NHS

South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

With **all of us** in mind.

April 2021

Table of Contents

Introduction

Please find the Trust's Integrated Performance Report (IPR) for April 2021. The development of the IPR will continue to evolve in the coming months with further discussion on targets and risks scheduled for the May strategy board session.

The majority 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 April 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.

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 updates will be provided in future reports.

Improving health

Priority programme	Metrics	Threshold	Feb-21	Mar-21	Apr-21	Trend	Year end forecast	Notes
Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans	1.Number of suicides for patients with an open referral to SWYPFT services		3	3	2			
	2.Smoking Quit rates for patients seen by SWYFT Stop Smoking services (4 weeks) *	55%	74.6%*		Due July 2021			
	3.Proportion of people from BAME communities accessing IAPT		14.5%	14.4%	15.8%			BAME population 13%
Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities	1a. Cardio metabolic assessment & treatment - Inpatient	80% screened 80% compliant	Reporting under development		**93% screened 80% compliant			For current inpatients (as at 11th May) 93% of applicable patients have been screened using the cardio metabolic screening tool and of those 80% have been screened across all 9 domains.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	Reporting under development		**64% screened 51% compliant			For current patients (as at 11th May) within early intervention services, 64% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 51% have been screened across all 9 domains, with alcohol and diabetes being two domains where screening and appropriate actions are not being undertaken. This in part can be related to the availability of blood tests and results within the community setting.
	2. IAPT - proportion of people completing treatment who move to recovery	50%	53.4%	53.7%	57.0%			April data is provisional and will be refreshed in May 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	90/90 =100%	98/101 =97.0%	93/96 =96.8%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	94.8%	96.8%	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%	93.0%	82.5%	69.8%			April data is provisional and will be refreshed in June 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.
** - This metric identifies the number of current service users on CPA who have a diagnosis of psychosis that have been screened using the cardio metabolic assessment tool and the number of those screened that have all 9 elements of the tool recorded with appropriate action (smoking, diet, exercise, alcohol, substance misuse, weight, blood pressure, diabetes, cholesterol).

NHS South West Yorkshire Partnership NHS Foundation Trust

Priority programmes for 2021/22 have been agreed and are regularly reviewed by EMT. Below we have set out progress against key milestones for areas of focus for the priority programmes.

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

Implementation deliverables

🟢	On Target to deliver within agreed timescales
🟡	On Trajectory but concerns on ability/confident to deliver within agreed timescales
🟠	Off Trajectory and concerns on ability/capacity to deliver within agreed timescales
🔴	Action will not be delivered within agreed timescales
🔵	Action Complete

Improve health (Salma Yasmeen and Sean Rayner)

Key Milestones	Status	Comments:
1.Creativity & Health: Commence an initial series of 'big conversation' initiatives including podcasts to bring together the Arts and Health organisations in February and on track for first round of conversation to be held by April 2021.	🔵 (blue)	**Creativity & Health:** Initial series of conversations, meetings, planning sessions and working groups ran monthly between December-April bringing together health (including SWYPFT,CCG and CMBC), arts and community/VCS organisations to deliver a successful Thriving Communities fund bid and develop a framework for co-ordinated arts and health work in Calderdale. Working groups across sectors now meet at least fortnightly.

Partnership working:
• Working with each place to review and further develop integrated care partnership arrangements in line with the potential implications of NHS E/I proposals
• Focus of work in integrated care systems is on providing ongoing Covid support and a joined up Covid response.
• Working with each place to establish local recovery plans.
• Established a SWYPFT programme group to support the community transformation which is now meeting regularly to share learning and coordinate SWYPFT activity. |
2.Creativity & Health: To develop a series of three regional/national public panel discussions/ Q&As, bringing together the leaders from the Calderdale system with the National Centre for Creative Health, Culture Health and Wellbeing Alliance and representatives from Arts Council England by July 2021.	🟢 (green)	
3.Active Calderdale: integrating physical activity into systems and processes: Conduct design thinking improvement workshops with three services in Calderdale commencing February 2021 and on track for completion in April 2021.	🔵 (blue)	
4.Active Calderdale: integrating physical activity into systems and processes: develop and pilot a motivational interviewing learning and development programme for professionals with a physical activity focus by end August 2021.	🟢 (green)	
5.Forensic Lead provider collaborative: 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 financial due diligence.	🟡 (yellow)	
6.Community mental health transformation: Wakefield Programme Manager role (SWYPFT hosted) now out to advert. Initial recruitment to the Calderdale and Kirklees programme manager posts unsuccessful. Consideration being given to options to recruit as quickly as possible. SWYPFT option to host still available but could be hosted elsewhere.	🟡 (yellow)	

Improve Care

Priority programme	Metrics	Threshold	Feb-21	Mar-21	Apr-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	25	30	38			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	29	34	41			Due to the Trust reporting an increase in the number of Category 4 Pressure ulcers Laura Hallas contacted the National Wound Care Strategy Group to see if there had been a national increase in the number of category 4 pressure ulcers and she received the following reply - your observation fits with the pattern we are picking up across the country from verbal reports from TVNs and similar. This is probably no surprise given how sick the country has been during covid-19. The pressure ulcers have been reviewed at the Trust weekly risk panel and two are to be further investigated as part of Service Level Investigations.
	4. Safer staffing fill rates (%)	90%	116.2%	116.2%	118.9%			
	5. Number of children & young people in adult wards	0	1	3	3			Total of 25 days in April
	6. Staff absence due to Covid-19		13	13	0			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		134	137	139			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 21/22 - Q1 629, Q2 514, Q3 384, Q4 428	78	82	84			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)		173	156	155			
	2.Numbers waiting over 18 weeks for treatment (CAMHS)		132	132	140			
	3. Friends & Family test - CAMHS	80%	74.6%	77.6%	65.9%			91 responses in April
	4. Forensics staff sickness	<=5.4%	5.4%	4.1%	4.4%			
	5. Forensics staff turnover		Currently unavailable due to covid-19 response					Data expected to flow from June 21.
	6. Race related incidents in forensics		4	4	5			
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	92.2%	95.7%	95.5%			
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	95.3%	96.1%	92.5%			
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	91.5%	91.0%	93.8%			
	2a. Average contacts per day - Core MH		266	281	263			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months)
	2b. Average contacts per day - IHBTT		109	112	117			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months)
	2c. Average contacts per day - Learning disability community		146	157	155			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		603	616	592			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 and stabilisation: identify and establish recovery workstreams with resources, work plans, structure, and governance in place to complete recovery activity for period May – September 2021.	🟩	• 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 activity of recovery workstreams.
1.Care as close to home: Formal patient flow 7-day service, new target to in place by 31.04.21	🟦	• Commencing work to establish recovery workstreams, scope and plan recovery activity and undertaking resource planning to support this.
3.Care as close to home: Gatekeeping analysis commence by end Apr and be taken forward through May and complete in June.	🟩	• Verbal confirmation received from Calderdale and awaiting feedback from Kirklees commissioners on CAMHS neuro proposals.
4.CAMHS improvement **5.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 though verbal confirmation of funding received from Calderdale.	🟨	• Barnsley and Wakefield - Some early indication that both services are receiving higher number of referrals and accepting as requiring CAMHS input. Unclear yet whether this is a spike in demand as a result of COVID-19.
6.CAMHS Barnsley: Plan to reach agreement with commissioners regarding access KPIs.	🟩	

Improve resources

Priority programme	Metrics	Threshold	Feb-21	Mar-21	Apr-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£533k	£963k	£636k		£4.6m	Favourable start to the new year
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£75.5m	£56.6m	£60.3m		£56.6m	Positive cash position
	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'		3.9%	3.8%	3.6%			
	2a. Percentage of video consultations		3.8%	3.8%	3.0%			Slightly lower than national averages
	2b. Percentage of telephone consultations		41.1%	38.0%	37.1%			
	2c. Percentage of face to face consultations		55.1%	58.3%	59.9%			
	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.

NHS South West Yorkshire Partnership NHS Foundation Trust

Improve resources (Mark Brooks)

Key Milestones		Comments:
1.Digital: Agreement of new Digital Strategy by 31.03.21	🟦	**Mental Health Investment Standard** – largely agreed with commissioners. Discussions taking place regarding other investments including Mental Health Recovery.
2.Digital: Electronic Prescribing and Medicines Administration (EPMA) live in 2 clinical areas by 31.01.21.	🟦	
3.Digital dictation: Development and approval of business case and specification for procurement of single supplier by 30.06.21 and completion of digital dictation tender and identification of preferred supplier by 30.09.21	🟩	**Electronic Prescribing and Medicines Administration (EPMA)** 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.
4.Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July2021 and accreditation achieved – July/August 2021	🟩	Positive financial result in month 1.
5.IT Services re-procurement: approach planning prior to procurement – Q1/Q2	🟩	
6.Electronic care records: Breathe Service SystmOne deployment – 1 July 2021.	🟩	
7.Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2	🟩	
8.Business Intelligence & Performance Reporting •Development work to support new ways of working in Barnsley Community Services (NTS) and ensure suitable reporting outputs available – ongoing •In support of Covid-19, Health inequalities reporting established and the outputs being further developed via Business Intelligence solution – June 2021 (ongoing) •Development work taking place for additional CQUIN metrics to support community schemes – schemes on hold and expected to take effect from Q3 21/22	🟩	
9.H1 Financial Plan: development of financial plan for 21/22 by 06.05.21	🟦	
10.Finance: Confirmation of mental health investment standard (MHIS) monies and other investments by 30.06.21	🟩	
11.Financial Sustainability Plan: 3 year financial sustainability plan by 31.12.21 with review of previous financial sustainability plan scheduled to be completed by 31.08.21	🟩	

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Feb-21	Mar-21	Apr-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.0%	3.9%	4.0%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	10.0%	10.3%	15.6%			Increase in staff turnover in April, reasons being assessed with some increase seen in inpatient wards. 12 month rolling turnover is 10.6%
	3a. Clinical supervision	>=80%	81.3%		Due July 2021			Improved performance reported locally this quarter
	3b. Appraisal	>=95%	Data currently unavailable					Suspended due to Covid-19
	4. Incidents of violence and aggression against staff	Trend monitor	69	82	58			
	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	0	2			
	7. Absence due to stress & anxiety and MSK		2.5%	2.4%	2.6%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.16	1.14	1.16			Based on rolling 12 months. The indicator is calculated using a count of shortlisted applicants split by white / BAME, then looks at the number appointed split by white / BAME, this then gives the relative likelihood of shortlisting/appointed and the difference between the two calculates the rate. A figure below "1" would indicate that BAME candidates are more likely than white candidates to be appointed from shortlisting.
	9. Access to training for staff members from BAME backgrounds		Currently unavailable due to Covid-19 response					
Refresh and deliver our sustainability strategy and action plan	Dependent on what is identified in the updated sustainability plan							Requires further development. Further update to be provided June 21.

Make this a great place to work (Alan Davis)

Key Milestones		
1.Healthy, resilient, and safe workforce: Establish and operationalise covid19 vaccine hubs		
2.Healthy, resilient, and safe workforce: Develop stratification model for delivering covid19 vaccine		
3.Healthy, resilient, and safe workforce: Deliver vaccine to workforce in line with stratification and supply		
4.Healthy, resilient, and safe workforce: source staff to work on the vaccination programme including the staffing of covid-19 vaccination clinics		

Comments:
• Current focus is on delivering our HR duties and legal obligations, and providing staff health and wellbeing, workforce, and HR support during Covid19 pandemic. These sections are reported elsewhere in the IPR.
• The staff vaccination programme is coming to an end with last clinics taking place w/c17th May. Work has commenced on planning and preparing support and guidance for those staff requiring vaccination post May.

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 reporsts 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
• The number of inpatient falls increased slightly to 50 in April
• One avoidable pressure ulcer recorded in the month
• The CQC has issued updated Duty of Candour guidance for providers
• There was a reduced number of information governance breaches reported in April (seven)

NHSI Indicators
• Three young people under the age of eighteen was admitted to an adult ward in April for a total of twenty five days
• Inappropriate out of area bed usage increased to 84 days in April, largely driven by psychiatric intensive care unit (PICU) beds
• Performance against nationally reported targets remains largely positive

Locality
• An increase in referrals in a number of services including Barnsley community services and CAMHS has been evident since the easing of lockdown measures
• CAMHS crisis referrals are high, particularly in eating disorder services
• Heightened levels of acuity are being experienced across many service lines, particularly ward based
• Within learning disability services there has been an increase in Ministry of Justice cases moving into localities from out of area
• Work continues in community mental health to adopt collaborative approaches to care planning, build community resilience and explore all possible alternatives to admission
• A review of neuro rehabilitation pathways is taking place in Barnsley

Priority Programmes
• Work continues with the adult secure lead provider collaborative. An updated financial offer has been made and a further meeting arranged with the regional specialist commissioner to discuss it further
• Recruitment has commenced for community mental health transformation programme management roles
• Gatekeeping analysis has commenced for the care close to home priority
• Trajectory for CAMHS waiting list reduction in Kirklees and Calderdale is being developed with our commissioners
• Detailed plans for 2021/22 implementation of the updated digital strategy have been developed

Finance
• A £0.6m surplus was recorded in the month which is £0.6m favourable to plan.
• Income was £0.2m higher than plan and operating expenses £0.4m lower than budget.
• Agency staffing costs remained consistent at £0.6m in the month.
• £0.1m 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 £0.2m, which represents an increase in demand. This predominantly occurred in PICU and was also seen to a lesser extent with adult acute service users.
• There continues to be high spend on locked rehab placements in Barnsley (£0.3m).
• Pay costs of £16.6m were incurred in the month, which are £0.3m higher than typical spend in the latter part of the previous year, but £0.6m lower than plan. Effectively whole- time equivalent staff increased by 40 month on month.
• The mid-year and full year forecast will be reviewed by the end of the first quarter.
• Capital expenditure of £0.1m, was recorded in the month.
• The cash balance increased to £60.3m.

