NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

June 2021

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for June 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 June 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. The Trust is also keen to include data related to the West Yorkshire and Harrogate and South Yorkshire and Bassetlaw Partnerships – this is likely to be an iterative process as work is underway within the ICSs to determine how performance against their key objectives will be assessed and reported. Following an internal review of the IPR we are currently looking at which metrics 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.

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	Apr-21	May-21	Jun-21	Trend	Year end forecast	Notes
Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans	1.Number of suicides for patients with an open referral to SWYPFT services		3	1	3			
	2.Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks) *	55%	Q4 - 74.6% Q1 due August 2021					A weighted average is used given there are different targets in different places
	3.Proportion of people from BAME communities accessing IAPT		15.8%	13.9%	14.1%			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	**93% screened 80% compliant	**74% screened 54% compliant	**80% screened 71% compliant			For current inpatients (as at 22nd July) 80% of applicable patients have been screened using the cardio metabolic screening tool and of those 71% have been screened across all 9 domains.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	**64% screened 51% compliant	**57% screened 37% compliant	**55% screened 41% compliant			For current patients (as at 22nd July) within early intervention services, 55% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 41% 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%	57.0%	55.6%	53.3%			June data is provisional and will be refreshed in August 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	93/96 =96.8%	82/83 =98.8%	103/105 =98.1%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	96.8%	95.1%	95.6%			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%	92.3%	87.5%	93.1%			Q1 total is 91.5%
Enhance creative, cultural and digital offers through Creative Minds and our recovery colleges	Full understanding of baseline of performance against the Creative Minds performance framework by March 2021 to enable targets to be set for 21/22 * 1. Number of people accessing creative cultural learning activities	TBC						Work taking place to define suitable metric

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).

Glossary

BAME	Black, Asian and Minority Ethnic
IAPT	Improving access to psychological therapies
CPA	Care programme approach

Below we have set out progress against key milestones for areas of focus for those priority programmes that has taken place throughout June and progress towards milestones set for the next three months/Q2. 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 end July 2021.	🟩	**ICS and Partnership developments:** • An aggregated West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) level version of the operational and financial plan 21/22 was submitted to NHSE/I in June 2021. • Work is underway to develop the partnership governance arrangements and strategies in each Place and within the West Yorkshire Mental Health Learning Disability and Autism (WY MHLDA) Collaborative, in line with the establishment of the ICS as a statutory body from 1 April 2022.
2. Creativity & Health: Development of a Creativity & Health digital app with first stage research and development and proof of concept completed by end September 21. Three creativity courses produced by end of September 21 and testing and evaluation completed by end Nov 2021.	🟩	• Progress continues to be made to address the recommendations set out in the review that was independently chaired by Professor Dame Donna Kinnair (DBE), including the co-production of an anti-racist campaign and social movement in collaboration with the violence reduction unit. The campaign will be launched in August.
3. Creativity & Health: Partnership working with the National Centre Creativity & Health to map and analyse health sector investment in creative projects to inform sustainability plan by end Nov 2021.	🟩	• We continue to work with partners to develop and deliver joined-up Covid-19 response and vaccination programme in each of the places that we provide services. We have seen the national Covid-19 infection rates continue to rise and the case rates remain higher in Yorkshire and the Humber. The weekly system briefing meetings have continued and provide up to date information on partnership priorities and Covid-19 response plans.
4. Active Calderdale: integrating physical activity into systems and processes: develop and pilot a motivational interviewing learning and development programme for professionals with a physical activity focus by end August 2021.	🟩	• We also continue to contribute to place-based recovery and reset planning and place-based governance to respond to the white paper.
5. Active Calderdale: to hold a partnership event showcasing the work across SWYPFT in integrating physical activity into systems and processes by end October 2021.	🟩	**Community mental health transformation:** The project manager for Barnsley is already in post and Wakefield project manager will commence shortly. All project managers will be hosted by SWYPFT except in Kirklees, which will be CCG hosted.
6. Forensic Lead provider collaborative: Following discusssions with NHS England the full year funding for the adult secure lead provider collaborative is not yet confirmed. As such the go-live has been deferred until October 1st 2021.	🟡	
7. Community mental health transformation: Recruitment into project/programme lead posts has now taken place and programme leads expected to be in post by August (Barnsley already in post and Wakefield project manager will commence shortly.). All programme leads will be hosted by SWYPFT except in Kirklees, which will be CCG hosted.	🟩	

Improve Care

Priority programme	Metrics	Threshold	Apr-21	May-21	Jun-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	39	28	35			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	41	43	37			With regard 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%	118.9%	119.8%	118.5%			
	5. Number of children & young people in adult wards	0	3	3	3			Total of 40 days in June, which is a deteriorating position
	6. Staff absence due to Covid-19		0	0	0			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		139	139	140			Cumulative
Provide care as close to home as possible	1.Out of area bed placements (days)		122	204	177			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)		155	182	169			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)		140	128	139			
	3. Friends & Family test - CAMHS	80%	65.9%	69.1%	71.0%			69 responses in June
	4. Forensics staff sickness	<=5.4%	4.4%	4.3%	5.2%			
	5. Forensics staff turnover		Reporting commenced June 2021		13.2%			Registered nurses turnover
	6. Race related incidents in forensics		5	10	9			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%	95.5%	94.6%	93.4%			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%	92.5%	98.7%	94.6%			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%	93.8%	93.2%	93.4%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		263	238	254			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months)
	2b. Average contacts per day - intensive home based treatment team		117	121	136			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months)
	2c. Average contacts per day - Learning disability community		155	174	162			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		592	575	585			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 August 21.

Glossary

CAMHS	Child and adolescent mental heatlh services
SPA	Single point of access
IHBT	Intensive home based treatment team
PICU	Psychiatric intensive care unit
CCG	Clinical commissioning group

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** • Enabling Working Effectively – Terms of reference and set of principles have been agreed. The programme of work is currently in the initiation phase and a case for change is being developed. Messages have been communicated to provide assurance that guidance remains as "work from home unless there is a clinical/business need". In development is a toolkit to support staff, and managers of staff, to safely return to/work from Trust or partner locations in readiness for when an NHS/organisational decision is made that it is the right time to do so. A set of classifications, to help staff and their managers identify their ways of working, is in development. The space governance framework is being refreshed and work has commenced on devising a coordinated staged approach to space utilisation (aligned to operational recovery and reset group work programme). A potential booking system has been identified and a trial of the system is being planned. Work has commenced on identifying services to test and evaluate the principles and models of ways of working and make recommendations for improvements to the group. • Operational Recovery and Reset - Work has commenced using intelligence and insight to identify the current blend and future blend, including setting of benchmark proxy measures, of face to face and non-face to face contact methods used in each mental health, learning disability and general community service. The support toolkit for recovery and reset of clinical services is being refreshed to aid services as they progress on the journey to achieving the 'to be position'.
2. Recovery and stabilisation: Operational recovery and reset: Undertake 'as is' stocktake of current contact methods used and set 'proxy' measures for the future 'to be' state by September 2021.	🟩	
3. Recovery and stabilisation: Operational recovery and reset: Gather evidence to shape quality measurements and evaluation by November 2021.	🟩	
4. Recovery and stabilisation: Enabling Working Effectively: Case for change developed and approved by August 2021.	🟩	**Older People Inpatient Services Transformation** Following changes and improvements to our community systems, the recent focus of the Trust-wide transformation has been on the inpatient model. Over the Spring and Summer months, pre-consultation conversations have been taken forward with a range of partners and we are confident that we are now moving closer to a formal consultation on proposals. The scope of the work is specifically considering the case for separation of functional and organic wards and delivery of a more specialist inpatient service, to which there is wide agreement that there is a strong clinical case for. The current proposals and conversations taking place relate to the short to medium term solutions to resolve the clinical challenges of having mixed needs wards. Conversations with partners so far, including GP leads, have been positive and have supported us progressing work toward consultation and formal dialogue about the model. We are working with a small team of CCG engagement leads to develop the plan for this consultation process. We are also liaising with NHSE who are going to support us and help us navigate through the NHSEI service change assurance process as well as support an objective clinical review of the proposals. Work is now progressing towards the delivery of the outline business case for the proposals and the formal consultation. Various strands of information will be refreshed as part of this.
5. Recovery and stabilisation: Enabling Working Effectively: Ways of working tested and agreed by October 2021.	🟩	
6. Recovery and stabilisation: Enabling Working Effectively: Room and desk booking system tested and procured by September 2021	🟩	
7. Care close to home: Gatekeeping analysis commence by end Apr and be taken forward through May and has now been completed. Plan to prioritise learning actions to be taken to the July steering group meeting for consideration.	🟩	
8. Care close to home: PICU dashboard live (Jul 2021)	🟩	
9. Care close to home: PICU standard operating procedure agreed and launched (end July / early August 2021)	🟩	**CAMHS** • Negotiations of the resourcing for sustainable CAMHS neuro waiting list resources are now progressing well. Securing estate and recruiting into the new service are the next priorities.
10. Improve Services for people acutely unwell and improve ward environment: scope and priority projects to be agreed (July - August 2021)	🟩	**Improve Services for people acutely unwell and improve ward environment:** A high-level plan for activity across the wards already exists and activity is happening against the plan. Work is now being taken forward to map and agree the key priority activity across this programme and set up governance to oversee that activity. This work is being taken forward through July and further milestones will be established when the key priorities are agreed.
11. Improve Services for people acutely unwell and improve ward environment: initial governance set up (July - August 2021).	🟩	
12. Older People Inpatient Services Transformation: Share draft consultation plan and collateral with the CCG and NHSE for comment and assurance – July 2021	🟩	
13. Older People Inpatient Services Transformation: Start the conversations with and share the consultation plan and collateral with the Overview and Scrutiny Committee. July – August 2021	🟩	
14. Older People Inpatient Services Transformation: Finalise the outline business case for change, considering resources required, the impact on travel and mitigations, and the equality impact assessment. Agree the business case through appropriate governance structures. (start Q2 2021, complete early Q3)	🟩	
15. Older People Inpatient Services Transformation: Develop collateral required to deliver formal consultation (start Autumn 2021, exact timing TBC)	🟩	
16. CAMHS improvement - Neuro waiting lists (Calderdale and Kirklees): Good progress on agreeing funding. Calderdale recurrent and non-recurrent funding now confirmed. Funding is available to deliver a sustainable service in Kirklees but some detail, including estates, still needs consideration. Due for completion now by end July 2021.	🟨	

Improve resources

Priority programme	Metrics	Threshold	Apr-21	May-21	Jun-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£636k	£675k	£426k		£2.3m	H1 forecast is favourable to plan.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£61.3m	£60.3m	£60.8m		£54.2m	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'		3.6%	3.7%	4.2%			
	2a. Percentage of video consultations		3.0%	3.1%	2.8%			Slightly lower than national averages
	2b. Percentage of telephone consultations		37.1%	36.8%	35.5%			
	2c. Percentage of face to face consultations		59.9%	60.1%	61.6%			
	3. Prescribing errors (EPMA) (development required)		Reporting to commence August 2021					Reporting to commence in August 2021 for medicine omissions as a proportion of doses due.

Improve resources (Mark Brooks)

Key Milestones		Comments:
1. 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.	🟩	**Digital dictation:** Business case seeking approval to go out to tender has been prepared and will be submitted to EMT during July 2021. Trust Email platform accreditation (NHS Digital dependencies): Remains on track but timescales are dependent upon NHS Digital dependencies.
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July2021 and accreditation achieved – July/August 2021.	🟩	**IT Services re-procurement:** Trust authority to proceed approved, detailed specification of requirements in development.
3. Microsoft Licencing annual review: licencing review - May/June 2021 completed.	🟦	**Information Sharing:** Development proposal for onboarding Viper360 portal to YHCR approved and work underway. Work ongoing to support the establishment of a minimum viable product (MVP) for a Barnsley Shared Care Record by 30 September 2021 – potentially utilising Viper360 together with existing capabilities available within SystmOne and ICE (results reporting) as used by partners across the place.
4. IT Services re-procurement: approach planning prior to procurement – Q1/Q2.	🟩	**Digital Inclusion:** Dr Abida Abbas, Trust CCIO developing proposal for digital inclusion survey for service users and to also establish mechanisms for collecting service user digital inclusion/preferences at relevant points of contact to be recorded in SystmOne.
5. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 and implementation of action plan – Q3	🟩	**Mental Health Investment:** Confirmed for Barnsley, Kirklees and Wakefield. Awaiting governing body approval from Calderdale.
6. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2.	🟩	
7. Electronic care records: Breathe Service SystmOne deployment – 1 July 2021. Service went live on 1 July 2021 as planned.	🟦	
8. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2.	🟩	
9. 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 is established, and the outputs being further developed via Business Intelligence solution – June 2021 (ongoing) • Development work taking place for additional CQUIN metrics to support community schemes – schemes on hold and expected to take effect from Q3 21/22	🟩	
10. Digital Inclusion: Technical Feasibility (in collaboration with WY&H ICS).	🟩	
11. Finance: Confirmation of mental health investment standard (MHIS) monies and other investments by 30.06.21	🟩	
12. Financial Sustainability Plan: 3 year financial sustainability plan by 31.12.21 with review of previous financial sustainability plan scheduled to be completed by 31.08.21	🟩	

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Apr-21	May-21	Jun-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.0%	4.3%	4.3%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	15.6%	14.7%	13.1%			Slight decrease in staff turnover in June.
	3a. Clinical supervision	>=80%	74.4%					Reduced performance reported this quarter
	3b. Appraisal	>=95%	Data currently unavailable					Suspended due to Covid-19
	4. Incidents of violence and aggression against staff	Trend monitor	58	67	54			
	5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment	80%	Most recent survey - 71.8%					Increased from 65.6% in 2019
	5b. Staff survey - % staff recommending the Trust as a place to work	65%	Most recent survey - 69.0%					Increased from 61.5% in 2019
	6. Cases of bullying & harassment		2	1	0			Alternative metric being considered
	7. Absence due to stress & anxiety and MSK		2.3%	2.6%	2.3%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.16	1.29	1.34			Based on rolling 12 months. The indicator is calculated using a count of shortlisted applicants split by white / BAME, then looks at the number appointed split by white / BAME, this then gives the relative likelihood of shortlisting/appointed and the difference between the two calculates the rate. A figure below "1" would indicate that BAME candidates are more likely than white candidates to be appointed from shortlisting.
	9. Access to training for staff members from BAME backgrounds		Currently unavailable due to Covid-19 response					
Refresh and deliver our sustainability strategy and action plan	Dependent on what is identified in the updated sustainability plan							Requires further development.

