NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

May 2020

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for May 2020. As agreed at the March Trust Board interim reporting arrangements are in place 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 a number of 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.

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 Trust's approach to this is included in the Covid-19 response section. Wherever possible we have used the same date to provide Covid-19 data. Given the fact different staff provide different sections of the report there may be some references to data from slightly different dates. 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 national reporting requirements remain unchanged. Other sections remain in place with typically reduced content.

With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the May 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.

Given the fact that we are now three months into revised reporting arrangements it is opportune to review them during July to identify if any changes need to be made.

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.

KPI	Target	Jan-20	Feb-20	As at April 23rd 2020	As at 19th May 2020	As at 17th June 2020	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19							
No of staff off sick - Covid-19 not working [7]	N/A	N/A		**154**	**204**	**112**	
Shielding				54	59	52	
Symptomatic				69	118	46	
House hold symptoms				26	24	13	
OH Advised Isolation				5	1	0	
Other Covid-19 related				0	2	1	
No of staff working from home - Covid-19 related [8]				**125**	**136**	**107**	
Shielding				76	78	72	
Symptomatic				13	28	13	
House hold symptoms				29	23	13	
OH Advised Isolation				7	6	7	
Other Covid-19 related				0	1	1	
Number of staff tested [9]				90	603	1762	cumulative
No of staff tested positive for Covid-19 [10]				24	93	130	cumulative
No of staff returned to work (including those who were working from home)				683/962 = 71%	921/1246 = 73.9%	1183/1393 =84.9%	
No of staff returned to work (not working only) [13]				445/599 = 74%	609/807 =75%	800/908 =88.1%	
No of staff returned to work who were Covid-19 positive [12]				10	43	79	cumulative
No of Service users tested (ward)				41	65	103	Symptomatic
No of service users tested positive (ward)				9	10	29	Cumulative
No of service users recovered				8	9	28	One patient died not in SWYFT care.
Additional number of staff enabled to work from home				900	900	937	cumulative
Calls to occupational health healthline				311	316	796	May figure is cumulative to date.
Making SWYPFT a great place to work	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Forecast**
Sickness absence	4.5%	5.0%	5.0%	3.8%	4.0%	3.5%	
Staff Turnover	10%	12.1%	11.3%	11.9%	8.5%	7.9%	
Actual level of vacancies	tbc	12.6%	12.2%		8.7%	6.9%	
Improve people's health and reduce inequalities	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-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%	101/102 = 99.0%	1
Out of area beds [1]	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	139	175	137	23	3	2
IAPT - proportion of people completing treatment who move to recovery [4]	50%	55.4%	52.4%	55.7%	*51.4%*	*49.2%*	1
Delayed Transfers of Care	3.50%	0.7%	1.8%	1.9%	2.0%	1.7%	1
Improve the quality and experience of care	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-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	23	22	40	43	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	15	12	6	15	20	
Total number of Children and Younger People under 18 in adult inpatient wards	*TBC*	1	0	2	1	2	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [2]	trend monitor	46.3%	45.6%	45.4%	41.1%	40.1%	
Improve the use of resources	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Forecast**
Surplus/(Deficit)	In line with Plan	£348k	(£49k)	(£968k)	-	-	
Agency spend	In line with Plan	£558k	£581k	£613k	£469k	£507k	
Single Oversight Framework metric	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	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.

13 - Number of staff who have returned to work who were unable to work during their absence.

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 inpatients during May shows positive position, the impact of current working demands upon the workforce remains an important focus
• Testing arrangements mature and achieving desired position
• Incident levels within usual parameters whilst subject to regular review
• Enhanced clinical risk scan continues to monitor impact of Covid-19 on mental health, some themes emerging
• Business continuity planning continues to show benefits
• Covid-19 guidance regularly updated in response to emerging directives and advice.
• CQC issue new emergency support framework including infection prevention control assurance framework.

NHSI Indicators
• Two young people under the age of eighteen were admitted to an adult ward in May for a total of 5 days
• Inappropriate out of area bed usage amounted to 3 days in May, which was the lowest number recorded in recent times
• Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery shows a dip to 49.2%
• 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
• Support to care homes, particularly those with Covid-19 symptomatic and positive residents being provided by Barnsley community services
• Early supported discharge for stroke services launches formally in July
• The number of referrals across CAMHS has reduced.
• CAMHS waiting numbers in Barnsley and Wakefield have reduced
• Suspension of group-based activity in Barnsley IAPT services has reduced activity levels
• Cohorting procedures for acute and older people's services are in place
• Stanley ward has created a 'message of kindness' display and in other wards a patient thought board has been introduced for service users to write their thoughts to help express themselves during the pandemic
• Occupancy in inpatient wards is increasing and high levels of acuity are being experienced
• A number of people on psychology waiting lists in Calderdale have commenced therapy by video or phone
• The forensic development plan remains a priority

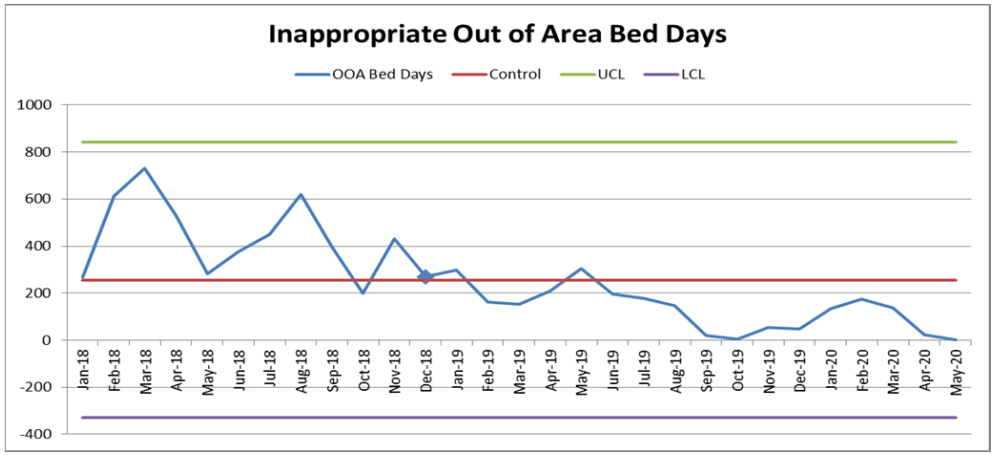
Priority Programmes
• The Trust continues to work with partners across both integrated care systems particularly on the response to Covid-19 with a recent focus on stabilisation and reset
• Work has continued on providing care to closer to home and minimising the use of out of area bed placements
• Waiting lists for CAMHS continue to come down in both Barnsley and Wakefield
• CAMHS improvement action plans have been reviewed and updated to take account of the impact of Covid-19
• The forensics improvement plan has been reviewed and updated with key actions from feedback reports incorporated
• Work has commenced on implementing electronic prescribing and medicines administration

Finance
• Interim financial arrangements in place for April through to July.
• £482k of costs identified as being reasonably incurred as part of the Covid-19 response
• In month 2 there was a deficit recorded pre final top-up of £242k. It has been assumed this will be reimbursed to enable the Trust to break-even. The main issues are a) the lack of CAMHS income for Barnsley due to the timing of the calculation of block income compared to planned changes in commissioning arrangements and b), forensic CAMHS income and income for the community forensics pilot from the specialist commissioner, again due to timing differences
• Taking the above into account a break-even position has been reported (follows instructions in the national guidance)
• Agency staffing costs cam to £0.5m in May, a small increase compared to April
• The cash balance has increased to £54.9m
• Out of area bed costs reduced to £55k in May
• Capital expenditure remained light in May with planning and prioritisation work for the remainder of the year now starting in earnest.
• 83% of all third party invoices were paid within 7 days of receipt of goods or services.

Workforce
• As at June 17th 112 staff off work and not working as a result of Covid-19 diagnosis, symptoms, household symptoms or shielding, with a further 107 working from home
• 1,762 staff tested for Covid-19 as at June 17th with 130 returning a positive result
• Non-Covid staff sickness at the end of June was 3.5%
• Staff turnover has reduced to 7.9% and the actual level of vacancies has fallen to 6.9%

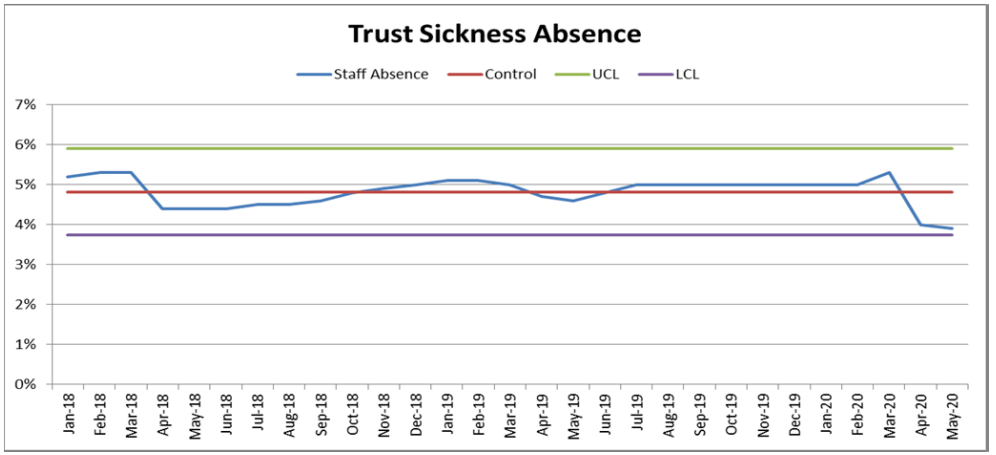
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



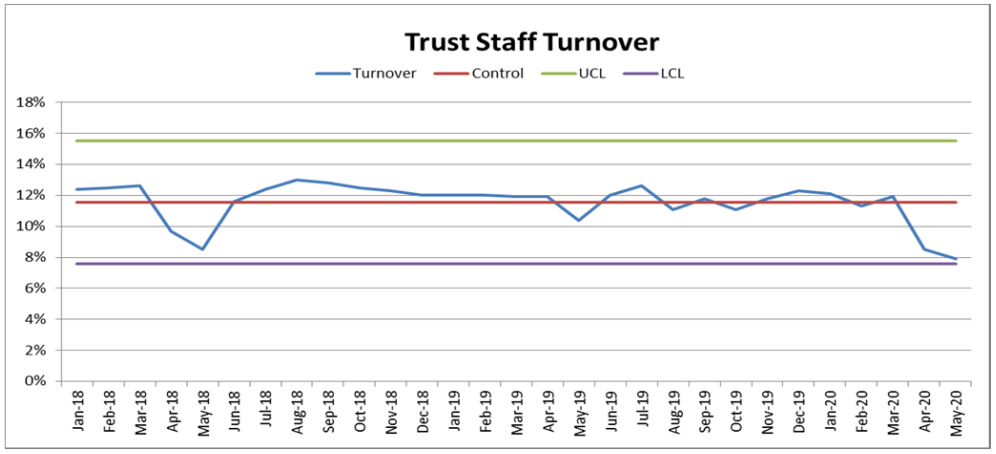
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



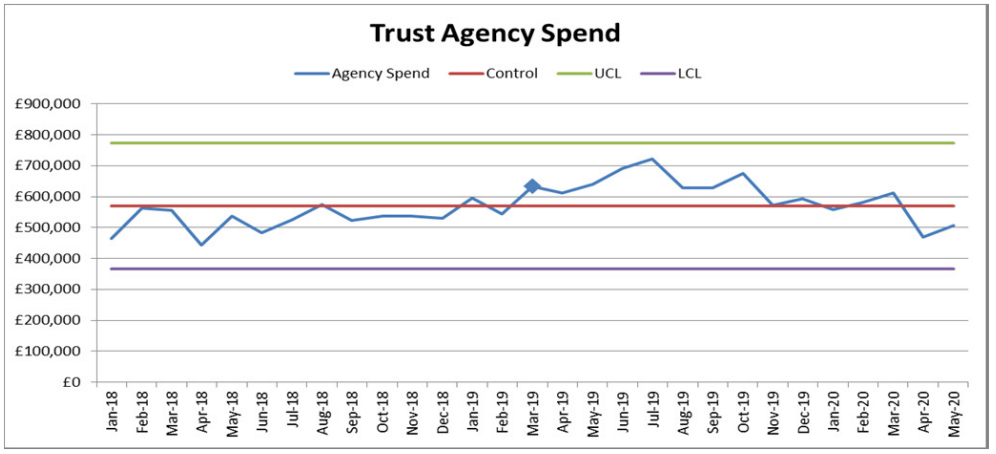
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



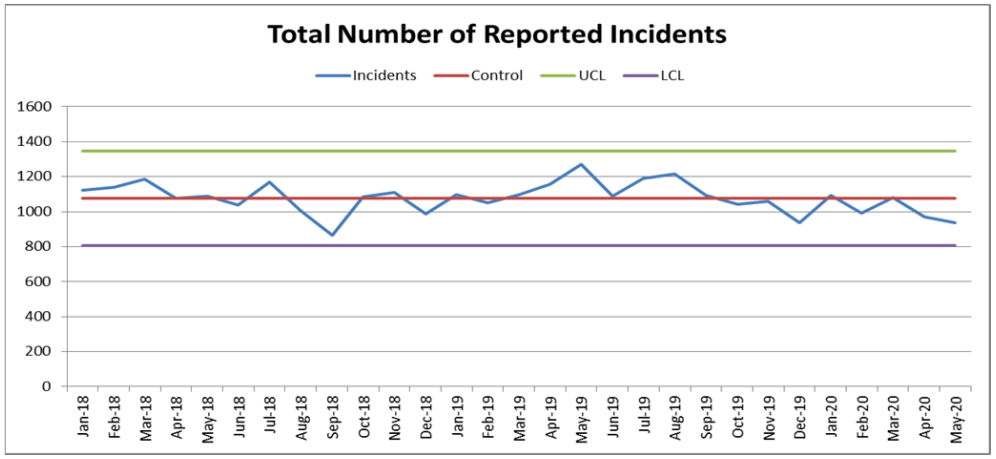
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that staff turnover levels are within the expected range.

Agency Spend



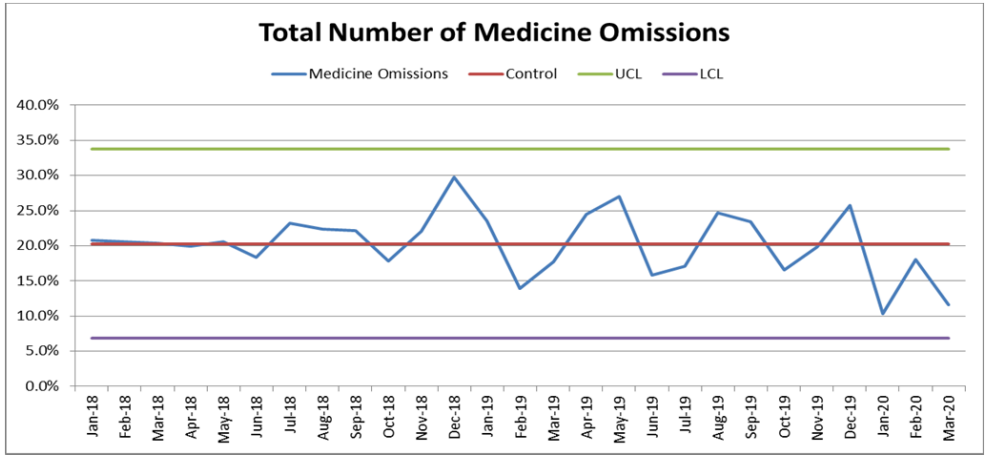
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

Incidents



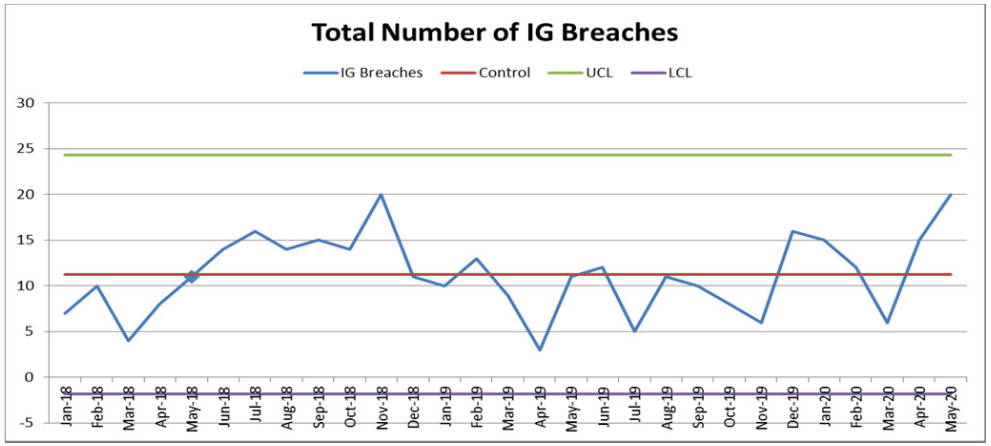
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Medicine Omissions



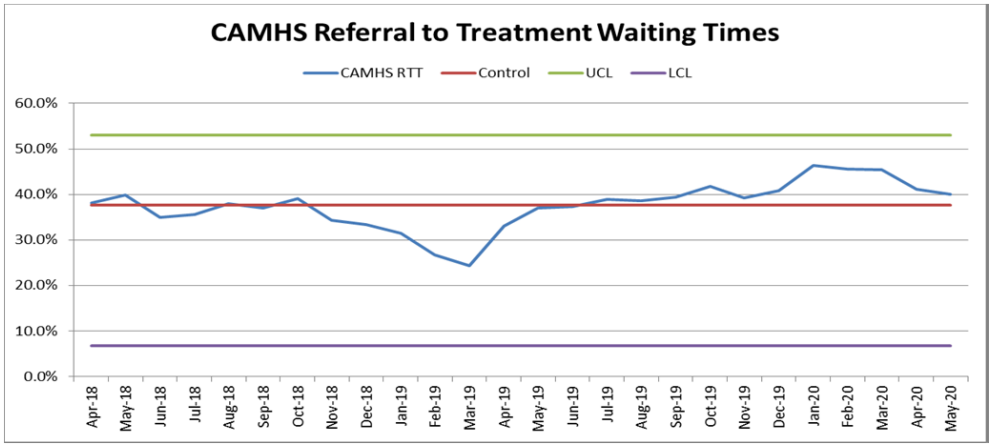
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that medicine omission levels are within the expected range. This information is no longer available after March 2020.

