

Integrated Performance Report Strategic Overview



September 2021

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 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 September 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 performance data related to the West Yorkshire and Harrogate and South Yorkshire and Bassetlaw integrated care systems – 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. Our integrated performance strategic overview report is publicly available on the internet.

The Trust's Finance, Investment and Performance Committee is currently reviewing the use of SPC charts and if any further metrics could benefit from their use, and on its work plan in the near future is a review of risks that have not met target for an extended period of time.

The following eight pages highlight the performance against the Trust's strategic objectives.
EMT during the year agreed to include community mental health transformation as an additional priority.

Improving health								
Priority programme	Metrics	Threshold	Jul-21	Aug-21	Sep-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		5	2	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%	Q2 data available November Q1 - 66%					A weighted average is used given there are different targets in different places.
	3.Proportion of people from BAME communities accessing IAPT		13.7%	14.3%	15.6%			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	**68% screened 58% compliant	**65% screened 58% compliant	**66% screened 55% compliant			For current inpatients (as at 19th Oct) 66% of applicable patients have been screened using the cardio metabolic screening tool and of those 55% 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 42% compliant	**59% screened 43% compliant			For current patients (as at 19th Oct) within Early Intervention services, 59% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 43% 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%	44.8%	43.8%	54.5%			September data is provisional and will be refreshed in November 2021.
	3. % service users on CPA followed up within 7 days of discharge	95%	139/140 =99.3%	113/114 =99.1%	89/89 =100%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	94.2%	92.5%	95.7%			
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	85.7%	83.8%	76.5%			Q1 total is 91.5%. Q2 data is provisional at the time of producing this report and will be refreshed in November 2021. Staff shortages are impacting on performance.
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 along with working with Creative Minds partners to develop the approach to better data collection and monitoring. Further update to be provided in next months report.
	1. Number of people accessing creative cultural learning activities							

Notes:

* - quarterly data.

** - This metric identifies the number of current service users on CPA who have a diagnosis of psychosis that have been screened using the cardio metabolic assessment tool and the number of those screened that have all 9 elements of the tool recorded with appropriate action (smoking, diet, exercise, alcohol, substance misuse, weight, blood pressure, diabetes, cholesterol).

Glossary

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



Below we have set out progress against key milestones for areas of focus for those priority programmes that has taken place throughout September 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 of 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. Timescales for testing and evaluating will need to be adjusted. A project manager has been appointed by the 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 Creativity Hub.
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 (ICS) and is also part of place-based partnerships and provider collaboratives. The Trust continues to work with partners to deliver the shared priorities in relation to Covid-19 response, vaccination programme, and recovery and reset, in addition to establishing our place response to the Health and Care Bill through the development of shared governance arrangements. The Trust is a key partner in tackling health inequalities and achieving a diverse leadership and workforce programme and has formally signed up to the anti-racism campaign. The Trust will continue to progress this work through the priorities set out in our annual equality and involvement action plans.
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.		The Trust is a key partner in the West Yorkshire Adversity, Trauma and Resilience (ATR) Programme and is working towards being a trauma-informed Trust by integrating and developing trauma-informed pathways to care and approaches. The September meeting of the West Yorkshire Mental Health, Learning Disabilities and Autism (MHLDA) Programme Board covered a wide-ranging agenda including workforce strategy and implementation plans, proposals for further discussion on the governance of the Programme Board and the programme of collaborative work going forward. The West Yorkshire Suicide Prevention website was launched on 10th September 2021, and there was an update on the staff mental health wellbeing hub.
5. Forensic Lead provider collaborative: The business case and partnership agreement were approved by Trust Board on 28th September 2021, and approved by partner September Boards. The Provider Collaborative went live on 1st October 2021. Transition arrangements have been agreed with NHSE/I whilst the commissioning hub for the West Yorkshire Provider Collaboratives is fully established.		A Health and Care Compact Agreement has been co-produced by the partners in the South Yorkshire and Bassetlaw (SYB) ICS, that outlines principles and how organisations intend to work with each other.
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 is now established to facilitate shared learning across our place-based programme leads and operational managers.		A proposal is being developed to strengthen support to the workforce in suicide prevention and bereavement, both preventative and for those affected by suicide. This will form part of the workforce resilience support offer for staff across SYB. Children and young people's access was a focus of the Mental Health Deep Dive meeting with NHSE/I regional and national colleagues. A range of actions have been identified to support an improvement in access in SYB which is currently lower than the national average. Development of the SYB Mental Health Provider Alliance is being pursued, with support offers from NHSE/I Service Improvement Team.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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Improve Care								
Priority programme	Metrics	Threshold	Jul-21	Aug-21	Sep-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	18	21	26			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	22	21	28			Although there appears to be an increase in September, this remains below the average number of incidents in Q1. Pressure ulcer prevention and waterlow risk assessment training has been delivered in April 2021 in two neighbourhood teams with good improvements but further work required around consistency of reporting and documentation. Further training sessions are planned in November 2021.
	4. Safer staffing fill rates (%)	90%	115.0%	111.2%	109.7%			
	5. Number of children & young people in adult wards	0	3	2	0			Total of 0 days in September
	6. Staff absence due to Covid-19		40	29	42			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		147	149	173			Cumulative. New outbreaks in September. Reinforcement of procedures and identification of additional measures.
Provide care as close to home as possible	1. Out of area bed placements (days)		117	170	311			Continued pressure and demand with the number of placements minimised. Conscious decision to use so as to alleviate pressure on inpatient wards.
Deliver improvements particularly in CAMHS and forensic services	1. Numbers waiting over 4 weeks for assessment (CAMHS)		194	221	157			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)		146	161	203			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	83.3%	66.0%	73.7%			114 responses in September
	4. Forensics staff sickness	<=5.4%	6.6%	5.4%	5.5%			
	5. Forensics staff turnover		11.1%	11.6%	12.8%			Registered nurses turnover
	6. Race related incidents against staff in forensics		6	9	6			There were a total of 21 race related incidents against staff reported between July and September 2021, occurring in Forensic BDU.
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	89.4%	87.9%	82.7%			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%	93.3%	94.2%	92.7%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	92.2%	94.8%	95.9%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		226	210	226			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months). Services are reporting increasing acuity and complexity resulting in longer visit times.
	2b. Average contacts per day - intensive home based treatment team		133	125	127			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months). Services are reporting increasing acuity and complexity resulting in longer visit times.
	2c. Average contacts per day - Learning disability community		156	119	145			Pre Covid-19 - 89 (October 2019 which is representative of the following 6 months). Services are reporting increasing acuity and complexity resulting in longer visit times.
	2d. Average contacts per day - District nursing, end of life and community matrons		622	590	608			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
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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.		<p>Recovery and Reset:</p> <ul style="list-style-type: none"> Significant progress on setting of benchmark proxy measures has been made. 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). Services have been identified to undertake reset work, test out the support toolkit and develop the Enabling Working Effectively framework for wider use across the organisation. Business Intelligence involvement is established to support development of recovery and reset dashboards to support interpretation and tracking of data and help understand impact of Covid-19 and health inequalities. There is agreement to undertake an improvement approach and develop an involvement plan to ensure the voice and influence of staff, service users, carers and families shape recovery and reset. A room and desk booking system prototype is in development to support hybrid working. A testing of space utilisation review has been undertaken with services and a clinical space review is on track to commence mid-October. <p>Older People Inpatient Services Transformation</p> <p>Work is now progressing towards the delivery of the outline business case for the proposals, and the formal consultation and conversations continue with key external stakeholders to test support for proposals before moving forward. Internal activity is re-focussing on staffing required to deliver the model and estates.</p> <p>CAMHS</p> <p>The focus for the project is moving onto establishing the enhanced 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 site. The aim was to be operational at that site by early November, although this timeframe now appears to be challenging as we are awaiting the refurbishment, and late November / early December appears to be more realistic. Calderdale CAMHS is also planning to use this site to deliver some assessments. Recruitment across the services continues.</p> <p>Inpatient Improvement</p> <p>Formal governance for the programme is now being established, whilst some urgent priority activity has also been 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 time clinicians spend in non-clinical facing activity. The first formal programme board is scheduled for October and aims to set the scopes for each strand of delivery in the programme.</p>
2. Recovery and Reset – Operational recovery and reset: Gather evidence to shape service user involvement by end of November 2021.		
3. Recovery and Reset – Operational recovery and reset/enabling working effectively: Toolkit and best practice guides to support services in recovery and reset inclusively has been codesigned, tested and agreed by end of November 2021		
4. Recovery and Reset – Enabling working effectively: Ways of working codesigned and tested and framework agreed by end of November 2021.		
5. Recovery and Reset – Enabling working effectively: First phase of clinical space review to be completed by end of November 2021.		
6. 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)		
7. Care close to home: Psychiatric Intensive Care Unit standard operating procedure agreed and ready for launch – now September 2021		
8. Care close to home: Plan established and agreed for crisis alternative to admission work (November 2021)		
9. Care close to home: Review of trajectories and activity required to address them given recent and ongoing system pressures (November 2021)		
10. Improve Services for people acutely unwell and improve ward environment: initial governance is being set up with first formal meeting scheduled for October. Workstream milestones will then be agreed.		
11. Older People Inpatient Services Transformation - Start the conversations with and share the consultation plan and collateral with the Overview and Scrutiny Committee – activity ongoing through September – October 2021		
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 Q3), ongoing.		
13. Older People Inpatient Services Transformation - Develop collateral required to deliver formal consultation (start Autumn 2021, exact timing to be confirmed)		
14. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees:) Princess Royal site ready for enhanced service (now aiming for late November)		
Glossary		
PICU	Psychiatric intensive care unit	
CCG	Clinical commissioning group	
CAMHS	Child and Adolescent Mental Health Services	
NHSE	NHS England	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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Improve resources								
Priority programme	Metrics	Threshold	Jul-21	Aug-21	Sep-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£377k	£118k	£116k		£2.3m	H1 surplus is favourable to plan.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£61.2m	£63.3m	£63.1m		£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'		5.1%	4.2%	4.2%			
	2a. Percentage of video consultations		3.3%	2.1%	2.5%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		35.2%	32.6%	32.2%			Both video and telephone contacts have reduced and face to face contacts have typically increased compared to earlier months as services increase the face to face activity.
	2c. Percentage of face to face consultations		61.5%	65.4%	65.4%			
	3. Prescribing errors (EPMA) (development required)		Reporting to commence November 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: High level business case seeking EMT engagement prior to tender has been prepared and will now be submitted to EMT on 21st October 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 is 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.	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.
4. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 and implementation of action plan – Q3	Information Sharing: Development proposal for onboarding Viper360 portal to Yorkshire and Humber Care Record (YHCR) approved and work underway. Work ongoing to support the establishment of a minimum viable product (MVP) for a Barnsley Shared Care Record – potentially utilising Viper360 together with existing capabilities available within SystmOne and ICE (results reporting) as used by partners across the place. Work ongoing with partners.
5. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2.	Digital Inclusion: Dr Abida Abbas, Trust Chief Clinical Information Officer (CCIO) is developing a proposal for a digital inclusion survey for service users and to establish mechanisms for collecting service user digital inclusion/preferences at relevant points of contact to be recorded in SystmOne.
6. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2.	Finance: Confirmation of initial mental health investment standard (MHIS) monies received. We continue to recruit into new positions to deliver the anticipated outcomes.
7. Business Intelligence & Performance Reporting <ul style="list-style-type: none"> 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. Continued support to Covid-19 response activities - additional routine reporting in place to support the covid-19 response e.g. OPEL reporting, daily sitreps for bed availability and capacity reporting, monthly benchmarking submissions, Elective recovery fund (EROC) submissions, vaccinations, sickness reporting Dashboard development work taking place for recovery and reset and data quality workstreams. 	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	
10. Finance: Update of recruitment and implementation against investment. To be updated monthly. Need to agree strategy	
11. Financial plan: Develop a financial plan for H2 2021 / 22 utilising all available funding and spend to save opportunities.	
12. Financial Sustainability Plan – 3 year financial sustainability plan by 31.12.21 with review of previous financial sustainability plan scheduled to be completed by 31.08.21	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Jul-21	Aug-21	Sep-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.5%	4.6%	4.7%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.4%	6.2%	6.1%			
	2. Staff turnover - YTD	10%	14.1%	14.6%	14.5%			High focus on recruitment, retention and wellbeing. This figure is calculated on the numbers of substantive staff who leave the Trust and excludes internal moves, end of temporary contracts and junior doctors on rotation.
	2a. Staff Turnover - monthly		1.2%	1.5%	1.4%			
	3a. Clinical supervision	>=80%	70.5%					Reduced performance reported this quarter. We recognise that clinical supervision is critical during challenging times yet the staff will cancel supervision in order to prioritise the delivery of care. Vacancies and absences also impact upon the availability of supervisors and the uptake of supervision. Additional operational support has been provided to release the matrons capacity for clinical supervision and leadership and in the community staff are encouraged to consider flexible approaches to clinical supervision, including peer and group supervision. This will remain under review.
	3b. Appraisal	>=95%	Data currently unavailable					Revised deadline for completion agreed with EMT. Reporting to commence from December 2021.
	4. Incidents of violence and aggression against staff	Trend monitor	72	62	52			
	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			A joint task group between human resource and staff side has been established to review the policy, our approach and to identify appropriate measures.
Refresh and deliver our sustainability strategy and action plan	7. Absence due to stress & anxiety and MSK		2.6%	2.3%	2.2%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.18	1.31	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	Carbon Impact (tonnes CO2e) - business miles		57	58	Due November 2021			Data is now available showing the carbon impact of staff travel / business miles. For August staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes but 12 tonnes lower than 2019.

Glossary

MSK	Musculoskeletal
GPTW	Great place to work

Make this a great place to work (Lindsay Jensen)

Key Milestones		Comments:
1. 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		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. Successful CPD (continuing professional development) bid for nursing and AHP (allied health professional) staff to Health Education England and funding secured– training schedule to be completed and rolled out at the beginning of November. Window for completion of appraisals has been extended to December with revised guidance owing to pressures resulting from Covid-19 pandemic. Nursing and professions directorate have established a stand-alone clinical supervision system that will sit outside WorkPAL e-appraisal. BAME Talent Pool has been established and work continues to develop opportunities, with current members undertaking ILM7 Leadership and Management training, CBT (cognitive behavioural therapy) post-graduate and Shadow Board programmes. Scoping/planning discussions between partners within our West Yorkshire Mental Health (WYMH) Collaborative towards a joint and reciprocal approach/programme now underway. Shadow Board programme is now recruited to with a cohort of 12 colleagues undertaking the programme between August and March 2021. Planning discussions between partners within our WYMH Collaborative towards a joint programme in Q1-2022/23 now underway. International nurse recruitment on track with 37 conditional offers made, estimated to commence working for the Trust in November. Pastoral package and internal OSCE (objective structured clinical examination) training is being implemented. Workforce strategic groups set up and first meetings held in September Equality data (WDES (Workforce Disability Equality Standard) and WRES (Workforce Race Equality Standard) collated) with action plans to the WRC (Wakefield recovery college) and EILC (Equality Inclusion Involvement Committee) in September.
2. Feeling Safe (Physical and Psychological Safety): More staff - Commence ethical International Recruitment for Nursing Q2 21/22 - Virtual recruitment fairs Q3/4		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.
3. 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		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.
4. Supportive Teams (Healthy Teams): Quality appraisal and supervision - Streamline appraisal process and develop link to an e-supervision Q2		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.
5. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support Enhanced Occupational Health offer linked to recovery and long covid Q1 21/22		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.
6. 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		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.
7. Sustainability: - Bi-monthly meetings to identify Trust wide actions commencing October 21/22 - Additional staff resource for Trust Sustainability Plan to be agreed by end of Q3 21/22		Sustainability: Sustainability action plan is in development and includes the identification of a range of reportable areas. Meetings to commence October initially involving estates leads and staff side representatives before wider involvement/subgroups as actions plan is developed. Discussions are ongoing around additional staff resource to be dedicated to sustainability and the green agenda. Data is now available showing the carbon impact of staff travel/business miles. For August, staff travel contributed 58 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes, but 12 tonnes lower than 2019.

Glossary

BAME	Black, Asian and Minority Ethnic
GPTW	Great place to work



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 166 in September, an increase of 30 since August.
- No avoidable pressure ulcers were reported in the month.
- There were 12 information governance breaches reported in September, an increase from 8 in August.
- There was 1 duty of candour breach in September.
- The number of inpatient falls increased to 69 in September (compared to 43 in August).
- Out of area bed usage increased in September to 311 days.