Glossary

MSK	Musculoskeletal
GPTW	Great place to work

Make this a great place to work (Alan Davis)

Key Milestones		Comments:
1. Performance Indicators established for great place to work themes by September 2021	🟩	**Great Place to Work Themes:**
		Good progress has been made in developing the work plan, scheduling key milestones and establishing performance indicators for great place to work themes that underpin the Trusts workforce strategy.
2. Feeling Safe (Physical and Psychological Safety): Preventing bullying and harassment - Appointment of Civility and Respect Champions Q2 21/22 – training commenced and likely to be in place ahead of schedule. - Redesigned Bullying and Harassment Policy Q2 21/22 - Panel to Review all Race related Bullying and Harassment Q2	🟩 🟨 🟨	We are working in partnership to review Bullying and Harassment procedure. Progress on reviewing the early resolution process has been hampered owing to covid19 pandemic restrictions. Enhanced Occupational Health offer linked to recovery and long covid - a bid has been made for additional funding and is expected to be successfully received before Sept 2021.
3. Feeling Safe (Physical and Psychological Safety): More staff - Establish New Role Clinical Role Group Q1 21/22 - Commence ethical International Recruitment for Nursing Q2 21/2	🟦 🟩	Learning needs analysis has been drafted and submitted to Operation Management Group (OMG) for comment. Window for completion of appraisals has been extended to October owing to pressures resulting from Covid19 pandemic. BAME Talent Pool has been established and work continues to develop opportunities.
4. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders - Pilot 'GPTW programme' in Q1 21/22 - Start rollout of 'GPTW programme' across Trust Q2 21/22 following successful pilot with senior leaders	🟦 🟩	BAME Fellowship Programme completed for this year with a fellow shortly commencing in the Trust. **Sustainability:**
5. Supportive Teams (Healthy Teams): Quality appraisal and supervision - Redesign of E Appraisal linked to initial evaluation and GPTW Q1 - Streamline appraisal process and develop link to an e-supervision Q2	🟦 🟩	Sustainability action plan is in development and includes the identification of a range of reportable areas. Agreement has been made on producing a monthly report for staff mileage and its carbon impact.
6. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support Enhanced Occupational Health offer linked to recovery and long covid Q1 21/22	🟨	The electric vehicle chargers are now in use at Fieldhead and Kendray hospitals and also all directly procured electricity for the Trust comes from renewable sources and more specifically Yorkshire wind farms.
7. Developing Potential (Investing in the future): Supported personal and professional development plans - Personal development for all staff who have completed appraisal Q2 21/22 - Learning needs analysis linked to personal development plans Q2 21/23	🟩	
8. Developing Potential (Investing in the future): Recognising talent - BAME Talent Pool Q1 21/22 - Shadow Board Programme Q2 21/22 - BAME Fellowship Programme Q1 21/22	🟦 🟩 🟦	
9. My Voice Counts (Engaging Staff): Leaders engaging staff in change and improvement - Included in 'GPTW Programme' in Q1 21/22 - Strengthen links with quality improvement strategy	🟦	
10. Sustainability: develop Trust wide action plan	🟩	

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 metrics continue to be maintained during the pandemic
• The number of under 18 admissions to adult wards has continued and remains of concern
• Staffing pressures remain present as acuity and demand rises
• IPC training figures remain strong
• Supervision levels decline is under review for appropriate action
• Rising prevalence of covid-19 impacting on staffing, one positive case just identified in inpatients after long spell of zero cases.

NHSI Indicators
• Performance against national reported targets remains largely positive
• 3 young people under the age of 18 were on an adult ward in June, a total of 40 days, a deteriorating position
• Inappropriate out of area bed usage decreased from May to 177 days

Locality
• Heightened levels of acuity are being experienced across many service lines, particularly ward-based
• Staffing levels remain under constant review, with increased challenges associated with staff absence
• ASD/ADHD services have seen a significant increase in referrals for assessment
• Works continues on the development of the regional (West Yorkshire and Barnsley) Assessment and Treatment Unit service for learning disabilities. New contractual arrangements will take effect from 1st October 2021.
• Waiting numbers for CAMHS neuro-developmental diagnostic assessment in Calderdale and Kirklees have significantly increased. Business cases have now been approved in Calderdale and Kirklees to support addressing waits and are moving to implementation.
• CAMHS referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield.
• A First Contact Physiotherapy (FCP) Service has commenced from our Musculo Skeletal Service (MSK) in Barnsley working with the Primary Care Network in GP practices

Priority Programmes
• Recruitment has progressed across the Community Mental Health Transformation programme, with the Project Manager post in place in Barnsley and due to commence in Wakefield.
• Work continues on the Adult Secure Lead Provider Collaborative with revised 'go live' date of 1st October 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
• Progress continues to be made to address recommendations set out in the review independently chaired by Professor Dame Donna Kinnair (DBE) including co-production of an anti-racism campaign
• A work plan has been developed for 'Great Place to Work' themes

Finance
• A £0.4m surplus was recorded in the month, taking the cumulative position to a surplus of £1.7m. This is £1.7m favourable to our break-even plan.
• Income was lower than plan due to timing of the mental health investment standard income
• Pay costs were £1.3m lower than plan, partly due to recruitment to mental health investment standard and also due to a reduction in substantive and bank staff employed in June In total pay costs of £16.6m were in line with those incurred in April and May.
• Agency staffing costs increased by £0.2m in the month to £0.8m.
• £0.1m 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 £199k, which is a reduction compared to May. The number of bed days increased, but a high-cost placement ended during the month. Demand for beds remains high.
• There also continues to be high spend on locked rehab placements in Barnsley (£0.3m)
• The forecast for the first half of the year has been updated to a surplus of £2.3m
• Capital expenditure of £0.6m, has been recorded to date. Further work is taking place on the costs and value for money associated with the proposed programme to provide en-suite facilities in the Bretton Centre
• The cash balance remains positive at £60.8m

Workforce
• Non Covid- 19 sickness has stayed at 4.3% in June
• Staff turnover decreased slightly to 13.1% in June
• As of July 23rd, there were 95 staff off work and not working Covid-19 related
• Clinical supervision reduced to 74% in the quarter. This is being reviewed in more detail

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 Opel level remains at 2 although some services are operating at a higher level e.g. inpatients
• National guidance continues to be monitored, reviewed and adopted
• A range of staff wellbeing support offers continue to be available and used
• The Trust is responding to the recent increase in prevalence of the pandemic and operational pressures by engaging in system and place-based command meetings and is regularly assessing its own command arrangements

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
• There has been a reduction is stock levels of surgical masks over the course of the last month, but there the amount held is still in excess of two weeks, which is the national threshold

PPE Levels	Approx days stock as at 13-Apr	Approx days stock as at 11-May	Approx days stock as at 15-Jun	Approx days stock as at 13-Jul
Surgical masks	31	42	42	22
Respirator masks	109	71	101	105
Aprons	23	19	20	19
Gowns	62	88	87	88
Gloves	22	18	20	19
Visors	46	46	33	36

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	As at 14th July 2021	Notes
No of service users tested (ward)	174	225	257	278	297	300	302	302	303	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	137	139	139	140	Cumulative
No of service users recovered	60	83	94	115	119	121	123	125	125	3 patients deceased

Patient testing & pathway/Outbreak response & management
Symptomatic patient testing is being undertaken and revised regime under review.
Outbreaks continue to be managed by the infection prevetion and control team. 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 August 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

Emergency Preparedness

This section of the report identifies the Trust's repose 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. As the prevalence of Covid-19 has increased recently the Trust has fully engaged with system command structure and other relevant meetings.
• 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 4,520 staff have received their first vaccination (88%) and 4,024 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 prepardness, 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 the operational management group (OMG) & executive management team (EMT) to allow buisness as usual governance arrangements to manage the ongoing response and recovery. Further consideration being given to standing up the command structure given the recent increase in operational pressure caused by the pandemic.
• 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. Some services are operating with an OPEL level above 2.
• Attendance at regional learning events and preparation events for winter/Covid-19 2021 is underway.
• Strategic report regarding the response to Covid-19 and lessons learned being drafted.
• Consideration of planning for the flu vaccination and potential Covid-19 booster jab underway.
• Strategic debrief report written for distribution via Senior Management.
• Monitoring of staff absences ongoing following sharp increase, which reflects the position nationally.
• West Yorkshire and Humber Strategic meetings re-established with representation in place from the EPRR function.
• Regional silver calls continue with representation from across the Trust being maintained.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	63.1%	63.1%	63.8%	66.9%	73.5%	73.1%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	15% 4/27	7% 2/30	16% 7/43	11% 3/27	6% 2/35	19% 7/37	1
Service User	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	80%	80%	81%	81%	78%	81%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	100%	95%	98%	95%	96%	97%	1
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	24	8	31	37	28	22	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	36	24	35	31	34	Due August 2021	[trend line]
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	4	4	4	3	1		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%	41.3%	41.1%	40.4%	40.9%	41.8%	41.5%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	12	13	13	7	8	11	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.8%	1.6%	1.8%	1.2%	1.1%	1.3%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	55.5%	53.0%	53.2%	61.6%	68.3%	56.1%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	56.0%	63.2%	57.3%	51.8%	68.9%	68.9%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	947	954	1168	1032	1038	1048	[trend line]
	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	20	16	20	25	19	25	[trend line]
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	2	1	5	6	3	2	[trend line]
	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	5	8	4	8	6	8	[trend line]
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	114.3%	116.2%	116.2%	118.9%	119.8%	118.5%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	88.9%	92.7%	92.9%	94.6%	94.9%	84.7%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	33	29	34	41	43	37	[trend line]
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	3	2	1	3	1	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	100%	90.0%	79.0%	93.7%	100%	93.8%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	47	44	40	50	39	41	[trend line]
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	166	185	179	157	106	170	[trend line]
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	82.8%	96.0%	100%	89.3%	90.3%	84.6%	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 seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.

8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.

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

9 - Patient safety incidents resulting in death (subject to change as more information becomes available).

10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - Older people and working age adult Inpatients, we are counting how many staying safe care plans were completed within 24 hours and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point.

14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

Quality Headlines

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

• Number of restraint incidents - the number of restraint incidents during June increased from 106 to 170. 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 41 in June, which is a slight increase compred to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.

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

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

• Duty of candour - no breaches in June

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

• As FIRM has not yet been in use for twelve months, assurance is provided through existing alternative risk assessments such as Sainsburys or those within medical care plans. The trajectory is 80% completion of FIRM by Q3 and 90% completion by Q4. Responsibility for the quality of FIRM sits within the BDU and will be monitored via audit and exceptions reported into the Clinical Governance Group for escalation to the Clinical Governance, Clinical safety Committee. Training sessions are available between August 2021 and May 2022 for new starters and refreshers.

NHS Improvement - the development of new programmes introduced in the NHS patient safety strategy are either continuing with amended timescales. 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/Improvement have identified 9 short to medium term priority areas to progress with. These are:

• Just culture – introducing NHS England's just culture guidance or other framework

• Implementation of Patient Safety Incident Management System (PSIMS) – will replace national reporting and learning system (NRLS) and STEIS

• Patient Safety alerts – ensuring effective processes are in place to manage alerts

• Improvement quality of Incident reporting – ensuring robust processes for reviewing and accessing data on NRLS

• Implementation of the New Patient Safety Incident Response Framework (PSIRF)

• Involving patients in patient safety (partners) – guidance issued 30/6/21

• Safety Improvement Programmes – number of programmes, active presently is for mental health for Reducing restrictive interventions

• Patient Safety education and training (curriculum) – curriculum published, e-learning for all staff expected to be available this summer

• COVID-19 recovery planning – ongoing work within organisation

The National priorities above are aligned with our patient safety strategy – more detail on the above has been added to the intranet . The Patient Safety Strategy group met on 30 June 2021 and reviewed the plan and received updates on the above. A briefing paper for Clinical Governance and Clinical Safety Committee is being prepared.

Work to map the patient safety specialist role against existing resources is ongoing, along with identifying operational leads for all areas of work.

Duty of Candour - the CQC have issued an update to the Duty of Candour guidance for providers. Guidance has been developed and circulated, intranet updated, and Q&A session arranged. Datix will be changed from 1 August 2021 to capture amendments.

Safety First

Summary of Incidents July 2020 - June 2021

Incidents may be subject to re-grading as more information becomes available
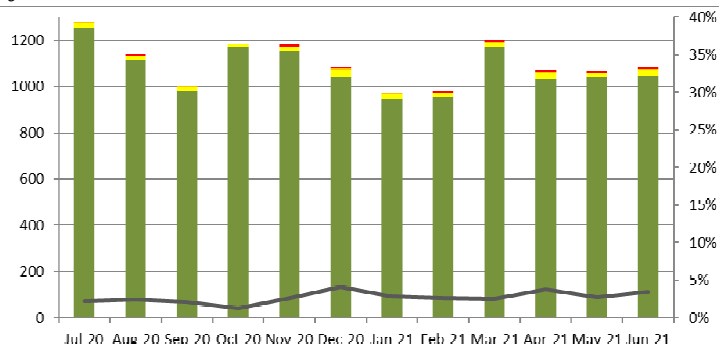
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Red (should not be compared with SIs)	4	6	2	2	8	7	5	8	4	8	6	8
Amber	3	2	1	1	2	6	2	1	5	6	3	2
Yellow	21	19	17	11	20	30	20	16	20	25	19	25
Green	1253	1114	981	1169	1150	1042	947	954	1168	1032	1038	1048
Total	1253	1114	981	1169	1149	1042	946	953	1166	1029	1011	1011
Percentage of total that are Red/Amber/Yellow *	2.2%	2.4%	2.0%	1.2%	2.6%	4.1%	2.9%	2.6%	2.5%	3.8%	2.8%	3.5%

Degree of harm analysis:

Degree of harm will be updated when more information emerges. Degree of harm is completed by the reporter of the incident. The reviewing manager will review and revise the degree of harm of the incident. The Patient Safety support team will do a final check before the incident is finally approved. This is a constantly changing position and the data was accurate at the time of extraction (9th July 2021).

Deaths: of the 8 deaths that were recorded for June 2021, there are 3 deaths that are classed as cause of death unknown/ unexplained/ awaiting confirmation. These are recorded 1 incident each at Core Team – Calderdale, Core Team South – Kirklees and Intensive Support Team - Calderdale (OPS.) There is 1 patient choking death incident recorded at Ward 18, Priestley Unit. There were 2 Suicide (incl apparent) - community team care - current episode incidents recorded 1 each at Core Team – Barnsley and Intensive Home Based Treatment Team (Kirklees). There was 2 Suicide (incl apparent) - community team care – discharged recorded at Assessment and Intensive Home Based Treatment Team / Crisis Team – Calderdale and Intensive Home Based Treatment Team (Kirklees).

Severe: of the 2 severe harm incidents recorded for the month of June 2021, there were 2 self harm (actual harm) with suicidal intent recorded 1 each at CAMHS Reach Team (Crisis Team), Wakefield and Early Intervention Service (Insight) - Kirklees

Moderate: of the 25 moderate harm incidents reported in June 2021, 12 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 June. These were 2 incidents recorded at Stanley Ward, Wakefield, and 1 incident each at CAMHS (Barnsley), CAMHS Reach Team (Crisis Team), Wakefield, CMHT - North Kirklees (OPS), Early Intervention Service (Insight) – Kirklees, Intensive Support Team - Calderdale (OPS), Bronte Ward, Newton Lodge, Forensic, Clark Ward – Barnsley and Nostell Ward, Wakefield.

There was 1 Physical violence (contact made) against patient by patient recorded at Stanley Ward, Wakefield and 2 Slip trip and fall incident recorded 1 each at Beechdale Ward, The Dales Unit and Willow Ward – Barnsley

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

Safety First cont…

Summary of Serious Incidents (SI) by category

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

• Incident reporting levels have been checked and remain within the expected range.

• Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.

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

• Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.

• All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.

See http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

• Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

• No never events reported in June 2021

• Patient safety alerts not completed by deadline of June 2021 - None

Following a decrease in incidents being reported in February 2021, the number of incidents reported in June 2021 is in line within the average range of reporting. In May 2021 there were 1038 incidents reported compared with June 2021 which was 1048 incidents were reported.

Mortality

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

Regional work: The Regional Mortality Meeting was held on 6th July. Discussion took place around some examples of Learning from Deaths reports from around the region. Regional variation noted in how the data is presented – both for assurance purposes and quality improvement purposes. Noted that in some cases greater emphasis was on assurance with use of hospital mortality statistics and lesser emphasis on qualitative learning and subsequent action. Discussion about SJRs and how these are used in relation to sharing the learning.

Structured judgement reviews: allocations are on track.

Reporting: The Annual Incident report includes data on learning from healthcare deaths.

Training: Structured Judgement Reviewer training for Band 6 above took place on 12/7/21.

