

Integrated Performance Report Strategic Overview



October 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for October 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
- Restoration and reset of services

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. Initial information is being developed to demonstrate how representative access to services is compared to the local population. A further update is expected for the next IPR.

With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the October 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 24th November 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 | 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 2020 | As at 24th November 2020 | Notes |
|--|-------------------------------------|-----------------------|---------------------|----------------------|----------------------|------------------------|---------------------------|-------------------------|--------------------------|------------------------------------|
| Additional Metrics to Highlight Response to and Impact of Covid-19 | | | | | | | | | | |
| No of staff off sick - Covid-19 not working 7 | | 154 | 204 | 112 | 48 | 26 | 82 | 108 | 161 | |
| Shielding | | 54 | 59 | 52 | 37 | 0 | 0 | 0 | 29 | |
| Symptomatic | | 69 | 118 | 46 | 5 | 14 | 31 | 57 | 51 | |
| House hold symptoms | | 26 | 24 | 13 | 4 | 7 | 29 | 31 | 25 | |
| OH Advised Isolation | | 5 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | |
| Test & Trace Isolation | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Other Covid-19 related | | 0 | 2 | 1 | 2 | 4 | 21 | 18 | 54 | |
| No of staff working from home - Covid-19 related 8 | | 125 | 136 | 107 | 90 | 7 | 53 | 79 | 147 | |
| Shielding | | 76 | 78 | 72 | 71 | 0 | 0 | 0 | 77 | |
| Symptomatic | | 13 | 28 | 13 | 5 | 1 | 14 | 29 | 16 | |
| House hold symptoms | | 29 | 23 | 13 | 1 | 0 | 26 | 21 | 33 | |
| OH Advised Isolation | | 7 | 6 | 7 | 3 | 0 | 1 | 5 | 1 | |
| Test & Trace Isolation | | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | |
| Other Covid-19 related | | 0 | 1 | 1 | 3 | 6 | 12 | 24 | 20 | |
| Number of staff tested 9 | | 89 | 783 | 1798 | 2038 | 2162 | 2294 | 2498 | 2917 | Cumulative |
| No of staff tested positive for Covid-19 10 | | 23 | 103 | 128 | 130 | 133 | 149 | 217 | 398 | Cumulative |
| No of staff returned to work (including those who were working from home) | | 683/962 = 71% | 921/1246 = 73.9% | 1183/1393 = 84.9% | 1310/1448 = 90.5% | 1498/1531 = 97.8% | 1547/1681 = 92.0% | 1771/1954 = 90.6% | 2027/2321 = 87.3% | |
| No of staff returned to work (not working only) 13 | | 445/599 = 74% | 609/807 = 75% | 800/908 = 88.1% | 872/928 = 94.0% | 952/979 = 97.2% | 982/1079 = 91.9% | 1122/1239 = 90.6% | 1295/1480 = 87.5% | |
| No of staff still absent from work who were Covid-19 positive 12 | | Data Unavailable | 27 | 11 | 2 | 1 | 5 | 29 | 32 | |
| No of Service users tested (ward) | | 41 | 65 | 103 | 104 | 109 | 125 | 148 | 174 | Symptomatic |
| No of service users tested positive (ward) | | 9 | 10 | 29 | 29 | 29 | 29 | 38 | 60 | Cumulative |
| No of service users recovered | | 8 | 9 | 28 | 28 | 28 | 28 | 30 | 60 | One patient died not in SWYFT care |
| Additional number of staff enabled to work from home | | 900 | 900 | 937 | 1003 | 1024 | 1043 | 1069 | 1095 | Cumulative |
| Calls to occupational health healthline | | 178 | 576 | 921 | 1230 | 1450 | 1536 | 1780 | 1967 | Cumulative |
| Making SWYPFT a great place to work | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Forecast |
| Sickness absence | 4.5% | 3.8% | 4.0% | 3.9% | 3.9% | 3.9% | 3.9% | 3.9% | 3.9% | |
| Staff Turnover | 10% | 11.9% | 8.5% | 7.9% | 9.8% | 8.4% | 9.1% | 8.9% | 9.3% | |
| Actual level of vacancies | tbc | | 8.7% | 6.9% | 6.0% | 6.8% | 7.4% | 8.4% | 8.0% | |
| Improve people's health and reduce inequalities | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Forecast |
| % service users followed up within 7 days of discharge | 95% | 105/107 = 98.1% | 90/92 = 97.8% | 102/102 = 100% | 105/105 = 100% | 110/110 = 100% | 84/85 = 98.8% | 106/107 = 99.1% | 97/98 = 98.9% | 1 |
| Out of area beds 1 | 20/21 - Q1 247, Q2 165, Q3 82, Q4 0 | 350 | 167 | 108 | 140 | 336 | 224 | 177 | 106 | 2 |
| IAPT - proportion of people completing treatment who move to recovery 4 | 50% | 55.7% | 51.4% | 49.1% | 42.8% | 50.1% | 54.3% | 54.1% | 55.4% | 1 |
| Delayed Transfers of Care | 3.50% | 1.9% | 2.0% | 1.7% | 1.4% | 1.3% | 1.1% | 1.5% | 1.6% | 1 |
| Improve the quality and experience of care | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Forecast |
| Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 3 | trend monitor | 20 | 34 | 35 | 41 | 31 | 27 | 24 | 18 | |
| IG confidentiality breaches | <=8 Green, 9-10 Amber, 11+ Red | 6 | 15 | 20 | 14 | 25 | 17 | 19 | 12 | |
| Total number of Children and Younger People under 18 in adult inpatient wards | TBC | 2 | 1 | 2 | 1 | 0 | 3 | 3 | 2 | |
| CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 2 | trend monitor | 41.3% | 41.6% | 46.6% | 48.4% | 48.6% | 48.0% | 57.0% | 64.7% | |
| Improve the use of resources | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Forecast |
| Surplus/(Deficit) | In line with Plan | (£968k) | - | - | - | - | - | - | £69k | (£2.1m) |
| Agency spend | In line with Plan | £613k | £469k | £507k | £518k | £558k | £606k | £588k | £604k | £7.0m |
| Single Oversight Framework metric | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| CQG 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.

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

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 24th November 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 24th November. Staff not working due to Covid-19 related issues.
- 8 - Trusts Covid-19 sickness absence recording system as at 24th November. 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 24th November.
- 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 24th November.
- 12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 24th November.
- 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, registered nurse shortfalls have resulted in skill mix dilution in some areas
- Increase in restraint figures has been reviewed and support/advice provided
- Number of under 18s admitted to adult wards and length of stay remains a concern
- Complaint response times are under pressure

NHSI Indicators

- Two young people under the age of eighteen were admitted to an adult ward in October for a total of ten days which is reduced compared to September, but higher than the trend in the earlier part of the year
- Inappropriate out of area bed usage reduced in too 106 days in October from 177 in the previous month
- The percentage of service users seen for a diagnostic appointment within 6 weeks improved 72.7% which whilst below target represents a continuing recovery
- Typically performance against nationally reported targets remains positive

Locality

- Work progressing to improve approach regarding access to out of area locked rehabilitation beds (including associated financial pressures)
- Trend in CAMHS waiting numbers from referral to treatment in Barnsley and Wakefield remains positive.
- Significant bed and staffing pressures at Barnsley hospital impacting on community services and particularly crisis response and discharge to assess (D2A) team
- Significant increase in Covid-19 positive in care homes, increasing the wrap around from our Barnsley community teams for quite poorly residents
- High demand for inpatient beds continues
- Cohorting standard operating procedures that support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services
- The IAPT teams continue to implement digital solutions and have robust plans in place to manage wait times and increase access
- Development of the forensics lead provider collaborative continues to progress. Panel date with NHSE now in diary for the end of November
- Acuity on Horizon ward is very high
- Community therapy teams consistently reviewing patients requiring rehabilitation support workers (RSW) which has enabled a consistent daily capacity of available RSW to keep the flow of patients being discharged from the hospital into community services
- All services flexing across the system to enable services to manage the increased number of staff isolating due to symptoms of Covid-19

Priority Programmes

- The Arts and Health Programme Manager for Calderdale has commenced delivery of the agreed plan which aims to ensure that arts, creativity and culture is used across Calderdale to support people's health and well-being
- Work has commenced on modelling changes to mental health demand with partners through our mental health intelligence and insight group, as part of recovery and stabilisation.
- For PICU a new standard operating procedure has been developed and will go through internal governance. New processes set up for admissions to PICU beds and any required gender specific placement
- Work is ongoing with Barnsley CCG regarding the demand and capacity modelling for the new CAMHS service model and joint monthly steering meetings are continuing
- The go-live date for EPMA is being moved to January 2021 with the first roll out planned for Poplars ward, Lyndhurst ward and Ward 18

Finance

- October represents the first month of updated financial arrangements being in place.
- October was also the first month the new SBS system was used for month-end accounting and reporting
- Trust budgets have been updated in the month to reflect the new plans and arrangements. Given the mechanics of this process in month variances to plan are not representative for this month only
- A £69k surplus was recorded in the month compared to a planned deficit of £0.2m
- Income was in line with the updated plan
- Pay costs were of a similar value to September at £16m with an increase in bank staffing numbers seen, particularly in inpatient and forensic services
- Agency staffing costs remained at approximately £0.6m in the month. There are currently 18 agency medics in place, 8 of which are employed in CAMHS and learning disability services
- £382k of costs identified as being reasonably incurred as part of the Covid-19 response, which is a little lower albeit broadly in line with previous months
- Out of area bed costs were £135k representing the lowest monthly cost since June. In addition to this expenditure there continues to be high spend on locked rehab in Barnsley
- Capital expenditure totalled £0.5m in the month (£1.2m year-to-date) as the scale of project work picked up in line with our revised plan of work The cash balance increased to £64.9m given the timing of receipt of system allocated income. The advance of one month's income is expected to unwind by the end of the financial year.
- 80% of all third party invoices were paid within 7 days of receipt of goods or services, with 97% paid within 30 days.

Workforce

- As at November 24th there were 161 staff off work Covid-19 related and not working compared to 108 one month earlier
- Non Covid-19 sickness remained at 3.9% in October
- 398 staff have tested positive for Covid-19, 181 of which tested positive in the last month
- Staff turnover increased to 9.3% in October
- 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, particularly Wakefield, Kirklees and Calderdale

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 continues to be undertaken
- Lateral flow testing for staff commencing at the end of November
- Significant support to care homes is provided by our community teams in Barnsley
- The Trust Opal level has changed to 3 given increased prevalence in the Trust and wider system and higher staff absence
- National guidance continues to be monitored, reviewed and adopted
- National Covid-19 benchmarking information beginning to be used to support reset and restoration
- A range of staff and wellbeing support offers continue to be available and used

Summary

Covid-19

Quality

National Metrics

Locality

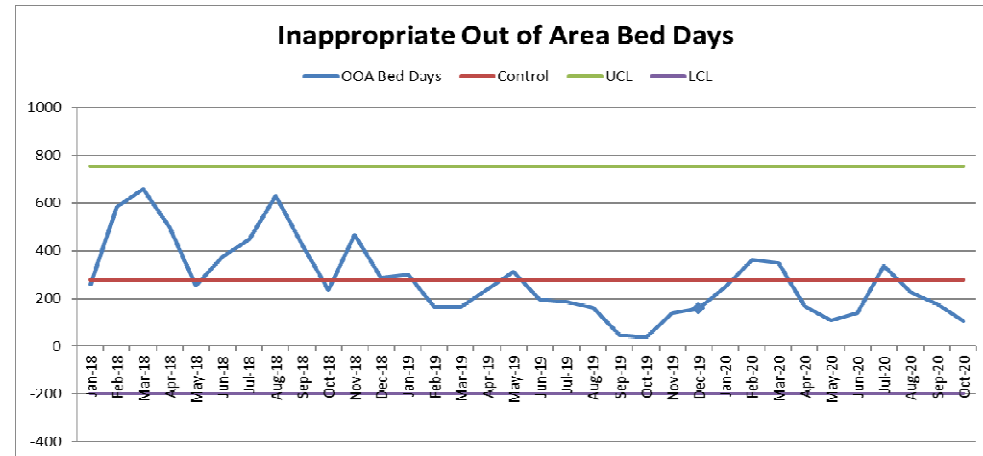
Priority Programmes

Finance/Contracts

Workforce

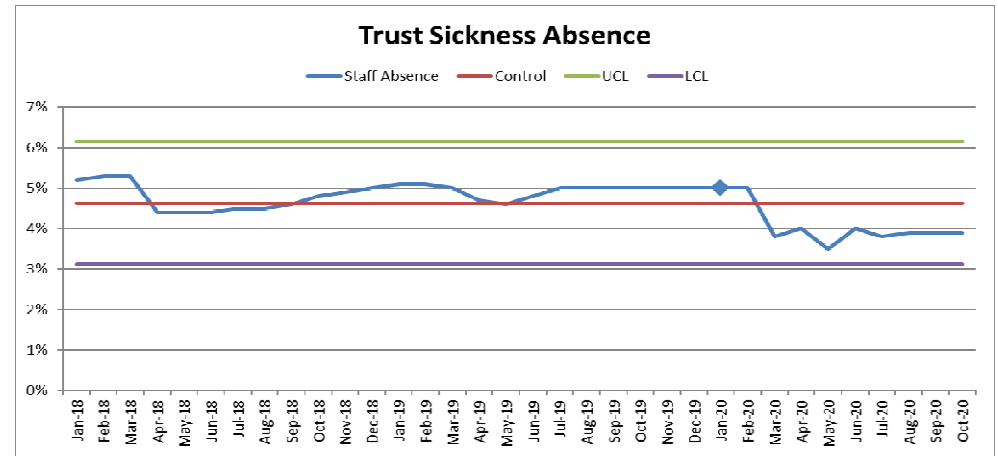
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



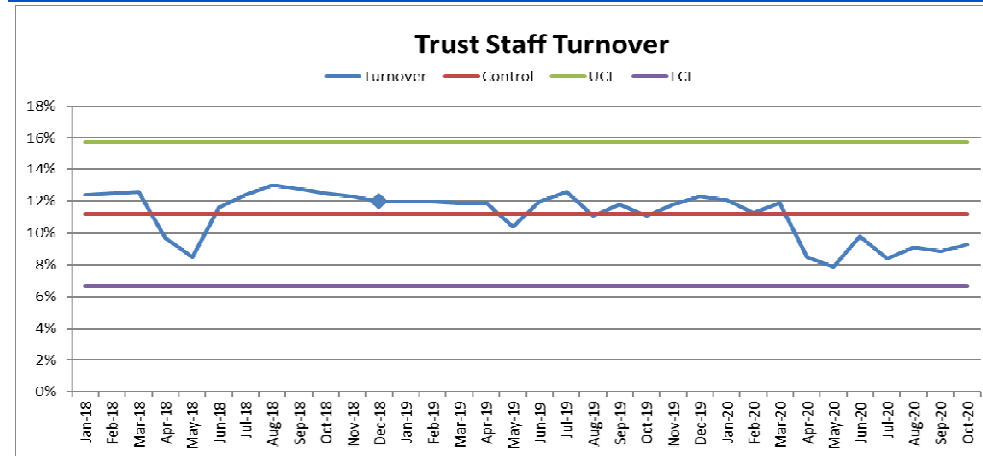
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

Staff Sickness Absence



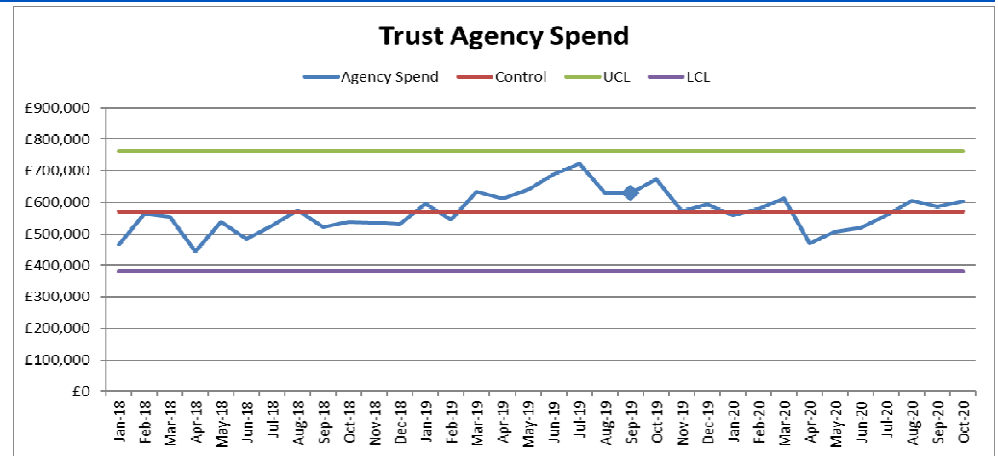
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in January 2020 has been highlighted for this reason.

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.

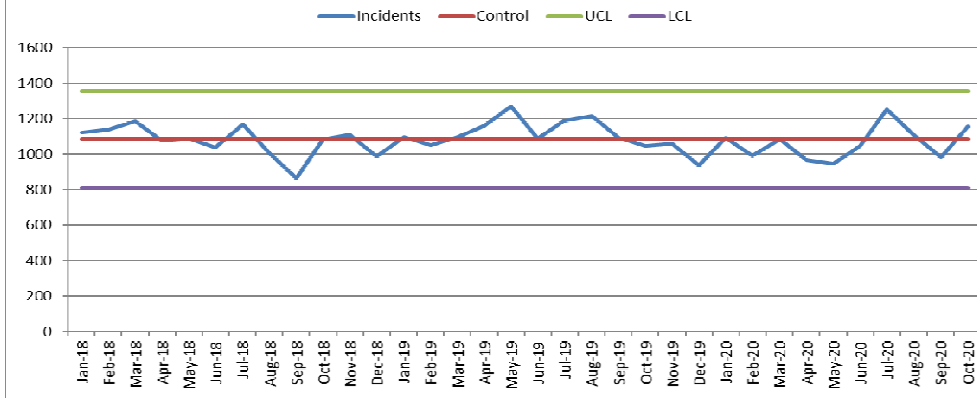
Agency Spend



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

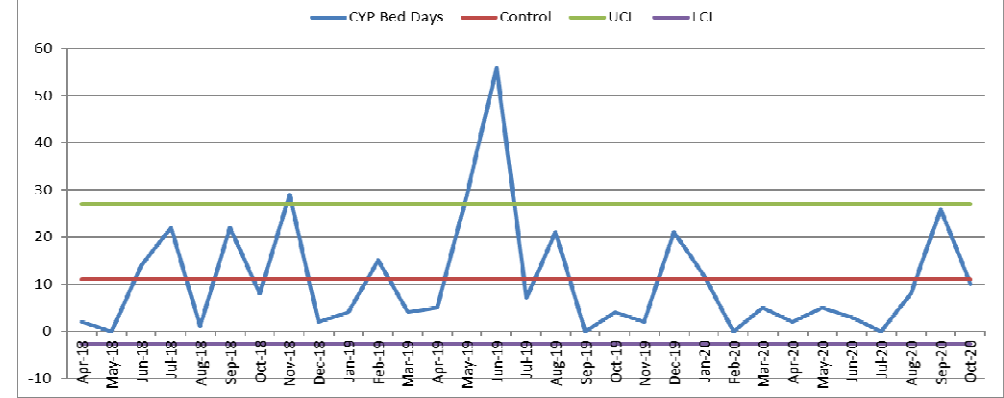
Total Number of Reported Incidents



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.

Total bed days of CYP on adult wards

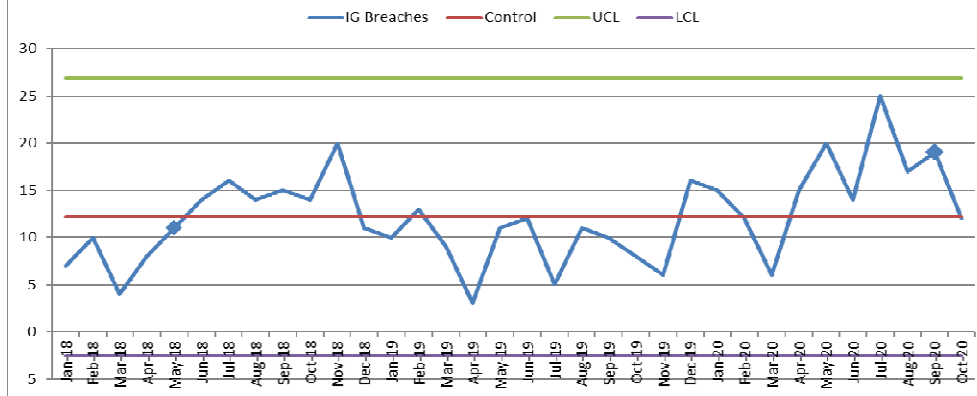
Total Bed Days of CYP on Adult Wards



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

IG Breaches

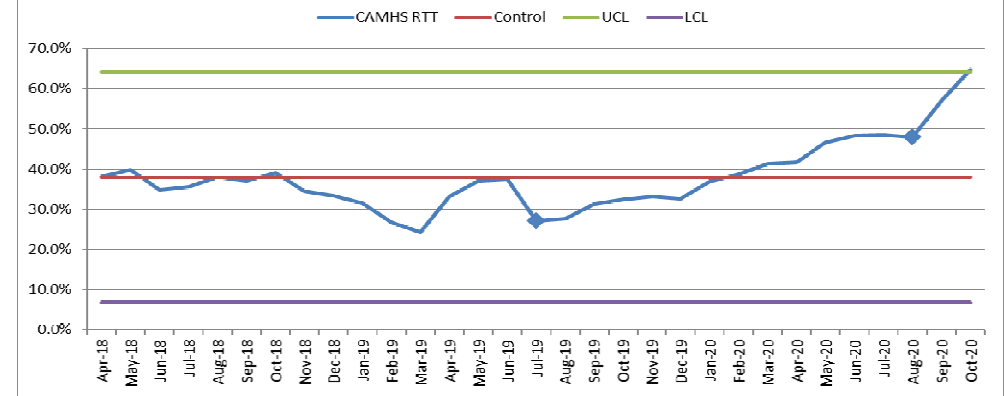
Total Number of IG Breaches



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.

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 and revised regime under review.
One outbreak on Hepworth 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 been sufficient to maintain good stock levels
- Medium size gloves are most commonly used and we have 30 days worth of stock
- Internal audit advisory report received with some control improvements being implemented

| PPE Levels | days stock as at 14-Jul | days stock as at 17-Aug | days stock as at 15-Sep | days stock as at 13-Oct | days stock as at 10-Nov |
|------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Surgical masks | 30 | 22 | 12 | 14 | 33 |
| Respirator masks | 80 | 23 | 39 | 90 | 100 |
| Aprons | 11 | 8 | 20 | 25 | 33 |
| Gowns | 95 | 132 | 119 | 115 | 14 |
| Gloves | 28 | 26 | 24 | 32 | 41 |
| Visors | 100 | 115 | 156 | 121 | 46 |

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.
- The Trust will be commencing 27th November lateral testing twice weekly for a period of 12 weeks for all frontline/clinical staff.

