

Integrated Performance Report Strategic Overview



July 2021

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for July 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 July 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.

Improving health								
Priority programme	Metrics	Threshold	May-21	Jun-21	Jul-21	Trend	Year end forecast	Notes
Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans	1.Number of suicides for patients with an open referral to SWYPFT services		1	3	5			
	2.Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks) *	55%	Q4 - 74.6% Q1 - 65%		Available beginning of Q3			A weighted average is used given there are different targets in different places
	3.Proportion of people from BAME communities accessing IAPT		13.9%	14.1%	13.7%			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	**74% screened 54% compliant	**80% screened 71% compliant	**68% screened 58% compliant			For current inpatients (as at 6th August) 68% of applicable patients have been screened using the cardio metabolic screening tool and of those 58% have been screened across all 9 domains.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	**57% screened 37% compliant	**55% screened 41% compliant	**55% screened 42% compliant			For current patients (as at 6th August) within early intervention services, 55% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 42% 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%	55.6%	53.2%	45.0%			July data is provisional and will be refreshed in September 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	82/83 =98.8%	103/105 =98.1%	139/140 =99.3%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	95.1%	95.6%	94.2%			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%	87.5%	93.1%	83.3%			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 *	TBC						Work taking place to define suitable metric
	1. Number of people accessing creative cultural learning activities							

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 July and progress towards milestones set for the next three months. 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. Now complete.		Creativity and Health: Work to develop a proof-of-concept creativity app is underway and meetings scheduled with the developer. Testing of initial content has been completed and feedback has been positive. A project manager has been appointed by national centre for creative health (NCCH) to work in partnership to analyse health sector investment in creative projects to inform sustainability plans and development of West Yorkshire & Harrogate (WY&H) Creativity Hub.
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 November 2021.		Active Calderdale: Work to develop in-house motivational interviewing training with physical activity focus is underway with clinicians. However, initial timescales to pilot will need to be revised.
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 November 2021.		ICS and Partnership developments: <ul style="list-style-type: none"> • We continue to work with partners to develop and deliver a joined-up Covid-19 response and stabilisation and recovery approach in each of the places that we provide services, as well as to develop our place approach and response to the white paper, Integration and innovation: working together to improve health and social care for all. • We are working with partners at a local level on how the proposals on better collaboration between the NHS and social care set out in the white paper will impact on healthcare across our two ICS areas.
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.		<ul style="list-style-type: none"> • West Yorkshire organisations, including the NHS Trusts, are encouraging people to continue following existing Covid-19 guidance to help protect themselves and others. The bi-weekly system briefing meetings have continued and provide up to date information on partnership priorities and Covid-19 response plans.
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.		<ul style="list-style-type: none"> • Partners across each of the places are working together to develop plans to respond to system pressures and increased need. The West Yorkshire & Harrogate (WY&H) strategic health coordination group has been re-established and the West Yorkshire Association of Acute Trusts (WYAAT) gold command and escalation framework has been re-instated. Like other districts, due to increasing service pressures, particularly on the urgent care services, the multi-agency command arrangements have been reconvened in each of our places.
6. Forensic Lead provider collaborative: The Collaborative 'go live' position has been confirmed with NHS England as 1 October 2021 at the earliest, subject to a satisfactory outcome of the financial offer discussions.		<ul style="list-style-type: none"> • We are a part of the West Yorkshire and Harrogate ICS anti-racism movement. The campaign will officially launch in August. The Trust's Interim CEO and Chair have also formally written a statement that has been shared publicly emphasising the Trust's commitment as an anti-racism organisation.
7. Community mental health transformation: Recruitment into project/programme lead posts has now taken place. Barnsley project lead in place. Calderdale project lead in place from start of August. Kirklees and Wakefield in place from start of September 2021. SWYPFT hosting Barnsley, Wakefield, and Calderdale posts. Kirklees hosted by CCG.		

Summary		Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
Improve Care									
Priority programme	Metrics	Threshold	May-21	Jun-21	Jul-21	Trend	Year end forecast	Notes	
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	28	35	23				
	2. Number of c-diff avoidable cases	0	0	0	0				
	3. Number of pressure ulcers	Trend monitor	43	37	22			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%	119.8%	118.5%	115.0%				
	5. Number of children & young people in adult wards	0	3	3	3			Total of 41 days in July, which is a deteriorating position	
	6. Staff absence due to Covid-19		0	0	40			No of staff still absent from work - Covid-19 positive	
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		139	140	141			Cumulative	
Provide care as close to home as possible	1. Out of area bed placements (days)		204	170	86			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)		182	169	194			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)		128	139	146				
	3. Friends & Family test - CAMHS	80%	69.1%	71.0%	83.3%			48 responses in July	
	4. Forensics staff sickness	<=5.4%	4.3%	5.2%	6.6%				
	5. Forensics staff turnover		Commenced June 2021	13.2%	11.1%			Registered nurses turnover	
	6. Race related incidents in forensics		10	9	4				
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	94.6%	93.4%	89.4%			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%	98.7%	94.6%	93.3%			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%	93.2%	93.4%	92.2%			This mostly relates to IHBT and liaison services	
	2a. Average contacts per day - Core mental health		238	254	226			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months)	
	2b. Average contacts per day - intensive home based treatment team		121	136	133			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months)	
	2c. Average contacts per day - Learning disability community		174	162	156			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		575	585	622			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 next month	


Glossary	
CAMHS	Child and adolescent mental health 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 Reset: identify and establish recovery workstreams with resources, work plans, structure, and governance in place to complete recovery activity for period May – September 2021. Completed		Recovery and Reset: Enabling Working Effectively <ul style="list-style-type: none"> An evidence base has been pulled together including feedback from staff, literature searches, local insight and intelligence, and information gathered from other NHS organisations to underpin and guide the work and activities of this programme. Work has commenced on identifying teams/services to test and evaluate the principles, models of ways of working, and codevelop a support toolkit for staff and managers throughout the phases of codesign and cocreate with support and guidance from quality improvement and assurance team (QIAT) and equality involvement communication and marketing team (EICM). The space governance framework is being refreshed via estates task and finish group and work has commenced on devising a coordinated staged approach to space utilisation. A potential booking system has been identified and a demonstration of the system has taken place.
2. Recovery and Reset - 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. Completed		
5. Recovery and stabilisation – Enabling Working Effectively: Ways of working tested and agreed by October 2021.		
6. Care close to home: Gatekeeping analysis has been completed. Plan to prioritise learning actions has been taken to the July out of area (OOA) steering group. Consideration is being given to developing a strand of coordinated work around crisis house support, and some clinical/operational review of collaborative care planning is to be planned in more detail (September 2020)		Operational Recovery and Reset <ul style="list-style-type: none"> The first meeting of reset task and finish subgroup took place in July with discussions around teams determining the most appropriate balance of face to face and virtual contacts and working on setting of benchmark proxy measures, with the development of action plans to assist reset and locking in innovation. A second task and finish group is being formed to build upon the current work being undertaken in the Trust on the efficacy of non- face to face contacts, and will work on the actions from the auditors report, and identification of qualitative and quantitative measurements including staff and service user experience and involvement, equality impact assessments and quality impact assessments, to support the development of action plans to assist inclusive reset. The support toolkit for recovery and reset of clinical services is being refreshed, with additional work to include alignment to financial sustainability, hybrid working, and the equality and involvement checklist so we can respond to any differential impacts or health inequalities robustly.
7. Care close to home: PICU dashboard live (July- August 2021)		
8. Care close to home: PICU standard operating procedure agreed and ready for launch (mid-August 2021)		
9. Improve Services for people acutely unwell and improve ward environment: scope and priority projects to be agreed – progressing key drivers and priority activity identified (July - August 2021)		
10. Improve Services for people acutely unwell and improve ward environment: initial governance set up (August - September 2021).		
11. Older People Inpatient Services Transformation: Share draft consultation plan and collateral with the CCG and NHSE for comment and assurance – complete July 2021		Older People Inpatient Services Transformation Work is now progressing toward the delivery of the outline business case for the proposals and the formal consultation.
12. Older People Inpatient Services Transformation: Start the conversations with and share the consultation plan and collateral with the Overview and Scrutiny Committee. August - September 2021		CAMHS The focus for the project now is moving onto establishing the new service and the project team is going to develop the plan this month. Work continues on estates and locating the Kirklees service primarily at the Princess Royal site to be operational as soon as possible. Consideration is also being given to the location of the Calderdale offer and options for clinic space will be considered in the next period.
13. 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)		
14. Older People Inpatient Services Transformation: Develop collateral required to deliver formal consultation (start Autumn 2021, exact timing to be confirmed)		
15. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees): Funding for the enhanced service has now been agreed in principle in both Calderdale and Kirklees. The focus for the project now is establishing the new service (initial project plan in place by end August / early September).		

Glossary

PICU	Psychiatric intensive care unit
CCG	Clinical commissioning group
NHSE	NHS England

Summary		Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
Improve resources									
Priority programme	Metrics	Threshold	May-21	Jun-21	Jul-21	Trend	Year end	Notes	
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£675k	£426k	£377k		£2.3m	H1 forecast is favourable to plan.	
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements	
	3. Cash		£60.3m	£60.8m	£61.2m		£52.8m	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'		3.7%	4.2%	5.1%				
	2a. Percentage of video consultations		3.1%	2.8%	3.3%			Slightly lower than national averages	
	2b. Percentage of telephone consultations		36.8%	35.5%	35.2%				
	2c. Percentage of face to face consultations		60.1%	61.6%	61.5%				
	3. Prescribing errors (EPMA) (development required)		Reporting to commence September 2021					Reporting to commence in next month for medicine omissions as a proportion of doses due.	

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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 now be submitted to EMT during August/September 2021 with initial timescales for procurement revised accordingly.
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July 2021 and accreditation achieved – July/August 2021.		Trust Email platform accreditation (NHS Digital dependencies): Remains on track but timescales are dependent upon NHS Digital dependencies. The Trust has completed all pre-requisite activities and are awaiting final approval from NHS Digital from which to further issue Trust communications and start NHS mail decommissioning.
3. Microsoft Licencing annual review: licencing review - May/June 2021. now complete.		IT Services re-procurement: Trust authority to proceed approved. Development of the detailed specification of requirements is progressing to support the procurement exercise and remains on track.
4. IT Services re-procurement: approach planning prior to procurement – Q1/Q2.		Information Sharing: Development proposal for onboarding Viper360 portal to Yorkshire and Humber care record (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. Work ongoing with partners.
5. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 and implementation of action plan – Q3		Digital Inclusion: Dr Abida Abbas, Trust chief clinical information officer (CCIO) is developing a proposal for a digital inclusion survey for service users and to establish mechanisms for collecting service user digital inclusion/preferences at relevant points of contact to be recorded in SystmOne.
6. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2.		Finance: Confirmation of initial mental health investment standard (MHIS) monies and other investments by 31st August 2021. Continue to work with commissioners to secure additional investments and utilise in-year slippage.
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 has been launched across the Trust. Further demonstrations of this reporting tool to be undertaken across the Trust over the next month – August 2021 (ongoing) • Development work taking place for additional CQUIN metrics to support community schemes – schemes on hold and awaiting further information from NHS England regarding whether they will be implemented during 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		

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

Priority programme	Metrics	Threshold	May-21	Jun-21	Jul-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.3%	4.3%	4.5%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	14.7%	13.1%	14.1%			Slight increase in staff turnover in July.
	3a. Clinical supervision	>=80%	75.7%		Due October 2021			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	67	54	72			
	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		1	0	0			Alternative metric being considered
	7. Absence due to stress & anxiety and MSK		2.6%	2.3%	2.5%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.29	1.34	1.18			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.
Refresh and deliver our sustainability strategy and action plan	9. Access to training for staff members from BAME backgrounds		Currently unavailable due to Covid-19 response					
	Dependent on what is identified in the updated sustainability plan							Requires further development.

Glossary	
MSK	Musculoskeletal
GPTW	Great place to work

Summary

Covid-19

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Finance/Contracts

Workforce

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	<p>Great Place to Work Themes:</p> <p>Performance indicators for great place to work themes continue to be developed</p> <p>Working in partnership to review the Bullying and Harassment procedure. Progress on reviewing the early resolution process has been hampered owing to Covid-19 pandemic restrictions.</p> <p>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.</p> <p>Supported continuing professional development bid for nursing and Allied Health Professions (AHP) staff to Health Education England (HEE)</p> <p>Window for completion of appraisals has been extended to October owing to pressures resulting from Covid-19 pandemic.</p> <p>BAME Talent Pool has been established, and work continues to develop opportunities, with current members undertaking ILM7 leadership and management, cognitive behavioural therapy (CBT) post-graduate and Shadow Board programmes.</p> <p>Shadow Board programme is now recruited to with a cohort of 12 colleagues undertaking the programme between August and December 2021</p> <p>BAME Fellowship Programme completed for this year with a Fellow now being hosted within our Trust and supporting our community mental health transformation programme in Barnsley. In addition, several Fellows have now undertaken our ILM5 Coaching & Mentoring programme in a reciprocal arrangement with us providing peer supervision coaching to the ICS Fellowship programme.</p> <p>International Recruitment trajectories could slip due to change of partner/contractors and availability of nurses.</p> <p>Sustainability:</p> <p>Sustainability action plan is in development and includes the identification of a range of reportable areas.</p> <p>Work has commenced on producing a monthly report for staff mileage and its carbon impact.</p>
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.	
- Redesigning Bullying and Harassment Policy Q2 21/22	
- Panel to review all race related bullying and harassment Q2	
3. Feeling Safe (Physical and Psychological Safety): More staff	
- Establish new Clinical Role Group Q1 21/22 . completed	
- Commence ethical International Recruitment for Nursing Q2 21/22	
4. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders	
- Pilot 'GPTW programme' in Q1 21/22 completed	
- Start rollout of 'GPTW programme' across Trust Q2 21/22 following successful pilot with senior leaders	
- Start review & refresh of principles of Trust-wide leadership model (Trios) in Q2	
5. Supportive Teams (Healthy Teams): Quality appraisal and supervision	
- Redesign of E Appraisal linked to initial evaluation and GPTW Q1. completed	
- Streamline appraisal process and develop link to an e-supervision Q2	
6. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support	
Enhanced Occupational Health offer linked to recovery and long covid Q1 21/22	
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. completed	
- 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. Completed.	
- Strengthen links with quality improvement strategy. completed	
10. Sustainability: develop Trustwide action plan	

Glossary

BAME	Black and minority ethnic
GPTW	Great place to work

Summary

Covid-19

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Lead Director

- This section has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics
- More detail is included in the relevant section of the Integrated Performance Report.

Quality

- The majority of quality reporting metrics continue to be maintained during the pandemic
- The number of restraint incidents was 161 in July, a decrease of 9 (5%) from June
- No avoidable pressure ulcers were reported in the month, an improvement on previous months
- There were 11 information governance breaches reported in July
- The number of inpatient falls increased in July (56 compared to 41 in June)

NHSI Indicators

- Performance against national reported targets remains largely positive
- Performance against the 6-week wait target for diagnostic procedures has fallen in July to 94%, against national target of 99%. This was due to relates to absence within the paediatric audiology team which meant 4 patients breached the 6 week target for waits for hearing tests.
- 3 young people under the age of 18 were on an adult ward in June, a total of 41 days
- Out of area bed usage decreased from June to 86 days (from 177 in June)

Locality

- Increased referrals and levels of acuity are being experienced across many service lines
- Staffing levels remain under constant review with absence levels in forensics over 12%.
- For the first time in 5 months three wards fell below the 90% overall fill rate threshold in July. Significant efforts are underway to address our current staffing pressures.
- ASD/ADHD services have seen a significant increase in referrals for assessment
- 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.
- Barnsley community learning disability team have moved to new premises – Mapplewell Health Centre.
- Yorkshire Smoke Free Barnsley has secured additional funding for the extended delivery based in North East Barnsley to be expanded to South, Central and Dearne neighbourhoods.

Priority programmes

- The Trust are actively promoting and part of the West Yorkshire Harrogate ICS anti-racism campaign which launches officially in August.
- 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.

Finance

- A £0.4m surplus was recorded in the month, taking the cumulative position to a surplus of £2.1m. This is £2.1m favourable to our break-even plan.
- Income was lower than plan due to timing of the mental health investment standard income
- Pay costs were £1.2m lower than plan, partly due to recruitment to mental health investment standard. In total pay costs of £16.7m were in line with those incurred in Q1.
- Agency staffing costs increased by £0.1m 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 £137k, which is a reduction compared to June. The number of bed days has also reduced although demand for beds remains high.
- There also continues to be high spend on locked rehab placements in Barnsley (£0.2m)
- The forecast for the first half of the year is a surplus of £2.3m
- Capital expenditure of £0.8m has been recorded to date. A business case for the works in the Bretton centre (including en-suite facilities) is being finalised.
- The cash balance remains positive at £61.2m

Workforce

- Non Covid- 19 sickness is within target at 4.5% in July
- Staff turnover increased slightly to 14.1% in July, and remains below target
- As of July August 20th, there were 106 staff off work and not working Covid-19 related
- 85% of staff are double vaccinated
- Clinical supervision has reduced to 75% 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
- The Trust Opel level remains at 2, although some specific service lines e.g. mental health inpatient wards are reporting an Opel level of 3
- Silver and Gold command structure has been reinstated and is currently meeting once a week
- National guidance continues to be monitored, reviewed and adopted
- A range of staff wellbeing support offers continue to be available and used

Covid-19 response

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

Managing the clinical response

PPE position

- Deliveries and stock levels remain good, ensuring sufficient supply to meet staff needs

PPE Levels	Approx days stock as at 11-May	Approx days stock as at 15-Jun	Approx days stock as at 13-Jul	Approx days stock as at 09-Aug
Surgical masks	42	42	22	50
Respirator masks	71	101	105	106
Aprons	19	20	19	20
Gowns	88	87	88	86
Gloves	18	20	19	23
Visors	46	33	36	29

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	As at 11th August 2021	Notes
No of service users tested (ward)	174	225	257	278	297	300	302	302	303	304	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	137	139	139	140	141	Cumulative
No of service users recovered	60	83	94	115	119	121	123	125	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 prevention and control team. Outbreak declared 11/08/2021 Stanley Ward

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic Covid-19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patients 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 SWYPFT staff are undertaking Lateral flow testing (LFT)

From 2nd August 2021, the Trust is no longer supplying LFT devices directly to staff. Instead, staff are asked to order them individually from the national public portal. Reporting of results has also moved from local arrangements to the national portal. Our remaining supply of LFT devices has now been distributed to staff or returned for re-allocation. We continue to actively encourage staff to carry out their testing with text or email reminders, including the link to submit results being sent to staff twice weekly, and three times weekly for staff going into care homes. Recent communications to staff have highlighted the importance of continuing to test. We continue to monitor LFT completion rates and numbers of positive returns. There is evidence of a significant drop in reporting rates following the move to the national portal, however this may be due to known reporting issues with the national portal for which a fix is due to be implemented around mid-September.

Supporting the system

Care home support offer

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

Summary

Covid-19

**Emergency
Preparedness**

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Emergency Preparedness

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

Supporting the system

ICS stress test and outbreak support

- We continue to work closely with partners in outbreak support response in each of our four places. 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 4,552 staff have received their first vaccination (88%) and 4,407 staff have received their second vaccination (85%)
- Covid-19 vaccination programme has now closed, with staff offered vaccination routes into the national system. Report provided to EMT regarding the operation and lessons learned from the programme.
- In addition to providing vaccinations for our staff we have provided 969 first vaccinations and 894 second vaccinations for partner organisations.

Standing up services

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

- Silver command re-established to support ongoing staffing pressures across the trust
- 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 completed and disseminated across the Trust which identifies lessons learned.
- Consideration of planning for the flu vaccination and potential Covid-19 booster jab underway. Awaiting national guidance relating to co-delivery of vaccines however in the interim both campaigns will start separately.
- West Yorkshire and Humber Strategic meetings continue with trends regionally being impact to staffing.

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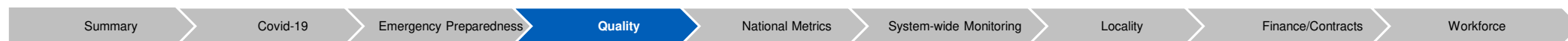
Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	62.2%	63.8%	67.3%	74.0%	73.5%	70.8%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	7% 2/30	16% 7/43	11% 3/27	6% 2/35	19% 7/37	16% 4/25	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	80%	81%	81%	78%	81%	82%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	95%	98%	95%	96%	97%	95%	1
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	8	31	37	28	22	26	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	24	35	31	34	24	Due September 2021	
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	4	4	3	3	4		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%	41.1%	40.4%	40.9%	41.8%	41.5%	41.6%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	13	13	7	8	11	11	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.6%	1.8%	1.2%	1.1%	1.3%	1.9%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	53.0%	53.2%	61.6%	68.3%	56.4%	59.1%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	63.2%	57.3%	51.8%	68.9%	67.0%	70.4%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	956	1169	1034	1039	1055	1065	
	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	16	20	25	19	25	13	
	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	1	5	6	3	2	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	8	4	9	6	7	9	
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	116.2%	116.2%	118.9%	119.8%	118.5%	115.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	92.7%	92.9%	94.6%	94.9%	84.7%	88.5%	
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	29	34	41	43	37	22	
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	3	2	1	3	1	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	90.0%	79.0%	93.7%	100%	93.8%	88.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	44	40	50	39	41	56	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	185	179	157	106	170	161	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	96.0%	100%	89.3%	90.3%	84.6%	94.1%	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.



Quality Headlines

- 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 comes available).
- 10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.
- 11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - Older people and working age adult Inpatients, we are counting how many staying safe care plans were completed within 24 hours and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point.
- 14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

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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 July decreased from 170 to 161. 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 56 in June, which is a slight increase compared 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 July
- Percentage of service users on CPA offered a copy of their care plan -
 - Work continues to review the practice and data quality issues relating to care plans.
 - Previously this measure related to 1 specific care plan – the overarching CPA plan, since the introduction of the SystmOne clinical record system it relates to multiple care plans (as above)
 - To achieve that the service is compliant in their reporting that a care plan has been shared, all care plans must be ticked to say that the service user has copies of all care plans. However there are old / inactive care plans on the system that have not been closed. These will be reviewed in line with our review of clinical data quality.
 - There are also data quality issues being explored around how CPA care plan data includes data from teams who would not have people on CPA
 - Operational interrogation of the data on active care plans is that the practice is better than the performance is showing. However, there remains areas for improvement.
- Number of pressure ulcers (avoidable) - there were no incidences of avoidable pressure ulcers to report during July. 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 has 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 refresher.

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 work plan

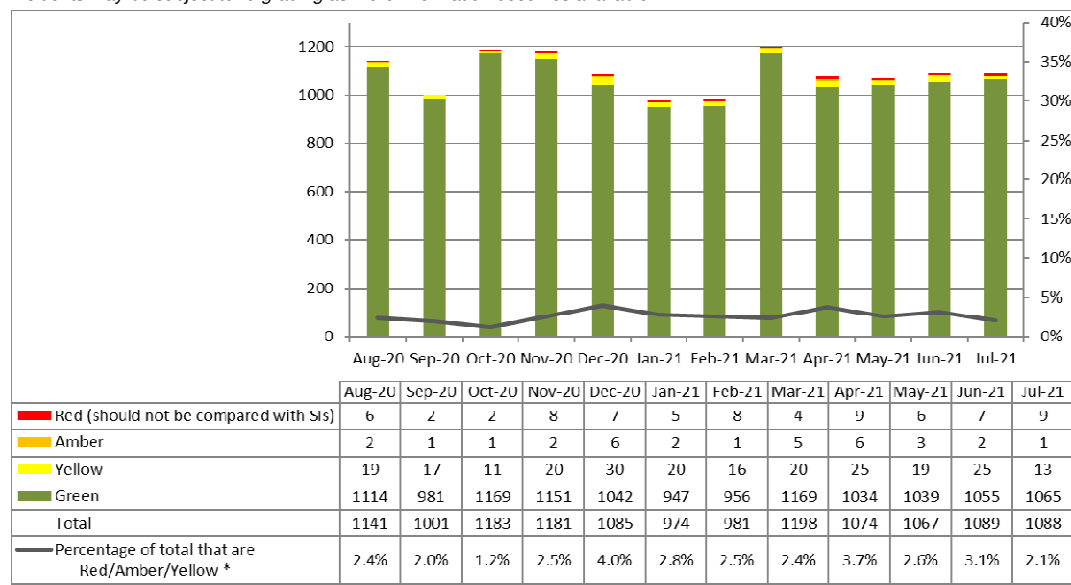
Work to map the patient safety specialist role against existing resources is ongoing, along with identifying operational leads for all areas of work.

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 was 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



Degree of harm analysis:

Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (6th Aug 2021).

Deaths: of the 9 deaths that were recorded for July 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 – Barnsley, Liaison and Diversion Team, Barnsley and Mental Health Access Team (IAPT) – Barnsley. There were 4 suicides (incl apparent) - community team care - current episode. These were recorded 1 each at Core Team East – Wakefield, Enhanced Lower Valley Team – Calderdale, Enhanced Team West – Wakefield and 1 at Intensive Home Based Treatment Team (Kirklees). There was 1 incident Suicide (incl apparent) - community team care - discharged Psychiatric Liaison Service, Wakefield. There was 1 Suicide (incl apparent) - inpatient care - current episode recorded at Elmdale Inpatient Services Ward where service user was on leave.

Severe: of the 1 severe harm incidents recorded for the month of July 2021, this was Pressure Ulcer - Category 4 recorded at Neighbourhood Team - North (Barnsley).

Moderate: of the 13 moderate harm incidents reported in July 2021, 4 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 July 2021. These were 2 incidents recorded at Intensive Home Based Treatment Team (IHBT) – Wakefield and 1 incident each at Intensive Home Based Treatment Team (Kirklees), Mental Health Liaison Team (RAID) - Calderdale and Kirklees, Stanley Ward Wakefield, Enhanced Team West - Kendray, Barnsley, Early Intervention Team (Insight) – Castleford, Clark Ward – Barnsley, and 1 incident at Bronte Ward, Newton Lodge, Forensic. There was also 1 slip trip and fall incident recorded at Beechdale Ward, The Dales Unit.

* 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.

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.
- 96% of incidents reported in July 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 as June 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 July 2021
- Patient safety alerts not completed by deadline of July 2021 - None

Following a decrease in incidents being reported in February 2021, the number of incidents reported in July 2021 is in line within the average range of reporting. In June 2021 there were 1055 incidents reported compared with July 2021 were 1065 incidents were reported.

Mortality

Learning: Clinical mortality review group has been postponed during Covid 19 pressures on services, although learning continues to be shared through the production of SBAR's which are shared via the learning library. We have designed and sent out a "Structured Judgement Review Exit Survey" as a survey monkey on the 20 July 2021 with a closing date for the 09 August 2021. This is for the purposes of quality improvement of the SJR process and look at themes as to why people can no longer complete or no longer wish to complete SJR's.

Regional work: The last 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.

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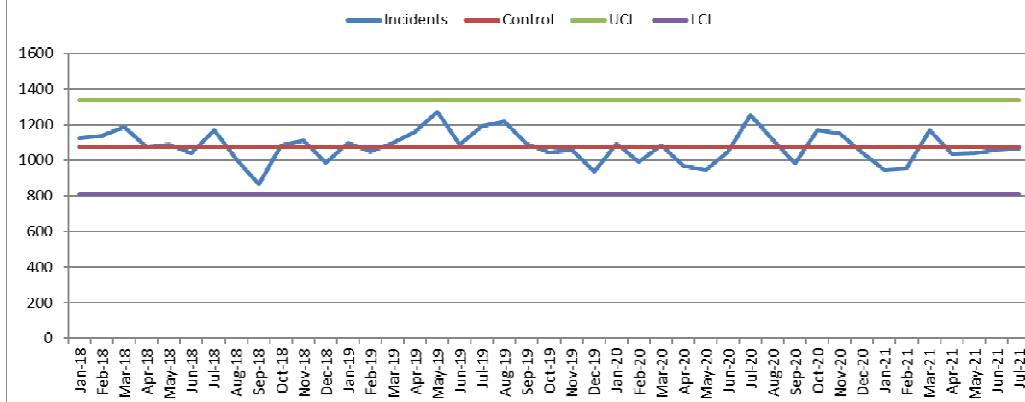
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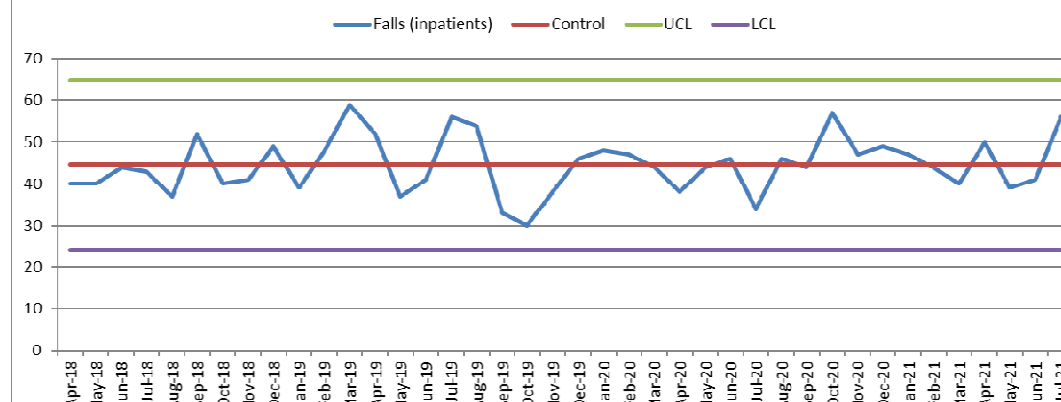
Safety First cont...

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://www.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx>

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

<http://www.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx>

[SBAR EPMA discontinuation](#)

[Sharing learning from Covid 19 29.06.21 possible transmission](#)

Patient Safety Alerts

Patient safety alerts received - July 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 Trio's who then cascade to ward/team level managers via Datix. Responses are collated via Datix and Trio's 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/2021/006/NHSPS	Inappropriate Anticoagulation Of Patients With A Mechanical Heart Valve	14/07/2021	Yes - circulated for action	28/07/2021	28/07/2021

Safer Staffing Inpatients

We continue to experience high acuity, and staffing has been impacted on inpatient areas due to the ongoing COVID-19 issues in addition to sickness and vacancies. This has placed a demand on staff that has not been experienced since the first wave of the pandemic. As a Trust, we are looking at various measures that can be introduced to ease the staffing pressures. The ongoing situation also increases the pressure on the community services sickness, and a general increase in acuity/demand.

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 23rd August, we currently have 130 staff absent through Covid related reasons as well as 11 other staff who are completing daily lateral flow tests. International recruitment continues to gather pace, and we are expecting our first interviews to have taken place by the first week in September. The commencement of the training schedule for SafeCare within the forensic setting will also be rolled out through September.

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.

For the first time in 5 months three wards fell below the 90% overall fill rate threshold in July, which were Enfield Down (which is going through a reconfiguration so has supported other areas), Appleton and Priestley. The Forensic Business Delivery Unit (BDU) have experienced issues due to vacancies, sickness and staff being off clinical areas for various reasons. Of the 31 inpatient areas, 20 (64.0%), a decrease of one ward on the previous month, achieved 100% or more. Indeed, of those 20 wards, 13 (a decrease of one on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains 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 within Kendray Hospital in Barnsley and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas including block booking staff to provide consistency and continuity, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal.

Registered Nurses Days

Overall registered fill rates have decreased by 2.8% to 79.3% in July compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have decreased by 2% in July to 97.7% compared with the previous month.

Overall Registered Rate: 88.5% (reduced by 2.4% on the previous month)

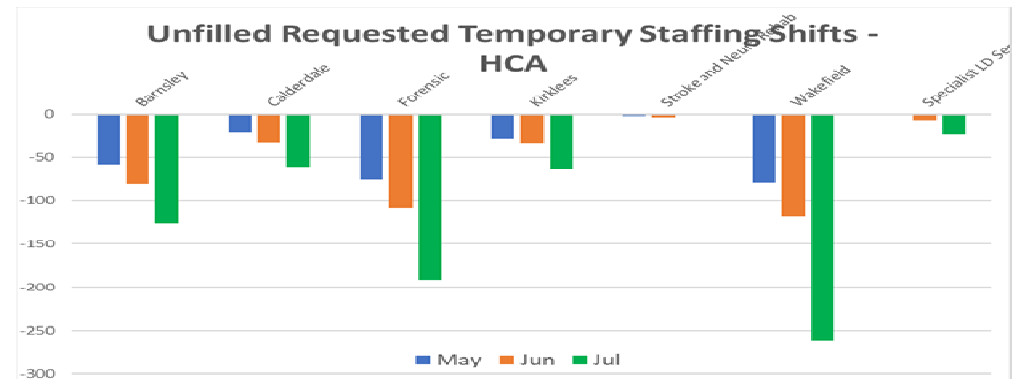
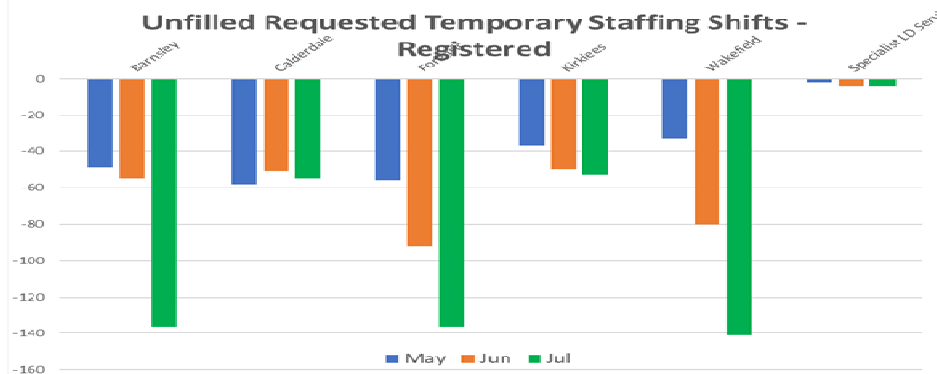
Overall Fill Rate: 115% (reduced by 4% on the previous month)

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.



The tables above show that we had an increase in requests and unfilled shift in most areas apart from Stroke and Neuro rehab. Older aged adults fared better with the overall increased acuity and vacancies, as well as observation levels, being cited as the reasons for the increased demand in the other areas. Without the overtime fill rate the requested sum of additional shifts, indicative of acuity including sickness absence, increased by 888 to 5,384 (1,289 RN and 4,095 HCA) shifts.

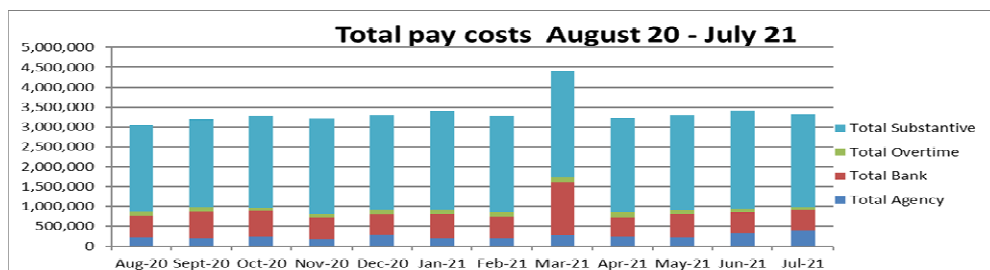
Safer Staffing Inpatients cont...

Unfilled Shifts				Filled Shifts
Categories	No. Of Shifts	Total Hours	Unfill Percentage	
Registered	526 (+193)	5,745.75	40.67% (+14.93%)	763 (+99)
Unregistered	728 (+343)	8,128.00	7.23% (+6.57%)	3,367 (+253)
Grand Total	1254 (+536)	13,873.75	22.63% (+7.34 %)	

We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need. These figures also allow us to monitor an increase on the flexible staffing resource and look at what appropriate resources are required from the trust bank flexible staffing resource.

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 for support.

There was an overall decrease on spend on inpatient staffing, see table below, of £90,230 for the month of July 2021. This included a reduction of bank and overtime spend of £4,013 and £1,478 respectively whilst agency spend rose by £60,506.



Information Governance

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

All Incidents involved information being disclosed in error and this continues to be the highest reported category. Incidents reported during July involved such incidents as letters being sent to the wrong recipients and address, emails being sent to the wrong recipient, staff being given access to the wrong inbox and a letter being sent out after a patient's death.

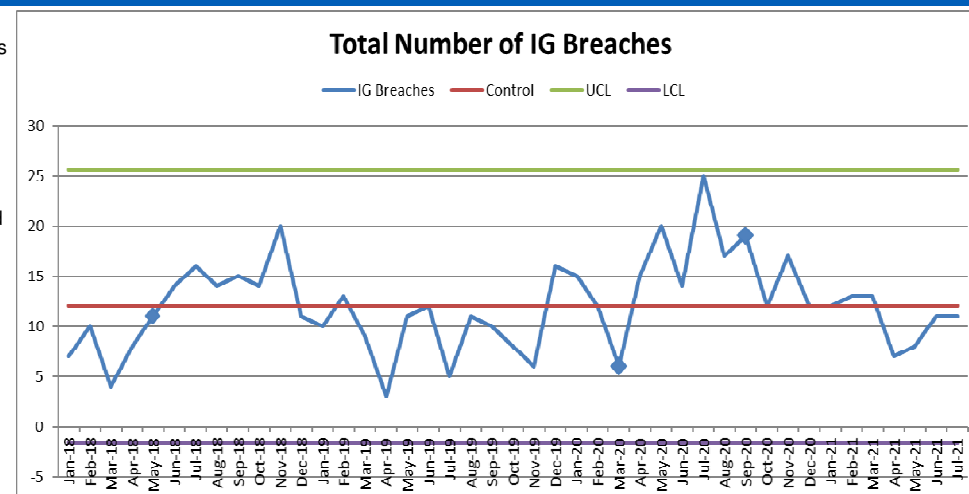
A new information governance communications plan was launched in late July 2021, which involves posters and screensavers based on real life scenarios and use of Trust communication, The Headlines to raise awareness.

The Trust did not report any incidents to the Information Commissioner's Office (ICO) during July and no new complaints about the Trust were made to them.

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.



Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

System-wide Monitoring

Locality

Finance/Contracts

Workforce

Commissioning for Quality and Innovation (CQUIN)

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

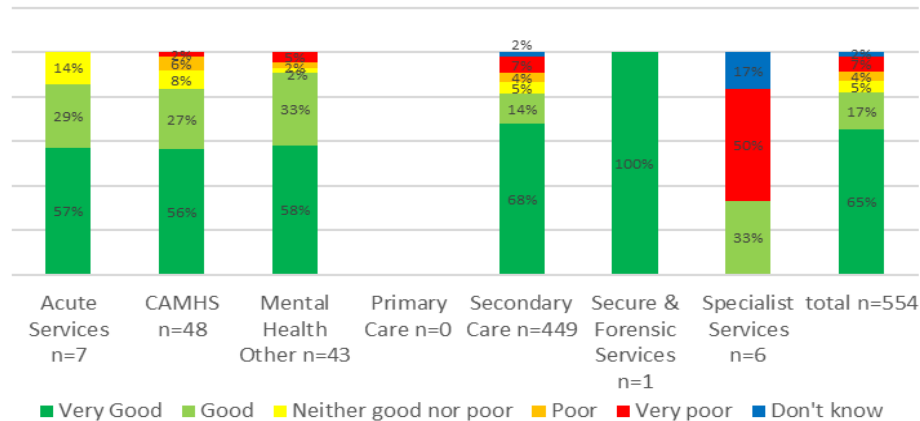
Patient Experience

Friends and family test shows

- 95% would recommend community services.
- 82% would recommend mental health services

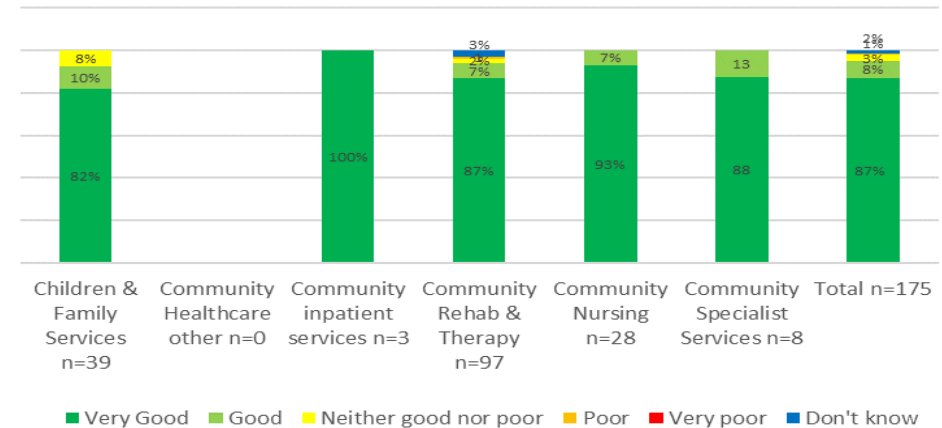
Mental Health Services

Mental Health 82%/ n=554



Community Services

Community 95%/ n=175



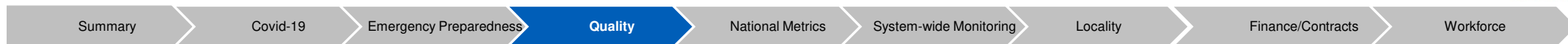
449/554 (81%) of mental health (MH) responses were received from community mental health services. 82% of ratings are positive, 11% negative and 7% neutral. This is the major contributing factor to the MH target of 85% not being met. From the free text comments received, the themes were:

- Access to services
- Staff attitude
- Communication

Services will be reviewing the feedback and acting where necessary. In addition, the text messaging system is being reviewed to encourage respondents to give better quality, qualitative feedback

The FFT rating for community health services dipped to 95%. Of the 175 respondents, 1 person rated the service as poor, with no discernible themes around what could be improved. 95% recommendation rate is extremely positive and should be celebrated.

- 85% (730) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=174) of respondents felt that their experience had been very good or good across community services.
- 82% (n=555) of respondents felt that their experience had been very good or good across mental health services.
- There are no trends or themes identified from the negative responses. The majority of the negative responses were received by text message which did not include accompanying text explaining their response. This issue has already been identified and we are working on changing the text message to encourage respondents to provide accompanying comments to their ratings.
- The text messaging service provided 60% (441/730) of responses for July.



Safeguarding

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

All members of the team have attended virtual webinars and/or training sessions to ensure that their practice, the training material, and advice provided is up to date and relevant. The safeguarding team have attended: Liberty Protection Safeguards training, Domestic Abuse and Social work, ACT awareness and the UK Hoarding Awareness training.

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

The safeguarding specialist advisor attended the five-day course "psychological first aid and post incident debrief facilitator training" and a "Leadership in Safeguarding" two-day training session. The Safeguarding Team, Occupational Health and Human Resources are working together to consider how this work can be facilitated. There is also a supervision session organised by the ICS lead to support the SWYPFT practitioners who have successfully completed the course.

The Associate Director for Patient Safety attended a start-up meeting with NHSE/I and partners regarding a Mental Health Homicide Review in Kirklees. NICHE is the company commissioned by NHSE/I to undertake the review.

The final version of the SANCUS Mental Health Homicide Review report is being reviewed by the Trust for factual accuracy and amendments and is due to be returned on the 20th of August 2021. The family have not yet commented and are awaiting the final version.

The safeguarding team supported Barnsley CAMHS with the preparation for a South Yorkshire and Bassetlaw Provider Collaboration Review.

Infection Prevention Control (IPC)

Ongoing work for COVID19 pandemic, with reset, restoration and recovery

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

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –95%

Infection Prevention and Control- Trust wide Total –92%

Policies and procedures are up to date.

Complaints

There were 25 new formal complaints in July 2021. Of these 2 have a timescales start date and 21 are awaiting consent/questions. We have closed 2 due to no contact/consent.

16% of new formal complaints (n=4) have staff attitude as a primary subject

26 compliments were received

We closed 13 complaints in July 2021 which included 3 reopened complaints. Of the 10 formal complaints, 80% (n=8) exceeded the 40 working day target. Main reason for cause of delay is the back end of the sign off process.

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

Reducing Restrictive Physical Intervention (RRPI)

There were 161 reported incidents of Reducing Restrictive Physical Interventions used in July 2021 this is a decrease of 9 (5.4%) incidents since June 2021 which stood at 170 incidents.

Of the different restraint positions used in the 161 incidents, standing position was used most often 73 (34%) followed by seated at 38 (18%).

Prone restraint was reported 25 (11% of total restraints) times in July 2021, this is an increase of 9 (56.5%) from last month.

All but one of the reported the prone restraints were directly linked to seclusion (9) or medication (14) events.

Incidents where prone descent immediately turned into a supine position were recorded at 17 (8%) this is a separate entity to prone restraint.

Wakefield recorded 14 prone restraints; Kirklees reported 4, Calderdale had 4, Forensics had 2 and Barnsley reported 1, Learning disabilities 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 July the percentage of prone restraints lasting under 3 minutes was 88% which is a reduction of 5%. 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.

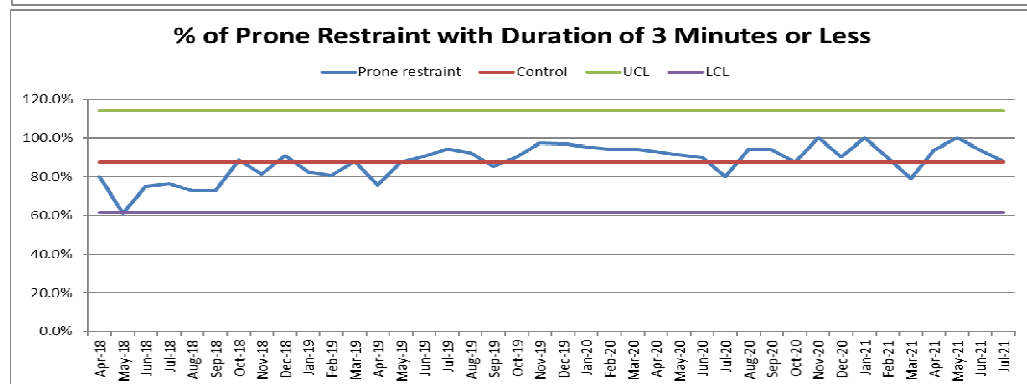
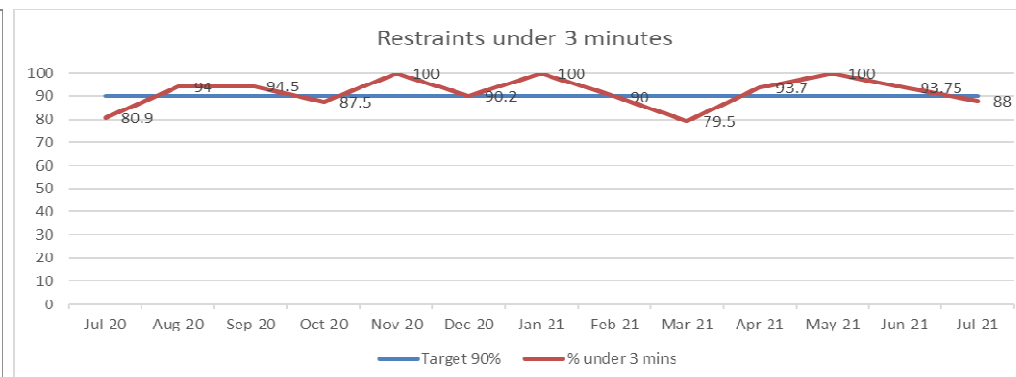
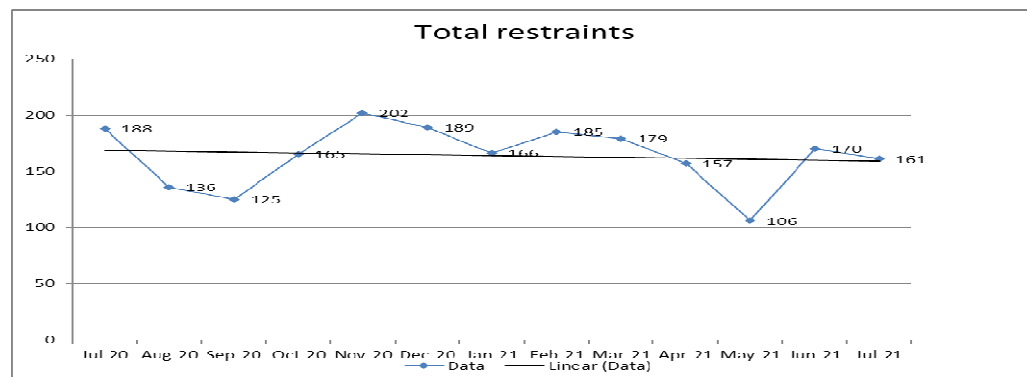
The use of seclusion has increased to 52 which is an increase of 4 (8.3%). The dedicated female wards in the Trust have all experienced a high number of incidents and seclusion due to a range of complex and challenging needs expressed by service users.

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.



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.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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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 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	Jul-21	Data quality rating ^a	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%	99.7%		
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%	94.1%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	96.1%	98.7%	99.4%	99.7%	99.1%	99.1%	100%	100%	99.1%	100%		
% 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%	139/140 =99.3%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.7%	98.8%	98.8%	99.0%	98.9%	98.3%	99.1%	99.1%	98.7%	98.7%		
Out of area bed days 5	Improving Care	Responsive	CH		737	316	251	374	78	82	122	204	170	86		
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%	53.2%	45.0%		
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%	98.1%		
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%	100%		
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%	89.2%		
% 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%	92.5%	92.5%		
% 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%	13.1%		

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	Jul-21	Data quality rating ^a	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	34	10	70	47	6	6	25	22	40	41		
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	3		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	205	210	189	217	189		217			Due October 2021		
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	Jul-21	Data quality rating ^a	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.8%	99.5%	99.4%	99.1%	99.4%	98.9%	98.9%	99.6%	98.4%	97.1%		
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%	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%	98.2%	98.1%		

* See key included in glossary.

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

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

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

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 99.7%
- The percentage of service users seen for a diagnostic appointment within 6 weeks has reduced to 94.1% and is now below target.
- During July 2021, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 41 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:

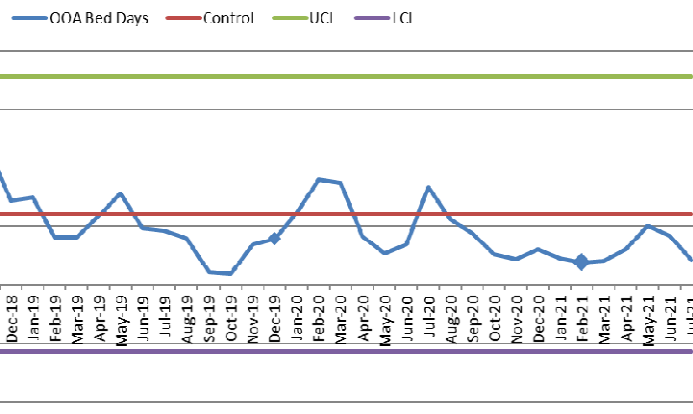
An additional column has been added to the above table to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for July shows 18.0% of records have an unknown or missing employment and/or accommodation status, this is an increase from June which showed 15.4% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

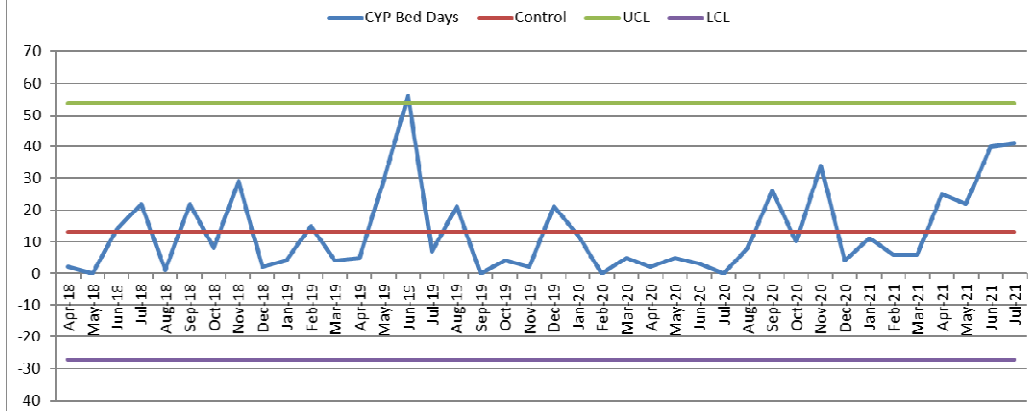
SPC Charts

Inappropriate Out of Area Bed Days



SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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 and 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 and 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 September 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

- Service resilience has been maintained. Contacts continue to be delivered by telephone/video link where practicable with face to face support offered as necessary.
- Strong mental health partnerships are in place in the local system. A Strategy is being developed for consultation in September 2021
- Improving access to psychological therapies (IAPT) waiting list initiative 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 (IHBT) services.
- Difficulties in maintaining ward staffing levels has led to a 'pull' on IHBT and other community staff.
- Non-recurrent recovery investment made available by Barnsley CCG. Plans approved to support caseload pressure in the Single Point of Access and core/enhanced teams.
- Focus on maintain focus on staff wellbeing/resilience has been maintained

CAMHS

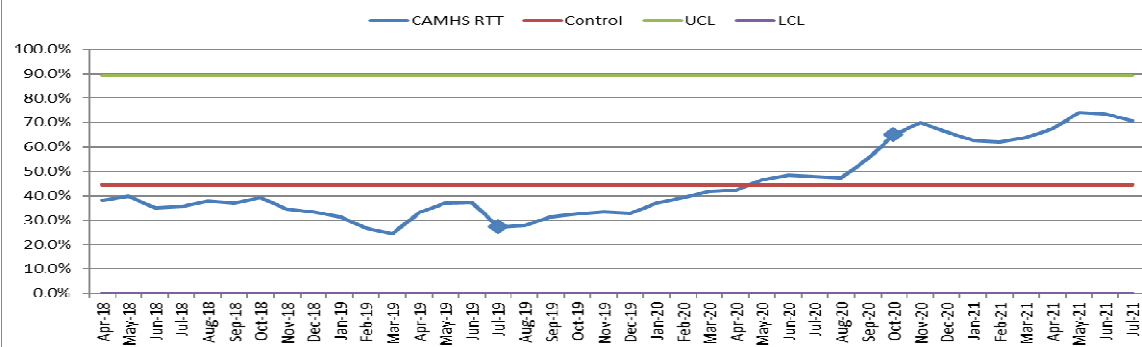
Strengths

- 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 and are moving to implementation.
- Referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield. The medium term trajectory 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 CCGs regarding additional investment
- There has been a focus on maintaining staffing levels in Wetherby Young Offenders Institution.
- Focus on maintain 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.

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Barnsley general community services

Key Issues

- The Yorkshire Smoke Free (YSF) Wakefield bid was submitted in May 2021 with the outcome expected in November 2021.
- 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, and is due to commence in post in October.
- System pressures are being experienced, due to the current pressures associated with the Hospice, with complex palliative care and lymphoedema patients flowing into the community. Discussion around this issue has commenced with Barnsley CCG.
- The management team have experienced pressure due to recent loss of their colleague, Ruth Donoghue.

Strengths

- Yorkshire Smoke Free Barnsley has been given additional funding for the extended delivery based in North East Barnsley to be extended to South, Central and Dearne neighbourhoods.
- Funding is in place to expand our offer to support patients with Long Covid
- Though recruitment of AHPs is a national issue at present, Macmillan and Community Lead Dietician posts have been successfully recruited to.
- Partnership working continues to ensure appropriate patient flow and support care closer to home.

Challenges

- A new manager is in post for Live Well Wakefield, but due to current team vacancies the team requires additional support. We are working with Nova to provide additional capacity.
- The QUIT smoking programme across South Yorkshire and Bassetlaw is currently drawing on the Yorkshire Smoke Free resource, causing pressures.
- Social care and reablement service are close to capacity within the system, impacting on flow of patients into the community from hospital and affecting services especially rehabilitation support. This is compounded by the contract for the bridging service having ceased.
- Continued system pressures, sustained OPEL 3 level. Increased acuity across many pathways.

Areas of Focus

- There is a national issue 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.
- Children and Adults Speech and Language Therapy (SALT) Services is currently being reviewed by CCG Commissioner.
- The whole system is working to produce solutions to enable patients to receive the social care packages they require in a timely manner, from the right service, to enable the flow of patients through the health and social care system.

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 proposed 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) are over 12%. Absence has reduced slightly but due to peak annual leave period, the actual staffing numbers have not improved.
- 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.
- All targets are being met re national timescales. Nationally, pressures are being seen around access to male low secure beds and female beds (both medium and low secure).
- Staff supervision levels are 91% in medium secure, 92% in low secure and 100% in Newhaven and is work ongoing to ensure they reach target.
- Staff well-being remains a focus, with the service utilising recent NHS survey results to modify plans.

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 continued:

Learning Disability services

Community:

- Staff are continuing to work in a 'blended' way (working from home and in base) but spending increasing time in our learning disability hubs.
- Referral rates continue to be 20-30% higher than throughout 20/21 and are roughly at the level seen pre-pandemic.
- New posts have been funded permanently and will go into base budgets.
- KPI performance data continues to improve but a local review of performance is taking place.
- Targeted work with specific community leads continues to manage individual discipline waiting lists
- Barnsley community team have moved to new premises – Mapplewell Health Centre.
- Capacity of learning disability doctors has reduced further. In addition, locums are limited. A plan of temporary cover has been put in place to ensure all areas/localities have cover whilst recruitment to permanent posts continues.

Inpatients:

- OPEL Level remains at level 2
- Supervision is currently at 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. Recruitment to posts has commenced.
- High bank/agency use continues though is being supported by safer staffing team with block bookings.
- Sickness levels are a key area of focus (currently 15% with much of this being long term) and plans are in place to address this.

ASD/ADHD

- The service is operating fully without any operational challenges due to Covid-19.
- Supervision is currently 94%.
- There has been a surge in referrals for assessment
- The service has a list of new business opportunities/ developments to explore further.
- Performance metrics all green.
- 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, and whilst use of acute beds out of area has been kept to a minimum, there have been acute out of area placements particularly in response to demand for male admissions. The use of 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.
- The wards continue to deal with COVID-19 requirements for admission and episodic testing, and routine or infection-related isolation and quarantining arrangements. Cohorting standard operating procedures to support the separation of people with symptoms or a positive COVID-19 diagnosis are in place for acute and older people's services together with an inpatient clinical pathway for COVID-19 positive patients. This is proving a robust framework within the parameters of demand and limitations of estate.
- Acute wards continue to see high levels of acuity and service user distress, with further challenges as above in managing isolated and cohorted patients. The difficulties have been compounded by staff absences and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards which have intensified. Senior leadership is available to the wards 7 days a week from matrons on site, and full weekend management systems are in place to support the frontline. 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 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, 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. The Intensive Home Based Treatment Teams (IHBT) are actively supporting 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 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 are currently reviewing space utilisation in each building to optimise clinical capacity.
- Demand into the 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 of 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
- 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 (EIIIC) 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 EIIIC 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 EIIIC 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 EIIIC 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

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Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2021/22	Narrative
1	Surplus / Deficit	£2.1m	£2.3m (H1 21/22)	In July 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	£2.7m		Agency expenditure has increased in June and July 2021 with £0.8m spent in July. This is the highest cost incurred in a single month in the last 4 years. The increase is mainly in unregistered nursing staff to support adult acute and forensic inpatient workforce requirements.
3	Cash	£61.2m	£52.8m	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	£0.8m	£9.6m	The forecast remains that the full £9.6m capital programme will be utilised in year. A business case for the Bretton Centre development has been drafted and this is currently being assessed. Year to date spend is £0.8m which is £0.1m less than planned.
6	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 11 days from receipt.

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

Workforce - Performance Wall

Trust Performance Wall																	
Month	Objective	CQC Domain	Owner	Threshold	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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%	4.5%
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%	4.5%
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%	14.1%
Gross Vacancies	Improving Resources	Well Led	AD	-	Reporting Commenced April 2021									10.8%	5.5%	7.9%	9.0%
Net Vacancies	Improving Resources	Well Led	AD	-										2.9%	0.6%	3.2%	4.0%
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%	85.4%
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%	75.91%
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%	94.6%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	95.2%	95.7%	95.7%	96.0%	95.7%	95.7%	95.5%	95.6%	95.5%	95.6%	95.5%	95.2%	95.0%
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%	83.3%
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%	80.0%
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%	91.8%
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%	93.18%
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%	96.7%
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%	87.6%
Mental Health Act	Improving Care	Well Led	AD	>=80%	89.5%	91.2%	90.8%	91.4%	91.9%	92.1%	91.3%	91.3%	85.0%	85.1%	82.0%	80.7%	81.9%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	79.3%									74.4%			Due Oct 21
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	94.6%	94.6%	94.4%	95.3%	95.7%	95.6%	95.8%	95.6%	95.6%	95.3%	95.4%	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%	93.8%	
Safeguarding Children	Improving Care	Well Led	AD	>=80%	92.4%	93.6%	93.6%	93.3%	92.8%	93.2%	93.1%	93.6%	93.5%	93.3%	93.4%	93.1%	92.5%
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	£822k
Agency Cost	Improving Resources	Effective	AD	-	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k	£760k	£583k	£560k	£794k	£834k
Overtime Costs	Improving Resources	Effective	AD	-	£257k	£276k	£213k	Data unavailable at the time of producing this report									
Additional Hours Costs	Improving Resources	Effective	AD	-	£71k	£59k	£53k										
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£408k	£411k	£387k										
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																	
Number of RIDDOR incidents(reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	3			14			7			4			Due October 2021

Covid-19

KPI	Target	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	As at 24th August 2020	As at 22nd September 2020	As at 20th October 2020	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 18th February 2021	As at 24th March 2021	As at 20th April 2021	As at 20th May 2021	As at 22nd June 2021	As at 23rd July 2021	As at 20th August 2021	Trend	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19																				
No of staff off sick - Covid-19 not working 7		154	204	112	48	26	82	108	161	81	159	91	89	33	15	32	95	106		
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	1	0	0	1	1		
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	16	2	8	33	57		
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	5	3	6	28	7		
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	1	0	0	4	1		
Test & Trace Isolation		0	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	40		
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	27		
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	8	0	0	1	2		
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	2	2	3	15	8		
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	1	3	8	28	10		
OH Advised Isolation		7	6	7	3	0	1	5	2	1	4	2	2	1	1	1	0	0		
Test & Trace Isolation		0	0	0	7	0	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	7		
Number of staff tested 9		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	3386	3386	3386	3386	3390		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	807		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%	3125/3258 =95.9%		
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%	2051/2166 =94.7%		
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	40		
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	1359		Cumulative
Calls to occupational health helpline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	2655	2713	2798	2911	3007		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

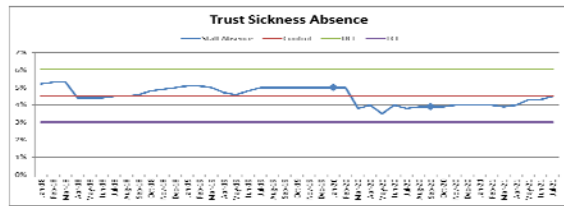
To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes we have established a BAME health and wellbeing taskforce and have invested in our Occupational Health service by appointing a Health and Wellbeing practitioner for the BAME workforce. We also offer 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 20th August, 106 staff off work Covid-19 related, not working which compares to 95 one month earlier. A further 27 were working from home.
- 3390 staff tested for Covid-19 as at 20th August.
- 807 staff have tested positive for Covid-19, none of which tested positive within the last month.
- Staff turnover increased to 14.1% in July.
- Non-Covid sickness absence increased slightly to 4.5% in July.

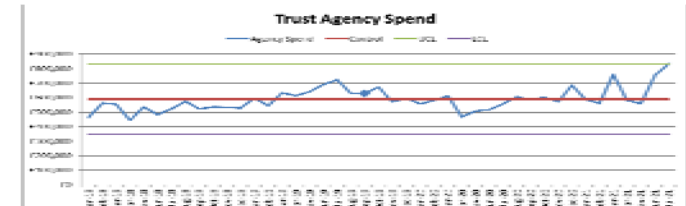
SPC Charts



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



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



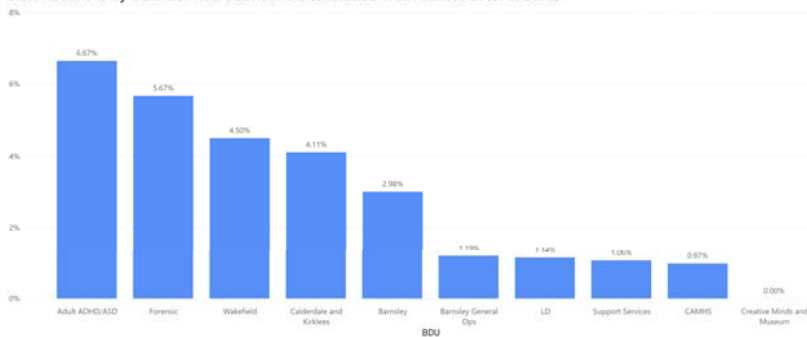
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

Sickness reporting

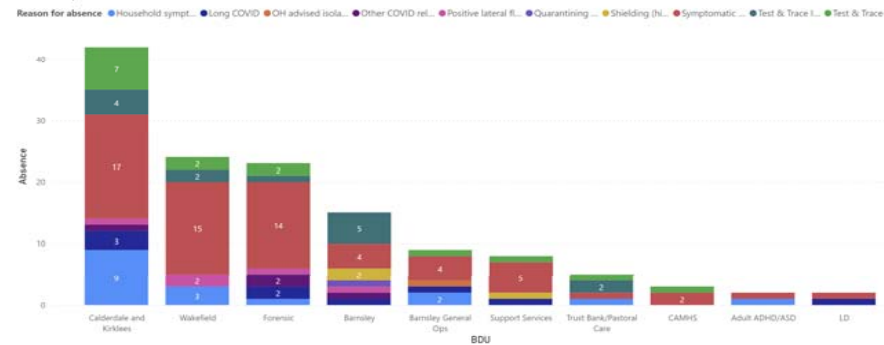
As at 20th August, the Trust has 133 staff absent or working from home due to Covid-19. This makes up 2.6% of the workforce. Of those absent, 48.9% are symptomatic and 12.8% have household symptoms. The business delivery unit (BDU) with the biggest impact is Adult ADHD/ASD with 6.7% of staff impacted

- 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 9.2 days in July.

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



Absence by BDU and Reason for absence



Publication Summary

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

NHS England and NHS Improvement (NHSEI) is consulting on proposed new mental health access standards, including the introduction of five new waiting time guarantees to improve patient access to mental health services. NHSEI is seeking feedback on the proposals from all users, including the public, wider stakeholders, and other interested organisations

[Find out more and take part](#)

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

[Psychological Therapies: reports on the use of IAPT services, England April 2021, final including reports on the IAPT pilots](#)

[Community services statistics for children, young people and adults: April 2021](#)

[NHS sickness absence rates: January to March 2021, and annual summary 2009 to 2021, provisional statistics](#)

[NHS workforce statistics: April 2021, including selected provisional statistics for May 2021](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 4
(2021 / 22)



www.southwestyorkshire.nhs.uk



With **all of us** in mind.

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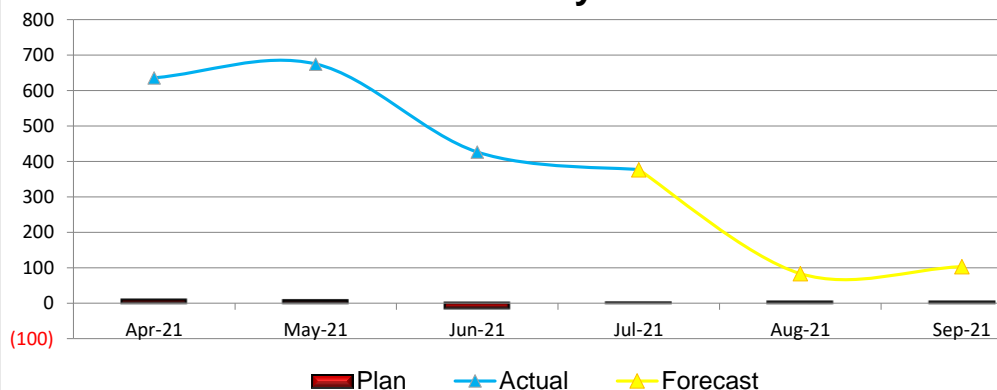
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
1	Surplus / (Deficit)	£2.1m	£2.3m (H1 21/22)	In July a surplus of £0.4m has been reported which is favourable to plan. The forecast position for the first half of the year is currently for a surplus of £2.3m. This will continue to be re-assessed.
2	Agency Spend	£2.7m		Agency expenditure has increased in June and July 2021 with £0.8m spent in July. This is the highest cost incurred in a single month in the last 4 years. The increase is mainly in unregistered nursing staff to support adult acute and forensic inpatient workforce requirements.
3	Cash	£61.2m	£52.8m	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	£0.8m	£9.6m	The forecast remains that the full £9.6m capital programme will be utilised in year. A business case for the Bretton Centre development has been drafted and this is currently being assessed. Year to date spend is £0.8m which is £0.1m less than planned.
5	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 11 days from receipt.

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

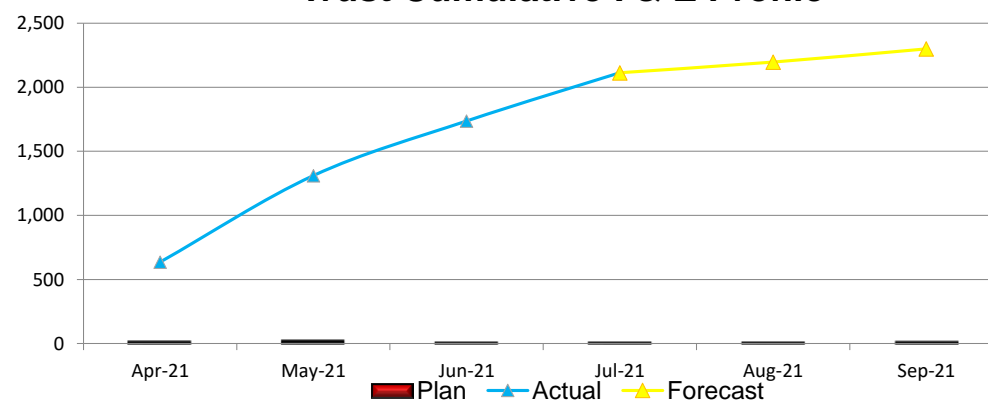
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget M1 - M6	Forecast M1 - M6	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				21,348	20,358	(990)	Clinical Revenue	84,385	81,800	(2,585)	126,905	123,278	(3,627)
				21,348	20,358	(990)	Total Clinical Revenue	84,385	81,800	(2,585)	126,905	123,278	(3,627)
				1,253	1,203	(50)	Other Operating Revenue	4,357	4,987	630	6,449	7,325	876
				22,601	21,561	(1,040)	Total Revenue	88,742	86,787	(1,955)	133,354	130,603	(2,752)
4,798	4,368	(430)	9.0%	(17,832)	(16,675)	1,157	Pay Costs	(70,403)	(66,563)	3,840	(105,884)	(100,745)	5,139
				(4,021)	(3,729)	291	Non Pay Costs	(15,345)	(15,058)	286	(22,975)	(22,946)	29
4,798	4,368	(430)	9.0%	(21,853)	(20,404)	1,448	Total Operating Expenses	(85,748)	(81,622)	4,126	(128,859)	(123,691)	5,167
4,798	4,368	(430)	9.0%	749	1,157	408	EBITDA	2,994	5,165	2,171	4,496	6,912	2,416
				(537)	(568)	(31)	Depreciation	(2,147)	(2,204)	(57)	(3,220)	(3,340)	(120)
				(212)	(212)	(0)	PDC Paid	(847)	(848)	(1)	(1,271)	(1,272)	(1)
				0	0	0	Interest Received	0	0	0	0	0	0
4,798	4,368	(430)	9.0%	0	377	376	Surplus / (Deficit)	0	2,114	2,113	5	2,300	2,295
				0	0	0	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
4,798	4,368	(430)	9.0%	0	377	376	Surplus / (Deficit)	0	3,250	3,250	5	3,437	3,431

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 July 2021 a surplus of £2.1m 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 is 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 payment 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, Wakefield, Kirklees and Calderdale commissioners and the cash payments are being finalised.

