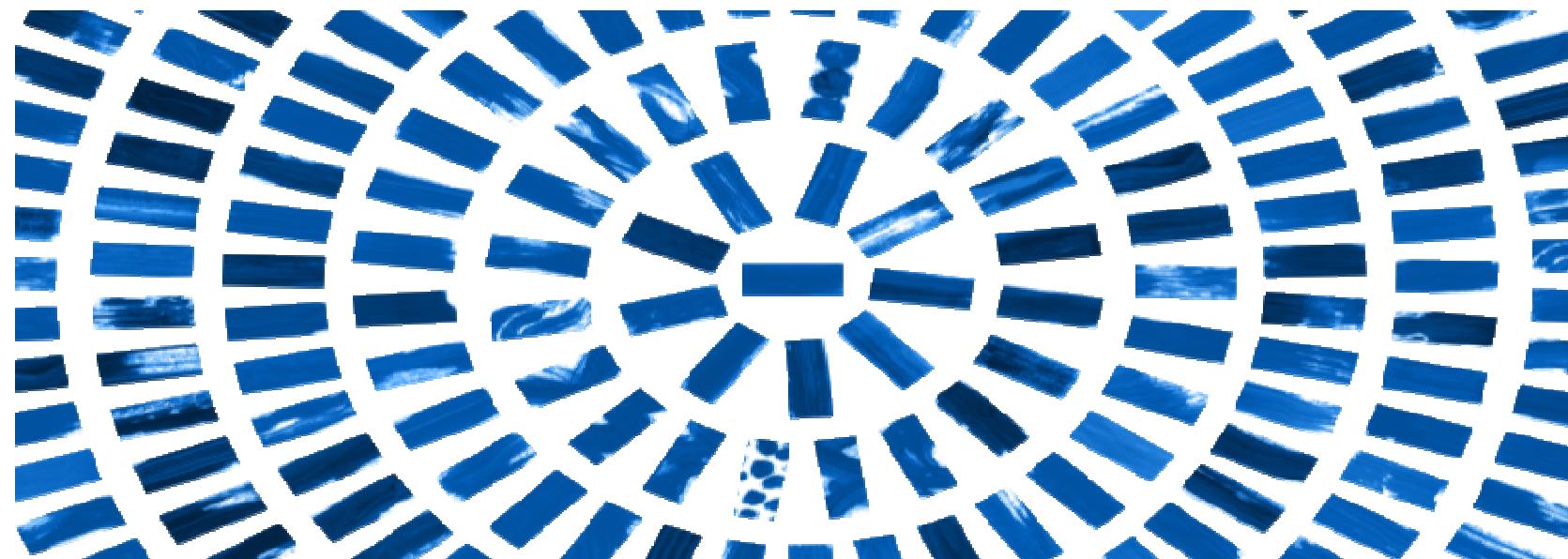


Integrated Performance Report

Strategic Overview



August 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for August 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 necessarily 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. The more comprehensive workforce performance metrics have been reinstated in the report. Consideration is also being given with regard to how performance against service reset and restoration can be provided. Some additional activity information is provided in this report and can be developed in the coming months. It should be emphasised that the majority of services have continued to be provided during the pandemic, although in some cases in a different manner such as less face to face contact and in some cases referrals have been lower than historical averages.

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

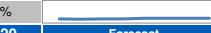
- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

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.

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 22nd September as opposed to the end of August. 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	As at 24th August 2020	As at 22nd September 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	26	82	
Shielding			54	59	52	37	0	0	
Symptomatic			69	118	46	5	14	31	
House hold symptoms			26	24	13	4	7	29	
OH Advised Isolation			5	1	0	0	1	1	
Test & Trace Isolation			0	0	0	0	0	0	
Other Covid-19 related			0	2	1	2	4	21	
No of staff working from home - Covid-19 related ⁸			125	136	107	90	7	53	
Shielding			76	78	72	71	0	0	
Symptomatic			13	28	13	5	1	14	
House hold symptoms			29	23	13	1	0	26	
OH Advised Isolation			7	6	7	3	0	1	
Test & Trace Isolation			0	0	0	7	0	0	
Other Covid-19 related			0	1	1	3	6	12	
Number of staff tested ⁹	N/A		89	783	1798	2038	2162	2294	Cumulative
No of staff tested positive for Covid-19 ¹⁰			23	103	128	130	133	149	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%	1498/1531 = 97.8%	1547/1681 = 92.0%	
No of staff returned to work (not working only) ¹¹			445/599 = 74%	609/807 = 75%	800/908 = 88.1%	872/928 = 94.0%	952/979 = 97.2%	992/1079 = 91.9%	
No of staff still absent from work who were Covid-19 positive ¹²		Data Unavailable	27	11	2	1	5		
No of Service users tested (ward)			41	65	103	104	109	125	Symptomatic
No of service users tested positive (ward)			9	10	29	29	29	29	Cumulative
No of service users recovered			8	9	28	28	28	28	One patient died not in SWYFT care and one patient has recently tested positive and is still within the isolation period.
Additional number of staff enabled to work from home			900	900	937	1003	1024	1043	Cumulative
Calls to occupational health helpline			178	576	921	1230	1450	1536	Cumulative
Making SWYPFT a great place to work									
Sickness absence	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Forecast
4.5%		5.0%	3.8%	4.0%	3.5%	4.0%	3.8%	3.9%	
Staff Turnover		10%	11.3%	11.9%	8.5%	7.9%	9.8%	8.4%	9.1%
Actual level of vacancies		tbc	12.2%	8.7%	6.9%	6.0%	6.8%	7.4%	
Improve people's health and reduce inequalities									
% service users followed up within 7 days of discharge	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Forecast
95%		81/85 = 95.2%	105/107 = 98.1%	90/92 = 97.8%	102/102 = 100%	105/105 = 100%	110/110 = 100%	84/85 = 98.8%	1
Out of area beds ¹		20/21 - Q1 247, Q2 165, Q3 82, Q4 0	362	350	167	108	140	336	224
IAPT - proportion of people completing treatment who move to recovery ⁴		50%	52.4%	55.7%	51.4%	49.1%	42.8%	50.0%	54.4%
Delayed Transfers of Care		3.50%	1.8%	1.9%	2.0%	1.7%	1.4%	1.0%	0.7%
Improve the quality and experience of care									
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) ³	trend monitor	23	20	34	36	42	38	34	
IG confidentiality breaches		<8 Green, 9-10 Amber, 11+ Red	12	6	15	20	14	25	17
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	0	2	1	2	1	0	3	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ²	trend monitor	38.1%	40.6%	41.1%	46.2%	47.8%	47.4%	46.3%	
Improve the use of resources									
Surplus/(Deficit)	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Forecast
Agency spend		In line with Plan (£49k)	£613k	£469k	£507k	£518k	£558k	£606k	
Single Oversight Framework metric		2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)		Green	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 20 each month. Excludes ASD waits and neurodevelopmental teams. Treatment waiting lists are currently impacted by data quality issues following the migration to SystemOne. 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 September 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 September. Staff not working due to Covid-19 related issues.
- 8 - Trusts Covid-19 sickness absence recording system as at 22nd September. 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 September.
- 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 September.
- 12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 22nd September.
- 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 continue to be maintained during pandemic
- Safer staffing for inpatients has been maintained, high acuity remains.
- Incident reporting is within expected range
- Enhanced clinical risk scan continues to monitor impact of Covid-19 on mental health, the increase in self-harm behaviour is continuing and a response developed
- Complaints response times performance reduction to be reviewed
- Covid-19 guidance regularly updated in response to emerging directives and advice.

NHSI Indicators

- Three young people under the age of eighteen were admitted to an adult ward in August for a total of eight days
- Inappropriate out of area bed placements amounted to 224 days in August. This is a decrease from 336 in July. Following communication with NHS Digital we have reassessed the reporting of inappropriate bed days and adjusted to reflect the inclusion of gender specific placements.
- Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.4%
- Whilst above target the early intervention in psychosis (two weeks clock stops) decreased to 79.5%
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 34.0% as a direct consequence of Covid-19
- Typically performance against nationally reported targets is holding up well

Locality

- Urban House remained close for a deep clean before planned re-opening in September. We continued to support clients in their alternative accommodation.
- Barnsley community health services have continued to provide discharge to assess services and are working with Barnsley hospital to model service requirements for the winter period
- All IAPT activity in Barnsley has been undertaken virtually with some face to face set to resume in October
- Work has commenced with Barnsley CCG on the redesign of the model of care for CAMHS
- Waiting numbers for ASC and ADHD in Kirklees and Calderdale are increasing
- Continued high demand for inpatient beds across the Trust with occupancy at full capacity and acuity levels remaining high
- Community mental health services continue to provide assessment, care and interventions utilising a range of innovative means including face to face where it is deemed as clinically required
- Focus is being applied across all localities to the reset and restoration of services
- Work on assessment and treatment units reconfiguration for learning disabilities across West Yorkshire continues

Priority Programmes

- The Trust continues to work with partners on the Covid-19 response with focus currently applied to drafting plans to meet the requirements set out in the phase 3 response to the pandemic letter
- Pressures on bed usage have continued. New processes have been established for admissions to PICU beds
- Progress for full implementation of all age liaison in Barnsley and Wakefield continues with go live anticipated later September/early October
- A comprehensive organisational development plan has been developed for forensic services.
- The majority of services are planned to go live with the formulation informed risk management (FIRM) tool on SystmOne at the end of September

Finance

- Interim financial arrangements in place for April through to September.
- £407k of costs identified as being reasonably incurred as part of the Covid-19 response, which is the lowest amount claimed this financial year.
- In month 5 there was a deficit recorded pre final top-up of £937k, which is the highest value all year. It has been assumed this will be reimbursed to enable the Trust to break-even. The main issues continue to be lack of income in the block and increasing pay costs with the Trust now paying for in excess of 200 more staff than it was in March 2020.
- Taking the above into account a break-even position has been reported (follows instructions in the national guidance)
- Agency staffing costs came to £0.6m in August, which was in line with the previous month
- Out of area bed costs amounted to £253k in month, which is a reduction compared to July, but higher than our original plan. In addition there is a substantial overspend on locked rehab bed usage in Barnsley.
- The cash balance remains healthy at £55.8m
- Capital expenditure remains low at £0.5m. The forecast for the full year will be updated by the half year
- 84% of all third party invoices were paid within 7 days of receipt of goods or services, with 98% paid within 30 days.

Workforce

- As at September 22nd there were 82 staff off work as a result of Covid-19 which compares to 26 one month earlier
- Non Covid-19 sickness reduced to 3.8% in August
- Staff turnover increased to 9.1%, which remains below the level of recent years
- Compliance with training targets is reported again this month and is typically positive

Covid-19

In addition to the points identified in the sections above:

- Sufficient PPE remains in place although the continuing increase in demand for masks is resulting in a reduced level of stock. Supplies of medium size gloves are being supplemented by additional orders over and above national deliveries
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- Work on the flu campaign is underway
- All volunteers are being risk assessed using the staff risk assessment tool prior to re-introduction back into Trust services
- The Trust Opel level remains at 2
- Refresh of the Equality, Inclusion and Involvement strategy is underway and work progresses on the eight action actions on inequalities
- Enhanced support to care homes continues to be provided by the general community team in Barnsley
- Increased demand modelling taking place to support work on reset and restoration
- National guidance continues to be monitored, reviewed and adopted

Summary

Covid-19

Quality

National Metrics

Locality

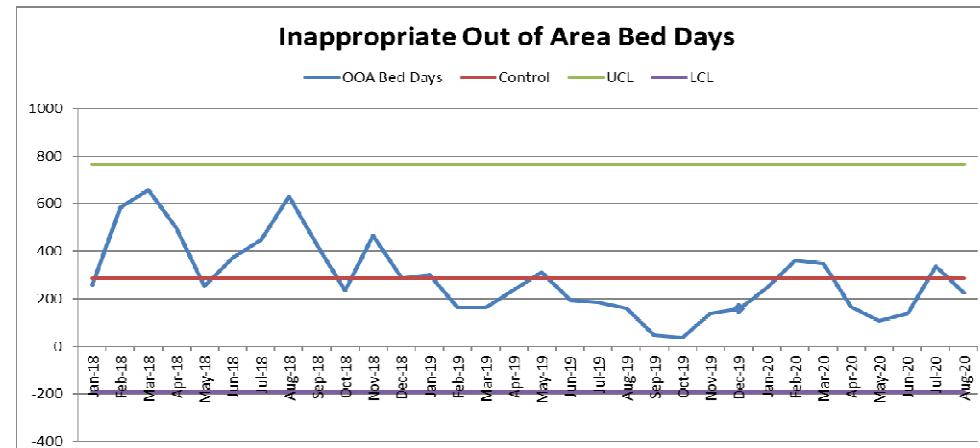
Priority Programmes

Finance/Contracts

Workforce

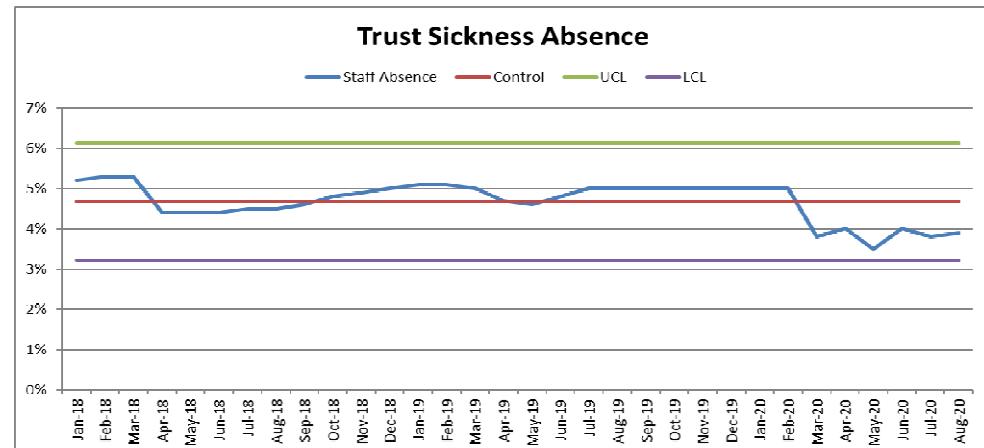
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



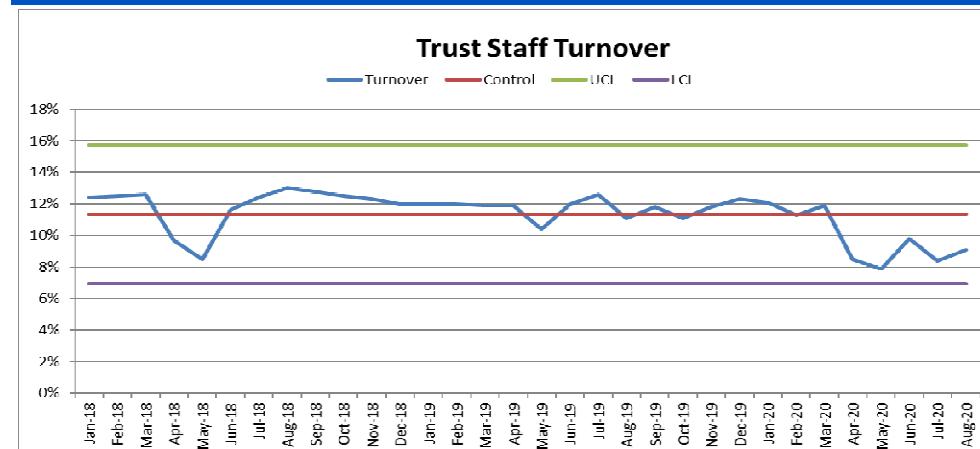
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

Staff Sickness Absence



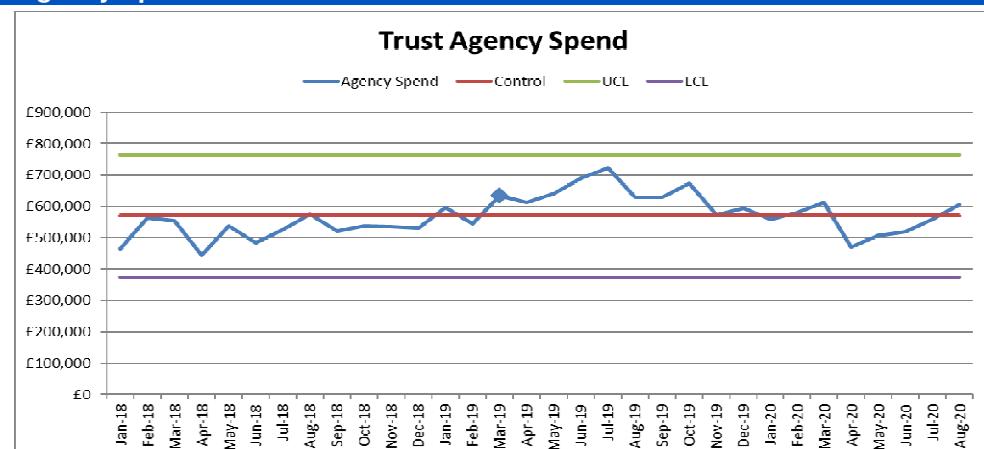
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



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

Agency Spend

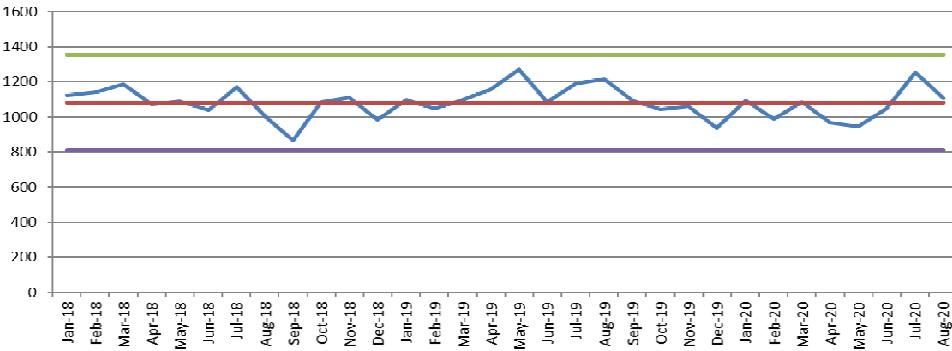


SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

Incidents

Total Number of Reported Incidents

— Incidents — Control — UCL — LCL

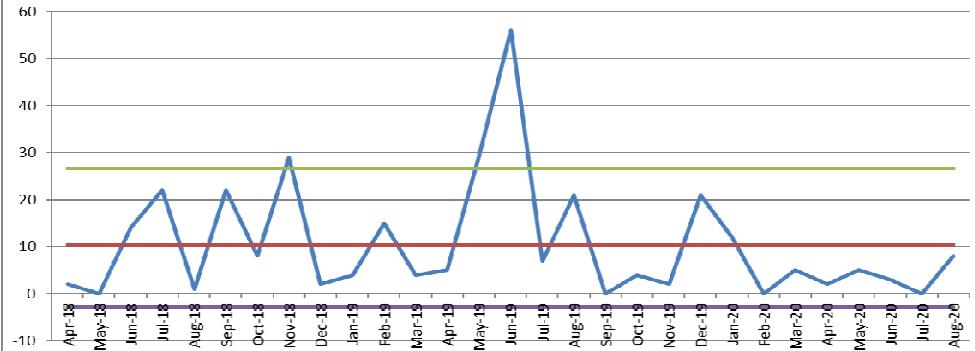


All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Total bed days of CYP on adult wards

Total Bed Days of CYP on Adult Wards

— CYP Bed Days — Control — UCL — LCL

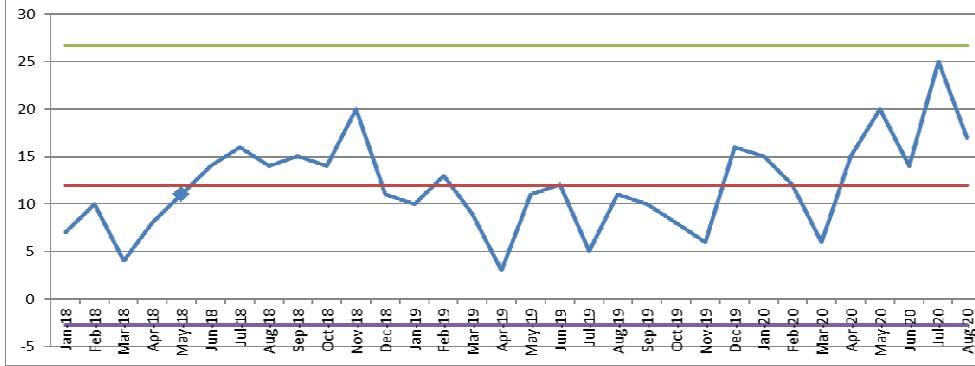


The majority of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported bed days are within the expected range with the exception of Nov-18 and Jun-19.

