

Integrated Performance Report Strategic Overview



February 2021

With **all of us** in mind.

Table of Contents

	Page No
Introduction	4
Summary	5 - 10
Covid-19	11 - 13
Emergency Preparedness	14
Quality	15 - 24
National Metrics	25 - 26
Locality	27 - 29
Finance	30
Workforce	31 - 33
Publication Summary	34
Appendix 1 - Finance Report	35 - 52
Appendix 2 - Workforce Wall	53 - 56
Glossary	57

Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2021. Following recent discussions at Trust Board and work conducted by a sub-group this IPR begins to represent the recommended updates to the structure and contents of the report. In particular the section monitoring progress against the Trust's agreed strategic objectives has been re-designed. There is also an additional section covering Emergency Preparedness, Resilience and Response (EPRR), and a number of sections previously covered in the Covid-19 response part of the report have been incorporated in the other relevant sections of the report such as quality or workforce. This development of the IPR will continue to evolve in the coming months.

It continues to be the case that given the focus of all staff on responding to Covid-19 and the vaccination programme, coupled with the 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. 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 services referrals have been lower than historical averages.

A number of metrics identified to monitor performance against our strategic objectives have been populated, whilst others are in development with indicative timescales provided. Reporting against some metrics may take a little longer to develop and where appropriate, alternatives may be considered in the short term

The section on the Mental Health Act will now be covered by the Mental Health Act Committee. Similarly the detailed section regarding priority programmes does not feature in this updated IPR, and is replaced by the inclusion of headline milestones and comments in the summary of performance against strategic objectives and priorities

With reference to key information relating to Covid-19, where possible the most up-to-date information is provided as opposed to the February 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
- Emergency Preparedness, Resilience and Response (EPRR)
- Quality
- National metrics
- Priority programmes
- Finance & contracting
- Workforce





Our integrated performance strategic overview report is publicly available on the internet.

This month's report also includes a summary of actions taken by the Trust as part of the response to the 8 urgent actions identified to address inequalities, and some headlines from recent national benchmarking exercises.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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The following four pages highlight the performance against the Trust's strategic objectives.

EMT has now agreed to include community mental health transformation as an additional priority. An initial programme group meeting has been held and milestones will be agreed in the March meeting and updated in future reports on a monthly basis.

Improving health								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans	1.Number of suicides for patients with an open referral to SWYPFT services		3	1	3			
	2.Smoking Quit rates for patients seen by SWYFT Stop Smoking services (4 weeks) *		1461*	Due April 2021				Quarter 3 data is provisional and will be refreshed in March 2021. Quarter 4 data will be available in April 2021
	3.Proportion of people from BAME communities accessing IAPT		Reporting Commenced Feb 21		14.5%			BAME population 13.0%
Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities	1. Cardio metabolic assessment & treatment		Data currently unavailable					Work has been taking place in relation to reviewing the reporting for cardio metabolic assessments. A small task and finish group has been established to review. The detail behind the indicator is being worked up and there are some issues identified that may impact on the reporting outcome. A numerator and denominator are to be identified and this will ensure that reporting against this metric relates to service users on CPA who have a diagnosis of psychosis. It is anticipated that the initial focus for reporting will be on inpatients and early intervention services. Further update to be provided next month.
	2. IAPT - proportion of people completing treatment who move to recovery	50%	56.7%	53.1%	51.8%			February data is provisional and will be refreshed in April 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	101/101 =100%	89/90 =98.9%	90/90 =100%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	95.7%	94.5%	94.8%			Upward trend overall since April 20, targeted work continues to be undertaken with learning shared across teams
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	94.0%	88.5%	88.1%			January and February data is provisional and will be refreshed in April 2021
Enhance creative, cultural and digital offers through Creative Minds and our recovery colleges	Full understanding of baseline of performance against the Creative Minds performance framework by March 2021 to enable targets to be set for 21/22 *							
	1. Number of people accessing creative cultural learning activities	TBC	Direct 6,990* Indirect 11,780*	Due April 2021				Direct contact = with the Covid response projects only. Indirect contact = takes into consideration online 'traffic' and postage of packs

Notes:

* - quarterly data.

Below we have set out key milestones for priority areas of focus in the current and next quarter. This only covers those priority areas that are being supported and managed as a programme of work. It does not reflect the breadth of improvement/change work happening on all priority areas or those that are being supported at a more local level in line with our integrated change framework

Improve health (Salma Yasmeen and Sean Rayner)

Key Milestones		Comments:
1. First suite of projects to support targeted interventions to support Creativity and Health within Calderdale scoped and agreed by 30.12.20.	Complete	<ul style="list-style-type: none"> Working with each place to review and further develop integrated care partnership arrangements in line with the potential implications of NHS E/I proposals Focus of work in integrated care systems is on providing ongoing Covid support and a joined up Covid response. Working with each place to establish local recovery plans.
2. Creativity & Health: Commence an initial series of 'big conversation' initiatives including podcasts to bring together the Arts and Health organisations in February and on track for first round of conversation to be held by April 2021.	On track	
3. Active Calderdale - integrating physical activity into systems and processes: Conduct design thinking improvement workshops with three services in Calderdale commencing February 2021 and on track for completion in April 2021.	On track	
4. Forensic lead provider collaborative: Given the current lack of clarity on income available for next year and following discussions within WY Collaborative Partnership Board and NHSE, a revised 'go live' date is now 1 July 2021. This is subject to reaching agreement with NHSE and individual partner governing bodies.	Amber	


Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Improve Care								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	44	31	28			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	33	33	29			
	4. Safer staffing fill rates (%)	90%	115.6%	114.3%	116.2%			
	5. Number of children & young people in adult wards	0	2	2	1			Total of 6 days in February
	6. Staff absence due to Covid-19		43	22	13			No of staff still absent from work who were Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		94	115	134			Cumulative
Provide care as close to home as possible	1.Out of area bed placements (days)	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	122	79	50			Continued pressure and demand with the number of placements minimised
Deliver improvements particularly in CAMHS and forensic services	1.Numbers waiting over 4 weeks for assessment (CAMHS)		Commenced Jan21	192	173			
	2.Numbers waiting over 18 weeks for treatment (CAMHS)		116	121	132			
	3a. Friends & Family test - CAMHS	80%	46.7%	75.9%	74.6%			71 responses in February
	3b. Friends & Family test - Forensic	80%	100%	N/A	50.0%			Only 2 responses in February so not representative
	4. Forensics staff sickness	<=5.4%	6.1%	6.0%	4.5%			
	5. Forensics staff turnover		Currently unavailable due to covid-19 response					
Safely deliver and restore inclusive services locking in innovation	6. Race related incidents in forensics		Reporting commenced	9	4			
	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	93.0%	90.5%	92.2%			
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	95.2%	95.5%	95.3%			
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	87.1%	95.0%	91.5%			
	2a. Average contacts per day - Core MH		234	259	266			
	2b. Average contacts per day - IHBTT		112	116	109			
	2c. Average contacts per day - Learning disability community		150	144	146			
	2d. Average contacts per day - District nursing, end of life and community matrons		580	551	602			
	3. Access representative of community population		Data currently unavailable					New referrals compared to population health data to be reported in April 21.

Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery plan development and restoration of services - stabilisation phase March - June 2021	Recommendation	<ul style="list-style-type: none"> Operational services are stabilising and moving into recovery phase. Focus on maintaining core critical services and prioritise/address emerging and immediate impact (service and workforce) and commence/refresh insight and learning to inform recovery planning. Reprioritisation of resources agreed to focus on the high priority areas of pandemic management and response including vaccination programme Recovery of services continues in line with service level business continuity plans Awaiting feedback from both Calderdale and Kirklees commissioners on CAMHS proposals. Additional resource is key to meet escalating access challenges and there needs to be focus on recruitment to psychology posts.
2. Care closer to home: Formal patient flow 7-day service in place by 31.03.21	On track	
3. Care closer to home: Criteria Led Discharge on SystmOne by 31.12.20	Complete	
4. Care closer to home: Gatekeeping analysis commence by 30.04.21 and complete in May.	On track	
5. CAMHS improvement: Agreement with Calderdale & Kirklees commissioners for trajectory for CAMHS waiting list reduction by 31.03.21	Amber	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Improve resources								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£577k	£824k	£533k		£1.0m	Positive performance year to date
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£69.5m	£70.1m	£75.5m		£52.8m	Advance payments unwind in March
	4. Performance against efficiency targets							Not currently calculated due to interim financial arrangements
Integrate digital approaches to the way we work	1. Number of 'did not attends'		4.4%	4.2%	3.9%			
	2a. Percentage of video consultations		3.3%	4.2%	3.8%			Slightly lower than national averages
	2b. Percentage of telephone consultations		44.0%	47.9%	41.1%			
	2c. Percentage of face to face consultations		52.7%	47.9%	55.1%			
	3. Prescribing errors (EPMA) (development required)		Currently unavailable due to covid-19 response					Requires further development. Team focussed on vaccination programme, further update in April 21.

Improve resources (Mark Brooks)

Key Milestones		Comments:
1. Digital: Agreement of new Digital Strategy by 31.03.21	On track	<ul style="list-style-type: none"> Spend money wisely and reduce waste: Current focus is on the delivery of our financial duties during the pandemic. Draft digital strategy contains more milestones which will be shared once agreed. Financial arrangements and planning guidance expected late March.
2. Digital: EPMA live in 2 clinical areas by 31.01.21	Complete	
3. Financial Plan – development of financial plan for 21/22 by 30.04.21	On track	

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Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.0%	4.0%	4.0%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	9.9%	10.0%	10.0%			Staff turnover has reduced in 2020/21
	3a. Clinical supervision	>=80%	80.1%	Due April 2021				Improved performance reported locally this quarter
	3b. Appraisal	>=95%	Data currently unavailable					Suspended due to Covid-19
	4. Incidents of violence and aggression against staff	Trend monitor	89	75	69			
	5. Staff survey results	Data currently unavailable						Recent survey results received and currently being assessed
	6. Cases of bullying & harassment		Currently unavailable due to covid-19 response					
	7. Absence due to stress & anxiety and MSK							
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds							
	9. Access to training for staff members from BAME backgrounds							
Refresh and deliver our sustainability strategy and action plan	Dependent on what is identified in the updated sustainability plan and action plan							Requires further development

Make this a great place to work (Alan Davis)

Key Milestones		Comments:
1. Healthy, resilient and safe workforce: Establish and operationalise covid vaccine hubs	Complete	• Current focus on delivering our HR duties and legal obligations, and providing staff health and wellbeing, workforce, and HR support during Covid19 pandemic.
2. Healthy, resilient and safe workforce: Develop stratification model for delivering covid vaccine	Complete	
3. Healthy, resilient and safe workforce: Deliver vaccine to workforce in line with stratification and supply	Ongoing	
4. Healthy, resilient and safe workforce: source staff to work on the vaccination programme including the staffing of covid-19 vaccination clinics	Ongoing	

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- Headlines from recent benchmarking reports are provided this month.
- More detail is included in the relevant section of the Integrated Performance Report.

Quality

- Majority of quality reporting metrics continue to be maintained during pandemic
- The number of restraint incidents increased from 166 to 185 month on month.
- There were 44 falls recorded in inpatient wards, which is consistent with the previous month
- 3 avoidable pressure ulcers were recorded in February, which were graded as low to medium harm
- One ward, Enfield Down, fell below the 90% overall fill rate in February, partly due to a reduction in the number of service users
- We await the final report from the Royal College of Psychiatrists serious incident accreditation review.

NHSI Indicators

- One young person under the age of eighteen was admitted to an adult ward in February for a total of six days
- Inappropriate out of area bed usage reduced to 50 days in February, which is the lowest number of days recorded this year
- Performance against nationally reported targets remains largely positive

Locality

- Barnsley community health services working closely with Barnsley hospital to reduce long length of stay patients by identifying if any can discharge earlier with community support
- Demand increasing significantly for older people's dietetics
- There has been an unexpected death of a service user in Newhaven, which is being investigated
- Learning disability services are supporting the Covid-19 vaccination programme, working with primary care
- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients
- The action plan and training regarding care programme approach (CPA) reviews is continuing
- Community mental health transformation plans in Barnsley are agreed in principle
- Trend in waiting numbers from referral to treatment in CAMHS remains positive

Priority Programmes

- Forensic lead provider collaborative go-live has been deferred to July 1st
- Care closer to home formal patient flow 7-day service is planned to be in place by the end of March
- The Trust is working with partners in each place to further develop integrated care partnership arrangements in line with the potential implications arising from the recent NHS white paper
- Resources have been re-prioritised to focus on the high priority areas of pandemic management and response including the vaccination programme
- Staff survey results have recently been received and are being assessed

Finance

- On a like for like basis a £0.5m surplus was recorded in the month which is £0.8m favourable to plan
- On the same basis cumulatively, there is now a surplus of £2.7m compared to a planned deficit of £1.7m
- The reported surplus is £1.5m in the month and £3.7m cumulatively. The difference relates to £1m additional income provided nationally to cover the loss of non-NHS income as a result of the Covid-19 pandemic. Guidance has been followed regarding the treatment of this additional funding and full confirmation of accounting treatment for the year-end is expected before the end of March
- Recognition has been made in the year-to-date costs for the likely impact of an increase in the holiday accrual and also for the Flowers adjudication
- Agency staffing costs remained consistent at £0.6m in the month.
- £0.2m of costs were identified as being reasonably incurred as part of the Covid-19 response. These include costs relating to the vaccination programme
- Out of area bed costs were £119k, which remains lower than plan. There continues to be high spend on locked rehab placements in Barnsley
- Pay costs of £16.2m were incurred in the month, which are more than £2m higher than the average monthly pay costs in 2019/20
- The year-end position will be favourable to plan. On the same basis as the plan was prepared a £3.1m improvement is currently projected, meaning a likely surplus of £1m. Additional funding for non-NHS income cover and any other items will improve the position further.
- Capital expenditure is now £2.4m, with a year-end forecast of £4.9m, which looks very challenging, although there has been a substantial increase in orders during the final quarter of the year

Workforce

- As at March 24th there were 89 staff off work and not working Covid-19 related. This is similar in number to January
- Non Covid-19 sickness remained at 4.0% in February
- 610 staff have tested positive for Covid-19, 12 of which tested positive in the last month, which is the lowest number since July last year
- Staff turnover remained at 10.0% in January, which remains lower than last year
- 4,376 staff members (including bank staff) have received their first Covid-19 vaccination as at March 24th (86%)

Covid-19

- 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
- An update is provided in the IPR of the actions the Trust has taken in to meet the identified eight urgent actions to address inequalities
- Lateral flow testing for staff has been rolled out and continues to be used
- Significant support to care homes is provided by our community teams in Barnsley
- The Trust Opel level at the end of February has reduced to 2
- National guidance continues to be monitored, reviewed and adopted
- A range of staff and wellbeing support offers continue to be available and used

Benchmarking

The Trust regularly participates in a number of benchmarking exercises. Recent focus has been on the annual national mental health benchmarking report for 2019/20 and the regular benchmarking of mental health and learning disability activity during the course of the Covid-19 pandemic. Analysis of recent community health services and learning disability benchmarking is currently taking place and will be reported in a future IPR. These reports are reviewed in depth at the Operational Management Group (OMG) and Executive Management Team (EMT). There is also oversight at the Finance, Investment and Performance Committee. A sub-group of OMG has been established to review benchmarking information in more detail and determine where further understanding is required and what actions need be taken. As the process develops this information will be triangulated with the Model Hospital and SWIFT dashboard.

Key highlights from the 2019/20 national mental health benchmarking survey of areas worthy of consideration include:

- Adult acute prone restraint per 10,000 bed days is higher than the national averages
- Adult acute cost per bed is higher than the national averages
- Older adult bed occupancy is lower than national averages
- Medium secure length of stay is higher than national averages
- Older adult team caseloads per 100,000 population lower than national averages, whilst community contacts are higher than national averages
- Referrals and activity in early intervention are higher than national averages
- Use of restraint in older adult acute and PICU higher than national averages

The most notable points from the most recent Covid-19 monthly tracker for mental health, learning disability and autism benchmarking are:

- The Trust use of video consultations is lower than national averages
- Referrals into community mental health services are lower than national averages
- Referrals into learning disability services are higher than national averages
- The percentage of learning disability services users on caseload with a clinical contact in January is much higher than national averages

Covid-19 response

This section of the report focuses on a number of components of the Trust's response to Covid-19 including testing, support to the system and PPE.

