NHS

**South West
Yorkshire Partnership**
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

October 2021

With **all of us** in mind.

Introduction

Please find the Trust's Integrated Performance Report (IPR) for October 2021. The development of the IPR will continue to evolve following the discussion on targets and risks at the May Strategy Board session, and to reflect any changes in the operational environment.

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 October 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 as a result of the introduction of the new system oversight framework. We 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 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 (FIP) is currently reviewing the use of statistical process control (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 metrics that have not met target for an extended period of time. During quarter 4 the IPR will be reviewed as part of the annual process to consider its contents and metrics.

The following section highlights 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	Aug-21	Sep-21	Oct-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 people with an open referral to SWYPFT services		3	3	2			Sadly in October there were two apparent suicides where the person had an open referral to the Trust at the time of their death. These have been reviewed at the Trust Clinical Risk panel and a level of investigation has been determined. The initial review found no correlation between the incidents. Support and condolences have been offered to those affected and ongoing support is available through the Trust lead investigators and local and national bereavement services. These figures may be subject to change in line with coroner's verdicts.
	2.Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks) *	55%	Q2 - 63%					A weighted average is used given there are different targets in different places. Q2 data is provisional and will be refreshed next month. Q1 - 66%
	3.Proportion of people from BAME communities accessing IAPT		14.3%	15.4%	14.0%			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	**65% screened 58% compliant	**66% screened 55% compliant	**60% screened 57% compliant			For current inpatients (as at 17th Nov) 60% of applicable patients have been screened using the cardio metabolic screening tool and of those 57% have been screened across all 9 domains.

For current patients (as at 17th Nov) within Early Intervention services, 70% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 49% 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.

Given the complexity of this assessment, the Trust is reviewing its current reporting structure, to focus on performance within each component part of the expected response, rather than an overall pass/fail metric |
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	**55% screened 42% compliant	**59% screened 43% compliant	**70% screened 49% compliant			
	2. IAPT - proportion of people completing treatment who move to recovery	50%	43.8%	54.5%	56.9%			October data is provisional and will be refreshed in December 2021.
	3. % service users on CPA followed up within 7 days of discharge	95%	113/114 =99.1%	89/89 =100%	85/86 =98.8%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	92.5%	95.7%	95.5%			
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	85.1%	83.6%	85.5%			Q2 total is 85.7%. October data is provisional at the time of producing this report and will be refreshed in January 2021. Staff shortages are impacting on performance.

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	CPA	Care programme approach
IAPT	Improving access to psychological therapies		

Below we have set out progress against key milestones for areas of focus for those priority programmes that has taken place throughout October 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.

Improve health (Salma Yasmeen and Sean Rayner)

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

Key Milestones	
1. Creativity & Health: Development of a Creativity & Health digital app with first stage research and development completed by end September 21. Three creativity courses produced by end of September 21.	🟢
Testing and evaluation was to be completed by end November 2021. Timescales have been adjusted due to delays during development, and it is now anticipated that this will be concluded with the proof-of-concept app in place by February 2022.	🟡
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.	🟢
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.	🟡
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.	🔵
5. Forensic Lead provider collaborative: Recruitment to posts at Leeds and York Partnership NHS Trust (LYPFT) to implement the commissioning capacity requirements for the West Yorkshire collaboratives.	🟢 🟢
6. Community mental health transformation: SWYPFT delivery leads network meeting is now established to facilitate shared learning across our place-based programme leads and operational managers, and in the next period a focus will take place on describing and visualising the models in each place in a consistent way (to be completed by December 21). In Barnsley funding has been agreed and recruitment has taken place for implementation of the ARRs role, which will operate in a service that aligns with our SPA model, delivering brief interventions for people whose presenting need cannot currently be met in a traditional care pathway.	🟡

Comments:

Creativity and Health: Work to develop a proof-of-concept creativity app is underway and meetings held with the developer. Testing of initial content has been completed and feedback has been positive. Course content has been evaluated and three creativity courses have been developed. Timescales for development of the app and testing and evaluating its functionality will need to be adjusted due to delays during development and it is now anticipated that this will be concluded with the proof of concept app in place by February 2022. 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. Current work includes using the existing cultural and health networks across West Yorkshire and/or pulling together new groups where networks don't exist to progress our analysis of arts and health projects across the ICS which will result in a sustainability plan with investable propositions by end of Jan 2021.

Active Calderdale: Work to develop in-house motivational interviewing training with physical activity focus is underway with clinicians. The work underway within SWYPFT to integrate physical activity into systems and processes was presented to the Active Calderdale Partnership group in October.

ICS and partnership developments:
The Trust is part of two advanced Integrated Care Systems (ICS) in West Yorkshire and South Yorkshire and is also part of place-based partnerships and provider collaboratives in Calderdale, Kirklees, Wakefield, and Barnsley. The Trust continues to work with partners to develop and deliver joined-up Covid-19 responses including winter plans and recovery approaches in each of the places that we provide services. We also continue to work with partners to develop our place approach and response to the white paper and related national guidance. In South Yorkshire, all provider chairs and chief executives, including SWYPFT, met together in October to further progress the development of the Mental Health, Learning Disability & Autism provider Alliance (MHLDA).The South Yorkshire and Bassetlaw Tier 4 Children and Adolescent Mental Health Services (CAMHS) and Eating Disorder Lead Provider Collaboratives went live on the 1st October.

Work has commenced with mental health providers and Yorkshire Ambulance Service to implement the long term plan ambition for ambulance service transformation to support people with mental health needs. Across our localities and particularly in Barnsley, community teams have continued to work with primary care partners to support the vaccination programmes, and deliver joined up support in neighbourhoods, for individuals with severe mental illness and also for care home residents.

West Yorkshire Adult Secure Lead Provider Collaborative:
The West Yorkshire Adult Secure Provider Collaborative, led by the Trust, went live of 1st October 2021.The West Yorkshire Tier 4 CAMHS Provider Collaborative also went live on the 1st October.

Community Transformation:
Risks have been identified related to the transformation, specifically recruiting from a limited pool of health care professional staff when existing systems have workforce challenges and winter pressures. The Trust is working with local partnerships and the West Yorkshire ICS to identify solutions, to enable workforce recruitment to take place across the transformation programme, whilst limiting impact across other services. A workforce meeting is taking place with the West Yorkshire ICS in November.

Improve Care

Priority programme	Metrics	Threshold	Aug-21	Sep-21	Oct-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	21	27	33			There has been an increase in self harm incidents in October, as a result there has been an increase in incidents with a moderate and severe degree of harm. 26 of the 33 incidents in October were moderate and severe incidents, of which 12 were self harm incidents.
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	22	29	28			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%	111.2%	109.7%	112.7%			
	5. Number of children & young people in adult wards	0	2	0	0			Two consecutive months of 0 recorded.
	6. Staff absence due to Covid-19		29	42	20			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		13	24	6			Monthly figures. New outbreaks in October. Reinforcement of procedures and identification of additional measures. 7 positive cases so far in November.
Provide care as close to home as possible	1. Out of area bed placements (days)		170	311	304			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)		221	157	167			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)		161	203	206			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	66.0%	73.7%	71.2%			66 responses in October
	4. Forensics staff sickness	<=5.4%	5.4%	5.5%	5.7%			
	5. Forensics staff turnover		11.6%	12.8%	16.8%			Registered nurses turnover
	6. Race related incidents against staff in forensics		5	4	8			There were a total of 17 race related incidents against staff reported between August and October 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%	87.9%	82.7%	89.6%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	94.2%	92.7%	95.7%			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%	94.8%	95.9%	93.2%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		210	226	238			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		125	127	114			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		119	145	124			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		590	608	567			Pre Covid-19 - 710 (Average from September 2019 to January 2020) Increasing acuity and complexity as well as use of PPE resulting in longer visiting times.
	3. Access representative of community population			6.5%				Percentage of BAME population on caseload. BAME population for the areas the Trust covers - 10%

Glossary

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

NHS South West Yorkshire Partnership NHS Foundation Trust

Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery and Reset – Operational recovery and reset: Gather evidence to shape service user involvement by end of November 2021.	🟩	**Recovery and Reset:** • A group of operational and corporate services representatives are currently co-creating the 'Enabling Working Effectively' framework and recovery and reset toolkit for wider use across the organisation.
2. 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	🟩	• Operational services are working with the Performance and Information team to develop a recovery and reset dashboard to support interpretation and tracking of data to help understand the impact of Covid and health inequalities.
3. Recovery and Reset – Enabling Working Effectively: Ways of working codesigned and tested and framework agreed by end of November 2021.	🟩	• The improvement approach to ensure the voice and influence of staff, service users, carers and families shapes recovery and reset, has been approved by the Strategic Recovery and Reset Group. Surveys are currently being co-created, and testing is underway within the identified services.
4. Recovery and Reset – Enabling Working Effectively: First phase of clinical space review to be completed by end of November 2021 as part of codesign and testing.	🟩	• A room and desk booking system prototype is in development, to support hybrid working. • Space utilisation review has commenced, with the first area identified as Laura Mitchell Health Centre, Halifax, to further understand the current use of estate and future space requirements.
5. Care close to home: Plan established and agreed for crisis alternative to admission work (November 2021)	🟩	**Older People Inpatient Services Transformation**
6. Care close to home: Gatekeeping analysis has been completed and priority activity has now been agreed. As a result, the programme has established a strand of coordinated work around crisis house support. Focus on discharge solutions is now also being included in the partnership governance. (September 2021)	🟦	Work is continuing towards the delivery of the outline business case for the proposals and the formal consultation. Conversations continue with key external stakeholders to test support for proposals before moving forward. Internal activity has focussed on travel impact and analysis, workforce required to deliver the model, estates work and learning from implementation in Bradford, with a site visit planned for December.
7. Care close to home: Psychiatric Intensive Care Unit (PICU) standard operating procedure agreed and ready for launch – September 2021	🟦	**CAMHS**
8. Care close to home: Plan established and agreed for crisis alternative to admission work (November 2021)	🟩	The focus for the project now 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 initially to be operational at that site by early November, but current forecast is that the service will be able to access the site from December and commence delivering assessments from January 2022.
9. Care close to home: Review of trajectories and activity required to address them given recent and ongoing system pressures. Initial review has taken place and will be considered further in the Out of Area Steering Group (December 2021)	🟩	The Calderdale service is also planning to use this site to deliver assessments for people who can travel, whilst continuing to offer a service from Laura Mitchell Health Centre.
10. Improve Services for people acutely unwell and improve ward environment: initial governance set up with first formal meeting held, further meetings now scheduled in.	🟦	**Inpatient Improvement**
11. Improve Services for people acutely unwell and improve ward environment: work on quality improvement commences on the wards (November – December 2021)	🟨	Formal governance for the programme is now been established and work has commenced across the programme, with initial quality improvement work planned to take place in November. An initial facilitated workshop with focus on leadership is planned for December 2021.
12. Older People Inpatient Services Transformation – Briefing paper produced and informal conversations with OSC chairs to take place with further consideration to take place in CCG	🟩	
13. Older People Inpatient Services Transformation - Finalise the outline business case for change, considering resources required, the impact on travel and mitigations, and the equality impact assessment. Agree the business case through appropriate governance structures. Ongoing – with aim to complete the business case update by December 2021 and then take through governance.	🟩	
14. Older People Inpatient Services Transformation - Develop collateral required to deliver formal consultation by end of Autumn 2021. Timing of commencement of formal consultation has yet to be confirmed.	🟩	
15. Older People Inpatient Services Transformation – Bradford site visit and meeting with key staff members involved in their improvement work (December)	🟩	
16. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees:) Princess Royal site ready for enhanced service. The site will be ready for SWYPFT to move in from early December 2021 and services to be operational from the site in January 2022.	🟩	

Glossary

PICU	Psychiatric intensive care unit	CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical commissioning group	NHSE	NHS England

Improve resources

Priority programme	Metrics	Threshold	Aug-21	Sep-21	Oct-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£118k	£116k	£1.2m		£3.6m	Strong savings in October. Higher spend forecast over winter.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£63.3m	£63.1m	£69.2m		£64.6m	Positive cash position
	4. Performance against efficiency targets							Not currently calculated due to interim financial arrangements
Integrate digital approaches to the way we work	1. Number of 'did not attends'		4.2%	4.2%	4.0%			
	2a. Percentage of video consultations		2.1%	2.5%	2.2%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		32.6%	32.2%	32.3%			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		65.4%	65.4%	65.5%			
	3. Prescribing errors (EPMA) (development required)							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**: A business case seeking approval to go out to tender was submitted to the executive management team (EMT). Further information is being sought to inform a decision, and a report will be resubmitted during November 2021.
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July2021 and accreditation achieved – July/August 2021.	🟩	**Trust Email platform accreditation (NHS Digital dependencies):** NHS Digital have confirmed that the Trust has achieved accreditation, and staff engagement and communication activities are now underway. It is anticipated NHSmail accounts will be decommissioned by February 2022.
3. IT Services re-procurement: approach planning prior to procurement – Q1/Q2.	🟩	**IT Services re-procurement**: Trust authority to proceed has been approved and the development of the detailed specification of requirements is being finalised to support the imminent procurement exercise. This 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 at final stages of sign-off prior to live deployment. Work is ongoing to support the establishment of a minimum viable product (MVP) for a Barnsley Shared Care Record. The original timescale of 30th September 2021 has been revised to 31st March 2022 centrally. We are potentially utilising Viper360 together with existing capabilities available within SystmOne and ICE (results reporting system) as these are used by partners across the place.
5. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2.	🟩	
6. Information Sharing: Yorkshire & Humber care record onboarding (utilising Trust's clinical portal) – Q1/Q2.	🟩	**Digital Inclusion:** Dr Abida Abbas, Trust Chief Clinical Information Officer (CCIO) has developed a series of digital inclusion questions for service users. These are to be setup on SystmOne in the demo/test environment for wider review prior to being made live and operational, so that service user digital inclusion/preferences at relevant points of contact can be recorded in SystmOne.
7. Business Intelligence & Performance Reporting • Development work to support new ways of working in Barnsley community services (NTS) and ensure suitable reporting outputs available – ongoing • In support of Covid-19, health inequalities reporting is established and has been launched across the Trust. • 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.	🟩	**Finance**: Confirmation of initial Mental Health Investment Standard (MHIS) monies received. We continue to work with commissioners on 2022/23 priorities. **Financial Sustainability Plan**: Work to refresh the sustainability plan is underway, with initial milestones discussed at the Operational Management Group meeting on 11th November, and further scoping to be completed. Timescale to be amended accordingly.
8. Digital Inclusion: Technical feasibility (in collaboration with West Yorkshire and Humber 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	🟩	

NHS South West Yorkshire Partnership NHS Foundation Trust

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Aug-21	Sep-21	Oct-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.6%	4.7%	4.7%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.3%	6.3%	6.7%			
	2. Staff turnover - YTD	10%	14.6%	14.5%	14.6%			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		1.5%	1.4%	1.4%			
	3a. Clinical supervision	>=80%	70.5%		Due January 2021			Reduced performance reported in Q2. We recognise that clinical supervision is critical during challenging times. Delivery of care has been prioritised when staffing has been pressured. 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.

We have set a challenging focus on achieving compliance with supervision at year end |
	3b. Appraisal	>=95%			43.7%			Revised deadline for completion agreed with EMT. Focussed work is taking place to increase appraisals and support is being given for managers to navigate the new appraisal system.
	4. Incidents of violence and aggression against staff	Trend monitor	62	52	67			
	5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment	80%	2020 survey - 71.8% Awaiting results of recent survey					Increased from 65.6% in 2019
	5b. Staff survey - % staff recommending the Trust as a place to work	65%	2020 survey - 69.0% Awaiting results of recent survey					Increased from 61.5% in 2019
	6. Cases of bullying & harassment		0	0	1			A joint task group between human resource and staff side has been established to review the policy, our approach and to identify appropriate measures.
	7. Absence due to stress & anxiety and MSK		2.3%	2.3%	2.4%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.31	1.29	1.26			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							
Refresh and deliver our sustainability strategy and action plan	Carbon Impact (tonnes CO2e) - business miles		58	47	50			Data is now available showing the carbon impact of staff travel / business miles. For October staff travel contributed 50 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

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Make this a great place to work (Lindsay Jensen)

Key Milestones	
1. Performance Indicators Performance Indicators established for great place to work themes by September 2021 draft indicators shared at the workforce renumeration committee (WRC) on the 9th November	🟧
2. Feeling Safe (Physical and Psychological Safety): Preventing bullying and harassment - Appointment of Civility and Respect Champions Q2 21/22 – training undertaken and role launched in August, ahead of schedule. - Redesigned Bullying and Harassment Policy Q2 21/22 - Panel to review all race related bullying and harassment Q2	🟩 🟨 🟨
3. Feeling Safe (Physical and Psychological Safety): More staff - Commence ethical International Recruitment for Nursing Q2 21/22 - Virtual recruitment fairs Q3/4	🟨
4. Supportive Teams (Healthy Teams): Effective and compassionate leaders - Start rollout of 'GPTW programme' (Great place to work) across Trust Q2 21/22 following successful pilot with senior leaders - Start review & refresh of principles of Trust-wide leadership model (Trios) in Q2	🟩 🟨
5. Supportive Teams (Healthy Teams): Quality appraisal and supervision - Streamline appraisal process and develop link to an e-supervision Q2	🟨
6. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support Enhanced occupational health offer linked to recovery and long Covid-19 Q1 21/22	🟨
7. Developing Potential (Investing in the future): Supported personal and professional development plans - Personal development for all staff who have completed appraisal Q2 21/22 - Learning needs analysis linked to personal development plans Q2 21/23	🟩
8. Sustainability: - Bi-monthly meetings to identify Trustwide actions commencing October 21/22	🟦
- Additional staff resource for Trust Sustainability Plan to be agreed by end of Q3 21/22	🟩

Comments:

Great Place to Work Themes:
Performance indicators for great place to work themes continue to be developed with draft indicators shared with the Workforce Remuneration Committee in November.
We are working in partnership to review the 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.
Window for completion of appraisals has been extended to December 2021, with revised guidance owing to pressures resulting from Covid-19 pandemic.
Planning discussions between partners within our West Yorkshire Mental Health (WYMH) Collaborative towards a joint Shadow Board programme in Q1-2022/23 is underway.
International nurse recruitment is on track and with individuals estimated to commence working for the Trust this month. A pastoral package and internal objective structured clinical examination (OSCE) training is being implemented.
Interim Assistant Director for Human Resources commenced in post in November.
Workforce strategic groups have been set up and the first meeting of Workforce Strategy Steering Group took place in November 2021.
Whilst we are achieving our plans to recruit international recruitment we are seeing staffing pressures right across services.

Sustainability:
A sustainability action plan is in development, and includes the identification of a range of reportable areas. Meetings commenced during October 2021 initially involving estates leads and staff side representation, and focussing on the Net Zero agenda (carbon reduction initiatives). Discussions have commenced on using a wider definition of sustainability which encompasses the cultural change that will be required. In the future, the representation and remit will be widened as the action plan is developed with this broader remit. Discussions are ongoing around additional, dedicated staff resource for sustainability and the green agenda. A job description is in development, and work has commenced on summarising what has already been achieved across the Trust. We are researching the sustainability work that is happening across the NHS and in other organisations as a baseline.

Glossary

BAME	Black, Asian and Minority Ethic	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 156 in October, a decrease of 10 since September.
• One avoidable pressure ulcer was reported in the month.
• There were 9 information governance breaches reported in October, a decrease from 12 in September.
• The number of inpatient falls decreased to 49 in October.
• Out of area bed usage decreased slightly in October to 304 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 99.3%.
• There were no young people under the age of 18 on an adult ward in October.
• The percentage of individuals completing IAPT treatment who have moved to recovery is 56.9% compared to the 50% target, a further improvement from September.

Locality
• Increased referrals and levels of acuity are being experienced across many service lines.
• Staffing levels remain under constant review.
• Staffing levels on one ward, a decrease of three since September, fell below the 90% overall fill rate threshold in October. Significant efforts are underway to address our current staffing pressures.
• The Trust have been successful in the tender for the Yorkshire Smokefree Wakefield service.
• The contract for the Yorkshire Smokefree Doncaster Service has been extended until 31st March 2024.
• The Stroke Early Supported Discharge (ESD) team have raised over £2000 for the Stroke Association this last quarter through the 'Step out for Stroke' campaign.
• In Barnsley, The Musculo- Skeletal Service (MSK) waiting times have increased significantly at all stages of the pathway, due to increased demand and staffing issues, and remain a key area of focus.
• Referrals to our Adult ADHD Service continue at high levels.
• Supervision levels within forensic services have failed to meet target, reflecting the pressure the service is under re acuity, absence and vacancies. This remains a key focus.
• Within Learning Disability services, OPEL Level remains at Level 3 for the Assessment and Treatment Unit (Horizon) and has been increased to Level 3 for community.
• Mental health acute wards continue to see high levels of acuity, with further challenges in managing isolated and cohorted patients.
• Demand into the Single Point of Access (SPA) continues to increase either in line with, or above, predicted demand. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours.
• We continue to work in collaboration with our places to implement the community mental health transformation.
• CAMHS referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield with % treated within 18 weeks increasingly challenging.
• Waiting numbers for children's neuro-developmental diagnostic assessments in Calderdale and Kirklees have continued to increase and implementation of agreed waiting list initiatives continues.

Communications, Engagement and Involvement
• Coronavirus updates continue weekly to all staff and governors.
• Staff wellbeing initiatives continue to be promoted.
• A Covid Heroes campaign has been planned and launched.
• Promotion has taken place linked to Stoptober, and promotion of the Yorkshire Smokefree offer.

Priority programmes
• The Adult Secure Provider Collaborative, led by the Trust, 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.
• We continue to work in collaboration with our places to implement the community mental health transformation.
• In South Yorkshire, all provider chairs and chief executives, including SWYPFT, met in October to further progress the development of the Mental Health, Learning Disability and Autism Provider Alliance.
• A group of operational and corporate services representatives are currently co-creating the 'Enabling Working Effectively' framework and recovery and reset toolkit for wider use across the organisation.

Finance
• A £1.2m surplus was recorded in the month, taking the year-to-date position to a surplus of £3.6m, excluding exceptional items such as property sales.
• Pay costs decreased in October to £16.8m from £19.1m in September, which was higher due to the pay award arrears impact.
• Agency expenditure in October was £0.7m, which is in line with the average monthly
run rate for the current financial year.
• Out of area bed costs were £613k in October. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels, and also the impact of the Adult Secure Provider Collaborative going live.
• Capital expenditure of £1.6m has been recorded to date. Despite covid and supply chain issues, we are working hard to follow through on the capital plan and bring forward aspects where possible to utilise flexibility resulting from the Bretton Centre development revised timeline.
• The cash balance remains positive at £69.2m.

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 continues. As of 24th November 2021, 57% of frontline staff and 52% of all staff have had a flu vaccination.
• Silver command structure is currently meeting twice a week, and Gold command weekly.
• National guidance continues to be monitored, reviewed, and adopted.
• The Trust are considering the potential implications of mandatory vaccinations for NHS workers.
• A range of staff wellbeing support offers continue to be available and used.

Workforce
• Non Covid-19 sickness is 4.7% in October, against a threshold of 4.5%.
• Forensic staff sickness is 5.7% against a threshold of 5.4%
• Staff turnover remains higher than target at 14.6%.
• 87.1% of staff are double vaccinated. 21.5% of staff are recorded as having received their booster vaccination.

Inequalities
• Work to develop the Equalities Interactive tool has continued
• Draft Equalities Dashboard continues to be developed
• Core 20 PLUS5 dashboard being reviewed
• EIA training delivered to teams to support the development of a pro active approach
• Key projects being delivered through our linked charity Creative Minds in Communities to support diverse groups
• Kirklees community reporter project complete.

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 13-Jul	Approx days stock as at 09-Aug	Approx days stock as at 09-Sep	Approx days stock as at 07-Oct	Approx days stock as at 18-Nov
Surgical masks	22	50	35	24	21
Respirator masks	105	106	98	95	55
Aprons	19	20	31	25	18
Gowns	88	86	86	126	127
Gloves	19	23	23	22	16
Visors	36	29	28	34	24

Testing

KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21 to date
No of Service users Covid-19 positive and now recovered	2	2	0	0	10	23	1	0
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	4	6
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	0	0	0	1	1	1	0

There is a lag in reporting data particularly if service user is discharged from care and/or notification of death awaiting registration)

Patient testing & pathway/Outbreak response & management
There continues to be new positive cases on inpatient wards. This has been largely down to recent outbreaks.
To date 82% of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission) and 2 cases as hospital onset probable healthcare associated (a positive specimen date 8-14 days after admission). Most of these cases were linked to inpatient outbreaks.

The trust has produced and are actioning an Inpatient increased incidence of Covid-19 Action plan. Which is being monitored through Silver Command.

Outbreaks are an agenda item on Silver Command.
Each outbreak has an Outbreak Management Team established.
Datix is completed
Each outbreak has a specific report and action plan. This is reported through ward management, BDU governance and clinical governance processes.
Situation background assessment recommendations are produced from outbreaks, breaches and incidents, inform on areas for improvement.
A piece of work is being undertaken to improve admission Covid- 19 compliance. This will include an assurance report.
Inpatient vaccination is being actioned and reviewed through the vaccination Bronze group.
Hard copies of Covid-19 useful information is being produced for easy access for inpatient wards.

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. Patient are also re-tested on their return if they leave the ward or unit over a 24 hour period.
• Also testing takes place for some patients on treatment pathways e.g. planned operation/ treatment/ procedures.
• Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs as required.
Staff
• Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures as required
• Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required
• 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 Pathology Exchange (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 NPEX 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

A factor that might have been impacting on reporting figures was an issue with the NPEX site, and the ability to pick your employing NHS Trust from a configured list. The issue was reported and a fix was implemented in mid-September. Further work by NHS Digital to update the drop down lists of organisations was completed in mid-October and further technical changes are being made to support ease of use.   A message will be sent out via text and The Headlines as soon as we know this work has been completed, reminding people to complete a Lateral Flow and submit their results against the Trust.

Latest available NPEX reporting figures are:

Week Ending	Count
05/09/2021	471
12/09/2021	510
19/09/2021	527
26/09/2021	534
03/10/2021	747
10/10/2021	745
17/10/2021	715
24/10/2021	714

Supporting the system

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

Emergency Preparedness

This section of the report identifies the Trust's 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 4,644 staff have been recorded as having received their first vaccination (88.4%) and 4,577 staff have been recorded as having received their second vaccination (87.1%).
• 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 1,129 staff have been recorded as receiving their booster vaccination (21.5%). We believe this is understated as national data that we currently do not have access to the detail of, suggests 61% have received their booster.

Winter Planning
The Trust is fully engaged with all local resilience and winter planning forums. A Meeting took place for all organisations in the North Each, Yorkshire and Humber with NHSE/I to agree and approach for winter. This will involve increased collaboration and work with local authorities and the voluntary care sector and a range on other actions. It is expected to be a very challenging winter for all NHS and care Organisations.

Emergency Preparedness
Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels
• Vaccination bronze and supporting task and finish groups meeting weekly. Operational meetings taking place.
• 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.
• Mandatory Vaccinations - The Trust has put in place a specific task and finish group to assess the level of risk to the organisation, reporting into the bronze vaccination group (which oversees Covid-19 and influenza vaccinations). This group has met and initial communications have gone out to all Trust staff and safe space events are being held for unvaccinated staff to share concerns and ask questions. Further central guidance is awaited, once received implementation plan will be finalised. It should be noted that the final date for staff to have their first vaccination in order to be compliant by the 1st April 2022 is 3rd February 2022.
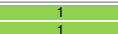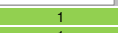
Flu Vaccinations

• Flu vaccination programme is now underway and clinics are scheduled across the Trust up to the end of December.
• As at 24th November 2021 57% of frontline staff and 52% of all staff have had a flu vaccination.
• Declinations for frontline staff are just under the 50% allowance and we are therefore on track to achieve our 85% target.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.8%	74.0%	72.9%	70.7%	66.5%	62.1%	64.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	11% 3/27	6% 2/35	19% 7/37	16% 4/25	20% 5/25	14% 4/28	11% 4/35	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	81%	78%	81%	82%	82%	79%	78%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	98%	95%	96%	97%	95%	96%	93%	92%	1
	Number of compliments received	Improving Health	Caring	DT	N/A	37	28	22	26	20	16	18	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	37	24	31	18	21	27	21	(sparkline)
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	4	1	2	3	3	0	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	0	0	0	1	0	1
Quality	% 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%	40.4%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	7	8	11	11	8	12	9	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.2%	1.1%	1.3%	1.9%	2.9%	2.3%	3.3%	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%	*60.0%*	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%	61.3%	*61.2%*	N/A
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1034	1041	1059	1081	1015	1056	1132	(sparkline)
	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	DT	trend monitor	25	18	25	10	14	17	24	(sparkline)
	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	DT	trend monitor	6	3	1	1	1	5	2	(sparkline)
	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	DT	trend monitor	6	3	5	7	6	5	7	(sparkline)
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	118.9%	119.8%	118.5%	115.0%	111.2%	109.7%	112.7%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	94.6%	94.9%	84.7%	88.5%	85.1%	84.9%	86.6%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	43	32	38	20	22	29	28	(sparkline)
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	1	3	1	0	0	0	1	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	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%	94.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	50	39	41	56	43	70	49	(sparkline)
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	157	106	170	161	136	166	156	(sparkline)
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	89.3%	90.3%	84.6%	94.1%	87.1%	87.5%	88.5%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	1
Improving Resource	System Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	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.

5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.

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

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

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

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

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

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

13 - The NHSEI Single oversight framework was replaced in June 21 with the System oversight framework. Data prior to November 21 relates to the old framework. Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.

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 October decreased from 166 to 156. Further detail can be seen in the managing violence and aggression section of this report.
• Number of falls (inpatients) – the total number of falls was 49 in October, which is a decrease compared to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. 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 - 0 breaches in October.
• 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.
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. The current nine NHS England/Improvement priority areas are being progressed locally.
Patient Safety Incident Response Framework - we are continuing to assess our position as a Trust against the draft framework and make improvements where we can.
Patient Safety Education and training – Health Education England has published the first phase of patient safety training. Level 1 for all staff, Level 1 for Boards and Senior Managers, and Level 2 for those who want to know more, are now available on ESR. An update will be provided to the Education Governance Group.
Further details are available here: https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/NHS-England-updates.aspx
Learning
• A learning forum was held on 5 November 2021, bringing BDU colleagues and specialists together to share their learning with each other. This was very well attended and further events will be arranged. https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-Events.aspx
• Percentage of service users on care plan approach (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 demonstrate a 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. There remain areas for improvement.

Quality Headlines

Number of pressure ulcers (avoidable) - there was one incidence of an avoidable pressure ulcer in October. This related to a lapse in documentation. With regard to the recent reported increase in pressure ulcers, tissue viability nurses are providing additional training around Waterlow risk assessments and wound care management with the neighbourhood nursing teams. This is combined face to face/virtual, and they are also offering shadowing experience if required and where appropriate with the current Covid-19 restrictions. Each of the teams have set their own action plans around wound care management.   Further focused work is being planned where necessary with individual teams.

• Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 40% compared to numbers waiting at end of October 2020. 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.

Safety First

Summary of Incidents November 2020 - October 2021

Incidents may be subject to re-grading as more information becomes available
Incident Reporting Update:

Incidents that occur within the Trust will have different levels of impact and severity of outcome. The Trust grades incidents in two ways.
The Degree of Harm is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the Degree of Harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they expect the harm level to be. It will be reviewed and updated at a later point. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Incident severity takes into account actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix).
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
95% of incidents reported in October 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.

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Red (should not be compared with SIs)	6	7	4	6	7	7	4	7	10	8	14	8
Amber	42	51	28	42	70	53	50	49	44	28	45	50
Yellow	167	164	148	242	325	261	314	322	316	319	293	299
Green	936	820	768	667	767	713	672	680	710	657	689	775
Total	1151	1042	948	957	1169	1034	1040	1058	1080	1012	1041	1132
Percentage of total that are Red/Amber/Yellow	18.7%	21.3%	19.0%	30.3%	34.4%	31.0%	35.4%	35.7%	34.3%	35.1%	33.8%	31.5%

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

There has been and overall increase in the total number of incidents in October. This is largely due to a higher number of self harm incidents when compared to last month. Further analysis has been undertaken and the incidents relate to a small number of service users with high acuity. The reasons behind the increase in red incidents are being explored and will be included in next month's update.

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.
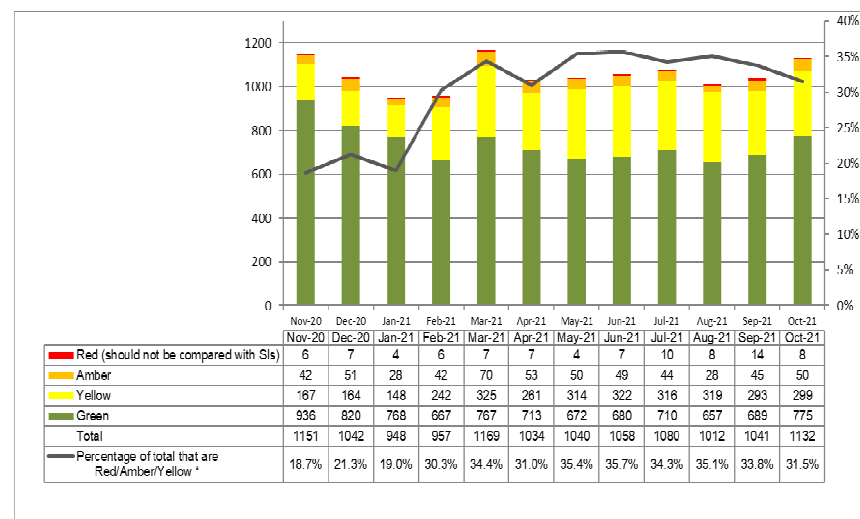
Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances. As further information is received and decision made about review processes, red deaths may be regraded to green, eg when confirmed not related to a patient safety incident.
All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.
No never events reported in October 2021
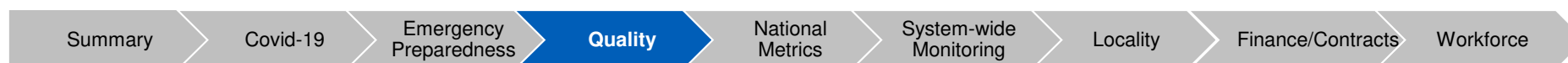
Safety First cont....

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 October 2021:

24 moderate harm incidents:
10 incidents across Barnsley neighbourhood teams - 9 pressure ulcer category 3 incidents, 1 tissue viability incident
10 incidents of self harm (Assessment and IHBTT/Crisis Team - Calderdale, Clark Ward - Barnsley, Elmdale Ward, Enhanced Team South 1 - Kirklees, Horizon Centre Assessment and Treatment Service, IHBTT - Wakefield (OPS), IHBTT - Wakefield, Kirklees Outreach Team (OPS), Nostell Ward, Wakefield, Perinatal Team Calderdale)
2 slip, trip or fall patient (Intermediate Care - Barnsley, Ward 19 (OPS))
2 violence and aggression against patient by patient (Sandal Ward (Bretton Centre), Walton PICU)

2 Severe harm incidents:
2 self harm - (Clark Ward - Barnsley, Enhanced Team South 2 - Kirklees)

7 patient safety related deaths:
2 apparent suicide - community team care - current episode (IAPT (Low Intensity) Calderdale/Kirklees, Single Point of Access, (Wakefield))
1 apparent suicide - community team care - discharged (Assessment and IHBTT/ Crisis Team - Calderdale)
1 apparent suicide inpatient care - current episode (Stanley Ward, Wakefield)
1 death confirmed from infection (Covid-19 related) (Neuro Rehab Unit - Barnsley)
1 death confirmed from physical/natural causes (Contributing to death but not related to cause - Covid-19, fractured neck of femur) (Poplars Unit, Wakefield)
1 death - cause of death unknown/ unexplained/ awaiting confirmation, substance misuse suspected (Core Team - Barnsley)

Safety First cont....

Mortality

A SJR training session facilitated by Dr Kiran Rele took place on 26 October 2021 and six people completed this.

The Regional Mortality Meeting took place on 14 October 2021. The Clinical Lead for patient safety for Royal College of Physicians gave a presentation outlining the report findings following a case record review in to the care of hospital patients with Covid-19. A total of 510 patient case records were reviewed. The quality of care was adequate, good or excellent for 96.5% of patients, it was good or excellent for 77.4% of patients and It was poor for 3.5% of patients. A total of six recommendations were made. A copy of the report can be requested by emailing learningfromdeaths@swyt.nhs.uk.

Total Number of Reported Incidents

Incidents — Control — UCL — LCL

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.

Falls

Total number of falls was 49 in October, which is a decrease compared to 70 falls in September.

All falls are reviewed to identify measures required to prevent reoccurrence, 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, with the exception of September 2021.

There was an increase in falls in September with 70 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 reoccurrence, and more serious falls are subject to investigation.

End of Life

Total percentage of people dying in a place of their choosing was 88.5% in October which is a decrease compared to 87.5% in September.
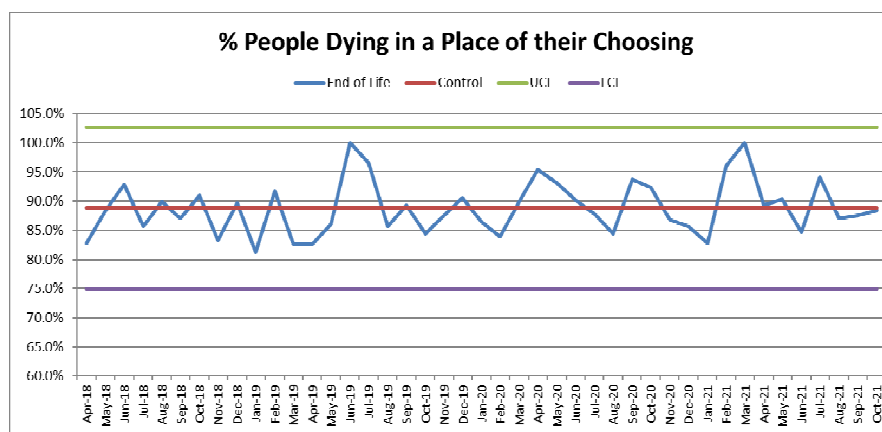
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

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 Learning Summary from WEB125480 SLI.docx
SBAR Physical Health Death Inpatient Ward September 2021.docx
SBAR - Community Hostage Incidents.docx

On 5 November 2021, a Trust wide learning forum was held to share learning between BDUs and specialist advisors. The virtual event was very well attended and many positive examples of learning were shared. Presentations are available here https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-Events.aspx

Patient Safety Alerts

Patient safety alerts received - October 2021

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
	No Patient Safety Alerts received in October 2021				

Learning from SIs

2021/3858
– Even if the discussion with the parent (or equivalent) of a young person indicates the direction and method of care provision this should be also be discussed with the young person to ensure the information that has been provided and has been used to make the plans is correct and agreed with by them.
– A team discussion is planned as part of the whole service meeting to share learning.
– Situation background assessment recommendations to be completed.

2021/13093
– Where a swallowing or choking risk is identified a relevant care plan/risk management plan should be in place and communicated to the multidisciplinary team.
– It is important that all inpatient areas have safe systems in place in relation to food provision and mealtime supervision.
– The learning/recommendations will be shared with the ward team and across all inpatient services via the BDU Clinical Governance meeting.

2021/8059
– When service users have the mental capacity to consent to information being shared with family members this should be sought and documented in the clinical record.
– Where consent to share information with family members has been provided, it is important that the ward staff share information relating to patient safety incidents, a deterioration in health or the need for transfer to another clinical environment with the family as soon as is practicable.
– The learning from the investigation will be shared via the BDU Clinical Governance Group and by the Inpatient Acute Care Forums.

2020/13034
– In a patient safety system there should be preventative barriers in place at every point they are required, and this includes mealtimes and dining areas
– In an effective patient safety system all attempts at suicide involving novel methods for the patient must be recorded, risk assessed and preventative measures put in place, as soon as they happen .
– Where risk of suicide is high and continuous, any relaxation of preventative measures should be carefully considered, the circumstances allowing relaxation described in a written plan, and the advice of qualified staff sought in any cases of doubt.
– Where there is a balance to be struck between patient safety, autonomy and recovery, care planning should involve the multi-disciplinary team, patient, family and carers and the IMHA in weighing up this balance, and the resulting plans must be written and shared with all staff.
– Further guidance is needed on the use of alarms where staff find themselves in complex situations where the relative safety and security of a number of service users and of staff must be considered.
– A learning event will take place and an additional learning summary and SBAR will be produced and shared via the Calderdale, Kirklees, Wakefield and Inpatient (CKWI) BDU Clinical Governance meeting (to facilitate wider sharing via local governance structures).

Safer Staffing Inpatients

October has, as expected, continued to be extremely challenging in terms of safer staffing and ensuring that we continue to deliver a safe and effective standard of care. Sickness has increased whilst acuity has continued unabated. We are experiencing Covid-19 outbreaks within inpatient areas, which is fortunately having a limited impact on staff due to their resilience and adherence to IPC and Covid-19 guidelines. We continue to look at various ways of addressing the sustained vacancy factor as will be seen below. The Trust's dedicated task and finish groups looking at staffing issues continues. There has been a slight increase in staffing issues and shortages being reported on Datix from 34 incidents to 35.

The ongoing situation continues to impact on the pressure on community services, with business continuity plans and escalation plans being utilised more frequently. We are also using cross-area support as a last resort ensuring that staff are supported in reallocating.

International recruitment continues and we have offered 51 posts. To date no one has withdrawn, which the agency has said is unusual, and reflective of our comprehensive package. We have held a team meeting with the candidates who were successful and are planning a further one in the coming week. We have also drawn together a proposal for NHSE/I support to continue the recruitment of international nurses into next year, with a plan in place for 50 nurses of various disciplines/specialisms.

Our rolling recruitment campaign continues, targeting different specific areas each time. 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.

One ward, a decrease of three on September, fell below the 90% overall fill rate threshold in October, which was Enfield Down who have supported other areas. Barnsley BDU in particular continue to experience increased pressure through vacancies, sickness and staff being off clinical areas for various reasons. Of the 31 inpatient areas, 22 (70.4%), an increase of four wards on the previous month, achieved 100% or more. Indeed, of those 22 wards, eight (a decrease of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and there has been a system-wide increase of acuity on all inpatient areas, the focus for the flexible staffing resources has remained Ward 18 within the Priestley Unit in Kirklees, the Oakwell Mental Health Unit at Kendray Hospital in Barnsley, Poplars within the Wakefield BDU, and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas. For example, we continue to facilitate block booking of staff to provide consistency and continuity and place bespoke recruitment adverts. 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 2.4% to 80.5% in October compared with the previous month.
Registered Nurses Nights
Overall registered fill rates have increased by 1.0% in October to 92.6% compared with the previous month.
Overall Registered Rate: 86.55% (reduced by 1.5% on the previous month)
Overall Fill Rate: 112.7% (increased by 3.0% 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	464 (-56)	5,071.00	37.41% (-5.40%)	773 (+72)
Unregistered	601 (-64)	6,727.42	15.19% (-2.21%)	3,288 (+142)
Grand Total	1185 (+43)	13,055.50	20.39% (-3.05 %)	

Total pay costs November 20 - October 21
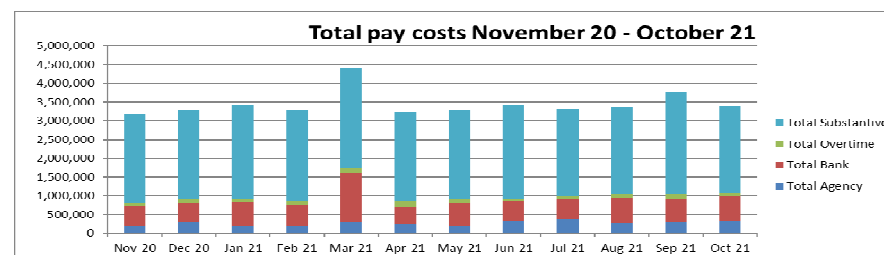
We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.
These figures also allow us to monitor an increase in the flexible staffing resource, and look at what appropriate resources are required from the trust bank flexible staffing resource.

Safer Staffing Inpatients cont....

Safer Staffing Fill Rate

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

Safer Staffing % Fill Rate Registered Nurses

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.

Recruitment and retention initiatives continue to be explored, together with opportunities to support new roles development. We are also working across the West Yorkshire collaborative to have a shared approach to the current national staffing challenges. International nurse recruitment is progressing well, with the first of our international colleagues estimated to commence working for the Trust later this month. A pastoral package is planned, and an internal objective and structured clinical examination (OSCE) training is being implemented.

Information Governance

9 personal data breaches were reported during October, which is a reduction on the previous month.

All breaches involved information being disclosed in error, which continues to be the highest report category. Four incidents were due to letters being sent to the wrong address, two involved personal data being disclosed by email to unauthorised third parties, two involved verbal disclosures made to unauthorised parties and one involved the inclusion of another individual's personal information in correspondence.

IG campaign materials continue to be shared via 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 is continuing to work with the Information Commissioner's Office (ICO) on one incident.

Total Number of IG Breaches

IG Breaches — Control — UCL — LCL
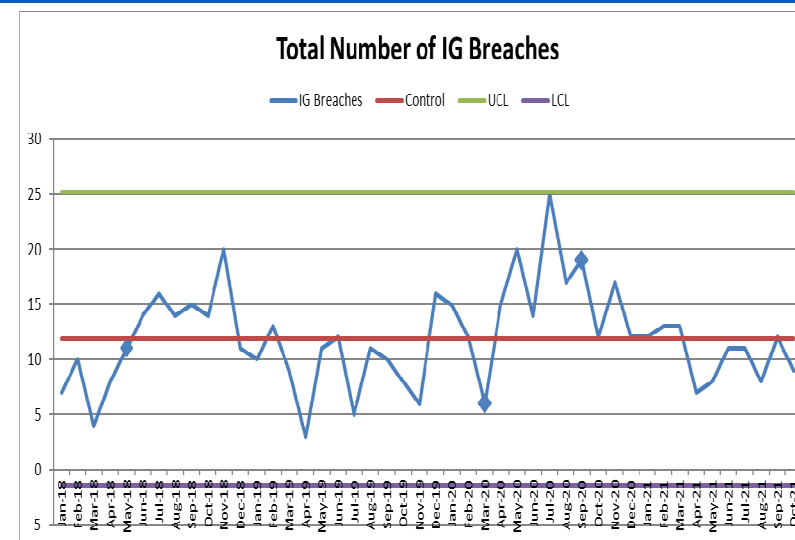
SPC Chart
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction on GDPR.
SPC guidance indicates 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 2020 has been highlighted for this reason.
The data point in March 2020 highlights the start of the Covid-19 pandemic.

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 have undertaken a consultation and we await further communication regarding this for the mental health indicators for 2022/23.

Patient Experience

Friends and family test shows

• 92% would recommend community services.
• 78% would recommend mental health services

Mental Health Services

Mental Health **78%/ n=696**

Legend: ■ Very Good ■ Good ■ Neither good nor poor ■ Poor ■ Very poor ■ Don't know
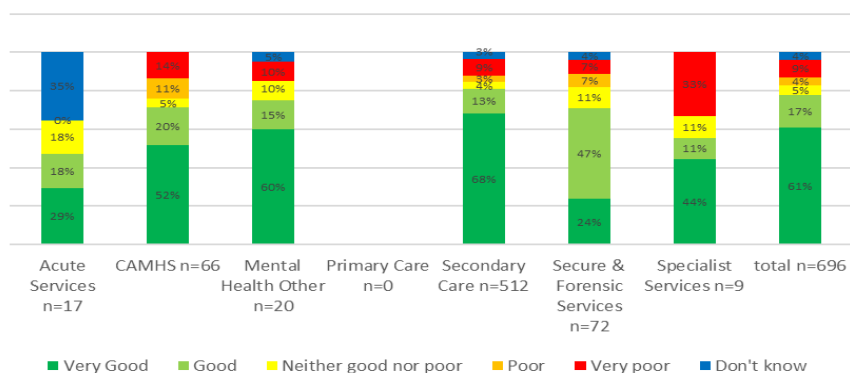
Community Services

Community **92%/ n=288**

Legend: ■ Very Good ■ Good ■ Neither good nor poor ■ Poor ■ Very poor ■ Don't know
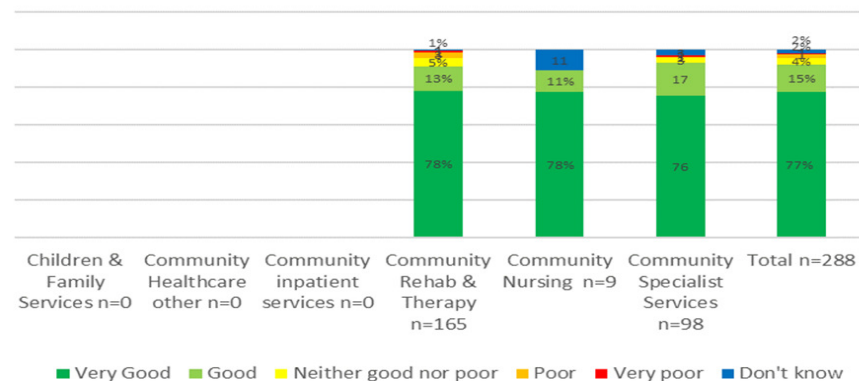
• 80% (1002) of respondents felt that their experience of services had been very good or good across Trust services.
• 92% (n=288) of respondents felt that their experience had been very good or good across community services.
• 76% (n=714) of respondents felt that their experience had been very good or good across mental health services.
• The text messaging service provided 73% (733/1002) of responses for September. The Trust is piloting the text message service in three services in Barnsley Community which commence at the end of September. The text message service has provided 66% (192/288) of Barnsley Community responses for October.

Patient Experience cont…

• A review of the negative feedback highlighted the following:

• The Trust received 95 negative responses either poor or very poor

Breakdown of negative responses by BDU:

  • Barnsley Community – 6
  • Barnsley mental health – 9
  • Calderdale & Kirklees – 42
  • Forensics 10
  • Specialist Services – 19
  • CAMHS – 15
  • Learning Disability – 1
  • ADHD – 3
  • Wakefield – 10

	Top three positive themes	Top three negative themes
Barnsley community service	1. Staff 2. Access and Waiting Times 3. Clinical Treatment	1. Admission and Discharge 2. Staff 3. Access and Waiting Times
Mental Health Service	1. Staff 2. Communication 3. 3. Patient Care	1. Staff 2. Communication 3. Access and Waiting Times
Trust wide	1. Staff 2. Communication 3. Access and Waiting Times	1. Staff 2. Access and Waiting Times 3. Communication

• 83 of the 95 negative feedback was received by text message

• 44 of the 83 negative feedback received by text had provided no comments.

• 29 of the 39 negative comments provided useful comments. There themes were:

  • Communication (12)
  • Staff attitude (9)
  • Patient care (8)

• There were no other themes or trends identified for those response of either 'neither good nor poor' and 'don't know'.

• We continue to see a decline in satisfaction across the Trust. Reviewing the comments received there is no clear indication as to why service user satisfaction is declining. To understand the data further:

• Trust data is being benchmarked alongside other Trusts to establish if this is theme across other local organisations

• Data is being triangulated with other departments (customer services/ engagement team/ patient experience) to identify any areas of concern. Work has begun to identify how this is best managed and to develop a dashboard for data to be triangulated.

• 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 where appropriate.

• Preparations have begun to pilot sending a hyperlink by text message to explore if this method provides better qualitative data.

• Work continues with operational services to identify the best method of collection.

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 and support across the organisational footprint. Level 3 safeguarding adults and children training continues to be delivered virtually via Microsoft Teams. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported well above the 80% mandatory training target. Safeguarding care certificate training, which is aligned to the standard and intercollegiate document, has also been undertaken.

The safeguarding advisor is attending social work practice educator training with York University.

All members of the team have attended training sessions to ensure that their practice, the training material, and advice is up to date and relevant. A member of the team has attended the seen and heard 'what happens to women experiencing sexual exploitation' event and the Mental Health Conference. Hoarding Panels in Calderdale and Kirklees were attended as was the Improvement Network. There was attendance at the Domestic Abuse Hub, Multi- Agency Risk Assessment Conference (MARAC), Quality Assurance Group and Baby R - panel meeting with the Safeguarding Children Partnership (SCP) and author of the Child Safeguarding Practice Review (CSPR). Practitioners also attended several quality monitoring visits during October, and have further planned for next month. A member of the Team also attended the black and minority ethnic (BAME) staff celebration event that was held in October. Professionals meetings were attended in Barnsley community, Calderdale learning disabilities community, forensic services and Kirklees inpatient areas. Attendance at the first Integrated Care System (ICS) critical incident support group also took place.

The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC, CLAS and Ofsted inspections. All external information gathering requests have been responded to in a timely manner. Data has been submitted to the Learning Disabilities Benchmarking group and the team have submitted data for the Barnsley dashboard and Safeguarding Adults Concerns (SAC) returns. The Barnsley KPI data has also been submitted, as was the multiagency training log data for Wakefield. Internal planning meetings were also held in relation to the Trust learning event and the next years safeguarding conference.

The Safeguarding Children's Nurse Advisor was successful at interview and has taken up the post of 'Named Nurse Safeguarding Children' from October 18th. The newly recruited Safeguarding Nurse Advisor is due to take up the role on 22nd November 2021.

Infection Prevention Control (IPC)

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

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

Mandatory training figures are healthy:
Hand Hygiene-Trust wide Total –90%
Infection Prevention and Control- Trust wide Total –89%

Policies and procedures are up to date.

Complaints

There were 35 new formal complaints in October 2021. Of these 2 have a timescales start date, 6 is no contact/consent and 27 are awaiting consent/questions.
11% of new formal complaints (n=4) have staff attitude as a primary subject.
18 compliments were received
Customer services closed 6 new formal complaints in October 2021. Of the 6 formal complaints, only 2 achieved the 40 working day target (33%)
Count of written complaints/count of whole time equivalent - 4.73WTE (including a band 6 and 7)

Reducing Restrictive Physical Intervention (RRPI)

There were 156 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in October 2021, this is a reduction of 10 (6%) incidents since September 2021, which stood at 166 incidents. Of the different restraint positions used and reported in the 156 incidents (more than one restraint position is often recorded per incident), standing position was used most often 89 of 212 (42%), followed by seated 41 of 212 (19.3%) then supine including Safety pod use 39 of 212 (18.3%). Prone restraint (those remaining in Prone position and not rolled immediately) was reported as 17 of 212 (8% of total restraints)/ This is a reduction of 16 (48.5%) from last month. As usual, 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 14 prone restraints, Kirklees 1 prone restraint and learning disability services (Horizon Centre) 2 prone restraints during October. The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In October the percentage of prone restraints lasting under 3 minutes was 94% an increase of 3% (the steady increase in the percentage of prone restraints that last under three minutes can be seen via the SPC chart below). Each incident of prone restraint has been reviewed by a member of the RRPI team.

The use of seclusion has reduced to 50 which is a reduction of 6 (10.7%). The Horizon Centre in Wakefield has experienced a high number of incidents, and seclusion due to a range of complex and challenging needs of service users.

The RRPI team continue to provide face to face training in line with current infection prevention and control guidance. Although Covid-19 restrictions have impacted on our delivery, we have maintained a compliance of over 80% in all courses (figures sourced from the mandatory training report that went to the operational management group meeting). 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. Face to face breakaway have been reintroduced and staff are able to self-enrol onto these courses via ESR.

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.

% 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.

Guardian of Safe Working - Quarterly report Q2 (July-September 2021)

Impact of the Pandemic

The Covid-19 pandemic has had wide-ranging effects. Despite the sustained rates of virus in the community, there was little impact on the rotas for doctors in training over this period, with only 5 shifts vacant due to staff having to self-isolate and 18 shifts vacant due to occupational health recommendations. Indeed, the impact on the rotas has been much reduced over the period covered by this report. Gaps for Q2 2021 were down nearly 69% compared with the same quarter in 2020 and were the lowest of any quarter since figures have been collected. The medical directorate business manager, the postgraduate medical education lead, the AMD for medical education, the Guardian of Safe Working and the college tutors continue to meet frequently to coordinate the Trust's support of trainees. Trainers were asked to meet with their new trainees in August to review how the pandemic has affected their training and ensure that any steps needed are taken to ensure that any deficits in training are addressed.

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in psychiatry has been much better recently. This coupled with the amalgamation of core training schemes across West Yorkshire from August 2020 appears already to have led to improved recruitment in Calderdale and Kirklees. We currently have one foundation trainee vacancy in Barnsley and are anticipating some foundation doctor vacancies in Wakefield from December.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in SWYPFT since the introduction of the new contract and only 5 during this period. Three were completed by a core trainee in Wakefield and related to a combination of high acuity and covering for colleague absence; time off in lieu (TOIL) was agreed. The trainee was happy with the outcome of the exception report. One was completed by a foundation trainee in Calderdale again TOIL was agreed. The trainee was happy with the outcome of the exception report. One was completed by a foundation trainee in Kirklees and related to educational issues relating to induction and transfer of portfolio information from the acute Trust. The issue was resolved with support from the postgraduate team.

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Guardian of Safe Working - Quarterly report Q2 (July-September 2021)

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Barnsley had the highest proportion of gaps this quarter. Gaps in Calderdale and Kirklees were markedly lower, perhaps in part related to better recruitment. The costs that were directly attributable to Covid-19, where trainees where shielding or self-isolating, are shown separately. The Medical Bank has been working well with rota coordinators and the trainees themselves, working hard to ensure that all the vacant slots on first tier rotas were filled by the Trust bank.

Gaps by rota July/August/September '21

Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	28 (15%)	28 (100%)	0	0	0
Calderdale 1st	0 (0%)	N/A	0	0	0
Kirklees 1st	1 (1%)	1 (100%)	0	0	0
Wakefield 1st	13 (7%)	13 (100%)	0	0	0
Total 1st	42(7%)	42 (100%)	0	0	0
Wakefield 2nd	45 (49%)	0	0	45 (100%)	0

Costs of Rota Cover July/August/September '21

1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)
Barnsley	28 (368)	£9,380	£980	0
Calderdale	0	£0	£0	0
Kirklees	1 (16)	£560	£0	0
Wakefield	13 (103.25)	£4,646.25	£382.50	0
Total	42 (487.25)	£14,586.25	£1362.50	0

Issues and Actions

Recruitment – Core training, GP and foundation schemes have been better recruited. The main current concern is poor recruitment to higher training, especially to the old age and to a lesser degree the general adult higher training schemes. This is the major factor affecting the Wakefield 2nd on-call rota, although there has been a slight improvement from October.

Junior Doctors' Forum (JDF) – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams. Issues discussed included rotas, completion of exception reports and concerns such as the process of claiming for expenses. There were also brief updates on topics discussed previously such as seclusion reviews and an audit has been completed in this area showing that policy changes have reduced the workload for trainees. Where concerns do not relate directly to the contract, issues are raised with the relevant clinical lead or the AMD for postgraduate medical education.

Education and support – The Guardian will continue to work closely with the AMD for postgraduate medical education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use exception reporting, both at induction sessions and through the JDF. The Trust will support the BMA's campaign in August to increase trainees' use of exception reporting, especially focusing on those relating to missed educational experiences.

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 ICSs, CCGs and Trusts, will be used to flag potential issues and prompt further investigation of support needs with ICSs, place-based systems and/or individual Trusts and commissioners. These metrics align to the five national themes of the System Oversight Framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. There are potentially 36 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 however guidance for some metrics remains outstanding. 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, this has been reviewed and 19 metrics have been confirmed as applicable to the Trust with 17 metrics awaiting further guidance. Work is now taking place to establish local monitoring and a further update will be provided 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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Data quality rating 8	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%	99.7%	99.7%	99.7%	99.3%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	56.8%	97.8%	100%	100.0%	100%	100%	94.1%	100.0%	100.0%	100.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	98.7%	99.4%	99.7%	99.4%	100%	99.1%	100%	98.9%	99.1%	100.0%		
% 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%	82/83 =98.8%	103/105 =98.1%	139/140 =99.3%	113/114 =99.1%	89/89 =100%	85/86 =98.8%		
% 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%	86.3%	87.3%	81.9%	84.1%	83.2%	86.3%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.8%	98.7%	99.0%	98.9%	99.1%	98.7%	98.2%	99.2%	99.2%	99.2%		
Out of area bed days 5	Improving Health	Responsive	CH		316	251	496	457	204	170	117	170	311	304		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	56.3%	53.4%	55.2%	47.5%	55.6%	53.2%	44.8%	43.8%	54.5%	56.9%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	96.5%	98.8%	98.7%	97.9%	98.6%	98.5%	98.1%	98.4%	97.2%	97.8%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.9%	99.9%	99.9%	99.9%	100%	99.8%	100%	100%	100%	100%		
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%	89.7%	96.8%	89.2%	78.6%	94.9%	93.3%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.7%	92.1%	87.7%	87.7%	87.6%	87.6%	87.3%	87.7%	88.0%	88.3%	⚠	
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	12.5%	10.3%	10.5%	10.3%	10.2%	10.5%	10.5%	10.5%	10.5%	⚠	

NHS South West Yorkshire Partnership NHS Foundation Trust

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Data quality rating 8	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	10	23	87	82	22	40	41	41	0	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	2	0	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	*Trend Monitor*	210	189	217	192	217		192			Due Jan 2022		
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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Data quality rating 8	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.5%	99.4%	98.9%	98.2%	99.6%	98.4%	97.2%	98.4%	99.2%	*98.8%*		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	98.1%	100.0%	99.9%	*99.9%*		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.0%	98.1%	98.2%	98.2%	98.3%	98.2%	99.9%	98.6%	98.2%	*98.1%*		

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

Headlines:
• The Trust continues to perform well against most NHS Improvement metrics
• The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.3%
• The percentage of service users seen for a diagnostic appointment within 6 weeks has increased up to 100% and is now above target.
• During October 2021, there were no service users aged under 18 years placed in an adult inpatient ward. 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 56.9% for October.

Data quality:

An additional column has been added to the tables on the previous pages 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 October the following data quality issues have been identified in the reporting:

• The reporting for employment and accommodation for October shows 18.1% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to September which showed 17.8% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis

The following SPC charts have been created using the Microsoft Excel tool developed by NHS Improvement which has been specifically developed in order for Trusts to track the impact of improvement projects.

These charts use an average moving range in order to determine a 'usual' variation of data for a given metric and highlight any data points that fall outside of this expected variation. As you can see from the icons key, there are some points of interest where unusual ('special') cause, concerning variations have been highlighted in the out of area bed days, CYP bed days, and EIP clock stops charts however, more recently, improving variations have been noted against these same metrics.
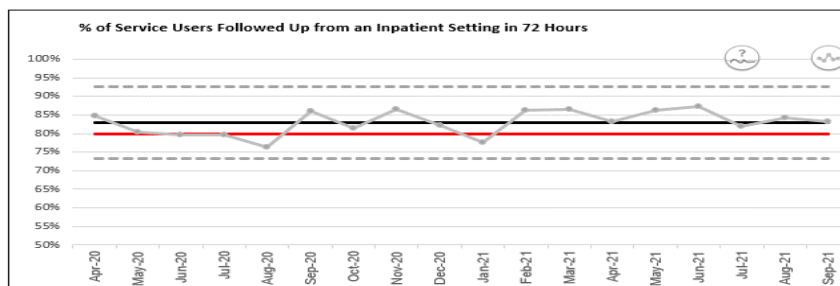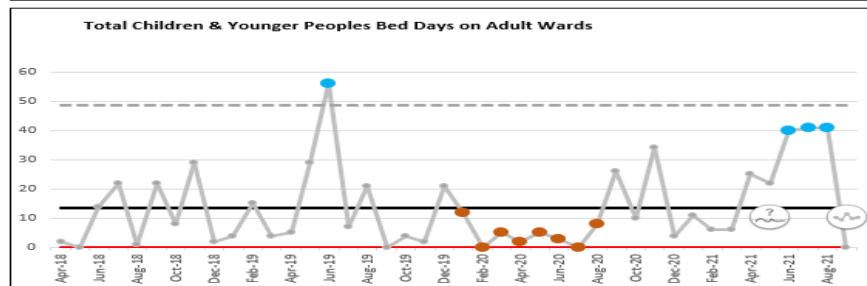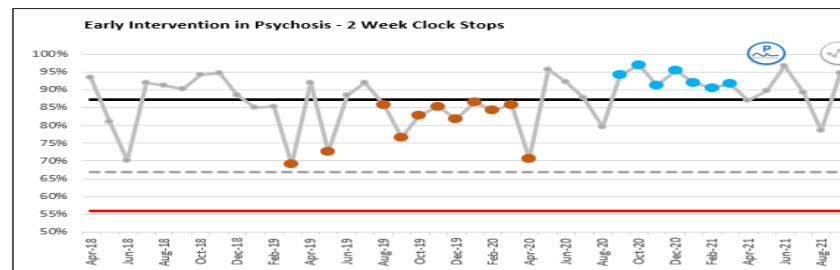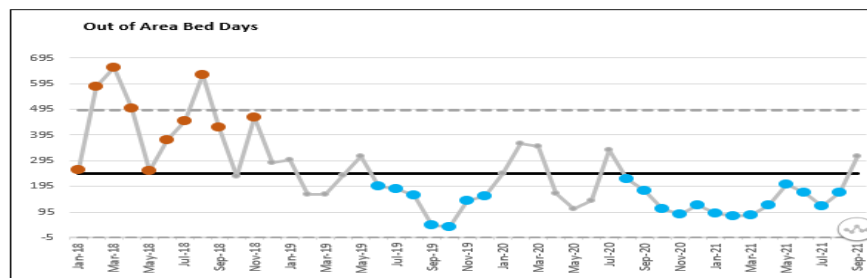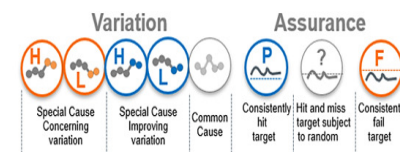
System wide monitoring

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 developed an approach to measurement and quantification, this was presented to the West Yorkshire & Harrogate Health and Care Partnership Board in September 2021. The approach identified reporting would be done annually into the partnership board and would be a mixture of
• quantitative data which will allow us to track delivery of the ambition progress over time; quantitative data on measures which it is anticipated will make a positive impact on the ambitions – but which can be measured more frequently; and ley activities and actions we are taking which we believe will make the biggest difference in delivering the objective.

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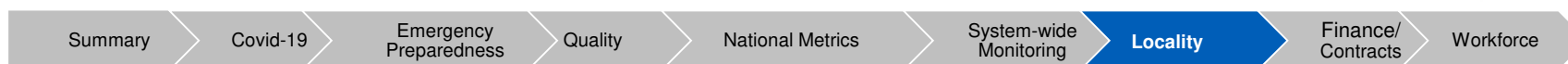
This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

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. Consideration is being given to procurement of additional capacity from a private sector provider to support this work
• 136 suite and triage functions out of hours are now provided as an extension of the intensive home base treatment team function.
• Proactive involvement is in place with Integrated Care Systems (ICS) and provider collaborative workstreams, specifically regarding crisis alternatives and eating disorder pathways
Areas of focus
• Increased referrals and acuity – with associated increase in caseloads across core, enhanced and intensive home based treatment teams.
• Prioritising undertaking and reporting of clinical supervision as critical support to staff and safe service delivery
• Proactive review of core caseload and signposting to alternative support is in place.
• Focus on staff wellbeing/resilience has been maintained
• Developing plans to strengthen crisis services, including Yorkshire Ambulance Service response vehicle.

CAMHS
Strengths
• Business continuity plans have to date been effective.
• Waiting numbers/times from referral to treatment being maintained in Barnsley.
• The Trust have secured additional clinical space (Princess Royal, Huddersfield) as a neurodevelopmental hub across Calderdale/Kirklees
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, including transfer of cases in Kirklees to private provider
• Referral numbers are placing pressure on waiting times in Calderdale/Kirklees and Wakefield. The medium term trajectory is unclear. % treated within 18 weeks increasingly challenging
• Crisis referrals, particularly in relation to eating disorders, are high. Tier 4 bed access remains problematic, leading to inappropriate stays for children and young people in acute or Trust mental health beds. This is an area of focus at ICS level
• 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
• Development of alternative mechanisms for reporting children/family feedback to supplement Friends and Family Test data are being explored.

CAMHS Referral to Treatment Waiting Times
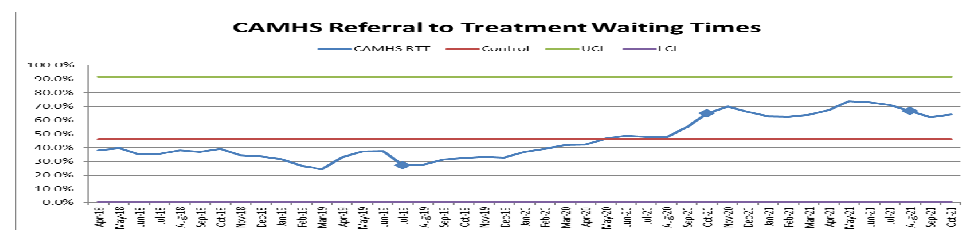
The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.

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.
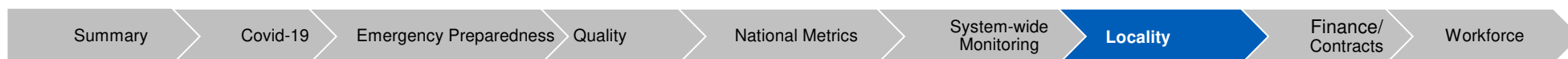
Barnsley general community services

Key Issues
• 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.
• All neighbourhood teams are seeing increased referrals, and increased acuity of patients. System pressures are also impacting across service areas.
• The musculo- skeletal service (MSK) waiting times have increased significantly at all stages of the pathway, due to increased demand, and some staffing shortages in both the administration and clinical workforce.
• The Trust have been successful in the tender for the Yorkshire Smokefree Wakefield service.
• An external provider is supporting the work of the adult speech and language therapy service due to sick leave of two staff members.
• High absence levels in the children's speech and language (SALT) service are impacting on service waiting times, and wellbeing of staff who are working. The Trust are exploring the use of an external provider to support.

Strengths
• The Musculo-skeletal (MSK) service continue to develop and deliver robust development and case load supervision across the service to ensure clinical safety is maintained.
• Health and wellbeing services and children's services continue to perform well, with positive feedback received from commissioners.
• The contract for the Yorkshire Smokefree Doncaster Service has been extended until 31st March 2024.
• The stroke early supported discharge (ESD) team have raised over £2000 for the Stroke Association this last quarter through the 'Step out for Stroke' campaign
• There has been an increase in numbers of stroke survivors and carers attending online support groups, which has seen them benefitting from guest speakers such as Barnsley Carers Service, Exchange Recovery College, B:Friend befriending service, physiotherapists and psychologists. Plans are in place to open a drop in meeting once per month in the Dearne area as this represents 18% of the patients referred to the Stroke Association.
• Good feedback has been received regarding joint working of community services with Barnsley Hospital NHS Foundation Trust for hospital discharges
• We have a full cohort of allied health professional (AHP) students and are receiving positive feedback

Challenges
• Maintaining adult speech and language therapy service delivery has been problematic due to staffing resource
• Accessing social care packages remains an issue. We are supporting social care, looking at possible bank occupational therapist availability to reduce double handed care packages
• Delivery of adult and children's SALT contractual requirements has been challenging
• Appointment of staff to health integration team/Urban House has been challenging. A modern matron is now supporting the service in the nurse prescriber role.
Areas of Focus

• Staff flu vaccination programme
• Workforce and skill mix review of the neighbourhood teams
• Work with commissioners on the provision of cancer-related lymphoedema service, to transfer to SWYPFT. Further work is taking place to scope requirements for a wider lymphoedema service which would help to address the current demands on the Tissue Viability service.
• Reducing wating times within the MSK service, into and within service by constant review of patient flow through service
• Appointment of staff to the Urban House team, and support for the nurse prescriber role /lead nurse
• Delivery of the Covid- 19 12–15-year-old vaccination programme.
• Commissioning of an external provider to support children's speech and language therapy (SALT)
• Management of adult SALT patient list

Forensic business delivery unit and Learning Disability services:

Forensic BDU
• The Adult Secure Provider Collaborative is now live, with support from NHS England agreed for the transition stage whilst the commissioning hub for the West Yorkshire Provider Collaborative is established.
• A model of clinical leadership for the collaborative has been developed with several senior clinicians identified to take on specific leadership tasks.
• OPEL Level remains at 3 due to staffing pressures created by sickness absence, and vacancies.
• Absence levels (Covid and non-Covid) remain consistently high, which is exacerbating the pressures within the service.
• Recruitment of registered nurses remains a key focus. The forensic service continue 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 30% in medium secure, 80.7% in low secure and 46% in Newhaven. despite ongoing work, the service has failed to meet the target, and this reflects the pressure the service is under re acuity, absence, and vacancies. Work continues to ensure supervision is improved.
• Staff well-being remains a focus, with the service utilising recent NHS survey results to modify plans and the recent results from our Development and Retention Survey to modify the plan.

Learning Disability Services
• OPEL level remains at level 3 for the assessment and treatment unit (Horizon Centre) and has been increased to level 3 for community
• Supervision levels have fallen and are 47% currently. Please note the drop may be due to the fact it is the beginning of Q3. 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.

Community Learning Disability Teams
• A key priority at the moment is the waiting lists for certain disciplines e.g. psychology. The service is managing this by using other disciplines to provide interventions whilst trying to recruit to key posts. Close monitoring and exploration of alternative solutions is taking place.
• A learning disabilities advanced nurse practitioner (ANP) matron has now started in post in Calderdale – this post will improve our engagement and interventions with people with learning disabilities in care homes
• There is difficulty with recruiting to specific specialist LD posts- occupational therapy, speech and language therapy, dietetics and psychology posts in particular. Attempts to cover these using a temporary workforce have so far not been successful.

Inpatients (ATU)
• Occupancy and clinical acuity remain high.
• A learning disability ANP and assistant quality and governance lead have been appointed and due to commence in post.
• 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 there have been significant challenges finding registered nurses to cover shifts which remains a key area of focus.
• The assessment and treatment units (ATU) in West Yorkshire have been working as two units (Bradford & SWYPFT). A new contract will be in place by April 2022 for ATU.
• Posts have been approved by the Operational Management Group until April 2022 to help with immediate pressures.
• Medical input is currently being provided part-time by the forensic outreach and liaison service consultant on an interim basis, and will likely require a longer- term solution.
• 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 will be a focus of attention.

ASD/ ADHD service
• A service review is currently being planned which will be supported by the Royal College of Psychiatry.
• The service is expecting to meet its operational performance targets, although has been affected by Covid-related absences.
• The service is piloting an ADHD referral triage model supported by a locum GP
• Referrals in ADHD continue to be at unsustainably high levels. Benchmarking would indicate this is not consistent with the national picture.
• Pathway changes are being developed with a view to supporting relief of current pressures.
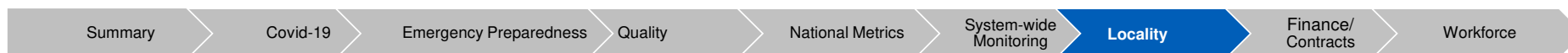
Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Trust-wide Acute Inpatients
• Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients and the management of Covid outbreaks. Senior leadership from matrons and general managers remains in place across 7 days.
• The work to maintain patient flow continues with the use of out of area beds being kept to a minimum.
• Work with partners across the Integrated Care System continues. Partners are using out of area beds to address bed demand.
• The difficulties have been recently compounded by staff absences, and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards plus further Covid outbreaks. home based treatment teams are also facing similar challenges and pressures with staffing resources and demand.
• We have had particular challenges with medical staffing capacity at consultant psychiatrist level in Kirklees, necessitating cover being sought from community teams and other areas, with active plans for managing responsible clinician responsibilities in the interim, and recruitment underway overseen by the clinical lead.
• An action plan is in place to address improvement required across the service in relation to concordance with fire lecture attendance. Excellent progress is being made and this is tracked weekly in the Operational Management Group.
• Intensive work to reduce ward sizes, maintain safety and well-being of staff and service users, and encourage recruitment and retention is underway. Work has continued around the consideration of incentivisation, the use of out of area placements on a planned basis to release pressure, with the support of commissioners, a task and finish approach reporting through the command structure to review options to temporarily reduce ward sizes, the use of the staffing establishment differently if required, and building identified challenges and priorities into the workforce strategy and planning work.

Community
• Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gate-keeping, trauma informed care and effective intensive home treatment.
• Community services are providing assessment, care management and interventions with service users utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these are clinically indicated. Work is underway to better understand and report our balance of face to face and virtual interventions as part of our total offer. We are optimising our use of space across Trust sites so that group work and more face to face therapies can be delivered, and are currently reviewing space utilisation in each building to optimise clinical capacity.
• Demand into the Single Point of Access (SPA) continues to increase either in line with or above predicted demand, leading to significant pressure in the service and necessitating the use of additional staff and sessions for assessment slots. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment is now at risk of being delayed. The situation is being kept under close review by General Managers and teams and all mitigations are in place.
• We continue to work in collaboration with our places to implement the community mental health transformation. We are concerned that the new roles within primary care networks will draw experienced staff from our resources.
• The wellbeing and support of staff is at the forefront, 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.

Communications, Engagement and Involvement

- Coronavirus update sent out weekly to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Coronavirus vaccination promotion
- Staff wellbeing initiatives promoted

- Covid-19 Heroes campaign planned and launched
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels
- Nhs.net removal and Trust email accreditation comms
- Flu campaign supported

- Promotion of civility and respect champions, equity guardians and freedom to speak up work
- Trauma informed care communication plan developed
- Collecting equality data campaign developed
- Support provided to EyUp Charity, Creative Minds (e.g. magazine and 10-year celebration planning), Spirit in Mind and the Mental Health Museum
- Preparation for the Trust QUIT soft launch in December
- Stoptober (Smokefree and smoking in pregnancy focus)
- Barnsley; core mental health services updates

- Barnsley; single point of contact (CAMHS) preparation
- Producing CQC infographics for services
- Website and intranet development work, including new equality and inclusion content
- Media enquiries; co-ordinated and issued responses
- Preparations for online Christmas physical health and wellbeing campaign
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

Engagement, Equality and volunteering update

• Development of an integrated strategy in both animation and easy read and annual actions plans – co-developed with both staff and people who use services
• Co-action study on forensic wards to identify how well we provide culturally and spiritually appropriate care resulted in high levels of satisfaction. Now undertaking a discovery interview approach which is being tested on forensic wards initially. The aim is to create case studies to test out methodology and adapt and adopt for other areas
• Refresh of the intranet and website – now includes tools, resources and a get involved section promoting opportunities to have a voice
• Moving our offer of translation and easy read to a systematic approach using equality impact assessments and translated jpegs for all written materials with an easy and easier read approach adopted by the comms team through training.
• 'CHATpad' on every ward, leaflets and instructions reissued. The new version includes links to advocacy and access to our survey tool 'Healthcare Comms'
• Awareness raising training for transgender awareness, evaluated and well received by frontline staff and managers and 'recognising and addressing inclusive practice in mental health' – which attracted a nationally recognised guest speaker and over 80 participants.
• Recovery and reset work to involve staff, service users and carers – 'Do it once, do it well' continues to support recovery planning using insight and intelligence to inform decision making – launch of 2 approaches to involve people in parallel
• Our quarterly insight report now routinely capturing Healthwatch feedback and a 'you told us, we responded' approach published on the website
• Refresh of mandatory equality training and creating short films to support the online equality impact assessment toolkit in partnership with voluntary and community sector
• Further work with voluntary and community sector umbrella organisations who have already mapped over 200 local groups across the local footprint who want to work with us and are now supporting other initiatives such as community films, choose well for young people and payment for expenses policy
• Working in Barnsley to support the development of an engagement and communication approach which includes developing a shared set of principles
• Working closely with the mental health alliance to support a partnership approach to involvement which includes a development session and plan to support the programme of work for mental health. The development session was led by our Trust in partnership with the clinical commissioning group and Healthwatch.
• Passport for carers, carers network for leads across the Trust footprint and staff network resulting in a carers lead funded through charitable funds
• Payment for the involvement policy is now being looked at and a draft will be circulated for comment by the executive management team next month
• The community reporter post which was part of a successful bid to the charities commission focussed on BAME staff and BAME communities is being rolled out further in Calderdale, Kirklees and Wakefield
• Increase in peer support worker roles from 13 – 28 over a 12 month period.
• A strategic approach for volunteering has been developed, this includes a framework to support volunteers in each place. The return of volunteers to the Trust will now be supported by a transfer of all volunteers to the electronic staff record training and an online welcome back event in December.

Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2021/22	Narrative
1	**Surplus / Deficit**	£3.6m	£5.1m	In October a surplus of £1.2m. The year to date position is a surplus of £3.6m excluding exceptional items such as property sales. This increase recognises the profiling of investment funding and continued ICS income. The plan for H2 is due to be finalised in November 2021.
2	**Agency Spend**	£4.9m		Agency expenditure in October was £0.7m which is in line with the average monthly run rate for the current financial year. This is expected to continue for the remainder of the year to support staffing requirements.
3	**Cash**	£69.2m	£68.6m	Cash in the bank continues to be positive and is forecast to remain so. This continues to be closely monitored to ensure that the cash position is appropriately maximised.
5	**Capital**	£1.6m	£6.3m	Year to date spend is £1.6m. Despite covid and supply chain issues, we are working hard to follow through on the capital plan and bring forward aspects where possible.
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. There is a national focus on this metric and Trust performance remains positive.

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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Sickness (YTD)	Improving Resources	Well Led	LJ	<=4.5%	4.0%	3.9%	4.0%	4.3%	4.3%	4.5%	4.6%	4.6%	4.7%
Sickness (Monthly)	Improving Resources	Well Led	LJ	<=4.4%	4.0%	3.9%	4.0%	4.3%	4.3%	4.5%	4.6%	4.7%	4.7%
Staff Turnover (registered nurses)	Improving Resources	Well Led	LJ	10%	10.0%	10.3%	15.6%	14.7%	13.1%	14.1%	14.6%	14.5%	14.6%
Gross Vacancies	Improving Resources	Well Led	LJ	-	Reporting	Commenced	10.8%	5.5%	7.9%	7.3%	6.6%	7.7%	9.5%
Net Vacancies	Improving Resources	Well Led	LJ	-			2.9%	0.6%	3.2%	4.0%	2.2%	3.1%	5.2%
Appraisals (Band 6 and above)	Improving Resources	Well Led	LJ	>=95%	Reporting Commenced in October 2021								57.2%
Appraisals (Band 5 and below)	Improving Resources	Well Led	LJ	>=95%									34.0%
Aggression Management	Improving Care	Well Led	LJ	>=80%	84.1%	82.3%	80.7%	80.0%	85.1%	85.4%	84.7%	83.9%	83.5%
Cardiopulmonary Resuscitation	Improving Care	Well Led	LJ	>=80%	84.5%	81.7%	78.8%	77.7%	76.3%	75.9%	74.6%	71.9%	72.5%
Clinical Risk	Improving Care	Well Led	LJ	>=80%	93.1%	93.5%	94.6%	94.9%	94.7%	94.6%	93.9%	92.9%	93.6%
Display Screen Equipment	Improving Care	Well Led	LJ	>=80%	Reporting to Commence in November 2021								
Equality and Diversity	Improving Health	Well Led	LJ	>=80%	95.6%	95.5%	95.6%	95.5%	95.2%	95.0%	94.7%	94.7%	94.6%
Fire Safety	Improving Care	Well Led	LJ	>=80%	87.6%	86.2%	85.9%	84.3%	84.6%	83.3%	83.2%	84.9%	87.7%
Food Safety	Improving Care	Well Led	LJ	>=80%	75.9%	75.3%	76.3%	77.2%	79.6%	80.0%	81.3%	81.9%	83.1%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in August 2021						42.2%	42.2%	55.7%
Infection Control and Hand Hygiene	Improving Care	Well Led	LJ	>=80%	94.7%	94.3%	94.0%	94.2%	92.7%	91.8%	90.7%	89.9%	89.5%
Information Governance	Improving Care	Well Led	LJ	>=95%	97.8%	97.9%	96.6%	95.7%	94.7%	93.2%	92.2%	91.8%	90.1%
Moving and Handling	Improving Resources	Well Led	LJ	>=80%	95.1%	94.9%	95.1%	95.7%	96.3%	96.7%	96.8%	96.6%	96.6%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in September 2021							49.8%	61.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	LJ	>=80%	93.9%	91.0%	90.8%	88.9%	87.7%	87.6%	87.4%	87.7%	88.9%
Mental Health Act	Improving Care	Well Led	LJ	>=80%	90.5%	85.0%	85.1%	82.0%	80.7%	81.9%	81.7%	82.4%	84.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	LJ	>=80%	81.3%			76.4%			70.5%		Due Jan 2022
Prevent	Improving Care	Well Led	LJ	>=80%	95.6%	95.6%	95.6%	95.3%	95.4%	95.4%	95.4%	95.0%	94.9%
Safeguarding Adults	Improving Care	Well Led	LJ	>=80%	94.2%	94.0%	94.7%	94.7%	94.7%	93.8%	93.6%	92.4%	92.2%
Safeguarding Children	Improving Care	Well Led	LJ	>=80%	93.6%	93.5%	93.3%	93.4%	93.1%	92.5%	92.2%	91.0%	91.5%
Bank Cost	Improving Resources	Well Led	LJ	-	£682k	£1,120k	£803k	£911k	£795k	£822k	£1001k	£1053k	£990k
Agency Cost	Improving Resources	Effective	LJ	-	£562k	£760k	£583k	£560k	£794k	£834k	£705k	£754k	£701k
Overtime Costs	Improving Resources	Effective	LJ	-	Data unavailable at the time of producing this report								
Additional Hours Costs	Improving Resources	Effective	LJ	-									
Sickness Cost (Monthly)	Improving Resources	Effective	LJ	-									
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	LJ	-									
Business Miles	Improving Resources	Effective	LJ	-	£160k	£143k	£198k	£176k	£180k	£208k	£210k	£170k	£183k

Health & Safety

	Objective	CQC Domain	Owner	Threshold	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	LJ	-	7			4			4		Due Jan 2022

Additional Metrics to Highlight Response to and Impact of Covid-19

KPI	Target	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	As at 24th Nov 2021	Trend	Notes
No of staff off sick - Covid-19 not working		**91**	**89**	**33**	**15**	**32**	**95**	**106**	**81**	**93**	**61**		
Shielding		42	50	1	0	0	1	1	1	0	0		
Symptomatic		29	19	16	2	8	33	57	43	45	22		
House hold symptoms		4	10	5	3	6	28	7	18	15	8		
OH Advised Isolation		1	1	1	0	0	4	1	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		15	9	10	10	18	29	40	1	33	31		
No of staff working from home - Covid-19 related		**78**	**88**	**16**	**8**	**21**	**66**	**27**	**42**	**62**	**22**		
Shielding		54	74	8	0	0	1	2	2	0	0		
Symptomatic	N/A	4	3	2	2	3	15	8	18	15	2		
House hold symptoms		10	4	1	3	8	28	10	16	26	13		
OH Advised Isolation		2	2	1	1	0	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		8	5	4	2	10	22	7	2	21	7		
No of staff returned to work (including those who were working from home)		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%	3578/3662 =97.7%		
No of staff returned to work (not working only)		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%	2412/2483 =97.1%		
No of staff still absent from work who were Covid-19 positive		22	13	13	0	0	0	40	29	42	20		
Additional number of staff enabled to work from home		1306	1369	1281	1271	1223	1350	1359	1394	1369	1350		Cumulative
Calls to occupational health healthline		2451	2565	2655	2713	2798	2911	3007	3105	3181	3292		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.
• We are seeing an increase month on month in staff contacting the helpline which is putting pressure on the service. Plans are in place to provide additional resource.

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. 55.7% of staff have already completed this newly introduced training.

Workforce Issues

• As at 24th November, 61 staff off work Covid-19 related, not working which compares to 93 one month earlier. A further 22 were working from home.
• In October 112 staff were confirmed positive for Covid-19
• Staff turnover decreased to 14.6% in October a detailed workforce planning report was considered by the workforce and renumeration committee on 21 st September which gave a deep dive into the turnover figures.
• The number of vacancies have increased due to the addition of new posts onto our overall workforce numbers through the MHIS (Mental Health Investment Scheme) which are not filled yet.
• Non-Covid sickness absence remained at 4.7% in October. The summary section also reports the Covid and non-Covid absence as one figure.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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

SPC Charts
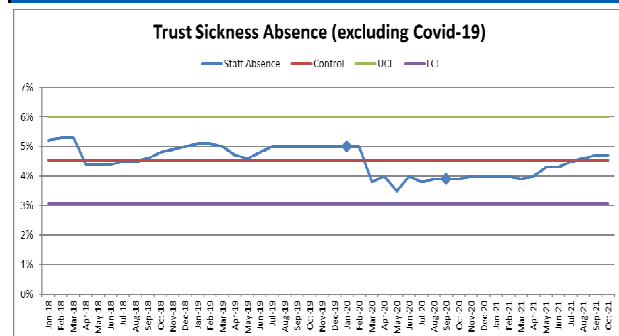
Trust Sickness Absence (excluding Covid-19)

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.
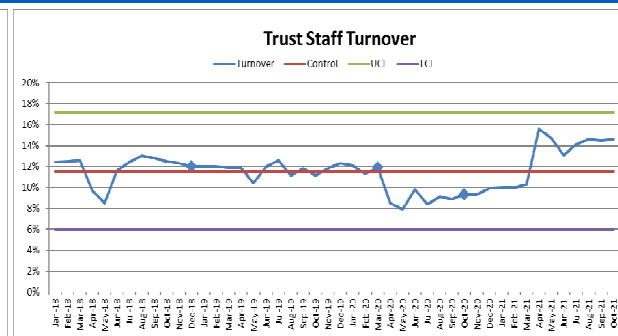
Trust Staff Turnover

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.
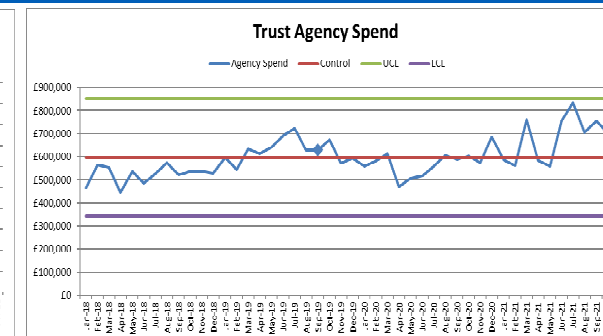
Trust Agency Spend

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 24th November, the Trust has 83 staff absent or working from home due to Covid-19. This makes up 1.6% of the workforce. Of those absent, 28.9% are symptomatic and 25.3% have household symptoms. The business delivery unit (BDU) with the biggest impact is forensic with 3.7% of staff impacted

• Bank and agency availability is continually reviewed to assist with resource availability.

• Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.

• Communications team is ensuring guidance is distributed and keeping staff up to date.

• Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) was 9days in October.

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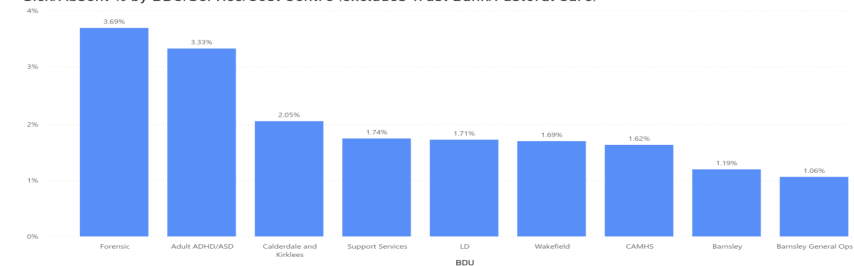
Absence by BDU and Reason for absence
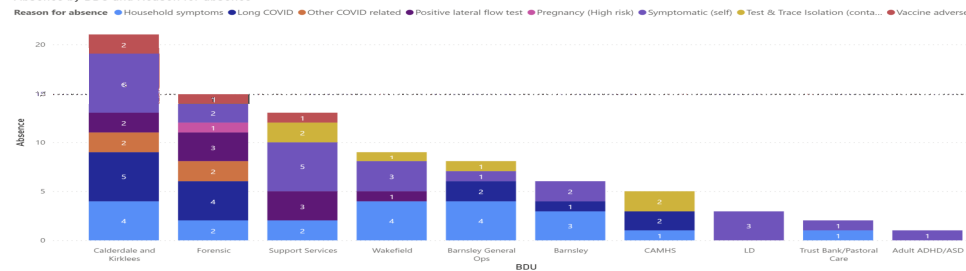
Publication Summary

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

Adult inpatient survey 2020: Care Quality Commission

Mental Health Act statistics: annual figures England – 2020–2021

NHS sickness absence rates: April 2021 to June 2021, provisional statistics

NHS workforce statistics: July 2021 (including selected provisional statistics for August 2021)

Childhood vaccination coverage statistics: 2020-21

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

Mental health services monthly statistics: performance August, provisional September 2021

Out of area placements in mental health services: August 2021

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

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

Diagnostic imaging dataset for July 2021 and annual 2020/21

Finance Report

Month 7
(2021 / 22)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators			

	Performance Indicator	Year to Date	Forecast 2021 / 22	Narrative
1	**Surplus / (Deficit)**	£3.6m	£5.1m	In October a surplus of £1.2m. The year to date position is a surplus of £3.6m excluding exceptional items such as property sales. This increase recognises the profiling of investment funding and continued ICS income. The plan for H2 is due to be finalised in November 2021.
2	**Agency Spend**	£4.9m		Agency expenditure in October was £0.7m which is in line with the average monthly run rate for the current financial year. This is expected to continue for the remainder of the year to support staffing requirements.
3	**Cash**	£69.2m	£68.6m	Cash in the bank continues to be positive and is forecast to remain so. This continues to be closely monitored to ensure that the cash position is appropriately maximised.
4	**Capital**	£1.6m	£6.3m	Year to date spend is £1.6m. Despite Covid-19 and supply chain issues, we are working hard to follow through on the capital plan and bring forward aspects where possible.
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. There is a national focus on this metric and Trust performance remains positive.

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

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				26,212	24,206	(2,006)	Clinical Revenue	156,386	149,847	(6,539)	283,842	274,289	(9,553)
				26,212	24,206	(2,006)	**Total Clinical Revenue**	156,386	149,847	(6,539)	283,842	274,289	(9,553)
				1,301	1,111	(190)	Other Operating Revenue	7,724	8,705	981	13,054	14,822	1,769
				27,513	25,317	(2,196)	**Total Revenue**	164,111	158,553	(5,558)	296,896	289,111	(7,785)
4,962	4,489	(474)	9.5%	(18,014)	(16,781)	1,233	Pay Costs	(127,082)	(119,804)	7,278	(215,832)	(207,264)	8,569
				(8,751)	(6,512)	2,239	Non Pay Costs	(31,789)	(29,766)	2,024	(72,082)	(67,546)	4,537
4,962	4,489	(474)	9.5%	(26,765)	(23,293)	3,472	**Total Operating Expenses**	(158,871)	(149,570)	9,301	(287,915)	(274,809)	13,105
4,962	4,489	(474)	9.5%	748	2,024	1,276	**EBITDA**	5,239	8,983	3,743	8,981	14,302	5,321
				(537)	(568)	(32)	Depreciation	(3,757)	(3,908)	(151)	(6,440)	(6,665)	(225)
				(212)	(212)	(0)	PDC Paid	(1,482)	(1,484)	(2)	(2,541)	(2,544)	(3)
				0	0	0	Interest Received	0	0	0	0	0	0
4,962	4,489	(474)	9.5%	(1)	1,243	1,244	**Surplus / (Deficit)**	0	3,590	3,590	(0)	5,093	5,093
				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
4,962	4,489	(474)	9.5%	(1)	1,243	1,244	**Surplus / (Deficit)**	0	4,727	4,727	(0)	6,230	6,230

Financial arrangements for H2 2021 / 22 are continuing to follow the same principles as H1. The detailed forecast position has informed the current H2 plan. This is being finalised and will be submitted in line with national deadlines in November 2021.

Trust Monthly I & E Profile

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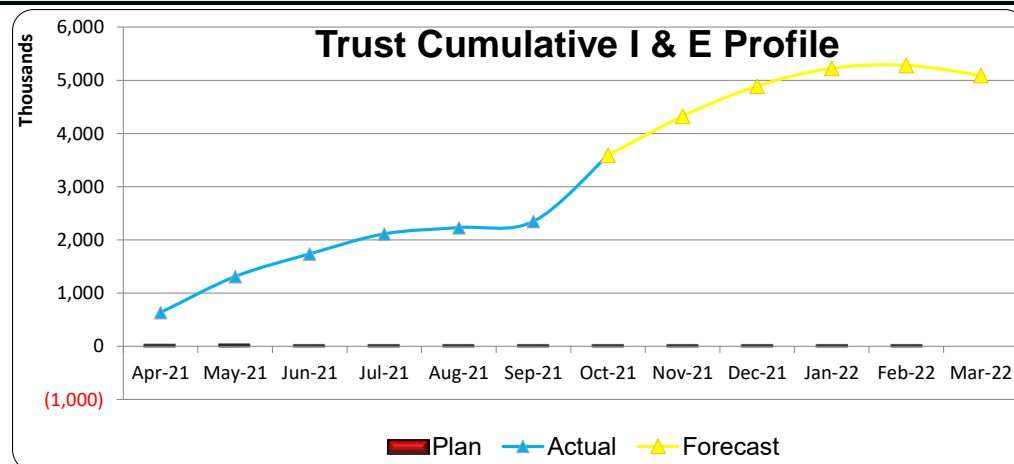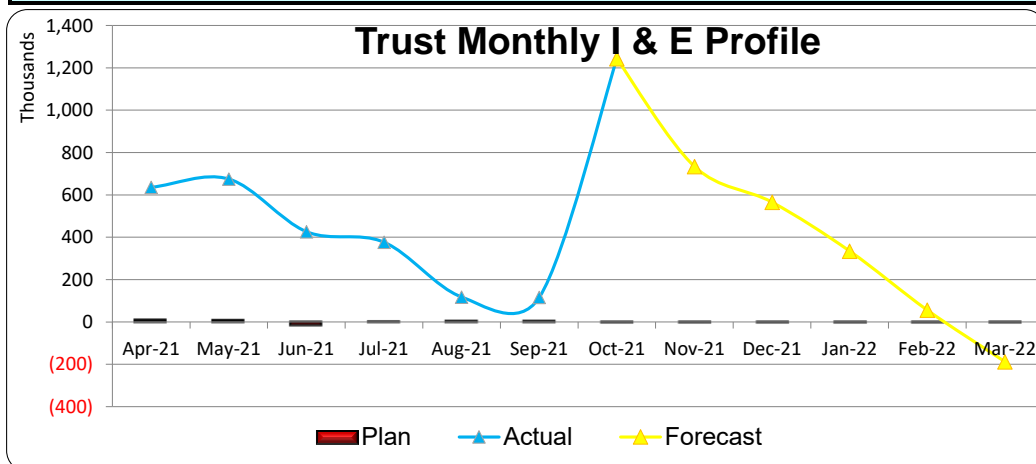
Income & Expenditure Position 2021 / 22

The plan for H2 2021 / 22 is being finalised.
October, as the first month of this period, is a surplus of £1.2m.

Planning guidance for H2 2021 / 22, covering the period of October 2021 to March 2022 and a continuation of H1, was issued in late September 2021. This will be finalised and submitted in November 2021. As such there is no formal plan in place for this period. Therefore the budget within this report is a continuation of the H1 breakeven plan. The plan will continue to be based upon detailed forecast expenditure run rates and funding expected from commissioners and the Integrated Care System (ICS).

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.

The profiled release of this funding is in line with forecast levels of spend and therefore increases in H2 as spend is forecast to increase.

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.

Income has increased in month as the adult secure collaborative has gone with effect from 1st October 2021. There is an increase in non pay costs due to payment to partner organisations.

Pay

Following the backdated pay award payment last month the pay run rate has returned to previous levels. Although bank and agency are lower than the previous month these are also in line with average run rates. Overall bank and agency account for 10.1% of overall pay expenditure in month.

Pay continues to have the biggest impact on the overall financial position. The impact of recruitment / vacancies will have the largest impact on the forecast position. 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.

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	H1 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
Staffing - backfill	Additional staff costs to support Trust workforce response. Includes acting up and backfill arrangements	339	12						351
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	170	12						182
Staffing - Isolation	Isolation, shielding and backfill for covid absence	206	37						243
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	158	(75)						83
Total – Pay		**872**	**(14)**	**0**	**0**	**0**	**0**	**0**	**858**
Lateral Flow Testing	Distribution of kits to staff	38	0						38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	5	0						5
IT	Purchase of equipment and agile working enabling costs (VPN)	38	0						38
OOA Placements	Out of area bed placements required to covid issues	308	246						554
Staffing - security	External security costs to support vaccination	8	0						8
Furniture	Replacement furniture to support infection prevention and control	138	58						196
Misc / other	Other general non pay not captured in the headings above	71	3						74
Total – Non Pay		**605**	**307**	**0**	**0**	**0**	**0**	**0**	**912**
Total costs		**1,477**	**293**	**0**	**0**	**0**	**0**	**0**	**1,770**

	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 for H2 2021 /22 have been confirmed and follow the block contract principles in place over the previous 18 months. Utilisation of current Mental Health Investment Standard (MHIS) and system recovery funding continues to be discussed and agreed with commissioners. Work has also commenced on planning requirements for 2022 / 23 with slippage on current funding to be utilised to bring those schemes forward where possible and appropriately agreed.

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

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	15,396	16,581	16,581	16,581	16,581	16,581	191,128	177,447
ICS / System	1,737	1,737	1,737	1,737	1,737	1,737	2,159	2,159	2,159	2,159	2,159	2,159	23,372	9,917
Specialist Commissioner	2,475	2,471	2,473	2,493	2,550	2,512	5,776	5,016	5,076	5,096	5,089	5,089	46,115	28,281
Local Authority	404	490	402	385	458	429	369	429	429	429	429	429	5,079	5,025
Partnerships	657	636	654	547	939	803	591	591	591	591	591	591	7,782	7,514
Top Up / ERF	0	0	169	85	21	7	(91)	0	0	0	0	0	192	5,458
Other	41	50	46	(9)	116	90	7	56	56	56	56	56	622	4,815
Total	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,831	24,891	24,911	24,904	24,904	274,289	238,457
20/21	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,016	20,370	20,748	20,089	26,040	238,457	

Trust Income Profile
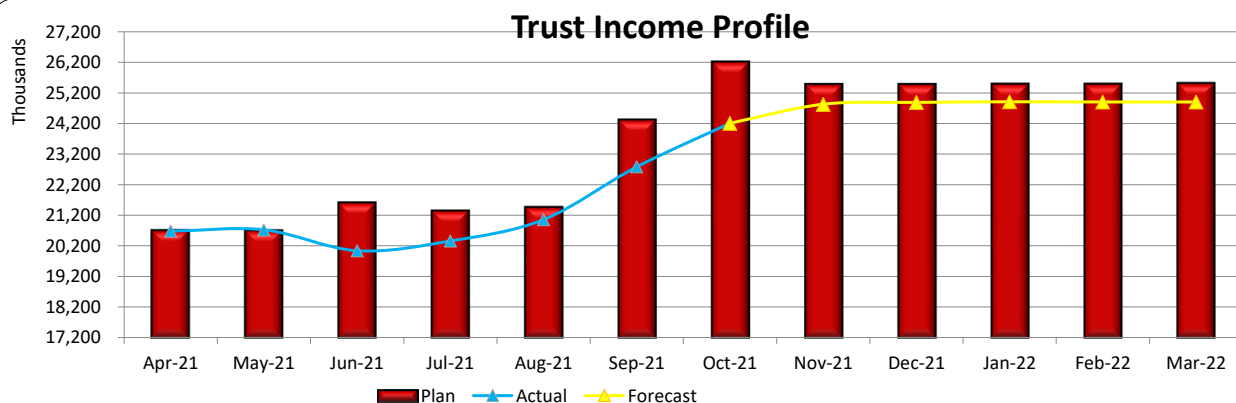
The month 7 income position realigns the funding for national agenda for pay. As per guidance, month 6 assumed that this would be provided centrally but this has flowed through commissioner payments in month 7. Elements of this are funded through the ICS / System funding line with has increased when compared to H1 (albeit less than originally calculated).

The specialist commissioner line has increased in H2 to take account of the Adult Secure collaborative which went live on 1st October 2021 and South West Yorkshire Partnership NHS FT are the lead on. Costs have increased (purchase of healthcare) to reflect payments to partners.

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	15,090						108,540
Bank & Locum	803	911	795	822	1,001	1,053	990						6,374
Agency	583	560	754	834	705	754	701						4,890
Total	16,610	16,641	16,637	16,675	17,273	19,187	16,781	0	0	0	0	0	119,804
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

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21						
Bank as %	4.8%	5.5%	4.8%	4.9%	5.8%	5.5%	5.9%						5.3%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%	4.2%						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	4,074	4,076						4,075
Bank & Locum	255	263	218	224	283	283	273						257
Agency	107	115	128	155	138	138	139						131
Total	4,465	4,456	4,398	4,447	4,494	4,494	4,489	0	0	0	0	0	4,463
20/21	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	4,472	4,419

Pay Expenditure Profile

Legend: 21/22 budget, 20/21, 21/22
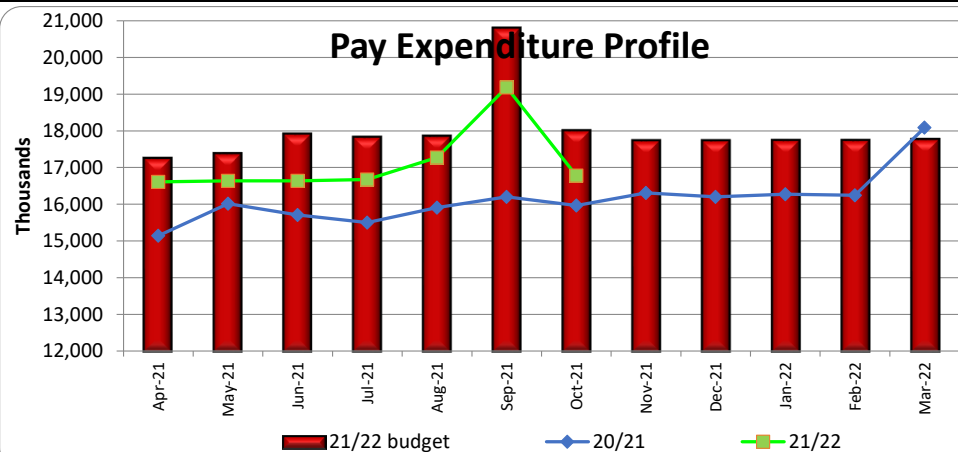
As expected pay expenditure levels are lower than last month due to the payment of national Agenda for Change pay award backdated to April 2021 in September.

Expenditure has reduced on both bank and agency staffing in month although remains, in total, more than 10% of the monthly pay bill.

Recruitment activities continue across all areas and pay expenditure is forecast to increase for substantive, bank and agency staff.

2.2	Pay Information

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

Year to Date Budget v Actual - by staff group

Staff Group	Budget £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
Medical	15,597	13,880	414	1,843	16,138	541
Nursing Registered	48,604	35,685	2,076	655	38,416	(10,188)
Nursing Unregistered	15,405	12,451	3,248	1,770	17,469	2,063
Other	35,129	29,518	245	597	30,360	(4,769)
Corporate Admin	10,029	9,397	165	26	9,587	(442)
BDU Admin	8,358	7,609	225	1	7,835	(523)
Vacancy Factor	(6,039)				0	6,039
Total	127,082	108,540	6,374	4,890	119,804	(7,278)

WTE In month Budget v Actual - by staff group

Staff Group	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
Medical	233	195	0	17	213	(20)
Nursing Registered	1,549	1,223	73	17	1,313	(235)
Nursing Unregistered	893	699	176	88	962	70
Other	1,435	1,205	8	15	1,228	(207)
Corporate Admin	353	343	7	2	352	(1)
BDU Admin	500	411	9	0	420	(80)
Total	4,962	4,076	273	139	4,489	(474)

By staff group the key elements to highlight are:

The largest area of underspend continues to be registered nursing although there has been a small increase in all three categories with increases in substantive, bank and agency WTE worked. 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 £k	Substantive £k	Bank / Locum £k	Agency £k	Total £k	Variance £k
MH Community	55,590	46,635	1,249	2,267	50,150	(5,440)
Inpatient	28,254	23,418	4,220	2,265	29,902	1,648
BDU Support	7,792	4,541	295	9	4,844	(2,948)
Community	17,584	14,812	260	94	15,165	(2,418)
Corporate	23,901	19,135	351	256	19,743	(4,158)
Vacancy Factor	(6,039)				0	6,039
Total	127,082	108,540	6,374	4,890	119,804	(7,278)

In month Budget v Actual - by service

	Budget WTE	Substantive WTE	Bank / Locum WTE	Agency WTE	Total WTE	Variance WTE
MH Community	1,978	1,609	34	24	1,667	(311)
Inpatient	1,153	933	206	100	1,239	86
BDU Support	374	213	9	0	222	(152)
Community	761	649	13	5	668	(94)
Corporate	696	671	12	10	693	(3)
Vacancy Factor					0	
Total	4,962	4,076	273	139	4,489	(474)

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. Safer staffing and rota levels are being assessed linked to the annual planning process.

