

Integrated Performance Report Strategic Overview



November 2021

With **all of us** in mind.

Table of Contents

	Page No
Introduction	4
Summary	5 - 15
Covid-19	16 - 17
Emergency Preparedness	18 - 19
Quality	20 - 36
National Metrics	37 - 39
System-wide Monitoring	40
Locality	41 - 46
Finance	47
Workforce	48 - 50
Publication Summary	51
Appendix 1 - Finance Report	52 - 70
Appendix 2 - Workforce Wall	71 - 74
Glossary	75

Introduction

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

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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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	Sep-21	Oct-21	Nov-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 November 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		15.4%	14.0%	12.9%			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	**66% screened 55% compliant	**60% screened 57% compliant	**67% screened 61% compliant			For current inpatients (as at 10th Dec) 67% of applicable patients have been screened using the cardio metabolic screening tool and of those 61% have been screened across all 9 domains. For current patients (as at 10th Dec) within Early Intervention services, 68% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 55% 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.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	**59% screened 43% compliant	**70% screened 49% compliant	**68% screened 55% compliant			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
	2. IAPT - proportion of people completing treatment who move to recovery	50%	54.5%	57.0%	53.0%			November data is provisional and will be refreshed in January 2022.
	3. % service users on CPA followed up within 7 days of discharge	95%	89/89 =100%	85/86 =98.8%	105/106 99.1%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	95.7%	95.5%	93.2%			
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	83.6%	86.8%	86.3%			Q2 total is 85.7%. October and November data is provisional at the time of producing this report and will be refreshed in January 2022. 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 August and progress towards milestones set for the next three months. This only covers those priority areas that are being supported and managed as a programme of work. It does not reflect the breadth of improvement/change work happening on all priority areas or those that are being supported at a more local level in line with our integrated change framework.

Implementation deliverables	
	On Target to deliver within agreed timescales
	On Trajectory but concerns on ability/confident to deliver within agreed timescales
	Off Trajectory and concerns on ability/capacity to deliver within agreed timescales
	Action will not be delivered within agreed timescales
	Action Complete

Improve health (Salma Yasmeen and Sean Rayner)

Key Milestones		Comments:
1. Creativity & Health: Testing and evaluation completed with the proof-of-concept app in place by February 2022.		Creativity and Health: Timescales for testing and evaluating the functionality of a creativity app have been adjusted due to delays during development. It is now anticipated that this will be concluded with the proof-of-concept app in place by February 2022. Work progresses in partnership with the National Centre of Creativity and Health (NCCCH) to analyse health sector investment in creative projects, to inform sustainability plans, and development of West Yorkshire and Harrogate Creativity Hub. Meeting with the West Yorkshire and Harrogate Integrated Care System (ICS) Senior Leadership Executive is confirmed for February 2022 to showcase the work and outcomes.
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 the end of November 2021.		Active Calderdale: Work to develop a motivational interviewing module has been delayed, and timescales for implementation will need to be adjusted. It is anticipated this will now be piloted during early 2022. One design workshop has been held with services to identify ways to include physical activity in systems and processes. Two further workshops are scheduled. ICS and Partnership developments:
3. Creativity & Health: Joint presentation showcasing the work and outcomes of the Creativity & Health work in Calderdale to be presented to the West Yorkshire and Harrogate Integrated Care System Senior Leadership Executive by February 2022 including system partners and National Centre for Creativity & Health.		<ul style="list-style-type: none"> The design work to prepare for the creation of statutory body integrated care systems by April 2022 continues. The need to focus on relationships, partnership working and culture is clearly evident and recognised within our two ICSs. Work is taking place in each sector and place to develop strong provider collaboratives needed to support the new health and care system. A key consideration is the level of delegation that will take place from Integrated Care Boards (ICBs) to place and provider collaboratives. We are an active part of these discussions. Together with our partners across all places, we are working to support each other in response to the increased demand and acuity currently being felt across all health and social care providers. This includes support to acute providers through signposting of crisis support, to help people avoid visiting A&E if they don't need to. Due to increasing service pressures, particularly on the urgent care services, the multi-agency command arrangements continue to remain in place in all places.
4. Active Calderdale: integrating physical activity into systems and processes: develop and pilot a motivational interviewing learning and development programme for professionals with a physical activity focus by end of August 2021. It is anticipated this will now be piloted during early 2022.		<ul style="list-style-type: none"> In Barnsley, work continues on the development of a provider alliance. The Alliance Board will develop in a phased approach as the scope and functions of the alliance increase, including joint strategic decision-making for areas delegated to the South Yorkshire Bassetlaw Mental Health Learning Disability and Autism Alliance. The QUIT programme will be launched internally in December. QUIT is a stop smoking service in Barnsley, which aims to support inpatients to quit smoking. 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.
5. Active Calderdale: integrating physical activity into systems and processes: hold three design thinking workshops with pilot services by January 2022.		<ul style="list-style-type: none"> 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 for care home residents. The West Yorkshire Health and Care Partnership is developing a People Plan which builds on the NHS People Plan. The plan will be reflective of the 'one workforce' across the partnership. It will include health, social care, voluntary, community and social enterprise, unpaid carers and the education sector. The Trust is a key partner in helping shape and develop the plan and our Director of Human Resources and Organisational Development is linked into the partnership arrangements.
6. Forensic Lead provider collaborative: recruitment to posts to implement the commissioning capacity requirements for the West Yorkshire Provider Collaboratives		West Yorkshire Adult Secure Lead Provider Collaborative: The Collaborative 'go live' position was confirmed with NHS England as 1 October 2021, and this was achieved. Further progress has been made in terms of progressing recruitment to posts to implement the commissioning capacity requirements for the West Yorkshire Provider Collaboratives.
7. Community mental health transformation: SWYPFT delivery leads network meeting 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 2021). Recruitment to Additional Roles Reimbursement scheme (ARRs) roles are now being worked through in each place across partners		Community Transformation: Risks have been identified of transformation (and other external recruitment activities) recruiting from a limited number pool of health care professionals when existing systems have workforce challenges and winter pressures. The Trust is working with local partnerships to enable workforce recruitment to take place across the transformation whilst limiting impact across other services following a workforce meeting that has taken place with the West Yorkshire ICS in November. In Barnsley, funding has been agreed and recruitment has taken place for implementation of the Additional Roles Reimbursement scheme (ARRs) role, which will operate in a service that aligns with our single point of access model, delivering brief interventions for people whose presenting need cannot currently be met in a traditional care pathway.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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Improve Care								
Priority programme	Metrics	Threshold	Sep-21	Oct-21	Nov-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	26	29	30			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	29	28	21			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.
	4. Safer staffing fill rates (%)	90%	109.7%	112.7%	114.1%			
	5. Number of children & young people in adult wards	0	0	0	0			Three consecutive months of 0 recorded.
	6. Staff absence due to Covid-19		42	20	21			No of staff still absent from work - Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		24	6	7			Monthly figures. New outbreaks in November. Reinforcement of procedures and identification of additional measures.
Provide care as close to home as possible	1. Out of area bed placements (days)		311	304	339			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)		157	167	119			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)		203	206	228			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	73.7%	71.2%	72.0%			82 responses in November
	4. Forensics staff sickness	<=5.4%	5.5%	5.7%	5.9%			YTD sickness
	5. Forensics staff turnover		12.8%	16.8%	17.2%			Registered nurses turnover
	6. Race related incidents against staff in forensics		6	9	16			There were a total of 31 race related incidents against staff reported between September and November 2021, occurring in Forensic BDU. There has been an increase in race related incidents from last month - The majority of race related incidents in November (10) were reported on Hepworth Ward, these related to verbal abuse of 8 individual staff members by one patient who was being nursed in seclusion at the time. The other 6 race related incidents were spread across other wards/teams within Forensic BDU
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	82.7%	89.6%	91.2%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	92.7%	95.7%	99.1%			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%	95.9%	93.2%	92.9%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		226	238	266			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		127	114	132			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		145	124	141			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		608	567	673			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
	3. Access representative of community population		6.5%		7.7%			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		

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: <ul style="list-style-type: none"> The Enabling Working Effectively framework and recovery and reset toolkit have been developed and a proposal submitted to the Executive Management Team for wider use across the organisation. 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. 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 have been co-created and testing completed. A plan for roll out is in place with launch due to commence in December 2021. A room and desk booking system prototype is developed and now being tested to support hybrid working. Space utilisation review has commenced, with first area identified as Laura Mitchell Health Centre, to further understand the current use of estate, and future space requirements.
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		
3. Recovery and Reset – Enabling Working Effectively: Ways of working codesigned and tested and framework agreed by end of November 2021.		
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.		
5. Care close to home: Plan established and agreed for crisis alternative to admission work (November 2021)		Older People Inpatient Services Transformation: 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 and a briefing is being updated on proposals. Internal activity has focussed on travel impact and analysis, workforce required to deliver the model, estates work, and learning from Bradford implementation, with a site visit to Bradford planned for December 2021.
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)		
7. Care close to home: Plan established and agreed for crisis alternative to admission work (now January 2022)		CAMHS improvement Neuro waiting lists (Calderdale and Kirklees): 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 works have taken longer than expected and the current forecast is that the service will be able to access the site from late December and commence delivering assessments from early 2022, probably now in February. Calderdale is also planning to use this site to deliver assessments for people that can travel, whilst continuing to offer a service from Laura Mitchell Health Centre in Halifax.
8. Care close to home: Review of trajectories and activity required to address them given recent and ongoing system pressures. Initial review has taken place, further considered in the Out of Area Steering Group and paper to EMT (December 2021)		
9. Improve Services for people acutely unwell and improve ward environment: work on quality improvement commences on the wards (November – December 2021) with a defined programme of activity expected to commence delivery by December.		Inpatient Improvement Formal governance for the improvement programme has now been established, and work has commenced across the programme. Initial quality improvement work has commenced in November and more detailed planning of the other strands including leadership, training and skills is now taking place. A business case has now been drafted for management assistant roles (which will reduce non-clinical time of clinicians) and additional operational resource has been found to support the implementation of the programme at pace.
10. Improve Services for people acutely unwell and improve ward environment: work on quality improvement commences on the wards (November – December 2021) with a defined programme of activity expected to commence delivery by December.		
11. Older People Inpatient Services Transformation: Briefing paper produced and informal conversations with Overview and Scrutiny Committee chairs to take place. Further consideration to take place in CCGs exec governance (December 2021 – January 2022)		
12. Older People Inpatient Services Transformation: Finalise and secure agreement for the outline business case for change. Early 2022.		
13. Older People Inpatient Services Transformation: Develop collateral required to deliver formal consultation (Autumn – Winter 2021/22). Timing of commencement of formal consultation has yet to be confirmed.		
14. Older People Inpatient Services Transformation: Bradford site visit and meeting with key staff members involved in their improvement work (December 2021)		
15. CAMHS improvement: Neuro waiting lists (Calderdale and Kirklees): Princess Royal site ready for enhanced service. Some minor delay to build work and the site will be ready for SWYPFT to move in from end December 2021 and services to be operational from the site in early 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	Sep-21	Oct-21	Nov-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£116k	£1.2m	£714k		£5m	In November the surplus was £0.7m and the year to date position is a surplus of £4.3m excluding exceptional items. This continues to be driven by high levels of vacancies, even after resourcing additional bank and agency staff.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£63.1m	£69.2m	£76.4m		£69.6m	Positive cash position, which is expected to remain so for the remainder of the year linked to profile delays in capital expenditure and the impact of the Provider Collaborative go live
	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%	4.0%	4.2%			
	2a. Percentage of video consultations		2.5%	2.2%	2.4%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		32.2%	32.3%	31.7%			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%	65.5%	65.9%			
	3. Prescribing errors (EPMA) (development required)							Reporting to commence next month for medicine omissions as a proportion of doses due.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide Monitoring

Locality

Finance/Contracts

Workforce

Improve resources (James Sabin)

Key Milestones		Comments:
1. Digital dictation: Development and approval of business case and specification for procurement of single supplier by July 2021 and completion of digital dictation tender and identification of preferred supplier by October 2021.		Digital dictation: Business case seeking approval to go out to tender was submitted to Executive Management Team (EMT) and agreed. Initial conversations with procurement have started to tender from the shared business service Framework.
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July 2021 and accreditation achieved – July/August 2021.		Trust Email platform accreditation (NHS Digital dependencies): 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.		Digital Inclusion: Dr Abida Abbas, Trust CCIO has developed a series of digital inclusion questions for service users which 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 to be recorded in SystmOne.
6. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2 2022		Finance: Confirmation of initial mental health investment standard (MHIS) monies received. Continue to work with commissioners to secure additional investments and utilise in year slippage. Financial Sustainability Plan: 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.
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.		
8. Digital Inclusion: Technical Feasibility (in collaboration with WY&H ICS).		
9. Finance: Confirmation of mental health investment standard (MHIS) monies and other investments by July 2021		
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		



Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Sep-21	Oct-21	Nov-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.7%	4.7%	4.7%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.3%	6.7%	6.5%			
	2. Staff turnover - YTD	10%	14.5%	14.6%	14.1%			High focus on recruitment, retention and wellbeing.
	2a. Staff Turnover - monthly		1.6%	1.5%	0.8%			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.
	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%	49.2%			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	52	67	100			This is largely due to one service user displaying increased challenging behaviour on the horizon centre
	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	1	0			A joint task group between human resource and staff side has been established to review the policy, our approach and to identify appropriate measures.
Refresh and deliver our sustainability strategy and action plan	7. Absence due to stress & anxiety and MSK		2.3%	2.4%	2.6%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.29	1.26	0.98			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		47	50	54			Data is now available showing the carbon impact of staff travel / business miles. For November staff travel contributed 54 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		Comments:
1. Performance Indicators established for great place to work themes by September 2021 draft indicators share at Workforce Remuneration Committee on 9th November		Great Place to Work Themes: <ul style="list-style-type: none"> Performance indicators for great place to work themes were shared with the Workforce Remuneration Committee (WRC) in November (Workforce IPR Q2 report and Covid IPR report presented). KPI areas have been agreed by WRC in principle, with some work required to finetune and ensure qualitative and quantitative measures are fully reflected. We are working in partnership to review the bullying and harassment procedure with an engagement plan actioned and insight from staff gained to influence the process. Progress on reviewing the early resolution process has commenced, and will continue over the next 3 months. Therefore, new target date is Q4 21/22. International nurse recruitment is on track and the first cohort are expected by the end of the calendar year. A pastoral package and internal objective structured clinical examination (OSCE) training is being implemented. Workforce Strategic Groups have been set up and the first meeting of the Workforce Strategy Steering Group has taken place. The Long Covid offer is in place through Occupational Health (OH). We are looking at the other strategic actions in the workforce strategy for enhanced Occupational Health Support (appointment of a staff dietitian, creative/arts role for wellbeing, and a physical activity post) which were planned for Q3 - these appointments will now take place in Q4 due a delay in funding being agreed by NHS Charities. Great Place to Work Leadership Programme commenced with a stakeholder workshop for Trios on 24th November from which nominations were received for a pilot cohort/programme starting on 7th December 2021 completing 7th April 2022. Also, nominations of eligible ward managers and team managers by Trios in finalising full roll-out programme from Q4. The review and refresh of principles of Trust-wide leadership model (Trios) has been deferred to Q4 due to services pressures at the request of our Strategic Trio. Appraisals unlikely to achieve 95% of all staff, with mitigated process implemented and extended deadlines for completion. Personal development plans incorporated as part of the appraisal process Clinical supervision monitoring to remain outside WorkPAL for 2021/22 and to retain current system for recording. Sustainability: <p>Monthly Green Group meetings commenced during October 2021, involving estates leads and staff side representation and focussing on the work in the agreed green plan to address the Net Zero agenda. In addition, we have agreed that we will develop a Sustainability Strategy which covers a wider definition of sustainability including the cultural and behaviour change which will be required, and the role that the Trust will play in places and across the Integrated Care System. Work has commenced to understand what other NHS Trusts and public sector organisations are doing, including good practice examples locally and nationally. We are exploring additional capacity for this agenda, both for an ongoing dedicated staff resource as well as additional, short-term capacity to co-produce the strategy.</p>
2. Feeling Safe (Physical and Psychological and 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 Q3 21/22 - Panel to Review all Race related Bullying and Harassment Q2		
3. Feeling Safe (Physical and Psychological Safety): More staff - Commence ethical International Recruitment for Nursing Q2 21/22 - Virtual Recruitment Fairs Q3/4		
4. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders - Start rollout of 'GPTW programme' across Trust Q2 21/22 following successful pilot with senior leaders - Start review & refresh of principles of Trust-wide leadership model (Trios) in Q3		
5. Supportive Teams (Healthy Teams): Quality appraisal and supervision - Streamline appraisal process and develop link to an e-supervision Q2		
6. Supportive Teams (Healthy Teams): Quality appraisal and supervision Streamline appraisal process and develop link to an e-supervision Q2		
7. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support - Enhanced Occupational Health offer linked to recovery and long covid Q1 21/22		
8. Sustainability: - Bi-monthly meetings to identify Trust wide actions commencing October 21/22 - Additional staff resource for Trust Sustainability Plan to be agreed by end of Q3 21/22		

Glossary

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

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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 196 in November, an increase since October.
- No avoidable pressure ulcers were reported in the month.
- There were 6 information governance breaches reported in November, a decrease from 9 in October.
- The number of inpatient falls increased from 49 in October to 58 in November.
- Out of area bed usage increased in November to 339 days.