Workforce
• As at May 20th there were 15 staff off work and not working Covid-19 related.
• Non Covid-19 sickness increased slightly to 4.0% in April
• 610 staff have tested positive for Covid-19 since the pandemic began. There were no positive test results in April
• Staff turnover increased to 15.6% in April
• 4,512 staff members (including bank staff) have received their first Covid-19 vaccination as at May 20th (87%) with 4,007 (78%) recorded as 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
• 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
• Deliveries and stock levels remain good, ensuring sufficient supply to meet staff needs

PPE Levels	Approx days stock as at 09-Feb	Approx days stock as at 16-Mar	Approx days stock as at 13-Apr	Approx days stock as at 11-May
Surgical masks	26	31	31	42
Respirator masks	102	93	109	71
Aprons	24	25	23	19
Gowns	63	59	62	88
Gloves	24	21	22	18
Visors	32	26	46	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	As at 18th May 2021	Notes
No of service users tested (ward)	174	225	257	278	297	300	302	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	137	139	Cumulative
No of service users recovered	60	83	94	115	119	121	123	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 prevetion 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

Emergency Preparedness

This section of the report identifies the Trusts repose 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
• A total of 4,512 staff have received their first vaccination (87%) and 4,007 staff have received their second vaccination (78%)
• 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.
• In addition to providing vaccinations for our staff we have provided 969 first vaccinations and 892 second vaccinations for partner organisations.

Standing up services

Emergency prepardness, 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 remain at 1 per week in light of reduced workings required. 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 commant structure needs to remain in place as it currently stands.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	70.6%	66.6%	63.4%	63.1%	63.0%	65.6%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	22% 4/18	8% 2/25	15% 4/27	7% 2/30	16% 7/43	11% 3/27	1
	Number of compliments received	Improving Health	Caring	TB	N/A	28	45	24	8	31	37	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	32	39	36	24	35	Due June 2021	—
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	1	3	4	4	4	Due June 2021	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	1	0	0	0	0	Due June 2021	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	38.6%	39.0%	41.3%	41.1%	40.4%	40.9%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	17	12	12	13	13	7	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	2.9%	2.2%	1.8%	1.6%	1.8%	1.2%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	46.6%	54.0%	55.5%	53.0%	53.2%	61.6%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	47.4%	51.9%	56.0%	63.2%	57.3%	46.9%	N/A
Quality	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1149	1042	946	952	1167	1004	—
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	21	29	20	16	20	24	—
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	2	7	2	1	6	6	—
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	8	8	6	8	4	8	—
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	114.0%	115.6%	114.3%	116.2%	116.2%	118.9%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	92.2%	90.9%	88.9%	92.7%	92.9%	94.6%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	42	33	33	29	34	41	—
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	1	0	0	3	2	1	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	100%	90.2%	100%	90.0%	79.0%	93.7%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	47	49	47	44	40	50	—
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	202	189	166	185	179	157	—
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	86.8%	85.7%	82.8%	96.0%	100%	89.3%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
Improving Resource	Single Oversight Framework metric	Improving Resource			2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			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 becomes 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 April decreased from 179 to 157. 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 50 in April, which is a slight increase compred to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.

• Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.

• Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.

• Duty of candour - no breaches in April

• % 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 was 1 incidence of avoidable pressure ulcers to report during April.

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.

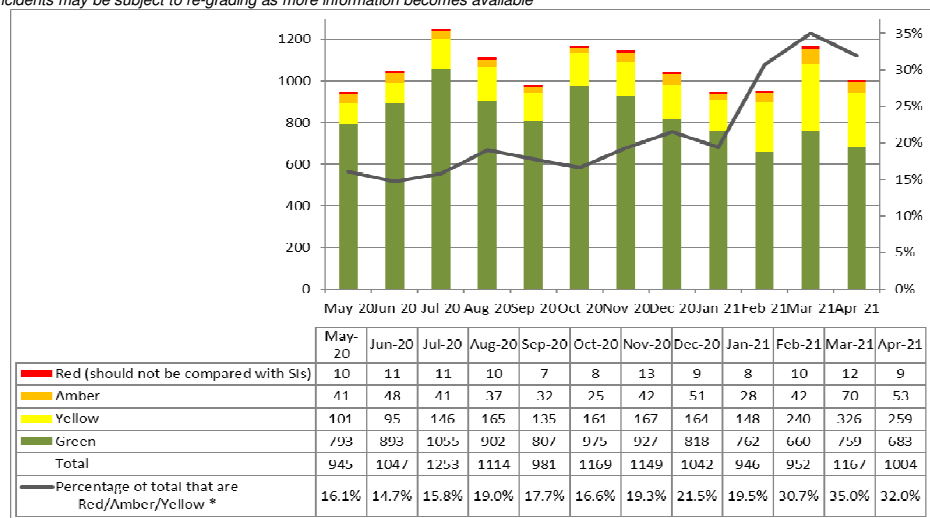Further work to map the role against existing resources is underway.

Serious Incident Review Accreditation Network (SIRAN) - the patient safety support team has been successful in achieving accreditation for our serious incident investigation process from the Royal College of Psychiatrists. The accreditation runs for a three year period April 2021 - Apirl 2024.

Duty of Candour - the CQC have issued an update the Duty of Candour guidance for providers. This is currently being reviewed against our supporting documentation/processes.

Safety First

Summary of Incidents May 2020 - April 2021

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

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Red (should not be compared with SIs)	10	11	11	10	7	8	13	9	8	10	12	9
Amber	41	48	41	37	32	25	42	51	28	42	70	53
Yellow	101	95	146	165	135	161	167	164	148	240	326	259
Green	793	893	1055	902	807	975	927	818	762	660	759	683
Total	945	1047	1253	1114	981	1169	1149	1042	946	952	1167	1004
Percentage of total that are Red/Amber/Yellow *	16.1%	14.7%	15.8%	19.0%	17.7%	16.6%	19.3%	21.5%	19.5%	30.7%	35.0%	32.0%

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 May 2021).

Deaths: of the 8 deaths that were recorded for April 2021, there are 4 deaths that are classed as cause of death unknown/ unexplained/ awaiting confirmation. These are recorded 1 each at Core Team North – Kirklees, Core Team West – Wakefield, Enhanced Team West – Wakefield and Priestley Ward, Newton Lodge. There were also 2 Suicide (incl apparent) - community team care - current episode reported in the month of April 2021. These were recorded 1 each at Early Intervention Service (Insight) – Kirklees and Intensive Home Based Treatment Team (IHBTT) – Barnsley. There was 1 Suicide (incl apparent) - community team care - discharged incident recorded at Core Team – Barnsley and 1 Death - confirmed from physical/natural causes incident recorded at Ashdale Ward (based at The Dales, Kirklees BDU).

Severe: of the 6 severe harm incidents recorded for the month of April 2021, there were 5 Pressure Ulcer - Category 4, incidents recorded for the Neighbourhood teams in Barnsley and 1 Slip, trip or fall – Incident Recorded at willow ward in Barnsley.

Moderate: of the 24 moderate harm incidents reported in April 2021, 11 were pressure ulcer category 3 incidents recorded across the neighbourhood teams in Barnsley. There was also 1 Pressure Ulcer - Category 3 (medical device related) incident and 1 Tissue viability incident recorded for the Barnsley Neighbourhood Teams. There were also 8 self-harm incidents reported in the month of April. These were 2 incidents recorded at Bronte Ward, Newton Lodge, Forensic, and 1 at Clark Ward – Barnsley, 1 at Elmdale Ward, 1 at Enhanced Team North 2 – Kirklees, 1 at Intensive Home Based Treatment Team (IHBTT) – Wakefield, 1 at Intensive Home Based Treatment Team (Kirklees) and 1 at CAMHS Barnsley.

There was also 1 safeguarding incident recorded at Sandal ward, 1 Slip, trip or fall - patient incident recorded at Beachdale ward and 1 Physical violence (contact made) against patient by patient incident recorded at Ashdale ward.

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

Safety First cont…

Summary of Serious Incidents (SI) by category

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 April 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. This is the same percentage figure of March 2021
• 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 April 2021 is slightly lower but within the average mark of reporting. In March 2021 there were 1152 incidents reported compared with April 2021 which was 1004 incidents were reported.
This is the average level of incidents being reported each month, before levels had considerably dropped in January and February 2021. Further breakdown of incidents do not indicate any BDU or team as under reporting.

Mortality
Learning: Clinical mortality review group has been postponed during to Covid 19 pressures on services, although learning continues to be shared through the production of SBAR's which are shared via the learning library.
Regional work: Attended Yorkshire and Humber Improvement Academy Regional Mortality Meeting on the 06 May 2021. Main focus of the meeting was in relation to Structured Judgement Reviews and roles of medical examiners at differing acute NHS Trusts. SWYPFT representative was able to share SJR process at the Trust from a mental health perspective.
Structured judgement reviews: allocations are on track.
Reporting: The Annual Incident report will include data on learning from healthcare deaths. The Quality Accounts data is also being prepared.
Training: Structured Judgement Reviewer training for Band 6 and above will take place on 14/5/21 and 12/7/21.Please contact datix@swyt.nhs.uk if staff wish to complete the training. Attendees are required to complete a minimum of two Structured Judgment Reviews in a year.

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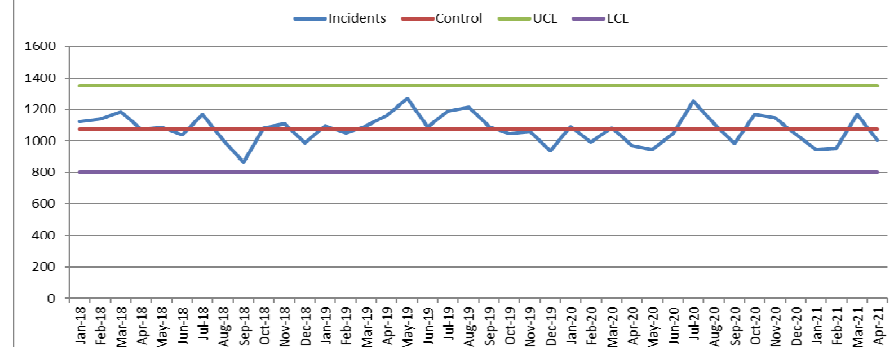
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

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. 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.

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 within the health care support workers has reached a point that we have offered jobs on bank rather than substantive posts to the appointable candidates from the last recruitment drive. The Trust continues to investigate the re-establishment of the peripatetic workforce.

SafeCare continues to be going through the embedding process within the Unity Centre. We have utilised active learning to implement changes and increase the sustainability of its introduction. We will be setting up a project group meeting within Forensic services in the next week or so. 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.

Again no ward has fallen below the 90% overall fill rate threshold in March, which is consistent with last month. Of the 31 inpatient areas, 24 (76.8%), an increase of 6 wards with the previous month, achieved 100% or more. Indeed, of those 18 wards, 11 (consistent with the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days -Trust Total 88.8% (an increase of 1.5%).

The number of wards that have failed to achieve 80% registered nurses increased by one to ten (32.0%). Four wards were within the Forensic BDU, two in Barnsley and five 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 a rolling recruitment campaign for substantive and bank staff as well as sourcing block bookings for the areas from both bank and agency.

Registered on Nights- Trust Total 100.3% (an increase of 1.7%).

One ward (3.2%), a reduction of two on the previous month, fell below the 80% fill rate. This allowed the trust to achieve above 100% registered overall fill rate on nights for the first time since May 2020. Melton Suite within Barnsley BDU achieved 70.1%. This was due to several reasons reflective as above. The number of wards who are achieving 100% and above fill rate on nights increased by four to 20 (64.0%). Five wards, an increase of three on the previous month, utilised more than 120%. These were three within the Forensic and specialist BDU and two within C&K BDU.

Overall fill rate for registered staff increased by 1.65% to 94.55%.
Overall fill rate for all staff within inpatient areas increased by 2.7% to 118.9%.

Within the individual BDUs Forensic and LD increased by 7% to 119% , Barnsley decreased by 2% to 117%, Calderdale and Kirklees remained consistent on 106%. Wakefield increased by 3.0% to 139%.

Throughout April the main wards where staffing was a raised concern remain as 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, indictive or acuity including sickness absence, decreased to 3,924 (853 RN and 3,071 HCA) shifts.

Unfilled Shifts				Filled Shifts
Categories	No. Of Shifts	Total Hours	Unfill Percentage	
Registered	223 (-70)	2,316.58	25.12% (-2.22%)	630 (-144)
Unregistered	224 (-151)	2,448.67	7.01% (- 3.23%)	2847 (-369)
Grand Total	447 (- 221)	4,765.25	10.79% (-3.22%)	

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.

After the spike that was caused by various cost pressures including end of year payments, the levels of bank spend reduced to expected levels within the month of April. Due to the increase in March we will not be doing the comparison to then but will utilise February bank spend for an orientation point.

Overall agency and bank spend was £10k less than in February which confirms the reduction in the number of temporary staffing requests and subsequent filled shifts. Overall agency fell by £41k compared to March whilst bank reduced by £78k in comparison to February. Overtime increased by £12k.

Total Fill Rate by BDU
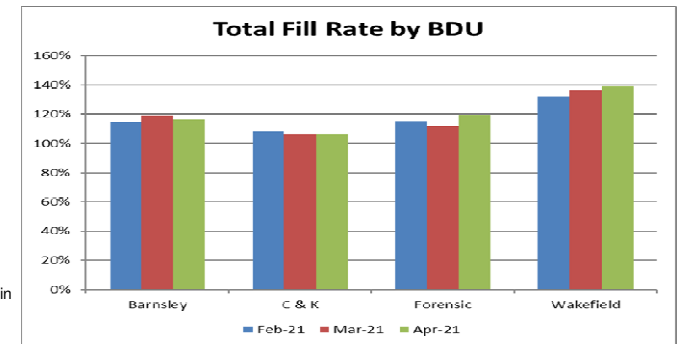
Information Governance

7 data breaches were reported during April, which is lower than any month during the previous financial year.

5 incidents involved information being disclosed in error were reported, which was the most reported category throughout 2020/21. They involved a personal telephone number being disclosed to a service user's family, a letter being sent to the wrong address as it was recorded incorrectly on SystmOne and three incidents of patient data being found unattended and unsecured. One incident involving unauthorised and inappropriate access to patient records was reported, which is under investigation.

A new IG communications plan is being developed, which will involve continued use of The Brief to highlight the impact that personal data breaches have and raising awareness of the Freedom To Speak Up Guardians for staff to contact if they suspect inappropriate use of personal data is happening. Work using the Quality Improvement methodology is being undertaken to work through suggestions for improvement that were made during change improvement (CI) sessions that were run between November 2020 and January 2021.

The Trust did not report any incidents to the Information Commissioner's Office (ICO) during April.

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.

