overtime (%). Within our inpatient services we also improved around detained patient deaths and the Trust's flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages). Previous data indicates we need to continue to improve with bed occupancy levels and with data quality: indicator on provider closed Mental Health Act (MHA) and hospital inpatient episodes (%).

CQC improvement plan

Due to the COVID 19 outbreak pressures we have not been receiving monthly updates from core services on how they are progressing against their CQC must and should do actions from the previous inspection visit. This is under ongoing review.

COVID 19

CQC continue to provide guidance to providers on changes due to COVID 19. They will only undertake inspection visits to services where there are serious concerns. As previously mentioned above they are continuing to undertake MHA visits remotely. We continue to respond to any CQC enquiries and have engagement calls with our inspection team, the next which is due on Friday 22 May. Part of this discussion will be to discuss the setting up of a cohort ward on Johnson ward at Newton Lodge.

Safeguarding

Safeguarding Children and Adults

- Safeguarding supervision has been offered via Microsoft Teams.
- The safeguarding advice line still continues to be active and staff receive advice and support from the safeguarding team in a timely manner.
- The safeguarding team liaised with the reducing restrictive physical Intervention team to provide advice and support via a virtual meeting in relation to long term segregation
- The safeguarding training strategy was revised to provide supporting evidence for a Section 11.
- The customer services team contacted the safeguarding team for support and advice regarding a complex case, support was provided through a couple of Microsoft teams meetings.
- The safeguarding team have responded to information requests for potential safeguarding adults review and a domestic homicide review provided
- The safeguarding team provided information to the domestic abuse forum.
- Section 11 completed for Barnsley safeguarding children partnership.
- Attendance at children's services clinical governance group via Skype.
- Involvement in a number of national dial-up named professional meetings re Covid-19 and impact on safeguarding children.
- Completed audit on safeguarding training
- Commented on safeguarding case child V SCPR.

Infection Prevention Control (IPC)

- Substantial amount of work being undertaken in response to Covid-19 pandemic.
- Annual report is yet to be completed, due September 2020
- Surveillance: there has been zero cases of C difficile, there has been zero cases of MRSA Bacteraemia, MSSA bacteraemia and Ecoli bacteraemia.
- Mandatory training figures are healthy:
- Hand hygiene - trust wide total – 94%
- Infection prevention and control - trust wide total – 88%
- Policies and procedures are up to date.

Complaints

10 new formal complaints received
 10% of formal complaints (including those that were closed due to no consent) had staff attitude as a primary issue
 13 compliments received
 9 complaints were closed in April 2020 and of these 5 (56%) were within 40 days and 4 (44%) were over 40 days
 3 reopened complaints were closed in April 2020

The complaints process remained fully operational until 26th March 2020, however from early/ mid -March complaint investigators were focused on supporting their clinical services and there was, inevitably, a delay in the complaints pathway during this period. In April we identified 2 complaint investigators from non- clinical services to undertake urgent complaints that are unable to be paused or facilitated from clinical services. We continue to aim to achieve the 40 day response timeframe in future months.

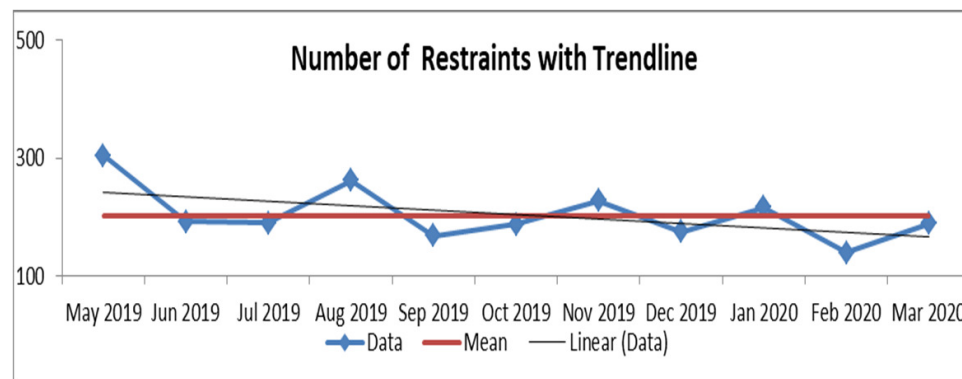
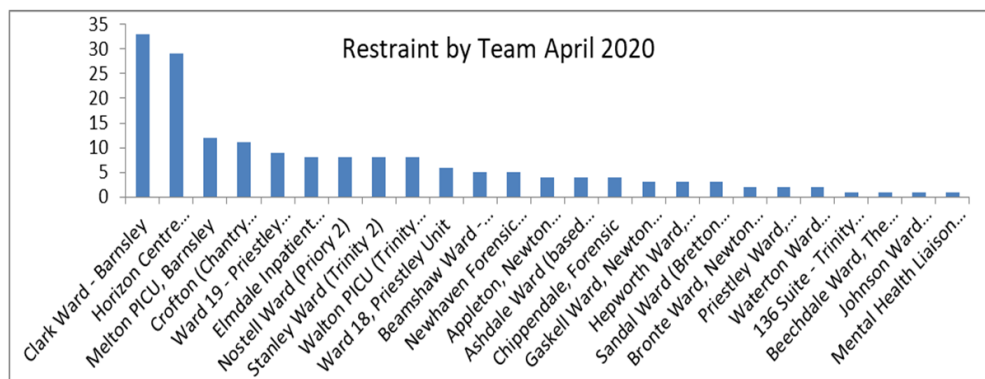
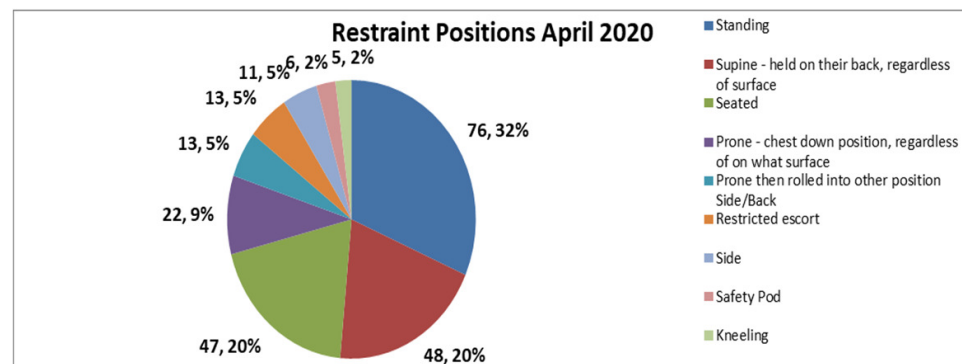
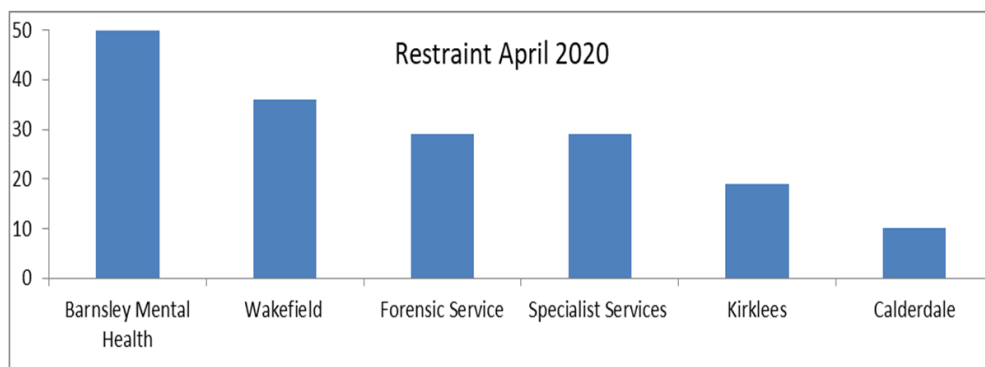
Reducing Restrictive Physical Intervention

There were 173 reported incidents of restrictive physical interventions used in April 2020 this being an 8.5% reduction on the March figure. There were 241 different restraint positions used in the 173 incidents. The standing position was used most often 76 (32%) followed by seated restraints at 48 (20%).