NHSI Indicators

- Performance against national reported targets remains positive.
- Percentage of service users waiting less than 18 weeks remains above the target threshold at 99.7%.
- There were no young people under the age of 18 on an adult ward in November.
- The percentage of individuals completing IAPT treatment who have moved to recovery is 53% compared to the 50% target.

Locality

- Increased referrals and levels of acuity are being experienced across many service lines.
- Staffing levels remain under constant review.
- Staffing levels on three wards, an increase of two since October, fell below the 90% overall fill rate threshold in November. Significant efforts are underway to address our current staffing pressures.
- In Barnsley, neighbourhood teams are seeing increased referrals and increased acuity of patients. System pressures are also impacting across service areas.
- The closure report has been completed for the delivery of the initial phase of the 12-15 year-old Covid-19 vaccination programme in Barnsley. Guidance for the second phase has been received and implementation plans developed.
- Referrals to our Adult ADHD Service continue at high levels.
- Absence levels (Covid and non-Covid) remain consistently high in forensic services, which is exacerbating the pressures within the service.
- Supervision levels within forensic services have improved since last month and remain a key focus.
- Occupancy and clinical acuity within the Assessment and Treatment Unit remain high.
- Within community learning disability services, a key priority is the waiting lists for certain disciplines e.g. psychology and the service is managing this by using other disciplines to provide interventions whilst trying to recruit to key posts.
- 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, but routine triage and assessment is now at risk of being delayed
- 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors.
- Staff wellbeing initiatives continue to be promoted.
- The Covid Heroes campaign has been promoted.
- Excellence awards 2022 has been launched.
- A social media campaign has been developed in support of the virtual recruitment fair.
- Christmas events have been developed and promoted (e.g. 24 days of fitmas, festive dance session, creative art class).

Priority programmes

- A group of operational and corporate services representatives have co-created the 'Enabling Working Effectively' framework and recovery and reset toolkit for wider use across the organisation.
- 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.
- Implementation of CAMHS neuro-developmental waiting list initiatives in ongoing in Kirklees.

Finance

- A £0.7m surplus was recorded in the month, taking the year-to-date position to a surplus of £4.3m, excluding exceptional items such as property sales.
- Pay costs decreased slightly in November to £16.7m from £16.8m in October.
- Agency expenditure in November was £720k.
- Out of area bed costs were £337k in November. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels.
- Capital expenditure of £1.9m has been recorded to date. The forecast continues to be reviewed and updated monthly to reflect current supplier and market conditions. Based on this, the current forecast capital spend remains c£7.5m. This continues to be discussed with the wider Integrated Care System (ICS) to support wider financial targets.
- The cash balance remains positive at £69.6m, as does our better payment practise code performance.

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 31st December 2021, 67% of frontline staff and 63% 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Workforce

- Non Covid-19 sickness is 4.7% in November, against a threshold of 4.5%.
- Forensic staff sickness is 5.9% against a threshold of 5.4%
- Staff turnover remains higher than target at 14.1%.
- 88.1% of staff are recorded as having been double vaccinated. 37.6% of staff are recorded as having received their booster vaccination.

Inequalities

- 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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 09-Aug	Approx days stock as at 09-Sep	Approx days stock as at 07-Oct	Approx days stock as at 18-Nov	Approx days stock as at 02-Dec
Surgical masks	50	35	24	21	16
Respirator masks	106	98	95	55	52
Aprons	20	31	25	18	15
Gowns	86	86	126	127	124
Gloves	23	23	22	16	12
Visors	29	28	34	24	24

Testing

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

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 which is 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, clusters and areas being monitored data is attached

Outbreaks are an agenda item on Silver Command meetings.

Each outbreak has an Outbreak Management Team established.

Datix 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 which inform areas for improvement.

There is a piece of work in being undertaken to improve admission Covid- 19 compliance, this will include assurance report.

Inpatient vaccination offer is being actioned, and reviewed through the vaccination Bronze group.

Hard copies of Covid-19 useful information is being produced for easy access for inpatient wards.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Covid-19 response

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic Covid-19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patients are also re-tested on their return if they leave the ward or unit over a 24 hour period.
- Also testing takes place for some patients on treatment pathways e.g. planned operation/ treatment/procedures.
- Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs as required.

Staff

- Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff 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 to support ease of use were due to have been completed by the end of November 2021, but we have not been notified if these have been implemented. There has been a small improvement in numbers of tests reported recently. Whether this is related to any fix to the NPEX site or increase testing as a result of the Omicron variant is unclear.

A number of other Trusts in the North East and Yorkshire region have much higher lateral flow response rates but it is evident from the LFD report that these trusts are not using NPEX reporting. Of Trusts using NPEX reporting South West Yorkshire Trust has highest response rate.

Latest available NPEX reporting figures are:

Week Ending	Count
07/11/2021	720
14/11/2021	703
21/11/2021	721
28/11/2021	703
05/12/2021	805
12/12/2021	850

Supporting the system

Care home support offer

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

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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 4,765 staff have been recorded as having received their first vaccination (89.5%) and 4,689 staff have been recorded as having received their second vaccination (88.1%).
- 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 continues to identify who needs vaccines at which phase. Appropriate vaccines now being given.
- Appropriate vaccines now being given across forensic services.
- Safe space sessions have been undertaken with more scheduled to enable open conversations about the vaccine generally for boosters, but also those who are vaccine free.
- A total of 2,004 staff have been recorded as receiving their booster vaccination (37.6%). We believe this is understated as national data that we currently do not have access to the detail of, suggests more staff 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 East, 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.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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. 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 31st December 2021 67% of frontline staff and 63% 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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	72.9%	70.6%	66.7%	62.0%	64.4%	64.9%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	19% 7/37	16% 4/25	20% 5/25	14% 4/28	11% 4/35	21% 6/29	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	81%	82%	82%	79%	78%	81%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	98%	97%	95%	96%	93%	92%	92%	1
Quality	Number of compliments received	Improving Health	Caring	DT	N/A	22	26	20	16	18	35	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	31	18	18	26	21	29	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	2	3	3	0	3	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	0	1	0	0	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	41.5%	41.6%	41.2%	40.9%	40.4%	40.9%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	11	11	8	12	9	6	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.3%	1.9%	2.9%	2.3%	3.3%	2.2%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	56.4%	59.9%	60.3%	57.6%	60.0%	62.3%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	67.0%	69.4%	56.4%	61.3%	66.2%	57.5%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1059	1081	1015	1058	1135	1120	
	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	10	12	17	23	25	
	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	1	1	0	4	2	2	
	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	5	7	6	5	4	3	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	118.5%	115.0%	111.2%	109.7%	112.7%	114.1%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	84.7%	88.5%	85.1%	84.9%	86.6%	87.5%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	38	20	22	29	28	21	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	1	0	0	0	1	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	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%	93.8%	88.0%	85.0%	91.0%	94.0%	83.3%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	41	56	43	70	49	58	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	170	161	136	166	156	196	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	84.6%	94.1%	87.1%	87.5%	88.5%	100.0%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	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
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green

* See key included in glossary

Figures in italics are not finalised

** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

- 1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
- 4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
- 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 November increased from 156 to 196. 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 58 in November, which is an increase compared to last month's data. All falls are reviewed to identify measures required to prevent recurrence, 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 November.
- Our patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) join national and regional patient safety discussions/information sessions and sharing information into the Trust.

NHS England/Improvement 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. We are working with Learning and Development to progress this.

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

- 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) - 0 incidences of avoidable pressure ulcers in November.
- Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 43% compared to numbers waiting at end of November 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Safety First

Summary of Incidents December 2020 - November 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).

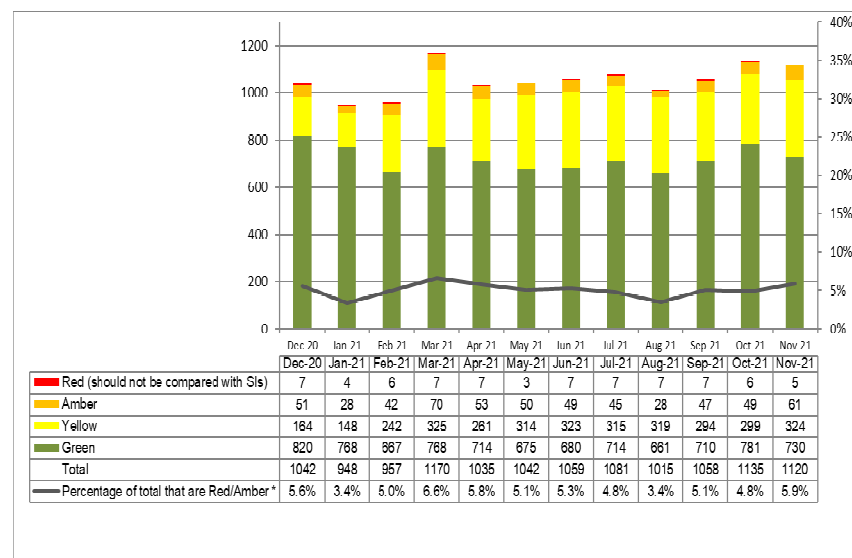
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).

96% of incidents reported in November 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.

Incident reporting remains within the normal range that would be expected. Horizon Centre had the highest reporting rate in November 2021. The highest category of incidents reported within Horizon was physical violence against staff by patient (37). These related to 4 patients, one of which had 20 related incidents. The MDT continue to work closely to manage these situations, review daily and take support and guidance from RRPI team. They have debriefs and safety huddles on each shift to plan risk reduction strategies and observations have been increased to manage this period of unsettled behaviour. The patients are supported.

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

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. Data in this report is refreshed monthly

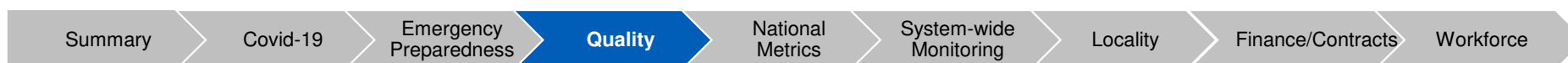


Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances. As further information is received and decision made about review processes, red deaths may be regraded 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 November 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 November 2021:

25 moderate harm incidents:

14 incidents across Barnsley neighbourhood teams - 14 pressure ulcer category 3 incidents

8 incidents of self-harm (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale, CAMHS-Barnsley, Elmdale Ward, Enhanced Team South 1 - Kirklees, Intensive Home Based Treatment Team (IHBTT) - Wakefield, Single Point of Access - Barnsley)

2 slip, trip or fall patient (Beechdale Ward, Nostell Ward)

1 violence and aggression against patient by patient (Newhaven Forensic Learning Disabilities Unit)

2 Severe harm incidents:

2 Pressure Ulcer Category 4 - Barnsley neighbourhood teams

3 patient safety related deaths:

1 Death - cause of death unknown/ unexplained/ awaiting confirmation (suspected insulin overdose), Early Intervention Service - Barnsley

1 Suicide (incl apparent) - community team care - current episode, Wakefield street triage service

1 Suicide (incl apparent) - inpatient care - current episode, Walton PICU

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

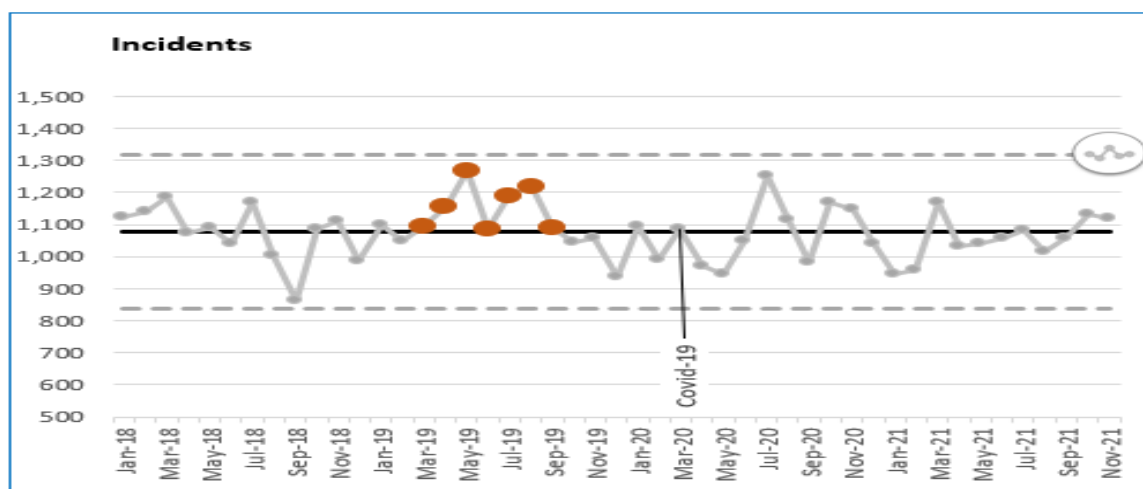
Workforce

Safety First cont....

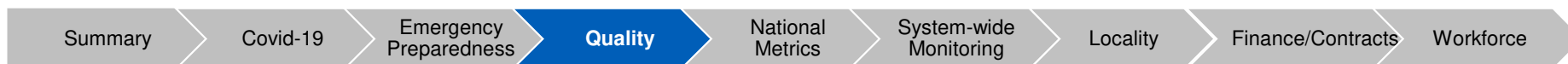
Mortality

The regional mortality meeting which was due to take place in December 2021 has been cancelled and the next meeting will take place on 13 January 2022. The agenda for this meeting will include; discussion on regional collaboration to review quality of care of non-Covid-19 patients during the pandemic; discussion on medical examiner and structured judgement review (SJR); discussion on local experience of learning from SJR. Please contact the patient safety team if you are interested in joining the regional mortality meetings.

Further SJR reviewer training sessions will be planned for late January 2022.



This updated SPC chart indicates that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been common cause variation in the number of incidents reported. There are therefore no concerns regarding this metric.



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

[SBAR - WEB125480 SLI use of seclusion room.docx](#)

[SBAR Physical Health Death Inpatient Ward September 2021.docx](#)

[SBAR - Community Hostage Incidents.docx](#)

[Bluelight alert 50 - 9 Dec 2021 - Risk from worn, damaged and inadequately fitted furniture panels](#)

[Bluelight alert 51 - 7 Dec 2021 - Clozapine and constipation](#)

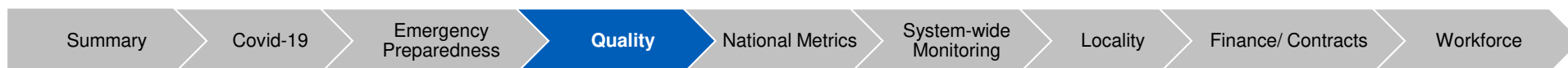
On 5 November 2021, a Trust wide learning forum was held to share learning between BDUs and specialist advisors. The virtual event was very well attended and many positive examples of learning were shared. Presentations are available here <https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-Events.aspx>

Patient Safety Alerts

Patient safety alerts received - November 2021

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2021/010 /UKHSA	The safe use of ultrasound gel to reduce infection risk	11/11/2021	Yes - circulated for action	30/01/2022	



Safer Staffing Inpatients

November has, as expected, continued to be extremely challenging in terms of staffing and ensuring that we continue to deliver a safe and effective standard of care. Sickness has increased, whilst acuity has continued unabated. We continue to experience Covid-19 outbreaks within inpatient areas which is having an impact on staffing, albeit due to staffs' resilience and adherence to infection prevention and Covid-19 guidelines, a lesser impact than last year. We continue to look at various ways of addressing the sustained vacancy factor as will be seen below. As well as the dedicated task and finish groups looking at various staffing resource issues, we have also looked at enhancing payments for shifts over the upcoming holiday period in December which has historically been incredibly challenging.

Local escalation plans continue to be implemented as required and these do continue to impact on the community teams when they are having to provide cover for the inpatient areas. We continue to explore any shifts where a registered nurse is not listed and we are having discussions to ensure that shifts that are covered by ward managers, lead nurses, matrons or others are also applied to registered gaps in the roster. We have also asked quality academy colleagues of their preferences and availabilities to support teams over the holiday period and are looking at what support these staff need to return to assist the wards at times.

International recruitment continues, we have offered 51 posts and to date only two have withdrawn which the agency has said is unusual and reflective of our comprehensive package. We have held team meetings with the candidates who were successful. The first cohort will be arriving from the 28th December. We are awaiting the outcome of our application for funding from NHS Improvements/England (NHSI/E) to support our ongoing international recruitment next year.

Our rolling recruitment campaign continues targeting different specific areas each time. We are engaging with a social media firm to target our band 5 and above recruitment. We continue to explore the collaborative bank to increase our resources and we have increased the recruitment campaign onto bank.

We are also in discussions with NHSI/E looking at our agency health care assistant usage and completing peer comparisons as well as looking at possible solutions. Safer staffing continues to engage with Huddersfield University looking at a joint research project in International Nursing and a tender bid has been submitted to NHSI/E through the university which will look at quality and assurance.

Three wards, an increase of two on October, fell below the 90% overall fill rate threshold, which were Enfield Down, who have supported other areas, as well as Appleton and Priestley within the Forensic BDU. Barnsley BDU 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%), consistent with the previous month, achieved 100% or more. Indeed, of those 22 wards, 12 (an increase of four 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 systems wide increase of acuity on all inpatient areas, the focus for the flexible staffing resources has remained the Dales, mental health wards at Calderdale Royal Infirmary, The Oakwell mental health unit with Kendray Hospital in Barnsley, and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas and we have increased block booking staff to provide consistency and continuity, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal. Despite all the pressures our fill rates continue to increase slightly.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/ Contracts

Workforce

Safer Staffing Inpatients cont....

