

# Integrated Performance Report Strategic Overview



**April 2022**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report (IPR) for April 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 April 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
- Priority programmes
- Covid-19 response
- Emergency preparedness, resilience and response (EPRR)
- Quality
- Workforce
- National metrics
- Locality
- Finance & contracting
- Systemwide monitoring

The priority programmes section has been updated to reflect the Trust's priorities and associated metrics for 2022/23. The national metrics section has also been updated to reflect changes in the NHSEI system oversight framework, long-term planning metrics and NHS standard contract metrics. 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.



This section of the report provides a headline summary of each of the sections of the integrated performance report for this month.

### Priority programmes

- Work will be undertaken over the coming months to ensure performance of our priority programmes can be monitored against appropriate thresholds.
- To ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma and eliminate discrimination work has continued to ensure service users have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers).
- In April, 59.4% of mental health service users had had their equality data (ethnicity, disability and sexual orientation) completed. Developments are ongoing to ensure data will be extended to all services.
- Work is ongoing to develop the Trust's Social responsibility and Sustainability Strategy.
- The South Yorkshire and Bassetlaw Adult Secure Provider Collaborative with SWYPFT as Lead Provider went live on 1st May 2022.

### Inequalities

- Work is progressing to develop the equality dashboard and metrics in line with Trust priorities, national guidance, and local insight with support from business intelligence.
- 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.
- The first Equality, Involvement and Inclusion sub-committee took place this month. The sub-committee will be a direct support to the Trust Equality Inclusion and Involvement Committee.
- The Equality data collection campaign has now launched. The 'All of You' campaign aims to increase the recording of equality data from people who use and work in services.
- Work is taking place to develop two Trust-wide policies. The 'Accessible information standard policy' and the 'Transgender Policy for people who use services'.

### Covid-19

- Sufficient PPE remains in place.
- National guidance continues to be monitored, reviewed, and adopted.
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services.
- A plan for the command structure to stand down from 8th June 2022, has been agreed. For the interim, Trust 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 areas operating at Level 2 and 9 at Level 3
- 94.5% of staff are recorded as having been double vaccinated. 50.8% of staff are recorded as having received their booster vaccination.

**Summary**

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## Quality

- The majority of quality reporting metrics continue to be maintained.
- The number of restraint incidents was 146 in April, a decrease from 187 in March.
- There were 12 information governance breaches reported in April, a decrease from 18 in March.
- The number of inpatient falls was 38 in April, a decrease from 54 in March.
- The number of children waiting for CAMHS (referral to treatment) has increased by 37% compared to numbers waiting at end of April 2021.
- 97% of incidents reported in April 2022 resulted in no harm or low harm or were not under the care of SWYPFT.

## Workforce

- We continue to be faced with staffing pressures caused by acuity, vacancies and sickness, although there has been a significant decrease in the number of staff who are having to self-isolate as a result of Covid
- Staffing on three wards, a decrease of two from the previous month, fell below the 90% overall fill rate threshold in April.
- International recruitment continues and we have 12 international recruits within the Trust.
- Our rolling recruitment campaign continues, targeting different specific areas each time.
- Sickness (non-Covid related) is 4.6% April, against a threshold of 4.5%.
- Staff turnover (registered nurses) is 10.2% , against a threshold of 10%.

## 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 99%.
- The percentage of service users seen for a diagnostic appointment within 6 weeks is below the target threshold of 99% at 78.1%, a slight improvement since March (68.9%). This is 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 Children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week is below target at 83.3% against a target of 90%.
- The percentage of individuals completing IAPT treatment who have moved to recovery is 56.4% compared to the 50% target.
- Out of area bed usage decreased in April to 276 days from 407 days in March.
- There were no young people under the age of 18 on an adult ward in April.

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## 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.
- Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees have continued to increase. Increased capacity is now in place.
- The percentage of children treated within 18 weeks in core CAMHS remains challenging with the position in Wakefield being particularly under pressure.
- In Community Learning Disability Services, waiting list times had increased, predominantly due to staff vacancies and recruitment to posts has progressed to support addressing this.
- People with learning disabilities on waiting lists are receiving regular welfare phone calls to ensure they remain well, and have not escalated in need.
- In Barnsley, several services continue to experience increased levels of referrals, and we continue to closely monitor waiting times via our Recovery Group and through the Planned Care Partnership Board
- The Stroke Conference took place in April. The Trust's Early Supported Discharge team presented on three different subjects and produced a poster display which all received excellent feedback.

## Communications, Engagement and Involvement

- Coronavirus updates continue weekly to all staff and governors.
- Wellbeing initiatives continue to be promoted, including calendar of activity for Ramadan and Stress Awareness Month
- A Creative approaches film was launched during Mental Health Awareness Week.
- The 'All of You' campaign on collecting equality data campaign has been developed, launched and supported.
- A nurse recruitment campaign has been launched on social media.

## Finance

- A £0.6m surplus was recorded in the month, which is favourable to plan. The forecast position will be assessed by the end of the first quarter.
- Agency expenditure was £740k in April. This in line with the run rate from the previous financial year.
- Capital costs for April were £0.3m. The capital programme for 2022 / 23 has been agreed as £13.1m. Of this £7.5m relates to the commencement of the major scheme in the Bretton Centre.
- Pay costs were £17.4m in April.
- Out of area bed costs were £634k in April, a decrease from £720k in March. Increased usage is in part linked to conscious decision making to reduce pressure on inpatient wards and maintain safe staffing levels.
- Cash in the bank remains positive at £78.6m although it is forecast to reduce in the year due to continued capital investment and payment of a number of outstanding invoices and costs.

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23. A number of metrics have been identified to evidence progress for each of the priorities. As this is the first reporting month, there may be some gaps in the available data whilst we establish reporting systems. For such metrics, we have identified when we anticipate this data to be available. We will also incorporate statistical process charts in each section as relevant to identify improvement or areas that require further work or investigation. Key agreed milestones have also been identified and reporting against these milestones will be provided at the identified date or by exception.

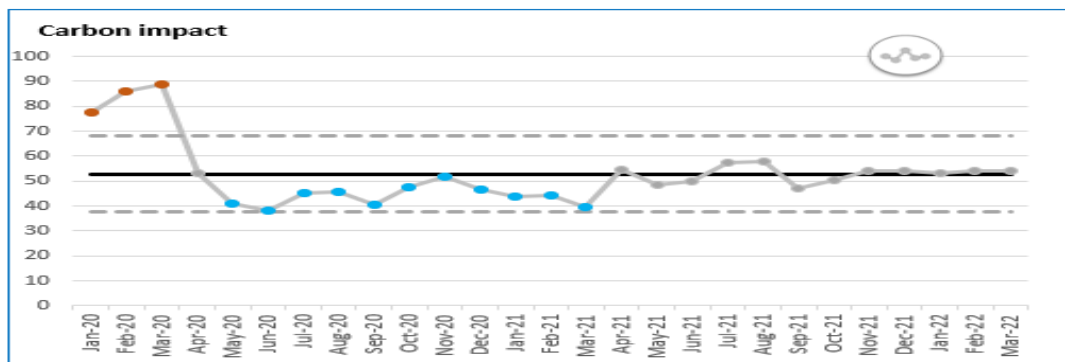
Work will be undertaken over the coming months to review the thresholds for each metric so that performance can be monitored against appropriate threshold or trend monitor.

We have added an assurance column which will identify variation and assurance where we are monitoring against a threshold. See appendix 2 for key to the icons used.

#### Improving health

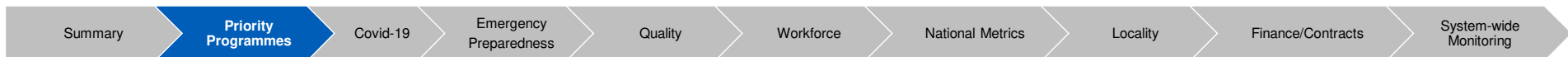
Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)		59.4%					Figure for shown is the combined percentage for completion of ethnicity (98.7%), disability (33.1%) and sexual orientation (46.3%) for mental health services only. Reporting of the outstanding measures for the Trust is being developed.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	<a href="#">See reducing inequalities section of the report for detail</a>					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)		Due July 2022					
	Completion of equality mandatory training (Quarterly)	>=80%	Due July 2022					
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles		54					Data showing the carbon impact of staff travel / business miles. For April staff travel contributed 54 tonnes of carbon to the atmosphere. Data will be refreshed in June 2022
Work in partnerships at System & Place to improve the health of our communities	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	Due August 2022					Reported 6 weeks in areas. A weighted average is used given there are different targets in different places. 2021/22 Q1 - 66%, Q2 - 64%, Q3 - 68%
	Forensic lead provider: % of patients in service with a physical health care improvement and maintenance plan in place		Due July 2022					

**What the data is telling us – this section is in development.** Statistical process control charts will be inserted here to alert the reader to charts which identify improvement or that require further work or investigation



The SPC chart for carbon impact shows that no action is required - we are in a period of common cause variation and have been since April 2021.
























Below we have set out progress against the key agreed milestones. Reporting against these milestones is provided at the identified date or by exception.

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

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

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)		
Support social responsibility & sustainability in the Trust & our communities	Social responsibility and sustainability strategy to be approved at Trust Board in July 2022.	
Work in partnerships at System & Place to improve the health of our communities	Barnsley provider alliance - • Commence target operating model development by July 2022	
	Barnsley provider alliance - • Alliance Agreement decision-making form development, variation and future proofing by September 2022	
	Barnsley provider alliance - • Co-design and development of a marketing, communication, equality, inclusion and involvement approach by December 2022	
	Forensic lead provider, West Yorkshire: • Progress the repatriation plan for West Yorkshire residents, achievement of annual targets against strategic repatriation ambition (quarterly update)	
	Forensic lead provider, West Yorkshire: • Achieve annual financial plan (quarterly update)	
	Forensic lead provider, South Yorkshire: • Achieve successful 'go live' in 2022/23	
	Forensic lead provider, South Yorkshire: • Achieve annual financial plan (quarterly update)	
	Community Mental Health transformation • West Yorkshire: Advanced Clinical Practitioners and Single Point of Access workers recruited by Jul 2022	
	Community Mental Health transformation • West Yorkshire: Additional Roles Reimbursement Scheme (ARRS) roles recruited by October 2022	
	Community Mental Health transformation • South Yorkshire: Successful completion of tender to provide community connectors into the 6 Barnsley neighbourhoods by October 2022	

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Improve Care								
Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Number of records with up to date risk assessment - Inpatient	95%	80.8%			 		April data is provisional and will be refreshed next month
	Number of records with up to date risk assessment - Community	95%	75.4%			 		April data is provisional and will be refreshed next month
	% Service users on CPA offered a copy of their care plan	80%	40.6%			 		
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards		263.9					WTE
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	52					April data is based on adult acute discharges only
	Number of violence and aggression incidents against staff on mental health wards involving race		23					
	Inappropriate out of area bed placements (days)		276			 		
	Percentage of video consultations	Trend monitor	2.0%					SPC assurance ratings are indicative of the move away from national lockdown restrictions implemented due to Covid-19 and the subsequent associated reduction in video and telephone consultations and increase in face to face contacts.
	Percentage of telephone consultations	Trend monitor	30.0%					
	Percentage of face to face consultations	Trend monitor	68.0%					
	CAMHS - Numbers waiting over 4 weeks for assessment		315					From April 22, waiting list data for Barnsley is reported from the SystemOne Waiting List Functionality
	CAMHS - Average wait to neurodevelopmental assessment from referral		437.8					Average wait in days. Relates to Calderdale & Kirklees CAMHS only
	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	65.6%			 		April data is provisional at the time of producing this report and will be refreshed in May 2022. Staff shortages are impacting on performance.
	Referral to assessment within 2 weeks (external referrals)	75%	87.0%			 		
	Assessment to treatment within 6 weeks (external referrals)	70%	92.6%			 		

Glossary	
CAMHS	Child and adolescent mental health services
CPA	Care Programme Approach
WTE	Whole time equivalent

Summary

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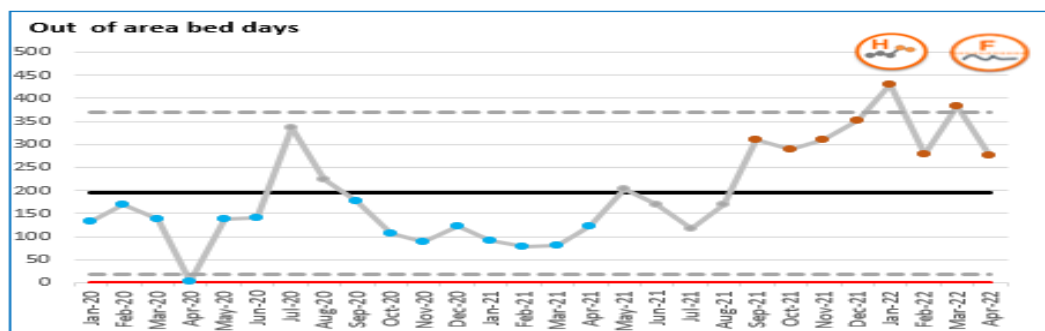
National Metrics

Locality

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System-wide  
Monitoring

**What the data is telling us – this section is in development.** Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.  
(SPC charts to be included here where relevant)



We continue to be in a period of special cause concerning variation for the number of out of area bed days and we are not expected to achieve the target. As reported previously, this is due to the multiple 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.

