

Integrated Performance Report Strategic Overview



August 2021

With **all of us** in mind.

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Introduction

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

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

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 | Jun-21 | Jul-21 | Aug-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 apparent suicides for patients with an open referral to SWYPFT services | | 2 | 5 | 2 |  | | Apparent suicide of those under SWYPFT care at the time of death have been analysed and rates are not outside of normal variation. Figures may be subject to change as we become aware of deaths. In the current month, there is no commonality in reporting teams. Suicide not confirmed by coroner at point of reporting. |
| | 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 | | 14.1% | 13.7% | 14.3% | | | 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 | **80% screened 71% compliant | **68% screened 58% compliant | **65% screened 58% compliant | | | For current inpatients (as at 22nd Sept) 65% 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 | **55% screened 41% compliant | **55% screened 41% compliant | **55% screened 42% compliant | | | For current patients (as at 22nd September) 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% | 53.2% | 44.8% | 43.6% |  | | August data is provisional and will be refreshed in October 2021 |
| | 3. % service users on CPA followed up within 7 days of discharge | 95% | 103/105 =98.1% | 139/140 =99.3% | 113/114 =99.1% |  | | |
| | 4. % of service users on CPA with a 12 month follow up recorded | 95% | 95.6% | 94.2% | 92.5% |  | | |
| | 5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week | 90% | 93.1% | 82.6% | 85.9% |  | | Q1 total is 91.5%. July and August data will be finalised at the end of the quarter - further work to be undertaken to finalise the data and it is anticipated that performance will increase. |
| 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 |

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide Monitoring

Locality

Finance/Contracts

Workforce

Below we have set out progress against key milestones for areas of focus for those priority programmes that have taken place throughout August 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: Development of a Creativity & Health digital app with first stage research and development and proof of concept completed by end of September 21. Three creativity courses produced by end of September 21 and testing and evaluation completed by end November 2021. | | 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 of creativity and health (NCCH) to work in partnership to analyse health sector investment in creative projects to inform sustainability plans and development of West Yorkshire and Harrogate (WY&H) creativity hubs. |
| 2. 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 of 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. 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 of August 2021. | | ICS and Partnership developments: The Trust is part of two advanced integrated care systems (ICSs) and is also part of place-based partnerships and provider collaboratives. - We continue to work with partners in West Yorkshire and Harrogate and in South Yorkshire and Bassetlaw in response to increased system pressures resulting from the pandemic. This is looking at how primary and secondary care demand can be managed and supported. - We continue to work with partners to develop our place approach and response to The Health and Care Bill which is currently going through Parliament. |
| 4. Active Calderdale: to hold a partnership event showcasing the work across SWYPFT in integrating physical activity into systems and processes by end of October 2021. | | - ICSs are currently working with partners on potential operating models and will be engaging with people in each area on how the proposals will work in practice. We will ensure that opportunities to get involved are shared. - We continue to work with our partners in Barnsley on the move to more integrated care. The Borough Health and Care Plan has been signed off, with partners now working on how the plan's objectives will be progressed. It impacts on community mental health and general community services integration. |
| 5. Forensic Lead provider collaborative: Updated financial offer for the provider collaborative received from NHSE w/c 6/9/21. Collaborative business case has been updated as a consequence and is being taken through all partner governing bodies for approval, to be able to 'go live' once approved. Date for practical 'go live' being discussed with NHSE with aim of 1st October. | | - The Trust hosted the launch of the anti-racism movement #WYHRootOutRacism, led by the West Yorkshire and Harrogate Integrated Care System (ICS) and West Yorkshire Violence Reduction Unit, at its Fieldhead site in Wakefield. 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. |
| 6. Community mental health transformation: Recruitment into project/programme lead posts has now taken place and all programme leads are now in post. SWYPFT delivery leads network meeting to be established in next period to facilitate shared learning across our place-based programme leads and operational managers. | | Two organisational development sessions for the executive teams of the 4 Trusts in the West Yorkshire mental health learning disability and autism collaborative in late September & October have been arranged to take forward the functions mapping work, and the wider development of the collaborative. |

| Summary | | Covid-19 | Emergency Preparedness | Quality | National Metrics | System-wide Monitoring | Locality | Finance/Contracts | Workforce |
|---|--|---------------|----------------------------|---------|------------------|------------------------|-------------------|---|-----------|
| Improve Care | | | | | | | | | |
| Priority programme | Metrics | Threshold | Jun-21 | Jul-21 | Aug-21 | Trend | Year end forecast | Notes | |
| Continually improve patient safety | 1. Incidents involving moderate or severe harm or death | Trend monitor | 31 | 18 | 18 | | | | |
| | 2. Number of c-diff avoidable cases | 0 | 0 | 0 | 0 | | | | |
| | 3. Number of pressure ulcers | Trend monitor | 37 | 22 | 21 | | | | |
| | 4. Safer staffing fill rates (%) | 90% | 118.5% | 115.0% | 111.2% | | | | |
| | 5. Number of children & young people in adult wards | 0 | 3 | 3 | 2 | | | Total of 41 days in August which remains the same as July. | |
| | 6. Staff absence due to Covid-19 | | 0 | 40 | 29 | | | No of staff still absent from work - Covid-19 positive | |
| | 7. Number of nosocomial incidences of Covid-19 in our inpatient units | | 140 | 141 | 141 | | | Cumulative | |
| Provide care as close to home as possible | 1. Out of area bed placements (days) | | 170 | 86 | 165 | | | Continued pressure and demand with the number of placements minimised. | |
| Deliver improvements particularly in CAMHS and forensic services | 1. Numbers waiting over 4 weeks for assessment (CAMHS) | | 169 | 194 | 221 | | | 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) | | 139 | 146 | 161 | | | | |
| | 3. Friends & Family test - CAMHS | 80% | 71.0% | 83.3% | 66.0% | | | 47 responses in August | |
| | 4. Forensics staff sickness | <=5.4% | 5.2% | 6.6% | 5.4% | | | | |
| | 5. Forensics staff turnover | | 13.2% | 11.1% | 11.60% | | | Registered nurses turnover | |
| | 6. Race related incidents against staff in forensics | | 8 | 3 | 7 | | | There were a total of 18 race related incidents against staff reported between June and August 2021, occurring in Forensic BDU. | |
| Safely deliver and restore inclusive services looking in innovation | 1a. Waiting lists - Referral to assessment within 2 weeks (external referrals) | 75% | 93.4% | 89.4% | 96.3% | | | 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% | 94.6% | 93.3% | 95.2% | | | 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% | 93.4% | 92.2% | 96.3% | | | This mostly relates to IHBT and liaison services | |
| | 2a. Average contacts per day - Core mental health | | 254 | 226 | 210 | | | Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months) | |
| | 2b. Average contacts per day - intensive home based treatment team | | 136 | 133 | 125 | | | Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months) | |
| | 2c. Average contacts per day - Learning disability community | | 162 | 156 | 119 | | | 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 | | 585 | 622 | 590 | | | 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 | | | | | | | | |

| Summary | Covid-19 | Emergency Preparedness | Quality | National Metrics | System-wide Monitoring | Locality | Finance/Contracts | Workforce |
|---|---------------------------------|------------------------|---|------------------|------------------------|----------|-------------------|-----------|
| Improve care (Carol Harris) | | | | | | | | |
| Key Milestones | | | Comments: | | | | | |
| 1. 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 end of September 2021. | | | Recovery and Reset: This work is evolving and emergent. Robust governance processes are in place to monitor progress. The initial draft timelines have been amended to reflect the evolving nature of both programmes. | | | | | |
| 2. Recovery and Reset – Operational recovery and reset: Gather evidence to shape service user involvement and quality measurements by end of November 2021. | | | Enabling Working Effectively -Utilising the evidence base collated to date, the following areas have commenced cocreation and codesign with a group of services this month: •A set of enabling working effectively principles and classifications to help staff and their managers identify their ways of working •Work is underway to codesign the organisational strategy and guidance to support staff and managers as part of the recovery and reset toolkit. | | | | | |
| 3. Recovery and Reset – Operational recovery and reset/Enabling Working Effectively: Toolkit to support services in recovery and reset inclusively has been codesigned, tested and agreed by end of November 2021 | | | •Services are also involved in the cocreation of the accommodation control framework •Services are identifying any improvements required in IT support services provision as part of the IT services review of how they support hybrid and flexible working model for now and the future. | | | | | |
| 4. Recovery and Reset – Enabling Working Effectively: Ways of working codesigned and tested and framework agreed by end of November 2021. | | | Given the iterative and time-consuming nature of this involvement work, and owing to other organisational pressures, an additional four weeks has been added to the schedule. Estimated completion date is now scheduled for end of November 2021. -Amendments to the booking desk and room system have been agreed and finance approved. Work has commenced on undertaking these amendments. This has added an additional 6 weeks to the schedule for when the system will be ready for testing with services. It is now estimated that testing will commence in October 2021. | | | | | |
| 5. Care close to home: Gatekeeping analysis has been completed and priority activity has now been agreed. As a result the programme is now formally establishing a strand of coordinated work around crisis house support. Focus on discharge solutions is now also being included in the partnership governance. (September 2021) | | | -Principles and guidance for meetings to support hybrid working are in development. Work progresses on testing this out with OMG and in service meetings with the group of services identified as testers. Lead times for identifying and procuring supporting IT kit are being taken into consideration. | | | | | |
| 6. Care close to home: PICU dashboard live (August 2021) | | | Operational Recovery and Reset -The recovery and reset task and finish group of the programme, made up of membership from Mental Health, Learning Disability and General Community services, provided updates demonstrating significant progress on setting of benchmark proxy measures as part of the work on the road to determining the most appropriate balance of face to face and virtual contacts. Using intelligence and insight, each area has been able to identify the current blend of face to face and non-face to face contact methods used in each service (as is position). | | | | | |
| 7. Care close to home: PICU SOP agreed and ready for launch – now September 2021 | | | -With support from P&I there is greater understanding of what the data is telling us pre-covid and the impact of covid19. | | | | | |
| 8. Improve Services for people acutely unwell and improve ward environment: scope and priority strands have been agreed via root cause analysis and driver diagram with some more urgent improvement to support acute inpatient pressures prioritised (July - August 2021) | | | -A second task and finish group is being formed with support from the quality improvement and assurance and performance & information teams to build upon the current work being undertaken in the Trust on the efficacy of non- face to face contacts and clinical models and will further develop the work on the actions from the auditors report, and continue identification of qualitative and quantitative measurements/indicators. | | | | | |
| 9. Improve Services for people acutely unwell and improve ward environment: initial governance is being set up with first formal meeting scheduled for early October. Workstream milestones will then be agreed. | | | -Equality and Involvement team members are involved in each task and finish group and formal steering group to help shape the approach to recovery and reset inclusively. | | | | | |
| 10. Older People Inpatient Services Transformation - Share draft consultation plan and collateral with the CCG and NHSE for comment and assurance – complete July 2021 | | | -The support toolkit for recovery and reset of services is being codesigned and tested out with services. The elements in existence such as clinical support tools are being refreshed, with additional work includes hybrid working guidance, self assessment readiness checklist, and equality and involvement checklist so we can respond to any differential impacts or health inequalities robustly. | | | | | |
| 11. 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, ongoing. | | | Older People Inpatient Services Transformation Work is now progressing toward the delivery of the outline business case for the proposals and the formal consultation and conversations are ongoing with key external stakeholders to test support for proposals before moving forward. | | | | | |
| 12. 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), ongoing. | | | CAMHS The focus for the project now is moving onto establishing the new service and the project team has developed a plan for activity over the coming months. Work continues on estates and locating the Kirklees service primarily at the Princess Royal. The aim is to be operational at that site by early November. Calderdale is also planning to use this site to deliver some assessments. Recruitment across the services continues | | | | | |
| 13. Older People Inpatient Services Transformation - Develop collateral required to deliver formal consultation (start Autumn 2021, exact timing TBC) | | | Inpatient Improvement Formal governance for the programme is now being established, whilst some urgent priority activity is also being considered to ease some of the immediate pressures. Improvement activity is also being planned that can support easing immediate pressures, such as support to reduce | | | | | |
| 14. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees:) Funding for the enhanced service has now been agreed in both Calderdale and Kirklees. The focus for the project has moved onto establishing the new service (initial project plan in place by end August / early September). | | | | | | | | |
| 15. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees:) Princess Royal site ready for new service (early November) | | | | | | | | |
| 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 | Jun-21 | Jul-21 | Aug-21 | Trend | Year end | Notes |
| Spend money wisely and reduce waste | 1. Surplus/(deficit) vs target | In line with Plan | £426k | £377k | £118k | | £2.3m | H1 forecast is favourable to plan. |
| | 2. Underlying surplus/(deficit) | | | | | | | Not currently calculated due to interim financial arrangements |
| | 3. Cash | | £60.8m | £61.2m | £63.3m | | £64.6m | Positive cash position |
| | 4. Performance against efficiency targets | | | | | | | Not currently calculated due to interim financial arrangements |
| Integrate digital approaches to the way we work | 1. Number of 'did not attends' | | 4.2% | 5.1% | 4.2% |  | | |
| | 2a. Percentage of video consultations | | 2.8% | 3.3% | 2.2% | | | Slightly lower than national averages. Both video and telephone contacts have reduced and face to face contacts have increased as services increase the face to face activity. |
| | 2b. Percentage of telephone consultations | | 35.5% | 35.2% | 27.5% | | | |
| | 2c. Percentage of face to face consultations | | 61.6% | 61.5% | 70.3% | | | |
| | 3. Prescribing errors (EPMA) (development required) | | Reporting to commence October 2021 | | | | | Reporting to commence next month for medicine omissions as a proportion of doses due. |

Improve resources (Mark Brooks)

| Key Milestones | | Comments: |
|---|--|--|
| 1. Digital dictation: Development and approval of business case and specification for procurement of single supplier by 30.06.21 and completion of digital dictation tender and identification of preferred supplier by 30.09.21. | | Digital dictation: Business case seeking approval to go out to tender has been prepared and will now be submitted to EMT during September/October 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. IT Services re-procurement: approach planning prior to procurement – Q1/Q2. | | |
| 4. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 and implementation of action plan – Q3 | | IT Services re-procurement: Trust authority to proceed approved, development of the detailed specification of requirements progressing to support the procurement exercise and remains on track. |
| 5. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2. | | |
| 6. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2. | | Information Sharing: Development proposal for onboarding Viper360 portal to Yorkshire and Humber care record 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. |
| 7. 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. | | Digital Inclusion: Dr Abida Abbas, Trust chief clinical information officer 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. Finance: Confirmation of initial mental health investment standard (MHIS) monies received. We continue to work with commissioners to secure additional investments and utilise in year slippage. Financial Sustainability Plan: Work to refresh the sustainability plan is underway, roadmap on next steps and proposal for governance arrangements and oversight approved by the operational management group. |
| 8. Digital Inclusion: Technical Feasibility (in collaboration with WY&H ICS). | | |
| 9. Finance: Confirmation of mental health investment standard (MHIS) monies and other investments by 30.06.21 | | |



Make SWYPFT a great place to work

| Priority programme | Metrics | Threshold | Jun-21 | Jul-21 | Aug-21 | Trend | Year end forecast | Notes | |
|---|--|---------------|--|------------------|--------|-------|-------------------|--|--|
| Support the provision of a healthy, resilient & safe workforce | 1. Sickness absence | 4.5% | 4.3% | 4.5% | 4.6% | | | Non Covid-19 sickness lower than previous years | |
| | 2. Staff turnover - YTD | 10% | 13.1% | 14.1% | 14.6% | | | Slight increase in staff turnover in August. The rolling 12 month rate (Sept 20 to Aug 21) was 11.9% | |
| | 2a. Staff Turnover - monthly | | 0.8% | 1.2% | 1.4% | | | | |
| | 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 | 54 | 72 | 62 | | | | |
| | 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 | | 0 | 0 | 0 | | | Alternative metric being considered | |
| | 7. Absence due to stress & anxiety and MSK | | 2.3% | 2.5% | 2.2% | | | | |
| | 8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds | | | 1.34 | 1.18 | 1.29 | | | Based on rolling 12 months. The indicator is calculated using a count of shortlisted applicants split by white / BAME, then looks at the number appointed split by white / BAME, this then gives the relative likelihood of shortlisting/appointed and the difference between the two calculates the rate. A figure below 1 would indicate that BAME candidates are more likely than white candidates to be appointed from shortlisting. |
| | 9. Access to training for staff members from BAME backgrounds | | Currently unavailable due to Covid-19 response | | | | | | |
| Refresh and deliver our sustainability strategy and action plan | Dependent on what is identified in the updated sustainability plan | | Currently unavailable due to Covid-19 response | | | | | Requires further development. | |

Glossary

| | |
|------|---------------------|
| MSK | Musculoskeletal |
| GPTW | Great place to work |

Make this a great place to work (Alan Davis)

| Key Milestones | | Comments: |
|---|--|--|
| 1. Performance Indicators: established for great place to work themes by September 2021 further discussion at WRC on 21 September. | | Great Place to Work Themes: Performance indicators for great place to work themes continue to be developed Working in partnership to review bullying and harassment procedure with an engagement plan being developed to gain insight from staff. Progress on reviewing the early resolution process has been hampered owing to Covid-19 pandemic restrictions. Enhanced Occupational Health offer linked to recovery and long covid - a bid has been made for additional funding and is expected to be successfully received before Sept 2021. Successful supported continuing professional development bid for nursing and allied health professionals (AHP) staff to health education England (HEE) and secured funding. Window for completion of appraisals has been extended to October owing to pressures resulting from Covid19 pandemic and this will be further reviewed. BAME talent pool has been established and work continues to develop opportunities, with current members undertaking ILM7 L&M, cognitive behavioural therapy post-graduate and Shadow Board programmes. Shadow board programme is now recruited to with a cohort of 12 colleagues undertaking the programme between August and December 2021 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. international nurse recruitment on track with 25 nurses interviewed in 1st wave. 13 have been sent conditional offers. Estimated first cohort will commence end of October 21. Pastoral package & internal objective structured clinical examination (OSCE) training being implemented. Workforce Strategic Groups set up and first meetings held in September Equality data (Workforce disability equality standard (WDES) and workforce race equality standard (WRES) collated) with action plans to the workforce and remuneration committee (WRC) and equality involvement and inclusion committee (EIIC) in September. Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Work has commenced on producing a monthly report for staff mileage and its carbon impact, awaiting data. |
| 2. Feeling Safe (Physical and Psychological Safety): Preventing bullying and harassment - Appointment of Civility and Respect Champions Q2 21/22 – training undertaken and role launched in August, ahead of schedule. -Redesigned 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 -Commence ethical international recruitment for nursing Q2 21/22 -Virtual recruitment fairs Q3/4 | | |
| 4. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders -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 -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. Sustainability: develop Trustwide action plan | | |

| Glossary | |
|----------|---------------------------|
| BAME | Black and minority ethnic |
| GPTW | Great place to work |

Summary

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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 136 in August, a decrease of 25 (15.5%) from July
- No avoidable pressure ulcers were reported in the month
- There were 8 information governance breaches reported in August, a reduction from 11 in July
- The number of inpatient falls decreased in August (43 compared to 56 in July)

NHSI Indicators

- Performance against national reported targets remains largely positive
- Percentage of service users waiting less than 18 weeks remains above the target threshold at 99.7%
- Performance against the 6-week wait target for a diagnostic appointment has increased to 100% and is now above target, an improvement from July.
- 2 young people under the age of 18 were on an adult ward in June, a total of 41 days
- The percentage of individuals completing IAPT treatment who have moved to recovery has fallen below target (43.6% compared to 50% target).
- Out of area bed usage increased from July to 165 days (from 86 days)

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 13%.
- Consistent with July, three wards fell below the 90% overall fill rate threshold in August. Significant efforts are underway to address our current staffing pressures.
- In Barnsley, the Covid-19 vaccination of 12-15 year-olds vaccination has commenced
- ASD/ADHD services have seen a significant increase in referrals for assessment
- Implementation of the Specialist Community Forensic Team continues and the team now have service users within the community
- CAMHS referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield, with the % treated within 18 weeks beginning to deteriorate.
- A business case regarding CAMHS neurodevelopmental assessment waiting list initiative has been approved.

Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors
- Coronavirus comms has commenced for 12-15 year old vaccination programme in Barnsley
- Attendance at fortnightly flu planning meetings has supported preparation for launching the flu vaccination campaign in September
- Staff engagement has taken place for the equality campaign, and content is in the process of being developed

Priority programmes

- An updated financial offer has been received for the Adult Secure Provider Collaborative, with final business case going through September governance meetings of all partners prior to planned 1st October 2021 'go live'
- The Trust hosted the launch of the anti-racism movement #WYHRootOutRacism, led by the West Yorkshire and Harrogate Integrated Care System
- 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 £0.1m surplus was recorded in the month, taking the cumulative position to a surplus of £2.3m. This is £2.3m favourable to our break-even plan.
- Pay costs increased in August to £17.3m from £16.7, which includes the increased non recurrent costs associated with the bank holiday weekend payment premiums agreed for inpatient areas.
- Agency staffing costs were £0.7m in August. This is a reduction from the high value reported in July with a reduction in unregistered nursing. This is correlated with the increase in internal staffing costs in August.
- Out of area bed costs were £121k, which is a reduction compared to July.
- Capital expenditure of £1.2m has been recorded to date, which is £0.4m less than planned. A business case for the works in the Bretton centre (including en-suite facilities) is on the agenda for a September Board decision



Workforce

- Non Covid- 19 sickness is within target at 4.6% in August
- Staff turnover increased to 14.6% in August (from 14.1% in July), and remains below target
- As of 22nd September, there were 81 staff off work and not working Covid-19 related
- 85% of staff are double vaccinated

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 has been increased to Level 3 following recommendation to Gold Command on 26th August 2021
- The Trust flu vaccination programme has commenced and planning for potential Covid booster vaccinations is underway
- Silver command structure is currently meeting twice a week, and Gold command weekly
- 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 | days stock as at 15-Jun | Approx days stock as at 13-Jul | Approx days stock as at 09-Aug | Approx days stock as at 09-Sep |
|------------------|--------------------------------|-------------------------|--------------------------------|--------------------------------|--------------------------------|
| Surgical masks | 42 | 42 | 22 | 50 | 35 |
| Respirator masks | 71 | 101 | 105 | 106 | 98 |
| Aprons | 19 | 20 | 19 | 20 | 31 |
| Gowns | 88 | 87 | 88 | 86 | 86 |
| Gloves | 18 | 20 | 19 | 23 | 23 |
| Visors | 46 | 33 | 36 | 29 | 28 |

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 | As at 15th Sept 2021 | Notes |
|--|--------------------------|--------------------------|-------------------------|--------------------------|-----------------------|-----------------------|---------------------|----------------------|----------------------|------------------------|----------------------|---------------------|
| No of service users tested (ward) | 174 | 225 | 257 | 278 | 297 | 300 | 302 | 302 | 303 | 304 | 306 | Symptomatic |
| No of service users tested positive (ward) | 60 | 83 | 94 | 115 | 134 | 137 | 139 | 139 | 140 | 147 | 149 | Cumulative |
| No of service users recovered | 60 | 83 | 94 | 115 | 119 | 121 | 123 | 125 | 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. August saw 4 wards impacted by outbreaks - Stanley, Appleton and Crofton having staff and patients testing positive and Ward 18 had a number of staff who tested positive.

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic COVID19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. 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 patients 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
 - Outbreaks are included as an agenda item on Silver
 - Each outbreak has an outbreak management team establish, recorded as a Datix incident.
 - Each outbreak has a specific report and action plan. This is reported through ward management, business delivery unit governance and clinical governance processes.
 - A situation background assessment recommendation is produced from outbreaks, breaches and incidents, and informs areas for improvement.
 - A piece of work is being undertaken to improve admission Covid-19 compliance, and this will include assurance reporting.
 - Inpatient vaccination offer is being actioned and reviewed through the vaccination Bronze group.
 - Hard copies of Covid-19 useful information is being produced for easy access for inpatient wards.
- Identified SWYPFT staff are undertaking lateral flow testing.

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Covid-19 response

Lateral flow Testing

NHS England and Improvement ended supply of Lateral Flow Testing (LFT) devices to Trusts on 12th July 2021 and advised that all NHS staff should report their results through the national (NPEX) portal rather than through any local reporting.

Except for a small reserve, all the Trusts remaining LFT stock has now been redistributed. We continue to text staff on the LFT database twice weekly (three times for staff on the Care Home programme). From 2nd August 2021 the link on that text has been to the gov.uk portal. When requested we continue to add new staff to the LFT database and encourage staff to continue lateral flow testing via the coronavirus briefing and occasional text/email reminders highlighting the importance of lateral flow testing and of submitting their results.

Prior to 2nd August 2021, we were typically reporting between 2500 and 3000 test results per week. Since moving to the national systems reporting figures have fallen significantly to around 450 per week. Based on the latest report (week ending 12th September 2021) numbers have increased slightly to 510 per week.

A factor that might be impacting on reporting figures was an issue with the NPEX site and the ability to pick your employing NHS Trust from a configured list. This issue was reported, and we were advised a fix would be implemented mid-September. A check of the site today (24th September) suggests this may be the case, although further reassurance is needed (e.g. checking across different platforms).

We will need to wait at least 2 weeks to determine if there is an improvement in our LFT reporting as a result of this fix being implemented.

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

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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 4,560 staff have received their first vaccination (88%) and 4,439 staff have received their second vaccination (85.6%)
- Covid-19 vaccination programme has now closed, with staff offered vaccination routes into the national system. Report provided to the executive management team (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 including OPEL levels

- Silver command re-established to support ongoing staffing pressures across the trust, with meetings now taking place twice per week.
 - Gold command has also reintroduced Thursday morning meetings.
 - The Trust OPEL level remains at level 3 due to continuing inpatient staffing pressures.
 - Flu vaccination programme is now underway, with 2000+ vaccines currently in the Trust, with further deliveries expected in October
- Covid-19 booster jab meetings underway to discuss roll out now confirmation received that the vaccine can be co-administered with the flu vaccine
- 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 |
|---------|----------|------------------------|---------|------------------|------------------------|----------|-------------------|-----------|
|---------|----------|------------------------|---------|------------------|------------------------|----------|-------------------|-----------|

Quality Headlines

| Section | KPI | Objective | CQC Domain | Owner | Target | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Year End Forecast |
|-------------------------|---|--------------------|---------------|-------|---------------|-------------|-------------|------------|-------------|-------------|-------------|-------------------|
| Quality | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5 | Improving Health | Responsive | CH | TBC | 63.8% | 67.3% | 74.0% | 73.5% | 70.8% | 66.6% | N/A |
| Complaints | % of feedback with staff attitude as an issue 12 | Improving Health | Caring | AD | < 20% | 16% 7/43 | 11% 3/27 | 6% 2/35 | 19% 7/37 | 16% 4/25 | 20% 5/25 | 1 |
| Service User Experience | Friends and Family Test - Mental Health | Improving Health | Caring | TB | 85% | 81% | 81% | 78% | 81% | 82% | 82% | 1 |
| | Friends and Family Test - Community | Improving Health | Caring | TB | 98% | 98% | 95% | 96% | 97% | 95% | 96% | 1 |
| Quality | Number of compliments received | Improving Health | Caring | TB | N/A | 31 | 37 | 28 | 22 | 26 | 20 | N/A |
| | Notifiable Safety Incidents (where Duty of Candour applies) 4 | Improving Health | Caring | TB | trend monitor | 35 | 36 | 26 | 30 | 20 | 18 | |
| | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4 | Improving Health | Caring | TB | trend monitor | 4 | 2 | 2 | 2 | 3 | 3 | N/A |
| | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4 | Improving Health | Caring | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | % Service users on CPA offered a copy of their care plan | Improving Care | Caring | CH | 80% | 40.4% | 40.9% | 41.8% | 41.5% | 41.6% | 41.6% | 2 |
| | Number of Information Governance breaches 3 | Improving Health | Effective | MB | <12 | 13 | 7 | 8 | 11 | 11 | 8 | 2 |
| | Delayed Transfers of Care 10 | Improving Care | Effective | CH | 3.5% | 1.8% | 1.2% | 1.1% | 1.3% | 1.9% | 2.9% | 1 |
| | Number of records with up to date risk assessment - Inpatient 11 | Improving Care | Effective | CH | 95% | 53.2% | 61.6% | 68.3% | 56.4% | 59.1% | 60.3% | N/A |
| | Number of records with up to date risk assessment - Community 11 | Improving Care | Effective | CH | 95% | 57.3% | 51.8% | 68.9% | 67.0% | 70.4% | 54.7% | N/A |
| | Total number of reported incidents | Improving Care | Safety Domain | TB | trend monitor | 1169 | 1034 | 1040 | 1055 | 1077 | 1006 | |
| | Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9 | Improving Care | Safety Domain | TB | trend monitor | 20 | 25 | 18 | 25 | 10 | 14 | |
| | 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 | 5 | 6 | 3 | 1 | 1 | 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 | 4 | 5 | 3 | 5 | 7 | 3 | |
| | Safer staff fill rates | Improving Care | Safety Domain | TB | 90% | 116.2% | 118.9% | 119.8% | 118.5% | 115.0% | 111.2% | 1 |
| | Safer Staffing % Fill Rate Registered Nurses | Improving Care | Safety Domain | TB | 80% | 92.9% | 94.6% | 94.9% | 84.7% | 88.5% | 85.1% | 1 |
| | Number of pressure ulcers (attributable) 1 | Improving Care | Safety Domain | TB | trend monitor | 34 | 43 | 32 | 38 | 20 | 21 | |
| | Number of pressure ulcers (Lapse in Care) 2 | Improving Care | Safety Domain | TB | 0 | 2 | 1 | 3 | 1 | 0 | 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% | 79.0% | 93.7% | 100% | 93.8% | 88.0% | 85.0% | 1 |
| | Number of Falls (inpatients) | Improving Care | Safety Domain | TB | trend monitor | 40 | 50 | 39 | 41 | 56 | 43 | |
| | Number of restraint incidents | Improving Care | Safety Domain | TB | trend monitor | 179 | 157 | 106 | 170 | 161 | 136 | |
| | % people dying in a place of their choosing | Improving Care | Caring | CH | 80% | 100% | 89.3% | 90.3% | 84.6% | 94.1% | 87.1% | 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.

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 - Notifiable Safety Incidents are 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 % 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.

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

Quality Headlines

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

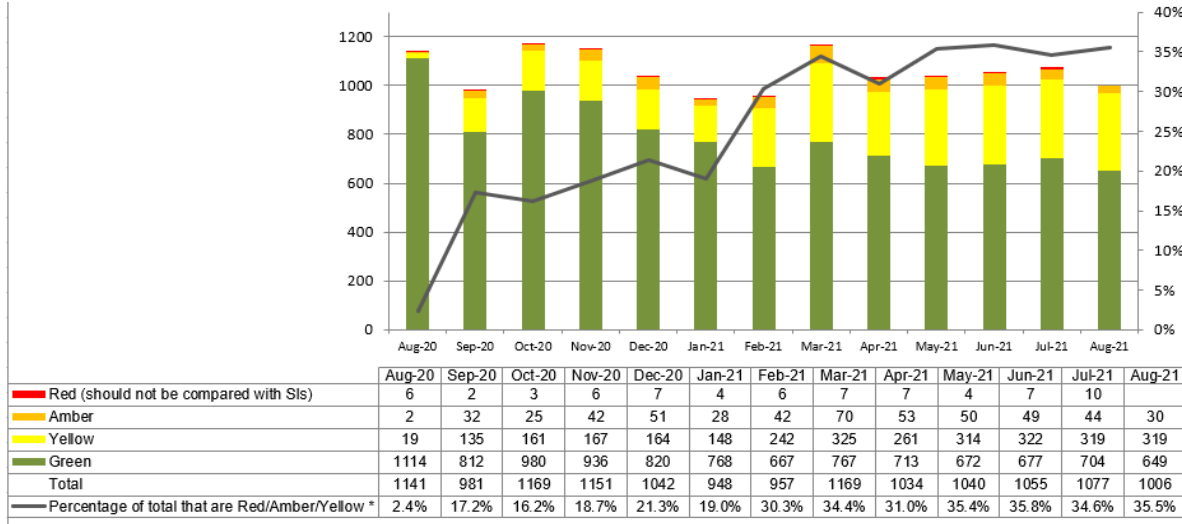
- Number of restraint incidents - the number of restraint incidents during August decreased from 161 to 135. Further detail can be seen in the managing violence and aggression section of this report.
- Number of falls (inpatients) – Total number of falls was 43 in August, which is a decrease compared 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 that resulted in a degree of harm of moderate harm, severe harm or patient safety related death tend to fluctuate over time, and data is constantly refreshed within Datix as further information comes to light. This results in changes to the level of harm, severity and categories of incidents amongst other data. We encourage staff to report with an upwards bias initially especially when the outcome is unknown. These are adjusted subsequently. Incident data is regularly analysed to explore any potential higher or lower rates than would be usually expected. Where there are outlying areas, these will be reported on.
- Duty of candour - no breaches in August.
- 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 August. 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 the Trusts risk management tool, formulation informed risk management (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 business delivery unit and will be monitored via audit and exceptions reported into the Clinical Governance Group for escalation to the Clinical Governance, Clinical safety Committee. Training sessions are available between August 2021 and May 2022 for new starters and refreshers.

NHS Improvement - the development of new programmes introduced in the NHS patient safety strategy are 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. The nine NHS England/Improvement priority areas are being progressed. Details are available here: <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/NHS-England-updates.aspx>

Safety First

Summary of Incidents July 2020 - August 2021

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



Incident Reporting Update:

Incidents that occur within the Trust will have different levels of impact and severity of outcome. The Trust grades incidents in two ways.

The Degree of Harm is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the Degree of Harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they expect the harm level to be. It will be reviewed and updated at a later point. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Incident severity takes into account actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix).

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).

97% of incidents reported in August 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 is based on the degree of actual harm.

Further details about severity and degree of harm can be found in the Incident Reporting and Management Policy.

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. Data in this report is refreshed monthly. Incident reporting levels have been checked and remain within the expected range, any areas with higher or lower rates than normal are explored further.

Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances. As further information is received and decision made about review processes, red deaths may be regraded to green, e.g. when confirmed not related to a patient safety incident.

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

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

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

No never events reported in August 2021

Safety First cont...

Summary of Patient Safety Incidents resulting in moderate or severe harm or death

This section relates to the patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death. Please note this is different to severity as described above.

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. This is a constantly changing position within the live Datix system. Incident reporting levels have been checked and remain within the expected range, any areas with higher or lower rates than normal are explored further.

Breakdown of incidents in August 2021:

14 moderate harm incidents:

- 8 incidents across Barnsley neighbourhood teams - 6 pressure ulcer category 3 incidents and 2 tissue viability incidents
- 2 inappropriate sexual behaviour (Ward 18)
- 1 safeguarding adult incident (Poplars)
- 3 self harm (Nostell ward, Ashdale ward, Core Team South - Kirklees)

1 Severe harm incident:

- 1 Safeguarding adult (alleged sexual abuse) incident (Ashdale)

3 patient safety related deaths:

- 2 apparent suicide - community team care - current episode (IHBT Calderdale & Enhanced Team North 1- Kirklees)
- 1 apparent suicide - community team care - discharged (IHBT Calderdale)

Mortality

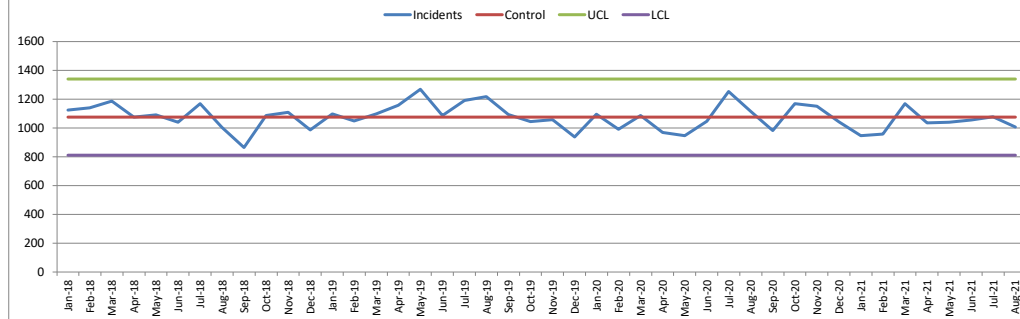
The "Structured Judgement Review Exit Survey" for the purposes of quality improvement of the structured judgement review (SJR) training process and support to SJR reviewers has been extended to the end of September 2021. The results will feed in to a review of the SJR reviewer process which is taking place to support the current and future cohort of reviewers.

Further SJR training sessions for new reviewers are planned for late September and early October 2021.

The learning from healthcare death policy is due for review January 2022 but an extension until March 2023 has been requested so that any updates as a result of the new Patient Safety Incident Response Framework can be included.

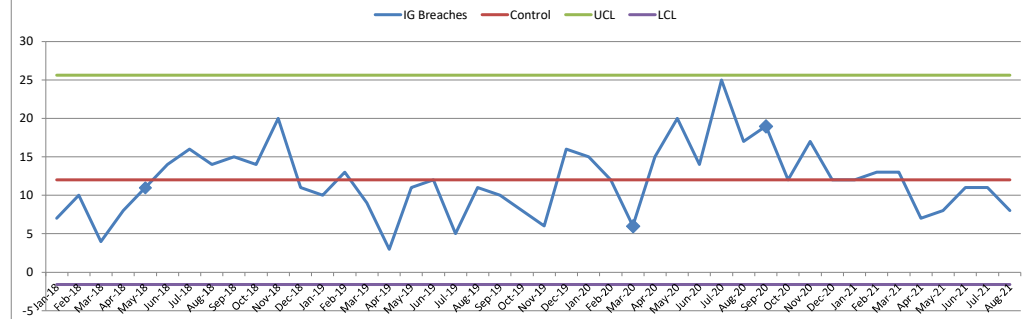
The next regional mortality meeting is taking place on 14 October 2021. Agenda items include Covid-19 and learning from deaths, the experience of feedback of SJR findings to relatives and learning from SJR.