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

Agency spend is £701k in October.

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

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

Due to covid 19 there is currently no agency cap for 2021/22 (although a value of £7.7m has been indicated), however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested maximum agency rates (caps). Shifts exceeding these caps continue to require appropriate prior approval including by the chief executive as previous.

Spend in month is in line with the average monthly run rate for the current financial year.

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

Agency Expenditure Trends (£m)

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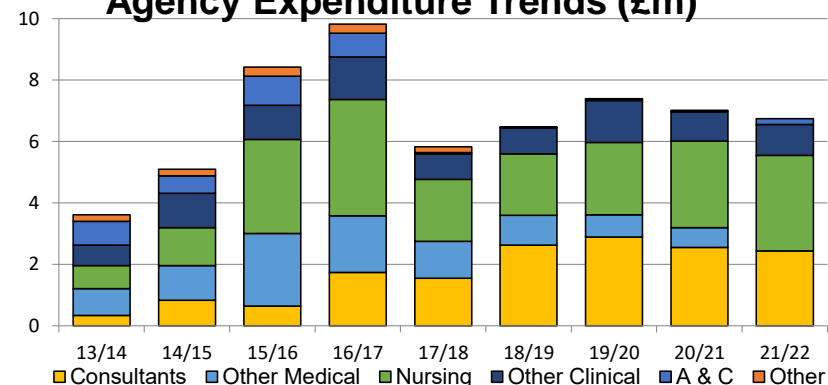
Agency and bank expenditure trend

Legend: Bank, Agency
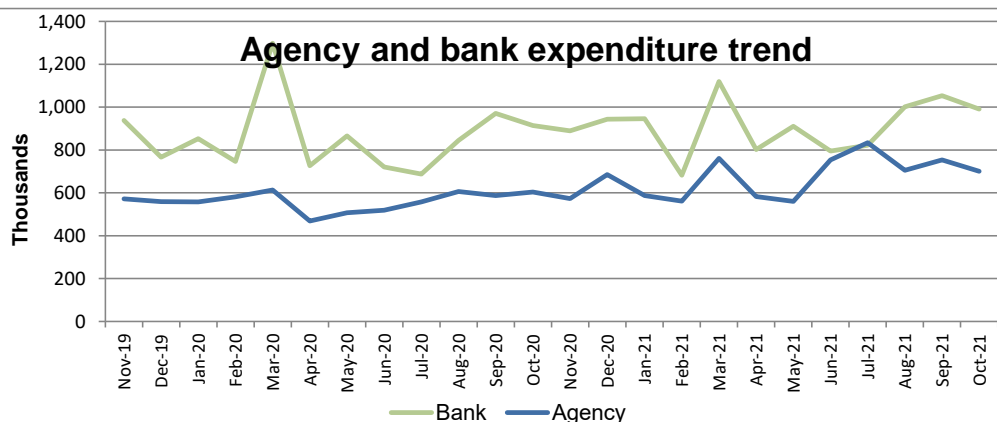
Agency Spend By Month

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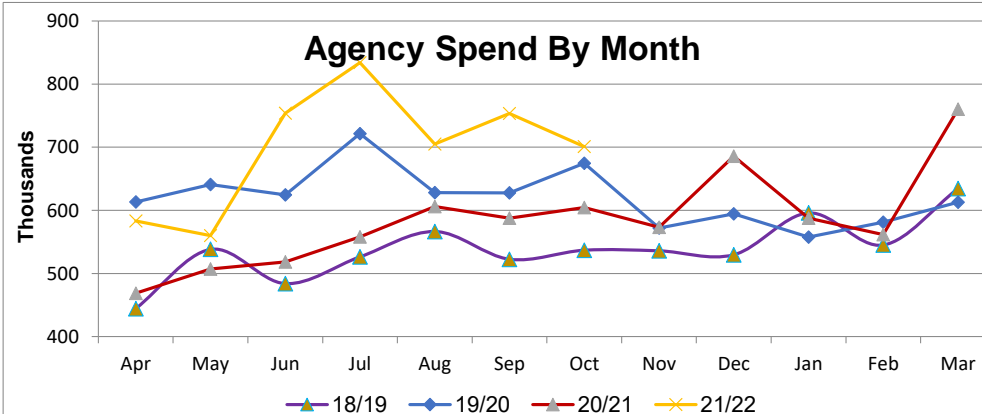
Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services, and excludes capital charges (depreciation and PDC) which are shown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

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	6,512						29,766
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

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	2,168	1,935	(233)
Establishment	4,450	4,947	497
Lease & Property Rental	4,467	4,556	89
Premises (inc. rates)	3,431	3,608	177
Purchase of Healthcare	6,634	6,738	104
Travel & vehicles	2,472	2,296	(176)
Supplies & Services	4,107	3,503	(603)
Training & Education	424	466	43
Clinical Negligence & Insurance	509	657	149
Other non pay	3,129	1,060	(2,069)
Total	31,789	29,766	(2,024)
Total Excl OOA and Drugs	22,988	21,093	(1,895)
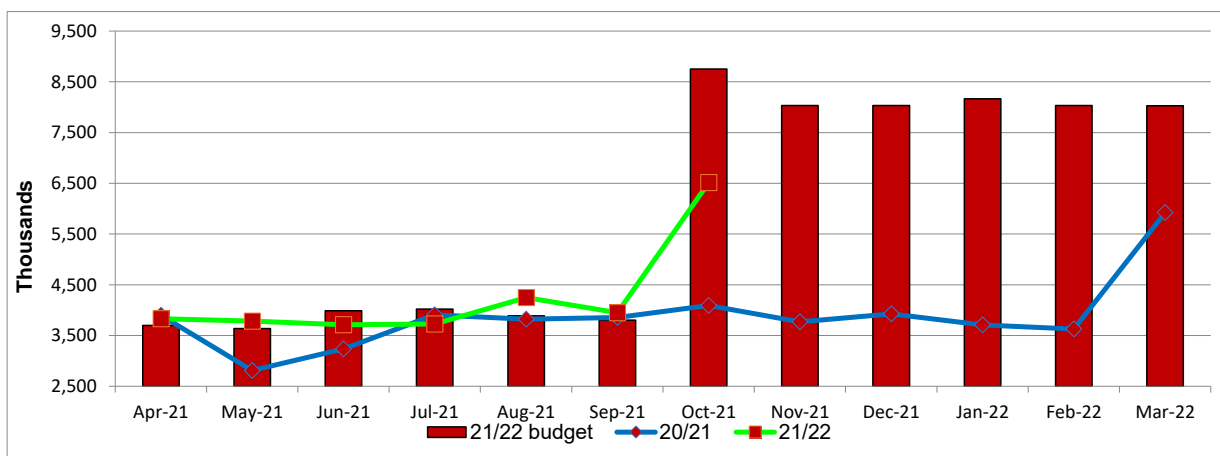
Key Messages

As noted in the income section the Adult Secure collaborative has gone line on 1st October 2021. The additional costs, payable to partner and other service providers, is included in the Purchase of Healthcare line as per reporting guidance. Budgets have been included from October 2021 and the financial practicalities of the contract continue to be worked through.

The purchase of healthcare is considered separately on page 12 and a separate finance report will be added to segmentally report the financial impact of the collaborative on the Trust financial position. In line with other financial arrangements the payment to other NHS providers is fixed for H2 2021 / 22.

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. From October 2021 this also includes the Adult Secure Collaborative.

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

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Locked Rehab	1,332	1,580	249
Out of Area			
Acute	730	65	(665)
PICU	443	65	(378)
Other Services	4,129	5,027	899
Total	**6,634**	**6,738**	**104**

Out of Area Expenditure Trend (£)

	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	441	251	199	137	121	88	613						1,849

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	422						2,165

Bed Day Information 2021 / 2022 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	203	236	233	176	188	311	346						1,693
Acute	18	77	83	47	73	98	76						472
Total	221	313	316	223	261	409	422	0	0	0	0	0	2,165

Out of Area Expenditure - monthly
(Legend: 17/18, 18/19, 19/20, 20/21, 21/22)
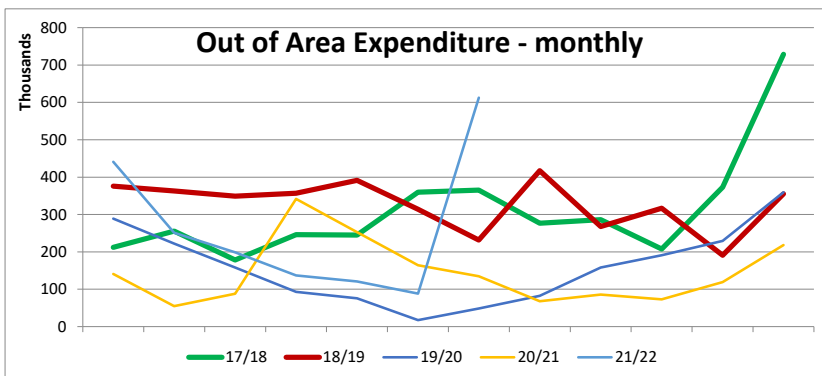
Despite all of the operational pressures being faced, including the impact that covid-19 has on both staffing and bed availability, out of area placements continue to be minimised as far as possible. Specific placements due to covid-19 issues continue to be charged against that allocation but are included in the above information.

Increased bed day usage has continued into October with a total of 422 days utilised. 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 which will continue to minimise this area of spend.

Balance Sheet / Statement of Financial Position (SOFP)	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	103,853	101,214	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,857	409	1
Non NHS Trade Receivables (Debtors)	1,839	3,097	1
Prepayments	2,867	3,264	2
Accrued Income	3,090	2,857	3
Cash and Cash Equivalents	56,659	69,239	Pg 16
Total Current Assets	**66,486**	**79,039**	
Current Liabilities			
Trade Payables (Creditors)	(1,888)	(2,644)	4
Capital Payables (Creditors)	(585)	(833)	
Tax, NI, Pension Payables, PDC	(5,920)	(7,001)	
Accruals	(24,112)	(25,699)	5
Deferred Income	(3,981)	(5,373)	6
Total Current Liabilities	**(36,485)**	**(41,550)**	
Net Current Assets/Liabilities	**30,001**	**37,489**	
Total Assets less Current Liabilities	**133,855**	**138,703**	
Provisions for Liabilities	(7,348)	(7,469)	
Total Net Assets/(Liabilities)	**126,507**	**131,234**	
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	70,034	7
Total Taxpayers' Equity	**126,507**	**131,234**	

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 £0.9m to BMBC and £1m to Locala (paid early November).

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 has reduced in month. £2.1m of the balance relates to the additional income forecast from NHS England in March 2021 relating to annual leave payments. We are awaiting confirmation of when this will be resolved.

4. Creditors, invoices outstanding for the Trust to pay, continues to be closely reviewed alongside Better Payment Practice Code (page 17) performance. 97% 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 £2.3m from Health Education England.

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

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							
Bretton Centre	2,000	250	49	(201)	100	(1,900)	Internal
OPS transformation	578	0	0	0	50	(528)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	1,149	676	(473)	2,000	(1,194)	Internal
Fire Safety	160	60	0	(60)	195	35	Internal
Plant & Machinery	455	375	29	(346)	361	(94)	Internal
Equipment	100	50	44	(6)	100	0	Internal
Fixtures & Fittings	45	20	0	(20)	0	(45)	Internal
Other	643	520	669	149	2,170	1,527	Internal
IM & T							
Clinical Systems	275	165	2	(163)	105	(170)	Internal
Hardware	200	100	41	(59)	150	(50)	Internal
Cybersecurity, Infrastructure	200	150	52	(98)	177	(23)	Internal
Software	600	250	50	(200)	300	(300)	Internal
Other	1,140	569	0	(569)	615	(525)	Internal
VAT Refunds						0	
TOTALS	9,590	3,658	1,614	(2,044)	6,324	(3,266)	

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.

A review of forecast spend was undertaken at month 7 and the outturn reduced to £6.3m. This revised number takes account of the ongoing supply chain issues relating to goods and services and the long lead times that the Trust is currently experiencing.

The Bretton Centre development (including En Suite) has been approved by Trust Board. This is now progressing through the procurement process. Once complete a more detailed spend profile will be developed.

Bids for national funding continue to be developed and submitted where possible. In month the Cyber Security bid (£240k) has been successful.

Capital Programme 2021 / 2022 Cumulative Profile

	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,659	
Closing Balance	59,303	69,239	9,936
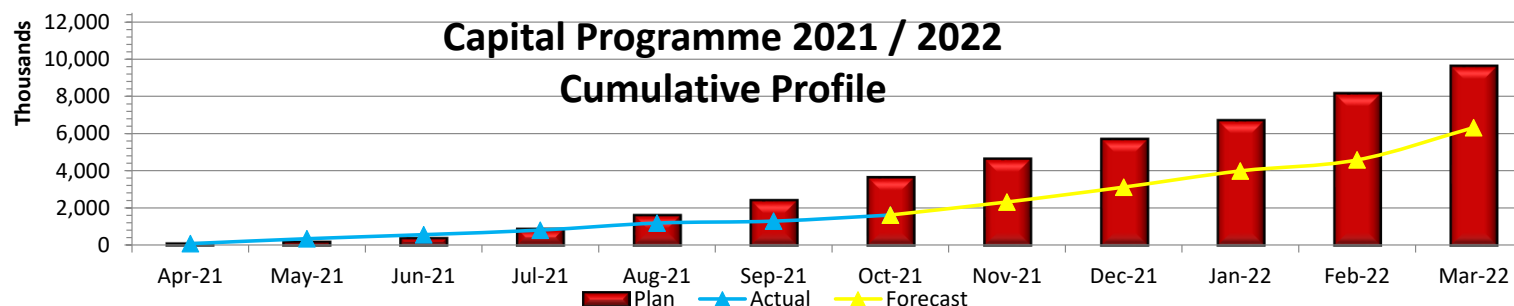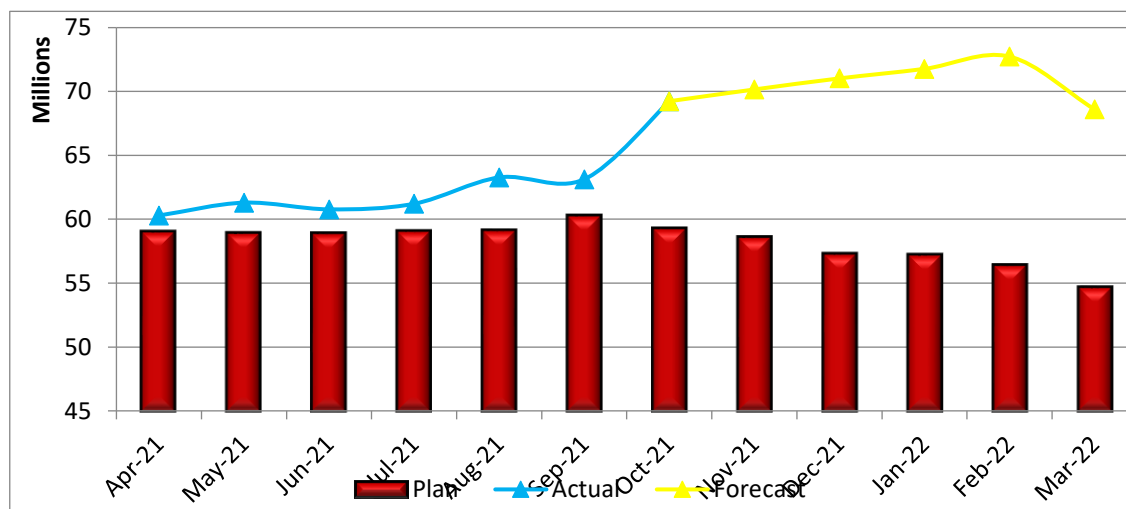
Cash remains positive. This helps to enable continued investment in the Trust capital programme.

Cash has remained higher than planned over the course of the year. We anticpate 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: £86.5m
The lowest balance is: £62.8m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Note
Opening Balances	**56,648**	**56,659**	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,813	8,983	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	3,100	27	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	957	2,741	
Other Payables (Creditors)	0	1,180	
Accruals & Deferred income	(27)		
Provisions & Liabilities	0	121	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(3,918)	(1,366)	
Cash receipts from asset sales	0	1,482	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	**59,303**	**69,239**	

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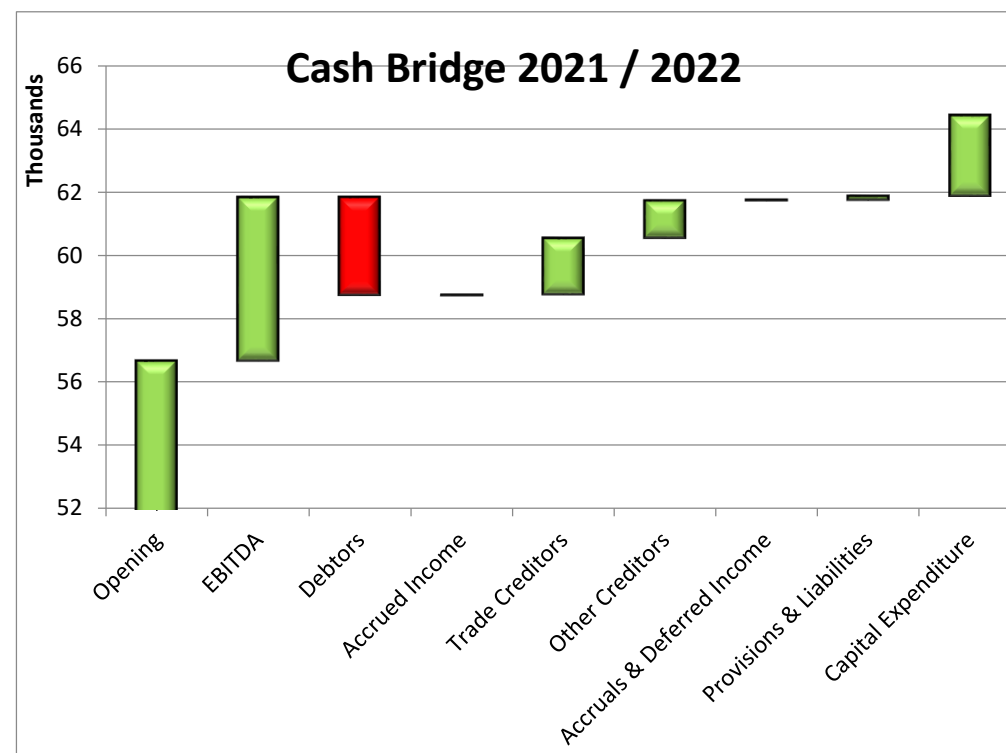
The table above summarises the reasons for the movement in the Trust cash position during 2021 / 2022. This is also presented graphically within the cash bridge.