IG Breaches



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

CAMHS Referral to treatment waiting times



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

Free up maximum possible inpatient and critical care capacity

• In response to the national request the Trust has developed a refined service offer across general community services in Barnsley in line with current emergency planning arrangements. The aim of this has been to accommodate more acute care in the community setting and reduce exposure for vulnerable patients.
• In Barnsley general operations the discharge to assess (D2A) service has completed 606 assessments (27.3.20 - 21.6.20).
• 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 of usage are 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.

Covid-19 response

Support our staff and maximise staff availability

• Testing is being provided for symptomatic colleagues within 48 hours of their symptoms being identified
  • To date 1762 tests have been carried out on staff and household members
  • 1334 members of staff have undergone testing – this represents 26.7% of the workforce
  • Of these 130 (9.7.%) were 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 was as a face to face contact during the pandemic period. The Trust has supported a large proportion of staff that are able to work from home and this has been facilitated by increasing the availability of appropriate IT solutions. We are seeing some successful implementations of this across a number of services, particularly in our corporate support service functions. 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 – Over 100 year 2 and 3 students on placement until end of July. Those students who have secured full time employment with SWYPFT post-graduation will remain employed until September. Response to the Trust's retires and return scheme has been excellent. As of June the Trust has seen a total of 70 staff offer their services back into the Trust and we are continuing to receive further offers of support. 35% of those staff have been utilised with the rest on retention for future covid related requirements.

• 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 796 calls for general advice and support and 11 calls to the psychological support line.

• The Trust has previously 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. Risk assessments are being completed for BAME staff. At the time of writing this report 98% have been completed with 100% expected by June 26th.

• 1807 antibody tests have been carried out for Trust staff, this equates to 39% of staff being tested for anti-bodies. Approximately 12% have recorded a positive test result.

The Trust has continued to undertake extensive work securing 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(s)
• Trustwide Talent Pool
• 'Above the bar' general recruitment

NHS England have co-ordinated 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 reached out to staff that follow the Trusts standard recruitment campaign via @NHSYorksJobs. We 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 potential employees 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 has been done prior to start. All staff have undertook a revised fast track local and trustwide induction. The majority of staff returning have being brought on via bank contracts, though this has been done on a case-by-case basis.
In total as at the beginning of June, a total of 60 staff have offered their services back into the Trust and we continue to receive further offers of support. Only clinical frontline staff are being utilised through our various BBS schemes presently. Admin support within the Trust is being managed effectively through individual team redeployment and the Trusts internal talent pool.
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 12 staff have approached the Trust via the national scheme.
2 medics, 10 clinical staff.
1 medic has been employed on a 12 month contract into the IHBTT team in Kirklees and began in the Trust on the 13th April. Another medic is currently being assessed for assistance within our Forensic provision. 4 clinical staff have been placed in various areas of the Trust (Barnsley NNT, Barnsley Stroke, Learning Disabilities nursing Calderdale). Two clinical staff have gone into the Trust bank and 4 awaiting deployment/on standby (all clinical).

BRING BACK STAFF SCHEME – RETIRE & RETURN
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), and 9 admin staff
11 clinical staff have been placed. These have been matched into need for support into a number of frontline services across the Trust. The Trust has implemented an FFP3 fit mask test team utilising some of these staff.
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 once existing staff need leave/cover for time off etc.

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

ABOVE THE BAR GENERAL RECRUITMENT
In the last month we have also implemented an 'above the bar' scheme within our general recruitment process. All current clinical vacancies that are set for interview in the following 7 day period are assessed. Once the operational/hiring manager for each post has conducted suitable skype/Teams/Zoom 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 or alternative vacancies commensurate to the post they have applied for. Criteria have been set to meet these staff being appointed. As of the time of this report 3 further staff have been signposted to other vacancies in the Trust for employment.

Covid-19 response

Summary

MEDICAL/CLINICAL

	PLACED	IN PROCESS	REGISTERED/FUTURE	NOT APPOINTABLE
BBS NATIONAL	5	1	5	1
BBS TRUSTWIDE R&R	7	2	14	
BBS TRUSTWIDE SM	1		3	1
ABOVE THE BAR		3		
TOTAL	13	6	22	2

NON/CLINICAL

	PLACED	IN PROCESS	REGISTERED/FUTURE	NOT APPOINTABLE
	1		13	1
			2	3
	1	0	15	4

ALL STAFF RECRUITMENT

	PLACED	IN PROCESS	REGISTERED/FUTURE	NOT APPOINTABLE
BBS NATIONAL	5	1	5	1
BBS TRUSTWIDE R&R	8	2	27	1
BBS TRUSTWIDE SM	1	0	5	4
ABOVE THE BAR	0	3	0	0
TOTAL	14	6	37	6

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 jointly respond 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 and will be reviewed in line with new guidance.
- 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, although preparatory work is now taking place to plan for the remainder of 20/21.
- 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. Stock levels remain sufficient for current need and we participate in mutual aid schemes.

The Trust is part of two Integrated Care Systems (ICS) but is strategically linked to the West Yorkshire and Harrogate ICS in terms of PPE stock monitoring and the giving and receiving of mutual aid PPE items. Over the past three months the Trust has received numerous PPE items via mutual aid from our ICS colleagues equating to 130,000 Type IIR surgical face masks, 4,000 non-sterile gowns, over 4,000 hand sanitisers, disposable aprons, examinations gloves and a large supply of safety visors. We have also provided PPE mutual aid to our neighbouring Trusts including FFP3 surgical face masks, Type IIR surgical face masks, sterile gowns and disposable aprons, we are also currently working with the ICS on securing a supply of transparent face masks which will be used in a number of our Healthcare services

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 - Inpatients

In anticipation of the impact from the Coronavirus pandemic, business continuity plans were developed and plans developed to mitigate risk. Our BDUs and teams have been particularly proactive in assuring that staffing fill rates remains largely unaffected by the virus and resultant increase in sickness or self-isolation. As previously mentioned this has included the introduction of overtime – with attention being given to the potential for burn out among our substantive staff – agreeing to cancelling annual leave where practical and flexing staff where safe to do so.
As discussed, our bespoke ward was opened within the forensic BDU after positive cases were noted and this was staffed from within that BDU utilising overtime, but also bank and agency.
Below shows the impact of an increase in the usage of bank/OT/excess hours on agency spend.

Agency & Bank Inpatient Areas Nursing Staff - June 19 - May 20

Type	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Total
Registered Agency	36,164	32,536	34,307	28,764	25,891	21,781	25,937	36,034	24,756	28,078	23,735	28,959	346,941
Non-Registered Agency	142,668	149,406	178,069	173,780	173,405	184,066	155,701	129,043	143,283	174,107	67,138	105,578	1,776,243
Registered Bank	177,184	176,558	210,250	158,073	159,688	219,832	165,462	179,536	158,610	220,420	131,627	202,421	2,159,661
Non-Registered Bank	324,155	346,827	431,936	385,667	350,700	415,111	325,278	378,651	302,537	423,081	272,468	409,991	4,366,404
Total	680,171	705,327	854,562	746,284	709,684	840,790	672,378	723,264	629,187	845,686	494,968	746,949	8,649,250

Inpatient Areas Overtime - June 19 - May 20

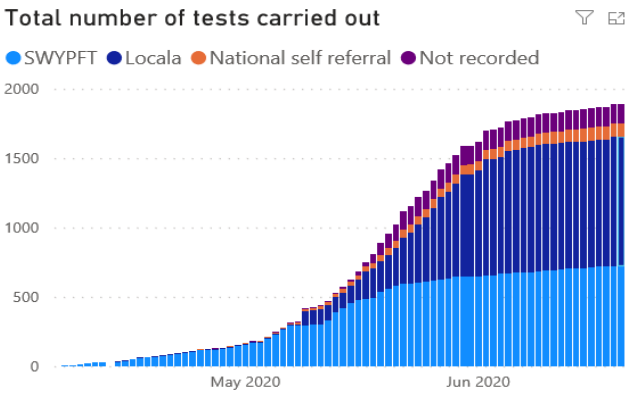
BDU	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Barnsley				50					86		4,863	14,549
Cald & Kirklees			501	339	38		76	87			2,086	9,668
Forensics	45	97	38	69	7,664	2,079	3,863	8,411	56,603	66,864	77,920	104,660
Specialist					139		144				152	817
Wakefield	87	447	518				49	95	125	3	11,739	36,164
Total	132	544	1,057	458	7,841	2,079	4,132	8,593	56,814	66,867	96,760	165,859

The Trust has also issues some additional guidance in relation to annual leave as a large number of leave has been cancelled since April 20. This guidance includes the following points :

- Extended carry over of annual leave from 2020/2021 to 2021/2022 and 2022/2023 of 10 and 5 days respectively to ensure leave can be taken safely for both staff and services.
- Review of all planned and proposed annual leave in consultation with staff to ensure staff can take leave, as far as reasonable, at a time suitable to them and the service.
- Ensuring all staff take a minimum number of 20 days annual leave and 8 bank holidays throughout the rest of the 2020/2021 leave year to support their wellbeing.
- In exceptional circumstances the option for service and staff safety for a buyback of annual leave of up to 5 days subject to an agreed service business case.
- All leave for the year should be booked by 30 June 2020

Testing

As at 8th June 1762 swab tests have been recorded for staff/household members via the various testing streams.
This includes over 1334 members of staff, meaning over 26.7% of our staff have had a swab test.



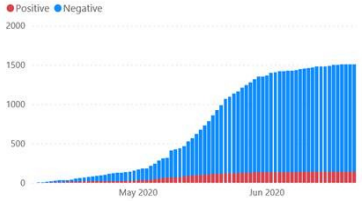
Covid-19 response

COVID-19 Staff Testing

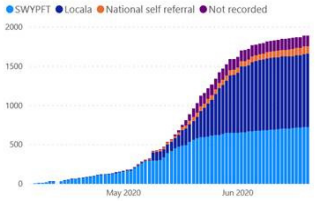
Data as of: 22/06/2020 1:50 PM

So far **1525** COVID-19 test results have been recorded. Of these **146** were positive and **1379** were negative. Go back...

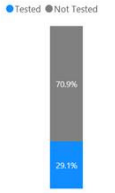
Cumulative Test Results (by date of test)



Total number of tests carried out

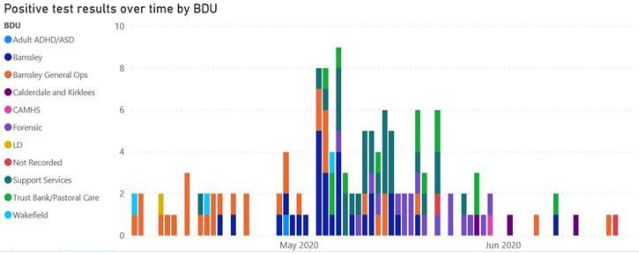


Staff Tested

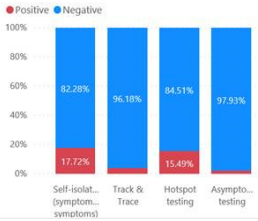


Staff Test Results

Positive test results over time by BDU



Test results by reason for testing

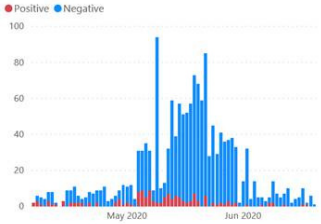


COVID-19 Staff Testing

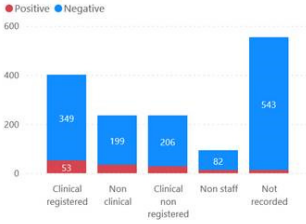
Data as of: 22/06/2020 1:50 PM

So far **1525** COVID-19 test results have been recorded. Of these **146** were positive and **1379** were negative. More charts...

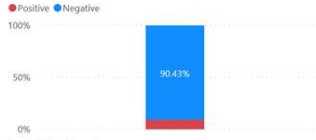
Test Results (by date of test)



Test results by staff type

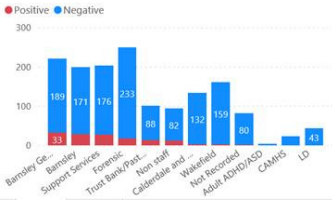


Overall test results

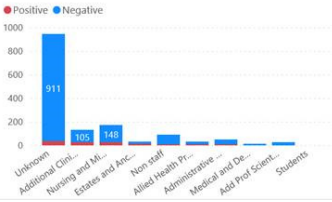


Tests Declined

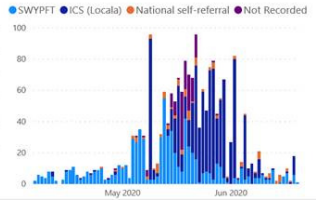
Test results by BDU



Test results by staff group



Number of tests carried out each day



Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Improving Health	Responsive	CH	TBC	39.9%	41.0%	46.3%	45.6%	45.4%	41.1%	40.1%	N/A
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%	0% 0/14	1
	Written complaints – rate [14]				trend monitor	Due June 20							
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	24	17	35	17	11	13	13	N/A
	Number of Duty of Candour applicable incidents [4]	Improving Health	Caring	TB	trend monitor	19	17	39	19	295 incidents during 19/20	39	Due July 20	
	Duty of Candour - Number of Stage One exceptions [4]	Improving Health	Caring	TB	trend monitor			11			2		N/A
	Duty of Candour - Number of Stage One breaches [4]	Improving Health	Caring	TB	0	0	0	0	0	0	0		1
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%								1
	Number of Information Governance breaches [3]	Improving Health	Effective	MB	<=9	6	16	15	12	6	15	20	2
	Delayed Transfers of Care [10]	Improving Care	Effective	CH	3.5%	1.0%	1.6%	0.7%	1.8%	1.9%	2.0%	1.7%	1
	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%	90.4%	Due July 20	N/A
	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%	71.2%	Due July 20	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1058	936	1093	991	1081	969	937	
	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	33	
	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	4	
	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	4	2	2	6	
	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		2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	119.0%	111.2%	112.9%	108.0%	109.9%	115.1%	119.4%	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%	94.3%	
	Number of pressure ulcers (attributable) [1]	Improving Care	Safety Domain	TB	trend monitor	42	46	44	36	31	46	46	
	Number of pressure ulcers (avoidable) [2]	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	% 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%	91.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	38	46	48	47	44	38	45	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	227	174	218	139	189	173	160	
	% 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%	91.5%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	1	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1

** 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.*

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 e.g. 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

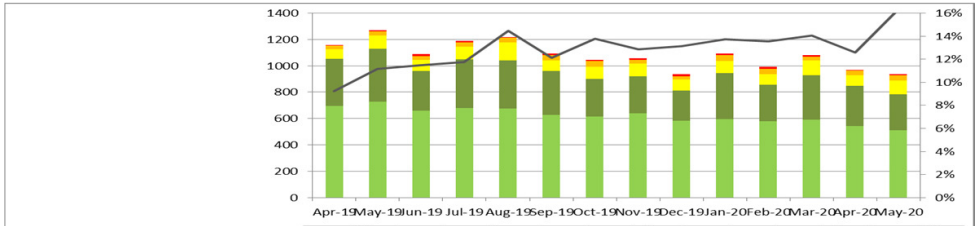
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.
• Number of restraint incidents - the number of restraint incidents during May reduced from 173 to 160. Further detail can be seen in the managing violence and aggression section of this report.
• NHS Safety Thermometer - medicine omissions. 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.
• Number of falls (inpatients) – A slight increase in May from 38 to 45 - this appears to be in line with incidents reported in previous months. 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.

NHS Improvement consultations and developments for the NHS patient safety strategy have been suspended.
Guidance has been received from NHS Improvement regarding changes to patient safety activity during Covid-19.
During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:
• Responsibilities for completion of the degree of harm field and timeliness of reviewing incidents
• Policy terminology and definitions to ensure they align with Datix (e.g. closed date, near miss definition, Green1 (no harm) severity)
• Investigation timescales for incidents of all grades, and where relevant, how we manage investigation extensions.
• Level of performance information in clinical risk reports for Operational Management Group (OMG).

Safety First

Summary of Incidents April 2019 - May 2020

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



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Red (should not be compared with SIs)	5	9	14	11	4	10	9	12	14	11	13	11	6	8
Amber	30	32	30	33	34	39	41	31	26	46	41	30	35	41
Yellow	72	101	81	96	138	83	94	93	83	93	80	111	81	104
Green	357	402	302	371	365	331	284	283	229	347	277	336	303	275
Green no harm	694	726	660	679	676	628	616	639	584	596	580	593	544	509
Total	1158	1270	1087	1190	1217	1091	1044	1058	936	1093	991	1081	969	937
Percentage of total that are Red/Amber/Yellow *	9.2%	11.2%	11.5%	11.8%	14.5%	12.1%	13.8%	12.9%	13.1%	13.7%	13.5%	14.1%	12.6%	16.3%

** 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.

Degree of harm analysis:

Degree of harm will be updated when more information emerges around the incidents 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 the outcome. This can be delayed due to length of time to review incidents, and the volume. This is a constantly changing position and we can only report on what is recorded at a point in time.
Deaths: of the 6 deaths reported, 3 Deaths are awaiting confirmation of cause of death for decision regarding level of review. The other 3 deaths are suicide (incl apparent) - community team care - current episode. These occurred on older people's service (Barnsley), early intervention service (Insight) – Kirklees and Core Team South – Kirklees.
Severe harm: There were 4 severe incidents reported, 3 incidents were a grade 4s pressure ulcer reported by the neighbourhood nursing team Barnsley and 1 incident related to sexual abuse by other to patient reported by enhanced team north 2 - Kirklees
Moderate harm: Of the 33 incidents – these have been analysed and these are across a range of incidents, with no particular patterns or trends. Degree of harm will be updated when more information emerges and incidents are approved, so the position may change. Pressure ulcers continue to be the highest category of moderate harm incidents with 22 incidents (all neighbourhood nursing, Barnsley). There are no particular patterns or trend.
There are 5 self-harm incidents (1 at intensive home based treatment team (IHBTT) – Barnsley, 1 at enhanced calder valley team – Calderdale, 2 at Walton PICU (Trinity 1), and 1 at Ward 18, Priestley Unit)
There was 1 adult safeguarding incident at mental health liaison team (RAID) - Calderdale and Kirklees. 1 unwell/illness incident (Elmdale Inpatient Services Ward). 1 infection prevention/control incident (Beamshaw Ward – Barnsley). 1 slips, trips and fall (Ward 19 - Priestley Unit) and 2 violence and aggression incidents (Newhaven Forensic learning disabilities unit & Walton PICU)
Degree of harm will be updated when more information emerges and incidents

Safety First cont…

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

	Q1 20/21 (April & May only)	Q2 19/20	Q3 19/20	Q4 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Death - confirmed as accidental	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Death - confirmed from physical/natural causes	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Security - Other	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Self harm (actual harm) with suicidal intent	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Substance Misuse	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Suicide (incl apparent) - community team care - current episode	2	10	4	5	1	2	2	5	2	3	2	1	1	4	0	1	0	2
Suicide (incl apparent) - community team care - discharged	0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Suicide (incl apparent) - inpatient care - current episode	0	0	0	4	0	0	0	0	0	0	0	0	0	1	2	1	0	0
Unintended/Accidental injury	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Homicide by patient	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical violence (contact made) against staff by patient	0	0	1	2	0	0	1	0	0	0	0	1	0	1	1	0	0	0
Pressure Ulcer - Category 3	0	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0
Total	4	12	8	15	3	5	4	6	2	4	2	2	4	9	4	2	0	4

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.