IG Breaches

Total Number of IG Breaches

— IG Breaches — Control — UCL — LCL

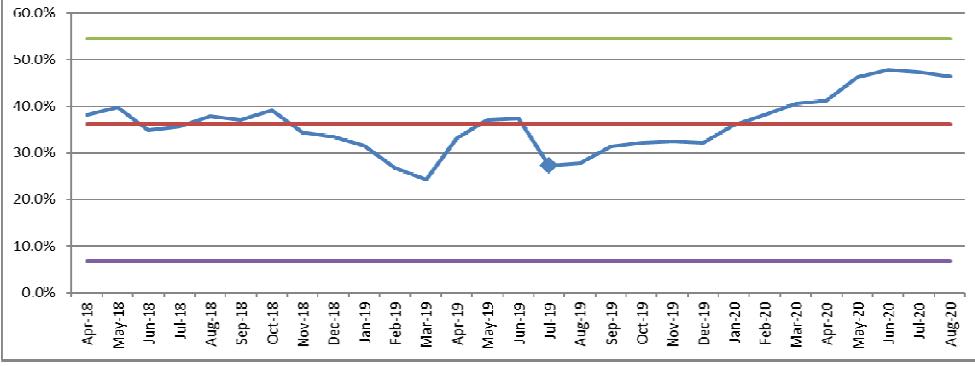


All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction on GDPR.

CAMHS Referral to treatment waiting times

CAMHS Referral to Treatment Waiting Times

— CAMHS RTT — 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 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.

Summary

Covid-19

Quality

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Covid-19 response

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

Managing the clinical response

IPC response – guidance

IPC team continue to review and respond to guidance issued which is then implemented via silver command.

Patient testing & pathway/Outbreak response & management

Symptomatic patient testing is being undertaken - One inpatient symptomatic July and four sysmptomatic in August all results negative.

No outbreaks

Covid-19 clinical risk scan

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

PPE position

- A delivery of a new type of FFF3 masks has taken place. Confirmation is awaited that they can be used
- Over 1,000 FFF3 masks remain in quarantine due to expiry dates and issues with smells
- Demand pressure continues for medium sized gloves and we boost our supply by separately ordering additional product via NHS Supply Chain

PPE Levels	Approx days stock as at 14-Jul	Approx days stock as at 17-Aug	Approx days stock as at 15-Sep
Surgical masks	30	22	12
Respirator masks	80	23	39
Aprons	11	8	20
Gowns	95	132	119
Gloves	28	26	24
Visors	100	115	156

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 (to adult care facilities) 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 antibody testing.
- Barnsley BDU staff that visit Over 65s carehomes are subject to weekly antigen testing.

Staff testing report – current position

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.

Results

Most of the results have been returned within one day from testing, no one has waited longer than 72hrs or their test results.

Future plans for testing staff

- Remain with staff testing through the national route.
- For Trust infection prevention & control (IPC) staff 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

Summary

Covid-19

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Covid-19 response

Supporting the system

The Trust continues to fully engage with the Covid-19 response in all places and systems it provides services in.

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 to the communication and engagement cells in each of our places to support the covid management and outbreak response.

Standing up services

A number of areas have been highlighted in the NHS response to phase 3 of the covid-19 pandemic. The Trust's position on this has been highlighted in the appropriate sections below:

Trust activity and demand (phase 3 response)

- Contact activity and referral information for Trust services is now included in the report for the period January 2020 to August 2020 (see pages 13 to 16). The charts at the end of this section show activity pre covid-19, during period where the pandemic was at its peak and year to date. The Trust is generally seeing an increase in referrals back to pre-covid-19 levels across the majority of areas. Some work is being undertaken in the Trust to look at forecast suppressed demand and to review the impact this may have on services.
- This section of the report will be developed over the next few months.
- The information shown can be broken down further by individual service line. Feedback of what would be useful for Trust Board and committee would be welcome so as to inform future reporting development.

Targets associated with meeting the mental health investment standard (phase 3 response)

The report already includes key performance indicators for improving access to psychological therapies (IAPT) and early intervention in psychosis (EIP). Work will be undertaken in the October version of the report to outline the Trust's position against the mental health investment standard including IAPT, EIP and perinatal services.

IAPT targets

- A number of metrics are already reported in the locality section of the report.

Children and Young People access measures

- Work is taking place to validate the local data related to this - it is anticipated data will be available in next month's report.

8 urgent actions to address inequalities

The Trust is identifying means of determining how it can report progress against the eight urgent actions for addressing inequalities, recognising that a step-change in recording of information and both interpreting and reporting is required. The eight urgent actions focus on:

- Protecting the most vulnerable from Covid-19 with enhanced analysis and community engagement
- Restoring NHS services inclusively
- Developing digitally enabled care pathways in ways which increase inclusion
- Accelerating preventative programmes which proactively engage those at greatest risk of poor health outcomes
- Particularly supporting those who suffer mental ill-health
- Strengthening leadership and accountability
- Ensuring datasets are complete and timely
- Collaborating locally in planning and delivering action

A number of activities are already in place and other actions have been identified in order to meet these priorities. A group has met to identify which data sources already exist and where additional information is required, either internally or externally. This group will meet again early October, with the aim of providing more information in the IPR with regard to how we are performing against each of the actions. Tim Breedon is the confirmed executive director lead. In addition to the work being carried out internally the Trust is working with partners in all places to respond to this challenge.

Staff Health & Well Being

- To ensure the health, safety and wellbeing of our workforce a comprehensive risk assessment has been completed for all BAME colleagues, pregnant staff, staff who have been shielding and over 70s. All Trust employees and bank only colleagues have been offered a risk assessment. A self-assessment questionnaire has been circulated to all staff which indicates their personal risk level, those in medium/high risk levels are offered a full risk assessment. Over 4000 colleagues have completed either a full risk assessment or a self-assessment. In addition, we have maintained contact with all shielded staff via Trust managers and an Occupational Health well-being check. We also have a working from home/MSK risk assessment process.
- To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes we have established a BAME health and wellbeing taskforce and have invested in our Occupational Health service by appointing a Health and Wellbeing practitioner for the BAME workforce. We also offer our colleagues support to maintain a healthy weight and offer smoking cessation support. There is a robust plan for this year's flu vaccination in place and the Trust has met its targets for vaccinations in previous years. The Trust has conducted our wellbeing at work survey with Robertson Cooper to inform our planning. We have a number of staff networks which support the Trust to address health inequalities and improve staff experience.
- To support our colleagues who experience mental ill health we have an in-house Occupational team including advisors, mental health nurse and an Occupational Therapist. We also provide an in-house staff counselling service providing a range of therapies.

Flu vaccinations

- Work on the Flu campaign is underway within the Trust. Uptake figures will become available as soon as the immunisation programme commences.

Volunteers

- All volunteers are being risk assessed using the staff risk assessment tool prior to reintroduction back into Trust services
- Currently we have 176 volunteers, 7 are active and a further 47 are waiting to be processed or have been placed on hold

Operational services delivery update

Please refer to the localities section of the report

Workplace risk assessments

- Environmental risk assessments have been carried out across the Trust, including the identification of Covid secure locations

EPR update inc Opel levels

- The command structure remains in place with a 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 and progress made

- Review and revise governance systems in light of learning from covid. Learning from Covid has been pulled together and shared with each subcommittee of the Board
- 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. Recovery planning toolkit developed, agreed and now being used
- Continue work to ensure this is great place to work
- Deliver the requirements in the phase three planning guidance. Work has been undertaken to analyse and plan for the requirements in phase three
- Review the priority programmes for the next phase and develop scopes and key metrics. Priority programmes reviewed and proposals developed for the next phase. These have been shared with EMT and will be discussed with the Board in September

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

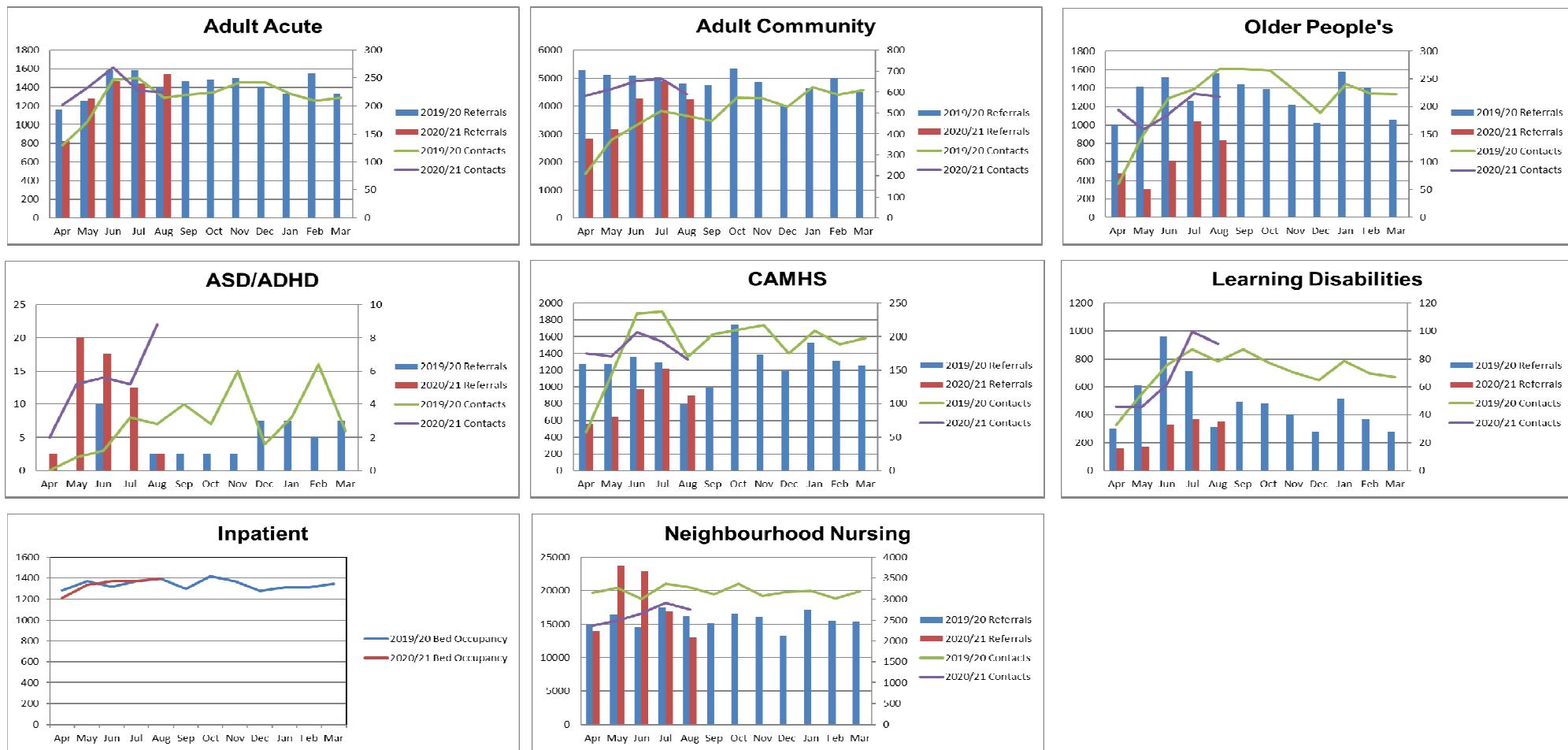
- Service desk calls back to operational BAU levels following Covid-19 increased volumes
- Over 1,000 additional VPN licences provided to enable staff to continue to work remotely
- High continued usage of Microsoft Teams across the Trust
- The number of video consultations taking place each week remains above 150, with the vast majority taking place via AccuRX
- The average number of VPN connections taking place each day during August reduced by almost 400, suggesting an increase in the number of staff returning to the workplace and the impact of the summer holiday season.

Digital - Summary Metrics	Apr	May	Jun	Jul	Aug
Total numbers of tickets logged with service desk:	5,914	4,186	4,424	4,849	4,539
Total phone calls to service desk:	2,733	1,644	1,744	2,176	2,503
Number of SystmOne tickets (day to day system requests/amendments):	321	320	298	381	375
Number of smartcard related tickets:	367	308	296	407	251
Additional VPN licences since March	888	937	1,003	1,024	1,043
Average number of daily VPN connections	2,674	2,430	2,731	2,347	1,958
Microsoft Teams - meetings participated	10,535	7,201	15,450	14,604	14,701
Airmid video consultations (average/week)	54	187	15	5	1
AccuRX video consultations (average/week)	0	146	111	148	164

Trust activity and demand (phase 3 response)

This section identifies historic and recent referral and contact information to help demonstrate better the impact of Covid-19 and progress against restoration and reset of services. Similar information is provided for each of the main places in which we provide services. What is evident in most services to varying degrees is the reduced level of referrals and contacts at the outset of the pandemic, building up again as the year progresses. Separate work is taking place to better understand suppressed demand and how that may impact on resources and service delivery in the coming month.

Barnsley Activity



Summary

Covid-19

Quality

National Metrics

Locality

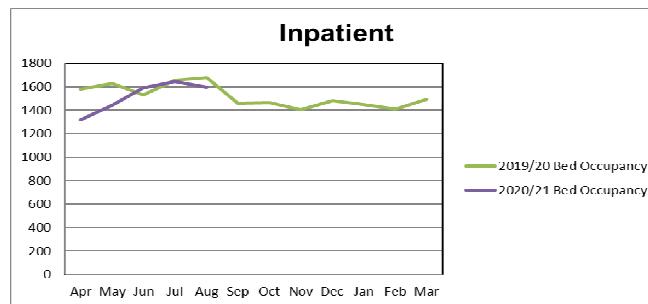
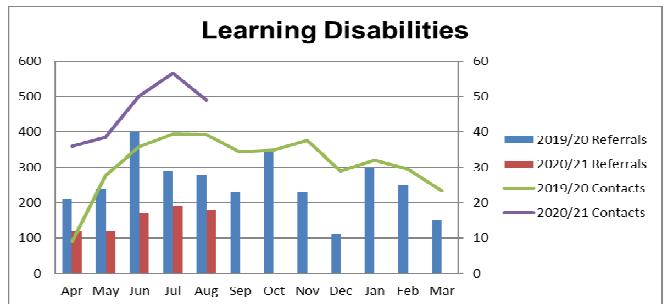
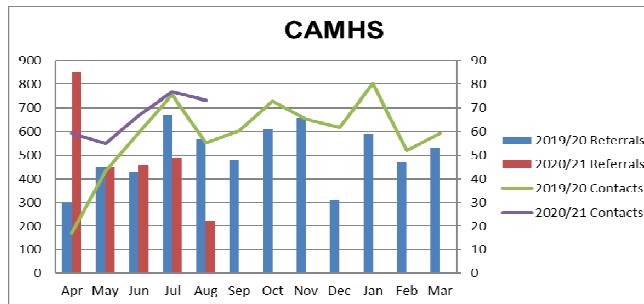
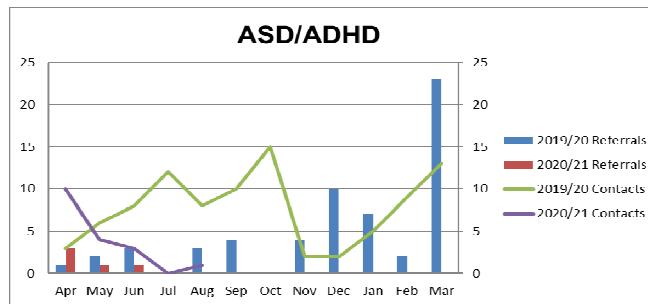
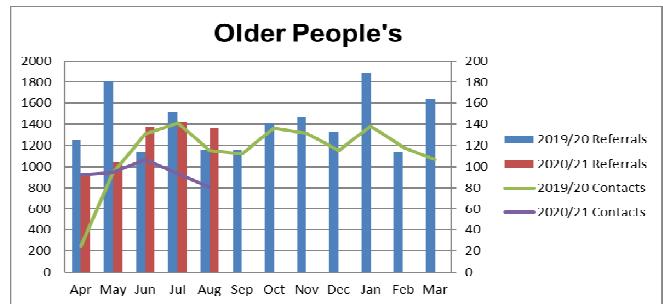
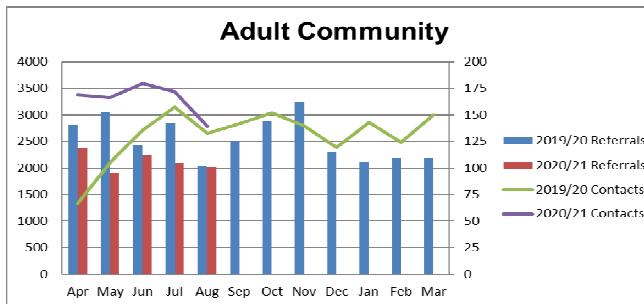
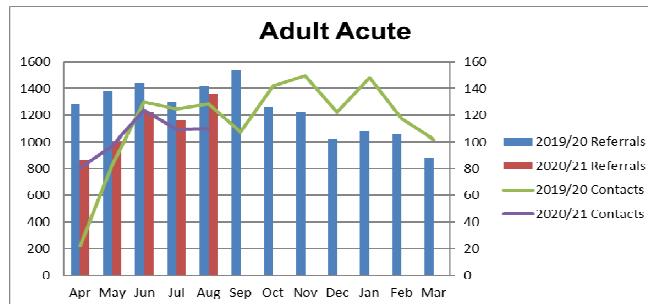
Priority Programmes

Finance/Contracts

Workforce

Trust activity and demand (phase 3 response)

Calderdale Activity



Summary

Covid-19

Quality

National Metrics

Locality

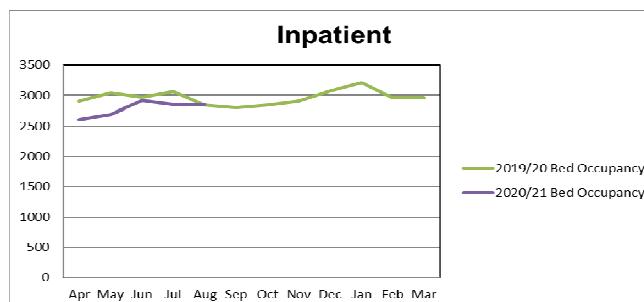
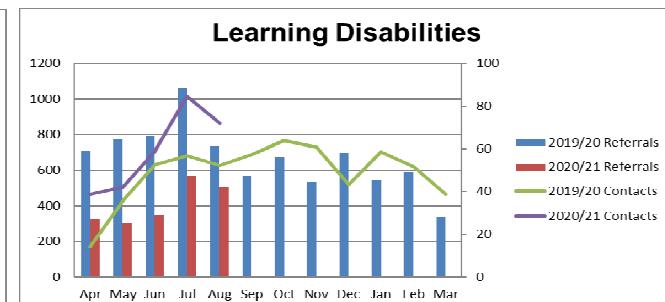
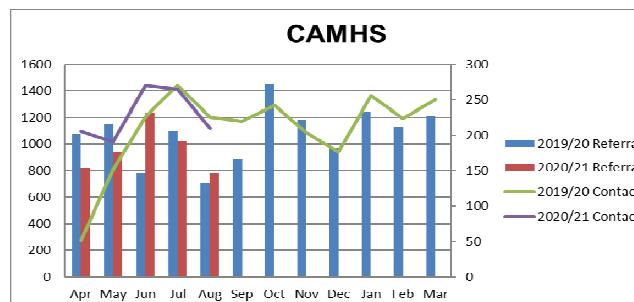
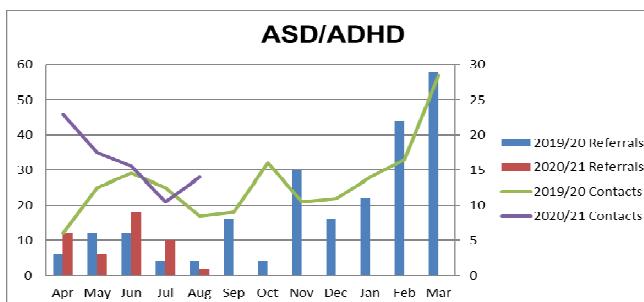
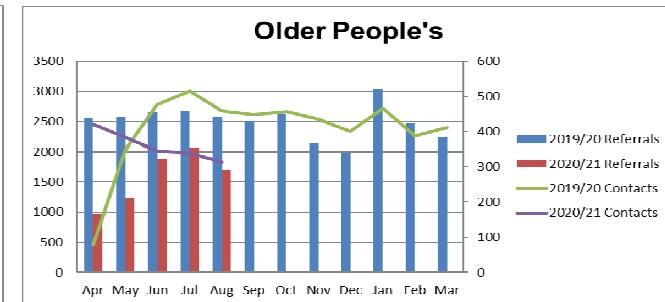
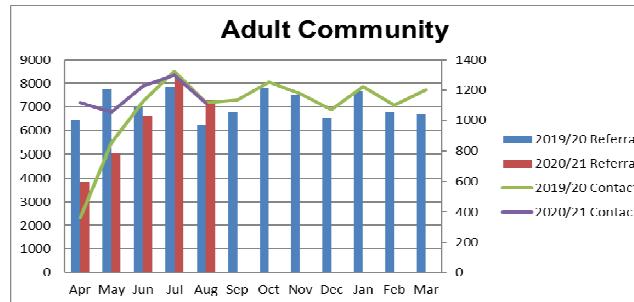
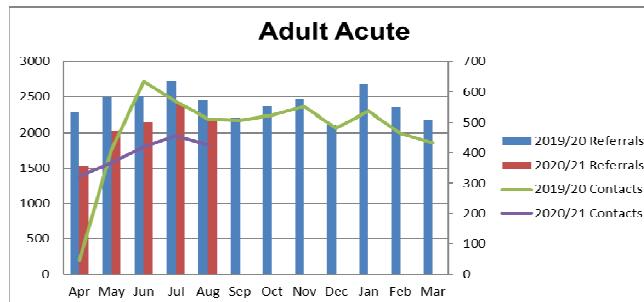
Priority Programmes

