

# Integrated Performance Report Strategic Overview



**March 2021**

With **all of us** in mind.



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# Introduction

Please find the Trust's Integrated Performance Report (IPR) for March 2021. Following recent discussions at Trust Board and work conducted by a sub-group this IPR represents the recommended updates to the structure and contents of the report. 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

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

Further consideration will be given to performance targets during the first quarter of 21/22 and it is likely additional metrics will be included as a result of the introduction of the new system oversight framework. we will also need to consider how Trust Board monitors performance against the reset and recovery programme. Our integrated performance strategic overview report is publicly available on the internet.

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	Jan-21	Feb-21	Mar-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		1	3	3			
	2.Smoking Quit rates for patients seen by SWYFT Stop Smoking services (4 weeks)		67.4%*					Quarter 4 figures are provisional and will be refreshed in May 2021.
	3.Proportion of people from BAME communities accessing IAPT		Reporting Commenced Feb 21	14.5%	14.4%			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 have been identified to 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. Initial data has been pulled and is being analysed.
	2. IAPT - proportion of people completing treatment who move to recovery	50%	53.1%	53.4%	53.6%			March data is provisional and will be refreshed in May 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	89/90 =98.9%	90/90 =100%	98/101 =97.0%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	94.5%	94.8%	96.8%			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%	86.2%	88.1%	73.8%			January, February and March data is provisional and will be refreshed in May 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	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. <b>Creativity &amp; Health:</b> 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	<ul style="list-style-type: none"> <li>Working with each place to review and further develop integrated care partnership arrangements in line with the potential implications of NHS E/I proposals</li> <li>Focus of work in integrated care systems is on providing ongoing Covid support and a joined up Covid response.</li> <li>Working with each place to establish local recovery plans.</li> <li>Established a SWYPFT programme group to support the community transformation.</li> </ul>
2. <b>Active Calderdale:</b> 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.	Complete	
3. <b>Forensic Lead provider collaborative:</b> Given the current lack of clarity on income available for next year and following discussions within WY Collaborative Partnership Board/NHSE, a revised 'go live' date is now 1 July 2021. This is subject to reaching agreement with NHSE on income and financial safeguards, and agreement from governing bodies in the lead provider collaborative.	Amber	
4. <b>Community Mental Health Transformation:</b> Agreed hosting of programme manager positions (Calderdale and Kirklees), recruitment into the posts, April – May 2021.	On track	


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Improve Care								
Priority programme	Metrics	Threshold	Jan-21	Feb-21	Mar-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	29	25	28			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	33	29	34			
	4. Safer staffing fill rates (%)	90%	114.3%	116.2%	116.2%			
	5. Number of children & young people in adult wards	0	2	1	3			Total of 6 days in March
	6. Staff absence due to Covid-19		22	13	13			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		115	134	137			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	91	78	82			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)		192	173	156			
	2.Numbers waiting over 18 weeks for treatment (CAMHS)		122	132	136			
	3. Friends & Family test - CAMHS	80%	75.9%	74.6%	77.6%			79 responses in March
	4. Forensics staff sickness	<=5.4%	6.1%	5.4%	4.1%			
	5. Forensics staff turnover		Currently unavailable due to covid-19 response					
	6. Race related incidents in forensics		9	4	4			
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	90.5%	92.2%	95.7%			
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	95.5%	95.3%	96.1%			
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	95.0%	91.5%	91.0%			
	2a. Average contacts per day - Core MH		259	266	279			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months)
	2b. Average contacts per day - IHBTT		116	109	112			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months)
	2c. Average contacts per day - Learning disability community		144	146	157			Pre Covid-19 - 89 (October 2019 which is representative of the following 6 months)
	2d. Average contacts per day - District nursing, end of life and community matrons		551	603	616			Pre Covid-19 - 710 (Average from September 2019 to January 2020)
	3. Access representative of community population		Data currently unavailable					New referrals compared to population health data to be reported in May 21.

#### Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery plan development and restoration of services: stabilisation phase March - June 2021	Recommencing	<ul style="list-style-type: none"> <li>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.</li> <li>Reprioritisation of resources agreed to focus on the high priority areas of pandemic management and response including vaccination programme</li> <li>Recovery of services continues in line with service level business continuity plans</li> <li>Verbal confirmation received from Calderdale and awaiting feedback from Kirklees commissioners on CAMHS proposals.</li> <li>Barnsley and Wakefield - Some early indication that both services are receiving higher number of referrals and accepting as requiring CAMHS input. Unclear whether this is a spike in demand as a result of COVID-19.</li> </ul>
2. Care as close to home: Formal patient flow 7-day service, new target to in place by 31.04.21	On track	
3. Care as close to home: Gatekeeping analysis commence by end Apr and be taken forward through May and complete in June.	On track	
4.CAMHS improvement Neuro waiting lists (Calderdale and Kirklees:) Agreement with Calderdale & Kirklees commissioners for trajectory for CAMHS waiting list reduction by now forecast for end May 2021 (previously end March). Conversations are still ongoing with both Calderdale and Kirklees commissioners with verbal confirmation of	Amber	
5. CAMHS Barnsley: Plan to reach agreement with commissioners regarding Access KPIs depending on additional funding for 2021/22 by end of June 2021	On track	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Improve resources								
Priority programme	Metrics	Threshold	Jan-21	Feb-21	Mar-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£824k	£533k	£963k		£4.6m	Over-achieved compared to plan
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£70.1m	£75.5m	£56.6m		£56.6m	
	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'		4.2%	3.9%	3.8%			
	2a. Percentage of video consultations		4.2%	3.8%	3.8%			Slightly lower than national averages
	2b. Percentage of telephone consultations		47.9%	41.1%	38.0%			
	2c. Percentage of face to face consultations		47.9%	55.1%	58.3%			
	3. Prescribing errors (EPMA) (development required)		Currently unavailable due to covid-19 response					6 wards are now fully live using EPMA, over the next month an evaluation of these wards will take place alongside a continuation of training. Further work to be undertaken to scope out implementation across other wards.

#### Improve resources (Mark Brooks)

Key Milestones		Comments:
1. <b>Digital:</b> Agreement of new Digital Strategy by 31.03.21	Complete	<ul style="list-style-type: none"> <li>Spend money wisely and reduce waste: Current focus is on the development of a financial plan for the first half of 2021/22</li> <li>The Trust needs to prepare to re-focus on waste reduction and improving productivity in anticipation for the need for efficiency savings in H2 21/22 and beyond</li> </ul>
2. <b>Digital:</b> EPMA live in 2 clinical areas by 31.01.21	Complete	
3. <b>Financial Plan:</b> 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	Jan-21	Feb-21	Mar-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.0%	4.0%	3.9%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	10.0%	10.0%	10.3%			Staff turnover has reduced in 2020/21
	3a. Clinical supervision	>=80%	81.3%					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	75	69	82			
	5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment	80%	71.8%					Increased from 65.6% in 2019
	5b. Staff survey - % staff recommending the Trust as a place to work	65%	69.0%					Increased from 61.5% in 2019
	6. Cases of bullying & harassment		1	1	0			
	7. Absence due to stress & anxiety and MSK		2.4%	2.5%	2.3%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds	>1	1.14	0.73	1.06			Above 1 indicates that white applicants are more likely to be appointed
Refresh and deliver our sustainability strategy and action plan	9. Access to training for staff members from BAME backgrounds		Currently unavailable due to covid-19 response					
	Dependent on what is identified in the updated sustainability plan							Requires further development

**Make this a great place to work (Alan Davis)**

Key Milestones		Comments:
1. <b>Healthy, resilient and safe workforce:</b> Establish and operationalise Covid vaccine hubs	Complete	<ul style="list-style-type: none"> <li>Current key focus has been supporting the delivery of the vaccine programme across the Trust with this now starting to be decommissioned over the next few weeks.</li> <li>There are a series of Great Place to Work measures being developed linked to the Workforce Strategy which will inform future IPR metrics.</li> </ul>
2. <b>Healthy, resilient and safe workforce:</b> Develop stratification model for delivering Covid vaccine	Complete	
3. <b>Healthy, resilient and safe workforce:</b> Deliver vaccine to workforce in line with stratification and supply	Ongoing	
4. <b>Healthy, resilient and safe workforce:</b> source staff to work on the vaccination programme including the staffing of covid-19 vaccination clinics	Ongoing	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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#### Lead Director:

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

#### Quality

- The majority of quality reporting metrics continue to be maintained during the pandemic
- Certification has been achieved from BILD in meeting the Restraint Reduction Training Standards
- Accreditation has been achieved for our Serious incident processes by the Royal College of Psychiatrists.
- The number of admissions under 18's to adult wards has increased
- High acuity on inpatient areas continues, placing additional pressure on staffing
- Clinical supervision target has been achieved

#### NHSI Indicators

- Three young people under the age of eighteen was admitted to an adult ward in February for a total of six days. It should be noted that one of these young people was aged 14 and was admitted to an adult ward for one night.
- Inappropriate out of area bed usage increased to 82 days in March, largely driven by psychiatric intensive care unit (PICU) beds
- Performance against nationally reported targets remains largely positive
- Strong progress has been made in paediatric audiology with regard to the maximum six week wait. It is now marginally below target and represents good recovery given the impact of the pandemic

#### Locality

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased with escalating demand outstripping commissioned capacity. Business case under consideration by CCG in Calderdale and Kirklees
- Proactive engagement with urgent care board in Barnsley and positive acknowledgment of liaison and intensive home-based treatment team performance
- Referral numbers in CAMHS placing pressure on waiting times. Exceptionally high rate in March following school return.
- Challenges in recruiting to nurse prescriber role at Urban House
- Mobilisation has commenced for the Barnsley Breathe service
- Staffing levels remain under constant review in forensics and are being managed through robust arrangements including the service business continuity plans
- The availability of consultant psychiatry cover in learning disabilities has been challenging, with gaps in consistent responsible clinician (RC) provision. Temporary measures provide cross cover and safer care, but they are not sustainable in the longer term
- Maintaining patient flow and facilitating sufficient ward capacity has been challenging in adult acute and PICU inpatient settings. High levels of acuity and service user distress are being witnessed
- The action plan and training around care programme approach (CPA) reviews is ongoing, closely monitored and supported at trust level and performance in each area of the BDU has exceeded target for Quarter 4.

#### Priority Programmes

- An internal project group has been established to support the community mental health transformation programme.
- We await a revised baseline income offer for the forensics lead provider collaborative
- Discussions taking place with commissioners in Calderdale and Kirklees to address CAMHS neuro waiting lists
- 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
- Financial planning underway for the first half on 2021/22

#### Finance

- The full year surplus (pre audit) is £4.6m. This is £6.7m favourable to the original plan.
- A number of nationally agreed transactions at the end of the year have contributed to this position. These include compensatory income for the loss of non-NHS income during the Covid-19 pandemic, funding for additional annual leave being carried over as a result of the pandemic and some contribution towards the estimated costs associated with the Flowers adjudication.
- Further additional income arose via commissioners and other sources towards the end of the year.
- A summary of the key variances to plan is shown in the main finance report.
- It is estimated that on a comparable basis to the original plan (i.e. excluding additional national funding streams) the surplus would have been £2.7m.
- Agency staffing costs increased slightly to £0.8m in the month and finished at £7.0m for the full year, slightly below last year.
- Excluding the impact of a nationally agreed transaction for PPE £0.4m 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 £218k, which is an increase compared to previous months given higher demand, particularly for PICU beds. There also continues to be high spend on locked rehab placements in Barnsley.
- Underlying pay costs were similar to previous months although the reported position was higher due to holiday pay and bank and enhancement accruals.
- Capital expenditure closed the year at £4.9m following a detailed review of work completed to date on the estates programme and conclusion of a number of IT related schemes.
- The cash balance reduced to £56.6m given the unwinding of advance income payments in March.
- Cumulatively 95% of all third-party invoices have been paid within 30 days. The average number of days to pay suppliers in March was 14.



- Workforce**
- As at April 20th there were 33 staff off work and not working Covid-19 related. This is much reduced compared to February
  - Non Covid-19 sickness reduced to 3.9% in March
  - 610 staff have tested positive for Covid-19. There were no positive test results in March
  - Staff turnover increased slightly to 10.3% in March, which remains lower than last year
  - 4,482 staff members (including bank staff) have received their first Covid-19 vaccination as at April 20th (87%) with 3,254 receiving their second vaccination by the same date

- 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
  - Lateral flow testing for staff continues to be used
  - Significant support to care homes is provided by our community teams in Barnsley
  - The Trust Opel level remains at 2
  - Silver and Gold Command meetings have reduced to once a week
  - National guidance continues to be monitored, reviewed, and adopted
  - A range of staff and wellbeing support offers continue to be available and used

## 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	Approx days stock as at 12-Jan	Approx days stock as at 09-Feb	Approx days stock as at 16-Mar	Approx days stock as at 13-Apr
Surgical masks	43	26	31	31
Respirator masks	142	102	93	109
Aprons	30	24	25	23
Gowns	66	63	59	62
Gloves	35	24	21	22
Visors	132	32	26	46

### 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	As at 20th April 2021	Notes
No of service users tested (ward)	174	225	257	278	297	300	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	137	Cumulative
No of service users recovered	60	83	94	115	119	121	2 patients deceased

#### 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 as required.

##### Staff

- Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures as required
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required
- Identified SWYFT staff are undertaking Lateral flow 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

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-19 Vaccination programme phase 2 is active with many staff members noted as now having their second vaccination;
- The patient vaccination programme continues to be delivered within the wards;
- Mapping of governance structures and ways of working as Business as Usual becomes the norm being discussed.
- A total of 4,483 staff have received their first vaccination (87.2%) and 3,254 staff have received their second vaccination (63.3%)
- In addition to providing vaccinations for our staff we have provided 968 first vaccinations and 864 second vaccinations for partner organisations.

### Standing up services

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

- The Trust OPEL Level remains at 2. This is being managed by way of business continuity plans and also partnership working.
- Silver and Gold command meetings have reduced to 1 per week in light of reduced workings required, however if the need arises to stand up an urgent meeting this can be immediately achieved.
- Consideration is being given to how Covid-19 response is managed in future and whether the command structure needs to remain in place as it currently stands.

