Integrated Performance Report
Strategic Overview

June 2020

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for June 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. The structure of this section has been updated this month to reflect the current phase of the pandemic and focuses on:
• Managing the clinical response
• Supporting our staff and staff availability
• Supporting the system
• Standing up services
• Restoration and reset

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.. 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 June 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. Given the fact different staff provide different sections of the report there may be some references to data from slightly different dates.

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.

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

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 July 22nd as opposed to the end of June. 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	Feb-20	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19							
No of staff off sick - Covid-19 not working 7			**154**	**204**	**112**	**48**	
Shielding			54	59	52	37	
Symptomatic			69	118	46	5	
House hold symptoms			26	24	13	4	
OH Advised Isolation			5	1	0	0	
Test & Trace Isolation			0	0	0	0	
Other Covid-19 related			0	2	1	2	
No of staff working from home - Covid-19 related 8			**125**	**136**	**107**	**90**	
Shielding			76	78	72	71	
Symptomatic			13	28	13	5	
House hold symptoms			29	23	13	1	
OH Advised Isolation	N/A	N/A	7	6	7	3	
Test & Trace Isolation			0	0	0	7	
Other Covid-19 related			0	1	1	3	
Number of staff tested 9			90	603	1762	2238	Cumulative
No of staff tested positive for Covid-19 10			24	93	130	134	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%	1310/1448 =90.5%	
No of staff returned to work (not working only) 13			445/599 = 74%	609/807 =75%	800/908 =88.1%	872/928 =94.0%	
No of staff returned to work who were Covid-19 positive 12			10	43	79	92	Cumulative
No of Service users tested (ward)			41	65	103	104	Symptomatic
No of service users tested positive (ward)			9	10	29	29	Cumulative
No of service users recovered			8	9	28	28	One patient died not in SWYFT care.
Additional number of staff enabled to work from home			900	900	937	1003	cumulative
Calls to occupational health healthline			311	316	796	884	Cumulative

KPI	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Forecast
Making SWYPFT a great place to work							
Sickness absence	4.5%	5.0%	3.8%	4.0%	3.5%	4.0%	
Staff Turnover	10%	11.3%	11.9%	8.5%	7.9%	9.8%	
Actual level of vacancies	tbc	12.2%		8.7%	6.9%	6.3%	
Improve people's health and reduce inequalities	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Forecast
% service users followed up within 7 days of discharge	95%	81/85 =95.2%	105/107 =98.1%	90/92 =97.8%	102/102 = 100%	105/105 = 100%	1
Out of area beds 1	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	175	137	23	8	72	2
IAPT - proportion of people completing treatment who move to recovery 4	50%	52.4%	55.7%	51.4%	49.2%	42.8%	1
Delayed Transfers of Care	3.50%	1.8%	1.9%	2.0%	1.7%	1.4%	1
Improve the quality and experience of care	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-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	20	21	35	37	34	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	12	6	15	20	14	
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	0	2	1	2	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 2	trend monitor	37.8%	40.0%	39.9%	44.9%	47.2%	
Improve the use of resources	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Forecast
Surplus/(Deficit)	In line with Plan	(£49k)	(£968k)	-	-	-	
Agency spend	In line with Plan	£581k	£613k	£469k	£507k	£518k	
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 and neurodevelopmental teams. 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 22nd July 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 22nd July. Staff not working due to Covid-19 related issues.

8 - Trusts Covid-19 sickness absence recording system as at 22nd July. 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 22nd July.

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 22nd July.

12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 22nd July.

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 overall during June shows a positive position, however all inpatient services are experiencing high acuity.
• Testing arrangements remain mature and achieving desired position
• Incident levels remain within usual parameters whilst subject to regular review
• Enhanced clinical risk scan continues to monitor impact of Covid-19 on mental health, an increase in self-harm behaviour is emerging
• Covid-19 guidance regularly updated in response to emerging directives and advice.
• Positive outcome from review of infection prevention control assurance framework by CQC, remote MHA visits feedback also positive

NHSI Indicators
• One young person under the age of eighteen were admitted to an adult ward in May for a total of 3 days
• The percentage of service users waiting less than 18 weeks from referral to treatment has dropped to 85.1%, largely as a consequence of Covid-19
• Inappropriate out of area bed usage amounted to 72 days in June
• Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery decreased further to 42.8%
• The percentage of service users seen for a diagnostic appointment within 6 weeks has reduced to 29.0% as a direct consequence of Covid-19
• All other nationally reported targets are currently being achieved
• Increased number of detentions under the Mental Health Act in Q1

Locality
• Currently operating speech & language services with reduced staffing in Barnsley
• There is an increasing demand for face to face visits for community nursing, neighbourhood rehab and crisis response in Barnsley
• Stoke early supported discharge service is now operational
• Considerable demand pressure coupled with increases in acuity within inpatient wards
• Building risk assessments in place for all community bases and are being tested against recovery plans
• Community mental health services are witnessing high levels of acuity and distress and relapse rates in service users on their caseloads
• IAPT referrals and access rates have typically decreased since the onset of the Covid-19 outbreak
• Data quality within learning disabilities for initial screening and access within 18 weeks is being reviewed
• A review of the forensics cohort ward implementation plan is taking place
• Positive survey results from remote appointments in ADHD have been received
• Recovery college prospectus for September has been completed
• CAMHS referrals have been lower than normal during the pandemic, but a small increase is now being seen

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 restoration and reset
• West Yorkshire bereavement helpline established in June
• Increasing level of challenge in providing care closer to home with an increase in out of area bed placements
• Staff consultation on the full implementation of the all age liaison service re-commended recently
• Work continues to deliver the key actions in the forensic improvement plan. A communication approach has been developed for the BDU
• Much increased use of video consultations in June

Finance
• Interim financial arrangements in place for April through to July.
• £478k of costs identified as being reasonably incurred as part of the Covid-19 response
• In month 3 there was a deficit recorded pre final top-up of £393k. It has been assumed this will be reimbursed to enable the Trust to break-even. The main issues continue to be 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 June, a similar value to May
• The cash balance has fell slightly to £54.1m
• Out of area bed costs increased to £88k, with a higher run rate being seen at the end of the month, which continues to increase in July
• Capital expenditure remains light at £0.1m. As part of a national process bids have been made for some further capital to support the Trust's response to Covid-19.
• 83% of all third party invoices were paid within 7 days of receipt of goods or services, with 97% paid within 30 days.

Workforce
• As at July 22nd 47 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
• 2,238 staff tested for Covid-19 as at July 22nd with 134 returning a positive result
• Non-Covid staff sickness at the end of June was 3.9%
• Staff turnover has increased to 9.8% and the actual level of vacancies has fallen further to 6.3%

Covid-19
In addition to the points identified in the sections above:
• Emergency planning command structure remains in place awith a reduced number of weekly meetings reflecting the current phase of the pandemic
• 3,222 anti-body tests carried out with 11.2% returning a positive result
• Sufficient PPE remains available for staff.
• Risk assessments for all staff are being rolled out on a phased risk based approach following completion of risk assessments for all BAME members of staff
• Work continues on reset and restoration of services
• Testing process remains in place for staff via the national testing route
• Significant support to care homes is being provided by the general community team in Barnsley
• The Trust has participated in stress testing workshops in both South and West Yorkshire
• Over 1,600 video consultations using AirMid or AccuRX taking place each week
• National guidance continues to be monitored, reviewed and adopted

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
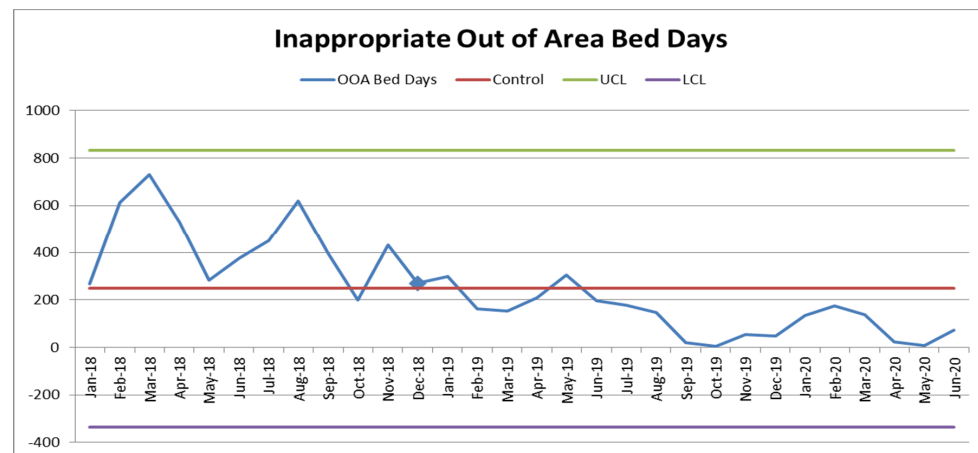
Inappropriate Out of Area Bed Days
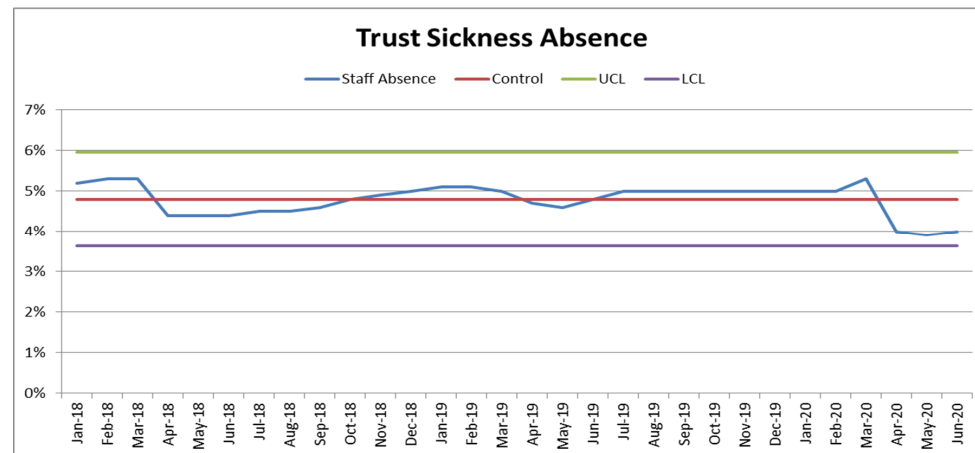— OOA Bed Days — Control — UCL — LCL

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

Staff Sickness Absence
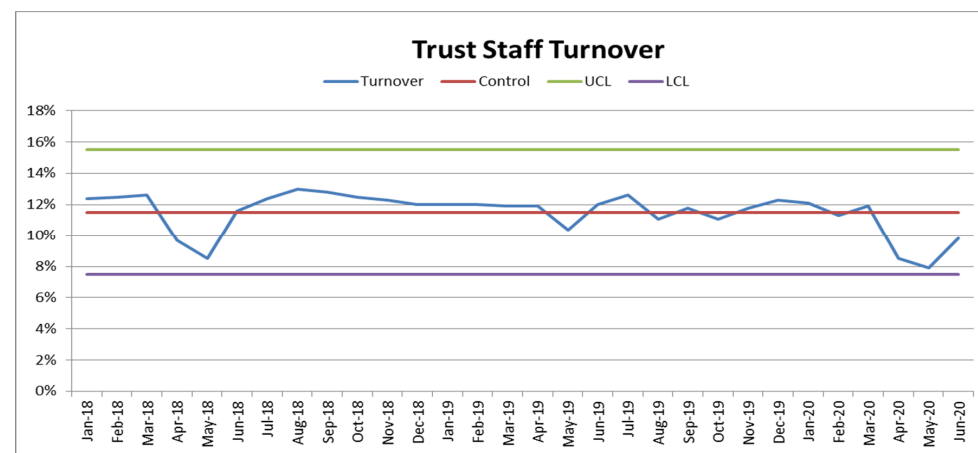
Trust Sickness Absence
— Staff Absence — Control — UCL — LCL

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

Staff Turnover

Trust Staff Turnover
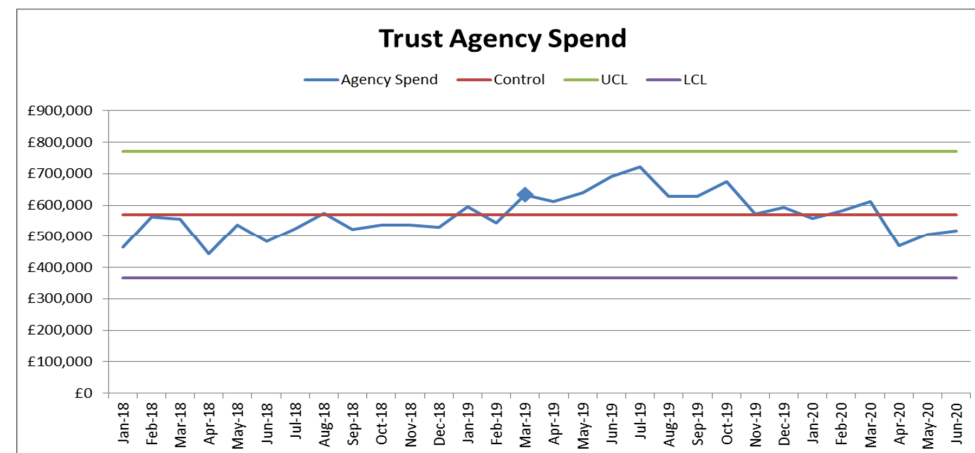— Turnover — Control — UCL — LCL

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

Agency Spend

Trust Agency Spend
— Agency Spend — Control — UCL — LCL

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

Incidents

Total Number of Reported Incidents
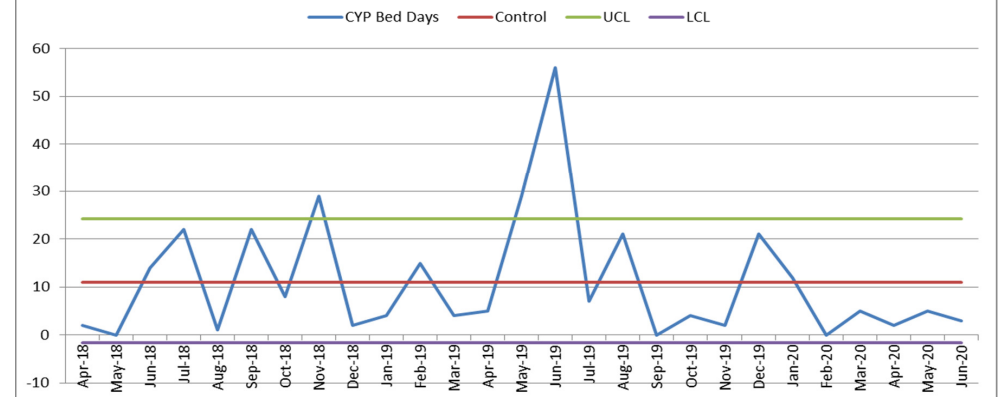

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

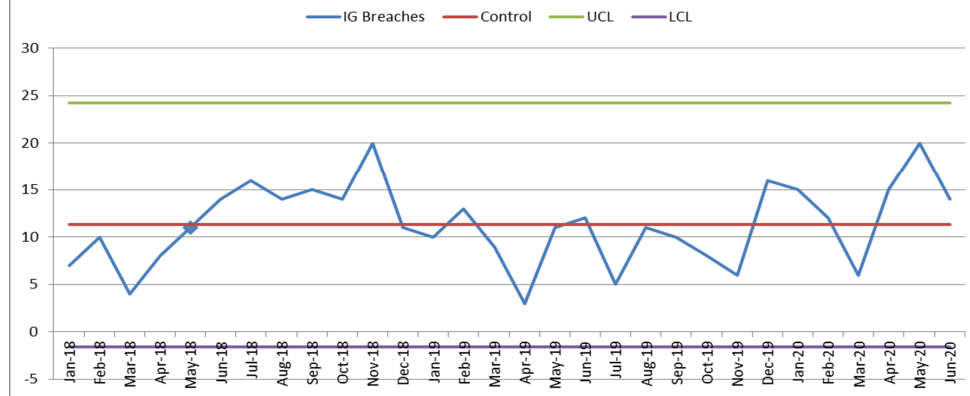## Total bed days of CYP on adult wards

Total Bed Days of CYP on Adult Wards

The majority of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported bed days are within the expected range with the exception of Nov-18 and Jun-19.

