

# Integrated Performance Report Strategic Overview



**September 2020**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 2020. Continuing with the approach established in March the report considers the response to Covid-19 as well as the majority of other regular reporting sections. In particular 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 section for the Covid-19 response has been added. The structure of this section 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 sometimes with reduced content. Consideration is also being given with regard to how performance against service reset and restoration can be provided. 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. This report includes some additional information to demonstrate how reporting of service access and reducing inequalities is developing. This will evolve in the coming months.

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

The IPR has evolved and grown significantly in recent years. A review is taking place to ensure the report remains meaningful and meets its intended purpose.

| 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 20th October as opposed to the end of September. 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 | As at 20th October 2021 | Notes   |
|--|-------------------------------------|-----------------|-----------------------|---------------------|----------------------|----------------------|------------------------|---------------------------|-------------------------|---|
| <b>Additional Metrics to Highlight Response to and Impact of Covid-19</b>  |                                     |                 |                       |                     |                      |                      |                        |                           |                         |   |
| No of staff off sick - Covid-19 not working 1  |                                     |                 | 154                   | 204                 | 112                  | 48                   | 26                     | 82                        | 108                     |   |
| Shielding  |                                     |                 | 54                    | 59                  | 52                   | 37                   | 0                      | 0                         | 0                       |   |
| Symptomatic  |                                     |                 | 69                    | 118                 | 46                   | 5                    | 14                     | 31                        | 57                      |   |
| House hold symptoms  |                                     |                 | 26                    | 24                  | 13                   | 4                    | 7                      | 29                        | 31                      |   |
| OH Advised Isolation   |                                     |                 | 5                     | 1                   | 0                    | 0                    | 1                      | 1                         | 2                       |   |
| Test & Trace Isolation   |                                     |                 | 0                     | 0                   | 0                    | 0                    | 0                      | 0                         | 0                       |   |
| Other Covid-19 related   |                                     |                 | 0                     | 2                   | 1                    | 2                    | 4                      | 21                        | 18                      |   |
| No of staff working from home - Covid-19 related 2   |                                     |                 | 125                   | 136                 | 107                  | 90                   | 7                      | 53                        | 79                      |   |
| Shielding  |                                     |                 | 76                    | 78                  | 72                   | 71                   | 0                      | 0                         | 0                       |   |
| Symptomatic  |                                     |                 | 13                    | 28                  | 13                   | 5                    | 1                      | 14                        | 29                      |   |
| House hold symptoms  |                                     |                 | 29                    | 23                  | 13                   | 1                    | 0                      | 26                        | 21                      |   |
| OH Advised Isolation   |                                     |                 | 7                     | 6                   | 7                    | 3                    | 0                      | 1                         | 5                       |   |
| Test & Trace Isolation   |                                     |                 | 0                     | 0                   | 0                    | 7                    | 0                      | 0                         | 0                       |   |
| Other Covid-19 related   |                                     |                 | 0                     | 1                   | 1                    | 3                    | 6                      | 12                        | 24                      |   |
| Number of staff tested 3   |                                     |                 | 89                    | 783                 | 1798                 | 2038                 | 2162                   | 2294                      | 2498                    | Cumulative  |
| No of staff tested positive for Covid-19 3   |                                     |                 | 23                    | 103                 | 128                  | 130                  | 133                    | 149                       | 217                     | Cumulative  |
| No of staff returned to work (including those who were working from home)  |                                     |                 | 683/962<br>= 71%      | 921/1246<br>= 73.9% | 1183/1393<br>=84.9%  | 1310/1448<br>=90.5%  | 1498/1531<br>=97.8%    | 1547/1681<br>=92.0%       | 1771/1954<br>=90.6%     |   |
| No of staff returned to work (not working only) 13   |                                     |                 | 445/599<br>= 74%      | 609/807<br>=75.6%   | 800/908<br>=88.1%    | 872/928<br>=94.0%    | 952/979<br>=97.2%      | 992/1079<br>=91.9%        | 1122/1239<br>=90.6%     |   |
| No of staff still absent from work who were Covid-19 positive 13   |                                     |                 | Data Unavailable      | 27                  | 11                   | 2                    | 1                      | 5                         | 29                      |   |
| No of Service users tested (ward)  |                                     |                 | 41                    | 65                  | 103                  | 104                  | 109                    | 125                       | 148                     | Symptomatic   |
| No of service users tested positive (ward)   |                                     |                 | 9                     | 10                  | 29                   | 29                   | 29                     | 29                        | 38                      | Cumulative  |
| No of service users recovered  |                                     |                 | 8                     | 9                   | 28                   | 28                   | 28                     | 28                        | 30                      | One patient died not in SWYFT care and 8 patients recently tested positive. |
| Additional number of staff enabled to work from home   |                                     |                 | 900                   | 900                 | 937                  | 1003                 | 1024                   | 1043                      | 1069                    | Cumulative  |
| Calls to occupational health healthline  |                                     |                 | 178                   | 576                 | 921                  | 1230                 | 1450                   | 1536                      | 1780                    | Cumulative  |
| <b>Making SWYFT a great place to work</b>  | <b>Target</b>                       | <b>Feb-20</b>   | <b>Mar-20</b>         | <b>Apr-20</b>       | <b>May-20</b>        | <b>Jun-20</b>        | <b>Jul-20</b>          | <b>Aug-20</b>             | <b>Sep-20</b>           | <b>Forecast</b>   |
| Sickness absence   | 4.5%                                | 5.0%            | 3.8%                  | 4.0%                | 3.9%                 | 3.9%                 | 3.9%                   | 3.9%                      | 3.9%                    |   |
| Staff Turnover   | 10%                                 | 11.3%           | 11.9%                 | 8.5%                | 7.9%                 | 9.8%                 | 8.4%                   | 9.1%                      | 8.9%                    |   |
| Actual level of vacancies  | tbc                                 | 12.2%           |                       | 8.7%                | 6.9%                 | 6.0%                 | 6.8%                   | 7.4%                      | 8.4%                    |   |
| <b>Improve people's health and reduce inequalities</b>   | <b>Target</b>                       | <b>Feb-20</b>   | <b>Mar-20</b>         | <b>Apr-20</b>       | <b>May-20</b>        | <b>Jun-20</b>        | <b>Jul-20</b>          | <b>Aug-20</b>             | <b>Sep-20</b>           | <b>Forecast</b>   |
| % service users followed up within 7 days of discharge   | 95%                                 | 81/85<br>=95.2% | 105/107<br>=98.1%     | 90/92<br>=97.8%     | 102/102<br>= 100%    | 105/105<br>= 100%    | 110/110<br>= 100%      | 84/85<br>=98.8%           | 106/107<br>=99.1%       | 1   |
| Out of area beds 1   | 20/21 - Q1 247, Q2 165, Q3 82, Q4 0 | 362             | 350                   | 167                 | 108                  | 140                  | 336                    | 224                       | 177                     | 2   |
| IAPT - proportion of people completing treatment who move to recovery 4  | 50%                                 | 52.4%           | 55.7%                 | 51.4%               | 49.1%                | 42.8%                | 50.1%                  | 54.3%                     | 54.2%                   | 1   |
| Delayed Transfers of Care  | 3.50%                               | 1.8%            | 1.9%                  | 2.0%                | 1.7%                 | 1.4%                 | 1.3%                   | 1.1%                      | 1.5%                    | 1   |
| <b>Improve the quality and experience of care</b>  | <b>Target</b>                       | <b>Feb-20</b>   | <b>Mar-20</b>         | <b>Apr-20</b>       | <b>May-20</b>        | <b>Jun-20</b>        | <b>Jul-20</b>          | <b>Aug-20</b>             | <b>Sep-20</b>           | <b>Forecast</b>   |
| Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 3 | trend monitor                       | 24              | 20                    | 34                  | 36                   | 42                   | 33                     | 28                        | 28                      |   |
| IG confidentiality breaches  | <=8 Green, 9-10 Amber, 11+ Red      | 12              | 6                     | 15                  | 20                   | 14                   | 25                     | 17                        | 19                      |   |
| Total number of Children and Younger People under 18 in adult inpatient wards  | TBC                                 | 0               | 2                     | 1                   | 2                    | 1                    | 0                      | 3                         | 3                       |   |
| CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 2   | trend monitor                       | 38.6%           | 40.8%                 | 41.6%               | 46.6%                | 48.6%                | 48.7%                  | 48.2%                     | 57.5%                   |   |
| <b>Improve the use of resources</b>  | <b>Target</b>                       | <b>Feb-20</b>   | <b>Mar-20</b>         | <b>Apr-20</b>       | <b>May-20</b>        | <b>Jun-20</b>        | <b>Jul-20</b>          | <b>Aug-20</b>             | <b>Sep-20</b>           | <b>Forecast</b>   |
| Surplus/(Deficit)  | In line with Plan                   | (£49k)          | (£968k)               | -                   | -                    | -                    | -                      | -                         | -                       | (£2148k)  |
| Agency spend   | In line with Plan                   | £581k           | £613k                 | £469k               | £507k                | £518k                | £588k                  | £606k                     | £588k                   | £7.1m   |
| Single Oversight Framework metric  | 2                                   | 2               | 2                     | 2                   | 2                    | 2                    | 2                      | 2                         | 2                       | 2   |
| CQC Quality Regulations (compliance breach)  | Green                               | Green           | 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 SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.
- 3 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 4 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.
- 5 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
- 6 - Data taken from the Trusts Covid-19 sickness absence recording system as at 20th October 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 20th October. Staff not working due to Covid-19 related issues.
- 8 - Trusts Covid-19 sickness absence recording system as at 20th October. 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 20th October.
- 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 20th October.
- 12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 20th October.
- 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 levels on inpatient wards maintained as staff absence increases
- Downward trend in number of moderate-severe incidents reported
- Downward trend in restraint incidents continues
- Number of under 18s admitted to adult wards same but number of days stay increasing and under review
- Complaints response times performance under review

**NHSI Indicators**

- Three young people under the age of eighteen were admitted to an adult ward in August for a total of twenty six days which is more days than the previous five months combined.
- Inappropriate out of area bed usage reduced in too 177 in September from 336 in July, although they remain higher than the target agreed with NHS England & Improvement. Given the nature of the placements these were again high cost
- Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.2%
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 47.4% as a direct consequence of Covid-19, but has improved steadily each of the last three months
- Typically performance against nationally reported targets remains positive

**Locality**

- Insufficient numbers of rehab support workers within the neighbourhood rehabilitation service, due to continued increased demand and some issues around the responsive of being able to mobilise domiciliary care packages within the discharge to assess (D2A) timeframes
- Urban House (Wakefield) has reopened following a deep clean. Services have resumed with a reduced number of clients coming into Urban House daily. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield.
- Discharge to assess team now consistently providing 10 slots for hospital discharges per day (weekends excepted) and working within community teams if the slots are not filled.
- High demand for inpatient beds continues. Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing shielded and cohorted patients.
- Demand and levels of activity in intensive home based treatment (IHBT) and the mental health liaison teams leading to pressures for inpatient beds.
- The essential importance of supervision in terms of safe practice and individual well-being has been emphasised, with similar actions identified.
- Business case for the forensics lead provider collaborative continues to progress. Appointment of clinical lead and project support will be helpful.
- Covid-19 safe learning disability (LD) diagnostic assessments have been piloted and are being rolled out across all services.
- All age liaison model now operational in Barnsley and Wakefield
- Reduced IAPT access throughout the course of the pandemic

#### Priority Programmes

- Work continues to engage with learners in the recovery colleges virtually and some face to face courses have re-commenced
- Criteria led discharge is now being managed as a business as usual activity
- All age liaison service is fully implemented in Barnsley with Wakefield scheduled to go live during October
- Electronic prescribing and medicines administration (EPMA) scheduled to go live mid-November, although there are some risks associated with this timeframe
- Organisational development work continues in forensic services.

#### Finance

- Interim financial arrangements in place for April through to September. This therefore represents the final month of these arrangements with updated arrangements due to commence from October, including the requirement to meet financial targets.
- £533k of costs identified as being reasonably incurred as part of the Covid-19 response, which is higher than the previous month due to additional non-pay requirements, particularly scrubs and IT equipment
- In month there was a deficit recorded pre final top-up of £1,228k, 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, increasing pay costs (including the medical pay award in line with national guidance) and out of area bed placements including locked rehab in Barnsley
- Within pay, staff bank costs were close to £1m, the highest value of the year-to-date.
- 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 September, which was in line with the previous month. There are currently 4 agency medics in both CAMHS and learning disability services.
- Out of area bed costs amounted to £164k in month, which is a reduction compared to August, and as noted above there is also a substantial overspend on locked rehab bed usage in Barnsley.
- The cash balance remains healthy at £57.5m. The advance of one month's income is expected to unwind by the end of the financial year.
- Capital expenditure remains low at £0.7m. The forecast for the full year has been reduced by £1m to £5.6m
- 82% of all third party invoices were paid within 7 days of receipt of goods or services, with 97% paid within 30 days. A temporary dip in performance could arise in October as the new finance ledger system goes live.

#### Workforce

- As at October 20th there were 108 staff off work as a result of Covid-19 which compares to 26 in August and 82 in September
- Non Covid-19 sickness remained at 3.8% in September
- Staff turnover remained steady at 8.9%, which is below the trend of recent years
- Compliance with training targets is positive with a review taking place of food safety training requirements and means of delivery
- Little change overall in staff receiving supervision although improvements have been noted in some BDUs

#### Covid-19

In addition to the points identified in the sections above:

- Sufficient PPE remains in place
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- Symptomatic patient testing is being undertaken
- Hotspot outbreak management testing is being provided internally
- Significant support to care homes is provided by the general community team in Barnsley
- The Trust participated in ICS stress testing workshops in both South Yorkshire and West Yorkshire
- Reporting is developing to help identify areas of focus in the response to the eight urgent actions to address inequalities
- The Trust Opal level remains at 2
- Refresh of the Equality, Inclusion and Involvement strategy is underway and work progresses on the eight action actions on inequalities
- 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

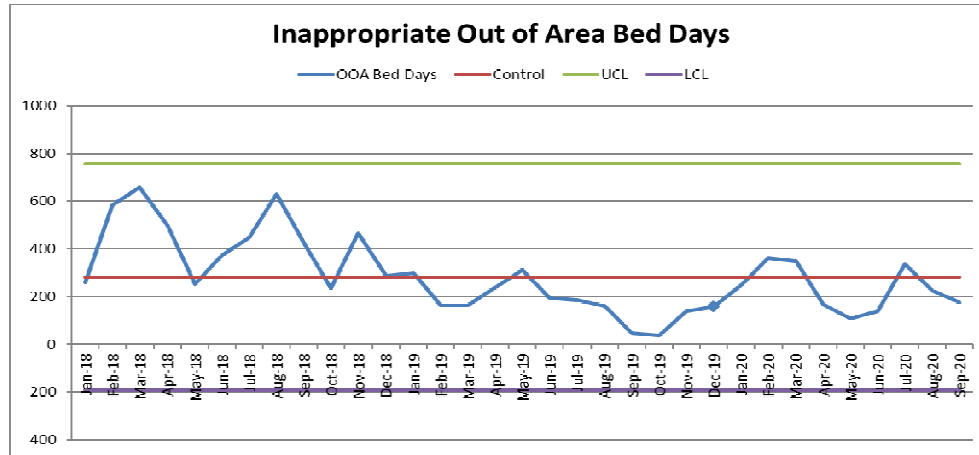
Priority Programmes

Finance/Contracts

Workforce

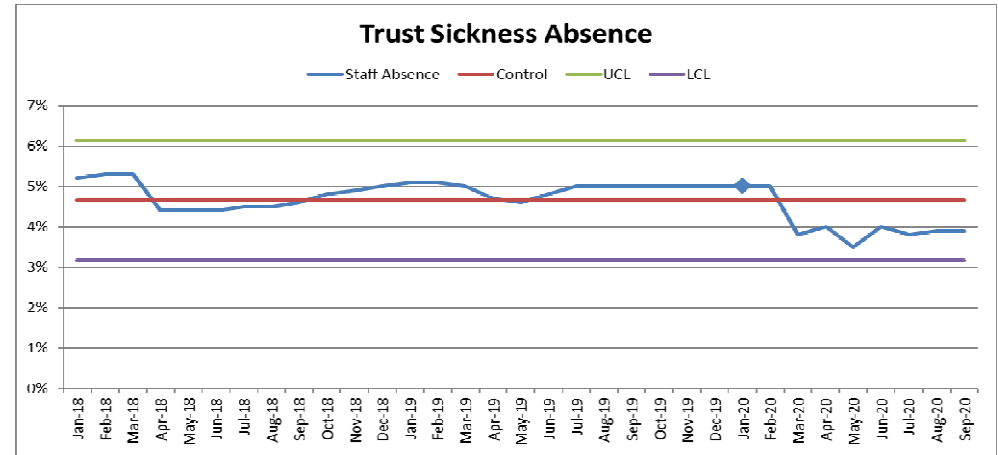
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

## Inappropriate Out of Area Bed Days



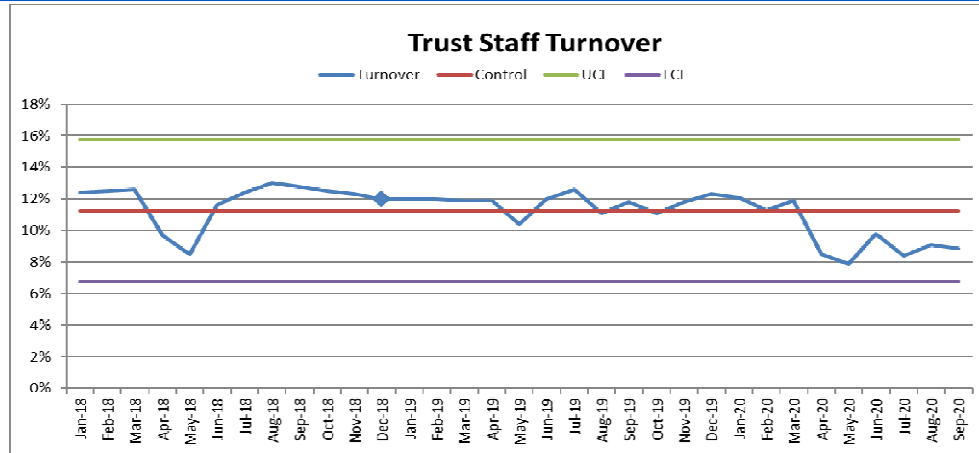
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

## Staff Sickness Absence



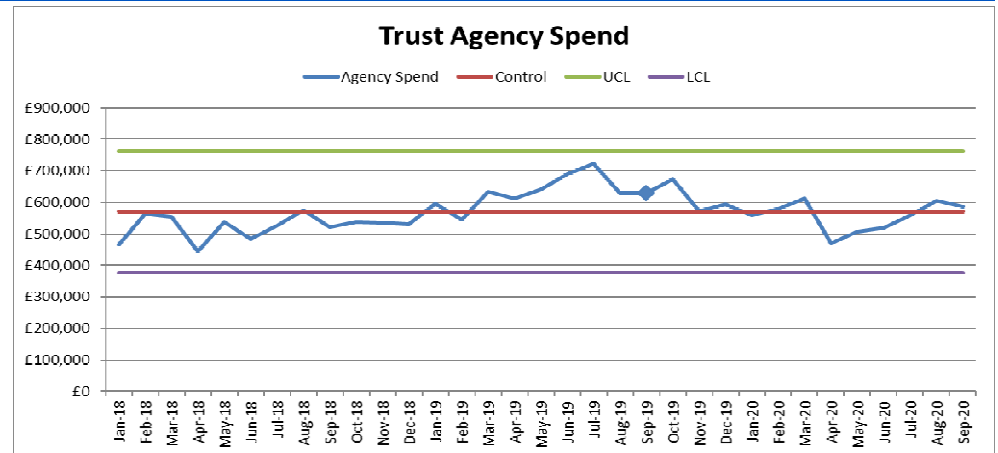
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in January 2020 has been highlighted for this reason.

## Staff Turnover



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

## Agency Spend

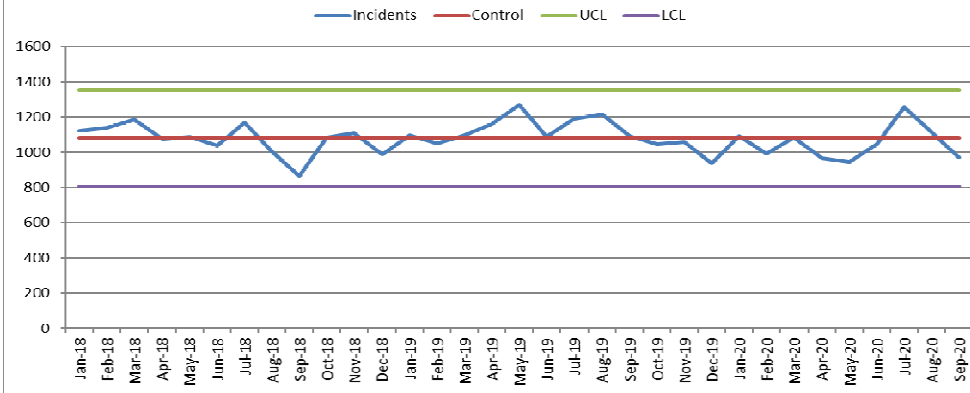


SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.



## Incidents

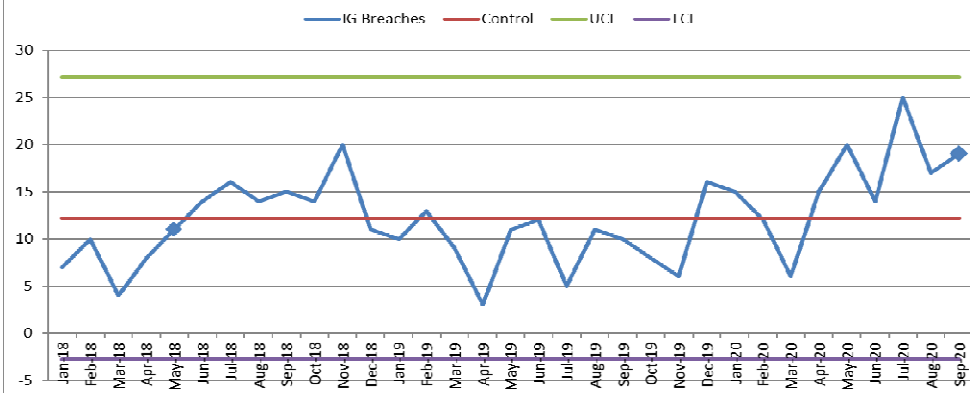
Total Number of Reported Incidents



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

## IG Breaches

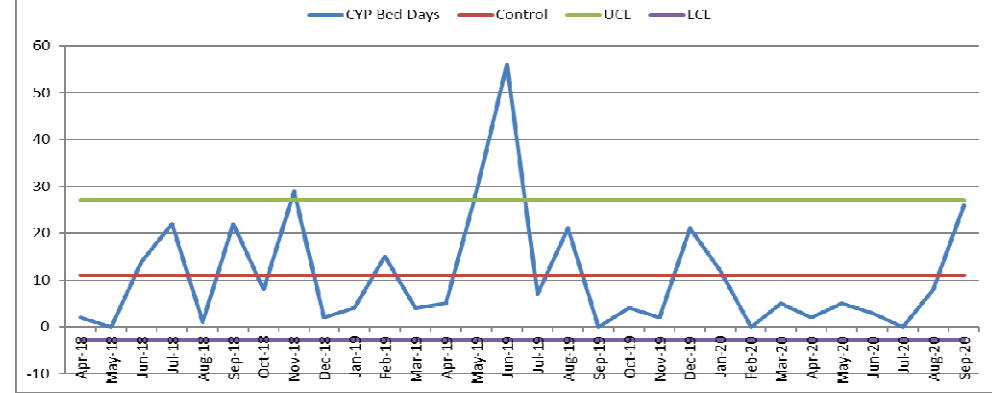
Total Number of IG Breaches



The data point in May 2018 has been highlighted to indicate the introduction on GDPR. 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 September 2020 has been highlighted for this reason.

## Total bed days of CYP on adult wards

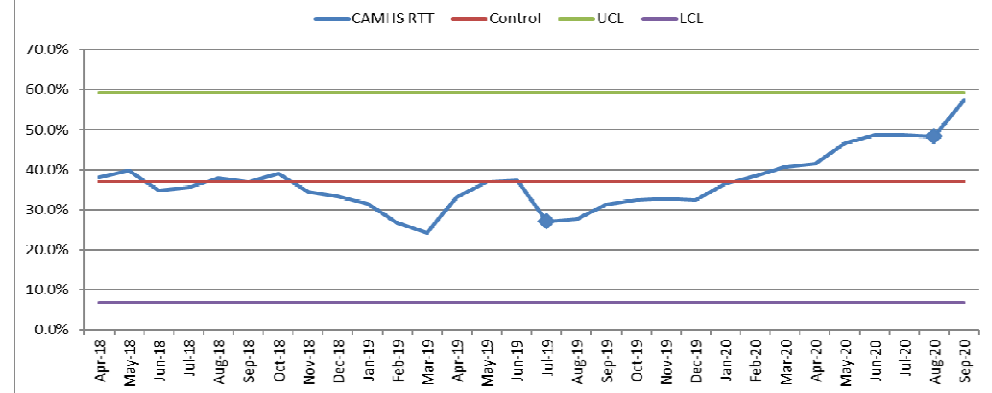
Total Bed Days of CYP on Adult Wards



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

## CAMHS Referral to treatment waiting times

CAMHS Referral to Treatment Waiting Times



The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.

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 August 2020 has been highlighted for this reason.

## 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 - 23 further patients were tested as at 20th October 2020 with 9 testing positive  
One outbreak on Poplars which is being managed with support from the IPC team.

