

Integrated Performance Report Strategic Overview



May 2021

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for May 2021. The development of the IPR will continue to evolve in the coming months following the discussion on targets and risks at 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 May 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

It is likely additional metrics will be included at some stage of the year 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. Following an internal review of the IPR we are currently looking at various metrics that could benefit from the addition of an SPC chart. We are waiting for sufficient data to implement these. Our integrated performance strategic overview report is publicly available on the internet.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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The following four pages highlight the performance against the Trust's strategic objectives.
EMT has now agreed to include community mental health transformation as an additional priority. An initial programme group meeting has been held and updates will be provided in future reports.

Improving health								
Priority programme	Metrics	Threshold	Mar-21	Apr-21	May-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	1			
	2.Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks) *	55%	74.6%*	Due July 2021				A weighted average is used given there are different targets in different places
	3.Proportion of people from BAME communities accessing IAPT		14.4%	15.8%	13.9%			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	**74% screened 54% compliant			For current inpatients (as at 22nd June) 74% of applicable patients have been screened using the cardio metabolic screening tool and of those 54% 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	**57% screened 37% compliant			For current patients (as at 22nd June) within early intervention services, 57% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 37% 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%	53.7%	57.0%	55.6%			May data is provisional and will be refreshed in July 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	98/101 =97.0%	93/96 =96.8%	82/83 =98.8%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	96.8%	96.8%	95.1%			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%	82.5%	83.0%	86.8%			April and May data is provisional and will be refreshed in July 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 *	TBC						
	1. Number of people accessing creative cultural learning activities							Work taking place to define suitable metric, further update to be provided next month.






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).
















Priority programmes for 2021/22 have been refreshed. Several changes were made and agreed at EMT on 6th May 2021. Work is being undertaken on describing the scope and pace for each of the priority areas with consideration of the resourcing plan required and available.

Below we have set out progress against key milestones for areas of focus for work that has continued throughout May whilst the refresh is taking place. 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		Comments:
1. 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.		Creativity & Health: The first public panel discussion took place on 16th June attended by representatives from the Calderdale system with the National Centre for Creative Health, Culture Health and Wellbeing Alliance and representatives from Arts Council England. Partnership working: <ul style="list-style-type: none"> Working with each place to review and further develop integrated care partnership arrangements in line with the potential implications of NHS E/I proposals. Focus of work in integrated care systems is on providing ongoing Covid support and a joined up Covid response. Working with each place to establish local recovery plans. Established a SWYPFT programme group to support the community transformation which is now meeting regularly to share learning and coordinate SWYPFT activity.
2. 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.		
3. Forensic Lead provider collaborative: NHSE confirmed on 14 June that the financial allocation issue will not be resolved in time for a 1 July go-live. Therefore, a 'go live' date will need to be reviewed. The earliest date is now 1 August, which remains dependant on securing appropriate funding allocation.		
4. Community mental health transformation: Recruitment into Wakefield, Calderdale and Kirklees posts are all planned to take place in mid May - June. Barnsley project lead post has been appointed and has commenced.		

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce	
Improve Care								
Priority programme	Metrics	Threshold	Mar-21	Apr-21	May-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	30	38	33			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	34	41	43			With regards to the recent reported increase in pressure ulcers, tissue viability nurses are providing additional training around Waterlow risk assessments and wound care management with the neighbourhood nursing teams. This is combined face to face/virtual, and they are also offering shadowing experience if required and where appropriate with the current Covid-19 restrictions. Each of the teams have set their own action plans around wound care management. Further focused work is being planned where necessary with individual teams.
	4. Safer staffing fill rates (%)	90%	116.2%	118.9%	119.8%			
	5. Number of children & young people in adult wards	0	3	3	3			Total of 22 days in May
	6. Staff absence due to Covid-19		13	0	0			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		137	139	139			Cumulative
Provide care as close to home as possible	1.Out of area bed placements (days)		82	122	204			Continued pressure and demand with the number of placements minimised. Targets being updated in light of the impact of the pandemic.
Deliver improvements particularly in CAMHS and forensic services	1.Numbers waiting over 4 weeks for assessment (CAMHS)		156	155	182			Some elements of the service seeing an increase in referrals and increase in numbers waiting as result of the additional demand
	2.Numbers waiting over 18 weeks for treatment (CAMHS)		132	140	128			
	3. Friends & Family test - CAMHS	80%	77.6%	65.9%	69.1%			55 responses in May
	4. Forensics staff sickness	<=5.4%	4.1%	4.4%	4.3%			
	5. Forensics staff turnover		Currently unavailable due to covid-19 response					Reporting currently under development. Data expected to flow from July 21.
	6. Race related incidents in forensics		8	5	10			There were a total of 46 race related incidents against staff reported from 1 November 20 to 31 May 21, occurring in Forensic BDU. Of these incidents, 45 were patient against staff and 1 was other against staff.
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	95.7%	95.5%	94.6%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	96.1%	92.5%	98.7%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	91.0%	93.8%	93.2%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		281	263	238			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months)
	2b. Average contacts per day - intensive home based treatment team		112	117	121			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months)
	2c. Average contacts per day - Learning disability community		157	155	174			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		616	592	575			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 July 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.		Recovery and stabilisation <ul style="list-style-type: none"> Operational services are stabilising and moving into recovery phase. Focus is on maintaining core critical services and prioritising/addressing emerging and immediate impact (service and workforce) and commence/refresh insight and learning to inform activity of recovery workstreams. The strategic recovery and reset group has been refreshed. Three recovery workstreams have been established – enabling working effectively, learning from Covid-19 pandemic, recovery and reset of services. Each workstream is working on scoping and plan recovery activity and undertaking resource planning to support this.
2. Care as close to home: Formal patient flow 7-day service, new target to in place by 31.04.21 Now completed.		
3. Care as close to home: Gatekeeping analysis commence by end Apr and be taken forward through May and has now been completed. Action plan is now in development to prioritise learning actions.		Older People Inpatient Services (OPS) Transformation OPS inpatient transformation has recently been added to the portfolio of change programme priorities by the Trust. Immediate actions include engagement with commissioners about proposed models and options and development of a plan for consultation.
Older People Inpatient Services Transformation Outline plan for inpatient consultation process to be agreed – July		
CAMHS improvement		CAMHS <ul style="list-style-type: none"> Negotiations of the resourcing for sustainable CAMHS neuro waiting list resources continue in Calderdale and Kirklees. Psychology recruitment and work to identify appropriate estate is being taken forward to mitigate against any potential issues caused by the time needed for the contacts to be established. CAMHS Barnsley – internal development work being undertaken to enable production of reports for new access KPIs as well as establishing baseline. Plan timeframe changed to early September with intention to report on access KPIs from Q3 onwards (subject to commissioners agreement & sign-off via contractual routes). CAMHS Barnsley & Wakefield – Continuation of higher number of referrals being received and accepted appropriately for CAMHS input. Barnsley CCG have asked for summary report regarding referrals.
4. Neuro waiting lists (Calderdale and Kirklees): Conversations are ongoing with Kirklees commissioners to agree resourcing for future service and business case with Calderdale for additional resources to the support the model.		
5. CAMHS Barnsley: Plan to reach agreement with commissioners regarding access KPIs depending on additional funding for 2021/22 by end of June 2021		

Summary		Covid-19	Emergency Preparedness	Quality	National Metrics		Locality	Finance/Contracts	Workforce
Improve resources									
Priority programme	Metrics	Threshold	Mar-21	Apr-21	May-21	Trend	Year end	Notes	
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£963k	£636k	£675k		£4.6m	Favourable start to the new year	
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements	
	3. Cash		£56.6m	£61.3m	£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'		3.8%	3.6%	3.7%				
	2a. Percentage of video consultations		3.8%	3.0%	3.1%			Slightly lower than national averages	
	2b. Percentage of telephone consultations		38.0%	37.1%	36.8%				
	2c. Percentage of face to face consultations		58.3%	59.9%	60.1%				
	3. Prescribing errors (EPMA) (development required)		Currently unavailable due to Covid-19 response					10 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. Meeting taking place in July to identify an appropriate metric, further update to be provided next month.	

Improve resources (Mark Brooks)

Key Milestones		Comments:
1. Digital: Agreement of new Digital Strategy by 31.03.21		<p>Mental Health Investment Standard – largely agreed with commissioners. Discussions taking place regarding other investments including Mental Health Recovery.</p> <p>Electronic Prescribing and Medicines Administration (EPMA) 10 wards are now fully live using EPMA.</p>
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		
4. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July 2021 and accreditation achieved – July/August 2021		
5. Microsoft Licencing annual review: licencing review - May/June 2021		
6. IT Services re-procurement: approach planning prior to procurement – Q1/Q2		
7. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 and implementation of action plan – Q3		
8. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure.		
9. Electronic care records: Breathe Service SystemOne deployment – 1 July 2021.		
10. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2		
11. 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)		
12. Digital Inclusion: Technical Feasibility (in collaboration with WY&H ICS).		
13. H1 Financial Plan: development of financial plan for 21/22 by 06.05.21		
14. Finance: Confirmation of mental health investment standard (MHIS) monies and other investments by 30.06.21		
15. 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		

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Mar-21	Apr-21	May-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	3.9%	4.0%	4.3%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	10.3%	15.6%	14.7%			Slight decrease in staff turnover in May.
	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	82	58	67			
	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		0	2	1			Alternative metric being considered
	7. Absence due to stress & anxiety and MSK		2.4%	2.6%	2.8%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.14	1.16	1.29			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					
Refresh and deliver our sustainability strategy and action plan	Dependent on what is identified in the updated sustainability plan		Currently unavailable due to Covid-19 response					Requires further development.

Make this a great place to work (Alan Davis)

Key Milestones		Comments:
1. Healthy, resilient, and safe workforce: Establish and operationalise covid19 vaccine hubs		<ul style="list-style-type: none"> Current focus is on delivering our HR duties and legal obligations, and providing staff health and wellbeing, workforce, and HR support during Covid19 pandemic. Enhanced psychological support is also available through WY&H ICS. These sections are reported elsewhere in the IPR. The staff vaccination programme has now been decommissioned and a programme closure report approved by Silver command on 2nd June 2021. This report is scheduled for submission, as part of the priority programmes update in June, to EMT requesting formal closure of the programme. In place is support to access an evergreen provision of covid19 vaccination by new starters and existing staff who decide to come forward for vaccination.
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		

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

- This section has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics
- 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 restraint incidents has decreased in May to 106, a decrease of 33% from previous month
- 3 avoidable pressure ulcers were reported in the month
- The number of inpatient falls has decreased since previous month (from 50 to 39)
- There were 8 information governance breaches reported in May

NHSI Indicators

- 3 young people under the age of 18 were admitted to an adult ward in May for a total of 22 days
- Out of area bed usage increased to 204 days
- Performance against national reported targets remains largely positive

Locality

- An increase in referrals in a number of services has been evident since the easing of lockdown measures e.g. CAMHS
- ASD/ADHD services have seen a significant increase in referrals for assessment.
- Work is underway in Kirklees and Calderdale to develop proposals for sustainable CAMHS neurodevelopmental pathways
- Heightened levels of acuity are being experienced across many service lines, particularly ward based
- An integrated lymphoedema pathway is being developed with the hospice in Barnsley
- IAPT waiting list initiative being developed with an emphasis on group work.

Priority Programmes

- Priority programmes for 2021/22 have been refreshed, with work being undertaken to describe the scope and pace for each of the priority areas
- Work continues on the Adult Secure Lead Provider Collaborative with earliest revised 'go live' date of 1st August 2021
- Work is underway in each place to review and further develop integrated care partnership arrangements in line with potential implications of NHSE/I proposals
- The first panel discussion bringing together representatives from the Calderdale system with the National Centre of Creative Health, Culture Health and Wellbeing Alliance and Arts Council England has taken place.
- The Trust Strategic Recovery and Reset Group has been refreshed. Three recovery workstreams have been established: enabling working effectively, learning from the Covid-19 pandemic, and recovery and re-set of services.
- Recruitment is now progressing across the Community Mental Health Transformation programme, including into programme manager posts.
- Older people's inpatient transformation has recently been added to the portfolio of change programme priorities by the Trust.

Finance

- A £0.7m surplus was recorded in the month, taking the cumulative position to a surplus of £1.3m. This is £1.3m favourable to our break-even plan.
- Income was £0.1m higher than plan and operating expenses £0.6m lower than budget
- Pay costs were £0.8m lower than plan with net whole time equivalent staff numbers 259 lower than budget. In total pay costs of £16.6m were similar to those incurred in April.
- Agency staffing costs remained consistent at £0.6m in the month.
- £0.2m of costs were identified as being reasonably incurred as part of the Covid-19 response, mainly as a result of staffing requirements.
- Out of area bed costs were £251k, which represents the highest monthly cost value since August last year. There has been a sustained increase in acuity and demand leading to this position.
- There also continues to be high spend on locked rehab placements in Barnsley (£0.3m)
- The mid-year and full year forecast will be reviewed by the end of the first quarter.
- Capital expenditure of £0.3m, has been recorded to date, with high focus on planning for this year's capital programme
- The cash balance increased to £61.3m.

Workforce

- As of June 22nd, there were 32 staff off work and not working Covid-19 related
- Non Covid- 19 sickness increased slightly to 4.3% in May
- 610 staff have tested positive for Covid-19 since the pandemic began. There were no positive results in May
- Staff turnover decreased slightly to 14.7% in May, but remains below target

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
- Lateral flow testing for staff continues
- The Trust Opal level remains at 2
- Silver and Gold command meetings have been stood down
- National guidance continues to be monitored, reviewed and adopted
- A range of staff 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 16-Mar	Approx days stock as at 13-Apr	Approx days stock as at 11-May	Approx days stock as at 15-Jun
Surgical masks	31	31	42	42
Respirator masks	93	109	71	101
Aprons	25	23	19	20
Gowns	59	62	88	87
Gloves	21	22	18	20
Visors	26	46	46	33

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	As at 18th June 2021	Notes
No of service users tested (ward)	174	225	257	278	297	300	302	302	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	137	139	139	Cumulative
No of service users recovered	60	83	94	115	119	121	123	125	2 patients deceased

Patient testing & pathway/Outbreak response & management

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

Outbreaks continue to be managed by the infection prevention and control team. Last outbreak was in March 2021

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. The national lateral flow system is being implemented across the NHS from July and the Trust is currently undertaking an option appraisal for a safe exit from our internal system.