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%.
- There were no young people under the age of 18 were on an adult ward in September, an improvement from 2 in August.
- The percentage of individuals completing IAPT treatment who have moved to recovery is within target (54.5% compared to 50% target), an improvement since August.

Locality

- Increased referrals and levels of acuity are being experienced across many service lines.
- Staffing levels remain under constant review.
- Four wards, an increase of one since August, fell below the 90% overall fill rate threshold in September. Significant efforts are underway to address our current staffing pressures.
- In Barnsley, the Covid-19 vaccination programme for 12–15-year-olds has commenced in schools.
- Adult ASD/ADHD services have seen a significant increase in referrals for assessment.
- The West Yorkshire Adult Secure Provider Collaborative has gone live, with support from NHSE/I agreed for the transition stage whilst the commissioning hub for the West Yorkshire Provider Collaborative is established.
- Forensic OPEL Level has been upgraded to 3 due to staffing pressures.
- OPEL Level for the Assessment and Treatment Unit has been increased to Level 3, due to staffing pressures.
- Mental health acute wards continue to see high levels of acuity, with further challenges in managing isolated and cohorted patients.
- Barnsley 136 suite and triage functions out of hours are now provided as an extension of the intensive home base treatment team function.
- CAMHS referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield with % treated within 18 weeks beginning to deteriorate.

Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors.
- The Trust were highly commended in the NHS Communicate Awards for use of data and insight in our communications approach to Covid-19 staff vaccinations.
- Staff wellbeing initiatives continue to be promoted.
- Promotion is in place linked to Stoptober, support to Yorkshire Smokefree, and preparation for the Trust QUIT launch.
- Calderdale IAPT website has been launched.
- Staff engagement has taken place for the equality campaign, and content is in the process of being developed.

Priority programmes

- The Adult Secure Provider Collaborative final business case and partnership agreement was approved at September Trust Board, and by partner Boards, and the collaborative went live on 1st October 2021.
- Work is underway in each place to review and further develop integrated care partnership arrangements in line with potential implications of NHSE/I proposals.
- Implementation of CAMHS neuro-developmental waiting list initiatives in ongoing in Kirklees.
- The Trust is a key partner in the West Yorkshire Adversity Trauma and Resilience Programme and is working towards being a trauma-informed Trust.



Finance

- A £0.1m surplus was recorded in the month, taking the cumulative position to a surplus of £2.3m.
- Pay costs increased in September to 19.1m from £17.3m in August which included the impact of the Agenda for Change pay award and pay arrears.
- Agency staffing costs were £0.8m in September. This is an increase from August, and is expected to continue to support maintaining safer staffing requirements.
- Out of area bed costs were 301k in September. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards.
- Capital expenditure of £1.3m has been recorded to date, which is £1.1m less than planned. The forecast remains that the full £9.6m capital programme will be utilised in year. This is being reviewed regularly.
- The cash balance remains positive at £63.3m.

Workforce

- Non-Covid-19 sickness is within target at 4.6% in September.
- Staff turnover remains higher than target at 14.5%.
- As of 20th October, there were 93 staff off work and not working due to Covid-19.
- 86.6% 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 remains at level 3 due to continuing staffing pressures and high acuity.
- The Trust flu vaccination programme has commenced
- 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.

Summary

Covid-19

Emergency Preparedness

Quality

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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 15-Jun	Approx days stock as at 13-Jul	Approx days stock as at 09-Aug	Approx days stock as at 09-Sep	Approx days stock as at 07-Oct
Surgical masks	42	22	50	35	24
Respirator masks	101	105	106	98	95
Aprons	20	19	20	31	25
Gowns	87	88	86	86	126
Gloves	20	19	23	23	22
Visors	33	36	29	28	34

Testing

KPI	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	As at 12th Oct 2021	Notes
No of service users tested (ward)	257	278	297	300	302	302	303	304	306	330	Symptomatic
No of service users tested positive (ward)	94	115	134	137	139	139	140	147	149	173	Cumulative
No of service users recovered	94	115	119	121	123	125	125	125	125	127	

Patient testing & pathway/Outbreak response & management

- In line with the increasing prevalence nationally we have also seen a number of outbreaks on our inpatient wards. We have responded appropriately to these in order to maintain staff and service user safety and minimise further spread. We recognise that contact with loved ones is important to our services users and we have tried to provide information in a timely way and restore visiting as soon as possible. Where learning is available, we ensure this is shared across all areas. Outbreaks are reported and monitored through the command structure.
- Inpatient vaccination offer is being actioned and reviewed through the vaccination Bronze group.
- Hard copies of Covid-19 useful information is being produced for ease of access for inpatient wards.

Summary

Covid-19

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Covid-19 response

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2, if required, for community setting.
- Inpatient asymptomatic Covid-19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patients are also re-tested on their return if they leave the ward or unit over a 24 hour period.
- Also testing takes place for some 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 pre and post-operative procedures as required.
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required.
- Identified SWYPFT staff are undertaking lateral flow testing.

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 Trust's 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 although there are early indications that numbers are increasing.

Week commencing 13/9/21	448
Week commencing 20/9/21	534
Week commencing 27/9/21	747

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 a fix was implemented in mid-September. This may account for the increase numbers reported for week commencing 27th September. We have also been advised that this is an 'interim fix' and that a proper fix will be implemented in mid-October. There is no indication that this been rolled out yet (we expect people will be asked to record their employing Trust again when the full fix is implemented) and suggest we continue to monitor weekly lateral flow reports before proposing any action to increase numbers testing and reporting.

Supporting the system

Care home support offer

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

Summary

Covid-19

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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 responses in each of our four places. The Trust has fully engaged with system command structures 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 into the communication and engagement cells in each of our places to support the Covid management and outbreak response.

Covid-19 first and second vaccinations

- A total of 4,612 staff have been recorded as having received their first vaccination (87.8%) and 4,547 staff have been recorded as having received their second vaccination (86.6%).
- The internally provided Covid-19 vaccination programme has now closed, with staff offered vaccination routes via the national system.
- In addition to providing vaccinations for our staff, we have provided 969 first vaccinations and 894 second vaccinations for partner organisations.

Covid-19 Booster programme

- Continuing representation across place-based discussions and progressing SWYPFT-specific requirements as appropriate through local task and finish groups.
- Booster vaccination clinic offers (John Smiths Stadium, Barnsley Hospital NHS Foundation Trust and Priory Campus) from our local partners are promoted through targeted communications to eligible staff in addition to national booking system.
- To support all frontline staff to have their Covid-19 booster vaccination, Trust letters have been created for staff to take to their vaccination appointment to prove eligibility. Managers can request these letters for staff.
- Progressing inpatient vaccination programme - work has begun to identify who needs vaccines at which phase. Further work is required to identify where they are and when vaccines are needed.
- Forensic inpatient vaccinations are being supported by the primary care nurse, who will administer boosters and continue first and second doses. This cohort of patients are already identified in terms of who and when these will be required
- Discussions commenced around safe space sessions, and whether we should have open conversations about the vaccine generally for boosters, but also those who are vaccine free.
- A total of 640 staff have been recorded as receiving their booster vaccination (12.2%)

Standing up services

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

- Silver command meetings now taking place twice per week.
- Gold command meetings once a week.
- The Trust OPEL level remains at level 3 due to continuing inpatient staffing pressures and acuity levels.
- OPEL discussions taking place to review pressures to clinical services with a view to identify wider supporting mechanisms.
- West Yorkshire and Humber strategic meetings continue with trends regionally being impact to staffing.

Flu Vaccinations

- Flu vaccination programme is now underway, with 2000+ vaccines currently in the Trust, with further deliveries expected in October.
- As at 21st October 2021 43% of frontline staff and 33% of all staff have had a flu vaccination.

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

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.6%	73.9%	73.0%	70.9%	66.7%	62.8%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	AD	< 20%	11% 3/27	6% 2/35	19% 7/37	16% 4/25	20% 5/25	14% 4/28	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	81%	78%	81%	82%	82%	79%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	95%	96%	97%	95%	96%	93%	1
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	37	28	22	26	20	16	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	TB	trend monitor	36	24	31	18	20	30	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	3	1	2	3	1	1	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	1	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	40.9%	41.8%	41.5%	41.6%	41.2%	40.9%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	7	8	11	11	8	12	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.2%	1.1%	1.3%	1.9%	2.9%	2.3%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	61.6%	68.3%	56.4%	59.9%	60.3%	57.6%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	51.8%	68.9%	67.0%	69.4%	56.4%	64.6%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1034	1040	1058	1080	1012	1041	
	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	25	18	25	10	14	16	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	6	3	1	1	1	5	
	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	6	3	5	7	6	5	
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118.9%	119.8%	118.5%	115.0%	111.2%	109.7%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	94.6%	94.9%	84.7%	88.5%	85.1%	84.9%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	43	32	38	20	21	28	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	TB	0	1	3	1	0	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%	93.7%	100%	93.8%	88.0%	85.0%	91.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	50	39	41	56	43	69	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	157	106	170	161	136	166	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	89.3%	90.3%	84.6%	94.1%	87.1%	81.0%	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 been seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
- 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 9 - Patient safety incidents resulting in death (subject to change as more information comes available).
- 10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 % 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 September increased from 136 to 166. Further detail can be seen in the managing violence and aggression section of this report.
- Number of falls (inpatients) – Total number of falls was 69 in September, which is an increase compared to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. See falls section below for further detail.
- 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 - 1 breach in September. The breach related to a self harm incident that took place on a mental health ward in Barnsley. There was a delay in issuing the apology and issues surrounding the incident have been reviewed to mitigate any further breaches.
- 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 remain areas for improvement.
- Number of pressure ulcers (avoidable) - there were no incidences of avoidable pressure ulcers to report during September. 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. Services have highlighted that sustained increases will negatively impact on the length of wait.
- As the Trust's 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 Patient Safety Strategy

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 share information into the Trust.

The current nine NHS England/Improvement priority areas are being progressed locally.

Patient Safety Incident Response Framework - we are currently assessing our position as a Trust against the draft framework.

Patient Safety Education and training - we have presented a paper to the Education Governance Group to advise that patient safety training will soon be available to all staff via e-learning.

NHS England/Improvement continue to develop their programmes to support the NHS patient safety strategy. There has been some amendment to timescales throughout due to the impact of the pandemic.

Further details are available here: <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/NHS-England-updates.aspx>

Other developments

A Learning event is being held on 5 November to bring BDUs and specialists together to share their learning with each other.

A question and answer session on the Duty of Candour changes (notifiable safety incidents) took place in September which was well received. This approach will be expanded upon by the patient safety support team to provide tailored education sessions on a range of patient safety related topics.

Safety First

Summary of Incidents October 2020 - September 2021

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

Incident Reporting Update:

Please note - changes were made to Datix on 05/02/2021 to embed the Trust's risk grading matrix. The incident severity options have reduced from five to four with the removal of Green (no harm). We can identify incidents resulting in no harm via a different method on Datix.

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

Red incidents includes deaths where the cause of death is unknown. As further information is received and decision made about review processes, red deaths may be regraded to green, eg when confirmed not related to a patient safety incident. 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).

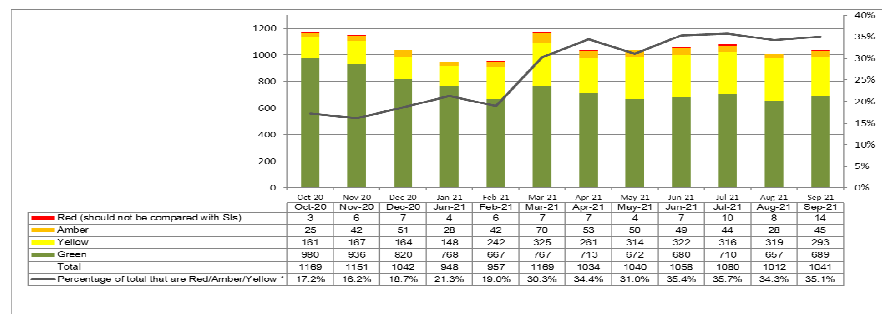
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).

96% of incidents reported in September 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://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx> Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed. No never events reported in September 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 September 2021:

16 moderate harm incidents:

7 incidents across Barnsley neighbourhood teams - 7 pressure ulcer category 3 incidents

7 self harm (Clark Ward - Barnsley, CMHT - South Kirklees (OPS), Nostell Ward, Wakefield, Early Intervention Service - Barnsley, Intensive Home Based Treatment Team - Wakefield (OPS), Intensive Home Based Treatment Team (IHBT) - Wakefield)

2 slip, trip or fall patient (Crofton Ward (OPS), Wakefield, Willow Ward - Barnsley)

5 Severe harm incidents:

2 self harm - (Clark Ward - Barnsley, Elmdale Inpatient Services Ward)

1 pressure Ulcer - Category 4 (Barnsley Neighbourhood Nursing Team)

1 slip, trip or fall - patient (Poplars Unit, Wakefield)

1 Assessment, treatment and intervention issues - Ashdale Ward (based at The Dales, Kirklees BDU)

5 patient safety related deaths:

5 patient safety related deaths:

1 death - cause of death unknown/ unexplained/ awaiting confirmation (Intensive Home Based Treatment Team (IHBT) - Barnsley)

2 apparent suicide - community team care - current episode (ADHD Service, Enhanced Team West - Kendray, Barnsley)

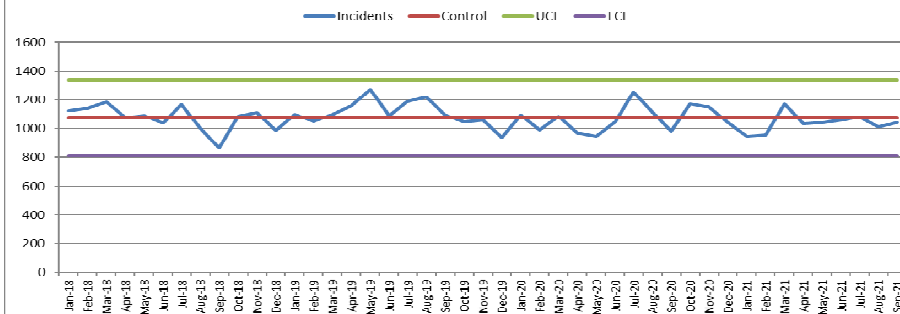
2 apparent suicide - community team care - discharged (Enhanced Team North 2 - Kirklees, Intensive Home Based Treatment Team (Kirklees))

Mortality

The next structured judgement review (SJR) training session for new reviewers is taking place on 26 October 2021.

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 with a discussion on local experience of learning from SJR. A letter has been mocked up by the Deputy Medical Director STHT which the trust plans to send out to those relatives that have asked for access to the SJR. We will review the letter as part of our being open process following a family bereavement where an SJR has been agreed to take place to identify if we need to include something similar this in our process.

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.

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>

[SBAR SI learning 2020.24290.docx](#)

[SBAR Learning Library Summary Safeguarding Children WEB129192.docx](#)

[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 en-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 - September 2021

Alerts are issued by the Central Alerting System (CAS) which is a national web-based cascading system for issuing Patient Safety Alerts. Once received into the Trust, Patient Safety Alerts are sent to identified Trust clinical leads for reviewing safety alerts for a decision regarding whether it is applicable to the Trust or not, and if so, if it should be circulated. All alerts are entered on to Datix. If the alert is applicable to the Trust, the alert is circulated to Trios who then cascade to ward/team level managers via Datix. Responses are collated via Datix and Trios enter a final response for the service. Responses are monitored by the Patient Safety Support Team and reminders are sent via Datix to Trios 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
	No Patient Safety Alerts received in September 2021				

Safer Staffing Inpatients

September has continued a sustained period of significant challenges for staffing in all areas. There are various reasons for this including an increase in sickness, the continued vacancy factor as well as a sustained increase in acuity and Covid-related issues. The Trust's task and finish groups looking at staffing issues including recruitment and retention, workforce planning and flexible staffing are ongoing. There has been an increase in staffing issues and shortages being reported.

The ongoing situation continues to impact on the pressure on the community services with business continuity plans and escalation plans being utilised more frequently. We have had an increase in band 5 new starters. This brings additional short-term pressures in supporting their transition from student to preceptee. We will be able to report on the staffing uplift towards the end of October although the migration of staff nurses from inpatient areas into community continues which impacts on the staffing complement within inpatients.

