

Integrated Performance Report Strategic Overview



December 2021

With **all of us** in mind.

Table of Contents

	Page No
Introduction	4
Summary	5 - 19
Covid-19	20 - 21
Emergency Preparedness	22 - 23
Quality	24 - 40
National Metrics	41 - 44
System-wide Monitoring	45
Locality	46 - 51
Finance	52
Workforce	53 - 55
Publication Summary	56
Appendix 1 - Finance Report	57 - 75
Appendix 2 - Workforce Wall	76 - 79
Glossary	80

Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 2021. The development of the IPR will continue to evolve 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 December 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 South Yorkshire and Bassetlaw Integrated Care Systems (ICSs)– 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.

This month's IPR has been produced against the backdrop of a significant escalation in Covid-19 prevalence. Given the necessary response to the pandemic coupled with high staff absence, not all information is readily available this month.

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

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	Oct-21	Nov-21	Dec-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	2	3			Sadly in December there were three 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, Q3 data is due February 2022. Q1 - 66%
	3.Proportion of people from BAME communities accessing IAPT		14.0%	12.9%	14.3%			BAME population 13%
Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities	1a. Cardio metabolic assessment & treatment - Inpatient	80% screened 80% compliant	**60% screened 57% compliant	**67% screened 61% compliant	**80% screened 76% compliant			For current inpatients (as at 18th Jan) 80% of applicable patients have been screened using the cardio metabolic screening tool and of those 76% have been screened across all 9 domains.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)	70% screened 70% compliant	**70% screened 49% compliant	**68% screened 55% compliant	**68% screened 54% compliant			For current patients (as at 18th Jan) within Early Intervention services, 68% of applicable patients on caseload have been screened using the cardio metabolic assessment tool. Of those, 54% have been screened across all 9 domains, with alcohol and diabetes being two domains where screening and appropriate actions are not being undertaken. This in part can be related to the availability of blood tests and results within the community setting.
	2. IAPT - proportion of people completing treatment who move to recovery	50%	57.0%	52.9%	51.2%			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
	3. % service users on CPA followed up within 7 days of discharge	95%	85/86 =98.8%	105/106 =99.1%	98/102 =96.1%			December data is provisional and will be refreshed in February 2022.
	4. % of service users on CPA with a 12 month follow up recorded	95%	95.5%	93.2%	94.2%			
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	86.8%	87.5%	82.1%			Q3 total is 85.5%. This data is provisional at the time of producing this report and will be refreshed in February 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		

85.5%

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: The original timescale for testing and evaluation was to be completed by end November 2021. Timescales for testing and evaluating the functionality of a creativity app will need to be adjusted due to delays during development, and meetings with the provider are being scheduled to understand the latest position.
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.		Work progresses in partnership with the National Centre of Creativity and Health (NCCH) to analyse health sector investment in creative projects, to inform sustainability plans, and development of West Yorkshire and Harrogate Creativity Hub. End of November 2021 timescale was revised due to delays in obtaining all required information, and the plan will now be delivered by 31st March 2022. The meeting with the West Yorkshire and Harrogate ICS Senior Leadership Executive is confirmed for February 2022 to showcase the work and outcomes.
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.		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 developed during early 2022. Three design workshops have been held with phase two services to identify ways to include physical activity in systems and processes and work to onboard phase three services is underway.
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.		ICS and Partnership developments: Preparatory work for the creation of statutory body integrated care systems continues and work is taking place in each sector and place to develop strong provider collaboratives needed to support the new health and care system. The Trust is an active part of these discussions. Both of our ICSs have begun processes to recruit to senior roles and for Non-Executive Directors. Details on the positions and process can be found on the ICS websites. There is a delay in implementation of the Health and Social Care Act, and rescheduled go live for statutory Integrated Care Systems and associated governance at place is 1st July 2022.
5. Active Calderdale: integrating physical activity into systems and processes: hold three design thinking workshops with pilot services by January 2022.		Together with our partners across all place bases we are working to support each other in response to the Covid pandemic, and the increased demand and acuity currently being felt across all health and social care providers. System partners are working together in response to the letter issued on 24 December 2021 by NHSE C1518 'Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic' and C1487 'Preparing the NHS for the Potential Impact of the Omicron variant and other winter pressures' published on 13 December 2021. This includes taking a similar approach to relaxing normal annual leave restrictions, training requirements, appraisals and non-essential meetings.
6. Forensic Lead provider collaborative: recruitment to posts to implement the commissioning capacity requirements for the West Yorkshire Provider Collaboratives		Partners across all of our areas have come together to support each other and provide signposting services for local people over the winter. This includes the 'Together we Can' campaigns in West Yorkshire and South Yorkshire. West Yorkshire Adult Secure Lead provider collaborative: Further progress has been made in terms of recruitment to posts within the Commissioning Hub hosted by Leeds and York Partnership NHS Trust (LYPFT) to implement the commissioning capacity requirements for the West Yorkshire Collaboratives. The Head of Commissioning and Administrator are in post. The Quality Lead commences early February, and Business Intelligence post is being progressed.
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 to transformation (and other external recruitment activities) recruiting from a limited pool of Health Care Professional staff when existing systems have workforce challenges and winter pressures. The Trust is working with local partnerships 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. A plan has been put forward to carefully phase recruitment through 2022. 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 (SPA) model, delivering brief interventions for people whose presenting need cannot currently be met in a traditional care pathway. In January 2022, the ICSs in West and South Yorkshire are pulling together the planning submissions for year 2 funding and resourcing.

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

Improve Care								
Priority programme	Metrics	Threshold	Oct-21	Nov-21	Dec-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend	28	31	23			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	28	21	Data not yet available			Pressure ulcer prevention , waterlow & wound care pathway training was delivered to all NNS staff between April & July 2021. A 2 day wound care training package for new starters and staff updates were also delivered by the TVN team in Sept & Nov 21.
	4. Safer staffing fill rates (%)	90%	112.7%	114.1%	108.9%			Positive improvement in incident reporting and further work continues around
	5. Number of children & young people in adult wards	0	0	0	0			Four consecutive months of 0 recorded.
	6. Staff absence due to Covid-19		20	21	49			No of staff still absent from work - Covid-19 positive of the more transmissible Omicron variant
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		6	7	29			The increase in HCAI's is mirrored with other comparable trusts and can be related to the Omicron variant being more transmissible.
Provide care as close to home as possible	1. Out of area bed placements (days)		288	309	352			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)		167	119	155			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)		206	228	214			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	71.2%	72.0%	76.6%			47 responses in December
	4. Forensics staff sickness	<=5.4%	5.7%	5.9%	5.8%			YTD sickness
	5. Forensics staff turnover		16.8%	17.2%	15.8%			Registered nurses turnover
	6. Race related incidents against staff in forensics		9	16	13			The majority of race related incidents in December (6) were reported on Hepworth Ward. There were 3 reported on Bronte Ward, 3 on Sandal Ward and 1 on Johnson Ward. 2 service users were responsible for the race related incidents on Hepworth ward, 1 service user on Bronte and 3 service users on Sandal.
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	89.6%	91.2%	90.6%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	95.7%	99.1%	96.7%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	93.2%	92.9%	93.8%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		238	266	201			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months). Services are reporting increasing acuity and complexity resulting in longer
	2b. Average contacts per day - intensive home based treatment team		114	132	123			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months). Services are reporting increasing acuity and complexity resulting in longer
	2c. Average contacts per day - Learning disability community		124	141	108			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
	2d. Average contacts per day - District nursing, end of life and community matrons		567	673	662			Pre Covid-19 - 710 (Average from September 2019 to January 2020)
	3. Access representative of community population		6.5%	7.7%	6.4%			Increasing acuity and complexity as well as use of PPE resulting in longer visiting 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		

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

Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery and Reset – Operational recovery and reset: 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 has been developed and proposal submitted to 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 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 strategic recovery and reset group. Surveys have been cocreated and testing completed. A plan for roll out is in place with launch due to commence in December. 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: Review of priorities and plan for 2022 is now likely to take place in February 2022 due to current operational pressures and this is likely to focus on crisis alternatives to admissions, support required when someone is placed out of area and timely discharge from wards.		Older People Inpatient Services Transformation: Work is continuing toward the delivery of the outline business case for the proposals and the formal consultation. Costs have been established for Crofton enhancement options, and these will be appraised in January 2022. Learning visit has taken place to Bradford and will be factored into the model, including staffing modelling. Further work has taken place on travel impact analysis and the next steps will be to establish a task and finish group to consider options to support people that might need to travel further if the model changes. A timeline is now being established for local governance and approval process required prior to formal consultation. Some delay is expected in January 2022 due to current operational pressures taking priority.
6. Care close to home: Review of trajectories and activity required to address them given recent and ongoing system pressures. Initial review has taken place and a further review will be taking place in January 2022 due to recent pressures which has led to increased and more sustained use of out of area beds than has been expected (January 2022). Reviewed trajectories will be submitted to the ICS.		
7. Improve Services for people acutely unwell and improve ward environment - Leadership strand: new leadership structure implemented across wards with new service manager roles; improved visibility of matrons, and advanced clinical practitioners implemented on some wards. Next steps include culture and leadership work with Tavistock (due by March 2022) and exploring clinical leadership training.		
8. Improve Services for people acutely unwell and improve ward environment - Training and skills: To commence work on Learning Needs Analysis of inpatient staff (January 2022)		
9. Improve Services for people acutely unwell and improve ward environment – Quality Improvement (QI): work on QI commenced on the wards (November – December 2021). Theming and identification of potential improvement activity being identified in January 2022. Some pauses in engaging ward staff in work due to recent operational pressures.		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 2021, though works continue to take longer than expected and the current forecast is that the service will be able to access the site fully from February 2022. Calderdale CAMHS 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, Halifax.
10. Improve Services for people acutely unwell and improve ward environment - Innovations that can be applied to the wards are currently being explored. Conversations are being taken forward in January 2022 to explore potential use of a technology to provide contact free readings from patients. Other opportunities being considered include arts and creativity and in particular the use of music on the wards. Further exploration planned through January 2022.		
11. Improve Services for people acutely unwell and improve ward environment - Challenges on Oakwell Centre and Clark Ward: A short- and medium-term plan has now been established to work through and resolve current workforce challenges. These include temporarily capping active numbers of service users on Clark ward, and gradually and safely increasing whilst improvement measures take effect.		
12. Improve Services for people acutely unwell and improve ward environment – Outcomes: a draft outcomes framework being established in January. Further development work on tracking measures to take place from February 2022 onwards.		
13. 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, though this is likely to face some delay due to current operational priorities (January - February 2022)		Inpatient Improvement: Formal governance for the improvement programme has now been established and work has commenced across the programme. An immediate priority has been the challenges at the Oakwell centre and in particular on Clark Ward. There is now a short and medium-term improvement plan in place, with a project team and task and finish groups supporting activity.
14. Older People Inpatient Services Transformation - Finalise and secure agreement for the outline business case for change. Q4 2021/22.		
15. Older People Inpatient Services Transformation - Develop collateral required to deliver formal consultation (Q4 2021/22). Timing of commencement of formal consultation has yet to be confirmed.		
16. Older People Inpatient Services Transformation – Bradford site visit and meeting with key staff members involved in their improvement work has taken place (December 2021)		
17. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees): Princess Royal site ready for enhanced service. Further delay to refurbishment work and the site means it may now be February 2022 before work is complete. In the interim, services are continuing across existing sites, but this limits the opportunities to increase assessments in line with expectations.		

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	Oct-21	Nov-21	Dec-21	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£1.2m	£714k	£1.2m		£4.9m	A £1.2m surplus was recorded in the month, taking the year-to-date position to a surplus of £5.5m.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£69.2m	£76.4m	£77.4m		£56.7m	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'		4.0%	4.2%	4.2%			
	2a. Percentage of video consultations		2.2%	2.4%	2.0%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		32.3%	31.7%	32.0%			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		65.5%	65.9%	66.0%			
	3. Prescribing errors (EPMA) (development required)							Reporting to commence next month for medicine omissions as a proportion of doses due.



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.		<p>Digital dictation: Business case seeking approval to go out to tender was submitted to EMT and agreed. Initial conversations with procurement have started to tender from the SBS Framework. Additional capacity in place to help move forward at pace.</p> <p>Trust Email platform accreditation (NHS Digital dependencies): Decommissioning activities for NHSmail accounts is underway and it is anticipated that this will be completed by February 2022 as previously communicated.</p> <p>IT Services re-procurement: Invitation to tender issued at the end of December 2021 with timeline established for contract award in April 2022. Expressions of interest are being registered from suppliers listed on the procurement framework.</p> <p>Information Sharing: Awaiting final approvals from Yorkshire and Humber Care Record (YHCR) Team to enable live deployment of Viper360 (PORTIA) being used to present available YHCR information. Discussions ongoing regarding the establishment of a minimum viable product (MVP) for a Barnsley Shared Care Record. Indicative timeline revised to 31 March 2022 centrally. Discussions ongoing with acute partners regarding improving access to respective electronic care record systems, and to enabling ICE (results reporting) integration with SystmOne.</p> <p>Digital Inclusion: Digital inclusion template setup on SystmOne based on questionnaire devised by Dr Abida Abbas, Trust CCIO. This has been established in the SystmOne demo/test environment and feedback following review has been positive. To be presented to ICIG for approval for introduction into live SystmOne operations.</p> <p>Cyber Security: Annual cyber penetration test scheduled for January 2022 together with Cyber Essentials Plus re-accreditation (annual).</p> <p>VPN Solution Replacement: The project to replacement the existing Virgin Media VPN solution with Cisco AnyConnect across the Trust has been completed (in December 2021) as planned.</p> <p>Finance: Confirmation of the various commissioner investments in place. We continue to monitor forecast spend against each and continue to develop alternatives to ensure that the investment is appropriately utilised. This is reviewed on a monthly basis. H2 approved plan in place and performance managed against. Financial Sustainability Plan: Further work to develop a three year sustainability plan and a refresh of the previous plan is required and regular updates are scheduled for Operational Management Group, Executive Management Team, Finance, Investment and Performance Committee and Trust Board over the coming months. Timescales will be revised accordingly.</p>
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.		
3. IT Services re-procurement: approach planning prior to procurement – Q1/Q2.		
4. Cyber Security: Annual Survey/Phishing Survey and evaluation of findings – Q2 2021 and implementation of action plan – Q3 2021		
5. Digital capital programme 21/22: detailed programme planning and mobilisation of planned expenditure. A review of HY1 underway and forecast for HY2 2021/22. Major IT infrastructure works planned		
6. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2 2022		
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 West Yorkshire and Harrogate 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.		
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 28/2/22 with review of previous financial sustainability plan to be completed.		



Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Oct-21	Nov-21	Dec-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.7%	4.7%	4.8%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.6%	6.6%	6.8%			
	2. Staff turnover - YTD	10%	14.6%	14.1%	13.8%			High focus on recruitment, retention and wellbeing.
	2a. Staff Turnover - monthly		1.5%	1.0%	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%	Reporting is currently under development following SharePoint migration					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%	56.0%			The appraisal process and the appraisal window has been reviewed this year to reflect current year pressures. We were overly optimistic in achieving the target by year end. Now given the ongoing covid challenges and pressures it is accepted that we will not achieve the target and will have a recovery plan for 2022/23.
	4. Incidents of violence and aggression against staff	Trend monitor	67	100	101			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		1	0	0			A joint task group between human resource and staff side has been established to review the policy, our approach and to identify appropriate measures.
Refresh and deliver our sustainability strategy and action plan	7. Absence due to stress & anxiety and MSK		2.4%	2.6%	2.7%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.26	0.98	1.06			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		50	54	54			Data is now available showing the carbon impact of staff travel / business miles. For December 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

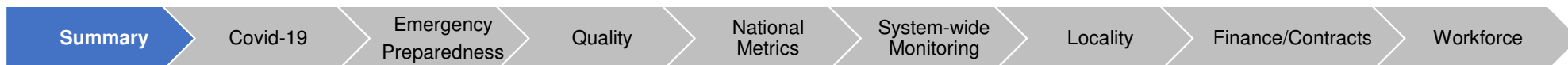
MSK	Musculoskeletal	GPTW	Great place to work
-----	-----------------	------	---------------------

Make this a great place to work (Lindsay Jensen)

Key Milestones		Comments:
1. Feeling Safe (Physical and Psychological and Safety): Preventing bullying and harassment -Redesigned Bullying and Harassment Policy Q3 2021/22 -Panel to Review all Race related Bullying and Harassment Q2 2021/22		Great Place to Work Themes: •Working in partnership to review 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 2021/22. •International nurse recruitment is on track. The first cohort have arrived and have commenced internal objective structured clinical examination (OSCE) training. Further cohorts are planned to arrive at the end of each month. •The second virtual recruitment fair took place in January 2022. Collaborative fairs are being explored across both ICs, with SWYPFT as lead organisation. •Great Place to Work programme paused due to suspension of mandatory/essential learning and development in January, plan to recommence February 2022. •The Long Covid offer is in place through Occupational Health (OH). The Trust is looking at the other strategic actions in the workforce strategy for Enhanced OH Support, appointment of a staff dietitian, creative/arts role for wellbeing, and a physical activity post which were down for Quarter 3 - these appointments will now take place in Q4 due a delay in funding being agreed by NHS Charities. Two posts have been appointed to January 2022, there third post is being advertised January 2022. •The review and refresh of principles of Trust-wide leadership model (Trios) has been deferred to Q4 2021/22 due to service pressures at the request of our Strategic Trio. •Appraisal window extended to end of Q4 2021/22, allowing a full 12-month window for appraisals. •Personal development plans (PDPs) 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: 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. We have gone out to e-tender for support to co-produce the strategy with a closing date of the 7th January 2022. Work has commenced to understand what other NHS trusts and public sector organisations are doing, including good practice examples locally and nationally.
2. Feeling Safe (Physical and Psychological Safety): More staff -Virtual Recruitment Fairs Q3/4 2021/22		
3. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders -Start rollout of 'Great Place to Work 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 2021/22		
4. Supportive Teams (Healthy Teams): Quality appraisal and supervision -Streamline appraisal process and develop link to an e-supervision Q2 2021/22		
5. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health Support -Enhanced Occupational Health offer linked to recovery and long Covid Q1 2021/22		
6. Supportive Teams (Healthy Teams): Quality appraisal and supervision Streamline appraisal process and develop link to an e-supervision Q2 2021/22		
7. Sustainability: -Bi-monthly meetings to identify Trust wide actions commencing October 2021/22 -Additional staff resource for Trust Sustainability Plan to be agreed by end of Q3 2021/22		

Glossary

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



Lead Director

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

Quality

- The majority of quality reporting metrics continue to be maintained during the pandemic.
- The number of restraint incidents was 197 in December, an increase of one since November.
- There were 8 information governance breaches reported in December, an increase from 6 in November.
- The number of inpatient falls increased from 58 in November to 63 in December.
- Out of area bed usage increased in December to 352 days from 309 days in November.

NHSI Indicators

- Performance against national reported targets remains positive.
- Percentage of service users waiting less than 18 weeks remains above the target threshold at 92.2%.
- There were no young people under the age of 18 on an adult ward in December, for the fourth consecutive month.
- The percentage of individuals completing IAPT treatment who have moved to recovery is 51% compared to the 50% target but has dropped slightly for the second consecutive month.

Locality

- Increased referrals and levels of acuity are being experienced across many service lines.
- The forensic BDU OPEL level was increased to level 4 due to critical staffing pressures created by Covid absences, non- Covid absences, and vacancies.
- Mobilisation of the new Yorkshire Smoke Free Wakefield contract is going well and the service will be ready to deliver the new contract from April 2022.
- In Barnsley, a key focus has been the recommencement of the Covid-19 vaccination programme for 12-15 year-olds, for second doses.
- Occupancy and clinical acuity levels within the Assessment and Treatment Unit remain high.
- Referrals to our Adult ADHD Service continue at high levels.
- Mental health acute wards continue to see high levels of acuity, with further challenges in managing isolated and cohorted patients.
- We continue to work in collaboration with our places to implement the community mental health transformation.
- CAMHS % treated within 18 weeks target is becoming increasingly challenging.
- Waits for children's neuro-developmental diagnostic assessments in Calderdale and Kirklees have continued to increase and implementation of agreed waiting list initiatives continues.

Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors.
- Staff wellbeing initiatives continue to be promoted.
- Excellence awards 2022 continue to be publicised.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Inequalities

- The Trust have reviewed the Equality, Involvement and Inclusion (EII) task force, to develop a sub-committee to support the Trust EII Committee and terms of reference were signed off by the Committee in December.
- The Trust has developed an equality dashboard and metrics in line with national guidance.
- All the recommendations from the Equality and Involvement Audit have been achieved.
- An annual report for equality has been produced, now published on the website and intranet.
- Recruitment, referrals and admission data by protected characteristic has been added to this months report. Further detail can be seen in the inequalities section of the report.

Priority programmes

- Preparatory work for the creation of statutory body integrated care systems continues and the Trust are an active part of these discussions.
- Work to progress Community Mental Health Transformation continues. In Barnsley, funding has been agreed and recruitment has taken place for implementation of the Additional Roles Reimbursement scheme (ARRs) roles.
- Formal governance for the inpatient improvement programme has now been established and work has commenced across the programme.
- Health inequalities reporting is established and has been launched across the Trust.
- Decommissioning activities for NHS mail accounts is underway and it is anticipated that this will be completed by February 2022.
- The Trust has welcomed its first international nurses, who are currently undertaking induction training. Further cohorts are planned to be welcomed at the end of each month.
- A second virtual recruitment fair took place in January 2022.

Finance

- A £1.2m surplus was recorded in the month, taking the year-to-date position to a surplus of £5.5m, excluding exceptional items such as property sales. This is an increase from the previous month and is reflective of the performance to date and forecast expenditure trends for the remainder of the financial year. Our internal forecast year end surplus is £7.1m excluding exceptional items.
- Pay costs were £16.7m in December.
- Agency expenditure in December was £691k, a slight decrease from November.
- Out of area bed costs were £382k in December. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels.
- Capital expenditure of £2.4m 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 is £8.2m. This continues to be discussed with the wider Integrated Care System (ICS) to support wider financial targets.
- The cash balance remains positive at £77.4m.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

Workforce

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, and was increased to level 4 for forensic services.
- Silver and Gold command structures are currently meeting twice a week
- National guidance continues to be monitored, reviewed, and adopted.
- The Trust has put in place a specific task and finish group to assess the level of risk associated with mandatory vaccination requirements, reporting into the bronze vaccination group. 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.
- The Trust flu vaccination programme continues. As of 18th January 2022, 69% of frontline staff and 64% of all staff had had a flu vaccination.
- A range of staff wellbeing support offers continue to be available and used.

Workforce

- December was, as expected, extremely challenging in terms of staffing. Absence through Covid isolation increased throughout December reaching a peak of 503 Covid absent staff at the beginning of January.
- Staffing levels remain under constant review.
- Staffing levels on six wards, an increase of three since November, fell below the 90% overall fill rate threshold in December. Significant efforts continue to address our current staffing pressures.
- Non Covid-19 sickness is 4.8% in December, against a threshold of 4.5%.
- Forensic staff sickness is 5.8% against a threshold of 5.4%
- Staff turnover remains higher than target at 13.8%.
- 93.8% of staff are recorded as having been double vaccinated. 49.6% of staff are recorded as having received their booster vaccination.

Reducing Inequalities

Covid19 shone a light on existing health inequalities which is now a national priority as the Government mandate to address inequalities through priorities and operations planning guidance including 5 priority areas for narrowing health inequalities. We know there are differential impacts on groups in our population:

- People with mental health or learning disability are known to have reduced years of life
- Black, Asian, and Minority Ethnic (BAME) more likely to experience poor health
- Gypsy, Roma and Traveller communities face large barriers to accessing services
- People with a physical or sensory disability experience impacts relating to communication, information, and the built environment
- Those living in our more deprived areas have a lower average life expectancy and experience poorer health
- Evidence there is evidence that LGBTQ+ people have disproportionately worse health outcomes
- Some people experience multiple impacts and disadvantages
- Meeting the requirements of the Public Sector Equality Duty our legal obligations under the Equality Act 2010 and NHS Constitution.

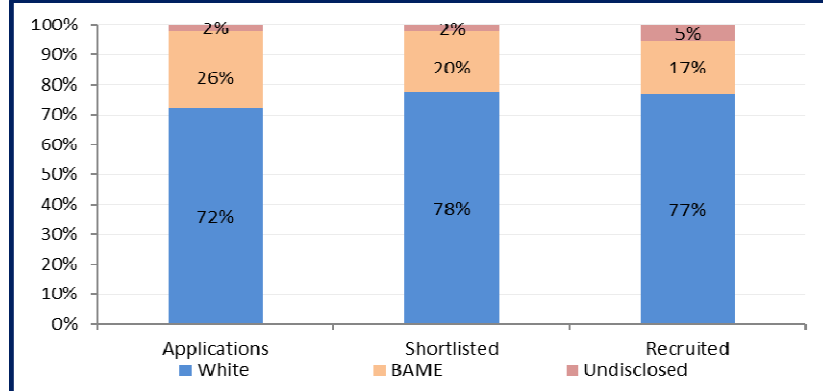
This section of the report will be developed over the coming months as more data becomes available and further analysis is undertaken.

A few key metrics have been initially identified with a focus on recruitment of staff into the Trust and for referrals and admissions into the Trust.

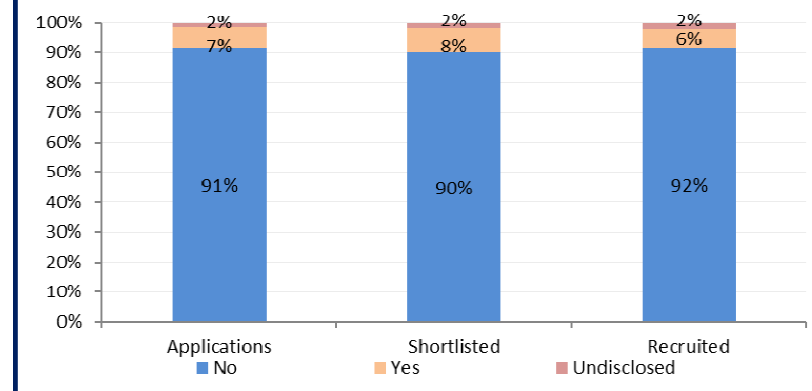
A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trusts Equality, Inclusion and Involvement Committee and further update on this will be provided in next months report.

Recruitment - rolling 12 months to end of Quarter 2 2021-2022

Ethnicity

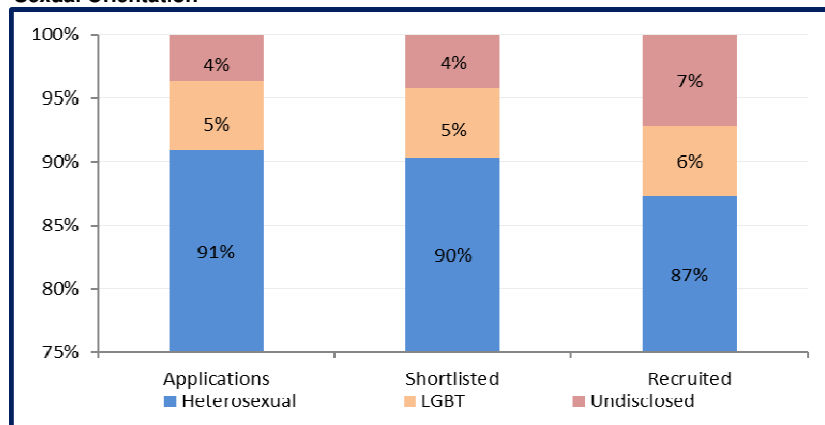


Disability

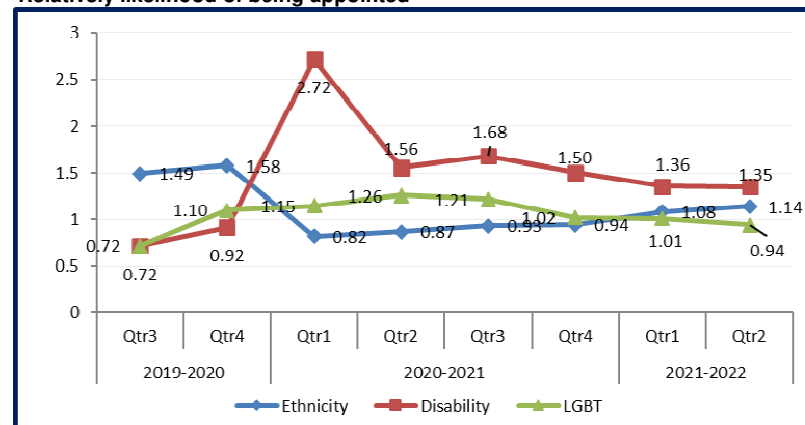


Reducing Inequalities

Sexual Orientation



Relatively likelihood of being appointed



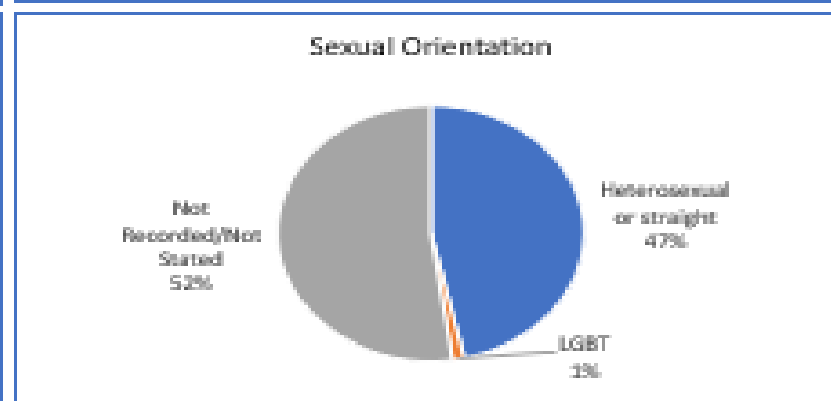
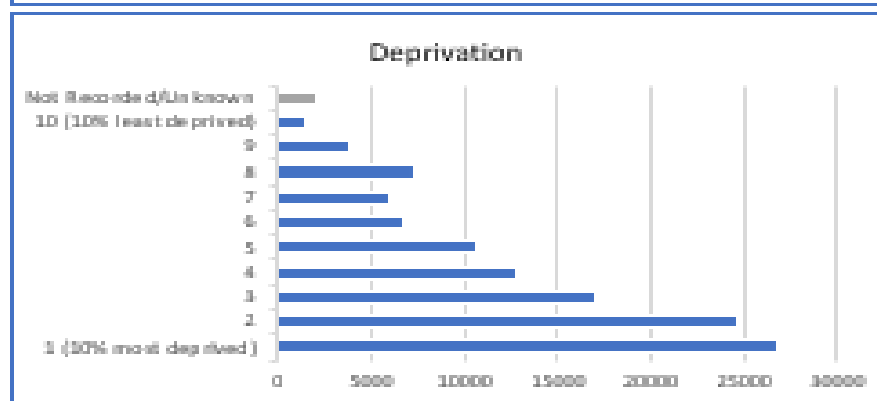
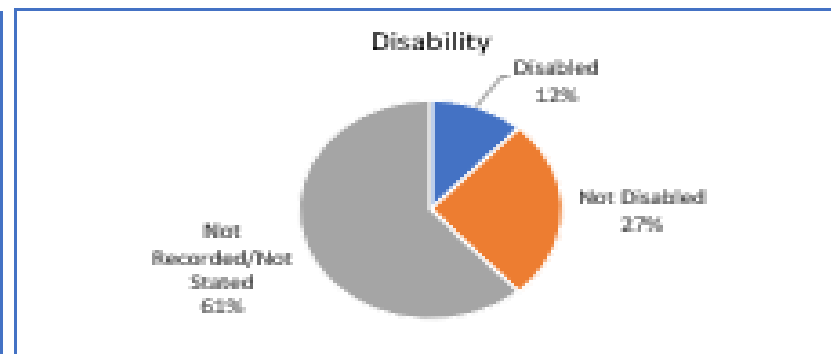
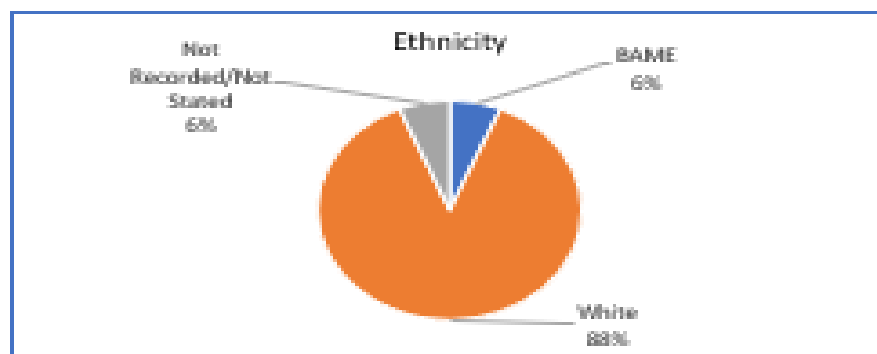
Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 = less likely to be appointed; Lower than 1.00 = more likely to be appointed

Notes:

- Ethnicity - the chart shows the ethnic breakdown for applications, shortlisted and recruited staff. 12 months data to the end of quarter 2 shows a reducing proportion of BAME applications that are shortlisted and then go on to be recruited.
- Disability - the chart shows the proportion of applications, shortlisted and recruited staff by disability.
- Sexual orientation - the chart shows the three stages of the recruitment process broken down by sexual orientation. The last 12 months worth of data show a slight increase in staff being recruited who identify as LGBT+ and an increased number of staff recruited who were not willing to disclose their sexual orientation.
- Relative likelihood of being appointed - the chart shows trend data for the relative likelihood of being appointed broken down by ethnicity, disability and sexual orientation. Undisclosed data is not used in the relative likelihood calculation for any of the three categories.
 - BAME - relative likelihood of being appointed compared to white applicants for this quarter = 1.14
 - Disability - relative likelihood of being appointed compared to non - disabled applicants for this quarter = 1.35
 - LGBT - relative likelihood of being appointed compared to heterosexual applicants for this quarter = 0.94

Reducing Inequalities

Referrals - (2021-22 to date, Includes physical health, mental health, LD and Forensics)

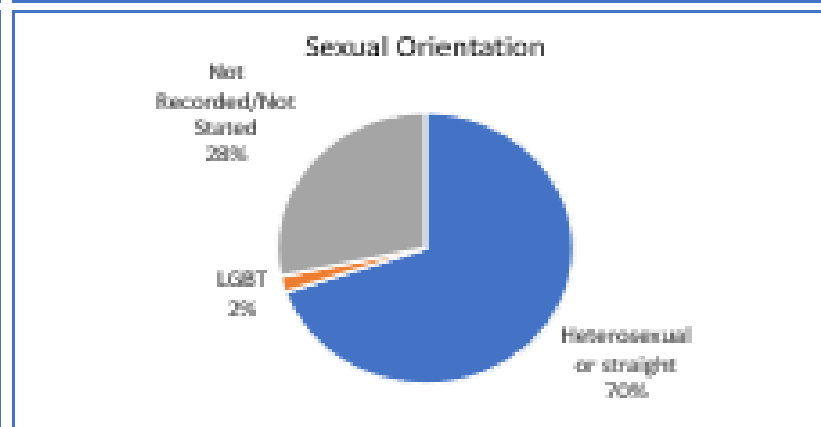
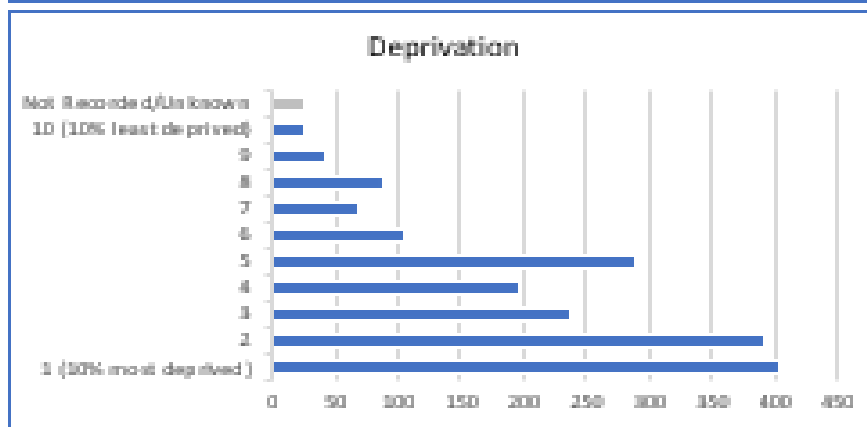
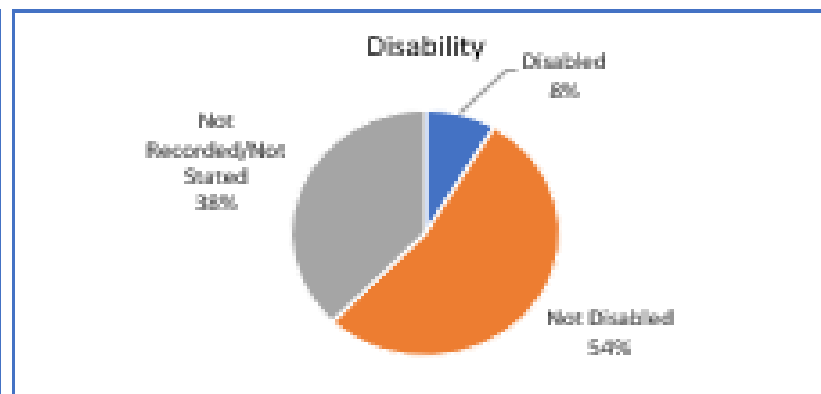
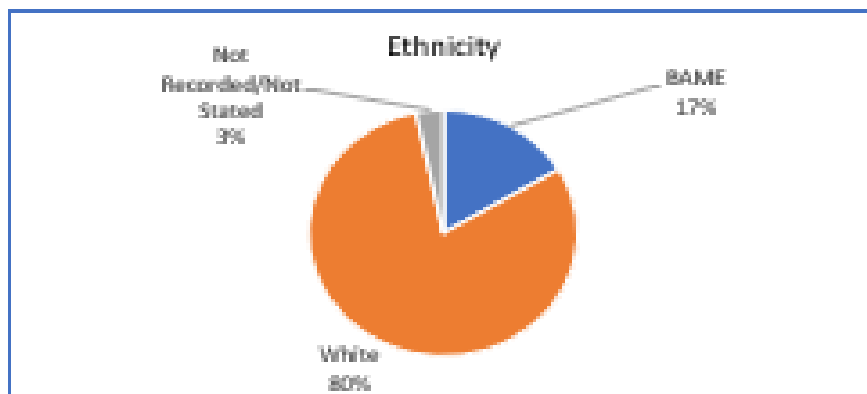


Notes:

- Only 6% of referrals into services this year were for BAME people. Recording of ethnicity is good with just 6% not recorded or not stated.
- 12% of referrals were recorded as having a disability and only 1% were recorded as LGBT.
- 43% of referrals come from the 20% most deprived areas (Core 20: Indices of multiple deprivation) Only 6% of referrals into services this year were for BAME people. Recording of ethnicity is good with just 6% not recorded or not stated.
- 12% of referrals were recorded as having a disability and only 1% were recorded as LGBT.
- 43% of referrals come from the 20% most deprived areas (Core 20: Indices of multiple deprivation)

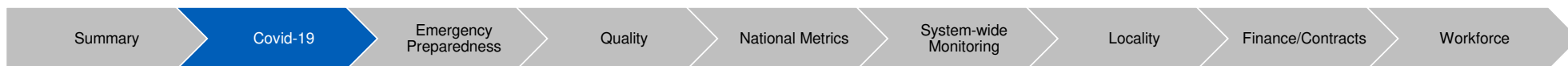
Reducing Inequalities

Admissions - (2021-22 to date, Includes physical health, mental health, LD and Forensics)



Notes:

- The majority of admissions were for people from a white ethnic background (80%) with 17% BAME. Recording of ethnicity in inpatient areas is good with 3% not recorded.
- 8% of people admitted were recorded as having a disability and 2% recorded as LGBT.
- 42% of admissions were from the 20% most deprived areas (Core 20: Indices of multiple deprivation)



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-Sep	Approx days stock as at 07-Oct	Approx days stock as at 18-Nov	Approx days stock as at 02-Dec	Approx days stock as at 13-Jan
Surgical masks	35	24	21	16	23
Respirator masks	98	95	55	52	78
Aprons	31	25	18	15	24
Gowns	86	126	127	124	122
Gloves	23	22	16	12	15
Visors	28	34	24	24	31

Testing

KPI	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
No of Service users Covid-19 positive and now recovered	2	0	0	10	23	5	6	8
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	29
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	0	0	1	1	1	0	0
No of wards with outbreaks	Reporting commenced in August 2021			4	5	2	2	11

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

6 wards have had outbreaks so far in January.