#### Covid-19 clinical risk scan

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

#### PPE position

- National deliveries of PPE have increased over the course of the last month
- Previously quarantined FFF3 masks have now been declared as safe to use
- Internal audit currently conducting a review of the processes and controls we have established to manage PPE

| PPE Levels       | Approx days<br>stock as at<br>14-Jul | Approx days<br>stock as at<br>17-Aug | Approx days<br>stock as at<br>15-Sep | Approx days<br>stock as at<br>13-Oct |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Surgical masks   | 30                                   | 22                                   | 12                                   | 14                                   |
| Respirator masks | 80                                   | 23                                   | 39                                   | 90                                   |
| Aprons           | 11                                   | 8                                    | 20                                   | 25                                   |
| Gowns            | 95                                   | 132                                  | 119                                  | 115                                  |
| Gloves           | 28                                   | 26                                   | 24                                   | 32                                   |
| Visors           | 100                                  | 115                                  | 156                                  | 121                                  |

### 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 pre 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

- We continue to test our own staff where appropriate in line with Pillar 1, but staff are also accessing Pillar 2 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

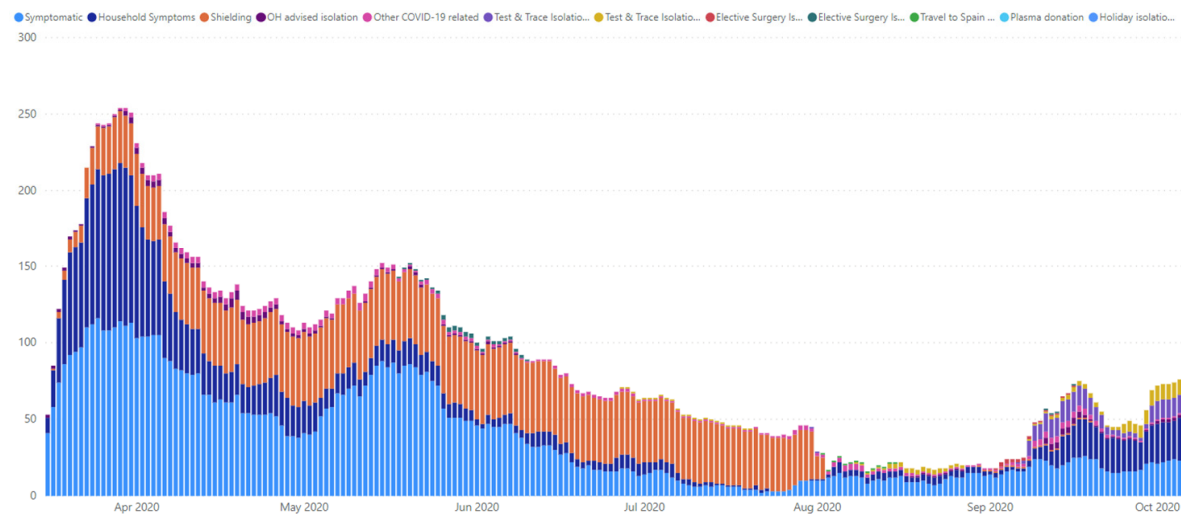
## Covid-19 response

### Staffing Issues

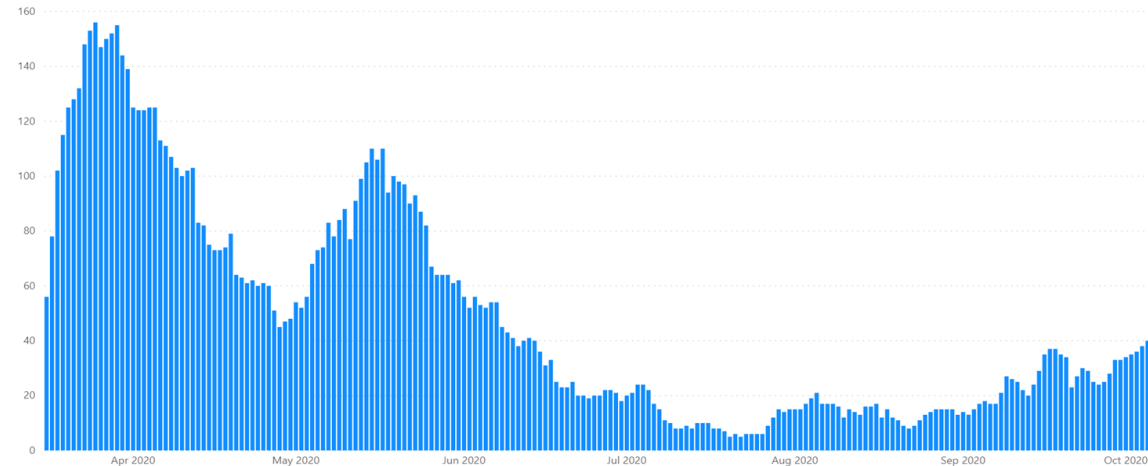
Our current response to the increase in infections, local restrictive measures and increased pressures on service areas

- Review message and guidance about protecting the most vulnerable staff
- Updating vulnerable and BAME staff risk assessments
- Review BCPs including staff escalation plans
- Review staff bank capacity in light of recent increase in recruitment
- Consider return and retire initiative
- Review talent pool arrangements in readiness for possible increase in demand
- Inform all support services to standby to stand-down non-essential services

### Reason for absence trend



### Reason for absence trend

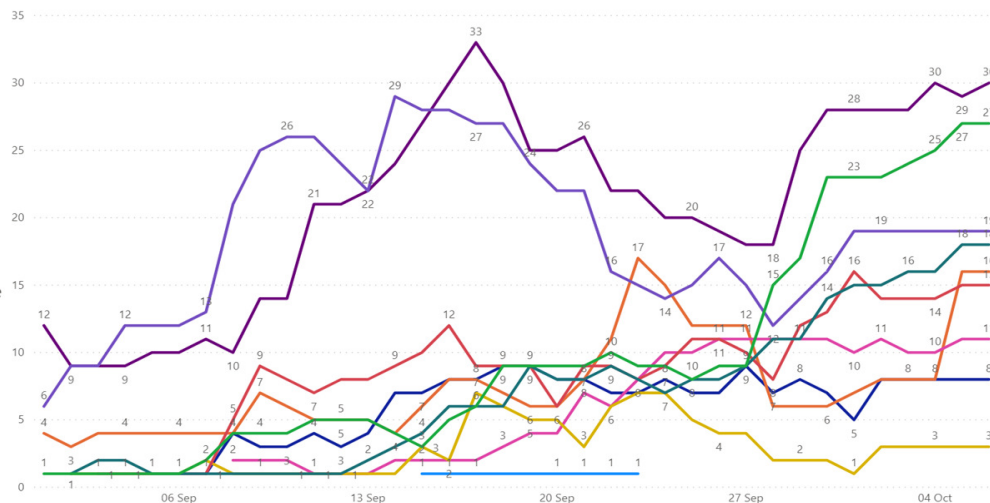


## Covid-19 response

### Staff Absence by BDU

#### BDU

- Adult ADHD/ASD
- Barnsley
- Barnsley General Ops
- Calderdale and Kirklees
- CAMHS
- Forensic
- LD
- Support Services
- Trust Bank/Pastoral Care
- Wakefield



## 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 in to the communication and engagement cells in each of our places to support the covid management and outbreak response.
- Stress Test/Managing Concurrent Events exercise undertaken internally, identifying actions to update BCPs and also to prepare for impacts from Covid-19 during winter months.
- SWYPFT are co-hosting a similar exercise for mental health partners in the West Yorkshire and Harrogate ICS.

## Covid-19 response

### Standing up services

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

#### Trust activity and demand (phase 3 response)

- Referral information for Trust services is now being used by the reset and restoration group. The previous month's IPR provided some information regarding the value of service referrals over time. This information is being used to support how we plan for service recovery and enable access to service to be prioritised. 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.

#### 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 Trusts position against the mental health investment standard including IAPT, EIP and perinatal services.

#### IAPT targets

- A number of metrics are already reported in the national metrics 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 months 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 pro-actively 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, 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. As well as the work to include inequalities data and analysis, the group is also developing reports and analysis to meet all the phase 3 letter criteria. Page 16 to 18 provide examples of how information and reporting is being developed to help inform our response to the eight urgent actions to address inequalities. For the purpose of this report information is provided for Barnsley community services, Calderdale mental health and inpatient services. The next stage of development is to identify the proportion of each places population attributable to these classifications so as to help understand how representative service delivery currently is and where there could be under-representation.

#### 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. Managers have been asked to keep these under constant review. 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 and results of this are now being analysed and formulated into action plans. 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. No figures currently available but will be provided once they are.

#### 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

#### EPRR 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 a 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
  - Covid-19 Trust wide EIA and action plan
  - Covid-19 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 Covid-19 materials
  - Use of easy read materials developed and promoted
  - Website and intranet tools
  - Targeted messages to communities

#### Digital response

- Service desk activity increased by 33% in September, largely due to the implementation of office 365.
- Over 1,000 additional VPN licences provided to enable staff to continue to work remotely
- High continued usage of Microsoft Teams across the Trust
- VPN connections remain consistent at just over 2000 per day
- The number of video consultations averaged 177 per week in September, which was an increase on previous months

| Digital - Summary Metrics   | Apr    | May   | Jun    | Jul    | Aug    | Sep    |
|---|--------|-------|--------|--------|--------|--------|
| Total numbers of tickets logged with service desk:                  | 5,914  | 4,186 | 4,424  | 4,849  | 4,539  | 6,044  |
| Total phone calls to service desk:                                  | 2,733  | 1,644 | 1,744  | 2,176  | 2,503  | 3,121  |
| Number of SystmOne tickets (day to day system requests/amendments): | 321    | 320   | 298    | 381    | 375    | 408    |
| Number of smartcard related tickets:                                | 367    | 308   | 296    | 407    | 251    | 366    |
| Additional VPN licences since March                                 | 888    | 937   | 1,003  | 1,024  | 1,043  | 1,069  |
| Average number of daily VPN connections                             | 2,674  | 2,430 | 2,731  | 2,347  | 1,958  | 2,144  |
| Microsoft Teams - meetings participated                             | 10,535 | 7,201 | 15,450 | 14,604 | 14,701 | 14,845 |
| Airmid video consultations (average/week)                           | 54     | 187   | 15     | 5      | 1      | 1      |
| AccuRX video consultations (average/week)                           | 0      | 146   | 111    | 148    | 164    | 177    |

## 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.

Deprivation deciles are based on the Index of Multiple Deprivation 2019 (IMD 2019) which is the official measure of relative deprivation. Deciles 1-2 high represent the most deprived 20% of neighbourhoods in England. We only have data available for the SWYPFT geographic region so referrals from outside this area has been categorised as unknown.

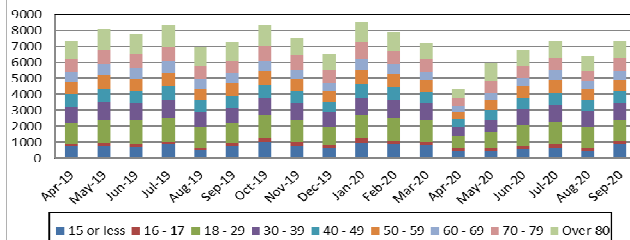
• To make information more meaningful in some cases e.g. disability, improved recording of information is required.

• Growth in total referrals numbers noted in September.

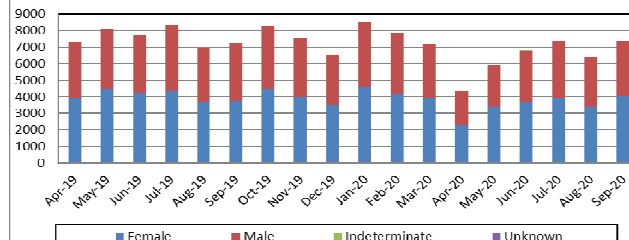
• Further analysis of information required in the coming weeks to identify where service areas may not be representative of the communities in which we provide services.

### Trust Referrals

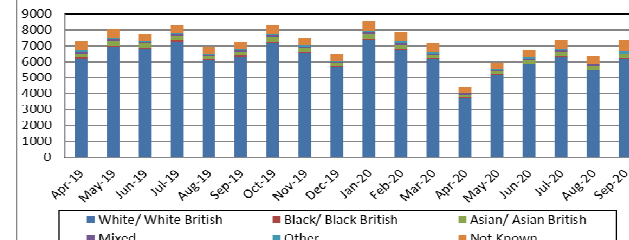
Referrals by Age



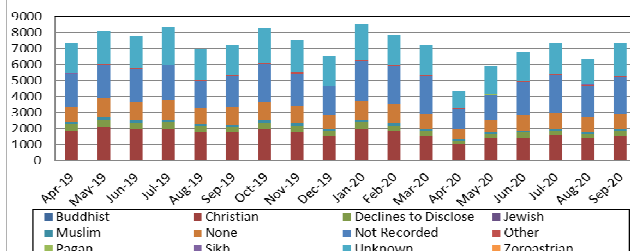
Referrals by Gender



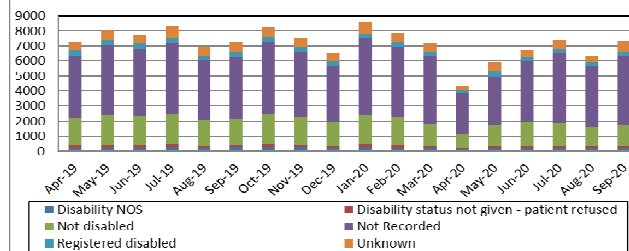
Referrals by Ethnicity



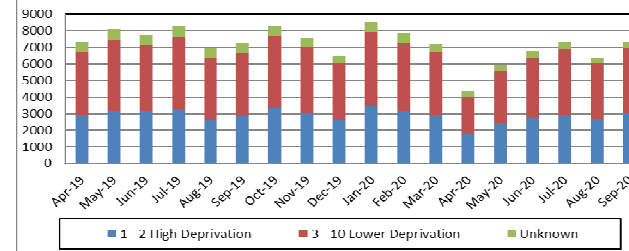
Referrals by Religion



Referrals by Disability



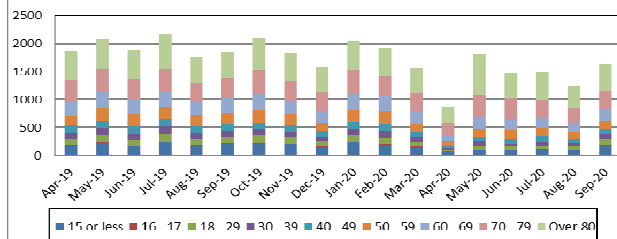
Referrals by Deprivation



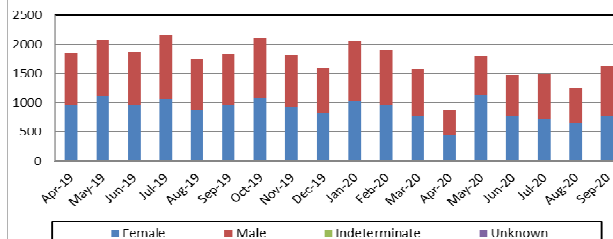
## Trust activity and demand (phase 3 response)

### Barnsley General Ops Referrals

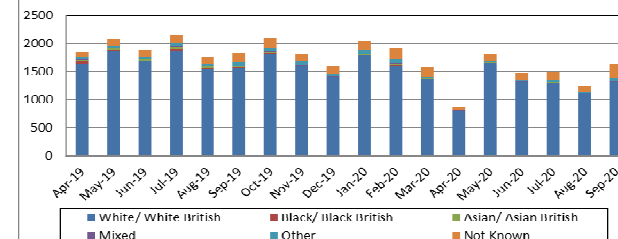
Referrals by Age



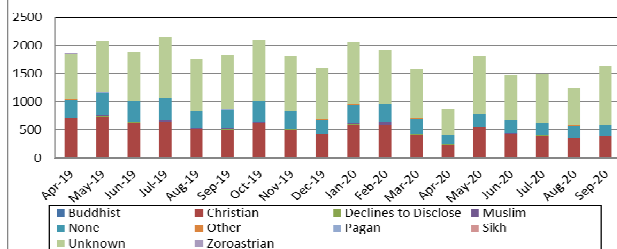
Referrals by Gender



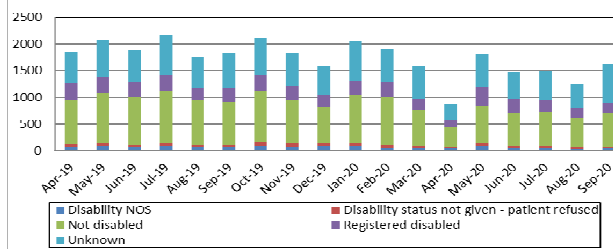
Referrals by Ethnicity



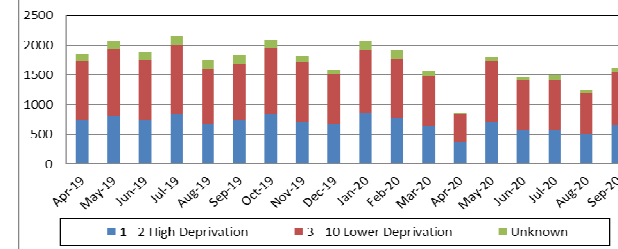
Referrals by Religion



Referrals by Disability



Referrals by Deprivation

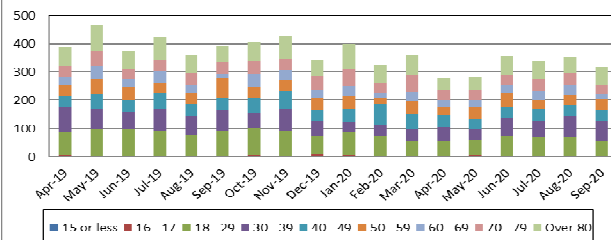




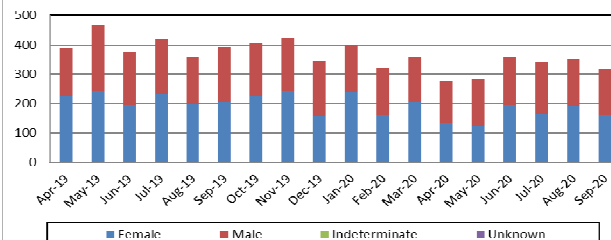
## Trust activity and demand (phase 3 response)

### Calderdale Mental Health Referrals

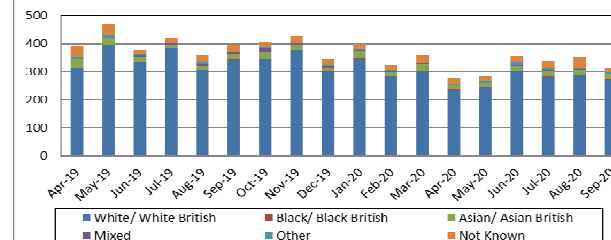
Referrals by Age



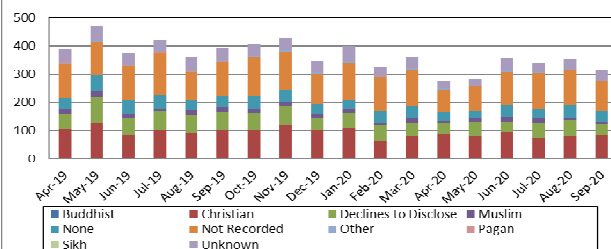
Referrals by Gender



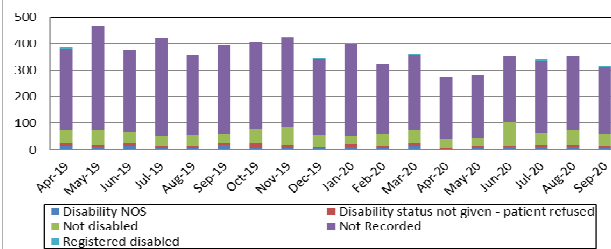
Referrals by Ethnicity



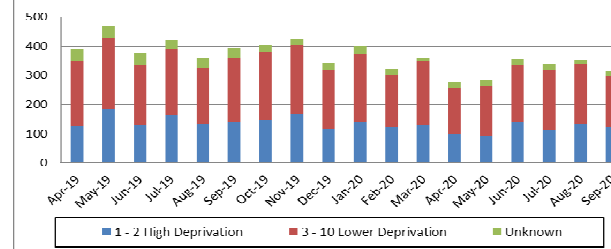
Referrals by Religion



Referrals by Disability



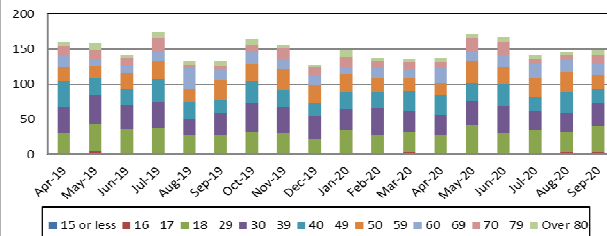
Referrals by Deprivation



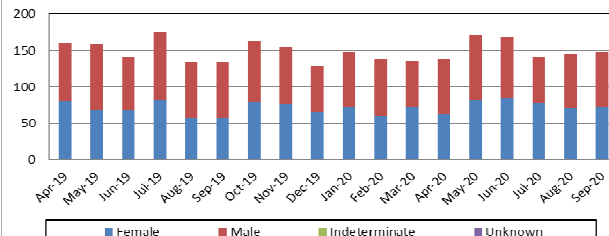
## Trust activity and demand (phase 3 response)

### Mental Health Inpatient Admissions

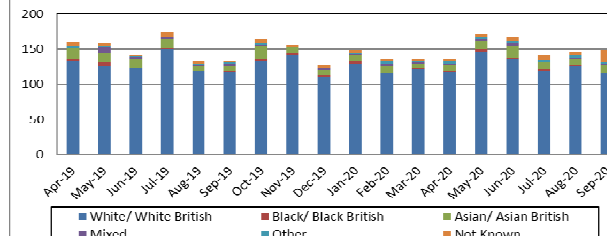
Admissions by Age



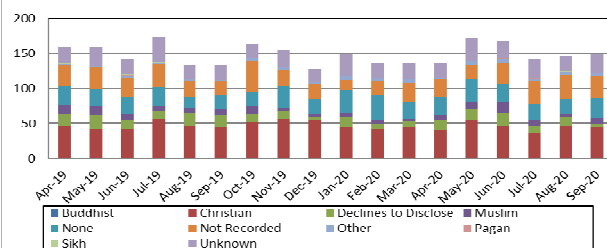
Admissions by Gender



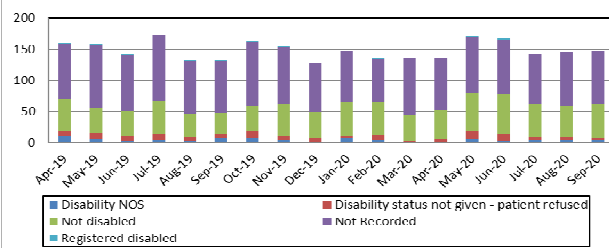
Admissions by Ethnicity



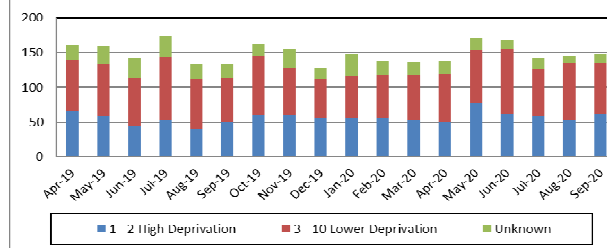
Admissions by Religion



Admissions by Disability



Admissions by Deprivation



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

## Quality Headlines

| Section              | KPI  | Objective        | CQC Domain    | Owner | Target        | Mar-20                     | Apr-20              | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20     | Year End Forecast |
|----------------------|--|------------------|---------------|-------|---------------|----------------------------|---------------------|--------|--------|--------|--------|------------|-------------------|
| Quality              | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>5</sup>  | Improving Health | Responsive    | CH    | TBC           | 40.8%                      | 41.6%               | 46.6%  | 48.6%  | 48.7%  | 48.2%  | 57.5%      | N/A               |
|                      | % of feedback with staff attitude as an issue  | Improving Health | Caring        | AD    | < 20%         | 15.0%                      | 10.0%               | 0%     | 17%    | 12%    | 30%    | 19%        | 1                 |
|                      | Number of compliments received   | Improving Health | Caring        | TB    | N/A           | 11                         | 13                  | 13     | 41     | 34     | 18     | 19         | N/A               |
|                      | Number of Duty of Candour applicable incidents <sup>4</sup>  | Improving Health | Caring        | TB    | trend monitor | 295 incidents during 19/20 | 39                  | 33     | 39     | 33     | 29     |            |                   |
|                      | Duty of Candour - Number of Stage One exceptions <sup>4</sup>  | Improving Health | Caring        | TB    | trend monitor | 11                         | 2                   | 2      | 10     | 6      | 5      | Due Nov 20 | N/A               |
|                      | Duty of Candour - Number of Stage One breaches <sup>4</sup>  | Improving Health | Caring        | TB    | 0             | 0                          | 0                   | 0      | 0      | 0      | 0      |            | 1                 |
|                      | % Service users on CPA given or offered a copy of their care plan  | Improving Care   | Caring        | CH    | 80%           |                            |                     |        |        |        |        |            | 1                 |
|                      | Number of Information Governance breaches <sup>3</sup>   | Improving Care   | Effective     | MB    | <=9           | 6                          | 15                  | 20     | 14     | 25     | 17     | 19         | 2                 |
|                      | Delayed Transfers of Care <sup>10</sup>  | Improving Care   | Effective     | CH    | 3.5%          | 1.9%                       | 2.0%                | 1.7%   | 1.4%   | 1.3%   | 1.1%   | 1.5%       | 1                 |
|                      | Number of records with up to date risk assessment - Inpatient <sup>11</sup>  | Improving Care   | Effective     | CH    | 95%           | 82.7%                      | 90.4%               | 91.5%  | 89.4%  | 84.3%  | 93.4%  | Due Nov 20 | N/A               |
| Quality              | Number of records with up to date risk assessment - Community <sup>11</sup>  | Improving Care   | Effective     | CH    | 95%           | 83.9%                      | 71.2%               | 83.3%  | 79.1%  | 70.0%  | 74.6%  | Due Nov 20 | N/A               |
|                      | Total number of reported incidents   | Improving Care   | Safety Domain | TB    | trend monitor | 1086                       | 968                 | 945    | 1047   | 1256   | 1114   | 970        |                   |
|                      | Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup> | Improving Care   | Safety Domain | TB    | trend monitor | 17                         | 32                  | 27     | 30     | 22     | 19     | 20         |                   |
|                      | Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>   | Improving Care   | Safety Domain | TB    | trend monitor | 1                          | 1                   | 3      | 3      | 6      | 4      | 3          |                   |
|                      | Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) <sup>9</sup>         | Improving Care   | Safety Domain | TB    | trend monitor | 2                          | 1                   | 6      | 9      | 5      | 5      | 5          |                   |
|                      | MH Safety thermometer - Medicine Omissions <sup>15</sup>   | Improving Care   | Safety Domain | TB    | 17.7%         | 11.6%                      | No longer available |        |        |        |        |            | 2                 |
|                      | Safer staff fill rates   | Improving Care   | Safety Domain | TB    | 90%           | 109.9%                     | 115.1%              | 119.4% | 123.3% | 120.5% | 118.0% | 114.4%     | 1                 |
|                      | Safer Staffing % Fill Rate Registered Nurses   | Improving Care   | Safety Domain | TB    | 80%           | 88.9%                      | 95.7%               | 94.3%  | 93.9%  | 90.9%  | 88.6%  | 85.6%      |                   |
|                      | Number of pressure ulcers (attributable) <sup>1</sup>  | Improving Care   | Safety Domain | TB    | trend monitor | 31                         | 44                  | 44     | 35     | 28     | 32     | 37         |                   |
|                      | Number of pressure ulcers (avoidable) <sup>2</sup>   | 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 <sup>8</sup>   | Improving Care   | Safety Domain | CH    | 80%           | 94.5%                      | 93.0%               | 91.5%  | 90.0%  | 80.0%  | 94.5%  | 94.0%      | 1                 |
|                      | Number of Falls (inpatients)   | Improving Care   | Safety Domain | TB    | trend monitor | 44                         | 38                  | 45     | 46     | 35     | 48     | 43         |                   |
|                      | Number of restraint incidents  | Improving Care   | Safety Domain | TB    | trend monitor | 147                        | 121                 | 111    | 137    | 188    | 138    | 125        |                   |
|                      | % people dying in a place of their choosing  | Improving Care   | Caring        | CH    | 80%           | 90.0%                      | 95.3%               | 91.5%  | 90.2%  | 87.8%  | 84.4%  | 94.1%      | 1                 |
|                      | Infection Prevention (MRSA & C.Diff) All Cases   | Improving Care   | Safety Domain | TB    | 6             | 0                          | 0                   | 0      | 0      | 0      | 0      | 0          | 1                 |
|                      | C Diff avoidable cases   | Improving Care   | Safety Domain | TB    | 0             | 0                          | 0                   | 0      | 0      | 0      | 0      | 0          | 1                 |
|                      |  |                  |               |       |               |                            |                     |        |        |        |        |            |                   |
|                      |  |                  |               |       |               |                            |                     |        |        |        |        |            |                   |
|                      |  |                  |               |       |               |                            |                     |        |        |        |        |            |                   |

\* See key included in glossary

Figures in italics are not finalised

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

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
- 4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.
- 5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has been 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 September reduced to 125 from 138. Further detail can be seen in the managing violence and aggression section of this report.
- NHS Safety Thermometer - medicine omissions. It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored.
- Number of falls (inpatients) – A slight decrease in reported incidents in September compared to August decreasing from 48 to 43. All falls are reviewed to identify measures required to prevent recurrence 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.