International recruitment continues, and we have offered 45 posts and to date no one has withdrawn which the agency has said is unusual and reflective of our comprehensive package. We have held a teams meeting with the candidates who were successful which was very well received by Trust staff who attended and the candidates themselves. We hosted our first virtual recruitment fair at the end of September and have had a presence at other online recruitment events. 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.

Four wards, an increase of one on August, fell below the 90% overall fill rate threshold, which were Enfield Down (has supported other areas), Stroke Rehab, Appleton and Priestley. Barnsley BDU continue to experience increased pressures through vacancies, sickness and staff being off clinical areas for various reasons. Of the 31 inpatient areas, 18 (57.6%), a decrease of three wards on the previous month, achieved 100% or more. Indeed, of those 18 wards, 10 (consistent with the previous month) achieved greater than 120% fill rate. The main reason for this is cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and there has been a systems wide increase of requests for additional staffing on all inpatient areas, the focus for the flexible staffing resources has been within the Dales mental health unit in Halifax, The Oakwell mental health Unit within Kendray Hospital in Barnsley and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas including block booking staff to provide consistency and continuity, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal. However, with the added pressures of track and trace, as well as other reasons cited above, they remain a priority for support.

Safer Staffing Inpatients cont....

Registered Nurses Days

Overall registered fill rates have increased by 0.1% to 78.1% in September compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have decreased by 0.5% in September to 91.6% compared with the previous month.

Overall Registered Rate: 84.85% (reduced by 0.2% on the previous month)

Overall Fill Rate: 109.7% (reduced by 1.5% on the previous month)

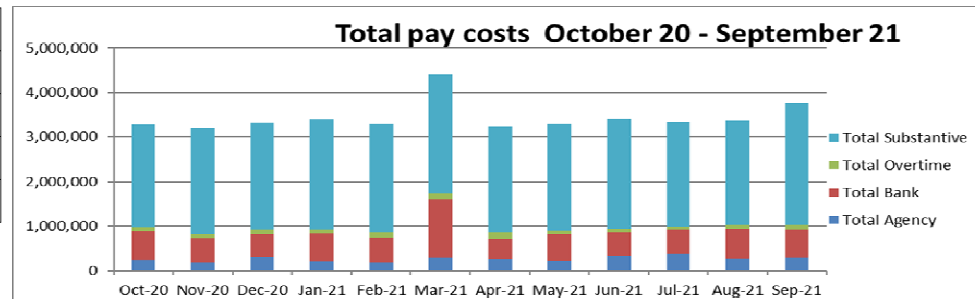
Unfilled shifts

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.

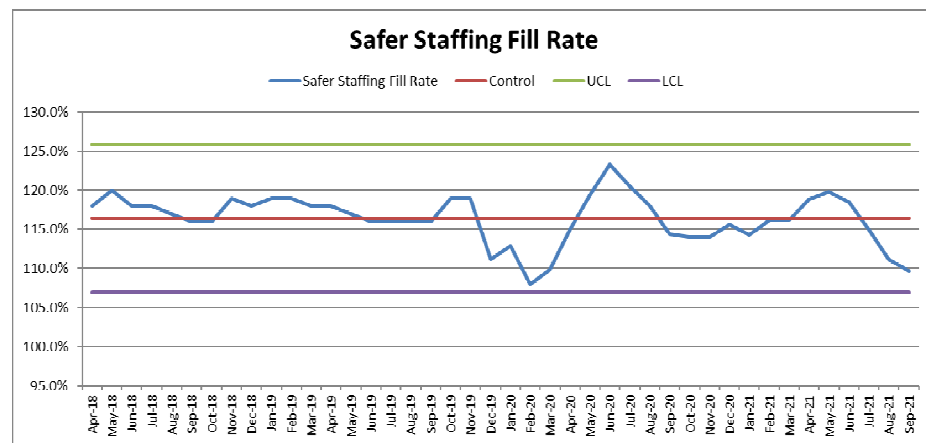
Unfilled Shifts				Filled Shifts
Categories	No. Of Shifts	Total Hours	Unfill Percentage	
Registered	520 (-24)	5,688.00	42.81% (+1.79%)	774 (-63)
Unregistered	665 (+67)	7,387.50	17.40% (+2.06%)	3,203 (-157)
Grand Total	1185 (+43)	13,055.50	23.44% (+0.81%)	



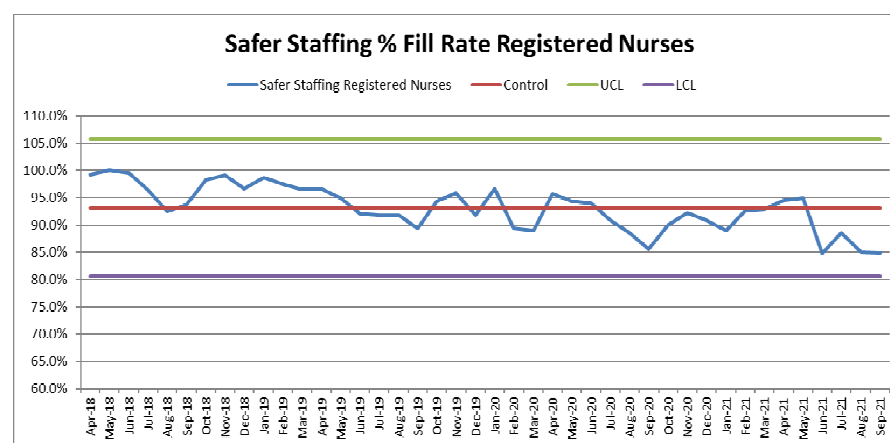
We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.

These figures also allow us to monitor an increase on the flexible staffing resource and look at what appropriate resources are required from the Trust bank flexible staffing resource.

There was an overall increase, £411k, on spend on inpatient staffing (see table below) for the month of September 2021. There was also an increase on substantive spend of £415k. This included an decrease in bank spend of £26k as well as an increase in agency and overtime spend of £12k and £10k respectively.



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.



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.

The charts demonstrate the reduction in our safer staffing fill rates and evidence a concerning reduction in the percentage of shifts that should be filled with registered nurses. Board should note that the safer staffing levels are measured against the agreed staffing levels and are not sensitive enough to include demand increases as acuity presents. Therefore although the charts still show over 100% this is not assurance that staffing levels were maintained in line with demand. Safety of staff and service users remains our priority and staff are deployed across services to maintain safety. Work on inpatient safer staffing is taking place across the integrated care system as a priority.

Information Governance

12 personal data breaches were reported during September, which is higher than recent months, but lower than experienced last year.

All but one involved information being disclosed in error, which continues to be the highest report category. Six incidents were due to letters being sent to the wrong address and four involved information containing another person's data being shared.

Information governance campaign materials continue to be shared via Trust communications, The Headlines, 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.

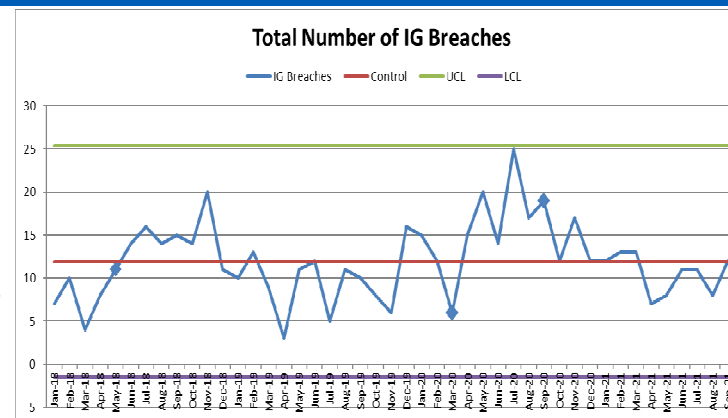
The Trust reported an incident involving inappropriate access to patient data to the Information Commissioner's Office (ICO) and has been advised that further investigations are required. No new complaints about the Trust were made to the ICO.

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.



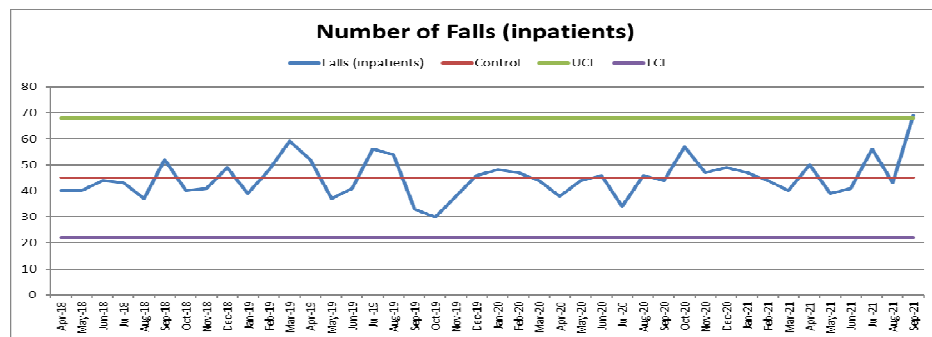
Commissioning for Quality and Innovation (CQUIN)

Schemes for 19/20 were suspended during the Covid-19 pandemic period. There are no CQUIN schemes for 2021/22. NHS England are currently consulting on a proposed set of mental health indicators for 2022/23. The consultation closes at the end of October and further information is expected to be shared after that.

Falls

Total number of falls was 69 in September, which is an increase compared to 43 falls in August.

All falls are reviewed to identify measures required to prevent recurrence, and more serious falls are subject to investigation.

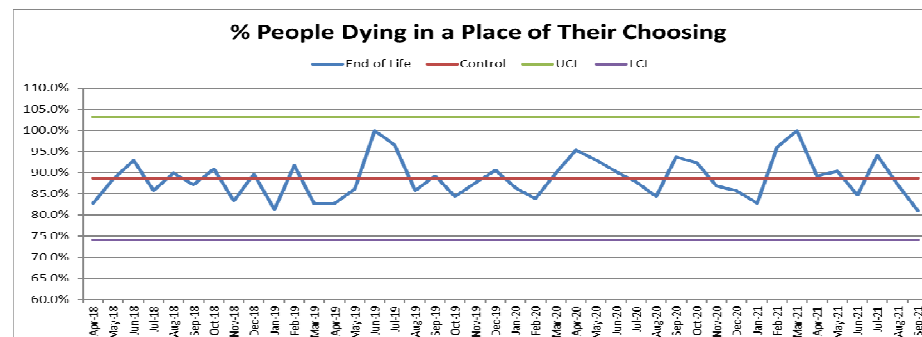


All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

There has been an increase in falls in September with 69 incidents reported. Increases relate to Wakefield and Kirklees wards in particular and are linked to acuity of the patient group. All falls are reviewed to identify measures required to prevent recurrence, and more serious falls are subject to investigation.

End of Life

Total percentage of people dying in a place of their choosing was 81.0% in September which is a decrease compared to 87.1% in August.



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.

There has been a decrease in the percentage of people dying in a place of their choosing in September. This relates to 17 out of 21 people.

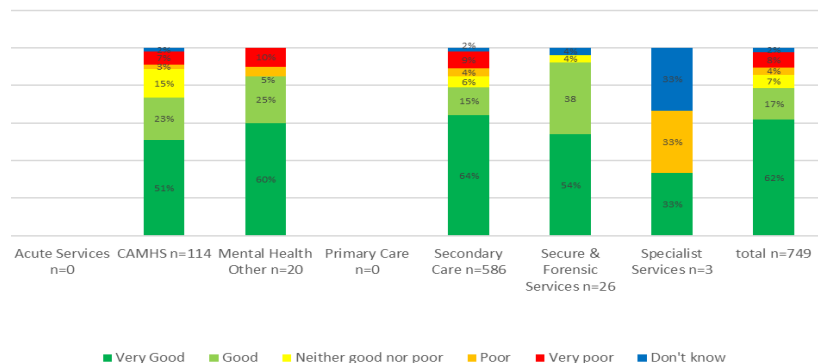
Patient Experience

Friends and family test shows

- 93% would recommend community services.
- 79% would recommend mental health services

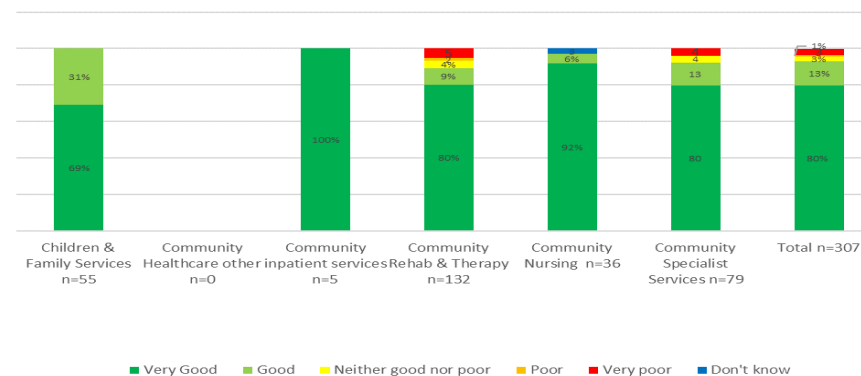
Mental Health Services

Mental Health 79%/ n=749



Community Services

Community 93%/ n=307



- 83% (1058) of respondents felt that their experience of services had been very good or good across Trust services.
- 93% (n=307) of respondents felt that their experience had been very good or good across community services.
- 79% (n=751) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 69% (732/1058) of responses for September. We are piloting the text message service in three services in Barnsley Community at the end of September and has provided 41% of their responses for September (127/307).
- A review of the negative feedback highlighted the following:
- We received 103 negative feedback (poor or very poor)

Breakdown by BDU:

- Barnsley Com – 12
- Barnsley MH – 22
- Calderdale & Kirklees – 36
- Forensics 0
- Specialist Services – 15
- CAMHS – 11
- Learning Disability – 3
- ADHD – 1
- Wakefield – 18

- 99 of the 118 negative feedback was received by text message
- 85 of the 99 negative feedback received by text had provided no comments.
- 9 of the 14 negative comments provided useful comments. There themes were:
- Communication (4)
- Patient Care (4)
- Waiting Times (2)
- There were no other themes or trends identified for those response of either 'neither good nor poor' and 'don't know'

- Feedback indicates that there is a decline in satisfaction across the Trust. Reviewing the comments received there is no clear indication as to why service user satisfaction is low. To understand the data further:

- Trust data is being benchmarked alongside other Trusts to establish if this is theme across other mental health Trusts.
- Data is also be triangulated with other departments across the Trust to identify any areas of concern.
- Services are receiving automated monthly reporting for them to review and take the appropriate action, which is to be demonstrated through 'You said, we did' posters in waiting areas.
- We continue to identify the appropriate service to pilot a url code being used within text messages to improve the qualitative data received via text message.
- We continue to work with services to identify the best method of collection for them.

	Top three positive themes	Top three negative themes
Barnsley community service	<ol style="list-style-type: none"> 1. Staff (107) 2. Communication (21) 3. Access and Waiting Times (20) 	<ol style="list-style-type: none"> 1. Staff (6) 2. Clinical Treatment (5) 3. Admission & Discharge (2)
Mental Health Service	<ol style="list-style-type: none"> 1. Staff (100) 2. Patient Care (24) 3. Communication (19) 	<ol style="list-style-type: none"> 1. Staff (17) 2. Communication (7) 3. Access and Waiting Times (3)
Trust wide	<ol style="list-style-type: none"> 1. Staff (207) 2. Communication (40) 3. Patient Care (39) 	<ol style="list-style-type: none"> 1. Staff (23) 2. Communication (9) 3. Clinical Treatment (7)

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 has also been undertaken. West Yorkshire Quality Mark for domestic abuse training delivered to a clinical team in response to SI recommendations. Parental mental illness and the impact on children was delivered to the 0-19 service (health visitors and school nurses) in Locala and was well received. Safeguarding advisor is attending social work practice educator training with York university. Safeguarding adult and children training packages were developed for Barnsley Hospice and the local MPs, and they were delivered by the safeguarding team and positive feedback given. 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 and contributed to: Safer Sleep Young babies & Infant's Masterclass at WSCP and 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. 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 and shortlisting has been completed. There was a safeguarding link practitioners meeting in September, there was a speaker from "Talk Thru" formerly Huddersfield Pregnancy Crisis Centre, they offers a non-judgmental, confidential counselling service for women and men facing unplanned pregnancy and baby loss (lost a baby up to 2 years of age). Their trained practitioners provide counselling support to those who have lost a baby due to miscarriage, death or stillbirth, termination (including termination for foetal abnormalities) or through adoption, this was well received. The safeguarding team attended the "bridging the gap" learning event for transitional Safeguarding and the Calderdale safeguarding children partnership development day. Safeguarding team completion of safeguarding annual report and developed a PowerPoint presentation for the assurance day, this was well received.