Registered Nurses Days

Overall registered fill rates have increased by 1.5% to 82.0% in November compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have increased by 0.4% in November to 93.0% compared with the previous month.

Overall Registered Rate: 87.50% (increased by 0.95% on the previous month)

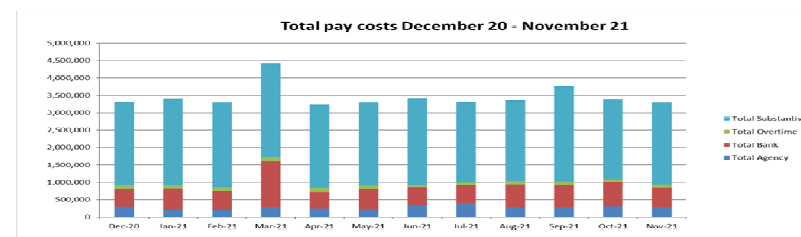
Overall Fill Rate: 114.1% (increased by 1.4% on the previous month)

Unfilled shifts

An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or overtime. 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	412 (-52)	4,459.33	36.55% (-0.86%)	713 (-60)
Unregistered	596 (-5)	6,583.25	15.72% (+0.53%)	3,098 (-190)
Grand Total	1008 (-57)	11,052.58	20.41% (+0.2%)	



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

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

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

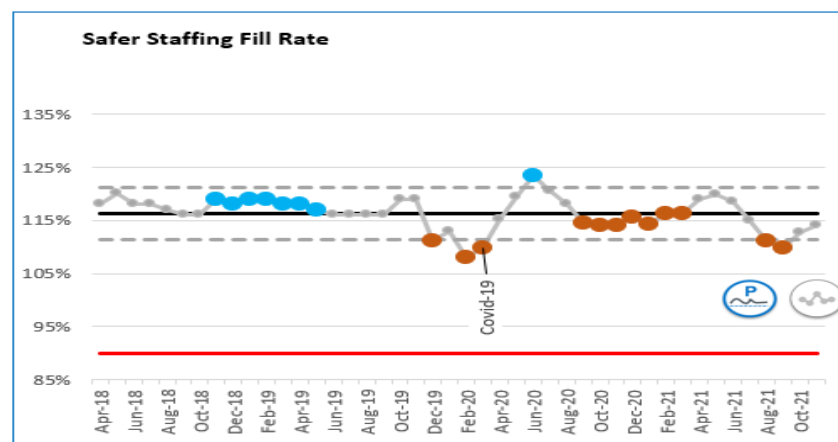
System-wide
Monitoring

Locality

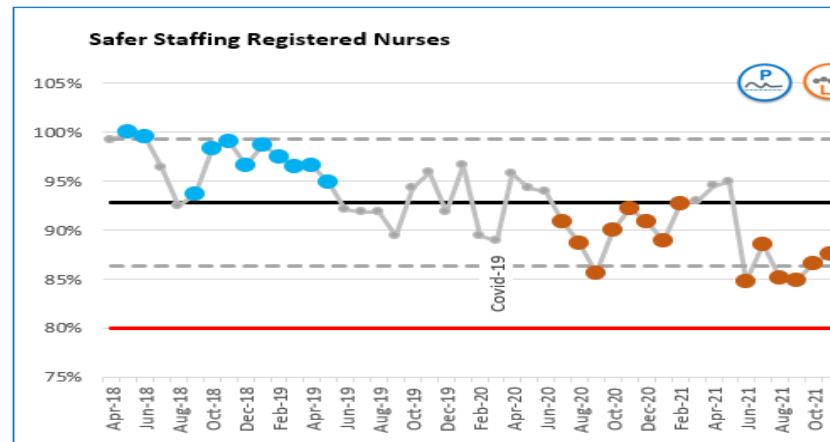
Finance/
Contracts

Workforce

Safer Staffing Inpatients cont....



The updated SPC chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. We are currently in a period of common cause variation and we will continue monitor performance.



The updated SPC chart above shows that the staffing rate for registered nurses has also had a number of periods, and indeed remains in, special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. As with the fill rate the performance has remained consistently above the target. For further information please read below.

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 and have implemented a WY virtual recruitment fair as an example. The 2nd event takes place on the 11th January following a very successful 1st fair in September 2021. This is now also being developed in SY&B with SWYPFT the lead for both.

SWYPFTs International nurse recruitment (INR) programme has agreed a cohort delivery model with a preferred INR agency which will deliver 40 qualified mental health nurses into the Trust by the end of March 2022. The first 3 international nurses arrived in the UK on the 28th December and have followed quarantine rules. Our pastoral package is in place and our first nurses are undertaking our internally developed objective and structured clinical examination (OSCE) training from Monday the 10th January. Further cohorts of nurses are planned for the end of each month and will see between 10-12 nurses per cohort.

SWYPFTs year 2 INR plan was submitted to and agreed by NHS England on the 21st December and SWYPFT have secured NHS funding support (£190k) to deliver a further 50 MH, LD and CAMHS nurses through 2022-23.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

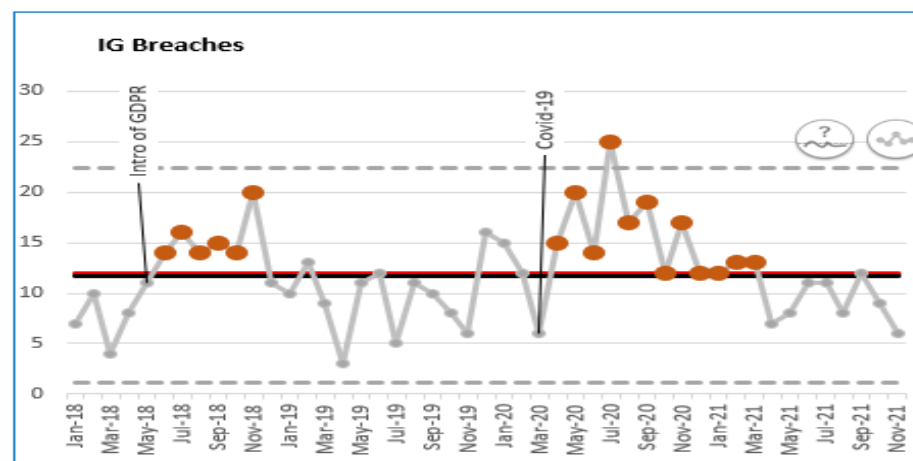
Workforce

Information Governance (IG)

6 personal data breaches were reported during November, which is a reduction on the previous month. 2 breaches involved information being disclosed in error, which is the lowest number in this category for over two years. They were due to personal information being left in a patient accessible area and being read by an unauthorised party and the wrong patient being identified on SystmOne leading to data being shared with an unauthorised party. 2 incidents of lost or stolen hardware were reported following a lost Trust smartphone and a lost notepad that had patient information written on. 2 records issues were reported due to two staff members accessing their own records, which was picked up via routine monitoring by the IT systems development team; the information governance manager was notified and the general managers informed. Human resources have also been engaged in the investigation.

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) to provide information pertaining to a staff member who inappropriately accessed a number of health records. No breaches were reported to the ICO during November but a service user made a new complaint about the Trust's handling of a subject access to the ICO; a response has been provided and the outcome is awaited.

This updated SPC chart shows that both the introduction of GDPR in May 2018 and the outbreak of Covid-19 in March 2020 have had a negative impact on the number of information governance breaches with both seeing subsequent periods of special cause concerning variation (orange markers). We are currently in a period of common cause variation (no concern) and have been since March 2021, however given the random nature of the number of breaches reported, no assurance can be given that we will hit the target.



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.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

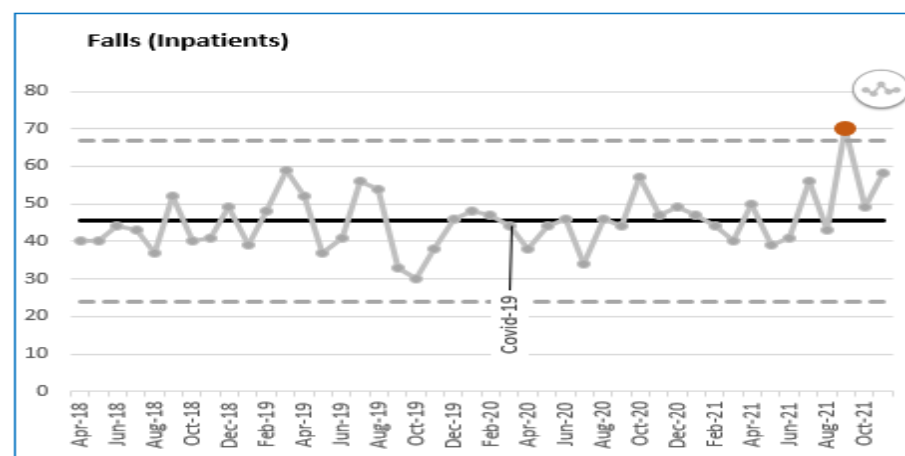
Finance/
Contracts

Workforce

Falls

Total number of falls was 58 in November, which is an increase compared to 49 falls in October.

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

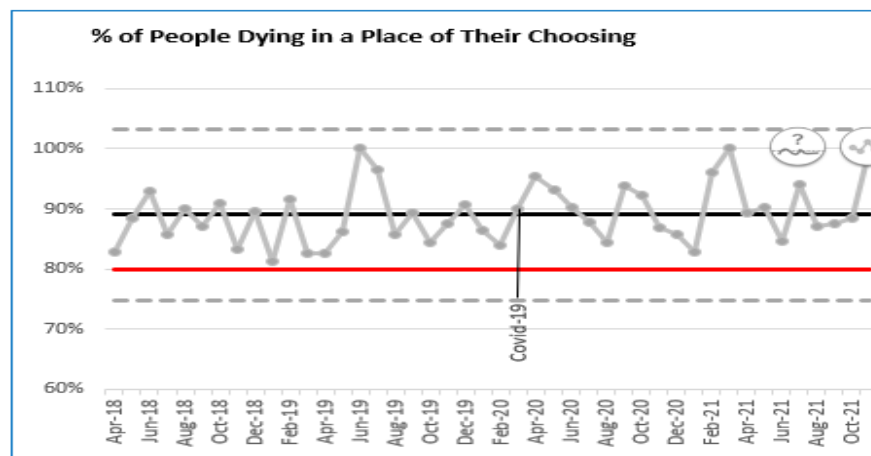


The updated SPC chart above shows that there is consistently common cause variation (no concern) against this metric though there was an instance of special cause concerning variation (orange marker) in September 2021 (see comment below). The monthly variation is quite random and no assurance that the target will be achieved can be given.

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 100% in November which is an increase compared to 88.5% in October.



The updated SPC chart above shows that there is consistently common cause variation (no concern) against this metric, though the monthly variation is quite random and no assurance that the target will be achieved can be given.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

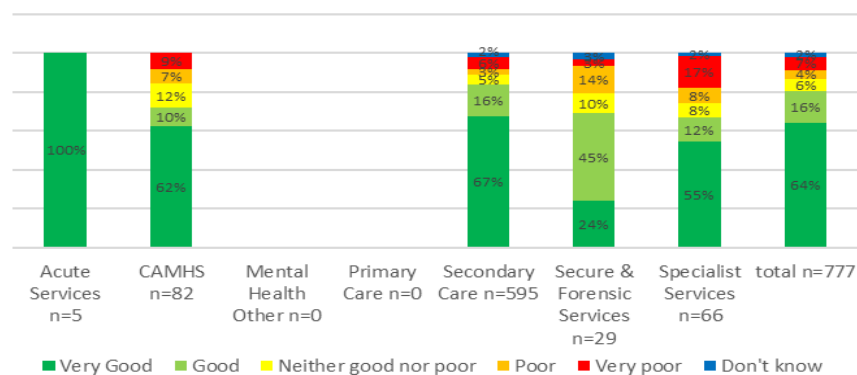
Patient Experience

Friends and family test shows

- 92% would recommend community services.
- 81% would recommend mental health services

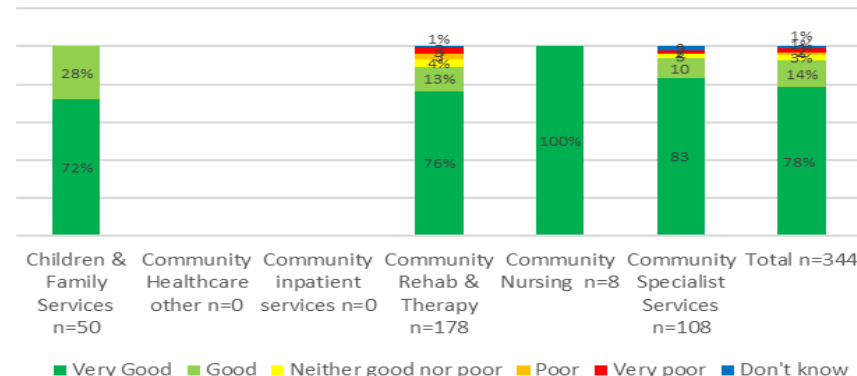
Mental Health Services

Mental Health **81%/ n=777**



Community Services

Community **92%/ n=344**



- 84% (1122) of respondents felt that their experience of services had been very good or good across Trust services.
- 92% (n=344) of respondents felt that their experience had been very good or good across community services.
- 81% (n=778) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 73% (819/1122) of responses for November. The Trust is piloting the text message service in three Barnsley community services which commenced at the end of September. The text message service has provided 65% (225/344) of Barnsley community responses for November.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Patient Experience cont...

- A review of the negative feedback highlighted the following:

- The Trust received 78 negative responses either poor or very poor. Breakdown of negative responses by BDU:

- Barnsley Com – 11
- Barnsley MH – 15
- Calderdale & Kirklees – 23
- Forensics - 5
- Specialist Services – 17
 - CAMHS – 7
 - Learning Disability – 2
 - ADHD – 8
- Wakefield – 7

	Top three positive themes	Top three negative themes
Barnsley community service	1. Staff 2. Access and waiting times 3. Admission and discharge	1. Staff 2. Access and waiting times 3. Admission and discharge
Mental Health Service	1. Staff 2. Communication 3. Patient Care	1. Staff 2. Communication 3. Admission and discharge
Trust wide	1. Staff 2. Communication 3. Access and waiting times	1. Staff 2. Access and waiting times 3. Communication

- 64 of the 78 negative feedback was received by text message
- 17 of the 78 negative feedback received provided no comments.
- 47 of the negative comments provided useful comments. The top three themes were:
 - Communication (17)
 - Waiting times (13)
 - Patient Care (12)

- There has been a slight increase in the rate of satisfaction across mental health services. However, the satisfaction rate remains below the 85% target. 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 teams (Customer Services/ Engagement Team/ Patient Experience) to identify any hotspots. 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.
 - Preparation has begun to amend the wording within the text messages the Trust sends, to gauge whether this will provide better qualitative data.
 - Work continues with operational services to identify the best methods of collection.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

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. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported well above the 80% mandatory training target. The Impact of Parental Mental Illness training has also been delivered. The Safeguarding Team delivered the Safeguarding Children and Safeguarding Adults update training to the Joint Academic Psychiatric Seminar. The Safeguarding Team also supported the Trust Wide Learning Forum, presenting findings from Safeguarding Adult Reviews, Child Safeguarding Practice Review and Domestic Homicide Reviews.

The first Psychological First Aid/Critical Stress debriefing session was delivered to a clinical team. This received positive feedback. 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 in line with being relevant today, ready for tomorrow.

There was support for partnership events through attendance at: The Summit of Commissioners and Providers review of safeguarding adults in Kirklees, Child Looked After Service (CLAS) review preparation meeting, safe sleep task and finish group, Prevent single point of contact (SPOC) meeting, domestic abuse operational meeting and the peer review challenge event in Calderdale.

The Safeguarding Team continue to support the quality monitoring visits agenda during November. Professionals meetings were attended in Barnsley Community, Learning Disabilities Forensic Service, Kirklees inpatient areas, Learning Disability Forensic inpatient unit and Wakefield inpatient service.

The Team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external care quality commission (CQC), CLAS and Ofsted inspections. All external information gathering requests have been responded to in a timely manner: for example, requests for information for potential Domestic Homicide Review in Barnsley, review and comments for subject access request (SAR) report Calderdale, review and comments provided of the Baby R draft final report.

The Safeguarding Children's Nurse Advisor commenced with the Safeguarding team on the 22nd November 2021. The Safeguarding Team have supported with induction into the role.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Infection Prevention Control (IPC)

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

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

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –92%

Infection Prevention and Control- Trust wide Total –89%

Policies and procedures are up to date.

Complaints

There were 29 new formal complaints in November 2021. Of these 1 has a timescales start date, 4 is no contact/consent and 24 are awaiting consent/questions.

21% of new formal complaints (n=6) have staff attitude as a primary subject and each of these are reviewed in line with Trust policy.

