

# Integrated Performance Report Strategic Overview



**December 2020**

With **all of us** in mind.



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# Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 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
- Vaccination programme

It must also be recognised that given the focus of all staff on responding to Covid-19 and the increased level of staff absence not all the normal information is necessarily readily available for the report.. The quality section remains largely unaltered given the need to ensure the Trust retains focus on the provision of its core services. The report on national metrics is again unaltered as national reporting requirements remain unchanged. Other sections remain in place sometimes with reduced content. Consideration is also being given with regard to how performance against service reset and restoration can be provided. It should be emphasised that the majority of services have continued to be provided during the pandemic, although in some cases in a different manner such as less face to face contact and in some cases referrals have been lower than historical averages. This report contains some initial information regarding the vaccination programme. The intense focus on this roll out has impacted on the availability of some information in the IPR, this month and in some cases a verbal update will be provided at the Trust Board.

With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the November 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. A proposed new format will be circulated to all directors shortly with an aim of updating the IPR once the high resource requirements of the vaccination programme reduce.

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 19th January as opposed to the end of December. 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	As at 22nd December 2020	As at 19th January 2021	Notes
<b>Additional Metrics to Highlight Response to and Impact of Covid-19</b>												
No of staff off sick - Covid-19 not working <sup>7</sup>		154	204	112	48	26	82	108	161	81	159	
Shielding		54	59	52	37	0	0	0	29	0	48	
Symptomatic		69	118	46	5	14	31	57	51	45	64	
House hold symptoms		26	24	13	4	7	29	31	25	10	19	
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	2	1	2	4	21	18	54	25	28	
No of staff working from home - Covid-19 related <sup>8</sup>		125	136	107	90	7	53	79	147	35	84	
Shielding		76	78	72	71	0	0	0	77	0	49	
Symptomatic		13	28	13	5	1	14	29	16	8	9	
House hold symptoms		29	23	13	1	0	26	21	33	14	6	
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	
Test & Trace Isolation		0	0	0	7	0	0	0	0	0	0	
Other Covid-19 related		0	1	1	3	6	12	24	20	12	16	
Number of staff tested <sup>9</sup>		89	783	1798	2038	2162	2294	2498	2917	3098	3241	Cumulative
No of staff tested positive for Covid-19 <sup>10</sup>		23	103	128	130	133	149	217	398	462	545	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%	2339/2455 = 95.3%	2381/2608 = 91.3%	
No of staff returned to work (not working only) <sup>13</sup>		445/599 = 74%	609/807 = 75%	800/908 = 88.1%	872/928 = 94.0%	952/979 = 97.2%	992/1079 = 91.9%	1122/1239 = 90.6%	1295/1480 = 87.5%	1492/1580 = 94.4%	1533/1695 = 90.4%	
No of staff still absent from work who were Covid-19 positive <sup>12</sup>		data Unavailable										
No of Service users tested (ward)		41	65	103	104	109	125	148	174	225	257	Symptomatic
No of service users tested positive (ward)		9	10	29	29	29	29	38	60	83	94	Cumulative
No of service users recovered		8	9	28	28	28	28	30	60	83	94	
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	Cumulative
Calls to occupational health helpline		178	576	921	1230	1450	1536	1780	1967	2109	2274	Cumulative
<b>Making SWYFFT a great place to work</b>	<b>Target</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Forecast</b>
Sickness absence	4.5%	3.8%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	
Staff Turnover	10%	11.9%	8.5%	7.9%	9.8%	8.4%	9.1%	8.9%	9.3%	9.3%	9.9%	
Actual level of vacancies	tbc	8.7%	6.9%	6.0%	6.8%	6.8%	7.4%	8.4%	8.0%	7.3%	6.9%	
<b>Improve people's health and reduce inequalities</b>	<b>Target</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Forecast</b>
% 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%	103/103 =100%	101/101 =100%	1
Out of area beds <sup>1</sup>	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	350	167	108	140	336	224	177	106	88	122	2
IAPT - proportion of people completing treatment who move to recovery <sup>4</sup>	50%	55.7%	51.4%	49.1%	42.8%	50.1%	54.3%	54.1%	55.6%	56.6%	56.0%	1
Delayed Transfers of Care	3.50%	1.9%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1
<b>Improve the quality and experience of care</b>	<b>Target</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Forecast</b>
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) <sup>3</sup>	trend monitor	20	34	35	41	31	28	21	17	33	44	
IG confidentiality breaches	<=8 Green, 9 - 10 Amber, 11+ Red	6	15	20	14	25	17	19	12	17	9	
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	2	1	2	1	0	3	3	2	4	2	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>2</sup>	trend monitor	41.2%	41.7%	46.5%	48.2%	47.6%	46.7%	55.4%	65.0%	70.8%	67.4%	
<b>Improve the use of resources</b>	<b>Target</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Forecast</b>
Surplus/(Deficit)	In line with Plan	(£968k)	-	-	-	-	-	-	£69k	£704k	£577k	£2.1m)
Agency spend	In line with Plan	£613k	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£7.3m)
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

NHSI Ratings Key:  
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures. Figures in italics are provisional and may be subject to change.

**Notes:**

1 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to adult acute and psychiatric intensive care unit mental health services only.

2 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data refreshed back to April 20 each month. Excludes ASD waits and neurodevelopmental teams. Treatment waiting lists are currently impacted by data quality issues following the migration to SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.

3 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.

4 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.

5 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

6 - Data taken from the Trusts Covid-19 sickness absence recording system as at 19th January broken down by those staff that are reported as being absent from work and being either symptomatic, shielding or household symptoms

7 - Data taken from the Trusts Covid-19 sickness absence recording system as at 22nd December. Staff not working due to Covid-19 related issues.

8 - Trusts Covid-19 sickness absence recording system as at 19th January. Staff working from home but recorded as having either symptomatic, shielding or household symptoms.

9 - Count of tests undertaken for staff and/or staff family member up to and including 19th January.

10 - Number of staff and/or family member tested positive for Covid-19 out of those that have been tested.

11 - Number of staff that have returned to work who were reported as being off work due to Covid-19 related issues as at 19th January.

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

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

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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- Lead Director:**
- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
  - Opportunities for benchmarking are being assessed and will be reported back as part of the development of the IPR.
  - 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 has slightly improved with regards to registered nurse cover, although remaining shortfalls continue to result in skill mix dilution in some areas. Workforce pressures continue to challenge delivery.
  - Restraint figures have slightly reduced and continue to be monitored
  - Number of under 18s admitted to adult wards and length of stay remains a concern but the number of such cases reduced in December.
  - We continue to await the outcome of the Royal College of Psychiatrists serious incident accreditation review.

- NHSI Indicators**
- Two young people under the age of eighteen were admitted to an adult ward in December for a total of four days which is a significant reduction compared to November.
  - Inappropriate out of area bed usage increased to 122 days in December from 88 in the previous month.
  - Seven day follow up within 7 days of discharge has achieved 100% for two consecutive months despite intense operational pressures.
  - Typically performance against nationally reported targets remains positive

- Locality**
- The need for self-isolation and staffing pressures in Barnsley community services is resulting in some operational challenges
  - Staff absence has resulted in the neuro rehab ward in Barnsley being closed to new admissions
  - Positive rating received for our stroke inpatient unit
  - Evidence of pressure in the single point of access in Barnsley with referral numbers and acuity increasing
  - Access to CAMHS tier 4 beds is proving problematic
  - High levels of pressure and demand continue on mental health inpatient wards
  - Some outbreaks of Covid-19 has resulted in temporary closure to new admissions on affected wards
  - Registered nursing vacancies in forensic services continue to be a challenge.
  - Whilst there has been some increased demand in learning disabilities for face to face contact, the current lockdown has resulted in some service users and carers not engaging with services again.

- Priority Programmes**
- Work has commenced on modelling changes to mental health demand with partners.
  - Three services in Calderdale (learning disability, early intervention in psychosis and perinatal services) have been selected to pilot integrating physical activity into their systems and processes.
  - Work continues to reduce CAMHS waiting times and numbers in both Barnsley and Wakefield.

- Finance**
- A £0.6m surplus was recorded in the month compared to a planned deficit of £0.5m
  - Cumulatively there is now a surplus of £1.35m compared to a planned deficit of close to £1.0m
  - Income was slightly higher than the updated plan
  - After adjusting for one-offs, pay costs increased in December largely due to additional costs incurred in maintaining staffing numbers over the Christmas period.
  - Agency staffing costs increased to £0.7m in the month, the highest value of the year so far. The increase was primarily seen in the unregistered workforce.
  - £573k of costs were identified as being reasonably incurred as part of the Covid-19 response, including expenditure on staff health and wellbeing
  - Out of area bed costs were £86k, which remains lower than plan. These costs are likely to increase in January given the impact of Covid-19 outbreaks on some wards. There also continues to be high spend on locked rehab in Barnsley
  - A separate paper is being provided regarding the year-end forecast. There is a strong likelihood the year-end position will be favourable to plan
  - Capital expenditure is now £1.8m and the year-end forecast has been reduced by a net £250k. There is potential that a further £0.5m will not be spent in the year due to the impact of Covid-19 and other operational and contractual issues.
  - The cash balance increased to £69.8m given the timing of receipt of system allocated income. The advances of income are expected to unwind by the end of the financial year.
  - Cumulatively 68% of all third party invoices were paid within 7 days of receipt of goods or services, with 95% paid within 30 days. The average number of days to pay suppliers in December was 15.

- Workforce**
- As at January 19th there were 159 staff off work and not working Covid-19 related. A further 84 were working from home
  - Non Covid-19 sickness remained at 4.0% in December
  - 545 staff have tested positive for Covid-19, 83 of which tested positive in the last month
  - Staff turnover increased to 9.9% in December

- Covid-19**
- The vaccination programme has commenced. As at January 20th 2,470 staff have received their first dose
- 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 through pillar 1 for inpatients and pillar 2 for community
  - Lateral flow testing for staff has been rolled out
  - Significant support to care homes is provided by our community teams in Barnsley
  - The Trust's level remains at 3
  - National guidance continues to be monitored, reviewed and adopted
  - A range of staff and wellbeing support offers continue to be available and used

Summary

Covid-19

Quality

National Metrics

Locality

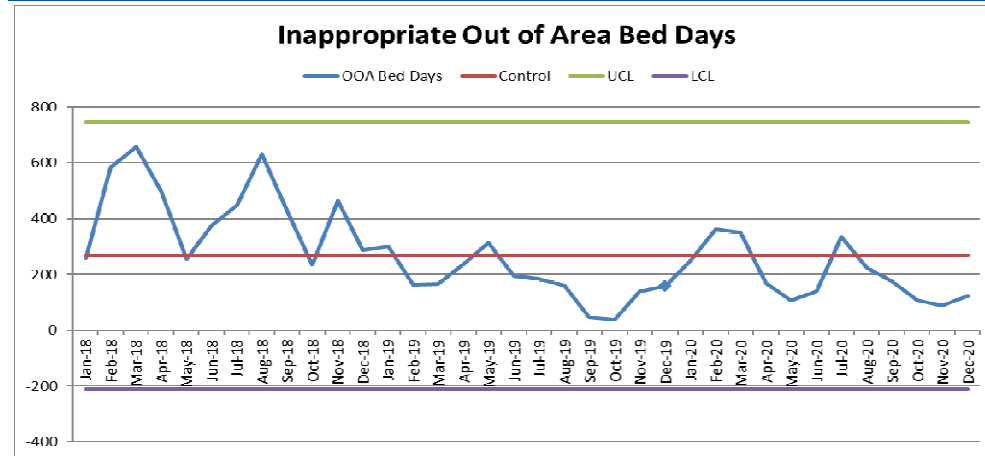
Priority Programmes

Finance/Contracts

Workforce

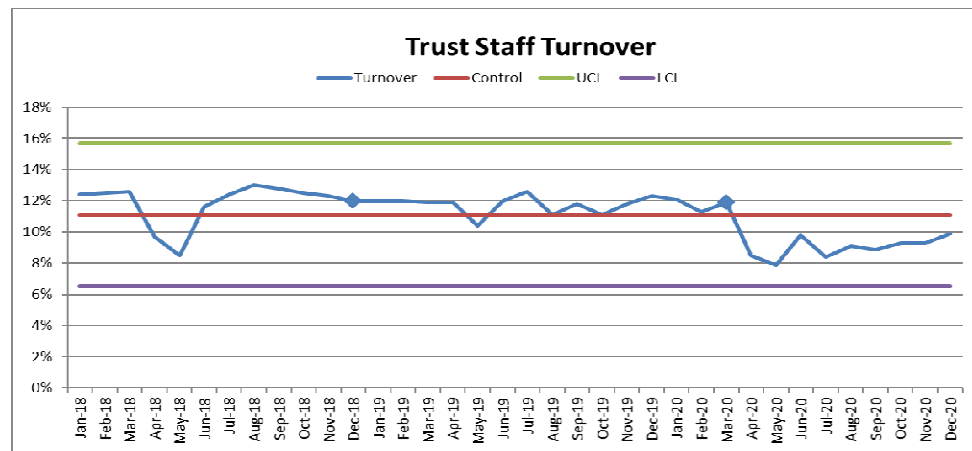
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

## Inappropriate Out of Area Bed Days



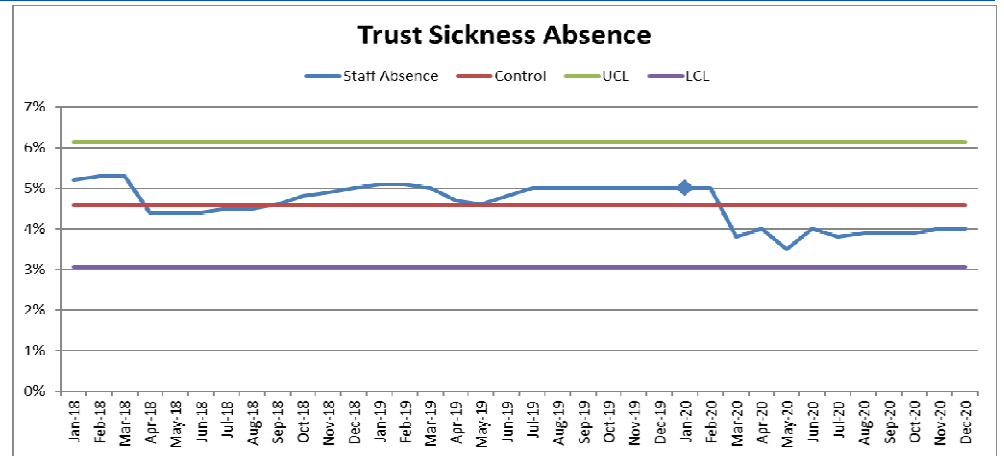
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

## Staff Turnover



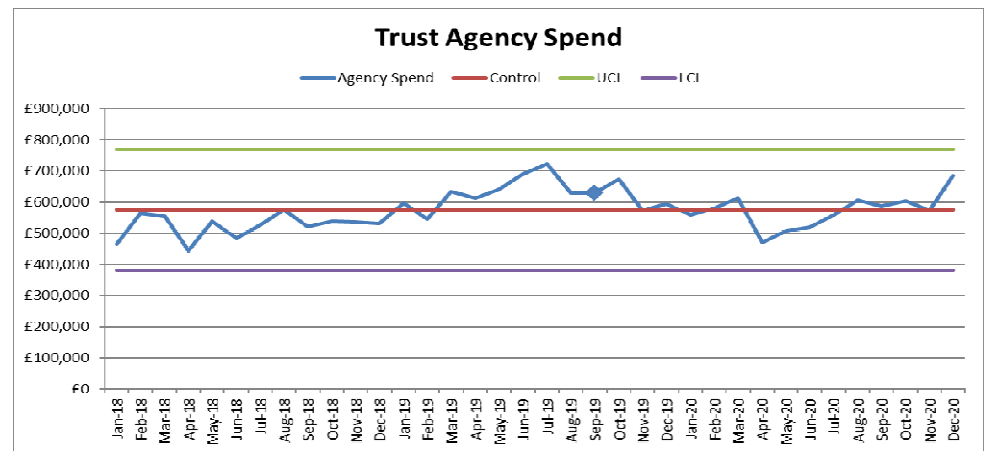
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. Turnover has been lower since the onset of the Covid-19 pandemic.

## 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.

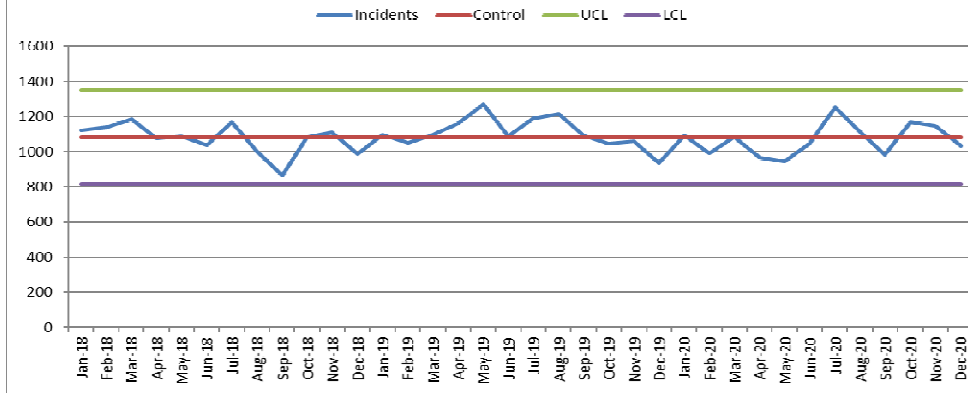
## Agency Spend



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

## Incidents

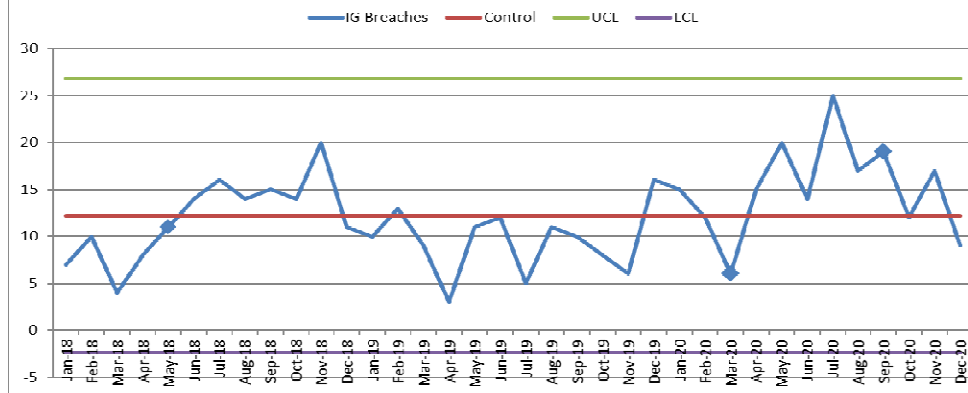
Total Number of Reported Incidents



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

## IG Breaches

Total Number of IG Breaches



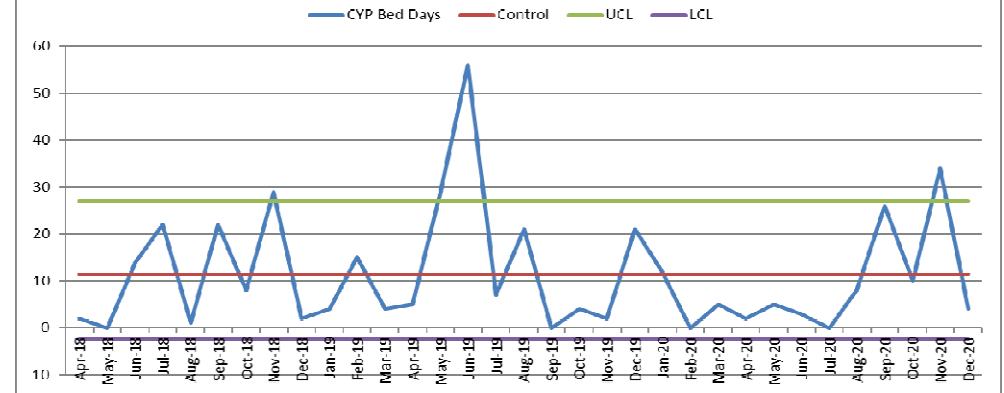
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction on GDPR.