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 -91.5%

Infection Prevention and Control- Trust wide Total -89.6%

Policies and procedures are up to date.

Complaints

There were 28 new formal complaints in September 2021. Of these 3 have a timescales start date, 1 is no contact/consent and 24 are awaiting consent/questions.

14% of new formal complaints (n=4) have staff attitude as a primary subject.

16 compliments were received

Customer services closed 9 new formal complaints in September 2021. Of the 9 formal complaints, only 3 achieved the 40 working day target (33%). If we look at the revised timescales for responding due to complexity 2 would have achieved their target of 40 days. 5 would have been on a 25 day target and none would have achieved this.

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

Reducing Restrictive Physical Intervention (RRPI)

There were 166 reported incidents of reducing restrictive physical interventions used in September 2021 this is an increase of 30 (22%) incidents since August 2021 which stood at 136 incidents.

Of the different restraint positions used in the 166 incidents, standing position was used most often 77 (42.7%) followed by prone 33 times 19.8% then supine including safety pod 26 15.6%

Prone was reported 33 times (19.8% of total restraints), this is an increase of 20 (153%) from last month.

All the reported prone restraints that started in prone and remained in prone were directly linked to seclusion, medication, extreme aggression or a combination of these.

Wakefield recorded 20 prone restraints; Calderdale 6, Forensics 4, Kirklees 3 prone restraints that remained in prone during 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 September the percentage of prone restraints lasting under 3 minutes was 91%, an increase of 6%

Each incident of prone restraint has been reviewed by a member of the RRPI team and an explanation can be found further in the report.

The use of seclusion has increased to 56 which is an increase of 7 (14.2%). The psychiatric intensive care unit (PICU) at Wakefield and the assessment and treatment unit (ATU) at Fieldhead have experienced a high number of incidents and seclusion due to a range of complex and challenging needs expressed by service users.

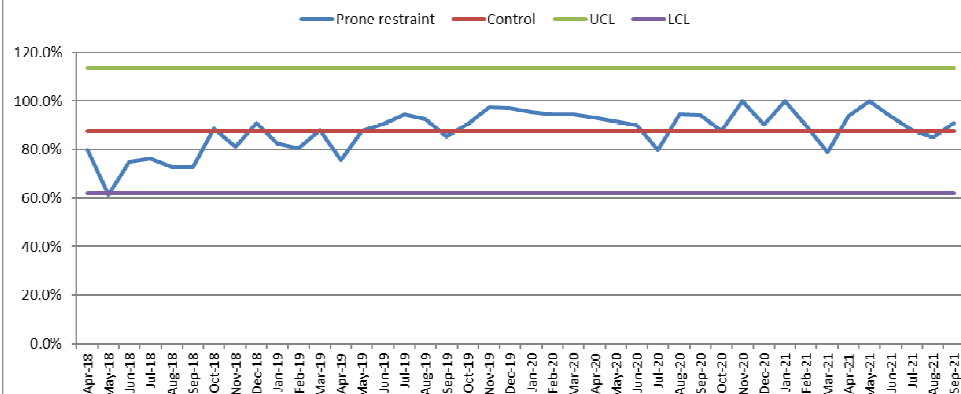
The RRPI team continue to provide face to face training in line with current infection prevention and control guidance. Although Covid restrictions have impacted on our delivery, we have maintained a compliance of over 80% in all courses (figures sourced from the mandatory training operational management group 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.

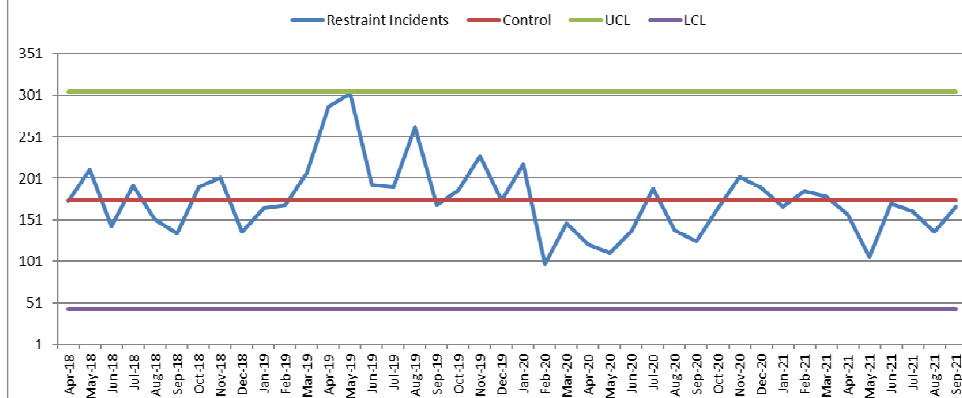
Other courses such as personal safety and de-escalation and breakaway courses have been adapted to workbooks and e-learning packages.

% 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.

Number of restraint 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.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework, which brought together arrangements for provider and CCG oversight in a single document. A single set of oversight metrics, applicable to ICSSs, CCGs and Trusts, will be used to flag potential issues and prompt further investigation of support needs with ICSSs, 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 – further technical guidance relating to the metrics was published on 24th September 2021, the Trust is undertaking a review of this and will provide further update next month.

NHS Improvement - Oversight Framework Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Data quality rating ^a	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	99.2%	99.9%	100%	99.7%	100%	100%	100%	99.7%	99.7%	99.7%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	56.8%	97.8%	100%	100.0%	98.7%	100%	100%	94.1%	100.0%	100.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	98.7%	99.4%	99.7%	99.4%	100%	100%	99.1%	100%	98.9%	99.1%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	301/302 =99.7%	277/281 =98.6%	278/284 =97.9%	341/343 =99.4%	93/96 =96.8%	82/83 =98.8%	103/105 =98.1%	139/140 =99.3%	113/114 =99.1%	89/89 =100%		
% service users followed up within 72 hours of discharge from inpatient care	Improving Care	Safe	CH	80%	83.6%	83.5%	85.7%	83.0%	83.3%	86.3%	87.3%	81.9%	84.1%	83.2%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.8%	98.7%	99.0%	98.9%	99.1%	99.1%	98.7%	98.2%	99.2%	99.2%		
Out of area bed days 5	Improving Care	Responsive	CH		316	251	496	457	122	204	170	117	170	311		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	56.3%	53.4%	55.2%	47.5%	57.0%	55.6%	53.2%	44.8%	43.8%	54.5%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	96.5%	98.8%	98.7%	97.9%	99.1%	98.6%	98.5%	98.1%	98.4%	97.2%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.9%	99.9%	99.9%	99.9%	100%	100%	99.8%	100%	100%	99.8%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	94.4%	91.5%	90.5%	88.5%	87.0%	89.7%	96.8%	89.2%	78.6%	94.9%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.7%	92.1%	87.7%	87.5%	88.1%	87.6%	87.6%	87.3%	87.7%	88.0%		
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	12.5%	10.3%	10.5%	10.4%	10.3%	10.2%	10.5%	10.5%	10.5%		

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Data quality rating ^a	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	10	23	87	82	25	22	40	41	41	0		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	2	6	9	5	3	3	3	3	2	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	210	189	217	192		217			192			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	18.1%	19.0%	19.8%	23.4%		19.8%			23.4%			

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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%	99.5%	99.4%	98.9%	98.2%	98.9%	99.6%	98.4%	97.2%	98.4%	99.2%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	100.0%	99.9%	99.9%	98.1%	100.0%	99.9%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.0%	98.1%	98.2%	98.6%	98.3%	98.3%	98.2%	99.9%	98.6%	98.6%		

* 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 September 2021, there were no service users aged under 18 years placed in an adult inpatient ward. This is the first time this has been achieved this year. 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.
- Data quality maturity index - the Trust has been consistently achieving this target.
- IAPT proportion of people completing treatment who move to recovery has increased above the 50% target at 54.5% for September.

Data quality:

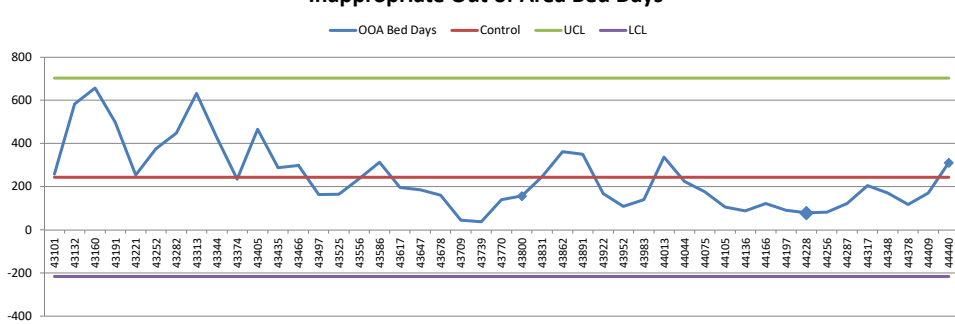
An additional column has been added to the above table to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for September shows 17.8% of records have an unknown or missing employment and/or accommodation status, this in line with August which showed 17.7% 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.

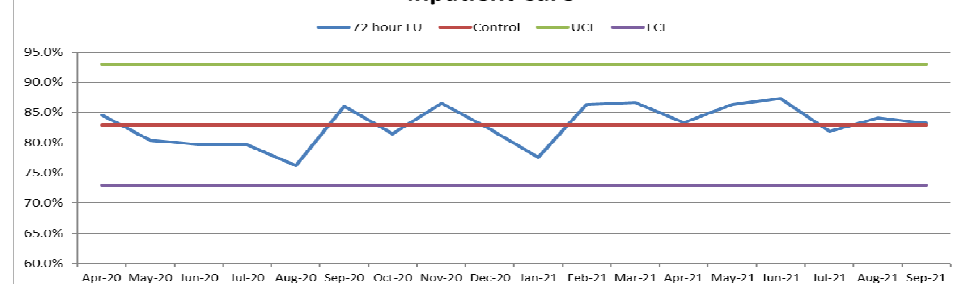
SPC Charts

Inappropriate Out of Area Bed Days



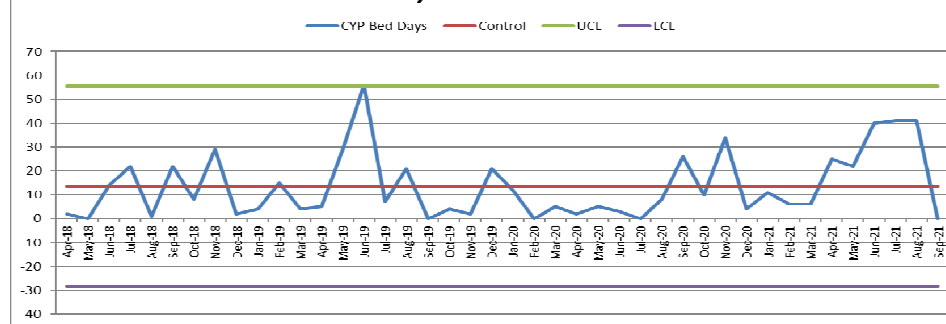
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data points in December 2019 and February 2021 have been highlighted for this reason. The data point in September 21 has been highlighted to note the decision to increase out of area bed usage to ease pressure on the inpatient wards.

% Service Users Followed up within 72 Hours of Discharge from Inpatient Care



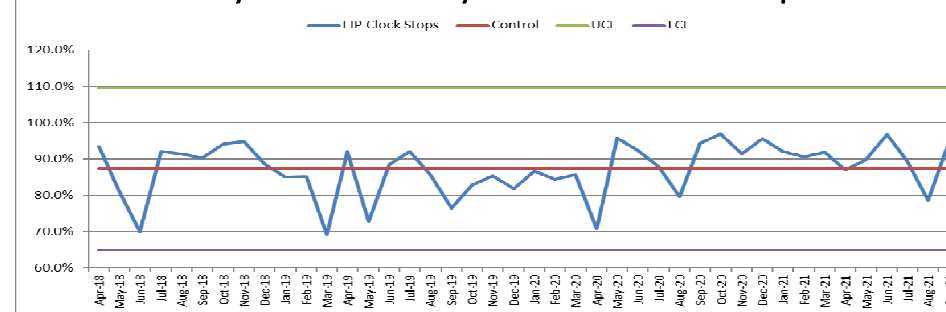
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Total Bed Days of CYP on Adult Wards



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

Early Intervention in Psychosis - 2 Weeks Clock Stops



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.

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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 November.

South Yorkshire & Bassetlaw Partnership

The South Yorkshire and Bassetlaw integrated care system produces a range of performance information each month. This includes a delivery report which includes information pertaining to restoration of elective services, urgent and emergency care, hospital and out of hospital, and primary care activity. For mental health service, performance data regarding CAMHS access, out of area bed placements and IAPT is shown. All IAPT standards are currently being met and the dementia diagnosis rate is above standard. However children and young people waiting time targets are not being achieved,

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 has been drafted (agreed by the Health and Wellbeing Board) for consultation.
- Improving access to psychological therapies (IAPT) waiting list initiative has commenced, with focus on evidence based group interventions.
- 136 suite and triage functions out of hours are now provided as an extension of the intensive home base treatment (IHBT) team function.

Areas of focus

- Maintaining 136 suite function
- Increased referrals and acuity have been seen– with associated increase in caseloads across core, enhanced and intensive home based treatment (IHBT). The community service is currently reporting OPEL 3 and business continuity measures are in place.
- Proactive review of core caseload and signposting to alternative support is in place. Appropriate communication in place with GP referrers and other stakeholders to offer reassurance of alternative and more appropriate support.
- Focus on staff wellbeing/resilience has been maintained
- Developing plans to strengthen crisis services, with emphasis on reducing A&E attendances

CAMHS

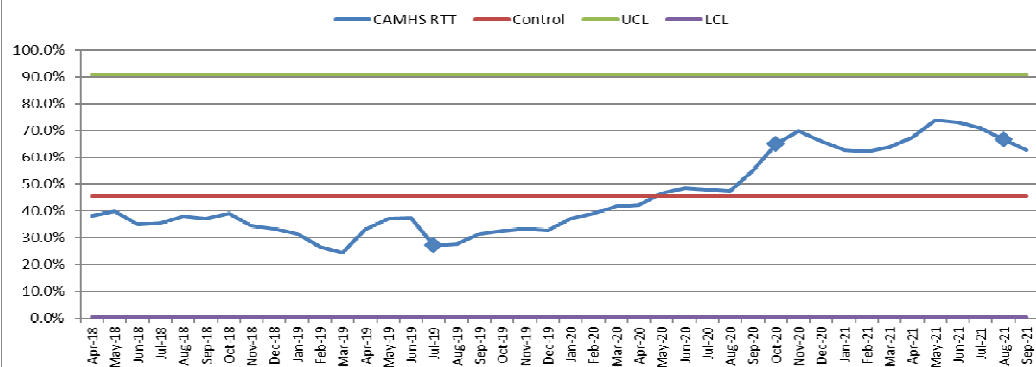
Strengths

- Business continuity plans have to date been effective, although increases in acuity and demand are presenting challenges on these.
- Waiting numbers/times from referral to treatment are being maintained in Barnsley.

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 agreed waiting list initiatives
- Referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield. The percentage of children treated within 18 weeks increasingly challenging. The medium term trajectory is unclear as we don't yet understand the impact of schools being fully open for example. The position remains under review and we will work in partnership with commissioners on future plans.
- Crisis referrals, particularly in relation to eating disorders, are high. Although no children were admitted to adult beds in September, 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 significant capacity shortfall in Barnsley. This places pressure on the other care pathways as resources are deployed to ensure we safely manage children at risk.
- There is a focus on maintaining staffing levels in Wetherby Young Offenders Institution (YOI) and Adel Beck and responding to demands presented by placement of girls at Wetherby YOI
- 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

- The Covid-19 vaccination programme for 12–15-year-olds has commenced in schools. Partnership working is working well. To note, the same pool of vaccinators are being used across various vaccination programmes.
- The Musculo- Skeletal Service (MSK) waiting times have increased at all stages of the pathway, due to increased demand, and some staffing shortages in both the administration and clinical workforce.
- The Neuro Rehab Unit (NRU) has experienced significant pressures due to a Covid outbreak which has seen the unit closed to admissions.
- All neighbourhood teams are seeing increased referrals and increased acuity of patients. System pressures are also impacting across service areas.
- The Local Authority (Barnsley Metropolitan Borough Council) had a SEND (Special Educational Needs and/or Disabilities) inspection in September with the Trust's general community children's services having focussed sessions. with the inspectors over 3 days. We are awaiting the outcome of the inspection.

