NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

February 2022

With **all of us** in mind.

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Introduction

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

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

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	Dec-21	Jan-22	Feb-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		3	2	1			Sadly in February there was one apparent suicide where the person had an open referral to the Trust at the time of their death. This has been reviewed at the Trust Clinical Risk panel and a level of investigation has been determined. 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		14.4%	15.3%	14.3%			BAME population 13%
Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities	1a. Cardio metabolic assessment & treatment - Inpatient		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%	51.1%	52.3%	52.2%			February data is provisional and will be refreshed in April 2022.
	3. % service users on CPA followed up within 7 days of discharge	95%	98/102 =96.1%	78/82 =95.1%	72/75 =96.0%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	94.2%	93.0%	93.9%			Of the 6.1% that have not had a review recorded in 12 months, 26% are due to the review being marked as 'unvalidated' and a further 18% have had their review in 13 months. 29% have had no review recorded.
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	85.1%	81.1%	71.6%			Q3 total is 88%. January and February data is provisional at the time of producing this report and will be refreshed in April 2022. Staff shortages are impacting on performance and therefore the year end forecast has been regraded.

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

Below we have set out progress against key milestones for areas of focus for those priority programmes that has taken place throughout Q4. This only covers those priority areas that are being supported and managed as a programme of work. It does not reflect the breadth of improvement/change work happening on all priority areas or those that are being supported at a more local level in line with our integrated change framework.

Implementation deliverables

🟢	On Target to deliver within agreed timescales
🟡	On Trajectory but concerns on ability/confident to deliver within agreed timescales
🟠	Off Trajectory and concerns on ability/capacity to deliver within agreed timescales
🔴	Action will not be delivered within agreed timescales
🔵	Action Complete

Improve health (Salma Yasmeen and Sean Rayner)

Key Milestones	
1. Creativity & Health: Testing and evaluation completed with the proof-of-concept app in place by February 2022.	🟠
2. Creativity & Health: Partnership working with the National Centre Creativity & Health to map and analyse health sector investment in creative projects to inform sustainability plan by 31st March 2022.	🟢
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	🟢
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 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 & Administrative support in post; Quality Lead commenced 7/2/22; Business Intelligence post being recruited.	🟢
6. Community mental health transformation: Work on describing the models in a consistent way has commenced. Programme leads drafting key information which will then be collated into summary communication of the models – March 2022	🟡
7. Community mental health transformation: Recruitment to Additional Roles Reimbursement scheme (ARRs) roles - proposal has been agreed for phased recruitment through 2022. Recruitment of phase 1 now in progress.	🟢

Comments:
Creativity and Health: The original timescale for testing and evaluation was to be completed by end November 2021. However, timescales have been adjusted due to delays during development. We have now received the proposed branding and a workable version of the proposed app for consideration. It is likely the proof of concept app will be in place at the end of March 2022.
Work is continuing in partnership with the National Centre of Creativity and Health (NCCH) to analyse health sector investment in creative projects, to inform sustainability plans and the development of West Yorkshire and Harrogate Creativity Hub. The end of November 2021 timescale was revised due to delays in obtaining all required information, and the plan will now be delivered by 31st March 2022. Meeting with the WY&H ICS Senior Leadership Executive has been delayed until April 2022 to allow time for a longer discussion with partners.

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 following a presentation given by 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 with planned activities for April 2022.

ICS and Partnership developments:
Much of the focus in January and February has been on the response to the Omicron variant and supporting the vaccination programme. SWYPFT staff have supported this work in all of our localities, in particular Barnsley where we have additionally supported the Covid vaccination of 12-15year 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 Trust continues to work with partners in each of its places to support the development of place-based arrangements in response to the white paper and related national guidance. 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. Collaborative planning sessions have been taking place to focus on current gaps in Long Term Plan trajectories, indication of the priorities for 22/23 and identification of opportunities for collaborative working across the system. The Assessment and Treatment Unit in Bradford governance is moving under the remit of the Specialised Services Programme Board as it becomes part of the Provider Collaborative programme in March. The Transforming Care Programme in West Yorkshire have commissioned an all-age autism deep dive to research the support for autism and current experiences across each place and the wider system, and to look for where improvements can be made.

In South Yorkshire, partners have continued to meet to develop the Mental Health, Learning Disability & Autism Alliance. We have also continued to work with the Barnsley Health Care Federation to develop a draft Alliance agreement, building on the initial Memorandum of Understanding to strengthen integration between community and primary care services. This was submitted to Trust Board in January for consideration.

West Yorkshire Forensic 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, and recruitment is underway for the Clinical Lead post. The Trust Collaborative Committee is being established.

Community Transformation: In early 2022, the ICS in West and South Yorkshire have been pulling together the planning submissions for year 2 funding and resourcing for the transformation models in each place. Risks of transformation have been identified (as with other external recruitment activities) recruiting from a limited number pool of health care professional staff when existing systems face workforce challenges, winter and covid pandemic pressures. A plan has been put forward to carefully phase recruitment throughout 2022, and the initial round of jobs are now going out to advertisement. Although the phasing plan has been put in place, early results of the recruitment processes do suggest that this will call on staff from across our existing service lines in SWYPFT.

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

Improve Care

Priority programme	Metrics	Threshold	Dec-21	Jan-22	Feb-22	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	21	20	27		N/A	
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	25	13	46		N/A	Positive improvement in incident reporting and further work continues around continuing to improve documentation.
	4. Safer staffing fill rates (%)	90%	108.9%	111.2%	112.2%			
	5. Number of children & young people in adult wards	0	0	0	0			We have now entered a period of special cause improving variation regarding the number of beds days for children and young people in adult wards following the 6th consecutive report of 0 bed days.
	6. Staff absence due to Covid-19		49	30	48			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		37	41	19			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)		385	431	280			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)		155	125	238			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)		214	197	209			Higher referral numbers, including eating disorders
	3. Friends & Family test - CAMHS	80%	76.6%	87.5%	77.8%			72 responses in February
	4. Forensics staff sickness	<=5.4%	5.8%	5.8%	5.6%			YTD sickness
	5. Forensics staff turnover		15.8%	16.0%	15.0%			Registered nurses turnover
	6. Race related incidents against staff in forensics		15	8	12			There were a total of 35 race related incidents against staff reported between December 2021 and February 2022, occurring in Forensic
Safely deliver and restore inclusive services locking in innovation	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	90.6%	87.4%	92.8%			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%	96.7%	88.8%	97.8%			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%	93.8%	93.7%	95.2%			This mostly relates to IHBT and liaison services
	2a. Average contacts per day - Core mental health		203	229	236			Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months).
	2b. Average contacts per day - intensive home based treatment team		123	127	115			Pre Covid-19 - 154 (October 2019 which is representative of the following 6 months). The Quality and Governance Lead reviewed the drill down information. This indicated that although the average number of contacts with service users over the last three years has fallen slightly, the length of contact time has increased significantly. This means that the amount of time spent providing assessments and interventions has increased, which supports the service reported increased acuity of the teams caseloads. It is still likely also that vacancies and covid absences will have had an impact upon staff availability and capacity.
	2c. Average contacts per day - Learning disability community		109	109	115			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		662	621	666			Pre Covid-19 - 710 (Average from September 2019 to January 2020)
	3. Access representative of community population		6.4%	6.4%	6.4%			Percentage of BAME population on caseload. BAME population for the areas the Trust covers - 10%

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

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: 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)	green	**Recovery and Reset:** • Roll out of the Enabling Working Effectively (EWE) framework continues in line with the implementation plan revised in organisational response to the Covid pandemic and winter pressures. Initial engagement sessions have been held with the services identified as early adopters. Resources to continue supporting these services will need to be considered post March 2022 depending on implementation model and pace. • 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 received over 600 responses so far. The rich feedback provided was used to support the discussions had with services attending the initial engagement events, and is intended to be used by services and teams to support reshaping of service provision and ways of working.
2. Recovery and Reset – Operational recovery and reset: Dashboard developed to support inclusive operational service recovery and reset (January – July 2022)	green	
3. Care close to home: Review of priorities and plan for 2022 has taken place in February 2022 and priorities for 2022 are now agreed.	blue	
4. Care close 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 and cease them in September.	blue	
5. 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.	green	**Older People Inpatient Services Transformation:** Work is continuing toward the delivery of the outline business case for the proposals, and the formal consultation and costs have been established for Crofton enhancement options. These have been appraised and considered by the steering group in February 2022. However, issues have been raised in relation to the availability of capital over the next two financial years and also the size of the wards in these designs. Further consideration is being given by the steering group through the period of March 2022. A timeline is now being established for local governance and approval process required prior to formal consultation and planning meetings are taking place through February and March 2022 to plan pre-consultation engagement activity scheduled for commencement in the Spring.
6. 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.	green	
7. Improve services for people acutely unwell and improve ward environment: work on quality improvement (QI) is continuing across the wards, particularly on Nostell Ward and Beamshaw. Theming and identification of potential improvement activity is now being progressed, though more creative approaches to QI are now being considered due to ongoing staffing challenges on the wards. Support to the reducing restrictive practice initiative (RRPI) is scheduled to commence in March on Ashdale and Elmdale wards.	green	**CAMHS improvement Neurodevelopmental waiting lists (Calderdale and Kirklees):** The focus for the project is moving onto establishing the enhanced service and the project team has developed a plan for activity over the coming months. Work is now nearly complete on estates and locating the Kirklees service primarily at the Princess Royal site. The aim was initially to be operational at that site by early November, but works have taken longer than expected and although the site is now operational there remain some IT challenges. 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.
8. 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. Site visits to Nostell and Stanley wards have taken place on the mealtime programme. Live musician has been confirmed to support the music in care activity.	green	**Inpatient Improvement:** Work is now progressing across several strands in this programme. Key focus areas are workforce, skills, wellbeing and pathways. Several wards are involved in quality improvement activity, including Nostell and Beechdale, who are working towards defining specific improvement projects, and Ashdale and Elmdale wards have been identified as sites to work with the Improvement Academy on Reducing Restrictive Practices from March 2022. An outcomes framework is in development.
9. 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 is taking place. Other activity to be mainstreamed into the wider programme plans (January –April 2022)	yellow	
10. 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 is taking place (February – April 2022).	green	
11. Older People Inpatient Services Transformation: Briefing paper produced and informal conversations with Overview and Scrutiny Committee Chairs to take place. Further consideration to take place in CCGs exec governance though this had been delayed slightly due to recent operational priorities and pressures. Plans now being established for a pre consultation engagement event in Spring 2022	yellow	
12. Older People Inpatient Services Transformation: Finalise and secure agreement for the outline business case for change. Spring 2022.	yellow	
13. Older People Inpatient Services Transformation: Develop collateral required to deliver formal consultation. Timing of commencement of formal consultation has yet to be confirmed but will follow the pre consultation engagement event. Work has now recommenced on developing collateral and a partnership task and finish group is reviewing material that has been developed by the programme through March and April 2022.	green	
14. CAMHS improvement- Neurodevelopmental waiting lists (Calderdale and Kirklees): Princess Royal site update: In the last update we reported that further delay to refurbishment work and the site meant it may now be February before work is complete. While the site now ready from an estates perspective and assessment will be delivered from April 2022, there are ongoing delays with access to the SWYPFT network via the Virgin Media link. A workaround will mean that staff working on the site will be able to access the network via VPN.	yellow	

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

Improve resources

Priority programme	Metrics	Threshold	Dec-21	Jan-22	Feb-22	Trend	Year end	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£1.2m	£1.2m	£0.1m		£6.8m	In February the surplus was £0.1m and the year to date position is a surplus of £6.8m 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. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£77.4m	£77.7m	£81.5m		£76.5m	The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. This is forecast to reduce in March as a number of large payments will be made such as PDC (PublicDividend Capital) which is only paid every 6 months.
	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%	5.3%	5.3%			
	2a. Percentage of video consultations		2.0%	2.6%	2.4%			Slightly lower than national averages.
	2b. Percentage of telephone consultations		32.0%	34.2%	31.7%			Both video and telephone contacts have reduced and face to face contacts have typically increased compared to earlier months as services increase the face to face activity.
	2c. Percentage of face to face consultations		66.0%	63.2%	65.9%			
	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.	RED	**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. 22/23 Capital allocation provision of (£250k) needs to be confirmed and project resource to be identified.

Trust Email platform accreditation (NHS Digital dependencies): Decommissioning activities for NHSmail accounts is underway and Trust staff ceased use of NHSmail accounts from 28th February. Trust staff's NHSmail accounts are going through the decommissioning process with NHS Digital and this will be completed in March 2022.

IT Services re-procurement: Responses to the invitation to tender are currently undergoing evaluation and clarification with respondent suppliers.

Information Sharing: The information sharing and data protection assurance documents have been approved as part of the YHCR governance process to move forward the Trust's ability to consume YHCR data from within the Trust's Viper360 clinical portal (PORTIA). Discussions ongoing regarding the establishment of a minimum viable product (MVP) for a Barnsley Shared Care Record, indicative timeline revised to 31 March 2023 centrally and it has been agreed that the YHCR will form the basis of this capability. Discussions ongoing with acute partners regarding improving access to respective electronic care record systems and to enable ICE (results reporting) integration with SystmOne.

Digital Inclusion: Digital inclusion template setup on SystmOne based on questionnaire devised by Dr Abida Abbas, Trust Chief clinical infomration officer (CCIO). This has been established in the SystmOne demo/test environment and feedback following review has been positive. Final template amendments are being made prior to introduction into live SystmOne operations.

Cyber Security: Annual cyber penetration test scheduled completed January 2022, annual cyber table-top exercise completed in February 2022 as planned. Cyber Essentials Plus re-accreditation (annual) scheduled for completion mid-March 2022.

Finance: Confirmation of the various commissioner investments in place. We continue to monitor forecast spend against each and continue to develop alternatives to ensure that the investment is appropriately utilised. This is reviewed on a monthly basis.
H2 approved plan in place and performance managed against.

Financial Sustainability Plan: Further work to develop a three-year sustainability plan and a refresh of the previous plan is required and regular updates are scheduled for OMG, EMT, FIP and Trust Board over the coming months. Timescales will be revised accordingly. |
2. Trust Email platform accreditation (NHS Digital dependencies): Email accreditation penetration test completion June 2021, communications plan and review panel June/July2021 and accreditation achieved – July/August 2021.	BLUE	
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.	GREEN	
4. Information Sharing: Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2 2022	GREEN	
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.	GREEN	
6. Digital Inclusion: Technical Feasibility (in collaboration with WY&H ICS).	GREEN	
7. Finance: Update of recruitment and implementation against investment. To be updated monthly.	GREEN	
8. Financial Sustainability Plan: 3 year financial sustainability plan by 31.12.21 with review of previous financial sustainability plan scheduled to be completed by 31.08.21	AMBER	

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

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Dec-21	Jan-22	Feb-22	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1a. Sickness absence	4.5%	4.8%	4.7%	4.8%			Non Covid-19 sickness has increased in the last three months
	1b. Sickness absence (including Covid-19)		6.7%	8.7%	6.4%			
	2. Staff turnover - YTD	10%	13.8%	13.6%	13.2%			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		0.9%	1.3%	1.1%			
	3a. Clinical supervision	>=80%	69.3%	Due April 2022				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. The year end forecast has been amended to amber to reflect current situation and forecast year end position.
	3b. Appraisal	>=95%	56.0%	Data unavailable	64.9%			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	101	71	66			
	5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment	80%	2020 survey - 71.8% Awaiting results of recent survey					Increased from 65.6% in 2019
	5b. Staff survey - % staff recommending the Trust as a place to work	65%	2020 survey - 69.0% Awaiting results of recent survey					Increased from 61.5% in 2019
	6. Cases of bullying & harassment		0	0	1			A joint task group between human resource and staff side has been established to review the policy, our approach and to identify appropriate measures.
	7. Absence due to stress & anxiety and MSK		2.7%	2.6%	2.7%			
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds		1.06	1.09	1.10			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	53	54			Data is now available showing the carbon impact of staff travel / business miles. For February staff travel contributed 54 tonnes of carbon to the atmosphere a year on year increase of 12 tonnes but 12 tonnes lower than 2019.

Glossary

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

NHS South West Yorkshire Partnership NHS Foundation Trust

Make this a great place to work (Lindsay Jensen)

Key Milestones		Comments:
1. Feeling Safe (Physical and Psychological and Safety): Preventing bullying and harassment - Redesigned Bullying and Harassment Policy Q3 2021/22 - Panel to review all race-related bullying and harassment Q2 2021/22	🟧	**Great Place to Work Themes:** • Working in partnership to review Bullying and Harassment procedure with an engagement plan actioned and insight from staff gained to influence the process. Just Culture approach is being built into this work. • Progress on reviewing the early resolution process has commenced and will continue over the next 3 months. • A clear information document is being developed to provide staff with clear signposting for speaking up, raising concerns and accessing support. This will be published Q1 22/23.
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	🟨	• International recruitment – 8 nurses have joined us. External agency factors have affected supply (e.g. exams and entry requirements). • Virtual Fairs – two further fairs scheduled for West Yorkshire (Apr/Jun). The first South Yorkshire event is scheduled for May. • An Inpatient Priority Task and Finish Group has been established in March to identify recruitment initiatives to support current workforce pressures.
3. Supportive Teams (Healthy Teams): Effective and Compassionate Leaders - Start rollout of 'Great Place to Work' programme (GP2W) across Trust Q2 21/22 following successful pilot with senior leaders - Start review and refresh of principles of Trust-wide leadership model (Trios) in Q3 2021/22	🟧	• GP2W programme is now progressing and the 1st full day workshop is scheduled for 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). Interviews were held early March for a physiotherapist and RMN; both roles have been successfully appointed to. Through increased recruitment, waiting times for OH continue to reduce.
4. Supportive Teams (Healthy Teams): Quality appraisal and supervision - Streamline appraisal process and develop link to e-supervision Q2 2021/22	🟨	• Managers and staff continue to have appraisals up to 31 March 2022 deadline. Managers are being actively supported to undertake and complete appraisals. • Following discussion with Nursing, Quality & Professions colleagues, the current system for recording clinical supervision is being retained.
5. Keeping Fit and Well (Staff Wellbeing): Enhanced Occupational Health support - Enhanced Occupational Health offer linked to recovery and long Covid Q1 2021/22	🟨	**Sustainability:** The Trust has agreed that we will develop a Social Responsibility and Sustainability Strategy which covers a wider definition of sustainability including the cultural and behaviour change which will be required and the role that the Trust will play in places and across the Integrated Care System.
6. Developing Potential (Investing in the future): Supported personal and professional development plans - Personal development for all staff who have completed appraisal Q2 21/22 - Learning needs analysis linked to personal development plans Q2 21/23	🟨	The Trust have tendered for external support and expertise to develop the co-produced strategy and awarded the contract for this work to Wordfern. Wordfern commenced this work on the 7th February, supported by a change improvement manager seconded for 3 days a week. The work is progressing well with structured conversations taking place with staff and partners. A new post of Sustainability Manager has been agreed within the investment priorities for 2022/23.
7. Sustainability: Additional staff resource for Trust Sustainability Plan to be agreed by end of Q3 2021/22	🟦	

Glossary			
BAME	Black, Asian and Minority Ethic	GPTW	Great place to work

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

Quality
• The majority of quality reporting metrics continue to be maintained.
• The number of restraint incidents was 147 in February, a decrease from 187 in January.
• There were 10 information governance breaches reported in February, an increase from 8 in January.
• The number of inpatient falls was 49 in February, the same as previous month.
• Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks was 71.6% in February against a target of 90%, a decrease from 81.1% in January.
• Numbers waiting over 4 weeks for assessment for CAMHS have increased in February to 238 from 125 in January.

NHSI Indicators
• Performance against national reported targets remains positive.
• Percentage of service users waiting less than 18 weeks remains above the target threshold at 99.4% a further improvement from 98.7% in December.
• The percentage of individuals completing IAPT treatment who have moved to recovery is 52% compared to the 50% target.
• Out of area bed usage decreased in February to 280 days from 431 days in January.
• There were no young people under the age of 18 on an adult ward in February, for the sixth consecutive month.

Communications, Engagement and Involvement
• Coronavirus updates continue weekly to all staff and governors.
• Staff wellbeing initiatives continue to be promoted.
• Excellence awards 2022 shortlist has been announced, and a celebration is planned for April.

Inequalities
• The Trust has developed an equality dashboard and metrics in line with national guidance.
• 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.

Locality

• 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. However, out of area bed usage has remained at higher levels than during 2020/2021.
• Ongoing refurbishment works in Barnsley inpatients are progressing well.
• Mental health community teams are experiencing significant workforce challenges, supported by Trust-wide work on recruitment and retention.
• ADHD referrals continue to increase and, and autism referrals remain higher than pre-pandemic
• Pathway changes have been made in ADHD to increase capacity to meet demand, and a business case submitted to support further increased capacity.
• The Trust has received non-recurrent investment from Calderdale CCG to develop a single point of contact to determine clinical appropriateness of referrals for adults with ADHD and/or Autism.
• Within forensics, bed occupancy at Newhaven remains below target. Newton Lodge occupancy has increased and is now within target.
• The forensic BDU will be rolling out a trauma-informed model with a specific staff development package having been developed by the psychology department
• The percentage of children treated within 18 weeks in core CAMHS remains challenging, with the position in Wakefield being particularly under pressure.
• Waits for children's neuro-developmental diagnostic assessments in Kirklees have continued to increase and implementation of agreed waiting list initiatives continues.
• Within the Assessment and Treatment Unit, delayed transfers of care (DTOCs) are impacting on patient flow and resulting in the ability to admit, and work is ongoing to address patient flow at system level.
• In Barnsley, there has been significant increase in referrals to services, particularly dietetics and weight management and work is ongoing to look at ways to meet demand.
• An external provider is supporting the delivery of Adult Speech and Language Therapy, in order to manage demand, which is working well.

Priority programmes

• Recruitment of phase 1 of the community mental health transformation programme is in progress and a phased recruitment plan for 2022 has been developed.
• Preparatory work for the creation of statutory body integrated care systems continues and the Trust are an active part of these discussions.
• Work has progressed to implement CAMHS neurodevelopmental waiting list initiatives (Calderdale and Kirklees) and assessments are planned to be delivered from the Princess Royal site from April.
• IT Services re-procurement is underway.
• An Inpatient Priority Task and Finish Group has been established in March to identify recruitment initiatives to support current workforce pressures.
• International nurse recruitment continues with further cohorts planned to arrive each month.

Finance
• A £0.1m surplus was recorded in the month, taking the year-to-date position to a surplus of £6.8m, excluding exceptional items such as property sales and asset revaluations. Our forecast year end surplus is £7.1m excluding exceptional items.
• Pay costs were £17.2m in February.
• Agency expenditure was £760k in February, an increase from £643k in January.
• Out of area bed costs were £641k in February, an increase from £604k in January. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels.
• Capital expenditure of £4.6m 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 £81.5m. This is forecast to reduce in March as a number of large payments will be made such as PDC (Public Dividend Capital). Year end forecast is £76.5m.