Managing the clinical response

PPE position

- Stock levels remain good, ensuring sufficient supply to meet staff needs
- Additional demand anticipated late March and into April to meet the requirements of the vaccination programme

PPE Levels	days stock as at 22-Dec	days stock as at 12-Jan	days stock as at 09-Feb	days stock as at 16-Mar
Surgical masks	45	43	26	31
Respirator masks	90	142	102	93
Aprons	32	30	24	25
Gowns	159	66	63	59
Gloves	35	35	24	21
Visors	43	132	32	26

Testing

KPI	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 17th February 2021	As at 23rd March 2021	Notes
No of service users tested (ward)	174	225	257	278	297	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	Cumulative
No of service users recovered	60	83	94	115	119	

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.

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic COVID19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patient are also re-tested on their return if they leave the ward or unit over a 24 hour period. Also testing takes place for some patient on treatment pathways e.g.- planned operation/ treatment/ procedures.
- Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs.
- Testing of some mental health and general health community patients is undertaken if they require admission to adult care home, or admission to hospital.
- Swabbing for outbreaks in care homes - SOP produced, this is regularly reviewed

Staff

- Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures
- Outbreak and hotspot testing is managed and 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 (PCR) testing.

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. In addition all generally community staff who have previously not taken part in the Trust testing system are now undertaking a lateral flow test 3 x a week to be able to evidence a negative result when going into care homes.

Supporting the system

Care home support offer

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

Covid-19 response

Trust response to 'Urgent actions to address inequalities in NHS provision and outcomes'

As part of the phase 3 response to the Covid-19 pandemic eight urgent actions were identified for systems to address health inequalities. The Trust's response to these actions is summarised as follows:

1. Protect the most vulnerable from Covid-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

Our response:

- Trust wide Covid-19 equality impact assessment (EIA) and research toolkit
- Quick decision EIA to support response to Covid-19
- Equality, involvement, communication, and membership strategy with supporting action plans, which set out our approach, co-designed principles and specific actions to address inequalities
- Service recovery from Covid-19 informed by using insight from Healthwatch and place-based engagement
- Trust wide patient engagement and experience toolkit with mandatory equality monitoring to capture feedback
- Process now in place for working with communities and insight is captured from the process. The tools developed so far are;
 - o Guidance document
 - o Data capture template including equality monitoring form
 - o Stakeholder mapping
- Co-action study in service settings with individual action plans to ensure service improvement
- Community reporter programme including specific funding for a BAME lead to support community engagement in North Kirklees

2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.

Our response:

- Recovery toolkit with a requirement to update EIAs and a 'checklist' to ensure patient experience and involvement are part of a planned recovery approach if changes to services, redesign or developments are part of recovery
- Joint Needs Assessment (JNA) use to support EIA which are in place for every service, including an action plan to mitigate impacts, address inequalities and ensure culturally sensitive and appropriate care
- Patient experience and Friends and Family equality monitoring and reporting
- Development of analytics and business intelligence to generate monthly reporting and performance dashboard, including service access by ethnicity, age and gender

3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.

Our response:

- Digital strategy informed by engagement, insight and intelligence
- Insight captured on digital care and learning used to support recovery of services
- Co-designed 'choose well for mental health' including national and local digital offers
- Virtual visitor in all service areas to support communication with friends, family and loved ones
- Working with partners on a digital inclusion programme to address and mitigate impacts of digital exclusion
- Recovery college website and digital offer

4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

Our response:

- Working in each ICS and place with partners to support and implement preventative programmes with a current focus on physical health checks for people with learning disabilities

Covid-19 response

5. Particularly support those who suffer mental ill health, as society and the NHS recover from Covid-19, underpinned by more robust data collection and monitoring by 31 December.

Our response:

- Developing analysis and effective use of inpatient and community mental health benchmarking information
- 'SystmOne' data collection and equality monitoring review
- Performance dashboard created to support data for each service and broken down by all protected groups in line with census data
- Vaccination programme roll out informed by EIA. Dashboard developed and broken down by ethnicity, age, gender and role to ensure communications and approaches are insight led

6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.

Our response:

- Director of nursing & quality is the executive lead
- Equality and Inclusion Committee with Board level membership
- BAME workforce task force
- Appointment of a workforce race equality standard (WRES) organisational development (OD) Lead
- Reciprocal mentoring programme applications open for 2021 Appraisals and career conversations
- Identify leadership opportunities, reflected in our Leader & Manager Pathway and BLFI programmes
- Support BAME fellowship programme across the ICS

7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.

Our response:

- The Trust has developed an experience and engagement tool which includes a mandatory equality monitoring form so data can be disaggregated and interrogated by diversity and ethnicity.
- All services have an EIA in place, completion and updates are monitored and reported to the E&I Committee to provide assurance.
- The Trust have created a Trust wide COVID EIA and an evidence and research toolkit to support staff to update and completed existing EIAs
- Campaign to improve equality monitoring aimed at staff and people who use services in development to be launched in May.

8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

Our response:

- Health Intelligence and Insight Group in place - sharing the learning from Barnsley, Calderdale, Kirklees and Wakefield partners
- Arts for health in partnership with Calderdale
- Active health initiatives across the Trust
- Creative minds in partnership with voluntary and community sector and partners
- Recovery college and courses co-designed with communities
- Further use of JPEP translations in all information, easy read and translation and interpreter services to be analysed and actions taken to improve access
- Voluntary and community sector support and grant fund for Barnsley, Calderdale, Kirklees and Wakefield to support capacity building, identification of partnerships and ensure greater voice and influence.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Emergency Preparedness

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.

Supporting the system

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 Vaccinations

- The COVID vaccination programme is continuing into its second phase with staff being invited for the second vaccines, commencing late March 2021
- The patient vaccination programme continues to be delivered within the wards
- We are working with those staff and staff groups who have not yet taken the vaccination to ensure they have all the support and information available to make an informed decision
- A total of 4,376 staff have received their first vaccination (86.6%)

Standing up services

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

- The Trust OPEL Level has reduced to 2 from 3, however Mental Health Inpatients across the Trust remains at OPEL 3. This is being managed by way of business continuity plans and also partnership working.
- Silver and Gold command meetings have reduced to 2 per week in light of reduced workings required, however if the need arises to stand up an urgent meeting this can be immediately achieved.

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	Jan-21	Feb-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ¹	Improving Health	Responsive	CH	TBC	42.3%	46.6%	48.6%	47.9%	47.3%	55.7%	65.4%	70.6%	67.0%	64.1%	64.1%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	10.0%	0%	17%	12%	30%	19%	4%	22%	8%	15%	7%	1
	Number of compliments received	Improving Health	Caring	TB	N/A	13	13	41	34	18	19	21	28	45	24	8	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	27	33	31	28	23	17	15	33	37	34		
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	7	2	10	1	4	2	2	1	2	3		
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	0	0	0	0	0	1	0	0		1
	% Service users on CPA offered a copy of their care plan	Improving Health	Caring	CH	80%	40.3%	40.2%	40.4%	39.6%	39.3%	39.5%	39.2%	38.6%	39.0%	41.3%	41.1%	2
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=9	15	20	14	25	17	19	12	17	12	12	13	2
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1.8%	1.6%	1
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	95%	90.4%	91.5%	89.4%	84.3%	93.4%	81.0%	Reporting currently under development, due April 2021					N/A
	Number of records with up to date risk assessment - Community ¹¹	Improving Care	Effective	CH	95%	71.2%	83.3%	79.1%	70.0%	74.6%	77.4%						N/A
Quality	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	968	945	1047	1253	1113	981	1169	1149	1040	1046	947	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	32	27	30	21	19	18	11	22	29	21	19	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	1	3	3	4	3	1	2	2	7	2	2	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	1	5	8	6	6	2	2	9	8	8	7	
	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%	114.3%	116.2%	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%	92.2%	90.9%	88.9%	92.7%		
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	45	44	36	29	34	38	35	42	33	33	29	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	3	0	0	0	0	0	1	0	0	3	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	90%	93.0%	91.5%	90.0%	80.0%	94.5%	94.0%	87.5%	100%	90.2%	100%	90.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	38	44	46	34	46	44	57	47	49	47	44	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	121	111	137	188	138	125	165	202	189	166	185	
	% 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%	82.8%	96.0%	1
	Infection Prevention (MRSA & C. Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	0	0	0	1
Infection Prevention	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	1
Improving Resource	Single Oversight Framework metric	Improving Resource			2	2	2	2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

* 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. Up to and including September 2020 the 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. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - Older people and working age adult Inpatients, we are counting how many staying safe care plans were completed within 24 hours and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point.

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.

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 February increased from 166 to 185. 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 February which is in line with the previous month. All falls are reviewed to identify measures required to prevent recurrence and more serious falls are subject to investigation.
- Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.
- Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.
- Duty of candour - no breaches in February
- % 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 3 incidences of avoidable pressure ulcers to report during February. The 3 pressure ulcers are graded as green, low to minimal harm. They relate to 2 District Nursing Teams and on review, the specialist tissue viability nurse has identified some issues around water low assessments. Refresher training has been prioritised for April 2021.

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. Our Patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) have been joining national and regional patient safety discussions/information sessions and sharing information into the Trust. Work is underway to develop internal mechanisms to align with this.

Serious Incident Review Accreditation Network (SIRAN) - the Patient safety support team is working towards having our serious incident investigation process accredited by the Royal College of Psychiatrists. We have responded to the draft report with comments and additional evidence. We now await the final report and decision.

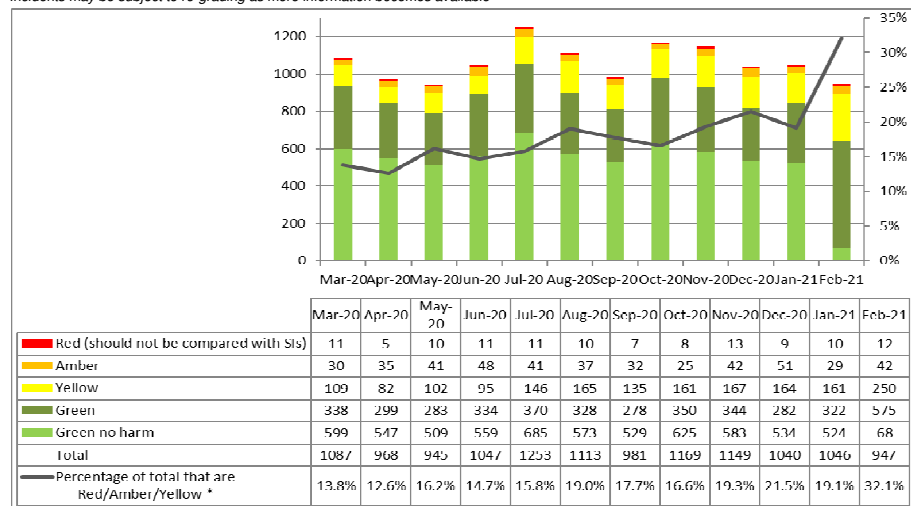
360 Assurance audit of Patient safety - focus on incidents - The Trust received Significant Assurance. Evidence of completion of actions has been provided. Outstanding evidence is the Approved policies as below.

Policy review - The Incident Reporting and Management policy and Investigating and analysing incidents policy have both been reviewed and are due for approval 24/3/21 at Extended EMT, having been through their consultation period. They have both been updated to reflect feedback from the SIRAN accreditation process and 360 Assurance audit.

Safety First

Summary of Incidents March 2020 - February 2021

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



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

Degree of harm analysis:

Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (08/03/21).

Deaths: of the 7 deaths that were recorded for February 2021, there are 4 deaths awaiting confirmation for cause of death. These were recorded 1 each across, Assessment and Intensive Home-Based Treatment Team / Crisis Team (Calderdale), Enhanced Team South 2 (Kirklees) Intensive Home-Based Treatment Team (Kirklees) and Newhaven Forensic Learning Disabilities Unit. There were also 1 death from natural cause recorded at Poplars Unit, Wakefield and 2 Suicide (incl apparent) - community team care - current episode incidents recorded at 1 x Core Team East - Wakefield and 1 x Early Intervention Service (Insight) - Kirklees

Severe: of the 2 severe harm incidents recorded for the month of February 2021, these were 1 Safeguarding Adults - Sexual abuse incident recorded at Enhanced Team West - Kendray, Barnsley and 1 Pressure Ulcer - Category 4 recorded for the Neighbourhood team in Barnsley.

Moderate: of the 19 moderate harm incidents reported in February 2021, 9 were pressure ulcer category 3 incidents recorded across the neighbourhood team in Barnsley. There were also 4 self-harm incidents recorded 1 each across Enhanced Team North 2 (Kirklees), Newhaven Forensic Learning Disabilities Unit, Ward 18, Priestley Unit and Enhanced Team South 1 (Kirklees). 3 slip trip and fall incidents were recorded one each at Ashdale Ward (based at The Dales, Kirklees BDU), Beechdale Ward, The Dales Unit and Intensive Support Team - Calderdale (OPS). 1 Formal patient absent without leave incident recorded at Ward 18, Priestley Unit, 1 Safeguarding Adults - Neglect concerns incident recorded at Calderdale Community Learning Disability Team and 1 Safeguarding Adults - Physical abuse incident recorded at Priestley Ward, Newton Lodge.

Safety First cont...

Summary of Serious Incidents (SI) by category

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

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

There was a decrease in the number of incidents in February 21

- This is what we would usually expect for February (compared to February 2020 data, average of 34 incidents reported per day which is the same).

- Feb 2020 there were 991 incidents reported (leap year so there were 29 days in this month - average 34 incidents per day reported)

- Feb 2021 there were 953 incidents reported (28 days average 34 incidents per day reported)

- Note February is a shorter month so will have lower numbers compared to say January.

- The majority of BDU's (9 out of 11) all reported lower than average incidents in February.

- 2 BDU's had reported the lowest number of incidents across the 12 month period in February which were Forensics and Wakefield Community MH Services. Although Wakefield Community MH is in line with usual reporting.

- Forensic service was lower than average and lowest recorded incidents in February compared to all other months. All service lines in Forensic reported lower incidents in February. Medium secure recorded lowest number of incidents in the 12 month period in February. There were lower incidents recorded across a number of wards in medium secure in February.

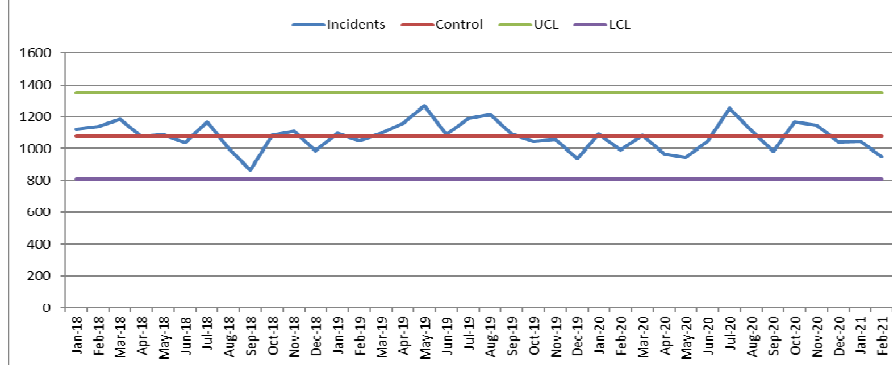
Mortality

Learning: Thematic learning work is underway. 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: Regional meeting held 11/3/21 however this was purely discussion focussed on acute settings. Some early themes from work on analysing deaths of those with learning disabilities in acute settings identified. No Northern Alliance meetings at present.

Structured judgement reviews: all cases have been allocated. None outstanding at 12/3/21

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.

Safer Staffing Inpatients

February 2021 has continued to present a challenging landscape for the Safer Staffing picture across our services. Despite fewer staff having to self-isolate there continues to be a sustained high level of acuity across the inpatient services with high bed numbers, levels of observation and professional judgement indicative of a sustained level of pressure on the system.

Escalation plans within operations are being adhered to and hotspot areas continue to be supported. SafeCare has been rolled out within the Unity Centre as early implementors and has been in place for 6 weeks. Early indications are that a more reflective picture of acuity and staffing resources/needs is available. We are looking to improve elements of the system to ease usage. Training for the forensic service roll out is being planned for early April following the Easter break.

Recruitment of both band 2 and band 5 continues at pace. We continue to lead on the collaborative international recruitment project as well as supporting the collaborative bank initiative. Both will increase our resources going forward.