Supporting the system

Care home support offer

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

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Emergency Preparedness

This section of the report identifies the Trust's response to the Covid-19 pandemic.

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 4,516 staff have received their first vaccination (88%) and 4,019 staff have received their second vaccination (78%)
- Covid-19 vaccination programme has now closed, with staff offered vaccination routes into the national system. Report provided to EMT regarding the operation and lessons learned from the programme.
- In addition to providing vaccinations for our staff we have provided 969 first vaccinations and 894 second vaccinations for partner organisations.

Standing up services

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

- Gold, Silver and Bronze command meetings stood down, with new reporting structures for Covid-19 related issues being absorbed into operational management group (OMG) & executive management team (EMT) to allow business as usual governance arrangements to manage the ongoing response and recovery
- The Trust OPEL Level remains at 2. Since the standdown of the command structure, this is now managed via weekly reports into the operational management group.
- Attendance at regional learning events and preparation events for winter/Covid-19 2021 underway
- Strategic report regarding the response to COVID and lessons learned being drafted.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.4%	63.0%	63.2%	63.2%	66.3%	72.9%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	8% 2/25	15% 4/27	7% 2/30	16% 7/43	11% 3/27	6% 2/35	1
Service User	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	90%	80%	80%	81%	81%	78%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	96%	100%	95%	98%	95%	96%	1
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	45	24	8	31	37	28	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	39	36	24	35	31		
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	3	4	4	4	3	Due July 2021	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0	0		1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	39.0%	41.3%	41.1%	40.4%	40.9%	41.8%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	12	12	13	13	7	8	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	2.2%	1.8%	1.6%	1.8%	1.2%	1.1%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	54.0%	55.5%	53.0%	53.2%	61.6%	61.6%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	51.9%	56.0%	63.2%	57.3%	51.8%	46.9%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1042	946	953	1166	1029	1011	
	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	30	20	16	21	24	23	
	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	6	2	1	5	7	3	
	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	7	5	8	4	8	7	
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	115.6%	114.3%	116.2%	116.2%	118.9%	119.8%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	90.9%	88.9%	92.7%	92.9%	94.6%	94.9%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	33	33	29	34	41	43	
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	0	3	2	1	3	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%	90.2%	100%	90.0%	79.0%	93.7%	100%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	49	47	44	40	50	39	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	189	166	185	179	157	106	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	85.7%	82.8%	96.0%	100%	89.3%	90.3%	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 (Category 2 and above) that has developed after 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 - Lapses in care - A pressure ulcer (Category 2 and above) that has developed after 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 been seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
- 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 9 - Patient safety incidents resulting in death (subject to change as more information comes available).
- 10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.
- 11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - Older people and working age adult Inpatients, we are counting how many staying safe care plans were completed within 24 hours and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point.
- 14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

Quality Headlines

Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during May decreased from 157 to 106. 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.
- Number of falls (inpatients) – Total number of falls was 39 in May, which is a decrease compared to last month's data. All falls are reviewed to identify measures required to prevent recurrence and more serious falls are subject to investigation.
- Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.
- Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.
- Duty of candour - no breaches in 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. Further work is underway also to review the way that this is recorded and reported with the emphasis on people having the conversation with service users about copies of the care plans.
- Number of pressure ulcers (avoidable) - there were 3 incidences of avoidable pressure ulcers to report during May. With regards to the recent reported increase in pressure ulcers, tissue viability nurses are providing additional training around Waterlow risk assessments and wound care management with the neighbourhood nursing teams. This is combined face to face/virtual, and they are also offering shadowing experience if required and where appropriate with the current Covid-19 restrictions. Each of the teams have set their own action plans around wound care management. Further focused work is being planned where necessary with individual teams.
- Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS have increased. Although currently this has not had an impact on the 18 weeks performance, services have highlighted that sustained increases will negatively impact on the length of wait.

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 has been aligned with our patient safety strategy.

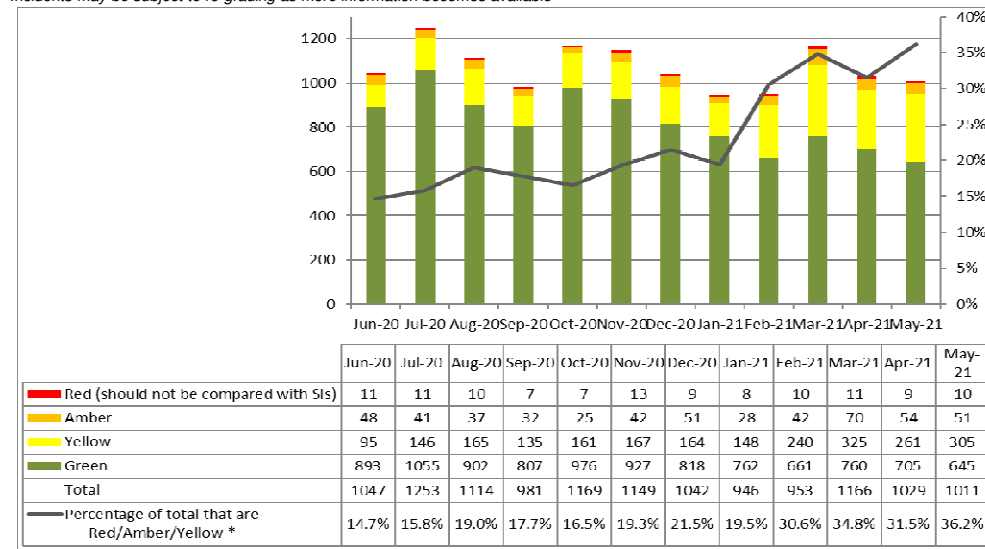
Further work to map the role against existing resources is underway.

Duty of Candour - the CQC have issued an update the Duty of Candour guidance for providers. Guidance has been developed and will be circulated to staff via Headlines and BDUs in due course.

Safety First

Summary of Incidents June 2020 - May 2021

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



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

Degree of harm analysis:

Degree of harm analysis: Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (06th June 2021).

Deaths: of the 7 deaths that were recorded for May 2021, there are 5 deaths that are classed as cause of death unknown/ unexplained/ awaiting confirmation. These are recorded 2 incidents at Core Team East – Wakefield and 1 each at Core Team North – Kirklees, Mental Health Liaison Team (RAID) - Calderdale and Kirklees, and Single Point of Access, (Calderdale). There was 1 suicide (incl apparent) - community team care - current episode recorded at Intensive Home-Based Treatment Team (Kirklees) and suicide (incl apparent) - community team care – discharged recorded at assessment and Intensive Home-Based Treatment Team / Crisis Team – Calderdale.

Severe: of the 3 severe harm incidents recorded for the month of May 2021, there were 3 pressure ulcer - category 4, incidents recorded across the neighbourhood teams in Barnsley.

Moderate: of the 23 moderate harm incidents reported in May 2021, 9 incidents were pressure ulcer category 3 incidents recorded across the neighbourhood teams in Barnsley.

There were also 9 self-harm incidents reported in the month of May. These were 3 incidents recorded at Ward 18, Priestley Unit, and 1 each at Nostell Ward, Wakefield 1 at Older People's Barnsley, Lyndhurst, Calderdale, Intensive Home-Based Treatment Team (Kirklees), Early Intervention Service (Insight) – Kirklees and Clark Ward – Barnsley.

There were 2 safeguarding adult incidents recorded for the month of May. These were recorded 1 each at Enhanced Team South 2 – Kirklees and the neighbourhood team in Barnsley.

There was communication issues (non clinical) incident recorded at mental health access team (IAPT) – Barnsley. 1 Medication incident recorded at Community Health Centre Admin Team. 1 slip trip and fall incident recorded at Intermediate Care – Barnsley.

Safety First cont...

Summary of Serious Incidents (SI) by category

Please Note: initial reporting is upwardly biased, and staff are encouraged to report. Once reviewed and information gathered, this can change, hence the figures may differ in each report

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- 95% of incidents reported in May 2021 resulted in no harm or low harm or were not under the care of SWYPFT. For 2020/21 this figure was 92%. 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 April 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://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel meets weekly and scans for themes that require further investigation. operational management group continues to receive a monthly report, the format and content is regularly reviewed.
- No never events reported in May 2021

Following a decrease in incidents being reported in February 2021, the number of incidents reported in May 2021 is slightly lower but within the average mark of reporting. In April 2021 there were 1029 incidents reported compared with May 2021 which was 1011 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 Covid-19 pressures on services, although learning continues to be shared through the production of SBAR's which are shared via the learning library.

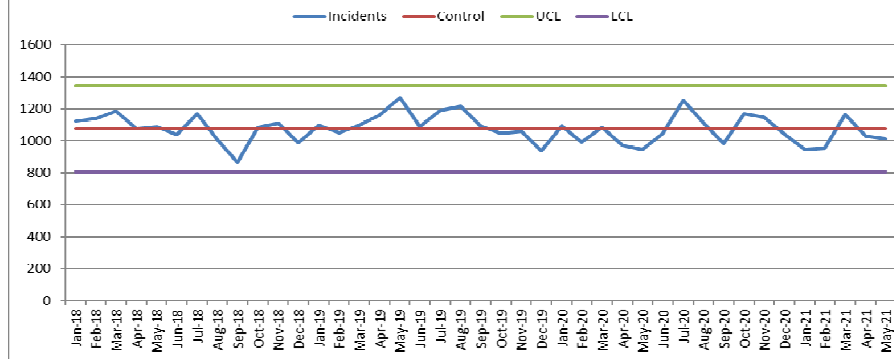
Regional work: Attended Hospital Mortality Statistics Masterclass facilitated by Professor Mohammed Mohammed on 24th May. This about acute hospital mortality statistics where they consider avoidable deaths

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.

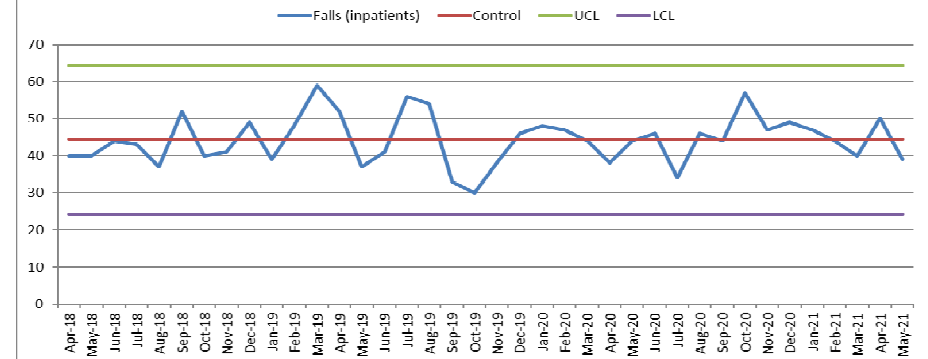
Training: Structured judgement reviewer training for band 6 above took place on 14/5/21 and a further session booked on 12/7/21. Please contact datix@swyt.nhs.uk if staff wish to complete the training. Attendees are required to complete a minimum of two structured judgment reviews in a year.

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.

Number of Falls (inpatients)



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 inpatient areas across the BDUs. The requirement for increased observation levels, which in turn increases the demands on the regular workforce as well as the need for additional flexible staff, continues. Demand from the community and CAMHS teams has also increased adding to the pressure of the flexible staffing resource. The number of vacancies within the registered nurse group remains consistent and we continue to pursue multiple avenues to fill these vacancies. Within the healthcare assistant vacancies for inpatient services there continues to be a near full recruitment position.

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 registered nurse is left alone because of an emergency, i.e. sickness or clinical incidents, is looked at and assurances have been given around what support was in place for that incident.

The international recruitment program continues to gather pace, with a partner agency being appointed and initial meeting arranged with them. The Trust's internal coordinator has been appointed and an operational project board organised, with the first meeting set.

Further to learning from the initial roll-out, SafeCare is being refocused within the Unity Centre with a refreshed approach having analysed the interactive lessons learned together with the service. These lessons are being used as the bedrock for the rollout program within the Forensic BDU. Again, no ward has fallen below the 90% overall fill rate threshold in May, which is consistent with the last three months. Whilst fill rates are a recognised indicator of our ability to staff wards to establishment, they are not a direct indicator of the challenges on a ward and acuity. For example, a ward staffed to 140% might still not be staffed to meet the clinical acuity on that particular shift.

Unfilled shifts

Members of the Safer Staffing Group are exploring other, potentially more meaningful metrics to indicate safer staffing, one example being unfilled shifts. An unfilled shift is a shift that has been requested of the bank office (flexible staffing) and that could not be covered by bank staff, agency or overtime, despite all efforts made. This might offer an indicator as to the pressures on the wards for the remaining staff on shift. To maintain safe staffing, there will also be examples where a registered nurse shift will be filled by a healthcare assistant colleague. Although not exclusive, there are two main reasons for the creation of these shift requests:

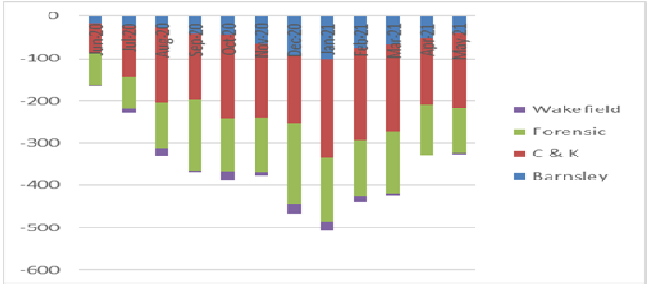
1. Shifts that are vacant through short or long-term sickness, annual leave, vacancies, or other reasons that impact on the duty rosters.
2. Acuity and demand within the clinical area, including levels of observation and safety concerns.

All 31 inpatient areas within the trust are included in the figures below, with the individual areas populated as follows:

- Wakefield – mental health in-patient wards
- Forensic – all forensic beds plus The Horizon Centre (a specialist assessment and treatment service for people with a learning disability)
- C&K – all mental health beds in Calderdale and Kirklees
- Barnsley – all mental health beds plus the stroke and neuro rehabilitation wards

The graph to the right shows particular challenges in December and January with regard to unfilled shifts, but an improving picture since.