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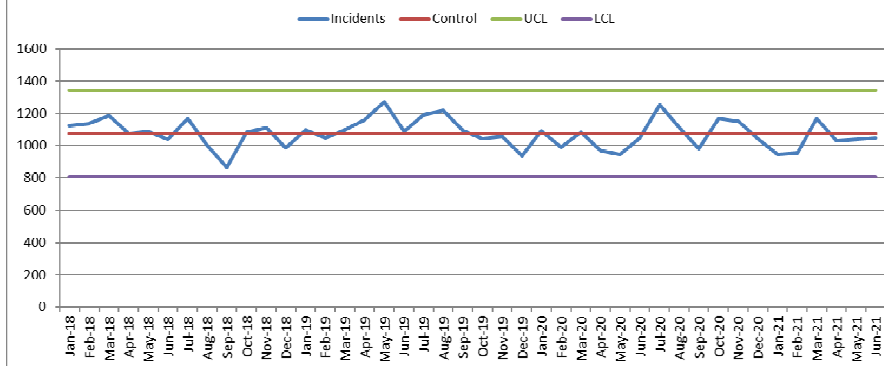
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

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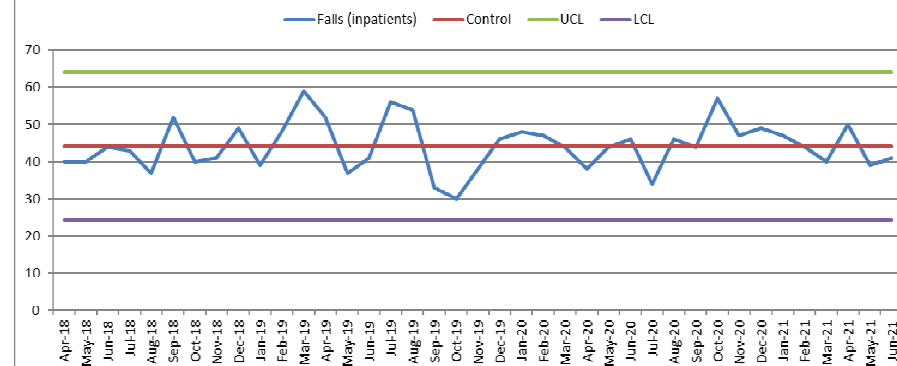
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience.
Click here for further details of the examples http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx

The Quality Improvement Toolkit is available here: http://nww.swyt.nhs.uk/quality-improvement-toolkit/Pages/default.aspx

http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx

SBAR - specimen collection from urinary catheters

SBAR learning Choking

SBAR learning Covid 19 restraints

Bluelight alert 45 - 2 March 2021- Ligature risk from anti-ligature shower head

Bluelight alert 46 - 22 March 2021- Risks from fixed ligature light sliding windows

Bluelight alert 47 - 17 May 2021- Risks from nylon string, lace or cord

Patient Safety Alerts

Patient safety alerts received - June 2021
Alerts are issued by the Central Alerting System (CAS) which is a national web-based cascading system for issuing Patient Safety Alerts. Once received into the Trust, Patient Safety Alerts are sent to identified Trust clinical leads for reviewing safety alerts for a decision regarding whether it is applicable to the Trust or not, and if so, if it should be circulated. All alerts are entered on to Datix. If the alert is applicable to the Trust, the alert is circulated to Trios who then cascade to ward/team level managers via Datix. Responses are collated via Datix and Trios enter a final response for the service. Responses are monitored by the Patient Safety Support Team and reminders are sent via Datix to Trio's to ensure the Trust meet the deadlines set. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2021/003/NHSPS	Eliminating the risk of inadvertent connection to medical air via a flowmeter	16/06/2021	No - alert not applicable to trust	16/11/2021	16/06/2021
NatPSA/2021/005/MHRA	Philips ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particles and volatile organic compounds	23/06/2021	Yes - circulated for information	17/12/2021	24/06/2021
NatPSA/2021/004/MHRA	Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121, Zentiva Pharma UK Ltd due to precautionary risk of causing overdose	16/06/2021	Yes - circulated for information	21/06/2021	16/06/2021

Safer Staffing Inpatients

We continue to experience a high demand on our inpatient services which can, and does, have an impact on the community service offer. This is for various reasons including ongoing vacancies, sickness, and a general increase in acuity/demand. This includes an increase in observation levels to provide a safe level of care.

Despite business continuity plans being in place and support being reallocated across the services there has been an added pressure with the track and trace self-isolation demands. As of the 22nd July, we currently have 161 staff absent through Covid related reasons.

The operalisation of the international recruitment processes continues with close collaboration across the 6 Tusts being led by SWYPFT. Recruitment continues to yield a mixture of experienced and newly qualified candidates although this is not enough to ease the pressures from vacancies.

The bank collaboration work across Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS foundation Trust and ourselves continues with the next stage being a short staff survey prior to going out to tender for a platform for booking shifts collaboratively.

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

Again, no ward has fallen below the 90% overall fill rate threshold in June, which is consistent with the last four months.

Unfilled shifts:

An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or Over Time. Although not exclusive, there are two main reasons for the creation of these shifts, and they are:

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 of the Service Users within our services including levels of observation and safety concerns.

From next month we will be able to provide a more in-depth trend analysis. In the meantime the table below shows the figures for the BDUs over the previous three months (April, May and June 2021).
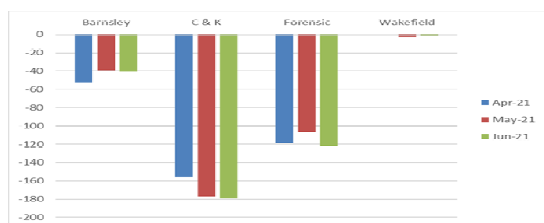
This shows demand for flexible staffing continues to fluctuate slightly. However, the overall demand has not diminished over the previous three months.

In June 2021, without the overtime fill rate, the requested sum of additional shifts, indictive of acuity including sickness absence, increased by 338 shifts to 4,496 (997 RN and 3,499 HCA) shifts with 3,778 (84.71%) being filled.

This meant that there was an overall increase on spend on inpatient staffing, see table below, of £112k for the month of June 2021. This included a reduction of bank and overtime spend of £79k and £3k respectively whilst agency spend rose by £116k.
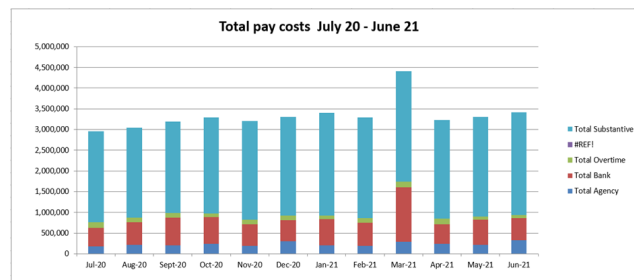
Although safe and effective staffing is a priority in all our teams, the main areas of focus for the flexible staffing resources have remained unchanged in Ward 18 within the Priestley Unit in Kirklees, The Oakwell Mental Health Unit with Kendray Hospital in Barnsley and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these particular areas including block booking staff to provide consistency and continuity, placing bespoke recruitment adverts and ensuring that additional resources are placed at their disposal. The Oakwell Centre in Barnsley is our main priority to support.

Information Governance

11 data breaches were reported during June, which is slightly higher than during April and May but continues to be lower than any month during the previous financial year.

Incidents involving information being disclosed in error continues to be the highest reported category. 8 such incidents were reported during June, involving such breaches as letters and emails being sent to the wrong recipients, other individuals' personal data being sent with patient letters, letters being addressed incorrectly and mail being delivered to the wrong department and opened before being redirected.

One incident was escalated to the Caldicott Guardian and Senior Information Risk Owner.

A new IG communications plan will be launched in late July 2021, which involves posters and screensavers based on real life scenarios and continued use of The Brief to raise awareness.

The Trust did not report any incidents to the Information Commissioner's Office (ICO) during June but a service user has made a complaint to the ICO that a letter sent by the Trust was incorrectly addressed, which allowed another party to access it. The complaint is being investigated and a response will be provided.

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

Total Number of IG Breaches
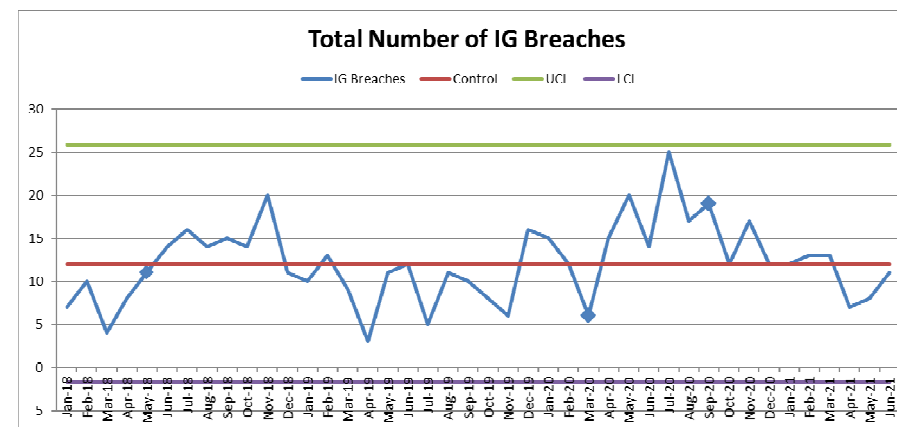
Commissioning for Quality and Innovation (CQUIN)

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

• 97% would recommend community services.
• 81% would recommend mental health services

Mental Health Services

Mental Health 81%/ n=635

Community Services

Community 97%/ n=115
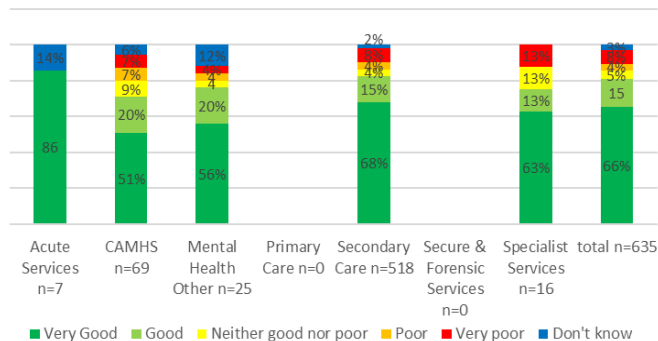
• 83% (741) of respondents felt that their experience of services had been very good or good across Trust services.
• 97% (n=106) of respondents felt that their experience had been very good or good across community services.
• 81% (n=635) of respondents felt that their experience had been very good or good across mental health services.
   • Work is being undertaken with CAMHS to improve Friends and Family Test responses and identify areas of improvement.
   • Forensic services are now collecting Friends and Family Test feedback to identify areas for improvement.
• The text messaging service provided 67% (511/741) of responses for June.
   • The Trust is adapting how the Friends and Family Test question is asked via text message. This is in a response to the low number of free text comments provided. A URL will be sent by text to encourage respondents to provide accompanying comments to their ratings.
• A Friends and Family Test Question and Answer session was held with service managers to discuss Friends and Family Test, the reporting and how this can be used to help support quality improvement for services A session is being held for practice governance coaches, quality governance leads and matrons this month.

In response to the previous board query regarding CAMHS figures;
We are receiving a significant amount of responses from CAMHS and Forensics who generally have lower satisfaction scores. We know that this is due to the nature of the forensic service (being detained) and for CAMHS waiting to be seen. The QIAT are leading a piece of work with CAMHS to improve accessibility to giving feedback for children and young people, and ensuring CAMHS staff are listening and acting upon feedback.
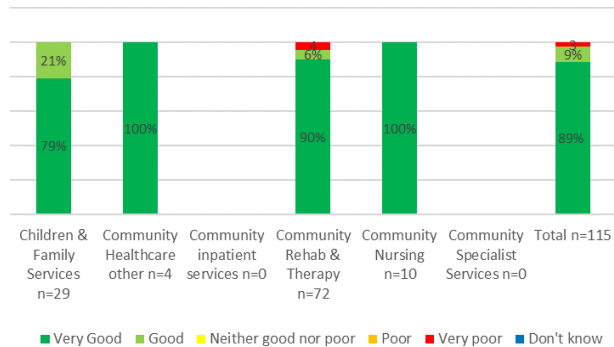
Safeguarding

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision. Level 3 Safeguarding adults and children training continues to be delivered virtually via MS Teams. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target. Following the findings from a few external investigations the team are continuing to deliver the impact of parental mental illness training, this was also delivered at the West Yorkshire Safeguarding week. The safeguarding team have delivered mandatory training to volunteers and for the Care Certificate. Support has also been given to the head of forensic social work team with re-establishing the face to face child visits and child contact training.

The Policy for adult and children visiting to inpatients in hospitals (including handling of non-patient visitors to the Trust) has been updated and approved at the Executive Management Team (EMT).

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: psychological first aid and fuel poverty 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. The All external information gathering requests have been responded to in a timely manner.

The safeguarding team supported managers and practitioners at a learning event that was organised by the Calderdale safeguarding children partnership in response to the child safeguarding practice review (CSPR) of a baby who suffered abusive head trauma.

Infection Prevention Control (IPC)

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

Surveillance: There have 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 37 new formal complaints in June 2021. Of these 1 has a timescales start date and 33 are awaiting consent/questions. We have closed 3 due to no contact/consent.
19% of new formal complaints (n=7) have staff attitude as a primary subject which is a significant increase from May where this was 6%
22 compliments were received
12 formal complaints were closed in June and under the 40 working day target, 58% (n=7) exceeded this. Under the revised targets 67% (n=8) exceeded this.

Reducing Restrictive Physical Intervention (RRPI)

There were 170 reported incidents of Reducing Restrictive Physical Interventions used in June 2021 this is an increase of 64 (60.4%) incidents since May 2021 which stood at 106 incidents.

Of the different restraint positions used in the 170 incidents, standing position was used most often 84 (49.4%) followed by seated at 46 (27%).

Prone restraint was reported 16 (9.4% of total restraints) times in June 2021, this is a decrease of 2 (11%) from last month. All the prone restraints were directly linked to seclusion (16) or medication (10) events.

Incidents where prone descent immediately turned into a supine position were recorded at 14 (8.2%) this is a separate entity to prone restraint.

Wakefield recorded 9 prone Restraints; Kirklees 3, Calderdale and Barnsley both reported 2, learning disabilities and Forensics reported no prone restraints in this period

The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In June the percentage of prone restraints lasting under 3 minutes was 93.75% which is a reduction of 6.25%. 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 remained static at 48. One incident of seclusion has been attributed to Covid themes in June.

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.

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.
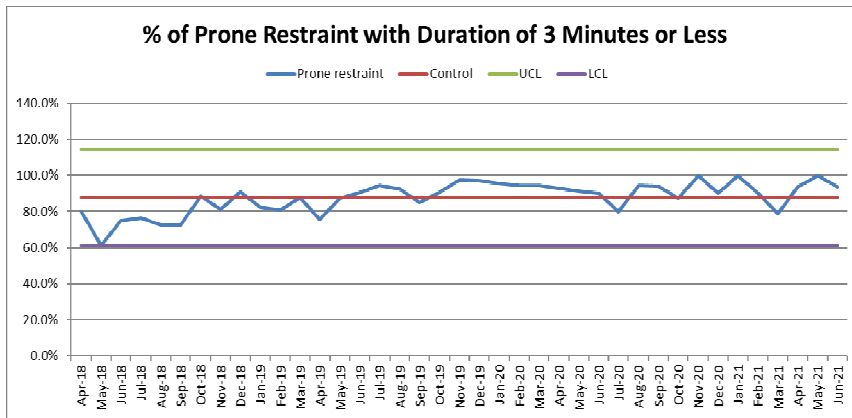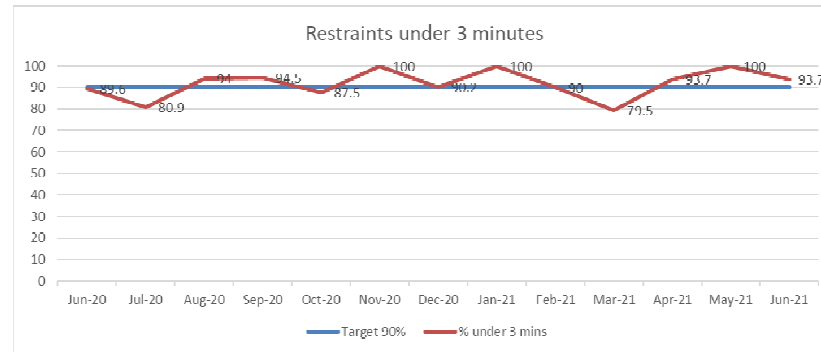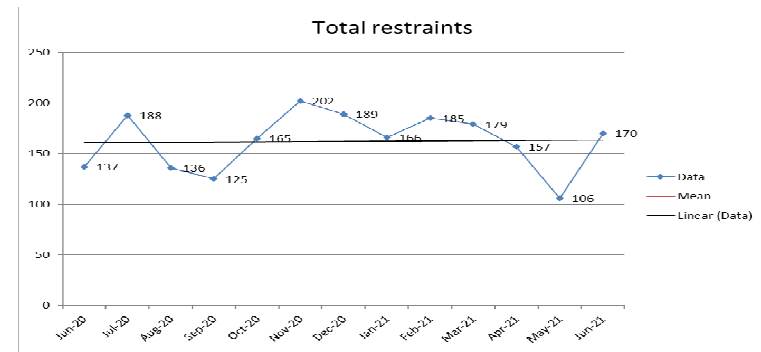
Total restraints

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.