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	Mar-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>1</sup>	Improving Health	Responsive	CH	TBC	42.3%	46.5%	48.8%	47.9%	47.4%	55.7%	65.4%	70.6%	66.7%	63.7%	64.1%	64.2%	N/A
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	10.0%	0%	17%	12%	30%	19%	4%	22%	8%	15%	7%	16%	1
	Number of compliments received	Improving Health	Caring	TB	N/A	13	13	41	34	18	19	21	28	45	24	8	31	N/A
	Number of Duty of Candour applicable incidents <sup>4</sup>	Improving Health	Caring	TB	trend monitor	34	35	41	28	25	18	17	32	39	36	24		
	Duty of Candour - Number of Stage One exceptions <sup>4</sup>	Improving Health	Caring	TB	trend monitor	7	2	10	11	5	2	4	1	3	4	4	Due May 2021	N/A
	Duty of Candour - Number of Stage One breaches <sup>4</sup>	Improving Health	Caring	TB	0	0	0	0	0	0	0	0	1	0	0	0		1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	40.3%	40.2%	40.4%	39.6%	39.3%	39.5%	39.2%	38.6%	39.0%	41.3%	41.1%	40.4%	2
	Number of Information Governance breaches <sup>3</sup>	Improving Health	Effective	MB	<=9	15	20	14	25	17	19	12	17	12	12	13	13	2
	Delayed Transfers of Care <sup>10</sup>	Improving Care	Effective	CH	3.5%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1.8%	1.6%	1.8%	1
	Number of records with up to date risk assessment - Inpatient <sup>11</sup>	Improving Care	Effective	CH	95%	90.4%	91.5%	89.4%	84.3%	93.4%	81.0%	20.9%	46.6%	54.0%	55.5%	53.0%	53.2%	N/A
Quality	Number of records with up to date risk assessment - Community <sup>11</sup>	Improving Care	Effective	CH	95%	71.2%	83.3%	79.1%	70.0%	74.6%	77.4%	37.3%	47.4%	51.9%	56.0%	63.2%	56.8%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	969	945	1047	1253	1114	981	1169	1149	1041	944	947	1152	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	32	27	30	20	19	17	11	21	29	20	17	20	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	1	3	3	4	2	1	2	2	7	2	1	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	1	5	8	5	6	2	2	8	8	7	7	3	
	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%	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%	90.1%	92.2%	90.9%	88.9%	92.7%	92.9%	
	Number of pressure ulcers (attributable) <sup>1</sup>	Improving Care	Safety Domain	TB	trend monitor	45	44	36	29	34	38	35	42	33	33	29	34	
	Number of pressure ulcers (avoidable) <sup>2</sup>	Improving Care	Safety Domain	TB	0		3		0	0	0	0	1	0	0	3	2	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less <sup>8</sup>	Improving Care	Safety Domain	CH	90%	93.0%	91.5%	90.0%	80.0%	94.5%	94.0%	87.5%	100%	90.2%	100%	90.0%	79.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	38	44	46	34	46	44	57	47	49	47	44	40	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	121	111	137	188	138	125	165	202	189	166	185	179	
	% 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%	100%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	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	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	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 March decreased from 185 to 179. 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 40 in March 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 2 incidences of avoidable pressure ulcers to report during March.

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) join national and regional patient safety discussions/information sessions and sharing information into the Trust. NHS England have issued a document with priorities for patient safety specialists which is being aligned with our patient safety strategy and identifying organisational leads.

Serious Incident Review Accreditation Network (SIRAN) - the Patient safety support team has achieved accreditation of our serious incident investigation process by the Royal College of Psychiatrists.

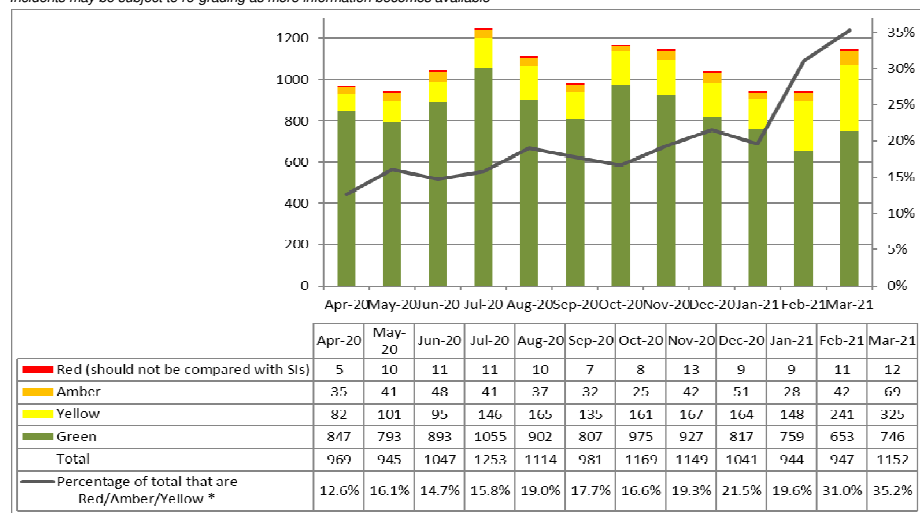
360 Assurance audit of Patient safety - focus on incidents - The Trust received Significant Assurance. Evidence of completion of actions has been provided. All evidence was submitted to 360 Assurance before the 31 March 2021 timescale. We are awaiting feedback.

Policy review - The Incident Reporting and Management policy and Investigating and analysing incidents policy have both been approved by EMT on 25 March 2021.

## Safety First

### Summary of Incidents April 2020 - March 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 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 (06th April 2021).

Deaths: of the 3 deaths that were recorded for March 2021, there are 2 Suicide (incl apparent) - community team care - current episode incidents. These are recorded 1 each at Core Team – Calderdale and Enhanced Team North 2 – Kirklees. There is also 1 death caused by homicide by patient recorded at Enhanced Team North 2 – Kirklees.

Severe: of the 5 severe harm incidents recorded for the month of March 2021, these were 2 Pressure Ulcer - Category 4, incidents recorded for the Neighbourhood team in Barnsley, 1 Physical violence (contact made) against patient by patient incident (at Stanley Ward), and 2 self-harm incidents. These were recorded 1 each at Ashdale Ward (based at The Dales, Kirklees BDU), and Enhanced Lower Valley Team – Calderdale.

Moderate: of the 20 moderate harm incidents reported in March 2021, 11 were pressure ulcer category 3 incidents recorded across the neighbourhood team in Barnsley. There were also 1 Pressure Ulcer - Category 3 (medical device related) incident and 1 Tissue viability incident recorded for the Barnsley Neighbourhood Team.

There were also 4 self-harm incidents reported in March 2021. These were recorded 1 each at Core Team – Barnsley, Intensive Home-Based Treatment Team (IHBT) – Barnsley, and 2 at Ward 18 Priestley.

There was 1 Safeguarding Adults - Neglect concerns incident recorded at Intensive Support Team - Calderdale (PLD), 1 Slip, trip or fall – patient incident recorded at ward 19 (OPS) and 1 Emotional abuse of child incident recorded at Children's Speech and Language Therapy – Barnsley.

## Safety First cont...

### Summary of Serious Incidents (SI) by category

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.
  - 95% of incidents reported in March 2021 resulted in no harm or low harm or were not under the care of SWYT. For 2020/21 this figure was 92% overall. This percentage cannot be compared to previous reports as from March 2021, we have amended the way this is extracted from Datix. Previously this was based on severity and now uses degree of actual harm, which should be more accurate.
  - 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.

Following a decrease in incidents being reported in February 2021, the number of incidents reported in March 2021 is back at the expected level of average reporting. In February 2021 there were 953 incidents reported compared with March 2021 which was 1152 incidents were reported. This is near the average level of incidents being reported each month, before levels had dropped in January and February 2021.

### Mortality

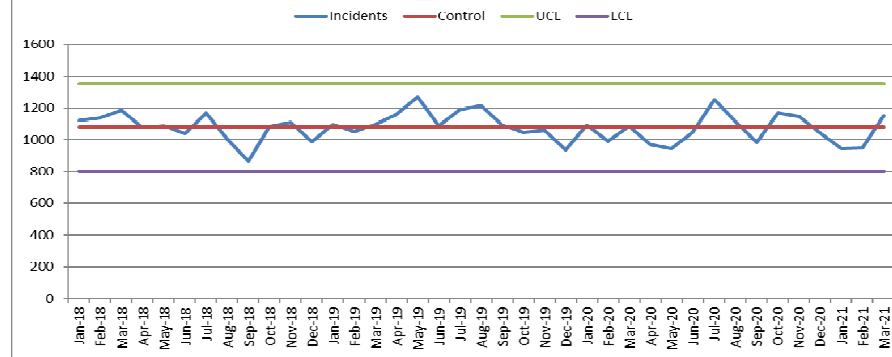
Learning: Clinical mortality review group has been postponed during Covid 19 pressures on services, although learning continues to be shared through the production of SBAR's which are shared via the learning library.

Regional work: No further regional meetings taken place.

Structured judgement reviews: allocations are on track.

Reporting: Annual data is being prepared and information will be included in the annual incident management report 2020/21.

### 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

High levels of acuity continue to be reported by the inpatient areas across the BDUs. There is a higher requirement for increased observation levels which in turn increases the demands on the regular workforce as well as the need for additional flexible staff. Staff absences caused by COVID related issues has decreased in this time however, we are still faced with challenging staffing issues. The number of vacancies within the RN group remains consistent and we are still showing a near negative balance in the HCA workforce vacancies, albeit that there is an under establishment within band 2s which is balanced by an over established band 3 workforce.

SafeCare has been rolled out within the Unity Centre and we are experiencing some sustainability issues which are being addressed with the wards in the next few days. This will allow a better understanding of the lessons learned and when we can start the process within the next planned area in May which is forensics.

Any incidents where the registered nurse cover has fallen below the expected establishment are supported by local escalation plans which remain robust in the face of the staffing pressures. Each incident where a Preceptee is left alone as a result of an emergency, i.e. sickness or clinical incidents, are looked at and assurances have been given around what support was in place for that incident.

The current band 5 recruitment has allowed us to ensure that the vacancy situation has not worsened, which has allowed us to outperform our neighbouring trusts in the main, however we are looking at different ways to improve this. Included is the international recruitment processes where we are currently completing the tender process to appoint a partner agency. SWYT continues to take the lead in this collaboration with 5 other MH trusts.

Recruitment of band 2s has proven to be effective with residual appointable candidates being taken onto the bank. Bank recruitment also continues at a pace with around 70 HCAs with experience being interviewed in April.

No ward has fallen below the 90% overall fill rate threshold in March, which is a decrease of one ward. Of the 31 inpatient areas, 18 (57.6%), consistent with the previous month, achieved 100% or more. Indeed, of those 18 wards, 11 (a decrease of three wards) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days -Trust Total 87.3% (a decrease of 0.9%).

The number of wards that have failed to achieve 80% registered nurses decreased again by one to nine (28.8%). Four wards were within the Forensic BDU, two in Barnsley and three in Calderdale and Kirklees. Although our overall fill rates remain high, all inpatient areas remain under pressure from a registered staffing perspective. This 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 98.6% (an increase of 4.1%).

Three wards (9.6%), consistent with the previous month, fell below the 80% fill rate in the month of December. Two were within Barnsley BDU and one within Forensics. This was due to several reasons reflective as above. The number of wards who are achieving 100% and above fill rate on nights decreased by one to 16 (51.2%). Two wards within the Forensic and one within Wakefield BDUs utilised more than 120%.

**Overall fill rate for registered staff increased by 0.25% to 92.9%.**

**Overall fill rate for all staff within inpatient areas remained at 116.2%.**

Forensic and LD BDU decreased by 3.0% to 112%, Barnsley increased by 4.0% to 119%, Calderdale and Kirklees BDU decreased by 2.0% to 106%. Wakefield BDU increased by 4.0% to 136%.

Throughout March 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, increased to 4,658 (1,067 RN and 3,591 HCA) shifts.

Categories	No. Of Shifts	Total Hours	Unfill Percentage	Filled Shifts
Registered	293 (+29)	3,179.50	27.34% (-1.65%)	774 (+114)
Unregistered	375 (+26)	4,211.27	10.24% (-0.13%)	3216 (+300)
Grand Total	668 (+55)	7,390.77	14.01% (-0.29%)	

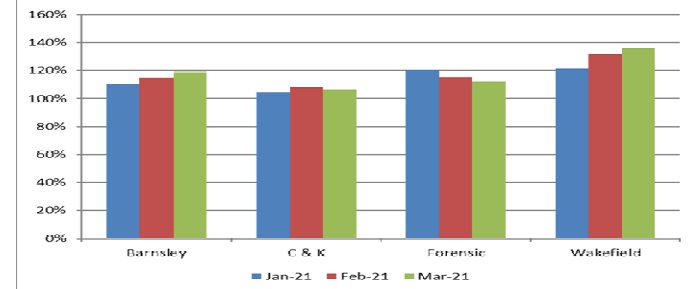
We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.

### 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.

The uptake in bank staff of a vaccine has continued to improve following an extensive and personal comms campaign including personally contacting all bank staff who had yet to receive their vaccine in April.

**Total Fill Rate by BDU**



## Information Governance

13 data breaches were reported during March and this continues the trend of lower numbers of incidents being reported since December 2020. All incidents reported involved information being disclosed in error which was the most reported category throughout 2020/21.

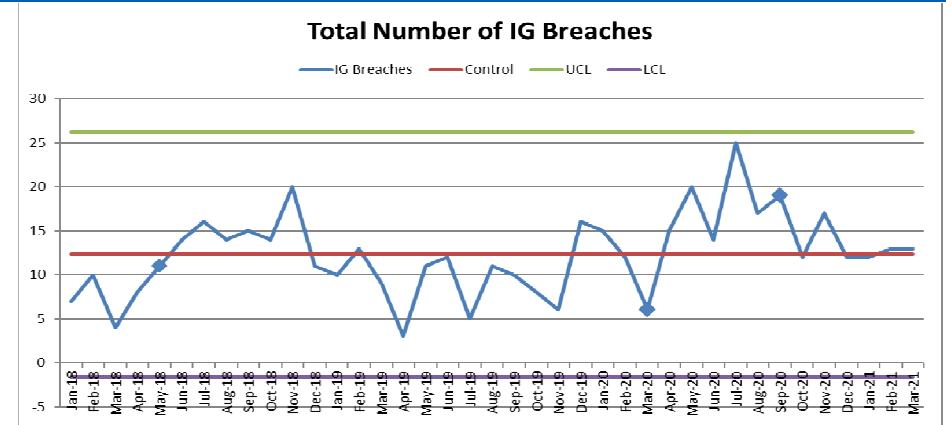
It should be noted that all teams engaged with the Information Governance Manager and completed the additional information requested in Datix in a timely manner.

The communications plan is being assessed to ensure it remains meaningful and has an impact.

The Trust did not report any incidents to the Information Commissioner's Office (ICO) during March and no complaints were made about the Trust by members of the public.

### 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 March 2020 highlights the start of the Covid-19 pandemic, which resulted in changes to some working practices. The data point in September 2020 has been highlighted given the start of the refreshed awareness and communication plan.



## Commissioning for Quality and Innovation (CQUIN)

Schemes for 20/21 were suspended during the Covid-19 pandemic period. Similarly there are no CQUIN schemes for H1 2021/22.

