# Integrated Performance Report
# Strategic Overview

**March 2022**

# Table of Contents

Click on each section heading to navigate to that section

# Introduction

Please find the Trust's Integrated Performance Report (IPR) for March 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 March month-end data. This will ensure that Trust Board can have a discussion on the most current position available, as opposed to the position four weeks earlier. Given the fact different staff provide different sections of the report, there may be some references to data from slightly different dates.

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress.  These are:
 • Improving health
 • Improving care
 • Improving resources
 • Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
 • Executive summary
 • Covid-19 response
 • Emergency preparedness, resilience and response (EPRR)
 • Quality
 • Workforce
 • National metrics
 • Locality
 • Finance & contracting
 • Systemwide monitoring

It is likely additional metrics will be included at some stage as a result of the introduction of the new system oversight framework. We also need to consider how Trust Board monitors performance against the reset and recovery programme. The Trust is also keen to include performance data related to the West Yorkshire and South Yorkshire and Bassetlaw Integrated Care Systems (ICSs)– this is an iterative process as work is underway within the ICSs to determine how performance against their key objectives will be assessed and reported. Our Integrated Performance Strategic Overview Report is publicly available on the internet.

The Trust's Finance, Investment and Performance Committee (FIP) is currently reviewing the use of statistical process control (SPC) charts and if any further metrics could benefit from their use, and on its work plan in the near future is a review of metrics that have not met target for an extended period of time.  During Quarter 4, the IPR will be reviewed as part of the annual process to consider its contents and metrics.

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

## Improving health

| Priority programme | Metrics | Threshold | Jan-22 | Feb-22 | Mar-22 | Trend | Year end forecast | Notes |
|---|---|---|---|---|---|---|---|---|
| Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans | 1.Number of apparent suicides for people with an open referral to SWYPFT services | | 2 | 2 | 2 | | | Sadly in March there were two apparent suicides 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 | | 15.3% | 14.4% | 15.0% | | | BAME population 13% |
| Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities | 1a. Cardio metabolic assessment & treatment - Inpatient | | Please see quality section for breakdown of performance | | | | | Given the complexity of this assessment, the Trust has reviewed its current reporting structure and is now focusing on the following 7 domains: Smoking, Diet, Exercise, Alcohol, Substance Misuse, Weight and Blood Pressure. |
| | 1b. Cardio metabolic assessment & treatment - Community (Early Intervention services) | | | | | | | |
| | 2. IAPT - proportion of people completing treatment who move to recovery | 50% | 52.3% | 52.0% | 53.5% | | | March data is provisional and will be refreshed in May 2022. |
| | 3. % service users on CPA followed up within 7 days of discharge | 95% | 78/82 =95.1% | 72/75 =96.0% | 107/110 =97.3% | | | |
| | 4. % of service users on CPA with a 12 month follow up recorded | 95% | 93.0% | 93.9% | 97.4% | | | |
| | 5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week | 90% | 81.1% | 83.1% | 69.8% | | | Q4 total is 77.0%. Data is provisional at the time of producing this report and will be refreshed in May 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 |

**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 |

Below we have set out progress against key milestones for areas of focus for those priority programmes that has taken place throughout Q4 2021/22. This only covers those priority areas that are being supported and managed as a programme of work. It does not reflect the breadth of improvement/change work happening on all priority areas or those that are being supported at a more local level in line with our integrated change framework.

**Improve health (Salma Yasmeen and Sean Rayner)**

| Key Milestones | | Comments: |
|---|---|---|
| **1. Creativity & Health:** Testing and evaluation completed with the proof-of-concept app in place by February 2022. | 🔵 | **Creativity and Health:** The proof of concept app has been received after development and testing by the developer. Three co-produced creativity courses have been uploaded and will now be shared amongst staff, patients and the wider community for feedback. |
| **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. | 🟢 | Work continues with the National Centre of Creativity and Health (NCCH) to analyse health sector investment in creative projects, to inform sustainability plans and development of West Yorkshire and Harrogate Creativity Hub. The end of November 2021 timescale was revised due to delays in obtaining all required information. It has been agreed that the plan will now be finalised following a meeting with regional leaders from across the ICS on 6th May 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 July 2022. | 🟢 | The workshop to showcase the work and outcomes of the Creativity & Health work in Calderdale will be presented to the West Yorkshire and Harrogate ICS Senior Leadership Executive in July 2022 to allow for a more informed discussion and further developments. **Active Calderdale:** Work to develop a motivational interviewing module has been delayed and timescales for implementation will need to be adjusted. It is now uncertain whether this will still be needed, and discussion regarding an externally funded module with the commissioner is scheduled for April 2022. 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. |
| **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 2022. | 🟠 | **ICS and Partnership developments:** Both ICSs have continued to support the delivery of a comprehensive plan to support system pressures that includes focused work on supporting discharges. Partners across each of the places continue working together to develop plans to respond to system pressures and increased need. The Trust has continued to work with partners in each of its places to support the development of place-based arrangements in response to the White Paper and preparation for the implementation of Health and Care Bill from 1st July 2022. |
| **5. West Yorkshire Forensic Lead provider collaborative:** Recruitment to Provider Collaborative Clinical Lead post underway. Interviews taking place 20 April 2022. Lead Provider Contract Offer for 2022/23 agreed. | 🟢 | In West Yorkshire, Senior leadership appointments are taking place for the new NHS West Yorkshire Integrated Care Board (ICB). The Trust Board has provided written feedback as part of the consultation process on the ICB's formal governance and constitution. Operational plans are being developed through an integrated, whole-place approach which seeks to maximise the opportunity of working as an Integrated Care System (ICS). The Trust is contributing to planning in each of places and also developing the Trust operational plan by the end of April 2022. |
| **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, scheduled for April 2022 | 🟡 | The Trust is a key partner in the Tackling Health Inequalities for Black, Asian and Minority Ethnic Communities and Colleagues programme of work, with members of the REACH network and staff from across the organisation contributing to key workstreams. In South Yorkshire, work continues on shaping the Mental Health, Learning Disability and Autism Alliance and joint working across the collaborative. In Barnsley, work to progress the development of an out of hospital primary and community provider collaborative has continued and the inaugural Shadow Alliance Committee will be held in April 2022. |
| **7. Community mental health transformation:** Recruitment to Additional Roles Reimbursement scheme (ARRs) roles (West Yorkshire) - proposal has been agreed for phased recruitment through 2022. Recruitment of phase 1 now complete. Recruitment of phase 2 to commence through April and May 2022 with recruitment to be complete by October 2022. | 🟢 | **West Yorkshire Forensic Lead provider collaborative:** Trust Collaborative Committee Terms of Reference have agreed and meetings are being established. Staffing challenges and increased acuity are reported across all five Collaborative providers. Mutual aid and continued discussion of clinical cases as a collaborative is in place. **Community Transformation:** In early 2022, the ICSs in West and South Yorkshire have been developing the planning submissions for year 2 funding and resourcing for the transformation models in each place. Risks have been identified to transformation (as with other external recruitment activities) recruiting from a limited 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 through 2022, and the initial round of jobs are now going out to advertisement. The first phase of recruitment has led to two positions being filled in each of Calderdale, Kirklees and Wakefield, with the majority being existing SWYPFT staff. Further planning for the next round of recruitment is taking place and will be considered at the April 2022 partnership programme group meeting. |
| **8. Community mental health transformation:** Advanced Clinical Practitioners and SPA workers recruited by July 2022 (West Yorkshire) | 🟢 | |

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

**Improve Care**

| Priority programme | Metrics | Threshold | Jan-22 | Feb-22 | Mar-22 | Trend | Year end forecast | Notes |
|---|---|---|---|---|---|---|---|---|
| Continually improve patient safety | 1. Incidents involving moderate or severe harm or death | Trend monitor | 21 | 30 | 20 | | N/A | |
| | 2. Number of c-diff avoidable cases | 0 | 0 | 0 | 0 | | | |
| | 3. Number of pressure ulcers | Trend monitor | 13 | 46 | 15 | | N/A | Positive improvement in incident reporting and further work continues around continuing to improve documentation. |
| | 4. Safer staffing fill rates (%) | 90% | 111.2% | 112.2% | 109.4% | | | |
| | 5. Number of children & young people in adult wards | 0 | 0 | 0 | 1 | | | One individual under the age of 16 was admitted to an adult ward for a total of 5 days. |
| | 6. Staff absence due to Covid-19 | | 30 | 48 | 47 | | | 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 | | 41 | 6 | 41 | | | The increase in healthcare-associated infections is mirrored with other comparable Trusts and can be related to the Omicron variant being more transmissible. |
| Provide care as close to home as possible | 1. Out of area bed placements (days) | | 431 | 281 | 382 | | | 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) | | 125 | 238 | 261 | | | 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) | | 197 | 209 | 201 | | | Higher referral numbers, including eating disorders |
| | 3. Friends & Family test - CAMHS | 80% | 87.5% | 77.8% | 76.0% | | | 50 responses in March |
| | 4. Forensics staff sickness | <=5.4% | 5.8% | 5.6% | 5.4% | | | YTD sickness |
| | 5. Forensics staff turnover | | 16.0% | 15.0% | 15.4% | | | Registered nurses turnover |
| | 6. Race related incidents against staff in forensics | | 8 | 11 | 7 | | | There were a total of 26 race related incidents against staff reported between January 2022 and March 2022, occurring in Forensic BDU. |
| Safely deliver and restore inclusive services locking in innovation | 1a. Waiting lists - Referral to assessment within 2 weeks (external referrals) | 75% | 87.4% | 92.8% | 83.9% | | | 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% | 88.8% | 97.8% | 97.3% | | | 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% | 93.7% | 95.2% | 95.3% | | | This mostly relates to IHBT and liaison services |
| | 2a. Average contacts per day - Core mental health | | 229 | 236 | 243 | | | Pre Covid-19 - 240 (October 2019 which is representative of the following 6 months). |
| | 2b. Average contacts per day - intensive home based treatment team | | 127 | 115 | 108 | | | 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 | 115 | 116 | | | 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 | | 621 | 666 | 668 | | | Pre Covid-19 - 710 (Average from September 2019 to January 2020) |
| | 3. Access representative of community population | | 6.4% | 6.4% | 7.0% | | | Percentage of BAME population on caseload. BAME population for the areas the Trust covers - 10% |

**Glossary**

| | | | |
|---|---|---|---|
| CAMHS | Child and adolescent mental health services | PICU | Psychiatric intensive care unit |
| SPA | Single point of access | CCG | Clinical commissioning group |
| IHBT | Intensive home based treatment team | BAME | Black, Asian and Minority Ethnic |

**Improve care (Carol Harris)**

| Key Milestones | | Comments: |
|---|---|---|
| **1. Recovery and Reset – Enabling Working Effectively:** 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) | | **Recovery and Reset:**<br>**Enabling working effectively (EWE)**<br>• Enabling working effectively engagement sessions have been held with corporate services at Fieldhead, and an introductory engagement session held with services at Drury Lane.<br>• Teams in corporate services continue to discuss their hybrid working needs and completion of space utilisation templates for compilation and analysis by EWE steering group in April/May.<br>• Corporate services are establishing a working group of representatives from each of the services to support sharing of learning, and working to mitigate shared risks and issues as they work towards adopting and implementing hybrid working.<br>• Hybrid working policy and supporting management guidance is being developed with support from specialist advisers and networks within the Trust.<br>• Work continues on establishing capacity and resources to continue supporting services post April 2022 considering both implementation model and pace.<br><br>**Operational recovery and reset**<br>• 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.<br>• 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.<br><br>**Older people inpatient services transformation**<br>Work is continuing toward the delivery of the outline business case for the proposals. Options for extra space utilisation at Crofton have been appraised, though 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 has been given by the steering group, and a variation to the existing options has been put forward. The options analysis is being reviewed and refreshed in April 2022.<br>The programme has agreed to go through a clinical senate prior to further pre-consultation engagement. Planning is taking place in April and the senate is likely to take place in May / June 2022.<br><br>**CAMHS improvement neurodevelopmental waiting lists (Calderdale and Kirklees):**<br>**In 2022/23 investment has been made into neurodevelopment assessment services** in both Calderdale and Kirklees.<br>In Calderdale, the enhanced service has been funded to deliver 21 assessments per month from December 2021. The service has exceeded this number since then, and the total caseload on the waiting list has reduced from approximately 400 to 350.<br>The Kirklees Neurodevelopmental Service has recently been going through a relocation to the Princess Royal site in Huddersfield, which will become operational from April 2022. Calderdale will also deliver some assessments from this site whilst retaining a service offer in Calderdale.<br>The SWYPFT Kirklees service has been commissioned to deliver 43 assessments per month from the point it can fully recruit into the team. Recruitment is still ongoing into the service, and although it has recently delivered close to the target amount, it will only be able to consistently achieve this when vacancies are filled.<br>As well as this, two external partners were commissioned as part of a waiting list initiative to reduce demand. One of these commenced assessments in October 2021 and the second has now withdrawn. In the 6 months, the backlog initiative has delivered 92 assessments.<br>However, in this same period, referrals have been coming through at an average of well over 100 per month and this has seen the overall waiting list increase from approximately 800 to over 1,100 children and there remains a gap between referrals and commissioned capacity.<br>Priority work now includes working with the local single point of access in Kirklees, Northorpe Hall, to better understand demand, the backlog of referrals they hold, and reasons for the recent increase as well as ensuring our service can operate at the commissioned level at the new site. |
| **2. Recovery and reset – operational recovery and reset:** Dashboard developed to support inclusive operational service recovery and reset (January – July 2022) | | |
| **3. Care close to home:** Further review of trajectories to take place in April 2022 given the proposed new NHSE/I target for Trusts to reach zero out of area placements by end of 2023/24 financial year. | | |
| **4. Care close to home:** New tracking systems and weekly oversight meetings held to monitor and progress activity required on the existing out of area placements (April onwards). | | |
| **5. Improve services for people acutely unwell and improve ward environment:** Work progressing with senior leaders to maximise the model and enhance service delivery. Additional workstreams include reviewing the role and function of ward managers and band 6 senior nurses, reviewing professional development needs and working patterns to ensure we are maximising potential and enhancing opportunities for development. | | |
| **6. Improve services for people acutely unwell and improve ward environment:** reviewed for Registered Nurses and Nursing Associates. Work to commence on Health Care Support Worker requirements. As the Nursing Associate is a new role, the remit of the role has been clarified in a policy document which will be presented to Operational Management Group in April. | | |
| **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 Ward. Theming and identification of potential improvement activity is now being progressed, with safety huddles identified as one of the quality improvement initiatives. Activity on the reducing restrictive practices initiative (RRPI) is now commencing on Ashdale and Elmdale wards. | | |
| **8. Improve services for people acutely unwell and improve ward environment:** Innovations that can be applied to the wards are now being progressed. Acoustic panels for Nostell/Stanley wards dining space have been ordered. Photographer commissioned to co-produce the visuals for wall stickers (April). Musician has visited wards for an initial meeting and timing of 8-week programme is being negotiated. | | |
| **9. Improve services for people acutely unwell and improve ward environment:** Challenges to the workforce on Clark ward continue. The reset plan in place has been mobilised as far as possible, however without the recruitment of additional staff it is not possible to progress this work further. The ward is being tightly overseen by the senior management team within Oakwell centre. A review of the reset meeting for Clark is planned in the coming weeks. Trust- wide recruitment plans are not having the required impact, in the immediate future, on securing staff for Clark ward. | | |
| **10. Improve services for people acutely unwell and improve ward environment:** Outcomes: initial exploration and development work on tracking and pulling together measures into one place is taking place (February – April 2022). | | |
| **11. Improve services for people acutely unwell and improve ward environment:** Patient Flow: new patient flow and discharges group established (March). Criteria led discharge dashboard established (March) and developed for use (April-May). Process mapping (April). New /consistent inpatient pathways and approaches being established to support timely patient flow from April onwards. This activity also supports delivering care close to home / out of area cessation objectives. | | |
| **12. Older people inpatient services transformation – Clinical senate:** Programme has agreed to hold a clinical senate prior to further pre-consultation engagement activity. Planning for the senate is due to take place in April and the senate will take place in May/June 2022. | | |

| | | |
|---|---|---|
| **13. Older people inpatient services transformation:** Finalise and secure agreement for the outline business case for change- spring 2022. Further review of options is taking place in April 2022 will feed into the updated business case. Awaiting finalisation of safer staffing analysis. | *(yellow)* | **Inpatient Improvement**<br>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 including establishing safety huddles. Ashdale and Elmdale wards have been identified as sites to work with the Improvement Academy on reducing restrictive practices and have now commenced data collection to support the activity. Activity has been planned and now progresses to support improved patient flow, which will impact on both this programme and the objectives of the care close to home and out of area cessation programme.<br>An outcomes framework is in development and information is being pulled together linked to the following criteria: incident, length of stay, patient experience, and workforce measures. |
| **14. 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 and the forward timeline for the programme through March and April 2022. | *(green)* | |
| **15. CAMHS improvement- neurodevelopmental waiting lists (Calderdale and Kirklees):** The service is due to go live from the Princess Royal site in April 2022 | *(yellow)* | |

**Improve resources**

| Priority programme | Metrics | Threshold | Jan-22 | Feb-22 | Mar-22 | Trend | Year end | Notes |
|---|---|---|---|---|---|---|---|---|
| Spend money wisely and reduce waste | 1. Surplus/(deficit) vs target | In line with Plan | £1.2m | £0.1m | £512k | | £7.3m | A £512k surplus was recorded in the month, taking the year end position to a surplus of £7.3m, excluding exceptional items such as property sales and asset revaluations. |
| | 2. Underlying surplus/(deficit) | | | | | | | Not currently calculated due to interim financial arrangements |
| | 3. Cash | | £77.7m | £81.5m | £81.1m | | £81.1m | The cash balance remains positive at £81.1m. |
| | 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' | | 5.3% | 5.3% | 5.7% | | | |
| | 2a. Percentage of video consultations | | 2.6% | 2.4% | 2.4% | | | Slightly lower than national averages. |
| | 2b. Percentage of telephone consultations | | 34.2% | 31.7% | 30.7% | | | 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 | | 63.2% | 65.9% | 66.9% | | | |
| | 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. | 🟥 | **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. 2022/23 Capital allocation provision of (£250k) needs to be confirmed and project resource to be identified.
Trust email platform accreditation (NHS Digital dependencies): Decommissioning activities were completed during March 2022 for NHSmail (@nhs.net email account) within Trust.

**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 Yorkshire & Humber Care Record (YHCR) governance process to move forward the Trust's ability to consume YHCR data from within the Trust's Viper360 clinical portal (PORTIA). The Trust are also engaged with the YHCR team regarding the provision of mental health and physical health services data to the YHCR from SystmOne (timescales to be determined but anticipate Q1/Q2 2022/23. 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 set up on SystmOne based on questionnaire devised by Dr Abida Abbas, Trust Chief Clinical Information Officer. This has been established in the SystmOne demo/test environment, and feedback following review has been positive. The implementation will commence during Q1 in line with review of the SystmOne record sharing arrangements in preparation for the expiry of the control of patient information (COPI) notice.

**Finance:** Confirmation of the various commissioner investments in place. We continue to monitor forecast spend against each scheme and continue to develop alternatives to ensure that the investment is appropriately utilised. This is reviewed on a monthly basis.
The Trust has an approved plan in place for 2021/22 and our performance managed against this.
Financial Sustainability Plan: A trust financial sustainability plan has been developed for 2022/23 and regular updates have been provided to Operational Management Group, Executive Management Team, Finance, Investment and Performance Committee and Trust Board. This is due to be formally submitted in April 2022. This is the first year in detail of the three-year plan and forms the basis for ongoing planning and development of the longer term financial model. This plan includes cost reduction requirements with work ongoing to re-establish planned workstreams. This will include clarity on named leads and forums to progress. |
| **2. 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. | 🟩 | |
| **3. Information Sharing:** Yorkshire & Humber Care Record onboarding (utilising Trust clinical portal) – Q1/Q2 2022 | 🟩 | |
| **4. Business Intelligence & Performance Reporting**<br>• Development work to support new ways of working in Barnsley Community Services (NTS) and ensure suitable reporting outputs available – ongoing<br>• In support of Covid-19, Health inequalities reporting is established and has been launched across the Trust.<br>• 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<br>• Dashboard development work taking place for recovery and reset and data quality workstreams. | 🟩 | |
| **5. Digital Inclusion:** Technical feasibility (in collaboration with WY&H ICS). | 🟩 | |
| **6. Finance:** Update of recruitment and implementation against investment. To be updated monthly. | 🟩 | |
| **7. 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 | 🟧 | |

| 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 | Jan-22 | Feb-22 | Mar-22 | Trend | Year end forecast | Notes |
|---|---|---|---|---|---|---|---|---|
| Support the provision of a healthy, resilient & safe workforce | 1a.  Sickness absence | 4.5% | 4.7% | 4.8% | 4.8% | | | Non Covid-19 sickness has increased in the last three months |
| | 1b. Sickness absence (including Covid-19) | | 8.7% | 6.3% | 6.8% | | | |
| | 2.  Staff turnover - YTD | 10% | 13.6% | 13.2% | 12.8% | | | High focus on recruitment, retention and wellbeing. This figure is calculated on the numbers of substantive staff who leave the Trust and excludes internal moves, end of temporary contracts and junior doctors on rotation. |
| | 2a. Staff Turnover - monthly | | 1.3% | 1.1% | 1.3% | | | |
| | 3a. Clinical supervision | >=80% | TBC – under validation | | | | | 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% | Data unavailable | 64.9% | 65.0% | | | The appraisal process and the appraisal window has been reviewed this year to reflect current year pressures. We were overly optimistic in achieving the target by year end . Now given the ongoing Covid challenges and pressures it is accepted that we will not achieve the target and will have a recovery plan for 2022/23. |
| | 4. Incidents of violence and aggression against staff | Trend monitor | 71 | 66 | 84 | | | |
| | 5a. Staff survey - % staff recommending the Trust as a place to receive care and treatment | 80% | 2020 survey - 71.8% Awaiting results of recent survey | | | | | Increased from 65.6% in 2019 |
| | 5b. Staff survey - % staff recommending the Trust as a place to work | 65% | 2020 survey - 69.0% Awaiting results of recent survey | | | | | Increased from 61.5% in 2019 |
| | 6. Cases of bullying & harassment | | 0 | 1 | 0 | | | A joint task group between human resource and  staff side has been established to review the policy, our approach and to identify appropriate measures. |
| | 7. Absence due to stress & anxiety and MSK | | 2.6% | 2.7% | 2.4% | | | |
| | 8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds | | 1.09 | 1.10 | 1.15 | | | 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 | | 53 | 54 | 54 | | | Data is now available showing the carbon impact of staff travel / business miles. For March 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 | |
|---|---|
| **1. Feeling Safe (Physical and Psychological and Safety):** Preventing bullying and harassment<br>- Redesigned Bullying and Harassment Policy Q3 2021/22 re-scheduled to Q2 2022/23<br>- Panel to Review all Race related Bullying and Harassment Q2 2021/22 – Panels in place to review conduct cases re-scheduled Q2 2022/23 | (Amber) |
| **2. Feeling Safe (Physical and Psychological Safety):** More staff<br>- Virtual Recruitment Fairs Q3/4 2021/22 -completed with more events taking place in 2022/23<br>- International nurse recruitment – 40 nurses by end of Q4 (less Nurses in place than originally planned for) | (Amber) |
| **3. Supportive Teams (Healthy Teams):** Effective and Compassionate Leaders<br>- Start rollout of 'Great Place To Work programme' across Trust Q2 2021/22 following successful pilot with senior leaders – paused and re-started in April 2022<br>- Start review and refresh of principles of Trust-wide leadership model (Trios) in Q3 2021/22 paused to recommence in Q2 2022/2023 | (Amber) |
| **4. Supportive Teams (Healthy Teams):** Quality appraisal and supervision<br>- Streamline appraisal process and develop link to an e-supervision Q2 2021/22 complete but further improvements being implemented Q1 2022/23 | (Yellow) |
| **5. Keeping Fit and Well (Staff Wellbeing):** Enhanced Occupational Health Support<br>- Enhanced Occupational Health offer linked to recovery and Long Covid Q1 2021/22 | (Blue) |
| **6. Developing Potential (Investing in the future):** Supported personal and professional development plans<br>-Personal development for all staff who have completed appraisal Q2 2021/22 – new appraisal window now open for 2022/23<br>-Learning needs analysis linked to personal development plans Q2 2021/23 – as above | (Yellow) |

**Comments:**

**Great Place to Work (GP2W) Themes:**
• Working in partnership to review Bullying and Harassment procedure. Staff insight step is now complete, and an engagement plan is being actioned.
• The early resolution process has been reviewed, and amendments are being made to improve the process further.
• 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 2022/23.
• International recruitment – Another 7 nurses will arrive during April. Visa approvals are taking longer due to impact from Ukraine crisis. Trip to Botswana being considered for April/May 2022 with c.100 interviews scheduled.
• Virtual Fairs – 9 applicants interviewed at virtual fair in April, with 8 appointed to Health Care Support Worker posts. The first South Yorkshire event is scheduled for May 2022.
• GP2W programme is now progressing and the 1st workshop is scheduled for 21 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). New posts have all been recruited to and will have all started over next few weeks. OH is now at full establishment, and working on recovery plan to improve referral and responses rates.
• Appraisal system has been reviewed after evaluation of staff feedback. 2022/23 window is now open and will run till 31 January 2023.

**Sustainability:**
The Trust has agreed to 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.

We 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 2022, 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. We have undertaken an assessment against the progression framework and have identified key themes that we think the strategy will address.
A new post of Sustainability Manager has been agreed within the investment priorities for 2022/23.

| 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 187 in March, an increase from 147 in February.
• There were 18 information governance breaches reported in March, an increase from 10 in February.
• The number of inpatient falls was 54 in March, and increase from 49 in February.
• Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks was 69.8% in March against a target of 90%, a decrease from 83.1% in February.
• Numbers waiting over 4 weeks for assessment for CAMHS have increased in March to 261 from 238 in February.

**NHSI Indicators**
• Performance against national reported targets remains largely positive.
• Percentage of service users waiting less than 18 weeks remains above the target threshold at 98.8%.
• The percentage of service users seen for a diagnostic appointment within 6 weeks has dropped below the target threshold of 99% to 68.9% due to levels of staff absence which has had a significant impact on the number of patients seen. Actions plans are in place to address performance.
• The percentage of individuals completing IAPT treatment who have moved to recovery is 53.5% compared to the 50% target.
• Out of area bed usage increased in March to 382 days from 280 days in February.
• There was 1 young person under the age of 18 on an adult ward in March (a total of 5 bed days)

**Communications, Engagement and Involvement**
• Coronavirus updates continue weekly to all staff and governors.
• Staff wellbeing initiatives continue to be promoted.
• The Trust held an Excellence awards 2022 celebration event.

**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 has been 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.
• 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.
• Within forensics, bed occupancy at Newhaven and Newton Lodge is below target.
• Preliminary discussions have begun between NHSE/I and the West Yorkshire Provider Collaboratives regarding Phase 2 of the Provider Collaboratives Programme and the transfer of the Forensic CAMHS contract to a provider collaborative going forward.
• 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, 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.
• International nurse recruitment continues with further cohorts planned to arrive each month.