IG Breaches

Total Number of IG Breaches

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

CAMHS Referral to treatment waiting times
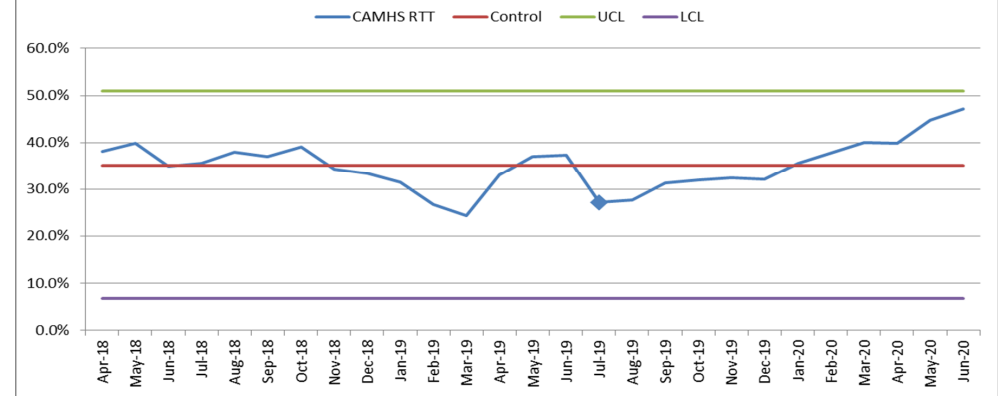
CAMHS Referral to Treatment Waiting Times

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that waiting times are within the expected range. The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards following a change in June 2020.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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.

Managing the clinical response

IPC response – guidance

There have been two recent letters; COVID-19 care home outbreak and regular testing and the COVID-19 FAQ's Estates and Infrastructure which have been reviewed and interpreted by the IPC team. The IPC team have worked with the deputy director and general managers across Barnsley BDU to initiate the testing; starting the 27th July 2020. A flowchart has been devised to implement the programme with IPC oversight. Further consideration will be required if this is expected to be rolled out across the Trust. The IPC team reviewed the Estates and Infrastructure letter and as Trust we are compliant, no risks identified.

Patient testing & pathway/Outbreak response & management

We tested 8 symptomatic inpatients and had 3 confirmed positive cases in the whole of June. The 3 confirmed were part of the sandal outbreak.

We have performed no official test and trace on inpatients as all were positive prior to that guidance being released. We have had 9 positive staff members in June, only 2 test and trace were performed as we only commenced test and trace on 15/06/2020. No breaches were identified.

Covid-19 clinical risk scan

Please refer to the Covid-19 related incident reporting section in the quality report

PPE position

• More consistent provision of PPE in recent weeks
• The Trust participates in a mutual aid scheme within each ICS
• PPE is received centrally and then distributed across 8 hubs in the Trust
• Additional PPE has been sourced directly to supplement national deliveries when it has been required
• The size of some items e.g. gloves is key as some sizes are used far more frequently than others

PPE Levels as at 14/07/2020	Approx days stock	Stock items
Surgical masks	30	253,000
Respirator masks	80	4,300
Aprons	11	70,000
Gowns	95	3,900
Gloves	28	388,000
Visors	100	40,700

Covid-19 response
Supporting our staff and staff availability

Testing approach

Current position

Patients:
- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Asymptomatic takes place on admission, 5-7 day post admission and discharge testing is being undertaken. Also testing for service users prior to going for a planned operation/ treatment/ procedures testing being undertaken through Pillar 1.
- Outbreak and hotspot management testing is provided through an internal testing route, with adequate capacity from local labs.
- Testing some mental health and general health community patients if they require admission to adult care home, or admission to hospital.
- Swabbing for outbreaks in care homes - SOP produced and commencement date to be finalised.
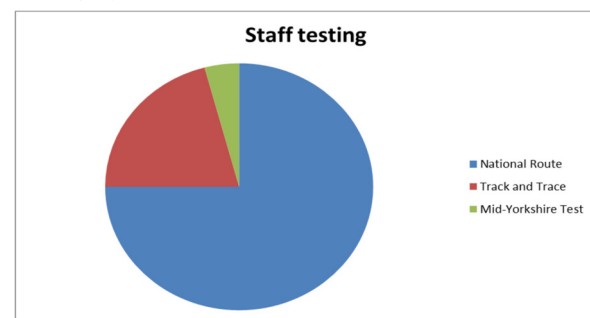
Staff
- Swabbing for symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures
- Hotspot outbreak management testing is provided through internal testing route, with adequate capacity from local labs.
- Trust committed to the national SIREN study, which will include fortnightly swabbing and anti-body testing.

Staff testing report – current position

The Wakefield Fieldhead testing site officially closed on 5th July, since this date 23 members of staff have received a test via the national testing route or test and trace process.
All staff requiring a test continue have their details taken and are contacted to ensure a test has been sought and monitor when result received.

The reasons for absence from work for the staff members who were tested are included in the table below:

Reason for absence	Total Number
Household symptoms	7
Staff symptomatic	11
Test and Trace	5

Results

Most of the results have been returned within one day (70%) and the remainder barring one exception within two days. There is no apparent difference to date between the Fieldhead testing site and national testing site in terms of the time it takes to receive results..

Future plans for testing staff
- Remain with staff testing through the national route.
- For Trust infection prevention & control (IPC) staff PC to have oversight of the staff absence as a result of Covid-19 so they can monitor results and advise as necessary.
- Any member of staff who is unable access a national test will be considered for local testing via the nursing, quality and professions directorate.

Staff absence
- The Trust completed 100% of its risk assessments for BAME members of staff
- The risk assessment process is being rolled out to other staff using a phased risk-based approach
Please rtefer to the sickness reporting section in the workforce report

Covid-19 response

Supporting the system

Care home support offer
• Significant support to care homes is provided from the general community team in Barnsley.
• Support includes testing (for both staff and residents), training and advice. This requires significant capacity, especially where there have been clusters/outbreaks.
• Support also includes direct care from community staff including our specialist palliative care teams , District Nurses and matrons and our out of hours nurses.
• SWYPFT is part of the mutual aid response to care homes to ensure they have adequate PPE
• Mental Health and Learning Disability support has also been provided into care homes across the whole of the Trust footprint to support the residents

ICS stress test and outbreak support
• SWYPFT were part of ICS stress testing workshops in both South Yorkshire & West Yorkshire as part of the place based response
• We continue to work closely with partners in outbreak support response in each of our four places
• Strong leadership from the Infection Prevention & Control (IPC) team continues so we ensure appropriate IPC measures are in place
• We provide input and support in to the communication and engagement cells in each of our places to support the covid management and outbreak response.

Standing up services

Operational services delivery update
Please refer to the localities section of the report

Workplace risk assessments
• Environmental risk assessments are being carried out across the Trust, including the identification of Covid secure locations

EPRR update inc Opel levels
• The command structure remains in place with a reduced number of weekly meetings reflecting the current phase of the pandemic
• The Trust remains at Opel level 2

Covid-19 response

Restoration and reset

Key priorities
- Review and revise governance systems in light of learning from covid
- Progress the identified clinical priority areas for restoration and reset
- Evaluate estate requirements and capacity in light of health & safety restrictions
- Work with partners in each place as well as both ICS systems to support restoration and recovery in each place
- Evaluate the new clinical models and digital approaches that we have used during the pandemic
- Continue work to ensure this is great place to work
- Deliver the requirements in the phase three planning guidance
- Review the priority programmes for the next phase and develop scopes and key metrics

Race equality response
- Our refresh of the Equality, Inclusion and involvement strategy and Trust Approach is already underway - Integrated systematic approach underpinned by involvement since October 2019
- Leadership and Stronger governance /delivery structure
  - Board leadership
  - E&I committee and Task Force
  - BAME workforce Task Force
  - BAME Network participation in Task Force
- Strengthened our processes to capture insights, data, impact and informed decision making
  - WRES/WDES/EDS2 – Action Plans currently being updated based on NHSE/I requirement templates
  - Covid19 Trust wide EIA and action plan
  - Covid19 Trust wide intelligence tool
  - EIA quick decision tool to support decision making and change
  - EIA form and intelligence supported decision making in Silver command structure
  - Equality and Engagement team as advisors in silver command – Latter from July 2020
  - EIA and insight work from strategy refresh to inform Priority programmes and planning as part of stabilisation and recovery
  - Mapping representation in meetings (awaiting data)
- Targeted and accessible communications, messaging and materials
  - Translation services promoted – translated COVID19 materials
  - Use of easy read materials developed and promoted
  - Website and intranet tools
  - Targeted messages to communities

Digital response
- Calls to the service desk stabilising after the initial increase at the onset of the pandemic and increase in staff working from home
- Over 1,000 additional VPN licences provided to enable staff to work remotely
- Significant uptake in the use of Microsoft Teams
- On average circa 1,600 video consultations carried out each week in June
- Daily average of VPN connections is almost 2,000 higher than January this year.

Digital - Summary Metrics	Apr	May	Jun
Total numbers of tickets logged with service desk:	5,914	4,186	4,424
Total phone calls to service desk:	2,733	1,644	1,744
Number of SystmOne tickets (day to day system requests/amendments):	321	320	298
Number of smartcard related tickets:	367	308	296
Additional VPN licences since March	888	937	1,003
Average number of daily VPN connections	2,674	2,430	2,731
Microsoft Teams - meetings participated	10,535	7,201	15,450
Airmid video consultations (average/week)	316	593	858
AccuRX video consultations (average/week)	0	318	752

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year End Forecast
Quality Complaints	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	35.6%	37.8%	40.0%	39.9%	44.9%	47.2%	N/A
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	6% 1/17	18% 4/22	15.0%	10.0%	0% 0/14	17% 5/29	1
	Number of compliments received	Improving Health	Caring	TB	N/A	35	17	11	13	13	41	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	39	19	295 incidents during 19/20	39	33	Due Aug 20	[trend graph]
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor		11		2	2	Due Aug 20	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0	0	Due Aug 20	1
Quality	% 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	15	12	6	15	20	14	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	0.7%	1.8%	1.9%	2.0%	1.7%	1.4%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	89.2%	81.5%	82.7%	90.4%	91.5%	Due Aug 20	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	69.0%	69.8%	83.9%	71.2%	83.3%	Due Aug 20	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1093	993	1082	969	942	1026	[trend graph]
	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	27	16	20	34	32	32	[trend graph]
	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	1	4	1	1	5	2	[trend graph]
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	5	4	2	1	6	10	[trend graph]
	MH Safety thermometer - Medicine Omissions 15	Improving Care	Safety Domain	TB	17.7%	10.3%	18.0%	11.6%	No longer available			2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	112.9%	108.0%	109.9%	115.1%	119.4%	123.3%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.6%	89.4%	88.9%	95.7%	94.3%	93.9%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	44	36	31	46	46	34	[trend graph]
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	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	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	95.5%	94.5%	94.5%	93.0%	91.5%	90.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	48	47	44	38	45	46	[trend graph]
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	218	139	189	173	160	177	[trend graph]
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	86.5%	83.9%	90.0%	95.3%	91.5%	90.2%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	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. Excludes ASD waits and neurodevelopmental teams.

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 June reduced from 160 to 177. 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 June from 45 to 46 - 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.
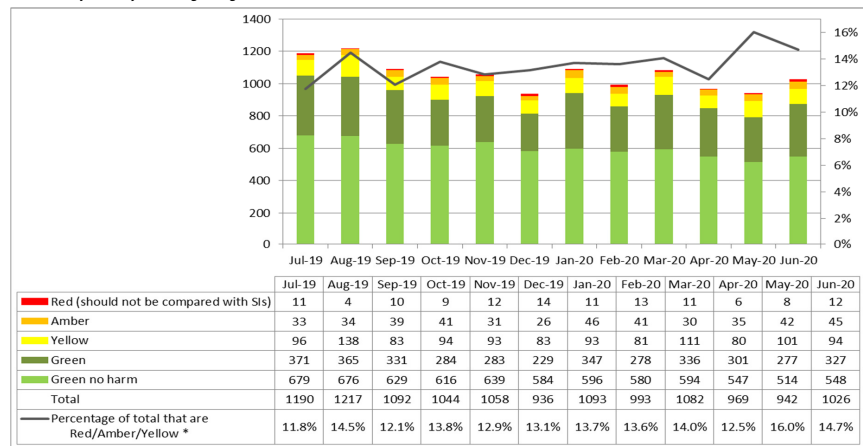During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:
• Responsibilities 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 July 2019 - June 2020

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

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Red (should not be compared with SIs)	11	4	10	9	12	14	11	13	11	6	8	12
Amber	33	34	39	41	31	26	46	41	30	35	42	45
Yellow	96	138	83	94	93	83	93	81	111	80	101	94
Green	371	365	331	284	283	229	347	278	336	301	277	327
Green no harm	679	676	629	616	639	584	596	580	594	547	514	548
Total	1190	1217	1092	1044	1058	936	1093	993	1082	969	942	1026
Percentage of total that are Red/Amber/Yellow *	11.8%	14.5%	12.1%	13.8%	12.9%	13.1%	13.7%	13.6%	14.0%	12.5%	16.0%	14.7%

* 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. 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 potentially 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 volumes. This is a constantly changing position and the data was accurate at the time of extraction (14/7/20).
Deaths: of the 10 deaths reported, 4 Deaths are awaiting confirmation of cause of death for decision regarding level of review. The other 6 deaths are categorised as Slip/Trip/Fall (1), Suicide (incl apparent) - community team care - current episode (2) and Suicide (incl apparent) - community team care - discharged (3). Two of the deaths have been reported as serious incidents.
Severe harm: There were 2 severe harm incidents reported, 1 pressure ulcer incident reported by Neighbourhood Nursing Team Barnsley, 1 self harm incident reported by Assessment and IHBTT/ Crisis Team - Calderdale.
Moderate harm: Of the 32 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 17 incidents (all Neighbourhood Nursing, Barnsley). There was 2 Tissue Viability other incidents recorded by Neighbourhood Nursing, Barnsley. The pressure ulcer and tissue viability incidents account for 41 % of all moderate harm incidents. There are no particular patterns or trend. One has been reported as a serious incident. There were 8 self-harm incidents (2 Enhanced Team, South Kirklees, 2 IHBTT Kirklees, 1 IHBTT Calderdale, 1 Enhanced Team East, Barnsley, 1 Enhanced Team East – Wakefield, 1 Stop Smoking Service – Doncaster. There was 1 unwell/illness incidents (1 Johnson Ward). There was 1 Safeguarding Adult incidents (Barnsley Enhanced Team West). There was 1 medication incident on Johnson Ward and 1 incident involving a patient absent without leave on Elmdale Ward. There was 1 slip/trip/fall on Beamshaw Ward.
Degree of harm will be updated when more information emerges and incidents

Safety First cont…

Summary of Serious Incidents (SI) by category

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

• 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.

Mortality

Learning: Work paused during Covid 19, work is planned to recommence work to develop thematic learning summaries for sharing across the Trust.

Regional work: Regional meeting held 9/7/20, Acute focus, with discussion around medical examiners and use of SJR in Covid 19 deaths. Connections made with lead in RDASH.   Next Northern Alliance meeting planned for September 2020.

Reporting: A summary of mortality reporting has been prepared and included in the Incident annual report 2019/20. An update on Quarter 1 data will be included in the Q1 2020/21 Incident report. Further analysis will be carried out later in the year. Analysis of deaths occurring from 1/3/20 - 30/6/20 is being prepared for Clinical risk panel.

Structured judgement reviews: SJR training (via Teams) is planned for 30 July. New reviewers are always welcomed. 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 June 2020 included a reduced proportion of staff either self-isolating or shielding due to the COVID-19 virus as well as staff redeployed to core services. The influx of student nurses (78 in total) has had a positive impact on Services. At present, 11 of these students have opted to end their contract with the rest opting to extend to the 23rd August. This is an ever changing picture. There has also been some success in the Bring Back to Work project as well as retirees and returns. All the above was supported by an ongoing recruitment onto bank project with June's recruitment onto bank figures:

The trust is also continuing an extensive COVI-19 testing programme, anti-body testing and have embarked on its track and trace model.

No ward has fallen below the 90% overall fill rate threshold. Of the 31 inpatient areas, 28 (89.6%), a decrease of one ward on the previous month, achieved greater than 100%. Indeed of those 28 wards, 16 (an increase of six wards) achieved greater than 120% fill rate.

Registered On Days -Trust Total 89.3% (an increase of 1.0%). The number of wards that have failed to achieve 80% registered nurses decreased by one ward on the previous month to 12 (38.4%). Eight wards were within the Forensic BDU, two in Wakefield, one in Barnsley and one in Calderdale and Kirklees. All inpatient areas remain under pressure from a staffing perspective. COVID – 19 has had an impact on staffing as well as other contributory factors included high levels of acuity, high sickness/absence and existing vacancies. Forensic remains 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.