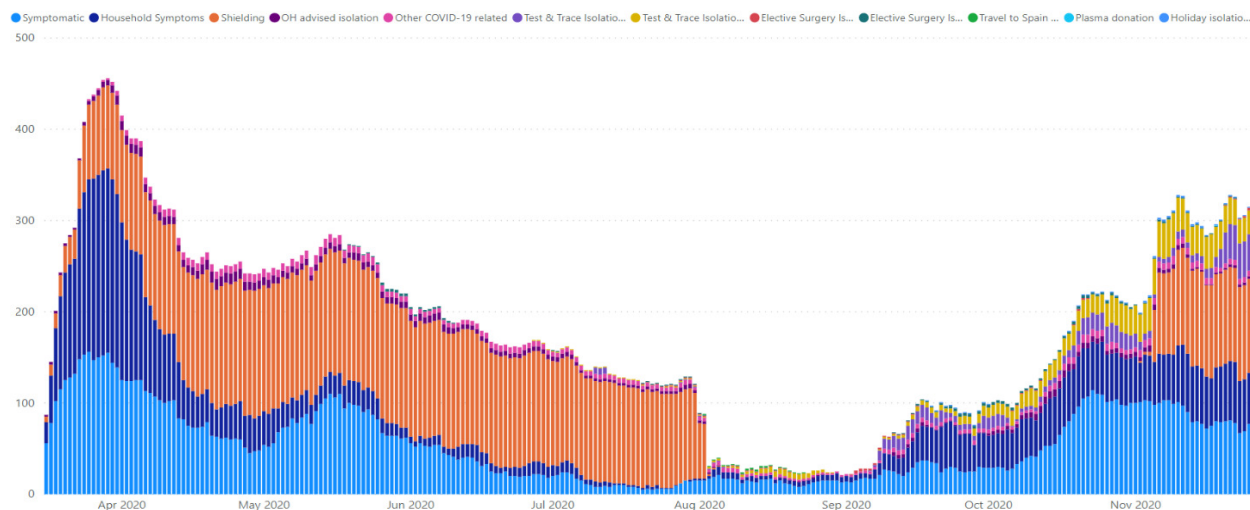
Covid-19 response

Staffing Issues

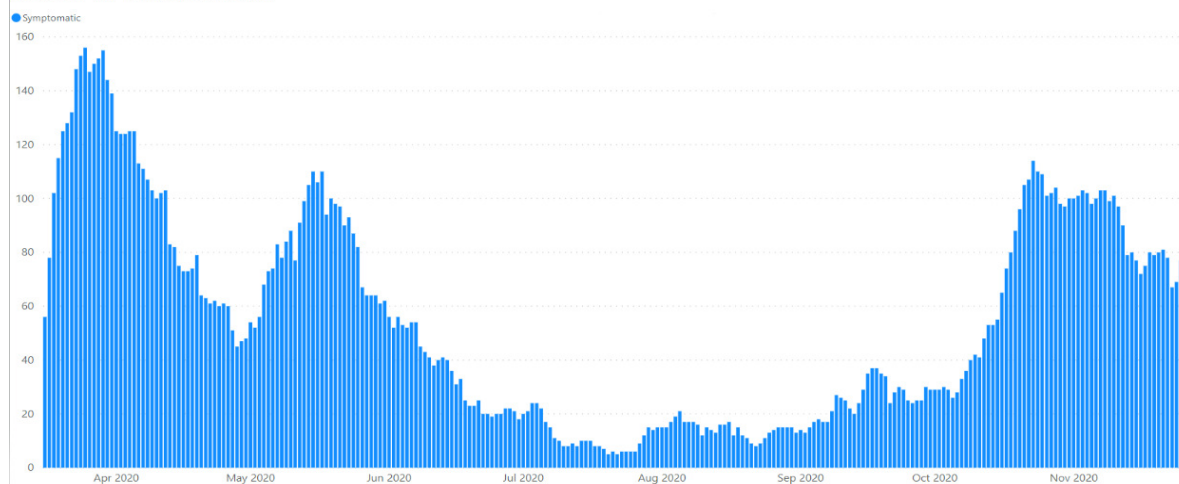
Our current response to the increase in infections, local restrictive measures and increased pressures on service areas

- 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

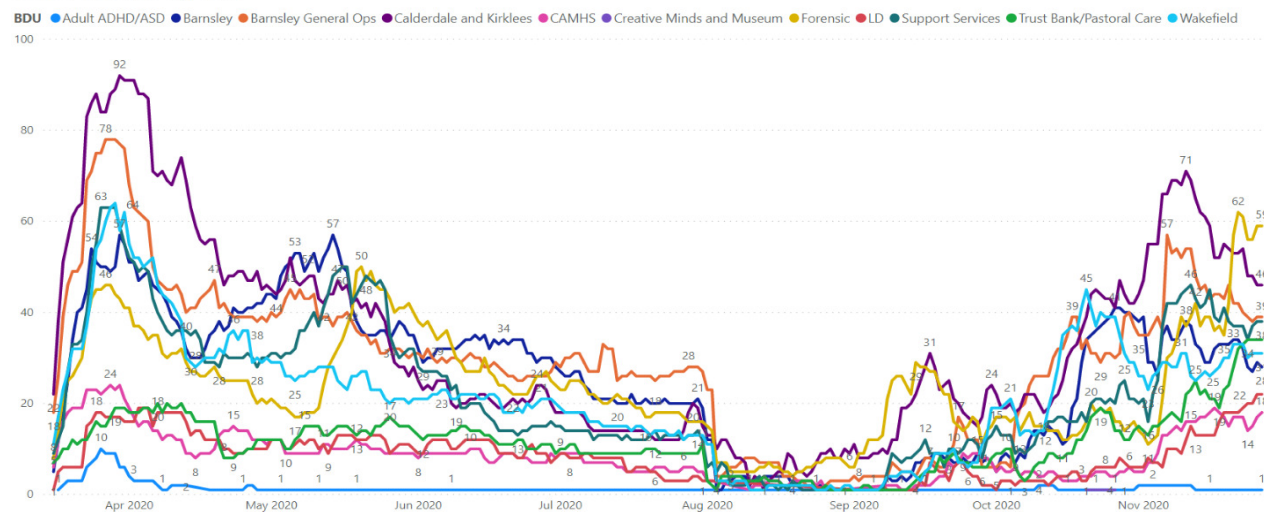


Reason for absence trend



Covid-19 response

Staff Absence by BDU



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 business continuity plans (BCPs) and also to prepare for impacts from Covid-19 during winter months.

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.

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 quarter 4.

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 Brendon 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. 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. We expect to report on this in January.

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

- current uptake at 55% (1705 frontline staff members). All vaccines delivered into the Trust today to finalise programme – the programme is being accelerated in light of the COVID-19 vaccine, with a view to vaccinate all staff by 1 December 2020.

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

Emergency preparedness, resilience and response (EPRR) update inc Opel levels

- The Trust is operating at OPEL 3 due to staffing pressures and the number of active outbreaks across the Trust. This will support decision making and the standing down of non-essential services to support critical functions. A piece of work is underway to outline the Trust's priorities and subsequent support mechanisms. Silver command calls have increased to 3 per week and Gold meetings are twice weekly. The ICC/SPOC has been stood up 7 days per week. The ICC/SPOC and Silver Command meetings all now cover COVID-19, EU Exit and Winter Pressures

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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
- Updated priority programmes have been agreed by the Trust Board.

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 equality impact assessment (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 remains high, largely due to the implementation of office 365.
- The usage of Microsoft Teams continues to increase.
- The number of video consultations remains at similar levels to recent months.
- Digital consultation solutions currently being assessed and evaluated.

| Digital - Summary Metrics | Apr | May | Jun | Jul | Aug | Sep | Oct |
|---|--------|-------|--------|--------|--------|--------|--------|
| Total numbers of tickets logged with service desk: | 5,914 | 4,186 | 4,424 | 4,849 | 4,539 | 6,044 | 6,065 |
| Total phone calls to service desk: | 2,733 | 1,644 | 1,744 | 2,176 | 2,503 | 3,121 | 3,387 |
| Number of SystmOne tickets (day to day system requests/amendments): | 321 | 320 | 298 | 381 | 375 | 408 | 536 |
| Number of smartcard related tickets: | 367 | 308 | 296 | 407 | 251 | 366 | 255 |
| Additional VPN licences since March | 888 | 937 | 1,003 | 1,024 | 1,043 | 1,069 | 1,095 |
| Average number of daily VPN connections | 2,674 | 2,430 | 2,731 | 2,347 | 1,958 | 2,144 | 2,150 |
| Microsoft Teams - meetings participated | 10,535 | 7,201 | 15,450 | 14,604 | 14,701 | 14,845 | 17,070 |
| Airmid video consultations (average/week) | 54 | 187 | 15 | 5 | 1 | 1 | 0 |
| AccuRX video consultations (average/week) | 0 | 146 | 111 | 148 | 164 | 177 | 185 |

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

Quality Headlines

| Section | KPI | Objective | CQC Domain | Owner | Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Year End Forecast |
|----------------------|--|------------------|---------------|-------|---------------|---------------------|------------|-------------|-------------|-------------|-------------|------------|-------------------|
| Quality | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵ | Improving Health | Responsive | CH | TBC | 41.6% | 46.6% | 48.4% | 48.6% | 48.0% | 57.0% | 64.7% | N/A |
| | % of feedback with staff attitude as an issue | Improving Health | Caring | AD | < 20% | 10.0% | 0% 0/14 | 17% 5/29 | 12% 3/25 | 30% 8/27 | 19% 6/32 | 4% 1/24 | 1 |
| | Number of compliments received | Improving Health | Caring | TB | N/A | 13 | 13 | 41 | 34 | 18 | 19 | 21 | N/A |
| | Number of Duty of Candour applicable incidents ⁴ | Improving Health | Caring | TB | trend monitor | 39 | 33 | 39 | 33 | 29 | 16 | | |
| | Duty of Candour - Number of Stage One exceptions ⁴ | Improving Health | Caring | TB | trend monitor | 2 | 2 | 10 | 6 | 5 | 1 | Due Dec 20 | N/A |
| | Duty of Candour - Number of Stage One breaches ⁴ | Improving Health | Caring | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 1 |
| | % Service users on CPA offered a copy of their care plan | Improving Care | Caring | CH | 80% | 40.3% | 40.2% | 40.4% | 39.6% | 39.3% | 39.5% | 39.2% | 2 |
| | Number of Information Governance breaches ³ | Improving Health | Effective | MB | <=9 | 15 | 20 | 14 | 25 | 17 | 19 | 12 | 2 |
| | Delayed Transfers of Care ¹⁰ | Improving Care | Effective | CH | 3.5% | 2.0% | 1.7% | 1.4% | 1.3% | 1.1% | 1.5% | 1.6% | 1 |
| | Number of records with up to date risk assessment - Inpatient ¹¹ | Improving Care | Effective | CH | 95% | 90.4% | 91.5% | 89.4% | 84.3% | 93.4% | 81.0% | Due Dec 20 | N/A |
| Quality | Number of records with up to date risk assessment - Community ¹¹ | Improving Care | Effective | CH | 95% | 71.2% | 83.3% | 79.1% | 70.0% | 74.6% | 77.4% | Due Dec 20 | N/A |
| | Total number of reported incidents | Improving Care | Safety Domain | TB | trend monitor | 968 | 946 | 1047 | 1251 | 1110 | 981 | 1155 | |
| | Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) ⁹ | Improving Care | Safety Domain | TB | trend monitor | 32 | 27 | 30 | 22 | 19 | 21 | 12 | |
| | Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁹ | Improving Care | Safety Domain | TB | trend monitor | 1 | 3 | 3 | 4 | 3 | 1 | 2 | |
| | Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) ⁹ | Improving Care | Safety Domain | TB | trend monitor | 1 | 5 | 8 | 5 | 5 | 2 | 4 | |
| | MH Safety thermometer - Medicine Omissions ¹⁵ | Improving Care | Safety Domain | TB | 17.7% | No longer available | | | | | | | 2 |
| | Safer staff fill rates | Improving Care | Safety Domain | TB | 90% | 115.1% | 119.4% | 123.3% | 120.5% | 118.0% | 114.4% | 114.0% | 1 |
| | Safer Staffing % Fill Rate Registered Nurses | Improving Care | Safety Domain | TB | 80% | 95.7% | 94.3% | 93.9% | 90.9% | 88.6% | 85.6% | 90.1% | |
| | Number of pressure ulcers (attributable) ¹ | Improving Care | Safety Domain | TB | trend monitor | 45 | 44 | 36 | 29 | 34 | 38 | 35 | |
| | Number of pressure ulcers (avoidable) ² | Improving Care | Safety Domain | TB | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Infection Prevention | Eliminating Mixed Sex Accommodation Breaches | Improving Care | Safety Domain | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | % of prone restraint with duration of 3 minutes or less ⁸ | Improving Care | Safety Domain | CH | 80% | 93.0% | 91.5% | 90.0% | 80.0% | 94.5% | 94.0% | 87.5% | 1 |
| | Number of Falls (inpatients) | Improving Care | Safety Domain | TB | trend monitor | 38 | 45 | 46 | 35 | 48 | 43 | 51 | |
| | Number of restraint incidents | Improving Care | Safety Domain | TB | trend monitor | 121 | 111 | 137 | 188 | 138 | 125 | 165 | |
| | % people dying in a place of their choosing | Improving Care | Caring | CH | 80% | 95.3% | 91.5% | 90.2% | 87.8% | 84.4% | 94.1% | 92.7% | 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 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 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 October increased to 165 from 125. Further detail can be seen in the managing violence and aggression section of this report.
- NHS Safety Thermometer - medicine omissions. It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored.
- Number of falls (inpatients) – A slight increase in reported incidents in October compared to September from 51 from 43. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.
- Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.
- Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.
- Duty of candour - there were no breaches
- % Service users on CPA offered a copy of their care plan - Reporting has now been developed to enable us to monitor performance against this metric. To meet the standard all care plans for an individual have to have been identified as offered to the service user. For example, if an individual has 5 care plans, all of these must be marked as offered to the service user for this to achieve the standard. Work is ongoing to improve data quality.

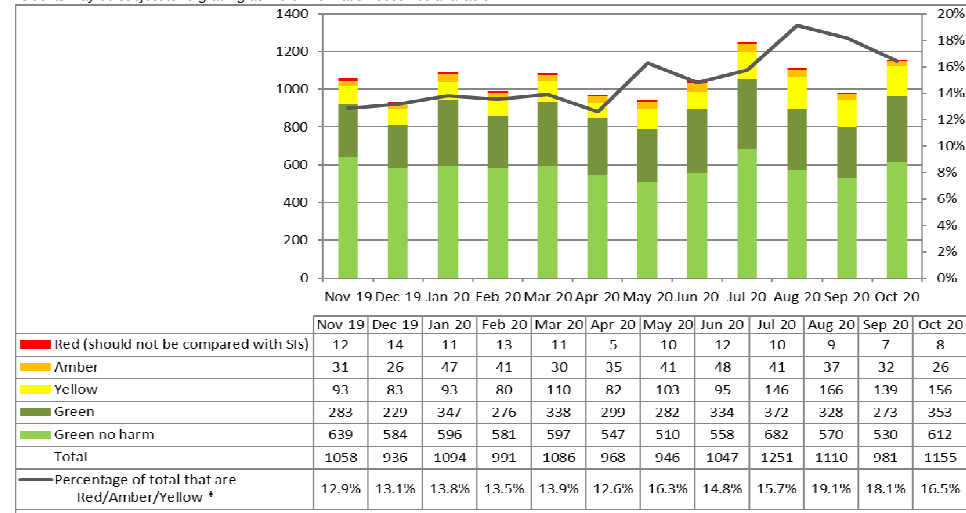
NHS Improvement - the development of new programmes introduced in the NHS patient safety strategy are either continuing with amended timescales to be confirmed, or paused. In October, the Trust provided a response to the consultation on a 'Framework for involving patients in patient safety'. The Trust has to provide names of our nominated patient safety specialist/s to NHS England by 30/11/20. The Trust is taking part in the Serious Incident Review Accreditation Network to work towards having our serious incident investigation process accredited by the Royal College of Psychiatrists. We are currently going through a period of self review, with a peer review planned for 22 December 2020. This will involve contacts with BDUs and staff involved in SI investigations.

360 Assurance audit of Patient safety - focus on incidents; The Trust received Significant Assurance. Work is underway to implement actions. We have requested an extension to timescales to allow for any recommendations arising from the accreditation process to be incorporated into policy reviews. Changes to Datix will also be required. We will share the required changes with BDUs as part of the consultation process.

Safety First

Summary of Incidents November 2019 - October 2020

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



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

Degree of harm analysis:

Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (10/11/20).

Deaths: Of the 4 deaths recorded, there are 2 Deaths that are awaiting confirmation of cause of death for decision regarding level of review (these are 1 each at CAMHS (Barnsley) and Core Team (South - Kirklees). The other 2 deaths are categorised as, Suicide (incl apparent) - community team care - current episode. These are recorded one each at Assessment and Intensive Home-Based Treatment Team / Crisis Team (Calderdale) and Core Team (Barnsley).

Severe harm: There were 2 severe incidents recorded. These were Safeguarding Adults - Sexual abuse recorded at Walton PICU and Self harm (actual harm) with suicidal intent recorded at single point of access team Wakefield.

Moderate harm: There were in total 12 moderate harm incidents recorded for the month of Oct 2020. These were 11 pressure ulcers, all recorded across the neighbourhood teams. There was also 1 Self harm (actual harm) incident recorded at CAMHS Reach Team (Crisis Team), Wakefield. This figure is lower than previous months. No particular reason has been identified for this.

Safety First cont...

Summary of Serious Incidents (SI) by category

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

Please Note: 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

- 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: Thematic learning work will be completed during Q3 for sharing during Q4. Clinical mortality review group has been postponed during to Covid 19 pressures on services. Although learning continues to be shared through the production of SBAR's which are shared via the learning library.

Regional work: no updates

Reporting: Q2 2020/21 data for learning from deaths included in Q2 incident report. <http://www.swyt.nhs.uk/incident-reporting/Pages/Incident-management-annual-report.aspx> . Reporting aligned to revised BDU structures.

Structured judgement reviews: Despite having additional SJR reviewers, clinical pressures are meaning staff report not having capacity to take on an SJR causing delays in allocation. There are 4 Incidents currently awaiting awaiting allocations for SJR. 1 SJR awaiting completion of 2nd review.

Safer Staffing Inpatients

In October 2020, as well as continuing to deliver our services, we are experiencing the next "wave" of the pandemic which is impacting on our services. We have had 6 inpatient outbreaks which the operational services, with the support of our internal mechanisms and services, have coped with extremely well. The new band 5 starters have, in the main, received their PIN numbers and are now recorded in the registered workforce. BDU and team business continuity plans have remained resilient in the face of significant challenges and all staffing escalation plans for inpatient services have been, or will shortly be, reviewed. We continue to offer modified mandatory online training as well as online. We continue to utilise the temporary staffing workforce as well as overtime and time owing to cover our inpatient areas. We continue with the latest recruitment drive for bank as well as plans for a collaboration between 5 trusts looking at international recruitment continue at pace.

Another pressure has been the impact that track and trace has had as it is leading to staff having to self-isolate which wasn't the case in the first wave of the pandemic. Testing has proven to be quicker thus allowing staff to return to work sooner.

No wards have fallen below the 90% overall fill rate threshold in October. Of the 31 inpatient areas, 22 (70.4%), a decrease of one ward on the previous month, achieved greater than 100%. Indeed, of those 22 wards, eight (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 85.1% (an increase of 7.4%). The number of wards that have failed to achieve 80% registered nurses decreased by four to 13 (41.6%). Eight wards were within the Forensic BDU, two in Wakefield and three 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. Tailored localised adverts are proving beneficial to recruitment of band 5 RNs with some success in both Calderdale and Kirklees as well as our ongoing centralised recruitment drives and attendance at recruitment fairs. This will continue going forward with bespoke adverts for hot spot areas.

Registered on Nights - Trust Total 95.0% (an increase of 1.4%). Five wards (16%), an increase of one on the previous month, fell below the 80% fill rate in the month of October. Four 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 increased by one to 16 (51.2%). Three wards utilised in excess of 120% and these were within the C&K, Barnsley and Forensic BDU.

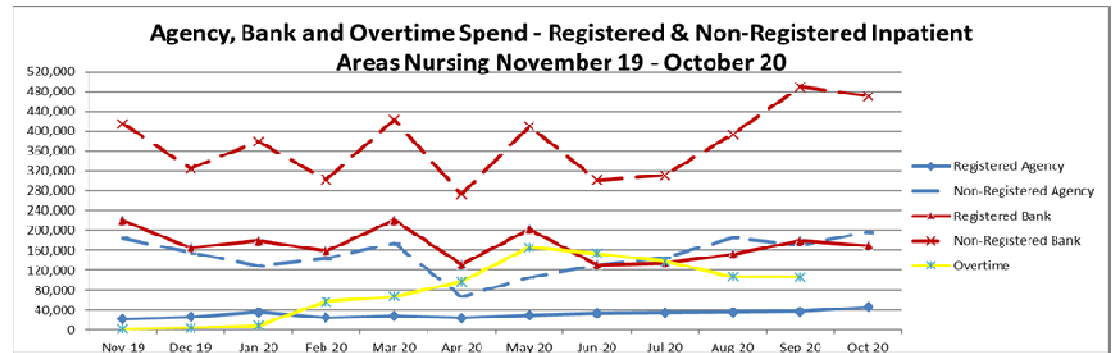
Overall fill rate for registered staff increased by 4.45% to 90.05%.

Overall fill rate for all staff within inpatient areas reduced by 0.4% to 114.0%.