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 given the start of the refreshed awareness and communication plan.

The data point in March 2020 highlights the start of the Covid-19 pandemic.

## Total bed days of CYP on adult wards

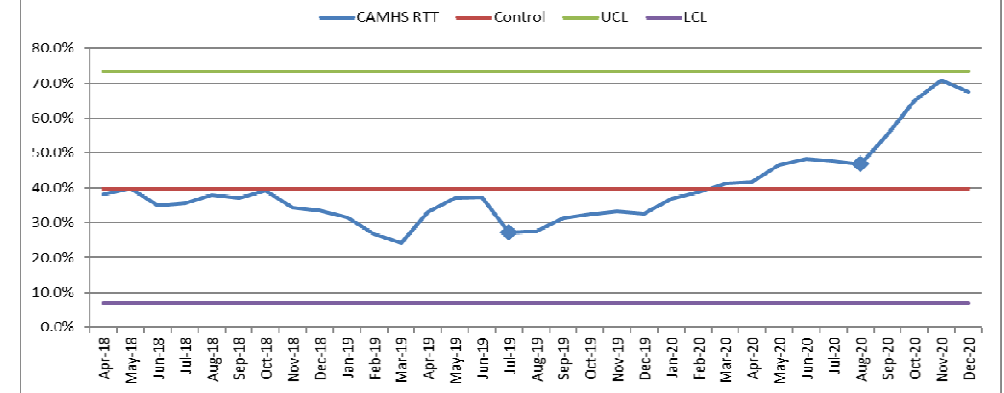
Total Bed Days of CYP on Adult Wards



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

## CAMHS Referral to treatment waiting times

CAMHS Referral to Treatment Waiting Times



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

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



## Covid-19 response

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

### Managing the clinical response

#### IPC response – guidance

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

#### Patient testing & pathway/Outbreak response & management

Symptomatic patient testing is being undertaken and revised regime under review.

Outbreaks continue to be managed by the infection prevention and control 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

PPE Levels	Approx days stock as at 14-Jul	Approx days stock as at 17-Aug	Approx days stock as at 15-Sep	Approx days stock as at 13-Oct	Approx days stock as at 10-Nov	Approx days stock as at 22-Dec	Approx days stock as at 12-Jan
Surgical masks	30	22	12	14	33	45	43
Respirator masks	80	23	39	90	100	90	142
Aprons	11	8	20	25	33	32	30
Gowns	95	132	119	115	14	159	66
Gloves	28	26	24	32	41	35	35
Visors	100	115	156	121	46	43	132

### 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

Lateral flow testing has been implemented, 100% test kits have been distributed and a system established to confirm usage. Current information suggests that low levels (below 1%) are showing as positive, this is being monitored.

#### Vaccinations

- Staff vaccination programme commenced on January 11th.
- Cohorts for priority receipt of vaccinations is based on national guidance.
- As at January 20th 1963 staff have vaccinated their first dose vaccination within the Trust with a further 507 staff having received it from another source.

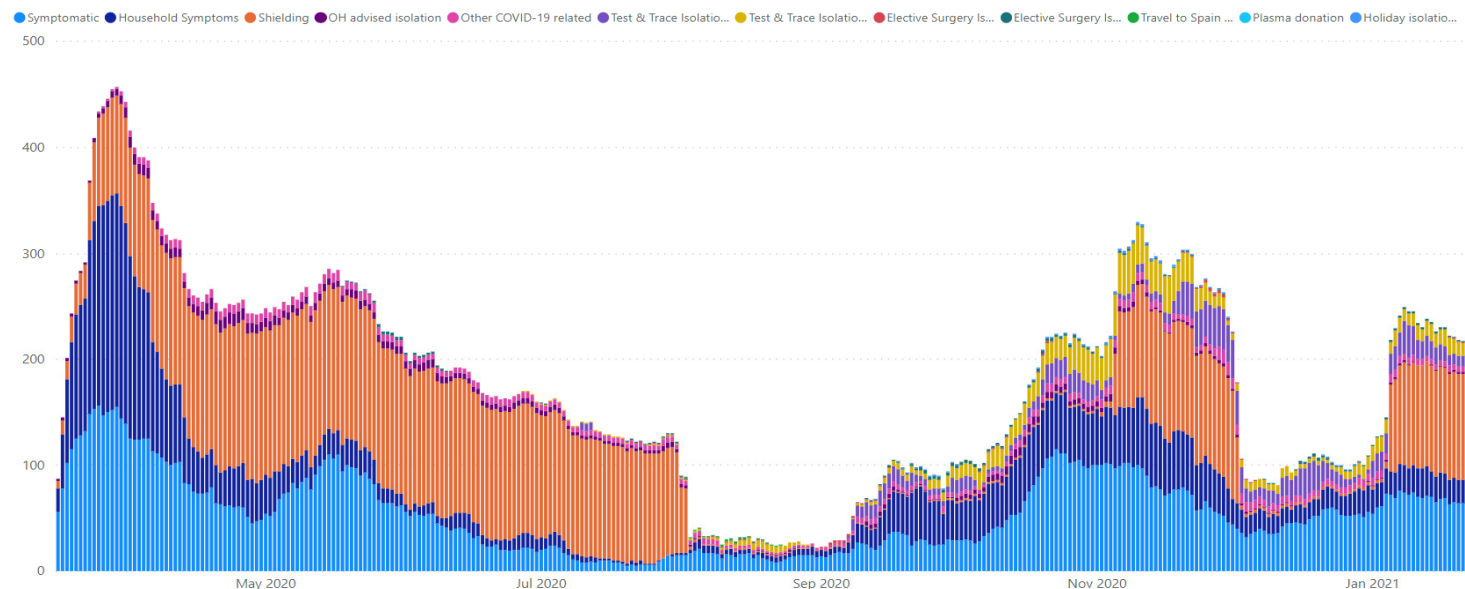
## Covid-19 response

### 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 business continuity plans (BCPs) including staff escalation plans
- Review staff bank capacity in light of recent increase in recruitment
- The increase in prevalence of Covid-19 and resource requirements for the vaccination programme have resulted in a reassessment of current priorities with work on some other priorities currently paused or slowed.

### Reason for absence trend



### 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

- 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.

## 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 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.

#### 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.

#### 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

#### 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 remain at 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

## Restoration and reset

#### Key priorities and progress made

- Review and revise governance systems in light of learning from covid. Learning from Covid has been pulled together and shared with each subcommittee of the Board
- Progress the identified clinical priority areas for restoration and reset
- Evaluate estate requirements and capacity in light of health & safety restrictions
- Work with partners in each place as well as both ICS systems to support restoration and recovery in each place
- Evaluate the new clinical models and digital approaches that we have used during the pandemic. Recovery planning toolkit developed, agreed and now being used
- Continue work to ensure this is great place to work
- Deliver the requirements in the phase three planning guidance. Work has been undertaken to analyse and plan for the requirements in phase three
- Updated priority programmes have been agreed by the Trust Board.

#### Digital response

- Total activity reduced in December given the impact of the holiday period
- The number of AccuRX video consultations remains consistent

Digital - Summary Metrics	Jul	Aug	Sep	Oct	Nov	Dec
Total numbers of tickets logged with service desk:	4,849	4,539	6,044	6,065	5,329	3,834
Total phone calls to service desk:	2,176	2,503	3,121	3,387	2,535	2,163
Number of SystmOne tickets (day to day system requests/amendments):	381	375	408	536	407	322
Number of smartcard related tickets:	407	251	366	255	215	268
Additional VPN licences since March	1,024	1,043	1,069	1,095	1,168	1,175
Average number of daily VPN connections	2,347	1,958	2,144	2,150	2,373	2,024
Microsoft Teams - meetings participated	14,604	14,701	14,845	17,070	19,756	13,066
Airmid video consultations (average/week)	5	1	1	0	2	0
AccuRX video consultations (average/week)	148	164	177	185	215	178

## Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>5</sup>	Improving Health	Responsive	CH	TBC	41.7%	46.5%	48.2%	47.6%	46.7%	55.4%	65.0%	70.8%	67.4%	N/A
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	10.0%	0%	17%	12%	30%	19%	4%	22%	8%	1
	Number of compliments received	Improving Health	Caring	TB	N/A	13	13	41	34	18	19	21	28	45	N/A
	Number of Duty of Candour applicable incidents <sup>4</sup>	Improving Health	Caring	TB	trend monitor	34	35	41	29	27	19	19	34		
	Duty of Candour - Number of Stage One exceptions <sup>4</sup>	Improving Health	Caring	TB	trend monitor	5	0	7	1	1	0	1	0	Due Feb 21	N/A
	Duty of Candour - Number of Stage One breaches <sup>4</sup>	Improving Health	Caring	TB	0	0	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%	38.6%	39.0%	2
	Number of Information Governance breaches <sup>3</sup>	Improving Health	Effective	MB	<=9	15	20	14	25	17	19	12	17	9	2
	Delayed Transfers of Care <sup>10</sup>	Improving Care	Effective	CH	3.5%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1
	Number of records with up to date risk assessment - Inpatient <sup>11</sup>	Improving Care	Effective	CH	95%	90.4%	91.5%	89.4%	84.3%	93.4%	81.0%	Reporting currently under development			N/A
Quality	Number of records with up to date risk assessment - Community <sup>11</sup>	Improving Care	Effective	CH	95%	71.2%	83.3%	79.1%	70.0%	74.6%	77.4%				N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	968	946	1047	1253	1113	981	1168	1149	1034	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	32	27	30	21	19	18	11	22	29	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	1	3	3	4	3	1	2	2	7	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	1	5	8	6	6	2	4	9	8	
	MH Safety thermometer - Medicine Omissions <sup>15</sup>	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%	114.0%	115.6%	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%	92.2%	90.9%	
	Number of pressure ulcers (attributable) <sup>1</sup>	Improving Care	Safety Domain	TB	trend monitor	45	44	36	29	34	38	35	42	33	
	Number of pressure ulcers (avoidable) <sup>2</sup>	Improving Care	Safety Domain	TB	0	3			0	0	0	0	1	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less <sup>8</sup>	Improving Care	Safety Domain	CH	90%	93.0%	91.5%	90.0%	80.0%	94.5%	94.0%	87.5%	100%	90.2%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	36	39	40	30	43	42	56	40	44	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	121	111	137	188	138	125	165	202	189	
	% 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%	86.8%	85.7%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	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	0	0	1

\* See key included in glossary

Figures in italics are not finalised

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

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
- 4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.
- 5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
- 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 9 - Patient safety incidents resulting in death (subject to change as more information comes available).
- 10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.
11. Number of records with up to date risk assessment. Criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point. Reporting is currently being updated given the recent implementation of the FIRM risk assessment tool.
- 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 December decreased from 202 to 189. 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) – Total number of falls was 44 in December which is broadly in line with the previous month. 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.
- Number of pressure ulcers (avoidable) - there were no incidences of avoidable pressure ulcers to report during December.

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. The latest development is the Trust has provided names of our nominated patient safety specialist/s to NHS England: Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager. Both are now part of the Patient Safety Specialist networks and invites received to join various groups about the upcoming developments in the NHS patient safety strategy and workstreams. The Trust took 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 had a peer review visit (virtually) on 22 December 2020. The feedback session at the end of the day was positive with some areas for improvement identified. We expect the draft report by the end of January for response/comments.

360 Assurance audit of patient safety - focus on incidents; The Trust received significant assurance. Work continues to implement actions, extended until 31/3/2021. This work includes reviewing policies:

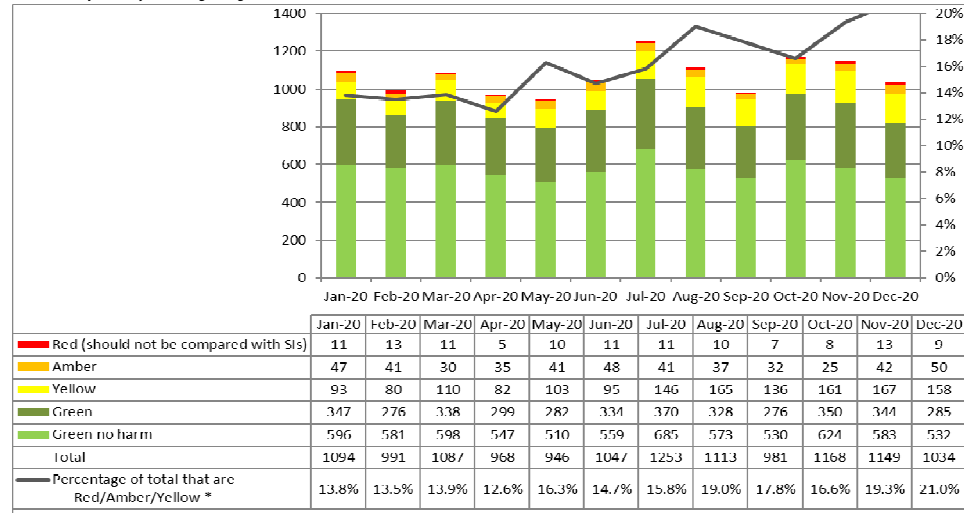
Incident reporting and management policy - policy redrafted. Will be sent to BDUs for consultation towards the end of January. A document detailing proposed changes to Datix has gone out for comments to all staff via Headlines and direct to BDUs. Changes will come into effect from 1/2/2021.

Investigating and analysing incidents policy - policy redraft underway. Will be sent to BDUs for consultation during February.

## Safety First

### Summary of Incidents January 2019 - December 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 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 (12/01/21).

Deaths: of the 8 deaths that were recorded for December 2020, there are 4 deaths awaiting confirmation. These were recorded 1 each at Enhanced Team North, Enhanced Team South Kirklees, Enhanced Team West - Kendray, Barnsley, and Intensive Home Based Treatment Team - Wakefield (OPS). The degree of harm of these 4 deaths awaiting confirmation are subject to change as further information becomes available. There were also 2 suicide (incl apparent) - community team care - current episode incidents reported for the month of December. These were recorded 1 each at Core Team East - Wakefield and Core Team - Barnsley. There was 1 suicide (incl apparent) - community team care - discharged incident recorded at CMHT East Calderdale (OPS) and 1 Suicide (incl apparent) - inpatient care - current episode recorded at Clark Ward - Barnsley.

Severe: of the 7 severe incidents recorded for the month of December 2020, these were 4 pressure ulcers incidents category 4 recorded for the neighbourhood teams in Barnsley, 1 unwell/illness incident recorded for sandal ward Bretton centre) and 1 tissue viability incident record for- Barnsley and 1 actual self harm incident recorded for Sandal ward

Moderate: of the 29 moderate harm incidents, there were 21 pressure ulcer category 3 incidents and 2 tissue visibility incidents recorded across, Barnsley neighbourhood team. These have been checked and they are attributable to SWYPFT care but there was no lapse in the care provided for any of them. There were also 2 Self harm (actual harm) incidents, 1 each recorded at Enhanced Team South - and Beamshaw Ward - Barnsley. 1 Slip, trip or fall - patient incident, recorded at Elmdale Inpatient Services Ward. There was 1 physical violence (contact made) against patient by patient incident recorded at Stanley Ward, Wakefield. 1 Unconfirmed self-harm incident (reported by self/3rd party) recorded at Intensive Home Based Treatment Team (IHBT) - Wakefield, 1 security incident recorded at Stanley Ward Wakefield.

Safety First cont...

Summary of Serious Incidents (SI) by category

	20/21	20/21	20/21	19/20	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Q1	Q2	Q3	Q4	20	20	20	20	20	20	20	20	20	20	20	20
Administration/supply of medication from a clinical area	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Damage (deliberate - e.g Vandalism)	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
Death - cause of death unknown/ unexplained/ awaiting confirmation	1	0	1	2	1	0	0	0	0	0	0	1	0	0	0	2
Death - confirmed from physical/natural causes	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Death - confirmed related to substance misuse (drug and/or alcohol)	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Security - Other	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Self harm (actual harm) with suicidal intent	0	0	2	0	0	0	0	0	0	0	1	0	1	0	0	0
Slip, trip or fall - patient	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Substance Misuse	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Suicide (incl apparent) - community team care - current episode	8	3	2	4	4	2	2	0	2	1	0	2	0	2	2	0
Suicide (incl apparent) - community team care - discharged	0	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0
Suicide (incl apparent) - inpatient care - current episode	1	0	1	1	1	0	0	0	0	0	1	0	0	0	0	1
Unintended/Accidental injury	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Physical violence (contact made) against staff by patient	2	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Physical violence (contact made) against other by patient	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Pressure Ulcer - Category 3	0	2	1	0	0	0	0	0	0	2	1	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>8</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>

Mortality

Learning: Thematic learning work is underway 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, meetings suspended at present time

Reporting: Q3 2020/21 data for learning from deaths included in Q3 incident report.

Structured judgement reviews: 2 SJRs for allocation at 11/1/21.

Please Note: initial reporting is upwardly biased, and staff are encouraged to report. 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://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

## Safer Staffing Inpatients

In January 2021, as well as continuing to deliver all our services, we continue to face ever increasing staffing challenges associated with the second pandemic "wave" and, in particular, staff self-isolating, covid outbreaks and positive Service Users. We continue to have inpatient outbreaks which the operational services, with the support of our internal mechanisms and support services, which are being well managed. The roll out of the vaccination process, whilst being key to recovery, also brings added staffing resource challenges. There is also evidence of a sustained increase in acuity within the services.

We continue with recruitment into our registered work force (27 staff recruited since September) and have just completed a substantive and bank health care assistant (HCA) recruitment process. BDU and team business continuity plans have remained resilient in the face of significant challenges. We continue to utilise the temporary staffing workforce as well as overtime and time owing to cover our inpatient areas.

Two wards have fallen below the 90% overall fill rate threshold in December. They were Chippendale within the forensic BDU and Willow ward in the Barnsley BDU. Of the 31 inpatient areas, 20 (64%), a decrease of two on the previous month, achieved 100% or more. Indeed, of those 20 wards, 10 (a decrease of one ward) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

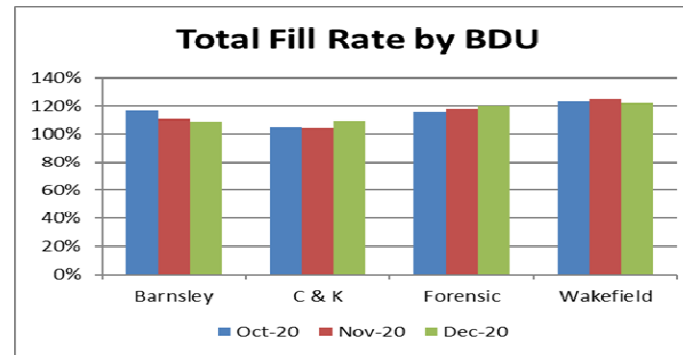
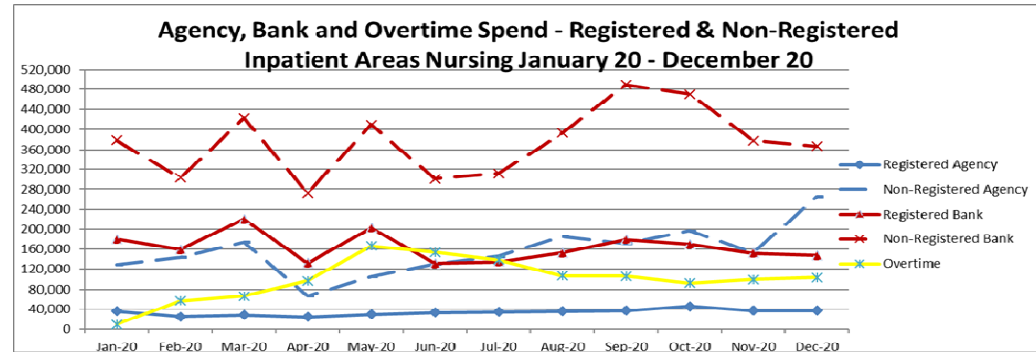
Registered on Days - Trust Total 86.5% (a decrease of 4.2%). The number of wards that have failed to achieve 80% registered nurses increased by two to 13 (41.6%). Nine wards were within the Forensic BDU, one in Barnsley and three in Calderdale and Kirklees. The situation is perpetuated by outbreaks with these areas that led to large numbers of staff having to self-isolate. 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 have proving beneficial to recruitment of band 5 RNs with some success. We are also sourcing block bookings for the areas from both bank and agency. Due to the Covid 19 pandemic we have flattened the recruitment processes further whilst ensuring compliance with NHS employer checks, have also accelerated the leaver and return process and bank registration.