Registered On Nights- Trust Total 98.4% (a decrease of 1.9%). Four wards (12.8%), an increase of one on the previous month, fell below the 80% fill rate in the month of January. Three were within the forensic BDU and the other within Barnsley 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 decreased by one to 21 (67.2%). One ward utilised in excess of 120%.

Overall fill rate for registered staff is 93.9%.

Ward Name	Apr-20 Average Fill Rate - All Staff (%)	May-20 Average Fill Rate - All Staff (%)	Jun-20 Average Fill Rate - All Staff (%)
Beamshaw	107.1%	121.6%	120.5%
Clark	95.5%	92.5%	99.3%
Melton Suite PICU	128.5%	133.9%	149.2%
Neuro Rehab Unit	121.1%	152.2%	142.9%
Stroke Rehab Unit	113.1%	118.7%	122.2%
Willow Ward	121.2%	114.9%	122.1%
Ashdale	96.0%	104.7%	102.1%
Beechdale	102.5%	116.4%	118.6%
Elmdale	97.6%	107.5%	105.9%
Enfield Down	102.5%	107.9%	100.7%
Lyndhurst	103.9%	111.1%	116.8%
Ward 18	107.3%	116.2%	130.4%
Ward 19 - Female	117.3%	105.4%	110.0%
Ward 19 - Male	103.8%	107.0%	116.2%
Appleton	113.3%	103.0%	98.3%
Bronte	133.4%	117.5%	136.2%
Chippendale	95.7%	97.0%	100.0%
Hepworth	110.0%	109.0%	168.2%
Johnson	173.1%	171.1%	170.4%
Newhaven	106.6%	105.0%	108.3%
Priestley	116.2%	102.6%	98.8%
Ryburn	117.3%	106.7%	109.5%
Sandal	131.0%	121.9%	136.9%
Thornhill	114.1%	106.9%	107.3%
Waterton	129.2%	133.9%	126.9%
Crofton	136.4%	119.8%	122.1%
Horizon	120.8%	119.6%	110.4%
Nostell	126.5%	141.1%	134.5%
Poplars	143.3%	154.8%	156.3%
Stanley	109.8%	137.0%	149.3%
Walton PICU	101.4%	124.2%	122.4%
All Wards	115.1%	119.4%	123.3%
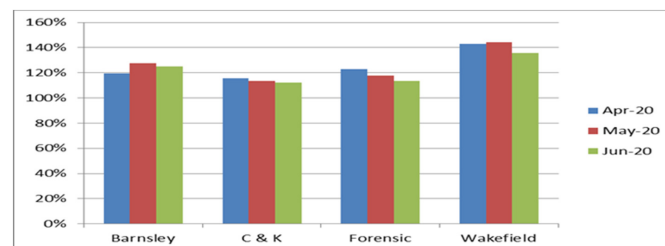
BDU Overall Fill Rates

Forensic and LD BDU increased from 118% to 124%. Barnsley decreased from 128% to 125%. Calderdale and Kirklees BDU decreased from 114% to 112%. Wakefield BDU decreased from 144% to 136%.
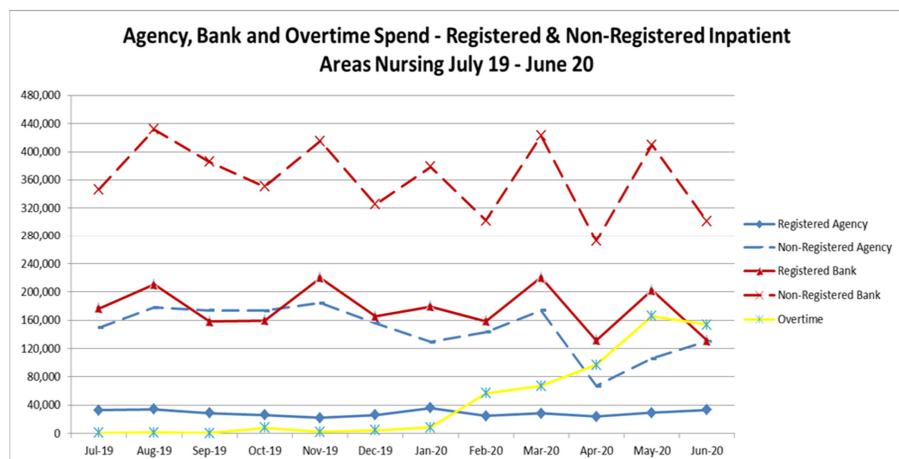
The overall spend, and usage of, bank and agency has fallen in June with several things impacting on this figure including less staff self-isolating due to COVID-19, substantive staff still not taking their full complement of planned leave and new starters within the HCA workforce.

Bank spend has decreased by just over £150K, Overtime decreased by around £12K whilst agency spend has increased by approximately £29K. This was as a result of a decrease in the overall temporary staffing requests, reduced by 405.53 hours, and a slight drop in bank staffs availability due to some staff taking a break from their bank role after a sustained period of engagement. This meant that there was a slight increase in the use of agency.

In June several wards had a fill rate exceeding expectations, which was due in the main to an increase in acuity and extra demand for staff but also due to the student nurses being counted in the fill rates (Table 2). In terms of increased demand, two wards stand out, 1) Hepworth ward had a Service User admitted to Pinderfields requiring a 3:1 escort resulting in a 60% average increase in staffing needs, and 2) Johnson Ward, which was used as a covid-19 cohort ward and the establishment template is due to be reviewed by the end of August.

Throughout the last month the main wards where staffing was a raised concern were Ward 18, Ashdale, Melton Suite, and Newton Lodge. Shifts were picked up quickly and the fill rate of requested flexible staffing shifts remained high . We are continuing to target the areas above within our recruitment campaigns, block booking and prioritization within bank booking. However, this does vary on a weekly basis dependent on acuity and clinical need as well as the impact of COVID-19 on particular wards.

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

Agency, Bank and Overtime Spend - Registered & Non-Registered Inpatient Areas Nursing July 19 - June 20

Information Governance

June saw a slight decrease in confidentiality breaches down from 20 in May to 14 in June; in addition, the number of breaches caused by information being disclosed in error has reduced from 14 to 10, which is a significant improvement. In June, breaches of this type were due to correspondence being sent to the wrong recipient or email/ postal address and information about other parties being attached to or included with correspondence in error. It is likely that one of these will result in a complaint: the affected party has accepted there was an error and has not been harmed but has requested further information on raising a concern. The incident involved an intervention report for a child that had apparently been opened before being delivered to the intended recipient. The parent is concerned that the handwriting on the envelope is not clear and there is a spelling mistake, plus it wasn't sent by recorded delivery.

Three cases of lost paperwork were reported: one involved a prescription card that has not been located; the others involved personal data being found unsecured and being returned secure storage. There was also an incident involving inappropriate access to a record as a health professional viewed the record of a recently deceased patient who had been under their care: an informal warning has been issued by line management.

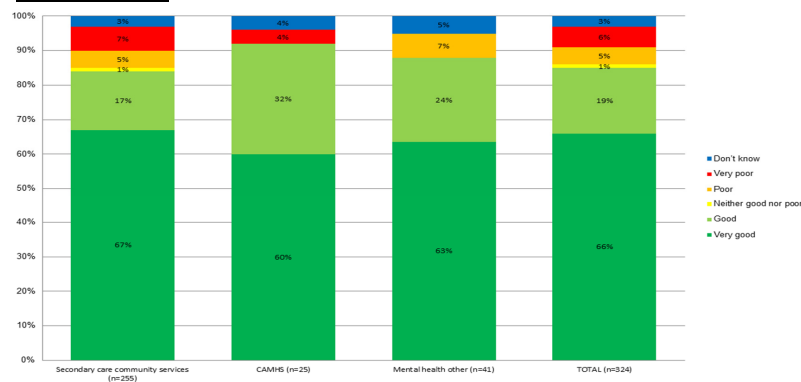## Commissioning for Quality and Innovation (CQUIN)

Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

Patient Experience

Friends and family test shows

• 100% of respondents would recommend community services.
• 85% would recommend mental health services.

Mental Health Services

Community Services

• 86% (n=321) of respondents would recommend Trust services.
• 100% (n=12) of respondents would recommend community services.
• 85% (n=333) of respondents would recommend mental health services.
• The new FFT was launched on the 15th June. All services have received new cards, literature and promotional items.
• Text messages provided 85% of the responses in June.
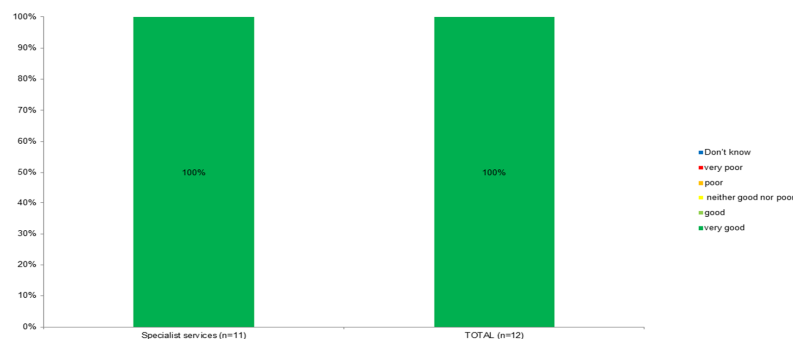
Care Quality Commission (CQC)

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

Safeguarding has remained a critical service throughout the Covid-19 pandemic, all statutory duties have been maintained, data flow has continued in a timely manner and the team have continued to provide supervision. Training has been accessed via e-learning and the training statistics have been monitored, any hotspot areas have been contacted and virtual training has taken place on the 10th July 2020.

External information gathering requests have been responded to and the team have continued to attend Safeguarding Practice Review panels, safeguarding Adult Review panels and Domestic Abuse panels. Additionally the team have received external information gathering requests from the Police for a Person in Position of Trust (PiPoT) concern and a potential DBS enquiry.

The team have supported clinical activity through attendance at multi-disciplinary meetings, section 42 enquiries and in child visiting arrangements.

The team contributed to the West Yorkshire Safeguarding week and presented a domestic abuse training session and have continued their own personal development by attendance at the NHSE Named Nurse event and safeguarding practitioner events. This learning has been shared with the wider safeguarding practitioners via the weekly newsletter and the link professional's forum.

Infection Prevention Control (IPC)

• Maintaining Substantial amount of work being undertaken in response to COVID19 Pandemic.
• Annual report 20/21 is yet to be completed, due September 2020
• Surveillance: there has been zero cases of C difficile, there has been zero cases of MRSA Bacteraemia, MSSA bacteraemia. and Ecoli bacteraemia.
• Mandatory training figures are healthy - Hand Hygiene-Trust wide Total –94%; Infection Prevention and Control- Trust wide Total –88%;
• Policies and procedures are up to date.

Complaints

There were 29 new formal complaints, of these 8 have had timescales start, 4 have been closed as no consent/contact and 17 are awaiting consent/questions

17% of formal complaints (n=5) had staff attitude as a primary subject

41 compliments were received

10 formal complaints were closed in June 2020 plus 2 reopened complaints. Of the 10, 9 (90%) were closed within 40 working days .

Infection Prevention Board Assurance Framework

Maintaining Substantial amount of work being undertaken in response to COVID19 Pandemic.
Annual report 2020/21, due September 2020
Surveillance: there has been zero cases of C difficile, there has been zero cases of MRSA Bacteraemia, MSSA bacteraemia. and Ecoli bacteraemia.
Mandatory training figures are healthy: Hand Hygiene-Trust wide Total –94%, Infection Prevention and Control- Trust wide Total –88%
Policies and procedures are up to date.
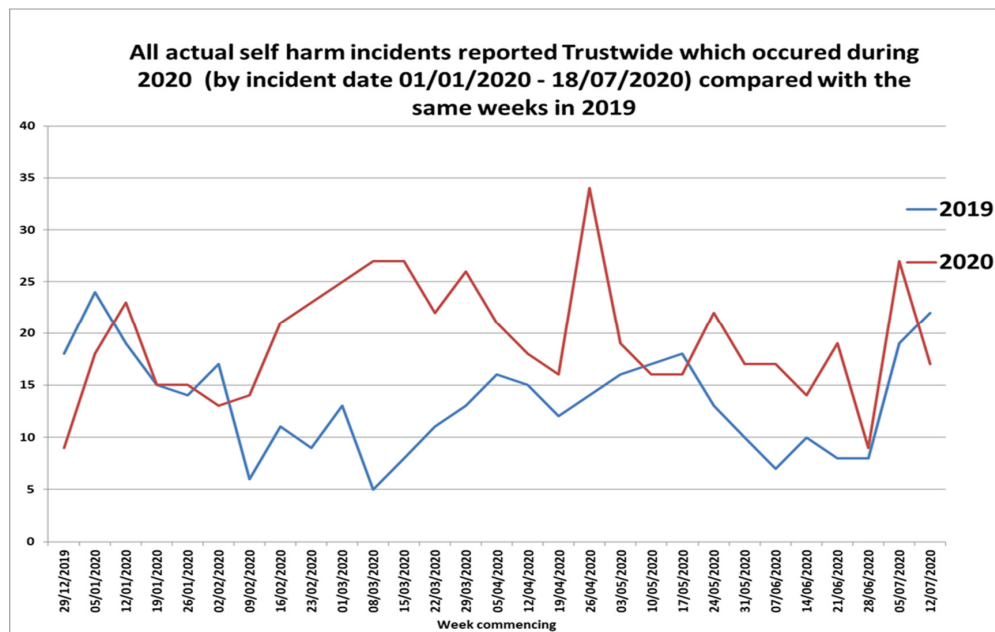
Reducing Restrictive Physical Intervention (RRPI)

There were 177 reported incidents of Restrictive Physical Interventions used in June 2020 this being an increase in only 4 incidents since May2020. There were 237 different restraint positions used in the 177 incidents. The standing position was used most often 101 (42%) followed by seated restraints at 31(13%).

Prone restraint was reported 29 (14%) times in June 2020. Wakefield BDU had the highest number of Prone Restraints with 11. Barnsley BDU and Forensic BDU both had 7, Kirklees had 1 and Calderdale had 3 and Specialist services had no reports of Prone Restraint.

The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In June the percentage of prone restraints lasting under 3 minutes was 90% and the target was achieved

The RRPI team suspended training from 23rd March 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. From 21st July 2020 the RRPI team will restart the four day courses for ward based substantive and bank staff who have not previously received RRPI. These four day courses will continue each week until the backlog of untrained staff is cleared. This may take several months as the training venue can only accommodate eight participants and three instructors.