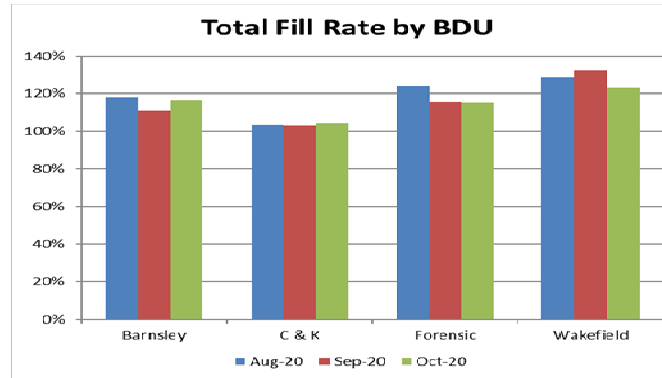
| Ward Name | Aug-20 Average Fill Rate - All Staff (%) | Sep-20 Average Fill Rate - All Staff (%) | Oct-20 Average Fill Rate - All Staff (%) |
|-------------------|--|--|--|
| Beamshaw | 100.8% | 100.6% | 108.0% |
| Clark | 122.7% | 113.1% | 111.1% |
| Melton Suite ICU | 118.2% | 122.5% | 122.1% |
| Neuro Rehab Unit | 148.3% | 124.4% | 138.4% |
| Stroke Rehab Unit | 115.2% | 103.9% | 111.8% |
| Willow Ward | 107.6% | 101.8% | 118.5% |
| Ashdale | 101.1% | 98.0% | 94.9% |
| Beechdale | 144.2% | 131.7% | 150.2% |
| Blindale | 97.5% | 97.7% | 93.8% |
| Brinfield Down | 97.7% | 98.2% | 94.6% |
| Lyndhurst | 98.0% | 98.8% | 100.8% |
| Ward 18 | 102.5% | 105.8% | 106.4% |
| Ward 19 - Female | 94.7% | 101.1% | 105.3% |
| Ward 19 - Male | 101.1% | 101.3% | 105.5% |
| Appleton | 93.2% | 87.3% | 92.2% |
| Bronte | 129.0% | 122.4% | 126.6% |
| Chippendale | 100.5% | 93.2% | 94.8% |
| Hepworth | 162.6% | 103.4% | 103.2% |
| Gaskell | 175.1% | 156.7% | 168.7% |
| Newhaven | 91.8% | 90.2% | 97.0% |
| Priestley | 92.2% | 89.0% | 94.3% |
| Ryburn | 107.6% | 100.8% | 99.1% |
| Sandal | 129.1% | 128.4% | 119.6% |
| Thornhill | 123.3% | 107.9% | 98.0% |
| Waterton | 121.8% | 112.8% | 114.5% |
| Crofton | 105.5% | 116.9% | 107.4% |
| Horizon | 128.1% | 152.2% | 140.0% |
| Noctell | 124.1% | 122.3% | 111.0% |
| Poplars | 131.8% | 153.7% | 143.3% |
| Stanley | 136.5% | 135.7% | 136.5% |
| Walton ICU | 136.5% | 134.8% | 120.0% |
| All Wards | 118.0% | 114.4% | 114.0% |

Fill Rate Key for All Staff:

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



Forensic and LD BDU decreased from 116% to 115% (this is often affected by the bespoke care packages that are offered through Horizon). Barnsley increased from 111% to 117%. Calderdale and Kirklees BDU increased from 103% to 105%. Wakefield BDU decreased from 132% to 123%.



Throughout the last month the main wards where staffing was a raised concern were Poplars, Ward 19, Crofton 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 | 319 | 3,493.50 | 31.55% (-4.14%) |
| Unregistered | 439 | 4,775.83 | 12.87% (+1.82%) |
| Grand Total | 758 | 8,269.33 | 17.16 (+0.44%) |

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 October the number of shifts that were requested of the flexible staffing rose compared to the month before to 4,278, (RNs requests increased from 988 to 1020 and HCA requests rose from 3186 to 3258), and this led to a slight overall increase in bank and agency spend of £5,0641. This was broken down into: Agency increased by approx. £35k and bank decreased by approx. £29k whilst we were unable to produce the overtime figure at this time.

Information Governance

October saw a decrease in the total number of incidents compared to the previous month. Information being disclosed in error continues to be the most reported category and breaches of this type were typically due to correspondence being sent to the wrong email or postal address, failure to blind copy personal email addresses which are visible to all recipients, incorrect attachments being sent by email and conversations being overheard by unauthorised parties.

An action plan to raise awareness of the consequences of incidents took effect from September. This includes refreshed communications, change improvement workshops and a programme of sending letters to teams where incidents occur, IG attending team meetings.

No incidents were reported to the Information Commissioner's Office (ICO) during October. An incident of information being disclosed in error that was previously reported to the ICO has now been closed: the ICO confirmed no further action would be taken but made some recommendations, including investigating the incident to determine the root cause. The internal investigation is almost complete and the report will be available soon.

Commissioning for Quality and Innovation (CQUIN)

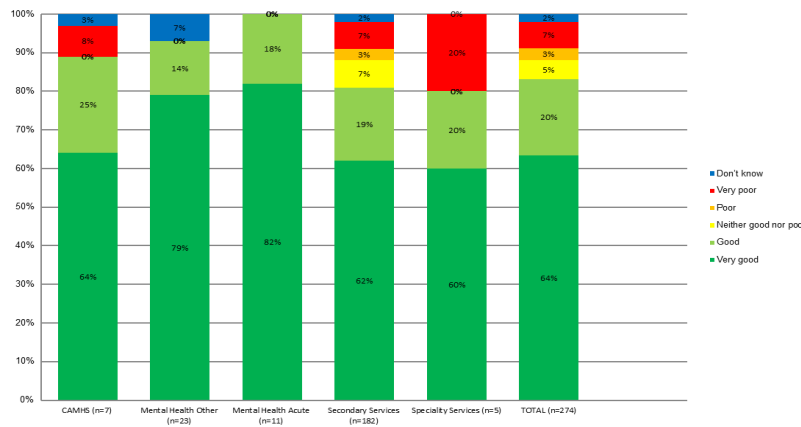
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

Patient Experience

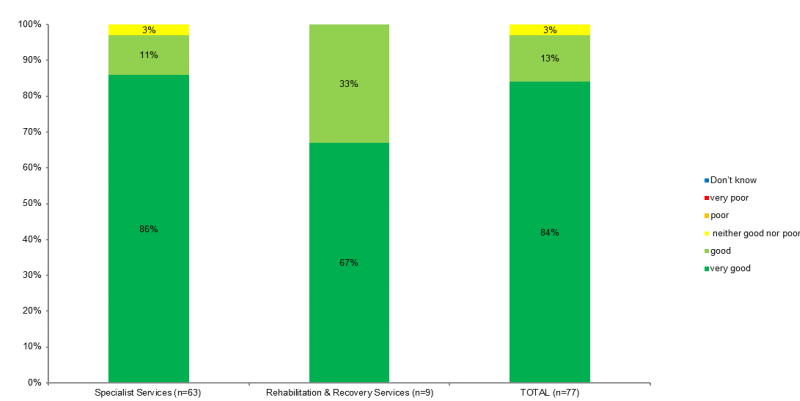
Friends and family test shows

- 97% of respondents would recommend community services.
- 84% would recommend mental health services.

Mental Health Services



Community Services



- 87% (351) of respondents felt that their experience of services had been very good or good across Trust services.
- 97% (n=77) of respondents felt that their experience of community services had been very good or good across community services.
- 84% (n=272) of respondents felt that their experience of mental health services had been very good or good across mental health services.
- Text messages provided 72% of the responses in October.

The new patient experience system is being piloted on electronic devices within the QIA Team over the next four weeks. The system will then be piloted within services across the Trust.

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

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

Care Quality Commission (CQC)

CQC improvement plan

The monthly improvement plan updates show that we continue to increase in the number of completed actions. All of the 'must do' and 97% of the 'should do' actions are either completed 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.

| | | October 2020 | |
|-------|-------|-----------------|------------------|
| | | MUST (n =12) | SHOULD (n=37) |
| Blue | | 5 (42%) | 28 (76%) |
| Green | | 7 (58%) | 8 (21%) |
| Green | Amber | 0 | 0 |
| Amber | Red | 0 | 0 |
| Red | | 0 | 1 (3%) |
| Total | | 12 | 37 |

Safeguarding

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 continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. Additionally, members of the team continue to provide support to the covid19 staff testing and the flu vaccination programme.

Shadowing experiences have been offered to Social Work students to work alongside the safeguarding team. This has been positively received. The safeguarding team have received the FIRM risk assessment training and continue to work with the Barnsley General Community service to support development of an adaptation of the FIRM risk assessment.

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

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 and the training material and advice provided is up to date and relevant. The West Yorkshire Quality Assurance Mark Domestic Abuse Training has been amended to a virtual presentation, it is being delivered on a monthly basis within SWYPFT.

Infection Prevention Control (IPC)

- Ongoing work for COVID19 pandemic
- Annual report 2020/21, completed and approved
- Surveillance: For September there has been zero cases of C difficile, MRSA Bacteraemia and MSSA bacteraemia. There has been one ecoli bacteraemia in on SRU in November 2020 which is deemed unavoidable
- 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 24 new formal complaints in October 2020. Of these 4 have had timescales start, 1 has been closed as no consent/contact and 19 are awaiting consent/questions

4% of new formal complaints (n=1) had staff attitude as a primary subject

21 compliments were received

10 formal complaints were closed in October 2020. Of these, 60% of complaints (n=6) were closed within 40 working days. Of the 4 complaints that exceeded 40 working days, 2 complaints that were closed at 60 days and 2 complaints that were closed at 71 and 75 days. The reasons why complaints exceeded the 40 day target included delays in receiving the completed investigation from clinical services, issues with the quality of information received in the completed investigation and the volume of concerns to provide a response to.

Count of written complaints/count of whole time equivalent - 4.73WTE (including a band 6 and 7) – stays the same

Reducing Restrictive Physical Intervention (RRPI)

There were 165 reported incidents of Reducing Restrictive Physical Interventions used in October 2020 this is an increase of 40 incidents since September 2020.

Of the different restraint positions used in the 165 incidents, standing position was used most often 90 (39%) followed by both the seated and supine restraints at 45 (19%). 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 8 (4%) times in October 2020, this has halved in total from last month.

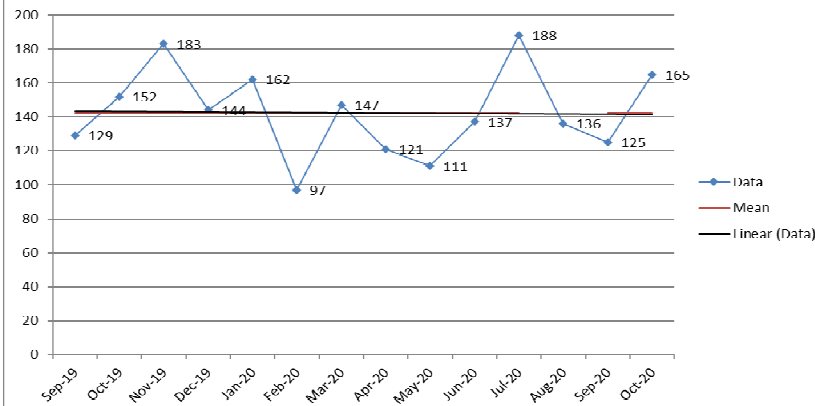
Incidents where prone descent immediately turned into a supine position were recorded at 10 (4%) this is a separate entity to prone restraint.

Calderdale BDU recorded 4 Prone Restraints, forensic and specialist services recorded 2 each all other services reported no Prone Restraint.

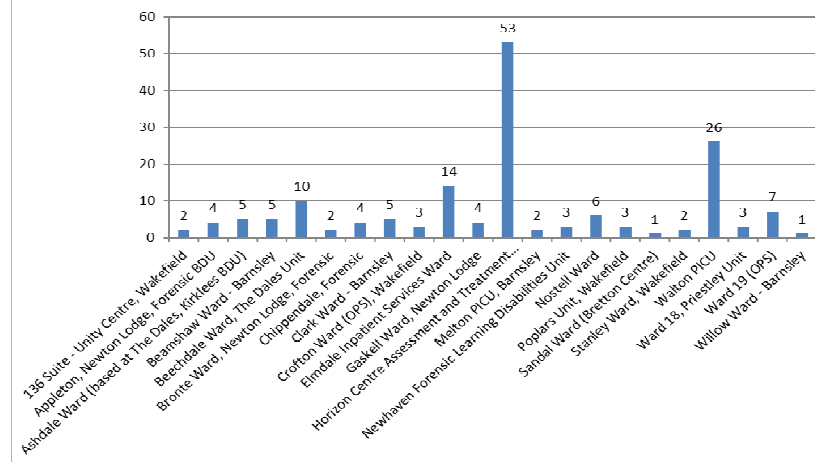
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised.

In October the percentage of prone restraints lasting under 3 minutes was 87.5% which is a reduction of 6.5% from September, it must be noted that out of 8 prone restraints only one was above 3 minutes.

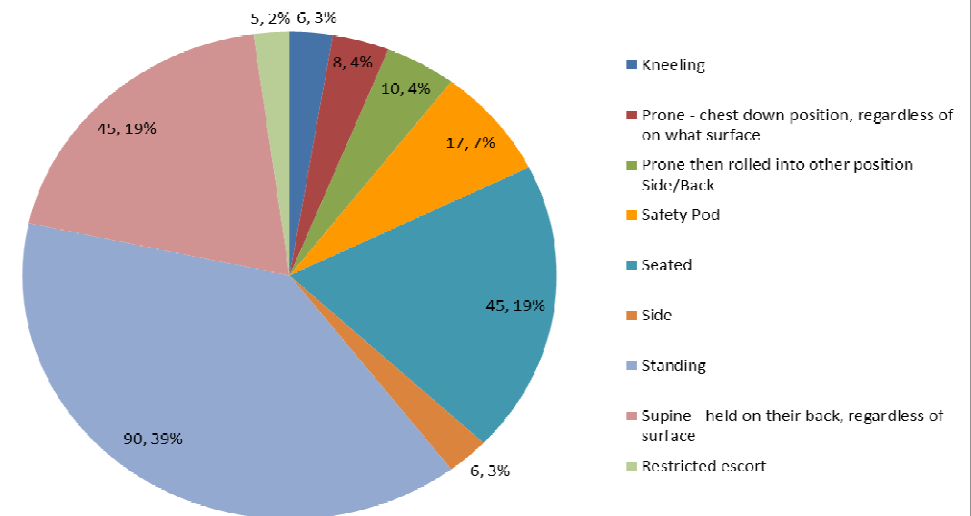
Total restraints



Incidents by team October 2020



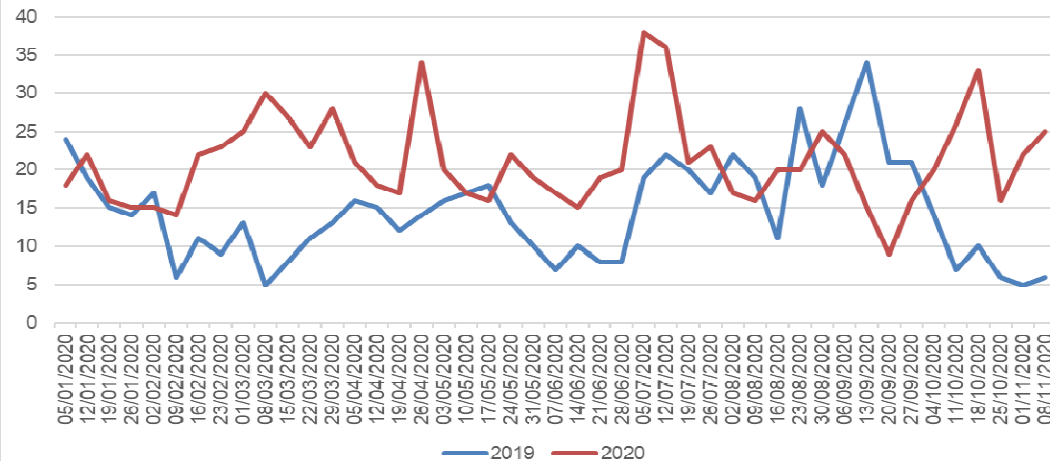
Restraint positions



Self Harm

Actual self-harm incidents reported on Datix occurring between 05/01/2020 and 14/11/2020 at 16/11/2020, 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 - 14/11/2020) compared with the same weeks in 2019 (at 16/11/2020)



Actual Self Harm comparison

| Week Commencing | 2019 | 2020 |
|-----------------|------|------|
| 05-Jan | 24 | 18 |
| 12-Jan | 19 | 22 |
| 19-Jan | 15 | 16 |
| 26-Jan | 14 | 15 |
| 02-Feb | 17 | 15 |
| 09-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 | 20 |
| 05-Jul | 19 | 38 |
| 12-Jul | 22 | 36 |
| 19-Jul | 20 | 21 |
| 26-Jul | 17 | 23 |
| 02-Aug | 22 | 17 |
| 09-Aug | 19 | 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 | 16 |
| 04-Oct | 14 | 20 |
| 11-Oct | 7 | 26 |
| 18-Oct | 10 | 33 |
| 25-Oct | 6 | 16 |
| 01-Nov | 5 | 22 |
| 08-Nov | 6 | 25 |
| Total | 655 | 953 |

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 (22 in total pending review). Figures may change as incidents are reviewed and approved.

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

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.

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 (307 incidents). There was a peak in July where there were 63 incidents, this figure has now reduced August (9), September (11) and October (29).

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

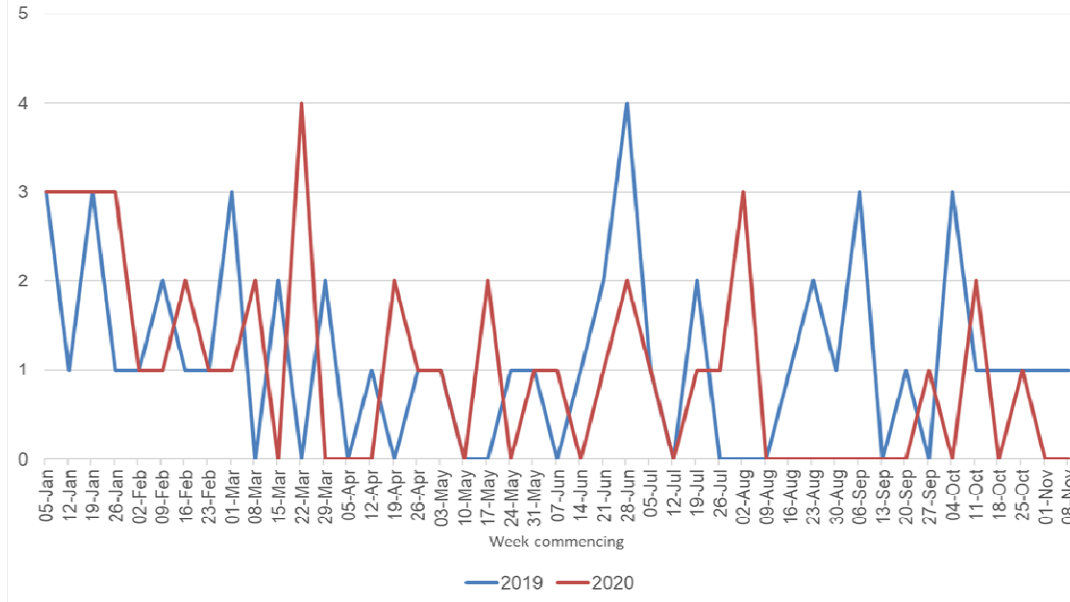
The next highest subcategory is by cutting (193 incidents). This varies across months ranging from 14 - 27 incidents. Following this, the third highest subcategory is 'headbanging' with 61 incidents. The headbanging incidents are across a range of units, but Ward 18 had the highest number (20).

The peak in incidents in October 2020 has been explored further. Analysis has shown that this is primarily due to an increase in incidents on Clark Ward, for one individual patient using self strangulation methods. Within the data overall, there were 3 incidents reported as moderate or severe harm in this reporting period (October 2020), which occurred in 3 different teams - CAMHS ReACH Team (Crisis Team) Wakefield, Single Point of Access (Wakefield) and Wakefield CAMHS West Team involving prescription medication - self poisoning, jumping from height and headbanging. Self-strangulation, cutting, hanging and scratching/biting are the highest reported self harm incidents in October 2020.

Apparent Suicide

Apparent suicides reported on Datix occurring between 05/01/2020 and 14/11/2020 at 16/11/2020, compared with incidents occurring in the same period in 2019

All apparent suicides reported Trustwide which occurred during 2020 (by incident date 05/01/2020 - 14/11/2020) 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 | 1 | 0 |
| 19-Apr | 0 | 2 |
| 26-Apr | 1 | 1 |
| 03-May | 1 | 1 |
| 10-May | 0 | 0 |
| 17-May | 0 | 2 |
| 24-May | 1 | 0 |
| 31-May | 1 | 1 |
| 07-Jun | 0 | 1 |
| 14-Jun | 1 | 0 |
| 21-Jun | 2 | 1 |
| 28-Jun | 4 | 2 |
| 05-Jul | 1 | 1 |
| 12-Jul | 0 | 0 |
| 19-Jul | 2 | 1 |
| 26-Jul | 0 | 1 |
| 02-Aug | 0 | 3 |
| 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 | 2 |
| 18-Oct | 1 | 0 |
| 25-Oct | 1 | 1 |
| 01-Nov | 1 | 0 |
| 08-Nov | 1 | 0 |
| Total | 51* | 45** |

Please note:

Data refreshed and verified on 16 November 20 from Datix for both 2019 and 2020 data.
Some inaccuracies in the data previously submitted has been identified due to the manual nature of the data extract process. Checks have now been built into the report production.

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

**2020 figure includes 5 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

203 incidents reported between 1/3/20-16/11/20 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 | Nov | Total |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Coronavirus or Covid 19 used in threat against patient | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Coronavirus or Covid 19 used in threat against staff | 3 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 8 |
| Death of patient from suspected Covid 19 - no underlying health | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Death of patient from suspected Covid 19 - underlying health | 2 | 16 | 3 | 1 | 0 | 0 | 0 | 0 | 1 | 23 |
| Death of patient from suspected Covid 19 related death - pending | 0 | 7 | 5 | 3 | 1 | 0 | 0 | 0 | 1 | 17 |
| Impact of coronavirus/Covid 19 on patient and staff safety | 4 | 5 | 9 | 3 | 0 | 2 | 12 | 10 | 5 | 50 |
| Impact of Covid 19 on community patient, changes to care | 2 | 2 | 2 | 1 | 2 | 3 | 0 | 0 | 0 | 12 |
| Impact of Covid 19 on patients mental health | 2 | 2 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 8 |
| Issues relating to PPE equipment | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 6 |
| Non compliance with social distancing - inpatient area | 1 | 7 | 4 | 8 | 3 | 3 | 3 | 4 | 2 | 35 |
| Patient being nursed in isolation | 5 | 4 | 3 | 4 | 2 | 4 | 3 | 3 | 0 | 28 |
| Patient in contact with symptomatic person | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 4 |
| Staff in contact with colleague displaying Covid-19 symptoms | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 1 | 1 | 6 |
| Staff in contact with other person displaying Covid-19 symptoms | 1 | 0 | 2 | 0 | 0 | 0 | 2 | 1 | 1 | 7 |
| Staff in contact with patient displaying Covid-19 symptoms | 2 | 8 | 5 | 3 | 2 | 2 | 3 | 1 | 1 | 27 |
| Staff member on swabbing team exposed to Covid 19 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Staff presenting with Covid 19 symptoms | 1 | 1 | 1 | 0 | 2 | 0 | 7 | 2 | 1 | 15 |
| Total | 25 | 57 | 40 | 23 | 15 | 16 | 37 | 24 | 13 | 250 |

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 forms. 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 2015.