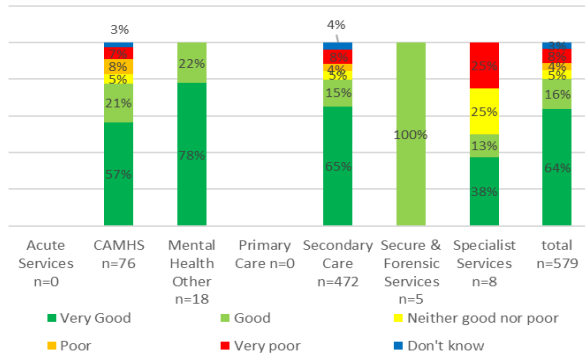
## Patient Experience

### Friends and family test shows

- 98% would recommend community services.
- 81% would recommend mental health services

#### Mental Health Services

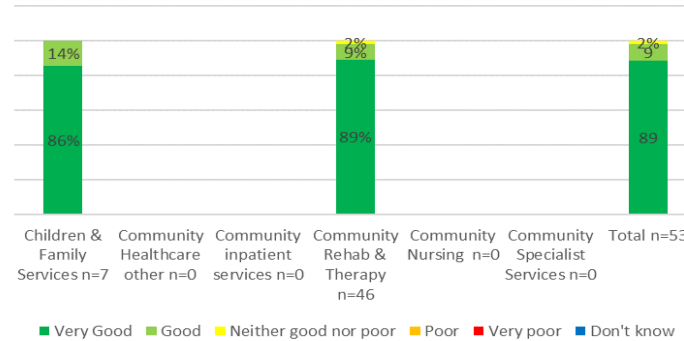
### Mental Health 80%/ n=579



- 82% (658) of respondents felt that their experience of services had been very good or good across Trust services.
- 98% (n=53) of respondents felt that their experience had been very good or good across community services.
- 81% (n=605) of respondents felt that their experience had been very good or good across mental health services.
  - After reviewing the comments received (3/160 were negative comments), I was unable to identify any trends or themes for those that stated that the service was poor.
- The text messaging service provided 84% of responses for March.

#### Community Services

### Community 98%/ n=53



Summary

Covid-19

Emergency Preparedness

**Quality**

National Metrics

Locality

Finance/Contracts

Workforce

## Safeguarding

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision. Level 3 Safeguarding adults and children training continues to be delivered virtually via MS Teams. This has been positively received although further work to support interaction is being undertaken. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target. The team are delivering the parental mental health and the impact on children package and this has been 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.

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

The safeguarding team provided a bespoke training session for the Forensic Community team on the Learning from Mental Health Homicide.

The Specialist Advisor for Safeguarding Adults has been joint working with the Safeguarding Adult Board manager in Barnsley to review partner agency chronologies and develop questions for partner agencies to support the development of a report for a learning lessons review.

The Safeguarding Adult Advisor has supported practitioners through the attendance at a learning lessons event following a Safeguarding Adult Review and Kirklees Network event.

The Safeguarding Team have co-produced the values based work / boundaries leaflet, this has been finalised and is to be sent out with pay slips for April.

Safeguarding Children Nurse Advisor attended the County lines, proactive safeguarding conference, and the Public Health Approach to modern day slavery conference.

## Infection Prevention Control (IPC)

Ongoing work for COVID19 pandemic

Surveillance: There has been zero cases of ecoli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –97%

Infection Prevention and Control- Trust wide Total –94%

Policies and procedures are up to date.

## Complaints

There were 43 new formal complaints in March 2021. Of these 7 has a timescales start date, 9 have been closed as no consent/contact and 27 are awaiting consent/questions

16% of new formal complaints (n=7) had staff attitude as a primary subject

31 compliments were received

12 formal complaints were closed in March 2021. Of these, 58% of complaints (n=7) were closed within 40 working days. Of the 5 complaints that exceeded 40 working days, the average working days to close was 73 days. The reasons why complaints exceeded the 40 day target included delays obtaining the required approval during sign off and the complexity of the complaint and the lack of quality information provided in the toolkit which required further clarification from clinical services.

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

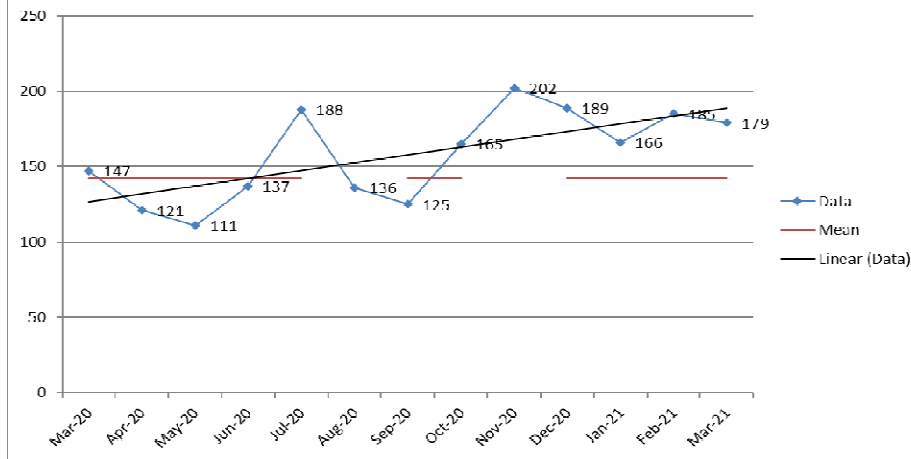
## Reducing Restrictive Physical Intervention (RRPI)

179 Physical Interventions used in March 2021 this is a decrease of 6 (3.2%) incidents since February 2021 which stood at 185 incidents. Of the different restraint positions used in the 179 incidents, standing position was used most often 85 (35%) followed by seated at 42 (17%). Prone restraint was reported 19 (8% of total restraints) times in March 2021, this is an increase of 10 (111%) from last month. 16 prone restraints were directly linked to seclusion events. Incidents where prone descent immediately turned into a supine position were recorded at 5 (2%) this is a separate entity to prone restraint. Forensic services recorded six prone Restraints, Wakefield five, Calderdale had five. Barnsley, Kirklees and Learning disabilities all reported one. We continue to explore how we benchmark with comparable providers, both in our practice and in our recording of prone restraint. The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In March the percentage of prone restraints lasting under 3 minutes was 79% which is a decrease of 11% from the previous month. Each incident of prone restraint has been reviewed by a member of the RRPI team for assurance as to the practice in that clinical situation.

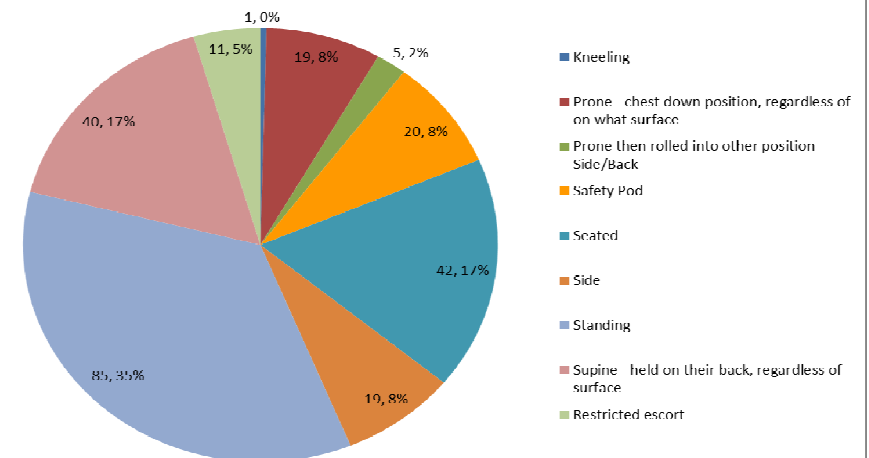
The use of seclusion continues to show an increase of 16 from 39 to 55 (41%) from the previous month. One incident of seclusion has been attributed to Covid themes in March

The RRPI team continue to provide face to face training in line with current IPC guidance. Although COVID restrictions have impacted on our delivery we have maintained a compliance of over 80% in all courses. (figures sourced from the Mandatory training report). The refresher courses will be re-introduced in May this year with update periods extended by 12 months from March 2020. Supplementary to this we will provide a trial of workplace competency assessments from April 2021, to ensure skills are maintained at the frontline. Discussions regarding the planning for the reintroduction of training has occurred within the Mandatory and Essential to Job Role Training Group, and proposed dates have been distributed to the Learning and Development team for circulation. 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.

Total restraints



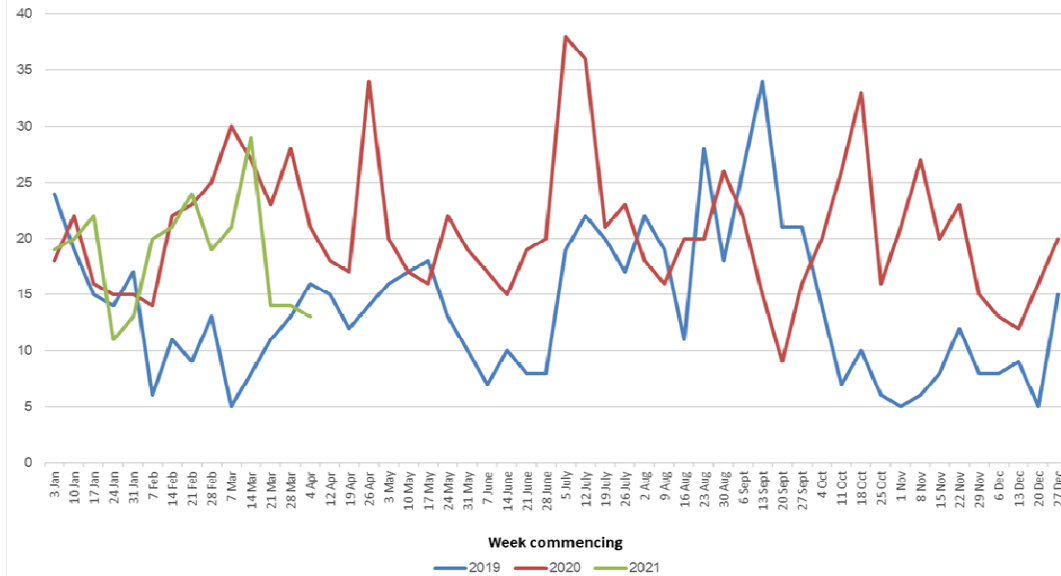
Restraint Positions March 21



## Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 10/04/2021 at 12/04/2021, 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 - 10/04/2021) compared with the same weeks in 2019 and 2020.



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

#### Analysis of trends

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.

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.

Analysis of the data from 2021 shows that two subcategories of self harm remain higher than other methods. These are self strangulation(61) and by cutting (59), tincidents each reported.

Analysis of the cutting incidents showed that the incidents took place over 14 wards/teams with the majority of incidents occurring on Elmdale ward.

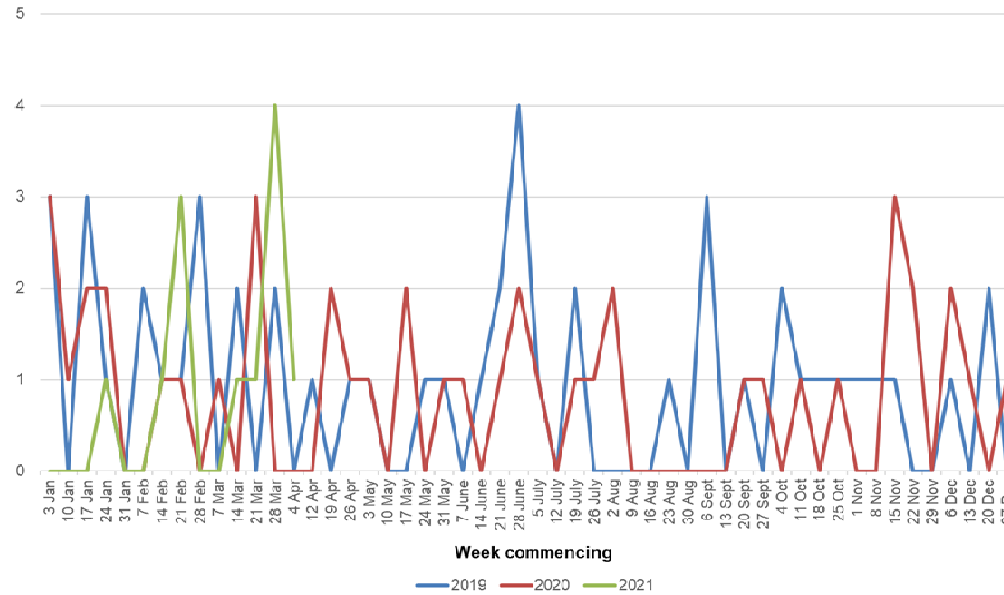
Analysis of the self strangulation incidents showed that the incidents took place over 6 wards with the majority of incidents occurring on Clark ward. Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

The next highest subcategory is headbanging (41 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 10/03/2021 at 12/04/2021, 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 - 10/04/2021) compared with same weeks in 2019 and 2020



#### Please note:

Data refreshed and verified on 12th April 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.

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	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Data quality rating <sup>a</sup>	Trend					
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	90.0%	98.7%	99.2%	99.9%	97.0%	95.6%	90.0%	94.9%	96.8%	98.7%	98.5%	98.9%	99.2%	98.2%	99.6%	99.9%							
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	28.5%	43.8%	56.8%	97.8%	55.2%	31.4%	28.5%	26.2%	33.9%	43.8%	42.9%	49.5%	56.8%	43.7%	74.3%	97.8%							
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	100%	96.1%	98.7%	99.4%	99.0%	99.2%	100%	96.8%	96.4%	95.2%	100%	100%	98.0%	100%	99.1%	99.1%							
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	297/299 = 99.3%	300/302 =99.3%	301/302 =99.7%	277/281 =98.6%	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%	98/101 =97.0%							
Data Quality Maturity Index <sup>4</sup>	Improving Health	Responsive	CH	95%	98.5%	98.7%	98.8%	98.7%	98.5%	98.5%	98.6%	98.7%	98.7%	98.8%	98.8%	98.8%	98.9%	99.0%	99.0%	98.3%							
Out of area bed days <sup>5</sup>	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	415	737	316	251	167	108	140	336	224	177	106	88	122	91	78	82							
IAPT - proportion of people completing treatment who move to recovery <sup>1</sup>	Improving Health	Responsive	CH	50%	46.6%	52.7%	56.3%	53.4%	51.4%	49.1%	42.8%	50.1%	54.3%	54.1%	55.6%	57.3%	56.7%	53.1%	53.4%	53.6%							
IAPT - Treatment within 6 Weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	75%	88.3%	92.8%	96.5%	98.8%	86.3%	88.1%	89.7%	91.1%	92.8%	94.5%	95.2%	96.9%	97.6%	98.4%	99.0%	98.7%							
IAPT - Treatment within 18 weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	95%	98.9%	99.1%	99.9%	99.9%	99.3%	98.5%	98.9%	98.5%	99.2%	99.6%	99.8%	100%	100%	100%	100%	100%							
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	84.6%	87.0%	94.4%	91.5%	70.7%	95.8%	92.3%	87.8%	79.5%	94.3%	97.0%	91.3%	95.6%	92.0%	90.6%	91.9%							
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.3%	91.1%	91.7%	92.1%	91.3%	91.2%	91.2%	91.1%	91.1%	91.1%	91.3%	91.9%	91.9%	92.0%	92.2%	92.2%							
% clients in employment <sup>6</sup>	Improving Health	Responsive	CH	10%	12.5%	12.6%	12.5%	12.5%	12.3%	12.3%	12.7%	12.6%	12.6%	12.6%	12.6%	12.5%	12.4%	12.4%	12.4%	12.6%							
Mental Health Five Year Forward View				Objective	CQC Domain	Owner	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Data quality rating <sup>a</sup>	Trend		
Total bed days of Children and Younger People under 18 in adult inpatient wards				Improving Care	Safe	CH	TBC	10	34	48	23	2	5	3	0	8	26	10	34	4	11	6	6				
Total number of Children and Younger People under 18 in adult inpatient wards				Improving Care	Safe	CH	TBC	4	6	8	6	1	2	1	0	3	3	2	4	2	2	1	3				
Number of detentions under the Mental Health Act				Improving Care	Safe	CH	Trend Monitor	258	205	210	189	258			205			210			189						
Proportion of people detained under the MHA who are BAME <sup>2</sup>				Improving Care	Safe	CH	Trend Monitor	14.7%	13.7%	18.1%	19.0%	14.7%			13.7%			18.1%			19.0%						
NHS Standard Contract				Objective	CQC Domain	Owner	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Data quality rating <sup>a</sup>	Trend		
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance <sup>3</sup>				Improving Health	Responsive	CH	90%	99.1%	99.8%	99.5%	99.6%	99.5%	98.7%	99.0%	99.3%	100%	100%	100%	100%	99.3%	99.8%	99.8%	99.8%	99.4%	98.5%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance				Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%	99.9%			
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance				Improving Health	Responsive	CH	90%	98.7%	98.4%	98.0%	98.1%	98.8%	98.7%	98.6%	97.8%	97.9%	98.2%	98.3%	98.0%	98.0%	98.0%	98.2%	98.1%				

\* 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.