35 compliments were received

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

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Reducing Restrictive Physical Intervention (RRPI)

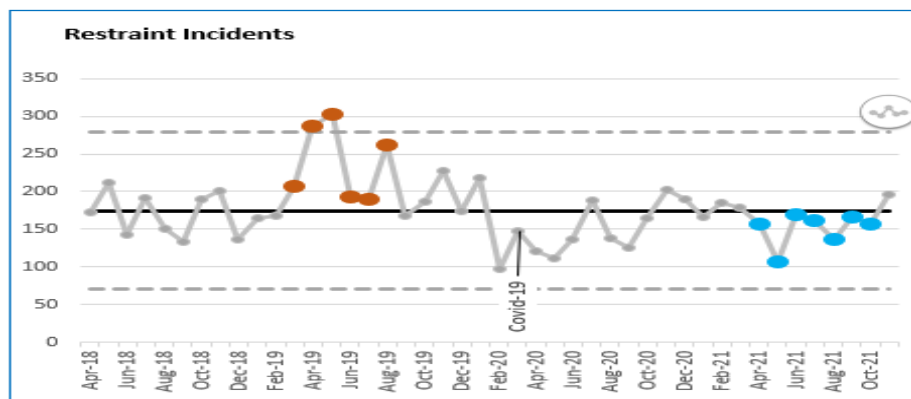
The figures in this report were sourced from Datix where reporters indicated 'yes' to "was restraint used in this incident?".

There were 196 reported incidents of reducing restrictive physical interventions used in November 2021 this is a increase of 40 (25.6%) incidents since October 2021 which stood at 156 incidents.

Of the different restraint positions used and reported in the 196 incidents (454 positions - more than one restraint position is often recorded per incident), standing position was used most often, 143 of 454 (31.5%) followed by seated including safety pod use 121 of 454 (26.6%) then supine 87 of 454 (19%).

Prone restraint (those remaining in prone position and not rolled immediately) was reported 12 of 454 (2.6% of total restraint positions), this is a reduction of 5 (2.3%) of the total from last month, 17 of 212 (8%.) but it must be noted there is a higher number of restraint positions reported. 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 6 prone restraints, Kirklees 2 prone restraints, Newton Lodge 2 prone restraints and Calderdale 2 prone restraints during December. The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In November the percentage of prone restraints lasting under 3 minutes was 83.3% a reduction of 10.7% this is due to the relative low numbers of prone (12) and 2 being over 3 minutes. Each incident of prone restraint has been reviewed by a member of the RRPI team.

The use of seclusion has increased to 58 from 50 last month which is a increase of 8 (16%). The Horizon Centre in Wakefield have experienced a high number of incidents of seclusion (17) 29.3% of the whole. This is due to a range of complex and challenging needs expressed by service users.



This updated SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently. This is based on the assumption that an increase in restraint incidents indicates a deterioration in performance however, as described above this is not always the case.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

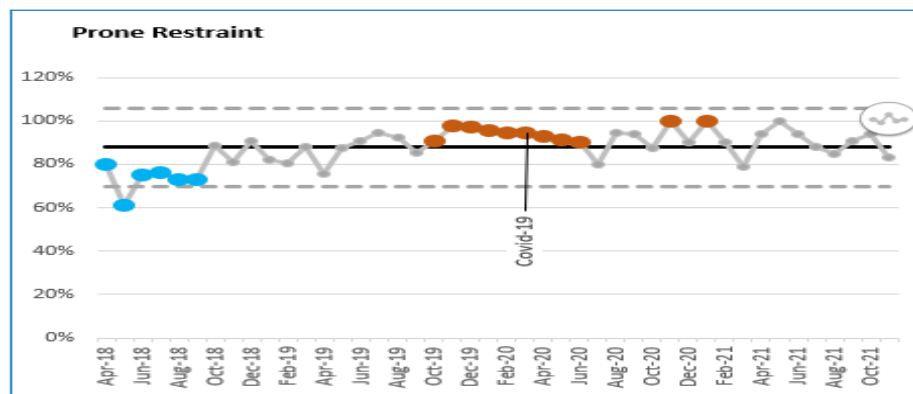
System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Reducing Restrictive Physical Intervention (RRPI)



This updated SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020, as well as two subsequent months of special cause concerning variation in October and December 2020 (orange markers). Since that point there has been common cause variation (no concern) in the number of instances of prone restraint lasting less than 3 minutes.

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

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.

- Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.

- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

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

The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework, 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 further national guidance still awaited regarding the remaining metrics.

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Data quality rating	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%	99.7%	99.7%	99.7%	99.3%	99.7%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	56.8%	97.8%	100%	100.0%	100%	94.1%	100.0%	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%	99.1%	100%	98.9%	99.1%	100.0%	98.0%		
% 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%	103/105 =98.1%	139/140 =99.3%	113/114 =99.1%	89/89 =100%	85/86 =98.8%	105/106 99.1%		
% 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%	87.3%	81.9%	84.1%	83.2%	85.6%	81.0%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.8%	98.7%	99.0%	98.9%	98.7%	98.2%	99.2%	99.2%	99.3%	99.3%		
Out of area bed days 5	Improving Care	Responsive	CH		316	251	496	457	170	117	170	311	304	339		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	56.3%	53.4%	55.2%	47.5%	53.2%	44.8%	43.8%	54.5%	57.0%	53.0%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	96.5%	98.8%	98.7%	97.9%	98.5%	98.1%	98.4%	97.2%	97.8%	95.4%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.9%	99.9%	99.9%	99.9%	99.8%	100%	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%	96.8%	89.2%	78.6%	94.9%	93.3%	97.2%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.7%	92.1%	87.7%	87.7%	87.6%	87.3%	87.7%	88.0%	88.7%	88.6%	⚠	
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	12.5%	10.3%	10.5%	10.2%	10.5%	10.5%	10.5%	10.4%	10.3%	⚠	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Data quality rating ^a	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	10	23	87	82	40	41	41	0	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	2	0	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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Data quality rating ^a	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	99.5%	99.4%	98.9%	98.2%	98.4%	97.2%	98.4%	99.2%	98.6%	98.4%		
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%	98.1%	100.0%	99.9%	100.0%	100.0%		
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%	98.2%	99.9%	98.6%	98.2%	98.2%	98.2%		

* 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'

- Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.7%
- The percentage of service users seen for a diagnostic appointment within 6 weeks has increased up to 100% and is now above target.
- During November 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 53.0% for November.

Summary

Covid-19

Emergency
Preparedness

Quality

**National
Metrics**

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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.

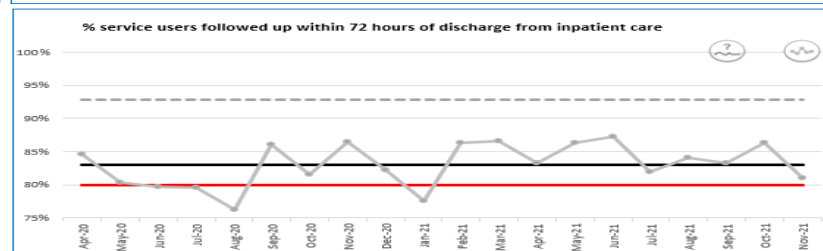
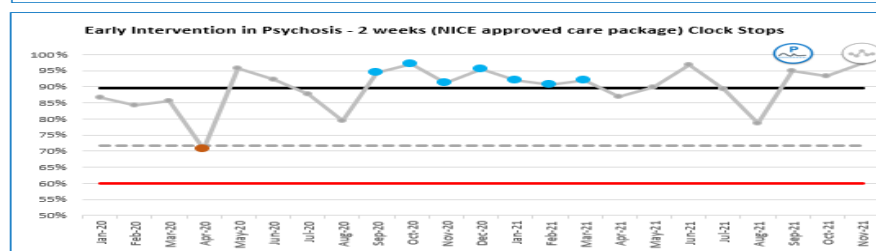
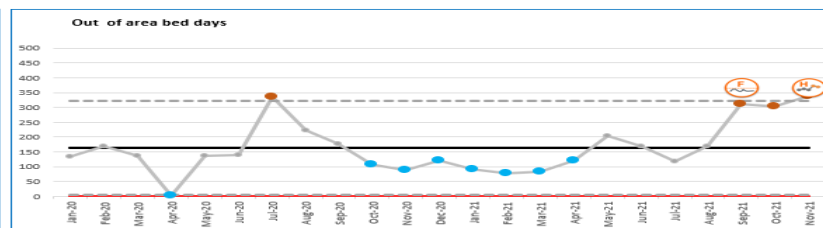
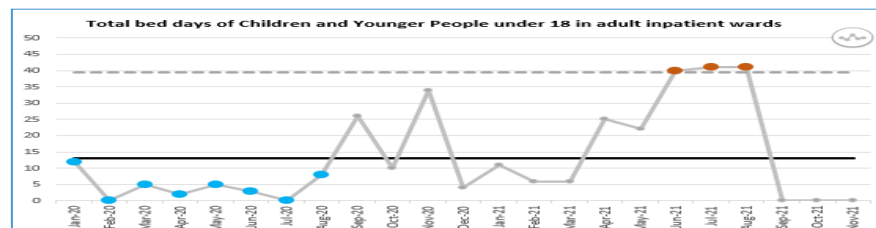
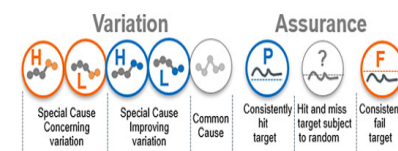
For the month of November the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for November shows 19.8% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to October which showed 18.1% 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, along with other SPC charts now shown in this report, 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, the performance for out of area bed days has entered a period of special cause concerning variation (orange markers) and we are not expected to meet the target. The other three measures are currently in periods of common cause variation (no concern), we are expected to achieve the early intervention target, however the random variation against the 72 hours follow up metric means that assurance regarding the target cannot be given.





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:

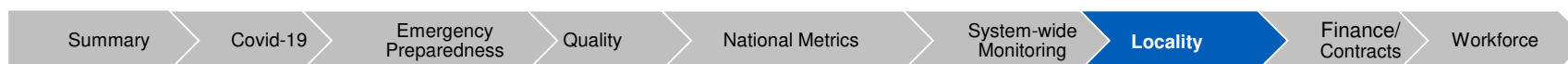
- 1 - Increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and 5 months of life for women) between the people living in the most deprived communities compared 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
- key 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.
- There is potential to build on recent the procurement in Kirklees to secure additional capacity for the improving access to psychological therapies waiting list initiative.
- 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 system (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 (IHBT). Remain at Opel 3, but evidence of improvement in situation.
- Prioritising undertaking and reporting of clinical supervision as critical support to staff and safe service delivery
- Proactive review of core caseload and improvement in core-single point of access (SPA) interface working.
- Maintaining 136 suite access alongside robust IHBT function
- Focus on staff wellbeing/resilience has been maintained
- Developing plans to strengthen crisis services, including Yorkshire Ambulance Service response vehicle.

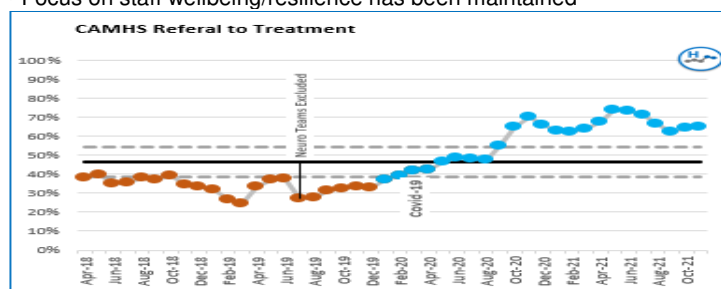
CAMHS

Strengths

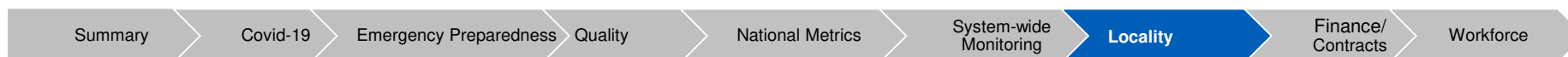
- Business continuity plans have to date been effective.
- Waiting numbers/times from referral to treatment being maintained in Barnsley.
- Strengthened partnership working with colleagues in acute hospitals (paediatric wards and A&E)
- Positive verbal feedback has been received from the CQC inspection of Wetherby/Adel Beck (awaiting full report)

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.
- Focus on staff wellbeing/resilience has been maintained



This updated SPC chart shows that since January 2020 there has been a sustained period of special cause improving variation (blue markers). Given this continued improvement it may be worth re-calculating the upper and lower control limits to ensure that the variation is not skewed by previous poor performance.



Barnsley general community services

Key Issues

- All neighbourhood teams are seeing increased referrals and level of increased acuity of patients. System pressures are also impacting across our service areas
- An external provider is supporting the work of the Adult Speech and Language Therapy (SALT) Service due to absence within the team.
- High absence levels in the Children's 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.
- Yorkshire Smoke Free Sheffield (YSFS) is due to go out for tender in April 2022
- Dietetic referrals continue to increase, and hence waiting times are increasing for assessment and treatment.
- Podiatry referrals for wound care particularly continue to be an issue due to increased demand and complexity

Strengths

- The closure report has been completed for the delivery of the initial phase of the 12-15 year-olds Covid-19 vaccination programme. We have received the guidance for the second phase of delivery for children and young people aged 12 to 15, and have developed plans for implementation.
- Live Well Wakefield (LWW) has successfully bid for additional funds for Long Covid work (via Nova)
- The contracts for the Yorkshire Smokefree Doncaster Service and Yorkshire Smoke Free Barnsley have been extended until 31st March 2024.
- Paediatric Speech and Language Therapy have been Highly Commended in the Children and Young People Now Award 2021 (The Public Sector Children's Award).
- An internal Trust quality inspection gave outstanding feedback for Stroke Early Supported Discharge (ESD) on quality visits.
- Barnsley Local Authority had a SEND (Special Educational Needs and/or Disabilities) inspection in September with SWYPFT General Community Children's services having focussed sessions with the inspectors over 3 days – good feedback has been received.
- A joint role with the Primary Care Network for project support for organisational development has been progressed with a staff member now in post.
- The neighbourhood rehabilitation service (NRS) continue being adaptive to assist patient flow within the Barnsley health care system

Challenges

- Accessing social care packages remains an issue. We are supporting social care, looking at possible bank occupational therapist availability.
- Appointment of staff to the Health Integration Team at Urban House. A Community Matron is continuing to support service in assessment of new patients role.
- Call to action for additional support for Covid Booster vaccine programme following government guidance
- Housebound booster vaccination roll out – pressures and impact on SWYPFT have been escalated and noted to the Primary Care Network- work ongoing
- All children's services are experiencing high levels of demand
- Live Well Wakefield- high levels of staff absences/vacancies are causing operational pressures

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.
- Appointment of staff to the Urban House team, and support for the nurse prescriber role /lead nurse
- Commissioning of an external provider to support children's speech and language therapy (SALT).
- Management of Adult SALT patient list
- Yorkshire Smoke Free (YSF) are planning to restart face-to-face interventions in the New Year and are currently developing risk assessments etc.
- Dietetics and podiatry services are reviewing referral pathways and ways of working to identify any ways of managing increased numbers of referrals.

Forensic business delivery unit and Learning Disability services:

Forensic BDU

- A model of clinical leadership for the Adult Secure Provider 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 Covid absences, non-Covid absences, and vacancies.
- Absence levels (Covid and non-Covid) remain consistently high, which is exacerbating the pressures within the service. There has been an increase in non-Covid related sickness throughout November. Absence level with both Covid and non-Covid related absence are at 17%.
- Forensics currently have 38 registered nurse vacancies. This remains a priority for the BDU. The BDU is looking forward to welcoming 4 international recruits in December.
- 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 mandatory training which is below expected targets is the focus of attention across the service, and recovery trajectories are in place.
- Supervision levels have improved and are 91.6% in medium secure, 87.6% in low secure and 100% 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 further improved.
- Staff wellbeing remains a focus, with the service utilising NHS survey results to modify plans and the recent results from our Development and Retention Survey to modify the plan.
- 12.4% of the forensic workforce we believe to be unvaccinated. Managers are currently undertaking supportive conversations with staff.

Learning Disability Services

- OPEL Level remains at Level 3 for the Assessment and Treatment Unit (Horizon) and for community
- Supervision levels have increased to 88% following targeted action to address.
- 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.
- 9.6% of the workforce we understand to be unvaccinated, and supportive conversations are currently being facilitated by managers across the service.

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.
- An LD Advanced Nurse Practitioner/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.
- There have been some issues recruiting to joint ATU posts. Operational leads have met from Bradford and SWYPFT to develop an interim plan.
- Need for high levels of observation and support currently is requiring high staffing levels (approx. 2:1 staffing) which is proving difficult to source.
- The Assessment and Treatment Units (ATU) in West Yorkshire (SWYPFT & Bradford) are working closely as one single West Yorkshire service. A revised governance structure is now in place to support delivery.
- 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 in terms of workforce.

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. Early indications are that this is helping to maintain performance.
- 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.
- 13.5% of the workforce are understood to be unvaccinated, and supportive conversations are currently being facilitated by managers across the service.



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. This is particularly challenging on the Barnsley wards, with staff from other areas being used to support.
- 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. We have recently secured a temporary appointment at Consultant level which should improve the situation in the coming weeks.
- 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. This continues to demonstrate sound progress.
- Intensive work to consider how we maintain quality and safety on our wards and well-being of staff and service users, and encourage recruitment and retention is underway. This includes 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; use of the staffing establishment differently if required; and building identified challenges and priorities into the workforce strategy and planning work.
- The wellbeing and support of staff remains a key focus, including ensuring clinical supervision takes place each month and appraisals are conducted annually. Matrons are working with ward managers to enable this in terms of quality, access, and prioritisation. Action plans are in place across the service to ensure staff receive their supervision and are having their appraisals.