Strengths

- Health and wellbeing services and children's services continue to perform well, with positive feedback received from commissioners.
- The Children's Speech and Language Therapy Service were shortlisted as a finalist for the Public Sector Children's Team Award at the Children and Young People Now Awards 2021.
- Yorkshire Smoke Free presented at Healthcare Excellence Through Technology (HETT) a best practice case study (smoking cessation with digital health).
- The Musculo-skeletal (MSK) service exercise instructor has started in post implementing a wider range of groups to support current client demographics and reduce waits in other parts of the system.

Challenges

- There is an increasing waiting list for access to tissue viability clinic assessments due to the increasing number of lymphoedema-related care interventions being referred to the service from primary care.
- Temporary posts within the musculoskeletal service have been difficult to recruit to, reducing ability to develop skill mix and improve patient flow.
- Neuro rehab unit staffing challenges remain to ensure safe staffing levels are maintained.

Areas of Focus

- Urban House Health Integration team nurse prescriber role and support for the Lead Nurse.
- Delivery of the Covid-19 vaccination programme for 12–15-year-olds.
- Workforce and skill mix review of the neighbourhood teams.
- Health and wellbeing of staff.

Forensic business delivery unit and Learning Disability services:

Forensic BDU

Key Issues

- OPEL Level upgraded to 3 due to staffing pressures created by Covid absences, non- Covid absences, and vacancies.
- The Adult Secure Provider Collaborative has gone live, with support from NHS England agreed for the transition stage whilst the commissioning hub for the West Yorkshire Provider Collaborative is established.
- Absence levels (Covid and non-Covid absence) are just over 12%.
- Recruitment of registered nurses remains a key focus. The Forensic service continues to be supported with a bespoke recruitment and retention plan and is looking forward to welcoming the new international recruits. .
- Occupancy levels in Newhaven and Newton Lodge are below target. Plans are in place to re-assess out of area patients with a view to repatriate wherever clinically appropriate and possible.
- All targets being met re national timescales. Nationally the pressure appears to be around male low secure beds and female beds (both medium and low secure).
- All mandatory training which is below expected targets is the focus of attention across the service and recovery trajectories are in place.
- Supervision levels are 73% in medium secure, 84% in low secure and 79% in Newhaven. Despite ongoing work the service has not met the target, and this reflects the pressure the service is under in relation to acuity, absence and vacancies. Work continues to ensure supervision is improved.
- Appraisals are a current area of focus
- Staff well-being remains a focus, with the service utilising recent NHS survey results to modify plans.
- Financial resources to effectively run this service are being developed with the CCG.

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

- 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. Supervision is critical at times when acuity and pressure is high, and steps are ongoing to ensure supervision levels are improved.
 - 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.
- Organisational development support has been agreed to support the learning disability teams working towards improvements in relation to a Great Place to Work.

Community Learning Disability Teams

- Sickness absence remains higher than usual and the service is working with HR to understand this further.
- Some challenges experienced regarding available, safe space to see people face to face which the service is working with estates to address.
- Medical staffing longer term remains a challenge though short-term plans for cover are in place.
- 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)
- 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 although the availability of suitable environments could impact on this.

Inpatients (ATU)

- Occupancy and clinical acuity remain high.
- Need for high levels of observation and support currently is requiring high staffing levels (approx. 2:1 staffing) which is proving difficult to source.
- Recently, finding registered nurses to cover shifts has proven challenging and impacted on wellbeing of nursing workforce, which in turn compounds the issue.
- Use of bank/agency has increased due to current absence rates.
- Sickness levels on the unit remain high and recruitment to vacancies is ongoing but slow as in line with the national pressure on registered nurse capacity. Additional temporary occupational therapists and therapy assistant posts are being recruited to help with immediate pressures. Learning will be used from this to advise the future workforce model.
- Medical staffing balance between the Trust and Bradford District Care, who is the lead provider. is being reviewed by medical directors.
- Wellbeing, supervision and appraisals are a key focus of attention.

ASD/ ADHD service

- The Royal College of Psychiatry invited review will start in November 2021.
- The service is operating fully but has seen a short- term spike in sickness.
- Supervision is currently 58% with the highlighted pressures a contributing factor.
- There has been a 23% surge in referrals for assessment, the service has received 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.
- Appraisals will be a focus of attention over the next month..

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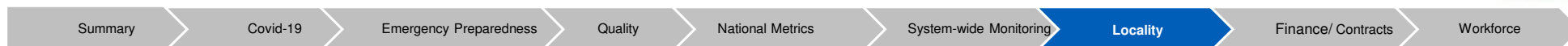
Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

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 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 safety training. This is detailed and specific to each ward led by the matrons and general manager, and actively reviewed in service line meetings and BDU governance meetings. The current position shows significant improvement in performance across all but two wards.
- Intensive work to maintain a safe and effective inpatient service throughout very challenging times continues. Maintaining safety and well-being of current staff and service users, reducing ward sizes and improving recruitment and retention are key areas for action. The work involves:
 - a task and finish approach reporting through the command structure
 - the use of out of area placements on a planned basis to release pressure, with the support of commissioners
 - using 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 assessments, trauma informed care approaches 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 to support people who are at risk.
- We continue to work in collaboration with our places to implement the community mental health transformation. A concern is that the new roles within primary care networks will 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 BDUs 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.



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

Communications, Engagement and Involvement

- Coronavirus updates continue to be sent out weekly to all staff and governors.
- Coronavirus sections on the intranet and website are maintained and updated.
- Sharing of staff and service user good news stories, internally, externally and through social media channels continues.
- Coronavirus vaccination, booster, third doses and 12-15 year olds (Barnsley) communications are maintained.
- The Trust was highly commended in the NHS Communicate Awards for use of data and insight in our communications approach to COVID-19 staff vaccinations.
- Staff wellbeing initiatives continue to be promoted.
- Design and print of materials continues for services and corporate functions.
- Awareness days and weeks continue to be supported on social media and in internal communication channels.
- We have ensured nhs.net removal and Trust email accreditation communication.
- Support has been provided to the Bretton Centre improvement programme (including intranet and web content and letters to local residents)
- Our equality campaign is in development – staff engagement carried out, and content developed
- Flu campaign supported
- Ongoing promotion of civility and respect/equity guardians and freedom to speak up work has continued
- The NHS staff survey is being promoted
- A menopause matters communication plan has been developed and support provided for Menopause Awareness Month.
- Support the virtual recruitment fair
- Support has been 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 to the Mental Health Museum
- Launch of Calderdale IAPT website.
- Promotion of Barnsley IAPT in various publications, including Barnsley Football Club has taken place
- Promotion is in place linked to Stoptober, support to Yorkshire Smokefree, and preparation for the Trust QUIT launch (to be confirmed)
- Website and intranet development work, including new equality and inclusion content is supported.
- Media enquiries have been co-ordinated and responses issued, alongside a proactive news piece on Barnsley Recovery College with BBC Radio Sheffield.
- Ongoing promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS initiatives and campaigns continues

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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	£2.3m	£2.3m (H1 21/22)	In September a surplus of £0.1m has been reported which is favourable to plan. The year to date position is a surplus of £2.3m which is in line with the previous H1 forecast. The H2 planning guidance has been published and the H2 plan and submission is being finalised.
2	Agency Spend	£4.2m		Agency expenditure in September was £0.8m and continues to be a higher run rate than last year. This is expected to continue for the remainder of the year to support staffing requirements.
3	Cash	£63.1m	£68.9m	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	£1.3m	£9.6m	Year to date spend is £1.3m which is £1.1m less than planned. The forecast remains that the full £9.6m capital programme will be utilised in year although this continues to be assessed taking account of issues from covid-19, Brexit and supplier availability and pricing.
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 97% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 12 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

	Objective	CQC Domain	Owner	Threshold	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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%	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%	4.7%
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%	14.5%
Gross Vacancies	Improving Resources	Well Led	AD	-	Reporting Commenced April 2021			10.8%	5.5%	7.9%	7.3%	6.6%	7.7%
Net Vacancies	Improving Resources	Well Led	AD	-				2.9%	0.6%	3.2%	4.0%	2.2%	3.1%
Aggression Management	Improving Care	Well Led	AD	>=80%	84.1%	84.1%	82.3%	80.7%	79.95%	85.1%	85.4%	84.7%	83.9%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80%	85.2%	84.5%	81.7%	78.8%	77.7%	76.27%	75.91%	74.60%	71.87%
Clinical Risk	Improving Care	Well Led	AD	>=80%	93.3%	93.1%	93.5%	94.6%	94.9%	94.7%	94.6%	93.9%	92.9%
Display Screen Equipment	Improving Care	Well Led	AD	>=80%	Reporting to Commence in November 2021								
Equality and Diversity	Improving Health	Well Led	AD	>=80%									
Fire Safety	Improving Care	Well Led	AD	>=80%	86.9%	87.6%	86.2%	85.9%	84.3%	84.6%	83.3%	83.2%	84.9%
Food Safety	Improving Care	Well Led	AD	>=80%	74.8%	75.9%	75.3%	76.3%	77.2%	79.60%	80.0%	81.3%	81.9%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	AD	>=80%	Reporting Commenced in August 2021							42.2%	42.2%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%								95.0%	94.7%
Information Governance	Improving Care	Well Led	AD	>=95%	97.5%	97.8%	97.9%	96.6%	95.7%	94.67%	93.18%	92.20%	91.79%
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%	96.6%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	AD	>=80%	Reporting Commenced in September 2021								49.8%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80%									94.6%
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%	82.4%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	81.3%			76.4%			70.5%		
Prevent	Improving Care	Well Led	AD	>=80%	95.6%	95.6%	95.6%	95.6%	95.3%	95.4%	95.4%	95.4%	95.0%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	94.0%	94.2%	94.0%	94.7%	94.7%	94.7%	93.8%	93.6%	92.4%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	93.1%	93.6%	93.5%	93.3%	93.4%	93.1%	92.5%	92.2%	91.0%
Bank Cost	Improving Resources	Well Led	AD	-	£946k	£682k	£1,120k	£803k	£911k	£795k	£822k	£1001k	£1053k
Agency Cost	Improving Resources	Effective	AD	-	£587k	£562k	£760k	£583k	£560k	£794k	£834k	£705k	£754k
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			4		

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	As at 20th Oct 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	93		
Shielding		48	42	50	1	0	0	1	1	1	0		
Symptomatic		64	29	19	16	2	8	33	57	43	45		
House hold symptoms		19	4	10	5	3	6	28	7	18	15		
OH Advised Isolation		0	1	1	1	0	0	4	1	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		28	15	9	10	10	18	29	40	1	33		
No of staff working from home - Covid-19 related 8		84	78	88	16	8	21	66	27	42	62		
Shielding		49	54	74	8	0	0	1	2	2	0		
Symptomatic		9	4	3	2	2	3	15	8	18	15		
House hold symptoms		6	10	4	1	3	8	28	10	16	26		
OH Advised Isolation		4	2	2	1	1	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		16	8	5	4	2	10	22	7	2	21		
No of staff tested positive for Covid-19 10		545	598	610	610	610	610	610	807	929	1040		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%	3363/3522 =95.5%		
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%	2253/2369 =95.1%		
No of staff still absent from work who were Covid-19 positive 12		43	22	13	13	0	0	0	40	29	42		
Additional number of staff enabled to work from home		1175	1306	1369	1281	1271	1223	1350	1359	1394	1369		Cumulative
Calls to occupational health healthline		2274	2451	2565	2655	2713	2798	2911	3007	3105	3181		Cumulative

Staffing Issues

Our current response to Covid-19 infections, local restrictive measures and increased pressures on service areas

- Regular messages to staff about personal protective equipment (PPE) requirements to keep them and service users safe
- Regular updating of vulnerable and BAME staff risk assessments when circumstances change
- Regular and ongoing recruitment into the bank to increase capacity
- 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 a BAME health and wellbeing taskforce has been established 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 and recently the Trust menopause support group has re-commenced.
- 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 and have access to psychological support through the West Yorkshire & Harrogate integrated care system.
- We continue to promote and use lateral flow tests for many of our staff.
- Calls to the occupational healthline have continued to increase.

Freedom to Speak Up (FTSU)

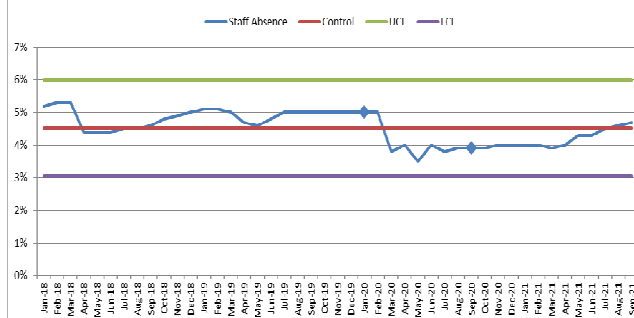
In September FTSU mandatory training was introduced for all staff and is part of our strategy to increase awareness and build confidence across our staff to feel able to raise concerns, identify improvements and to improve more generally staff experience and staff engagement. 42% of staff have already completed this newly introduced training.

Workforce Issues

- As at 20th October, 93 staff off work Covid-19 related, not working which compares to 81 one month earlier. A further 62 were working from home.
- Staff turnover decreased to 14.5% in September 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.
- Non-Covid sickness absence increased slightly to 4.7% in September. The summary section also reports the Covid and non-Covid absence as one figure.

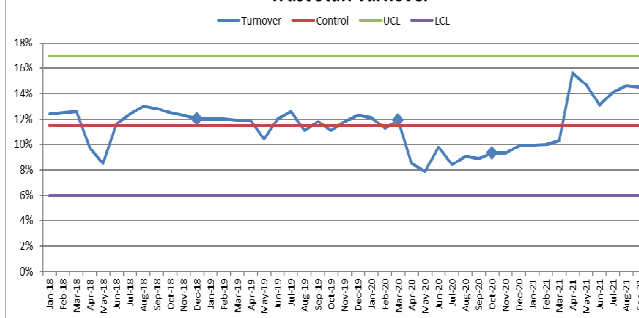
SPC Charts

Trust Sickness Absence



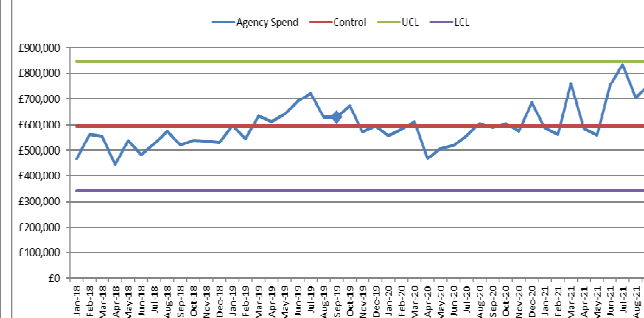
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data points in January 2020 and September 2020 have been highlighted for this reason.