Prone restraint was reported 36 (14%). Barnsley BDU had the highest number of prone restraints with 11. Wakefield BDU had 10, Forensics BDU had 7, Kirklees had 4 and Calderdale had 3 and Specialist services 1.

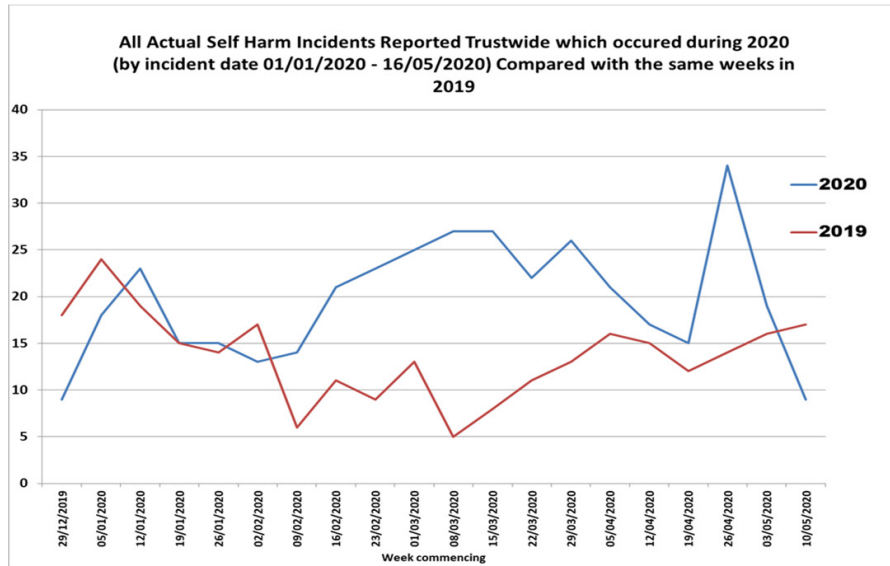
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In April 2020 only 2 incident of prone restraint lasted over 3 minutes due to the level of aggression displayed. 93% of prone restraints lasted under 3 minutes.

The RRPI team suspended training during March and April due the Covid 19 outbreak. Refresher periods have increased temporarily to prevent staff falling out of date. Work has been ongoing to provide information, support and advice to staff on the wards. A series of one day courses for staff (including bank) will begin in June. Whilst there will still be no physical elements, the course will contain information on the prevention and management of incidents of aggression. It will also contain a basic immediate life support session. Staff that completes this course will be able to attend a 3 day course to achieve the rest of the competencies for the RRPI Teamwork training when physical training resumes. Training figure will be amended when training recommences.



Self Harm

Actual self-harm incidents reported on Datix occurring between 01/01/2020 and 16/05/2020 at 18/05/20, compared with incidents occurring in the same period in 2019

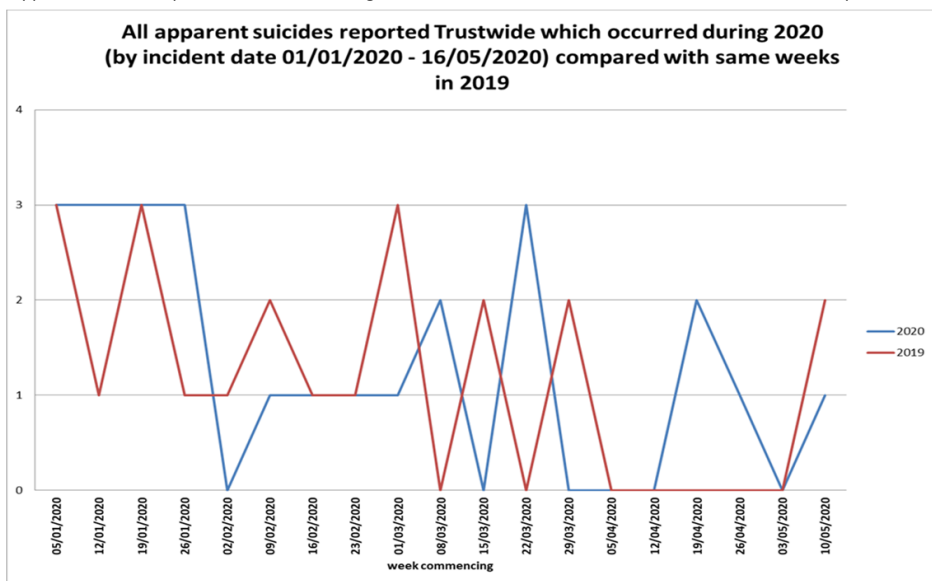


Week commencing	2020	2019
29/12/2019	9	18
05/01/2020	18	24
12/01/2020	23	19
19/01/2020	15	15
26/01/2020	15	14
02/02/2020	13	17
09/02/2020	14	6
16/02/2020	21	11
23/02/2020	23	9
01/03/2020	25	13
08/03/2020	27	5
15/03/2020	27	8
22/03/2020	22	11
29/03/2020	26	13
05/04/2020	21	16
12/04/2020	17	15
19/04/2020	15	12
26/04/2020	34	14
03/05/2020	19	16
10/05/2020	9	17
Total	393	273

Actual Self Harm comparison

Apparent Suicide

Apparent suicides reported on Datix occurring between 01/01/2020 and 16/05/2020 at 18/05/2020, compared with incidents occurring in the same period in 2019



Week commencing	2020	2019
05/01/2020	3	3
12/01/2020	3	1
19/01/2020	3	3
26/01/2020	3	1
02/02/2020	0	1
09/02/2020	1	2
16/02/2020	1	1
23/02/2020	1	1
01/03/2020	1	3
08/03/2020	2	0
15/03/2020	0	2
22/03/2020	3	0
29/03/2020	0	2
05/04/2020	0	0
12/04/2020	0	0
19/04/2020	2	0
26/04/2020	1	0
03/05/2020	0	0
10/05/2020	1	2
Total	25*	22**

Please note:

*2020 figure includes 3 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.

Apparent suicide comparison

Covid-19 related incident reporting

Total 87 incidents reported since 1/3/20 - 18/5/20 (at 19/5/20)				
	Mar 2020	Apr 2020	May 2020	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	2
Coronavirus or Covid 19 used in threat against staff	3	2	0	5
Death of patient from suspected Covid 19 - underlying health conditions	2	10	1	13
Death of patient from suspected Covid 19 related death - pending further info	0	10	4	14
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	3	12
Impact of Covid 19 on community patient, changes to care delivery	2	3	0	5
Impact of Covid 19 on patients mental health	2	2	1	5
Issues relating to PPE equipment	1	1	0	2
Non compliance with social distancing - inpatient area	1	6	3	10
Patient being nursed under segregation	5	4	1	10
Patient in contact with symptomatic person	0	0	1	1
Staff in contact with other person displaying Covid-19 symptoms	1	0	0	1
Staff in contact with patient displaying Covid-19 symptoms	2	8	1	11
Staff member on swabbing team exposed to Covid 19	0	1	0	1
Staff presenting with Covid 19 symptoms	1	1	0	2
Not direct clinical impact of Covid 19	0	3	0	3
Total	25	57	15	97

Mental Health Act

This section provides some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these has 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 form. 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 quoted are 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	Nov-19			Dec-19			Jan-20			Feb-20			Mar-20			Apr-20		
	Section 17 form			Section 17 form			Section 17 form			Section 17 form			Section 17 form			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
Older people services Trustwide	67	61	91.0%	91	85	93.4%	149	128	85.9%	72	55	76.4%	23	22	95.7%	43	34	79.1%
Working age adult - Trustwide	235	202	86.0%	257	230	89.5%	346	261	75.4%	245	160	65.3%	240	168	70.0%	234	186	79.5%
Specialist Forensic services	74	30	40.5%	47	5	10.6%	121	85	70.2%	193	161	83.4%	63	35	55.6%	0	n/a	n/a
Rehabilitation services - trustwide	16	15	93.8%	33	27	81.8%	32	26	81.3%	18	18	100.0%	32	32	100.0%	17	16	94.1%
NB - Data will be updated each month as completed forms are received back.																		