#### Improve Care (Carol Harris)

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)		
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Develop comprehensive improvement plans by March 2023	
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Completion of comprehensive waiting time reporting from systems by end of November 2022 with progress towards this milestone tracked to indicate progress	
	Out to public consultation on Older People inpatient services by December 2022	
	Revised quality strategy to be approved at Trust Board in September 2022	

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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Improve resources									
Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end	Notes	
Spend money wisely & increase value	Surplus/(deficit) against plan	In line with	£693k					Ahead of plan	
	Capital spend against plan		£0.3m						
	Agency spend managed within the overall workforce	<4%	4.3%						
	Overhead costs	10%	Reporting under development					Shown as a percentage of income	
	Financial sustainability and efficiencies delivered over time	£6,350k	£593k					In line with plan for month 1. Delivered as part of bottom line.	
Use our estates to enable effective ways of working to support staff & deliver best care	Metrics under development								
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	Number of clinicians able to use digital dictation		Reporting under development					Under development	
	Communication preferences of service users captured/recorded on SystmOne		Reporting under development					Reporting to commence June 2022	
	Percentage of wards live with EPMA over time		32%					10/31 wards live in April	

Glossary	
EMPA	electronic prescribing and medicines administration

**What the data is telling us** – this section is in development. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation. (SPC charts to be included here where relevant)

#### Improve resources (James Sabin)

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed		
Spend money wisely and increase value	To develop a 3-year financial plan by September 2022	
	Loss making services in Service Line Reporting (SLR) understood and action plan developed by September 2022	
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board in September 2022	
	Expected milestones for Bretton work: • Agree final costings for Bretton development September 2022	
	Expected milestones for Bretton work: • Commence work on Bretton site November 2022	
Use digital approaches to deliver best care and support to service users, carers, staff and the	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by March 2023	
	To undertake and conclude a procurement exercise for a Trust-wide digital dictation solution by September 2022	



Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Number of substantive staff in post over time (quarterly)		Data to be reported at end of Q1					
	Appraisal uptake	95%	70.0%					
	Staff recruited by ethnicity, disability, sexual orientation (quarterly)	Trend monitor	<a href="#">See reducing inequalities section of the report for detail</a>					
	Quarterly summary from staff survey. This will include response rate from underrepresented staff groups and narrative report on progress made against workforce strategy	N/A	Data to be reported at end of Q1					

**What the data is telling us** – this section is in development. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation. (SPC charts to be included here where relevant)

**Make this a great place to work (Greg Moores)**

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)		
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Milestones are in development aligned to the delivery of the workforce strategy and OD plan.	

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## 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.

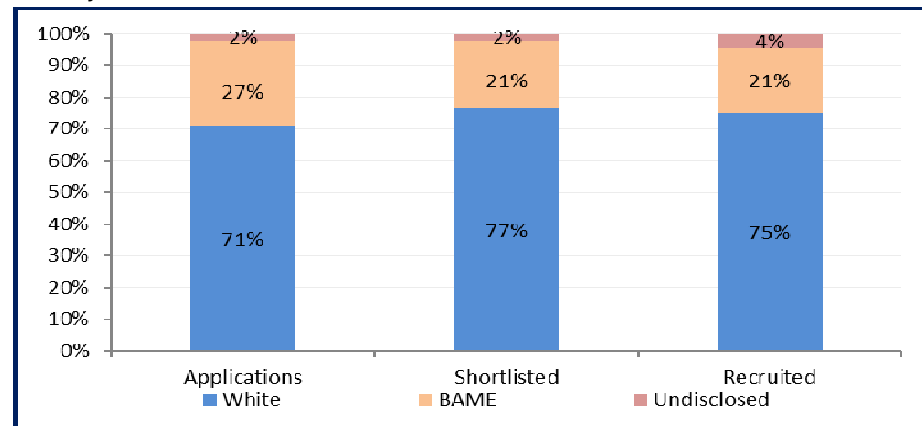
This section of the report will be developed over the coming months as more data becomes available and further analysis is undertaken.

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.

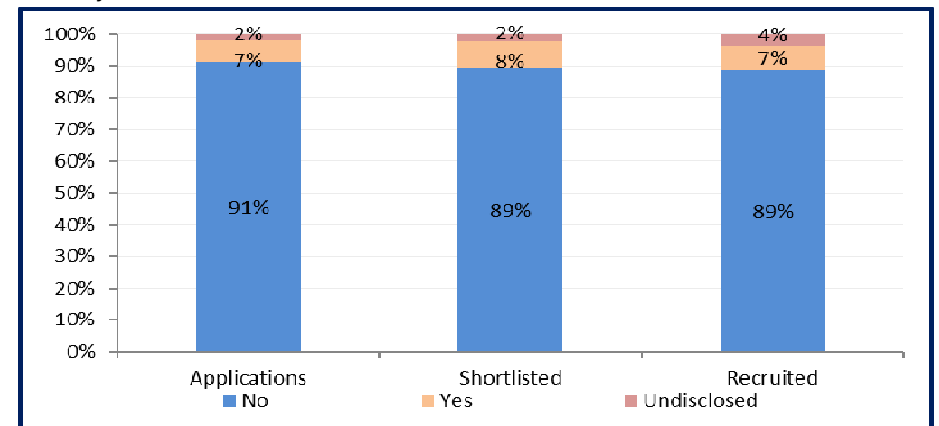
A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee. A campaign is being launched related to the collection and recording of protected characteristics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



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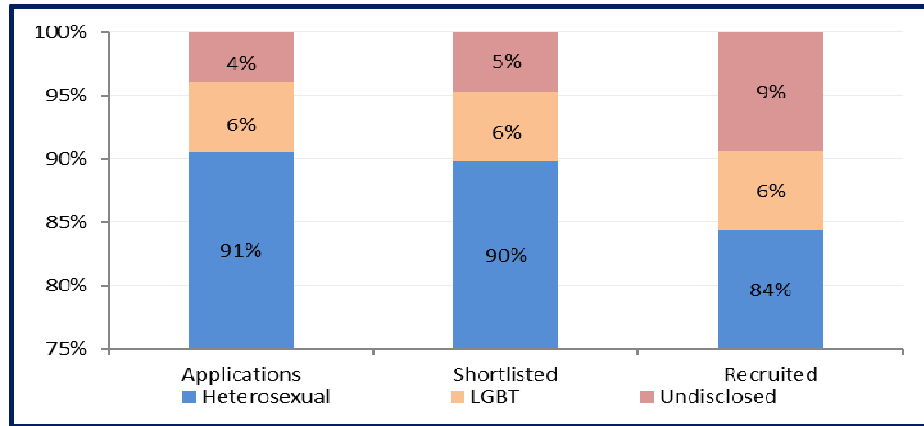
Locality

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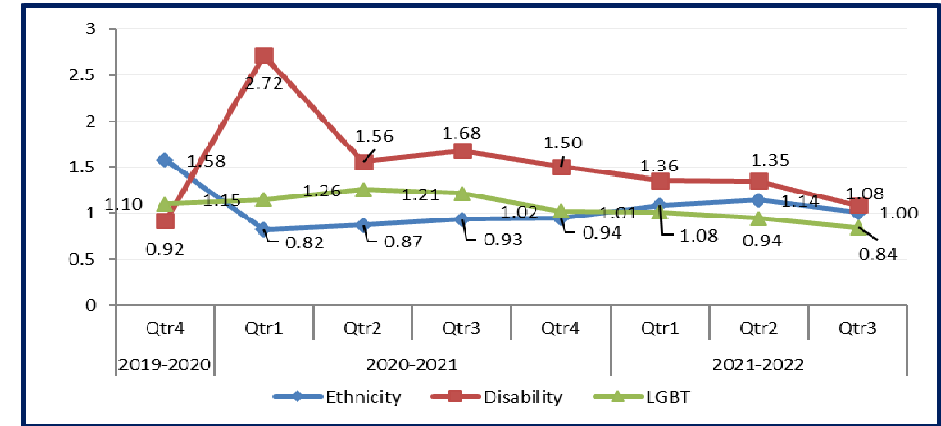
System-wide  
Monitoring

## 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

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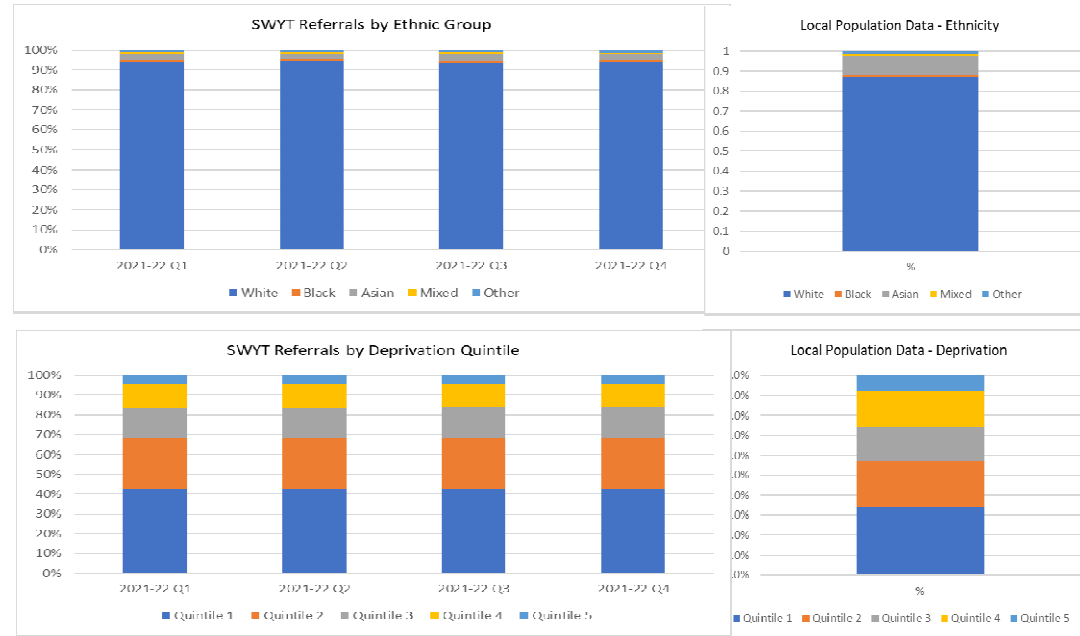
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## Reducing Inequalities

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



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%

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



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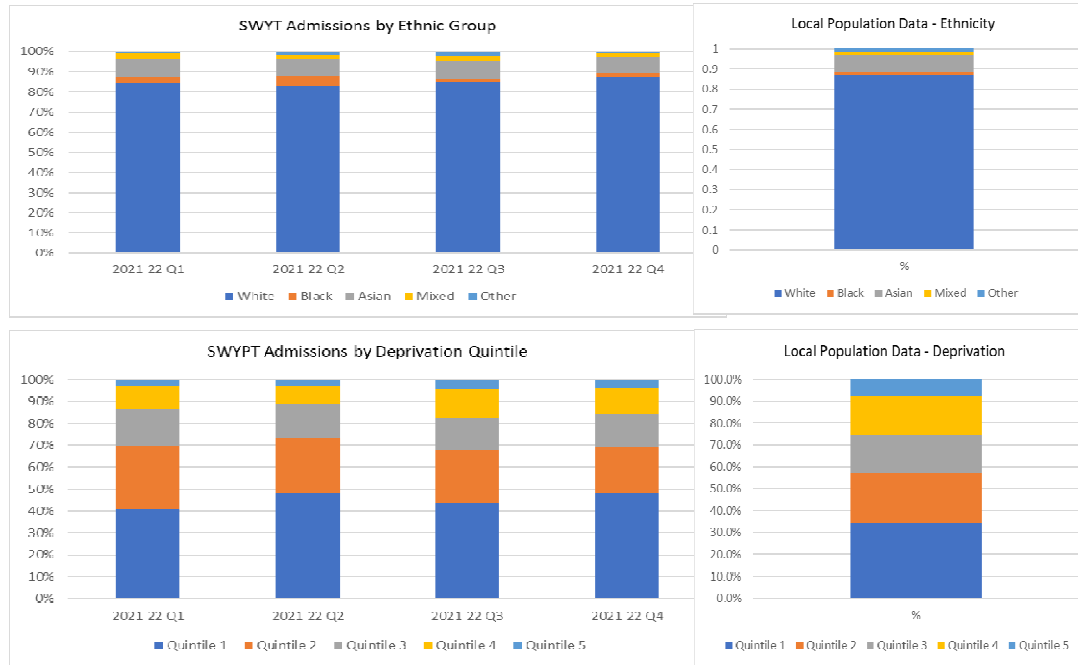
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System-wide  
Monitoring

## Reducing Inequalities

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



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%

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 13-Jan	Approx days stock as at 10-Feb	Approx days stock as at 10-Mar	Approx days stock as at 14-Apr	Approx days stock as at 21-Apr
Surgical masks	23	42	31	34	37
Respirator masks	78	73	71	70	66
Aprons	24	20	17	16	19
Gowns	122	119	114	114	113
Gloves	15	17	18	11	17
Visors	31	33	32	30	25

### Testing

KPI	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
No of Service users Covid-19 positive and now recovered	0	10	23	5	6	37	41	5	40	2
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	39	28
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	1	1	1	0	0	0	1	1	1
No of wards with outbreaks	Reporting commenced Aug 21	4	5	2	2	10	8	1	8	5

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 were 5 outbreaks and 2 areas being monitored for COVID-19. This saw an increase in cases on inpatient wards.