Enfield Down has fallen below the 90% overall fill rate threshold in February, which is an increase of one ward, however; this in part due to a reduction of service users admitted to the ward and the transitional phase it is going through. Excess staff to clinical needs was deployed to other areas throughout the trust. Of the 31 inpatient areas, 18 (57.6%), an increase of one ward on the previous month, achieved 100% or more. Indeed, of those 18 wards, 14 (an increase of three wards) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days - Trust Total 87.9% (an increase of 4.5%).

Three wards (9.6%), consistent with the previous month, fell below the 80% fill rate in the month of December. Two were within the Forensic BDU (a reduction of two), two in Barnsley, one in Wakefield and three in Calderdale and Kirklees (Enfield Down as above). Although our overall fill rates remain high, all inpatient areas remain under pressure from a registered staffing perspective. This continues to be compensated by increasing the number of HCAs per shift. Contributory factors included high levels of acuity, high sickness/absence and existing vacancies. We are running bespoke adverts for several areas as well as attending virtual University Career fairs. We continue sourcing block bookings for the areas from both bank and agency.

Registered on Nights- Trust Total 94.5% (an increase of 2.9%).

Three wards (9.6%), consistent with the previous month, fell below the 80% fill rate in the month of December. Two were within the forensic BDU and one in C&K (Enfield Down). This was due to several reasons reflective as above. The number of wards which are achieving 100% and above fill rate on nights increased by two to 17 (54.4%). Two wards within the Forensic and one within C&K BDUs utilised more than 120%.

Overall fill rate for registered staff increased by 3.75% to 92.65%.

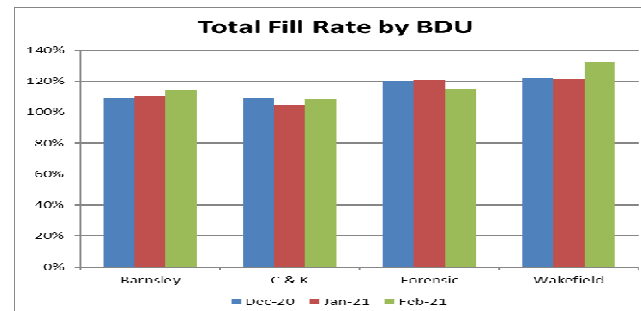
Overall fill rate for all staff within inpatient areas increased by 1.9% to 116.2%.

Ward Name	Dec-20 Average Fill Rate - All Staff (%)	Jan-21 Average Fill Rate - All Staff (%)	Feb-21 Average Fill Rate - All Staff (%)
Beamshaw	109.1%	96.9%	131.2%
Clark	96.1%	98.7%	93.2%
Melton Suite PICU	136.6%	147.6%	134.7%
Neuro Rehab Unit	135.2%	139.5%	135.7%
Stroke Rehab Unit	93.0%	91.8%	93.5%
Willow Ward	84.0%	87.8%	102.7%
Ashdale	103.1%	96.9%	99.4%
Beechdale	156.5%	160.5%	164.1%
Elmdale	114.4%	110.7%	97.5%
Enfield Down	95.2%	89.3%	85.2%
Lyndhurst	99.6%	100.2%	96.3%
Ward 18	120.9%	104.2%	136.7%
Ward 19 - Female	90.1%	86.8%	94.9%
Ward 19 - Male	96.8%	98.0%	94.6%
Appleton	97.9%	97.0%	92.3%
Bronte	117.1%	122.5%	113.9%
Chippendale	80.6%	90.4%	97.0%
Hepworth	117.3%	114.8%	102.5%
Gaskell	158.9%	185.7%	164.7%
Newhaven	96.9%	99.0%	98.7%
Priestley	142.8%	91.0%	93.1%
Ryburn	100.3%	97.1%	101.1%
Sandal	141.8%	149.4%	145.3%
Thornhill	95.4%	95.6%	92.7%
Waterton	117.6%	123.9%	126.7%
Crofton	111.8%	110.6%	159.0%
Horizon	142.6%	133.0%	121.2%
Nostell	125.8%	115.6%	137.3%
Poplars	147.1%	134.8%	123.0%
Stanley	113.2%	123.6%	121.2%
Walton PICU	117.1%	122.3%	126.0%
All Wards	115.6%	114.3%	116.2%

Fill Rate Key for All Staff:

Less than 90% fill rate

Greater than or equal to 120% fill rate



Forensic and LD BDU decreased by 5.0% to 115%, Barnsley increased by 5.0% to 115%, Calderdale and Kirklees BDU increased by 3.0% to 108%. Wakefield BDU decreased by 11.0% to 132%.

Throughout February the main wards where staffing was a raised concern were Ward 18, Barnsley, 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.

Without the overtime fill rate the requested sum of additional shifts, indicative or acuity including sickness absence, was 4,185 (924 RN and 3,265 HCA) shifts. Unfilled Shifts

Categories	No. Of Shifts	Total Hours	Unfill Percentage
Registered	264 (-95)	2,893	29.0% (-5.78%)
660 (-14)			
Unregistered	349 (-139)	3,878	13.7% (-3.34%)
2916 (+60)			
Grand Total	613 (-234)	6,772	18.4% (-4.05%)

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.

Covid-19 response

The response to the Covid-19 pandemic continues to be led by operations assisted by the support services. Safer staffing has supported the staff bank with focusing temporary staffing resources to the areas of need, offering block bookings, and engaging with other external stakeholders to increase the staffing resource available.

An internal staff bank cleanse has allowed us to target support to the staff who have been active or are shielding to ensure their wellbeing needs are being supported keeping them at work. This has also allowed us to go out to advert again to increase the active number of staff within the temporary staffing resource. Currently there are adverts out to band 5 and 2 substantive staff as well as band 2 and band 5 bank staff.

The flexible workforce has also been integral in supporting the vaccination programme and we have increased the number of vaccinators and admin for the clinics available on bank going forward. We have also managed to support our acute colleagues in small measure when staff have made themselves available.

The uptake in bank staff of a vaccine has improved after we embarked on a programme of personal contact as well as discussions within the trust bank forum which Alan Davis, Kate Dewhirst and others supported.

Information Governance

13 data breaches were reported in February, which is one more than the previous month. From December 2020 to February 2021 the average number of incidents reported each month is 12, which is considerably lower than the number reported during the first 9 months of this current year.

12 incidents of information being disclosed in error were reported, which continues to be the most reported category. Breaches of this type included the wrong data being attached to emails or letters, overtyping letters and failing to fully remove original personal data, letters being sent to the wrong address, wrong patient attending a conference call and passwords being shared via NHS Team chat.

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; change improvement workshops have been run across the Trust and the Integrated Change Team is undertaking further work using Quality Improvement project methodology.

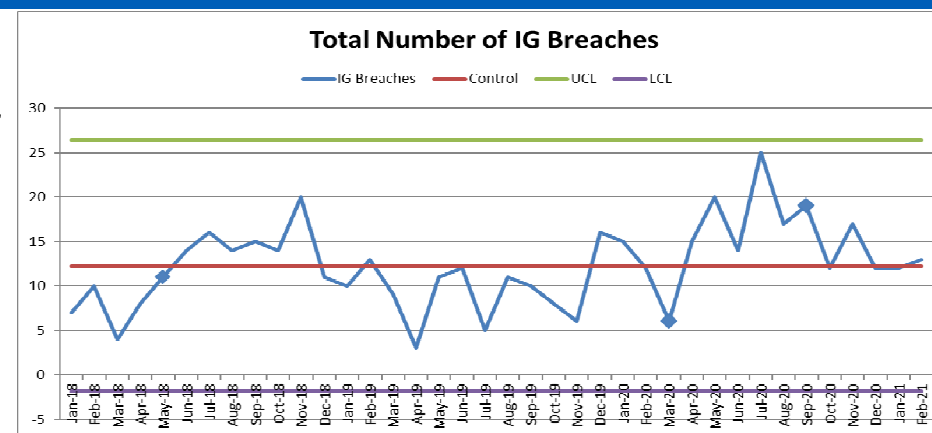
The Trust did not report any incidents to the Information Commissioner's Office (ICO) during February; however, a service user made a complaint to the ICO that his health record had continued to be accessed after his discharge. An investigation has been undertaken and a response has been provided to the ICO.

SPC Chart

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 of GDPR.

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, which resulted in changes to some working practices.



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

- 82% (567) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=43) of respondents felt that their experience had been very good or good across community services.
- 80% (n=524) of respondents felt that their experience had been very good or good across mental health services.
 - Barnsley 75%/ n=106
 - Calderdale and Kirklees 84%/ n=203
 - ADHD 73%/ n=15
 - CAMHS 75%/ n=71
 - LD 100%/ n=8
 - Wakefield 83%/ n=119
 - Forensics 50%/ n=2

After reviewing the comments received (n=56), No trends were identified or themes for those that stated that the service was poor.

- The text messaging service provided 84% of responses for February.

Summary

Covid-19

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Quality

National Metrics

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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 Domestic Abuse presentation (West Yorkshire Quality Mark) continues to be well received. The Parental Mental Illness and the impact on Children has been launched, this was in response to a Child Safeguarding Practice Review, the uptake has been positive, and the evaluations indicate that it is well received.

The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. A Joint Targeted Area Inspection (JTAI) brief has been produced and disseminated to prepare Team managers and practitioners for the potential JTAI scheduled for Autumn 2021.

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.

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

Infection Prevention Control (IPC)

IPC headlines for noting

Ongoing work for Covid-19 pandemic

Surveillance: For February there have been zero cases of C difficile, MRSA bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:

Infection control and hand hygiene- Trust wide total –94.7%

Policies and procedures are up to date.

Complaints

There were 30 new formal complaints in February 2021. Of these 6 have a timescales start date, 6 have been closed as no consent/contact and 18 are awaiting consent/questions

7% of new formal complaints (n=2) had staff attitude as a primary subject

8 compliments were received

3 formal complaints were closed in February 2021. Of these, 0% of complaints were closed within 40 working days. Of the 3 complaints that exceeded 40 working days, the average working days to close was 79 days. The reasons why complaints exceeded the 40 day target included delays in receiving the completed investigation from clinical services and issues with the quality of information received in the completed investigation alongside delays in receiving the required approval during sign off.

1 reopened complaints was closed in February 2021 and this exceed the 40 working day target (n=96 days).

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

Reducing Restrictive Physical Intervention (RRPI)

There were 185 reported incidents of Reducing Restrictive Physical Interventions used in February 2021 this is an increase of 19 (10.2%) incidents since January 2021 which stood at 166 incidents.

Of the different restraint positions used in the 185 incidents, standing position was used most often 117 (45%) followed by seated at 60 (23%).

Prone restraint was reported nine (3%) times in February 2021, this is a decrease of two (18%) from last month.

Incidents where prone descent immediately turned into a supine position were recorded at five (2%) this is a separate entity to prone restraint.

Wakefield BDU recorded four prone Restraints, Forensic had one, Barnsley one, Calderdale had two and Kirklees reported one.

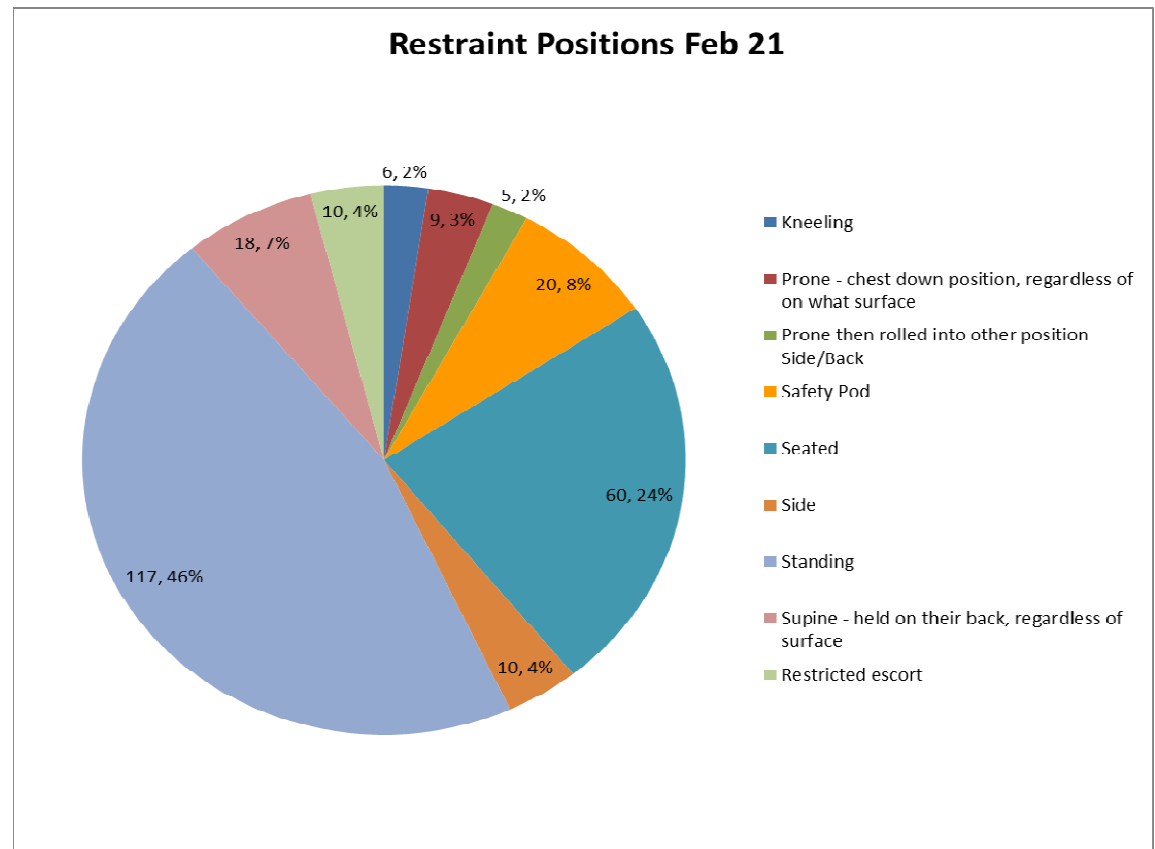
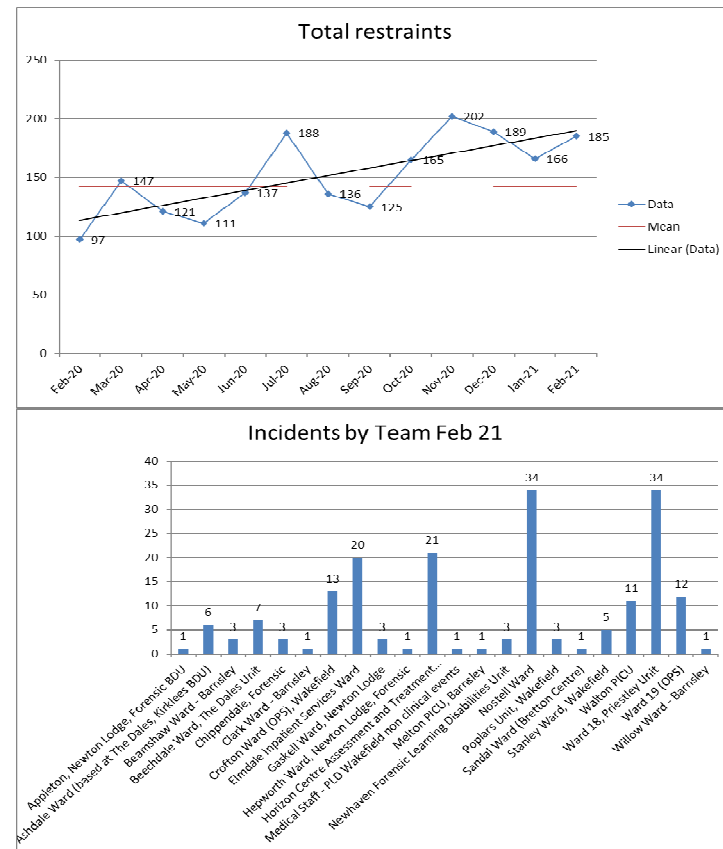
The Trust target of 90% of prone restraints lasting under three minutes and the importance of striving to maintain this is strongly emphasised. In February the percentage of prone restraints lasting under three minutes was 90%.

The use of seclusion continues to show a reduction, from 54 to 39 from the previous month. Three incidents of seclusion have been attributed to Covid19 themes in February.

The RRPI team continue to provide face to face training inline with current IPC guidance. Although Covid19 restrictions have impacted on our delivery we have maintained a compliance of over 80% in all courses (figures sourced from the Mandatory training OMG report).