Total Number of IG Breaches

Legend: IG Breaches — Control — UCL — LCL
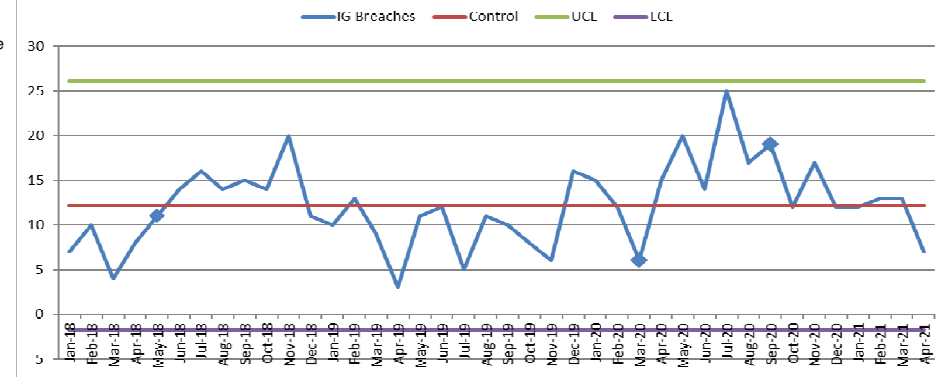
Commissioning for Quality and Innovation (CQUIN)

Schemes for 20/21 were suspended during the Covid-19 pandemic period. Similarly there are no CQUIN schemes for Q1 2021/22.

Patient Experience

Friends and family test shows
- 95% would recommend community services.
- 81% would recommend mental health services

Mental Health Services

Mental Health 78%/ n=686
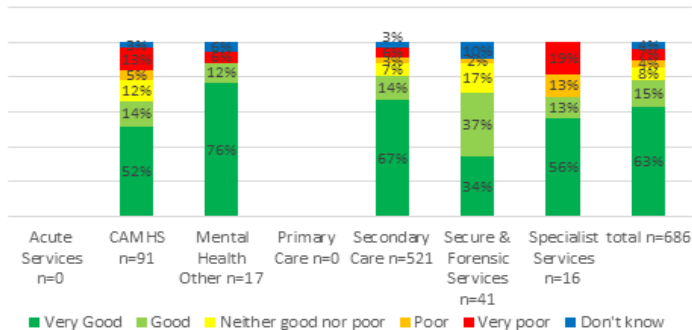
Community Services

Community 95%/ n=144

Legend (Mental Health): Very Good | Good | Neither good nor poor | Poor | Very poor | Don't know

Legend (Community): Very Good | Good | Neither good nor poor | Poor | Very poor | Don't know
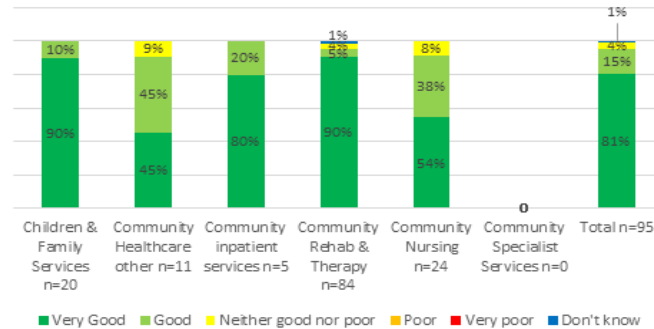
- 81% (835) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=142) of respondents felt that their experience had been very good or good across community services.
- 78% (n=691) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 70% of responses for April.

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. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target. Following the findings from a few external investigations the team are continuing to deliver the impact of parental mental illness training.

All members of the team have attended virtual webinars and or training sessions to ensure that their practice, the training material, and advice provided is up to date and relevant. The Safeguarding adult's advisor has attended the responding to male victims of domestic abuse and the learning has been incorporated into the training.

The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. All external information gathering requests have been responded to in a timely manner.

The Specialist Advisor for Safeguarding Adults has been joint working with a matron to complete a Service Level Investigation following a review of a PICU, additionally they have completed the joint learning review with the Barnsley Safeguarding Adult Board manager and provided feedback at the Safeguarding Adult Review panel.

An internal review of the safeguarding team has taken place to eliminate any variability in performance, improve communication and education. A standard operating procedure has been refreshed and is currently out for consultation.

As part of a NMC and Customer complaint enquiry a decision was made to undertake an audit into the Trust Safeguarding team advice system. The review has demonstrated areas where the errors could occur and where the concern could be caught. The safeguarding advice Standard Operating Procedure (July 2019) has been reviewed and updated to clearly define roles and responsibilities. The team have undertaken a review of all their communication processes, these have been simplified to improve the messages for the workforce, including:
•   Communication on the Trust intranet page has been updated to provide clear information about how and when to access the trust safeguarding team for advice and when to contact the Local Authority safeguarding department or the police.
•   The safeguarding team are taking the above to all Trust governance groups to further disseminate the information. Additionally, the team's communication via their out of office email signature and their voicemail communication has been reviewed to further support the workforce of how to seek advice.

A weekly advice calls audit is being undertaken to monitor the changes and ensure that there is an improvement in the number of returned responses.
There will be a continuation of triangulating the information (including advice calls, Datix and clinical records) monthly and any concerns will be raised to senior managers.
The changes since the audit will reduce the risk of procedural, communication and proficiency errors.

Infection Prevention Control (IPC)

Ongoing work for COVD19 pandemic, with reset, restoration and recovery

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 –96%
Infection Prevention and Control- Trust wide Total –93%

Policies and procedures are up to date.

Complaints

There were 27 new formal complaints in April 2021. Of these 2 have a timescales start date and 25 are awaiting consent/questions.
11% of new formal complaints (n=3) had staff attitude as a primary subject
37 compliments were received
18 formal complaints were closed in April 2021. Of these, 39% of complaints were closed within 40 working days. Of the 11 complaints that exceeded 40 working days, the average working days to close was 70 days. The reasons why complaints exceeded the 40 day target included delays in receiving the completed investigation from clinical services and issues with the quality of information received in the completed investigation alongside delays in receiving the required approval during sign off.
2 reopened complaints were closed in April 2021 and these both exceeded the 40 working day target (average=85 days).
Count of written complaints/count of whole time equivalent - 4.73WTE.

Reducing Restrictive Physical Intervention (RRPI)

There were 157 reported incidents of Reducing Restrictive Physical Interventions used in April 2021 this is a decrease of 18 (12.2%) incidents since March 2021 which stood at 179 incidents.

Of the different restraint positions used in the 157 incidents, standing position was used most often 78 (35%) followed by seated at 42 (19%).

Prone restraint was reported 14 (6% of total restraints) times in March 2021, this is a decrease of 6 (26%) from last month. 12 (85%) of the prone restraints were directly linked to seclusion or medication events.

Incidents where prone descent immediately turned into a supine position were recorded at 12 (14%) this is a separate entity to prone restraint.

Wakefield recorded eight prone restraints; Calderdale had three. Barnsley, Kirklees and Forensic services all reported one.

The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In April the percentage of prone restraints lasting under 3 minutes was 93.7%, which is an increase of 14.7% on the previous month. Each incident of prone restraint has been reviewed by a member of the RRPI team and an explanation can be found further in the report.

The use of seclusion continues to show an increase of 2 from 55 to 56 (2%) from the previous month. Three incidents of seclusion have been attributed to Covid19 themes in April

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 OMG report). A trail of workplace competency assessment training has started within the inpatient clinical areas. The refresher courses will be re-introduced in May this year with update periods extended by 12 months from March 2020.

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.

Bespoke training sessions to meet clinical demand have been created such as seclusion awareness for rotational Medical staff, on site ligature knife training and handcuff sessions for forensic staff will continue through the training calendar.

aining 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

Restraints under 3 minutes
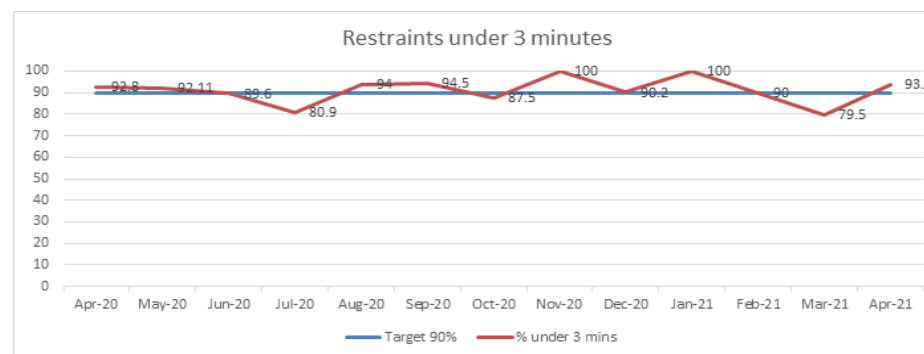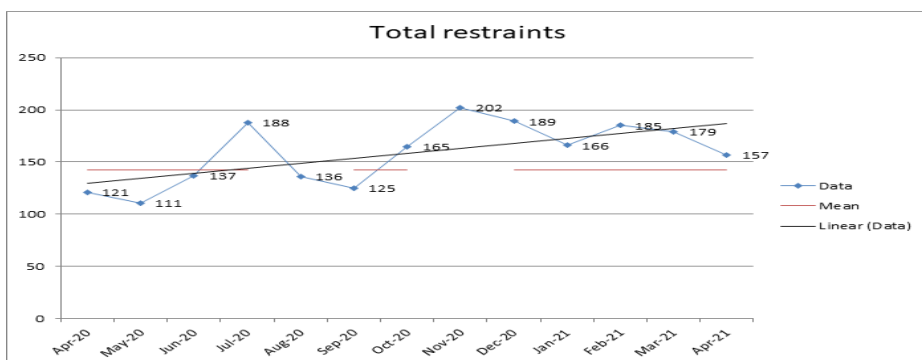
Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 08/05/2021 at 10/05/2021, compared with incidents occurring in the same period in 2019 and 2020

All actual self harm incidents reported Trustwide which occured during 2021 (by incident date 03/01/2021 - 08/05/2021) 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 (3 in total pending review). Figures may change as incidents are reviewed and approved.

Analysis of trends
July 2020 - The peak in July 2020 was explored further and analysis showed that between 1/7/2020 - 1/8/2020 there was a total of 135 incidents of actual self-harm.
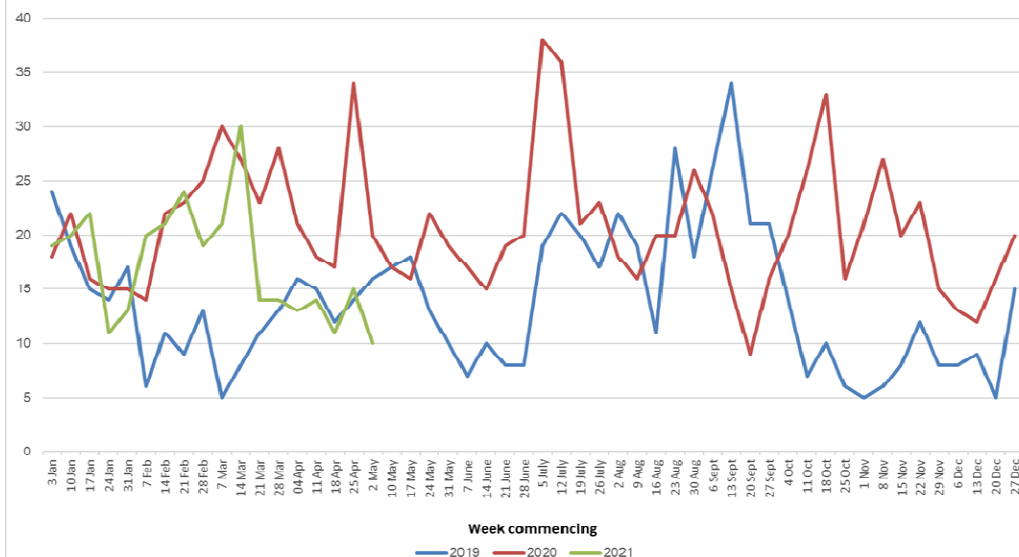This involved 34 patients. 27 patients had 3 or less self harm incidents in the period. There were 6 patients who had more than 3 incidents. Of these, one patient had 30 incidents (28 on Clark, 2 on Beamshaw), Another patient had 30 incidents (Elmdale). The next highest total of self harm in the period was for a patient with 12 incidents (10 on Clark and 2 on Ward 18).
Of the 135 incidents between 1/7/2020-1/8/2020, it involved 20 different teams. 12 were assigned to inpatient wards, and 8 were incidents occurring in the community. Of the inpatient wards, Clark had the highest number (52), followed by Elmdale (47). The third highest wards were jointly Stanley ward and Horizon Centre both with 5 incidents.
October 2020 - The peak in incidents in October 2020 was explored further. Analysis showed that this was primarily due to an increase in incidents on Clark Ward, for one individual patient using self strangulation methods. Within the data overall, there were 3 incidents reported as moderate or severe harm in this reporting period (October 2020), which occurred in 3 different teams - CAMHS ReACH Team (Crisis Team) Wakefield, Single Point of Access (Wakefield) and Wakefield CAMHS West Team involving prescription medication - self poisoning, jumping from height and headbanging. Self-strangulation, cutting, hanging and scratching/biting are the highest reported self harm incidents in October 2020.
May 2021 - Analysis of the data from 2021 shows that two subcategories of self harm remain higher than other methods. These are cutting (71) and self strangulation(70) incidents each reported.
Analysis of the cutting incidents showed that the incidents took place over 15 wards/teams with the majority of incidents occuring on Elmdale ward.
Analysis of the self strangulation incidents showed that the incidents took place over 8 wards with the majority of incidents occuring 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 (52 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 08/05/2021 at 10/04/2021, 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 - 08/05/2021) compared with same weeks in 2019 and 2020
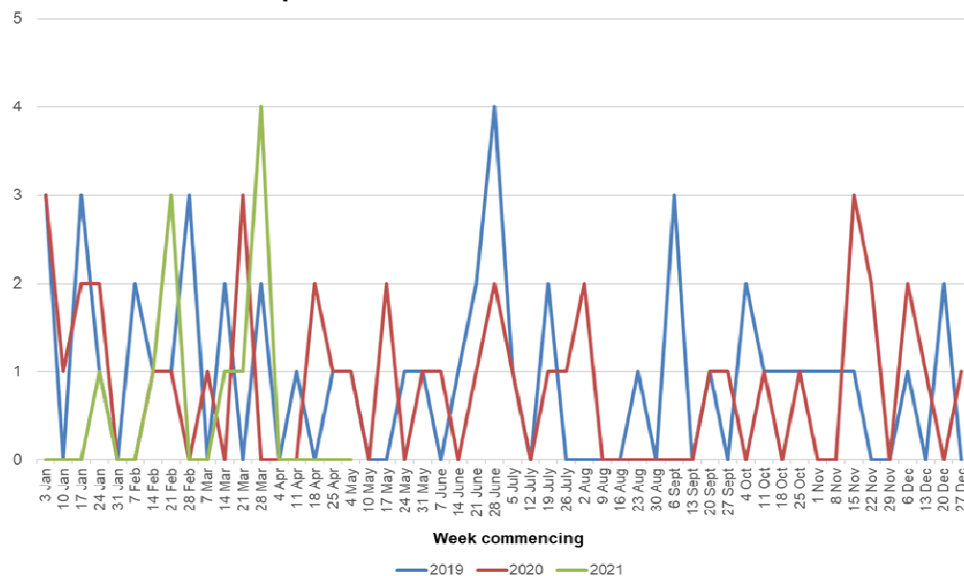
Please note:

Data refreshed and verified on 10th May 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	Jan-21	Feb-21	Mar-21	Apr-21	Data quality rating 8	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%	98.2%	99.6%	99.9%	100%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	28.5%	43.8%	56.8%	97.8%	43.7%	74.3%	97.8%	98.7%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	100%	96.1%	98.7%	99.4%	100%	99.1%	99.1%	100%		
% 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%	89/90 =98.9%	90/90 =100%	98/101 =97.0%	93/96 =96.8%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.5%	98.7%	98.8%	98.7%	99.0%	99.0%	98.3%	98.0%		
Out of area bed days 5	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	415	737	316	251	91	78	82	84		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	46.6%	52.7%	56.3%	53.4%	53.1%	53.4%	53.7%	57.0%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	88.3%	92.8%	96.5%	98.8%	98.4%	99.0%	98.7%	99.1%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	98.9%	99.1%	99.9%	99.9%	99.6%	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%	92.0%	90.6%	91.9%	87.0%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.3%	91.1%	91.7%	92.1%	92.0%	92.2%	92.2%	92.3%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	12.6%	12.5%	12.5%	12.4%	12.4%	12.6%	12.7%	⚠️	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Jan-21	Feb-21	Mar-21	Apr-21	Data quality rating 8	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	10	34	10	23	11	6	6	25		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	4	6	2	6	2	1	3	3		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	258	205	210	189		189		Due July 2021		
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	14.7%	13.7%	18.1%	19.0%		19.0%				

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Jan-21	Feb-21	Mar-21	Apr-21	Data quality rating 8	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.1%	99.8%	99.5%	99.4%	99.8%	99.4%	98.9%	98.9%		
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%	100.0%	100.0%	99.9%	99.9%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.7%	98.4%	98.0%	98.1%	98.0%	98.2%	98.1%	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
4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).
5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

Headlines:
- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 100%
- The percentage of service users seen for a diagnostic appointment within 6 weeks improved but remains below target at 98.7% . This is a direct consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 84 days in April. This is an increase from 82 in March, and is reflective of the intense effort within our operations teams.
- During April 2021, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 25 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 April the following data quality issues have been identified in the reporting:
- The reporting for employment and accommodation for April shows 14.1% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to March which showed 13.2% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

SPC Charts

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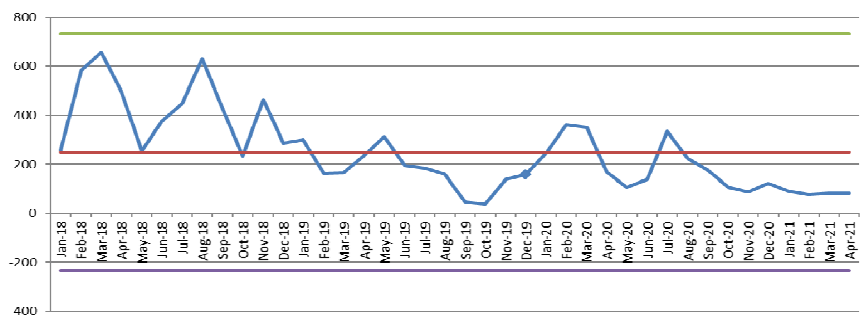
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

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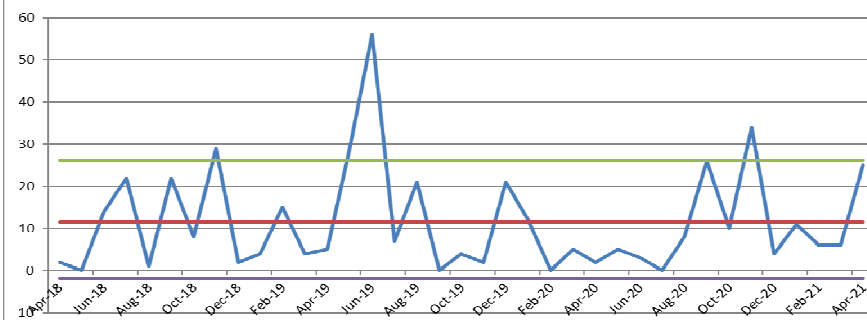
The majority of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported bed days are within the expected range with the exception of Nov-18 and Jun-19.

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

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

Mental Health:
Strengths
• In discussions with the Primary Care Network/GP Federation to develop the detail of local transformation development plans. Proposal submitted regarding a brief intervention service to support primary care
• Service resilience maintained. Contacts continue to be delivered by telephone/video link where practicable with face to face support offered as necessary.
• Proactive engagement with the Urgent Care Board and positive acknowledgment received of liaison and intensive home-based treatment team performance

Areas of focus
• Increased referrals
• Improving urgent access (assessment within 4 hours) performance. Work undertaken to inform accurate/reliable inputting and focus of supervision.
• Improving % service users on care programme approach (CPA) with a formal review within the previous 12 months. Ongoing attention in supervision to recording
• Non-recurrent recovery investment being made available - plans submitted to support caseload pressure in single point of access (SPA) and core/enhanced teams.
• IAPT waiting list initiative being developed. Intention to implement from July 2021.

CAMHS
Strengths
• Business continuity plans have to date been effective.
• Trend in waiting numbers from referral to treatment in Barnsley being maintained
• Recently agreed funding for additional Kirklees mental health support team (MHST) and 4 MHSTs in Wakefield over next 3 years.

Areas of focus
• Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased. Options to address being discussed with CCGs in Calderdale and Kirklees.
• Referral numbers placing pressure on waiting times. Medium term trajectory unclear.
• Crisis referrals – particularly in relation to eating disorders – are high. Tier 4 bed access remains problematic and some staffing pressures across the eating disorder pathway.
• Small number of high-risk cases in Wetherby Young Offenders' Institute. Unable to source appropriate specialist beds and placing pressure on CAMHS staffing resource.

CAMHS Referral to Treatment Waiting Times
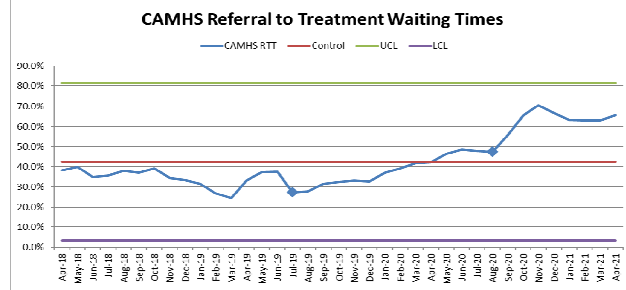
The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in August 2020 has been highlighted for this reason.

Barnsley general community services

Key Issues
• Increase in referrals across the system into community services since the easing of lockdown measures.
• Yorkshire Smoke Free Calderdale (YSFC) contract – discussions taking place regarding contract extension options
• Yorkshire Smoke Free Wakefield – tender has recently been issued given the fact the existing contract expires at the end of December
• Urban House Health Integration Team (HIT) nurse prescriber role has proven difficult to recruit into. Alternative solutions being assessed and currently the lead nurse is the sole nurse prescriber within the service. This is on BDU risk register.

Strengths
• Teams working across organisations and building relationships further to solve problems for patients and ensure effective and efficient patient flow across the health and social care system.
• All health and wellbeing and children's services are performing well
• 2 poster display abstracts submitted by Yorkshire Smoke Free have been accepted for the national conference.
• Consistent, positive and excellent feedback from allied health professionals and nursing students for our community teams.

Challenges
• Ongoing response to Covid-19 and supporting staff and patient vaccination hubs
• Staff turnover, recruitment and selection process
• Increasing number of new allied health professional vacancies opening up across the region, which may lead to recruitment hot spots.

Areas of Focus
• Commencing the organisational change process and mobilisation of the Breathe service
• Commencing organisational change process across the integrated neighbourhood service
• Tissue viability – continued roll out of ONPOS, joint working with the hospice on the development of an integrated lymphoedema and the pilot of the Healthyio wound care app
• Work continues on neurological rehabilitation pathways
• First contact physiotherapists model and other models of allied health professionals working in primary care.

Forensic business delivery unit and Learning Disability services:

Forensics
• Staffing levels remain under constant review and feel less critical than recent times with 'fill rates' currently meeting clinical demand.
• Occupancy levels in Newhaven and Newton Lodge below target however referrals to medium secure services have increased and further admissions are planned.
• Services clinically are very acute particularly, Sandal, Hepworth, Bronte, Newhaven and Gaskell
• Supervision levels are 81.7% in medium secure, 63.6% in low secure and 85.7% in Newhaven so on track to reach the target by the end of Q1. The lower figure in the Bretton Centre is due to sickness levels and acuity but the service is confident the target will be reached.
• 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 is currently 66.7%.
Community:
• Activity continues to rise including an increase in demand for face to face treatment
• Waiting lists continue to be managed to meet targets.
• Some sickness hotspots in Kirklees.
• Ongoing work around restoration and recovery.
• We have had an increase of Ministry of Justice cases moving into localities from out of area requiring RC support
• Medical staffing remains a hotspot with locum posts, vacancies and modified duties.
Inpatients:
• Recent increase of admissions has meant we are again relying on high usage of bank/agency cover which in turn impacts on the staff team due to the make-up of inconsistent staffing.
• Sickness, vacancies and maternity leave in key posts providing a challenge but plans in place to address.
• Ward has recently had a quality monitoring visit and an action plan has been developed and will be monitored through the BDU meeting to assure delivery in a timely manner.
• There have been some medical capacity challenges with temporary solutions in place.
• Work on the assessment & treatment unit (ATU) reconfiguration across West Yorkshire continues.
• High levels of acuity are currently being experienced on the ward.

ASD/ADHD
• The service is operating fully without any operational challenges due to Covid-19.
• Supervision is currently 88.2%
• The service has a list of new business opportunities/ developments to explore further.
• There has been a surge in referrals for assessment. Service is currently interrogating data and will update on findings and potential impact.

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Inpatient:
• Maintaining patient flow and facilitating sufficient ward capacity has been challenging and whilst use of acute beds out of area has been kept to a minimum, there have been some acute out of area placements particularly in response to demand for male admissions. The use of PICU (psychiatric intensive care unit) out of area beds is mainly attributable to gender specific and safeguarding clinical reasons, although bed availability has increasingly become a factor. High demand for inpatient beds continues. Concerted work on optimising patient flow is continuing and the service is now fully recruited to and providing a 7-day service.
• The wards continue to deal with Covid-19 requirements for admission and episodic testing, as well as 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 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. 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 (TIPD). 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. A gatekeeping review of admissions is taking place to inform learning and planning around community alternatives to inpatient care. We have currently strengthened our discharge coordination offer on the wards to complement this.
• 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.
• There has been an impact on prevalence rates for IAPT as a consequence of the pandemic period. IAPT access has been lower over the last year as a consequence of limitations on access to primary care, as the main referral method into the service is GP directed self-referrals. However, referral figures for March and April are showing a significant increase and demand is now growing.
• Demand into Single Point of Access (SPA) continues to increase, leading to significant pressure in the service and necessitating the use of additional staff and sessions for assessment slots. We are seeing a notable growth in self referrals. SPA is prioritising risk screening all referrals to ensure any urgent demand is met within 24 hours but routine triage and assessment is now at risk of being delayed. The situation is being kept under close review by general managers and teams with mitigation actions in place.

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 (testing, vaccinations, workforce, reset and recovery)
- Coronavirus update sent out weekly to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated.
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Coronavirus vaccination comms, general focused and targeted.
- Continued promotion of 'Choose Well for Mental Health' guide; internally, on social media channels and with partners.
- Staff wellbeing initiatives promoted
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels, including mental health awareness week, stress awareness month, international day against homophobia, transphobia and biphobia, hand hygiene day, stroke awareness week, and autism awareness week.
- Media management, including providing quotes on CAMHS in Barnsley, SIM in Wakefield.
- Information governance campaign- continued support
- Forensic improvement programme - continued support
- Supporting patient experience and feedback - Friends and family test relaunch, mental health act reforms and the community mental health survey
- Partner Bronze command meetings continue to taking place in all areas
- Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
- New intranet development project supported – migration of information and site development.
- 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 2021/22

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2021/22	Narrative
1	**Surplus / Deficit**	£0.6m		In April a surplus of £0.6m has been reported which is favourable to plan. The forecast position will be assessed by the end of the first quarter.
2	**Agency Spend**	£0.6m		Agency spend in April is in line with the run rate from the previous financial year. The largest single areas continue to be in medical staffing covering vacancies and in unregistered nursing to support both backfill of vacancies and safer staffing requirements.
3	**Cash**	£60.3m	£48.2m	Cash in the bank continues to be positive although this is forecast to reduce in year due to the higher level of planned capital investment.
5	**Capital**	£0.1m	£9.6m	The capital programme for 2021 / 22 has been agreed as £9.6m. Of this £2.6m is on major schemes, £2.4m on IM & T and £4.6m on Estates, largely ensuring that health and safety standards are maintained and improved.
6	**Better Payment Practice Code**	98%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 98% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 11 days from receipt.