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, preparation for mandatory vaccines for healthcare staff (including ExecTrio letter and film).
- Staff wellbeing initiatives promoted.
- COVID Heroes campaign promoted. Excellence awards 2022 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.
- Collecting equality data campaign developed and ready to launch in the new year..
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind and the Mental Health Museum.
- Trust QUIT soft launch, public launch in January.
- Barnsley Single Point of Contact (CAMHS) preparation.
- Trauma and adversity programme development.
- Social media campaign development for the virtual recruitment fair.
- Christmas events developed and promoted (24 days of fitmas, festive dance session, creative art class).
- Trust Christmas film and messages developed.
- Website and intranet development work.
- Media enquiries co-ordinated and responses issued.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS initiatives and campaigns.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Engagement, Equality and volunteering update

- Developed an equality dashboard and metrics in line with national guidance, and with support from business intelligence
- The team are supporting CQC information with infographic and submissions.
- Reviewed the Equality, Involvement and Inclusion (EII) task force, to develop a sub-committee to support the Trust EII Committee. Terms of reference were signed off by the Committee in December.
- Equality data collection campaign is with the executive management team to sign off and approve ready for launch
- Development of an integrated strategy in both animation and easy read versions and annual actions plans – co-developed with both staff and people who use services. Action plans are now being refreshed.
- Successfully achieved all the recommendations from the Equality and Involvement Audit.
- Developed an annual report for equality, now published on the website and intranet.
- Undertaking co-action study on forensic wards to identify how well we provide culturally and spiritually appropriate care resulted in high levels of satisfaction. We are 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 (EIA) and translated jpegs for all written materials and 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
- 'Recognising and Addressing Inclusive Practice in Mental Health' session 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 two approaches to involve people in parallel.
- Our quarterly insight report is 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 EIA toolkit in partnership with the voluntary and community sector (VCS)
- Further work with VCS 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 community mental health transformation programmes across each place and specifically with Wakefield Mental Health Alliance to support a partnership approach to involvement, which includes a development session and plan to support the programme of work for mental health. The development session was led by our Trust in partnership with the CCG and Healthwatch.
- 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 involvement policy now being looked at, and a draft will be circulated for comment by EMT in the next month.
- Community reporter post which was part of a successful bid 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 is being 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 electronic staff record (ESR) training 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	£4.3m	£5m	The Trust agreed a revised full year plan in November 2021. Taking account of performance to date this forecast a 2021 / 22 surplus of £5m. In November the surplus was £0.7m and the year to date position is a surplus of £4.3m excluding exceptional items such as property sales.
2	Agency Spend	£5.6m		Agency expenditure in November was £0.7m which is in line with the average monthly run rate for the current financial year. It is forecast that the Trust will continue to utilise agency staffing as part of it's workforce solution at a higher level, throughout winter and in its continued response to managing COVID across inpatient settings
3	Cash	£76.4m	£69.6m	Cash in the bank has increased in month due to the overall surplus position, timing of capital expenditure and the cash impact of the adult secure provider collaborative. For the latter, the Trust is working with suppliers to pay as soon as possible well within the BPPC.
5	Capital	£1.9m	£7.5m	Year to date spend is £1.9m. The forecast continues to be reviewed and updated monthly to reflect current supplier and market conditions. Based on this the current forecast spend is £7.5m and this is discussed with the wider Integrated Care System (ICS) to support wider financial targets.
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, and above the 95% target.

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

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Workforce - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Sickness (YTD)	Improving Resources	Well Led	LJ	<=4.5%	3.9%	4.0%	4.3%	4.3%	4.5%	4.6%	4.6%	4.7%	4.7%
Sickness (Monthly)	Improving Resources	Well Led	LJ	<=4.4%	3.9%	4.0%	4.3%	4.3%	4.5%	4.6%	4.7%	4.7%	4.7%
Staff Turnover (registered nurses)	Improving Resources	Well Led	LJ	10%	10.3%	15.6%	14.7%	13.1%	14.1%	14.6%	14.5%	14.6%	14.1%
Gross Vacancies	Improving Resources	Well Led	LJ	-	Reporting	10.8%	5.5%	7.9%	7.3%	6.6%	7.7%	9.5%	10.4%
Net Vacancies	Improving Resources	Well Led	LJ	-		2.9%	0.6%	3.2%	4.0%	2.2%	3.1%	5.2%	5.8%
Appraisals (Band 6 and above)	Improving Resources	Well Led	LJ	>=95%	Reporting Commenced in October 2021							57.2%	62.7%
Appraisals (Band 5 and below)	Improving Resources	Well Led	LJ	>=95%								34.0%	39.5%
Aggression Management	Improving Care	Well Led	LJ	>=80%	82.3%	80.7%	79.95%	85.1%	85.4%	84.7%	83.9%	83.5%	82.6%
Cardiopulmonary Resuscitation	Improving Care	Well Led	LJ	>=80%	81.7%	78.8%	77.7%	76.3%	75.9%	74.6%	71.9%	72.5%	73.3%
Clinical Risk	Improving Care	Well Led	LJ	>=80%	93.5%	94.6%	94.9%	94.7%	94.6%	93.9%	92.9%	93.6%	94.1%
Display Screen Equipment	Improving Care	Well Led	LJ	>=80%	Reporting to Commence in November 2021								82.0%
Equality and Diversity	Improving Health	Well Led	LJ	>=80%								94.6%	93.9%
Fire Safety	Improving Care	Well Led	LJ	>=80%	86.2%	85.9%	84.3%	84.6%	83.3%	83.2%	84.9%	87.7%	89.4%
Food Safety	Improving Care	Well Led	LJ	>=80%	75.3%	76.3%	77.2%	79.6%	80.02%	81.3%	81.9%	83.1%	81.6%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in August 2021					42.2%	42.2%	55.7%	63.8%
Infection Control and Hand Hygiene	Improving Care	Well Led	LJ	>=80%						90.7%	89.9%	89.5%	89.6%
Information Governance	Improving Care	Well Led	LJ	>=95%	97.9%	96.6%	95.7%	94.7%	93.2%	92.2%	91.8%	90.1%	89.1%
Moving and Handling	Improving Resources	Well Led	LJ	>=80%	94.9%	95.1%	95.7%	96.3%	96.7%	96.8%	96.6%	96.6%	96.3%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in September 2021						49.8%	61.1%	62.3%
Mental Capacity Act/DOLS	Improving Care	Well Led	LJ	>=80%							87.7%	88.9%	89.8%
Mental Health Act	Improving Care	Well Led	LJ	>=80%	85.0%	85.1%	82.0%	80.7%	81.9%	81.7%	82.4%	84.2%	85.6%
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%								
Safeguarding Adults	Improving Care	Well Led	LJ	>=80%	94.0%	94.7%	94.7%	94.7%	93.8%	93.6%	92.4%	92.2%	91.5%
Safeguarding Children	Improving Care	Well Led	LJ	>=80%	93.5%	93.3%	93.4%	93.1%	92.5%	92.2%	91.0%	91.5%	90.7%
Bank Cost	Improving Resources	Well Led	LJ	-	£1,120k	£803k	£911k	£795k	£822k	£1001k	£1053k	£990k	£145k
Agency Cost	Improving Resources	Effective	LJ	-	£760k	£583k	£560k	£794k	£834k	£705k	£754k	£701k	£720k
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	-	£143k	£198k	£176k	£180k	£208k	£210k	£170k	£183k	£196k

Health & Safety

Number of RIDDOR incidents(reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	LJ	-	7	4			4			Due Jan 2022	
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Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	System-wide Monitoring	Locality	Finance/Contracts	Workforce
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Additional Metrics to Highlight Response to and Impact of Covid-19

KPI	Target	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	As at 21st Dec 2021	As at 7th Jan 2022	Trend	Notes
No of staff off sick - Covid-19 not working		89	33	15	32	95	106	81	93	61	111	311		
Shielding		50	1	0	0	1	1	1	0	0	0	0		
Symptomatic		19	16	2	8	33	57	43	45	22	33	109		
House hold symptoms		10	5	3	6	28	7	18	15	8	21	42		
OH Advised Isolation		1	1	0	0	4	1	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		9	10	10	18	29	40	1	33	31	57	160		
No of staff working from home - Covid-19 related		88	16	8	21	66	27	42	62	22	50	177		
Shielding		74	8	0	0	1	2	2	0	0	0	0		
Symptomatic		3	2	2	3	15	8	18	15	2	9	53		
House hold symptoms		4	1	3	8	28	10	16	26	13	24	49		
OH Advised Isolation		2	1	1	0	0	0	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0	0		
Other Covid-19 related		5	4	2	10	22	7	2	21	7	17	75		
No of staff returned to work (including those who were working from home)		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%	3596/3757 =95.7%	3517/4063 =86.6%		
No of staff returned to work (not working only)		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%	2433/2557 =95.2%	2378/2756 =86.3%		
No of staff still absent from work who were Covid-19 positive		13	13	0	0	0	40	29	42	20	21	21		
Additional number of staff enabled to work from home		1369	1281	1271	1223	1350	1359	1394	1369	1350	1554	1554		Cumulative
Calls to occupational health helpline		2565	2655	2713	2798	2911	3007	3105	3181	3292	3462	3632		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.

Workforce Issues

- As at 7th January, 311 staff off work Covid-19 related, not working which compares to 111 towards the end of December. A further 177 were working from home.
- In November 45 staff were confirmed positive for Covid-19
- Staff turnover decreased to 14.1% in November a detailed workforce planning report was considered by the workforce and remuneration committee on 21st 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 November. The summary section also reports the Covid and non-Covid absence as one figure.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

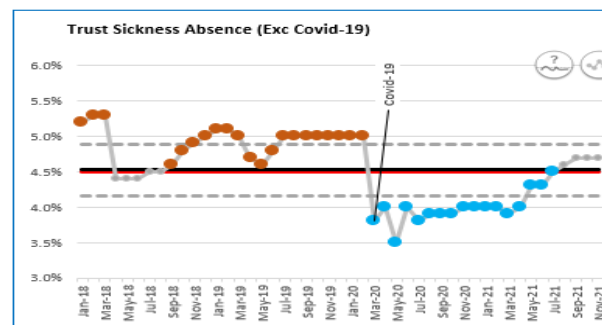
System-wide
Monitoring

Locality

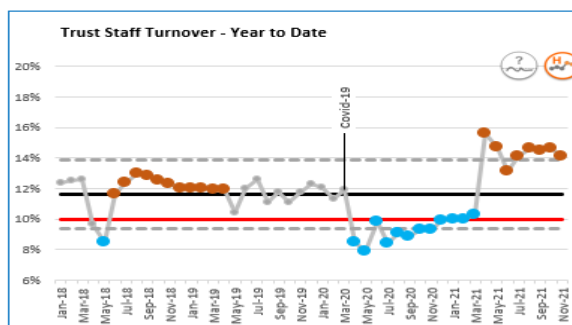
Finance/
Contracts

Workforce

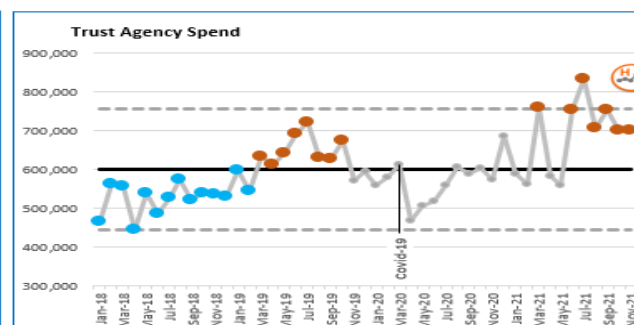
Analysis



This updated SPC chart shows that we are currently in a period of common cause variation (no concern). Due to the fluctuation in the monthly figure reported no assurance can be given regarding achievement of the



This updated SPC chart shows that we are currently in a period of special cause concerning variation (orange markers). Further action regarding this in mentioned on the previous page.



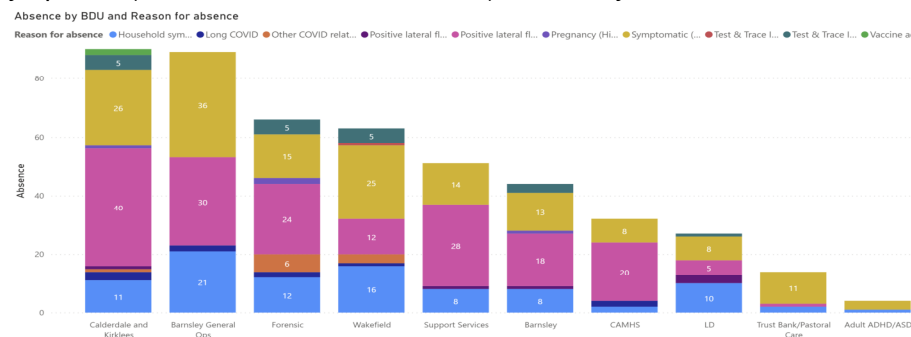
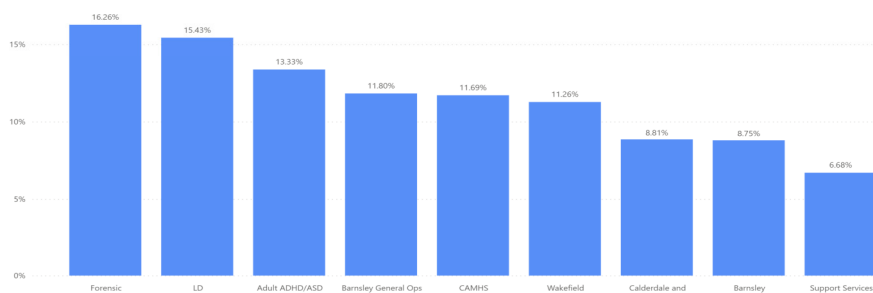
This updated SPC chart shows that we are currently in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

Sickness reporting

As at 21st December, the Trust has 488 staff absent or working from home due to Covid-19. This makes up 9.4% of the workforce. Of those absent, 33.2% are symptomatic and 18.9% have household symptoms. The business delivery unit (BDU) with the biggest impact is forensic with 16.5% of staff impacted

- Bank and agency availability is continually reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) was 7 days in November.

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



Publication Summary

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

[Care Quality Commission Community mental health survey 2021](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report



Month 8
(2021 / 22)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Strategic Overview	1.0	Key Performance Indicators	3
2.0	Statement of Comprehensive Income	2.0	Summary Statement of Income & Expenditure Position	4
		2.1	Income focus	7
		2.2	Pay and agency focus	8
		2.3	Non pay and out of area placement focus	11
3.0	Statement of Financial Position	3.0	Balance Sheet (SOFP)	13
		3.1	Capital Programme	14
		3.2	Cash and Working Capital	15
		3.3	Reconciliation of Cash Flow to Plan	16
4.0	Additional Information	4.0	Better Payment Practice Code	17
		4.1	Transparency Disclosure	18
		4.2	Glossary of Terms & Definitions	19

1.0	Executive Summary / Key Performance Indicators
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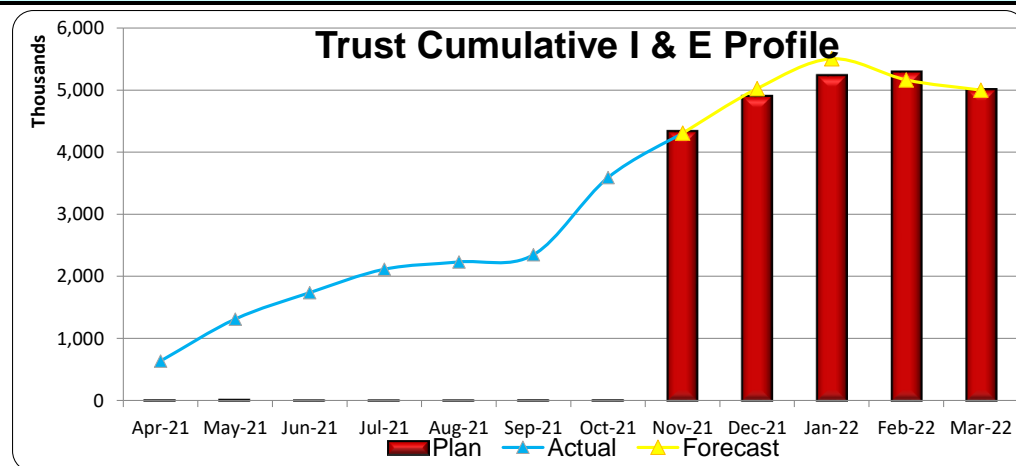
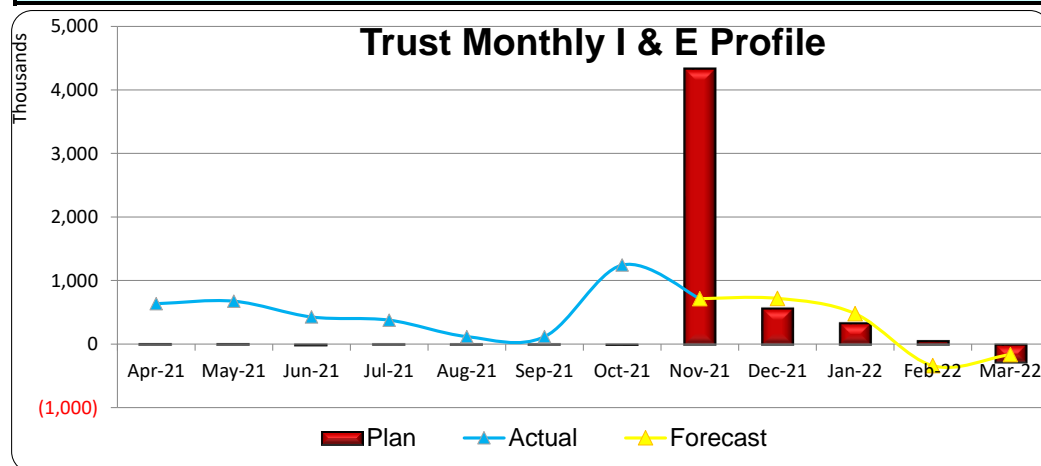
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
1	Surplus / (Deficit)	£4.3m	£5m	The Trust agreed a revised full year plan in November 2021. Taking account of performance to date this forecast a 2021 / 22 surplus of £5m. In November the surplus was £0.7m and the the year to date position is a surplus of £4.3m excluding exceptional items such as property sales.
2	Agency Spend	£5.6m		Agency expenditure in November was £0.7m which is in line with the average monthly run rate for the current financial year. It is forecast that the Trust will continue to utilise agency staffing as part of it's workforce solution at a higher level, throughout winter and in its continued response to managing COVID across inpatient settings
3	Cash	£76.4m	£69.6m	Cash in the bank has increased in month due to the overall surplus position, timing of capital expenditure and the cash impact of the adult secure provider collaborative. For the latter, the Trust is working with suppliers to pay as soon as possible well within the BPPC.
4	Capital	£1.9m	£7.5m	Year to date spend is £1.9m. The forecast continues to be reviewed and updated monthly to reflect current supplier and market conditions. Based on this the current forecast spend is £7.5m and this is discussed with the wider Integrated Care System (ICS) to support wider financial targets.
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, and above the 95% target.

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

2.0 Income & Expenditure Position 2021 / 2022

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				25,527	24,485	(1,042)	Clinical Revenue	181,913	174,332	(7,581)	284,011	273,880	(10,131)
				25,527	24,485	(1,042)	Total Clinical Revenue	181,913	174,332	(7,581)	284,011	273,880	(10,131)
				(5,074)	792	5,866	Other Operating Revenue	2,651	9,497	6,847	5,100	14,539	9,438
				20,453	25,277	4,824	Total Revenue	184,564	183,830	(734)	289,111	288,419	(692)
4,965	4,450	(515)	10.4%	(9,846)	(16,674)	(6,828)	Pay Costs	(136,923)	(136,478)	445	(207,264)	(206,795)	468
				(5,539)	(7,107)	(1,567)	Non Pay Costs	(37,329)	(36,872)	456	(67,867)	(67,414)	452
4,965	4,450	(515)	10.4%	(15,385)	(23,781)	(8,395)	Total Operating Expenses	(174,252)	(173,351)	901	(275,130)	(274,209)	921
4,965	4,450	(515)	10.4%	5,068	1,496	(3,572)	EBITDA	10,312	10,479	167	13,981	14,210	228
				(537)	(570)	(34)	Depreciation	(4,293)	(4,478)	(185)	(6,440)	(6,666)	(226)
				(212)	(212)	(0)	PDC Paid	(1,694)	(1,696)	(2)	(2,541)	(2,544)	(3)
				0	0	0	Interest Received	0	0	0	0	0	0
4,965	4,450	(515)	10.4%	4,320	714	(3,605)	Surplus / (Deficit)	4,325	4,305	(20)	5,000	5,000	(0)
				0	6	6	Gain / (loss) on disposal	0	1,143	1,143	0	1,143	1,143
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,965	4,450	(515)	10.4%	4,320	720	(3,600)	Surplus / (Deficit)	4,325	5,447	1,123	5,000	6,142	1,142

The Trust has agreed a H2 surplus plan of £2.7m which takes the full 12 month plan to a surplus of £5m. This takes account of funding from commissioners and the Integrated Care System (ICS) and forecast spend for the remainder of the year. The budgets have been brought up to date in month, November 2021, as shown by the cumulative graph below.



**The revised financial plan for 2021 /22 is a surplus of £5m.
The year to date position is a surplus of £4.3m.**

Although the planning process for 2021 / 22 has comprised of two halves the performance for the financial year will continue to consider the traditional 12 month period up to 31st March 2022. Over this period the Trust has planned for a £5m surplus and will now be monitored against this plan number.

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.

There was a stepped increase in income in October as the adult secure provider collaborative has gone live with effect from 1st October 2021. There is an increase in non pay costs (purchase of healthcare) due to payment to partner organisations.

Pay

As well as the normal monthly pay expenditure on substantive, bank and agency staff there are two one off pay adjustments made in month.

* Inclusion of an estimate of the December 2021 payment in recognition of staff service over the past year.

* Release of the outstanding Flowers legal case estimate relating to claims prior to March 2021. Confirmation has been received that no further payments are now expected for this period.

Although these two adjustments broadly net off, and therefore the monthly spend is in line with the previous run rate, these do impact differently on types of staff. As such there is a reduction in bank spend in month and an increase in substantive staffing costs.

Agency has continued at a similar level, but is expected to increase slightly as we progress throughout winter.

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, particular driven by the extent to which appointments are internal thus creating further backfill gaps.

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 2020 / 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	2					353
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	170	12	31					213
Staffing - Isolation	Isolation, shielding and backfill for covid absence	206	37	67					310
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	158	(75)	0					83
Total – Pay		872	(14)	100	0	0	0	0	958
Lateral Flow Testing	Distribution of kits to staff	38	0	0					38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	5	0	0					5
IT	Purchase of equipment and agile working enabling costs (VPN)	38	0	0					38
OOA Placements	Out of area bed placements required to covid issues	308	246	316					870
Staffing - security	External security costs to support vaccination	8	0	0					8
Furniture	Replacement furniture to support infection prevention and control	138	58	95					291
Misc / other	Other general non pay not captured in the headings above	71	3	11					85
Total – Non Pay		605	307	422	0	0	0	0	1,334
Total costs		1,477	293	522	0	0	0	0	2,292

2.1 Income Information

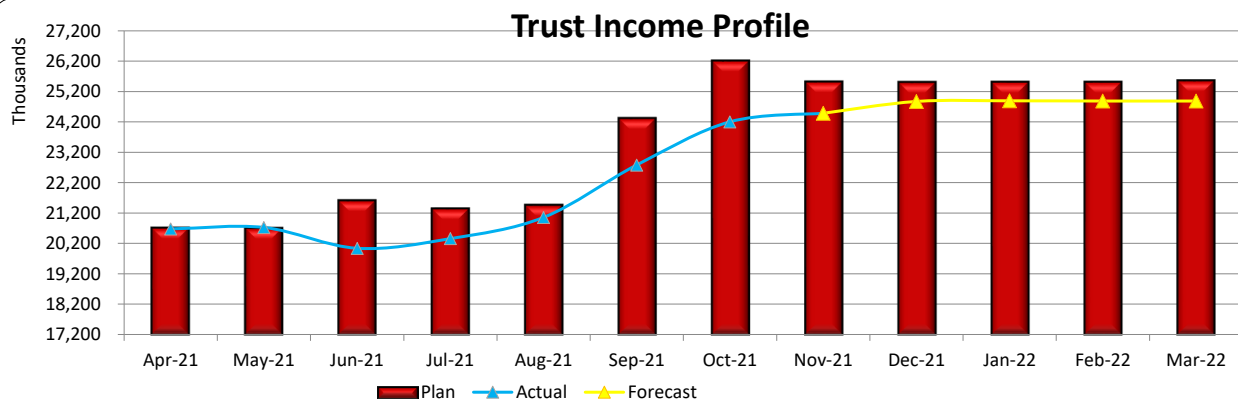
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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	16,337	16,565	16,565	16,565	16,565	190,820	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	5,714	5,076	5,096	5,089	5,089	46,812	28,281
Local Authority	404	490	402	385	458	429	369	(409)	429	429	429	429	4,243	5,025
Partnerships	657	636	654	547	939	803	591	599	591	591	591	591	7,790	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	86	56	56	56	56	651	4,815
Total	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,875	24,895	24,889	24,889	273,880	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	



The total value of income expected to be received for 2021 / 22 is being finalised with commissioners. This provides some guarantees over the year end position for both parties.

Additional funding such as winter pressures or national funded projects will continue to be added as secured.

We will continue to work with commissioners to ensure that funding is utilised as far as possible although their does continue to be slippage. Where appropriate this will be used to commence mobilisation of agreed 2022 / 23 investments which are expected to be agreed in early 2022.

2.2 Pay Information

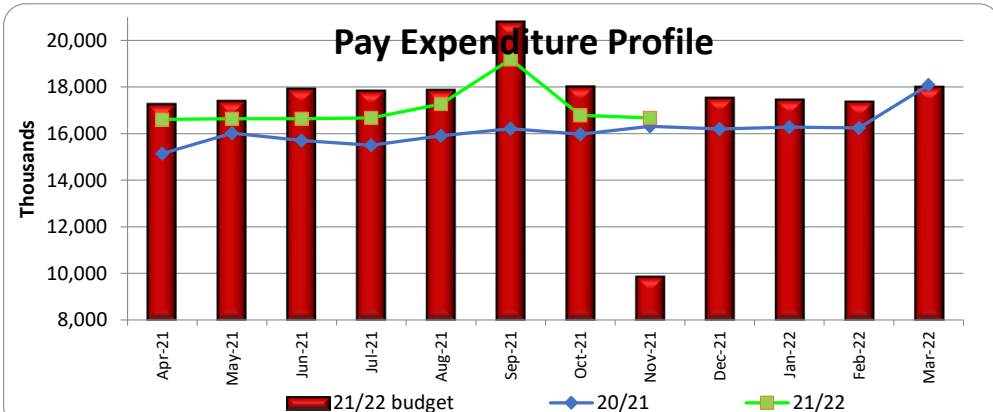
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing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

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

Staff type	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
Substantive	15,224	15,171	15,089	15,019	15,567	17,381	15,090	16,100					124,640
Bank & Locum	803	911	795	822	1,001	1,053	990	(145)					6,228
Agency	583	560	754	834	705	754	701	720					5,610
Total	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	0	0	0	0	136,478
20/21	15,142	16,019	15,709	15,501	15,912	16,205	15,969	16,313	16,199	16,273	16,245	18,087	168,476

Bank as %	4.8%	5.5%	4.8%	4.9%	5.8%	5.5%	5.9%	-0.9%					4.6%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%	4.2%	4.3%					4.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,100	4,076	4,049	4,068	4,074	4,074	4,076	4,090					4,076
Bank & Locum	255	263	218	224	283	283	273	234					254
Agency	107	115	128	155	138	138	139	125					131
Total	4,461	4,454	4,396	4,447	4,494	4,494	4,489	4,450	0	0	0	0	4,461
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



Trust budgets have been updated in November 2021 to reflect the updated plan for 2021 / 22 with an overall surplus of £5m. As such there is a reduction of pay budgets to reflect the year to date underspend position.

Performance for the remainder of the year will be against this new budget.

Actual pay expenditure has remained similar to last month although there has been significant movement within the categories due to 2 one-off adjustments actioned.

* Following confirmation that no further payments are expected against the historic Flowers legal claim the remaining accrual has been released.

* An estimate has been included for the staff recognition payment. Whilst this is expected to be paid in December 2021 this is reflective of the continued hard work for the year to date.

2.2 Pay Information

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

Year to Date Budget v Actual - by staff group						
Staff Group	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	£k	£k	£k	£k	£k	£k
Medical	17,928	15,844	440	2,099	18,384	456
Nursing Registered	46,809	40,896	1,819	750	43,465	(3,344)
Nursing Unregistered	17,648	14,329	3,322	2,009	19,660	2,012
Other	40,240	34,088	226	715	35,029	(5,211)
Corporate Admin	11,503	10,768	208	35	11,011	(492)
BDU Admin	9,702	8,714	213	2	8,929	(773)
Vacancy Factor	(6,907)				0	6,907
Total	136,923	124,640	6,228	5,610	136,478	(445)

WTE In month Budget v Actual - by staff group						
Staff Group	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
Medical	234	195	0	18	212	(21)
Nursing Registered	1,552	1,241	63	14	1,318	(234)
Nursing Unregistered	902	690	143	76	909	8
Other	1,421	1,206	7	16	1,229	(192)
Corporate Admin	355	342	9	2	353	(2)
BDU Admin	502	417	11	0	428	(74)
Total	4,965	4,090	234	125	4,450	(515)

The pay budget adjustment actioned in November 2021 to reset the 2021 / 22 plan was actioned against the Nursing registered line. As such other lines will continue to be monitored against their original plan values which will give a reflection of their year to date variance.

By staff group the key elements to highlight are:

Taking into account the budget adjustment identified above the underspend on registered nurses remains material. In November there has been an increase of worked WTE by substantive staff of 18 WTE although there has been a reduction in both agency and bank which has meant the overall WTE remains similar to last month. There are a number of workforce workstreams and initiatives which are looking to maintain and increase these numbers.

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

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

Year to date Budget v Actual - by service						
	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	£k	£k	£k	£k	£k	£k
MH Community	63,884	53,369	1,419	2,610	57,398	(6,486)
Inpatient	32,281	26,628	4,784	2,584	33,997	1,716
BDU Support	9,043	5,212	326	9	5,547	(3,496)
Community	20,145	16,978	295	126	17,399	(2,746)
Corporate	18,477	22,453	(596)	280	22,137	3,660
Vacancy Factor	(6,907)				0	6,907
Total	136,923	124,641	6,228	5,610	136,478	(445)

In month Budget v Actual - by service						
	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
MH Community	1,966	1,618	35	24	1,677	(288)
Inpatient	1,158	929	165	90	1,185	27
BDU Support	381	213	7	0	219	(162)
Community	764	653	11	6	670	(94)
Corporate	697	677	17	6	699	2
					0	
Total	4,965	4,090	234	125	4,450	(515)

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 and is where the budget updated in November 2021 has been actioned. 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.

2.2 Agency Expenditure Focus

Agency spend is £720k in November.

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.

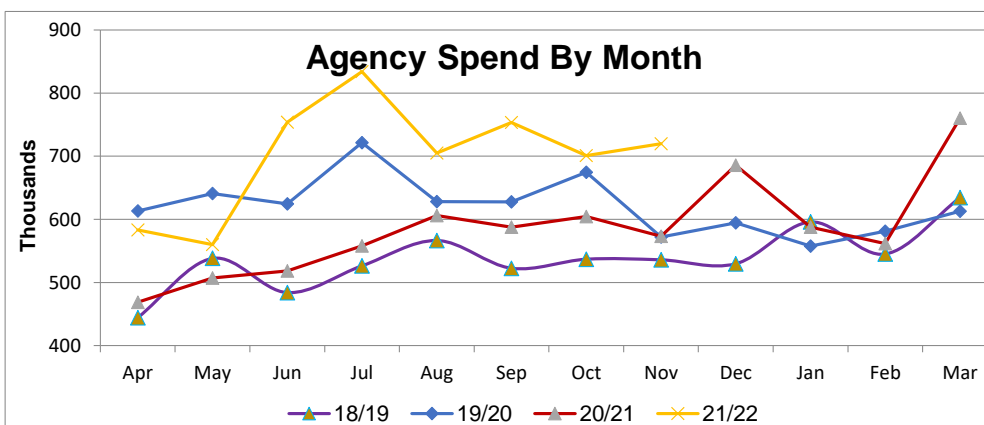
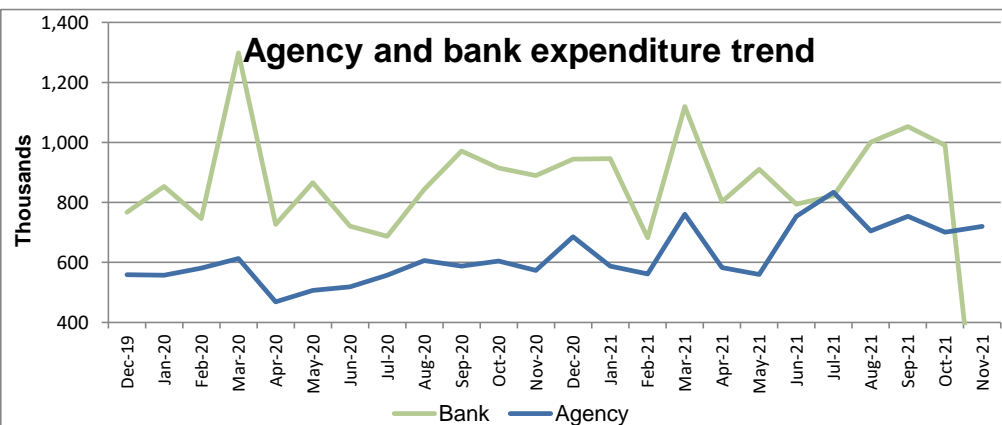
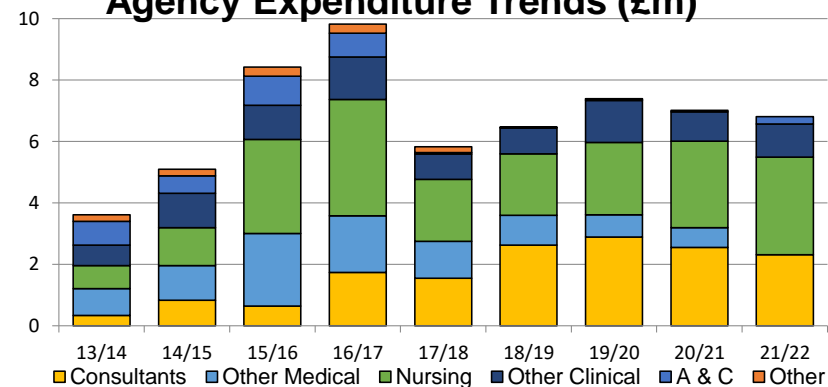
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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 continues 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)