Finance/Contracts

Workforce

Trust activity and demand (phase 3 response)

Kirklees Activity



Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

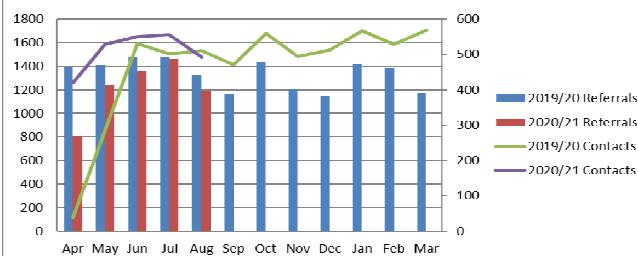
Finance/Contracts

Workforce

Trust activity and demand (phase 3 response)

Wakefield Activity

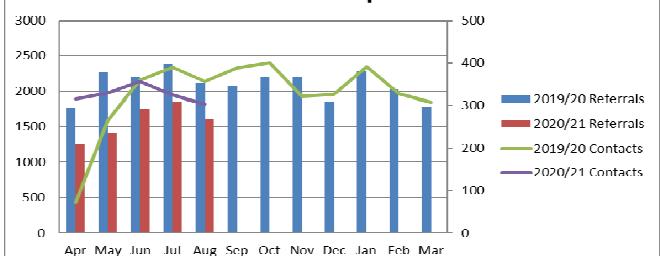
Adult Acute



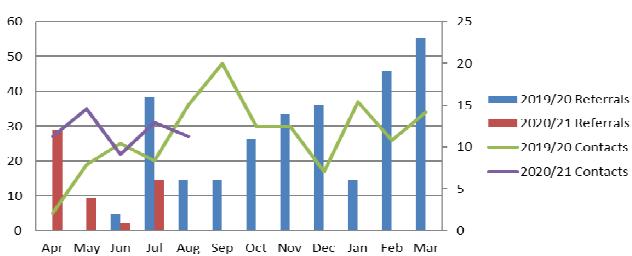
Adult Community



Older People's



ASD/ADHD



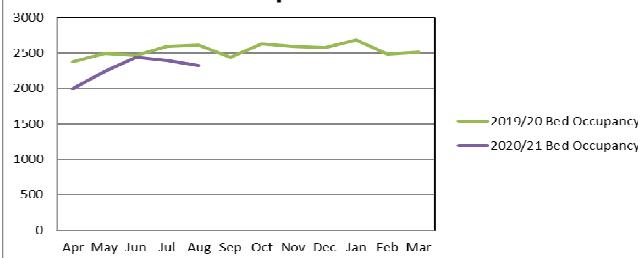
CAMHS



Learning Disabilities



Inpatient



Summary		Covid-19		Quality		National Metrics		Locality		Priority Programmes		Finance/Contracts		Workforce	
Section	KPI	Objective	CQC Domain	Owner	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year End Forecast		
Quality Complaints	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	38.1%	40.6%	41.1%	46.2%	47.8%	47.4%	46.3%	N/A		
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	18% 4/22	15.0%	10.0%	0% 0/14	17% 5/29	12% 3/25	30% 8/27	1		
	Number of compliments received	Improving Health	Caring	TB	N/A	17	11	13	13	41	34	18	N/A		
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	19	295 incidents during 19/20	39	33	20	52	Due Oct 20			
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	11		2	2	1	2		N/A		
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	0	0	0	0	Due Oct 20	1		
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%								1		
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=9	12	6	15	20	14	25	17	2		
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	1.8%	1.9%	2.0%	1.7%	1.4%	1.0%	0.7%	1		
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	95%	81.5%	82.7%	90.4%	91.5%	89.4%	84.3%	Due Oct 20	N/A		
Quality	Number of records with up to date risk assessment - Community ¹¹	Improving Care	Effective	CH	95%	69.8%	83.9%	71.2%	83.3%	79.1%	70.0%		N/A		
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	990	1086	968	945	1047	1254	1107			
	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	15	17	32	27	30	25	24			
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁹	Improving Care	Safety Domain	TB	trend monitor	4	1	1	3	3	7	4			
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) ⁹	Improving Care	Safety Domain	TB	trend monitor	4	2	1	6	9	6	6			
	MH Safety thermometer - Medicine Omissions ¹⁵	Improving Care	Safety Domain	TB	17.7%	18.0%	11.6%	No longer available					2		
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	108.0%	109.9%	115.1%	119.4%	123.3%	120.5%	118.0%	1		
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	89.4%	88.9%	95.7%	94.3%	93.9%	90.9%	88.6%			
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	36	31	46	46	34	30	32			
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1		
Infection Prevention	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1		
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	80%	94.5%	94.5%	93.0%	91.5%	90.0%	80.0%	94.5%	1		
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	47	44	38	45	46	35	48			
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	97	147	121	111	137	188	138			
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	83.9%	90.0%	95.3%	91.5%	90.2%	87.8%	84.4%	1		
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0		
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1		

* See key included in glossary

Figures in Italics are not finalised

** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

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

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

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

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

5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in recent months 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 August reduced to 138 from 188. 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) - An increase in reported incidents in August compared to July increasing from 35 to 48. 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.
- Duty of candour - there were no breaches

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.

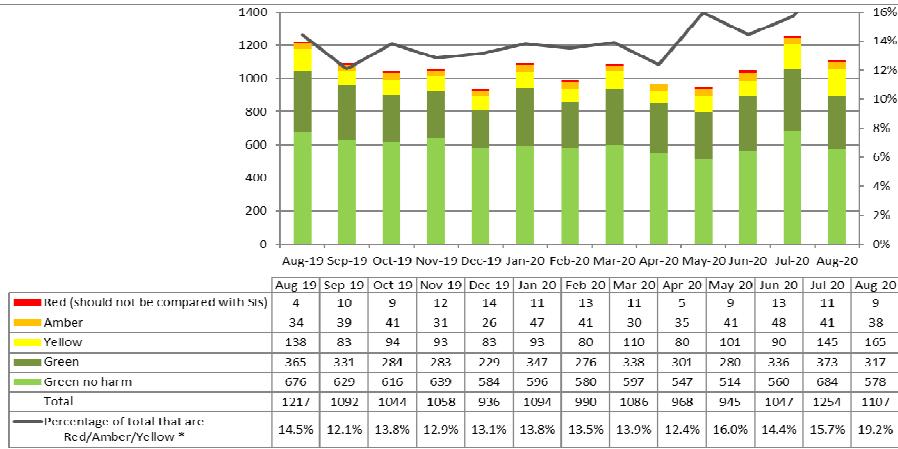
During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:

- 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 August 2019 - August 2020

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



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 (09/09/20).

Deaths: of the 6 deaths recorded, there are 4 Deaths that are awaiting confirmation of cause of death for decision regarding level of review. The other 2 deaths are categorised as, Suicide (incl apparent) - community team care - current episode.

Severe harm: There were 4 severe incidents recorded. These are Administration/supply of medication from a clinical area (Yorkshire Smoke Free Team-Doncaster), Self-harm (actual harm) with suicidal intent (Ashdale ward), Child Protection – other (CAMHS Calderdale Team) and Pressure Ulcer - Category 3 (Neighbourhood Team - Penistone Barnsley)

Moderate harm: There have been a total of 24 incidents recorded for August 2020 as moderate degree of harm. 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 9 incidents (all Neighbourhood Nursing, Barnsley). There are no particular patterns or trend. There was 1 Tissue viability – other incident recorded for Neighbourhood Team - North (Barnsley).

There were 7 self-harm incidents (2 incidents recorded at Intensive Home Based Treatment Team Wakefield ops , 1 incident recorded by Core Team - Barnsley , 1 incident recorded by Singly Point of Access (Kirklees), 1 incident recorded by Intensive Home Based Treatment Team , 1 incident recorded by Clark Ward – Barnsley and 1 incident recorded by Assessment and Intensive Home Based Treatment Team / Crisis Team – Calderdale.

1 Unconfirmed self-harm (reported by self/3rd party) incident recorded at Intensive Home Based Treatment Team (IHBT) – Wakefield.

1 Mental Health Act incident recorded by Mental Health Act team and 1 unwell/illness incident recorded at Clark Ward – Barnsley

There was 1 Physical violence incident (contact made) against patient by patient. This was recorded at Melton PICU, Barnsley.
There were 2 Slip, trip or fall – patient incidents recorded in Clark Ward – Barnsley and Nostell Ward. There was 1 Assessment, treatment and intervention issues incident recorded Clark Ward – Barnsley.

Degree of harm will be updated when more information emerges and incidents.

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

Safety First cont...

Summary of Serious Incidents (SI) by category

	20/21 Q1	20/21 Q2 (July & Aug)	19/20 Q3	19/20 Q4	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
Administration/supply of medication from a clinical area	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Death - cause of death unknown/unexplained/ awaiting confirmation	0	2	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Death - confirmed from physical/natural causes	1	0	1	1	0	0	0	1	1	0	0	0	0	1	0	0
Information disclosed in error	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Security - Other	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Self harm (actual harm) with suicidal intent	0	1	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	1	0	0	0	0	0	0
Substance Misuse	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Suicide (incl apparent) - community team care - current episode	3	2	4	8	3	2	1	1	4	2	2	0	2	1	0	2
Suicide (incl apparent) - community team care - discharged	1	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Suicide (incl apparent) - inpatient care - current episode	0	1	0	1	0	0	0	0	1	0	0	0	0	0	1	0
Unintended/Accidental injury	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Physical violence (contact made) against staff by patient	0	0	1	2	0	0	1	0	1	1	0	0	0	0	0	0
Physical violence (contact made) against other by patient	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pressure Ulcer - Category 3	2	1	1	0	1	0	0	1	0	0	0	0	0	2	1	0
Total	9	10	8	15	4	2	2	4	9	4	2	0	4	5	3	7

Mortality

Learning: Planning to recommence thematic learning work during Q3.

Regional work: Northern Alliance meeting held virtually on 11 September 2020.

Reporting: Next reporting will be Q2 learning from deaths report within incident quarter 2 report. Learning from deaths summary included in annual incident report available on intranet. <http://www.swyt.nhs.uk/incident-reporting/Pages/Incident-management-annual-report.aspx>

Structured judgement reviews: allocation on track

- 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 regraded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See <http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

Safer Staffing Inpatients

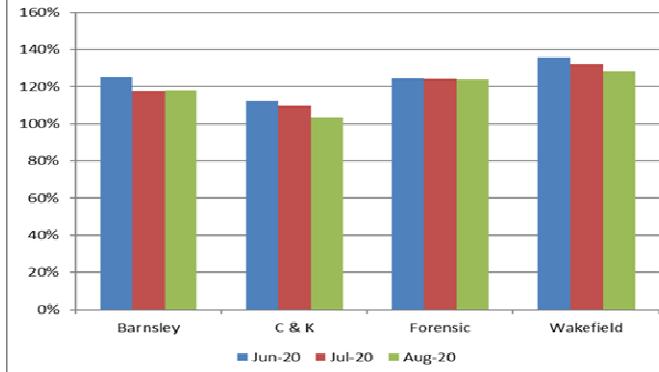
In August 2020 we continued to return to the delivery of services that were temporarily curtailed due to the pandemic. BDU and team business continuity plans have remained resilient in the face of significant challenges. Staffs have been returning to their substantive roles and the continuation of their responsibilities. We continue to offer modified mandatory online training, ensuring staff are taking their annual leave as well as having access to a suite of wellbeing information and resources. We continue to utilise the temporary staffing workforce as well as overtime and time owing to cover our inpatient areas. As of 30/08 we have 683 bank staff of which 348 have been active in the last 8 weeks. We have also embarked on a new provider for all our Allied Health Professional locum needs which will be closely monitored. The next recruitment drive for bank is due to close at the end of September to try and reduce the number of agency staff being utilised.

Again, no ward has fallen below the 90% overall fill rate threshold in August. Of the 31 inpatient areas, 24 (76.8%), a decrease of three wards on the previous month, achieved greater than 100%. Indeed, of those 24 wards, 14 (an increase of one ward) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days -Trust Total 80.5% (a decrease of 3.3%). The number of wards that have failed to achieve 80% registered nurses increased by two to 14 (44.8%). Eight wards were within the Forensic BDU, two in Wakefield, one in Barnsley and four in Calderdale and Kirklees. Although our overall fill rates remain high, all inpatient areas remain under pressure from a registered staffing perspective. This is often compensated by increasing the number of HCA's per shift. Contributory factors included high levels of acuity, high sickness/absence and existing vacancies. Tailored localised adverts are proving beneficial to recruitment of band 5 RNs with some success in both Calderdale and Kirklees. This will continue going forward with bespoke adverts for hot spot areas. We are expecting at least 45 new band 5 starters from September onwards which will positively impact the qualified fill rates.

Registered on Nights - Trust Total 96.7% (a decrease of 1.2%). Three wards (9.6%), an increase of one on the previous month, fell below the 80% fill rate in the month of August. Two were within the forensic BDU and the other. 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 three to 18 (57.6%). Two wards utilised in excess of 120% and again both were in the Forensic BDU. This had to do with them increasing the RN numbers to facilitate a team leader. Overall fill rate for registered staff reduced by 2.25 to 88.6%.

Total Fill Rate by BDU

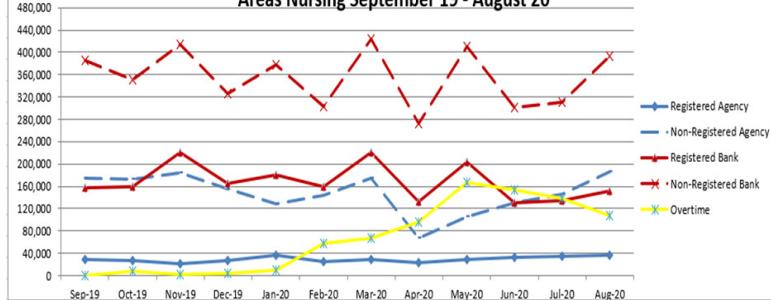


Ward Name	Jun-20 Average Fill Rate - All Staff (%)	Jul-20 Average Fill Rate - All Staff (%)	Aug-20 Average Fill Rate - All Staff (%)
Beamahawr	120.1%	111.4%	100.6%
Care	91.9%	92.9%	92.9%
Malton Suite PICU	116.5%	123.5%	110.2%
Neuro Rehab Unit	112.9%	143.4%	114.3%
Stroke Rehab Unit	122.2%	120.2%	116.8%
Willow Ward	122.1%	105.9%	107.8%
Ashdale	102.1%	105.0%	101.1%
Brackenholme	118.0%	153.7%	111.2%
Elmetdale	109.9%	102.7%	97.8%
Emm Lane Down	105.7%	105.4%	97.7%
Leyland St	112.4%	105.0%	80.9%
Ward 18	130.4%	109.3%	102.9%
Ward 18 - Female	110.0%	100.0%	94.7%
Ward 18 - Male	110.8%	112.9%	101.1%
Aspleton	98.3%	98.8%	93.2%
Bronze	136.2%	135.3%	129.0%
Chippendale	100.0%	98.8%	100.0%
Hopeworth	160.2%	143.2%	162.6%
Gawthorpe	100.0%	100.0%	100.0%
Holme Valley	108.2%	107.2%	81.0%
Prestatyn	98.8%	96.0%	92.2%
Ribble	109.5%	104.0%	107.6%
Shawfield	126.5%	145.8%	129.1%
Thornhill	107.3%	114.9%	123.3%
Waterton	126.9%	123.2%	121.0%
Crofton	122.1%	108.7%	105.9%
Horizon	110.4%	116.5%	129.1%
Newton	120.0%	114.0%	114.0%
Poppleton	120.0%	144.0%	131.0%
Stanley	119.3%	152.3%	136.5%
Walton PICU	122.1%	127.0%	136.2%
All Wards	123.3%	120.3%	119.0%

Fill Rate Key for All Staff:

Less than 90% fill rate
Greater than or equal to 120% fill rate

Agency, Bank and Overtime Spend - Registered & Non-Registered Inpatient Areas Nursing September 19 - August 20



Throughout the last month the main wards where staffing was a raised concern were Ashdale, Ward 19, Bretton Centre and Newton Lodge. Shifts were picked up quickly and the fill rate of requested flexible staffing shifts remained high as can be seen in the figures below.

Categories No. Of Shifts Total Hours Unfill Percentage

Category	No. Of Shifts	Total Hours	Unfill Percentage
Registered	317	3,352.50	31.89%
Unregistered	324	3,572.50	10.08%
Grand Total	641	6,925.00	15.07

We are continuing to target the areas above within our recruitment campaigns, block booking and prioritisation within bank booking. However, this does vary on a weekly basis dependent on acuity and clinical need.

Financial Impact

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

The overall spend, and usage of, bank and agency has increased in August with several things impacting on this figure including higher acuity being felt on the ward, staff taking their leave, sickness levels and vacancies.

Bank spend has increased by almost £100K, Overtime decreased by around £22K whilst agency spend has increased by approximately £14K.

Information Governance

The number of confidentiality breaches reduced from 25 to 17 month on month. This remains above historical levels. During the month the number of incidents where information was disclosed in error decreased from 17 to 12. Examples include letters for service users sent to different service users, personal data left unsecured, emails sent to the wrong addresses and verbal disclosures over the phone. An updated communications plan has commenced which highlights the impact on individuals when personal data breaches occur.

Commissioning for Quality and Innovation (CQUIN)

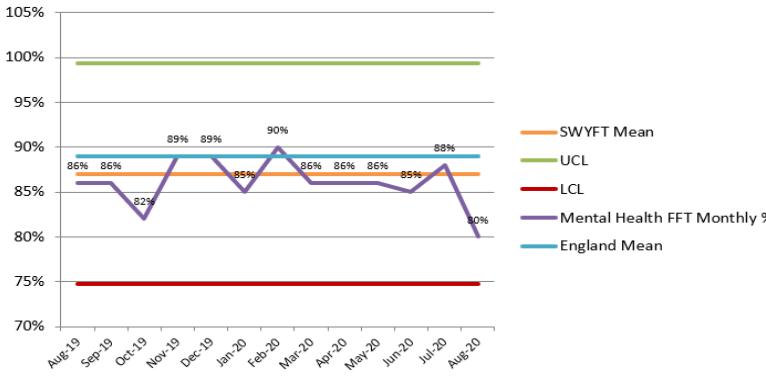
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

Patient Experience

Friends and family test shows

- 95% of respondents would recommend community services.
- 80% would recommend mental health services.