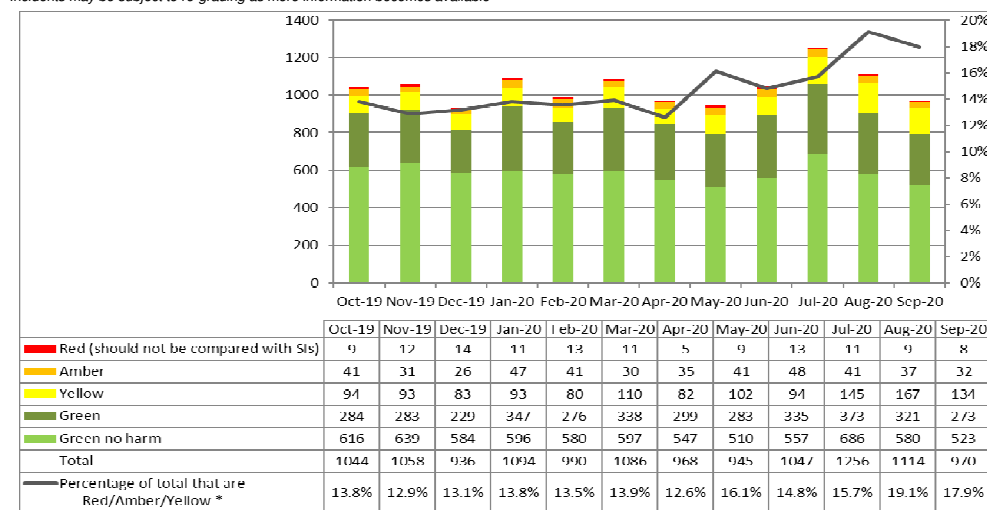
During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:

- 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 October 2019 - September 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 (13/10/20).

Deaths: Of the 5 deaths recorded, there are 4 Deaths that are awaiting confirmation of cause of death for decision regarding level of review (these are 1 each at Intensive Home Based Treatment Team (IHBT) – Barnsley, Kirklees Community Learning Disability Team, Mental health access team (IAPT) – Barnsley and Single Point of Access (Kirklees).

The other 1 death is categorised as, Death - confirmed from physical/natural causes which was recorded at Core Team South - Kirklees

Severe harm: There were 3 severe incidents recorded. These were 1 Self harm (actual harm) with suicidal intent recorded at older peoples Barnsley, 1 Sexual abuse of child (allegation or concern) incident record at CAMHS (Barnsley) and 1 pressure ulcer category 4 recorded at Neighbourhood Team - Central (Barnsley).

Moderate harm: There were in total 20 moderate harm incidents recorded for the month of Sept 2020. These were 10 pressure ulcers, all recorded across the neighbourhood teams. There was also 1 Pressure Ulcer - Category 3 (medical device related) and 1 tissue viability incident both recorded for neighbourhood teams.

There was 1 Safeguarding Adults incident recorded for Enhanced Team East - Lundwood, Barnsley, 1 slip trip and fall incident recorded for Walton PICU, 1 Unintended/Accidental injury recorded at Domiciliary Physiotherapy, Barnsley and 1 Unwell/Illness incident recorded at Chippindale.

There were 4 self-harm incidents. These were recorded 1 each across CMHT (Memory Services) West Calderdale (OPS), Enhanced Team East - Lundwood Barnsley, Melton PICU Barnsley and Enhanced Team North 2 – Kirklees.

\* 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<br>Q1 | 20/21<br>Q2 | 19/20<br>Q3 | 19/20<br>Q4 | Oct<br>19 | Nov<br>19 | Dec<br>19 | Jan<br>20 | Feb<br>20 | Mar<br>20 | Apr<br>20 | May<br>20 | Jun<br>20 | Jul<br>20 | Aug<br>20 | Sep<br>20 |
|---|-------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Administration/supply of medication from a clinical area          | 0           | 1           | 0           | 0           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         |
| Damage (deliberate - e.g Vandalism)                               | 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         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2         | 0         |
| Death - confirmed from physical/natural causes                    | 1           | 0           | 1           | 1           | 0         | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         |
| Information disclosed in error                                    | 0           | 1           | 0           | 0           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         |
| Security - Other  | 1           | 0           | 0           | 0           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         |
| Self harm (actual harm) with suicidal intent                      | 0           | 2           | 0           | 0           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1         |
| Slip, trip or fall - patient                                      | 0           | 0           | 0           | 1           | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| Substance Misuse  | 0           | 0           | 0           | 1           | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| Suicide (incl apparent) - community team care - current episode   | 3           | 2           | 4           | 8           | 2         | 1         | 1         | 4         | 2         | 2         | 0         | 2         | 1         | 0         | 2         | 0         |
| Suicide (incl apparent) - community team care - discharged        | 1           | 0           | 1           | 0           | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         |
| Suicide (incl apparent) - inpatient care - current episode        | 0           | 1           | 0           | 1           | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         |
| Unintended/Accidental injury                                      | 1           | 0           | 0           | 0           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         |
| Physical violence (contact made) against staff by patient         | 0           | 0           | 1           | 2           | 0         | 1         | 0         | 1         | 1         | 0         | 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         | 1         | 0         |
| Pressure Ulcer - Category 3                                       | 2           | 1           | 1           | 0           | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 2         | 1         | 0         | 0         |
| <b>Total</b>  | <b>9</b>    | <b>12</b>   | <b>8</b>    | <b>15</b>   | <b>2</b>  | <b>2</b>  | <b>4</b>  | <b>9</b>  | <b>4</b>  | <b>2</b>  | <b>0</b>  | <b>4</b>  | <b>5</b>  | <b>3</b>  | <b>7</b>  | <b>2</b>  |

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
- See <http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

Mortality

Learning: Planning to recommence thematic learning work during Q3. Clinical mortality review group on 17 November 2020.

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

Reporting: Q2 2020/21 data for learning from deaths being prepared for inclusion in Q2 incident report. <http://nww.swyt.nhs.uk/incident-reporting/Pages/Incident-management-annual-report.aspx>

Structured judgement reviews: allocation on track

## Safer Staffing Inpatients

In September 2020, as well as continuing to return to the delivery of services that were temporarily curtailed due to the pandemic, we are preparing for the next "wave" which is already impacting on our services. We also had the last of the students on paid placements leave in the last week of September which affected our HCA fill rate as well as awaiting the new band 5 starters. These starters show within the HCA rate until they receive their PIN which adversely affects the RN fill rate. BDU and team business continuity plans have remained resilient in the face of significant challenges and will be revisited and updated as required. 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. We are currently completing the latest recruitment drive for bank.

Two wards have fallen below the 90% overall fill rate threshold for the first time in several months in September. These were Appleton (87.3%) and Priestley (89%) within the Forensic BDU. This was as a result of vacancies and reallocations as well as sickness. Of the 31 inpatient areas, 23 (73.6%), a decrease of one ward on the previous month, achieved greater than 100%. Indeed, of those 23 wards, 11 (a decrease of three wards) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days - Trust Total 77.7% (a decrease of 2.8%). The number of wards that have failed to achieve 80% registered nurses increased by three to 17 (54.4%). Ten 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 HCAs per shift. Contributory factors included high levels of acuity, high sickness/absence and existing vacancies. However, many of the newly qualified new starters will be included in the HCA numbers until their PINs come through. This should be readjusted next month. 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. We have also had staff migrating from inpatient areas into community posts so although it affects the fill rate, the majority are remaining within the trust.

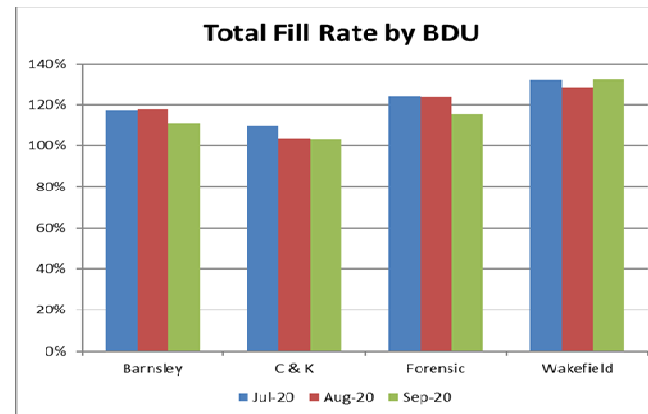
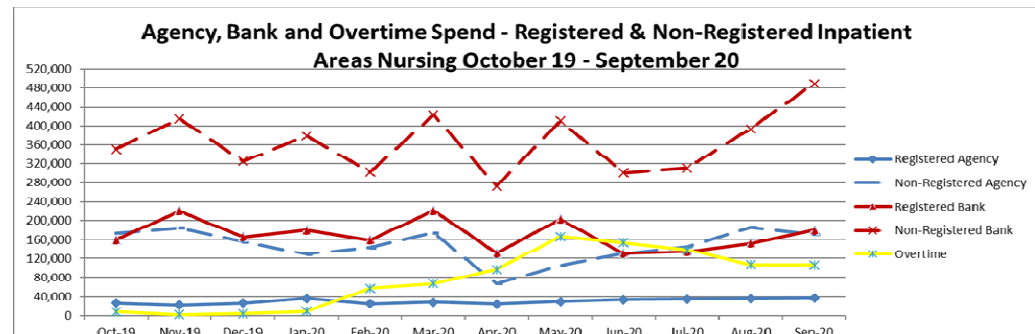
Registered on Nights - Trust Total 93.6% (a decrease of 3.1%). Four wards (12.8%), an increase of one on the previous month, fell below the 80% fill rate in the month of September. Three were within the forensic BDU and the other C&K. This was due to a number of reasons reflective of the reasons in the section above. The number of wards who are achieving 100% and above fill rate on nights decreased by three to 15 (48%). One ward utilised in excess of 120% and this was within the C&K BDU.

Overall fill rate for registered staff reduced by 3% to 85.6%.

Overall fill rate for all staff within inpatient areas reduced by 3.6% to 114.4%.

| Ward Name         | Jul-20<br>Average Fill Rate - All Staff (%) | Aug-20<br>Average Fill Rate - All Staff (%) | Sep-20<br>Average Fill Rate - All Staff (%) |
|-------------------|---|---|---|
| Beams Shaw        | 111.4%                                      | 100.8%                                      | 100.6%                                      |
| Clark             | 104.2%                                      | 122.7%                                      | 113.1%                                      |
| Melton Suite PICU | 123.8%                                      | 119.2%                                      | 122.5%                                      |
| Neuro Rehab Unit  | 143.4%                                      | 148.3%                                      | 124.4%                                      |
| Stroke Rehab Unit | 120.2%                                      | 115.2%                                      | 103.9%                                      |
| Willow Ward       | 105.9%                                      | 107.8%                                      | 101.8%                                      |
| Ashdale           | 105.0%                                      | 101.1%                                      | 99.0%                                       |
| Beechdale         | 153.7%                                      | 144.2%                                      | 131.7%                                      |
| Elmdale           | 102.7%                                      | 97.5%                                       | 97.7%                                       |
| Enfield Down      | 99.6%                                       | 97.7%                                       | 98.2%                                       |
| Lyndhurst         | 105.0%                                      | 99.0%                                       | 98.8%                                       |
| Ward 18           | 109.5%                                      | 102.5%                                      | 105.8%                                      |
| Ward 19 - Female  | 100.0%                                      | 94.7%                                       | 101.1%                                      |
| Ward 19 - Male    | 112.9%                                      | 101.1%                                      | 101.3%                                      |
| Appleton          | 98.5%                                       | 93.2%                                       | 87.3%                                       |
| Bronte            | 135.3%                                      | 129.0%                                      | 122.4%                                      |
| Chinnandale       | 98.8%                                       | 100.5%                                      | 93.2%                                       |
| Hepworth          | 143.2%                                      | 162.6%                                      | 103.4%                                      |
| Gaskell           | 174.7%                                      | 175.1%                                      | 156.7%                                      |
| Newhaven          | 107.9%                                      | 91.9%                                       | 90.2%                                       |
| Priestley         | 96.0%                                       | 92.2%                                       | 89.0%                                       |
| Ryburn            | 104.0%                                      | 107.8%                                      | 100.8%                                      |
| Sandai            | 143.8%                                      | 129.1%                                      | 128.4%                                      |
| Thornhill         | 114.9%                                      | 123.3%                                      | 107.9%                                      |
| Waterton          | 123.2%                                      | 121.8%                                      | 112.8%                                      |
| Crofton           | 108.7%                                      | 105.5%                                      | 116.9%                                      |
| Horizon           | 116.5%                                      | 128.1%                                      | 152.2%                                      |
| Nostell           | 127.2%                                      | 124.1%                                      | 122.3%                                      |
| Poplars           | 144.0%                                      | 131.0%                                      | 153.7%                                      |
| Stanley           | 152.3%                                      | 136.5%                                      | 135.7%                                      |
| Walton PICU       | 127.0%                                      | 136.5%                                      | 134.8%                                      |
| All Wards         | 120.3%                                      | 118.0%                                      | 114.4%                                      |

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



Throughout the last month the main wards where staffing was a raised concern were Poplars, Ward 19, Clark Ward 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 |
|--------------|---------------|-------------|-------------------|
| Registered   | 362           | 3,875.25    | 35.64% (+4.25%)   |
| Unregistered | 363           | 4,004.92    | 11.05% (+0.93%)   |
| Grand Total  | 725           | 7,880.17    | 16.72% (+1.67%)   |

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.

In September the number of shifts that were requested of the flexible staffing were similar to the month before, RNs 970 requests increased to 998 and HCA 3129 requests to 3186, and this led to an overall increase in bank and agency spend of £109,008. This was broken down into: Agency decreased by approx. £17k and bank increased by approx. £123k whilst overtime showed little change and decreased by £348.

## Information Governance

September saw a slight increase in the number of confidentiality breaches from 17 to 19. The number of breaches due to information being disclosed in error rose from 12 to 16. During September, breaches of this type were largely related to use of email, such as, omitting to blind copy service users' and volunteers' personal email addresses, sending to addresses that are similar to the intended recipients', possibly due to a reliance on auto-filling commonly and recently used addresses and incorrect attachments being sent.

Creative comms have been published via The Brief and Twitter that focus on real life examples to raise awareness of the consequences on individual. Work has begun on Quality Improvement (QI) on this issue across the Trust. Where data demonstrates a theme teams will be invited to the improving clinical information group (ICIG) to discuss what improvements have been made to prevent future occurrences and options for running webinars to improve service quality are being explored.

## Commissioning for Quality and Innovation (CQUIN)

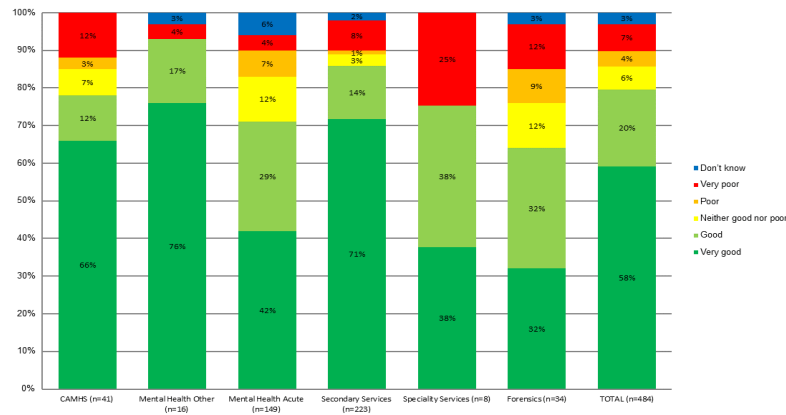
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

## Patient Experience

### Friends and family test shows

- 100% of respondents would recommend community services.
- 78% would recommend mental health services.

#### Mental Health Services

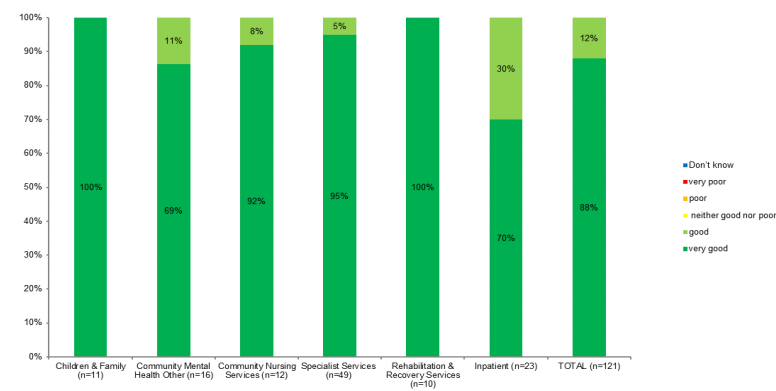


- 84% (599) of respondents felt that their experience of services had been very good or good across Trust services.
- 100% (n=155) of respondents felt that their experience of community services had been very good or good across community services.
- 80% (n=484) of respondents felt that their experience of mental health services had been very good or good across mental health services.
- 52/484 respondents rated services as poor/ very poor. The majority of negative comments were related to restrictions introduced as a result of the Covid-19 pandemic, including lack of leave, lack of staffing, staff not wearing PPE and not having face to face appointments.
- Text messages provided 55% of the responses in September.

We will be piloting a new Patient Experience system until February 2021 in inpatient wards and community services in Barnsley. 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.

#### Community Services



## Care Quality Commission (CQC)

### CQC improvement plan

We are continuing to receive our monthly improvement plan updates. The recent updates have shown an increase in the number of completed actions. Teams and services deserve a lot of credit for their achievements, especially given the other demands that have resulted from the pandemic. All the 'must do' and 97% of the 'should do' actions are complete or remain on track. One action has been rated red as it has not been completed within the given timescales. We are starting to plan and look at how we can monitor assurance against the actions to make sure we sustain and continue to make the necessary improvements.

|       |       | September 2020 |                  |
|-------|-------|----------------|------------------|
|       |       | MUST<br>(n=12) | SHOULD<br>(n=37) |
| Blue  |       | 4 (33%)        | 27 (73%)         |
| Green |       | 8 (67%)        | 9 (24%)          |
| Green | Amber | 0              | 0                |
| Amber | Red   | 0              | 0                |
| Red   |       | 0              | 1 (3%)           |
| Total |       | 12             | 37               |

### Safeguarding Children and Adults

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) 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 MS 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, a task and finish group re: Section 20 Medicines Related Patient Safety Incidents (Medication Errors) Policy and collaborative working with the Reducing Restrictive Physical Intervention Group reviewing 'clinical holding'. The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. Additionally two members of staff continue to provide support to the wider Trust agenda's providing support to the covid19 staff testing and the flu vaccination programme.

External information gathering requests have been responded to and the team have continued to attend Safeguarding Practice Review panels, Safeguarding Adult Review panels and a Domestic Abuse panel.

The team have supported clinical activity through attendance at multi-disciplinary meetings, professional meetings and Best Interest meetings. All members of the team have attended virtual webinar to ensure that their practice, the training material and advice provided is up to date and relevant.

### Infection Prevention Control (IPC)

- Ongoing work in response to Covid-19 Pandemic
- Annual report 2020/21, due November 2020
- Surveillance: September there has been 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 32 new formal complaints in September 2020. Of these 3 have had timescales start, 1 has been closed as no consent/contact and 28 are awaiting consent/questions

19% of new formal complaints (n=6) had staff attitude as a primary subject

19 compliments were received

10 formal complaints were closed in September 2020. Of the 10, 30% of complaints (n=3) were closed within 40 working days .

Count of written complaints/count of whole time equivalent. 4.73WTE (Including a band 6 and 7)

In September 2020 only 30% of complaints achieved the Trust's 40 day target. There were 3 complaints that were within 41-48 days and 2 of these were complex complaints (CS20785 (26 page response) and CS20606 (65 point complaint letter with the other delayed due to obtaining staff witness statements due to annual leave. Allocation of a lead investigator by services as also been problematic due to clinical increases services are experiencing.



## Reducing Restrictive Physical Intervention (RRPI)

There were 125 reported incidents of Reducing Restrictive Physical Interventions used in September 2020 this is a decrease of 11 incidents since August 2020.

Of the different restraint positions used in the 125 incidents, standing position was used most often 62 (35%) followed by supine restraints at 43 (24%). The high level of supine restraints is attributed to mainly two service users within the learning disability service who were often seated and then placed in a supine position to manage risks

Prone restraint was reported 16 (9%) times in September 2020.

Incidents where prone descent immediately turned into a supine position were recorded at 6 (3%) this is a separate entity to prone restraint.

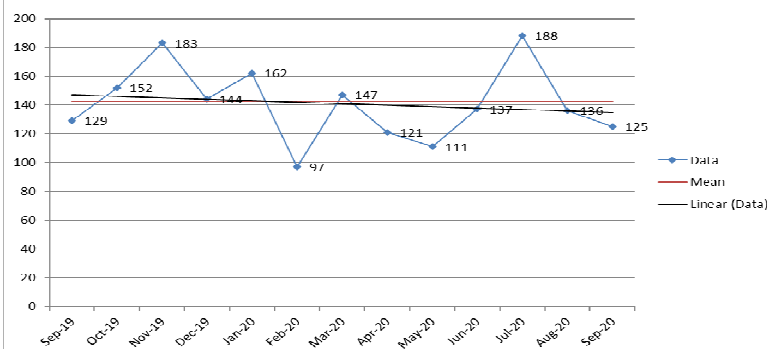
Forensic BDU had the highest number of Prone Restraints with 5, and Barnsley BDU had 4, Wakefield 3, Calderdale 2, Kirklees reported 1 and Specialist services reported no Prone Restraint.

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

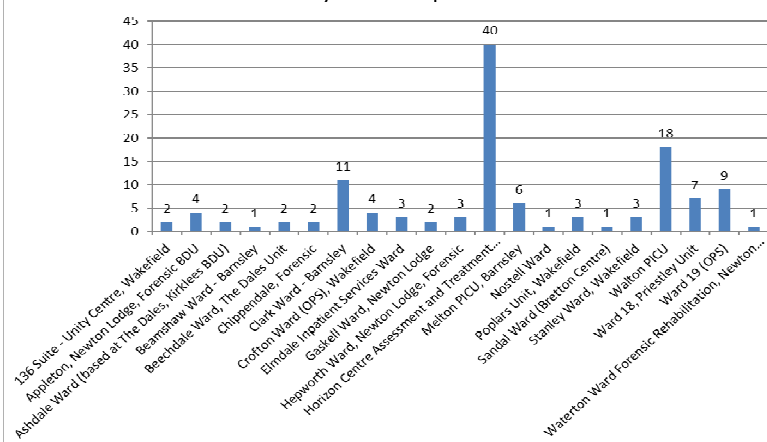
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In September the percentage of prone restraints lasting under 3 minutes was 94% and the target was achieved with a 2.5% increase from August.

The RRPI team suspended training from 23rd March due the COVID19 outbreak. Refresher periods have increased temporarily to prevent staff falling out of date, the uptake of refresher training is scheduled to be reintroduced in March 2021. 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.

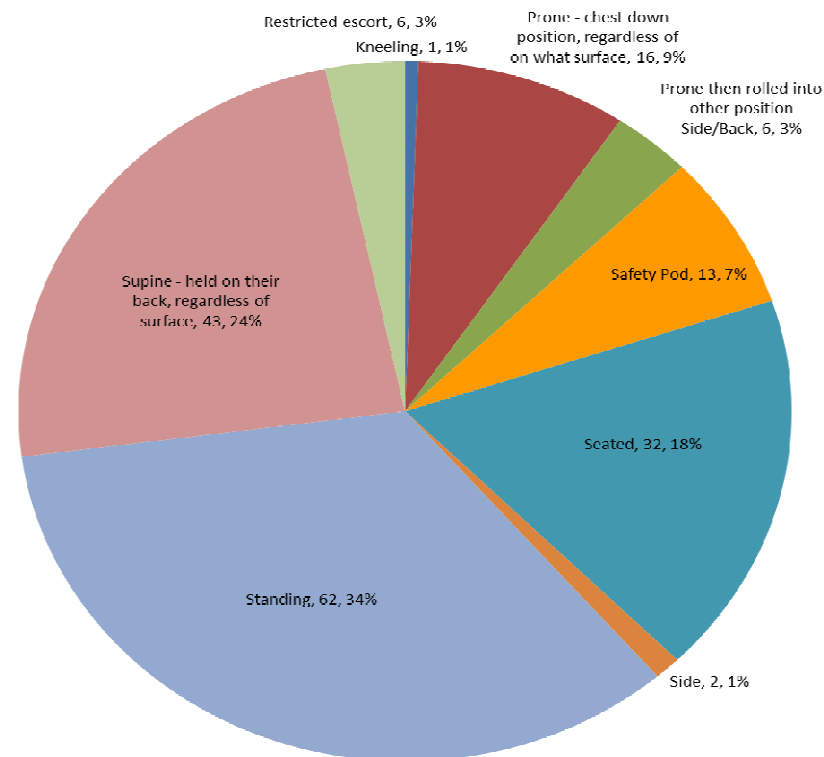
Total restraints



Incidents by Team September 2020



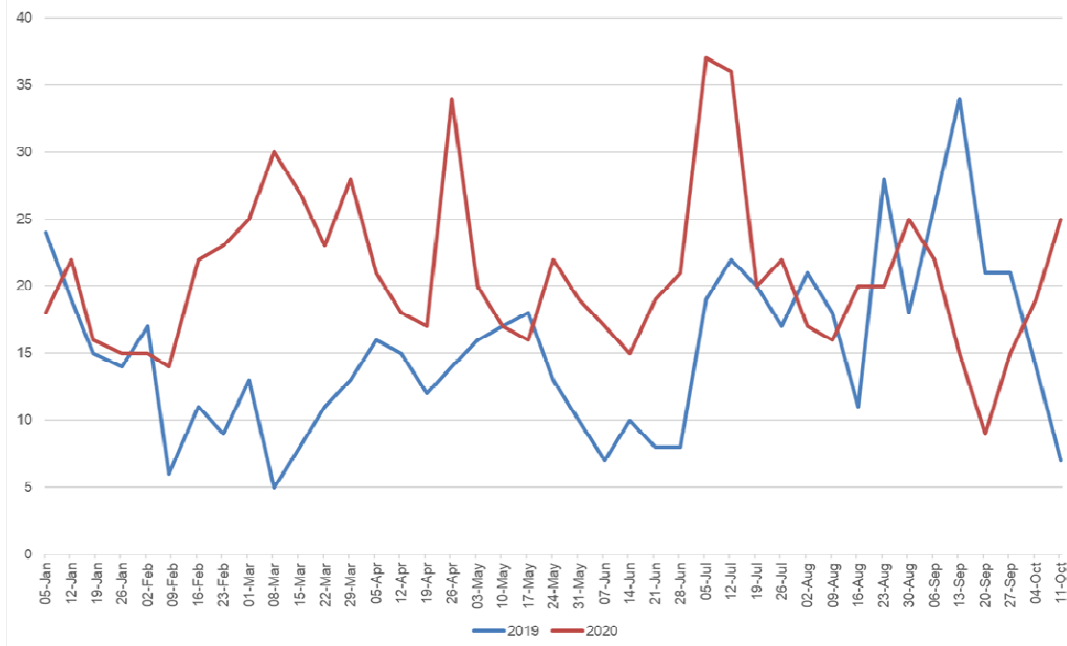
Percentage of restraint positions used



## Self Harm

Actual self-harm incidents reported on Datix occurring between 05/01/2020 and 17/10/2020 at 19/10/2020, compared with incidents occurring in the same period in 2019

### All actual self harm incidents reported Trustwide which occurred during 2020 (by incident date 05/01/2020 - 17/10/2020) compared with the same weeks in 2019 (at 19/10/2020)



### 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         | 22         |
| 13-Sep          | 34         | 15         |
| 20-Sep          | 21         | 9          |
| 27-Sep          | 21         | 15         |
| 04-Sep          | 14         | 19         |
| 11-Oct          | 7          | 25         |
| <b>Total</b>    | <b>626</b> | <b>852</b> |

### Please note:

To ensure this data is accurate as possible, it includes all actual self harm incidents even where the incident has not yet been approved by managers (24 in total pending review). Figures may change as incidents are reviewed and approved.

### Peak in July

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.

This involved 34 patients. 27 patients had 3 or less self harm incidents in the period. There were 6 patients who had more than 3 incidents. Of these, one patient had 30 incidents (28 on Clark, 2 on Beamshaw), Another patient had 30 incidents (Elmdale). The next highest total of self harm in the period was for a patient with 12 incidents (10 on Clark and 2 on Ward 18).