Total Number of Reported Incidents

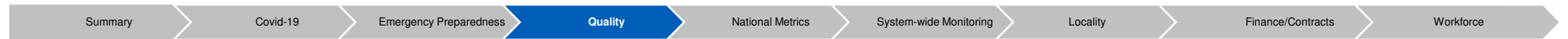


All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Total Number of IG Breaches



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



Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience. Click here for further details of the examples <http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx>
The Quality Improvement Toolkit is available here: <http://nww.swyt.nhs.uk/quality-improvement-toolkit/Pages/default.aspx>

<https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx>

[SBAR recognising the need for specialist assessment - addiction to prescribed medications final.docx](#)

[SBAR lethal means and online access final.docx](#)

[SBAR EPMA discontinuation](#)

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

[SBAR - specimen collection from urinary catheters](#)

[SBAR learning Choking](#)

[SBAR learning Covid 19 restraints](#)

[Bluelight alerts](#)

[Bluelight alert 49 - 7 July 2021 - Risk of choking](#)

[Bluelight alert 48 - 9 June 2021 - Use of end-suite toilet seat as ligature](#)

[Bluelight alert 47 - 17 May 2021- Risks from nylon string, lace or cord](#)

Patient Safety Alerts

Patient safety alerts received - August 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/2021/007/PHE | Potent synthetic opioids implicated in increase in drug overdoses | 18/08/2021 | Yes - circulated for action | 20/08/2021 | 20/08/2021 |

Safer Staffing Inpatients

August has proved to be a particularly challenging time for staffing issues. This has been because of the high annual leave usage during school holidays (which is an annual issue despite the best planning approach of the teams), an increase in sickness, the continued vacancy factor as well as a sustained increase in acuity and Covid related issues. The Trust has formed several task and finish groups to report into the operational management group looking at staffing issues including recruitment and retention, workforce planning and flexible staffing. During the August bank holiday, the Trust had to pragmatically respond to an increase of staffing pressures by authorizing a time-limited premium to these shifts which resulted in covering more vacant shifts through bank and overtime. This is one of the measures that will be looked at in the task and finish groups. The ongoing situation continues to impact on the pressure on the community services with business continuity plans and escalation plans being utilized more frequently. Throughout September and October, we expect an increase in newly qualified registrants coming into the teams which should positively impact on the registered fill rate and vacancy factor, albeit bringing a different set of pressures for the wards in ensuring that learning opportunities and preceptorship time are afforded.

International recruitment continues to gather pace and we have offered 20 posts in the first tranche of interviewing and the interviews are ongoing. We are hosting our first virtual recruitment fair at the end of September, which we are hoping will help fill some of our more difficult to recruit posts, with our centralized recruitment process ongoing. We continue to explore the collaborative bank to increase our resources and we have increased the recruitment campaign onto bank.

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.

Consistent with July, three wards fell below the 90% overall fill rate threshold, which were Enfield Down (which is going through a reconfiguration so has supported other areas), Stroke Rehab and Priestley. Forensic and Barnsley BDUs continue to experience increased pressure through vacancies, sickness and staff being off clinical areas for various reasons. Of the 31 inpatient areas, 21 (67.2%), an increase of one ward on the previous month, achieved 100% or more. Indeed, of those 21 wards, 10 (a decrease of three 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, and there has been a system wide increase on all inpatient areas, the focus for the flexible staffing resources has remained 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 areas including block booking staff to provide consistency and continuity, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal. However, with the added pressures of track and trace, as well as other reasons cited above, they remain a priority for support.

Registered Nurses Days

Overall registered fill rates have decreased by 1.3% to 78.0% in August compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have decreased by 5.6% in August to 92.1% compared with the previous month.

Overall Registered Rate: 85.05% (reduced by 3.45% on the previous month)

Overall Fill Rate: 111.2% (reduced by 3.8% on the previous month)

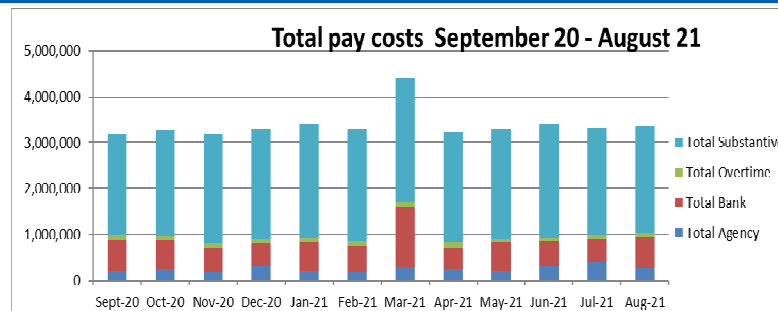
Unfilled shifts

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.

Safer Staffing Inpatients cont...

| Unfilled Shifts | | | | Filled Shifts |
|--------------------|--------------------|------------------|-------------------------|---------------|
| Categories | No. Of Shifts | Total Hours | Unfill Percentage | |
| Registered | | 5,891.67 | 41.02% (+0.35%) | 774 (+11) |
| Unregistered | 598 (-130) | 6,692.83 | 15.34% (-1.89%) | 3,203 (-164) |
| Grand Total | 1254 (-112) | 12,584.50 | 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 allows 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. There was an overall increase, £41,022, on spend on inpatient staffing, see table above, for the month of August 2021. This included an increase of bank and overtime spend of £111,580 and £20,622 respectively whilst agency spend decreased by £114,052.

Information Governance

8 personal data breaches were reported during August, continuing the trend of lower numbers being reported during the current financial year than at any time during the previous financial year.

7 involved information being disclosed in error, which continues to be the highest report category. Incidents reported during August involved such breaches as intranet forms containing personal data being saved to the intranet, post and email being sent to the wrong address, wrong patient's data being sent to a third party and a staff member's mobile number being given to a service user without permission. One incident involving lost paperwork was reported as a completed assessment form was found in an empty meeting room.

IG campaign materials continue to be shared via The Headlines (the trust communications) and further work will be undertaken to share best practice from teams who have made improvements after reporting high numbers of breaches during the last financial year.

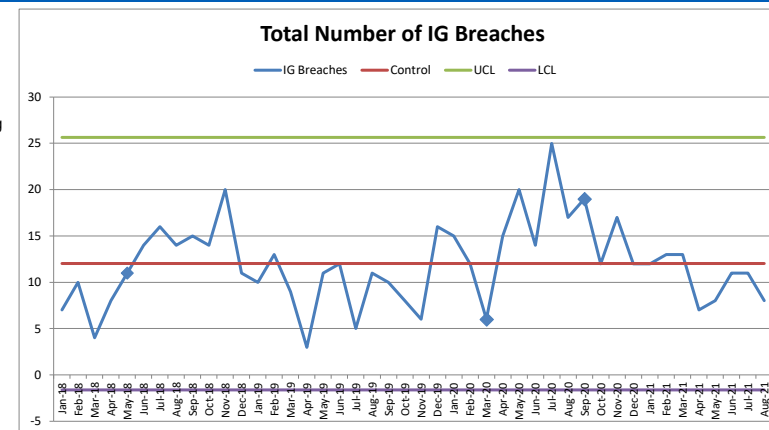
The Trust did not report any incidents to the Information Commissioner's Office (ICO) during August and no new complaint about the Trust were made to them.

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.



Commissioning for Quality and Innovation (CQUIN)

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

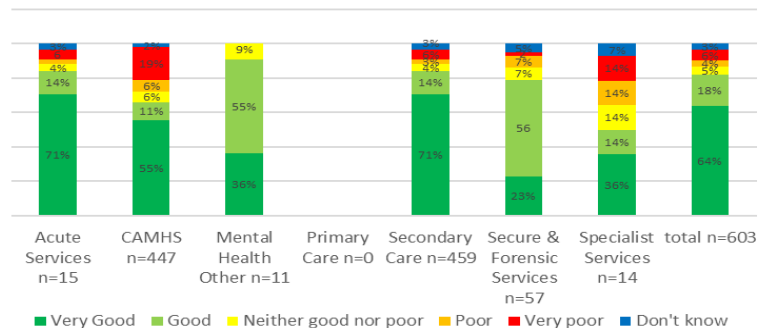
Patient Experience

Friends and family test shows

- 96% would recommend community services.
- 82% would recommend mental health services

Mental Health Services

Mental Health 82%/ n=603



- 83% (681) of respondents felt that their experience of services had been very good or good across Trust services.
- 96% (n=78) of respondents felt that their experience had been very good or good across community services.
- 82% (n=603) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 72% (490/681) of responses for August.
- A review of the negative feedback highlighted the following:
- We received 64 negative feedback (poor or very poor)

Breakdown by BDU:

- Barnsley MH – 10
- Calderdale & Kirklees – 26
- Forensics 5
- Specialist Services – 16
- Wakefield – 7

• 56 of the 64 negative feedback was received by text message

• 51 of the 56 negative feedback received by text had provided no comments.

• 6 of the 13 negative comments provided useful comments. There themes were:

- Staff
- Patient Care
- Clinical Treatment
- There were no other themes or trends identified for those response of either 'neither good nor poor' and 'don't know'
- Services are receiving automated monthly reporting for them to review.
- The text messaging system is being reviewed to encourage respondents to give better quality, qualitative feedback.
- We continue to work to identify the best method of collection for services.

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. Safeguarding Care Certificate training aligned to standard and intercollegiate document. West Yorkshire Quality Mark for Domestic abuse training delivered to a clinical team in response to serious incident recommendations.

Safeguarding adult and Children training packages have been developed for Barnsley Hospice and the local MPs, this will delivered buy the safeguarding team.

All members of the team have attended training sessions to ensure that their practice, the training material, and advice provided is up to date and relevant. The Safeguarding team have attended: Safeguarding Young babies & Infant's Masterclass Working group and risk escalation conference. 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.

In response to an service level investigation a meeting has been established by the Matrons and quality leads, to ensure there is a quarterly meeting with specialist advisors. This was attended by the safeguarding team and was considered to be beneficial in terms of sharing updates, learning and good practice.

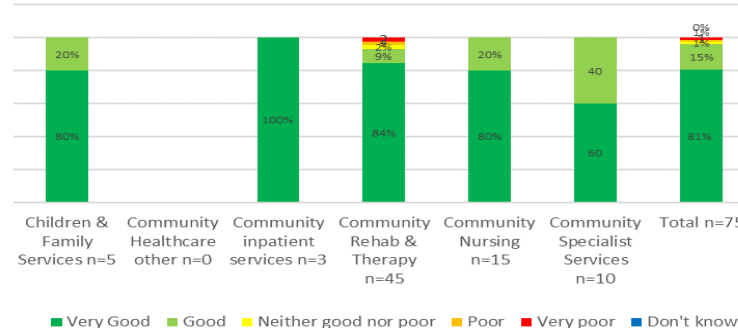
Safeguarding Children's Nurse Advisor was successful at interview and will take up the post of Named Nurse Safeguarding Children on October 18th, Safeguarding Nurse Advisor post advertised on NHS jobs.

Safeguarding team attended a manager learning event for a Safeguarding adult review in Calderdale.

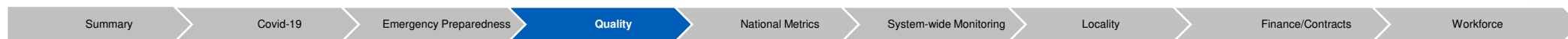
Safeguarding team completion of Safeguarding Annual report and developed a PowerPoint presentation for the assurance day, this was well received.

Community Services

Community 96%/ n=78



| | Top three positive themes | Top three negative themes |
|-----------------------------------|---|--|
| Barnsley community service | 1. Staff 2. Access & waiting times 3. Admission & discharge | 1. Staff |
| Mental Health Service | 1. Staff 2. Access & waiting times 3. Admission & discharge | 1. Staff 2. Patient Care 3. Clinical Treatment |
| Trust wide | 1. Staff 2. Access & waiting times 3. Admission & discharge | 1. Staff 2. Patient Care 3. Clinical Treatment |



Infection Prevention Control (IPC)

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

Surveillance: There has been zero cases of E.coli 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 August 2021. Of these 6 have a timescales start date and 18 are awaiting consent/questions. We have closed 1 due to no contact/consent.

20% of new formal complaints (n=5) have staff attitude as a primary subject.

20 compliments were received

Customer services closed 7 new formal complaints in August 2021 plus 1 reopened complaint. Of the 7 formal complaints, only 1 achieved the 40 working day target (14% - note this is a local target). Issues with meeting the 40 day local target relate to:

- Clinical capacity to allocate complaints investigations
- Complexity in complaints – complaints over many services and departments which are protracted and multifaceted
- Delays in sign off process

Reducing Restrictive Physical Intervention (RRPI)

There were 136 reported incidents of reducing restrictive physical interventions used in August 2021, this is a decrease of 25 (15.5%) incidents since July 2021 which stood at 161 incidents.

Of the different restraint positions used in the 136 incidents, standing position was used most often 83 (61%) followed by seated at 33 (24%).

Prone restraint was reported 13 (9.5% of total restraints) times in August 2021, this is a decrease of 12 (52 %) from last month.

All reported prone restraints were directly linked to seclusion (12) or medication (1) events.

Incidents where prone descent immediately turned into a supine position were recorded at 8 (5.8%). This is a separate entity to prone restraint.

Wakefield recorded 7 prone restraints; learning disabilities reported 2 prone restraints, all other BDUs reported 1 restraint each 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 August the percentage of prone restraints lasting under 3 minutes was 85% which is a reduction of 3%. It must be noted that there were fewer prone restraints and less prolonged restraints than previous reporting which appears to give a negative slant on figures.

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 reduced to 49 which is a reduction of 3 (5.7%). The psychiatric intensive care unit at Wakefield and the assessment and treatment unit at Fieldhead have experienced a high number of incidents and seclusion due to a range of complex and challenging needs expressed by service users.

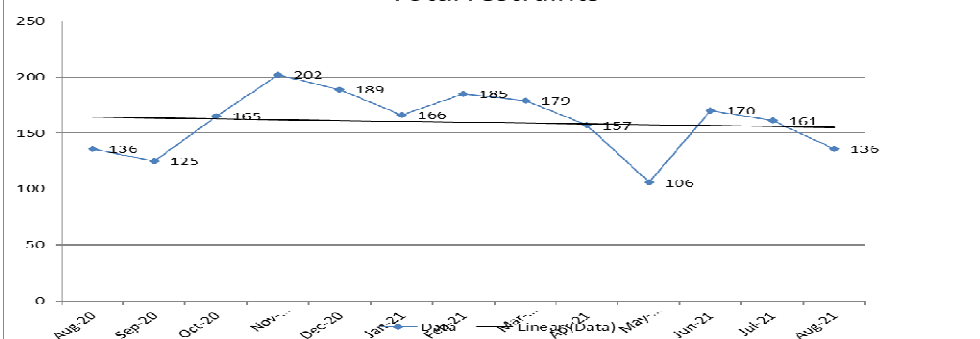
The RRPI team continue to provide face to face training in line with current IPC guidance. Although Covid-19 restrictions have impacted on our delivery we have maintained a compliance of over 80% in all courses. (figures sourced from the Mandatory training OMG report).

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

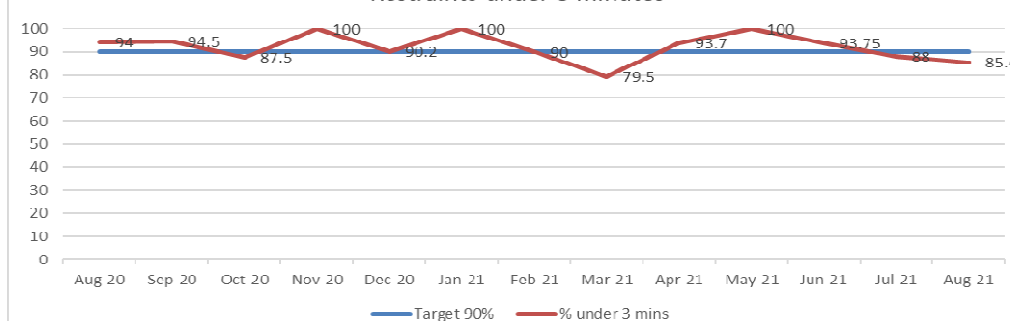
Discussions regarding the planning for the reintroduction of training has occurred within the Mandatory and Essential to Job Role Training Group, proposed dates have been distributed to the Learning and Development team for circulation.

Other courses such as personal safety and de-escalation and breakaway courses have been adapted to workbooks and e-learning packages.

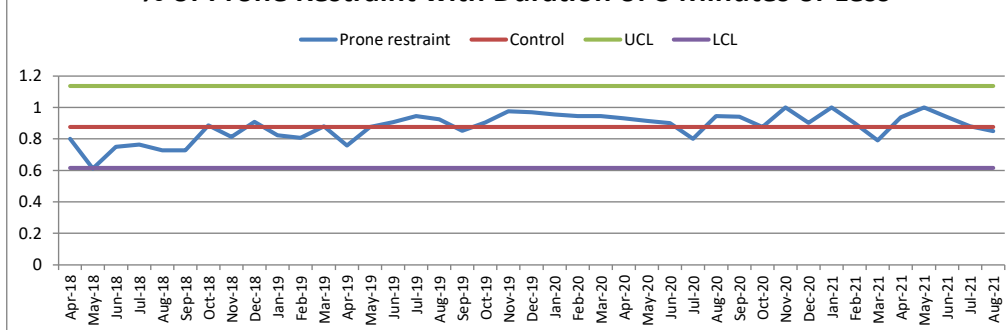
Total restraints



Restraints under 3 minutes



% of Prone Restraint with Duration of 3 Minutes or Less



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

This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-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% | 99.9% | 100% | 100% | 100% | 99.7% | 99.7% | | |
| Maximum 6-week wait for diagnostic procedures | Improving Care | Responsive | CH | 99% | 43.8% | 56.8% | 97.8% | 100% | 97.8% | 98.7% | 100% | 100% | 94.1% | 100.0% | | |
| % Admissions Gate kept by CRS Teams | Improving Care | Responsive | CH | 95% | 96.1% | 98.7% | 99.4% | 99.7% | 99.1% | 100% | 100% | 99.1% | 100% | 98.9% | | |
| % 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% | 98/101 =97.0% | 93/96 =96.8% | 82/83 =98.8% | 103/105 =98.1% | 139/140 =99.3% | 113/114 =99.1% | | |
| Data Quality Maturity Index 4 | Improving Health | Responsive | CH | 95% | 98.7% | 98.8% | 98.8% | 99.0% | 98.3% | 99.1% | 99.1% | 98.7% | 98.2% | 98.4% | | |
| Out of area bed days 5 | Improving Care | Responsive | CH | | 737 | 316 | 251 | 374 | 82 | 122 | 204 | 170 | 86 | 165 | | |
| IAPT - proportion of people completing treatment who move to recovery 1 | Improving Health | Responsive | CH | 50% | 52.7% | 56.3% | 53.4% | 55.3% | 53.7% | 57.0% | 55.6% | 53.2% | 44.8% | 43.6% | | |
| IAPT - Treatment within 6 Weeks of referral 1 | Improving Health | Responsive | CH | 75% | 92.8% | 96.5% | 98.8% | 98.7% | 98.7% | 99.1% | 98.6% | 98.5% | 98.1% | 98.9% | | |
| IAPT - Treatment within 18 weeks of referral 1 | Improving Health | Responsive | CH | 95% | 99.1% | 99.9% | 99.9% | 99.9% | 100% | 100% | 100% | 99.8% | 100% | 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% | 91.9% | 87.0% | 89.7% | 96.8% | 89.2% | 78.6% | | |
| % clients in settled accommodation | Improving Health | Responsive | CH | 60% | 91.1% | 91.7% | 92.1% | 92.4% | 92.2% | 92.3% | 92.4% | 92.5% | 92.5% | 92.5% | | |
| % clients in employment 6 | Improving Health | Responsive | CH | 10% | 12.6% | 12.5% | 12.5% | 12.8% | 12.6% | 12.7% | 12.9% | 12.8% | 13.1% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-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 | 25 | 22 | 40 | 41 | 41 | | |
| Total number of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | TBC | 6 | 2 | 13 | 7 | 3 | 3 | 3 | 3 | 3 | 2 | | |
| 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-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% | 98.9% | 98.9% | 99.6% | 98.4% | 97.1% | 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% | 99.9% | 100.0% | 99.9% | 99.9% | 98.1% | 98.1% | | |
| 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% | 98.1% | 98.3% | 98.3% | 98.2% | 99.9% | 99.9% | | |

* 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 increased up to 100% and is now above target.
- During August 2021, there were 2 service users aged under 18 years placed in an adult inpatient ward for a total of 41 days. This is a slight improvement on last month in terms of numbers of service users though the amount of bed days remains high and a 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- 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 proportion of people completing treatment who move to recovery has fallen below the 50% target at 44.8% for July and a provisional figure of 43.6% for August. This has been caused by a dip in performance in Barnsley BDU following an opt in exercise where some clients contacted the service after their referral had been closed. There is also a high DNA rate in the Barnsley service (21.5% in August) which is impacting on the recovery figure.