The refresher courses will be re-introduced in April this year with update periods extended by 12 months from March 2020. Supplementary to this we will provide a trial of workplace competency assessments.

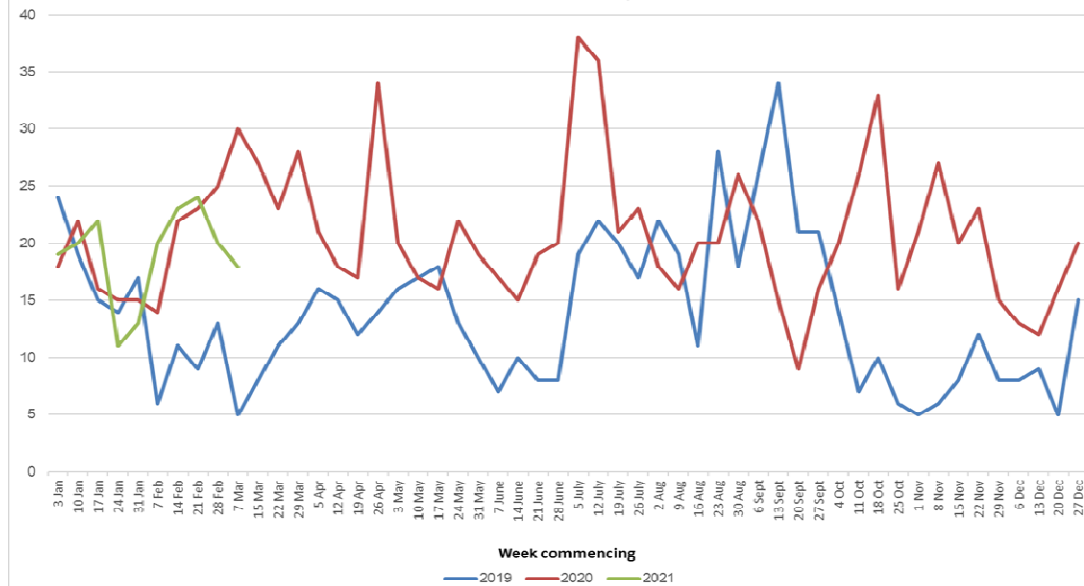
Other courses such as personal safety and de-escalation and breakaway courses have been adapted to workbooks and e-learning packages, the practical face to face elements will be delivered as one -hour sessions over a day in each location from April 2021.



Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 13/03/2021 at 15/03/2021, 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 - 13/03/2021) compared with the same weeks in 2019 and 2020 (at 15/03/2021)



Actual Self Harm comparison

Week Commencing	2019	2020	2021
03-Jan	24	18	19
10-Jan	19	22	20
17-Jan	15	16	22
24-Jan	14	15	11
31-Jan	17	15	13
07-Feb	6	14	20
14-Feb	11	22	23
21-Feb	9	23	24
28-Feb	13	25	20
07-Mar	5	30	18
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	20	
Total	720	1075	190

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

Analysis of trends

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

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

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

October 2020 - The peak in incidents in October 2020 was explored further. Analysis showed that this was 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.

March 2021 - Analysis of the data from 2021 shows that two subcategories of self harm remain higher than other methods. These are self strangulation and by cutting, these subcategories have 38 incidents each reported.

Analysis of the cutting incidents showed that the incidents took place over 12 wards/teams with the majority of incidents occurring on Elmdale ward.

Analysis of the self strangulation incidents showed that the incidents took place over 6 wards with the majority of incidents occurring on Clark ward.

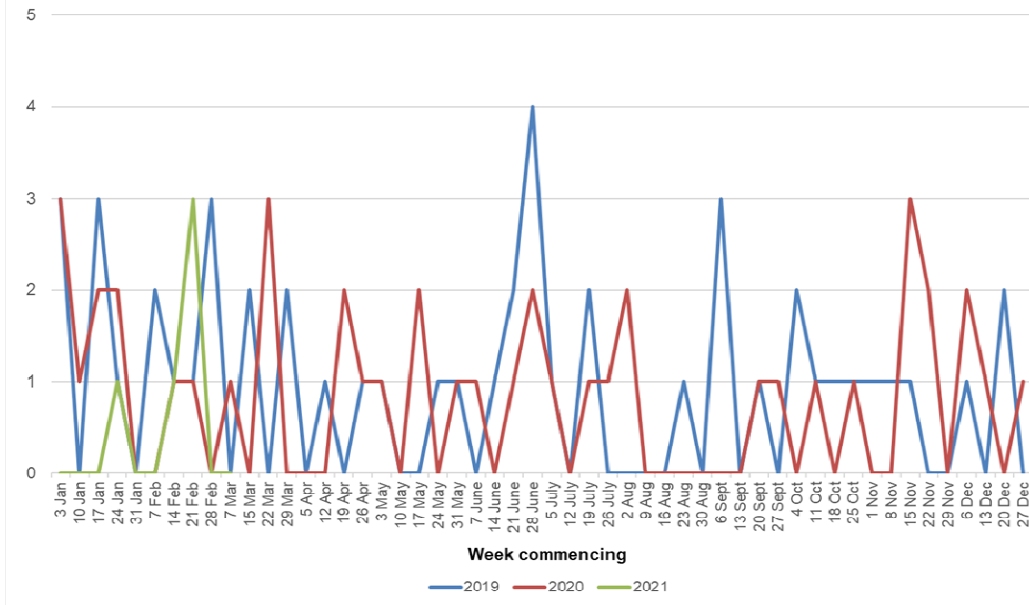
Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

The next highest subcategory is headbanging (26 incidents). Again analysis of incidents shows that a small number of individual service users.

Apparent Suicide

Apparent suicides reported on Datix occurring between 03/01/2021 and 13/03/2021 at 15/03/2021, 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 - 13/03/2021) compared with same weeks in 2019 and 2020



Apparent suicide comparison

Week Commencing	2019	2020	2021
03-Jan	3	3	0
10-Jan	0	1	0
17-Jan	3	2	0
24-Jan	1	2	1
31-Jan	0	0	0
07-Feb	2	0	0
14-Feb	1	1	1
21-Feb	1	1	3
28-Feb	3	0	0
07-Mar	0	1	0
15-Mar	2	0	
22-Mar	0	3	
29-Mar	2	0	
05-Apr	0	0	
12-Apr	1	0	
19-Apr	0	2	
26-Apr	1	1	
03-May	1	1	
10-May	0	0	
17-May	0	2	
24-May	1	0	
31-May	1	1	
07-Jun	0	1	
14-Jun	1	0	
21-Jun	2	1	
28-Jun	4	2	
05-Jul	1	1	
12-Jul	0	0	
19-Jul	2	1	
26-Jul	0	1	
02-Aug	0	2	
09-Aug	0	0	
16-Aug	0	0	
23-Aug	1	0	
30-Aug	0	0	
06-Sep	0	0	
13-Sep	0	0	
20-Sep	1	1	
27-Sep	0	1	
04-Oct	2	0	
11-Oct	1	1	
18-Oct	1	0	
25-Oct	1	1	
01-Nov	1	0	
08-Nov	1	0	
15-Nov	1	3	
22-Nov	0	2	
29-Nov	0	0	
06-Dec	1	2	
13-Dec	0	1	
20-Dec	2	0	
27-Dec	0	1	
Total	49	43	5

Please note:

Data refreshed and verified on 15 March 2021 from Datix for 2019, 2020 and 2021 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 for past years.

Summary

Covid-19

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Covid-19 related incident reporting

436 incidents reported between 1/3/20-08/03/21 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.

436 Incidents	Mar-20	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
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	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	1	1	0	11
Death of community patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	0	0	0	2	1	0	0	4
Death of community patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	0	0	2	4	5	7	0	40
Death of community patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	0	1	5	4	2	3	0	31
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	12	10	8	13	19	9	1	95
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	0	0	0	1	0	2	0	15
Impact of Covid 19 on patients mental health	2	2	1	0	2	0	1	0	1	1	1	2	0	13
Issues relating to PPE equipment	1	1	1	0	0	2	0	1	0	1	0	1	0	8
Noncompliance with social distancing - inpatient area	1	7	4	8	3	3	3	4	7	4	13	4	2	63
Patient being nursed in isolation	5	4	3	4	2	4	3	3	3	6	7	6	2	52
Patient in contact with symptomatic person	0	0	2	0	0	0	2	0	1	0	0	0	0	5
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	3	1	1	0	3	0	0	9
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	2	1	1	1	0	0	0	8
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	3	1	2	3	2	1	0	34
Staff member on swabbing team exposed to Covid 19	0	1	0	0	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	2	0	0	20
Suspected side effects from Covid 19 vaccine - staff member	0	0	0	0	0	0	0	0	0	0	95	6	0	101
Not direct clinical impact of Covid 19	0	0	0	0	0	0	0	0	0	1	1	2	0	4
Total	25	57	40	23	15	16	37	25	33	44	152	44	5	516

This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Oversight Framework Metrics - Operational Performance																					
KPI	Objective	CQC Domain	Owner	Target	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	Jan-21	Feb-21	Data quality rating ^s	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%	98.2%	99.6%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	28.5%	43.6%	56.6%	55.2%	31.4%	28.5%	26.2%	33.9%	43.8%	42.9%	49.5%	56.8%	43.7%	74.3%		
% 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%	98.0%	100%	99.1%		
% 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 =99.7%	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%	89/90 =98.9%	90/90 =100%		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	#DIV/0!	98.5%	98.7%	98.9%	98.5%	98.5%	98.6%	98.7%	98.7%	98.8%	98.9%	98.9%	98.9%	99.0%	99.0%		
Out of area bed days ⁵	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	79	50		
IAPT - proportion of people completing treatment who move to recovery ¹	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%	57.3%	56.7%	53.1%	51.8%		
IAPT - Treatment within 6 Weeks of referral ¹	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%	96.9%	97.6%	98.4%	99.0%		
IAPT - Treatment within 18 weeks of referral ¹	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%	100%	100%	100%		
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%	92.0%	90.6%		
% 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%	91.9%	92.0%	92.1%		
% clients in employment ⁶	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%	12.4%	12.4%		
Mental Health Five Year Forward View	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	Jan-21	Feb-21	Data quality rating ^s	Trend
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	11	6		
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	2	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	180	258	205	210		258			205			210		Due April 2021			
Proportion of people detained under the MHA who are BAME ²	Improving Care	Safe	CH	Trend Monitor	10.0%	14.7%	13.7%	18.1%		14.7%			13.7%			18.1%					
NHS Standard Contract	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	Jan-21	Feb-21	Data quality rating ^s	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance ¹	Improving Health	Responsive	CH	90%	99.3%	99.1%	99.8%	99.5%	99.5%	98.7%	99.0%	99.3%	100%	100%	100%	99.3%	99.8%	99.8%	99.6%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUIIS, 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%	100.0%	100.0%		
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%	98.0%	98.0%	98.0%		

* See key included in glossary.
 Figures in italics are provisional and may be subject to change.
 1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.
 2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
 3 - 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).
 4 - 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.
 5 - Clients in Employment - this shows of the clients aged 18-69 at the reporting period and who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
 6 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.6%
- The percentage of service users seen for a diagnostic appointment within 6 weeks improved but remains well below target at 74.3% . This is a direct consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 50 days in February. This is a decrease from 79 in January, and is reflective of the intense effort within our operations teams.
- During February 2021, there was 1 service user aged under 18 years placed in an adult inpatient ward for a total of 6 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:

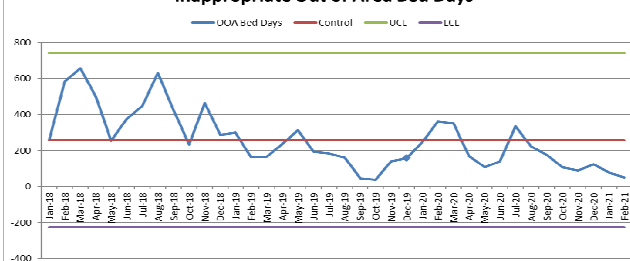
An additional column has been added to the above table to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for February shows 13.1% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to January which showed 13.4% 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.

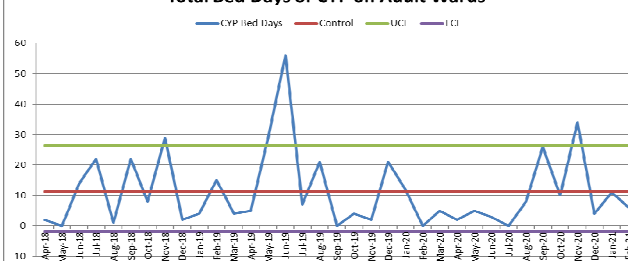
SPC Charts

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.

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.

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

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

Mental Health:

Strengths

- Mental health transformation Investment plans agreed in principle. Further discussion with PCN/GP Federation required to develop a detailed delivery plan.
- Business continuity plans have to date been effective. Community contacts remain above target with majority provided via telephone/video-link. Face to face contact offered where clinically required.

Areas of focus

- Contract review of South Yorkshire liaison and diversion service being undertaken – to inform possible contract extension.
- Improving urgent access (assessment within 4 hours) performance with further work required on both data quality and root cause analysis
- Improving percentage of service users on care programme approach (CPA) with a formal review within 12 months
- Developing pressure on single point of access,(SPA), intensive home based treatment (IHBT) and core teams - referral number and caseload pressures.

CAMHS

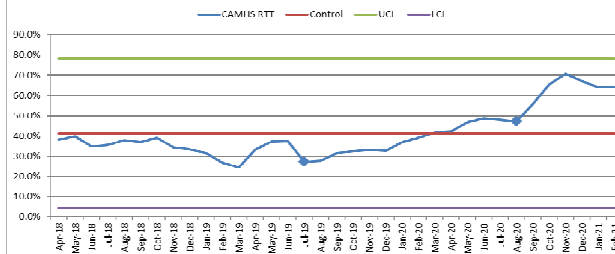
Strengths

- Business continuity plans have to date been effective.
- Trend in waiting numbers from referral to treatment in Barnsley remains positive
- SWYPFT has recently agreed to take on lead provider responsibility for the Kirklees mental health support team trailblazer initiative.

Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outstripping commissioned capacity. Business cases for further resources under consideration by the CCGs in Calderdale and Kirklees.
- Referral numbers in Wakefield placing pressure on waiting times
- Access to tier 4 beds is problematic in general CAMHS and in relation to Wetherby young offenders institute (YOI). This can create additional risk for children/young people and increase pressure on community service capacity. Work being progressed with NHSE and within local systems to address but with limited potential for early resolution.
- Continuing to work with Barnsley CCG in responding to the new service specification. Additional investment confirmed but with priority developments still to be agreed.
- Wetherby YOI staff recruitment and retention remains a key focus
- Embedding outcome measures within service interventions will be prioritised in 2021. Also reviewing approach to collection of Friends and Family test data within a broader engagement strategy.

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.

Barnsley general community services

Key Issues

- Health Integration Team (HIT) in Urban House (UH) - awaiting confirmation of additional funding from commissioner for work in Cedar Court.
- Yorkshire Smoke Free Wakefield (YSFW) – TUPE information sent to the commissioner. No further update as yet re the tender process for the service contract which expires in December 2021
- Health Integration Team (HIT) nurse prescriber – unable to recruit to date, creating operational risks - on BDU risk register
- CCG scoping review of neuro rehab services taking place

Strengths

- Working with Barnsley hospital to reduce their long length of stay patients by identifying if any can discharge earlier with community support
- Yorkshire Smoke Free Calderdale (YSFC) contract likely to be extended

Challenges

- Dietetics older people's caseload – ever increasing referral numbers continuing the trend of recent years - demand is out-stripping capacity and efficiencies that have been employed.
- Covid-19 and related issues e.g. supporting practices with housebound vaccinations and hub sites, supporting staff vaccination programme, managing levels of sickness and absence due to Covid-19/track and trace etc., challenges regarding lateral flow testing process

Areas of Focus

- Re-design of falls service offer in light of retirement of falls co-ordinator.
- Care closer to home developments now coming back on stream via the care closer to home programme board

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	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).