The process of reviewing and proactive action has been in place since September 2019. Over the last 12 months there has been good progress in getting this practice embedded at ward level however as the data shows a number of services continue to show as red.

This data indicates that the forms are being reviewed by the MHA administrators and where required are returned to the clinical team for action and completion.

It is important to note that this report is monitoring the amount of s17 leave forms that require MHA administration intervention. With the intervention of the MHA office staff we should be achieving 100% compliance.

The monitoring of these forms is showing that the clinical staff are completing some parts of the forms but they need to be fully completed hence these being returned to the clinical staff.

The Ward Managers within the Forensic service have now been tasked with undertaking weekly checks of the forms. This is also the case within in patient services across the Trust.

The practice governance coaches and Matrons will continue to dip sample records and have oversight of the process.

All services are reporting that they can see an improvement over the past 2 weeks and this can be partially borne out by the figures reported for October 2020.

Training on the completion of the S17 forms by the MHA admin team has been offered to the clinical services.

Inclusion of the purpose, use and completion of the S17 leave forms is included in staff induction and the mandatory training provided within the Trust.

| Service | May-20 | | | Jun-20 | | | Jul-20 | | | Aug-20 | | | Sep-20 | | | Oct-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 | 58 | 49 | 84.5% | 77 | 58 | 75.3% | 33 | 30 | 90.9% | 74 | 68 | 91.9% | 82 | 68 | 82.9% | 48 | 43 | 89.6% |
| Working age adult - Trustwide | 247 | 210 | 85.0% | 292 | 192 | 65.8% | 203 | 169 | 83.3% | 269 | 195 | 72.5% | 295 | 246 | 83.4% | 163 | 137 | 84.0% |
| Specialist Forensic services | 6 | 5 | n/a | 18 | 16 | 88.9% | 11 | 11 | 100% | 135 | 107 | 79.3% | 248 | 193 | 77.8% | 118 | 87 | 73.7% |
| Rehabilitation services - trustwide | 24 | 24 | 100% | 15 | 15 | 100% | 20 | 20 | 100% | 13 | 13 | 100% | 13 | 13 | 100% | 7 | 7 | 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.

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 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Data quality rating ^a | 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% | 98.7% | 97.0% | 95.6% | 90.0% | 94.9% | 96.8% | 98.7% | 98.5% | | |
| Maximum 6-week wait for diagnostic procedures | Improving Care | Responsive | CH | 99% | 100.0% | 100.0% | 28.5% | 43.8% | 55.2% | 31.4% | 28.5% | 26.2% | 33.9% | 43.8% | 42.9% | | |
| % Admissions Gate kept by CRS Teams | Improving Care | Responsive | CH | 95% | 99.7% | 97.9% | 100% | 96.1% | 99.0% | 99.2% | 100% | 96.8% | 96.4% | 95.2% | 100% | | |
| % SU on CPA Followed up Within 7 Days of Discharge | Improving Care | Safe | CH | 95% | 319/327 97.6% | 269/279 =96.4% | 297/299 =99.3% | 300/302 =99.3% | 90/92 =97.8% | 102/102 =100% | 105/105 =100% | 110/110 =100% | 84/85 =98.8% | 106/107 =99.1% | 97/98 =98.9% | | |
| Data Quality Maturity Index ⁴ | Improving Health | Responsive | CH | 95% | 98.3% | 98.5% | 98.5% | 98.5% | 98.5% | 98.5% | 98.6% | 98.7% | 98.7% | 98.0% | 98.9% | | |
| Out of area bed days ⁵ | Improving Care | Responsive | CH | 20/21 - Q1 247, Q2 165, Q3 82, Q4 0 | 335 | 958 | 415 | 737 | 167 | 108 | 140 | 336 | 224 | 177 | 106 | | |
| IAPT - proportion of people completing treatment who move to recovery ¹ | Improving Health | Responsive | CH | 50% | 53.6% | 54.3% | 46.6% | 52.7% | 51.4% | 49.1% | 42.8% | 50.1% | 54.3% | 54.1% | 55.4% | | |
| IAPT - Treatment within 6 Weeks of referral ¹ | Improving Health | Responsive | CH | 75% | 79.3% | 85.3% | 88.3% | 92.8% | 86.3% | 88.1% | 89.7% | 91.1% | 92.8% | 94.5% | 95.2% | | |
| IAPT - Treatment within 18 weeks of referral ¹ | Improving Health | Responsive | CH | 95% | 97.6% | 98.9% | 98.9% | 99.1% | 99.3% | 98.5% | 98.9% | 98.5% | 99.2% | 99.6% | 99.8% | | |
| 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% | 70.7% | 95.8% | 92.3% | 87.8% | 79.5% | 94.3% | 97.0% | | |
| % clients in settled accommodation | Improving Health | Responsive | CH | 60% | 90.5% | 91.3% | 91.3% | 91.1% | 91.3% | 91.2% | 91.2% | 91.1% | 91.1% | 91.1% | 91.3% | | |
| % clients in employment ⁶ | Improving Health | Responsive | CH | 10% | 11.8% | 12.1% | 12.5% | 12.6% | 12.3% | 12.3% | 12.7% | 12.6% | 12.6% | 12.6% | 12.6% | | |
| Mental Health Five Year Forward View | | | | | | | | | | | | | | | | | |
| | Objective | CQC Domain | Owner | Target | Q3 19/20 | Q4 19/20 | Q1 20/21 | Q2 20/21 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Data quality rating ^a | Trend |
| Total bed days of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | TBC | 27 | 17 | 10 | 34 | 2 | 5 | 3 | 0 | 8 | 26 | 10 | | |
| Total number of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | TBC | 3 | 3 | 4 | 6 | 1 | 2 | 1 | 0 | 3 | 3 | 2 | | |
| Number of detentions under the Mental Health Act | Improving Care | Safe | CH | Trend Monitor | 206 | 180 | 258 | 205 | 258 | | | 205 | | | Due January 2021 | | |
| Proportion of people detained under the MHA who are BAME ² | Improving Care | Safe | CH | Trend Monitor | 11.2% | 10.0% | 14.7% | 13.7% | 14.7% | | | 13.7% | | | | | |
| NHS Standard Contract | | | | | | | | | | | | | | | | | |
| | Objective | CQC Domain | Owner | Target | Q3 19/20 | Q4 19/20 | Q1 20/21 | Q2 20/21 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Data quality rating ^a | Trend |
| Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance ¹ | Improving Health | Responsive | CH | 90% | 98.8% | 99.3% | 99.1% | 99.8% | 99.5% | 98.7% | 99.0% | 99.3% | 100% | 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% | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% | 100% | 99.9% | 99.9% | | |
| Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance | Improving Health | Responsive | CH | 90% | 98.7% | 98.8% | 98.7% | 98.4% | 98.8% | 98.7% | 98.6% | 97.8% | 97.9% | 98.2% | 98.2% | | |

* 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 decreased to 98.5% in October, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 42.9% . 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 106 days in in October. This is a decrease from 177 in September. 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 October 2020, there were 2 service users aged under 18 years placed in an adult inpatient ward for a total of 10 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 October shows 12.8% of records have an unknown or missing employment and/or accommodation status, this is a slight increase compared to September which showed 12.6% 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

- Bed and staffing crisis at Barnsley hospital impacting on community services and particularly crisis response and discharge to assess (D2A) team.
- Crisis response out of hours at capacity in relation to four visits per day and support to patients in last days of life. We are bolstering twilight shifts.
- Dietetics - lack of specialist staff, due to maternity leave.
- Significant increase on Covid-19 positive in care homes, increasing the wrap around from our teams for quite poorly residents.
- Daily safety huddles with critical staff groups.
- Daily tactical calls with Barnsley hospital and wider partners
- Daily system Bronze now in place.
- Urban House (Wakefield) client number continue to increase daily, with more complex needs. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield. Lead Nurse is clinically extremely vulnerable (CEV) and working from home. Commissioner discussions continue.

Strengths

- Community therapy teams consistently reviewing patients requiring rehabilitation support workers (RSW) which has enabled a consistent daily capacity of available RSW to keep the flow of patients being discharged from the hospital into community services.
- All services flexing across the system to enable services to manage the increased number of staff isolating due to symptoms of Covid-19.
- Constant communication with our hospital and social care partners to keep the flow of patients through the system and to the best place of care for their needs.
- New referrals increased by 300 into neighbourhood nursing compared to the previous month.
- Beds in community setting - we are supporting approximately 7,300 patients.
- Week commencing 26.10.2020 - 9,200 contacts with over 7,000 being face to face and a significant amount of these requiring home visits.
- The Yorkshire smoke free (YSF) Calderdale commissioner has indicated they intend to extend our current contract to March 2022.
- The YSF Wakefield Commissioner has extended the contract to December 2021 and seeking professional advice to possibly extend the contract for an additional 12 months.
- The live Well Wakefield commissioner has confirmed they intend to extend the contract until March 2023 (via Nova)
- Live Well Wakefield continues to be the service of choice for additional community support with regard to Covid-19.
- The vaccination and immunisation team continues to deliver sessions for school aged children in a variety of venues /days/times and have had good uptake and positive feedback.
- Health and Wellbeing services (HWPB) - client feedback across all services remains consistently positive.
- Health and Wellbeing services - staff feedback from our staff wellbeing survey is extremely positive overall.
- Health and Wellbeing services - the majority of staff are working from home with no significant issues of note.
- All HWPB services remain very busy and are delivering a "blended service" of face to face, telephone and video conferencing and are not currently experiencing any notable disruption due to Covid-19
- Breathe tender submitted (note now extended to Feb 2021)

Challenges

- Patients discharged to community services from the hospital, that are medically stable to leave hospital but higher than normal acuity; community therapists have to manage these patients in a different way.
- Significant staffing challenges in relation to sickness, self-isolation, shielding.
- Covid 19 vaccine mobilisation

Areas of Focus

- Keeping the flow of patients to the most appropriate place of care within the whole health care system.
- Continue to support health integration team to deliver safe services in Urban House and the hotel.
- Work has commenced on developing an integrated service pathway for neuro rehabilitation in Barnsley. This is in line with a request from CCG to streamline current pathways which include inpatients, brain injury rehab and domiciliary neuro.
- Clinical Supervision – the BDU have a service wide action plan and we are taking steps to ensure that the process of recording supervision is tightened up.

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

Mental Health:

Strengths

- All-age liaison model now operational
- Community contacts significantly above target with majority provided via telephone/video-link. Face to face contact increasing and offered where clinically required.

Areas of focus

- Work progressing to improve approach regarding access to out of area locked rehabilitation beds (including associated financial pressures)
- Reduced IAPT access during Covid-19. Face to face re-commenced in line with Trust guidance.
- Memory service diagnostic clinics re-instated with increased capacity to address backlog by the end of December.
- 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. Working to improve data quality and address the backlog by December.

Child and adolescent mental health services (CAMHS):

Strengths

- All-age liaison model operational across all areas. Complemented by 7 days per week CAMHS crisis provision
- Agreed joint governance approach with Barnsley CCG to develop service specification. Intention to present a costed model in December.
- Trend in waiting numbers from referral to treatment in Barnsley and Wakefield remains positive.

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. Now a focus of the CAMHS Improvement Board with a business case submitted to secure resources in Calderdale.
- Referral numbers across all services increasing – but not exceeding previous levels. Work continues with partners in local systems to manage emotional/mental health needs at lowest level possible.

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/ Contracts

Workforce

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

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 although no patients have been placed out of area in acute beds since September, and usage of PICU (psychiatric intensive care unit) out of area beds has remained stable and attributable to gender specific and safeguarding clinical reasons rather than shortage of beds. Concerted work on optimising patient flow is continuing and the service is now fully recruited and is moving towards 7 day working, with formal consultation about to commence.
- Cohorting standard operating procedures that support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services. An inpatient clinical pathway is in place for Covid-19 positive patients. This has now been reviewed to take into account the latest guidance and testing. The position is reviewed daily by the matrons to determine how care can be delivered and services managed in the event of an outbreak. Outbreaks across wards and the requirement for isolation and quarantine have been managed effectively using the procedure.
- 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 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 '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 continues to add value to the service and is complementing the work around criteria led discharge. 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.
- Significant pressures in the wider system have led to intensive work on improving pathways with acute hospitals. Focused inter-agency improvement projects are underway and include 'deep dives' into frequent attenders and waits in ED.
- Progress on improvement in clinical supervision rates is being tracked weekly across services and has shown significant improvement across the board. The Quarter 2 performance for the inpatient service line in the BDU was 89.5%. 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.

Strengths

- Ward 19 has gone 365 days without a medicines omission, a great achievement and are sharing their excellent practice with other wards across the service.
- Sustained improvements in patient flow and discharge pathways in each area 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.
- 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.
- With support and investment from the estates team the service is developing its first break out space on Crofton - a bespoke rest area away from adjacent to wards which will offer genuine 'downtime' opportunities for staff relaxation and recuperation facilities. This proto-type is now being scoped in Dewsbury and Halifax.

Challenges

- Adult acute occupancy remains at full capacity and acuity levels remain high, together with Covid-19 requirements, leading to sustained challenges on the wards.
- Demand for older people's beds has risen
- Pathways from acute hospitals and emergency departments
- Staffing difficulties remain in medical posts in acute wards in Wakefield – this is being addressed through a local task and finish group.

Areas of focus

- Continued improvement in supervision levels.
- Emergency department waits.
- Working effectively to improve timely discharge from 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 (TIPD). 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 focusing on patient flow and IHBT and community team interfaces.
- Demand and levels of activity in IHBT and the mental health liaison teams leading to pressures for inpatient beds.
- The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SystmOne is leading to some positive impact but requires more work. It 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. Wakefield has achieved 99.6% performance in Q2 following these plans.
- 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 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 along with patient and staff access and usage.
- The IAPT teams continue to implement digital solutions and have robust plans in place to manage wait times and increase access. They have been participating in workshops with NHS England around service provision during and post Covid-19. Following the introduction of online e-referral forms, increased social media presence and increased offer of digital provided therapies to improve the ease of access to the service and choice, access rates are growing. Face to face work is building alongside, although accessing space in primary care remains a challenge. Work has also been successful on Covid-19 pathways out of acute hospitals and the long-term conditions linked pathways.
- All-age liaison services are now in place and fully operational in Calderdale, Kirklees and Wakefield.
- Progress on improvement in clinical supervision rates is being tracked weekly across services and has shown significant improvement across the board. The Quarter 2 performance for the community service lines in the BDU was 91.6% for Calderdale and Kirklees and 93.4% for Wakefield. The essential importance of supervision in terms of safe practice and individual well-being has been emphasised. Work is 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.

Strengths

- Community teams have continued to optimise the use of technology. Team business and supervision is carried out on Microsoft Teams and 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 times 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.
- Supervision levels are high throughout the service.
- 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.
- 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 need to be sustained to enable staff to optimise their wellbeing and practice.
- There are still areas for improvement with CPA reviews in Calderdale and Kirklees, 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.
- Data quality issues remain in single point of access (SPA) regarding accuracy of access and assessment rates for Calderdale, this is being worked on by the service and Performance and Information.
- IAPT access and recovery rates require constant focus.

Areas of Focus

- Contributing to patient flow and effective use of inpatient resources and alternatives to admission.
- Building groups and face to face therapy interventions and the safe utilisation of estates.
- Support for staff wellbeing in community teams.
- Continuing and developing service delivery, innovation and recovery.
- Continue to improve performance in service area hotspots through focused action planning tracked team by team by general managers.
- 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.
- 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 including data quality in SPA.
- Continue with developments at ICS and CCG level around community transformation, rehabilitation and recovery modelling.
- Continue focus on improvement in SPA and IHBT models in conjunction with work in partnership with primary care networks and provider alliances.

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

Forensic business delivery unit and Learning Disability services:

Key Issues

Forensics

- Development of the forensics lead provider collaborative continues to progress. Panel date with NHSE now in diary for the end of November.
- Occupancy levels for Newton Lodge and Newhaven have dipped slightly. The Newhaven position is attributed to the 'Transforming Care' agenda.
- Mobilisation of the specialist community forensic team (SCFT) continues.
- Awaiting final report from Sancus into the domestic homicide.
- Organisation development work, leadership restructure and forensic development plan all continue despite internal service pressures.
- OPEL level increased to level 3. This is predominantly because of staffing issues which is a combination of vacancies, and Covid-19 related absence.

Learning Disabilities

- Increased pressure within community services with an increase in referrals for hospital treatment following the breakdown of community placements.
- Restoration & recovery work remains a priority. A surge in community cases has resulted in higher levels of anxiety in carers/providers. Refusals of face to face contacts has risen.
- Acuity on Horizon ward is very high.
- Two key roles recruited to and in post - operational manager and ward manager.
- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues. Internal steering group formed with executive director support.
- OPEL level increased to level 3.

ADHD/ASD

- Operational activity is on track to meet commissioned activity.
- Business plans have been submitted for service expansion across the footprint and ICS.
- Recruitment to key posts continues and is now making improved progress.

Strengths

Forensics

- Services maintained throughout the pandemic both in in-patient wards and community services.
- Mandatory training figures remain at a consistently good level.
- Flu campaign across the forensic BDU is progressing very well.
- Appointments to staff vacancies in all disciplines except nursing is positive.
- Supervision levels strong in Newhaven (100%), Bretton Centre (90.2%) and Newton Lodge (91.2%)

Learning Disabilities

- Staff continue to work in an innovative and creative way to support service users and carers in challenging circumstances.
- KPI data has improved further for October – we are now meeting the majority of targets across all localities
- SWYPFT has been approached to support the delivery of annual health checks in Calderdale. This will last 4 months and support the national agenda re engagement of GPs with people a learning disability.

ADHD/ASD

- All KPIs deliverable despite pandemic.
- Referral rates remain good.
- Mandatory training levels excellent.
- Supervision level 93.5%

Challenges

Forensics

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

Learning Disabilities

- Staff absence levels have increased and contribute to pressure within Horizon and community services.
- High levels of acuity on Horizon and in community settings.
- Increase in referrals from Leeds now there are only 2 operational assessment & treatment units (ATUs) in West Yorkshire. SWYPFT currently has the only unit with seclusion facilities so the potential for levels of acuity to rise is high.
- Supervision levels are lower than expected 58.4%.

ADHD/ASD

- Maintaining performance in line with key KPIs and aspirations of expansion during a pandemic.
- Maintaining required level of contact and competing for clinical space to do that.

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.
- West Yorkshire collaboration regarding development of an ATU model.
- Improving supervision is a key priority - action plan in progress including weekly monitoring by the quality and governance lead and targeted actions to improve recording. This will now also be a standing agenda item on both the governance and BDU meetings and weekly reports will be provided to the deputy director.
- Horizon have an action plan in place to ensure we are fully managing the increase in incidents, putting measures in place to mitigate wherever possible.

ADHD/ASD

- Staff wellbeing a key focus.
- Positive use of digital technology to support service delivery.
- Phased plan for the reintroduction of face to face contact commenced in June and remains ongoing.