Data quality:

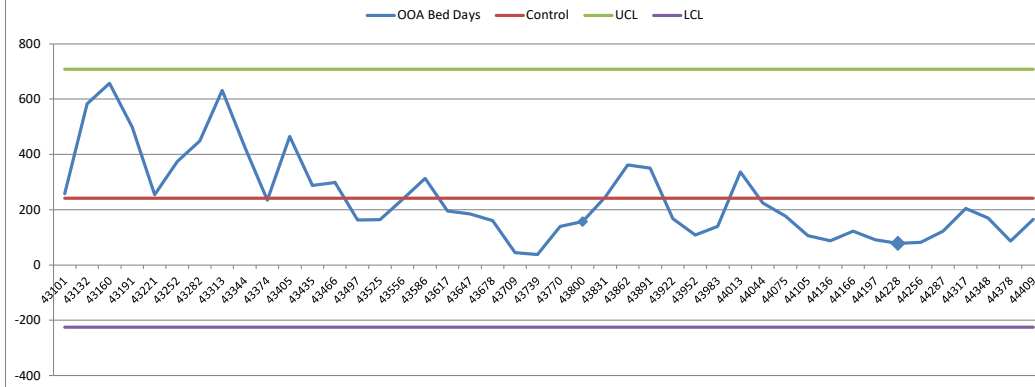
An additional column has been added to the above table to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for August shows 17.7% of records have an unknown or missing employment and/or accommodation status, this is a slight decrease from July which showed 18% 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.

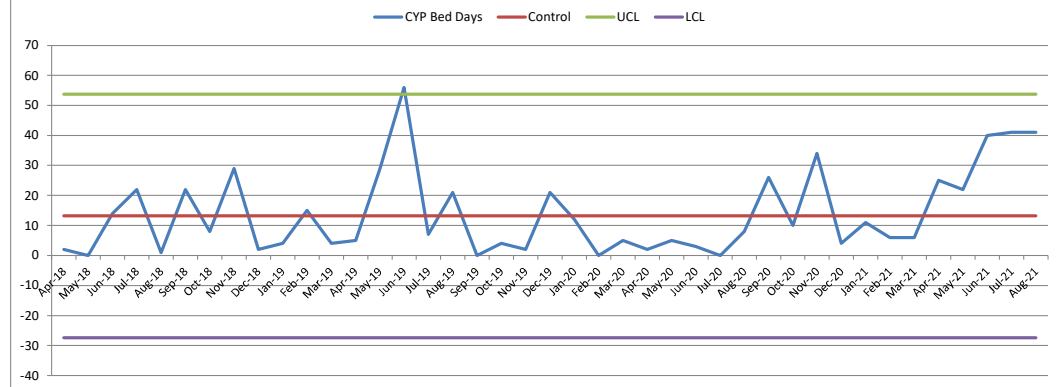
SPC Charts

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.

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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 two ICS footprints, 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 October.

South Yorkshire & Bassetlaw Partnership

The Trust will work with the partnership to gather relevant information and update this section of the report in October 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:

Barnsley community Mental Health

Strengths

- Strong mental health partnerships are in place in the local system. A Strategy is being developed for consultation in September 2021. There is also a strong interface with the ICS.
- Service resilience has been maintained. Contacts continue to be delivered by telephone/video link where practicable with face to face support offered as necessary.
- Improving access to psychological therapies (IAPT) waiting list initiative has commenced, with focus on evidence based group interventions.
- A proposal has been developed for Intensive Home- Based Treatment (IHBT) to staff/deliver 136 suite and triage functions out of hours in Barnsley. Planned implementation date 1st October 2021.

Areas of focus

- Increased referrals and acuity have been seen– with associated increase in caseloads across core, enhanced and IHBT.
- Difficulties in maintaining ward staffing levels leading to a 'pull' on IHBT and other community staff.
- Non-recurrent recovery investment made available by CCG. Plans approved to support caseload pressure in the Single Point of Access (SPA) and core/enhanced teams.
- Focus on staff wellbeing/resilience has been maintained

CAMHS

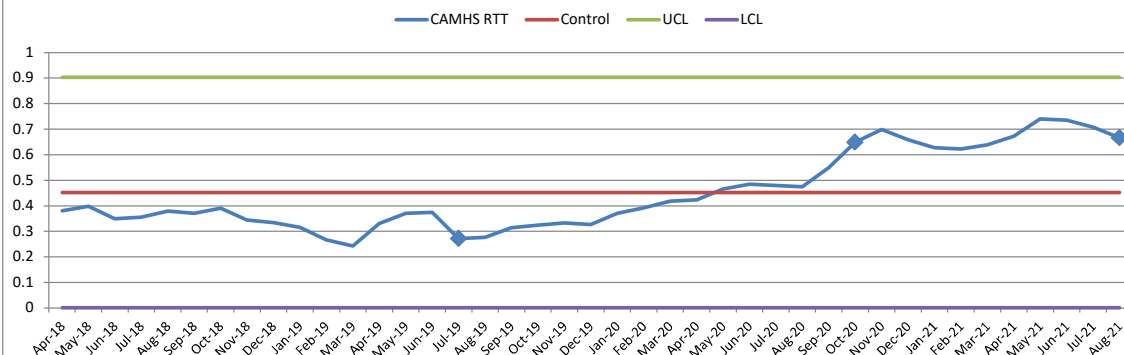
Strengths

- Business continuity plans have to date been effective.
- Waiting numbers/times from referral to treatment are being maintained in Barnsley.
- Business case regarding neurodevelopmental assessment waiting list initiative approved for Calderdale and Kirklees. This creates additional capacity in CAMHS on a recurrent basis and enables short-term utilisation of two independent providers.

Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have continued to increase. We are moving to implementation of business cases.
- Referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield. The medium term trajectory is unclear. % treated within 18 weeks beginning to deteriorate.
- 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 are staffing capacity issues across the eating disorder pathway, and proactive discussion with CCG's regarding additional investment.
- There is a focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck.
- 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 August 2021 has been highlighted for this reason.

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Barnsley general community services

Key Issues

- Neighbourhood nursing are experiencing significant pressures in terms of increased activity and acuity of patients in addition to workforce challenges due to consistent delivery in the context of sustained OPEL 3 level
- 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 was offered to relieve the operational issues this causes, and was due to commence in post in October but has rescinded acceptance of the role.
- The Covid-19 12–15-year-old vaccination programme is due to commence 13th September 2021. The Children's Vaccination and Immunisation Team is currently developing delivery plans and partner organisations have offered to support wherever possible. The service will expect challenges delivering the flu programme within accepted timescales due to capacity issues.

Strengths

- The Musculoskeletal (MSK) Service have appointed an Exercise Instructor and funding is in place for a second exercise instructor for 12 months, which will improve skill mix within team and assist with patient flow. The team have an adaptable work force, committed to improving patient experience.
- Excellent partnership working is in place with the Primary Care Network to set up and deliver First Contact Practitioner MSK Physiotherapy service
- Partnership working to ensure appropriate patient flow and support people's care at home continues

Challenges

- Social care capacity continues to impact on patient flow
- Challenges are expected in the delivery of the Covid 12–15-year-old vaccination programme.
- There are ongoing staffing challenges to ensure safe staffing rotas are filled across all core services including our rehab units

Areas of Focus

- Staff Health and well-being is a key area of focus
- There is continued focus on partnership working
- Delivery of Covid- 19 12–15-year-old vaccination programme

Forensic business delivery unit and Learning Disability services:

Forensic BDU

Key Issues

- OPEL Level has been upgraded to Level 3, due to staffing pressures
 - Absence levels (due to Covid and non-Covid reasons) are at just over 13%.
 - Recruitment of registered nurses remains a focus, supported by a bespoke recruitment and retention plan. The Forensic services will hopefully be the first services across the Trust to welcome international nurses.
 - Work on the Adult Secure Provider Collaborative continues, with a proposed go live date of 1st October 2021.
 - Occupancy levels in Newhaven and Newton Lodge are below target. Plans are in place to re-assess out of area patients with a view to repatriate wherever clinically appropriate and possible.
 - The Specialist Community Forensic Team (SCFT) now have service users within the community and the team are covering 8am-8pm 7 days a week.
 - 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 63% in medium secure, 83% in low secure and 77% in Newhaven and there 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.
 - All mandatory training which is below expected targets is the focus of attention across the service and recovery trajectories are in place.
- Fire safety training across the BDU is 85% and work is ongoing to achieve the internal target of 95%

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

Key Issues

- OPEL Level remains at Level 2 for community and Level 3 for the Assessment and Treatment Unit (Horizon)
- Supervision levels have fallen and are 64% currently
- Medical cover across all Learning Disability Services is critical. Short term plans are in place, and service managers are liaising closely with the Medical Director.

Community Learning Disability Teams:

- Sickness absence remains higher than usual but is largely incidental and under control. Long-term sickness is all being managed, and we are hopeful that sickness absence will stabilise through Q3.
- Vacancies in psychiatry and psychology posts across all our community teams are proving difficult to fill and we are seeing the impact through increased caseloads and increased waiting times for some pathways (e.g. autism diagnosis). As part of a workforce plan we have engaged locum medical staff and redeployed staff where possible which should ease the immediate pressures.
- There is increased pressure on Speech and Language Therapy provision both from within learning disability services and the wider Trust. This is compounded by recent staff turnover and difficulties in recruitment of specialist staff.
- Face-to-face activity is increasing across all our community teams (currently around 65%) and we are aiming to increase this further to around 85% by end of Q4.

Inpatients (ATU):

- Current occupancy is 4 of 6 commissioned beds (66%) which is typical for the unit.
- Need for high levels of observation and support for the current admissions is requiring high staffing levels (approx. 2:1 staffing) which is proving difficult to source.
- Recently there have been significant challenges finding registered nurses to cover shifts which has proven challenging and impacted on wellbeing of nursing workforce. We are seeing an impact through heightened workforce related stress and subsequent sickness absence which compounds the issue.
- From 1st October 2021 the Horizon Assessment and Treatment Unit (ATU) will join with Bradford District Care Foundation Trust (BDCFT) in providing a regional collaborative ATU service for West Yorkshire and Barnsley. Formally the number of commissioned ATU beds provided by SWYPFT will increase from 6 to 8. We are not anticipating a significant increase in demand following this change as we have been effectively providing this service since the Leeds unit closed in June 2020.
- Sickness levels on the unit remain high and recruitment to vacancies is slow. There is a national under-supply of qualified nurses and the position re psychology input (currently vacant) is awaiting a decision by the new ATU collaborative. Additional temporary occupational therapy and therapy assistant posts are being recruited to help with immediate pressures.
- Medical input is currently being provided part-time by a trust consultant on an interim basis whilst the service works to a longer term solution. Medical staffing balance between SWYPFT and BDCFT is currently being reviewed by medical directors.

ASD/ ADHD service

- The Service is operating fully but has seen a short- term spike in sickness.
- Supervision is currently 62% but the service expects this will improve at the end of Q2.
- There has been a 23% surge in referrals for assessment the service has received support re admin support to process all referrals in a timely manner.
- The service has a list of new business opportunities/ developments to explore further.
- Performance metrics remain good.

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

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Trustwide Acute Inpatients:

- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients. Senior leadership from matrons and general managers remains in place across 7 days.
- The work to maintain patient flow continues, with the use of out of area beds being kept to a minimum.
- Work with partners across the ICS continues. Partners are using out of area beds to address bed demand.
- The difficulties have been recently compounded by staff absences and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards, plus further Covid outbreaks.
- An action plan is in place to address improvement required across the service in relation to concordance with fire lecture attendance. This is detailed and specific to each ward led by the matrons and general manager, and actively reviewed in service line meetings and business delivery unit (BDU) governance meetings. The current position shows significant improvement in performance across all but two wards, with an overall rate of 84.42%. Where further support to improve is needed plans are in place to deliver.
- Intensive work to reduce ward sizes, maintain safety and well-being of staff and service users and encourage recruitment and retention is underway. Immediate actions have included:
 - incentivisation of shifts over the August bank holiday period which resulted in supporting people to work and meet service demands
 - use of out of area placements on a planned basis to release pressure, with the support of commissioners
 - a task and finish approach reporting through the command structure to review options to temporarily reduce ward sizes
 - the use of the staffing establishment differently if required
 - building identified challenges and priorities into the workforce strategy and planning work.

Community:

- Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gate-keeping, trauma informed care and effective intensive home treatment.
- 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.
- Work is underway to better understand and report our balance of face to face and virtual interventions as part of our total offer.
- 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 either in line with, or above, predicted demand, leading to significant pressure in the service and necessitating the use of additional staff and sessions for assessment slots. 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.
- We continue to work in collaboration with our places to implement the community mental health transformation. A concern is new roles within primary care networks could draw experienced staff from our resources but not release a commensurate level of demand.
- The wellbeing and support of staff is at the forefront of the BDU's aims, including ensuring clinical supervision takes place each month. Quality and Governance Leads in each place are working with teams to enable this in terms of quality access and prioritisation.

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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, booster and 12-15 year olds (Barnsley).
- Communication on Trust leadership changes, both internally and to partners
- Continued promotion of adult 'Choose Well for Mental Health' guide; internally, on social media channels and with partners, alongside award submissions. Children and Young People focused 'Choose Well' in development.
- Staff wellbeing initiatives promoted
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels.
- Information governance campaign supported
- Nhs.net removal and Trust email accreditation comms
- Forensic improvement programme – support provided to the Bretton Centre improvement programme (including intranet and web content and letters to local residents)
- Equality campaign in development – staff engagement carried out, content being developed.
- Flu– Attended fortnightly flu planning meetings in preparation for launching 2021/22 vaccination campaign in Sept
- Promotion of civility and respect/equity guardians and FTSU work
- Prepared comms for NHS staff survey
- Developed trauma and adversity resilience programme communication plan
- Developed menopause matters communication plan
- Ongoing support for QI programme
- Supported the virtual recruitment fair
- Support provided to EyUp Charity e.g. Annual Report and case studies, Creative Minds e.g. Moving Mental Health Forward promotion and development of new comms toolkit, Spirit in Mind e.g. promotion of events and Mental Health Museum e.g. organised Mark's visit
- New intranet development project – new Sharepoint launched. Currently working on bug fixes and content updates.
- Working to launch Calderdale IAPT website for September launch (a reskin of the Kirklees IAPT site)
- New video suite of Recovery Skills Training modules created with the Barnsley Core Mental Health Team – launch in September
- New Facebook group launched for Kirklees CAMHS, which has been created in conjunction with the mental health support workers with input from parents
- Barnsley IAPT promotion in various publications across town including Barnsley Football Club
- Website and intranet development work for new Equality and inclusion content
- CAMHS; created and launched crisis and emergency campaign upon request from acute hospital partners, promoted feedback events at Wakefield CAMHS and developed new service materials
- Media enquiries; co-ordinated and issued responses
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