<p>Forensic business delivery unit and Learning Disability services:</p> <p>Forensics</p> <ul style="list-style-type: none"> • OPEL Level remains at level 2. • Sudden unexpected death of a service user in Newhaven. Cause of death not yet known. • Staffing levels remain under constant review and are being managed through robust arrangements and business continuity planning processes within the service • Covid-19 and non -related Covid-19 absence remains an area of key focus. • Mobilisation of the pilot community team continues, and the second cohort of service users are currently being assessed. • Supervision levels are 94.8% in medium secure, 90.7% in low secure and 85.7% in Newhaven, so on track to reach the target by the end of Q4. • Staff well-being remains a focus, the service is utilising the recent NHS survey results to modify the plan. • Focus on Recruitment and Retention continues. <p>Learning Disability services</p> <ul style="list-style-type: none"> • Work on the assessment and treatment unit reconfiguration across West Yorkshire continues. • Services supporting learning disability vaccination programme working with Primary Care. • Supervision remains a focus and is improving gradually, currently 80.5%. • Community teams continue to support the wider partnership in terms of care homes and supported living • Demand and need for face to face contact continues to rise • Whilst waiting cases continue to be prioritised and managed well, there still appears to be a pressure in Wakefield for occupational therapy and psychology provision. All other locality waiting lists have now been eliminated. <p>ASD/ADHD</p> <ul style="list-style-type: none"> • Service operations have met commissioned activity despite the pandemic and performance remains on target • Business development opportunities being explored across the Trust and ICS footprint. • New roles e.g. physicians associate and advanced nurse practitioner now embedded. • Supervision currently at 93.3%. 	<p>Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:</p> <p>Inpatient:</p> <ul style="list-style-type: none"> • Maintaining patient flow and facilitating sufficient ward capacity has been challenging, although the use of acute beds out of area has been kept to a minimum, and 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 to and providing weekend cover, with formal consultation due to finish this month to move to a full 7 day a week service. • The wards have continued to deal with outbreaks of Covid-19 and the routine requirements for admission and episodic testing, routine or infection related isolation, and quarantining arrangements. Outbreaks have affected more than one ward at a time, leading to a range of pressures. Cohorting standard operating procedures to 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 within the parameters of demand and limitations of estate. • Acute wards continue to see high levels of acuity and service user distress, with further challenges 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. Senior leadership is available to the wards 7 days a week from matrons on site. Staffing levels have been maintained with bank and agency usage and by utilising a trust-wide approach to staffing where possible. Weekly meetings continue to take place with mental health partners across the integrated care system, which have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments. • Whilst acute out of area placements have been low, bed occupancy levels have remained consistently high, even when moderated by the need for isolation areas, extra care zones and cohorting. <p>Community:</p> <ul style="list-style-type: none"> • Work 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 continued developments in the trauma informed personality disorder (TIPD) pathway. Work continues 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 are providing assessment, care management and interventions with service users utilising a range of innovative means of communication and ensure face to face contacts are made wherever these are clinically indicated. We are optimising our use of space across Trust sites 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 continuing, closely monitored and supported at trio level, and building on the positive impact building up to Q4. Action and improvement plans are at specific team and at practitioner level where needed. • Demand into single point of access is increasing leading to some pressure in the service and necessitating the use of additional staff and sessions for assessment slots.
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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).

Communications, Engagement and Involvement

Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trustwide Silver and other Bronze meetings.
- Coronavirus update sent out to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated.
- Existing communication channels maintained.
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Coronavirus vaccination comms, general focused and targeted.
- Continued promotion of 'Choose Well for Mental Health' guide.
- Staff wellbeing initiatives promoted
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels.
- Media enquiries managed.
- Partner Bronze command meetings continue to taking place in all areas
- Support provided to EyUp Charity (e.g. case studies), Creative Minds (e.g. PR, website) and Spirit in Mind (e.g. event support)
- New intranet development project supported – migration of information.
- IAPT services promoted in Kirklees and Barnsley.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

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 Equality & Inclusion (E&I) Committee and wider Trust services. A date to sign the action plans off at E&I Committee in March is on target 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 to support recovery planning continues, using insight and intelligence to inform decision making
- Covid-19 Equality Impact Assessment (EIA) now at version 3 and research tool updated this quarter with emerging intelligence
- EIA for the roll out of the Covid-19 vaccination programme developed and revisions made periodically
- Engagement report of findings to support the development of the digital strategy now complete
- Engagement plan to support involvement in a 'smoke free' site in place – awaiting progress update
- Process to support SEQUIN submission for secure services continues with monthly updates forming 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. A successful charitable funds application has resulted in funding to recruit a dedicated post to support the work of carers.
- Payment for involvement policy now being looked at and a draft will be circulated for comment by EMT in the next month
- Community reported post which were part of a successful bid to charities commission focussed on BAME staff and BAME communities has had its first report and presented at a national conference.
- Draft strategy for volunteering developed and a framework to support volunteers is in place, further work to develop the strategy in ongoing.
- Boundary training, co-designed with HR and safeguarding, to support both volunteer and staff roles is now complete and ready to roll out
- 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

Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast 2020/21	Narrative
1	Surplus / Deficit	£3.7m	£2.2m	In February a surplus of £0.5m has been reported on a like for like basis which is favourable to plan. The key variances include lower than forecast use of out of area bed placements and Covid-19 response costs. There is a further £1m of income now recorded to cover shortfalls in non-NHS income as a result of the pandemic. This improves the year to date actual and forecast outturn position.
2	Agency Cap	£5.7m	£7m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in February remains consistent with previous months at £0.6m.
3	Cash	£75.5m	£52.8m	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) but this benefit will unwind in March 2021.
5	Capital	£2.4m	£4.9m	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 in March given the orders placed and work in progress.
6	Better Payment Practice Code	95%		The Trust endeavours to pay all valid invoices as quickly as possible. The Better Payment Practice Code target is 30 days and for the year to date we have paid 95% within this target. On average invoices were paid within 13 days in February.

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

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	4.0%	4.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	3.9%	3.9%	4.0%	3.8%	3.8%	3.8%	3.9%	4.0%	4.0%	4.0%	4.0%
Staff Turnover	Improving Resources	Well Led	AD	10%	8.5%	7.9%	9.8%	8.4%	9.1%	8.9%	9.3%	9.3%	9.9%	10.0%	10.0%
Actual level of vacancies	Improving Resources	Well Led	AD	-	8.7%	6.9%	6.0%	6.8%	7.4%	8.4%	8.0%	7.3%	6.9%	Due April 2021	
Aggression Management	Improving Care	Well Led	AD	>=80%	85.5%	85.5%	85.5%	85.5%	86.5%	86.0%	86.3%	85.4%	85.1%	84.1%	84.1%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80%	89.4%	89.4%	89.4%	89.4%	90.3%	89.4%	88.7%	88.2%	86.2%	85.2%	84.5%
Clinical Risk	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.8%	93.6%	93.3%	93.2%	94.1%	93.3%	93.1%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.7%	95.7%	96.0%	95.7%	95.7%	95.5%	95.6%
Fire Safety	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%	92.8%	91.8%	87.9%	86.9%	87.6%
Food Safety	Improving Care	Well Led	AD	>=80%	76.9%	76.9%	76.9%	76.9%	78.3%	76.7%	76.8%	76.5%	75.8%	74.8%	75.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	95.8%	95.8%	95.8%	95.8%	96.2%	96.0%	96.1%	96.0%	95.6%	95.0%	94.7%
Information Governance	Improving Care	Well Led	AD	>=95%	98.2%	98.2%	98.2%	98.2%	98.8%	98.8%	98.9%	98.8%	98.5%	97.5%	97.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.5%	95.6%	95.5%	95.1%	95.0%	95.0%	95.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80%	93.3%	93.3%	93.3%	93.3%	94.6%	94.3%	94.8%	94.9%	95.0%	94.6%	93.9%
Mental Health Act	Improving Care	Well Led	AD	>=80%	89.5%	89.5%	89.5%	89.5%	91.2%	90.8%	91.4%	91.9%	92.1%	91.3%	90.5%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	74.5%			79.1%			80.1%			Due April 2021	
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	93.2%	93.2%	93.2%	94.6%	94.6%	94.4%	95.3%	95.7%	95.6%	95.6%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	96.2%	96.2%	96.2%	96.2%	92.8%	92.8%	93.0%	92.8%	93.9%	94.0%	94.2%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	92.4%	92.4%	92.4%	92.4%	93.6%	93.6%	93.3%	92.8%	93.2%	93.1%	93.6%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.9%	96.9%	96.9%	96.9%	96.8%	96.8%	No longer used				
Bank Cost	Improving Resources	Well Led	AD	-	£727k	£866k	£721k	£687k	£778k	£907k	£915k	£889k	£944k	£946k	£682k
Agency Cost	Improving Resources	Effective	AD	-	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k
Overtime Costs	Improving Resources	Effective	AD	-	£196k	£382k	£342k	£257k	£276k	£213k	Data unavailable at the time of producing this report				
Additional Hours Costs	Improving Resources	Effective	AD	-	£58k	£61k	£66k	£71k	£59k	£53k					
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£374k	£388k	£399k	£408k	£411k	£387k					
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	222.1	222.1	192.3	208.9	205.9	234.0					
Business Miles	Improving Resources	Effective	AD	-	193k	149k	138k	164k	166k	147k					
Health & Safety															
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	7			3			14			Due April 2021	

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	As at 18th February 2021	As at 24th March 2021	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19														
No of staff off sick - Covid-19 not working ⁷	N/A	154	204	112	48	26	82	108	161	81	159	91	89	
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	2	1	2	4	21	18	54	25	28	15	9	
No of staff working from home - Covid-19 related ⁸		125	136	107	90	7	53	79	147	35	84	78	88	
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	
Test & Trace Isolation		0	0	0	7	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	1	1	3	6	12	24	20	12	16	8	5	
Number of staff tested ⁹		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	Cumulative
No of staff tested positive for Covid-19 ¹⁰		23	103	128	130	133	149	217	398	462	545	598	610	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%	2588/2758 = 93.8%	2605/2780 = 93.7%	
No of staff returned to work (not working only) ¹³		445/599 = 74%	609/807 = 75%	800/908 = 88.1%	872/928 = 94.0%	952/979 = 97.2%	992/1079 = 91.9%	1122/1239 = 90.6%	1295/1480 = 87.5%	1492/1580 = 94.4%	1533/1695 = 90.4%	1723/1834 = 93.9%	1726/1846 = 93.5%	
No of staff still absent from work who were Covid-19 positive ¹²		Data Unavailable	27	11	2	1	5	29	32	28	43	22	13	
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	1306	1369	Cumulative
Calls to occupational health helpline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	Cumulative

Staffing Issues

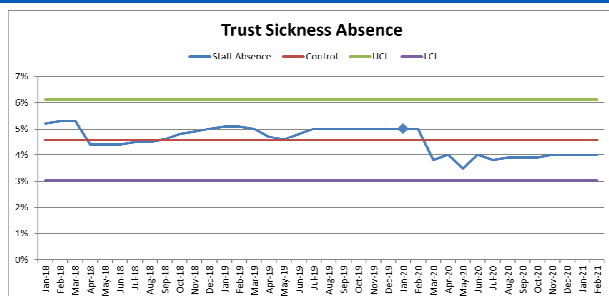
Our current response to Covid-19 infections, local restrictive measures and increased pressures on service areas

- 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 over winter 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
- Review the most recent shielding guidance

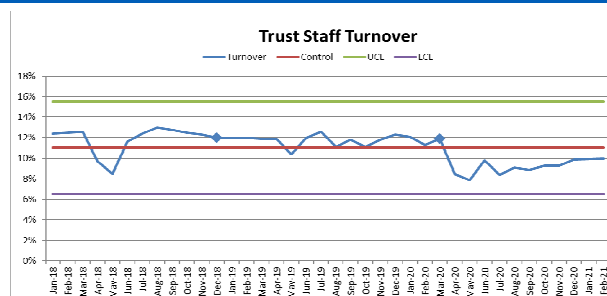
Staff Health & Well Being

- 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.
- As at 24th March, 89 staff off work Covid-19 related, not working which compares to 91 one month earlier. A further 88 were working from home.
- 3386 staff tested for Covid-19 as at 24th March.
- 610 staff have tested positive for Covid-19, 12 of which tested positive within the last month.
- Staff turnover remained at 10.0% in February.
- Non-Covid sickness absence was 4.0% in February and stands at the same percentage cumulatively. This compares favourably to previous years.

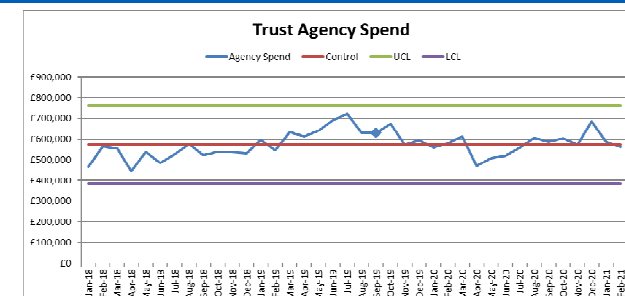
SPC Charts



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.



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.



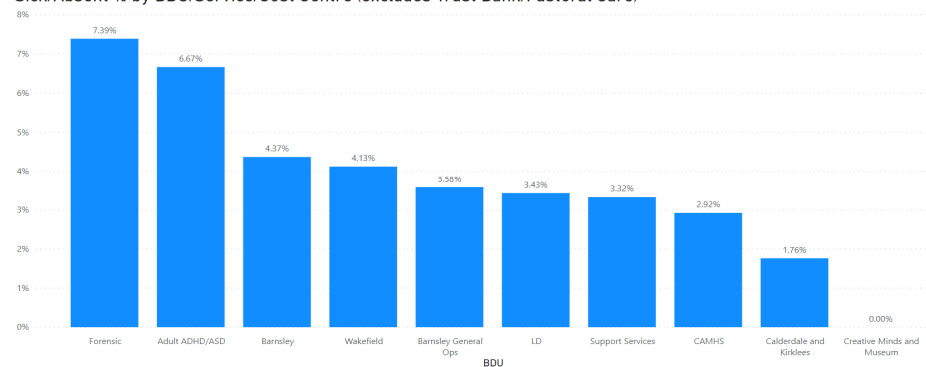
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

Sickness reporting

As at 24th March, the Trust has 177 staff absent or working from home due to Covid-19. This makes up 3.4% of the workforce. Of those absent, 12.4% are symptomatic and 7.9% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 7.4% of staff impacted (30/406). 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.

- Bank and agency availability is continually 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-19 symptoms (based on absence start date) is currently 6.5 days.

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



Absence by BDU and Reason for absence



Publication Summary

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

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

[NHS vacancy statistics, England: April 2015 to December 2020, experimental statistics](#)

[NHS workforce statistics: November 2020 \(including selected provisional statistics for December 2020\)](#)

[Diagnostic imaging data: October 2020](#)

[Seasonal flu vaccine uptake in health care workers 2020 to 2021: provisional monthly data for 1 September 2020 to 31 January 2021](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2020 to January 2021](#)

[Mental health services monthly statistics: performance December 2020, provisional January 2021](#)

[Psychological therapies: reports on the use of IAPT services, England – December 2020, final including a report on the IAPT Employment Advisers pilot and Q3 2020–21 data](#)

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

[Community services statistics: November 2020](#)

NHS England

Involving and supporting partners and other family members in specialist perinatal mental health services: good practice guide

This best practice guidance describes women and their families with a positive experience of care, with services joined up around them and earlier diagnosis and intervention, and support to recover, ensuring fewer women, their infants and partners suffer avoidable harm.

[Click here for guidance](#)



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 11
(2020 / 21)**



www.southwestyorkshire.nhs.uk



With **all of us** in mind.