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

Communications, Engagement and Involvement

Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trustwide Silver.
- 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 support
- Staff wellbeing initiatives promoted
- Flu campaign. 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, continued support for transformation work (ReACH team and eating disorders)
- Awareness days and weeks supported on social media and in internal communication channels
- Information governance campaign.
- 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

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

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

This is the November 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for October 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 | The Recovery College websites continue to be well received. A variety of different approaches are being used to engage with learners and to make sure that people remain connected and can access the courses they need. Creative Minds continue to oversee the delivery of a variety of interventions with performance reported into the Charitable Funds Committee. In the last 6 months 6990 people have been directly impacted through this work. The Arts and Health Programme Manager for Calderdale has commenced delivery of the agreed plan which aims to ensure that arts, creativity and culture is used across Calderdale to support people's health and well-being. Work has commenced 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. This role is linking with the physical activity offers already in place including through the Recovery College and Creative Minds. Plans are in place to recruit to a peer support co-Ordinator role to further develop the use of peer support across Trust services | | |
| 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 | West Yorkshire Mental Health, Learning Disability and Autism Programme Services continues working to deliver the precovid priority work programme, with current priorities also including delivering ongoing support during covid such as mutual aid and population support schemes, and new priorities such as improving collaboration and staff health and wellbeing. We are actively working as a partner in our local systems to manage and mitigate the impact of a rise in COVID cases, including our system-level surge/escalation approach, and manage the impact on the restoration of non-COVID health services in our Phase 3 plan submissions. Work has commenced on modelling changes to mental health demand with partners through our Mental Health Intelligence and Insight Group, as part of recovery and stabilisation. Work continues at ICS and Placed based level on planning and producing bids for both Community Mental Health Transformation funding and Crisis & Liaison Transformation funding for first submission for both funding streams to NHSE on 18th November 2020. We have worked with our colleagues in all localities to develop MH proposals to be put forward for allocation of winter funding aligned to winter planning in October. | | |
| IMPROVE CARE | | | | | | | |
| Provide all care as close to home as possible | Focus on PICU, patient flow and Criteria Led Discharge (CLD) All other workstreams to maintain a momentum but at an appropriate pace | Carol Harris | Ryan Hunter | OMG | <p>PICU - new standard operating procedure has now been developed and will go through internal governance. New processes set up for admissions to PICU beds and any required gender specific placement.</p> <p>Criteria led discharge - process now started of moving over to SystmOne, all wards to complete by December 2020. Implementation review feedback from SSG due in the next period.</p> <p>Patient flow – protocol at policy ratification group on 16 Nov; patient flow working across extended hours and still working toward formal process for extended service.</p> <p>Single point of access (SPA) – information being collated for interim triage scale review. Kirklees GP practices have been identified to further test e-referral and support primary care pathway work in advance of wider rollout of new e-referral process. Ongoing work with Healthwatch, including co-production from service users and carers to support staff training is being taken forward.</p> <p>Intensive home based treatment (IHBT) (Kirklees) – now delivering a model with fidelity to IHBT standards. Recruitment continues to be positive though recent Covid issues are leading to capacity challenges.</p> <p>Trauma informed personality disorder (TIPD) – working with stakeholders to integrate the TIPD pathway with third sector agencies. Initial discussions with women's centre have taken place. Working towards Kirklees pathway being operational from November 2020. Dialectic behavioural therapy (DBT) pathway will be starting in Wakefield shortly and utilising initial work from there to standardise across the pathway.</p> <p>Community- most activity is now being taken forward as business as usual and current focus on community mental health proposals. Initial review of achievement of objectives has taken place and found positive impact across in-scope caseloads but some challenges still persist, in particular HCP caseloads in some core services. Further consideration of actions on these required and how they feed into out of area (OOA) governance.</p> <p>Gatekeeping review – a review of gatekeeping across the Trust has been delayed due to recent operational priorities and is now likely to happen early 2021 which could identify further changes required to help make the system be more sustainable.</p> <p>Failure to deliver timely improvement due to lack of resource, other work priorities and skills - the likelihood of this is increasing again due to the second wave of covid, though activity is still progressing.</p> <p>Milestones include: Performance Management - inpatient report development - Summer 2020 Patient Flow Protocol through internal governance - now Nov 2020 PIU SOP through internal governance - Nov 2020 SPA Triage Scale live - Jul 2020; initial review Oct/Nov 2020, full review early 2021 CLD future system decision - Oct 2020, move to S1 from Nov. TIPD Kirklees pathway operational Nov 2020 IHBT joint AMHP assessment further review - early 2021 Gatekeeping Review - Jan 2021</p> | 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 /Maevie Boyle (Barnsley) | CAMHS Improvement Group with monthly report to OMG | All Age Liaison Service (MHLT) has been fully implemented in all districts with effect from as follows: Barnsley 1st October 2020, Wakefield – 19th October 2020 and Calderdale & Kirklees - 26th October 2020. Review of MHLT staff competencies using the competency framework has been completed in Barnsley and Wakefield and is well underway in Calderdale & Kirklees. The cessation of 1st on-call arrangements (from CAMHS Crisis and Home Based Treatment Team) has not resulted in any issues. Barnsley General Hospital colleagues have been positive about the service change. Ongoing background support being made available by CAMHS teams to all of the MHLT teams. Barnsley CAMHS Crisis and Home Based Treatment Team Standard Operating Procedure was approved by Operations Management Group on 7th October 2020. CAMHS Improvement Board (CIB) has reviewed, updated and approved its terms of reference and membership following Trust Board approval to continue with this work as part of its programme priorities. Programme support for Calderdale and Kirklees districts has been identified. Recruitment cycle is being repeated within Wakefield due to non-fulfilment of some posts after a successful recruitment process. The consequential impact is for the wider district such as ASD pathways. Waiting list (WL) numbers in Barnsley have not reduced as much as planned due to higher number of people being accepted for CAMHS input in October 2020 – 33 compared with monthly average of 18 cases (Nov 19 to Sept 20). Revised WL trajectory has been drafted for consideration at CIB meeting in November 2020. Work is ongoing with Barnsley CCG regarding the demand and capacity modelling for the new CAMHS Service Model and joint monthly steering meetings are continuing. A summary paper capturing all the changes made by all of the CAMHS services has been produced and shared with CAMHS Improvement Board. Work is ongoing to consider the demand and capacity modelling of the new service model with Barnsley CCG via the monthly meetings. The pace of this work needs to be accelerated to enable appropriate costings to be completed, signed off by the CCG and appropriate mobilisation by the Barnsley CAMHS service from April 2021 onwards. A high-level outline has been developed and a meeting is being progressed to agree timeframes and expectations with lead commissioner. Implementation plan/Key milestones include: By 14/10/20 Review of Barnsley and Wakefield MHLT staff competencies using the competency framework to enable progression and transition to the All Age Liaison Services. By 31/10/20 Full implementation of the All Age Liaison Service in Barnsley with appropriate support from CAMHS services. By 14/10/20 Barnsley CAMHS C&HBT SOP approved by Operations Management Group. By 31/10/20 Evaluation of 3 virtual groups within Barnsley completed based on PDSA model approach to assist with wider learning within all CAMHS services. By 31/10/20 CAMHS Improvement Board to complete its review of Terms of Reference and consider whether CAMHS improvement work is now appropriate to become 'business as usual' and stepped down as a priority programme of work. | Progress Against Plan | |
| Forensics Improvement work | Improvement plan has been prioritised by steering group, with clear focus on safety, learning lessons, staff engagement and staff wellbeing | Carol Harris | Sue Barton | Forensics Improvement Group with monthly report to OMG | The forensic improvement actions continue to be delivered in line with the plan. The group have recently reviewed all the actions on the plan which had been paused because of Covid 19 and have moved some of these into the active parts of the programme as a reflection of the work that is taking place. Organisational Development work is a key part of the plan going forward. Unfortunately the third workshop had to be postponed due to operational pressures caused by Covid 19. However the fourth leadership workshop date is still in place and will be used if at all possible. The comprehensive bespoke communication approach has been developed and initial feedback to the regular, systematic communication mechanisms is positive. | Management of Risk | |
| IMPROVE RESOURCES | | | | | | | |
| Make better use of digital technology and introducing new ways of virtual working to help support staff and service users | Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid19 EPMA – electronic prescribing project AirMid & WhatsApp for E Consultations Virtual Visitors Continue to maintain I Hub to support staff wellbeing and facilitate conversations | Mark Brooks | Vicki Whyte | ISIG | EPMA (Electronic Prescribing and Medicines Administration) – It was agreed at the project board on 5th November that the go-live date be moved to January 2021 with a new target date for the first roll out to Poplars ward, Lyndhurst ward and Ward 18 at Dewsbury hospital of 18th January dependent upon the Covid-19 situation. It was agreed that the project must continue the momentum and the delivery of EPMA be prioritised across the Trust. Virtual Visitor Scheme - continues to be used across in-patient wards to ensure the people in our care do not become socially isolated and continue to have contact with their families during the pandemic. | | |
| MAKE THIS A GREAT PLACE TO WORK | | | | EMT | Focus on this in relation to Covid 19: Support the wellbeing of #all of us to help people cope & connect Support people to embrace new ways of working that have been beneficial . These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR | | |

| Programme against plan rating | On target to deliver within agreed timescale / project tolerance | At risk / intervention required to deliver and agreed timescale / project to ensure delivery/agency or deliver action within agreed timescale / project to ensure delivery with not be delivered with agreed timescale / project tolerance | At risk / intervention required to deliver and agreed timescale / project to ensure delivery/agency or deliver action within agreed timescale / project to ensure delivery with not be delivered with agreed timescale / project tolerance |
|--|--|--|--|
| Green | 1-3 | 4-6 | 7-9 |
| Yellow | 1-3 | 4-6 | 7-9 |
| Amber | 1-3 | 4-6 | 7-9 |
| Red | 1-3 | 4-6 | 7-9 |
| At risk / intervention required to deliver and agreed timescale / project to ensure delivery/agency or deliver action within agreed timescale / project to ensure delivery with not be delivered with agreed timescale / project tolerance | 1-3 | 4-6 | 7-9 |

| Glossary of terms: | |
|--|--|
| AMHP Approved Mental Health Professional | MH Mental Health |
| ATU Assessment and Treatment Unit | MDU Memorandum of Understanding |
| Bassetlaw | NHS National Health Service |
| BDCFT 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 | PAI Performance and Information |
| EMT Executive Management Team | PCH Primary Care Hub (also referred to as Primary Care Network) |
| ESD Early Supported Discharge | PCN Primary Care network (also referred to as Primary Care Hub) |
| FIRM Formulation Informed Risk Assessment | QI Quality Improvement |
| GP General Practitioner | QSIR Quality, Service Improvement and Re-design |
| HASU Hyper Acute Stroke Unit | RACI Roles and responsibilities indicator |
| HCP Healthcare Partnership | SBAR Situation - Background - Assessment - Recommendation quality improvement tool |
| IAPT Improving access to Psychological Therapies | SPA Single Point of Access |
| ICS Integrated Care System | SPC Statistical Process Control |
| ICT Integrated Change Team | SRU Stroke Rehabilitation Unit |
| IHBT Intensive Home Based Treatment | SSG an external consultant agency |
| IHI Institute for Health Improvement | 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 | £0.1m | (£2.1m) | For April to September the Trust received retrospective funding to ensure a breakeven position. This included reasonable additional covid costs. For October to March the Trust has a revised operational plan based on block and system allocated income. In October a surplus of £0.1m has been reported, which was favourable to plan. |
| 2 | Agency Cap | £3.9m | £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 October was £0.6m, which is similar to the recent trend. |
| 3 | Cash | £64m | £41m | 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 | £1.2m | £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 80% of invoices have been paid within 7 days. The impact of the new finance and procurement system continues to be monitored. |
| | 30 days | 97% | | |
| | 7 days | 80% | | |

| | | | |
|-------|---|----------|---|
| 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 | QOC Domain | Owner | Threshold | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | |
|---|----------------------|------------|-------|---------------------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Sickness (YTD) | Improving Resources | Well Led | AD | <=4.5% | 5.0% | 5.0% | 5.0% | 5.0% | 4.9% | 4.0% | 3.9% | 3.9% | 3.9% | 3.9% | 3.9% | 3.9% | |
| Sickness (Monthly) | Improving Resources | Well Led | AD | <=4.4% | 5.0% | 5.30% | 5.0% | 4.6% | 4.2% | 3.9% | 3.9% | 4.0% | 3.8% | 3.8% | 3.8% | 3.9% | |
| Aggression Management | Improving Care | Well Led | AD | >=80% | 81.3% | 80.5% | 80.9% | 81.6% | 85.5% | 85.5% | 85.5% | 85.5% | 85.5% | 86.5% | 86.0% | 86.3% | |
| Cardiopulmonary Resuscitation | Improving Care | Well Led | AD | >=80% by 31/3/17 | 83.6% | 81.9% | 81.2% | 80.9% | 89.4% | 89.4% | 89.4% | 89.4% | 89.4% | 90.3% | 89.4% | 88.7% | |
| Clinical Risk | Improving Care | Well Led | AD | >=80% by 31/3/17 | 88.5% | 88.6% | 89.2% | 89.0% | 93.7% | 93.7% | 93.7% | 93.7% | 93.7% | 93.8% | 93.6% | 93.3% | |
| Equality and Diversity | Improving Health | Well Led | AD | >=80% | 92.3% | 92.1% | 92.6% | 92.4% | 95.2% | 95.2% | 95.2% | 95.2% | 95.2% | 95.7% | 95.7% | 96.0% | |
| Fire Safety | Improving Care | Well Led | AD | >=80% | 87.4% | 87.9% | 88.3% | 88.3% | 93.7% | 93.7% | 93.7% | 93.7% | 93.7% | 93.9% | 93.4% | 92.8% | |
| Food Safety | Improving Care | Well Led | AD | >=80% | 82.5% | 83.0% | 82.3% | 81.6% | 76.9% | 76.9% | 76.9% | 76.9% | 76.9% | 78.3% | 76.7% | 76.8% | |
| Infection Control and Hand Hygiene | Improving Care | Well Led | AD | >=80% | 91.3% | 91.0% | 90.4% | 89.1% | 95.8% | 95.8% | 95.8% | 95.8% | 95.8% | 96.2% | 96.0% | 96.1% | |
| Information Governance | Improving Care | Well Led | AD | >=95% | 92.8% | 94.1% | 90.4% | 98.0% | 98.2% | 98.2% | 98.2% | 98.2% | 98.2% | 98.8% | 98.8% | 98.9% | |
| Moving and Handling | Improving Resources | Well Led | AD | >=80% | 91.9% | 92.0% | 92.1% | 92.2% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.5% | 95.6% | 95.5% | |
| Mental Capacity Act/DOLS | Improving Care | Well Led | AD | >=80% by 31/3/17 | 93.5% | 92.5% | 92.3% | 90.5% | 93.3% | 93.3% | 93.3% | 93.3% | 93.3% | 94.6% | 94.3% | 94.8% | |
| Mental Health Act | Improving Care | Well Led | AD | >=80% by 31/3/17 | 90.8% | 89.8% | 90.1% | 87.2% | 89.5% | 89.5% | 89.5% | 89.5% | 89.5% | 91.2% | 90.8% | 91.4% | |
| No of staff receiving supervision within policy guidance | Quality & Experience | Well Led | AD | >=80% | 76.1% | | | 73.3% | | | 73.4% | | | 74.9% | | | Due Jan 2020 |
| Prevent | Improving Care | Well Led | AD | >=80% | 87.1% | 88.8% | 90.8% | 91.1% | 93.2% | 93.2% | 93.2% | 93.2% | 93.2% | 94.6% | 94.6% | 94.4% | |
| Safeguarding Adults | Improving Care | Well Led | AD | >=80% | 94.1% | 94.1% | 94.0% | 94.3% | 96.2% | 96.2% | 96.2% | 96.2% | 96.2% | 92.8% | 92.8% | 93.0% | |
| Safeguarding Children | Improving Care | Well Led | AD | >=80% | 89.8% | 89.0% | 89.8% | 90.7% | 92.4% | 92.4% | 92.4% | 92.4% | 92.4% | 93.6% | 93.6% | 93.3% | |
| Sainsbury's clinical risk assessment tool | Improving Care | Well Led | AD | >=80% | 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 | - | £887k | £705k | £769k | £685k | £1,241k | £727k | £866k | £721k | £687k | £778k | £907k | £915k | |
| Agency Cost | Improving Resources | Effective | AD | - | £572k | £559k | £537k | £581k | £613k | £469k | £507k | £518k | £558k | £606k | £588k | £604k | |
| Overtime Costs | Improving Resources | Effective | AD | - | £6k | £11k | £15k | £69k | £191k | £196k | £382k | £342k | £257k | £276k | £213k | | |
| Additional Hours Costs | Improving Resources | Effective | AD | - | £36k | £39k | £37k | £42k | £58k | £58k | £61k | £66k | £71k | £59k | £53k | | |
| Sickness Cost (Monthly) | Improving Resources | Effective | AD | - | £510k | £547k | £510k | £429k | £435k | £374k | £388k | £399k | £408k | £411k | £387k | | |
| Vacancies (Non-Medical) (WTE) | Improving Resources | Well Led | AD | - | 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 | - | 317k | 272k | 273k | 302k | 312k | 193k | 149k | 138k | 164k | 166k | 147k | | |
| Health & Safety | | | | | | | | | | | | | | | | | |
| Number of RIDDOR incidents (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 November 24th, 161 staff off work Covid-19 related, not working which compares to 108 one month earlier. This is the highest number of staff absent due to Covid-19 since mid-May.
- 2917 staff tested as at November 24th.
- 398 staff have tested positive for Covid-19, 181 of which tested positive within the last month.
- Staff turnover increased to 9.3% from 8.9 % in September.
- Non-Covid sickness absence was 3.9% in October 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, particularly Wakefield, Kirklees and Calderdale.

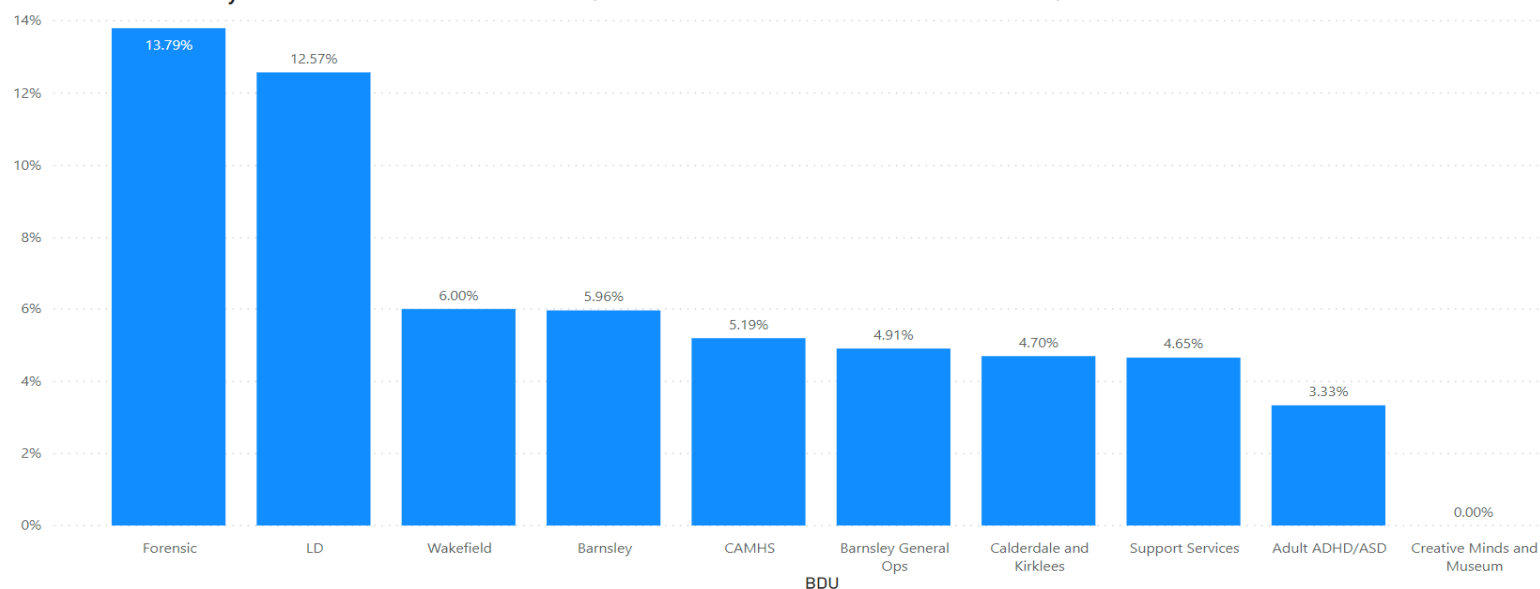
Sickness reporting

As at 24th November, the Trust has 308 staff absent or working from home due to Covid-19. This makes up 5.9% of the workforce. Of those absent, 21.8% are symptomatic and 18.8% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 13.8% of staff impacted (56/406). 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) (November 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 6.9, Oct 9.6, Nov 6.6

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

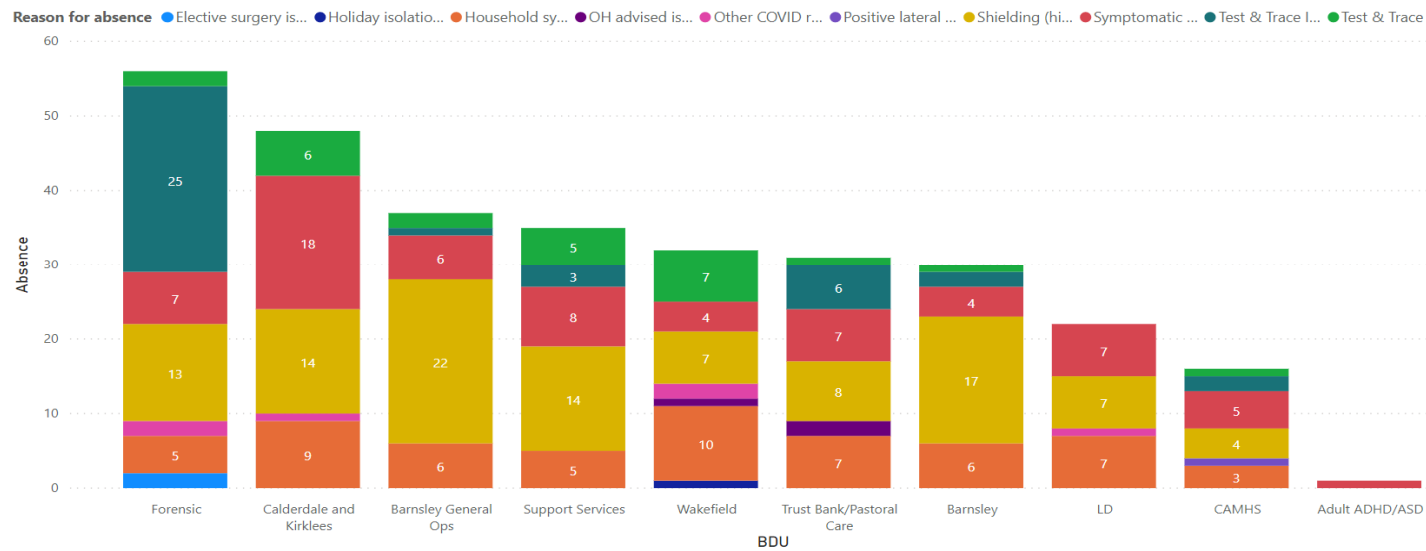
Priority Programmes

Finance/Contracts

Workforce

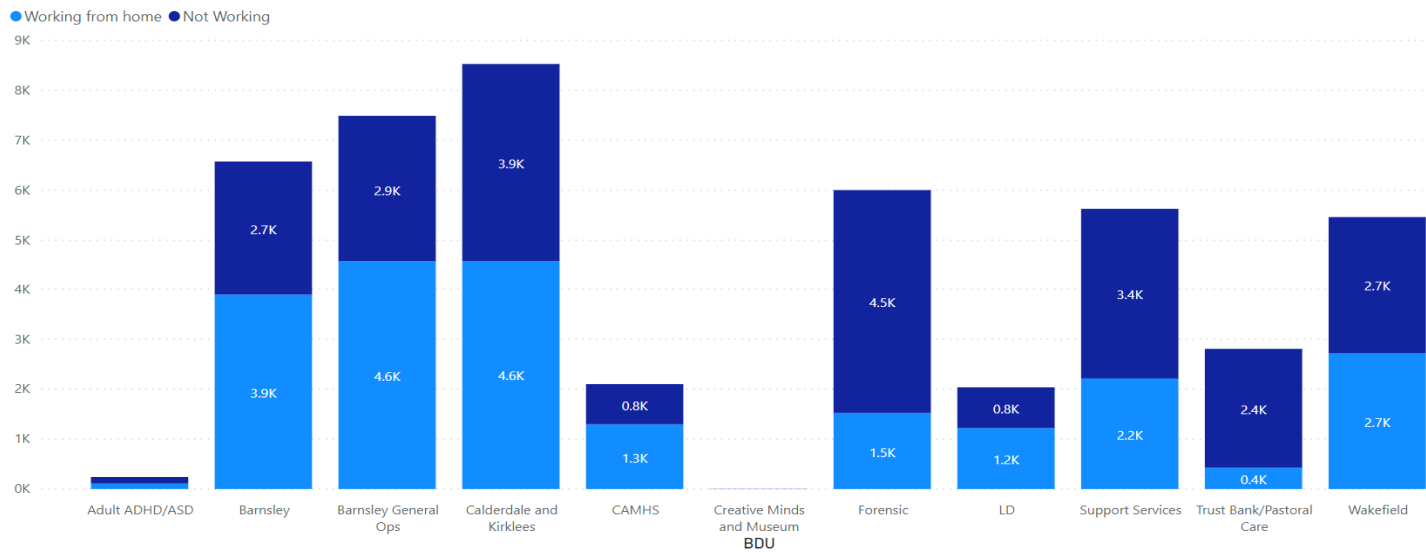
The following graph shows the reasons for Covid-19 absence by BDU.