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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 | £2.2m | £2.3m (H1 21/22) | In August a surplus of £0.1m has been reported which is favourable to plan. The forecast position for the first half of the year remains a surplus of £2.3m. |
| 2 | Agency Spend | £3.4m | | Agency expenditure in August was £0.7m. This is a reduction from the high value reported in July with a reduction in unregistered nursing. This is correlated with the increase in internal staffing costs in August. |
| 3 | Cash | £63.3m | £64.6m | Cash in the bank continues to be positive and is forecast to remain so. This continues to be closely monitored to ensure that the cash position is appropriately maximised. |
| 5 | Capital | £1.2m | £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 £1.2m which is £0.4m less than planned. No major risks to delivery of plan being flagged at present. |
| 6 | Better Payment Practice Code | 96% | | This performance is based upon a combined NHS / Non NHS value and demonstrates that 96% 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 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
|---|----------------------|------------|-------|-----------|---|--------|---------|--------|--------|--------|------------------|--------|
| Sickness (YTD) | Improving Resources | Well Led | AD | <=4.5% | 4.0% | 4.0% | 3.9% | 4.0% | 4.3% | 4.3% | 4.5% | 4.6% |
| Sickness (Monthly) | Improving Resources | Well Led | AD | <=4.4% | 4.0% | 4.0% | 3.9% | 4.0% | 4.3% | 4.3% | 4.5% | 4.6% |
| Staff Turnover (registered nurses) | Improving Resources | Well Led | AD | 10% | 10.0% | 10.0% | 10.3% | 15.6% | 14.7% | 13.1% | 14.1% | 14.6% |
| Gross Vacancies | Improving Resources | Well Led | AD | - | Reporting Commenced April 2021 | | | 10.8% | 5.5% | 7.9% | 7.3% | 6.6% |
| Net Vacancies | Improving Resources | Well Led | AD | - | | | | 2.9% | 0.6% | 3.2% | 4.0% | 2.2% |
| Aggression Management | Improving Care | Well Led | AD | >=80% | 84.1% | 84.1% | 82.3% | 80.7% | 79.95% | 85.1% | 85.4% | 84.7% |
| Cardiopulmonary Resuscitation | Improving Care | Well Led | AD | >=80% | 85.2% | 84.5% | 81.7% | 78.8% | 77.7% | 76.27% | 75.91% | 74.60% |
| Clinical Risk | Improving Care | Well Led | AD | >=80% | 93.3% | 93.1% | 93.5% | 94.6% | 94.9% | 94.7% | 94.6% | 93.9% |
| Equality and Diversity | Improving Health | Well Led | AD | >=80% | 95.5% | 95.6% | 95.5% | 95.6% | 95.5% | 95.2% | 95.0% | 94.7% |
| Fire Safety | Improving Care | Well Led | AD | >=80% | 86.9% | 87.6% | 86.2% | 85.9% | 84.3% | 84.6% | 83.3% | 83.2% |
| Food Safety | Improving Care | Well Led | AD | >=80% | 74.8% | 75.9% | 75.3% | 76.3% | 77.2% | 79.60% | 80.0% | 81.3% |
| Infection Control and Hand Hygiene | Improving Care | Well Led | AD | >=80% | 95.0% | 94.7% | 94.3% | 94.0% | 94.2% | 92.7% | 91.8% | 90.7% |
| Information Governance | Improving Care | Well Led | AD | >=95% | 97.5% | 97.8% | 97.9% | 96.6% | 95.7% | 94.67% | 93.18% | 92.20% |
| Moving and Handling | Improving Resources | Well Led | AD | >=80% | 95.0% | 95.1% | 94.9% | 95.1% | 95.7% | 96.3% | 96.7% | 96.8% |
| Mental Capacity Act/DOLS | Improving Care | Well Led | AD | >=80% | 94.6% | 93.9% | 91.0% | 90.8% | 88.9% | 87.7% | 87.6% | 87.4% |
| Mental Health Act | Improving Care | Well Led | AD | >=80% | 91.3% | 90.5% | 85.0% | 85.1% | 82.0% | 80.7% | 81.9% | 81.7% |
| No of staff receiving supervision within policy guidance | Quality & Experience | Well Led | AD | >=80% | 81.3% | | | 74.4% | | | Due Oct 21 | |
| Prevent | Improving Care | Well Led | AD | >=80% | 95.6% | 95.6% | 95.6% | 95.6% | 95.3% | 95.4% | 95.4% | 95.4% |
| Safeguarding Adults | Improving Care | Well Led | AD | >=80% | 94.0% | 94.2% | 94.0% | 94.7% | 94.7% | 94.7% | 93.8% | 93.6% |
| Safeguarding Children | Improving Care | Well Led | AD | >=80% | 93.1% | 93.6% | 93.5% | 93.3% | 93.4% | 93.1% | 92.5% | 92.2% |
| Sainsbury's clinical risk assessment tool | Improving Care | Well Led | AD | >=80% | No longer used | | | | | | | |
| Bank Cost | Improving Resources | Well Led | AD | - | £946k | £682k | £1,120k | £803k | £911k | £795k | £822k | £1001k |
| Agency Cost | Improving Resources | Effective | AD | - | £587k | £562k | £760k | £583k | £560k | £794k | £834k | £705k |
| Overtime Costs | Improving Resources | Effective | AD | - | Data unavailable at the time of producing this report | | | | | | | |
| Additional Hours Costs | Improving Resources | Effective | AD | - | | | | | | | | |
| Sickness Cost (Monthly) | Improving Resources | Effective | AD | - | | | | | | | | |
| Vacancies (Non-Medical) (WTE) | Improving Resources | Well Led | AD | - | | | | | | | | |
| Business Miles | Improving Resources | Effective | AD | - | | | | | | | | |
| Health & Safety | | | | | | | | | | | | |
| Number of RIDDOR incidents(reporting of injuries, diseases and dangerous occurrences regulations) | Improving Resources | Effective | AD | - | 7 | | | 4 | | | Due October 2021 | |

Covid-19

| KPI | Target | 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 | As at 22nd Sep 2021 | Trend | Notes |
|---|--------|-------------------------|--------------------------|-----------------------|-----------------------|---------------------|----------------------|----------------------|------------------------|----------------------|-------|------------|
| Additional Metrics to Highlight Response to and Impact of Covid-19 | | | | | | | | | | | | |
| No of staff off sick - Covid-19 not working 7 | N/A | 159 | 91 | 89 | 33 | 15 | 32 | 95 | 106 | 81 | | |
| Shielding | | 48 | 42 | 50 | 1 | 0 | 0 | 1 | 1 | 1 | | |
| Symptomatic | | 64 | 29 | 19 | 16 | 2 | 8 | 33 | 57 | 43 | | |
| House hold symptoms | | 19 | 4 | 10 | 5 | 3 | 6 | 28 | 7 | 18 | | |
| OH Advised Isolation | | 0 | 1 | 1 | 1 | 0 | 0 | 4 | 1 | 0 | | |
| Test & Trace Isolation | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Other Covid-19 related | | 28 | 15 | 9 | 10 | 10 | 18 | 29 | 40 | 1 | | |
| No of staff working from home - Covid-19 related 8 | | 84 | 78 | 88 | 16 | 8 | 21 | 66 | 27 | 42 | | |
| Shielding | | 49 | 54 | 74 | 8 | 0 | 0 | 1 | 2 | 2 | | |
| Symptomatic | | 9 | 4 | 3 | 2 | 2 | 3 | 15 | 8 | 18 | | |
| House hold symptoms | | 6 | 10 | 4 | 1 | 3 | 8 | 28 | 10 | 16 | | |
| OH Advised Isolation | | 4 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | | |
| Test & Trace Isolation | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Other Covid-19 related | | 16 | 8 | 5 | 4 | 2 | 10 | 22 | 7 | 2 | | |
| Number of staff tested 9 | | 3241 | 3353 | 3386 | 3386 | 3386 | 3386 | 3386 | 3390 | 3619 | | Cumulative |
| No of staff tested positive for Covid-19 10 | | 545 | 598 | 610 | 610 | 610 | 610 | 610 | 807 | 929 | | Cumulative |
| No of staff returned to work (including those who were working from home) | | 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% | 3254/3296 =98.7% | | |
| No of staff returned to work (not working only) 13 | | 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% | 2168/2264 = 95.7% | | |
| No of staff still absent from work who were Covid-19 positive 12 | | 43 | 22 | 13 | 13 | 0 | 0 | 0 | 40 | 29 | | |
| Additional number of staff Positive to work from home | | 1175 | 1306 | 1369 | 1281 | 1271 | 1223 | 1350 | 1359 | 1394 | | Cumulative |

| Summary | | Covid-19 | | Emergency Preparedness | | Quality | | National Metrics | | System-wide Monitoring | | Locality | | Finance/Contracts | | Workforce | |
|---|--|----------|--|------------------------|------|---------|------|------------------|------|------------------------|------|----------|------|-------------------|--|-----------|--|
| Calls to occupational health healthline | | | | | 2274 | 2451 | 2565 | 2655 | 2713 | 2798 | 2911 | 3007 | 3105 | 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.

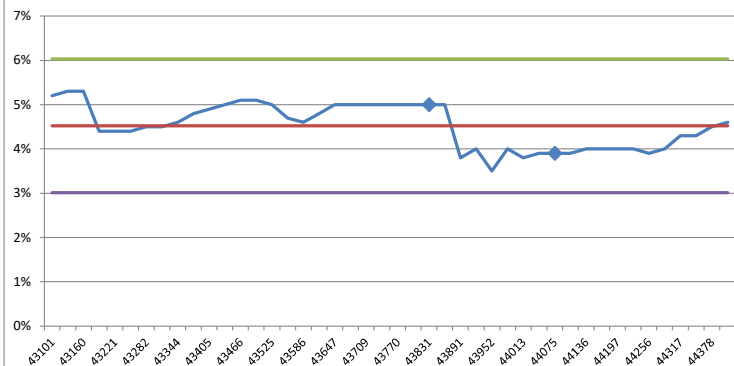
Workforce Issues

- As at 22nd September, 81 staff off work Covid-19 related, not working which compares to 106 one month earlier. A further 42 were working from home.
- 3619 staff tested for Covid-19 as at 22nd September 2021.
- 929 staff have tested positive for Covid-19.
- Staff turnover increased to 14.6% in August a detailed workforce planning report was considered by the workforce and remuneration committee on 21 st September which gave a deep dive into the turnover figures.

SPC Charts

Trust Sickness Absence

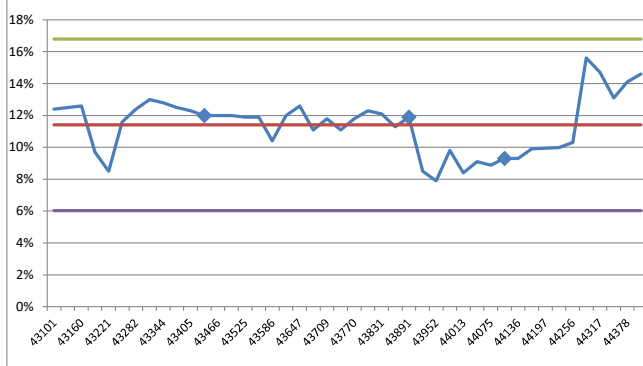
Staff Absence Control UCL LCL



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

Trust Staff Turnover

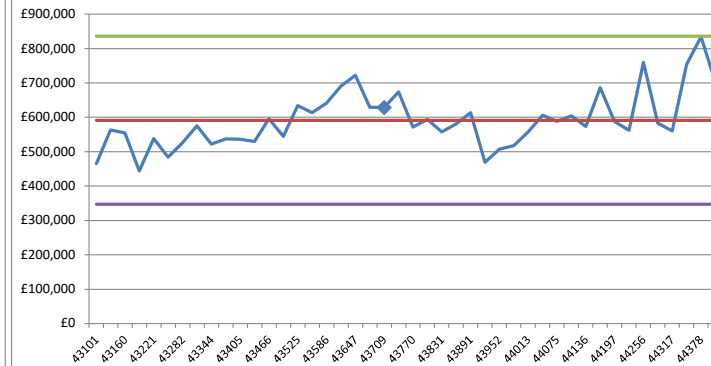
Turnover Control UCL LCL



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

Trust Agency Spend

Agency Spend Control UCL LCL



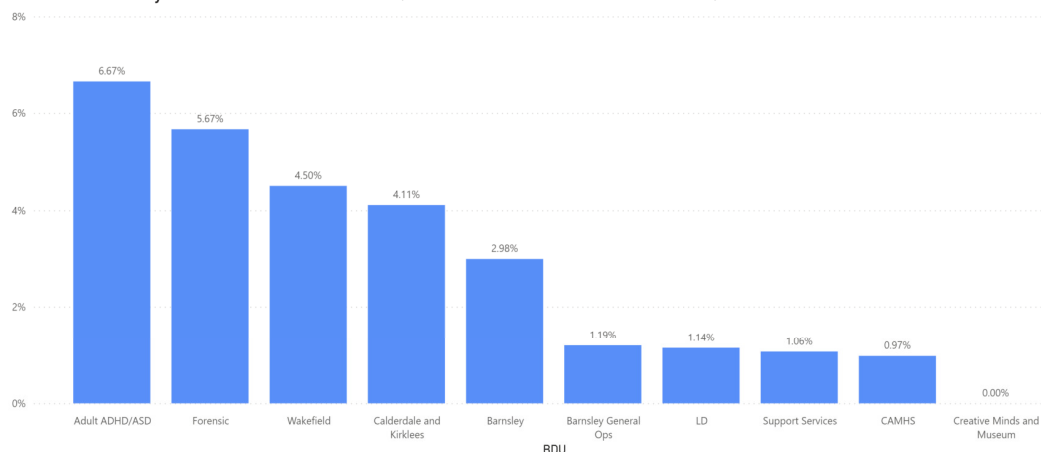
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

Sickness reporting

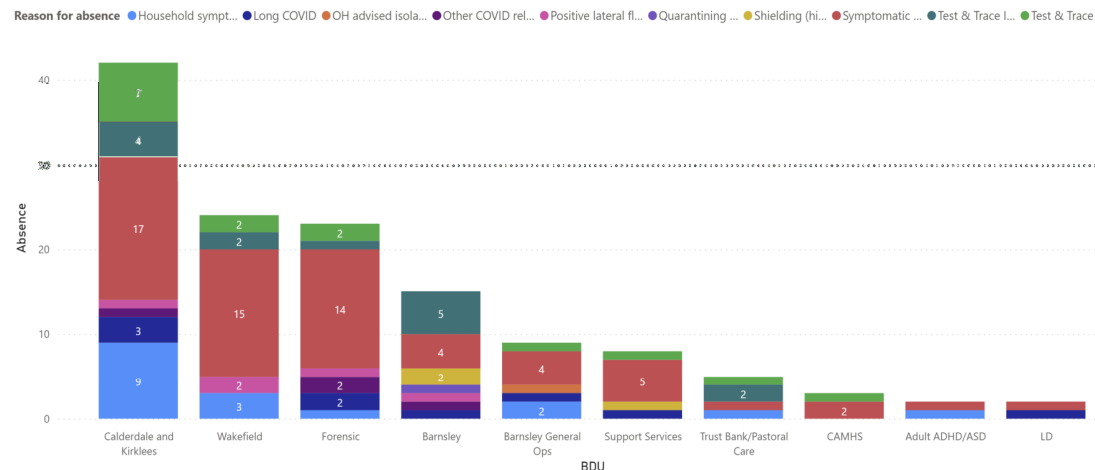
As at 22nd September, the Trust has 124 staff absent or working from home due to Covid-19. This makes up 2.3% of the workforce. Of those absent, 49.1% are symptomatic and 26.6% have household symptoms. The business delivery unit (BDU) with the biggest impact is Adult ADHD/ASD with 6.7% of staff impacted

- 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 9.3 days in August.

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



Absence by BDU and Reason for absence



Guardians of Safe Working - Quarterly report Q1 (April-June 2021)

Impact of the Pandemic

The Covid-19 pandemic has had wide-ranging effects. Whilst we are now starting to see more gaps due to infections and self-isolation, the impact on the rotas, for doctors in training, has been much reduced over the period covered by this report. Gaps for Q1 2021 were down nearly 65% compared with the same quarter in 2020 and were lower than all but one quarter since figures have been collected. This quarter still saw one doctor having to self-isolate, and others advised by Occupational Health to come off the rota but the numbers affected were smaller. The Medical Directorate Business Manager, the Postgraduate Medical Education Lead, the AMD for Medical Education, the Guardian of Safe Working and the college tutors continue to meet frequently to coordinate the Trust's support of trainees. Trainers have been asked to meet with their new trainees in August to review how the pandemic has affected their training and ensure that any steps needed are taken to ensure that any deficits in training are addressed.

Distribution of Trainee Doctors within the Trust

Recruitment to core training posts in Psychiatry has been much better recently with reports of 3 applicants per place for this August. This coupled with the amalgamation of core training schemes across W. Yorkshire from August 2020 should see consistently improved recruitment in Calderdale and Kirklees. We currently have one GPVTS trainee vacancy in Barnsley and are anticipating some Foundation doctor vacancies in Wakefield from August.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in the Trust since the introduction of the new contract and only one during this period. This was completed by a core trainee in Wakefield and related to a combination of high acuity and covering for colleague absence. Time off in lieu (TOIL) was agreed. The trainee was happy with the outcome of the exception report.

Fines

There have been none within this reporting period.

Guardians of Safe Working cont...

Work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Kirklees had the highest proportion of gaps this quarter, mainly due to maternity leave. Other common issues leading to gaps include vacancies, sickness and Less Than Full-Time (LTFT) trainees in full-time training placements. The costs that were directly attributable to Covid-19, where trainees were shielding or self-isolating, are shown separately. The medical bank has been working well with rota coordinators and the trainees themselves working hard to ensure that all the vacant slots on first tier rotas were filled by the Trust bank. Following the large increase in gaps at the start of the pandemic, trainees were offered higher rates of pay to cover some hard-to-fill shifts.

| Gaps by rota April/May/June '21 | | | | | |
|---------------------------------|-------------------------|------------------------------------|---|---|-------------------|
| Rota | Number (%) of rota gaps | Number (%) covered by Medical Bank | Number (%) covered by agency / external | Number (%) covered by other trust staff | Number (%) vacant |
| Barnsley 1st | 20 (11%) | 20 (100%) | 0 | 0 | 0 |
| Calderdale 1st | 19 (10%) | 19 (100%) | 0 | 0 | 0 |
| Kirklees 1st | 13 (14%) | 13 (100%) | 0 | 0 | 0 |
| Wakefield 1st | 7 (4%) | 7 (100%) | 0 | 0 | 0 |
| Total 1st | 59(9%) | 59 (100%) | 0 | 0 | 0 |
| Wakefield 2nd | 52 (57%) | 0 | 0 | 52 (100%) | 0 |

| Costs of Rota Cover April/May/June '21 | | | | | |
|--|--|-----------------------------|--------------------------------------|----------------------|--|
| 1 st On-Call Rotas | Shifts (Hours) Covered by Medical Bank | Cost of Medical Bank Shifts | Cost directly attributed to COVID-19 | Agency Hours (Costs) | |
| Barnsley | 18 (184) | £6,440 | £0 | 0 | |
| Calderdale | 19 (160.75) | £5,526.25 | £0 | 0 | |
| Kirklees | 13 (240) | £8,400 | £0 | 0 | |
| Wakefield | 7 (69.75) | £3,138.75 | £191.25 | 0 | |
| Total | 59 (654.5) | £23,505 | £191.25 | 0 | |

Issues and Actions

Recruitment

Core Training, GP and Foundation Schemes have been better recruited. The main current concern is poor recruitment to Higher Training, especially to the Old Age and to a lesser degree the General Adult Higher Training Schemes. This is the major factor affecting the Wakefield 2nd On-Call Rota.

Junior Doctors' Forum (JDF)

This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams. The last was poorly attended after administrative issues meant trainees were not all invited and this has been addressed for future meetings. Issues discussed included rotas, completion of exception reports and understandably also trainees' experience related to COVID-19. There were also brief updates on topics discussed previously such as Seclusion reviews and an audit is being completed in this area and preliminary data suggests that policy changes have reduced the workload for trainees. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education.

Education and support

The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum. The trust will support the BMA's campaign in August to increase trainees' use of exception reporting.