Safe and effective staffing remains a priority in all our teams, and we are continuing to explore best ways to understand both the best measures of this and the impact on staff wellbeing. The particular areas that have raised staffing as a concern include the Priestley Unit in Kirklees, the Oakwell Unit at Kendray Hospital in Barnsley and Newton Lodge in the Forensic BDU. There have been supportive measures put in place in these areas including block booking staff to provide consistency and continuity, placing bespoke recruitment adverts and ensuring that additional resources are placed at their disposal.



Registered on Days - Trust Total 86.0% (a decrease of 2.8%).

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 103.7% (an increase of 3.4%).

One ward (3.2%), consistent with 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 77.6% (an increase of 7.5%). 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 one to 21 (67.2%). Four wards, a decrease of one on the previous month, utilised more than 120%. These were two within the Forensic and specialist BDU and one each within C&K and Wakefield BDUs.

Overall fill rate for registered staff increased by 0.30% to 94.85%.

Overall fill rate for all staff within inpatient areas decreased by 0.1% to 118.8%.

Within the individual BDUs Forensic and LD increased by 1% to 120%, Barnsley decreased by 2% to 119%, Calderdale and Kirklees decreased by 2% to 104%. Wakefield decreased by 1.0% to 138%.

Throughout March 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, indicative of acuity including sickness absence, increased to 4,158 (892 RN and 3,266 HCA) shifts.

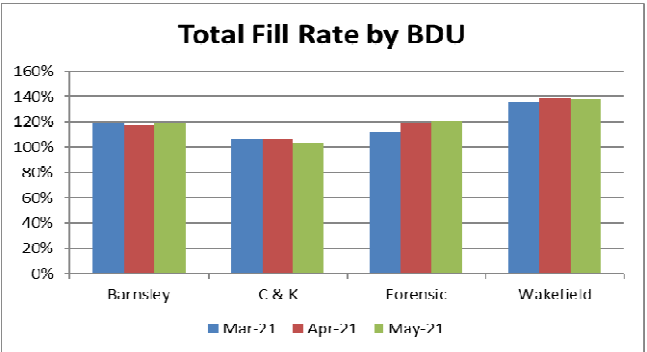
Unfilled Shifts

Categories	No. Of Shifts	Total Hours	Unfill Percentage	Filled Shifts
Registered	236 (+13)	2,479.00	25.74% (0.62%)	656 (+26)
Unregistered	224 (+39)	2,814.58	7.59% (+0.58%)	3,003 (+256)
Grand Total	447 (+52)	5,293.58	11.33% (+0.54%)	

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.

In May Agency spend reduced by £31k to £214k whilst bank spend increased by £140k to £606k. Overtime reduced by £61k to £79k.



Information Governance

8 data breaches were reported during May, which is slightly higher than April but is lower than any month during the previous financial year.

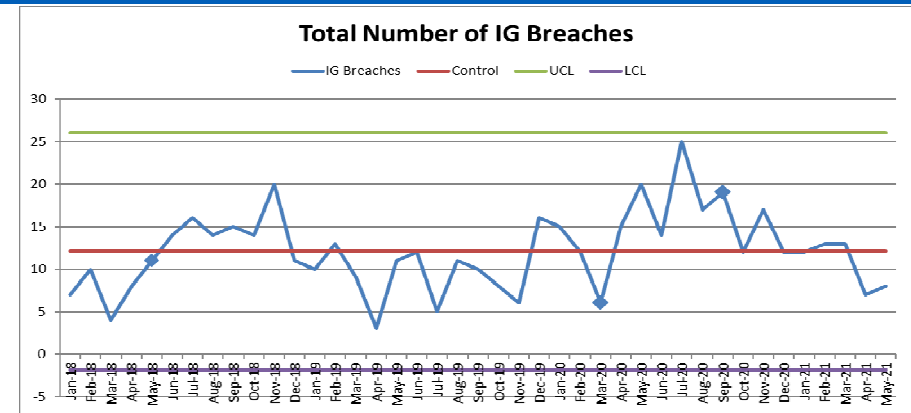
6 incidents involving information being disclosed in error were reported, which was the most reported category throughout 2020/21.

A new IG communications plan is being finalised, which will involve continued use of The Brief to publish case studies on the impact that personal data breaches have, raising awareness of the Freedom To Speak Up Guardians for staff to contact if they suspect inappropriate use of personal data is happening and communicate the need to ensure personal data is not stored in more than once place. Work using the Quality Improvement methodology continues 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 and no complaints were made about the Trust by members of the public.

SPC Chart

All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction of GDPR. The data point in March 2020 highlights the start of the Covid-19 pandemic, which resulted in changes to some working practices. The data point in September 2020 has been highlighted given the start of the refreshed awareness and communication plan.



Commissioning for Quality and Innovation (CQUIN)

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

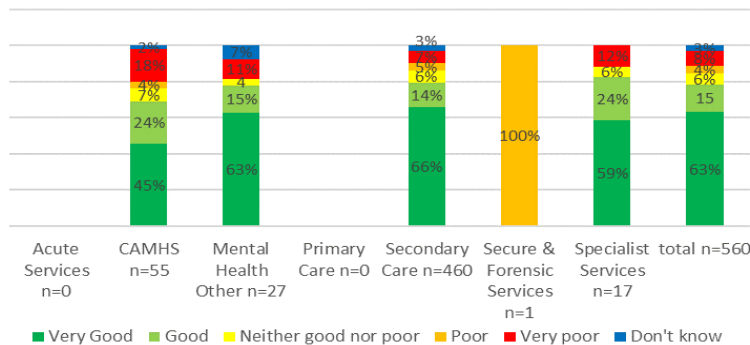
Patient Experience

Friends and family test shows

- 96% would recommend community services.
- 78% would recommend mental health services

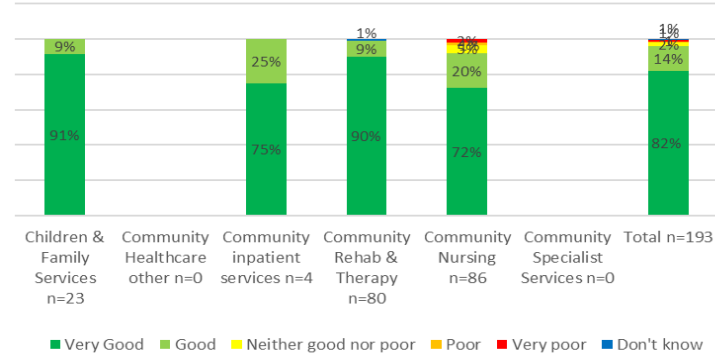
Mental Health Services

Mental Health 78% / n=560



Community Services

Community 96% / n=144



- 83% (753) of respondents felt that their experience of services had been very good or good across Trust services.
- 96% (n=193) of respondents felt that their experience had been very good or good across community services.
- 78% (n=560) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 67% of responses for April. The Trust has identified that the although the text messaging continues to provide over 50% of the Friends and Family Test responses, we are only receiving ratings and no comments. This is being reviewed to see why we are not receiving comments and how we can improve this.
- Electronic devices have been recalled from wards. These will be redistributed in July. Paper surveys have been provided in the interim.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Safeguarding

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision. Level 3 Safeguarding adults and children training continues to be delivered virtually via MS Teams. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target.

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 team have attended: Liberty Protection Safeguards training, Domestic Abuse and Social work, awareness of counter terrorism (ACT) and the UK Hoarding Awareness 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 team are currently supporting Barnsley CAMHS with the preparation for a South Yorkshire and Bassetlaw Provider Collaboration Review, due to commence on the 5th July 2021.

The safeguarding team have provided bespoke training sessions to a clinical team in Wakefield, community forensic team and in Barnsley, for domestic abuse and the safeguarding documentation toolkit. The 'impact of parental mental illness' training continues to be delivered across the Trust.

Following an internal review of the safeguarding team the standard operating procedure for the safeguarding team has been presented at the June Clinical Policy Ratification Review Group and following minor amendments will be presented to OMG. The safeguarding team have supported the thematic review that is being carried out at Wetherby Young Offenders institute.

Infection Prevention Control (IPC)

Ongoing work for COVID19 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 –95%

Infection Prevention and Control- Trust wide Total –94%

Policies and procedures are up to date.

Complaints

There were 35 new formal complaints in May 2021. Of these 6 have a timescales start date and 26 are awaiting consent/questions. We have closed 3 due to no contact/consent.

6% of new formal complaints (n=2) had staff attitude as a primary subject

28 compliments were received

7 formal complaints were closed in May 2021. 71% (n=5) of complaints exceeded 40 working days and 29% of complaints were closed within 40 working days. If we look at the revised timeframes then only 1 complaint (14%) met the new target and 86% (n=6) exceeded the revised target based on the number of issues/complexity. There were a number that should have been responded to within 25 working days (n=5) and none met this target. The average working days to close a complaint for May 2021 was 43 days.

Count of written complaints/count of whole time equivalent - 4.73WTE

Reducing Restrictive Physical Intervention (RRPI)

There were 106 reported incidents of Reducing Restrictive Physical Interventions used in May 2021 this is a decrease of 51 (32.5%) incidents since April 2021 which stood at 157 incidents.

Of the different restraint positions used in the 106 incidents, standing position was used most often 69 (41%) followed by seated at 27 (16%).

Prone restraint was reported 18 (11% of total restraints) times in May 2021, this is an increase of 4 (28%) from last month. 17 (94%) of the prone restraints were directly linked to seclusion (15) or medication (2) events.

Incidents where prone descent immediately turned into a supine position were recorded at 7 (4%) this is a separate entity to prone restraint.

Wakefield recorded seven prone Restraints; Calderdale had four, learning disabilities three, Forensics two, Barnsley, and Kirklees 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 May the percentage of prone restraints lasting under 3 minutes was 100% which is an increase of 6.37%.

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 has decreased in May by 15% from 57 to 48. Zero incidents of seclusion have been attributed to Covid themes in March

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

Mandatory training OMG report).

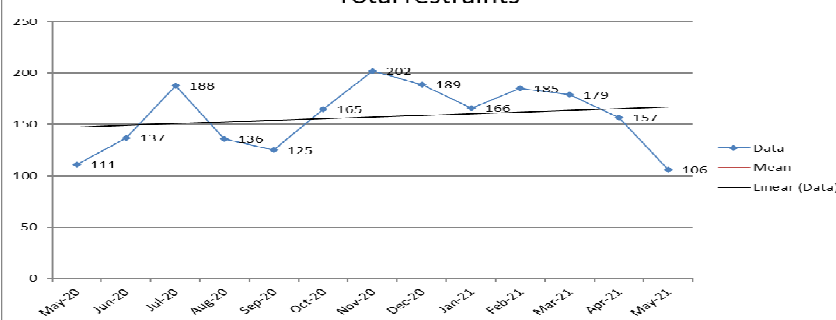
The refresher courses were re-introduced in May this year with update periods extended by 12 months from March 2020. Supplementary to this we commenced a period of workplace competency assessments from April 2021.

Discussions regarding the planning for the reintroduction of training has occurred within the Mandatory and Essential to Job Role Training Group, proposed dates have been distributed to the Learning and Development team for circulation.

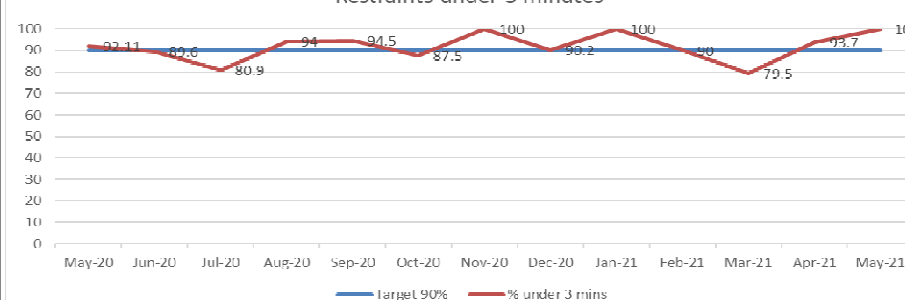
Other courses such as personal safety and de-escalation and breakaway courses have been adapted to workbooks and e-learning packages, the practical face to face elements will be delivered as one -hour sessions over a day in each location

from April 2021.

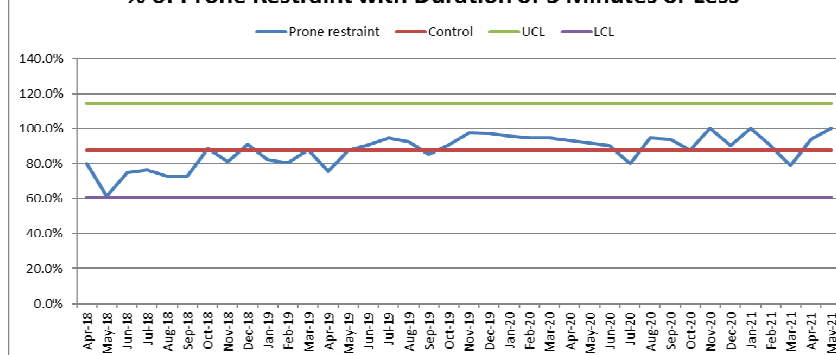
Total restraints



Restraints under 3 minutes



% of Prone Restraint with Duration of 3 Minutes or Less

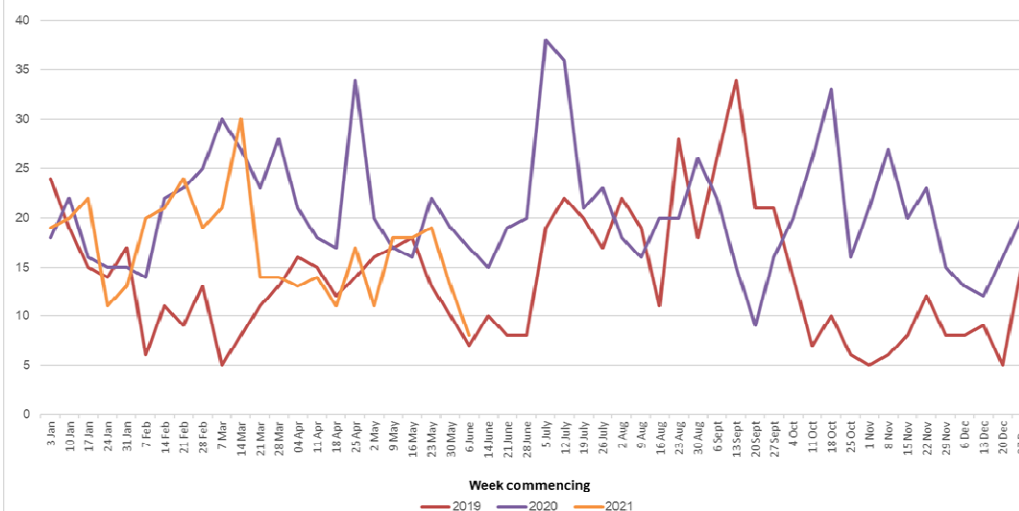


All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 12/06/2021 at 14/06/2021, compared with incidents occurring in the same period in 2019 and 2020.