**Finance**
• A £512k surplus was recorded in the month, taking the year end position to a surplus of £7.3m, excluding exceptional items such as property sales and asset revaluations.
• Pay costs were £26.5m in March.
• Agency expenditure was £984k in March, an increase from £760k in February.
• Out of area bed costs were £720k in March, an increase from £641k in February. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels.
• A year end position of £8.6m capital expenditure has been achieved with continued significant investment in the Trust estate and IT infrastructure.
• The cash balance remains positive at £81.1m.

**Workforce**
• Staffing levels have continued to be challenging, and remain under constant review.
• Staffing on five wards, the same as previous month, fell below the 90% overall fill rate threshold in March.  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 March, against a threshold of 4.5%.
• Forensic staff sickness is 5.4% against a threshold of 5.4%.
• Staff turnover is 12.8% , against a threshold of 10%.
• 94.5% of staff are recorded as having been double vaccinated. 50.8% 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 an average of 2.4, with 7 areas operating at Level 2 and 9 at Level 3
• Trust Silver and Gold command structures are meeting once a week.
• National guidance continues to be monitored, reviewed, and adopted.
• 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**
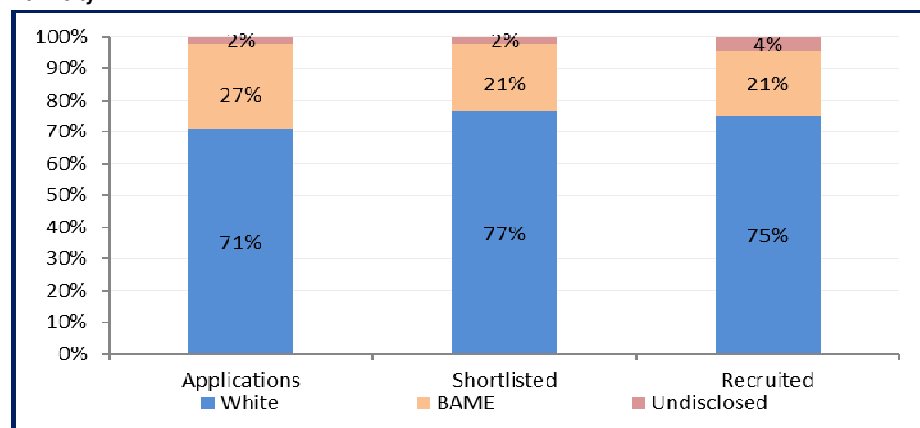


**Disability**
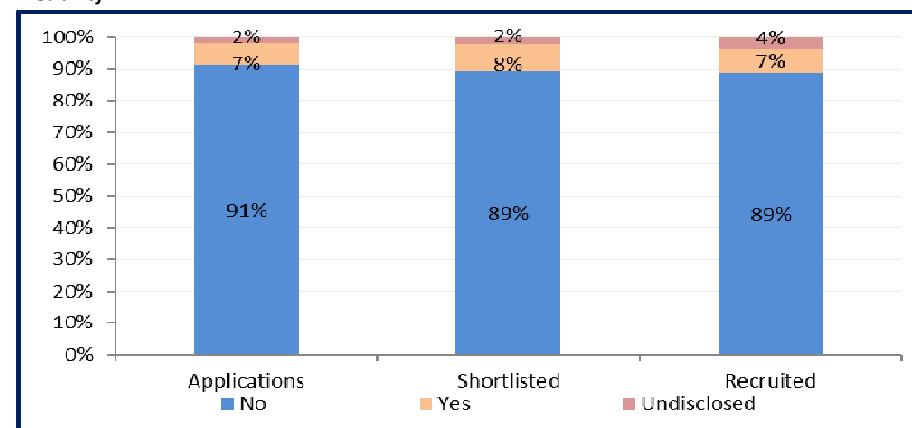
**Reducing Inequalities**

**Sexual Orientation**
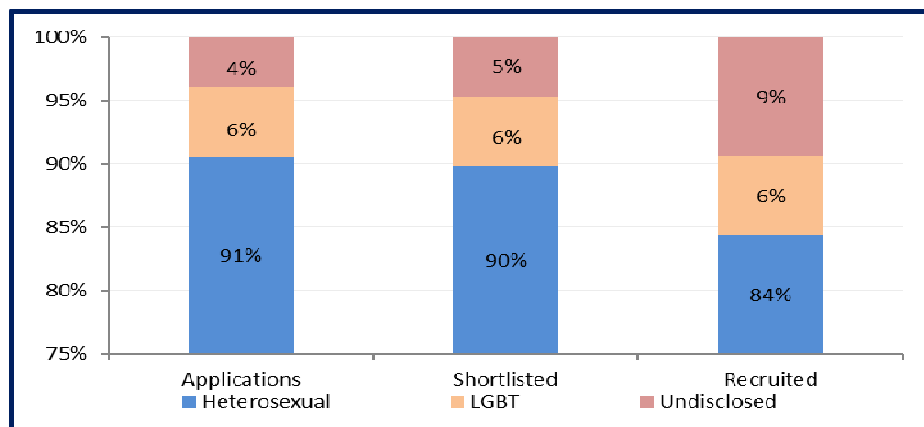


**Relatively likelihood of being appointed**
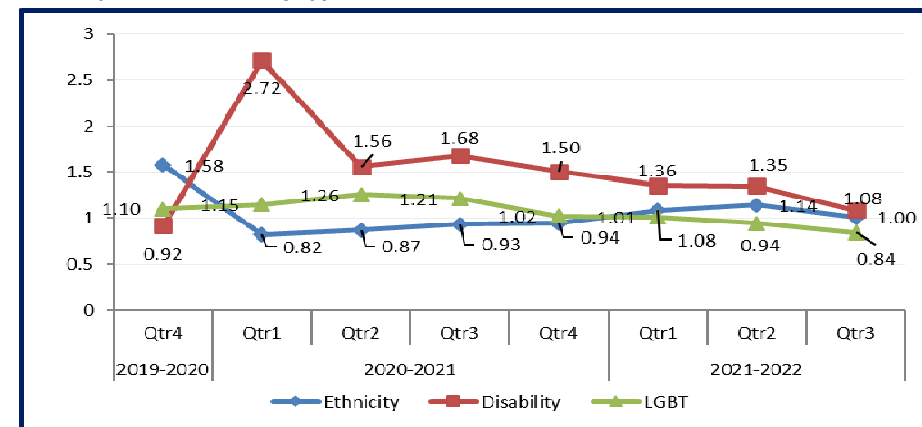


Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 =

**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

## Reducing Inequalities

### Referrals - (Includes physical health, mental heath, learning disability and forensics)
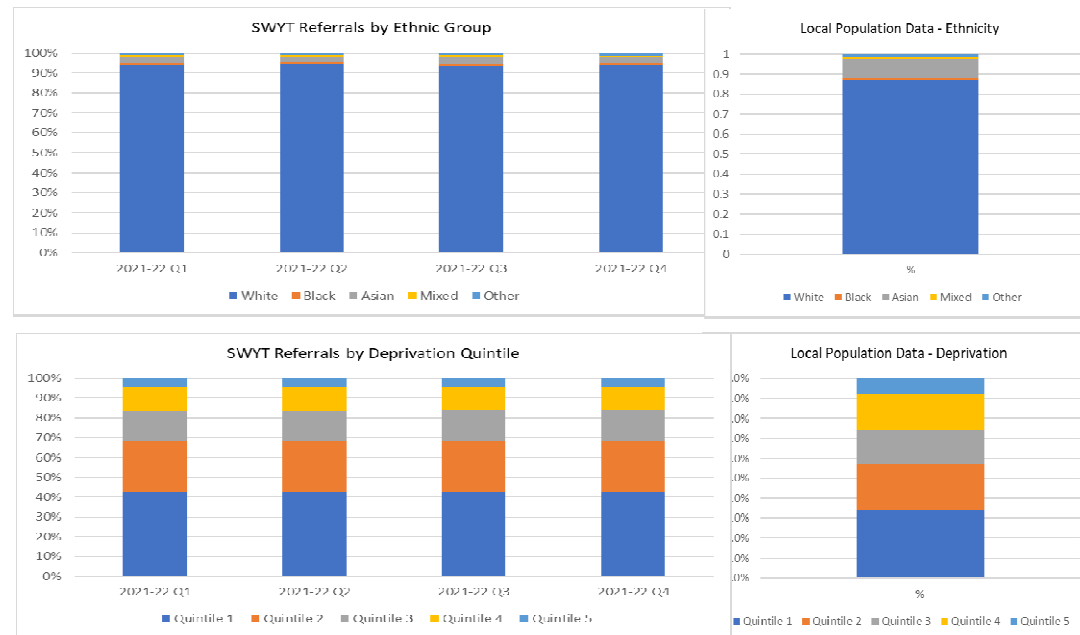


SWYT Referrals by Ethnic Group



Local Population Data - Ethnicity

| Ethnic Group | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Local Population |
|---|---|---|---|---|---|
| White | 94.1% | 94.3% | 93.4% | 93.9% | 87.1% |
| Black | 0.9% | 1.1% | 1.1% | 1.0% | 1.4% |
| Asian | 2.9% | 2.8% | 3.3% | 3.0% | 8.9% |
| Mixed | 1.0% | 0.8% | 1.0% | 0.9% | 1.6% |
| Other | 1.1% | 1.0% | 1.2% | 1.3% | 1.1% |



SWYT Referrals by Deprivation Quintile



Local Population Data - Deprivation

| Quintile | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Local Population |
|---|---|---|---|---|---|
| Quintile 1 | 42.5% | 42.5% | 42.2% | 42.3% | 34.1% |
| Quintile 2 | 25.7% | 26.1% | 26.1% | 26.2% | 23.4% |
| Quintile 3 | 15.2% | 15.1% | 15.5% | 15.3% | 17.0% |
| Quintile 4 | 11.8% | 11.7% | 11.6% | 11.4% | 17.8% |
| Quintile 5 | 4.7% | 4.6% | 4.7% | 4.7% | 7.8% |

**Notes:**
- Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation

## Reducing Inequalities

### Admissions - (Includes physical health, mental heath, learning disability and forensics)



SWYT Admissions by Ethnic Group



Local Population Data - Ethnicity
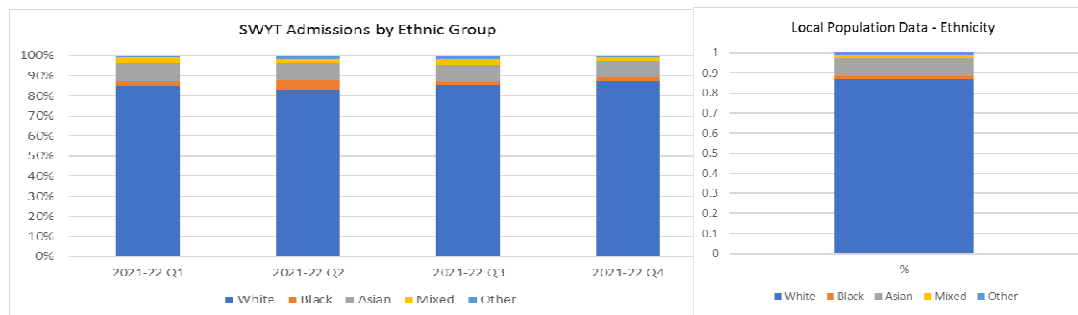
| Ethnic Group | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Local Population |
|---|---|---|---|---|---|
| White | 84.7% | 82.9% | 85.2% | 87.2% | 87.1% |
| Black | 2.5% | 4.6% | 1.3% | 2.2% | 1.4% |
| Asian | 9.2% | 8.8% | 8.8% | 7.9% | 8.9% |
| Mixed | 2.7% | 2.0% | 2.6% | 1.8% | 1.6% |
| Other | 1.0% | 1.6% | 2.1% | 0.9% | 1.1% |



SWYPT Admissions by Deprivation Quintile



Local Population Data - Deprivation
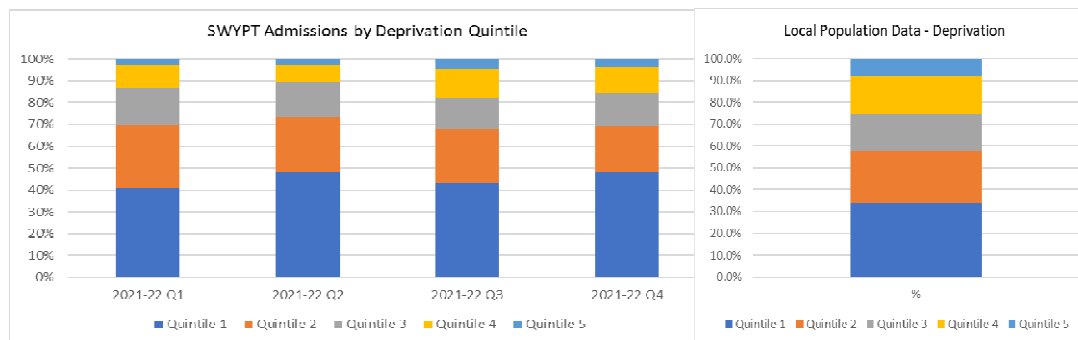
| Quintile | 2021-22 Q1 | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | Local Population |
|---|---|---|---|---|---|
| Quintile 1 | 41.0% | 48.0% | 43.6% | 47.9% | 34.1% |
| Quintile 2 | 28.7% | 25.4% | 24.3% | 21.5% | 23.4% |
| Quintile 3 | 17.0% | 15.9% | 14.6% | 15.0% | 17.0% |
| Quintile 4 | 10.3% | 8.0% | 13.0% | 12.0% | 17.8% |
| Quintile 5 | 3.0% | 2.7% | 4.5% | 3.5% | 7.8% |

**Notes:**
**-** Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the 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 02-Dec | Approx days stock as at 13-Jan | Approx days stock as at 10-Feb | Approx days stock as at 10-Mar | Approx days stock as at 14-Apr |
|---|---|---|---|---|---|
| Surgical masks | 16 | 23 | 42 | 31 | 34 |
| Respirator masks | 52 | 78 | 73 | 71 | 70 |
| Aprons | 15 | 24 | 20 | 17 | 16 |
| Gowns | 124 | 122 | 119 | 114 | 114 |
| Gloves | 12 | 15 | 17 | 18 | 11 |
| Visors | 24 | 31 | 33 | 32 | 30 |

### Testing

| KPI | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|
| No of Service users Covid-19 positive and now recovered | 0 | 0 | 10 | 23 | 5 | 6 | 37 | 41 | 6 | 1 |
| No of Service users Covid-19 positive and still within 28 days, monitoring not completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| No of Service users Covid-19 positive and deceased within 28 days of positive test | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| No of wards with outbreaks | Reporting commenced in August 2021 | | 4 | 5 | 2 | 2 | 10 | 8 | 1 | 8 |

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.
To date 77% (135) of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission) and 3% (6) case which is hospital onset probable healthcare associated (a positive specimen date 8-14 days after admission). Most of these cases were linked to inpatient outbreaks.

Outbreaks, clusters and areas being monitored data is attached. There have been 37 Outbreaks, 14 areas monitored and 2 clusters
Outbreaks are an agenda item on Silver.
Each outbreak as an Outbreak Management Team establish.
Datix completed
Each outbreak has a specific report and action plan. This is reported through ward management, BDU governance and Clinical governance processes.
SBARs are produced from outbreaks, breaches and incidents, inform on areas for improvement.
Inpatient vaccination offer is being actioned and reviewed through the vaccination Bronze group.

## 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. Patient are also re-tested on their return if they leave the ward or unit over a 24 hour period.
• 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. Staff testing processes changed on the 6th April 2022, changing from PCR testing to LFT testing following the withdrawal of national testing sites and change in national guidance.
• Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required and on IPC advice
• Identified SWYFT staff are undertaking Lateral flow testing.
• Staff who are COVID-19 contacts including households, can continue to work if they are asymptomatic, and testing LFT negative.
• Staff are also following national step down guidance, to reduce isolation periods.

**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 is no update on numbers of people submitting LFT test since the last IPR. Issues with availability via the national portal appear to been resolved. With the ending of PCR testing and increasing reliance on lateral flow and a requirement for daily testing under some circumstances we may now see an increase in numbers of people reporting LFT test results.

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 | 50.8% |

**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 2,751 staff have been recorded as receiving their booster vaccination (50.8%). 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.

## 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 an average of 2.4 with 7 service areas now operating at OPEL 2. 9 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.

## Including Corporate Services
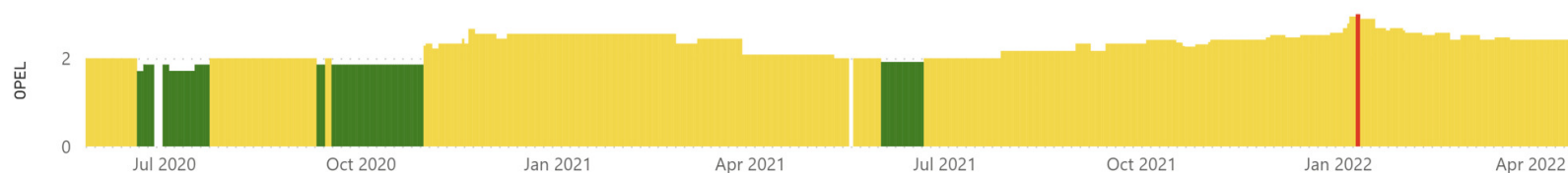


Current average OPEL level

**2.47**

## Excluding Corporate Services



Current average OPEL level

**2.64**

| Key | |
|---|---|
| OPEL Level 1 | |
| OPEL Level 2 | |
| OPEL Level 3 | |
| OPEL Level 4 | |

## Quality Headlines

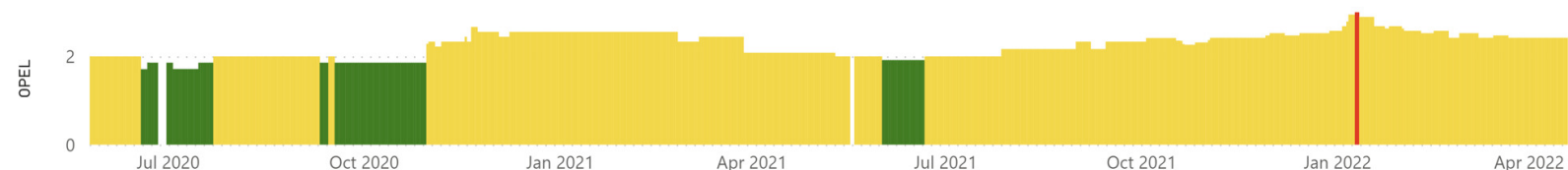| Section | KPI | Objective | CQC Domain | Owner | Target | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Year End Forecast* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Quality | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5 | Improving Health | Responsive | CH | TBC | 72.7% | 79.0% | 77.8% | 75.4% | 69.4% | 62.7% | 65.9% | 65.9% | 66.3% | 66.8% | 70.4% | 68.4% | 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 | 10% 2/21 | 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% | 84% | 1 |
| | Friends and Family Test - Community | Improving Health | Caring | DT | 98% | 95% | 96% | 97% | 95% | 96% | 93% | 92% | 92% | 92% | 93% | 96% | 94% | 1 |
| Quality | Number of compliments received | Improving Health | Caring | DT | N/A | 37 | 28 | 22 | 26 | 20 | 16 | 18 | 35 | 18 | 20 | 23 | 43 | N/A |
| | Notifiable Safety Incidents (where Duty of Candour applies) 4 | Improving Health | Caring | DT | trend monitor | 36 | 23 | 28 | 17 | 15 | 26 | 20 | 16 | 19 | 21 | 24 | 17 | |
| | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4 | Improving Health | Caring | DT | trend monitor | 3 | 1 | 1 | 3 | 2 | 0 | 3 | 2 | 1 | 0 | 1 | 0 | N/A |
| | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4 | Improving Health | Caring | DT | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 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% | 40.0% | 2 |
| | Number of Information Governance breaches 3 | Improving Health | Effective | MB | <12 | 7 | 8 | 11 | 11 | 8 | 12 | 9 | 6 | 8 | 8 | 10 | 18 | 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% | 1.5% | 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% | 80.3% | 3 |
| | 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% | 69.1% | 65.6% | 3 |
| | Total number of reported incidents | Improving Care | Safety Domain | DT | trend monitor | 1036 | 1042 | 1061 | 1082 | 1016 | 1060 | 1144 | 1136 | 1122 | 1148 | 911 | 1049 | |
| | 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 | 19 | 24 | 10 | 12 | 17 | 22 | 26 | 15 | 18 | 23 | 16 | |
| | 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 | 2 | 1 | 1 | 0 | 4 | 2 | 2 | 1 | 1 | 3 | 2 | |
| | Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9 | Improving Care | Safety Domain | DT | trend monitor | 5 | 2 | 3 | 6 | 3 | 5 | 3 | 2 | 3 | 2 | 4 | 2 | |
| | 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% | 109.4% | 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% | 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 | 15 | |
| | 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 | 0 | 1 |
| | Eliminating Mixed Sex Accommodation Breaches | Improving Care | Safety Domain | DT | 0 | 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% | 87.5% | 1 |
| | Number of Falls (inpatients) | Improving Care | Safety Domain | DT | trend monitor | 50 | 39 | 41 | 56 | 43 | 70 | 49 | 58 | 62 | 49 | 49 | 54 | |
| | Number of restraint incidents | Improving Care | Safety Domain | DT | trend monitor | 157 | 106 | 170 | 161 | 136 | 166 | 156 | 196 | 197 | 187 | 147 | 187 | |
| | % people dying in a place of their choosing 14 | 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% | 86.2% | 89.3% | 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 | 0 | 1 |
| | C Diff avoidable cases | Improving Care | Safety Domain | DT | 0 | 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 | 2 |
| | CQC Quality Regulations (compliance breach) | Improving Resource | | | Green | 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 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.

14 - This metric relates to the Macmillan service end of life pathway

## 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 March saw an increase compared to the previous month, increasing to 187 from 147. 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 54 in March, which is an increase on the previous 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.

• 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 March.

• 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, 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 June 2022. At that point NHS England will ask us to begin the transition from the current serious incident 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. Until that point, we continue to work to the Serious Incident Framework 2015. We continue to keep up to date with national developments. A project board has been established to support this work.

• 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) have 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 March.

• Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 50% compared to numbers waiting at end of March 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).
97% of incidents reported in March 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.

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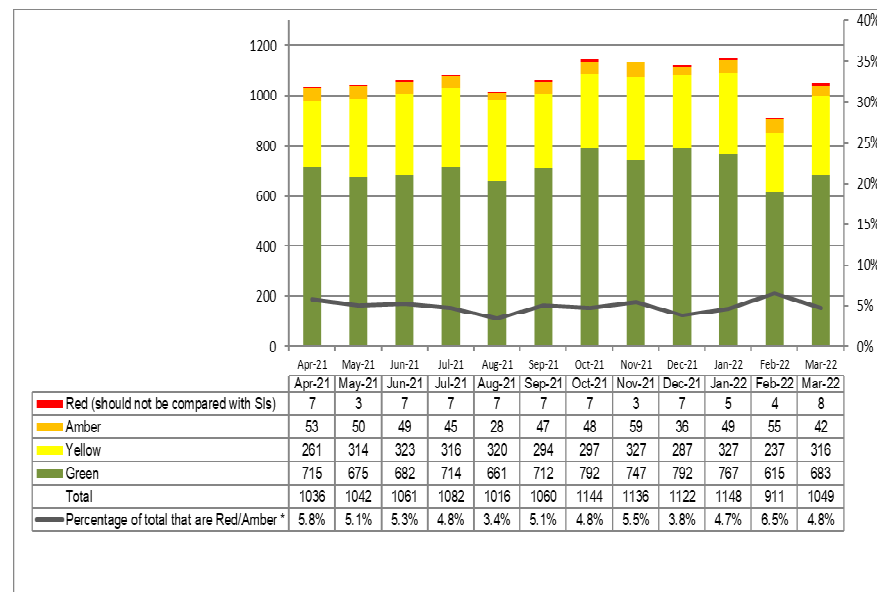


| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Red (should not be compared with SIs) | 7 | 3 | 7 | 7 | 7 | 7 | 7 | 3 | 7 | 5 | 4 | 8 |
| Amber | 53 | 50 | 49 | 45 | 28 | 47 | 48 | 59 | 36 | 49 | 55 | 42 |
| Yellow | 261 | 314 | 323 | 316 | 320 | 294 | 297 | 327 | 287 | 327 | 237 | 316 |
| Green | 715 | 675 | 682 | 714 | 661 | 712 | 792 | 747 | 792 | 767 | 615 | 683 |
| Total | 1036 | 1042 | 1061 | 1082 | 1016 | 1060 | 1144 | 1136 | 1122 | 1148 | 911 | 1049 |
| Percentage of total that are Red/Amber * | 5.8% | 5.1% | 5.3% | 4.8% | 3.4% | 5.1% | 4.8% | 5.5% | 3.8% | 4.7% | 6.5% | 4.8% |

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

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 were reported in March 2022
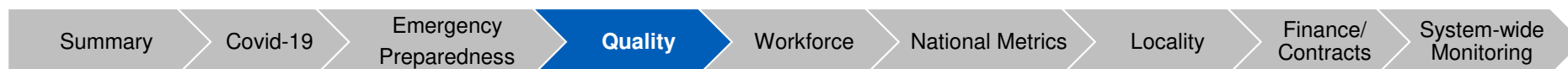
## Safety First cont…

**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 March 2022:**

**16 Moderate harm incidents:**

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

5 Self-harm incidents (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale, CMHT - South Kirklees (OPS), Enhanced Calder Valley Team - Calderdale,  Intensive Home Based Treatment Team - Wakefield (OPS), Intensive Home Based Treatment Team (IHBTT) - Wakefield)

4 Slip/Trip/Fall incidents (Nostell Ward, Wakefield, Walton PICU, Ward 19 (OPS))

1 Aggression by patient resulting in accidental injury to self (Priestley Ward, Newton Lodge)

1 Unwell/illness - related to medication (Enhanced Calder Valley Team - Calderdale)

**2 Severe harm incidents:**

1 Pressure ulcer category 4 incident (Neighbourhood Team - North (Barnsley)

1 Self harm (actual harm) with suicidal intent (Forensic Outreach service)

**2 Patient safety related deaths:**

2 Suicide (incl apparent) - community team care - current episode (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale, Kirklees Outreach Team (OPS))

**Safety First cont…**

**Mortality**

We now have resource to support the processing of Structured Judgement Review cases within Patient Safety Support Team.

Structured Judgement Reviewer training was delivered on 5th April 2022 hosted by Dr Kiran Rele.  This has increased capacity to undertake Structured Judgement Reviews. These are in the process of being allocated.

The Improvement Academy is facilitating a virtual introductory masterclass on Structured Judgement Review in Mental Health on which is free to attend.