This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:
• NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.
• Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
• NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.
The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.
The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework for 2019/20, which brought together arrangements for provider and CCG oversight in a single document. A single set of oversight metrics, applicable to ICSs, CCGs and trusts, will be used to flag potential issues and prompt further investigation of support needs with ICSs, place-based systems and/or individual trusts and commissioners.
These metrics align to the five national themes of the System Oversight Framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. There are potentially 41 indicators that are applicable to the Trust in the 21/22 framework. It is anticipated that the majority of these metrics will be taken from existing data flows and sources that are already in operation. The systems oversight guidance refers to the use of in year monthly or quarterly collections – it is not entirely clear which collections this relates to, SWYPFT will try to clarify this, to ensure local systems are in place to monitor performance and a further update will be included in next month's report. A detailed report is being taken to the Finance, Investment and Performance Committee

NHS Improvement - Oversight Framework Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Data quality rating [8]	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	99.2%	99.9%	100%	99.6%	99.9%	100%	100%	100%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	43.8%	56.8%	97.8%	100%	74.3%	97.8%	98.7%	100%	100%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	96.1%	98.7%	99.4%	99.7%	99.1%	100%	100%	100%	99.1%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	300/302 =99.3%	301/302 =99.7%	277/281 =98.6%	278/284 =97.9%	90/90 =100%	98/101 =97.0%	93/96 =96.8%	82/83 =98.8%	103/105 =98.1%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.7%	98.8%	98.8%	99.1%	98.9%	98.3%	99.1%	99.1%	99.1%		
Out of area bed days 5	Improving Care	Responsive	CH		737	316	251	374	78	82	122	204	177		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	52.7%	56.3%	53.4%	55.3%	53.4%	53.7%	57.0%	55.6%	53.3%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	92.8%	96.5%	98.8%	98.7%	99.0%	98.7%	99.1%	98.6%	98.5%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.1%	99.9%	99.9%	99.9%	100%	100%	100%	100%	99.8%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	87.0%	94.4%	91.5%	90.5%	90.6%	91.9%	87.0%	89.7%	96.8%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.1%	91.7%	92.1%	92.4%	92.2%	92.2%	92.3%	92.4%	92.4%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	10%	12.6%	12.5%	12.5%	12.8%	12.4%	12.6%	12.7%	12.9%	12.8%	⚠️	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Data quality rating [8]	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	34	10	70	47	6	6	25	22	40		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	6	2	13	7	1	3	3	3	3		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	205	210	189	217	189		217				
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	13.7%	18.1%	19.0%	19.8%	19.0%		19.8%				

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Data quality rating [8]	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.8%	99.5%	99.4%	99.1%	99.4%	98.9%	98.9%	99.6%	98.7%		
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%	99.9%	100.0%	99.9%	99.9%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.4%	98.0%	98.1%	98.2%	98.2%	98.1%	98.3%	98.3%	98.1%		

*See key included in glossary.
Figures in italics are provisional and may be subject to change.
1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.
2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).
5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

Headlines:

• The Trust continues to perform well against most NHS Improvement metrics
• The percentage of service users waiting less than 18 weeks remains above the target threshold at 100%
• The percentage of service users seen for a diagnostic appointment within 6 weeks has improvedto 100% and is now above target, which represents excellent recovery from the impact of the pandemic.
• Inappropriate out of area bed placements amounted to 177 days in June. This is a decrease from 204 in May.
• During June 2021, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 40 days. This is a deteriorating and concerning position. 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 19.0% to 19.8% 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 June shows 15.4% of records have an unknown or missing employment and/or accommodation status, this is an increase from May which showed 14.0% 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
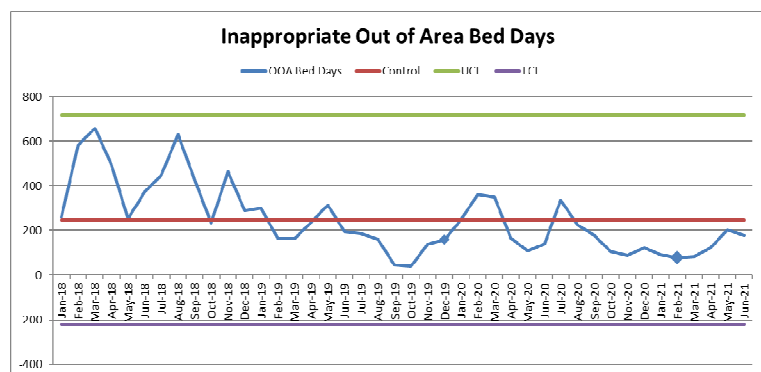
Inappropriate Out of Area Bed Days

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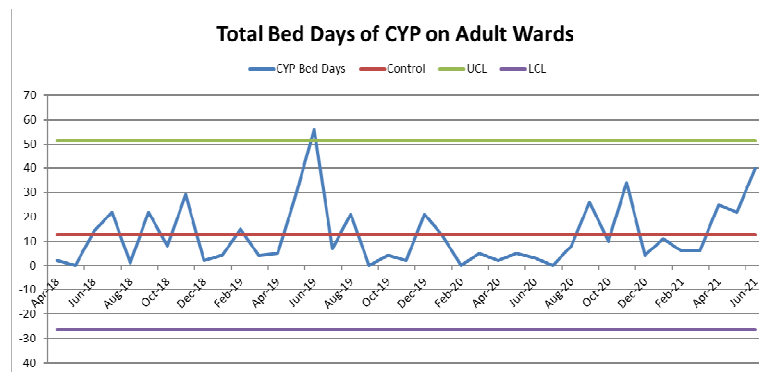
The majority of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported bed days are within the expected range with the exception of Jun-19.

System wide monitoring

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. They have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future.

The Trust sits within 2 ICS foot prints, West Yorkshire & Harrogate and South Yorkshire and Bassetlaw.

This section of the report outlines the metrics that are in place across both ICS footprints along with system performance.

West Yorkshire & Harrogate Partnership

The Partnership finalised and published its five year strategy in March 2020. This document included 10 'big ambitions' – 10 measures that reflect what is important to the Partnership, and by which progress will be measured. These 10 items are:

1 - Increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and 5 months of life for women) between the people living in the most deprived communities compared with the least deprived communities by 2024.

2 - We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this, we will focus on early support for children and young people.

3 - We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes for 2024. This will include halting the trend in childhood obesity, including those living in poverty.

4 - By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1000 more people will have the chance of curative treatment.

5 - We will reduce suicide by 10% across West Yorkshire and Harrogate 2020/21 and achieve a 75% reduction in targeted areas by 2022.

6 - We will achieve at least 10% reduction in anti-microbial resistance infections by 2024, by for example reducing antibiotic use by 15%

7 - We will achieve a 50% reduction in still births, neonatal deaths, brain injuries and a reduction in maternity morbidity and mortality by 2025.

8 - We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for black, Asian and minority ethnic (BAME) staff will become a thing of the past.

9 - We will aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

10 - We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

The Partnership have recently outlined an approach to measurement and quantification and it is anticipated that this will be finalised in September 2021. A further update as to progress will be provided in the IPR produced in September.

South Yorkshire & Bassetlaw Partnership

The Trust will work with the partnership to gather relevant information and update this section of the report in August 2021.

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
• The Trust is in discussion with Primary Care Network/GP Federation to develop detail of the local transformation development plan. A proposal regarding a brief intervention service to support primary care (as part of Additional Roles Reimbursement Scheme) has been approved.
• Progress is being made with regards to the system-wide mental health strategy, led by the Clinical Commissioning Group (CCG) Stakeholder consultation is expected in September 2021.
• Service resilience has been maintained. Contacts continue to be delivered by telephone/video link where practicable with face to face support offered as necessary.
• Improving access to psychological therapies (IAPT) waiting list has commenced with focus on evidence-based group interventions.

Areas of focus
• Increased referrals and acuity have been seen, with associated increase in caseloads across Core, Enhanced and Intensive Home-Based Treatment services.
• % service users on care programme approach (CPA) with a formal review within the previous 12 months has been improving with ongoing attention on recording
• Non-recurrent recovery investment has been made available by the CCG. Plans have been submitted to support caseload pressure in the Single Point of Access and Core and Enhanced teams, and we are awaiting approval.
• Focus on staff wellbeing/resilience has been maintained

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 cases now approved in Calderdale and Kirklees to support addressing waits and are moving to implementation
• Referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield. The medium term trajectory is unclear. % treated within 18 weeks is unlikely to be maintained given the increase in demand.
• 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.
• There have been staffing capacity issues across eating disorder pathway, and proactive discussion with CCG's regarding additional investment
• There has been a focus on maintaining staffing levels in in Wetherby Young Offenders Institute.
• Focus on staff wellbeing/resilience has been maintained

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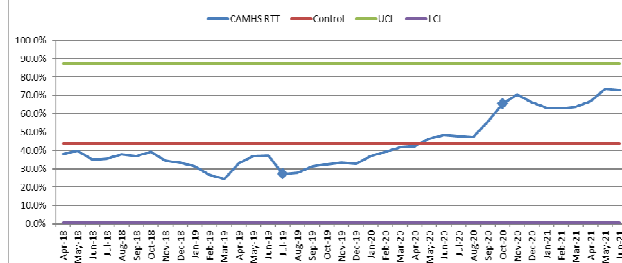
The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that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

Barnsley general community services

Key Issues
• The Yorkshire Smoke Free (YSF) Wakefield bid was submitted in May 2021 with outcome expected in November 2021.
• There is a national problem with the supply of Champix (drug used to aid smoking cessation) which could potentially impact on service performance (Key Performance Indicators). Our commissioners have been made aware of the issue and an action plan is in place to ensure provision of alternative treatment.
• The Urban House Health Integration Team (HIT) service is nurse-led and currently has only one Nurse Prescriber in the team. A Nurse Prescriber post has been offered and is going through employment checks to relieve the operational issues this causes.

Strengths
• Positive feedback has been received from the staff who have joined SWYPFT following successful bid for the Breathe Service in relation to their welcome and introduction to SWYPFT.
• A First Contact Physiotherapy (FCP) Service has commenced from our Musculo Skeletal Service (MSK) working with the Primary Care Network in GP practices. Clinicians appointed to the roles have begun integrating into the practices, promoting the role of FCPs.
• All areas of the Health and Wellbeing / Children's Services are performing well.

Challenges
• Services are continuing to restore and recover service provision. Covid-related absence rates have increased across services. Staff fatigue as a result of the pandemic is having an impact in some areas.

Areas of Focus
• A key area of focus has been continuation of the organisational change programme across the Neighbourhood Teams

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 a revised go live date of 1st October 2021.
• Staffing levels remain under constant review, with registered nurse vacancies a particular area of focus.
• Absence levels (due to Covid and non-Covid reasons) is over 12%.
• Recruitment to Psychology has been successful, and the service will be fully staffed by October 2021 for this discipline.
• Occupancy levels in Newhaven and Newton Lodge are below target. Plans are in place to re-assess Out of Area patients with a view to repatriate wherever clinically appropriate and possible.
• The service have seen an increase in safeguarding concerns which are being investigated, and appropriate safeguards are in place.
• Staff supervision levels are at 81% in medium secure, 89% in low secure and 88% in Newhaven with ongoing work to ensure they reach target.
• Staff well-being remains a focus, with the service utilising recent NHS survey results to modify plans.
• Focus on recruitment and retention continues. Data from the recent survey has informed the action plan.

Learning Disability services
Community:
• Referral rates continue to be 20-30% higher than throughout 20/21 and are roughly at the level seen pre-pandemic.
• 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 and in base) but spending increasing time in our learning disability hubs.
• Covid- 19 vaccine clinics specifically for people with learning disabilities continue to encourage vaccination and additional time/support for those that previously declined vaccination and have been very successful
• Targeted work with specific community leads continues to manage individual discipline waiting lists
• Barnsley community team will move to new premises (Mapplewell Health Centre) on 2nd August 2021
Inpatients:
• Supervision is currently 82%
• Medical cover across all LD services is a key concern with short-term plans in place, but medium and longer term this will present challenges and is being discussed with the Medical Director.
Assessment and Treatment Unit (ATU):
• Development of the West Yorkshire ATU continues with significant progress being made on the workforce profile.
• High bank/agency use continues though is being supported by safer staffing team with block bookings.
• There has been significant turn-over of substantive staff (leavers and new-starters) and vacancies are being actively recruited to.
• Work is progressing well with Bradford District Care Trust in relation to the Assessment and Treatment Unit collaboration.

ASD/ADHD
• The service is operating fully without any operational challenges due to Covid-19.
• There has been a surge in referrals for assessment
• Supervision is currently 88%
• Performance metrics all green.
• The Service has a identified a number of new business opportunities/developments to explore further.
• The Trust has requested support to undertake a service review from the Royal College of Psychiatry.

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Trustwide Acute Inpatients:
• Maintaining patient flow and facilitating sufficient ward capacity has been challenging. 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 Psychiatric Intensive Care Unit (PICU) 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 Health and Safety. The tool is currently being used to review the garden access for each ward and blanket restrictions are being removed where appropriate and it is safe to do so.
• 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, with further challenges as above in managing isolated and cohorted patients. The difficulties have been compounded by staff absences and difficulties sourcing bank and agency staff leading to staffing shortages across the wards. Senior leadership is available to the wards 7 days a week from matrons on site. Staffing levels have been maintained at safe levels with bank and agency usage and by utilising a Trust-wide approach to staffing where possible. Continued weekly meetings taking place with mental health partners across the Integrated Care System have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments. Bed occupancy levels have remained consistently high even when moderated by the need for isolation areas, extra care zones and cohorting.

Community:
• Work continues in front line services to adopt collaborative approaches to care planning, to build community resilience, and to explore all possible alternatives to hospital admission for people who need acute care. This has included continued developments in the trauma-informed personality disorder pathway. 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. However 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.