All actual self harm incidents reported Trustwide which occurred during 2021 (by incident date 03/01/2021 - 12/06/2021) 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 (2 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.

June 2021 - Analysis of the data from 2021 shows that two subcategories of self harm remain higher than other methods. These are cutting (90) and self strangulation(89) incidents each reported.

Analysis of the cutting incidents showed that the incidents took place over 18 wards/teams with the majority of incidents occurring on Elmdale ward.

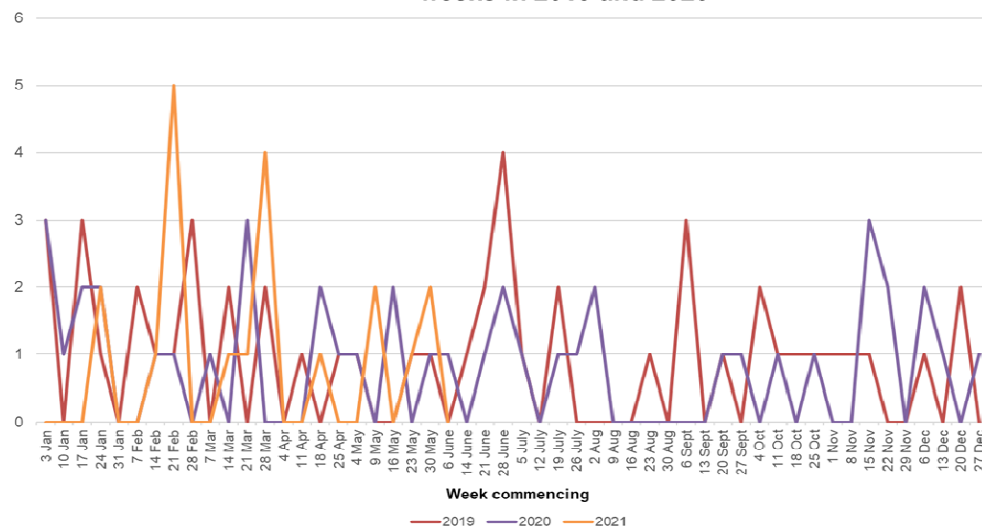
Analysis of the self strangulation incidents showed that the incidents took place over 10 wards with the majority of incidents occurring on Clark ward. Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

The next highest subcategory is headbanging (62 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 12/06/2021 at 14/06/2021, 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 - 12/06/2021) compared with same weeks in 2019 and 2020



Please note:

Data refreshed and verified on 14th June 2021 from Datix for 2019, 2020 and 2021 data.

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

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

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

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce								
<p>This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:</p> <ul style="list-style-type: none">• 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. <p>The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.</p>															
NHS Improvement - Oversight Framework Metrics - Operational Performance															
KPI	Objective	CQC Domain	Owner	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Data quality rating ^a	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%	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%	100%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	100%	96.1%	98.7%	99.4%	100%	99.1%	99.1%	100%	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%	82/83 =98.8%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.5%	98.7%	98.8%	98.7%	98.9%	98.9%	98.3%	99.1%	99.1%		
Out of area bed days 5	Improving Care	Responsive	CH	21/22 - Q1 629, Q2 514, Q3 284, Q4 428	415	737	316	251	91	78	82	122	204		
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%	55.6%		
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%	98.6%		
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%	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%	89.7%		
% 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%	92.4%		
% 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%	12.9%		
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	May-21	Data quality rating ^a	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	22		
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	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	May-21	Data quality rating ^a	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.1%	99.8%	99.5%	99.4%	99.8%	99.4%	98.9%	98.9%	99.6%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%	99.9%	100.0%	99.9%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.7%	98.4%	98.0%	98.1%	98.0%	98.2%	98.1%	98.3%	98.2%		

* See key included in glossary.

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

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

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

4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).

5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.

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

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

Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 100%
- The percentage of service users seen for a diagnostic appointment within 6 weeks has improved to 100% and is now above target, which represents excellent recovery from the impact of the pandemic.
- Inappropriate out of area bed placements amounted to 204 days in May. This is an increase from 122 in April.
- During May 2021, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 22 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:

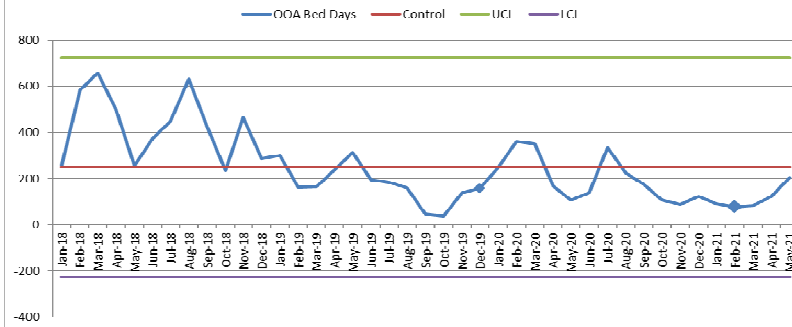
An additional column has been added to the above table to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for May shows 14.0% of records have an unknown or missing employment and/or accommodation status, this is in line with April which showed 14.1% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

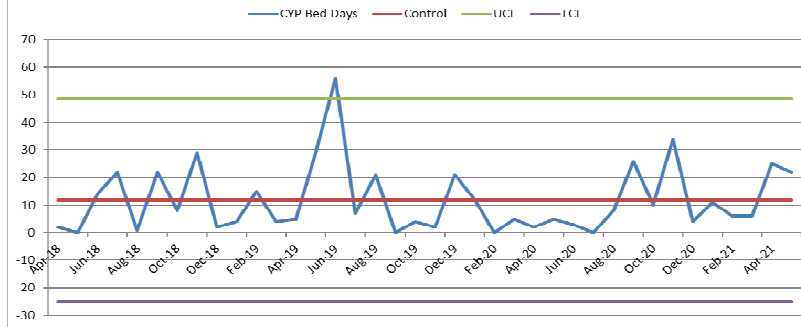
SPC Charts

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 points in December 2019 and February 2021 have 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 Jun-19.

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

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

Mental Health:

Strengths

- In discussion with the Primary Care Network/GP Federation to develop the detail of the local transformation development plan. The proposal regarding a brief intervention service to support primary care (as part of additional roles reimbursement scheme) has been approved and scheduled for implementation in September 2021.
- Service resilience maintained. Contacts continue to be delivered by telephone/video link where practicable with face to face support offered as necessary.

Areas of focus

- Increased referrals and acuity – with associated increase in caseloads across core, enhanced and intensive home based treatment
- Urgent access (assessment within 4 hours) performance has improved with further focus through supervision on accurate/reliable inputting.
- Improving % service users on care programme approach (CPA) with a formal review within the previous 12 months with ongoing attention in supervision to recording
- Non-recurrent recovery investment made available by the CCG. Plans submitted to support caseload pressure in single point of access (SPA) and core/enhanced teams.
- IAPT waiting list initiative being developed with emphasis on group work. Implementation from July 2021.

CAMHS

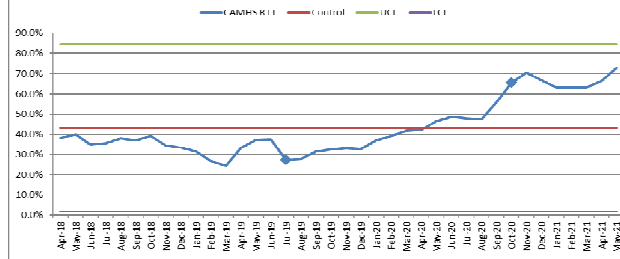
Strengths

- Business continuity plans have to date been effective.
- Waiting numbers/times from referral to treatment being maintained in Barnsley

Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased. Business case under consideration by CCG in Calderdale and Kirklees.
- Referral numbers placing pressure on waiting times in Calderdale/Kirklees and Wakefield. Medium term trajectory unclear. % treated within 18 weeks currently improving but this is unlikely to be maintained
- Crisis referrals, particularly in relation to eating disorders, are high. Tier 4 bed access remains problematic leading to inappropriate stays for children and young people in acute or Trust mental health beds.
- Staffing capacity issues across eating disorder pathway. Proactive discussion with CCGs regarding additional investment
- 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 October 2020 has been highlighted for this reason.

Barnsley general community services

Key Issues

- Yorkshire smoke free (YSF) Calderdale contract has been extended until 2023
- Urban House nurse prescriber role remains out for recruitment. No suitable temporary solution has been found through bank or agency. This is recognised as a risk on the BDU risk register.
- Ever increasing demands on services due to patient flow through the health care system and community services are picking up a significant proportion of that workload.
- Yorkshire smoke free Wakefield tender has been submitted

Strengths

- All health and wellbeing and children's service areas performing well with positive commissioner feedback
- Flexible and adaptable teams that are looking at new ways of working to meet the challenges of the workload with the current workforce.
- First meeting of the Barnsley Integrated Stroke Services Improvement Group took place this week. The purpose of this group is to implement, facilitate and monitor performance of the Barnsley integrated community stroke service including inpatient rehab beds and early supported discharge.

Challenges

- Commencement of the organisational change process across the integrated neighbourhood teams for the crisis response pathways
- Recruitment of the nurse prescriber for Urban House
- Podiatry has increased amount of wound care referrals.

Areas of Focus

- Developing an integrated lymphoedema pathway with the Hospice
- Mobilising the Breathe service ready to go live on 1st July
- Work is ongoing within neuro rehabilitation to review pathways in line with CCG request
- Aiming to improve job satisfaction of podiatrists while maintaining the caseload.

Summary

Covid-19

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

Forensic business delivery unit and Learning Disability services:

Forensics

- OPEL Level remains at level 2.
- Work on the Adult Secure Provider Collaborative continues with an earliest revised 'go live' date of 1st August 2021
- Services are clinically very acute particularly Sandal, Hepworth, Bronte and Newhaven.
- Staff supervision levels 74% in medium secure, 89% in low secure and 79% in Newhaven, with ongoing work ongoing to ensure they reach target by the end of this quarter.
- Staffing levels remain under constant review, with skill mixing seeming to have supported easing the pressure.
- Staff wellbeing remains a focus, with the service utilising recent NHS survey results to modify plans.
- Focus on recruitment and retention continues. Forensics have piloted a survey around retention. The uptake was very encouraging, and the results will be analysed and actions to address issues developed.

Learning Disability services

- OPEL level remains at level 2
- Supervision is currently 77%
- Community:
 - Referral rates continue to be 20-30% higher than 20/21 and are roughly at the level seen pre-pandemic.
 - There is some pressure building on certain waiting lists, particularly for psychological therapies, but generally whole team waiting times are within commissioned limits (18-weeks).
 - Face to face contacts continue to represent about 50% of total activity with other contacts mostly via telephone.
 - Staff are continuing to work in a 'blended' way (working from home or in base) but spending increasing time in our Learning Disability hubs.
 - The continued medical staffing pressures in Calderdale (due to absence and lack of locum availability) is impacting on delivery of some services (responsiveness of medical input to requests) and starting to affect other learning disability and mental health services.
- Inpatients:
 - Commissioned bed occupancy is at 83% (5/6 commissioned beds), with high support needs of patients
 - Delayed Transfers of Care have increased and whilst there is some movement this is slow. Some patients are still significantly delayed, without onward moves identified.
 - High bank/agency use continues, though this is being supported by safer staffing team with block bookings.
 - Significant turnover of substantive staff (leavers and new starters) and further vacancies
 - The Trust form part of the regional (West Yorkshire and Barnsley) ATU service, with new contractual arrangements expected to be in place from 1st October 2021
 - Quality monitoring visit (QMV) Action Plan is in place and being implemented

ASD/ADHD

- There has been a surge in referrals for assessment.
- Supervision is currently at 65%
- The Government in Iceland has invited the team to present the work they have been doing with local universities on ADHD.

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 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 become a factor. High demand for inpatient beds continues. Concerted work on optimising patient flow is continuing and the service is now fully recruited and is providing a 7 day a week service.
- Following two incidents which occurred within unsupervised garden areas on the working age adult wards, a decision was taken to restrict all garden access to supervised access only. This was until a more detailed risk assessment of the garden areas and process for risk assessing unsupervised access to outdoor areas could be undertaken through the implementation of a risk assessment tool developed in conjunction with the Health and Safety team. The tool has been presented to EMT and is currently being reviewed by the executive trio and the service will receive feedback. The blanket restriction will remain in place until this process is complete and the tool is approved and operational.
- The wards continue to deal with Covid-19 requirements for admission and episodic testing, and routine or infection related isolation and quarantining arrangements. Cohorting standard operating procedures to support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services together with an inpatient clinical pathway for Covid-19 positive patients. This is proving a robust framework within the parameters of demand and limitations of estate.
- Acute wards continue to see high levels of acuity and service user distress, with further challenges as above in managing isolated and cohorted patients. The difficulties have been compounded by staff absences and difficulties sourcing bank and agency staff leading to some staffing shortages across the wards. Senior leadership is available to the wards 7 days a week from matrons on site. Staffing levels have been maintained at safe levels with bank and agency staff and by utilising a trust-wide approach to staffing where possible. Continued weekly meetings are taking place with mental health partners across the integrated care systems 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 (TIPD) pathway. Work continues in the intensive home based treatment teams (IHBT) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping. A gatekeeping review of admissions has taken place to inform learning and planning around community alternatives to inpatient care and the learning from this is currently being collated and embedded across the system. 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 Covid-19 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. Referral figures for recent months are showing a sustained 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 and all mitigations are in place.

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Communications, Engagement and Involvement

Communications, Engagement and Involvement

- 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. Supporting the decommissioning of the Trust vaccine hub and planning for staff celebration/thank you
- Communication on Trust leadership changes, both internally and to partners
- Continued promotion of 'Choose Well for Mental Health' guide; internally, on social media channels and with partners, alongside award submissions
- Staff wellbeing initiatives promoted e.g. launch of 'Menopause Mondays' and sleep seminars
- 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 LD week, nutrition and hydration week, volunteers week, carers week.
- Information governance campaign- continued support and new comms plan developed.
- Nhs.net removal and Trust email accreditation comms planning
- 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
- Supported the launch of Barnsley 2030, and the QUIT programme.
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind and Mental Health Museum
- 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

- EIA process and forms reviewed and presentation at OMG to capture feedback. EIA process to be taken to EMT for approval
- Resources to support the EIAs are available for the intranet, due to delays we are awaiting an opportunity to upload the resources which includes links to BI intelligence and local authority needs assessments
- Website material is also ready for upload once the platform is in place following work to improve
- Virtual Visitor is now called 'CHATpad' and devices have been updated and leaflets and instructions reissued. The new version includes links to advocacy and access to our survey tool 'Healthcare Comms'
- Work is still progressing to launch the equality data improvement campaign – the Trust will use a previous campaign and refocus.
- Awareness raising training planned for specific groups starting with Transgender Awareness, which has been well received and more sessions arranged
- Trust wide EECM strategy short film has been signed off by the now named Equality, Inclusion and Involvement Committee (EIIC)
- The draft easy read strategy has also been reviewed and will be shared for comment with staff and service users
- Work continues to support recovery planning continues using insight and intelligence to inform decision making
- A quarterly insight report has now been developed and the format agreed. The report has been shared at EIIC and through to Governors who contribute to the report. Healthwatch provided positive feedback on the format and will use the insight feed in route to provide additions
- A programme update on the strategy action plans has been agreed by EIIC and KPIs will be developed.
- Support for Older People transformation consultation in partnership with CCGs and the development of a plan, timeline and governance
- Training bid developed to identify funding to refresh mandatory equality training and create short films to support the online EIA toolkit
- Working with Voluntary and Community Sector VCS umbrella organisations to support the mapping of local groups and allocation of small grant fund opportunities is part of our planned approach to engaging communities
- Provided an update on the Trust response to the 8 actions to address inequalities at the June EIIC
- Working on the addressing inequalities agenda in Calderdale and leading on a composite report of insight to inform the approach
- Working in Barnsley to support the development of an engagement and communication approach which includes developing a shared set of principles
- Working closely with the Mental Health Alliance to support a partnership approach to involvement which includes a development session and plan to support the programme of work for mental health
- Process to support SEQUIN submission for secure services continues with monthly updates forming part of core work
- Carers lead now in post following a successful charitable funds application
- Payment for involvement policy now being looked at and a draft will be circulated for comment by EMT in the next month
- Community reporter 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 has delivered a staff event and the action plan for the forthcoming year is in development. A co-designed training package and resources for peer workers is being delivered initially in recovery colleges
- Draft strategy for volunteering developed and a framework to support volunteers is in place, the strategy has been reviewed by Trust staff and volunteers and is near completion. The Volunteer policy has been updated in line with the strategy.
- Volunteers are starting to return with support and guidance. The return of volunteers will be supported by ESR training and DBS refresh

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Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2021/22	Narrative
1	Surplus / Deficit	£1.3m	£0m (H1 21/22)	In May a surplus of £0.7m has been reported which is favourable to plan. The forecast position for the first half of the year will be assessed by the end of the first quarter. Currently delivery of the breakeven target is forecast.
2	Agency Spend	£1.1m		Agency run rate continues to be in line with that from the previous financial year with spend of £0.6m. 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	£61.3m	£54.4m	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.
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6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 97% 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.

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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	May-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%	4.3%
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%	4.3%
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%	14.7%
Gross Vacancies	Improving Resources	Well Led	AD	-	Reporting Commenced April 2021												10.8%	5.5%
Net Vacancies	Improving Resources	Well Led	AD	-													2.9%	0.6%
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%	79.95%
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%	77.7%
Clinical Risk	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.8%	93.6%	93.3%	93.2%	94.1%	93.3%	93.1%	93.5%	94.6%	94.9%
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%	95.5%
Fire Safety	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%	92.8%	91.8%	87.9%	86.9%	87.6%	86.2%	85.9%	84.3%
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%	77.2%
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%	94.2%
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%	95.7%
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%	95.7%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80%	93.3%	93.3%	93.3%	93.3%	94.6%	94.3%	94.8%	94.9%	95.0%	94.6%	93.9%	91.0%	90.8%	88.9%
Mental Health Act	Improving Care	Well Led	AD	>=80%	89.5%	89.5%	89.5%	89.5%	91.2%	90.8%	91.4%	91.9%	92.1%	91.3%	90.5%	85.0%	85.1%	82.0%
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%	95.3%
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%	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%	93.4%
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	£911k
Agency Cost	Improving Resources	Effective	AD	-	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k	£760k	£583k	£560k
Overtime Costs	Improving Resources	Effective	AD	-	£196k	£382k	£342k	£257k	£276k	£213k	Data unavailable at the time of producing this report							
Additional Hours Costs	Improving Resources	Effective	AD	-	£58k	£61k	£66k	£71k	£59k	£53k								
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£374k	£388k	£399k	£408k	£411k	£387k								
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	222.1	222.1	192.3	208.9	205.9	234.0								
Business Miles	Improving Resources	Effective	AD	-	193k	149k	138k	164k	166k	147k								
Health & Safety																		
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)		Improving Resources	Effective	AD	-	7		3		14		7		Due July 2021				

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Covid-19

KPI	Target	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	As at 24th August 2020	As at 22nd September 2020	As at 20th October 2020	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 18th February 2021	As at 24th March 2021	As at 20th April 2021	As at 20th May 2021	As at 22nd June 2021	Trend	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19																		
No of staff off sick - Covid-19 not working 7		154	204	112	48	26	82	108	161	81	159	91	89	33	15	32		
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	1	0	0		
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	16	2	8		
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	5	3	6		
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	1	0	0		
Test & Trace Isolation		0	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	18		
No of staff working from home - Covid-19 related 8		125	136	107	90	7	53	79	147	35	84	78	88	16	8	21		
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	8	0	0		
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	2	2	3		
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	1	3	8		
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	1	1	0		
Test & Trace Isolation		0	0	0	7	0	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	10		
Number of staff tested 9		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	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	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%	2828/2882 = 98.1%		
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%	1890/1928 = 98.0%		
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	0	0		
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	1306	1369	1281	1271	1223		Cumulative
Calls to occupational health healthline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	2655	2713	2798		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 where possible

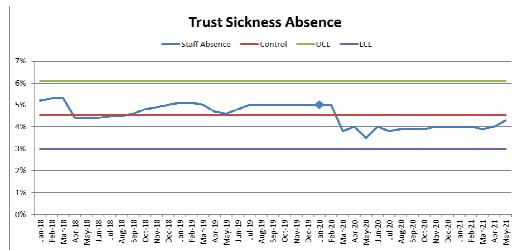
Staff Health & Well Being

- 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.

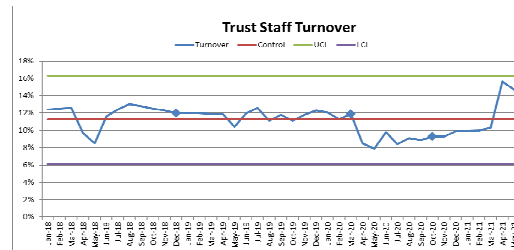
Workforce Issues

- As at 22nd June, 32 staff off work Covid-19 related, not working which compares to 15 one month earlier. A further 21 were working from home.
- 3386 staff tested for Covid-19 as at 22nd June.
- 610 staff have tested positive for Covid-19, none of which tested positive within the last month.
- Staff turnover decreased slightly to 14.7% in May.
- Non-Covid sickness absence increased slightly to 4.3% in May. This still compares favourably to previous years.

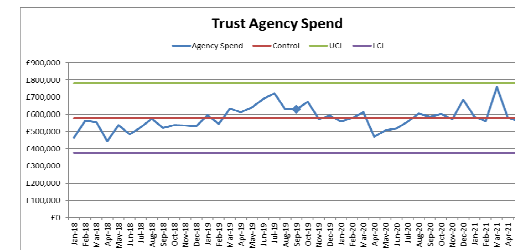
SPC Charts



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



SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in October 2020 has been highlighted for this reason. Turnover has been lower since the onset of the Covid-19 pandemic.



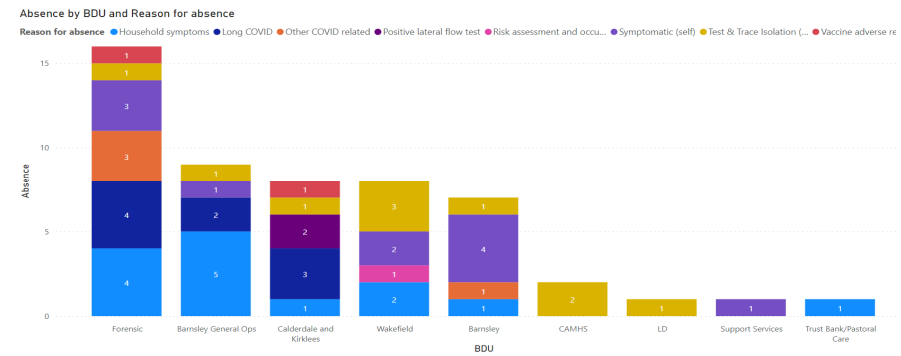
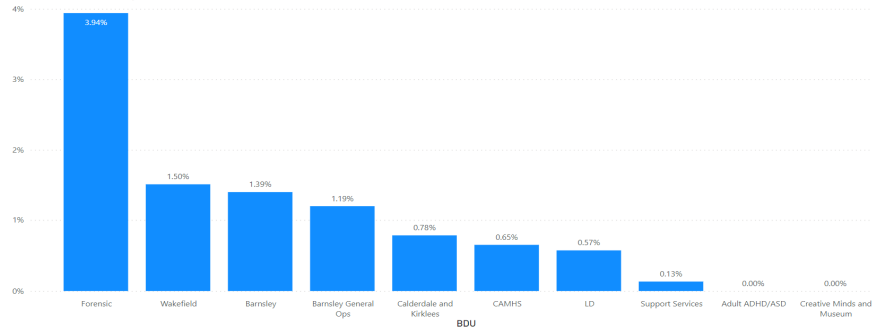
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Sickness reporting

As at 22nd June, the Trust has 54 staff absent or working from home due to Covid-19. This makes up 1.0% of the workforce. Of those absent, 27.8% are symptomatic and 25.9% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 3.9% 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 4.6 days in May.

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



Publication Summary

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

Department of Health and Social Care (DHSC)

Mental Health Units (Use of Force) Act 2018 statutory guidance

The DHSC is seeking views on draft statutory guidance to prevent the inappropriate use of force and ensure transparency and accountability about the use of force in mental health units. The guidance is intended for use by NHS hospitals and independent hospitals (providing NHS-funded care) in England providing care and treatment to patients with a mental disorder. This consultation closes on 17 August 2021.

[Click here for link to guidance](#)

[Statistics on NHS Stop Smoking Services in England: April to December 2020](#)

[NHS Providers: children and young people's mental health survey](#)



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report



**Month 2
(2021 / 22)**



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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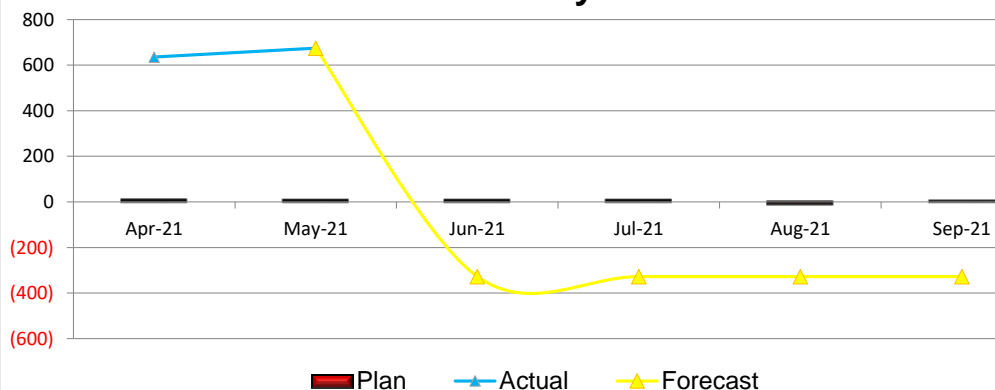
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
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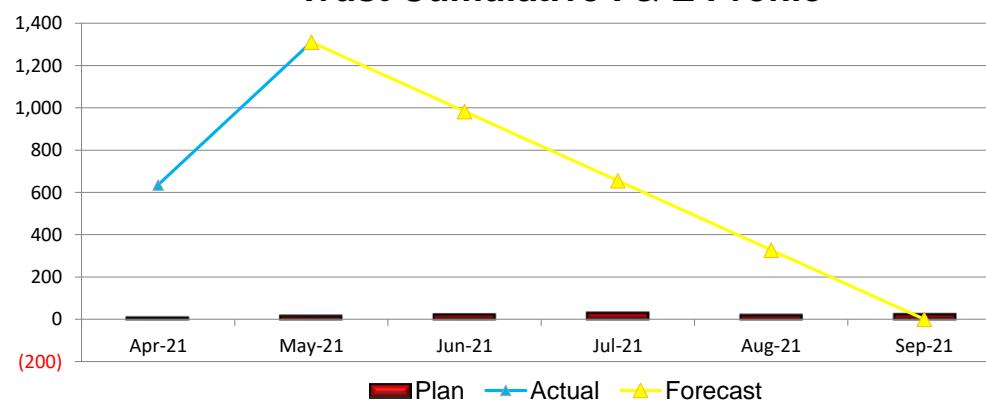
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget M1 - M6	Forecast M1 - M6	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				20,705	20,725	20	Clinical Revenue	41,422	41,403	(19)	124,438	124,622	184
				20,705	20,725	20	Total Clinical Revenue	41,422	41,403	(19)	124,438	124,622	184
				1,079	1,132	53	Other Operating Revenue	2,076	2,290	214	6,359	6,863	504
				21,784	21,857	73	Total Revenue	43,498	43,693	195	130,797	131,485	688
4,715	4,454	(261)	5.5%	(17,392)	(16,641)	750	Pay Costs	(34,649)	(33,251)	1,398	(104,137)	(101,329)	2,808
				(3,638)	(3,783)	(145)	Non Pay Costs	(7,338)	(7,617)	(279)	(22,148)	(25,612)	(3,464)
4,715	4,454	(261)	5.5%	(21,029)	(20,425)	605	Total Operating Expenses	(41,987)	(40,868)	1,119	(126,285)	(126,941)	(656)
4,715	4,454	(261)	5.5%	755	1,432	677	EBITDA	1,511	2,825	1,314	4,512	4,544	32
				(537)	(545)	(9)	Depreciation	(1,073)	(1,090)	(17)	(3,220)	(3,272)	(52)
				(212)	(212)	(0)	PDC Paid	(424)	(424)	(0)	(1,271)	(1,272)	(1)
				0	0	0	Interest Received	0	0	0	0	0	0
4,715	4,454	(261)	5.5%	6	675	669	Surplus / (Deficit)	14	1,311	1,297	21	(0)	(21)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,715	4,454	(261)	5.5%	6	675	669	Surplus / (Deficit)	14	1,311	1,297	21	(0)	(21)

The Trust's financial plan, in line with national guidance, covers the period H1 2021 / 22 (April to September 2021) only. The forecast shown similarly reflects this period only. Forecasts will be assessed by the end of the first quarter. Development of the H2, and longer term plan, continues with a focus on recurrent and non recurrent run rates.

Trust Monthly I & E Profile



Trust Cumulative I & E Profile



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

Pay

Pay Spend in May 2021 is £16.6m. This is the same as April 2021 and is approximately £0.3m higher than the run rate in Q4 2020 / 21. This is due to a higher number (35 wte) of staff as detailed on the pay analysis page than the average in 2020/21. 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 8.8% 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-19 response 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	51					73
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	33	62					95
Staffing -	Isolation, shielding and backfill for covid absence	56	15					71
Total – Pay		110	128	0	0	0	0	238
Lateral Flow Testing	Distribution of kits to staff	7	2					9
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	2	1					3
IT	Purchase of equipment and agile working enabling costs (VPN)	0	35					35
OOA Placements	Out of area bed placements required to covid issues	0	6					6
Misc / other	Other general non pay not captured in the headings above	0	15					15
Total – Non Pay		8	59	0	0	0	0	67
Total cost recovery		119	187	0	0	0	0	305

2.1

Income Information

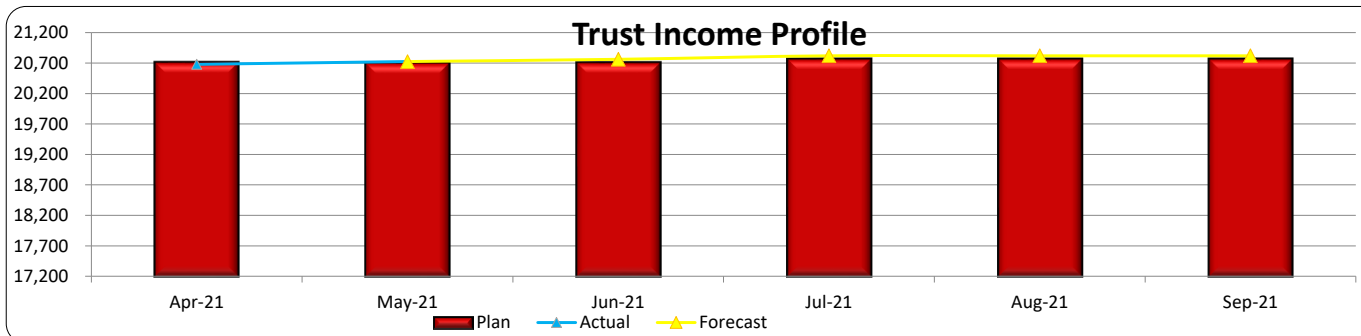
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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 from 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.

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

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

	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	15,341	15,446	15,519	15,519	15,519							92,709	177,447
ICS / System	1,737	1,737	1,737	1,737	1,737	1,737							10,421	9,917
Specialist														
Commissioner	2,475	2,471	2,473	2,473	2,473	2,473							14,837	28,281
Local Authority	404	490	431	416	416	416							2,572	5,025
Partnerships	657	636	629	629	629	629							3,810	7,514
Top Up													0	5,458
Other	41	50	46	46	46	46							274	4,815
Total	20,679	20,725	20,761	20,819	20,819	20,819	0	0	0	0	0	0	124,622	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	



Due to its block nature the income received in May 2021 is the same as April 2021. This will be updated as and when 2021 / 22 Mental Health Investment (MHIS) or additional funding is agreed.

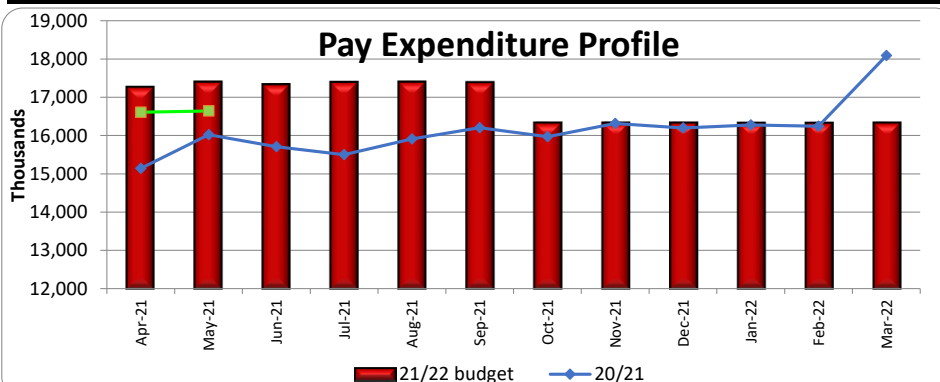
The Trust has submitted a number of proposals to each commissioner outlining how additional non recurrent income could be utilised as part of the reset and recovery programme. These will also be added when agreed.

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	15,171											30,395
Bank & Locum	803	911											1,713
Agency	583	560											1,143
Total	16,610	16,641	0	0	0	0	0	0	0	0	0	0	33,251
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%	5.5%											5.2%
Agency as %	3.5%	3.4%											3.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,100	4,076											4,088
Bank & Locum	255	263											259
Agency	107	115											111
Total	4,461	4,454	0	0	0	0	0	0	0	0	0	0	4,457
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



Spend in May 2021 is the same as April 2021 which is higher than the run rate in the previous 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.

Additional estimates have been included in this position for 2021 / 22 Clinical Excellence awards and the current year impact of the Flowers legal case. These will be paid later in the year.

There has been a small reduction in substantive staff in month which has been offset by additional bank and agency so the overall workforce WTE worked has remained the same.

2.2

Pay Information

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						
Staff Group	Budget £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
Medical	4,236	3,802	107	483	4,392	156
Nursing Registered	13,602	10,089	572	123	10,784	(2,818)
Nursing Unregistered	4,215	3,474	829	392	4,695	480
Other	9,217	8,111	85	136	8,331	(886)
Corporate Admin	2,806	2,597	53	8	2,658	(148)
BDU Admin	2,249	2,322	69	0	2,390	141
Vacancy Factor	(1,677)				0	1,677
Total	34,649	30,395	1,713	1,143	33,251	(1,398)

WTE In month Budget v Actual - by staff group						
Staff Group	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
Medical	225	187	2	16	204	(21)
Nursing Registered	1,468	1,224	72	14	1,310	(158)
Nursing Unregistered	867	713	159	73	944	77
Other	1,328	1,193	10	13	1,216	(112)
Corporate Admin	350	326	20	0	346	(4)
BDU Admin	477	433	0	0	433	(44)
Total	4,715	4,076	263	115	4,454	(261)

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 financial plan includes a value relating to expected staff vacancies and posts not back filled. This value, shown separately in these tables as Vacancy Factor, is a planning assumption and no posts are actively held. This is due to natural timing gaps in recruitment both for new investments and existing substantive posts.

Year to date Budget v Actual - by service						
	Budget £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
MH Community	14,704	12,815	345	574	13,734	(970)
Inpatient	7,783	6,574	1,103	498	8,175	392
BDU Support	2,115	1,241	72	15	1,328	(787)
Community	4,758	4,046	80	16	4,142	(616)
Corporate	6,966	5,719	114	39	5,872	(1,094)
Vacancy Factor	(1,677)				0	1,677
Total	34,649	30,395	1,713	1,143	33,251	(1,398)

In month Budget v Actual - by service						
	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
MH Community	1,797	1,599	39	25	1,664	(133)
Inpatient	1,141	969	189	83	1,241	100
BDU Support	352	213	7	0	220	(132)
Community	736	625	12	2	638	(98)
Corporate	689	669	17	5	691	2
					0	
Total	4,715	4,076	263	115	4,454	(261)

With the exception of Inpatient areas, which includes adult acute, older peoples and Forensics, all service groups are underspending and have unfilled posts. The corporate service line includes covid-19 spend which, as demonstrated earlier in the paper, is less than previously.

This information continues to inform the Trust workforce and recruitment strategy and the overall financial planning process.

Agency spend is £560k in May.

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.

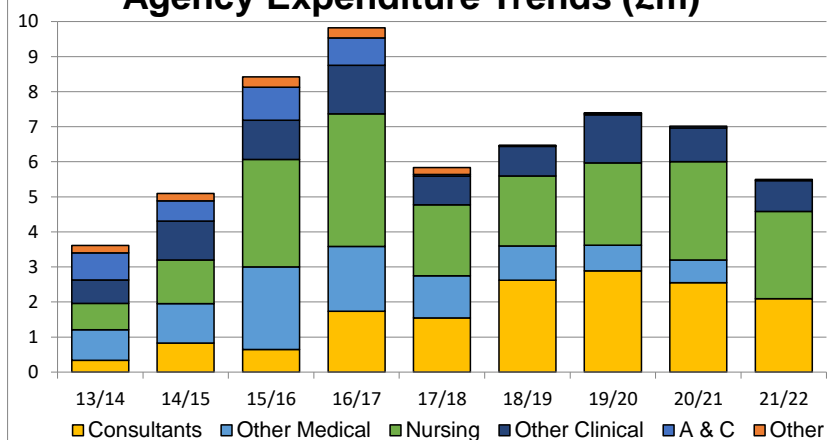
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

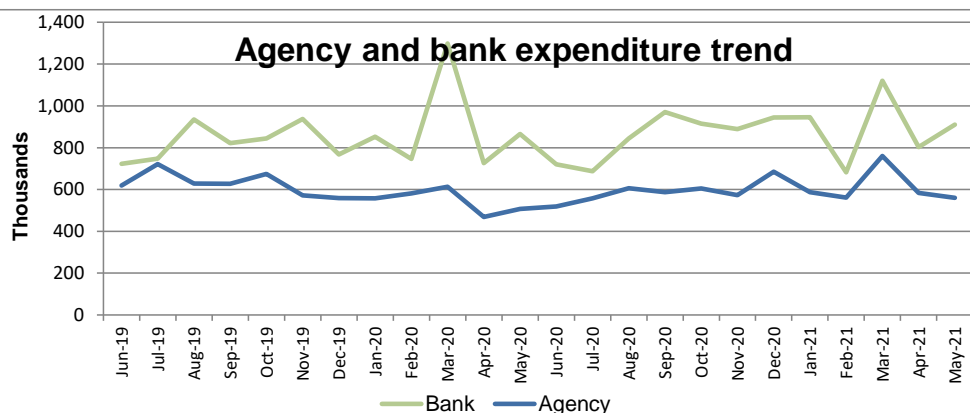
May 2021 spend is £560k which is similar to previous run rates (2020/21 average was £585k per month). As noted on the previous page the main areas of agency usage are £233k in medics and £175k on unregistered nurses.

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

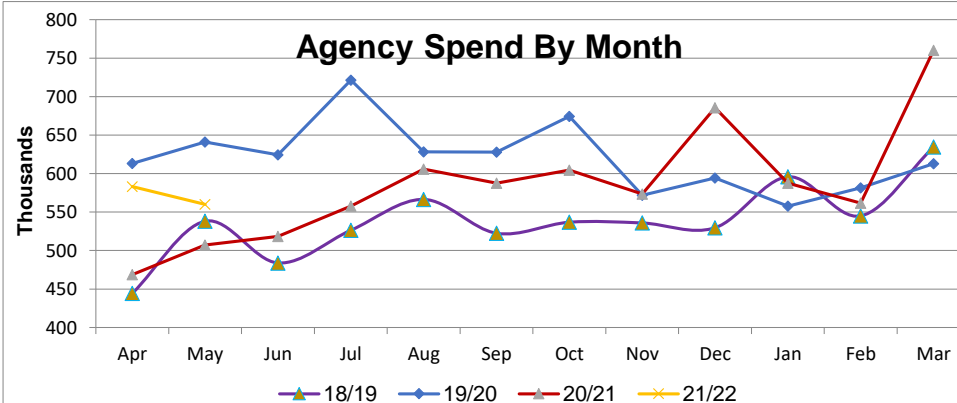
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month



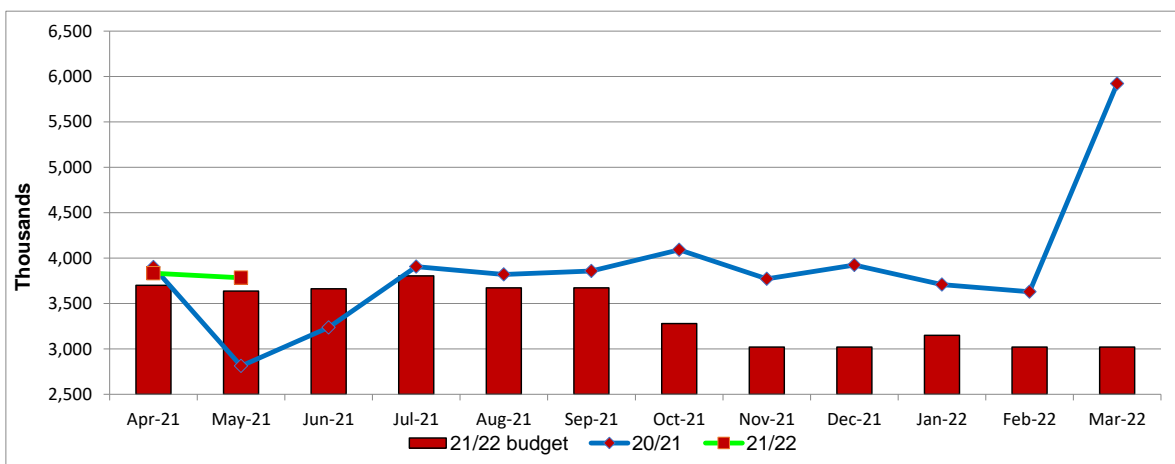
2.3

Non Pay Expenditure

Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services, and 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	3,783											7,617
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

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Drugs	617	625	8
Establishment	1,267	1,311	44
Lease & Property Rental	1,248	1,324	76
Premises (inc. rates)	877	1,096	218
Purchase of Healthcare	1,115	1,169	54
Travel & vehicles	693	660	(33)
Supplies & Services	1,092	950	(142)
Training & Education	113	115	2
Clinical Negligence & Insurance	145	216	70
Other non pay	170	150	(20)
Total	7,338	7,617	279
Total Excl OOA and Drugs	5,606	5,823	216



Key Messages

The Trust non pay review group has re-commenced having been suspended in 2020/21 due to covid pressures. This group focuses specifically on non pay and ensuring that the Trust continues to secure value for money in this area. Budgets have been adjusted to take account of current working practices, and areas such as travel continue to be underspent against plan. This is because of the continued working arrangements in response to the pandemic.

Premises continues to be the largest variance to plan. 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.

2.3

Out of Area Beds Expenditure Focus

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.

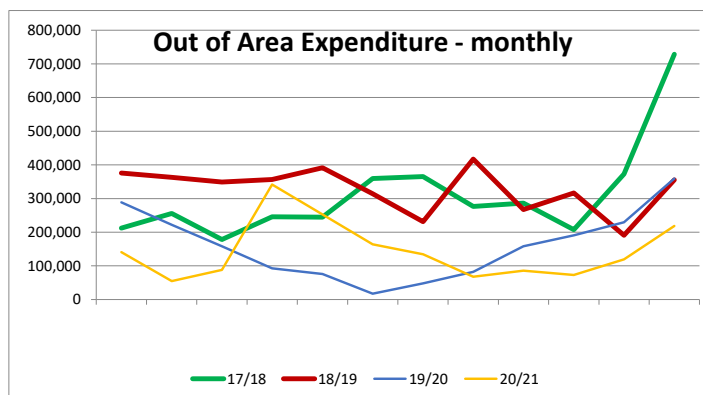
Breakdown of Purchase of Healthcare

	Budget	Actual	Variance
	Year to date	Year to date	
Heading	£k	£k	£k
Locked Rehab	380	533	(152)
Out of Area			0
Acute	209	24	185
PICU	127	24	103
Other Services	399	589	(190)
Total	1,115	1,169	(54)

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£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	251											447

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	221	313											534

Bed Day Information 2021 / 2022 (by category)													
PICU	208	241											449
Acute	13	72											85
Total	221	313	0	0	0	0	0	0	0	0	0	0	534



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.

Spend of £251k in May 2021 represents the highest monthly expenditure since August 2020.

The response to Covid-19 continues to impact on demand and specific placements have been charged against the covid allocation. High levels of acuity have also been experienced adding to the pressure on inpatient wards.

The bed numbers of May 2021 also includes 48 bed days which are paid directly by the ICS. There is no cost included within the Trust financial position. This is an reduction from 55 in April 2021.

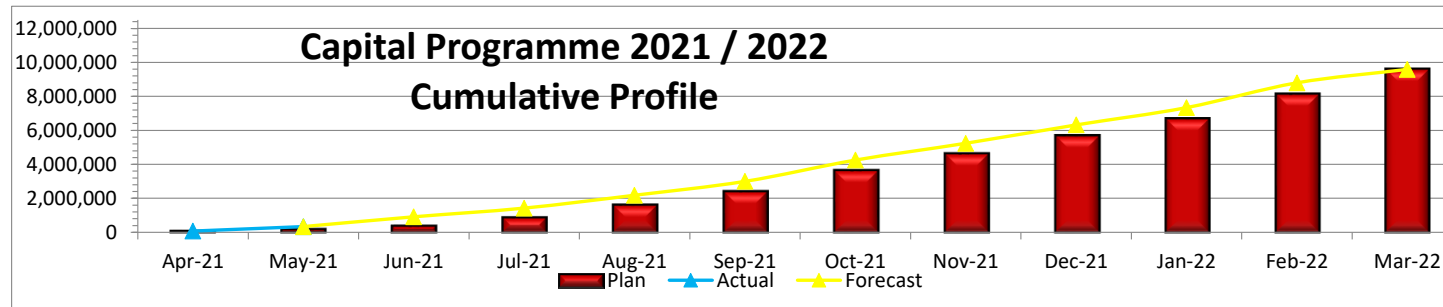
	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	104,978	102,755	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,173	579	1
Non NHS Trade Receivables (Debtors)	1,828	1,252	2
Prepayments	2,867	1,827	
Accrued Income	3,090	4,922	3
Cash and Cash Equivalents	56,648	61,297	Pg 16
Total Current Assets	65,781	70,051	
Current Liabilities			
Trade Payables (Creditors)	(1,182)	(1,570)	4
Capital Payables (Creditors)	(585)	(360)	
Tax, NI, Pension Payables, PDC	(5,920)	(6,622)	
Accruals	(24,112)	(23,443)	5
Deferred Income	(3,981)	(4,602)	6
Total Current Liabilities	(35,779)	(36,598)	
Net Current Assets/Liabilities	30,001	33,453	
Total Assets less Current Liabilities	134,980	136,208	
Provisions for Liabilities	(7,348)	(7,265)	
Total Net Assets/(Liabilities)	127,632	128,943	
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	66,618	7
Total Taxpayers' Equity	127,632	128,943	

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

1. 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.
2. Non NHS debtors remain low and any timing issues from the move to the new system appears to have been resolved.
3. 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. Outstanding purchase orders with local authorities have been chased and invoicing is expected in June 2021.
4. Creditors, invoices outstanding for the Trust to pay, continues to be closely reviewed alongside Better Payment Practice Code (page 17) performance.
5. Accruals continue to be at a higher level than historically. Work continues to chase invoices etc to reduce this value.
6. Deferred income has increased from year end due to receipt of Q1 training and education in April 2021.
7. This reserve represents year to date surplus plus reserves brought forward.

3.1 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	200	72	(128)	3,246	52	
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	256	256	464	(179)	
IM & T							
Clinical Systems	275	0	0	0	275	0	
Hardware	200	0	0	0	200	0	
Cybersecurity, Infrastructure	200	0	6	6	327	127	
Software	600	0	3	3	600	(0)	
Other	1,140	0	0	0	1,140	0	
VAT Refunds						0	
TOTALS	9,590	200	338	138	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

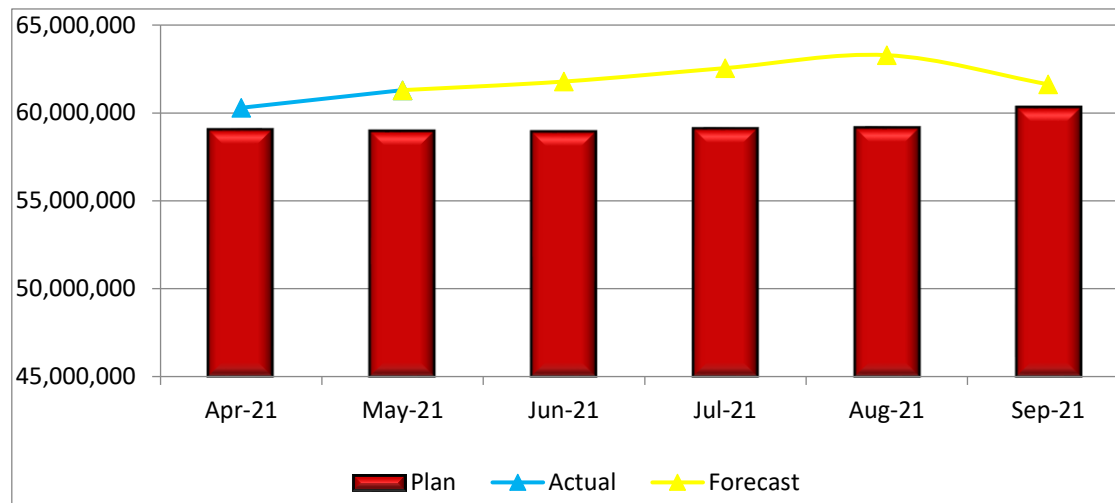
Minimal spend was planned for Q1 21//2 but preparatory work is continuing internally. This work has highlighted current increased costs and availability issue for resources. This is linked to Covid-19, Brexit, the Suez canal blockage and general demand.

Schemes are continually assessed against evolving safety and service requirements and continue to be assessed to ensure they are value for money in the current climate.

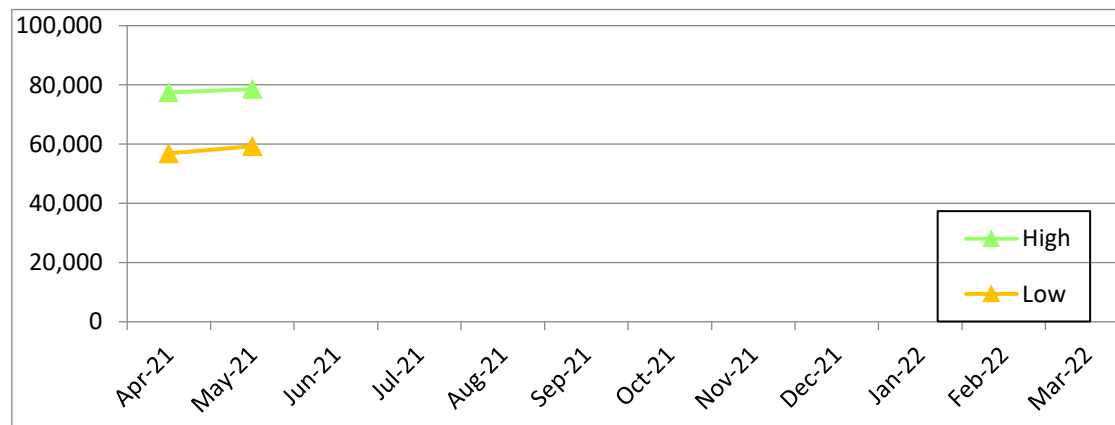
Spend to date is mainly a new scheme required to enable relocation of services within Barnsley.

3.2

Cash Flow & Cash Flow Forecast 2021 / 2022



	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,648	
Closing Balance	58,962	61,297	2,335



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.

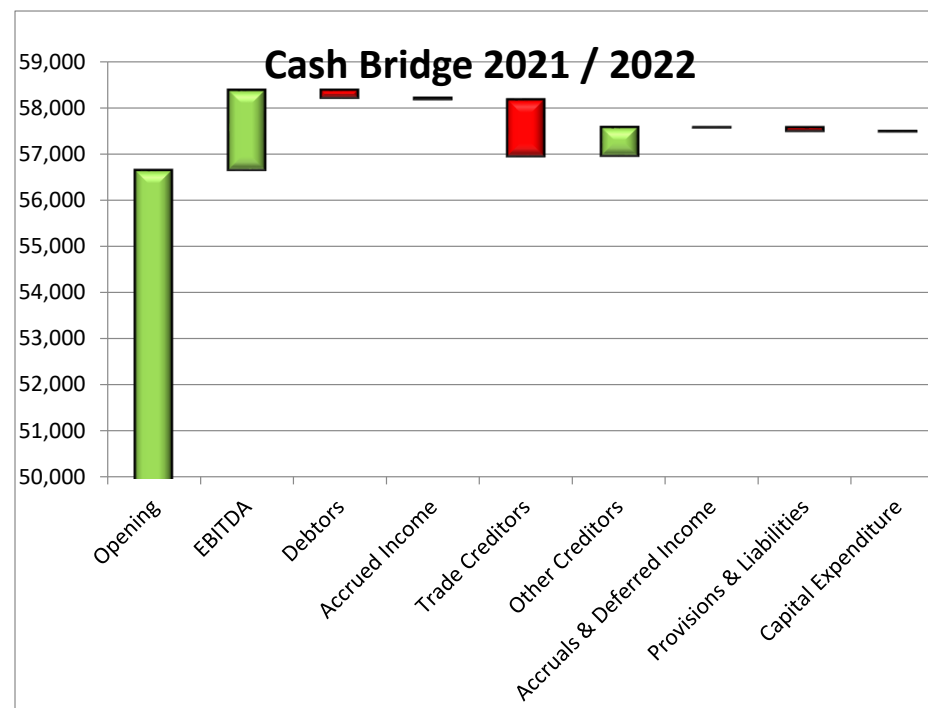
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is

The highest balance is: £78.6m
The lowest balance is: £59.3m

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)	1,090	2,825	
<i>Movement in working capital:</i>			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	550	379	
Accrued Income / Prepayments	0	(30)	
Trade Payables (Creditors)	1,224	(3)	
Other Payables (Creditors)	0	622	
Accruals & Deferred income	0		
Provisions & Liabilities	0	(82)	
<i>Movement in LT Receivables:</i>			
Capital expenditure & capital creditors	(550)	(562)	
Cash receipts from asset sales	0	1,500	
PDC Dividends paid	0	0	
PDC Dividends received			
Interest (paid)/ received	0	(0)	
Closing Balances	58,962	61,297	



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 the receipt of £1.5m from the sale of Mount Vernon.