Mobilisation of these services, including recruitment where appropriate, is being undertaken.

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

In July income received from these contracts was £20.4m. This is lower than plan due to the timing and part year effect of receipt of MHIS funding.

Pay

Pay Spend in July 2021 was £16.7m. This is similar to the run rate for April to June 2021 although there is an increase in the ratio of temporary (bank and agency) staffing to substantive. 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 9.9% of overall pay expenditure which is an increasing trend. 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	38			148
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	33	62	19	11			125
Staffing - Isolation	Isolation, shielding and backfill for covid absence	56	15	31	32			134
Total – Pay		110	128	87	81	0	0	406
Lateral Flow Testing	Distribution of kits to staff	7	2	12	8			29
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	2	1	1	0			4
IT	Purchase of equipment and agile working enabling costs (VPN)	0	35	3	0			38
OOA Placements	Out of area bed placements required to covid issues	0	6	12	0			18
Staffing - security	External security costs to support vaccination	0	0	8	0			8
Misc / other	Other general non pay not captured in the headings above	0	15	8	6			29
Total – Non Pay		8	59	44	14	0	0	125
Total cost recovery		119	187	131	95	0	0	531

2.1

Income Information

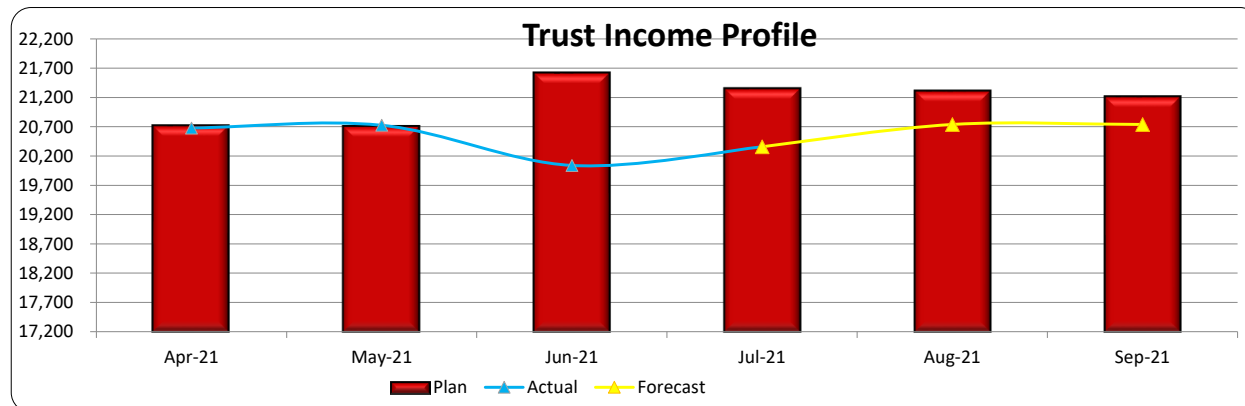
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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

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

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

	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k	Total 20/21 £k
CCG	15,365	15,341	14,558	15,120	15,426	15,426							91,236	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	2,493	2,488	2,488							14,886	28,281
Local Authority	404	490	402	385	416	416							2,512	5,025
Partnerships	657	636	654	547	628	628							3,750	7,514
Top Up / ERF	0	0	169	85	0	0							254	5,458
Other	41	50	46	(9)	46	46							219	4,815
Total	20,679	20,725	20,039	20,358	20,739	20,739	0	0	0	0	0	0	123,278	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	



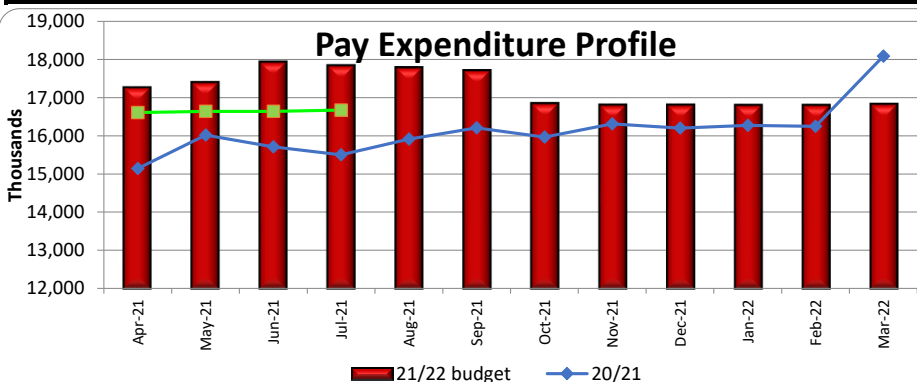
Funding continues to be agreed with commissioners for both recurrent (Mental Health Investment Standard) and non-recurrently (system recovery). Income, and expenditure, are included in line with expected profiles and will be increasing over the course of the year as additional staff are in place.

These are now in place with the main Barnsley, Wakefield, Kirklees and Calderdale commissioners with additional further schemes being developed.

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Substantive	15,224	15,171	15,089	15,019									60,503
Bank & Locum	803	911	795	822									3,330
Agency	583	560	754	834									2,731
Total	16,610	16,641	16,637	16,675	0	0	0	0	0	0	0	0	66,563
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%	4.9%									5.0%
Agency as %	3.5%	3.4%	4.5%	5.0%									4.1%
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,104	4,078	4,051	4,049									4,070
Bank & Locum	255	263	218	224									240
Agency	107	115	128	95									111
Total	4,465	4,456	4,398	4,368	0	0	0	0	0	0	0	0	4,422
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



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.

Pay expenditure run rate has remained relatively flat for the first 4 months of 2021 / 22 although there has been an increase in the ratio of temporary staffing costs. This was 8.3% in April 2021 and is 9.9% in July 2021.

Substantive staff have remained the same as last month and recruitment, both into existing posts and new investment, continues.

Covid continues to have an impact on staffing levels in work with increased levels of isolation during July. This has impacted on the usage of bank and agency staff; work continues to allocate covid-19 related costs against that specific funding stream.

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

Year to Date Budget v Actual - by staff group						
Staff Group	Budget £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
Medical	8,589	7,674	226	1,042	8,941	352
Nursing Registered	27,401	20,011	1,080	336	21,427	(5,973)
Nursing Unregistered	8,478	6,936	1,648	1,009	9,593	1,116
Other	19,156	16,228	154	331	16,713	(2,442)
Corporate Admin	5,575	5,210	92	13	5,314	(261)
BDU Admin	4,581	4,443	131	0	4,574	(7)
Vacancy Factor	(3,375)				0	3,375
Total	70,403	60,503	3,330	2,731	66,563	(3,840)

WTE In month Budget v Actual - by staff group						
Staff Group	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
Medical	228	178	1	12	191	(38)
Nursing Registered	1,481	1,222	58	13	1,293	(188)
Nursing Unregistered	874	708	140	53	901	26
Other	1,376	1,183	8	17	1,208	(168)
Corporate Admin	353	338	7	0	345	(8)
BDU Admin	485	422	10	0	432	(54)
Total	4,798	4,049	224	95	4,368	(430)

By staff group the key elements to highlight are:

Registered nurses have continued at the same underspending rate with 188 unfilled WTE, the same as last month. Unregistered nurses continue to provide support in this area resulting in the overspend although there was 26 less WTE used in month to June. Gaps continue to be experienced in the medical workforce although spend is higher than plan due to the agency component in certain specialties.

Work continues to increase the number of registered nurses including overseas recruitment and additional substantive recruitment. The funded WTE in the ledger has increased by 24 WTE due to the inclusion of new investment posts.

The other category includes a wide range of staff not covered in the other headings. This is reflective of the wide range of staff that support the services which we provide. Large WTE group examples include psychologists (287), PAMs (205) ancillary staff and housekeepers (191) and Occupational therapists (169).

The financial plan includes a value relating to expected staff vacancies and posts not back filled. This value, shown separately in these tables as Vacancy Factor, is a planning assumption and no posts are actively held. This is due to natural timing gaps in recruitment both for new investments and existing substantive posts. Vacancies, higher than this assumed level, contribute to the overall pay underspend position.

Year to date Budget v Actual - by service						
	Budget £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
MH Community	30,327	25,766	675	1,321	27,762	(2,565)
Inpatient	15,607	13,164	2,176	1,269	16,610	1,003
BDU Support	4,258	2,502	152	8	2,662	(1,596)
Community	9,641	8,119	139	36	8,295	(1,346)
Corporate	13,945	10,951	187	96	11,234	(2,711)
Vacancy Factor	(3,375)				0	3,375
Total	70,403	60,503	3,330	2,731	66,563	(3,840)

In month Budget v Actual - by service						
	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
MH Community	1,867	1,586	34	26	1,646	(222)
Inpatient	1,124	943	163	58	1,164	41
BDU Support	356	214	8	0	222	(134)
Community	754	636	9	4	649	(105)
Corporate	696	669	10	7	686	(10)
					0	
Total	4,798	4,049	224	95	4,368	(430)

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 £834k in July. This is the single highest month in the last 4 years.

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.

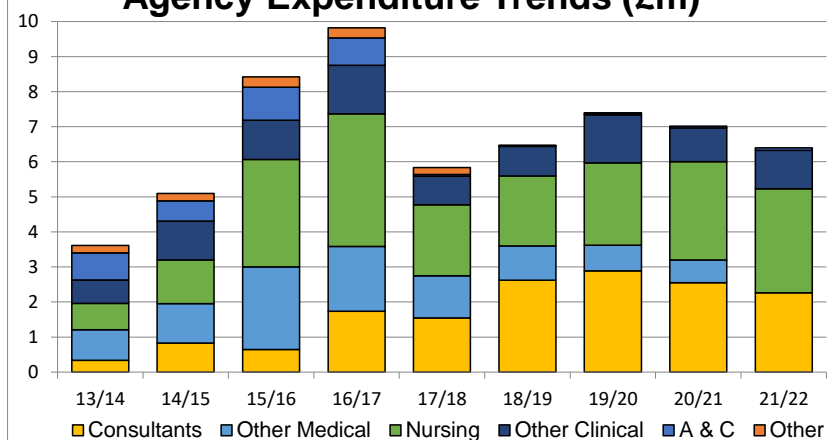
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

Due to covid 19 there is currently no agency cap for 2021/22 (although a value of £7.7m has been indicated), 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.

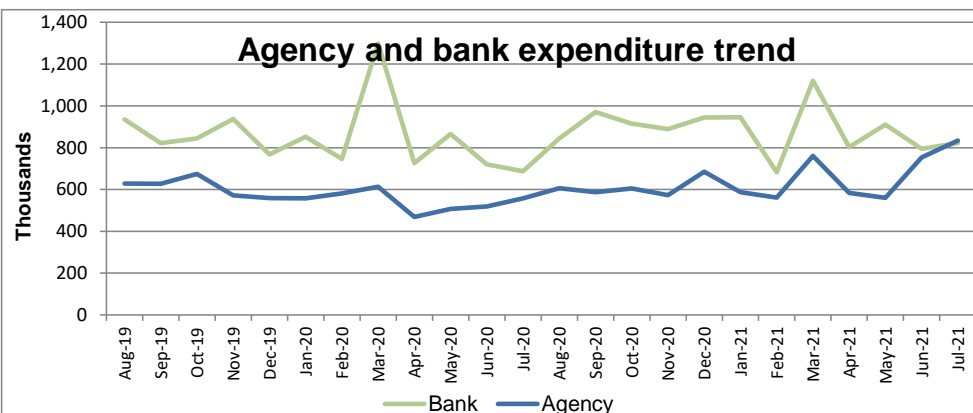
July spend has increased to the highest single month in the 4 year period shown below. This increase is within the unregistered nursing agency workforce which is supporting the acute inpatient and forensic inpatient requirements.