Patient testing & pathway/Outbreak response & management

To date 77% of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission) and 3 case 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 via the Infection Prevention Control Team.

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 an 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.

The emergence of the highly transmissible Omicron variant has resulted in a significant increase in the number of outbreaks in our wards, a pattern consistent with what is being experienced nationally. This has continued in January. Continues reinforcement of infection prevention and control guidance and use of PPE form part of our response. Visitor and leave policies are also reviewed regularly. The increase in HCAI's (health care associated infections) is mirrored with other comparable trusts, and can be related to the Omicron variant being more transmissible.

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 pre and post-operative procedures as required
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required
- Identified SWYPFT staff are undertaking lateral flow testing.

Lateral Flow Testing

From 2nd August 2021, supply of lateral flow devices (LFDs) for NHS staff and reporting of results has been through the national portal. We continue to text staff with a reminder to test and a link to submit results, and when requested continue to add new staff to the LFD database. We also encourage staff to continue lateral flow testing via the coronavirus briefing and occasional text/email reminders highlighting the importance of people lateral flow testing and 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.

As a result of the Omicron variant, the need for testing has increased. Access proved challenging in early January. Supply has improved and effective working with partners saw good mutual aid to support availability for our staff.

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
19/12/2021	940
26/12/2021	947
02/01/2022	827

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 5,092 staff have been recorded as having received their first vaccination (95.6%) and 4,995 staff have been recorded as having received their second vaccination (93.8%).
- 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.
- As at the time of writing this report 331 staff (including bank staff) are not double-vaccinated.

Vaccination	% of Staff
First Vaccination	95.60%
Second Vaccination	93.80%
Booster Vaccination	49.60%

Covid-19 Booster programme

- Continuing representation across place-based discussions and progressing SWYPFT- specific requirements as appropriate through local task and finish groups.
- SWYPFT continue to support the wider system through mutual aid with both vaccinators and admin supporting vaccination centres in Barnsley and Huddersfield.
- 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 accross 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 2,644 staff have been recorded as receiving their booster vaccination (49.6%). 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 continued to be fully engaged with all local resilience forums. Increased collaboration has been in place with organisations coming together to work in innovative ways to manage demand. It continues 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 now twice per week.
- The Trust OPEL level remains at level 3 with inpatient services operating at OPEL level 4. Covid-related staff absence appears to have peaked and whilst still high is reducing quickly.
- OPEL discussions continue, and review of support services ability to support clinical services continues.
- 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.
- The Trust is supporting and engaged with command processes in all of our places.

Flu Vaccinations

- Flu vaccination programme continues and clinics are scheduled across the Trust up to the end of January.
- As of 18/01/2022 69% of frontline staff and 64% of all staff have had a flu vaccination

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	70.4%	66.3%	61.7%	64.4%	65.3%	65.8%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	16%	20%	14%	11%	21%	16%	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	82%	82%	79%	78%	81%	85%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	98%	95%	96%	93%	92%	92%	92%	1
	Number of compliments received	Improving Health	Caring	DT	N/A	26	20	16	18	35	18	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	18	19	26	21	14	19	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	3	3	0	3	2	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	1	0	1	0	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	41.6%	41.2%	40.9%	40.4%	40.9%	39.3%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	11	8	12	9	6	8	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.9%	2.9%	2.3%	3.3%	2.2%	1.5%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	59.9%	60.3%	57.6%	60.0%	62.3%	54.3%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	69.4%	56.4%	61.3%	66.2%	59.8%	70.5%	N/A
Quality	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1081	1015	1058	1141	1137	1097	
	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	10	13	17	22	26	19	
	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	0	4	2	2	0	
	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	7	6	5	4	3	4	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	115.0%	111.2%	109.7%	112.7%	114.1%	108.9%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	88.5%	85.1%	84.9%	86.6%	87.5%	79.9%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	20	22	29	28	21	25	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	0	0	0	1	0	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%	88.0%	85.0%	91.0%	94.0%	83.3%	95.6%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	56	43	70	49	58	63	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	161	136	166	156	196	197	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	94.1%	87.1%	87.5%	88.5%	100.0%	93.8%	1
	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	1
Infection Prevention	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 December remained in line with the previous month moving from 196 to 197. 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 63 in December, which is a further increase compared to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. See falls section below for further detail.
- Staffing fill rates are provided for the last 2 months, where new planned staffing in acute mental health wards is included, and fill rates measured against these.
- Patient safety incidents that resulted in a degree of harm or 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 December.
- Our patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) join national and regional patient safety discussions/information sessions and share information into the Trust.

NHS England/Improvement continue to develop their programmes to support the NHS patient safety strategy. There has been some amendment to timescales throughout due to the impact of the pandemic. The current nine NHS England/Improvement priority areas are being progressed locally.

Patient Safety Incident Response Framework - we are continuing to assess our position as a Trust against the draft framework and to 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 currently reviewing which staff will need to complete level 2 training. Levels 3 – 5 are still in development.

Further details are available here: <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/NHS-England-updates.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 December.
- Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 45% compared to numbers waiting at end of December 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 reported by exception into the Clinical Governance Group for escalation to the Clinical Governance, Clinical safety Committee. Training sessions are available between August 2021 and May 2022 for new starters and refreshers.

Safety First

Summary of Incidents January 2021 - December 2021

Incidents may be subject to re-grading as more information becomes available outcome. The Trust grades incidents in two ways.

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

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

97% of incidents reported in December 2021 resulted in no harm or low harm or were not under the care of SWYPFT. For 2020/21 this figure was 92% overall. This is based on the degree of actual harm. Further details about severity and degree of harm can be found in the Incident Reporting and Management Policy.

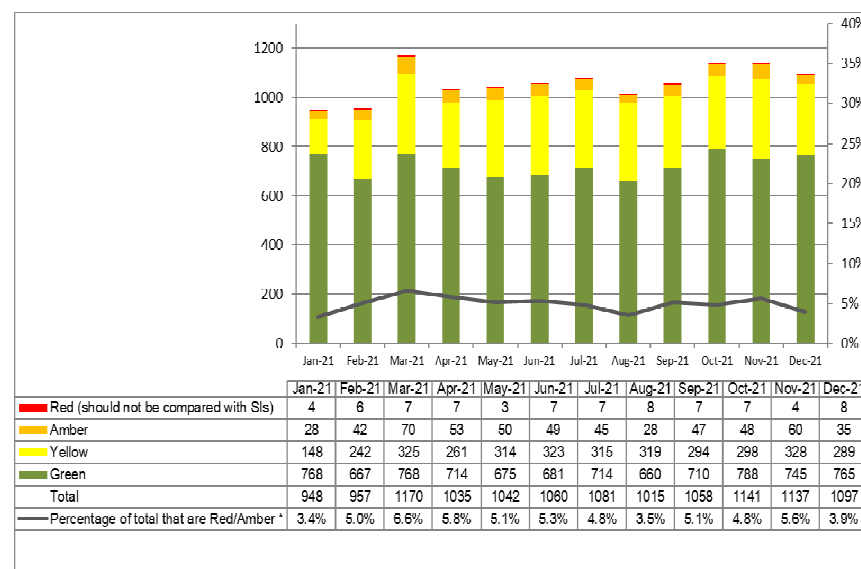
Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures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

Incident reporting levels have been checked and remain within the expected range, any areas with higher or lower rates than normal are explored further.

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



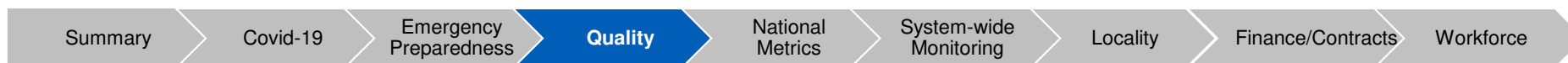
PSST have reviewed all Red incidents from July to November 21. After review, some incidents were re-graded to green e.g. Death not patient safety related, not in scope, no family or clinical concerns.

We have put processes in place within the PSST team to review red incidents and deaths to ensure that the severity grading is as accurate as it can be when the incident is reported to ensure thorough review (eg risk panel) and when we receive further information.

There has been an increase in Amber incidents reported in November this relates to an increase in Pressure ulcer incidents (16 reported in November).

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 December 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 December 2021:

19 moderate harm incidents:

- 7 incidents across Barnsley neighbourhood teams - 6 pressure ulcer category 3 incidents and 1 tissue viability incident
- 6 incidents of self harm (Early Intervention Service (Insight) - Calderdale, Enhanced Team East - Lundwood, Barnsley, Intensive Home Based Treatment Team (IHBT) - Wakefield, Older People's Service (Barnsley), Perinatal Team Calderdale, Melton PICU, Barnsley)
- 3 slip, trip or fall patient (Ward 18, Ward 19, Willow Ward)
- 1 Allegation of violence or aggression (Lyndhurst, Calderdale)
- 1 Inappropriate violent/aggressive behaviour (not against person) by patient (Clark Ward - Barnsley)
- 1 Unwell/Illness (Ward 18, Priestley Unit)

0 Severe harm incidents:

4 patient safety related deaths:

- 2 Death - cause of death unknown/ unexplained/ awaiting confirmation (Core Team East - Wakefield and Enhanced Team North 1 - Kirklees)
- 2 Suicide (incl apparent) - community team care - current episode (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale and Enhanced Team North 1 - Kirklees)

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/Contracts

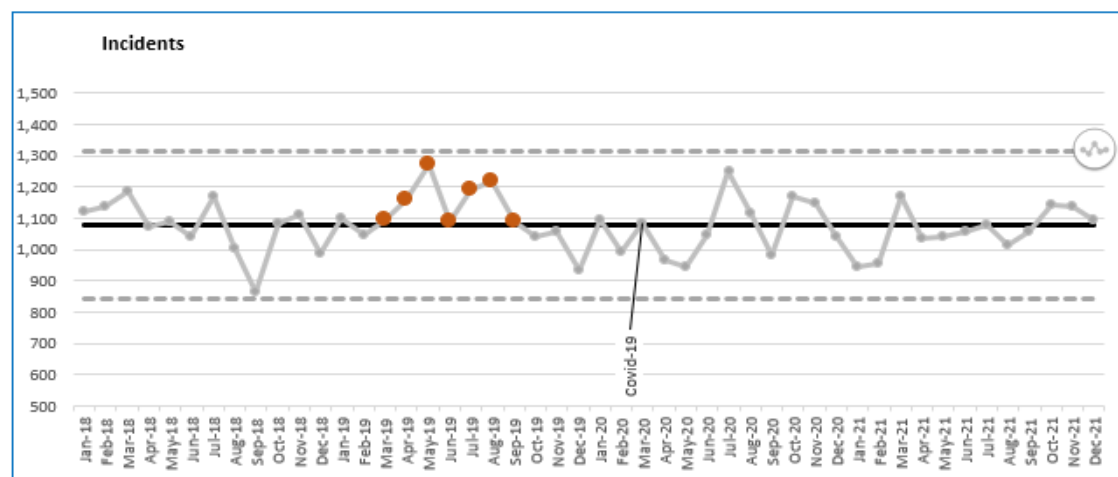
Workforce

Safety First cont....

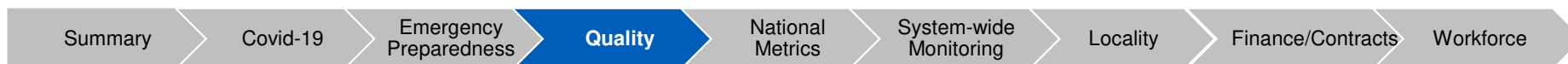
Mortality

The Regional Mortality Meeting was held on 13th January 2022. The main discussion was in relation to the Yorkshire and Humber Mortality Collaborative Project Proposal which aims at using the group's collaborative mortality review knowledge to look at the quality of care within the region within specific cohorts. This will allow the group to look at the quality of care over time for the three cohorts, and compare that quality before the pandemic, within the first wave of the pandemic and after the NHS has had substantial experience of care delivery in the pandemic.

On 17th March 2022 the Improvement Academy is facilitating a virtual introductory masterclass - Structured Judgement Review (SJR) in Mental Health. Further SJR reviewer training sessions within the Trust will be planned in late February 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 link for further details of the examples: <https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx>

[SBAR learning Money Management on In-patient areas .docx](#)
[SBAR Illicit substance misuse.docx](#)
[24.11.2021 SBAR face masks in the community.docx](#)
[Bluelight alert 52 - 31 Dec 2021 - Potential safety concern from bracelet with tungsten carbide bead](#)
[Bluelight alert 51 - 7 Dec 2021 - Clozapine and constipation](#)
[Bluelight alert 50 - 9 Dec 2021 - Risk from worn, damaged and inadequately fitted furniture panels](#)

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 - December 2021

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

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

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/ Contracts

Workforce

Safer Staffing Inpatients

December was, as expected, extremely challenging in terms of staffing, and ensuring that we continue to deliver a safe and effective standard of care. Absence through Covid 19 isolation increased throughout December reaching a peak of 503 Covid absent staff at the beginning of January. This coincided with the yearly annual leave surge over the festive period, including temporary staff making themselves unavailable, as well as increasing sickness. This led to an overall reduction of staffing resources available which led to a more regular usage of business continuity plans and other escalation measures. 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 enhanced payments for shifts over the upcoming holiday period in December and we will be producing an indicative report of the impact of this.

We continue to explore any shifts where a registered nurse (RN) is not listed, and continue 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 continue to look at other available resources, in addition to the flexible staffing pool, to support operations.

International recruitment continues and we are dealing with further agencies to ensure that we can attain the expected numbers. There have been delays caused by circumstances out with the project's control which we have raised with NHSI/E. The first three international recruits arrived on the 28th December and are currently engaging with their objective structured clinical examination (OSCE) training. The Trust were also successful in our bid for further funding from NHSI/E to support the ongoing international recruitment in year 2.

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 (HCA) usage, and completing peer comparisons as well as looking at possible solutions.

Six wards, an increase of three on November, fell below the 90% overall fill rate threshold, which were Enfield Down, who have supported other areas, Lyndhurst and Ward 18 within the Calderdale and Kirklees BDU as well as Appleton and Newhaven within the Forensic BDU. In Barnsley BDU, Melton Suite fell slightly below the 80% threshold (79.1%), and they continue to experience increased pressure through vacancies, sickness and staff being off clinical areas for various reasons. There are ongoing interventions, projects, and support in place to improve the situation within the Oakwell Centre. Of the 31 inpatient areas, 20 (64.0%), a reduction of two on the previous month, achieved 100% or more. Of those 20 wards, 8 (a decrease of 4 on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and there has been a system-wide increase of acuity on all inpatient areas. The focus for the flexible staffing resources has remained The Dales mental health wards at Calderdale Royal Infirmary, The Oakwell Mental Health Unit within Kendray Hospital in Barnsley, and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas, 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 decreased by 6.3% to 75.7% in December compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have decreased by 8.9% in December to 84.1% compared with the previous month.

Overall Registered Rate: 79.9% (decreased by 7.6% on the previous month)

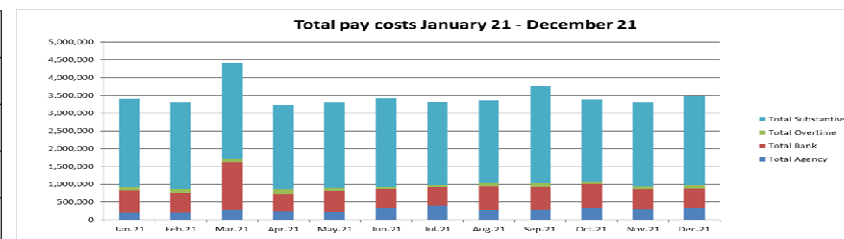
Overall Fill Rate: 108.9% (decreased by 5.2% on the previous month)

Unfilled shifts

An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or Over Time. Although not exclusive, there are two main reasons for the creation of these shifts, and they are:

- 1- Shifts that are vacant through short- or long-term sickness, annual leave, vacancies, or other reasons that impact on the duty rosters.
- 2- Acuity and demand of the Service Users within our services including levels of observation and safety concerns.

Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	679 (+267)	7,505.00	51.54% (+14.99%)	656 (-57)
Unregistered	596 (+224)	9,205.33	19.37% (+3.65%)	3,331 (+233)
Grand Total	1499 (491)	16,710.33	26.91% (+6.5%)	



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

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

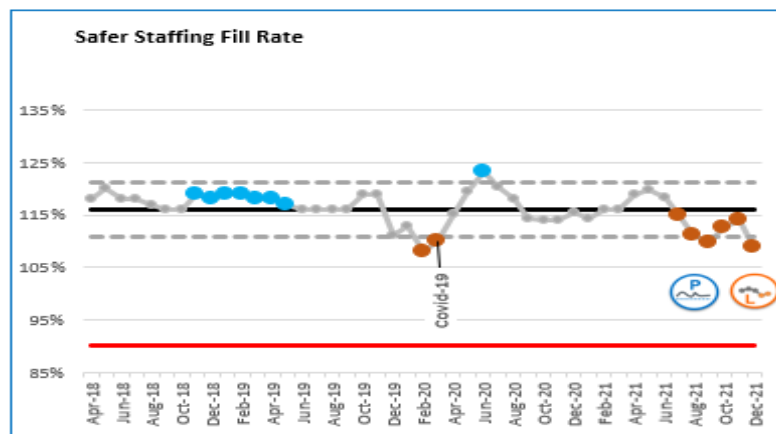
System-wide
Monitoring

Locality

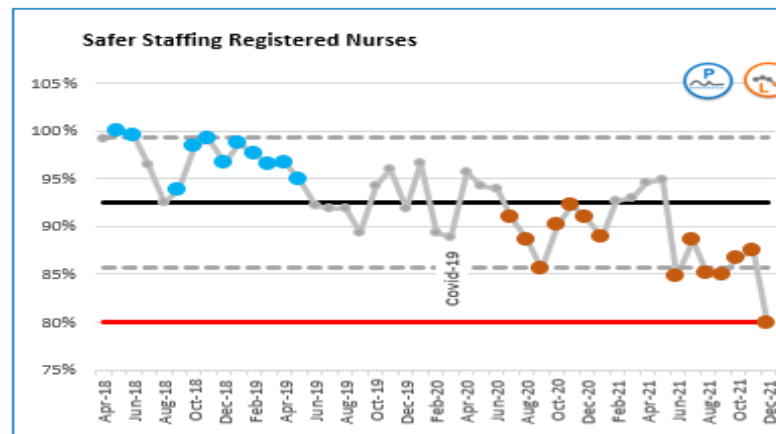
Finance/
Contracts

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 with the rate dipping below the target for the first time in December 2021. (See further narrative 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)

8 personal data breaches were reported during December, which is a slight increase on the previous month and continues the trend of being lower than any month during the previous financial year.