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

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

#### Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.9%
- The percentage of service users seen for a diagnostic appointment within 6 weeks improved but remains below target at 97.8% . This is a direct consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 82 days in March. This is an increase from 78 in February, and is reflective of the intense effort within our operations teams.
- During March 2021, there were 3 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 18.1% to 19.0% quarter on quarter. This compares to a BAME population of 11.3% across the places the Trust operates.

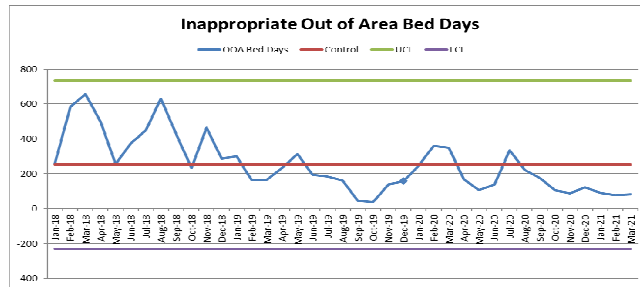
#### Data quality:

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.

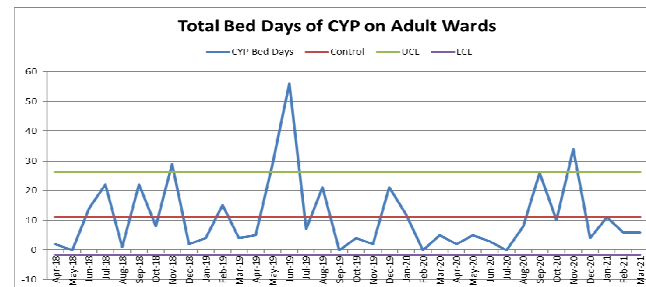
For the month of February the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for February shows 13.2% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to February which showed 13.1% 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



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.



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

- In discussion with primary care network (PCN) / GP Federation to develop detail of local transformation development plan.
- Service resilience maintained. Contacts continue to be delivered by telephone/video link where practical, with face to face support offered as necessary.
- Proactive engagement with urgent care board and positive acknowledgment of liaison and intensive home based treatment team performance

###### Areas of focus

- Improving urgent access (assessment within 4 hours) performance. Working to improve the accuracy and reliability of inputting.
- Improving % service users on care programme approach (CPA) with a formal review within the previous 12 months and ongoing attention in supervision to recording
- Non-recurrent recovery investment made available by CCG. Plans being developed to manage referral and caseload pressure on SPA and core teams

##### CAMHS

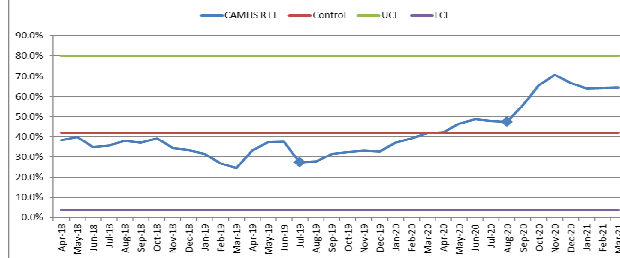
###### Strengths

- Business continuity plans have to date been effective.
- Trend in waiting numbers from referral to treatment in Barnsley being maintained
- 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 case under consideration by CCG in Calderdale and Kirklees. Need to agree risk sharing in relation to existing waiting lists.
- Referral numbers placing pressure on waiting times. Exceptionally high rate in March following school return. Medium term trajectory unclear.
- Crisis referrals – particularly in relation to eating disorders – increasing. Bed access remains problematic and also some staffing pressures across the eating disorder pathway. Options being explored to increase capacity
- Small number of high risk cases in Wetherby young offenders institute (YOI). Unable to source appropriate specialist beds and placing pressure on CAMHS staffing resource.
- Wetherby YOI staff recruitment and retention remains a key focus – specifically in relation to band 6 practitioner roles.
- 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

- Yorkshire smoke free Calderdale (YSFC) contract – potential contract extension under discussion
- Yorkshire Smoke Free Wakefield (YSFW) – TUPE information sent to Commissioner, tender process likely to commence in the first quarter
- Urban House health integration team (HIT) nurse prescriber role – unable to recruit to band 6 role, so looking to develop a band 7 role to incorporate additional commissioned work through Wakefield CCG. This creates operational risks as this is a nurse led service and additional pressure for Lead Nurse who is now the sole nurse prescriber within the service. No suitable temporary solution has been found and the issue is on the local risk register.

##### Strengths

- All children's and health and wellbeing services performing well
- Successful tender bid for the Breathe service. Mobilisation has commenced.
- Annual report for stroke early supported discharge (ESD) has been completed with focus on the first 12 month's achievements.
- The first quarterly integrated stroke team newsletter has been produced and will be circulated shortly

##### Challenges

- Urban House HIT nurse prescriber role
- Ongoing response to Covid-19 and supporting staff and patient vaccination hubs

##### Areas of Focus

- Commencing organisational change process across the integrated neighbourhood team
- Tissue viability – ONPOS roll out, development of a joint lymphoedema pathway with the hospice and the pilot of the Healthy.io wound care app
- Neuro rehabilitation service review continues

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

**Forensic business delivery unit and Learning Disability services:**

**Forensics**

- Staffing levels remain under constant review and are being managed through robust arrangements including the service business continuity plans
- Occupancy levels in Newhaven and Newton Lodge are below target, however there are 8 admissions planned to Newton Lodge.
- Supervision levels are 88.3% in medium secure, 92.3% in low secure and 87.3% in Newhaven
- 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.

**Learning Disability services**

- Supervision has improved and is now 86.8%.
- Community:
  - Activity continues to rise, including an increase in demand for face to face treatment
  - Waiting lists continue to be well managed with minimal breaches over 18 weeks
  - Locality Covid-19 vaccination programs for continue to be supported by our community teams
  - We have had an increase of Ministry of Justice cases moving into localities from out of area requiring support
  - Mayman Lane in Batley which is a local authority new development of beds to meet complex care needs has recently opened with service users moving in from out of area.
- Inpatients:
  - Recent increase in admissions has meant we are again relying on high usage of bank/agency cover
  - A new OT/AHP lead is now in post who has a focussed plan in place to improve environment, activities etc. for our service users on the ward
  - The ward has recently had a quality monitoring visit and an action plan is currently being developed to incorporate learning from this review
  - The availability of consultant psychiatry cover has been challenging, with gaps in consistent responsible clinician (RC) provision. Temporary measures provide cross cover and safer care, but they are not sustainable longer term and do not provide consistency within the team.
  - Work on the assessment & treatment unit reconfiguration across West Yorkshire continues.

**ASD/ADHD**

- The service is operating fully without any operational challenges due to Covid-19.
- The service has secured new business from Barnsley CCG for ASD.
- The service has a list of new business opportunities/ developments to explore further including ADHD, dyslexia and tourette's

**Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:**

**Inpatient:**

- Maintaining patient flow and facilitating sufficient ward capacity has been challenging, although the use of acute beds out of area has still been kept to a minimum. The use of PICU (psychiatric intensive care unit) out of area beds increased towards the end of March and is mainly attributable to gender specific and safeguarding clinical reasons rather than shortage of beds. High demand for inpatient beds continues. Concerted work on optimising patient flow is continuing and the service is now fully recruited and providing weekend cover, with a 6 day service in place, to move to a full 7 day a week service in May.
- The wards continue to deal with Covid-19 requirements for admission and episodic testing, and routine or infection related isolation and quarantining arrangements. 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 as above in managing isolated and cohorted patients. The difficulties have been compounded by staff absences and difficulties sourcing bank and agency staff leading to some staffing shortages across the wards. Senior leadership is available to the wards 7 days a week from matrons on site. Staffing levels have been maintained at safe levels with bank and agency usage and by utilising a trust-wide approach to staffing where possible. Continued weekly meetings taking place with mental health partners across the integrated care system have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
- 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.

**Community:**

- 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 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 ensuring 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, and currently reviewing space utilisation in each building to optimise clinical capacity.
- The action plan and training around care programme approach (CPA) reviews is ongoing, closely monitored and supported at trio level and performance in each area of the BDU has exceeded target for Quarter 4. Action and improvement plans continue at specific team and at practitioner level where needed.
- Demand into single point of access (SPA) continues to increase leading to some pressure in the service and necessitating the use of additional staff and sessions for assessment slots.

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, including the suicide prevention campaign and WY&H wellbeing hub.
- 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.
- Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
- New intranet development project in progress – migration of information ready for launch in April.
- IAPT and Recovery College 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 signed off by March Equality & Inclusion Committee
- Work is now progressing to launch the equality data improvement campaign
- Trust wide EECM strategy short film and image, easy read and summary all being progressed as part of a full website content refresh
- Work continues to support recovery planning continues using insight and intelligence to inform decision making
- Support for process to capture feedback on the Mental Health Act reform consultation – including insight report
- Equality Impact Assessment for the roll out of the Covid-19 vaccination programme developed and revisions made periodically
- Process to support SEQUIN submission for secure services continues with monthly updates forming part of core work
- Recruitment of a carers' lead will take place this month following a successful charitable funds application
- Payment for involvement policy now being looked at and a draft will be circulated for comment by the Executive Management Team in the next month
- Community reported post which were part of a successful bid to charities commission focussed on BAME staff and BAME communities is being rolled out further in Calderdale, Kirklees and Wakefield
- Senior peer support worker post appointed and an event to launch the work and approach for peer support workers will take place. Training package and resources for peer workers has been co-designed
- Opportunities for BDUs to host a peer worker post in any vacant posts going forward are progressing. A number of presentations are planned for an event on Monday 17th May 11:30-1:30 to promote this way of working and to co-create an action plan for the forth coming year
- Draft strategy for volunteering developed and a framework to support volunteers is in place, further work to engage on the strategy is now being progressed
- Volunteers are starting to return with support and guidance. The return of volunteers will be supported by ESR training and DBS refresh

## Overall Financial Performance 2020/21

### Executive Summary / Key Performance Indicators

Performance Indicator		Year End Position	Narrative
1	Surplus / Deficit	£4.6m	A final position of £4.6m surplus has been achieved. This takes account of the different financial arrangements for H1 and H2 and includes additional income agreed in Q4 in line with national guidance.
2	Agency Cap	£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 March was £0.8m.
3	Cash	£56.6m	As expected cash has reduced in month as the advance block monthly payments have now ceased. Overall this remains a strong year end cash position and a £20m increase from 31st March 2020.
5	Capital	£4.9m	2020 / 21 has been a challenging year for delivery of the capital programme with large sections of the construction industry closed and Covid-19 giving continued access problems. Despite this £4.9m has been spent with the safety agenda and IT infrastructure remaining key areas investment.
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 14 days in March.

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

## 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	Mar-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%	3.9%
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%	3.9%
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%	10.3%
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%	82.3%
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%	81.7%
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%	93.5%
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%	95.5%
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%	86.2%
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%	75.3%
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%	94.3%
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%	97.9%
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%	94.9%
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%	91.0%
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%	85.0%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	74.9%			79.3%			80.6%			81.3%		
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%	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%	94.0%
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%	93.5%
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	£1,120k
Agency Cost	Improving Resources	Effective	AD	-	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k	£760k
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			7		

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	As at 20th April 2021	Notes
<b>Additional Metrics to Highlight Response to and Impact of Covid-19</b>															
No of staff off sick - Covid-19 not working <sup>7</sup>		154	204	112	48	26	82	108	161	81	159	91	89	33	
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	1	
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	16	
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	5	
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	1	
Test & Trace Isolation		0	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	10	
No of staff working from home - Covid-19 related <sup>8</sup>		125	136	107	90	7	53	79	147	35	84	78	88	16	
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	8	
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	2	
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	1	
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	1	
Test & Trace Isolation		0	0	0	7	0	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	1	1	3	6	12	24	20	12	16	8	5	4	
Number of staff tested <sup>9</sup>		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	3386	Cumulative
No of staff tested positive for Covid-19 <sup>10</sup>		23	103	128	130	133	149	217	398	462	545	598	610	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%	2775/2823 =98.3%	
No of staff returned to work (not working only) <sup>13</sup>		445/599 = 74%	609/807 =75%	800/908 =88.1%	872/928 =94.0%	952/979 =97.2%	992/1079 =91.9%	1122/1239 =90.6%	1295/1480 =87.5%	1492/1580 =94.4%	1533/1695 =90.4%	1723/1834 =93.9%	1726/1846 =93.5%	1858/1895 =98.0%	
No of staff still absent from work who were Covid-19 positive <sup>12</sup>		Data Unavailable	27	11	2	1	5	29	32	28	43	22	13	13	
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	1306	1369	1281	Cumulative
Calls to occupational health healthline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	2655	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

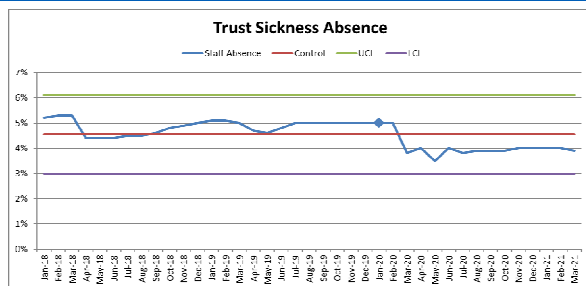
**Staff Health & Well Being**

- 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. 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.