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	Apr-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%	4.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	3.9%	3.9%	4.0%	3.8%	3.8%	3.8%	3.9%	4.0%	4.0%	4.0%	4.0%	3.9%	4.0%
Staff Turnover	Improving Resources	Well Led	AD	10%	8.5%	7.9%	9.8%	8.4%	9.1%	8.9%	9.3%	9.3%	9.9%	10.0%	10.0%	10.3%	15.6%
Gross Vacancies	Improving Resources	Well Led	AD	-	Reporting Commenced April 2021												10.8%
Net Vacancies	Improving Resources	Well Led	AD	-													2.9%
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%	80.7%
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%	78.8%
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%	94.6%
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%	95.6%
Fire Safety	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%	92.8%	91.8%	87.9%	86.9%	87.6%	86.2%	85.9%
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%	76.3%
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%	94.0%
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%	96.6%
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%	95.1%
Mental Capacity Act/DOLS	Improving Resources	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%	90.8%
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%	85.1%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%		74.9%			79.3%		80.6%			81.3%			Due July 2021
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	93.2%	93.2%	93.2%	94.6%	94.6%	94.4%	95.3%	95.7%	95.6%	95.6%	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%	94.7%
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%	93.3%
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	£803k
Agency Cost	Improving Resources	Effective	AD	-	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k	£760k	£583k
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

	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	Apr-21
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-		7			3		14			7			Due July 2021

Covid-19

KPI / Additional Metrics to Highlight Response to and Impact of Covid-19	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	As at 20th May 2021	Trend	Notes
No of staff off sick - Covid-19 not working 7		**154**	**204**	**112**	**48**	**26**	**82**	**108**	**161**	**81**	**159**	**91**	**89**	**33**	**15**		
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	1	0		
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	16	2		
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	5	3		
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	1	0		
Test & Trace Isolation		0	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	10		
No of staff working from home - Covid-19 related 8	N/A	**125**	**136**	**107**	**90**	**7**	**53**	**79**	**147**	**35**	**84**	**78**	**88**	**16**	**8**		
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	8	0		
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	2	2		
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	1	3		
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	1	1		
Test & Trace Isolation		0	0	0	7	0	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	2		
Number of staff tested 9		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	3386	3386		Cumulative
No of staff tested positive for Covid-19 10		23	103	128	130	133	149	217	398	462	545	598	610	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%	2813/2836 =99.2%		
No of staff returned to work (not working only) 13		445/599 = 74%	609/807 =75%	800/908 =88.1%	872/928 =94.0%	952/979 =97.2%	992/1079 =91.9%	1122/1239 =90.6%	1295/1480 =87.5%	1492/1580 =94.4%	1533/1695 =90.4%	1723/1834 =93.9%	1726/1846 =93.5%	1858/1895 =98.0%	1885/1905 =99.0%		
No of staff still absent from work who were Covid-19 positive 12		Data Unavailable	27	11	2	1	5	29	32	28	43	22	13	13	10		
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	1306	1369	1281	1271		Cumulative
Calls to occupational health healthline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	2655	2713		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 staff bank capacity in light of recent increase in recruitment
• Continue to follow government guidance e.g. social distancing, wearing of masks, working from home wher possible

Staff Health & Well Being

• 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.
• We continue to provide and use lateral flow tests for many of our staff.

Workforce Issues

• As at 20th May, 15 staff off work Covid-19 related, not working which compares to 33 one month earlier. A further 8 were working from home.
• 3386 staff tested for Covid-19 as at 20th May.
• 610 staff have tested positive for Covid-19, none of which tested positive within the last month.
• Staff turnover increased to 15.6% in April, higher staff turnover in inpatient wards hass been noted
• Non-Covid sickness absence increased slightly to 4.0% in April. This compares favourably to previous years.

SPC Charts
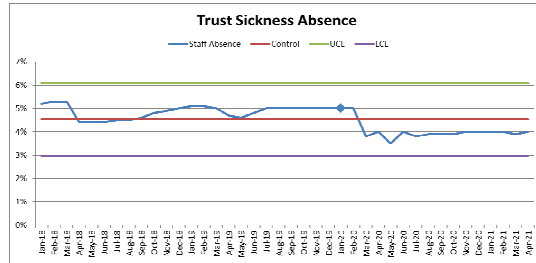
Trust Sickness Absence
Staff Absence — Control — UCL — LCL

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.
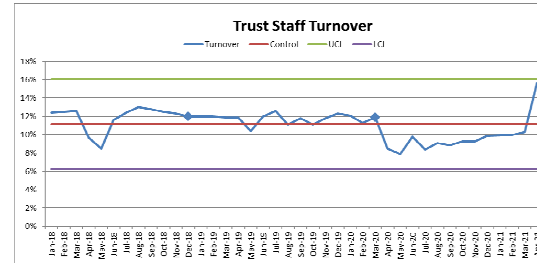
Trust Staff Turnover
Turnover — Control — UCL — LCL

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.
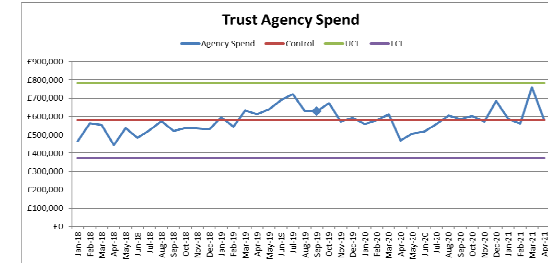
Trust Agency Spend
Agency Spend — Control — UCL — LCL

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 May, the Trust has 23 staff absent or working from home due to Covid-19. This makes up 0.4% of the workforce. Of those absent, 17.4% are symptomatic and 26.1% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 1.5% of staff impacted.
• 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 6.2 days in April.

Sick/Absent % by BDU/Service/Cost Centre (excludes Trust Bank/Pastoral Care)
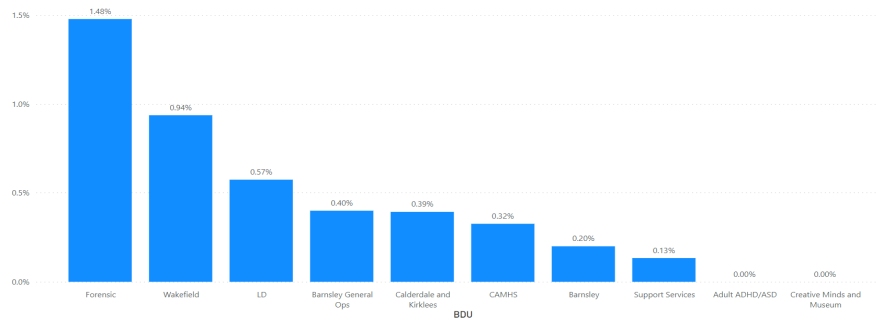
Absence by BDU and Reason for absence

Reason for absence: ● Household symptoms ● Long COVID ● OH advised isolation ● Other COVID related ● Risk assessment and occupational health t... ● Symptomatic (self) ● Test & Trace Isolation (contact o...
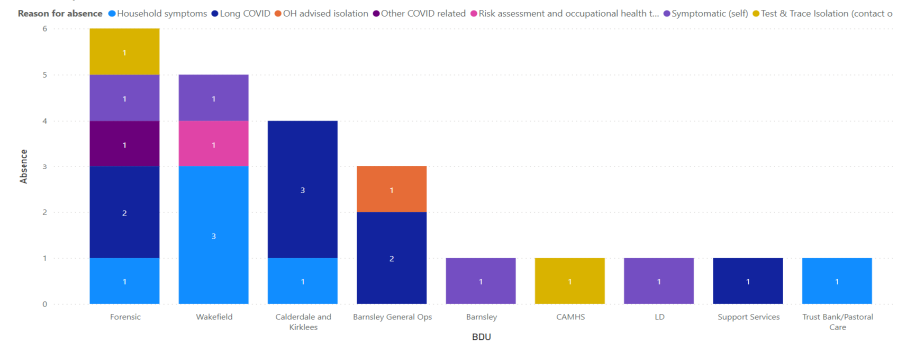
Publication Summary

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

Diagnostic imaging dataset: December 2020

Mental health services monthly statistics: performance February, provisional March 2021

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2020 to March 2021

Psychological therapies: reports on the use of IAPT services, England – February 2021, final including a report on the IAPT Employment Advisors Pilot

Mental health patient level activity and costing: 2019–20

Out of area placements in mental health services: February 2021

Improving Access to Psychological Therapies patient level activity and costing: 2019–20

Vaccination coverage report, UK (COVER programme): October to December 2020

Finance Report

Month 1
(2021 / 22)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators			

	Performance Indicator	Year to Date	Forecast 2021 / 22	Narrative
1	Surplus / (Deficit)	£0.6m		In April a surplus of £0.6m has been reported which is favourable to plan. The forecast position will be assessed by the end of the first quarter.
2	Agency Spend	£0.6m		Agency spend in April is in line with the run rate from the previous financial year. The largest single areas continue to be in medical staffing covering vacancies and in unregistered nursing to support both backfill of vacancies and safer staffing requirements.
3	Cash	£60.3m	£48.2m	Cash in the bank continues to be positive although this is forecast to reduce in year due to the higher level of planned capital investment.
4	Capital	£0.1m	£9.6m	The capital programme for 2021 / 22 has been agreed as £9.6m. Of this £2.6m is on major schemes, £2.4m on IM & T and £4.6m on Estates, largely ensuring that health and safety standards are maintained and improved.
5	Better Payment Practice Code	98%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 98% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 11 days from receipt.

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

Budget Staff WTE	Actual worked WTE	Variance WTE	Variance %	This Month Budget £k	This Month Actual £k	This Month Variance £k	Description	Year to Date Draft Budget £k	Year to Date Actual £k	Year to Date Variance £k
				20,717	20,679	(38)	Clinical Revenue	20,717	20,679	(38)
				20,717	**20,679**	**(38)**	**Total Clinical Revenue**	**20,717**	**20,679**	**(38)**
				997	1,158	161	Other Operating Revenue	997	1,158	161
				21,714	**21,836**	**123**	**Total Revenue**	**21,714**	**21,836**	**123**
4,594	4,461	(133)	2.9%	(17,258)	(16,610)	648	Pay Costs	(17,258)	(16,610)	648
				(3,700)	(3,834)	(134)	Non Pay Costs	(3,700)	(3,834)	(134)
4,594	4,461	(133)	2.9%	**(20,958)**	**(20,443)**	**514**	**Total Operating Expenses**	**(20,958)**	**(20,443)**	**514**
4,594	4,461	(133)	2.9%	**756**	**1,393**	**637**	**EBITDA**	**756**	**1,393**	**637**
				(537)	(545)	(9)	Depreciation	(537)	(545)	(9)
				(212)	(212)	(0)	PDC Paid	(212)	(212)	(0)
				0	0	0	Interest Received	0	0	0
4,594	4,461	(133)	2.9%	**8**	**636**	**628**	**Surplus / (Deficit)**	**8**	**636**	**628**
				0	0	0	Gain / (loss) on disposal	0	0	0
				0	0	0	Revaluation of Assets	0	0	0
4,594	4,461	(133)	2.9%	**8**	**636**	**628**	**Surplus / (Deficit)**	**8**	**636**	**628**

The Trust operational and financial plans, in line with national guidance, cover the period H1 2021 / 22 (April to September 2021) only. Forecasts will assessed by the end of the first quarter. The forecast shown reflects this period only. Development of the H2, and longer term plan, continues.

Trust Monthly I & E Profile

Plan   Actual   Forecast
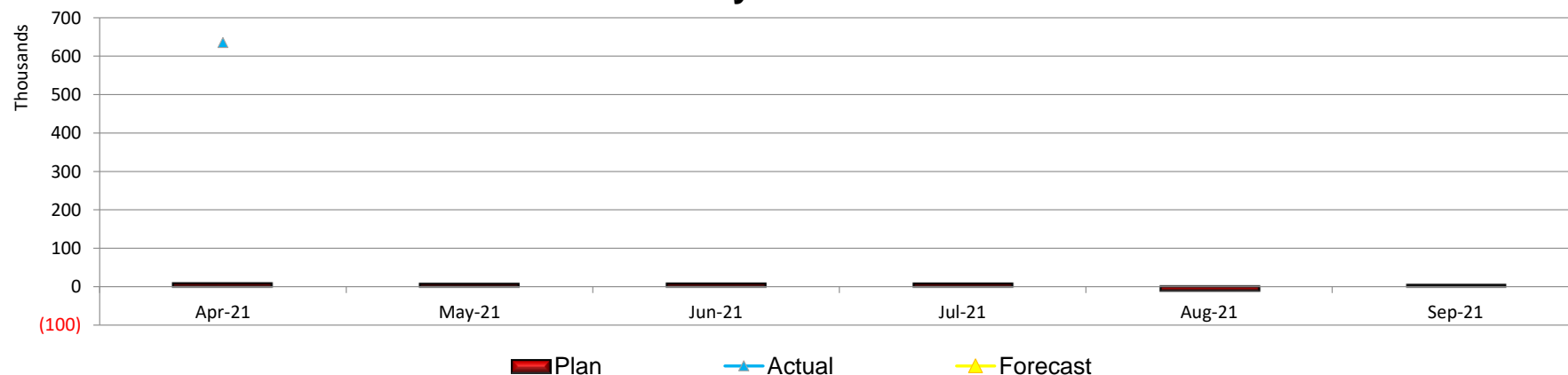
Income & Expenditure Position 2021 / 22

The Trust has agreed a breakeven financial plan for April to September 2021. This forms part of a consolidated Integrated Care System (ICS) financial plan.

For April to September 2021 the Trust has an operational plan to deliver a breakeven position. This is based on estimated expenditure run rates and updated funding available. This includes non recurrent funding allocated through the Integrated Care System (ICS).

Income

Income for H1 will follow the principles applied to H2 2020 / 21. Commissioner income is received as single block payments which are based on the original national funding calculation and additional Mental Health Investment Standard (MHIS) funding for 2020 / 21. New investments which have been discussed, and awaiting final formal confirmation for 2021 / 22, will be added once agreed.

Other income streams, such as local authorities, continue as normal with standard contracting arrangements in place.

In April income received from these contracts was £20.7m and in line with plan.

Pay

Pay Spend in April 2021 is £16.6m which is approximately £0.3m higher than the run rate in Q4 2020 / 21. This is due to a higher number (42 wte) of staff as detailed on the pay analysis page. Further analysis has been included to highlight the variations by staff group and service line.

Utilisation of temporary workforce options, including bank, agency and overtime payments has continued. Bank and agency accounted for 8.3% of overall pay expenditure. The headlines behind this request are covered within the pay analysis section.

Non Pay

Non pay expenditure continues to have specific areas of variability. These are subject to specific focus later in the report and include out of area bed placements and the purchase of locked rehab beds. Covid spend continues to be closely monitored; it has been confirmed that national supply of PPE will continue for 2021 / 22.

Covid-19 Financial Impact

Covid-19 continues to have an impact on our financial position and the table below highlights 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.

In line with the principles established in H2 20/21 funding for additional covid-19 costs has been provided prospectively through the West Yorkshire ICS. Reporting continues via the monthly NHS Improvement financial return with the expenditure summarised below.

Costs are reviewed and agreed through the Trust Operational Management Group to ensure that expenditure continues to provide the best possible service and value for money. This also ensures that the approach is joined up across the Trust.