Registered on Nights - Trust Total 95.2% (a decrease of 2.7%). Three wards (9.6%), a decrease of one on the previous month, fell below the 80% fill rate in the month of December. All were within the forensic BDU. This was due to a number of reasons reflective of the reasons in the section above. The number of wards who are achieving 100% and above fill rate on nights increased by seven to 15 (48%). One ward utilised in excess of 120% and these were within the Forensic BDU.

Overall fill rate for registered staff increased by 1.3% to 90.9%.

Overall fill rate for all staff within inpatient areas increased to at 115.6%.

Ward Name	Average Fill Rate - All Staff (%)	Average Fill Rate - All Staff (%)	Average Fill Rate - All Staff (%)
Beamshaw	106.0%	111.6%	109.1%
Clark	111.1%	96.8%	96.1%
Melton Suite PICU	122.1%	123.2%	136.6%
Neuro Rehab Unit	136.4%	139.0%	135.2%
Stroke Rehab Unit	111.8%	93.7%	93.0%
Willow Ward	118.5%	104.2%	84.0%
Ashdale	94.9%	97.9%	103.1%
Beechdale	150.2%	143.4%	156.5%
Elmdale	93.8%	98.6%	114.4%
Enfield Down	94.6%	93.6%	95.2%
Lyndhurst	100.9%	101.8%	99.6%
Ward 18	106.4%	107.4%	120.9%
Ward 19 - Female	105.3%	92.0%	90.1%
Ward 19 - Male	105.5%	105.1%	96.8%
Appleton	92.2%	95.8%	97.9%
Bronte	126.6%	112.2%	117.1%
Chippendale	94.8%	100.6%	80.6%
Hepworth	103.2%	125.5%	117.3%
Gaskell	168.7%	152.7%	158.9%
Newhaven	97.0%	103.8%	96.9%
Priestley	94.3%	92.4%	142.8%
Ryburn	99.1%	97.7%	100.3%
Sandal	119.6%	128.3%	141.8%
Thornhill	98.0%	100.0%	95.4%
Waterton	114.5%	118.0%	117.6%
Crofton	107.4%	115.2%	111.8%
Horizon	140.0%	148.3%	142.6%
Nostell	111.0%	121.5%	125.8%
Poplars	143.3%	127.0%	147.1%
Stanley	136.5%	123.5%	113.2%
Watson PICU	120.0%	132.2%	117.1%
All Wards	114.0%	114.0%	115.6%



Throughout December the main wards where staffing was a raised concern were Ward 19, Ashdale, 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. These figures do not include OT shifts.

Unfilled Shifts	No. Of Shift	Total Hours	
Registered	408 (-168)	4,378,83	39.9% +14.3%
Unregistered	730 (-343)	8,337,50	19.7% (+7.8%)
Grand Total	1138	12,716,33	23.9%

We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.

In December the number of shifts that were requested of the flexible staffing increased compared to the month before and this led to an increase in bank, OT and agency spend of £101k. This was broken down into: Agency increased by £114k and bank decreased by £16k whilst overtime increased by £4k. Substantive spend on staffing has risen by £5k.

The main impact was the self-isolation of our own bank staff who were paid and then their shift back filled often with agency staff. There is no impact on our spend when agency staff are advised to self-isolate.

Fill Rate Key for All Staff:

Less than 90% fill rate

Greater than or equal to 120% fill rate

## Information Governance

December saw a decrease in the total number of reported incidents from 19 to 12 compared to the previous month. 10 incidents of information being disclosed in error were reported, which continues to be the most reported category. These typically relate to letters being sent to the wrong GP or service user address, and other patients' data being included in service user correspondence.

The action plan to raise awareness of the consequences of incidents continues to progress. Communications demonstrating the impact of breaches on individuals' lives are included in The Brief, and change improvement workshops are being arranged, although these are being impacted by operational and resource pressures.

The Information Commissioner's Office (ICO) has closed the incident that was reported during November with some recommendations made which will be enacted.

## Commissioning for Quality and Innovation (CQUIN)

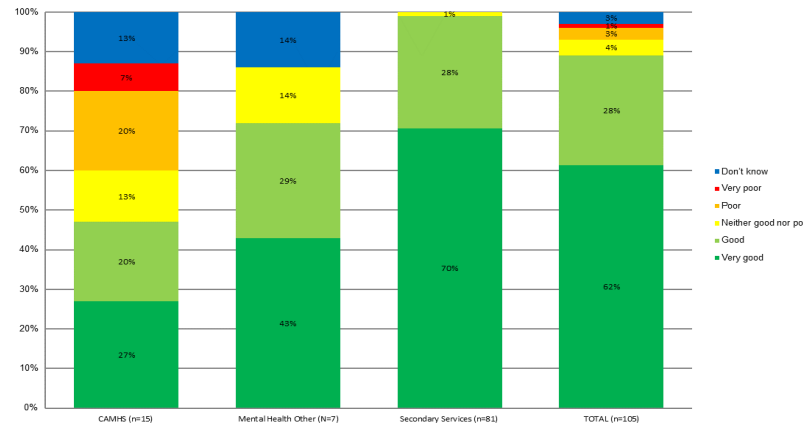
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

## Patient Experience

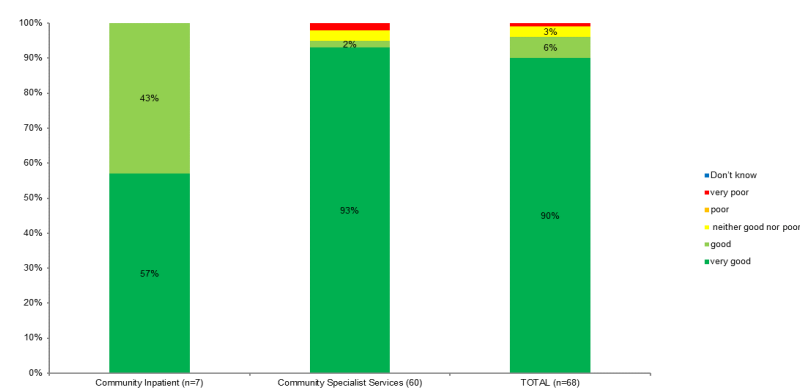
### Friends and family test shows

- 96% would recommend community services.
- 90% would recommend mental health services

#### Mental Health Services



#### Community Services



- 91% (176) of respondents felt that their experience of services had been very good or good across Trust services.
- 96% (n=68) of respondents felt that their experience had been very good or good across community services.
- 90% (n=105) of respondents felt that their experience had been very good or good across mental health services.

- The text messaging service was taken offline in November, whilst the Trust transitioned to the new patient experience system. This will now resume in January.
- The pilot of the new patient experience system continues within QIAT. Testing has been successful so far. Devices have been deployed to mental health inpatient wards in Wakefield and the occupational Therapy Team in Calderdale and Kirklees. Devices for Barnsley Community are still being tested within support teams.
- Please note that our figures remain low for December as the text messaging service is offline whilst we transfer across to a new patient experience system. We expect the text messaging system to be back up and running in January.



Summary

Covid-19

**Quality**

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Care Quality Commission (CQC)

CQC improvement plan

Alongside our Covid-19 response we continue to collate evidence against our progress with regards to our CQC actions, and our next steps will include which of the actions have accrued sufficient evidence to be closed.

## Safeguarding

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 are currently reviewing the parental mental health package with the intention to deliver Trust-wide. The Domestic Abuse presentation (West Yorkshire Quality Mark) has been well received.

The ICON training and the lasting impact of femal genital mutilation (FGM) presentations were delivered to the link practitioner forum.

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 staff continue to provide support to the wider Trust priorities including supporting the Covid-19 vaccination programme.

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 a Domestic Abuse panel.

The team have supported clinical activity through attendance at multi-disciplinary meetings, professional meetings and Best Interest meetings and chaired a Professionals meeting on behalf of Wakefield CAMHS of a young person in hospital with complex needs

All members of the team have attended virtual webinars and or training sessions, along with task and finish groups to ensure that their practice, the training material and advice provided is up to date and relevant.

## Infection Prevention Control (IPC)

Ongoing work for Covid-19 pandemic

Surveillance: For November 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 was 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 25 new formal complaints in December 2020. Of these 4 have a timescales start date, 3 have been closed as no consent/contact and 18 are awaiting consent/questions

8% of new formal complaints (n=2) had staff attitude as a primary subject

45 compliments were received

9 formal complaints were closed in December 2020. Of these, 11% of complaints (n=1) were closed within 40 working days. Of the 8 complaints that exceeded 40 working days, the average working days to close was 70 days. The reasons why complaints exceeded the 40 day target included delays in receiving the completed investigation from clinical services due to clinical pressures and issues with the quality of information received in the completed investigation alongside delays in receiving the required approval during sign off.

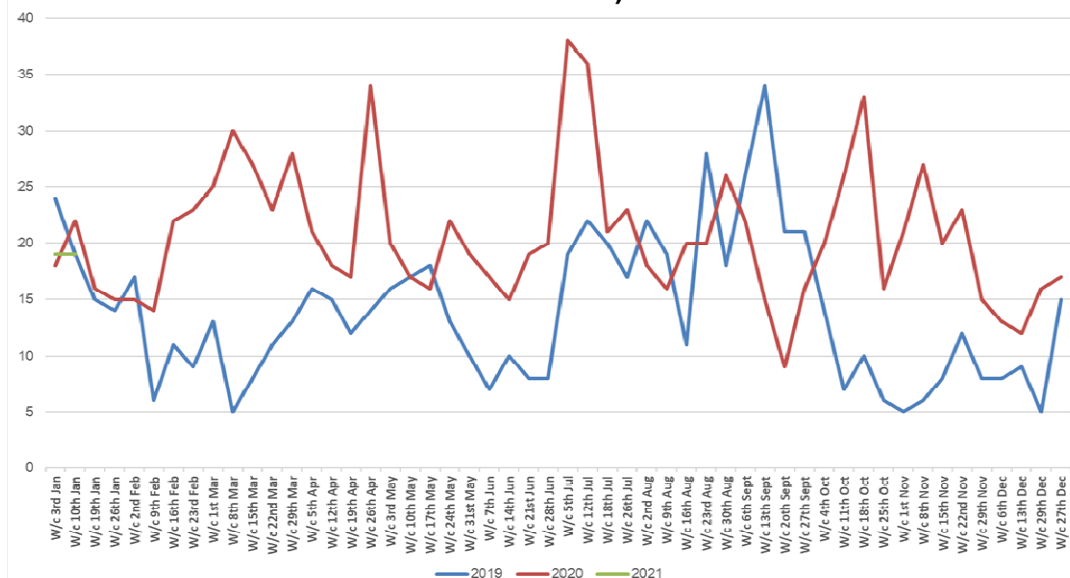
2 reopened complaints were closed in December 2020 and both achieved the 40 working day target.

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## Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 16/1/2021 at 18/01/2021, compared with incidents occurring in the same period in 2019 and 2020

### All actual self harm incidents reported Trustwide which occurred during 2021 (by incident date 03/01/2021 - 16/01/2021) compared with the same weeks in 2019 and 2020 (at 18/01/2021)



### Actual Self Harm comparison

Week Commencing	2019	2020	2021
03-Jan	24	18	19
10-Jan	19	22	19
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	18	
09-Aug	19	16	
16-Aug	11	20	
23-Aug	28	20	
30-Aug	18	26	
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	21	
08-Nov	6	27	
15-Nov	8	20	
22-Nov	12	23	
29-Nov	8	15	
06-Dec	8	13	
13-Dec	9	12	
20-Dec	5	16	
27-Dec	15	17	
Total	720	1072	38

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

Peak in July

The peak in July 2020 has been explored further and analysis has shown that between July - August 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 July - August, they involved 20 different teams. 12 were assigned to inpatient wards, and 8 were incidents occurring in the community. Of the inpatient wards, Clark had the highest number (52), followed by Elmdale (47). The third highest wards were jointly Stanley ward and Horizon Centre both with 5 incidents.

Ongoing analysis

Analysis of the data from 2020 shows that there are two subcategories of self harm that are higher than other methods. These are self strangulation, which is the highest subcategory of self harm incident (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).

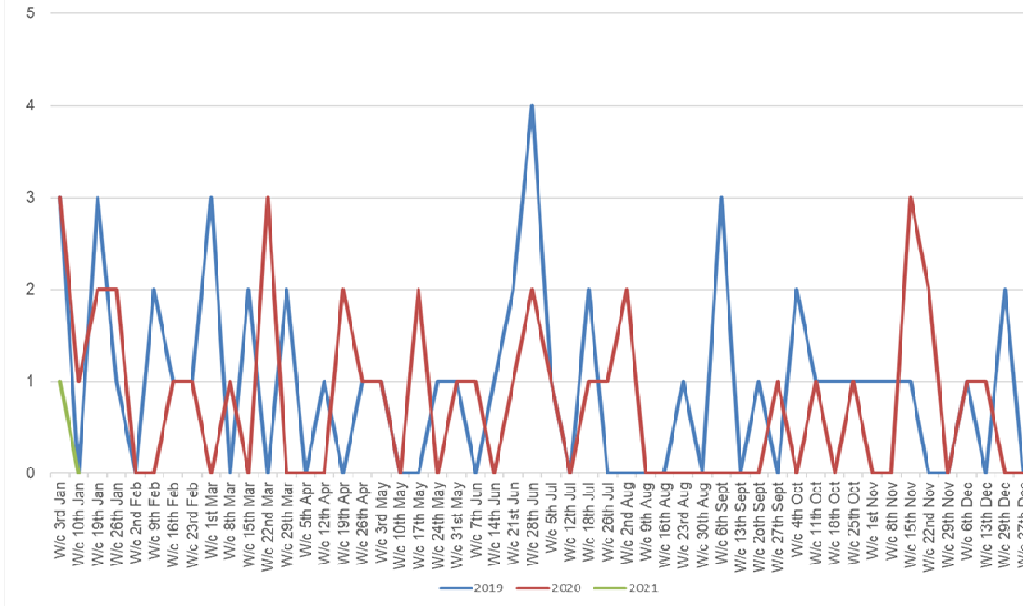
Update 9 November 20

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 03/01/2021 and 16/01/2021 at 18/01/2021, compared with incidents occurring in the same periods in 2019 and 2020

### All apparent suicides reported Trustwide which occurred during 2021 (by incident date 03/01/2021 - 16/01/2021) compared with same weeks in 2019 and 2020



### Apparent suicide comparison

Week Commencing	2019	2020	2021
03-Jan	3	3	1
10-Jan	0	1	0
17-Jan	3	2	
24-Jan	1	2	
31-Jan	0	0	
07-Feb	2	0	
14-Feb	1	1	
21-Feb	1	1	
28-Feb	3	0	
06-Mar	0	1	
13-Mar	2	0	
20-Mar	0	3	
27-Mar	2	0	
03-Apr	0	0	
10-Apr	1	0	
17-Apr	0	2	
24-Apr	1	1	
01-May	1	1	
08-May	0	0	
15-May	0	2	
22-May	1	0	
29-May	1	1	
05-Jun	0	1	
12-Jun	1	0	
19-Jun	2	1	
26-Jun	4	2	
03-Jul	1	1	
10-Jul	0	0	
17-Jul	2	1	
24-Jul	0	1	
31-Jul	0	1	
07-Aug	0	1	
14-Aug	0	2	
21-Aug	0	0	
28-Aug	0	0	
04-Sep	0	0	
11-Sep	1	0	
18-Sep	0	0	
25-Sep	0	0	
02-Oct	0	0	
09-Oct	0	0	
16-Oct	0	0	
23-Oct	0	0	
30-Oct	0	0	
06-Nov	0	0	
13-Nov	0	0	
20-Nov	0	0	
27-Nov	0	0	
04-Dec	1	1	
11-Dec	0	1	
18-Dec	1	0	
25-Dec	1	1	
01-Jan	1	0	
08-Jan	1	0	
15-Jan	1	3	
22-Jan	0	2	
29-Jan	0	0	
05-Feb	1	1	
12-Feb	0	1	
19-Feb	2	0	
26-Feb	0	0	
05-Mar	0	0	
12-Mar	0	0	
19-Mar	0	0	
26-Mar	0	0	
02-Apr	0	0	
09-Apr	0	0	
16-Apr	0	0	
23-Apr	0	0	
30-Apr	0	0	
07-May	0	0	
14-May	0	0	
21-May	0	0	
28-May	0	0	
04-Jun	0	0	
11-Jun	0	0	
18-Jun	0	0	
25-Jun	0	0	
02-Jul	0	0	
09-Jul	0	0	
16-Jul	0	0	
23-Jul	0	0	
30-Jul	0	0	
06-Aug	0	0	
13-Aug	0	0	
20-Aug	0	0	
27-Aug	0	0	
03-Sep	0	0	
10-Sep	0	0	
17-Sep	0	0	
24-Sep	0	0	
01-Oct	0	0	
08-Oct	0	0	
15-Oct	0	0	
22-Oct	0	0	
29-Oct	0	0	
05-Nov	0	0	
12-Nov	0	0	
19-Nov	0	0	
26-Nov	0	0	
03-Dec	0	0	
10-Dec	0	0	
17-Dec	0	0	
24-Dec	0	0	
31-Dec	0	0	
07-Jan	49	40	1

### Please note:

Data refreshed and verified on 18th January 2021 from Datix for both 2019 and 2020 data.

When this report was originally requested, data included any apparent suicide that was reported within the Trust. This included apparent suicides that were not within the Trust's mortality scope, such as deaths of patients discharged more than 6 months prior to death, death of someone who had touched the police liaison practitioner but had no mental health concerns, etc. (A list can be provided if required).

The report content has been revised to ensure it mirrors the same data as other apparent suicide reports in circulation in the Trust to avoid differences in data because of different criteria being used.

This report is now based on apparent suicides that are in the Trust's scope for mortality review. All data has been refreshed across both years.

## Covid-19 related incident reporting

226 incidents reported between 1/3/20-11/01/21 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.

268 Incidents	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	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	1	0	9
Death of community patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	0	0	0	3	0	4
Death of community patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	0	0	2	1	2	27
Death of community patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	0	1	4	4	1	26
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	12	10	8	13	6	72
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	0	0	0	1	0	13
Impact of Covid 19 on patient's mental health	2	2	1	0	2	0	1	0	1	1	0	10
Issues relating to PPE equipment	1	1	1	0	0	2	0	1	0	1	0	7
Non-compliance with social distancing - inpatient area	1	7	4	8	3	3	3	4	7	4	4	48
Patient being nursed in isolation	5	4	3	4	2	4	3	3	3	6	3	40
Patient in contact with symptomatic person	0	0	2	0	0	0	2	0	1	0	0	5
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	3	1	1	0	1	7
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	2	1	1	1	0	8
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	3	1	2	3	0	31
Staff member on swabbing team exposed to Covid 19	0	1	0	0	0	0	0	0	0	0	0	1
Staff presenting with Covid 19 symptoms	1	1	1	0	2	0	7	2	2	2	1	19
Not direct clinical impact of Covid 19	0	0	0	0	0	0	0	0	0	1	0	1
<b>Total</b>	<b>25</b>	<b>57</b>	<b>40</b>	<b>23</b>	<b>15</b>	<b>16</b>	<b>37</b>	<b>25</b>	<b>32</b>	<b>42</b>	<b>18</b>	<b>330</b>

## Mental Health Act

This section provides some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these has been taking place over the last few months. Monthly reporting of performance against Section 17 leave is now available. With reference to Section 132 patient rights:

- 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 (MHA) 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.

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 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.