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

Communications, Engagement and Involvement

Communications, Engagement and Involvement
• 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.
• 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
• Design and print of materials continuing for services and corporate functions
• Awareness days and weeks supported on social media and in internal communication channels.
• Information governance campaign supported
• Nhs.net removal and Trust email accreditation comms
• Forensic improvement programme - continued support
• 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
• Equality Impact Assessment (EIA) process and forms reviewed and now approved by EMT, the next steps will be to roll out the new way of working across the Trust. In parallel, a review of the number of policy EIAs the Trust will take place.
• 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 re-focus. This is now being shared with staff side, staff networks, the Operational Management Group and clinical teams to identify ideas for a campaign for EMT to view, agree and approve
• Awareness raising training planned for specific groups starting with Transgender Awareness, which has been well received and more sessions arranged.
• The draft easy read strategy has also been reviewed and will be shared for comment with staff and service users a revised version will be tested next month.
• Work continues to support recovery planning 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 equality, inclusions and involvement committee (EIIC) and through to Governors who contribute to the report. The report was well received at Committee and Healthwatch provided positive feedback on the format. The report will continue to be developed each quarter and the insight to form a 'you told us, we responded' approach
• A programme update on the strategy action plans has been agreed by EIIC and a workshop to develop KPIs took place this month. KPIs will be reviewed in line with Trust indicators and these will be agreed at EIIC in September
• Support for Older People's Services Transformation consultation in partnership with CCGs has continued and development of a plan, timeline and governance and a review by NHSEI of the gateway to assure the approach.
• A training bid has been developed to identify funding to refresh mandatory equality training and create short films to support the online EIA toolkit. This has now been approved and progress to secure the work are underway. This work has also been linked to learning and development and is in line with mandatory training and the core skills framework.
• Work 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, and this work is ongoing with Kirklees showcasing their work to us in August along with over 80 interested groups who would like to work with our Trust.
• An update on the Trust response to the 8 actions to address inequalities was provided at the June EIIC and to Wakefield Inequalities Leaders network who were very impressed with our approach
• Our approach to equality was presented at WYHP ICS which was well received
• We are 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. The development session was led by our Trust in partnership with the CCG and Healthwatch.
• Process to support SEQUIN submission for secure services continues, with monthly updates forming part of core work and plans to work closely with the regional team to align further and identify ways to embed equality and address inequality.
• Carers Lead now in post following a successful charitable funds application and the work to identify and support carers continues.
• 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 and the feedback on the work has been really positive
• Draft strategy for volunteering developed and ready to be approved, this includes a framework to support volunteers in each place. The strategy has been reviewed by Trust staff and volunteers. The volunteer policy has been updated in line with the strategy and was recently approved at EMT.
• Volunteers are starting to return with support and guidance. The return of volunteers will be supported by training and DBS refresh and an online welcome back event is planned for September

Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2021/22	Narrative
1	**Surplus / Deficit**	£1.7m	£2.3m (H1 21/22)	In June a surplus of £0.4m has been reported which is favourable to plan. The forecast position for the first half of the year is currently for a surplus of £2.3m. This will continue to be re-assessed.
2	**Agency Spend**	£1.9m		Agency run rate continues to be in line with that from the previous financial year with spend of £0.8m. There has been an increase in unregistered nursing usage in month to support both backfill of vacancies and safer staffing requirements.
3	**Cash**	£60.8m	£54.2m	Cash in the bank continues to be positive although this is forecast to reduce in year due to the higher level of planned capital investment.
5	**Capital**	£0.6m	£9.6m	Capital spend to date is £0.6m which is £0.1m ahead of plan. Tendering, procurement and finalising of business cases continue and the full £9.6m programme is currently forecast to be spent in year, with ongoing assessment of major programmes currently taking place.
6	**Better Payment Practice Code**	94%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 94% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 10 days from receipt.

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

NHS South West Yorkshire Partnership NHS Foundation Trust

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	4.0%	4.0%	3.9%	4.0%	4.3%	4.3%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	3.8%	3.8%	3.8%	3.9%	4.0%	4.0%	4.0%	4.0%	3.9%	4.0%	4.3%	4.3%
Staff Turnover (registered nurses)	Improving Resources	Well Led	AD	10%	8.4%	9.1%	8.9%	9.3%	9.3%	9.9%	10.0%	10.0%	10.3%	15.6%	14.7%	13.1%
Gross Vacancies	Improving Resources	Well Led	AD	-				Reporting Commenced April 2021						10.8%	5.5%	7.9%
Net Vacancies	Improving Resources	Well Led	AD	-										2.9%	0.6%	3.2%
Aggression Management	Improving Care	Well Led	AD	>=80%	85.5%	86.5%	86.0%	86.3%	85.4%	85.1%	84.1%	84.1%	82.3%	80.7%	79.95%	85.1%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80%	89.4%	90.3%	89.4%	88.7%	88.2%	86.2%	85.2%	84.5%	81.7%	78.8%	77.7%	76.27%
Clinical Risk	Improving Care	Well Led	AD	>=80%	93.7%	93.8%	93.6%	93.3%	93.2%	94.1%	93.3%	93.1%	93.5%	94.6%	94.9%	94.7%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	95.2%	95.7%	95.7%	96.0%	95.7%	95.5%	95.5%	95.6%	95.5%	95.6%	95.5%	95.2%
Fire Safety	Improving Care	Well Led	AD	>=80%	93.7%	93.9%	93.4%	92.8%	91.8%	87.9%	86.9%	87.6%	86.2%	85.9%	84.3%	84.6%
Food Safety	Improving Care	Well Led	AD	>=80%	76.9%	78.3%	76.7%	76.8%	76.5%	75.8%	74.8%	75.9%	75.3%	76.3%	77.2%	79.60%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	95.8%	96.2%	96.0%	96.1%	96.0%	95.6%	95.0%	94.7%	94.3%	94.0%	94.2%	92.7%
Information Governance	Improving Care	Well Led	AD	>=95%	98.2%	98.8%	98.8%	98.9%	98.8%	98.5%	97.5%	97.8%	97.9%	96.6%	95.7%	94.67%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	95.0%	95.5%	95.6%	95.5%	95.1%	95.0%	95.0%	95.1%	94.9%	95.1%	95.7%	96.3%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80%	93.3%	94.6%	94.3%	94.8%	94.9%	95.0%	94.6%	93.9%	91.0%	90.8%	88.9%	87.7%
Mental Health Act	Improving Care	Well Led	AD	>=80%	89.5%	91.2%	90.8%	91.4%	91.4%	92.1%	91.3%	90.5%	85.0%	85.1%	82.0%	80.7%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%		79.3%			80.6%			81.3%		74.4%		
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	94.6%	94.6%	94.4%	95.3%	95.7%	95.6%	95.6%	95.6%	95.6%	95.3%	95.4%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	96.2%	92.8%	92.8%	93.0%	92.8%	93.9%	94.0%	94.2%	94.0%	94.7%	94.7%	94.7%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	92.4%	93.6%	93.6%	92.8%	93.2%	93.6%	93.4%	93.5%	93.3%	93.4%	93.4%	93.1%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.9%	96.8%	96.8%				No longer used					
Bank Cost	Improving Resources	Well Led	AD	-	£687k	£778k	£907k	£915k	£889k	£944k	£946k	£682k	£1,120k	£803k	£911k	£795k
Agency Cost	Improving Resources	Effective	AD	-	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k	£760k	£583k	£560k	£794k
Overtime Costs	Improving Resources	Effective	AD	-	£257k	£276k	£213k									
Additional Hours Costs	Improving Resources	Effective	AD	-	£71k	£59k	£53k									
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£408k	£411k	£387k			Data unavailable at the time of producing this report						
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	208.9	205.9	234.0									
Business Miles	Improving Resources	Effective	AD	-	164k	166k	147k									

Health & Safety

	Objective	CQC Domain	Owner	Threshold												
Number of RIDDOR incidents(reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-		3			14			7			4	

Covid-19

KPI / Additional Metrics to Highlight Response to and Impact of Covid-19	Target	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	As at 24th August 2020	As at 22nd September 2020	As at 20th October 2020	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 18th February 2021	As at 24th March 2021	As at 20th April 2021	As at 20th May 2021	As at 22nd June 2021	As at 23rd July 2021	Trend	Notes
No of staff off sick - Covid-19 not working 7		154	204	112	48	26	82	108	161	81	159	91	89	33	15	32	95		
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	1	0	0	1		
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	16	2	8	33		
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	5	3	6	28		
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	1	0	0	4		
Test & Trace Isolation		0	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	29		
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	66		
Shielding	N/A	76	78	72	71	0	0	0	77	0	49	54	74	8	0	0	1		
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	2	2	3	15		
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	1	3	8	28		
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	1	1	0	0		
Test & Trace Isolation		0	0	0	7	0	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	22		
Number of staff tested 9		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	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	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%	2888/3054 =94.6%		
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%	1913/2034 =94.1%		
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	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	1350		Cumulative
Calls to occupational health healthline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	2655	2713	2798	2911		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
• Assessing the impact of updates self-isolation guidance for some NHS Staff

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 23rd July, 95 staff off work Covid-19 related, not working which compares to 32 one month earlier. A further 66 were working from home.
• 3386 staff tested for Covid-19 as at 23rd July.
• 610 staff have tested positive for Covid-19, none of which tested positive within the last month.
• Staff turnover decreased to 13.1% in June.
• Non-Covid sickness absence remained at 4.3% in June.

SPC Charts
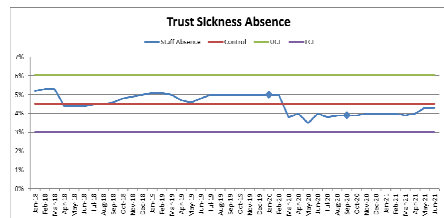
Trust Sickness Absence

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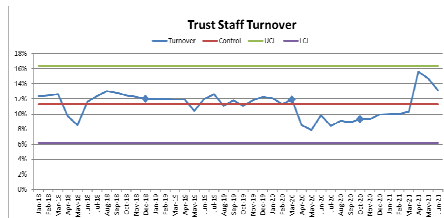
Trust Staff Turnover

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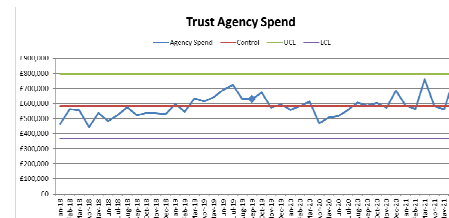
Trust Agency Spend

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

Sickness reporting

As at 23rd July, the Trust has 162 staff absent or working from home due to Covid-19. This makes up 3.1% of the workforce. Of those absent, 30.2% are symptomatic and 34.6% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 6.9% 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 7.7 days in June.

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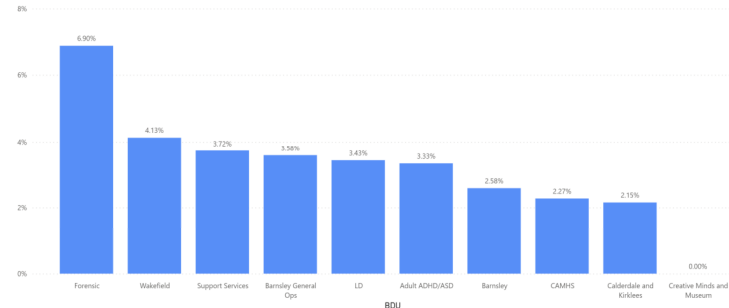
Absence by BDU and Reason for absence
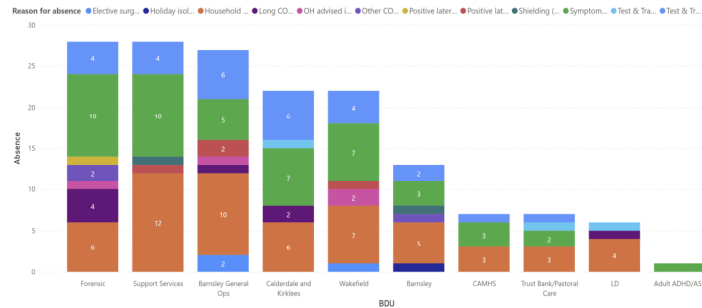
Publication Summary

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

Community services statistics for children, young people and adults: March 2021

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

Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency data: April to May 2021

NHS sickness absence rates: February 2021, provisional statistics

NHS workforce statistics: March 2021 (including selected provisional statistics for April 2021)

Learning disability services monthly statistics; Assuring Transformation: June 2021, Mental Health Services Data Set: April 2021 final

Finance Report

Month 3
(2021 / 22)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators			

	Performance Indicator	Year to Date	Forecast 2021 / 22	Narrative
1	**Surplus / (Deficit)**	£1.7m	£2.3m (H1 21/22)	In June a surplus of £0.4m has been reported which is favourable to plan. The forecast position for the first half of the year is currently for a surplus of £2.3m. This will continue to be re-assessed.
2	**Agency Spend**	£1.9m		Agency run rate continues to be in line with that from the previous financial year with spend of £0.8m. There has been an increase in unregistered nursing usage in month to support both backfill of vacancies and safer staffing requirements.
3	**Cash**	£60.8m	£54.2m	Cash in the bank continues to be positive although this is forecast to reduce in year due to the higher level of planned capital investment.
4	**Capital**	£0.6m	£9.6m	Capital spend to date is £0.6m which is £0.1m ahead of plan. Tendering, procurement and finalising of business cases continue and the full £9.6m programme is currently forecast to be spent in year, with ongoing assessment of major programmes currently taking place.
5	**Better Payment Practice Code**	94%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 94% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 10 days from receipt.

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

Income & Expenditure Position 2021 / 2022

Budget Staff WTE	Actual worked WTE	Variance WTE	Variance %	This Month Budget £k	This Month Actual £k	This Month Variance £k	Description	Year to Date Draft Budget £k	Year to Date Actual £k	Year to Date Variance £k	Budget M1 - M6 £k	Forecast M1 - M6 £k	Forecast Variance £k
				21,616	20,039	(1,577)	Clinical Revenue	63,038	61,442	(1,596)	126,386	123,524	(2,862)
				21,616	**20,039**	**(1,577)**	**Total Clinical Revenue**	**63,038**	**61,442**	**(1,596)**	**126,386**	**123,524**	**(2,862)**
				1,028	1,494	466	Other Operating Revenue	3,103	3,784	680	6,349	7,154	804
				22,644	**21,533**	**(1,111)**	**Total Revenue**	**66,142**	**65,226**	**(916)**	**132,736**	**130,678**	**(2,058)**
4,774	4,396	(378)	7.9%	(17,922)	(16,637)	1,284	Pay Costs	(52,571)	(49,888)	2,683	(105,449)	(100,626)	4,823
				(3,987)	(3,712)	275	Non Pay Costs	(11,325)	(11,329)	(4)	(22,796)	(23,208)	(412)
4,774	4,396	(378)	7.9%	**(21,909)**	**(20,350)**	**1,560**	**Total Operating Expenses**	**(63,896)**	**(61,217)**	**2,679**	**(128,245)**	**(123,834)**	**4,411**
4,774	4,396	(378)	7.9%	**735**	**1,184**	**449**	**EBITDA**	**2,245**	**4,009**	**1,763**	**4,491**	**6,844**	**2,353**
				(537)	(545)	(9)	Depreciation	(1,610)	(1,636)	(26)	(3,220)	(3,272)	(52)
				(212)	(212)	(0)	PDC Paid	(635)	(636)	(1)	(1,271)	(1,272)	(1)
				0	0	0	Interest Received	0	0	0	0	0	0
4,774	4,396	(378)	7.9%	**(14)**	**426**	**440**	**Surplus / (Deficit)**	**0**	**1,737**	**1,737**	**0**	**2,300**	**2,300**
				0	1,137	1,137	Gain / (loss) on disposal	0	1,137	1,137	0	1,137	1,137
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,774	4,396	(378)	7.9%	**(14)**	**1,563**	**1,577**	**Surplus / (Deficit)**	**0**	**2,874**	**2,874**	**0**	**3,437**	**3,437**

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. The forecast has been assessed and a surplus of £2.3m, excluding exceptional items, is reported. Development of the H2, and longer term plan, continues with a focus on recurrent and non recurrent run rates.