Of the 135 incidents between 1/7/2020-1/8/2020, it involved 20 different teams. 12 were assigned to inpatient wards, and 8 were incidents occurring in the community. Of the inpatient wards, Clark had the highest number (52), followed by Elmdale (47). The third highest wards were jointly Stanley ward and Horizon Centre both with 5 incidents.

### Ongoing analysis

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.

Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

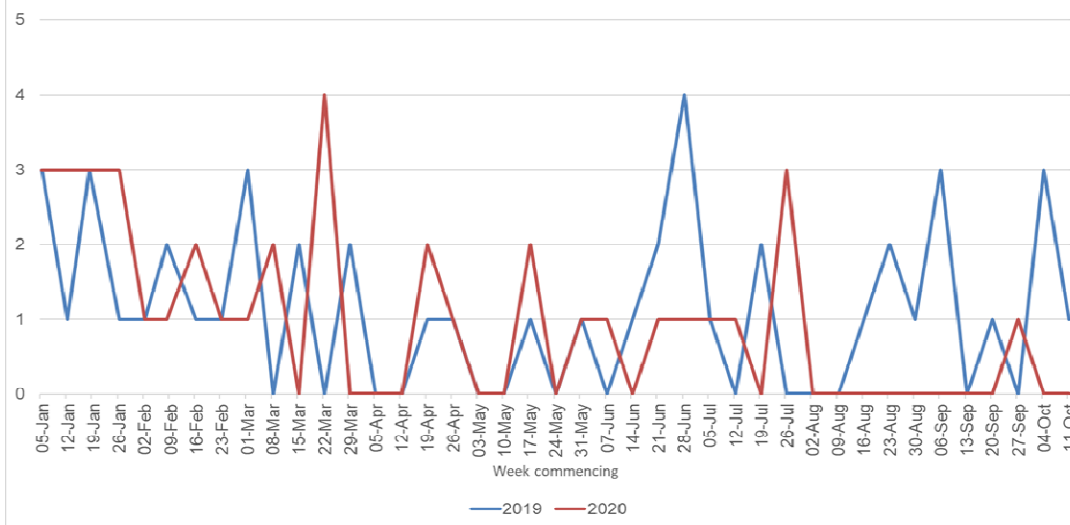
The next highest subcategory is by cutting (149 incidents). This varies across months ranging from 14 - 24 incidents. Following this, the third highest subcategory is jointly 'headbanging' and 'self harm other' both with 43 incidents. The Headbanging incidents are across a range of units, but Ward 18 had the highest number (18). Of the 'Self harm - Other' incidents, Elmdale had the highest number (20) with 17 related to a patient biting/chewing their skin. 3 patients self harmed by punching objects or hitting themselves. These new subcategories are being added to Datix and records updated.

Further breakdown has taken place to review self harm by swallowing objects.

## Apparent Suicide

Apparent suicides reported on Datix occurring between 05/01/2020 and 17/10/2020 at 19/10/2020, 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 - 17/10/2020) compared with same weeks in 2019**



### Apparent suicide comparison

| Week commencing | 2019       | 2020        |
|-----------------|------------|-------------|
| 05-Jan          | 3          | 3           |
| 12-Jan          | 1          | 3           |
| 19-Jan          | 3          | 3           |
| 26-Jan          | 1          | 3           |
| 02-Feb          | 1          | 1           |
| 09-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          | 0          | 0           |
| 19-Apr          | 1          | 2           |
| 26-Apr          | 1          | 1           |
| 03-May          | 0          | 0           |
| 10-May          | 0          | 0           |
| 17-May          | 1          | 2           |
| 24-May          | 0          | 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          | 1           |
| 19-Jul          | 2          | 0           |
| 26-Jul          | 0          | 3           |
| 02-Aug          | 0          | 0           |
| 09-Aug          | 0          | 0           |
| 16-Aug          | 1          | 0           |
| 23-Aug          | 2          | 0           |
| 30-Aug          | 1          | 0           |
| 06-Sep          | 3          | 0           |
| 13-Sep          | 0          | 0           |
| 20-Sep          | 1          | 0           |
| 27-Sep          | 0          | 1           |
| 04-Oct          | 3          | 0           |
| 11-Oct          | 1          | 0           |
| <b>Total</b>    | <b>47*</b> | <b>39**</b> |

### Please note:

\*In comparison, the 2019 figure includes 6 apparent suicides of people who were not under SWYPFT care.

\*\*2020 figure includes 4 apparent suicides reported but which after initial review were not SWYPFT incidents.

Examples of 2020 cases are someone who had a contact with Liaison and Diversion Team, and died several months later, and death of someone who had had presented at a community team base, but was not under SWYPFT care, death of person who police liaison practitioner was asked to speak to as part of role, person did not engage, not under Mental Health Services.

## Covid-19 related incident reporting

178 incidents reported between 1/3/20-19/10/20 where 'Covid' or 'Corona' was used in the description or action taken fields. These incidents have been themed as below. One incident may have more than one theme.

| 163 Incidents   | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct      | Total      |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|------------|
| Impact of coronavirus/Covid 19 on patient and staff safety                    | 4         | 5         | 9         | 3         | 0         | 2         | 12        | 4        | 35         |
| Non compliance with social distancing - inpatient area                        | 1         | 7         | 4         | 8         | 3         | 3         | 3         | 1        | 29         |
| Patient being nursed in isolation   | 5         | 4         | 3         | 4         | 2         | 4         | 3         | 1        | 25         |
| Staff in contact with patient displaying Covid-19 symptoms                    | 2         | 8         | 5         | 3         | 2         | 2         | 3         | 0        | 25         |
| Death of patient from suspected Covid 19 - underlying health conditions       | 2         | 16        | 3         | 1         | 0         | 0         | 0         | 0        | 22         |
| Death of patient from suspected Covid 19 related death - pending further info | 0         | 7         | 5         | 3         | 1         | 0         | 0         | 0        | 16         |
| Staff presenting with Covid 19 symptoms                                       | 1         | 1         | 1         | 0         | 2         | 0         | 7         | 1        | 12         |
| Impact of Covid 19 on community patient, changes to care delivery             | 2         | 2         | 2         | 1         | 2         | 3         | 0         | 0        | 12         |
| Impact of Covid 19 on patients mental health                                  | 2         | 2         | 1         | 0         | 2         | 0         | 1         | 0        | 8          |
| Coronavirus or Covid 19 used in threat against staff                          | 3         | 2         | 1         | 0         | 0         | 0         | 1         | 0        | 7          |
| Issues relating to PPE equipment  | 1         | 1         | 1         | 0         | 0         | 2         | 0         | 1        | 5          |
| Staff in contact with other person displaying Covid-19 symptoms               | 1         | 0         | 2         | 0         | 0         | 0         | 2         | 0        | 5          |
| Patient in contact with symptomatic person                                    | 0         | 0         | 2         | 0         | 0         | 0         | 2         | 0        | 4          |
| Staff in contact with colleague displaying Covid-19 symptoms                  | 0         | 0         | 0         | 0         | 1         | 0         | 3         | 0        | 4          |
| Coronavirus or Covid 19 used in threat against patient                        | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 0        | 2          |
| Death of patient from suspected Covid 19 - no underlying health conditions    | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0        | 1          |
| Staff member on swabbing team exposed to Covid 19                             | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0        | 1          |
| <b>Total</b>  | <b>25</b> | <b>57</b> | <b>40</b> | <b>23</b> | <b>15</b> | <b>16</b> | <b>37</b> | <b>8</b> | <b>213</b> |

## 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.

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.

A discussion was held at the MHA Code of Practice group in respect of the varied responses that we receive from wards regarding the recording of actions taken. It was suggested by the lead Matron for the acute pathway that a QIA piece of work should be undertaken.

Within the forensic service the previous action of having staff who could not work on the wards to undertake the review of the documents has proved to be unworkable due to COVID 19 impact. At this time the review of the documents is being undertaken by the Practice Governance Coaches.

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                             | Apr-20          |                |            | May-20          |                |            | Jun-20          |                |            | Jul-20          |                |            | Aug-20          |                |            | Sep-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     | 43              | 34             | 79.1%      | 58              | 49             | 84.5%      | 77              | 58             | 75.3%      | 33              | 30             | 90.9%      | 74              | 68             | 91.9%      | 82              | 68             | 82.9%      |
| Working age adult - Trustwide       | 234             | 186            | 79.5%      | 247             | 210            | 85.0%      | 292             | 192            | 65.8%      | 203             | 169            | 83.3%      | 269             | 195            | 72.5%      | 295             | 246            | 83.4%      |
| Specialist Forensic services        | 0               | n/a            | n/a        | 6               | 5              | n/a        | 18              | 16             | 88.9%      | 11              | 11             | 100%       | 135             | 107            | 79.3%      | 248             | 193            | 77.8%      |
| Rehabilitation services - trustwide | 17              | 16             | 94.1%      | 24              | 24             | 100%       | 15              | 15             | 100%       | 20              | 20             | 100%       | 13              | 13             | 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 | <b>National Metrics</b> | 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                              | Q3 19/20         | Q4 19/20          | Q1 20/21          | Q2 20/21          | Mar-20            | Apr-20          | May-20            | Jun-20            | Jul-20            | Aug-20          | Sep-20                           | Data quality rating <sup>a</sup> | Trend |
| Max time of 18 weeks from point of referral to treatment - incomplete pathway   | Improving Care   | Responsive | CH     | 92%                                 | 98.2%            | 97.8%             | 90.0%             | 99.4%             | 97.8%             | 97.0%           | 95.6%             | 90.0%             | 94.9%             | 96.8%           | 99.4%                            |                                  |       |
| Maximum 6-week wait for diagnostic procedures   | Improving Care   | Responsive | CH     | 99%                                 | 100.0%           | 100.0%            | 29.0%             | 47.4%             | 100.0%            | 52.0%           | 32.1%             | 29.0%             | 30.0%             | 34.0%           | 47.4%                            |                                  |       |
| % Admissions Gate kept by CRS Teams   | Improving Care   | Responsive | CH     | 95%                                 | 99.7%            | 97.9%             | 100%              | 96.1%             | 97.7%             | 99.0%           | 99.2%             | 100%              | 96.8%             | 96.4%           | 95.2%                            |                                  |       |
| % SU on CPA Followed up Within 7 Days of Discharge  | Improving Care   | Safe       | CH     | 95%                                 | 319/327<br>97.6% | 269/279<br>=96.4% | 297/299<br>=99.3% | 300/302<br>=99.3% | 105/107<br>=98.1% | 90/92<br>=97.8% | 102/102<br>= 100% | 105/105<br>= 100% | 110/110<br>= 100% | 84/85<br>=98.8% | 106/107<br>=99.1%                |                                  |       |
| Data Quality Maturity Index <sup>4</sup>  | Improving Health | Responsive | CH     | 95%                                 | 98.3%            | 98.5%             | 98.5%             | 98.5%             | 98.6%             | 98.5%           | 98.5%             | 98.6%             | 98.7%             | 98.7%           | 98.0%                            |                                  |       |
| Out of area bed days <sup>5</sup>   | Improving Care   | Responsive | CH     | 20/21 - Q1 247, Q2 165, Q3 82, Q4 0 | 335              | 958               | 415               | 737               | 350               | 167             | 108               | 140               | 336               | 224             | 177                              |                                  |       |
| IAPT - proportion of people completing treatment who move to recovery <sup>1</sup>  | Improving Health | Responsive | CH     | 50%                                 | 53.6%            | 54.3%             | 46.6%             | 52.7%             | 55.7%             | 51.4%           | 49.1%             | 42.8%             | 50.1%             | 54.3%           | 54.2%                            |                                  |       |
| IAPT - Treatment within 6 Weeks of referral <sup>1</sup>  | Improving Health | Responsive | CH     | 75%                                 | 79.3%            | 85.3%             | 88.3%             | 92.8%             | 86.5%             | 86.3%           | 88.1%             | 89.7%             | 91.1%             | 92.8%           | 94.4%                            |                                  |       |
| IAPT - Treatment within 18 weeks of referral <sup>1</sup>   | Improving Health | Responsive | CH     | 95%                                 | 97.6%            | 98.9%             | 98.9%             | 99.1%             | 99.1%             | 99.3%           | 98.5%             | 98.9%             | 98.5%             | 99.2%           | 99.6%                            |                                  |       |
| Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops  | Improving Care   | Responsive | CH     | 60%                                 | 82.6%            | 85.6%             | 84.6%             | 87.0%             | 85.7%             | 70.7%           | 95.8%             | 92.3%             | 87.8%             | 79.5%           | 94.3%                            |                                  |       |
| % clients in settled accommodation  | Improving Health | Responsive | CH     | 60%                                 | 90.5%            | 91.3%             | 91.3%             | 91.3%             | 91.3%             | 91.3%           | 91.2%             | 91.2%             | 91.1%             | 91.1%           | 91.1%                            |                                  |       |
| % clients in employment <sup>8</sup>  | Improving Health | Responsive | CH     | 10%                                 | 11.8%            | 12.1%             | 12.5%             | 12.6%             | 12.3%             | 12.3%           | 12.3%             | 12.7%             | 12.6%             | 12.6%           | 12.6%                            |                                  |       |
| 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  |                  |            |        |                                     |                  |                   |                   |                   |                   |                 |                   |                   |                   |                 |                                  |                                  |       |
| Objective   | CQC Domain       | Owner      | Target | Q3 19/20                            | Q4 19/20         | Q1 20/21          | Q2 20/21          | Mar-20            | Apr-20            | May-20          | Jun-20            | Jul-20            | Aug-20            | Sep-20          | Data quality rating <sup>a</sup> | Trend                            |       |
| Total bed days of Children and Younger People under 18 in adult inpatient wards   | Improving Care   | Safe       | CH     | TBC                                 | 27               | 17                | 10                | 34                | 5                 | 2               | 5                 | 3                 | 0                 | 8               | 26                               |                                  |       |
| Total number of Children and Younger People under 18 in adult inpatient wards   | Improving Care   | Safe       | CH     | TBC                                 | 3                | 3                 | 4                 | 6                 | 2                 | 1               | 2                 | 1                 | 0                 | 3               | 3                                |                                  |       |
| Number of detentions under the Mental Health Act  | Improving Care   | Safe       | CH     | Trend Monitor                       | 206              | 180               | 258               | 205               | 180               | 258             |                   |                   | 205               |                 |                                  |                                  |       |
| Proportion of people detained under the MHA who are BAME <sup>2</sup>   | Improving Care   | Safe       | CH     | Trend Monitor                       | 11.2%            | 10.0%             | 14.7%             | 13.7%             | 10.0%             | 14.7%           |                   |                   | 13.7%             |                 |                                  |                                  |       |
| NHS Standard Contract   |                  |            |        |                                     |                  |                   |                   |                   |                   |                 |                   |                   |                   |                 |                                  |                                  |       |
| Objective   | CQC Domain       | Owner      | Target | Q3 19/20                            | Q4 19/20         | Q1 20/21          | Q2 20/21          | Mar-20            | Apr-20            | May-20          | Jun-20            | Jul-20            | Aug-20            | Sep-20          | Data quality rating <sup>a</sup> | Trend                            |       |
| Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance <sup>1</sup>  | Improving Health | Responsive | CH     | 90%                                 | 98.8%            | 99.3%             | 99.1%             | 99.8%             | 99.7%             | 99.5%           | 98.7%             | 99.0%             | 99.3%             | 100%            | 100%                             |                                  |       |
| 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%             | 100%              | 99.8%             | 99.9%           | 99.9%             | 99.9%             | 99.9%             | 100%            | 100%                             |                                  |       |
| Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance   | Improving Health | Responsive | CH     | 90%                                 | 98.7%            | 98.8%             | 98.7%             | 97.7%             | 98.9%             | 98.8%           | 98.7%             | 98.6%             | 97.8%             | 97.9%           | 97.5%                            |                                  |       |

\* 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 of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'

8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

#### Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks improved to 99.4% in September, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 47.4% . This is a consequence of the impact of Covid-19. This is an improvement against the previous month and a recovery plan is in place.
- Inappropriate out of area bed placements amounted to 177 days in in September. This is a decrease from 224 in August. 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 September 2020, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 26 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.
- The scope of the data quality maturity index changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been consistently achieving this target.
- IAPT treatment within 6 weeks of referral has achieved the 75% target although there are continuing challenges in meeting this particularly in regard to staffing numbers.

#### Data quality:

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

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

- The reporting for employment and accommodation for September shows 12.6% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to August which showed 13.3% 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

- Insufficient numbers of rehab support workers within the neighbourhood rehabilitation service, due to continued increased demand and some issues around the responsive of being able to mobilise domiciliary care packages within the discharge to assess (D2A) timeframes
- Therapies - Potential for recently announced tier 2 restrictions to affect recovery program such as group work.
- Urban House (Wakefield) has reopened following a deep clean. Services have resumed with a reduced number of clients coming into Urban House daily. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield.
- Health and wellbeing services Covid-19 – we have continued to deliver a robust service offer across all services whilst developing and implementing recovery plans
- Currently awaiting confirmation of the commissioning requirements for Yorkshire smoke free (YSF) Calderdale for 2021 onwards; we anticipate clarification will be provided at the October contract meeting.

##### Strengths

- Teamwork – delivered an additional 12 weeks of antibody testing for our partner organisations
- Supporting approx. 7,300 individual patients with face to face home visiting
- Delivering approx. 10,000 patient contacts per week, with a mixture of face to face, telephone and video consultations
- Combined effort in supporting care homes through Covid-19 via symptomatic testing, wellbeing calls, face to face clinical input, asymptomatic and staff swabbing – all 4 aspects of care home support have been nominated for Barnsley Spirit awards
- D2A team now consistently providing 10 slots for hospital discharges per day (weekends excepted) and working within community teams if the slots are not filled.
- Community physio & occupational therapy (OT) working as one team - continues to develop enabling cross cover and increased flow through the rehabilitation health system
- Therapies - commenced collaborative working alongside our social care colleagues to look at care, reablement and rehabilitation packages in order to assist the patient.
- Health and wellbeing services (HWB) continue to utilise and develop technology to undertake telephone/video call contacts to maintain service provision.
- Patient feedback across all services is consistently positive.
- Commissioners for all wellbeing services remain extremely pleased with the quality, breadth and volume of service being provided.
- Our vaccination and immunisation team have continued to deliver "catch up" sessions for school aged children in a variety of venues /days/times and had good uptake and positive feedback.

##### Challenges

- Staff absence due to Covid-19: mainly via household symptoms or test and trace
- Therapies - increasing flow of patients from hospital and between community services as winter approaches and Covid-19 hospital cases increase. Challenge to ensure we can support that flow in already stretched services, alongside the COVID restrictions.
- Increasing numbers of retirees across all therapy services.
- Continue to support health integration team to deliver safe services in Urban House and the hotel.

##### Areas of Focus

- Integrated neighbourhood teams – re-commencing mobilisation group and moving forward with all the relevant workstreams.
- Enhanced health in care homes (EHCH) work stream – delivering this via multi-disciplinary teams (MDTs) and weekly ward rounds, post discharge reviews, new resident assessments and personalised care planning
- Therapies - recruitment of appropriate staff to vacant posts.
- Patient flow across the entire health system – community to hospital and hospital to community
- Continued work on long term D2A model with our acute trust and social care colleagues.
- Following a meeting with commissioners we are commencing a new workstream to review existing neurological rehabilitation pathways with a view to improving integration of multiple service elements including inpatient beds and outpatient provision.
- Development of recovery plan for Live Well Wakefield.
- Work with the commissioner for YSF Calderdale to achieve a positive outcome for the service.

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

##### Mental Health:

##### Strengths

- All-age liaison model operational in Barnsley and Wakefield - scheduled for implementation in Calderdale/Kirklees 26 October 2020.
- 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 access through Covid-19 pandemic. Currently 25% below access target as specified pre Covid-19. Face to face had re-commenced in line with Trust guidance but compromised by recent Covid-19 outbreak at Cudworth base.
- Memory service diagnostic clinics re-instated with increased capacity to address backlog. Expected to address backlog by end December 2020.
- Recording of care programme approach (CPA) reviews and supervision being addressed through management supervision and in coordination with P&I colleagues
- Early intervention in psychosis (EIP) performance against cardio metabolic assessment compromised by Covid-19 restrictions. Backlog to be addressed by the end of December 2020.

##### Child and adolescent mental health services (CAMHS):

##### Strengths

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

##### Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outstripping commissioned capacity. Business case submitted to secure additional recurrent investment in Calderdale.
- Scope of CAMHS Improvement Board extended to include Calderdale and Kirklees
- Referral numbers across all services increasing following school return – but not exceeding previous levels.



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 some service users 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 moving towards 7 day working, with formal consultation about to commence.
- Cohorting standard operating procedures for 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.
- The new 'inpatient admissions and discharges summary' providing 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 has been demonstrated and is proving popular with ward managers and the service. 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 dashboard is also supporting the work on criteria led discharge.
- 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 these are 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 and has shown significant improvement across the board.

##### Strengths

- Sustained 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.

##### Challenges

- Adult acute occupancy remains at full capacity and acuity levels remain high. Together with Covid-19 requirements this has led 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
- Patient 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, 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.
- Demand and levels of activity in IHBT and the mental health liaison teams leading to pressures for inpatient beds.
- 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 SysmOne 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 ensuring 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 safely 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 (increasing 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 is progressing.

##### 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
- 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.

##### 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 are challenging.
- 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 general managers (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.
- 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. Appointment of clinical lead and project support will be helpful.
- Occupancy levels for Newton Lodge and the Bretton Centre remain above target but Newhaven (low secure, LD) 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 with recruitment continuing to progress well.
- Awaiting final report from Sancus into the domestic homicide. Action plan in place and is progressing well.
- Work on the new leadership structure is taking place with interim management arrangements in place pending a management restructure.
- OPEL Level remains at 2

###### Learning Disabilities

- Covid-19 safe learning disability (LD) diagnostic assessments were piloted and are being rolled out across all services.
- Restoration & recovery work remains a priority. A surge in community cases has resulted in levels of anxiety in carers/providers. Refusals of face to face contacts has risen.
- Community nursing teams in all 4 localities continue to be pro-active and flexible in support of care providers.
- Recruitment across all disciplines is progressing well.
- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.
- OPEL Level 2.

###### ADHD/ASD

- Operational activity is on track for commissioned activity.
- Operational activity is on track for waiting list initiatives.
- Service user survey for remote assessments had positive outcomes- second largest in the Trust.
- Business plans have been submitted and being drafted for service expansion across the footprint and ICS.
- Dyslexia service activity increasing.

##### Strengths

###### Forensics

- Approached by NHS England to take a provider lead re business continuity planning (secure care) for the north.
- Services maintained throughout pandemic both in in-patient wards and community services.
- Mandatory training figures remain at a consistently high level.
- Flu campaign across the forensic BDU is progressing very well.

###### Learning Disabilities

- Staff absence levels remain manageable.
- Staff continue to work in an innovative and creative way to support service users and carers in challenging circumstances.
- Face to face contacts are increasing steadily and this will be reflected in Q2 figures.
- Calderdale are exploring ways in which SWYPFT can support delivery of annual health checks. Business case requested.

###### ADHD/ASD

- All KPIs deliverable despite pandemic.
- Ability for flexible delivery of the service to meet both service user and commissioner expectations.
- Mandatory training levels excellent.
- Transformation of admin on track and will support service delivery and development.

##### Challenges

###### Forensics

- Absence levels remain higher than the Trust average.
- High levels of staff vacancies with particular hotspots in registered nursing and psychology.
- Retention of registered nurses.
- Clinical acuity remains high across the BDU.

###### Learning Disabilities

- Some issues identified re data quality in Kirklees. The impact of this is still being investigated.
- Increase in referrals from Leeds now there are only 2 ATUs in West Yorkshire. SWYPFT are the only unit with seclusion facilities so the potential for levels of acuity to rise is high.
- Supervision levels are lower than expected levels this is being explored and actions to rectify are being developed.

###### ADHD/ASD

- Recruitment activity to intervention pathway for ADHD (waiting list project) behind the target, possibly due to the nature of fixed-term contracts.

##### Areas of Focus

###### Forensic

- Preparation for role as lead provider of the West Yorkshire Provider Collaborative.
- Forensic development plan, work continues and is progressing.
- Recruitment and retention of staff supported by HR.
- Staff wellbeing.

###### Learning Disabilities

- Restoration and recovery remains a priority.
- Working with West Yorkshire
- Ensuring flu campaign gains momentum.
- Improving supervision levels.
- Development of an action plan in response to the Robertson Cooper staff survey results.

###### ADHD/ASD

- Exploring the potential to provide an ADHD LD pathway.
- Exploring the potential to provide an ASD pathway from 17 years in Kirklees and Calderdale.
- Development of business cases to support expansion of the service.
- Recruitment of clinical staff.
- FIRM risk assessment tool to be rolled out from October 26th.