Absence by BDU and Reason for absence



The following chart shows Covid-19 staff absences over the period 16th March - 24th November:

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



Guardian of Safe Working Report - Q2 (July - September 2020)

Impact of the Pandemic

The impact of COVID-19 has been wide-ranging and there has been a significant impact on the rotas for doctors in training. There was a 75% increase in the number of gaps on the various rotas in April-June, compared with the previous quarter. However, there was a significant reduction in the number of gaps in Wakefield, Calderdale and Kirklees in August and September, leading to a 20% drop in gaps overall for the most recent quarter. In Barnsley, this quarter was still affected by doctors shielding for a prolonged period. Other issues affecting rotas include doctors having to self-isolate for shorter periods, pregnant trainees having to come off the on-call rota sooner than planned and a small number of Foundation Year 2 doctors requested to be redeployed to support their colleagues in the acute trust. These issues were added to the more usual ones of vacancies, sickness and Less than full-time trainees in full-time training placements. It is a testament to the fantastic work of rota coordinators and the trainees themselves that all the vacant slots were filled by the trust bank. The Medical Directorate Business Manager, the AMD for Medical Education, the Guardian of Safe Working and the College Tutors met frequently, at the height of the pandemic, on the Medical Education Bronze Call, to coordinate the trust's response and these meetings continue.

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in Psychiatry has been much better recently and with the amalgamation of core training schemes across W. Yorkshire from August 2020, it is hoped that we will see a reduction in vacancies in Calderdale and Kirklees. Currently we have one core trainee vacancy in Barnsley and another in Calderdale.

Exception reports (with regard to working hours)

There have only been a few ERs completed in SWYT since the introduction of the new contract and there have been none during this period.

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. The Medical Bank has been working well. Following the large increase in gaps at the start of the pandemic, trainees were offered higher rates of pay to cover some hard-to-fill shifts. The costs that were directly attributable to COVID-19, where trainees were shielding or self-isolating, are shown separately.

| Gaps by rota July/Aug/Sept '20 | | | | | |
|--------------------------------|-------------------------|------------------------------------|---|---|-------------------|
| Rota | Number (%) of rota gaps | Number (%) covered by Medical Bank | Number (%) covered by agency / external | Number (%) covered by other trust staff | Number (%) vacant |
| Barnsley 1st | 72 (39%) | 72 (100%) | 0 | 0 | 0 |
| Calderdale 1st | 21 (11%) | 21 (100%) | 0 | 0 | 0 |
| Kirklees 1st | 19 (21%) | 19 (100%) | 0 | 0 | 0 |
| Wakefield 1st | 23 (13%) | 23 (100%) | 0 | 0 | 0 |
| Total 1st | 135(21%) | 135 (100%) | 0 | 0 | 0 |

| Costs of Rota Cover July/Aug/Sept '20 | | | |
|---------------------------------------|--|-----------------------------|--------------------------------------|
| 1 st On-Call Rotas | Shifts (Hours) Covered by Medical Bank | Cost of Medical Bank Shifts | Cost directly attributed to COVID-19 |
| Barnsley | 72 (672) | £23,520 | £5,040 |
| Calderdale | 21 (201) | £7,043 | £0 |
| Kirklees | 19 (392) | £13,720 | £1,960 |
| Wakefield | 23 (212) | £9,420 | £2,880 |
| Total | 135 (1742.5) | £53,703 | £9,880 |

Issues and Actions

Recruitment – There are a number of initiatives that the trust has been involved with, through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training). We no longer have any MTI doctors after the last resigned recently and we do not anticipate taking further MTI doctors as we hope to have few if any Core Training Vacancies. We currently have 6 WAST doctors in the Trust, with HEE paying the full salary and there is evidence that this scheme is encouraging more doctors to apply for Psychiatry training.

Junior Doctors' Forum (JDF) – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The last JDF met by Microsoft Teams and was very well attended with 35 people present, including 30 trainees. Issues discussed included rotas, completion of exception reports and understandably also trainees' experience related to COVID-19. For example, this included PPE and Fit Testing, the impact of COVID on study leave, training experiences and ARCP progression. However, there were also brief updates on topics discussed previously such as Seclusion reviews. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education

Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum.

Publication Summary

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

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

[NHS workforce statistics: July 2020](#)

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

[Mental Health Act statistics, annual figures: 2019-20](#)

[Diagnostic imaging dataset: June 2020](#)

[Diagnostic imaging dataset: July 2020](#)

[Psychological therapies: reports on the use of IAPT services, England, August 2020, final including reports on the IAPT pilots](#)

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

[Community services statistics: July 2020](#)

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



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 7
(2020 / 21)**



www.southwestyorkshire.nhs.uk



With **all of us** in mind.

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1.0 Executive Summary / Key Performance Indicators

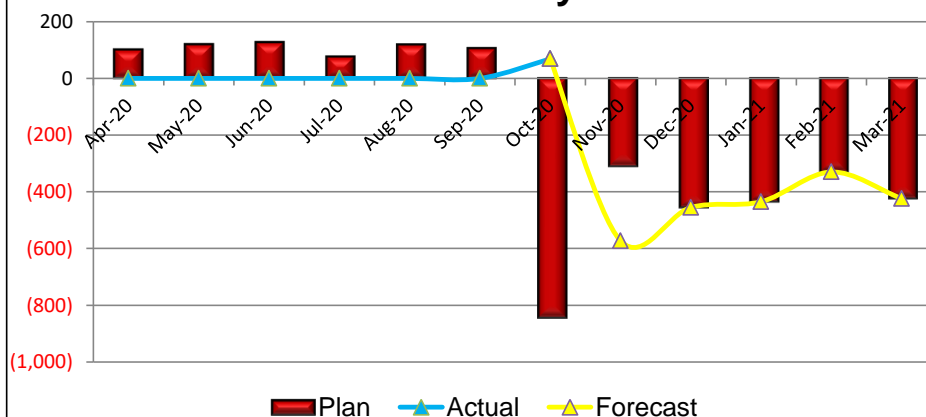
| Performance Indicator | | Year to Date | Forecast 2020 / 21 | Narrative |
|-----------------------|---------------------|--------------|--------------------|---|
| 1 | Surplus / (Deficit) | £0.1m | (£2.1m) | For April to September the Trust received retrospective funding to ensure a breakeven position. This included reasonable additional covid costs. For October to March the Trust has a revised operational plan based on block and system allocated income. In October a surplus of £0.1m has been reported, which was favourable to plan. |
| 2 | Agency Spend | £3.9m | £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 October was £0.6m, which is similar to the recent trend. |
| 3 | Cash | £64m | £41m | 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 | £1.2m | £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 | | | |
| | 30 days | 97% | | This performance is based upon a combined NHS / Non NHS value and demonstrates that 80% of invoices have been paid within 7 days. The impact of the new finance and procurement system continues to be monitored. |
| | 7 days | 80% | | |

| | |
|-------|--|
| 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 |

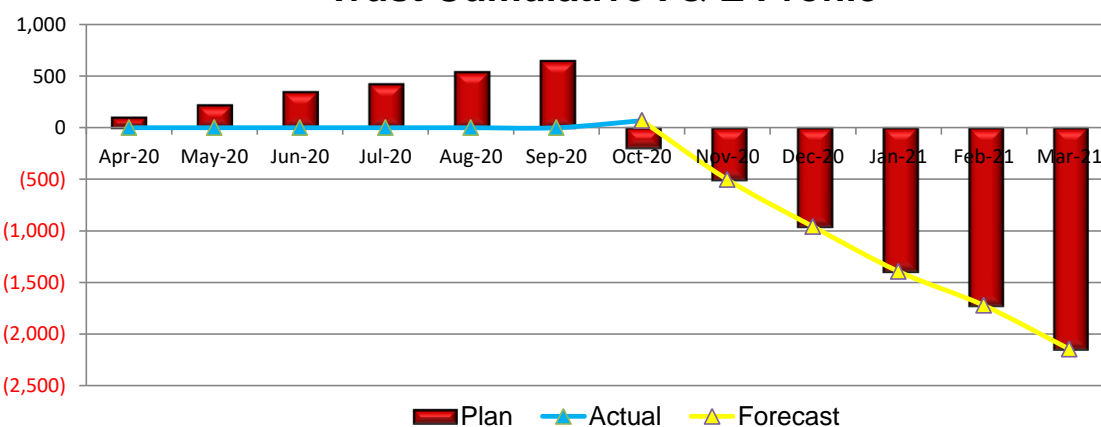
| Budget Staff | Actual worked | Variance | Month Budget | Month Actual | Month Variance | Description | Year to Date Draft Budget | Year to Date Actual | Year to Date Variance | Annual Budget | Forecast Outturn | Forecast Variance |
|--------------|---------------|-----------------|-----------------|-----------------|----------------|---------------------------------|---------------------------|---------------------|-----------------------|------------------|------------------|-------------------|
| WTE | WTE | WTE % | £k | £k | £k | | £k | £k | £k | £k | £k | £k |
| | | | 18,394 | 20,108 | 1,714 | Clinical Revenue | 131,367 | 131,194 | (173) | 232,446 | 232,290 | (155) |
| | | | 18,394 | 20,108 | 1,714 | Total Clinical Revenue | 131,367 | 131,194 | (173) | 232,446 | 232,290 | (155) |
| | | | 4,372 | 1,237 | (3,134) | Other Operating Revenue | 12,038 | 11,372 | (667) | 20,319 | 17,641 | (2,677) |
| | | | 22,766 | 21,346 | (1,420) | Total Revenue | 143,406 | 142,566 | (840) | 252,764 | 249,932 | (2,833) |
| 4,324 | 4,377 | 53 1.2% | (15,797) | (15,969) | (171) | Pay Costs | (110,541) | (110,457) | 84 | (192,642) | (192,123) | 519 |
| | | | (4,203) | (4,090) | 113 | Non Pay Costs | (25,780) | (25,621) | 159 | (45,912) | (46,432) | (520) |
| | | | (2,840) | (500) | 2,341 | Provisions | (1,945) | (1,106) | 839 | (7,246) | (4,397) | 2,849 |
| | | | 0 | 0 | 0 | Gain / (loss) on disposal | 0 | (23) | (23) | 0 | (23) | (23) |
| 4,324 | 4,377 | 53 -1.2% | (22,841) | (20,559) | 2,282 | Total Operating Expenses | (138,267) | (137,208) | 1,059 | (245,800) | (242,975) | 2,825 |
| 4,324 | 4,377 | 53 -1.2% | (75) | 787 | 862 | EBITDA | 5,139 | 5,358 | 219 | 6,964 | 6,957 | (8) |
| | | | (521) | (523) | (3) | Depreciation | (3,615) | (3,622) | (7) | (6,168) | (6,211) | (43) |
| | | | (197) | (195) | 3 | PDC Paid | (1,718) | (1,667) | 51 | (2,945) | (2,894) | 51 |
| | | | (50) | 0 | 50 | Interest Received | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,324 | 4,377 | 53 -1.2% | (843) | 69 | 912 | Surplus / (Deficit) | (194) | 69 | 263 | (2,148) | (2,148) | 0 |
| | | | 0 | 0 | 0 | Revaluation of Assets | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,324 | 4,377 | 53 -1.2% | (843) | 69 | 912 | Surplus / (Deficit) | (194) | 69 | 263 | (2,148) | (2,148) | 0 |

The Trust budgets have been updated in October 2020 to reflect the new operational plan. As this realigned budgets for April to September (in line with actual expenditure levels) there is a movement in the in-month budget which means that variances are not representative of in month performance.

Trust Monthly I & E Profile



Trust Cumulative I & E Profile



Income & Expenditure Position 2019 / 20

**The Trust reported a breakeven position for April to September 2020 enabled by national funding.
For October 2020 to March 2021 we have an operational plan for a £2.1m deficit.**

For October 2020 to March 2021 the Trust has an operational plan which is to deliver a deficit of £2.1m. This is based on expenditure run rates and updated funding available.

Income

Income arrangements have been updated, and whilst block arrangements remain in place, these have been updated to reflect planned Mental Health Investment Standard (MHIS) funding and additional Integrated Care System (ICS) funding allocations.

Income is in line with this revised plan and is forecast to deliver in year. There is a process for agreeing funding changes in year with commissioners and these will be reflected as and when agreed.

Pay

Pay spend in October was £16.0m which is in line with previous months noting that it was higher in September primarily due to the payment of 6 months of medical pay award. Staffing continues to be reviewed to ensure safer staffing models are maintained given volatile levels of staff absence.

Non Pay

Non Pay spend continues to experience both cost pressures and savings within the overall position. Healthcare subcontracts (out of area placements) 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 non-pay spend. 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.

Costs identified for April to September 2020 (H1) have been reimbursed from nationally funding. Costs incurred for October 2020 to March 2021 must be contained within the overall Trust operational plan. No additional top ups will be possible.

October costs have reduced although it is expected that backfill costs will increase again in future months. One off non-pay costs were incurred in H1 and any further cost commitments are subject to Operational Management Group approval.

| Heading | Description | H1 £k | Oct-20 £k | Nov-20 £k | Dec-20 £k | Jan-21 £k | Feb-21 £k | Mar-21 £k | Total £k |
|----------------------------|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Staffing | Backfill of shifts due to covid (sickness, isolation, shielding) | 780 | 211 | | | | | | 991 |
| Staffing – community | Community additional shifts | 249 | 0 | | | | | | 249 |
| Staffing – cohort | Dedicated ward within Forensics required due to positive covid cases | 77 | 0 | | | | | | 77 |
| Staffing - students | Costs of student nurses and medics over and above previous | 480 | 0 | | | | | | 480 |
| Staffing – out of area | Costs of out of area placement providers to provide additional staff due to potential covid cases | 53 | 0 | | | | | | 53 |
| Total – Pay | | 1,639 | 211 | 0 | 0 | 0 | 0 | 0 | 1,850 |
| IM & T | Equipment to support new ways of working, from home, video conferencing, increased telecommunications | 441 | 161 | | | | | | 602 |
| Laundry | In house laundry service including scrubs | 331 | 4 | | | | | | 335 |
| Infection Control | Central store of additional infection control supplies (wipes, cleaning products) | 249 | 1 | | | | | | 250 |
| Catering | Staff meals - those working on inpatient wards and in the community. Supply of refreshments | 69 | 0 | | | | | | 69 |
| Discharge Equipment | Purchase of additional equipment to support hospital discharges | 71 | 0 | | | | | | 71 |
| Communications | Consent to share letter | 40 | 0 | | | | | | 40 |
| Misc / other | Other general non pay not captured in the headings above | 158 | 5 | | | | | | 163 |
| Total – Non Pay | | 1,359 | 171 | 0 | 0 | 0 | 0 | 0 | 1,530 |
| Total cost recovery | | 2,998 | 382 | 0 | 0 | 0 | 0 | 0 | 3,380 |

2.1

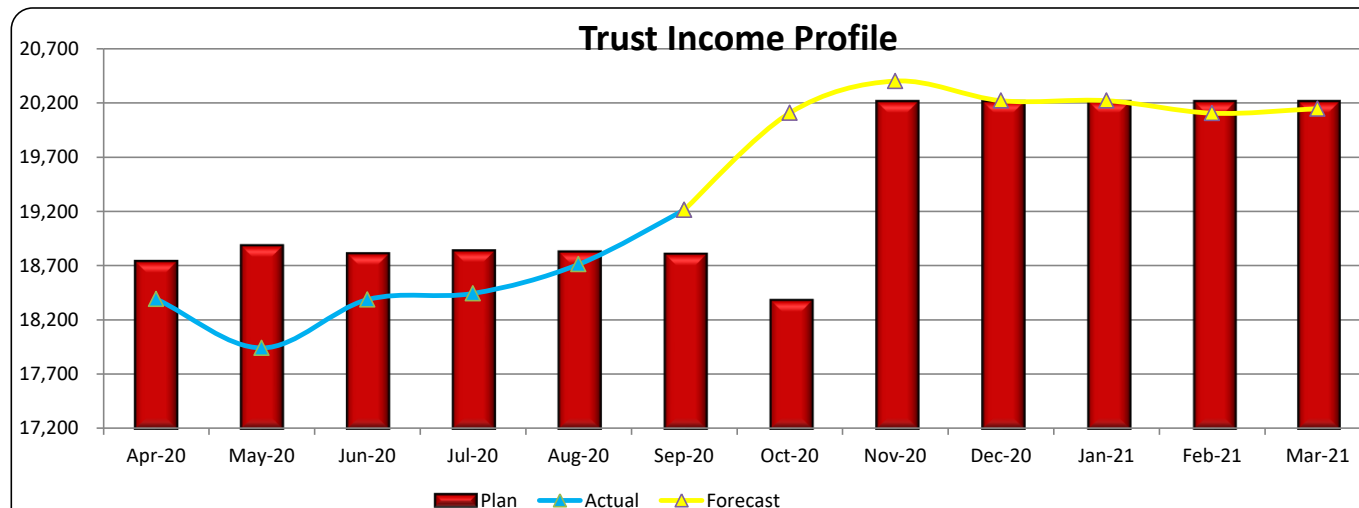
Income Information

As part of the reset for the Trust operational plan the contracting arrangements for October 2020 to March 2021 have also been updated. The nationally calculated block income (based upon 2019/20 plus 2.8% uplift) remains and has been supplemented by additional funding for the Mental Health Investment Standard (MHIS). This has been agreed with commissioners. There is a process for amending these values for changes in investment.

Further funding has flowed through the Integrated Care System (ICS) on an allocations basis. This included funding to cover all covid related additional expenditure and this now shows as CCG income as it flows through a lead local CCG.

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

| | Apr-20 £k | May-20 £k | Jun-20 £k | Jul-20 £k | Aug-20 £k | Sep-20 £k | Oct-20 £k | Nov-20 £k | Dec-20 £k | Jan-21 £k | Feb-21 £k | Mar-21 £k | Total £k | Total 19/20 £k |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------------|
| CCG | 14,530 | 13,924 | 14,321 | 14,361 | 14,000 | 14,278 | 16,696 | 16,866 | 16,750 | 16,750 | 16,635 | 16,635 | 185,746 | 171,720 |
| Specialist Commissioner | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,453 | 2,387 | 2,387 | 2,387 | 2,387 | 28,259 | 27,895 |
| Local Authority Partnerships | 335 | 473 | 409 | 439 | 419 | 417 | 430 | 417 | 417 | 417 | 417 | 417 | 5,006 | 7,755 |
| Top Up | 619 | 637 | 597 | 628 | 639 | 625 | 625 | 631 | 631 | 631 | 631 | 631 | 7,527 | 7,673 |
| Other | 550 | 550 | 702 | 658 | 1,254 | 1,537 | 0 | (0) | 0 | 0 | 0 | 0 | 5,252 | 0 |
| Total | 35 | 35 | 35 | 35 | 76 | 35 | 35 | 35 | 35 | 35 | 35 | 76 | 501 | 418 |
| Total | 18,391 | 17,940 | 18,386 | 18,443 | 18,711 | 19,214 | 20,108 | 20,402 | 20,221 | 20,221 | 20,105 | 20,147 | 232,290 | 215,461 |
| 19/20 | 17,509 | 17,502 | 17,373 | 17,646 | 17,765 | 17,628 | 17,906 | 17,572 | 18,061 | 19,031 | 18,334 | 19,134 | 215,461 | |



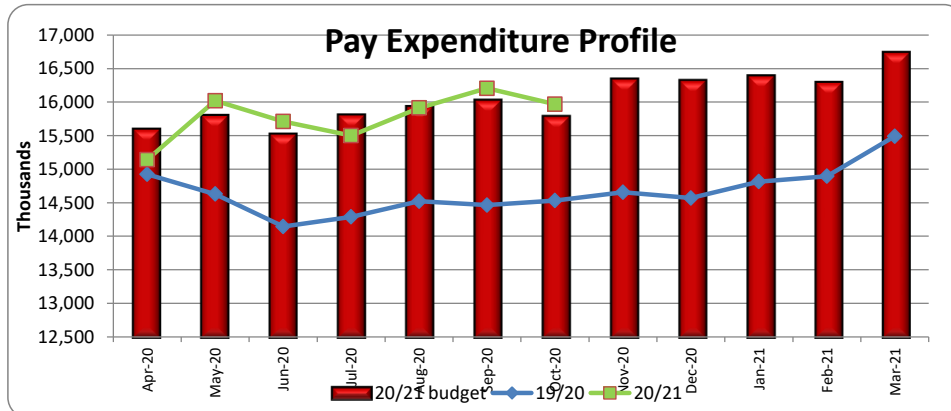
Budgets, for the year to date, have been reset in month 7 hence the variance in the graph to the left. This highlights the increase in income received and that the forecast is in line with the new plan for the remainder of the year.

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

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

| | Apr-20 £k | May-20 £k | Jun-20 £k | Jul-20 £k | Aug-20 £k | Sep-20 £k | Oct-20 £k | Nov-20 £k | Dec-20 £k | Jan-21 £k | Feb-21 £k | Mar-21 £k | Total £k |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|----------------|
| Substantive | 13,947 | 14,646 | 14,470 | 14,256 | 14,462 | 14,647 | 14,450 | | | | | | 100,877 |
| Bank & Locum | 727 | 866 | 721 | 687 | 844 | 971 | 915 | | | | | | 5,731 |
| Agency | 469 | 507 | 518 | 558 | 606 | 588 | 604 | | | | | | 3,850 |
| Total | 15,142 | 16,019 | 15,709 | 15,501 | 15,912 | 16,205 | 15,969 | 0 | 0 | 0 | 0 | 0 | 110,457 |
| 19/20 | 14,923 | 14,629 | 14,145 | 14,288 | 14,522 | 14,463 | 14,531 | 14,656 | 14,568 | 14,815 | 14,896 | 15,490 | 168,476 |
| Bank as % | 4.8% | 5.4% | 4.6% | 4.4% | 5.3% | 6.0% | 5.7% | | | | | | 5.2% |
| Agency as % | 3.1% | 3.2% | 3.3% | 3.6% | 3.8% | 3.6% | 3.8% | | | | | | 3.5% |

| | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | Current |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------|----------|----------|----------|----------|--------------|
| Substantive | 3,900 | 4,004 | 4,026 | 4,026 | 4,006 | 3,965 | 3,980 | | | | | | 4,026 |
| Bank & Locum | 203 | 253 | 193 | 197 | 244 | 225 | 277 | | | | | | 193 |
| Agency | 68 | 75 | 83 | 90 | 108 | 93 | 121 | | | | | | 83 |
| Total | 4,171 | 4,332 | 4,302 | 4,312 | 4,357 | 4,283 | 4,377 | 0 | 0 | 0 | 0 | 0 | 4,302 |
| 19/20 | 3,989 | 4,013 | 4,002 | 4,002 | 4,057 | 4,069 | 4,119 | 4,191 | 4,138 | 4,152 | 4,160 | 4,285 | 4,098 |



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 £500k per month. This has increased due to the medical pay awards received in September 2020.