Workforce
• Staffing levels have continued to be challenging, with OPEL 4 for staffing being enacted in several areas, and remain under constant review.
• Staffing on five wards, one less than the previous month, fell below the 90% overall fill rate threshold in February. Staffing on one ward fell below the 80% threshold.
• Significant efforts are underway to address our current staffing pressures.
• Non Covid-19 sickness is 4.8% in February, against a threshold of 4.5%.
• Forensic staff sickness is 5.6% against a threshold of 5.4%.
• Staff turnover is 13.2%, against a threshold of 10%.
• 94.5% of staff are recorded as having been double vaccinated. 50.7% 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, with 5 service areas now operating at level 2.
• Trust Silver and Gold command structures are meeting once a week.
• National guidance continues to be monitored, reviewed, and adopted.
• The Trust flu vaccination programme ended at the end of February. 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) individuals are 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
• 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 and 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 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
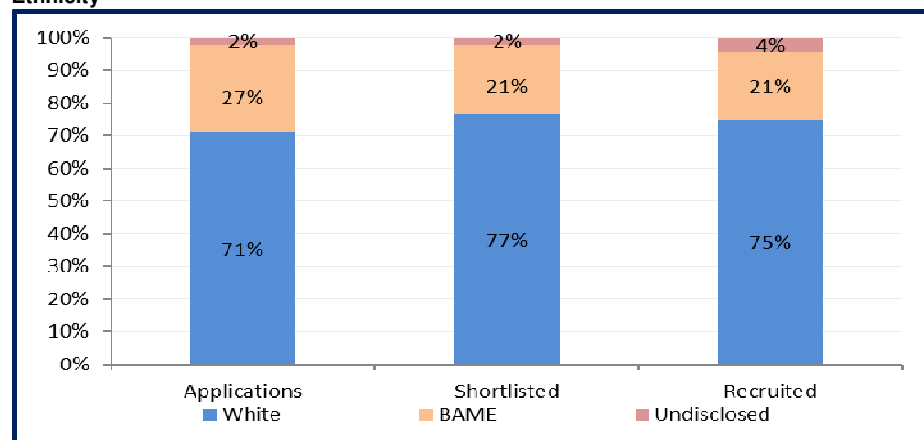
Disability
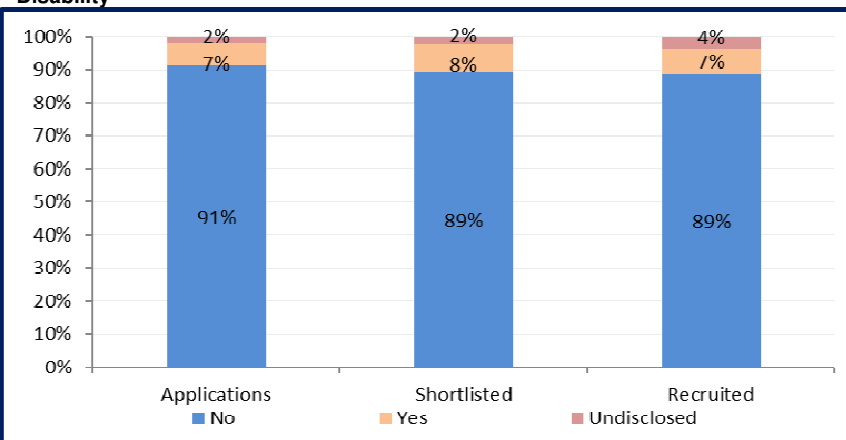
Reducing Inequalities

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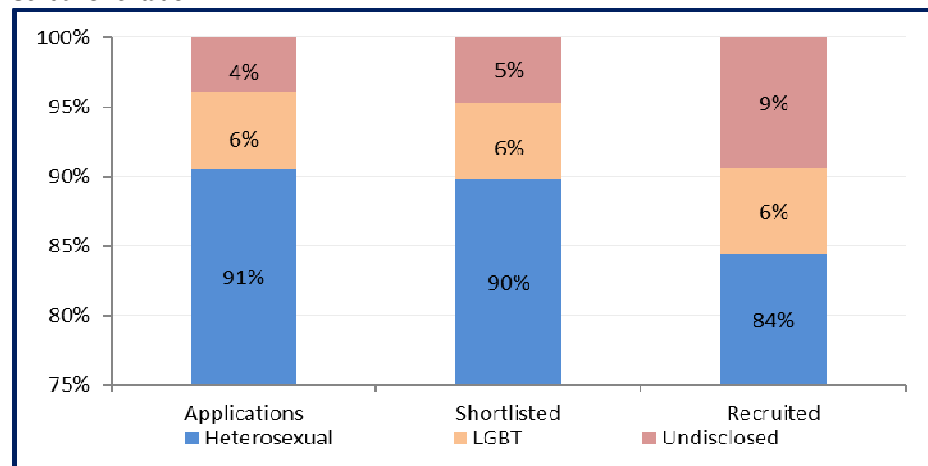
Relatively likelihood of being appointed
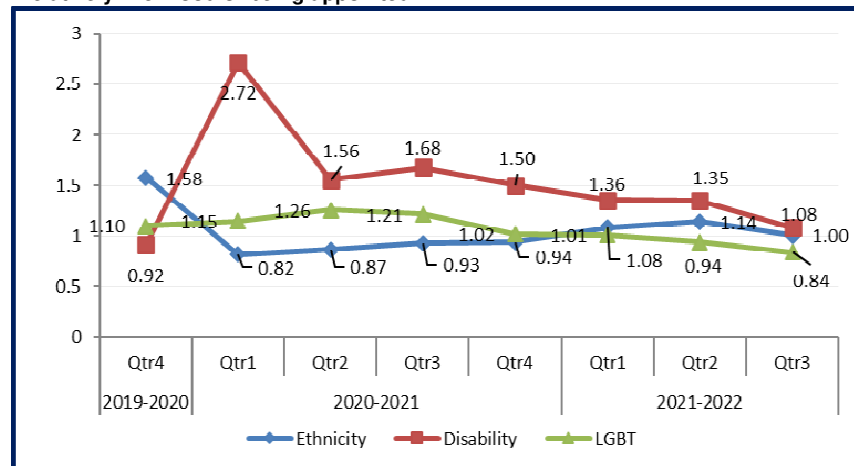
Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 = less likely to be appointed; Lower than 1.00 = more likely to be appointed

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 by disability.
• Sexual orientation - the chart shows the three stages of the recruitment process broken down by sexual orientation. The last 12 months of data shows 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 in 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

NHS South West Yorkshire Partnership NHS Foundation Trust

Reducing Inequalities

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

Ethnicity

- Not Recorded/Not Stated 6%
- BAME 6%
- White 88%

Disability

- Disabled 12%
- Not Disabled 27%
- Not Recorded/Not Stated 61%

Deprivation

Category	Value (approx.)
Not Recorded/Unknown	~2000
10 (10% least deprived)	~1500
9	~4000
8	~7500
7	~6000
6	~7000
5	~10500
4	~12500
3	~17000
2	~24500
1 (10% most deprived)	~27000

(x-axis: 0, 5000, 10000, 15000, 20000, 25000, 30000)

Sexual Orientation

- Heterosexual or straight 47%
- LGBTQ+ 1%
- Not Recorded/Not Stated 52%
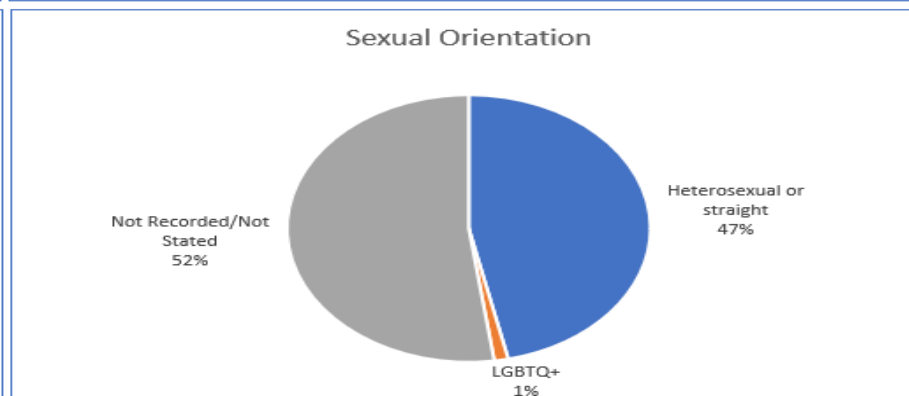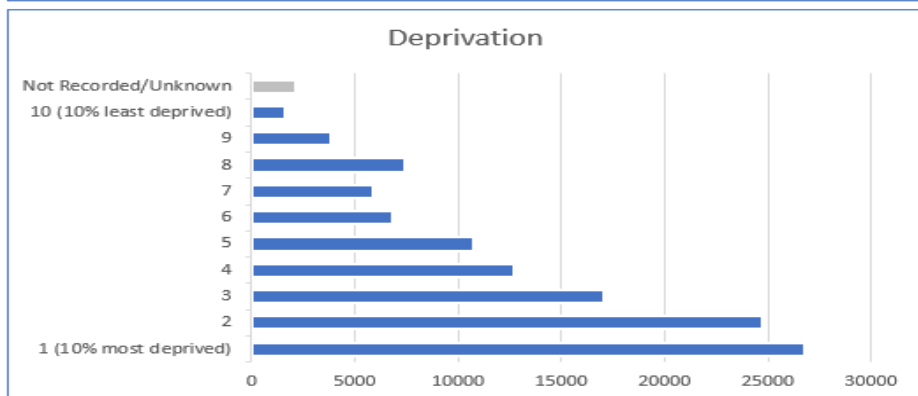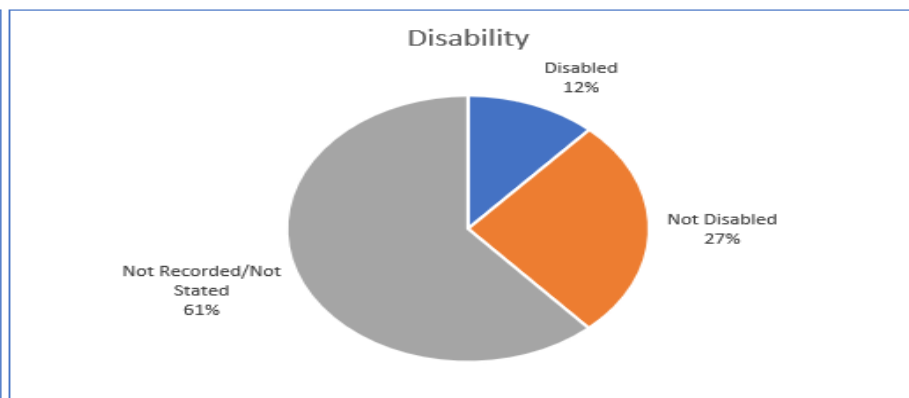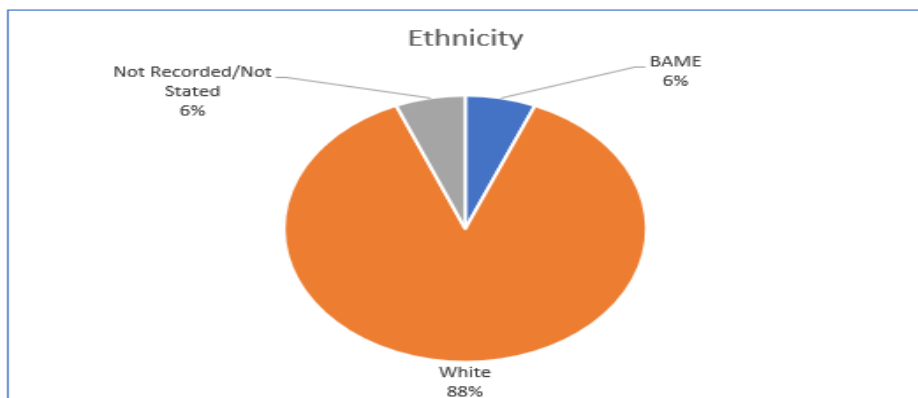
Notes:
- Only 6% of referrals into services this year were for BAME individuals. Recording of ethnicity is good, with just 6% not recorded or not stated.
- 12% of referrals were recorded as having a disability. Only 1% were recorded as LGBTQ+.
- 43% of referrals came from the 20% most deprived areas (Core 20: Indices of multiple deprivation).

Reducing Inequalities

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

Ethnicity

- Not Recorded/Not Stated 3%
- BAME 17%
- White 80%

Disability

- Disabled 8%
- Not Recorded/Not Stated 38%
- Not Disabled 54%

Deprivation

(Horizontal bar chart, admissions by deprivation decile)

- Not Recorded/Unknown
- 10 (10% least deprived)
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 (10% most deprived)

Axis: 0, 50, 100, 150, 200, 250, 300, 350, 400, 450

Sexual Orientation

- Not Recorded/Not Stated 28%
- LGBTQ+ 2%
- Heterosexual or straight 70%
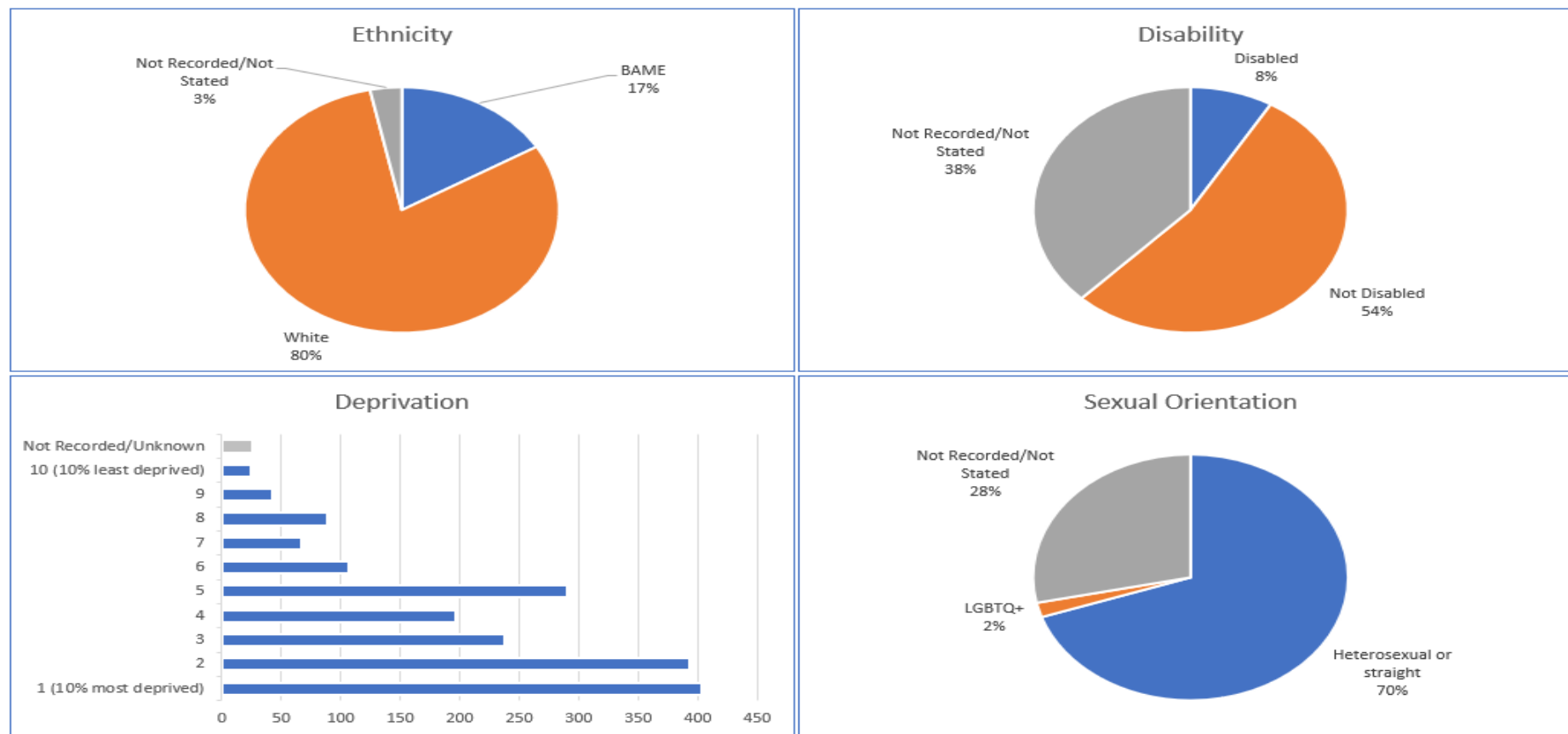
Notes:
- The majority of admissions were for people from a white ethnic background (80%) with 17% BAME. Recording of ethnicity in inpatient areas is good with 3% not recorded.
- 8% of people admitted were recorded as having a disability and 2% recorded as LGBTQ+.
- 42% of admissions were from the 20% 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 18-Nov	Approx days stock as at 02-Dec	Approx days stock as at 13-Jan	Approx days stock as at 10-Feb	Approx days stock as at 10-Mar
Surgical masks	21	16	23	42	31
Respirator masks	55	52	78	73	71
Aprons	18	15	24	20	17
Gowns	127	124	122	119	114
Gloves	16	12	15	17	18
Visors	24	24	31	33	32

Testing

KPI	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
No of Service users Covid-19 positive and now recovered	2	0	0	10	23	5	6	37	28	13
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	6
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	0	0	1	1	1	0	0	0	0
No of wards with outbreaks	Reporting commenced in August 2021			4	5	2	2	10	8	1

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

Patient testing & pathway/Outbreak response & management

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

To date 75% (101) of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission) and 3% (4) cases hospital onset probable healthcare associated (a positive specimen date 8-14 days after admission). Most of these cases were linked to inpatient outbreaks.

Outbreaks are an agenda item on Silver Command meetings.
Each outbreak has an Outbreak Management Team established.
Datix completed
Each outbreak has a specific report and action plan. This is reported through ward management, BDU governance and clinical governance processes.
Situation background assessment recommendations (SBARs) are produced from outbreaks, breaches and incidents, inform on areas for improvement.
A piece of work in being undertaken to improve admission COVID19 compliance. This will include an assurance report.
Inpatient vaccination offer is being actioned and reviewed through the Vaccination Bronze Group.
Hard copies of COVID-19 useful information is being produced for easy access for inpatient wards.

Covid-19 response

Testing approach
Current position
Patients:
• Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
• Inpatient asymptomatic 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. Patients are also re-tested on their return if they leave the ward or unit over a 24-hour period.
• Also testing takes place for some patients on treatment pathways e.g. planned operation/ treatment/ procedures.
• Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs as required.

Staff
• Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff pre and post-operative and procedures as required
• Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required
• Identified SWYPFT staff are undertaking Lateral flow testing.

Lateral Flow Testing
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. There was an increase in testing again around the schools half-term holidays.

Going forward we may see a decrease in numbers of people reporting LFT test results due to difficulty obtaining Lateral Flow Devices, with most pharmacies no longer providing them and limited availability via the national portal.

Latest available NPEX reporting figures are:

Week Ending	Count
06/02/2022	899
13/02/2022	796
20/02/2022	890
27/02/2022	1051
06/03/2022	907

Supporting the system

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

Emergency Preparedness

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

Supporting the system

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

Covid-19 first and second vaccinations
• A total of 5,248 staff have been recorded as having received their first vaccination (96.8%) and 5,120 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.
• At the time of writing this report 299 staff (including bank staff) are not double-vaccinated.

Vaccination	% of Staff
First Vaccination	96.8%
Second Vaccination	94.5%
Booster Vaccination	50.7%

Covid-19 Booster programme
• The Trust continues to ensure representation across place-based discussions and is progressing partnership working for SWYPFT and social care staff – responding to 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 2,748 staff have been recorded as receiving their booster vaccination (50.7%). 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.

Flu Vaccinations

The flu campaign ended at the end of February
66% of all staff have been vaccinated (3387 out of 5133). 711 staff have declined.
70% of frontline staff vaccinated (2403 out of 3409). 514 declined

Emergency Preparedness

Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels
• A number of Bronze groups are now ceasing to meet due to reduced pressures from Covid-19. Operational meetings are still taking place where Covid is discussed as necessary.
• A plan for the command structure to stand down has been recently agreed but timescales to be confirmed. For the interim, silver and gold command meetings will continue to take place once a 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.
• OPEL discussions continue, and review of support services' ability to support clinical services continues.
• West Yorkshire and Humber strategic meetings continue, with a view to monitoring 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.

Excluding Corporate Services

Average OPEL level over time (all service areas)   Includes data up to: 02/03/2022 01:00:16 PM
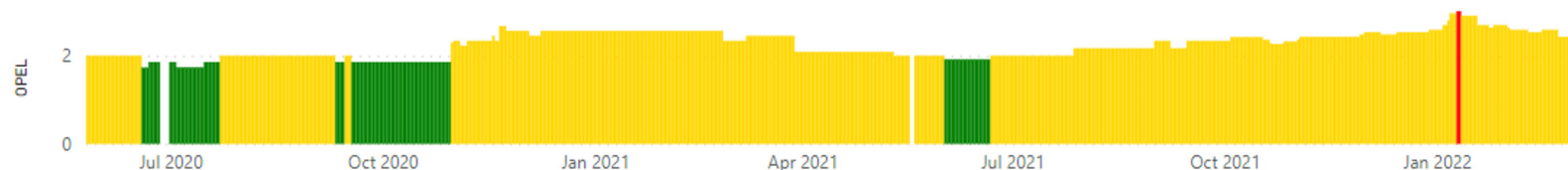
Current average OPEL level
2.63

Including Corporate Services

Current average OPEL level
2.59

Key	
OPEL Level 1	
OPEL Level 2	
OPEL Level 3	
OPEL Level 4	

Quality Headlines

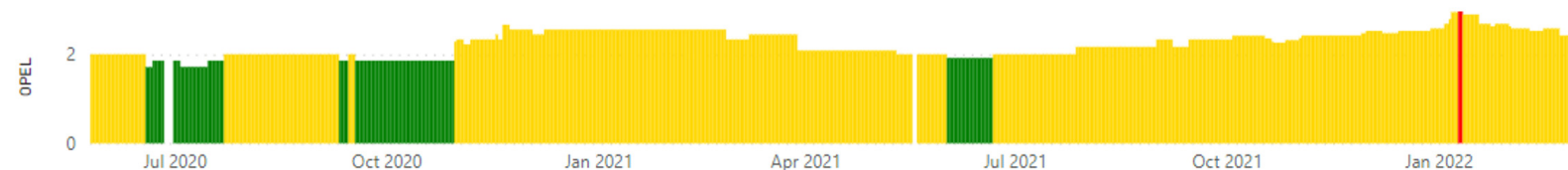| Section	KPI	Objective	CQC Domain	Owner	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.6%	73.9%	73.0%	70.5%	66.6%	62.0%	64.7%	65.4%	65.7%	66.9%	64.5%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	11% 3/27	6% 2/35	19% 7/37	16% 4/25	20% 5/25	14% 4/28	11% 4/35	21% 6/29	16% 3/19	26% 6/23	26% 8/31	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%	84%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	98%	95%	96%	97%	95%	96%	93%	92%	92%	92%	93%	96%	1
Quality	Number of compliments received	Improving Health	Caring	DT	N/A	37	28	22	26	20	16	18	35	18	20	23	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	22	26	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	4	1	2	3	3	0	4	2	1	0	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	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%	38.5%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	7	8	11	11	8	12	9	6	8	8	10	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%	1.9%	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%	74.3%	3
Quality	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%	65.5%	64.4%	3
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1035	1042	1061	1081	1016	1060	1142	1136	1120	1147	890	
	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	16	20	
	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	3	
	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	4	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	118.9%	119.8%	118.5%	115.0%	111.2%	109.7%	112.7%	114.1%	108.9%	111.2%	112.2%	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%	86.2%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	43	32	38	20	22	29	28	21	25	13	46	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	1	3	1	0	0	0	1	0	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	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%	85.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	50	39	41	56	43	70	49	58	62	49	49	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	157	106	170	161	136	166	156	196	197	187	147	
	% 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%	95.8%	84.6%	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	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	0	0	0	0	1
Improving Resource	System Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	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 been seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.