Number of Restraints with Trendline

Restraint Position June 2020

Restraints by Team June 2020
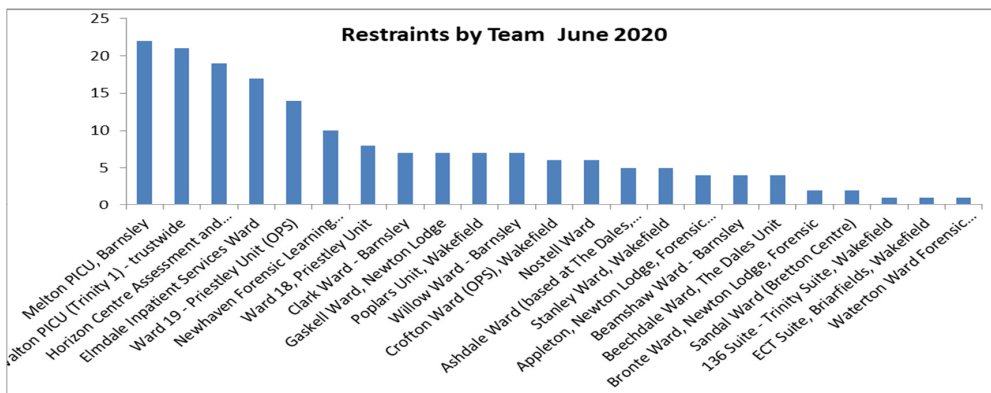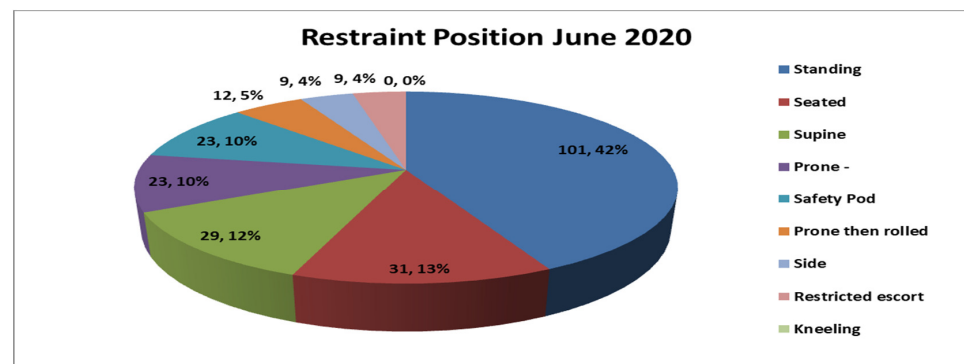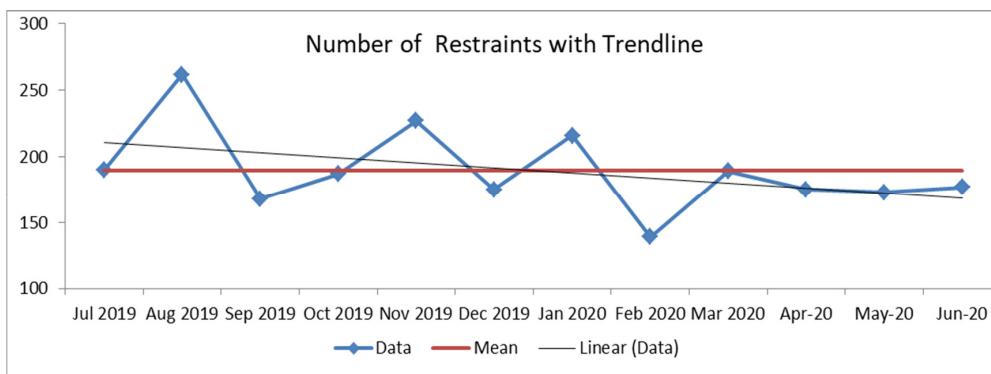
Self Harm

Actual self-harm incidents reported on Datix occurring between 01/01/2020 and 18/07/2020 at 20/07/20, compared with incidents occurring in the same period in 2019

All actual self harm incidents reported Trustwide which occured during 2020 (by incident date 01/01/2020 - 18/07/2020) compared with the same weeks in 2019

Actual Self Harm comparison

	2019	2020
29/12/2019	18	9
05/01/2020	24	18
12/01/2020	19	23
19/01/2020	15	15
26/01/2020	14	15
02/02/2020	17	13
09/02/2020	6	14
16/02/2020	11	21
23/02/2020	9	23
01/03/2020	13	25
08/03/2020	5	27
15/03/2020	8	27
22/03/2020	11	22
29/03/2020	13	26
05/04/2020	16	21
12/04/2020	15	18
19/04/2020	12	16
26/04/2020	14	34
03/05/2020	16	19
10/05/2020	17	16
17/05/2020	18	16
24/05/2020	13	22
31/05/2020	10	17
07/06/2020	7	17
14/06/2020	10	14
21/06/2020	8	19
28/06/2020	8	9
05/07/2020	19	27
12/07/2020	22	17
Total	388	560

Apparent Suicide

Apparent suicides reported on Datix occurring between 01/01/2020 and 18/07/2020 at 20/07/2020, compared with incidents occurring in the same period in 2019
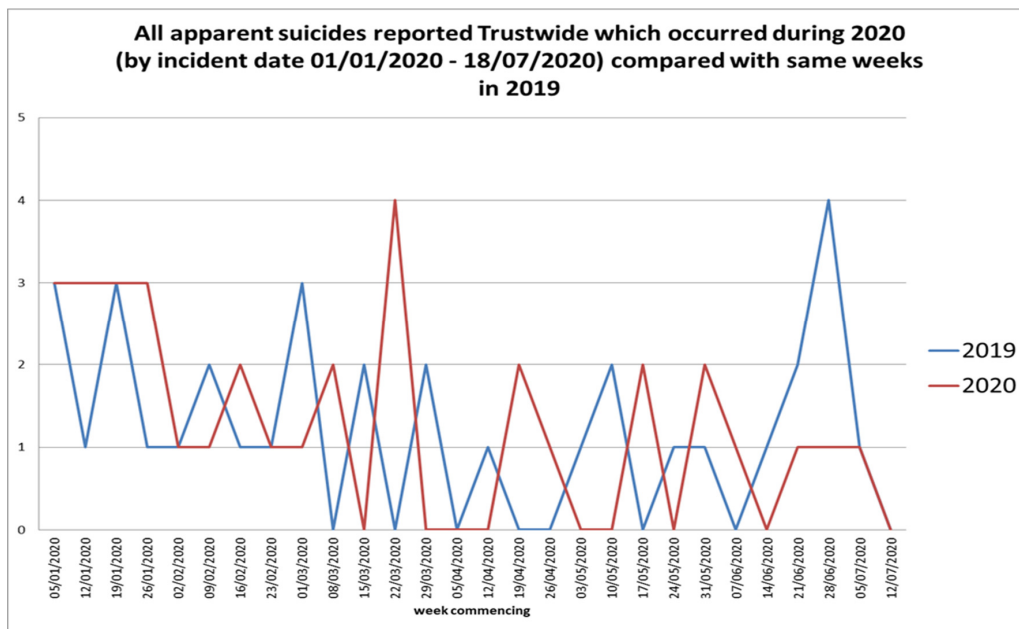

All apparent suicides reported Trustwide which occurred during 2020 (by incident date 01/01/2020 - 18/07/2020) compared with same weeks in 2019

Apparent suicide comparison

	2019	2020
05/01/2020	3	3
12/01/2020	1	3
19/01/2020	3	3
26/01/2020	1	3
02/02/2020	1	1
09/02/2020	2	1
16/02/2020	1	2
23/02/2020	1	1
01/03/2020	3	1
08/03/2020	0	2
15/03/2020	2	0
22/03/2020	0	4
29/03/2020	2	0
05/04/2020	0	0
12/04/2020	1	0
19/04/2020	0	2
26/04/2020	0	1
03/05/2020	1	0
10/05/2020	2	0
17/05/2020	0	2
24/05/2020	1	0
31/05/2020	1	2
07/06/2020	0	1
14/06/2020	1	0
21/06/2020	2	1
28/06/2020	4	1
05/07/2020	1	1
12/07/2020	0	0
Total	34*	35*

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.

Covid-19 related incident reporting

There continues to be a decrease in the number of COVID-19 reported incidents with only six incidents reported so far in July, with the incidents being reported as COVID-19 impacting on a service users mental health and staff having contact with a service user who may be presenting with COVID-19 symptoms. In total there have been 150 COVID-19 related different themes identified from the beginning of March.

127 incidents	Mar	Apr	May	Jun	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 - no underlying health conditions	0	0	1	0	1
Death of patient from suspected Covid 19 - underlying health conditions	2	16	3	1	22
Death of patient from suspected Covid 19 related death - pending further info	0	7	4	3	14
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	21
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	7
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	8	20
Patient being nursed in isolation	5	4	3	4	16
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	3	18
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
Total	25	57	39	23	144

Mental Health Act

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

Section 17 leave

The Care Quality Commission have regularly raised an issue with the non completion of page 2 of the Section 17 leave 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.

Service	Jan-20 Section 17 form			Feb-20 Section 17 form			Mar-20 Section 17 form			Apr-20 Section 17 form			May-20 Section 17 form			Jun-20 Section 17 form		
	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	149	128	85.9%	72	55	76.4%	23	22	95.7%	43	34	79.1%	58	49	84.5%	77	58	75.3%
Working age adult - Trustwide	346	261	75.4%	245	160	65.3%	240	168	70.0%	234	186	79.5%	247	210	85.0%	292	192	65.8%
Specialist Forensic services	121	85	70.2%	193	161	83.4%	63	35	55.6%	0	n/a	n/a	6	5	n/a	18	16	88.9%
Rehabilitation services - trustwide	32	26	81.3%	18	18	100.0%	32	32	100.0%	17	16	94.1%	24	24	100.0%	15	15	100.0%

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. We were anticipating this data to be available in last months integrated performance report but due to Covid-19 this has been delayed. A further update will be provided in next months report.
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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Data quality rating 8	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.8%	98.2%	97.8%	90.0%	98.3%	98.3%	97.8%	97.0%	95.6%	90.0%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	29.0%	100.0%	100.0%	100.0%	52.0%	32.1%	29.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	97.9%	100%	100%	96.0%	97.7%	99.0%	99.2%	100%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	344/354 97.18%	319/327 97.55%	269/279 =96.42%	297/299 = 99.33%	83/87 =95.4%	81/85 =95.29%	105/107 =98.13%	90/92 =97.8%	102/102 = 100%	105/105 = 100%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	97.1%	98.3%	98.5%	98.5%	98.5%	98.5%	98.6%	98.5%	98.6%	98.5%		
Out of area bed days 5	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	318	108	440	103	133	170	137	23	8	72		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.4%	53.6%	54.3%	46.7%	55.4%	52.4%	55.7%	51.4%	49.2%	42.8%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	77.5%	79.3%	85.3%	88.1%	85.8%	83.7%	86.5%	86.3%	87.9%	89.4%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	98.3%	97.6%	98.9%	98.7%	99.2%	98.5%	99.1%	99.3%	98.3%	98.6%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	84.0%	82.6%	85.6%	84.6%	86.7%	84.4%	85.7%	70.7%	95.8%	92.3%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	89.4%	90.5%	91.3%	91%	91.0%	91.3%	91.3%	91.3%	91.2%	91.2%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	10%	11.6%	11.8%	12.1%	12%	11.8%	12.1%	12.3%	12.3%	12.3%	12.7%	⚠️	
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 August 20											

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-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	28	27	17	10	12	0	5	2	5	3		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	2	3	3	4	1	0	2	1	2	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	183	206	180	258		180			258			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	13.1%	11.2%	10.0%	14.7%		10.0%			14.7%			

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-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%	99.4%	98.8%	99.3%	99.1%	99.4%	99.0%	99.7%	99.5%	98.7%	99.0%		
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%	99.9%	99..9%	99.9%	99.9%	98.8%	99.9%	99.8%	99.9%	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%	98.6%	98.7%	98.8%	98.7%	99.9%	98.8%	98.9%	98.8%	98.7%	98.6%		

* 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.

Headlines:

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

• The percentage of service users waiting less than 18 weeks from referral to treatment has dropped. This is due to the current situation surrounding Covid-19 meaning that only urgent diagnostic tests can take place at BHNFT.

• 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 72 days in June. This increase is accelerating further in July.

• During June 2020, 1 service user aged under 18 years was placed in an adult inpatient ward for a total of 3 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 consistently achieving this target.

• 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 June the following data quality issues have been identified in the reporting:

• The reporting for employment and accommodation for June shows 13.5% of records have an unknown or missing employment and/or accommodation status, this is a decrease from May which showed 15% of records have an unknown or missing employment and/or accommodation status. 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. Recovery plans are being developed.
• Therapy services - aiming towards recovery requires a several pronged approach due to the high clinical element of service provision and ensuring we maintain distancing requirements to protect both staff and patients.
• Speech and language therapy (SLT) currently operating with reduced staffing due to vacancies
• Podiatry - some staffing gaps due to retirement. Recruitment underway but note there is national shortage.

Strengths
• General community staff continue to provide asymptomatic and symptomatic swabbing service for community patients and care homes residents and staff.
• Care home asymptomatic swabbing was undertaken by the community swabbing team. In a 6 week period a total of 2118 swabs were taken by our staff in Barnsley
• There is an increasing demand for face to face visits for community nursing, neighbourhood rehab and crisis response.
• There has been an increased demand for more complex end of life (EOL) patients in community settings.
• Live well Wakefield (LWW) service continues to attract additional support work with funding from the local authority
• Services continue to utilise technology to undertake telephone/video call contacts to maintain service provision.
• Discharge to assess (D2A) – project continuing with partner organisations is benefiting from improving relationships, communication and working together. It is enabling a better understanding of the whole system in order to offer solutions to issues.
• Therapy services - telephone consultations and other media communication with patients and staff continues to allow some form of assessment to identify patients who definitely need to be offered face to face contact with an offer of advice to others.
• Creation of one therapy team across domiciliary physio, occupational therapy and neighbourhood rehabilitation service allowing improved working practices to be identified.
• Primary care network decision to agree to recruit first contact physiotherapist as part of SWYPFT musculoskeletal service.
• Stroke early supported discharge service is now operational and has patients on the caseload. Providing priority 1 face to face visits and in addition, using technology to undertake telephone/video call contacts.
• Psychology neuro outpatient service are also undertaking video/telephone calls to all new patient referrals.

Challenges
• Support to care homes, particularly those with Covid-19 symptomatic and positive residents due to increasing numbers and infection control challenges
• Increased patient flow into home visiting elements of services.
• Services not providing face to face appointments are providing telephone and video conferencing support. Some services are reporting that despite staff working smarter clients are requiring more support from services.
• Health integration team in Urban House – continue to work in a challenging environment. The service is working with the Director of Public Health/Commissioner/Home Office/Public Health England and other stakeholders to maintain a safe environment for staff and clients
• Live Well Wakefield Team - remain extremely busy and have a number of staff sicknesses, which is impacting on the service manager's resource. Additional support is being put in place.
• Children's services are moving into the recovery phase. Vaccinations and immunisations team are delivering catch up sessions in community settings due to school closures and requirement to ensure secure "bubbles".
• Long term working from home appears to be impacting on staff wellbeing and team cohesion and therefore recovery plans with agreed timescales are being developed as well as staff being supported by service managers, HR and occupational health
• BHNFT is utilising approx. 50% capacity of D2A over the course of a week for discharging patients. Encouraging BHNFT to support earlier in the day discharges as this is where capacity is not being maximised fully.
• Patients' expectations are that services should be returning to normal and are therefore making demands on services whilst we still go through the recovery planning stages.
• Significant increase in referrals to neuro rehab/stroke rehab as patients present with symptoms post Covid-19.

Areas of Focus
• Discharge to Assess (D2A) service continues
• Recovery group in place which will link to strategic partner plans.
• Antigen testing for partner organisations provided by SWYPFT staff – 47 samples taken in the first week-end and 71 slots booked for the following week-end.
• Recovery planning for children's service
• Support staff working from home and those who are absent from work (and their managers)
• Continue to support health integration team and lead nurse to deliver safe service
• Speech & language therapy – aiming to flex limited work force across entire system.
• First contact physiotherapist development within the MSK service alongside the primary care network and GP Federation.

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

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 service providing all-age single point of access function out of hours. This is designed to reduce 111 calls, attendances at A&E and is complementing implementation of a 24/7 helpline.
• Formal staff consultation to re-commence regarding establishment of an all-age liaison model.
• Community contacts and single point of access activity have increased. Community contacts significantly above target. Majority are currently provided by telephone/video-link but face to face contact offered where clinically required.
• Proactive support of in-patients in facilitating discharge planning through joint community allocation group
• Recovery College prospectus for September completed – to be published in August 2020.

Areas of focus
• IAPT performance reporting suspended and KPIs to be re-negotiated with the CCG. All activity is currently being undertaken on video or by telephone. 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 have been re-instated with increased capacity to address the backlog. Expected to address backlog by end of December 2020.
• 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.
• Management focus on recording to improve clustering data.

Child and adolescent mental health services:
Strengths
• Discussions held with Barnsley CCG following cancellation of the procurement. A joint governance approach has been agreed to achieve the service specification.
• 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 but are slowly increasing. Waiting numbers in Barnsley/Wakefield have continued to reduce.

Areas of focus
• Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees continue to increase. This is despite additional commissioned activity. The position is recognised by commissioners and business cases have been submitted to support further resource and improved service.

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
• A significant rise in demand for inpatient beds, together with the ability to maintain patient flow and sufficient ward capacity, has been extremely challenging resulting in a notable increase in patients placed out of area in acute and PICU beds, although the majority of the latter placements were for safeguarding or gender-specific reasons. Concerted work is continuing on optimising patient flow including the appointment to seconded roles and the provision of services at week-ends. Intensive input is taking place 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. Work is underway in intensive home based treatment teams (IHBTs) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping, including progress on accompanying approved mental health professionals (AMHPs) on mental health act assessments. The care closer to home programme is focusing on patient flow, PICU usage, and IHBT and community team interfaces. A task and finish group has been established to review the patient flow protocol.
• Cohorting standard operating procedures for acute and older people's services are in place and an inpatient clinical pathway operationalised for Covid-19 positive patients. This has now been reviewed to take into account the latest guidance and testing on admission and post-admission interval requirements for 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 and service user distress (including serious incidents). There have also been challenges in meeting the range of needs of patients in the wards including cohorted patients and those requiring shielding. Staffing levels have generally been able to be maintained without significant growth in bank and agency usage. Weekly meetings with integrated care system (ICS) partners have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
• Average length of stay (ALOS) 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 re-launched and re-focused for each area with early indications of success.
• The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SystmOne is leading to some positive impact but requires more work, and is being closely monitored and supported at trio level.
• Community services continue to provide assessment, care management and interventions with service users utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these are clinically indicated.
• Building risk assessments are in place for all community bases and are now being tested against phased recovery plans. Services are working collaboratively across BDUs to optimise safety and patient and staff access and usage.