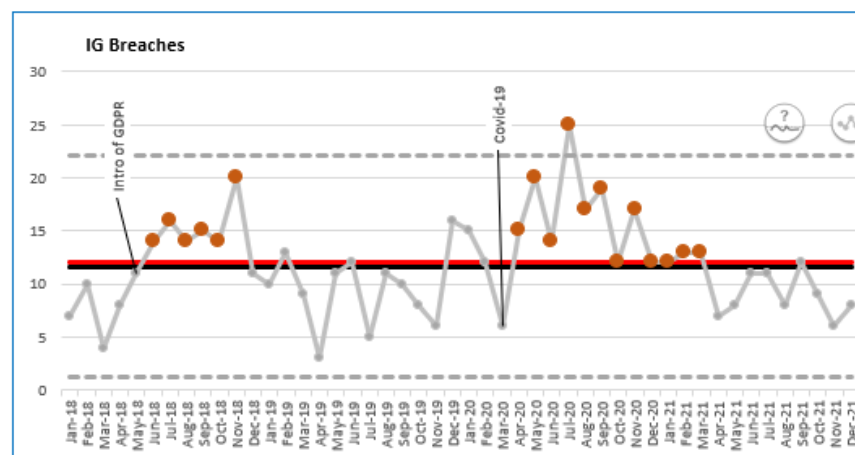
7 breaches involved information being disclosed in error, for example personal information being sent to home addresses instead of a correspondence address.

1 records issue was reported as papers were found unsecured in a public place.

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 regarding a breach the Trust had reported. No breaches were reported to the ICO during December. No complaints were made to the ICO about the Trust's data protection practices."

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 21/22. NHS England have now published mental health and community indicators for 2022/23. The majority of the indicators remain as were expected for 21/22, and therefore a lot of preparation has already been undertaken. However, the newly published guidance will be reviewed by the Trust's CQUIN leads group, and relevant task and finish groups will be established to work through any actions. Next month's report will provide a further update.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

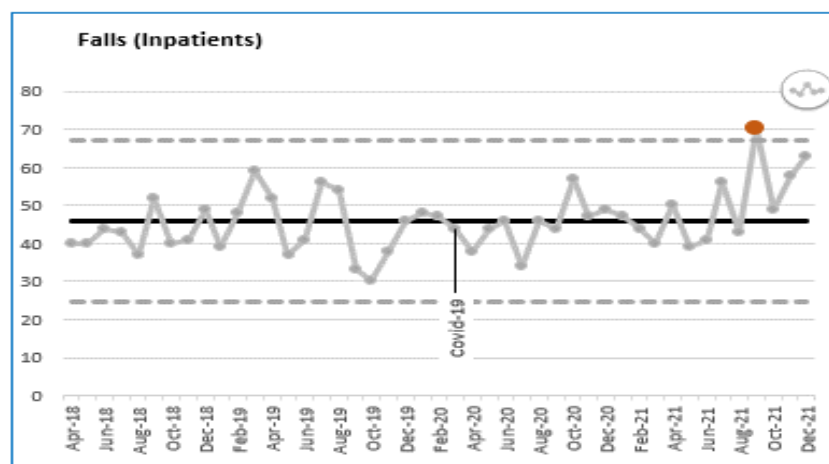
Finance/
Contracts

Workforce

Falls

Total number of falls was 63 in December, which is an increase compared to 58 falls in November.

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

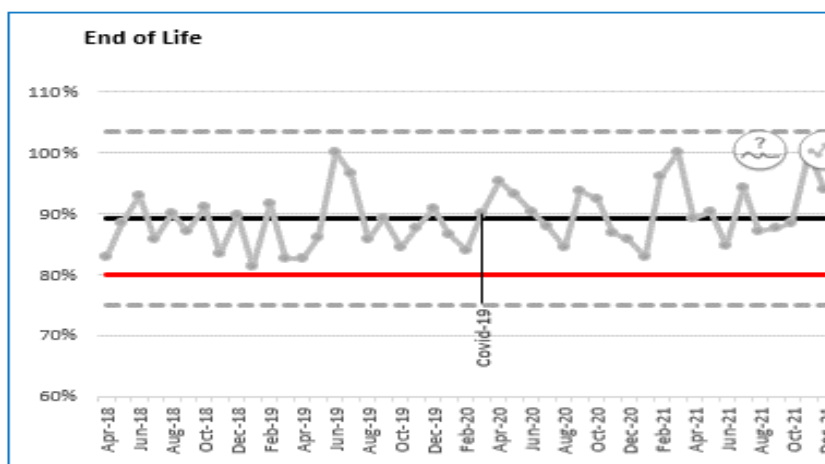


The updated SPC chart above shows that there is consistently common cause variation (no concern) against this metric though there was an instance of special cause concerning variation (orange marker) in September 2021 (see comment below). The monthly variation is quite random and no assurance that the 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 93.8% in December which is a decrease compared to 100% in November.



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

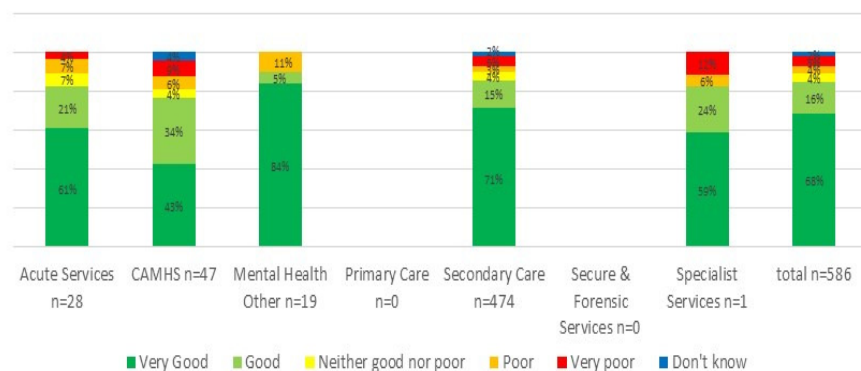
Patient Experience

Friends and family test shows

- 92% would recommend community services.
- 85% would recommend mental health services

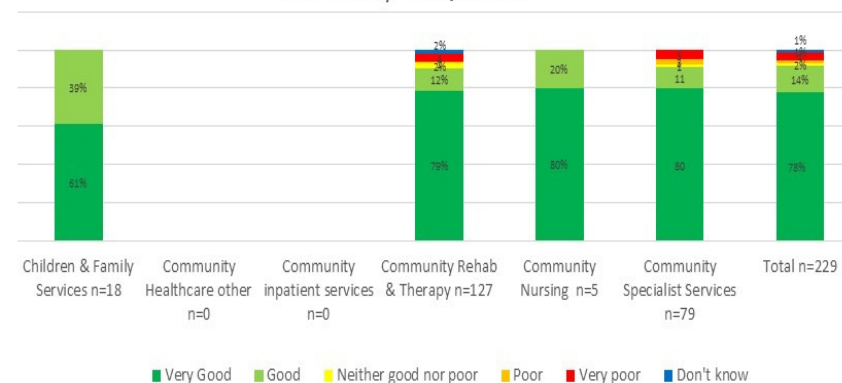
Mental Health Services

Mental Health 85%/ n=586



Community Services

Community 92%/ n=229



- 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:
 - o Communication (17)
 - o Waiting times (13)
 - o 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 training have been accessed via e-learning with all mandatory courses (including PREVENT) reported well above the 80% mandatory training target.

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: Child Looked After Service (CLAS) review preparation meeting and Joint Targeted Area Inspection (JTAI) (Barnsley) preparation. The Interim Assistant Director, the Named Nurse Safeguarding Children, and the Specialist Advisor for Safeguarding Adults were interviewed as part of the SafeLives audit regarding domestic abuse resources and processes.

The Safeguarding Team continue to support the Quality Monitoring Visits agenda during December. Professionals meetings and multidisciplinary team meetings to support SWYPFT practitioners were attended. The team attended a Rapid Review meeting to support the work of the Kirklees Safeguarding Children Partnership. There was attendance at the Mr D panel meeting, Calderdale.

The Safeguarding Team supported the inaugural meeting of the Safeguarding Forum within the Older Persons Service, Kirklees. This was established following the recommendation from a Mental Health Homicide Review.

The Team continue to review Datix and clinical records as part of internal quality monitoring, and in preparation for external CQC, Child Looked After Service (CLAS) and Ofsted inspections. The Domestic Homicide Review (DHR) for Barnsley's request for information was submitted in a timely manner as was the DHR scoping information that was submitted for Calderdale.

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

Infection Prevention Control (IPC)

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 19 new formal complaints in December 2021. Of these 3 have a timescale start date, 1 is closed no contact/consent and 15 are awaiting consent/questions.

Customer services closed 17 new formal complaints in December 2021. Of the 17 formal complaints, 9 achieved the 40 working day target (53%). If we look at the revised timescales for responding due to complexity 2 would have achieved the target of 25 days and 1 would have achieved the target of 40 days. Of the remaining 14 that did not achieve their revised target for responding, 10 would have been on a 25 day target, 4 would have been on a 40 day target and 0 on a 60 day target.

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



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 197 reported incidents of Reducing Restrictive Physical Interventions used in December 2021 this is a increase of 1 (0.5%) incidents since November 2021 which stood at 196 incidents.

Of the different restraint positions used and reported in the 197 incidents (506 positions) (more than one restraint position is often recorded per incident) , standing position was used most often 187 of 506 (37%) followed by seated including safety pod use 138 of 506 (27.2%) then supine 50 of 506 (9.8%)

Prone restraint (those remaining in Prone position and not rolled immediately) was reported 23 of 506 (4.5% of total restraint positions), this is a increase of 11 (2.4% of the whole from last month) 12 of 454 (2.6%.) but it must be noted there is a higher number of restraint positions reported this month.

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

Wakefield recorded 15 prone Restraints, Kirklees, Newton Lodge and Barnsley 2 prone restraints respectively and Horizon and Calderdale 1 prone restraint respectively 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 December the percentage of prone restraints lasting under 3 minutes was 95.6% a increase of 12.3% from last month 83.3% under 3 min 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

Summary

Covid-19

Emergency
Preparedness

Quality

National
Metrics

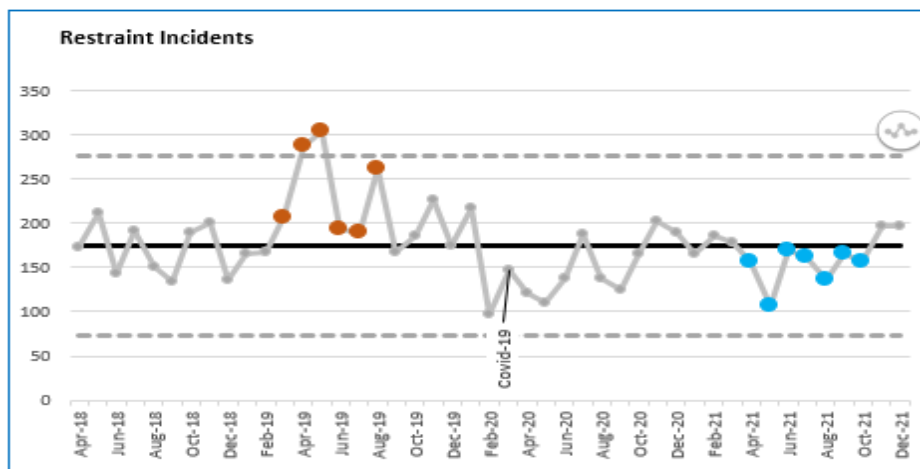
System-wide
Monitoring

Locality

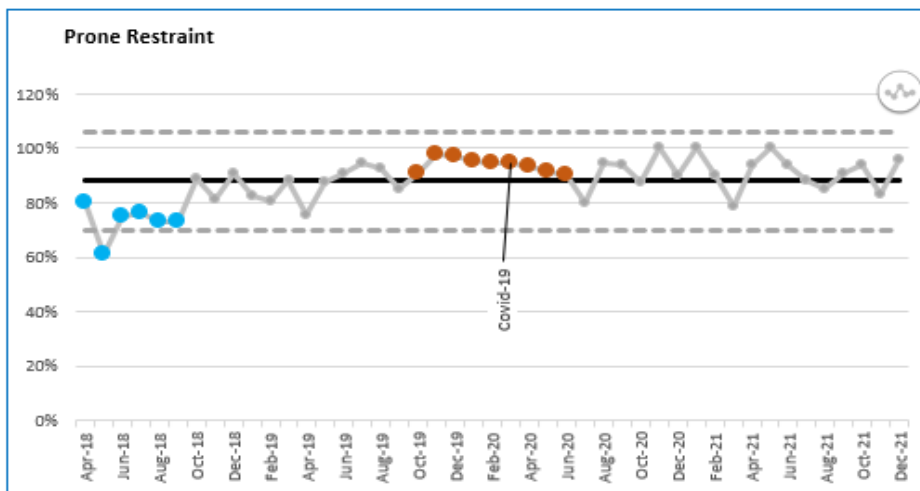
Finance/
Contracts

Workforce

Reducing Restrictive Physical Intervention (RRPI)



This updated SPC chart shows that there was a period of special cause concerning variation in 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.



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.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

System-wide Monitoring

Locality

Finance/Contracts

Workforce

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

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

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

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

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

The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework, which brought together arrangements for provider and CCG oversight in a single document. A single set of oversight metrics, applicable to ICSs, CCGs and Trusts, will be used to flag potential issues and prompt further investigation of support needs with ICSs, place-based systems and/or individual Trusts and commissioners.

These metrics align to the five national themes of the System Oversight Framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. There are potentially 36 indicators that are applicable to the Trust in the 21/22 framework. It is anticipated that the majority of these metrics will be taken from existing data flows and sources that are already in operation however guidance for some metrics remains outstanding. The systems oversight guidance refers to the use of in year monthly or quarterly collections – further technical guidance relating to the metrics was published on 24th September 2021, this has been reviewed and 19 metrics have been confirmed as applicable to the Trust with 17 metrics awaiting further guidance. Work is now taking place to establish local monitoring and further national guidance still awaited regarding the remaining metrics.

NHS Improvement - Oversight Framework Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Data quality ratings	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	99.9%	100%	99.7%	92.2%	99.7%	99.7%	99.7%	99.3%	99.7%	92.2%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	97.8%	100%	100.0%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%	100.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.4%	99.7%	99.4%	98.3%	100%	98.9%	99.1%	100.0%	98.0%	96.6%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	277/281 =98.6%	278/284 =97.9%	341/343 =99.4%	288/294 =98.0%	139/140 =99.3%	113/114 =99.1%	89/89 =100%	85/86 =98.8%	105/106 =99.1%	98/102 =96.1%		
% service users followed up within 72 hours of discharge from inpatient care	Improving Care	Safe	CH	80%	83.5%	85.7%	83.0%	82.6%	81.9%	84.1%	83.2%	85.6%	81.0%	81.6%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.7%	99.0%	98.9%	99.2%	98.2%	99.2%	99.2%	99.3%	99.3%	98.9%		
Out of area bed days 5	Improving Care	Responsive	CH		251	496	598	949	117	170	311	288	309	352		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.4%	55.2%	47.5%	53.8%	44.8%	43.8%	54.5%	57.0%	52.9%	51.2%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	98.8%	98.7%	97.9%	96.0%	98.1%	98.4%	97.2%	97.8%	95.4%	94.9%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.9%	99.9%	99.9%	99.9%	100%	100%	100%	100%	100%	99.7%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	91.5%	90.5%	88.5%	94.8%	89.2%	78.6%	94.9%	93.3%	97.2%	93.5%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	92.1%	87.7%	87.7%	88.7%	87.3%	87.7%	88.0%	88.7%	88.6%	88.7%		
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	10.3%	10.5%	10.2%	10.5%	10.5%	10.5%	10.4%	10.3%	9.9%		

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

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Data quality ratings	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	23	87	82	0	41	41	0	0	0	0		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	6	9	5	0	3	2	0	0	0	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	189	217	192	171	192			171				
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	19.0%	19.8%	23.4%	18.7%	23.4%			18.7%				
NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Data quality ratings	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%	99.4%	98.9%	98.2%	98.2%	97.2%	98.4%	99.2%	98.6%	98.0%	98.0%		
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%	100.0%	98.1%	100.0%	99.9%	100.0%	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%	98.1%	98.2%	98.2%	98.6%	99.9%	98.6%	98.2%	98.2%	98.8%	98.8%		

* 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 92.2%
- The percentage of service users seen for a diagnostic appointment within 6 weeks has increased up to 100% and is above target.
- During December 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 remains above the 50% target at 51.2% for December.

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.

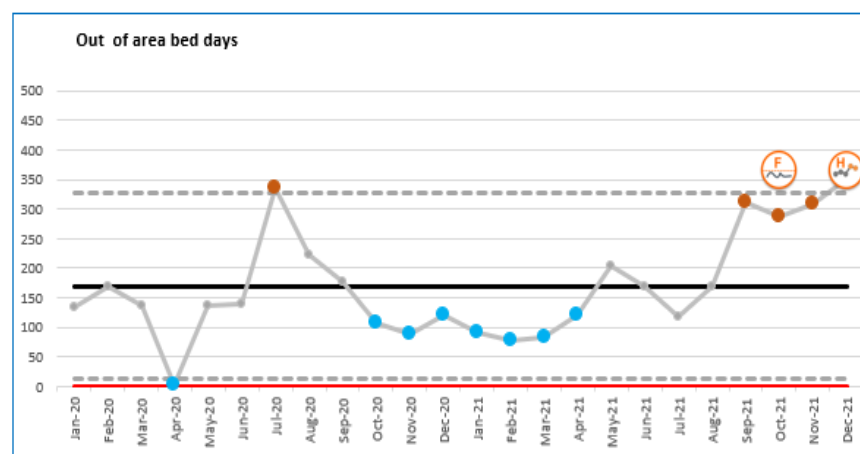
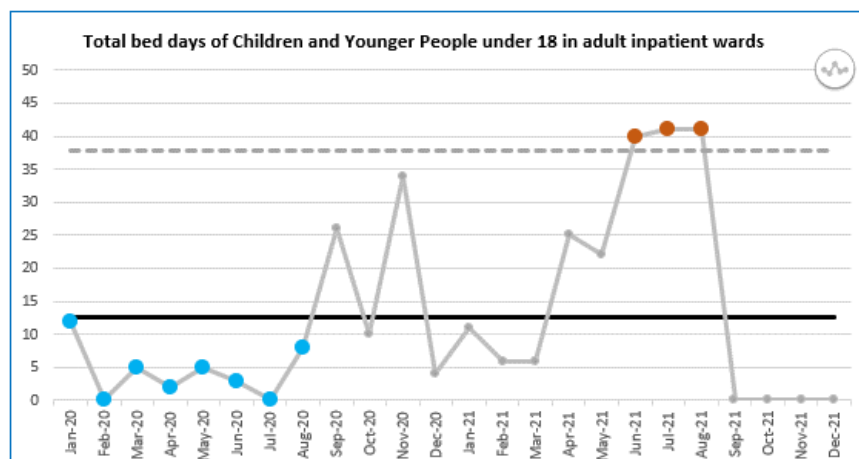
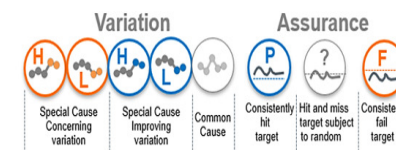
For the month of December the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for December shows 19.3% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to November which showed 19.8% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis

The following SPC charts, 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.