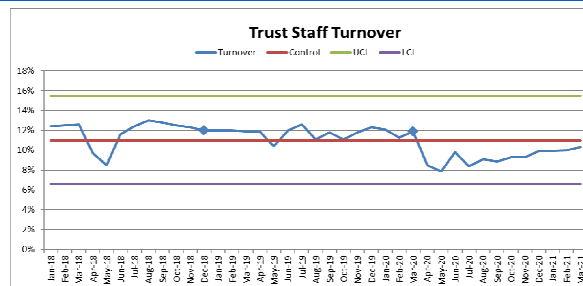
**Workforce Issues**

- As at 20th April, 33 staff off work Covid-19 related, not working which compares to 89 one month earlier. A further 16 were working from home.
- 3386 staff tested for Covid-19 as at 24th March.
- 610 staff have tested positive for Covid-19, none of which tested positive within the last month.
- Staff turnover increased to 10.3% in February.
- Non-Covid sickness absence was 3.9% in March and stands at the same percentage cumulatively. This compares favourably to previous years.
- Higher staff turnover in inpatient wards has been noted.

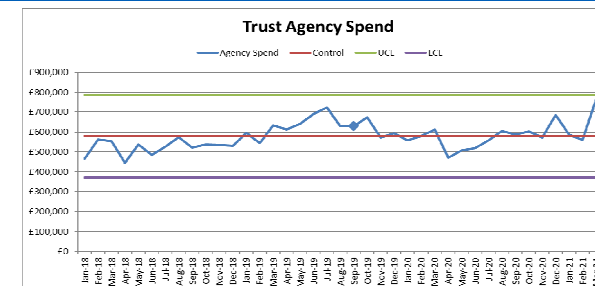
## SPC Charts



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.



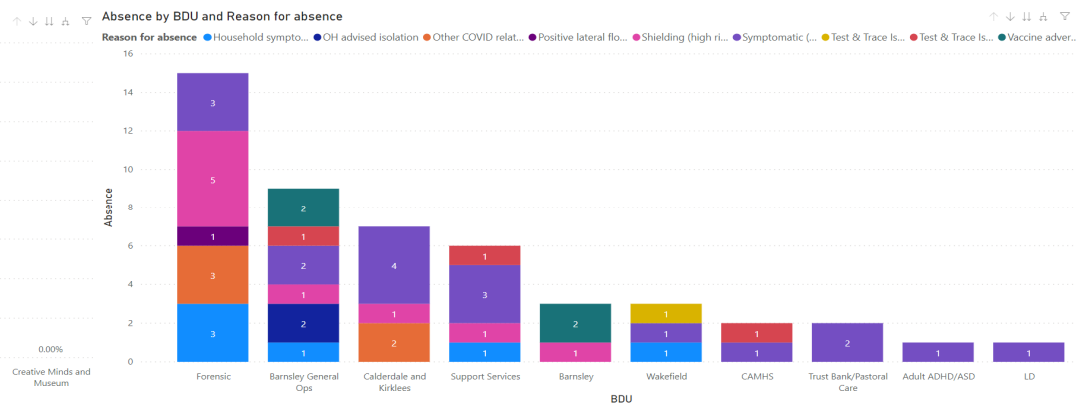
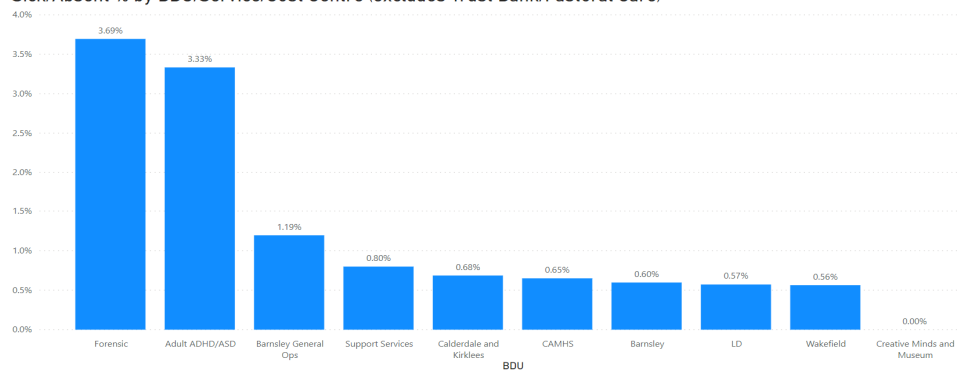
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

## Sickness reporting

As at 20th April, the Trust has 49 staff absent or working from home due to Covid-19. This makes up 0.9% of the workforce. Of those absent, 12.2% are symptomatic and 18.4% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 3.7% of staff impacted (15/406). 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) was 9.3 days in March.

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



## Publication Summary

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

[NHS workforce statistics: December 2020 \(including selected provisional statistics for January 2021\)](#)

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

[Out of area placements in mental health services: January 2021](#)

[Psychological therapies: reports on the use of IAPT services, England - January 2021: final including a report on the IAPT employment advisors pilot](#)

[Learning disability services monthly statistics, Assuring Transformation: March 2021, Mental Health Services Data Set: January 2021 final](#)

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



**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# Finance Report

**Month 12  
(2020 / 21)**



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



With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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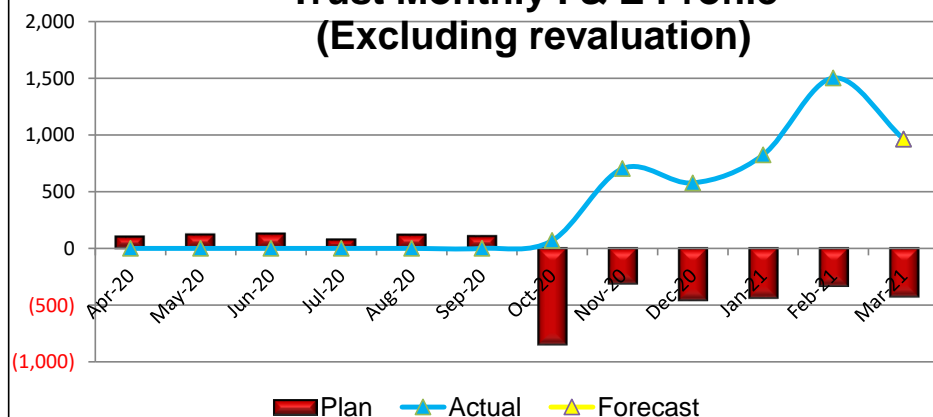
Performance Indicator		Year End Position	Narrative
1	Surplus / (Deficit) Excluding revaluation	£4.6m	A final position of £4.6m surplus has been achieved. This takes account of the different financial arrangements for H1 and H2 and includes additional income agreed in Q4 in line with national guidance.
2	Agency Spend	£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 March was £0.8m.
3	Cash	£56.6m	As expected cash has reduced in month as the advance block monthly payments have now ceased. Overall this remains a strong year end cash position and a £20m increase from 31st March 2020.
4	Capital	£4.9m	2020 / 21 has been a challenging year for delivery of the capital programme with large sections of the construction industry closed and Covid-19 giving continued access problems. Despite this £4.9m has been spent with the safety agenda and IT infrastructure remaining key areas investment.
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 14 days in March.

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

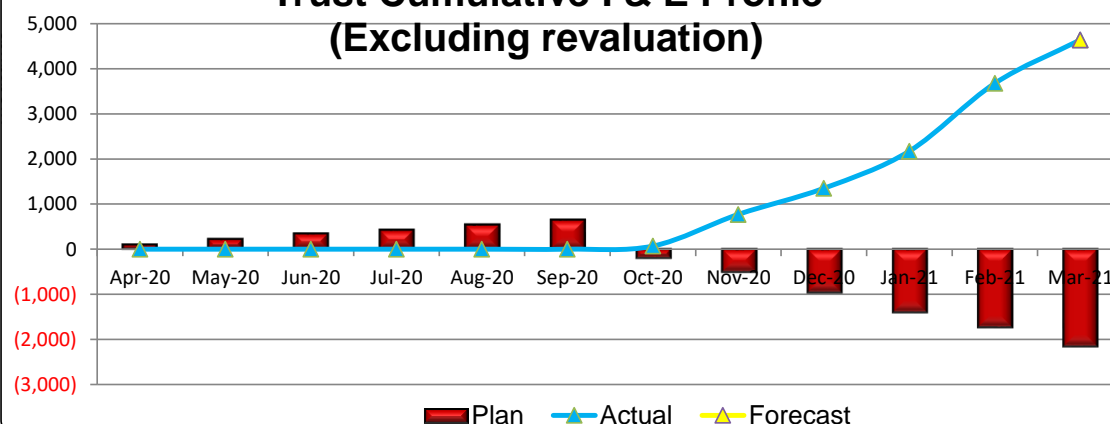
Budget Staff	Actual worked	Variance	Month Budget	Month Actual	Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE %	£k	£k	£k		£k	£k	£k	£k	£k	£k
			20,540	24,945	4,404	Clinical Revenue	233,416	238,457	5,041	233,416	238,457	5,041
			<b>20,540</b>	<b>24,945</b>	<b>4,404</b>	<b>Total Clinical Revenue</b>	<b>233,416</b>	<b>238,457</b>	<b>5,041</b>	<b>233,416</b>	<b>238,457</b>	<b>5,041</b>
			1,557	3,910	2,353	Other Operating Revenue	17,194	20,380	3,186	17,194	20,380	3,186
			<b>22,097</b>	<b>28,855</b>	<b>6,758</b>	<b>Total Revenue</b>	<b>250,610</b>	<b>258,837</b>	<b>8,227</b>	<b>250,610</b>	<b>258,837</b>	<b>8,227</b>
4,346	4,472	126 2.9%	(16,892)	(18,087)	(1,195)	Pay Costs	(193,532)	(193,574)	(42)	(193,532)	(193,574)	(42)
			(4,038)	(8,557)	(4,518)	Non Pay Costs	(45,351)	(49,210)	(3,859)	(45,351)	(49,210)	(3,859)
			(839)	(417)	422	Provisions	(4,762)	(2,912)	1,850	(4,762)	(2,912)	1,850
			0	(229)	(229)	Gain / (loss) on disposal	0	(157)	(157)	0	(157)	(157)
<b>4,346</b>	<b>4,472</b>	<b>126 -2.9%</b>	<b>(21,769)</b>	<b>(27,290)</b>	<b>(5,521)</b>	<b>Total Operating Expenses</b>	<b>(243,645)</b>	<b>(245,853)</b>	<b>(2,208)</b>	<b>(243,645)</b>	<b>(245,853)</b>	<b>(2,208)</b>
<b>4,346</b>	<b>4,472</b>	<b>126 -2.9%</b>	<b>328</b>	<b>1,565</b>	<b>1,237</b>	<b>EBITDA</b>	<b>6,964</b>	<b>12,983</b>	<b>6,019</b>	<b>6,964</b>	<b>12,983</b>	<b>6,019</b>
			(507)	(522)	(15)	Depreciation	(6,168)	(6,234)	(66)	(6,168)	(6,234)	(66)
			(245)	(80)	165	PDC Paid	(2,945)	(2,109)	836	(2,945)	(2,109)	836
			0	0	0	Interest Received	0	0	0	0	0	0
<b>4,346</b>	<b>4,472</b>	<b>126 -2.9%</b>	<b>(424)</b>	<b>963</b>	<b>1,387</b>	<b>Surplus / (Deficit)</b>	<b>(2,148)</b>	<b>4,641</b>	<b>6,789</b>	<b>(2,148)</b>	<b>4,641</b>	<b>6,789</b>
			0	0	0	Revaluation of Assets	0	(1,389)	(1,389)	0	(1,389)	(1,389)
<b>4,346</b>	<b>4,472</b>	<b>126 -2.9%</b>	<b>(424)</b>	<b>963</b>	<b>1,387</b>	<b>Surplus / (Deficit)</b>	<b>(2,148)</b>	<b>3,252</b>	<b>5,400</b>	<b>(2,148)</b>	<b>3,252</b>	<b>5,400</b>

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

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



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



### **National guidance has continued to be updated including the treatment of specific accruals (Flowers legal case), additional national funding and treatment of national PPE.**

The financial arrangements for 2020 / 21 differed between half one and two. For April to September national temporary arrangements enabled organisations to breakeven. From October to March a temporary arrangement remained although control totals were agreed for each organisation. This value was based on expenditure run rates in the first half of the year and resulted in a deficit plan of £2.1m. This took account of changes in accounting approach known at that period of time such as an estimated increase in untaken annual leave.

Additional guidance and funding has been provided late in the year which has resulted in an increased surplus / underspend position. Many elements of these were finalised and agreed in March 2021, hence the significant movement in the final position compared to forecast.

#### **Income**

The main block contracts with commissioners are based on national calculated blocks plus additional agreed Mental Health Investment Standard (MHIS) monies. This element of our income is largely as forecast. The favourable variance to plan includes additional national funding for untaken annual leave, the impact of the Flowers legal case (relating to overtime) and funding to cover a reduction in non-NHS income such as catering income.

There is also a further increase in other operating revenue for income received to offset additional costs. This includes income to offset the value of PPE provided, where the Trust has recognised costs for in year usage.

#### **Pay**

Pay spend in March was £18.1m which is higher than recent months. This includes year end assumptions for shifts worked in March and an estimate relating to the Flowers legal case. This estimate has been provided in conjunction with our payroll experts.

Overall the Trust has spent £25.1m more on pay than last year. An estimated £6m is due to incremental payments, pay awards and clinical excellence awards but the majority is due to an increase in workforce numbers, including new service investments.

Recruitment continues for substantive posts and new investment areas with a sustainable workforce model being factored into the 2021 / 22 planning process. This includes exploring new areas such as international recruitment for which SWYPFT is leading on behalf of the Yorkshire and Humber region.

#### **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.

## Income & Expenditure Position 2020 / 21

The Trust expenditure position is made up of numerous variances to plan; both favourable and negative, which are described throughout this report. As a summary of the position the main headlines are outlined below. This compares the movement from the £2.1m planned deficit to the £4.6m surplus position.

Description	Surplus / (Deficit) £m	Notes
Original deficit Plan	(2.1)	Half 2 2020 / 21 control total
Staffing / recruitment	2.1	Pace of recruitment into new investments
Public dividend capital (PDC)	0.8	Higher cash balances and lower capital expenditure
Operational performance	0.4	Out of area beds
Locked rehab beds (Barnsley)	(0.3)	Higher usage than forecast
Non-pay spend	(0.1)	
Income	1.9	Additional MHIS, national funding such as suicide prevention
<b>Normalised surplus</b>	<b>2.7</b>	
Holiday Pay	0.7	Funding provided for incremental costs
Flowers	(0.1)	Net movement in Flowers accrual including additional income
Non-NHS income support	0.7	National funding
Other additional income	0.6	Various national and regional sources
<b>Draft H2 20 / 21 surplus</b>	<b>4.6</b>	

## 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 directly reimbursed via national funding. Costs incurred in the second half of the year were met by a prospective system 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.