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

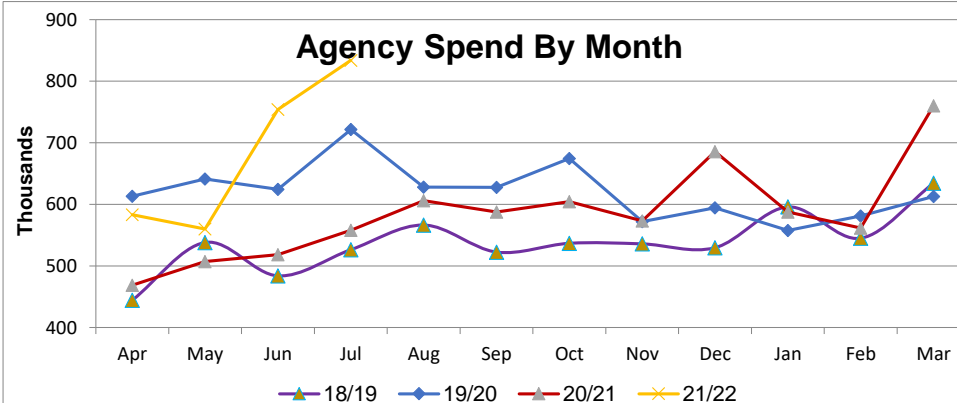
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month



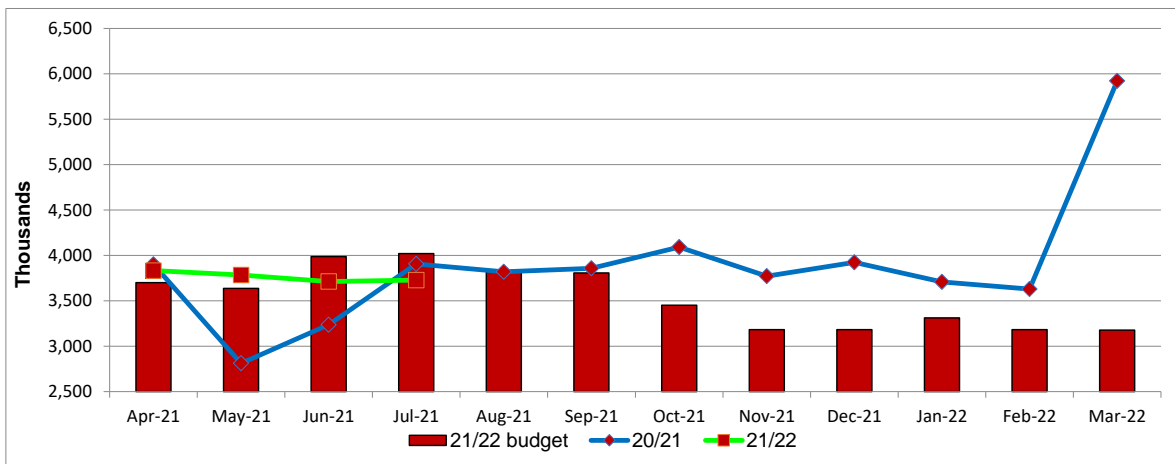
2.3

Non Pay Expenditure

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

	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
2021/22	3,834	3,783	3,712	3,729									15,058
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 £k	Actual Year to date £k	Variance £k
Non Pay Category			
Drugs	1,238	1,114	(124)
Establishment	2,519	2,735	216
Lease & Property Rental	2,553	2,592	39
Premises (inc. rates)	1,955	2,132	177
Purchase of Healthcare	2,230	2,200	(30)
Travel & vehicles	1,408	1,241	(167)
Supplies & Services	2,408	1,921	(488)
Training & Education	231	222	(9)
Clinical Negligence & Insurance	291	430	139
Other non pay	512	474	(38)
Total	15,345	15,058	(286)
Total Excl OOA and Drugs	11,876	11,745	(131)



Key Messages

As shown by the graph above non pay expenditure has been at a consistent run rate for April to July 2021. Within this non pay pressures have continued within the purchase of healthcare heading. 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.

Other cost pressures continue to be experienced, compared to plan, in premises costs and establishment. This heading includes computer purchases, software licences, printing and stationary.

Supplies and services, such as consumable products and food provisions, continue to be less than planned. Elements of this are also timing related with additional spend forecast later in the year. Travel costs also continue to be less than planned which remains linked to current working practices.

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 provide 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.

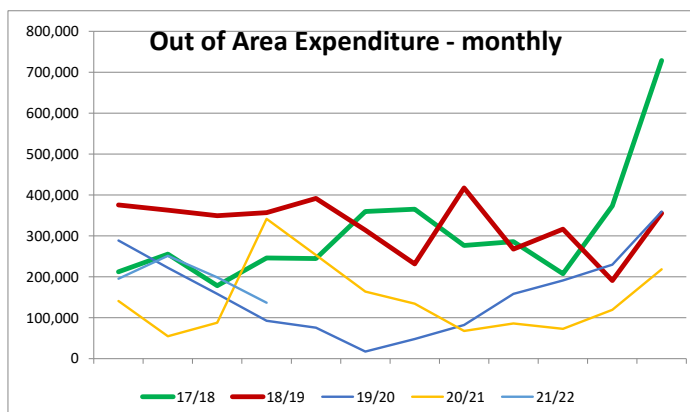
Breakdown of Purchase of Healthcare

	Budget	Actual	Variance
	Year to date	Year to date	
Heading	£k	£k	£k
Locked Rehab	761	883	122
<i>Out of Area</i>			
Acute	417	65	(352)
PICU	253	65	(188)
Other Services	799	1,187	388
Total	2,230	2,200	(30)

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137									782

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	316	223									1,074

Bed Day Information 2021 / 2022 (by category)														
PICU	203	236	233	176										848
Acute	18	78	83	47										226
Total	221	314	316	223	0	0	0	0	0	0	0	0	0	1,074



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.

Bed days, and expenditure, have reduced further in July 2021. Whilst not yet to the lowest levels experienced in November 20 to February 21 it is the lowest single month since that date.

This is testament for hard work being undertaken Trustwide to manage activity (demand and acuity) in the best possible location.

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.

	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	104,978	102,105	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,173	107	1
Non NHS Trade Receivables (Debtors)	1,828	1,864	1
Prepayments	2,867	4,167	2
Accrued Income	3,090	4,049	3
Cash and Cash Equivalents	56,648	61,214	Pg 16
Total Current Assets	65,781	71,575	
Current Liabilities			
Trade Payables (Creditors)	(1,182)	(1,914)	4
Capital Payables (Creditors)	(585)	(617)	
Tax, NI, Pension Payables, PDC	(5,920)	(6,526)	
Accruals	(24,112)	(23,077)	5
Deferred Income	(3,981)	(4,273)	6
Total Current Liabilities	(35,779)	(36,406)	
Net Current Assets/Liabilities	30,001	35,169	
Total Assets less Current Liabilities	134,980	137,274	
Provisions for Liabilities	(7,348)	(7,516)	
Total Net Assets/(Liabilities)	127,632	129,757	
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	68,558	7
Total Taxpayers' Equity	127,632	129,757	

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, 87% 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, rent 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.

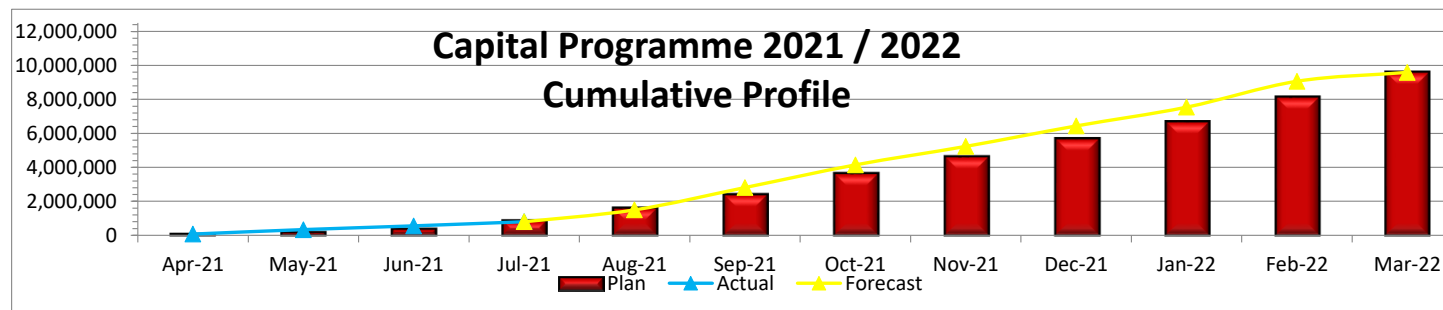
5. Accruals continue to be at a higher level than historically. Work continues to chase invoices to reduce this value.

6. Deferred income remains high and includes £1.4m from Health Education England.

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

3.1 Capital Programme 2021 / 2022

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Major Capital Schemes							
En Suite	2,000	0	4	4	2,000	0	
OPS transformation	578	0	0	0	578	0	
Maintenance (Minor) Capital							
Routine Maintenance	3,194	524	444	(80)	3,367	173	
Fire Safety	160	0	0	0	160	0	
Plant & Machinery	455	62	0	(62)	455	0	
Equipment	100	20	20	(0)	100	0	
Fixtures & Fittings	45	0	0	0	45	0	
Other	643	95	316	221	343	(300)	
IM & T							
Clinical Systems	275	16	0	(16)	275	0	
Hardware	200	0	0	0	200	0	
Cybersecurity, Infrastructure	200	0	17	17	327	127	
Software	600	0	0	0	600	0	
Other	1,140	169	0	(169)	1,140	0	
VAT Refunds						0	
TOTALS	9,590	886	801	(85)	9,590	(0)	



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.

The plan assumed minimal spend at the start of the year with preparatory work and business cases to be finalised as required.

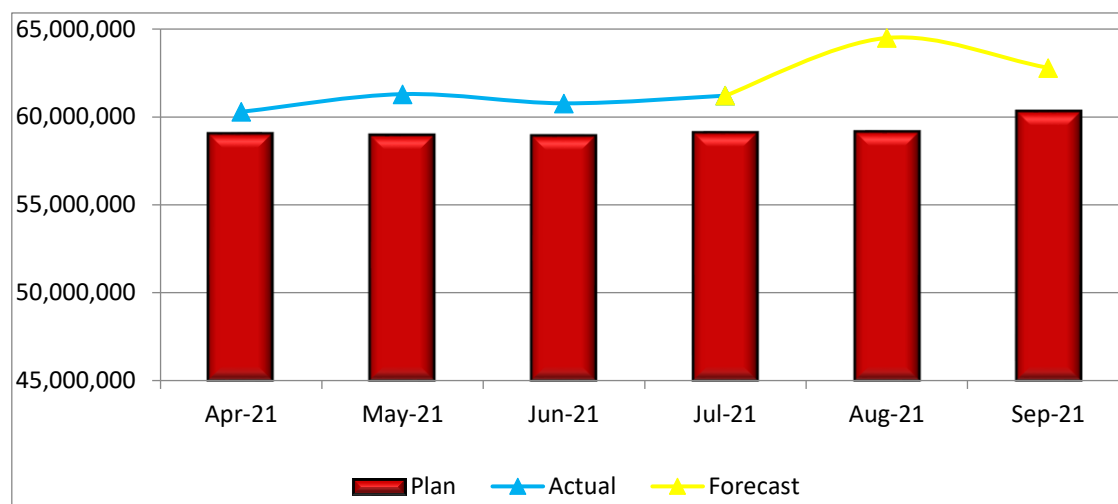
Spend to date is mainly a new scheme required to enable relocation of services within Barnsley and work at the Priestley Unit.

The main scheme progressed in month relates to the linked door replacement programme.

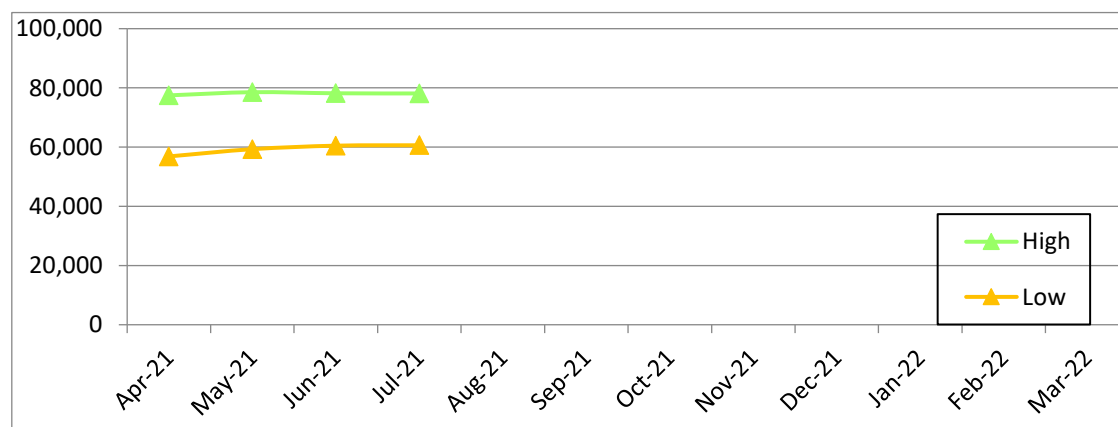
A draft business case for the proposed Bretton centre en-suite scheme was presented to EMT in August 2021. Further work is taking place to ensure value for money is provided.

3.2

Cash Flow & Cash Flow Forecast 2021 / 2022



	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,648	
Closing Balance	59,117	61,214	2,097



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

Cash has remained higher than planned over the course of the year. This is forecast to increase in August due to receipt of funding from NHS England relating to the prior financial year.