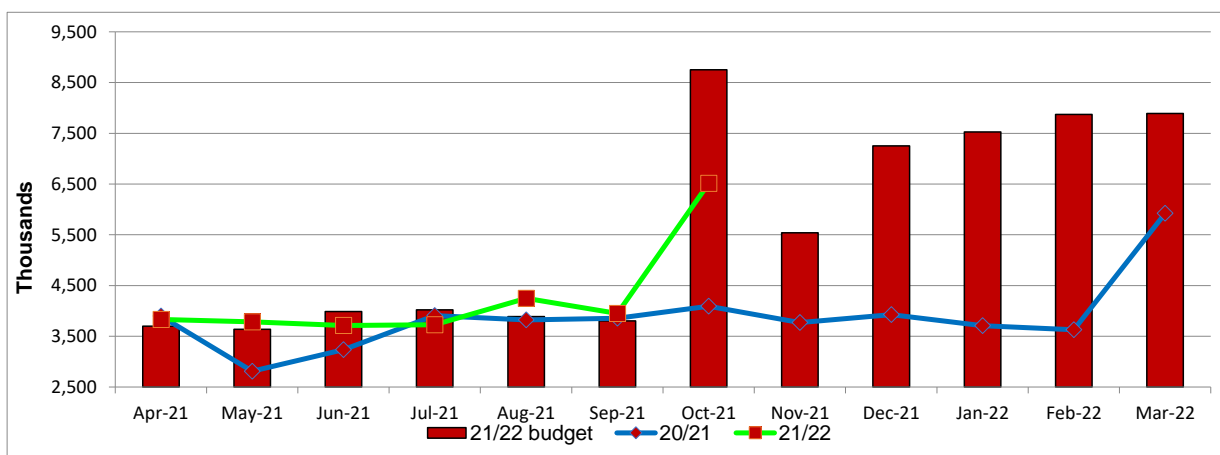


2.3 Non Pay Expenditure

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

Non pay spend	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
2021/22	3,834	3,783	3,712	3,729	4,246	3,949	6,512	7,107					36,872
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628	5,921	46,574

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Drugs	2,478	2,225	(253)
Establishment	5,104	5,873	768
Lease & Property Rental	5,105	5,121	16
Premises (inc. rates)	3,926	4,444	518
Purchase of Healthcare	9,923	10,140	217
Travel & vehicles	2,832	2,688	(144)
Supplies & Services	4,596	4,050	(545)
Training & Education	488	520	31
Clinical Negligence & Insurance	581	752	171
Other non pay	2,294	1,059	(1,235)
Total	37,329	36,872	(456)
Total Excl OOA and Drugs	24,927	24,507	(421)



Key Messages

As noted in the income section the Adult Secure provider collaborative has gone live 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.

Further budget alignment has been included in November 2021 to reflect the updated plan. This has been actioned against the other non pay line at this time.

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 but payment to the independent sector providers is based upon activity and cost per case payments.

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 Provider 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.

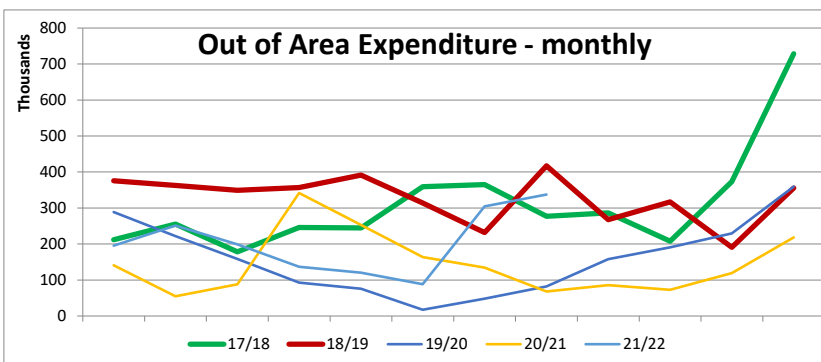
Breakdown of Purchase of Healthcare

	Budget	Actual	Variance
	Year to date	Year to date	
Heading	£k	£k	£k
Locked Rehab	1,522	1,777	255
<i>Out of Area</i>			
Acute	835	65	(770)
PICU	506	65	(441)
Other Services	7,060	8,234	1,173
Total	9,923	10,140	217

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337					1,633

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	462					2,627

Bed Day Information 2021 / 2022 (by category)													
PICU	203	236	233	176	188	311	346	409					2,102
Acute	18	77	83	47	73	98	76	53					525
Total	221	313	316	223	261	409	422	462	0	0	0	0	2,627



Operational pressures linked to covid-19 has meant that out of area placements have continued to be required in November 2021. As previously these are minimised as far as possible but in month equated to 462 days.

This is an increase of 40 days from month.

Investment from the Trust and commissioners continues to support patient flow and ensure that there are sustainable processes in place to minimise this area of spend.

Covid-19 pressures have also meant that areas which have not required out of area placements historically have needed to make placements as the safest possible location of each individual. For example the Neuro Rehab Unit (NRU). The team are working to ensure that the impact on the individual is minimised as much as possible.

Balance Sheet / Statement of Financial Position (SOF)	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	103,853	100,888	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,857	258	1
Non NHS Trade Receivables (Debtors)	1,839	1,969	1
Prepayments	2,867	3,063	2
Accrued Income	3,090	4,755	3
Cash and Cash Equivalents	56,659	76,368	Pg 16
Total Current Assets	66,486	86,586	
Current Liabilities			
Trade Payables (Creditors)	(1,888)	(5,732)	4
Capital Payables (Creditors)	(585)	(683)	
Tax, NI, Pension Payables, PDC	(5,920)	(7,290)	
Accruals	(24,112)	(27,478)	5
Deferred Income	(3,981)	(6,870)	6
Total Current Liabilities	(36,485)	(48,053)	
Net Current Assets/Liabilities	30,001	38,533	
Total Assets less Current Liabilities	133,855	139,421	
Provisions for Liabilities	(7,348)	(7,467)	
Total Net Assets/(Liabilities)	126,507	131,954	
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	70,754	7
Total Taxpayers' Equity	126,507	131,954	

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, 96% of this value is less than 30 days overdue. This includes £0.6m to BMBC and £0.5m to Locala (both not yet due).

2. Prepayments remain high, this includes software licences (£1.0m), rent (£0.2m) and the cost associated with lease cars for the Trust (£0.9m).

3. Accrued income is high 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 expect resolution of this in the New Year. Other accrued income relates to Calderdale CCG (£0.3m), Kirklees CCG (£0.6m)

4. Creditors has increased significantly in month due to the Salary Sacrifice Lease car VAT rebate which is expected to be paid out in the coming month. (£3.6m)

5. Accruals continue to be at a higher level than historically. Work continues to chase invoices to reduce this value. The main new driver is the adult secure provider collaborative.

6. Deferred income remains high and includes £1.6m from Health Education England, £1.0m from Wakefield CCG, £0.7m from Barnsley CCG.

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

3.1

Capital Programme 2021 / 2022

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Funding Source
Major Capital Schemes							
Bretton Centre	2,000	600	80	(520)	100	(1,900)	Internal
OPS transformation	578	0	0	0	50	(528)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	1,449	701	(748)	2,508	(686)	Internal
Fire Safety	160	60	0	(60)	195	35	Internal
Plant & Machinery	455	415	66	(349)	358	(97)	Internal
Equipment	100	60	58	(2)	128	28	Internal
Fixtures & Fittings	45	45	0	(45)	0	(45)	Internal
Other	643	637	761	124	2,064	1,421	Internal
IM & T							
Clinical Systems	275	173	6	(167)	7	(268)	Internal
Hardware	200	100	42	(58)	1,069	869	Internal
Cybersecurity, Infrastructure	200	150	64	(86)	264	64	Internal
Software	600	250	51	(199)	437	(163)	Internal
Other	1,140	689	29	(660)	287	(853)	Internal
VAT Refunds						0	
TOTALS	9,590	4,628	1,858	(2,770)	7,468	(2,122)	

Capital Expenditure 2021 / 22

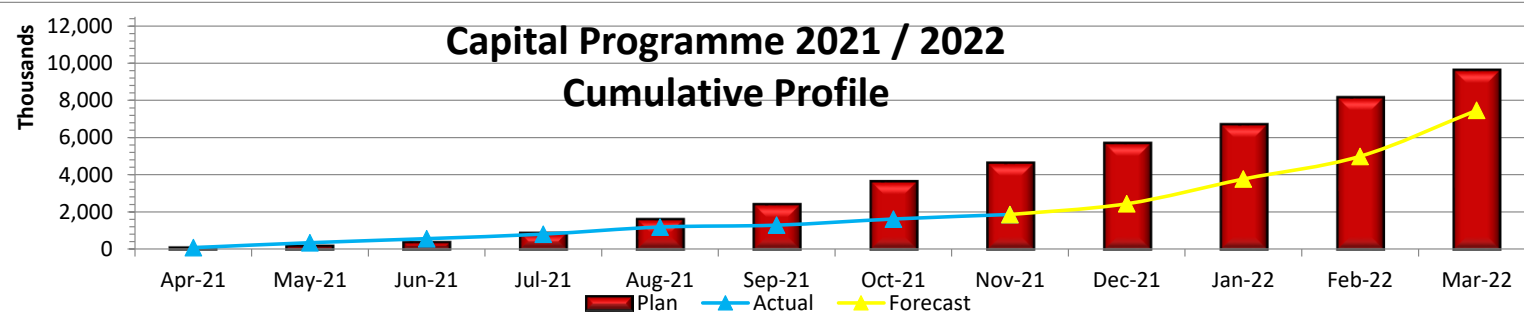
The Trust capital programme forms part of the overall West Yorkshire ICS capital plan. For 2021 / 22 the Trust component is £9.59m.

The forecast continues to be reviewed with both Estates and IM & T teams. As such the value of £7.5m reflects the current estimated position and work is ongoing to finalise this.

This is an increased level of spend to October 2021 primarily due to one IM & T scheme which has been brought forward at approximately c£1m.

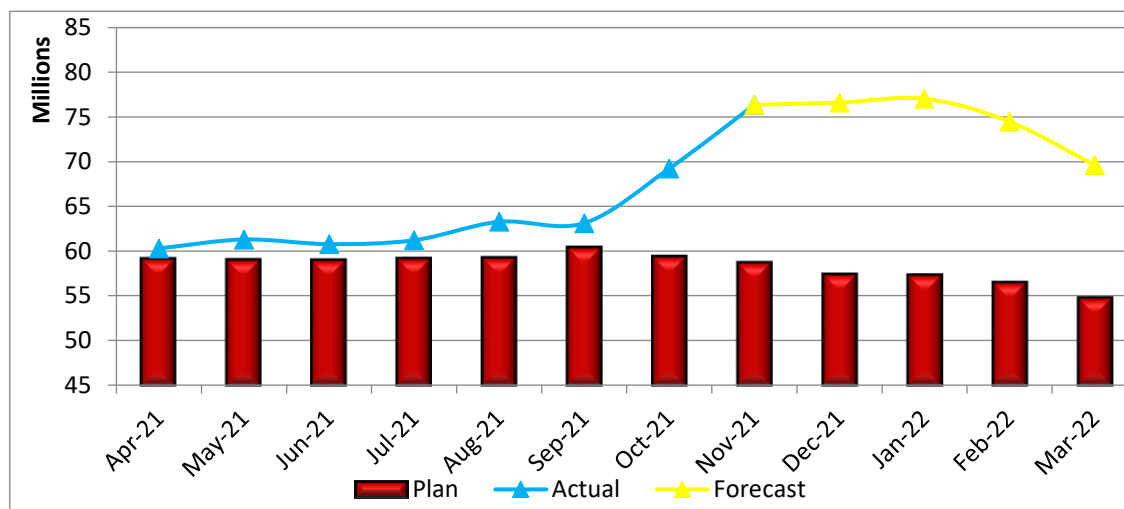
The major scheme for the Bretton Centre development (including En Suite) is progressing with the outcome of the procurement exercise expected to be completed in December 2021. This process will help inform the expected spend profile for this project.

Bids for national funding continue to be developed and submitted where possible. To date the Cyber Security bid (£240k) has been successful and this will be added in due course.

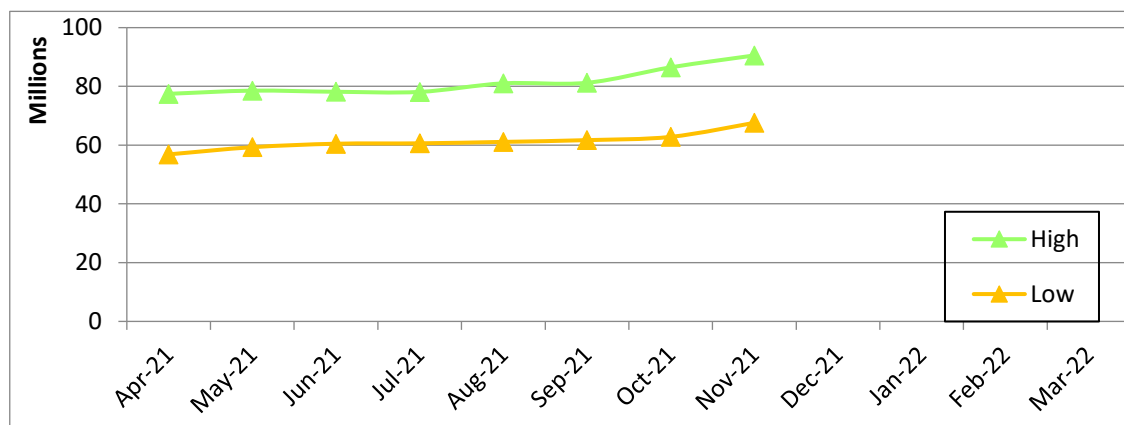


3.2

Cash Flow & Cash Flow Forecast 2021 / 2022



	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,659	
Closing Balance	58,636	76,368	17,732



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

Cash has remained higher than planned over the course of the year. We anticipate cash to reduce over the second half of the year as more investment and capital expenditure is planned.

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

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

The highest balance is: £90.5m

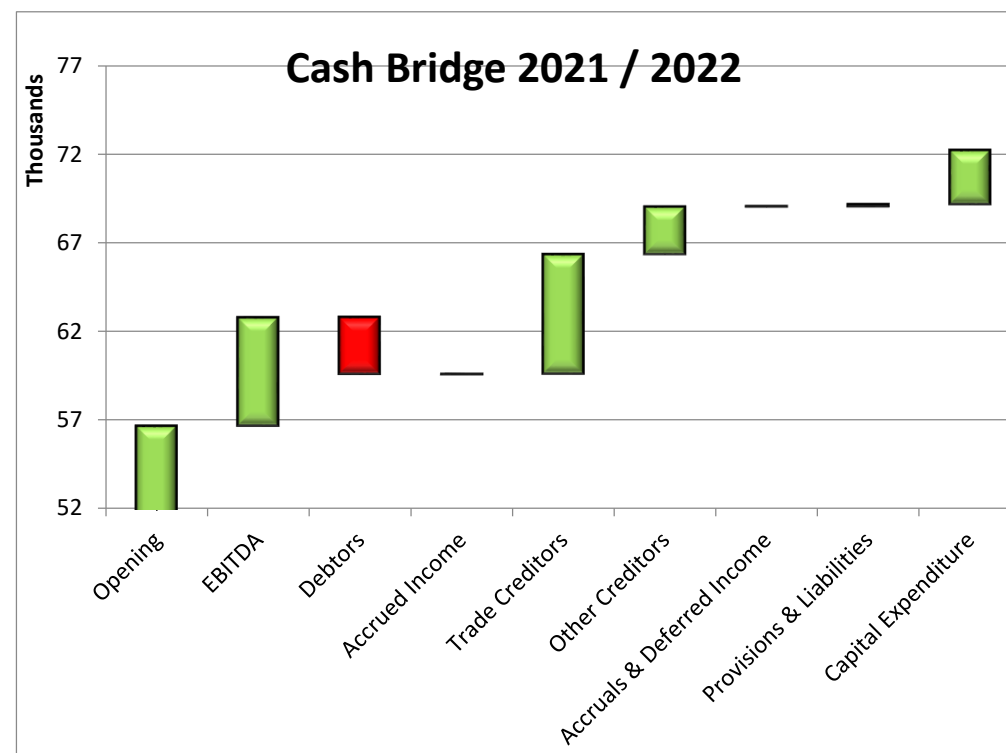
The lowest balance is: £67.6m

This reflects cash balances built up from historical surpluses.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Note
Opening Balances	56,648	56,659	
Surplus / Deficit (Exc. non-cash items & revaluation)	4,354	10,479	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	2,800	(391)	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	944	7,685	
Other Payables (Creditors)	0	2,677	
Accruals & Deferred income	(27)		
Provisions & Liabilities	0	119	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(4,813)	(1,760)	
Cash receipts from asset sales	0	1,488	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	58,636	76,368	



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. In November, this is further increased by the cash receipt of a VAT refund. This is a short term gain as this will be redistributed to those impacted by the change in a future month.