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

The current main driver is the overall Income and Expenditure position which is better than breakeven, the receipt of £1.5m from the sale of Mount Vernon and the reduced spend on the Capital programme.

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	100%	100%
Cumulative Year to Date	95%	98%
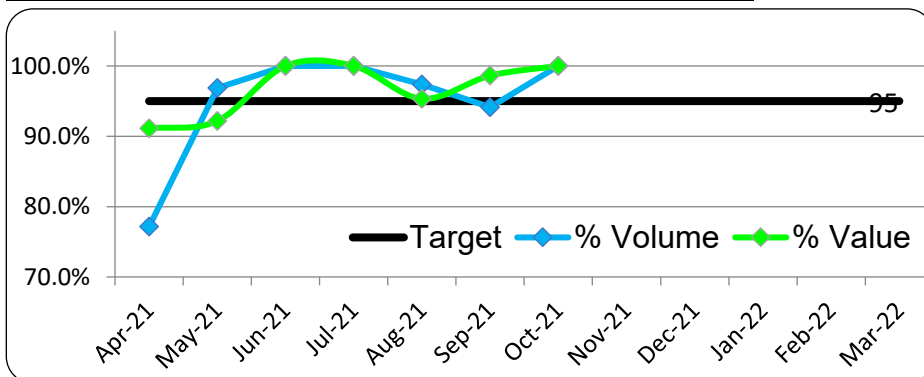
Non NHS	Number %	Value %
In Month	99%	97%
Cumulative Year to Date	98%	96%
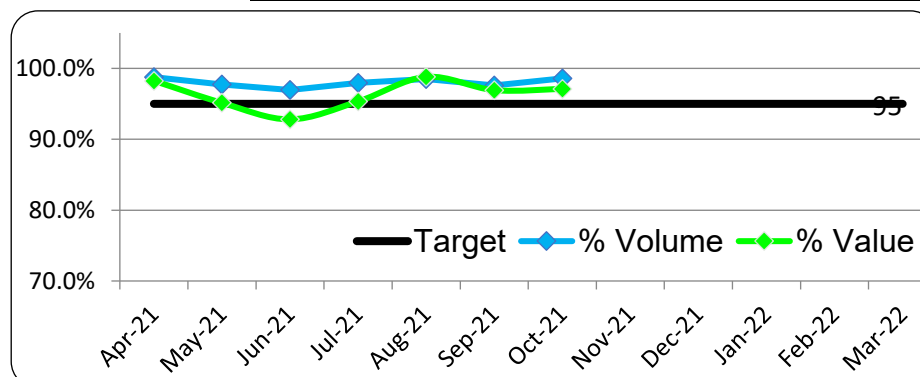
4.1	**Transparency Disclosure**

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 (£)
02-Oct-21	Provision of Healthcare	Forensic	Bradford District Care NHS Foundation Trust	201450	462,846
13-Oct-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174222	371,868
15-Sep-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174115	240,912
01-Oct-21	Provision of Healthcare	Forensic	Waterloo Manor Ltd	HONHSLS238	223,086
29-Sep-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	319753	99,200
06-Oct-21	IT Service	Trustwide	Daisy Corporate Services	3I478963	90,250
30-Sep-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	103350	74,751
02-Oct-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	996105	55,602
20-Sep-21	Staff Recharge	Forensic	Wakefield Metropolitan District Council	91313555503	55,017
15-Sep-21	Other Services	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174115	40,991
16-Sep-21	Drugs	Trustwide	NHS Business Services Authority	1000070612	37,039
31-Aug-21	Out of Area	Trustwide	Nouvita Ltd	7651	35,712
07-Oct-21	Provision of Healthcare	Trustwide	Touchstone-Leeds	SINV20210245	33,634
30-Sep-21	Rent	Barnsley	Community Health Partnerships Ltd	0060215281	33,538
30-Sep-21	Out of Area	Trustwide	Nouvita Ltd	7743	28,104
10-Sep-21	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890182	27,150
24-Sep-21	Training	Trustwide	Greater Manchester West Mental Health NHS Founda	0000042271	27,000
30-Sep-21	Rent	Barnsley	Community Health Partnerships Ltd	0060215280	26,233
27-Aug-21	MFD's	Trustwide	Kyocera Document Solutions (UK) Ltd	1248189	25,522
30-Sep-21	Staff Uniforms	Trustwide	Grahame Gardner Ltd	875979	25,267
04-Oct-21	Utilities	Trustwide	Edf Energy	000010683916	25,258

4.2 Glossary

* 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 it's services.

Appendix 2 - Workforce - Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Threshold	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
				Barnsley District							**Calderdale and Kirklees District**						
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	4.3%	4.2%	4.2%	4.0%	4.0%	4.1%	<=4.5%	5.7%	4.8%	5.1%	5.2%	5.3%	5.4%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	4.3%	4.2%	4.3%	3.5%	4.1%	4.6%	<=4.5%	5.1%	4.7%	4.8%	5.1%	5.4%	6.3%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021					55.0%	>=95%	Commenced in October 2021					59.2%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%	Commenced in October 2021					35.3%	>=95%	Commenced in October 2021					28.4%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	79.4%	88.2%	87.4%	83.3%	83.0%	83.8%	>=80%	80.1%	85.5%	86.0%	86.5%	86.5%	86.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	82.5%	79.5%	76.0%	70.9%	70.6%	70.8%	>=80%	78.0%	79.5%	81.1%	76.2%	76.2%	77.6%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	96.1%	94.3%	94.6%	91.3%	91.4%	90.6%	>=80%	96.8%	96.4%	97.0%	96.3%	95.8%	96.7%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021						>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	LJ	>=80%	96.9%	96.6%	95.3%	96.0%	96.2%	96.5%	>=80%	97.3%	97.2%	97.4%	96.1%	96.6%	95.9%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	82.7%	83.6%	82.1%	86.2%	86.0%	88.1%	>=80%	87.2%	85.5%	83.5%	83.4%	82.9%	85.7%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	77.7%	79.3%	76.6%	77.3%	77.6%	76.9%	>=80%	79.4%	85.2%	90.1%	91.6%	91.6%	90.8%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in August 21			53.4%	51.4%	62.6%	>=80%	Commenced in August 21			43.1%	41.5%	56.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	95.6%	93.9%	91.9%	90.9%	91.1%	91.0%	>=80%	95.3%	94.2%	94.7%	91.4%	91.2%	89.8%
Information Governance	Resources	Well Led	LJ	>=95%	96.0%	95.2%	93.4%	93.3%	94.0%	92.5%	>=95%	96.8%	95.6%	94.4%	91.3%	91.6%	88.0%
Moving and Handling	Resources	Well Led	LJ	>=80%	91.6%	93.0%	93.5%	94.4%	94.0%	93.5%	>=80%	95.0%	95.8%	96.9%	96.8%	96.5%	96.6%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in September 2021				51.7%	62.8%	>=80%	Commenced in September 2021				60.6%	71.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	90.2%	87.0%	85.7%	87.1%	86.8%	88.0%	>=80%	83.6%	84.6%	85.0%	85.4%	84.8%	86.5%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	86.8%	78.9%	80.8%	81.0%	80.9%	82.8%	>=80%	79.6%	80.7%	81.5%	83.0%	82.3%	83.6%
Prevent	Improving Care	Well Led	LJ	>=80%	96.0%	96.0%	95.8%	96.2%	96.2%	96.5%	>=80%	95.8%	94.8%	95.4%	94.7%	94.6%	95.1%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	94.4%	94.3%	92.3%	91.4%	91.5%	91.4%	>=80%	94.9%	94.7%	94.9%	92.2%	92.3%	92.5%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	93.9%	93.4%	92.6%	93.2%	93.1%	93.0%	>=80%	94.7%	93.9%	93.0%	89.3%	88.6%	89.8%
Bank Cost	Resources	Well Led	LJ														
Agency Cost	Resources	Effective	LJ														
Overtime Costs	Resources	Effective	LJ														
Additional Hours Costs	Resources	Effective	LJ		Data unavailable at the time of producing this report							Data unavailable at the time of producing this report					
Sickness Cost (Monthly)	Resources	Effective	LJ														
Vacancies (Non-Medical) (WTE)	Resources	Well Led	LJ														
Business Miles	Resources	Effective	LJ														

Month	Objective	CQC Domain	Owner	Forensic Services							CAMHS						
				Threshold	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Threshold	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Sickness (YTD)	Resources	Well Led	LJ	<=5.4%	4.2%	4.6%	5.1%	5.4%	5.5%	5.7%	<=4.5%	2.8%	2.7%	2.8%	2.9%	2.8%	2.7%
Sickness (Monthly)	Resources	Well Led	LJ	<=5.4%	4.3%	5.2%	6.6%	6.9%	5.9%	6.5%	<=4.5%	2.7%	2.6%	3.1%	3.0%	2.4%	2.4%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021					62.9%	>=95%	Commenced in October 2021					55.9%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%						24.9%	>=95%						55.2%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	80.6%	80.5%	81.7%	80.0%	80.4%	79.5%	>=80%	72.2%	81.6%	82.1%	82.6%	81.9%	81.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	73.2%	73.0%	74.1%	72.4%	71.6%	68.5%	>=80%	71.4%	67.7%	69.3%	70.5%	69.2%	74.1%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	93.4%	93.8%	94.1%	94.5%	92.9%	93.5%	>=80%	95.0%	95.0%	92.0%	87.4%	87.2%	90.0%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021						>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	LJ	>=80%	94.9%	95.5%	95.4%	93.8%	94.4%	94.5%	>=80%	96.5%	96.8%	96.6%	95.0%	95.3%	95.3%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	85.8%	84.5%	85.0%	84.4%	84.1%	89.2%	>=80%	79.8%	83.1%	81.6%	83.3%	84.0%	85.8%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	65.4%	69.1%	69.3%	69.9%	70.7%	73.7%	>=80%	20.0%	33.3%	33.3%	25.0%	25.0%	25.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in August 21			42.1%	40.4%	54.4%	>=80%	Commenced in August 21			38.7%	37.9%	57.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	93.3%	92.4%	92.8%	91.3%	90.7%	91.1%	>=80%	93.9%	93.6%	91.6%	91.8%	91.8%	90.5%
Information Governance	Resources	Well Led	LJ	>=95%	93.3%	93.0%	92.0%	90.6%	90.7%	89.9%	>=95%	94.9%	91.7%	91.6%	88.1%	89.0%	88.3%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.9%	98.0%	98.3%	97.8%	97.8%	98.3%	>=80%	98.7%	98.7%	98.1%	98.7%	99.1%	99.1%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in September 2021				41.1%	54.2%	>=80%	Commenced in September 2021				N/A	N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.1%	87.3%	88.5%	89.0%	88.7%	89.6%	>=80%	84.0%	81.4%	81.2%	82.8%	81.6%	83.0%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	79.7%	81.2%	83.4%	85.1%	84.4%	85.7%	>=80%	81.0%	79.1%	79.3%	81.0%	81.2%	82.7%
Prevent	Improving Care	Well Led	LJ	>=80%	92.4%	93.4%	93.7%	91.3%	90.9%	91.2%	>=80%	94.1%	94.8%	93.9%	93.5%	94.5%	93.1%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	94.2%	94.2%	93.4%	92.0%	91.3%	91.3%	>=80%	92.6%	94.2%	94.4%	93.9%	94.0%	92.3%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	91.2%	91.4%	90.9%	88.9%	88.0%	90.0%	>=80%	94.2%	95.5%	94.4%	92.7%	92.4%	92.1%
Bank Cost	Resources	Well Led	LJ		Data unavailable at the time of producing this report							Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	LJ														
Overtime Costs	Resources	Effective	LJ														
Additional Hours Costs	Resources	Effective	LJ														
Sickness Cost (Monthly)	Resources	Effective	LJ														
Vacancies (Non-Medical) (WTE)	Resources	Well Led	LJ														
Business Miles	Resources	Effective	LJ														

Month	Objective	CQC Domain	Owner	Threshold	Support Services May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Threshold	Wakefield District May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.0%	3.0%	3.0%	3.1%	3.3%	3.4%	3.6%	<=4.6%	4.1%	3.6%	3.5%	3.6%	3.6%	3.5%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.0%	2.8%	3.1%	3.6%	3.4%	4.0%	4.4%	<=4.6%	3.7%	3.8%	3.3%	3.7%	3.7%	4.0%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021					53.1%	>=95%	Commenced in October 2021					70.3%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%						57.2%	>=95%						29.7%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	86.5%	94.2%	92.0%	90.1%	90.1%	85.1%	>=80%	84.1%	86.8%	86.7%	86.1%	86.8%	86.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	83.3%	83.3%	75.9%	72.4%	72.4%	75.0%	>=80%	75.6%	69.9%	69.8%	66.1%	67.2%	69.3%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	100%	100%	100%	100%	100%	100%	>=80%	93.6%	93.6%	93.1%	93.1%	94.0%	92.8%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021						>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	LJ	>=80%	89.9%	88.2%	89.3%	89.5%	89.5%	89.8%	>=80%	96.4%	96.2%	95.9%	76.6%	95.9%	94.9%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	84.2%	85.3%	83.8%	87.7%	87.7%	88.3%	>=80%	85.6%	88.2%	86.6%	84.2%	83.8%	86.9%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	98.5%	98.5%	97.0%	95.5%	95.5%	94.8%	>=80%	84.2%	85.4%	86.6%	87.1%	85.9%	88.1%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in August 21			34.4%	34.4%	47.6%	>=80%	Commenced in August 21			42.0%	39.5%	50.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	91.1%	89.4%	87.2%	85.0%	85.0%	83.8%	>=80%	94.4%	91.9%	92.5%	90.2%	89.7%	90.7%
Information Governance	Resources	Well Led	LJ	>=95%	96.0%	95.2%	93.0%	93.4%	93.4%	91.0%	>=95%	95.9%	95.2%	94.3%	92.3%	92.6%	91.5%
Moving and Handling	Resources	Well Led	LJ	>=80%	99.3%	98.9%	99.5%	99.6%	99.6%	99.5%	>=80%	93.6%	95.7%	95.6%	94.6%	94.4%	94.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in September 2021				N/A	N/A	>=80%	Commenced in September 2021				52.9%	68.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	98.2%	97.7%	97.2%	98.2%	98.2%	98.3%	>=80%	89.5%	84.4%	84.5%	82.6%	81.9%	83.1%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	78.3%	72.7%	76.2%	85.0%	85.0%	86.4%	>=80%	86.1%	80.6%	81.0%	82.3%	80.6%	84.4%
Prevent	Improving Care	Well Led	LJ	>=80%	97.2%	97.2%	97.5%	98.2%	98.2%	97.4%	>=80%	95.4%	95.9%	95.6%	95.3%	95.1%	94.2%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	97.5%	97.1%	96.3%	95.4%	95.4%	95.1%	>=80%	95.1%	95.9%	94.8%	93.5%	93.3%	92.4%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	97.6%	97.0%	96.6%	96.4%	96.4%	95.9%	>=80%	91.1%	90.1%	89.7%	89.2%	89.0%	88.9%
Bank Cost	Resources	Well Led	LJ														
Agency Cost	Resources	Effective	LJ														
Overtime Costs	Resources	Effective	LJ		Data unavailable at the time of producing this report							Data unavailable at the time of producing this report					
Additional Hours Costs	Resources	Effective	LJ														
Sickness Cost (Monthly)	Resources	Effective	LJ														
Vacancies (Non-Medical) (WTE)	Resources	Well Led	LJ														
Business Miles	Resources	Effective	LJ														

Appendix 2 - Workforce - Performance Wall cont….

Month	Objective	CQC Domain	Owner	Threshold	Inpatient Service					
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	7.5%	7.0%	7.6%	7.7%	7.7%	7.6%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	7.0%	7.4%	8.6%	8.2%	7.4%	7.5%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021					23.1%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%						2.4%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	79.2%	84.0%	85.0%	77.5%	79.4%	80.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	77.1%	77.3%	77.8%	72.6%	72.7%	74.2%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	89.7%	92.1%	91.7%	92.1%	89.5%	93.0%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021					
Equality and Diversity	Resources	Well Led	LJ	>=80%	97.8%	97.0%	95.9%	94.9%	93.8%	94.4%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	82.0%	82.4%	81.0%	88.3%	87.8%	90.1%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	79.0%	79.3%	79.4%	84.6%	86.3%	87.8%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in August 21			41.2%	39.9%	55.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	94.9%	92.5%	90.9%	90.7%	90.1%	90.8%
Information Governance	Resources	Well Led	LJ	>=95%	95.8%	94.6%	92.3%	86.7%	85.7%	85.5%
Moving and Handling	Resources	Well Led	LJ	>=80%	98.6%	97.6%	97.5%	98.0%	97.2%	96.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in September 2021				50.4%	59.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.1%	87.1%	88.2%	87.8%	86.1%	88.5%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	83.5%	83.3%	84.3%	85.1%	83.6%	85.5%
Prevent	Improving Care	Well Led	LJ	>=80%	94.7%	94.6%	94.2%	94.9%	94.1%	93.5%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	91.8%	91.0%	90.3%	90.3%	88.9%	89.6%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	86.0%	87.3%	86.8%	87.0%	85.9%	87.2%
Bank Cost	Resources	Well Led	LJ		Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	LJ							
Overtime Costs	Resources	Effective	LJ							
Additional Hours Costs	Resources	Effective	LJ							
Sickness Cost (Monthly)	Resources	Effective	LJ							
Vacancies (Non-Medical) (WTE)	Resources	Well Led	LJ							
Business Miles	Resources	Effective	LJ							

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

KEY for dashboard Year End Forecast Position / RAG Ratings

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

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

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