Training on the completion of the S17 forms by the MHA admin team has been offered to 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	Jul-20			Aug-20			Sep-20			Oct-20			Nov-20			Dec-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	33	30	90.9%	74	68	91.9%	82	68	82.9%	48	43	89.6%	89	80	89.9%	34	30	88.2%
Working age adult - Trustwide	203	169	83.3%	269	195	72.5%	295	246	83.4%	163	137	84.0%	169	150	88.8%	124	105	84.7%
Specialist Forensic services	11	11	100%	135	107	79.3%	248	193	77.8%	118	87	73.7%	78	73	93.6%	114	89	78.1%
Rehabilitation services - trustwide	20	20	100%	13	13	100%	13	13	100%	7	7	100%	5	5	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.

There is currently a manual process in place monitoring the reading of patients' rights which is being undertaken by the mental health act administrators in conjunction with the wards.

Summary	Covid-19	Quality	National Metrics			Locality	Priority Programmes			Finance/Contracts			Workforce						
<p>This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:</p> <ul style="list-style-type: none"><li>NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.</li><li>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.</li><li>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.</li></ul> <p>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.</p>																			
NHS Improvement - Oversight Framework Metrics - Operational Performance																			
KPI	Objective	CQC Domain	Owner	Target	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Data quality rating <sup>a</sup>	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	97.8%	90.0%	98.7%	99.2%	97.0%	95.6%	90.0%	94.9%	96.8%	98.7%	98.5%	98.9%	99.2%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	28.5%	43.8%	56.8%	55.2%	31.4%	28.5%	26.2%	33.9%	43.8%	42.9%	49.5%	56.8%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	97.9%	100%	96.1%	98.7%	99.0%	99.2%	100%	96.8%	96.4%	95.2%	100%	100%	96.1%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	269/279 =96.4%	297/299 = 99.3%	300/302 =99.3%	301/302 =99.7%	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%	103/103 =100%	101/101 =100%		
Data Quality Maturity Index <sup>4</sup>	Improving Health	Responsive	CH	95%	#DIV/0!	98.5%	98.5%	98.9%	98.5%	98.5%	98.6%	98.7%	98.7%	98.0%	98.9%	98.9%	98.8%		
Out of area bed days <sup>5</sup>	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	958	415	737	316	167	108	140	336	224	177	106	88	122		
IAPT - proportion of people completing treatment who move to recovery <sup>1</sup>	Improving Health	Responsive	CH	50%	54.3%	46.6%	52.7%	55.9%	51.4%	49.1%	42.8%	50.1%	54.3%	54.1%	55.6%	56.6%	56.0%		
IAPT - Treatment within 6 Weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	75%	85.3%	88.3%	92.8%	96.5%	86.3%	88.1%	89.7%	91.1%	92.8%	94.5%	95.2%	97.0%	97.6%		
IAPT - Treatment within 18 weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	95%	98.9%	98.9%	99.1%	99.9%	99.3%	98.5%	98.9%	98.5%	99.2%	99.6%	99.8%	100.0%	100.0%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	85.6%	84.6%	87.0%	94.4%	70.7%	95.8%	92.3%	87.8%	79.5%	94.3%	97.0%	91.3%	95.6%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.3%	91.3%	91.1%	91.7%	91.3%	91.2%	91.2%	91.1%	91.1%	91.1%	91.3%	91.9%	91.8%		
% clients in employment <sup>6</sup>	Improving Health	Responsive	CH	10%	12.1%	12.5%	12.6%	12.5%	12.3%	12.3%	12.7%	12.6%	12.6%	12.6%	12.6%	12.5%	12.4%		
Mental Health Five Year Forward View																			
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	0	10	34	48	2	5	3	0	8	26	10	34	4		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	0	4	6	8	1	2	1	0	3	3	2	4	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	180	258	205	210		258			205			210			
Proportion of people detained under the MHA who are BAME <sup>2</sup>	Improving Care	Safe	CH	Trend Monitor	10.0%	14.7%	13.7%	18.1%		14.7%			13.7%			18.1%			
NHS Standard Contract																			
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance <sup>1</sup>	Improving Health	Responsive	CH	90%	99.3%	99.1%	99.8%	99.4%	99.5%	98.7%	99.0%	99.3%	100%	100%	100%	99.25.0%	99.6%		
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%	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%	98.8%	98.7%	98.4%	98.0%	98.8%	98.7%	98.6%	97.8%	97.9%	98.2%	98.3%	98.0%	97.9%		

\* See key included in glossary.

Figures in italics are provisional and may be subject to change.

<sup>1</sup> - 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.

<sup>2</sup> - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

<sup>4</sup> - 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).

<sup>5</sup> - 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.

<sup>6</sup> - 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'

<sup>8</sup> - 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.

Summary	Covid-19	Quality	<b>National Metrics</b>	Locality	Priority Programmes	Finance/Contracts	Workforce
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#### Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks increased to 99.2% in December, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 56.8% . This is a consequence of the impact of Covid-19 and represents an improvement against the previous month and a recovery plan is in place.
- Inappropriate out of area bed placements amounted to 122 days in in December. This is an increase from 88 in November.
- During December 2020, there were 2 service users aged under 18 years placed in an adult inpatient ward for a total of 4 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.
- The proportion of people detained under the Mental Health Act who are from a BAME background increased from 13.7% to 18.1% quarter on quarter.

#### 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 December the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for December shows 11.4% of records have an unknown or missing employment and/or accommodation status, this is an decrease compared to November which showed 13.2% 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

- The need for self-isolation and working from home is causing some operational challenges for the Urban House team which is being managed
- Health and Wellbeing / Children's Services - sickness absence in some services is again causing some operational delivery challenges and again is being managed as effectively as possible.
- Continued pressure in the system as the local hospital remains full and increased discharges are picked up by community teams
- Sustained continuation of OPEL level 3 now for 9 weeks; unprecedented pressure
- Covid-19 vaccination programme has commenced. There have been some initial challenges in interpreting guidance and therefore fully understanding patient cohorts
- The level of staff absence on the neuro rehabilitation unit has resulted in it closing to admissions

##### Strengths

- All services have again had excellent client feedback
- Supported establishment of 3 community hubs for Covid-19 vaccination programme, supporting care homes and housebound patients, alongside clinical and admin staff supporting our staff vaccination hubs
- Continued flow of patients from BHNFT into community care and keeping patients in the most appropriate and safe place for their care/rehabilitation
- Our stroke inpatient unit has just received an A rating for latest SSNAP report
- Our early supported discharge (ESD) community team are achieving
  - all patients contact made on day of referral
  - 24 patients had goals set within 24 hours of admission to team
  - meeting or exceeding recommended 45 mins per day of therapy

##### Challenges

- Neighbourhood rehabilitation service - to get a consistent capacity to be able to plan rehab support worker input for rehabilitation therapy rather than working on a day by day basis.
- Review podiatry provision to both BHNFT and in wound care due to an increase in demand in this area of podiatric medicine and the increasing acuity of these patients.
- Increased numbers of staff shielding given the third lock down
- Continuing to support increased numbers of patients on the last days of life pathway

##### Areas of Focus

- We will continue to support the health integration team to deliver safe services in Urban House and the hotel.
- Work continues to review existing neurological rehabilitation pathways with a view to improving integration of multiple service elements including inpatient beds and outpatient provision.
- New model of discharge to assess (D2A) agreeing finance with BHNFT and working towards recruitment of band 3 posts in community
- New accommodation for allied health professionals (AHPs) moving from Mapplewell to Kendray hospital.
- Support the system to deliver the Covid-19 vaccination programme to patients and staff in Barnsley

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

##### Mental Health:

##### Strengths

- Mental health transformation Investment plans agreed with Barnsley CCG and submitted to the South Yorkshire & Bassetlaw ICS for further consideration. Transformation activity to be focused on place-based integration of mental health services with primary care and local community organisations.
- Business continuity plans have to date been effective. Community contacts remain above target with the majority provided via telephone/video-link. Face to face contact increasing and offered where clinically required.

##### Areas of focus

- Effective project management of transformation agenda will be essential.
- Work progressing to improve approach regarding access to out of area locked rehabilitation beds (including associated financial pressures)
- Recoding issues being addressed in relation to improving urgent access (assessment within 4 hours) KPI target. Currently below target of 95% (end November 90.74%). Expected improvement in Dec/Jan data.
- Early intervention in psychosis (EIP) performance against cardio metabolic assessment and the plan to address backlog by end December 2020 has been compromised by Covid-19 restrictions and associated staff availability.
- Evident pressure at single point of access (SPA). Referral numbers and acuity increasing.

##### CAMHS

##### Strengths

- Business continuity plans have to date been effective.
- Trend in waiting numbers from referral to treatment in Barnsley/Wakefield remains positive.
- SWYPFT has recently agreed to take on lead provider responsibility for the Kirklees mental health support team trailblazer initiative.
- Business case regarding ASC/ADHD waiting list initiative submitted to Calderdale CCG. Operational detail being agreed.

##### 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 CAMHS Improvement Board and business case submitted in Calderdale.
- Referral numbers across all services increasing – but not exceeding previous levels.
- Access to tier 4 beds is problematic. Covid-19 restrictions and associated staff availability have reduced capacity and led to inappropriate stays for young people on paediatric and adult mental health wards. Work being progressed with NHSE and local systems to address – but limited potential for early resolution.
- Continuing to work with Barnsley CCG in responding to the new service specification. Working to agree costed model by end January 2021.

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

- Staffing levels remain highly challenging
- All areas of the service have high levels of acuity.
- Levels of Covid-19 related absence remain consistently high within the service. Whilst the service has no current outbreaks, we are experiencing some short-term sickness following vaccine administration.
- Mobilisation of the specialist community forensic team continues and is going well despite the pandemic.
- Work to support the development of the forensics provider collaborative continues.

###### Learning Disabilities

- Horizon has had a Covid-19 outbreak with 1 staff member and 1 service user testing positive. Extra measures and support put in place to support the service. This also resulted in an increase in staff absence.
- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.
- Whilst there has been some increased demand for face to face contact, the current lockdown has resulted in some service users and carers not engaging with services again
- Staff absences have increased resulting in the mobilisation of our business continuity planning in terms of utilising community nursing to support our impatient ward
- Intensive support and community teams continue to work hard to prevent hospital admissions
- Our well-being agenda to better support our staff has commenced
- OPEL Level increased to level 3 due to high levels of acuity in both community and inpatient settings.

###### ADHD/ASD

- Operational activity is on track for commissioned activity.
- Business plans have been submitted and being drafted for service expansion across the footprint and ICS.
- Recruitment to key posts continues with progress evident

##### Strengths

###### Forensics

- Mandatory training figures remain at a consistently good level.
- Positive response from staff regarding the rollout of the vaccine with most staff very enthusiastic to receive it.
- Appointments to staff vacancies in all disciplines except nursing looks positive.
- Supervision levels range from 86% to 100% across the services

###### Learning Disabilities

- The Wakefield strategic health facilitator has successfully obtained Queens Nursing Innovation funding to run a project to reduce unplanned hospital admissions by recognising respiratory conditions as a complex need for people with learning disabilities in primary care.
- A nurse in the Wakefield community team has been accepted onto the Foundation of Nursing Studies learning disability fellowship
- Calderdale community team jointly with Creative Minds are running some virtual fun days.
- Staff continue to work in an innovative and creative way to support service users and carers in challenging circumstances.
- Our learning disability wellbeing program is now underway with well-being champions in place in all teams

###### ADHD/ASD

- All KPIs deliverable despite pandemic.
- Referral rates remain good.
- Mandatory training levels excellent.
- Supervision level 93.3%.

##### Challenges

###### Forensics

- Maintaining safer staffing levels with the number of registered nurse vacancies. Internal measures have been increased to mitigate.
- Absence levels remain higher than the Trust average.
- Retention of registered nurses.
- Clinical acuity remains high across all services.

###### Learning Disabilities

- Accommodation for Wakefield community continues to be a challenge.
- Staff absence levels remain unpredictable and high levels of bank and agency are being used.
- High levels of acuity on both Horizon and in community settings.
- Management of the outbreak on Horizon.
- Supervision levels are lower than expected at 77.5% with plans in place to improve.

###### ADHD/ASD

- Maintaining performance in line with key performance indicators 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 forensic services 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 assessment and treatment unit model.
- Some interrogation regarding waiting lists is required. Whilst figures for those individuals in receipt of the service are good there are areas where there is a delay in delivery of an intervention e.g. psychology.

###### ADHD/ASD

- Staff wellbeing a key focus.
- Positive use of digital technology to support service delivery.
- Maintenance of activity levels despite challenges.

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

- Maintaining patient flow and facilitating sufficient ward capacity has been extremely challenging, although the use of acute beds out of area has been kept to a minimum. The use of PICU (psychiatric intensive care unit) out of area beds has remained stable and mainly attributable to gender specific and safeguarding clinical reasons rather than shortage of beds. High demand for inpatient beds continues. Concerted work on optimising patient flow is continuing and the service is now fully recruited and moving towards 7 day working, with formal consultation due to finish this month.
- Some wards have been impacted upon by outbreaks of Covid-19 and the requirements for isolation and quarantining. This has affected more than one ward at a time, leading to intense pressures. 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 together with an inpatient clinical pathway for Covid-19 positive patients. This is proving a robust framework although it is challenged by demand and limitations on estate. The position is reviewed daily by the matrons to determine how care can be delivered and services managed.
- Acute wards continue to see high levels of acuity and service user distress, with further challenges as above in managing isolated and cohorted patients. The difficulties have been compounded at times by the need for staff isolation and staff absence leading to staffing shortages. Staffing levels have had to be maintained with growth in bank and agency usage. Continued weekly meetings taking place with mental health partners across the integrated care system have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
- Work continues to consolidate progress on improvement in clinical supervision rates and quarter 3 performance for the inpatient service line stands at 90.8%. Levels are being tracked weekly across services. 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. Hotspots and wards have been identified and have action plans in place. Where variations and particular challenges exist this is being addressed with cross working between team managers, matrons and ward managers to promote improvement and shared approaches.

##### Community:

- 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 (TIPD) pathway. Work is underway in the intensive home based treatment teams (IHBT) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping.
- 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 take place when 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.
- The action plan and training around care programme approach (CPA) reviews is showing positive impact, and is being closely monitored and supported at trio level. Performance reporting issues were identified and teams have worked closely together to address these. Wakefield has achieved 98.9% performance in Q3, Calderdale 94.1%; and Kirklees 95.6%. Work continues to intensify the action plan and improvement, including with specific teams and at practitioner level where needed.
- Progress on improvement in clinical supervision rates continues and is tracked weekly across services. The Quarter 3 performance for the community service lines in the BDU for Calderdale and Kirklees was 95.09% and for Wakefield 89.81%.

#### Communications, Engagement and Involvement

##### Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trustwide Silver.
- Coronavirus updates circulated regularly to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Coronavirus vaccination comms, launch of vaccine programme in the Trust
- Launch of 'Choose Well for Mental Health' guide; on social media channels and with partners, including MPs
- Staff wellbeing initiatives promoted
- Design and print of materials continuing for services and corporate functions, including coronavirus materials for inpatients and staff
- CAMHS:
  - Wakefield CAMHS: continued support for transformation work (e.g. ReACH and eating disorder teams)
  - C&K CAMHS: crisis advice line launch
- Awareness days and weeks supported on social media and in internal communication channels
- Information governance campaign supported
- Forensic improvement programme supported
- Partner Bronze command meetings continue to taking place in all areas
- Support provided to EyUp Charity (e.g. case studies), Creative Minds (e.g. website, socials) and Spirit in Mind (e.g. event support)
- New intranet development project supported – spec produced for procurement
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICSs' initiatives and campaigns, including preparations for a staff focused suicide prevention campaign launching in February.

##### Engagement, Equality and volunteering update

- Equality, Engagement, Communication and Membership (EECM) Trust wide strategy signed off at Trust Board and published on the intranet
- Action plans for equality and engagement (including carers and peer support) have been developed in draft and shared for comment with E&I (Equality and inclusion) Committee. A date to sign the action plans off at E&I Committee in January is being progressed. Actions will include capturing wider comments from internal teams and ensuring plans accurately reflect a Trust wide approach.
- Trust wide EECM strategy short film and image, easy read and summary all being progressed as part of a full website content refresh
- Work continues to support recovery planning using insight and intelligence to inform decision making
- Business proposal to mainstream the offer for 'Virtual Visitor' now approved.
- COVID equality impact assessment (EIA) now at version 3 and research tool updated this quarter with emerging intelligence
- EIA for the roll out of the COVID19 vaccination programme developed and approved by Silver Command
- Engagement plan developed and delivery to support involvement in the digital strategy taking place
- Engagement plan to support involvement in a 'Smoke Free' site in place
- Process to support SEQUIN submission for secure services now in place and monthly updates are part of core work
- Passport for Carers has now led to the development of the passport which is published on the internet and intranet following an event in December to launch
- Payment for involvement policy now being looked at and a draft will be circulated for comment by EMT in the next month
- Continue to link into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
- Review of the partnership work with Barnsley community and voluntary services (CVS), council and SWYPFTT colleagues to mobilise a preventative mental health support network along the lines of Virtual visitor being progressed to identify future use
- Successful bid to charities commission and staff recruited and in post – our involvement has secured 2 posts focussed on BAME staff and BAME communities. A further bid to support carers is being progressed and will identify a full time post to support carers of people who use our services and staff who are carers.
- 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
- 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
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This is the January 2021 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for November 2020. The Trust priority programmes were reviewed, and changes made in September and approved at Trust Board in October 2020. The following programmes of work are reported in this section of the IPR this month:

- Improving Health - Work with our partners in Barnsley, Kirklees, Calderdale, Wakefield, West Yorkshire and South Yorkshire contributing to their 5-year plans and improving outcomes for people with mental health and learning disabilities.
- Improving Health - Enhance creative, cultural and digital offers
- Improve Care - Deliver improvements in CAMHS.

Reported elsewhere in the IPR this month are:

- Improve care - Patient safety approach and ongoing response to managing covid-19.
- Improve care - Provide care as close to home as possible.
- Improve care - Safely deliver and restore services.
- Improve care - Deliver improvements in forensic services.
- Improve Resources - Digital by default.
- Improve Resources - Spend money wisely and reduce waste.
- Make this a great place to work - support the provision of a healthy, resilient, and safe workforce.
- Make this a great place to work - Refresh our environmental sustainability strategy and action plan.