Summary

Covid-19

Emergency
Preparedness

Quality

**National
Metrics**

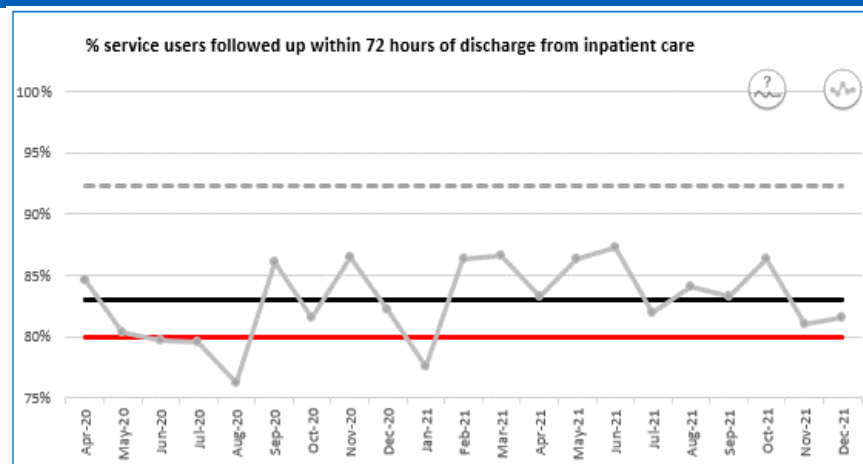
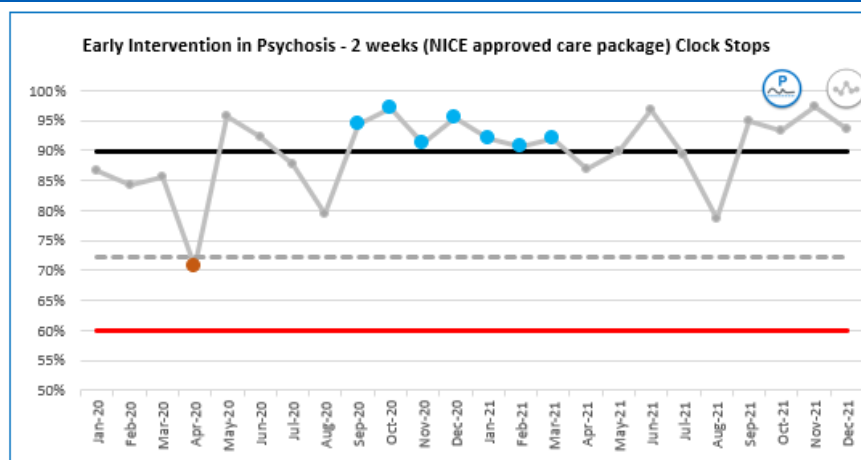
System-wide
Monitoring

Locality

Finance/Contracts

Workforce

Analysis





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 produce 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 services 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.

Summary

Covid-19

Emergency
Preparedness

Quality

National Metrics

System-wide
Monitoring

Locality

Finance/
Contracts

Workforce

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.
- 136 suite and triage functions out of hours are now provided as an extension of the intensive home base treatment team function.

There are issues with continuity/sustainability

- Mental Health Transformation plans for 2022/23 have been drafted for submission to the integrated care system
- Brief intervention service (additional roles reimbursement scheme funded) implemented with positive early results

Areas of focus

- Increased referrals and acuity with associated caseload pressures across core, enhanced and intensive home-based treatment .
- Proactive review of core caseload and signposting to alternative support.
- Need to maintain focus on staff wellbeing/resilience
- Maintaining 136 suite function
- Developing plans to strengthen crisis services – with emphasis on reducing A&E attendances

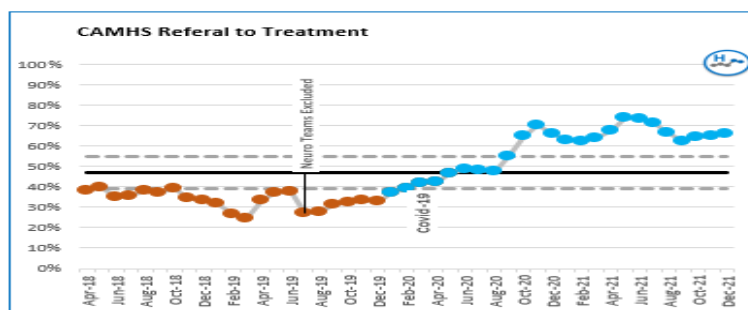
CAMHS

Strengths

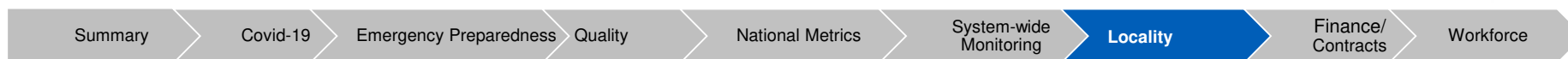
- Business continuity plans have to date been effective – but with some pressure developing on waiting times

Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have continued to increase. Implementing agreed business cases.
- Medium-term waiting times trajectory 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 and high risk stays for children and young people in acute or Trust mental health beds.
- Staffing capacity issues across eating disorder pathway.
- Focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck.
- Need to maintain focus on staff wellbeing/resilience



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

- Health and Wellbeing and Children's Services are experiencing high levels of demands on services, combined with increased staff absences
- An external provider is supporting the work of the Adult Speech and Language Therapy (SALT) Service, due to absence within the team.
- Absence levels in the Children's SALT service are impacting on service waiting times, and wellbeing of staff who are working. The Trust is exploring the use of an external provider to support.
- Yorkshire Smoke Free Sheffield (YSFS) is due to go out for tender in September 2022.
- Podiatry are unable to regain full clinical face to face consultations due to following continued Covid-19 regulations.

Strengths

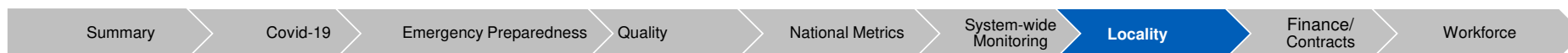
- Mobilisation of the new Yorkshire Smoke Free Wakefield contract is going well, and the service will be ready to deliver the new contract from April 2022.
- Joint posts with Barnsley healthcare federation (BHF) have progressed.
- Practice Development Nurse appointed. This will cover the integrated development work with Primary Care in the neighbourhood teams
- The place-based approach and management structure in Barnsley going forward will have a post which links formally (via partnership working) to iHeart Barnsley and the business development posts in Primary Care. This will reinforce senior shared leadership with BHF/
- The newly established stroke drop-in café commenced in December, based in Goldthorpe. This will be an opportunity for stroke survivors and their families to meet others, make friends and share experiences. Publicity was in the form of an article in the Barnsley Chronicle and the group was promoted on the Stroke Association social media outlets.
- The online stroke survivors' group were treated to afternoon tea with the mayor of Barnsley, Cllr Caroline Makinson.
- Compliments to the service increased this month with many stroke survivors and their carers saying how much they enjoy the groups, find solace and support from other members and they feel their stroke journey is helped from becoming a member of the carers or stroke survivors groups.
- Skill mix and staff work ethic within the neighbourhood rehabilitation service has enabled service to maintain the rehabilitation of patients even though they have consistently, on average, over 40% more cases in service than commissioned for (risks noted).
- The BDU have delivered housebound Covid-19 vaccine boosters working with GP practices.

Challenges

- Staffing challenges continue across neighbourhood teams, rehab service and crisis response, compounded by patient flow and demand from Barnsley hospital NHS Foundation Trust in the context of Primary Care challenges and declaration of OPEL 4 across some of these partner services during recent weeks.
- All children's services are experiencing high levels of demand.
- There is continued increase in referrals within dietetics, weight management and podiatry for elements of care.

Areas of Focus

- Staff Covid-19 vaccinations for those currently not vaccinated
- Recommencement of Covid-19 vaccination programme for 12-15 year olds, for 2nd doses
- Appointment of Band 7 to Health integration team at Urban House.
- Commissioning of external provider to support Children's Speech and Language Therapy (SALT)
- Management of Adult SALT patient list – commenced work with private provider
- Initial work to develop bid team and commence developmental work for pending Yorkshire Smoke Free Sheffield tender.
- Lymphoedema – work with commissioners on provision of cancer related service. Phased transfer of CCG interim service to SWYPFT during January/February 2022. Work continues around the business case for a wider Lymphoedema service which would help to address the current demands on the Tissue Viability Service.
- New ways of working for podiatry across the health care system to maintain efficient service whilst working under Covid-19 regulations.
- Alternative ways of working for dietetics and weight management to deal with increasing numbers of referrals across the health care system.



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 was increased to 4 due to critical staffing pressures created by Covid absences, non- Covid absences, and vacancies. Covid related absences accounted for 14% of absence in the last week of December.
- There have been Covid outbreaks on Thornhill and Newhaven. There have also been a number of 'single' cases and/or an increase in suspected cases.
- Forensics currently have 38 registered nurse vacancies. The BDU is being supported by HR with a bespoke Recruitment and Retention Plan.
- The BDU is looking forward to welcoming 3 international recruits. The individuals arrived late December and are currently undertaking induction activities.
- 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 remains a key area, and the service remains optimistic re attaining required targets.
- Appraisals are a key focus. Whilst this is currently being given added attention the target remains a challenge across the BDU.
- Staff well-being remains a focus, with the service utilising recent NHS survey results to modify plans and the results from our Development and Retention Survey to modify the plan.

Learning Disability Services

- Staff wellbeing is a concern across all services, due to current pressures.
- Supervision rates are currently between 65% and 70%, and represents a decline in performance from last month which can be directly attributed to staffing issues over the last month. This remains an area of focus to ensure supervision is completed and recorded.
- Medical cover across all learning disability services is a key issue. Short term plans are in place, and service managers are liaising closely with the Medical Director.

Community Learning Disability Teams

- Vacancy and absences (sickness, Covid, maternity) continue to impact waiting times across several pathways.
- Specialist disciplines such as dietetics and occupational therapy provision in Calderdale are particularly impacted as are psychological services pathways in all areas due to backlog from previous lockdown and vacancies.
- The difficulty to recruit to some discreet specialist posts is impacting on service delivery. Mitigation actions are in place.
- Recruitment to vacancies is proving challenging. We have responded by broadening the type of roles, bands, and disciplines we are willing to accept.
- Medical staffing in Barnsley is challenging. The current locum will be leaving and the current Associate Specialist in Kirklees has agreed to take on an Acting Consultant role in Barnsley from 1st April. The service is working on a hybrid model of cover in the interim, with single day provision from a range of different doctors of different grades.

Inpatients (ATU)

- There have been significant staffing challenges with considerable reliance on bank and agency to fill shifts.
- Registered nurse recruitment remains a pressure for Horizon. The new staffing model for the Assessment and Treatment Unit has seen a significant increase in staffing establishment to meet future service provision, but the impact of that is that the vacancy levels have increased significantly.
- Concerns re wellbeing and retention have been discussed within the leadership team
- The team are currently working with the reducing restrictive practice team to look at incidents across the service, and in particular what actions can be taken to reduce staff injuries.
- An alternative recruitment strategy is currently being explored to meet current service requirements.
- High levels of acuity and occupancy continues.

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 has piloted an ADHD referral triage model supported by a Locum GP. Early indications are that this is helping to maintain performance, and there is enough data now available to conduct a thorough evaluation of the pilot.
- Referrals in ADHD continue to be at unsustainably high levels. Benchmarking would indicate this is not consistent with the national picture.
- A number of business cases are in development which will address population need and service pressures.



Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Trust-wide Acute Inpatients

- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients, and the management of Covid outbreaks. Senior leadership from matrons and general managers remains in place across 7 days.
 - The work to maintain patient flow continues with the use of out of area beds closely managed.
 - Work with partners across the Integrated Care System (ICS) continues. Partners are also 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 being over from other areas being used to support.
 - 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-19 Heroes campaign closed. Review now taking place.
- 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.
- Support provided to EyUp Charity, creative minds, spirit in mind and the mental health museum
- Trust QUIT soft launch, public launch in January.
- Barnsley; SPoC (CAMHS) preparation
- Trauma and adversity comms plan development
- Comms support for the virtual recruitment fair
- Christmas events delivered (24 days of fitmas, festive dance session, creative art class).
- Choose well for children and young people – focus groups held and feedback received
- Filming for creative approaches lined up (to be held on 20 January 2022)
- Website and intranet development work.
- Media enquiries; co-ordinated and issued responses
- 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	£5.5m	£7.1m	In December the surplus was £1.2m and the year to date position is a surplus of £5.5m excluding exceptional items our year end forecast is now £7.1m which is an increase from the previous £5m surplus and is reflective of the performance to date and forecast expenditure trends for the remainder of the financial year.
2	Agency Spend	£6.3m		Agency expenditure in December 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	£77.4m	£71.3m	The cash in the bank position continues to be positive due to the overall surplus position, timing of capital expenditure and the cash impact of the adult secure provider collaborative.
5	Capital	£2.4m	£8.2m	Year to date spend is £2.4m. All schemes have been assessed for deliverability and the forecast still remains the current expectation. This will continue to be assessed based on accessibility and availability of resources. This is discussed with the wider Integrated Care System (ICS) to support wider financial targets.
6	Better Payment Practice Code	96%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 96% of invoices have been paid within 30 days for the year to date. 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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Sickness (YTD)	Improving Resources	Well Led	LJ	<=4.5%	4.0%	4.3%	4.3%	4.5%	4.6%	4.6%	4.7%	4.7%	4.8%
Sickness (Monthly)	Improving Resources	Well Led	LJ	<=4.4%	4.0%	4.3%	4.3%	4.5%	4.6%	4.7%	4.7%	4.7%	4.8%
Staff Turnover (registered nurses)	Improving Resources	Well Led	LJ	10%	15.6%	14.7%	13.1%	14.1%	14.6%	14.5%	14.6%	14.1%	13.8%
Gross Vacancies	Improving Resources	Well Led	LJ	-	10.8%	5.5%	7.9%	7.3%	6.6%	7.7%	9.5%	10.4%	9.6%
Net Vacancies	Improving Resources	Well Led	LJ	-	2.9%	0.6%	3.2%	4.0%	2.2%	3.1%	5.2%	5.8%	5.0%
Appraisals (Band 6 and above)	Improving Resources	Well Led	LJ	>=95%	Reporting Commenced in October 2021						57.2%	62.7%	Under Development
Appraisals (Band 5 and below)	Improving Resources	Well Led	LJ	>=95%							34.0%	39.5%	
Aggression Management	Improving Care	Well Led	LJ	>=80%	80.7%	79.95%	85.1%	85.4%	84.7%	83.9%	83.5%	82.6%	80.7%
Cardiopulmonary Resuscitation	Improving Care	Well Led	LJ	>=80%	78.8%	77.7%	76.3%	75.9%	74.6%	71.9%	72.5%	73.3%	73.8%
Clinical Risk	Improving Care	Well Led	LJ	>=80%	94.6%	94.9%	94.7%	94.6%	93.9%	92.9%	93.6%	94.1%	95.0%
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%							94.7%	94.6%	93.9%
Fire Safety	Improving Care	Well Led	LJ	>=80%	85.9%	84.3%	84.6%	83.3%	83.2%	84.9%	87.7%	89.4%	90.3%
Food Safety	Improving Care	Well Led	LJ	>=80%	76.3%	77.2%	79.6%	80.02%	81.3%	81.9%	83.1%	81.6%	80.1%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in August				42.2%	42.2%	55.7%	63.8%	68.8%
Infection Control and Hand Hygiene	Improving Care	Well Led	LJ	>=80%					94.0%	94.2%	92.7%	91.8%	90.7%
Information Governance	Improving Care	Well Led	LJ	>=95%	96.6%	95.7%	94.7%	93.2%	92.2%	91.8%	90.1%	89.1%	87.3%
Moving and Handling	Improving Resources	Well Led	LJ	>=80%	95.1%	95.7%	96.3%	96.7%	96.8%	96.6%	96.6%	96.3%	95.8%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in September 2021					49.8%	61.1%	62.3%	62.3%
Mental Capacity Act/DOLS	Improving Care	Well Led	LJ	>=80%						90.8%	88.9%	87.7%	87.6%
Mental Health Act	Improving Care	Well Led	LJ	>=80%	85.1%	82.0%	80.7%	81.9%	81.7%	82.4%	84.2%	85.6%	86.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	LJ	>=80%	76.4%			70.5%			Reporting temporarily unavailable following SharePoint migration		
Prevent	Improving Care	Well Led	LJ	>=80%									
Safeguarding Adults	Improving Care	Well Led	LJ	>=80%	95.6%	95.3%	95.4%	95.4%	95.4%	95.0%	94.9%	94.6%	94.6%
Safeguarding Children	Improving Care	Well Led	LJ	>=80%	94.7%	94.7%	94.7%	93.8%	93.6%	92.4%	92.2%	91.5%	91.6%
Bank Cost	Improving Resources	Well Led	LJ	-	93.3%	93.4%	93.1%	92.5%	92.2%	91.0%	91.5%	90.7%	90.8%
Agency Cost	Improving Resources	Effective	LJ	-	£803k	£911k	£795k	£822k	£1001k	£1053k	£990k	(£145k)	£947
Overtime Costs	Improving Resources	Effective	LJ	-	£583k	£560k	£794k	£834k	£705k	£754k	£701k	£720k	£691k
Additional Hours Costs	Improving Resources	Effective	LJ	-	Data unavailable at the time of producing this report								
Sickness Cost (Monthly)	Improving Resources	Effective	LJ	-									
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	LJ	-									
Business Miles	Improving Resources	Effective	LJ	-									

Health & Safety

Number of RIDDOR incidents(reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	LJ	-	4			4			4		
---	---------------------	-----------	----	---	---	--	--	---	--	--	---	--	--

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

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	As at 20th Jan 2022	Trend	Notes
No of staff off sick - Covid-19 not working		89	33	15	32	95	106	81	93	61	111	311	140		
Shielding		50	1	0	0	1	1	0	0	0	0	0	0		
Symptomatic		19	16	2	8	33	57	43	45	22	33	109	40		
House hold symptoms		10	5	3	6	28	7	18	15	8	21	42	13		
OH Advised Isolation		1	1	0	0	4	1	0	0	0	0	0	0		
Test & Trace Isolation		0	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	87		
No of staff working from home - Covid-19 related		88	16	8	21	66	27	42	62	22	50	177	86		
Shielding		74	8	0	0	1	2	2	0	0	0	0	0		
Symptomatic		3	2	2	3	15	8	18	15	2	9	53	15		
House hold symptoms		4	1	3	8	28	10	16	26	13	24	49	25		
OH Advised Isolation		2	1	1	0	0	0	0	0	0	0	0	0		
Test & Trace Isolation		0	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	46		
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%	3913/4156 =94.2%		
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%	2667/2851 =93.5%		
No of staff still absent from work who were Covid-19 positive		13	13	0	0	0	40	29	42	20	21	21	49		
Additional number of staff enabled to work from home		1369	1281	1271	1223	1350	1359	1394	1369	1350	1554	1554	1634		Cumulative
Calls to occupational health helpline		2565	2655	2713	2798	2911	3007	3105	3181	3292	3462	3632	3877		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 20th January, 140 staff off work Covid-19 related, not working which compares to 311 towards the end of December. A further 86 were working from home.
- In December 124 staff were confirmed positive for Covid-19
- Staff turnover decreased to 13.8% in December
- The number of vacancies remain high 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 increased slightly to 4.8% in December. 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