Trust Monthly I & E Profile
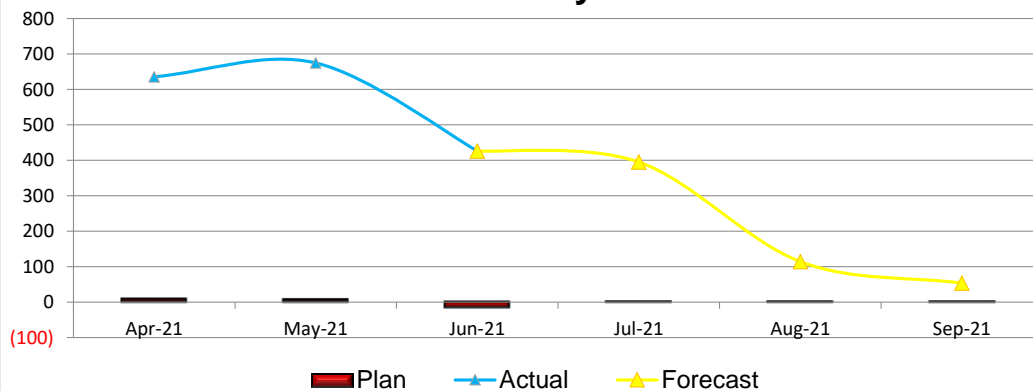
Trust Cumulative I & E Profile
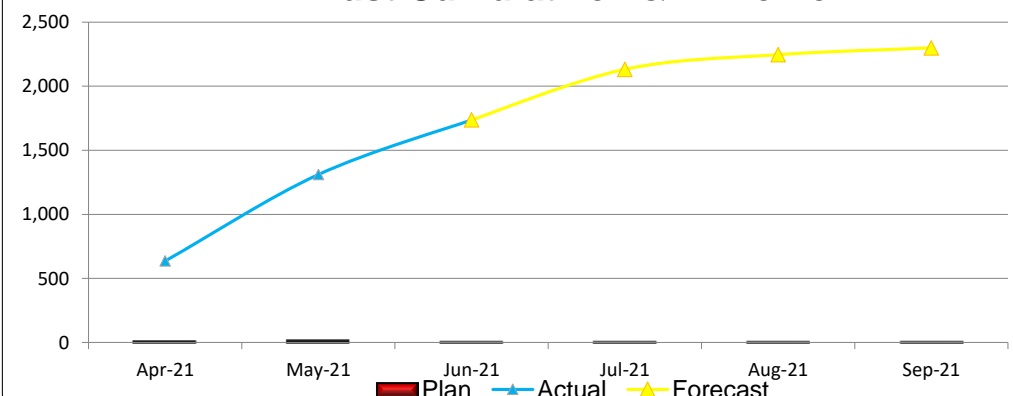
Income & Expenditure Position 2021 / 22

For the period April to June 2021 a surplus of £1.7m has been forecast. Expenditure is forecast to increase resulting in a H1 forecast of £2.3m surplus.

For April to September 2021 the Trust has an operational plan to deliver a breakeven position. It was based on estimated expenditure run rates and updated funding available. This includes non recurrent funding allocated through the Integrated Care System (ICS). Actual and forecast spend continue to be reviewed monthly with the current position reflected in a revised forecast position. This has been discussed with the relevant ICS contacts.

Income

The vast majority of income continues to be received as a singular block payments from each commissioner. These are based upon national funding principles and includes 2020 / 21 Mental Health Investment Standard (MHIS) funding. Initial funding for 2021 / 22 MHIS has been agreed with Barnsley and Wakefield commissioners and the cash payments are being finalised.

Funding from Kirklees and Calderdale commissioners will be included once formally agreed; good progress has been made with all parties to ensure that MHIS is being fully utilised within the system.

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

In June income received from these contracts was £20.0m and reflects the income received to date. This is less than plan due to the timing and part year effect of receipt of MHIS funding.

Pay

Pay Spend in June 2021 is £16.6m. This is the same as April and May 2021 and is approximately £0.3m higher than the run rate in Q4 2020 / 21, although the overall WTE is the same as Q4, partially linked to the point below and the premium rates of pay for agency staff. Further analysis has been included in the pay information section 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 9.3% of overall pay expenditure. The headlines behind this request are covered within the pay analysis section.

Non Pay

Non pay expenditure continues to have specific areas of variability. These are subject to 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 and consistent 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 - backfill	Additional staff costs to support Trust workforce response. Includes acting up and backfill arrangements	22	51	37				110
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	33	62	19				114
Staffing - Isolation	Isolation, shielding and backfill for covid absence	56	15	31				102
Total – Pay		**110**	**128**	**87**	**0**	**0**	**0**	**325**
Lateral Flow Testing	Distribution of kits to staff	7	2	12				21
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	2	1	1				4
IT	Purchase of equipment and agile working enabling costs (VPN)	0	35	3				38
OOA Placements	Out of area bed placements required to covid issues	0	6	12				18
Staffing - security	External security costs to support vaccination	0	0	8				8
Misc / other	Other general non pay not captured in the headings above	0	15	8				23
Total – Non Pay		**8**	**59**	**44**	**0**	**0**	**0**	**111**
Total cost recovery		**119**	**187**	**131**	**0**	**0**	**0**	**436**

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	14,558	15,425	15,425	15,425							91,538	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	402	416	416	416							2,543	5,025
Partnerships	657	636	654	624	624	624							3,820	7,514
Top Up / ERF	0	0	169	0	0	(77)							92	5,458
Other	41	50	46	46	46	46							274	4,815
Total	20,679	20,725	20,039	20,720	20,720	20,643	0	0	0	0	0	0	123,524	238,457
20/21	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,016	20,370	20,748	20,089	26,040	238,457	

Trust Income Profile
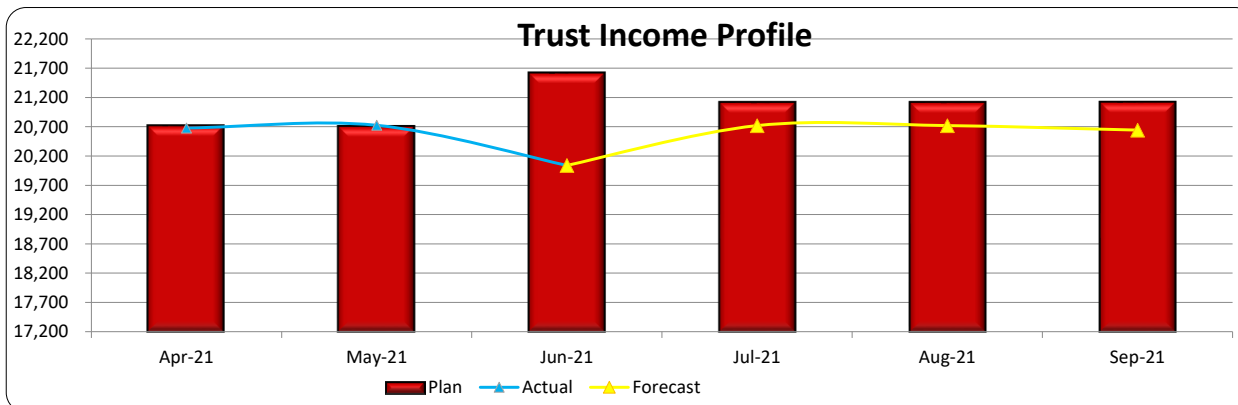
As agreed within the ICS, additional income has been shown on the Top Up / ERF (Elective Recovery Fund) line in June. This reflects additional income for increased activity, and associated increased costs, within Barnsley community services. Guidance on this fund has been revised post month end and the updated impact will be reported next month.

The increase in budget in June 2021 reflects the agreed initial 21/22 MHIS funding for Barnsley and Wakefield commissioners although the physical cash flows have yet to be processed.

Further non recurrent funding proposals have been submitted to all commissioners outlining how this 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	15,089										45,484
Bank & Locum	803	911	795										2,508
Agency	583	560	754										1,897
Total	16,610	16,641	16,637	0	0	0	0	0	0	0	0	0	49,888
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%	4.8%										5.0%
Agency as %	3.5%	3.4%	4.5%										3.8%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,100	4,076	4,049										4,075
Bank & Locum	255	263	218										245
Agency	107	115	128										117
Total	4,461	4,454	4,396	0	0	0	0	0	0	0	0	0	4,437
20/21	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	4,472	4,419

Pay Expenditure Profile

Legend: ■ 21/22 budget ◆ 20/21
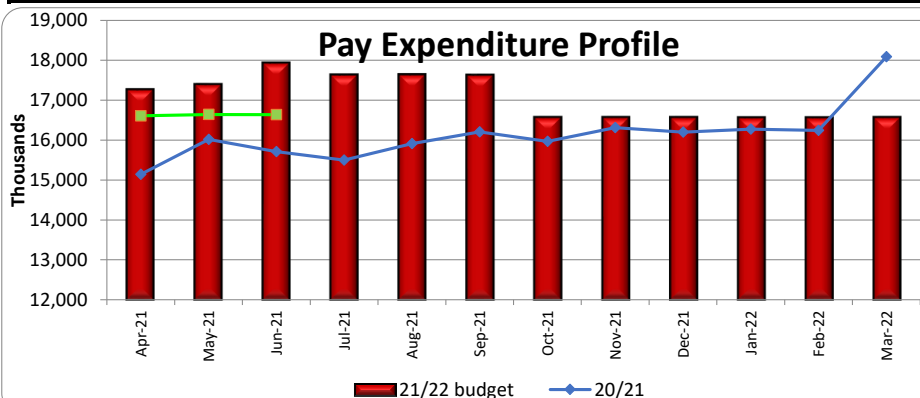
Pay expenditure run rate for quarter 1 has remained flat at £16.6m per month.

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.

Similar to last month there has been a small reduction in substantive staff in month and there has also been a reduction in bank and locum used. This has partially been offset by agency staff.

Covid continues to have an impact on staffing levels in work with increased levels of isolation during June. As a result both bank and agency are expected to increase next month.

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

Year to Date Budget v Actual - by staff group							WTE In month Budget v Actual - by staff group					
Staff Group	**Budget**	**Substantive**	**Bank / Locum**	**Agency**	**Total**	**Variance**	**Staff Group**	**Budget**	**Substantive**	**Bank / Locum**	**Agency**	**Total**	**Variance**
	£k	**£k**	**£k**	**£k**	**£k**	**£k**		**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**
Medical	6,420	5,754	153	765	6,672	252	Medical	227	181	1	16	198	(28)
Nursing Registered	20,501	15,071	828	221	16,121	(4,380)	Nursing Registered	1,481	1,220	57	17	1,293	(188)
Nursing Unregistered	6,340	5,233	1,235	683	7,151	811	Nursing Unregistered	870	710	134	82	927	57
Other	14,247	12,169	121	218	12,509	(1,738)	Other	1,367	1,184	9	13	1,207	(161)
Corporate Admin	4,167	3,907	72	10	3,989	(177)	Corporate Admin	352	323	18	0	341	(11)
BDU Admin	3,428	3,348	98	0	3,447	18	BDU Admin	476	430	0	0	430	(47)
Vacancy Factor	(2,531)				0	2,531							
Total	**52,571**	**45,484**	**2,508**	**1,897**	**49,888**	**(2,683)**	**Total**	**4,774**	**4,049**	**218**	**128**	**4,396**	**(378)**

By staff group the key elements to highlight are:

Underspending against budget for unregistered nurses has increased in month through both a reduction in substantive staff in post and delays in recruiting for new investment. This continues to be supported by the use of bank shifts and overtime. Some backfill of the gaps are supported by additional unregistered staffing which shows as an overspend above.

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 seperately 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							In month Budget v Actual - by service					
	Budget	**Substantive**	**Bank / Locum**	**Agency**	**Total**	**Variance**		**Budget**	**Substantive**	**Bank / Locum**	**Agency**	**Total**	**Variance**
	£k	**£k**	**£k**	**£k**	**£k**	**£k**		**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**
MH Community	22,599	19,313	514	949	20,775	(1,823)	MH Community	1,848	1,595	31	27	1,652	(196)
Inpatient	11,685	9,963	1,637	851	12,451	766	Inpatient	1,141	956	159	91	1,207	66
BDU Support	3,193	1,873	93	8	1,974	(1,219)	BDU Support	356	211	5	0	216	(140)
Community	7,177	6,072	111	27	6,211	(967)	Community	739	625	10	3	638	(102)
Corporate	10,448	8,262	153	63	8,478	(1,971)	Corporate	689	663	12	7	682	(6)
Vacancy Factor	(2,531)				0	2,531						0	
Total	**52,571**	**45,484**	**2,508**	**1,897**	**49,888**	**(2,683)**	**Total**	**4,774**	**4,049**	**218**	**128**	**4,395**	**(378)**

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 £754k in June.

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.

June spend has increased from an average of £0.6m in April and May. This increase is within the unregistered nursing agency workforce which is supporting the acute inpatient and forensic inpatient requirements.

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

Agency Expenditure Trends (£m)

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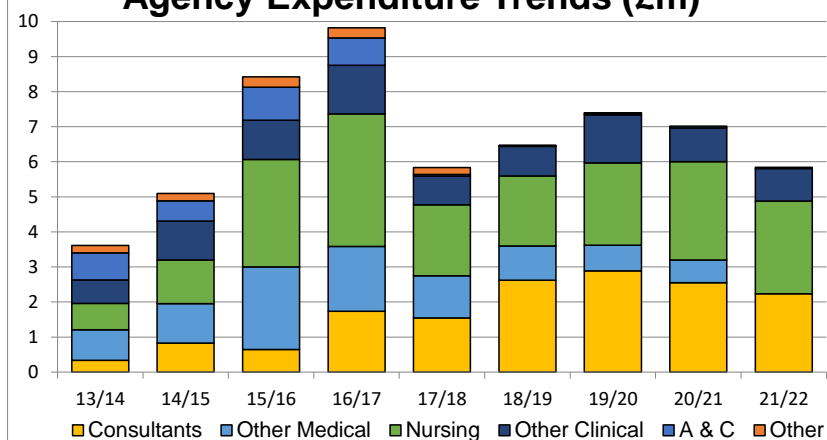
Agency and bank expenditure trend

Legend: Bank, Agency
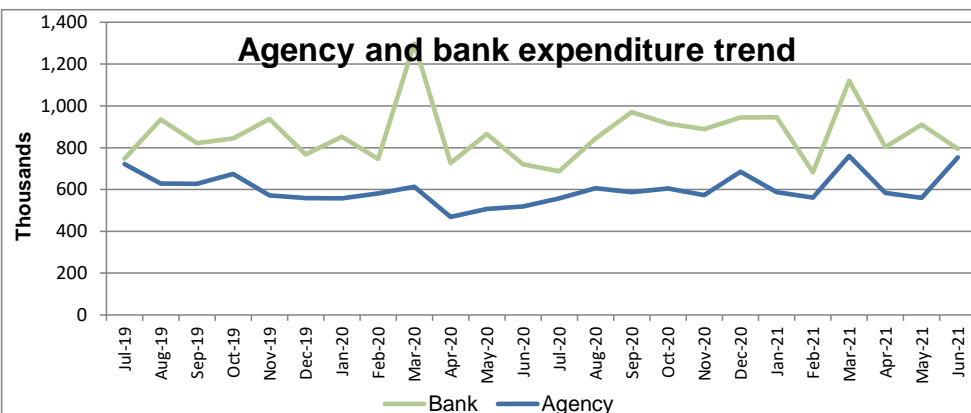
Agency Spend By Month

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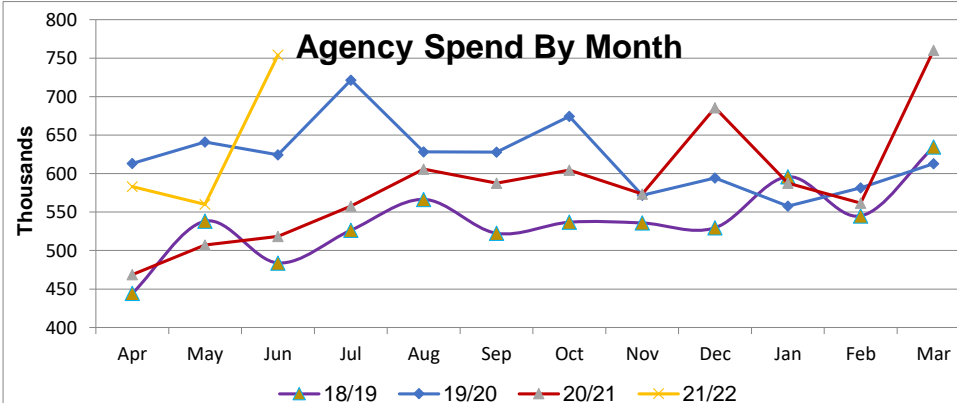
Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services, and excludes capital charges (depreciation and PDC) which are shown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