Mental Health Services



Community Services



- 87% (n=545) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=248) of respondents felt that their experience of community services had been very good or good across community services.
- 80% (n=297) of respondents felt that their experience of mental health services had been very good or good across mental health services.
- 28/297 respondents rated services as poor/ very poor. No themes were identified.
- Text messages provided 44% of the responses in July.

The Friends and Family Test launched new question in April 2020. This is our first moth reporting on the new question with its new responses:

Thinking about the service we provide. Overall, how was your experience of our service?

Very good, good, neither good nor poor, poor and very poor.

Care Quality Commission (CQC)

CQC inspection and MHA visits

CQC have not undertaken any routine inspections of our core services in line with their regulatory approach during the pandemic. They continue to focus on higher risk services using the Emergency Support Framework. However, they have made it clear that they could visit a service at any time if they had concerns. It is anticipated that the number of routine inspections will increase as the year progresses. During our recent engagement meeting with CQC we were also told that the identification and management of ligature risks will have more focus as part of well-led reviews, particularly in relation to facilities and estates.

CQC are continuing to carry out a number of MHA visits of our inpatient services via remote working.

CQC improvement plan

We are continuing to receive our monthly improvement plan updates. Teams have been made aware that some of the timescales for completion of the actions have been extended due to the pandemic.

We have also stood back up a number of quality improvement initiatives that are linked to the CQC 'must' do and 'should' do actions.

Recent monthly updates have shown that there are an increasing number of actions that have now been completed. A summary of how actions are progressing is outlined in the table below:

		August 2020	
		MUST (n =12)	SHOULD (n=37)
Blue		2 (17%)	18 (46%)
Green		10 (83%)	19 (51%)
Green	Amber	0	0
Amber	Red	0	1 (3%)
Red		0	0
Total		12	37

The amber/red issue was related to CAMHS and recording of clinical equipment checks. Within the September update it will show that this action has now been completed.

CQC engagement meeting

We are continuing to hold regular CQC engagement meetings via Microsoft Teams. We recently held one of these meetings on 9 September. During this meeting CQC explained there is an increased likelihood of site visits taking place, especially MHA visits. They acknowledged they would need to consider how they would do these visits in order to minimise any risks from COVID-19. For example, they discussed the possibility of looking at a sample of documentation in a separate area away from the ward to help to minimise any risks from spending time on the ward and to reduce the impact on staff time to assist the inspector whilst looking through the records. They also spoke about the possibility of using designated areas to interview people. It is unlikely CQC would conduct a tour of the environment unless there were specific concerns related to this. CQC also told us that in most cases visits will be announced, however, there may be occasions when visits are unannounced.

CQC also asked for our opinions on the shortened reports from MHA remote visits. We provided feedback that staff liked these reports and also spoke positively about the verbal feedback that the CQC MHA Inspector provides at the end of visits.

CQC strategy

CQC are doing some transition work in preparation for their new planned strategy which they are hoping to implement from May 2021. They have been speaking with service users, providers and other stakeholders to gain their views about how future regulation should look. CQC hinted that the new model would focus on a systems led approach and strong collaborative working. They also told us it is likely that future inspections will be smaller and targeted rather than being large comprehensive inspections that have happened in the past. Site visits will continue in the future as will regulation and the use of ratings.

Provider collaboration reviews

The CQC have undertaken 11 provider collaboration reviews on services for over 65's which has tested the approach. The next reviews will be around urgent and emergency care and then followed by:

- Cancer
- Learning disability and autism
- Mental health

All will look at inequalities with a focus on BAME within each review

Key lines of enquiry will be:

- People at the centre
- System leadership and governance
- Workforce
- Digital technology

The reports from these reviews will then be published.

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. Level 3 Safeguarding adults and children training continues to be delivered virtually via Microsoft Teams. This has been positively received although further work to support interaction is being undertaken. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target.

The team have been involved in internal service delivery improvement, with continued work with the FRIM risk assessment for community services and the work with the volunteer services.

External information gathering requests have been responded to and the team have continued to attend safeguarding practice review panels, safeguarding adult review panels, domestic abuse panel.

The team have supported clinical activity through attendance at multi-disciplinary meetings, professional meetings and best interest meetings.

The team have continued their professional development through attendance at virtual conferences and forums. The named nurse attended the prevent champions event through Wakefield communities. There was attendance at a safeguarding adults review learning lesson for a service user who died through self-neglect. This learning has been shared with the wider safeguarding practitioners via the weekly newsletter, the link professional's forum and the virtual training has been updated.

Infection Prevention Control (IPC)

- Ongoing work in response to Covid-19 Pandemic
- Annual report 2020/21, due November 2020
- Surveillance: August there has been zero cases of zero cases of C difficile, MRSA Bacteraemia and MSSA bacteraemia.
- Mandatory training figures are healthy:
- Hand Hygiene-Trust wide Total -98%
- Infection Prevention and Control- Trust wide Total -96%
- Policies and procedures are up to date.

Complaints

There were 27 new formal complaints in August 2020. Of these 2 have had timescales start, 10 have been closed as no consent/contact and 15 are awaiting consent/questions

30% of new formal complaints (n=8) had staff attitude as a primary subject

18 compliments were received

8 formal complaints were closed in August 2020 plus 2 reopened complaints. Of the 8, 5 (63%) were closed within 40 working days .

4.73WTE (Including a band 6 and 7)

Please note customer services have logged as a risk that there may be challenges in continuing to meet the Trust's 40 working days timeframe for responding to complaints. Some of these challenges are a direct consequence of the coronavirus pandemic as clinical services have struggled to allocate resource to investigating complaints

Reducing Restrictive Physical Intervention (RRPI)

There were 136 reported incidents of Reducing Restrictive Physical Interventions used in August 2020 this is a decrease of 52 incidents since July 2020. Of the different restraint positions used in the 136 incidents, standing position was used most often 72 (38%) followed by seated restraints at 32 (17%). Some of the figures will be where multiple positions (standing to seated or prone to supine) have been recorded.

Prone restraint (including prone and immediate roll into supine) was reported 26 (11%) times in August 2020. Wakefield had the highest number of Prone Restraints with 12 forensic BDU had 2, Barnsley BDU had 1, Kirklees had 3 and Calderdale had 5 and Specialist services reported 3 Prone Restraint.

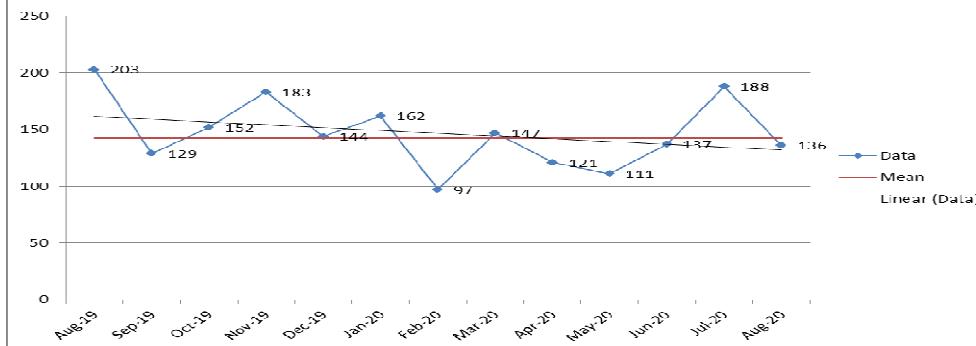
The figures were sourced from Datix where reporters indicated 'yes' to "was restraint used in this incident".

The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In August the percentage of prone restraints lasting under 3 minutes was 94.5% and the target was subsequently achieved.

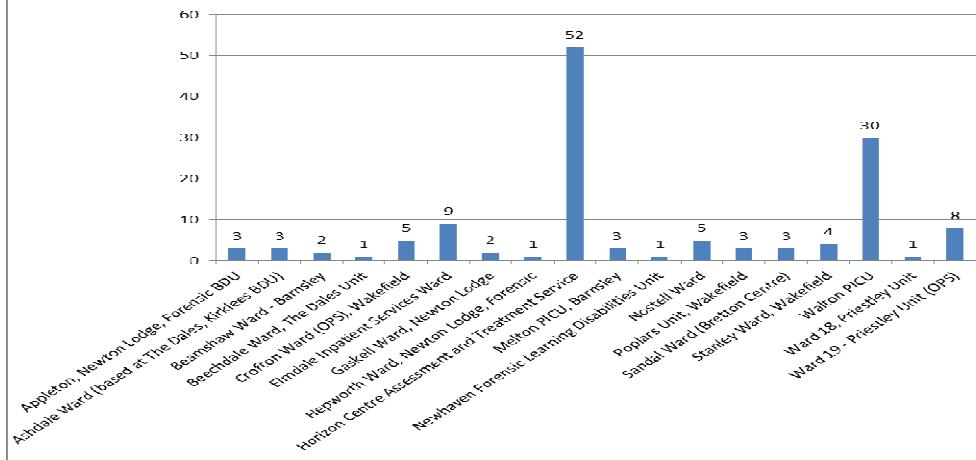
The average has increased by 14% despite variables such as a service user based in Low Secure services who has complex challenging behaviours resulting in several restraints to facilitate emergency medical treatment, Horizon centre has also reported a number of service users who require intensive support and specialist advisor support and the amber incident reported within the Wakefield BDU. It should be noted that whilst acuity remains high, the need for seclusion and use of Emergency Response Equipment has reduced since the last report.

The RRPI team suspended training from 23rd March 2020 due to 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 have recommenced 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.

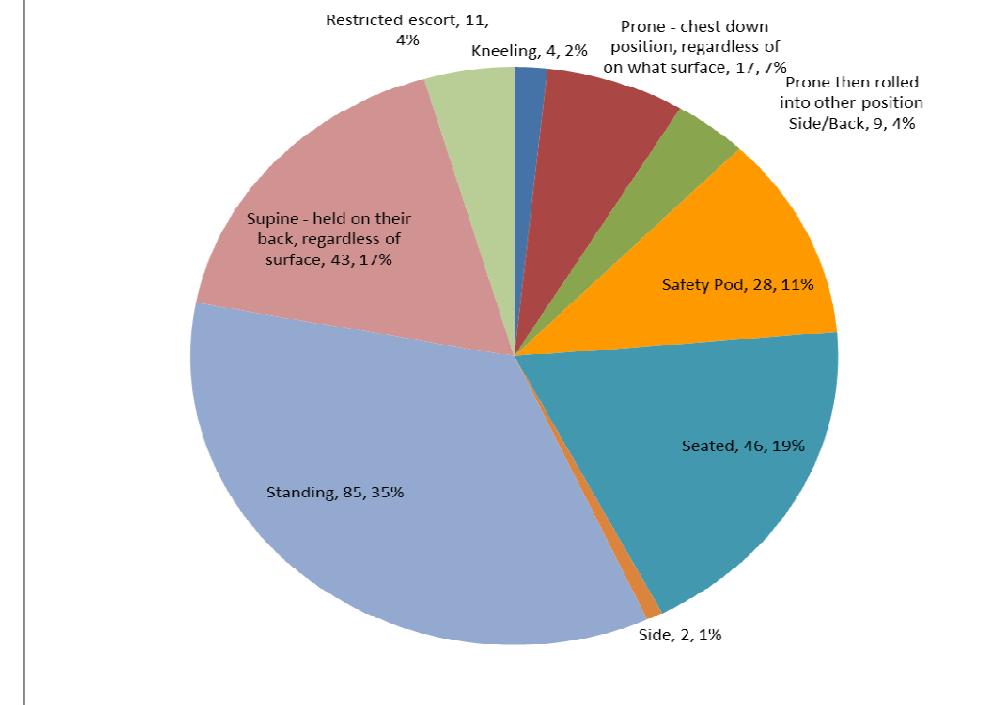
Total restraints



Incidents by Team August 2020

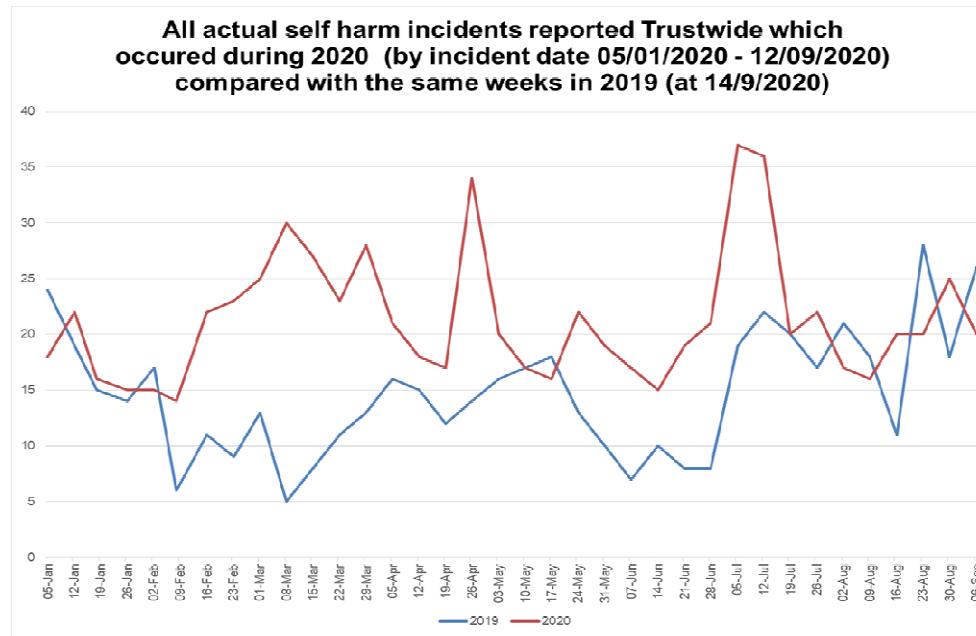


Incidents by Restraint position



Self Harm

Actual self-harm incidents reported on Datix occurring between 05/01/2020 and 12/09/2020 at 14/09/2020, compared with incidents occurring in the same period in 2019



Actual Self Harm comparison

Week commencing	2019	2020
05-Jan	24	18
12-Jan	19	22
18-Jan	15	16
26-Jan	14	15
02-Feb	17	15
08-Feb	6	14
16-Feb	11	22
23-Feb	9	23
01-Mar	13	25
08-Mar	5	30
15-Mar	8	27
22-Mar	11	23
29-Mar	13	28
05-Apr	16	21
12-Apr	15	18
19-Apr	12	17
26-Apr	14	34
03-May	16	20
10-May	17	17
17-May	18	16
24-May	13	22
31-May	10	19
07-Jun	7	17
14-Jun	10	15
21-Jun	8	19
28-Jun	8	21
05-Jul	19	37
12-Jul	22	36
19-Jul	20	20
26-Jul	17	22
02-Aug	21	17
09-Aug	18	16
16-Aug	11	20
23-Aug	28	20
30-Aug	18	25
06-Sep	26	20
Total	529	767

Please note:

To ensure this data is as accurate as possible at the time of reporting, it has been adjusted to include all actual self harm incidents even where the incident has not yet been approved by managers. Figures may change as incidents are reviewed and approved.

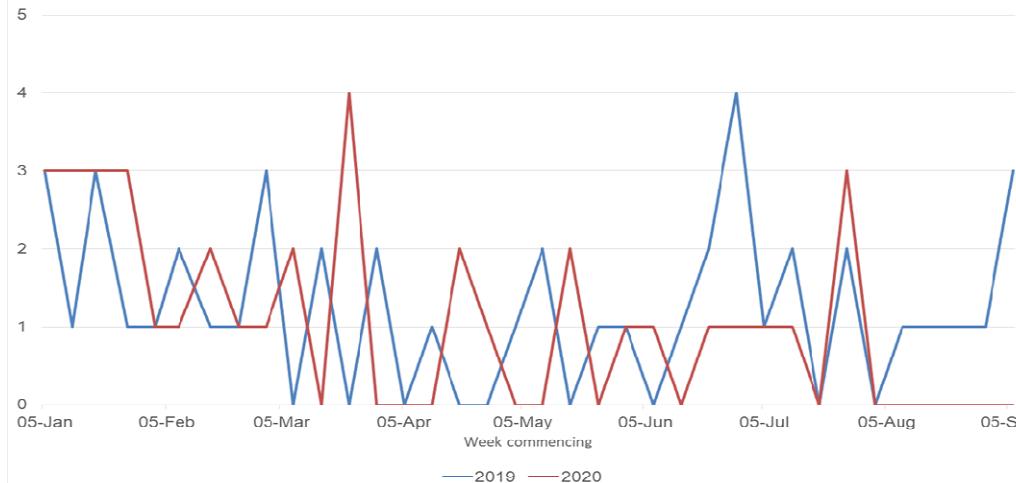
The peak in July 2020 has been explored further and analysis has shown that between 1/7/2020 - 1/8/2020 there was a total of 135 incidents of actual self-harm.

Analysis of the data from 2020 shows that there are two subcategories of self harm that are higher than other methods. These are self strangulation, which is the highest subcategory of self harm incident (259 incidents), although this has reduced during August (total of 11) compared with the July where there were 64 incidents.

Apparent Suicide

Apparent suicides reported on Datix occurring between 05/01/2020 and 12/09//2020 at 14/09/2020, 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 - 12/09/2020) compared with same weeks in 2019



Apparent suicide comparison

Week commencing	2019	2020
05-Jan	3	3
12-Jan	1	3
18-Jan	3	3
26-Jan	1	3
02-Feb	1	1
08-Feb	2	1
16-Feb	1	2
23-Feb	1	1
01-Mar	3	1
08-Mar	0	2
15-Mar	2	0
22-Mar	0	4
29-Mar	2	0
05-Apr	0	0
12-Apr	1	0
19-Apr	0	2
26-Apr	0	1
03-May	1	0
10-May	2	0
17-May	0	2
24-May	1	0
31-May	1	1
07-Jun	0	1
14-Jun	1	0
21-Jun	2	1
28-Jun	4	1
05-Jul	1	1
12-Jul	0	0
19-Jul	2	1
26-Jul	0	0
02-Aug	2	3
09-Aug	0	0
16-Aug	1	0
23-Aug	1	0
30-Aug	1	0
06-Sep	3	0
Total	44*	38**

Please note:

**2020 figure includes 4 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

Since the last report, there have been 23 further incidents reported. In total there have been 192 Covid-19 related different themes identified from the beginning of March.

163 Incidents	Mar	Apr	May	Jun	Jul	Aug	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	0	0	2
Coronavirus or Covid 19 used in threat against staff	3	2	1	0	0	0	7
Death of patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	1
Death of patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	22
Death of patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	16
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	29
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	12
Impact of Covid 19 on patients mental health	2	2	1	0	2	0	7
Issues relating to PPE equipment	1	1	1	0	0	2	5
Non-compliance with social distancing - inpatient area	1	7	4	8	3	3	26
Patient being nursed in isolation	5	4	3	4	2	4	24
Patient in contact with symptomatic person	0	0	2	0	0	0	3
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	2
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	5
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	24
Staff member on swabbing team exposed to Covid 19	0	1	0	0	0	0	1
Staff presenting with Covid 19 symptoms	1	1	1	0	2	0	6
Total	25	57	40	23	15	16	192

Mental Health Act

This section provides some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these has been taking place over the last few months. Monthly reporting of performance against Section 17 leave is now available. Future developments will include reporting relating to Section 132 patients rights. Progress to date on this is as follows:

- The Trust section 132 policy and additional document amendments have been completed and agreed with the practice governance coach and the matrons.
- The Mental Health Act administrators have started attending the wards and meeting with registered staff to show them the new process, where to record on SystmOne and where to access The SystmOne white board (dashboard) so that the registered staff can at a glance and in real-time see what the activity is and what needs addressing / where the hotspots are.
- The MHA administrators will be developing a process to keep this under review and send reminders where needed to registered staff alerting that a patients' rights are due. Further update regarding this can be seen below.

Section 17 leave

The Care Quality Commission have regularly raised an issue with the non completion of page 2 of the Section 17 leave form. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the MHA code of practice. Previous initiatives have not proven successful, therefore each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place since September 2019 and has proven effective in most areas.

There continues to be a significant number of forms that have not been fully completed and require work. 1-1 training has been provided to the ward clerk who has been identified to review forms prior to being submitted to the MHA office. Training has been offered to nursing staff via Microsoft teams re the completion of the notification to the patient and carers.