We are planning an informal peer support group with colleagues in other mental health trusts across the north of England to share learning.
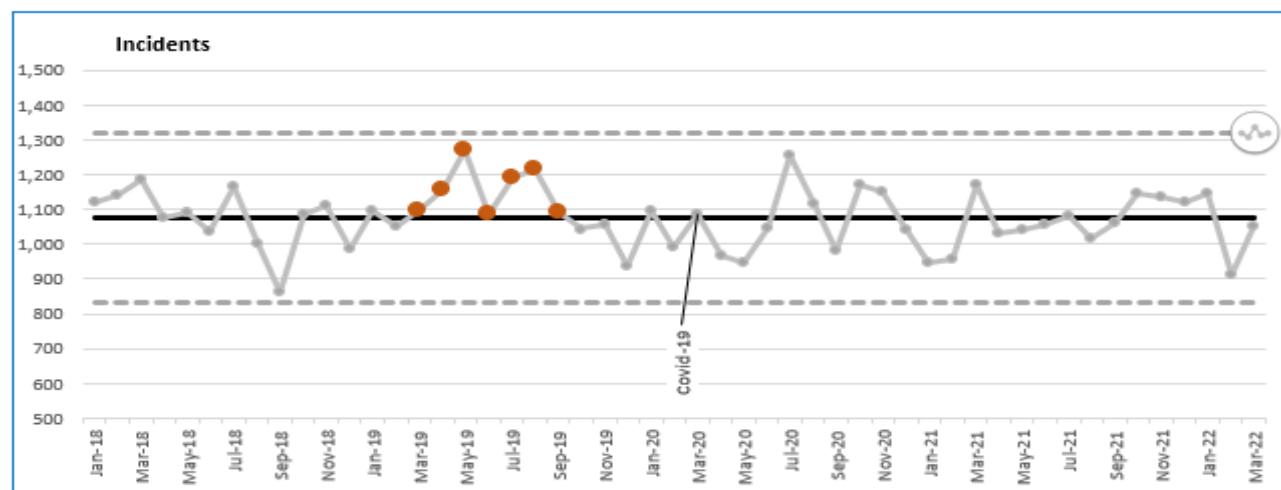


The chart above indicates that there was a period of special cause concerning variation in mid 2019  (orange markers) however, since that point there has been common cause variation in the number of incidents reported.  There are therefore no concerns regarding this metric.

## Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience.
Click link for further details of the examples: https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx

SBAR learning library learning from outbreaks

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

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 - March 2022**

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

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

| Reference | Title | Date issued by agency | Alert applicable? | Trust final response deadline | Alert closed on CAS |
|---|---|---|---|---|---|
| NatPSA/2022/001 /UKHSA | Potential contamination of Alimentum and Elecare infant formula food products | 04/03/2022 | No - circulated for information | 11/03/2022 | 09/03/2022 |
| NatPSA/2022/002 /MHRA | Philips Health SystemsV60, V60 Plus and V680 ventilators – potential unexpected shutdown leading to complete loss of ventilation | 29/03/2022 | No - alert not applicable to trust | 31/05/2022 | 29/03/2022 |

## Safer Staffing Inpatients

March has continued to be challenging regarding staffing. This was mainly due to vacancies, sickness, annual leave, and staff having to isolate due to Covid- 19. At the time of writing this report, we have 191 staff absent, with 127 not working.

We continue to explore any shifts where a registered nurse is not listed, and have 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.

We are in the process of issuing a SBAR (Situation, Background, Assessment and Recommendation) in relation to Safer Staffing including what roles other disciplines can provide to the core team on the wards. We are ensuring this is in line with the Business Continuity Plans from the various areas.

International recruitment continues and we have eight colleagues within the Trust split between three in forensics on the wards, two in older people's services in Calderdale who are on the wards and three who are completing their Observed Structured Clinical Examination (OSCE) training. We have developed a year 2 plan for international recruits consisting of a monthly cohort of around six nurses.

Our rolling recruitment campaign continues, targeting different specific areas each time. We are engaging with a social media firm to target our Band 5 and above recruitment. We have made 47 Band 5 job offers since January 2022. We continue to explore the collaborative bank to increase our resources, and we have increased the recruitment campaign to bank.

Five wards, consistent with the previous month, fell below the 90% overall fill rate threshold, which were Enfield Down, who have supported other areas, Ward 19 (F) within the Calderdale and Kirklees Business Delivery Unit (BDU) and 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. As in the previous month of the 31 inpatient areas, 17 (54.4%) achieved 100% or more. Of those 17 wards, six (a reduction of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and there has been a system- wide increase of acuity on all inpatient areas, the focus for the flexible staffing resources has remained the Horizon Ward within the Learning Disability specialist BDU, the Oakwell Mental Health Unit, particularly Clark, 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 area,s 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 decreased by 1.9% to 74.7% in March compared with the previous month.
**Registered Nurses Nights**
Overall registered night fill rates have decreased by 6.1% in March to 89.6% compared with the previous month.
**Overall Registered Rate:** 86.15% (decreased by 4.0% on the previous month)
**Overall Fill Rate:** Overall fill rate: 109.4% (decreased by 2.8% on the previous month)
Health Care Assistants showed a decrease in the day fill rate of 5.5% to 121.1% and an increase in the night fill rate of 1.8% to 144.6%.

**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 April 21 - March 22
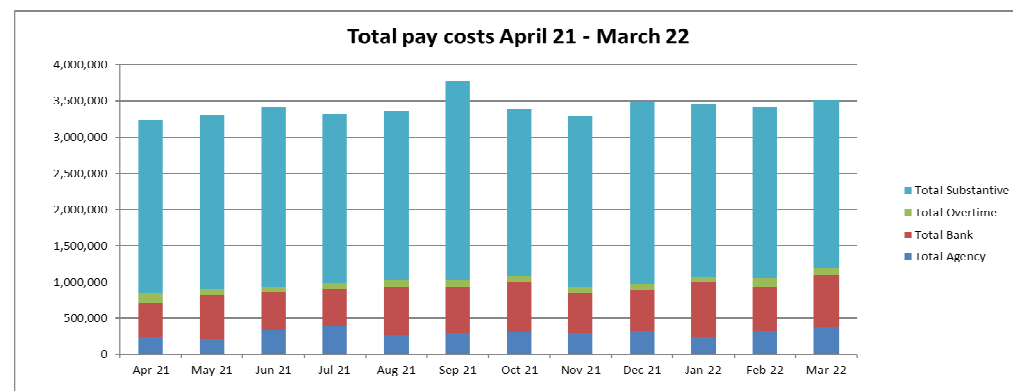
| Unfilled Shifts | | | | Filled Shifts |
| --- | --- | --- | --- | --- |
| **Categories** | No. of Shifts | Total Hours | Unfill Percentage | |
| Registered | 804 (+225) | 8,681.92 | 49.69% (+7.04%) | 799 (+30) |
| Unregistered | 905 (+214) | 10,374.08 | 20.39% (+2.72%) | 3149 (+525) |
| **Grand Total** | 1709 (+439) | 19,056.00 | 27.88% (+2.50%) | |

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...



**Safer Staffing Fill Rate**
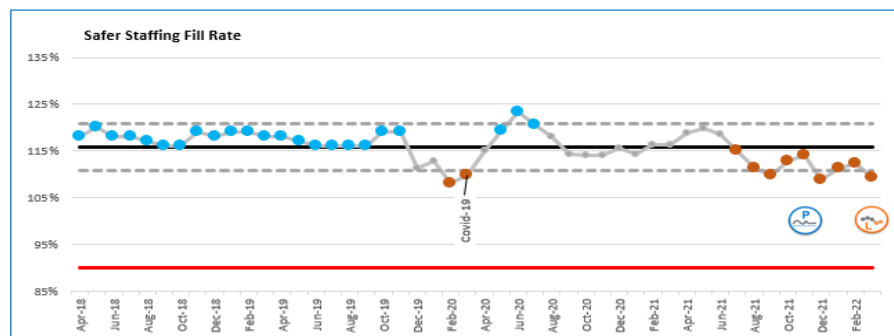
The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. We are currently in a period of special cause concerning variation.



**Safer Staffing Registered Nurses**
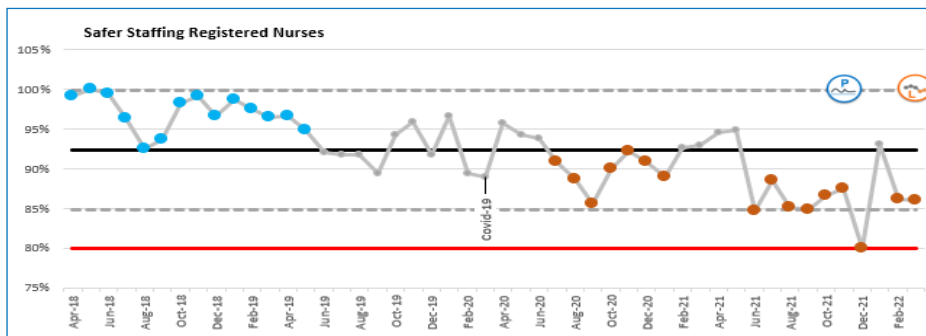
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In March 2022 we have moved back into a period of special cause concerning variation.

## International Nurse Recruitment (INR) Programme

• We now have 8 international nurses in the Trust. 4 nurses have already passed their objective structured clinical examination (OSCE), and have their nursing and midwifery council (NMC) PINs and are on the wards. Our third cohort of 3 arrived on the 19th of March and are currently in OSCE training. They have all been allocated places on our wards across Wakefield, Halifax and Dewsbury. Our next cohort of 4 nurses arrives on the 28th April bringing our total to 12.

• We still have a further 47 conditional offers of employment from successful interviews and these nurses are going through our recruitment process, but does take significant time.

• There have been several delays in delivery 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 now being further 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.

• We held an engagement event last week with existing International nurses in the Trust, future nurse candidates and Trust representatives online which was attended by over 30 nurses in a get-to-know-you event. This is a regular event co-ordinated by INR Trust leads and the agencies we work with and is hugely successful in promoting the Trust and keeping future nurses engaged.

• Our plan remains on course to deliver 90 nurses in total by March 2023 and this has been agreed with the agencies. 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.

• Virtual Recruitment Fairs - In West Yorkshire & Humberside our collaborative recruitment fair work has seen 3 fairs now take place (September, January and April). The latest on the 7th April included on-the-day interviews for the first time. This was successful as the Trust appointed 8 HCSWs from the event out of a possible 11 who were interviewed on the day. The event in April had 1,500 interactions across both the stands and the seminars. In South Yorkshire & Bassetlaw (SY&B) the first collaborative event is on the 18th of May. The Trust has also 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 an online marketing campaign to promote health care support worker roles across the Trust (collaborative).

• A targeted leaflet drop across West Yorkshire has been arranged again on a collaborative basis with L&Y and BDCT for the next recruitment event in on June 30th.

• 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.

• A revised entry criteria assessment process for HCSWs without the need for GCSE Maths and English qualifications has been agreed and is being finalised.

## Information Governance (IG)

18 personal data breaches were reported during March, which is an increase on the previous month. There were fewer breaches reported during the financial year than during the previous two.

15 breaches involved information being disclosed in error. They were largely due to personal information being sent by email or post to the wrong recipient or address.

2 incidents of record keeping issues were reported where there was an impact on individuals or services. One involved a survey being sent to a deceased service user due to the date of death not being updated on the service user record by an external agency, and one involved a staff member discovering patient data being held locally that should be on SystmOne. The latter incident has been escalated to the Caldicott Guardian and Senior Information Risk Owner and will be discussed at the next Improving Clinical Information Group.

Information Governance campaign and cyber awareness materials continue to be shared via The Headlines and further work will be undertaken to share best practice from teams who have made improvements after reporting high numbers of breaches during the last financial year. The Trust is continuing to work with the Information Commissioner's Office (ICO) to provide information pertaining to a staff member who inappropriately accessed a number of health records. No breaches were reported to the ICO during March 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.
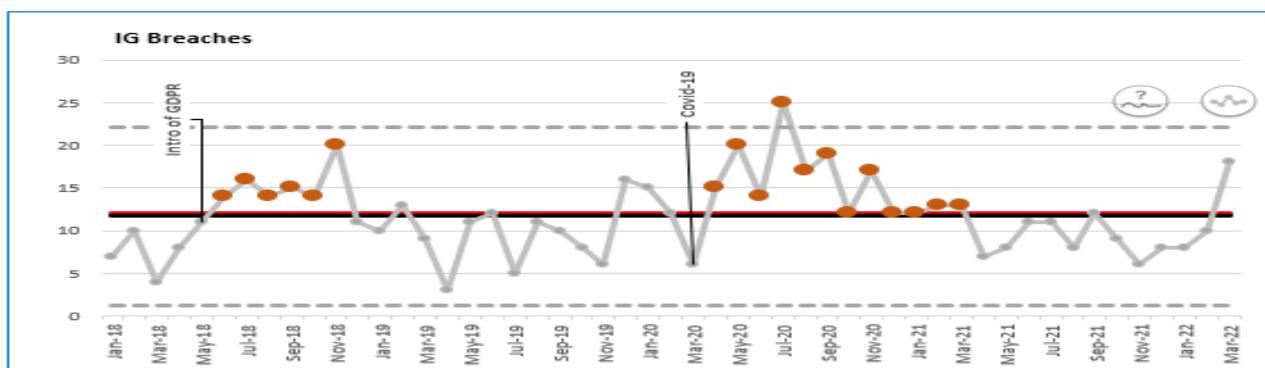


## Commissioning for Quality and Innovation (CQUIN)

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. The overall financial value of CQUIN remains at a reduced value of 1.25% of total contract value. Work is still required to understand the financial position and the April CQUIN leads meeting will start to look at any risk associated with any of the indicators.

## Falls

Total number of falls was 54 in March.

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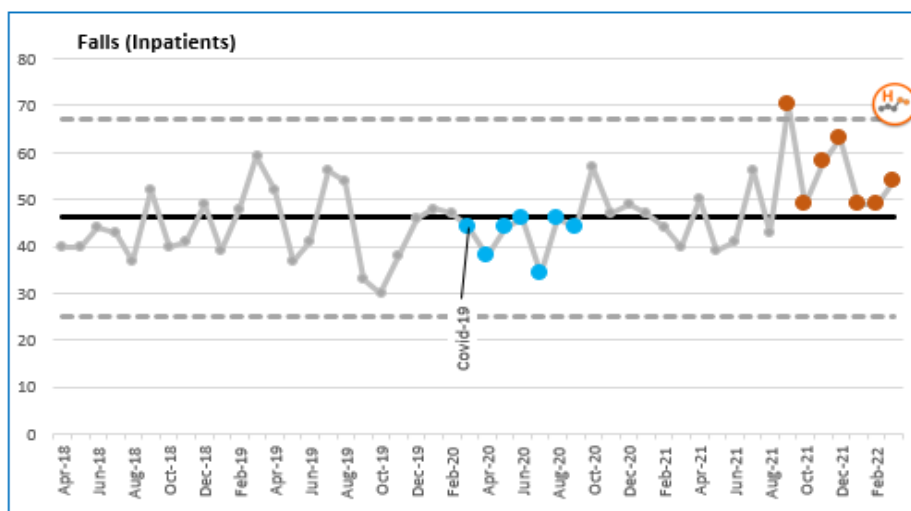


The SPC chart above shows that in March 2022 we remain in a period of special cause concerning variation (orange markers) as we have had 7 consecutive months where the number of falls has been higher than the average. Further investigation to understand what has happened/is happening is required to determine if action is required. Chart shows data up to March 2022.

## End of Life

The total percentage of people dying in a place of their choosing was 89.3% in March.
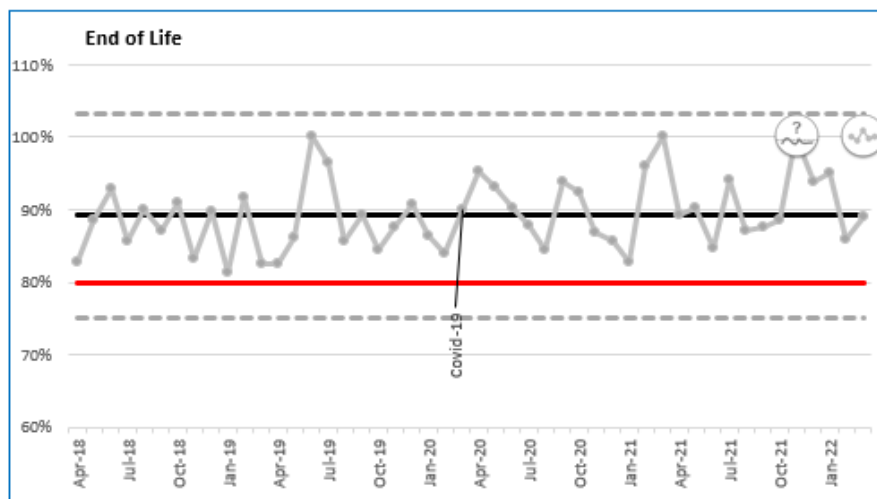


The chart above shows that there is consistently common cause variation (no concern) against this metric, though the monthly variation is quite random and no assurance that the target will be achieved can be given. Chart shows data up to March 2022.

## Patient Experience

**Friends and family test shows**

- 94% would recommend community services.
- 84% would recommend mental health services

### Mental Health Services

Mental Health **84%/ n=691**



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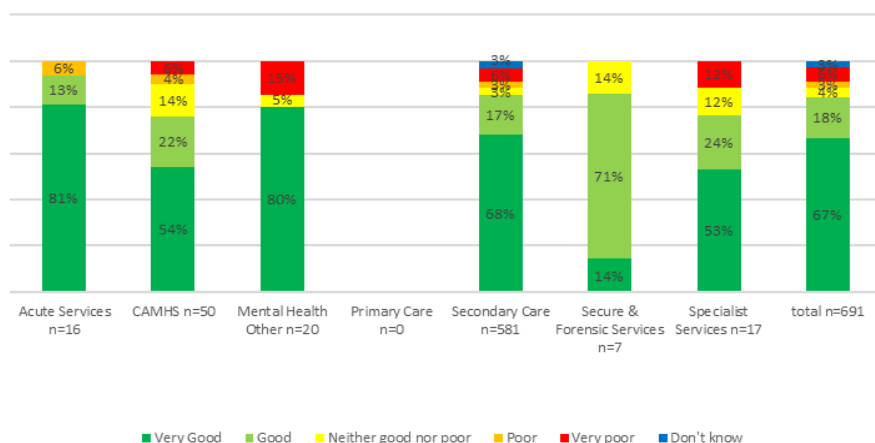
### Community Services

Community **94%/ n=361**



Legend: Very Good · Good · Neither good nor poor · Poor · Very poor · Don't know
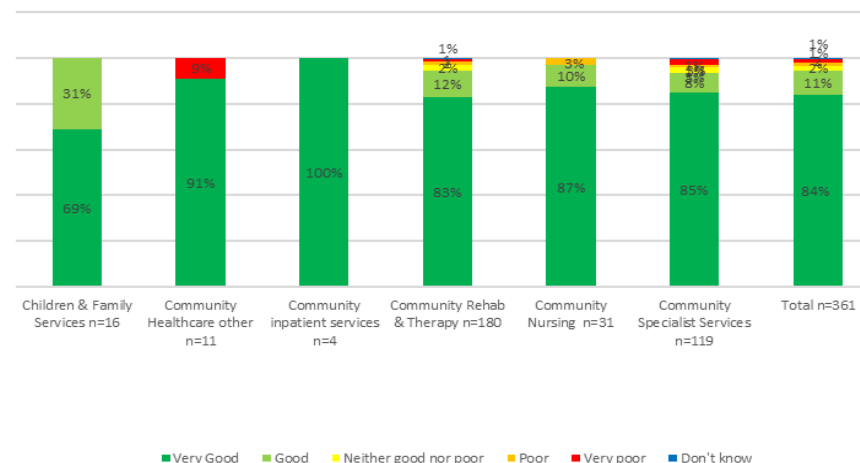
- 88% (1056) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=364) of respondents felt that their experience had been very good or good across community services.
- 84% (n=692) of respondents felt that their experience had been very good or good across mental health services.
- The text messaging service provided 66% (700/1056) of responses for March. The text message service has provided 54% (198/364) of Barnsley Community responses for March.

## Patient Experience cont…

A review of the negative feedback highlighted the following:
• The Trust received 72 negative responses either poor or very poor. These were reviewed and the following themes were identified.
    o Communication (11)
    o Staff Attitude (8)
    o Waiting times (8)

The format in which we provide data for the IPR is under review and the new format will be available from April.

| | Top three positive themes | Top three negative themes |
|---|---|---|
| **Barnsley community service** | 1. Staff<br>2. Communication<br>3. Access and waiting times | 1. Clinical treatment<br>2. Staff<br>3. Access and waiting |
| **Mental Health Service** | 1. Staff<br>2. Communication<br>3. Access and waiting times | 1. Staff<br>2. Access and waiting times<br>3. Admission and discharge |
| **Trust wide** | 1. Staff<br>2. Communication<br>3. Access and wating Times | 1. Staff<br>2. Access and waiting times<br>3. Admission and discharge |

## Safeguarding

Safeguarding remains a critical service. All statutory duties have been maintained. Data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision and support across the organisational footprint. Levels 1 and 2 training have been accessed via e-learning with all mandatory courses (including PREVENT) reported well above the 80% mandatory training target.

The Safeguarding Team also delivered Safeguarding Adults and Safeguarding Children training to the Volunteering Service.

The Team has continued to support two students and invited them to join appropriate meetings to shadow. The Safeguarding Team have provided feedback to the Practice Learning Facilitators and the Clinical Team student mentor.

The Specialist Advisor Safeguarding Adults attended a peer review for Barnsley regarding the role, function and efficiency of the Board and subgroups.

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. One of the Safeguarding Advisors attended the Train the Trainer for Hate Crime for West Yorkshire, delivered by West Yorkshire Police and United Response. This information will be used to support training and advice provision. Another advisor attended the Trauma Adversity and Resilience course, as well as the Honour Based Abuse and Female Genital Mutilation workshops.

The Safeguarding Team have supported the clinical services through attendance at professionals meetings and multi-disciplinary team meetings

The Safeguarding Team continue to support the Quality Monitoring Visits agenda. During March, professionals meetings and team meetings to support SWYPFT practitioners were also attended.

The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC, Child safeguarding and looked after children inspections programme (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 Safeguarding Adult Review (SAR) for Barnsley Safeguarding Adults Board that were submitted in a timely manner and attendance at a Safeguarding Adult Review panel to review final Safeguarding Adult Review report for Calderdale.

## 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 on adult acute mental health ward, RCA undertaken, action plan and learning has been implemented. There has also been escalated learning for each all inpatient areas. Shared through local governance structures.

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –93%

Infection Prevention and Control- Trust wide Total –89%

Policies and procedures are up to date.

## Complaints

There were 21 new formal complaints in March 2022. Of these 1 has a timescales start date, 17 are awaiting consent/questions, and 3 were closed due to no contact/consent.

10% of new formal complaints (n=2) have staff attitude as a primary subject.

43 compliments were received

Customer services closed 3 new formal complaints in March 2022 and 2 reopened complaints which is significantly fewer than last month. Of the 3 formal complaints, 2 achieved the 40 working day target (67%). If we look at the revised timescales for responding due to complexity, 1 would have achieved the target of 25 days and 2 would not have achieved this target of 60 days. All 3 would have been on a 25 day target.

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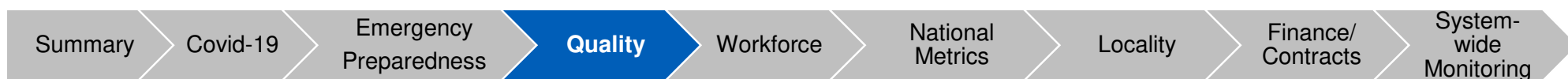
## Reducing Restrictive Physical Intervention (RRPI)

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

There were 187 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in March 2022. This is an increase of 40 (21.3%) incidents from February 2022 which stood at 147 incidents.

Of the different restraint positions used and reported in the 187 incidents and 504 positions (more than one restraint position is often recorded per incident), standing position was once again used most often (186 of 504, 37%), followed by seated including safety pod use (161 of 504, 32%), then supine (63 of 504, 12.5%) and restrictive escort (34 of 504, 6.7%) prone (16 of 504, 3.1%) and then prone then rolled (8 of 504,1.5%)
Prone restraint (those remaining in prone position and not rolled immediately), was reported 16 times of 504 (3.1%) of total restraint positions, This is a reduction of 4 (20%) from last month, that stood at 20 of 388.
Wakefield recorded 8 prone restraints, Barnsley recorded 4 prone restraints, Calderdale recorded 2 prone restraints, and Kirklees 2 prone restraints.
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In March the percentage of prone restraints lasting under 3 minutes was 87.5% (14 of 16). It must be stated the number of prone restraints in March was low (16) so small numbers greatly affect the percentage but the overall reduction in prone is to be welcomed.
Each incident of prone restraint has been reviewed by a member of the RRPI team.
The use of seclusion has increased in March to 78 from 50 last month which is an increase of 28 (56%). Horizon Centre had an increase in incidents to 19 from last months (12). 17 of these 19 incidents (89.5%) related to one service user, with complex needs. The RRPI Team will continue to liaise with the Clinical Team to support.
Crofton Ward had 10 incidents of seclusion use which is unusual within older people's services. All 10 of these incidents were related to one service user. The RRPI Team have contacted the Clinical Team to offer support.

## Reducing Restrictive Physical Intervention (RRPI)

**Restraint Incidents**
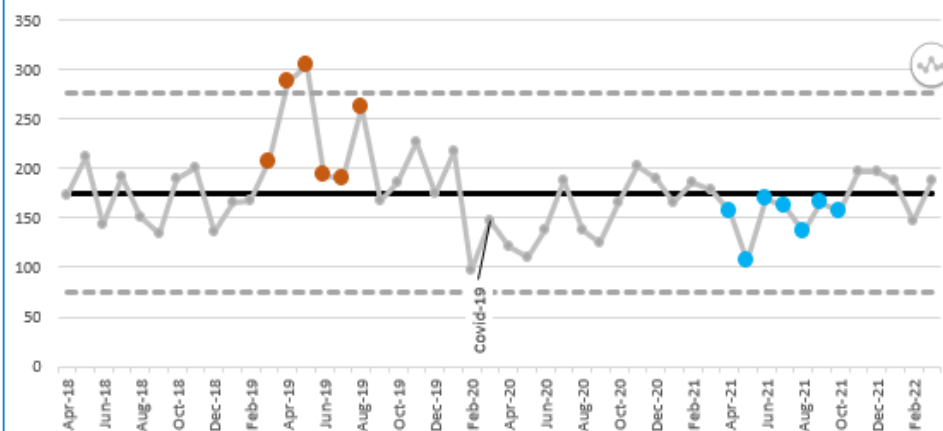


This SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently.

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.

Chart shows data to March 2022.

**Prone Restraint**
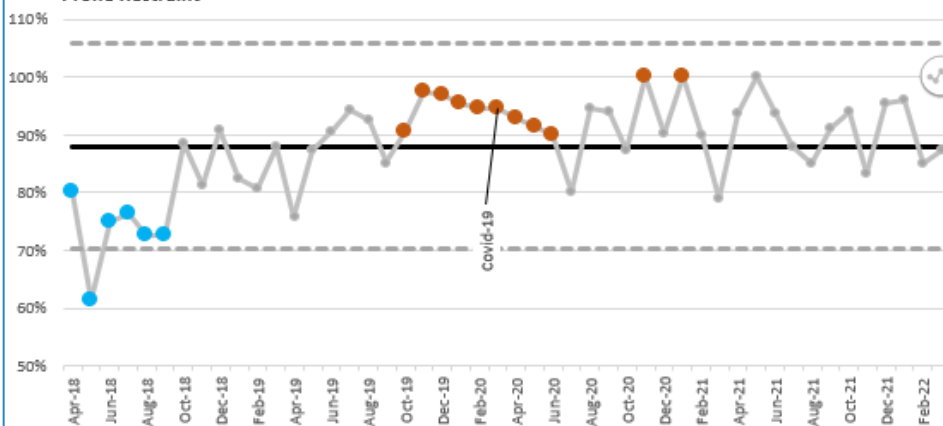


This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020, as well as two subsequent months of special cause concerning variation in October and December 2020 (orange markers).

Since that point there has been common cause variation (no concern) in the number of instances of prone restraint lasting less than 3 minutes.

Chart shows data to March 2022.

## Cardiometabolic Assessment & Treatment

### Inpatients - Screened
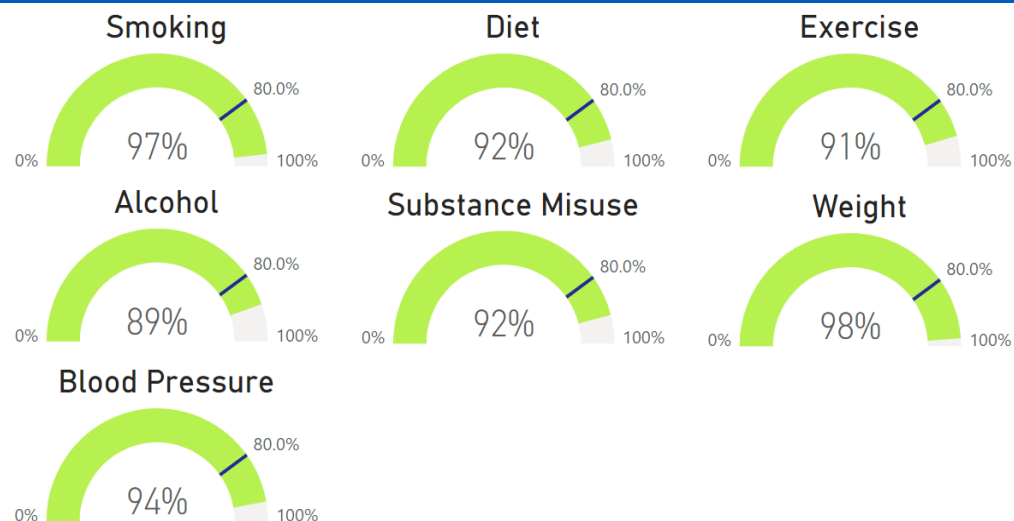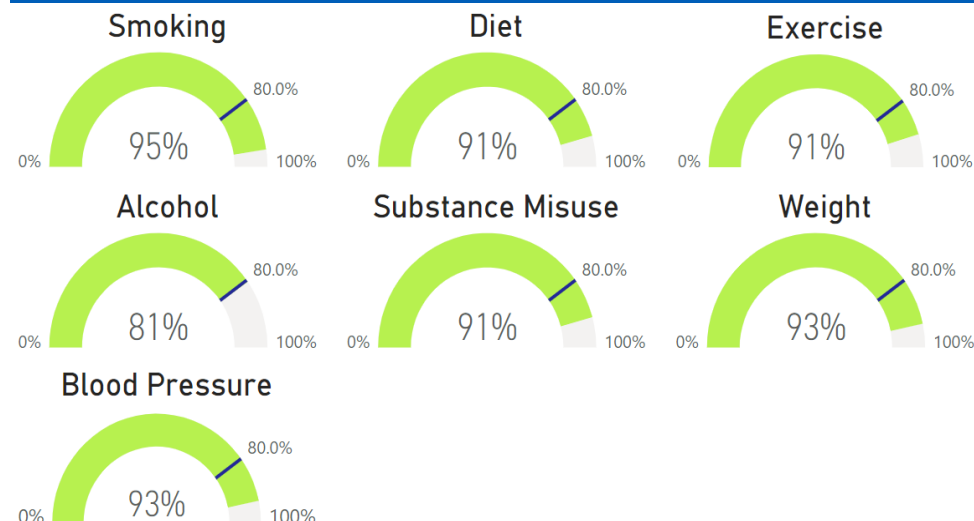
**Smoking**


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 March 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
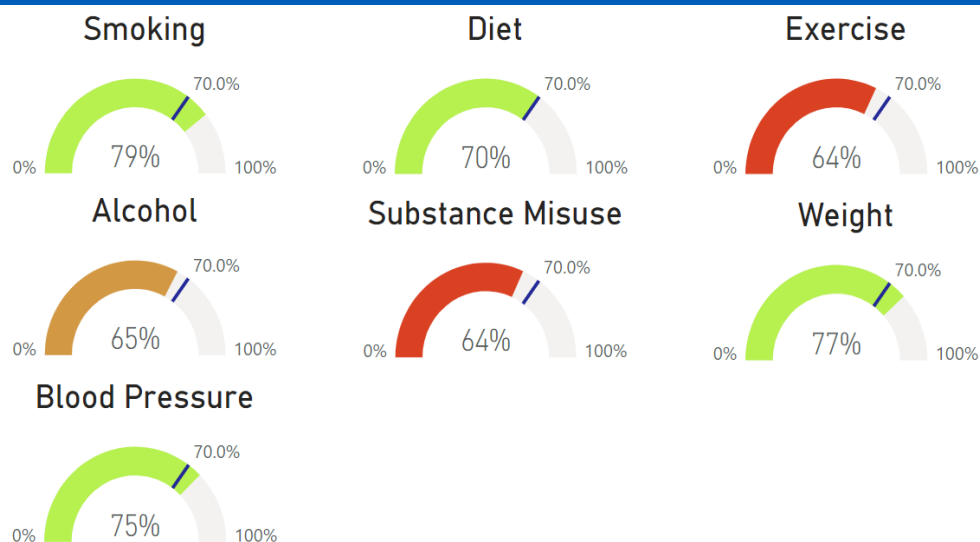
**Smoking**

0% — 79% — 100% — 70.0%

**Diet**

0% — 70% — 100% — 70.0%

**Exercise**

0% — 64% — 100% — 70.0%

**Alcohol**

0% — 65% — 100% — 70.0%

**Substance Misuse**

0% — 64% — 100% — 70.0%

**Weight**

0% — 77% — 100% — 70.0%

**Blood Pressure**

0% — 75% — 100% — 70.0%

### Community - Compliant
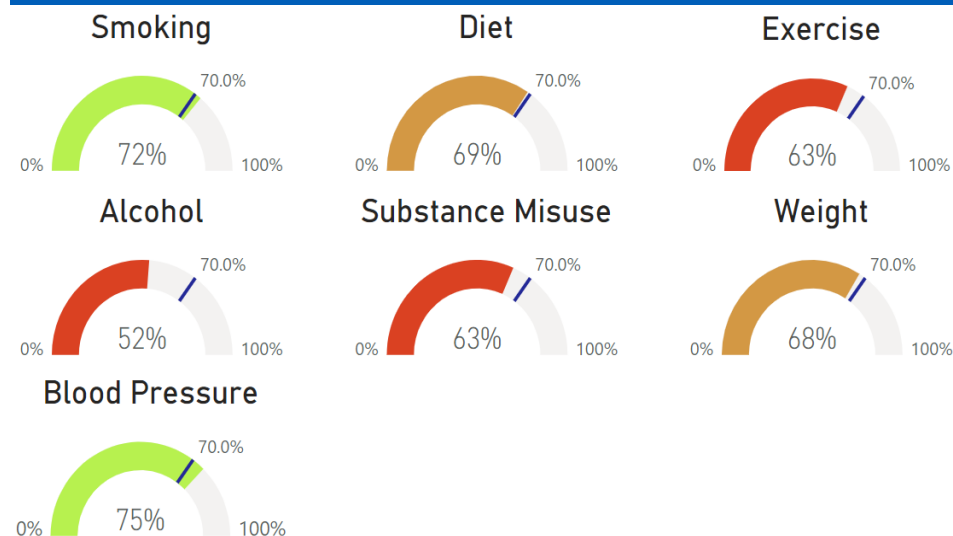
**Smoking**

0% — 72% — 100% — 70.0%

**Diet**

0% — 69% — 100% — 70.0%

**Exercise**

0% — 63% — 100% — 70.0%

**Alcohol**

0% — 52% — 100% — 70.0%

**Substance Misuse**

0% — 63% — 100% — 70.0%

**Weight**

0% — 68% — 100% — 70.0%

**Blood Pressure**

0% — 75% — 100% — 70.0%

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

## Guardian of Safe Working - Quarterly report Q4 (January-March 2022)

**Impact of the Pandemic**

The COVID-19 pandemic has had wide-ranging effects. Despite the sustained rates of virus in the community, there was little impact on the rotas for doctors in training until December, when there was a significant rise in gaps, especially on the Wakefield rota. Overall, in Q4, 28 shifts were vacant directly due to COVID-19 and 27 shifts were vacant due to occupational health recommendations. Despite the increase in gaps compared to the previous quarter, the impact on the rotas remains much reduced compared to the height of the pandemic and numbers of gaps are very similar to Q4 in 2020 and 2021. The Medical Directorate Business Manager, the Postgraduate Medical Education Lead, the Associate Medical Director for Medical Education, the Guardian of Safe Working and the College Tutors continue to meet frequently to coordinate the Trust's support of trainees.

**Distribution of Trainee Doctors within SWYPFT**

Recruitment to core training posts in psychiatry has been much better recently. This, coupled with the amalgamation of core training schemes across West Yorkshire from August 2020, appears already to have led to improved recruitment in Calderdale and Kirklees. We currently have one Foundation Year 1 trainee vacancy in Wakefield and a number of Less Than Full-Time (LTFT) trainees in full-time (FT) slots. There has been better recruitment to higher training, reducing gaps on the Wakefield 2nd On-Call Rota.

**Exception Reports (ERs - with regard to working hours)**

There have been few ERs completed in SWYPFT since the introduction of the new contract, and only 2 during this period. One was completed by a higher trainee who had to step-down to cover the 1st on-call rota in Wakefield. The other was completed by a Core Trainee and related to staying late to deal with numerous competing demands. The trainees were appropriately remunerated and were happy with the outcome of the discussions with their Clinical Supervisors.

**Fines**

There have been none within this reporting period.

**Work schedule reviews**

There were no reviews required.

**Rota gaps and cover arrangements**

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

## Guardian of Safe Working - Quarterly report Q4 (January-March 2022)

### Gaps by Rota January/February/March '22

| Rota | Number (%) of rota gaps | Number (%) covered by Medical Bank | Number (%) covered by agency / external | Number (%) covered by other trust staff | Number (%) vacant |
|---|---|---|---|---|---|
| Barnsley 1st | 31 (17%) | 31 (100%) | 0 | 0 | 0 |
| Calderdale 1st | 17 (9%) | 17 (100%) | 0 | 0 | 0 |
| Kirklees 1st | 9 (10%) | 9 (100%) | 0 | 0 | 0 |
| Wakefield 1st | 43 (24%) | 42 (98%) | 0 | 0 | 1 (2%) |
| Total 1st | 100 (16%) | 99 (99%) | 0 | 0 | 1 (1%) |
| Wakefield 2nd | 24 (13%) | 0 | 0 | 24 (100%) | 0 |

### Costs of Rota Cover January/February/March '22

| 1st On-Call Rotas | Shifts (Hours) Covered by Medical Bank | Cost of Medical Bank Shifts | Cost attributed directly to COVID-19 | Agency Hours (Costs) | |
|---|---|---|---|---|---|
| Barnsley | 31 (278.25) | £7,989 | £1969 | 0 | |
| Calderdale | 17 (194.25) | £6,798.75 | £3,580.75 | 0 | |
| Kirklees | 9 (160) | £5,600 | £560 | 0 | |
| Wakefield | 43 (394.5) | £17,507.5 | £3,881.25 | 0 | |
| Total | 100 (1,027) | £39,695.25 | £9,991 | 0 | |

**Issues and Actions**

**Recruitment** – to Core Training, GP and Foundation Schemes have largely improved, although there have been a couple of FY2 vacancies recently. Poor recruitment to Higher Training, especially to the Old Age Higher Training Scheme, is the major factor affecting the Wakefield 2nd On-Call Rota, although things seem to be improving.

**Junior Doctors' Forum (JDF)** – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams and over 20 trainees attended the last meeting. Issues discussed recently included rotas, completion of ERs and concerns such as the process of claiming for expenses. Further concerns were raised about increased pressure on the Wakefield trainees. The most significant pressure related to requests from across the Fieldhead site for doctors to chase results on the ICE system, especially COVID swab results. The Guardian contacted the Director of Nursing, who, with the Deputy District Director, organized for Infection Prevention and Control staff to take on this role, reducing any delays to doctors responding to more urgent tasks. The Director of Nursing also agreed to look in to arranging for more nursing staff to have access to ICE, to allow them to look up the results of non-urgent investigations rather than all the wards contacting the one doctor on site. It is hoped that the roll out of EPMA will also reduce the need for on-call doctors to be called for routine administrative tasks. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education.

**Education and support** – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum.

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

## 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 | Mar-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% | 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% | 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% | 12.8% |
| Gross Vacancies | Improving Resources | Well Led | LJ | - | 10.8% | 5.5% | 7.9% | 7.3% | 6.6% | 7.7% | 9.5% | 10.4% | 9.6% | 8.5% | 9.0% | 8.0% |
| 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% | 3.5% |
| Appraisals (Band 6 and above) | Improving Resources | Well Led | LJ | >=95% | Reporting Commenced in October 2021 | | | | | | 57.2% | 62.7% | Data unavailable | | 64.9% | 65.0% |
| 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% | 77.5% |
| 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% | 69.5% |
| Clinical Risk | Improving Care | Well Led | LJ | >=80% | 94.6% | 94.9% | 94.7% | 94.6% | 93.9% | 92.9% | 93.6% | 94.1% | 95.0% | 94.8% | 94.4% | 94.5% |
| Display Screen Equipment | Improving Care | Well Led | LJ | >=80% | Reporting to Commence in November 2021 | | | | | | | 82.0% | 81.7% | 87.7% | 89.5% | 89.6% |
| 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% | 93.5% |
| 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% | 90.3% |
| Food Safety | Improving Care | Well Led | LJ | >=80% | 76.3% | 77.2% | 79.6% | 80.02% | 81.3% | 81.9% | 83.1% | 81.6% | 80.1% | 79.3% | 78.5% | 78.6% |
| 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% | 78.3% |
| 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% | 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% | 89.8% |
| 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% | 96.4% |
| 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% | 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% | 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% | 87.9% |
| No of staff receiving supervision within policy guidance | Quality & Experience | Well Led | LJ | >=80% | 76.4% | | | 70.5% | | | 69.3% | | | TBC – under validation | | |
| 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% | 94.2% |
| 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% | 89.3% |
| 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% | 90.4% |
| Bank Cost | Improving Resources | Well Led | LJ | - | £803k | £911k | £795k | £822k | £1001k | £1053k | £990k | (£145k) | £947k | £1181k | £942k | £1078k |
| Agency Cost | Improving Resources | Effective | LJ | - | £583k | £560k | £794k | £834k | £705k | £754k | £701k | £720k | £691k | £643k | £760k | £984k |
| 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 | 197k |

### 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 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations) | Improving Resources | Effective | LJ | - | 4 | | | 4 | | | 4 | | | 3 | | |

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

| KPI | Target | 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 | As at 20th Apr 2022 | Trend | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of staff off sick - Covid-19 not working | | **81** | **93** | **61** | **111** | **311** | **140** | **61** | **167** | **111** | | |
| Shielding | | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Symptomatic | | 43 | 45 | 22 | 33 | 109 | 40 | 28 | 108 | 57 | | |
| House hold symptoms | | 18 | 15 | 8 | 21 | 42 | 13 | 4 | 7 | 2 | | |
| 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 | | 1 | 33 | 31 | 57 | 160 | 87 | 29 | 52 | 52 | | |
| No of staff working from home - Covid-19 related | | **42** | **62** | **22** | **50** | **177** | **86** | **36** | **67** | **57** | | |
| Shielding | | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Symptomatic | N/A | 18 | 15 | 2 | 9 | 53 | 15 | 11 | 31 | 23 | | |
| House hold symptoms | | 16 | 26 | 13 | 24 | 49 | 25 | 9 | 13 | 5 | | |
| 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 | | 2 | 21 | 7 | 17 | 75 | 46 | 16 | 23 | 29 | | |
| No of staff returned to work (including those who were working from home) | | 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% | 4450/4633 =96.1% | | |
| No of staff returned to work (not working only) | | 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% | 3101/3240 =95.7% | | |
| No of staff still absent from work who were Covid-19 positive | | 29 | 42 | 20 | 21 | 21 | 49 | 30 | 48 | 47 | | |
| Additional number of staff enabled to work from home | | 1394 | 1369 | 1350 | 1554 | 1554 | 1634 | 1779 | 1858 | 1898 | | Cumulative |
| Calls to occupational health healthline | | 3105 | 3181 | 3292 | 3462 | 3632 | 3877 | 4039 | 4215 | 4340 | | 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 and is being reviewed and updated in line with new national guidance on Living with Covid.

**Staff Health & Well Being**

• To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes, we 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 still receiving calls to the helpline to support staff through who are covid positive and general wellbeing advice.

**Workforce Issues**

• As at 20th April, 111 staff were off work Covid-19 related, not working which compares to 167 towards the end of March. A further 57 were working from home.
• In March 293 staff were confirmed positive for Covid-19
• Staff turnover decreased to 12.8% in March
• 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 remained at 4.8% in March. 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)**
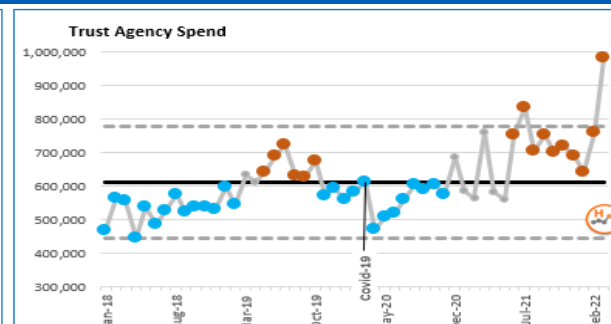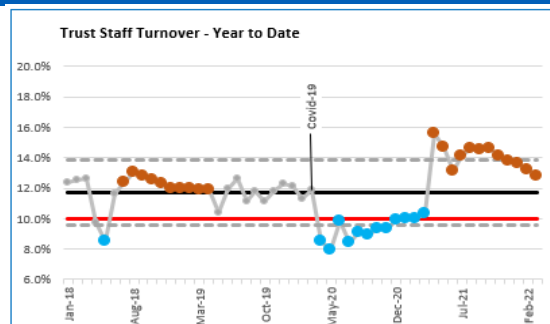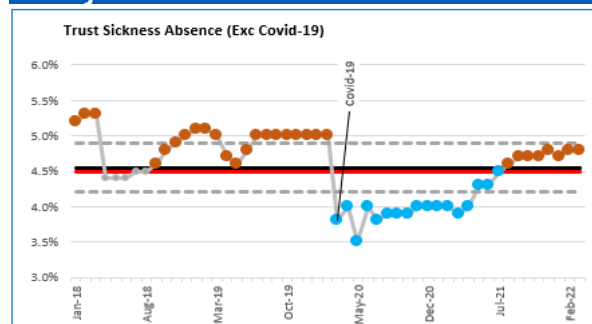
The chart above shows that as at March 2022 we are currently in a period of special cause concerning variation (orange markers). Further action regarding this in mentioned on the previous page.



**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 in March 2022 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

## Sickness Reporting

As at 20th April, the Trust has 168 staff absent or working from home due to Covid-19. This makes up 3.0% of the workforce. Of those absent, 47.6% are symptomatic and 4.2% have household symptoms. The business delivery unit (BDU) with the biggest impact is Barnsley with 5.7% of staff impacted

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

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

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

• Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) was 8.7 days in March.

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



Absence by BDU and Reason for absence
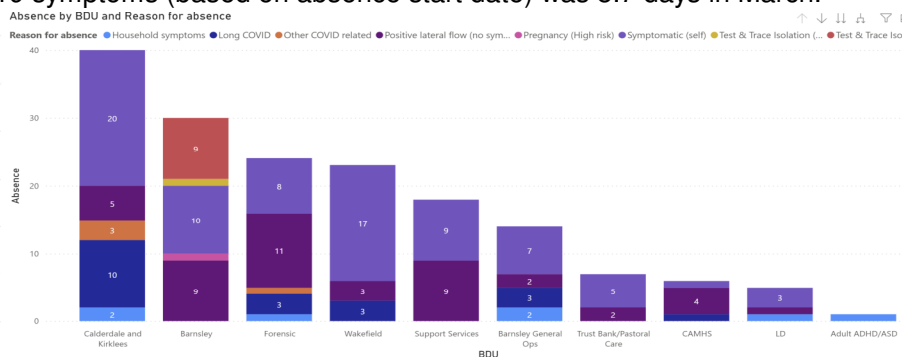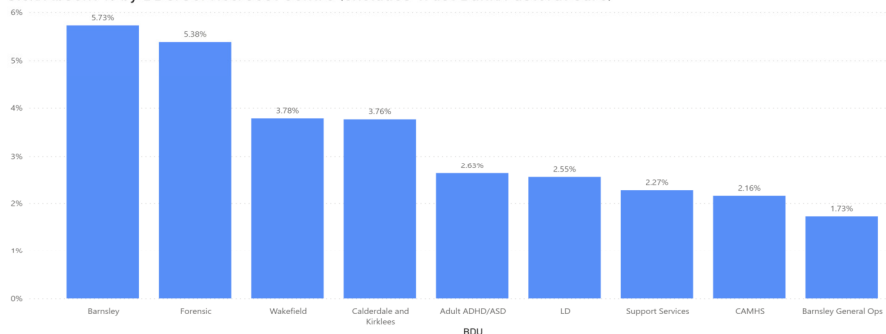
| MEDICAL APPRAISALS | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 |
|---|---|---|---|---|
| Number expected to be undertaken in period | 34 | 28 | 50 | 36 |
| Number undertaken in period | 32 | 27 | 45 | 33 |
| Number not undertaken for which the RO accepts postponement is reasonable | 2 | 1 | 5 | 2 |
| Percentage of appraisals taken place | 100% | 100% | 100% | 97% |
| Percentage of appraisals signed off in period as satisfactory | 100% | 100% | 100% | 97% |

| MEDICAL REVALIDATIONS | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 |
|---|---|---|---|---|
| Number of revalidation recommendations due in period | 10 | 5 | 9 | 35 |
| Number of positive recommendations | 9 | 5 | 9 | 35 |
| Number of deferrals | 1 | 0 | 0 | 0 |
| Number of non-engagements | 0 | 0 | 0 | 0 |
| Percentage of revalidation recommendations made | 90% | 100% | 100% | 100% |

| RESPONDING TO CONCERNS | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 |
|---|---|---|---|---|
| Number of active cases under Maintaining High Professional Standards procedures | 1 | 1 | 1 | 0 |

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 36 indicators that are applicable to the Trust in the 21/22 framework. It is anticipated that the majority of these metrics will be taken from existing data flows and sources that are already in operation however guidance for some metrics remains outstanding. The systems oversight guidance refers to the use of in year monthly or quarterly collections – further technical guidance relating to the metrics was first published on 24th September 2021 with the latest update being on 22nd January 2022. This latest updated reviewed and 20 metrics have been confirmed as applicable to the Trust with 13 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 | Q4 21/22 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-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% | 98.8% | 99.3% | 99.7% | 92.2% | 98.7% | 99.4% | 98.8% | | |
| Maximum 6-week wait for diagnostic procedures | Improving Care | Responsive | CH | 99% | 100% | 100.0% | 100.0% | 68.9% | 100.0% | 100.0% | 100.0% | 100.0% | 99.2% | 68.9% | | |
| % Admissions Gate kept by CRS Teams | Improving Care | Responsive | CH | 95% | 99.7% | 99.4% | 98.3% | 97.9% | 100.0% | 98.0% | 96.6% | 98.0% | 98.8% | 97.1% | | |
| % 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% | 257/267 =96.3% | 85/86 =98.8% | 105/106 =99.1% | 99/102 =97.06% | 78/82 =95.1% | 72/75 =96.0% | 107/110 =97.3% | | |
| % service users followed up within 72 hours of discharge from inpatient care | Improving Care | Safe | CH | 80% | 85.7% | 83.0% | 82.6% | 84.0% | 85.6% | 81.0% | 84.7% | 83.8% | 83.0% | 84.9% | | |
| Data Quality Maturity Index 4 | Improving Health | Responsive | CH | 95% | 99.0% | 98.9% | 99.3% | 99.4% | 99.3% | 99.3% | 99.4% | 99.4% | 99.4% | 99.4% | | |
| Out of area bed days 5 | Improving Care | Responsive | CH | | 496 | 598 | 1028 | 1094 | 304 | 339 | 385 | 431 | 281 | 382 | | |
| IAPT - proportion of people completing treatment who move to recovery 1 | Improving Health | Responsive | CH | 50% | 55.2% | 47.5% | 53.7% | 52.7% | 57.0% | 52.9% | 51.1% | 52.3% | 52.0% | 53.5% | | |
| IAPT - Treatment within 6 Weeks of referral 1 | Improving Health | Responsive | CH | 75% | 98.7% | 97.9% | 96.0% | 94.2% | 97.8% | 95.4% | 94.8% | 94.2% | 94.6% | 94.0% | | |
| IAPT - Treatment within 18 weeks of referral 1 | Improving Health | Responsive | CH | 95% | 99.9% | 99.9% | 99.9% | 99.9% | 100% | 100% | 99.8% | 100% | 99.8% | 99.8% | | |
| Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops | Improving Care | Responsive | CH | 60% | 90.5% | 88.5% | 94.8% | 82.5% | 93.3% | 97.2% | 93.5% | 76.9% | 86.1% | 85.7% | | |
| % clients in settled accommodation | Improving Health | Responsive | CH | 60% | 87.7% | 87.7% | 88.7% | 88.4% | 88.7% | 88.6% | 88.7% | 88.4% | 88.5% | 88.3% | ⚠️ | |
| % clients in employment 6 | Improving Health | Responsive | CH | 10% | 10.3% | 10.5% | 10.2% | 10.0% | 10.4% | 10.3% | 10.0% | 9.6% | 9.9% | 10.4% | ⚠️ | |

| Mental Health Five Year Forward View | Objective | CQC Domain | Owner | Target | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-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 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | | |
| Total number of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | *TBC* | 9 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | | |
| Number of detentions under the Mental Health Act | Improving Care | Safe | CH | *Trend Monitor* | 217 | 192 | 171 | 175 | | 171 | | | 171 | | | |
| Proportion of people detained under the MHA who are BAME 2 | Improving Care | Safe | CH | *Trend Monitor* | 19.8% | 23.4% | 18.7% | 16.6% | | 18.7% | | | 18.7% | | | |

| NHS Standard Contract | Objective | CQC Domain | Owner | Target | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-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% | *98.4%* | 98.6% | 98.0% | 98.0% | 98.3% | 98.7% | *98.3%* | | |
| Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance | Improving Health | Responsive | CH | 99% | 99.9% | 99.9% | 100.0% | *100.0%* | 100.0% | 100% | 100% | 100% | 100.0% | *100.0%* | | |
| Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance | Improving Health | Responsive | CH | 90% | 98.2% | 98.2% | 98.7% | *99.0%* | 98.2% | 98.8% | 99.1% | 99.1% | 99.1% | *98.9%* | | |

*\* See key included in glossary.*

*Figures in italics are provisional and may be subject to change.*

*1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.*

*2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other*

*4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).*

*5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs.  Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.*

*6.  Clients in Employment  - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'*

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

**Headlines:**
- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 98.8%
- The percentage of service users seen for a diagnostic appointment within 6 weeks has dropped below the target threshold at 68.9%. High levels of staff absence due to Covid-19, sickness and annual leave have had a significant impact on the number of patients seen. The team are undertaking remedial work to ensure this is rectified in the coming months.
- During March 2022,  there was one service user 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 53.5% for March.