There has been an overall increase in WTE in month across all categories. Recruitment of substantive staff continues for new services and services receiving additional Mental Health Investment Standard (MHIS) funding. There has also been further additional temporary staff due to rising staff absences due to covid-19 with the largest increase in bank WTE. This covers all areas but primarily forensics and adult acute inpatient

Agency spend is £604k in October.

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.

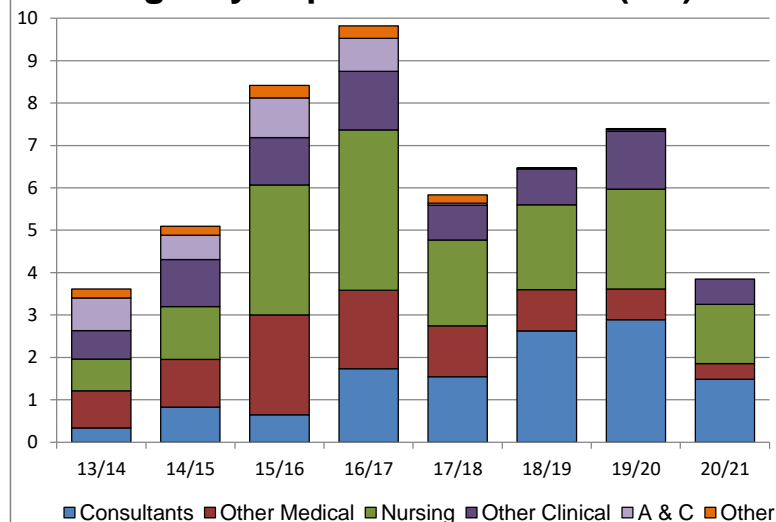
Due to covid 19 there is currently no agency cap for 2020/21, however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested maximum agency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

October 2020 spend is £604k and is in line with the trend for the last 2 months. This is slightly less than the 2019/20 agency run rate. (2019/20 average was £617k per month).

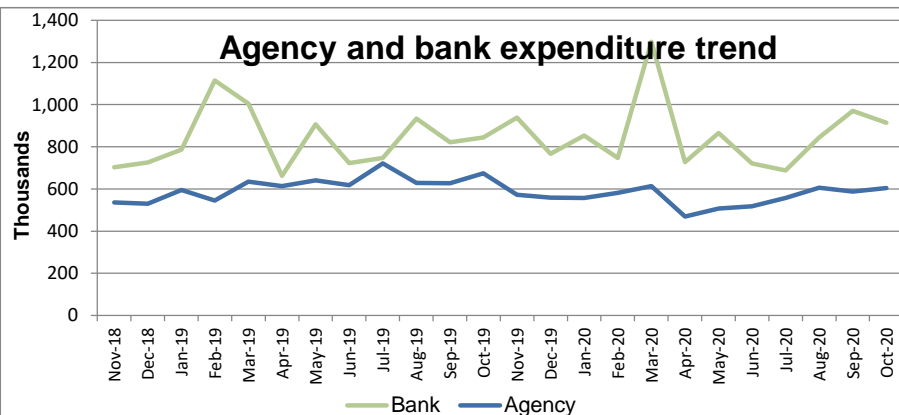
Of this value £281k related to medical agency spend with a further £258k on nursing staff (registered and unregistered). In terms of medical staff we currently have 18 agency in post; 4 relate to CAMHS and 4 relate to Learning Disability services. This has increased from 16 in July.

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

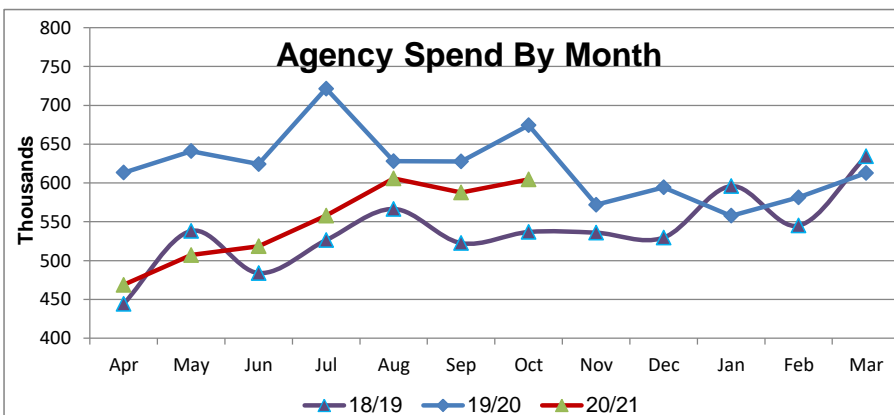
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



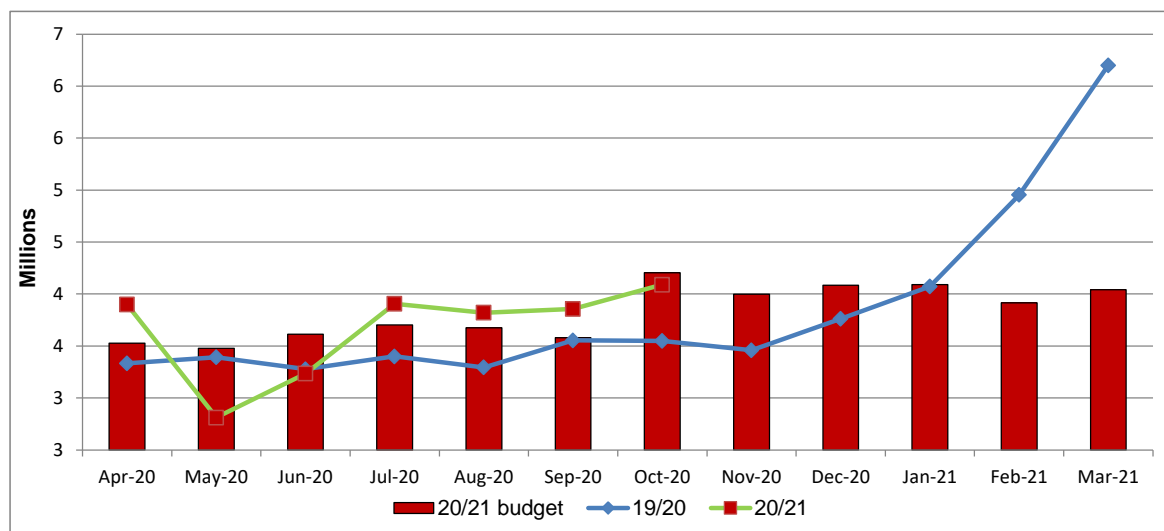
Agency Spend By Month



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).

| | Apr-20 £k | May-20 £k | Jun-20 £k | Jul-20 £k | Aug-20 £k | Sep-20 £k | Oct-20 £k | Nov-20 £k | Dec-20 £k | Jan-21 £k | Feb-21 £k | Mar-21 £k | Total £k |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| 2020/21 | 3,900 | 2,811 | 3,236 | 3,906 | 3,821 | 3,857 | 4,090 | | | | | | 25,621 |
| 2019/20 | 3,333 | 3,391 | 3,276 | 3,400 | 3,295 | 3,554 | 3,547 | 3,458 | 3,762 | 4,073 | 4,954 | 6,200 | 46,244 |

| | Budget Year to date £k | Actual Year to date £k | Variance £k |
|---------------------------------|------------------------------|------------------------------|----------------|
| Non Pay Category | £k | £k | £k |
| Clinical Supplies | 1,810 | 2,034 | (224) |
| Drugs | 1,985 | 1,923 | 62 |
| Healthcare subcontracting | 4,209 | 3,822 | 387 |
| Hotel Services | 1,151 | 1,258 | (107) |
| Office Supplies | 3,501 | 3,876 | (375) |
| Other Costs | 2,658 | 3,364 | (706) |
| Property Costs | 3,935 | 6,088 | (2,153) |
| Service Level Agreements | 3,608 | 0 | 3,608 |
| Training & Education | 304 | 521 | (218) |
| Travel & Subsistence | 1,293 | 1,418 | (126) |
| Utilities | 698 | 703 | (5) |
| Vehicle Costs | 629 | 614 | 16 |
| Total | 25,780 | 25,621 | 159 |
| Total Excl OOA and Drugs | 19,586 | 19,876 | (290) |



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 £1.7m for the year to date as highlighted earlier in this report. This is included within each of the individual non pay categories above.

Due to the update in Trust finance and procurement system the chart of accounts used to categorise non-pay spend has changed. The mapping and alignment of this continues to ensure that we have the level of breakdown previously provided. The main example of this is service level agreements which have been split depending on what the agreement covered and is therefore included in other headings (primarily property and other costs).

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 £000 | May £000 | Jun £000 | Jul £000 | Aug £000 | Sep £000 | Oct £000 | Nov £000 | Dec £000 | Jan £000 | Feb £000 | Mar £000 | Total £000 |
|-------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 17/18 | 212 | 255 | 178 | 246 | 245 | 359 | 365 | 277 | 286 | 208 | 373 | 729 | 3,733 |
| 18/19 | 376 | 363 | 349 | 357 | 392 | 314 | 232 | 417 | 268 | 317 | 191 | 355 | 3,929 |
| 19/20 | 289 | 222 | 158 | 93 | 76 | 17 | 48 | 82 | 158 | 191 | 230 | 359 | 1,924 |
| 20/21 | 141 | 55 | 88 | 342 | 253 | 164 | 135 | | | | | | 1,177 |

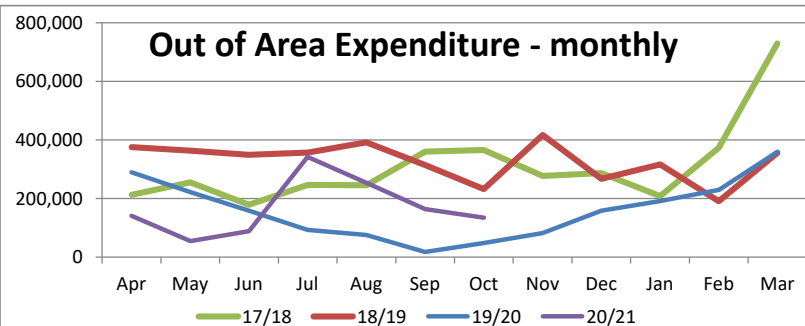
Bed Day Trend Information

| | 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 | 76 | 33 | | | | | | 845 |

Bed Day Information 2020 / 2021 (by category)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| PICU | 92 | 45 | 34 | 113 | 102 | 53 | 31 | | | | | | 470 |
| Acute | 18 | 9 | 86 | 192 | 45 | 23 | 2 | | | | | | 375 |
| Total | 110 | 54 | 120 | 305 | 147 | 76 | 33 | 0 | 0 | 0 | 0 | 0 | 845 |

Out of Area Expenditure - monthly



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

Activity and costs have continued to reduce since July 2020 with reductions in both PICU and acute out of area activity. As at 31st October there were 3 placements (3 PICU, 0 acute). This continues to be monitored as activity can fluctuate.

| | 2019 / 2020 Actual (YTD) | | Note |
|--|--------------------------|-----------------|------|
| | £k | £k | |
| Non-Current (Fixed) Assets | 108,146 | 105,616 | 1 |
| Current Assets | | | |
| Inventories & Work in Progress | 238 | 238 | |
| NHS Trade Receivables (Debtors) | 6,048 | 1,803 | 2 |
| Non NHS Trade Receivables (Debtors) | 953 | 1,418 | 3 |
| Prepayments, Bad Debt, VAT | 2,219 | 2,902 | |
| Accrued Income | 1,904 | 3,516 | 4 |
| Cash and Cash Equivalents | 36,417 | 63,951 | 5 |
| Total Current Assets | 47,778 | 73,827 | |
| Current Liabilities | | | |
| Trade Payables (Creditors) | (4,102) | (6,060) | 6 |
| Capital Payables (Creditors) | (272) | (712) | |
| Tax, NI, Pension Payables, PDC | (6,311) | (5,573) | |
| Accruals | (10,869) | (14,452) | 7 |
| Deferred Income | (1,462) | (19,902) | |
| Total Current Liabilities | (23,016) | (46,698) | |
| Net Current Assets/Liabilities | 24,763 | 27,129 | |
| Total Assets less Current Liabilities | 132,909 | 132,745 | |
| Provisions for Liabilities | (8,724) | (8,491) | |
| Total Net Assets/(Liabilities) | 124,185 | 124,254 | |
| Taxpayers' Equity | | | |
| Public Dividend Capital | 44,971 | 44,971 | |
| Revaluation Reserve | 12,763 | 12,397 | |
| Other Reserves | 5,220 | 5,220 | |
| Income & Expenditure Reserve | 61,231 | 61,666 | 8 |
| Total Taxpayers' Equity | 124,185 | 124,254 | |

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 are predominately 1 invoice which has been agreed as payable in March 2021 (£1.6m). Due to the block nature there is very little outstanding.

3. Non NHS debtors continue to be low and well managed.

4. Accrued income mainly consists of settlement of the covid-19 cost reimbursement and top up payments for September 2020 (£1.8m).

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. The impact of the system change on the Better Payment Practice Code (page 17) continues to be assessed.

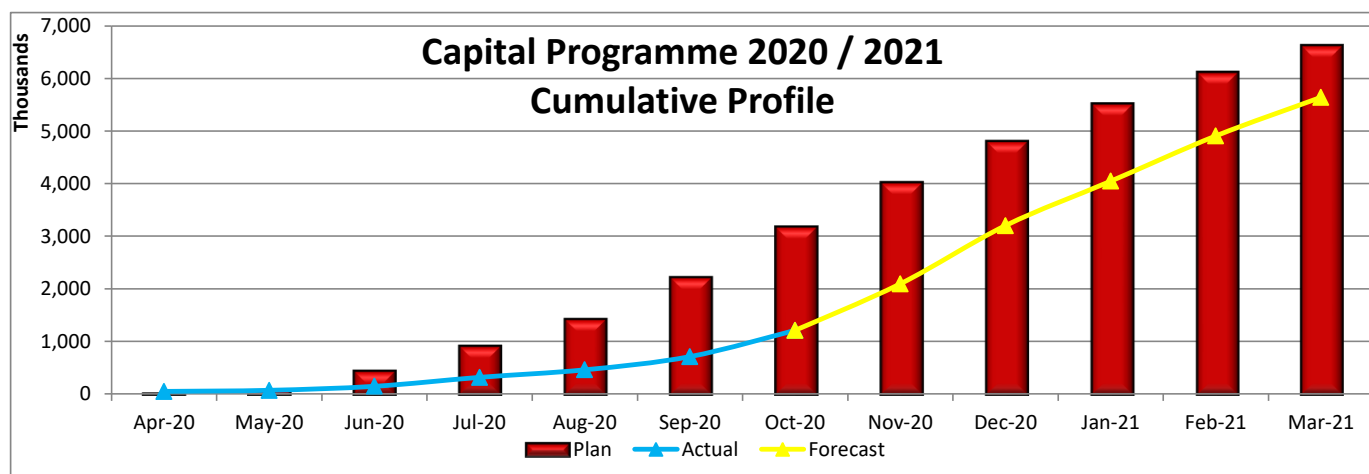
7. Accruals are higher than year end as the Trust awaits invoices for goods and services received.

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 | |
| Maintenance (Minor) Capital | | | | | | | |
| Facilities & Small Schemes | 3,479 | 1,506 | 611 | (894) | 3,423 | (56) | |
| Equipment Replacement | 100 | 50 | 92 | 42 | 178 | 78 | |
| IM&T | 2,455 | 1,653 | 504 | (1,149) | 2,043 | (412) | |
| Major Capital Schemes | | | | | | | |
| Hub Development | 600 | 0 | 0 | 0 | 0 | (600) | |
| VAT Refunds | | | 0 | | | 0 | |
| TOTALS | 6,634 | 3,209 | 1,207 | (2,001) | 5,644 | (990) | |

Spend in October is £0.5m



Capital Expenditure 2020 / 21

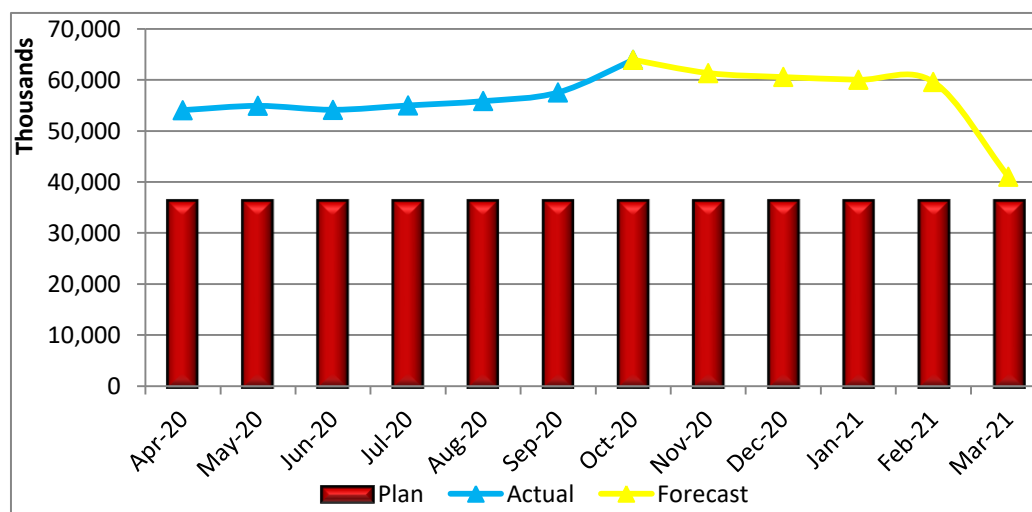
The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m. A further £4k has been added from the national backlog maintenance programme.

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.

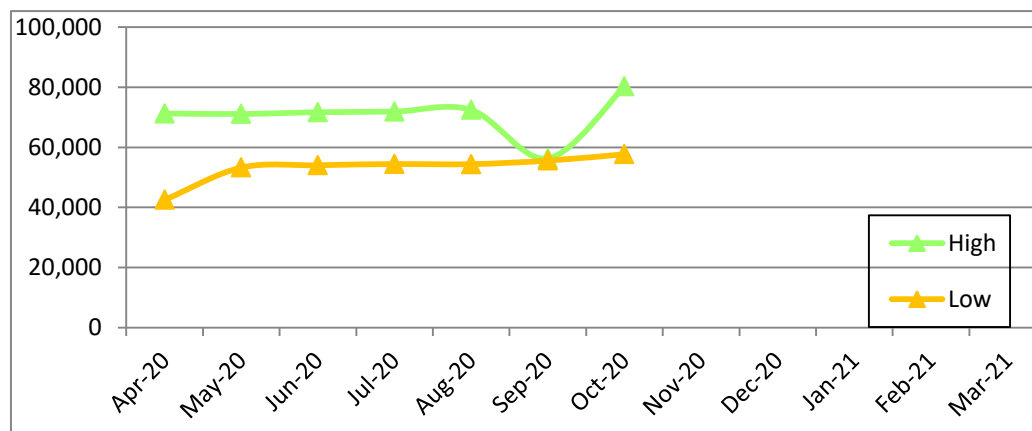
As a result there is a reduction of c. £1m with the majority of the change the hub development and IT schemes.

3.2

Cash Flow & Cash Flow Forecast 2020 / 2021



| | Plan £k | Actual £k | Variance £k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 22,617 | 36,417 | |
| Closing Balance | 36,417 | 63,951 | 27,534 |



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.

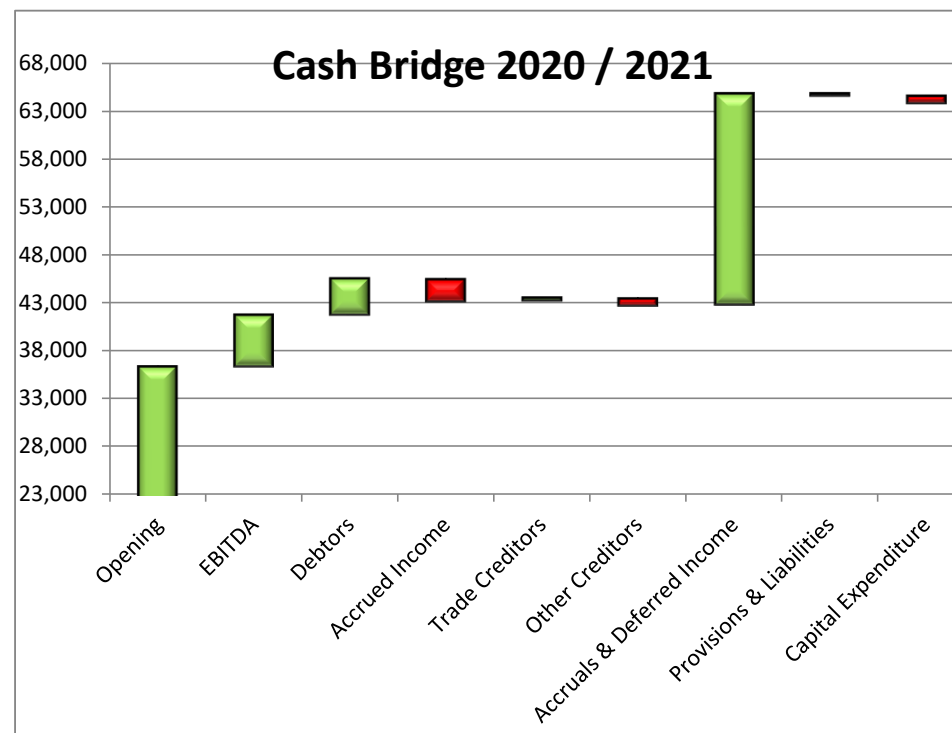
The highest balance is: £80.3m
 The lowest balance is: £57.7m

This reflects cash balances built up from historical surpluses.