It has been noted that there are some staffing pressures which is impacting on the ability to undertake the review of the leave forms within the forensic services. A Discussion has been held with the General Manager, 2 staff members who cannot work on the wards have been identified to undertake this role and relieve some of the pressures in this area.

The numbers above 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	Mar-20			Apr-20			May-20			Jun-20			Jul-20			Aug-20		
	Section 17 form			Section 17 form			Section 17 form			Section 17 form			Section 17 form			Section 17 form		
	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	23	22	95.7%	43	34	79.1%	58	49	84.5%	77	58	75.3%	33	30	90.9%	74	68	91.9%
Working age adult - Trustwide	240	168	70.0%	234	186	79.5%	247	210	85.0%	292	192	65.8%	203	169	83.3%	269	195	72.5%
Specialist Forensic services	63	35	55.6%	0	n/a	n/a	6	5	n/a	18	16	88.9%	11	11	100%	135	107	79.3%
Rehabilitation services - trustwide	32	32	100%	17	16	94.1%	24	24	100%	15	15	100%	20	20	100%	13	13	100%

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.

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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 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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-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%	97.8%	97.0%	95.6%	90.0%	94.9%	96.8%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	29.0%	100.0%	100.0%	52.0%	32.1%	29.0%	30.0%	34.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	97.9%	100%	96.0%	97.7%	99.0%	99.2%	100%	96.8%	96.4%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	344/354 97.2%	319/327 97.6%	269/279 =96.4%	297/299 =99.3%	81/85 =95.3%	105/107 =98.1%	90/92 =97.8%	102/102 =100%	105/105 =100%	110/110 =100%	84/85 =98.8%		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	97.1%	98.3%	98.5%	98.6%	98.5%	98.6%	98.5%	98.6%	98.6%	98.7%	98.7%		
Out of area bed days ⁵	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	390	335	958	792	362	350	167	108	140	336	224		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	53.4%	53.6%	54.3%	46.6%	52.4%	55.7%	51.4%	49.1%	42.8%	50.0%	54.4%		
IAPT - Treatment within 6 Weeks of referral ¹	Improving Health	Responsive	CH	75%	77.5%	79.3%	85.3%	88.3%	83.7%	86.5%	86.3%	88.1%	89.7%	91.1%	92.7%		
IAPT - Treatment within 18 weeks of referral ¹	Improving Health	Responsive	CH	95%	98.3%	97.6%	98.9%	98.9%	98.5%	99.1%	99.3%	98.5%	98.9%	98.5%	99.16%		
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%	84.4%	85.7%	70.7%	95.8%	92.3%	87.8%	79.5%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	89.4%	90.5%	91.3%	91%	91.3%	91.3%	91.3%	91.2%	91.2%	91.1%	91.1%		
% clients in employment ⁶	Improving Health	Responsive	CH	10%	11.6%	11.8%	12.1%	12%	12.1%	12.3%	12.3%	12.3%	12.7%	12.6%	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 October 20																	
Mental Health Five Year Forward View																	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	28	27	17	10	0	5	2	5	3	0	8		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	2	3	3	4	0	2	1	2	1	0	3		
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%				
Due October 2020																	
NHS Standard Contract																	
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%	99.0%	99.7%	99.5%	98.7%	99.0%	99.3%	100.0%		
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%	99.9%	99.8%	99.9%	99.9%	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%	98.8%	98.9%	98.8%	98.7%	98.6%	98.6%	98.5%		

* 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 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 improved to 96.8% in August, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 34.0%. This is a consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 224 days in August. This is a decrease from 336 in July. Following communication with NHS Digital we have reassessed the reporting of inappropriate bed days and adjusted to reflect the inclusion of gender specific placements.
- During August 2020, there were 3 service users aged under 18 years placed in an adult inpatient ward. 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 August the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for August shows 13.3% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to July which showed 12.9% 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

- Urban House (Wakefield) remained closed for a deep clean and paused before resuming services during August. The health integration team has continued to support clients in the current alternative hotel accommodation in Wakefield. Plan is to re-open mid-September.
- Our weekly recovery meeting continues to provide leadership and governance with regard to risk assessments at service level.
- Waiting times – scoping work underway in relation to clinic type services e.g. MSK, podiatry.
- Discharge to assess (D2A) – continuing with D2A modelling for winter period alongside Barnsley hospital (BHNFT). Honorary contracts are due to finish 27th September. Updated policy and operating model on hospital discharge service released nationally on August 21st. Scoping work underway regarding resources.
- Modelling of first contact physiotherapist posts is currently taking place with the primary care network (PCN).

Strengths

- General community staff continues to provide asymptomatic and symptomatic swabbing service for community patients and care homes residents and staff.
- Weekly swabbing of staff visiting care homes commenced 24th August
- Increasing demand for face to face (F2F) visits for community nursing, neighbourhood rehab and crisis response.
- Neighbourhood nursing supporting a further 6 weeks of antibody testing – date to be confirmed.
- Recovery plans are in place for all service lines and services are phasing back in 'normal service delivery'
- Our vaccination and immunisation team have continued to deliver "catch up" sessions for school aged children before returning to school.
- Discharge to assess team working well with us to continually improve the service and to align the model with the updated paper highlighted above
- Stroke early supported discharge team (ESD) developing links with local stroke groups through work with the stroke association to establish a patient forum

Challenges

- Increased patient flow into home visiting elements of services.
- Increased demand for non-housebound services to be re-commenced
- We continue to support the health integration team to deliver safe service in the hotels and the return to delivering services in Urban House.
- Care homes – service in relation to local developments and the PCN direct enhanced service (DES) remains challenging – scoping of resources underway.
- BHNFT bed capacity continues to fluctuate and emergency department (ED) attendances increasing which is putting pressure on our services to flow patients out of hospital.
- Rehab support workers are near capacity which limits the type of patients we can accept through discharge to assess or into neighbourhood nursing
- Estates identifying location of services based at Mapplewell to be relocated as preparations are made to move learning disability services from the Keresforth site
- As MSK service goes through its recovery program, helping support patients who require onward referral for a surgical opinion as BHNFT are in a similar position regarding full recovery of their orthopaedic service, therefore waiting patients may need support.

Areas of Focus

- Students - action group to be established to consider how we can safely return students to community placement environments
- Flu campaign to commence shortly, will put additional pressure in the system where practices wish to subcontract with our neighbourhood nursing service
- We plan to reconvene work streams to embed reporting mechanisms for the integrated neighbourhood team.
- Adult speech and language therapy service (SALT) – demand and capacity work taking place in order to identify required resources.

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

Mental Health:

Strengths

- Formal staff consultation regarding establishment of all-age liaison model progressed. Implementation anticipated by end October 2020 across all areas.
- Community contacts and single point of access (SPA) activity increasing. Community contacts significantly above target with majority provided via telephone/video-link. Face to face contact offered where clinically required.

Areas of focus

- Reduced IAPT (improving access to psychological therapies) access through Covid-19. All activity has been undertaken on virtual basis – but face to face to commence October 2020. Performance currently 25% below access target as specified pre Covid-19.
- Memory service diagnostic clinics re-instated with increased capacity to address backlog. Expected to address backlog by end December 2020.
- Recording of CPA (care programme approach) reviews being addressed through management supervision.
- Early intervention in psychosis (EIP) performance against cardio metabolic assessment compromised by Covid-19 restrictions. Backlog to be addressed by end December 2020.

Child and adolescent mental health services:

Strengths

- Discussions held with Barnsley CCG following cancellation of procurement. Agreed joint governance approach to achieving service specification. First steering group meeting in September 2020.
- Waiting numbers from referral to treatment in Barnsley/Wakefield have continued to reduce.

Areas of focus

- Waiting numbers for ASC/ADHD (autistic spectrum condition / attention deficit hyper-activity disorder) (also known as neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outrunning commissioned capacity. Business cases have been submitted to secure additional recurrent investment – and there are ongoing discussions with CCGs regarding the need for a long term and system-based response.
- Referral numbers across all services increasing following school return – but not exceeding previous levels. Work undertaken with schools to support the return and CAMHS continues to be vigilant in managing/monitoring referral numbers.

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:

Key issues

- High demand for inpatient beds continues. Maintaining patient flow and facilitating sufficient ward capacity has been extremely challenging resulting in patients being placed out of area in acute and PICU (psychiatric intensive care unit) beds, although the majority of the latter placements were for safeguarding or gender-specific reasons. Acute placements have reduced this month both in frequency and duration of episode. Concerted work on optimising patient flow is continuing and the service is now fully recruited and is moving towards 7 day working, with formal consultation about to commence.
- Cohorting standard operating procedures that support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services. An inpatient clinical pathway is in place for Covid-19 positive patients. This has now been reviewed to take into account the latest guidance and testing. The position is reviewed daily by the matrons to determine how care can be delivered and services managed in the event of an outbreak.
- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing shielded and cohorted patients. Staffing levels have generally been able to be maintained without significant growth in bank and agency usage. Weekly meetings with mental health partners across the integrated care system have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
- A new dashboard titled 'Inpatient Admissions and Discharges Summary' provides a daily report of the current position for each ward in terms of discharges over the last 7 days compared to the average number of weekly admissions to that ward. This helps to predict where pressures might occur in flow. The average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services. The work on criteria led discharge been relaunched and refocussed for each area with early indications of success.
- Pressure in pathways with acute hospitals has built particularly with waits in emergency departments which have become more challenging. Focussed inter-agency improvement work is underway and includes case 'deep dives'.
- The essential importance of supervision in terms of safe practice and individual well-being has been emphasised. Work has been underway to address any recording issues and to ensure all colleagues receive supervision in line with policy requirements. Hotspot teams and wards have been identified and have action plans in place, where variations and particular challenges exist this is being addressed with cross working between team managers, matrons and ward managers to promote improvement and shared approaches. Progress is being tracked weekly across services.

Strengths

- Improvements in patient flow and discharge pathways in Barnsley following intensive work across acute and community pathways are being sustained.
- Criteria led discharge is progressing well across all units and is underpinning the approach to patient flow.
- Patient flow and individual unit and service performance will be supported by the new data performance set.
- Work continues to improve patient flow generally and to engage with partners in the wider system, including acute hospitals, to improve patient experience and pathways.
- Improvements in discharge pathway within Barnsley inpatient services have been consolidated following challenges to discharge meeting.
- Fire training performance continues to improve with specific action plans supervised and tracked by the Matrons. The use of e-learning at this time has supported this performance.

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.
- Pathways from acute hospitals and emergency departments.
- Increased usage of acute and PICU out of area placements.
- Staffing difficulties remain in medical posts in acute wards – this is being addressed through a local task and finish group.
- Supervision levels need to improve to enable staff to optimise their wellbeing and practice.

Areas of focus

- Patient flow and out of area bed usage.
- Emergency department waits.
- Support for staff on inpatient wards.
- Admission and discharge flow in acute adults with an emphasis on alternatives to admission and collaborative inter-agency planning.
- Improvements to staffing levels and support for staff wellbeing in all services.
- Staffing challenges in acute medical teams.

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

Wakefield, Kirklees and Calderdale Community:

Key issues

- Intensive input continues in front line services to adopt collaborative approaches to care planning, to build community resilience; and to explore all possible alternatives to hospital admission for people who need acute care. This has included developments in the trauma informed personality disorder pathway. Work is underway in the intensive home based treatment teams (IHBT) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping, including progress on accompanying approved mental health practitioners (AMHPs) on mental health act assessments. The care closer to home programme is focussing on patient flow and IHBT and community team interfaces. A task and finish group has been established to review the patient flow protocol and this work is nearing completion.
- Even whilst exploring alternatives to admission, demand and levels of activity in IHBT and the mental health liaison teams leads to pressures for inpatient beds.
- As with inpatient services, the essential importance of supervision in terms of safe practice and individual well-being has been emphasised, with similar actions identified.
- The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SymOne is leading to some positive impact but requires more work, and is being closely monitored and supported at trio level. Performance reporting issues have been identified and performance and operational services are working closely together to address these.
- 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. Work is underway to optimise the use of our building spaces so that group work and more face to face therapies can be delivered.
- Building risk assessments are in place for all community bases and are being fully reviewed against phased recovery plans. Services are working collaboratively across all areas to optimise safety and patient and staff access and usage.
- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life care.
- Since the onset of Covid-19 IAPT (improving access to psychological therapies) services 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 solutions and have robust plans in place to manage wait times and increase access and have been participating in workshops with NHS England around service provision during and post Covid-19. The reduction in referrals since the onset of the pandemic has impacted the national 'access' standard. Despite recent introduction of online e-referral forms, CCBT (computerised cognitive behavioural therapy) e-referral form, increased social media presence and increased offer of digital provided therapies to improve the ease of access to the service and choice, the lower access rate continues. This trend is reflective of other national IAPT services data.
- The mental health liaison team is making good progress towards the development towards provision of an all-age liaison service in conjunction with CAMHS (child and adolescent mental health service) and consultation has commenced.

Strengths

- Community teams have continued to optimise the use of technology. Team business and supervision is carried out on Microsoft Teams and 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.
- Kirklees IAPT continue work on their comprehensive action plan to address waiting times and recovery standards.
- Waiting times have been eliminated for access to computerised cognitive behavioural therapy due to improved systems and processes to increase capacity. This has allowed IAPT to divert additional resource to treatment and there has been significant reduction in waiting time for both low intensity and counselling, meaning that service users will receive timely access to these treatment pathways. Exploration of a digital offer is now underway for more courses to manage the predicted increase in demand across the board for mental health services.
- The 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.
- Training and development for all staff has continued for the trauma informed personality disorder pathway
- The perinatal service and IHBT are fully recruited to in accordance with new investment.
- Performance remains good for 72 hour follow up from discharge from hospital. This is a CQUIN (commissioning for quality and innovation) measure.
- Action planning continues in all community teams building on the outcomes of the virtual 'we want to be outstanding' workshop for team managers and trios.
- The electro-convulsive therapy service (ECT) is fully staffed and has remained operational, and is now building up capacity following improvements to the environment in the context of Covid-19 to increase capacity for treatment sessions.
- There proactive approach to recruitment has been successful in all areas 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 the mental health liaison team with consultation completed and launch dates in place.

Challenges

- Supervision levels still need to improve to enable staff to optimise their wellbeing and practice.
- There are still areas for improvement with CPA reviews, although progress has been noted.
- Demand and patient flow issues remain and further work is required to optimise community solutions.
- Pathways from acute hospitals and emergency departments.
- Maintaining service delivery in community settings in ways that keep pace with changes in how society functions and service user needs.
- IAPT access and recovery rates.

Areas of Focus

- Resuming groups and face to face therapy interventions and the safe utilisation of estates.
- Support for staff in community teams.
- Continuing and developing service delivery, innovation and recovery.
- Continue to improve performance in service area hotspots through focussed action planning tracked team by team by GMs.
- Continue our contribution to the primary care networks in local areas and the partnership working in the provider alliances.
- Develop and strengthen the creative community offer lead by Recovery Colleges and our wider partners.
- 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 including the community rehabilitation service in Calderdale.
- Continue to improve performance and concordance in service area hotspots
- Support for staff wellbeing.
- 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.



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:

Key Issues

Forensics

- Business case for the forensics lead provider collaborative continues to progress.
- Despite the challenges of Covid-19 collaboration with partners continues using digital technology.
- An interim medical/clinical lead has been appointed with a view to a more comprehensive review once the provider collaborative work is further progressed.
- Occupancy levels for Newhaven (low secure) remain below the 90% threshold. The multi-disciplinary team believes this is a direct result of the Transforming Care agenda and is likely to be a long term issue.
- Mobilisation of the specialist community forensic team (SCFT) continues.
- Awaiting final report into the domestic homicide incident.
- Remain connected to work being undertaken by NHS England re business continuity planning (secure care) for the north.
- Work on the new leadership structure is taking place with interim management arrangements in place pending a management restructure.

Learning Disabilities

- Covid-19 safe learning disability diagnostic assessments have now been piloted and are being rolled out across the patch
- Horizon inpatient band 7 vacancies have been filled – temporary associate nurse practitioner responsibilities/activities has been split between the 3 x band 6 posts with identified areas of focus. Recruitment for a Ward Manager has been undertaken with start date yet to be confirmed.
- Restoration & recovery engagement meetings with multidisciplinary team leads have progressed over the month
- Community nursing teams in all 4 localities continue to be pro-active and flexible in supporting LD care homes wherever possible
- Plans for medical substantive recruitment are progressing positively
- Performance recording has improved with evidence that activity has increased and temporary waits during Covid-19 have started to reduce
- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.

Strengths

Forensics

- Mandatory training remains in a healthy position
- Occupancy levels in medium secure and Bretton Centre remain above target.
- Mutual aid calls across West Yorkshire Providers have been welcomed by NHS England
- Service user engagement remains good. Workshop held on Microsoft Teams re peer support and had 25 service users and 8 staff attend the workshop and participation was excellent.

Learning Disabilities

- Kirklees 4 month health facilitator post to specifically to support care homes / GPs with the completion of annual health checks/health action plan has started well.
- Wakefield community team have had some great results from the implementation of more creative and Covid-19 safe activities in the absence of traditional therapies – for example, knitting kits were posted out to service users with easy read instructions and squares were knitted, sent back into the team who have now produced a blanket.

Challenges

Forensics

- Recruitment of registered staff in all disciplines.
- Supervision levels have seen reduced performance during the pandemic.
- High turnover of staff.
- High absence rates.
- Despite shielding having ended we have a handful of staff still unable to undertake their substantive posts (all cases have been through occupational health).

Learning Disabilities

- The recent restrictions in Calderdale and Kirklees are already resulting in some service users/carers in Kirklees to declining services again
- We have again seen a gradual increase in staff absences due to self-symptoms or children being sent home – business continuity plans are being revised to ensure up to date and ready to activate if needed

Areas of Focus

Forensic

- Forensic development plan.
- Recruitment.
- Supporting well-being.
- Managing absence.

Learning Disabilities

- Reset and restoration.
- Recruitment.
- Assessment and treatment unit reconfiguration.