**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 March shows 18.4% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to February which showed 19.7% 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
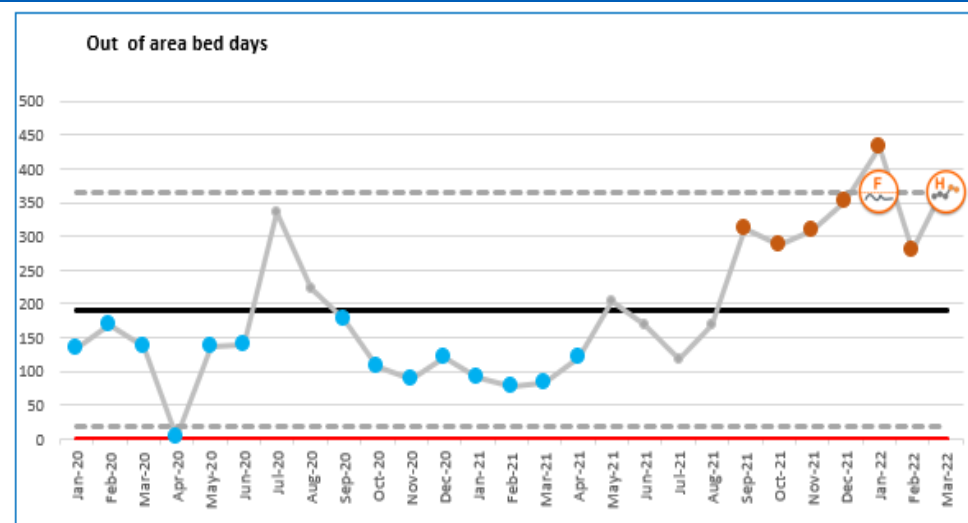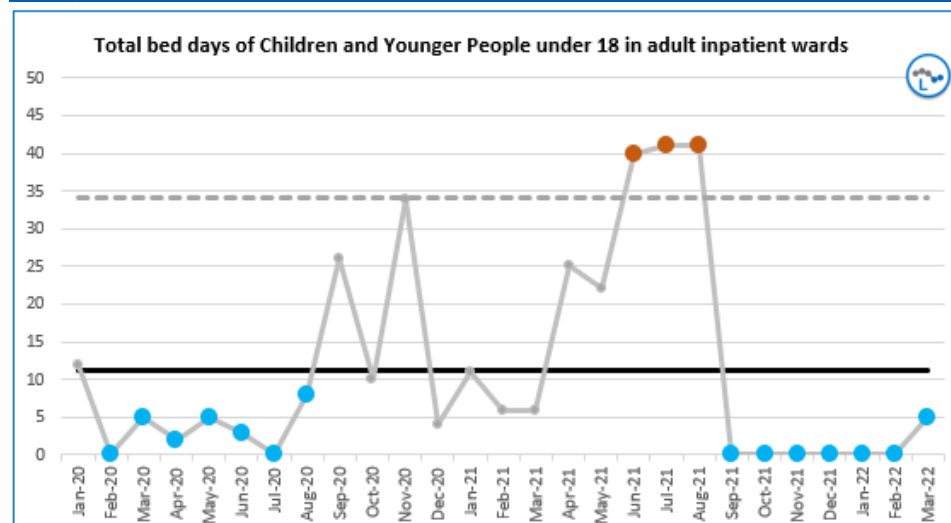


The SPC charts above show that we remain in a period of special cause improving variation regarding the number of beds days for children and young people in adult wards depite reporting 5 bed days in March 2022. We continue to be in a period of special cause concerning variation for the number of out 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.

**NHS South West Yorkshire Partnership NHS Foundation Trust**

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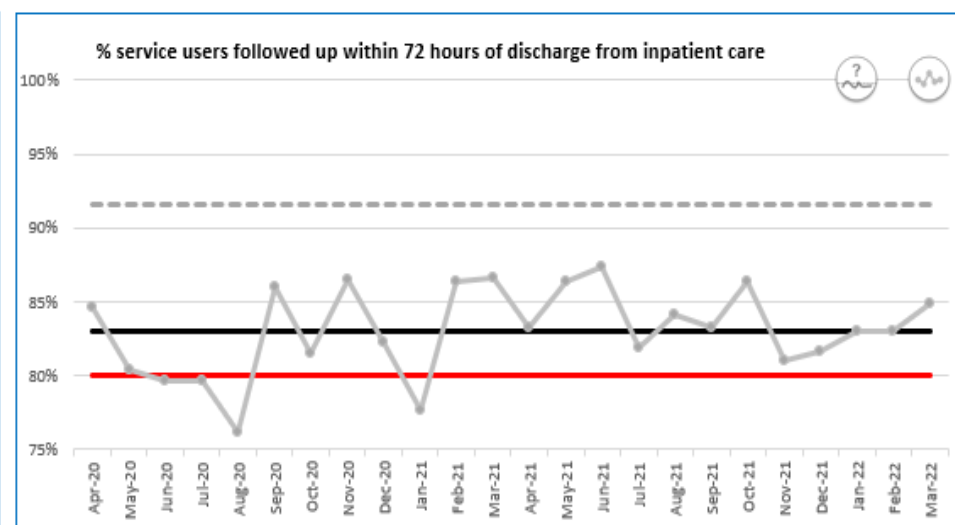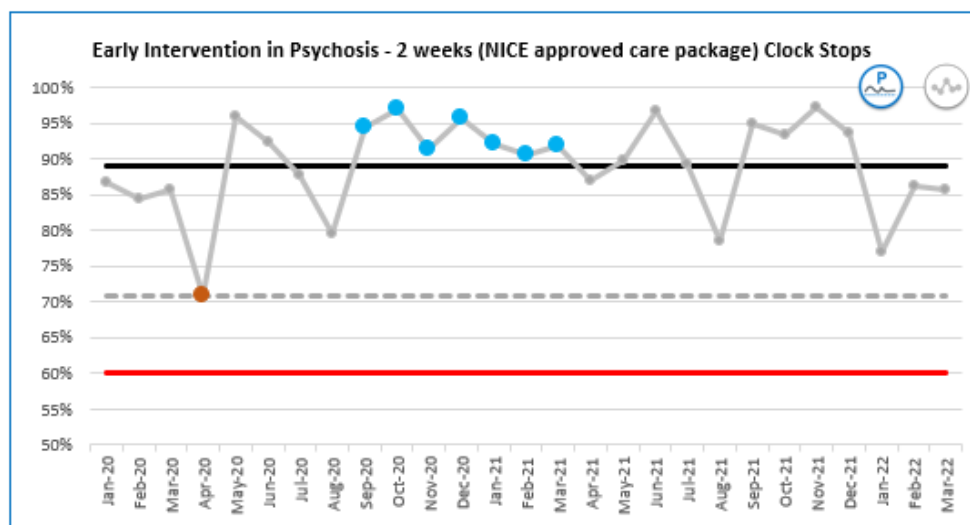
The SPC charts above show that there continues to be no concerns for clients being seen by EIP services or clients discharged from inpatient care being followed up.

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

• There have been challenges in recruitment to the Specialist Psychology post in Memory Services
• Staffing issues continue across the core pathway due to sickness and staff turnover, including staff taking up new ARRS posts within the service.
• Record keeping remains an issue - this includes CPAs currently sitting at 92.3 % which indicates that some efforts to improve performance have taken place. Further concerted efforts to continue. The issue has been raised on a weekly basis to identify areas that require further support around inputting data.
• FIRM Risk Assessments are now sitting at 37.5% not achieved which shows an overall improvement.
• Staying safe plan and risk formulation have achieved 65%, indicating improvement.
• Food safety is only undertaken by a very small number of staff and is not a mandatory requirement for all staff. Further work being undertaken to ensure that those staff who haven't undertaken it and continue to require it as part of their role access the training. Currently no staff are undertaking roles/groups which would require them to need food safety.

## Advise

• Additional funding has now been received to increase staffing to cover 136 response.
• Waiting lists in IAPT
• There is over subscription of the at risk mental state (ARMS) pathway in the Early Interventions Team.  This is being extended and additional funding has been provided for a CBT Practitioner.
• Work is being undertaken around the development of an all age eating disorder service- further meetings are being held with South Yorkshire and Bassetlaw Integrated Care System.
• Development of neighbourhood hubs working with PCN managers

Risks discussed:
• Recruitment of staff into core
• Psychology waiting lists
• CPAs/record keeping

## Assure

• Physical health clinics for service users on the Severe Mental Illness register now established with staff working on a rota to cover.
• Following the successful pilot of the Psychosocial Engagement Team this has now been commissioned to provide ongoing support for those service users who have attempted to take their own lives. New jobs have been advertised.
• All teams across Barnsley Mental Health Services are now paper lite
• Structured Clinical Management Groups for service users with Personality Disorder have commenced.
• Launch of neighbourhood cafes is due next month once venues are secured.

**Child and adolescent mental health services:**

## Alert/Action

• Friends and Family Test in CAMHS is 75% (35/48). Work is underway to improve the engagement with children and families to broaden the opportunity for feedback.
• There has been ongoing improvement with respect to mandatory training with only Food Safety remaining red 66.7% (up from 60% last month). Work is taking place to ensure the appropriate staff access food safety training and to improve this position.

## Advise

• Waiting numbers for Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (neuro-developmental) diagnostic assessment in Kirklees have continued to increase. Waiting list initiatives are in place to manage historic waits but there remains a shortfall in diagnostic capacity.
• 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 services continue to 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 in most areas. The sustainability of crisis and eating disorder pathways remains under pressure.
• 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 in West Yorkshire.
• Staff wellbeing remains a focus.
• Mental Health Support Teams are being developed in all areas and the Trust are the lead provider in Wakefield and Kirklees.
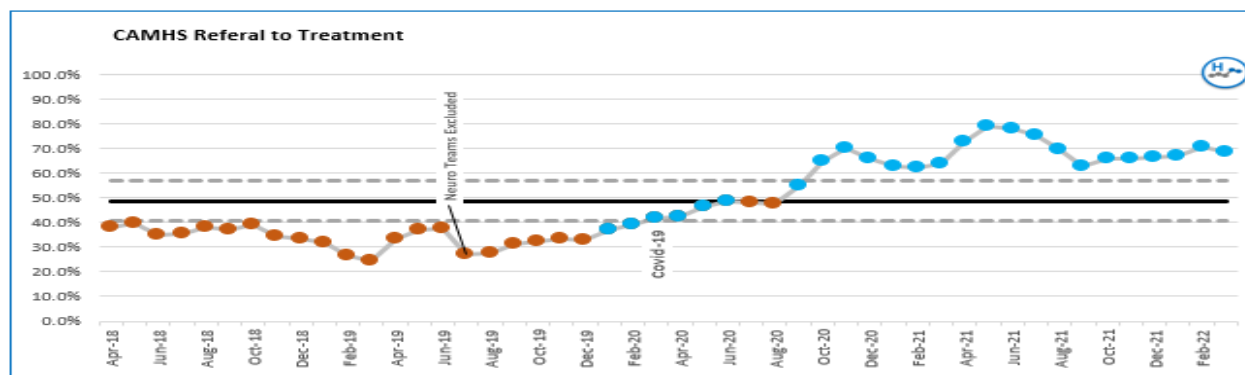


This chart shows that since January 2020 there has been a sustained period of special cause improving variation (blue markers). Given this continued improvement it may be worth re-calculating the upper and lower control limits to ensure that the variation is not skewed by previous poor performance.

Chart shows data to March 2022.

**Barnsley general community services:**

<span style="background-color:red">**Alert/Action**</span>

• Recruitment to Allied Health Professional posts remains a significant challenge – particularly to podiatry, and dietetics.
• Pressures are being experienced in the Learning Disability Dietetic Service, with caseload numbers being difficult to support with the current staffing establishment.
• Yorkshire Smoke Free Sheffield is due out to tender in April/May 2022 for a September 2022 start date of a new contract.
• Resus Service capacity for delivery of Intensive Life Support (ILS)/Basic Life Support (BLS) training is currently reduced due to staffing changes. Recruitment is underway.  This has been noted at both Trust Safety and Resilience Meeting and added to the BDU risk register.

<span style="background-color:orange">**Advise**</span>

• Referrals are still increasing for all allied health services. There is particular concern that the CQUIN for nutrition may have the impact of increasing referrals to the dietetic service. An internal review will be undertaken to understand impact.
• All Children's Services continue to experience increased numbers of referrals into services at the same time as staff absences due to several factors e.g. long term sickness, maternity leave and recruitment challenges
• Partnership work with an external provider to reduce waiting times for Adult SALT continues.
• There was a recent weekend incident regarding loss of network for the Single Point of Access- this has been discussed at a debrief session chaired by the Emergency Preparedness, Resilience and Response Lead and an action plan is being developed.

Risks discussed:
• High levels of service demand impact on service waiting times and the wellbeing on staff who are working.

New risks identified:
• Barnsley Brain Injury Rehab Team waiting list– added to BDU risk register.
• Resus Service added to Trust risk register in relation to current staffing capacity to deliver required ILS/BLS mandatory training.  Action plan in place to address this.

<span style="background-color:green">**Assure**</span>

• To support recruitment challenges, we have created Nursing and Allied Health Professionals virtual recruitment booths for the Barnsley-wide collaborative recruitment fair in May.
• Despite challenges, all Children's and Health and Wellbeing Services continue to delivery high quality services.
• Work with an external provider supporting the delivery of the Adult Speech and Language Therapy (SALT) patient list and partnership is working well, with waiting lists/times reducing.

**ADHD/ASD services:**

<span style="background-color:red">**Alert/Action**</span>

• ADHD referrals continue to increase. The service is currently receiving 130 per month compared to commissioned capacity of 279 per year.
• Autism referrals have also increased compared to pre pandemic levels.

<span style="background-color:orange">**Advise**</span>

• The service has been commissioned by Bradford CCG to assess 100 people on their Autism Waiting List.
• 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.
• A business case has been developed to increase capacity in ADHD to 560 per year.
• There has been a slight decline in supervision levels due to staff absence due to Covid.

<span style="background-color:green">**Assure**</span>

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

**Learning disability services:**

<span style="background-color:red">**Alert/Action**</span>

• **Recruitment** – remains a priority with vacancies in psychology, occupational therapy, speech and language therapy and nursing across all localities and the Assessment and Treatment Unit.
• **Waiting Lists** - Service Users with a PLD (Profound Learning Disability) on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need.
• **Waiting lists** - are highest for psychological therapies but are most often open to other disciplines so are not left without a service.
• **Medical staffing** – Short/medium plans are in place with a strong reliance on locum medical workforce. A Medical Lead post has been advertised and future focus will be on a longer-term plan for medical staffing.
• **Supervision** – there has been a drop in supervision levels. Plans are in place to look at reasons for this with some concern that recording might not be accurate.
• **Mandatory Training (Red)** – CPR 68.9%, Food Safety 55.6%, News 55.9%.
• **Mandatory Training (Amber)** – Infection, Prevention and Control 93.6%, Information Governance 88.5%, Local Induction 72.1%.
• **Appraisal rates** – 66%.
• **Delayed Transfers of Care (DTOC)** – work has been undertaken to address recording issues and future dashboards will reflect a more accurate position. Further work is being undertaken across the ICS to support patient flow and will reduce DTOC and increase capacity.

<span style="background-color:orange">**Advise**</span>

**Assessment and Treatment Unit (ATU)**
• DTOCs continue to impact on patient flow, impacting on the ability to admit.  However, Horizon has had two discharges in the past 4 weeks.
• We have seen turnover of nurses and health care support workers over the past few months. Recruitment plans are in place to address staffing challenges.
• The ward continues to carry a high number of vacancies, with high use of bank and agency.
• Whilst referrals were increasing for the West Yorkshire ATU, pressures have reduced a little over the past few weeks

**Community**
• Locality teams continue to experience acuity and complexity of service users.
• We are in the progress of carrying out a workforce review across our community teams.  Proposals have now been delivered to staff following feedback received from them and next steps for progressing this are now in place.  The review aims to ensure more efficiency and improvements in the delivery of our clinical services via changes in pathways and re-alignment of responsibilities.
• Wakefield Community Team are due to move to new premises on the Fieldhead site in mid-May.

**Assure**

**ATU**
- The senior management team are leading an improvement plan to implement learning from health and well-being reviews.
- Recruitment plans are in place and several posts have been filled.
- We continue to access bank/agency staff to mitigate vacancies wherever possible.
- Robust plans are in place to address mandatory training, supervision, and appraisal shortfalls.

**Community**
- Patients with a learning disability on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need.
- Annual health checks across all four localities are seeing improvements in numbers since the introduction of new Strategic Health posts.
- Some vacancies have now been recruited to and awaiting start dates.
- Robust plans are in place to address mandatory training, supervision and appraisals.

**Forensic services:**

**Alert/Action**

- **FCAMHS** – preliminary discussions have begun between NHSE/I and the West Yorkshire Provider Collaboratives regarding Phase 2 of the Provider Collaboratives Programme and the transfer of the FCAMHS contract to a provider collaborative going forward.
- **Bed Occupancy -** Newhaven (including leave) was at 81.3% occupancy for the month which is under the 90% threshold. This is a direct result of the Transforming Care agenda, and is being discussed by the West Yorkshire Provider Collaborative.
- **Bed Occupancy** – Newton Lodge (including leave) occupancy was below the 90% threshold for March. It is not anticipated this will remain below target but reflects discharge activity during March.
- **Mandatory training areas in red:** Cardiopulmonary Resuscitation (CPR) 67.3%, Food Safety 69.4%, Local Induction 65.2%.
- **Mandatory training areas in amber:** Aggression Management 77.4%, Freedom to Speak Up 77.4%, Information Governance 89.3%, National Early Warning Score 2 (NEWS2) 71.1%.
- **Sickness absence/covid absence** – remains above Trust target set for the BDU.
- **Vacancies & Turnover** – turnover rates remain high (in excess of 14%) this rate has risen since July 2021 (11.1%). Inpatient Forensic services currently have 38 registered nurse vacancies with recruitment activity keeping pace with leavers to the service. Community services also have registered practitioner vacancies.
- **Supervision** – Medium Secure 46.3%, Low Secure 66.7%, Newhaven 76.7% & Forensic Community 63.6%. This is lower than usual figures for forensic services who have managed to keep supervision levels throughout the pandemic. The levels reflect the current clinical and workforce pressures within the service.

**Advise**

- Work with partners in the West Yorkshire Provider Collaborative continues. Recent focus has been on service user flow.
- SWYPFT continue to lead on key areas of work of the Adult Secure Provider Collaborative and in particular the development of Community Forensic Services across West Yorkshire.
- Further work needs to be prioritised around the repatriation of service users who are currently out of area.
- Use of seclusion rooms throughout the month has remained high reflecting the acuity and complexity of the service user population. There have been occasions when Gaskell seclusion (un-commissioned ward) has had to be used or alternative spaces on the wards.
- Two seclusion rooms within low secure have been significantly damaged and are awaiting repair.
- Levels of acuity and complexity are high with an increase in prison referrals now being evident across the service particularly in medium secure.
- Concern regarding staffing levels remains high with a strong management focus on ensuring skill mix is balanced on a day-to-day basis. Staffing levels are being contributed to by a mixture of vacancies, sickness absence and covid related absence.

**Assure**

• No delayed transfers of care recorded across all three services.
• 25 Hours structured activity for service users has been 100% for all three services.
• % Service Users on CPA with a formal review within the previous 12 months is at 95%.
• The service has a bespoke recruitment and retention plan and this will remain a key area of focus throughout 22/23. The service is confident unregistered vacancies will be filled shortly, and the service continues to support local recruitment and centralised recruitment and has increased secondment to training opportunities despite current pressures. Additional work is underway to look at new roles, additional recruitment of Band 4s and 3s to maintain career progression and opportunity.
• The well-being of staff remains a priority within the service. There is a well-established well-being group with representation from across the BDU and several well being champions. This group will be focusing its efforts on using data from a bespoke survey conducted last year and the recent NHS survey results to update and further develop and action plan.
• Actions are in place to ensure supervision and appraisal levels within the staff group are a key priority in terms of supporting and developing the workforce. These will be monitored through monthly quality improvement clinics with managers.
• The service has been in direct contact with trainers to deliver CPR training on site and will prioritise registered staff. In the meantime, there is a plan in place to ensure there are always appropriately trained staff on site.
• Actions are in place to address other mandatory training shortfalls.
• The 'Development and Retention' survey undertaken last year indicated a strong opinion the service should develop a service led development programme which has been developed by the former General Manager and Medical colleagues and is now ready to be rolled out across the service, this programme will further compliment work already being undertaken re HCR20 Risk Assessment Training and the roll out of Trauma Informed Care across all our services.

**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 been variable locally. The difficulties have been compounded by ongoing workforce challenges 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, and the use of out of area beds has reduced. The key focus is 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 been an emphasis on how we can support patients ready for discharge more effectively back into community settings. Work with partners across the Integrated Care System continues.
• 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 challenges are also compounding these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours. 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 community teams for qualified practitioners, and proactive attempts to fill these have had limited success. Sickness absence is compounding the capacity challenges. We have action plans in place for teams where there are particular challenges, and continue to be proactive and innovative in our approaches to recruitment.

**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 developing a confident and competent workforce in which we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles, 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.

• Calderdale and Kirklees community teams have improved their performance around CPA reviews. General managers and quality and governance leads are continuing focussed work to support teams where CPA review performance has been lower than the target. A BDU-level action plan is in place to ensure that this and other team challenges such as staffing are being effectively addressed.

• 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 continue to emphasise staff wellbeing and the workplace wellbeing groups continue to thrive with excellent examples of initiatives in each of the hubs and in individual teams. We recognise the key role of supervision and appraisal in this and are ensuring time is prioritised for these activities and that where we need to improve action plans are in place.

**Assure**

• Significant improvement evident in Covid-19 swabbing compliance for inpatient services has continued.

• A service user has recorded and posted a youtube video about their excellent experience as an inpatient on Walton Ward.

• Inpatients have achieved the 80% target for FIRM staying safe plans – and also continue to be above target for FIRM formulation.

• Presentations have been made to two members of our matron team following successful completion of Professional Nurse Advocacy (PNA) courses.

• We are commencing the Reducing Restrictive Practice Royal College Of Psychiatry programme on Ashdale and Elmdale.

• We have joined up with the Integrated Change Team and quality improvement and assurance team (QIAT) to commence two quality improvement programs around improving e-discharge and pre/post leave risk assessment.

## Communications, Engagement and Involvement

• Coronavirus update sent out weekly to all staff and governors
• Coronavirus sections on the intranet and website maintained and updated
• Control of patient information expiration and sharing of service user clinical records comms
• Staff wellbeing initiatives promoted.
• Excellence awards 2022 celebration event took place.
• Covid-19 medal produced and sent to all staff and volunteers.
• Design and print of materials continuing for services and corporate functions
• Awareness days and weeks supported on social media and in internal communication channels
• Collecting equality data campaign launched.
• Support provided to EyUp Charity, Creative Minds, Spirit in Mind, Recovery and Wellbeing Colleges and the Mental Health Museum.
• Creative approaches filming and PR preparation comms
• Preparation for recruitment campaigns focused on nursing, healthcare assistants (HCS) and allied health professionals (AHPs). Recruitment has been supported for senior roles, including Non- Executive Director, Chief People Officer etc.
• Wakefield CAMHS PR – ReACH team, awareness days and mental health support team.
• Website and intranet development work.
• Media enquiries co-ordinated and issued responses.
• Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS initiatives and campaigns.

## 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 End Position | Narrative |
|---|---|---|
| **Surplus / Deficit** | £7.3m | A final position of £7.3m surplus has been achieved. This takes account of the different financial arrangements in H1 and H2. This position has been prepared in line with national guidance and therefore contains notional income and expenditure values (such as receipt of Personal Protective Equipment as part of the response to Covid-19 or the notional pension contribution paid nationally). |
| **Agency Spend** | £8.7m | Agency expenditure in March was £1.0m which is higher than the previous run rate. Agency staffing remains an integral element of the Trusts overall workforce solution, supporting those areas which have been difficult to recruit and in the continued response to managing safety through Covid-19. |
| **Cash** | £81.1m | The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. Overall this is an increase of £24.5m from 31st March 2021. |
| **Capital** | £8.6m | 2021 / 22 has continued to be a challenging year for the delivery of the Trust capital programme. This has impacted on the majority of spend being incurred in Q4. A final position of £8.6m has been achieved with continued significant investment in the Trust estate and IT infrastructure. |
| **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. |

| |
|---|
| Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels |
| Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels |
| 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.**

**Department of Health and Social Care**
**Hospital discharge and community support guidance**

This document sets out how health and care systems can ensure that people are discharged safely from hospital to the most appropriate place and continue to receive the care and support they need after they leave hospital.

This guidance applies in relation to adults being discharged from acute hospitals and community rehabilitation units in England, excluding maternity patients.

Discharges from mental health hospitals are not within the scope of this guidance. However mental health trusts are encouraged to embed some of the principles, adapted for mental health care pathways. Separate guidance will be published for those being discharged from mental health settings in due course.

This guidance is applicable from 1 April 2022.