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## Communications, Engagement and Involvement

### 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, with proactive comms around coronavirus e.g. back to school support from CAMHS
- Sharing of staff and service user good news stories, internally, externally and through social media channels.
- Community mental health survey launch support
- Wellbeing at work survey results publicised and staff insight sessions promoted
- Staff wellbeing initiatives promoted e.g. MSK sessions
- Flu campaign launched. Ongoing promotion of the 'Have a vaccine, give a vaccine' campaign.
- 'Choose well for mental health' campaign in development. To be launched in the next month.
- Wakefield CAMHS; referral changes live, and continued support for transformation work (ReACH team and eating disorders)
- Awareness days and weeks supported on social media and in internal communication channels e.g. world pharmacists day
- Information governance campaign.
- Communications support provided to new finance system roll out, WorkPal and EPMA.
- Partner Bronze command meetings continue to taking place in all areas. Support provided re. outbreak management.
- Support provided to EyUp! charity (e.g. case studies, charity challenge), Creative Minds (e.g. website, socials) and Spirit in Mind (website, and event support).
- Support provided to SystmOne programme – FIRM roll-out and sharing of service user records
- New intranet development project supported – spec produced for procurement.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns e.g. Great Minds – suicide prevention
- Annual Members' Meeting support

### Engagement, Equality and volunteering update

- Work continues to support Phase 3 planning
- Business proposal to mainstream the offer for 'Virtual Visitor' shared at silver and gold command to identify funding. Talks will take place with IM&T regarding digital support required
- Reviewing the Covid-19 equality impact assessment (EIA) and research tool this quarter with emerging intelligence
- Progressing the work to involve Wakefield in a conversation on mental health; developed and shared with the Alliance.
- Work to support the involvement of stakeholders in the ethics committee
- Work to support involvement in the digital strategy
- Work to support involvement in a 'Smoke Free' site
- Identified a process to support SEQUIN submission for secure services
- A 'Passport for Carers' online event has now led to the development of the passport, a number of actions to support a future action plan are in place to take the work forward including a partnership group.
- Trust wide strategy – still in draft and shared with Equality & Inclusion Committee and Trust Board for additional comments and updates. The strategy will be signed off in December. The associated action plans for equality, engagement and carers will follow once the objectives are agreed
- Trust wide strategy 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
- The team have now appointed an engagement, equality and inclusion project officer.
- Successful bid to charities commission and staff recruited and in post – our involvement has secured 2 posts focussed 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



This is the October 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for September 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 and some face to face courses have commenced. Creative Minds continue to oversee the delivery of a variety of interventions with performance reported into the Charitable Funds Committee. To ensure that arts, creativity and culture is used across Calderdale to support people's health and well-being the arts and health programme manager started in position from September 2020 with the programme of work agreed by steering group and underway. A change co-ordinator also started during early October to embed physical activity into systems and processes of teams within Calderdale to ensure that the people they support are able to live a larger life and for longer through physical activity. The role will link with and support the physical activity offers already in place including through the Recovery College and Creative Minds.  |                       |  |
| Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire | Work with partners in Barnsley, Kirklees, Calderdale, Wakefield, South Yorkshire and West Yorkshire to develop a joint response to Covid-19 and placed based recovery plans.   | Sean Rayner / Salma Yasmeen | Sharon Carter           | EMT              | Significant work has been undertaken to ensure that there is a continued joined up response to the pandemic and recovery planning in each of our places and across the partnerships. ICS plans have been submitted on the 21 September, made up of the place plans and programme priorities. The Trust contributed to the planning in each of the places both for the place-based recovery and reset priorities and as well as an organisational plan that includes workforce and activity details.<br>Work has commenced at ICSs and place based level on planning the approach and process to follow in producing plans for community mental health transformation. The ambition is to fundamentally transform the care offer for adults and older adults with a range of severe mental health problems and co-existing needs. This will be achieved through new integrated models of care that enable timely access to high quality, evidence-based, joined-up care. Plans will be developed in each place through existing or specifically developed partnership or alliance arrangements involving all key partners, and/or at system wide level where there is a need to do it once. Submission date to NHSE is set as 18th November 2020.<br>West Yorkshire mental health, learning disability and autism services continue 'work in progress', comprising: workforce development; Suicide prevention; adult autism/neurodiversity; patient cohorting; West Yorkshire approach to prevention and management of violence and aggression (PMVA); West Yorkshire approach to provision of psychiatric intensive care in-patient service (PICU); Learning disabilities assessment and treatment Units (ATUs) reconfiguration – project manager has been recruited, four work streams progressing under the oversight of a steering group; Complex mental health (locked) rehabilitation; mental health secondary care pathways; Learning disabilities steering group. Adult eating disorder provider collaborative has received confirmation of 'go live' on 1 October 2020.<br>In all our places we continue to work with partners to respond to Covid-19 and deliver recovery and reset plans.<br>Barnsley: Discussions are taking place around maintaining discharge to assess pathways. Work has commenced on modelling changes to mental health demand with partners.<br>Calderdale: the Calderdale Community Collaborative Partnership work continues with a formal framework shared for partners to sign.<br>Kirklees: The Kirklees Integrated Workforce Development Steering Group has recommenced activity to support the implementation of workforce strategy for Kirklees to complement organisations in responding to the NHS people plan. A reset and stabilisation phase 3 update was provided from SWYPFT to Kirklees Integrated Health and Care Leadership Board.<br>Wakefield: As part of the current work programme, Touchstone will be leading on the delivery of the Wakefield Safe Space in partnership with colleagues from Gaspod and Spectrum People and will be commencing a 'soft launch' over the coming weeks.<br>SWYPFT continue to host the Wakefield MH Alliance and recently held a partnership workshop to commence the planning for 2021/22 alliance work programme. |                       |  |
| IMPROVE CARE   |  |                             |                         |                  |   |                       |  |
| Provide all care as close to home as possible  | Focus on PICU, patient flow and Criteria Led Discharge (CLD)<br>All other workstreams to maintain a momentum but at an appropriate pace  | Carol Harris                | Ryan Hunter             | OMG              | Psychiatric Intensive Care Unit (PICU) - new standard operating procedure final amendments made, work to be taken forward with patient flow on process around gender specific out of area placements.<br>Criteria led discharge (CLD) - is now being managed as business as usual, proposal and plan now in place to migrate CLD to systm1 from November. SSG undertaking post implementation review, feedback next period.<br>Patient flow – Final revisions to procedure now made. Trust-wide patient flow service now being taken forward as business as usual and new reports dashboards being used by the service. Performance Management – new dashboard is now live and demonstrated a wide range of stakeholders. Feedback being gathered and plans to develop community dashboard in place.<br>Single Point of Access (SPA) – The triage scale now live in Calderdale and Kirklees with positive feedback. Work continues with GPs to test and go live with e-referral and develop primary care pathways. Ongoing work with Healthwatch, including co-production from service users and carers to support staff training is being planned.<br>Intensive Home Based Treatment (IHBT) - Kirklees – Now delivering a model in line with fidelity to IHBT standards - next update into steering group in November.<br>TIPO – Kirklees pathway due to be operational from November. Current activity includes consideration of how the community transformation funding might support the model and improve links with primary care networks.<br>Community- most activity is now being taken forward as business as usual, whilst further changes are being considered as part of the community transformation proposals - initial meeting to review impact of work to date has taken place.<br>Gatekeeping Review – A review of gatekeeping across the Trust is to take place in autumn, which could identify further changes required to help make the system be more sustainable.<br><br>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.<br><br>Milestones include:<br>Performance Management - inpatient report development - Summer 2020<br>Patient Flow Protocol through internal governance - now Oct 2020<br>PIU SOP through internal governance - Oct 2020<br>SPA Triage Scale live - Jul 2020; initial review Oct/Nov 2020, full review early 2021<br>CLD future system decision - Oct 2020, move to S1 from Nov.<br>IHBT joint AMHP assessment further review - early 2021   | Progress Against Plan |  |

| Summary   | Covid-19   | Quality      | National Metrics   | Locality   | Priority Programmes  | Finance/ Contracts    | Workforce |
|---|--|--------------|--|--|--|-----------------------|-----------|
| 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 /Maeva Boyle (Barnsley) | CAMHS Improvement Group with monthly report to OMG     | All age liaison service in Barnsley has been fully implemented since 1st October 2020. Wakefield is on track to implement its all age liaison service with go live date scheduled as 19th October 2020. Review of Barnsley and Wakefield mental health liaison team (MHLT) staff competencies using the competency framework is well underway. Barnsley crisis and home based treatment team (C&HBT) standard operating procedure has been approved by Operations Management Group at its meeting on 7th October 2020. Consideration underway as to whether this standard operating procedure can be used by all CAMHS C&HBT services with minor variations to reflect contractual arrangements. Recruitment within Wakefield continues however some key posts have not been fulfilled even though posts have been offered following interviews. There is some potential impact for CAMHS as a result of other recruitment challenges in the wider district such as ASD pathways. Staff wellbeing results have both Barnsley and Wakefield CAMHS appearing to be showing higher positive results. Fuller analysis work has yet to be taken forward. Waiting list (WL) numbers are have started to grow slightly in Wakefield and Barnsley due to increased referrals following children and young people returning to schools in September. For example, within Barnsley CAMHS, there has been 35% increase in referrals for Sept 2020 (1152) compared with Sept 2019 (113). The CAMHS Improvement Board has considered the appropriateness of continuing to have CAMHS waiting lists as an ongoing aspect of Trust priority programmes. This Board has extended its membership to include the general manager from Calderdale and Kirklees due to the waiting list pressures for neurodevelopmental assessments. First meeting of the Barnsley children and young peoples mental health service (CYPMHS) joint steering group (which is overseeing the development and implementation of new CAMHS service model in Barnsley) met on 8th October and the focus of meeting was on the ADHD pathway with initial discussion on the proposed single point of contact function. | Progress Against Plan |           |
|   |  |              |  |  | 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.   | Management of Risk    |           |
|   |  |              |  |  | Implementation plan/Key milestones include:<br>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.<br>By 31/10/20 Full implementation of the All Age Liaison Service in Barnsley with appropriate support from CAMHS services.<br>By 14/10/20 Barnsley CAMHS C&HBT SOP approved by Operations Management Group.<br>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.<br>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.   |                       |           |
| Forensics Improvement work  | Improvement plan has been prioritised by steering group with clear focus on safety, learning lessons, staff engagement and staff wellbeing   | Carol Harris | Sue Barton   | Forensics Improvement Group with monthly report to OMG | The forensic improvement actions continue to be delivered in line with the plan. A list of recent achievements against the plan was reported into EMT on 08/10/2020. Organisational development work continues and the third and fourth leadership workshops have been scheduled. The comprehensive bespoke communication approach has been developed and initial feedback to the regular, systematic communication mechanisms is positive.  |                       |           |
| <b>IMPROVE RESOURCES</b>  |  |              |  |  |  |                       |           |
| Make better use of digital technology and introducing new ways of virtual working to help support staff and service users | Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid19<br>EPMA – electronic prescribing project<br>AirMid & WhatsApp for E Consultations<br>Virtual Visitors<br>Continue to maintain 1 Hub to support staff wellbeing and facilitate conversations | Mark Brooks  | Vicki Whyte  | ISiG   | Accelerating the use of digital technology:<br>Video conferencing - A number of solutions continue to be used and usage in September remained consistent with the previous month. AirMid part of TPP's SystemOne offer continues to support practitioners to maintain contact with patients with an average of 1 contact per week during August. AccuRX utilised by non SystemOne users supported an average of 177 consultations per week. MS Teams 291 and WhatsApp an average of 55 per week during the same period.<br>MS Teams - continues to be used to enable teams and staff to maintain virtual contact whilst working offsite. During September 2020, there were 586 group calls, 6,622 one to one meetings, 14,845 meetings and 68,749 messages.<br>Working from home – continues to be supported with additional laptops, wifi enabled desktops, additional VPN tokens and daily VPN connections still in place.<br>SystemOne – During September and early October most services have moved from the Sainsbury tool on SystemOne to the FIRM tool, this move supports our Trust values. In addition, from September, the time saving function SystemOne tasking is now operational.<br>EPMA (Electronic Prescribing and Medicines Administration) - the RAG status against go live in November remains at amber / red and work needs to continue at pace to meet this timeframe. Go live has been moved to mid November to allow for the difficulties of robust testing caused by social distancing restrictions. User acceptance testing is scheduled for completion by mid-October. Training to be scheduled for initial wards in October. An update on progress was included in October edition of The Brief.   |                       |           |
| <b>MAKE THIS A GREAT PLACE TO WORK</b>  |  |              |  | EMT  | Focus on this in relation to Covid 19:<br>Support the wellbeing of #allotus to help people cope & connect<br>Support people to embrace new ways of working that have been beneficial<br><br>These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR   |                       |           |

| Project name | Start date | End date | Current status | 1. Not started | 2. In progress | 3. Pending | 4. Almost complete | 5. Complete |
|--------------|------------|----------|----------------|----------------|----------------|------------|--------------------|-------------|
| Project name | Start date | End date | Current status | 1. Not started | 2. In progress | 3. Pending | 4. Almost complete | 5. Complete |
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| Glossary of terms:                               |   |
|--|---|
| AMHP Approved Mental Health Professional         | MH Mental Health  |
| ATU Assessment and Treatment Unit                | MOU Memorandum of Understanding   |
| Bassetlaw  | NHS National Health Service   |
| BODCT Bradford District Care Trust               | NHSE/ National Health Service England/ NHS Improvement                                |
| C&YP Children and Young People                   | NMOC New model of care  |
| CCG Clinical Commissioning Group                 | OMG Organisational Management Group   |
| CSDG Clinical Safety Design Group                | OPS Older Peoples Services  |
| DBT Dialectic Behavioural Therapy                | P&I Performance and Information   |
| EMT Executive Management Team                    | PCH Primary Car Hub (also referred to as Primary Care Network)                        |
| ESD Early Supported Discharge                    | PCN Primary Care network (also referred to as Primary Care Hub)                       |
| FIRM Formulation Informed Risk Assessment        | QI Quality Improvement  |
| GP General Practitioner                          | QSI Quality, Service Improvement and Re-design  |
| HASU Hyper Acute Stroke Unit                     | RACI Roles and responsibilities indicator   |
| HCP Healthcare Partnership                       | SBAR Situation - Background - Assessment - Recommendation on quality improvement tool |
| IAPT Improving access to Psychological Therapies | SPA Single Point of Access  |
| ICS Integrated Care System                       | SPC Statistical Process Control   |
| ICT Integrated Change Team                       | SRU Stroke Rehabilitation Unit  |
| IHBT Intensive Home Based Treatment              | SSG an external consultant agency   |
| IHI Institute for Health Improvement             | SWPFT South West Yorkshire Partnership Foundation Trust                               |
| IM&T Information management and technology       | TIPD Trauma Informed Personality Disorder   |
| IPS Individual Placement Support                 | UEC Urgent and Emergency Care   |
| LD Learning Disabilities                         | VCS Voluntary and Community Sector  |
| LTC Long Term Conditions                         | WY West Yorkshire   |

## Overall Financial Performance 2020/21

### Executive Summary / Key Performance Indicators

| Performance Indicator |                        | Year to date | Forecast August 20 | Narrative   |
|-----------------------|------------------------|--------------|--------------------|---|
| 1                     | Surplus / Deficit      |              |                    | September 2020 is the final month when covid-19 cost reimbursement and a central top up will be provided retrospectively. During H2 covid-19 and top up funding is prospectively allocated from the ICS and the Trust will need to deliver an agreed position within this resource allocation. For the year to date these claims equate to £6.4m in total with £0.5m for covid-19 and £1.2m additional top up claimed in September. |
|                       | Covid-19 reimbursement | £3m          |                    |   |
|                       | Top Up                 | £3.4m        |                    |   |
|                       | Reported position      | £0m          | (£2.1m)            |   |
|                       |                        |              |                    |   |
| 2                     | Agency Cap             | £3.2m        | £7m                | Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs is appropriate. Spend in September was £0.6m.   |
| 3                     | Cash                   | £57.5m       | £34.9m             | Cash in the bank continues to be above planned 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                | £0.7m        | £5.6m              | A revised capital forecast for 2020/21 has been produced taking account of current capital priorities and the impact of covid-19 on accessibility and costs. This has reduced the overall forecast by £1m.  |
| 6                     | Better Payment         |              |                    | This performance is based upon a combined NHS / Non NHS value and demonstrates that 82% of invoices have been paid within 7 days.   |
|                       | 30 days                | 97%          |                    |   |
|                       | 7 days                 | 82%          |                    |   |

|       |   |          |   |
|-------|---|----------|---|
| 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           | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20  | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-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%  | 5.0%   | 5.30%  | 5.0%   | 4.6%   | 4.2%    | 3.9%   | 3.9%   | 4.0%   | 3.8%   | 3.8%   | 3.8%   |
| Aggression Management   | Improving Care       | Well Led   | AD    | >=80%               | 82.8%  | 81.3%  | 80.5%  | 80.9%  | 81.6%  | 85.5%   | 85.5%  | 85.5%  | 85.5%  | 85.5%  | 86.0%  | 86.0%  |
| Cardiopulmonary Resuscitation   | Improving Care       | Well Led   | AD    | >=80%<br>by 31/3/17 | 83.6%  | 83.6%  | 81.9%  | 81.2%  | 80.9%  | 89.4%   | 89.4%  | 89.4%  | 89.4%  | 89.4%  | 90.3%  | 89.4%  |
| Clinical Risk   | Improving Care       | Well Led   | AD    | >=80%<br>by 31/3/17 | 88.6%  | 88.5%  | 88.6%  | 89.2%  | 89.0%  | 93.7%   | 93.7%  | 93.7%  | 93.7%  | 93.7%  | 93.8%  | 93.6%  |
| Equality and Diversity  | Improving Health     | Well Led   | AD    | >=80%               | 92.0%  | 92.3%  | 92.1%  | 92.6%  | 92.4%  | 95.2%   | 95.2%  | 95.2%  | 95.2%  | 95.2%  | 95.7%  | 95.7%  |
| Fire Safety   | Improving Care       | Well Led   | AD    | >=80%               | 86.8%  | 87.4%  | 87.9%  | 88.3%  | 88.3%  | 93.7%   | 93.7%  | 93.7%  | 93.7%  | 93.7%  | 93.9%  | 93.4%  |
| Food Safety   | Improving Care       | Well Led   | AD    | >=80%               | 81.9%  | 82.5%  | 83.0%  | 82.3%  | 81.6%  | 76.9%   | 76.9%  | 76.9%  | 76.9%  | 76.9%  | 78.3%  | 76.7%  |
| Infection Control and Hand Hygiene  | Improving Care       | Well Led   | AD    | >=80%               | 92.0%  | 91.3%  | 91.0%  | 90.4%  | 89.1%  | 95.8%   | 95.8%  | 95.8%  | 95.8%  | 95.8%  | 96.2%  | 96.0%  |
| Information Governance  | Improving Care       | Well Led   | AD    | >=95%               | 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%               | 92.1%  | 91.9%  | 92.0%  | 92.1%  | 92.2%  | 95.0%   | 95.0%  | 95.0%  | 95.0%  | 95.0%  | 95.5%  | 95.6%  |
| Mental Capacity Act/DOLS  | Improving Care       | Well Led   | AD    | >=80%<br>by 31/3/17 | 93.9%  | 93.5%  | 92.5%  | 92.3%  | 90.5%  | 93.3%   | 93.3%  | 93.3%  | 93.3%  | 93.3%  | 94.6%  | 94.3%  |
| Mental Health Act   | Improving Care       | Well Led   | AD    | >=80%<br>by 31/3/17 | 90.2%  | 90.8%  | 89.8%  | 90.1%  | 87.2%  | 89.5%   | 89.5%  | 89.5%  | 89.5%  | 89.5%  | 91.2%  | 90.8%  |
| No of staff receiving supervision within policy guidance  | Quality & Experience | Well Led   | AD    | >=80%               | 76.1%  |        |        | 73.3%  |        |         | 73.4%  |        |        | 74.9%  |        |        |
| Prevent   | Improving Care       | Well Led   | AD    | >=80%               | 86.0%  | 87.1%  | 88.8%  | 90.8%  | 91.1%  | 93.2%   | 93.2%  | 93.2%  | 93.2%  | 93.2%  | 94.6%  | 94.6%  |
| Safeguarding Adults   | Improving Care       | Well Led   | AD    | >=80%               | 94.4%  | 94.1%  | 94.1%  | 94.0%  | 94.3%  | 96.2%   | 96.2%  | 96.2%  | 96.2%  | 96.2%  | 92.8%  | 92.8%  |
| Safeguarding Children   | Improving Care       | Well Led   | AD    | >=80%               | 91.8%  | 89.8%  | 89.0%  | 89.8%  | 90.7%  | 92.4%   | 92.4%  | 92.4%  | 92.4%  | 92.4%  | 93.6%  | 93.6%  |
| Sainsbury's clinical risk assessment tool   | Improving Care       | Well Led   | AD    | >=80%               | 96.3%  | 96.0%  | 96.5%  | 97.3%  | 97.1%  | 96.9%   | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.8%  | 96.8%  |
| Bank Cost   | Improving Resources  | Well Led   | AD    | -                   | £700k  | £887k  | £705k  | £769k  | £685k  | £1,241k | £727k  | £866k  | £721k  | £687k  | £778k  | £907k  |
| Agency Cost   | Improving Resources  | Effective  | AD    | -                   | £674k  | £572k  | £559k  | £537k  | £581k  | £613k   | £469k  | £507k  | £518k  | £558k  | £606k  | £588k  |
| Overtime Costs  | Improving Resources  | Effective  | AD    | -                   | £18k   | £6k    | £11k   | £15k   | £69k   | £191k   | £196k  | £382k  | £342k  | £257k  | £276k  | £213k  |
| Additional Hours Costs  | Improving Resources  | Effective  | AD    | -                   | £36k   | £36k   | £39k   | £37k   | £42k   | £58k    | £58k   | £61k   | £66k   | £71k   | £59k   | £53k   |
| Sickness Cost (Monthly)   | Improving Resources  | Effective  | AD    | -                   | £545k  | £510k  | £547k  | £510k  | £429k  | £435k   | £374k  | £388k  | £399k  | £408k  | £411k  | £387k  |
| Vacancies (Non-Medical) (WTE)   | Improving Resources  | Well Led   | AD    | -                   | 493.7  | 473.4  | 466.1  | 467.2  | 511.2  | 528.0   | 222.1  | 222.1  | 192.3  | 208.9  | 205.9  | 234.0  |
| Business Miles  | Improving Resources  | Effective  | AD    | -                   | 264k   | 317k   | 272k   | 273k   | 302k   | 312k    | 193k   | 149k   | 138k   | 164k   | 166k   | 147k   |
| <b>Health &amp; Safety</b>  |                      |            |       |                     |        |        |        |        |        |         |        |        |        |        |        |        |
| Number of RIDDOR incidents<br>(reporting of injuries, diseases and dangerous occurrences regulations) | Improving Resources  | Effective  | AD    | -                   | 15     |        |        |        |        |         | 7      |        |        |        |        |        |

1 - this does not include data for medical staffing.

- As at October 20th, 108 staff off work Covid-19 related, not working which compares to 82 one month earlier. This is the highest number of staff absent due to Covid-19 since mid-June.
- 2498 staff tested as at October 20th.
- 217 staff have tested positive for Covid-19 of which 188 have returned to work
- Staff turnover decreased to 8.9% from 9.1 % in August.
- Non-Covid sickness absence was 3.8% in September 20 and cumulatively is 3.9%. This compares favourably to previous years.
- Compliance with training requirements is positive.
- Focus being applied to food safety training of which staff require this training and how it is provided.
- Little change overall in staff receiving supervision although improvements have been noted in some BDUs.



Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

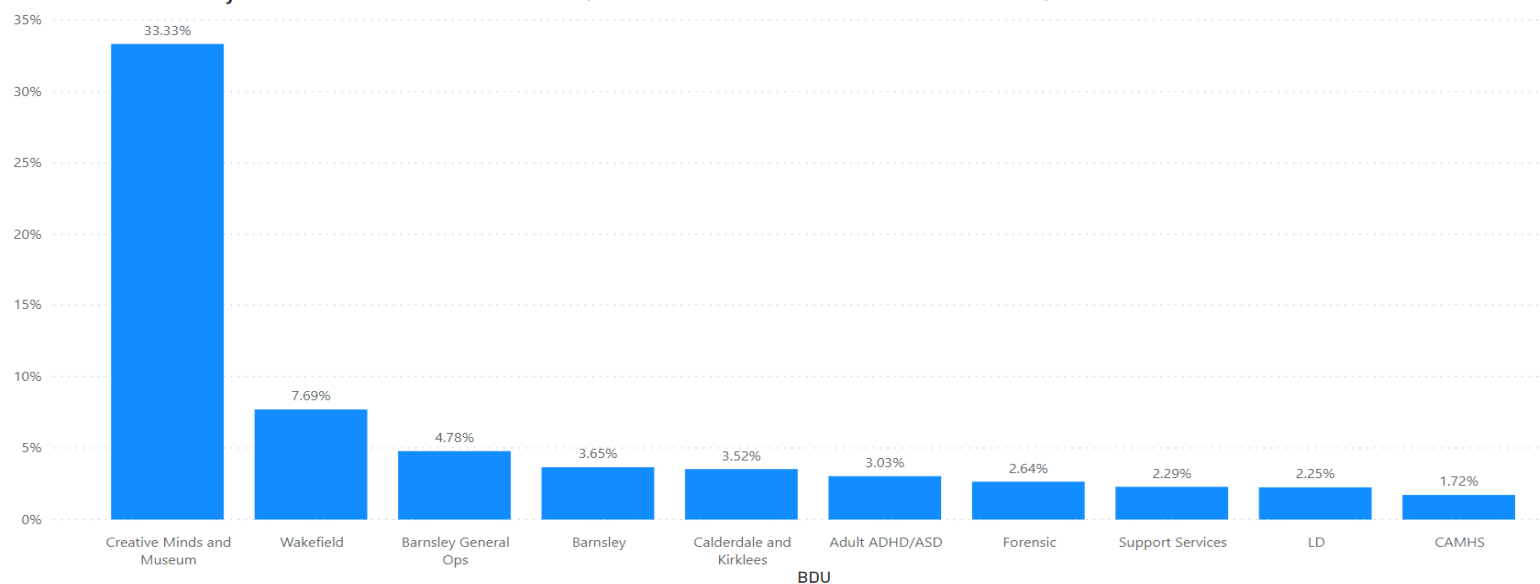
## Sickness reporting

As at 20th October, the Trust has 187 staff absent or working from home due to Covid-19. This makes up 3.67% of the workforce. Of those absent, 45.9% are symptomatic and 27.8% have household symptoms. The business delivery unit (BDU) with the biggest impact is Wakefield with 7.7% of staff impacted (42/546). 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) (October 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 7.6, Sep 6.5, Oct 5.3

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

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



Summary

Covid-19

Quality

National Metrics

Locality

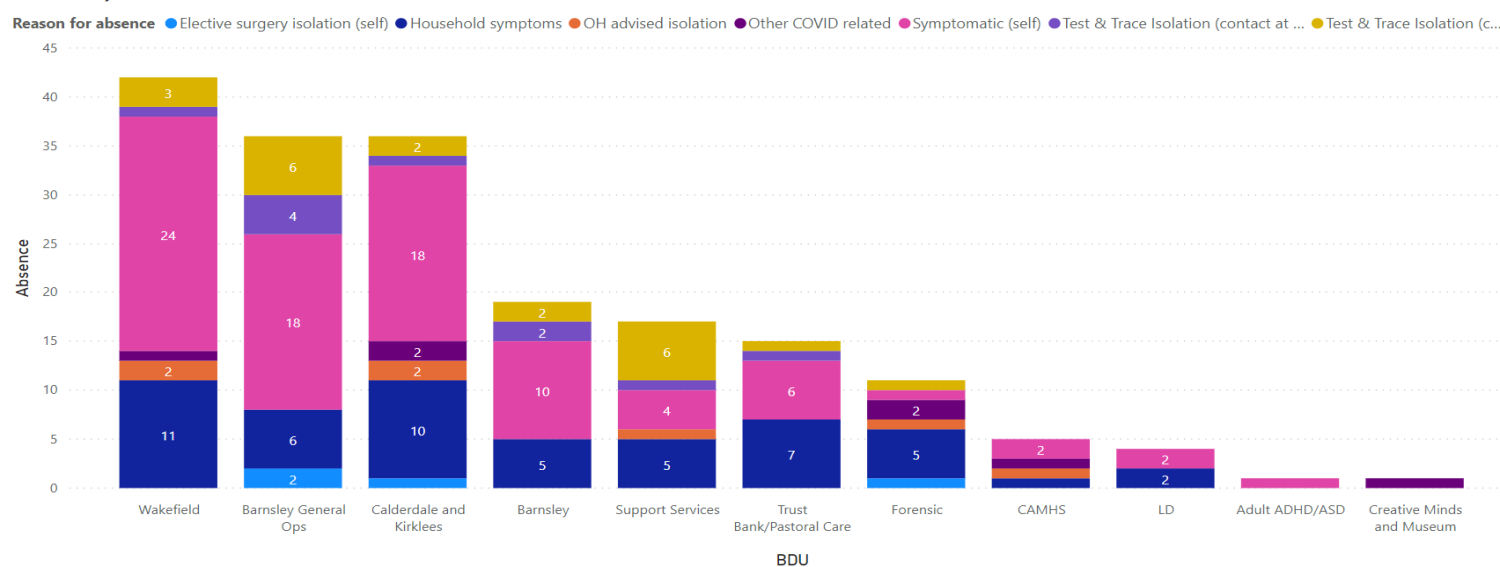
Priority Programmes

Finance/Contracts

Workforce

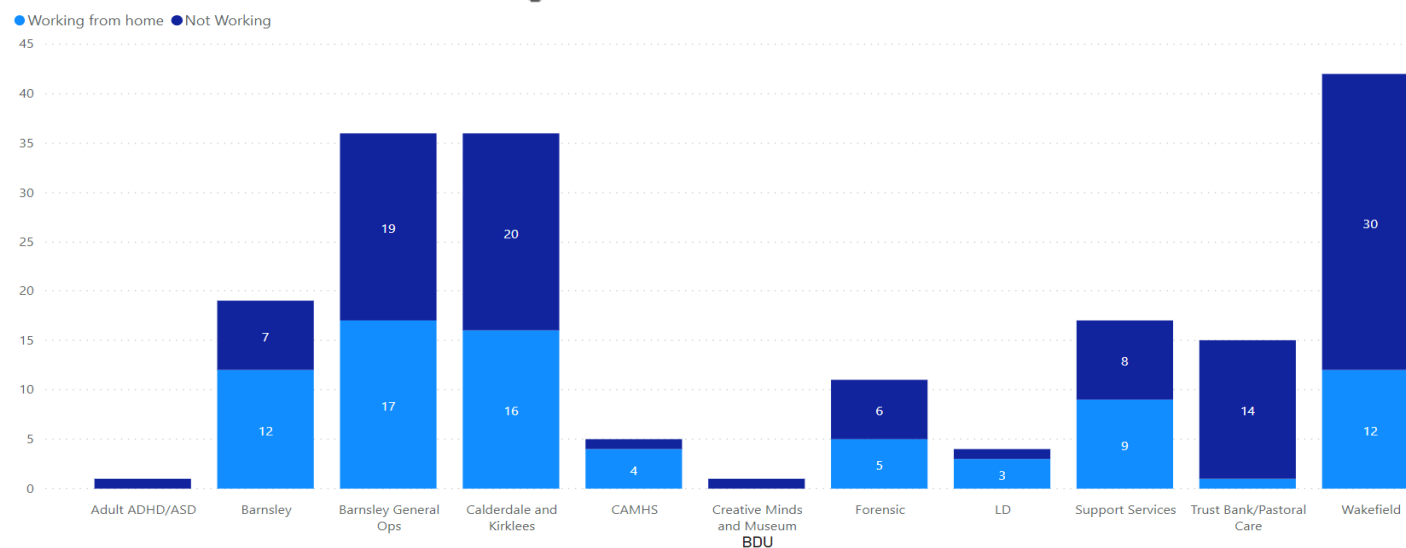
The following graph shows the reasons for Covid-19 absence by BDU.