ADHD and Autism Service

- Operational performance was strong during lockdown and face to face activity has resumed as soon as was permissible
- Service contractual activity is met for recurrent and waiting list initiatives
- Recruitment slightly delayed for non-recurrent posts
- Staff Survey feedback was positive
- Service user feedback for remote consultations was positive
- Modernisation and Redesign of administrative processes is at the final stage of completion.
- Business Plan for waiting initiative Barnsley CCG in autistic spectrum disorder awaiting decision
- Fee paying Dyslexia pathway operational
- National Institute for Health Research funding awarded for research in ADHD (attention deficit hyperactivity disorder)

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/ Contracts

Workforce

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

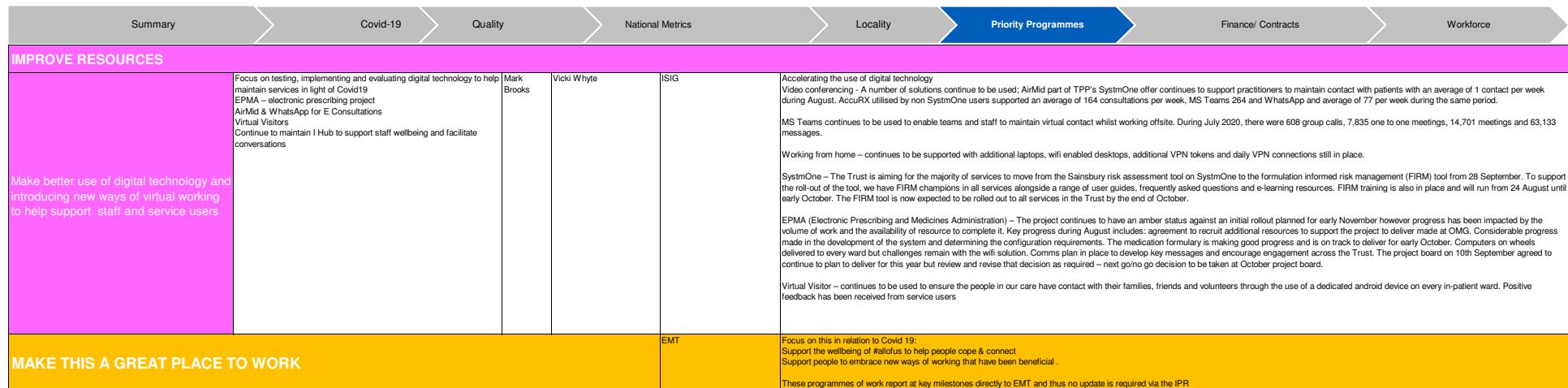
Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trust wide Silver command.
- Coronavirus updates sent out to all staff and governors.
- Coronavirus sections on the intranet and website maintained and updated.
- Sharing of staff and service user good news stories, internally, externally and through social media channels.
- Wellbeing at work survey publicised and results reviewed.
- Flu campaign developed and ready to launch at the end of September.
- Choose well for mental health campaign in development.
- Awareness days and weeks supported on social media and in internal communication channels.
- Information governance campaign developed.
- Communications support provided to new finance system roll out, WorkPal and EPMA.
- Partner Bronze command meetings continue to take place in all areas. Support provided re. outbreak management.
- Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
- Support provided to SystmOne programme.
- Recovery college comms, including promotion of online courses and newsletters. New websites launched.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

Engagement, Equality and volunteering update

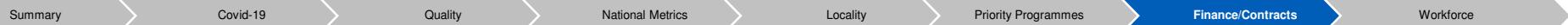
- Annual report for equality in progress
- Work ongoing to support phase 3 planning
- Business proposal to mainstream the offer for 'Virtual Visitor' to be shared at silver and gold command to identify funding
- Recovery and reset toolkit now includes the checklist and equality requirements
- Progressing the work to involve Wakefield in a conversation on mental health; developed and shared with the mental health alliance. The work will also pick up Wakefield Safespac.
- Work to support the involvement of stakeholders in the ethics committee – looking at a clinical senate approach and a proposal will be drafted by September to be shared with the committee early autumn.
- EDS2 report of findings is now complete – final grading and next steps to deliver an approach for 20/21 approved
- A 'Passport for Carers' online event successfully involved 48 individuals and ideas to support the development of the passport were captured
- Trust wide strategy – still in draft and shared with a number of networks and groups to capture feedback for submission to Equality and Inclusion Committee and Trust Board in September. The associated action plans for equality, engagement and carers will follow once the objectives are agreed
- Trust wide strategy equality impact assessment (EIA) in development - short film and image, easy read and summary all being progressed
- Payment for involvement policy now being looked at and a draft will be circulated in Autumn for comment
- Linking into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
- Worked in partnership with Barnsley community and voluntary services (CVS), council and SWYPFT colleagues to mobilise a preventative mental health support network along the lines of virtual visitor
- Successful bid to charities commission and staff recruited and in post – our involvement has secured 2 posts focused on BAME staff and BAME communities
- Peer support worker report - action plan now been developed, promoting the opportunities for BDUs to host a peer worker post in any vacant posts going forward. A number of presentations are planned.
- Draft strategy for volunteering developed and a framework to support volunteers is in place, further work to develop the strategy in ongoing.
- All volunteers are being risk assessed using the staff risk assessment tool prior to reintroduction back into Trust services
- Use of ESR to support volunteer training and DBS is now ready to use
- Boundary training has been co-designed with HR and safeguarding times to support both volunteer and staff roles
- Work ongoing to address diversity in volunteering
- Currently we have 176 volunteers, 7 are active and a further 47 are waiting to be processed or have been placed on hold

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/ Contracts	Workforce
This is the September 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for August 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	Work continues to engage with learners in the recovery colleges virtually through a variety of different methods. In addition some face to face courses have commenced and others are scheduled. The recovery college websites have been successfully launched and well received. Creative Minds have recently reported performance into the Charitable Funds Committee which shows that 30 new projects have commenced and 9,000 people have been directly impacted with an estimated wider reach of over 12,000. The arts and health programme manager for Calderdale has commenced in post.		
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 place based recovery plans.	Sean Rayner / Salma Yasmeen	Sharon Carter	EMT	We continue to work at all levels on the response to coronavirus. For example, working with colleagues across both ICSSs in provision of mutual aid - supporting outbreaks, on testing, and on PPE supplies. We are working with the ICSSs on drafting system plans to the requirements of newly published third phase of NHS response to Covid19, with final plans due by 21 September. We continue to attend the command meetings in every place, working with partners on outbreak management measures and supporting service users. We are working together with partner organisations to reset and stabilise services for local people as quickly as possible, with the focus on tackling health inequalities and supporting the health and care workforce. This work has commenced with coordinating plans as local systems, providers adopting a blended delivery approach in whatever way suits the needs of service users the most, and improving the effectiveness of communications and engagement – particularly with our BAME service users and carers. In Calderdale, we have a draft Calderdale Collaborative Community Partnership agreement for consideration.		
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	PICU - new standard operating procedure has been developed and will go through internal governance. New processes set up for admissions to PICU beds and any required gender specific placement. Criteria led discharge is now being managed as business as usual and feedback is that it is well embedded across most wards. Work continues to ensure that a transfer of the tool into SystemOne meets key requirements. Patient flow – The new protocol is to go through internal governance over the next month. Staff are now in place to deliver the Trust-wide patient flow service. Performance management – New dashboard is now live. Next steps include the development of a community version and evolving the inpatient dashboards as required. SPA – The triage module is now live in Calderdale and Kirklees with positive feedback. Kirklees GP practices have been identified to further test e-referral and support primary care pathway work. Ongoing work with Healthwatch, including co-production from service users and carers to support staff training is being planned. IHBT (Kirklees) – Now delivering a model in line with fidelity to IHBT standards. Recruitment is ongoing but now less of a challenge following several appointments. Cascades are now at expected levels. TIPD – Further recruitment into pathway has taken place. Structured clinical management (SCM) training to be held in September and ongoing awareness training to re-commence in October. The service evaluation questionnaire now complete. Community- most activity is now being taken forward as business as usual and a report will be produced for the next steering group on achievement of initial objectives. Gatekeeping review – A review of gatekeeping across the Trust is to take place in October, which could identify further changes required to help make the system be more sustainable. Failure to deliver timely improvement due to lack of resource, other work priorities and skills - the likelihood of this decreased and work is progressing across the programme now following Covid-19 prioritisation but could be impacted again by a second wave.	Progress Against Plan	
Camhs Improvement work	Rescoping based on project capacity and required support to implement changes to operational delivery. Will maintain a momentum but at a slower pace. This also includes improvement work to consolidate changes made in response to the pandemic that have had positive outcomes.	Carol Harris	Supported by Carmain Gibson-Holmes (Wakefield), Kate Jones / Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	Milestones include: Performance management - inpatient report development - Summer 2020 Patient flow protocol through internal governance - now Oct 2020 PICU SOP through internal governance - Oct 2020 SPA triage scale live - Jul 2020, initial review Oct/Nov 2020 CLD future system decision - now Sep 2020 IHBT joint AHMHS assessment further review - early 2021 Progress to having full implementation of all age liaison service in Barnsley and Wakefield is ongoing and is expected to be fully implemented by late September/early October 2020. Transition already underway within Barnsley with mental health liaison team (MHLT) taking the lead on conducting assessments with support from CAMHS staff as well as assessing the MHLT staff competencies against the competency framework. Supervision and ongoing support from CAMHS teams to MHLT teams. Barnsley C&HBT standard operating procedure has been updated following receipt of comments from a number of sources including the clinical commissioning group, clinical commissioning groups, CAMHS on-call managers and MHLT clinical medical and management leads. Consideration underway as to whether this SOP can be used by all CAMHS C&HBTs, seeking minor revisions to reflect contractual arrangements. Waiting list (WL) numbers are still coming down both within Wakefield and Barnsley - progress has slowed down. The CAMHS Improvement Board commenced its review of terms of reference at August 2020 meeting with plan to complete this at its September 2020 meeting in parallel with Executive Management Team's review of priority programmes. A joint steering group is to be established to oversee the development and implementation of new CAMHS service model in Barnsley with monthly meetings established up to end of March 2021. First aspect of joint work is focusing on demand and capacity modelling.	Progress Against Plan	
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	Transition in Barnsley commenced on 14th September 2020 thus allowing only 2 weeks prior to cessation of 1st on-call arrangements (from CAMHS crisis and home based treatment team). CAMHS Services will continue to monitor the impact of COVID-19 and children returning to school in September 2020 on waiting lists. Implementation plan/Key milestones include: By 14/10/20 Review of Barnsley and Wakefield MHLT staff competencies using the competency framework to enable progression and transition to the all age liaison services. By 31/10/20 Full implementation of the all age liaison service in Barnsley with appropriate support from CAMHS services. By 14/10/20 Barnsley CAMHS C&HBT SOP approved by Operations Management Group. By 31/10/20 Evaluation of 3 virtual groups within Barnsley completed based on PDSA model approach to assist with wider learning within all CAMHS services. By 31/10/20 CAMHS Improvement Board to complete its review of terms of reference and consider whether CAMHS improvement work is now appropriate to become 'business as usual' and stepped down as a priority programme of work.	Management of Risk	



Program against project ratings					
On-time and on-budget					late
Deliverables & project outcomes					not met
Consequence	5 Rare	4 Unlikely	3 Possible	2 Almost certain	
Severity	5 Catastrophic	4 Major	3 Moderate	2 Minor	1 Negligible
Action items	1 None	2 Few	3 Some	4 Many	5 All
Agreement	1 Not yet	2 In progress	3 Agreed	4 Met	5 Exceeded
Alignment	1 Not aligned	2 Partially aligned	3 Fully aligned	4 Very well aligned	5 Excellent alignment
Impact	1 Low	2 Medium	3 High	4 Very high	5 Catastrophic
Green	1-3	4	5	6	7
Yellow	4	5	6	7	8
Amber	5-7	8	9	10	11
Red	8-10	11	12	13	14

Glossary of terms:	
AMHP Approved Mental Health Professional	MH Mental Health
ATU Assessment and Treatment Unit	MOU Memorandum of Understanding
Basewellaw	NHS National Health Service
BCDFT Bradford District Care Trust	NHSE/i National Health Service England/ NHS Improvement
C&Y Children and Young People	NNOC New model of care
CCG Clinical Commissioning Group	OMG Organisational Management Group
CSDG Clinical Safety Design Group	OPS Older Peoples Services
DBT Dialectical Behavioural Therapy	P&I Performance and Information
EMT Executive Management Team	PCH Primary Care 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	OSIR Quality, Service Improvement and Redesign
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
IHTB 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	UEG Urgent and Emergency Care
LD Learning Disabilities	VCS Voluntary and Community Sector
LTC Long Term Conditions	WVY West Yorkshire
LTP Long term plan	WYH&H West Yorkshire and Harrogate



Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast August 20	Narrative
1	Surplus / Deficit			In line with national guidance the Trust is reporting a breakeven position for April to August 2020. To achieve this additional national funding is required for both reimbursement of covid-19 costs incurred and additional top up. For August this equated to £411k and £937k respectively. This is the highest value of retrospective top up claimed since the process began in April.
	Covid-19 reimbursement	£2.5m		
	Top Up	£2.2m		
	Reported position	£0m	£0m	
		Year to date	Forecast 20/21	Narrative
2	Agency Cap	£2.7m	£6.8m	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 August was £0.6m.
3	Cash	£55.8m	£40m	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 partly offset by the earlier timing of invoice payments as demonstrated by the better payment figures.
5	Capital	£0.5m	£6.6m	The Trust submitted a revised capital plan for 2020/21 of £6.6m. Spend to date is behind this plan. Spend 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 84% of invoices have been paid within 7 days.
	30 days	97%		
	7 days	84%		

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

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	4.9%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%	4.2%	3.9%	3.9%	4.0%	3.8%	3.8%	
Aggression Management	Improving Care	Well Led	AD	>=80%	82.8%	82.8%	81.3%	80.5%	80.9%	81.6%	85.5%	85.5%	85.5%	85.5%	85.5%	85.5%	86.5%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	83.0%	83.6%	83.6%	81.9%	81.2%	80.9%	89.4%	89.4%	89.4%	89.4%	89.4%	89.4%	90.3%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	88.7%	88.6%	88.5%	88.6%	89.2%	89.0%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	91.5%	92.0%	92.3%	92.1%	92.6%	92.4%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%	95.7%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.6%	86.8%	87.4%	87.9%	88.3%	88.3%	93.7%	93.7%	93.7%	93.7%	93.7%	93.7%	93.9%
Food Safety	Improving Care	Well Led	AD	>=80%	82.0%	81.9%	82.5%	83.0%	82.3%	81.6%	76.9%	76.9%	76.9%	76.9%	76.9%	76.9%	78.3%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	92.2%	92.0%	91.3%	91.0%	90.4%	89.1%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	96.2%
Information Governance	Improving Care	Well Led	AD	>=95%	94.2%	94.0%	92.8%	94.1%	90.4%	98.0%	98.2%	98.2%	98.2%	98.2%	98.2%	98.8%	98.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	91.7%	92.1%	91.9%	92.0%	92.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.5%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	93.2%	93.9%	93.5%	92.5%	92.3%	90.5%	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	94.6%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	88.8%	90.2%	90.8%	89.8%	90.1%	87.2%	89.5%	89.5%	89.5%	89.5%	89.5%	89.5%	91.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	75.1%		76.1%		73.3%					69.8%			Due Oct 20
Prevent	Improving Care	Well Led	AD	>=80%	83.5%	86.0%	87.1%	88.8%	90.8%	91.1%							94.1%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	94.2%	94.4%	94.1%	94.1%	94.0%	94.3%							96.9%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	91.5%	91.8%	89.8%	89.0%	89.8%	90.7%							93.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.0%	96.3%	96.0%	96.5%	97.3%	97.1%							97.0%
Bank Cost	Improving Resources	Well Led	AD	-	£770k	£700k	£887k	£705k	£769k	£685k	£1,241k	£727k	£866k	£721k	£687k	£778k	
Agency Cost	Improving Resources	Effective	AD	-	£628k	£674k	£572k	£559k	£537k	£581k	£613k	£469k	£507k	£518k	£558k	£606k	
Overtime Costs	Improving Resources	Effective	AD	-													
Additional Hours Costs	Improving Resources	Effective	AD	-													
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-													
Business Miles	Improving Resources	Effective	AD	-	284k	264k	317k	272k	273k	302k	312k	193k	149k	138k	164k	166k	
Health & Safety																	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	4				15								7

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 September 22nd, 82 staff off work Covid-19 related, not working which compares to 26 one month earlier.

• 2294 staff tested as at September 22nd

• 149 staff have tested positive for Covid-19 of which 144 have returned to work

• Staff turnover increased to 9.1%, although this remains below the percentage in recent years.

• Non-Covid sickness absence was 3.8% in August 20 and cumulatively is 3.9%.

• Preparations are being made to recommence mandatory training and appraisals from September onwards

• Compliance with training requirements is positive.

Sickness reporting

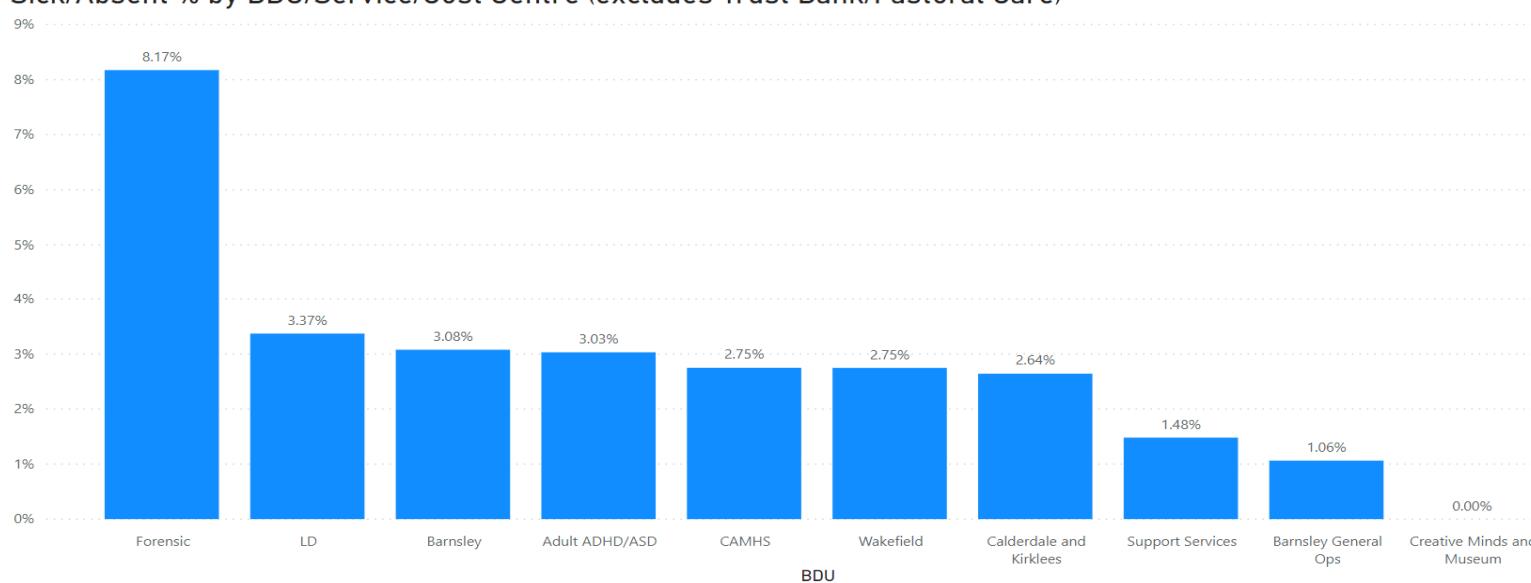
As at 22nd September, the Trust has 135 staff absent or working from home due to Covid-19. This makes up 2.65% of the workforce. Of those absent, 33.3% are symptomatic and 40.7% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 8.2% of staff impacted (34/416). 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.
- Bank and agency availability is being reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to covid symptoms (based on absence start date) (September is a to date figure)
Mar 10.3 days, Apr 10.7 days, May 9.7 days, Jun 7.4 days, Jul 6.1, Aug 7.0, Sep 6.0

The following graph show the percentage of staff absences attributed to Covid-19 as a proportion of the BDU headcount.

Wakefield, Barnsley ADHD/ASD services business delivery units are currently the greatest affected areas in the Trust.

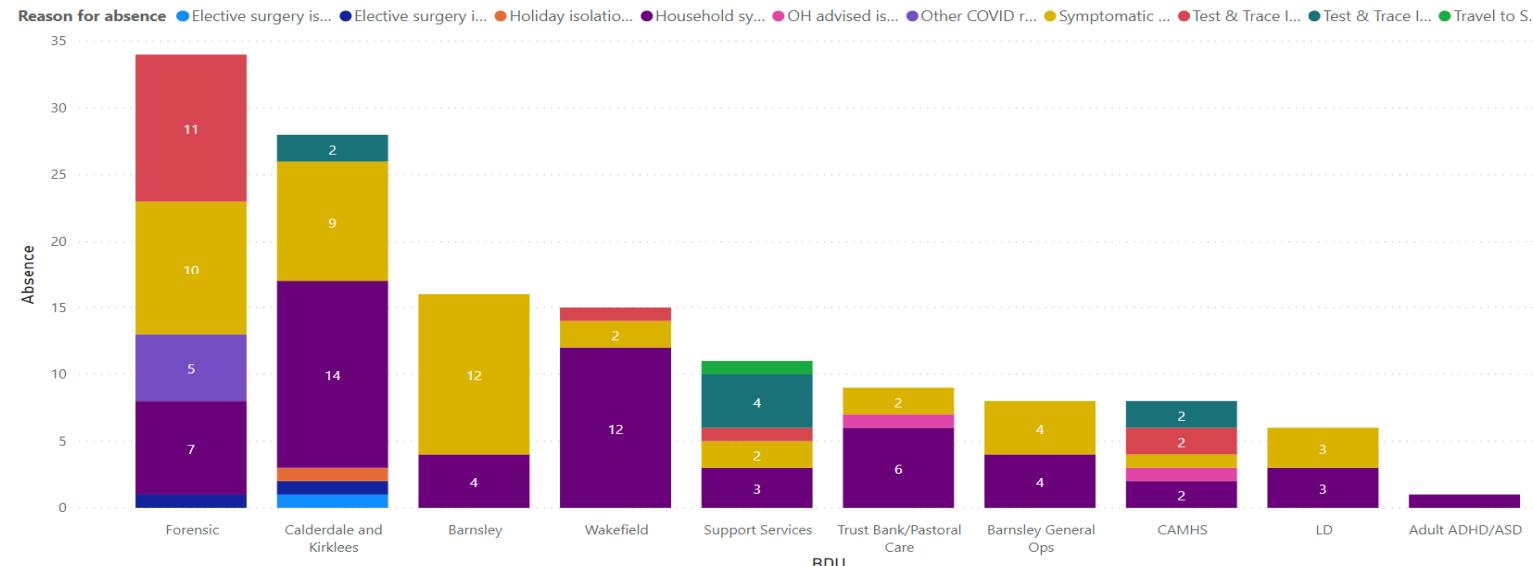
Sick/Absent % by BDU/Service/Cost Centre (excludes Trust Bank/Pastoral Care)





The following graph shows the reasons for Covid-19 absence by BDU.