For April 74% (23) of positive cases have been defined as hospital onset definite healthcare associated (a positive specimen date 15 or more days after admission). With 26 % (8) community onset. Most of these cases were linked to inpatient outbreaks.

Outbreaks, clusters and areas being monitored. In April there have been 5 outbreaks and 2 areas monitored.

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.

Summary

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Programmes

**Covid-19**

Emergency  
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## Covid-19 response

### Testing approach - Current position

Amendments to the testing approach has been implement, inline with National and regional guidance

#### Patients:

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

#### Staff

- Symptomatic testing – Using LFTs or through internal testing route.
- 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 LFTs e.g. staff visiting care homes.
- 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, using LFTs

#### 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 with NPEX providing weekly reports of numbers of results submitted.

From week ending 6th March 2022 there have been no reports provided as to numbers of staff submitting lateral flow test results.

Lateral flow tests are still free for health and social care staff in a patient-facing role via the national portal and we continue to text staff x2 weekly (x3 weekly for staff going into care homes) prompting them to carry out a lateral flow tests and reminding them to submit their results.

With no data as to numbers of reported results now available, a decision is required as to whether we continue to text staff (approximately 3500 text messages per week) or if we revert back to local reporting of results.

## 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 2,753 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.

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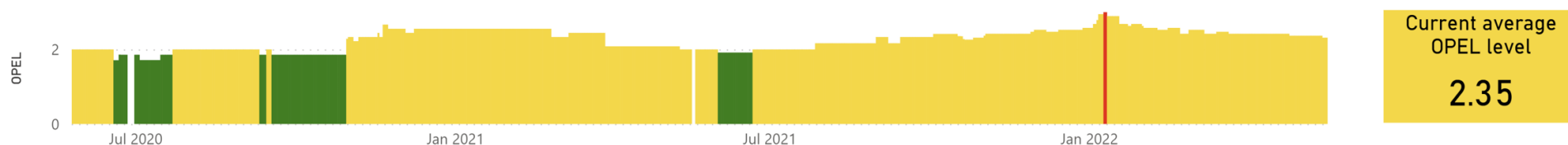
## Emergency Preparedness

### Standing up services

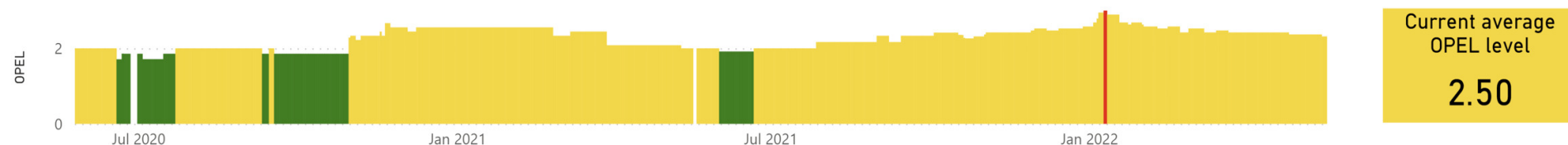
#### Emergency preparedness, resilience and response (EPRR) update including OPEL levels

- 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 with a stand down date of Wednesday 8 June 2022. 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 9 service areas now operating at OPEL 2. 7 service areas remain at OPEL 3.
- OPEL discussions continue, and review of ability of support services to support clinical services.
- 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



### Excluding Corporate Services



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

Summary		Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics			Locality			Finance/Contracts			System-wide Monitoring						
Quality Headlines																						
Section	KPI					Objective	CQC Domain	Owner	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5					Improving Health	Responsive	CH	TBC	79.0%	77.8%	75.4%	69.4%	62.7%	65.9%	65.9%	66.3%	66.8%	70.4%	68.4%	67.0%	N/A
Complaints	Cardiometabolic Assessment & Treatment								Please see quality section for breakdown of performance													
	% of feedback with staff attitude as an issue 12					Improving Health	Caring	LJ	< 20%	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	6% 1/16	1
Service User Experience	Friends and Family Test - Mental Health					Improving Health	Caring	DT	85%	78%	81%	82%	82%	79%	78%	81%	85%	83%	84%	84%	81%	1
	Friends and Family Test - Community					Improving Health	Caring	DT	98%	96%	97%	95%	96%	93%	92%	92%	92%	93%	96%	94%	94%	1
Quality	Number of compliments received					Improving Health	Caring	DT	N/A	28	22	26	20	16	18	35	18	20	23	43	18	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4					Improving Health	Caring	DT	trend monitor	23	28	17	15	26	20	16	19	21	25	19	24	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4					Improving Health	Caring	DT	trend monitor	1	1	3	2	0	3	2	1	0	1	1	1	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	1	0	1	0	0	0	0	1	
	% Service users on CPA offered a copy of their care plan					Improving Care	Caring	CH	80%	41.8%	41.5%	41.6%	41.2%	40.9%	40.4%	40.9%	39.3%	39.8%	38.5%	40.0%	40.6%	2
	Number of Information Governance breaches 3					Improving Health	Effective	MB	<12	8	11	11	8	12	9	6	8	8	10	18	12	2
	Delayed Transfers of Care 10					Improving Care	Effective	CH	3.5%	1.1%	1.3%	1.9%	2.9%	2.3%	3.3%	2.2%	1.5%	1.2%	1.9%	1.5%	2.0%	1
	Number of records with up to date risk assessment - Inpatient 11					Improving Care	Effective	CH	95%	68.3%	56.4%	59.9%	60.3%	57.6%	60.0%	62.3%	55.1%	74.4%	74.3%	80.3%	80.8%	3
	Number of records with up to date risk assessment - Community 11					Improving Care	Effective	CH	95%	68.9%	67.0%	69.4%	56.4%	61.3%	66.2%	59.8%	68.8%	65.5%	69.1%	68.6%	75.4%	3
	Total number of reported incidents					Improving Care	Safety Domain	DT	trend monitor	1042	1061	1082	1016	1060	1144	1136	1122	1148	915	1065	995	
	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	19	24	10	12	17	22	26	15	18	23	17	17	
	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	2	1	1	0	4	2	2	1	1	3	3	5	
	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	2	3	6	3	5	3	2	3	2	4	2	3	
	Safer staff fill rates					Improving Care	Safety Domain	DT	90%	119.8%	118.5%	115.0%	111.2%	109.7%	112.7%	114.1%	108.9%	111.2%	112.2%	109.4%	111.5%	1
	Safer Staffing % Fill Rate Registered Nurses					Improving Care	Safety Domain	DT	80%	94.9%	84.7%	88.5%	85.1%	84.9%	86.6%	87.5%	79.9%	93.1%	86.2%	86.2%	84.5%	1
	Number of pressure ulcers (attributable) 1					Improving Care	Safety Domain	DT	trend monitor	32	38	20	22	29	28	21	25	13	46	15	24	
	Number of pressure ulcers (Lapse in Care) 2					Improving Care	Safety Domain	DT	0	3	1	0	0	0	1	0	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%	100%	93.8%	88.0%	85.0%	91.0%	94.0%	83.3%	95.6%	96.6%	85.0%	87.5%	90.0%	1
	Number of Falls (inpatients)					Improving Care	Safety Domain	DT	trend monitor	39	41	56	43	70	49	58	62	49	49	54	38	
	Number of restraint incidents					Improving Care	Safety Domain	DT	trend monitor	106	170	161	136	166	156	196	197	187	147	187	146	
	% people dying in a place of their choosing 14					Improving Care	Caring	CH	80%	90.3%	84.6%	94.1%	87.1%	87.5%	88.5%	100.0%	93.8%	95.8%	86.2%	89.3%	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 data quality has seen in recent months and this is expected to continue. Excludes autistic spectrum disorder 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

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## Quality Headlines

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

- Number of restraint incidents - the number of restraint incidents during April saw a decrease compared to the previous month, decreasing to 146 from 187. Further detail can be seen in the managing violence and aggression section of this report.
- Number of falls (inpatients) – the total number of falls was 38 in April, which is a decrease from 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 of moderate harm, severe harm or patient safety related death tend to fluctuate over time, and data is constantly refreshed within Datix as further information comes to light. This results in changes to the level of harm, severity and categories of incidents amongst other data. We encourage staff to report with an upwards bias initially especially when the outcome is unknown. These are adjusted subsequently. Incident data is regularly analysed to explore any potential higher or lower rates than would be usually expected. Where there are outlying areas, these will be reported on by exception.
- Duty of candour - 0 breaches in April.
- Our patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) join national and regional patient safety discussions/information sessions and sharing information into the Trust.
- NHS England/Improvement continue to develop their programmes to support the NHS patient safety strategy. There has been some amendment to timescales 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 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 essential to job role training group (18/5/22) which will request that level 1 becomes mandatory and level 2 role related. Training providers for Level 3 (investigation) has recently been released. Levels 4 - 5 are in development. Further details are available here: <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/NHS-England-updates.aspx>
- Learn from Patient Safety Events (LFPSE) - This will be the introduction of a new National system that will replace National Reporting and Learning System (where we send our patient safety incidents) and StEIS (Strategic Executive System) where we report Serious Incidents. This is in development. We will require an upgrade to Datix to receive the data set required. This is not yet available, expected Autumn 2022. Preparatory work has been completed on Datix to prepare for this.
- Number of pressure ulcers (avoidable) - 0 incidences of avoidable pressure ulcers in April.
- Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 37% compared to numbers waiting at end of April 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 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.

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## 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).

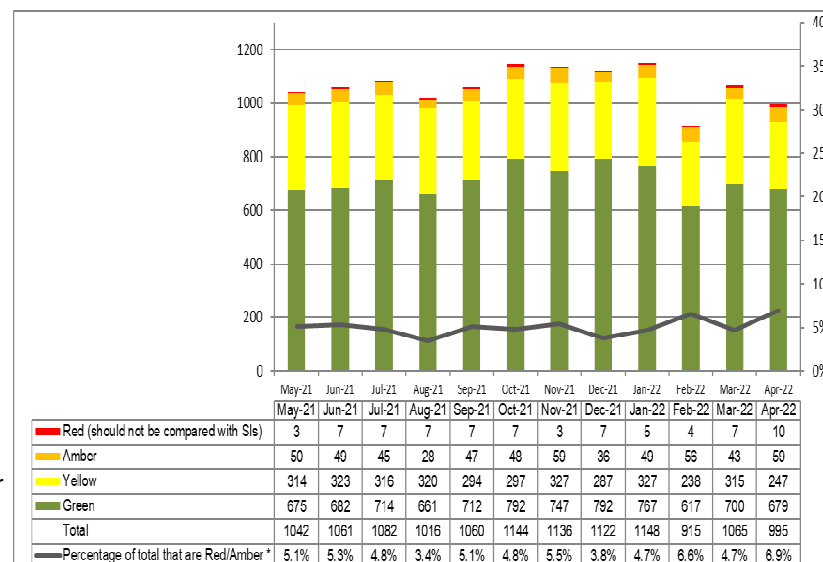
97% of incidents reported in April 2022 resulted in no harm or low harm or were not under the care of SWYPFT. For 2021/22 this figure was 97% overall. This is based on the degree of actual harm.

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

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

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

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



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

Risk panel meets weekly and scans for themes that require further investigation.

Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

No never events were reported in April 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 or 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 April 2022:

##### 17 Moderate harm incidents:

- 10 Pressure ulcer category 3 incidents, 9 incidents across Barnsley Neighbourhood Teams, 1 Intermediate Care Barnsley
- 5 Self Harm incidents (Enhanced Team East - Wakefield, Newhaven Forensic Learning Disabilities Unit, Elmdale Ward, CMHT West Calderdale (OPS))
- 1 Slip/Trip/Fall incidents (Ward 19 (OPS))
- 1 Prescribing (Ward 19 (OPS))

##### 5 Severe harm incidents:

- 4 Pressure ulcer category 4 incidents across Barnsley neighbourhood teams
- 1 Slip, trip or fall - patient (Poplars Unit, Wakefield)

##### 3 Patient safety related deaths:

- 2 Suicide (incl apparent) - community team care - current episode (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale, Intensive Home Based Treatment Team, Kirklees)
- 1 Death - cause of death unknown/unexplained [where clinical concerns raised] (Enhanced Team East - Wakefield)

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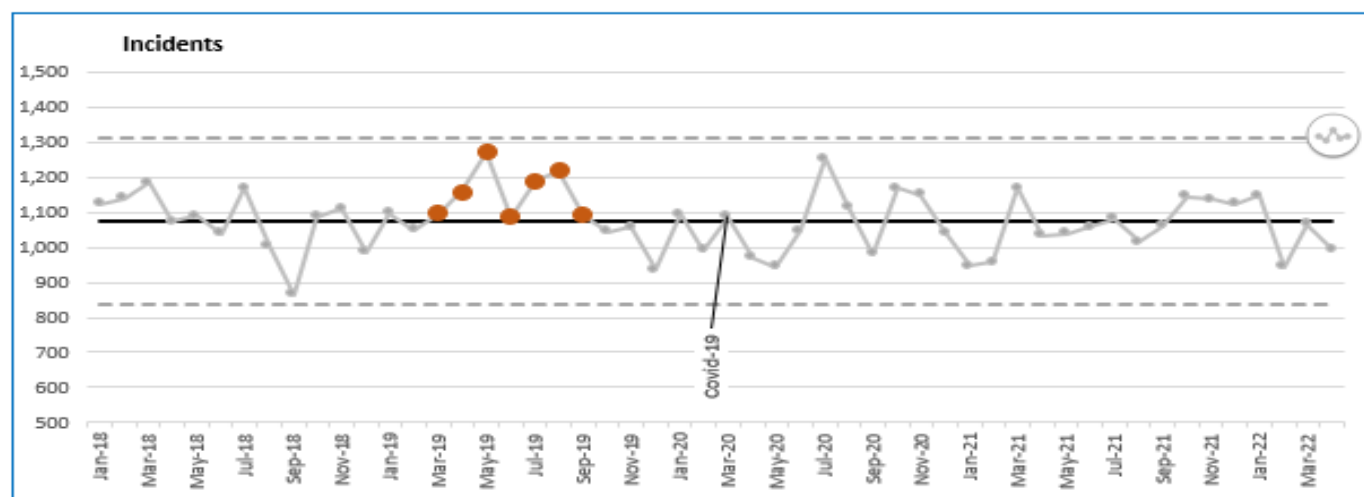
## Safety First cont...

### 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 5 April 2022 hosted by Dr Kiran Rele. This has increased capacity to undertake Structured Judgement Reviews. These are in the process of being allocated.

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 Ockenden report.docx](#)

[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 - April 2022

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

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2022/003 /NHSPS	Inadvertent oral administration of potassium permanganate	05/04/2022	Yes - circulated for information	04/10/2022	14/04/2022



## Safer Staffing Inpatients

Although April has continued to prove challenging in attaining the first level of staffing which is the establishment fulfillment, there has been a significant decrease in the number of requests of flexible staff and the number of shifts that were unfilled. We continue to be faced with staffing pressures caused by acuity, vacancies and sickness, although there has been a significant decrease in the number of staff who are having to self-isolate as a result of Covid. This has often led to not always being able to meet the acuity demand on staffing (where the acuity of the service users increases the number of staff required). Moving into the new financial year has meant that the system has been less pressured than previously when staff had been utilising the last of their annual leave.

We continue to explore any shifts where a registered nurse is not listed and having discussions to ensure that shifts that are covered by ward managers, lead nurses, matrons or others are also applied to registered gaps in the roster. We continue to look at other available resources, in addition to the flexible staffing pool, to support operations.

We are revisiting the SBAR (Situation, Background, Assessment and Recommendation) in relation to Safer Staffing that was produced to ensure that this is relevant to teams and can describe what support can be offered by other disciplines, including what roles other disciplines can provide to the core team on the wards. We will continue to ensure that this is in line with the Business Continuity Plans from the various areas.

International recruitment continues and we have 12 colleagues now split between three in forensics on the wards, two in older peoples in Calderdale, three within the Priestley Unit (one on each ward) and four who are completing their Observed Structured Clinical Examination (OSCE) training. The four currently completing their training will be split between Poplars and Kendray Hospital. 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 56 band 5 job offers since January 2022. There are now inpatient teams reporting that should their new starters join between September and December cohorts, then they have a full establishment for band 5s. We do appreciate that this will change through natural attrition as well as promotions etc. We continue to explore the collaborative bank to increase our resources, and we have increased the recruitment campaign onto bank.

Three wards, a decrease of two on the previous month, fell below the 90% overall fill rate threshold, which were Clark Ward within the Barnsley Business Delivery Unit (BDU), Ward 19 (F) within the Calderdale and Kirklees BDU as well as Priestley within the Forensic BDU. All three wards showed an improvement in the overall fill rate and were within 2.4% of achieving this threshold. The teams 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. Improving on one ward from the previous month, there were 18 (57.6%) of the 31 inpatient areas who achieved 100% or more. Of those 18 wards, nine (an increase of three 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 been 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 areas and we have increased block booking of 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.

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## Safer Staffing Inpatients cont...

### Registered Nurses Days

Overall registered day fill rates have increased by 4.3% to 79.0% in April compared with the previous month.

### Registered Nurses Nights

Overall registered night fill rates have increased by 0.4% in April to 90.0% compared with the previous month.

**Overall Registered Rate:** 84.5% (increased by 2.35% on the previous month)

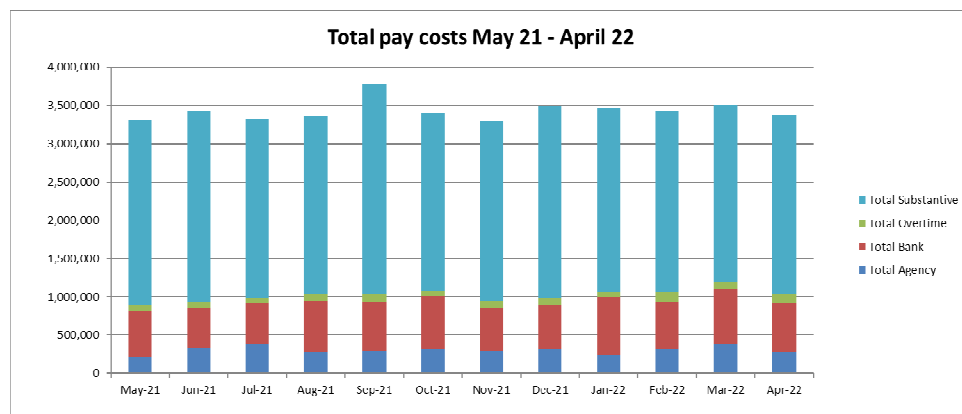
**Overall fill rate:** 111.5% (increased by 2.1% on the previous month)

Health Care Assistants showed an increase in the day fill rate of 6.5% to 127.6% and a decrease in the night fill rate of 4.9% to 139.7%.

### Unfilled shifts

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

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



Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	565 (-239)	6,132.83	42.83% (-6.86%)	756 (-43)
Unregistered	507 (-398)	5,674.08	12.78% (-7.61%)	3372 (+223)
<b>Grand Total</b>	<b>1072 (-637)</b>	<b>11,806.92</b>	<b>20.11% (-7.77%)</b>	

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

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

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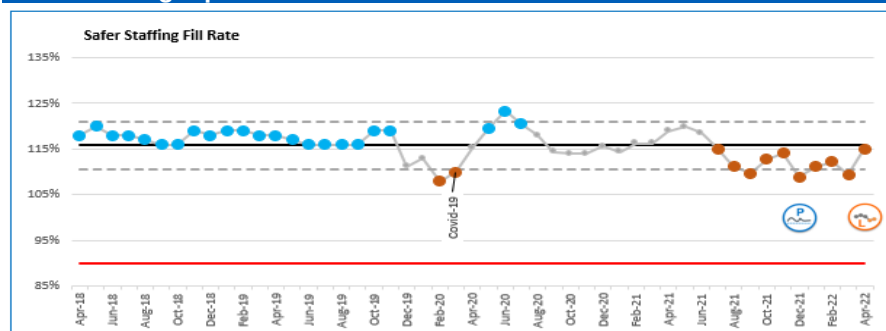
National  
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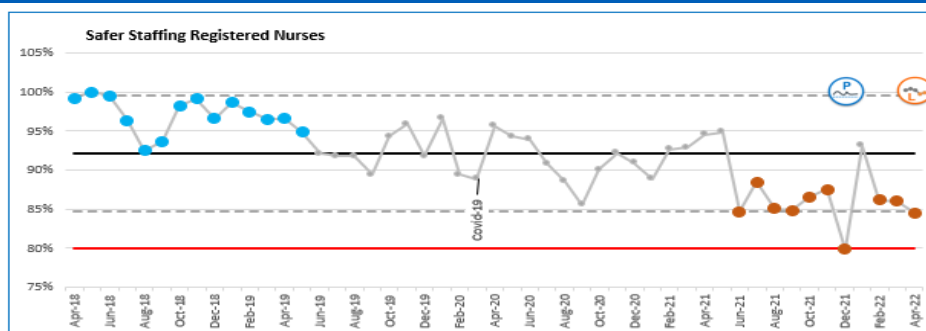
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## Safer Staffing Inpatients cont...



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



The chart above shows that the staffing rate for registered nurses has also had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In April 2022 we remain in a period of special cause concerning variation.

## International Nurse Recruitment (INR) Programme

The Trust is currently working with three separate agencies to meet its commitment to appointing 90 band 5 mental health nurses into the Trust by March 2023 in line with NHSEI INR national programme of bringing in 50,000 nurses into the UK from overseas. At the time of writing this update, we have successfully appointed 8 nurses into the Trust. These 8 nurses are at different stages of their nurse career with SWYPFT. 3 nurses are already on their allocated wards in Wakefield and have successfully passed their Nursing and Midwifery Council (NMC) objective structured clinical examination (OSCE) and have obtained their PIN. A further 2 have recently taken their NMC OSCE exam, and are awaiting their results. The latest cohort of 3 nurses are currently undertaking their in-house OSCE training, delivered by our INR nurse coordinator lead and relevant subject matter experts from within the Trust.

In addition to this, the Trust have successfully interviewed and offered employment to a further 57 nurses. 52 of these have accepted conditional offers of employment. At present we have had only 3 drop out from the recruitment process. A revised plan for cohort intakes between now and March 2023 has been agreed with the agencies and we are still confident these numbers will be reached once issues in originating countries are resolved. We still have good continual engagement with those candidates who have accepted our offers, and all are still committed to joining us.

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## Information Governance (IG)

12 personal data breaches were reported during April, a decrease from previous month.

7 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 or the inclusion of other patients' data in correspondence.

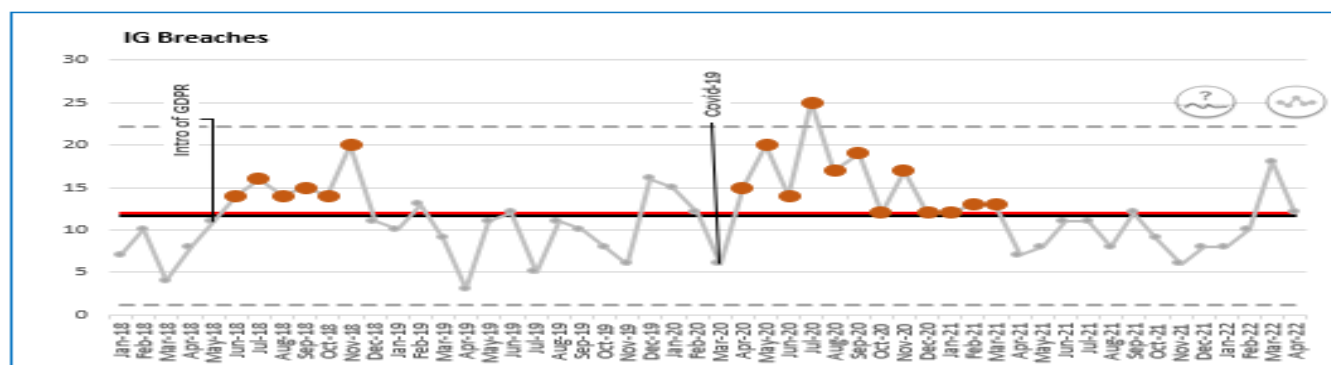
There were 2 incidents involving lost data due to confidential papers being left in publicly accessible areas. A serious data loss was reported to the Information Commissioner's Office (ICO) and Department of Health & Social Care following the theft of a Trust vehicle containing personal data collected from the Trust's mailroom and the mailroom at Barnsley Hospital. Updates on actions and progress have continued to be provided to the ICO and further contact is awaited.