Heading	Description	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Total £k
Staffing -	Additional staff costs to support Trust workforce response. Includes acting up and backfill arrangements	22						22
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	33						33
Staffing -	Isolation, shielding and backfill for covid absence	56						56
Total – Pay		**110**	**0**	**0**	**0**	**0**	**0**	**110**
Lateral Flow Testing	Distribution of kits to staff	7						7
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	2						2
Misc / other	Other general non pay not captured in the headings above							0
Total – Non Pay		**8**	**0**	**0**	**0**	**0**	**0**	**8**
Total cost recovery		**119**	**0**	**0**	**0**	**0**	**0**	**119**

Income Information

Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

The financial arrangements have been set for April to September 2021 (H1 2021 / 22). These are the same as H2 2020 / 21 with income received via block contracts with our main commissioners. The block is a combination of national calculation and agreed locally funding for the Mental Health Investment Standard (MHIS) in 2020 / 21. Additional MHIS funding for 2021 / 22 will be added as and when confirmed with commissioners.

The arrangements for October 2021 to March 2022 are yet to be confirmed.

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

	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k	Total 20/21 £k
CCG	15,365												15,365	177,447
ICS / System	1,737												1,737	9,917
Specialist Commissioner	2,475												2,475	28,281
Local Authority	404												404	5,025
Partnerships	657												657	7,514
Top Up													0	5,458
Other	41												41	4,815
Total	20,679	0	0	0	0	0	0	0	0	0	0	0	20,679	238,457
20/21	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	

Trust Income Profile
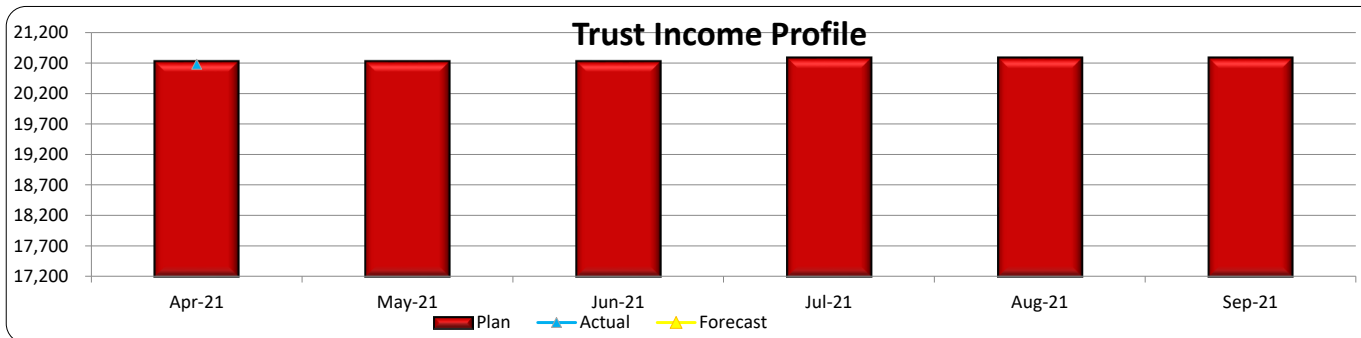
The table above has been updated to separately identify the ICS income received. This was previously included in the CCG line as it flows through a CCG as a nominated lead.

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 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing of this workforce.

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-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
Substantive	15,224												**15,224**
Bank & Locum	803												**803**
Agency	583												**583**
Total	**16,610**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**16,610**
20/21	15,142	16,019	15,709	15,501	15,912	16,205	15,969	16,313	16,199	16,273	16,245	18,087	**168,476**

Bank as %	4.8%												4.8%
Agency as %	3.5%												3.5%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,100												**4,100**
Bank & Locum	255												**255**
Agency	107												**107**
Total	**4,461**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,461**
20/21	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	4,472	**4,419**

Pay Expenditure Profile

Legend: 21/22 budget ▪ 20/21 ◆
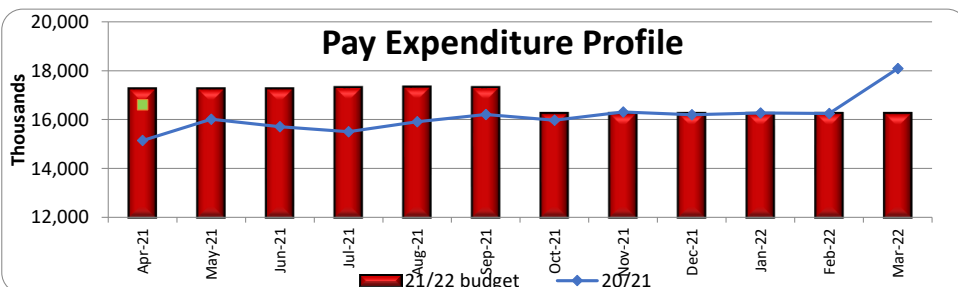
Spend in April 2021 is higher than the typical run rate for last year

Increases for incremental pay rises are included in both the actuals and plan but no pay award assumption has been included yet for 2021 / 22 in line with guidance.

An accrual has been made for the 2021 / 22 Clinical Excellence Awards; it has been confirmed this will follow the same approach as 2020 / 21 with a single payment made later in the year.

The overall Trust pay expenditure position includes different types of staffing and a wide variety of service lines and as a single value includes both under and overspends. This additional analysis provides a further level of detail and an indication of focussed action areas within the Trust.

Year to Date Budget v Actual - by staff group							WTE Year to Date Budget v Actual - by staff group					
Staff Group	Budget	Substantive	Bank / Locum	Agency	Total	Variance	Staff Group	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	£k	£k	£k	£k	£k	£k		WTE	WTE	WTE	WTE	WTE	WTE
Medical	2,084	1,943	70	251	2,264	181	Medical	225	188	1	14	204	(21)
Nursing Registered	6,596	5,050	274	56	5,380	(1,216)	Nursing Registered	1,414	1,235	74	11	1,319	(95)
Nursing Unregistered	1,993	1,747	355	218	2,319	326	Nursing Unregistered	807	732	147	72	951	144
Other	4,107	4,034	44	53	4,130	23	Other	1,277	1,187	12	9	1,208	(69)
Corporate Admin	2,478	2,449	60	7	2,516	37	Corporate Admin	871	758	21	1	779	(92)
BDU Admin							BDU Admin						
Total	17,258	15,224	803	583	16,610	(648)	Total	4,594	4,100	255	107	4,461	(132)

By staff group the key elements to highlight are:

In line with the trend of previous year there are vacancies within the registered nursing category although there is continued support internally through the use of bank shifts and overtime. This results in an underspend. Some of these vacancies are backfilled by temporary unregistered staffing options with high levels of both bank and agency staff.
Work continues to increase the number of registered nurses including overseas recruitment and additional substantive recruitment.

The Trust is currently utilising 20 (which equates to 14 wte due to part time contracts) agency medics but still has a number of vacancies. However the medical line is overspend against plan for actual expenditure.

Year to date Budget v Actual - by service							Year to date Budget v Actual - by service					
	Budget	Substantive	Bank / Locum	Agency	Total	Variance		Budget	Substantive	Bank / Locum	Agency	Total	Variance
	£k	£k	£k	£k	£k	£k		WTE	WTE	WTE	WTE	WTE	WTE
MH Community	7,064	6,149	163	294	6,605	(459)	MH Community	1,726	1,538	38	23	1,598	(128)
Inpatient	4,091	3,379	485	260	4,123	33	Inpatient	1,164	1,019	177	82	1,278	114
BDU Support	131	710	56	8	774	643	BDU Support	284	254	10	1	265	(19)
Community	2,438	2,090	44	3	2,137	(302)	Community	735	629	15	1	644	(91)
Corporate	3,534	2,897	55	18	2,970	(564)	Corporate	684	660	15	1	676	(9)
Total	17,258	15,224	803	583	16,610	(648)	Total	4,594	4,100	255	107	4,461	(133)

There are vacancies within the mental health community line, which also follows the trend of previous years. The Trust continues to explore the options for recruitment.

There are overspends, and additional staffing, within the Inpatient and BDU support lines.

Agency spend is £583k in April.

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

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

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

Due to covid 19 there is currently no agency cap for 2021/22, 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.

April 2021 spend is £583k which is similar to previous run rates. (2020/21 average was £585k per month). As noted on the previous page the main areas of agency usage are £251k in medics and £218k on unregistered nurses.

Triangulation continues to compare agency spend with substantive staff and bank staff payments.

Agency Expenditure Trends (£m)

Legend: Consultants, Other Medical, Nursing, Other Clinical, A & C, Other
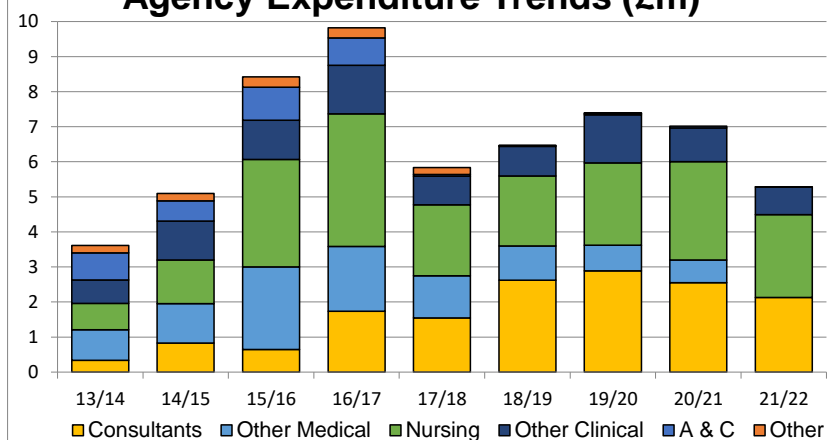
Agency and bank expenditure trend

Legend: Bank, Agency
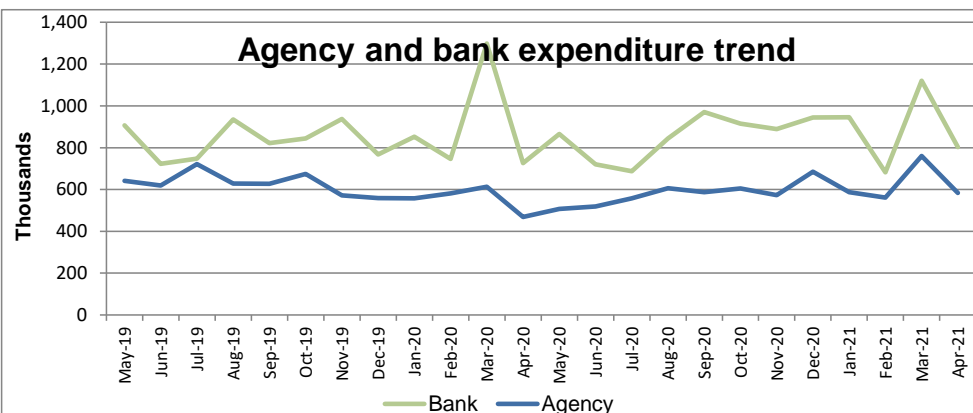
Agency Spend By Month

Legend: 18/19, 19/20, 20/21, 21/22
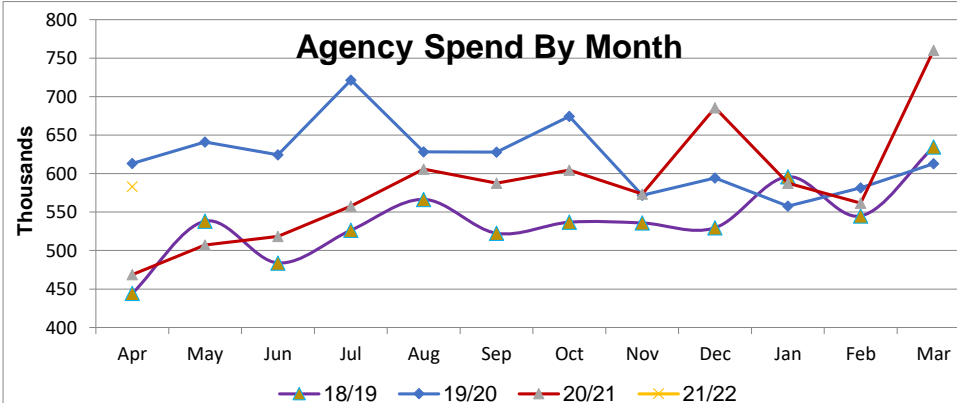
Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services, and excludes capital charges (depreciation and PDC) which are shown separately in the Trust Income and Expenditure position.

	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
2021/22	3,834												3,834
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628	5,921	46,574

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	308	345	(37)
Establishment	631	649	(18)
Lease & Property Rental	624	671	(46)
Premises (inc. rates)	439	579	(140)
Purchase of Healthcare	538	590	(53)
Travel & vehicles	347	369	(22)
Supplies & Services	494	424	70
Training & Education	55	38	17
Clinical Negligence & Insurance	73	107	(34)
Other non pay	192	62	130
Total	3,700	3,834	(134)
Total Excl OOA and Drugs	2,855	2,899	(44)
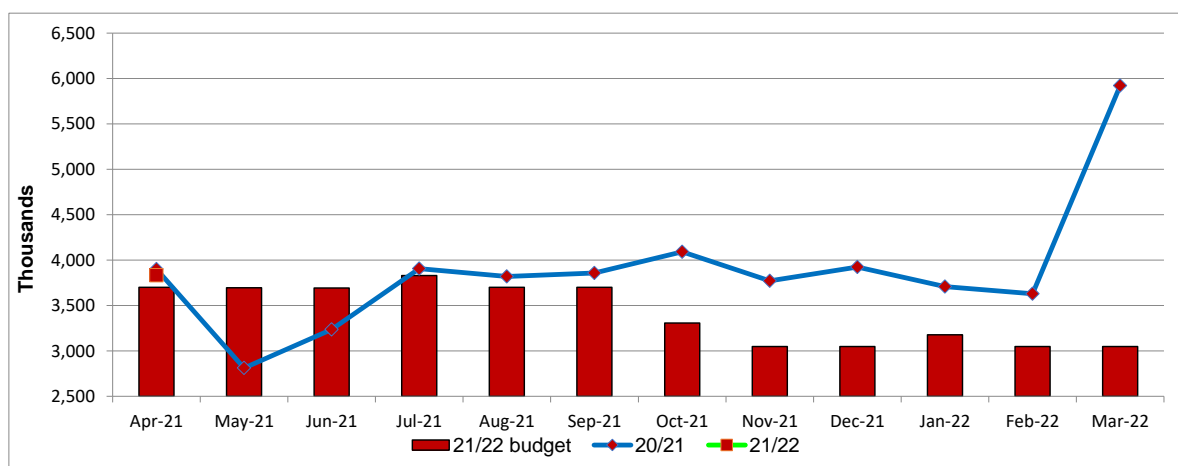
Key Messages

As part of the finance and procurement system change in October 2020 the whole chart of accounts was reviewed and updated. Additionally the internal non pay categorisation was reviewed. The groups above are now aligned with the Trust Annual Accounts presentation. The coding within the ledger continues to be reviewed to ensure that all spend is correctly recorded.