Absence by BDU and Reason for absence

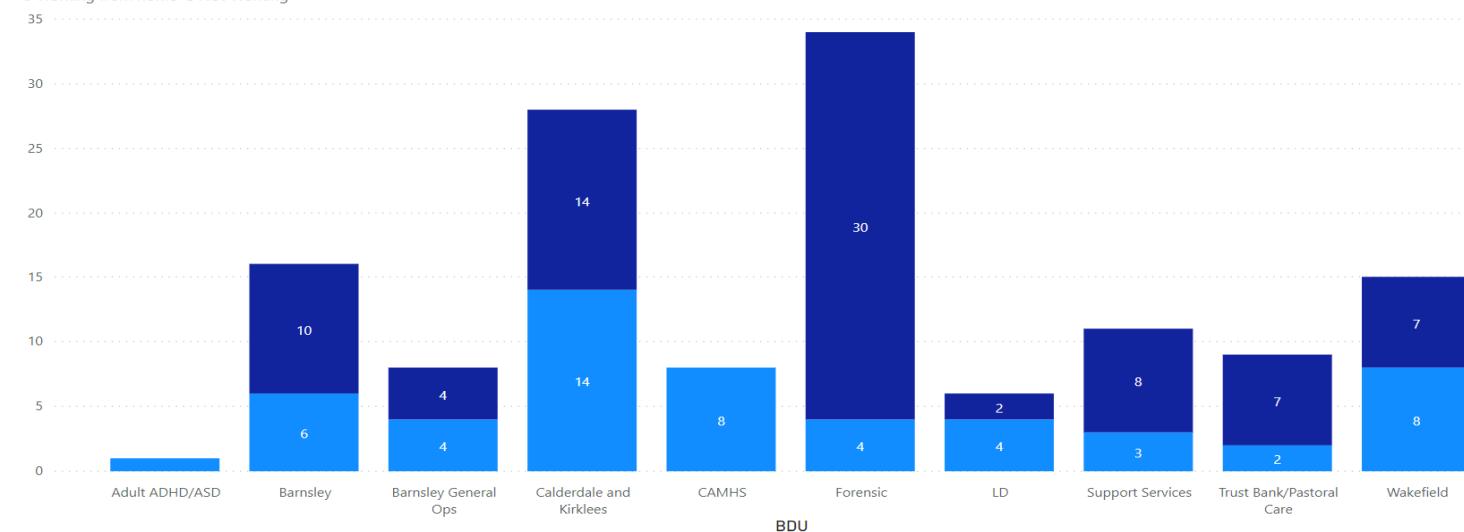


The following chart shows Covid-19 staff absences over the period 16th March - 22nd September:

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.

[Learning disability services monthly statistics \(assuring transformation: July 2020, mental health services dataset: May 2020 final\)](#)

[NHS workforce statistics: May 2020](#)

[NHS sickness absence rates: April 2020, provisional statistics](#)

[Employment of people with mental illness](#)

[Diagnostic imaging dataset: April 2020](#)

[Community services statistics for children, young people and adults: May 2020](#)

[Mental health services monthly statistics performance: June, provisional July 2020](#)

[Psychological therapies: reports on the use of IAPT services, England June 2020, final including reports on the IAPT pilots and Q1 data 2020-21](#)

[Out of area placements in mental health services: June 2020](#)



**South West
Yorkshire Partnership
NHS Foundation Trust**

Finance Report

**Month 5
(2020 / 21)**



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With **all of us** in mind.

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1.0 Executive Summary / Key Performance Indicators

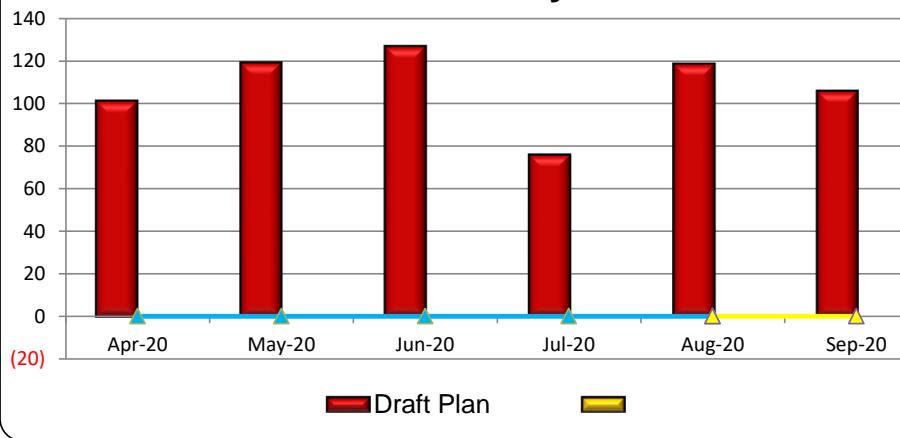
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5	Better Payment			
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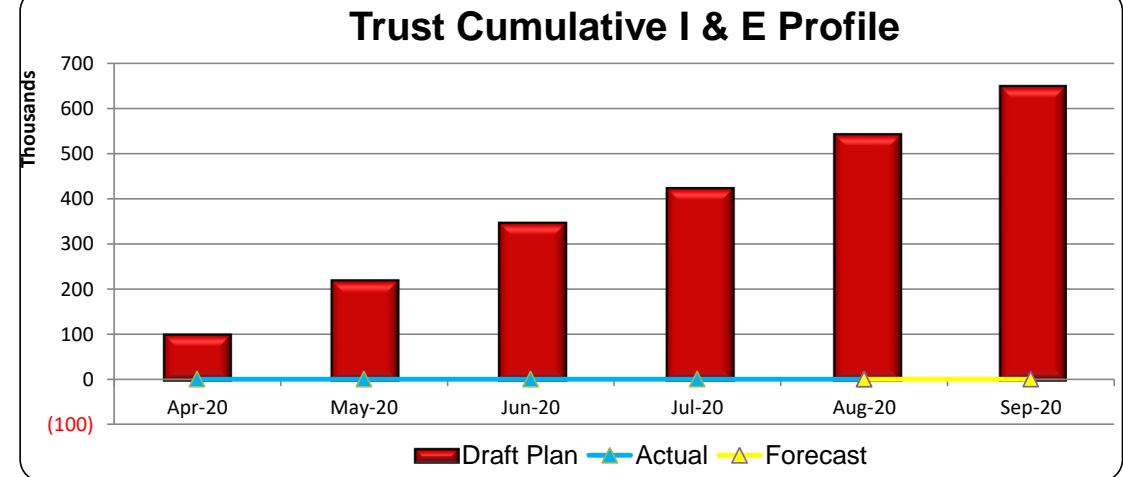
Budget Staff	Actual worked	This Month Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft	Year to Date Actual	Year to Date Variance	Apr - Sept Draft	Apr - Sept Outturn	Apr - Sept Variance
		WTE	WTE	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,839	18,711	(127)	Clinical Revenue	94,155	91,872	(2,282)	112,973	110,861	(2,112)
				18,839	18,711	(127)	Total Clinical Revenue	94,155	91,872	(2,282)	112,973	110,861	(2,112)
				1,417	1,463	46	Other Operating Revenue	6,368	8,616	2,248	7,658	10,295	2,637
				20,255	20,174	(81)	Total Revenue	100,522	100,488	(34)	120,631	121,156	525
4,324	4,357	33	0.8%	(15,940)	(15,912)	28	Pay Costs	(78,710)	(78,283)	427	(94,461)	(94,300)	160
				(3,676)	(3,821)	(145)	Non Pay Costs	(17,996)	(17,674)	322	(21,579)	(21,562)	17
				240	320	80	Provisions	531	(698)	(1,230)	622	(699)	(1,321)
				0	0	0	Gain / (loss) on disposal	0	(23)	(23)	0	(23)	(23)
4,324	4,357	33	-0.8%	(19,376)	(19,413)	(37)	Total Operating Expenses	(96,176)	(96,679)	(503)	(115,418)	(116,585)	(1,167)
4,324	4,357	33	-0.8%	880	761	(118)	EBITDA	4,347	3,809	(537)	5,214	4,571	(643)
				(516)	(516)	(0)	Depreciation	(2,579)	(2,583)	(4)	(3,094)	(3,099)	(5)
				(253)	(245)	8	PDC Paid	(1,267)	(1,227)	40	(1,521)	(1,472)	48
				8	0	(8)	Interest Received	42	0	(41)	50	0	(50)
4,324	4,357	33	-0.8%	119	(0)	(119)	Surplus / (Deficit)	543	(0)	(543)	649	(0)	(649)
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,324	4,357	33	-0.8%	119	(0)	(119)	Surplus / (Deficit)	543	(0)	(543)	649	(0)	(649)

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. The forecast shown is 6 months to September 2020.

Trust Monthly I & E Profile



Trust Cumulative I & E Profile



A breakeven position has been reported for August. This assumes £937k of additional income via the 'top up' process which is an increase from previous months.

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 the need for £411k of Covid-19 cost reimbursement for August 2020 and a further top up of £937k 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. This has been extended until September 2020. 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. The aim of this approach is to ensure consistency, certainty on cashflows and reduce administrative burdens. This resulted in a shortfall in income and compared to our draft plan this has been raised with NHS E & I to inform any future decision making. This shortfall is the primary reason we currently require additional top up income. Increases in this block value would reduce the need for additional top up funding.

This shortfall in current income is shown in the I & E position on page 4 which highlights £2.3m less income for the year to date when compared to draft plans. Other operating revenue includes the income due for covid cost reimbursement.

Pay

Pay spend in August was £15.9m. This is £0.4m more than July with increases in both bank and agency staff. Overall the WTE utilised within the Trust has increased with continued substantive recruitment in new services and in line with Mental Health Investment Standard (MHIS). There is also an increasing need for additional support (bank and agency) within key areas, such as inpatient wards, to meet service user needs.

Non Pay

Non Pay spend continues to have both cost pressures and savings within the overall position. Healthcare subcontracts continues to have financial pressure. This covers both acute and PICU out of area bed placements (explained further on page 11) and the purchase of locked rehab services in Barnsley.

Savings arise in categories such as travel, general office costs and training are helping to reduce the overall top up requirement. These are arising from the agile ways of working currently adopted.

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 total cost reclaim in August was lower than July but at a similar level to April to June. Pay costs reclaimed are reducing, as staff return to core roles with reduced backfill and a reduction in the number of student placements. These are forecast to reduce further in September.

		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Total
Heading	Description	£k	£k	£k	£k	£k	£k	£k
Staffing	Backfill of shifts due to covid (sickness, isolation, shielding)	110	150	133	171	104		668
Staffing – community	Community additional shifts	13	81	71	60	7		232
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	0	26	51	0	0		77
Staffing - students	Costs of student nurses and medics over and above previous	0	2	132	196	117		447
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	16	0	0	0	0		16
Total – Pay		139	259	387	427	228	0	1,440
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	128	88	4	57	53		330
Laundry	In house laundry service including scrubs	96	8	13	32	37		186
Infection Control	Central store of additional infection control supplies (wipes,	27	49	18	95	5		194
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	19	22	22	0	6		69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	0	34	0	37	0		71
Communications	Consent to share letter	0	0	17	21	2		40
Misc / other	Other general non pay not captured in the headings above	8	16	17	18	76		135
Total – Non Pay		278	217	91	260	179	0	1,025
Total cost recovery		417	476	478	687	407	0	2,465

2.1

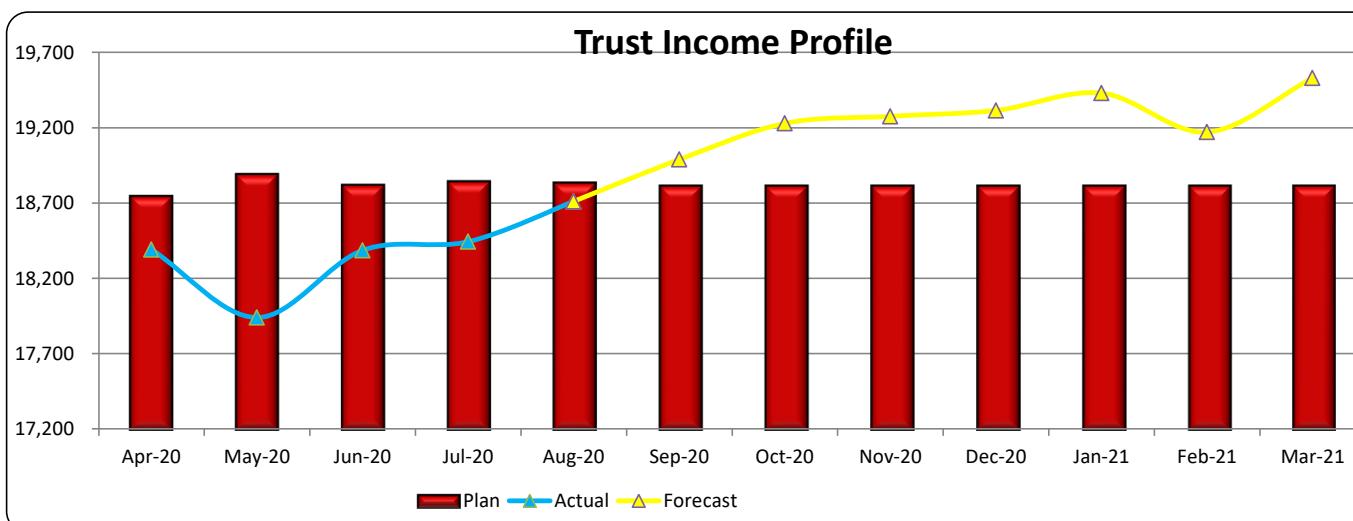
Income Information

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 subsequently extended to September. 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 cost movements up to January 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. These are the negative values against the other line.

	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	14,237	14,310	14,382	14,374	14,367	14,367	14,379	14,381	14,367	171,910	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 Partnerships	335	473	409	439	419	417	417	417	417	417	417	417	4,994	7,755
Top Up	619	637	597	628	639	631	631	631	631	631	631	631	7,539	7,673
Other	550	550	702	658	1,254	1,247	1,495	1,558	1,596	1,700	1,438	1,810	14,560	0
Total	18,391	17,940	18,386	18,443	18,711	18,989	19,229	19,276	19,315	19,430	19,171	19,530	226,810	215,461
19/20	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	215,461	



The Trust draft plan included likely 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.

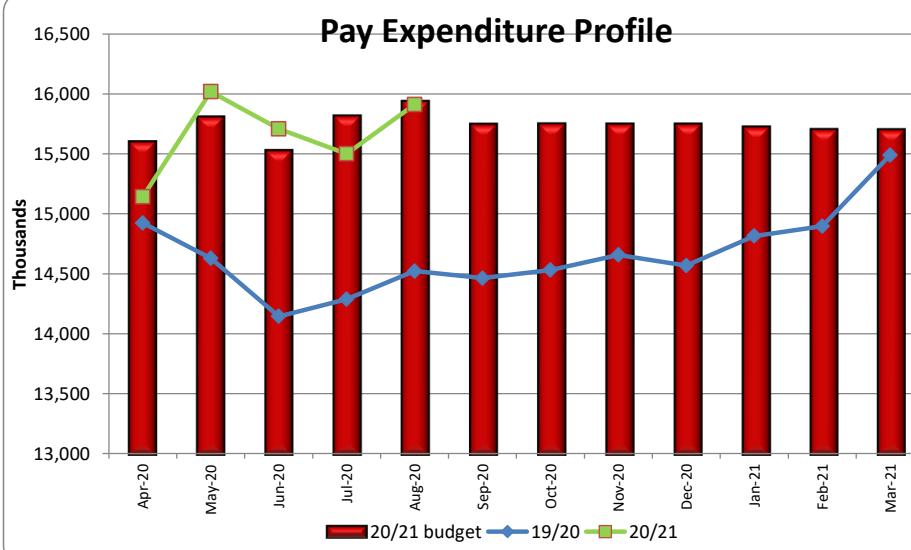
As a result the graph to the left shows income as less than draft plan.

It is currently unclear what the contract income arrangements will be post September 2020. The current forecast assumes that current arrangements will continue with a national top up. As costs are forecast to increase the top up required also increases.

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	14,256	14,462								71,780
Bank & Locum	727	866	721	687	844								3,845
Agency	469	507	518	558	606								2,658
Total	15,142	16,019	15,709	15,501	15,912	0	78,283						
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%	4.4%	5.3%								4.9%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%								3.4%
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
Substantive	3,900	4,004	4,026	4,026	4,006								4,026
Bank & Locum	203	253	193	197	244								193
Agency	68	75	83	90	108								83
Total	4,171	4,332	4,302	4,312	4,357	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



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.

There is an increased run rate in August from the previous two months with an increase in costs across both substantive and temporary staffing areas. Key headlines include:

- * Continued recruitment into new services and following Mental Health Investment Standard (MHIS).
- * Additional staffing to support service demands such as service user acuity, additional observations and care needs. Safer staffing levels continue to be reported within the Trust.
- * Payment in month of clinical excellence awards to medical staff

These costs have been partially offset by a reduction in covid-19 staffing costs (page 6) primarily due to the reduction in student nurse numbers with the Trust. A number have remained within the Trust and are moving into substantive roles within the overall workforce.

Agency spend has increased for each month from April to August.

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.

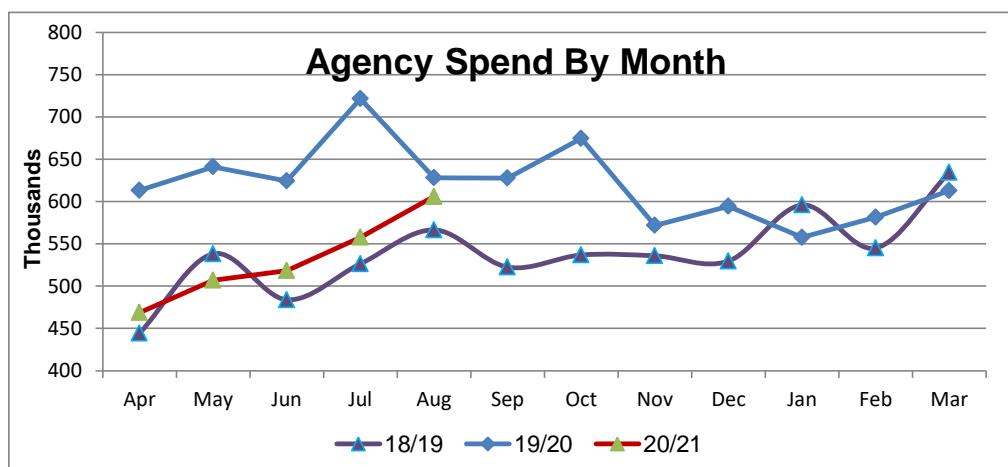
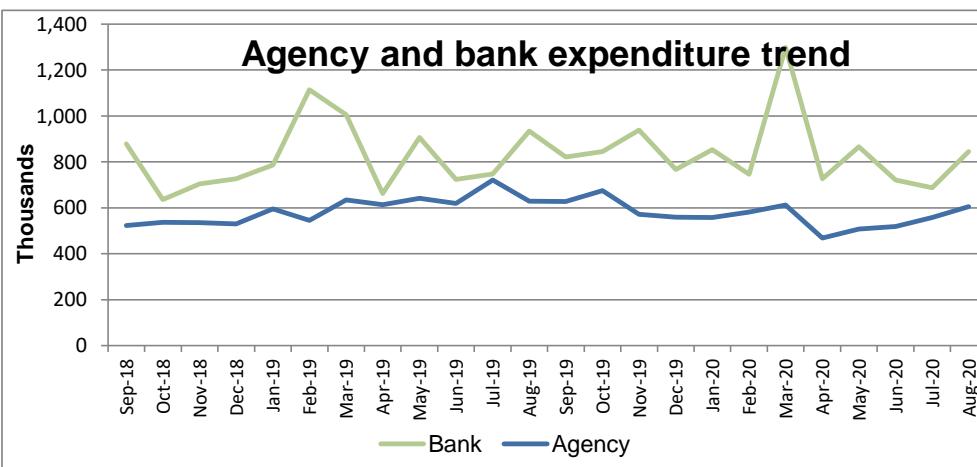
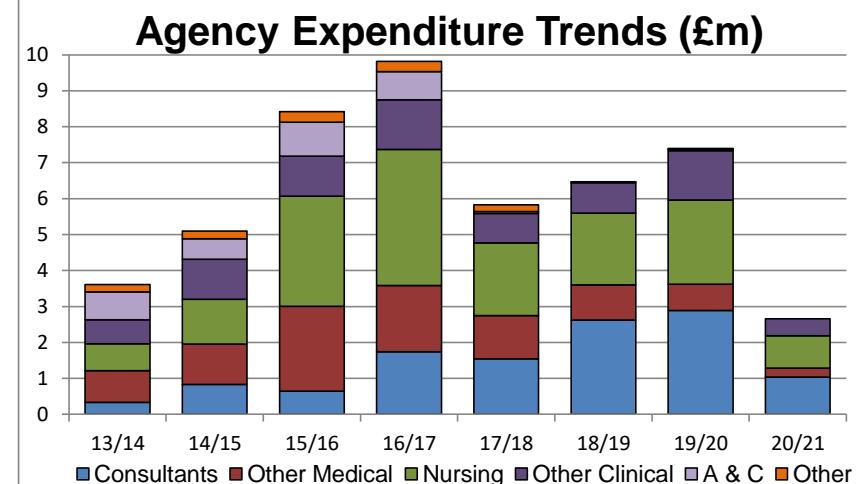
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

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 as previous.