Trust Staff Turnover



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

Trust Agency Spend



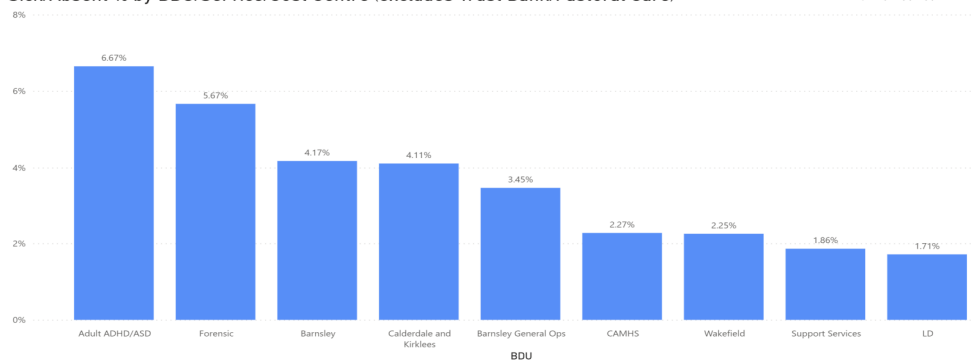
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

Sickness reporting

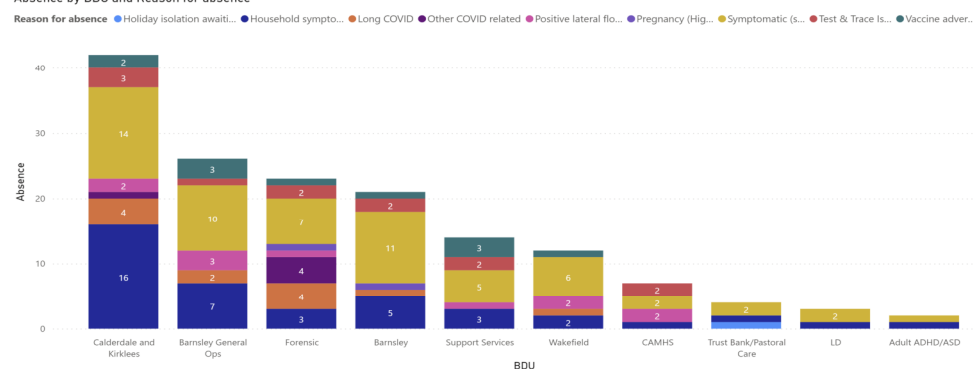
As at 20th October, the Trust has 154 staff absent or working from home due to Covid-19. This makes up 2.97% of the workforce. Of those absent, 38.96% are symptomatic and 25.97% have household symptoms. The business delivery unit (BDU) with the biggest impact is Adult ADHD/ASD with 6.67% of staff impacted

- Bank and agency availability is continually reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) was 7.8 days in September.

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



Absence by BDU and Reason for absence



Publication Summary

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

[Community services statistics: June 2021](#)

[NHS sickness absence rates: May 2021, provisional statistics](#)

[NHS workforce statistics: June 2021 \(including selected provisional statistics for July\)](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 6
(2021 / 22)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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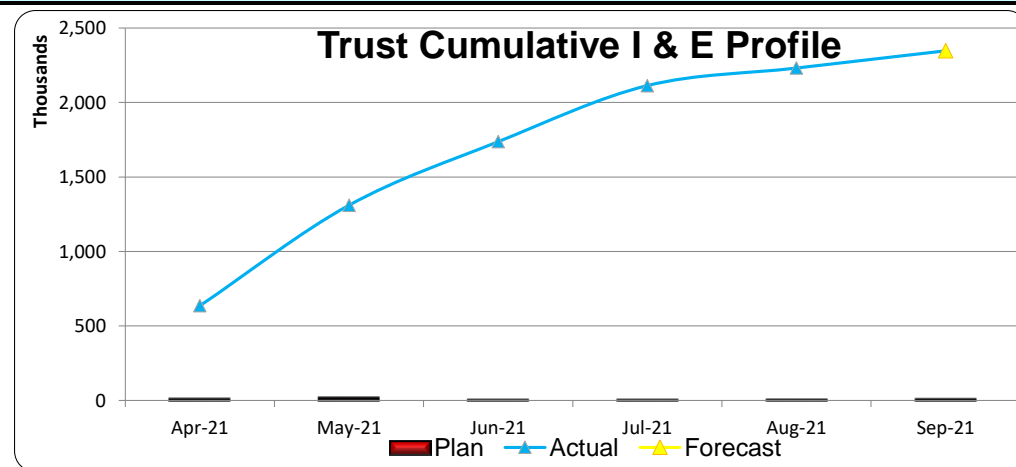
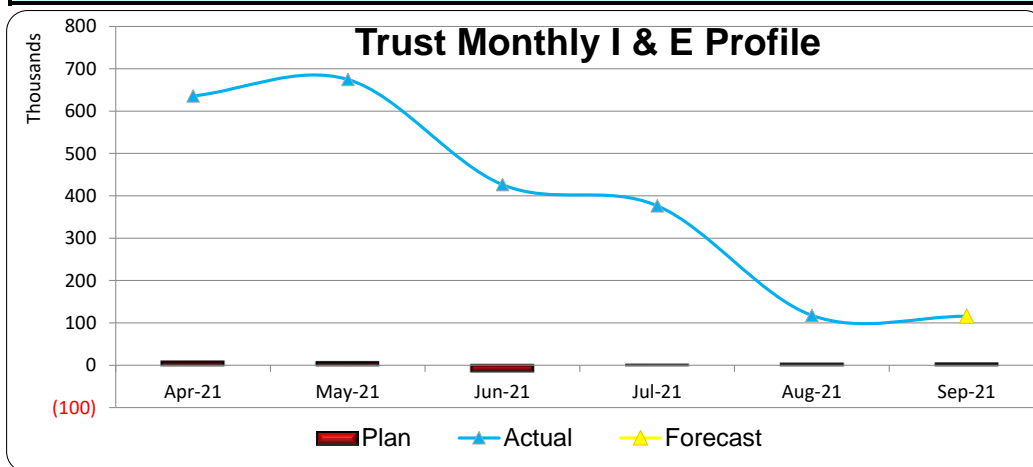
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
1	Surplus / (Deficit)	£2.3m	£2.3m (H1 21/22)	In September a surplus of £0.1m has been reported which is favourable to plan. The year to date position is a surplus of £2.3m which is in line with the previous H1 forecast. The H2 planning guidance has been published and the H2 plan and submission is being finalised.
2	Agency Spend	£4.2m		Agency expenditure in September was £0.8m and continues to be a higher run rate than last year. This is expected to continue for the remainder of the year to support staffing requirements.
3	Cash	£63.1m	£68.9m	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	£1.3m	£9.6m	Year to date spend is £1.3m which is £1.1m less than planned. The forecast remains that the full £9.6m capital programme will be utilised in year although this continues to be assessed taking account of issues from covid-19, Brexit and supplier availability and pricing.
5	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 97% of invoices have been paid within 30 days for the year to date. On average non NHS invoices have been paid in 12 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
				24,321	22,784	(1,538)	Clinical Revenue	130,174	125,641	(4,533)	130,174	125,641	(4,533)
				24,321	22,784	(1,538)	Total Clinical Revenue	130,174	125,641	(4,533)	130,174	125,641	(4,533)
				1,030	1,248	218	Other Operating Revenue	6,424	7,595	1,171	6,424	7,595	1,171
				25,352	24,032	(1,320)	Total Revenue	136,598	133,236	(3,362)	136,598	133,236	(3,362)
4,825	4,444	(381)	7.9%	(20,795)	(19,187)	1,608	Pay Costs	(109,069)	(103,023)	6,046	(109,069)	(103,023)	6,046
				(3,805)	(3,949)	(144)	Non Pay Costs	(23,038)	(23,254)	(216)	(23,038)	(23,254)	(216)
4,825	4,444	(381)	7.9%	(24,600)	(23,136)	1,464	Total Operating Expenses	(132,107)	(126,277)	5,830	(132,107)	(126,277)	5,830
4,825	4,444	(381)	7.9%	752	896	144	EBITDA	4,491	6,959	2,468	4,491	6,959	2,468
				(537)	(568)	(31)	Depreciation	(3,220)	(3,340)	(120)	(3,220)	(3,340)	(120)
				(212)	(212)	(0)	PDC Paid	(1,271)	(1,272)	(1)	(1,271)	(1,272)	(1)
				0	0	0	Interest Received	0	0	0	0	0	0
4,825	4,444	(381)	7.9%	3	116	112	Surplus / (Deficit)	0	2,347	2,347	0	2,347	2,347
				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
4,825	4,444	(381)	7.9%	3	116	112	Surplus / (Deficit)	0	3,484	3,484	0	3,484	3,484

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. The plan for H2 is being finalised and will be submitted in line with national deadlines.



Income & Expenditure Position 2021 / 22

For the period April to September 2021 a surplus of £2.3m has been reported. This is in line with previous forecast positions.

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

The national Agenda for Change pay award has been paid, including arrears back to April 2021, in month. This is £2m and is currently fully funded by commissioner income. This will be updated in month 7 as funding will flow from the various commissioners.

Discounting this value to create a normalised run rate would mean that pay expenditure in September was less than August. This would be expected with the one off payments accounted for in August relating to safer staffing levels.

Utilisation of temporary workforce options, including bank, agency and overtime payments has continued. Bank and agency accounted for 9.4% of overall pay expenditure although this is impacted by the in month pay award. 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	46	339
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	33	62	19	11	26	19	170
Staffing - Isolation	Isolation, shielding and backfill for covid absence	56	15	31	32	41	31	206
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	0	0	0	0	158	0	158
Total – Pay		110	128	87	81	370	96	872
Lateral Flow Testing	Distribution of kits to staff	7	2	12	8	2	7	38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	2	1	1	0	1	0	5
IT	Purchase of equipment and agile working enabling costs (VPN)	0	35	3	0	0	0	38
OOA Placements	Out of area bed placements required to covid issues	0	6	12	0	77	213	308
Staffing - security	External security costs to support vaccination	0	0	8	0	0	0	8
Furniture	Replacement furniture to support infection prevention and control	0	0	0	0	0	138	138
Misc / other	Other general non pay not captured in the headings above	0	15	8	6	17	25	71
Total – Non Pay		8	59	44	14	97	383	605
Total costs		119	187	131	95	467	479	1,477

2.1 Income Information

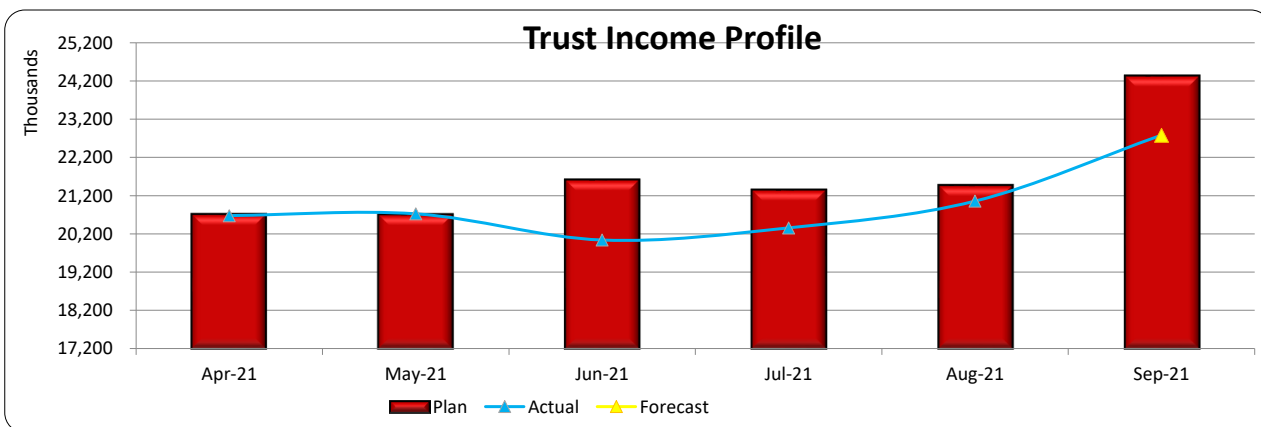
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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 for H2 has now been received and fundamentally the same arrangements as the past 18 months will continue. It is expected that formal contracts will recommence April 2022.

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	17,206							92,828	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	2,512							14,973	28,281
Local Authority	404	490	402	385	458	429							2,567	5,025
Partnerships	657	636	654	547	939	803							4,237	7,514
Top Up / ERF	0	0	169	85	21	7							282	5,458
Other	41	50	46	(9)	116	90							333	4,815
Total	20,679	20,725	20,039	20,358	21,057	22,784	0	0	0	0	0	0	125,641	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	



As previously noted national guidance states that the month 6 position should assume income, funded via the lead commissioner, equal to the costs incurred. This will revert to funding through each of the individual commissioners in month 7. As this will include an efficiency assumption there will be a gap to be managed within the financial position.

H2 guidance confirms that the current block payment arrangements will continue for the remainder of the year with a current planning assumptions that contracts will restart in April 2022.

2.2

Pay Information

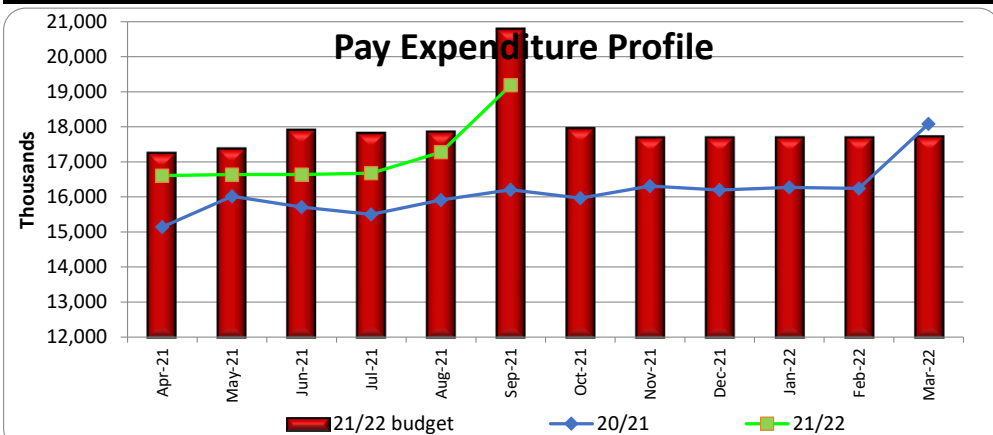
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing 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	17,381							93,450
Bank & Locum	803	911	795	822	1,001	1,053							5,383
Agency	583	560	754	834	705	754							4,190
Total	16,610	16,641	16,637	16,675	17,273	19,187	0	0	0	0	0	0	103,023
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%	5.5%							5.2%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%							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	4,089							4,077
Bank & Locum	255	263	218	224	283	231							246
Agency	107	115	128	155	138	123							128
Total	4,465	4,456	4,398	4,447	4,494	4,444	0	0	0	0	0	0	4,451
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 September position includes payment of the Agenda for Change pay award. This has been backdated to April 2021. Due to its nature it does not generate an additional WTE and therefore there is a disconnect in month between the two pay elements.

Budgets have been increased in line with funded establishments. Due to the level of vacancies this has increased the year to date underspend.

Internal working groups have been established to support the workforce and staffing agenda. These include recruitment and retention, health and wellbeing and the financial implications.

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	13,304	11,942	377	1,598	13,917	613
Nursing Registered	42,261	30,926	1,748	554	33,228	(9,033)
Nursing Unregistered	13,160	10,738	2,712	1,511	14,961	1,801
Other	29,792	25,102	213	507	25,823	(3,970)
Corporate Admin	8,616	8,033	136	18	8,187	(429)
BDU Admin	7,110	6,710	197	1	6,907	(202)
Vacancy Factor	(5,175)				0	5,175
Total	109,069	93,450	5,383	4,190	103,023	(6,046)

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	197	0	16	214	(15)
Nursing Registered	1,486	1,220	61	15	1,296	(189)
Nursing Unregistered	884	713	148	78	940	56
Other	1,387	1,200	7	13	1,220	(167)
Corporate Admin	353	343	4	1	349	(4)
BDU Admin	486	415	11	0	426	(61)
Total	4,825	4,089	231	123	4,444	(381)

By staff group the key elements to highlight are:

The largest area of underspend continues to be registered nursing. In month there has been a slight reduction across all the categories with reductions in substantive, bank and agency. Work continues with recruitment to support the additional investment received. This includes an overseas recruitment programme with the initial cohort (c. 14 individuals but plans to increase to 40) due to arrive shortly. These will largely be supporting inpatient areas initially.

The second largest category is 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	47,123	39,807	1,093	1,970	42,869	(4,253)
Inpatient	24,129	20,183	3,519	1,914	25,615	1,486
BDU Support	6,566	3,910	245	9	4,165	(2,402)
Community	15,033	12,668	216	71	12,955	(2,078)
Corporate	21,392	16,882	311	226	17,419	(3,973)
Vacancy Factor	(5,175)				0	5,175
Total	109,069	93,450	5,383	4,190	103,023	(6,046)

In month Budget v Actual - by service						
	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
MH Community	1,881	1,601	33	24	1,659	(222)
Inpatient	1,133	953	168	86	1,208	74
BDU Support	357	214	7	0	222	(135)
Community	757	649	11	3	663	(93)
Corporate	697	671	11	10	693	(4)
Total	4,825	4,089	231	123	4,444	(381)

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 £754k in September.