A record keeping incident was reported where there is likely to be an impact on individuals as an original birth certificate for a deceased young person was found in a pigeon hole. The IG Manager and team manager are working together to ensure the certificate is returned to the family and they are informed of their right to complain.

An IG slide will be included in the April update of The Brief following discussion about a number of data protection concerns between the Caldicott Guardian and IG Manager.

In addition to the serious breach noted above, the Trust is awaiting further contact from the ICO in respect of the staff member who inappropriately accessed health records. No complaints were made to the ICO about the Trust's data protection practices during April.

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)

CQUIN schemes are in place for 2022/23 contracts. These mainly relate to the Trusts contracts with Barnsley CCG, Calderdale CCG, Kirklees CCG and Wakefield CCG. The overall financial value of CQUIN remains at a reduced value of 1.25% of total contract value. The indicators that the Trust will be monitored against are:

### Barnsley CCG

- CCG 1 - Flu vaccinations for frontline healthcare workers
- CCG 10a - Routine outcome monitoring in CYP and perinatal mental health services
- CCG 10b - Routine outcome monitoring in community mental health services
- CCG 12- Biopsychosocial assessments by MH liaison services
- CCG13 - Malnutrition screening in the community
- CCG14 - Assessment, diagnosis and treatment of lower leg wounds

### Calderdale, Kirklees, Wakefield CCG

- CCG 1 - Flu vaccinations for frontline healthcare workers
- CCG 9 - Cirrhosis and fibrosis tests for alcohol dependent patients
- CCG 10a - Routine outcome monitoring in CYP and perinatal mental health services
- CCG 10b - Routine outcome monitoring in community mental health services
- CCG 11 - Use of anxiety disorder specific measures in IAPT
- CCG 12- Biopsychosocial assessments by MH liaison services

Work is taking place via the Trust CQUIN leads group to understand the financial position, develop action plans to ensure maximum achievement for the year and identify any risk associated with any of the indicators.



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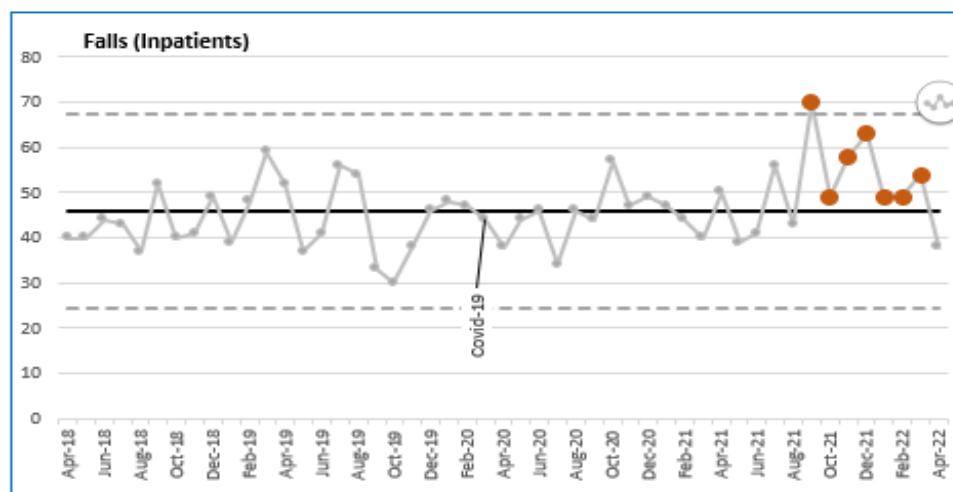
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## Falls

Total number of falls was 38 in April.

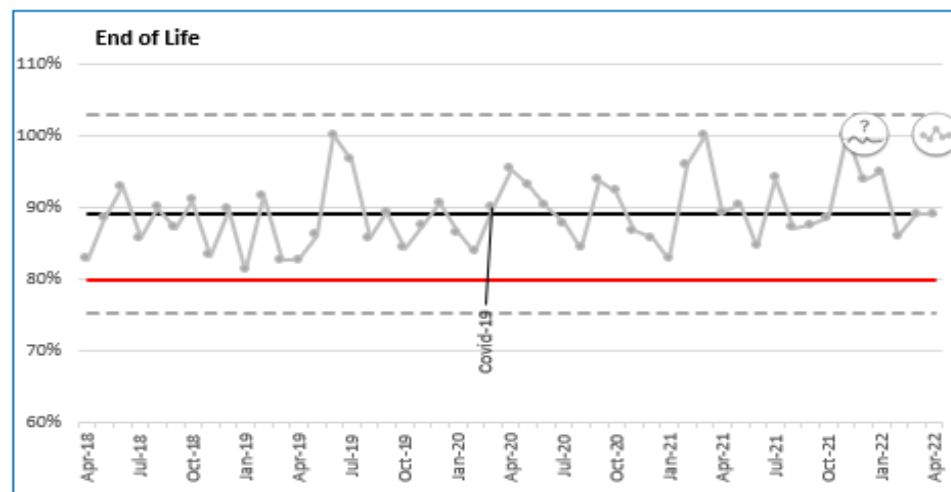
All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.



The SPC chart above shows that in April 2022, following a reduction in the number of falls, we have moved back into common cause variation following a period of special cause concerning variation (orange markers). We will continue to monitor this metric.

## End of Life

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



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



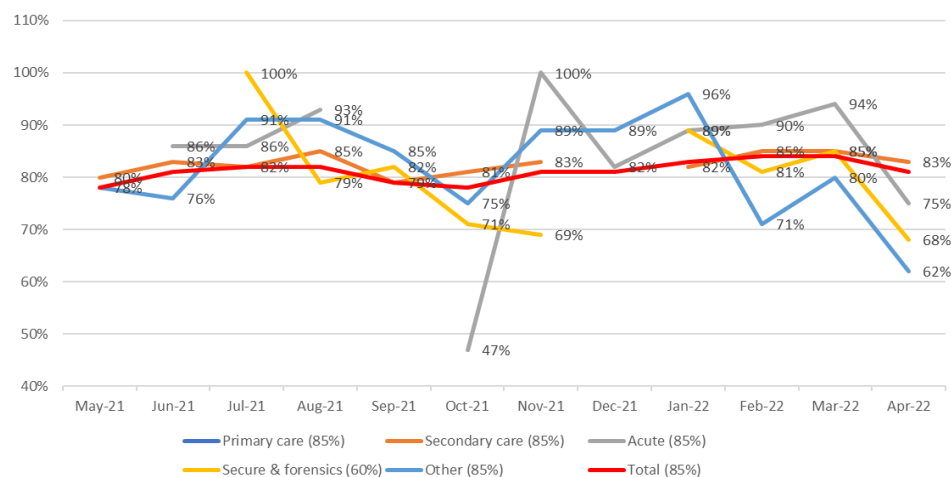
## Patient Experience

### Friends and family test shows

- 94% would recommend community services.
- 81% would recommend mental health services

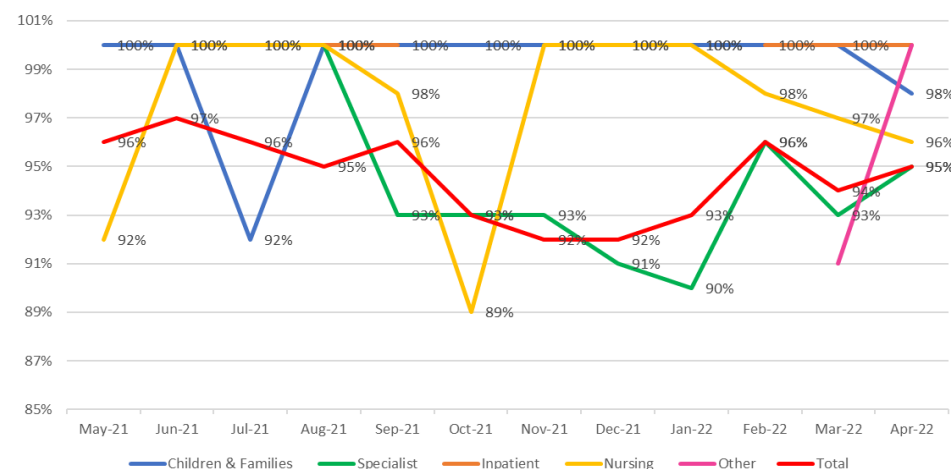
### Mental Health Services

Mental Health Friends and Family Test results May 21 - April 22  
(targets referenced in brackets)



### Community Services

Community Services Friends and Family results May 21 - April 22  
(95% target)



In April, the Trust saw a decline in the number of respondents that rated the services as 'very good' or 'good' across the Trust (87%) and mental health services (81%). Community service remained the same.

Ratings continue to remain below target across both mental health and community services.



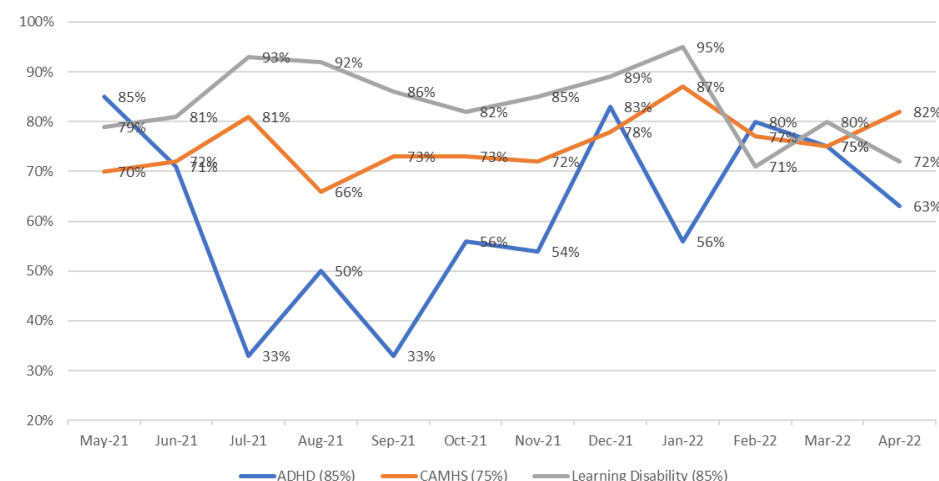
## Patient Experience cont...

Themes are consistent across the Trust. Staffing, communication, access and discharge being the top three common themes.

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

## Community Services

Specialist services Friends and Family results May 21 - April 22  
(targets referenced in brackets)



There has been a decline in the number of responses that CAMHS have received due to the change in text message that is being pilot in CAMHS until June. However, the overall qualitative data and rating has improved. A full review will be completed in July.

Advice surgeries are held with teams to identify the best way to capture the Friends and Family Test and to help them to understand their reports, and how to use feedback for service improvements.

Data is being triangulated within teams to support larger pieces of work such as the insight work in Forensics. We continue to look how to triangulate data to support teams.

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## Safeguarding

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

The Team has delivered a multi-agency presentation on the impact of parental mental illness.

The Joint Safeguarding Strategic Meeting was facilitated. During the meeting, updates were provided to the attendees and information shared on the learning from a completed Safeguarding Adult Review (SAR), Adult N, and update regarding recommendations from Local Child Safeguarding Practice Review (LCSPR).

The team continues to support two students attached to the Kirklees Memory Services.

There was a mock Child safeguarding and Looked After Service (CLAS) inspection undertaken in Calderdale for the Safeguarding Children Partnership.

All members of the team attend 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 a seminar on child sexual exploitation.

The Safeguarding Team have supported clinical services through attendance at professionals meetings, multi-disciplinary team meetings and two Best Interest meetings.

The Safeguarding Team continue to support the Quality Monitoring Visits agenda, and completed the last planned one in April.

The Team continues to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC, CLAS and Joint Targeted Area Inspection (JTAI) inspections. There are continued internal and external preparations for CLAS inspections which are supported by the Safeguarding Team. There were three requests for information in relation to a Safeguarding Adult Review for Barnsley Safeguarding Adults Board that were submitted in a timely manner. The Specialist Advisor Safeguarding Adults attended the SAR consideration meeting for Calderdale.

## Infection Prevention Control (IPC)

Surveillance: There have 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, root cause analysis 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 –92%

Infection Prevention and Control- Trust wide Total –89%

Policies and procedures are up to date.

## Complaints

There were 16 new formal complaints in April 2022. Of these 4 has a timescales start date and 12 are awaiting consent/questions.

6% of new formal complaints (n=1) have staff attitude as a primary subject.

18 compliments were received

Customer services closed 12 new formal complaints in April 2022. Of the 12 formal complaints, 2 achieved the 40 working day target (17%). If we look at the revised timescales for responding due to complexity 0 would have achieved the target. 7 would have been on a 25 day target, 2 would have been on a 40 day target and 3 would have been on a 60 day target.