3.3

Reconciliation of Cashflow to Cashflow Plan

| | Actual £k | Note |
|---|---------------|------|
| Opening Balances | 36,417 | |
| Surplus / Deficit (Exc. non-cash items & revaluation) | 5,382 | |
| <i>Movement in working capital:</i> | | |
| Inventories & Work in Progress | 0 | |
| Receivables (Debtors) | 3,780 | |
| Accrued Income / Prepayments | (2,295) | |
| Trade Payables (Creditors) | 290 | |
| Other Payables (Creditors) | (738) | |
| Accruals & Deferred income | 22,023 | |
| Provisions & Liabilities | (232) | |
| <i>Movement in LT Receivables:</i> | | |
| Capital expenditure & capital creditors | (767) | |
| Cash receipts from asset sales | 91 | |
| PDC Dividends paid | | |
| PDC Dividends received | | |
| Interest (paid)/ received | | |
| Closing Balances | 63,950 | |



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(until November 2020), this again improves the Trust's current cash position.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £21.2m relates to the receipt of November 2020 block invoices during October in line with national guidance. This is higher than previous months as it includes ICS prospective funding.

4.0

Better Payment Practice Code

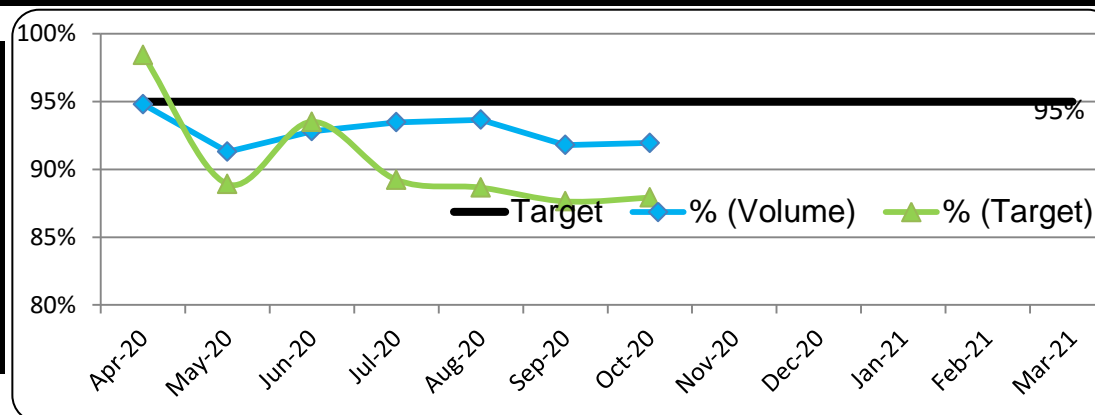
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. A further focus has been provided following the implimentation of the new finance and procurement ledger system.

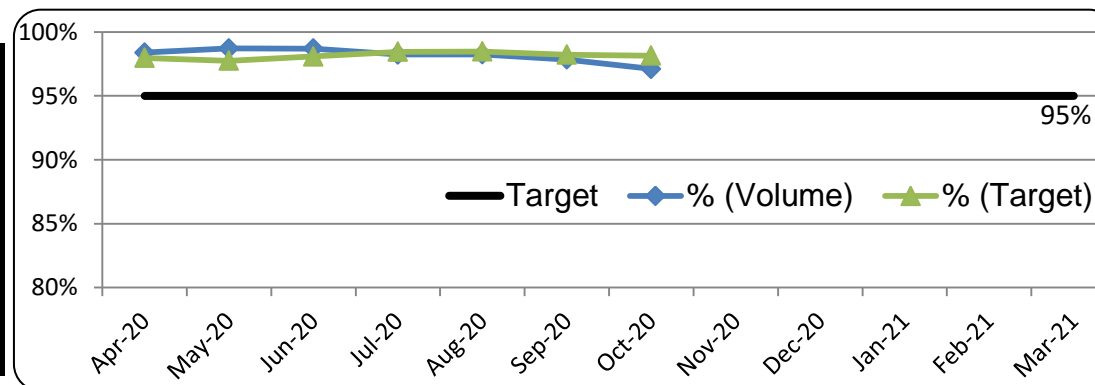
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

To date, by value, we have paid 60% of NHS invoices and 84% of non NHS invoices within this 7 day target. It is expected this performance will continue to reduce as invoices within SBS, which have already failed this target, are paid in November. This is a symptom of the new system and will continue to be reviewed.

| NHS | | |
|------------------------|--------|-------|
| | Number | Value |
| 30 days | % | % |
| Year to September 2020 | 92% | 88% |
| Year to October 2020 | 92% | 88% |
| 7 days | | |
| Year to September 2020 | 61% | 62% |
| Year to October 2020 | 60% | 60% |



| Non NHS | | |
|------------------------|--------|-------|
| | Number | Value |
| 30 days | % | % |
| Year to September 2020 | 98% | 98% |
| Year to October 2020 | 97% | 98% |
| 7 days | | |
| Year to September 2020 | 76% | 86% |
| Year to October 2020 | 71% | 84% |



4.1

Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

| Invoice Date | Expense Type | Expense Area | Supplier | Transaction Number | Amount (£) |
|--------------|------------------------|--------------|--|--------------------|------------|
| 19-Oct-20 | Property Rental | Calderdale | Calderdale and Huddersfield NHS Foundation Trust | 4710164224 | 364,058 |
| 10-Oct-20 | Property Rental | Wakefield | Mid Yorkshire Hospitals NHS Trust | 1600015124 | 182,622 |
| 26-Oct-20 | Drugs | Trustwide | Bradford Hospitals NHS Trust | 317346 | 120,204 |
| 12-Oct-20 | Property Rental | Kirklees | Bradbury Investments Ltd | 1503 | 118,518 |
| 23-Oct-20 | Drugs | Trustwide | Bradford Hospitals NHS Trust | 317521 | 83,225 |
| 28-Oct-20 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 94390 | 64,729 |
| 16-Oct-20 | Drugs | Trustwide | NHS Business Services Authority | 1000066578 | 35,705 |
| 22-Oct-20 | IT Services | Trustwide | Daisy Corporate Services | 31460376 | 34,579 |
| 19-Oct-20 | Staff Recharge | Barnsley | Touchstone | SINV2018878 | 32,161 |
| 27-Oct-20 | Purchase of Healthcare | Trustwide | Priory Middleton St George | 3900011082 | 31,278 |
| 26-Oct-20 | Computer Hardware | Trustwide | Dell Corporation Ltd | 7402648261 | 30,706 |
| 13-Oct-20 | Property Rental | Kirklees | Bradbury Investments Ltd | 1504 | 27,758 |
| 27-Oct-20 | Staff Uniforms | Trustwide | Grahame Gardner Ltd | 840503 | 25,755 |

- * 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 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 4.2% | 4.3% | 4.2% | 4.1% | 4.0% | 4.1% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 4.0% | 4.4% | 3.8% | 3.8% | 3.6% | 4.1% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 86.0% | 86.0% | 86.0% | 86.0% | 86.8% | 86.2% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 91.7% | 91.7% | 91.7% | 92.1% | 91.7% | 91.0% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 91.4% | 91.4% | 91.4% | 90.8% | 92.1% | 92.9% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 97.3% | 97.3% | 97.3% | 97.4% | 98.0% | 98.2% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 94.6% | 94.6% | 94.6% | 94.1% | 93.9% | 93.3% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 79.7% | 79.7% | 79.7% | 79.9% | 78.5% | 79.0% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 97.9% | 97.9% | 97.9% | 97.9% | 98.2% | 98.4% |
| Information Governance | Resources | Well Led | AD | >=95% | 98.9% | 98.9% | 98.9% | 99.1% | 99.0% | 99.1% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 92.6% | 92.6% | 92.6% | 92.2% | 91.8% | 91.3% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 94.2% | 94.2% | 94.2% | 94.7% | 94.4% | 94.6% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 91.6% | 91.6% | 91.6% | 92.0% | 91.8% | 93.0% |
| Prevent | Improving Care | Well Led | AD | >=80% | 94.5% | 94.5% | 94.5% | 95.3% | 95.3% | 95.7% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 97.1% | 97.1% | 97.1% | 92.9% | 92.9% | 93.2% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 94.4% | 94.4% | 94.4% | 95.5% | 95.5% | 95.1% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 98.7% | 98.7% | 98.7% | 98.4% | 98.4% | |
| Bank Cost | Resources | Well Led | AD | | £89k | £62k | £79k | £102k | £87k | |
| Agency Cost | Resources | Effective | AD | | £35k | £39k | £58k | £56k | £60k | |
| Overtime Costs | Resources | Effective | AD | | £73k | £48k | £43k | £48k | £18k | |
| Additional Hours Costs | Resources | Effective | AD | | £27k | £28k | £27k | £24k | £18k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £101k | £112k | £98k | £99k | £89k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 3.30 | 4.35 | 0.51 | 3.59 | -1.37 | |
| Business Miles | Resources | Effective | AD | | 79k | 69k | 84k | 85k | 74k | |

| Calderdale and Kirklees District | | | | | | | | | | |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 3.7% | 3.3% | 3.1% | 3.1% | 3.1% | 3.1% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 3.7% | 2.5% | 2.7% | 3.0% | 3.2% | 3.1% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 86.2% | 86.2% | 86.2% | 86.6% | 85.5% | 85.6% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 89.6% | 89.6% | 89.6% | 89.8% | 89.0% | 87.9% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 96.2% | 96.2% | 96.2% | 95.7% | 94.9% | 94.6% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 96.0% | 96.0% | 96.0% | 96.8% | 96.7% | 97.2% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 95.3% | 95.3% | 95.3% | 95.0% | 95.0% | 95.2% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 78.5% | 78.5% | 78.5% | 78.2% | 77.2% | 76.9% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | | >=80% | 95.5% | 95.5% | 95.5% | 96.2% | 95.6% | 96.5% |
| Information Governance | Resources | Well Led | AD | >=95% | 98.5% | 98.5% | 98.5% | 99.4% | 99.3% | 99.4% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.6% | 95.4% | 95.3% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 94.0% | 94.0% | 94.0% | 95.6% | 94.8% | 95.8% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 92.1% | 92.1% | 92.1% | 93.5% | 93.6% | 94.4% |
| Prevent | Improving Care | Well Led | AD | >=80% | 93.1% | 93.1% | 93.1% | 95.2% | 95.2% | 95.5% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 96.2% | 96.2% | 96.2% | 89.7% | 89.7% | 91.0% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 92.6% | 92.6% | 92.6% | 94.2% | 94.2% | 94.1% |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led | AD | >=80% | 96.6% | 96.6% | 96.6% | 96.9% | 96.9% | |
| Bank Cost | Resources | Well Led | AD | | £125k | £100k | £90k | £130k | £141k | |
| Agency Cost | Resources | Effective | AD | | £62k | £27k | £40k | £67k | £50k | |
| Overtime Costs | Resources | Effective | AD | | £21k | £47k | £26k | £25k | £26k | |
| Additional Hours Costs | Resources | Effective | AD | | £2k | £2k | £2k | £1k | £1k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £93k | £63k | £71k | £83k | £75k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 40.12 | 40.77 | 37.74 | 36.11 | 39.69 | |
| Business Miles | Resources | Effective | AD | | 25k | 24k | 32k | 27k | 26k | |

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

| Forensic Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=5.4% | 5.0% | 5.3% | 5.4% | 5.4% | 5.4% | 5.3% |
| Sickness (Monthly) | Resources | Well Led | AD | <=5.4% | 5.0% | 6.1% | 5.5% | 5.4% | 5.4% | 5.3% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 83.9% | 83.9% | 83.9% | 86.9% | 85.5% | 87.4% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 89.4% | 89.4% | 89.4% | 92.3% | 90.9% | 91.6% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 95.0% | 95.0% | 95.0% | 95.1% | 93.8% | 95.1% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 94.3% | 94.3% | 94.3% | 95.6% | 94.5% | 95.0% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 92.9% | 92.9% | 92.9% | 94.3% | 93.0% | 93.7% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 69.2% | 69.2% | 69.2% | 72.3% | 70.4% | 69.7% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 94.9% | 94.9% | 94.9% | 96.0% | 95.6% | 95.8% |
| Information Governance | Resources | Well Led | AD | >=95% | 97.1% | 97.1% | 97.1% | 98.5% | 98.2% | 98.4% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 95.4% | 95.4% | 95.4% | 96.9% | 96.4% | 96.9% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 90.1% | 90.1% | 90.1% | 93.0% | 92.1% | 92.6% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 86.0% | 86.0% | 86.0% | 89.8% | 88.0% | 87.5% |
| Prevent | Improving Care | Well Led | AD | >=80% | 90.2% | 90.2% | 90.2% | 92.5% | 92.5% | 92.5% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 94.9% | 94.9% | 94.9% | 91.9% | 91.9% | 91.6% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 88.2% | 88.2% | 88.2% | 89.0% | 89.0% | 88.2% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 98.6% | 98.6% | 98.6% | 98.6% | 98.6% | |
| Bank Cost | Resources | Well Led | AD | | £258k | £191k | £204k | £239k | £291k | |
| Agency Cost | Resources | Effective | AD | | £137k | £172k | £183k | £190k | £207k | |
| Overtime Costs | Resources | Effective | AD | | £112k | £105k | £86k | £74k | £79k | |
| Additional Hours Costs | Resources | Effective | AD | | £5k | £6k | £8k | £5k | £5k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £68k | £82k | £83k | £84k | £78k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 97.40 | 125.15 | 114.49 | 107.62 | 106.84 | |
| Business Miles | Resources | Effective | AD | | 8k | 8k | 9k | 12k | 11k | |

| CAMHS | | | | | | | | | | |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|---------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 2.1% | 2.4% | 2.4% | 2.5% | 2.6% | 2.8% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 2.2% | 3.0% | 2.3% | 2.8% | 3.5% | 2.8% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 76.1% | 76.1% | 76.1% | 75.6% | 76.6% | 75.5% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 84.8% | 84.8% | 84.8% | 83.3% | 81.1% | 79.9% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 89.6% | 89.6% | 89.6% | 91.2% | 92.7% | 94.3% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 93.2% | 93.2% | 93.2% | 93.7% | 93.7% | 94.2% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 90.4% | 90.4% | 90.4% | 89.5% | 91.3% | 91.1% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 25.0% | 25.0% | 25.0% | 25.0% | 0.0% | 0.0% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 92.9% | 92.9% | 92.9% | 92.3% | 93.4% | 93.5% |
| Information Governance | Resources | Well Led | AD | >=95% | 96.6% | 96.6% | 96.6% | 96.8% | 96.9% | 96.9% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 96.8% | 96.8% | 96.8% | 96.5% | 97.6% | 97.3% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 91.1% | 91.1% | 91.1% | 91.2% | 91.9% | 92.4% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 87.8% | 87.8% | 87.8% | 88.4% | 88.9% | 89.0% |
| Prevent | Improving Care | Well Led | AD | >=80% | 92.4% | 92.4% | 92.4% | 93.3% | 93.3% | 92.4% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 93.6% | 93.6% | 93.6% | 90.6% | 90.6% | 90.1% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 90.4% | 90.4% | 90.4% | 92.0% | 92.0% | 92.1% |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led | AD | >=80% | 95.6% | 95.6% | 95.6% | 95.0% | 95.0% | |
| Bank Cost | Resources | Well Led | AD | | £10k | £11k | £16k | £13k | £16k | |
| Agency Cost | Resources | Effective | AD | | £120k | £134k | £153k | £154k | £144k | |
| Overtime Costs | Resources | Effective | AD | | £56k | £42k | £23k | £36k | £26k | |
| Additional Hours Costs | Resources | Effective | AD | | £2k | £5k | £5k | £4k | £5k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £16k | £24k | £19k | £23k | £30k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 45.55 | 43.55 | 49.63 | 46.44 | 2923.0% | |
| Business Miles | Resources | Effective | AD | | 7k | 5k | 7k | 6k | 5k | |

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

| Support Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | QCQ Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.0% | 2.9% | 3.1% | 3.1% | 3.1% | 3.3% | 3.3% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.0% | 2.9% | 3.5% | 3.2% | 3.3% | 3.8% | 3.3% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 92.1% | 92.1% | 92.1% | 92.9% | 92.3% | 93.9% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 86.7% | 86.7% | 86.7% | 89.7% | 87.1% | 87.5% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 66.7% | 66.7% | 66.7% | 100.0% | 100.0% | 80.0% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 92.3% | 92.3% | 92.3% | 92.3% | 92.0% | 91.8% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 93.8% | 93.8% | 93.8% | 93.9% | 92.8% | 90.8% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 93.7% | 93.7% | 93.7% | 97.2% | 97.8% | 97.1% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.2% | 95.2% | 95.2% | 95.4% | 94.8% | 94.2% |
| Information Governance | Resources | Well Led | AD | >=95% | 98.1% | 98.1% | 98.1% | 98.4% | 99.0% | 99.3% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 96.4% | 96.4% | 96.4% | 97.0% | 98.6% | 98.6% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 99.0% | 99.0% | 99.0% | 99.0% | 98.8% | 98.8% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 87.0% | 87.0% | 87.0% | 90.5% | 81.8% | 86.4% |
| Prevent | Improving Care | Well Led | AD | >=80% | 96.7% | 96.7% | 96.7% | 97.9% | 97.9% | 98.2% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 97.3% | 97.3% | 97.3% | 98.5% | 98.5% | 98.4% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 96.6% | 96.6% | 96.6% | 98.2% | 98.2% | 98.1% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 60.0% | 60.0% | 60.0% | 100.0% | 100.0% | |
| Bank Cost | Resources | Well Led | AD | | £-16k | £53k | £45k | £32k | £47k | |
| Agency Cost | Resources | Effective | AD | | £51k | £19k | £23k | £10k | £12k | |
| Overtime Costs | Resources | Effective | AD | | £33k | £24k | £8k | £13k | £9k | |
| Additional Hours Costs | Resources | Effective | AD | | £16k | £18k | £22k | £20k | £19k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £40k | £48k | £49k | £48k | £55k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 15.79 | -70.62 | -53.95 | -42.87 | 11.15 | |
| Business Miles | Resources | Effective | AD | | 11k | 10k | 8k | 12k | 8k | |

| Wakefield District | | | | | | | | | | |
|--------------------------------------|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | QCQ Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.6% | 1.9% | 2.3% | 2.7% | 2.8% | 2.8% | 2.9% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.6% | 2.2% | 3.1% | 4.1% | 3.2% | 2.7% | 2.9% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 88.2% | 88.2% | 88.2% | 88.3% | 88.0% | 87.9% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 88.9% | 88.9% | 88.9% | 90.4% | 88.8% | 88.1% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 91.6% | 91.6% | 91.6% | 92.1% | 91.4% | 91.5% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 95.5% | 95.5% | 95.5% | 96.8% | 96.1% | 96.1% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 92.1% | 92.1% | 92.1% | 92.8% | 93.5% | 90.0% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 80.6% | 80.6% | 80.6% | 81.9% | 73.2% | 76.5% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.5% | 95.5% | 95.5% | 96.8% | 95.5% | 95.3% |
| Information Governance | Resources | Well Led | AD | >=95% | 99.2% | 99.2% | 99.2% | 99.7% | 99.2% | 99.0% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 96.3% | 96.3% | 96.3% | 97.3% | 96.6% | 96.9% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 93.6% | 93.6% | 93.6% | 94.9% | 94.8% | 94.8% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 93.4% | 93.4% | 93.4% | 94.6% | 93.5% | 94.1% |
| Prevent | Improving Care | Well Led | AD | >=80% | 90.7% | 90.7% | 90.7% | 91.6% | 91.6% | 93.2% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 96.3% | 96.3% | 96.3% | 91.6% | 91.6% | 93.1% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 93.4% | 93.4% | 93.4% | 92.1% | 92.1% | 92.7% |
| Sainsbury's clinical risk assessment | Quality & Experience | Well Led | AD | >=80% | 96.6% | 96.6% | 96.6% | 95.0% | 95.0% | |
| Bank Cost | Resources | Well Led | AD | | £86k | £56k | £58k | £63k | £57k | |
| Agency Cost | Resources | Effective | AD | | £38k | £54k | £38k | £32k | £45k | |
| Overtime Costs | Resources | Effective | AD | | £31k | £13k | £15k | £30k | £21k | |
| Additional Hours Costs | Resources | Effective | AD | | £3k | £2k | £3k | £2k | £2k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £18k | £26k | £37k | £29k | £22k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 5.14 | 16.44 | 16.10 | 11.31 | 0.59 | |
| Business Miles | Resources | Effective | AD | | 18k | 21k | 22k | 24k | 25k | |

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

| Inpatient Service | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | QCC Domain | Owner | Threshold | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 6.1% | 5.8% | 5.7% | 5.6% | 5.4% | 5.4% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 6.1% | 5.1% | 5.5% | 5.1% | 4.7% | 5.4% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 85.6% | 85.6% | 85.6% | 87.2% | 87.1% | 86.4% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 86.7% | 86.7% | 86.7% | 88.2% | 87.8% | 87.1% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 95.0% | 95.0% | 95.0% | 94.3% | 95.3% | 88.0% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 95.3% | 95.3% | 95.3% | 96.3% | 96.5% | 97.7% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 92.5% | 92.5% | 92.5% | 94.9% | 92.1% | 91.7% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 73.6% | 73.6% | 73.6% | 73.5% | 73.3% | 73.9% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.3% | 95.3% | 95.3% | 96.1% | 95.9% | 95.7% |
| Information Governance | Resources | Well Led | AD | >=95% | 97.4% | 97.4% | 97.4% | 98.0% | 98.8% | 98.6% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 96.3% | 96.3% | 96.3% | 97.5% | 97.7% | 97.2% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 84.6% | 84.6% | 84.6% | 87.6% | 89.2% | 90.0% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 85.2% | 85.2% | 85.2% | 86.5% | 87.3% | 88.1% |
| Prevent | | | | >=80% | 90.9% | 90.9% | 90.9% | 92.2% | 92.2% | 92.6% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 95.5% | 95.5% | 95.5% | 93.3% | 93.3% | 91.2% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 86.3% | 86.3% | 86.3% | 87.5% | 87.5% | 86.6% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 96.9% | 96.9% | 96.9% | 96.6% | 96.6% | |
| Bank Cost | Resources | Well Led | AD | | £230k | £164k | £164k | £200k | £268k | |
| Agency Cost | Resources | Effective | AD | | £65k | £73k | £63k | £96k | £69k | |
| Overtime Costs | Resources | Effective | AD | | £56k | £62k | £57k | £51k | £32k | |
| Additional Hours Costs | Resources | Effective | AD | | £5k | £5k | £4k | £4k | £3k | |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £52k | £44k | £50k | £46k | £37k | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 14.75 | 32.62 | 44.33 | 43.74 | 47.83 | |
| Business Miles | Resources | Effective | AD | | 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