In April the largest variance is within premises and includes a number of one off purchases. The second largest is purchase of healthcare which, as per the separate analysis, includes out of area bed placements and the purchase of locked rehab beds. These continue to be pressured areas following the trend of the previous year.

The heading of purchase of healthcare within the non pay analysis includes a number of different services; both the purchase of services from other NHS Trusts or organisations for services which we do not provide (mental health locked rehab, pathology tests) or to provider additional capacity for services which we do.

Due to it's volatile, and potentially expensive nature, the focus has been on out of area bed expenditure. In this context this 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.

Breakdown of Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Locked Rehab	190	281	(91)
Out of Area			0
Acute	104	6	98
PICU	43	6	37
Other Services	200	297	(97)
Total	**538**	**590**	**(53)**

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
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**
21/22	195												**195**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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**
21/22	252												**252**

Bed Day Information 2021 / 2022 (by category)

PICU	209												**209**
Acute	43												**43**
Total	252	0	0	0	0	0	0	0	0	0	0	0	**252**

Out of Area Expenditure - monthly

Legend: 17/18, 18/19, 19/20, 20/21
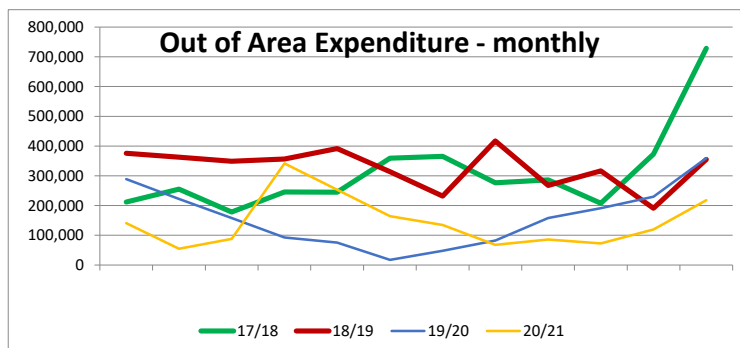
The overall delivery of activity remains a challenge for the Trust and, to date performance has exceptional in ensuring that as many people as possible are supported within the Trust bed base especially considering the impact that covid has had.

However covid continues to impact on demand and specific placements have been charged against the covid allocation.

The bed numbers of April 2021 also includes 55 bed days which are paid directly by the ICS. There is no cost included within the Trust financial position. This is an increase from 27 in March 2021.

	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	104,978	103,036	1
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,173	131	2
Non NHS Trade Receivables (Debtors)	1,828	2,660	3
Prepayments	2,867	2,271	
Accrued Income	3,090	4,262	4
Cash and Cash Equivalents	56,648	60,294	5
Total Current Assets	**65,781**	**69,791**	
Current Liabilities			
Trade Payables (Creditors)	(1,182)	(2,666)	6
Capital Payables (Creditors)	(585)	(436)	
Tax, NI, Pension Payables, PDC	(5,920)	(6,293)	
Accruals	(24,112)	(22,509)	7
Deferred Income	(3,981)	(5,340)	8
Total Current Liabilities	**(35,779)**	**(37,244)**	
Net Current Assets/Liabilities	**30,001**	**32,547**	
Total Assets less Current Liabilities	**134,980**	**135,583**	
Provisions for Liabilities	(7,348)	(7,315)	
Total Net Assets/(Liabilities)	**127,632**	**128,268**	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,384	
Revaluation Reserve	11,721	11,721	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	65,943	9
Total Taxpayers' Equity	**127,632**	**128,268**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2021.

1. Capital expenditure is detailed on page 14 and expenditure is profiled to increase from Q2.

2. Due to the block nature of NHS contracts there are currently minimal NHS outstanding debtors. 100% of this value is less than 30 days old.

3. Non NHS debtors remain low and any timing issues from the move to the new system appears to have been resolved.

4. Accrued income remains high primarily due to additional income forecast from NHS England in March 2021 (£2.1m) relating to Flowers and annual leave payments. This is forecast to be received in August 2021.

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. Creditors, invoices outstanding for the Trust to pay, continues to be closely reviewed alongside Better Payment Practice Code (page 17) performance.

7. Accruals continue to be at a higher level than historically. Work continues to chase invoices etc to reduce this value.

8. Deferred income has increased from year end due to receipt of Q1 training and education in April 2021.

9. This reserve represents year to date surplus plus reserves brought forward.

Capital Programme 2021 / 2022

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Major Capital Schemes							
En Suite	2,000	0	0	0	2,000	0	
OPS transformation	578	0	0	0	578	0	
Maintenance (Minor) Capital							
Routine Maintenance	3,194	100	58	(42)	3,232	38	
Fire Safety	160	0	0	0	160	0	
Plant & Machinery	455	0	0	0	455	0	
Equipment	100	0	0	0	100	0	
Fixtures & Fittings	45	0	0	0	45	0	
Other	643	0	15	15	605	(38)	
IM & T							
Clinical Systems	275	0	0	0	275	0	
Hardware	200	0	0	0	200	0	
Cybersecurity, Infrastructure	200	0	0	0	200	0	
Software	600	0	0	0	600	0	
Other	1,140	0	0	0	1,140	0	
VAT Refunds						0	
TOTALS	**9,590**	**100**	**73**	**(27)**	**9,590**	**0**	

Capital Expenditure 2021 / 22

The Trust capital programme forms part of the overall ICS capital plan. For 2021 / 22 the Trust component is £9.59m

The programme was developed from an internal prioritisation process considering safety, the needs of services and improvements required. The impact, and limitations imposed by the Trust covid-19 response, has also been considered.

As shown by the graph below there is minimal expenditure planned for Q1 21/22 but preparatory work is continuing internally to enable schemes to be delivered as planned later in the year.

Capital Programme 2021 / 2022 Cumulative Profile
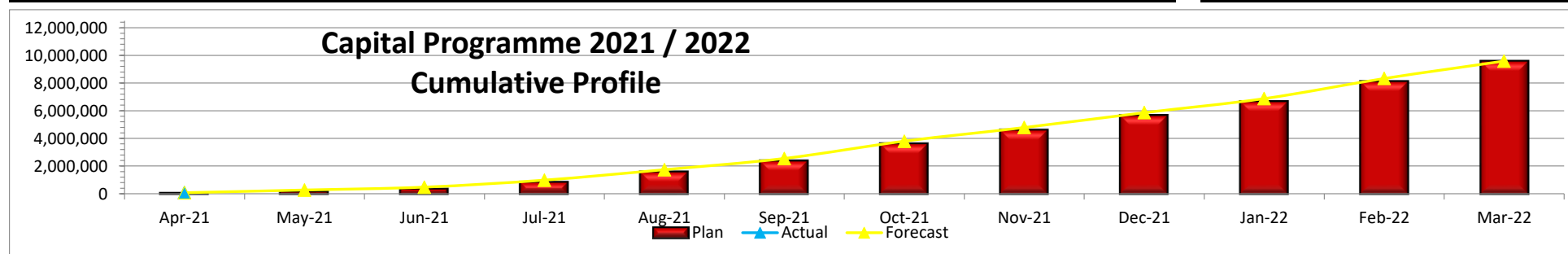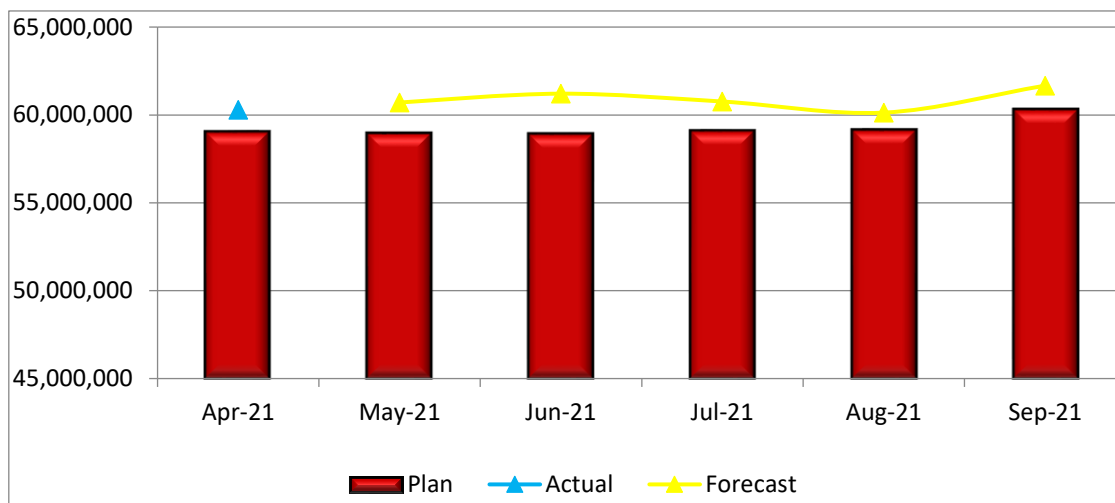
	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,648	
Closing Balance	59,055	60,294	1,239
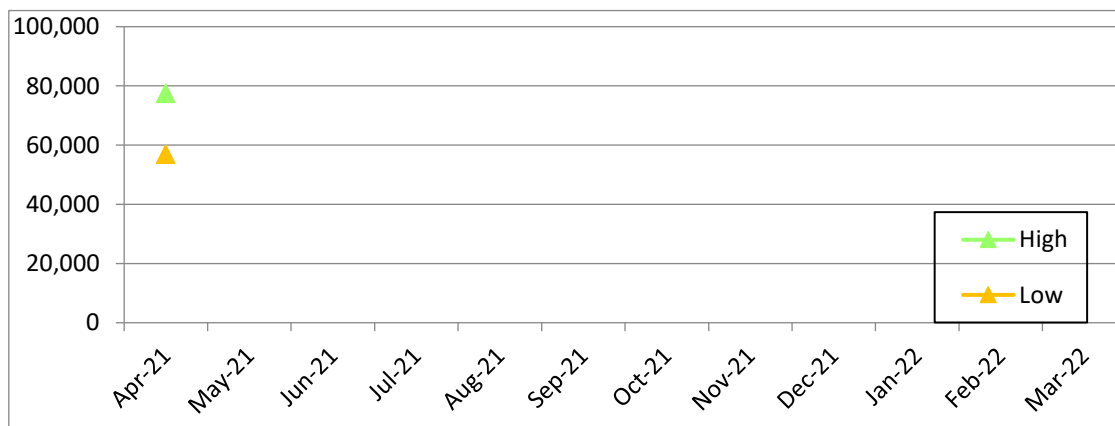
Cash remains positive. This helps to enable continued investment in the Trust capital programme.

An internal cash plan has been developed for 2021 / 22 showing an expected maintenance of cash levels.

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

The highest balance is: £77.5m
The lowest balance is: £56.9m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Note
Opening Balances	**56,648**	**56,648**	
Surplus / Deficit (Exc. non-cash items & revaluation)	545	1,393	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	400	(364)	
Accrued Income / Prepayments	0	(30)	
Trade Payables (Creditors)	212	42	
Other Payables (Creditors)	0	1,359	
Accruals & Deferred income	0		
Provisions & Liabilities	0	(33)	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(250)	(221)	
Cash receipts from asset sales	1,500	1,500	
PDC Dividends paid	0	0	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	**59,055**	**60,294**	

Cash Bridge 2021 / 2022
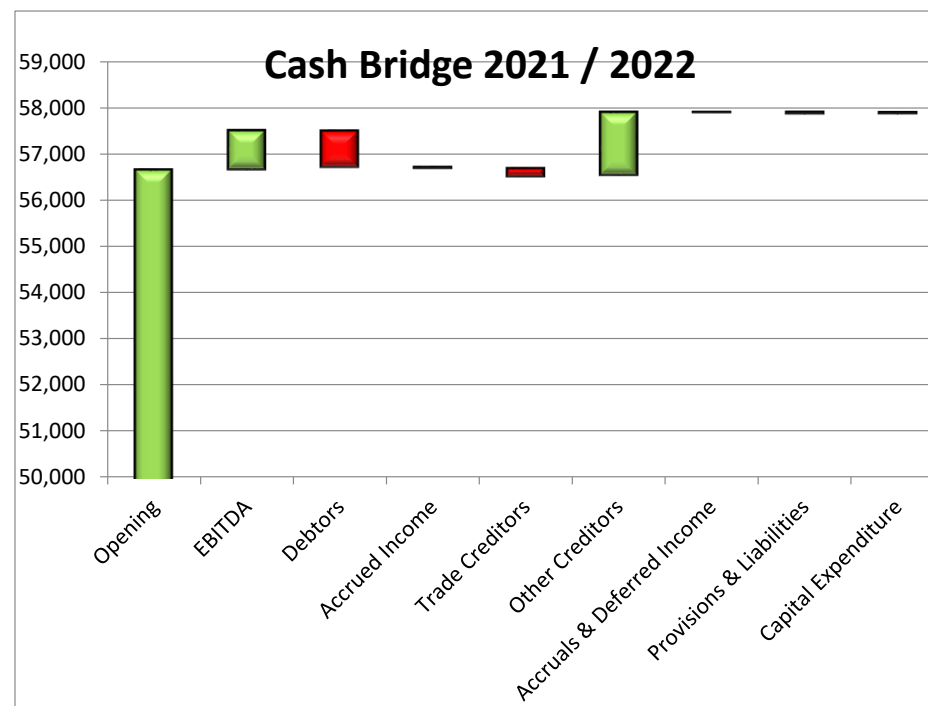
The table above summarises the reasons for the movement in the Trust cash position during 2021 / 2022. This is also presented graphically within the cash bridge.

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

The current main driver is the overall Income and Expenditure position which is better than breakeven and plan.

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.

We continue to optimise the finance and procurement system which was implemented in October 2020. This includes review of best practice and ensuring that all system users are suitably trained and making best use of it. In doing so it is expected that the payment performance will improve.

Performance in April has seen 98% of volume and 99% by value paid within the Trust payment terms of 30 days. The team continue to work with internal stakeholders and customers to ensure that the purchase to pay service runs as smoothly as possible.