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

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

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

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

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

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

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

Quality Headlines

Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

• Number of restraint incidents - the number of restraint incidents during February saw a decrease compared to the previous month, reducing to 147 from 187. 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 February, which is in line with last month. 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 by exception.
• Duty of candour - 0 breaches in February.
• Our patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) join national and regional patient safety discussions/information sessions and sharing information into the Trust.
• NHS England/Improvement continue to develop their programmes to support the NHS Patient Safety Strategy. There has been some amendment to timescales throughout due to the impact of the pandemic. The current nine NHS England/Improvement priority areas are being progressed locally.
• Patient Safety Incident Response Framework (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 May/June 2022. At that point, NHS England will ask us to begin the transition from the current Serious framework to PSIRF with support tools to do this over a 12 month period. On completion of the 12-month transition, we will go live with the new framework. We continue to keep up to date with developments and prepare where we can.
• Patient Safety Education and training – Health Education England has published the first phase of patient safety training: Level 1 for all staff, Level 1 for Boards and Senior Managers, and Level 2 for those who want to know more, are now available on ESR. We have a project manager working on preparing a paper for the training group and assessing who will be required to complete different levels. Training providers for Level 3 (investigation) has recently been released. Levels 4 - 5 are 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, and is expected summer 2022. Preparatory work is underway to improve the experience on Datix which should assist when we move to this system.

• Number of pressure ulcers (avoidable) - 0 incidences of avoidable pressure ulcers in February.
• Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 40% compared to numbers waiting at end of February 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. Although not all inpatients have had a risk assessment completed within the timeframe, a manual check has been undertaken which has shown that all current inpatients have a valid risk assessment.

Safety First

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).
96% of incidents reported in February 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
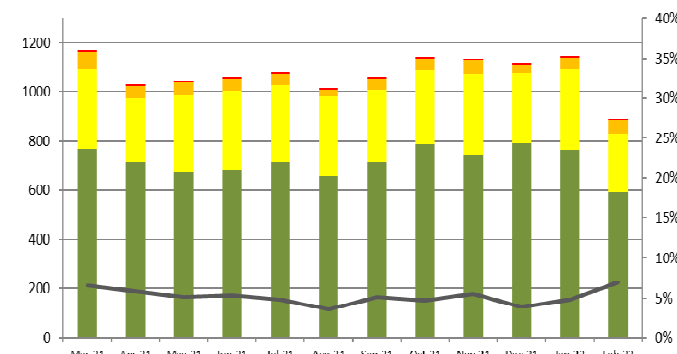
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Red (should not be compared with SIs)	7	7	3	7	7	8	7	6	4	7	6	4
Amber	70	53	50	49	45	28	47	48	59	36	49	58
Yellow	326	261	314	323	315	320	294	298	327	286	328	236
Green	768	714	675	682	714	660	712	790	746	791	764	592
Total	1171	1035	1042	1061	1081	1016	1060	1142	1136	1120	1147	890
Percentage of total that are Red/Amber *	6.6%	5.8%	5.1%	5.3%	4.8%	3.5%	5.1%	4.7%	5.5%	3.8%	4.8%	7.0%

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://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

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

No never events reported in February 2022
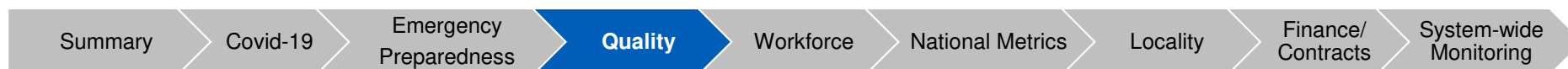
Safety First cont…

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 February 2022:

20 Moderate harm incidents:

13 category 3 pressure ulcers incidents across Barnsley neighbourhood teams

1 physical violence patient on patient in Ward 18

2 self-harm incidents, one in Elmdale, one in Kirklees Early Intervention Team

4 patient falls on Ward 19 (all different patients)

3 Severe harm incident:

3 category 4 pressure ulcers incidents across Barnsley neighbourhood teams

4 Patient safety related deaths:

2 apparent suicides/self-harm resulting in death, under the care of Intensive Home- Based treatment Team, and Enhanced Team South 2 in Kirklees

1 Death where cause of death unknown/ unexplained/ awaiting confirmation - Enhanced Team North 1 in Kirklees

1 Death where cause of death was from physical cause but there are concerns being reviewed (Willow Ward)

Safety First cont…

Mortality

Since the end of January 2022, we have had reduced capacity to process cases for Structured Judgement Reviews (SJR), so no new SJRs have been allocated, or existing cases processed. From mid-March 22, we have recruited a bank colleague to manage this process for an interim period.

On 17th March 2022 the Improvement Academy is facilitating a virtual introductory masterclass - Structured Judgement Review in Mental Health. The master class is free to attend.

Internal SJR reviewer training is taking place in April 2022 (via MS Teams). Staff undertaking the training will need to commit to complete 2 SJRs in a year period. Completion of SJRs is valid for quality improvement activity for appraisal purposes.
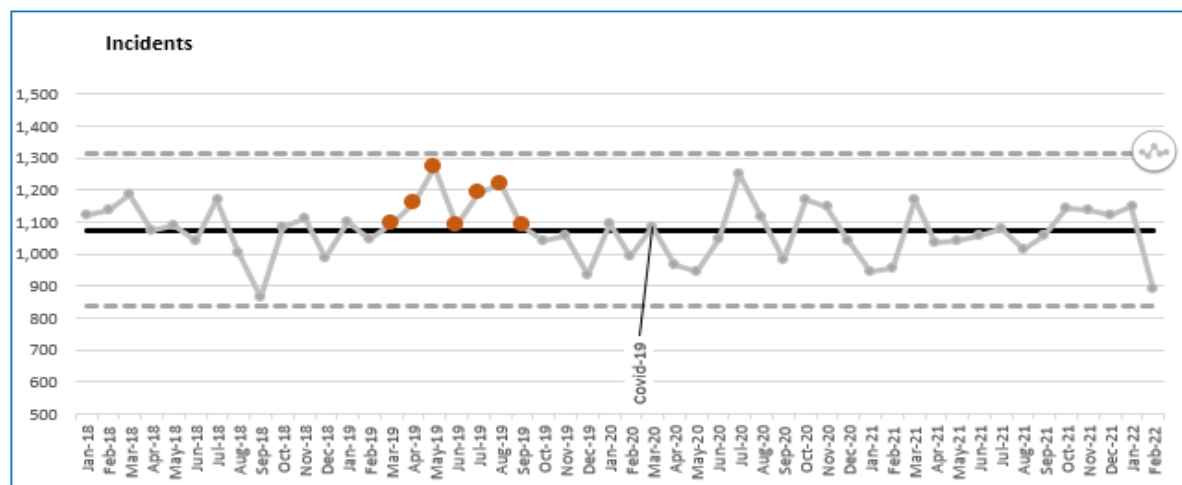
The chart above indicates that there was a period of special cause concerning variation in mid 2019 (orange markers) however, since that point there has been common cause variation in the number of incidents reported. There are therefore no concerns regarding this metric.

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

WEB134105 highlighting risks at home visits and staff safety

SBAR SI 2021.3314 Learning from Serious incident death in low secure services

SBAR SI 2021.9224 Learning from Serious incident death in Forensic services

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 - February 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 Trio's who then cascade to ward/team level managers via Datix. Responses are collated via Datix and Trio's enter a final response for the service. Responses are monitored by the Patient Safety Support Team and reminders are sent via Datix to Trio's to ensure the Trust meet the deadlines set. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

Patient Safety alerts not completed by deadline of February 2022 - None

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
	No Patient Safety Alerts issued in February 2022				

Safer Staffing Inpatients

For a variety of reasons February again proved to be challenging regarding staffing. This was mainly due to vacancies within the Registered Nurse group, sickness, increased staff isolation due to Covid and the ongoing sustained increase in acuity across the system. Business continuity plans and escalation plans continue to be utilised with OPEL 4 for staffing being enacted in several areas.

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.

Five wards, one less than the previous month, fell below the 90% overall fill rate threshold, which were Enfield Down, who have supported other areas, and Ward 19 (F) 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, 17 (54.4%), a reduction of two on the previous month, achieved 100% or more. Of those 17 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 of acuity on all inpatient areas, the focus for the flexible staffing resources has remained the Horizon Ward within the Learning Disabilites specialist BDU, The Oakwell Mental Health Unit, particularly Clark Ward, within Kendray Hospital in Barnsley, Poplars within the Wakefield BDU and Newton Lodge within the forensic BDU. There have been supportive measures put in place in these areas 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.

Safer Staffing Inpatients cont…

Registered Nurses Days
Overall registered Day fill rates have increased by 0.2% to 76.6% in February compared with the previous month.
Registered Nurses Nights
Overall registered Night fill rates have increased by 5.8% in February to 95.7% compared with the previous month.
Overall Registered Rate: 86.15% (increased by 3.0% on the previous month)
Overall Fill Rate: 112.2% (increased by 1.0% on the previous month)
Health Care Assistants showed a decrease in the day fill rate of 0.4% to 126.6% and an increase in the night fill rate of 0.9% to 142.8%.

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 March 21 - February 22
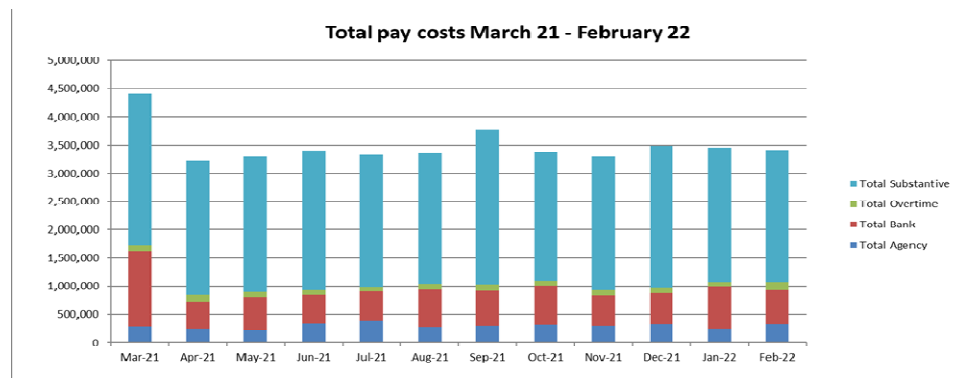
Unfilled Shifts				**Filled Shifts**
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	579 (-73)	6,319.50	42.65% (-4.76%)	769 (+43)
Unregistered	691 (-112)	7,756.50	17.67 (-0.89%)	3149 (-318)
Grand Total	1270 (-185)	14,076.50	25.38% (-1.40%)	

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.

Safer Staffing Inpatients cont…
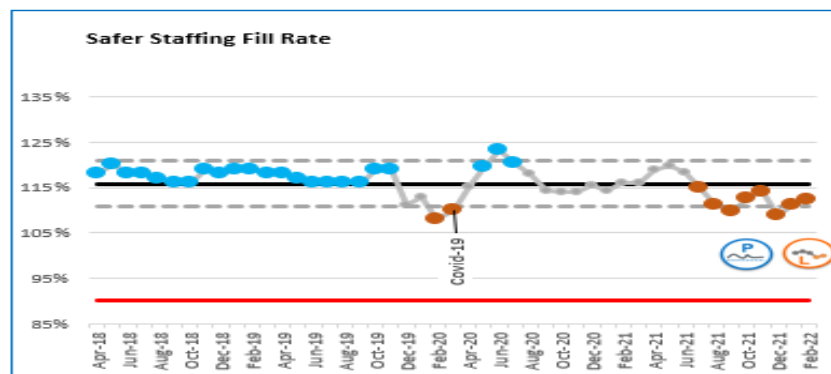
The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. We are currently in a period of special cause variation.
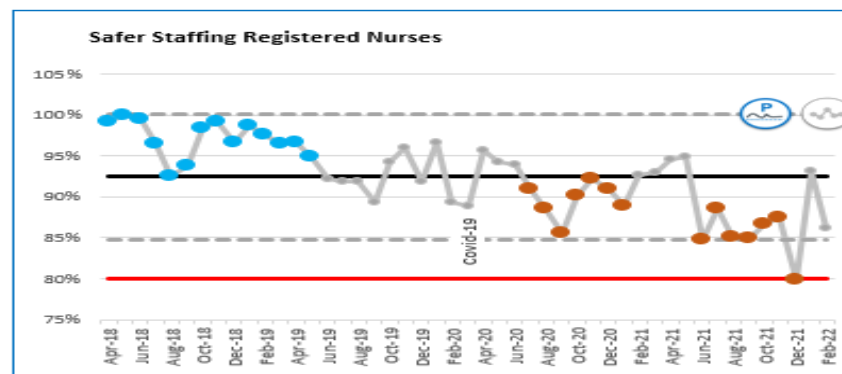
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. We remain in a period of common cause variation following an increase in rate in January.

International Nurse Recruitment (INR) Programme

• We now have 8 international nurses in the Trust. 2 nurses have already passed their objective structured clinical examination (OSCE), and have their nursing and midwifery council (NMC) PINs. 2 nurses are coming to the end of their OSCE training and have NMC accreditation booked and 3 arrived last week (19th March) into the Trust. They have all been allocated places on our wards across Wakefield, Halifax and Dewsbury and 3 are already on their allocated wards working in the Trust.
• The delivery of the target of 40 by April has been delayed due to factors outside of the Trust's control. The main reason is due to the delays in nurse candidates obtaining and passing their English language test (IELTS) accreditation and/or CBT exam (computer literacy test) which is required prior to travelling to the UK with a Trust sponsored Visa. Visa applications are also being delayed due to the refugee crisis from Ukraine. The Trust is working with the agencies we work with to address issues. Due to the delays, we have widened our pool of agencies which we are working with.
• A revised plan for cohort intakes (2 year plan to deliver 90 nurses) between now and March 2023 has been agreed with the agency and we are still confident these numbers will be reached once issues in originating countries are resolved. We still have good engagement with those candidates who have accepted our offers and all are still committed to joining us. We have also started to receive direct applications from overseas nurses via word of mouth from our current internationally appointed nurses.
• We are also working with our primary agency to potentially conduct in-person recruitment day events in the target countries.
• Virtual Recruitment Fairs - In West Yorkshire & Humberside our collaborative recruitment fair work has seen 2 fairs take place (September and January). The third takes place in 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 on the 18th of May. The Trust has secured innovation funding via NHSEI to promote international recruitment of various roles which will be done on a collaborative basis. 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 April virtual recruitment event.
• The Trust have set up a newly formed 'Priority Recruitment Taskforce for Inpatient Services', focusing on immediate recruitment, marketing and retention needs and attended by operational, professional, support service and staff side reps.

Information Governance (IG)

10 personal data breaches were reported during February, which is an increase on the previous month but continues the trend of being lower than any month during the previous financial year.

8 breaches involved information being disclosed in error and included breaches such as personal information being sent by email to the wrong recipient, letters being sent to previous addresses, letters being left unsecured in publicly accessible areas and letters being sent to patients who are deceased.

2 incidents of record keeping issues were reported where there was an impact on a patient. One involved notes being added to the wrong patient record, and correspondence being sent to a party who is not known to the service.

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 an incident previously reported. No breaches were reported to the ICO during February and no complaints were made to the ICO about the Trust's data protection practices.

This 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.
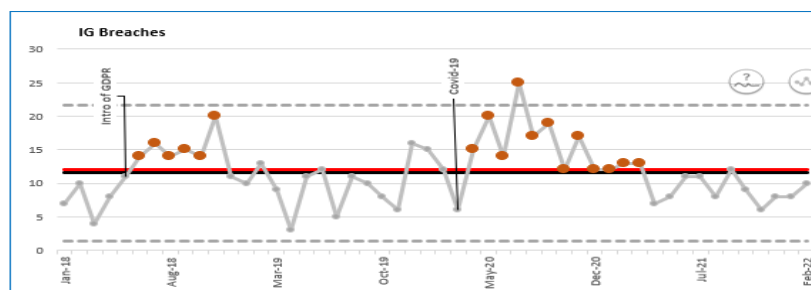
Commissioning for Quality and Innovation (CQUIN)

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. Discussions are taking place with commissioners to agree which indicators will be included within the contracts. Next month's report will provide a further update.

Falls

Total number of falls was 49 in February.

All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
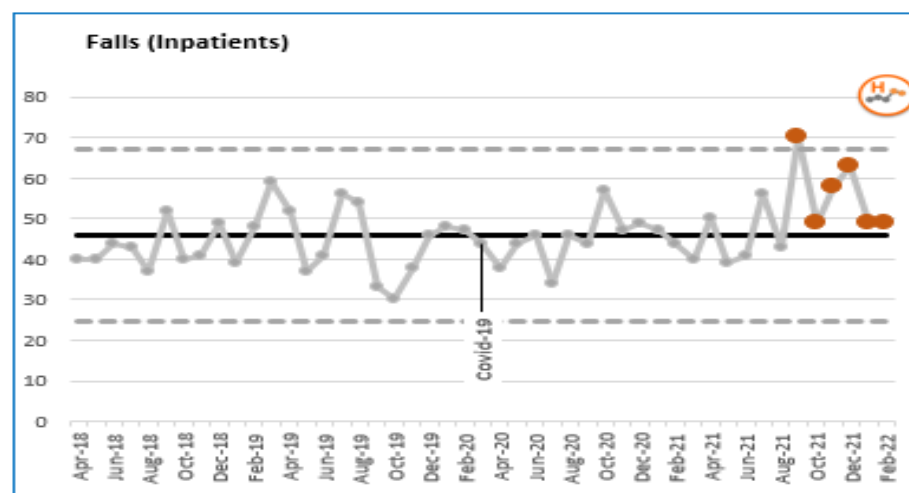
The SPC chart above shows that we have now entered a period of special cause concerning variation (orange markers) as we have had 6 consecutive months where the number of falls has been higher than the average. Further investigation to understand what has happened/is happening is required to determine if action is required.

End of Life

The total percentage of people dying in a place of their choosing was 84.6% in February.
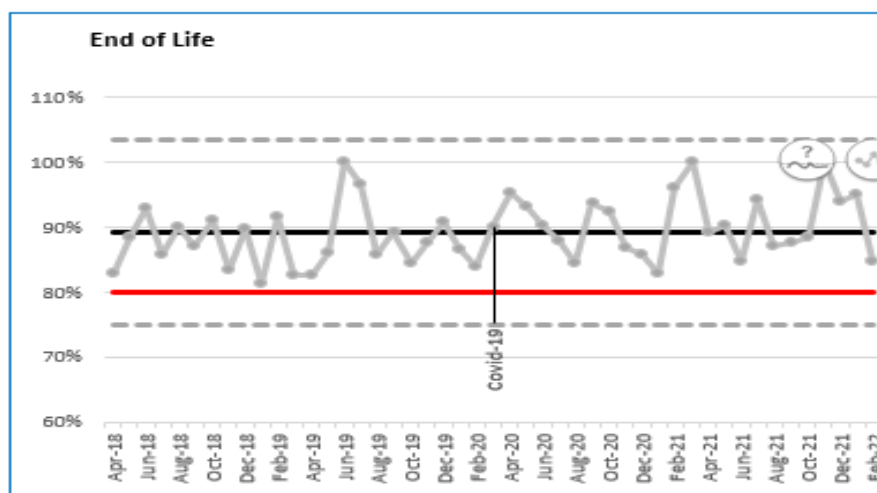
The chart above shows that there is consistently common cause variation (no concern) against this metric, though the monthly variation is quite random and no assurance that the target will be achieved can be given.

Patient Experience

Friends and family test shows

• 96% would recommend community services.
• 84% would recommend mental health services

Mental Health Services

Mental Health **84%/ n=772**

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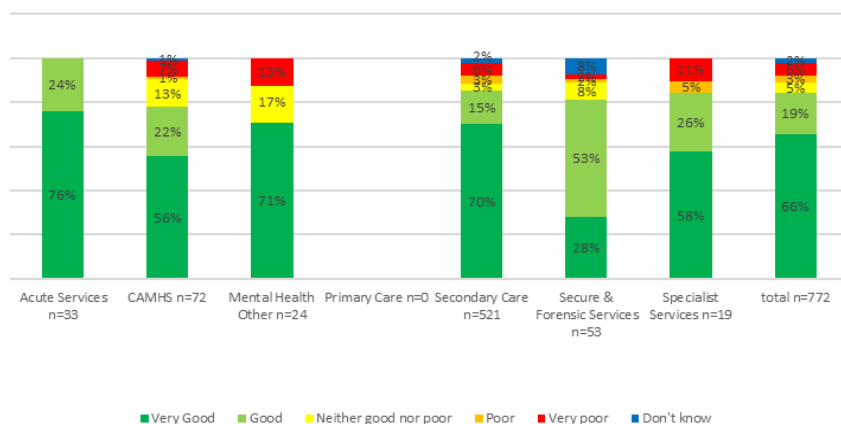
Community Services

Community **96%/ n=340**

■ Very Good ■ Good ■ Neither good nor poor ■ Poor ■ Very poor ■ Don't know
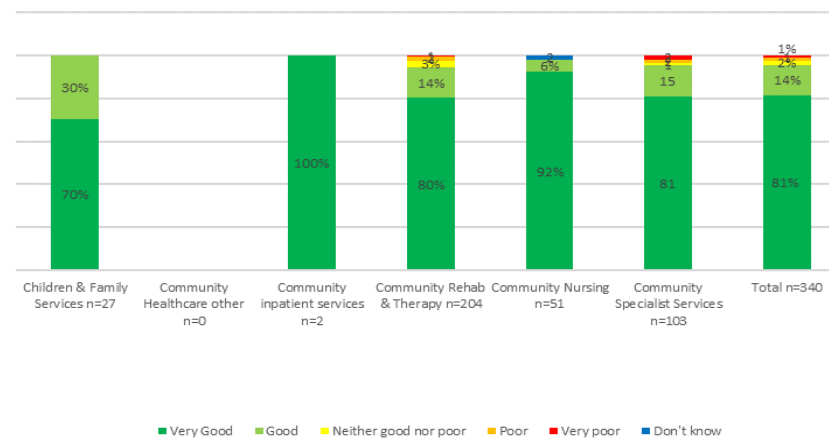
• 88% (1062) of respondents felt that their experience of services had been very good or good across Trust services.
• 96% (n=340) of respondents felt that their experience had been very good or good across community services.
• 84% (n=722) of respondents felt that their experience had been very good or good across mental health services.
• The text messaging service provided 63% (667/1062) of responses for January. The text message service has provided 56% (191/340) of Barnsley Community responses for January.

Patient Experience cont…

A review of the negative feedback highlighted the following:
• The Trust received 71 negative responses either poor or very poor
Breakdown of negative responses by BDU can be seen in the table to the right.
• 66 of the 71 negative feedback was received by text message
• 39 of the 71 negative feedbacks received provided no comments.
• 32 of the 71 negative comments provided useful comments. The top three themes were:
   o Communication (6)
   o Staff Attitude (4)
   o Access (5)
• There has been an increase in satisfaction across the Trust.
• 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.

Negative responses - February 2022		
Business delivery unit	**Service line**	**Number**
Barnsley Community		8
Barnsley Mental Health		15
Calderdale & Kirklees		21
Forensics		2
Specialist Services		12
	Child & adolescent mental health services (CAMHS)	6
	Learning disability (LD)	3
	Attention deficit hyper activity disorder (ADHD)	3
Wakefield		13
Total		**71**

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

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 also delivered Domestic Abuse training for the Kirklees Older People's Service (OPS) at the OPS Safeguarding Forum, and Self-Neglect training to one of the Barnsley District Nursing Teams.