See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.
- No never events reported in May 2020
- Patient safety alerts not completed by deadline of May 2020 - None

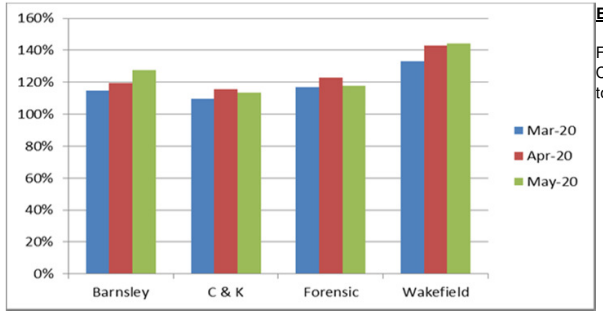
Mortality

Learning: Paused during Covid 19 period. Work is planned to continue to develop thematic learning summaries for sharing across the Trust.
Regional work: No further meetings currently arranged.
Reporting: A summary of mortality reporting has been prepared and included in the Incident annual report 2019/20. Further analysis will be carried out later in the year. Analysis of learning disability deaths in 2020 (to 31/5/20) has been completed and shared via Clinical risk panel.
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 Inpatients

The staffing fill rates for May 2020 included a proportion of staff either self-isolating or shielding due to the Covid-19 virus as well as staff redeployed to core services. There has also been an influx of student nurses opting to take up an extended paid placement (75 to date). Additionally, the Bring Back to Work project and those who have retired and returned also supported our staffing fill rates. Our bank recruitment project has also continued.
The Trust has continued with the extensive Covid-19 testing programme, for both symptomatic and asymptomatic staff, internally and externally .This has proven to be successful. Antibody testing has also been introduced and the Trust has embarked on the track and trace programme. In response to a number of our service users testing positive for Covid-19, our bespoke Covid-19 ward was also opened within forensics increasing staffing pressures as you will see in the figures below. Due to the ability of our staff to contain the virus, the ward is currently closed.
No ward has fallen below the 90% overall fill rate threshold in May. Of the 31 inpatient areas, 29 (92.8%), an increase of two wards on the previous month, achieved greater than 100%. Indeed of those 29 wards, 10 (a decrease of one ward) achieved greater than 120% fill rate.
Registered On Days -Trust Total 88.3% (a decrease of 2.3%). The number of wards that have failed to achieve 80% registered nurses increased by four wards on the previous month to 13 (41.6%). Eight wards were within the Forensic BDU, one in Wakefield, one in Barnsley and three in Calderdale and Kirklees. All inpatient areas remain under pressure from a staffing perspective. Covid – 19 has had an impact, including the opening and staffing of our bespoke COVID-19 ward as mentioned above. This impacted on the distribution of registered staff. Other contributory factors included 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. We are expecting an influx of new band 5 starters from September onwards – numbers will be included in next month's stats.
Registered On Nights- Trust Total 100.3% (a decrease of 0.5%). Three wards (9.6%), an increase of two on the previous month, fell below the 80% fill rate in the month of May. These were all within the forensic BDU. This was due to a number of reasons reflective of the reasons in the section above. The number of wards who are achieving 100% and above fill rate on nights increased by one to 22 (70.4%). Two wards utilised in excess of 120%.
Overall fill rate for registered staff is 94.3%

Ward Name	Mar-20 Average Fill Rate - All Staff (%)	Apr-20 Average Fill Rate - All Staff (%)	May-20 Average Fill Rate - All Staff (%)
Beamshaw	103.2%	107.1%	121.6%
Clark	102.5%	95.5%	92.5%
Melton Suite PICU	124.8%	128.5%	133.9%
Neuro Rehab Unit	129.9%	121.1%	152.2%
Stroke Rehab Unit	95.7%	113.1%	118.7%
Willow Ward	112.7%	121.2%	114.9%
Ashdale	90.9%	96.0%	104.7%
Beechdale	123.7%	102.5%	116.4%
Elmdale	93.8%	97.6%	107.5%
Enfield Down	91.4%	102.5%	107.9%
Lyndhurst	95.8%	103.9%	111.1%
Ward 18	97.2%	107.3%	116.2%
Ward 19 - Female	106.8%	117.3%	105.4%
Ward 19 - Male	103.4%	103.8%	107.0%
Appleton	102.9%	113.3%	103.0%
Bronte	119.6%	133.4%	117.5%
Chippendale	95.0%	95.7%	97.0%
Hepworth	104.5%	110.0%	109.0%
Johnson	154.8%	173.1%	171.1%
Newhaven	112.6%	106.6%	105.0%
Priestley	100.1%	116.2%	102.6%
Ryburn	106.4%	117.3%	106.7%
Sandal	124.8%	131.0%	121.9%
Thornhill	100.7%	114.1%	106.9%
Waterton	140.3%	129.2%	133.9%
Crofton	122.0%	136.4%	119.8%
Horizon	122.7%	120.8%	119.6%
Nostell	103.6%	126.5%	141.1%
Poplars	143.4%	143.3%	154.8%
Stanley	100.7%	109.8%	137.0%
Walton PICU	107.9%	101.4%	124.2%
All Wards	109.9%	115.1%	119.4%



BDU Overall Fill Rates

Forensic and LD BDU decreased from 123% to 118%. Barnsley increased from 120% to 128%. Calderdale and Kirklees BDU decreased from 116% to 114%. Wakefield BDU increased from 143% to 144%.

In anticipation of the impact from the Coronavirus Pandemic, business continuity plans were developed and plans developed to mitigate the risk to staffing inpatient areas .

Our BDUs and Teams have been particularly proactive in assuring that staffing fill rates remains largely unaffected by the virus and resultant increase in sickness or self-isolation. As previously mentioned this has included the introduction of over time – with attention being given to the potential for burn out among our substantive staff – agreeing to cancelling annual leave where practical and flexing staff where safe to do so.
As discussed, our bespoke COVID-19 ward was opened within the forensic BDU after positive cases were noted and this was staffed from within that BDU utilising overtime, but also bank and agency.

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

Figure 1 includes the increase in overtime rising since its introduction to the forensic BDU in January and other BDUs since March and the start of the impact of COVID-19.

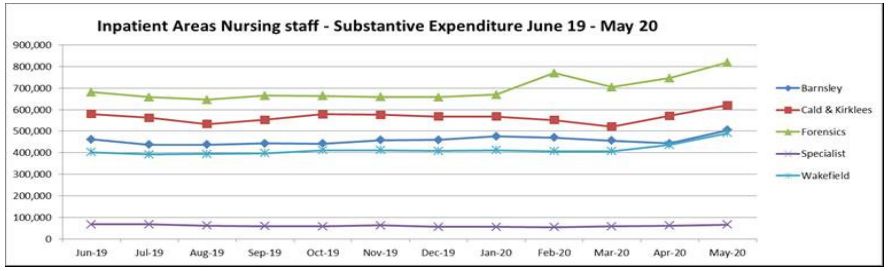


Figure 2 shows the initial drop in bank expenditure in April for various reasons including the introduction of overtime but also annual leave and mandatory training cancellation.

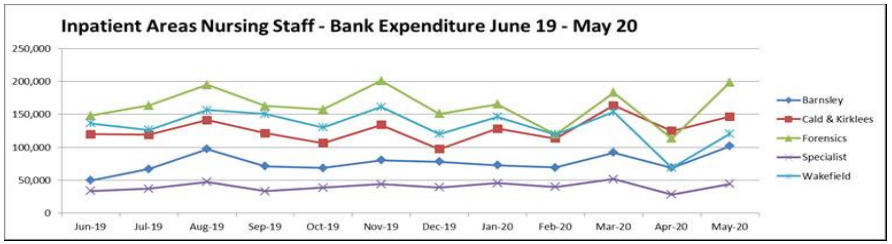
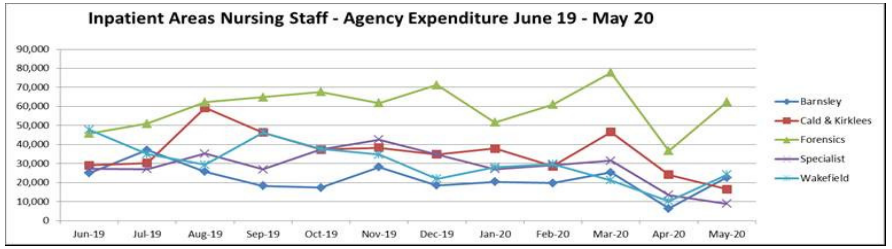


Figure 3 is reflective of the initial dip in agency spend followed by a gradual increase.



All the figures indicate that there was an initial dip in bank and agency spend/usage in the areas where overtime was introduced followed by an increase in bank, agency and overtime. This is reflective of the increase in acuity, including a need for closer levels/escorts of service users being diagnosed with Covid-19 or related symptoms as well as staffing the bespoke ward within the forensic unit.

Throughout the last month the main wards where staffing was a raised concern were ward 18, Sandal, Melton Suite, Beamshaw and Newton Lodge. Shifts were picked up quickly and the fill rate of requested flexible staffing shifts remained high.

Information Governance

May saw another increase in confidentiality breaches with 20 being reported, compared to 15 in April. This is the highest number of incidents reported in a single month since late 2018. 14 breaches were due to information being disclosed in error verbally or due to correspondence being sent to the wrong recipient or information about others being included in correspondence in error. The remaining 6 were due to lost information, that was later found, or information being misfiled that was then located in the wrong records. No incidents required reporting to the ICO.

Of the two incidents of inappropriate verbal disclosures that were previously reported to the ICO, one has been closed and, following further investigation, has been downgraded. Additional information has been provided to the ICO in respect of the second incident and a response is awaited.

Commissioning for Quality and Innovation (CQUIN)

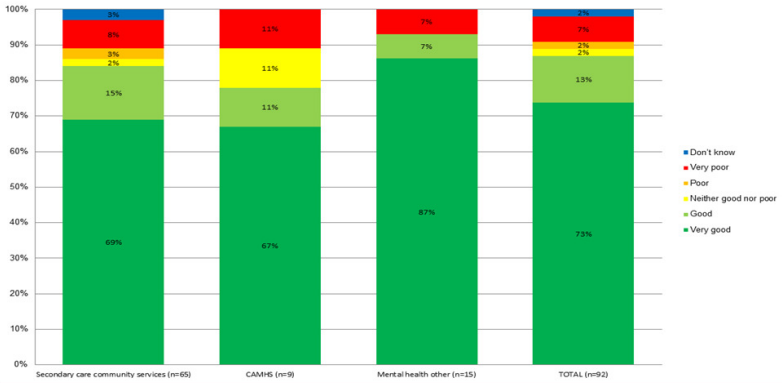
Quarter 4 position agreed with commissioner and full achievement granted. Schemes for 20/21 have been paused during the Covid-19 pandemic period.

Patient Experience

Friends and family test shows

- 100% of respondents would recommend community services.
- 86% would recommend mental health services.

Mental Health Services



Community Services

100% would recommend community services. There were only 2 responses for May.

Care Quality Commission (CQC)

CQC inspection and MHA visits

While routine inspections have been paused, CQC say they have continued to inspect in response to risk and concerns raised, and services have remained subject to close monitoring using a range of intelligence sources. This includes an additional monitoring tool – the Emergency Support Framework (ESF). The ESF helps CQC better understand the impact of COVID-19 on staff and people using services and identify where they may need to inspect, or escalate concerns to partner organisations.

As the situation evolves and the impact on the health and social care system changes, CQC will be adapting the ESF tool to be used alongside their responsive visits and a managed return to routine inspection of lower risk services in the autumn. Inspectors are now scheduling inspections of higher risk services to take place over the summer.

CQC continue to undertake our 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.

CQC improvement plan

In July core services will resume sending their monthly updates since this was paused due to the COVID-19 pandemic. There will be particular emphasis on five key 'must do' actions. These will focus on risk assessments, care planning, reduction of incidents of violence and aggression against staff, safe medicines and treating service users with dignity and respect. Due to the pandemic, extended timescales have been put in place for actions to be completed.

Closed cultures

CQC have issued updated guidance in relation to closed cultures and the measures that are being introduced. This is a follow-up from the guidance that was initially produced following the BBC Panorama documentary in May 2019 which exposed a culture of abuse and human rights breaches of people with a learning disability at Whorlton Hall, a privately run NHS funded unit. Following the programme CQC commissioned tow independent reviews into their regulation of Whorlton Hall that highlighted a number of shortfalls in the CQC regulation processes and reporting mechanisms. The new guidance will enable CQC to better identify and respond to services that might be at risk of developing closed cultures. In producing this guidance CQC worked with people who use services, Experts by Experience, families, Local Healthwatch and other stakeholders. All CQC inspectors and their regulatory colleagues will be required to undertake a series of training sessions throughout summer 2020 on the guidance and closed cultures more broadly. CQC are also looking to involve other people in this work through an Expert Advisory Group. The intention is that this group will consist of people with lived experience or through professional expertise in:

- Hospitals that care for autistic people or those with a learning disability
- Mental health hospitals, where people are detained under the Mental Health Act
- Services that use Deprivation of Liberty safeguards through the Mental Capacity Act including social care services.

CQC engagement meeting

We recently held our CQC engagement meeting via Microsoft Teams on 16 June. During this meeting CQC provided some positive verbal feedback on the actions we have taken to help maintain our care and services during the COVID-19 pandemic.

Safeguarding

Safeguarding Children and Adults

• During Covid-19 safeguarding activity has remained critical and the service offer has not changed. Staff can access training, supervision and advice and external training to maintain the continued professional development is still available via Microsoft Teams.

The team have:

• Continued to submitted data in a timely manner to achieve the end of year requests
• Attended virtual safeguarding board meetings to provide assurance around safeguarding activity.
• Contributed to external audit requests and been an active participant in the development of action plans and updated guidance following the completion of the audit.
• Provided information for potential external investigations including an injury to a baby.
• Attended national centre for domestic violence online training and updated the Trust intranet pages to reflect the changes due to Covid-19.
• Conducted safeguarding supervision, and multi-professional meetings for complex cases identified via incidents or advice.
• Completed the annual report for the Trusts clinical governance clinical safety committee
• The safeguarding team are also part of the swabbing team and continue to support the work of the infection prevention control team

Infection Prevention Control (IPC)

• Maintaining Substantial amount of work being undertaken in response to COVID19 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.
• Outbreak CODIV-19 on Sandal Ward Low Secure. 13 patient affected – ward under quarantine for 32 days.
• 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

14 new formal complaints received (of these 2 had no consent/contact to proceed)
0% of formal complaints (including those that were closed due to no consent) had staff attitude as a primary issue
13 compliments received
10 complaints were closed in May 2020 and of these 9 (90%) were within 40 days and 1 (10%) was over 40 days, 0 reopened complaints were closed in May 2020

Infection Prevention Board Assurance Framework

NHS England has developed the infection prevention & control (IPC) board assurance framework (BAF) to help providers assess themselves against Public Health England (PHE) national guidance that has been produced during the COVID 19 pandemic. The intention is that the framework is used as a source of internal assurance that quality standards are being maintained. It will help us identify any areas of risk and show the corrective actions we have taken in response. The tool will provide assurance to trust boards that organisational compliance has been systematically reviewed.

The IPC legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. The IPC BAF has been structured around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC relationship manager has advised the Trust of the CQC's intention to monitor our progress against the IPC/ BAF as part of the CQC emergency support framework. We await further information and guidance on this and will update clinical governance & clinical safety committee (CGCSC) when this is received.

SWYPFT response:

• Key individuals have reviewed the framework to provide high level assurance, assess immediate risks and consider mitigating actions
• Initial findings are that all relevant PHE guidance is being followed or mitigated
• Work is in progress to populate the evidence table and undertake a detailed review of the evidence to ensure it fully correlates with the PHE requirements and identify unknown gaps

Next steps

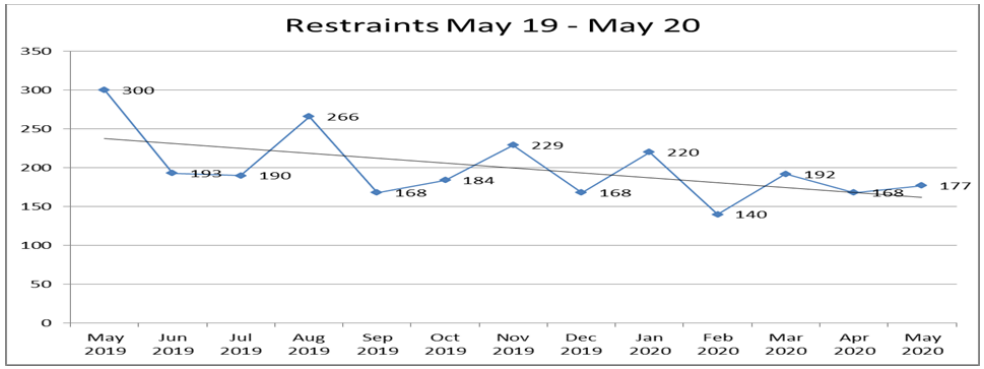
• NHSE will update this framework as PHE guidance is being refreshed. The IPC Trust action group (TAG) will provide the governance framework for monitoring our compliance with this document.