Contents

1.0	Strategic Overview	1.0	Key Performance Indicators	3
		2.0	Summary Statement of Income & Expenditure Position	4
2.0	Statement of Comprehensive Income	2.1	Income focus	7
		2.2	Pay and agency focus	8
		2.3	Non pay and out of area placement focus	10
		3.0	Balance Sheet	12
3.0	Statement of Financial Position	3.1	Capital Programme	13
		3.2	Cash and Working Capital	14
		3.3	Reconciliation of Cash Flow to Plan	15
		4.0	Better Payment Practice Code	16
4.0	Additional Information	4.1	Transparency Disclosure	17
		4.2	Glossary of Terms & Definitions	18

1.0 Executive Summary / Key Performance Indicators

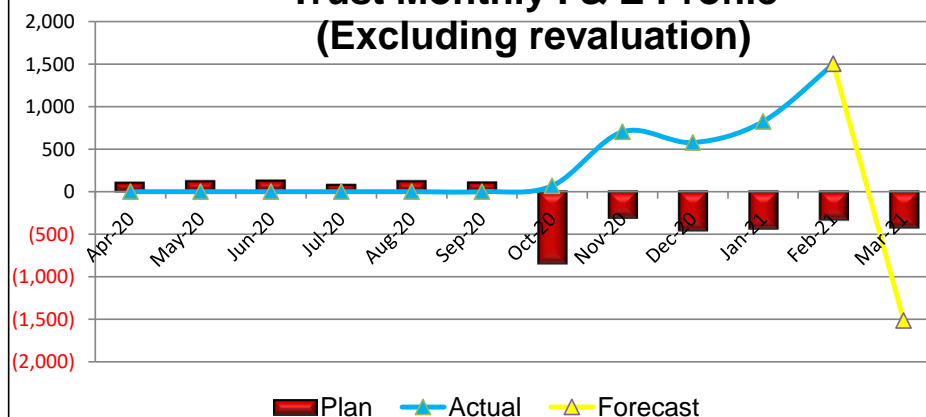
Performance Indicator		Year to Date	Forecast 2020 / 21	Narrative
1	Surplus / (Deficit) Excluding revaluation	£3.7m	£2.2m	In February a surplus of £0.5m has been reported on a like for like basis which is favourable to plan. The key variances include lower than forecast use of out of area bed placements and Covid-19 response costs. There is a further £1m of income now recorded to cover shortfalls in non-NHS income as a result of the pandemic. This improves the year to date actual and forecast outturn position.
2	Agency Spend	£5.7m	£7m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in February remains consistent with previous months at £0.6m.
3	Cash	£75.5m	£52.8m	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) but this benefit will unwind in March 2021.
4	Capital	£2.4m	£4.9m	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 in March given the orders placed and work in progress.
5	Better Payment Practice Code	95%		The Trust endeavours to pay all valid invoices as quickly as possible. The Better Payment Practice Code target is 30 days and for the year to date we have paid 95% within this target. On average invoices were paid within 13 days in February.

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

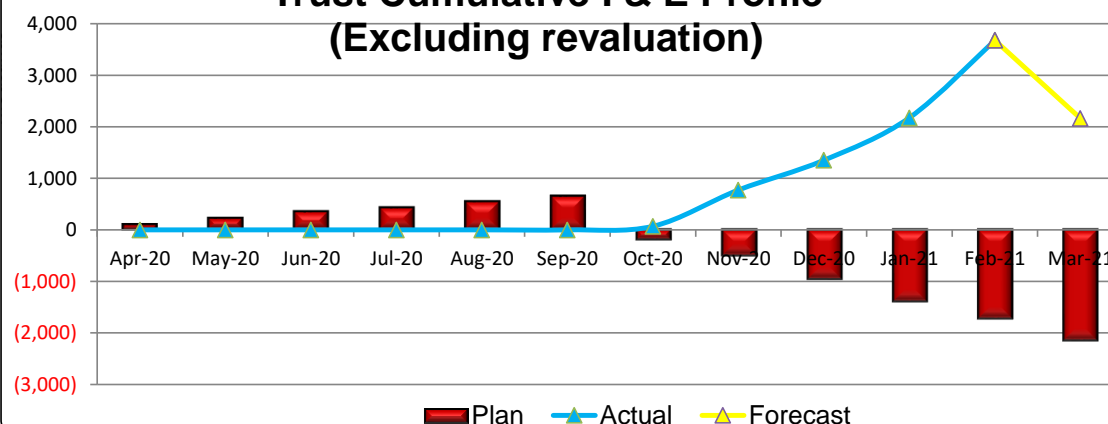
Budget Staff	Actual worked	Variance	Month Budget	Month Actual	Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE %	£k	£k	£k		£k	£k	£k	£k	£k	£k
			20,540	21,184	644	Clinical Revenue	212,876	213,512	637	233,416	234,852	1,436
			20,540	21,184	644	Total Clinical Revenue	212,876	213,512	637	233,416	234,852	1,436
			1,143	795	(348)	Other Operating Revenue	16,111	16,469	358	17,711	17,867	156
			21,683	21,979	296	Total Revenue	228,987	229,982	995	251,127	252,719	1,592
4,348	4,407	59 1.4%	(16,470)	(16,245)	225	Pay Costs	(176,640)	(175,487)	1,153	(193,532)	(192,219)	1,314
			(3,922)	(3,628)	293	Non Pay Costs	(41,787)	(40,654)	1,134	(45,849)	(45,065)	783
			(870)	38	908	Provisions	(3,923)	(2,494)	1,429	(4,782)	(4,904)	(122)
			0	0	0	Gain / (loss) on disposal	0	72	72	0	72	72
4,348	4,407	59 -1.4%	(21,261)	(19,835)	1,426	Total Operating Expenses	(222,351)	(218,563)	3,787	(244,163)	(242,117)	2,046
4,348	4,407	59 -1.4%	422	2,145	1,722	EBITDA	6,636	11,418	4,782	6,964	10,603	3,638
			(507)	(522)	(15)	Depreciation	(5,661)	(5,712)	(51)	(6,168)	(6,234)	(66)
			(245)	(120)	125	PDC Paid	(2,700)	(2,029)	671	(2,945)	(2,205)	740
			0	0	0	Interest Received	0	0	0	0	0	0
4,348	4,407	59 -1.4%	(330)	1,503	1,833	Surplus / (Deficit)	(1,724)	3,678	5,402	(2,148)	2,164	4,312
			0	0	0	Revaluation of Assets	0	(1,389)	(1,389)	0	(1,389)	(1,389)
4,348	4,407	59 -1.4%	(330)	1,503	1,833	Surplus / (Deficit)	(1,724)	2,288	4,012	(2,148)	775	2,923

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 & E Profile
(Excluding revaluation)**



**Trust Cumulative I & E Profile
(Excluding revaluation)**



Income & Expenditure Position 2019 / 20

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

From October 2020 to March 2021 the Trust has a deficit plan of £2.1m. This is based on expenditure run rates in the first half of the year and updated funding available. The reported position for February is a surplus of £1.5m. This position has been boosted by the provision of an additional £1m to support the loss of non-NHS income during the pandemic. This was not assumed in our plan originally. Once final accounting treatment is confirmed this will likely represent an upside compared to plan.

The like for like forecast is now for a year-end surplus of £1m, some £3.1m better than plan. The forecast is shown as £2.2m given the additional income being provided.

Income

The income position has continued to be updated to reflect additional Mental Health Investment Standard (MHIS) being agreed with commissioners. The majority are recurrent and will feed into the 2021/22 planning round and some are non-recurrent. There is often a time lag between receipt of income and full recruitment, which provides a short-term financial benefit.

Pay

Pay spend in February was £16.2m which is in line with the average for the last 5 months. Appropriate and safe staffing levels continue to be a focus particularly for inpatient wards. Recruitment also continues for the wide range of mental health investment. Some services have been able to fully recruit quickly, such as perinatal mental health, whilst others continue to make incremental increases.

Non Pay

Non Pay spend continues to experience both cost pressures and savings within the overall position. 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 and there are further costs which have been absorbed within the standard expenditure profiles.

Costs identified for April to September 2020 (H1) have been reimbursed via national funding. Costs incurred in the second half of the year must be contained within the Trust financial plan, which includes a funding allocation for Covid-19 response costs. No additional top-ups will be made.

Costs from January 2021 include additional costs incurred in relation to the various vaccination programmes. This includes staff, inpatient service users, and our mutual aid support with partner organisations.

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	179	61		1,775
Staffing Vaccination	Additional shifts to support vaccination - clinical and non clinical staff	0	0	0	0	47	32		79
Staffing – community	Community additional shifts	249	0	0	0	0	0		249
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	77	0	0	0	0	0		77
Staffing - students	Costs of student nurses and medics over and above previous	480	0	0	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	0	26		116
Total – Pay		1,639	211	329	252	226	119	0	2,776
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	441	161	0	4	167	53		826
Laundry	In house laundry service including scrubs	331	4	74	14	12	1		436
Infection Control	Central store of additional infection control supplies (wipes, cleaning products)	249	1	6	3	0	0		259
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	69	0	0	0	0	0		69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	71	0	0	0	0	0		71
Communications	Consent to share letter	40	0	0	0	0	0		40
Lateral Flow Testing	Distribution of kits to staff	0	0	0	50	(15)	0		35
Misc / other	Other general non pay not captured in the headings above	158	5	0	250	8	70		491
Total – Non Pay		1,359	171	80	321	172	124	0	2,227
Total cost recovery		2,998	382	409	573	398	243	0	5,003

2.1

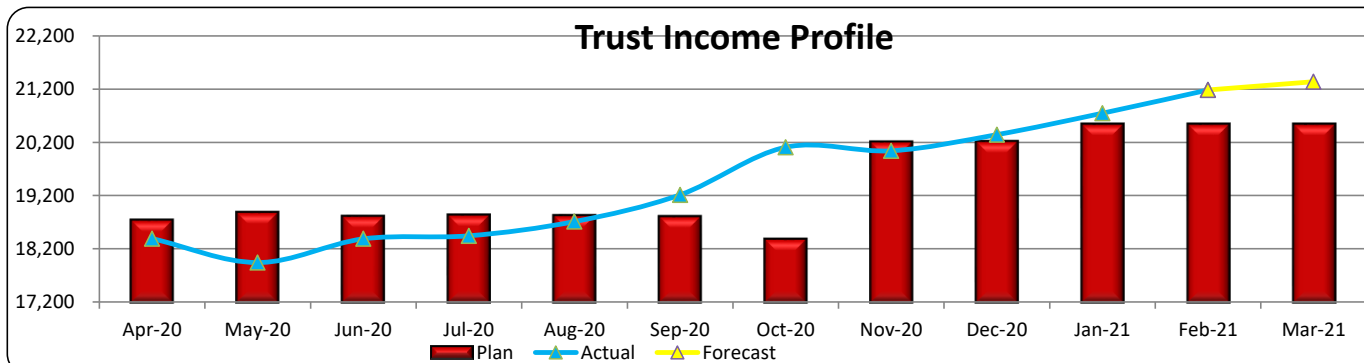
Income Information

As part of the operating plan for the second half of the year, contracting arrangements 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) agreed with commissioners.

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
CCG	14,530	13,924	14,321	14,361	14,000	14,278	16,696	16,501	16,421	17,512	17,181	17,435	187,159	171,720
Specialist Commissioner	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,453	2,505	2,280	2,433	2,611	28,538	27,895
Local Authority Partnerships	335	473	409	439	419	417	430	408	437	385	374	417	4,942	7,755
Top Up	619	637	597	628	639	625	625	625	625	631	203	631	7,086	7,673
Other	550	550	702	658	1,254	1,537	0	0	309	(102)	0	0	5,458	0
Total	35	35	35	35	76	35	35	55	48	41	994	246	1,669	418
Total	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,041	20,344	20,748	21,184	21,340	234,852	215,461
19/20	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	215,461	



Following additional guidance from NHS England an additional £970k (£1,164k forecast) income has been recognised in February 2021. This relates to a national assessment of income reductions during the year. This has flowed directly into the surplus position.

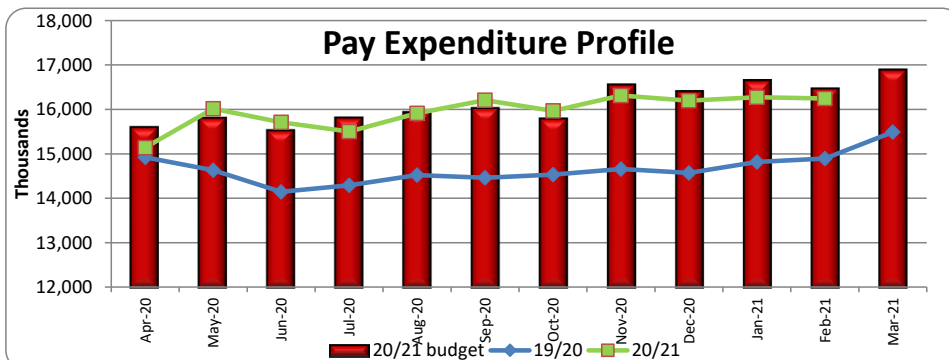
Final income values for 2020/21 are being agreed with commissioners ahead of year end. Additional income continues to be received and is being utilised in the current year as far as possible. As a result expenditure is forecast to increase as well.

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

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

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
Substantive	13,947	14,646	14,470	14,256	14,462	14,647	14,450	14,851	14,569	14,740	15,001		160,037
Bank & Locum	727	866	721	687	844	971	915	889	944	946	682		9,192
Agency	469	507	518	558	606	588	604	573	686	587	562		6,258
Total	15,142	16,019	15,709	15,501	15,912	16,205	15,969	16,313	16,199	16,273	16,245	0	175,487
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	168,476
Bank as %	4.8%	5.4%	4.6%	4.4%	5.3%	6.0%	5.7%	5.5%	5.8%	5.8%	4.2%		5.2%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%	3.6%	3.8%	3.5%	4.2%	3.6%	3.5%		3.6%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
Substantive	3,900	4,004	4,026	4,026	4,006	3,965	4,263	4,293	4,255	4,048	4,085		4,026
Bank & Locum	203	253	193	197	244	225	277	240	303	257	240		193
Agency	68	75	83	90	108	93	121	100	120	119	82		83
Total	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	0	4,302
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	4,098



As shown in the table and graph, pay costs 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.

For April 2020 to October 2020 pay costs had been running marginally ahead of budget. This was due to additional staffing and the response to covid. From November 2020 this has been lower than budget with confirmed mental health investment and ongoing recruitment.

Bank, locum and agency expenditure reduced in February which is a normal trend experienced in previous years. This will be monitored for March which is normally higher due to increased annual leave.

Agency spend is £562k in February.

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.

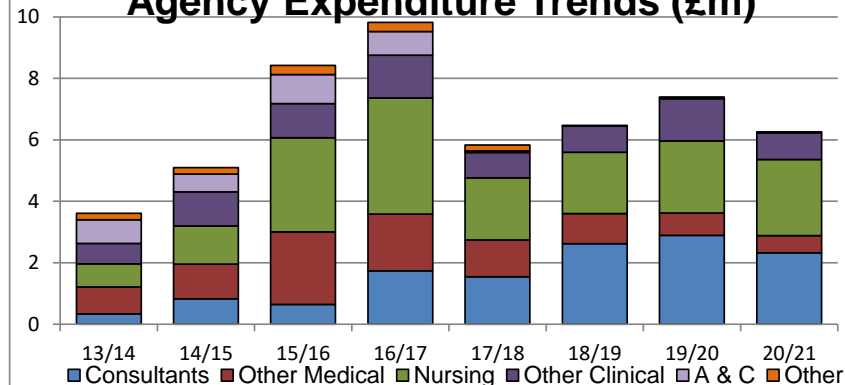
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

Due to covid 19 there is currently no nationally set 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.

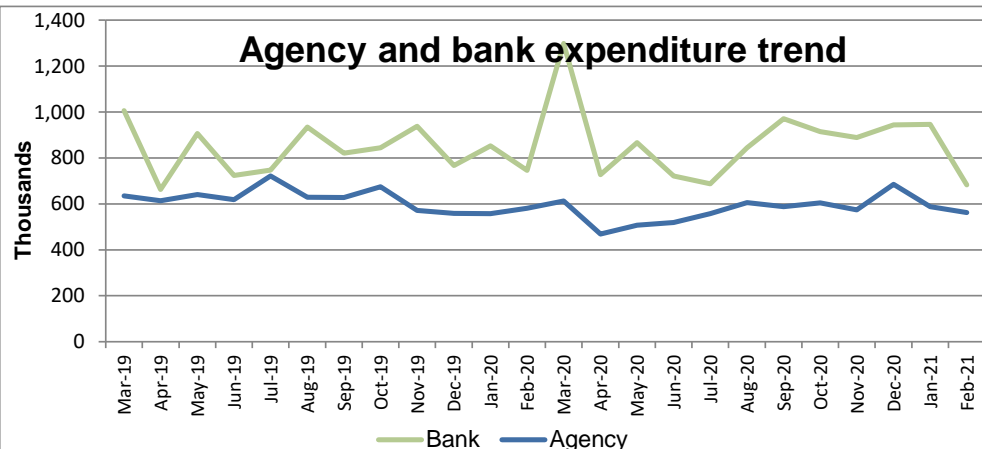
February 2021 spend is £562k which is £26k lower than January. The year to date spend is £6.3m, of which £2.9m relates to medical staffing primarily covering vacancies / gaps and £1.9m for unregistered nursing to support safer staffing.