Priority	Improvement Aims, Outcomes, and Key Deliverables	SRO	Change Manager	Governance Route	Narrative Update	Progress RAG rating
<b>IMPROVE HEALTH</b>						
Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire contributing to their 5 year plans and improving outcomes for people with mental health and learning disabilities.	<p>Improvement Aims:</p> <ul style="list-style-type: none"> <li>• A trusted provider of general community and wellbeing services delivering integrated care.</li> <li>• A strong partner in mental health and learning disability service provision across South Yorkshire and West Yorkshire.</li> <li>• A trusted host or partner in our four local integrated care partnerships.</li> <li>• A compassionate and innovative organisation with equality, recovery, coproduction, and creativity at its heart.</li> </ul> <p>Outcomes and deliverables by April 2021 include:</p> <ul style="list-style-type: none"> <li>• Take an active and commensurate role in strategic partnership working in each of our places, including West Yorkshire and South Yorkshire Integrated Care Systems, to plan and deliver stabilisation and recovery priorities.</li> <li>• Develop and deliver a more robust internal approach to all WY&amp;H and SY&amp;B ICS Projects.</li> <li>• Internal place based groups are established and coordinate:</li> <li>- SWYPFT contribution as a key partner in the development of Mental Health Provider Alliances in each of our Places and systems</li> <li>- Working in partnership to reduce health inequalities in line with national guidance.</li> </ul>	Sean Rayner / Salma Yasmeen	Sharon Carter	EMT	<p>West Yorkshire mental health, learning disability and autism (MHLDA) programme services and the specialised MHLDA programme board are both progressing. Work continues to deliver the priority work programme, as previously agreed.</p> <p>In addition, we are actively working as a partner in all our local systems to manage and mitigate the impact of a rise in Covid-19 cases, including our system-level surge/escalation approach, and manage the impact on the restoration of non-Covid-19 health services. The strategic health group has resumed meeting weekly to ensure that there is a coordinated approach and response to managing Covid-19, winter pressures and demands.</p> <p>Work has commenced on modelling changes to mental health demand with partners, focusing on Barnsley data and working alongside Barnsley CCG.</p> <p>Submissions have been made for transformation funding to NHS England for community mental health. Work has commenced to act on the findings of the learning disability mortality review.</p> <p>Work is progressing in line with the plans for the West Yorkshire adult secure lead provider collaborative.</p> <p>Metrics and measurements include:</p> <ul style="list-style-type: none"> <li>• Agree inequalities programme of work priorities and outcomes for all place and ICSs by end January 2021</li> <li>• In Barnsley</li> <li>- a shared leadership model and partnership agreement is in place with the Primary Care Network by end January 2021</li> <li>• In Calderdale</li> <li>- Arts &amp; health programme manager recruited and plan in place with identified outcomes and metrics by end December 2021</li> <li>- Deliver the Active Calderdale programme of work by April 2021</li> <li>• In Wakefield</li> <li>- Take the lead partnership role in getting the MH Alliance work programme updated and fully mobilised with KPIs and monitoring of achievement agreed by end March 2021</li> <li>• In Kirklees</li> <li>- Full mobilisation of alliance partnership by end January 2021</li> <li>• In WY&amp;H ICS</li> <li>- Forensic lead provider collaborative mobilised by April 2021</li> </ul>	

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/ Contracts	Workforce
Enhance creative, cultural and digital offers	<p>Improvement Aim: Enhance creative, cultural and digital offers through our wellbeing services, linked charities, and recovery colleges as part of a comprehensive offer to provide support to vulnerable groups and address inequalities in each of our places.</p> <p>Outcomes and deliverables by April 2021: Establish routine collection of data and information and populate and report on the Creative Minds performance framework by January 2021 Develop closer working between Creative Minds and the Recovery Colleges, increase partnership working with Trust services and organisations in the local community, and provide a learning environment that promotes equality, wellness and wellbeing Establishing links to Calderdale Arts &amp; Health programme Alignment of creative, cultural and digital offers to develop a more comprehensive portfolio.</p>				<p>Active Calderdale Three services within Calderdale have now been selected to pilot integrating physical activity into their systems and processes including learning disability, early intervention in psychosis (EIP) and perinatal services and design thinking improvement workshops commence in February 2021 with these services in partnership with Active Calderdale. A 'Moving More SWYFTly' trust wide campaign launched during December to encourage staff to be more physically active and support their health and well-being alongside a survey to capture baseline data. 30 members of staff have signed up to the moving medicine online training package which supports increasing staff confidence in undertaking conversations about physical activity. The outcomes from the training package is being evaluated in partnership with Leeds Beckett University.</p> <p>Creativity &amp; Health First suite of projects/ interventions to support targeted interventions within Calderdale have been scoped and agreed and bids have been submitted to apply for additional funding where required. Projects include a Couch to Creativity app, The Lullaby Project in partnership with Carnegie Hall and Art Boxes for families. A big conversation bringing together the world of arts and health organisations is being co-produced on a number of agreed themes with an initial series of podcasts scheduled to start during January/February 2021. A Thriving Communities bid has been co-ordinated from a wide range of partners within Calderdale and submitted. The bid seeks to develop a project to ensure culture and creativity are incorporated into health sector approaches resulting in longer lives better lived and stronger, more connected communities.</p> <p>Digital Inclusion A project is being scoped to harness the potential of digital technology to improve lives and create opportunities for the people we care for. The project will include a focus on digital devices, digital access, digital literacy and support mechanisms.</p> <p>Equality, Engagement and Communications: Work continues on aligning the equality engagement, comms and membership strategy and resulting action plans. The action plans are being populated with deadlines and owners to enable easy monitoring and successful delivery</p> <p>Measures as set out in the newly developed Creative Minds performance framework and reported into Charitable Funds Committee. These include: - Number of new projects developed from April 2020 in response to Covid 19 - Number of Projects becoming peer led or sustained in the last 6 months - Total number of beneficiaries in last 6 months - Number of external partners currently working with Number of SWYPFT internal services currently benefitting</p>		

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/ Contracts	Workforce
IMPROVE CARE							
Deliver Improvements in CAMHS	Improvement Aim: To deliver an accessible and outstanding service for children, young people and their families.	Carol Harris	Carmain Gibson-Holmes (Wakefield), Kate Jones /Maeve Boyle (Barnsley), Linda Moon/Sharon Carter (Kirklees and Calderdale)	CAMHS Improvement Group, OMG	Work has continued on project set up for CAMHS neuro-pathway waiting lists for both Calderdale and Kirklees. Further activity has taken place in Calderdale on modelling expected demand and agreement now needs to be reached on resourcing required to deliver the waiting list initiative . A trajectory and tracking system can then be established. In Kirklees, commissioners are currently considering how available funding could be used to support activity to reduce the waiting list. The project team are determining required resource to support the this work and also considering how elements of the assessment process could be improved to be more efficient. An initial meeting on workforce development has taken place. Immediate activity will involve supporting difficult to recruit to psychology posts before support to establish a sustainable workforce for the service.	Progress Against Plan	
	Outcomes and deliverables by March 2022 include: <ul style="list-style-type: none"><li>• Refreshed Improvement plan and associated action plans in place to include Kirklees and Calderdale by end October 2020.</li><li>• Continue the work to reduce the numbers of Children &amp; Young People (C&amp;YP) waiting to receive treatment or diagnosis including an analysis of equity of access for individuals with protected characteristics.</li><li>• All Age MH Liaison Services (AAMHLS) in place with the relevant Acute Hospitals as well as extended functionality of the C&amp;HBTT by October 2020.</li><li>• Work together with Barnsley Commissioners to develop a future service model to the timeline identified.</li><li>• Agree action plans with Kirklees and Calderdale commissioners regarding neurodevelopment pathway.</li><li>• Work together with partner agencies to improve response to C&amp;YP in crisis and meet key deliverables for all age.</li><li>• Mechanisms supporting and developing staff including recruitment to enable achievement of project scope of waiting list reductions and are embedded into practice.</li><li>• Build mechanisms to maintain relationships with partners, including education, to achieve project scope of waiting list reductions.</li><li>• CYP engagement and involvement are embedded into practice.</li></ul>				Work is continuing with reducing the waiting times and numbers on the waiting list (WL) for both Wakefield and Barnsley. Both services have undertaken a mini review of cases accepted for assessment and treatment to explore the reasons for higher numbers. Following this exercise, both areas confirm this reflects a 'true' picture of a higher number requiring CAMHS input. Wakefield has re-affirmed the threshold criteria for accepting referrals for CAMHS input as opposed to following the FIM consultation and treatment model in the first instance. FIM model has been impacted on by school closures and this is impacting the universal early help offer.		
						'Informal feedback has been sought from staff regarding the summary paper capturing all the changes made by all of the CAMHS services (previously presented to CAMHS Improvement Board (CIB) meeting in October 2020) which will be incorporated into the existing summary report prior to sharing wider within the Trust and externally.	
					Following agreement at the November 2020 meeting, nominations have been sought from all CAMHS services to scope out the work for considering routine outcome measures and how they may evidence the effectiveness of virtual technology . This work is seen to be complementary to the work that has recently commenced regarding children and young people's (and their families) feedback of CAMHS services.		
					Barnsley New CAMHS Model - Pathways for new CAMHS model were agreed in principle at joint steering group (CYPMHS) meeting (held on 10th December 2020). Pathways have been costed and were presented for consideration at a contracting meeting with the CCG. Internal re-visit of Trust's demand and capacity modelling and planning assumptions is in progress as per contracting meeting in parallel with CCG progressing their work to identify additional financial resources for CAMHS as part of MH investment for 2021/22 onwards.		
					The refreshed Wakefield CAMHS improvement plan was presented and approved at the December 2020 CIB meeting. A high-level plan for Barnsley CAMHS has been completed. The next iteration of the high-level plan to include the mobilisation of the mental health support teams (MHST) and will be monitored at the CYPMHS meetings. A detailed improvement plan will be completed internally for the CAMHS service.		
					The relationships with psychiatric liaison in Wakefield are good and an exploratory review of the work undertaken out of hours shows good outcomes		
					Potential risk in light of waiting list numbers for CAMHS neuro pathways (for Calderdale and Kirklees). Kirklees waiting list has more than trebled in the previous 12 months and joint activity with commissioners is being prioritised to establish most appropriate options to reduce.	Management of Risk	
					Significant progress has been made in relation to the waiting list times and numbers in Barnsley due to temporary additional resources which need to be maintained as a minimum to avoid any 'slippage' on progress made.		
					Implementation plan/key milestones include: By 31/12/20 Evaluation of 3 virtual groups within Barnsley completed based on PDSA model approach to assist with wider learning within all CAMHS services. By 31/01/21 Options developed to effectively manage demand for CAMHS neuro-pathway (for Calderdale and Kirklees) coming into the system and to increase capacity that will enable to services to establish sustainable systems whilst reducing waiting lists in the short term. Activity to review internal processes and how we can maximise the use of resources is planned. By 31/01/21 The current CAMHS improvement plans for Barnsley and Wakefield will have been reviewed and updated for review and approval by the CAMHS Improvement Board. By 28/02/21 CAMHS improvement plans will have been developed for Calderdale and Kirklees building upon experience of existing CAMHS improvement plans for consideration and approval by the CAMHS Improvement Board.		

Glossary of terms:	
AMHP Approved Mental Health Professional	MH Mental Health
ATU Assessment and Treatment Unit	MOU Memorandum of Understanding
Bassetlaw	NHS National Health Service
BDCFT Bradford District Care Trust	NHSE/ National Health Service England/ NHS Improvement
C&YP Children and Young People	NMOC New model of care
CCG Clinical Commissioning Group	OMG Organisational Management Group
CSDG Clinical Safety Design Group	OPS Older Peoples Services
DBT Dialectic Behavioural Therapy	P&I Performance and Information
EMT Executive Management Team	PCH Primary Care Hub (also referred to as Primary Care Network)
ESD Early Supported Discharge	PCN Primary Care network (also referred to as Primary Care Hub)
FRM Formulation Informed Risk Assessment	QI Quality Improvement
GP General Practitioner	QSIR Quality, Service Improvement and Re-design
HASU Hyper Acute Stroke Unit	RACI Roles and responsibilities indicator
HCP Healthcare Partnership	SBAR Situation - Background - Assessment - Recommendation quality improvement tool
IAPT Improving access to Psychological Therapies	SPA Single Point of Access
ICS Integrated Care System	SPC Statistical Process Control
ICT Integrated Change Team	SRU Stroke Rehabilitation Unit
IHBT Intensive Home Based Treatment	SSG an external consultant agency
IHI Institute for Health Improvement	SWYPFT South West Yorkshire Partnership Foundation Trust
IM&T Information management and technology	TIPT Trauma Informed Personality Disorder
IPS Individual Placement Support	UEC Urgent and Emergency Care
ID 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 2020/21	Narrative
1	Surplus / Deficit	£1.4m	(£2.1m)	In December a surplus of £0.6m has been reported which is favourable to plan. The forecast position continues to be assessed.
2	Agency Cap	£5.1m	£7.3m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in December is £0.7m, which is approximately £0.1m higher than previous months.
3	Cash	£69.8m	£45.1m	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).
5	Capital	£1.8m	£5.4m	The capital forecast continues to be reviewed to take account of current capital priorities and the impact of covid-19 on accessibility and costs. There is increased spend forecast for Q4 with orders in place. Overall the forecast is £1.2m less than May 2020 plan.
6	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 68% of invoices have been paid within 7 days for the year to date. The impact of the new finance and procurement system has had an impact and we are assessing how we can improve performance back to previous levels. 30 day performance has been maintained.
	30 days	95%		
	7 days	68%		

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



## Workforce - Performance Wall

### Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	5.0%	4.9%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.0%	4.6%	4.2%	3.9%	3.9%	4.0%	3.8%	3.8%	3.8%	3.9%	4.0%	4.0%
Aggression Management	Improving Care	Well Led	AD	>=80%	80.9%	81.6%	85.5%	85.5%	85.5%	85.5%	85.5%	86.5%	86.0%	86.3%	85.4%	Data unavailable at the time of producing this report
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.2%	80.9%	89.4%	89.4%	89.4%	89.4%	89.4%	90.3%	89.4%	88.7%	88.2%	
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	89.2%	89.0%	93.7%	93.7%	93.7%	93.7%	93.7%	93.8%	93.6%	93.3%	93.2%	
Equality and Diversity	Improving Health	Well Led	AD	>=80%	92.6%	92.4%	95.2%	95.2%	95.2%	95.2%	95.2%	95.7%	95.7%	96.0%	95.7%	
Fire Safety	Improving Care	Well Led	AD	>=80%	88.3%	88.3%	93.7%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%	92.8%	91.8%	
Food Safety	Improving Care	Well Led	AD	>=80%	82.3%	81.6%	76.9%	76.9%	76.9%	76.9%	76.9%	78.3%	76.7%	76.8%	76.5%	
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	90.4%	89.1%	95.8%	95.8%	95.8%	95.8%	95.8%	96.2%	96.0%	96.1%	96.0%	
Information Governance	Improving Care	Well Led	AD	>=95%	90.4%	98.0%	98.2%	98.2%	98.2%	98.2%	98.2%	98.8%	98.8%	98.9%	98.8%	
Moving and Handling	Improving Resources	Well Led	AD	>=80%	92.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.5%	95.6%	95.5%	95.1%	
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	92.3%	90.5%	93.3%	93.3%	93.3%	93.3%	93.3%	94.6%	94.3%	94.8%	94.9%	
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	90.1%	87.2%	89.5%	89.5%	89.5%	89.5%	89.5%	91.2%	90.8%	91.4%	91.9%	
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	73.3%			74.5%			77.8%			77.2%		
Prevent	Improving Care	Well Led	AD	>=80%	90.8%	91.1%	93.2%	93.2%	93.2%	93.2%	93.2%	94.6%	94.6%	94.4%	95.3%	Data unavailable at the time of producing this report
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	94.0%	94.3%	96.2%	96.2%	96.2%	96.2%	96.2%	92.8%	92.8%	93.0%	92.8%	
Safeguarding Children	Improving Care	Well Led	AD	>=80%	89.8%	90.7%	92.4%	92.4%	92.4%	92.4%	92.4%	93.6%	93.6%	93.3%	92.8%	
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	97.3%	97.1%	96.9%	96.9%	96.9%	96.9%	96.9%	96.8%	96.8%	No longer used		
Bank Cost	Improving Resources	Well Led	AD	-	£769k	£685k	£1,241k	£727k	£866k	£721k	£687k	£778k	£907k	£915k	£889k	
Agency Cost	Improving Resources	Effective	AD	-	£537k	£581k	£613k	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k
Overtime Costs	Improving Resources	Effective	AD	-	£15k	£69k	£191k	£196k	£382k	£342k	£257k	£276k	£213k	Data unavailable at the time of producing this report		
Additional Hours Costs	Improving Resources	Effective	AD	-	£37k	£42k	£58k	£58k	£61k	£66k	£71k	£59k	£53k			
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£510k	£429k	£435k	£374k	£388k	£399k	£408k	£411k	£387k			
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	467.2	511.2	528.0	222.1	222.1	192.3	208.9	205.9	234.0			
Business Miles	Improving Resources	Effective	AD	-	273k	302k	312k	193k	149k	138k	164k	166k	147k			
<b>Health &amp; Safety</b>																
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 19th January, 159 staff off work Covid-19 related, not working which compares to 81 one month earlier. A further 84 were working from home.
- 3241 staff tested for Covid-19 as at 19th January.
- 545 staff have tested positive for Covid-19, 83 of which tested positive within the last month.
- Staff turnover increased to 9.9% in December.
- Non-Covid sickness absence was 4.0% in December and stands at the same percentage cumulatively. This compares favourably to previous years.

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Sickness reporting

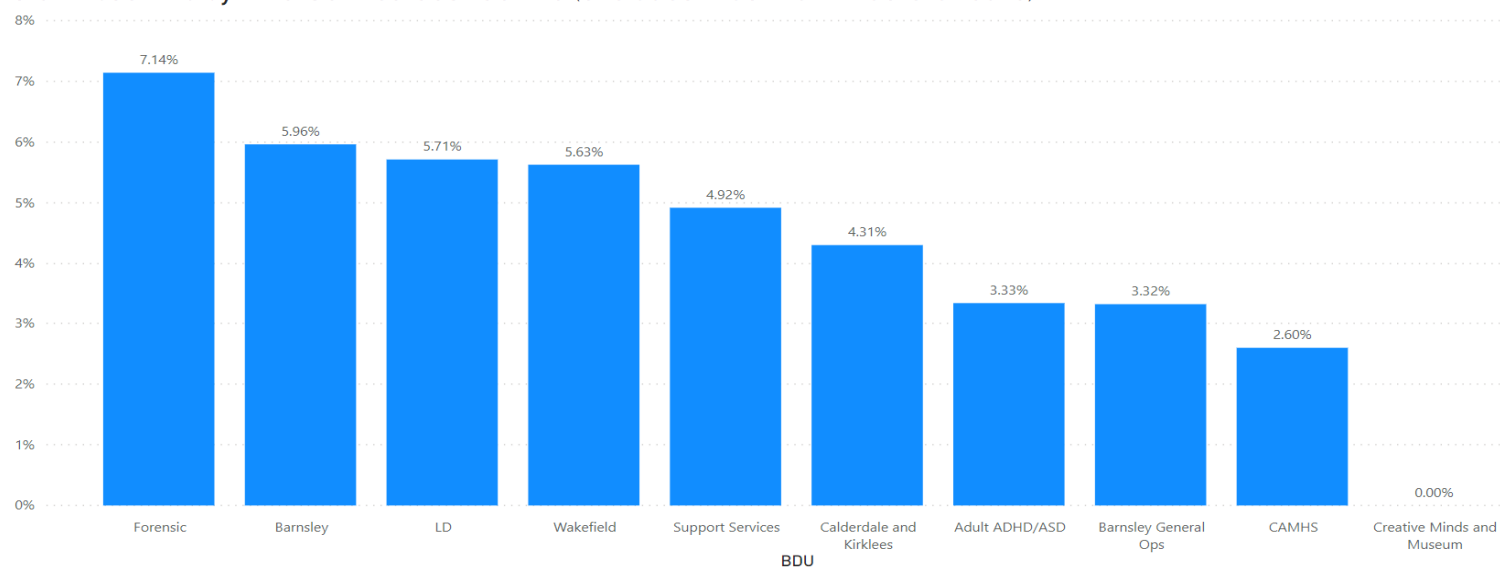
As at 19th January, the Trust has 243 staff absent or working from home due to Covid-19. This makes up 4.7% of the workforce. Of those absent, 30.0% are symptomatic and 10.3% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 7.1% of staff impacted (29/406). 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) (January is a to date figure)