The nationally agreed transaction to cover PPE costs has been recorded as a Covid-19 cost in March 2021. This is shown separately in the table below.

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	31	1,806
Staffing Vaccination	Additional shifts to support vaccination - clinical and non clinical staff	0	0	0	0	47	32	159	238
Staffing – community	Community additional shifts	249	0	0	0	0	0	0	249
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	77	0	0	0	0	0	0	77
Staffing - students	Costs of student nurses and medics over and above previous	480	0	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	152	268
<b>Total – Pay</b>		<b>1,639</b>	<b>211</b>	<b>329</b>	<b>252</b>	<b>226</b>	<b>119</b>	<b>342</b>	<b>3,118</b>
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	441	161	0	4	167	53	19	845
Laundry	In house laundry service including scrubs	331	4	74	14	12	1	33	469
Infection Control	Central store of additional infection control supplies (wipes, cleaning products)	249	1	6	3	0	0	0	259
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	69	0	0	0	0	0	0	69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	71	0	0	0	0	0	0	71
Communications	Consent to share letter	40	0	0	0	0	0	0	40
Lateral Flow Testing	Distribution of kits to staff	0	0	0	50	(15)	0	20	55
PPE / national	Cost estimate for national PPE stock (offset by income)							2,244	2,244
Misc / other	Other general non pay not captured in the headings above	158	5	0	250	8	70	312	803
<b>Total – Non Pay</b>		<b>1,359</b>	<b>171</b>	<b>80</b>	<b>321</b>	<b>172</b>	<b>124</b>	<b>2,628</b>	<b>4,855</b>
<b>Total cost recovery</b>		<b>2,998</b>	<b>382</b>	<b>409</b>	<b>573</b>	<b>398</b>	<b>243</b>	<b>2,970</b>	<b>7,973</b>

## 2.1

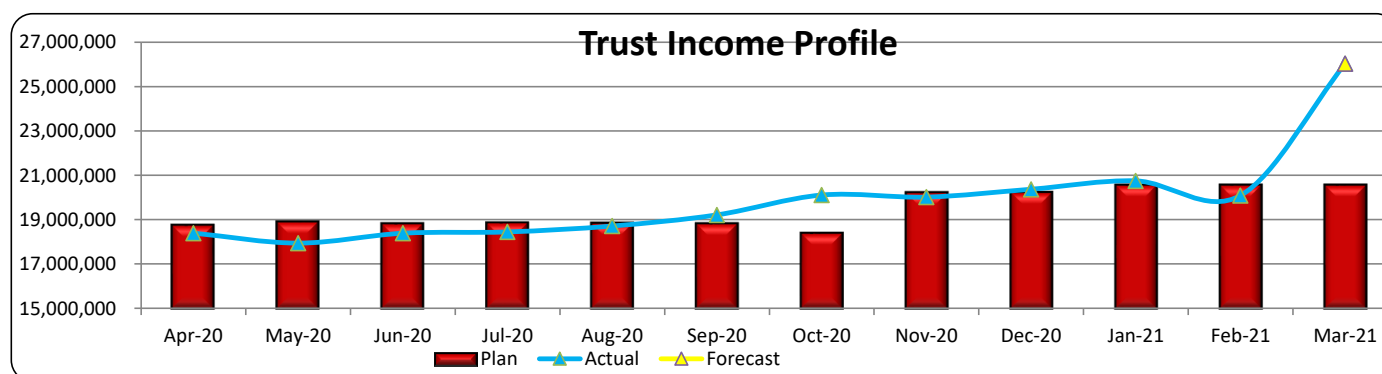
## Income Information

As part of the operating plan for the second half of the year, contracting arrangements were also updated. The nationally calculated block income (based on 2019/20 plus 2.8% uplift) remains and 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). Additional national funding received in March 2021 is shown on the other line.

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

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k	Total 19/20 £k
<b>CCG</b>	14,530	13,924	14,321	14,361	14,000	14,278	16,696	16,410	16,512	17,512	17,181	17,639	187,364	171,720
<b>Specialist Commissioner</b>	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,518	2,440	2,280	2,225	2,561	28,281	27,895
<b>Local Authority Partnerships</b>	335	473	409	439	419	417	430	408	437	385	446	429	5,025	7,755
<b>Top Up</b>	619	637	597	628	639	625	625	625	625	631	203	1,060	7,514	7,673
<b>Other</b>	550	550	702	658	1,254	1,537	0	0	309	(102)	0	0	5,458	0
<b>Total</b>	35	35	35	35	76	35	35	55	48	41	35	4,351	4,815	418
<b>19/20</b>	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,016	20,370	20,748	20,089	26,040	238,457	215,461
<b>19/20</b>	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	215,461	



Further guidance has been received in February and March 2021 and as a result additional income has been recognised in the other category.

This funding includes :

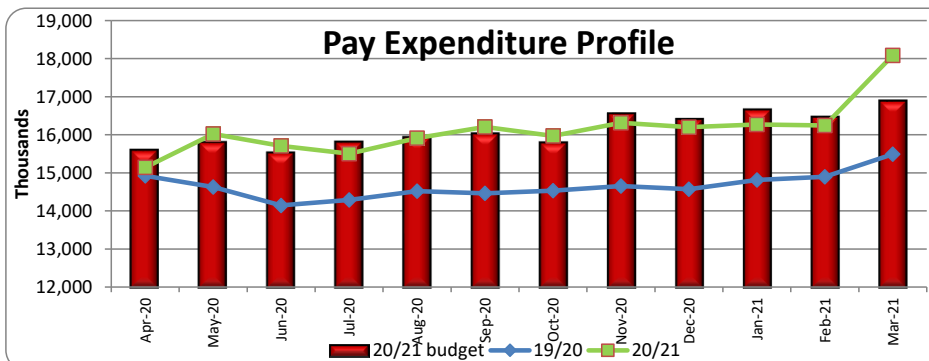
- Flowers legal case
- Untaken annual leave
- Top up Non NHS income

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

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

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
<b>Substantive</b>	13,947	14,646	14,470	14,256	14,462	14,647	14,450	14,851	14,569	14,740	15,001	16,208	<b>176,244</b>
<b>Bank &amp; Locum</b>	727	866	721	687	844	971	915	889	944	946	682	1,120	<b>10,312</b>
<b>Agency</b>	469	507	518	558	606	588	604	573	686	587	562	760	<b>7,018</b>
<b>Total</b>	<b>15,142</b>	<b>16,019</b>	<b>15,709</b>	<b>15,501</b>	<b>15,912</b>	<b>16,205</b>	<b>15,969</b>	<b>16,313</b>	<b>16,199</b>	<b>16,273</b>	<b>16,245</b>	<b>18,087</b>	<b>193,574</b>
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	<b>168,476</b>
Bank as %	4.8%	5.4%	4.6%	4.4%	5.3%	6.0%	5.7%	5.5%	5.8%	5.8%	4.2%	6.2%	5.3%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%	3.6%	3.8%	3.5%	4.2%	3.6%	3.5%	4.2%	3.6%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
<b>Substantive</b>	3,900	4,004	4,026	4,026	4,006	3,965	4,263	4,293	4,255	4,048	4,085	4,118	<b>4,026</b>
<b>Bank &amp; Locum</b>	203	253	193	197	244	225	277	240	303	257	240	244	<b>193</b>
<b>Agency</b>	68	75	83	90	108	93	121	100	120	119	82	110	<b>83</b>
<b>Total</b>	<b>4,171</b>	<b>4,332</b>	<b>4,302</b>	<b>4,312</b>	<b>4,357</b>	<b>4,283</b>	<b>4,661</b>	<b>4,634</b>	<b>4,678</b>	<b>4,424</b>	<b>4,407</b>	<b>4,472</b>	<b>4,302</b>
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	<b>4,098</b>



As shown in the table and graph, pay costs 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.

March pay expenditure is the highest in year, but the underlying performance is in line with previous months. The increase in March relates to additional costs recognised in line with national guidance such as holiday pay accruals, accruals for Flowers legal costs (relating to holiday and overtime payments), bank and enhancement accruals.

In line with the above bank, locum and agency costs have also increased in month and will continue to be reviewed in the future.

### Agency spend is £760k in March.

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.

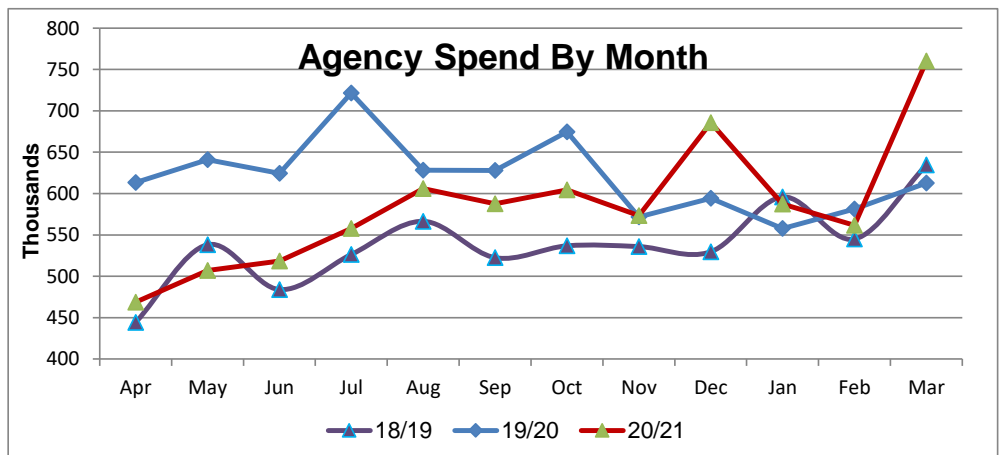
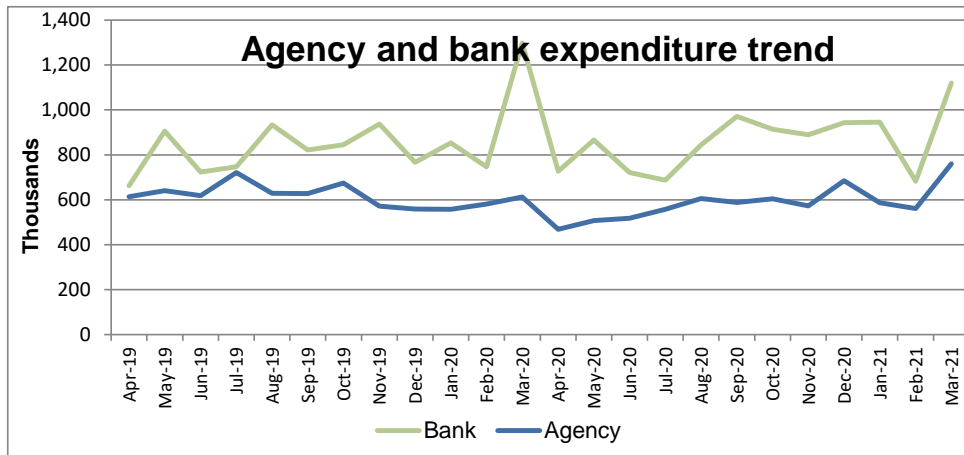
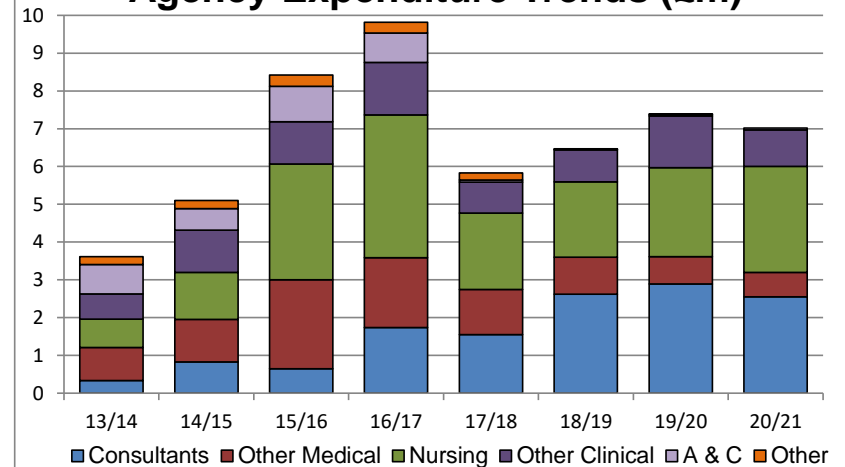
Due to covid 19 there is currently no nationally set agency cap for 2020/21, however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested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

March 2021 spend is £760k which is higher than previous months but this is a normal trend each financial year as all invoices are chased. Total spend for the year is £7.0m, of which £3.2m relates to medical staffing (primarily covering vacancies / gaps) and £2.1m for unregistered nursing to support safer staffing.

There has been continued staffing pressures throughout the year but overall agency spend is £0.4m less than last year. This has been possible by increased substantive staff, additional bank and the payment of overtime to existing staff members.

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

### Agency Expenditure Trends (£m)



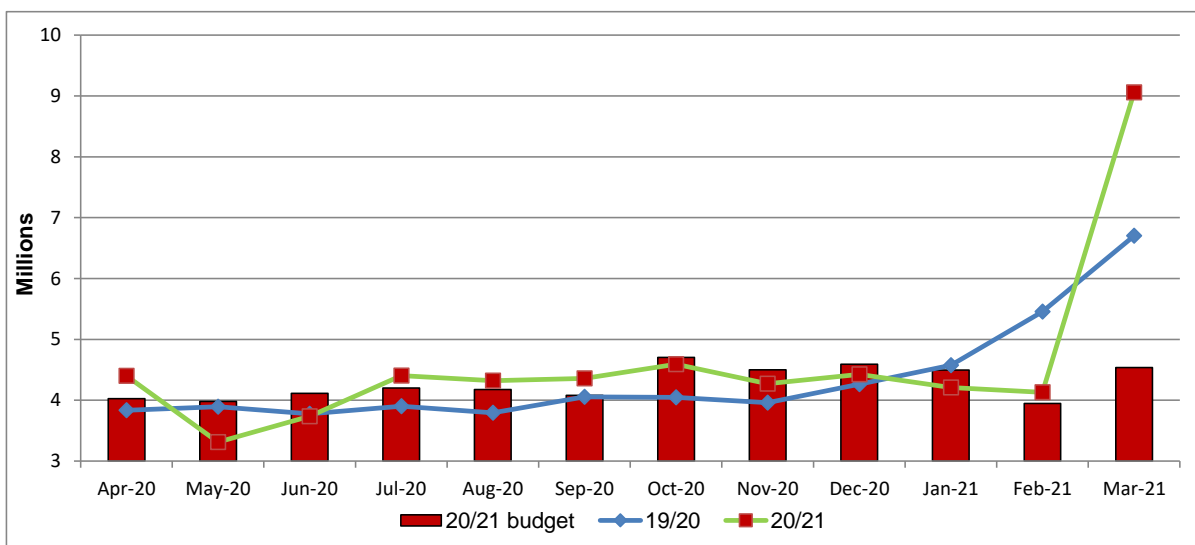
## 2.3

## Non Pay Expenditure

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

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
<b>2020/21</b>	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628	8,557	<b>49,210</b>
<b>2019/20</b>	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	<b>46,244</b>

	Budget Year to date £k	Actual Year to date £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	2,941	3,757	(816)
Drugs	3,487	3,824	(337)
Healthcare subcontracting	7,058	6,802	256
Hotel Services	2,188	2,764	(576)
Office Supplies	5,976	7,360	(1,384)
Other Costs	4,707	7,342	(2,635)
Property Costs	6,616	11,376	(4,759)
Service Level Agreements	6,321	0	6,321
Training & Education	1,143	646	497
Travel & Subsistence	2,453	2,851	(398)
Utilities	1,362	1,404	(42)
Vehicle Costs	1,098	1,084	13
<b>Total</b>	<b>45,351</b>	<b>49,210</b>	<b>(3,859)</b>
<b>Total Excl OOA and Drugs</b>	<b>34,806</b>	<b>38,584</b>	<b>(3,778)</b>



### Key Messages

The graph above shows the significant increase in non pay expenditure in March 2021. Key elements of this include the value of PPE provided nationally (£2.2m) which has been recognised in our financial position with corresponding income to offset.