Publication Summary

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

A&E attendances and emergency admissions: July 2021

Diagnostic waiting times and activity: June 2021

Mental health services monthly statistics: performance May, provisional June 2021

Out of area placements in mental health services: May 2021

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

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

Community services statistics: May 2021

NHS sickness absence rates: April 2021, provisional statistics

NHS workforce statistics: May 2021 (including selected provisional statistics for June 2021)

Diagnostic waiting times and activity: July 2021

Mental health services monthly statistics performance: June 2021, provisional July 2021

Out of area placements in mental health services: June 2021

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

Psychological therapies: reports on the use of IAPT services, England June 2021, final including reports on the IAPT pilots and Q1 data 2021-22



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 5
(2021 / 22)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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| | |
|-----|--|
| 1.0 | Executive Summary / Key Performance Indicators |
|-----|--|

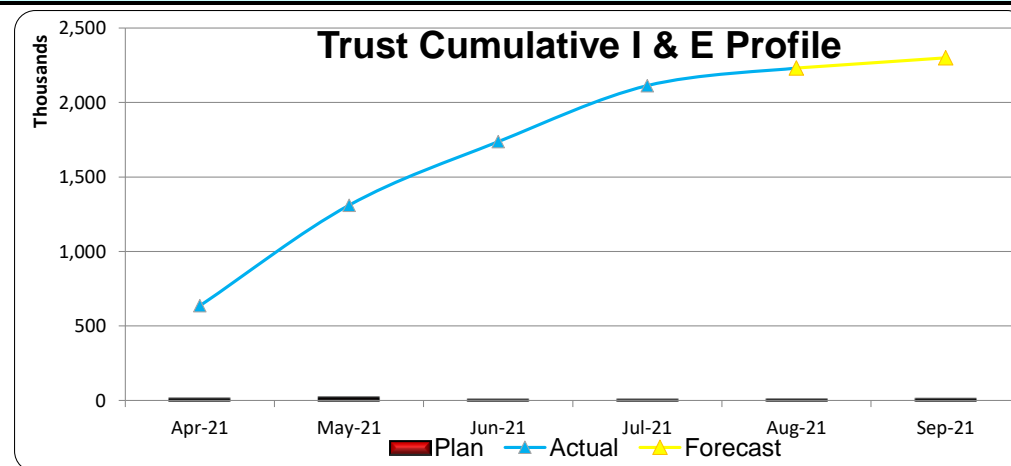
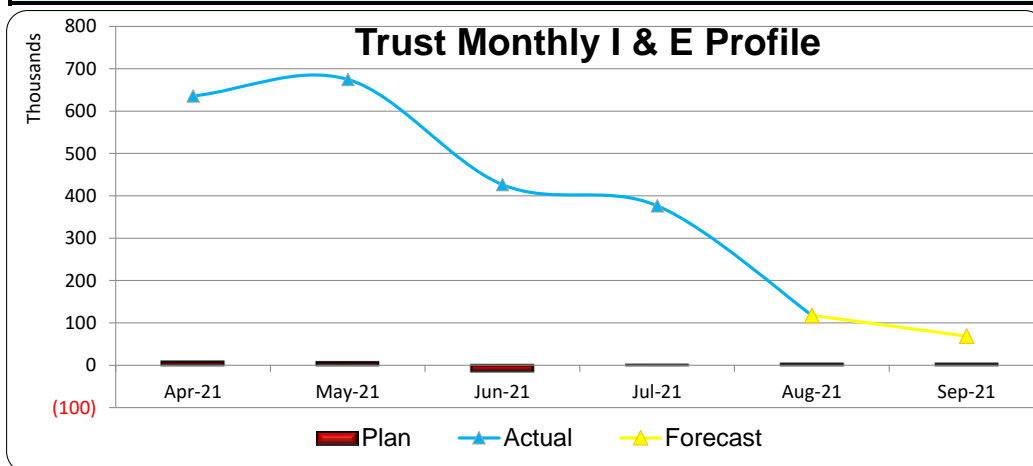
| Performance Indicator | | Year to Date | Forecast 2021 / 22 | Narrative |
|-----------------------|------------------------------|--------------|---------------------|---|
| 1 | Surplus / (Deficit) | £2.2m | £2.3m (H1 21/22) | In August a surplus of £0.1m has been reported which is favourable to plan. The forecast position for the first half of the year remains a surplus of £2.3m. |
| 2 | Agency Spend | £3.4m | | Agency expenditure in August was £0.7m. This is a reduction from the high value reported in July with a reduction in unregistered nursing. This is correlated with the increase in internal staffing costs in August. |
| 3 | Cash | £63.3m | £64.6m | Cash in the bank continues to be positive and is forecast to remain so. This continues to be closely monitored to ensure that the cash position is appropriately maximised. |
| 4 | Capital | £1.2m | £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 £1.2m which is £0.4m less than planned. No major risks to delivery of plan being flagged at present. |
| 5 | Better Payment Practice Code | 96% | | This performance is based upon a combined NHS / Non NHS value and demonstrates that 96% 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 |

2.0 Income & Expenditure Position 2021 / 2022

| 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 |
| | | | | 21,468 | 21,057 | (411) | Clinical Revenue | 105,853 | 102,857 | (2,995) | 127,101 | 123,702 | (3,399) |
| | | | | 21,468 | 21,057 | (411) | Total Clinical Revenue | 105,853 | 102,857 | (2,995) | 127,101 | 123,702 | (3,399) |
| | | | | 1,036 | 1,360 | 323 | Other Operating Revenue | 5,393 | 6,347 | 953 | 6,440 | 7,606 | 1,165 |
| | | | | 22,505 | 22,417 | (87) | Total Revenue | 111,246 | 109,204 | (2,042) | 133,542 | 131,308 | (2,234) |
| 4,812 | 4,494 | (318) | 6.6% | (17,865) | (17,273) | 592 | Pay Costs | (88,268) | (83,836) | 4,432 | (106,001) | (100,777) | 5,225 |
| | | | | (3,888) | (4,246) | (358) | Non Pay Costs | (19,233) | (19,305) | (72) | (23,050) | (23,619) | (570) |
| 4,812 | 4,494 | (318) | 6.6% | (21,753) | (21,519) | 234 | Total Operating Expenses | (107,501) | (103,141) | 4,360 | (129,051) | (124,396) | 4,655 |
| 4,812 | 4,494 | (318) | 6.6% | 751 | 898 | 147 | EBITDA | 3,745 | 6,063 | 2,318 | 4,491 | 6,912 | 2,421 |
| | | | | (537) | (568) | (31) | Depreciation | (2,683) | (2,772) | (88) | (3,220) | (3,340) | (120) |
| | | | | (212) | (212) | (0) | PDC Paid | (1,059) | (1,060) | (1) | (1,271) | (1,272) | (1) |
| | | | | 0 | 0 | 0 | Interest Received | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,812 | 4,494 | (318) | 6.6% | 3 | 118 | 115 | Surplus / (Deficit) | 3 | 2,231 | 2,229 | 0 | 2,300 | 2,300 |
| | | | | 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 |
| 4,812 | 4,494 | (318) | 6.6% | 3 | 118 | 115 | Surplus / (Deficit) | 3 | 3,368 | 3,365 | 0 | 3,437 | 3,436 |

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.



Income & Expenditure Position 2021 / 22

For the period April to August 2021 a surplus of £2.2m has been reported. There is an increase in expenditure in August 2021.

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 and 2021 /22 Mental Health Investment Standard (MHIS) and system recovery (SR) funding.

Mobilisation of these services, including recruitment where appropriate, is being undertaken. Any variation in spend is being monitored to ensure that all funding can be utilised to support mental health services and overall system recovery.

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

Pay

Pay spend increased in August 2021 to £17.3m from £16.7m. This includes the payment of one off premiums to support continued safe staffing levels, higher bank usage and additional substantive staff to support investment. 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 the same ratio as last month. The headlines 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 | 145 | | 293 |
| Staffing - vaccination | Additional staff costs to support vaccination programme (including overtime) | 33 | 62 | 19 | 11 | 26 | | 151 |
| Staffing - Isolation | Isolation, shielding and backfill for covid absence | 56 | 15 | 31 | 32 | 41 | | 175 |
| Staffing - premium | Additional exceptional payments agreed to ensure safe staffing levels over key periods | 0 | 0 | 0 | 0 | 158 | | 158 |
| Total – Pay | | 110 | 128 | 87 | 81 | 370 | 0 | 776 |
| Lateral Flow Testing | Distribution of kits to staff | 7 | 2 | 12 | 8 | 2 | | 31 |
| Laundry & Scrubs | Purchase of scrubs for staff and associated laundry costs | 2 | 1 | 1 | 0 | 1 | | 5 |
| IT | Purchase of equipment and agile working enabling costs (VPN) | 0 | 35 | 3 | 0 | 0 | | 38 |
| OOA Placements | Out of area bed placements required to covid issues | 0 | 6 | 12 | 0 | 77 | | 95 |
| Staffing - security | External security costs to support vaccination | 0 | 0 | 8 | 0 | 0 | | 8 |
| Misc / other | Other general non pay not captured in the headings above | 0 | 15 | 8 | 6 | 17 | | 46 |
| Total – Non Pay | | 8 | 59 | 44 | 14 | 97 | 0 | 222 |
| Total costs | | 119 | 187 | 131 | 95 | 467 | 0 | 998 |

2.1 Income Information

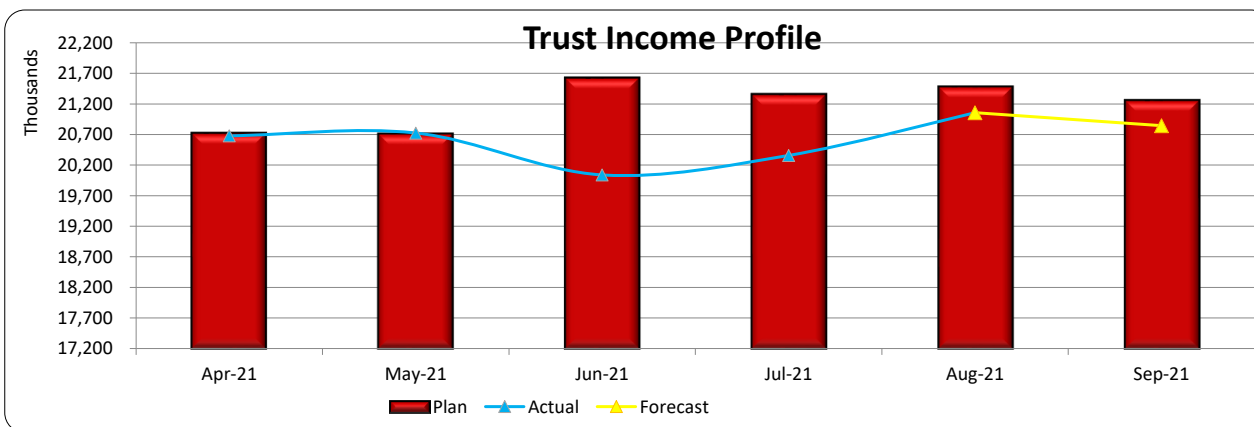
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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, and other 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 from those organisations.

Guidance confirming the arrangements for October 2021 to March 2022 is yet to be issued but is expected late September 2021.

| Income source | 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 | 15,237 | 15,497 | | | | | | | 91,120 | 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 | 2,550 | 2,488 | | | | | | | 14,948 | 28,281 |
| Local Authority | 404 | 490 | 402 | 385 | 458 | 416 | | | | | | | 2,555 | 5,025 |
| Partnerships | 657 | 636 | 654 | 547 | 939 | 646 | | | | | | | 4,080 | 7,514 |
| Top Up / ERF | 0 | 0 | 169 | 85 | 21 | 0 | | | | | | | 275 | 5,458 |
| Other | 41 | 50 | 46 | (9) | 116 | 61 | | | | | | | 304 | 4,815 |
| Total | 20,679 | 20,725 | 20,039 | 20,358 | 21,057 | 20,845 | 0 | 0 | 0 | 0 | 0 | 0 | 123,702 | 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-recurrent (system recovery) programmes. 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.

The month 5 position includes funding from all NHS commissioners with recruitment ongoing into newly funded posts. This continues to be monitored internally with proposals being developed to ensure that all funding is utilised to support mental health and system recovery.

2.2

Pay Information

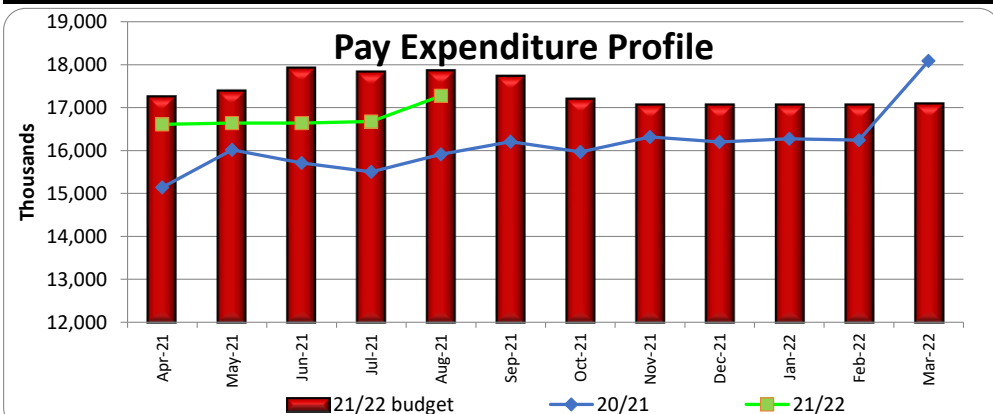
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing 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.

| Staff type | Apr-21 £k | May-21 £k | Jun-21 £k | Jul-21 £k | Aug-21 £k | Sep-21 £k | Oct-21 £k | Nov-21 £k | Dec-21 £k | Jan-22 £k | Feb-22 £k | Mar-22 £k | Total £k |
|--------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Substantive | 15,224 | 15,171 | 15,089 | 15,019 | 15,567 | | | | | | | | 76,070 |
| Bank & Locum | 803 | 911 | 795 | 822 | 1,001 | | | | | | | | 4,331 |
| Agency | 583 | 560 | 754 | 834 | 705 | | | | | | | | 3,436 |
| Total | 16,610 | 16,641 | 16,637 | 16,675 | 17,273 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 83,836 |
| 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% | 5.8% | | | | | | | | 5.2% |
| Agency as % | 3.5% | 3.4% | 4.5% | 5.0% | 4.1% | | | | | | | | 4.1% |

| WTE Worked | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | Average |
|--------------|--------------|--------------|--------------|--------------|--------------|----------|----------|----------|----------|----------|----------|----------|--------------|
| Substantive | 4,104 | 4,078 | 4,051 | 4,068 | 4,074 | | | | | | | | 4,075 |
| Bank & Locum | 255 | 263 | 218 | 224 | 283 | | | | | | | | 249 |
| Agency | 107 | 115 | 128 | 155 | 138 | | | | | | | | 128 |
| Total | 4,465 | 4,456 | 4,398 | 4,447 | 4,494 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,452 |
| 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 |



The position, and forecast, continues to exclude 2021/22 national pay awards. These will be paid in September 2021 and funding is expected to fully cover these increased costs. These will be backdated to 1st April 2021.

Costs have increased in August 2021. £165k relates to additional exceptional payments agreed to support staffing levels over the August bank holiday. In making such payment additional staffing was secured.

Other contributing factors for the increase in costs were additional substantive staffing and additional bank and locum costs. Absence due to covid-19 reasons will have had an influence on this higher than normal level of spend and staff utilised.

2.2

Pay Information

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

| Year to Date Budget v Actual - by staff group | | | | | | |
|---|---------------|---------------|--------------|--------------|---------------|----------------|
| Staff Group | Budget | Substantive | Bank / Locum | Agency | Total | Variance |
| | £k | £k | £k | £k | £k | £k |
| Medical | 10,758 | 9,839 | 268 | 1,342 | 11,449 | 691 |
| Nursing Registered | 34,352 | 25,230 | 1,419 | 443 | 27,092 | (7,260) |
| Nursing Unregistered | 10,625 | 8,644 | 2,173 | 1,233 | 12,050 | 1,425 |
| Other | 24,005 | 20,309 | 190 | 403 | 20,902 | (3,103) |
| Corporate Admin | 6,969 | 6,493 | 117 | 15 | 6,625 | (344) |
| BDU Admin | 5,751 | 5,554 | 164 | 0 | 5,718 | (33) |
| Vacancy Factor | (4,191) | | | | 0 | 4,191 |
| Total | 88,268 | 76,070 | 4,331 | 3,436 | 83,836 | (4,432) |

| WTE In month Budget v Actual - by staff group | | | | | | |
|---|--------------|--------------|--------------|------------|--------------|--------------|
| Staff Group | Budget | Substantive | Bank / Locum | Agency | Total | Variance |
| | WTE | WTE | WTE | WTE | WTE | WTE |
| Medical | 229 | 194 | 1 | 18 | 213 | (16) |
| Nursing Registered | 1,484 | 1,225 | 77 | 17 | 1,319 | (165) |
| Nursing Unregistered | 880 | 706 | 176 | 87 | 969 | 89 |
| Other | 1,380 | 1,196 | 9 | 15 | 1,220 | (159) |
| Corporate Admin | 353 | 333 | 8 | 1 | 342 | (11) |
| BDU Admin | 487 | 419 | 12 | 0 | 431 | (56) |
| Total | 4,812 | 4,074 | 283 | 138 | 4,494 | (318) |

By staff group the key elements to highlight are:

Although there continues to be a monthly underspend there was an increase overall of 26 WTE in the registered nurse category compared to last month. This is mainly in the bank sub heading. Unregistered nursing utilisation also increased in month with 89 WTE more than funded reported.

Work continues to increase the number of registered nurses including overseas recruitment and additional substantive recruitment.

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, PAMs, ancillary staff and housekeepers and Occupational therapists.

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 | Substantive | Bank / Locum | Agency | Total | Variance |
| | £k | £k | £k | £k | £k | £k |
| MH Community | 38,065 | 32,236 | 857 | 1,660 | 34,752 | (3,312) |
| Inpatient | 19,509 | 16,418 | 2,863 | 1,586 | 20,867 | 1,357 |
| BDU Support | 5,327 | 3,135 | 184 | 9 | 3,329 | (1,998) |
| Community | 12,124 | 10,192 | 178 | 58 | 10,428 | (1,696) |
| Corporate | 17,435 | 14,088 | 249 | 124 | 14,461 | (2,974) |
| Vacancy Factor | (4,191) | | | | 0 | 4,191 |
| Total | 88,268 | 76,070 | 4,331 | 3,436 | 83,836 | (4,432) |

| In month Budget v Actual - by service | | | | | | |
|---------------------------------------|--------------|--------------|--------------|------------|--------------|--------------|
| | Budget | Substantive | Bank / Locum | Agency | Total | Variance |
| | WTE | WTE | WTE | WTE | WTE | WTE |
| MH Community | 1,878 | 1,596 | 40 | 26 | 1,662 | (216) |
| Inpatient | 1,124 | 957 | 204 | 94 | 1,255 | 132 |
| BDU Support | 357 | 213 | 12 | 0 | 225 | (132) |
| Community | 757 | 645 | 12 | 4 | 661 | (96) |
| Corporate | 696 | 663 | 15 | 14 | 691 | (5) |
| | | | | | 0 | |
| Total | 4,812 | 4,074 | 283 | 138 | 4,494 | (318) |

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.

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

2.2 Agency Expenditure Focus

Agency spend is £705k in August.

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.

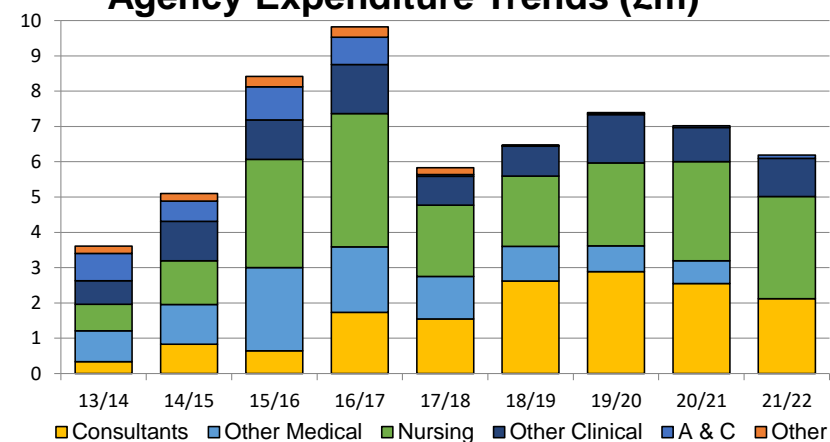
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

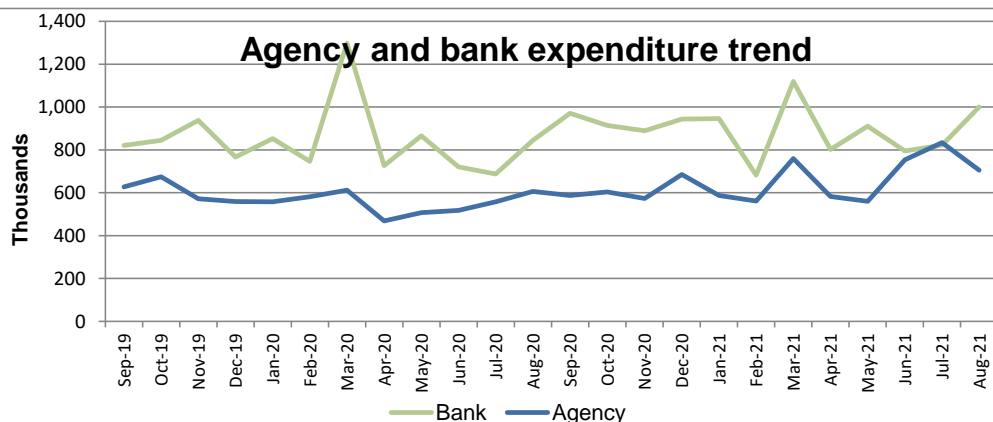
Spend has reduced in August from the peak experienced in July with the main reductions in unregistered nursing (£103k) and other clinical staff (£43k). There continues to be a correlation between bank and agency usage with agency reducing when more internal bank staff are available.

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

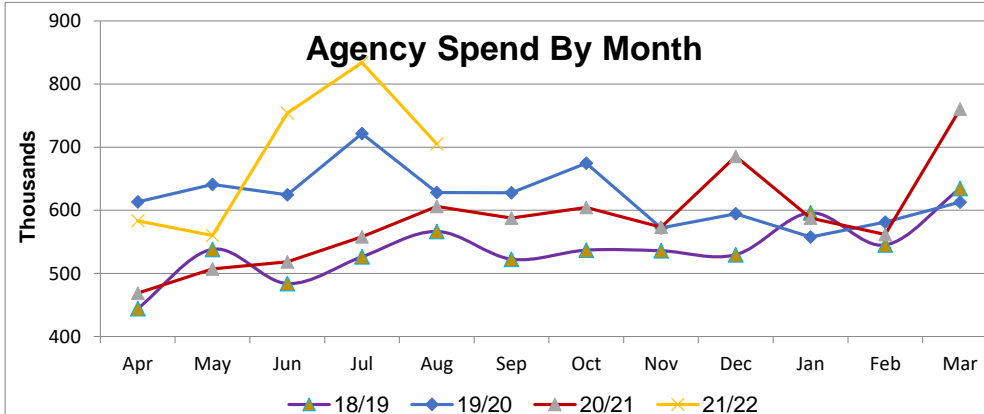
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month

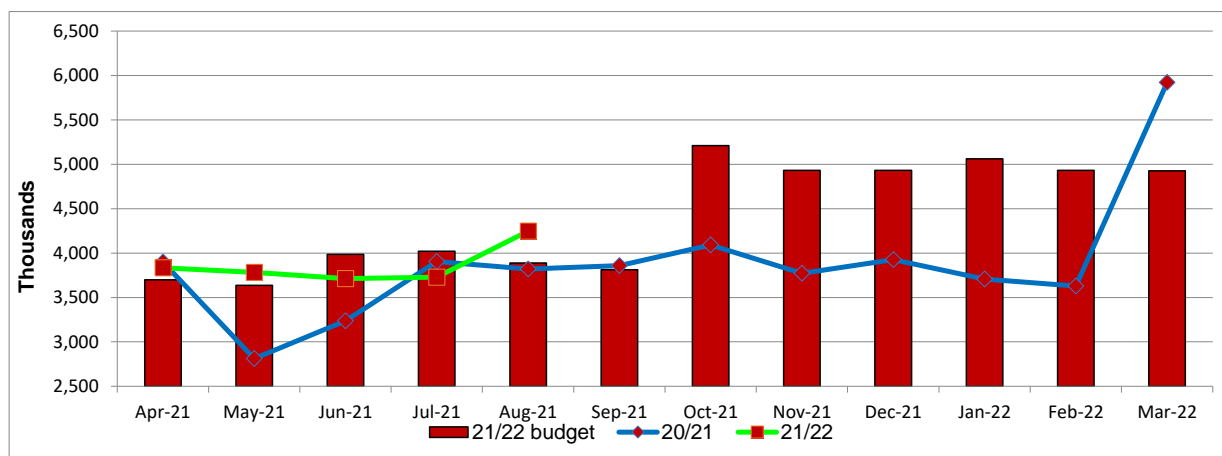


2.3 Non Pay Expenditure

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.

| Non pay spend | 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 | 4,246 | | | | | | | | 19,305 |
| 2020/21 | 3,900 | 2,811 | 3,236 | 3,906 | 3,821 | 3,857 | 4,090 | 3,772 | 3,925 | 3,707 | 3,628 | 5,921 | 46,574 |

| | Budget | Actual | Variance |
|---------------------------------|---------------|---------------|------------|
| | Year to date | Year to date | |
| Non Pay Category | £k | £k | £k |
| Drugs | 1,548 | 1,370 | (178) |
| Establishment | 3,158 | 3,375 | 217 |
| Lease & Property Rental | 3,191 | 3,319 | 128 |
| Premises (inc. rates) | 2,444 | 2,596 | 152 |
| Purchase of Healthcare | 2,787 | 2,828 | 41 |
| Travel & vehicles | 1,765 | 1,693 | (72) |
| Supplies & Services | 3,014 | 2,491 | (523) |
| Training & Education | 289 | 259 | (30) |
| Clinical Negligence & Insurance | 363 | 537 | 173 |
| Other non pay | 673 | 837 | 163 |
| Total | 19,233 | 19,305 | 72 |
| Total Excl OOA and Drugs | 14,898 | 15,106 | 208 |



Key Messages

There has been an increase in non pay expenditure in August compared to the first four months of the year which had a relatively flat run rate. This has been the case across most business delivery units (BDU's). In terms of the categorisation highlighted above the main movement is in purchase of healthcare, travel and other.

The purchase of healthcare is considered separately on page 12. Travel relates to costs associated with the Trusts lease car contracts rather than reimbursement of traditional mileage claims (which continue to remain low).

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.

2.3 Out of Area Beds Expenditure Focus

The heading of purchase of healthcare within the non pay analysis includes a number of different services; both the purchase of services from other NHS trusts or organisations for services which we do not provide (mental health locked rehab, pathology tests) or to 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 | 951 | 1,117 | 165 |
| Out of Area | | | |
| Acute | 522 | 65 | (457) |
| PICU | 316 | 65 | (251) |
| Other Services | 998 | 1,582 | 584 |
| Total | 2,787 | 2,828 | 41 |

Out of Area Expenditure Trend (£)

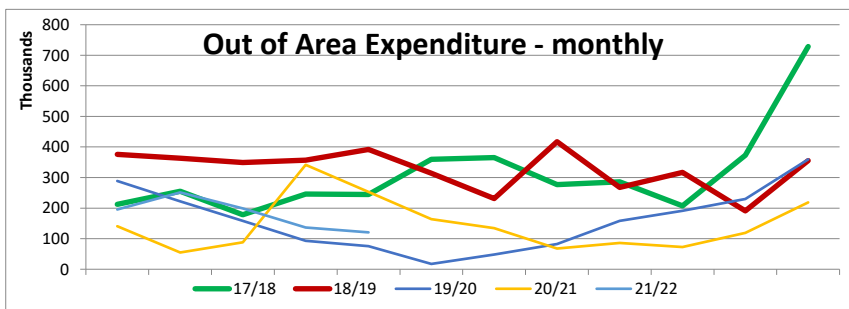
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| 18/19 | 376 | 363 | 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 | 121 | | | | | | | | 903 |

Bed Day Trend Information

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 18/19 | 607 | 374 | 412 | 501 | 680 | 473 | 245 | 508 | 329 | 358 | 197 | 220 | 4,904 |
| 19/20 | 282 | 354 | 238 | 206 | 156 | 28 | 53 | 129 | 166 | 216 | 305 | 275 | 2,408 |
| 20/21 | 110 | 54 | 120 | 305 | 147 | 76 | 111 | 105 | 148 | 124 | 100 | 126 | 1,526 |
| 21/22 | 221 | 313 | 316 | 223 | 261 | | | | | | | | 1,334 |

Bed Day Information 2021 / 2022 (by category)

| | | | | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|---|---|---|---|---|---|---|-------|
| PICU | 203 | 236 | 233 | 176 | 188 | | | | | | | | 1,036 |
| Acute | 18 | 77 | 83 | 47 | 73 | | | | | | | | 298 |
| Total | 221 | 313 | 316 | 223 | 261 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,334 |



Despite all of the operational pressures being faced, including the impact that covid-19 has on both staffing and bed availability, out of area placements continue to be minimised as far as possible. Specific placements due to covid-19 issues continue to be charged against that allocation.

Pressures on the ward, intensified by covid-19, has resulted in an additional 38 bed days being utilised in August. This is expected to continue into September.

Additional Mental Health Investment Standard (MHIS) funding has been identified to support patient flow and the impact will be seen in future months.

| Balance Sheet / Statement of Financial Position (SOFP) | 2020 / 2021 £k | Actual (YTD) £k | Note |
|--|-------------------|--------------------|-------|
| Non-Current (Fixed) Assets | 104,978 | 101,917 | Pg 14 |
| Current Assets | | | |
| Inventories & Work in Progress | 173 | 173 | |
| NHS Trade Receivables (Debtors) | 1,173 | 422 | 1 |
| Non NHS Trade Receivables (Debtors) | 1,828 | 1,642 | 1 |
| Prepayments | 2,867 | 3,890 | 2 |
| Accrued Income | 3,090 | 4,669 | 3 |
| Cash and Cash Equivalents | 56,648 | 63,276 | Pg 16 |
| Total Current Assets | 65,781 | 74,071 | |
| Current Liabilities | | | |
| Trade Payables (Creditors) | (1,182) | (1,984) | 4 |
| Capital Payables (Creditors) | (585) | (630) | |
| Tax, NI, Pension Payables, PDC | (5,920) | (6,908) | |
| Accruals | (24,112) | (23,757) | 5 |
| Deferred Income | (3,981) | (5,320) | 6 |
| Total Current Liabilities | (35,779) | (38,600) | |
| Net Current Assets/Liabilities | 30,001 | 35,472 | |
| Total Assets less Current Liabilities | 134,980 | 137,389 | |
| Provisions for Liabilities | (7,348) | (7,513) | |
| Total Net Assets/(Liabilities) | 127,632 | 129,875 | |
| 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 | 68,675 | 7 |
| Total Taxpayers' Equity | 127,632 | 129,875 | |

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 was expected in August 2021 but now due September 2021. Outstanding invoices with local authorities have been raised in September 2021.

4. Creditors, invoices outstanding for the Trust to pay, continues to be closely reviewed alongside Better Payment Practice Code (page 17) performance. 99% 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 £1.3m from Health Education England and £1.6m from CCG's relating to H2 costs.

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

3.1

Capital Programme 2021 / 2022

| Capital schemes | 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 | 22 | 22 | 2,000 | 0 | |
| OPS transformation | 578 | 0 | 0 | 0 | 578 | 0 | |
| Maintenance (Minor) Capital | | | | | | | |
| Routine Maintenance | 3,194 | 749 | 581 | (168) | 3,426 | 232 | |
| Fire Safety | 160 | 0 | 0 | 0 | 195 | 35 | |
| Plant & Machinery | 455 | 201 | 17 | (184) | 481 | 26 | |
| Equipment | 100 | 30 | 34 | 4 | 100 | 0 | |
| Fixtures & Fittings | 45 | 0 | 0 | 0 | 45 | 0 | |
| Other | 643 | 228 | 501 | 273 | 222 | (421) | |
| IM & T | | | | | | | |
| Clinical Systems | 275 | 24 | 1 | (23) | 275 | 0 | |
| Hardware | 200 | 50 | 0 | (50) | 200 | 0 | |
| Cybersecurity, Infrastructure | 200 | 75 | 21 | (54) | 327 | 127 | |
| Software | 600 | 100 | 4 | (96) | 600 | 0 | |
| Other | 1,140 | 169 | 0 | (169) | 1,140 | 0 | |
| VAT Refunds | | | | | | 0 | |
| TOTALS | 9,590 | 1,626 | 1,181 | (445) | 9,590 | 0 | |

Capital Expenditure 2021 / 22

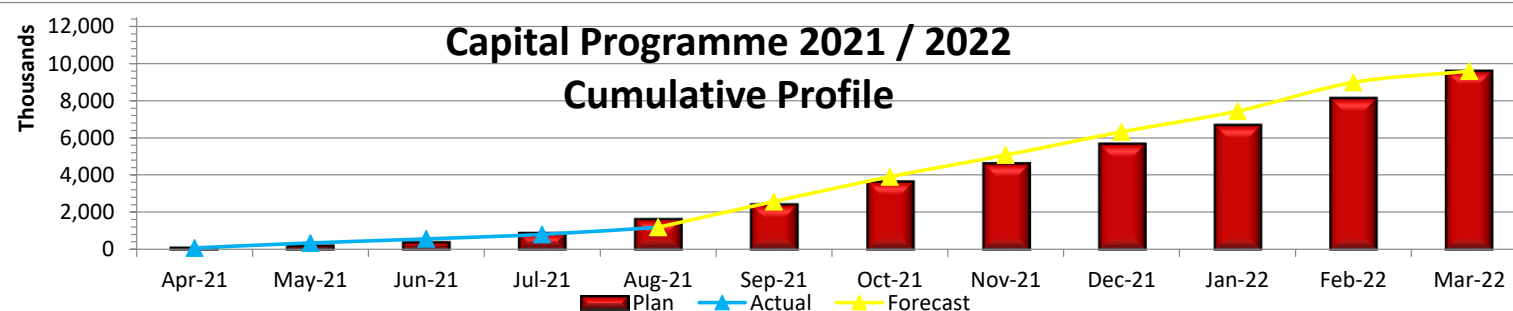
The Trust capital programme forms part of the overall West Yorkshire & Harrogate ICS capital plan. For 2021 / 22 the Trust component is £9.59m.

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

Spend is £0.4m less than originally planned. Detailed readiness and planning activities are on going although there are some delays due to resource / capacity and external influences.

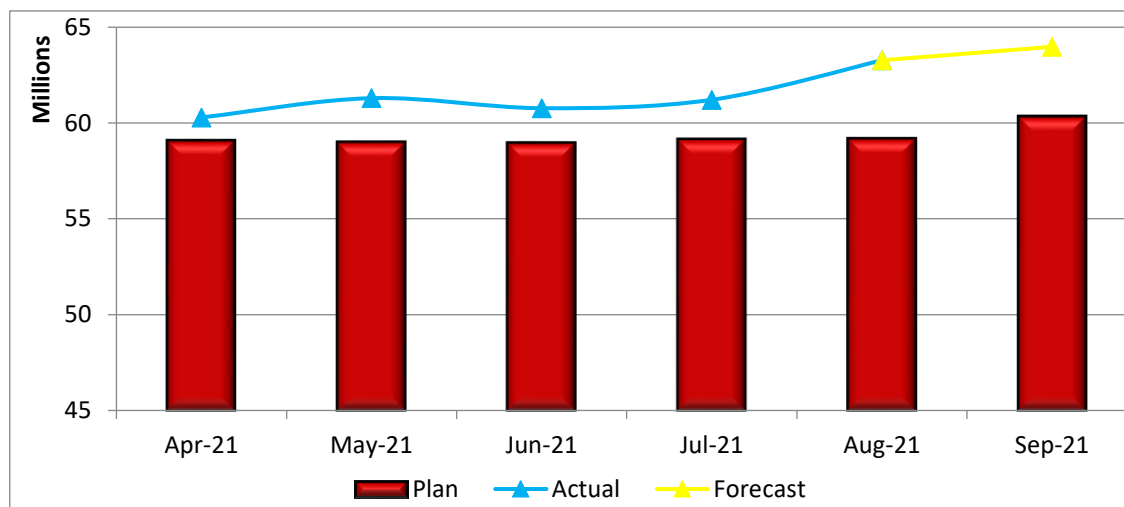
External suppliers have highlighted issues with supply of good and services (staffing, shipping) and also a change in cost base.

Preparatory work continues for the major Bretton Centre En Suite scheme pending formal Trust approval. This is designed to enable work to commence promptly once a decision is made such as aligning partners, planning consents etc. This is non-committal and does not pre-empt a formal decision.



3.2

Cash Flow & Cash Flow Forecast 2021 / 2022

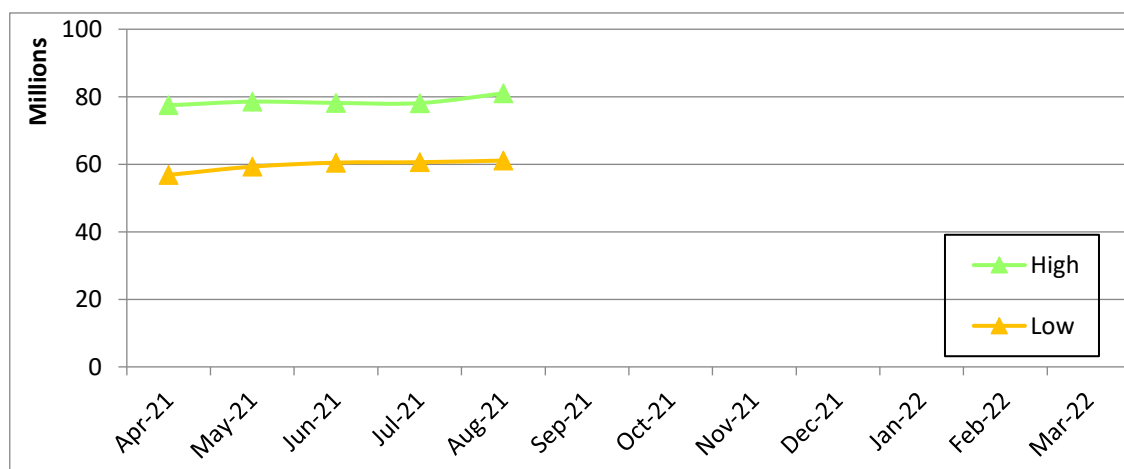


| | Plan £k | Actual £k | Variance £k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 56,648 | 56,648 | |
| Closing Balance | 59,159 | 63,276 | 4,117 |

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 increased 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 available as required.

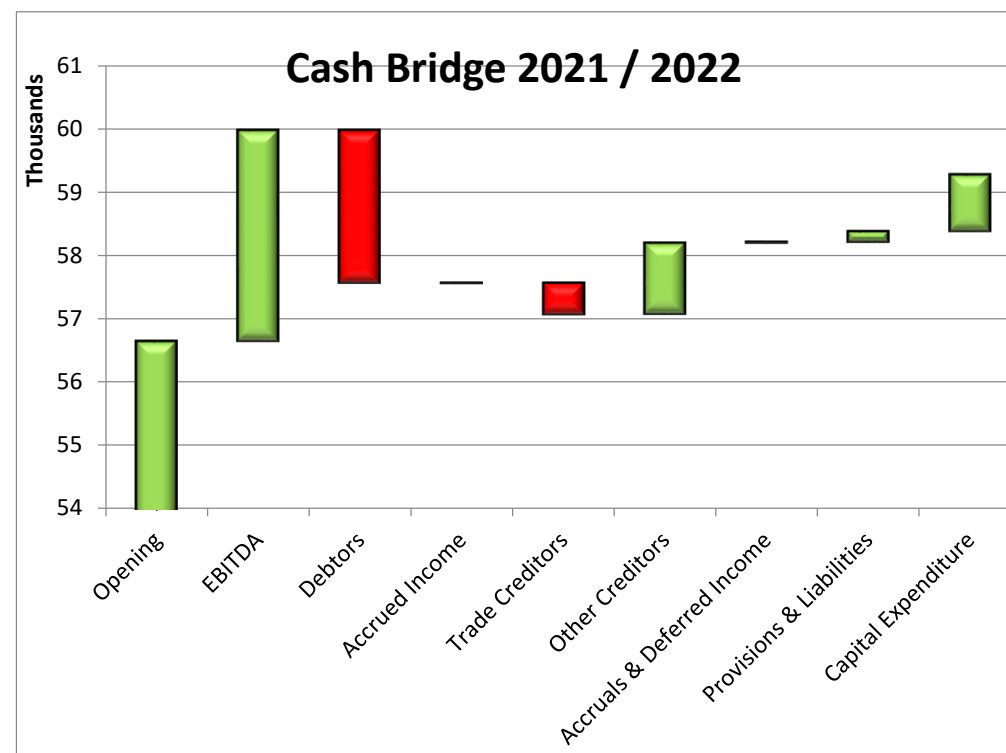
The highest balance is: £81m
The lowest balance is: £61.1m

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) | 2,726 | 6,063 | |
| Movement in working capital: | | | |
| Inventories & Work in Progress | 0 | 0 | |
| Receivables (Debtors) | 750 | (1,663) | |
| Accrued Income / Prepayments | 0 | 0 | |
| Trade Payables (Creditors) | 1,084 | 588 | |
| Other Payables (Creditors) | 0 | 1,127 | |
| Accruals & Deferred income | (14) | | |
| Provisions & Liabilities | 0 | 166 | |
| Movement in LT Receivables: | | | |
| Capital expenditure & capital creditors | (2,036) | (1,135) | |
| Cash receipts from asset sales | 0 | 1,482 | |
| PDC Dividends paid | 0 | 0 | |
| PDC Dividends received | | | |
| Interest (paid)/ received | 0 | 0 | |
| Closing Balances | 59,159 | 63,276 | |



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

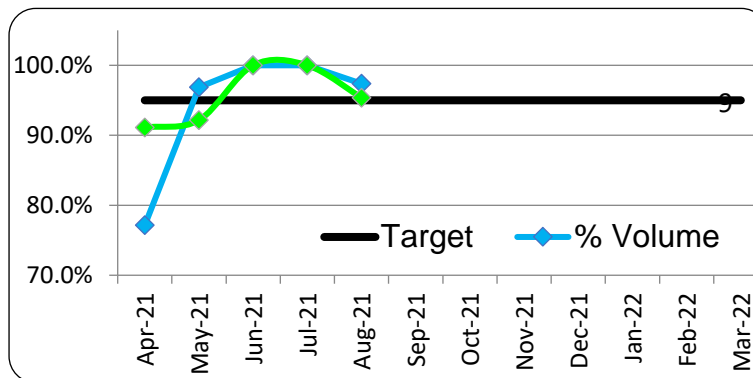
Better Payment Practice Code

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.

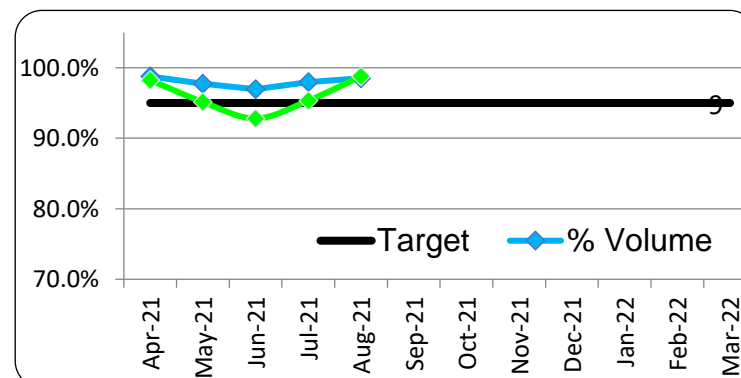
We continue to optimise the finance and procurement system which was implemented in October 2020. This includes a regular review of outstanding invoices, and working with SBS to resolve any issues.

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

| NHS | Number | Value |
|-------------------------|--------|-------|
| | % | % |
| In Month | 97% | 95% |
| Cumulative Year to Date | 94% | 97% |



| Non NHS | Number | Value |
|-------------------------|--------|-------|
| | % | % |
| In Month | 99% | 99% |
| Cumulative Year to Date | 98% | 96% |



4.1

Transparency Disclosure

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

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 (£) |
|--------------|------------------------|--------------|--|--------------------|------------|
| 12-Aug-21 | Insurance | Trustwide | Zurich Insurance PLC | HTS03NB150023 | 539,541 |
| 18-Aug-21 | Rent | Calderdale | Calderdale & Huddersfield NHS Foundation Trust | 4710173961 | 371,868 |
| 05-Aug-21 | IT Software | Trustwide | Phoenix Partnership (Leeds) Ltd | 12857 | 370,332 |
| 27-Aug-21 | Staff Recharge | Trustwide | Mid Yorkshire Hospitals NHS Trust | 1600017782 | 192,194 |
| 10-Aug-21 | Drugs | Trustwide | Bradford Hospitals NHS Trust | 319418 | 109,625 |
| 04-Aug-21 | Rent | Wakefield | Assura HC Ltd | LINV41642 | 90,736 |
| 05-Aug-21 | IT Services | Trustwide | Daisy Corporate Services | 31475427 | 90,250 |
| 25-Aug-21 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 102184 | 70,731 |
| 06-Aug-21 | Staff Recharge | Trustwide | Leeds & York Partnership NHS Foundation Trust | 995838 | 55,602 |
| 05-Aug-21 | IT Services | Trustwide | Daisy Corporate Services | 31475308 | 46,979 |
| 06-Aug-21 | Rent | Barnsley | Community Health Partnerships Ltd | 0060207690 | 46,866 |
| 02-Aug-21 | Other Services | Calderdale | Calderdale & Huddersfield NHS Foundation Trust | 4710173861 | 40,991 |
| 20-Aug-21 | Other Services | Calderdale | Calderdale & Huddersfield NHS Foundation Trust | 4710173961 | 40,991 |
| 26-Aug-21 | Rent | Wakefield | Mid Yorkshire Hospitals NHS Trust | 1600017609 | 37,977 |
| 31-Aug-21 | Drugs | Trustwide | NHS Business Services Authority | 1000069941 | 35,854 |
| 21-Aug-21 | Purchase of Healthcare | Trustwide | North Yorkshire County Council | 600009613 | 33,309 |
| 18-Aug-21 | Rent | Barnsley | Dr M Guntamukkala | PG10110 | 33,132 |
| 25-Aug-21 | IT Software | Trustwide | MRI Software Emea Ltd | UKQPT2094 | 32,311 |
| 06-Aug-21 | Rent | Barnsley | Community Health Partnerships Ltd | 0060207689 | 31,480 |
| 27-Aug-21 | Mobile Phones | Trustwide | Vodafone Ltd | 98514936 | 31,436 |
| 06-Aug-21 | Rent | Barnsley | Community Health Partnerships Ltd | 0060207693 | 28,732 |
| 19-Aug-21 | Rent | Barnsley | Community Health Partnerships Ltd | 0060207693 | 28,732 |
| 02-Aug-21 | MFD | Trustwide | Kyocera Document Solutions (Uk) Ltd | 1243255 | 25,365 |
| 25-Aug-21 | Utilities | Trustwide | Edf Energy | 000010306674 | 25,019 |

- * 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 4.2% | 4.2% | 4.3% | 4.2% | 4.2% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 3.9% | 4.2% | 4.3% | 4.2% | 4.3% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 82.0% | 78.8% | 79.4% | 88.2% | 87.4% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 84.2% | 82.5% | 82.5% | 79.5% | 76.0% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 96.4% | 95.7% | 96.1% | 94.3% | 94.6% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 97.2% | 97.3% | 96.9% | 96.6% | 95.3% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 87.0% | 86.4% | 82.7% | 83.6% | 82.1% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 75.5% | 75.9% | 77.7% | 79.3% | 76.6% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.7% | 95.7% | 95.6% | 93.9% | 91.9% | |
| Information Governance | Resources | Well Led | AD | >=95% | 97.7% | 96.9% | 96.0% | 95.2% | 93.4% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 89.9% | 90.0% | 91.6% | 93.0% | 93.5% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 93.1% | 91.8% | 90.2% | 87.0% | 85.7% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 93.4% | 90.7% | 86.8% | 78.9% | 80.8% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 95.5% | 95.6% | 96.0% | 96.0% | 95.8% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 94.1% | 94.5% | 94.4% | 94.3% | 92.3% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=5.4% | 5.5% | 4.4% | 4.2% | 4.6% | 5.1% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=5.4% | 4.1% | 4.4% | 4.3% | 5.2% | 6.6% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 80.4% | 79.9% | 80.6% | 80.5% | 81.7% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 81.8% | 86.8% | 73.2% | 73.0% | 74.1% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 91.6% | 94.4% | 93.4% | 93.8% | 94.1% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 94.3% | 94.1% | 94.9% | 95.5% | 95.4% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 86.6% | 86.4% | 85.8% | 84.5% | 85.0% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 64.3% | 64.8% | 65.4% | 69.1% | 69.3% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 92.7% | 92.8% | 93.3% | 92.4% | 92.8% | |
| Information Governance | Resources | Well Led | AD | >=95% | 96.9% | 95.1% | 93.3% | 93.0% | 92.0% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 96.7% | 97.4% | 97.9% | 98.0% | 98.3% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 85.7% | 87.5% | 87.1% | 87.3% | 88.5% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 78.3% | 80.1% | 79.7% | 81.2% | 83.4% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 93.3% | 92.3% | 92.4% | 93.4% | 93.7% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 92.5% | 93.9% | 94.2% | 94.2% | 93.4% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 3.2% | 4.2% | 5.7% | 4.8% | 5.1% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 3.0% | 4.2% | 5.1% | 4.7% | 4.8% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 82.2% | 80.7% | 80.1% | 85.5% | 86.0% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 82.7% | 78.8% | 78.0% | 79.5% | 81.1% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 94.9% | 95.3% | 96.8% | 96.4% | 97.0% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 97.8% | 98.1% | 97.3% | 97.2% | 97.4% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 87.6% | 86.9% | 87.2% | 85.5% | 83.5% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 76.1% | 76.9% | 79.4% | 85.2% | 90.1% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | | >=80% | 95.3% | 95.5% | 95.3% | 94.2% | 94.7% | |
| Information Governance | Resources | Well Led | AD | >=95% | 99.3% | 97.5% | 96.8% | 95.6% | 94.4% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 94.7% | 94.7% | 95.0% | 95.8% | 96.9% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 91.1% | 90.3% | 83.6% | 84.6% | 85.0% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 87.9% | 87.2% | 79.6% | 80.7% | 81.5% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 95.9% | 96.1% | 95.8% | 94.8% | 95.4% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 94.2% | 95.0% | 94.9% | 94.7% | 94.9% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 2.6% | 2.6% | 2.8% | 2.7% | 2.8% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 2.3% | 2.6% | 2.7% | 2.6% | 3.1% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 76.9% | 74.8% | 72.2% | 81.6% | 82.1% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 72.6% | 71.3% | 71.4% | 67.7% | 69.3% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 93.1% | 94.5% | 95.0% | 95.0% | 92.0% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 95.5% | 95.5% | 96.5% | 96.8% | 96.6% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 89.3% | 81.2% | 79.8% | 83.1% | 81.6% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 28.6% | 20.0% | 20.0% | 33.3% | 33.3% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 93.9% | 93.6% | 93.9% | 93.6% | 91.6% | |
| Information Governance | Resources | Well Led | AD | >=95% | 97.7% | 95.5% | 94.9% | 91.7% | 91.6% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 98.1% | 98.4% | 98.7% | 98.7% | 98.1% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 83.2% | 83.7% | 84.0% | 81.4% | 81.2% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 79.8% | 81.2% | 81.0% | 79.1% | 79.3% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 92.8% | 93.5% | 94.1% | 94.8% | 93.9% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 91.3% | 91.7% | 92.6% | 94.2% | 94.4% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.0% | 3.2% | 2.6% | 3.0% | 3.0% | 3.1% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.0% | 3.2% | 2.6% | 2.8% | 3.1% | 3.6% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 89.3% | 89.9% | 86.5% | 94.2% | 92.0% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 89.7% | 93.1% | 83.3% | 83.3% | 75.9% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 80.0% | 100% | 100% | 100% | 100% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 80.2% | 89.3% | 89.9% | 88.2% | 89.3% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 80.6% | 86.9% | 84.2% | 85.3% | 83.8% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 97.8% | 99.3% | 98.5% | 98.5% | 97.0% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 91.5% | 90.3% | 91.1% | 89.4% | 87.2% | |
| Information Governance | Resources | Well Led | AD | >=95% | 97.6% | 96.1% | 96.0% | 95.2% | 93.0% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 99.0% | 99.2% | 99.3% | 98.9% | 99.5% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 98.6% | 98.2% | 98.2% | 97.7% | 97.2% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 77.3% | 68.2% | 78.3% | 72.7% | 76.2% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 98.7% | 98.7% | 97.2% | 97.2% | 97.5% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 97.2% | 97.4% | 97.5% | 97.1% | 96.3% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 5.1% | 6.4% | 7.5% | 7.0% | 7.6% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 6.2% | 6.4% | 7.0% | 7.4% | 8.6% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 84.7% | 82.3% | 79.2% | 84.0% | 85.0% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 81.1% | 78.2% | 77.1% | 77.3% | 77.8% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 88.4% | 90.4% | 89.7% | 92.1% | 91.7% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 96.7% | 97.8% | 97.8% | 97.0% | 95.9% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 86.1% | 81.5% | 82.0% | 82.4% | 81.0% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 76.2% | 78.3% | 79.0% | 79.3% | 79.4% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.8% | 95.0% | 94.9% | 92.5% | 90.9% | |
| Information Governance | Resources | Well Led | AD | >=95% | 97.2% | 96.7% | 95.8% | 94.6% | 92.3% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 98.1% | 98.3% | 98.6% | 97.6% | 97.5% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 88.1% | 88.3% | 87.1% | 87.1% | 88.2% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 85.2% | 85.4% | 83.5% | 83.3% | 84.3% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 94.5% | 95.3% | 94.7% | 94.6% | 94.2% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 92.5% | 93.0% | 91.8% | 91.0% | 90.3% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.6% | 3.4% | 3.4% | 4.1% | 3.6% | 3.5% | |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.6% | 3.8% | 3.4% | 3.7% | 3.8% | 3.3% | |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 82.4% | 80.8% | 84.1% | 86.8% | 86.7% | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 79.1% | 76.5% | 75.6% | 69.9% | 69.8% | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 92.8% | 94.0% | 93.6% | 93.6% | 93.1% | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 97.2% | 96.9% | 96.4% | 96.2% | 95.9% | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 87.9% | 86.7% | 85.6% | 88.2% | 86.6% | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 82.5% | 84.3% | 84.2% | 85.4% | 86.6% | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 94.1% | 93.6% | 94.4% | 91.9% | 92.5% | |
| Information Governance | Resources | Well Led | AD | >=95% | 98.4% | 98.0% | 95.9% | 95.2% | 94.3% | |
| Moving and Handling | Resources | Well Led | AD | >=80% | 93.6% | 93.9% | 93.6% | 95.7% | 95.6% | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 88.1% | 89.8% | 89.5% | 84.4% | 84.5% | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 85.4% | 87.0% | 86.1% | 80.6% | 81.0% | |
| Prevent | Improving Care | Well Led | AD | >=80% | 96.1% | 95.9% | 95.4% | 95.9% | 95.6% | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 93.5% | 94.6% | 95.1% | 95.9% | 94.8% | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 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 | SIs | Serious Incidents |
| CROM | Clinician Rated Outcome Measure | LD | Learning Disability | S BDU | Specialist Services Business Delivery Unit |
| CRS | Crisis Resolution Service | MARAC | Multi Agency Risk Assessment Conference | SK | South Kirklees |
| CTLD | Community Team Learning Disability | Mgt | Management | SMU | Substance Misuse Unit |
| DoV | Deed of Variation | MAV | Management of Aggression and Violence | SRO | Senior Responsible Officer |
| DoC | Duty of Candour | MBC | Metropolitan Borough Council | STP | Sustainability and Transformation Plans |
| DQ | Data Quality | MH | Mental Health | SU | Service Users |
| DTOC | Delayed Transfers of Care | MHCT | Mental Health Clustering Tool | SWYFT | South West Yorkshire Foundation Trust |
| EIA | Equality Impact Assessment | MRSA | Methicillin-resistant Staphylococcus Aureus | SYBAT | South Yorkshire and Bassetlaw local area team |
| EIP/EIS | Early Intervention in Psychosis Service | MSK | Musculoskeletal | TB | Tuberculosis |
| EMT | Executive Management Team | MT | Mandatory Training | TBD | To Be Decided/Determined |
| FOI | Freedom of Information | NCI | National Confidential Inquiries | WTE | Whole Time Equivalent |
| FOT | Forecast Outturn | NHS TDA | National Health Service Trust Development Authority | Y&H | Yorkshire & Humber |
| FT | Foundation Trust | NHSE | National Health Service England | YHAHSN | Yorkshire and Humber Academic Health Science |
| FYFV | Five Year Forward View | NHSI | NHS Improvement | YTD | Year to Date |

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

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

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