Mar 10.3 days, Jun 7.4 days, Sep 6.9, Dec 9.9, Jan 5.9

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

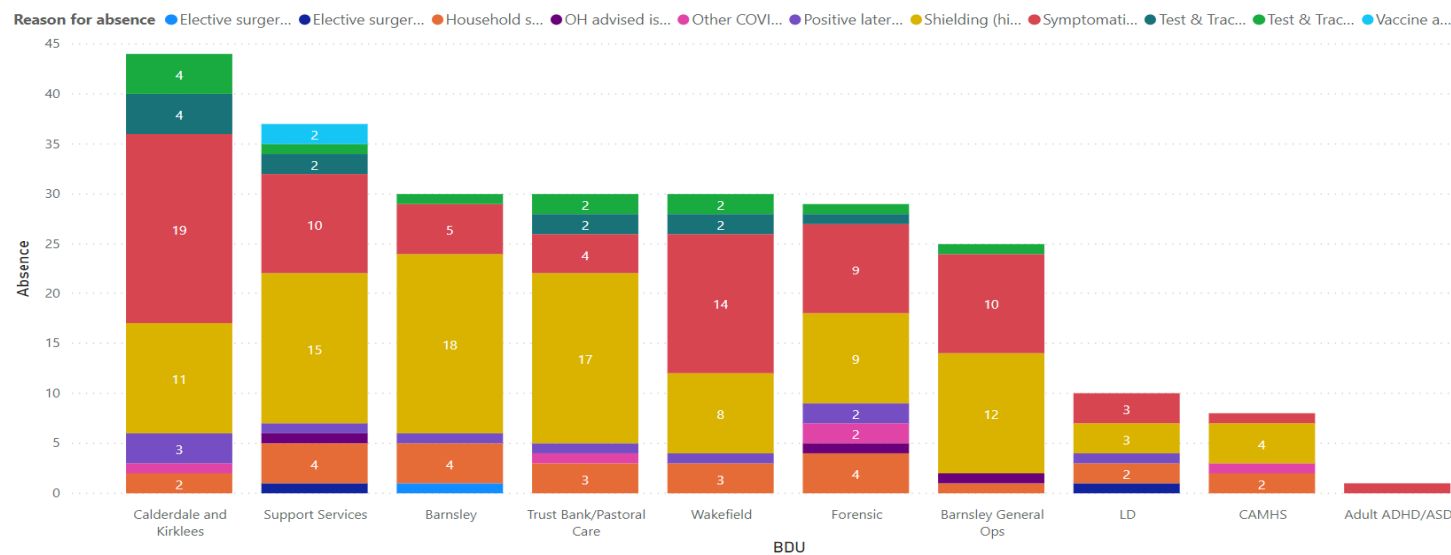
Priority Programmes

Finance/Contracts

Workforce

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

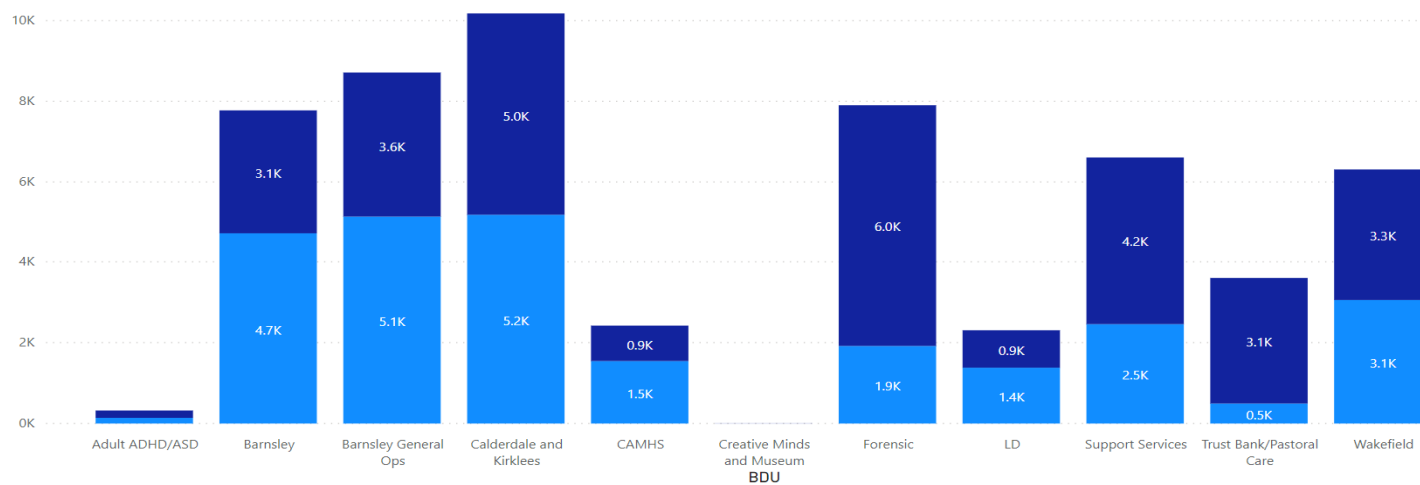
Absence by BDU and Reason for absence



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

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

Working from home Not Working



## Publication Summary

This section of the report identifies any national guidance that may be applicable to the Trust.

### Department of health and social care

#### How the NHS charges overseas visitors for NHS healthcare

This summary sets out the way the NHS charges overseas visitors for NHS health care. It has been updated with information how charges for NHS health care will apply to overseas visitors now the Brexit transition period has ended, reflecting the terms of the UK–EU Trade and Co-operation Agreement on reciprocal health care arrangements.

[Click here for link to guidance](#)

### NHS England

#### Draft NHS Standard Contract 2021/22: a consultation

This consultation document describes the main proposed changes to the NHS Standard Contract for 2021/22. Comments from stakeholders on the proposals, along with any other suggestions for improvement, will be accepted up until 5 February 2021.

[Click here for the link to the guidance](#)

### Department of Health and Social Care

#### Reforming the Mental Health Act

An independent review of the Mental Health Act 1983 (MHA), published in 2017, looked at how it's used and made suggestions for improvement. It concluded that the MHA does not always work as well as it should for patients, their families and their carers. This White Paper proposes a range of changes, based on four principles that have been developed with people with lived experience of the MHA. They are: choice and autonomy; least restriction; therapeutic benefit; and the person as an individual. The consultation on these proposals closes on 21 April 2021

[Click here for the link to consultation.](#)

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

[Seasonal flu vaccine uptake in healthcare workers 2020 to 2021: provisional monthly data for 1 September 2020 to 30 November 2020](#)

[NHS workforce statistics: September 2020](#)



**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# Finance Report

**Month 9  
(2020 / 21)**



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



With **all of us** in mind.

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## 1.0 Executive Summary / Key Performance Indicators

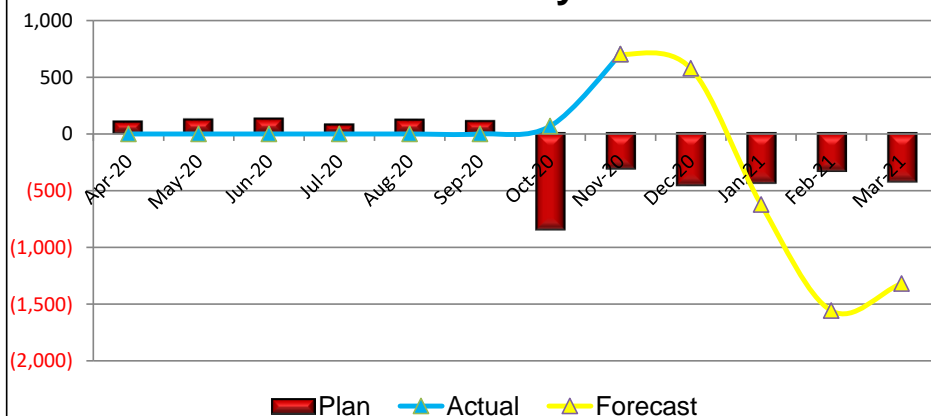
Performance Indicator		Year to Date	Forecast 2020 / 21	Narrative
1	Surplus / (Deficit)	£1.4m	(£2.1m)	In December a surplus of £0.6m has been reported which is favourable to plan. The forecast position continues to be assessed.
2	Agency Spend	£5.1m	£7.3m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in December is £0.7m, which is approximately £0.1m higher than previous months.
3	Cash	£69.8m	£45.1m	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).
4	Capital	£1.8m	£5.4m	The capital forecast continues to be reviewed to take account of current capital priorities and the impact of covid-19 on accessibility and costs. There is increased spend forecast for Q4 with orders in place. Overall the forecast is £1.2m less than May 2020 plan.
5	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 68% of invoices have been paid within 7 days for the year to date. The impact of the new finance and procurement system has had an impact and we are assessing how we can improve performance back to previous levels. 30 day performance has been maintained.
	30 days	95%		
	7 days	68%		

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

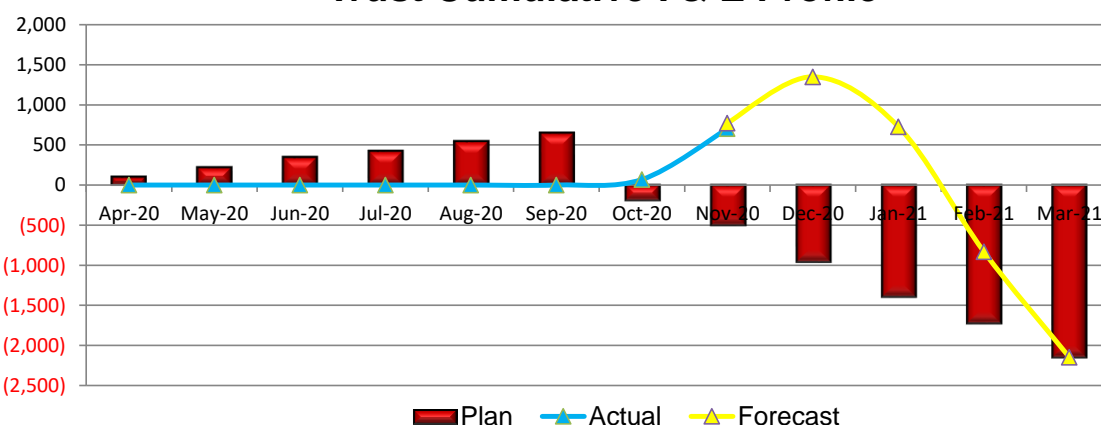
Budget Staff	Actual worked	Variance	Month Budget	Month Actual	Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE %	£k	£k	£k		£k	£k	£k	£k	£k	£k
			20,218	20,344	126	Clinical Revenue	171,795	171,580	(215)	232,451	232,446	(5)
			<b>20,218</b>	<b>20,344</b>	<b>126</b>	<b>Total Clinical Revenue</b>	<b>171,795</b>	<b>171,580</b>	<b>(215)</b>	<b>232,451</b>	<b>232,446</b>	<b>(5)</b>
			1,165	1,482	317	Other Operating Revenue	13,809	14,314	505	17,701	18,246	545
			<b>21,384</b>	<b>21,827</b>	<b>443</b>	<b>Total Revenue</b>	<b>185,604</b>	<b>185,894</b>	<b>290</b>	<b>250,151</b>	<b>250,692</b>	<b>540</b>
4,315	4,363	49 1.1%	(16,413)	(16,199)	214	Pay Costs	(143,511)	(142,969)	542	(193,261)	(192,769)	492
			(4,091)	(3,925)	166	Non Pay Costs	(33,870)	(33,318)	552	(45,946)	(45,654)	292
			(573)	(407)	166	Provisions	(2,326)	(1,508)	818	(3,980)	(5,390)	(1,410)
			0	0	0	Gain / (loss) on disposal	0	(23)	(23)	0	(23)	(23)
<b>4,315</b>	<b>4,363</b>	<b>49 -1.1%</b>	<b>(21,077)</b>	<b>(20,531)</b>	<b>546</b>	<b>Total Operating Expenses</b>	<b>(179,707)</b>	<b>(177,819)</b>	<b>1,889</b>	<b>(243,187)</b>	<b>(243,836)</b>	<b>(649)</b>
<b>4,315</b>	<b>4,363</b>	<b>49 -1.1%</b>	<b>306</b>	<b>1,296</b>	<b>989</b>	<b>EBITDA</b>	<b>5,896</b>	<b>8,075</b>	<b>2,179</b>	<b>6,964</b>	<b>6,856</b>	<b>(109)</b>
			(516)	(523)	(7)	Depreciation	(4,647)	(4,668)	(21)	(6,168)	(6,211)	(43)
			(245)	(195)	50	PDC Paid	(2,209)	(2,057)	152	(2,945)	(2,793)	152
			0	0	0	Interest Received	0	0	0	0	0	0
<b>4,315</b>	<b>4,363</b>	<b>49 -1.1%</b>	<b>(455)</b>	<b>577</b>	<b>1,033</b>	<b>Surplus / (Deficit)</b>	<b>(959)</b>	<b>1,350</b>	<b>2,309</b>	<b>(2,148)</b>	<b>(2,148)</b>	<b>0</b>
			0	0	0	Revaluation of Assets	0	0	0	0	0	0
<b>4,315</b>	<b>4,363</b>	<b>49 -1.1%</b>	<b>(455)</b>	<b>577</b>	<b>1,033</b>	<b>Surplus / (Deficit)</b>	<b>(959)</b>	<b>1,350</b>	<b>2,309</b>	<b>(2,148)</b>	<b>(2,148)</b>	<b>0</b>

The Trust budgets have been updated in October 2020 to reflect the new operational plan. This updated budget reflects a breakeven position for months 1 - 6 and a monthly deficit for months 7 - 12.

Trust Monthly I &amp; E Profile



Trust Cumulative I &amp; E Profile





**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 to deliver a deficit of £2.1m. This is based on expenditure run rates and updated funding available.

### **Income**

Whilst block income arrangements remain in place, they have been updated to reflect planned Mental Health Investment Standard (MHIS) funding for October 2020 until March 2021. There is also Integrated Care System (ICS) funding allocated to the Trust on a 'fair shares' basis.

Income is in line with this revised plan and is forecast to deliver in year. There is a process for agreeing any further funding changes in year with commissioners and these will be reflected as and when agreed. For example in January we expect to include additional MHIS and winter pressure funding from all commissioners.

### **Pay**

Pay spend in December was £16.2m which, excluding one off payments last month, is slightly higher than previously. This is normal for this time of year and includes estimates for shifts worked in December and over the Christmas period.

Staffing levels, continuing to focus on appropriate safe levels for inpatient wards. They are currently being assessed for longer term planning. This includes assessing the impact of COVID-19 absences. Whole time equivalent headcount numbers in December were higher than plan reflecting the impact of COVID-19, pressure on services and lower than expected staff turnover.

### **Non Pay**

Non Pay spend continues to experience both cost pressures and savings within the overall position. Based on the revised budget for the second half of there is a £0.5m saving in Q3.

Healthcare subcontracts (out of area placements and the purchase of locked rehab beds) continue to be volatile and out of area placements are considered in more detail at page 11.

## 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 for this element.

Additional costs, with funding yet to be confirmed, for covid vaccination programmes are also included below. Staff vaccination, at 2 sites, commenced early January 2021.

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). This includes premium payments to support safer staffing levels.	780	211	292	252				1,535
Staffing – community	Community additional shifts	249	0	0	0				249
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	77	0	0	0				77
Staffing - students	Costs of student nurses and medics over and above previous	480	0	0	0				480
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	53	0	37	0				90
<b>Total – Pay</b>		<b>1,639</b>	<b>211</b>	<b>329</b>	<b>252</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,431</b>
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	441	161	0	4				606
Laundry	In house laundry service including scrubs	331	4	74	14				423
Infection Control	Central store of additional infection control supplies (wipes, cleaning products)	249	1	6	3				259
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	69	0	0	0				69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	71	0	0	0				71
Communications	Consent to share letter	40	0	0	0				40
Lateral Flow Testing	Distribution of kits to staff	0	0	0	50				50
Misc / other	Other general non pay not captured in the headings above	158	5	0	250				413
<b>Total – Non Pay</b>		<b>1,359</b>	<b>171</b>	<b>80</b>	<b>321</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,931</b>
<b>Total cost recovery</b>		<b>2,998</b>	<b>382</b>	<b>409</b>	<b>573</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,362</b>

## 2.1

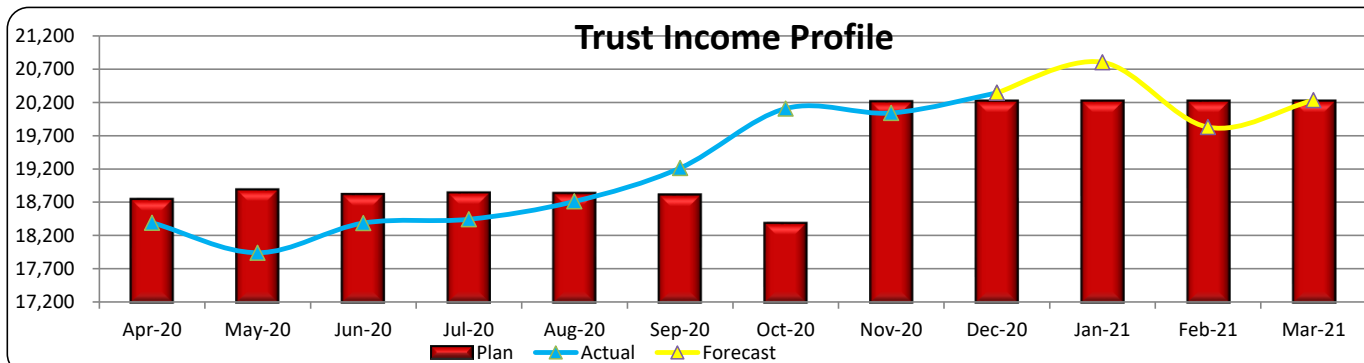
## Income Information

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 on 2019/20 plus 2.8% uplift) remains and has been supplemented by additional funding for the Mental Health Investment Standard (MHIS). This was agreed with commissioners. There is a process for amending these values for further changes in investment.

In addition to main commissioner income 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.

These block payments cover all income from NHS commissioners. This includes payment for services, staff recharges, recharge for projects etc.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Total 19/20
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
<b>CCG</b>	14,530	13,924	14,321	14,361	14,000	14,278	16,696	16,501	16,421	17,310	16,346	16,751	<b>185,437</b>	<b>171,720</b>
<b>Specialist Commissioner</b>	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,453	2,505	2,405	2,393	2,393	<b>28,405</b>	<b>27,895</b>
<b>Local Authority Partnerships</b>	335	473	409	439	419	417	430	408	437	417	417	417	<b>5,017</b>	<b>7,755</b>
<b>Top Up</b>	619	637	597	628	639	625	625	625	625	631	631	631	<b>7,514</b>	<b>7,673</b>
<b>Other</b>	550	550	702	658	1,254	1,537	0	0	309	0	0	0	<b>5,560</b>	<b>0</b>
<b>Total</b>	35	35	35	35	76	35	35	55	48	41	41	41	<b>511</b>	<b>418</b>
<b>Total</b>	<b>18,391</b>	<b>17,940</b>	<b>18,386</b>	<b>18,443</b>	<b>18,711</b>	<b>19,214</b>	<b>20,108</b>	<b>20,041</b>	<b>20,344</b>	<b>20,805</b>	<b>19,828</b>	<b>20,233</b>	<b>232,446</b>	<b>215,461</b>
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	<b>215,461</b>	



All budgets have been realigned for the updated operational plan. This shows the increase in contract income received and now includes all income (previously covid was received directly against operational spend but is now from the lead commissioner). No variance is expected.

Contracts are expected to be in place from 1st April 2021 which will build on the mental health investment made during the current year plus continued investment in key targeted areas such as perinatal mental health.

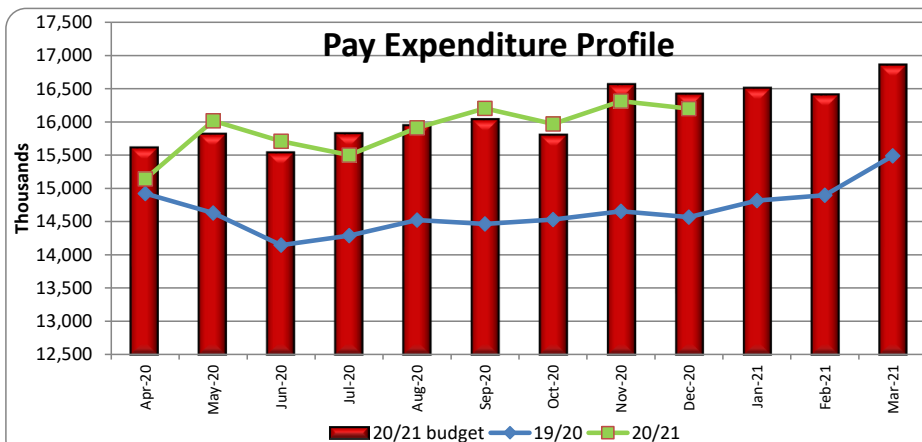
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 79% of our budgeted total expenditure.