The Team have supported two students, and invited them to join appropriate meetings to shadow. Introduction sessions were also given on both Safeguarding Adults and Safeguarding Children.

The Safeguarding Named Nurse for Children alongside the Interim Associate and Interim Assistant Director, participated in a Section 11 challenge event, giving assurances to the Safeguarding Children Partnership following the submission of the section 11 audit tool in October 2021. All safeguarding team members supported the collating of the information requested by the Safeguarding Children Partnership.

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 continue to support the Quality Monitoring Visits agenda during February, professionals meetings, and multidisciplinary meetings to support SWYPFT practitioners.

The Team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC, children looked after and safeguarding (CLAS) and joint targeted area inspections (JTAI). There are continued internal and external preparations for CLAS inspections which are supported by the Safeguarding Team. There was one request for information in relation to a Domestic Homicide Review for Barnsley that was submitted in a timely manner.

Infection Prevention Control (IPC)

Surveillance: There has been zero cases of ecoli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia. There has been a Klebsiella Pneumonia Bacteraemia. A Route Cause Analysis investigation has been undertaken and presented at Trust Risk Panel. An action plan has been produced and resented at IPC Task and Finish Group to ensure shared learning. Findings have also been shared with services.

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –92%

Infection Prevention and Control- Trust wide Total –90%

Policies and procedures are up to date.

Complaints

There were 31 new formal complaints in February 2022. Of these 6 have a timescales start date, 23 are awaiting consent/questions, and 2 were closed due to no contact/consent.

26% of new formal complaints (n=8) have staff attitude as a primary subject.

23 compliments were received.

Customer Services closed 18 new formal complaints in February 2022 and 1 re-opened complaint. Of the 18 formal complaints, 2 achieved the 40 working day target (11%). If we look at the revised timescales for responding due to complexity, 1 would have achieved the target of 25 days and 2 would have achieved the target of 60 days. Of the remaining 15 that did not achieve their revised target for responding, 8 would have been on a 25 day target, 3 would have been on a 40 day target and 4 on a 60 day target.

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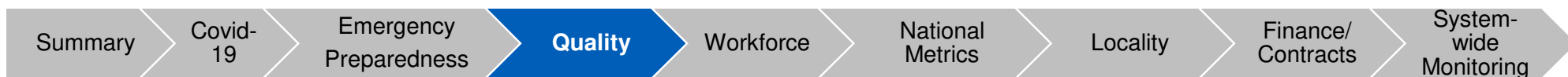
Reducing Restrictive Physical Intervention (RRPI)

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

There were 147 reported incidents of Reducing Restrictive Physical Interventions used in February 2022. This is a reduction of 40 (21.3%) incidents from January 2021 which stood at 187 incidents.

Of the different restraint positions used and reported in the 187 incidents (473 positions) (more than one restraint position is often recorded per incident), standing position was once again used most often (135 of 388-34.7%) followed by seated including safety pod use (104 of 388- 26.8%) then supine (50 of 388- 12.8%)

Prone restraint (those remaining in prone position and not rolled immediately) was reported 20 times out of 388 of total reported restraint positions (5.1%). This is a reduction of 9 (31%) from last month.

Wakefield recorded 10 prone restraints, Horizon recorded 6 prone restraints, forensics medium secure recorded 1 prone restraint, Calderdale recorded 1 prone restraint, Barnsley 1 prone restraint, 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 February the percentage of prone restraints lasting under 3 minutes was 85% (17 of 20). It must be stated the number of prone restraints in February was low at 20. Each incident of prone restraint has been reviewed by a member of the RRPI team.

The use of seclusion has reduced in February to 50 from 62 last month, which is reduction of 12 (20%). The Horizon Centre in Wakefield have again reduced their number of incidents of seclusion (9) 18% 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.

Reducing Restrictive Physical Intervention (RRPI)

Restraint Incidents
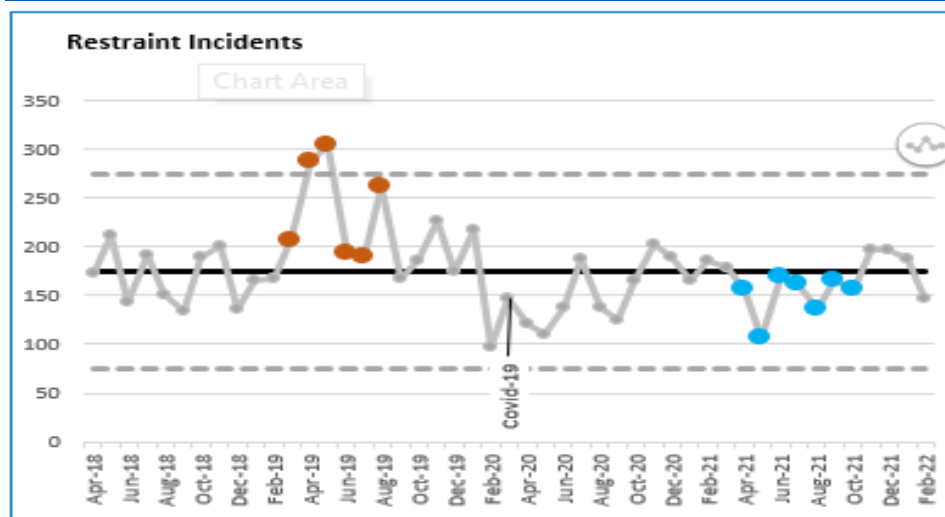
This updated SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently.

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.
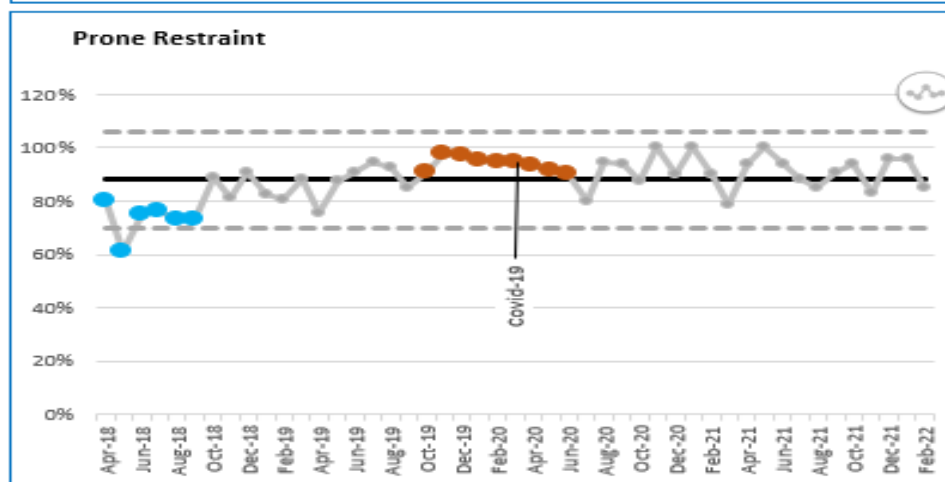
Prone Restraint

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.

Cardiometabolic Assessment & Treatment

Inpatients - Screened
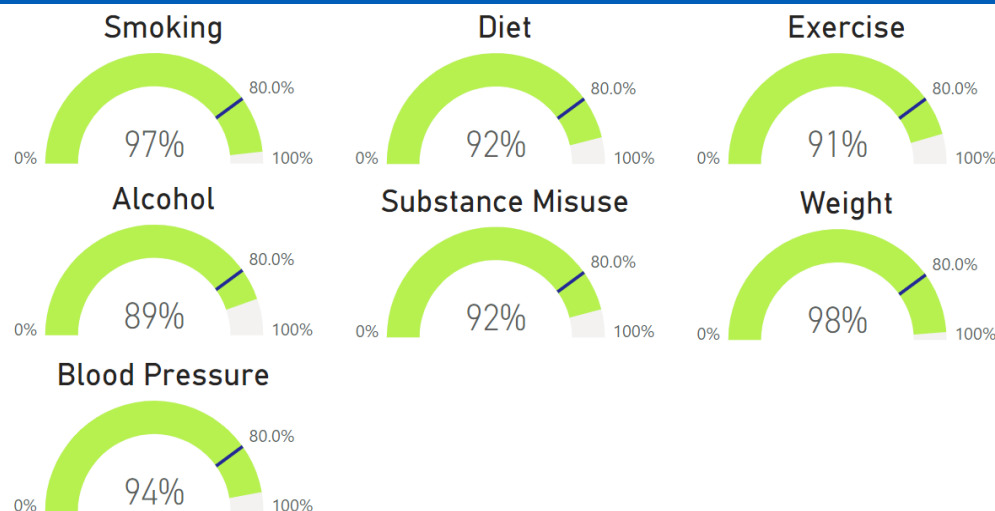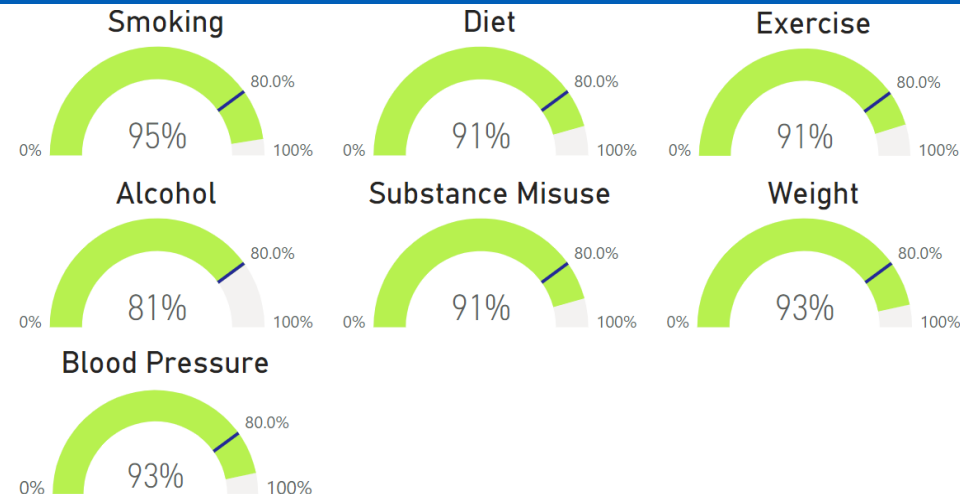
Smoking
97%

Diet
92%

Exercise
91%

Alcohol
89%

Substance Misuse
92%

Weight
98%

Blood Pressure
94%

Inpatients - Compliant

Smoking
95%

Diet
91%

Exercise
91%

Alcohol
81%

Substance Misuse
91%

Weight
93%

Blood Pressure
93%

Given the complexity of this assessment the Trust reviewed its reporting structure and from February 2022 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.

Cardiometabolic Assessment & Treatment continued…

Community - Screened	Community - Compliant
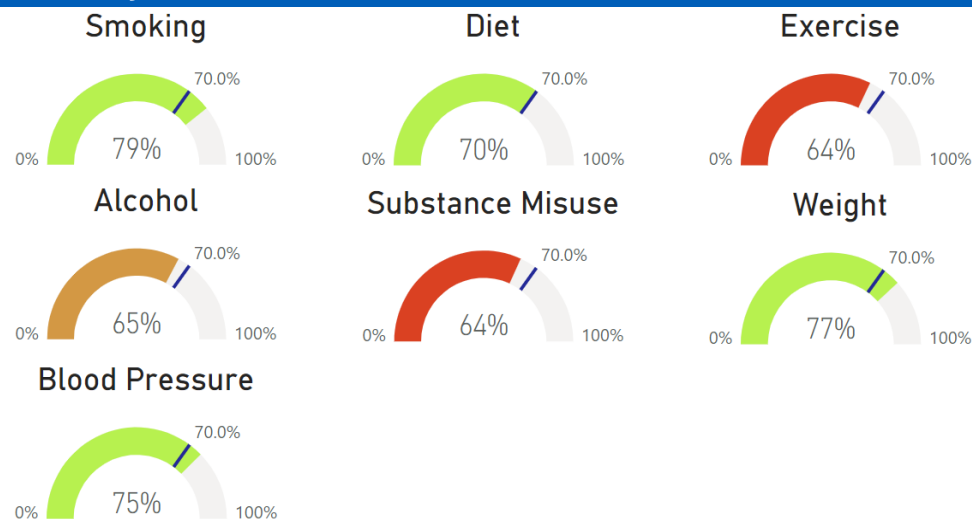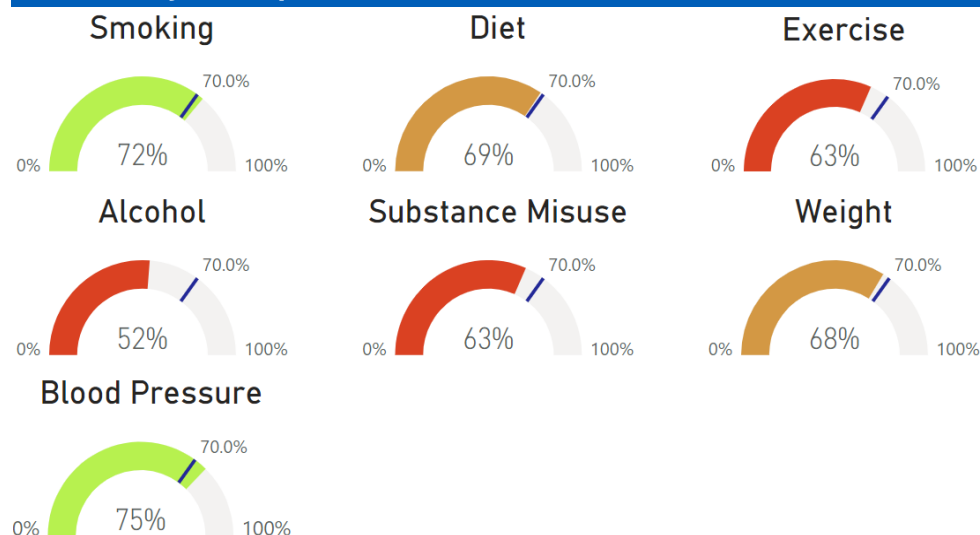
Community - Screened

Smoking — 79% (70.0%, 0%–100%)

Diet — 70% (70.0%, 0%–100%)

Exercise — 64% (70.0%, 0%–100%)

Alcohol — 65% (70.0%, 0%–100%)

Substance Misuse — 64% (70.0%, 0%–100%)

Weight — 77% (70.0%, 0%–100%)

Blood Pressure — 75% (70.0%, 0%–100%)

Community - Compliant

Smoking — 72% (70.0%, 0%–100%)

Diet — 69% (70.0%, 0%–100%)

Exercise — 63% (70.0%, 0%–100%)

Alcohol — 52% (70.0%, 0%–100%)

Substance Misuse — 63% (70.0%, 0%–100%)

Weight — 68% (70.0%, 0%–100%)

Blood Pressure — 75% (70.0%, 0%–100%)

Given the complexity of this assessment the Trust reviewed its reporting structure and from February 2022 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 sercvices - work is being undertaken regarding this.

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

NHS South West Yorkshire Partnership NHS Foundation Trust

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	Feb-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%	4.8%
Sickness (Monthly)	Improving Resources	Well Led	LJ	<=4.4%	4.0%	4.3%	4.3%	4.5%	4.6%	4.7%	4.7%	4.7%	4.8%	4.7%	4.8%
Staff Turnover (registered nurses)	Improving Resources	Well Led	LJ	10%	15.6%	14.7%	13.1%	14.1%	14.6%	14.5%	14.6%	14.1%	13.8%	13.6%	13.2%
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%	9.0%
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%	4.2%
Appraisals (Band 6 and above)	Improving Resources	Well Led	LJ	>=95%	Reporting Commenced in October 2021						57.2%	62.7%	Data unavailable		64.9%
Appraisals (Band 5 and below)	Improving Resources	Well Led	LJ	>=95%							34.0%	39.5%			
Aggression Management	Improving Care	Well Led	LJ	>=80%	80.7%	79.95%	85.1%	85.4%	84.7%	83.9%	83.5%	82.6%	80.7%	79.4%	77.3%
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%	69.4%
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%	94.4%
Display Screen Equipment	Improving Care	Well Led	LJ	>=80%	Reporting to Commence in November 2021							82.0%	81.7%	87.7%	89.5%
Equality and Diversity	Improving Health	Well Led	LJ	>=80%	95.6%	95.5%	95.2%	95.0%	94.7%	94.7%	94.6%	93.9%	94.2%	93.0%	93.4%
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%	90.2%
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%	78.5%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in August				42.2%	42.2%	55.7%	63.8%	68.8%	73.8%	78.2%
Infection Control and Hand Hygiene	Improving Care	Well Led	LJ	>=80%	94.0%	94.2%	92.7%	91.8%	90.7%	89.9%	89.5%	89.6%	89.6%	89.4%	90.2%
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%	89.7%
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%	96.3%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	LJ	>=80%	Reporting Commenced in September 2021					49.8%	61.1%	62.3%	62.3%	71.5%	74.6%
Mental Capacity Act/DOLS	Improving Care	Well Led	LJ	>=80%	90.8%	88.9%	87.7%	87.6%	87.4%	87.7%	88.9%	89.8%	90.3%	91.2%	91.8%
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%	87.9%
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%	94.1%
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%	89.2%
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%	90.4%
Bank Cost	Improving Resources	Well Led	LJ	-	£803k	£911k	£795k	£822k	£1001k	£1053k	£990k	(£145k)	£947k	£1181k	£942k
Agency Cost	Improving Resources	Effective	LJ	-	£583k	£560k	£794k	£834k	£705k	£754k	£701k	£720k	£691k	£643k	£760k
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	195k

Health & Safety

	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	Feb-22
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	LJ	-	4			4			4			Due April 2022	

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

KPI	Target	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	As at 22nd Mar 2022	Trend	Notes
No of staff off sick - Covid-19 not working		**106**	**81**	**93**	**61**	**111**	**311**	**140**	**61**	**167**		
Shielding		1	1	0	0	0	0	0	0	0		
Symptomatic		57	43	45	22	33	109	40	28	108		
House hold symptoms		7	18	15	8	21	42	13	4	7		
OH Advised Isolation		1	0	0	0	0	0	0	0	0		
Test & Trace Isolation		0	0	0	0	0	0	0	0	0		
Other Covid-19 related		40	1	33	31	57	160	87	29	52		
No of staff working from home - Covid-19 related		**27**	**42**	**62**	**22**	**50**	**177**	**86**	**36**	**67**		
Shielding		2	2	0	0	0	0	0	0	0		
Symptomatic	N/A	8	18	15	2	9	53	15	11	31		
House hold symptoms		10	16	26	13	24	49	25	9	13		
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		7	2	21	7	17	75	46	16	23		
No of staff returned to work (including those who were working from home)		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%	4197/4433 = 94.7%		
No of staff returned to work (not working only)		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%	2889/3077 = 93.9%		
No of staff still absent from work who were Covid-19 positive		40	29	42	20	21	21	49	30	48		
Additional number of staff enabled to work from home		1359	1394	1369	1350	1554	1554	1634	1779	1858		Cumulative
Calls to occupational health healthline		3007	3105	3181	3292	3462	3632	3877	4039	4215		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 on 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. 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 22nd March, 167 staff were off work Covid-19 related, not working which compares to 61 towards the end of February. A further 67 were working from home.
• In February 105 staff were confirmed positive for Covid-19
• Staff turnover decreased to 13.2% in February
• The number of vacancies remain high due to the addition of new posts onto our overall workforce numbers through the MHIS (Mental Health Investment Scheme) which are not filled yet.
• Non-Covid sickness absence increased slightly to 4.8% in February. The summary section also reports the Covid and non-Covid absence as one figure.
• Cardio pulmonary resuscitation training is currently showing as under target. Work is taking place to address this and for inpatient services training records have been manually compared to e-rosters to ensure that each unit has a registered nurse able to lead an intervention that may require CPR throughout the 24 hour period. Full training compliance levels will be reached by the end of April.

Analysis

Trust Sickness Absence (Exc Covid-19)
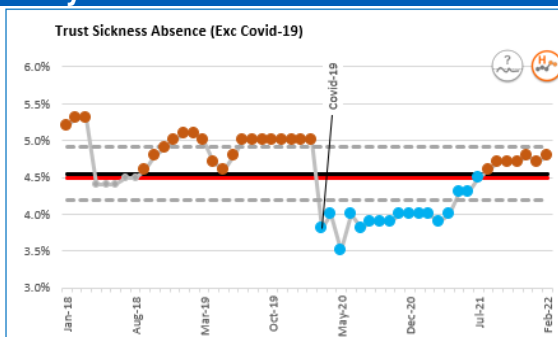
The chart above shows that as at February 2022 we are currently in a period of special cause concerning variation (orange markers). Further action regarding this in mentioned on the previous page.

Trust Staff Turnover - Year to Date
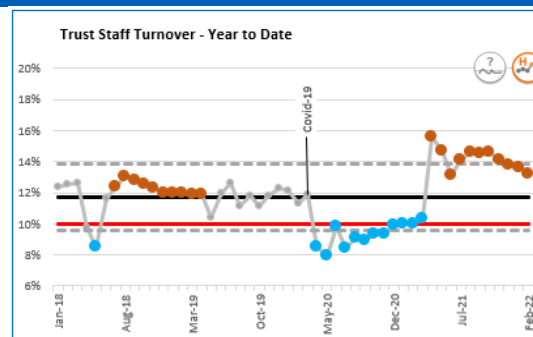
The chart above shows that we remain in a period of special cause concerning variation (orange markers). Further action regarding this in mentioned on the previous page.

Trust Agency Spend
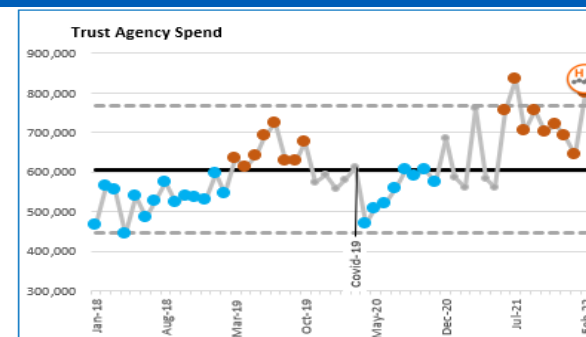
The chart above shows that we are currently in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

Sickness Reporting

As at 22nd March, the Trust has 234 staff absent or working from home due to Covid-19. This makes up 4.17% of the workforce. Of those absent, 59.4% are symptomatic and 8.6% have household symptoms. The business delivery unit (BDU) with the biggest impact is Adult ADHD/ASD with 15.8% 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 8.4 days in February.