Absence by BDU and Reason for absence



The following chart shows Covid-19 staff absences over the period 16th March - 20th October:

Numbers of absent staff who are working from home due to Covid-19



## Publication Summary

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

[Childhood vaccination coverage statistics: England, 2019-20](#)

[NHS workforce statistics: June 2020](#)

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

[Diagnostic imaging dataset: May 2020](#)

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

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



**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# Finance Report

**Month 6  
(2020 / 21)**



[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)



With **all of us** in mind.

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| 1.0 | Executive Summary / Key Performance Indicators |  |  |  |
|-----|--|--|--|--|
|-----|--|--|--|--|

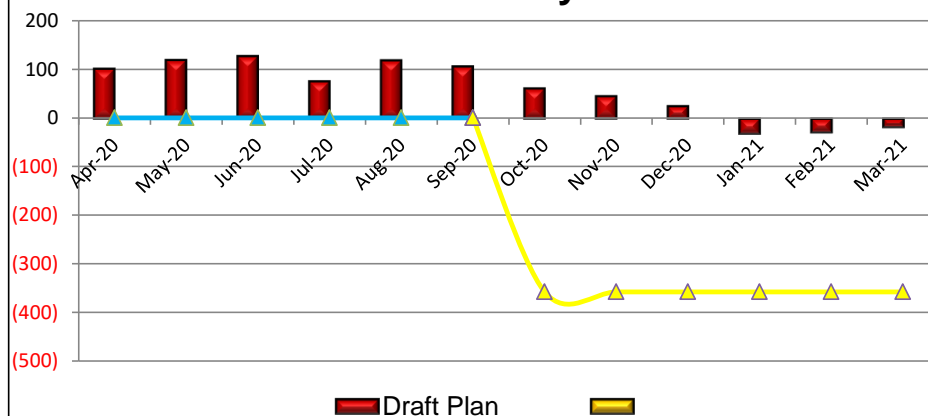
| Performance Indicator |                        | Year to Date | Forecast 2020 / 21 | Narrative   |
|-----------------------|------------------------|--------------|--------------------|---|
| 1                     | Surplus / (Deficit)    |              |                    | September 2020 is the final month when covid-19 cost reimbursement and a central top up will be provided retrospectively. During H2 covid-19 and top up funding is prospectively allocated from the ICS and the Trust will need to deliver an agreed position within this resource allocation. For the year to date these claims equate to £6.4m in total with £0.5m for covid-19 and £1.2m additional top up claimed in September. |
|                       | Covid-19 reimbursement | £3m          |                    |   |
|                       | Top Up                 | £3.4m        |                    |   |
|                       | Reported position      | £0m          | (£2.1m)            |   |
|                       |                        | Year to Date | Forecast 2020 / 21 | Narrative   |
| 2                     | Agency Spend           | £3.2m        | £7m                | Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs is appropriate. Spend in September was £0.6m.   |
| 3                     | Cash                   | £57.5m       | £34.9m             | Cash in the bank continues to be above planned 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.  |
| 4                     | Capital                | £0.7m        | £5.6m              | A revised capital forecast for 2020/21 has been produced taking account of current capital priorities and the impact of covid-19 on accessibility and costs. This has reduced the overall forecast by £1m.  |
| 5                     | Better Payment         |              |                    | This performance is based upon a combined NHS / Non NHS value and demonstrates that 82% of invoices have been paid within 7 days.   |
|                       | 30 days                | 97%          |                    |   |
|                       | 7 days                 | 82%          |                    |   |

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

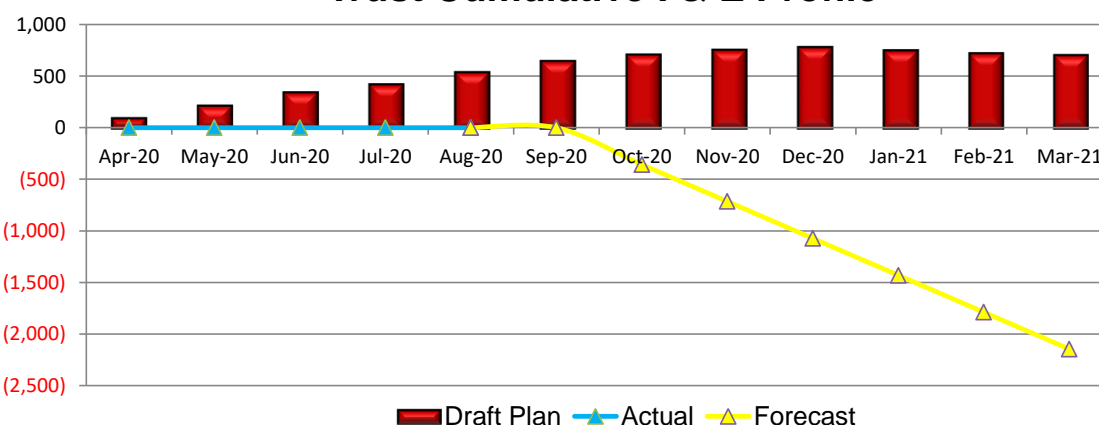
| Budget Staff | Actual worked | Variance         | Month Budget    | Month Actual    | Month Variance | Description                     | Year to Date Draft Budget | Year to Date Actual | Year to Date Variance | Draft Annual Budget | Forecast Outturn | Forecast Variance |
|--------------|---------------|------------------|-----------------|-----------------|----------------|---------------------------------|---------------------------|---------------------|-----------------------|---------------------|------------------|-------------------|
| WTE          | WTE           | WTE %            | £k              | £k              | £k             |                                 | £k                        | £k                  | £k                    | £k                  | £k               | £k                |
|              |               |                  | 18,818          | 19,214          | 395            | Clinical Revenue                | 112,973                   | 111,086             | (1,887)               | 225,884             | 232,910          | 7,026             |
|              |               |                  | <b>18,818</b>   | <b>19,214</b>   | <b>395</b>     | <b>Total Clinical Revenue</b>   | <b>112,973</b>            | <b>111,086</b>      | <b>(1,887)</b>        | <b>225,884</b>      | <b>232,910</b>   | <b>7,026</b>      |
|              |               |                  | 1,299           | 1,519           | 219            | Other Operating Revenue         | 7,667                     | 10,134              | 2,467                 | 15,283              | 17,070           | 1,787             |
|              |               |                  | <b>20,118</b>   | <b>20,732</b>   | <b>615</b>     | <b>Total Revenue</b>            | <b>120,640</b>            | <b>121,220</b>      | <b>580</b>            | <b>241,167</b>      | <b>249,980</b>   | <b>8,813</b>      |
| 4,327        | 4,283         | (45) 1.0%        | (16,033)        | (16,205)        | (172)          | Pay Costs                       | (94,744)                  | (94,489)            | 255                   | (189,429)           | (192,767)        | (3,338)           |
|              |               |                  | (3,581)         | (3,857)         | (276)          | Non Pay Costs                   | (21,577)                  | (21,531)            | 46                    | (43,596)            | (45,783)         | (2,188)           |
|              |               |                  | 364             | 92              | (272)          | Provisions                      | 895                       | (607)               | (1,502)               | 1,692               | (4,443)          | (6,135)           |
|              |               |                  | 0               | 0               | 0              | Gain / (loss) on disposal       | 0                         | (23)                | (23)                  | 0                   | (23)             | (23)              |
| <b>4,327</b> | <b>4,283</b>  | <b>(45) 1.0%</b> | <b>(19,251)</b> | <b>(19,971)</b> | <b>(720)</b>   | <b>Total Operating Expenses</b> | <b>(115,426)</b>          | <b>(116,649)</b>    | <b>(1,223)</b>        | <b>(231,333)</b>    | <b>(243,016)</b> | <b>(11,683)</b>   |
| <b>4,327</b> | <b>4,283</b>  | <b>(45) 1.0%</b> | <b>867</b>      | <b>761</b>      | <b>(105)</b>   | <b>EBITDA</b>                   | <b>5,214</b>              | <b>4,571</b>        | <b>(643)</b>          | <b>9,834</b>        | <b>6,964</b>     | <b>(2,870)</b>    |
|              |               |                  | (516)           | (516)           | (0)            | Depreciation                    | (3,094)                   | (3,099)             | (4)                   | (6,188)             | (6,168)          | 21                |
|              |               |                  | (253)           | (245)           | 8              | PDC Paid                        | (1,521)                   | (1,472)             | 48                    | (3,041)             | (2,945)          | 96                |
|              |               |                  | 8               | 0               | (8)            | Interest Received               | 50                        | 0                   | (50)                  | 100                 | 0                | (100)             |
| <b>4,327</b> | <b>4,283</b>  | <b>(45) 1.0%</b> | <b>106</b>      | <b>0</b>        | <b>(106)</b>   | <b>Surplus / (Deficit)</b>      | <b>649</b>                | <b>(0)</b>          | <b>(649)</b>          | <b>705</b>          | <b>(2,148)</b>   | <b>(2,853)</b>    |
|              |               |                  | 0               | 0               | 0              | Revaluation of Assets           | 0                         | 0                   | 0                     | 0                   | 0                | 0                 |
| <b>4,327</b> | <b>4,283</b>  | <b>(45) 1.0%</b> | <b>106</b>      | <b>0</b>        | <b>(106)</b>   | <b>Surplus / (Deficit)</b>      | <b>649</b>                | <b>(0)</b>          | <b>(649)</b>          | <b>705</b>          | <b>(2,148)</b>   | <b>(2,853)</b>    |

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. A revised plan covering October 2020 to March 2021 will be submitted in October.

Trust Monthly I &amp; E Profile



Trust Cumulative I &amp; E Profile



## Income & Expenditure Position 2019 / 20

**A breakeven position has been reported for September. This assumes £1,228k of additional income via the 'top up' process which is an increase from previous months. A revised process is in place from October 2020.**

The national changes to the financial architecture will be revised from October. Whilst elements will remain, such as nationally calculated block contract income, the current retrospective covid and top up funding will cease. In September these values were £533k for covid-19 and £1,228k which were required in order to deliver an overall breakeven position. A separate breakdown of covid-19 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 was then extended until September 2020. The block arrangements were calculated nationally based on income received from key local commissioners during month 9 of 2019/20 plus a tariff uplift. There is also a national top up process based on average costs in months 8, 9 and 10 last year. No further invoices or recharges are to be made and to date there is no income directly provided for new investment.

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. These values have been updated from October 2020. This recognises material shortfall in funding for specific service lines. Additional income, as part of the financial planning process, is also being agreed with commissioners to ensure that the Trust is recompensed for costs incurred relating to the mental health investment standard.

This shortfall in current income is shown in the I & E position on page 4 which highlights £1.9m less income for the year to date when compared to draft plans. Other operating revenue includes the income due for covid cost imbursement.

### **Pay**

Pay spend in September was £16.2m. This is £0.3m more than August with the main increase due to medical staff pay award (covering April to September 2020) being paid in month (as set out nationally). This will be paid monthly henceforth. There has been a reduction in substantive staff in month as student nurse placements, linked to the NHS covid-19 response, have ceased. The impact of current staff absences continue to be monitored to ensure that safer staffing models are maintained despite an increase in staff absence due to covid-19.

### **Non Pay**

Non Pay spend continues to experience both cost pressures and savings within the overall position. Healthcare subcontracts continue 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 generated in categories such as travel, general office costs and training are helping to reduce the overall top up requirement. These are arising from agile ways of working and use of digital technology.



## 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 incremental 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 is undertaken monthly and the true costs of the response will likely be higher than those identified for recovery. 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 value of the September claim was higher than August. There has been a reduction in the cost for student placements but an increase in non pay costs primarily linked to continued investment in agile working and telecommunications, purchase of additional scrubs and laundry of these and additional estates and facilities actions to ensure that the Trust environment is safe as possible (door automation, screens in public spaces etc).

|                            |   | 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        | 112        | 780          |
| Staffing – community       | Community additional shifts   | 13         | 81         | 71         | 60         | 7          | 17         | 249          |
| Staffing – cohort          | Dedicated ward within Forensics required due to positive covid cases                                  | 0          | 26         | 51         | 0          | 0          | 0          | 77           |
| Staffing - students        | Costs of student nurses and medics over and above previous  | 0          | 2          | 132        | 196        | 117        | 33         | 480          |
| 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          | 37         | 53           |
| <b>Total – Pay</b>         |   | <b>139</b> | <b>259</b> | <b>387</b> | <b>427</b> | <b>228</b> | <b>199</b> | <b>1,639</b> |
| IM & T                     | Equipment to support new ways of working, from home, video conferencing, increased telecommunications | 128        | 88         | 4          | 57         | 53         | 111        | 441          |
| Laundry                    | In house laundry service including scrubs   | 96         | 8          | 13         | 32         | 37         | 145        | 331          |
| Infection Control          | Central store of additional infection control supplies (wipes, cleaning products)                     | 27         | 49         | 18         | 95         | 5          | 55         | 249          |
| Catering                   | Staff meals - those working on inpatient wards and in the community. Supply of refreshments           | 19         | 22         | 22         | 0          | 6          | 0          | 69           |
| Discharge Equipment        | Purchase of additional equipment to support hospital discharges                                       | 0          | 34         | 0          | 37         | 0          | 0          | 71           |
| Communications             | Consent to share letter   | 0          | 0          | 17         | 21         | 2          | 0          | 40           |
| Misc / other               | Other general non pay not captured in the headings above  | 8          | 16         | 17         | 18         | 76         | 23         | 158          |
| <b>Total – Non Pay</b>     |   | <b>278</b> | <b>217</b> | <b>91</b>  | <b>260</b> | <b>179</b> | <b>334</b> | <b>1,359</b> |
| <b>Total cost recovery</b> |   | <b>417</b> | <b>476</b> | <b>478</b> | <b>687</b> | <b>407</b> | <b>533</b> | <b>2,998</b> |

## 2.1

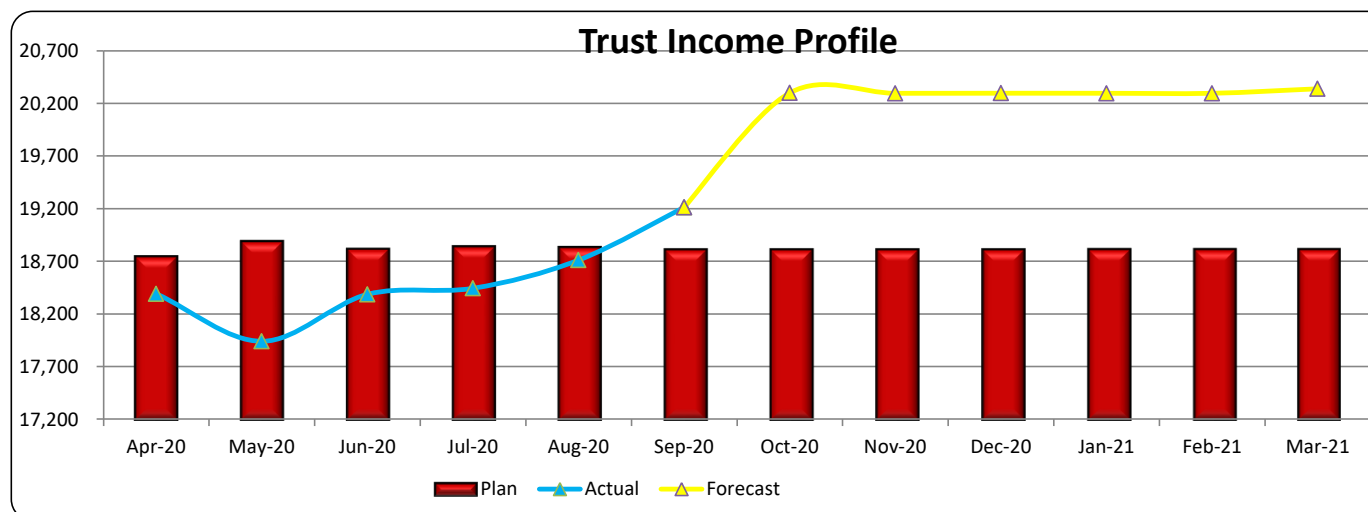
## Income Information

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 uplift. 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 NHS 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<br>£k | May-20<br>£k | Jun-20<br>£k | Jul-20<br>£k | Aug-20<br>£k | Sep-20<br>£k | Oct-20<br>£k | Nov-20<br>£k | Dec-20<br>£k | Jan-21<br>£k | Feb-21<br>£k | Mar-21<br>£k | Total<br>£k | Total 19/20<br>£k |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------------|
| <b>CCG</b>                          | 14,530       | 13,931       | 14,286       | 14,237       | 14,310       | 14,261       | 16,849       | 16,854       | 16,854       | 16,854       | 16,854       | 16,854       | 186,674     | 171,720           |
| <b>Specialist Commissioner</b>      | 2,322        | 2,322        | 2,322        | 2,322        | 2,322        | 2,322        | 2,388        | 2,388        | 2,388        | 2,388        | 2,388        | 2,388        | 28,260      | 27,895            |
| <b>Local Authority Partnerships</b> | 335          | 473          | 409          | 439          | 419          | 417          | 417          | 417          | 417          | 417          | 417          | 417          | 4,994       | 7,755             |
| <b>Top Up</b>                       | 619          | 637          | 597          | 628          | 639          | 625          | 631          | 631          | 631          | 631          | 631          | 631          | 7,533       | 7,673             |
| <b>Other</b>                        | 550          | 550          | 702          | 658          | 1,254        | 1,537        | 0            | 0            | 0            | 0            | 0            | 0            | 5,252       | 0                 |
| <b>Total</b>                        | 35           | 27           | 70           | 159          | (234)        | 51           | 15           | 7            | 7            | 6            | 7            | 49           | 197         | 418               |
| <b>19/20</b>                        | 18,391       | 17,940       | 18,386       | 18,443       | 18,711       | 19,214       | 20,300       | 20,296       | 20,297       | 20,296       | 20,296       | 20,339       | 232,910     | 215,461           |
| <b>20/21</b>                        | 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     |                   |



Although the majority of income is received through the national block contract arrangements there has been an increase in the overall value of income received for the past 4 months. This is due to increased top up / breakeven funding as shown in the table above.

Income from CCGs is forecast to increase in H2 due to:

- \* Revised blocks for a number of commissioners reflective of the unfunded pressures i.e. Barnsley CCG and CAMHS
- \* Additional agreed mental health investment standard income from commissioners. This provides the funding through CCGs to deliver their previously agreed plans.
- \* Allocation of ICS funding, including covid, through the lead CCG (as opposed to top up)

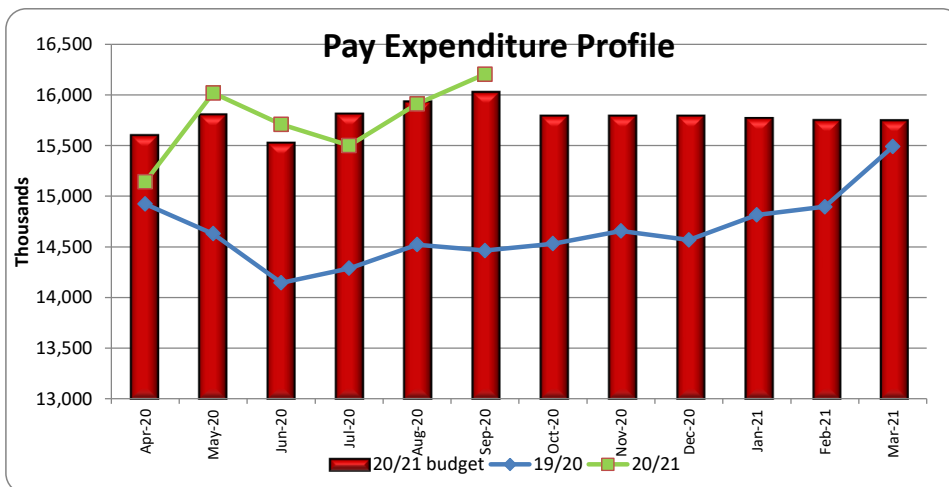
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 79% of our budgeted total expenditure.

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

|                         | Apr-20<br>£k  | May-20<br>£k  | Jun-20<br>£k  | Jul-20<br>£k  | Aug-20<br>£k  | Sep-20<br>£k  | Oct-20<br>£k | Nov-20<br>£k | Dec-20<br>£k | Jan-21<br>£k | Feb-21<br>£k | Mar-21<br>£k | Total<br>£k    |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|
| <b>Substantive</b>      | 13,947        | 14,646        | 14,470        | 14,256        | 14,462        | 14,647        |              |              |              |              |              |              | <b>86,427</b>  |
| <b>Bank &amp; Locum</b> | 727           | 866           | 721           | 687           | 844           | 971           |              |              |              |              |              |              | <b>4,816</b>   |
| <b>Agency</b>           | 469           | 507           | 518           | 558           | 606           | 588           |              |              |              |              |              |              | <b>3,246</b>   |
| <b>Total</b>            | <b>15,142</b> | <b>16,019</b> | <b>15,709</b> | <b>15,501</b> | <b>15,912</b> | <b>16,205</b> | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>94,489</b>  |
| 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       | <b>168,476</b> |
| Bank as %               | 4.8%          | 5.4%          | 4.6%          | 4.4%          | 5.3%          | 6.0%          |              |              |              |              |              |              | 5.1%           |
| Agency as %             | 3.1%          | 3.2%          | 3.3%          | 3.6%          | 3.8%          | 3.6%          |              |              |              |              |              |              | 3.4%           |

|                         | WTE          | WTE          | WTE          | WTE          | WTE          | WTE          | WTE      | WTE      | WTE      | WTE      | WTE      | WTE      | Current      |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|----------|----------|----------|----------|----------|----------|--------------|
| <b>Substantive</b>      | 3,900        | 4,004        | 4,026        | 4,026        | 4,006        | 3,965        |          |          |          |          |          |          | <b>4,026</b> |
| <b>Bank &amp; Locum</b> | 203          | 253          | 193          | 197          | 244          | 225          |          |          |          |          |          |          | <b>193</b>   |
| <b>Agency</b>           | 68           | 75           | 83           | 90           | 108          | 93           |          |          |          |          |          |          | <b>83</b>    |
| <b>Total</b>            | <b>4,171</b> | <b>4,332</b> | <b>4,302</b> | <b>4,312</b> | <b>4,357</b> | <b>4,283</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>4,302</b> |
| 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    | <b>4,098</b> |



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.

Substantive WTE has reduced by 41 in month as some of the covid staffing responses have now ended. For example student nurse placements have either ended or staff have moved into their substantive roles with the Trust. There was however an increase in pay expenditure of c. £0.2m. This value includes £0.3m relating to the payment in month of the medical pay award covering the period of April 2020 to September 2020. This has been reimbursed as part of the national top up process and costs built into the forecast.

Although agency costs have reduced slightly there has been a further increase in bank usage. This is primarily within inpatient services to ensure that we can continue to provide safe staffing levels in response to the needs of service users.

## Agency spend is £588k in September.

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.

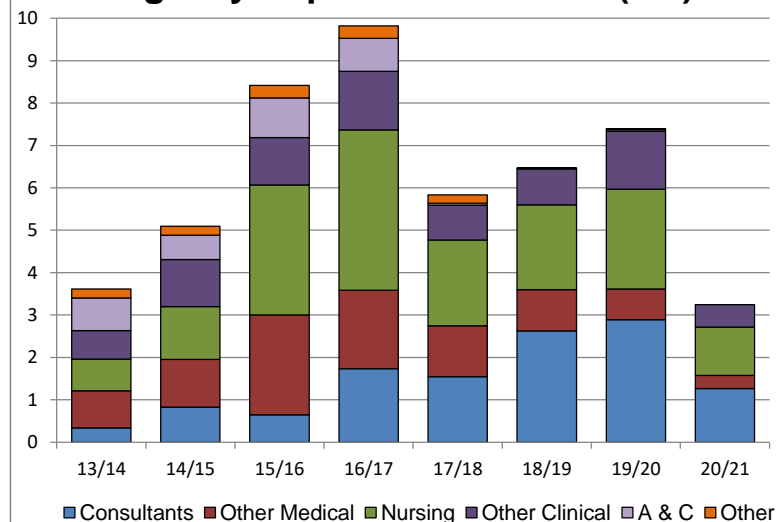
Due to covid 19 there is currently no agency cap for 2020/21, however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested maximum agency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

September 2020 spend is £588k which is a reduction from August and follows a period of monthly increases. This is slightly less than the 2019/20 agency run rate. (2019/20 average was £617k per month).

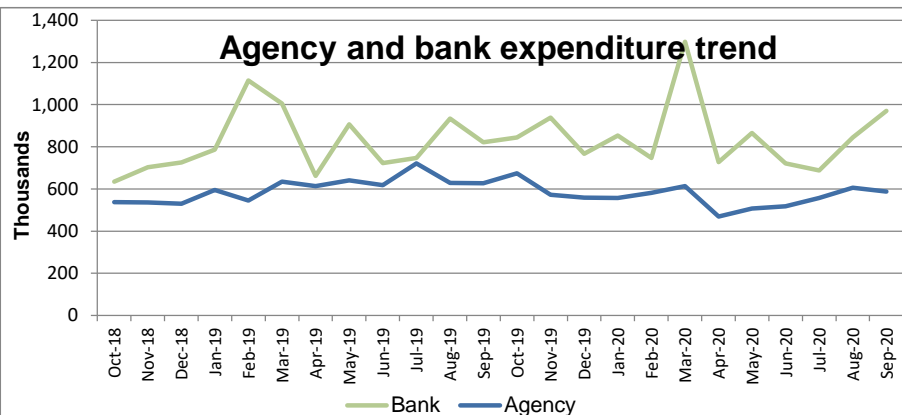
Of this value £294k related to medical agency spend with a further £230k on nursing staff (registered and unregistered). In terms of medical staff we currently have 18 agency in post; 4 relate to CAMHS and 4 relate to Learning Disability services. This has increased from 16 in July with further increases expected.