Excluding March 2021 non Pay spend over the last 8 months has remained relatively steady including Trust spend on covid-19.

## 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 (£)**

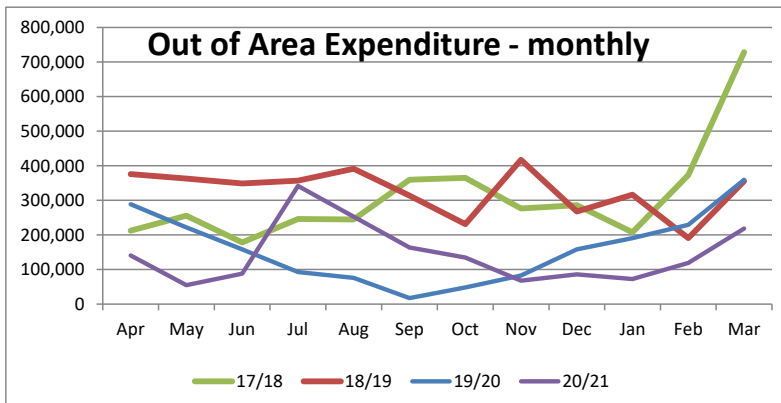
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741

**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	111	105	148	124	100	126	1,526

**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	109	105	148	116	100	93	1,110
Acute	18	9	86	192	45	23	2	0	0	8	0	33	416
Total	110	54	120	305	147	76	111	105	148	124	100	126	1,526



Costs and activity have increased in March 2021 as the Trust continues to experience high demand and acuity and covid-19 pressures. Costs relating to covid-19 continue to be charged to that cost centre. At the end of March 2021 there was 1 acute placement and 5 PICU. These were all male and are placed for gender specific reasons; this is a service line not provided by the Trust.

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 12 months.

	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	108,146	104,978	1
<b>Current Assets</b>			
Inventories & Work in Progress	238	173	
NHS Trade Receivables (Debtors)	6,048	1,143	2
Non NHS Trade Receivables (Debtors)	953	2,429	3
Prepayments, Bad Debt, VAT	2,219	3,184	
Accrued Income	1,904	3,090	4
Cash and Cash Equivalents	36,417	56,648	5
<b>Total Current Assets</b>	<b>47,778</b>	<b>66,668</b>	
<b>Current Liabilities</b>			
Trade Payables (Creditors)	(4,102)	(8,443)	6
Capital Payables (Creditors)	(272)	(585)	
Tax, NI, Pension Payables, PDC	(6,311)	(3,557)	
Accruals	(10,869)	(20,101)	7
Deferred Income	(1,462)	(3,981)	
<b>Total Current Liabilities</b>	<b>(23,016)</b>	<b>(36,667)</b>	
<b>Net Current Assets/Liabilities</b>	<b>24,763</b>	<b>30,001</b>	
<b>Total Assets less Current Liabilities</b>	<b>132,909</b>	<b>134,980</b>	
Provisions for Liabilities	(8,724)	(7,348)	
<b>Total Net Assets/(Liabilities)</b>	<b>124,185</b>	<b>127,632</b>	
<b>Taxpayers' Equity</b>			
Public Dividend Capital	44,971	45,384	
Revaluation Reserve	12,763	11,721	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	65,307	8
<b>Total Taxpayers' Equity</b>	<b>124,185</b>	<b>127,632</b>	

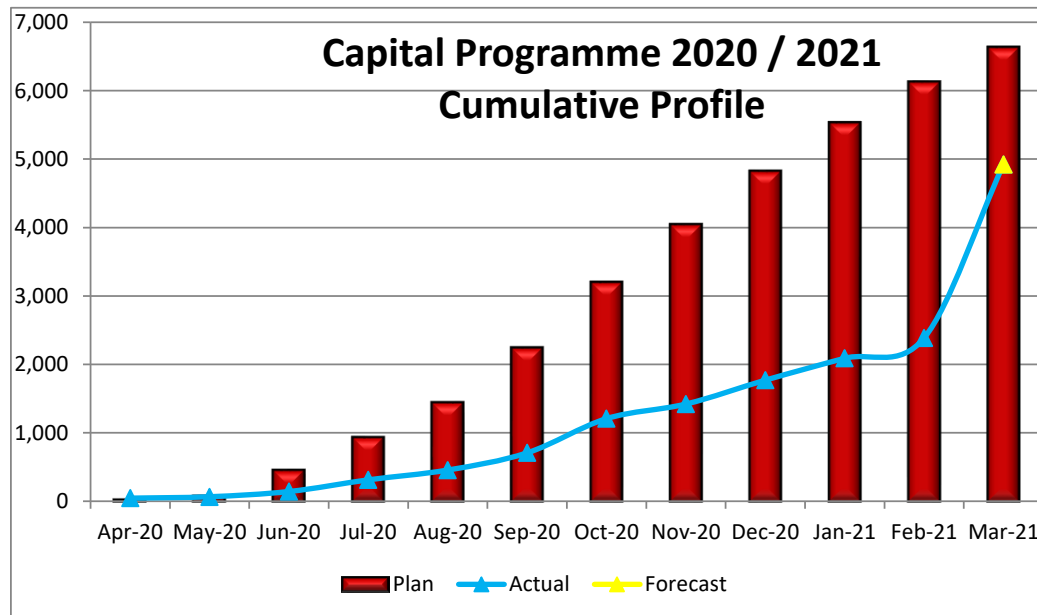
The Balance Sheet analysis compares the current month end position to that at 31st March 2020.

1. Capital expenditure is detailed on page 14. 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. NHS debtors remain low with the majority due to NHS England funding as discussed earlier in the paper.
3. Non NHS debtors have increased in month due to a number of recharges agreed with a local authority covering the whole of 2020 / 21.
4. As many invoices as possible have been raised ahead of year end, hence the increase non-NHS debtors above.
5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 16.
6. Outstanding invoices have increased at year end. This is system driven and includes purchase orders booked in but not yet invoiced.
7. Accruals have remained high over the course of the year with a number of invoices outstanding. This value also includes additional year end accruals for Flowers, annual leave etc.
8. This reserve represents year to date surplus plus reserves brought forward.

## 3.1 Capital Programme 2020 / 2021

	Annual Budget £k	Actual 20 / 21 £k	Variance 20 / 21 £k	Note
<b>Maintenance (Minor) Capital</b>				
Facilities & Small Schemes	3,479	2,765	(714)	
Equipment Replacement	100	340	240	
IM&T	2,455	1,819	(636)	
<b>Major Capital Schemes</b>				
Hub Development	600	0	(600)	
VAT Refunds		0		
<b>TOTALS</b>	<b>6,634</b>	<b>4,924</b>	<b>(1,710)</b>	

There is a significant increase in spend in March - £2.5m.



### Capital Expenditure 2020 / 21

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

2020/21 has proved to be a very challenging year for delivery of the capital programme. Covid-19 caused industries to close down and when reopened there were material and staffing shortages.

Staff were also redeployed internally to assist operational services.

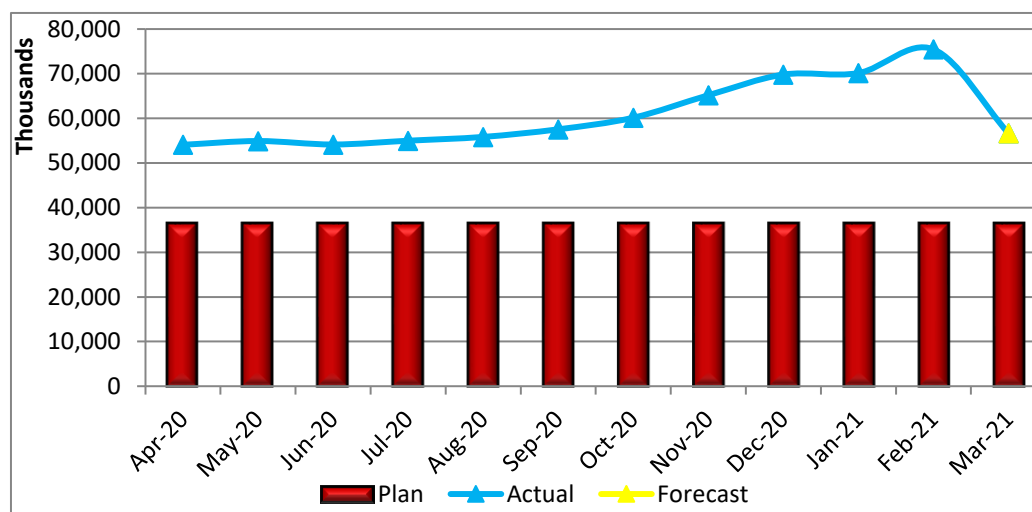
This has meant that the majority of the scheme has been delivered late in the year with the team rising to the challenge to ensure that funds were appropriately utilised.

Notable schemes include improvements in response to covid-19 such as changes to reception areas and development of ventilation systems. The safety agenda has also continued with installation of new standard anti ligature doors and windows

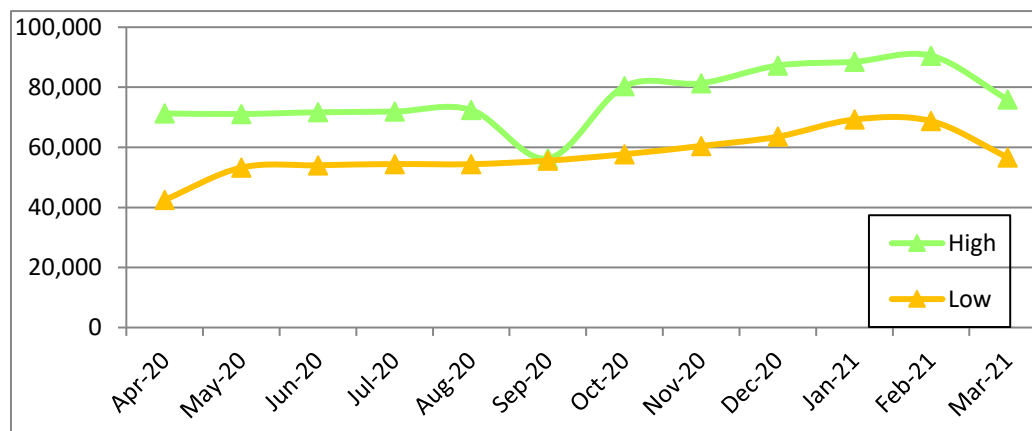
Investment has also continued in our IT infrastructure and digital solutions.

## 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	56,648	20,231



**Cash has reduced in March 2021 in line with expectations given income being in advance**

As forecast the cash position reduced in March due to the unwinding of the block contract income payments. March also includes payment of 6 months of PDC.

A detailed reconciliation of working capital compared to plan is presented on page 16.

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.

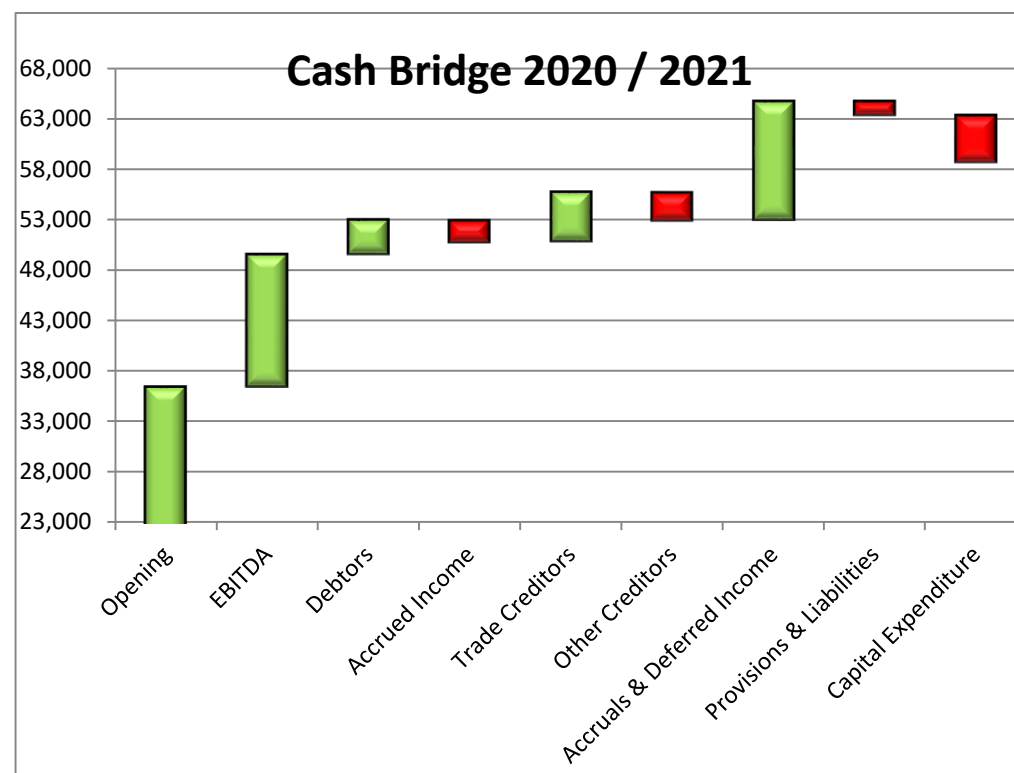
The highest balance is: £75.9m

The lowest balance is: £56.6m

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
<b>Opening Balances</b>	<b>36,417</b>	
Surplus / Deficit (Exc. non-cash items & revaluation)	13,140	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	65	
Receivables (Debtors)	3,429	
Accrued Income / Prepayments	(2,152)	
Trade Payables (Creditors)	4,879	
Other Payables (Creditors)	(2,754)	
Accruals & Deferred income	11,751	
Provisions & Liabilities	(1,376)	
<i>Movement in LT Receivables:</i>		
Capital expenditure	(4,611)	
Cash receipts from asset sales	187	
PDC Dividends paid	(2,740)	
PDC Dividends received	413	
Interest (paid)/ received		
<b>Closing Balances</b>	<b>56,648</b>	



The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is also presented graphically within the cash bridge. Overall there has been a £20.2m increase in the Trust cash position in year.