Click here for link to guidance

# Finance Report

## Month 12
## (2021 / 22)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

# Contents

| | Performance Indicator | Year End Position | Narrative |
| --- | --- | --- | --- |
| 1 | **Surplus / (Deficit)** | £7.3m | A final position of £7.3m surplus has been achieved. This takes account of the different financial arrangements in H1 and H2. This position has been prepared in line with national guidance and therefore contains notional income and expenditure values (such as receipt of Personal Protective Equipment as part of the response to Covid-19 or the notional pension contribution paid nationally). |
| 2 | **Agency Spend** | £8.7m | Agency expenditure in March was £1.0m which is higher than the previous run rate. Agency staffing remains an integral element of the Trusts overall workforce solution, supporting those areas which have been difficult to recruit and in the continued response to managing safety through Covid-19. |
| 3 | **Cash** | £81.1m | The cash in the bank position continues to be positive due to the overall surplus position and the timing of capital expenditure. Overall this is an increase of £24.5m from 31st March 2021. |
| 4 | **Capital** | £8.6m | 2021 / 22 has continued to be a challenging year for the delivery of the Trust capital programme. This has impacted on the majority of spend being incurred in Q4. A final position of £8.6m has been achieved with continued significant investment in the Trust estate and IT infrastructure. |
| 5 | **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 |

| Budget Staff | Actual worked | Variance | | This Month Budget | This Month Actual | This Month Variance | Description | Year to Date Budget | Year to Date Actual | Year to Date Variance | Budget | Forecast | Forecast Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WTE | WTE | WTE | % | £k | £k | £k | | £k | £k | £k | £k | £k | £k |
| | | | | 25,643 | 26,796 | 1,153 | Clinical Revenue | 284,375 | 274,176 | (10,199) | 284,375 | 274,176 | (10,199) |
| | | | | 25,643 | 26,796 | 1,153 | **Total Clinical Revenue** | 284,375 | 274,176 | (10,199) | 284,375 | 274,176 | (10,199) |
| | | | | 815 | 11,448 | 10,633 | Other Operating Revenue | 5,161 | 26,947 | 21,786 | 5,161 | 26,947 | 21,786 |
| | | | | 26,458 | 38,244 | 11,786 | **Total Revenue** | 289,536 | 301,123 | 11,587 | 289,536 | 301,123 | 11,587 |
| 4,990 | 4,591 | (400) | 8.0% | (18,075) | (26,481) | (8,406) | Pay Costs | (207,564) | (214,611) | (7,048) | (207,564) | (214,611) | (7,048) |
| | | | | (7,915) | (10,478) | (2,564) | Non Pay Costs | (67,991) | (70,008) | (2,017) | (67,991) | (70,008) | (2,017) |
| 4,990 | 4,591 | (400) | 8.0% | (25,990) | (36,959) | (10,969) | **Total Operating Expenses** | (275,555) | (284,619) | (9,064) | (275,555) | (284,619) | (9,064) |
| 4,990 | 4,591 | (400) | 8.0% | 468 | 1,285 | 817 | **EBITDA** | 13,981 | 16,504 | 2,522 | 13,981 | 16,504 | 2,522 |
| | | | | (537) | (720) | (183) | Depreciation | (6,440) | (7,147) | (707) | (6,440) | (7,147) | (707) |
| | | | | (212) | (78) | 134 | PDC Paid | (2,541) | (2,070) | 471 | (2,541) | (2,070) | 471 |
| | | | | 0 | 24 | 24 | Interest Received | 0 | 39 | 39 | 0 | 39 | 39 |
| 4,990 | 4,591 | (400) | 8.0% | (280) | 512 | 792 | **Surplus / (Deficit)** | 5,000 | 7,326 | 2,326 | 5,000 | 7,326 | 2,326 |
| | | | | 0 | 0 | 0 | Gain / (loss) on disposal | 0 | 1,154 | 1,154 | 0 | 1,154 | 1,154 |
| | | | | 0 | 0 | 0 | Revaluation of Assets | 0 | 1,213 | 1,213 | 0 | 1,213 | 1,213 |
| 4,990 | 4,591 | (400) | 8.0% | (280) | 512 | 792 | **Surplus / (Deficit)** | 5,000 | 9,693 | 4,693 | 5,000 | 9,693 | 4,693 |

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
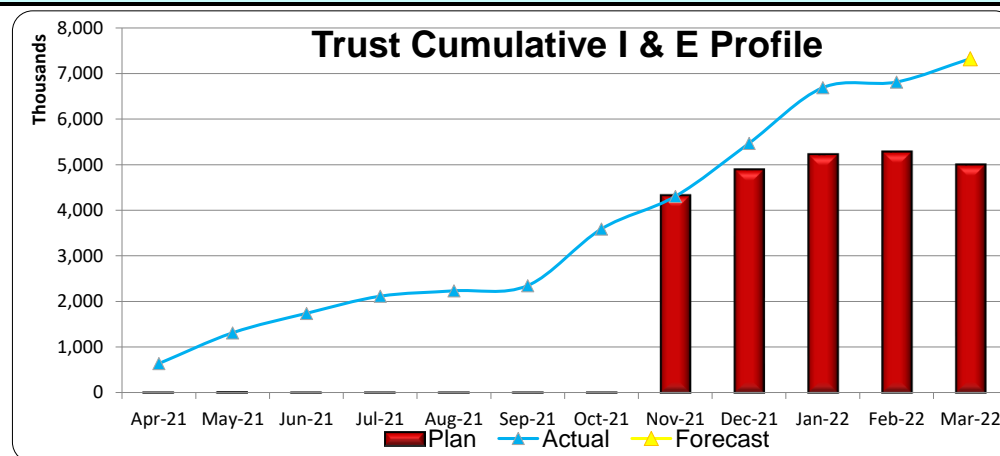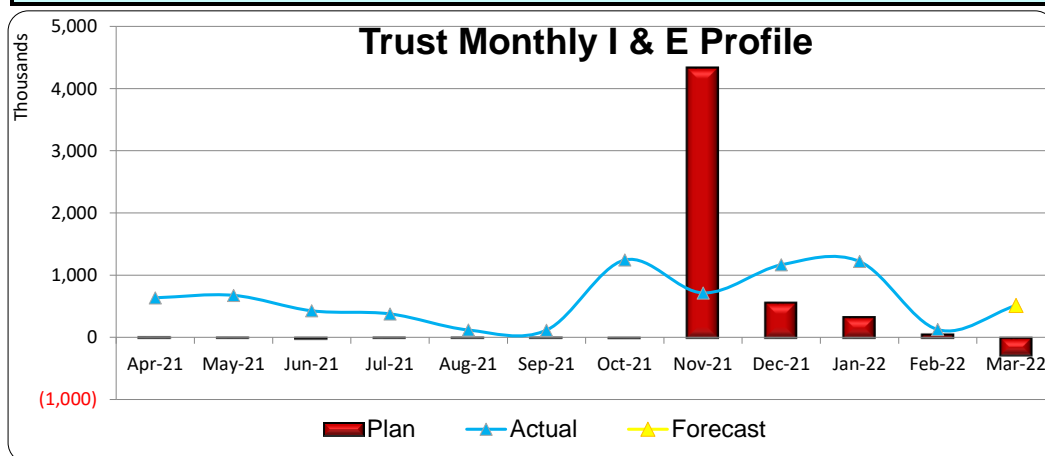
In October 2021 the Trust took on the role of lead provider for the West Yorkshire Adult Secure (Forensic) Collaborative. Similar collaboratives exist for CAMHS and Adult Eating Disorders and these are hosted by other mental health Trusts in the region. These collaboratives have been developed as the 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 separately within the Trust annual accounts. In this presentation this is the total of the collaborative but it is important to remember that the Trust already received income, and incurred costs, related to 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 are paid on a cost per case basis.

| Description | Adult Secure Lead Provider Collaborative | | | | | | Trust (excluding Collaborative) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 29,878 | 27,126 | (2,752) | 29,878 | 27,126 | (2,752) | 254,497 | 247,051 | (7,447) | 254,497 | 247,051 | (7,447) |
| Total Clinical Revenue | 29,878 | 27,126 | (2,752) | 29,878 | 27,126 | (2,752) | 254,497 | 247,051 | (7,447) | 254,497 | 247,051 | (7,447) |
| Other Operating Revenue | | | 0 | | | 0 | 5,161 | 26,947 | 21,786 | 5,161 | 26,947 | 21,786 |
| Total Revenue | 29,878 | 27,126 | (2,752) | 29,878 | 27,126 | (2,752) | 259,659 | 273,998 | 14,339 | 259,659 | 273,998 | 14,339 |
| Pay Costs | (407) | (71) | 336 | (407) | (71) | 336 | (207,157) | (214,541) | (7,384) | (207,157) | (214,541) | (7,384) |
| Non Pay Costs | (29,471) | (27,055) | 2,416 | (29,471) | (27,055) | 2,416 | (38,520) | (42,953) | (4,432) | (38,520) | (42,953) | (4,432) |
| Total Operating Expenses | (29,878) | (27,126) | 2,752 | (29,878) | (27,126) | 2,752 | (245,677) | (257,494) | (11,816) | (245,677) | (257,494) | (11,816) |
| EBITDA | 0 | (0) | (0) | 0 | (0) | (0) | 13,981 | 16,504 | 2,523 | 13,981 | 16,504 | 2,523 |
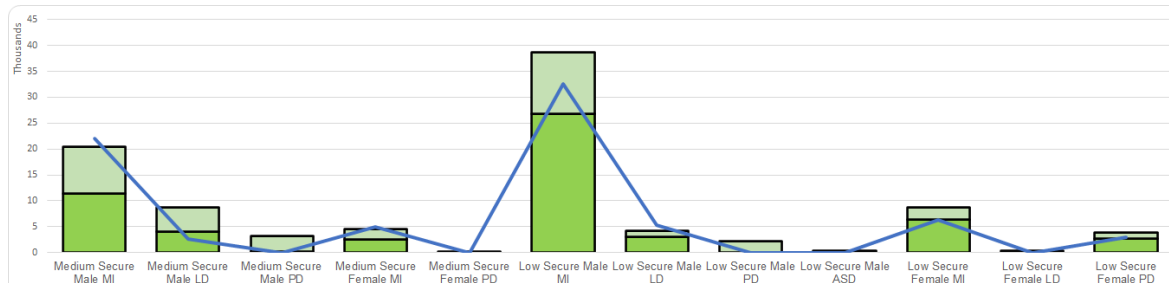


The table to the left shows the current activity levels for the collaborative by service line. This separates out each into those provided by the 5 partner organisations of the collaborative and external partners (identified as out of area placements). The line shows how this compares to commissioned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

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

# Income & Expenditure Position 2021 / 22

**Covid-19 has continued to have a major impact on the Trust financial position.**

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 had planned for a £5m surplus. This has been exceeded by £2.3m with a £7.3m year end position reported.

### 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.

As in previous years there has been an increase in notional income in month 12 in line with national guidance. This has no impact on the Trust bottom line as it is offset by notional cost recording but does have a material impact on the reported level of income. For example notional pension costs are £8.6m.

### Pay

Recruitment, retention and workforce numbers has been a major driver of the Trust financial position throughout the year. Overall, excluding notional pension contributions, the Trust has spent £37.9m more in pay compared to last year. This includes the impact of national pay awards but there were 119 more WTE worked in March 2022 compared to March 2021.

This increasing trend in workforce numbers is planned to continue into 2022 / 23 and forms a key assumption of the Trust financial plan.

### Non Pay

Non pay expenditure has significantly increased in year. The largest single value relates to the purchase of healthcare costs linked to the West Yorkshire Adult Secure Collaborative. This went live from 1st October 2021 and a full year effect impact will be seen in 2022 / 23. This will continue to be reported separately.

# Covid-19 Financial Impact

Covid-19 continues to have an impact on our financial position and the table below highlights where the Trust has incurred incremental costs as part of its response. These costs have been identified as additional and reasonable in line with national guidance.

In line with the principles established in H2 2020 / 21, funding for additional covid-19 costs has been provided prospectively through the West Yorkshire ICS. Reporting continues via the monthly NHS Improvement financial return with the expenditure summarised below.

Costs are reviewed and agreed through the Trust Operational Management Group to ensure that expenditure continues to provide the best possible service and value for money. This also ensures that the approach is joined up and consistent across the Trust.

| Heading | Description | H1 £k | Oct-21 £k | Nov-21 £k | Dec-21 £k | Jan-22 £k | Feb-22 £k | Mar-22 £k | Total £k |
|---|---|---|---|---|---|---|---|---|---|
| Staffing - backfill | Additional staff costs to support Trust workforce response. Includes acting up and backfill arrangements | 339 | 12 | 2 | 23 | 117 | 229 | 259 | 981 |
| Staffing - vaccination | Additional staff costs to support vaccination programme (including overtime) | 170 | 12 | 31 | 20 | 20 | 29 | 7 | 289 |
| Staffing - Isolation | Isolation, shielding and backfill for covid absence | 206 | 37 | 67 | 40 | 44 | 20 | 37 | 451 |
| Staffing - premium | Additional exceptional payments agreed to ensure safe staffing levels over key periods | 158 | (75) | 0 | 977 | 1 | 0 | 0 | 1,061 |
| Total – Pay | | 872 | (14) | 100 | 1,060 | 182 | 278 | 303 | 2,781 |
| Lateral Flow Testing | Distribution of kits to staff | 38 | 0 | 0 | 0 | 0 | 0 | 0 | 38 |
| Laundry & Scrubs | Purchase of scrubs for staff and associated laundry costs | 5 | 0 | 0 | 0 | 0 | 1 | 6 | 12 |
| IT | Purchase of equipment and agile working enabling costs (VPN) | 38 | 0 | 0 | 0 | 1 | 0 | 0 | 39 |
| OOA Placements | Out of area bed placements required to covid issues | 308 | 246 | 316 | 359 | 579 | 614 | 998 | 3,420 |
| Staffing - security | External security costs to support vaccination | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| Furniture | Replacement furniture to support infection prevention and control | 138 | 58 | 95 | 43 | 239 | 0 | 227 | 800 |
| Misc / other | Other general non pay not captured in the headings above | 71 | 3 | 11 | 0 | 3 | 27 | 52 | 168 |
| Total – Non Pay | | 605 | 307 | 422 | 402 | 823 | 642 | 1,283 | 4,484 |
| Total costs | | 1,477 | 293 | 522 | 1,462 | 1,005 | 920 | 1,586 | 7,265 |

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 | 16,715 | 18,926 | 18,234 | 19,232 | 199,439 | 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 | 5,208 | 45,733 | 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 | 586 | 7,580 | 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 | 99 | 57 | 56 | 70 | 708 | 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 | 26,796 | 274,176 | 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
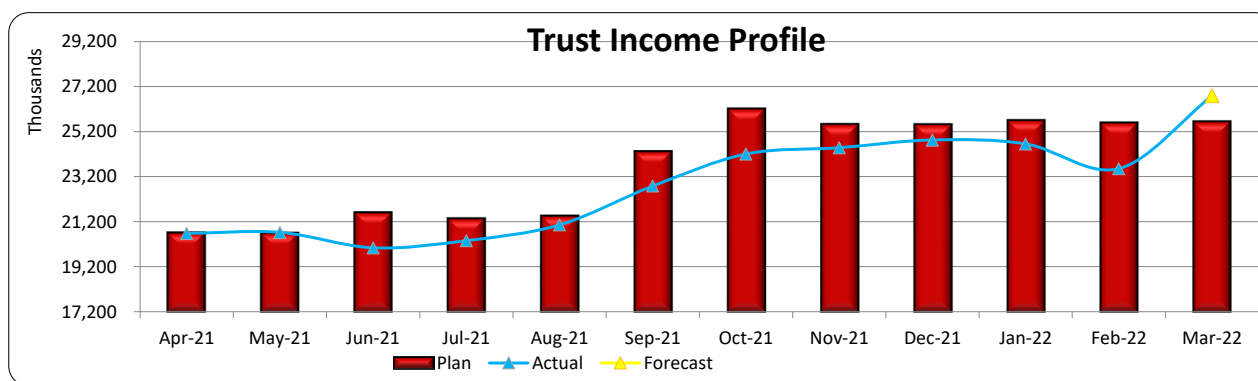
The value of income has increased in March 2022 and final numbers have been agreed with commissioners to recognise all investments in 2021 / 22.

Unlike previous years there has been no additional national income included within these income numbers (Flowers, annual leave, top up funding).

Work continues with commissioners to ensure that investment in 2022 / 23 is confirmed as soon as possible to allow timely mobilisation and recruitment to maximise the benefit for service users.

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 | 16,158 | **187,288** |
| Bank & Locum | 803 | 911 | 795 | 822 | 1,001 | 1,053 | 990 | (145) | 947 | 1,181 | 942 | 1,078 | **10,375** |
| Agency | 583 | 560 | 754 | 834 | 705 | 754 | 701 | 720 | 691 | 643 | 760 | 984 | **8,688** |
| Other - notional pension contribution | | | | | | | | | | | | 8,261 | **8,261** |
| Total | **16,610** | **16,641** | **16,637** | **16,675** | **17,273** | **19,187** | **16,781** | **16,674** | **16,769** | **17,684** | **17,199** | **26,481** | **214,611** |
| 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% | 4.1% | 4.8% |
| Agency as % | 3.5% | 3.4% | 4.5% | 5.0% | 4.1% | 3.9% | 4.2% | 4.3% | 4.1% | 3.6% | 4.4% | 3.7% | 4.0% |

| 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 | 4,171 | **4,096** |
| Bank & Locum | 255 | 263 | 218 | 224 | 283 | 283 | 273 | 234 | 240 | 296 | 249 | 265 | **257** |
| Agency | 107 | 115 | 128 | 155 | 138 | 138 | 139 | 125 | 153 | 139 | 128 | 154 | **135** |
| Total | **4,461** | **4,455** | **4,396** | **4,447** | **4,494** | **4,494** | **4,489** | **4,450** | **4,482** | **4,559** | **4,532** | **4,591** | **4,487** |
| 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
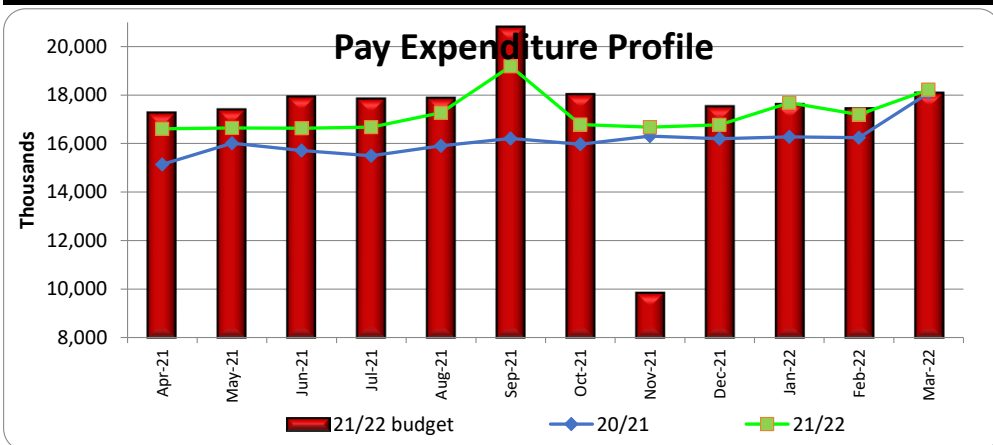
The graph to the left shows the monthly pay expenditure profile for 2021 / 22. This has been normalised to the extent that it excludes the notional pension contribution (£8.3m - offset fully by notional income) accounted for in March. This is in line with national guidance.

Excluding this pay costs are £1.0m more than February. Temporary staffing accounts for £0.4m of the increase with the remainder due to additional payments made in month. This includes a year end estimate of shifts, and enhancements, worked but not yet paid.

March 2022 has also seen a further increase in substantive WTE worked. This is both recruitment and existing staffing working additional hours.

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

### Year to Date Budget v Actual - by staff group

| Staff Group | Budget £k | Substantive £k | Bank / Locum £k | Agency £k | Total £k | Variance £k |
|---|---|---|---|---|---|---|
| Medical | 26,957 | 23,500 | 512 | 3,106 | 27,118 | 160 |
| Nursing Registered | 71,215 | 61,505 | 3,282 | 1,076 | 65,862 | (5,353) |
| Nursing Unregistered | 26,571 | 21,741 | 5,459 | 3,120 | 30,320 | 3,749 |
| Other | 61,139 | 51,543 | 433 | 1,185 | 53,161 | (7,977) |
| Corporate Admin | 17,259 | 16,489 | 345 | 170 | 17,004 | (255) |
| BDU Admin | 14,785 | 12,509 | 345 | 31 | 12,885 | (1,900) |
| Vacancy Factor | (10,362) | | | | 0 | 10,362 |
| Total | 207,564 | 187,288 | 10,375 | 8,688 | 206,351 | (1,213) |

### WTE    In month Budget v Actual - by staff group

| Staff Group | Budget WTE | Substantive WTE | Bank / Locum WTE | Agency WTE | Total WTE | Variance WTE |
|---|---|---|---|---|---|---|
| Medical | 233 | 198 | 1 | 19 | 217 | (15) |
| Nursing Registered | 1,554 | 1,254 | 77 | 14 | 1,345 | (209) |
| Nursing Unregistered | 897 | 697 | 155 | 93 | 946 | 49 |
| Other | 1,447 | 1,226 | 11 | 16 | 1,253 | (193) |
| Corporate Admin | 355 | 358 | 8 | 11 | 377 | 23 |
| BDU Admin | 506 | 438 | 13 | 0 | 452 | (54) |
| Vacancy Factor | | | | | | |
| Total | 4,990 | 4,171 | 265 | 154 | 4,591 | (400) |

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:

Overall there has been an increase in sustantive staff worked WTE by 15. This is an increase of 82 since December 2021. It needs to be clear that this is worked WTE and as such includes recruitment of additional staff and additional shifts worked by existing staff.

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 £k | Substantive £k | Bank / Locum £k | Agency £k | Total £k | Variance £k |
|---|---|---|---|---|---|---|
| MH Community | 97,271 | 81,675 | 2,248 | 3,941 | 87,864 | (9,407) |
| Inpatient | 48,658 | 40,087 | 7,430 | 4,088 | 51,605 | 2,947 |
| BDU Support | 13,505 | 7,990 | 439 | 14 | 8,443 | (5,062) |
| Community | 30,541 | 25,993 | 439 | 203 | 26,635 | (3,906) |
| Corporate | 27,951 | 39,823 | (201) | 442 | 40,064 | 12,113 |
| Vacancy Factor | (10,362) | | | | 0 | 10,362 |
| Total | 207,564 | 195,569 | 10,354 | 8,688 | 214,611 | 7,047 |

### In month Budget v Actual - by service

| | Budget WTE | Substantive WTE | Bank / Locum WTE | Agency WTE | Total WTE | Variance WTE |
|---|---|---|---|---|---|---|
| MH Community | 1,998 | 1,671 | 48 | 29 | 1,748 | (249) |
| Inpatient | 1,156 | 916 | 182 | 102 | 1,201 | 45 |
| BDU Support | 368 | 216 | 10 | 1 | 227 | (141) |
| Community | 770 | 668 | 10 | 3 | 682 | (88) |
| Corporate | 699 | 700 | 14 | 19 | 733 | 34 |
| Vacancy Factor | | | | | 0 | |
| Total | 4,990 | 4,171 | 265 | 154 | 4,591 | (400) |

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 £984k in March.**

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 across all areas and all BDU's. March 2022 is the highest single month for agency costs in the 4 years included in the graph below.

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



Agency Expenditure Trends (£m)
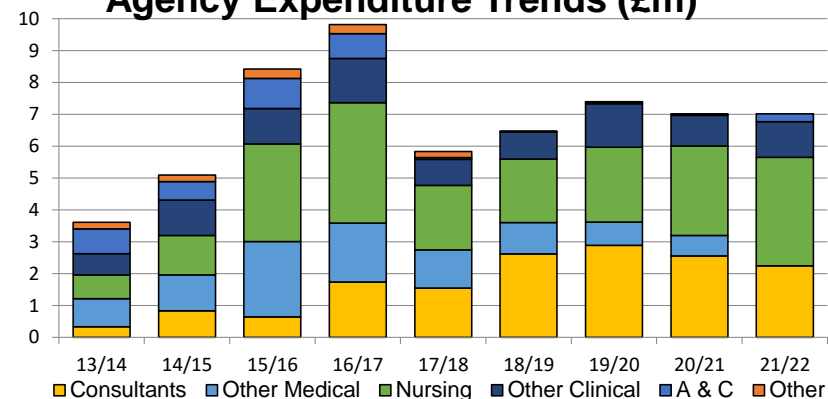


Agency and bank expenditure trend
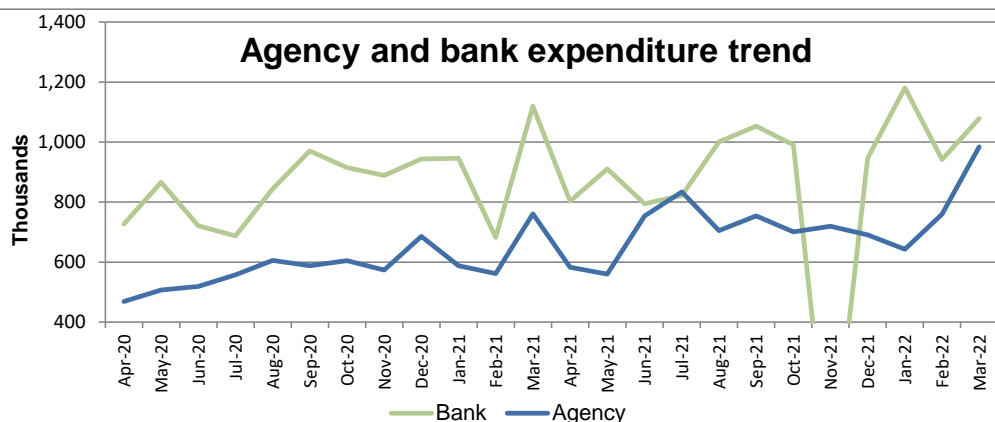


Agency Spend By Month
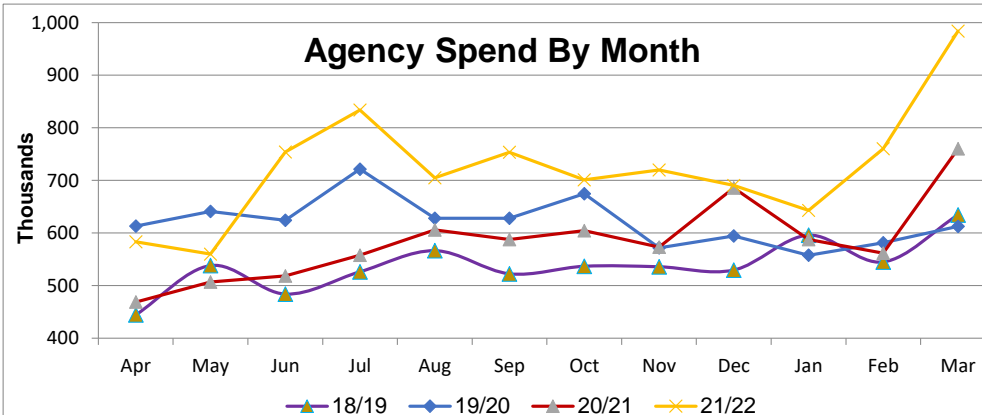
| 2.3 | Non Pay Expenditure |
|-----|---------------------|

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

| Non pay spend | Apr-21 £k | May-21 £k | Jun-21 £k | Jul-21 £k | Aug-21 £k | Sep-21 £k | Oct-21 £k | Nov-21 £k | Dec-21 £k | Jan-22 £k | Feb-22 £k | Mar-22 £k | Total £k |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021/22 | 3,834 | 3,783 | 3,712 | 3,729 | 4,246 | 3,949 | 6,512 | 7,107 | 7,556 | 8,140 | 6,961 | 10,478 | 70,008 |
| 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 | 3,720 | 3,330 | (390) |
| Establishment | 7,772 | 10,699 | 2,927 |
| Lease & Property Rental | 7,658 | 6,752 | (906) |
| Premises (inc. rates) | 5,692 | 8,218 | 2,526 |
| Purchase of Healthcare | 23,086 | 24,593 | 1,507 |
| Travel & vehicles | 4,273 | 4,363 | 90 |
| Supplies & Services | 6,566 | 5,974 | (592) |
| Training & Education | 746 | 1,085 | 339 |
| Clinical Negligence & Insurance | 872 | 1,085 | 214 |
| Other non pay | 7,608 | 3,910 | (3,699) |
| Total | 67,991 | 70,008 | 2,017 |
| Total Excl OOA and Drugs | 41,186 | 42,085 | 899 |
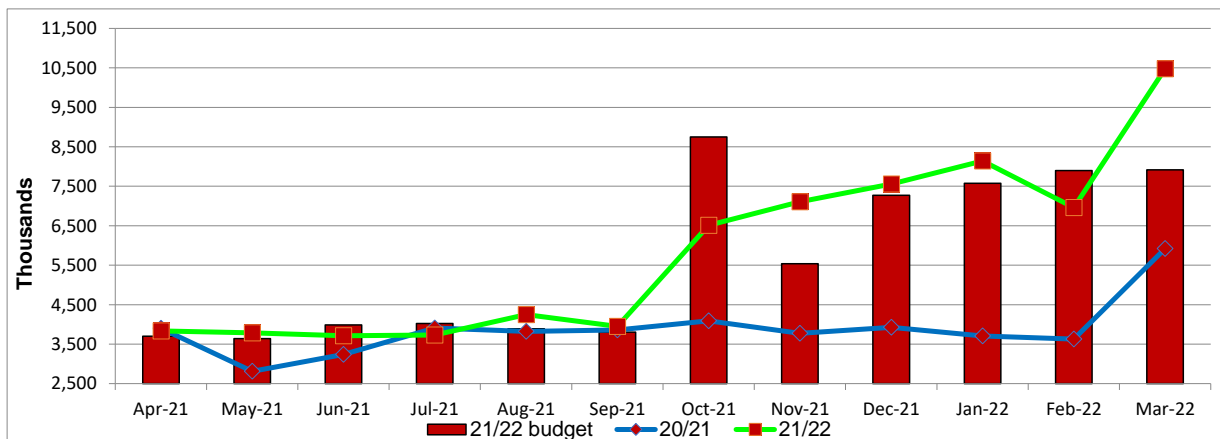


**Key Messages**

As noted in the income section the Adult Secure provider collaborative has gone live on 1st October 2021. The additional costs, payable to partner and other service providers, is included in the Purchase of Healthcare line as per reporting guidance. Budgets and actual costs have been included from October 2021. This is c. £15m additional non-pay costs in H2 2021 / 22.