Strengths
• Willow ward has been accredited under the Royal College of Psychiatrists QNOAMHS scheme -The Quality Network for Older Adults Mental Health Services accredits wards which are providing services to older people and engages staff and people who use services in a comprehensive process of self and peer review for the purposes of accreditation and quality improvement. Good practice and high quality care are recognised and services are supported to identify areas for improvement.
• Work continues to improve patient flow and work with partners in the wider system to improve patient experience and pathways.
• A workshop facilitated by association of directors of social services (ADASS) has taken place across SWYPFT and all our local authority partners to explore improved integration and to agree priorities and action planning for the next 6 months.
• Community teams have continued to optimise the use of technology, team functions and supervision being held via Microsoft Teams, and using AirMid & AccuRx for appointments with service users. Telephone appointments and WhatsApp have also been utilised. Work has now commenced in services around the implications of digital exclusion and a local evidence base is building around how we can best support all service users and carers in terms of future access and best use of our services.
• Performance remains good for 72 hour follow up CQUIN.
• Fire training stats have continued to demonstrate progress 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.
• Electroconvulsive therapy (ECT) is fully staffed and has remained operational. Improvements to the environment in the context of Covid-19 are now being scoped to increase capacity for treatment sessions.
• Work continues with advocacy services to look at providing advocacy services via digital platforms
• Use of virtual visitor for engaging patients with their families is proving popular with patients and carers.
• Production of a patient led Covid-19 questions and answer booklet produced in Barnsley and to be shared across our inpatient services.
• Purchasing of goods from charitable bids to enhance patient activities during Covid-19 has significantly improved the quality of patient experience and has been received really well by patients and carers.
• We have relaunched inpatient strategy meetings and linked to the acute care forums, utilising digital technology - taking into consideration additional actions from Covid-19.
• We have successfully appointed to two substantive general manager roles in the BDU, community and recovery and inpatient services.
• There has been a proactive approach to recruitment to successful outcome across the board throughout the last 3 months, including the appointment to posts in community teams, IHBTs and police liaison.
• Work continues to mobilise an all age liaison service between CAMHS and psychiatric liaison teams PLT with commencement of consultation imminent.

Challenges
• Adult acute occupancy remains at full capacity and acuity levels remain high, together with Covid-19 requirements, leading to sustained challenges on the wards.
• There has been an increased usage of acute and PICU out of area bed placements.
• Staffing difficulties remain in medical posts in older people's wards – this is being addressed through a task and finish group
• CPA 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.
• Maintaining service delivery in community settings in ways which keep pace with changes in how society is functioning and meeting service user needs.

Areas of Focus
• Patient flow and out of area bed placement usage.
• Support for staff on inpatient wards
• 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.
• Continuing and developing service delivery, innovation and recovery.
• Staffing challenges in older people's medical teams.
• Continue to improve performance in service area hotspots through focused 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
• Demand for acute admissions in the system and levels of activity in IHBT and mental health liaison teams (MHLT) leading to pressures for inpatient beds.
• Community services including IHBTs are seeing high levels of acuity and distress and relapse rates in service users on their caseloads, leading to continued pressures.
• Acute medical and A&E systems remain under intense admission and delayed transfers of care (DTOC) 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.
• The project around 'how we can work effectively with service users at present and keep ourselves safe' which emanated from serious incidents in the community has commenced a focused piece of work around improving how we support patients in the community who are subject to Ministry of Justice restrictions.
• Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life.
• MHLT is making good progress towards the development towards provision of an all-age liaison service in conjunction with CAMHS.
• Since the onset of Covid-19 IAPT services in line with local and national IAPT service providers have shown a similar pattern of low referrals and access rates, increasing waiting times and lower recovery rates. The IAPT teams have been early implementers of digital usage and have robust plans in place to manage wait times and increase access and have been participating in workshops with NHSE around service provision during and post Covid-19.

Strengths
• Kirklees IAPT have developed a comprehensive action plan to address waiting times and recovery standards which incorporates the use of videoconference type-talk cognitive behavioural therapy (CBT); individual practitioner productivity; review of average treatment episode durations in line with national standards and sign up to PCMIS outcome monitoring service to measure projected recovery rates.
• Single point of access (SPA) has continued work on service improvement and is implementing the UK triage tool, working with local GPs to develop electronic paperwork and referral systems.
• Performance remains good for 72 hour follow up
• Action plans and data improvement plans are in place to address areas identified for performance improvement.
• Training and development has continued for the trauma informed personality disorder (TIPD) pathway which involves a number of staff across community and IHBT teams and linking with inpatient areas to build collaborative approaches and optimise care in community setting.
• Mandatory training concordance remains high. Good progress made with supervision. Action plans are in place closely tracked by each general manager.
• The 'Think Ahead' trainee social work programme under the leadership of the consultant social worker has successfully completed work with its second cohort of practitioners who have all passed and become qualified social workers, now moving on to their assessed and supported year in employemnt (ASYE) years in Kirklees teams. The new cohort of four trainees will commence in placement in August.
• Calderdale and Kirklees held a virtual workshop for team managers and trios 'we want to be outstanding' looking at safety, quality, improvement and learning from experience, inspection, and serious incidents. Over 40 people attended and evaluation was really positive with action plans developed at team and individual level.

Challenges
• Demand and patient flow issues and optimising community solutions.
• Maintaining service delivery in community settings in ways which keep pace with changes in how society functions and service user needs.
• In line with other national IAPT services referral rates fell to below 30% of expected between Feb and April but started to recover in May and June. Usual reporting will be required from Quarter 2. IAPT continue 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, with interviews for key posts planned.
• CPA 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
• Contributing to patient flow and effective use of inpatient resources and alternatives to admission.
• Continuing and developing service delivery, innovation and recovery.
• Recruitment and mobilisation of new investment.
• Continue to improve performance and concordance in service area hotspots
• Support for staff wellbeing across the BDU.
• Develop and strengthen the creative community offer lead by recovery colleges and our wider partners.
• Continue with developments at ICS and CCG level around rehabilitation and recovery modelling.
• Continue focus on improvement in SPA and IHBT models.
• Continue our contribution to the primary care networks in local areas and the partnership working in developing the provider alliances.
• 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).

Forensic business delivery unit and Learning Disability services:

Learning Disability
• Data Quality relating to initial screening and service provision within 18 weeks is currently being worked through to manually correct on the system.
• 'Did not attends' (DNAs) via telephone/video link have reduced.
• There was a reduction in referral rates at the start of the outbreak of Covid-19 but have now started to increase again.
• Varying changes in circumstances during lockdown for some of our clients with learning disabilities, such as no day care provision and families not working so able to provide full-time care to their family member, have meant temporarily lower requirement for a service during the pandemic. We have created some temporary waiting lists on SystmOne to support the management of this, which will feature in restoration and Reset plans.
• Kirklees CCG have approved the 4 month appointment of a strategic health facilitator to specifically focus on learning disability in care homes- this is to support GPs to complete annual health checks and ensure every service user has a health action plan in place. The post has been advertised already.

ASD/ADHD
• Positive survey results from remote appointment experience - these have been shared with relevant directors.
• Operational activity unfolding according to plan with limiting factors being availability of estates.
• Transformed diagnostic pathway for ADHD working so far.
• Business plan prepared for Barnsley CCG to increase capacity of the service and address the waiting list for autism.

Forensics
• Forensic development plan remains a priority.
• Review of the implementation of the cohort ward has been undertaken. This included the infection prevention & control (IPC) review supplemented by the operational view. Recommendation is that the cohort facility remains available but the service will regularly review. Silver command supported this.
• Recruitment to the SCFT (Specialist Community Forensic Team) is positive despite the Covid-19 crisis.
• Weekly calls with the specialist commissioner continue.
• Sickness absence from work remains a focus across the service.
• All risk assessments in place for 'shielded' staff to support return to work.

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

Communications, Engagement and Involvement
• Bronze command meeting taking place internally for communication and engagement
• Coronavirus update sent out to all staff and governors.
• Coronavirus sections on the intranet and website maintained and updated.
• Face covering marketing materials distributed.
• Sharing of staff and service user good news stories, internally, externally and through social media channels.
• Wakefield Families Together and Wakefield 'early help' website supported.
• Wakefield CAMHS transformation programme – PR, media and internal comms.
• Awareness days and weeks supported including children's art week, NHS Birthday.
• Partner Bronze command meetings continue to taking place in all areas. Support provided re outbreak management.
• 'Top tips on looking after your mental wellbeing' campaign ran on social media.
• Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
• 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. New websites procured and designs in development.
• Media responses, including on restrictive practises, electronic prescribing and BAME risk assessments.
• Proactive media including on #stillhereto help campaign, Creative Minds and Barnsley library project, cardio/pulmonary rehab restarting, virtual visitor, Wakefield CAMHS, electronic prescribing.
• Promotion of West Yorkshire and Harrogate initiatives, including autism survey, mental health helpline and grief and loss helpline.

Engagement, Equality and volunteering update
• Trust wide Virtual Visitor scheme in place. Gathering feedback now to evaluate and develop a business proposal to mainstream the offer
• Covid-19 Trust wide equality impact assessment (EIA) and action plan now on version 2 and a supporting toolkit containing literature and research now in place – 2 task forces set up and being fully supported by the team. Process in place to deliver the EIA and a website page set up and now being used by people – lots of contact in the team to support this work
• EIA urgent decision making form and process now approved by Silver command and on the Covid-19 section of the website. To be taken to Operational Management Group (OMG) as part of an approach to enable the recovery and reset work.
• Plan to involve Wakefield in a conversation on mental health developed and will be shared with the Wakefield mental health alliance. The work will also pick up the ask for Wakefield Safespace
• 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. Continue to encourage BDUs and staff to use the toolkit.
• Work to support the involvement of stakeholders in the ethics committee – looking at a clinical senate approach and a proposal will be drafted by August to be shared with the committee early Autumn.
• Equality delivery system 2 report of findings is now complete – the Trust assessed complaints and patient experience and achieved an overall 'Achieving' which is great news.
• Report of findings from the strategy engagement is now being circulated to stakeholders who participated in the engagement in draft for comment. The findings have already been used to support initial strategy development. The Trust in total received over 700 responses from all protected groups through postcards, focus groups, conversations and a survey.
• Carers matter online event complete and a report of findings developed with a number of actions included. Future meetings to be set up to progress the work Trust wide strategy in first draft and out for comment. The associated action plans for equality, engagement and carers will follow once the objectives are agreed
• Linking into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
• Working in partnership with Barnsley community & voluntary services (CVS), council and SWYPFT colleagues to mobilise a preventative mental health support network along the lines of Virtual Visitor.
• Short term project officer post recruited to – post is for 3 months and will look at diversity in volunteering and carers
• Successful bid to charities commission – our involvement has secured 2 posts focussed on BAME staff and BAME communities
• Peer support worker report, action plan and draft job description have now been developed. The next steps will be to promote the opportunities for BDUs to host a peer worker post in any vacant posts going forward. A number of presentations will be planned.
• Developing a strategy for volunteering – framework to support volunteers is in place and has been shared for comment with Trust staff and recovery colleges.

This is the July 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for June 2020. The priority programme areas of work providing an update in this report have been refocused 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 Trust's 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	Online courses are being delivered by the recovery colleges using Microsoft Teams and 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). Work has commenced to understand the requirements for a safe return to some face to face courses. The recovery college websites are at the initial design stage. Creative Minds are supporting a range of partners to deliver digital offers to vulnerable groups. Interviews are scheduled for the new posts for Active Calderdale and Arts and Health	
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	Work continues with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield and West Yorkshire to develop a joint response to stabilisation and recovery. As part of this a number of helplines have been established to support staff, carers and services users. An example of this is the establishment of the West Yorkshire bereavement helpline in June. To support the joint response, a series of stress test exercises are being undertaken at place based level across the regions in early July, designed to stress test the stabilisation and reset of health and care services in a Covid-19 environment. We have contributed to the development of plans to respond to diffrent scenarios as part of the integrated care system (ICS) stress testing workshops. This will enable us to provide safe joined up care with partners in places. We have also fed our learning into the recent Rapid Insights report published by West Yorkshire and Harrogate Health and Care Partnership and the Yorkshire & Humber AHSN which provides insights from across the region on how we have responded to the Covid-19 challenge. In WY&H, the mental health, learning disabilities and autism programme (MHLDA) programme board met on 16 June 2020, and agreed that workstreams either continue as they have been doing during Covid-19 pandemic or continue in a re-purposed form. Wakefield – Close partnership working continues with sharing and involvement in Wakefield stabilisation and reset review. The Wakefield Mental Health Alliance programme of work for 2020/21 continues to progress to plan. Dialectic behavioural training was successfully delivered virtually in June, and the next round of alliance emotional and mental wellbeing small grants funding, managed by Nova, went live on 26th June. The Live Well small grants funding also went live on the same day. Calderdale work has focused on building on the improved integration during covid-19 and designing together a collaborative communities model to provide care closer to home for the people of Calderdale . In Kirklees SWYPFT continue to work with partners to establish Kirklees place stabilisation and reset priorities and programme. The SY&B wave 2 roll out of Individual Placement and Support (IPS) was progressing well with South Yorkshire Housing (SYHA) as the lead provider and coordinating the mobilisation process, prior to Covid-19. All the posts had been advertised across SY&B, and the two SWYPFT roles recruited to by SWYPFT to cover Barnsley. The partnership agreement, data sharing agreement and collaboration agreement between SYHA and the Trust have been agreed and signed. Throughout Covid-19 the two SWYPFT workers have maintained roles as IPS workers for the majority of time, and have successfully supported 5 service users to gain paid employment. The Quit programme is now being implemented in inpatient mental health services in Barnsley. A new band 8a role working 15 hours per week for two years on secondment has been recruited (fixed term for 2 years). A band 6 post working 15 hours per week is to be recruited along with 3 band 3 posts (2.5 wte) and a band 3 admin support role. Outstanding recruitment was put on hold due to Covid-19 as face to face contact can only be limited. The band 8a will focus on setting up internal QUIT systems, processes, IT, training, data collection etc. in readiness for team recruitment and the service becoming fully operational. An internal QUIT steering group is in place which is strongly linked into the wider local and ICS wide systems. Barnsley CCG has confirmed that at this stage they do not intend re-procuring the Barnsley CAMHS service and that the contract for the CAMHS service will be extended to 31 March 2021 with a view to working with SWYPFT during the next few months to develop the future service model from April 2021. Our community teams in Barnsley continue to support care homes in their coronavirus response, including outbreak testing.	