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

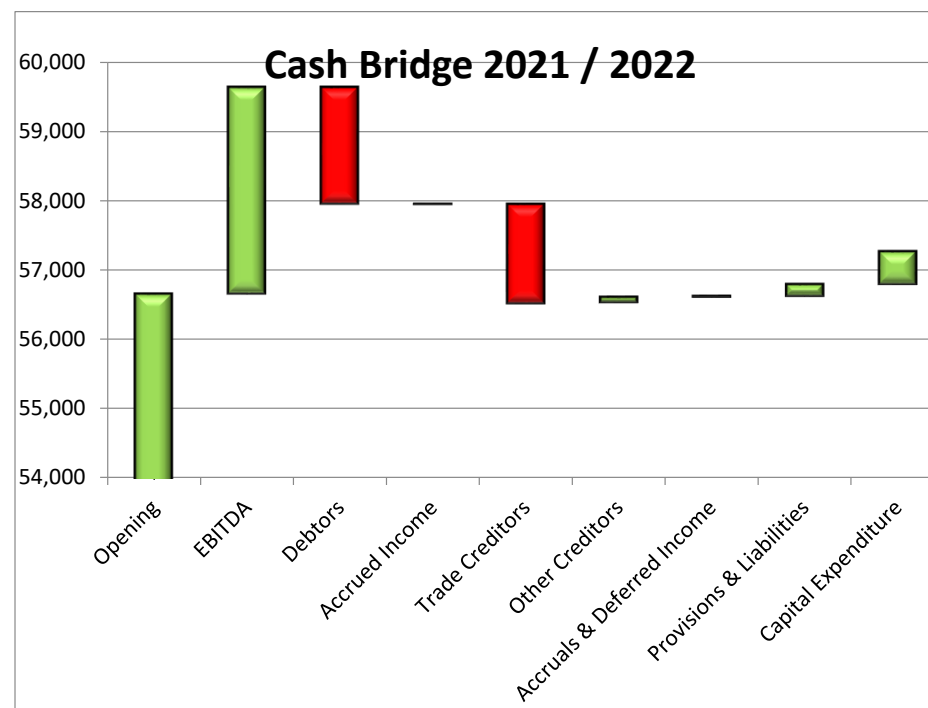
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is

The highest balance is: £78.1m
The lowest balance is: £60.6m

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)	2,181	5,165	
<i>Movement in working capital:</i>			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	450	(1,229)	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	1,097	(333)	
Other Payables (Creditors)	0	81	
Accruals & Deferred income	(14)		
Provisions & Liabilities	0	169	
<i>Movement in LT Receivables:</i>			
Capital expenditure & capital creditors	(1,246)	(769)	
Cash receipts from asset sales	0	1,482	
PDC Dividends paid	0	0	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	59,117	61,214	



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

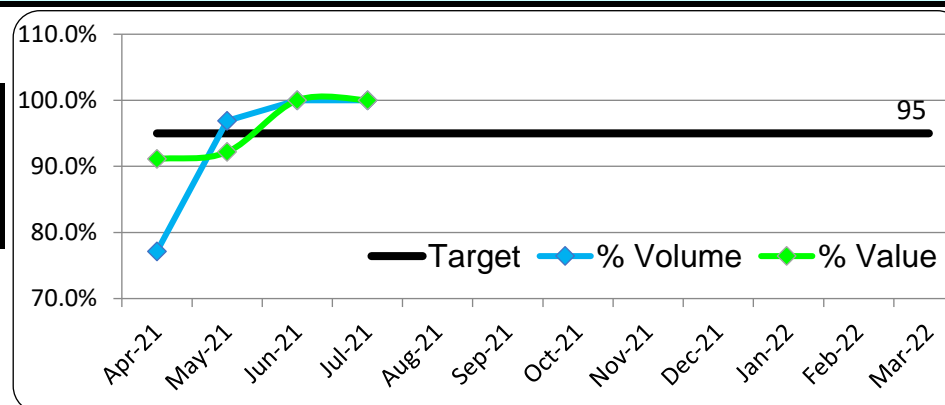
Better Payment Practice Code

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.

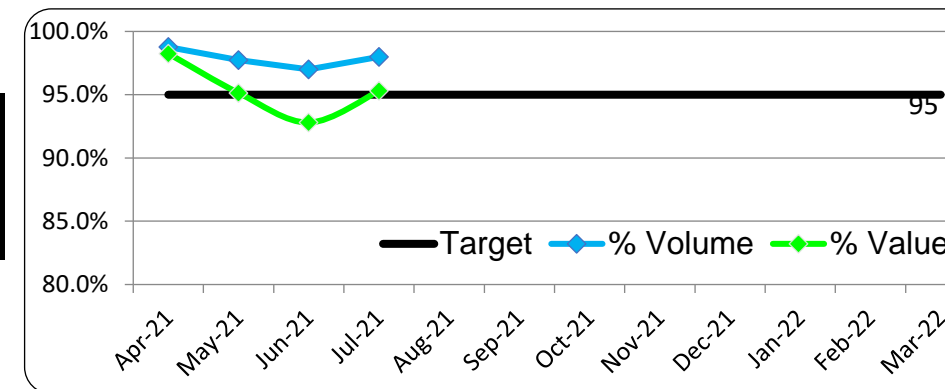
We continue to optimise the finance and procurement system which was implemented in October 2020. This includes a regular review of outstanding invoices, and working with SBS to resolve any issues.

Performance in July has seen 98% of volume and 95% 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	93%	98%



Non NHS	Number %	Value %
In Month	98%	95%
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 (£)
23-Jul-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173861	371,868
22-Jun-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173714	240,912
29-Jun-21	Rent	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600017311	151,907
09-Jul-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	319289	97,079
29-Jun-21	Domestics	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600017311	96,562
06-Jul-21	IT Services	Trustwide	Daisy Corporate Services	31473848	90,250
25-Jun-21	Audit Services	Trustwide	Deloitte LLP	8001912525	78,600
30-Jun-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	101346	67,149
22-Jun-21	Staff Recharge	Forensics	Wakefield Metropolitan District Council	91313451276	58,567
29-Jun-21	Other Services	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600017311	57,196
19-Jul-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402729317	51,155
29-Jun-21	Purchase of Healthcare	Kirklees	Kirklees Council	8606443335	48,812
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204355	46,866
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204376	46,866
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204369	46,866
29-Jun-21	Pathology	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600017311	45,584
06-Jul-21	Rent	Barnsley	Dr A D Mellor and Partners	GHP102021	42,100
22-Jun-21	Other Services	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710173714	40,991
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204362	40,245
14-Jun-21	Drugs	Trustwide	NHS Business Services Authority	1000069605	39,257
29-Jun-21	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600017311	38,556
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204361	37,929
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204375	37,929
16-Jul-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402728613	35,808
29-Jun-21	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600017311	34,284
09-Jul-21	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20210133	33,634
20-Jul-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995724	33,404
28-Jun-21	Purchase of Healthcare	Trustwide	North Yorkshire County Council	300001960	33,309
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204368	31,480
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204382	31,480
29-Jun-21	Estate Management	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600017311	30,585
11-Jun-21	Purchase of Healthcare	Kirklees	Spectrum Community Health Cic	SINV4314	30,000
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204365	28,732
29-Jun-21	Rent	Barnsley	Community Health Partnerships Ltd	0060204366	28,398
27-Jun-21	Utilities	Trustwide	Edf Energy	000009997166	26,849

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

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	4.2%	4.2%	4.3%	4.2%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.8%	3.9%	4.2%	4.3%	4.2%	4.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.5%	82.0%	78.8%	79.4%	88.2%	87.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.8%	84.2%	82.5%	82.5%	79.5%	76.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	96.1%	96.4%	95.7%	96.1%	94.3%	94.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.7%	97.2%	97.3%	96.9%	96.6%	95.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.2%	87.0%	86.4%	82.7%	83.6%	82.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.3%	75.5%	75.9%	77.7%	79.3%	76.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.9%	95.7%	95.7%	95.6%	93.9%	91.9%
Information Governance	Resources	Well Led	AD	>=95%	97.3%	97.7%	96.9%	96.0%	95.2%	93.4%
Moving and Handling	Resources	Well Led	AD	>=80%	90.1%	89.9%	90.0%	91.6%	93.0%	93.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.0%	93.1%	91.8%	90.2%	87.0%	85.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.6%	93.4%	90.7%	86.8%	78.9%	80.8%
Prevent	Improving Care	Well Led	AD	>=80%	96.2%	95.5%	95.6%	96.0%	96.0%	95.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.8%	94.1%	94.5%	94.4%	94.3%	92.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.2%	94.8%	94.1%	93.9%	93.4%	92.6%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.6%	5.5%	4.4%	4.2%	4.6%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	4.5%	4.1%	4.4%	4.3%	5.2%	6.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.7%	80.4%	79.9%	80.6%	80.5%	81.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.4%	81.8%	86.8%	73.2%	73.0%	74.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.0%	91.6%	94.4%	93.4%	93.8%	94.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.6%	94.3%	94.1%	94.9%	95.5%	95.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.3%	86.6%	86.4%	85.8%	84.5%	85.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	65.3%	64.3%	64.8%	65.4%	69.1%	69.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.9%	92.7%	92.8%	93.3%	92.4%	92.8%
Information Governance	Resources	Well Led	AD	>=95%	97.2%	96.9%	95.1%	93.3%	93.0%	92.0%
Moving and Handling	Resources	Well Led	AD	>=80%	97.3%	96.7%	97.4%	97.9%	98.0%	98.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.1%	85.7%	87.5%	87.1%	87.3%	88.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.1%	78.3%	80.1%	79.7%	81.2%	83.4%
Prevent	Improving Care	Well Led	AD	>=80%	92.9%	93.3%	92.3%	92.4%	93.4%	93.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.4%	92.5%	93.9%	94.2%	94.2%	93.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.6%	90.4%	90.2%	91.2%	91.4%	90.9%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.2%	3.2%	4.2%	5.7%	4.8%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.3%	3.0%	4.2%	5.1%	4.7%	4.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.2%	82.2%	80.7%	80.1%	85.5%	86.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.5%	82.7%	78.8%	78.0%	79.5%	81.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.0%	94.9%	95.3%	96.8%	96.4%	97.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.3%	97.8%	98.1%	97.3%	97.2%	97.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.2%	87.6%	86.9%	87.2%	85.5%	83.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.3%	76.1%	76.9%	79.4%	85.2%	90.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.6%	95.3%	95.5%	95.3%	94.2%	94.7%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	99.3%	97.5%	96.8%	95.6%	94.4%
Moving and Handling	Resources	Well Led	AD	>=80%	94.5%	94.7%	94.7%	95.0%	95.8%	96.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.9%	91.1%	90.3%	83.6%	84.6%	85.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.7%	87.9%	87.2%	79.6%	80.7%	81.5%
Prevent	Improving Care	Well Led	AD	>=80%	96.1%	95.9%	96.1%	95.8%	94.8%	95.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.8%	94.2%	95.0%	94.9%	94.7%	94.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.4%	94.5%	94.5%	94.7%	93.9%	93.0%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.6%	2.6%	2.6%	2.8%	2.7%	2.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.2%	2.3%	2.6%	2.7%	2.6%	3.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.0%	76.9%	74.8%	72.2%	81.6%	82.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	74.9%	72.6%	71.3%	71.4%	67.7%	69.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.0%	93.1%	94.5%	95.0%	95.0%	92.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.8%	95.5%	95.5%	96.5%	96.8%	96.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.2%	89.3%	81.2%	79.8%	83.1%	81.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	28.6%	28.6%	20.0%	20.0%	33.3%	33.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.5%	93.9%	93.6%	93.9%	93.6%	91.6%
Information Governance	Resources	Well Led	AD	>=95%	96.7%	97.7%	95.5%	94.9%	91.7%	91.6%
Moving and Handling	Resources	Well Led	AD	>=80%	97.7%	98.1%	98.4%	98.7%	98.7%	98.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.1%	83.2%	83.7%	84.0%	81.4%	81.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.7%	79.8%	81.2%	81.0%	79.1%	79.3%
Prevent	Improving Care	Well Led	AD	>=80%	92.3%	92.8%	93.5%	94.1%	94.8%	93.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.2%	91.3%	91.7%	92.6%	94.2%	94.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.9%	92.2%	93.0%	94.2%	95.5%	94.4%
Bank Cost	Resources	Well Led	AD	Data unavailable at the time of producing this report						
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

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

Support Services										
Month	Objective	CCQ Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.2%	2.6%	3.0%	3.0%	3.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.5%	3.2%	2.6%	2.8%	3.1%	3.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	90.5%	89.3%	89.9%	86.5%	94.2%	92.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.0%	89.7%	93.1%	83.3%	83.3%	75.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.0%	80.0%	100%	100%	100%	100%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.5%	80.2%	89.3%	89.9%	88.2%	89.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.9%	80.6%	86.9%	84.2%	85.3%	83.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.8%	99.3%	98.5%	98.5%	97.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.3%	91.5%	90.3%	91.1%	89.4%	87.2%
Information Governance	Resources	Well Led	AD	>=95%	97.6%	97.6%	96.1%	96.0%	95.2%	93.0%
Moving and Handling	Resources	Well Led	AD	>=80%	99.0%	99.0%	99.2%	99.3%	98.9%	99.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.6%	98.6%	98.2%	98.2%	97.7%	97.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.4%	77.3%	68.2%	78.3%	72.7%	76.2%
Prevent	Improving Care	Well Led	AD	>=80%	98.2%	98.7%	98.7%	97.2%	97.2%	97.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.5%	97.2%	97.4%	97.5%	97.1%	96.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	97.5%	97.6%	96.9%	97.6%	97.0%	96.6%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Inpatient Service										
Month	Objective	CCQ Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.0%	5.1%	6.4%	7.5%	7.0%	7.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.9%	6.2%	6.4%	7.0%	7.4%	8.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.8%	84.7%	82.3%	79.2%	84.0%	85.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.0%	81.1%	78.2%	77.1%	77.3%	77.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.7%	88.4%	90.4%	89.7%	92.1%	91.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.9%	96.7%	97.8%	97.8%	97.0%	95.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.4%	86.1%	81.5%	82.0%	82.4%	81.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.3%	76.2%	78.3%	79.0%	79.3%	79.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.2%	95.8%	95.0%	94.9%	92.5%	90.9%
Information Governance	Resources	Well Led	AD	>=95%	97.5%	97.2%	96.7%	95.8%	94.6%	92.3%
Moving and Handling	Resources	Well Led	AD	>=80%	98.1%	98.1%	98.3%	98.6%	97.6%	97.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.8%	88.1%	88.3%	87.1%	87.1%	88.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.7%	85.2%	85.4%	83.5%	83.3%	84.3%
Prevent	Improving Care	Well Led	AD	>=80%	94.2%	94.5%	95.3%	94.7%	94.6%	94.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.5%	92.5%	93.0%	91.8%	91.0%	90.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.6%	87.5%	87.4%	86.0%	87.3%	86.8%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Wakefield District										
Month	Objective	CCQ Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	3.4%	3.4%	3.4%	4.1%	3.6%	3.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.2%	3.8%	3.4%	3.7%	3.8%	3.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	82.4%	80.8%	84.1%	86.8%	86.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.1%	79.1%	76.5%	75.6%	69.9%	69.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.4%	92.8%	94.0%	93.6%	93.6%	93.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.9%	97.2%	96.9%	96.4%	96.2%	95.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.2%	87.9%	86.7%	85.6%	88.2%	86.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.3%	82.5%	84.3%	84.2%	85.4%	86.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.3%	94.1%	93.6%	94.4%	91.9%	92.5%
Information Governance	Resources	Well Led	AD	>=95%	98.7%	98.4%	98.0%	95.9%	95.2%	94.3%
Moving and Handling	Resources	Well Led	AD	>=80%	95.9%	93.6%	93.9%	93.6%	95.7%	95.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.5%	88.1%	89.8%	89.5%	84.4%	84.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.2%	85.4%	87.0%	86.1%	80.6%	81.0%
Prevent	Improving Care	Well Led	AD	>=80%	95.8%	96.1%	95.9%	95.4%	95.9%	95.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.3%	93.5%	94.6%	95.1%	95.9%	94.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.1%	91.8%	92.4%	91.1%	90.1%	89.7%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Glossary

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

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

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

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