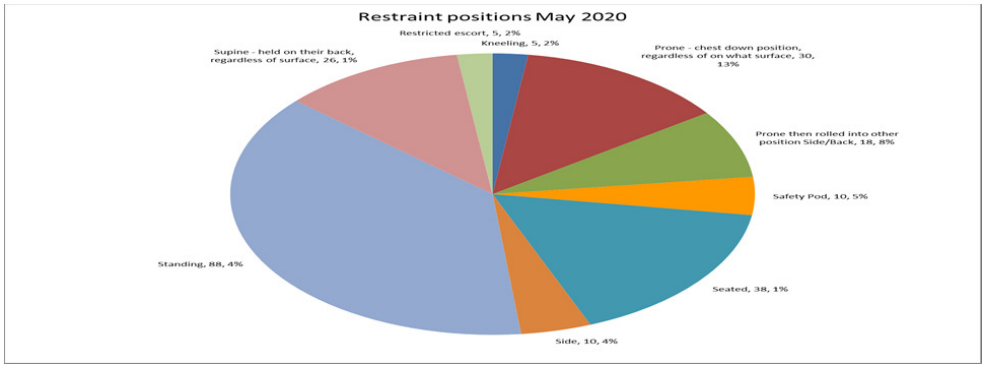
The SWYPFT Infection Prevention & Control Board Assurance Framework document will be completed and a final version submitted to Trust Board in July 2020.

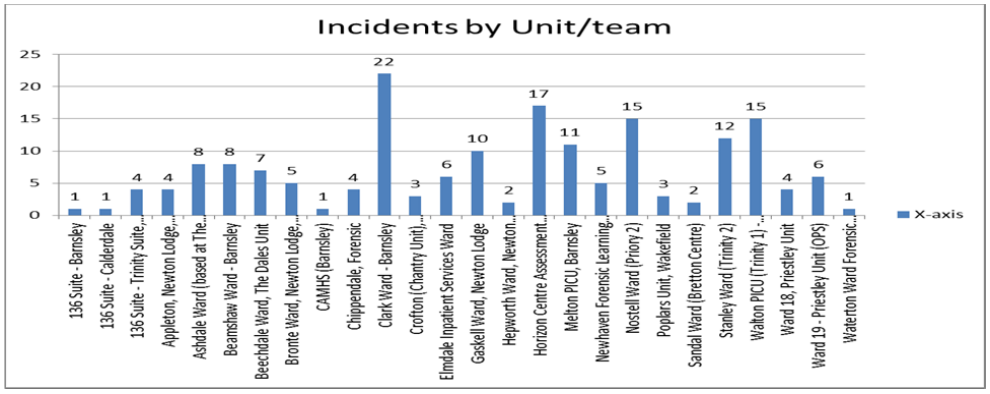
Reducing Restrictive Physical Intervention (RRPI)

There were 160 reported incidents of restrictive physical interventions used in May 2020 this being an 7.5% reduction on the March figure. There were 230 different restraint positions used in the 160 incidents. The standing position was used most often 80 (38%) followed by seated restraints at 38 (17%).
Prone restraint was reported 39 (15%). Wakefield BDU had the highest number of prone restraints with 14 (35.9%) Barnsley BDU had 11, forensics BDU had 9, Kirklees had 3 and Calderdale had 2 and specialist services 0.
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In May 2020 3 incident of prone restraint lasted over 3 minutes due to the level of aggression displayed. 91.5% 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 four day courses for new starters (including bank) will begin in July/August. The refresher course will be implemented within due course, there will be no resus training included at this stage. Training figure will be amended when training recommences.

Over the past few months major restrictions have been placed upon staff and service during the coronavirus lockdown. There has also been an understandable anxiety in both service users and staff as the crisis has progressed. Under other circumstances, an increase in restriction and anxiety might have shown itself in an increase in challenging behaviour. This would be evidenced by increases in physical violence and restraint. So far this has not been the case in any of those areas in fact there have been small decreases in incidents across the board. The collaborative working between staff and services users in finding a way for those incidents to be kept at a minimum should be celebrated under the most difficult of circumstances.

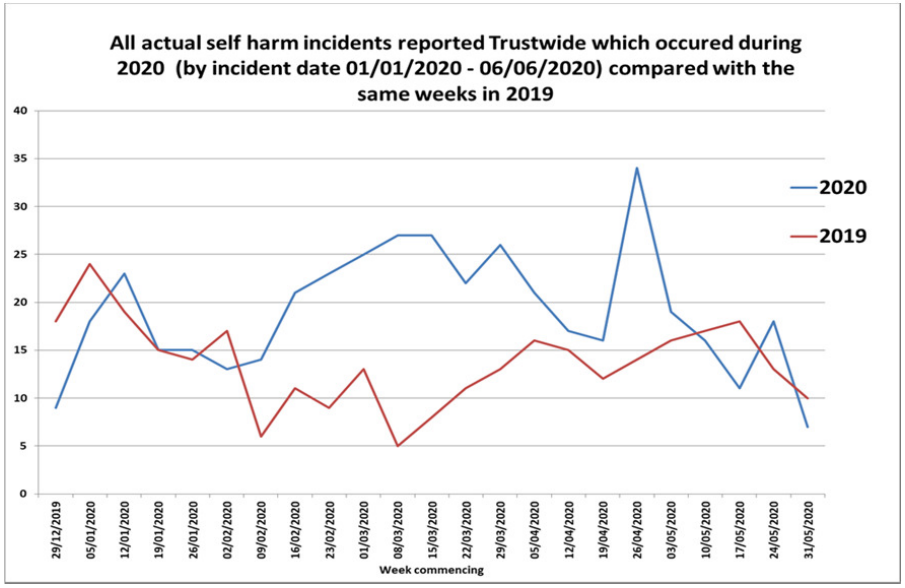






Self Harm

Actual self-harm incidents reported on Datix occurring between 01/01/2020 and 0606/2020 at 08/06/20, compared with incidents occurring in the same period in 2019

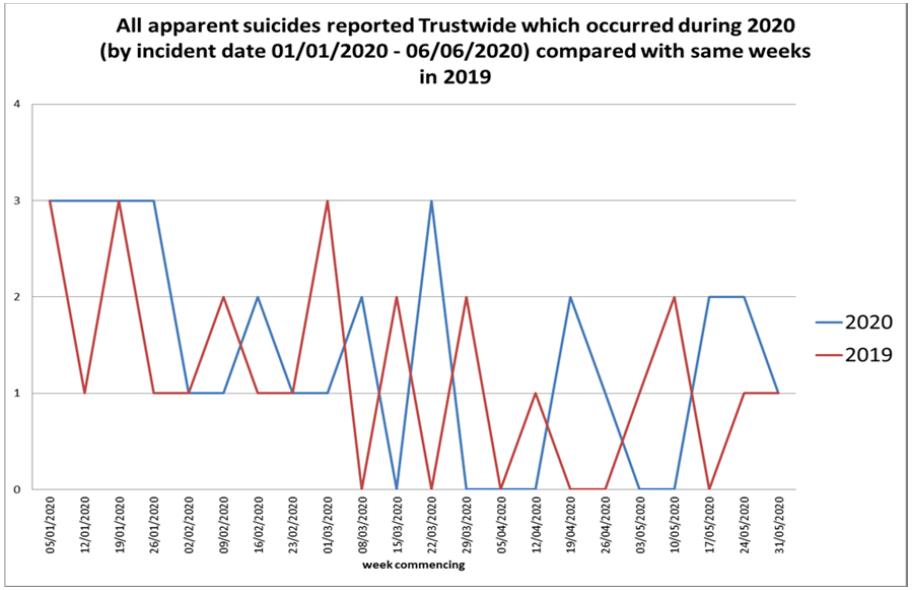


Actual Self Harm comparison

	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	16	12
26/04/2020	34	14
03/05/2020	19	16
10/05/2020	16	17
17/05/2020	11	18
24/05/2020	18	13
31/05/2020	7	10
Total	**437**	**314**

Apparent Suicide

Apparent suicides reported on Datix occurring between 01/01/2020 and 06/06/2020 at 08/06/2020, compared with incidents occurring in the same period in 2019



Apparent suicide comparison

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	1	1
09/02/2020	1	2
16/02/2020	2	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	1
19/04/2020	2	0
26/04/2020	1	0
03/05/2020	0	1
10/05/2020	0	2
17/05/2020	2	0
24/05/2020	2	1
31/05/2020	1	1
Total	**31***	**26****

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.

Covid-19 related incident reporting

Cumulative themes since 01/03/20 -11/06/20

111 Incidents	Mar-20	Apr-20	May-20	Jun-20	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	2
Coronavirus or Covid 19 used in threat against staff	3	2	1	0	6
Death of patient from suspected Covid 19 - underlying health conditions	2	11	1	1	15
Death of patient from suspected Covid 19 related death - pending further info	0	9	5	1	15
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	0	18
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	0	6
Impact of Covid 19 on patients mental health	2	2	1	0	5
Issues relating to PPE equipment	1	1	1	0	3
Non-compliance with social distancing - inpatient area	1	7	4	1	13
Patient being nursed under segregation	5	4	3	2	14
Patient in contact with symptomatic person	0	0	2	0	2
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	3
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	1	16
Staff member on swabbing team exposed to Covid 19	0	1	0	0	1
Staff presenting with Covid 19 symptoms	1	1	1	0	3
Not direct clinical impact of Covid 19	0	3	0	1	4
Total	25	57	37	7	126

Mental Health Act

Updated information is not available for May at the time of writing this report so the below information repeats what was provided in last months report.

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 from. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the MHA code of practice. Previous initiatives have not proven successful, therefore each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place since September 2019 and has proven effective in most areas.
Guidance note for staff has been completed and circulated to all clinical services.
The numbers 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.

	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		
Service	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.

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	May-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%	97.0%	95.6%		
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%	52.0%	32.1%		
% 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%	99.2%		
% 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%	102/102 = 100%		
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%*	*98.5%*	*98.5%*		
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	23	3		
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%	55.7%	*51.4%*	*49.2%*		
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%	*86.3%*	*87.9%*		
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%*	*98.5%*		
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%	95.8%		
% 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%	91.3%	*91.2%*	⚠	
% 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%	12.3%	*12.3%*	⚠	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	CH		Due July 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	May-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	5		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	9	2	3	3	1	1	0	2	1	2		
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	May-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%	99.5%	*98.9%*		
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%	99.9%	*99.9%*		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	98.6%	98.7%	98.8%	98.8%	99.9%	98.8%	98.9%	98.8%	*98.7%*		

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

Areas of concern/to note:

- The Trust continues to perform well against the NHS Improvement metrics
- 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 3 days in May, this is considerably lower than previous months.
- During May 2020, 2 service users aged under 18 years were placed in an adult inpatient ward for a total of 5 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.
- The scope of the data quality maturity index changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been 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 May the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for May shows 15% of records have an unknown or missing employment and/or accommodation status, this is the same as last month. 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).

Barnsley general community services

Key Issues
• Covid-19 – in response to the national request we have continued to deliver a refined service offer across general community services in line with current emergency planning arrangements. The aim of this has been to accommodate more acute care in the community setting and reduce exposure for vulnerable patients, e.g. discharge to assess, support to care homes. We have developed and delivered a comprehensive asymptomatic testing strategy.

Strengths
• General community staff providing asymptomatic and symptomatic swabbing service for community patients and care homes residents and staff.
• Stroke early supported discharge service formal launch early July .
• Services are utilising technology to undertake telephone/video call contacts to maintain service provision.
• Increasing priority 1 and 2 face to face visits for community nursing, neighbourhood rehab and crisis response.
• Increased support to more complex end of life patients in community setting.
• Video call / WhatsApp utilised to maintain recruitment process whilst adhering to social distancing guidance
• On an average approx. 8,000 weekly face to face home visits patients in the community and approx. 1,500 vide/tele consultations, maintaining good care and reducing hospital admissions.

Challenges
• Support to care homes, particularly those with Covid-19 symptomatic and positive residents due to increasing numbers and infection control challenges
• Increased demand for end of life care planning and support in terms of patients in care homes and community settings
• Urban House has been a high risk area. Now confirmed as a "household" with the department of public health.
• Increase patient flow into home visiting elements of services.

Areas of Focus
• Personal protective equipment – monitoring stock levels and redistributing across community sites continues.
• Discharge to Assess (D2A) service continues (total of 606 patients have been assessed via this route within an hour of discharge from hospital) . Redeployment of Barnsley hospital NHS foundation trust colleagues into community.
• Recovery task and finish group in place which will link to strategic partner plans.

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

Mental Health:
Strengths
• 24/7 crisis support arrangements simplified and strengthened. Adult intensive home based treatment team providing all-age single point of access function out of hours. This is designed to reduce 111 calls and attendances at accident and emergency and is complementing implementation 24/7 helpline.
• Formal staff consultation to re-commence regarding establishment of all-age liaison model.
• Progress in improving care programme approach processes maintained.
• Community contacts have increased. Majority provided by telephone/video-link but face to face contact offered where clinically required.

Areas of focus
• Improving access to psychological therapies performance reporting suspended and KPIs to be re-negotiated with CCG. All activity being undertaken on virtual basis. Suspension of group-based activity has significantly reduced access and activity levels. Virtual options for group work to be trialled.
• Following robust environmental risk assessment memory service diagnostic clinics to be re-instated with increased capacity to address backlog.
• Focus on inputting to ensure all non- face to face activity is reliably recorded/reported. As an example carer support contacts are currently significantly under reported in memory services.

Child and adolescent mental health services:
Strengths
• Community services provided essentially through telephone/video (AirMid) contact with ability to support on a face-to-face basis where there is a clinical need. An evaluation report has been produced regarding the new ways of working and the learning is being used to inform next steps.
• Referral numbers across all services have reduced. Importantly, services have also not only maintained caseloads but proactively discharged/allocated. As a consequence waiting numbers in Barnsley/Wakefield have continued to reduce.
• The procurement process for Barnsley CAMHS has been cancelled.

Areas of focus
• Waiting numbers for autistic spectrum condition, attention deficit hyperactivity disorder (neuro-developmental) diagnostic assessment in Calderdale and Kirklees continue to increase. This is despite additional commissioned activity. The Kirklees waiting list is 573 (longest wait 12 months) and the Calderdale list is 251 (longest with 20 months). The position is recognised by commissioners and business cases have been submitted to secure necessary resources to address.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Inpatient & Wakefield:

Key issues

• Focus is continuing on optimising patient flow which is having a positive effect on out of area placements and maintaining capacity in inpatient units. Intensive work is continuing in front line services to adopt collaborative approaches to care planning, to build community resilience; and for presenting acute episodes, to explore all possible alternatives at the point of admission. The care closer to home programme is continuing, with a focus on patient flow and psychiatric intensive care unit (PICU) usage. There has also been learning from an audit of all admissions for the week beginning 27th January, which has led to a renewed focus on how intensive home based treatment support can be instrumental in supporting alternatives to admission and ensure robust gatekeeping.
• 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.
• Cohorting standard operating procedures for acute and older peoples services are in place and an inpatient clinical pathway operationalised 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.
• Acute wards have been experiencing protracted periods of pressure with levels of acuity, service user distress, and in meeting the range of needs of patients in the wards including those cohorted and requiring shielding. In particular there have been hotspots where staff and service users have been significantly affected by Covid-19, in particular Barnsley. This has led to increased usage bank and agency staff for those periods. Deep dive and situation background assessment recommendation (SBAR) exercises have been undertaken and the learning shared trustwide and with ICS partners.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, drawing on the work around criteria led discharge, which has been relaunched and refocused for each area, with early indications of success.
• The action plan and training around care programme approach reviews, data quality and activity and improvement in how we use SystmOne is leading to some positive impact but requires more work. It is being closely monitored and supported at trio level.

Strengths

• Work continues to improve patient flow and work with partners in the wider system to improve patient experience and pathways.
• A 3 month project has commenced between the Trust and Wakefield Council to improve integration in the community teams and to review and update our integrated protocols and service pathways around the Care Act e.g., with the aim of strengthening joint practice, communication and partnerships.
• Community teams have embraced the use of technology, team meetings and supervision being held via Microsoft teams, and using AirMid & AccuRx for appointments with service users. Telephone appointments and WhatsApp have also been utilised.
• Performance remains good for 72 hour follow up.
• Fire training stats have shown improvement for inpatients with specific action plans in place for those wards still under achievement, supervised and tracked by the matrons. The use of e-learning at this time has supported this performance.
• Electro-convulsive therapy is now fully staffed and has remained operational, albeit for some weeks during the Covid-19 period for emergency access only. It is now fully operational.
• Work continues to mobilise an all age liaison service between CAMHS and psychiatric liaison team.
• A research project to be conducted by the nurse consultant in Wakefield memory service 'How people living with dementia and their relatives perceive and use resilient strategies to optimise safety whilst living at home' has received a conditional offer for funding. This is a highly competitive process with up to 2 bids only supported nationally each year.
• There has been a proactive approach to recruitment to successful outcome throughout the last 3 months, including the appointment to two substantive team manager posts.
• Inpatient wards are supporting pride month and black lives matter (particularly ward 18 with patient engagement activities and ward based topical discussions)
• Particular compliments for patient care at Nostell and Crofton ward- emails to CEO about the kind, caring and compassionate service provided
• Launch of new patient thought board for patients to write their thoughts/comments (as a way of expressing themselves during covid-19)
• Unity Centre engagement with partners of Wakefield pride to provide goodie bags for staff and patients
• Launch of Crofton's ward museum to celebrate VE day- great feedback
• Stanley ward created a "messages of kindness" display where people who are part of digital mental health groups send messages of hope and kindness that are displayed on the ward
• Engagement with advocacy services to look at providing advocacy services via digital platforms
• Use of virtual visitor for engaging patients with their families successfully launched

Challenges

• Adult acute occupancy remains at capacity and acuity levels remain high, together with COVID-19 requirements, leading to sustained challenges on the wards.
• Staffing difficulties remain in medical posts in older people's (OPS) wards – this is being addressed through a task and finish group.
• Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community remains a challenge.
• CPA reviews have been subject to action planning - this has made significant progress but there are still areas for improvement.
• Maintaining service delivery in community settings in ways which keep pace with changes in society and service user needs.

Areas of Focus

• Continuing and developing service delivery, innovation and recovery.
• Staffing challenges in older peoples service medical teams.
• Recruitment and retention and mobilisation of new investment
• Admissions and discharge flow in acute adults with an emphasis on current approach to alternatives to admission and collaborative inter-agency planning.
• Improvements to staffing levels and support for staff wellbeing in all services.
• Continue to improve performance in service area hotspots through focussed action planning tracked team by team by general managers.
• Recruitment and retention and successful mobilisation of new investment.
• Continue our contribution to the primary care networks in local areas and the partnership working in the provider alliance.
• Develop and strengthen the creative community offer lead by recovery colleges and our wider partners.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Calderdale & Kirklees:

Key issues

- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life.
- Acute medical and accident and emergency systems remain under intense admission and delayed transfer of care pressures leading to associated pressures in our pathways and services.
- 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.
- Community services including intensive home based treatment services are seeing high levels of acuity and distress and relapse rates in service users on their caseloads, leading to continued pressures.
- Two serious incidents involving service users in the community and injury to staff in the course of one week have impacted on the services, and as well as serious incident investigations have led to a work project around 'how we can work effectively with service users at present and keep ourselves safe'.
- Kirklees and Calderdale improving access to psychological therapies (IAPT) have produced a risk assessment for people leaving intensive care units and respiratory wards which screens for symptoms of post traumatic stress disorder, sleep disorders and other common mental health problems. Research indicates that this group is at high risk of psychological harm and due to Covid-19 there is an increased demand for psychological intervention. The risk assessment will be completed by the clinicians in intensive care unit (ICU) and the acute respiratory wards for all patients, this will then be used to inform the treatment pathway in IAPT – either a group or individual therapy offer.
- The psychology waiting list in Calderdale core has been reviewed and evaluated, and those service users on the back-waiters waiting list have all been contacted and offered a service option to have therapy by video, telephone or wait for face to face sessions. 50% have elected to do the former and are now receiving treatment.
- Mental health liaison team (MHLT is making good progress towards the development towards provision of an all-age liaison service in conjunction with child and adolescent mental health services (CAMHS).

Strengths

- Single point of access has continued work on service improvement and is now focussing on initiating the UK triage tool, and working with local GPs to develop electronic paperwork and referral systems.
- Action plans and data improvement plans are in place to address areas identified for performance improvement.
- Mandatory training concordance remains high. Good progress made with supervision. Action plans are in place closely tracked by each general manager.
- Intensive home based treatment team in Kirklees launched carers' wellbeing packs to hugely positive feedback from recipient carers. Text examples included 'What an absolutely wonderful surprise! Thank you for thinking of me!' and 'I found it on the doorstep and I was quite overcome that anyone should do that for me!'
- The individual placement service, a new service supporting people into competitive employment, has delivered outstanding results since November 2019; receiving 60 referrals from across core and enhanced teams. Work outcomes achieved for Calderdale are notable at this time in particular – 5 service users in core teams and 3 service users in enhanced teams have gained employment since March 2020 during lockdown. Jobs include creative support worker, cleaner, driver's mate, care work. 3 service users have now sustained work for more than 13 weeks.
- Training and development has continued for the trauma induced personality disorder pathway which involves a number of staff across community and intensive home based treatment team teams and linking with inpatient areas to build collaborative approaches and optimise care in community setting.
- Early intervention in psychosis service in Kirklees have commenced a socially distanced walking group.

Challenges

- Maintaining service delivery in community settings in ways which keep pace with changes in society and service user needs.
- In line with other national improving access to psychology (IAPT) service referral rates fell to below 30% of expected in Feb/March and April. They are but were slowly starting to recover in May and are continuing to rise in June, guidance awaited from NHSE on how access performance will be monitored over the coming months. IAPT are continuing to offer bespoke wellbeing interventions for people who have been negatively impacted by lockdown using digital methods of delivery and are preparing a series of video stress control groups which can be booked through our new online self -referral portal .
- There has been a proactive approach to recruitment to successful outcome throughout the last 3 months, however key posts still require appointments.
- Care programme approach reviews have been subject to action planning lead by the general manager and quality and governance lead - this has made significant progress but there are still areas for improvement.

Areas of focus

- Continuing and developing service delivery, innovation and recovery.
- Recruitment and mobilisation of new investment.
- Contributing to patient flow and effective use of inpatient resources and alternatives to admission
- Continue to improve performance and concordance in service area hotspots lead by general managers and quality and governance leads.
- Support for staff wellbeing across the business delivery unit
- Develop and strengthen the creative community offer lead by recovery colleges and our wider partners.
- Continue with developments at integrated care service (ICS) and clinical commissioning group (CCG) level around rehabilitation and recovery modelling.
- Continue focus on improvement in single point of access and intensive home based treatment team models
- Continue our contribution to the primary care networks in local areas and the partnership working in developing the provider alliances.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Forensic business delivery unit and Learning Disability services:

Learning Disability
• Currently reviewing May data for all 4 localities but reviewing some earlier Barnsley data has allowed us to highlight some data quality issues.
• Telephone appointments replacing face to face appointments have not been consistently recorded on SystmOne . Plan in place to resolve this issue.
• Weekly care home welfare calls continue to be made in all 4 localities – 3 with formal arrangements in place with CCGs and Wakefield CCG had not formally requested this but we continue to carry this out for the learning disability (LD) care homes. Robust arrangements for supporting care homes being developed.
• Work based risk assessments and restoration and recovery planning underway.

ASD/ADHD
• Delivering transformed pathway on ADHD
• Operating new roles (physician associates and band 8a nurses) to support the new pathway
• Delivering Covid-19 specific psychological interventions
• Supporting vulnerable people on our caseload with weekly calls
• Making plans to deliver the next phase of our modular pathways.

Forensics
• Forensic development plan remains a priority.
• High number of staff not in work. Services working with HR re monitoring and support.
• Cohort ward now not in use. Review of the implementation of the cohort ward being undertaken.
• Focus on 'Search' across the service following serious incidents reports that this is not as consistent as it should be.
• Interim management structure in place pending leadership review.
• Weekly calls with NHSE continue.
• Bed occupancy typically high with the exception of Newhaven which is lower than expected.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Communications, Engagement and Involvement

• Bronze command meeting taking place internally for communication and engagement
• Coronavirus update sent out 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.
• BAME health and wellbeing films produced and available on the intranet.
• Face covering initial guidance developed. Marketing materials distributed to accompany the roll out of the policy.
• Service user and patient friendly guides to coronavirus produced and distributed to inpatient wards.
• Sharing of staff and service user good news stories, internally, externally and through social media channels.
• Wakefield Families Together supported with social media information on mental health and wellbeing.
• Support provided to Thriving Kirklees, reviewing communication and engagement strategy and participation of a new comms network.
• CAMHS and BAME network #StillHereToHelp campaign continued.
• Awareness days and weeks supported including LD awareness, carers, volunteering and for Pride Month.
• Partner Bronze command meetings continue to taking place in all areas.
• Race Forward and zero tolerance posters developed.
• Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
• Support provided to mental health 24/7 access project, including promotion of the new service.
• Support provided to SystmOne information roll out project, including letters to stakeholders and service users
• Recovery college comms, including promotion of online courses and newsletters.
• Media responses, including on BAME risk assessments, and on ADHD waiting times.

Engagement, Equality and volunteering update

- Trust wide Virtual Visitor scheme in place. Co-design of scheme and public facing messages virtually with VCS, service user, carer and staff representatives
- Covid 19 Trust wide EIA and action plan developed – 2 x task Force set up and supported. Process in place to deliver the EIA and a website page set up
- Creation of a Trust wide Patient Engagement and Experience toolkit – a number of conversations planned with intelligence gathered centrally to inform Trust wide next steps.
- EDS2 report of findings is now complete – virtual feedback from service users, families and carers.
- Finalising the report of findings from the strategy engagement. The Trust in total received over 800 responses from all protected groups through postcards, focus groups, conversations and a survey. We will also be using the staff survey to inform our approach We will, be going back to stakeholders with a report of findings this month and focussing on co-design of strategy content, website and action plans
- Carers matter online event in July – to support working carers passport
- Starting on the Trust wide strategy and associated action plans for equality, engagement and carers
- Linking into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
- Working in partnership with Barnsley CVS, council and SWYT colleagues to mobilise a preventative mental health support network along the lines of Virtual visitor
- Supporting recovery colleges with a co-designed website
- Supporting the roll out of SystmOne – approach to involving stakeholders, service users and carers – translation and easy read materials created with feedback from service users

This is the June 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for May 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 Covid19 working with Creative Minds, Recovery Colleges, SIM, and Volunteer services to develop and deliver innovative offers to help people in their own homes	Salma Yasmeen	Sue Barton & Matt Ellis	EMT	Work has progressed on the delivery of online courses by the Recovery Colleges using Microsoft Teams. Easy read guides are in place for both facilitators and participants and courses are being well received. Other methods continue to be used to engage with learners such as YouTube, texting and circulation of newsletters (both virtually and in paper form for those who require it). The Recovery College websites are under development with good progress being made. Creative Minds are supporting a range of partners to deliver digital offers to vulnerable groups such as a choir, exercise sessions, art and gardening.	
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	WY&H ICS health and care partners agreed a partnership approach to stabilisation and reset. The mental health, learning disabilities and autism programme (MHLDA) Programme Board agreed revised workstreams during Covid pandemic, summarised as follows: • Collaborative bank • Mental health secondary care pathways workstream • Transformation funding, new 2020/21 approach Project work on the NHS-led provider collaboratives has resumed, this includes SWYPFT as the lead provider for the West Yorkshire adult secure lead provider collaborative. The national timetable for further development track sites is still aiming for 'go live' from 1 April 2021. Wakefield - The Integrated Care Partnership (ICP) met and agreed priorities for the remainder of 2020/21: •Developing a fully integrated health and social care urgent care response system (JUCIG led but will link into the ICP); •Review of elective services - transformation of outpatients (PCIG led but will link into the ICP); •Ensure the needs of shielding groups and vulnerable people are met; • Improving access to primary and community care services (for example digital); •Delivering 24/7 integrated care support to care homes and a focus of the sustainability of the care sector; •Enhance our collaboration between community and practice nursing (covid-19 visiting service is one example). The W MH Alliance is preparing to launch the next round of alliance emotional and mental wellbeing fund. All but one project, relating to training and awareness of trauma informed care, in the W MH Alliance programme of work for 2020/21 is progressing. Work continues on the creation of Wakefield safe space, aiming for a soft launch start of September. Calderdale - Work continues to develop a collaborative community model which builds on the learning from closer partnership working during Covid-19 along with work done previously on care closer to home. SWYPFT are an active partner in these discussions which are mapping out the services that can be delivered at a primary care network (PCN) level, those which are Calderdale wide and those across a wider footprint. Barnsley – continue to work with partners to jointly respond to the management of Covid 19. A stabilisation and recovery plan has been developed for the Barnsley system and we continue to play an active part in the Integrated Care Partnership Group Kirklees – Kirklees IAPT is working with CHFT and Mid Yorks to develop post ICU and respiratory care pathways providing group and high intensity psychological therapy for people who have been treated in ICU. We are working with partners in the development of the restoration and recovery plans and providing data around secondary care mental health to further understand the impact of COVID on people with SMI.	

IMPROVE CARE

Provide all care as close to home as possible	Focus on PICU, patient flow and Criteria Led Discharge (CLD) All other workstreams to maintain a momentum but at an appropriate pace	Carol Harris	Ryan Hunter	OMG	An increase in occupied bed usage has resulted in some acute out of area (OOA) placements in recent weeks, although gender specific out of area bed usage continues to reduce. Feedback suggests there are emerging challenges in throughput and the data shows an increase in admissions. PICU - new standard operating procedure is in development which includes new processes around referrals into PICU. Criteria led discharge is being handed over to the wards to manage as business as usual. Work now commencing on engaging community colleagues and considering longer term options for the system (Sharepoint or SystmOne). Patient flow – new protocol now drafted. Next steps include development of the full new standard operating procedures and more toward extended hours service. Performance management – initial focus to be on inpatient reports and information, initial meetings held and requirements to be developed in the next period. Single point of access (SPA) – good progress toward rollout of triage scale across Calderdale and Kirklees (target go live in July); initial e-referral testing complete; development work on primary care pathways commenced Intensive home based treatment (IHBT) (Kirklees) – 72 hour assessments now being embedded, joint working with approved mental health professionals (AMHPS) is now being taken forward and initial progress will be reviewed in the next period. Trauma informed personality disorder (TIPD) - North Kirklees enhanced team 1 recruited to the B7 advanced practitioner post; presented draft TIPD Pathway to community teams across the trust, plans in place to look at delivering this to inpatient units. Started collecting & analysing data on service user contact with services during COVID-19 phase; developing questionnaire to gather feedback; new collaborative care plan updated to SystmOne. Community - feedback of pressures increasing in community teams; Calderdale made good progress reducing case size with new consultant; focus on community medic resource into SPA to commence; peripatetic recruitment.	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 as work is progressing across the programme now following Covid-19 prioritisation.		
					Milestones include: Patient Flow Protocol Draft - Jun 2020 PIU SOP Draft - Jun 2020 SPA Triage Scale live - Jul 2020 IHBT joint AMHP assessment review - Jul 2020 CLD future system decision - Jul 2020 Performance Management - inpatient report development - Summer 2020		
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	Supported by Michele Ezro (Wakefield) and Maeve Boyle (Barnsley) Sharon Carter	CAMHS Improvement Group with monthly report to OMG	Changing the 'Way We Work' thematic analysis report produced for Barnsley CAMHS and Wakefield CAMHS has captured information in the form of key headlines. Positive feedback has been received for the report. Report has been shared with Barnsley CAMHS staff and wider within the Trust (including with EMT), with Barnsley COVID-19 cell and Barnsley CCG. Full implementation of all age liaison service is not yet fully operational in both Barnsley and Wakefield. Revised action plan for Barnsley all age liaison service is being progressed including regular update/progress meetings taking place. Competency framework for staff who will be working in all age liaison service has been drafted and Julie Warren-Sykes is taking a lead on behalf of the Trust to finalise it following receipt of further comments. Waiting list numbers are still coming down both within Wakefield and Barnsley. Due to COVID-19, there has been some negative impact on specialist CAMHS, e.g. fully completion of ADHD assessments in Barnsley. Second update report on the waiting list initiative has been produced for Barnsley CCG and positive feedback received. The demand and capacity review has been completed within Wakefield. CAMHS improvement action plans have been reviewed and updated with timescales adjusted in light of COVID-19 situation, noting no significant impact on delivery.	Progress Against Plan	
					Barnsley CCG has confirmed extension of the CAMHS contract to the end of March 2021 and will work with the Trust on developing the new service pathway. Regular communications with CAMHS staff as well as staff side representatives is ongoing.	Managem ent of Risk	
					Implementation plan/Key milestones include: 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. 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 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 HR department to recommence towards end of June 2020.		
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	The forensic improvement plan has been reviewed and updated with key actions from feedback reports being included. During Covid-19 regular virtual meetings have continued to take place to review progress against the plan. A specific section on communication and engagement has been added to the plan with regular, systematic communication mechanisms being developed. The third staff newsletter has been circulated and feedback from staff is positive. The review of meetings across the BDU continues with communication from these meetings to the wider staff group being established. The Quality improvement clinics between the deputy director and individual ward managers have formed the basis of a great place to work section of the plan which is a key component of the overall work.		

IMPROVE RESOURCES					
Make better use of digital technology and introducing new ways of virtual working to help support staff and service users	Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid19 EPMA – electronic prescribing project AirMid & WhatsApp for E Consultations Virtual Visitors Continue to maintain I Hub to support staff wellbeing and facilitate conversations	Mark Brooks	Vicki Whyte	ISIG	Accelerating the use of digital technology A number of solutions intended to meet the need for video conferencing across the Trust continue to be used: 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. An evaluation is currently underway. IM&T continue to evaluate other video conferencing solutions and apps including Attend Anywhere, MS Skype for Business, MS Teams, Whats App & Zoom and a position statement is regularly updated and published 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. EPMA (Electronic Prescribing and Medicines Administration) – delivery of the EPMA system will enable the prescribing, supply, and administration of medicines electronically and will bring with it a significant range of safety, quality and financial benefits. EPMA will be delivered via a new SystmOne module. Progress to date includes recruitment to project manager and project team, completion of project documentation and first Project Board held 13th May. Project initiation with TPP completed. 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 with Zoom has been approved and deployed to all wards areas. An evaluation looking at usage and feedback from users, family and friends and staff is currently underway. Recovery Colleges Online virtual recovery college courses are now in place using MS Teams. Cards of Kindness We have 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 Coronavirus. 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
MAKE THIS A GREAT PLACE TO WORK				EMT	Focus on this in relation to Covid 19: Support the wellbeing of #allofus to help people cope & connect Support people to embrace new ways of working that have been beneficial . These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR

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

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

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

Glossary of terms:	
AMHP Approved Mental Health Professional	MH Mental Health
ATU Assessment and Treatment Unit	MOU Memorandum of Understanding
Bassetlaw	NHS National Health Service
BDCFT Bradford District Care Trust	NHSE/I National Health Service England/ NHS Improvement
C&YP Children and Young People	NMOC New model of care
CCG Clinical Commissioning Group	OMG Organisational Management Group
CSDG Clinical Safety Design Group	OPS Older Peoples Services
DBT Dialectic Behavioural Therapy	P&I Performance and Information
EMT Executive Management Team	PCH Primary Car Hub (also referred to as Primary Care Network)
ESD Early Supported Discharge	PCN Primary Care network (also referred to as Primary Care Hub)
FIRM Formulation Informed Risk Assessment	QI Quality Improvement
GP General Practitioner	QSIR Quality, Service Improvement and Re-design
HASU Hyper Acute Stroke Unit	RACI Roles and responsibilities indicator
HCP Healthcare Partnership	SBAR Situation - Background - Assessment - Recommendation quality improvement tool
IAPT Improving access to Psychological Therapies	SPA Single Point of Access
ICS Integrated Care System	SPC Statistical Process Control
ICT Integrated Change Team	SRU Stroke Rehabilitation Unit
IHBT Intensive Home Based Treatment	SSG an external consultant agency
IHI Institute for Health Improvement	SWYPFT South West Yorkshire Partnership Foundation Trust
IM&T Information management and technology	TIPD Trauma Informed Personality Disorder
IPS Individual Placement Support	UEC Urgent and Emergency Care
LD Learning Disabilities	VCS Voluntary and Community Sector
LTC Long Term Conditions	WY West Yorkshire
LTP Long term plan	WY&H West Yorkshire and Harrogate

Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast July 20	Narrative
1	Surplus / Deficit			In line with national guidance the Trust is reporting a breakeven position for April to July 2020. To achieve this additional national funding is required for both reimbursement of covid-19 costs incurred and additional top up. For May this equated to £482k and £242k respectively.
	Covid-19 reimbursement	£0.9m		
	Top Up	£0.5m		
	Reported position	£0.0m	£0.0m	
		Year to date	**Forecast 20/21**	**Narrative**
2	Agency Cap	£1m	£5.7m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs is appropriate. Spend in May was £0.5m.
3	Cash	£54.9m	£41m	Cash in the bank continues to be above expected levels. The main reason is the timing of block income payments (which are a month in advance). This is reduced partially by the earlier timing of invoice payments as demonstrated by the better payment figures.
5	Capital	£0.1m	£6.6m	The Trust submitted a revised capital plan for 2020/21 of £6.6m. This continues to be reviewed in light of access, affordability and value for money driven by the implications of covid-19.
6	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 83% of invoices have been paid within 7 days.
	30 days	97%		
	7 days	83%		

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

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	May-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%	3.9%
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%	3.9%
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.	£866k
Agency Cost	Improving Resources	Effective	AD	-	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	£537k	£581k	£613k	£469k	£507k
Health & Safety																			
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20	7			4			Due June 20			Due June 20			Due July 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 June 23rd, 200 staff off work Covid-19 related, not working
- 1762 staff tested as at June 8th
- 130 staff have tested positive for Covid-19 of which 79 have returned to work
- Staff turnover reduced to 7.9%
- Non-Covid sickness absence was 3.9% in May

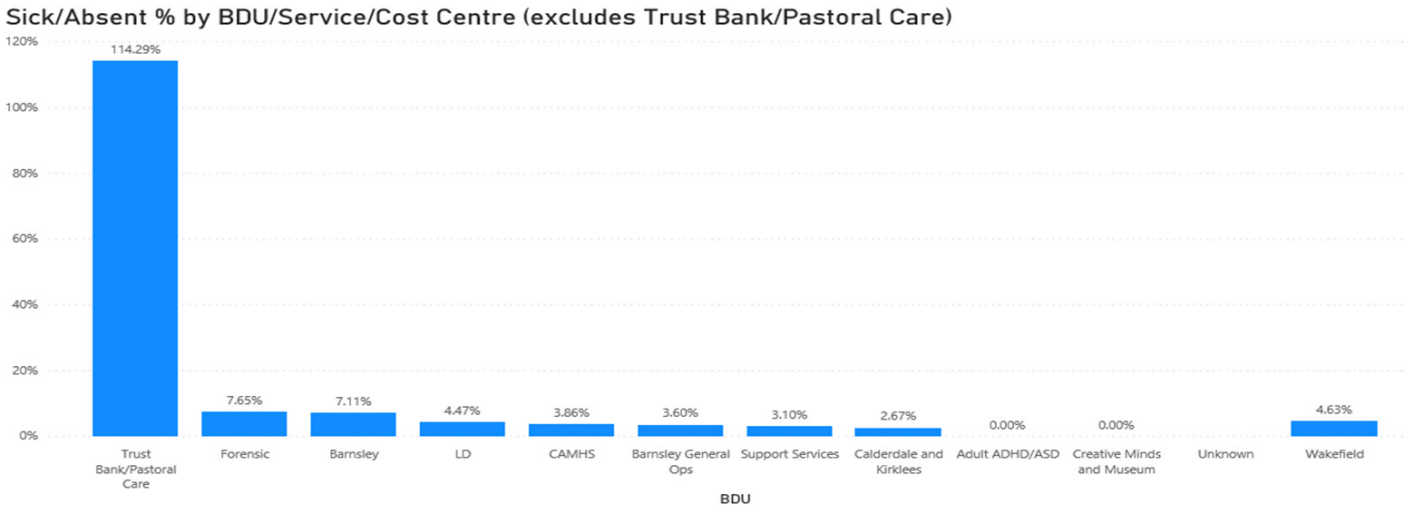
Sickness reporting

As at 8am on Tuesday 23rd June, the Trust has 200 staff absent or working from home due to Covid-19. This makes up 4.75% of the workforce. Of those absent, 22.5% are symptomatic, 11% have household symptoms, 61% are shielding and 3.5% are occupational health advised isolation. The business delivery unit (BDU) with the biggest impact is Forensic with 7.65% of staff impacted (29/379), the BDU with the second biggest impact is Barnsley with 7.1% of staff affected (36/506), the BDU with the third biggest impact is Wakefield with 4.13% of staff affected (24/518). 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.

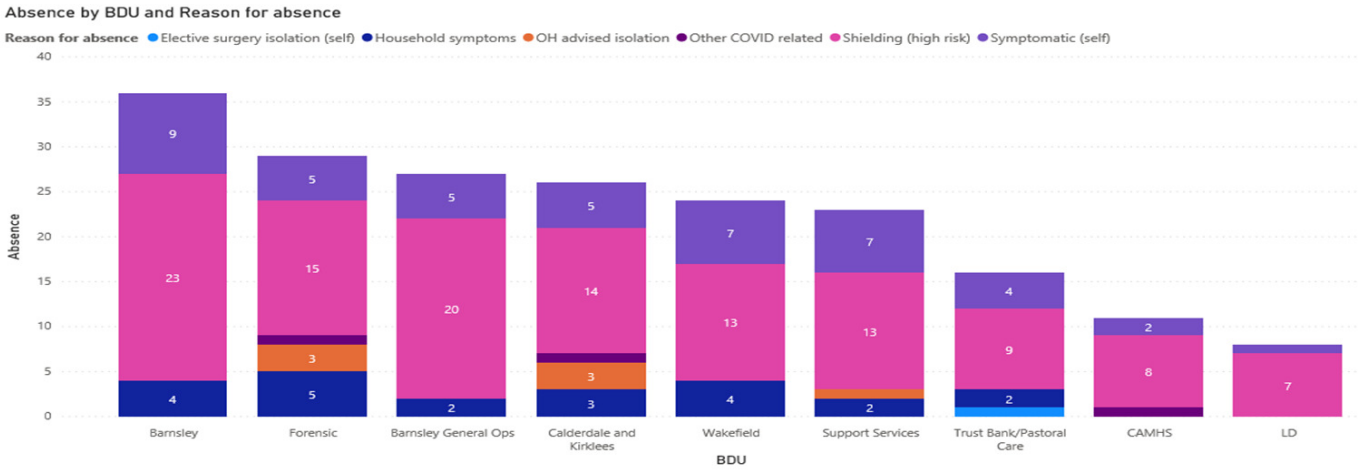
- The Trust have established a Gold, Silver and Bronze command structure.
- Business continuity plans have been updated across the Trust
- Bank and agency availability is being reviewed to assist with resource availability.
- Previous retired workers have been contacted and a number of those have agreed 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.
- Asymptomatic testing - 549 asymptomatic test results records, of these 10 have been positive (1.8%)
- Average length of absence (days) for those not working due to covid symptoms (based on absence start date) (June is a to date figure)

Mar 9.8 days, Apr 11.2 days, May 8.7 days, Jun 6.1 days

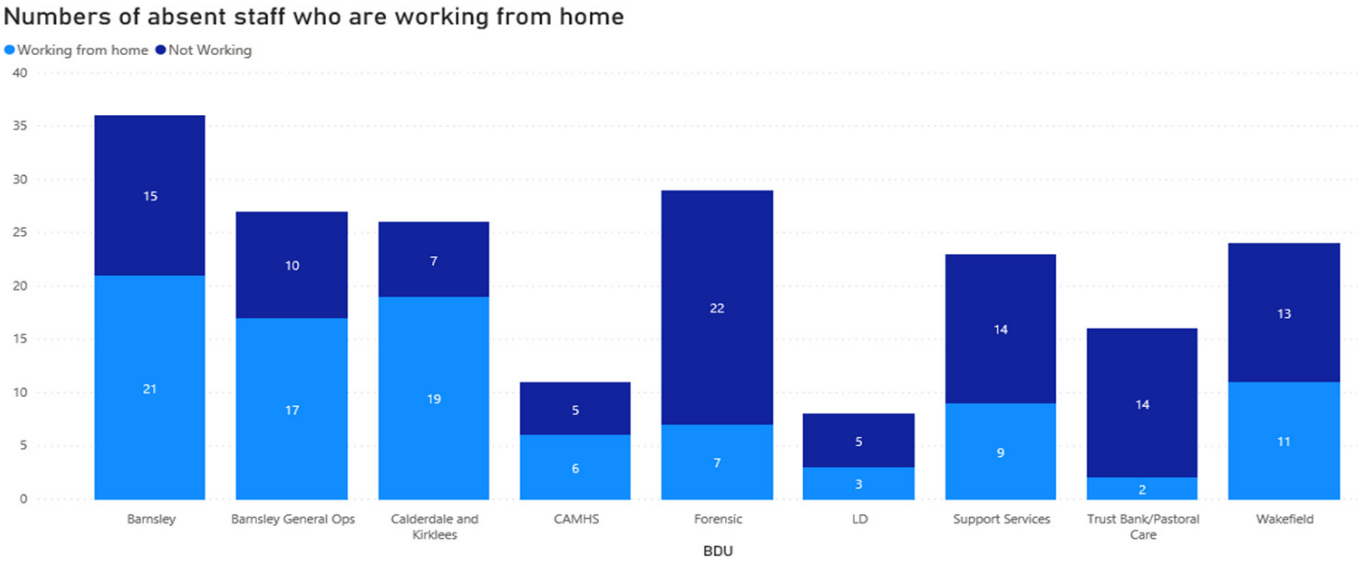
The following graph show the percentage of staff absences attributed to Covid-19 as a proportion of the BDU headcount. Wakefield, Barnsley ADHD/ASD services business delivery units are currently the greatest affected areas in the Trust.



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



The following chart shows Covid-19 staff absences over the period 16th March - 23rd June:



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.

Diagnostic imaging dataset: January 2020

NHS sickness absence rates: January 2020, provisional statistics

NHS workforce statistics: February 2020

Learning disability services monthly statistics: assuring transformation, April 2020; mental health statistics data set, February 2020, final

Psychological therapies: reports on the use of IAPT services, England March 2020, final including reports on the IAPT pilots and Q4 2019–20 data

Mental health services monthly statistics, final: March 2020

Out of area placements in mental health services: March 2020

Community services statistics for children, young people and adults: February 2020

Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency: April 2019 to March 2020 (M13)

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 2
(2020 / 21)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast July 20	Narrative
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	Reported position	£0m	£0m	
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5	Better Payment			
	30 days	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 83% of invoices have been paid within 7 days.
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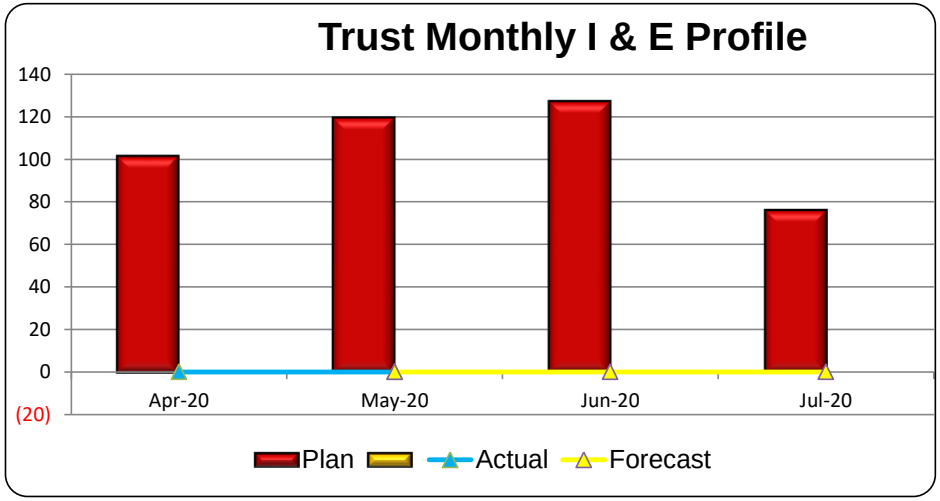
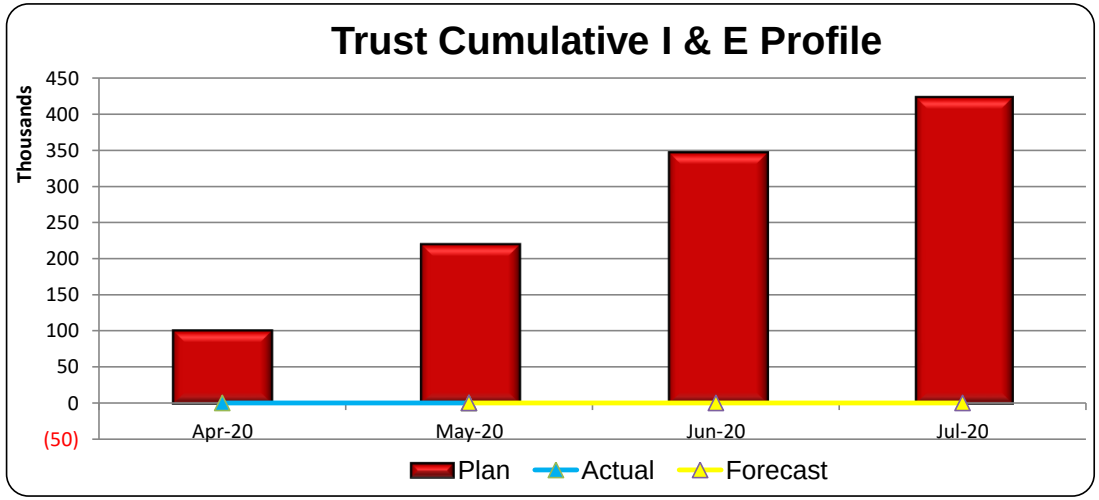
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

2.0 Income & Expenditure Position 2020 / 2021

Budget Staff	Actual worked	Variance		This Month	This Month	This Month	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Apr - Jul Budget	Apr - Jul Outturn	Apr - Jul Variance
WTE	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**		**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
				18,895	17,940	(955)	Clinical Revenue	37,646	36,331	(1,315)	75,289	73,634	(1,655)
				18,895	**17,940**	**(955)**	**Total Clinical Revenue**	**37,646**	**36,331**	**(1,315)**	**75,289**	**73,634**	**(1,655)**
				1,247	2,015	768	Other Operating Revenue	2,506	3,396	889	4,954	5,942	988
				20,142	**19,955**	**(187)**	**Total Revenue**	**40,152**	**39,727**	**(426)**	**80,244**	**79,576**	**(667)**
4,300	4,332	33	0.8%	(15,812)	(16,019)	(207)	Pay Costs	(31,419)	(31,161)	257	(62,876)	(62,435)	440
				(3,479)	(2,811)	667	Non Pay Costs	(7,006)	(6,711)	295	(13,954)	(13,674)	280
				29	(362)	(391)	Provisions	15	(330)	(345)	53	(420)	(473)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,300	**4,332**	**33**	**-0.8%**	**(19,262)**	**(19,193)**	**69**	**Total Operating Expenses**	**(38,410)**	**(38,203)**	**207**	**(76,776)**	**(76,529)**	**247**
4,300	**4,332**	**33**	**-0.8%**	**880**	**762**	**(118)**	**EBITDA**	**1,742**	**1,524**	**(218)**	**3,467**	**3,047**	**(420)**
				(516)	(517)	(1)	Depreciation	(1,031)	(1,034)	(2)	(2,063)	(2,065)	(3)
				(253)	(245)	8	PDC Paid	(507)	(491)	16	(1,014)	(982)	32
				8	0	(8)	Interest Received	17	0	(17)	33	0	(33)
4,300	**4,332**	**33**	**-0.8%**	**119**	**(0)**	**(119)**	**Surplus / (Deficit)**	**221**	**0**	**(221)**	**424**	**0**	**(424)**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,300	**4,332**	**33**	**-0.8%**	**119**	**(0)**	**(119)**	**Surplus / (Deficit)**	**221**	**0**	**(221)**	**424**	**0**	**(424)**

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





Income & Expenditure Position 2019 / 20

A breakeven position has been reported for May. This assumes £242k of additional income via the 'top up' process.

The Trust financial position continues to be shaped by covid 19, through both additional costs incurred and changes to the financial architecture nationally. As part of this the Trust has identified £482k covid reimbursement income in May 2020 and a further top up of £242k in order to deliver an overall breakeven position. A separate breakdown of covid costs is provided on page 6.

To confirm that there is no Provider Sustainability Funding (PSF) available in 2020/21. For 2019/20 this equated to £1.8m for the Trust.

Income

NHS England / Improvement (NHSE & I) instigated an interim 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 or recharges are to be made and developments from new investment have been paused.

These nationally calculated values were internally assessed against 2020/21 draft contract positions. This highlighted a shortfall in income and this has been raised with NHS E & I to inform any future decision making. This shortfall is the reason we currently require additional top up income. Increases in this block value would reduce the need for additional top up funding.

The aim of this approach is to ensure consistency, certainty on cashflows and reduce administrative burdens.

This shortfall in current income is shown in the I & E position on page 4 which highlights £1.3m less income for the year to date when compared to draft plans. Other operating revenue includes the income due for covid cost imbursement.

Pay

Pay spend in May was £16m which is an increase from April 2020 of £0.9m and £1.4 more than the average run rate from 2019/20. This is, in part, due to the impact of annual pay awards and increments but also due to additional staff working in the Trust. This is both additional substantive staff recruited as part of supporting new mental health investment from commissioners and staff supporting the covid-19 response.

Non Pay

When compared to the draft plan non pay is £0.3m lower. This is shown on page 10. Savings in costs arising from the new ways of working adopted by the Trust, such as travel, stationery and other general office costs, are helping to reduce the amount of top up funding required. The sustainability of this continues to be assessed.

Covid-19 Financial Impact

Covid-19 is a key contributor to the financial position and the table below highlights the areas where the Trust has incurred costs as part of its response. These costs have been identified as additional and reasonable in line with national guidance.

Review and validation of these cost claims are undertaken within the Trust and the true costs of the response will be higher than those identified for recovery. This is both for the year to date and also into the future. For example existing Trust staff have been redeployed into roles to support the covid effort. As the Trust was already incurring the cost of these staff they have been excluded from this reclaim. It should be noted that there may be a future financial impact of this as those staff return to substantive roles as part of the recovery programme.

The table below includes the period of April to July as this is the current expected period of costs to be recovered in this way.

		Apr-20	May-20	Jun-20	Jul-20	Total
Heading	**Description**	**£k**	**£k**	**£k**	**£k**	**£k**
Staffing	Backfill of shifts due to covid (sickness, isolation, shielding)	110	150			**260**
Staffing – community	Community additional shifts	13	81			**94**
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	0	26			**26**
Staffing - students	Costs of student nurses and medics over and above previous	0	2			**2**
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	16	0			**16**
Total – Pay		**139**	**259**			**398**
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	128	88			**216**
Laundry	In house laundry service including scrubs	96	8			**104**
Infection Control	Central store of additional infection control supplies (wipes,	27	49			**76**
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	19	22			**41**
Discharge Equipment	Purchase of additional equipment to support hospital discharges	0	34			**34**
Misc / other	Other general non pay not captured in the headings above	8	16			**24**
Total – Non Pay		**278**	**217**			**495**
Total cost recovery		**417**	**476**			**893**

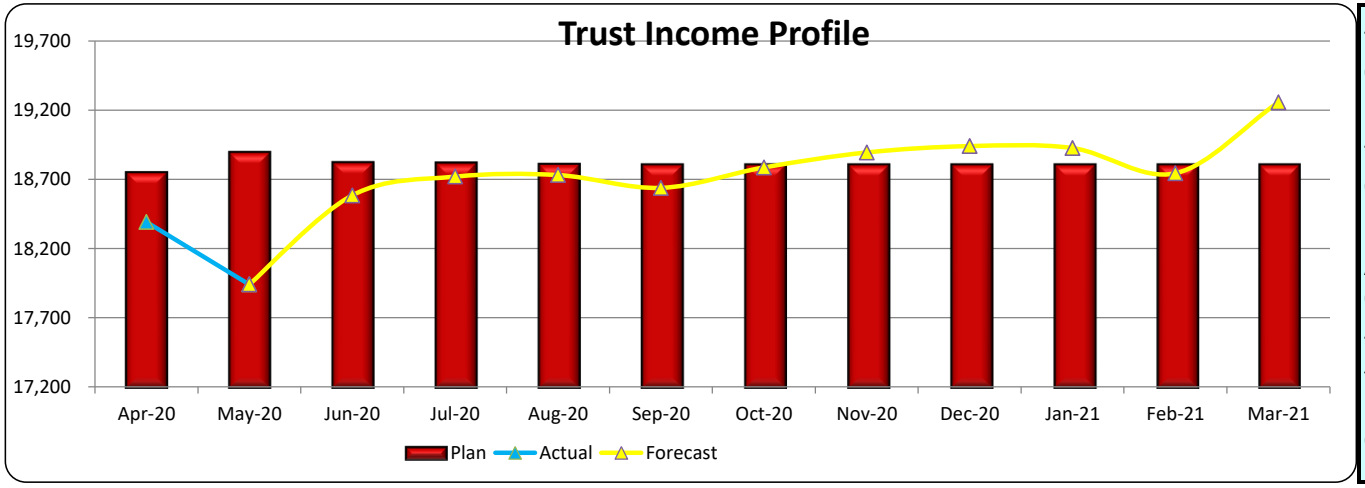
2.1 Income Information

As a national response to the covid-19 pandemic NHS England / Improvement announced that all income from NHS commissioners (Clinical Commissioning Groups and NHS England) would become a fixed block payment arrangement for April to July 2020. This would provide some cashflow certainty for a period of time and reduce administrative burdens.

The value of this was calculated centrally based upon information the Trust had provided within the 2019/20 Month 9 agreement of balances exercise plus a 2.8% uplift to cover tariff and mental health investment. There was no efficiency assumption applied. A further national top up value was also calculated to take account of income movements up to February 2020. There was no assessment in these calculations for items which were one off / non-recurrent or the full year effect of additional investment.

The block payments covered all income from these commissioners. Therefore this included payment for services, staff recharges, recharge for projects etc. Income expected for these additional services have been allocated to BDUs but the overall value to the Trust remains unchanged.

	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	Total 19/20 £k
CCG	14,530	13,931	14,272	14,269	14,269	14,274	14,286	14,286	14,286	14,286	14,287	14,286	**171,265**	**171,720**
Specialist Commissioner	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	**27,869**	**27,895**
Local Authority	335	473	409	409	409	409	409	409	409	409	409	409	**4,896**	**7,755**
Partnerships	619	637	628	628	628	628	628	628	628	628	628	628	**7,533**	**7,673**
Top Up	550	550	897	1,036	1,048	950	1,085	1,193	1,239	1,225	1,042	1,556	**12,372**	**0**
Other	35	27	55	55	55	55	55	55	55	55	55	55	**612**	**418**
Total	**18,391**	**17,940**	**18,584**	**18,719**	**18,731**	**18,638**	**18,786**	**18,894**	**18,940**	**18,926**	**18,744**	**19,257**	**224,547**	**215,461**
19/20	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	**215,461**	



The Trust draft plan included contract values following initial discussions with commissioners and application of the national planning tariff uplift for 2020/21.

This represented significant increases across all main commissioners to take account of mental health investment in line with national guidance.

As a result the graph to the left shows income as less than draft plan.

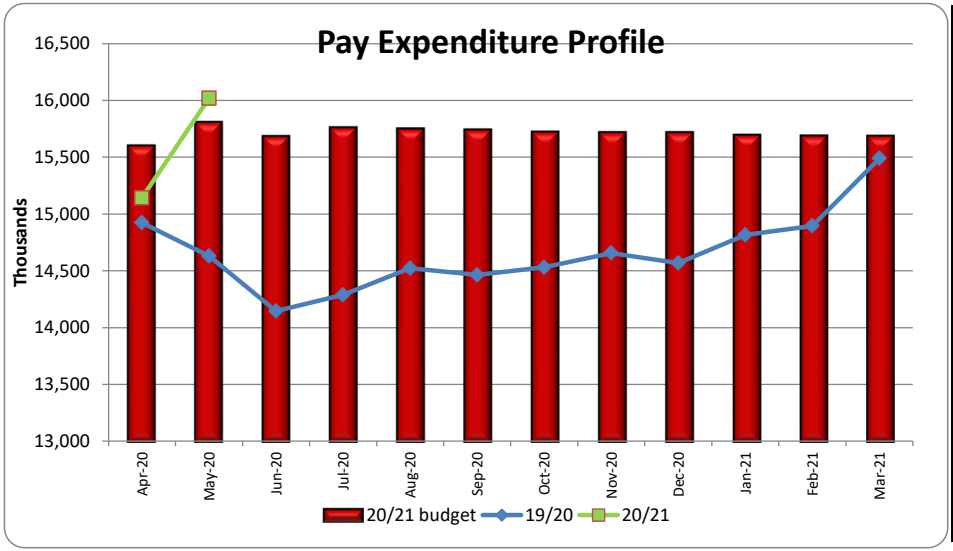
The post July solution is yet to be confirmed. In preparation the Trust has submitted information outlining the level of income required in order to continue to breakeven and cover costs based on current known assumptions.

2.2 Pay Information

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

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

	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
Substantive	13,947	14,646											**28,593**
Bank & Locum	727	866											**1,593**
Agency	469	507											**976**
Total	**15,142**	**16,019**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**31,161**
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	**168,476**
Bank as %	4.8%	5.4%											5.1%
Agency as %	3.1%	3.2%											3.1%
Substantive	3,900	4,004											
Bank & Locum	203	253											
Agency	68	75											
Total	**4,171**	**4,332**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	



As shown in the table and graph pay costs overall have increased from 2019/20 (average run rate £14.7m per month). Of this annual pay awards and increments are estimated at £450k per month.

Costs of £16.0m in May represents an increase of £0.9m. This is supported by the continued increase in WTE across the Trust.

There are numerous reasons for this increase but some of the key themes are:

Additional staff, some temporary, to support the covid 19 response. This includes additional student medic and nurse placements and the impact from return to work initiatives.

Additional shifts worked by substantive staff including those paid at premium rates / overtime.

Continued recruitment for additional commissioner investment as agreed in 2019/20.

2.2 Agency Expenditure Focus

Agency spend continues to be a Trust focus area with increasing trends for the last 3 years

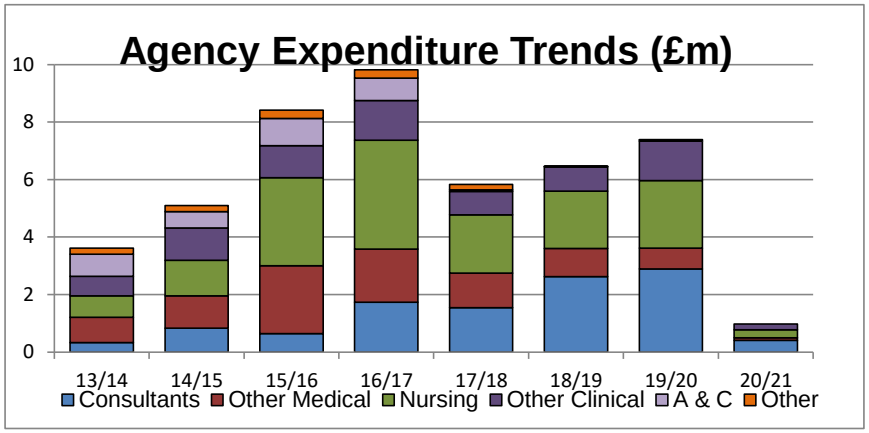
Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

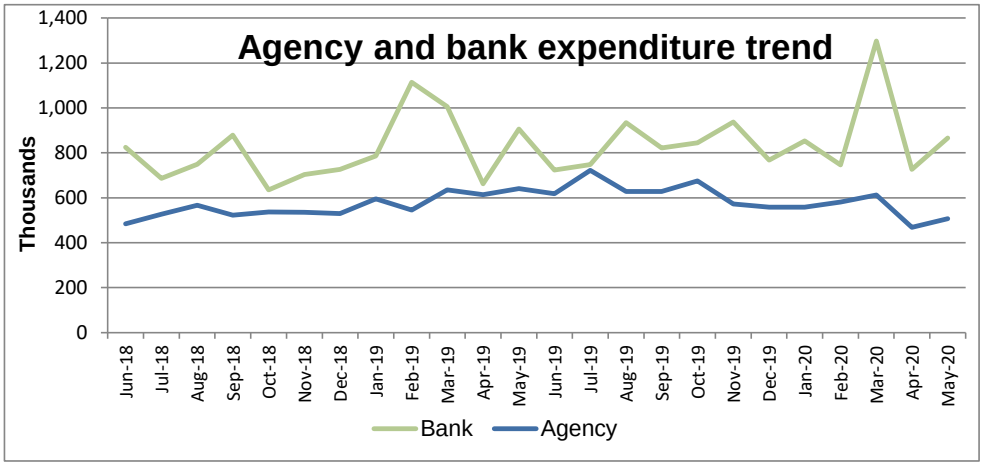
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

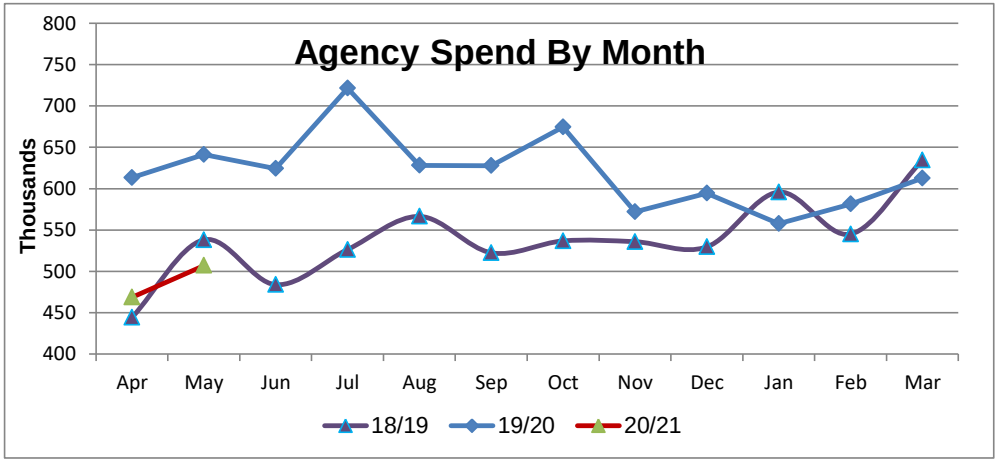
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

May 2020 spend is £507k and as shown by the 24 month rolling agency expenditure trend below this is lower than previously (2019/20 average was £617k per month).

Due to covid 19 there is currently no agency cap for 2020/21 however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This informtion monitors both the volume of agency shifts utilised and performance against suggested maximum agency rates (caps). Shifts exceeding these caps continue to require appropriate prior approval including approval by the chief executive.







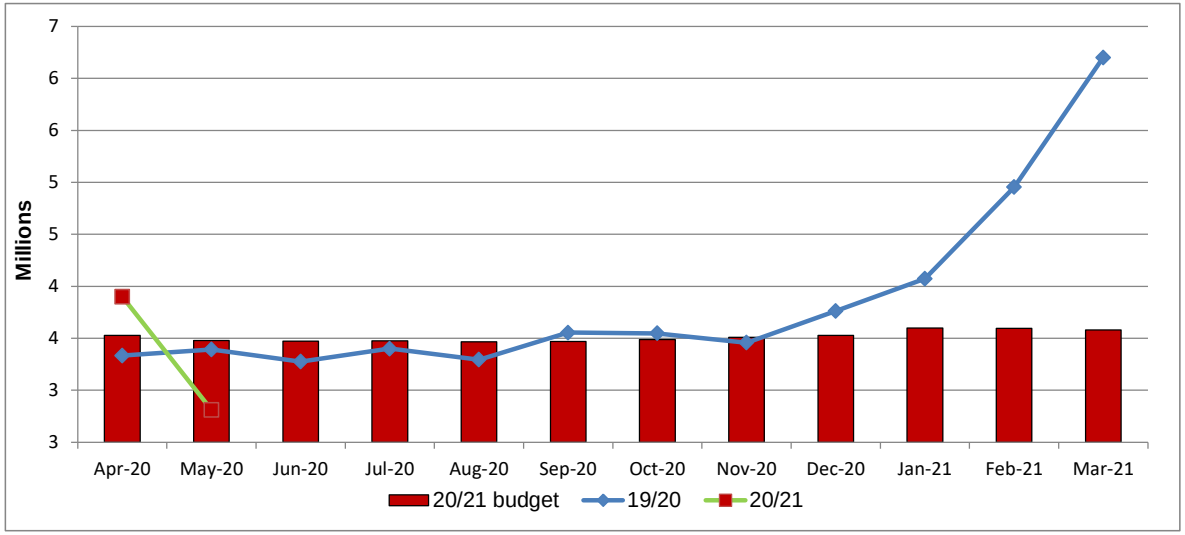
2.3 Non Pay Expenditure

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).

Please note the budget shown is per the draft operating plan and for indicative comparative purposes only.

	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	2,811											**6,711**
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	Actual Year to date	Variance
Non Pay Category	**£k**	**£k**	**£k**
Clinical Supplies	407	438	(31)
Drugs	588	567	21
Healthcare subcontracting	851	934	(83)
Hotel Services	286	291	(4)
Office Supplies	920	987	(67)
Other Costs	701	706	(5)
Property Costs	1,080	1,082	(2)
Service Level Agreements	1,086	993	93
Training & Education	71	37	35
Travel & Subsistence	602	315	287
Utilities	195	178	17
Vehicle Costs	218	184	34
Total	**7,006**	**6,711**	**295**
Total Excl OOA and Drugs	**5,567**	**5,211**	**357**



Key Messages

The national and Trust response to covid-19 is having a notable impact on non-pay costs. Additional PPE and cleaning material costs have been mitigated in part by national supply of key product lines. These have been at nil cost to the Trust. The non pay impact identified directly as a result of covid (in-house laundry, scrubs, provision of staff meals and refreshments) totals £0.5m for the year to date as highlighted earlier in this report. This is included within each of the non pay categories.

Although savings are in a number of categories the largest relates to travel and subsistence. The Trust response, through increased technology and agile ways of working, has enabled the reduction in travel for both clinical and non-clinical travel. Work is ongoing to see what efficiencies and best practice can be adopted sustainably going forwards.

Non pay costs are more than £1m lower in May than April. The largest element is drugs for which estimated April costs were higher than the actual invoice received. There has also been a reduction in clinical supplies which is where the national PPE would have been coded.

2.3 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 or the purchase of other healthcare services.

Out of Area Expenditure Trend (£)

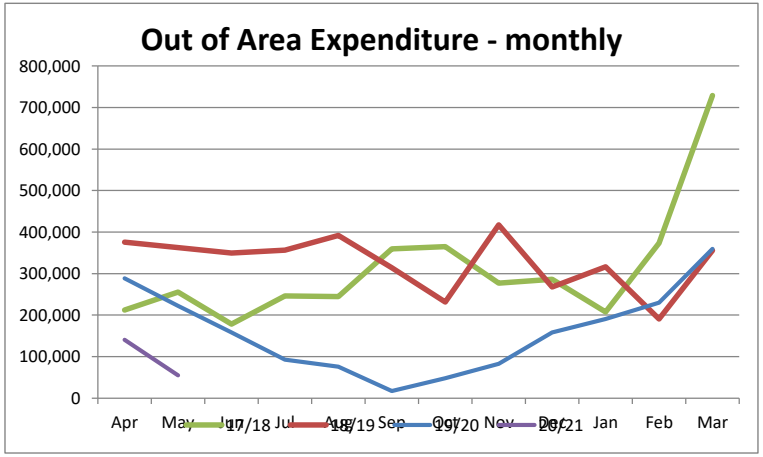
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48	82	158	191	230	359	**1,924**
20/21	141	55											**196**

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	55											**165**

Bed Day Information 2020 / 2021 (by category)

PICU	92	45											**137**
Acute	18	10											**28**
Total	110	55	0	0	0	0	0	0	0	0	0	0	**165**



Out of area placements saw an increase in bed days and costs in Q4 2019/20. As such the focus remained to ensure that costs are minimised and care is provided in the most appropriate environment and location.

Activity, and costs, have reduced in May compared to recent months and are more comparable with the lowest point of activity in September / October 2019. Covid-19 has had an impact on overall Trust activity but as much as possible is provided within the Trust's bed base.

There are a further 60 bed days (60 also in April) which are paid for by commissioners i.e. for gender specific reasons.

Previous experience has demonstrated that out of area placement activity has fluctuated and usage and action plans continue to be developed to ensure that future usage is minimised.

3.0 Balance Sheet 2020 / 2021

	2019 / 2020 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,617	106,649	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	5,242	2
Non NHS Trade Receivables (Debtors)	953	422	3
Prepayments, Bad Debt, VAT	2,219	2,546	
Accrued Income	1,904	2,389	4
Cash and Cash Equivalents	36,417	54,920	5
Total Current Assets	**48,307**	**65,756**	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(1,322)	6
Capital Payables (Creditors)	(272)	(319)	
Tax, NI, Pension Payables, PDC	(6,311)	(7,013)	
Accruals	(10,869)	(11,917)	7
Deferred Income	(1,462)	(18,997)	
Total Current Liabilities	**(23,016)**	**(39,568)**	
Net Current Assets/Liabilities	**25,291**	**26,188**	
Total Assets less Current Liabilities	**132,909**	**132,837**	
Provisions for Liabilities	(8,724)	(8,653)	
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	8
Total Taxpayers' Equity	**124,185**	**124,185**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2020.

1. Capital expenditure is detailed on page 13. The net value of fixed assets is expected to reduce in year as depreciation charges are greater than new investment.

2. NHS debtors continue to reduce although a number of specific invoices relating to 2019/20 remain outstanding. These have been chased with commissioners to resolve.

3. Non NHS debtors also continue to reduce and continue to be proactively managed.

4. Accrued income has increased with the largest values linked to settlement for covid-19 cost reimbursement and top up payments. For April and May these total £1.4m.

5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 15.

6. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17) and the revised 7 day payment target.

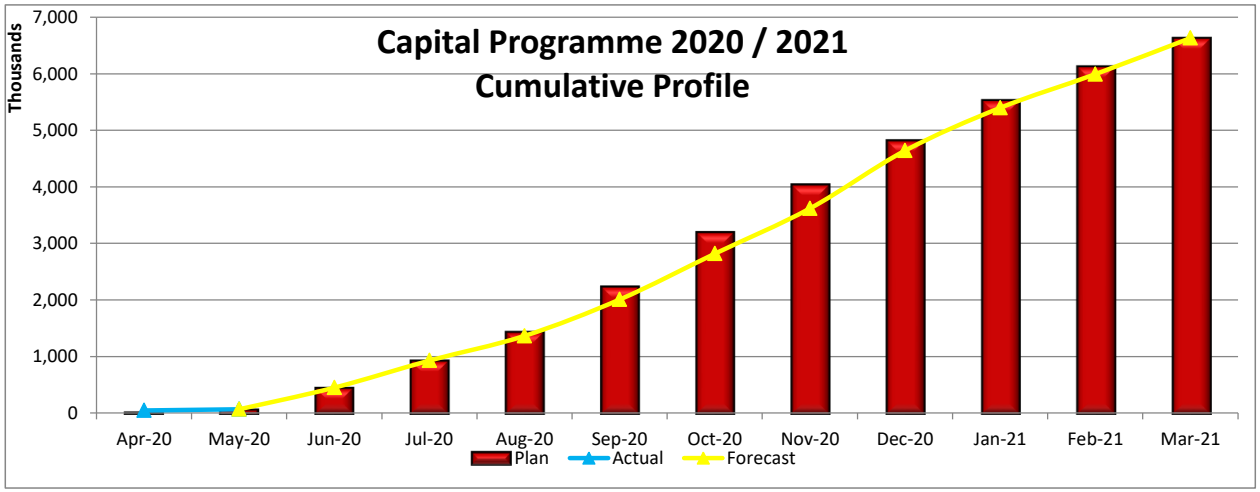
7. Accruals are higher than plan as the Trust awaits invoices for goods and services received.

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

3.1 Capital Programme 2020 / 2021

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,475	10	50	40	3,487	12	
Equipment Replacement	100	0	14	14	102	2	
IM&T	2,455	73	2	(71)	2,441	(14)	
Major Capital Schemes							
Hub Development	600	0	0	0	600	0	
						0	
						0	
VAT Refunds			0			0	
TOTALS	**6,630**	**83**	**66**	**(17)**	**6,630**	**(0)**	

The revised capital plan for 2020 / 21 is £6.6m



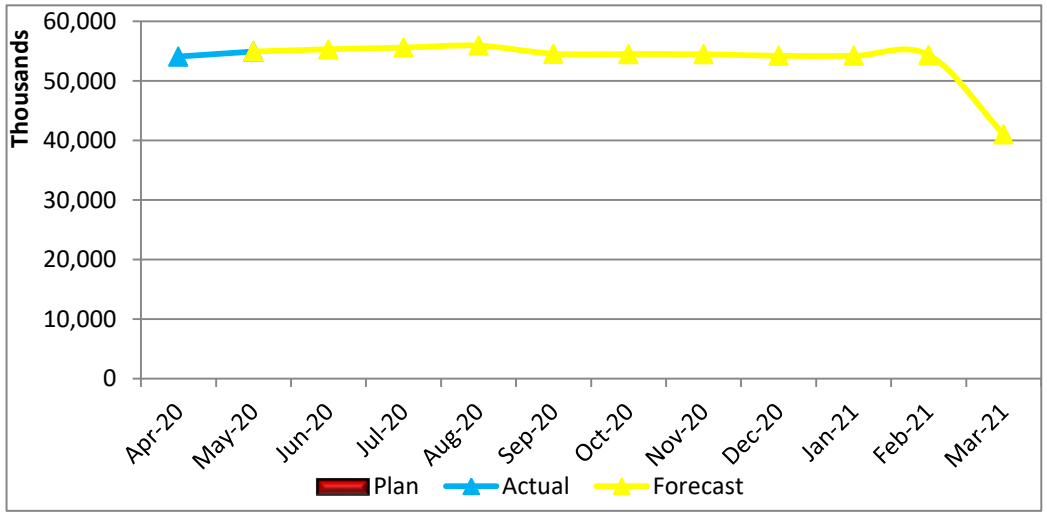
Capital Expenditure 2020 / 21

The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m

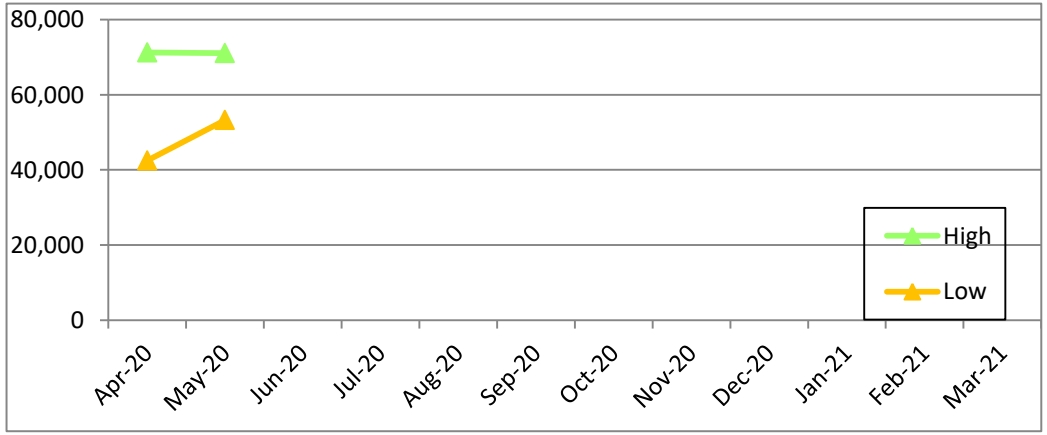
This reduction takes account of the fact that schemes have largely been on hold in Q1. This continues to be monitored taking account of current accessibility, supplier and contractor availability, extended timelines and different ways of working.

There is currently no covid specific schemes within this plan.

3.2 Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	0	54,920	54,920



Cash remains positive boosted by the timing of national block contract payments

Even though block contract payments are being received a month in advance, which has a positive impact on the cash position, the Trust continues to look to maximise cash.

A detailed reconciliation of working capital compared to plan is presented on page 15.

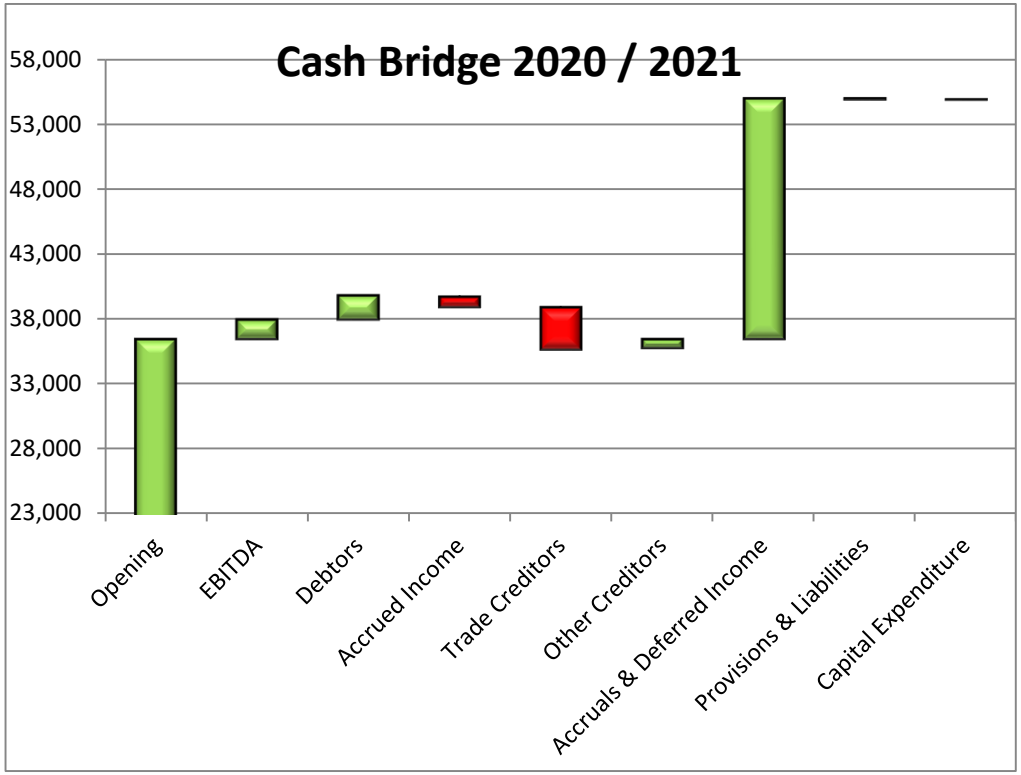
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £71.1m
The lowest balance is: £53.2m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
Opening Balances	**36,417**	
Surplus / Deficit (Exc. non-cash items & revaluation)	1,524	
Movement in working capital:		
Inventories & Work in Progress	0	
Receivables (Debtors)	1,866	
Accrued Income / Prepayments	(812)	
Trade Payables (Creditors)	(3,271)	
Other Payables (Creditors)	702	
Accruals & Deferred income	18,584	
Provisions & Liabilities	(71)	
Movement in LT Receivables:		
Capital expenditure & capital creditors	(19)	
Cash receipts from asset sales		
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	**54,920**	



The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is presented graphically as well within the cash bridge.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £17.1m relates to the payment of June 2020 block invoices during May in line with national guidance. This is a timing benefit and will move back in line at some point during the financial year.

The largest cash reduction is within creditors and is a direct consequence of the national request to pay invoices within 7 days. This means there was an initial increase in invoices paid. This would be reversed as and when we revert to 30 day payment terms.

4.0 Better Payment Practice Code

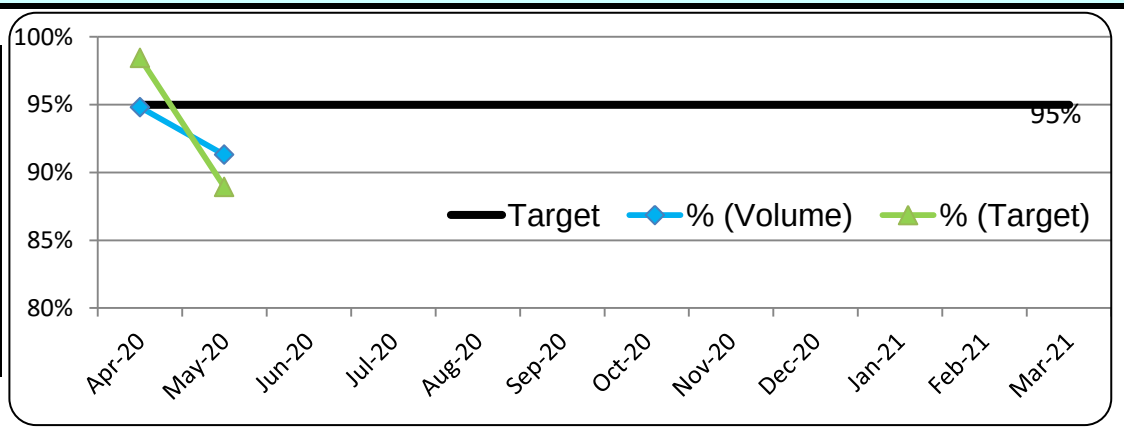
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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.

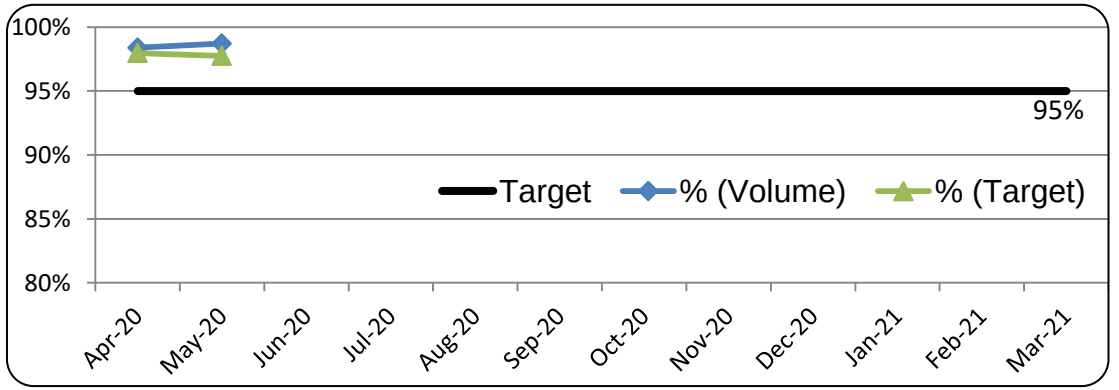
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

To date, by value, we have paid 78% of NHS invoices and 84% of NHS invoices within this 7 day target. We continue to review processes to improve this performance further.

NHS	Number	Value
30 days	**%**	**%**
Year to April 2020	95%	98%
Year to May 2020	91%	89%
7 days		
Year to April 2020		
Year to May 2020	68%	78%



Non NHS	Number	Value
30 days	**%**	**%**
Year to April 2020	98%	98%
Year to May 2020	99%	98%
7 days		
Year to April 2020		
Year to May 2020	87%	84%



4.1 Transparency Disclosure

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 (£)
30-Apr-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3138859	232,879
24-Apr-20	CQC Annual Fees	Trustwide	Care Quality Commission	3138333	159,234
01-May-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3138919	142,386
06-May-20	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3139243	90,250
11-May-20	Property Rental	Wakefield	Assura HC Ltd	3139434	90,000
20-May-20	CNST contributions	Trustwide	NHS Litigation Authority	3140120	64,522
27-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138479	45,960
28-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138562	45,960
11-May-20	Drugs	Barnsley	Lloyds Pharmacy Ltd	3139509	45,134
07-May-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3139298	44,256
04-May-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3139028	43,920
29-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138664	43,920
29-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138666	43,920
29-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138667	43,920
05-May-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3139095	43,648
13-May-20	Insurance	Trustwide	Willis Limited	3139736	38,459
18-May-20	Property Rental	Barnsley	Dr M Guntamukkala	3139997	36,975
22-May-20	Telecoms	Trustwide	Vodafone Corporate Ltd	3140227	32,366
27-Apr-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3138481	30,274
20-Mar-20	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3135208	30,207
20-Mar-20	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3135208	30,177
14-May-20	Electricity	Trustwide	EDF Energy	3139761	28,376
20-Mar-20	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3135209	26,886
11-May-20	Drugs	Barnsley	Lloyds Pharmacy Ltd	3139509	26,221
14-May-20	Electricity	Trustwide	EDF Energy	3139811	25,984
22-May-20	Telecoms	Trustwide	Virgin Media Payments Ltd	3140350	25,358

4.2 Glossary

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