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	Ongoing increase in occupied bed usage has resulted in some acute OOA placements in recent weeks and a spike in out of area (ooa) bed placements in late June and into early July. Feedback is that people are hitting the system with high acuity, often people that are new to service or have been previously settled for a considerable period of time. PICU - standard operating procedure (SOP) drafted - to be reviewed in July and then taken through governance process. CLD - handover to matrons to manage as business as usual. Development of option to implement directly into SystmOne Patient flow - review of patient flow protocol and aim to revise draft in next period to then take through Trust governance. Implementation of new patient flow service ongoing with recruitment into the team taking place. Intensive home based treatment (IHBT) - 72 hour assessment more embedded but impact is difficult to assess due to Covid-19 - review in approx 3 months. Joint approved mental health profesionals (AMHP) and IHBT assessment work being taken forward - initial review in July TIPD - recruited advanced clinical practitioner (ACP) role into North Kirklees. Work continues to understand and capture learning from experiences with services users through Covid-19, including analysis of contacts and development of questions to be used in service user engagement. Community - Referral levels have reduced but so has throughput from the caseload. Concerns that due to Covid-19 pressures and breakdown of social networks that people are breaking down more quickly. Plan for stocktake and refresh of community activity in the next period. Single point of access (SPA) - triage scale go live in July, with forms and appointment systems being established through SystmOne. Testing of e-referral has taken place on a very small scale and refinements made to the referral form. Work continues on pathways from primary care.	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. However, pressures are now increasing across the whole system as the numbers of highly acutely unwell people access the system increase.		
					Milestones include: Patient flow protocol finalisation before taking through governance - Jul 2020 PICU SOP Review - Jul 2020 SPA triage scale live - Jul 2020 IHBT joint AMHP assessment initial review - Jul 2020 CLD future system decision - Jul/Aug 2020 Performance management - inpatient report development - Summer 2020 Community - refresh of activity - Summer 2020		
CAMHS Improvement work	Re-scoping 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	Full implementation of all age liaison service is not yet fully operational in both Barnsley and Wakefield. Staff consultation re-commenced in Barnsley on 6th July and expected to run for 2 weeks. The staff consultaton is expected to commence by mid-July in Wakefield and will run for a period of 4 weeks. Work, being led by Julie Warren-Sykes is ongoing with finalisaton of the competency framework following receipt of further comments within the Trust. Revised action plan for Barnsley all age liaison service continues to be progressed . Waiting list numbers are still coming down both within Wakefield and Barnsley. Specialist therapies are now showing impact from Covid-19 however continues to remain close to trajectories that were set in Wakefield. Alternative approach has commenced within Barnsley to enable full completion of ADHD assessments in Barnsley irrespective of school closures.	Progress Against Plan	
					Barnsley CCG confirmed with SWYFT following its June 2020 CCG Governing Board meeting that it would be cancelling the procurement exercise and will be working with SWYFT to agree a new service model from April 2021 onwards.	Management of Risk	
					Implementation plan/Key milestones include: By 31/07/20 production of a summary report regarding the key changes, current learning and experiences across all CAMHS services By 31/08/20 completion of the staff consultations for both Barnsley and Wakefield relating to all age liaison services. By 30/09/20 implementation of all age liaision services in both Barnsley and Wakefield with appropriate support from CAMHS , delivery of competency framework and transition arrangements in place. By 31/08/20 commencement of the roll-out of the recovery pathway in Wakefield as part of response to children in crisis. By 14/09/20 evaluation of 3 virtual groups within Barnsley completed based on PDSA model approach to assist with wider learning within all CAMHS services. By 14/08/20 completion of further update reports (for months of June and July) to Barnsley CCG regarding progress made on WLI with potential exploration regarding extending the waiting list initiative (WLI) in light of Covid-19 situation.		
Forensics Improvement work	Improvement plan has been prioritised by steering group with clear focus on safety, learning lessons, staff engagement and staff wellbeing	Carol Harris	Sue Barton	Forensics Improvement Group with monthly report to OMG	Work continues to deliver the key actions in the forensic improvement plan. Organisational Development, including communication and engagement are areas of focus. Staff workshops are being planned, virtually, to commence this work. A communication approach has been developed for the directorate which includes regular, systematic communication mechanisms.		

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 Video conferencing: A number of solutions continue to be used; AirMid part of TPP's SystmOne offer continues to support practitioners to maintain contact with patients with 850 consultations in June. AccuRX utilised by non SystmOne users supported 900 consultations during June and over 1,000 clinical video consultations were supported by MS Teams during the same period. MS Teams has been rolled out to devices across the Trust to support video conferencing and instant messaging enabling teams and staff to maintain virtual contact whilst working offsite and to date 5,500 accounts are in place. During June 2020, there were 956 group calls, 9,233 one to one meetings, 15,450 meetings and 74,631 messages. Working from home – there is continued demand for working from home and to date: 300 additional laptops have been provided, 100 desktops enabled with wifi, 1,000 additional VPN tokens provided and circa 4,000 daily VPN connections are supported. SystmOne – the sharing of clinical information held within SystmOne has been switched on during an accelerated rollout. Under the Covid Act 2020 the need for consent to share was temporarily lifted until 30 September to support patient and public health. Work is now commencing to gain consent for sharing from service users before this deadline. EPMA (Electronic Prescribing and Medicines Administration) – The second project board has been held and computers on wheels to enable medication to be administered on wards have started to be rolled out across the Trust. 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 continues to be used across inpatient 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 continue to be supported through MS Teams. Cards of Kindness - the digital way for friends and family of those in our care to send messages to their loved ones on wards continues to be supported with 26 cards sent to date to various wards across the Trust during the pandemic. The scheme has received positive feedback with comments such as 'thank you, what a lovely surprise.' The Digital Strategy Group discussed and considered the learning from working differently using digital solutions during covid-19 at the June Strategy Group which will now be fed into the revision of the Digital Strategy 2021/22.

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

(green)	On target to deliver within agreed timescales / project tolerances
(yellow)	ability/confidence to deliver actions within agreed timescales / project tolerances
(amber)	ability/capacity to deliver actions within agreed timescales / project tolerances
(red)	Actions will not be delivered within agreed timescales / project tolerances
(blue)	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 June this equated to £478k and £393k respectively.
	Covid-19 reimbursement	£1.4m		
	Top Up	£0.9m		
	Reported position	£0m	£0m	

		Year to date	Forecast 20/21	Narrative
2	**Agency Cap**	£1.5m	£6.3m	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 June was £0.5m.
3	**Cash**	£54.1m	£39.5m	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%	
Amber	Variance from plan ranging from 5% to 15%	
Green	In line, or greater than plan	

Plan	▬
Actual	▬
Forecast	▬

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	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	Jun-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	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%	3.9%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.7%	4.7%	5.20%	5.30%	5.10%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%	4.2%	3.9%	3.9%	4.0%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%		76.2%			75.1%			76.1%			73.3%			68.3%	
Bank Cost	Improving Resources	Well Led	AD	-	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	£769k	£685k	£1,241k	£727k.	£866k	£721k
Agency Cost	Improving Resources	Effective	AD	-	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	£537k	£581k	£613k	£469k	£507k	£518k
Health & Safety																			
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-		7			4			15					Due August 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 July 22nd, 47 staff off work Covid-19 related, not working
• 2238 staff tested as at July 22nd
• 134 staff have tested positive for Covid-19 of which 92 have returned to work
• Staff turnover increased to 9.8%
• Non-Covid sickness absence was 3.9% in June 20.
• Preparations are being made to recommence mandatory training and appraisals from September onwards
• Whilst underlying sickness absence levels are lower than last year there has been a 22% increase in staff off work with stress and anxiety

Sickness reporting

As at 2:30pm on Wednesday 22nd July, the Trust has 138 staff absent or working from home due to Covid-19. This makes up 2.7% of the workforce. Of those absent, 7.3% are symptomatic, 3.6% have household symptoms, 78.3% are shielding and 2.2% are occupational health advised isolation. The business delivery unit (BDU) with the biggest impact is Forensic with 4.8% of staff impacted (20/416), the BDU with the second biggest impact is Barnsley general ops with 4.4% of staff affected (33/753), the BDU with the third biggest impact is Barnsley with 3.9% of staff affected (20/520). 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 continues to use 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.
• 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.
• Average length of absence (days) for those not working due to covid symptoms (based on absence start date) (July is a to date figure)
Mar 10.3 days, Apr 10.7 days, May 9.4 days, Jun 6.7 days, Jul 4.4

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

Sick/Absent % by BDU/Service/Cost Centre (excludes Trust Bank/Pastoral Care)

BDU	Sick/Absent %
Forensic	4.81%
Barnsley General Ops	4.38%
Barnsley	3.85%
Wakefield	2.93%
Support Services	2.15%
CAMHS	2.06%
LD	1.69%
Calderdale and Kirklees	1.37%
Adult ADHD/ASD	0.00%
Creative Minds and Museum	0.00%

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

Absence by BDU and Reason for absence

Reason for absence ● Elective surgery isolation (... ● Elective surgery isolati... ● Household sympto... ● OH advised isolation ● Other COVID relat... ● Shielding (high ri... ● Symptomatic (self) ● Test & Trace Is...
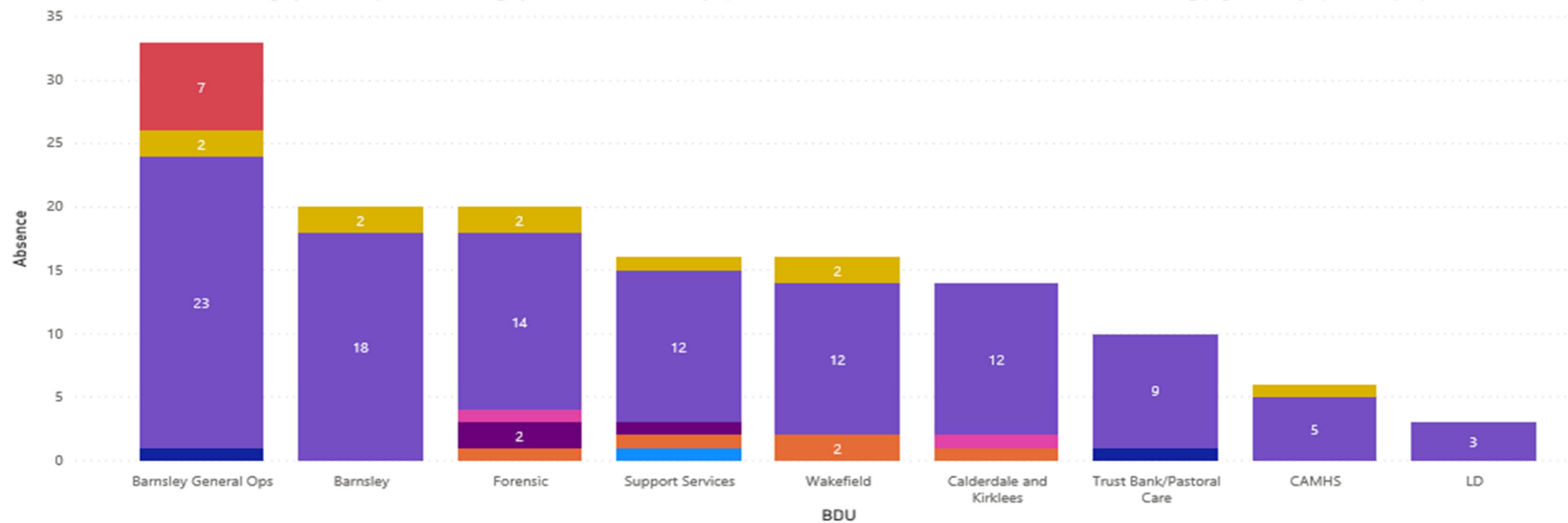
The following chart shows Covid-19 staff absences over the period 16th March - 22nd July:

Numbers of absent staff who are working from home

● Working from home ● Not Working

Publication Summary

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

Seasonal flu vaccine uptake in healthcare workers: winter 2019 to 2020

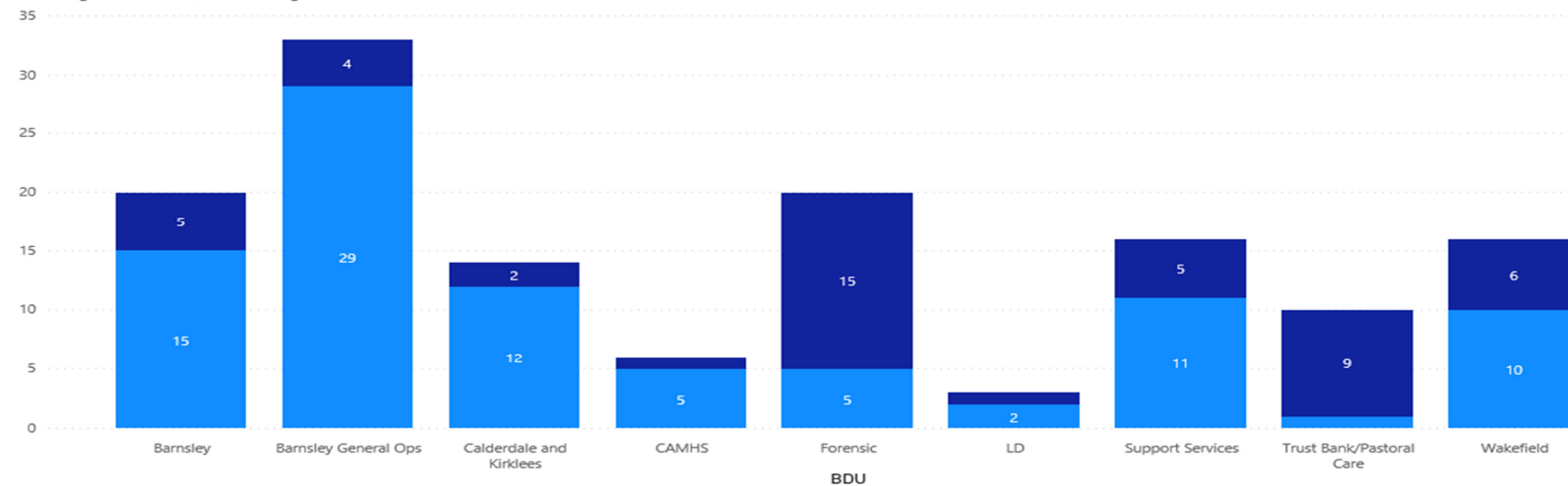Provisional monthly Hospital Episode Statistics for admitted patient care and outpatient data: April 2020

NHS sickness absence rates: February 2020, provisional statistics

NHS workforce statistics: March 2020

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

Out of area placements in mental health services: April 2020

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

Finance Report

Month 3
(2020 / 21)

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With **all of us** in mind.

Contents

1.0	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 June this equated to £478k and £393k respectively.
	Covid-19 reimbursement	£1.4m		
	Top Up	£0.9m		
	Reported position	£0m	£0m	

		Year to Date	Forecast 2020 / 21	Narrative
2	Agency Spend	£1.5m	£6.3m	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 June was £0.5m.
3	Cash	£54.1m	£39.5m	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.
4	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.
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.
	7 days	83%		

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

| Budget Staff WTE	Actual worked WTE	Variance WTE	Variance %	This Month £k	This Month £k	This Month £k	Description	Year to Date Budget £k	Year to Date Actual £k	Year to Date Variance £k	Apr - Jul Budget £k	Apr - Jul Outturn £k	Apr - Jul Variance £k
				18,823	18,387	(436)	Clinical Revenue	56,469	54,718	(1,751)	75,289	73,297	(1,993)
				18,823	**18,387**	**(436)**	**Total Clinical Revenue**	**56,469**	**54,718**	**(1,751)**	**75,289**	**73,297**	**(1,993)**
				1,203	1,862	659	Other Operating Revenue	3,710	5,258	1,548	4,928	6,944	2,016
				20,026	**20,248**	**222**	**Total Revenue**	**60,179**	**59,975**	**(204)**	**80,217**	**80,240**	**23**
4,284	4,302	18	0.4%	(15,534)	(15,709)	(175)	Pay Costs	(46,952)	(46,870)	82	(62,664)	(62,737)	(73)
				(3,612)	(3,236)	376	Non Pay Costs	(10,618)	(9,947)	671	(14,139)	(13,550)	590
				7	(541)	(548)	Provisions	22	(871)	(893)	53	(907)	(961)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,284	**4,302**	**18**	**-0.4%**	**(19,138)**	**(19,486)**	**(348)**	**Total Operating Expenses**	**(57,548)**	**(57,689)**	**(140)**	**(76,750)**	**(77,194)**	**(444)**
4,284	**4,302**	**18**	**-0.4%**	**888**	**762**	**(126)**	**EBITDA**	**2,630**	**2,286**	**(344)**	**3,467**	**3,047**	**(421)**
				(516)	(517)	(1)	Depreciation	(1,547)	(1,550)	(3)	(2,063)	(2,065)	(2)
				(253)	(245)	8	PDC Paid	(760)	(736)	24	(1,014)	(982)	32
				8	0	(8)	Interest Received	25	0	(25)	33	0	(33)
4,284	**4,302**	**18**	**-0.4%**	**127**	**(0)**	**(127)**	**Surplus / (Deficit)**	**348**	**0**	**(348)**	**424**	**0**	**(424)**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,284	**4,302**	**18**	**-0.4%**	**127**	**(0)**	**(127)**	**Surplus / (Deficit)**	**348**	**0**	**(348)**	**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.