	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
2021/22	3,834	3,783	3,712										11,329
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 Year to date	Actual Year to date	Variance
Non Pay Category	£k	£k	£k
Drugs	929	914	(15)
Establishment	1,857	1,825	(33)
Lease & Property Rental	1,914	1,988	74
Premises (inc. rates)	1,440	1,618	179
Purchase of Healthcare	1,672	1,806	133
Travel & vehicles	1,055	939	(116)
Supplies & Services	1,700	1,467	(233)
Training & Education	173	177	5
Clinical Negligence & Insurance	218	322	105
Other non pay	367	272	(95)
Total	11,325	11,329	4
Total Excl OOA and Drugs	8,724	8,610	(115)
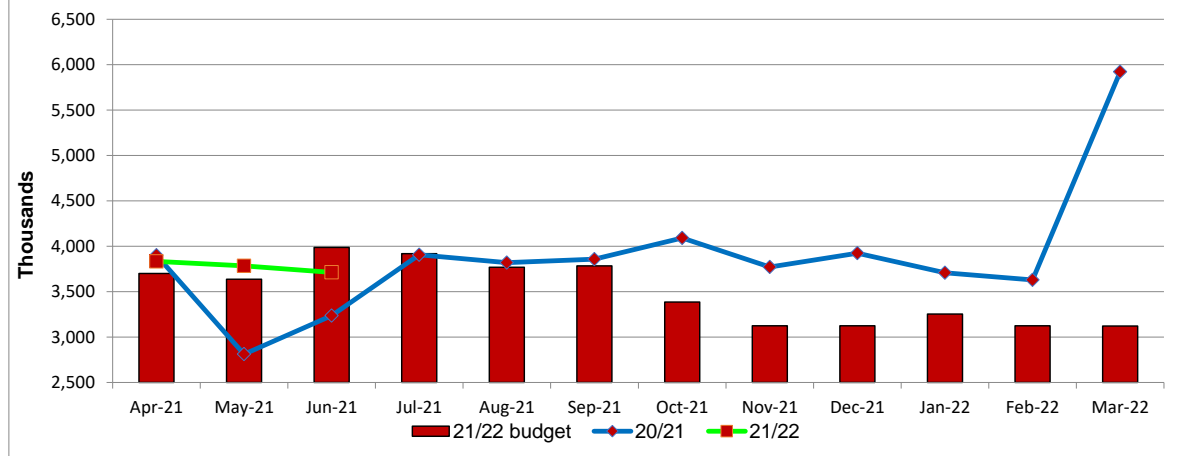
Key Messages

Non pay pressures continue within the purchase of healthcare section. This includes both out of area bed placements and the purchase of locked rehab beds. These are specifically reviewed on the out of area focus page.

Premises costs are currently higher than planned. Review has confirmed that this is the timing of purchases being earlier than originally assumed.

Supplies and services continue to be less than planned. Elements of this are also timing related with additional spend forecast later in the year.

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

Due to it's volatile, and potentially expensive nature, the focus has been on out of area bed expenditure. In this context this refers to spend incurred in order to provide clinical care to adult acute and PICU service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key reasons are highlighted below.

 - Specialist health care requirements of the service user not available directly from the Trust or not specifically commissioned.

 - No current bed capacity to provide appropriate care

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

This analysis is for the out of area placements relating to adult acute beds including PICU in all areas. This excludes activity relating to locked rehab in Barnsley or the purchase of other healthcare services.

Breakdown of Purchase of Healthcare

	Budget	Actual	Variance
	Year to date	Year to date	
Heading	£k	£k	£k
Locked Rehab	571	684	113
Out of Area			
Acute	313	48	(265)
PICU	190	48	(142)
Other Services	599	1,026	427
Total	**1,672**	**1,806**	**133**

Out of Area Expenditure Trend (£)

	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48	82	158	191	230	359	**1,924**
20/21	141	55	88	342	253	164	135	68	86	73	119	218	**1,741**
21/22	195	251	199										**645**

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	314	328										**863**

Bed Day Information 2021 / 2022 (by category)

PICU	203	236	245										**684**
Acute	18	78	83										**179**
Total	221	314	328	0	0	0	0	0	0	0	0	0	**863**

Out of Area Expenditure - monthly

Legend: 17/18, 18/19, 19/20, 20/21, 21/22
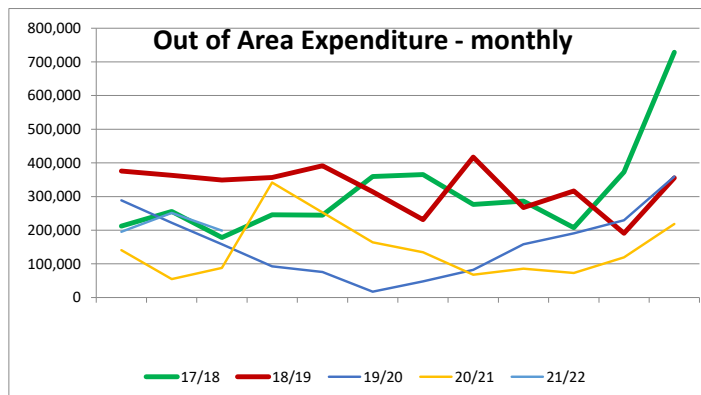
The overall delivery of activity remains a challenge for the Trust and, to date performance has been exceptional in ensuring that as many people as possible are supported within the Trust bed base especially considering the impact that covid has had.

Spend of £199k in 2021 brings monthly expenditure back in line with March and April 2021 and is a reduction from May 2021.

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 June 2021 also includes 54 bed days which are paid directly by the ICS. There is no cost included within the Trust financial position.

	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	104,978	102,429	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,173	409	1
Non NHS Trade Receivables (Debtors)	1,828	977	1
Prepayments	2,867	3,078	2
Accrued Income	3,090	4,352	3
Cash and Cash Equivalents	56,648	60,774	Pg 16
Total Current Assets	**65,781**	**69,764**	
Current Liabilities			
Trade Payables (Creditors)	(1,182)	(814)	4
Capital Payables (Creditors)	(585)	(487)	
Tax, NI, Pension Payables, PDC	(5,920)	(7,026)	
Accruals	(24,112)	(23,197)	5
Deferred Income	(3,981)	(4,036)	6
Total Current Liabilities	**(35,779)**	**(35,559)**	
Net Current Assets/Liabilities	**30,001**	**34,204**	
Total Assets less Current Liabilities	**134,980**	**136,633**	
Provisions for Liabilities	(7,348)	(7,252)	
Total Net Assets/(Liabilities)	**127,632**	**129,381**	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,384	
Revaluation Reserve	11,721	10,596	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	68,181	7
Total Taxpayers' Equity	**127,632**	**129,381**	

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

1. Both NHS and Non-NHS Debtors are low, 85% of this value is less than 30 days, and action is taken on all debtors over 30 days.

2. Prepayments are currently higher as a number of contracts start at the beginning of the year, this includes software licences and the car insurance for the Trust.

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 scheduled to be received in August 2021. We are still chasing local authorities for outstanding purchase orders and will invoice once received.

4. Creditors, invoices outstanding for the Trust to pay, continues to be closely reviewed alongside Better Payment Practice Code (page 17) performance. 95% of aged creditors are less than 30 days old.

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.

	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	324	253	(71)	3,275	81	
Fire Safety	160	0	0	0	160	0	
Plant & Machinery	455	10	0	(10)	455	0	
Equipment	100	10	0	(10)	100	0	
Fixtures & Fittings	45	0	0	0	45	0	
Other	643	42	291	249	435	(208)	
IM & T							
Clinical Systems	275	8	0	(8)	275	0	
Hardware	200	0	0	0	200	0	
Cybersecurity, Infrastructure	200	0	12	12	327	127	
Software	600	0	0	0	600	0	
Other	1,140	0	0	0	1,140	0	
VAT Refunds						0	
TOTALS	**9,590**	**394**	**556**	**162**	**9,590**	**(0)**	

Capital Programme 2021 / 2022 Cumulative Profile
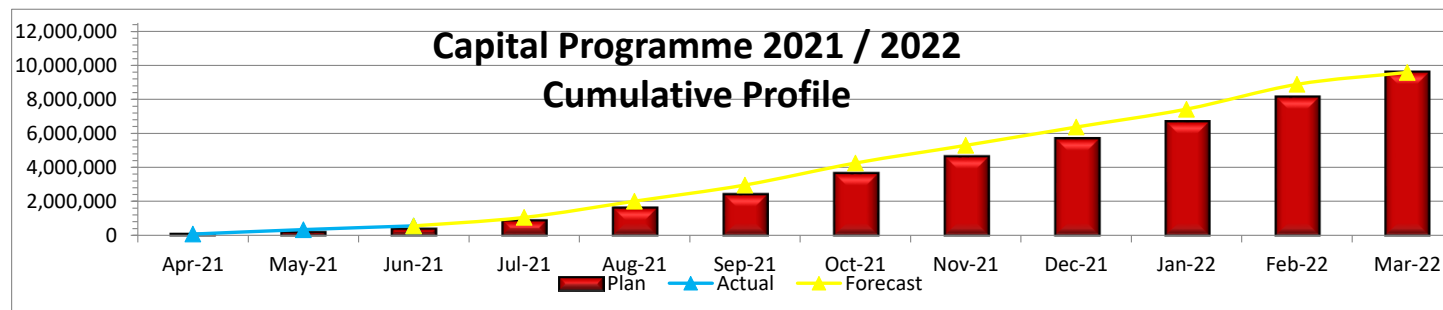
Capital Expenditure 2021 / 22

The Trust capital programme forms part of the overall West Yorkshire & Harrogate 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 contuinually 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 and work at the Priestley Unit.

Further work is taking place to fully understand the costs and value for money associated with the proposed Bretton centre en-suite scheme.

Cash remains positive. This helps to enable continued investment in the Trust capital programme.

	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,648	
Closing Balance	58,927	60,774	1,847

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: £78.2m
The lowest balance is: £60.5m

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)	1,636	4,009	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	300	143	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	1,110	(601)	
Other Payables (Creditors)	0	(157)	
Accruals & Deferred income	(14)		
Provisions & Liabilities	0	(96)	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(754)	(654)	
Cash receipts from asset sales	0	1,482	
PDC Dividends paid	0	0	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	**58,927**	**60,774**	

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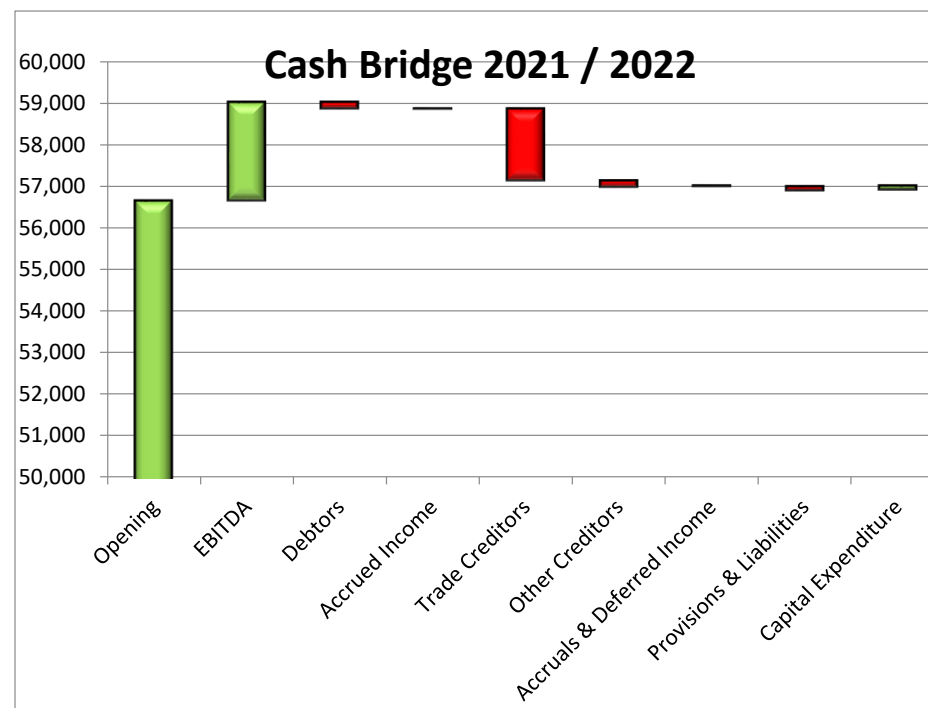
The table above summarises the reasons for the movement in the Trust cash position during 2021 / 2022. This is also presented graphically within the cash bridge.

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

The current main driver is the overall Income and Expenditure position which is better than breakeven and 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 June has seen 95% of volume and 92% 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	100%	100%
Cumulative Year to Date	89%	96%
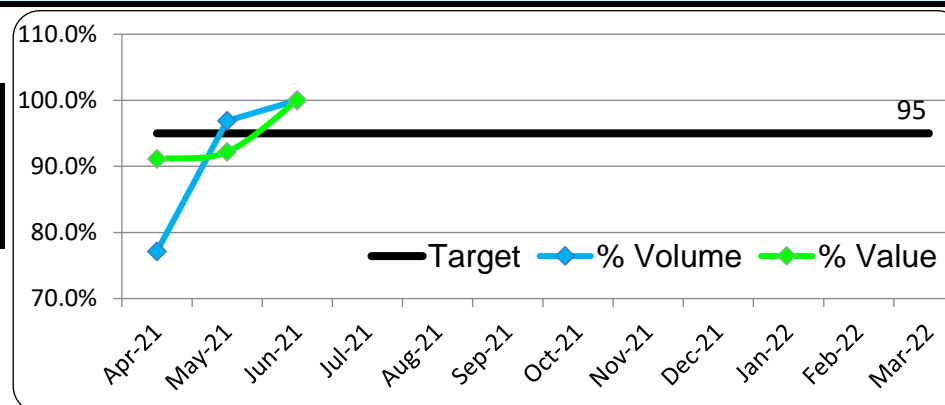
Non NHS	Number %	Value %
In Month	97%	93%
Cumulative Year to Date	98%	96%
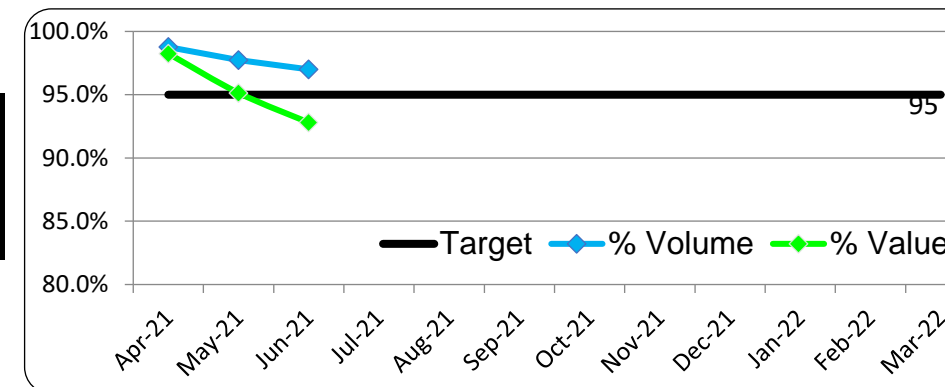
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