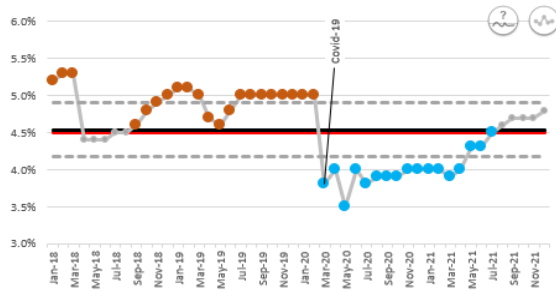
Locality

Finance/
Contracts

Workforce

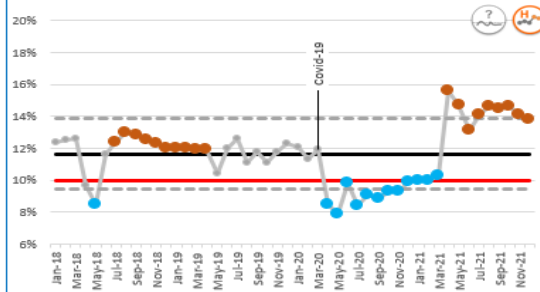
Analysis

Trust Sickness Absence (Exc Covid-19)



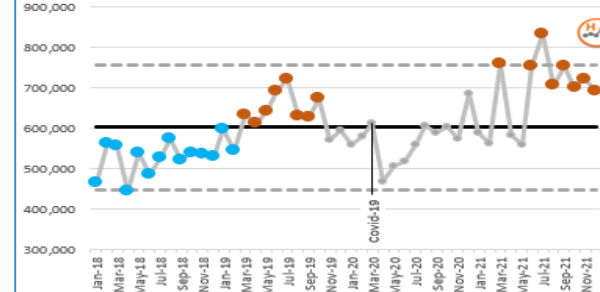
This updated SPC chart shows that we are currently in a period of common cause variation (no concern). Due to the fluctuation in the monthly figure reported no assurance can be given regarding achievement of the target. Data is to December 2021

Trust Staff Turnover - Year to Date



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. Data is to December 2021

Trust Agency Spend



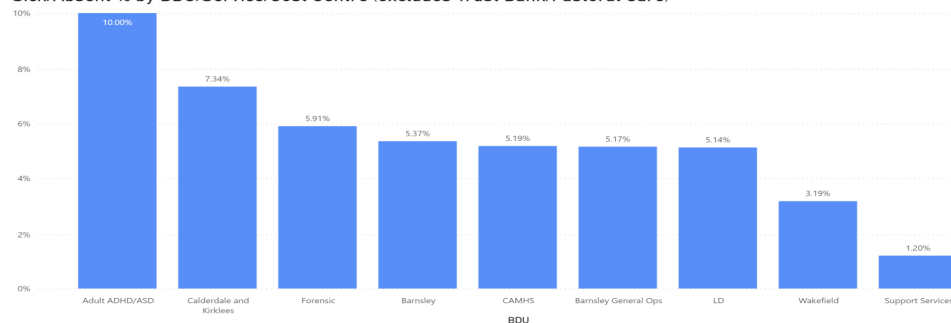
This updated SPC chart shows that we are currently in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance. Data is to December 2021

Sickness reporting

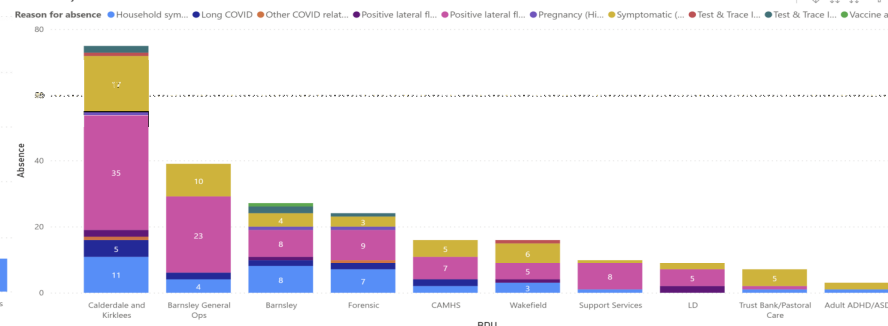
As at 20th January, the Trust has 226 staff absent or working from home due to Covid-19. This makes up 4.4% of the workforce. Of those absent, 24.3% are symptomatic and 16.8% have household symptoms. The business delivery unit (BDU) with the biggest impact is ADHD/ASD with 10.0% of staff impacted

- 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 8.1 days in December.

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



Absence by BDU and Reason for absence



Publication Summary

This section of the report identifies any national guidance that may be applicable to the Trust.

NHS England and NHS Improvement (NHSEI)

2022/23 priorities and operational planning guidance

This guidance sets out NHSEI's priorities for the year ahead. It reconfirms the ongoing need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic.

[Click here for link to guidance](#)

NHS England

Draft NHS Standard Contract 2022/23: a consultation - proposed changes to the NHS Standard Contract for 2022/23

The NHS Standard Contract is published by NHS England for use by NHS commissioners to contract for all health care services other than primary care services. This consultation document describes the main, material changes being proposed to the NHS Standard Contract. The closing date for comments is 28 January 2022.

[Click here for link to consultation](#)

NHS England and NHS Improvement

Commissioning for Quality and Innovation (CQUIN): 2022/23 – guidance

This document sets out the Commissioning for Quality and Innovation (CQUIN) scheme for 2022–2023. Technical specifications for each of the indicators are available in the annex.

[Click here for link to guidance](#)

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

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

[NHS workforce statistics: September 2021, including selected provisional statistics for October 2021](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 9
(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
-----	--

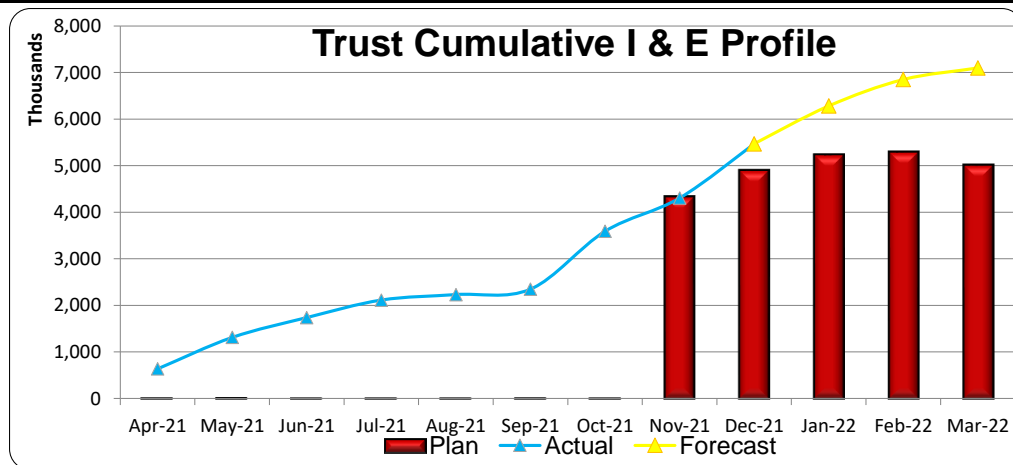
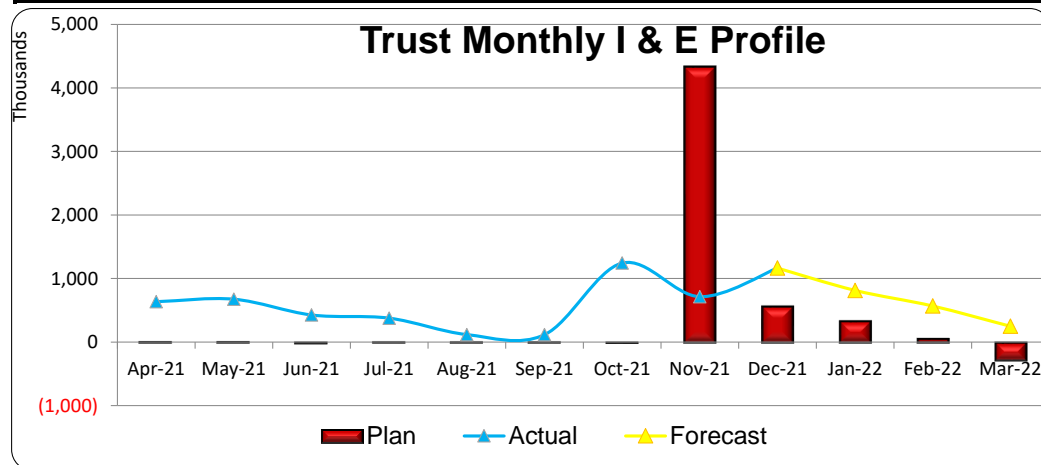
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
1	Surplus / (Deficit)	£5.5m	£7.1m	In December the surplus was £1.2m and the year to date position is a surplus of £7.1m excluding exceptional items such as property sales. This is an increase from the previous £5m surplus and is reflective of the performance to date and forecast expenditure trends for the remainder of the financial year.
2	Agency Spend	£6.3m		Agency expenditure in December 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	£77.4m	£71.3m	The cash in the bank position continues to be positive due to the overall surplus position, timing of capital expenditure and the cash impact of the adult secure provider collaborative.
4	Capital	£2.4m	£8.2m	Year to date spend is £2.4m. All schemes have been assessed for deliverability and the forecast still remains the current expectation. This will continue to be assessed based on accessibility and availability of resources. This is discussed with the wider Integrated Care System (ICS) to support wider financial targets.
5	Better Payment Practice Code	96%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 96% of invoices have been paid within 30 days for the year to date. 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
				25,524	24,831	(693)	Clinical Revenue	207,438	199,163	(8,274)	284,161	276,421	(7,739)
				25,524	24,831	(693)	Total Clinical Revenue	207,438	199,163	(8,274)	284,161	276,421	(7,739)
				584	1,440	857	Other Operating Revenue	3,234	10,938	7,704	5,161	14,729	9,567
				26,108	26,272	164	Total Revenue	210,672	210,101	(571)	289,322	291,150	1,828
4,959	4,482	(477)	9.6%	(17,522)	(16,769)	752	Pay Costs	(154,445)	(153,248)	1,197	(207,396)	(206,156)	1,240
				(7,274)	(7,556)	(282)	Non Pay Costs	(44,603)	(44,428)	174	(67,945)	(68,684)	(739)
4,959	4,482	(477)	9.6%	(24,795)	(24,325)	470	Total Operating Expenses	(199,047)	(197,676)	1,371	(275,341)	(274,840)	501
4,959	4,482	(477)	9.6%	1,312	1,946	634	EBITDA	11,625	12,425	801	13,981	16,310	2,329
				(537)	(569)	(33)	Depreciation	(4,830)	(5,048)	(218)	(6,440)	(6,666)	(226)
				(212)	(212)	(0)	PDC Paid	(1,906)	(1,908)	(2)	(2,541)	(2,544)	(3)
				0	0	0	Interest Received	0	0	0	0	0	0
4,959	4,482	(477)	9.6%	564	1,165	601	Surplus / (Deficit)	4,889	5,470	581	5,000	7,100	2,100
				0	9	9	Gain / (loss) on disposal	0	1,151	1,151	0	1,151	1,151
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,959	4,482	(477)	9.6%	564	1,174	610	Surplus / (Deficit)	4,889	6,621	1,732	5,000	8,251	3,251

The Trust has agreed a H2 surplus plan of £2.7m which takes the full 12 month plan to a surplus of £5m in November 2021. Budgets, at a Trust level, were updated in month and are shown in the graphs below. The forecast, and expenditure run rate, continue to be assessed.



The year to date position is a surplus of £5.5m.

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. The year to date position is a surplus of £5.5m.

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. Where slippage has occurred alternatives have been developed to ensure that funding is appropriately utilised and developing the provision of future services.

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

In month there was a reduction of Integrated Care System (ICS) funding allocation as part of the NHS support of the Social Care System. For SWYPFT this contribution is £800k and recognises the important role that social care plays within the overall system.

Pay

There have been no significant one off adjustments in month meaning that the December value is representative of the normal monthly run rate.

Staffing levels have been significantly impacted by increased staff absence in December 2021 and a combination of additional hours by substantive staff and temporary staffing support have been utilised. Estimates have been included for shifts worked, but not yet paid, and this will be validated through actual payment in January 2022.

Overall bank and agency have a similar expenditure run rate to the average of the year.

Non Pay

Whilst pay continues to be the major factor on the overall Trust financial position 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. In addition, non recurrent spend items have been agreed through the Trust Operational Management Group. This includes items such as continued IM & T developments, progression of the sustainability agenda and equipment updates.

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	23				376
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	170	12	31	20				233
Staffing - Isolation	Isolation, shielding and backfill for covid absence	206	37	67	40				350
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	158	(75)	0	977				1,060
Total – Pay		872	(14)	100	1,060	0	0	0	2,018
Lateral Flow Testing	Distribution of kits to staff	38	0	0	0				38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	5	0	0	0				5
IT	Purchase of equipment and agile working enabling costs (VPN)	38	0	0	0				38
OOA Placements	Out of area bed placements required to covid issues	308	246	316	359				1,229
Staffing - security	External security costs to support vaccination	8	0	0	0				8
Furniture	Replacement furniture to support infection prevention and control	138	58	95	43				334
Misc / other	Other general non pay not captured in the headings above	71	3	11	0				85
Total – Non Pay		605	307	422	402	0	0	0	1,736
Total costs		1,477	293	522	1,462	0	0	0	3,754

2.1 Income Information

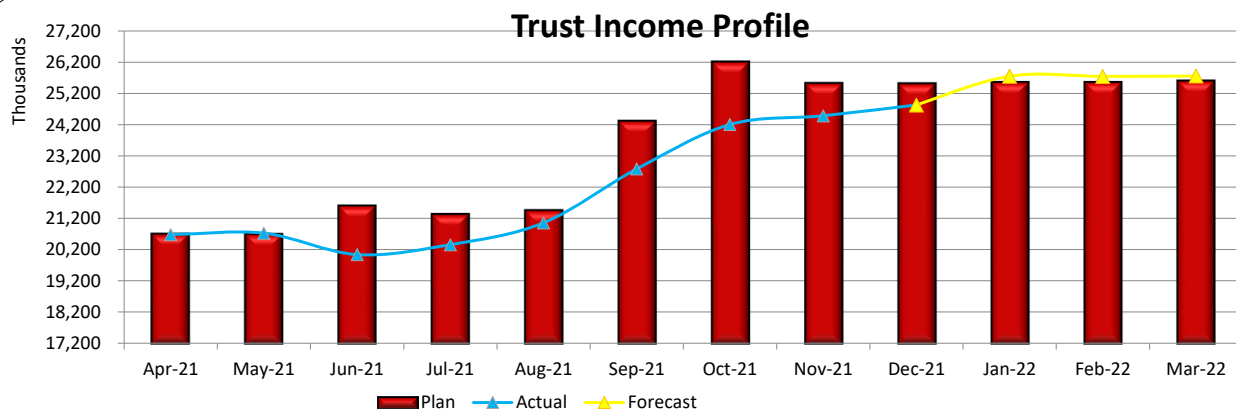
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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.

Draft national planning guidance indicates that whilst signed contracts will return from April 2022 these are to remain as block arrangements using current payments as the baseline.

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	16,281	17,224	16,714	17,796	17,796	17,796	196,437	177,447
ICS / System	1,737	1,737	1,737	1,737	1,737	1,737	1,273	1,273	473	1,273	1,273	1,273	17,258	9,917
Specialist Commissioner	2,475	2,471	2,473	2,493	2,550	2,512	5,776	5,714	5,598	5,598	5,591	5,591	48,840	28,281
Local Authority	404	490	402	385	458	429	369	(409)	1,337	432	432	432	5,160	5,025
Partnerships	657	636	654	547	939	803	591	599	609	599	599	609	7,842	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	84	100	56	56	56	693	4,815
Total	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	25,753	25,747	25,757	276,421	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.

This income includes mental health investment standard (MHIS), system recovery (SR) and additional specific investment. Any slippage, arising from the timing of recruitment, is being proactively utilised for to support mental health services.

The system allocation received from the Integrated Care System (ICS) has reduced in January 2022 as shown in the table above. This relates to a system wide reduction in allocations to support funding to social care, as an important element of the overall system, to be progressed.

2.2

Pay Information

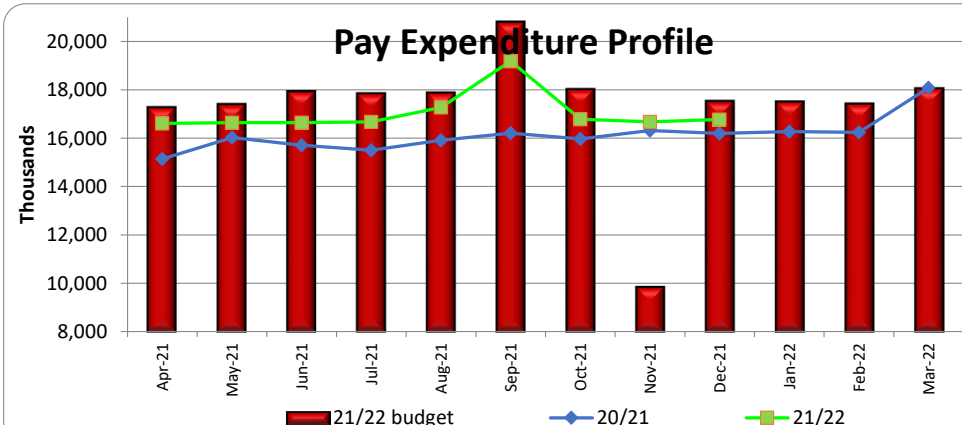
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing 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	15,132				139,772
Bank & Locum	803	911	795	822	1,001	1,053	990	(145)	947				7,175
Agency	583	560	754	834	705	754	701	720	691				6,301
Total	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	0	0	0	153,248
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%	5.6%				4.7%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%	4.2%	4.3%	4.1%				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	4,089				4,077
Bank & Locum	255	263	218	224	283	283	273	234	240				252
Agency	107	115	128	155	138	138	139	125	153				133
Total	4,461	4,454	4,396	4,447	4,494	4,494	4,489	4,450	4,482	0	0	0	4,463
20/21	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	4,472	4,419



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 is monitored against this revised budget.

Actual pay expenditure has remained similar over the last 3 months although there has been significant movement within the categories due to 2 one-off adjustments actioned.

Covid-19 continues to have a significant impact on staffing levels and the utilising of bank and agency staff.

2.2 Pay Information

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

Year to Date Budget v Actual - by staff group						
Staff Group	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	£k	£k	£k	£k	£k	£k
Medical	20,169	17,926	485	2,328	20,740	571
Nursing Registered	52,868	46,068	2,132	809	49,008	(3,860)
Nursing Unregistered	19,859	15,991	3,802	2,252	22,045	2,186
Other	45,304	38,331	275	831	39,437	(5,867)
Corporate Admin	12,942	12,220	239	78	12,537	(404)
BDU Admin	10,969	9,236	241	3	9,480	(1,489)
Vacancy Factor	(7,666)				0	7,666
Total	154,445	139,772	7,175	6,301	153,248	(1,197)

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	233	196	0	18	214	(19)
Nursing Registered	1,552	1,235	67	17	1,320	(233)
Nursing Unregistered	895	684	145	94	923	28
Other	1,419	1,197	10	18	1,226	(193)
Corporate Admin	355	349	7	4	361	5
BDU Admin	505	429	10	0	439	(66)
Total	4,959	4,090	240	153	4,482	(477)

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 December there has been a reduction of worked WTE by substantive staff of 6 WTE (18 WTE increase in November) but agency and bank usage 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 initial staff recruited as part of the Trust led International Recruitment Initiative are starting to arrive and form part of the overall workforce strategy.

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	72,190	60,610	1,592	2,932	65,134	(7,056)
Inpatient	36,377	30,089	5,358	2,948	38,395	2,018
BDU Support	10,091	5,944	343	10	6,297	(3,794)
Community	22,701	19,330	337	144	19,811	(2,890)
Corporate	20,752	23,806	(464)	268	23,610	2,859
Vacancy Factor	(7,666)				0	7,666
Total	154,445	139,780	7,167	6,301	153,248	(1,197)

In month Budget v Actual - by service						
	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
MH Community	1,972	1,620	37	29	1,686	(285)
Inpatient	1,156	830	168	107	1,104	(52)
BDU Support	368	216	6	0	222	(146)
Community	764	659	13	6	677	(86)
Corporate	699	766	16	12	794	94
					0	
Total	4,959	4,090	240	153	4,483	(476)

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 £691k in December.

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.

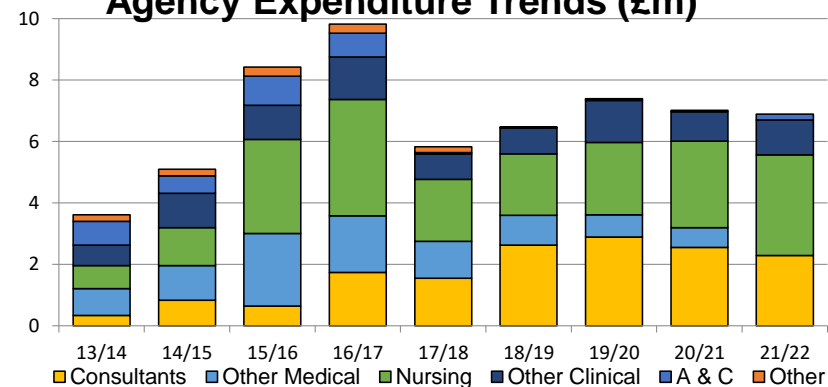
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

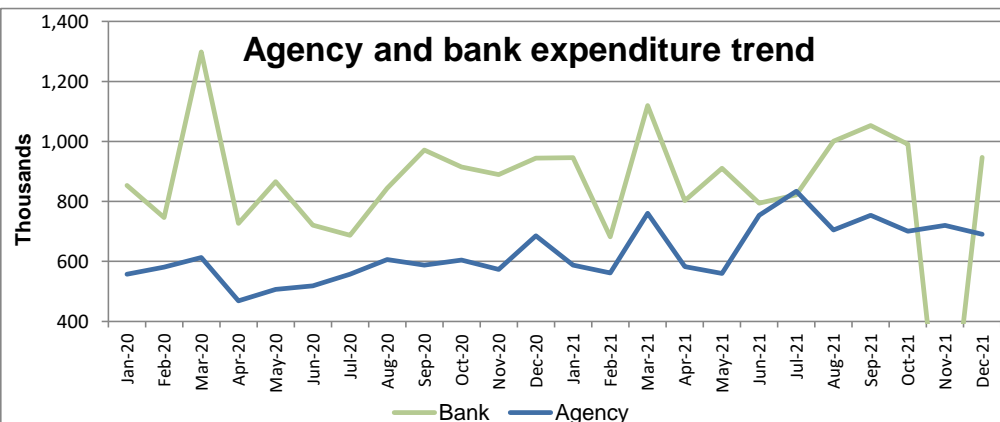
Spend in month is in line with the average monthly run rate for the current financial year.

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

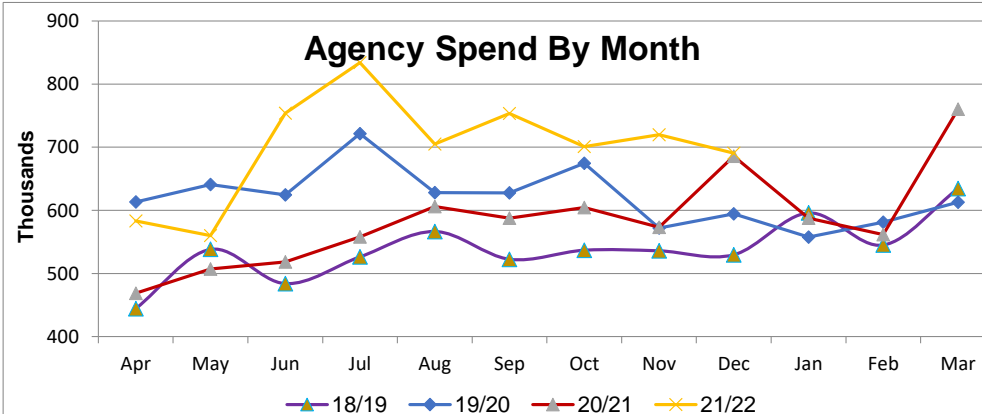
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month

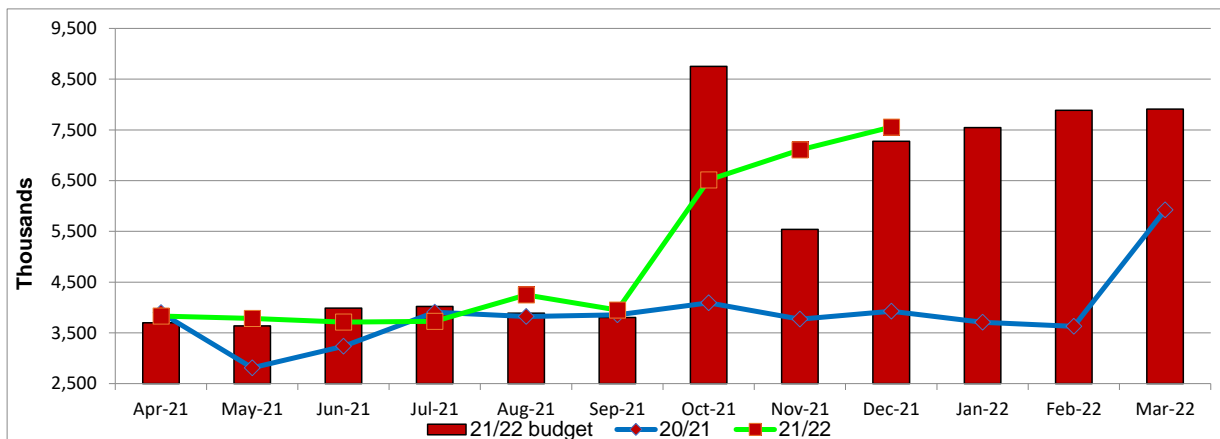


2.3 Non Pay Expenditure

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

Non pay spend	Apr-21 £k	May-21 £k	Jun-21 £k	Jul-21 £k	Aug-21 £k	Sep-21 £k	Oct-21 £k	Nov-21 £k	Dec-21 £k	Jan-22 £k	Feb-22 £k	Mar-22 £k	Total £k
2021/22	3,834	3,783	3,712	3,729	4,246	3,949	6,512	7,107	7,556				44,428
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628	5,921	46,574

	Budget Year to date	Actual Year to date	Variance
Non Pay Category	£k	£k	£k
Drugs	2,789	2,489	(300)
Establishment	5,772	7,112	1,340
Lease & Property Rental	5,743	5,457	(286)
Premises (inc. rates)	4,419	4,831	412
Purchase of Healthcare	13,214	13,821	607
Travel & vehicles	3,193	3,022	(171)
Supplies & Services	5,084	4,552	(532)
Training & Education	551	546	(6)
Clinical Negligence & Insurance	654	847	193
Other non pay	3,183	1,751	(1,432)
Total	44,603	44,428	(174)
Total Excl OOA and Drugs	28,600	28,118	(482)



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 and actual costs have been included from October 2021. This is c. £15m additional non-pay costs in H2 2021 / 22.

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.

The non pay position is also impacted by a number of one off purchases which have been agreed through the Trust Operational Management Group. Further spend is forecast in Q4 to ensure that Trust spend is utilised for the benefit of our service users. This supports current demand requirements and modernises elements of the service for the future.

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 non-pay 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	1,712	1,998	286
<i>Out of Area</i>			
Acute	939	65	(874)
PICU	569	65	(504)
Other Services	9,993	11,692	1,699
Total	13,214	13,821	607

Out of Area Expenditure Trend (£)

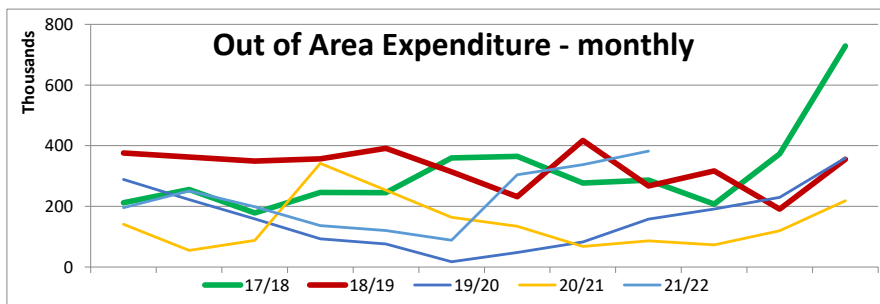
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382				2,015

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	460	546				3,171

Bed Day Information 2021 / 2022 (by category)

PICU	203	236	233	176	188	311	346	408	465				2,566
Acute	18	77	83	47	73	98	76	52	81				605
Total	221	313	316	223	261	409	422	460	546	0	0	0	3,171



Operational pressures linked to covid-19 has meant that out of area placements have continued to be required in December 2021. As previously these are minimised as far as possible but in month equated to 546 days in month which is a further increase from the previous 3 months (86 increase from last month).

The main driver relates to bed availability due to covid-19 infections on inpatient areas leading to revised protocols and admissions. This does remain the last available option but has taken to ensure safety and quality of services.

Balance Sheet / Statement of Financial Position (SOF)	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	103,853	100,838	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,857	353	1
Non NHS Trade Receivables (Debtors)	1,839	2,801	1
Prepayments	2,867	2,942	2
Accrued Income	3,090	4,090	3
Cash and Cash Equivalents	56,659	77,444	Pg 16
Total Current Assets	66,486	87,804	
Current Liabilities			
Trade Payables (Creditors)	(1,888)	(6,751)	4
Capital Payables (Creditors)	(585)	(703)	
Tax, NI, Pension Payables, PDC	(5,920)	(8,001)	
Accruals	(24,112)	(26,356)	5
Deferred Income	(3,981)	(5,926)	6
Total Current Liabilities	(36,485)	(47,739)	
Net Current Assets/Liabilities	30,001	40,065	
Total Assets less Current Liabilities	133,855	140,904	
Provisions for Liabilities	(7,348)	(7,775)	
Total Net Assets/(Liabilities)	126,507	133,128	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,384	
Revaluation Reserve	10,596	10,274	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	72,250	7
Total Taxpayers' Equity	126,507	133,128	

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, £180k is currently over 30 days and is actively chased for payment.

2. Prepayments remain high, this includes software licences (£0.9m), rent (£0.2m) and the cost associated with lease cars for the Trust (£0.8m).

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 (£0.5m), Wakefield CCG (£0.8m)

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, £0.7m from Kirklees 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	950	96	(854)	100	(1,900)	Internal
OPS transformation	578	0	0	0	50	(528)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	1,799	884	(915)	2,739	(455)	Internal
Fire Safety	160	60	98	38	195	35	Internal
Plant & Machinery	455	455	90	(365)	428	(27)	Internal
Equipment	100	70	60	(10)	130	30	Internal
Fixtures & Fittings	45	45	0	(45)	0	(45)	Internal
Other	643	625	800	175	2,133	1,490	Internal
IM & T							
Clinical Systems	275	181	7	(174)	33	(242)	Internal
Hardware	200	150	42	(108)	967	767	Internal
Cybersecurity, Infrastructure	200	150	200	50	253	53	Internal
Software	600	350	67	(283)	434	(166)	Internal
Other	1,140	854	35	(820)	715	(425)	Internal
VAT Refunds						0	
TOTALS	9,590	5,689	2,378	(3,311)	8,177	(1,413)	

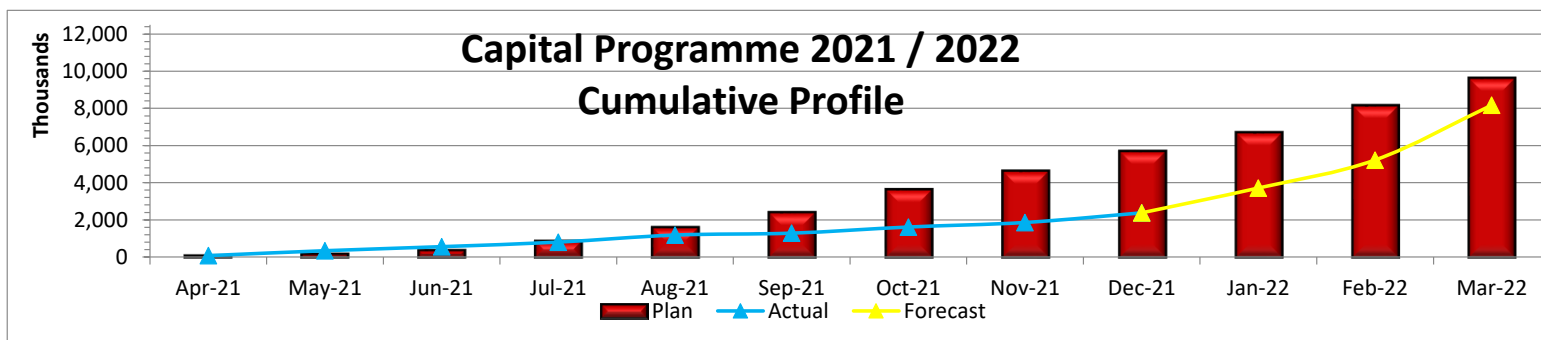
Capital Expenditure 2021 / 22

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

The year to date spend is £2.4m. The forecast continues to be validated and additional IM & T expenditure has been agreed in year resulting in the forecast increasing to £8.2m.

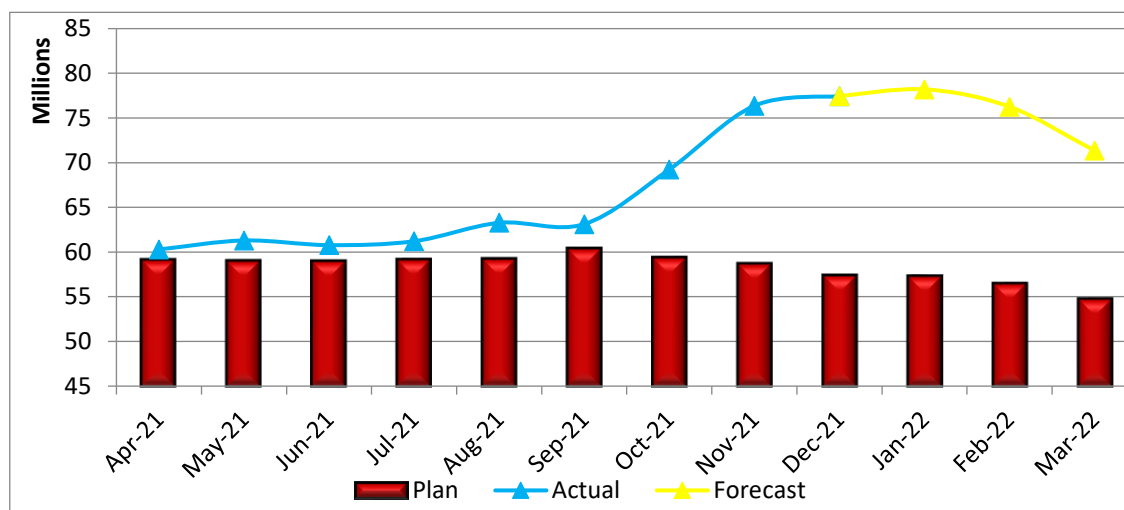
The Estates and IM & T teams assess the most likely forecast spend position. This remains under scrutiny taking account of access and supplier, and materials, availability.

The forecast position includes a number of significant values schemes to be undertaken in Q4. These include door replacement, vehicle and equipment replacement programmes and IM & T upgrades.



3.2

Cash Flow & Cash Flow Forecast 2021 / 2022

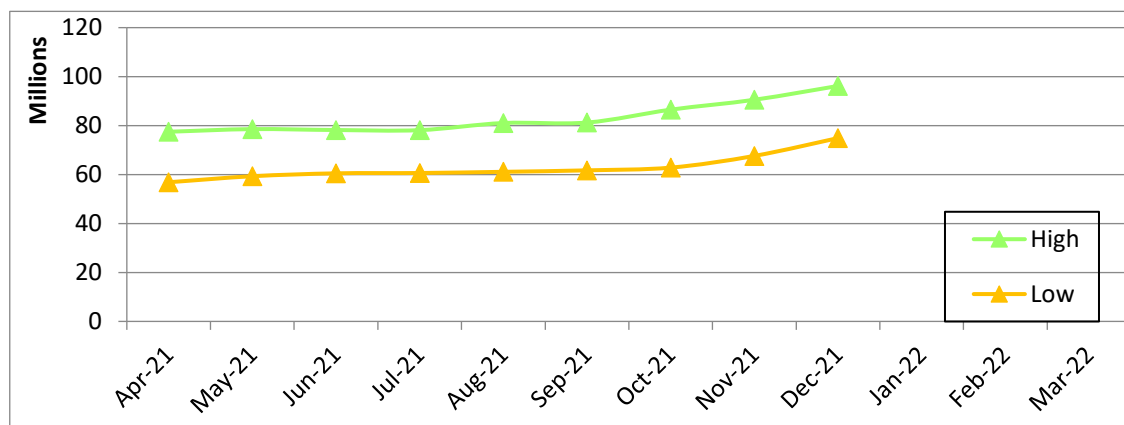


Cash remains positive. This helps to enable continued investment in the Trust capital programme.

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

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

	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,659	
Closing Balance	57,340	77,444	20,104



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: £96.2m

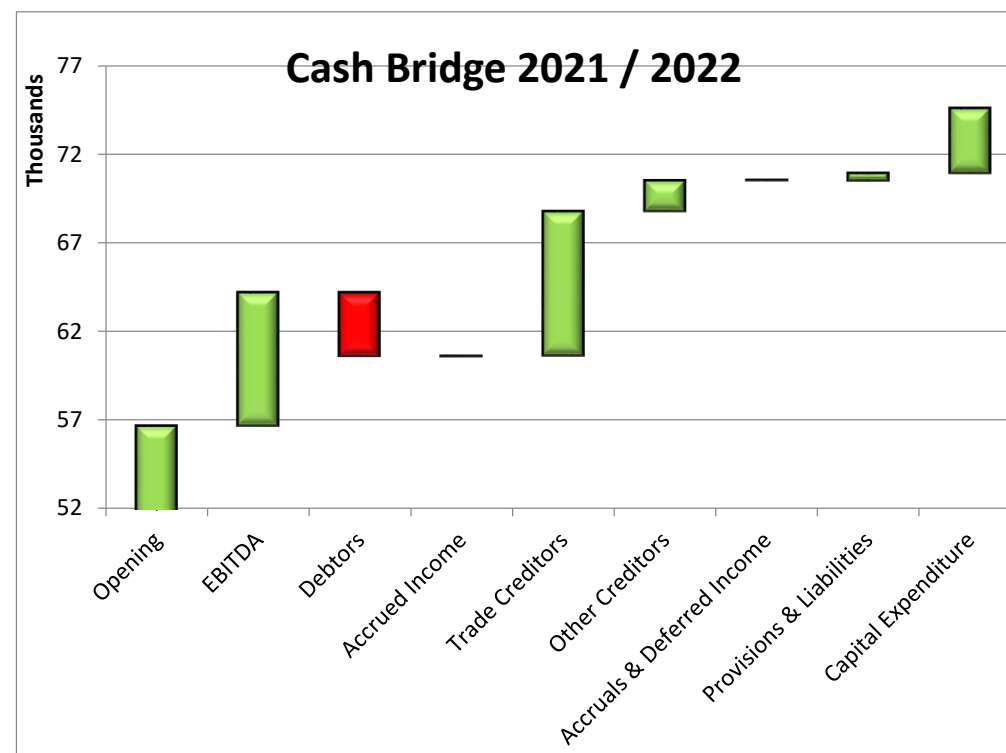
The lowest balance is: £74.9m

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)	4,896	12,425	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	3,050	(533)	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	(69)	8,082	
Other Payables (Creditors)	0	1,733	
Accruals & Deferred income	10		
Provisions & Liabilities	0	428	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(5,924)	(2,259)	
Cash receipts from asset sales	0	1,496	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received			
Interest (paid)/ received	0	0	
Closing Balances	57,340	77,444	



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, the reduced spend on the Capital programme and a 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.

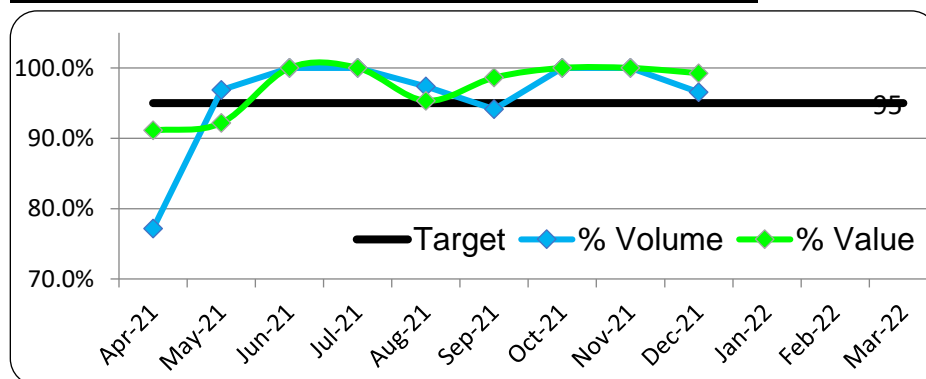
4.0

Better Payment Practice Code

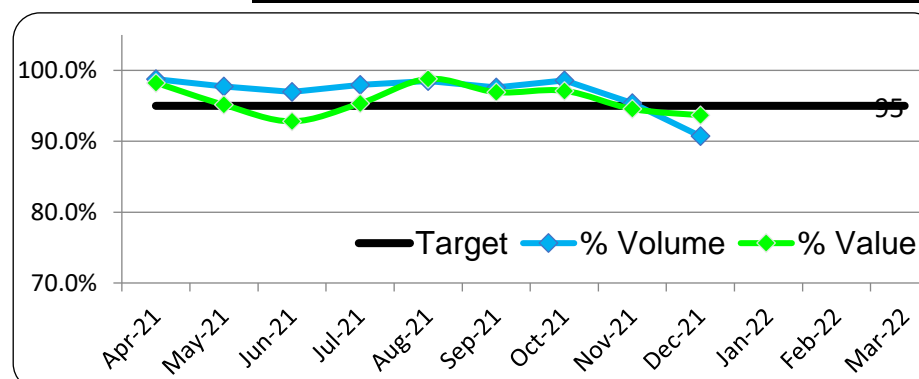
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance for the year to December has seen overall 97% of volume and 96% by value paid within the Trust payment terms of 30 days. The team continue to work with internal stakeholders and customers to ensure that the purchase to pay service runs as smoothly as possible.

NHS	Number %	Value %
In Month	97%	99%
Cumulative Year to Date	96%	99%



Non NHS	Number %	Value %
In Month	91%	94%
Cumulative Year to Date	97%	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 (£)
10-Dec-21	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996451	571,103
01-Dec-21	Provision of Healthcare	Forensic	Cygnnet Health Care Ltd	CYGWYS16	492,727
30-Dec-21	Provision of Healthcare	Forensic	Bradford District Care NHS Foundation Trust	201692	442,136
30-Nov-21	Provision of Healthcare	Forensic	Bradford District Care NHS Foundation Trust	201607	421,426
01-Dec-21	Provision of Healthcare	Forensic	Waterloo Manor Ltd	HONHLS245	292,294
01-Oct-21	Provision of Healthcare	Forensic	Cheswold Park Hospital	4222	236,094
01-Nov-21	Provision of Healthcare	Forensic	Cheswold Park Hospital	4227	220,310
01-Dec-21	Provision of Healthcare	Forensic	Cheswold Park Hospital	4232	217,149
26-Nov-21	Provision of Healthcare	Wakefield	NHS Wakefield CCG	7016401745	102,169
03-Dec-21	IT Services	Trustwide	Daisy Corporate Services	31482294	90,250
03-Dec-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	320117	77,659
17-Dec-21	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996491	57,800
17-Dec-21	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996492	57,800
17-Dec-21	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996493	57,800
14-Dec-21	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	996463	56,247
25-Nov-21	IT Software	Trustwide	Insight Direct (Uk) Ltd	210004669121	53,550
24-Nov-21	Provision of Healthcare	Forensic	Mersey Care NHS Foundation Trust	72481859	44,641
24-Nov-21	Provision of Healthcare	Forensic	Mersey Care NHS Foundation Trust	72481860	44,641
17-Dec-21	Provision of Healthcare	Forensic	Mersey Care NHS Foundation Trust	72482025	44,641
07-Dec-21	Provision of Healthcare	Forensic	Rotherham Doncaster & South Humber Mental Health	0000091562	40,266
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767352	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767353	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767354	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767355	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767356	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767546	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767547	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767548	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767549	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767550	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767551	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767552	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767553	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767554	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767555	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767556	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767557	38,350
03-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767558	38,350
05-Dec-21	IT Hardware	Trustwide	Dell Corporation Ltd	7402767839	38,350
14-Oct-21	Drugs	Trustwide	NHS Business Services Authority	1000070944	36,909
11-Nov-21	Drugs	Trustwide	NHS Business Services Authority	1000071280	35,915
29-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060221109	33,538
13-Nov-21	Mobile Phones	Trustwide	Vodafone Ltd	99614610	33,213
31-Aug-21	Advocacy	Forensic	Cloverleaf Advocacy 2000 Ltd	10373	32,358
15-Dec-21	Staff Services	Trustwide	Robertson Cooper Ltd	0603	32,173
29-Nov-21	Rent	Barnsley	Chapelfield Medical Centre	287	31,599
01-Oct-21	Provision of Healthcare	Forensic	Cheswold Park Hospital	4251	31,110
30-Nov-21	Furniture	Trustwide	Pineapple Contracts	SI75015	29,012
24-Nov-21	Staff Recharge	Trustwide	NHS Bradford District And Craven CCG	7032700341	27,163
10-Dec-21	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890512	27,150
01-Jan-22	Rent	Barnsley	SJM Developments Ltd	LINV44555	27,000
02-Nov-21	Utilities	Trustwide	EDF Energy Customers Ltd	000010873091	26,404
29-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060221108	26,233

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

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

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

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

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

Appendix 2 - Workforce - Performance Wall

				Barnsley District							Calderdale and Kirklees District						
Month	Objective	CQC Domain	Owner	Threshold	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Threshold	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	4.2%	4.0%	4.0%	4.1%	4.1%	4.2%	<=4.5%	5.1%	5.2%	5.3%	5.4%	5.5%	5.4%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	4.3%	3.5%	4.1%	4.6%	4.5%	4.6%	<=4.5%	4.8%	5.1%	5.4%	6.3%	6.1%	5.8%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced October 2021			55.0%	58.7%	Reporting under development	>=95%	Reporting commenced October 2021			59.2%	65.8%	Reporting under development
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%	87.4%	83.3%	83.0%	83.8%	80.7%	77.9%	>=80%	86.0%	86.5%	86.5%	86.5%	84.7%	81.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	76.0%	70.9%	70.6%	70.8%	75.7%	76.3%	>=80%	81.1%	76.2%	76.2%	77.6%	74.2%	72.9%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	94.6%	91.3%	91.4%	90.6%	91.1%	93.2%	>=80%	97.0%	96.3%	95.8%	96.7%	97.1%	96.9%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced November 2021				84.3%	84.0%	>=80%	Reporting commenced November 2021				84.0%	83.8%
Equality and Diversity	Resources	Well Led	LJ	>=80%	95.3%	96.0%	96.2%	96.5%	96.2%	96.3%	>=80%	97.4%	96.1%	96.6%	95.9%	94.6%	95.1%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	82.1%	86.2%	86.0%	88.1%	90.7%	90.5%	>=80%	83.5%	83.4%	82.9%	85.7%	86.7%	88.7%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	76.6%	77.3%	77.6%	76.9%	75.0%	75.5%	>=80%	90.1%	91.6%	91.6%	90.8%	89.8%	84.7%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21	53.4%	51.4%	62.6%	70.3%	74.9%	>=80%	Commenced Aug-21	43.1%	41.5%	56.6%	62.8%	67.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	91.9%	90.9%	91.1%	91.0%	91.9%	91.7%	>=80%	94.7%	91.4%	91.2%	89.8%	89.5%	88.9%
Information Governance	Resources	Well Led	LJ	>=95%	93.4%	93.3%	94.0%	92.5%	91.0%	89.4%	>=95%	94.4%	91.3%	91.6%	88.0%	85.6%	84.9%
Moving and Handling	Resources	Well Led	LJ	>=80%	93.5%	94.4%	94.0%	93.5%	93.0%	92.2%	>=80%	96.9%	96.8%	96.5%	96.6%	96.4%	96.0%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Sep-21		51.7%	62.8%	63.6%	63.9%	>=80%	Commenced Sep-21		60.6%	71.2%	71.8%	71.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	85.7%	87.1%	86.8%	88.0%	89.6%	90.3%	>=80%	85.0%	85.4%	84.8%	86.5%	87.6%	87.7%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	80.8%	81.0%	80.9%	82.8%	85.3%	85.2%	>=80%	81.5%	83.0%	82.3%	83.6%	85.2%	85.9%
Prevent	Improving Care	Well Led	LJ	>=80%	95.8%	96.2%	96.2%	96.5%	96.7%	96.0%	>=80%	95.4%	94.7%	94.6%	95.1%	93.3%	93.4%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	92.3%	91.4%	91.5%	91.4%	91.3%	91.7%	>=80%	94.9%	92.2%	92.3%	92.5%	91.1%	91.0%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	92.6%	93.2%	93.1%	93.0%	92.1%	92.7%	>=80%	93.0%	89.3%	88.6%	89.8%	88.9%	88.8%
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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Threshold	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Sickness (YTD)	Resources	Well Led	LJ	<=5.4%	5.1%	5.4%	5.5%	5.7%	5.9%	5.8%	<=4.5%	2.8%	2.9%	2.8%	2.7%	2.8%	2.6%
Sickness (Monthly)	Resources	Well Led	LJ	<=5.4%	6.6%	6.9%	5.9%	6.5%	7.3%	5.3%	<=4.5%	3.1%	3.0%	2.4%	2.4%	1.9%	2.4%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced October 2021			62.9%	67.3%	Reporting under development	>=95%	Reporting commenced October 2021			55.9%	59.4%	Reporting under development
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%	81.7%	80.0%	80.4%	79.5%	82.8%	81.8%	>=80%	82.1%	82.6%	81.9%	81.4%	77.8%	75.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	74.1%	72.4%	71.6%	68.5%	71.4%	73.5%	>=80%	69.3%	70.5%	69.2%	74.1%	77.0%	78.1%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	94.1%	94.5%	92.9%	93.5%	94.2%	94.9%	>=80%	92.0%	87.4%	87.2%	90.0%	92.0%	94.2%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced November 2021				78.9%	79.0%	>=80%	Reporting commenced November 2021				79.2%	79.0%
Equality and Diversity	Resources	Well Led	LJ	>=80%	95.4%	93.8%	94.4%	94.5%	94.8%	94.7%	>=80%	96.6%	95.0%	95.3%	95.3%	95.7%	95.5%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	85.0%	84.4%	84.1%	89.2%	88.1%	90.0%	>=80%	81.6%	83.3%	84.0%	85.8%	89.2%	90.0%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	69.3%	69.9%	70.7%	73.7%	71.5%	71.3%	>=80%	33.3%	25.0%	25.0%	25.0%	20.0%	40.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21	42.1%	40.4%	54.4%	64.3%	70.3%	>=80%	Commenced Aug-21	38.7%	37.9%	57.4%	67.5%	70.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	92.8%	91.3%	90.7%	91.1%	91.1%	92.1%	>=80%	91.6%	91.8%	91.8%	90.5%	91.0%	88.8%
Information Governance	Resources	Well Led	LJ	>=95%	92.0%	90.6%	90.7%	89.9%	90.2%	87.1%	>=95%	91.6%	88.1%	89.0%	88.3%	90.4%	89.4%
Moving and Handling	Resources	Well Led	LJ	>=80%	98.3%	97.8%	97.8%	98.3%	97.9%	97.7%	>=80%	98.1%	98.7%	99.1%	99.1%	98.8%	97.0%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Sep-21	41.1%	54.2%	56.3%	56.6%		>=80%	Commenced Sep-21	N/A	N/A	N/A	N/A	N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	88.5%	89.0%	88.7%	89.6%	90.5%	90.8%	>=80%	81.2%	82.8%	81.6%	83.0%	84.9%	85.2%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	83.4%	85.1%	84.4%	85.7%	87.4%	88.1%	>=80%	79.3%	81.0%	81.2%	82.7%	84.5%	84.4%
Prevent	Improving Care	Well Led	LJ	>=80%	93.7%	91.3%	90.9%	91.2%	90.9%	92.0%	>=80%	93.9%	93.5%	94.5%	93.1%	94.6%	93.1%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	93.4%	92.0%	91.3%	91.3%	91.6%	91.3%	>=80%	94.4%	93.9%	94.0%	92.3%	91.5%	91.7%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	90.9%	88.9%	88.0%	90.0%	89.9%	88.2%	>=80%	94.4%	92.7%	92.4%	92.1%	90.7%	89.4%
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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Threshold	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.0%	3.1%	3.3%	3.4%	3.6%	3.8%	3.7%	<=4.6%	3.5%	3.6%	3.6%	3.5%	3.4%	3.8%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.0%	3.6%	3.4%	4.0%	4.4%	4.3%	3.7%	<=4.6%	3.3%	3.7%	3.7%	4.0%	4.3%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced October 2021			53.1%	63.2%	Reporting under development	>=95%	Reporting commenced October 2021			70.3%	74.4%	Reporting under development
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%	92.0%	90.1%	90.1%	85.1%	82.9%	81.4%	>=80%	86.7%	86.1%	86.8%	86.6%	86.0%	82.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	75.9%	72.4%	72.4%	75.0%	68.8%	74.2%	>=80%	69.8%	66.1%	67.2%	69.3%	68.3%	67.9%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	100%	100%	100%	100%	100%	100%	>=80%	93.1%	93.1%	94.0%	92.8%	93.2%	94.4%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced November 2021				82.6%	82.2%	>=80%	Reporting commenced November 2021				76.8%	76.6%
Equality and Diversity	Resources	Well Led	LJ	>=80%	89.3%	89.5%	89.5%	89.8%	88.0%	89.2%	>=80%	95.9%	76.6%	95.9%	94.9%	94.6%	94.6%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	83.8%	87.7%	87.7%	88.3%	89.9%	91.3%	>=80%	86.6%	84.2%	83.8%	86.9%	90.2%	89.6%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	97.0%	95.5%	95.5%	94.8%	94.7%	94.7%	>=80%	86.6%	87.1%	85.9%	88.1%	89.2%	88.8%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21	34.4%	34.4%	47.6%	55.6%	60.3%	>=80%	Commenced Aug-21	42.0%	39.5%	50.0%	58.6%	64.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	87.2%	85.0%	85.0%	83.8%	85.5%	85.5%	>=80%	92.5%	90.2%	89.7%	90.7%	88.2%	89.4%
Information Governance	Resources	Well Led	LJ	>=95%	93.0%	93.4%	93.4%	91.0%	91.3%	88.8%	>=95%	94.3%	92.3%	92.6%	91.5%	89.0%	87.4%
Moving and Handling	Resources	Well Led	LJ	>=80%	99.5%	99.6%	99.6%	99.5%	99.3%	99.1%	>=80%	95.6%	94.6%	94.4%	94.9%	95.1%	94.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Sep-21		N/A	N/A	100%	100%	>=80%	Commenced Sep-21		52.9%	68.7%	66.7%	65.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	97.2%	98.2%	98.2%	98.3%	98.6%	98.6%	>=80%	84.5%	82.6%	81.9%	83.1%	84.2%	85.7%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	76.2%	85.0%	85.0%	86.4%	88.0%	88.0%	>=80%	81.0%	82.3%	80.6%	84.4%	85.0%	87.0%
Prevent	Improving Care	Well Led	LJ	>=80%	97.5%	98.2%	98.2%	97.4%	97.6%	97.5%	>=80%	95.6%	95.3%	95.1%	94.2%	93.2%	94.0%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	96.3%	95.4%	95.4%	95.1%	94.7%	95.0%	>=80%	94.8%	93.5%	93.3%	92.4%	90.3%	90.0%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	96.6%	96.4%	96.4%	95.9%	95.3%	96.0%	>=80%	89.7%	89.2%	89.0%	88.9%	87.7%	87.9%
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....

Month	Objective	CQC Domain	Owner	Inpatient Service						
				Threshold	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	7.6%	7.7%	7.7%	7.6%	7.7%	7.8%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	8.6%	8.2%	7.4%	7.5%	7.3%	9.4%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced October 2021			23.1%	28.6%	Reporting under development
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%				2.4%	3.7%	
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	85.0%	77.5%	79.4%	80.9%	79.5%	80.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	77.8%	72.6%	72.7%	74.2%	70.4%	70.6%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	91.7%	92.1%	89.5%	93.0%	91.6%	92.1%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced November 2021				82.0%	81.4%
Equality and Diversity	Resources	Well Led	LJ	>=80%	95.9%	94.9%	93.8%	94.4%	93.5%	93.4%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	81.0%	88.3%	87.8%	90.1%	92.3%	93.3%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	79.4%	84.6%	86.3%	87.8%	86.1%	82.3%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Aug-21	41.2%	39.9%	55.7%	63.7%	69.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	90.9%	90.7%	90.1%	90.8%	88.7%	88.8%
Information Governance	Resources	Well Led	LJ	>=95%	92.3%	86.7%	85.7%	85.5%	84.5%	81.0%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.5%	98.0%	97.2%	96.9%	96.9%	96.6%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	Commenced Sep-21		50.4%	59.1%	60.6%	60.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	88.2%	87.8%	86.1%	88.5%	87.8%	87.8%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	84.3%	85.1%	83.6%	85.5%	85.0%	85.2%
Prevent	Improving Care	Well Led	LJ	>=80%	94.2%	94.9%	94.1%	93.5%	92.9%	94.2%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	90.3%	90.3%	88.9%	89.6%	87.2%	87.1%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	86.8%	87.0%	85.9%	87.2%	85.9%	87.6%
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							

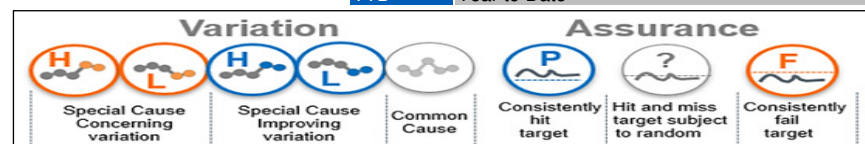
Glossary

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	SlS	Serious Incidents
CROM	Clinician Rated Outcome Measure	LD	Learning Disability	S BDU	Specialist Services Business Delivery Unit
CRS	Crisis Resolution Service	MARAC	Multi Agency Risk Assessment Conference	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