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
<b>Substantive</b>	13,947	14,646	14,470	14,256	14,462	14,647	14,450	14,851	14,569				<b>130,296</b>
<b>Bank &amp; Locum</b>	727	866	721	687	844	971	915	889	944				<b>7,564</b>
<b>Agency</b>	469	507	518	558	606	588	604	573	686				<b>5,109</b>
<b>Total</b>	<b>15,142</b>	<b>16,019</b>	<b>15,709</b>	<b>15,501</b>	<b>15,912</b>	<b>16,205</b>	<b>15,969</b>	<b>16,313</b>	<b>16,199</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142,969</b>
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	<b>168,476</b>
Bank as %	4.8%	5.4%	4.6%	4.4%	5.3%	6.0%	5.7%	5.5%	5.8%				5.3%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%	3.6%	3.8%	3.5%	4.2%				3.6%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
<b>Substantive</b>	3,900	4,004	4,026	4,026	4,006	3,965	4,263	4,293	4,255				<b>4,026</b>
<b>Bank &amp; Locum</b>	203	253	193	197	244	225	277	240	303				<b>193</b>
<b>Agency</b>	68	75	83	90	108	93	121	100	120				<b>83</b>
<b>Total</b>	<b>4,171</b>	<b>4,332</b>	<b>4,302</b>	<b>4,312</b>	<b>4,357</b>	<b>4,283</b>	<b>4,661</b>	<b>4,634</b>	<b>4,678</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,302</b>
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	<b>4,098</b>



As shown in the table and graph pay costs overall have increased from 2019/20 (average run rate £14.7m per month). Of this annual pay awards and increments are estimated at £500k per month.

There was a one off clinical excellence award payment made in November (£0.2m). Excluding this overall pay expenditure has increased from November to December. Estimates have been made for the impact of bank holiday and agreed safer staffing premium payments over the Christmas period. As normal all December shifts will be paid in January when the full impact will be known.

This assessment is included within the increased bank and agency expenditure levels with continued usage required to support safer staffing levels. Elements of this are covid related with increased backfill requirements in December from previous months due to staff absence. This continues to be reviewed as part of the operational response to covid and the impact this has on staffing levels and service requirements.

## Agency spend is £686k in December.

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.

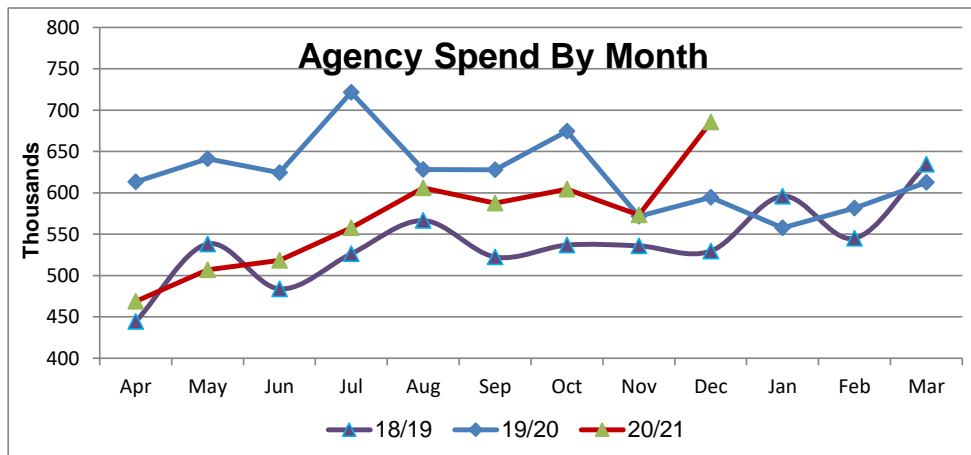
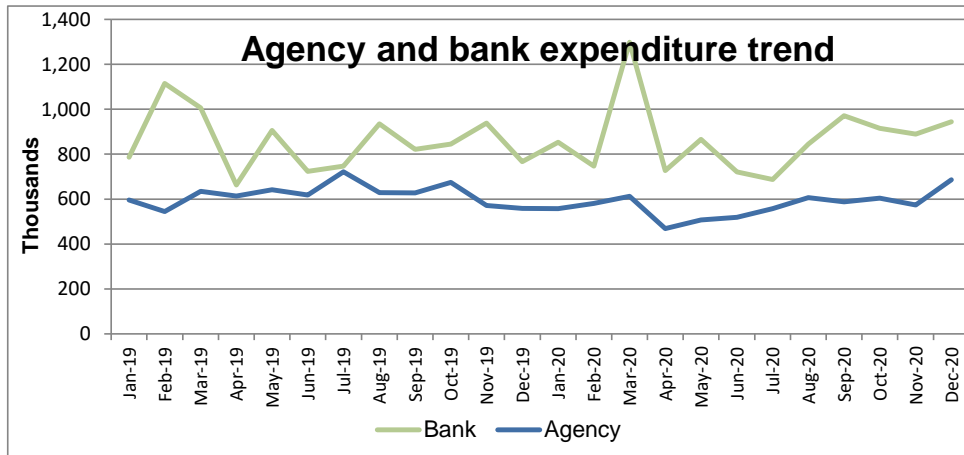
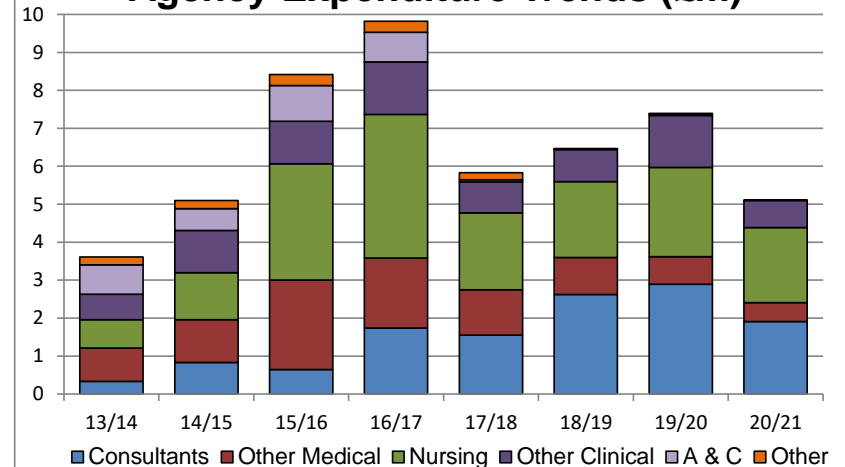
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

December 2020 spend is £686k which is higher than previous run rates. (2019/20 average was £617k per month). This is primarily due to increased unregistered nursing staff required to support staffing levels. For example unregistered spend in Forensics was £118k and adult acute inpatient was £90k in December alone.

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)



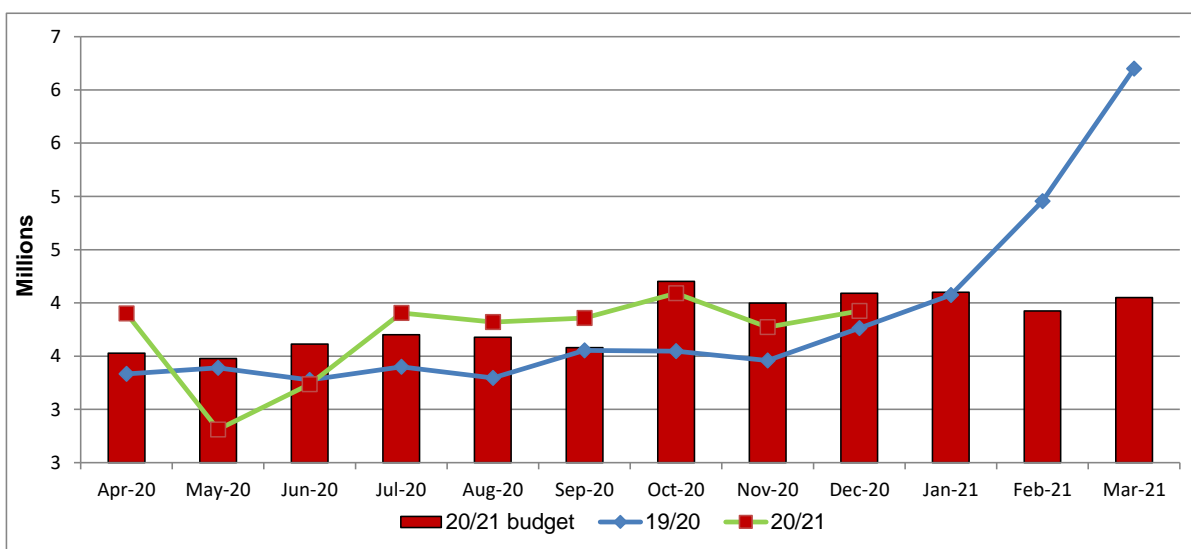
## 2.3

## Non Pay Expenditure

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
<b>2020/21</b>	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925				<b>33,318</b>
<b>2019/20</b>	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	<b>46,244</b>

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Clinical Supplies	2,205	2,652	(447)
Drugs	2,565	2,523	42
Healthcare subcontracting	5,374	4,864	510
Hotel Services	1,569	1,611	(42)
Office Supplies	4,530	5,137	(607)
Other Costs	3,727	4,193	(466)
Property Costs	4,876	8,026	(3,149)
Service Level Agreements	4,729	0	4,729
Training & Education	620	736	(116)
Travel & Subsistence	1,895	1,848	48
Utilities	964	950	14
Vehicle Costs	815	778	37
<b>Total</b>	<b>33,871</b>	<b>33,318</b>	<b>552</b>
<b>Total Excl OOA and Drugs</b>	<b>25,932</b>	<b>25,931</b>	<b>1</b>



## Key Messages

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).

Non Pay spend over the last 6 months has remained relatively steady including Trust spend on covid-19. It must be remembered that additional PPE and cleaning materials have been provided at nil cost to the Trust from the national supply of key product lines. Local purchases however have been required to supplement this supply. Given some wards are unable to accept admissions due to outbreaks of Covid-19 it is likely that out of area bed usage will increase in January.

## 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

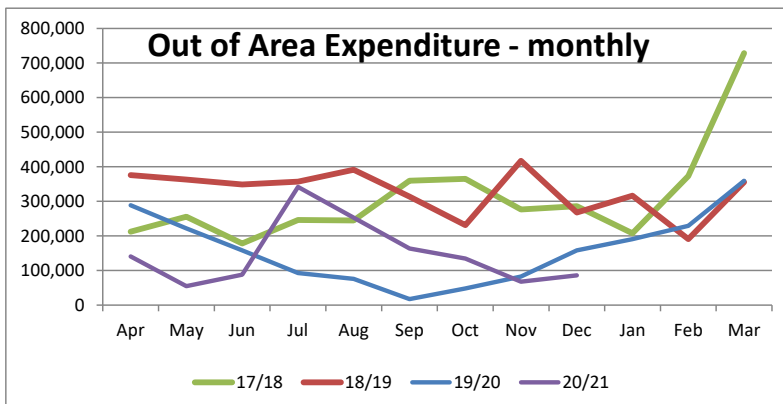
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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	68	86				1,331

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	108	102	141				1,163

Bed Day Information 2020 / 2021 (by category)													
PICU	92	45	34	113	102	53	106	102	141				788
Acute	18	9	86	192	45	23	2	0	0				375
Total	110	54	120	305	147	76	108	102	141	0	0	0	1,163



The overall delivery of activity remains a challenge for the Trust and, to date performance has been exceptional in ensuring that as many people as possible are supported within the Trust bed base especially considering the impact that covid has had. This includes reduced internal bed capacity for cohorting purposes, pressures on staff numbers and the changes in acuity experienced over the past 9 months.

Bed days have increased in December and continue to be for PICU placements. As at 31st December 2020 there were 3 placements, 2 of which were gender specific requirements which the Trust does not provide.

Demand remains volatile and increased demand could quickly result in increased expenditure. Given some wards are unable to accept admissions due to outbreaks of covid-19 it is likely that out of area beds usage will increase in January.



	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	108,146	105,132	1
<b>Current Assets</b>			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,048	1,938	2
Non NHS Trade Receivables (Debtors)	953	1,321	3
Prepayments, Bad Debt, VAT	2,219	2,821	
Accrued Income	1,904	1,747	4
Cash and Cash Equivalents	36,417	69,805	5
<b>Total Current Assets</b>	<b>47,778</b>	<b>77,870</b>	
<b>Current Liabilities</b>			
Trade Payables (Creditors)	(4,102)	(6,541)	6
Capital Payables (Creditors)	(272)	(346)	
Tax, NI, Pension Payables, PDC	(6,311)	(3,979)	
Accruals	(10,869)	(15,191)	7
Deferred Income	(1,462)	(22,919)	
<b>Total Current Liabilities</b>	<b>(23,016)</b>	<b>(48,976)</b>	
<b>Net Current Assets/Liabilities</b>	<b>24,763</b>	<b>28,894</b>	
<b>Total Assets less Current Liabilities</b>	<b>132,909</b>	<b>134,026</b>	
Provisions for Liabilities	(8,724)	(8,491)	
<b>Total Net Assets/(Liabilities)</b>	<b>124,185</b>	<b>125,535</b>	
<b>Taxpayers' Equity</b>			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	12,397	
Other Reserves	5,220	4,876	
Income & Expenditure Reserve	61,231	63,291	8
<b>Total Taxpayers' Equity</b>	<b>124,185</b>	<b>125,535</b>	

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

1. Capital expenditure is detailed on page 13. The asset value is reducing due to depreciation charges and limited capital spend year-to-date.

2. NHS Debtors 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 remain low and any timing issues from the move to the new system appears to have been resolved.

4. Accrued income has reduced as all covid-19 cost retrospective funding has now been received. Invoices continue to be raised in a timely manner.

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	
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	3,479	2,421	860	(1,560)	3,052	(427)	
Equipment Replacement	100	75	87	12	247	147	
IM&T	2,455	2,231	823	(1,408)	2,095	(360)	
<b>Major Capital Schemes</b>							
Hub Development	600	100	0	(100)	0	(600)	
						0	
						0	
VAT Refunds			0			0	
<b>TOTALS</b>	<b>6,634</b>	<b>4,827</b>	<b>1,770</b>	<b>(3,057)</b>	<b>5,394</b>	<b>(1,240)</b>	

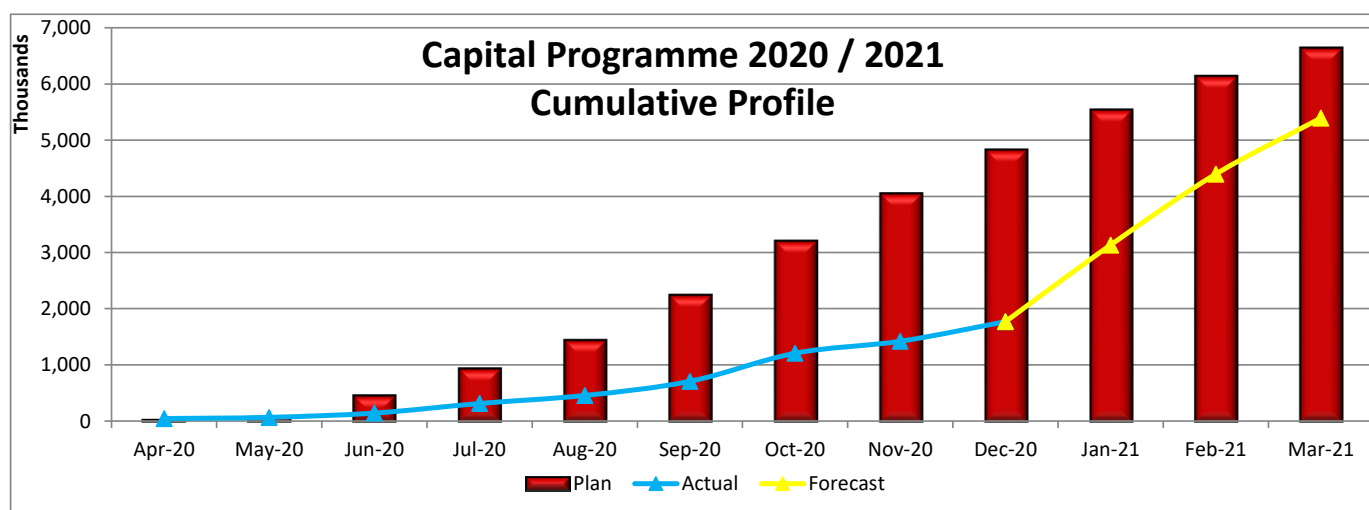
Spend in December is £0.3m. Orders are placed for £3m spend. Timing issues due to covid and brexit are being experienced.

#### 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.

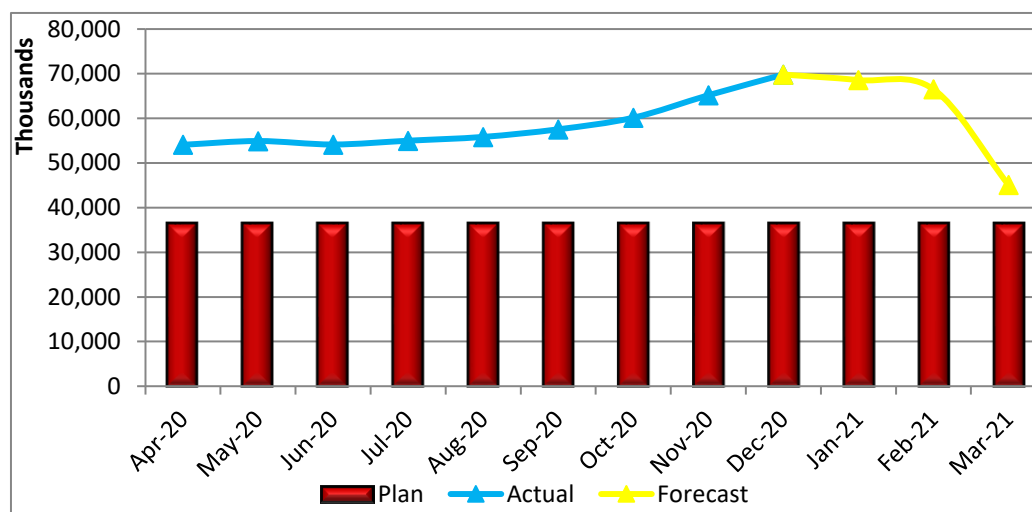
The overall capital programme continues to be reviewed on a live basis taking into account accessibility, timescales and ensuring that the Trust receive value for money.

Taking this into account the forecast has been reduced by £250k from November. There is a further risk of circa £0.5m due to the impact of Covid-19 on some suppliers and internal services, initial tender responses and contractual issues.