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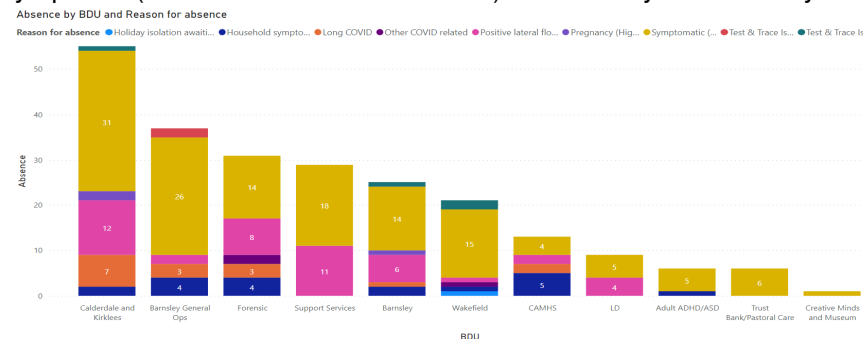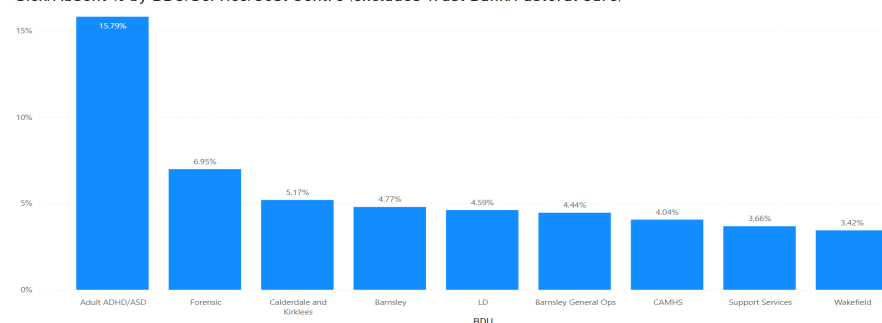
Absence by BDU and Reason for absence

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. Work is taking place with commissioners to determine appropriate measures for 22/23 contracts and this section of the report will be updated as appropriate.

• 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	Q1 21/22	Q2 21/22	Q3 21/22	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Data quality rating [8]	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	100%	99.7%	92.2%	99.7%	99.3%	99.7%	92.2%	98.7%	99.4%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.4%	98.3%	99.1%	100.0%	98.0%	96.6%	98.0%	98.8%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	278/284 =97.9%	341/343 =99.4%	288/294 98.0%	89/89 =100%	85/86 =98.8%	105/106 =99.1%	99/102 =97.06%	78/82 =95.1%	72/75 =96.0%		
% service users followed up within 72 hours of discharge from inpatient care	Improving Care	Safe	CH	80%	85.7%	83.0%	82.6%	82.6%	85.6%	81.0%	84.7%	83.8%	83.0%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	99.0%	98.9%	99.3%	99.2%	99.3%	99.3%	99.4%	99.4%	99.5%		
Out of area bed days 5	Improving Care	Responsive	CH		496	598	1028	311	304	339	385	431	280		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	55.2%	47.5%	53.7%	54.5%	57.0%	52.9%	51.1%	52.3%	52.2%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	98.7%	97.9%	96.0%	97.2%	97.8%	95.4%	94.8%	94.2%	94.6%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.9%	99.9%	99.9%	100%	100%	100%	99.8%	100.0%	100%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	90.5%	88.5%	94.8%	94.9%	93.3%	97.2%	93.5%	76.9%	86.1%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.7%	87.7%	88.7%	88.0%	88.7%	88.6%	88.7%	88.4%	88.5%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	10%	10.3%	10.5%	10.2%	10.5%	10.4%	10.3%	10.0%	9.6%	9.8%	⚠️	

NHS South West Yorkshire Partnership NHS Foundation Trust

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 21/22	Q2 21/22	Q3 21/22	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Data quality rating 8	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	87	82	0	0	0	0	0	0	0		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	9	5	0	0	0	0	0	0	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	*Trend Monitor*	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*	19.8%	23.4%	18.7%	23.4%		18.7%					

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 21/22	Q2 21/22	Q3 21/22	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Data quality rating 8	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	90%	98.9%	98.2%	98.2%	99.2%	98.6%	98.0%	98.0%	98.3%	*98.9%*		
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%	100.0%	99.9%	100.0%	100%	100%	100%	*100%*		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.2%	98.2%	98.7%	98.2%	98.2%	98.8%	99.1%	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 99.4%
• The percentage of service users seen for a diagnostic appointment within 6 weeks remains above the target threshold at 99.2%.
• During February 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 52.2% for February.

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

• The reporting for employment and accommodation for February shows 19.7% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to January which showed 20.4% 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
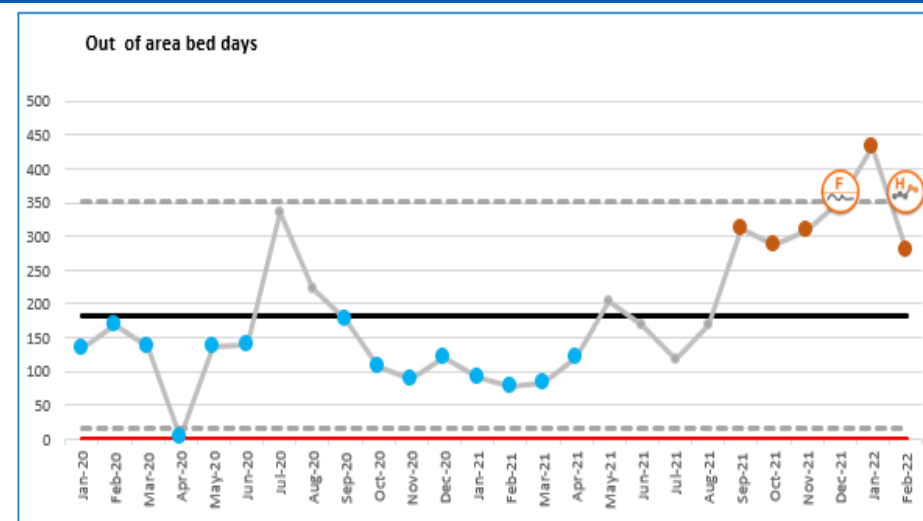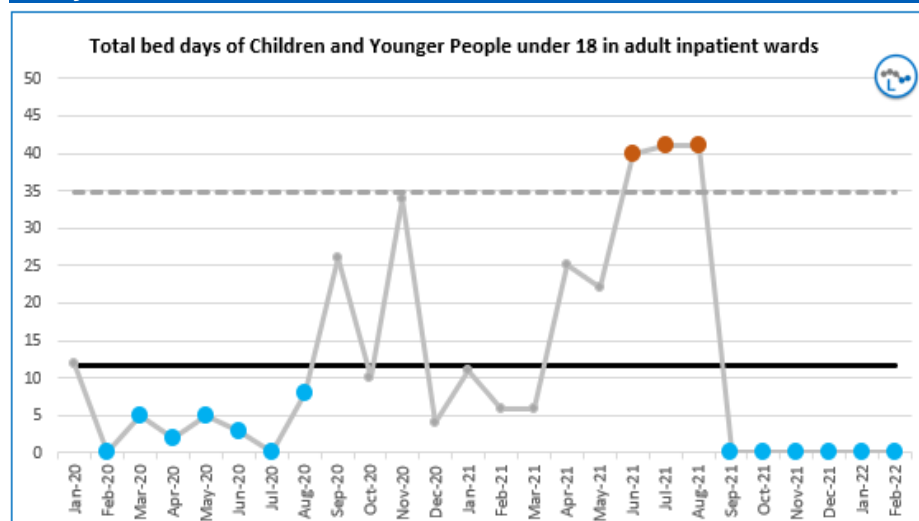
The SPC charts above show that we have now entered a period of special cause improving variation regarding the number of beds days for children and young people in adult wards following the 6th consecutive report of 0 bed days. We continue to be in a period of special cause concerning variation for the number of out of area bed days. As reported previously, 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.

Analysis

Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops

% service users followed up within 72 hours of discharge from inpatient care
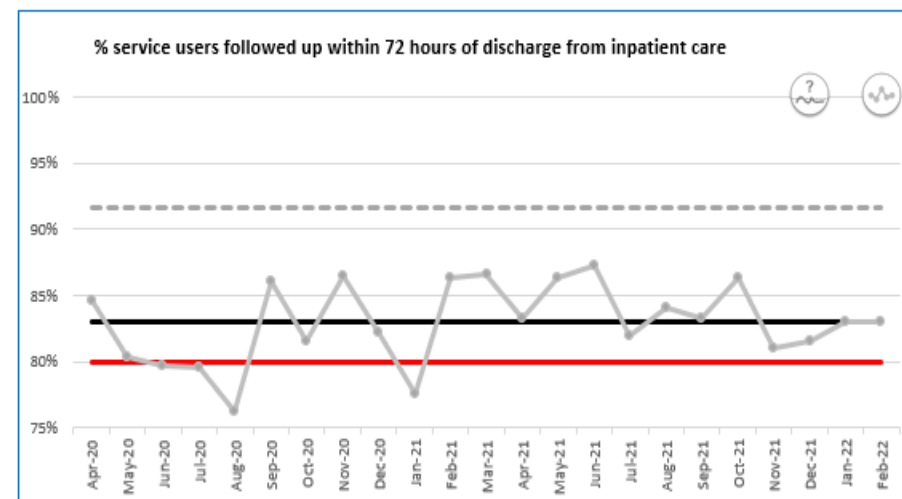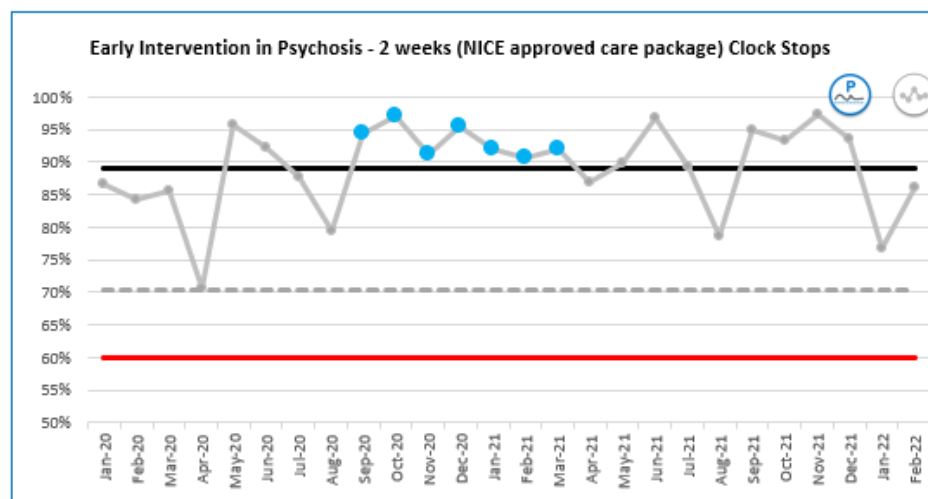
The SPC charts above show that there continues to be no concerns for clients being seen by EIP services or clients discharged from inpatient care being followed up.

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:

Alert/Action

• The percentage of service users on CPA with a formal review within the previous 12 months remains below target at 87.5% . Work is in place with care coordinators to improve this.
• Mandatory training on food safety remains below target (red) at 67.7%. Work is taking place to ensure that the staff who require training receive it, and that others are removed from the monitoring.
• Other challenges in achieving mandatory training performance are reported as amber: Aggression Management 75.1%, Cardiopulmonary Resuscitation (CPR) 76.4%, Information Governance 91.2%, Local Induction 73.5%, National Early Warning Score 2 (NEWS2) 76.4%.   Managers are working with staff to improve compliance. Predominantly staffing capacity is the concern, rather than the availability of the training, with the exception of CPR training which will be impacted by both.

Advise

• Increased referrals and acuity continue, with associated caseload pressures across core, enhanced and intensive home-based treatment (IHBT) teams.
• Proactive review of core caseload and signposting to alternative support.
• Need to maintain focus on staff wellbeing/resilience.
• IHBT continue to manage the Section 136 suite out of hours to maintain staffing capacity and to keep the suite open.
• Work is underway to develop plans to strengthen crisis services with the emphasis on reducing A&E attendances.
• There is a focus on ensuring robust recording/reporting of risk assessments.

Assure

• Work is taking place to establish the integrated leadership of mental health and physical health services in Barnsley place.
• Strong mental health partnerships are 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 the Intensive Home Based Treatment Team (IHBT) function – police triage strengthened.
• Implementation of group-based options in IAPT (Improving Access to Psychological Therapies) is 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.

Child and adolescent mental health services:

Alert/Action

• Friends and Family Test in CAMHS is 77% (53/69) The numbers are too small to provide significant information on risk or provide assurance. Work is underway to improve the engagement with children and families to broaden the opportunity for feedback.
• The mandatory training areas in red are Cardiopulmonary Resuscitation (CPR) 69.3% and Food Safety 60%. Performance in CPR relates to a combination of staff capacity and the availability of training places. Work is taking place to ensure that the right staff access food safety training.
• Staffing capacity has impacted upon the mandatory training areas in amber: Aggression Management 75.9%, Information Governance 89.6% and Local Induction 76%. Managers are working with teams to support people to complete training.

Advise

• Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees have continued to increase.   Waiting list initiatives are in place to manage historic waits.
• The percentage of children treated within 18 weeks in core CAMHS remains challenging, with the position in Wakefield being particularly under pressure.
• Crisis referrals, particularly in relation to children with eating disorders remain high. Work is underway in our places to review all-age pathways across eating disorder services.
• Tier 4 bed access remains problematic for younger children and CAMHS provide wrap-around support where children are placed with acute providers whilst waiting for a specialist bed.
• The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues, as these areas are particularly challenging to maintain full staffing establishments.

Assure

• Business continuity measures remain effective.
• The West Yorkshire Children and Young People's Mental Health Provider Collaborative, led by Leeds and York Partnership NHS Foundation Trust is in place and provides improved transparency and coordination regarding specialist CAMHS bed access and flow.
• Staff wellbeing remains a focus.
• Mental Health Support Teams are being developed in all areas.
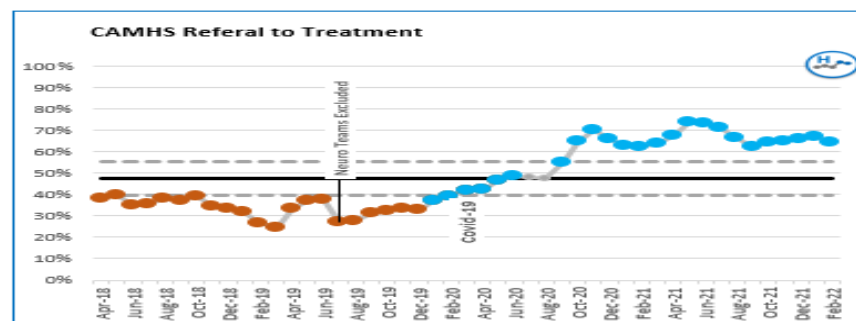
This chart shows that since January 2020 there has been a sustained period of special cause improving variation (blue markers). Given this continued improvement it may be worth re-calculating the upper and lower control limits to ensure that the variation is not skewed by previous poor performance.

Barnsley general community services:

Alert/Action

• There continues to be high level of demand for Neighbourhood Rehabilitation Service (NRS), District Nursing, Crisis Response and the Neuro Inpatient Unit.
• There has been a significant increase in referrals to services, particularly dietetics and weight management. This was an expected increase linked to impact of lockdowns.
• Shortage of available trained staff for the Neuro Rehabilitation Unit (NRU) is a current issue, and has been escalated as an issue within the Trust. This relates to current vacancy factor and required safer staffing levels.
• Yorkshire Smoke Free Sheffield (YSFS) – due out for tender in April 2022 for September 2022 start.

Advise

• All Children's Services are experiencing increased levels of referrals.
• Absence levels across Children's Service remain an issue due to several factors e.g. long term sickness, maternity leave and recruitment challenges.
• SWYPFT commenced delivery of the Barnsley Lymphoedema Service from February 2022 accepting patients presenting with diagnosed lymphoedema/chronic oedema related to a cancer diagnosis. A business case for a wider Lymphoedema Service has been submitted.
• Partnership work is in place with an external provider to reduce waiting times for Adult SALT

Risks discussed:
• Recruitment to trained nurse vacancies on NRU
• High levels of service demand impact on service waiting times and the wellbeing on staff who are working.
• E cigarettes provision for YSFS (Sheffield)

New risks identified:
• Accuchek - BM machine shortages linked to care of diabetic patients on NNS caseloads – added to BDU risk register

Assure

• Dietetic staff, within the community nutrition and dietetics service and weight management, are looking at innovative ways to meet the increased need with new ways of working, both within existing capacity and via business cases
• NRU have scored 100% in recent Friends and Family Test
• SRU have scored A on SSNAP (Sentinel Stroke National Audit Programme)
• YSFB (Barnsley) commissioner has confirmed they wish extend contract for a further two years (to September 2024)
• External provider supporting the delivery of Adult Speech and Language Therapy (SALT) patient list and partnership is working well.
• The BDU are involved in work related to the virtual recruitment fairs, to mitigate risk re NRU staffing.

ADHD/ASD services:

Alert/Action

• ADHD referrals continue to increase (130 per month compared to commissioned levels of 279 per year).
• Autism referrals have also increased compared to pre-pandemic levels.

Advise

• The service has been commissioned by Bradford CCG to assess 100 people on their Autism Waiting List. This will require recruitment of clinical and admin staff.
• The Service has received non-recurrent investment from Calderdale CCG to develop a single point of contact to determine clinical appropriateness of referrals for adults with ADHD and/or Autism. This will require recruitment of clinical and admin staff.
• A business case has been developed to increase capacity in ADHD to 560 per year.

Assure

• All performance targets are being met.
• Pathway changes have been made in ADHD to increase capacity to meet demand for 360 per year.

Learning disability services:

Alert/Action

Community
• Recruitment to vacancies continues to be a challenge with gaps in psychology, OT and SLT across the localities, and difficulties sourcing LD specialist discipline clinicians through bank/agency. This has an impact on increased waiting lists.
• Covid absence continues, and has impacted on a number of areas throughout the month. Sickness absence hotspots are Calderdale and Barnsley intensive support team (IST) and Wakefield Dietetics Service.
• It has been noted that there is an increase in complexity in some cases leading to an increase in risk of admission and/or placement breakdown.

Assessment and Treatment Unit (ATU)
• Delayed transfers of care (DTOCs) are impacting on patient flow and resulting in the ability to admit.
• Sickness Covid absence continues to impact on the ward staffing numbers.
• The ward is currently carrying a high number of vacancies with high usage of bank and agency which, impacts on continuity of care.
• Multi-disciplinary team posts and shared posts and ATU leadership posts being recruited to as part of collaborative ATU work.
• We are seeing an increase in West Yorkshire ATU referrals.
• A move date to the new Bradford premises is not yet agreed which has a direct impact on their ability to take new admissions. Therefore, there is increased pressure on Horizon.

Advise

Community
• Staffing pressures in dietetics may impact on the services ability to provide commissioned activity.

Assessment and Treatment Unit (ATU)
• Addressing DTOCs will improve patient flow and the ability to admit new service users.

Assure

Community
- Wherever possible, specific discipline resource are temporarily moved between localities to minimise impact of absence and vacancies.
- Management of sickness/absence remains a priority.
- Individuals on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need.
- Partnership working is supporting reasonable adjustments for patient to access to annual health checks, vaccination programmes, screening etc.
- Kirklees psychology vacancy is still being recruited to, but we have now identified a locum psychologist so the waiting list in this area should now see a reduction.

ATU
- Whilst Horizon has some highly complex service users, the team continuously address and meet the needs of these individuals. Trio visibility and availability has also been increased.
- Appraisals and supervision remain priorities.

Forensic services:

Alert/Action

- Bed Occupancy - Newhaven (including leave) was at 81.3% for the month which is under the 90% threshold.
- Bed occupancy in Newton Lodge is now on target with an increase in referrals from prisons being experienced.
- Mandatory training areas in red: Cardiopulmonary Resuscitation (CPR) 67%, Food Safety 69%, Local Induction 65.2%.
- Mandatory training areas in amber: Aggression Management 76.8%, Freedom to Speak Up 77%, Information Governance 89%, National Early Warning Score 2 (NEWS2) 70.6%.
- There is a focus on understanding complaints within the service, and learning from these.
- Number of registered nurse vacancies remains a concern.
- The BDU is experiencing high levels of acuity which is exacerbating staffing pressures.

Advise

- The service will be rolling out a Trauma Informed Model across the BDU with a specific staff development package having been developed by the Psychology department.
- The service is currently undertaking a respect project. This aims to raise awareness on all wards about protected characteristics and more respectful relationships. All wards have developed some positive quotes based on this word, and art installations are being developed as a lasting visual reminder on all wards about respectful relationships.
- The service has reviewed ongoing carer and patient experience workstreams, refreshed communication on notice boards for carers across the service and work is ongoing to update the internet resources with carer-specific information.
- The service is currently preparing for the quality network peer review process in May. A process of self-assessment against the standards has commenced and is being led by the clinical managers. In addition to this survey activity for carers and staff is also ongoing.

Assure

- Plans are in place to address shortfalls in mandatory training.
- The service has a bespoke recruitment and retention plan.
- Ensuring appraisals and clinical supervision remain a priority across the service although this has been particularly challenging.
- Quality and performance targets are supported through the regular clinics with ward and team managers.

Calderdale Kirklees Wakefield and Trustwide Inpatients:

Alert/Action

• 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.
• High levels of demand and acuity have been experienced and capacity to meet demand for beds has not been available locally. The difficulties have been compounded by ongoing workforce deficits, 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.
• The work to maintain effective patient flow continues with the use of out of area beds being closely managed. However, out of area bed usage has remained at higher levels than during 2020/2021. The key focus is now on bringing patients back to local beds in as timely a way as possible and providing care closer to home whilst managing the demand for new admissions. There has also been an emphasis on how we can support patients ready for discharge more effectively back into community settings. Work with partners across the ICS continues, and other trusts are also using out of area beds to address demand and capacity issues.
• 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. Workforce deficits are also compounding these problems. 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 possible mitigations are in place.
• Community teams are experiencing significant workforce challenges, with a number of staff leaving to take up new posts in primary care. We currently have higher than usual levels of vacancies in our community teams for qualified practitioners that we are making proactive attempts to fill with limited success. Sickness absence is compounding the capacity challenges. We are aware of specific local hotspots and have action plans in place for teams where there are particular challenges and continue to be proactive and innovative in our approaches to recruitment.
• Calderdale and Kirklees community teams have been engaged in concerted efforts to improve their performance around CPA reviews. General managers and Quality and Governance Leads are currently carrying out focussed work to support teams where CPA review performance is lower than the target. Using a quality approach, teams are being encouraged to ensure that all service users experience a timely review of their care, that all appropriate clinical contacts count, and that care coordinators are able to manage their own performance. Work is also underway to address outstanding data quality issues. This work has now brought these teams to be performing above target. An BDU level action plan is in place to ensure that this and other team challenges such as staffing are being effectively addressed.

Advise

• 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.
• Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.
• Alongside trust-wide work on recruitment and retention, we are engaged in specific improvement planning to address workforce challenges in inpatient services. For example, in partnership with Nursing Quality and Professions colleagues, we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards. We are also building in the benefits of staff networks, preceptorship/ preceptorship academy, culture change measures and effective supervision models.
• Partnership work with an external provider has lead to improvements in access to Adult Speech and Language Therapy services for inpatients, and the model is currently being evaluated for future business case development.
• 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 gatekeeping, 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 has been impacting on our ability to deliver group and therapeutic interventions in a timely and effective way.
• 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.

Assure

• Significant improvement evident in Covid 19 swabbing compliance for inpatient services.
• Inpatient FIRM risk assessment compliance is at 100%.
• There has been sustained achievement of KPIs in all Wakefield community teams in the context of the current workforce challenges.
• There has been excellent representation from all community teams at the workplace wellbeing groups with great examples of wellbeing initiatives in each of the hubs and in individual teams.
• Ongoing refurbishment works in Barnsley inpatients are progressing well, meaning we will soon have better facilities and improved bedrooms for our service users.
• The setting up of a ward manager network is progressing as part of our development programme for ward managers and we are also refreshing our broader development offer for Band 6 nurses - reintroducing our development days starting from April, which will strengthen our leadership across the inpatient service line.