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

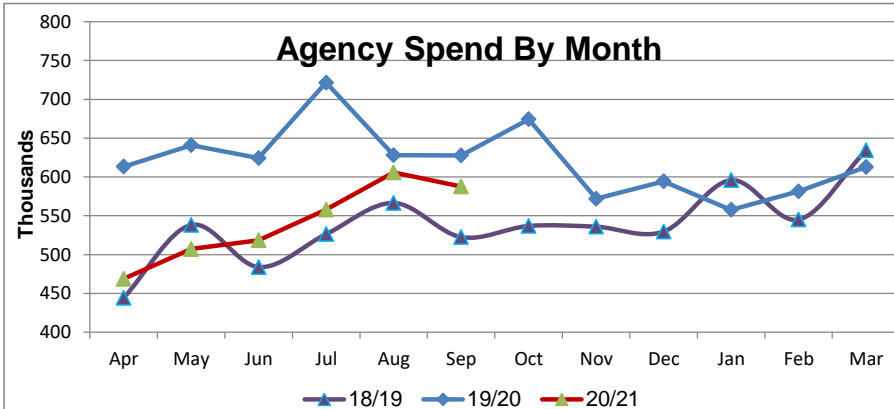
### Agency Expenditure Trends (£m)



### Agency and bank expenditure trend



### Agency Spend By Month

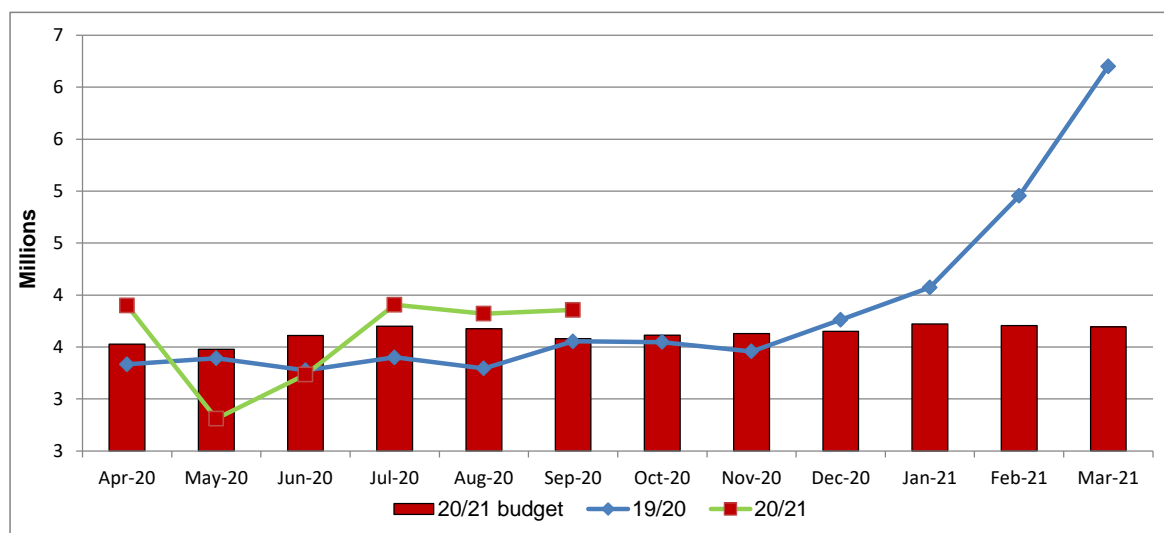


Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

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

|                | Apr-20<br>£k | May-20<br>£k | Jun-20<br>£k | Jul-20<br>£k | Aug-20<br>£k | Sep-20<br>£k | Oct-20<br>£k | Nov-20<br>£k | Dec-20<br>£k | Jan-21<br>£k | Feb-21<br>£k | Mar-21<br>£k | Total<br>£k   |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| <b>2020/21</b> | 3,900        | 2,811        | 3,236        | 3,906        | 3,821        | 3,857        |              |              |              |              |              |              | <b>21,531</b> |
| <b>2019/20</b> | 3,333        | 3,391        | 3,276        | 3,400        | 3,295        | 3,554        | 3,547        | 3,458        | 3,762        | 4,073        | 4,954        | 6,200        | <b>46,244</b> |

|                                 | Indicative Budget | Actual        | Variance   |
|---------------------------------|-------------------|---------------|------------|
|                                 | Year to date      | Year to date  |            |
| Non Pay Category                | £k                | £k            | £k         |
| Clinical Supplies               | 1,210             | 1,475         | (264)      |
| Drugs                           | 1,780             | 1,628         | 152        |
| Healthcare subcontracting       | 2,702             | 3,541         | (838)      |
| Hotel Services                  | 868               | 945           | (77)       |
| Office Supplies                 | 2,726             | 2,999         | (273)      |
| Other Costs                     | 2,278             | 2,198         | 81         |
| Property Costs                  | 3,239             | 3,365         | (126)      |
| Service Level Agreements        | 3,264             | 3,075         | 189        |
| Training & Education            | 541               | 159           | 382        |
| Travel & Subsistence            | 1,796             | 1,022         | 774        |
| Utilities                       | 524               | 587           | (63)       |
| Vehicle Costs                   | 647               | 537           | 110        |
| <b>Total</b>                    | <b>21,577</b>     | <b>21,531</b> | <b>46</b>  |
| <b>Total Excl OOA and Drugs</b> | <b>17,095</b>     | <b>16,363</b> | <b>732</b> |



### 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 largely mitigated in part by national supply of key product lines. These have been at nil cost to the Trust although there have been occasions where the Trust has needed to purchase additional supplies directly. 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 £1.4m for the year to date as highlighted earlier in this report. This is included within each of the individual non pay categories above.

Overall non pay is 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. However spend for July to September has been higher.

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) and also the purchase of healthcare from other providers. The main cost pressure here relates to locked rehab placements in Barnsley.

## 2.3

## Out of Area Beds Expenditure Focus

In this context the term out of area expenditure refers to spend incurred in order to provide clinical care to adult acute and PICU 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

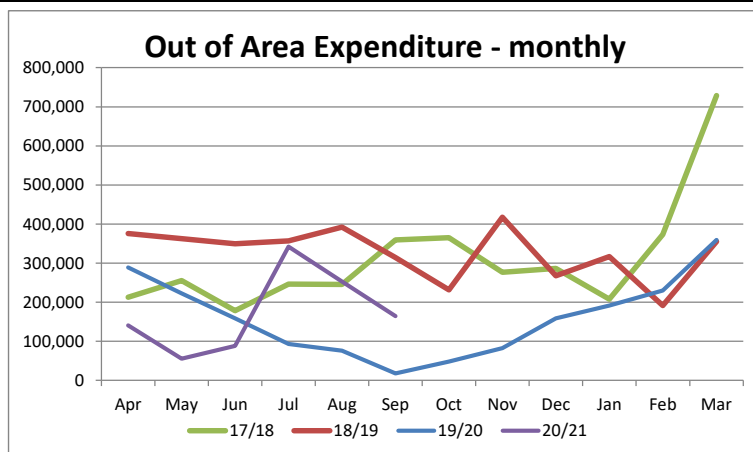
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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<br>£000 | May<br>£000 | Jun<br>£000 | Jul<br>£000 | Aug<br>£000 | Sep<br>£000 | Oct<br>£000 | Nov<br>£000 | Dec<br>£000 | Jan<br>£000 | Feb<br>£000 | Mar<br>£000 | Total<br>£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         | 164         |             |             |             |             |             |             | 1,042         |

| 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 | 54  | 120 | 305 | 147 | 74  |     |     |     |     |     |     | 810   |

| Bed Day Information 2020 / 2021 (by category) |     |    |     |     |     |    |   |   |   |   |   |   |     |
|---|-----|----|-----|-----|-----|----|---|---|---|---|---|---|-----|
| PICU  | 92  | 45 | 34  | 113 | 102 | 53 |   |   |   |   |   |   | 439 |
| Acute   | 18  | 9  | 86  | 192 | 45  | 21 |   |   |   |   |   |   | 371 |
| Total   | 110 | 54 | 120 | 305 | 147 | 74 | 0 | 0 | 0 | 0 | 0 | 0 | 810 |



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

Activity, and costs, have reduced from the in year peak in July with reductions in both PICU and acute bed requirements in September. As at 30th September there were 3 placements (3 PICU, 0 acute) although previous experience has demonstrated that out of area placement activity has fluctuated. Usage and actions plans continue to be enhanced to ensure that usage is minimised.

There are a further 60 bed days which are paid for by commissioners i.e. for gender specific reasons. These arrangement will be paused for October 2020 to March 2021 as part of the financial arrangements and will be reported accordingly for the remainder of the year.

|  | 2019 / 2020 Actual (YTD) |                 | Note |
|--|--------------------------|-----------------|------|
|  | £k                       | £k              |      |
| Non-Current (Fixed) Assets                   | 107,617                  | 105,111         | 1    |
| <b>Current Assets</b>                        |                          |                 |      |
| Inventories & Work in Progress               | 238                      | 238             |      |
| NHS Trade Receivables (Debtors)              | 6,576                    | 2,890           | 2    |
| Non NHS Trade Receivables (Debtors)          | 953                      | 395             | 3    |
| Prepayments, Bad Debt, VAT                   | 2,219                    | 3,391           |      |
| Accrued Income                               | 1,904                    | 3,842           | 4    |
| Cash and Cash Equivalents                    | 36,417                   | 57,545          | 5    |
| <b>Total Current Assets</b>                  | <b>48,307</b>            | <b>68,301</b>   |      |
| <b>Current Liabilities</b>                   |                          |                 |      |
| Trade Payables (Creditors)                   | (4,102)                  | (1,701)         | 6    |
| Capital Payables (Creditors)                 | (272)                    | (414)           |      |
| Tax, NI, Pension Payables, PDC               | (6,311)                  | (7,650)         |      |
| Accruals                                     | (10,869)                 | (12,754)        | 7    |
| Deferred Income                              | (1,462)                  | (18,151)        |      |
| <b>Total Current Liabilities</b>             | <b>(23,016)</b>          | <b>(40,670)</b> |      |
| <b>Net Current Assets/Liabilities</b>        | <b>25,291</b>            | <b>27,631</b>   |      |
| <b>Total Assets less Current Liabilities</b> | <b>132,909</b>           | <b>132,742</b>  |      |
| Provisions for Liabilities                   | (8,724)                  | (8,557)         |      |
| <b>Total Net Assets/(Liabilities)</b>        | <b>124,185</b>           | <b>124,185</b>  |      |
| <b>Taxpayers' Equity</b>                     |                          |                 |      |
| 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    |
| <b>Total Taxpayers' Equity</b>               | <b>124,185</b>           | <b>124,185</b>  |      |

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. Debts continue to be chased and, at the end of September, there were minimal invoices outstanding. Part of this is linked to preparatory work for the new finance ledger system.
4. Accrued income mainly consists of settlement of the covid-19 cost reimbursement and top up payments (£3.1m - covering August and September).
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.



### 3.1 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                |      |
| <b>Maintenance (Minor) Capital</b> |               |                   |                     |                       |                 |                   |      |
| Facilities & Small Schemes         | 3,479         | 836               | 284                 | (552)                 | 3,419           | (60)              |      |
| Equipment Replacement              | 100           | 50                | 43                  | (7)                   | 178             | 78                |      |
| IM&T                               | 2,455         | 1,364             | 380                 | (984)                 | 2,047           | (408)             |      |
| <b>Major Capital Schemes</b>       |               |                   |                     |                       |                 |                   |      |
| Hub Development                    | 600           | 0                 | 0                   | 0                     | 0               | (600)             |      |
|                                    |               |                   |                     |                       |                 | 0                 |      |
|                                    |               |                   |                     |                       |                 | 0                 |      |
| VAT Refunds                        |               |                   | 0                   |                       |                 | 0                 |      |
| <b>TOTALS</b>                      | <b>6,634</b>  | <b>2,250</b>      | <b>707</b>          | <b>(1,542)</b>        | <b>5,644</b>    | <b>(990)</b>      |      |

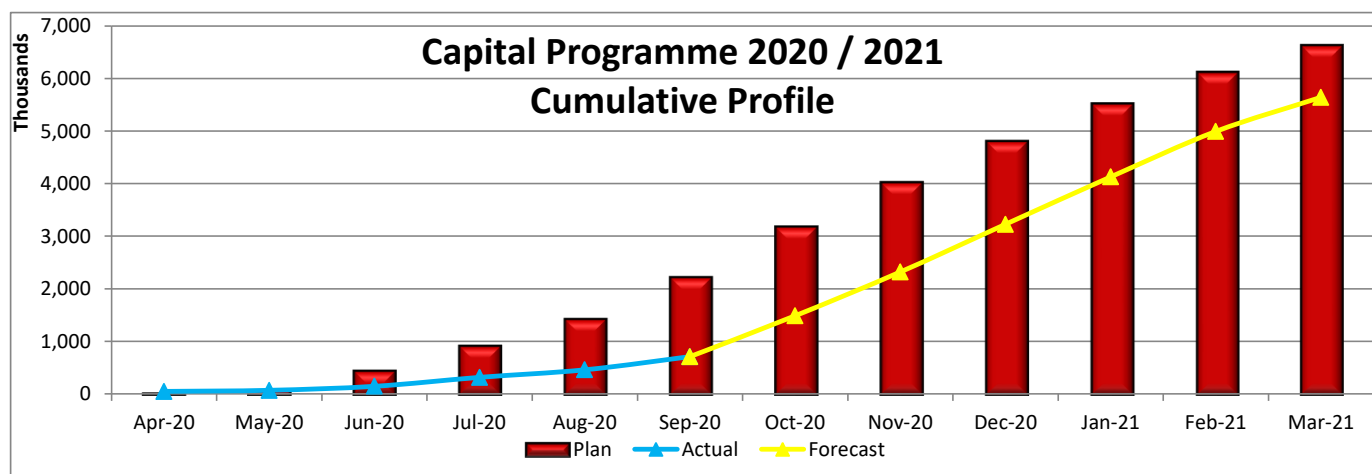
The capital plan for 2020 / 21 is £6.6m. A detailed updated forecast has been completed in September 2020.

#### 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 further detailed review has been undertaken in September 2020. This provides an updated forecast of realistic spend up to 31st March 2021 bearing in mind the current implications of covid-19, accessibility, impact on pricing etc.

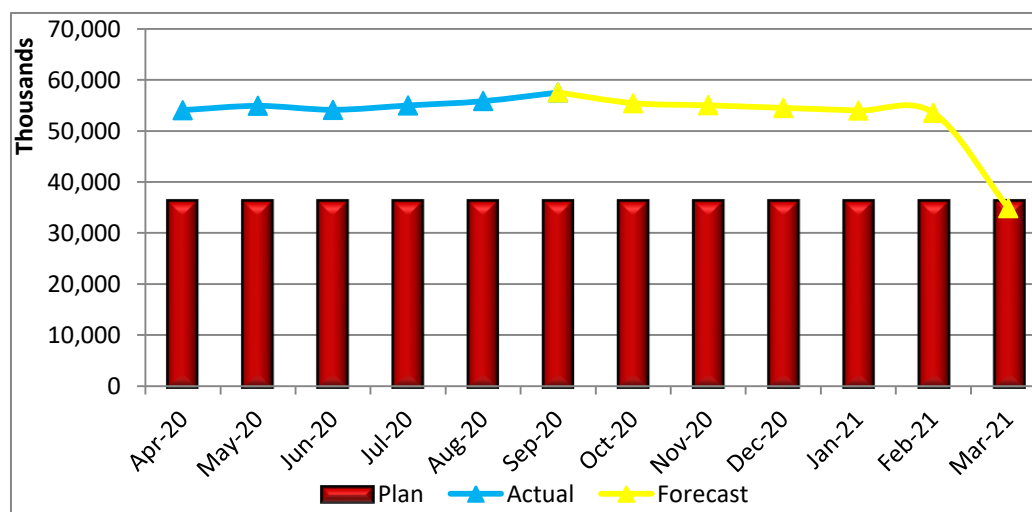
As a result there is a reduction of c. £1m with the majority of the change the hub development and IT schemes.



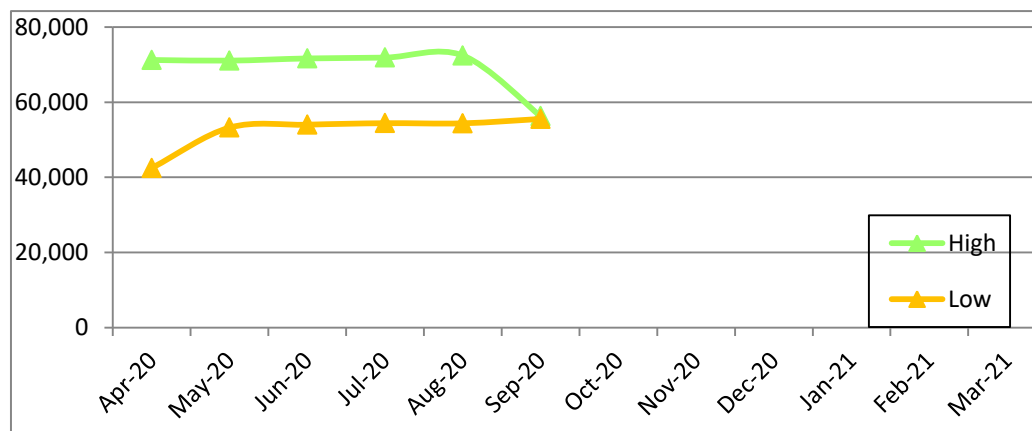


## 3.2

## Cash Flow & Cash Flow Forecast 2020 / 2021



|                 | Plan<br>£k | Actual<br>£k | Variance<br>£k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 22,617     | 36,417       |                |
| Closing Balance | 36,417     | 57,545       | 21,128         |



**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: £56.3m

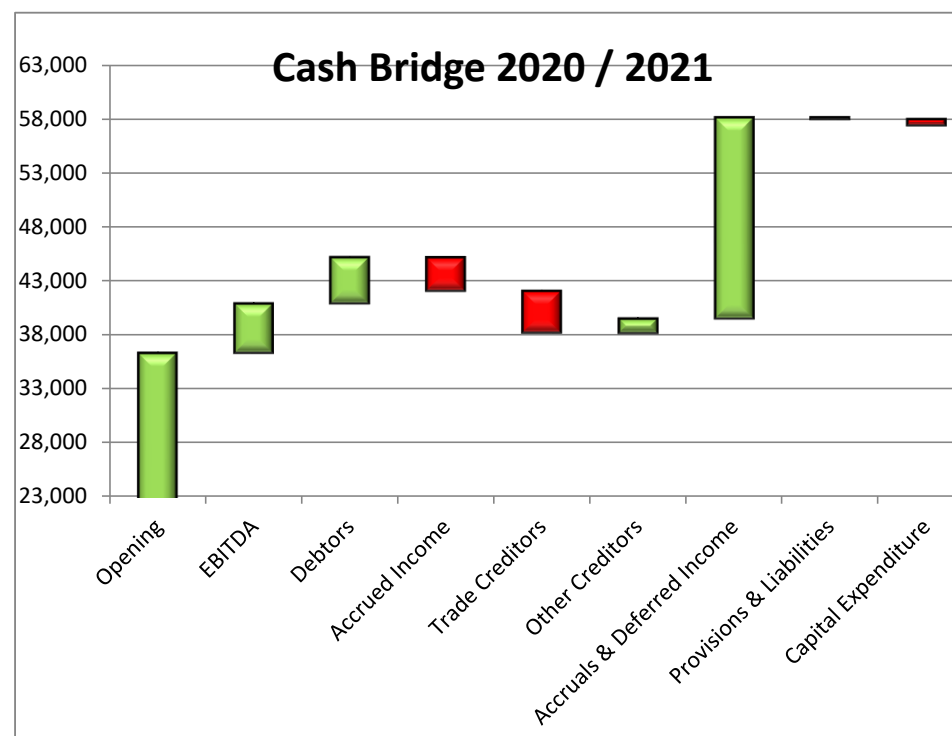
The lowest balance is: £55.6m

This reflects cash balances built up from historical surpluses.

## 3.3

## Reconciliation of Cashflow to Cashflow Plan

|   | Actual<br>£k  | Note |
|---|---------------|------|
| <b>Opening Balances</b>                               | <b>36,417</b> |      |
| Surplus / Deficit (Exc. non-cash items & revaluation) | 4,595         |      |
| <i>Movement in working capital:</i>                   |               |      |
| Inventories & Work in Progress                        | 0             |      |
| Receivables (Debtors)                                 | 4,245         |      |
| Accrued Income / Prepayments                          | (3,111)       |      |
| Trade Payables (Creditors)                            | (3,874)       |      |
| Other Payables (Creditors)                            | 1,339         |      |
| Accruals & Deferred income                            | 18,575        |      |
| Provisions & Liabilities                              | (167)         |      |
| <i>Movement in LT Receivables:</i>                    |               |      |
| Capital expenditure & capital creditors               | (565)         |      |
| Cash receipts from asset sales                        | 91            |      |
| PDC Dividends paid                                    |               |      |
| PDC Dividends received                                |               |      |
| Interest (paid)/ received                             |               |      |
| <b>Closing Balances</b>                               | <b>57,545</b> |      |



The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is also presented graphically 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. The PDC payment expected in September has been deferred, this again improves the Trust's current cash position.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £17.1m relates to the receipt of October 2020 block invoices during September 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.

## 4.0

## Better Payment Practice Code

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

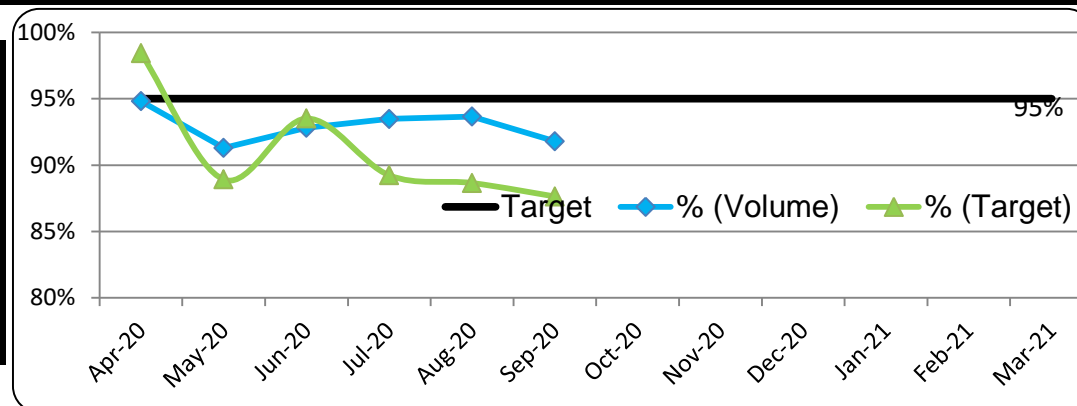
The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Performance continues to be positive.

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

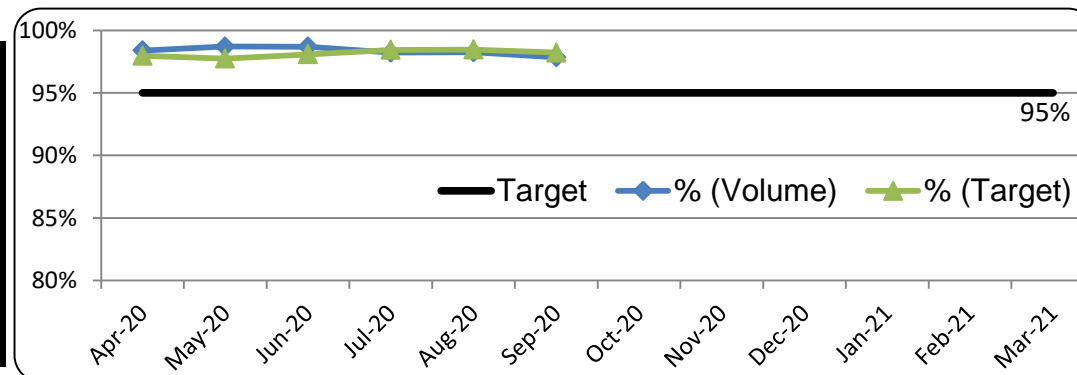
To date, by value, we have paid 62% of NHS invoices and 86% of non NHS invoices within this 7 day target. We continue to review processes to improve this performance further.

It is likely there will be some temporary slippage in this performance in October as the implementation of the new finance and procurement ledger system takes effect.

| NHS                    |        |       |
|------------------------|--------|-------|
|                        | Number | Value |
| <b>30 days</b>         | %      | %     |
| Year to August 2020    | 94%    | 89%   |
| Year to September 2020 | 92%    | 88%   |
| <b>7 days</b>          |        |       |
| Year to August 2020    | 71%    | 69%   |
| Year to September 2020 | 61%    | 62%   |



| Non NHS                |        |       |
|------------------------|--------|-------|
|                        | Number | Value |
| <b>30 days</b>         | %      | %     |
| Year to August 2020    | 98%    | 98%   |
| Year to September 2020 | 98%    | 98%   |
| <b>7 days</b>          |        |       |
| Year to August 2020    | 80%    | 87%   |
| Year to September 2020 | 76%    | 86%   |



## 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-Aug-20    | Property Rental        | Calderdale   | Calderdale and Huddersfield NHS Foundation Trust | 3148426            | 364,058    |
| 24-Jul-20    | Property Rental        | Wakefield    | Mid Yorkshire Hospitals NHS Trust                | 3145456            | 182,622    |
| 27-Aug-20    | Property Rental        | Wakefield    | Mid Yorkshire Hospitals NHS Trust                | 3148366            | 182,622    |
| 05-Sep-20    | IT Services            | Trustwide    | Daisy Corporate Services Trading Ltd             | 3149069            | 90,250     |
| 14-Sep-20    | CNST contributions     | Trustwide    | NHS Litigation Authority                         | 3149984            | 64,522     |
| 18-Sep-20    | Staff Recharge         | Wakefield    | Wakefield MDC                                    | 3150249            | 61,764     |
| 07-Sep-20    | Staff Recharge         | Trustwide    | Leeds and York Partnership NHS FT                | 3149349            | 55,602     |
| 07-Aug-20    | Computer Hardware      | Trustwide    | Dell Corporation Ltd                             | 3146691            | 53,160     |
| 12-Aug-20    | Drugs                  | Trustwide    | Lloyds Pharmacy Ltd                              | 3147232            | 40,466     |
| 25-Aug-20    | Drugs                  | Trustwide    | NHSBSA Prescription Pricing Division             | 3148094            | 39,985     |
| 01-Sep-20    | Property Rental        | Barnsley     | Community Health Partnerships                    | 3148589            | 33,936     |
| 10-Sep-20    | Drugs                  | Trustwide    | Lloyds Pharmacy Ltd                              | 3149639            | 33,906     |
| 21-Aug-20    | Telecoms               | Trustwide    | Vodafone Corporate Ltd                           | 3147736            | 32,978     |
| 01-Sep-20    | Purchase of Healthcare | Forensics    | Cloverleaf Advocacy 2000 Ltd                     | 3148545            | 32,358     |
| 07-Sep-20    | Property Rental        | Barnsley     | Dr A D Mellor & Partners                         | 3149220            | 30,096     |
| 17-Sep-20    | Telecoms               | Trustwide    | Vodafone Corporate Ltd                           | 3150137            | 28,974     |
| 28-Aug-20    | Property Rental        | Wakefield    | SJM Developments Limited                         | 3148458            | 27,000     |
| 01-Sep-20    | Property Rental        | Barnsley     | Community Health Partnerships                    | 3148589            | 26,295     |
| 12-Aug-20    | Drugs                  | Trustwide    | Lloyds Pharmacy Ltd                              | 3147232            | 26,219     |
| 07-Sep-20    | Property Rental        | Barnsley     | Dr A D Mellor & Partners                         | 3149221            | 25,344     |
| 07-Sep-20    | Utilities              | Trustwide    | EDF Energy                                       | 3149358            | 25,169     |

- \* Recurrent - an action or decision that has a continuing financial effect
- \* Non-Recurrent - an action or decision that has a one off or time limited effect
- \* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- \* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- \* Surplus - Trust income is greater than costs
- \* Deficit - Trust costs are greater than income
- \* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- \* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- \* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.
- \* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- \* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- \* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- \* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