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

The purchase of healthcare is considered separately on page 13 and the segmental impact of the collaborative is shown on page 5. In line with other financial arrangements the payment to other NHS providers is fixed for H2 2021 / 22 but payment to the independent sector providers is based upon activity and cost per case payments.

As forecast there has been a significant increase in non pay in March 2022. Elements of this relate to new items in line with national guidance (i.e. recognise the cost for PPE which is offset by additional income), updates to dilapidations assumptions but also additional expenditure.

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 | 2,283 | 2,616 | 333 |
| *Out of Area* | | | |
| Acute | 1,252 | 65 | (1,187) |
| PICU | 759 | 65 | (694) |
| Other Services | 18,791 | 21,847 | 3,056 |
| **Total** | **23,086** | **24,593** | **1,507** |

**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 | 720 | 3,981 |

**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 | 690 | 5,021 |

**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 | 583 | 4,137 |
| Acute | 18 | 77 | 83 | 47 | 73 | 98 | 76 | 52 | 83 | 109 | 61 | 107 | 884 |
| Total | 221 | 313 | 316 | 223 | 261 | 409 | 422 | 460 | 555 | 653 | 498 | 690 | 5,021 |



Out of Area Expenditure - monthly
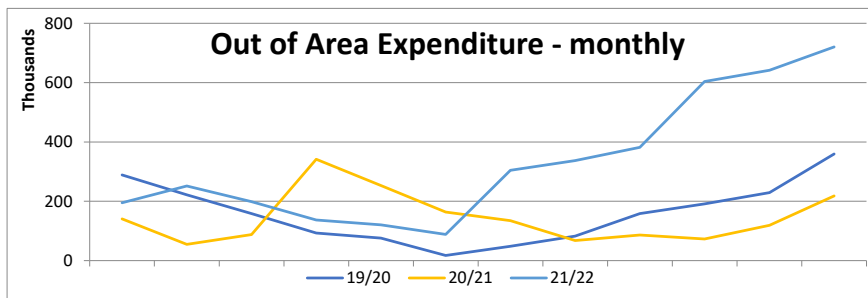
Due to ongoing pressures arising from bed availability due to covid-19 infections on inpatient areas, and staffing absences, the number of bed days reported in March 2022 (690) is the highest in the four year period reported above. As at 31st March there are currently 20 people in out of area placements (2 acute and 18 PICU).

This approach is continually reviewed in line with revised protocols and this remains the last available option but has been taken to ensure safety and quality of services. This is a priority action area for the Trust with workstreams to support discharge and / or repatriation as soon as possible.

| Balance Sheet / Statement of Financial Position (SOFP) | 2020 / 2021 £k | Actual (YTD) £k | Note |
|---|---|---|---|
| Non-Current (Fixed) Assets | 103,853 | 108,831 | Pg 14 |
| **Current Assets** | | | |
| Inventories & Work in Progress | 173 | 189 | |
| NHS Trade Receivables (Debtors) | 1,857 | 870 | 1 |
| Non NHS Trade Receivables (Debtors) | 1,839 | 652 | 1 |
| Prepayments | 2,867 | 2,174 | 2 |
| Accrued Income | 3,090 | 816 | 3 |
| Cash and Cash Equivalents | 56,659 | 81,368 | Pg 16 |
| **Total Current Assets** | **66,486** | **86,069** | |
| **Current Liabilities** | | | |
| Trade Payables (Creditors) | (1,888) | (7,955) | 4 |
| Capital Payables (Creditors) | (585) | (1,790) | |
| Tax, NI, Pension Payables, PDC | (5,920) | (7,449) | |
| Accruals | (24,112) | (23,630) | 5 |
| Deferred Income | (3,981) | (6,480) | 6 |
| **Total Current Liabilities** | **(36,485)** | **(47,304)** | |
| **Net Current Assets/Liabilities** | **30,001** | **38,765** | |
| **Total Assets less Current Liabilities** | **133,855** | **147,597** | |
| Provisions for Liabilities | (7,348) | (8,216) | |
| **Total Net Assets/(Liabilities)** | **126,507** | **139,381** | |
| **Taxpayers' Equity** | | | |
| Public Dividend Capital | 45,384 | 45,682 | |
| Revaluation Reserve | 10,596 | 13,156 | |
| Other Reserves | 5,220 | 5,220 | |
| Income & Expenditure Reserve | 65,307 | 75,322 | 7 |
| **Total Taxpayers' Equity** | **126,507** | **139,381** | |

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 with only £0.1m currently over 30 days.

2. The largest prepayment values are for rent and lease cars. The accounting treatment for these will change under IFRS 16.

3. Accrued income is low with invoices raised ahead of year end. Values have been agreed with NHS partners. £500k relates to income for the South Yorkshire Adult Secure Collaborative.

4. Creditors remain higher than previous trends. £3.6m relates to the Salary Sacrifice Lease car VAT rebate which is expected to be paid out in the coming months. (£3.6m).Capital creditors are higher than normal with invoices awaited for works completed by 31st March 2022.

5. Although slightly lower than last year end 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 £3.1m 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 | 2,000 | 128 | (1,872) | 128 | (1,872) | Internal |
| OPS transformation | 578 | 578 | 0 | (578) | 0 | (578) | Internal |
| **Maintenance (Minor) Capital** | | | | | | | |
| Routine Maintenance | 3,194 | 3,194 | 2,216 | (978) | 2,216 | (978) | Internal |
| Fire Safety | 160 | 160 | 150 | (10) | 150 | (10) | Internal |
| Plant & Machinery | 455 | 455 | 709 | 254 | 709 | 254 | Internal |
| Equipment | 100 | 100 | 115 | 15 | 115 | 15 | Internal |
| Fixtures & Fittings | 45 | 45 | 256 | 211 | 256 | 211 | Internal |
| Other | 643 | 643 | 1,628 | 985 | 1,628 | 985 | Internal |
| **IM & T** | | | | | | | |
| Clinical Systems | 275 | 275 | 220 | (55) | 220 | (55) | Internal |
| Hardware | 200 | 200 | 201 | 1 | 201 | 1 | Internal |
| Cybersecurity, Infrastructure | 240 | 240 | 553 | 313 | 553 | 313 | External |
| Software | 600 | 600 | 1,151 | 551 | 1,151 | 551 | Internal |
| Other | 1,340 | 1,340 | 1,223 | (117) | 1,223 | (117) | Internal |
| VAT Refunds | | | | | | 0 | |
| **TOTALS** | 9,830 | 9,830 | 8,551 | (1,279) | 8,551 | (1,279) | |

### 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.

Expenditure has totalled £8.6m in 2021 / 22. This is £1.3m less than plan but does reflect a continued high level of investment in the Trust estate, infrastructure and IT systems.

It is recognised that the financial value for the majority of work has been recorded in Q4 and there has been significant works completed in this period .



Capital Programme 2021 / 2022 Cumulative Profile

| | Plan £k | Actual £k | Variance £k |
|---|---|---|---|
| Opening Balance | 56,648 | 56,659 | |
| Closing Balance | 54,735 | 81,134 | 26,399 |
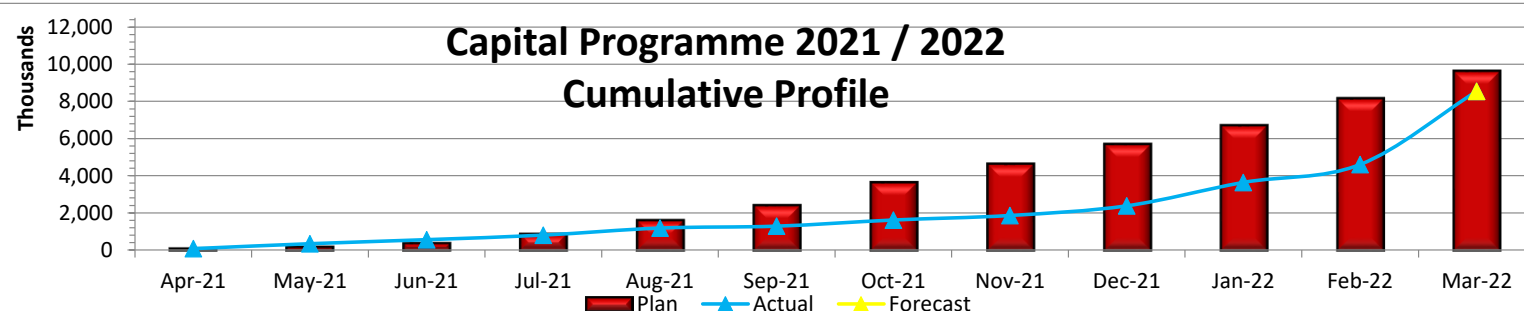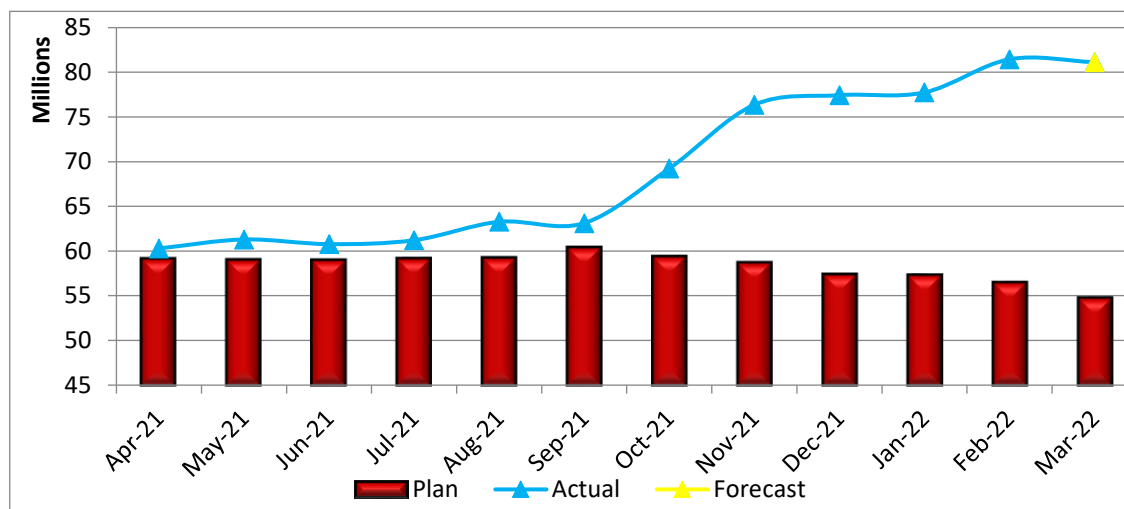
**Cash remains positive.**

Cash has remained higher than planned over the course of the year with a detailed reconciliation of working capital compared to plan presented on page 17.
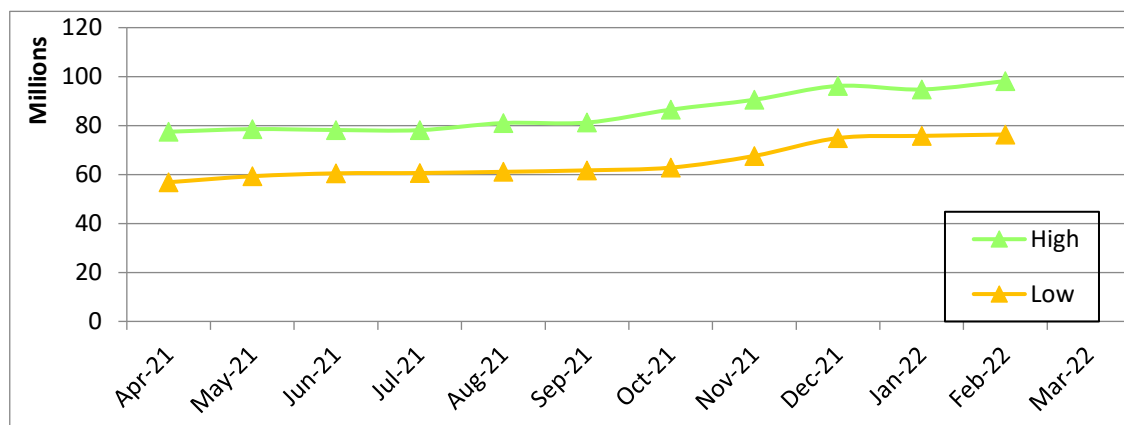


The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is:    £0m
The lowest balance is:    £0m

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) | 6,440 | 16,504 | |
| *Movement in working capital:* | | | |
| Inventories & Work in Progress | (50) | (15) | |
| Receivables (Debtors) | 2,325 | 5,141 | |
| Accrued Income / Prepayments | 0 | 0 | |
| Trade Payables (Creditors) | 166 | 6,746 | |
| Other Payables (Creditors) | 0 | 2,287 | |
| Accruals & Deferred income | (254) | | |
| Provisions & Liabilities | 0 | 868 | |
| *Movement in LT Receivables:* | | | |
| Capital expenditure & capital creditors | (8,000) | (7,346) | |
| Cash receipts from asset sales | 0 | 1,499 | |
| PDC Dividends paid | (2,541) | (1,489) | |
| PDC Dividends received | 0 | 240 | |
| Interest (paid)/ received | 0 | 39 | |
| **Closing Balances** | **54,735** | **81,134** | |



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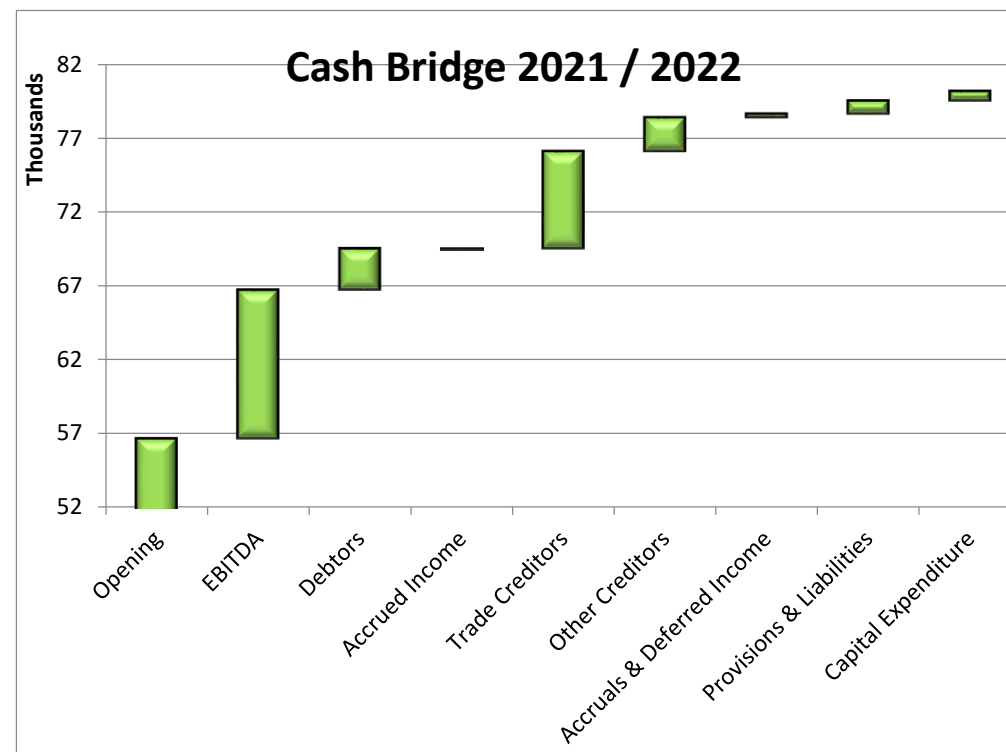
The table above summarises the reasons for the movement in the Trust cash position during 2021 / 2022. This is also presented graphically within the cash bridge.

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.

There are a number of key drivers but the largest is the overall Income and Expenditure position which is better than breakeven. Additional factors include the receipt of £1.5m from the sale of Mount Vernon 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 March overall is 95% of volume and 94% by value paid within the Trust payment terms of 30 days. This is a reduction in March as performance issues by Shared Business Services are being resolved allowing a backlog of older invoices to be cleared. We continue to pay all invoices as soon as possible and proactively resolve any outstanding issues.

| NHS | Number % | Value % |
|-----|----------|---------|
| In Month | 94% | 100% |
| Cumulative Year to Date | 95% | 98% |

| Non NHS | Number % | Value % |
|---------|----------|---------|
| In Month | 86% | 93% |
| Cumulative Year to Date | 94% | 94% |
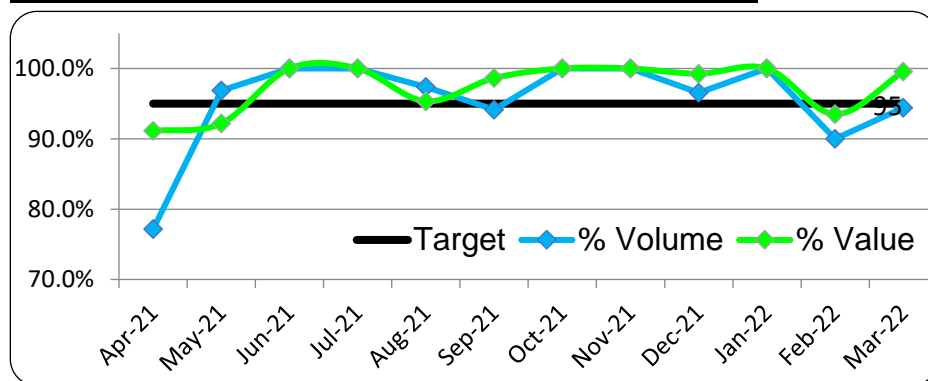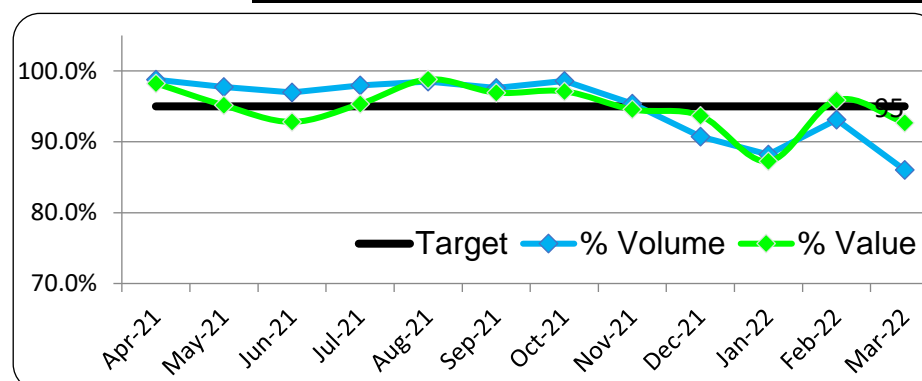
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000 (including VAT where applicable).

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 (£) |
|---|---|---|---|---|---|
| 11-Feb-22 | Provision of Healthcare | Forensic | Leeds & York Partnership Nhs Foundation Trust | 996782 | 571,103 |
| 02-Mar-22 | Provision of Healthcare | Forensic | Leeds & York Partnership Nhs Foundation Trust | 996912 | 571,103 |
| 01-Mar-22 | Provision of Healthcare | Forensic | Cygnet Health Care Ltd | CYGWYS19 | 544,330 |
| 28-Feb-22 | Provision of Healthcare | Forensic | Bradford District Care Nhs Foundation Trust | 201869 | 442,136 |
| 16-Mar-22 | Provision of Healthcare | Forensic | Bradford District Care Nhs Foundation Trust | 201933 | 442,136 |
| 01-Mar-22 | Provision of Healthcare | Forensic | Partnerships In Care Ltd | D510006684 | 416,731 |
| 11-Feb-22 | Rent | Calderdale | Calderdale & Huddersfield Nhs Foundation Trust | 4710174951 | 371,868 |
| 14-Mar-22 | Course Fees | Trustwide | University Of Huddersfield Hec | 5084124 | 328,010 |
| 01-Mar-22 | Provision of Healthcare | Forensic | Waterloo Manor Ltd | HO NHS LS 252 | 262,562 |
| 15-Mar-22 | Staff Vouchers | Trustwide | Edenred Uk Group Ltd | PR1654029 | 255,000 |
| 16-Feb-22 | Provision of Healthcare | Forensic | Cheswold Park Hospital | 4324 | 217,149 |
| 28-Mar-22 | Voluntary Sector | Trustwide | Eyup | CF0116 | 203,450 |
| 17-Mar-22 | Staff Recharge | Trustwide | Mid Yorkshire Hospitals Nhs Trust | 1600019611 | 192,194 |
| 14-Mar-22 | Mobile Phones | Trustwide | Vodafone Ltd | RC86088 | 170,640 |
| 05-Mar-22 | Provision of Healthcare | Forensic | Humber Nhs Foundation Trust | 59890888 | 148,700 |
| 09-Mar-22 | IT Services | Trustwide | Daisy Corporate Services | 726548 | 125,000 |
| 25-Mar-22 | | | Roche Diagnostics Ltd | 6501718126 | 120,946 |
| 01-Mar-22 | Rent | Kirklees | Bradbury Investments Ltd | 1650 | 118,518 |
| 01-Mar-22 | Rent | Wakefield | Assura Hc Ltd | LINV45916 | 99,367 |
| 16-Mar-22 | Voluntary Sector | Trustwide | Leeds City Council | 6506252857 | 97,602 |
| 17-Feb-22 | Mobile Phones | Trustwide | Vodafone Ltd | RB07346 | 93,852 |
| 09-Feb-22 | IT Services | Trustwide | Daisy Corporate Services | 3I485047 | 90,250 |
| 07-Mar-22 | IT Services | Trustwide | Daisy Corporate Services | 3I486495 | 90,250 |
| 26-Feb-22 | Drugs | Trustwide | Bradford Hospitals Nhs Trust | 320718 | 80,061 |
| 16-Mar-22 | Voluntary Sector | CAMHS | Kirklees Council | 8607042418 | 80,000 |
| 16-Mar-22 | Voluntary Sector | CAMHS | Kirklees Council | 8607042337 | 72,000 |
| 23-Mar-22 | Drugs | Trustwide | Bradford Hospitals Nhs Trust | 320949 | 68,019 |
| 21-Mar-22 | Voluntary Sector | Trustwide | Live Music Now North East | 1278 | 60,000 |
| 11-Feb-22 | Provision of Healthcare | Forensic | Leeds & York Partnership Nhs Foundation Trust | 996783 | 57,800 |
| 02-Mar-22 | Provision of Healthcare | Forensic | Leeds & York Partnership Nhs Foundation Trust | 996913 | 57,800 |
| 11-Feb-22 | Staff Recharge | Trustwide | Leeds & York Partnership Nhs Foundation Trust | 996781 | 56,247 |
| 02-Mar-22 | Staff Recharge | Trustwide | Leeds & York Partnership Nhs Foundation Trust | 996911 | 56,247 |
| 28-Jan-22 | Voluntary Sector | Trustwide | Bradford Metropolitan District Council | 73901604717 | 50,745 |
| 09-Mar-22 | IT Services | Trustwide | Daisy Corporate Services | 726547 | 46,200 |

| Date | Category | Area | Supplier | Reference | Amount |
|---|---|---|---|---|---|
| 02-Mar-22 | IT Services | Trustwide | Insight Direct (Uk) Ltd | 2100147899 | 46,080 |
| 25-Jan-22 | Voluntary Sector | Trustwide | Leeds Mind | LMINV3680 | 46,000 |
| 15-Mar-22 | Provision of Healthcare | Forensic | Tees Esk & Wear Valleys Nhs Foundation Trust | 4810020538 | 45,208 |
| 28-Feb-22 | Provision of Healthcare | Forensic | Mersey Care Nhs Foundation Trust | 72482439 | 44,641 |
| 23-Mar-22 | Provision of Healthcare | Forensic | Mersey Care Nhs Foundation Trust | 72482681 | 44,641 |
| 25-Mar-22 | IT Hardware | Trustwide | Dell Corporation Ltd | 7402801901 | 41,010 |
| 03-Mar-22 | Purchase of Healthcare | Trustwide | Huntercombe Roehampton Hospital Ltd (The) | 24308731 | 40,170 |
| 07-Jan-22 | Voluntary Sector | CAMHS | Kirklees Council | 8006916228 | 40,000 |
| 08-Feb-22 | Voluntary Sector | CAMHS | Kirklees Council | 8606955690 | 40,000 |
| 16-Mar-22 | Voluntary Sector | CAMHS | Kirklees Council | 8607042379 | 36,874 |
| 23-Mar-22 | Staff Recharge | Forensic | Leeds & York Partnership Nhs Foundation Trust | 997083 | 36,557 |
| 23-Mar-22 | Staff Recharge | Trustwide | Sheffield Health & Social Care Nhs Foundation Trust | 2100118069 | 36,461 |
| 12-Feb-22 | Mobile Phones | Trustwide | Vodafone Ltd | 100415262 | 36,455 |
| 15-Feb-22 | Drugs | Trustwide | Nhs Business Services Authority | 1000072270 | 34,335 |
| 14-Mar-22 | Voluntary Sector | Trustwide | West Yorkshire Combined Authority | YFSI4038730 | 33,725 |
| 26-Jan-22 | Rent | Barnsley | Dr M Guntamukkala | PG10130 | 33,612 |
| 26-Jan-22 | Rent | Barnsley | Dr M Guntamukkala | PG10130 | 33,612 |
| 02-Mar-22 | Rent | Barnsley | Community Health Partnerships Ltd | 0060235044 | 33,538 |
| 01-Mar-22 | Rent | Barnsley | Chapelfield Medical Centre | 293 | 31,599 |
| 08-Feb-22 | Voluntary Sector | Trustwide | Calderdale Metropolitan Borough Council | IN21149170 | 31,420 |
| 03-Mar-22 | Furniture | Trustwide | Pineapple Contracts | SI76705 | 29,458 |
| 01-Mar-22 | Rent | Kirklees | Bradbury Investments Ltd | 1651 | 29,118 |
| 14-Feb-22 | Mobile Phones | Trustwide | Vodafone Ltd | RA74262 | 28,440 |
| 05-Mar-22 | Purchase of Healthcare | Trustwide | Humber Nhs Foundation Trust | 59890894 | 27,150 |
| 01-Apr-22 | Rent | Barnsley | Sjm Developments Ltd | LINV46468 | 27,000 |
| 01-Mar-22 | Utilities | Trustwide | Edf Energy Customers Ltd | 000011741588 | 26,865 |
| 25-Feb-22 | Furniture | Trustwide | Teal Furniture Ltd | T00056217 | 26,722 |
| 26-Jan-22 | Covid Medals | Trustwide | Create This Ltd | 5098 | 26,435 |
| 26-Feb-22 | Staff Recharge | Trustwide | Bradford Hospitals Nhs Trust | 320717 | 26,250 |
| 02-Mar-22 | Rent | Barnsley | Community Health Partnerships Ltd | 0060235043 | 26,233 |
| 01-Apr-22 | Membership Fee | Trustwide | Nhs Providers | 0000006752 | 26,116 |
| 21-Mar-22 | IT Services | Trustwide | Insight Direct (Uk) Ltd | 2100169662 | 25,166 |
| 25-Mar-22 | Professional Fee | Trustwide | Royal College Of Psychiatrists | 20014802 | 25,000 |
| 01-Feb-22 | Voluntary Sector | Trustwide | Third Sector Leaders Kirklees | 1036 | 25,000 |