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

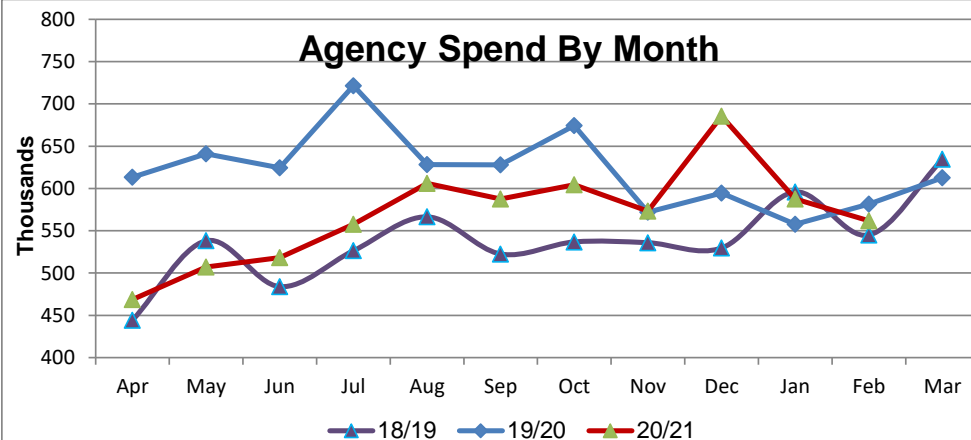
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month



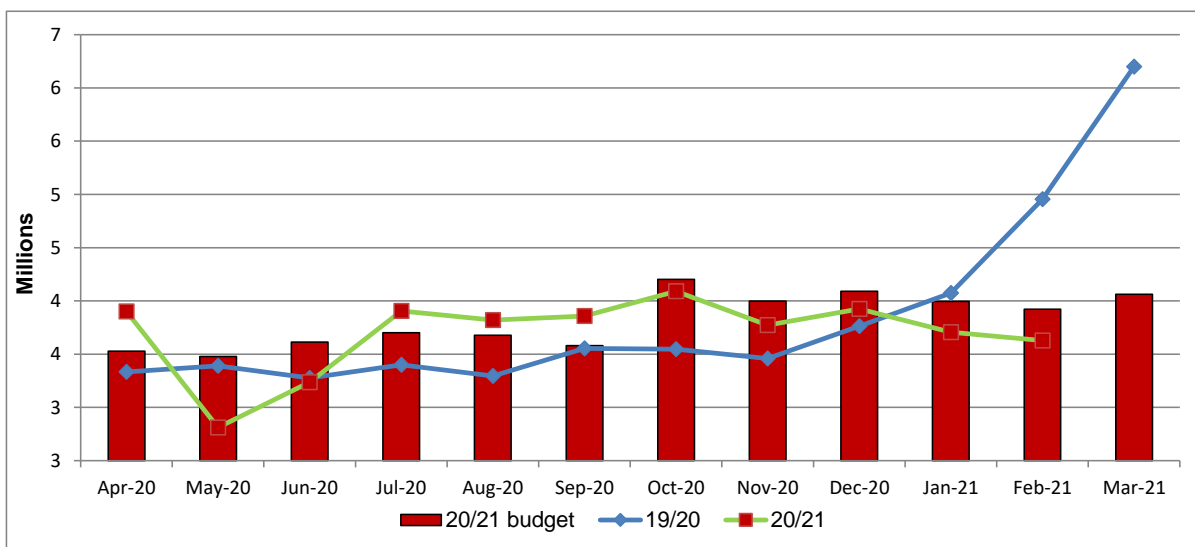
2.3

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
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628		40,654
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	46,244

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Clinical Supplies	2,681	3,239	(558)
Drugs	3,190	3,054	136
Healthcare subcontracting	6,457	5,991	466
Hotel Services	1,979	2,186	(207)
Office Supplies	5,520	6,516	(996)
Other Costs	4,705	4,965	(260)
Property Costs	6,041	9,870	(3,830)
Service Level Agreements	5,794	0	5,794
Training & Education	988	371	617
Travel & Subsistence	2,197	2,235	(38)
Utilities	1,235	1,254	(18)
Vehicle Costs	1,001	973	28
Total	41,787	40,654	1,133
Total Excl OOA and Drugs	32,141	31,610	531



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 8 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.

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 (£)

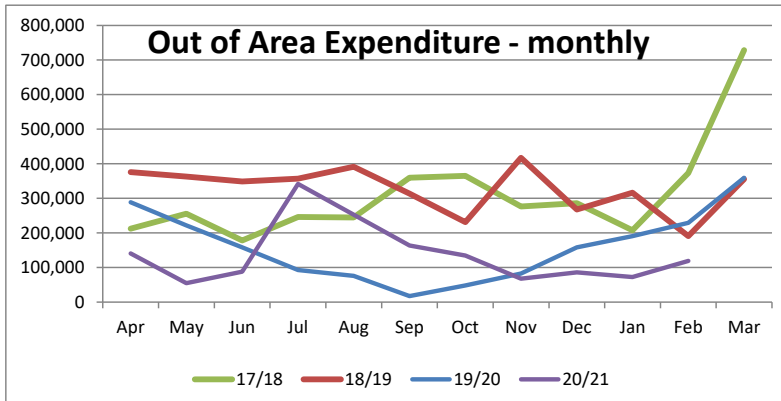
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119		1,523

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	124	100		1,387

Bed Day Information 2020 / 2021 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	92	45	34	113	102	53	106	102	141	116	100		1,004
Acute	18	9	86	192	45	23	2	0	0	8	0		383
Total	110	54	120	305	147	76	108	102	141	124	100	0	1,387



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 10 months.

Costs have increased in February, although bed days have come down, due to additional staffing requirements. Placements due to covid continue to be charged to that cost centre.

At the end of February there were 3 PICU placements; all are male and are placed for gender specific reasons (which the Trust does not provide).

	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	108,146	101,974	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,048	723	2
Non NHS Trade Receivables (Debtors)	953	388	3
Prepayments, Bad Debt, VAT	2,219	2,821	
Accrued Income	1,904	1,747	4
Cash and Cash Equivalents	36,417	75,454	5
Total Current Assets	47,778	81,371	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(5,487)	6
Capital Payables (Creditors)	(272)	(343)	
Tax, NI, Pension Payables, PDC	(6,311)	(3,979)	
Accruals	(10,869)	(15,191)	7
Deferred Income	(1,462)	(24,752)	
Total Current Liabilities	(23,016)	(49,753)	
Net Current Assets/Liabilities	24,763	31,618	
Total Assets less Current Liabilities	132,909	133,592	
Provisions for Liabilities	(8,724)	(8,462)	
Total Net Assets/(Liabilities)	124,185	125,131	
Taxpayers' Equity			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	10,710	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	64,229	8
Total Taxpayers' Equity	124,185	125,131	

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. The annual revaluation exercise was completed in January which reduced the value by a further £2.6m
2. A large historical £1.6 NHS debtor was paid in February 2021 as agreed.
3. Non NHS debtors remain low but continue to be proactively reviewed.
4. Accrued income has increased in month due to additional income expected from NHS E / I. This equates to £959k.
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. A further detailed review of these is being conducted with invoices being chased.
8. This reserve represents year to date surplus plus reserves brought forward.

3.1 Capital Programme 2020 / 2021

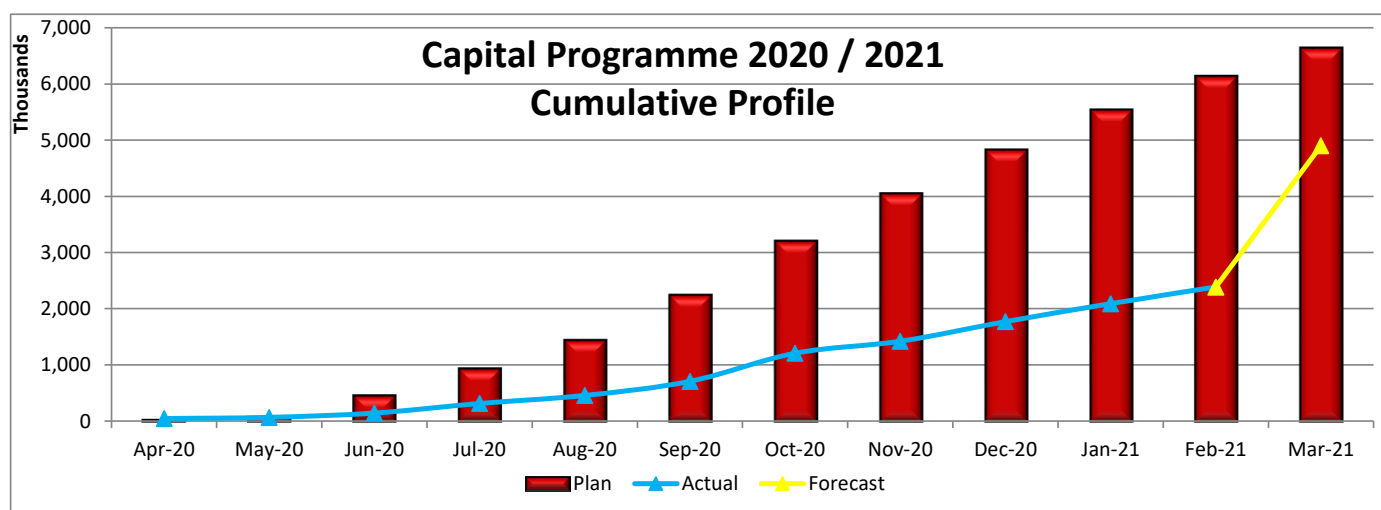
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,479	3,223	1,230	(1,993)	2,660	(819)	
Equipment Replacement	100	75	135	60	355	255	
IM&T	2,455	2,431	1,022	(1,409)	1,884	(571)	
Major Capital Schemes							
Hub Development	600	400	0	(400)	0	(600)	
						0	
						0	
VAT Refunds			0			0	
TOTALS	6,634	6,129	2,387	(3,742)	4,899	(1,735)	

Spend in February is £0.3m.

Capital Expenditure 2020 / 21

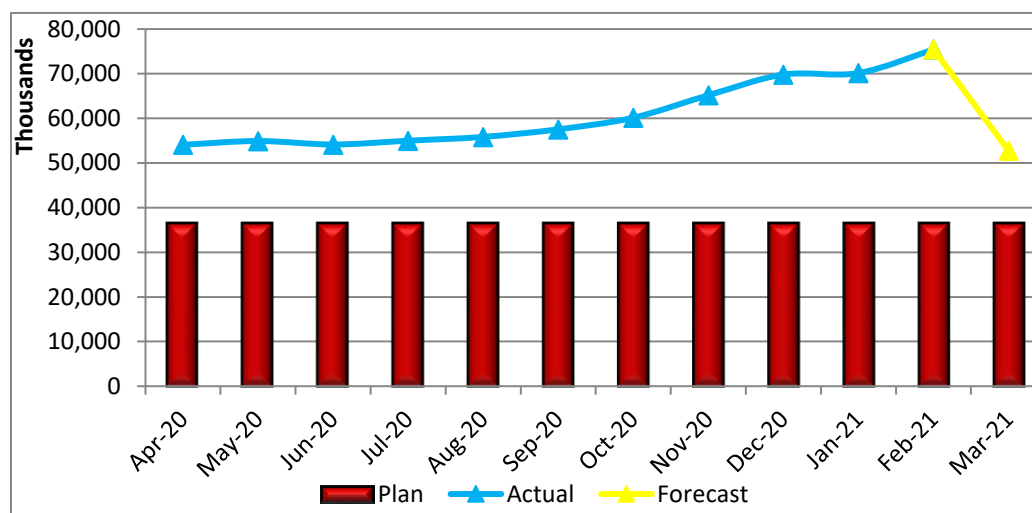
The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m.

Every scheme continues to be assessed for progress, to ensure that we are reflecting the value of work complete to date, and the future spend profile. Based on this assessment there remains significant expenditure forecast to be delivered in March 2021.

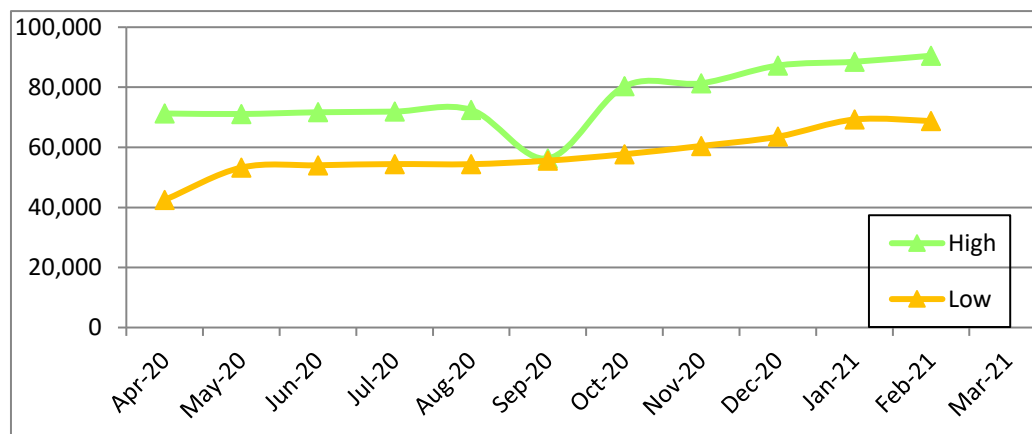


3.2

Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	75,454	39,037



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

The cash position continues to increase due to the improving in year financial position. The timing benefit from the block NHS payments will stop in March 2021 hence the large forecast reduction.

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: £90.5m

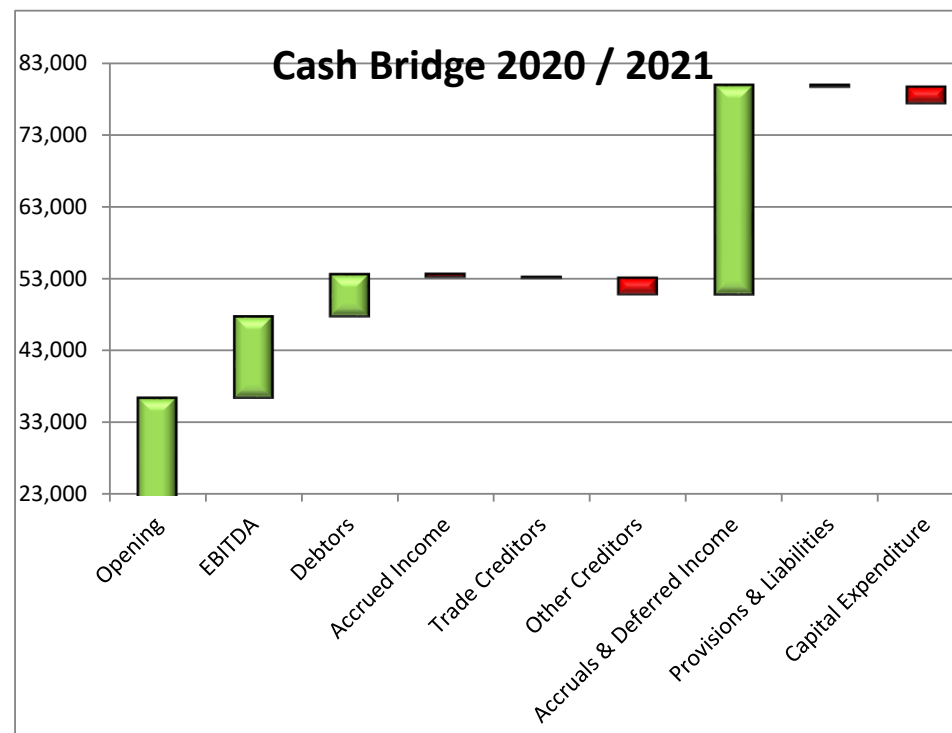
The lowest balance is: £68.7m

This reflects cash balances built up from historical surpluses. The dip in September was linked to the timing change of the finance system.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
Opening Balances	36,417	
Surplus / Deficit (Exc. non-cash items & revaluation)	11,347	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	5,890	
Accrued Income / Prepayments	(445)	
Trade Payables (Creditors)	(88)	
Other Payables (Creditors)	(2,332)	
Accruals & Deferred income	29,175	
Provisions & Liabilities	(262)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	(2,315)	
Cash receipts from asset sales	187	
PDC Dividends paid	(2,119)	
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	75,454	



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 £20.6m relates to the receipt of March 2021 block invoices during February in line with national guidance.

4.0

Better Payment Practice Code

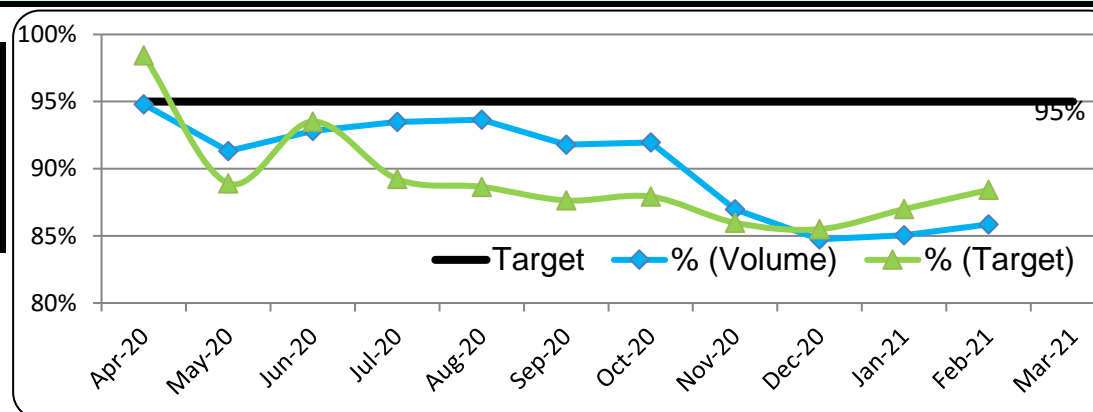
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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.

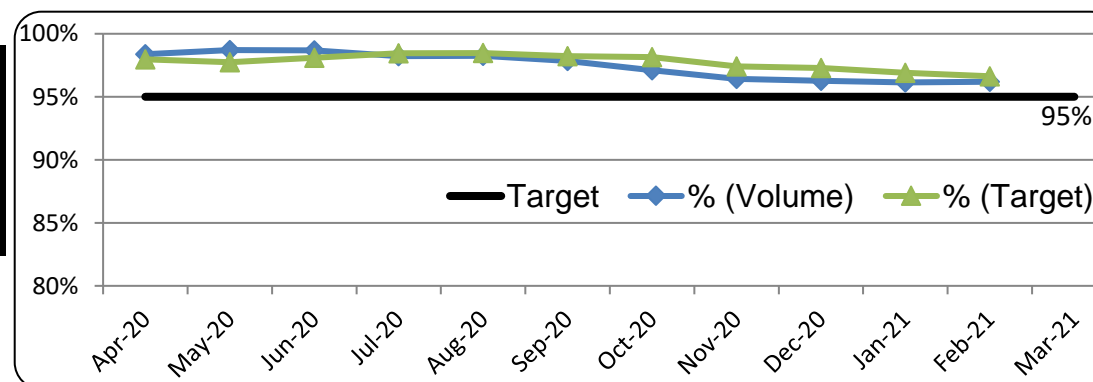
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

This request was not extended past January 2020 and whilst the Trust continue to endeavour to pay all suppliers as fast as possible this has been removed as a key performance indicators. As a metric the team continues to monitor the average time taken to pay a non NHS invoice. This was 15 days in December 2020, 14 in January and 13 in February 2021.

NHS		
	Number	Value
30 days	%	%
Year to January 2021	85%	87%
Year to February 2021	86%	88%



Non NHS		
	Number	Value
30 days	%	%
Year to January 2021	96%	97%
Year to February 2021	96%	97%



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-payroll 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 (£)
16-Feb-21	Property Rental	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710170783	364,058
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015564	182,622
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015572	182,622
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015719	182,622
26-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600016223	182,622
12-Feb-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318361	113,970
02-Feb-21	IT Services	Trustwide	Daisy Corporate Services	31465024	90,250
05-Feb-21	IT Services	Trustwide	Daisy Corporate Services	31466462	90,250
03-Feb-21	Property Rental	Wakefield	Assura Ltd	LINV36737	90,000
25-Feb-21	Property Rental	Wakefield	Assura Ltd	LINV35438	90,000
03-Feb-21	Computer Software	Trustwide	Insight Direct Ltd	5160665	65,476
02-Feb-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	95718	63,431
11-Feb-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	95013	63,232
11-Feb-21	Staff Recharge	Trustwide	Bradford Metropolitan District Council	73901533339	55,745
05-Feb-21	Staff Recharge	Trustwide	Leeds & Yorks Partnership NHS Foundation Trust	994904	55,602
20-Feb-21	Drugs	Trustwide	NHS Business Services Authority	1000067928	43,704
12-Feb-21	Pension	Wakefield	NHS Pensions Agency	2000004168	41,610
24-Feb-21	Staff Recharge	Trustwide	Sheffield Childrens NHS Foundation Trust	2100213619	38,042
03-Feb-21	Drugs	Trustwide	NHS Business Services Authority	1000067587	37,591
09-Feb-21	Property Rental	Barnsley	Community Health Partnerships Ltd	0060185917	33,936
03-Feb-21	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	TOW01472	33,417
12-Feb-21	Consumables	Trustwide	Becton Dickinson UK Ltd	181253	32,598
09-Feb-21	Consultancy	Trustwide	Avison Young Ltd	5029020	32,214
25-Feb-21	Telecoms	Trustwide	Vodafone Ltd	97204545	30,373
23-Feb-21	Utilities	Trustwide	EDF Energy	000009157724	30,300
24-Feb-21	Utilities	Trustwide	EDF Energy	000009138209	28,003
03-Feb-21	Purchase of Healthcare	Trustwide	Cheadle Royal Hospital	2900017944	27,863
09-Feb-21	Purchase of Healthcare	Barnsley	Barnsley Hospital NHS Foundation Trust	6023779	26,921
09-Feb-21	Property Rental	Barnsley	Community Health Partnerships Ltd	0060185916	26,295

- * 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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.0%	4.1%	4.7%	4.4%	4.3%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.8%	4.8%	4.9%	4.8%	4.0%	3.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.8%	86.2%	86.7%	85.5%	83.7%	84.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.7%	91.0%	91.2%	89.4%	89.2%	86.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	92.1%	92.9%	93.3%	94.4%	94.8%	96.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	98.0%	98.2%	97.7%	98.0%	97.9%	97.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.9%	93.3%	91.6%	89.8%	88.4%	89.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.5%	79.0%	78.2%	78.0%	76.1%	77.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	98.2%	98.4%	98.0%	97.4%	96.4%	95.9%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	99.1%	99.0%	98.8%	97.2%	97.3%
Moving and Handling	Resources	Well Led	AD	>=80%	91.8%	91.3%	90.4%	89.4%	89.8%	90.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.4%	94.6%	94.7%	94.6%	94.6%	94.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.8%	93.0%	94.0%	95.2%	95.5%	95.6%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	95.7%	96.2%	96.1%	96.1%	96.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.9%	93.2%	93.4%	94.5%	94.6%	94.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.5%	95.1%	94.8%	95.2%	95.3%	95.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.4%	No longer used				
Bank Cost	Resources	Well Led	AD		£87k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£60k					
Overtime Costs	Resources	Effective	AD		£18k					
Additional Hours Costs	Resources	Effective	AD		£18k					
Sickness Cost (Monthly)	Resources	Effective	AD		£89k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		-1.37					
Business Miles	Resources	Effective	AD		74k					

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.1%	3.1%	3.2%	3.1%	3.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.0%	3.6%	3.1%	3.1%	2.8%	3.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	85.6%	83.1%	83.0%	82.6%	83.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.0%	87.9%	86.3%	83.6%	83.6%	83.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.9%	94.6%	93.3%	93.9%	93.4%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.7%	97.2%	96.6%	96.8%	96.6%	97.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.2%	93.0%	88.3%	87.6%	89.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.2%	76.9%	76.2%	77.9%	77.2%	78.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.6%	96.5%	96.5%	95.9%	95.6%	95.6%
Information Governance	Resources	Well Led	AD	>=95%	99.3%	99.4%	99.1%	99.0%	98.6%	99.0%
Moving and Handling	Resources	Well Led	AD	>=80%	95.4%	95.3%	94.7%	94.4%	94.1%	94.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.8%	95.8%	95.6%	96.0%	95.7%	94.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.6%	94.4%	93.9%	94.0%	93.3%	92.7%
Prevent	Improving Care	Well Led	AD	>=80%	95.2%	95.5%	95.3%	96.1%	96.0%	96.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.7%	91.0%	90.9%	93.2%	93.5%	93.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.2%	94.1%	93.1%	94.2%	94.0%	94.4%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.9%	No longer used				
Bank Cost	Resources	Well Led	AD		£141k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£50k					
Overtime Costs	Resources	Effective	AD		£26k					
Additional Hours Costs	Resources	Effective	AD		£1k					
Sickness Cost (Monthly)	Resources	Effective	AD		£75k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.69					
Business Miles	Resources	Effective	AD		26k					

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.4%	5.3%	5.6%	5.6%	5.6%	5.6%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.8%	5.2%	5.9%	6.1%	6.0%	4.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	87.4%	86.8%	84.2%	83.8%	83.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.9%	91.6%	90.5%	88.6%	86.3%	87.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.8%	95.1%	94.8%	95.2%	93.7%	93.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.5%	95.0%	94.9%	94.6%	94.6%	94.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.0%	93.7%	93.1%	89.8%	88.2%	88.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.4%	69.7%	68.4%	66.7%	65.9%	65.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.6%	95.8%	95.5%	95.2%	94.6%	93.9%
Information Governance	Resources	Well Led	AD	>=95%	98.2%	98.4%	98.3%	97.5%	97.2%	97.2%
Moving and Handling	Resources	Well Led	AD	>=80%	96.4%	96.9%	96.8%	97.0%	97.3%	97.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.6%	93.1%	93.5%	91.4%	90.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.0%	87.5%	89.0%	89.2%	87.1%	86.1%
Prevent	Improving Care	Well Led	AD	>=80%	92.5%	92.5%	92.6%	93.0%	93.1%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.9%	91.6%	91.2%	92.0%	92.2%	92.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.0%	88.2%	87.9%	89.2%	89.2%	89.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.6%	No longer used				
Bank Cost	Resources	Well Led	AD		£291k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£207k					
Overtime Costs	Resources	Effective	AD		£79k					
Additional Hours Costs	Resources	Effective	AD		£5k					
Sickness Cost (Monthly)	Resources	Effective	AD		£78k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		106.84					
Business Miles	Resources	Effective	AD		11k					

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.6%	2.8%	3.2%	2.8%	2.7%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.5%	3.9%	3.0%	2.3%	1.9%	2.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	75.5%	76.6%	76.6%	75.4%	77.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	81.1%	79.9%	80.6%	76.9%	75.2%	74.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	92.7%	94.3%	95.9%	96.5%	95.5%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.7%	94.2%	93.9%	93.1%	92.5%	93.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.3%	91.1%	91.1%	87.8%	86.6%	88.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	0.0%	0.0%	0.0%	28.6%	33.3%	28.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.4%	93.5%	92.8%	92.7%	92.5%	92.5%
Information Governance	Resources	Well Led	AD	>=95%	96.9%	96.9%	97.6%	96.7%	95.7%	96.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.6%	97.3%	97.3%	97.4%	97.1%	97.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.9%	92.4%	93.5%	92.7%	92.8%	92.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.9%	89.0%	90.2%	89.4%	88.3%	88.7%
Prevent	Improving Care	Well Led	AD	>=80%	93.3%	92.4%	93.1%	93.6%	92.0%	92.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.6%	90.1%	90.1%	90.1%	90.5%	90.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.0%	92.1%	90.1%	90.4%	90.5%	90.9%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£16k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£144k					
Overtime Costs	Resources	Effective	AD		£26k					
Additional Hours Costs	Resources	Effective	AD		£5k					
Sickness Cost (Monthly)	Resources	Effective	AD		£30k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		2923.0%					
Business Miles	Resources	Effective	AD		5k					

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

Support Services										
Month	Objective	QCQ Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.3%	3.5%	3.3%	3.3%	3.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.8%	3.5%	3.5%	3.3%	3.5%	3.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.3%	93.9%	92.7%	95.0%	92.5%	90.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.1%	87.5%	87.1%	87.1%	90.0%	90.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.0%	80.0%	80.0%	66.7%	80.0%	80.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.0%	91.8%	91.4%	91.8%	91.1%	90.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.8%	90.8%	90.3%	81.2%	81.1%	80.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.1%	97.8%	97.8%	97.8%	97.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.8%	94.2%	93.8%	93.6%	92.3%	92.3%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	99.3%	99.5%	99.4%	97.6%	97.6%
Moving and Handling	Resources	Well Led	AD	>=80%	98.6%	98.6%	98.6%	99.0%	98.9%	99.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.8%	98.8%	98.9%	98.7%	98.7%	98.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.8%	86.4%	90.5%	90.9%	90.5%	86.4%
Prevent	Improving Care	Well Led	AD	>=80%	97.9%	98.2%	98.2%	98.5%	98.3%	98.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	98.5%	98.4%	97.7%	97.8%	97.6%	97.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	98.2%	98.1%	97.7%	97.6%	97.4%	97.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£47k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£12k					
Overtime Costs	Resources	Effective	AD		£9k					
Additional Hours Costs	Resources	Effective	AD		£19k					
Sickness Cost (Monthly)	Resources	Effective	AD		£55k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		11.15					
Business Miles	Resources	Effective	AD		8k					

Wakefield District										
Month	Objective	QCQ Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	2.8%	2.9%	4.1%	3.1%	3.3%	3.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	2.9%	3.4%	4.1%	3.6%	4.4%	4.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.0%	87.9%	87.2%	87.2%	87.6%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.8%	88.1%	87.9%	85.2%	84.3%	83.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.4%	91.5%	90.7%	91.5%	91.1%	90.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.1%	96.1%	96.6%	95.9%	96.1%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.5%	90.0%	90.4%	88.9%	87.6%	88.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.2%	76.5%	78.1%	73.8%	71.3%	76.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.5%	95.3%	95.6%	95.1%	95.1%	94.3%
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.0%	98.4%	98.5%	98.2%	98.7%
Moving and Handling	Resources	Well Led	AD	>=80%	96.6%	96.9%	96.9%	96.9%	96.4%	95.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.8%	94.8%	94.0%	93.3%	92.8%	92.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.5%	94.1%	93.0%	92.1%	92.4%	91.2%
Prevent	Improving Care	Well Led	AD	>=80%	91.6%	93.2%	94.0%	95.3%	95.6%	95.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.6%	93.1%	92.7%	93.8%	94.3%	94.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.1%	92.7%	92.5%	91.5%	91.2%	93.1%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£57k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£45k					
Overtime Costs	Resources	Effective	AD		£21k					
Additional Hours Costs	Resources	Effective	AD		£2k					
Sickness Cost (Monthly)	Resources	Effective	AD		£22k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		0.59					
Business Miles	Resources	Effective	AD		25k					

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.4%	5.4%	4.6%	5.1%	5.0%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.5%	5.1%	4.7%	4.2%	4.4%	5.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.1%	86.4%	86.3%	87.7%	85.7%	85.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.8%	87.1%	86.7%	86.9%	84.2%	84.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.3%	88.0%	91.1%	94.2%	90.3%	87.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.5%	97.7%	97.8%	97.8%	97.3%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.1%	91.7%	92.6%	89.8%	89.4%	89.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.3%	73.9%	75.0%	74.5%	73.5%	77.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.9%	95.7%	96.7%	97.0%	97.3%	97.2%
Information Governance	Resources	Well Led	AD	>=95%	98.8%	98.6%	98.6%	98.1%	97.3%	97.5%
Moving and Handling	Resources	Well Led	AD	>=80%	97.7%	97.2%	97.6%	98.1%	98.1%	98.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.2%	90.0%	91.0%	92.3%	92.6%	90.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.3%	88.1%	90.1%	91.5%	90.6%	88.7%
Prevent				>=80%	92.2%	92.6%	94.3%	95.3%	94.8%	94.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.3%	91.2%	90.7%	92.9%	92.0%	92.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.5%	86.6%	86.9%	86.9%	86.8%	88.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.6%	No longer used				
Bank Cost	Resources	Well Led	AD		£268k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£69k					
Overtime Costs	Resources	Effective	AD		£32k					
Additional Hours Costs	Resources	Effective	AD		£3k					
Sickness Cost (Monthly)	Resources	Effective	AD		£37k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		47.83					
Business Miles	Resources	Effective	AD		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