The main drivers of this improvement are the surplus position achieved in year, depreciation (which is a non-cash adjustment) being greater than the value of capital investment, reduction in debtors with the most notable being the £1.6m agreed debtor with CHFT, and an increase in the level of creditors.

## 4.0

## Better Payment Practice Code

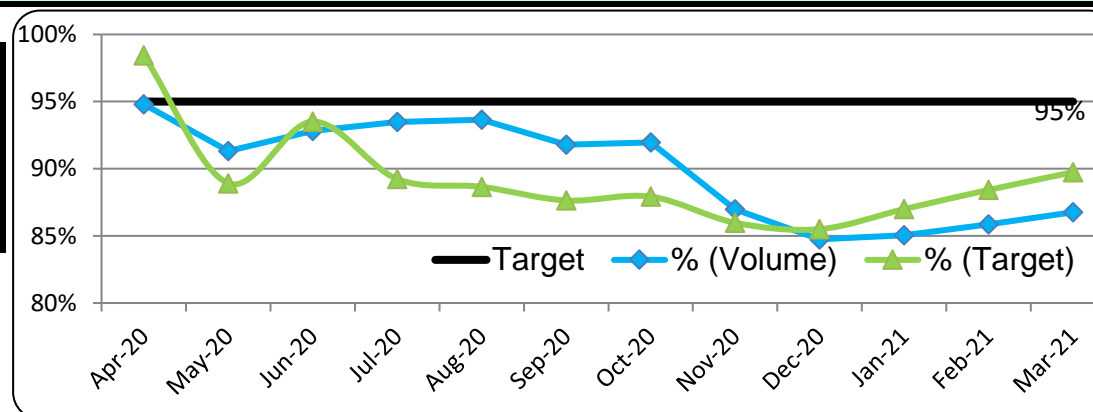
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 implementation of the new finance and procurement ledger system.

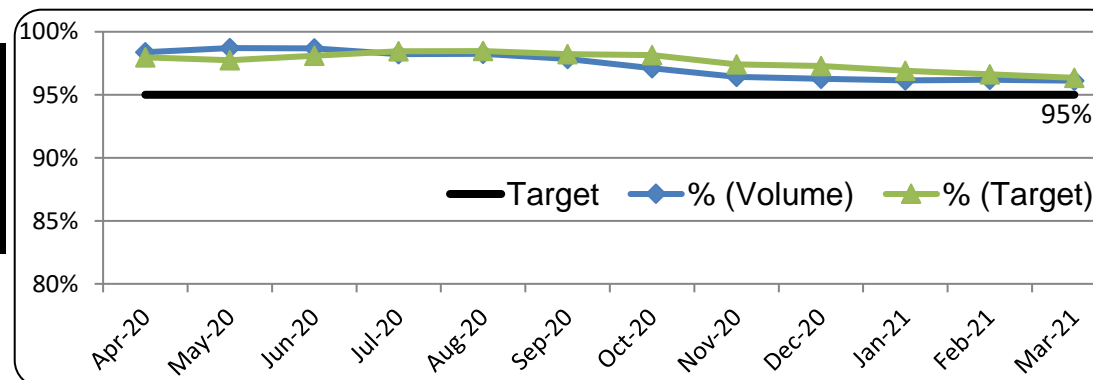
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

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 indicator. As a metric the team continues to monitor the average time taken to pay a non NHS invoice. This was 14 days in March 2021.

NHS		
	Number	Value
30 days	%	%
Year to February 2021	86%	88%
Year to March 2021	87%	90%



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



## 4.1

## Transparency Disclosure

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

This is for non-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 (£)
15-Mar-21	Property Rental	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710172158	364,058
16-Mar-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600016435	182,622
01-Mar-21	Property Rental	Kirklees	Bradbury Investments Ltd	1551	118,518
23-Feb-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318404	92,119
04-Mar-21	IT Services	Trustwide	Daisy Corporate Services	31467761	90,250
18-Mar-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318641	86,528
19-Jan-21	Staff Recharge	Trustwide	Sheffield Childrens NHS Foundation Trust	2100213620	76,084
31-Dec-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	96417	75,115
31-Jan-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	97441	65,852
28-Feb-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	98068	61,298
02-Mar-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995020	55,602
14-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402687377	50,820
14-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402687378	50,820
14-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402687408	50,820
14-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402687409	50,820
14-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402687410	50,820
16-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402688174	50,820
16-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402688175	50,820
16-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402688178	50,820
16-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402688176	50,820
16-Feb-21	Computer Hardware	Trustwide	Dell Corporation Ltd	7402688177	50,820
23-Mar-21	Donations	Trustwide	EyUp!	CF0072	50,000
12-Mar-21	Bedding & Linen	Trustwide	James Walker Textiles Ltd	27611	48,467
03-Feb-21	Purchase of Healthcare	Trustwide	Wakefield Metropolitan District Council	91313220476	44,231
15-Feb-21	Drugs	Trustwide	NHS Business Services Authority	1000068266	41,564
05-Mar-21	Computer Software	Kirklees	Silvercloud Health Ltd	1066	37,500
11-Mar-21	Property Rental	Barnsley	Community Health Partnerships Ltd	0060190869	33,936
25-Jan-21	Purchase of Healthcare	Trustwide	North Yorkshire County Council	600009147	33,309
10-Mar-21	Catering Equipment	Wakefield	Nisbets Plc	22421410	33,221
17-Feb-21	Property Rental	Barnsley	Dr M Guntamukkala	PG10089	33,132
28-Feb-21	Purchase of Healthcare	Forensics	Cloverleaf Advocacy Ltd	9903	32,358
13-Mar-21	Telecoms	Trustwide	Vodafone Ltd	97472646	30,460
01-Mar-21	Property Rental	Kirklees	Bradbury Investments Ltd	1552	27,758
02-Mar-21	Utilities	Trustwide	EDF Energy	000009339808	27,091
17-Mar-21	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	59889676	27,015
01-Apr-21	Property Rental	Barnsley	SJM Developments Ltd	LINV38114	27,000

- \* 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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.1%	4.7%	4.4%	4.3%	4.2%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.8%	4.9%	4.8%	4.0%	3.8%	3.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.2%	86.7%	85.5%	83.7%	84.5%	82.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.0%	91.2%	89.4%	89.2%	86.8%	84.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	92.9%	93.3%	94.4%	94.8%	96.1%	96.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	98.2%	97.7%	98.0%	97.9%	97.7%	97.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.3%	91.6%	89.8%	88.4%	89.2%	87.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.0%	78.2%	78.0%	76.1%	77.3%	75.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	98.4%	98.0%	97.4%	96.4%	95.9%	95.7%
Information Governance	Resources	Well Led	AD	>=95%	99.1%	99.0%	98.8%	97.2%	97.3%	97.7%
Moving and Handling	Resources	Well Led	AD	>=80%	91.3%	90.4%	89.4%	89.8%	90.1%	89.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.6%	94.7%	94.6%	94.6%	94.0%	93.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.0%	94.0%	95.2%	95.5%	95.6%	93.4%
Prevent	Improving Care	Well Led	AD	>=80%	95.7%	96.2%	96.1%	96.1%	96.2%	95.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.2%	93.4%	94.5%	94.6%	94.8%	94.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.1%	94.8%	95.2%	95.3%	95.2%	94.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.1%	3.2%	3.1%	3.2%	3.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.6%	3.1%	3.1%	2.8%	3.3%	3.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.6%	83.1%	83.0%	82.6%	83.2%	82.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.9%	86.3%	83.6%	83.6%	83.5%	82.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.6%	93.3%	93.9%	93.4%	94.0%	94.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.2%	96.6%	96.8%	96.6%	97.3%	97.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.2%	93.0%	88.3%	87.6%	89.2%	87.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.9%	76.2%	77.9%	77.2%	78.3%	76.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	96.5%	96.5%	95.9%	95.6%	95.6%	95.3%
Information Governance	Resources	Well Led	AD	>=95%	99.4%	99.1%	99.0%	98.6%	99.0%	99.3%
Moving and Handling	Resources	Well Led	AD	>=80%	95.3%	94.7%	94.4%	94.1%	94.5%	94.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.8%	95.6%	96.0%	95.7%	94.9%	91.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	94.4%	93.9%	94.0%	93.3%	92.7%	87.9%
Prevent	Improving Care	Well Led	AD	>=80%	95.5%	95.3%	96.1%	96.0%	96.1%	95.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.0%	90.9%	93.2%	93.5%	93.8%	94.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.1%	93.1%	94.2%	94.0%	94.4%	94.5%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.3%	5.6%	5.6%	5.6%	5.6%	5.5%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.2%	5.9%	6.1%	6.0%	4.5%	4.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.4%	86.8%	84.2%	83.8%	83.7%	80.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.6%	90.5%	88.6%	86.3%	87.4%	81.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.1%	94.8%	95.2%	93.7%	93.0%	91.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.0%	94.9%	94.6%	94.6%	94.6%	94.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.7%	93.1%	89.8%	88.2%	88.3%	86.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.7%	68.4%	66.7%	65.9%	65.3%	64.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.8%	95.5%	95.2%	94.6%	93.9%	92.7%
Information Governance	Resources	Well Led	AD	>=95%	98.4%	98.3%	97.5%	97.2%	97.2%	96.9%
Moving and Handling	Resources	Well Led	AD	>=80%	96.9%	96.8%	97.0%	97.3%	97.3%	96.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.6%	93.1%	93.5%	91.4%	90.1%	85.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.5%	89.0%	89.2%	87.1%	86.1%	78.3%
Prevent	Improving Care	Well Led	AD	> =80%	92.5%	92.6%	93.0%	93.1%	92.9%	93.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.6%	91.2%	92.0%	92.2%	92.4%	92.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.2%	87.9%	89.2%	89.2%	89.6%	90.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD	Data unavailable at the time of producing this report						
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.8%	3.2%	2.8%	2.7%	2.6%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.9%	3.0%	2.3%	1.9%	2.2%	2.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.5%	76.6%	76.6%	75.4%	77.0%	76.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.9%	80.6%	76.9%	75.2%	74.9%	72.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.3%	95.9%	96.5%	95.5%	94.0%	93.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.2%	93.9%	93.1%	92.5%	93.8%	95.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.1%	91.1%	87.8%	86.6%	88.2%	89.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	0.0%	0.0%	28.6%	33.3%	28.6%	28.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.5%	92.8%	92.7%	92.5%	92.5%	93.9%
Information Governance	Resources	Well Led	AD	>=95%	96.9%	97.6%	96.7%	95.7%	96.7%	97.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.3%	97.3%	97.4%	97.1%	97.7%	98.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.4%	93.5%	92.7%	92.8%	92.1%	83.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.0%	90.2%	89.4%	88.3%	88.7%	79.8%
Prevent	Improving Care	Well Led	AD	>=80%	92.4%	93.1%	93.6%	92.0%	92.3%	92.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.1%	90.1%	90.1%	90.5%	90.2%	91.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.1%	90.1%	90.4%	90.5%	90.9%	92.2%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

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

Support Services										
Month	Objective	QCQ Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.5%	3.3%	3.3%	3.3%	3.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.5%	3.5%	3.3%	3.5%	3.5%	3.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	93.9%	92.7%	95.0%	92.5%	90.5%	89.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.5%	87.1%	87.1%	90.0%	90.0%	89.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.0%	80.0%	66.7%	80.0%	80.0%	80.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	91.4%	91.8%	91.1%	90.5%	78017.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.8%	90.3%	81.2%	81.1%	80.9%	80.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.1%	97.8%	97.8%	97.8%	97.8%	97.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.2%	93.8%	93.6%	92.3%	92.3%	91.5%
Information Governance	Resources	Well Led	AD	>=95%	99.3%	99.5%	99.4%	97.6%	97.6%	97.6%
Moving and Handling	Resources	Well Led	AD	>=80%	98.6%	98.6%	99.0%	98.9%	99.0%	99.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.8%	98.9%	98.7%	98.7%	98.6%	98.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.4%	90.5%	90.9%	90.5%	86.4%	77.3%
Prevent	Improving Care	Well Led	AD	>=80%	98.2%	98.2%	98.5%	98.3%	98.2%	98.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	98.4%	97.7%	97.8%	97.6%	97.5%	97.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	98.1%	97.7%	97.6%	97.4%	97.5%	97.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Wakefield District										
Month	Objective	QCQ Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	2.9%	4.1%	3.1%	3.3%	3.4%	3.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	3.4%	4.1%	3.6%	4.4%	4.2%	3.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.9%	87.2%	87.2%	87.6%	85.5%	82.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.1%	87.9%	85.2%	84.3%	83.1%	79.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.5%	90.7%	91.5%	91.1%	90.4%	92.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.1%	96.6%	95.9%	96.1%	96.9%	97.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.0%	90.4%	88.9%	87.6%	88.2%	87.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.5%	78.1%	73.8%	71.3%	76.3%	82.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.3%	95.6%	95.1%	95.1%	94.3%	94.1%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	98.4%	98.5%	98.2%	98.7%	98.4%
Moving and Handling	Resources	Well Led	AD	>=80%	96.9%	96.9%	96.9%	96.4%	95.9%	93.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.8%	94.0%	93.3%	92.8%	92.5%	88.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	94.1%	93.0%	92.1%	92.4%	91.2%	85.4%
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	94.0%	95.3%	95.6%	95.8%	96.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.1%	92.7%	93.8%	94.3%	94.3%	93.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.7%	92.5%	91.5%	91.2%	93.1%	91.8%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.4%	4.6%	5.1%	5.0%	5.0%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.1%	4.7%	4.2%	4.4%	5.9%	6.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.4%	86.3%	87.7%	85.7%	85.8%	84.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.1%	86.7%	86.9%	84.2%	84.0%	81.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.0%	91.1%	94.2%	90.3%	87.7%	88.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.7%	97.8%	97.8%	97.3%	96.9%	96.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.7%	92.6%	89.8%	89.4%	89.4%	86.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.9%	75.0%	74.5%	73.5%	77.3%	76.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.7%	96.7%	97.0%	97.3%	97.2%	95.8%
Information Governance	Resources	Well Led	AD	>=95%	98.6%	98.6%	98.1%	97.3%	97.5%	97.2%
Moving and Handling	Resources	Well Led	AD	>=80%	97.2%	97.6%	98.1%	98.1%	98.1%	98.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.0%	91.0%	92.3%	92.6%	90.8%	88.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.1%	90.1%	91.5%	90.6%	88.7%	85.2%
Prevent				>=80%	92.6%	94.3%	95.3%	94.8%	94.2%	94.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.2%	90.7%	92.9%	92.0%	92.5%	92.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.6%	86.9%	86.9%	86.8%	88.6%	87.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	No longer used					
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

## 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