Communications, Engagement and Involvement

• Coronavirus update sent out weekly to all staff and governors
• Coronavirus sections of the intranet and website maintained and updated
• Support for enabling working effectively and reset and recovery programmes
• COPI (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 – shortlist announced. Celebration event on 7th April.
• 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
• Collecting equality data campaign
• Support provided to EyUp Charity, Creative Minds, Spirit in Mind and the Mental Health Museum, including Creative Minds 10 year celebration magazine and creative approaches filming
• Choose well for children and young people – focus groups held and feedback received
• Preparation for recruitment campaigns focused on nursing, health care assistants and allied health professionals. Supporting recruitment for senior roles, including Non-Executive Directors, Chief People Officer etc.
• Website and intranet development work
• Media enquiries; co-ordinated and responses issued
• Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS initiatives and campaigns
• Support to development of Integrated Care Boards in local areas.

Engagement, Equality and volunteering update

• Developed an equality dashboard and metrics in line with national guidance, and with support from business intelligence
• The team are supporting CQC information with infographic and submissions.
• Reviewed the Equality, Involvement and Inclusion (EII) task force, to develop a sub-committee to support the Trust EII Committee. Terms of reference were signed off by the Committee in December.
• Equality data collection campaign is with the executive management team to sign off and approve ready for launch
• Development of an integrated strategy in both animation and easy read versions and annual actions plans – co-developed with both staff and people who use services. Action plans are now being refreshed.
• Successfully achieved all the recommendations from the Equality and Involvement Audit.
• Developed an annual report for equality, now published on the website and intranet.
• Undertaking co-action study on forensic wards to identify how well we provide culturally and spiritually appropriate care resulted in high levels of satisfaction. We are now undertaking a 'discovery interview' approach which is being tested on forensic wards initially. The aim is to create case studies to test out methodology and adapt and adopt for other areas.
• Refresh of the intranet and website – now includes tools, resources and a 'get involved' section promoting opportunities to have a voice.
• Moving our offer of translation and easy read to a systematic approach using equality impact assessments (EIA) and translated jpegs for all written materials and easy and easier read approach adopted by the comms team through training.
• 'CHATpad' on every ward, leaflets and instructions reissued. The new version includes links to advocacy and access to our survey tool 'Healthcare Comms'
• Awareness-raising training for Transgender Awareness, evaluated and well received by frontline staff and managers
• 'Recognising and Addressing Inclusive Practice in Mental Health' session attracted a nationally recognised guest speaker and over 80 participants.
• Recovery and reset work to involve staff, service users and carers. 'Do it once, do it well' continues to support recovery planning using insight and intelligence to inform decision making. Launch of two approaches to involve people in parallel.
• Our quarterly insight report is now routinely capturing Healthwatch feedback and a 'you told us, we responded' approach published on the website.
• Refresh of mandatory equality training and creating short films to support the online EIA toolkit in partnership with the voluntary and community sector (VCS)
• Further work with VCS umbrella organisations, who have already mapped over 200 local groups across the local footprint, who want to work with us and are now supporting other initiatives such as community films, choose well for young people and payment for expenses policy.
• Working in Barnsley to support the development of an engagement and communication approach, which includes developing a shared set of principles.
• Working closely with the community mental health transformation programmes across each place and specifically with Wakefield Mental Health Alliance to support a partnership approach to involvement, which includes a development session and plan to support the programme of work for mental health. The development session was led by our Trust in partnership with the CCG and Healthwatch.
• Passport for carers, carers network for leads across the Trust footprint, and staff network resulting in a Carers Lead funded through charitable funds.
• Payment for involvement policy now being looked at, and a draft will be circulated for comment by EMT in the next month.
• Community reporter post which was part of a successful bid focussed on BAME staff and BAME communities is being rolled out further in Calderdale, Kirklees and Wakefield.
• Increase in peer support worker roles from 13 – 28 over a 12 month period.
• A strategic approach for volunteering is being developed. This includes a framework to support volunteers in each place. The return of volunteers to the Trust will now be supported by a transfer of all volunteers to electronic staff record (ESR) training an online welcome back event in December

Overall Financial Performance 2021/22

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2021/22	Narrative
1	**Surplus / Deficit**	£6.8m	£7.1m	In February the surplus was £0.1m and the year to date position is a surplus of £6.8m 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**	£7.7m		Agency expenditure in February was £0.8m which is higher than the previous run rate. The £0.2m increase from last month is mainly within medical staffing. The Trust will continue to utilise agency staffing as part of it's workforce solution at a higher level, throughout winter and in its continued response to managing safety through COVID across inpatient settings.
3	**Cash**	£81.5m	£76.5m	The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. This is forecast to reduce in March as a number of large payments will be made such as PDC (Public Dividend Capital) which is only paid every 6 months.
5	**Capital**	£4.6m	£8.2m	Year to date spend is £4.6m. 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.
6	**Better Payment Practice Code**	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of invoices have been paid within 30 days for the year to date which is in line with the national 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 any national guidance that may be applicable to the Trust.

NHS England and NHS Improvement

The NHS People Plan 2020/21 puts people at the front and centre of the NHS, including those working in primary and community care. This guidance sets out a preliminary definition and set of principles for flexible working. The definition aims to support the shared and common understanding of flexible working that is needed to achieve fair, equitable and consistent practice. The principles aim to form a foundation for flexible working, and organisations are encouraged to innovate and test out approaches to support the embedding of flexible working.

Click here for guidance

NHS England and NHS Improvement

Mental health clinically-led review of standards: models of care and measurement – consultation response

This report sets out the wide-ranging support received through the national consultation on the proposed new standards for mental health care, and highlights some of the key considerations to support their successful implementation.

Click here for link to report

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

Community services statistics: December 2021
Mental health services monthly statistics: performance December 2021, provisional January 2022
Out of area placements in mental health services: December 2021
Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2021 to January 2022
Psychological therapies: reports on the use of IAPT services, England, December 2021, final including a report on the IAPT Employment Advisers pilot and Q3 2021-22 data

Finance Report

Month 11
(2021 / 22)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators			

	Performance Indicator	Year to Date	Forecast 2021 / 22	Narrative
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2.0 Income & Expenditure Position 2021 / 2022

Budget Staff WTE	Actual worked WTE	Variance WTE	Variance %	This Month Budget £k	This Month Actual £k	This Month Variance £k	Description	Year to Date Budget £k	Year to Date Actual £k	Year to Date Variance £k	Budget £k	Forecast £k	Forecast Variance £k
				25,592	23,559	(2,033)	Clinical Revenue	258,732	247,380	(11,352)	284,375	273,782	(10,593)
				25,592	**23,559**	**(2,033)**	**Total Clinical Revenue**	**258,732**	**247,380**	**(11,352)**	**284,375**	**273,782**	**(10,593)**
				545	1,586	1,042	Other Operating Revenue	4,346	15,499	11,153	5,161	17,293	12,132
				26,137	**25,146**	**(991)**	**Total Revenue**	**263,078**	**262,879**	**(199)**	**289,536**	**291,075**	**1,539**
4,982	4,532	(450)	9.0%	(17,437)	(17,199)	238	Pay Costs	(189,489)	(188,131)	1,358	(207,564)	(206,120)	1,444
				(7,895)	(6,961)	934	Non Pay Costs	(60,077)	(59,530)	547	(67,991)	(68,591)	(599)
4,982	**4,532**	**(450)**	**9.0%**	**(25,332)**	**(24,160)**	**1,172**	**Total Operating Expenses**	**(249,565)**	**(247,660)**	**1,905**	**(275,555)**	**(274,710)**	**845**
4,982	**4,532**	**(450)**	**9.0%**	**805**	**985**	**181**	**EBITDA**	**13,513**	**15,218**	**1,705**	**13,981**	**16,365**	**2,384**
				(537)	(690)	(153)	Depreciation	(5,904)	(6,427)	(524)	(6,440)	(7,117)	(676)
				(212)	(181)	31	PDC Paid	(2,329)	(1,992)	337	(2,541)	(2,173)	368
				0	10	10	Interest Received	0	15	15	0	25	25
4,982	**4,532**	**(450)**	**9.0%**	**56**	**124**	**68**	**Surplus / (Deficit)**	**5,280**	**6,814**	**1,534**	**5,000**	**7,100**	**2,100**
				0	0	0	Gain / (loss) on disposal	0	1,154	1,154	0	1,154	1,154
				0	(415)	(415)	Revaluation of Assets	0	1,213	1,213	0	1,213	1,213
4,982	**4,532**	**(450)**	**9.0%**	**56**	**(290)**	**(347)**	**Surplus / (Deficit)**	**5,280**	**9,181**	**3,901**	**5,000**	**9,467**	**4,467**

The Trust has agreed a H2 surplus plan of £2.7m which takes the full 12 month plan to a surplus of £5m. Budgets, at a Trust level, are shown in the graphs below.

Trust Monthly I & E Profile

Trust Cumulative I & E Profile
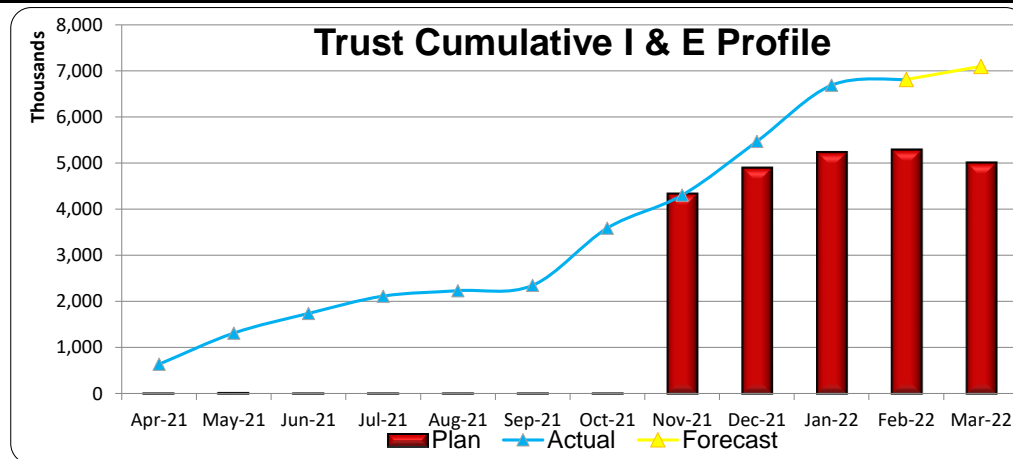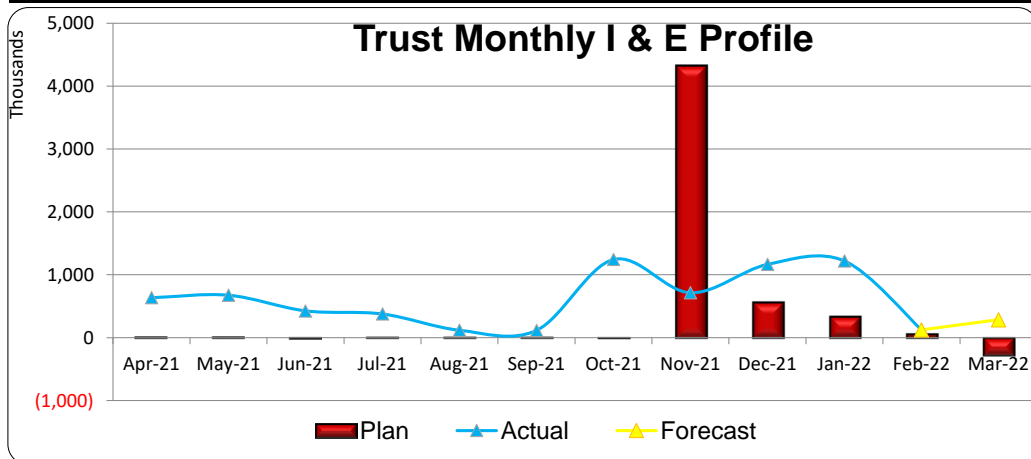
In October 2021 the Trust took on the role of lead provider for the West Yorkshire Adult Secure (Forensic) Collaborative. Similar collaboratives exist for CAMHS and Adult Eating Disorders and these are hosted by other mental health Trusts in the region. These collaboratives have been developed as the 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 seperately 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 it's existing adult secure service provision. The clear segmental reporting of this, and other collaboratives, is being developed.

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						Trust (excluding Collaborative)					
Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Clinical Revenue	24,898	22,473	(2,425)	29,878	27,218	(2,660)	233,834	224,907	(8,927)	254,497	246,565	(7,933)
Total Clinical Revenue	24,898	22,473	(2,425)	29,878	27,218	(2,660)	233,834	224,907	(8,927)	254,497	246,565	(7,933)
Other Operating Revenue			0			0	4,346	15,499	11,153	5,161	17,293	12,132
Total Revenue	24,898	22,473	(2,425)	29,878	27,218	(2,660)	238,180	240,406	2,226	259,659	263,857	4,199
Pay Costs	(339)	(26)	313	(407)	(36)	371	(189,150)	(188,105)	1,045	(207,157)	(206,084)	1,073
Non Pay Costs	(24,559)	(22,448)	2,111	(29,471)	(27,182)	2,289	(35,517)	(37,082)	(1,564)	(38,520)	(41,408)	(2,888)
Total Operating Expenses	(24,898)	(22,474)	2,425	(29,878)	(27,218)	2,660	(224,667)	(225,187)	(520)	(245,677)	(247,492)	(1,815)
EBITDA	0	(0)	(0)	0	(0)	(0)	13,513	15,219	1,706	13,981	16,365	2,384
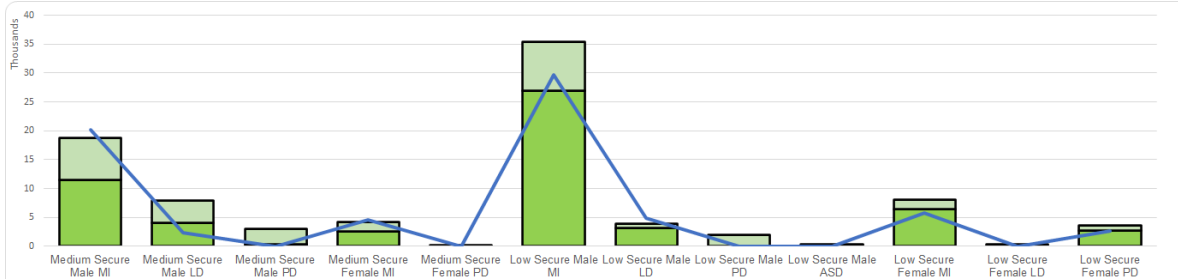
The table to the left shows the current activity levels for the collaborative by service line. This seperates out each into those provided by the 5 partner organisations of the collaborative and external partners (identified as out of area placements). The line shows how this compares to commissioned 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 £6.8m.
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 £6.8m.

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 with any slippage being utilised to support mental health services and overall system recovery.

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

Funding received from the system and Integrated Care System (ICS) has been reduced in month to take account of current covid costs.

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 rentention 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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
		£k	£k	£k	£k	£k	£k	£k	£k
Staffing - backfill	Additional staff costs to support Trust workforce response. Includes acting up and backfill arrangements	339	12	2	23	117	229		722
Staffing - vaccination	Additional staff costs to support vaccination programme (including overtime)	170	12	31	20	20	29		282
Staffing - Isolation	Isolation, shielding and backfill for covid absence	206	37	67	40	44	20		414
Staffing - premium	Additional exceptional payments agreed to ensure safe staffing levels over key periods	158	(75)	0	977	1	0		1,061
Total – Pay		**872**	**(14)**	**100**	**1,060**	**182**	**278**	**0**	**2,478**
Lateral Flow Testing	Distribution of kits to staff	38	0	0	0	0	0		38
Laundry & Scrubs	Purchase of scrubs for staff and associated laundry costs	5	0	0	0	0	1		6
IT	Purchase of equipment and agile working enabling costs (VPN)	38	0	0	0	1	0		39
OOA Placements	Out of area bed placements required to covid issues	308	246	316	359	579	614		2,422
Staffing - security	External security costs to support vaccination	8	0	0	0	0	0		8
Furniture	Replacement furniture to support infection prevention and control	138	58	95	43	239	0		573
Misc / other	Other general non pay not captured in the headings above	71	3	11	0	3	27		116
Total – Non Pay		**605**	**307**	**422**	**402**	**823**	**642**	**0**	**3,201**
Total costs		**1,477**	**293**	**522**	**1,462**	**1,005**	**920**	**0**	**5,679**

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.

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.

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	18,925	18,233	18,666	198,872	177,447
ICS / System	1,737	1,737	1,737	1,737	1,737	1,737	1,273	1,273	473	1,273	(727)	1,273	15,258	9,917
Specialist Commissioner	2,475	2,471	2,473	2,493	2,550	2,512	5,776	5,714	5,598	3,576	4,889	5,314	45,838	28,281
Local Authority	404	490	402	385	458	429	369	(409)	1,337	452	428	427	5,172	5,025
Partnerships	657	636	654	547	939	803	591	599	609	279	681	610	7,605	7,514
Top Up / ERF	0	0	169	85	21	7	(91)	0	0	95	0	0	287	5,458
Other	41	50	46	(9)	116	90	7	86	98	58	57	112	750	4,815
Total	**20,679**	**20,725**	**20,039**	**20,358**	**21,057**	**22,784**	**24,206**	**24,485**	**24,831**	**24,657**	**23,559**	**26,402**	**273,782**	**238,457**
20/21	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,016	20,370	20,748	20,089	26,040	**238,457**	

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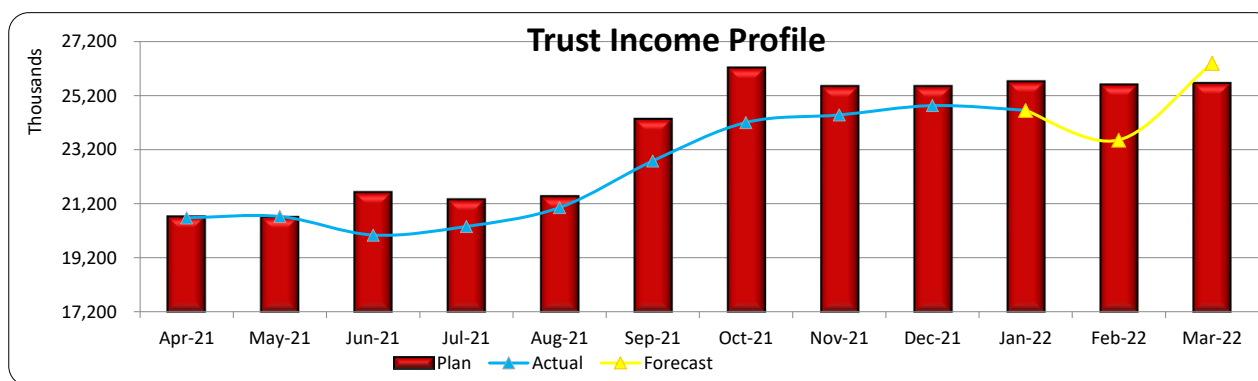
The total value of income expected to be received for 2021 / 22 is being finalised with commissioners. This provides some guarantees over the year end position for both parties.

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 February a reduction in ICS system funding has been actioned of £2m non-recurrently linked to covid costs compared to funding received in year.

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	15,497		171,130
Bank & Locum	803	911	795	822	1,001	1,053	990	(145)	947	1,181	942		9,297
Agency	583	560	754	834	705	754	701	720	691	643	760		7,704
Total	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	0	188,131
20/21	15,142	16,019	15,709	15,501	15,912	16,205	15,969	16,313	16,199	16,273	16,245	18,087	168,476

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Bank as %	4.8%	5.5%	4.8%	4.9%	5.8%	5.5%	5.9%	-0.9%	5.6%	6.7%	5.5%		4.9%
Agency as %	3.5%	3.4%	4.5%	5.0%	4.1%	3.9%	4.2%	4.3%	4.1%	3.6%	4.4%		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	4,156		4,089
Bank & Locum	255	263	218	224	283	283	273	234	240	296	249		256
Agency	107	115	128	155	138	138	139	125	153	139	128		133
Total	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	0	4,478
20/21	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	4,472	4,419

Pay Expenditure Profile

Legend: ■ 21/22 budget ◆ 20/21 ■ 21/22
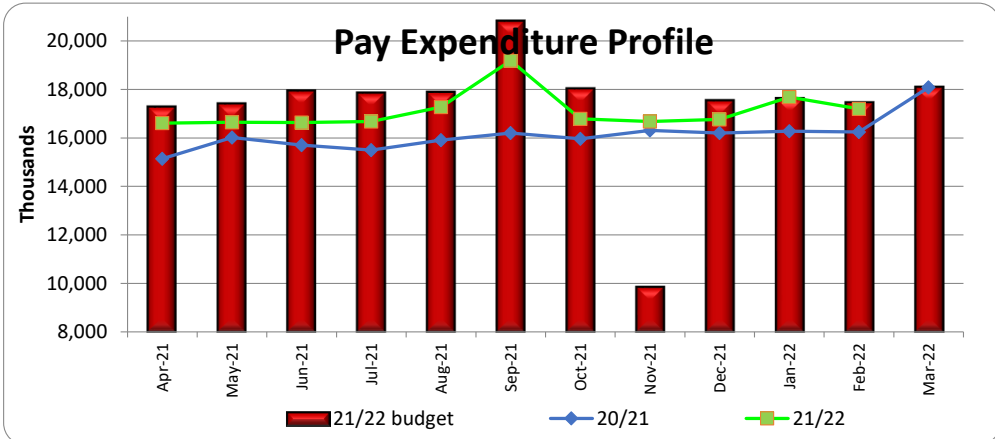
The Trust has incurred additional pay costs during February 2022, when compared to October to December 2021, to ensure that appropriate staffing numbers are in place where possible. This includes incentive and premium charges such as agency, overtime, or additional shift payments.

The incentives, alongside continued recruitment, have seen a further 32 WTE worked by Trust substantive staff in month.

This has been offset by a reduction in bank and agency staff utilised in month resulting in a net reduction of 27 WTE worked.

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	24,693	21,578	548	2,753	24,878	185
Nursing Registered	64,747	56,181	2,854	975	60,010	(4,737)
Nursing Unregistered	24,333	19,730	4,912	2,783	27,424	3,091
Other	55,879	46,966	374	1,047	48,388	(7,491)
Corporate Admin	15,819	15,035	302	121	15,459	(360)
BDU Admin	13,515	11,640	307	25	11,972	(1,543)
Vacancy Factor	(9,497)				0	9,497
Total	189,489	171,130	9,297	7,704	188,131	(1,358)

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	199	0	16	216	(17)
Nursing Registered	1,554	1,262	72	14	1,348	(206)
Nursing Unregistered	897	702	149	78	928	31
Other	1,439	1,208	9	14	1,230	(208)
Corporate Admin	355	351	8	5	364	10
BDU Admin	506	435	11	1	447	(59)
Total	4,982	4,156	249	128	4,532	(450)

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 February there has been an increase worked WTE by substantive staff of 5 WTE (15 WTE increase in January 2022). As per the trend this increase has been offset by a reduction in the number of bank shifts worked. 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	88,896	74,382	2,005	3,527	79,914	(8,982)
Inpatient	44,564	36,615	6,732	3,620	46,967	2,403
BDU Support	12,366	7,304	407	10	7,720	(4,646)
Community	27,934	23,749	410	174	24,333	(3,601)
Corporate	25,226	29,093	(270)	373	29,196	3,971
Vacancy Factor	(9,497)				0	9,497
Total	189,489	171,143	9,284	7,704	188,130	(1,358)

In month Budget v Actual - by service

	Budget	Substantive	Bank / Locum	Agency	Total	Variance
	WTE	WTE	WTE	WTE	WTE	WTE
MH Community	1,989	1,660	42	25	1,727	(263)
Inpatient	1,156	917	179	86	1,182	26
BDU Support	368	216	9	0	224	(144)
Community	770	665	9	3	677	(93)
Corporate	699	698	10	14	722	23
Vacancy Factor					0	
Total	4,982	4,155	249	128	4,532	(450)

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.