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



## Reducing Restrictive Physical Intervention (RRPI)

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

There were 146 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in April 2022. This is a reduction of 41 (21.9%) incidents from March 2022 which stood at 187 incidents.

Of the different restraint positions used and reported in the 146 incidents (351 positions) (more than one restraint position is often recorded per incident), standing position was once again used most often 113 of 351(32%) followed by seated including safety pod use 100 of 351 (28.5%) then supine 54 of 351 (15.5%)

Prone restraint (those remaining in Prone position and not rolled immediately) was reported 20 times of 351 (5.6%) of total restraint positions). This is an increase of 4 (25%) from last month) that stood at 16 of 504.

Wakefield recorded 7 prone restraints, Barnsley 5 prone restraints, Calderdale recorded 4 prone restraints, Horizon recorded 2 prone restraints, Forensics Medium Secure recorded 1 prone restraint, and Newhaven 1 prone restraint.

The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In April, the percentage of prone restraints lasting under 3 minutes was 90% (18 of 20).

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

The use of seclusion has reduced in April to 56 from 78 last month which is reduction of 22 (28%).

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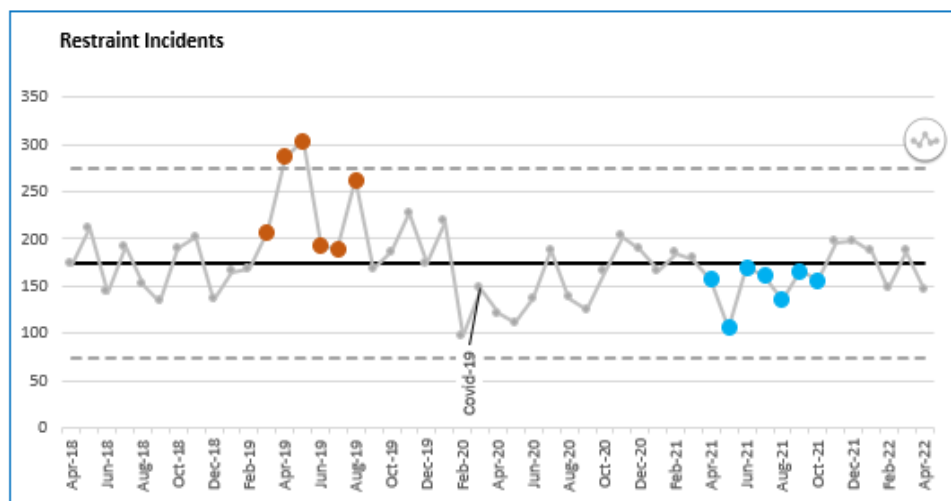
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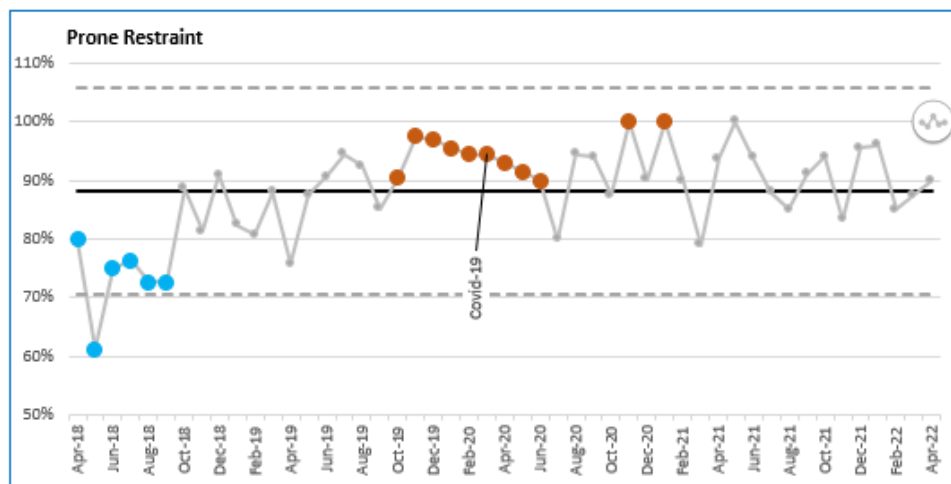
System-wide  
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## Reducing Restrictive Physical Intervention (RRPI)



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.

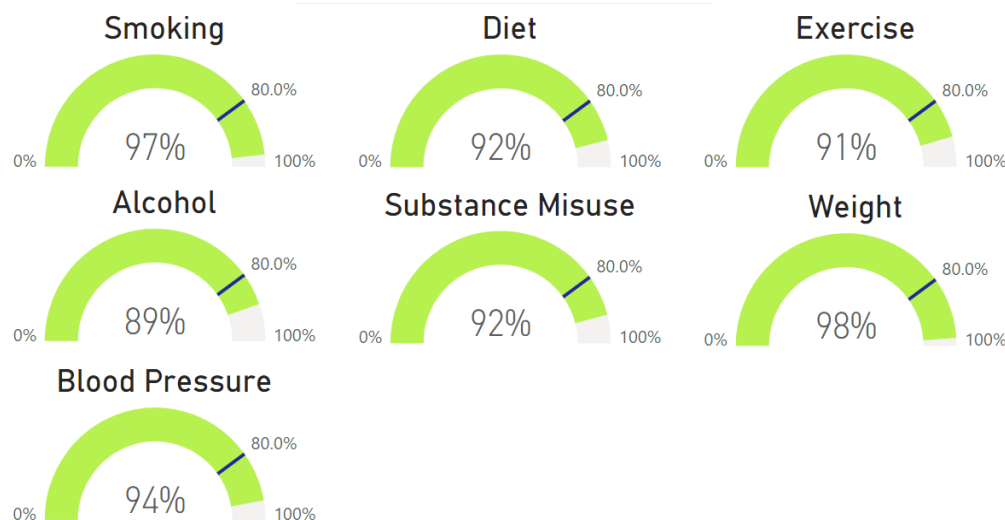


This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020, as well as two subsequent months of special cause concerning variation in October and December 2020 (orange markers).

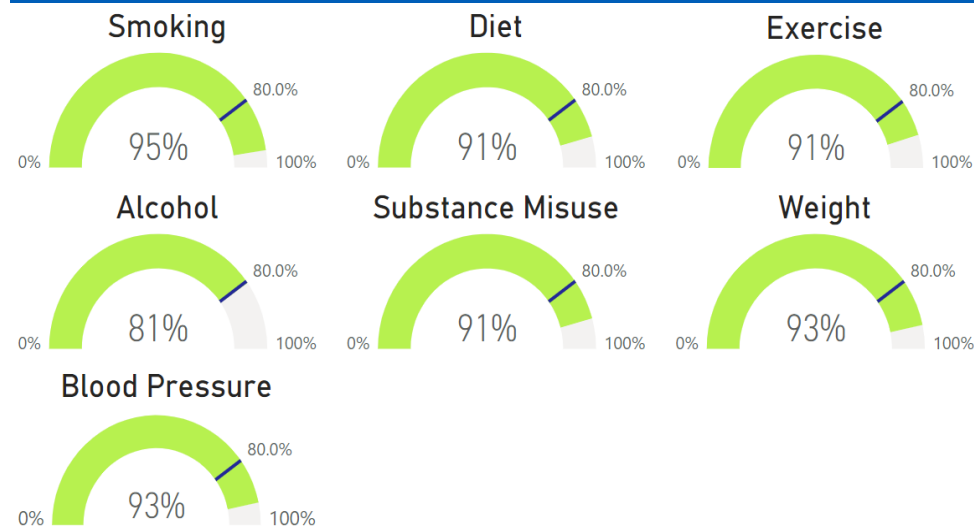
Since that point there has been common cause variation (no concern) in the number of instances of prone restraint lasting less than 3 minutes.

## Cardiometabolic Assessment & Treatment

### Inpatients - Screened



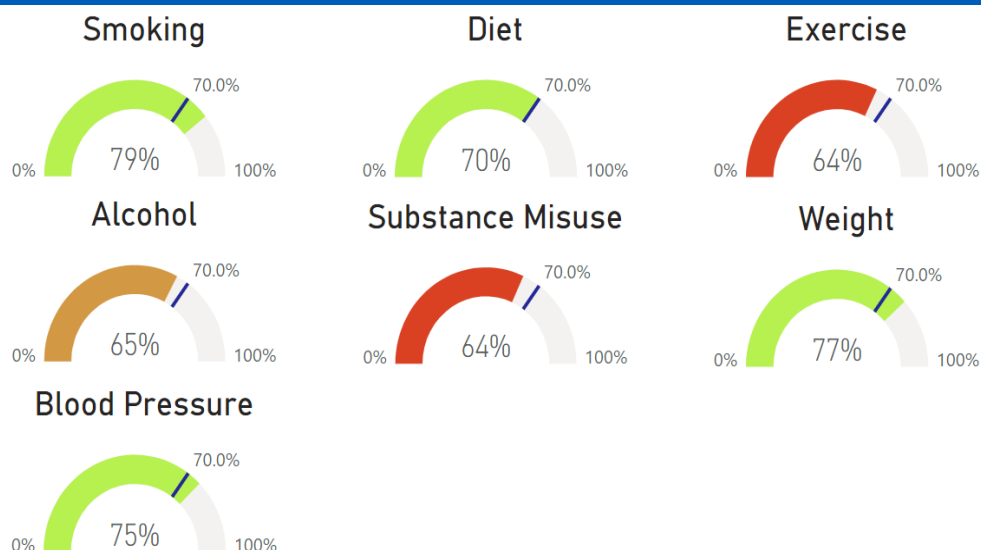
### Inpatients - Compliant



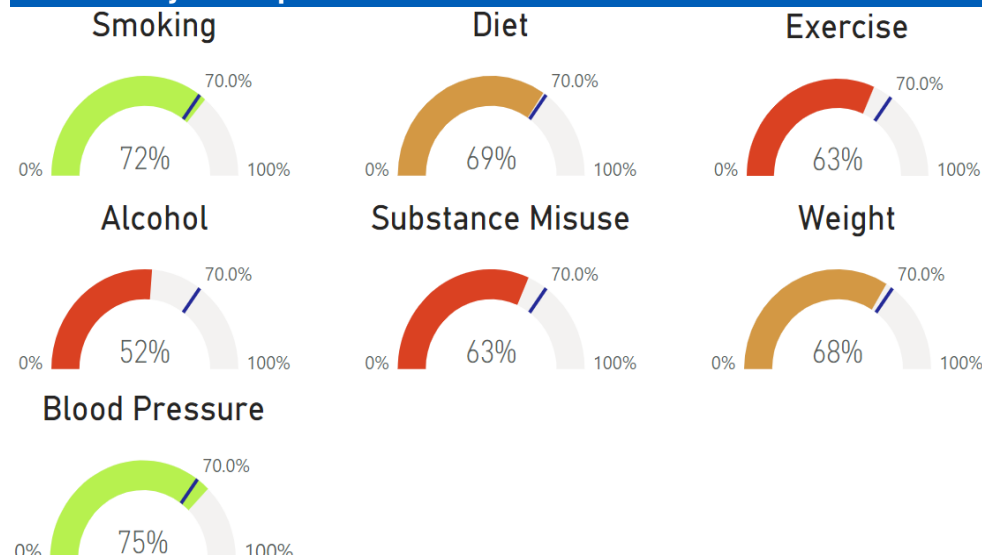
Given the complexity of this assessment the Trust reviewed its reporting structure and from March 2022 the reporting now focuses on performance within each domain, rather than an overall pass/fail metric. The gauges above show the performance of those 'screened' and 'compliant' against each of the 7 domains. There are no current areas of concern in inpatients.

## Cardiometabolic Assessment & Treatment continued...

### Community - Screened



### Community - Compliant



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 services - work is being undertaken regarding this.



Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	<b>Workforce</b>	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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## Workforce - Performance Wall

### Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Sickness (YTD)	Improving Resources	Well Led	GM	<=4.5%	4.3%	4.3%	4.5%	4.6%	4.6%	4.7%	4.7%	4.8%	4.7%	4.8%	4.8%	4.6%
Sickness (Monthly)	Improving Resources	Well Led	GM	<=4.4%	4.3%	4.3%	4.5%	4.6%	4.7%	4.7%	4.7%	4.8%	4.7%	4.8%	4.8%	4.6%
Sickness absence (including Covid-19)	Improving Resources	Well Led	GM	-	4.9%	5.1%	6.4%	6.3%	6.3%	6.6%	6.6%	6.7%	8.7%	6.3%	6.8%	6.7%
Staff Turnover (registered nurses)	Improving Resources	Well Led	GM	10%	14.7%	13.1%	14.1%	14.6%	14.5%	14.6%	14.1%	13.8%	13.6%	13.2%	12.8%	10.2%
Gross Vacancies	Improving Resources	Well Led	GM	-	5.5%	7.9%	7.3%	6.6%	7.7%	9.5%	10.4%	9.6%	8.5%	9.0%	8.0%	6.3%
Net Vacancies	Improving Resources	Well Led	GM	-	0.6%	3.2%	4.0%	2.2%	3.1%	5.2%	5.8%	5.0%	4.0%	4.2%	3.5%	1.3%
Appraisals (Band 6 and above)	Improving Resources	Well Led	GM	>=95%	Reporting Commenced in October 2021					57.2%	62.7%	Data unavailable		64.9%	65.0%	70.0%
Appraisals (Band 5 and below)	Improving Resources	Well Led	GM	>=95%	Reporting Commenced in October 2021					34.0%	39.5%	Data unavailable		64.9%	65.0%	70.0%
Aggression Management	Improving Care	Well Led	GM	>=80%	79.95%	85.1%	85.4%	84.7%	83.9%	83.5%	82.6%	80.7%	79.4%	77.3%	77.5%	75.5%
Cardiopulmonary Resuscitation	Improving Care	Well Led	GM	>=80%	77.7%	76.3%	75.9%	74.6%	71.9%	72.5%	73.3%	73.8%	71.5%	69.4%	69.5%	73.4%
Clinical Risk	Improving Care	Well Led	GM	>=80%	94.9%	94.7%	94.6%	93.9%	92.9%	93.6%	94.1%	95.0%	94.8%	94.4%	94.5%	95.9%
Display Screen Equipment	Improving Care	Well Led	GM	>=80%	Reporting to Commence in November 2021					82.0%	81.7%	87.7%	89.5%	89.6%	89.6%	92.9%
Equality and Diversity	Improving Health	Well Led	GM	>=80%	95.5%	95.2%	95.0%	94.7%	94.7%	94.6%	93.9%	94.2%	93.0%	93.4%	93.5%	94.3%
Fire Safety	Improving Care	Well Led	GM	>=80%	84.3%	84.6%	83.3%	83.2%	84.9%	87.7%	89.4%	90.3%	90.4%	90.2%	90.3%	90.3%
Food Safety	Improving Care	Well Led	GM	>=80%	77.2%	79.6%	80.02%	81.3%	81.9%	83.1%	81.6%	80.1%	79.3%	78.5%	78.6%	77.9%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	GM	>=80%	Reporting Commenced in					42.2%	42.2%	55.7%	63.8%	68.8%	73.8%	84.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	GM	>=80%	94.2%	92.7%	91.8%	90.7%	89.9%	89.5%	89.6%	89.6%	89.4%	90.2%	90.2%	89.5%
Information Governance	Improving Care	Well Led	GM	>=95%	95.7%	94.7%	93.2%	92.2%	91.8%	90.1%	89.1%	87.3%	71.9%	89.7%	89.8%	92.4%
Moving and Handling	Improving Resources	Well Led	GM	>=80%	95.7%	96.3%	96.7%	96.8%	96.6%	96.6%	96.3%	95.8%	96.2%	96.3%	96.4%	96.3%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	GM	>=80%	Reporting Commenced in September					49.8%	61.1%	62.3%	62.3%	71.5%	74.6%	80.6%
Mental Capacity Act/DOLS	Improving Care	Well Led	GM	>=80%	88.9%	87.7%	87.6%	87.4%	87.7%	88.9%	89.8%	90.3%	91.2%	91.8%	91.8%	93.2%
Mental Health Act	Improving Care	Well Led	GM	>=80%	82.0%	80.7%	81.9%	81.7%	82.4%	84.2%	85.6%	86.2%	87.0%	87.9%	87.9%	89.6%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	GM	>=80%	76.4%	70.5%			69.3%			63.8%			Due July 2022	
Prevent	Improving Care	Well Led	GM	>=80%	95.3%	95.4%	95.4%	95.4%	95.0%	94.9%	94.6%	94.6%	93.9%	94.1%	94.2%	94.1%
Safeguarding Adults	Improving Care	Well Led	GM	>=80%	94.7%	94.7%	93.8%	93.6%	92.4%	92.2%	91.5%	91.6%	89.7%	89.2%	89.3%	89.1%
Safeguarding Children	Improving Care	Well Led	GM	>=80%	93.4%	93.1%	92.5%	92.2%	91.0%	91.5%	90.7%	90.8%	89.8%	90.4%	90.4%	90.3%
Bank Cost	Improving Resources	Well Led	GM	-	£911k	£795k	£822k	£1001k	£1053k	£990k	(£145k)	£947k	£1181k	£942k	£1078k	£986k
Agency Cost	Improving Resources	Effective	GM	-	£560k	£794k	£834k	£705k	£754k	£701k	£720k	£691k	£643k	£760k	£984k	£740k
Overtime Costs	Improving Resources	Effective	GM	-	Data unavailable at the time of producing this report											
Additional Hours Costs	Improving Resources	Effective	GM	-												
Sickness Cost (Monthly)	Improving Resources	Effective	GM	-												
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	GM	-												
Business Miles	Improving Resources	Effective	GM	-	176k	180k	208k	210k	170k	183k	196k	195k	193k	195k	197k	197k
<b>Health &amp; Safety</b>																
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	GM	-	4	4			4			3			Due July 2022	

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	<b>Workforce</b>	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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#### Additional Metrics to Highlight Response to and Impact of Covid-19

KPI	Target	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	As at 18th May 2022	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	93	61	111	311	140	61	167	111	44		
Shielding		0	0	0	0	0	0	0	0	0		
Symptomatic		45	22	33	109	40	28	108	57	3		
House hold symptoms		15	8	21	42	13	4	7	2	0		
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		33	31	57	160	87	29	52	52	41		
No of staff working from home - Covid-19 related		62	22	50	177	86	36	67	57	12		
Shielding		0	0	0	0	0	0	0	0	0		
Symptomatic		15	2	9	53	15	11	31	23	0		
House hold symptoms		26	13	24	49	25	9	13	5	0		
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		21	7	17	75	46	16	23	29	12		
No of staff returned to work (including those who were working from home)		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%	4617/4678 = 98.7%		
No of staff returned to work (not working only)		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%	3225/3275 = 98.5%		
No of staff still absent from work who were Covid-19 positive		42	20	21	21	49	30	48	47	9		
Additional number of staff enabled to work from home		1369	1350	1554	1554	1634	1779	1858	1898	1932		Cumulative
Calls to occupational health healthline		3181	3292	3462	3632	3877	4039	4215	4340	4454		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 18th May, 44 staff were off work Covid-19 related, not working which compares to 111 towards the end of April. A further 12 were working from home.
- In April 15 staff were confirmed positive for Covid-19
- Staff turnover decreased to 10.2% in April
- The number of vacancies have reduced slightly but the overall position is impacted 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 decreased to 4.6% in April.
- Cardio pulmonary resuscitation training remains under threshold. An improvement of 3.9% has been made on the previous month with work continuing to make improvements where capacity allows staff to leave clinical areas for training.

Summary

Priority  
Programmes

Covid  
-19

Emergency  
Preparedness

Quality

**Workforce**

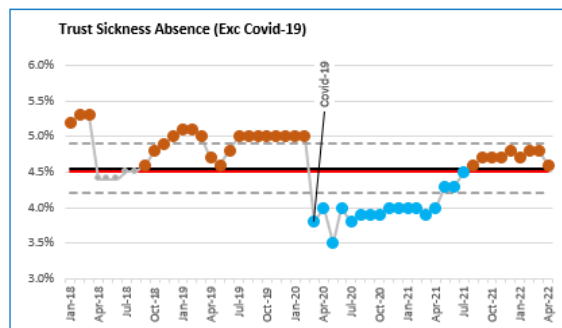
National  
Metrics

Locality

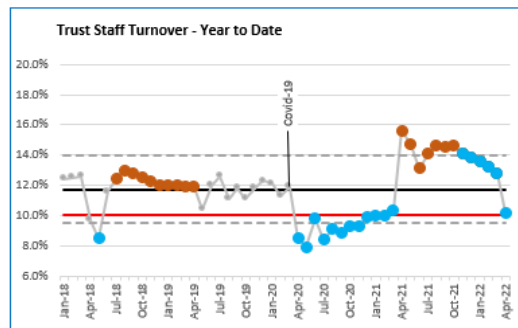
Finance/  
Contracts

System-wide  
Monitoring

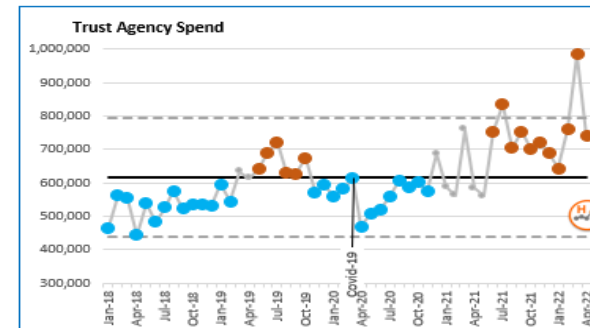
## Analysis



The chart above shows that as at April 2022 we remain in a period of special cause concerning variation (orange markers). Further action regarding this is mentioned below.



The chart above shows that we have moved into a period of special cause improving variation (blue markers). Indicating an improving position against this measure.



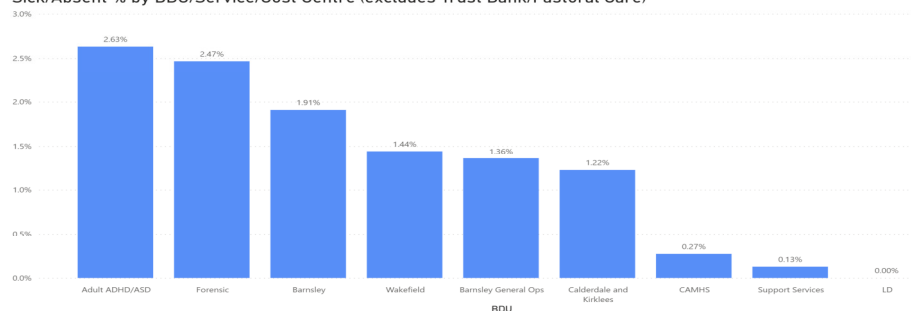
The chart above shows that in April 2022 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

## Sickness Reporting

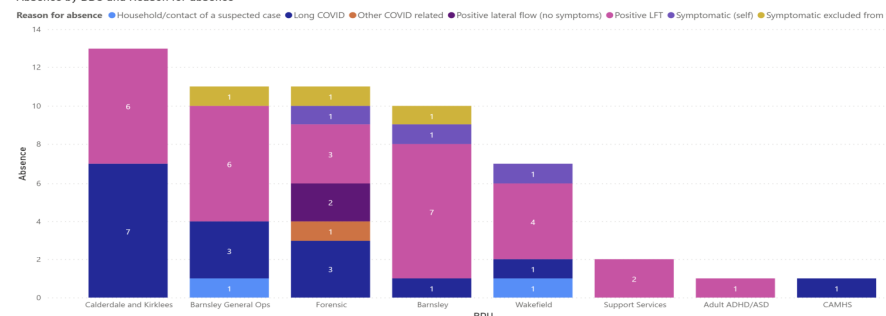
As at 18th May, the Trust has 56 staff absent or working from home due to Covid-19. This makes up 1.0% of the workforce. Of those absent, 5.4% are symptomatic and 0% have household symptoms. The business delivery unit (BDU) with the biggest impact is Adult ADHD/ASD with 2.6% of staff impacted

- Bank and agency availability is continually reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) was 9.8 days in April.

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



Absence by BDU and Reason for absence






Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring
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This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance. This section will be developed as more metrics become available.

- The NHS System Oversight Framework is single set of oversight metrics, applicable to ICSs, CCGs and Trusts, and 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. The 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 33 indicators that are applicable to the Trust for 2022/23. 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. This table only includes operational metrics, there are a number of other workforce and quality metrics that are reported against in the relevant section of the IPR.
- NHS Long term plan - the trust fed a number of operational/data lines into the ICS planning programme with associate trajectories. Performance against those metrics will be reported at Trust level in the below dashboard and will be monitored by place in appropriate business delivery performance monitoring.
- NHS Standard Contract against which the Trust is monitored by its commissioners. The below table has been updated to reflect metrics included in the contracts for 22/23. In addition to the national metrics, there are a number of local metrics within each contract that is monitored within the appropriate BDU/service. Metrics from these categories may already exist in other sections of the report.