Trust Monthly I & E Profile
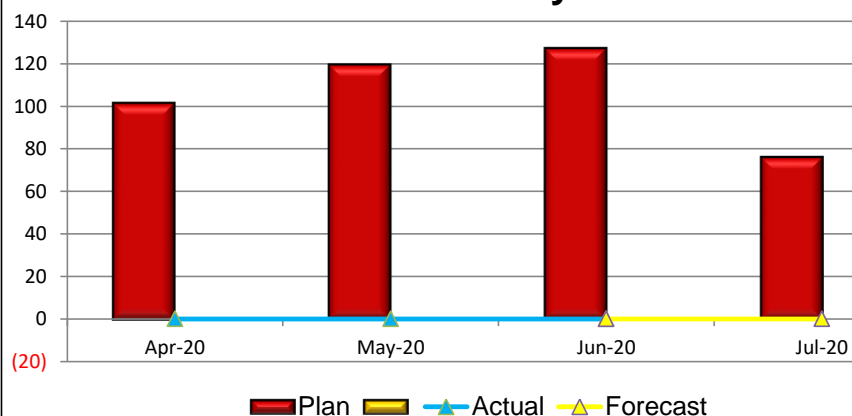
Trust Cumulative I & E Profile
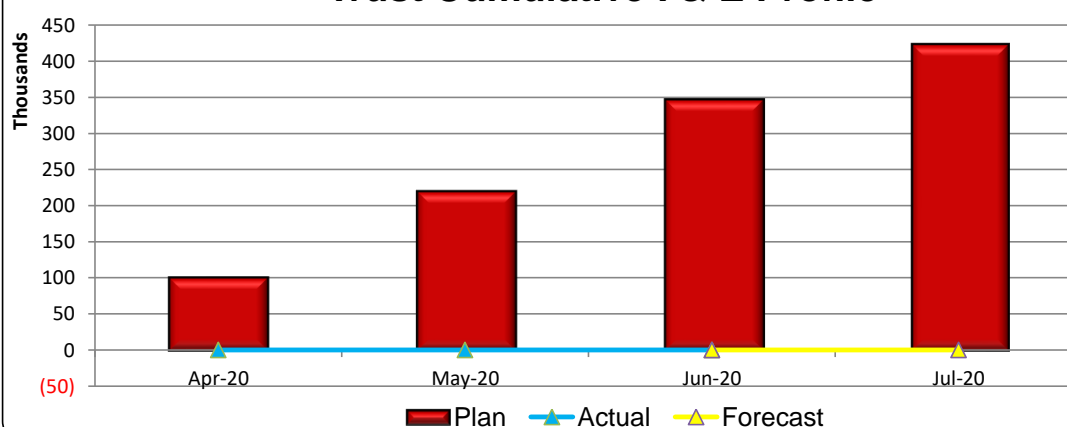
Income & Expenditure Position 2019 / 20

A breakeven position has been reported for June. This assumes £393k 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 £478k covid reimbursement income in June 2020 and a further top up of £393k in order to deliver an overall breakeven position. A separate breakdown of covid costs is provided on page 6.

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 £1.8m 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 June was £15.7m. This is £1.7 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 the covid 19- response and planned service expansions relating to the mental health investment standard.

Non Pay

When compared to the draft plan non pay is £0.4m lower in month. 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.

| Heading	Description	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Total £k
Staffing	Backfill of shifts due to covid (sickness, isolation, shielding)	110	150	133		**393**
Staffing – community	Community additional shifts	13	81	71		**165**
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	0	26	51		**77**
Staffing - students	Costs of student nurses and medics over and above previous	0	2	132		**134**
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	16	0	0		**16**
Total – Pay		**139**	**259**	**387**		**785**
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	128	88	4		**220**
Laundry	In house laundry service including scrubs	96	8	13		**117**
Infection Control	Central store of additional infection control supplies (wipes,	27	49	18		**94**
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	19	22	22		**63**
Discharge Equipment	Purchase of additional equipment to support hospital discharges	0	34	0		**34**
Communications	Consent to share letter			17		**17**
Misc / other	Other general non pay not captured in the headings above	8	16	17		**41**
Total – Non Pay		**278**	**217**	**91**		**586**
Total cost recovery		**417**	**476**	**478**		**1,371**

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 made in the latter part of the year.

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 has 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	14,286	14,406	14,405	14,410	14,404	14,404	14,404	14,404	14,405	14,404	172,393	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	597	618	618	618	618	618	618	618	618	617	7,410	7,673
Top Up	550	550	702	785	954	876	1,085	1,153	1,198	1,206	1,011	1,339	11,411	0
Other	35	27	70	40	40	40	40	40	40	40	40	41	490	418
Total	18,391	17,940	18,386	18,579	18,747	18,675	18,878	18,946	18,991	18,999	18,805	19,133	224,469	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	

Trust Income Profile

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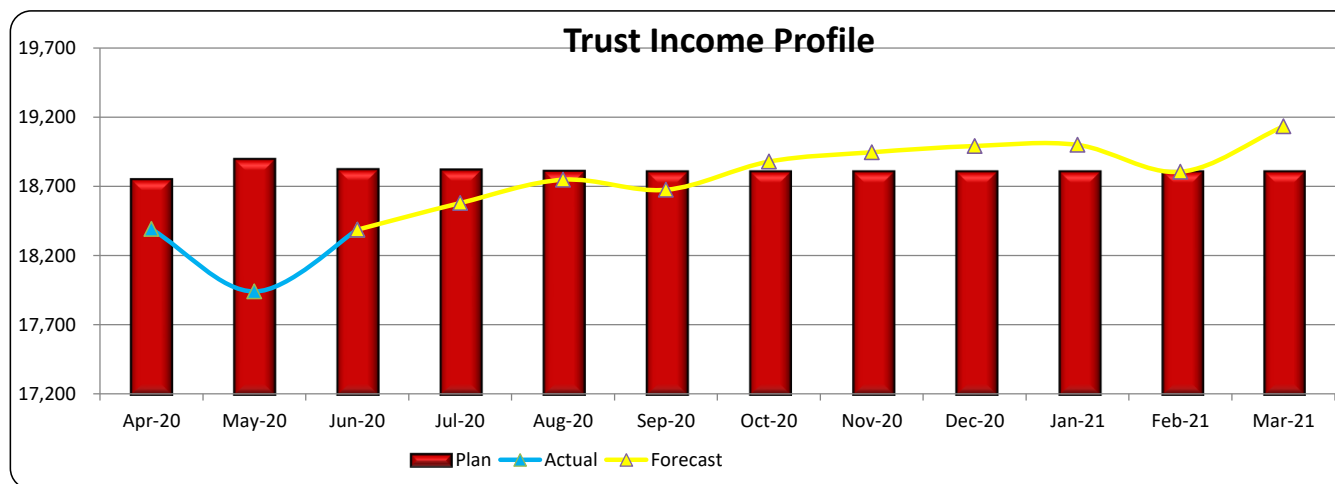
The Trust draft plan included contract values following initial discussions with commissioners and application of the national planning tariff uplift for 2020/21.

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.

It is currently unclear what the contract income arrangements will be post July 2020. The current forecast assumes that current arrangements will continue with a national top up.

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	14,470										43,062
Bank & Locum	727	866	721										2,314
Agency	469	507	518										1,494
Total	15,142	16,019	15,709	0	0	0	0	0	0	0	0	0	46,870
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%	4.6%										4.9%
Agency as %	3.1%	3.2%	3.3%										3.2%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
Substantive	3,900	4,004	4,026										4,026
Bank & Locum	203	253	193										193
Agency	68	75	83										83
Total	4,171	4,332	4,302	0	0	0	0	0	0	0	0	0	4,302
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	4,098

Pay Expenditure Profile

Legend: 20/21 budget, 19/20, 20/21
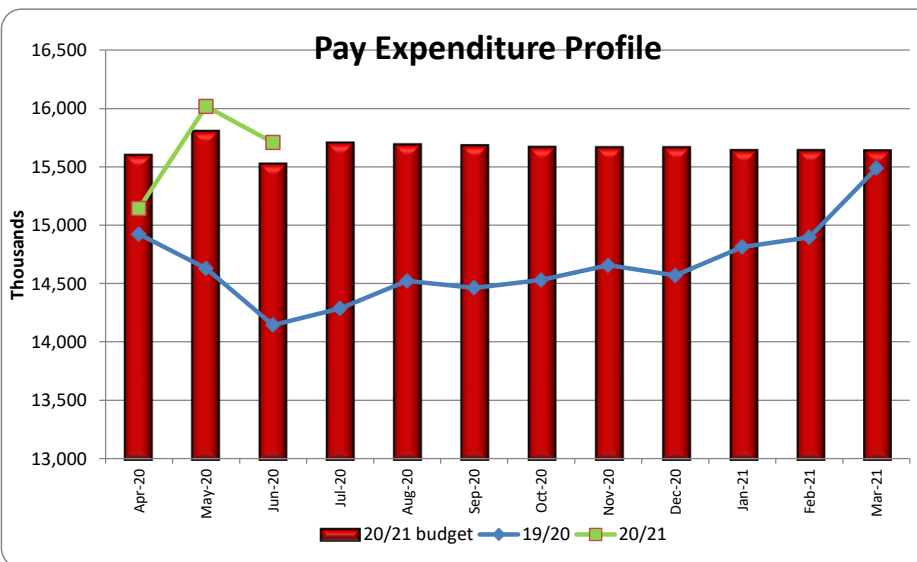
As shown in the table and graph pay costs overall have increased from 2019/20 (average run rate £14.7m per month). Of this annual pay awards and increments are estimated at £450k per month.

Costs, and WTE, have reduced from the peak in May 2020 but remain higher than the 2019/20 run rate. Key themes are:

Substantive staffing increases due to continued recruitment for additional commissioner investment which was agreed in 2019/20.

Substantive WTE increases due to increased overtime payments; utilising Trust staff to ensure that shifts are covered. Overtime payments have increased significantly with £213k cost incurred in June. This compares to an average run rate of less than £7k in 2019/20.

The Trust employed student medic and nurse placements to support the covid 19 response.

Overall this has meant that bank and agency spend has been limited as described on page 9.

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.
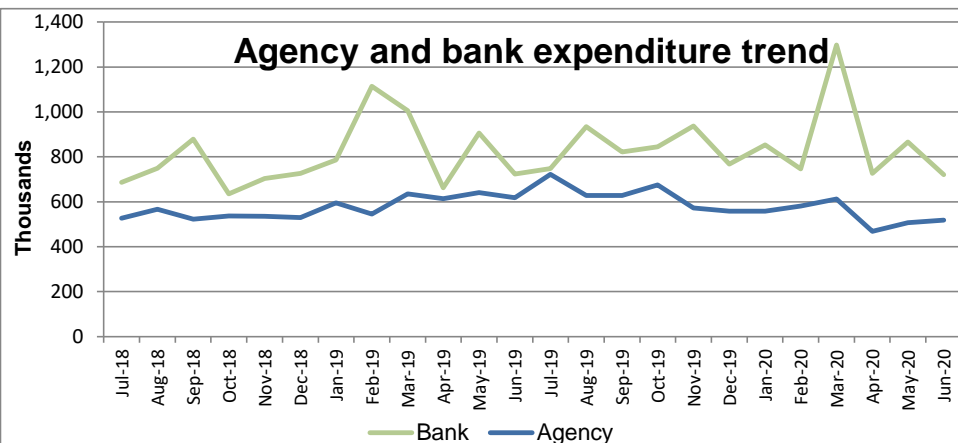
June 2020 spend is £518k and as shown by the 24 month rolling agency expenditure trend below this is lower than previously (2019/20 average was £617k per month).

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 information 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.
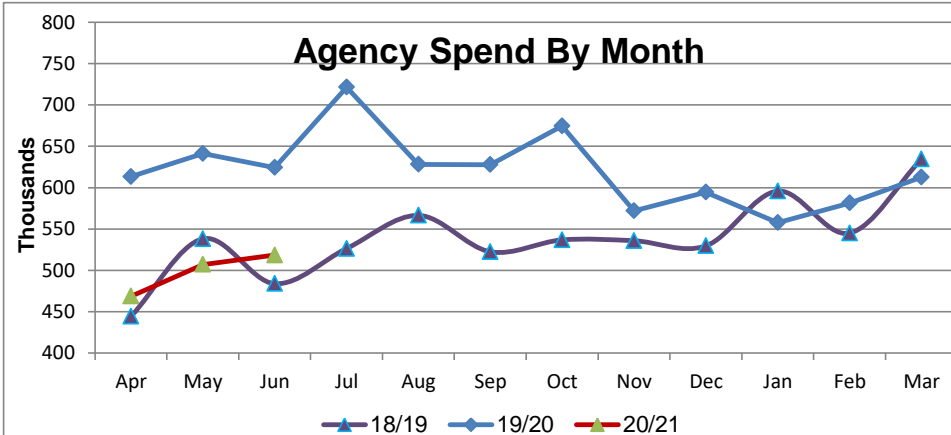

Agency Expenditure Trends (£m)

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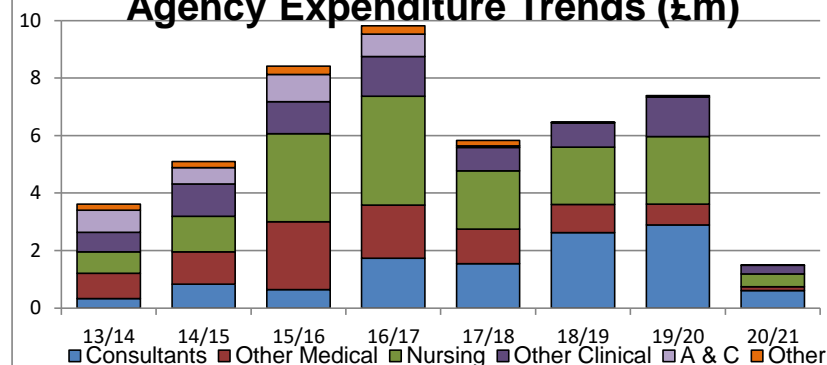
Agency and bank expenditure trend

Legend: Bank, Agency

Agency Spend By Month

Legend: 18/19, 19/20, 20/21


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	3,236										9,947
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

Non Pay Category	Indicative Budget Year to date £k	Actual Year to date £k	Variance £k
Clinical Supplies	604	626	(22)
Drugs	883	830	53
Healthcare subcontracting	1,266	1,434	(168)
Hotel Services	428	467	(38)
Office Supplies	1,368	1,345	23
Other Costs	1,071	1,025	46
Property Costs	1,620	1,619	1
Service Level Agreements	1,630	1,486	144
Training & Education	247	93	154
Travel & Subsistence	895	478	417
Utilities	281	312	(31)
Vehicle Costs	325	232	93
Total	10,618	9,947	671
Total Excl OOA and Drugs	8,469	7,683	786
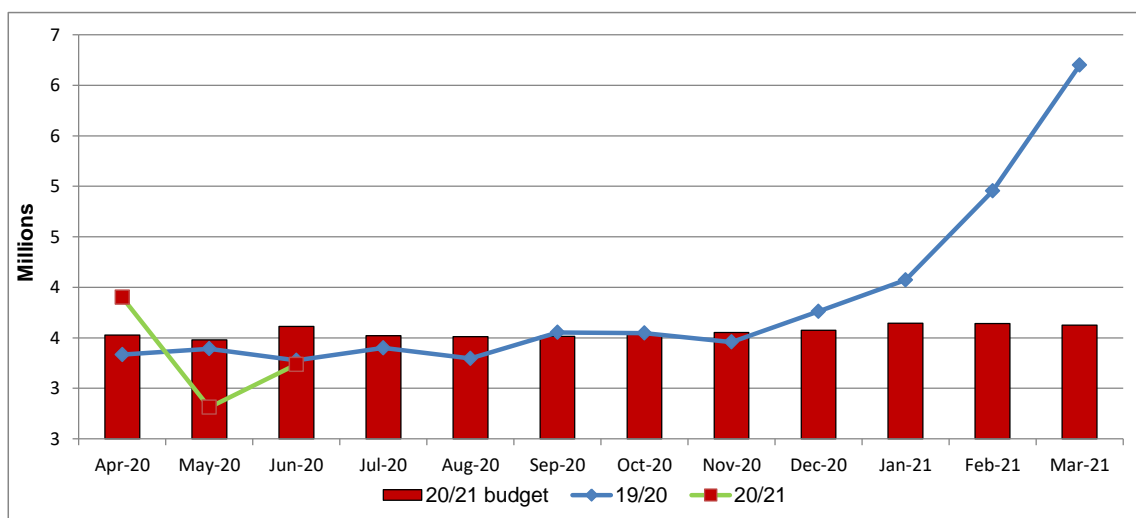
Key Messages

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 £0.6m 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. Travel spend in Q1 is £206k than the same period last year, down 30%. Some services are experiencing increased costs to meet the new ways of working.

Overall non pay costs are similar to June 2019. Healthcare subcontracts, as discussed on page 11, remain volatile.