Agency spend is £760k in February.

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.

Agency spend has increased in month mainly due to additional medical (non consultant) staff with additional across a number of BDU's.

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

Agency Expenditure Trends (£m)

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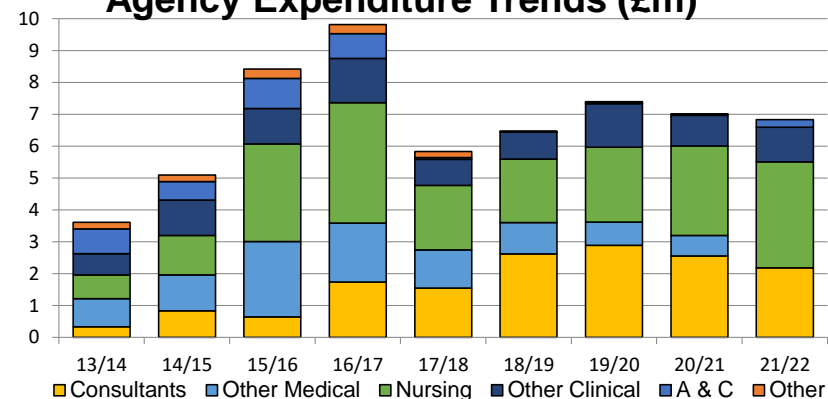
Agency and bank expenditure trend

Legend: Bank, Agency

Agency Spend By Month

Legend: 18/19, 19/20, 20/21, 21/22
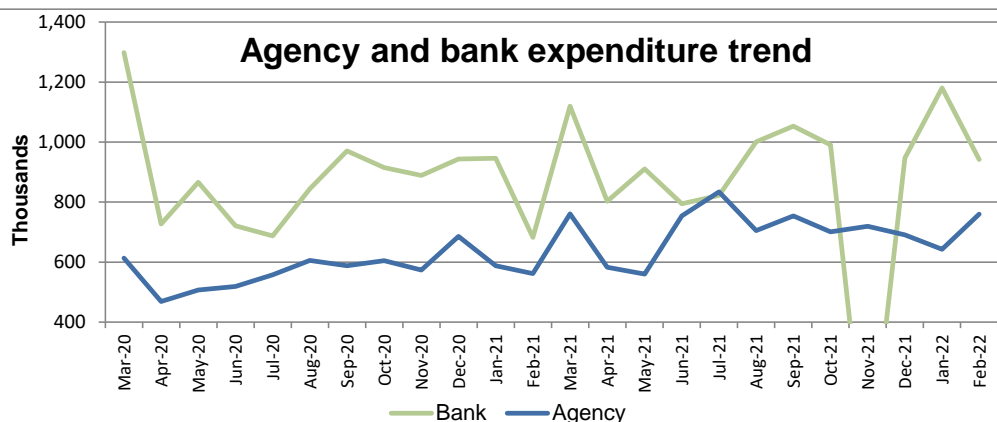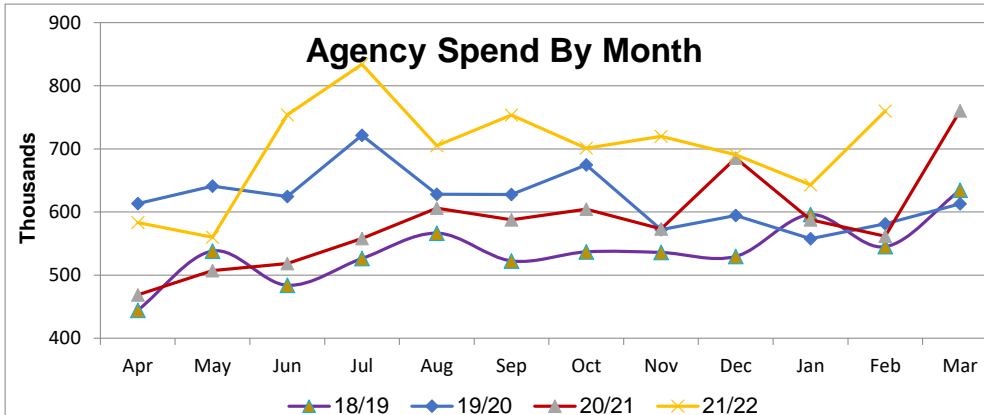
2.3					**Non Pay Expenditure**								

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	6,961		**59,530**
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628	5,921	**46,574**

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	3,410	3,003	(407)
Establishment	7,105	9,246	2,141
Lease & Property Rental	7,019	7,153	134
Premises (inc. rates)	5,198	5,974	776
Purchase of Healthcare	19,795	20,528	733
Travel & vehicles	3,914	3,728	(186)
Supplies & Services	6,071	5,771	(300)
Training & Education	682	724	42
Clinical Negligence & Insurance	799	1,012	213
Other non pay	6,083	2,391	(3,692)
Total	**60,077**	**59,530**	**(547)**
Total Excl OOA and Drugs	**36,872**	**35,999**	**(873)**
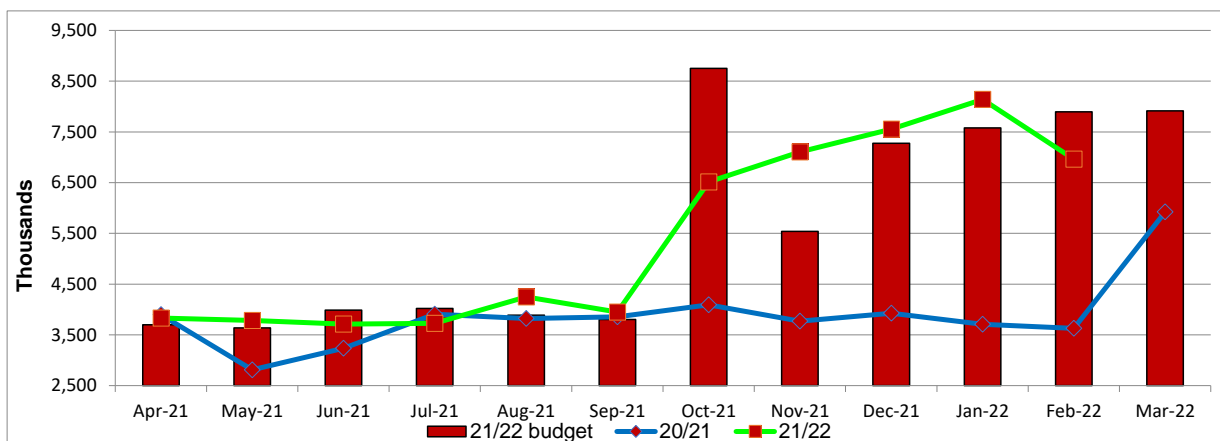
Key Messages

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 independant sector providers is based upon activity and cost per case payments.

The trend has reduced in February 2022 with a number of one off purchases recevied in previous months. This is expected to increase again in March 2022 following receipt of items previously agreed through the Trust Operational Management Group (OMG).

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

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Locked Rehab	2,093	2,383	290
Out of Area			
Acute	1,148	65	(1,083)
PICU	696	65	(631)
Other Services	15,859	18,015	2,156
Total	**19,795**	**20,528**	**733**

Out of Area Expenditure Trend (£)

	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48	82	158	191	230	359	**1,924**
20/21	141	55	88	342	253	164	135	68	86	73	119	218	**1,741**
21/22	195	251	199	137	121	88	305	337	382	604	641		**3,260**

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	498		**4,331**

Bed Day Information 2021 / 2022 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	203	236	233	176	188	311	346	408	472	544	437		**3,554**
Acute	18	77	83	47	73	98	76	52	83	109	61		**777**
Total	221	313	316	223	261	409	422	460	555	653	498	0	**4,331**

Out of Area Expenditure - monthly (19/20, 20/21, 21/22)
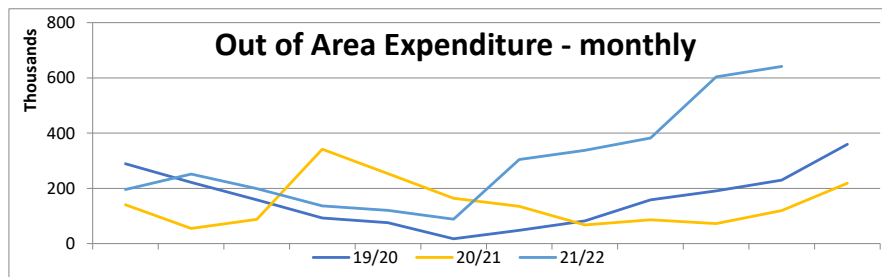
February 2022 has seen a reduction from the peak out of area bed placements experienced in January 2022; this had been a trend increasing over the previous 5 months. This is in both acute and PICU bed.

The main driver remains related to bed availbility 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	105,778	Pg 14
Current Assets			
Inventories & Work in Progress	173	173	
NHS Trade Receivables (Debtors)	1,857	1,588	1
Non NHS Trade Receivables (Debtors)	1,839	1,752	1
Prepayments	2,867	1,983	2
Accrued Income	3,090	1,229	3
Cash and Cash Equivalents	56,659	81,459	Pg 16
Total Current Assets	**66,486**	**88,183**	
Current Liabilities			
Trade Payables (Creditors)	(1,888)	(6,471)	4
Capital Payables (Creditors)	(585)	(2,185)	
Tax, NI, Pension Payables, PDC	(5,920)	(7,908)	
Accruals	(24,112)	(23,823)	5
Deferred Income	(3,981)	(6,974)	6
Total Current Liabilities	**(36,485)**	**(47,361)**	
Net Current Assets/Liabilities	**30,001**	**40,822**	
Total Assets less Current Liabilities	**133,855**	**146,601**	
Provisions for Liabilities	(7,348)	(7,790)	
Total Net Assets/(Liabilities)	**126,507**	**138,810**	
Taxpayers' Equity			
Public Dividend Capital	45,384	45,624	
Revaluation Reserve	10,596	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	65,307	74,810	7
Total Taxpayers' Equity	**126,507**	**138,810**	

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, £0.8m is currently over 30 days (£0.4m is with Wakefield CCG relating to a specific project).

2. Prepayments remain high, this includes software licences (£0.7m), rent (£0.2m) and the cost associated with lease cars for the Trust (£0.6m).

3. Accrued income is low. Of this £0.9m is with Wakefield CCG, this has been agreed and will be received in March 22.

4. Creditors is still high 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 NHS Shared Business Services, we are actively working with them to reduce this ahead of year-end.

5. Accruals continue to be at a higher level than historically. Work continues to chase invoices to reduce this value.

6. Deferred income remains high and includes £1.2m from Health Education England and £2.7m in relation to the adult secure provider collaborative.

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

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Funding Source
Major Capital Schemes							
Bretton Centre	2,000	1,700	98	(1,602)	98	(1,902)	Internal
OPS transformation	578	278	0	(278)	50	(528)	Internal
Maintenance (Minor) Capital							
Routine Maintenance	3,194	2,449	1,612	(837)	2,752	(442)	Internal
Fire Safety	160	160	108	(52)	195	35	Internal
Plant & Machinery	455	455	225	(230)	572	117	Internal
Equipment	100	90	85	(5)	128	28	Internal
Fixtures & Fittings	45	45	2	(43)	45	0	Internal
Other	643	591	1,071	480	1,119	476	Internal
IM & T							
Clinical Systems	275	270	65	(205)	228	(47)	Internal
Hardware	200	200	184	(16)	202	2	Internal
Cybersecurity, Infrastructure	240	240	312	72	500	260	External
Software	600	550	401	(149)	1,158	558	Internal
Other	1,340	1,340	440	(900)	1,130	(210)	Internal
VAT Refunds						0	
TOTALS	9,830	8,368	4,602	(3,766)	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 £4.6m. This is an increase from the previous run rates as schemes begin to hit significant milestones / deliveries.

This will continue into March 2022 with programme leads continuing to provide assurance that schemes will be delivered within the current financial year.

A number of schemes, such as purchase of electric fleet vehicles and specialist gym equipment, are no longer progressing due to backword from suppliers.

Substitutions have been brought froward from the 2022 / 23 capital programme where ever possible.

Capital Programme 2021 / 2022 Cumulative Profile
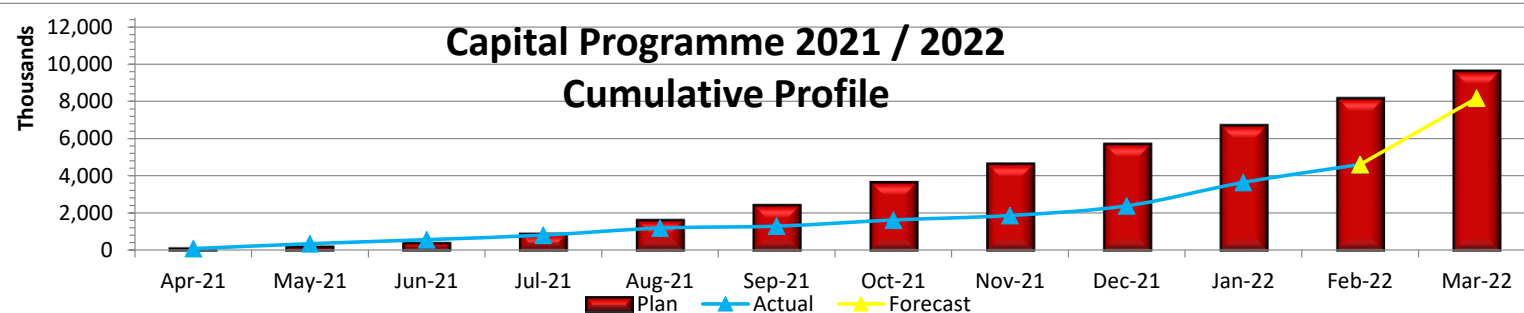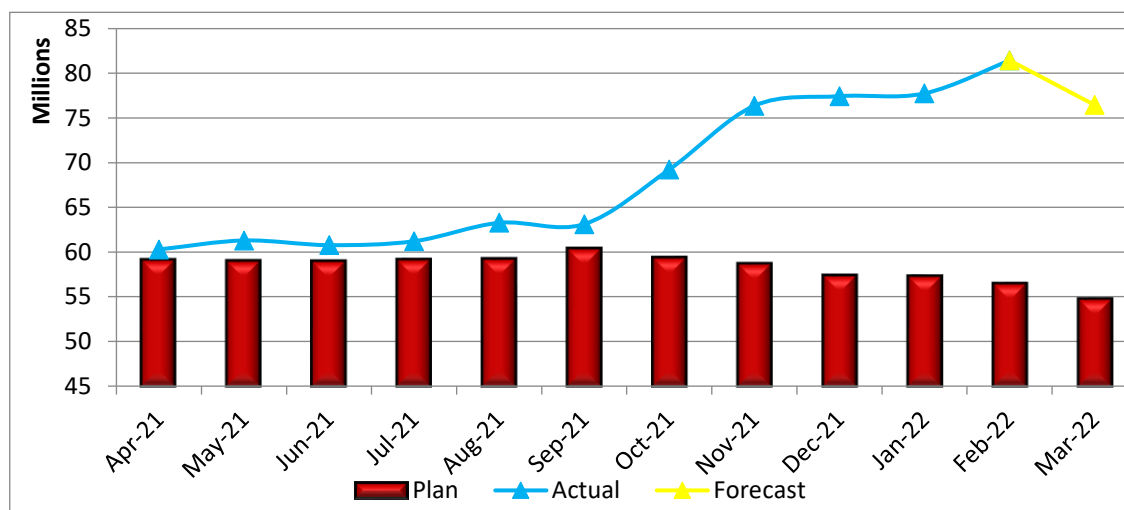
Cash remains positive. This helps to enable continued investment in the Trust capital programme.

	Plan £k	Actual £k	Variance £k
Opening Balance	56,648	56,659	
Closing Balance	56,454	81,459	25,004

Cash has remained higher than planned over the course of the year. We anticpate cash to reduce in March as PDC is paid and a backlog of old invoices are cleared.

A detailed reconciliation of working capital compared to plan is presented on page 17.
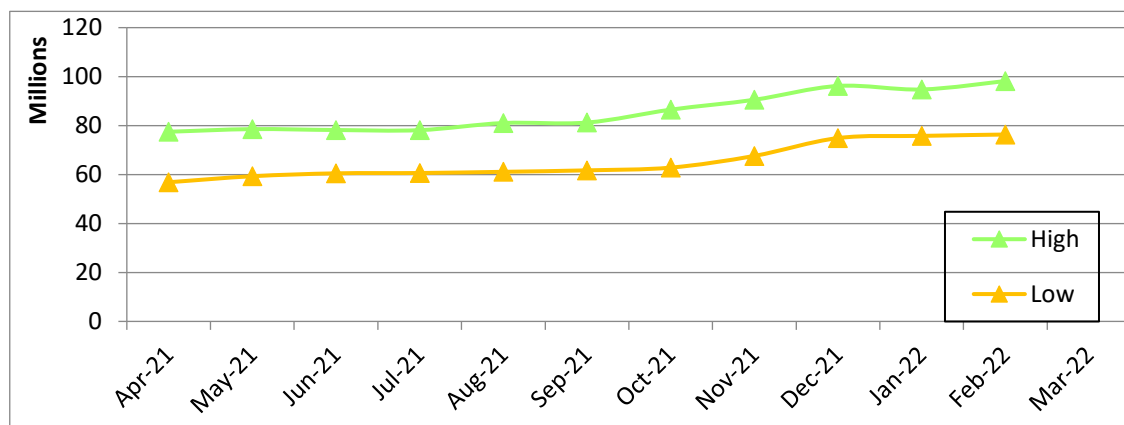
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £98.2m
The lowest balance is: £76.3m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Note
Opening Balances	**56,648**	**56,659**	
Surplus / Deficit (Exc. non-cash items & revaluation)	5,925	15,218	
Movement in working capital:			
Inventories & Work in Progress	0	0	
Receivables (Debtors)	3,525	3,102	
Accrued Income / Prepayments	0	0	
Trade Payables (Creditors)	(96)	5,090	
Other Payables (Creditors)	0	2,781	
Accruals & Deferred income	10		
Provisions & Liabilities	0	443	
Movement in LT Receivables:			
Capital expenditure & capital creditors	(8,288)	(3,002)	
Cash receipts from asset sales	0	1,499	
PDC Dividends paid	(1,271)	(588)	
PDC Dividends received	0	240	
Interest (paid)/ received	0	15	
Closing Balances	**56,454**	**81,459**	

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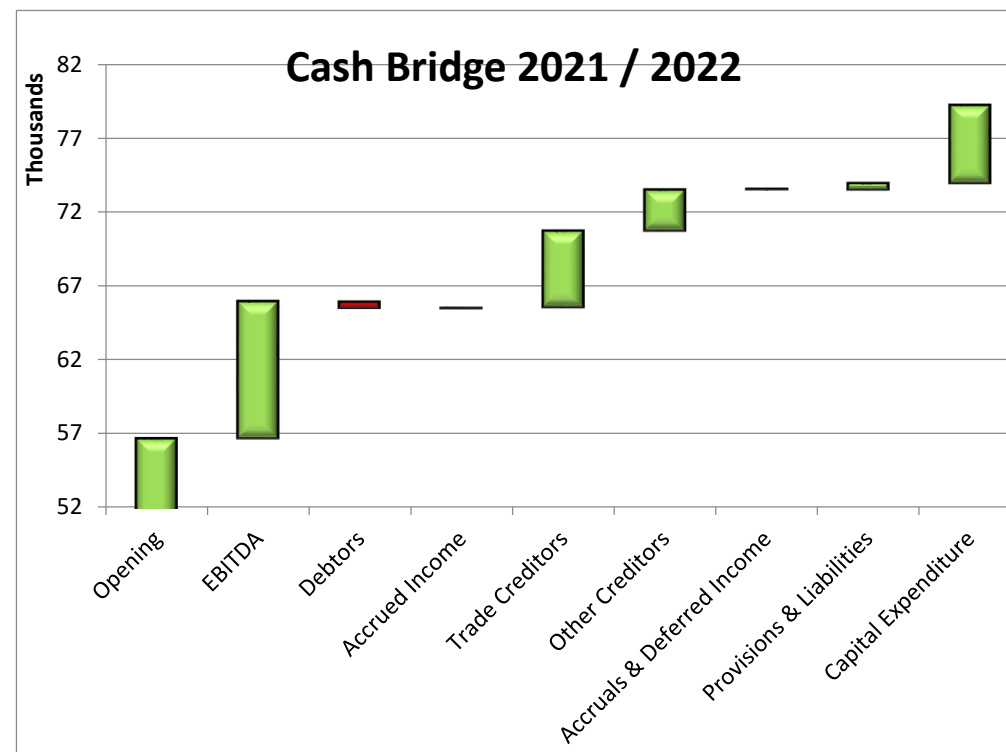
The table above summarises the reasons for the movement in the Trust cash position during 2021 / 2022. This is also presented graphically within the cash bridge.

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

The current main driver is the overall Income and Expenditure position which is better than breakeven, the receipt of £1.5m from the sale of Mount Vernon, 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 February has seen overall 96% of volume and 95% 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, we aim to clear and pay a backlog of old invoices before the end of March.