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.

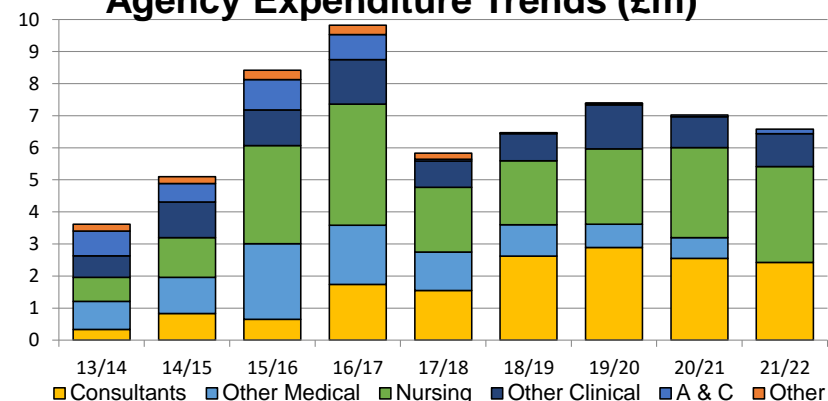
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

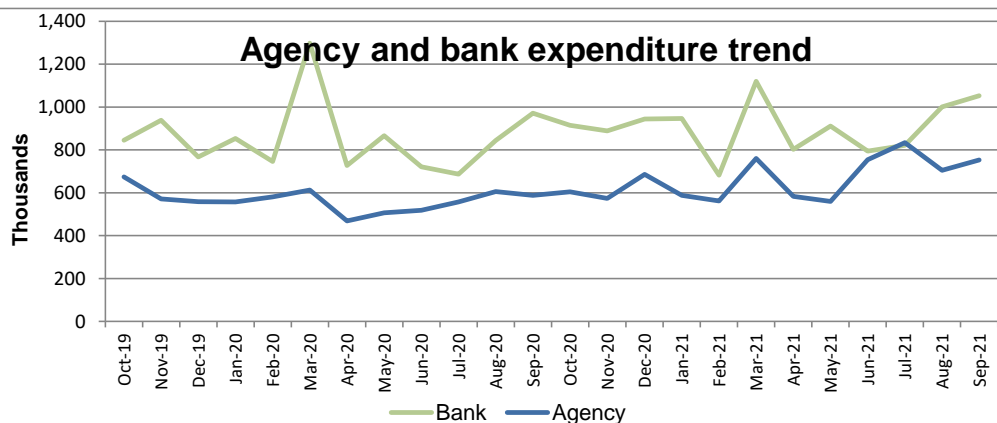
Although not as high as the peak spend in July 2021, the £754k in September is £49k more than last month. This increase is within the unregistered nurse heading.

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

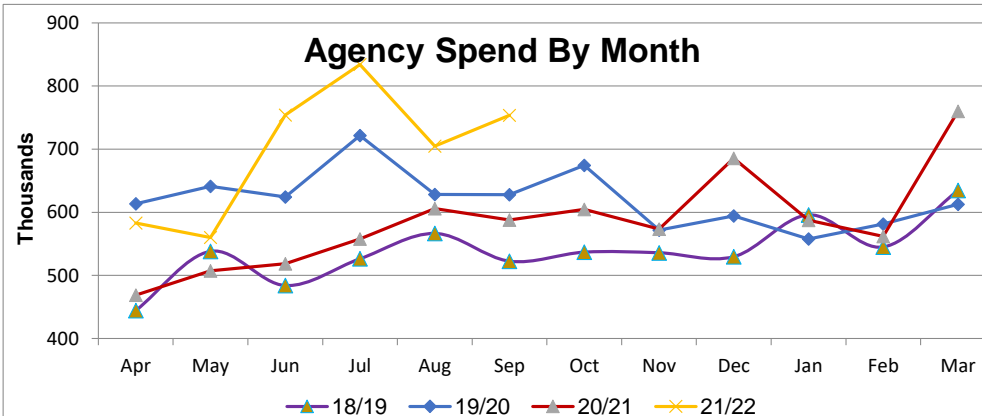
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month

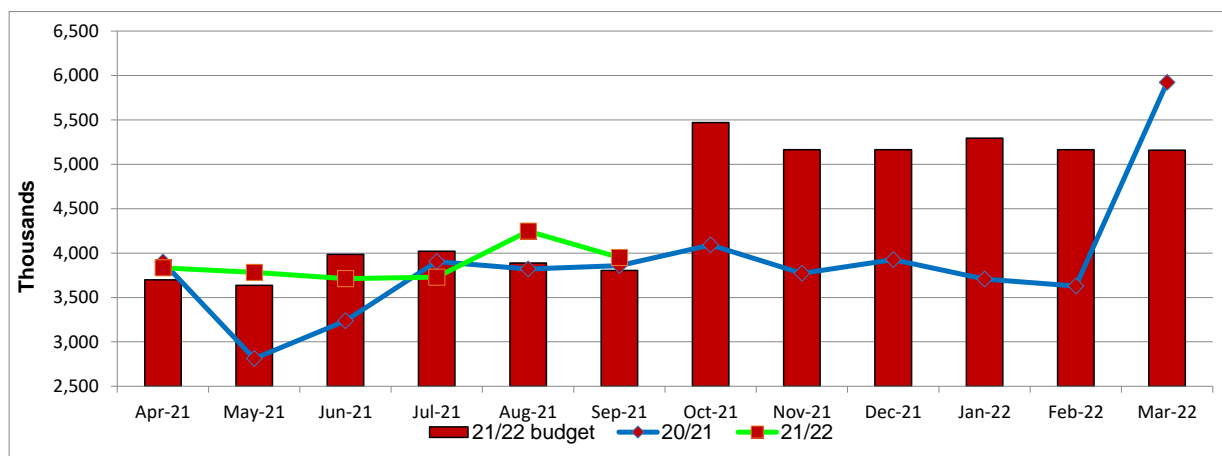


2.3 Non Pay Expenditure

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	3,949							23,254
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	1,858	1,675	(183)
Establishment	3,788	4,313	525
Lease & Property Rental	3,829	3,953	124
Premises (inc. rates)	2,933	3,024	90
Purchase of Healthcare	3,343	3,314	(29)
Travel & vehicles	2,119	1,981	(138)
Supplies & Services	3,618	2,966	(652)
Training & Education	348	400	52
Clinical Negligence & Insurance	436	644	208
Other non pay	767	985	218
Total	23,038	23,254	216
Total Excl OOA and Drugs	17,838	18,265	428



Key Messages

There has been a small reduction in non pay expenditure when compared to last month which is being driven by the headings which have been underspending throughout the year such as drugs, travel and supplies.

The purchase of healthcare is considered separately on page 12 and although this remains a pressure is broadly in line with plan overall.

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. Some of these also offsets the overspends in establishment costs.

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	1,141	1,345	204
Out of Area			
Acute	626	65	(561)
PICU	380	65	(315)
Other Services	1,196	1,839	643
Total	3,343	3,314	(29)

Out of Area Expenditure Trend (£)

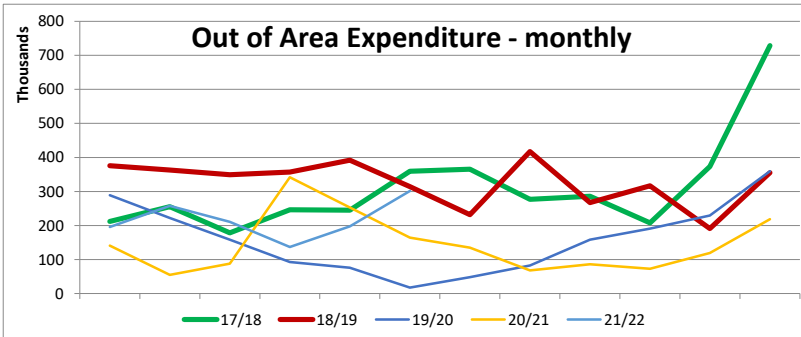
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	257	211	137	198	301							1,299

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	409							1,743

Bed Day Information 2021 / 2022 (by category)

PICU	203	236	233	176	188	311							1,347
Acute	18	77	83	47	73	98							396
Total	221	313	316	223	261	409	0	0	0	0	0	0	1,743



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 but are included in the above information.

Due to the conscious decisions made for specific placements there has been an increase of 132 bed days in September which makes this the highest individual month in year. This is a direct response to the ongoing impact of covid-19 and providing the safest possible location for each individual.

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

3.0

Statement of Financial Position (SOFP) 2021 / 22

Balance Sheet / Statement of Financial Position (SOFP)	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	103,508	101,452	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,173	183	1
Non NHS Trade Receivables (Debtors)	1,817	2,879	1
Prepayments	2,867	3,572	2
Accrued Income	3,090	5,450	3
Cash and Cash Equivalents	56,659	63,128	Pg 16
Total Current Assets	65,781	75,385	
Current Liabilities			
Trade Payables (Creditors)	(1,182)	(974)	4
Capital Payables (Creditors)	(585)	(633)	
Tax, NI, Pension Payables, PDC	(5,920)	(8,104)	
Accruals	(24,112)	(24,462)	5
Deferred Income	(3,981)	(5,161)	6
Total Current Liabilities	(35,779)	(39,335)	
Net Current Assets/Liabilities	30,001	36,050	
Total Assets less Current Liabilities	133,510	137,502	
Provisions for Liabilities	(7,348)	(7,511)	
Total Net Assets/(Liabilities)	126,162	129,991	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,384	
Revaluation Reserve	10,596	10,596	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	68,791	7
Total Taxpayers' Equity	126,507	129,991	

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, 90% of this value is less than 30 days overdue. This includes £1m to BMBC which is not yet due.

2. Prepayments remain high, this includes software licences (£1.1m), rent (£0.3m) and the cost associated with lease cars for the Trust (£0.9m).

3. Accrued income remains high primarily due to additional income forecast from NHS England in March 2021 (£2.1m) relating to annual leave payments. We are awaiting confirmation when this will be paid. £1.9m is new in September relating to funding for the agreed pay rise.

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 £0.9m from Health Education England and £1.9m 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	Funding Source
Major Capital Schemes							
En Suite	2,000	100	45	(55)	1,000	(1,000)	Internal
OPS transformation	578	0	0	0	300	(278)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	974	561	(413)	3,174	(20)	Internal
Fire Safety	160	30	0	(30)	195	35	Internal
Plant & Machinery	455	291	17	(274)	345	(110)	Internal
Equipment	100	40	34	(6)	100	0	Internal
Fixtures & Fittings	45	0	0	0	45	0	Internal
Other	643	412	526	114	1,888	1,245	Internal
IM & T							
Clinical Systems	275	32	1	(31)	275	(0)	Internal
Hardware	200	50	24	(26)	200	0	Internal
Cybersecurity, Infrastructure	200	75	46	(29)	327	127	Internal
Software	600	100	29	(71)	600	0	Internal
Other	1,140	319	0	(319)	1,140	0	Internal
VAT Refunds						0	
TOTALS	9,590	2,423	1,283	(1,140)	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.

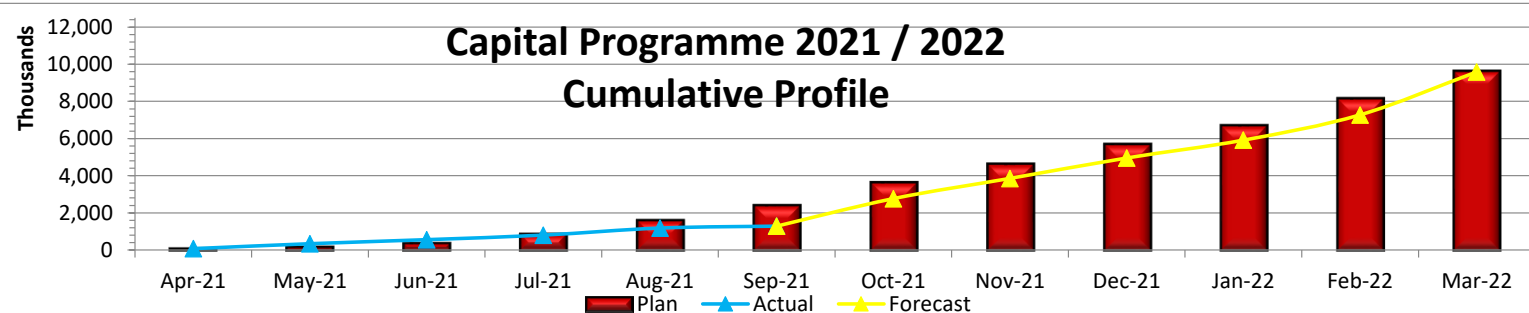
The plan assumed minimal spend at the start of the year with preparatory work and business cases to be finalised as required.

Spend is £1.1m 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.

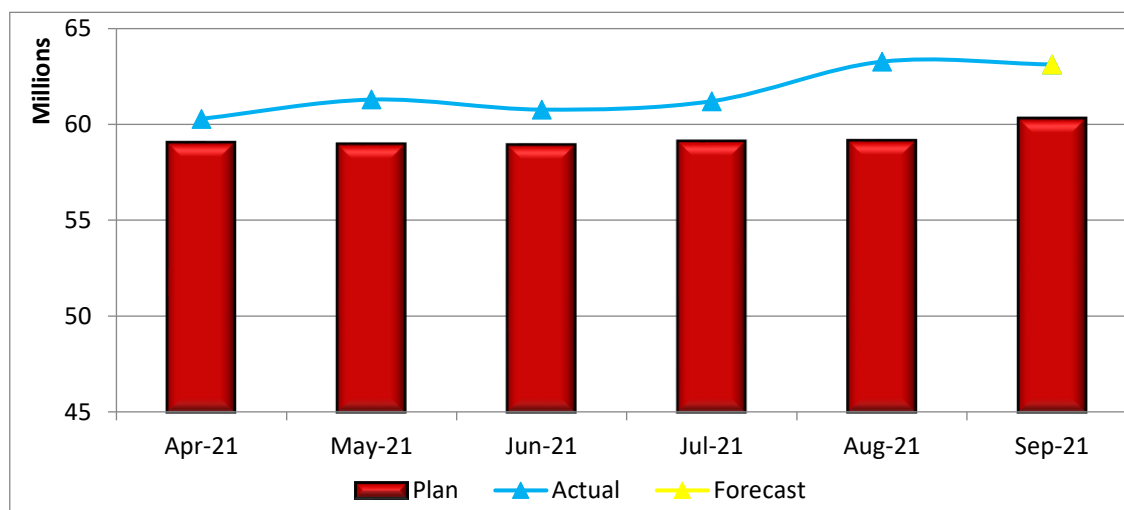
As such there is potential underspends in year. The Trust will continue to obtain the best value for money taking account of the market conditions.

Following the approval of the Bretton Centre En Suite scheme, preparatory work continues as a partner for the scheme is procured.



3.2

Cash Flow & Cash Flow Forecast 2021 / 2022

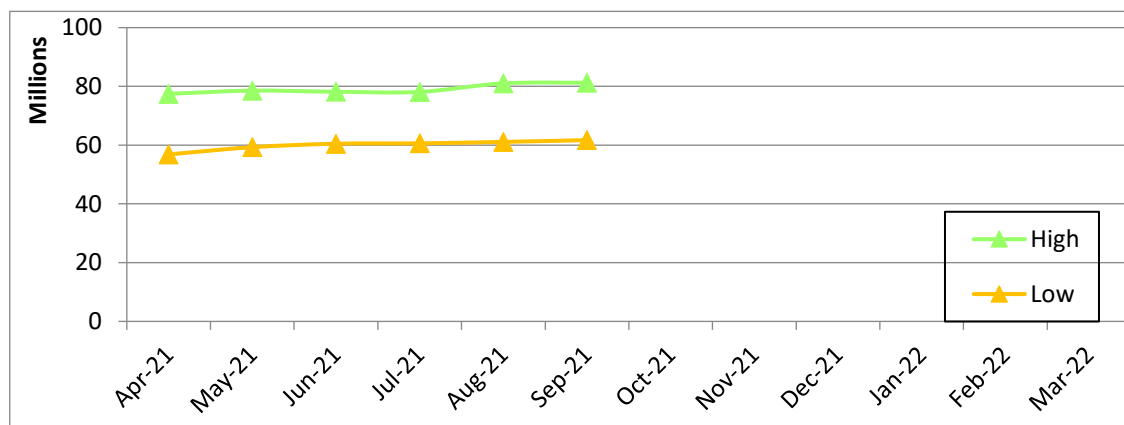


	Plan £k	Actual £k	Variance £k
Opening Balance	56,659	56,659	
Closing Balance	60,310	63,128	2,818

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. We anticipate cash to reduce over the second half of the year as more investment and capital expenditure is planned.