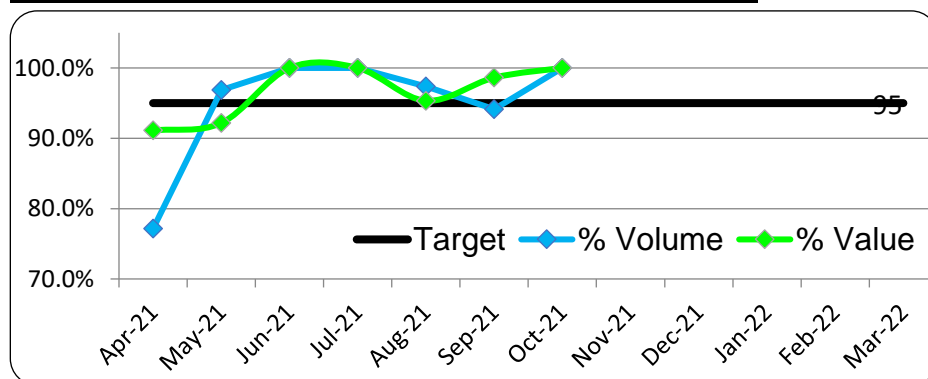
4.0

Better Payment Practice Code

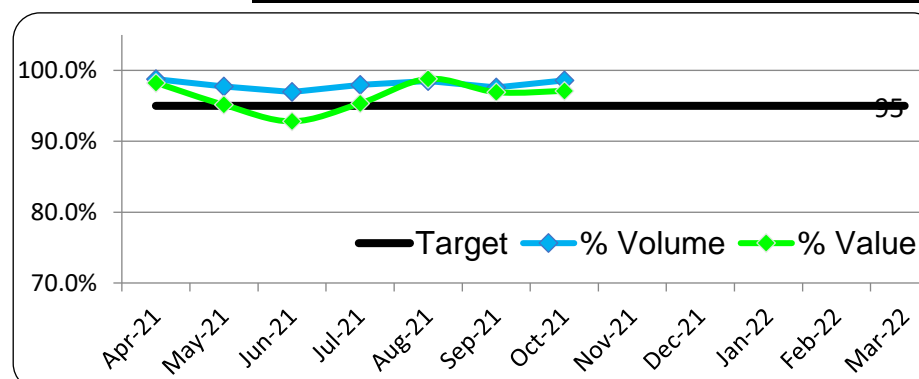
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance for the year to November 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	96%	98%



Non NHS	Number %	Value %
In Month	95%	95%
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-Nov-21	Provision of Healthcare	Forensic	Leeds & York Partnership Nhs Foundation Trust	996262	571,103
14-Nov-21	Provision of Healthcare	Forensic	Leeds & York Partnership Nhs Foundation Trust	996302	571,103
01-Oct-21	Provision of Healthcare	Forensic	Cygnnet Health Care Ltd	CYGWYS14	492,727
01-Nov-21	Provision of Healthcare	Forensic	Cygnnet Health Care Ltd	CYGWYS15	492,727
01-Nov-21	Provision of Healthcare	Forensic	Waterloo Manor Ltd	HONHSLS240	219,587
09-Nov-21	Drugs	Trustwide	Bradford Hospitals Nhs Trust	319989	116,181
01-Dec-21	Rent	Wakefield	Assura Hc Ltd	LINV43649	99,367
30-Sep-21	Rent	Barnsley	Barnsley Metropolitan Borough Council	9000287702	88,534
31-Oct-21	Provision of Healthcare	Forensic	Sheffield Childrens Nhs Foundation Trust	2100217387	76,084
05-Nov-21	Rent	Kirklees	Kirklees Council	8606769530	61,634
30-Sep-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN21092653	60,069
04-Nov-21	Training	Trustwide	Northorpe Hall Child & Family Trust	10689	58,225
17-Nov-21	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	996326	56,247
25-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402754941	45,000
25-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402754942	45,000
25-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402754943	45,000
25-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402754944	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755020	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755379	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755380	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755382	45,000
27-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755902	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755378	45,000
26-Oct-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402755381	45,000
11-Jun-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN20148942	39,163
30-Sep-21	Rent	Barnsley	Barnsley Metropolitan Borough Council	9000287703	37,996
23-Sep-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN2109048X	37,654
03-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060219757	33,538
13-Sep-21	Mobile Phones	Trustwide	Vodafone Ltd	99072400INV	33,306
13-Oct-21	Mobile Phones	Trustwide	Vodafone Ltd	99324068	32,941
30-Sep-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN21092645	32,647
11-Jun-21	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN20148942	32,581
15-Nov-21	IT Software	Trustwide	Trustmarque Solutions Ltd	2329841	30,767
13-Sep-21	Mobile Phones	Trustwide	Vodafone Ltd	99072400	27,756
28-Jun-21	Staff Recharge	Trustwide	University Of Huddersfield Hec	5058957	27,312
03-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060219756	26,233
22-Oct-21	MFDs	Trustwide	Kyocera Document Solutions (Uk) Ltd	1253705	25,522
28-Oct-21	Utilities	Trustwide	Edf Energy Customers Ltd	000010814993	25,291

- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.
- * Surplus - Trust income is greater than costs
- * Deficit - Trust costs are greater than income

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

- * Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- * Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

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

- * CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.
- * ICS - Integrated Care System.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of its services.

Appendix 2 - Workforce - Performance Wall

				Barnsley District							Calderdale and Kirklees District						
Month	Objective	CQC Domain	Owner	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Oct-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	4.2%	4.2%	4.0%	4.0%	4.1%	4.1%	<=4.5%	4.8%	5.1%	5.2%	5.3%	5.4%	5.5%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	4.2%	4.3%	3.5%	4.1%	4.6%	4.5%	<=4.5%	4.7%	4.8%	5.1%	5.4%	6.3%	6.1%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021				55.0%	58.7%	>=95%	Commenced in October 2021				59.2%	65.8%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%					35.3%	44.0%	>=95%					28.4%	32.4%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	88.2%	87.4%	83.3%	83.0%	83.8%	80.7%	>=80%	85.5%	86.0%	86.5%	86.5%	86.5%	84.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	79.5%	76.0%	70.9%	70.6%	70.8%	75.7%	>=80%	79.5%	81.1%	76.2%	76.2%	77.6%	74.2%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	94.3%	94.6%	91.3%	91.4%	90.6%	91.1%	>=80%	96.4%	97.0%	96.3%	95.8%	96.7%	97.1%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021				84.3%		>=80%	Reporting to commence in November 2021				84.0%	
Equality and Diversity	Resources	Well Led	LJ	>=80%					96.6%		>=80%						
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	83.6%	82.1%	86.2%	86.0%	88.1%	90.7%	>=80%	85.5%	83.5%	83.4%	82.9%	85.7%	86.7%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	79.3%	76.6%	77.3%	77.6%	76.9%	75.0%	>=80%	85.2%	90.1%	91.6%	91.6%	90.8%	89.8%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21		53.4%	51.4%	62.6%	70.3%	>=80%	Commenced Aug-21		43.1%	41.5%	56.6%	62.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	93.9%	91.9%	90.9%	91.1%	91.0%	91.9%	>=80%	94.2%	94.7%	91.4%	91.2%	89.8%	89.5%
Information Governance	Resources	Well Led	LJ	>=95%	95.2%	93.4%	93.3%	94.0%	92.5%	91.0%	>=95%	95.6%	94.4%	91.3%	91.6%	88.0%	85.6%
Moving and Handling	Resources	Well Led	LJ	>=80%	93.0%	93.5%	94.4%	94.0%	93.5%	93.0%	>=80%	95.8%	96.9%	96.8%	96.5%	96.6%	96.4%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in Sep-21			51.7%	62.8%	63.6%	>=80%	Commenced in Sep-21			60.6%	71.2%	71.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.0%	85.7%	87.1%	86.8%	88.0%	89.6%	>=80%	84.6%	85.0%	85.4%	84.8%	86.5%	87.6%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	78.9%	80.8%	81.0%	80.9%	82.8%	85.3%	>=80%	80.7%	81.5%	83.0%	82.3%	83.6%	85.2%
Prevent	Improving Care	Well Led	LJ	>=80%	96.0%	95.8%	96.2%	96.2%	96.5%	96.7%	>=80%	94.8%	95.4%	94.7%	94.6%	95.1%	93.3%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	94.3%	92.3%	91.4%	91.5%	91.4%	91.3%	>=80%	94.7%	94.9%	92.2%	92.3%	92.5%	91.1%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	93.4%	92.6%	93.2%	93.1%	93.0%	92.1%	>=80%	93.9%	93.0%	89.3%	88.6%	89.8%	88.9%
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														

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

				Forensic Services							CAMHS						
Month	Objective	CQC Domain	Owner	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Sickness (YTD)	Resources	Well Led	LJ	<=5.4%	4.6%	5.1%	5.4%	5.5%	5.7%	5.9%	<=4.5%	2.7%	2.8%	2.9%	2.8%	2.7%	2.8%
Sickness (Monthly)	Resources	Well Led	LJ	<=5.4%	5.2%	6.6%	6.9%	5.9%	6.5%	7.3%	<=4.5%	2.6%	3.1%	3.0%	2.4%	2.4%	1.9%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021				62.9%	67.3%	>=95%	Commenced in October 2021				55.9%	59.4%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%					24.9%	27.9%	>=95%					55.2%	61.9%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	80.5%	81.7%	80.0%	80.4%	79.5%	82.8%	>=80%	81.6%	82.1%	82.6%	81.9%	81.4%	77.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	73.0%	74.1%	72.4%	71.6%	68.5%	71.4%	>=80%	67.7%	69.3%	70.5%	69.2%	74.1%	77.0%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	93.8%	94.1%	94.5%	92.9%	93.5%	94.2%	>=80%	95.0%	92.0%	87.4%	87.2%	90.0%	92.0%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021					78.9%	>=80%	Reporting to commence in November 2021					79.2%
Equality and Diversity	Resources	Well Led	LJ	>=80%	95.5%	95.4%	93.8%	94.4%	94.5%	94.8%	>=80%	96.8%	96.6%	95.0%	95.3%	95.3%	95.7%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	84.5%	85.0%	84.4%	84.1%	89.2%	88.1%	>=80%	83.1%	81.6%	83.3%	84.0%	85.8%	89.2%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	69.1%	69.3%	69.9%	70.7%	73.7%	71.5%	>=80%	33.3%	33.3%	25.0%	25.0%	25.0%	20.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21		42.1%	40.4%	54.4%	64.3%	>=80%	Commenced Aug-21		38.7%	37.9%	57.4%	67.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	92.4%	92.8%	91.3%	90.7%	91.1%	91.1%	>=80%	93.6%	91.6%	91.8%	91.8%	90.5%	91.0%
Information Governance	Resources	Well Led	LJ	>=95%	93.0%	92.0%	90.6%	90.7%	89.9%	90.2%	>=95%	91.7%	91.6%	88.1%	89.0%	88.3%	90.4%
Moving and Handling	Resources	Well Led	LJ	>=80%	98.0%	98.3%	97.8%	97.8%	98.3%	97.9%	>=80%	98.7%	98.1%	98.7%	99.1%	99.1%	98.8%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in Sep-21			41.1%	54.2%	56.3%	>=80%	Commenced in Sep-21			N/A	N/A	N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.3%	88.5%	89.0%	88.7%	89.6%	90.5%	>=80%	81.4%	81.2%	82.8%	81.6%	83.0%	84.9%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	81.2%	83.4%	85.1%	84.4%	85.7%	87.4%	>=80%	79.1%	79.3%	81.0%	81.2%	82.7%	84.5%
Prevent	Improving Care	Well Led	LJ	>=80%	93.4%	93.7%	91.3%	90.9%	91.2%	90.9%	>=80%	94.8%	93.9%	93.5%	94.5%	93.1%	94.6%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	94.2%	93.4%	92.0%	91.3%	91.3%	91.6%	>=80%	94.2%	94.4%	93.9%	94.0%	92.3%	91.5%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	91.4%	90.9%	88.9%	88.0%	90.0%	89.9%	>=80%	95.5%	94.4%	92.7%	92.4%	92.1%	90.7%
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														

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

				Support Services							Wakefield District						
Month	Objective	CQC Domain	Owner	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.0%	3.0%	3.1%	3.3%	3.4%	3.6%	3.8%	<=4.6%	3.6%	3.5%	3.6%	3.6%	3.5%	3.4%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.0%	3.1%	3.6%	3.4%	4.0%	4.4%	4.3%	<=4.6%	3.8%	3.3%	3.7%	3.7%	4.0%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021				53.1%	63.2%	>=95%	Commenced in October 2021				70.3%	74.4%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%					57.2%	63.4%	>=95%					29.7%	34.5%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	94.2%	92.0%	90.1%	90.1%	85.1%	82.9%	>=80%	86.8%	86.7%	86.1%	86.8%	86.6%	86.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	83.3%	75.9%	72.4%	72.4%	75.0%	68.8%	>=80%	69.9%	69.8%	66.1%	67.2%	69.3%	68.3%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	100%	100%	100%	100%	100%	100%	>=80%	93.6%	93.1%	93.1%	94.0%	92.8%	93.2%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021					82.6%	>=80%	Reporting to commence in November 2021					76.8%
Equality and Diversity	Resources	Well Led	LJ	>=80%	88.2%	89.3%	89.5%	89.5%	89.8%	88.0%	>=80%	96.2%	95.9%	76.6%	95.9%	94.9%	94.6%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	85.3%	83.8%	87.7%	87.7%	88.3%	89.9%	>=80%	88.2%	86.6%	84.2%	83.8%	86.9%	90.2%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	98.5%	97.0%	95.5%	95.5%	94.8%	94.7%	>=80%	85.4%	86.6%	87.1%	85.9%	88.1%	89.2%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21		34.4%	34.4%	47.6%	55.6%	>=80%	Commenced Aug-21		42.0%	39.5%	50.0%	58.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	89.4%	87.2%	85.0%	85.0%	83.8%	85.5%	>=80%	91.9%	92.5%	90.2%	89.7%	90.7%	88.2%
Information Governance	Resources	Well Led	LJ	>=95%	95.2%	93.0%	93.4%	93.4%	91.0%	91.3%	>=95%	95.2%	94.3%	92.3%	92.6%	91.5%	89.0%
Moving and Handling	Resources	Well Led	LJ	>=80%	98.9%	99.5%	99.6%	99.6%	99.5%	99.3%	>=80%	95.7%	95.6%	94.6%	94.4%	94.9%	95.1%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in Sep-21			N/A	N/A	100%	>=80%	Commenced in Sep-21			52.9%	68.7%	66.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	97.7%	97.2%	98.2%	98.2%	98.3%	98.6%	>=80%	84.4%	84.5%	82.6%	81.9%	83.1%	84.2%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	72.7%	76.2%	85.0%	85.0%	86.4%	88.0%	>=80%	80.6%	81.0%	82.3%	80.6%	84.4%	85.0%
Prevent	Improving Care	Well Led	LJ	>=80%	97.2%	97.5%	98.2%	98.2%	97.4%	97.6%	>=80%	95.9%	95.6%	95.3%	95.1%	94.2%	93.2%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	97.1%	96.3%	95.4%	95.4%	95.1%	94.7%	>=80%	95.9%	94.8%	93.5%	93.3%	92.4%	90.3%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	97.0%	96.6%	96.4%	96.4%	95.9%	95.3%	>=80%	90.1%	89.7%	89.2%	89.0%	88.9%	87.7%
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														

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

Month	Objective	CQC Domain	Owner	Inpatient Service						
				Threshold	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	7.0%	7.6%	7.7%	7.7%	7.6%	7.7%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	7.4%	8.6%	8.2%	7.4%	7.5%	7.3%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Commenced in October 2021				23.1%	28.6%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%					2.4%	3.7%
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	84.0%	85.0%	77.5%	79.4%	80.9%	79.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	77.3%	77.8%	72.6%	72.7%	74.2%	70.4%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	92.1%	91.7%	92.1%	89.5%	93.0%	91.6%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting to commence in November 2021					82.0%
Equality and Diversity	Resources	Well Led	LJ	>=80%	97.0%	95.9%	94.9%	93.8%	94.4%	93.5%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	82.4%	81.0%	88.3%	87.8%	90.1%	92.3%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	79.3%	79.4%	84.6%	86.3%	87.8%	86.1%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21		41.2%	39.9%	55.7%	63.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	92.5%	90.9%	90.7%	90.1%	90.8%	88.7%
Information Governance	Resources	Well Led	LJ	>=95%	94.6%	92.3%	86.7%	85.7%	85.5%	84.5%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.6%	97.5%	98.0%	97.2%	96.9%	96.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced in Sep-21			50.4%	59.1%	60.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.1%	88.2%	87.8%	86.1%	88.5%	87.8%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	83.3%	84.3%	85.1%	83.6%	85.5%	85.0%
Prevent	Improving Care	Well Led	LJ	>=80%	94.6%	94.2%	94.9%	94.1%	93.5%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	91.0%	90.3%	90.3%	88.9%	89.6%	87.2%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	87.3%	86.8%	87.0%	85.9%	87.2%	85.9%
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							

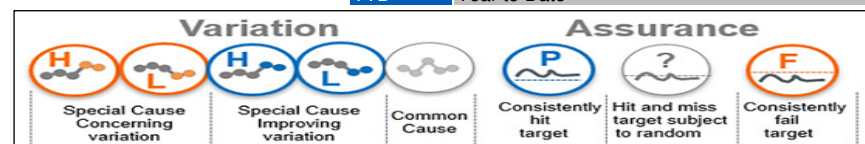
Glossary

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

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

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

SPC Chart Icon Summary



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