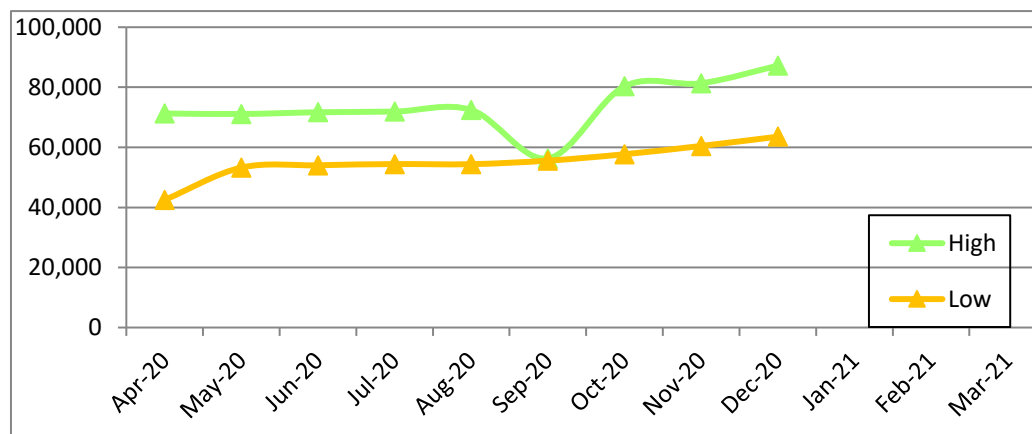


## 3.2

## Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	69,805	33,388



**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: £87.2m

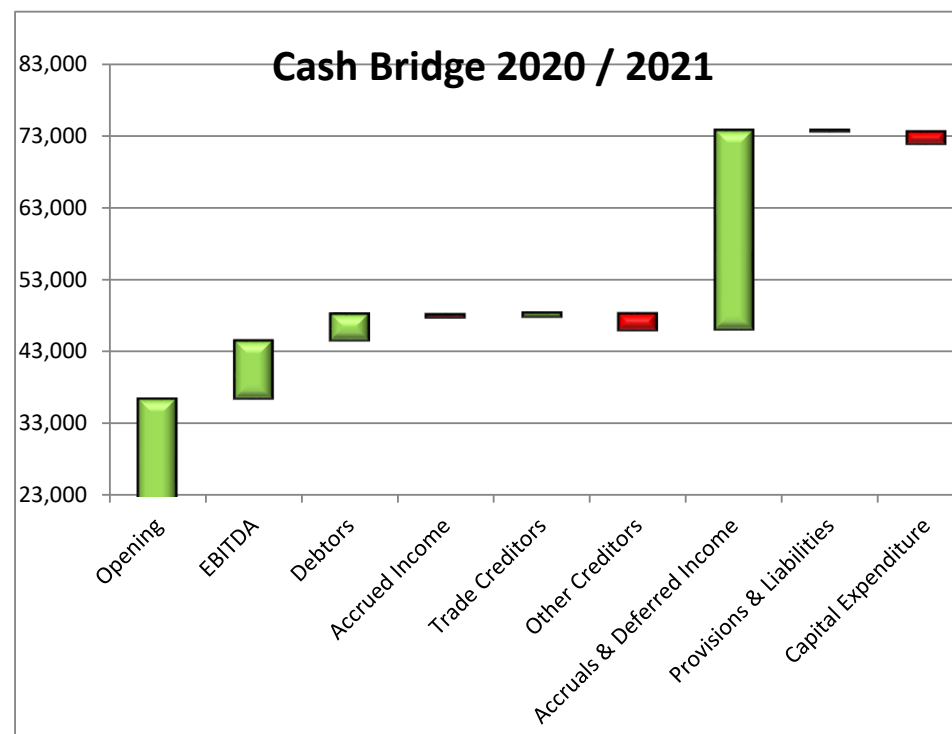
The lowest balance is: £63.5m

This reflects cash balances built up from historical surpluses.

### 3.3

## Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
<b>Opening Balances</b>	<b>36,417</b>	
Surplus / Deficit (Exc. non-cash items & revaluation)	8,100	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	3,742	
Accrued Income / Prepayments	(445)	
Trade Payables (Creditors)	576	
Other Payables (Creditors)	(2,332)	
Accruals & Deferred income	27,704	
Provisions & Liabilities	(233)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	(1,695)	
Cash receipts from asset sales	91	
PDC Dividends paid	(2,119)	
PDC Dividends received		
Interest (paid)/ received		
<b>Closing Balances</b>	<b>69,805</b>	



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

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

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

## 4.0

## Better Payment Practice Code

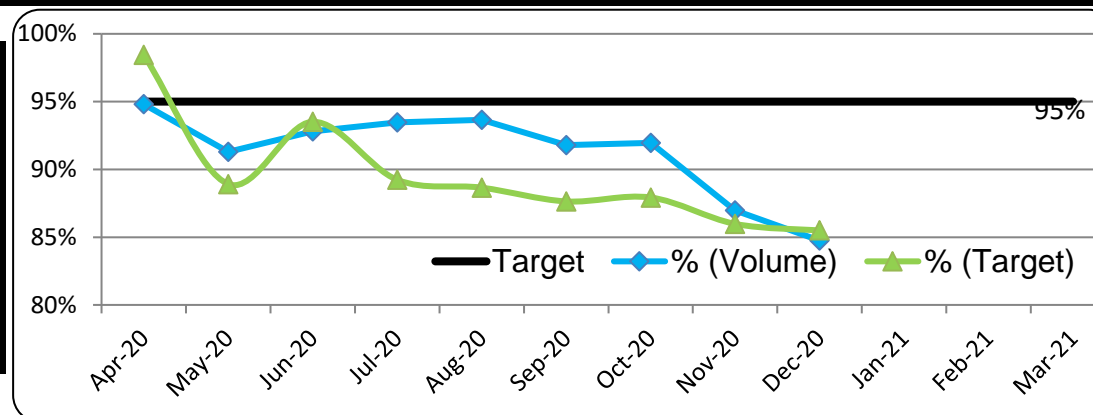
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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.

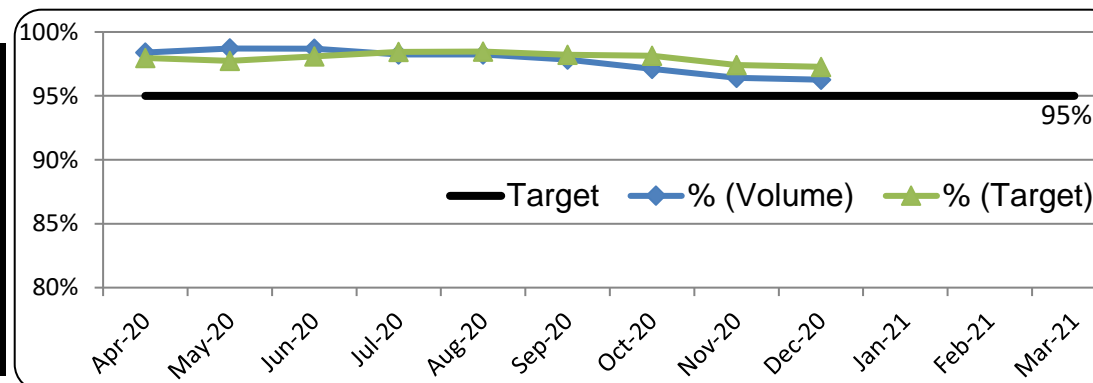
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

To date, by value, we have paid 50% of NHS invoices and 71% 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. We continue to review processes within the new finance and procurement system to pay valid invoices as soon as possible.

NHS		
	Number	Value
30 days	%	%
Year to November 2020	87%	86%
Year to December 2020	85%	85%
7 days		
Year to November 2020	48%	52%
Year to December 2020	44%	50%



Non NHS		
	Number	Value
30 days	%	%
Year to November 2020	96%	97%
Year to December 2020	96%	97%
7 days		
Year to November 2020	64%	77%
Year to December 2020	58%	71%



## 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 (£)
12-Dec-20	Property Rental	Wakefield	Bradbury Investments Ltd	1534	118,518
01-Dec-20	Rates	Wakefield	Wakefield Council	3156503008033001003	97,280
30-Dec-20	Drugs	Trustwide	Bradford Hospitals NHS Trust	318011	93,937
03-Dec-20	Drugs	Trustwide	Bradford Hospitals NHS Trust	317934	93,374
09-Dec-20	IT Services	Trustwide	Daisy Corporate Services	31463788	90,250
01-Dec-20	Rates	Barnsley	Barnsley Metropolitan Borough Council	5101012197819803032	74,240
07-Dec-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	994638	55,602
14-Dec-20	Purchase of Healthcare	Trustwide	Kirklees Council	8606002899	53,812
29-Dec-20	Property Rental	Barnsley	Community Health Partnerships	0060180671	40,723
05-Dec-20	Drugs	Trustwide	NHS Business Services Authority	1000066914	36,415
16-Dec-20	Drugs	Trustwide	NHS Business Services Authority	1000067251	35,709
21-Dec-20	Purchase of Healthcare	Forensics	Cloverleaf Advocacy	9676	32,358
29-Dec-20	Property Rental	Barnsley	Community Health Partnerships	0060180670	31,555
12-Dec-20	Purchase of Healthcare	Trustwide	Calderdale Metropolitan Borough Council	IN20101351	31,420
31-Dec-20	Telecoms	Trustwide	Vodafone	96673557	29,882
02-Dec-20	Telecoms	Trustwide	Vodafone	96464056	29,218
21-Dec-20	Utilities	Trustwide	EDF Energy	000008781202	28,262
18-Dec-20	Utilities	Trustwide	EDF Energy	000008824418	27,827
21-Dec-20	Property Rental	Wakefield	Bradbury Investments Ltd	1535	27,758

- \* 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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	4.1%	4.0%	4.1%	4.7%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.8%	3.8%	3.6%	4.1%	4.3%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.0%	86.0%	86.8%	86.2%	86.7%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.7%	92.1%	91.7%	91.0%	91.2%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.4%	90.8%	92.1%	92.9%	93.3%	
Equality and Diversity	Resources	Well Led	AD	>=80%	97.3%	97.4%	98.0%	98.2%	97.7%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	94.6%	94.1%	93.9%	93.3%	91.6%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.7%	79.9%	78.5%	79.0%	78.2%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.9%	97.9%	98.2%	98.4%	98.0%	
Information Governance	Resources	Well Led	AD	>=95%	98.9%	99.1%	99.0%	99.1%	99.0%	
Moving and Handling	Resources	Well Led	AD	>=80%	92.6%	92.2%	91.8%	91.3%	90.4%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.2%	94.7%	94.4%	94.6%	94.7%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.6%	92.0%	91.8%	93.0%	94.0%	
Prevent	Improving Care	Well Led	AD	>=80%	94.5%	95.3%	95.3%	95.7%	96.2%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.1%	92.9%	92.9%	93.2%	93.4%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.4%	95.5%	95.5%	95.1%	94.8%	
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.7%	98.4%	98.4%	No longer used		
Bank Cost	Resources	Well Led	AD		£79k	£102k	£87k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£58k	£56k	£60k			
Overtime Costs	Resources	Effective	AD		£43k	£48k	£18k			
Additional Hours Costs	Resources	Effective	AD		£27k	£24k	£18k			
Sickness Cost (Monthly)	Resources	Effective	AD		£98k	£99k	£89k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		0.51	3.59	-1.37			
Business Miles	Resources	Effective	AD		84k	85k	74k			

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.1%	3.1%	3.1%	3.1%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.7%	3.0%	3.2%	3.1%	3.1%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.2%	86.6%	85.5%	85.6%	83.1%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.6%	89.8%	89.0%	87.9%	86.3%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	96.2%	95.7%	94.9%	94.6%	93.3%	
Equality and Diversity	Resources	Well Led	AD	>=80%	96.0%	96.8%	96.7%	97.2%	96.6%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.3%	95.0%	95.0%	95.2%	93.0%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.5%	78.2%	77.2%	76.9%	76.2%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.5%	96.2%	95.6%	96.5%	96.5%	
Information Governance	Resources	Well Led	AD	>=95%	98.5%	99.4%	99.3%	99.4%	99.1%	
Moving and Handling	Resources	Well Led	AD	>=80%	95.1%	95.6%	95.4%	95.3%	94.7%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.0%	95.6%	94.8%	95.8%	95.6%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.1%	93.5%	93.6%	94.4%	93.9%	
Prevent	Improving Care	Well Led	AD	>=80%	93.1%	95.2%	95.2%	95.5%	95.3%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.2%	89.7%	89.7%	91.0%	90.9%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.6%	94.2%	94.2%	94.1%	93.1%	
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.6%	96.9%	96.9%	No longer used		
Bank Cost	Resources	Well Led	AD		£90k	£130k	£141k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£40k	£67k	£50k			
Overtime Costs	Resources	Effective	AD		£26k	£25k	£26k			
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£1k			
Sickness Cost (Monthly)	Resources	Effective	AD		£71k	£83k	£75k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		37.74	36.11	39.69			
Business Miles	Resources	Effective	AD		32k	27k	26k			

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.4%	5.4%	5.4%	5.3%	5.6%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.5%	5.4%	5.4%	5.3%	5.5%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.9%	86.9%	85.5%	87.4%	86.8%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.4%	92.3%	90.9%	91.6%	90.5%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.0%	95.1%	93.8%	95.1%	94.8%	
Equality and Diversity	Resources	Well Led	AD	>=80%	94.3%	95.6%	94.5%	95.0%	94.9%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.9%	94.3%	93.0%	93.7%	93.1%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.2%	72.3%	70.4%	69.7%	68.4%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.9%	96.0%	95.6%	95.8%	95.5%	
Information Governance	Resources	Well Led	AD	>=95%	97.1%	98.5%	98.2%	98.4%	98.3%	
Moving and Handling	Resources	Well Led	AD	>=80%	95.4%	96.9%	96.4%	96.9%	96.8%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.1%	93.0%	92.1%	92.6%	93.1%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.0%	89.8%	88.0%	87.5%	89.0%	
Prevent	Improving Care	Well Led	AD	>=80%	90.2%	92.5%	92.5%	92.5%	92.6%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.9%	91.9%	91.9%	91.6%	91.2%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.2%	89.0%	89.0%	88.2%	87.9%	
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.6%	98.6%	98.6%	No longer used		
Bank Cost	Resources	Well Led	AD		£204k	£239k	£291k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£183k	£190k	£207k			
Overtime Costs	Resources	Effective	AD		£86k	£74k	£79k			
Additional Hours Costs	Resources	Effective	AD		£8k	£5k	£5k			
Sickness Cost (Monthly)	Resources	Effective	AD		£83k	£84k	£78k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		114.49	107.62	106.84			
Business Miles	Resources	Effective	AD		9k	12k	11k			

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.4%	2.5%	2.6%	2.8%	3.2%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.3%	2.8%	3.5%	2.8%	2.9%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.1%	75.6%	76.6%	75.5%	76.6%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.8%	83.3%	81.1%	79.9%	80.6%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.6%	91.2%	92.7%	94.3%	95.9%	
Equality and Diversity	Resources	Well Led	AD	>=80%	93.2%	93.7%	93.7%	94.2%	93.9%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.4%	89.5%	91.3%	91.1%	91.1%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	25.0%	25.0%	0.0%	0.0%	0.0%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.9%	92.3%	93.4%	93.5%	92.8%	
Information Governance	Resources	Well Led	AD	>=95%	96.6%	96.8%	96.9%	96.9%	97.6%	
Moving and Handling	Resources	Well Led	AD	>=80%	96.8%	96.5%	97.6%	97.3%	97.3%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.1%	91.2%	91.9%	92.4%	93.5%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.8%	88.4%	88.9%	89.0%	90.2%	
Prevent	Improving Care	Well Led	AD	>=80%	92.4%	93.3%	93.3%	92.4%	93.1%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.6%	90.6%	90.6%	90.1%	90.1%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.4%	92.0%	92.0%	92.1%	90.1%	
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.6%	95.0%	95.0%	No longer used		
Bank Cost	Resources	Well Led	AD		£16k	£13k	£16k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£153k	£154k	£144k			
Overtime Costs	Resources	Effective	AD		£23k	£36k	£26k			
Additional Hours Costs	Resources	Effective	AD		£5k	£4k	£5k			
Sickness Cost (Monthly)	Resources	Effective	AD		£19k	£23k	£30k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.63	46.44	2923.0%			
Business Miles	Resources	Effective	AD		7k	6k	5k			



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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.1%	3.1%	3.3%	3.3%	3.5%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.2%	3.3%	3.8%	3.3%	3.3%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.1%	92.9%	92.3%	93.9%	92.7%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.7%	89.7%	87.1%	87.5%	87.1%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	66.7%	100.0%	100.0%	80.0%	80.0%	
Equality and Diversity	Resources	Well Led	AD	>=80%	92.3%	92.3%	92.0%	91.8%	91.4%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.8%	93.9%	92.8%	90.8%	90.3%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	93.7%	97.2%	97.8%	97.1%	97.8%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.2%	95.4%	94.8%	94.2%	93.8%	
Information Governance	Resources	Well Led	AD	>=95%	98.1%	98.4%	99.0%	99.3%	99.5%	
Moving and Handling	Resources	Well Led	AD	>=80%	96.4%	97.0%	98.6%	98.6%	98.6%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.0%	99.0%	98.8%	98.8%	98.9%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.0%	90.5%	81.8%	86.4%	90.5%	
Prevent	Improving Care	Well Led	AD	>=80%	96.7%	97.9%	97.9%	98.2%	98.2%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.3%	98.5%	98.5%	98.4%	97.7%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.6%	98.2%	98.2%	98.1%	97.7%	
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	60.0%	100.0%	100.0%	No longer used		
Bank Cost	Resources	Well Led	AD		£45k	£32k	£47k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£23k	£10k	£12k			
Overtime Costs	Resources	Effective	AD		£8k	£13k	£9k			
Additional Hours Costs	Resources	Effective	AD		£22k	£20k	£19k			
Sickness Cost (Monthly)	Resources	Effective	AD		£49k	£48k	£55k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		-53.95	-42.87	11.15			
Business Miles	Resources	Effective	AD		8k	12k	8k			

Wakefield District										
Month	Objective	C&C Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	2.7%	2.8%	2.8%	2.9%	4.1%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.1%	3.2%	2.7%	2.9%	3.0%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.2%	88.3%	88.0%	87.9%	87.2%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.9%	90.4%	88.8%	88.1%	87.9%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.6%	92.1%	91.4%	91.5%	90.7%	
Equality and Diversity	Resources	Well Led	AD	>=80%	95.5%	96.8%	96.1%	96.1%	96.6%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.8%	93.5%	90.0%	90.4%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.6%	81.9%	73.2%	76.5%	78.1%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.5%	96.8%	95.5%	95.3%	95.6%	
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.7%	99.2%	99.0%	98.4%	
Moving and Handling	Resources	Well Led	AD	>=80%	96.3%	97.3%	96.6%	96.9%	96.9%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.6%	94.9%	94.8%	94.8%	94.0%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.4%	94.6%	93.5%	94.1%	93.0%	
Prevent	Improving Care	Well Led	AD	>=80%	90.7%	91.6%	91.6%	93.2%	94.0%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.3%	91.6%	91.6%	93.1%	92.7%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.4%	92.1%	92.1%	92.7%	92.5%	
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.6%	95.0%	95.0%	No longer used		
Bank Cost	Resources	Well Led	AD		£58k	£63k	£57k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£38k	£32k	£45k			
Overtime Costs	Resources	Effective	AD		£15k	£30k	£21k			
Additional Hours Costs	Resources	Effective	AD		£3k	£2k	£2k			
Sickness Cost (Monthly)	Resources	Effective	AD		£37k	£29k	£22k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		16.10	11.31	0.59			
Business Miles	Resources	Effective	AD		22k	24k	25k			

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

Inpatient Service										
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.7%	5.6%	5.4%	5.4%	4.6%	Data unavailable at the time of producing this report
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.5%	5.1%	4.7%	5.4%	5.2%	
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.6%	87.2%	87.1%	86.4%	86.3%	
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.7%	88.2%	87.8%	87.1%	86.7%	
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.0%	94.3%	95.3%	88.0%	91.1%	
Equality and Diversity	Resources	Well Led	AD	>=80%	95.3%	96.3%	96.5%	97.7%	97.8%	
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.5%	94.9%	92.1%	91.7%	92.6%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.6%	73.5%	73.3%	73.9%	75.0%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.3%	96.1%	95.9%	95.7%	96.7%	
Information Governance	Resources	Well Led	AD	>=95%	97.4%	98.0%	98.8%	98.6%	98.6%	
Moving and Handling	Resources	Well Led	AD	>=80%	96.3%	97.5%	97.7%	97.2%	97.6%	
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	84.6%	87.6%	89.2%	90.0%	91.0%	
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.2%	86.5%	87.3%	88.1%	90.1%	
Prevent				>=80%	90.9%	92.2%	92.2%	92.6%	94.3%	
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.5%	93.3%	93.3%	91.2%	90.7%	
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.3%	87.5%	87.5%	86.6%	86.9%	
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.9%	96.6%	96.6%	No longer used		
Bank Cost	Resources	Well Led	AD		£164k	£200k	£268k	Data unavailable at the time of producing this report		
Agency Cost	Resources	Effective	AD		£63k	£96k	£69k			
Overtime Costs	Resources	Effective	AD		£57k	£51k	£32k			
Additional Hours Costs	Resources	Effective	AD		£4k	£4k	£3k			
Sickness Cost (Monthly)	Resources	Effective	AD		£50k	£46k	£37k			
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		44.33	43.74	47.83			
Business Miles	Resources	Effective	AD		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