NHS	Number %	Value %
In Month	77%	91%
Cumulative Year to Date	77%	91%
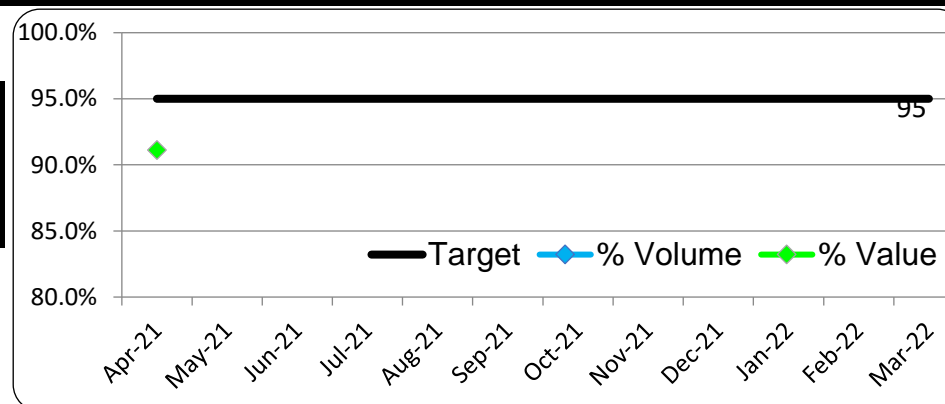
Non NHS	Number %	Value %
In Month	99%	98%
Cumulative Year to Date	99%	98%
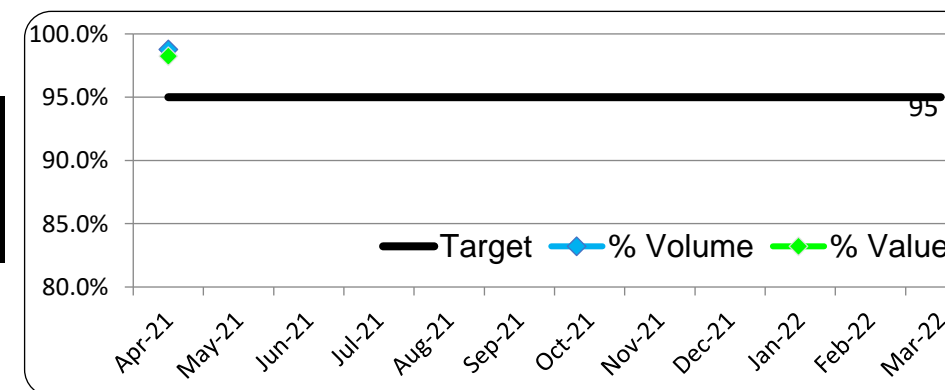
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
10-Mar-21	Rates	Wakefield	Wakefield Council	31565030080331X100321320000	320,000
29-Mar-21	Staff Recharge	Barnsley	Barnsley Healthcare Federation	INV1579	250,000
01-Apr-21	Telecoms	Trustwide	Virgin Media	927686103	187,119
15-Mar-21	Rates	Barnsley	Barnsley Council	5602653010	185,600
13-Apr-21	Staff Recharge	Barnsley	Nova Wakefield District	906	180,000
12-Apr-21	Subscription	Trustwide	Care Quality Commission	42914347	173,651
31-Mar-21	Rates	Wakefield	Wakefield Council	31565030080329431032113 1859	131,859
15-Apr-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318774	95,125
06-Apr-21	IT Services	Trustwide	Daisy Corporate Services	3I469461	90,250
27-Feb-21	Rates	Kirklees	Kirklees Council	96916507327022182432	82,430
31-Mar-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	99255	73,476
01-Apr-21	Telecoms	Trustwide	Virgin Media	938244064	62,929
12-Mar-21	Staff Recharge	Forensics	Wakefield Council	91313263851	60,686
25-Mar-21	Computer Hardware	Trustwide	Dell Corporation	7402700983	57,522
18-Dec-20	Staff Recharge	Forensics	Wakefield Council	91313169001	56,125
31-Mar-21	Computer Software	Kirklees	IESO Digital Health	UK000805	54,910
13-Mar-21	Computer Hardware	Trustwide	Dell Corporation	7402696895	50,820
19-Mar-21	Rates	Calderdale	Calderdale Council	2520219099890219032150432	50,432
13-Apr-21	Consultancy	Trustwide	Insight Direct (UK) Ltd	5254981	48,000
09-Apr-21	Purchase of Healthcare	Trustwide	Leeds Gate	383	47,741
17-Mar-21	Drugs	Trustwide	NHS Business Services Authority	1000068599	41,762
27-Feb-21	Rates	Kirklees	Kirklees Council	96921639X27022139936	39,936
22-Mar-21	Purchase of Healthcare	Forensics	Sheffield Childrens NHS Foundation Trust	2100214474	37,087
10-Mar-21	Rates	Wakefield	Wakefield Council	24095284080331610032134304	34,304
28-Apr-21	Purchase of Healthcare	Forensics	Touchstone (Leeds)	SINV20210010	33,634
13-Mar-21	Computer Hardware	Trustwide	Dell Corporation	7402696865	32,175
28-Mar-21	Computer Hardware	Trustwide	Dell Corporation	7402702079	30,678
17-Mar-21	Miscellaneous Expenditure	Trustwide	Arts & Health South West	INV0443	30,000
27-Feb-21	Rates	Kirklees	Trustwide	96894262627022129440	29,440
23-Apr-21	Purchase of Healthcare	Forensics	Spectrum Community Health CIC	SINV4195	29,049
31-Mar-21	Rates	Wakefield	Wakefield Council	31565030080328531032128411	28,412
31-Mar-21	Purchase of Healthcare	Trustwide	Huntercombe Roehampton Hospital	24308320AMENDED	27,920
27-Feb-21	Rates	Kirklees	Kirklees Council	96921641527022127904	27,904
27-Feb-21	Rates	Kirklees	Kirklees Council	96891289427022127136	27,136
01-Apr-21	Computer Hardware	Trustwide	Dell Corporation	7402703483	27,034

* 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.

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.7%	4.4%	4.3%	4.2%	4.2%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.9%	4.8%	4.0%	3.8%	3.9%	4.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.7%	85.5%	83.7%	84.5%	82.0%	78.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.2%	89.4%	89.2%	86.8%	84.2%	82.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.3%	94.4%	94.8%	96.1%	96.4%	95.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.7%	98.0%	97.9%	97.7%	97.2%	97.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.6%	89.8%	88.4%	89.2%	87.0%	86.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.2%	78.0%	76.1%	77.3%	75.5%	75.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	98.0%	97.4%	96.4%	95.9%	95.7%	95.7%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	98.8%	97.2%	97.3%	97.7%	96.9%
Moving and Handling	Resources	Well Led	AD	>=80%	90.4%	89.4%	89.8%	90.1%	89.9%	90.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.7%	94.6%	94.6%	94.0%	93.1%	91.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	94.0%	95.2%	95.5%	95.6%	93.4%	90.7%
Prevent	Improving Care	Well Led	AD	>=80%	96.2%	96.1%	96.1%	96.2%	95.5%	95.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.4%	94.5%	94.6%	94.8%	94.1%	94.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.8%	95.2%	95.3%	95.2%	94.8%	94.1%
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							

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.2%	3.1%	3.2%	3.2%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.1%	3.1%	2.8%	3.3%	3.0%	4.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.1%	83.0%	82.6%	83.2%	82.2%	80.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.3%	83.6%	83.6%	83.5%	82.7%	78.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.3%	93.9%	93.4%	94.0%	94.9%	95.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.6%	96.8%	96.6%	97.3%	97.8%	98.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.0%	88.3%	87.6%	89.2%	87.6%	86.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.2%	77.9%	77.2%	78.3%	76.1%	76.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	96.5%	95.9%	95.6%	95.6%	95.3%	95.5%
Information Governance	Resources	Well Led	AD	>=95%	99.1%	99.0%	98.6%	99.0%	99.3%	97.5%
Moving and Handling	Resources	Well Led	AD	>=80%	94.7%	94.4%	94.1%	94.5%	94.7%	94.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.6%	96.0%	95.7%	94.9%	91.1%	90.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.9%	94.0%	93.3%	92.7%	87.9%	87.2%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	96.1%	96.0%	96.1%	95.9%	96.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.9%	93.2%	93.5%	93.8%	94.2%	95.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.1%	94.2%	94.0%	94.4%	94.5%	94.5%
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							

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.6%	5.6%	5.6%	5.6%	5.5%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.9%	6.1%	6.0%	4.5%	4.1%	4.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.8%	84.2%	83.8%	83.7%	80.4%	79.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.5%	88.6%	86.3%	87.4%	81.8%	86.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.8%	95.2%	93.7%	93.0%	91.6%	94.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.9%	94.6%	94.6%	94.6%	94.3%	94.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.1%	89.8%	88.2%	88.3%	86.6%	86.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.4%	66.7%	65.9%	65.3%	64.3%	64.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.5%	95.2%	94.6%	93.9%	92.7%	92.8%
Information Governance	Resources	Well Led	AD	>=95%	98.3%	97.5%	97.2%	97.2%	96.9%	95.1%
Moving and Handling	Resources	Well Led	AD	>=80%	96.8%	97.0%	97.3%	97.3%	96.7%	97.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.1%	93.5%	91.4%	90.1%	85.7%	87.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.0%	89.2%	87.1%	86.1%	78.3%	80.1%
Prevent	Improving Care	Well Led	AD	>=80%	92.6%	93.0%	93.1%	92.9%	93.3%	92.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.2%	92.0%	92.2%	92.4%	92.5%	93.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.9%	89.2%	89.2%	89.6%	90.4%	90.2%
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	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.2%	2.8%	2.7%	2.6%	2.6%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.0%	2.3%	1.9%	2.2%	2.3%	2.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	76.6%	75.4%	77.0%	76.9%	74.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.6%	76.9%	75.2%	74.9%	72.6%	71.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.9%	96.5%	95.5%	94.0%	93.1%	94.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.9%	93.1%	92.5%	93.8%	95.5%	95.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.1%	87.8%	88.2%	89.3%	81.2%	
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	0.0%	28.6%	33.3%	28.6%	28.6%	20.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.8%	92.7%	92.5%	92.5%	93.9%	93.6%
Information Governance	Resources	Well Led	AD	>=95%	97.6%	96.7%	95.7%	96.7%	97.7%	95.5%
Moving and Handling	Resources	Well Led	AD	>=80%	97.3%	97.4%	97.1%	97.7%	98.1%	98.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.5%	92.7%	92.8%	92.1%	83.2%	83.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.2%	89.4%	88.3%	88.7%	79.8%	81.2%
Prevent	Improving Care	Well Led	AD	>=80%	93.1%	93.6%	92.0%	92.3%	92.8%	93.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.1%	90.1%	90.5%	90.2%	91.3%	91.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.1%	90.4%	90.5%	90.9%	92.2%	93.0%
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							

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.5%	3.3%	3.3%	3.3%	3.2%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.5%	3.3%	3.5%	3.5%	3.2%	2.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.7%	95.0%	92.5%	90.5%	89.3%	89.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.1%	87.1%	90.0%	90.0%	89.7%	93.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.0%	66.7%	80.0%	80.0%	80.0%	100%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.4%	91.8%	91.1%	90.5%	80.2%	89.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.3%	81.2%	81.1%	80.9%	80.6%	86.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.8%	97.8%	97.8%	97.8%	99.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.8%	93.6%	92.3%	92.3%	91.5%	90.3%
Information Governance	Resources	Well Led	AD	>=95%	99.5%	99.4%	97.6%	97.6%	97.6%	96.1%
Moving and Handling	Resources	Well Led	AD	>=80%	98.6%	99.0%	98.9%	99.0%	99.0%	99.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.9%	98.7%	98.7%	98.6%	98.6%	98.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.5%	90.9%	90.5%	86.4%	77.3%	68.2%
Prevent	Improving Care	Well Led	AD	>=80%	98.2%	98.5%	98.3%	98.2%	98.7%	98.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.7%	97.8%	97.6%	97.5%	97.2%	97.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	97.7%	97.6%	97.4%	97.5%	97.6%	96.9%
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							

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.1%	3.1%	3.3%	3.4%	3.4%	3.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.1%	3.6%	4.4%	4.2%	3.8%	3.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.2%	87.2%	87.6%	85.5%	82.4%	80.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.9%	85.2%	84.3%	83.1%	79.1%	76.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.7%	91.5%	91.1%	90.4%	92.8%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.6%	95.9%	96.1%	96.9%	97.2%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.4%	88.9%	87.6%	88.2%	87.9%	86.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.1%	73.8%	71.3%	76.3%	82.5%	84.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.6%	95.1%	95.1%	94.3%	94.1%	93.6%
Information Governance	Resources	Well Led	AD	>=95%	98.4%	98.5%	98.2%	98.7%	98.4%	98.0%
Moving and Handling	Resources	Well Led	AD	>=80%	96.9%	96.9%	96.4%	95.9%	93.6%	93.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.0%	93.3%	92.8%	92.5%	88.1%	89.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.0%	92.1%	92.4%	91.2%	85.4%	87.0%
Prevent	Improving Care	Well Led	AD	>=80%	94.0%	95.3%	95.6%	95.8%	96.1%	95.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.7%	93.8%	94.3%	94.3%	93.5%	94.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.5%	91.5%	91.2%	93.1%	91.8%	92.4%
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							

Inpatient Service										
Month	Objective	CQC Domain	Owner	Threshold	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.6%	5.1%	5.0%	5.0%	5.1%	6.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.7%	4.2%	4.4%	5.9%	6.2%	6.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.3%	87.7%	85.7%	85.8%	84.7%	82.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.7%	86.9%	84.2%	84.0%	81.1%	78.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.1%	94.2%	90.3%	87.7%	88.4%	90.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.8%	97.8%	97.3%	96.9%	96.7%	97.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.6%	89.8%	89.4%	89.4%	86.1%	81.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	74.5%	73.5%	77.3%	76.2%	78.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	96.7%	97.0%	97.3%	97.2%	95.8%	95.0%
Information Governance	Resources	Well Led	AD	>=95%	98.6%	98.1%	97.3%	97.5%	97.2%	96.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.6%	98.1%	98.1%	98.1%	98.1%	98.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.0%	92.3%	92.6%	90.8%	88.1%	88.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.1%	91.5%	90.6%	88.7%	85.2%	85.4%
Prevent	Improving Care	Well Led	AD	>=80%	94.3%	95.3%	94.8%	94.2%	94.5%	95.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.7%	92.9%	92.0%	92.5%	92.5%	93.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.9%	86.9%	86.8%	88.6%	87.5%	87.4%
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							

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