4.0

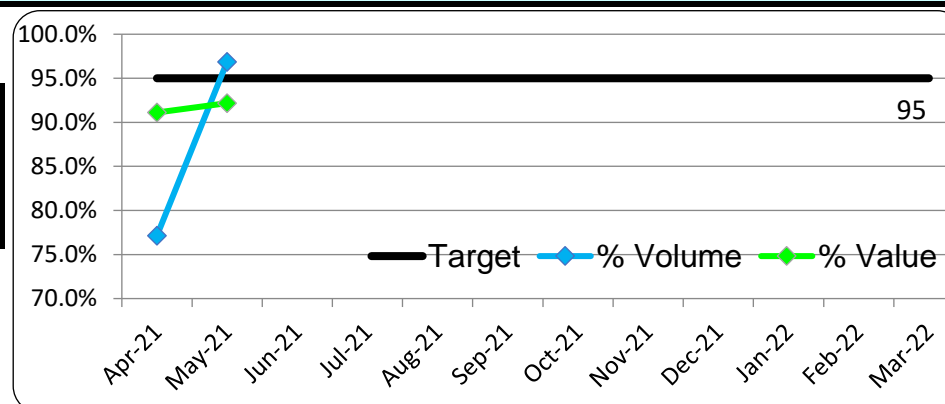
Better Payment Practice Code

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.

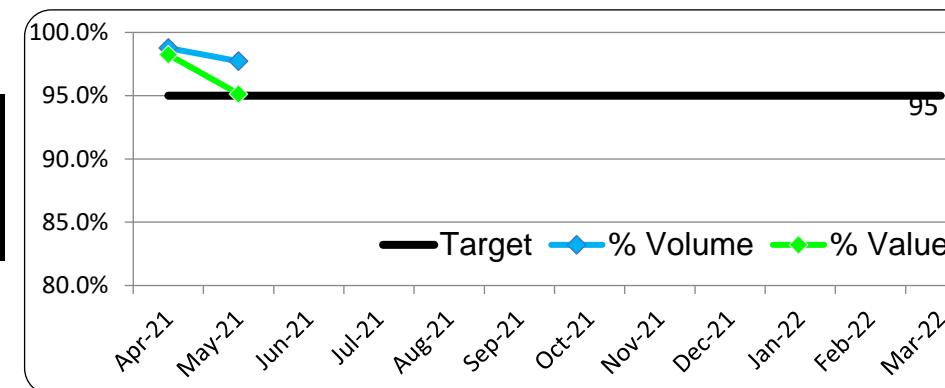
We continue to optimise the finance and procurement system which was implemented in October 2020. This includes a regular review of outstanding invoices, and working with SBS to resolve any issues.

Performance in May has seen 95% of volume and 82% 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	97%	92%
Cumulative Year to Date	87%	92%



Non NHS	Number	Value
	%	%
In Month	98%	95%
Cumulative Year to Date	98%	97%



4.1

Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
21-May-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173570	481,824
19-May-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318958	98,577
05-May-21	IT Services	Trustwide	Daisy Corporate Services	3I470836	90,250
01-Jun-21	Rent	Wakefield	Assura HC Ltd	LINV40073	90,000
21-May-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173570	81,982
21-May-21	Telecoms	Trustwide	Virgin Media Payments Ltd	7280639010010521	66,466
12-Apr-21	Drugs	Trustwide	NHS Business Services Authority	1000068934	40,945
07-Apr-21	Research	Wakefield	University Of Huddersfield Hec	5058177	40,000
13-Apr-21	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	TOW01517	38,472
21-May-21	Staff Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173570	36,232
14-Apr-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995295	33,404
05-May-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995413	33,404
28-Apr-21	Rent	Barnsley	Dr M Guntamukkala	PG10100	33,132
12-Apr-21	Telecoms	Trustwide	Vodafone Ltd	97721342	31,503
06-May-21	Utilities	Trustwide	EDF Energy Customers Ltd	000009708427	26,942

- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Surplus - Trust income is greater than costs
- * Deficit - Trust costs are greater than income
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- * Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.4%	4.3%	4.2%	4.2%	4.2%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.8%	4.0%	3.8%	3.9%	4.2%	4.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	83.7%	84.5%	82.0%	78.8%	79.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.4%	89.2%	86.8%	84.2%	82.5%	82.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.4%	94.8%	96.1%	96.4%	95.7%	96.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	98.0%	97.9%	97.7%	97.2%	97.3%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.8%	88.4%	89.2%	87.0%	86.4%	82.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.0%	76.1%	77.3%	75.5%	75.9%	77.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.4%	96.4%	95.9%	95.7%	95.7%	95.8%
Information Governance	Resources	Well Led	AD	>=95%	98.8%	97.2%	97.3%	97.7%	96.9%	96.0%
Moving and Handling	Resources	Well Led	AD	>=80%	89.4%	89.8%	90.1%	89.9%	90.0%	91.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.6%	94.6%	94.0%	93.1%	91.8%	90.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.5%	95.6%	93.4%	90.7%	86.8%
Prevent	Improving Care	Well Led	AD	>=80%	96.1%	96.1%	96.2%	95.5%	95.6%	96.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.5%	94.6%	94.8%	94.1%	94.5%	94.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.2%	95.3%	95.2%	94.8%	94.1%	93.9%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.6%	5.6%	5.6%	5.5%	4.4%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	6.1%	6.0%	4.5%	4.1%	4.4%	4.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.2%	83.8%	83.7%	80.4%	79.9%	80.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.6%	86.3%	87.4%	81.8%	86.8%	73.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.2%	93.7%	93.0%	91.6%	94.4%	93.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.6%	94.6%	94.6%	94.3%	94.1%	94.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.8%	88.2%	88.3%	86.6%	86.4%	85.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	66.7%	65.9%	65.3%	64.3%	64.8%	65.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.2%	94.6%	93.9%	92.7%	92.8%	93.3%
Information Governance	Resources	Well Led	AD	>=95%	97.5%	97.2%	97.2%	96.9%	95.1%	93.3%
Moving and Handling	Resources	Well Led	AD	>=80%	97.0%	97.3%	97.3%	96.7%	97.4%	97.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.5%	91.4%	90.1%	85.7%	87.5%	87.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.2%	87.1%	86.1%	78.3%	80.1%	79.7%
Prevent	Improving Care	Well Led	AD	>=80%	93.0%	93.1%	92.9%	93.3%	92.3%	92.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.0%	92.2%	92.4%	92.5%	93.9%	94.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.2%	89.2%	89.6%	90.4%	90.2%	91.2%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.2%	3.1%	3.2%	3.2%	4.2%	5.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.1%	2.8%	3.3%	3.0%	4.2%	5.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.0%	82.6%	83.2%	82.2%	80.7%	80.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.6%	83.6%	83.5%	82.7%	78.8%	78.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.9%	93.4%	94.0%	94.9%	95.3%	96.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.8%	96.6%	97.3%	97.8%	98.1%	97.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.3%	87.6%	89.2%	87.6%	86.9%	87.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.9%	77.2%	78.3%	76.1%	76.9%	79.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.9%	95.6%	95.6%	95.3%	95.5%	95.3%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	98.6%	99.0%	99.3%	97.5%	96.8%
Moving and Handling	Resources	Well Led	AD	>=80%	94.4%	94.1%	94.5%	94.7%	94.7%	95.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	96.0%	95.7%	94.9%	91.1%	90.3%	83.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	94.0%	93.3%	92.7%	87.9%	87.2%	79.6%
Prevent	Improving Care	Well Led	AD	>=80%	96.1%	96.0%	96.1%	95.9%	96.1%	95.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.2%	93.5%	93.8%	94.2%	95.0%	94.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.2%	94.0%	94.4%	94.5%	94.5%	94.7%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.8%	2.7%	2.6%	2.6%	2.6%	2.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.3%	1.9%	2.2%	2.3%	2.6%	2.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	75.4%	77.0%	76.9%	74.8%	72.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.9%	75.2%	74.9%	72.6%	71.3%	71.37%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	96.5%	95.5%	94.0%	93.1%	94.5%	95.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.1%	92.5%	93.8%	95.5%	95.5%	96.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.8%	86.6%	88.2%	89.3%	81.2%	79.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	28.6%	33.3%	28.6%	28.6%	20.0%	20.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.7%	92.5%	92.5%	93.9%	93.6%	93.9%
Information Governance	Resources	Well Led	AD	>=95%	96.7%	95.7%	96.7%	97.7%	95.5%	94.9%
Moving and Handling	Resources	Well Led	AD	>=80%	97.4%	97.1%	97.7%	98.1%	98.4%	98.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.7%	92.8%	92.1%	83.2%	83.7%	84.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.4%	88.3%	88.7%	79.8%	81.2%	81.0%
Prevent	Improving Care	Well Led	AD	>=80%	93.6%	92.0%	92.3%	92.8%	93.5%	94.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.1%	90.5%	90.2%	91.3%	91.7%	92.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.4%	90.5%	90.9%	92.2%	93.0%	94.2%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.3%	3.3%	3.2%	2.6%	3.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.3%	3.5%	3.5%	3.2%	2.6%	2.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	95.0%	92.5%	90.5%	89.3%	89.9%	86.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.1%	90.0%	90.0%	89.7%	93.1%	83.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	66.7%	80.0%	80.0%	80.0%	100%	100%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	91.1%	90.5%	80.2%	89.3%	89.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.2%	81.1%	80.9%	80.6%	86.9%	84.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.8%	97.8%	97.8%	99.3%	98.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.6%	92.3%	92.3%	91.5%	90.3%	91.1%
Information Governance	Resources	Well Led	AD	>=95%	99.4%	97.6%	97.6%	97.6%	96.1%	96.0%
Moving and Handling	Resources	Well Led	AD	>=80%	99.0%	98.9%	99.0%	99.0%	99.2%	99.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.7%	98.7%	98.6%	98.6%	98.2%	98.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.9%	90.5%	86.4%	77.3%	68.2%	78.3%
Prevent	Improving Care	Well Led	AD	>=80%	98.5%	98.3%	98.2%	98.7%	98.7%	97.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.8%	97.6%	97.5%	97.2%	97.4%	97.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	97.6%	97.4%	97.5%	97.6%	96.9%	97.6%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Inpatient Service										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.1%	5.0%	5.0%	5.1%	6.4%	7.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.2%	4.4%	5.9%	6.2%	6.4%	7.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.7%	85.7%	85.8%	84.7%	82.3%	79.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.9%	84.2%	84.0%	81.1%	78.2%	77.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.2%	90.3%	87.7%	88.4%	90.4%	89.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.8%	97.3%	96.9%	96.7%	97.8%	97.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.8%	89.4%	89.4%	86.1%	81.5%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.5%	73.5%	77.3%	76.2%	78.3%	79.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.0%	97.3%	97.2%	95.8%	95.0%	94.9%
Information Governance	Resources	Well Led	AD	>=95%	98.1%	97.3%	97.5%	97.2%	96.7%	95.8%
Moving and Handling	Resources	Well Led	AD	>=80%	98.1%	98.1%	98.1%	98.1%	98.3%	98.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.3%	92.6%	90.8%	88.1%	88.3%	87.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.5%	90.6%	88.7%	85.2%	85.4%	83.5%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	94.8%	94.2%	94.5%	95.3%	94.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.9%	92.0%	92.5%	92.5%	93.0%	91.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.9%	86.8%	88.6%	87.5%	87.4%	86.0%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	3.1%	3.3%	3.4%	3.4%	3.4%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	3.6%	4.4%	4.2%	3.8%	3.4%	3.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.2%	87.6%	85.5%	82.4%	80.8%	84.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.2%	84.3%	83.1%	79.1%	76.5%	75.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.5%	91.1%	90.4%	92.8%	94.0%	93.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.9%	96.1%	96.9%	97.2%	96.9%	96.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.9%	87.6%	88.2%	87.9%	86.7%	85.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.8%	71.3%	76.3%	82.5%	84.3%	84.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.1%	95.1%	94.3%	94.1%	93.6%	94.4%
Information Governance	Resources	Well Led	AD	>=95%	98.5%	98.2%	98.7%	98.4%	98.0%	95.9%
Moving and Handling	Resources	Well Led	AD	>=80%	96.9%	96.4%	95.9%	93.6%	93.9%	93.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.3%	92.8%	92.5%	88.1%	89.8%	89.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.4%	91.2%	85.4%	87.0%	86.1%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	95.6%	95.8%	96.1%	95.9%	95.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.8%	94.3%	94.3%	93.5%	94.6%	95.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.5%	91.2%	93.1%	91.8%	92.4%	91.1%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Glossary

ACP	Advanced clinical practitioner	HEE	Health Education England	NICE	National Institute for Clinical Excellence
ADHD	Attention deficit hyperactivity disorder	HONOS	Health of the Nation Outcome Scales	NK	North Kirklees
AQP	Any Qualified Provider	HR	Human Resources	NMoC	New Models of Care
ASD	Autism spectrum disorder	HSJ	Health Service Journal	OOA	Out of Area
AWA	Adults of Working Age	HSCIC	Health and Social Care Information Centre	OPS	Older People's Services
AWOL	Absent Without Leave	HV	Health Visiting	ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	IAPT	Improving Access to Psychological Therapies	PbR	Payment by Results
BDU	Business Delivery Unit	IBCF	Improved Better Care Fund	PCT	Primary Care Trust
C&K	Calderdale & Kirklees	ICD10	International Statistical Classification of Diseases and Related Health Problems	PICU	Psychiatric Intensive Care Unit
C. Diff	Clostridium difficile	ICO	Information Commissioner's Office	PREM	Patient Reported Experience Measures
CAMHS	Child and Adolescent Mental Health Services	IG	Information Governance	PROM	Patient Reported Outcome Measures
CAPA	Choice and Partnership Approach	IHBT	Intensive Home Based Treatment	PSA	Public Service Agreement
CCG	Clinical Commissioning Group	IM&T	Information Management & Technology	PTS	Post Traumatic Stress
CGCSC	Clinical Governance Clinical Safety Committee	Inf Prevent	Infection Prevention	QIA	Quality Impact Assessment
CIP	Cost Improvement Programme	IPC	Infection Prevention Control	QIPP	Quality, Innovation, Productivity and Prevention
CPA	Care Programme Approach	IWMS	Integrated Weight Management Service	QTD	Quarter to Date
CPPP	Care Packages and Pathways Project	JAPS	Joint academic psychiatric seminar	RAG	Red, Amber, Green
CQC	Care Quality Commission	KPIs	Key Performance Indicators	RiO	Trusts Mental Health Clinical Information System
CQUIN	Commissioning for Quality and Innovation	LA	Local Authority	SlS	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