August 2020 spend is £606k, which is the fifth consecutive monthly increase, and is roughly the same as the 2019/20 agency run rate. (2019/20 average was £617k per month).

The triangulation continues to compare agency spend with substantive staff and bank staff payments as part of the overall workforce strategy.



Non Pay Expenditure

Whilst pay expenditure represents approximately 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	3,906	3,821								17,674
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	Actual	Variance
	Year to date	Year to date	
	£k	£k	£k
Clinical Supplies	1,014	1,232	(218)
Drugs	1,486	1,340	146
Healthcare subcontracting	2,257	2,924	(667)
Hotel Services	714	779	(65)
Office Supplies	2,278	2,457	(178)
Other Costs	1,905	1,742	163
Property Costs	2,700	2,737	(37)
Service Level Agreements	2,720	2,539	181
Training & Education	444	142	302
Travel & Subsistence	1,496	877	620
Utilities	442	489	(48)
Vehicle Costs	540	417	123
Total	17,996	17,674	322
Total Excl OOA and Drugs	14,253	13,410	843

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, infection control measures, provision of staff meals and refreshments) totals £1m for the year to date as highlighted earlier in this report. This is included within each of the individual non pay categories above.

Non pay, overall, remains lower than the indicative plan primarily due to current ways of working with reduced travel , training and office costs supported through the increased use of technology and agile working.

Cost pressures remain in the supply and purchase of clinical supplies and the volatile nature of healthcare subcontracts. This includes both out of area bed placements (acute, PICU) but also the purchase of healthcare from other providers. The main cost pressure here relates to locked rehab placements in Barnsley.

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

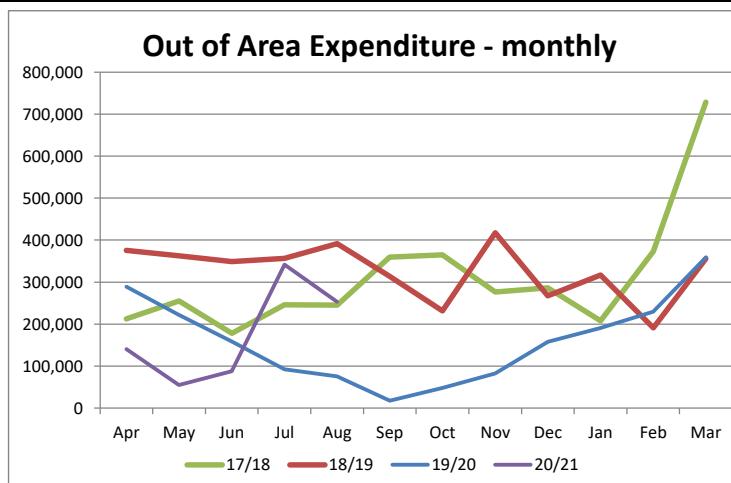
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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	342	253								878

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	120	305	145								735

Bed Day Information 2020 / 2021 (by category)													
	PICU	Acute	Total										
PICU	92	45	137										386
Acute	18	10	86										349
Total	110	55	120										735



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.

Costs have reduced from the in year peak in July although bed days have remained higher than the average of quarter 1. Placements continue to be minimised and the consequences of covid-19 continue to be mitigated as far as possible. This has an impact on the workforce requirements as shown within the pay analysis.

There are a further 43 bed days (increase from 62 in July) 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.

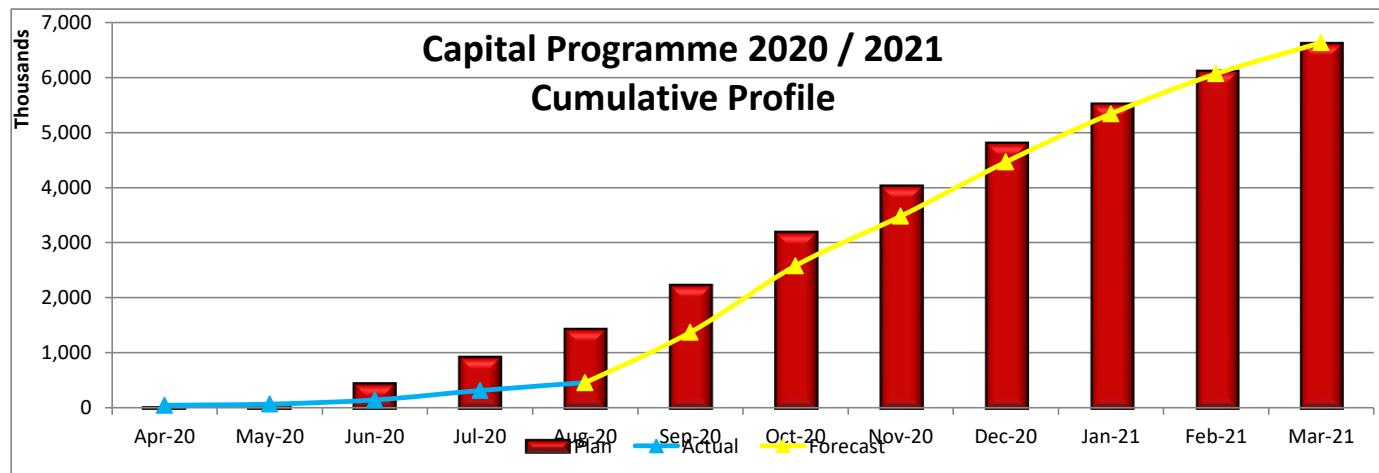
	2019 / 2020	Actual (YTD)	Note
	£k	£k	
Non-Current (Fixed) Assets	107,617	105,376	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	2,922	2
Non NHS Trade Receivables (Debtors)	953	1,795	3
Prepayments, Bad Debt, VAT	2,219	4,214	
Accrued Income	1,904	2,178	4
Cash and Cash Equivalents	36,417	55,840	5
Total Current Assets	48,307	67,188	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(2,229)	6
Capital Payables (Creditors)	(272)	(343)	
Tax, NI, Pension Payables, PDC	(6,311)	(7,247)	
Accruals	(10,869)	(12,423)	7
Deferred Income	(1,462)	(17,548)	
Total Current Liabilities	(23,016)	(39,790)	
Net Current Assets/Liabilities	25,291	27,398	
Total Assets less Current Liabilities	132,909	132,773	
Provisions for Liabilities	(8,724)	(8,589)	
Total Net Assets/(Liabilities)	124,185	124,185	
Taxpayers' Equity			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	12,763	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	61,231	8
Total Taxpayers' Equity	124,185	124,185	

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

1. Capital expenditure is detailed on page 13. The asset value is reducing due to depreciation charges and limited capital spend year-to-date.
2. NHS debtors continue to reduce due to the block and limited nature of current invoicing arrangements. £1.6m has been agreed as payable in March 2021.
3. Non NHS debtors have increased in month specifically due an invoice (£1.3m) now raised to a local commissioner for April to August following receipt of a purchase order. This will be invoiced monthly going forwards.
4. Accrued income mainly consists of settlement of the covid-19 cost reimbursement and top up payments. The total has reduced from last month due to raising the invoice referenced above.
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.

Capital Programme 2020 / 2021

	Annual Budget	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Actual	Forecast Variance	Note
	£k	£k	£k	£k	£k	£k	
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,479	450	219	(231)	3,513	34	
Equipment Replacement	100	25	43	18	108	8	
IM&T	2,455	975	194	(781)	2,413	(42)	
Major Capital Schemes							
Hub Development	600	0	0	0	600	0	
VAT Refunds				0		0	
TOTALS	6,634	1,450	456	(994)	6,634	0	

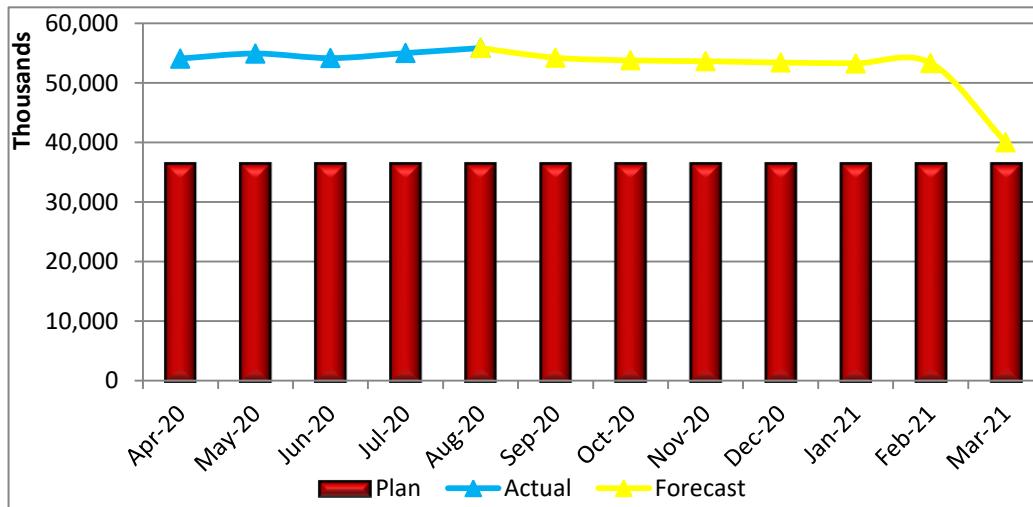


The capital plan for 2020 / 21 is £6.6m.

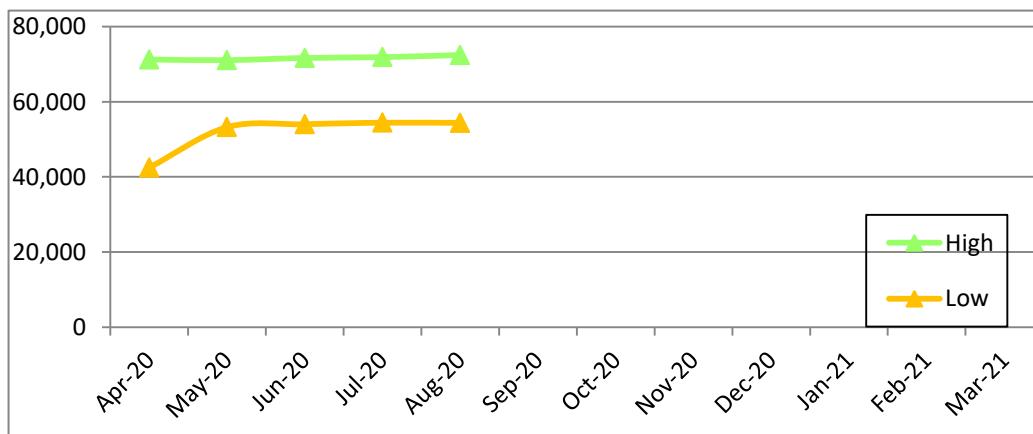
Capital Expenditure 2020 / 21

The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m. A further £4k has been added from the national backlog maintenance programme.

A full revised forecast is being developed to take account of the current covid 19 situation. This includes the supply side (companies available to supply goods and service and any impact on costs) and the access requirements on site.



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	55,840	19,423



Cash remains higher than 2019/20.
The main factor is the timing of block payments which are a month in advance.

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.

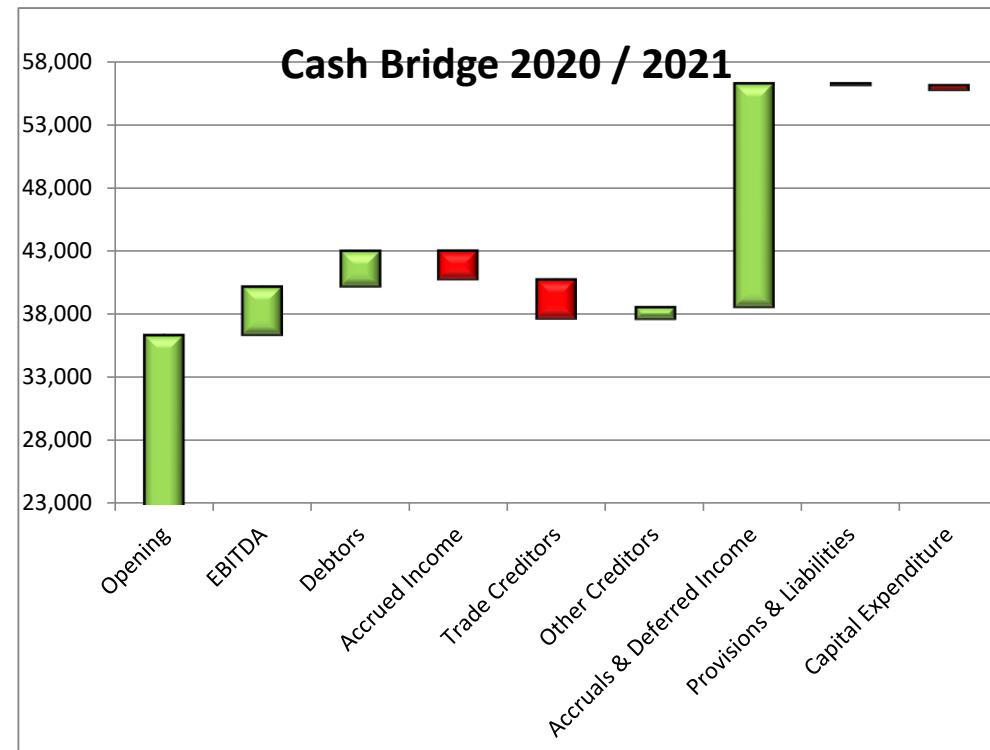
A detailed reconciliation of working capital compared to plan is presented on page 15.

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: £72.5m
 The lowest balance is: £54.4m

This reflects cash balances built up from historical surpluses.

	Actual £k	Note
Opening Balances	36,417	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,832	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	2,812	
Accrued Income / Prepayments	(2,269)	
Trade Payables (Creditors)	(3,101)	
Other Payables (Creditors)	935	
Accruals & Deferred income	17,641	
Provisions & Liabilities	(135)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	(385)	
Cash receipts from asset sales	92	
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	55,840	



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 receipt of September 2020 block invoices during August in line with national guidance. This is a timing benefit and will move back in line at some point during the financial year (the cashflow forecast currently assumes this is March 2021).

The largest cash reduction is within creditors and is a direct consequence of the national request to pay invoices within 7 days.

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.

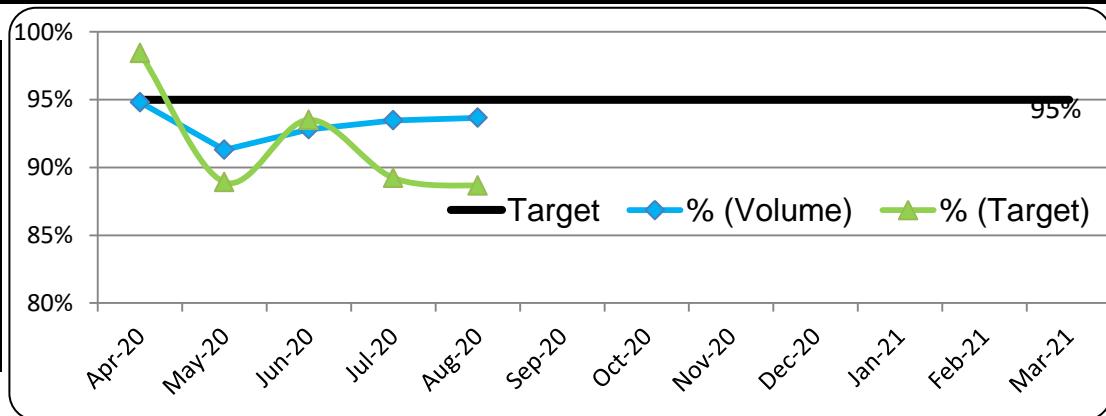
The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Performance continues to be positive.

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 69% of NHS invoices and 87% of non NHS invoices within this 7 day target. We continue to review processes to improve this performance further.

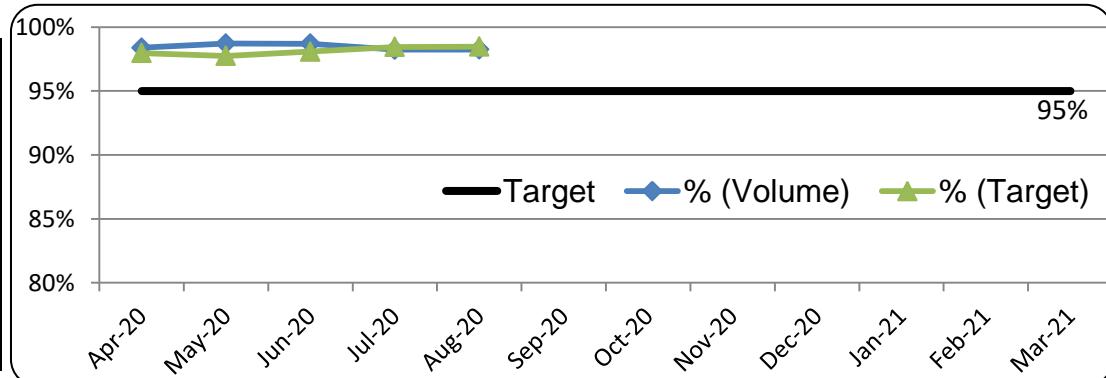
NHS		
	Number	Value
30 days	%	%
Year to July 2020	93%	89%
Year to August 2020	94%	89%

7 days		
	Number	Value
Year to July 2020	70%	78%
Year to August 2020	71%	69%



Non NHS		
	Number	Value
30 days	%	%
Year to July 2020	98%	98%
Year to August 2020	98%	98%

7 days		
	Number	Value
Year to July 2020	83%	88%
Year to August 2020	80%	87%



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 (£)
27-Jul-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3145570	364,058
30-Jul-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3145873	136,800
19-Jun-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3142729	122,055
06-Aug-20	Information SLA	Trustwide	Daisy Corporate Services Trading Ltd	3146500	90,250
04-Aug-20	Property Rental	Wakefield	Assura HC Ltd	3146174	90,000
19-Aug-20	CNST contributions	Trustwide	NHS Litigation Authority	3147658	64,522
09-Jul-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3144556	49,216
20-Aug-20	Purchase of Healthcare	Trustwide	Cygenet Health Care Ltd	3147705	44,048
07-Aug-20	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	3146669	43,646
26-Aug-20	Professional fees	Trustwide	Avison Young UK Limited	3148258	42,225
31-Jul-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3145973	41,645
20-Jul-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3145053	39,714
14-Aug-20	Purchase of Healthcare	Trustwide	Cygenet Behavioural Health Ltd	3147406	27,048
12-Aug-20	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	3147274	27,015
14-Aug-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3147463	26,267
07-Aug-20	Utilities	Trustwide	EDF Energy	3146766	25,369
09-Jul-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3144556	25,056

- * 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 its 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	RoI	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	YAHASN	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