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.

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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This section of the report outlines the Trust's 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. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are 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	Apr-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%	97%		
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%	55%		
% 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%	99.0%		
% 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%	90/92 =97.8%		
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%	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	137		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	53.9%	53.4%	53.6%	54.3%	55.9%	55.4%	52.4%	55.4%	50.7%		
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%	87.0%		
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%	99.3%		
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%	70.7%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	90.5%	91.3%	90.8%	91.0%	91.3%	91.3%	Due June 2020		
% 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%	Due June 2020		
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	Apr-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	2		
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	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	206	180	206	180			Due July 2020		
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%			Due July 2020		
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	Apr-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%	99.3%	99.1%	99.4%	99.0%	99.7%	99.1%		
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%	99.8%	Due June 2020		
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%	98.9%	Due June 2020		

* 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 identifies any issues and detailed response provided below in the data quality rating section.

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Areas of concern/to note:

- The Trust continues to perform well against the NHS Improvement metrics
- The percentage of service users seen for a diagnostic appointment within 6 weeks has dropped. This is due to the current situation surrounding Covid-19. The national reporting for this line has been suspended by NHS England for this interim period.
- Inappropriate out of area bed placements amounted to 137 days in April, this is at a similar level to last month.
- During April 2020, 1 service user aged under 18 years was placed in an adult inpatient ward for a total of 2 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 achieving 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 quality 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 April the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for April shows 15% of records have an unknown or missing employment and/or accommodation status, this is an increase on last month which was reported at 14%. 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

This information was not available at the time of producing the report.

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

Key Issues

- Community mental health services are being provided essentially through telephone/video (AirMid) contact with the ability to support on a face-to-face basis where there is a clinical need.
- All services are developing plans in relation to further delivery of face to face support and potential demand surge.
- Consideration being given to the ability in services to not only maintain caseloads but proactively discharge/allocate. Work is ongoing to capture and retain/strengthen good practice.
- Referral numbers across all services have reduced. Some indication that numbers beginning to increase. Proactive comms being developed to ensure the local community is aware of the current service offer
- 24/7 crisis support arrangements simplified and strengthened – and publicised on Trust intranet. Adult intensive home based treatment (IHBT) providing all-age single point of access (SPA) function out of hours. This is designed to reduce 111 calls and attendances at A&E and is complementing implementation 24/7 helpline.

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 (OOA) placements and capacity in inpatient units.
- All acute patients are being managed in SWYPFT beds with OOA being confined to 3 gender specific cases.
- Cohorting standard operating procedures for acute and older peoples services are in place 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.

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.

Forensic business delivery unit and Learning Disability services:

Forensics

- After an initial dip at start of lockdown in demand for contact from LD community teams, we are now experiencing an increase in the requirement for telephone/face to face appointments
- As face to face contact increases, clinicians and services are working through updating risk assessments with Covid-19 related risks
- Staffing absence in community teams has recently increased but still manageable. Inpatient absences remain minimal.
- 3 LD community staff have received train the trainer PPE/handwashing training and are rolling this out to Calderdale, Kirklees and Wakefield care homes.
- Assessment and Treatment Unit work across West Yorkshire and Barnsley has recommenced.

ASD/ADHD

- No Covid-19 related operational difficulties currently being experienced.
- Pathways have been modified to enable a more efficient way of working during the crisis. Commissioners have been briefed and are supportive.

Forensics

- Forensic development plan remains a priority.
- High number of staff not in work (49/349) either isolating due to covid-19 or shielding.
- Cohort ward now open following a number of positive cases on Sandal ward.
- Current issues relate to continuing to staff the wards to a safe level and this is reviewed continuously.
- Positive feedback received from commissioners re delivery of forensic outreach services for people with a learning disability (LD FOLS) during the crisis.

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 further developed providing updates on guidance, resources available and health and wellbeing support
- Health and wellbeing support website resources further developed, providing advice and support to service users and the public. Including the sharing of fitness films.
- Sharing of staff and service user good news stories.
- Cards of Kindness scheme launched.
- Wakefield Families Together supported with social media information on mental health and wellbeing
- CAMHS and BAME network #StillHereToHelp campaign launched.
- Barnsley Chronicle articles produced for International Nurses Day
- Awareness days supported including International Nurses Day, Maternal Mental Health Day, and #ClapforourCarers days.
- Partner Bronze command meetings taking place in all areas
- Support provided to EyUp Charity for bids and re. NHS Charities funding.
- Support provided to mental health 24/7 access project, including revisions to the Trust website and promotion of the new service.
- Support provided to SystmOne information roll out project, including web update, and letters to stakeholders and service users
- Recovery college comms approach developed. Toolkit provided to the colleges. Procurement underway for websites. Resources developed for the website.



This is the May 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for April 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, Recovery Colleges, UoD and Volunteer services to develop and deliver innovative offers to help people in their own homes.	Salma Yasmeen	Sue Barton & Matt Ellis	EMT	Recovery Colleges have developed a new offer to people during Covid-19. An update on this has been provided into executive management team. It has been agreed to support the development of websites for the colleges to enable local information to be readily available. The colleges are currently piloting the use of Microsoft Teams to deliver online, interactive courses. 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 and placed based recovery plans.	Sean Rayner / Salma Yasmeen	Sharon Carter	EMT	<p>Staff wellbeing is a focus of support from both West Yorkshire & Humber (WY&H) and South Yorkshire & Bassetlaw (SY&B) integrated care systems (ICS) including the promotion of ways to keep staff connected, wellbeing initiatives and signposting support for staff such as the confidential staff support line, operated by the Samaritans. New listening and bereavement services have been launched in both ICS areas for people who have lost loved ones from coronavirus. Both ICSs are coordinating testing with support from us and have arrangements in place in Wakefield, Huddersfield, Halifax and Barnsley. This is having a positive impact.</p> <p>WY&H ICS is working to support services with the demands of covid-19:</p> <ul style="list-style-type: none"> The ICS launched two campaigns to get involved with: #StillHereToHelp and 'still here for you'. Across WY&H, a weekly update is being provided to support the sharing of key messages and sharing of good practice across the mental health, learning disabilities and autism programme. It was confirmed that mental health, learning disability and autism programme transformation funding would continue for postvention/bereavement and suicide prevention transformation funding (2020/21). Work continues to expand the bereavement support offer to include a specific WY&H Health and Care Partnership Bereavement support service to support people who experience traumatic bereavement which may also be complicated by other factors, such as social isolation, associated with covid-19 pandemic. We have contributed to the significant amount of collaboration that has taken place across WY to establish the 24 hour mental health helpline, offering confidential help and advice to anyone registered with a GP in Calderdale, Kirklees, Wakefield, Leeds and Barnsley. This was launched on 4th May. In WY&H, we continue to take part in discussions regarding post COVID responses regarding mental health, learning disability and autism (MHLDA). We are also working with the MHLDA Collaborative on lessons learnt and evaluation of new ways of working. The carers programme has developed a toolkit to support carers of people who are being discharged into their care during COVID-19. This has been supported by system leaders and will be rolled out across WYAAT and the MHLDA collaborative. A task and finish group is being set up across the West Yorkshire and Harrogate MHLDA collaborative to focus on equality and diversity work associated with COVID-19, for both staff and patients. The Trust continues to lead the Forensic Lead Provider Collaborative with the focus being on weekly mutual aid calls. <p>In Wakefield:</p> <p>The Wakefield Mental Health Provider Alliance, in partnership with Nova, opened up grant funding to allow voluntary and community sector (VCS) organisations to continue to support emotional and mental wellbeing across Wakefield during this challenging time, and 18 projects were awarded funding in April 2020.</p> <p>The Integrated Care Partnership in Wakefield has recently launched the new integrated care workforce transformation hub website. Given the current circumstances of the pandemic the website has a dedicated COVID-19 section with information and resources for staff, managers and leaders.</p> <p>Work continues on projects such as developing the safe space proposal, creating an adult Covid-19 service update in partnership, and publicising the children and young people's service update launched in April.</p> <p>We are leaders in the Wakefield Families First project which has started a social media campaign to provide mental health and wellbeing support to children and young people.</p> <p>The Integrated Care Partnership (ICP) is meeting on 26 May 2020. The focus will be to refresh and 'redetermine' the priorities as the ICP begins to consider its collective actions to address the medium to longer term impacts of COVID-19, ensuring that we are still able to deal with the demand for services COVID 19 continues to present.</p> <p>In Calderdale:</p> <p>We continue to support 'Calderdale Cares' which is providing a partnership approach to health and wellbeing. Conversations have commenced on recovery planning for Calderdale and SWYPFT is a partner in these discussions. Calderdale are keen to build on the learning from actions that have taken place in response to Covid-19 and in particular how these can be the foundation for developing a collaborative community model.</p> <p>In Kirklees:</p> <p>Kirklees partners are coming together under the 'Kirklees Cares' banner to provide coordinated support and information, including how to access services during the coronavirus pandemic.</p> <p>The Kirklees Partnership Gold meeting will have a focused discussion on the process and arrangements for taking forward recovery planning at its meeting on 14 May 2020.</p> <p>In Barnsley:</p> <p>We are undertaking a significant amount of work with the Council, CCG and hospital to coordinate the response to coronavirus. This includes testing of staff, service users and people in care homes.</p> <p>Barnsley CCG has put the retender for CAMHS on hold due to the current situation.</p> <p>We continue to take part in covid19 intelligence cell, sharing Covid-19 data from across the system.</p> <p>Discussions have commenced on recovery planning in Barnsley with consideration being given to which elements of service change should be kept as we move forward.</p>	