* 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 | Barnsley District | | | | | | | Calderdale and Kirklees District | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Threshold | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Threshold | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| Sickness (YTD) | Resources | Well Led | LJ | <=4.5% | 4.1% | 4.1% | 4.2% | 4.2% | 4.3% | 4.3% | <=4.5% | 5.4% | 5.5% | 5.4% | 5.3% | 5.4% | 5.3% |
| Sickness (Monthly) | Resources | Well Led | LJ | <=4.5% | 4.6% | 4.5% | 4.6% | 4.5% | 5.1% | 4.7% | <=4.5% | 6.3% | 6.1% | 5.8% | 5.7% | 5.9% | 4.3% |
| Appraisals (Band 6 and above) | Resources | Well Led | LJ | >=95% | 55.0% | 58.7% | Data Unavailable | | 66.0% | 66.0% | >=95% | 59.2% | 65.8% | Data Unavailable | | 64.2% | 64.6% |
| 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% | 83.8% | 80.7% | 77.9% | 76.1% | 75.1% | 74.8% | >=80% | 86.5% | 84.7% | 81.5% | 79.3% | 77.0% | 77.0% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | LJ | >=80% | 70.8% | 75.7% | 76.3% | 77.0% | 76.4% | 76.3% | >=80% | 77.6% | 74.2% | 72.9% | 69.8% | 66.8% | 66.7% |
| Clinical Risk | Quality & Experience | Well Led | LJ | >=80% | 90.6% | 91.1% | 93.2% | 93.7% | 93.8% | 93.7% | >=80% | 96.7% | 97.1% | 96.9% | 96.6% | 95.9% | 96.2% |
| Display Screen Equipment | Resources | Well Led | LJ | >=80% | N/A | 84.3% | 84.0% | 89.7% | 90.7% | 90.9% | >=80% | N/A | 84.0% | 83.8% | 88.2% | 90.0% | 90.1% |
| Equality and Diversity | Resources | Well Led | LJ | >=80% | 96.5% | 96.2% | 96.3% | 94.6% | 94.6% | 94.6% | >=80% | 95.9% | 94.6% | 95.1% | 92.9% | 93.4% | 93.7% |
| Fire Safety | Health & Wellbeing | Well Led | LJ | >=80% | 88.1% | 90.7% | 90.5% | 90.3% | 90.4% | 90.5% | >=80% | 85.7% | 86.7% | 88.7% | 89.6% | 88.7% | 88.7% |
| Food Safety | Health & Wellbeing | Well Led | LJ | >=80% | 76.9% | 75.0% | 75.5% | 75.0% | 67.7% | 68.0% | >=80% | 90.8% | 89.8% | 84.7% | 85.8% | 85.9% | 86.1% |
| Freedom to Speak Up (FTSU) | Health & Wellbeing | Well Led | LJ | >=80% | 62.6% | 70.3% | 74.9% | 78.9% | 82.2% | 82.3% | >=80% | 56.6% | 62.8% | 67.4% | 72.6% | 76.6% | 76.9% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | LJ | >=80% | 91.0% | 91.9% | 91.7% | 91.3% | 91.2% | 91.1% | >=80% | 89.8% | 89.5% | 88.9% | 88.7% | 89.6% | 89.7% |
| Information Governance | Resources | Well Led | LJ | >=95% | 92.5% | 91.0% | 89.4% | 73.6% | 91.2% | 91.2% | >=95% | 88.0% | 85.6% | 84.9% | 70.6% | 88.4% | 88.7% |
| Moving and Handling | Resources | Well Led | LJ | >=80% | 93.5% | 93.0% | 92.2% | 92.5% | 93.1% | 93.1% | >=80% | 96.6% | 96.4% | 96.0% | 96.1% | 95.9% | 96.0% |
| National Early Warning Score 2 (NEWS2) | Health & Wellbeing | Well Led | LJ | >=80% | 62.8% | 63.6% | 63.9% | 73.7% | 76.4% | 76.3% | >=80% | 71.2% | 71.8% | 71.2% | 76.1% | 79.5% | 79.4% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | LJ | >=80% | 88.0% | 89.6% | 90.3% | 91.3% | 91.6% | 91.6% | >=80% | 86.5% | 87.6% | 87.7% | 88.7% | 89.3% | 89.3% |
| Mental Health Act | Health & Wellbeing | Well Led | LJ | >=80% | 82.8% | 85.3% | 85.2% | 85.2% | 85.2% | 85.0% | >=80% | 83.6% | 85.2% | 85.9% | 86.9% | 88.4% | 88.4% |
| Prevent | Improving Care | Well Led | LJ | >=80% | 96.5% | 96.7% | 96.0% | 93.8% | 93.2% | 93.3% | >=80% | 95.1% | 93.3% | 93.4% | 93.6% | 94.5% | 94.7% |
| Safeguarding Adults | Quality & Experience | Well Led | LJ | >=80% | 91.4% | 91.3% | 91.7% | 90.2% | 90.3% | 90.2% | >=80% | 92.5% | 91.1% | 91.0% | 88.7% | 86.4% | 86.6% |
| Safeguarding Children | Quality & Experience | Well Led | LJ | >=80% | 93.0% | 92.1% | 92.7% | 90.7% | 90.9% | 90.9% | >=80% | 89.8% | 88.9% | 88.8% | 88.2% | 88.5% | 88.3% |
| Bank Cost | Resources | Well Led | LJ | | Data unavailable at the time of producing this report | | | | | | | Data unavailable at the time of producing this report | | | | | |
| Agency Cost | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Overtime Costs | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Additional Hours Costs | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Sickness Cost (Monthly) | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | LJ | | | | | | | | | | | | | | |
| Business Miles | Resources | Effective | LJ | | | | | | | | | | | | | | |

| Month | Objective | CQC Domain | Owner | Threshold | Forensic Services | | | | | | Threshold | CAMHS | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| Sickness (YTD) | Resources | Well Led | LJ | <=5.4% | 5.7% | 5.9% | 5.8% | 5.8% | 5.7% | 5.7% | <=4.5% | 2.7% | 2.8% | 2.6% | 2.6% | 2.6% | 2.6% |
| Sickness (Monthly) | Resources | Well Led | LJ | <=5.4% | 6.5% | 7.3% | 5.3% | 5.6% | 5.6% | 5.4% | <=4.5% | 2.4% | 1.9% | 2.4% | 2.4% | 2.6% | 3.1% |
| Appraisals (Band 6 and above) | Resources | Well Led | LJ | >=95% | 62.9% | 67.3% | Data Unavailable | | 57.3% | 57.1% | >=95% | 55.9% | 59.4% | Data Unavailable | | 78.6% | 78.7% |
| 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% | 79.5% | 82.8% | 81.8% | 80.0% | 76.8% | 77.4% | >=80% | 81.4% | 77.8% | 75.7% | 75.1% | 75.9% | 76.6% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | LJ | >=80% | 68.5% | 71.4% | 73.5% | 69.8% | 67.0% | 67.3% | >=80% | 74.1% | 77.0% | 78.1% | 71.7% | 69.3% | 70.7% |
| Clinical Risk | Quality & Experience | Well Led | LJ | >=80% | 93.5% | 94.2% | 94.9% | 95.9% | 94.6% | 94.8% | >=80% | 90.0% | 92.0% | 94.2% | 93.3% | 94.0% | 93.9% |
| Display Screen Equipment | Resources | Well Led | LJ | >=80% | N/A | 78.9% | 79.0% | 87.2% | 88.9% | 89.3% | >=80% | N/A | 79.2% | 79.0% | 86.3% | 89.6% | 89.8% |
| Equality and Diversity | Resources | Well Led | LJ | >=80% | 94.5% | 94.8% | 94.7% | 93.2% | 92.9% | 93.2% | >=80% | 95.3% | 95.7% | 95.5% | 95.2% | 95.7% | 95.6% |
| Fire Safety | Health & Wellbeing | Well Led | LJ | >=80% | 89.2% | 88.1% | 90.0% | 89.7% | 90.3% | 90.6% | >=80% | 85.8% | 89.2% | 90.0% | 90.5% | 89.9% | 90.3% |
| Food Safety | Health & Wellbeing | Well Led | LJ | >=80% | 73.7% | 71.5% | 71.3% | 69.3% | 69.0% | 69.4% | >=80% | 25.0% | 20.0% | 40.0% | 40.0% | 60.0% | 66.7% |
| Freedom to Speak Up (FTSU) | Health & Wellbeing | Well Led | LJ | >=80% | 54.4% | 64.3% | 70.3% | 73.4% | 77.0% | 77.4% | >=80% | 57.4% | 67.5% | 70.9% | 76.7% | 81.9% | 82.2% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | LJ | >=80% | 91.1% | 91.1% | 92.1% | 91.5% | 92.9% | 93.0% | >=80% | 90.5% | 91.0% | 88.8% | 89.3% | 89.9% | 89.7% |
| Information Governance | Resources | Well Led | LJ | >=95% | 89.9% | 90.2% | 87.1% | 70.4% | 89.0% | 89.3% | >=95% | 88.3% | 90.4% | 89.4% | 69.0% | 89.6% | 89.8% |
| Moving and Handling | Resources | Well Led | LJ | >=80% | 98.3% | 97.9% | 97.7% | 98.9% | 98.8% | 98.9% | >=80% | 99.1% | 98.8% | 97.0% | 97.9% | 98.5% | 98.4% |
| National Early Warning Score 2 (NEWS2) | Health & Wellbeing | Well Led | LJ | >=80% | 54.2% | 56.3% | 56.6% | 68.5% | 70.6% | 71.1% | >=80% | N/A | N/A | N/A | N/A | N/A | N/A |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | LJ | >=80% | 89.6% | 90.5% | 90.8% | 91.5% | 92.2% | 92.2% | >=80% | 83.0% | 84.9% | 85.2% | 87.3% | 90.1% | 90.5% |
| Mental Health Act | Health & Wellbeing | Well Led | LJ | >=80% | 85.7% | 87.4% | 88.1% | 88.1% | 88.9% | 89.0% | >=80% | 82.7% | 84.5% | 84.4% | 87.1% | 89.5% | 89.8% |
| Prevent | Improving Care | Well Led | LJ | >=80% | 91.2% | 90.9% | 92.0% | 91.3% | 91.6% | 91.8% | >=80% | 93.1% | 94.6% | 93.1% | 94.1% | 93.3% | 93.6% |
| Safeguarding Adults | Quality & Experience | Well Led | LJ | >=80% | 91.3% | 91.6% | 91.3% | 90.0% | 89.0% | 89.1% | >=80% | 92.3% | 91.5% | 91.7% | 90.3% | 91.3% | 91.5% |
| Safeguarding Children | Quality & Experience | Well Led | LJ | >=80% | 90.0% | 89.9% | 88.2% | 87.9% | 88.5% | 88.7% | >=80% | 92.1% | 90.7% | 89.4% | 89.3% | 90.8% | 91.0% |
| Bank Cost | Resources | Well Led | LJ | | | | | | | | | | | | | | |
| Agency Cost | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Overtime Costs | Resources | Effective | LJ | | | Data unavailable at the time of producing this report | | | | | | | Data unavailable at the time of producing this report | | | | |
| Additional Hours Costs | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Sickness Cost (Monthly) | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | LJ | | | | | | | | | | | | | | |
| Business Miles | Resources | Effective | LJ | | | | | | | | | | | | | | |

## Appendix 2 - Workforce - Performance Wall cont…

| Month | Objective | CQC Domain | Owner | Support Services Threshold | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Wakefield District Threshold | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sickness (YTD) | Resources | Well Led | LJ | <=4.0% | 3.6% | 3.8% | 3.7% | 3.7% | 3.7% | 3.7% | <=4.6% | 3.5% | 3.4% | 3.8% | 4.0% | 4.1% | 4.3% |
| Sickness (Monthly) | Resources | Well Led | LJ | <=4.0% | 4.4% | 4.3% | 3.7% | 3.7% | 3.5% | 3.9% | <=4.6% | 4.0% | 4.3% | 4.7% | 5.7% | 6.0% | 6.6% |
| Appraisals (Band 6 and above) | Resources | Well Led | LJ | >=95% | 53.1% | 63.2% | Data Unavailable | | 76.0% | 76.1% | >=95% | 70.3% | 74.4% | Data Unavailable | | 81.4% | 81.1% |
| 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% | 85.1% | 82.9% | 81.4% | 81.3% | 79.4% | 80.2% | >=80% | 86.6% | 86.0% | 82.8% | 83.0% | 81.7% | 81.6% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | LJ | >=80% | 75.0% | 68.8% | 74.2% | 65.6% | 64.1% | 63.2% | >=80% | 69.3% | 68.3% | 67.9% | 67.5% | 65.7% | 66.0% |
| Clinical Risk | Quality & Experience | Well Led | LJ | >=80% | 100% | 100% | 100% | 88.9% | 88.9% | 87.5% | >=80% | 92.8% | 93.2% | 94.4% | 93.2% | 93.2% | 92.8% |
| Display Screen Equipment | Resources | Well Led | LJ | >=80% | N/A | 82.6% | 82.2% | 86.6% | 88.8% | 88.9% | >=80% | N/A | 76.8% | 76.6% | 84.1% | 85.9% | 85.7% |
| Equality and Diversity | Resources | Well Led | LJ | >=80% | 89.8% | 88.0% | 89.2% | 89.1% | 90.8% | 91.1% | >=80% | 94.9% | 94.6% | 94.6% | 94.3% | 92.7% | 92.6% |
| Fire Safety | Health & Wellbeing | Well Led | LJ | >=80% | 88.3% | 89.9% | 91.3% | 91.1% | 92.3% | 92.3% | >=80% | 86.9% | 90.2% | 89.6% | 89.0% | 88.2% | 87.8% |
| Food Safety | Health & Wellbeing | Well Led | LJ | >=80% | 94.8% | 94.7% | 94.7% | 94.8% | 96.3% | 96.3% | >=80% | 88.1% | 89.2% | 88.8% | 86.1% | 88.2% | 88.0% |
| Freedom to Speak Up (FTSU) | Health & Wellbeing | Well Led | LJ | >=80% | 47.6% | 55.6% | 60.3% | 66.3% | 73.3% | 73.3% | >=80% | 50.0% | 58.6% | 64.7% | 72.0% | 77.3% | 76.8% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | LJ | >=80% | 83.8% | 85.5% | 85.5% | 85.8% | 87.4% | 87.3% | >=80% | 90.7% | 88.2% | 89.4% | 89.1% | 89.1% | 88.7% |
| Information Governance | Resources | Well Led | LJ | >=95% | 91.0% | 91.3% | 88.8% | 75.8% | 90.7% | 91.0% | >=95% | 91.5% | 89.0% | 87.4% | 69.6% | 89.3% | 89.0% |
| Moving and Handling | Resources | Well Led | LJ | >=80% | 99.5% | 99.3% | 99.1% | 99.2% | 99.2% | 99.3% | >=80% | 94.9% | 95.1% | 94.9% | 95.3% | 95.3% | 95.3% |
| National Early Warning Score 2 (NEWS2) | Health & Wellbeing | Well Led | LJ | >=80% | N/A | 100% | 100% | 100% | 100% | 100% | >=80% | 68.7% | 66.7% | 65.4% | 71.8% | 79.0% | 77.8% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | LJ | >=80% | 98.3% | 98.6% | 98.6% | 98.8% | 98.2% | 98.2% | >=80% | 83.1% | 84.2% | 85.7% | 87.2% | 88.7% | 88.9% |
| Mental Health Act | Health & Wellbeing | Well Led | LJ | >=80% | 86.4% | 88.0% | 88.0% | 84.0% | 84.6% | 84.0% | >=80% | 84.4% | 85.0% | 87.0% | 87.9% | 88.5% | 88.7% |
| Prevent | Improving Care | Well Led | LJ | >=80% | 97.4% | 97.6% | 97.5% | 97.5% | 98.2% | 98.5% | >=80% | 94.2% | 93.2% | 94.0% | 92.9% | 93.7% | 93.6% |
| Safeguarding Adults | Quality & Experience | Well Led | LJ | >=80% | 95.1% | 94.7% | 95.0% | 92.3% | 92.3% | 92.6% | >=80% | 92.4% | 90.3% | 90.0% | 87.0% | 86.7% | 86.3% |
| Safeguarding Children | Quality & Experience | Well Led | LJ | >=80% | 95.9% | 95.3% | 96.0% | 94.7% | 96.0% | 96.2% | >=80% | 88.9% | 87.7% | 87.9% | 86.5% | 85.2% | 85.0% |
| Bank Cost | Resources | Well Led | LJ | | | | | | | | | | | | | | |
| Agency Cost | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Overtime Costs | Resources | Effective | LJ | | | Data unavailable at the time of producing this report | | | | | | | Data unavailable at the time of producing this report | | | | |
| Additional Hours Costs | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Sickness Cost (Monthly) | Resources | Effective | LJ | | | | | | | | | | | | | | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | LJ | | | | | | | | | | | | | | |
| Business Miles | Resources | Effective | LJ | | | | | | | | | | | | | | |

## Appendix 2 - Workforce - Performance Wall cont…

| Month | Objective | CQC Domain | Owner | Threshold | Inpatient Service | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| Sickness (YTD) | Resources | Well Led | LJ | <=4.5% | 7.6% | 7.7% | 7.8% | 7.5% | 7.4% | 7.3% |
| Sickness (Monthly) | Resources | Well Led | LJ | <=4.5% | 7.5% | 7.3% | 9.4% | 5.3% | 5.9% | 5.3% |
| Appraisals (Band 6 and above) | Resources | Well Led | LJ | >=95% | 23.1% | 28.6% | Data Unavailable | | 17.9% | 18.1% |
| Appraisals (Band 5 and below) | Resources | Well Led | LJ | >=95% | 2.4% | 3.7% | | | | |
| Aggression Management | Quality & Experience | Well Led | LJ | >=80% | 80.9% | 79.5% | 80.9% | 80.6% | 76.4% | 76.0% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | LJ | >=80% | 74.2% | 70.4% | 70.6% | 66.4% | 62.1% | 62.0% |
| Clinical Risk | Quality & Experience | Well Led | LJ | >=80% | 93.0% | 91.6% | 92.1% | 91.9% | 92.3% | 93.0% |
| Display Screen Equipment | Resources | Well Led | LJ | >=80% | N/A | 82.0% | 81.4% | 86.9% | 89.6% | 90.0% |
| Equality and Diversity | Resources | Well Led | LJ | >=80% | 94.4% | 93.5% | 93.4% | 92.8% | 93.8% | 93.7% |
| Fire Safety | Health & Wellbeing | Well Led | LJ | >=80% | 90.1% | 92.3% | 93.3% | 93.6% | 91.2% | 91.4% |
| Food Safety | Health & Wellbeing | Well Led | LJ | >=80% | 87.8% | 86.1% | 82.3% | 82.9% | 80.9% | 79.9% |
| Freedom to Speak Up (FTSU) | Health & Wellbeing | Well Led | LJ | >=80% | 55.7% | 63.7% | 69.0% | 75.5% | 79.1% | 79.0% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | LJ | >=80% | 90.8% | 88.7% | 88.8% | 89.6% | 91.2% | 91.3% |
| Information Governance | Resources | Well Led | LJ | >=95% | 85.5% | 84.5% | 81.0% | 68.9% | 87.2% | 87.3% |
| Moving and Handling | Resources | Well Led | LJ | >=80% | 96.9% | 96.9% | 96.6% | 96.8% | 96.8% | 97.0% |
| National Early Warning Score 2 (NEWS2) | Health & Wellbeing | Well Led | LJ | >=80% | 59.1% | 60.6% | 60.6% | 69.2% | 72.8% | 72.8% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | LJ | >=80% | 88.5% | 87.8% | 87.8% | 89.5% | 89.3% | 89.1% |
| Mental Health Act | Health & Wellbeing | Well Led | LJ | >=80% | 85.5% | 85.0% | 85.2% | 86.3% | 86.1% | 85.8% |
| Prevent | Improving Care | Well Led | LJ | >=80% | 93.5% | 92.9% | 94.2% | 93.0% | 93.1% | 93.3% |
| Safeguarding Adults | Quality & Experience | Well Led | LJ | >=80% | 89.6% | 87.2% | 87.1% | 87.1% | 87.5% | 87.5% |
| Safeguarding Children | Quality & Experience | Well Led | LJ | >=80% | 87.2% | 85.9% | 87.6% | 88.2% | 90.3% | 90.1% |
| Bank Cost | Resources | Well Led | LJ | | | | | | | |
| Agency Cost | Resources | Effective | LJ | | | | | | | |
| Overtime Costs | Resources | Effective | LJ | | | | | | | |
| Additional Hours Costs | Resources | Effective | LJ | | Data unavailable at the time of producing this report | | | | | |
| Sickness Cost (Monthly) | Resources | Effective | LJ | | | | | | | |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | LJ | | | | | | | |
| Business Miles | Resources | Effective | LJ | | | | | | | |

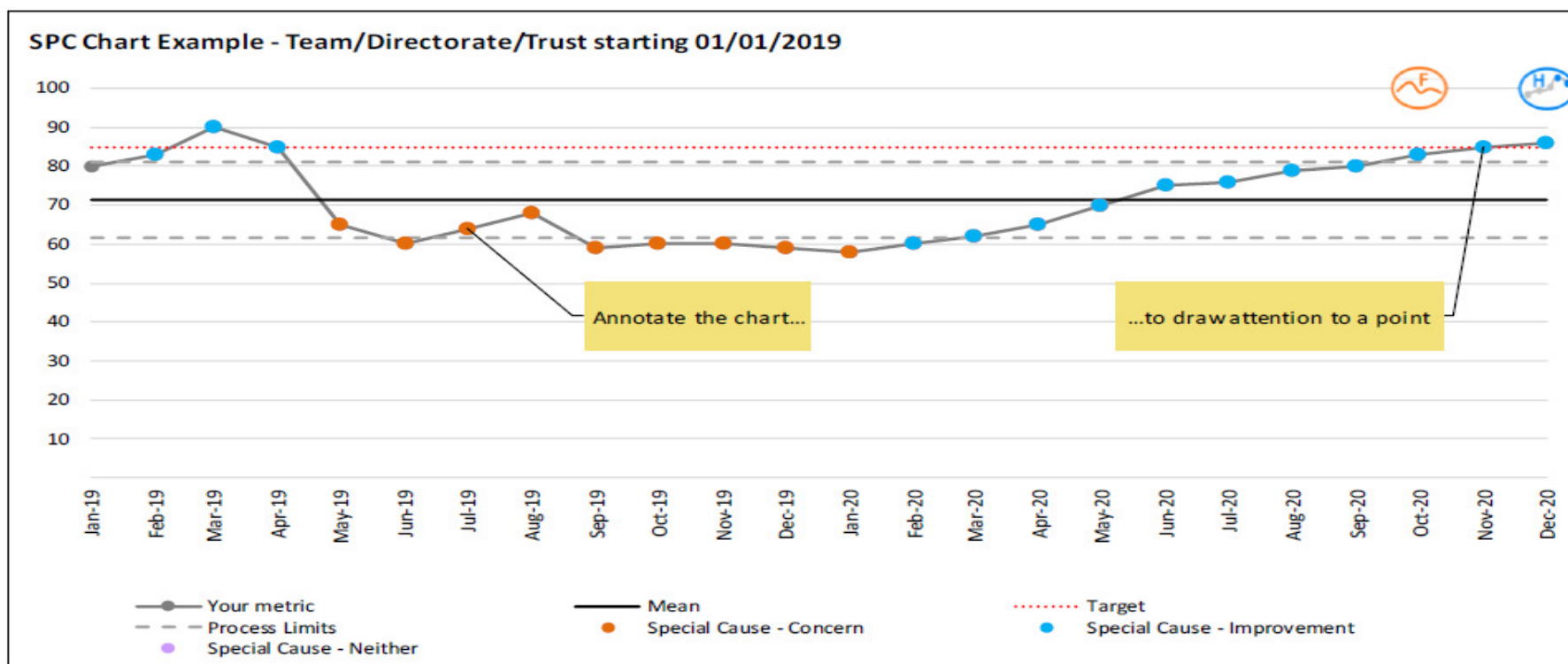# Appendix 3 - Statistical Process Control (SPC) Charts Explained

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

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



## 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

Annotate the chart... ...to draw attention to a point

## Observations

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

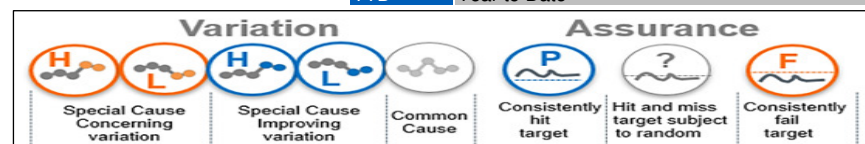| | |
|---|---|
| Single Point | Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL. |
| Trend | When there is a run of 6 increasing or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