NHS	Number %	Value %
In Month	90%	94%
Cumulative Year to Date	96%	98%
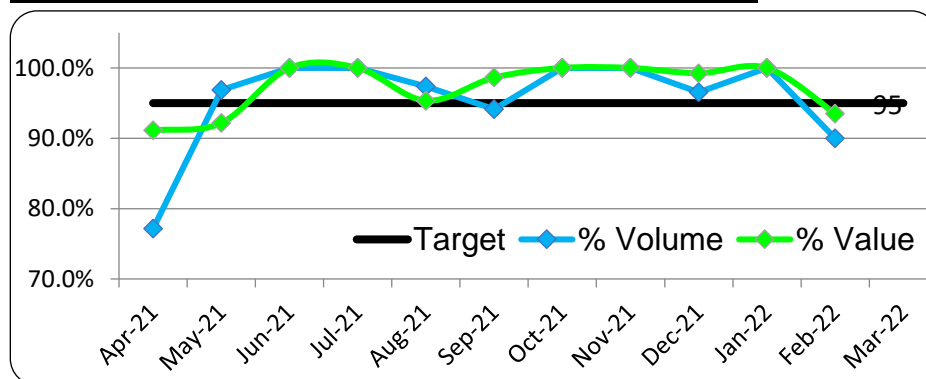
Non NHS	Number %	Value %
In Month	93%	96%
Cumulative Year to Date	96%	95%
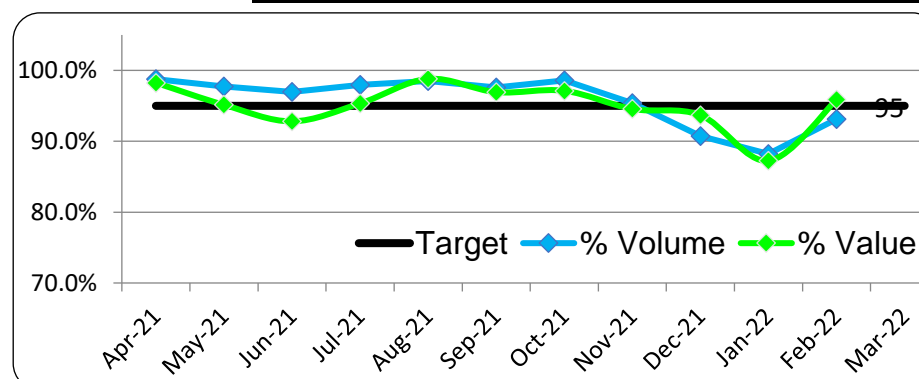
4.1	Transparency Disclosure

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 (£)
28-Jan-22	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600019110	576,581
01-Feb-22	Provision of Healthcare	Forensic	Cygnet Health Care Ltd	CYGWYS18	544,330
09-Feb-22	Provision of Healthcare	Forensic	Humber NHS Foundation Trust	59890821	297,400
01-Feb-22	Provision of Healthcare	Forensic	Partnerships In Care Ltd	D510006589	249,452
01-Feb-22	Provision of Healthcare	Forensic	Waterloo Manor Ltd	HO NHS LS 249	237,153
25-Jan-22	Provision of Healthcare	Forensic	Cheswold Park Hospital	4305	196,134
28-Jan-22	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600019120	192,194
15-Feb-22	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600019306	192,194
01-Feb-22	Medical Equipment	Trustwide	Healthcall Solutions Ltd	INV0114	160,225
30-Nov-21	Consultancy	Altogether Better	Fischer Associates Ltd	FISCH202112DRCORR	76,800
31-Dec-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	105201	74,824
31-Dec-21	Computer Software	Trustwide	Insight Direct (Uk) Ltd	210007987021	65,476
31-Oct-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	103923	63,956
31-Jan-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	105837	63,607
17-Dec-21	Staff Recharge	Wakefield	Wakefield Metropolitan District Council	91313661093	53,036
08-Feb-22	IT Hardware	Trustwide	Dell Corporation Ltd	7402786111	46,020
09-Feb-22	IT Hardware	Forensic	Dell Corporation Ltd	7402786292	46,020
10-Feb-22	IT Hardware	Forensic	Dell Corporation Ltd	7402787044	46,020
03-Dec-21	Training	Trustwide	University Of Sheffield	1800218105	46,000
29-Dec-21	Cleaning Equipment	Trustwide	Gt Cleaning Machines Ltd	66771	45,540
31-Jan-22	Provision of Healthcare	Forensic	Mersey Care NHS Foundation Trust	72482264	44,641
26-Jan-22	Provision of Healthcare	Forensic	Cygnet Health Care Ltd	WYS016INV	39,880
17-Jan-22	Drugs	Trustwide	NHS Business Services Authority	1000071938	38,064
31-Dec-21	Provision of Healthcare	Forensic	Sheffield Childrens NHS Foundation Trust	2100218319	38,042
31-Jan-22	Provision of Healthcare	Trustwide	Nouvita Ltd	8168	35,712
31-Jan-22	Provision of Healthcare	Trustwide	Nouvita Ltd	8166	35,496
12-Jan-22	Mobile Phones	Trustwide	Vodafone Ltd	100126505	34,663
13-Dec-21	Mobile Phones	Trustwide	Vodafone Ltd	99876138	34,216
08-Feb-22	Provision of Healthcare	Trustwide	Touchstone-Leeds	SINV20210421	33,634
31-Jan-22	Rent	Barnsley	Community Health Partnerships Ltd	60230736	33,538
07-Sep-21	Rent	Barnsley	Community Health Partnerships Ltd	60211459	33,538
02-Feb-22	Utilities	Trustwide	Edf Energy Customers Ltd	11548519	29,633
04-Jan-22	Utilities	Trustwide	Edf Energy Customers Ltd	11278192	29,623
31-Jan-22	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6025134	28,726
31-Jan-22	Rent	Barnsley	Community Health Partnerships Ltd	60230735	26,233
07-Sep-21	Rent	Barnsley	Community Health Partnerships Ltd	60211458	26,233
20-Jan-22	MFD Devices	Trustwide	Kyocera Document Solutions (Uk) Ltd	1263532	25,522
07-Feb-22	Voluntary Sector	Trustwide	Nova Wakefield District Ltd	1063	25,000

4.2	Glossary

* Recurrent - an action or decision that has a continuing financial effect

* Non-Recurrent - an action or decision that has a one off or time limited effect

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

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

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

* ICS - Integrated Care System.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 2 - Workforce - Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Barnsley District Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Threshold	Calderdale and Kirklees District Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	4.0%	4.1%	4.1%	4.2%	4.2%	4.3%	<=4.5%	5.3%	5.4%	5.5%	5.4%	5.3%	5.4%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	4.1%	4.6%	4.5%	4.6%	4.5%	5.1%	<=4.5%	5.4%	6.3%	6.1%	5.8%	5.7%	5.9%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21	55.0%	58.7%	Data Unavailable		66.0%	>=95%	Reporting commenced Oct-21	59.2%	65.8%	Data Unavailable		64.2%
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%	83.0%	83.8%	80.7%	77.9%	76.1%	75.1%	>=80%	86.5%	86.5%	84.7%	81.5%	79.3%	77.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	70.6%	70.8%	75.7%	76.3%	77.0%	76.4%	>=80%	76.2%	77.6%	74.2%	72.9%	69.8%	66.8%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	91.4%	90.6%	91.1%	93.2%	93.7%	93.8%	>=80%	95.8%	96.7%	97.1%	96.9%	96.6%	95.9%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21		84.3%	84.0%	89.7%	90.7%	>=80%	Reporting commenced Nov-21		84.0%	83.8%	88.2%	90.0%
Equality and Diversity	Resources	Well Led	LJ	>=80%	96.2%	96.5%	96.2%	96.3%	94.6%	94.6%	>=80%	96.6%	95.9%	94.6%	95.1%	92.9%	93.4%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	86.0%	88.1%	90.7%	90.5%	90.3%	90.4%	>=80%	82.9%	85.7%	86.7%	88.7%	89.6%	88.7%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	77.6%	76.9%	75.0%	75.5%	75.0%	67.7%	>=80%	91.6%	90.8%	89.8%	84.7%	85.8%	85.9%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	51.4%	62.6%	70.3%	74.9%	78.9%	82.2%	>=80%	41.5%	56.6%	62.8%	67.4%	72.6%	76.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	91.1%	91.0%	91.9%	91.7%	91.3%	91.2%	>=80%	91.2%	89.8%	89.5%	88.9%	88.7%	89.6%
Information Governance	Resources	Well Led	LJ	>=95%	94.0%	92.5%	91.0%	89.4%	73.6%	91.2%	>=95%	91.6%	88.0%	85.6%	84.9%	70.6%	88.4%
Moving and Handling	Resources	Well Led	LJ	>=80%	94.0%	93.5%	93.0%	92.2%	92.5%	93.1%	>=80%	96.5%	96.6%	96.4%	96.0%	96.1%	95.9%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	51.7%	62.8%	63.6%	63.9%	73.7%	76.4%	>=80%	60.6%	71.2%	71.8%	71.2%	76.1%	79.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	86.8%	88.0%	89.6%	90.3%	91.3%	91.6%	>=80%	84.8%	86.5%	87.6%	87.7%	88.7%	89.3%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	80.9%	82.8%	85.3%	85.2%	85.2%	85.2%	>=80%	82.3%	83.6%	85.2%	85.9%	86.9%	88.4%
Prevent	Improving Care	Well Led	LJ	>=80%	96.2%	96.5%	96.7%	96.0%	93.8%	93.2%	>=80%	94.6%	95.1%	93.3%	93.4%	93.6%	94.5%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	91.5%	91.4%	91.3%	91.7%	90.2%	90.3%	>=80%	92.3%	92.5%	91.1%	91.0%	88.7%	86.4%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	93.1%	93.0%	92.1%	92.7%	90.7%	90.9%	>=80%	88.6%	89.8%	88.9%	88.8%	88.2%	88.5%
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														

Month	Objective	CQC Domain	Owner	Threshold	Forensic Services						Threshold	CAMHS					
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Sickness (YTD)	Resources	Well Led	LJ	<=5.4%	5.5%	5.7%	5.9%	5.8%	5.8%	5.7%	<=4.5%	2.8%	2.7%	2.8%	2.6%	2.6%	2.6%
Sickness (Monthly)	Resources	Well Led	LJ	<=5.4%	5.9%	6.5%	7.3%	5.3%	5.6%	5.6%	<=4.5%	2.4%	2.4%	1.9%	2.4%	2.4%	2.6%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21	62.9%	67.3%	Data Unavailable		57.3%	>=95%	Reporting commenced Oct-21	55.9%	59.4%	Data Unavailable		78.6%
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%	80.4%	79.5%	82.8%	81.8%	80.0%	76.8%	>=80%	81.9%	81.4%	77.8%	75.7%	75.1%	75.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	71.6%	68.5%	71.4%	73.5%	69.8%	67.0%	>=80%	69.2%	74.1%	77.0%	78.1%	71.7%	69.3%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	92.9%	93.5%	94.2%	94.9%	95.9%	94.6%	>=80%	87.2%	90.0%	92.0%	94.2%	93.3%	94.0%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21		78.9%	79.0%	87.2%	88.9%	>=80%	Reporting commenced Nov-21		79.2%	79.0%	86.3%	89.6%
Equality and Diversity	Resources	Well Led	LJ	>=80%	94.4%	94.5%	94.8%	94.7%	93.2%	92.9%	>=80%	95.3%	95.3%	95.7%	95.5%	95.2%	95.7%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	84.1%	89.2%	88.1%	90.0%	89.7%	90.3%	>=80%	84.0%	85.8%	89.2%	90.0%	90.5%	89.9%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	70.7%	73.7%	71.5%	71.3%	69.3%	69.0%	>=80%	25.0%	25.0%	20.0%	40.0%	40.0%	60.0%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	40.4%	54.4%	64.3%	70.3%	73.4%	77.0%	>=80%	37.9%	57.4%	67.5%	70.9%	76.7%	81.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	90.7%	91.1%	91.1%	92.1%	91.5%	92.9%	>=80%	91.8%	90.5%	91.0%	88.8%	89.3%	89.9%
Information Governance	Resources	Well Led	LJ	>=95%	90.7%	89.9%	90.2%	87.1%	70.4%	89.0%	>=95%	89.0%	88.3%	90.4%	89.4%	69.0%	89.6%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.8%	98.3%	97.9%	97.7%	98.9%	98.8%	>=80%	99.1%	99.1%	98.8%	97.0%	97.9%	98.5%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	41.1%	54.2%	56.3%	56.6%	68.5%	70.6%	>=80%	N/A	N/A	N/A	N/A	N/A	N/A
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	88.7%	89.6%	90.5%	90.8%	91.5%	92.2%	>=80%	81.6%	83.0%	84.9%	85.2%	87.3%	90.1%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	84.4%	85.7%	87.4%	88.1%	88.1%	88.9%	>=80%	81.2%	82.7%	84.5%	84.4%	87.1%	89.5%
Prevent	Improving Care	Well Led	LJ	>=80%	90.9%	91.2%	90.9%	92.0%	91.3%	91.6%	>=80%	94.5%	93.1%	94.6%	93.1%	94.1%	93.3%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	91.3%	91.3%	91.6%	91.3%	90.0%	89.0%	>=80%	94.0%	92.3%	91.5%	91.7%	90.3%	91.3%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	88.0%	90.0%	89.9%	88.2%	87.9%	88.5%	>=80%	92.4%	92.1%	90.7%	89.4%	89.3%	90.8%
Bank Cost	Resources	Well Led	LJ		Data unavailable at the time of producing this report							Data unavailable at the time of producing this report					
Agency Cost	Resources	Effective	LJ														
Overtime Costs	Resources	Effective	LJ														
Additional Hours Costs	Resources	Effective	LJ														
Sickness Cost (Monthly)	Resources	Effective	LJ														
Vacancies (Non-Medical) (WTE)	Resources	Well Led	LJ														
Business Miles	Resources	Effective	LJ														

Appendix 2 - Workforce - Performance Wall cont…

Month	Objective	CQC Domain	Owner	Threshold	Support Services						Threshold	Wakefield District					
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.0%	3.4%	3.6%	3.8%	3.7%	3.7%	3.7%	<=4.6%	3.6%	3.5%	3.4%	3.8%	4.0%	4.1%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.0%	4.0%	4.4%	4.3%	3.7%	3.7%	3.5%	<=4.6%	3.7%	4.0%	4.3%	4.7%	5.7%	6.0%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21	53.1%	63.2%	Data Unavailable		76.0%	>=95%	Reporting commenced Oct-21	70.3%	74.4%	Data Unavailable		81.4%
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%	85.1%	82.9%	81.4%	81.3%	79.4%	>=80%	86.8%	86.6%	86.0%	82.8%	83.0%	81.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	72.4%	75.0%	68.8%	74.2%	65.6%	64.1%	>=80%	67.2%	69.3%	68.3%	67.9%	67.5%	65.7%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	100%	100%	100%	100%	88.9%	88.9%	>=80%	94.0%	92.8%	93.2%	94.4%	93.2%	93.2%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21		82.6%	82.2%	86.6%	88.8%	>=80%	Reporting commenced Nov-21		76.8%	76.6%	84.1%	85.9%
Equality and Diversity	Resources	Well Led	LJ	>=80%	89.5%	89.8%	88.0%	89.2%	89.1%	90.8%	>=80%	95.9%	94.9%	94.6%	94.6%	94.3%	92.7%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	87.7%	88.3%	89.9%	91.3%	91.1%	92.3%	>=80%	83.8%	86.9%	90.2%	89.6%	89.0%	88.2%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	95.5%	94.8%	94.7%	94.7%	94.8%	96.3%	>=80%	85.9%	88.1%	89.2%	88.8%	86.1%	88.2%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	34.4%	47.6%	55.6%	60.3%	66.3%	73.3%	>=80%	39.5%	50.0%	58.6%	64.7%	72.0%	77.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	85.0%	83.8%	85.5%	85.5%	85.8%	87.4%	>=80%	89.7%	90.7%	88.2%	89.4%	89.1%	89.1%
Information Governance	Resources	Well Led	LJ	>=95%	93.4%	91.0%	91.3%	88.8%	75.8%	90.7%	>=95%	92.6%	91.5%	89.0%	87.4%	69.6%	89.3%
Moving and Handling	Resources	Well Led	LJ	>=80%	99.6%	99.5%	99.3%	99.1%	99.2%	99.2%	>=80%	94.4%	94.9%	95.1%	94.9%	95.3%	95.3%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	N/A	N/A	100%	100%	100%	100%	>=80%	52.9%	68.7%	66.7%	65.4%	71.8%	79.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	98.2%	98.3%	98.6%	98.6%	98.8%	98.2%	>=80%	81.9%	83.1%	84.2%	85.7%	87.2%	88.7%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	85.0%	86.4%	88.0%	88.0%	84.0%	84.6%	>=80%	80.6%	84.4%	85.0%	87.0%	87.9%	88.5%
Prevent	Improving Care	Well Led	LJ	>=80%	98.2%	97.4%	97.6%	97.5%	97.5%	98.2%	>=80%	95.1%	94.2%	93.2%	94.0%	92.9%	93.7%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	95.4%	95.1%	94.7%	95.0%	92.3%	92.3%	>=80%	93.3%	92.4%	90.3%	90.0%	87.0%	86.7%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	96.4%	95.9%	95.3%	96.0%	94.7%	96.0%	>=80%	89.0%	88.9%	87.7%	87.9%	86.5%	85.2%
Bank Cost	Resources	Well Led	LJ														
Agency Cost	Resources	Effective	LJ		Data unavailable at the time of producing this report							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	Well Led	LJ														
Business Miles	Resources	Effective	LJ														

Month	Objective	CQC Domain	Owner	Threshold	Inpatient Service					
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Sickness (YTD)	Resources	Well Led	LJ	<=4.5%	7.7%	7.6%	7.7%	7.8%	7.5%	7.4%
Sickness (Monthly)	Resources	Well Led	LJ	<=4.5%	7.4%	7.5%	7.3%	9.4%	5.3%	5.9%
Appraisals (Band 6 and above)	Resources	Well Led	LJ	>=95%	Reporting commenced Oct-21	23.1%	28.6%	Data Unavailable		17.9%
Appraisals (Band 5 and below)	Resources	Well Led	LJ	>=95%		2.4%	3.7%			
Aggression Management	Quality & Experience	Well Led	LJ	>=80%	79.4%	80.9%	79.5%	80.9%	80.6%	76.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	LJ	>=80%	72.7%	74.2%	70.4%	70.6%	66.4%	62.1%
Clinical Risk	Quality & Experience	Well Led	LJ	>=80%	89.5%	93.0%	91.6%	92.1%	91.9%	92.3%
Display Screen Equipment	Resources	Well Led	LJ	>=80%	Reporting commenced Nov-21		82.0%	81.4%	86.9%	89.6%
Equality and Diversity	Resources	Well Led	LJ	>=80%	93.8%	94.4%	93.5%	93.4%	92.8%	93.8%
Fire Safety	Health & Wellbeing	Well Led	LJ	>=80%	87.8%	90.1%	92.3%	93.3%	93.6%	91.2%
Food Safety	Health & Wellbeing	Well Led	LJ	>=80%	86.3%	87.8%	86.1%	82.3%	82.9%	80.9%
Freedom to Speak Up (FTSU)	Health & Wellbeing	Well Led	LJ	>=80%	39.9%	55.7%	63.7%	69.0%	75.5%	79.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	LJ	>=80%	90.1%	90.8%	88.7%	88.8%	89.6%	91.2%
Information Governance	Resources	Well Led	LJ	>=95%	85.7%	85.5%	84.5%	81.0%	68.9%	87.2%
Moving and Handling	Resources	Well Led	LJ	>=80%	97.2%	96.9%	96.9%	96.6%	96.8%	96.8%
National Early Warning Score 2 (NEWS2)	Health & Wellbeing	Well Led	LJ	>=80%	50.4%	59.1%	60.6%	60.6%	69.2%	72.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	LJ	>=80%	86.1%	88.5%	87.8%	87.8%	89.5%	89.3%
Mental Health Act	Health & Wellbeing	Well Led	LJ	>=80%	83.6%	85.5%	85.0%	85.2%	86.3%	86.1%
Prevent	Improving Care	Well Led	LJ	>=80%	94.1%	93.5%	92.9%	94.2%	93.0%	93.1%
Safeguarding Adults	Quality & Experience	Well Led	LJ	>=80%	88.9%	89.6%	87.2%	87.1%	87.1%	87.5%
Safeguarding Children	Quality & Experience	Well Led	LJ	>=80%	85.9%	87.2%	85.9%	87.6%	88.2%	90.3%
Bank Cost	Resources	Well Led	LJ							
Agency Cost	Resources	Effective	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	Well Led	LJ							
Business Miles	Resources	Effective	LJ							

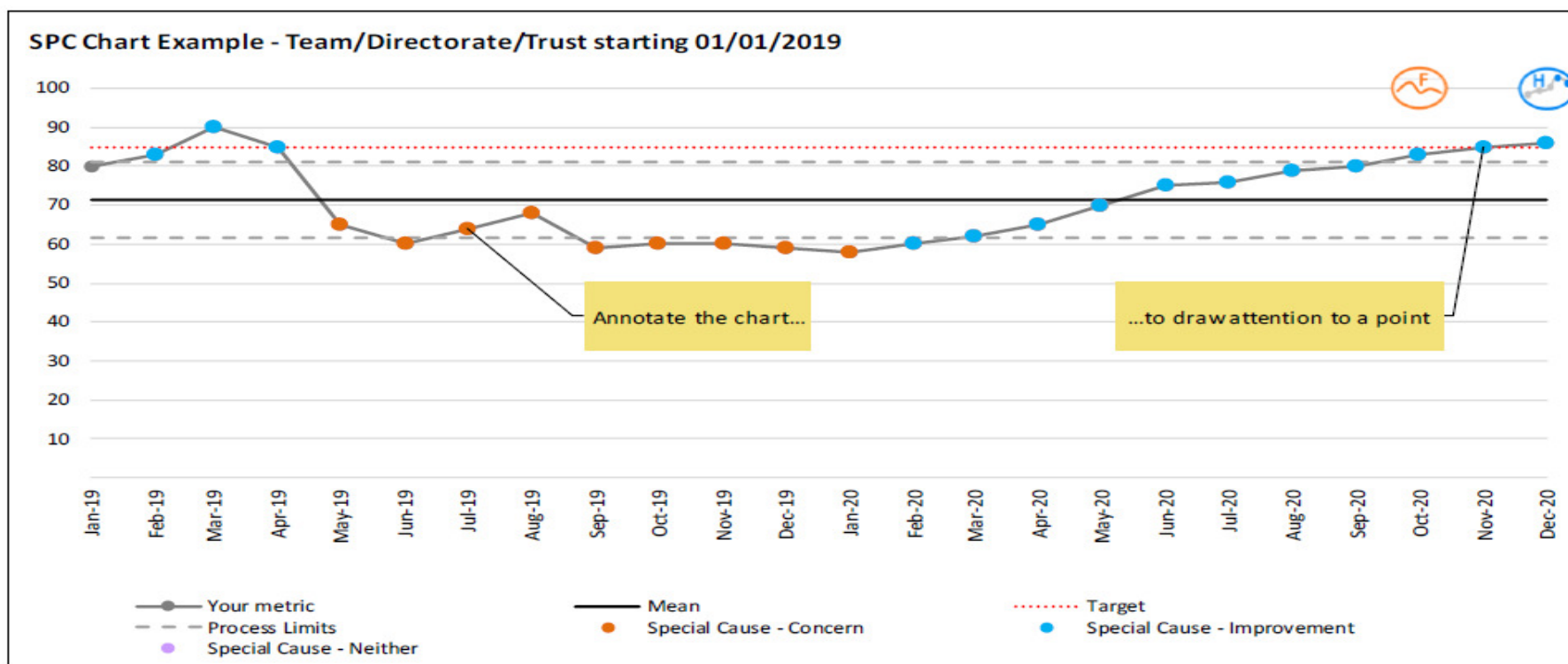# Appendix 3 - Statistical Process Control (SPC) Charts Explained

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	(common cause icon)	(? icon)	(H icon)	(L icon)	(H blue icon)	(L blue icon)	(? assurance icon)	(F icon)	(P 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.

SPC Chart Example - Team/Directorate/Trust starting 01/01/2019

Legend:
- Your metric
- Process Limits
- Special Cause - Neither
- Mean
- Special Cause - Concern
- Target
- Special Cause - Improvement

Annotations on chart: "Annotate the chart…" and "…to draw attention to a point"

Observations

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

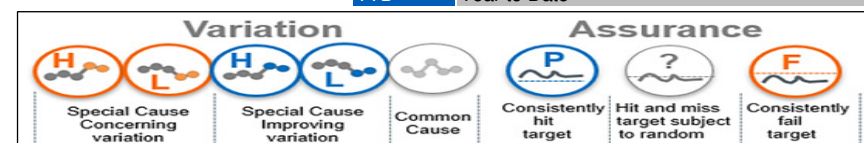|	
Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a sigificant 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 sigificant 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.