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	88										**283**

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	115										**280**

Bed Day Information 2020 / 2021 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	92	45	34										**171**
Acute	18	10	81										**109**
Total	110	55	115	0	0	0	0	0	0	0	0	0	**280**

Out of Area Expenditure - monthly
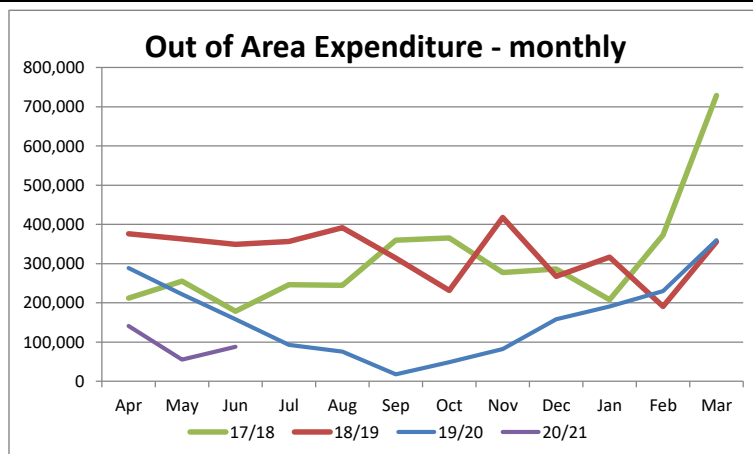
Delivery of service demands remains a challenge for the Trust, and whilst the focus remains on ensuring that costs are minimised and care is provided in the most appropriate environment and location, some out of area placements are being utilised.

Activity, and costs, have increased from May to June with increased acute activity. This remains lower than the same period in each of the three previous years. This is not directly covid-19 related although this continues to have an overall impact on Trust activity.

There are a further 37 bed days (reduction from 120 for April and May) 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.

	2019 / 2020 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,617	106,209	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	4,494	2
Non NHS Trade Receivables (Debtors)	953	1,233	3
Prepayments, Bad Debt, VAT	2,219	3,060	
Accrued Income	1,904	2,874	4
Cash and Cash Equivalents	36,417	54,148	5
Total Current Assets	**48,307**	**66,046**	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(1,352)	6
Capital Payables (Creditors)	(272)	(321)	
Tax, NI, Pension Payables, PDC	(6,311)	(7,275)	
Accruals	(10,869)	(11,366)	7
Deferred Income	(1,462)	(19,104)	
Total Current Liabilities	**(23,016)**	**(39,418)**	
Net Current Assets/Liabilities	**25,291**	**26,628**	
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

2. NHS debtors continue to reduce. All outstanding invoices are being actively pursued prior to system changes in October 2020.

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 - June these total £2.3m.

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 year end as the Trust awaits invoices for goods and services received.

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

	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	15	87	72	3,489	14	
Equipment Replacement	100	25	14	(11)	102	2	
IM&T	2,455	424	41	(383)	2,439	(16)	
Major Capital Schemes							
Hub Development	600	0	0	0	600	0	
						0	
						0	
VAT Refunds			0			0	
TOTALS	**6,630**	**464**	**142**	**(322)**	**6,630**	**0**	

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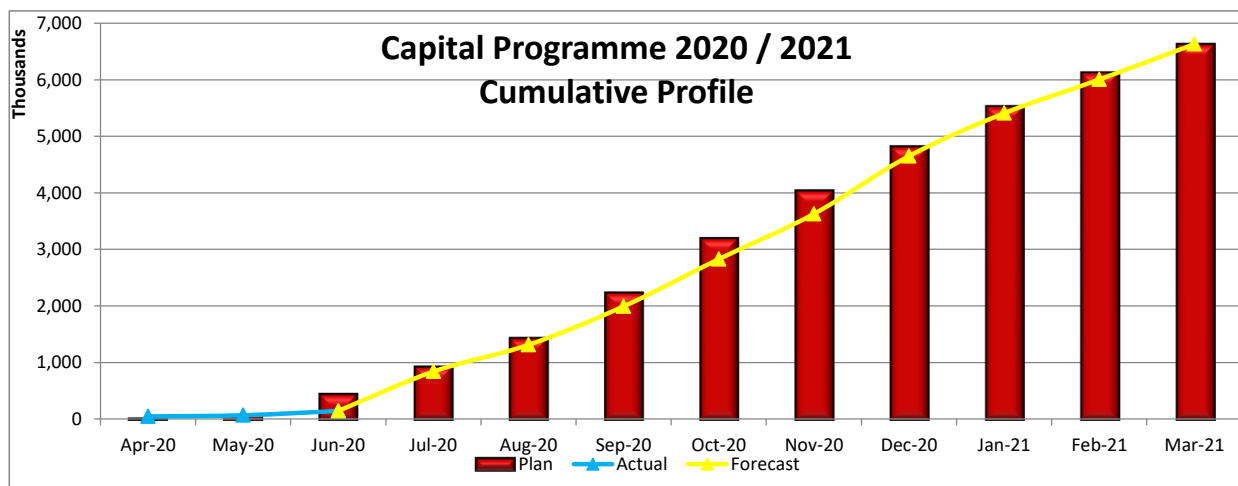
Capital Expenditure 2020 / 21

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.
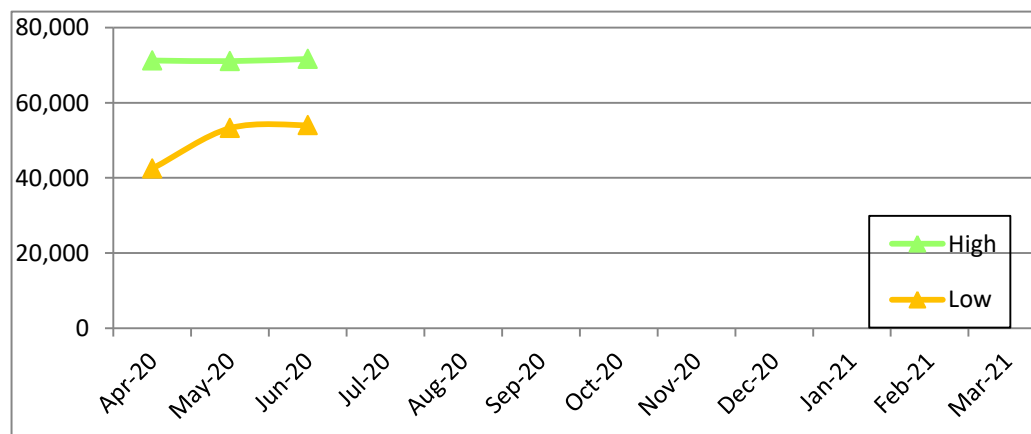
There are currently no covid specific schemes within this plan however the Trust has bid for some national capital monies to support the response to covid-19 as part of a process within the ICS.

Capital Programme 2020 / 2021 Cumulative Profile

Plan — Actual — Forecast
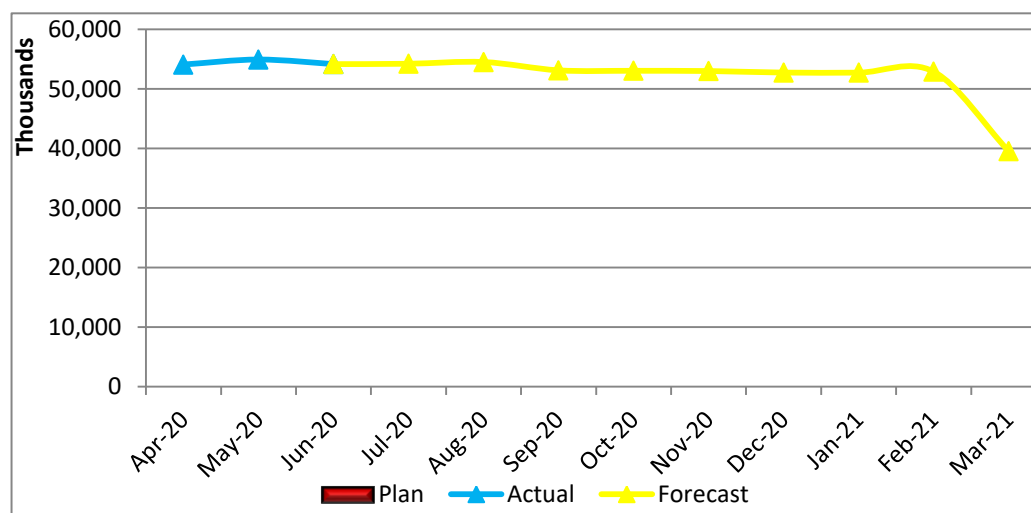
	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	0	54,148	54,148

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: £71.7m
The lowest balance is: £54m

This reflects cash balances built up from historical surpluses.

	Actual £k	Note
Opening Balances	**36,417**	
Surplus / Deficit (Exc. non-cash items & revaluation)	2,286	
Movement in working capital:		
Inventories & Work in Progress	0	
Receivables (Debtors)	1,802	
Accrued Income / Prepayments	(1,811)	
Trade Payables (Creditors)	(3,486)	
Other Payables (Creditors)	963	
Accruals & Deferred income	18,140	
Provisions & Liabilities	(71)	
Movement in LT Receivables:		
Capital expenditure & capital creditors	(93)	
Cash receipts from asset sales		
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	**54,147**	

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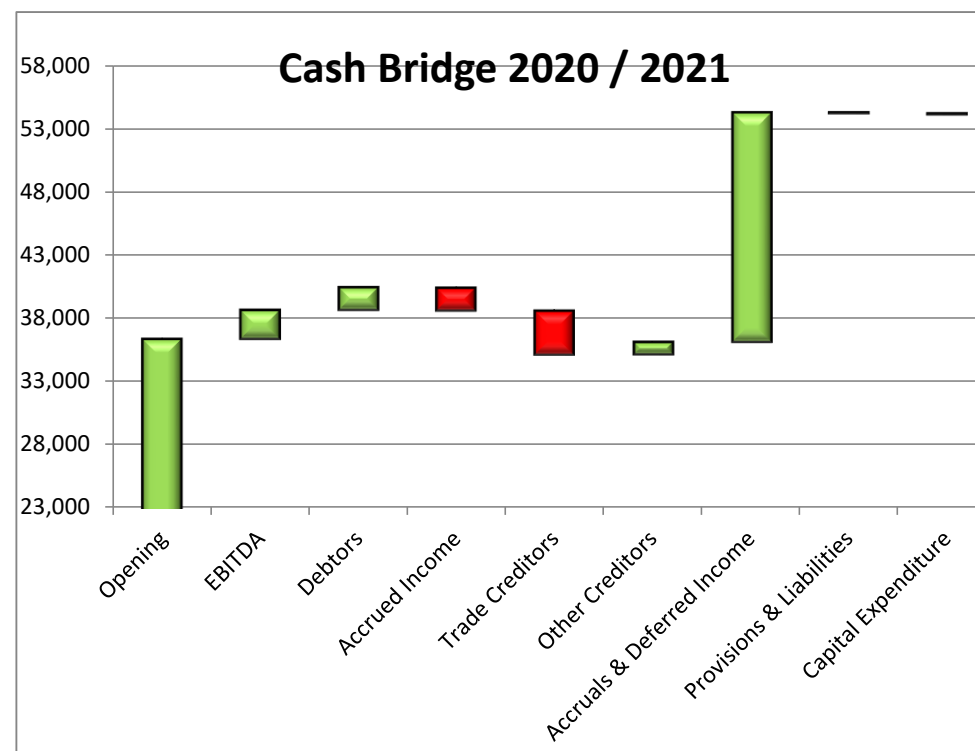
The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is presented graphically as well within the cash bridge.

The surplus / deficit movement is the Trust I & E position adjusted for depreciation which is non cash and adding back in PDC as this only generates a cash impact on a 6 monthly basis and is shown separately.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £17.1m relates to the payment of July 2020 block invoices during June 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. In June a number of large annual invoices (insurances etc) have been paid which have impacted on the cash position.

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 May 2020	91%	89%
Year to June 2020	93%	94%
7 days		
Year to May 2020	68%	78%
Year to June 2020	73%	72%
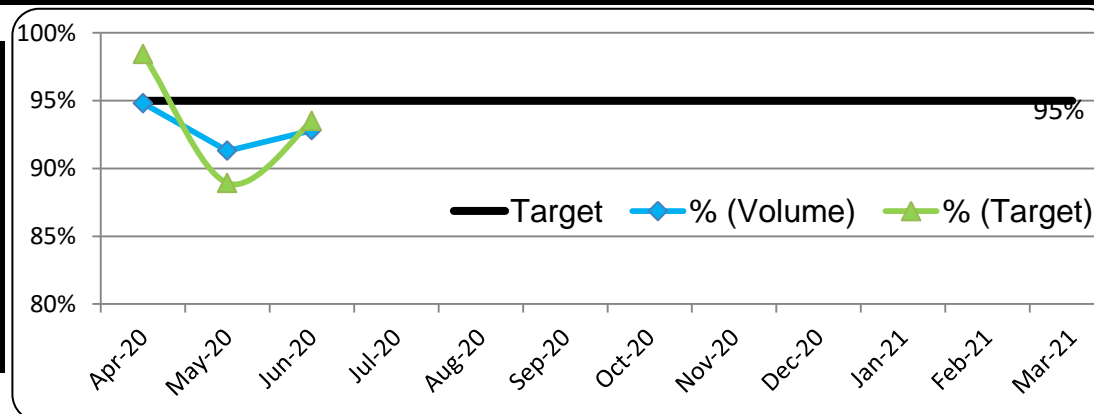
Non NHS	Number %	Value %
30 days		
Year to May 2020	99%	98%
Year to June 2020	99%	98%
7 days		
Year to May 2020	87%	84%
Year to June 2020	84%	84%
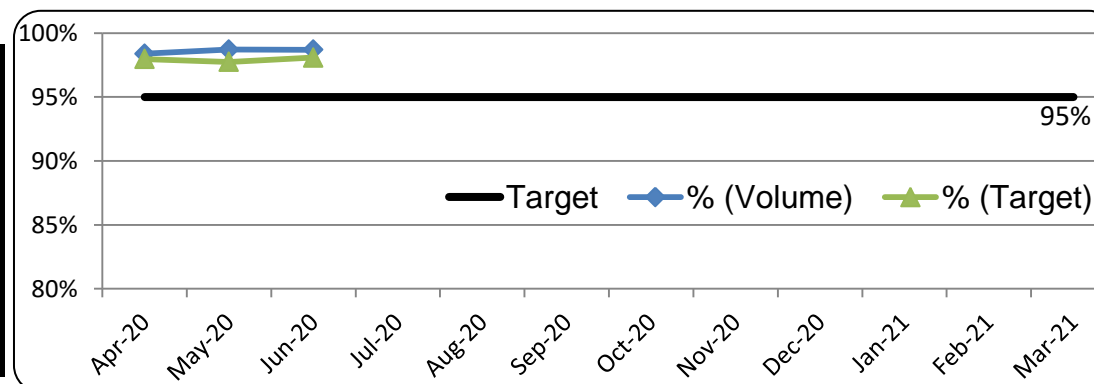
4.1	**Transparency Disclosure**

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 (£)
10-Jun-20	Vehicle Insurance	Trustwide	Zurich Insurance Company	3142036	584,817
29-May-20	Provider Block payment	Wakefield	Mid Yorkshire Hospitals NHS Trust	3140931	182,622
29-May-20	Provider Block payment	Wakefield	Mid Yorkshire Hospitals NHS Trust	3140932	182,622
01-Jun-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3140977	143,124
02-Jun-20	Property Rental	Kirklees	Bradbury Investments Ltd	3141177	118,518
04-Jun-20	IT services	Trustwide	Daisy Corporate Services Trading Ltd	3141570	90,250
15-Jun-20	Computer Software / License Fees	Trustwide	Datix Ltd	3142433	67,052
08-Jun-20	Audit / Professional Fees	Trustwide	Deloitte LLP	3141923	59,006
01-Apr-20	Photocopying	Trustwide	Xerox (UK) Ltd	3136242	51,054
02-Jun-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3141113	44,989
05-Jun-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3141721	44,593
12-Jun-20	Computer Software / License Fees	Trustwide	Quadient UK Ltd	3142210	40,000
24-Jun-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3143104	39,321
08-Jun-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3141810	34,451
18-Jun-20	Telecoms	Trustwide	Vodafone Corporate Ltd	3142664	34,063
26-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3143295	33,936
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141220	33,936
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141221	33,936
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141219	33,936
01-Jun-20	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3141049	32,358
02-Jun-20	Property Rental	Kirklees	Bradbury Investments Ltd	3141179	27,758
16-Jun-20	Property Rental	Wakefield	SJM Developments Limited	3142517	27,000
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141219	26,295
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141220	26,295
26-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3143295	26,295
02-Jun-20	Property Rental	Barnsley	Community Health Partnerships	3141221	26,295
25-Jun-20	Telecoms	Trustwide	Virgin Media Payments Ltd	3143196	25,918
08-Jun-20	Electricity	Trustwide	EDF Energy	3141885	25,760
12-Jun-20	Training Expenses	Kirklees	British Isles DBT Training	3142252	25,440

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

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

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

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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

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

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

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

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

Glossary

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

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

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

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