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: £81.2m

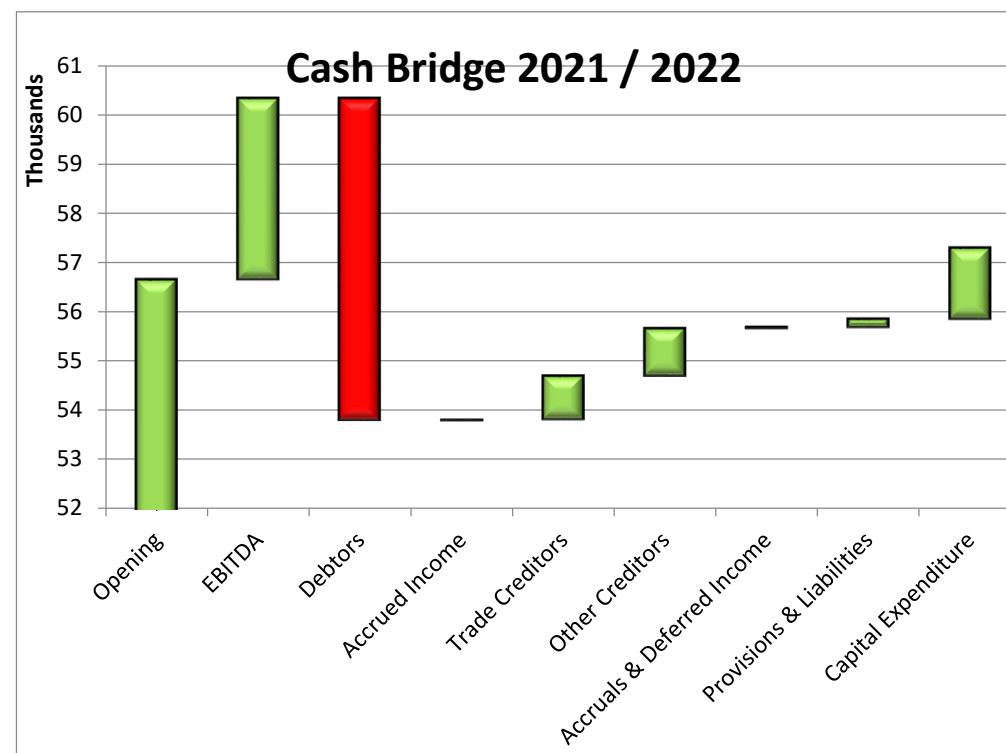
The lowest balance is: £61.7m

This reflects cash balances built up from historical surpluses.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Note
Opening Balances	56,659	56,659	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,271	6,959	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	3,400	(3,136)	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	971	1,854	
Other Payables (Creditors)	0	969	
Accruals & Deferred income	(27)		
Provisions & Liabilities	0	164	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(2,683)	(1,235)	
Cash receipts from asset sales	0	1,482	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	60,321	63,128	



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.

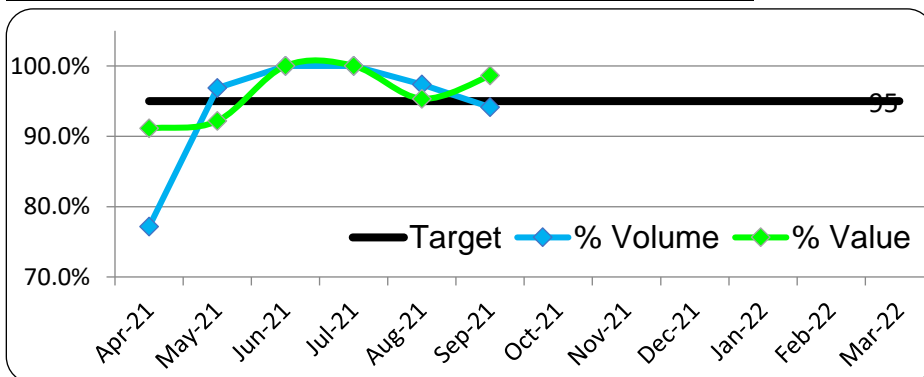
4.0

Better Payment Practice Code

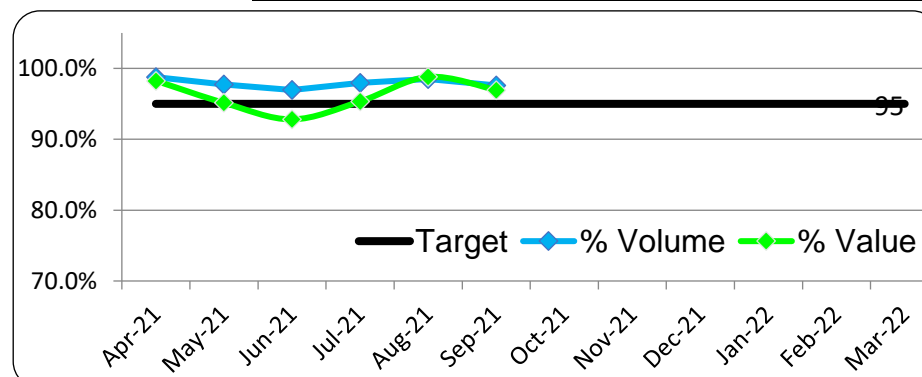
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance in September has seen overall 98% of volume and 97% 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	94%	99%
Cumulative Year to Date	94%	98%



Non NHS	Number %	Value %
In Month	98%	97%
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 (£)
19-Sep-21	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600017911	192,194
06-Sep-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	319481	125,627
03-Sep-21	Rent	Kirklees	Bradbury Investments Ltd	1598	118,518
08-Sep-21	IT Services	Trustwide	Daisy Corporate Services	31477256	90,250
22-Sep-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	102696	74,237
08-Sep-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995976	45,208
01-Sep-21	Rent	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600017782	37,977
24-Sep-21	Drugs	Trustwide	NHS Business Services Authority	1000070276	34,918
08-Sep-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	995971	33,404
22-Sep-21	Mobile Phones	Trustwide	Vodafone Ltd	98806447	31,794
01-Sep-21	Rent	Barnsley	Chapelfield Medical Centre	282	31,599
21-Sep-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN2014890X	30,220
18-Sep-21	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6024692	28,726
03-Sep-21	Rent	Kirklees	Bradbury Investments Ltd	1599	27,758
01-Sep-21	Rent	Barnsley	SJM Developments Ltd	LINV42401	27,000
09-Sep-21	Rent	Barnsley	SJM Developments Ltd	LINV40452	27,000
02-Sep-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402740955	27,000

- * 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.

- * CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.
- * ICS - Integrated Care System.
- * 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 its services.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	4.3%	4.2%	4.2%	4.0%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.2%	4.3%	4.2%	4.3%	3.5%	4.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.8%	79.4%	88.2%	87.4%	83.3%	83.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.5%	82.5%	79.5%	76.0%	70.9%	70.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.7%	96.1%	94.3%	94.6%	91.3%	91.4%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	97.3%	96.9%	96.6%	95.3%	96.0%	96.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.4%	82.7%	83.6%	82.1%	86.2%	86.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.9%	77.7%	79.3%	76.6%	77.3%	77.6%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021			53.4%	51.4%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.7%	95.6%	93.9%	91.9%	90.9%	91.1%
Information Governance	Resources	Well Led	AD	>=95%	96.9%	96.0%	95.2%	93.4%	93.3%	94.0%
Moving and Handling	Resources	Well Led	AD	>=80%	90.0%	91.6%	93.0%	93.5%	94.4%	94.0%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					51.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.8%	90.2%	87.0%	85.7%	87.1%	86.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.7%	86.8%	78.9%	80.8%	81.0%	80.9%
Prevent	Improving Care	Well Led	AD	>=80%	95.6%	96.0%	96.0%	95.8%	96.2%	96.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.5%	94.4%	94.3%	92.3%	91.4%	91.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.1%	93.9%	93.4%	92.6%	93.2%	93.1%
Bank Cost	Resources	Well Led	AD		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	AD							
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD							
Sickness Cost (Monthly)	Resources	Effective	AD							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD							
Business Miles	Resources	Effective	AD							

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	5.7%	4.8%	5.1%	5.2%	5.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.2%	5.1%	4.7%	4.8%	5.1%	5.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.7%	80.1%	85.5%	86.0%	86.5%	86.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.8%	78.0%	79.5%	81.1%	76.2%	76.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.3%	96.8%	96.4%	97.0%	96.3%	95.8%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	98.1%	97.3%	97.2%	97.4%	96.1%	96.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.2%	85.5%	83.5%	83.4%	82.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.9%	79.4%	85.2%	90.1%	91.6%	91.6%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021			43.1%	41.5%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.5%	95.3%	94.2%	94.7%	91.4%	91.2%
Information Governance	Resources	Well Led	AD	>=95%	97.5%	96.8%	95.6%	94.4%	91.3%	91.6%
Moving and Handling	Resources	Well Led	AD	>=80%	94.7%	95.0%	95.8%	96.9%	96.8%	96.5%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					60.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.3%	83.6%	84.6%	85.0%	85.4%	84.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.2%	79.6%	80.7%	81.5%	83.0%	82.3%
Prevent	Improving Care	Well Led	AD	>=80%	96.1%	95.8%	94.8%	95.4%	94.7%	94.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.0%	94.9%	94.7%	94.9%	92.2%	92.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.5%	94.7%	93.9%	93.0%	89.3%	88.6%
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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	4.4%	4.2%	4.6%	5.1%	5.4%	5.5%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	4.4%	4.3%	5.2%	6.6%	6.9%	5.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.9%	80.6%	80.5%	81.7%	80.0%	80.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.8%	73.2%	73.0%	74.1%	72.4%	71.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.4%	93.4%	93.8%	94.1%	94.5%	92.9%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	94.1%	94.9%	95.5%	95.4%	93.8%	94.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.4%	85.8%	84.5%	85.0%	84.4%	84.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	64.8%	65.4%	69.1%	69.3%	69.9%	70.7%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021				42.1%	40.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.8%	93.3%	92.4%	92.8%	91.3%	90.7%
Information Governance	Resources	Well Led	AD	>=95%	95.1%	93.3%	93.0%	92.0%	90.6%	90.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.4%	97.9%	98.0%	98.3%	97.8%	97.8%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					41.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	87.5%	87.1%	87.3%	88.5%	89.0%	88.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	80.1%	79.7%	81.2%	83.4%	85.1%	84.4%
Prevent	Improving Care	Well Led	AD	>=80%	92.3%	92.4%	93.4%	93.7%	91.3%	90.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.9%	94.2%	94.2%	93.4%	92.0%	91.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.2%	91.2%	91.4%	90.9%	88.9%	88.0%
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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.6%	2.8%	2.7%	2.8%	2.9%	2.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.6%	2.7%	2.6%	3.1%	3.0%	2.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	74.8%	72.2%	81.6%	82.1%	82.6%	81.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	71.3%	71.4%	67.7%	69.3%	70.5%	69.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.5%	95.0%	95.0%	92.0%	87.4%	87.2%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	95.5%	96.5%	96.8%	96.6%	95.0%	95.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.2%	79.8%	83.1%	81.6%	83.3%	84.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	20.0%	20.0%	33.3%	33.3%	25.0%	25.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021				38.7%	37.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.6%	93.9%	93.6%	91.6%	91.8%	91.8%
Information Governance	Resources	Well Led	AD	>=95%	95.5%	94.9%	91.7%	91.6%	88.1%	89.0%
Moving and Handling	Resources	Well Led	AD	>=80%	98.4%	98.7%	98.7%	98.1%	98.7%	99.1%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	83.7%	84.0%	81.4%	81.2%	82.8%	81.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.2%	81.0%	79.1%	79.3%	81.0%	81.2%
Prevent	Improving Care	Well Led	AD	>=80%	93.5%	94.1%	94.8%	93.9%	93.5%	94.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.7%	92.6%	94.2%	94.4%	93.9%	94.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.0%	94.2%	95.5%	94.4%	92.7%	92.4%
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	CQC Domain	Owner	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	2.6%	3.0%	3.0%	3.1%	3.3%	3.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	2.6%	2.8%	3.1%	3.6%	3.4%	4.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	89.9%	86.5%	94.2%	92.0%	90.1%	90.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	93.1%	83.3%	83.3%	75.9%	72.4%	72.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100%	100%	100%	100%	100%	100%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	89.3%	89.9%	88.2%	89.3%	89.5%	89.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.9%	84.2%	85.3%	83.8%	87.7%	87.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	99.3%	98.5%	98.5%	97.0%	95.5%	95.5%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021			34.4%	34.4%	
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.3%	91.1%	89.4%	87.2%	85.0%	85.0%
Information Governance	Resources	Well Led	AD	>=95%	96.1%	96.0%	95.2%	93.0%	93.4%	93.4%
Moving and Handling	Resources	Well Led	AD	>=80%	99.2%	99.3%	98.9%	99.5%	99.6%	99.6%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.2%	98.2%	97.7%	97.2%	98.2%	98.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	68.2%	78.3%	72.7%	76.2%	85.0%	85.0%
Prevent	Improving Care	Well Led	AD	>=80%	98.7%	97.2%	97.2%	97.5%	98.2%	98.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.4%	97.5%	97.1%	96.3%	95.4%	95.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.9%	97.6%	97.0%	96.6%	96.4%	96.4%
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							

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	3.4%	4.1%	3.6%	3.5%	3.6%	3.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	3.4%	3.7%	3.8%	3.3%	3.7%	3.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.8%	84.1%	86.8%	86.7%	86.1%	86.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.5%	75.6%	69.9%	69.8%	66.1%	67.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.0%	93.6%	93.6%	93.1%	93.1%	94.0%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	96.9%	96.4%	96.2%	95.9%	76.6%	95.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.7%	85.6%	88.2%	86.6%	84.2%	83.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	84.3%	84.2%	85.4%	86.6%	87.1%	85.9%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021				42.0%	39.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.6%	94.4%	91.9%	92.5%	90.2%	89.7%
Information Governance	Resources	Well Led	AD	>=95%	98.0%	95.9%	95.2%	94.3%	92.3%	92.6%
Moving and Handling	Resources	Well Led	AD	>=80%	93.9%	93.6%	95.7%	95.6%	94.6%	94.4%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					52.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.8%	89.5%	84.4%	84.5%	82.6%	81.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.0%	86.1%	80.6%	81.0%	82.3%	80.6%
Prevent	Improving Care	Well Led	AD	>=80%	95.9%	95.4%	95.9%	95.6%	95.3%	95.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.6%	95.1%	95.9%	94.8%	93.5%	93.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.4%	91.1%	90.1%	89.7%	89.2%	89.0%
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							

Inpatient Service										
Month	Objective	CCC Domain	Owner	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	6.4%	7.5%	7.0%	7.6%	7.7%	7.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.4%	7.0%	7.4%	8.6%	8.2%	7.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.3%	79.2%	84.0%	85.0%	77.5%	79.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.2%	77.1%	77.3%	77.8%	72.6%	72.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.4%	89.7%	92.1%	91.7%	92.1%	89.5%
Display Screen Equipment	Resources	Well Led	AD	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	AD	>=80%	97.8%	97.8%	97.0%	95.9%	94.9%	93.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.5%	82.0%	82.4%	81.0%	88.3%	87.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.3%	79.0%	79.3%	79.4%	84.6%	86.3%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in August 2021				41.2%	39.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.0%	94.9%	92.5%	90.9%	90.7%	90.1%
Information Governance	Resources	Well Led	AD	>=95%	96.7%	95.8%	94.6%	92.3%	86.7%	85.7%
Moving and Handling	Resources	Well Led	AD	>=80%	98.3%	98.6%	97.6%	97.5%	98.0%	97.2%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	AD	>=80%	Reporting commenced in September 2021					50.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	88.3%	87.1%	87.1%	88.2%	87.8%	86.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.4%	83.5%	83.3%	84.3%	85.1%	83.6%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	94.7%	94.6%	94.2%	94.9%	94.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.0%	91.8%	91.0%	90.3%	90.3%	88.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.4%	86.0%	87.3%	86.8%	87.0%	85.9%
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							

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	Operational Review (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