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 psychiatric intensive care unit (PICU), patient flow and criteria led discharge (CLD) All other work streams to maintain a momentum but at an appropriate pace	Carol Harris	Ryan Hunter	OMG	<p>Work is now progressing across the programme, though to different timeframes to those previously set out.</p> <ul style="list-style-type: none"> • PICU – Many of issues flagged of people not being appropriately placed in PICU are currently resolved and the challenge is to maintain this when pressures increase into the system. Development work on the new standard operating procedure is continuing, the process for receiving people in PICU has been reviewed and a triage form drafted. • Inpatient/Criteria Led Discharge – Final checkpoint reviews for criteria led discharge have now been held in Barnsley and Wakefield. The tool is now being used across the Trust and the challenge will be to ensure this is embedded and maintained so that the benefits of using it are achieved. • Patient Flow – work is ongoing now to review and update the patient flow protocol which will inform the establishment of the new extended service. • Intensive home based treatment (IHBT) - the IHBT team in Kirklees has implemented a new 72 hour review and will review the impact of this in June. They are also aiming to progress joint approved mental health professional (AMHP) assessments from June onwards. • Trauma informed personality disorder (TIIPD) – work is now ongoing to review what is currently happening with high intensity TIPD service users. It is believed that they aren't as prominent in the system at the moment, and if data supports this, the project will focus on what learning can be taken forward to support the needs of this group. • SPA – Funding for resourcing of staff from Calderdale CCG was confirmed in early April. Referrals into the Calderdale and Kirklees SPA have been around 50% lower than normal in this period. This is enabling planning work to progress for the implementation on the triage scale, with the aim to go live in late June. Primary care activity linked to this strand includes the crisis line, live from 4 May. The Calderdale GP is keen for us to now continue work that supports improving the referral process in SPA, including decision trees that will help inform GP decisions for the most appropriate referral route. • Community – pressures have eased across community services (in scope of this work) and referrals into teams have been lower. Timely step down from IHBT has continued and there has been some caseload cleansing over the recent period. Challenges remain in delivering therapeutic interventions due to the increase in telephone conversations and work is ongoing to use video conferencing to enable better interventions. • Performance management / visibility is being reviewed in early May with an aspiration to start taking forward work on inpatient reports. 	Progress Against Plan	
					Failure to deliver timely improvement due to lack of resource, other work priorities and skills - the likelihood of this has decreased a little in recent weeks though any increase in pressures as a result of Covid-19 will impact on the ability to deliver the programme.		
					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. This also includes improvement work to consolidate changes made in response to the pandemic that have had positive outcomes.	Carol Harris	Carmain Gibson-Holmes (Wakefield) Kate Jones (Barnsley) Supported by Michele Ezro (Wakefield) and Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	<p>The majority of the programme is progressing according to plan with the exception of the waiting list trajectory for April. This has not been met within Barnsley and Wakefield owing to the pausing of autistic spectrum disorder (ASD) assessments in Wakefield as agreed with commissioners, and in Barnsley there are difficulties in undertaking full attention deficit hyperactivity disorder (ADHD) assessment process in light of Covid-19 situation and closure of schools. Positively, telephone clinical contacts have reduced waiting list figures within both services.</p> <p>Wakefield services have been successful in their bids for Wakefield Mental Health Alliance funding and recruitment to these posts has commenced. Full implementation of all age liaison service is not fully operational in both Barnsley and Wakefield. Meetings have been held including staff side representatives and all age liaison staff's staff consultations due to finish early/mid-April have been suspended due to Covid-19. Competency framework is in the process of being developed with expectation that it is signed-off by professional leads. Action plan for Barnsley all age liaison service has been revisited and updated.</p> <p>Child and adolescent mental health service (CAMHS) improvement action plans are in the process of being reviewed and updated with timescales adjusted in light of Covid-19 situation noting no significant impact on delivery.</p> <p>Initial thematic analysis of 'changing the way we work' in Barnsley is underway.</p>	Progress Against Plan	
					Barnsley clinical commissioning group (CCG) has confirmed extension of 2020/21 contract to end of Dec. 20. Regular communications with CAMHS staff as well as staff side representatives is ongoing.	Management of Risk	
					<p>Implementation plan/Key milestones include:</p> <p>By 31/5/20 sharing of Barnsley's thematic analysis report relating to 'changing the way we working' within the CAMHS service and with the integrated change team.</p> <p>By 30/6/20 analysis of 'meeting' questionnaires to determine staff's views regarding meetings. Progression of the all age liaison / out of hours offer within Wakefield service.</p> <p>By 31/07/20 delivery of competency framework for all age liaison service within Barnsley and complete staff consultation assuming given 'go ahead' by Trust human resource department to recommence towards end of June 2020.</p>		
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 is continuing with a prioritised plan in place up to the end of April 2020. Key actions on patient safety include plans to section off areas of wards and fitting of locks. A review of security inductions and updates has been completed and an information booklet developed in liaison with the Humber Centre. Question and answer booklets have been issued to a first cohort of staff in April. A review of how this evaluates will be undertaken and then these will be incorporated into the induction process. A review of meetings across the business delivery unit has commenced; this is considering agendas and items for discussion to support the streamlining and increased effectiveness of meetings. Quality improvement clinics have been undertaken between the deputy director and individual ward managers. These sessions have provided an opportunity for honest and open dialogue; themes from the clinics have been triangulated with output of the band 7 workshops and recent staff survey.		

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
IMPROVE RESOURCES	Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid-19 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	<p>Accelerating the use of digital technology In order to provide an alternative method of communication to face-to-face contact between clinicians and service users in response to Covid-19, the Trust has implemented and made available in an accelerated manner a number of solutions intended to meet the need for video conferencing. AirMid forms part of TPP's SystmOne offer and continues to support practitioners to maintain contact with patients and is being used across the Trust by SystmOne users; in addition AccuRX is in place and utilised by non SystmOne users. Information management and technology have also evaluated a number of other video conferencing solutions and apps including Attend Anywhere, MS Skype for Business, MS Teams, Whats App & Zoom and a position statement has been published and is available to download on the Trust intranet site. 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.</p> <p>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 scheme using a dedicated Android device on every ward has been approved and deployment of devices has commenced.</p> <p>Recovery Colleges Work is progressing to evaluate the provision of online virtual recovery college courses through MS Teams.</p> <p>Cards of Kindness We've introduced a digital way for friends and family of those in our care to send messages to loved ones on wards currently under lockdown with no visiting due to Covid-19. People can now send a personalised card of kindness by simply filling in an online form on our website. Once the message has been received it will be printed out and delivered safely on behalf of friends and family.</p>		
MAKE THIS A GREAT PLACE TO WORK				EMT	<p>Focus on this in relation to Covid-19: Support the wellbeing of #alofus to help people cope & connect Support people to embrace new ways of working that have been beneficial .</p> <p>These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR</p>		

Progress against plan rating	Risk Rating	Likelihood
On target to deliver within agreed timescales / project tolerances	Consequence	1 Rare 2 Unlikely 3 Possible 5 Almost certain
ability/confidence to deliver actions within agreed timescales / project tolerances		
ability/capacity to deliver actions within agreed timescales / project tolerances	5 Catastrophic	5 10 15 25
Actions will not be delivered within agreed timescales / project tolerances	4 Major	4 8 12 20
Action complete	3 Moderate	3 6 9 15
	2 Minor	2 4 6 10
	1 Negligible	1 2 3 5

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

Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Narrative
1	Surplus / Deficit		The Trust is reporting a breakeven position in April 2020. This takes account of national guidance on financial and commissioning arrangements. Excluding 'true-up' the baseline position is a deficit of £241k. This position includes assumed recovery of £417k of reasonably incurred costs relating to the Covid-19 response.
	Baseline (excluding True Up)	(£241k)	
2	Agency Cap	£469k	Agency spend continues to be closely monitored although no formal cap has been set by NHS Improvement for 2020/21. Spend in April is £469k. This is lower than the run rate experienced in 2019/20.
3	Cash	£54m	Under the agreed temporary financial arrangements the 'block' payments for both April and May were paid in April. This has increased our cash balance to £54m.
5	Capital	£45k	There has been minimal capital spend to date and whilst uncertainty remains works will continue where possible focussing on those schemes which improve safety and enhance the Trust response to Covid-19. There are currently no specific Covid-19 works planned with the exception of some IT systems improvements.
6	Better Payment		This performance is based upon a combined NHS / Non NHS value and is ahead of plan. The 7 day metric follows a national request and commenced 24th April 2020.
	30 days	98%	
	7 days		

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

Summary

Covid-19

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Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	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	Apr-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.9%	4.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.6%	4.7%	4.7%	5.20%	5.30%	5.10%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%	4.2%	4.0%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	86.8%	76.2%			75.1%			76.1%			73.3%			due July 20
Bank Cost	Improving Resources	Well Led	AD	-	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	£769k	£685k	£1,241k	£727k.
Agency Cost	Improving Resources	Effective	AD	-	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	£537k	£581k	£613k	£469k
Health & Safety																		
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commence d 19/20	7			4			Due June 20			Due June 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 section.
- As at May 19th, 204 staff off work Covid-19 related, not working
- 603 staff tested as at May 19th
- 93 staff have tested positive for Covid-19 of which 43 have returned to work
- Staff turnover reduced to 8.5%
- Non-Covid sickness absence was 4.0% in April

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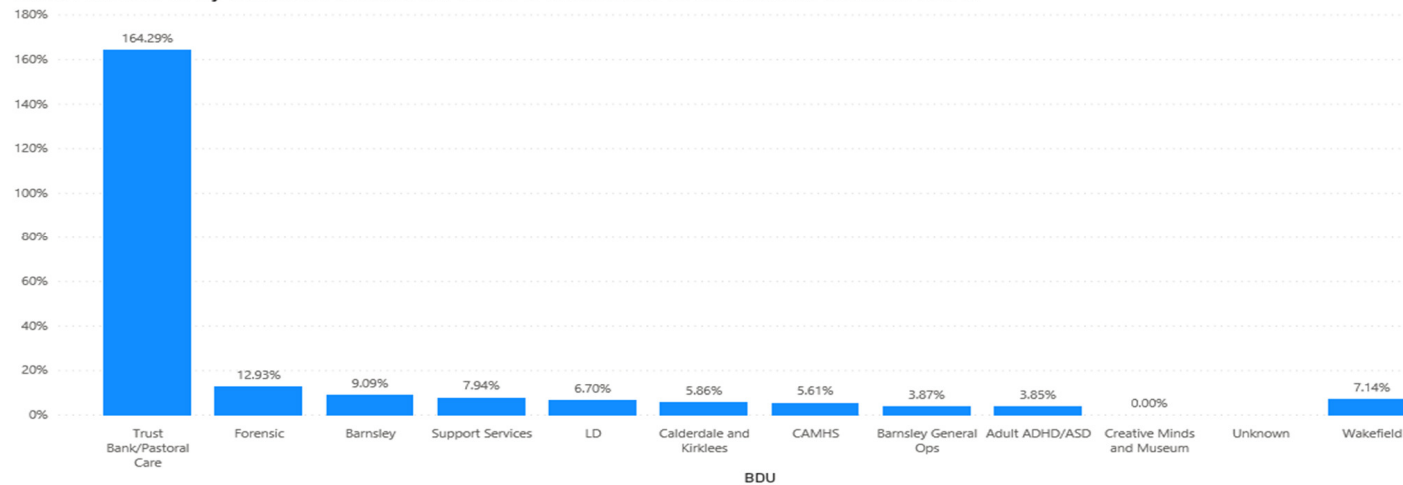
Sickness reporting

As at 8am on Thursday 21st May, the Trust has 329 staff absent or working from home due to Covid-19. This makes up 7.5% of the workforce. Of those absent, 41% are symptomatic, 13.9% have household symptoms, 41.3% are shielding and 2.7% are occupational health advised isolation. The business delivery unit (BDU) with the biggest impact is Forensic with 12.9% of staff impacted (49/379), the BDU with the second biggest impact is Barnsley with 9.9% of staff affected (46/506), the BDU with the third biggest impact is Support Services with 7.9% of staff affected (59/743). 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)



Summary

Covid-19

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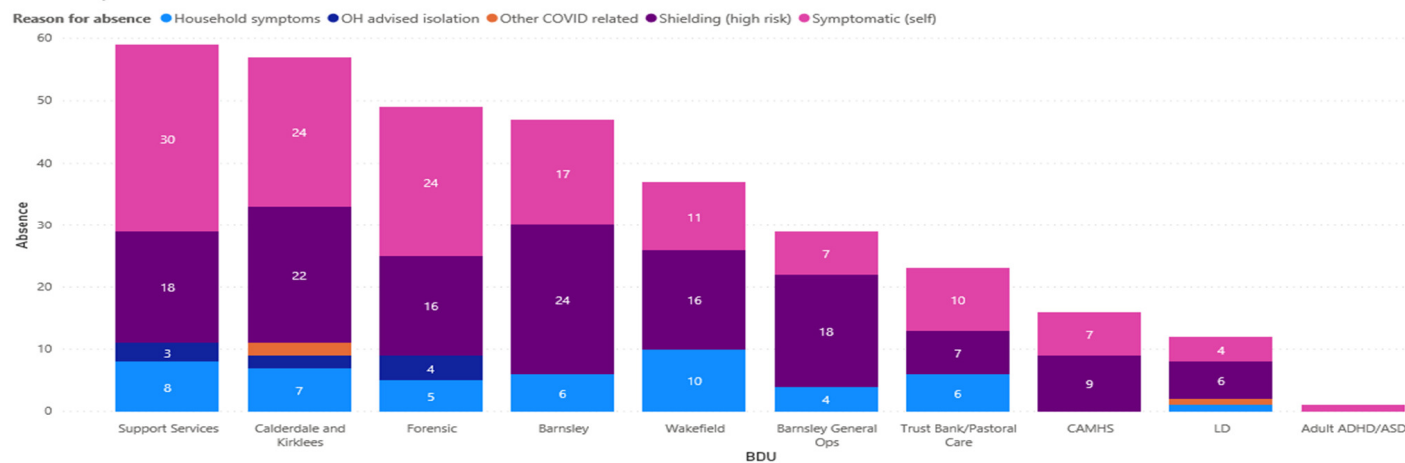
Priority Programmes

Finance/Contracts

Workforce

The following graph shows the reasons for Covid-19 absence by BDU. The largest reason for absence relates to staff being advised to shield.

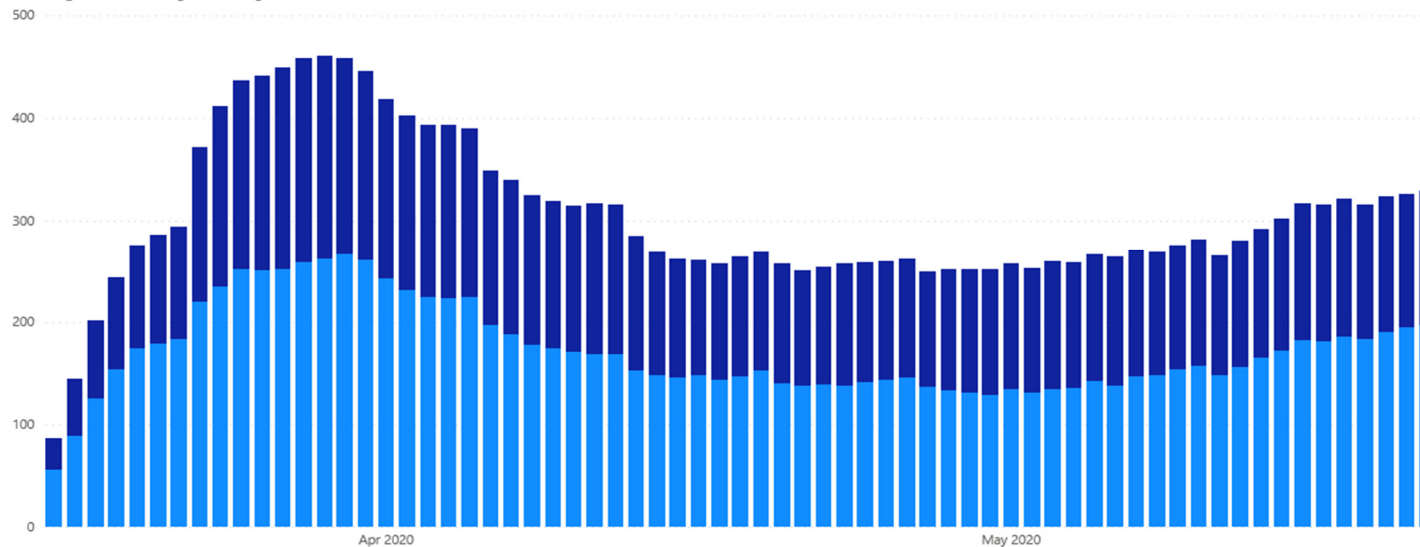
Absence by BDU and Reason for absence



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 any national guidance that may be applicable to the Trust.

Department of Health and Social Care

Coronavirus (Covid-19): guidance for care staff supporting adults with learning disabilities and autistic adults

This guidance is for care workers and personal assistants who support adults with learning disabilities and autistic adults. The guidance will help care staff to keep people with learning disabilities and autistic people safe; support them to understand the changes they need to make during the Covid-19 outbreak; and protect their own wellbeing.

[Click here for link to guidance](#)

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

National Covid-19 surveillance report: 23 April 2020 (week 17)

Psychological therapies: reports on the use of IAPT services, England – February 2020, final including reports on the IAPT pilots

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2019–March 2020

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

Out-of-area placements in mental health services: February 2020



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 1
(2020 / 21)**



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With **all of us** in mind.

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1.0 Executive Summary / Key Performance Indicators			
Performance Indicator		Year to Date	Narrative
1	Surplus / (Deficit)		The Trust is reporting a breakeven position in April 2020. This takes account of national guidance on financial and commissioning arrangements. Excluding 'true-up' the baseline position is a deficit of £241k. This position includes assumed recovery of £417k of reasonably incurred costs relating to the Covid-19 response.
	Baseline (excluding True Up)	(£241k)	
2	Agency Cap	£469k	Agency spend continues to be closely monitored although no formal cap has been set by NHS Improvement for 2020/21. Spend in April is £469k. This is lower than the run rate experienced in 2019/20.
3	Cash	£54m	Under the agreed temporary financial arrangements the 'block' payments for both April and May were paid in April. This has increased our cash balance to £54m.
4	Capital	£45k	There has been minimal capital spend to date and whilst uncertainty remains works will continue where possible focussing on those schemes which improve safety and enhance the Trust response to Covid-19. There are currently no specific Covid-19 works planned with the exception of some IT systems improvements.
5	Better Payment		This performance is based upon a combined NHS / Non NHS value and is ahead of plan. The 7 day metric follows a national request and commenced 24th April 2020.
	30 days	98%	
	7 days		

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

2.0

Income & Expenditure Position 2020 / 2021

Budget Staff	Actual worked	Variance		Description	Year to Date Budget	Year to Date Actual	Year to Date Variance
WTE	WTE	WTE	%		£k	£k	£k
				Clinical Revenue	18,751	18,391	(360)
				Total Clinical Revenue	18,751	18,391	(360)
				Other Operating Revenue	1,260	1,381	121
				Total Revenue	20,011	19,772	(239)
4,443	4,254	(189)	4.2%	Pay Costs	(15,607)	(15,142)	465
				Non Pay Costs	(3,527)	(3,900)	(373)
				Provisions	(14)	32	46
				Gain / (loss) on disposal	0	0	0
4,443	4,254	(189)	4.2%	Total Operating Expenses	(19,148)	(19,010)	138
4,443	4,254	(189)	4.2%	EBITDA	862	762	(100)
				Depreciation	(516)	(517)	(1)
				PDC Paid	(253)	(245)	8
				Interest Received	8	0	(8)
4,443	4,254	(189)	4.2%	Surplus / (Deficit)	101	0	(101)
				Revaluation of Assets	0	0	0
4,443	4,254	(189)	4.2%	Surplus / (Deficit)	101	0	(101)

The position above includes a budget value. This has been included for high level comparative purposes and is based upon the Trust draft annual plan submission in March 2020. For 2020/21 this is a surplus of £0.7m. Due to timing this draft budget did not include any consideration of changes arising from COVID-19.

A break-even position has been reported for April. This assumes £241k of additional income via the 'true-up' process

The financial implications of COVID-19 continue to be assessed. The most notable implications relates to a change in the income streams for the Trust, additional directly attributable costs incurred (both pay and non-pay) and the consequences on areas such as recruitment and retention, travel and other variable and discretionary activity.

Taking this into account a breakeven position is reported for April. This includes £417k of additional income to cover identified reasonable additional costs, as broken down below and a further £241k of national funding to cover the impact of different financial and commissioning arrangements.

Covid-19 costs – April 2020

	£k
Staffing - additional backfill of shifts to due COVID-19 absense and additional staffing requirements	139
IM& T - equipment and resources to enhance agile working and digital solutions	128
Laundry - Set up costs for building, equipment, scrubs, uniforms	96
Catering - provision of additional staff meals and sandwich boxes	19
Other - including central purchase of additional infection control supplies	35
	417

Income

NHS England / Improvement instigated a new approach to financial and commissioning arrangements for April to July 2020 (initially). The block arrangements were calculated nationally based on income received from key local commissioners during 2019/20 plus a tariff uplift. No further invoices will be raised. An assessment has been conducted which highlighted that the values were less than the draft 2020/21 contract positions to which the Trust had already been to incur costs.

One issue the Trust has is the fact the income for CAMHS provision in Barnsley was excluded from the calculation of block income. Following discussion with NHSE&I the Trust is assuming the loss of this income will be reimbursed via the monthly 'true-up' process

A similar block approach has been agreed with local provider trusts within the Intergrated Care System as well to ensure consistency of cash flow and reduced administrative burdens.

This is shown in the I & E position with income overall £222k less than than originally assumed in our draft operating plan. This is after taking account of the national true up income.

Income & Expenditure Position 2020 / 21

Pay Expenditure

Pay spend in April was £15,142k and represents an increase of £467k to the average pay spend in 2019/20. At a summary level this is due to the impact of annual pay awards and increments received in April (estimated £444k) with overall WTE (including bank and agency) values similar at c. 4,250 WTE.

As noted on the previous page there is £139k of additional pay costs identified as incurred due to COVID-19. This is for additional shifts due to staff unable to attend work for COVID-19 reasons and additional shifts to provide the operational response.

The components of this spend however have changed as shown by:

	Apr-20	Ave. 19/20
Substantive	13,946	13,193
Bank & Locum	727	847
Agency	469	621
	15,142	14,660

Therefore in this one month there has been a movement from temporary to substantive staff with bank locums and agency making up 8% of total pay costs when compared to 10% in 2019/20. An understanding of this continues to be developed in line with the Trusts many different responses to COVID-19.

Non Pay Expenditure

Non pay is overspent against draft plan in April 2020 and a detailed breakdown is provided at page 7.

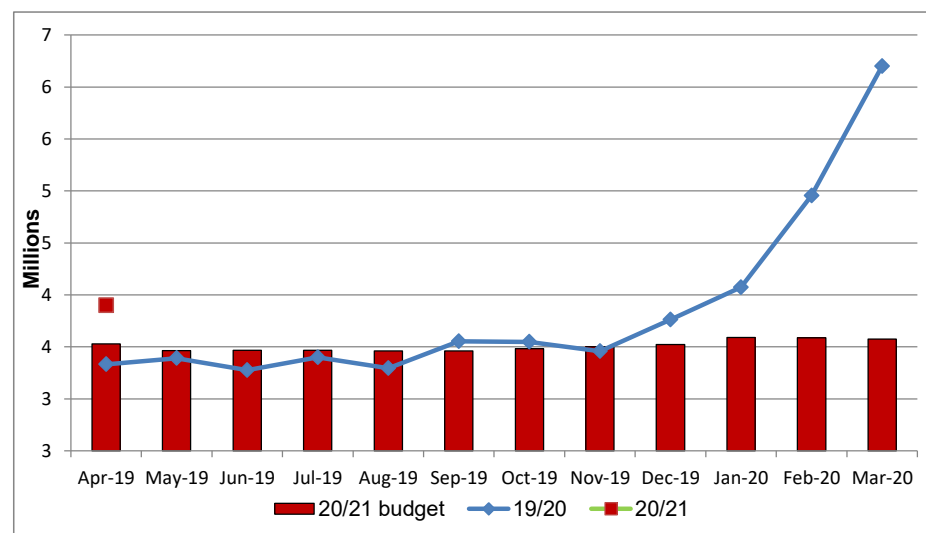
Whilst some of this is due to additional costs being incurred as part of the COVID-19 response focus continues on previous cost pressure areas such as out of area placements.

2.1 Non Pay Expenditure

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-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
2020/21	3,900												3,900
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

	Budget Year to date £k	Actual Year to date £k	Variance £k	Ave. 19/20 £k	Variance £k
Non Pay Category	£k	£k	£k	£k	£k
Clinical Supplies	205	261	(56)	259	2
Drugs	294	620	(326)	298	322
Healthcare subcontracting	435	526	(91)	439	87
Hotel Services	143	150	(6)	155	(6)
Office Supplies	478	529	(51)	570	(41)
Other Costs	349	469	(120)	422	47
Property Costs	540	530	9	633	(102)
Service Level Agreements	539	463	76	517	(54)
Training & Education	34	9	24	59	(50)
Travel & Subsistence	300	156	144	274	(117)
Utilities	102	95	6	120	(25)
Vehicle Costs	108	91	17	108	(17)
Total	3,527	3,900	(373)	3,854	46
Total Excl OOA and Drugs	2,798	2,754	44	3,117	(363)



Key Messages

There is a notable impact from the Covid-19 response on non-pay costs with spend for PPE, cleaning materials and also one off costs such as setting up the in-house laundry and provide scrubs / uniforms for staff.

The average spend for 2019/20 is also provided as a means for comparison against current spend. This highlights increased costs for drugs (the impact of the provider to provider invoicing arrangements is being investigated although it is clear that some drugs unit costs have increased) but reductions in spend on travel and subsistence, training and office supplies. These had been expected with the significant increase in home and agile working coupled with the use of video consultations

2.1

Out of Area Beds Expenditure Focus

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

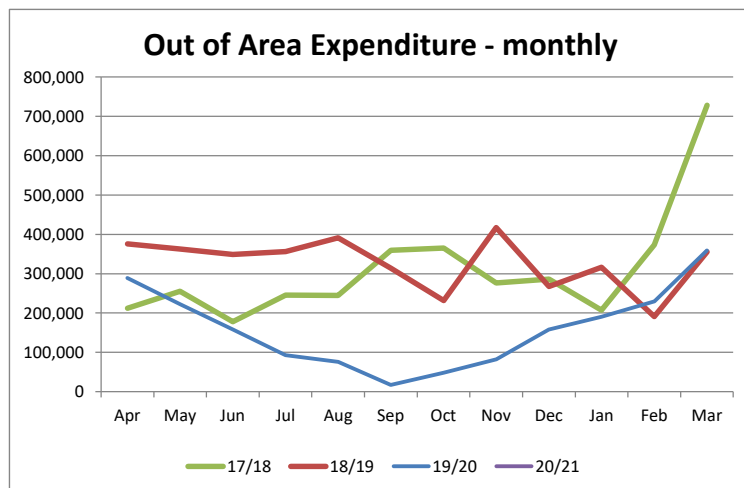
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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
20/21	157												157

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
20/21	110												110

Bed Day Information 2020 / 2021 (by category)													
PICU	92												92
Acute	18												18
Total	110	0	0	0	0	0	0	0	0	0	0	0	110



Out of area placements saw an increase in bed days and costs in Quarter 4 2019/20. As such the focus has remained to ensure that costs are minimised and care is provided in the most appropriate environment and location.

Activity has reduced to 110 bed days used. There was a further 60 which are paid by the commissioner.

Of these 92 days relate to gender specific PICU placements which the Trust does not provide

Usage continues to be monitored and action plans developed to ensure that this is minimised as far as possible.

	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	107,617	107,146	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	5,563	2
Non NHS Trade Receivables (Debtors)	953	678	
Prepayments, Bad Debt, VAT	2,219	2,955	
Accrued Income	1,904	2,167	
Cash and Cash Equivalents	36,417	54,082	3
Total Current Assets	48,307	65,683	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(2,178)	4
Capital Payables (Creditors)	(272)	(399)	
Tax, NI, Pension Payables, PDC	(6,311)	(6,455)	
Accruals	(10,869)	(11,025)	
Deferred Income	(1,462)	(19,935)	5
Total Current Liabilities	(23,016)	(39,992)	
Net Current Assets/Liabilities	25,291	25,691	
Total Assets less Current Liabilities	132,909	132,836	
Provisions for Liabilities	(8,724)	(8,652)	
Total Net Assets/(Liabilities)	124,185	124,185	
Taxpayers' Equity			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	12,763	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	61,231	6
Total Taxpayers' Equity	124,185	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 10. There has been minimal spend to date and depreciation charges continue thereby reducing the overall value.

2. NHS debtors remain higher than planned. The majority of these relate to final agreed invoices for 2019/20 and are expected to be cleared in May 2020. It has been agreed that one debtor for £1.6m will be paid in Q4.

3. 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 11.

4. In line with national guidance the Trust is now aiming to pay all valid invoices within 7 days. As such this has reduced the value of outstanding creditors at month end. Performance is highlighted by the Better Payment Practice Code.

5. Deferred income has increased significantly in April 2020 as the Trust received block income for both April and May 2020. The value for May was deferred in full.

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

3.1

Capital Programme 2020 / 2021

The Trust capital programme for 2020 / 2021 was initially agreed at £7.8m in January 2020. This excludes the capital impact of IFRS 16 (leases) which was due to become operational for the NHS on 1st April 2020. This has subsequently been deferred.

The impact of COVID-19 on this programme continues to be assessed and reviewed. The current scenario continues to be validated and constantly reassessed however work is expected to continue for those which can be done safely.

There are no COVID specific capital schemes relating to buildings. There is an element included within the IM & T plan linked to supporting digital solutions to different ways of working.

The new capital regime for the NHS has recently been announced. Nationally there is more capital available. The ICS has been provided a capital allocation which is 15% lower than the amount trusts included in their draft plan submissions. It is widely expected that a number of schemes will be delayed as a consequence of Covid-19. The Trust is currently working through what its most likely forecast is for 2020/21 with the aim of submitting a revised plan by the end of May.

	Year to Date Actual £k
Maintenance (Minor) Capital	
Facilities & Small Schemes	24
Equipment Replacement	2
IM&T	19
Total Spend	45

Current issues identified include increased timescales for work to be completed taking into account access and social distancing requirements, the availability of specific materials where the manufacturing process has been interrupted and the implications this has for the costs previously planned.

3.2

Cash and working capital

Overall the cash position remains positive for the Trust at £54m. This is an increase from the year end primarily due to the early national payment of the May 2020 block income values. This is shown in the reconciliation of working capital on the right. (note 1)

The main factor that will reduce the cash position is the implementation of the seven day payment policy. (note 2)

	Actual £k	Note
Opening Balances	36,417	
Surplus / Deficit (Exc. non-cash items & revaluation)	762	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	1,288	
Accrued Income / Prepayments	(999)	
Trade Payables (Creditors)	(2,170)	2
Other Payables (Creditors)	143	
Accruals & Deferred income	18,630	1
Provisions & Liabilities	(72)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	82	
Cash receipts from asset sales		
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received	0	
Closing Balances	54,082	

4.0

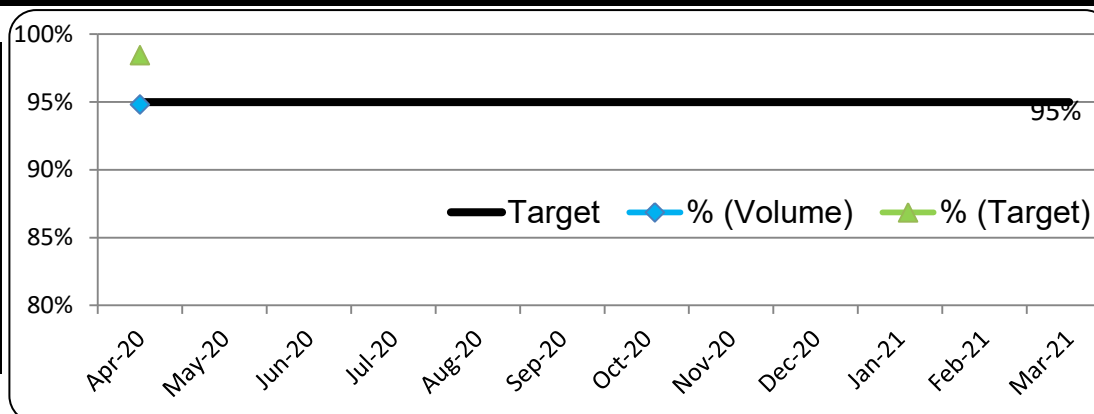
Better Payment Practice Code

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.

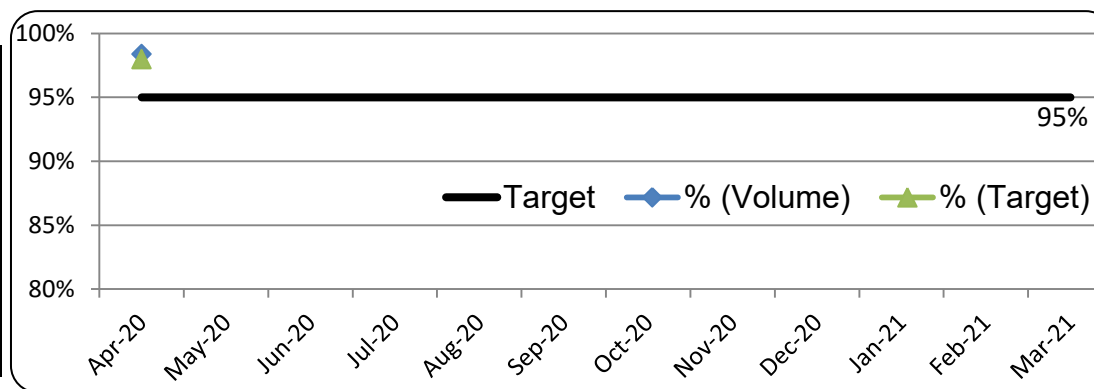
The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Performance continues to be positive.

As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

NHS		
	Number	Value
30 days	%	%
Year to April 2020	95%	98%
7 days		
Year to April 2020	75.0%	97.5%



Non NHS		
	Number	Value
30 days	%	%
Year to April 2020	98%	98%
7 days		
Year to April 2020	60.5%	37.1%



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 (£)
17-Apr-20	IT Services	Trustwide	The Phoenix Partnership (Leeds) Ltd	3137616	316,385
12-Mar-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3134254	158,395
06-Apr-20	Telephone and remote access	Trustwide	Virgin Media Payments Ltd	3136623	153,276
17-Apr-20	IT Services	Trustwide	The Phoenix Partnership (Leeds) Ltd	3137616	149,927
23-Mar-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3135255	100,917
06-Apr-20	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3136630	90,250
06-Apr-20	Telephone and remote access	Trustwide	Virgin Media Payments Ltd	3136620	84,726
03-Apr-20	Property Rental	Barnsley	Barnsley Metropolitan Borough Council	3136483	68,414
27-Apr-20	Protective Clothing	Trustwide	Grahame Gardner Limited	3138500	65,827
30-Apr-20	CNST contributions	Trustwide	NHS Litigation Authority	3138830	64,522
21-Apr-20	IT Services	Trustwide	Unit4 Business Software Ltd	3138076	61,569
22-Apr-20	Purchase of Healthcare	Trustwide	Cygnat (Surrey) Ltd	3138158	57,050
24-Feb-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3132536	46,475
17-Apr-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3137569	46,320
06-Apr-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3136652	41,831
24-Feb-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3132538	41,827
16-Apr-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3137444	41,688
30-Mar-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3135887	37,524
06-Apr-20	Drugs	Barnsley	Lloyds Pharmacy Ltd	3136652	34,570
10-Mar-20	Drugs	Barnsley	Lloyds Pharmacy Ltd	3133897	34,443
10-Mar-20	Drugs	Barnsley	Lloyds Pharmacy Ltd	3133897	33,454
08-Apr-20	Purchase of Healthcare	Forensics	Touchstone	3136890	32,161
31-Mar-20	Professional fees	Trustwide	Leeds Mind	3135982	31,091
23-Apr-20	Telephone and remote access	Trustwide	Vodafone Corporate Ltd	3138290	29,797
09-Apr-20	Electricity	Trustwide	EDF Energy	3137136	28,373
15-Apr-20	Electricity	Trustwide	EDF Energy	3137388	28,373
09-Apr-20	Electricity	Trustwide	EDF Energy	3137136	27,049
15-Apr-20	Electricity	Trustwide	EDF Energy	3137388	27,049
21-Apr-20	IT Services	Trustwide	Bionical Solutions Limited	3138080	26,496
27-Apr-20	Telephone and remote access	Trustwide	Virgin Media Payments Ltd	3138418	25,367

- * 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.
- * 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.

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 align with the NHSI rating system.

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