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 (£)
02-Jun-21	Computer Licences	Trustwide	Trustmarque Solutions Ltd	2320304	972,466
02-Jun-21	Computer Licences	Trustwide	Trustmarque Solutions Ltd	2320302	133,045
02-Jun-21	Computer Licences	Trustwide	Phoenix Partnership (Leeds) Ltd	12734	124,306
01-Jun-21	Rent	Wakefield	Bradbury Investments Ltd	1569	118,518
16-Jun-21	Computer Licences	Trustwide	Datix Ltd	SIN016448	92,582
03-Jun-21	IT Services	Trustwide	Daisy Corporate Services	3I472273	90,250
30-Apr-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	99692	77,578
01-Jun-21	Computer Licences	Trustwide	Thirsty Horses Ltd	INV0393	64,260
31-May-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	100615	63,367
29-Apr-21	Rent	Barnsley	Dr A D Mellor And Partners	GHP92021	60,192
22-Mar-21	Training	Trustwide	University Of Sheffield	1800209316	57,500
02-Jun-21	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	995524	55,602
28-May-21	Staff Safety	Trustwide	Lone Worker Solutions Ltd	163810	55,181
28-May-21	Staff Safety	Trustwide	Lone Worker Solutions Ltd	163811	55,181
22-Feb-21	Telecoms	Trustwide	Virgin Media Ltd	60044852	48,791
01-Jun-21	Telecoms	Trustwide	Virgin Media Business Ltd	927686105	45,215
17-May-21	Drugs	Trustwide	Nhs Business Services Authority	1000069271	42,294
21-Jun-21	Public Health	Wakefield	Wakefield Metropolitan District Council	91313448108	39,231
18-May-21	Insurance	Trustwide	Willis Ltd	10958GP21000001PRM	37,186
02-Jun-21	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	995524	33,404
14-Jun-21	Recruitment	Trustwide	Friday Ad Ltd	IN230925	32,399
31-May-21	Advocacy	Forensics	Cloverleaf Advocacy 2000 Ltd	10170	32,358
09-Jun-21	Rent	Barnsley	Chapelfield Medical Centre	279	31,599
12-May-21	Telecoms	Trustwide	Vodafone Ltd	98001753	31,577
12-Jun-21	Telecoms	Trustwide	Vodafone Ltd	98272750	31,562
02-Jun-21	Computer Licences	Trustwide	Trustmarque Solutions Ltd	2320307	30,397
21-Apr-21	Utilities	Trustwide	Edf Energy Customers Ltd	000009612868	29,719
04-May-21	Utilities	Trustwide	Edf Energy Customers Ltd	000009656774	29,719
01-Jun-21	Rent	Kirklees	Bradbury Investments Ltd	1570	27,758
10-Jun-21	Healthcare	Forensics	Humber Nhs Foundation Trust	59889925	27,150
02-Jun-21	Utilities	Trustwide	Edf Energy	000009862517	26,917
11-Jun-21	Photocopiers	Trustwide	Kyocera Document Solutions (Uk) Ltd	1238908	25,365
11-Jun-21	Photocopiers	Trustwide	Kyocera Document Solutions (Uk) Ltd	1238905	25,365
11-Jun-21	Photocopiers	Trustwide	Kyocera Document Solutions (Uk) Ltd	1238920	25,365

* Recurrent - an action or decision that has a continuing financial effect

* Non-Recurrent - an action or decision that has a one off or time limited effect

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.3%	4.2%	4.2%	4.2%	4.3%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.0%	3.8%	3.9%	4.2%	4.3%	4.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.7%	84.5%	82.0%	78.8%	79.4%	88.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.2%	86.8%	84.2%	82.5%	82.5%	79.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.8%	96.1%	96.4%	95.7%	96.1%	94.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.9%	97.7%	97.2%	97.3%	96.9%	96.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.4%	89.2%	87.0%	86.4%	82.7%	83.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.1%	77.3%	75.5%	75.9%	77.7%	79.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	96.4%	95.9%	95.7%	95.7%	95.6%	93.9%
Information Governance	Resources	Well Led	AD	>=95%	97.2%	97.3%	97.7%	96.9%	96.0%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	89.8%	90.1%	89.9%	90.0%	91.6%	93.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.6%	94.0%	93.1%	91.8%	90.2%	87.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.5%	95.6%	93.4%	90.7%	86.8%	78.9%
Prevent	Improving Care	Well Led	AD	>=80%	96.1%	96.2%	95.5%	95.6%	96.0%	96.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.6%	94.8%	94.1%	94.5%	94.4%	94.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.3%	95.2%	94.8%	94.1%	93.9%	93.4%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD				Data unavailable at the time of producing this report			
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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.2%	3.2%	4.2%	5.7%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.8%	3.3%	3.0%	4.2%	5.1%	4.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.6%	83.2%	82.2%	80.7%	80.1%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.6%	83.5%	82.7%	78.8%	78.0%	79.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.4%	94.0%	94.9%	95.3%	96.8%	96.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.6%	97.3%	97.8%	98.1%	97.3%	97.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.6%	89.2%	87.6%	86.9%	87.2%	85.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.2%	78.3%	76.1%	76.9%	79.4%	85.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.6%	95.6%	95.3%	95.5%	95.3%	94.2%
Information Governance	Resources	Well Led	AD	>=95%	98.6%	99.0%	99.3%	97.5%	96.8%	95.6%
Moving and Handling	Resources	Well Led	AD	>=80%	94.1%	94.5%	94.7%	94.7%	95.0%	95.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.7%	94.9%	91.1%	90.3%	83.6%	84.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.3%	92.7%	87.9%	87.2%	79.6%	80.7%
Prevent	Improving Care	Well Led	AD	>=80%	96.0%	96.1%	95.9%	96.1%	95.8%	94.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.5%	93.8%	94.2%	95.0%	94.9%	94.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.0%	94.4%	94.5%	94.5%	94.7%	93.9%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD				Data unavailable at the time of producing this report			
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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.6%	5.6%	5.5%	4.4%	4.2%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	6.0%	4.5%	4.1%	4.4%	4.3%	5.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.8%	83.7%	80.4%	79.9%	80.6%	80.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.3%	87.4%	81.8%	86.8%	73.2%	73.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.7%	93.0%	91.6%	94.4%	93.4%	93.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.6%	94.6%	94.3%	94.1%	94.9%	95.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.2%	88.3%	86.6%	86.4%	85.8%	84.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	65.9%	65.3%	64.3%	64.8%	65.4%	69.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.6%	93.9%	92.7%	92.8%	93.3%	92.4%
Information Governance	Resources	Well Led	AD	>=95%	97.2%	97.2%	96.9%	95.1%	93.3%	93.0%
Moving and Handling	Resources	Well Led	AD	>=80%	97.3%	97.3%	96.7%	97.4%	97.9%	98.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.4%	90.1%	85.7%	87.5%	87.1%	87.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.1%	86.1%	78.3%	80.1%	79.7%	81.2%
Prevent	Improving Care	Well Led	AD	>=80%	93.1%	92.9%	93.3%	92.3%	92.4%	93.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.2%	92.4%	92.5%	93.9%	94.2%	94.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.2%	89.6%	90.4%	90.2%	91.2%	91.4%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD				Data unavailable at the time of producing this report			
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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.7%	2.6%	2.6%	2.6%	2.8%	2.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	1.9%	2.2%	2.3%	2.6%	2.7%	2.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.4%	77.0%	76.9%	74.8%	72.2%	81.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.2%	74.9%	72.6%	71.3%	71.4%	67.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.5%	94.0%	93.1%	94.5%	95.0%	95.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.5%	93.8%	95.5%	95.5%	96.5%	96.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.6%	88.2%	89.3%	81.2%	79.8%	83.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	33.3%	28.6%	28.6%	20.0%	20.0%	33.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.5%	92.5%	93.9%	93.6%	93.9%	93.6%
Information Governance	Resources	Well Led	AD	>=95%	95.7%	96.7%	97.7%	95.5%	94.9%	91.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.1%	97.7%	98.1%	98.4%	98.7%	98.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.8%	92.1%	83.2%	83.7%	84.0%	81.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.3%	88.7%	79.8%	81.2%	81.0%	79.1%
Prevent	Improving Care	Well Led	AD	>=80%	92.0%	92.3%	92.8%	93.5%	94.1%	94.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.5%	90.2%	91.3%	91.7%	92.6%	94.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.5%	90.9%	92.2%	93.0%	94.2%	95.5%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD				Data unavailable at the time of producing this report			
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							

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.3%	3.2%	2.6%	3.0%	3.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.5%	3.5%	3.2%	2.6%	2.8%	3.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.5%	90.5%	89.3%	89.9%	86.5%	94.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.0%	90.0%	89.7%	93.1%	83.3%	83.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.0%	80.0%	80.0%	100%	100%	100%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.1%	90.5%	80.2%	89.3%	89.9%	88.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.1%	80.9%	80.6%	86.9%	84.2%	85.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.8%	97.8%	99.3%	98.5%	98.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.3%	92.3%	91.5%	90.3%	91.1%	89.4%
Information Governance	Resources	Well Led	AD	>=95%	97.6%	97.6%	97.6%	96.1%	96.0%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	98.9%	99.0%	99.0%	99.2%	99.3%	98.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.7%	98.6%	98.6%	98.2%	98.2%	97.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.5%	86.4%	77.3%	68.2%	78.3%	72.7%
Prevent	Improving Care	Well Led	AD	>=80%	98.3%	98.2%	98.7%	98.7%	97.2%	97.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.6%	97.5%	97.2%	97.4%	97.5%	97.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	97.4%	97.5%	97.6%	96.9%	97.6%	97.0%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD			Data unavailable at the time of producing this report				
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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	3.3%	3.4%	3.4%	3.4%	4.1%	3.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.4%	4.2%	3.8%	3.4%	3.7%	3.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.6%	85.5%	82.4%	80.8%	84.1%	86.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.3%	83.1%	79.1%	76.5%	75.6%	69.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.1%	90.4%	92.8%	94.0%	93.6%	93.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.1%	96.9%	97.2%	96.9%	96.4%	96.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.6%	88.2%	87.9%	86.7%	85.6%	88.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.3%	76.3%	82.5%	84.3%	84.2%	85.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.1%	94.3%	94.1%	93.6%	94.4%	91.9%
Information Governance	Resources	Well Led	AD	>=95%	98.2%	98.7%	98.4%	98.0%	95.9%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	96.4%	95.9%	93.6%	93.9%	93.6%	95.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.8%	92.5%	88.1%	89.8%	89.5%	84.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.4%	91.2%	85.4%	87.0%	86.1%	80.6%
Prevent	Improving Care	Well Led	AD	>=80%	95.6%	95.8%	96.1%	95.9%	95.4%	95.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.3%	94.3%	93.5%	94.6%	95.1%	95.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.2%	93.1%	91.8%	92.4%	91.1%	90.1%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD			Data unavailable at the time of producing this report				
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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.0%	5.0%	5.1%	6.4%	7.5%	7.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.4%	5.9%	6.2%	6.4%	7.0%	7.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.7%	85.8%	84.7%	82.3%	79.2%	84.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.2%	84.0%	81.1%	78.2%	77.1%	77.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.3%	87.7%	88.4%	90.4%	89.7%	92.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.3%	96.9%	96.7%	97.8%	97.8%	97.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.4%	89.4%	86.1%	81.5%	82.0%	82.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.5%	77.3%	76.2%	78.3%	79.0%	79.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.3%	97.2%	95.8%	95.0%	94.9%	92.5%
Information Governance	Resources	Well Led	AD	>=95%	97.3%	97.5%	97.2%	96.7%	95.8%	94.6%
Moving and Handling	Resources	Well Led	AD	>=80%	98.1%	98.1%	98.1%	98.3%	98.6%	97.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.6%	90.8%	88.1%	88.3%	87.1%	87.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.6%	88.7%	85.2%	85.4%	83.5%	83.3%
Prevent	Improving Care	Well Led	AD	>=80%	94.8%	94.2%	94.5%	95.3%	94.7%	94.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.0%	92.5%	92.5%	93.0%	91.8%	91.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.8%	88.6%	87.5%	87.4%	86.0%	87.3%
Bank Cost	Resources	Well Led	AD							
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD			Data unavailable at the time of producing this report				
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Glossary

ACP	Advanced clinical practitioner	HEE	Health Education England	NICE	National Institute for Clinical Excellence
ADHD	Attention deficit hyperactivity disorder	HONOS	Health of the Nation Outcome Scales	NK	North Kirklees
AQP	Any Qualified Provider	HR	Human Resources	NMoC	New Models of Care
ASD	Autism spectrum disorder	HSJ	Health Service Journal	OOA	Out of Area
AWA	Adults of Working Age	HSCIC	Health and Social Care Information Centre	OPS	Older People's Services
AWOL	Absent Without Leave	HV	Health Visiting	ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	IAPT	Improving Access to Psychological Therapies	PbR	Payment by Results
BDU	Business Delivery Unit	IBCF	Improved Better Care Fund	PCT	Primary Care Trust
C&K	Calderdale & Kirklees	ICD10	International Statistical Classification of Diseases and Related Health Problems	PICU	Psychiatric Intensive Care Unit
C. Diff	Clostridium difficile	ICO	Information Commissioner's Office	PREM	Patient Reported Experience Measures
CAMHS	Child and Adolescent Mental Health Services	IG	Information Governance	PROM	Patient Reported Outcome Measures
CAPA	Choice and Partnership Approach	IHBT	Intensive Home Based Treatment	PSA	Public Service Agreement
CCG	Clinical Commissioning Group	IM&T	Information Management & Technology	PTS	Post Traumatic Stress
CGCSC	Clinical Governance Clinical Safety Committee	Inf Prevent	Infection Prevention	QIA	Quality Impact Assessment
CIP	Cost Improvement Programme	IPC	Infection Prevention Control	QIPP	Quality, Innovation, Productivity and Prevention
CPA	Care Programme Approach	IWMS	Integrated Weight Management Service	QTD	Quarter to Date
CPPP	Care Packages and Pathways Project	JAPS	Joint academic psychiatric seminar	RAG	Red, Amber, Green
CQC	Care Quality Commission	KPIs	Key Performance Indicators	RiO	Trusts Mental Health Clinical Information System
CQUIN	Commissioning for Quality and Innovation	LA	Local Authority	SIs	Serious Incidents
CROM	Clinician Rated Outcome Measure	LD	Learning Disability	S BDU	Specialist Services Business Delivery Unit
CRS	Crisis Resolution Service	MARAC	Multi Agency Risk Assessment Conference	SK	South Kirklees
CTLD	Community Team Learning Disability	Mgt	Management	SMU	Substance Misuse Unit
DoV	Deed of Variation	MAV	Management of Aggression and Violence	SRO	Senior Responsible Officer
DoC	Duty of Candour	MBC	Metropolitan Borough Council	STP	Sustainability and Transformation Plans
DQ	Data Quality	MH	Mental Health	SU	Service Users
DTOC	Delayed Transfers of Care	MHCT	Mental Health Clustering Tool	SWYFT	South West Yorkshire Foundation Trust
EIA	Equality Impact Assessment	MRSA	Methicillin-resistant Staphylococcus Aureus	SYBAT	South Yorkshire and Bassetlaw local area team
EIP/EIS	Early Intervention in Psychosis Service	MSK	Musculoskeletal	TB	Tuberculosis
EMT	Executive Management Team	MT	Mandatory Training	TBD	To Be Decided/Determined
FOI	Freedom of Information	NCI	National Confidential Inquiries	WTE	Whole Time Equivalent
FOT	Forecast Outturn	NHS TDA	National Health Service Trust Development Authority	Y&H	Yorkshire & Humber
FT	Foundation Trust	NHSE	National Health Service England	YHAHSN	Yorkshire and Humber Academic Health Science
FYFV	Five Year Forward View	NHSI	NHS Improvement	YTD	Year to Date

KEY for dashboard Year End Forecast Position / RAG Ratings	
1	On-target to deliver actions within agreed timeframes.
2	Off trajectory but ability/confident can deliver actions within agreed time frames.
3	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
4	Actions/targets will not be delivered
	Action Complete

NB: The year end forecast position for the dashboards was reviewed in October 2019 and revised to align with the NHSI rating system.

NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures