

Integrated Performance Report Strategic Overview



January 2022

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for January 2022. 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 January 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
- Workforce
- National metrics
- Locality
- Finance & contracting
- Systemwide monitoring

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.

The following section highlights the performance against the Trust's strategic objectives.
During the year the EMT agreed to include community mental health transformation as an additional priority.

Improving health								
Priority programme	Metrics	Threshold	Nov-21	Dec-21	Jan-22	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		2	3	2			Sadly in January there were two apparent suicides where the person had an open referral to the Trust at the time of their death. These have been reviewed at the Trust Clinical Risk panel and a level of investigation has been determined. The initial review found no correlation between the incidents. Support and condolences have been offered to those affected and ongoing support is available through the Trust lead investigators and local and national bereavement services. These figures may be subject to change in line with coroner's verdicts.
	2.Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks) *	55%	Q3 - 68%					A weighted average is used given there are different targets in different places. Q3 data is provisional and will be refreshed next month, Q1 - 66%, Q2 - 64%
	3.Proportion of people from BAME communities accessing IAPT		12.9%	14.4%	15.3%			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		Please see quality section for breakdown of performance					Given the complexity of this assessment, the Trust has reviewed its current reporting structure and is now focusing on the following 7 domains: Smoking, Diet, Exercise, Alcohol, Substance Misuse, Weight and Blood Pressure.
	1b. Cardio metabolic assessment & treatment - Community (Early Intervention services)							
	2. IAPT - proportion of people completing treatment who move to recovery	50%	52.9%	51.0%	52.3%			January data is provisional and will be refreshed in March 2022.
	3. % service users on CPA followed up within 7 days of discharge	95%	105/106 =99.1%	98/102 =96.1%	78/82 =95.1%			Further investigation into the 7% that have not achieved the target to be carried out to better understand the issues relating to this under performance.
	4. % of service users on CPA with a 12 month follow up recorded	95%	93.2%	94.2%	93.0%			Q3 total is 88%. January data is provisional at the time of producing this report and will be refreshed in April 2022. Staff shortages are impacting on performance.
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	88.9%	85.1%	77.4%			

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
EMT	Executive Management Team	IAPT	Improving access to psychological therapies

Summary

Covid-19

Emergency
Preparedness

Quality

Workforce

National Metrics

Locality

Finance/Contracts

System-wide Monitoring























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.

Improve health (Salma Yasmeen and Sean Rayner)

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

Key Milestones	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 the end of November 2021. Timescales will need to be adjusted due to delays during development, and meetings with the provider have been held to understand the latest position. It is likely the proof of concept app will be in place at the end of March 2022. 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 revised due to delays in obtaining all required information and the plan will now be delivered by 31st March 2022. Meeting with the West Yorkshire and Harrogate ICS Senior Leadership Executive has been delayed until April 22 to allow time for a longer discussion with partners.
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 31st March 2022.	Active Calderdale: Work to develop a motivational interviewing module has been delayed and timescales for implementation will need to be adjusted. It is now uncertain whether this will still be needed, and discussions are underway with the commissioner regarding an externally funded module. Three design workshops have been held with phase two services to identify ways to include physical activity in systems, and processes and phase three services are now confirmed.
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 ICS Senior Leadership Executive by February 2022 including system partners and National Centre for Creativity & Health. This meeting will now take place in April 2022.	ICS and Partnership developments: Much of the focus in January has been on the response to the Omicron variant of Covid-19. This included a huge effort to identify and second staff on to the vaccination programme, extend opening hours and set up additional vaccination clinics. SWYPFT staff have supported this work in all of our localities, in particular Barnsley where we have additionally supported the Covid-19 vaccination of 12-15 year olds. Senior appointments have been taking place in both of our ICSs in preparation for development of the Integrated Care Boards (ICB) as statutory body Integrated Care Systems. The new target date of 1 July 2022 gives an opportunity to deepen the preparations and reduce other elements of risk. The Trust is engaged with the development of the ICB constitutions for both South Yorkshire and West Yorkshire, and continues to work with partners in each location to support the development of place-based arrangements in response to the white paper and related national guidance. Operational planning guidance has been issued which sets out 10 key priorities for 22/23. The national timescales have been put back to accommodate the current operational pressures. Indicative planning timescales include draft plans to be submitted by mid-March and final plans to be submitted through the ICSs by the end of April 2022. In West Yorkshire, work continues on the arrangements for moving to a new West Yorkshire Mental Health, Learning Disabilities and Autism (MHLDA) Partnership Board in April 2022. In South Yorkshire, partners have continued to meet to develop the Mental Health, Learning Disability & Autism Alliance with a further meeting planned for CEOs and Chairs in February. We have also continued to work with Barnsley Healthcare Federation to develop a draft alliance agreement, building on the initial memorandum of understanding, to strengthen integration between community and primary care services and this was submitted to Trust Board in January for consideration. In January, Ofsted published the findings from Wakefield's recent full re-inspection of children's services and identified Wakefield as the only local authority to make the jump from 'Inadequate' to 'Good' children's services, with outstanding leadership. Ofsted's report recognised how children and young people are safe, receiving the right help at the right time, and that they are positioned 'at the centre of all practice'. Partnership working is documented as a real strength at both strategic and operational levels, with 'good understanding of thresholds' and 'joined-up thinking' through the vision of Wakefield Families Together praised as 'having a positive impact on children and families.'
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.	
5. West Yorkshire Forensic Lead provider collaborative: Recruitment to posts at Leeds and York Partnership NHS Trust (LYPFT) to implement the commissioning capacity requirements for the West Yorkshire Collaboratives – Head of Commissioning and Administrative support in post, Quality Lead commenced February 2022, Business Intelligence post being recruited.	West Yorkshire Adult Secure Lead provider collaborative: Further progress has been made in terms of recruitment to posts at Leeds and York Partnership NHS Trust (LYPFT) to implement the commissioning capacity requirements for the West Yorkshire collaboratives. A Trust Collaborative Committee is being established.
6. Community mental health transformation: Work has commenced on describing and visualising the models in each place in a consistent way, though this is now aiming to be complete by end of February 2022.	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 are experiencing workforce challenges and winter pressures. A plan has been put forward to carefully phase recruitment through 2022, and an initial round of jobs are now going out to advert. In early 2022, the ICSs in West and South Yorkshire have been pulling together the planning submissions for year 2 funding and resourcing for the transformation models in each area.
7. Community mental health transformation: Recruitment to Additional Roles Reimbursement scheme (ARRs) roles are now being worked through in each place and a proposal has been put forward for phased recruitment through 2022. Now in process of going out to advert in February 2022.	

Summary	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Improve Care								
Priority programme	Metrics	Threshold	Nov-21	Dec-21	Jan-22	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	30	21	17		N/A	
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	21	25	13		N/A	Pressure ulcer prevention; Waterlow & wound care pathway training was delivered to all neighbourhood nursing staff between April & July 2021. A two day wound care training package for new starters and staff updates were also delivered by the tissue viability team in Sept & Nov 21. Positive improvement in incident reporting and further work continues around continuing to improve documentation.
	4. Safer staffing fill rates (%)	90%	114.1%	108.9%	111.2%			
	5. Number of children & young people in adult wards	0	0	0	0			Five consecutive months of 0 recorded.
	6. Staff absence due to Covid-19		21	49	30			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	37	41			The increase in healthcare-associated infections 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)		339	385	431			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)		119	155	125			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)		228	214	197			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	72.0%	76.6%	87.5%			72 responses in January
	4. Forensics staff sickness	<=5.4%	5.9%	5.8%	5.8%			YTD sickness
	5. Forensics staff turnover		17.2%	15.8%	16.0%			Registered nurses turnover
	6. Race related incidents against staff in forensics		16	15	8			There were a total of 39 race related incidents against staff reported between November 2021 and January 2022, occurring in Forensic BDU.
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	91.2%	90.6%	87.4%			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%	99.1%	96.7%	88.8%			This mostly relates to SPA, Core, Enhanced and other general community mental health services
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	92.9%	93.8%	93.7%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		266	201	227			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months).
	2b. Average contacts per day - intensive home based treatment team		132	123	127			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months).
	2c. Average contacts per day - Learning disability community		141	108	108			Pre Covid-19 - 89 (October 2019 which is representative of the following 6 months).
	2d. Average contacts per day - District nursing, end of life and community matrons		673	662	621			Pre Covid-19 - 710 (Average from September 2019 to January 2020)
	3. Access representative of community population		7.7%	6.4%	6.4%			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	BAME	Black, Asian and Minority Ethnic

Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery and Reset – Enabling Working Effectively (EWE): EWE Framework and supporting resources launched (December-January 2022)		<p>Recovery and Reset:</p> <ul style="list-style-type: none"> The Enabling Working Effectively framework and supporting resources, and the recovery and reset toolkit were launched in January and accessible via new intranet page: https://swyt.sharepoint.com/sites/Hybridworking Initial engagement sessions have been set up with the services identified as early adopters by EMT. 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 launched and roll out commenced via internal services and with community partners. <p>Older People Inpatient Services Transformation:</p> <p>Work is continuing towards the delivery of the outline business case for the proposals and the formal consultation. Costs have been established for Crofton enhancement options and these have been appraised in advance of steering group consideration in February 2022. A timeline is now being established for local governance and approval process required prior to formal consultation and planning meeting to be scheduled for late February. Some delay occurred in January due to recent operational pressures taking priority but meetings and activity has now recommenced.</p> <p>CAMHS improvement neuro waiting lists (Calderdale and Kirklees):</p> <p>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, but works have taken longer than expected and the current forecast is that the service will be able to access the site fully from some point in February and clinical services running from March. Calderdale is also planning to use this site to deliver assessments for people that can travel, whilst continuing to offer a service from Laura Mitchell Health Centre, Halifax.</p> <p>Inpatient Improvement:</p> <p>Activity has now commenced across the programme. Steady progress is being made to resolving some of the immediate short term workforce challenges at Clark ward. An inpatient workforce improvement group has now been established to support workforce activity and this will feed progress in to both the inpatient and workforce governance. Ashdale and Elmdale wards have been identified as sites to work with the Improvement Academy on reducing restrictive practices and this is due to commence in March.</p>
2. Recovery and Reset – Enabling Working Effectively: Early adopter services initial engagement sessions held, and work underway on supporting services with implementing changes required to support adoption of hybrid working (January – March 2022)		
3. Recovery and Reset – Operational recovery and reset: Staff and service user surveys have been launched to capture the voice and influence of staff, service users, carers and families in shaping recovery and reset. (December – January 2022)		
4. Recovery and Reset – Operational recovery and reset: Toolkit and resources to support service restoration have launched and intranet page in place (January 2022).		
5. Recovery and Reset – Operational recovery and reset: Dashboard developed to support inclusive operational service recovery and reset (January – March 2022)		
6. Care closer to home: Review of priorities and plan for 2022 is taking place in February 2022 due to recent operational pressures		
7. Care closer to home: Reviewed trajectories submitted to West Yorkshire ICS at end of January 2022. These include revised targets that remain ambitious to reduce out of area placements by end of March 2022 and cease them in September 2022.		
8. Improve Services for people acutely unwell and improve ward environment - Leadership strand: new leadership structure implemented across wards. Next steps include culture and leadership work with Tavistock (due by March 2022) and exploring clinical leadership training.		
9. Improve Services for people acutely unwell and improve ward environment – Training and skills. Work has now commenced on developing the learning needs analysis of inpatient staff (January 2022) with a plan due March 2022 for implementation from April.		
10. Improve Services for people acutely unwell and improve ward environment - Work on quality improvement (QI) commenced on the wards (November – December 2021). Theming and identification of potential improvement activity is now being progressed. Support to the reducing restrictive practice initiative is scheduled to commence in March on Ashdale and Elmdale wards.		
11. Improve Services for people acutely unwell and improve ward environment - Innovations that can be applied to the wards are currently being explored, including art and creativity into the wards to help create a calmer, more relaxing space that we then might be able to bring music or readings into so that mealtimes are more of a shared pleasant experience, expected to take place during February and March 2022.		
12. Improve Services for people acutely unwell and improve ward environment – Challenges on Oakwell centre and Clark ward – implementation plan in place and activity such as recruiting staff onto the Clark ward (January – April 2022)		
13. Improve Services for people acutely unwell and improve ward environment: Outcomes – a draft outcomes framework established in January. Further development work on tracking and pulling together measures into one place (February – April 2022).		
14. 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 executive governance though this has been delayed slightly due to recent operational priorities and pressures (January - February 2022)		
15. Older People Inpatient Services Transformation - Finalise and secure agreement for the outline business case for change. Early 2022.		
16. Older People Inpatient Services Transformation - Develop collateral required to deliver formal consultation (Winter 2021/22). Timing of commencement of formal consultation has yet to be confirmed. Work has now recommenced on developing collateral and a project meeting to focus on developing the plan to consultation is to be scheduled for late February.		
17. CAMHS improvement- Neuro waiting lists (Calderdale and Kirklees): Princess Royal site update: In the last update we reported further delay to refurbishment work at the site which meant it may now be February before work is complete. We are still forecast to have full access to the site in February with a view to starting clinical practice in March.		

Glossary

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

Summary	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Improve resources								
Priority programme	Metrics	Threshold	Nov-21	Dec-21	Jan-22	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£714k	£1.2m	£1.2m		£7.1m	A £1.2m surplus was recorded in the month, taking the year-to-date position to a surplus of £6.7m.
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£76.4m	£77.4m	£77.7m		£70.7m	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'		4.2%	4.2%	5.3%			
	2a. Percentage of video consultations		2.4%	2.0%	2.6%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		31.7%	32.0%	34.2%			Both video and telephone contacts have reduced and face to face contacts have typically increased compared to earlier months as services increase the face to face activity.
	2c. Percentage of face to face consultations		65.9%	66.0%	63.2%			
	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.	Digital dictation: Business case seeking approval to go out to tender was submitted to EMT and agreed. Timescales to be amended to reflect current issues of confirmation of capital funding for 22/23, project resources and capacity and implementation timing.
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July 2021 and accreditation achieved – July/August 2021.	Trust Email platform accreditation (NHS Digital dependencies): Decommissioning activities for NHSmail accounts is underway and it is anticipated that this will be completed by February 2022 as previously communicated. Final date for NHSmail is 28 February 2022, at which point NHS Digital decommissioning commences.
3. 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 for 2022/23 have been brought forward into Q4 2021/22 – as approved by EMT.	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, requests for additional information have been completed, closing date for submission of bids 14 February 2022.
4. Information Sharing: Yorkshire & Humber care record onboarding (utilising Trust clinical portal) – Q1/Q2 2022	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 enable ICE (results reporting) integration with SystmOne.
5. 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.	Digital Inclusion: Digital inclusion template setup on SystmOne based on questionnaire devised by Dr Abida Abbas, Trust Chief Clinical Information Officer. This has been established in the SystmOne demo/test environment and feedback following review has been positive. To be presented to the information governance and clinical systems development groups for approval for introduction into live SystmOne operations. Cyber Security: Annual cyber penetration test scheduled completed January 2022 together, remediation completed inside data security protection toolkit mandated timeline with completion of Cyber Essentials Plus re-accreditation (annual) expected February 2022.
6. Digital Inclusion: Technical feasibility (in collaboration with West Yorkshire and Humber ICS).	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.
7. Finance: Update of recruitment and implementation against investment. To be updated monthly..	H2 approved plan in place and performance managed against.
8. Financial Sustainability Plan – 3 year financial sustainability plan by 31/3/22 with review of previous financial sustainability plan to be completed	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

Summary	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Nov-21	Dec-21	Jan-22	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.7%	4.8%	4.7%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.6%	6.8%				
	2. Staff turnover - YTD	10%	14.1%	13.8%	13.6%			High focus on recruitment, retention and wellbeing. This figure is calculated on the numbers of substantive staff who leave the Trust and excludes internal moves, end of temporary contracts and junior doctors on rotation.
	2a. Staff Turnover - monthly		1.0%	0.8%	1.2%			
	3a. Clinical supervision	>=80%	69.3%					Reduced performance reported in Q3. 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%	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	100	101	71			
	5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment	80%	2020 survey - 71.8% Awaiting results of recent survey					Increased from 65.6% in 2019
	5b. Staff survey - % staff recommending the Trust as a place to work	65%	2020 survey - 69.0% Awaiting results of recent survey					Increased from 61.5% in 2019
	6. Cases of bullying & harassment		0	0	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.
	7. Absence due to stress & anxiety and MSK		2.6%	2.7%	2.6%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		0.98	1.06	1.09			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		54	54	53			Data is now available showing the carbon impact of staff travel / business miles. For January staff travel contributed 53 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
BAME	Black, Asian and Minority Ethnic		

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Make this a great place to work (Lindsay Jensen)

Key Milestones		Comments:
1. Feeling Safe (Physical, 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. 'Just Culture' approach is being built into this work. Progress on reviewing the early resolution process has commenced and will continue over the next three months. • Panel arrangements for race-related concerns are being piloted. Evaluation will inform policy development. • International nurse recruitment on track. First cohort of three moving to the wards late February 2022. 2 cohorts due to arrive in February. Robust pastoral support in place. Further cohorts planned to arrive each month. • 2 virtual recruitment fairs planned for April 2022 – the third West Yorkshire collaborative event, and a first South Yorkshire collaborative event. We are currently evaluating the impact of the first two West Yorkshire collaborative events. • Great Place to Work programme continues to be paused in line with Trust wide suspension of non-essential learning and development. The first full day workshop is scheduled for early April 2022. • The review and refresh of principles of Trust-wide leadership model (Trios) has been deferred further due to services pressures at the request of our Strategic Trio. • Occupational Health (OH) – clinic nurse appointed. About to advertise for two further posts: a physiotherapist and a registered mental health nurse. Through increased recruitment, waiting times for OH are reducing. • Managers and staff continue to have appraisals up to the 31 March 2022 window deadline. An interim paper solution is being developed to use in line with our e-appraisal for staff who have no access to technology aiding our efforts towards increasing opportunity to undertake appraisal. • Following discussion with nursing, quality & professions colleagues, current system for recording clinical supervision is being retained. Sustainability: Monthly Green Group meetings are in place focussing on the work in the agreed Green Plan to address the Net Zero agenda. The Trust has agreed that we will develop a sustainability strategy which covers a wider definition of sustainability including the cultural and behavioural changes that will be required, and the role that the Trust will play in places and across the integrated care system. We have tendered for external support and expertise to develop the co-produced strategy and awarded the contract for this work to Wordfern. We have agreed the plan for delivery of this work with a staged payment schedule with milestones and a commencement date of the 7th February 2022. A change improvement manager has been seconded to support this work for 3 days a week up to the end of March 2022. EMT decision that the requirement for additional staff resource for Trust Sustainability Plan be included in annual planning of investment priorities. Awaiting a decision as to whether this has been successful.
2. Feeling Safe (Physical and Psychological Safety): More staff - Virtual recruitment fairs Q3/4 2021/22 - International nurse recruitment – 40 nurses by end of Q4		
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 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 e-supervision Q2 2021/22		
7. Sustainability: - Additional staff resource for Trust sustainability plan to be agreed by the end of Q3 2021/22		

Glossary

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

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

Quality

- The majority of quality reporting metrics continue to be maintained during the pandemic.
- The number of restraint incidents was 187 in January, a decrease from 197 in December.
- There were 8 information governance breaches reported in January, the same number as December.
- The number of inpatient falls decreased from 62 in December to 49 in January
- Out of area bed usage increased in January to 431 days from 385 days in December.

NHSI Indicators

- Performance against national reported targets remains positive.
- Percentage of service users waiting less than 18 weeks remains above the target threshold at 98.7%, an improvement from 92.2% in December.
- There were no young people under the age of 18 on an adult ward in January, for the fifth consecutive month.
- The percentage of individuals completing IAPT treatment who have moved to recovery is 52% compared to the 50% target, an improvement since last month.

Locality

- Increased referrals and levels of acuity are being experienced across many service lines.
- The forensic BDU OPEL level is now at Level 3.
- Occupancy levels in Newhaven and Newton Lodge are below target. Work continues on repatriation.
- The Trust will commence delivering the Barnsley Lymphoedema Service in February 2022. The new service will accept patients presenting with diagnosed lymphoedema/chronic oedema related to a cancer diagnosis.
- Learning Disability (LD) services have gained commitment for recurrent funding for the Calderdale Strategic Health Facilitator role and the LD Out of Hours service.
- Occupancy and clinical acuity levels within the Assessment and Treatment Unit remain high.
- Funding has been agreed by NHS England as part of a regional bid to pilot innovations in referrals, triage and community support in Autism
- Mental health acute wards continue to see high levels of acuity, with further challenges in managing isolated and cohorted patients.
- Work to maintain patient flow continues with the use of out of area beds closely managed.
- We continue to work in collaboration with our places to implement the community mental health transformation.
- In Barnsley a brief intervention service has been implemented with positive early results.
- 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.

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Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors.
- Staff wellbeing initiatives continue to be promoted.
- Excellence awards 2022 were publicised, and review of nominations in progress.
- A Payment for Involvement Policy is being considered with a draft due to be shared with the Executive Management Team by next month.

Inequalities

- The Trust has developed an equality dashboard and metrics in line with national guidance.
- An annual report for equality has been produced, now published on the website and intranet.
- 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.
- A campaign is being launched related to the collection and recording of protected characteristics and we anticipate this will have a positive effect on the quality of this data.

Priority programmes

- Preparatory work for the creation of statutory body integrated care systems continues and the Trust are an active part of these discussions.
- The Enabling Working Effectively Framework, and the Recovery and Reset Toolkit were launched in January and are accessible via a new intranet page.
- Decommissioning activities for NHS mail accounts is underway and it is anticipated that this will be completed by end of February 2022.
- IT Services re-procurement is underway
- International nurse recruitment remains on track with further cohorts planned to arrive each month.

Finance

- A £1.2m surplus was recorded in the month, taking the year-to-date position to a surplus of £6.7m, excluding exceptional items such as property sales and asset revaluations. Our forecast year end surplus is £7.1m excluding exceptional items.
- Pay costs were £17.7m in January.
- Agency expenditure was £643k in January, a decrease from £691k in December.
- Out of area bed costs were £604k in January, an increase from £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 £3.6m 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 £77.7m.

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- January continued, as expected, to be 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 decreased throughout January.
- Staffing levels remain under constant review.
- Staffing levels on six wards, the same as December, fell below the 90% overall fill rate threshold in January. Staffing levels on one ward fell below the 80% threshold.
- Significant efforts are underway to address our current staffing pressures.
- Non Covid-19 sickness is 4.7% in January, against a threshold of 4.5%.
- Forensic staff sickness is 5.8% against a threshold of 5.4%.
- Staff turnover is 13.6%, against a threshold of 10%.
- 94.5% of staff are recorded as having been double vaccinated. 50.6% of staff are recorded as having received their booster vaccination.

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.
- Silver and Gold command structures are meeting once a week
- National guidance continues to be monitored, reviewed, and adopted.
- The Trust flu vaccination programme continues. As of 17th February 2022, 70% of frontline staff and 66% of all staff have had a flu vaccination.
- A range of staff wellbeing support offers continue to be available, promoted and used.

Reducing Inequalities

Covid-19 shone a light on existing health inequalities which is now a national priority as the Government mandate to address inequalities through priorities and operational 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.

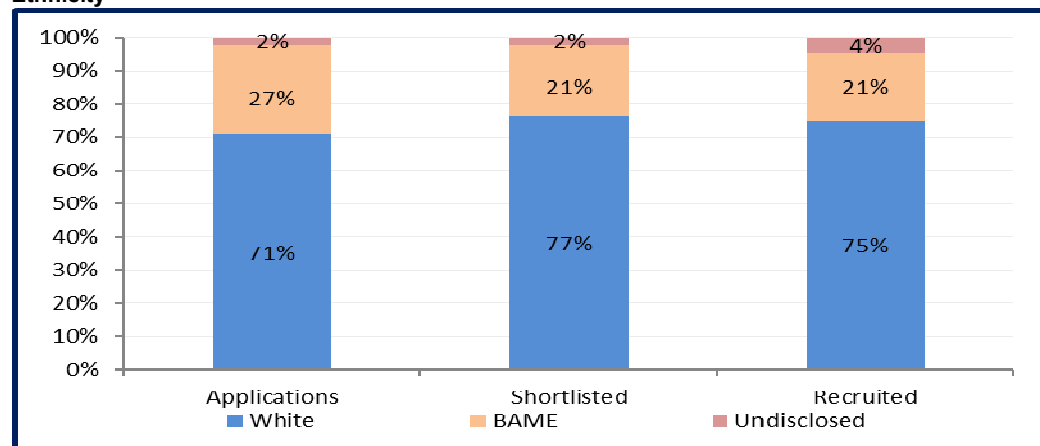
This section of the report will be developed over the coming months as more data becomes available and further analysis is undertaken.

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.

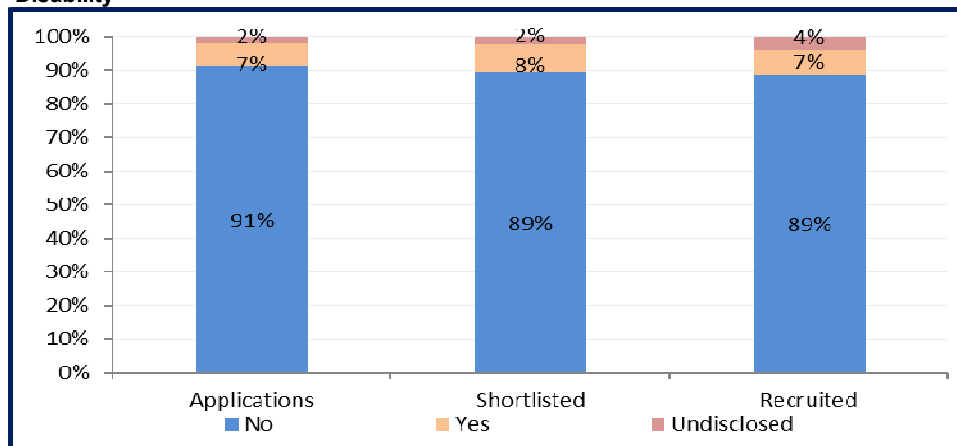
A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee. A campaign is being launched related to the collection and recording of protected characteristics and we anticipate this will have a positive effect on the quality of this data. Also requirements linked to the Control of Patient Information (COPI) notice require gaining consent and the Trust is working to link this to the collection of equality data too.

Recruitment - rolling 12 months to end of Quarter 3 2021-2022

Ethnicity

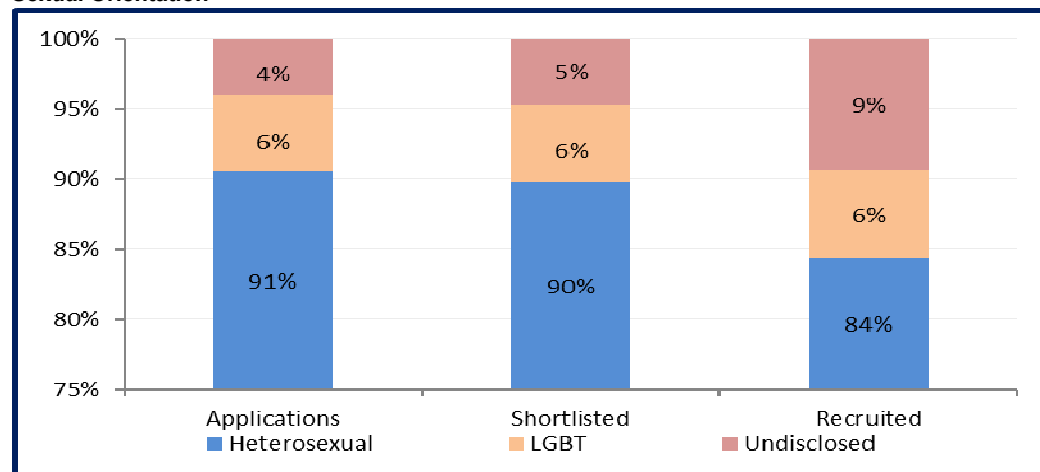


Disability

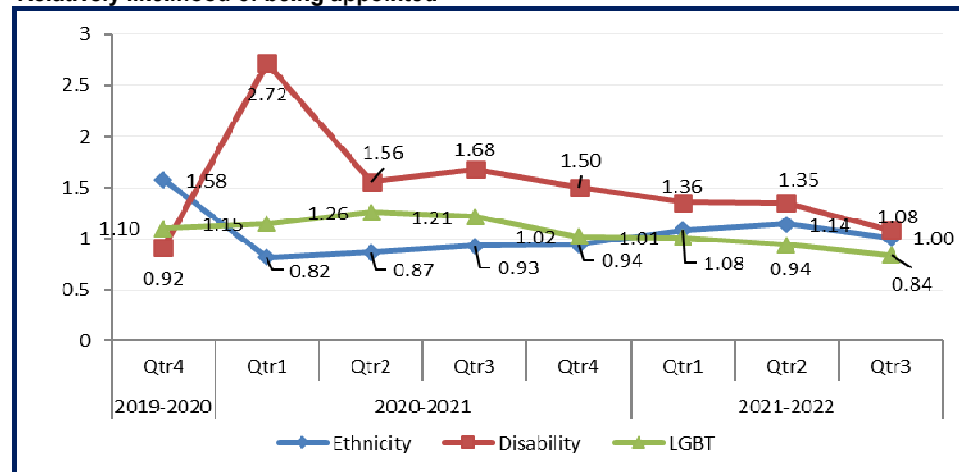


Reducing Inequalities

Sexual Orientation



Relatively likelihood of being appointed



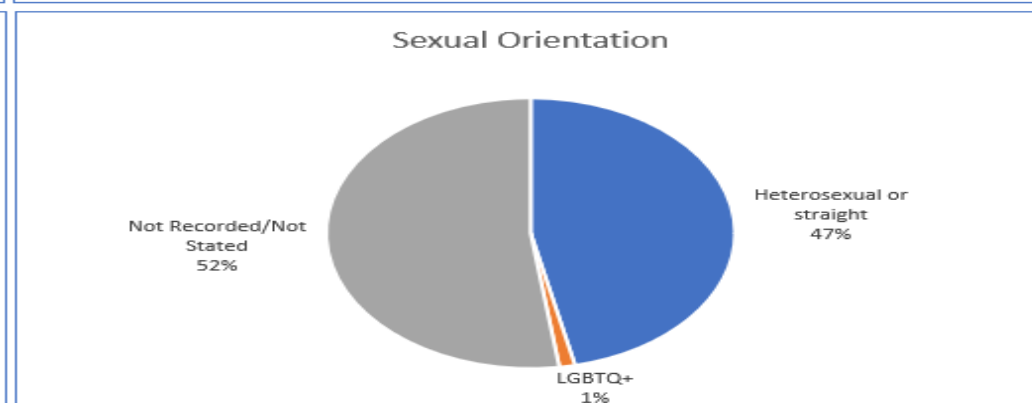
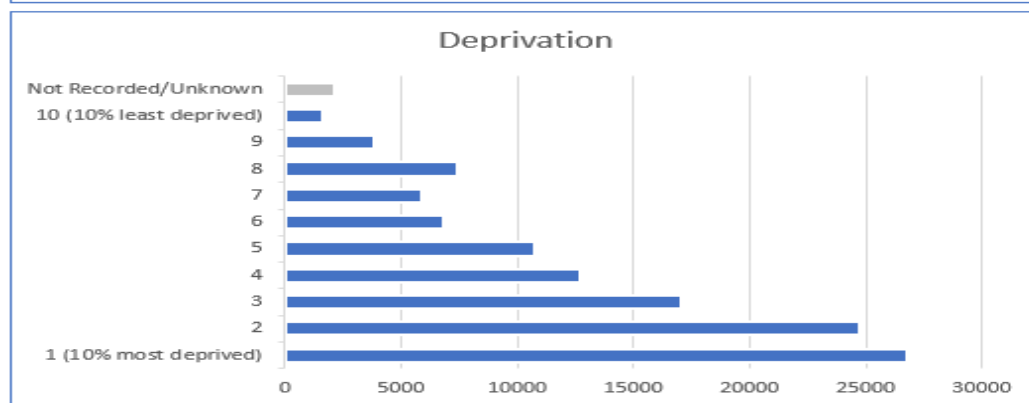
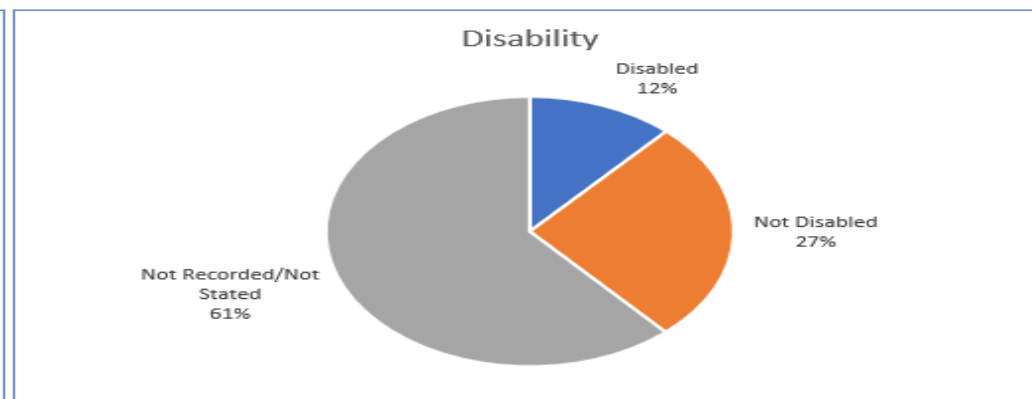
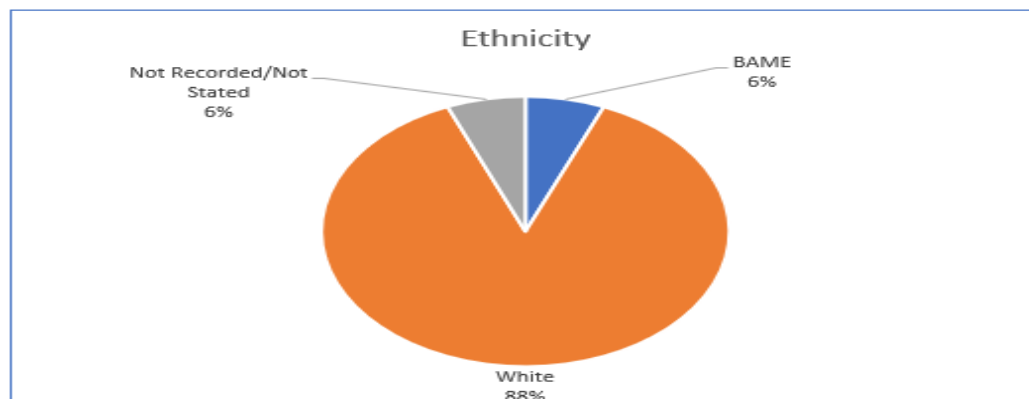
Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 = less likely to be appointed; Lower than 1.00 = more likely to be appointed

Notes:

- Ethnicity - the chart shows the ethnic breakdown for applications, shortlisted and recruited staff. 12 months data to the end of quarter 3 shows a reducing proportion of BAME applications that are shortlisted
- 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 the number of staff recruited who were not willing to disclose their sexual orientation compared to the number of applications and those shortlisted 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.
 - Ethnicity (BAME (Black, Asian and Minority Ethnic)) - relative likelihood of being appointed compared to white applicants for this quarter = 1.00
 - Disability - relative likelihood of being appointed compared to non - disabled applicants for this quarter = 1.08
 - LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and others) - relative likelihood of being appointed compared to heterosexual applicants for this quarter = 0.84

Reducing Inequalities

Referrals - (2021-22 to end January 2022, includes physical health, mental health, learning disability and forensics)

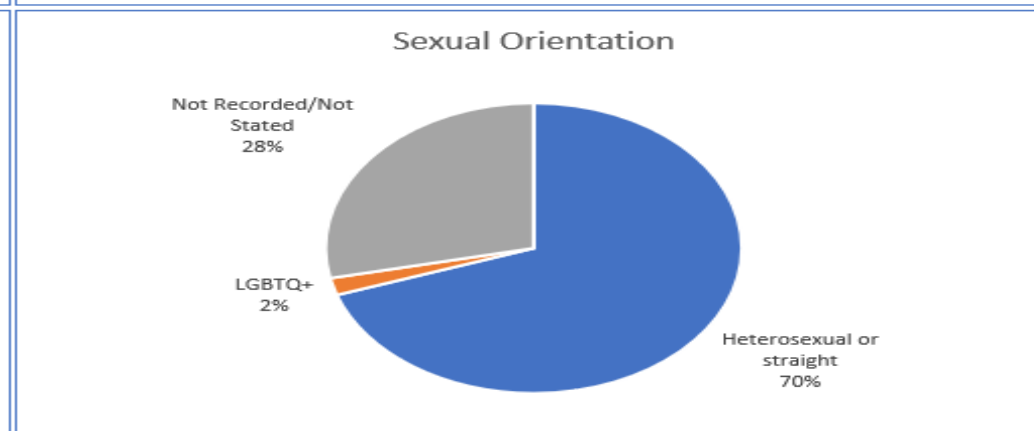
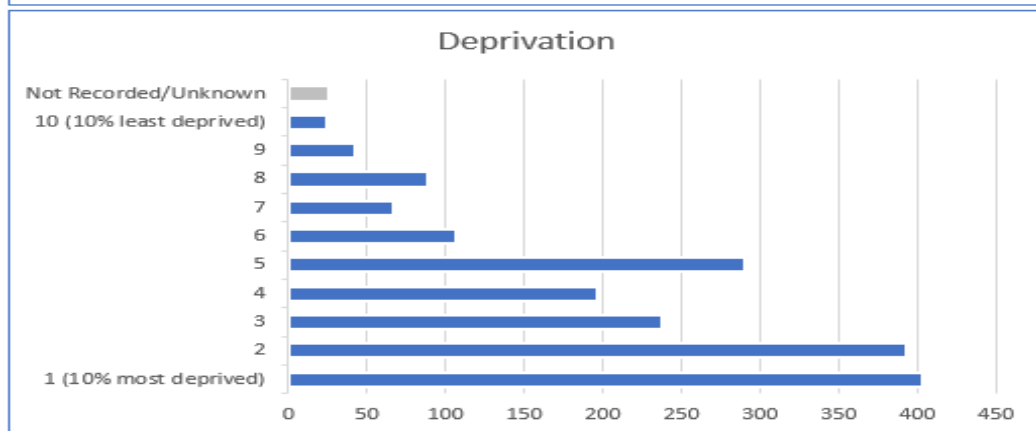
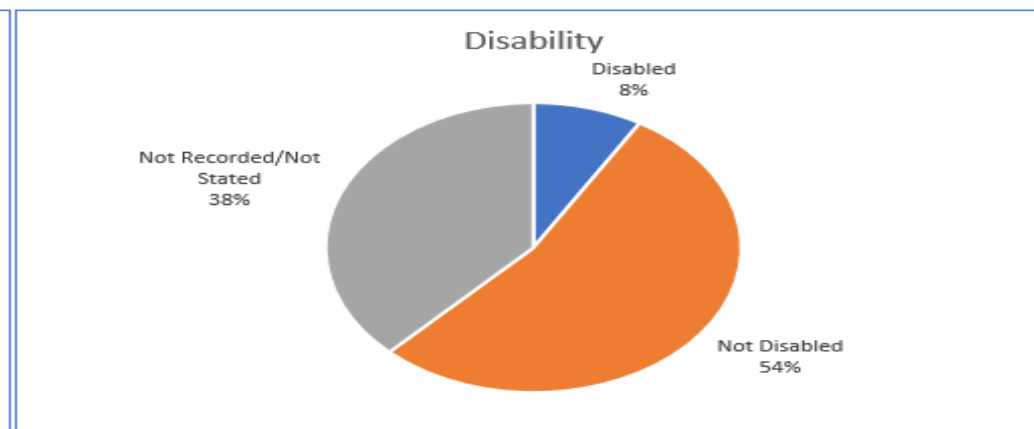
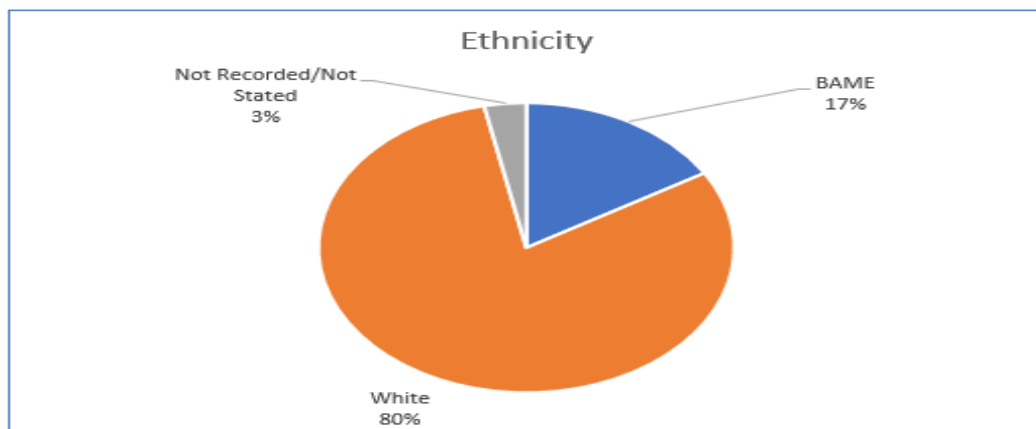


Notes:

- 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 end January 2022, includes physical health, mental health, learning disability 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 LGBTQ+.
- 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 07-Oct	Approx days stock as at 18-Nov	Approx days stock as at 02-Dec	Approx days stock as at 13-Jan	Approx days stock as at 10-Feb
Surgical masks	24	21	16	23	42
Respirator masks	95	55	52	78	73
Aprons	25	18	15	24	20
Gowns	126	127	124	122	119
Gloves	22	16	12	15	17
Visors	34	24	24	31	33

Testing

KPI	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
No of Service users Covid-19 positive and now recovered	2	0	0	10	23	5	6	37	28	<p>There is a lag in reporting data particularly if service user is discharged from care and/or notification of death awaiting registration.</p> <p>6 wards have had outbreaks so far in January.</p>
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	13	
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	0	0	1	1	1	0	0	0	
No of wards with outbreaks	Reporting commenced in August 2021			4	5	2	2	10	7	

Patient testing & pathway/Outbreak response & management

There was an increase in cases on inpatient wards in January. This has been largely down to recent outbreaks. These increases are consistent with other trusts.

To date 75% (97) of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission) and 3% (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.

Outbreaks, clusters and areas are being monitored

Outbreaks are an agenda item on Silver Command.

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, Business Delivery Unit (BDU) governance and clinical governance processes.

Situation background assessment recommendations (SBARs) are produced from outbreaks, breaches and incidents and inform areas for improvement.

A piece of work is being undertaken to improve admission COVID19 compliance. This will include an assurance report.

The inpatient vaccination offer is being actioned and reviewed through the vaccination Bronze group.

Hard copies of COVID19 useful information is being produced for easy access for inpatient wards.

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Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic COVID19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patient are also re-tested on their return if they leave the ward or unit over a 24 hour period.
- Also testing takes place for some patient on treatment pathways e.g.- planned operation/ treatment/ procedures.
- Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs as required.

Staff

- Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures as required
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required
- Identified SWYFT 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 system reporting figures have fallen significantly. In August and September 2021 there were less than 500 results being reported weekly.

Issues with the NPEX site that may have contributed to initial low numbers of results being reported appear to have been resolved and recently there has been an increase in the number of LFD tests reported. This may also be related to the profile given to Lateral Flow Testing in the media over Christmas and New Year with the Omicron variant.

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

Latest available NPEX reporting figures are:

Week Ending	Count
05/12/2021	805
12/12/2021	850
19/12/2021	940
26/12/2021	947
02/01/2022	827
09/01/2022	1095
16/01/2022	1104
23/01/2022	1072
30/01/2022	968

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.
- SWYPT is part of the mutual aid response to care homes to ensure they have adequate PPE.
- Mental health and learning disability support has also been provided into care homes across the whole of the Trust footprint to support the residents.

Emergency Preparedness

This section of the report identifies the Trust's response to the Covid-19 pandemic.

Supporting the system

ICS stress test and outbreak support

- We continue to work closely with partners in outbreak support responses in each of our four places. The Trust has fully engaged with system command structures and other relevant meetings.
- Strong leadership from the Infection Prevention & Control (IPC) team continues so we ensure appropriate IPC measures are in place.
- We provide input and support into the communication and engagement cells in each of our places to support the Covid management and outbreak response.

Covid-19 first and second vaccinations

- A total of 5,243 staff have been recorded as having received their first vaccination (96.8%) and 5,115 staff have been recorded as having received their second vaccination (94.5%).
- 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 299 staff (including bank staff) are not double-vaccinated.

Vaccination	% of Staff
First Vaccination	96.80%
Second Vaccination	94.50%
Booster Vaccination	50.60%

Covid-19 Booster programme

- Continuing representation across place-based discussions and progressing partnership working for SWYPFT and social care staff – with specific requests and opportunities as they emerge
- SWYPFT continue to support the wider system through mutual aid with both vaccinators and admin support although requests have reduced this month
- To support all frontline staff to have their Covid-19 booster vaccination and Evergreen offer of vaccine we continue to monitor data.
- We continue to progress our inpatient vaccination programme and have refined our governance processes linked to GP data and communications
- A total of 2,742 staff have been recorded as receiving their booster vaccination (50.6%). 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.
- A total of 2,742 staff have been recorded as receiving their booster vaccination (50.6%). 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.

Standing up services

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

- A number of Bronze groups now ceasing to meet due to reduced pressures from Covid-19. Operational meetings are still taking place where Covid is discussed as necessary.
- Silver command meetings now reduced to once per week.
- Gold command meetings now once per week.
- The Trust OPEL level remains at level 3 with 5 service areas now operating at OPEL 2. 11 service areas remain at OPEL 3. Covid-related staff absence is at its lowest since the middle of December 2021.
- OPEL discussions continue, and review of support services' ability to support clinical services continues.
- West Yorkshire and Humber strategic meetings continue, however with a view to monitor national and local trends and only raising exceptions by area. It is expected that should the downward trend of Covid impacts continue across the region, this meeting will stand down.
- The Trust is supporting and engaged with command processes in all of our places.

Flu Vaccinations

- The flu vaccination programme continues and clinics are scheduled across the Trust up to the end of January.
- As of 17th February, the flu uptake figures for staff are:
 - 66% for all staff have had a flu vaccination (3380/5133 staff members). 703 staff have declined to have the vaccine.
 - 70% for frontline staff (2398/3409 staff members), 511 front line staff have declined to have the vaccine.

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Quality Headlines																
Section	KPI	Objective	CQC Domain	Owner	Target	Apr-21	#####	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.6%	73.9%	73.0%	70.5%	66.6%	62.0%	64.7%	65.4%	65.7%	66.9%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	11%	6%	19%	16%	20%	14%	11%	21%	16%	26%	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	81%	78%	81%	82%	82%	79%	78%	81%	85%	83%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	98%	95%	96%	97%	95%	96%	93%	92%	92%	92%	93%	1
Quality	Number of compliments received	Improving Health	Caring	DT	N/A	37	28	22	26	20	16	18	35	18	20	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	37	24	31	18	19	26	21	17	21	21	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions	Improving Health	Caring	DT	trend monitor	4	1	2	3	3	0	3	2	1	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	0	0	0	1	0	1	0	0	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	40.9%	41.8%	41.5%	41.6%	41.2%	40.9%	40.4%	40.9%	39.3%	39.8%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	7	8	11	11	8	12	9	6	8	8	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.2%	1.1%	1.3%	1.9%	2.9%	2.3%	3.3%	2.2%	1.5%	1.2%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	61.6%	68.3%	56.4%	59.9%	60.3%	57.6%	60.0%	62.3%	55.1%	74.4%	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	51.8%	68.9%	67.0%	69.4%	56.4%	61.3%	66.2%	59.8%	68.8%	64.2%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1034	1041	1059	1081	1015	1058	1141	1136	1117	1111	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	25	18	25	10	13	17	22	25	15	13	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	6	3	1	1	0	4	2	2	1	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	6	3	5	7	6	5	4	3	5	3	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	#####	#####	#####	#####	#####	#####	#####	114.1%	108.9%	111.2%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	94.6%	94.9%	84.7%	88.5%	85.1%	84.9%	86.6%	87.5%	79.9%	93.1%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	43	32	38	20	22	29	28	21	25	13	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	1	3	1	0	0	0	1	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	93.7%	100%	93.8%	88.0%	85.0%	91.0%	94.0%	83.3%	95.6%	96.6%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	50	39	41	56	43	70	49	58	62	49	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	157	106	170	161	136	166	156	196	197	187	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	89.3%	90.3%	84.6%	94.1%	87.1%	87.5%	88.5%	100.0%	93.8%	95.2%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	0	0	0	0	1
Improving Resource	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	0	0	0	1
	System Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green	Green	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.

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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 January saw a slight decrease compared to the previous month reducing to 187 from 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 49 in January, which is a decrease compared to last month's data. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. See falls section below for further detail.
- Staffing fill rates are provided for the last 2 months, where new planned staffing in acute mental health wards is included, and fill rates measured against these.
- Patient safety incidents that resulted in a degree of harm 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 January.
- 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 (PSIRF) -NHS England are nearing completion of their work with early adopters who have been piloting the new framework. This will inform the final version of the framework, expected to be published April 2022. At that point NHS England will ask us to begin the transition from the current serious incident framework to PSIRF. This will be a gradual process and NHS England do not expect organisations to be ready to fully implement PSIRF from its launch. We will continue to assess our position against the draft framework and keep up to date on developments.
- 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>
- Learn from Patient Safety Events (LFPSE) - This will be the introduction of a new national system that will replace National Reporting and Learning System (where we send our patient safety incidents) and StEIS (Strategic Executive System) where we report Serious Incidents. This is in development. We will require an upgrade to Datix to receive the data set required. This is not yet available, expected summer 2022.
- Number of pressure ulcers (avoidable) - 0 incidences of avoidable pressure ulcers in January.
- Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 44% compared to numbers waiting at end of January 2021. 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.

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Summary of Incidents

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

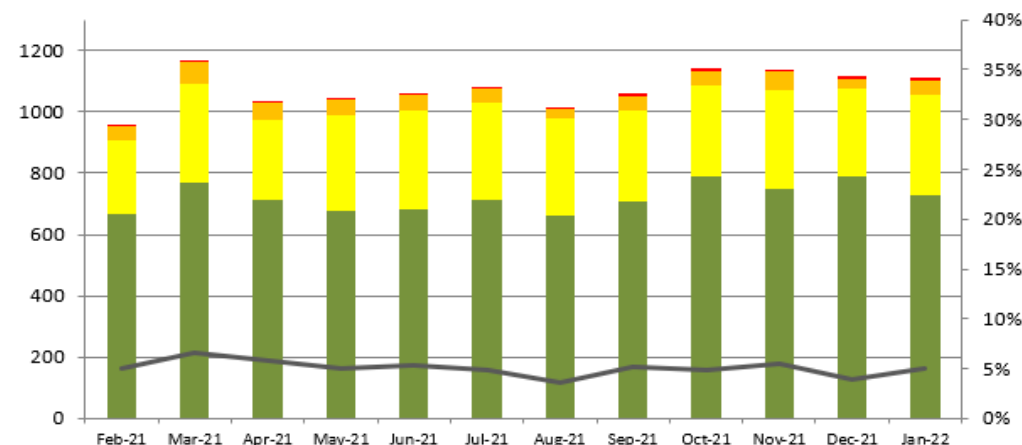
Incidents that occur within the Trust will have different levels of impact and severity of outcome. The Trust grades incidents in two ways.

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

97% of incidents reported in January 2022 resulted in no harm or low harm or were not under the care of SWYPFT. For 2020/21 this figure was 92% overall. This is based on the degree of actual harm. Further details about severity and degree of harm can be found in the Incident Reporting and Management Policy.

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

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

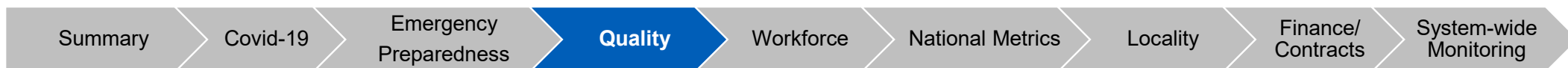


	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Red (should not be compared with SIs)	6	7	7	3	7	7	8	7	7	4	8	8
Amber	42	70	53	50	49	45	28	47	48	59	35	47
Yellow	242	325	261	314	323	315	319	294	298	327	287	330
Green	667	768	714	675	681	714	660	710	788	746	787	726
Total	957	1170	1035	1042	1060	1081	1015	1058	1141	1136	1117	1111
Percentage of total that are Red/Amber *	5.0%	6.6%	5.8%	5.1%	5.3%	4.8%	3.5%	5.1%	4.8%	5.5%	3.8%	5.0%

All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages. See <http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>

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

No never events reported in January 2022



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 January 2022:

13 Moderate harm incidents:

5 incidents across Barnsley neighbourhood teams - 5 pressure ulcer category 3 incidents

4 incidents of self harm (Intensive Home Based Treatment Team - Wakefield (OPS), Intensive Home Based Treatment Team (IHBTT) - Barnsley, Intensive Home Based Treatment Team (IHBTT) - Wakefield, Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale)

1 slip, trip or fall patient (Neuro Rehab Unit - Barnsley)

1 Allegation of violence or aggression (Stanley Ward, Wakefield)

1 Assessment, treatment and intervention issues (Tissue Viability, Barnsley)

1 Unintended/Accidental injury (Chippendale, Forensic)

0 Severe harm incidents:

1 Severe harm incident:

Safeguarding Adults - Sexual abuse (Sandal Ward)

3 Patient safety related deaths:

1 Death - cause of death unknown/ unexplained/ awaiting confirmation (Core Team South - Kirklees)

2 Suicide (incl apparent) - community team care - current episode (Intensive Home Based Treatment Team (IHBTT) - Wakefield, Intensive Home Based Treatment Team (Kirklees))

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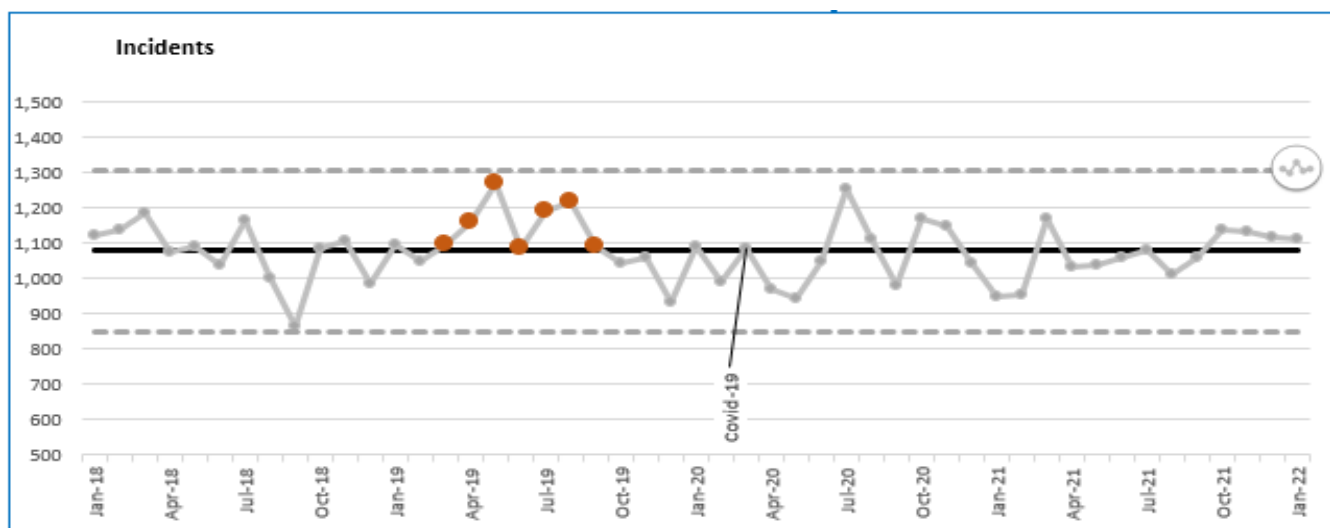
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Mortality

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 groups' 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 struck, 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.



The chart above 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](#)

Patient Safety Alerts

Patient safety alerts received - January 2022

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 January 2022				

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Safer Staffing Inpatients

January continued, as expected, to be 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 decreased throughout. We continue to look at various ways of addressing the sustained vacancy factor as will be seen below.

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 have the first 5 colleagues now split between 3 in forensics, on the wards, and two in older people's services who are starting their objective structured clinical examination (OSCE training). We are looking at the development of the year 2 plan.

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.

Six wards, consistent with December, fell below the 90% overall fill rate threshold, which were Enfield Down, who have supported other areas, Ward 19 (F) and Ward 18 within the Calderdale and Kirklees business Delivery Unit (BDU) as well as Appleton and Priestley within the Forensic BDU. Barnsley BDU had Clark Ward fall below the 80% threshold 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, 19 (60.8%), a reduction of one on the previous month, achieved 100% or more. Of those 19 wards, 8 (consistent with 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 in acuity on all inpatient areas, the focus for the flexible staffing resources has remained the Horizon Ward within the Learning Disability specialist BDU, The Oakwell Mental Health Unit, particularly Beamshaw and Clark, 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.

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Safer Staffing Inpatients cont...

Registered Nurses Days

Overall registered fill rates have increased by 0.7% to 76.4% in January compared with the previous month.

Registered Nurses Nights

Overall registered fill rates have increased by 5.8% in January to 89.9% compared with the previous month.

Overall Registered Rate: 93.1% (increased by 3.2% on the previous month)

Overall Fill Rate: 111.2% (increased by 2.3% on the previous month)

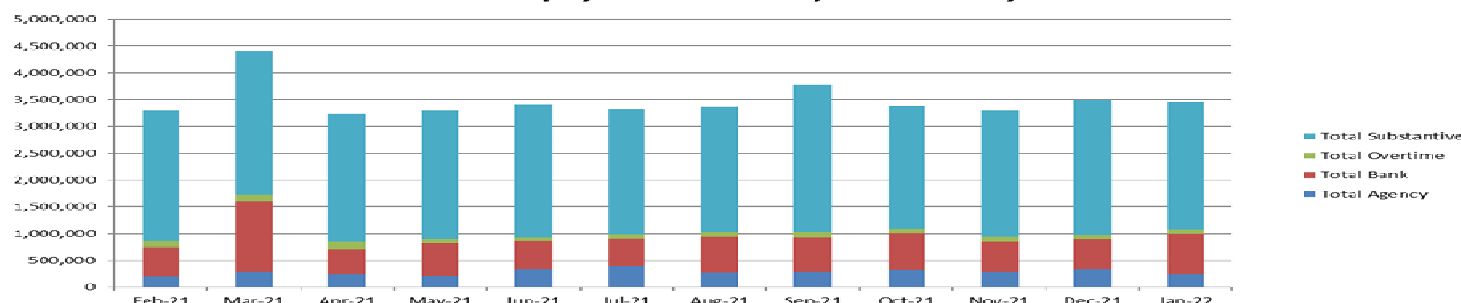
Health Care Assistants (HCA) also showed an increase in day and night fill rate of 2.0% and 1.6% respectively.

Unfilled shifts

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

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

Total pay costs February 21 - January 22



Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	653 (-27)	7,170.08	47.41% (-4.13%)	726 (+70)
Unregistered	803 (-17)	9,068.48	18.56% (-0.83%)	3,467 (+136)
Grand Total	1455 (-44)	16,238.57	25.38% (-1.53%)	

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.

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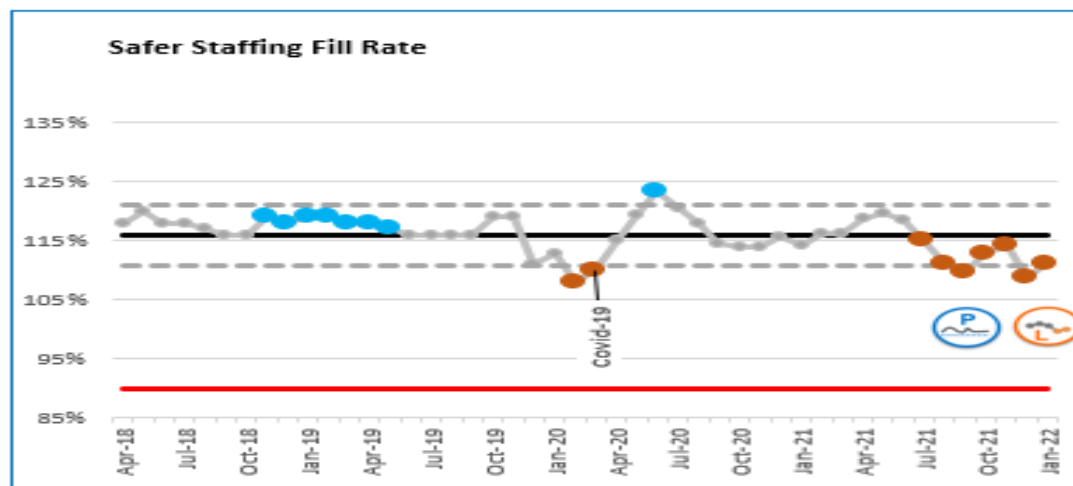
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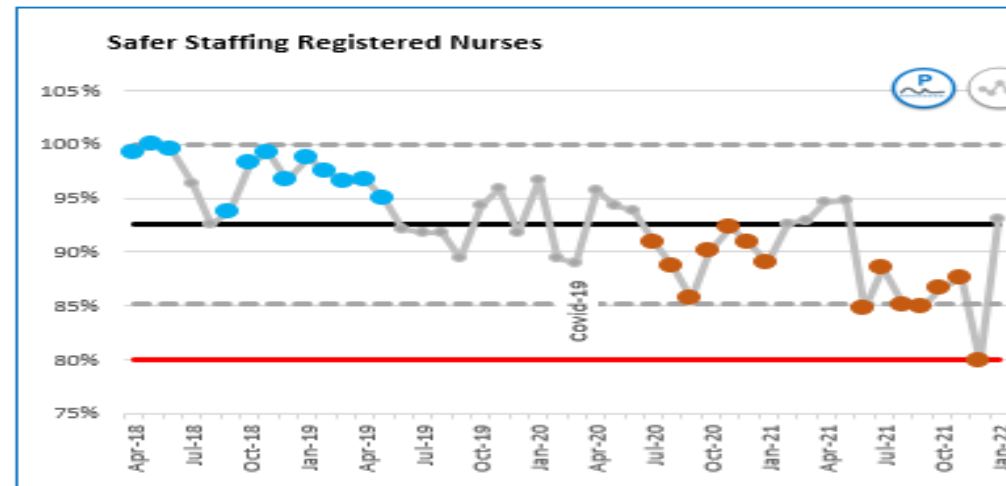
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The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above



The chart above shows that the staffing rate for registered nurses has also had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. The increase in rate

Recruitment and retention initiatives continue to be explored, together with opportunities to support new roles development. In West Yorkshire & Humberside our collaborative recruitment fair work has seen 2 fairs take place (September and January). The third takes place on the 7th April and will expand to include on-the-day interviews. This is being delivered with support from Indeed. In South Yorkshire & Bassetlaw (SY&B) the first collaborative event is being earmarked for May 2022. Procurement for the event has been completed and SWYPFT are now leading on the creation of the event with providers across health, social care and voluntary sector in SY&B. The Trust has secured innovation funding via NHSEI to promote international recruitment of various roles which will be done on a collaborative basis with all NEY Trusts. Funding has also been secured and work has begun to implement a marketing campaign to promote health care support worker roles across the Trust (collaborative) – This will be delivered to coincide with the 7th April virtual recruitment event. SWYPFT's International nurse recruitment (INR) programme continues at pace toward 40 nurses in the recruitment process by end of March 2022. The Trust now have 5 nurses employed via the programme. The first 3 international nurses arrived in the UK on the 28th December and are now on the wards (as health care assistants). Two are awaiting their Nursing and Midwifery Council accreditation and 1 has already passed. 2 further nurses arrived on the 17th February and are now undertaking their acclimatisation to the Trust and beginning their training. Further cohorts of nurses are planned for mid-March (12 nurses) and the end of March (12 nurses) from our primary agency. We have now set up recruitment streams from 2 other agencies, both of which have 5 nurses each in the pipeline to arrive before the end of March. SWYPFT's 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 mental health, learning disabilities, children and younger people's services and registered general nurses by the end of the 2022-23 financial year. This will bring to the total number of nurses to 90 by that date.

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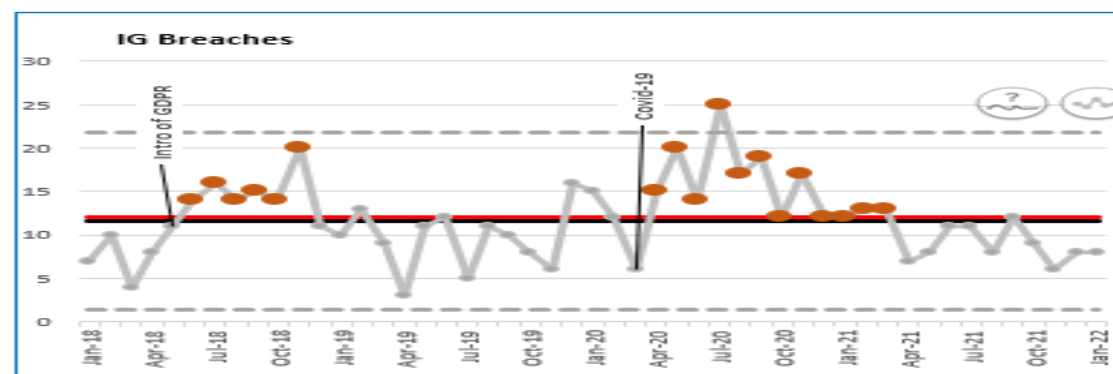
Information Governance (IG)

8 personal data breaches were reported during January, which is the same as the previous month and continues the trend of being lower than any month during the previous financial year. 4 breaches involved information being disclosed in error. They were due to personal information being displayed during a remote, group consultation and emails being sent to the wrong recipient or including information for other individuals. 1 incident of personal data being stolen was reported after a Trust vehicle was stolen that contained paper-based personal data: the vehicle was later recovered and it appeared the data had not been moved. An incident of lost personal data was reported when test results were left in an area that is publicly accessible.

A new incident category – policy not followed – was added this month and 2 incidents were reported as staff shared logon information and access each other's Trust accounts and a staff member confirmed to a relative that a patient had been admitted, which was against the patient's wish. IG campaign materials continue to be shared via The Headlines and further work will be undertaken to share best practice from teams who have made improvements after reporting high numbers of breaches during the last financial year.

The Trust is continuing to work with the information commissioner's office (ICO) to provide information pertaining to a staff member who inappropriately accessed a number of health records. No breaches were reported to the ICO during January and 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 is being reviewed by the Trust's CQUIN leads group, and relevant task and finish groups are being re-established to work through any actions. Next month's report will provide a further update.

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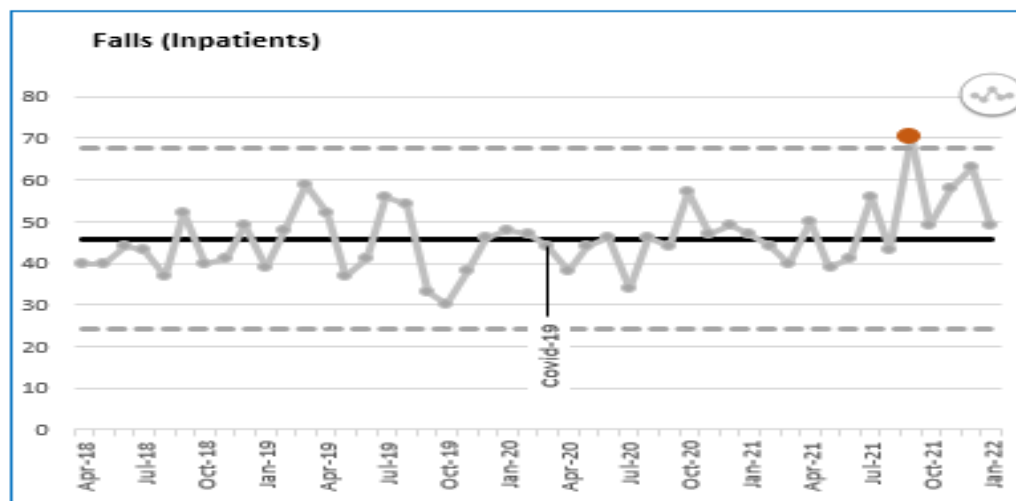
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Falls

Total number of falls was 49 in January.

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

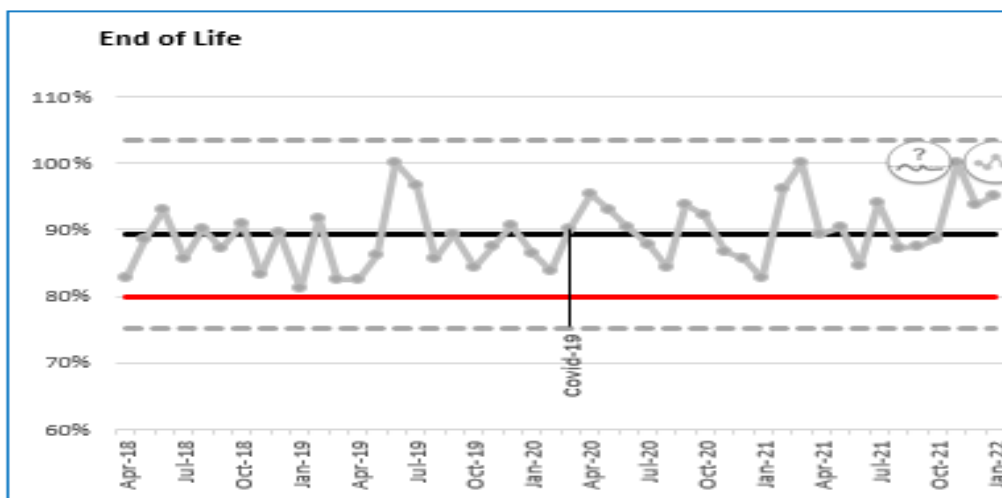


The updated SPC chart above shows that there is consistently common cause variation (no concern) against this metric though there was an instance of special cause concerning variation (orange marker) in September 2021 (see comment below).

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 95% in January.



The 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.

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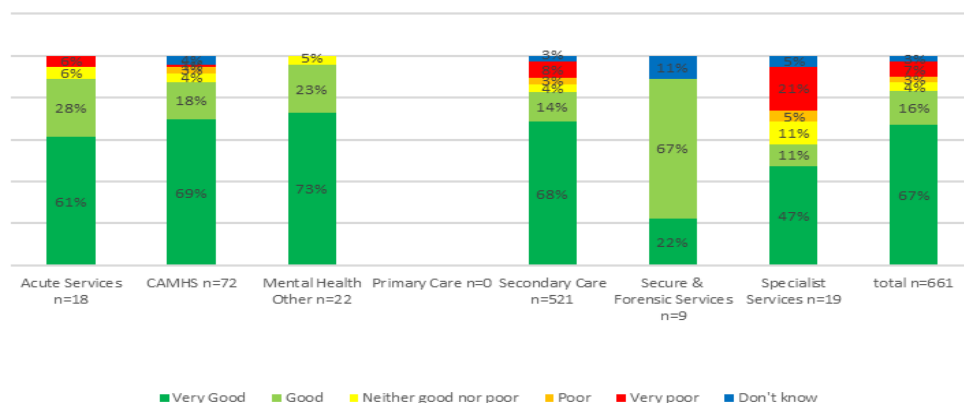
Patient Experience

Friends and family test shows

- 93% would recommend community services.
- 83% would recommend mental health services

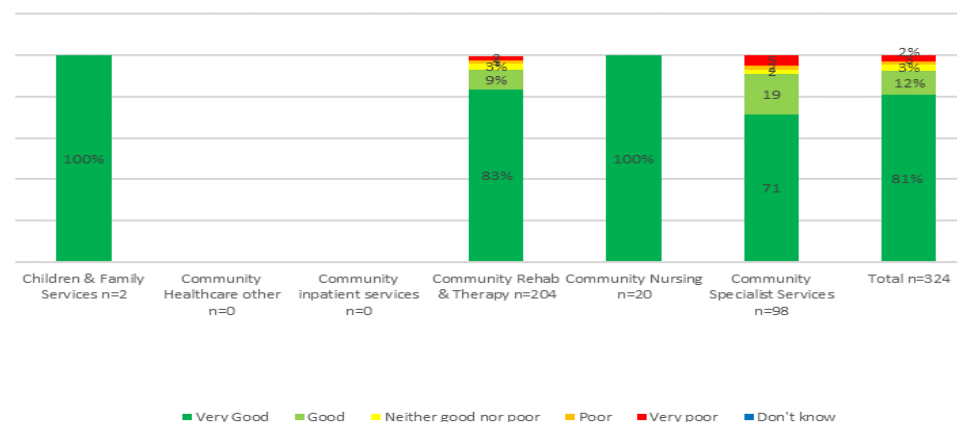
Mental Health Services

Mental Health 83%/ n=661



Community Services

Community 93%/ n=324



- 86% (985) of respondents felt that their experience of services had been very good or good across Trust services.
- 93% (n=324) of respondents felt that their experience had been very good or good across community services.
- 83% (n=661) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 75% (743/985) of responses for January. The text message service has provided 63% (205/324) of Barnsley Community responses for January.

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Patient Experience cont...

A review of the negative feedback highlighted the following:

- The Trust received 79 negative responses either poor or very poor
- Breakdown of negative responses by BDU can be seen in the table to the right.
- 75 of the 79 negative feedback was received by text message
- 32 of the 79 negative feedback received provided no comments.
- 47 of the 79 negative comments provided useful comments. The top three themes were:
 - o Communication (12)
 - o Staff Attitude (5)
 - o Access (4)
- There has been a slight decline in satisfaction across services Trust wide and more specifically mental health services.
- We continue to benchmark alongside other Trusts to identify trends in response rates.
- Work has begun to identify how best to triangulate data between teams, 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, this is being piloted in Calderdale and Kirklees CAMHS.
- Work continues with operational services to identify the best methods of collection.
- Friends and Family Test Links have been added to the Trust website and are being promoted on social media platforms to encourage feedback.

Negative responses - January 2022

Business delivery	Service line	Number
Barnsley Community		19
Barnsley Mental Health		13
Calderdale & Kirklees		23
Forensics		0
Specialist Services		8
	Child & adolescent mental health services (CAMHS)	3
	Learning disability (LD)	0
	Attention deficit hyper activity disorder (ADHD)	5
Wakefield		16
Total		79

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



Safeguarding

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision and support across the organisational footprint. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported well above the 80% mandatory training target. The Safeguarding Team have also delivered a multi-agency training package on the Impact of Parental Illness on Children for Barnsley Safeguarding Children's Board. 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.

The Safeguarding Team continued to support the Quality Monitoring Visits agenda during January. Professionals' meetings, and multi-disciplinary meetings, to support SWYPFT practitioners were attended. The Safeguarding Team facilitated a training session for the managers within Forensic Services. This session was to support safeguarding documentation and decision-making. The team also delivered the West Yorkshire Quality Mark Domestic Abuse Training to a clinical team. These were both positively received. The team were in attendance at the Matron and Quality Leads meeting.

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 and Ofsted inspections. There are continued preparation for CLAS inspections which are supported by the Safeguarding Team. There were two requests for information for Safeguarding Adult Review for Barnsley that were submitted in a timely manner. The Named Nurse for Safeguarding Children attended a Practitioner Learning Event for Child Q from the Kirklees Safeguarding Children Partnership, on behalf of SWYPFT.

Infection Prevention Control (IPC)

Surveillance: There has been zero cases of ecoli bacteraemia, cloc difficile, MRSA (methicillin-resistant staphylococcus Aureus) bacteraemia and MSSA (meticillin-sensitive staphylococcus aureus) 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 23 new formal complaints in January 2022. Of these 1 had a timescale start date and 22 are awaiting consent/questions.

26% of new formal complaints (n=6) have staff attitude as a primary subject.

20 compliments were received.

Customer services closed 10 new formal complaints in January 2022. Of the 10 formal complaints, 4 achieved the 40 working day target (40%). 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 187 reported incidents of reducing restrictive physical interventions used in January 2022 this is a reduction of 10 (5.7%) incidents since December 2021 which stood at 197 incidents. Of the different restraint positions used (more than one restraint position is often recorded per incident), and reported in the 187 incidents (473 positions) standing position was used most often 158 of 473 (33.5%) followed by seated, including safety pod use, 121 of 473 (25.5%) then supine 62 of 473 (13.1%).

Prone restraint (those remaining in prone position and not rolled immediately) was reported 29 times of 473 (6.1% of total restraint positions). This is an increase of 6 (0.6% of the whole from last month) 23 of 506 (4.5%).

Wakefield recorded 12 prone restraints, Calderdale recorded 6 prone restraints, Barnsley 5 prone restraints, forensics medium secure recorded 3 prone restraints, Horizon recorded 2 prone restraints and Newhaven 1 prone restraint.

The Trust target of 90% of prone restraints lasting under 3 minutes, and the importance of striving to maintain this, is strongly emphasised. In January the percentage of prone restraints lasting under 3 minutes was 96.5% (28 of 29) an increase of 0.9% from last month which was 95.6% under 3 minutes.

Each incident of prone restraint has been reviewed by a member of the RRPI team.

The use of seclusion has increased to 62 from 58 last month which is an increase of 4 (6.8%). The Horizon Centre in Wakefield has experienced a high number of incidents of seclusion (12) 19.3% of the whole. This is due to a range of complex and challenging needs expressed by service users and work is ongoing to reduce this.

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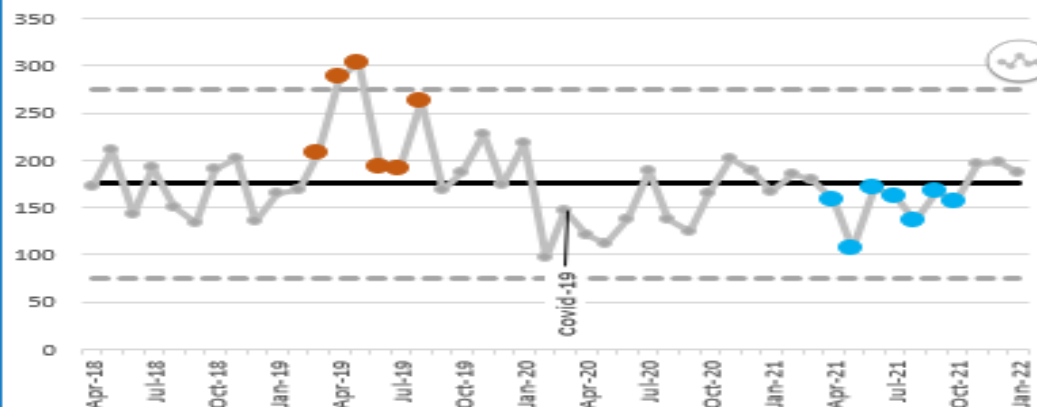
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Reducing Restrictive Physical Intervention (RRPI)

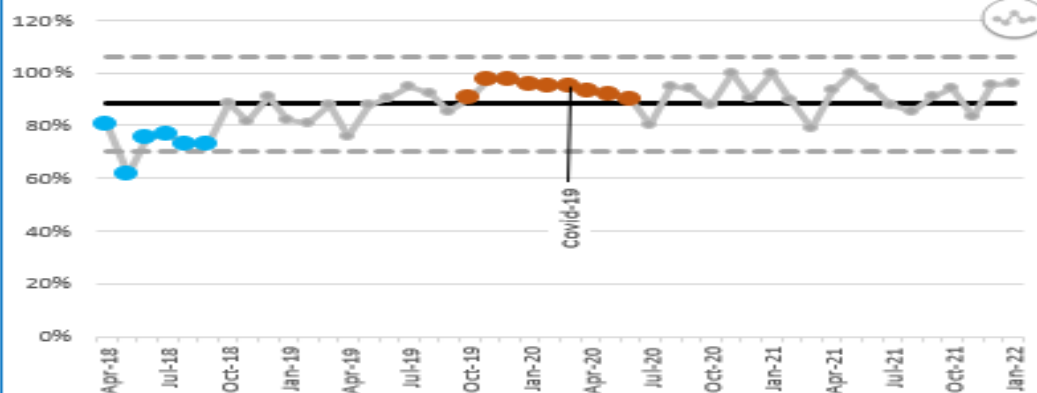
Restraint Incidents



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.

Prone Restraint



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.

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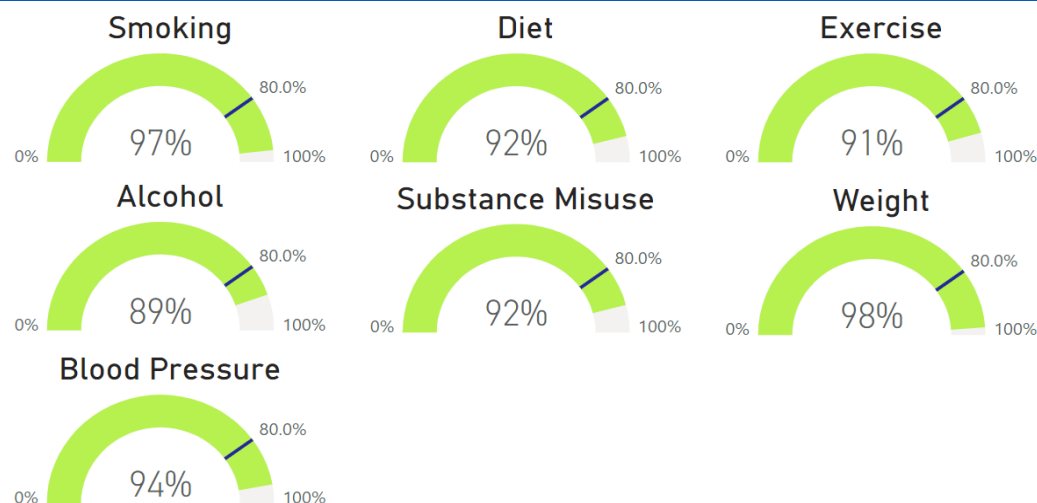
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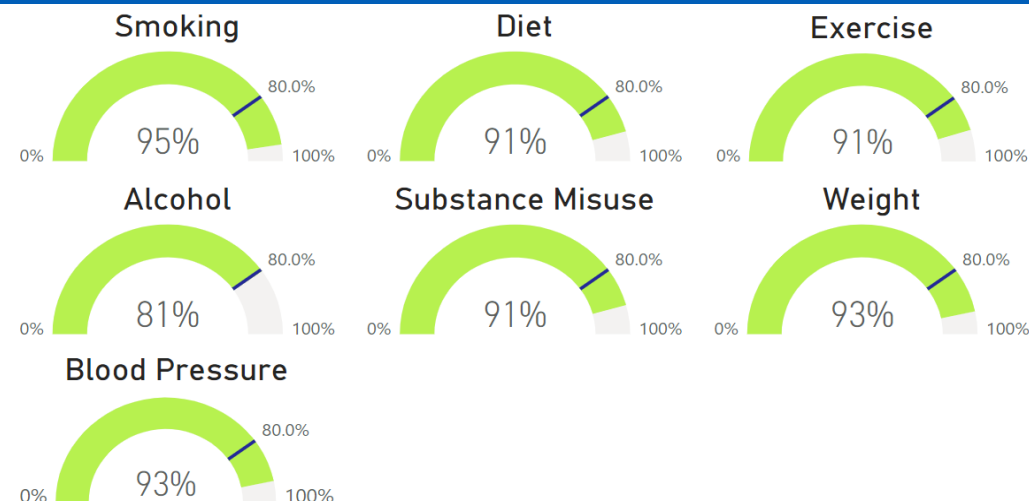
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Cardiometabolic Assessment & Treatment

Inpatients - Screened



Inpatients - Compliant



Given the complexity of this assessment the Trust reviewed its reporting structure and from this month the reporting now focuses on performance within each domain, rather than an overall pass/fail metric. The gauges above show the performance of those 'screened' and 'compliant' against each of the 7 domains. There are no current areas of concern in inpatients.

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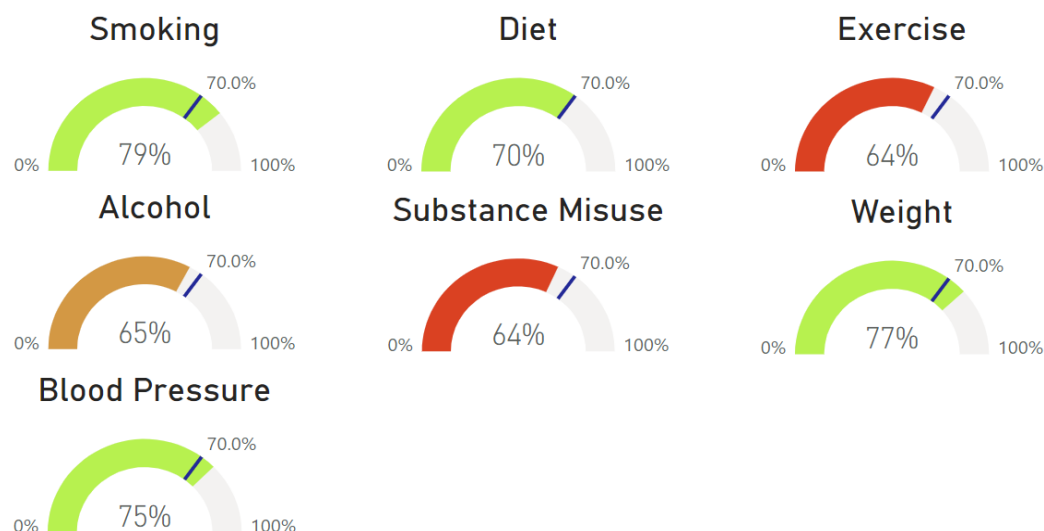
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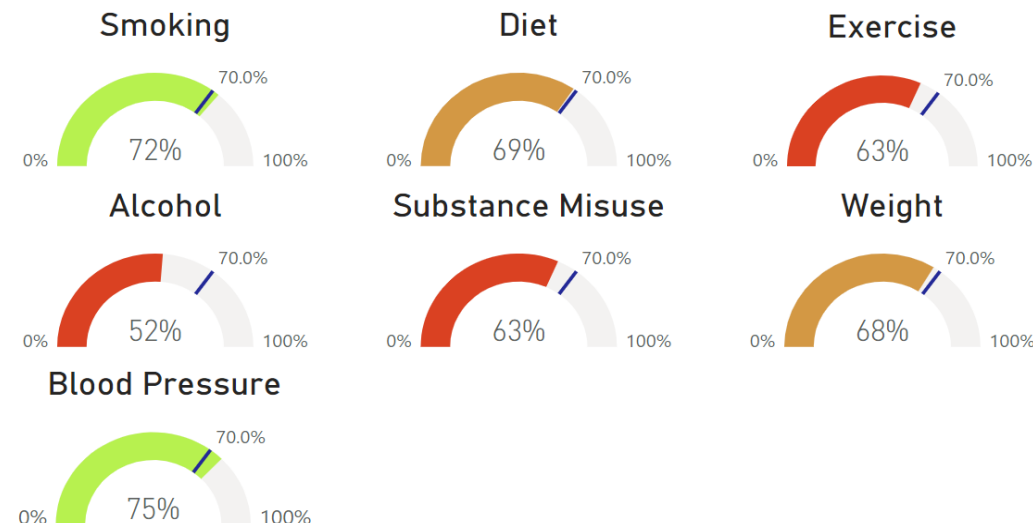
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Cardiometabolic Assessment & Treatment continued...

Community - Screened



Community - Compliant



Given the complexity of this assessment the Trust reviewed its reporting structure and from this month the reporting now focuses on performance within each domain, rather than an overall pass/fail metric. The gauges above show the performance of those 'screened' and 'compliant' against each of the 7 domains. A number of the domains are below the agreed threshold for both screening and compliance in community services - work is being undertaken regarding this.



Guardian of Safe Working - Quarterly report Q3 (October - December 2021)

Impact of the Pandemic

The Covid-19 pandemic has had wide-ranging effects. Despite the sustained rates of virus in the community, there was little impact on the rotas for doctors in training until December, when there was a significant rise in gaps on the Wakefield rota. Overall, 10 shifts were vacant directly due to Covid-19, and 19 shifts vacant due to occupational health recommendations. Despite the slight increase in gaps on the previous quarter, the impact on the rotas remains much reduced (over 50% fewer gaps) over the period covered by this report, compared to the same period in 2020. The medical directorate business manager, the postgraduate medical education lead, the associate medical director (AMD) for medical education, the guardian of safe working and the college tutors continue to meet frequently to coordinate the Trust's support to trainees.

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in psychiatry has been much better recently. This, coupled with the amalgamation of core training schemes across West Yorkshire from August 2020, appears already to have led to improved recruitment in Calderdale and Kirklees. We currently have one foundation year 2 trainee vacancy in Barnsley and another in Wakefield. There has been better recruitment to higher training, reducing gaps on the Wakefield 2nd on-call rota.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in SWYPFT since the introduction of the new contract, and only 1 during this period. This was completed by a foundation trainee in Wakefield and related to staying late to deal with a serious incident on the ward. The trainee was happy with the outcome of the discussion with their clinical supervisor.

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Barnsley had the highest proportion of gaps this quarter due to the vacancy, and a trainee unable to do on-call due to health reasons. Gaps in Calderdale and Kirklees have remained markedly lower compared to previous years, in part related to better recruitment but also as we now have international fellows working with the trust who have been rostered where there were gaps due to less than full time trainees filling a full time slot. The costs that were directly attributable to Covid-19, where trainees were Covid positive or self-isolating, are shown separately. The medical bank has been working well with rota coordinators and the trainees themselves working hard to ensure that all the vacant slots on first tier rotas were filled by the trust bank.

Guardian of Safe Working - Quarterly report Q3 (October - December 2021)

Gaps by Rota October/November/December '21					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	29 (16%)	29 (100%)	0	0	0
Calderdale 1st	2 (1%)	2 (100%)	0	0	0
Kirklees 1st	5 (5%)	5 (100%)	0	0	0
Wakefield 1st	24 (13%)	24 (100%)	0	0	0
Total 1st	60 (9%)	42 (100%)	0	0	0
Wakefield 2nd	19 (21%)	0	0	19 (100%)	0

Costs of Rota Cover October/November/December '21				
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)
Barnsley	29 (252)	£3,660	£0	0
Calderdale	2 (24.5)	£857.50	£428.75	0
Kirklees	5 (104)	£2728	£512	0
Wakefield	24 (218)	£9810	£5152.50	0
Total	60 (598.5)	£17,055.50	£6093.25	0

Issues and Actions

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

Junior Doctors' Forum (JDF) – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams. Issues discussed recently included rotas, completion of exception reports and concerns such as the process of claiming for expenses. There were anecdotal reports of increased pressure on the Wakefield trainees. No exception reports were completed but the trainee representative was asked to discuss the potential to change the rota to increase the number of doctors on-call at weekends. The majority of trainees did not feel that a change was necessary. Where concerns do not relate directly to the contract, issues are raised with the relevant clinical lead or the AMD for postgraduate medical education. In addition, a request has been made to the director of nursing to arrange for more nursing staff to have access to the ICE system, to allow them to look up the results of non-urgent investigations rather than all the wards contacting the one doctor on site and delaying them from responding to more urgent tasks.

Education and support – The guardian will continue to work closely with the AMD for postgraduate medical education to improve trainees experience and to support clinical supervisors. The guardian will continue to encourage trainees to use exception reporting, both at induction sessions and through the junior doctors' forum.

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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	Jan-22
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%	4.7%
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%	4.7%
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%	13.6%
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%	8.5%
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%	4.0%
Appraisals (Band 6 and above)	Improving Resources	Well Led	LJ	>=95%	Reporting Commenced in October 2021						57.2%	62.7%	5.0%	4.0%
Appraisals (Band 5 and below)	Improving Resources	Well Led	LJ	>=95%							34.0%	39.5%	Under Development	
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%	79.4%
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%	71.5%
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%	94.8%
Display Screen Equipment	Improving Care	Well Led	LJ	>=80%	Reporting to Commence in November 2021							82.0%	81.7%	87.7%
Equality and Diversity	Improving Health	Well Led	LJ	>=80%							94.6%	93.9%	94.2%	93.0%
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%	90.4%
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%	79.3%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in August 2021				42.2%	42.2%	55.7%	63.8%	68.8%	73.8%
Infection Control and Hand Hygiene	Improving Care	Well Led	LJ	>=80%					94.0%	94.2%	92.7%	91.8%	90.7%	89.9%
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%	71.9%
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%	96.2%
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%	71.5%	
Mental Capacity Act/DOLS	Improving Care	Well Led	LJ	>=80%					90.8%	88.9%	87.7%	87.6%	87.4%	88.9%
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%	87.0%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	LJ	>=80%	76.4%			70.5%			69.3%			Due April 2022
Prevent	Improving Care	Well Led	LJ	>=80%	95.6%	95.3%	95.4%	95.4%	95.4%	95.0%	94.9%	94.6%	94.6%	93.9%
Safeguarding Adults	Improving Care	Well Led	LJ	>=80%	94.7%	94.7%	94.7%	93.8%	93.6%	92.4%	92.2%	91.5%	91.6%	89.7%
Safeguarding Children	Improving Care	Well Led	LJ	>=80%	93.3%	93.4%	93.1%	92.5%	92.2%	91.0%	91.5%	90.7%	90.8%	89.8%
Bank Cost	Improving Resources	Well Led	LJ	-	£803k	£911k	£795k	£822k	£1001k	£1053k	£990k	(£145k)	£947	£1181k
Agency Cost	Improving Resources	Effective	LJ	-	£583k	£560k	£794k	£834k	£705k	£754k	£701k	£720k	£691k	£643k
Overtime Costs	Improving Resources	Effective	LJ	-	Data unavailable at the time of producing this report									
Additional Hours Costs	Improving Resources	Effective	LJ	-										
Sickness Cost (Monthly)	Improving Resources	Effective	LJ	-										
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	LJ	-										
Business Miles	Improving Resources	Effective	LJ	-	198k	176k	180k	208k	210k	170k	183k	196k	195k	193k
Health & Safety														
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	LJ	-	4			4			4			Due April 2022

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

KPI	Target	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	As at 18th Feb 2022	Trend	Notes
No of staff off sick - Covid-19 not working		95	106	81	93	61	111	311	140	61		
Shielding		1	1	1	0	0	0	0	0	0		
Symptomatic		33	57	43	45	22	33	109	40	28		
House hold symptoms		28	7	18	15	8	21	42	13	4		
OH Advised Isolation		4	1	0	0	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0		
Other Covid-19 related		29	40	1	33	31	57	160	87	29		
No of staff working from home - Covid-19 related		66	27	42	62	22	50	177	86	36		
Shielding		1	2	2	0	0	0	0	0	0		
Symptomatic		15	8	18	15	2	9	53	15	11		
House hold symptoms		28	10	16	26	13	24	49	25	9		
OH Advised Isolation		0	0	0	0	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0		
Other Covid-19 related		22	7	2	21	7	17	75	46	16		
No of staff returned to work (including those who were working from home)		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%	4196/4305 =97.5%		
No of staff returned to work (not working only)		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%	2878/2961 =97.2%		
No of staff still absent from work who were Covid-19 positive		0	40	29	42	20	21	21	49	30		
Additional number of staff enabled to work from home		1350	1359	1394	1369	1350	1554	1554	1634	1779		Cumulative
Calls to occupational health helpline		2911	3007	3105	3181	3292	3462	3632	3877	4039		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 (Black, Asian and Minority Ethnic) 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 18th February, 61 staff off work Covid-19 related, not working which compares to 140 towards the end of January. A further 36 were working from home.
- In January 424 staff were confirmed positive for Covid-19
- Staff turnover decreased to 13.6% in January
- 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 4.7% in January. The summary section also reports the Covid and non-Covid absence as one figure.

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Metrics

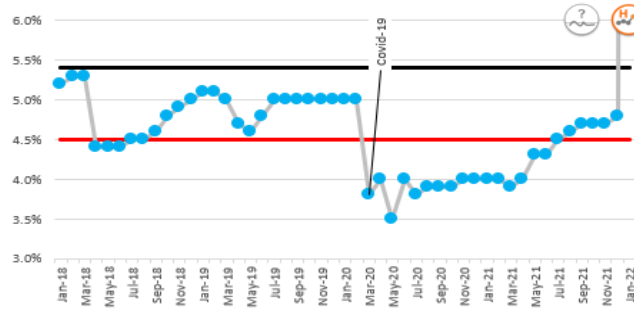
Locality

Finance/
Contracts

System-wide
Monitoring

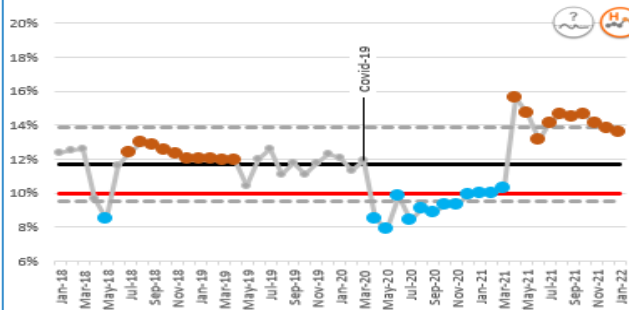
Analysis

Trust Sickness Absence (Exc Covid-19)



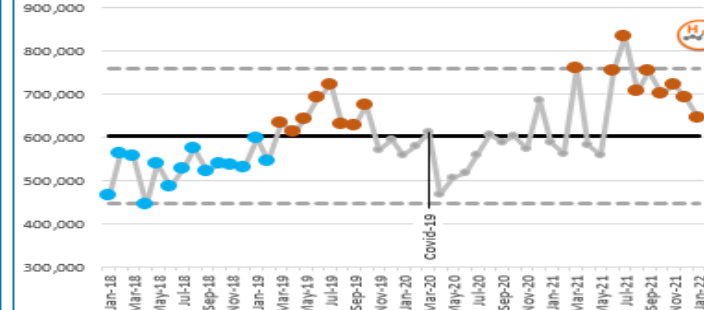
The chart above shows that we are currently in a period of common cause variation (no concern). Due to the fluctuation in the monthly figure reported no assurance can be given regarding achievement of the target.

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 is mentioned on the previous page.

Trust Agency Spend



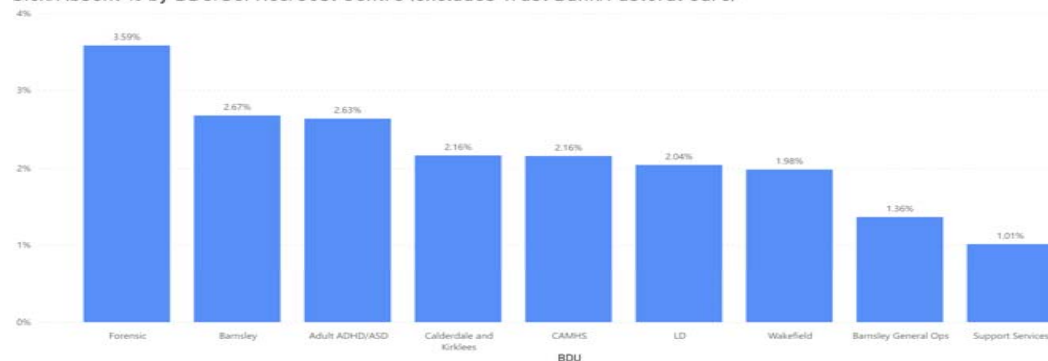
This updated SPC chart shows that we are currently in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

Sickness reporting

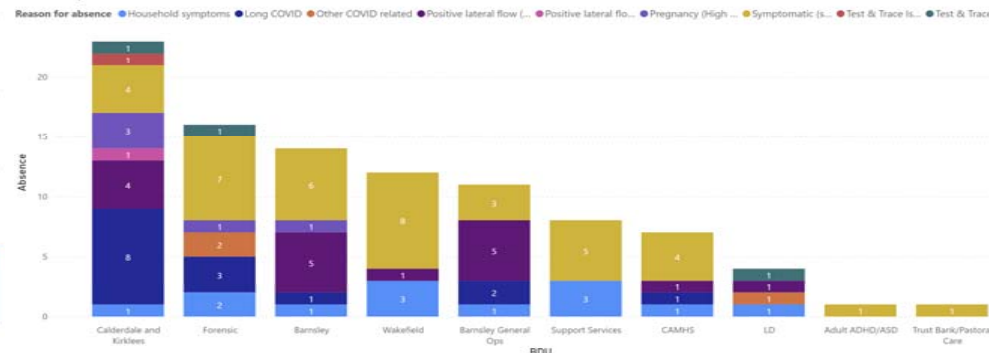
As at 18th February, the Trust has 97 staff absent or working from home due to Covid-19. This makes up 1.7% of the workforce. Of those absent, 40.2% are symptomatic and 13.4% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 3.6% of staff impacted

- 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 8.3 days in January.

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



Absence by BDU and Reason for absence



Summary	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Responsible Officer (RO) Quarterly Report

Medical Appraisals	Q1 21/22	Q2 21/22	Q3 21/22
Number expected to be undertaken in period	34	28	50
Number undertaken in period	32	27	45
Number not undertaken for which the RO accepts postponement is reasonable	2	1	5
Percentage of appraisals taken place	100%	100%	100%
Percentage of appraisals signed off in period as satisfactory	100%	100%	100%

Medical Revalidations	Q1 21/22	Q2 21/22	Q3 21/22
Number of revalidation recommendations due in period	10	5	9
Number of positive recommendations	9	5	9
Number of deferrals	1	0	0
Number of non-engagements	0	0	0
Percentage of revalidation recommendations made	90%	100%	100%

Responding to Concerns	Q1 21/22	Q2 21/22	Q3 21/22
Number of active cases under Maintaining High Professional Standards	1	1	1

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

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

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

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

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

The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework, which brought together arrangements for provider and CCG oversight in a single document. A single set of oversight metrics, applicable to 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 37 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 first published on 24th September 2021 with the latest update being on 22nd January 2022. This latest updated reviewed and 21 metrics have been confirmed as applicable to the Trust with 16 metrics awaiting further guidance. Work continues to take 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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Data quality rating ^a	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%	99.3%	99.7%	92.2%	98.7%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	97.8%	100%	100.0%	100.0%	100.0%	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%	98.9%	99.1%	100.0%	98.0%	96.6%	98.0%		
% 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%	113/114 =99.1%	89/89 =100%	85/86 =98.8%	105/106 =99.1%	99/102 =97.06%	78/82 =95.1%		
% 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%	84.1%	83.2%	85.6%	81.0%	84.7%	83.9%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.7%	99.0%	98.9%	99.3%	99.2%	99.2%	99.3%	99.3%	99.4%	99.4%		
Out of area bed days 5	Improving Care	Responsive	CH		251	496	598	1012	170	311	288	339	385	431		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.4%	55.2%	47.5%	53.8%	43.8%	54.5%	57.0%	52.9%	51.0%	52.3%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	98.8%	98.7%	97.9%	96.0%	98.4%	97.2%	97.8%	95.4%	94.7%	93.9%		
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%	99.7%	100%		
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%	78.6%	94.9%	93.3%	97.2%	93.5%	76.9%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	92.1%	87.7%	87.7%	88.7%	87.7%	88.0%	88.7%	88.6%	88.7%	88.4%		
% clients in employment 6	Improving Health	Responsive	CH	10%	12.5%	10.3%	10.5%	10.2%	10.5%	10.5%	10.4%	10.3%	10.0%	9.7%		

Summary	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Data quality rating s	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	0	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	2	0	0	0	0	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	189	217	192	171	192			171		Due April 2022		
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Data quality rating s	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%	98.4%	99.2%	98.6%	98.0%	98.0%	98.3%		
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%	100.0%	99.9%	100.0%	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%	98.7%	98.6%	98.2%	98.2%	98.8%	99.1%	99.0%		

* 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 98.7%
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains at 100% and is above target.
- During January 2022, 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 52.3% for January.

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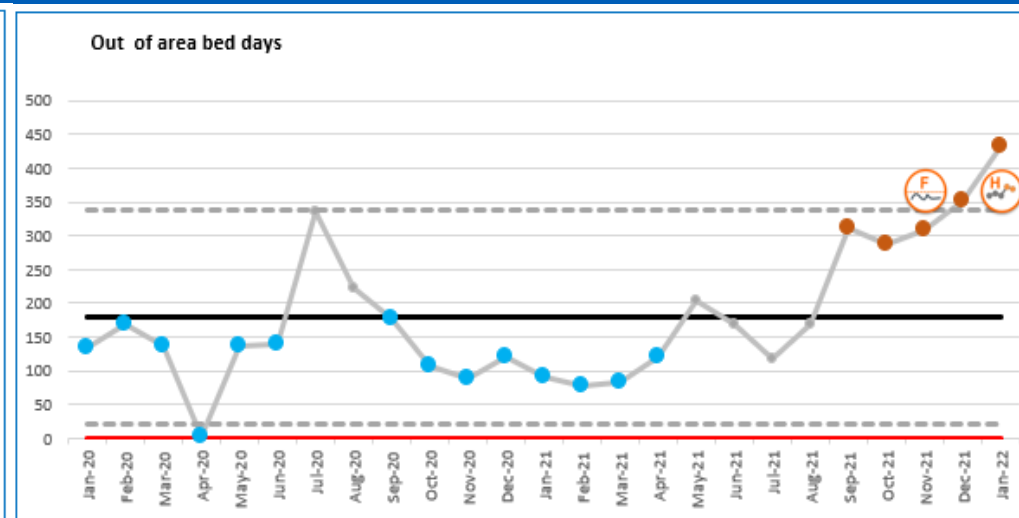
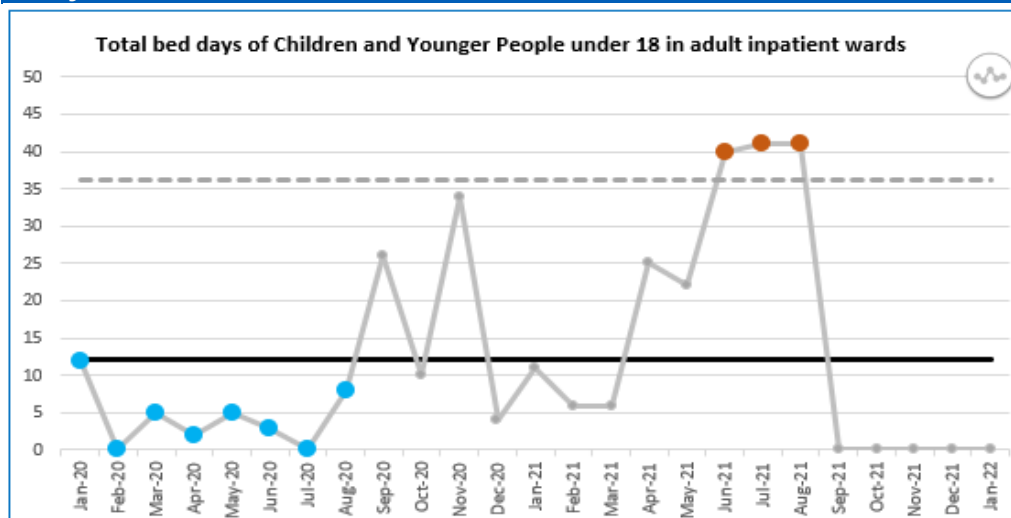
Data quality:

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 January the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for January shows 20.4% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to December which showed 19.3% 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 SPC charts above show that there continue to be no concerns regarding the number of beds days for children and young people in adult wards however we have now entered a period of special cause concerning variation for the number of out of area bed days which has seen a further increase this month. This is due to the multiple (15) outbreaks of Covid-19 in December and January and a plan is in place to return those clients who have been placed out of area as soon as it is safe and practical to do so.

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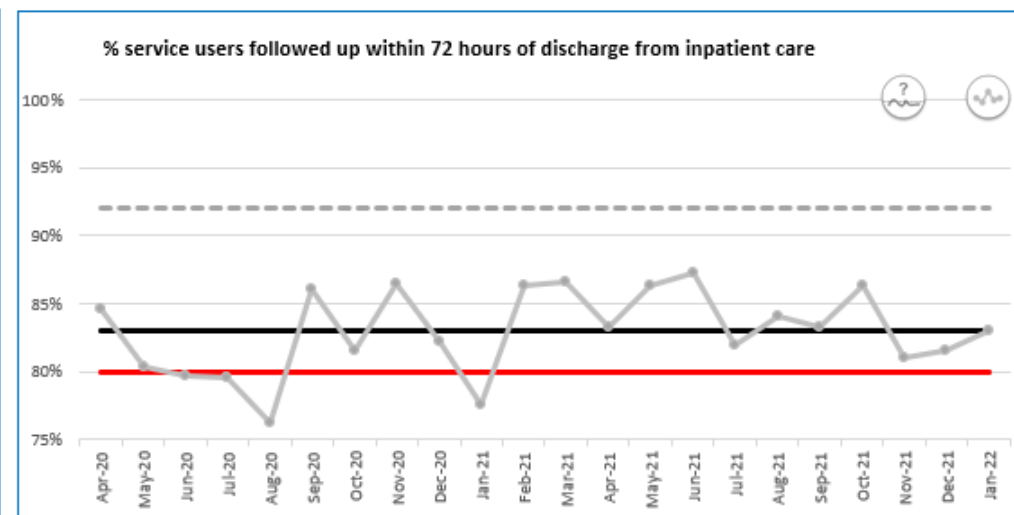
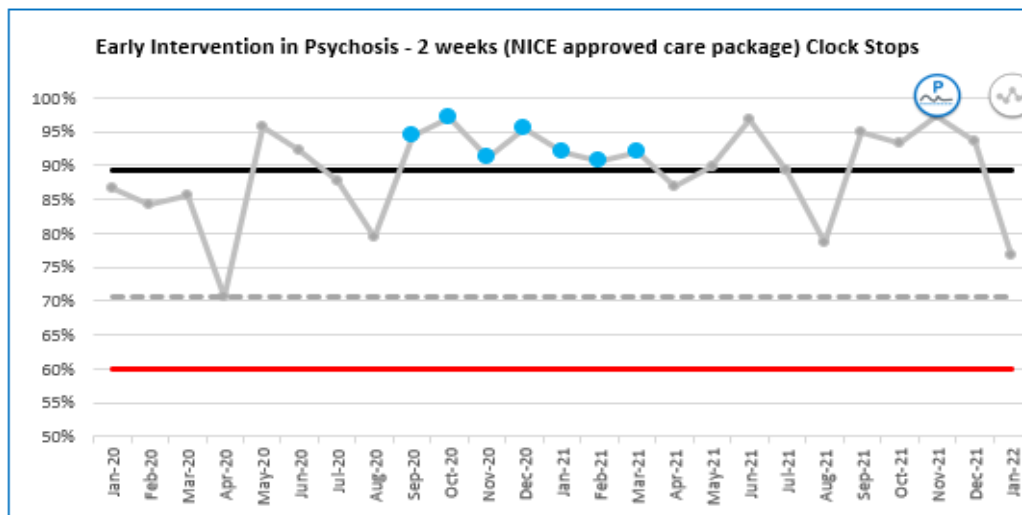
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The SPC charts above show that there continues to be no concerns for clients being seen by EIP services or clients discharged from inpatient care being followed up.

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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 partnership in place in the local system, specifically developing crisis prevention/response pathways
- 136 suite and triage functions out of hours are now provided as an extension of Intensive Home Based Treatment Team (IHBT) function – police triage strengthened
- Implementation of group-based options in (Improving Access to Psychological Therapies) IAPT, key to managing waiting lists.
- Brief intervention service (Additional Roles Reimbursement Scheme funded) implemented with positive early results – more timely response and reducing demand pressure on core

Areas of focus

- Increased referrals and acuity – with associated caseload pressures across core, enhanced and IHBT.
- 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 – linked with winter planning with emphasis on reducing A&E attendances
- Ensuring robust recording/reporting of risk assessments

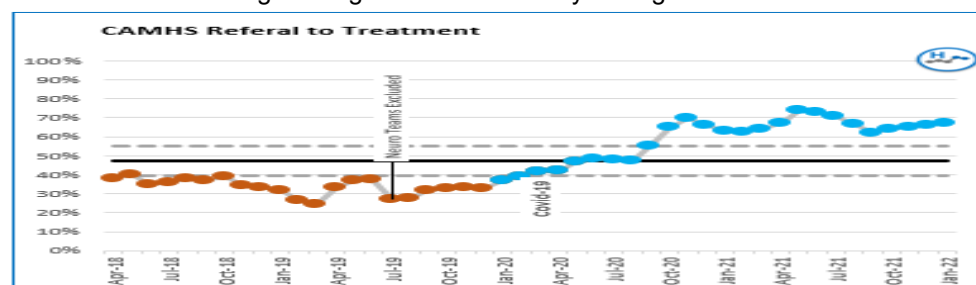
CAMHS

Strengths

- Business continuity plans have to date been effective, but with some pressure developing on waiting times
- Ongoing development of Mental Health Support Team offer in all areas
- Development of provider collaboratives providing for improved transparency and coordination regarding Tier 4 bed management
- Integrated Care System prioritisation of eating disorder pathways – considering all age models.
- Implementing agreed business cases in both Kirklees and Calderdale – delivering agreed activity levels

Areas of focus

- Waiting numbers for Autistic Spectrum Conditions/Attention Deficit Hyperactivity Disorder (ASC/ADHD) (neuro-developmental) diagnostic assessment in Kirklees have continued to increase.
- Medium term waiting times trajectory unclear. % treated within 18 weeks increasingly challenging, with the position in Wakefield under pressure.
- Crisis referrals – particularly in relation to eating disorders – are high. Tier 4 bed access remains problematic
- Focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck.



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 continue to experience high levels of demand on services, combined with increased staff absences.
- An external provider is supporting the work of the Adult Speech and Language Therapy (SALT) Service.
- Absence levels in the Children's SALT service are impacting on service waiting times, and wellbeing of staff who are working.
- Yorkshire Smoke Free Sheffield (YSFS) is due to go out for tender in April 2022 for September 2022 start of new contract.
- Live Well Wakefield (LWW) is due to go out for tender in Autumn 2022 for a new contract in April 2023.
- Long Covid – delivery of a new pathway in partnership with commissioners, GP Federation and Barnsley Hospital NHS Foundation Trust. There is a proposal to accept referrals direct from GPs (PDA) with unknown impact in terms of referral numbers to SWYPFT services.
- The new national ask on the Urgent Community Response pathway will be operational from April 2022.

Strengths

- Yorkshire Smoke Free Doncaster and Yorkshire Smoke Free Calderdale commissioners have confirmed in writing extension to contracts.
- Yorkshire Smoke Free Barnsley commissioner has indicated they wish to extend the contract.
- The Children's SALT Service have had excellent feedback on the training package for Early Years Professional Development Programme Champion Scheme from the Champions.
- Stroke Rehab Unit (SRU)/Neuro Rehab Unit (NRU) have both received positive feedback from the recent Quality Monitoring Visits and no areas of concern.
- Community services continue to support all pathways that enable people to stay at home, and to support early discharge which we are benchmarked nationally is excellent both on delayed transfer of care and length of stay.
- Contact with NHSE to showcase our approach to Discharge to Assess in Barnsley as best practice

Challenges

- All services are experiencing high levels of increased demand, with some services also noting an increased complexity and acuity of care required.
- Recommencement of 12-15 year old Covid vaccination programme for second vaccinations – this has had a poor uptake, in line with the national picture.
- Children's and Health and Wellbeing Services - high levels of demands on services combined with increased staff absences proving challenging.
- Staffing levels remain challenging on NRU.

Areas of Focus

- Following an interim arrangement and phased handover from the CCG, SWYPFT will commence delivering the Barnsley Lymphoedema Service from Monday 14th February 2022 (previously delivered by Barnsley Hospice). The new service will accept patients presenting with diagnosed lymphoedema/chronic oedema related to a cancer diagnosis. Work continues around the business case for a wider Lymphoedema Service which would help to address the current demands on Tissue Viability Service.
- Commissioning of external provider to support Children's SALT and management of the Adult SALT patient list.
- Initial developmental work for the pending Yorkshire Smoke Free Sheffield (YSFS) bid
- External review of the Breathe Service initiated by the CCG linked to a gap in provision left by the new Breathe service specification (acute oxygen assessments and early supported discharge)
- Redefining of urgent and planned pathways within neighbourhood teams.
- NRU proposal forwarded to CCG, now awaiting new service specification.



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. This appears to be working well as an interim measure, but a longer term sustainable solution is planned.
- OPEL Level is currently 3.
- There have been individual Covid cases, and outbreaks due to the Omicron variant over the winter period. This now appears to have stabilised across the BDU.
- Forensics currently have 37 registered nurse vacancies. The BDU is being supported by HR with a bespoke Recruitment and Retention Plan.
- Psychology and Medical departments are fully recruited but there are a number of Occupational Therapy vacancies currently out to recruitment.
- The BDU has welcomed three international recruits.
- Occupancy levels in Newhaven remain under target at 83%. This is due to the longer-term plans for care in the community hence a reduction in referrals and admissions. Newhaven already has a geographical catchment area broader than West Yorkshire.
- Newton Lodge also has under occupancy. Work continues on repatriation, and there is an improving picture.
- All mandatory training which is below expected targets is the focus of attention across the service, and recovery trajectories are in place. Areas of focus are management of violence and aggression, CPR and national early warning score (NEWS) training.
- Supervision remains a key area of focus, 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 wellbeing 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.
- Sickness YTD across the BDU is 6.5% for Newton Lodge, 7.7% Bretton Centre, 7.0% Newhaven. There is of course additional Covid absence on top of this.

Learning Disability Services

- Staff wellbeing is a concern across all services, due to current pressures.
- Supervision remains a key area of focus in the service.
- 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.
- Some staff who have been on long term sick have recently either returned to work or have a planned date of return which will improve staffing across the service but there are hotspots across LD services.

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.
- 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 and the current Associate Specialist in Kirklees has agreed to take on an Acting Consultant role in Barnsley
- Commissioners have now approved recurrent funding for the Calderdale Strategic Health Facilitator
- An Advanced Nurse Practitioner/Matron to support LD service users in care homes is now in post
- LD Out of Hours service funding has now been agreed recurrently
- We have successfully identified a locum psychologist to support Kirklees community and are awaiting a start date. Barnsley has also successfully recruited to a psychologist and awaiting start date.
- Both Wakefield and Calderdale have recently had quality monitoring visits with good verbal feedback.

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 ATU 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 looking 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.
- All operational targets are being met by the service.
- The service is meeting its performance targets for commissioners.
- The service is evaluating /active in research in ADHD and Autism.
- The service has completed an ADHD Referral Triage Project, and are preparing to put the lessons into action.
- The Royal College of Psychiatrists has upheld the Accreditation for Community Mental Health Services (ACOMHS) Quality Accreditation.
- The Service is submitting business cases to expand the ADHD pathway to manage increase in referrals.
- Funding has been agreed by NHS England as part of a regional bid to pilot innovations in referrals in Autism, triage in Autism and community support in Autism.

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. We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.
- The work to maintain patient flow continues with the use of out of area beds closely managed. However out of area usage has remained at higher levels than 2020/2021. A key focus is now on bringing patients back from out of area beds, and providing care closer to home whilst managing the demand for new admissions, and how we can support patients ready for discharge more effectively back into community settings.
- Work with partners across the Integrated Care System continues. Other Trusts 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 ongoing staffing shortages across the wards. 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 used from other areas 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.
- We are undertaking a focussed piece of improvement work on one of our wards in Barnsley in partnership with staff and service users, and with the support of the Integrated Change Team and Nursing, Quality and Professions.
- The wellbeing and support of staff is at the forefront of the BDU's aims, 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. Following an evaluation and drill down at ward level, 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. The absence of availability of rooms large enough to undertake group work is impacting on our ability to deliver group and therapeutic interventions in a timely and effective way.
- Demand into the Single Point of Access (SPA) is 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. We are already experiencing impact on vacancy levels in the Enhanced Pathway, for example, following recruitment into new vacancies within primary care.
- The wellbeing and support of staff is at the forefront of the BDU's aims, including ensuring clinical supervision takes place each month and appraisals are conducted annually. Quality and Governance Leads in each place are working with teams to enable this in terms of quality access and prioritisation. Following an evaluation and drill down at team level, action plans are in place across the services to ensure staff receive their supervision and are having their appraisals.

Summary

Covid-19

Emergency
Preparedness

Quality

Workforce

National Metrics

Locality

Finance/Contracts

System-wide
Monitoring

Communications, Engagement and Involvement

- Coronavirus update sent out weekly to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated
- Control of patient information expiration and sharing of service user clinical records comms preparation
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Staff wellbeing initiatives promoted
- Excellence awards 2022 – currently in the process of judging categories.
- 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 to be launched in February.
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind and the Mental Health Museum
- Barnsley Single Point of Contract (CAMHS) preparation
- Choose well for children and young people – focus groups held and feedback received
- QUIT and Smokefree PR/campaign support
- Film developed for creative approaches.
- Preparatory work for recruitment campaigns focused on nursing, health care assistants and allied health professions.
- Website and intranet development work:
 - o Commissioning of charity website
 - o Commissioning of museum digital presence
 - o Work on Couch to Creativity prototype app
 - o Secure email work on auditing and changing addresses
 - o Support for HR with recruitment websites
- Media enquiries; co-ordinated and issued responses
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS initiatives and campaigns.



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

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[Emergency Preparedness](#)
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[Finance/Contracts](#)
[System-wide Monitoring](#)

Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2021/22	Narrative
1	Surplus / Deficit	£6.7m	£7.1m	In January the surplus was £1.2m and the year to date position is a surplus of £6.7m excluding exceptional items such as property sales and asset revaluations. It is forecast that a surplus of £7.1m will be achieved, this is £2.1m more than the planned £5m. This is unchanged from last month.
2	Agency Spend	£6.9m		Agency expenditure in January was £0.6m 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 its workforce solution at a higher level, throughout winter and in its continued response to managing safety through COVID across inpatient settings.
3	Cash	£77.7m	£70.7m	The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. The timing of income relating to the new Adult Secure Collaborative is also a contributing factor of c. £2m.
5	Capital	£3.6m	£8.2m	Year to date spend is £3.6m. 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	95%		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

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.

Publication Summary

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

[NHS England and NHS Improvement: vaccination as a condition of deployment for all health care workers](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report



Month 10
(2021 / 22)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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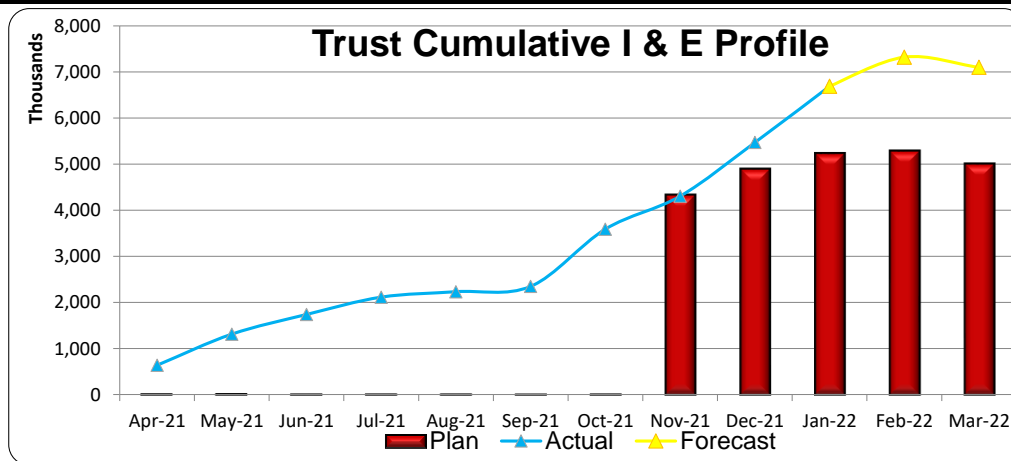
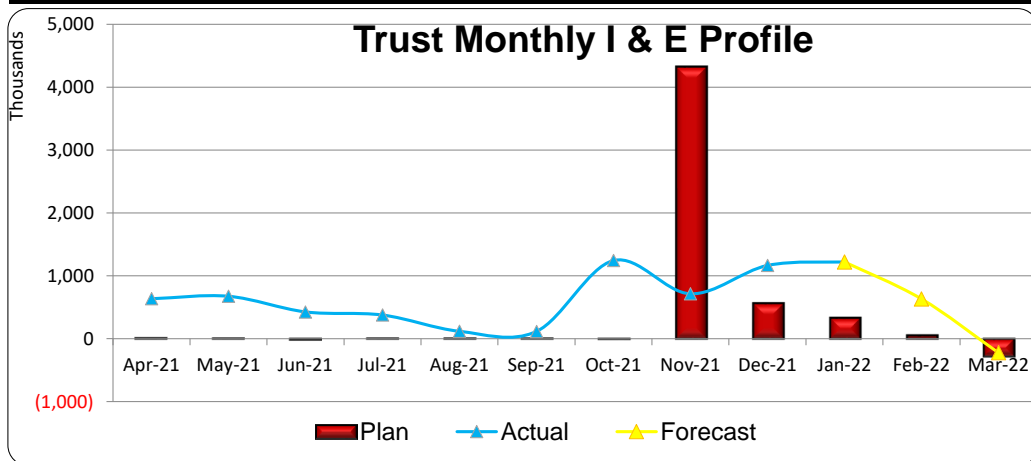
Performance Indicator		Year to Date	Forecast 2021 / 22	Narrative
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3	Cash	£77.7m	£70.7m	The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. The timing of income relating to the new Adult Secure Collaborative is also a contributing factor of c. £2m.
4	Capital	£3.6m	£8.2m	Year to date spend is £3.6m. 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	95%		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.

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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 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
			25,702	24,657	(1,045)	Clinical Revenue	233,140	223,820	(9,320)	284,375	274,230	(10,145)
			25,702	24,657	(1,045)	Total Clinical Revenue	233,140	223,820	(9,320)	284,375	274,230	(10,145)
			567	2,975	2,408	Other Operating Revenue	3,802	13,913	10,111	5,161	16,363	11,202
			26,270	27,632	1,362	Total Revenue	236,942	237,733	792	289,536	290,593	1,057
4,983	4,559	(423)	(17,607)	(17,684)	(77)	Pay Costs	(172,052)	(170,932)	1,120	(207,564)	(206,010)	1,553
			(7,579)	(8,140)	(561)	Non Pay Costs	(52,181)	(52,568)	(387)	(67,991)	(68,199)	(208)
4,983	4,559	(423)	(25,186)	(25,824)	(638)	Total Operating Expenses	(224,233)	(223,500)	733	(275,555)	(274,210)	1,345
4,983	4,559	(423)	1,084	1,808	724	EBITDA	12,708	14,233	1,525	13,981	16,384	2,402
			(537)	(690)	(153)	Depreciation	(5,367)	(5,737)	(370)	(6,440)	(7,115)	(675)
			(212)	97	309	PDC Paid	(2,118)	(1,811)	307	(2,541)	(2,173)	368
			0	5	5	Interest Received	0	5	5	0	5	5
4,983	4,559	(423)	335	1,220	885	Surplus / (Deficit)	5,224	6,690	1,466	5,000	7,100	2,100
			0	3	3	Gain / (loss) on disposal	0	1,154	1,154	0	1,154	1,154
			0	1,628	1,628	Revaluation of Assets	0	1,628	1,628	0	1,628	1,628
4,983	4,559	(423)	335	2,850	2,515	Surplus / (Deficit)	5,224	9,472	4,248	5,000	9,882	4,882

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 November and are shown in the graphs below.



2.0

Adult Secure Lead Provider Collaborative

In October 2021 the Trust took on the role of lead provider for the West Yorkshire Adult Secure (Forensic) Collaborative. Similar collaboratives exist for CAMHS and Adult Eating Disorders and these are hosted by other mental health Trusts in the region. These collaboratives have been developed as the future direction for commissioning and delivery of secure mental health, learning disability and autism services for the local population of West Yorkshire.

This encompasses inpatient facilities and the continued development of community models and support to provide complete pathways which are joined up across multiple providers and organisations.

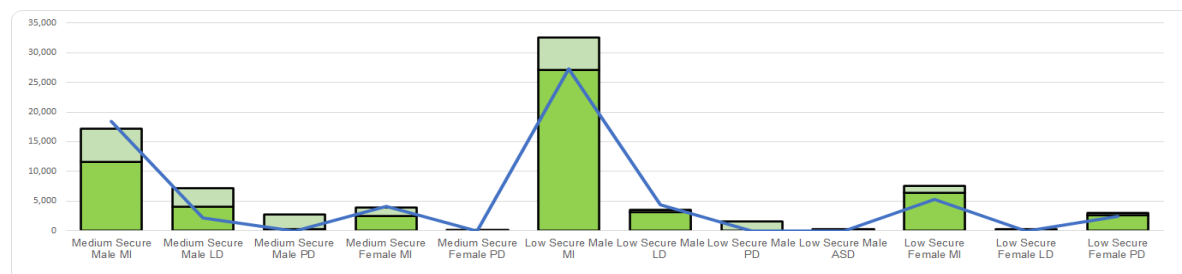
The current contract is until March 2024 and the funding is provided to cover this whole period and the objectives of the collaborative.

In line with national guidance the financial impact of the lead provider collaborative is shown separately within the Trust annual accounts. In this presentation this is the total of the collaborative but it is important to remember that the Trust already received income, and incurred costs, related to its existing adult secure service provision.

The financial impact of the collaborative has been impacted by the continued block payment nature of intra-NHS payments. This remains based on 2018 / 19 activity levels (uplift for national tariff uplifts) whilst independent sector providers are based on actual activity and a cost per case basis.

Adult Secure Lead Provider Collaborative						
Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	£k	£k	£k	£k	£k	£k
Clinical Revenue	19,918	18,133	(1,786)	29,878	27,257	(2,621)
Total Clinical Revenue	19,918	18,133	(1,786)	29,878	27,257	(2,621)
Other Operating Revenue			0			0
Total Revenue	19,918	18,133	(1,786)	29,878	27,257	(2,621)
Pay Costs	(271)	(18)	253	(407)	(54)	353
Non Pay Costs	(19,647)	(18,114)	1,533	(29,471)	(27,203)	2,268
Total Operating Expenses	(19,918)	(18,132)	1,786	(29,878)	(27,257)	2,621
EBITDA	0	0	0	0	(0)	(0)

Trust (excluding Collaborative)					
Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
£k	£k	£k	£k	£k	£k
213,222	205,688	(7,534)	254,497	246,974	(7,524)
213,222	205,688	(7,534)	254,497	246,974	(7,524)
3,802	13,913	10,111	5,161	16,363	11,202
217,023	219,601	2,577	259,659	263,337	3,678
(171,781)	(170,914)	867	(207,157)	(205,957)	1,200
(32,534)	(34,454)	(1,920)	(38,520)	(40,997)	(2,476)
(204,315)	(205,368)	(1,053)	(245,677)	(246,953)	(1,276)
12,708	14,233	1,524	13,981	16,384	2,403



The table to the left shows the current activity levels for the collaborative by service line. This separates out each into those provided by the 5 partner organisations of the collaborative and external partners (identified as out of area placements). The line shows how this compares to commissioned bed numbers.

The collaborative will continue to focus on this and ensuring that service users are supported in the most appropriate environment. There are repatriation plans in place where appropriate.

Income & Expenditure Position 2021 / 22

**The year to date position is a surplus of £6.7m.
The year end forecast is a surplus of £7.1m.**

Although the planning process for 2021 / 22 has compromised 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 £6.7m.

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.

Services have continued to mobilise and recruit. 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.

Pay

Pay continues to be the biggest variable for the Trust financial performance. Recruitment has continued, along with continued use of temporary staffing solutions such as bank, agency and additional payments to provide the best possible levels of staffing in each area. This will continue alongside retention workstreams which are aiming to increase the overall number of staff utilised by the Trust.

It is widely recognised that this is a challenging recruitment environment with all Trusts experiencing recruitment and retention difficulties.

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	117			493
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	170	12	31	20	20			253
Staffing - Isolation	Isolation, shielding and backfill for covid absence	206	37	67	40	44			394
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	158	(75)	0	977	1			1,061
Total – Pay		872	(14)	100	1,060	182	0	0	2,200
Lateral Flow Testing	Distribution of kits to staff	38	0	0	0	0			38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	5	0	0	0	0			5
IT	Purchase of equipment and agile working enabling costs (VPN)	38	0	0	0	1			39
OOA Placements	Out of area bed placements required to covid issues	308	246	316	359	579			1,808
Staffing - security	External security costs to support vaccination	8	0	0	0	0			8
Furniture	Replacement furniture to support infection prevention and control	138	58	95	43	239			573
Misc / other	Other general non pay not captured in the headings above	71	3	11	0	3			89
Total – Non Pay		605	307	422	402	823	0	0	2,559
Total costs		1,477	293	522	1,462	1,005	0	0	4,759

2.1 Income Information

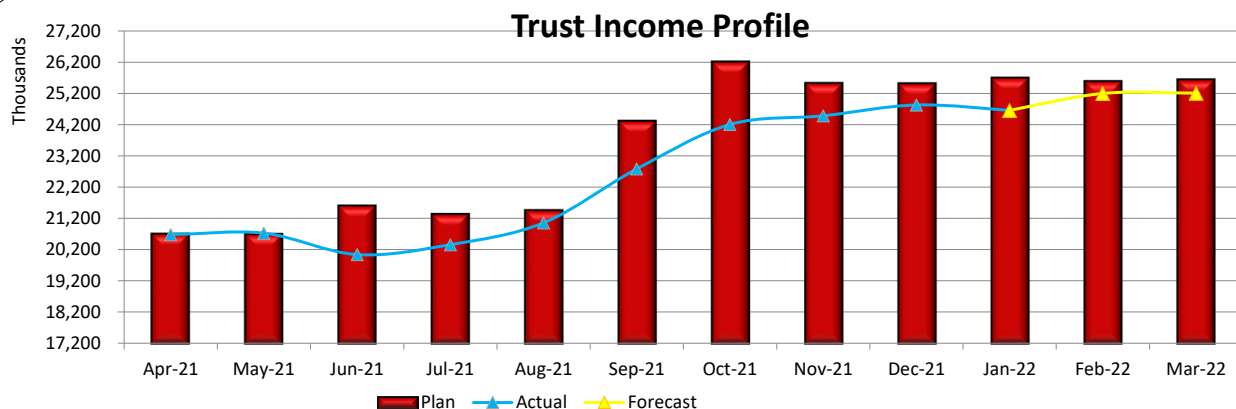
Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income.

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 continues on the planning requirements for 2022 / 23 to ensure that mobilisation can commence as soon as possible to maximise the in year impact.

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	17,222	16,716	19,016	18,177	18,177	198,418	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	3,576	4,666	4,666	44,967	28,281
Local Authority	404	490	402	385	458	429	369	(409)	1,337	452	429	429	5,175	5,025
Partnerships	657	636	654	547	939	803	591	599	609	279	599	609	7,522	7,514
Top Up / ERF	0	0	169	85	21	7	(91)	0	0	4	0	0	196	5,458
Other	41	50	46	(9)	116	90	7	86	98	58	56	56	695	4,815
Total	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	24,657	25,200	25,210	274,230	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.

In January elements of the Adult Secure Collaborative income have been deferred as linked to the business case and investment fund. This is overseen by the Collaborative board and is highlighted at page 5 which separates out the impact of this new initiative.

2.2

Pay Information

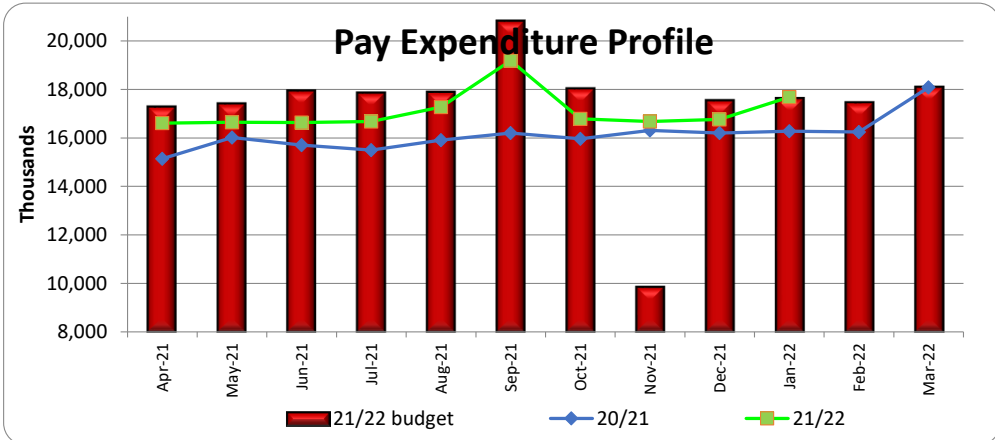
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 80% of our budgeted total expenditure. Trust priorities include a focus on the health and wellbeing 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	15,861			155,632
Bank & Locum	803	911	795	822	1,001	1,053	990	(145)	947	1,181			8,356
Agency	583	560	754	834	705	754	701	720	691	643			6,944
Total	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	0	0	170,932
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%	6.7%			4.9%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%	4.2%	4.3%	4.1%	3.6%			4.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,100	4,077	4,049	4,068	4,074	4,074	4,076	4,090	4,089	4,124			4,082
Bank & Locum	255	263	218	224	283	283	273	234	240	296			257
Agency	107	115	128	155	138	138	139	125	153	139			134
Total	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	0	0	4,473
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



Ensuring that there are safer staffing numbers at work remains a key focus of the operational teams. The January payments include coverage of the festive period including a number of bank holidays and has seen an increase in bank usage. This is typical of the January financial position although additional incentives have been in place to encourage increased uptake.

This has been supported by additional substantive staff working in month. This therefore includes additional shifts picked up to support services.

Although there has been a small reduction in agency staff, when compared to December 2021, this is similar to the previous run rate.

Overall the funded establishment numbers have increased by 354 WTE from March 2021.

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	22,431	19,679	527	2,498	22,704	273
Nursing Registered	58,863	51,048	2,528	881	54,457	(4,406)
Nursing Unregistered	22,096	17,897	4,424	2,495	24,817	2,721
Other	50,671	42,682	326	942	43,950	(6,720)
Corporate Admin	14,380	13,644	274	100	14,018	(362)
BDU Admin	12,246	10,682	276	27	10,986	(1,260)
Vacancy Factor	(8,634)				0	8,634
Total	172,052	155,632	8,356	6,944	170,932	(1,120)

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	198	0	16	215	(18)
Nursing Registered	1,554	1,250	81	12	1,343	(211)
Nursing Unregistered	897	689	185	85	959	62
Other	1,439	1,201	11	18	1,230	(209)
Corporate Admin	355	352	9	7	368	13
BDU Admin	506	434	10	2	445	(61)
Total	4,983	4,124	296	139	4,559	(423)

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 January there has been an increase worked WTE by substantive staff of 15 WTE (6 WTE reduction in December following a 18 increase in November). There was also an increase in bank and agency usage compared 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, 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	80,548	67,536	1,802	3,198	72,537	(8,012)
Inpatient	40,470	33,400	6,125	3,231	42,756	2,286
BDU Support	11,229	6,620	372	10	7,002	(4,227)
Community	25,354	21,524	379	175	22,078	(3,276)
Corporate	23,085	26,564	(335)	330	26,559	3,475
Vacancy Factor	(8,634)				0	8,634
Total	172,052	155,644	8,344	6,944	170,932	(1,120)

In month Budget v Actual - by service						
	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
MH Community	1,989	1,643	42	27	1,712	(277)
Inpatient	1,156	919	219	83	1,222	66
BDU Support	368	214	7	0	221	(147)
Community	770	660	12	6	678	(92)
Corporate	699	688	15	24	727	27
					0	
Total	4,983	4,125	295	139	4,559	(423)

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 £643k in January.

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.

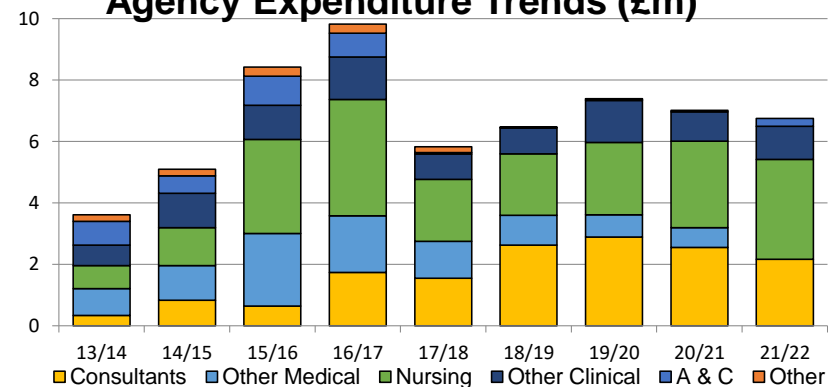
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

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.

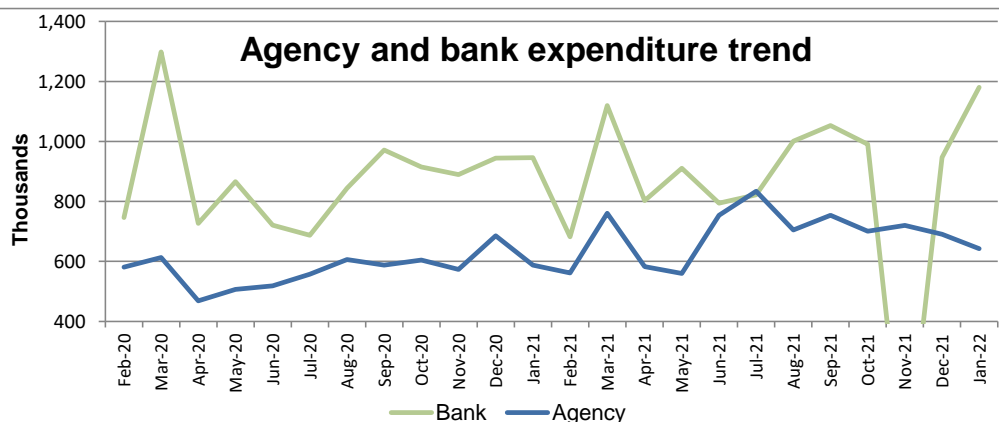
Spend in month is in line with the average monthly run rate for the current financial year.

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

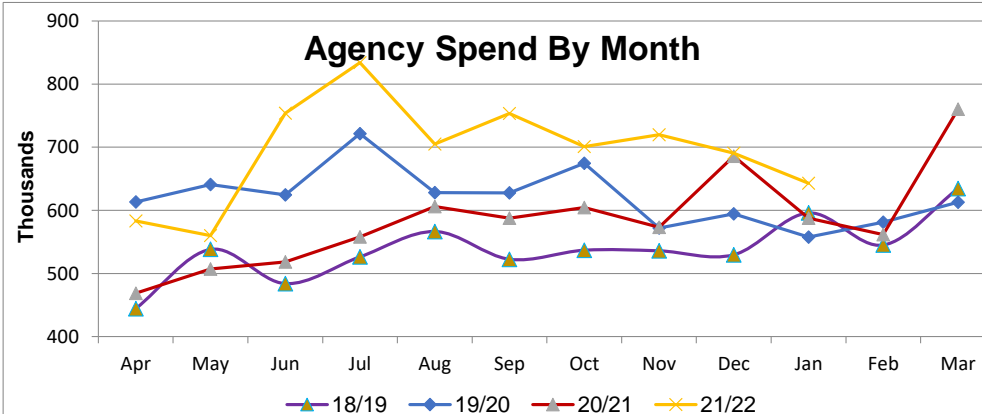
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month

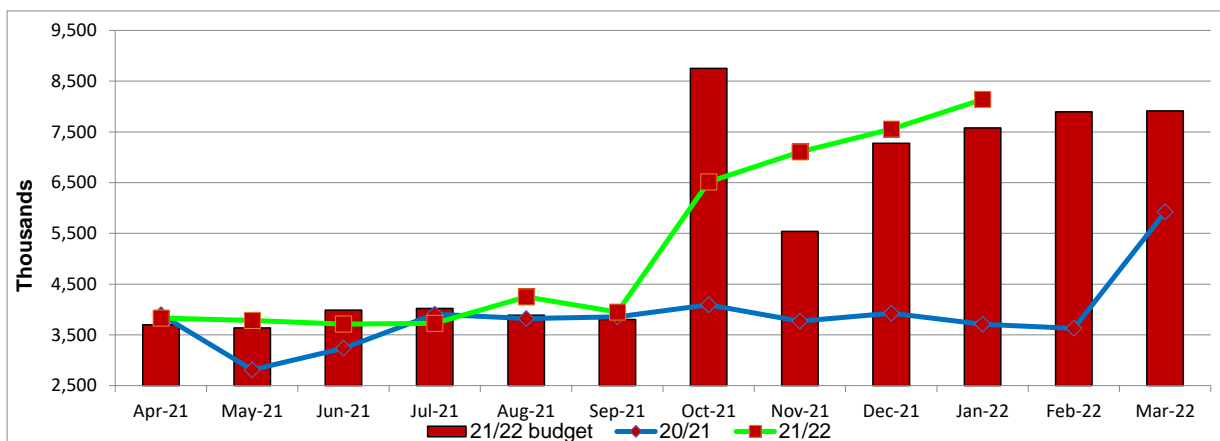


2.3 Non Pay Expenditure

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	8,140			52,568
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	3,099	2,753	(346)
Establishment	6,441	8,344	1,903
Lease & Property Rental	6,381	6,311	(70)
Premises (inc. rates)	4,912	5,609	697
Purchase of Healthcare	16,504	17,128	623
Travel & vehicles	3,555	3,395	(160)
Supplies & Services	5,582	5,191	(391)
Training & Education	618	597	(21)
Clinical Negligence & Insurance	727	941	214
Other non pay	4,362	2,300	(2,062)
Total	52,181	52,568	387
Total Excl OOA and Drugs	32,578	32,687	109



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 13 and the segmental impact of the collaborative is shown on page 5. 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	1,902	2,204	302
<i>Out of Area</i>			
Acute	1,043	65	(978)
PICU	633	65	(568)
Other Services	12,926	14,793	1,867
Total	16,504	17,128	623

Out of Area Expenditure Trend (£)

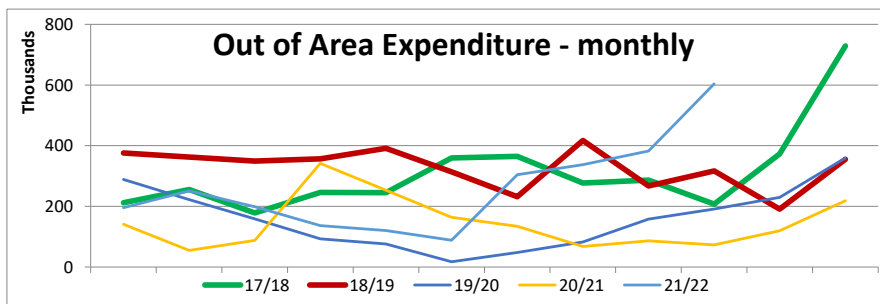
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382	604			2,619

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	555	653			3,833

Bed Day Information 2021 / 2022 (by category)

PICU	203	236	233	176	188	311	346	408	472	544			3,117
Acute	18	77	83	47	73	98	76	52	83	109			716
Total	221	313	316	223	261	409	422	460	555	653	0	0	3,833



Operational pressures linked to covid-19 has meant an increased out of area placements requirement in January 2022. As previously reported these are minimised as far as possible but in month equated to 653 days in month which is a further increase from the previous 3 months (98 increase from last month and 529 increase from January 2021).

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 (SOFP)	2020 / 2021 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	103,853	105,919	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,857	741	1
Non NHS Trade Receivables (Debtors)	1,839	2,637	1
Prepayments	2,867	3,097	2
Accrued Income	3,090	505	3
Cash and Cash Equivalents	56,659	77,750	Pg 16
Total Current Assets	66,486	84,902	
Current Liabilities			
Trade Payables (Creditors)	(1,888)	(6,035)	4
Capital Payables (Creditors)	(585)	(1,571)	
Tax, NI, Pension Payables, PDC	(5,920)	(7,641)	
Accruals	(24,112)	(24,588)	5
Deferred Income	(3,981)	(4,313)	6
Total Current Liabilities	(36,485)	(44,148)	
Net Current Assets/Liabilities	30,001	40,755	
Total Assets less Current Liabilities	133,855	146,674	
Provisions for Liabilities	(7,348)	(7,813)	
Total Net Assets/(Liabilities)	126,507	138,861	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,384	
Revaluation Reserve	10,596	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	75,101	7
Total Taxpayers' Equity	126,507	138,861	

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, £600k is currently over 30 days (£400k is with BMBC) and is actively chased for payment.

2. Prepayments remain high, this includes software licences (£0.9m), rent (£0.3m) and the cost associated with lease cars for the Trust (£0.7m).

3. Accrued income has reduced due to the payment of the annual leave funding from NHSI.

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 months. (£3.6m) Creditors are also high due to ongoing issues with Shared Business Services.

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 £1.3m from Health Education England, £0.5m from Wakefield CCG, £0.4m from Barnsley CCG.

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

3.1

Capital Programme 2021 / 2022

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Funding Source
Major Capital Schemes							
Bretton Centre	2,000	1,350	96	(1,254)	100	(1,900)	Internal
OPS transformation	578	0	0	0	50	(528)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	2,049	1,327	(722)	2,846	(348)	Internal
Fire Safety	160	160	102	(58)	195	35	Internal
Plant & Machinery	455	455	225	(230)	458	3	Internal
Equipment	100	80	60	(20)	130	30	Internal
Fixtures & Fittings	45	45	2	(43)	5	(40)	Internal
Other	643	583	840	257	1,995	1,352	Internal
IM & T							
Clinical Systems	275	189	15	(174)	34	(241)	Internal
Hardware	200	150	600	450	967	767	Internal
Cybersecurity, Infrastructure	240	240	223	(17)	260	20	Internal
Software	600	500	115	(385)	386	(214)	Internal
Other	1,340	1,129	35	(1,095)	750	(590)	Internal
VAT Refunds						0	
TOTALS	9,830	6,930	3,639	(3,291)	8,177	(1,653)	

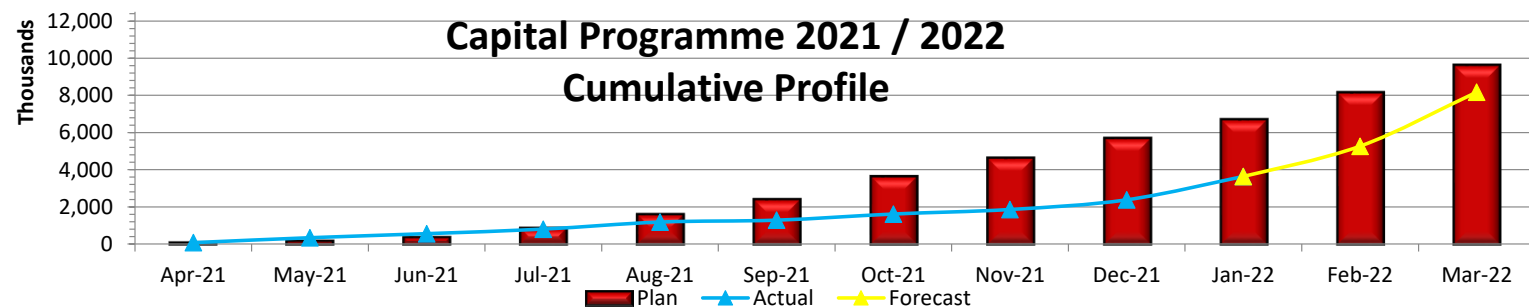
Capital Expenditure 2021 / 22

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

This has been increased by £240k in January 2022 following the successful bid relating to improving cyber security.

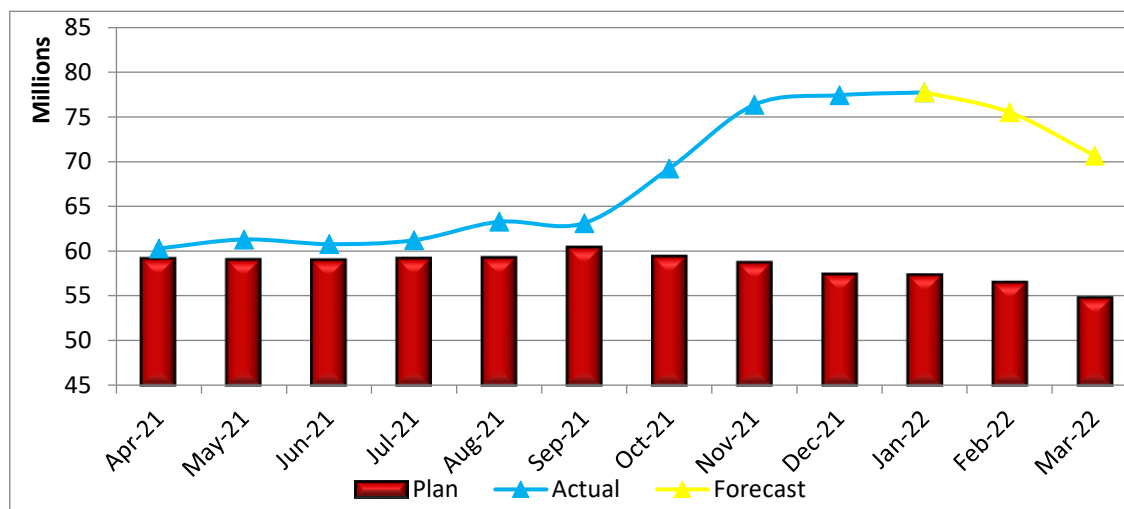
The year to date spend is £3.6m. This is an increase from the previous run rates as schemes begin to hit significant milestones / deliveries.

Programme leads continue to provide assurance that schemes will be delivered within the current financial year.



3.2

Cash Flow & Cash Flow Forecast 2021 / 2022

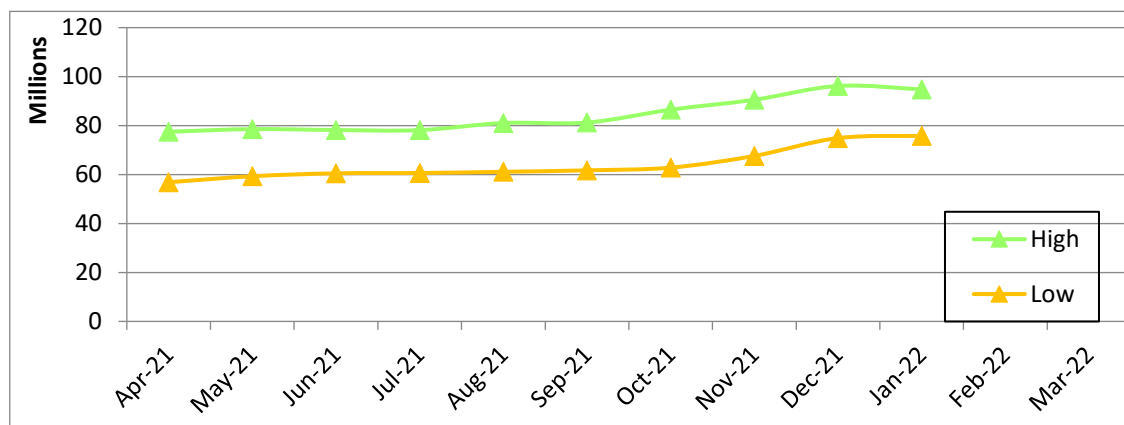


Cash remains positive. This helps to enable continued investment in the Trust capital programme.

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	57,266	77,750	20,484



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: £94.7m

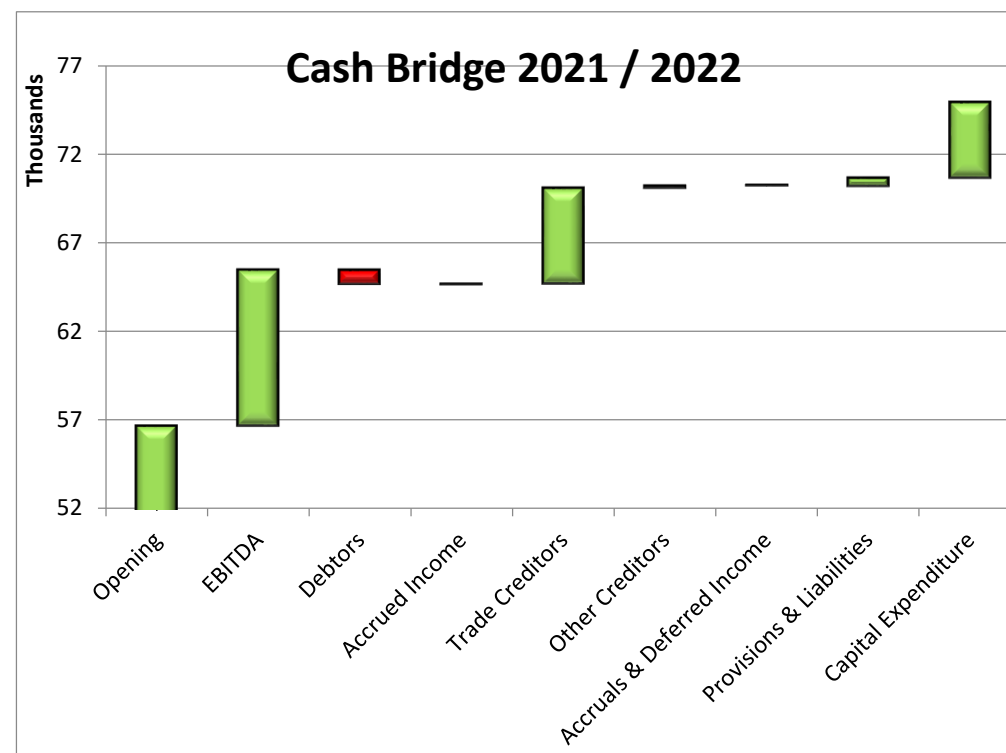
The lowest balance is: £75.8m

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)	5,411	14,233	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	3,475	2,674	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	(82)	5,334	
Other Payables (Creditors)	0	120	
Accruals & Deferred income	10		
Provisions & Liabilities	0	466	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(6,925)	(2,653)	
Cash receipts from asset sales	0	1,499	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received			
Interest (paid)/ received	0	5	
Closing Balances	57,266	77,750	



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.

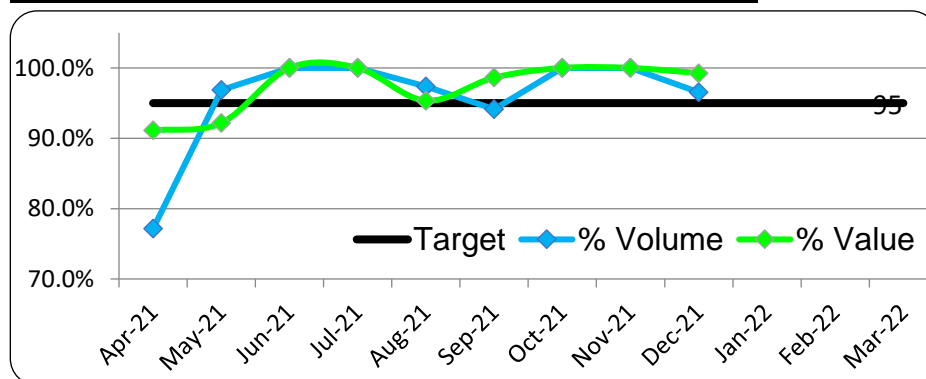
4.0

Better Payment Practice Code

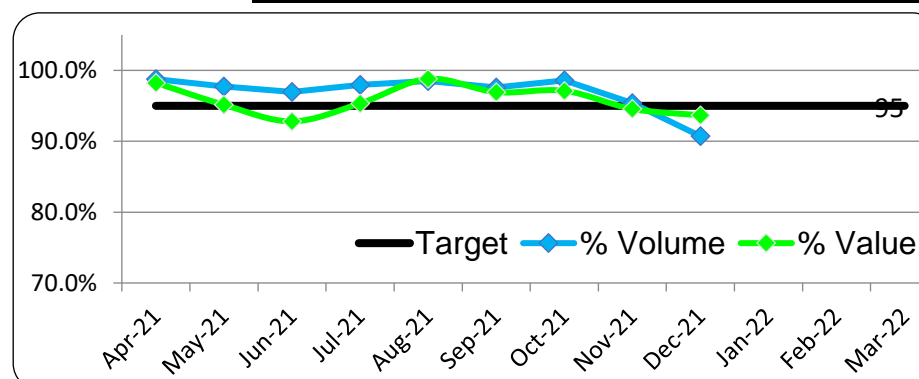
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance for the year to December has seen overall 96% of volume and 94% by value paid within the Trust payment terms of 30 days. There is on-going performance issues by Shared Business Services which is now directly impacting on the performance, this is not expected to improve before year-end.

NHS	Number %	Value %
In Month	100%	100%
Cumulative Year to Date	97%	99%



Non NHS	Number %	Value %
In Month	88%	87%
Cumulative Year to Date	96%	94%



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 (£)
01-Oct-21	Provision of Healthcare	Forensic	Partnerships In Care Ltd	D510006254	1,005,740
06-Jan-22	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996607	571,103
01-Jan-22	Provision of Healthcare	Forensic	Cygnat Health Care Ltd	CYGWYS17	544,330
28-Jan-22	Provision of Healthcare	Forensic	Bradford District Care NHS Foundation Trust	201752	442,136
11-Nov-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174394	371,868
13-Dec-21	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174574	371,868
24-Jan-22	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710174715	371,868
01-Jan-22	Provision of Healthcare	Forensic	Partnerships In Care Ltd	D510006488	299,791
30-Dec-21	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890583	297,400
01-Jan-22	Provision of Healthcare	Forensic	Waterloo Manor Ltd	HO NHS LS 246	257,160
31-Dec-21	Provision of Healthcare	Forensic	Cheswold Park Hospital	4283	217,149
01-Jan-22	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890600	148,700
01-Dec-21	Rent	Kirklees	Bradbury Investments Ltd	1632	118,518
15-Jan-22	Drugs	Trustwide	Bradford Hospitals NHS Trust	320418	96,097
21-Dec-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	320281	96,097
05-Nov-21	IT Services	Trustwide	Daisy Corporate Services	31480660	90,250
06-Jan-22	IT Services	Trustwide	Daisy Corporate Services	31483468	90,250
26-Jan-22	Drugs	Trustwide	Bradford Hospitals NHS Trust	320495	86,489
30-Nov-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	104582	73,095
17-Dec-21	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890557	70,500
19-Jan-22	IT Software	Trustwide	Silvercloud Health Ltd	202210416	67,500
05-Jan-22	Provision of Healthcare	Forensic	Leeds & York Partnership NHS Foundation Trust	996600	57,800
05-Jan-22	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	996599	56,247
31-Dec-21	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation Trust	2100117884	55,622
08-Nov-21	Provision of Healthcare	Forensic	Cygnat Health Care Ltd	WYS014INV	51,674
23-Nov-21	Training	Kirklees	Kirklees Council	8606782449	45,250
16-Dec-21	Bedding & Linen	Trustwide	James Walker Textiles Ltd	28041	40,638
07-Jan-22	Equipment Service	Kirklees	Kirklees Council	8606916228	40,000
12-Nov-21	Provision of Healthcare	Forensic	Elysium Healthcare Ltd	STM01759	37,543
23-Dec-21	Rent	Barnsley	Community Health Partnerships Ltd	0060226460	33,538
29-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060221109INV	33,538
10-Nov-21	Rent	Barnsley	Dr M Guntamukkala	PG10120	33,441
15-Dec-21	Drugs	Trustwide	NHS Business Services Authority	1000071609	33,277
31-Oct-21	Out of Area Beds	Trustwide	Nouvita Ltd	7832	33,264
30-Nov-21	Out of Area Beds	Trustwide	Cygnat Health Care Ltd	STE0210508	29,150
01-Dec-21	Rent	Kirklees	Bradbury Investments Ltd	1631	29,118
23-Jun-21	Staff Recharge	Trustwide	Bionical Solutions Ltd	4324	27,821
11-Jan-22	IT Hardware	Trustwide	Dell Corporation Ltd	7402776882	26,289
23-Dec-21	Rent	Barnsley	Community Health Partnerships Ltd	0060226459	26,233
29-Nov-21	Rent	Barnsley	Community Health Partnerships Ltd	0060221108INV	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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Threshold	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	4.0%	4.0%	4.1%	4.1%	4.2%	4.2%	<=4.5%	5.2%	5.3%	5.4%	5.5%	5.4%	5.3%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	3.5%	4.1%	4.6%	4.5%	4.6%	4.5%	<=4.5%	5.1%	5.4%	6.3%	6.1%	5.8%	5.7%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21		55.0%	58.7%			>=95%	Reporting commenced Oct-21		59.2%	65.8%		
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%			35.3%	44.0%			>=95%			28.4%	32.4%		
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	83.3%	83.0%	83.8%	80.7%	77.9%	76.1%	>=80%	86.5%	86.5%	86.5%	84.7%	81.5%	79.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	70.9%	70.6%	70.8%	75.7%	76.3%	77.0%	>=80%	76.2%	76.2%	77.6%	74.2%	72.9%	69.8%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	91.3%	91.4%	90.6%	91.1%	93.2%	93.7%	>=80%	96.3%	95.8%	96.7%	97.1%	96.9%	96.6%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21			84.3%	84.0%	89.7%	>=80%	Reporting commenced Nov-21			84.0%	83.8%	88.2%
Equality and Diversity	Resources	Well Led	LJ	>=80%				96.0%	96.2%	96.5%	>=80%				96.1%	96.6%	92.9%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	86.2%	86.0%	88.1%	90.7%	90.5%	90.3%	>=80%	83.4%	82.9%	85.7%	86.7%	88.7%	89.6%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	77.3%	77.6%	76.9%	75.0%	75.5%	75.0%	>=80%	91.6%	91.6%	90.8%	89.8%	84.7%	85.8%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	53.4%	51.4%	62.6%	70.3%	74.9%	78.9%	>=80%	43.1%	41.5%	56.6%	62.8%	67.4%	72.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	90.9%	91.1%	91.0%	91.9%	91.7%	91.3%	>=80%	91.4%	91.2%	89.8%	89.5%	88.9%	88.7%
Information Governance	Resources	Well Led	LJ	>=95%	93.3%	94.0%	92.5%	91.0%	89.4%	73.6%	>=95%	91.3%	91.6%	88.0%	85.6%	84.9%	70.6%
Moving and Handling	Resources	Well Led	LJ	>=80%	94.4%	94.0%	93.5%	93.0%	92.2%	92.5%	>=80%	96.8%	96.5%	96.6%	96.4%	96.0%	96.1%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	N/A	51.7%	62.8%	63.6%	63.9%	73.7%	>=80%	N/A	60.6%	71.2%	71.8%	71.2%	76.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	87.1%	86.8%	88.0%	89.6%	90.3%	91.3%	>=80%	85.4%	84.8%	86.5%	87.6%	87.7%	88.7%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	81.0%	80.9%	82.8%	85.3%	85.2%	85.2%	>=80%	83.0%	82.3%	83.6%	85.2%	85.9%	86.9%
Prevent	Improving Care	Well Led	LJ	>=80%	96.2%	96.2%	96.5%	96.7%	96.0%	93.8%	>=80%	94.7%	94.6%	95.1%	93.3%	93.4%	93.6%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	91.4%	91.5%	91.4%	91.3%	91.7%	90.2%	>=80%	92.2%	92.3%	92.5%	91.1%	91.0%	88.7%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	93.2%	93.1%	93.0%	92.1%	92.7%	90.7%	>=80%	89.3%	88.6%	89.8%	88.9%	88.8%	88.2%
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Threshold	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Sickness (YTD)	Resources	Well Led	LJ	<=5.4%	5.4%	5.5%	5.7%	5.9%	5.8%	5.8%	<=4.5%	2.9%	2.8%	2.7%	2.8%	2.6%	2.6%
Sickness (Monthly)	Resources	Well Led	LJ	<=5.4%	6.9%	5.9%	6.5%	7.3%	5.3%	5.6%	<=4.5%	3.0%	2.4%	2.4%	1.9%	2.4%	2.4%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21		62.9%	67.3%			>=95%	Reporting commenced Oct-21		55.9%	59.4%		
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%			24.9%	27.9%			>=95%			55.2%	61.9%		
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	80.0%	80.4%	79.5%	82.8%	81.8%	80.0%	>=80%	82.6%	81.9%	81.4%	77.8%	75.7%	75.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	72.4%	71.6%	68.5%	71.4%	73.5%	69.8%	>=80%	70.5%	69.2%	74.1%	77.0%	78.1%	71.7%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	94.5%	92.9%	93.5%	94.2%	94.9%	95.9%	>=80%	87.4%	87.2%	90.0%	92.0%	94.2%	93.3%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21			78.9%	79.0%	87.2%	>=80%	Reporting commenced Nov-21			79.2%	79.0%	86.3%
Equality and Diversity	Resources	Well Led	LJ	>=80%	93.8%	94.4%	94.5%	94.8%	94.7%	93.2%	>=80%	95.0%	95.3%	95.3%	95.7%	95.5%	95.2%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	84.4%	84.1%	89.2%	88.1%	90.0%	89.7%	>=80%	83.3%	84.0%	85.8%	89.2%	90.0%	90.5%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	69.9%	70.7%	73.7%	71.5%	71.3%	69.3%	>=80%	25.0%	25.0%	25.0%	20.0%	40.0%	40.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	42.1%	40.4%	54.4%	64.3%	70.3%	73.4%	>=80%	38.7%	37.9%	57.4%	67.5%	70.9%	76.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	91.3%	90.7%	91.1%	91.1%	92.1%	91.5%	>=80%	91.8%	91.8%	90.5%	91.0%	88.8%	89.3%
Information Governance	Resources	Well Led	LJ	>=95%	90.6%	90.7%	89.9%	90.2%	87.1%	70.4%	>=95%	88.1%	89.0%	88.3%	90.4%	89.4%	69.0%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.8%	97.8%	98.3%	97.9%	97.7%	98.9%	>=80%	98.7%	99.1%	99.1%	98.8%	97.0%	97.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	N/A	41.1%	54.2%	56.3%	56.6%	68.5%	>=80%	N/A	N/A	N/A	N/A	N/A	N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	89.0%	88.7%	89.6%	90.5%	90.8%	91.5%	>=80%	82.8%	81.6%	83.0%	84.9%	85.2%	87.3%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	85.1%	84.4%	85.7%	87.4%	88.1%	88.1%	>=80%	81.0%	81.2%	82.7%	84.5%	84.4%	87.1%
Prevent	Improving Care	Well Led	LJ	>=80%	91.3%	90.9%	91.2%	90.9%	92.0%	91.3%	>=80%	93.5%	94.5%	93.1%	94.6%	93.1%	94.1%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	92.0%	91.3%	91.3%	91.6%	91.3%	90.0%	>=80%	93.9%	94.0%	92.3%	91.5%	91.7%	90.3%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	88.9%	88.0%	90.0%	89.9%	88.2%	87.9%	>=80%	92.7%	92.4%	92.1%	90.7%	89.4%	89.3%
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Threshold	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.0%	3.3%	3.4%	3.6%	3.8%	3.7%	3.7%	<=4.6%	3.6%	3.6%	3.5%	3.4%	3.8%	4.0%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.0%	3.4%	4.0%	4.4%	4.3%	3.7%	3.7%	<=4.6%	3.7%	3.7%	4.0%	4.3%	4.7%	5.7%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21		53.1%	63.2%			>=95%	Reporting commenced Oct-21		70.3%	74.4%		
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%			57.2%	63.4%			>=95%			29.7%	34.5%		
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	90.1%	90.1%	85.1%	82.9%	81.4%	81.3%	>=80%	86.1%	86.8%	86.6%	86.0%	82.8%	83.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	72.4%	72.4%	75.0%	68.8%	74.2%	65.6%	>=80%	66.1%	67.2%	69.3%	68.3%	67.9%	67.5%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	100%	100%	100%	100%	100%	88.9%	>=80%	93.1%	94.0%	92.8%	93.2%	94.4%	93.2%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21			82.6%	82.2%	86.6%	>=80%	Reporting commenced Nov-21			76.8%	76.6%	84.1%
Equality and Diversity	Resources	Well Led	LJ	>=80%				89.5%	89.5%	89.8%	>=80%				76.6%	95.9%	94.9%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	87.7%	87.7%	88.3%	89.9%	91.3%	91.1%	>=80%	84.2%	83.8%	86.9%	90.2%	89.6%	89.0%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	95.5%	95.5%	94.8%	94.7%	94.7%	94.8%	>=80%	87.1%	85.9%	88.1%	89.2%	88.8%	86.1%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	34.4%	34.4%	47.6%	55.6%	60.3%	66.3%	>=80%	42.0%	39.5%	50.0%	58.6%	64.7%	72.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	85.0%	85.0%	83.8%	85.5%	85.5%	85.8%	>=80%	90.2%	89.7%	90.7%	88.2%	89.4%	89.1%
Information Governance	Resources	Well Led	LJ	>=95%	93.4%	93.4%	91.0%	91.3%	88.8%	75.8%	>=95%	92.3%	92.6%	91.5%	89.0%	87.4%	69.6%
Moving and Handling	Resources	Well Led	LJ	>=80%	99.6%	99.6%	99.5%	99.3%	99.1%	99.2%	>=80%	94.6%	94.4%	94.9%	95.1%	94.9%	95.3%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	N/A	N/A	N/A	100%	100%	100%	>=80%	N/A	52.9%	68.7%	66.7%	65.4%	71.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	98.2%	98.2%	98.3%	98.6%	98.6%	98.8%	>=80%	82.6%	81.9%	83.1%	84.2%	85.7%	87.2%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	85.0%	85.0%	86.4%	88.0%	88.0%	84.0%	>=80%	82.3%	80.6%	84.4%	85.0%	87.0%	87.9%
Prevent	Improving Care	Well Led	LJ	>=80%	98.2%	98.2%	97.4%	97.6%	97.5%	97.5%	>=80%	95.3%	95.1%	94.2%	93.2%	94.0%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	95.4%	95.4%	95.1%	94.7%	95.0%	92.3%	>=80%	93.5%	93.3%	92.4%	90.3%	90.0%	87.0%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	96.4%	96.4%	95.9%	95.3%	96.0%	94.7%	>=80%	89.2%	89.0%	88.9%	87.7%	87.9%	86.5%
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	7.7%	7.7%	7.6%	7.7%	7.8%	7.5%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	8.2%	7.4%	7.5%	7.3%	9.4%	5.3%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21		23.1%	28.6%		
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%			2.4%	3.7%		
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	77.5%	79.4%	80.9%	79.5%	80.9%	80.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	72.6%	72.7%	74.2%	70.4%	70.6%	66.4%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	92.1%	89.5%	93.0%	91.6%	92.1%	91.9%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21			82.0%	81.4%	86.9%
Equality and Diversity	Resources	Well Led	LJ	>=80%						
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	94.9%	93.8%	94.4%	93.5%	93.4%	92.8%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	88.3%	87.8%	90.1%	92.3%	93.3%	93.6%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	84.6%	86.3%	87.8%	86.1%	82.3%	82.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	41.2%	39.9%	55.7%	63.7%	69.0%	75.5%
Information Governance	Resources	Well Led	LJ	>=80%	90.7%	90.1%	90.8%	88.7%	88.8%	89.6%
Moving and Handling	Resources	Well Led	LJ	>=95%	86.7%	85.7%	85.5%	84.5%	81.0%	68.9%
National Early Warning Score 2 (NEWS2)	Resources	Well Led	LJ	>=80%	98.0%	97.2%	96.9%	96.9%	96.6%	96.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	N/A	50.4%	59.1%	60.6%	60.6%	69.2%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	87.8%	86.1%	88.5%	87.8%	87.8%	89.5%
Prevent	Health & Wellbeing	Well Led	LJ	>=80%	85.1%	83.6%	85.5%	85.0%	85.2%	86.3%
Safeguarding Adults	Improving Care	Well Led	LJ	>=80%	94.9%	94.1%	93.5%	92.9%	94.2%	93.0%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	90.3%	88.9%	89.6%	87.2%	87.1%	87.1%
Bank Cost	Quality & Experience	Well Led	LJ	>=80%	87.0%	85.9%	87.2%	85.9%	87.6%	88.2%
Agency Cost	Resources	Well Led	LJ		Data unavailable at the time of producing this report					
Overtime Costs	Resources	Effective	LJ							
Additional Hours Costs	Resources	Effective	LJ							
Sickness Cost (Monthly)	Resources	Effective	LJ							
Vacancies (Non-Medical) (WTE)	Resources	Effective	LJ							
Business Miles	Resources	Effective	LJ							

Appendix 3 - Statistical Process Control (SPC) Charts Explained

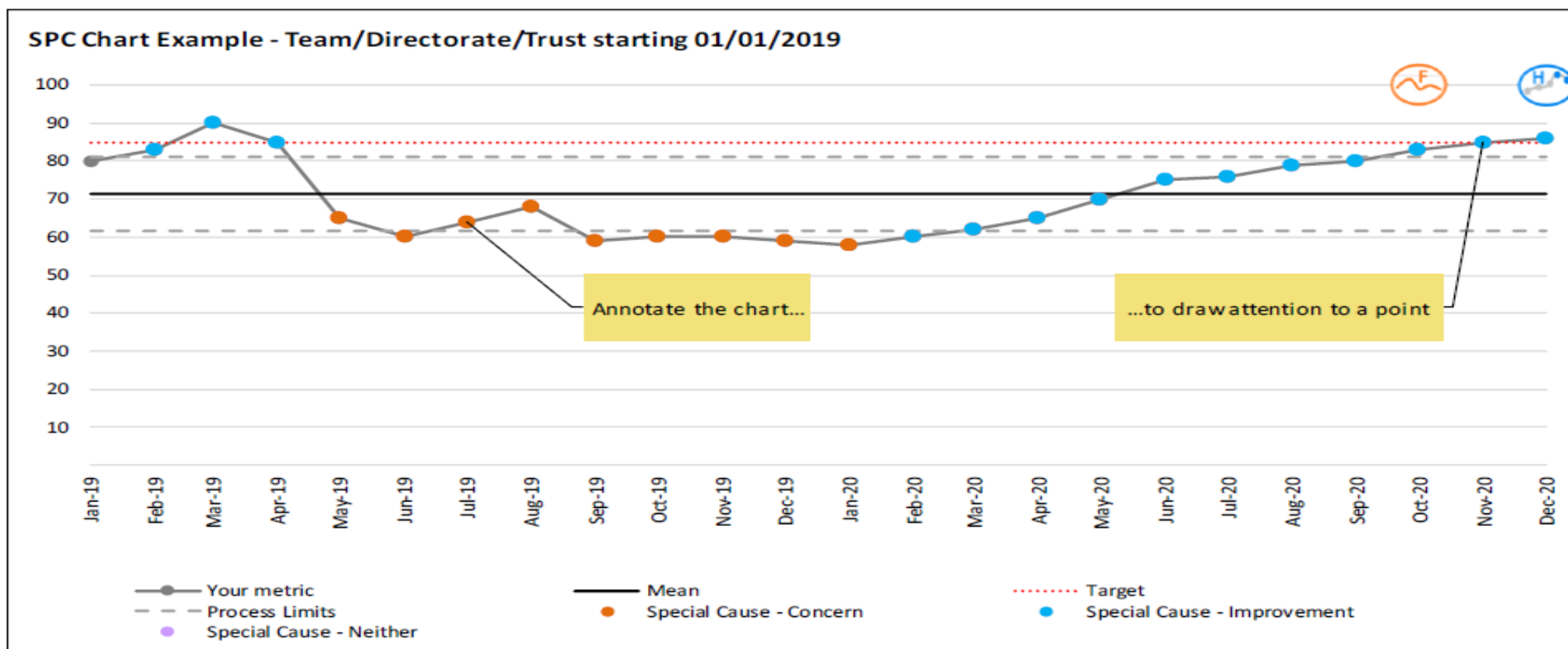
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 3 - Statistical Process Control (SPC) Charts Explained



Observations

Based on the data from latest calculation date (data point 1 - 01/01/19).

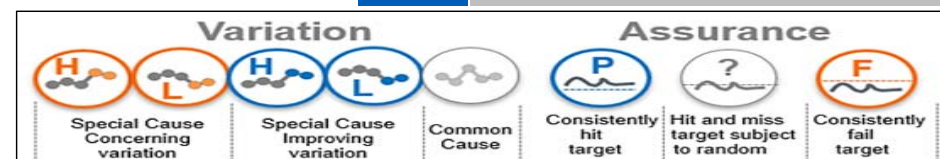
Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control.

Glossary

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

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

SPC Chart Icon Summary



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

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