## Appendix 2 - Workforce - Performance Wall

| Barnsley District                         |                      |            |       |           |        |        |        |        |        |        |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                     | Objective            | CQC Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                            | Resources            | Well Led   | AD    | <=4.5%    | 4.5%   | 4.2%   | 4.3%   | 4.2%   | 4.1%   | 4.0%   |
| Sickness (Monthly)                        | Resources            | Well Led   | AD    | <=4.5%    | 4.5%   | 4.0%   | 4.4%   | 3.8%   | 3.8%   | 3.6%   |
| Aggression Management                     | Quality & Experience | Well Led   | AD    | >=80%     | 86.0%  | 86.0%  | 86.0%  | 86.0%  | 86.0%  | 86.8%  |
| Cardiopulmonary Resuscitation             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 91.7%  | 91.7%  | 91.7%  | 91.7%  | 92.1%  | 91.7%  |
| Clinical Risk                             | Quality & Experience | Well Led   | AD    | >=80%     | 91.4%  | 91.4%  | 91.4%  | 91.4%  | 90.8%  | 92.1%  |
| Equality and Diversity                    | Resources            | Well Led   | AD    | >=80%     | 97.3%  | 97.3%  | 97.3%  | 97.3%  | 97.4%  | 98.0%  |
| Fire Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 94.6%  | 94.6%  | 94.6%  | 94.6%  | 94.1%  | 93.9%  |
| Food Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 79.7%  | 79.7%  | 79.7%  | 79.7%  | 79.9%  | 78.5%  |
| Infection Control and Hand Hygiene        | Quality & Experience | Well Led   | AD    | >=80%     | 97.9%  | 97.9%  | 97.9%  | 97.9%  | 97.9%  | 98.2%  |
| Information Governance                    | Resources            | Well Led   | AD    | >=95%     | 98.9%  | 98.9%  | 98.9%  | 98.9%  | 99.1%  | 99.0%  |
| Moving and Handling                       | Resources            | Well Led   | AD    | >=80%     | 92.6%  | 92.6%  | 92.6%  | 92.6%  | 92.2%  | 91.8%  |
| Mental Capacity Act/DOLS                  | Health & Wellbeing   | Well Led   | AD    | >=80%     | 94.2%  | 94.2%  | 94.2%  | 94.2%  | 94.7%  | 94.4%  |
| Mental Health Act                         | Health & Wellbeing   | Well Led   | AD    | >=80%     | 91.6%  | 91.6%  | 91.6%  | 91.6%  | 92.0%  | 91.8%  |
| Prevent                                   | Improving Care       | Well Led   | AD    | >=80%     | 94.5%  | 94.5%  | 94.5%  | 94.5%  | 95.3%  | 95.3%  |
| Safeguarding Adults                       | Quality & Experience | Well Led   | AD    | >=80%     | 97.1%  | 97.1%  | 97.1%  | 97.1%  | 92.9%  | 92.9%  |
| Safeguarding Children                     | Quality & Experience | Well Led   | AD    | >=80%     | 94.4%  | 94.4%  | 94.4%  | 94.4%  | 95.5%  | 95.5%  |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led   | AD    | >=80%     | 98.7%  | 98.7%  | 98.7%  | 98.7%  | 98.4%  | 98.4%  |
| Bank Cost                                 | Resources            | Well Led   | AD    |           | £96k   | £89k   | £62k   | £79k   | £102k  | £87k   |
| Agency Cost                               | Resources            | Effective  | AD    |           | £33k   | £35k   | £39k   | £58k   | £56k   | £60k   |
| Overtime Costs                            | Resources            | Effective  | AD    |           | £16k   | £73k   | £48k   | £43k   | £48k   | £18k   |
| Additional Hours Costs                    | Resources            | Effective  | AD    |           | £28k   | £27k   | £28k   | £27k   | £24k   | £18k   |
| Sickness Cost (Monthly)                   | Resources            | Effective  | AD    |           | £112k  | £101k  | £112k  | £98k   | £99k   | £89k   |
| Vacancies (Non-Medical) (WTE)             | Resources            | Well Led   | AD    |           | 3.30   | 3.30   | 4.35   | 0.51   | 3.59   | -1.37  |
| Business Miles                            | Resources            | Effective  | AD    |           | 72k    | 79k    | 69k    | 84k    | 85k    | 74k    |

| Calderdale and Kirklees District     |                      |            |       |           |        |        |        |        |        |        |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                | Objective            | CQC Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                       | Resources            | Well Led   | AD    | <=4.5%    | 3.5%   | 3.7%   | 3.3%   | 3.1%   | 3.1%   | 3.1%   |
| Sickness (Monthly)                   | Resources            | Well Led   | AD    | <=4.5%    | 3.5%   | 3.7%   | 2.5%   | 2.7%   | 3.0%   | 3.2%   |
| Aggression Management                | Quality & Experience | Well Led   | AD    | >=80%     | 86.2%  | 86.2%  | 86.2%  | 86.2%  | 86.6%  | 85.5%  |
| Cardiopulmonary Resuscitation        | Health & Wellbeing   | Well Led   | AD    | >=80%     | 89.6%  | 89.6%  | 89.6%  | 89.6%  | 89.8%  | 89.0%  |
| Clinical Risk                        | Quality & Experience | Well Led   | AD    | >=80%     | 96.2%  | 96.2%  | 96.2%  | 96.2%  | 95.7%  | 94.9%  |
| Equality and Diversity               | Resources            | Well Led   | AD    | >=80%     | 96.0%  | 96.0%  | 96.0%  | 96.0%  | 96.8%  | 96.7%  |
| Fire Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 95.3%  | 95.3%  | 95.3%  | 95.3%  | 95.0%  | 95.0%  |
| Food Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 78.5%  | 78.5%  | 78.5%  | 78.5%  | 78.2%  | 77.2%  |
| Infection Control and Hand Hygiene   | Quality & Experience | Well Led   |       | >=80%     | 95.5%  | 95.5%  | 95.5%  | 95.5%  | 96.2%  | 95.6%  |
| Information Governance               | Resources            | Well Led   | AD    | >=95%     | 98.5%  | 98.5%  | 98.5%  | 98.5%  | 99.4%  | 99.3%  |
| Moving and Handling                  | Resources            | Well Led   | AD    | >=80%     | 95.1%  | 95.1%  | 95.1%  | 95.1%  | 95.6%  | 95.4%  |
| Mental Capacity Act/DOLS             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 94.0%  | 94.0%  | 94.0%  | 94.0%  | 95.6%  | 94.8%  |
| Mental Health Act                    | Health & Wellbeing   | Well Led   | AD    | >=80%     | 92.1%  | 92.1%  | 92.1%  | 92.1%  | 93.5%  | 93.6%  |
| Prevent                              | Improving Care       | Well Led   | AD    | >=80%     | 93.1%  | 93.1%  | 93.1%  | 93.1%  | 95.2%  | 95.2%  |
| Safeguarding Adults                  | Quality & Experience | Well Led   | AD    | >=80%     | 96.2%  | 96.2%  | 96.2%  | 96.2%  | 89.7%  | 89.7%  |
| Safeguarding Children                | Quality & Experience | Well Led   | AD    | >=80%     | 92.6%  | 92.6%  | 92.6%  | 92.6%  | 94.2%  | 94.2%  |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led   | AD    | >=80%     | 96.6%  | 96.6%  | 96.6%  | 96.6%  | 96.9%  | 96.9%  |
| Bank Cost                            | Resources            | Well Led   | AD    |           | £122k  | £125k  | £100k  | £90k   | £130k  | £141k  |
| Agency Cost                          | Resources            | Effective  | AD    |           | £109k  | £62k   | £27k   | £40k   | £67k   | £50k   |
| Overtime Costs                       | Resources            | Effective  | AD    |           | £18k   | £21k   | £47k   | £26k   | £25k   | £26k   |
| Additional Hours Costs               | Resources            | Effective  | AD    |           | £1k    | £2k    | £2k    | £2k    | £1k    | £1k    |
| Sickness Cost (Monthly)              | Resources            | Effective  | AD    |           | £80k   | £93k   | £63k   | £71k   | £83k   | £75k   |
| Vacancies (Non-Medical) (WTE)        | Resources            | Well Led   | AD    |           | 40.12  | 40.12  | 40.77  | 37.74  | 36.11  | 39.69  |
| Business Miles                       | Resources            | Effective  | AD    |           | 45k    | 25k    | 24k    | 32k    | 27k    | 26k    |

## Appendix - 2 - Workforce - Performance Wall cont....

| Forensic Services                         |                      |            |       |           |        |        |        |        |        |        |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                     | Objective            | CQC Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                            | Resources            | Well Led   | AD    | <=5.4%    | 4.9%   | 5.0%   | 5.3%   | 5.4%   | 5.4%   | 5.4%   |
| Sickness (Monthly)                        | Resources            | Well Led   | AD    | <=5.4%    | 4.9%   | 5.0%   | 6.1%   | 5.5%   | 5.4%   | 5.4%   |
| Aggression Management                     | Quality & Experience | Well Led   | AD    | >=80%     | 83.9%  | 83.9%  | 83.9%  | 83.9%  | 86.9%  | 85.5%  |
| Cardiopulmonary Resuscitation             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 89.4%  | 89.4%  | 89.4%  | 89.4%  | 92.3%  | 90.9%  |
| Clinical Risk                             | Quality & Experience | Well Led   | AD    | >=80%     | 95.0%  | 95.0%  | 95.0%  | 95.0%  | 95.1%  | 93.8%  |
| Equality and Diversity                    | Resources            | Well Led   | AD    | >=80%     | 94.3%  | 94.3%  | 94.3%  | 94.3%  | 95.6%  | 94.5%  |
| Fire Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 92.9%  | 92.9%  | 92.9%  | 92.9%  | 94.3%  | 93.0%  |
| Food Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 69.2%  | 69.2%  | 69.2%  | 69.2%  | 72.3%  | 70.4%  |
| Infection Control and Hand Hygiene        | Quality & Experience | Well Led   | AD    | >=80%     | 94.9%  | 94.9%  | 94.9%  | 94.9%  | 96.0%  | 95.6%  |
| Information Governance                    | Resources            | Well Led   | AD    | >=95%     | 97.1%  | 97.1%  | 97.1%  | 97.1%  | 98.5%  | 98.2%  |
| Moving and Handling                       | Resources            | Well Led   | AD    | >=80%     | 95.4%  | 95.4%  | 95.4%  | 95.4%  | 96.9%  | 96.4%  |
| Mental Capacity Act/DOLS                  | Health & Wellbeing   | Well Led   | AD    | >=80%     | 90.1%  | 90.1%  | 90.1%  | 90.1%  | 93.0%  | 92.1%  |
| Mental Health Act                         | Health & Wellbeing   | Well Led   | AD    | >=80%     | 86.0%  | 86.0%  | 86.0%  | 86.0%  | 89.8%  | 88.0%  |
| Prevent                                   | Improving Care       | Well Led   | AD    | >=80%     | 90.2%  | 90.2%  | 90.2%  | 90.2%  | 92.5%  | 92.5%  |
| Safeguarding Adults                       | Quality & Experience | Well Led   | AD    | >=80%     | 94.9%  | 94.9%  | 94.9%  | 94.9%  | 91.9%  | 91.9%  |
| Safeguarding Children                     | Quality & Experience | Well Led   | AD    | >=80%     | 88.2%  | 88.2%  | 88.2%  | 88.2%  | 89.0%  | 89.0%  |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led   | AD    | >=80%     | 98.6%  | 98.6%  | 98.6%  | 98.6%  | 98.6%  | 98.6%  |
| Bank Cost                                 | Resources            | Well Led   | AD    |           | £164k  | £258k  | £191k  | £204k  | £239k  | £291k  |
| Agency Cost                               | Resources            | Effective  | AD    |           | £114k  | £137k  | £172k  | £183k  | £190k  | £207k  |
| Overtime Costs                            | Resources            | Effective  | AD    |           | £87k   | £112k  | £105k  | £86k   | £74k   | £79k   |
| Additional Hours Costs                    | Resources            | Effective  | AD    |           | £6k    | £5k    | £6k    | £8k    | £5k    | £5k    |
| Sickness Cost (Monthly)                   | Resources            | Effective  | AD    |           | £63k   | £68k   | £82k   | £83k   | £84k   | £78k   |
| Vacancies (Non-Medical) (WTE)             | Resources            | Well Led   | AD    |           | 97.40  | 97.40  | 125.15 | 114.49 | 107.62 | 106.84 |
| Business Miles                            | Resources            | Effective  | AD    |           | 13k    | 8k     | 8k     | 9k     | 12k    | 11k    |

| CAMHS                                |                      |            |       |           |        |        |        |        |        |         |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|---------|
| Month                                | Objective            | CQC Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20  |
| Sickness (YTD)                       | Resources            | Well Led   | AD    | <=4.5%    | 2.0%   | 2.1%   | 2.4%   | 2.4%   | 2.5%   | 2.6%    |
| Sickness (Monthly)                   | Resources            | Well Led   | AD    | <=4.5%    | 2.0%   | 2.2%   | 3.0%   | 2.3%   | 2.8%   | 3.5%    |
| Aggression Management                | Quality & Experience | Well Led   | AD    | >=80%     | 76.1%  | 76.1%  | 76.1%  | 76.1%  | 75.6%  | 76.6%   |
| Cardiopulmonary Resuscitation        | Health & Wellbeing   | Well Led   | AD    | >=80%     | 84.8%  | 84.8%  | 84.8%  | 84.8%  | 83.3%  | 81.1%   |
| Clinical Risk                        | Quality & Experience | Well Led   | AD    | >=80%     | 89.6%  | 89.6%  | 89.6%  | 89.6%  | 91.2%  | 92.7%   |
| Equality and Diversity               | Resources            | Well Led   | AD    | >=80%     | 93.2%  | 93.2%  | 93.2%  | 93.2%  | 93.7%  | 93.7%   |
| Fire Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 90.4%  | 90.4%  | 90.4%  | 90.4%  | 89.5%  | 91.3%   |
| Food Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 25.0%  | 25.0%  | 25.0%  | 25.0%  | 25.0%  | 0.0%    |
| Infection Control and Hand Hygiene   | Quality & Experience | Well Led   | AD    | >=80%     | 92.9%  | 92.9%  | 92.9%  | 92.9%  | 92.3%  | 93.4%   |
| Information Governance               | Resources            | Well Led   | AD    | >=95%     | 96.6%  | 96.6%  | 96.6%  | 96.6%  | 96.8%  | 96.9%   |
| Moving and Handling                  | Resources            | Well Led   | AD    | >=80%     | 96.8%  | 96.8%  | 96.8%  | 96.8%  | 96.5%  | 97.6%   |
| Mental Capacity Act/DOLS             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 91.1%  | 91.1%  | 91.1%  | 91.1%  | 91.2%  | 91.9%   |
| Mental Health Act                    | Health & Wellbeing   | Well Led   | AD    | >=80%     | 87.8%  | 87.8%  | 87.8%  | 87.8%  | 88.4%  | 88.9%   |
| Prevent                              | Improving Care       | Well Led   | AD    | >=80%     | 92.4%  | 92.4%  | 92.4%  | 92.4%  | 93.3%  | 93.3%   |
| Safeguarding Adults                  | Quality & Experience | Well Led   | AD    | >=80%     | 93.6%  | 93.6%  | 93.6%  | 93.6%  | 90.6%  | 90.6%   |
| Safeguarding Children                | Quality & Experience | Well Led   | AD    | >=80%     | 90.4%  | 90.4%  | 90.4%  | 90.4%  | 92.0%  | 92.0%   |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led   | AD    | >=80%     | 95.6%  | 95.6%  | 95.6%  | 95.6%  | 95.0%  | 95.0%   |
| Bank Cost                            | Resources            | Well Led   | AD    |           | £10k   | £10k   | £11k   | £16k   | £13k   | £16k    |
| Agency Cost                          | Resources            | Effective  | AD    |           | £133k  | £120k  | £134k  | £153k  | £154k  | £144k   |
| Overtime Costs                       | Resources            | Effective  | AD    |           | £42k   | £56k   | £42k   | £23k   | £36k   | £26k    |
| Additional Hours Costs               | Resources            | Effective  | AD    |           | £3k    | £2k    | £5k    | £5k    | £4k    | £5k     |
| Sickness Cost (Monthly)              | Resources            | Effective  | AD    |           | £20k   | £16k   | £24k   | £19k   | £23k   | £30k    |
| Vacancies (Non-Medical) (WTE)        | Resources            | Well Led   | AD    |           | 45.55  | 45.55  | 43.55  | 49.63  | 46.44  | 2923.0% |
| Business Miles                       | Resources            | Effective  | AD    |           | 12k    | 7k     | 5k     | 7k     | 6k     | 5k      |

## Appendix 2 - Workforce - Performance Wall cont....

| Support Services                          |                      |            |       |           |        |        |        |        |        |        |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                     | Objective            | QCQ Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                            | Resources            | Well Led   | AD    | <=4.0%    | 2.8%   | 2.9%   | 3.1%   | 3.1%   | 3.1%   | 3.3%   |
| Sickness (Monthly)                        | Resources            | Well Led   | AD    | <=4.0%    | 2.8%   | 2.9%   | 3.5%   | 3.2%   | 3.3%   | 3.8%   |
| Aggression Management                     | Quality & Experience | Well Led   | AD    | >=80%     | 92.1%  | 92.1%  | 92.1%  | 92.1%  | 92.9%  | 92.3%  |
| Cardiopulmonary Resuscitation             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 86.7%  | 86.7%  | 86.7%  | 86.7%  | 89.7%  | 87.1%  |
| Clinical Risk                             | Quality & Experience | Well Led   | AD    | >=80%     | 66.7%  | 66.7%  | 66.7%  | 66.7%  | 100.0% | 100.0% |
| Equality and Diversity                    | Resources            | Well Led   | AD    | >=80%     | 92.3%  | 92.3%  | 92.3%  | 92.3%  | 92.3%  | 92.0%  |
| Fire Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 93.8%  | 93.8%  | 93.8%  | 93.8%  | 93.9%  | 92.8%  |
| Food Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 93.7%  | 93.7%  | 93.7%  | 93.7%  | 97.2%  | 97.8%  |
| Infection Control and Hand Hygiene        | Quality & Experience | Well Led   | AD    | >=80%     | 95.2%  | 95.2%  | 95.2%  | 95.2%  | 95.4%  | 94.8%  |
| Information Governance                    | Resources            | Well Led   | AD    | >=95%     | 98.1%  | 98.1%  | 98.1%  | 98.1%  | 98.4%  | 99.0%  |
| Moving and Handling                       | Resources            | Well Led   | AD    | >=80%     | 96.4%  | 96.4%  | 96.4%  | 96.4%  | 97.0%  | 98.6%  |
| Mental Capacity Act/DOLS                  | Health & Wellbeing   | Well Led   | AD    | >=80%     | 99.0%  | 99.0%  | 99.0%  | 99.0%  | 99.0%  | 98.8%  |
| Mental Health Act                         | Health & Wellbeing   | Well Led   | AD    | >=80%     | 87.0%  | 87.0%  | 87.0%  | 87.0%  | 90.5%  | 81.8%  |
| Prevent                                   | Improving Care       | Well Led   | AD    | >=80%     | 96.7%  | 96.7%  | 96.7%  | 96.7%  | 97.9%  | 97.9%  |
| Safeguarding Adults                       | Quality & Experience | Well Led   | AD    | >=80%     | 97.3%  | 97.3%  | 97.3%  | 97.3%  | 98.5%  | 98.5%  |
| Safeguarding Children                     | Quality & Experience | Well Led   | AD    | >=80%     | 96.6%  | 96.6%  | 96.6%  | 96.6%  | 98.2%  | 98.2%  |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led   | AD    | >=80%     | 60.0%  | 60.0%  | 60.0%  | 60.0%  | 100.0% | 100.0% |
| Bank Cost                                 | Resources            | Well Led   | AD    |           | £79k   | £-16k  | £53k   | £45k   | £32k   | £47k   |
| Agency Cost                               | Resources            | Effective  | AD    |           | £11k   | £51k   | £19k   | £23k   | £10k   | £12k   |
| Overtime Costs                            | Resources            | Effective  | AD    |           | £2k    | £33k   | £24k   | £8k    | £13k   | £9k    |
| Additional Hours Costs                    | Resources            | Effective  | AD    |           | £16k   | £16k   | £18k   | £22k   | £20k   | £19k   |
| Sickness Cost (Monthly)                   | Resources            | Effective  | AD    |           | £37k   | £40k   | £48k   | £49k   | £48k   | £55k   |
| Vacancies (Non-Medical) (WTE)             | Resources            | Well Led   | AD    |           | 15.79  | 15.79  | -70.62 | -53.95 | -42.87 | 11.15  |
| Business Miles                            | Resources            | Effective  | AD    |           | 25k    | 11k    | 10k    | 8k     | 12k    | 8k     |

| Wakefield District                   |                      |            |       |           |        |        |        |        |        |        |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                | Objective            | QCQ Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                       | Resources            | Well Led   | AD    | <=4.6%    | 1.7%   | 1.9%   | 2.3%   | 2.7%   | 2.8%   | 2.8%   |
| Sickness (Monthly)                   | Resources            | Well Led   | AD    | <=4.6%    | 1.8%   | 2.2%   | 3.1%   | 4.1%   | 3.2%   | 2.7%   |
| Aggression Management                | Quality & Experience | Well Led   | AD    | >=80%     | 88.2%  | 88.2%  | 88.2%  | 88.2%  | 88.3%  | 88.0%  |
| Cardiopulmonary Resuscitation        | Health & Wellbeing   | Well Led   | AD    | >=80%     | 88.9%  | 88.9%  | 88.9%  | 88.9%  | 90.4%  | 88.8%  |
| Clinical Risk                        | Quality & Experience | Well Led   | AD    | >=80%     | 91.6%  | 91.6%  | 91.6%  | 91.6%  | 92.1%  | 91.4%  |
| Equality and Diversity               | Resources            | Well Led   | AD    | >=80%     | 95.5%  | 95.5%  | 95.5%  | 95.5%  | 96.8%  | 96.1%  |
| Fire Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 92.1%  | 92.1%  | 92.1%  | 92.1%  | 92.8%  | 93.5%  |
| Food Safety                          | Health & Wellbeing   | Well Led   | AD    | >=80%     | 80.6%  | 80.6%  | 80.6%  | 80.6%  | 81.9%  | 73.2%  |
| Infection Control and Hand Hygiene   | Quality & Experience | Well Led   | AD    | >=80%     | 95.5%  | 95.5%  | 95.5%  | 95.5%  | 96.8%  | 95.5%  |
| Information Governance               | Resources            | Well Led   | AD    | >=95%     | 99.2%  | 99.2%  | 99.2%  | 99.2%  | 99.7%  | 99.2%  |
| Moving and Handling                  | Resources            | Well Led   | AD    | >=80%     | 96.3%  | 96.3%  | 96.3%  | 96.3%  | 97.3%  | 96.6%  |
| Mental Capacity Act/DOLS             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 93.6%  | 93.6%  | 93.6%  | 93.6%  | 94.9%  | 94.8%  |
| Mental Health Act                    | Health & Wellbeing   | Well Led   | AD    | >=80%     | 93.4%  | 93.4%  | 93.4%  | 93.4%  | 94.6%  | 93.5%  |
| Prevent                              | Improving Care       | Well Led   | AD    | >=80%     | 90.7%  | 90.7%  | 90.7%  | 90.7%  | 91.6%  | 91.6%  |
| Safeguarding Adults                  | Quality & Experience | Well Led   | AD    | >=80%     | 96.3%  | 96.3%  | 96.3%  | 96.3%  | 91.6%  | 91.6%  |
| Safeguarding Children                | Quality & Experience | Well Led   | AD    | >=80%     | 93.4%  | 93.4%  | 93.4%  | 93.4%  | 92.1%  | 92.1%  |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led   | AD    | >=80%     | 96.6%  | 96.6%  | 96.6%  | 96.6%  | 95.0%  | 95.0%  |
| Bank Cost                            | Resources            | Well Led   | AD    |           | £64k   | £86k   | £56k   | £58k   | £63k   | £57k   |
| Agency Cost                          | Resources            | Effective  | AD    |           | £28k   | £38k   | £54k   | £38k   | £32k   | £45k   |
| Overtime Costs                       | Resources            | Effective  | AD    |           | £11k   | £31k   | £13k   | £15k   | £30k   | £21k   |
| Additional Hours Costs               | Resources            | Effective  | AD    |           | £2k    | £3k    | £2k    | £3k    | £2k    | £2k    |
| Sickness Cost (Monthly)              | Resources            | Effective  | AD    |           | £14k   | £18k   | £26k   | £37k   | £29k   | £22k   |
| Vacancies (Non-Medical) (WTE)        | Resources            | Well Led   | AD    |           | 5.14   | 5.14   | 16.44  | 16.10  | 11.31  | 0.59   |
| Business Miles                       | Resources            | Effective  | AD    |           | 24k    | 18k    | 21k    | 22k    | 24k    | 25k    |



## Appendix 2 - Workforce - Performance Wall cont....

| Inpatient Service                         |                      |            |       |           |        |        |        |        |        |        |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month                                     | Objective            | QCC Domain | Owner | Threshold | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 |
| Sickness (YTD)                            | Resources            | Well Led   | AD    | <=4.5%    | 6.0%   | 6.1%   | 5.8%   | 5.7%   | 5.6%   | 5.4%   |
| Sickness (Monthly)                        | Resources            | Well Led   | AD    | <=4.5%    | 5.9%   | 6.1%   | 5.1%   | 5.5%   | 5.1%   | 4.7%   |
| Aggression Management                     | Quality & Experience | Well Led   | AD    | >=80%     | 85.6%  | 85.6%  | 85.6%  | 85.6%  | 87.2%  | 87.1%  |
| Cardiopulmonary Resuscitation             | Health & Wellbeing   | Well Led   | AD    | >=80%     | 86.7%  | 86.7%  | 86.7%  | 86.7%  | 88.2%  | 87.8%  |
| Clinical Risk                             | Quality & Experience | Well Led   | AD    | >=80%     | 95.0%  | 95.0%  | 95.0%  | 95.0%  | 94.3%  | 95.3%  |
| Equality and Diversity                    | Resources            | Well Led   | AD    | >=80%     | 95.3%  | 95.3%  | 95.3%  | 95.3%  | 96.3%  | 96.5%  |
| Fire Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 92.5%  | 92.5%  | 92.5%  | 92.5%  | 94.9%  | 92.1%  |
| Food Safety                               | Health & Wellbeing   | Well Led   | AD    | >=80%     | 73.6%  | 73.6%  | 73.6%  | 73.6%  | 73.5%  | 73.3%  |
| Infection Control and Hand Hygiene        | Quality & Experience | Well Led   | AD    | >=80%     | 95.3%  | 95.3%  | 95.3%  | 95.3%  | 96.1%  | 95.9%  |
| Information Governance                    | Resources            | Well Led   | AD    | >=95%     | 97.4%  | 97.4%  | 97.4%  | 97.4%  | 98.0%  | 98.8%  |
| Moving and Handling                       | Resources            | Well Led   | AD    | >=80%     | 96.3%  | 96.3%  | 96.3%  | 96.3%  | 97.5%  | 97.7%  |
| Mental Capacity Act/DOLS                  | Health & Wellbeing   | Well Led   | AD    | >=80%     | 84.6%  | 84.6%  | 84.6%  | 84.6%  | 87.6%  | 89.2%  |
| Mental Health Act                         | Health & Wellbeing   | Well Led   | AD    | >=80%     | 85.2%  | 85.2%  | 85.2%  | 85.2%  | 86.5%  | 87.3%  |
| Prevent                                   |                      |            |       | >=80%     | 90.9%  | 90.9%  | 90.9%  | 90.9%  | 92.2%  | 92.2%  |
| Safeguarding Adults                       | Quality & Experience | Well Led   | AD    | >=80%     | 95.5%  | 95.5%  | 95.5%  | 95.5%  | 93.3%  | 93.3%  |
| Safeguarding Children                     | Quality & Experience | Well Led   | AD    | >=80%     | 86.3%  | 86.3%  | 86.3%  | 86.3%  | 87.5%  | 87.5%  |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led   | AD    | >=80%     | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.6%  | 96.6%  |
| Bank Cost                                 | Resources            | Well Led   | AD    |           | £140k  | £230k  | £164k  | £164k  | £200k  | £268k  |
| Agency Cost                               | Resources            | Effective  | AD    |           | £40k   | £65k   | £73k   | £63k   | £96k   | £69k   |
| Overtime Costs                            | Resources            | Effective  | AD    |           | £20k   | £56k   | £62k   | £57k   | £51k   | £32k   |
| Additional Hours Costs                    | Resources            | Effective  | AD    |           | £1k    | £5k    | £5k    | £4k    | £4k    | £3k    |
| Sickness Cost (Monthly)                   | Resources            | Effective  | AD    |           | £49k   | £52k   | £44k   | £50k   | £46k   | £37k   |
| Vacancies (Non-Medical) (WTE)             | Resources            | Well Led   | AD    |           | 14.75  | 14.75  | 32.62  | 44.33  | 43.74  | 47.83  |
| Business Miles                            | Resources            | Effective  | AD    |           | 1k     | 0k     | 1k     | 0k     | 0k     | 0k     |

## Glossary

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

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

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

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