#### National Metrics - NHSEI systems oversight framework, NHS long term plan, NHS standard contract

KPI	Objective	CQC Domain	Owner	Source	Target	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Data quality rating <sup>a</sup>	Validation/ Assurance
The number of incomplete Referral to Treatment (RTT) pathways of 52 weeks or more at the end of the reporting period.	Improving Care	Responsive	CH	SOF	0	0	0	0	0	0	0	0	0	0	0		 
Out of area bed days 5	Improving Care	Responsive	CH	SOF/LTP		496	598	1028	1119	339	385	431	281	407	276		 
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	80% from 1st Jan 23	Reporting to commence January 2023											
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	LTP	60%	90.5%	88.5%	94.8%	82.5%	97.2%	93.5%	76.9%	86.1%	85.7%	88.4%		 
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	55.2%	47.5%	53.7%	52.6%	52.9%	51.1%	52.3%	52.0%	53.4%	56.4%		 
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Barnsley	Improving Health	Responsive	CH	LTP	Q1 - 1563	1273	1296	1298	1408	483	394	487	432	489	Data not yet available		
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Kirklees	Improving Health	Responsive	CH	LTP	Q1 - 3016	2346	2335	2363	2604	833	736	890	782	932	786		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	100%	99.7%	92.2%	98.8%	99.7%	92.2%	98.7%	99.4%	98.8%	99.0%		 
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP		Reporting commenced Q1 2022										Due July 2022	
Number of individuals accessing specialist community PMH and MMHS services in the reporting period	Improving Care	Responsive	CH	LTP	Apr-Sep 318 per Qu Oct-Mar 336 per Qu	491	268	256	256	98	71	98	90	68	268		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	SC	99%	100%	100.0%	100.0%	68.9%	100.0%	100.0%	100.0%	99.2%	68.9%	78.1%		 
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care				SC	80%	85.8%	82.7%	83.6%	84.0%	81.0%	84.7%	83.8%	83.0%	84.9%	77.9%		 
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	98.7%	97.9%	96.0%	94.2%	95.4%	94.8%	94.2%	94.6%	94.0%	90.5%		 
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	99.9%	99.9%	99.9%	100%	99.8%	100%	99.8%	99.8%	100.0%		 
The percentage of Children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week	Improving Health	Responsive	CH	SC	95%	83.3%	87.5%	75.0%	85.0%	66.7%	0.0%	75.0%	100.0%	71.4%	83.3%		
The percentage of Children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	79.1%	71.4%	93.1%	96.9%	92.9%	100.0%	100.0%	100.0%	93.3%	91.3%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	99.0%	98.9%	99.3%	99.4%	99.3%	99.4%	99.4%	99.4%	99.4%	99.4%		 

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics				Locality		Finance/Contracts				System-wide Monitoring	
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KPI	Objective	CQC Domain	Owner	Source	Target	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Data quality rating	Validation/ Assurance
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	87	82	0	5	0	0	0	0	5	0		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	9	5	0	1	0	0	0	0	1	0		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	O	Trend Monitor	217	192	171	175	171		171		Due July 2022			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	19.8%	23.4%	18.7%	16.6%	18.7%		18.7%					
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	O	95%	99.7%	99.4%	98.3%	97.9%	98.0%	96.6%	98.0%	98.8%	97.1%	100.0%		
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	O	95%	95.6%	95.7%	94.2%	97.4%	94.0%	94.2%	93.0%	91.0%	97.4%	96.9%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	87.7%	87.7%	88.7%	88.4%	88.6%	88.7%	88.4%	88.5%	88.2%	88.3%		
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.3%	10.5%	10.2%	9.9%	10.3%	10.0%	9.6%	9.9%	10.4%	10.7%		
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	O	90%	98.9%	98.2%	98.2%	98.4%	98.0%	98.0%	98.3%	98.7%	99.7%	99.7%		
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	O	99%	99.9%	99.9%	100.0%	100.0%	100%	100%	100%	100.0%	100.0%	100.0%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	O	90%	98.2%	98.2%	98.7%	99.1%	98.8%	99.1%	99.1%	99.1%	99.0%	99.0%		

Glossary			
SOF	NHSEI System Oversight Framework	O	Other national metric
SC	NHS Standard Contract	SU	Service user
LTP	NHS Long Term Plan	CPA	Care programme approach

#### Headlines:

- The Trust continues to perform well against most national metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.0%
- 72 hour FU
- The percentage of service users seen for a diagnostic appointment within 6 weeks has dropped below the target threshold at 78.1%. 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.
- The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week - small numbers impact on the achievement of the 95% threshold. In April 5 out of 6 urgent cases were seen within 1 week.
- The percentage of Children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks - As identified for the urgent metric, small numbers impact achievement. In April, 2 cases out of 23 were not seen within four weeks.
- During April 2022, there were 0 service users aged under 18 years placed in an adult inpatient ward. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % clients in employment and % clients in settled accommodation - 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 56.4% for April.



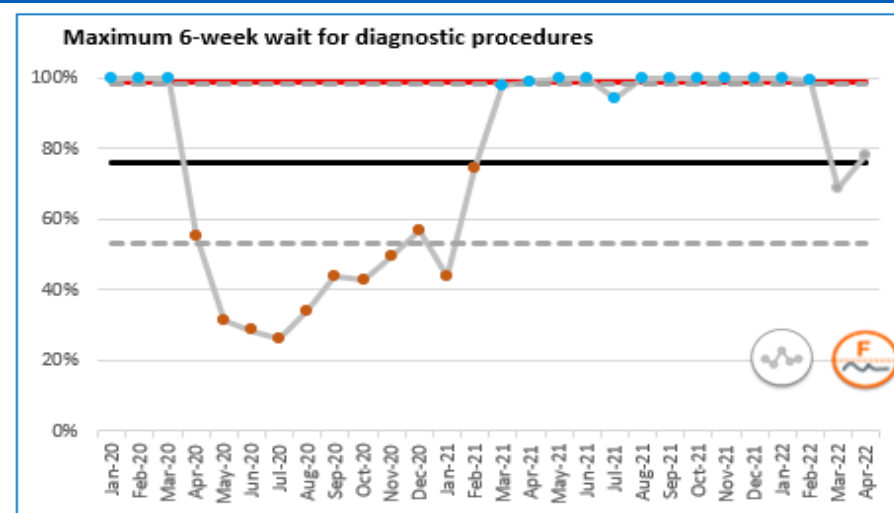
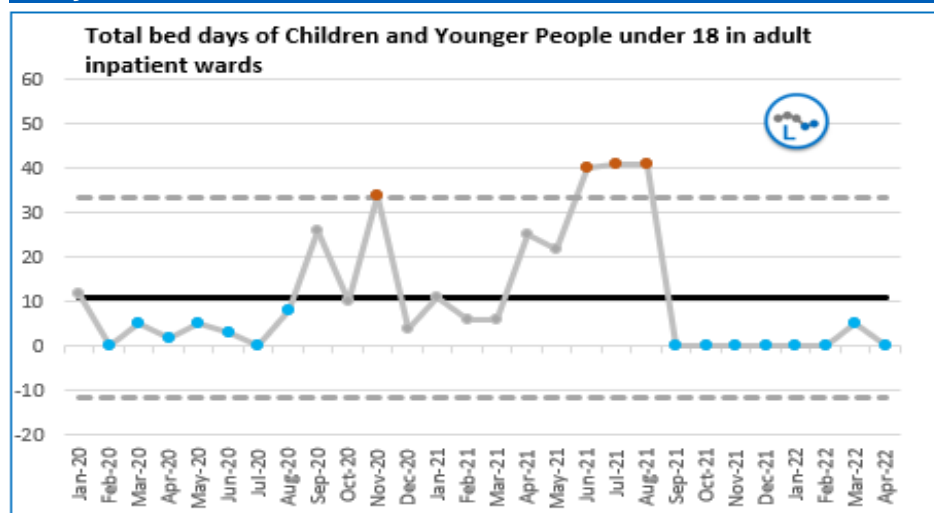
## Data quality:

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 April shows 18.6% of records have an unknown or missing employment and/or accommodation status, this is an increase compared to March which showed 18.4% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

## Analysis



The SPC charts above show that we remain in a period of special cause improving variation regarding the number of beds days for children and young people in adult wards despite reporting 5 bed days in March 2022, we have dropped back to zero in April 2022. Due to the fluctuating nature of the diagnostic procedure waits we are in a period of common cause variation however we are not expected to meet this target.

Summary

Priority  
Programmes

Covid  
-19

Emergency  
Preparedness

Quality

Workforce

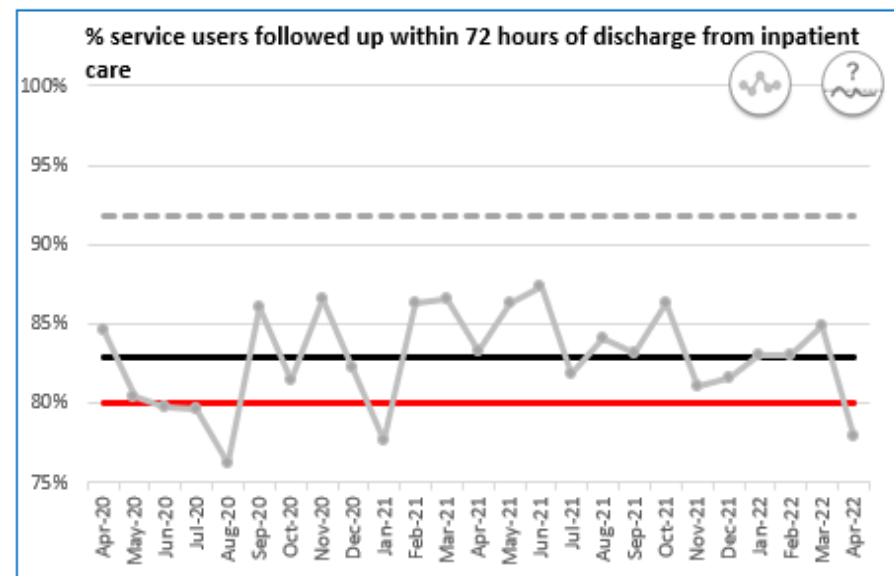
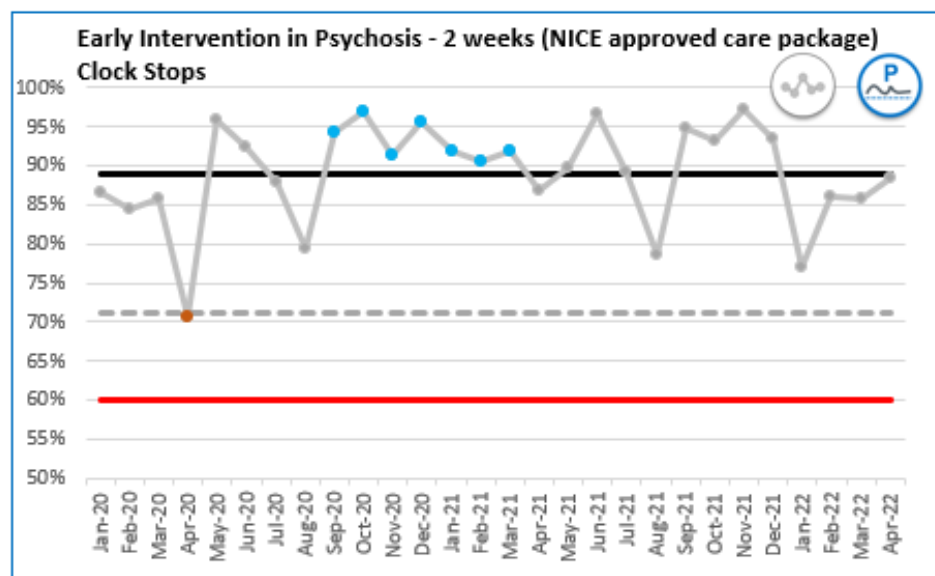
**National  
Metrics**

Locality

Finance/  
Contracts

System-wide  
Monitoring

## Analysis



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 within appropriate timescales.





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

- Demand and capacity pressures across the core pathway. Action plan completed and implementation being supported by senior management.
- CPA's currently 92.1 % which indicates maintenance of recent improvement. FIRM Risk Assessments improved significantly to 61.5%. In both areas concerted efforts to further improve are being made through supervision and practical support inputting data.
- We remain unsuccessful in recruiting to specialist psychology post in Memory Services
- Staying safe plan and risk formulation 78.6% indicating further improvement.
- Ongoing problems accessing inpatient beds for those with challenging behaviours associated with dementia
- Mandatory training in amber – CPR (78.2%) and food safety (71.7%).

### Advise

- Waiting lists in IAPT. Current group-based initiative being reviewed.
- Work being undertaken around the development of an all-age eating disorder service further meetings being held with South Yorkshire and Bassetlaw ICS.
- The first of the neighbourhood hubs incorporating SWYPFT and Primary Care Network staff has been identified as Wellington House. The start date is still to be established.

Risks discussed:

- Recruitment of staff into core
- Psychology waiting lists
- CPAs/record keeping

### Assure

- No breaches with regard to 72-hour assessment following discharge.
- 3 neighbourhood cafes have been established including SYPFT staff.
- Clustering data has improved, reducing from 100 out of date clusters to 53.
- There has been a successful bid for suicide prevention money resulting in the Recovery College receiving £28k to develop a transgender support group
- Memory services have been included in the RCPsych Nominations for Psychiatry Team of the Year, Older Adults Section





## Child and adolescent mental health services:

### Alert/Action

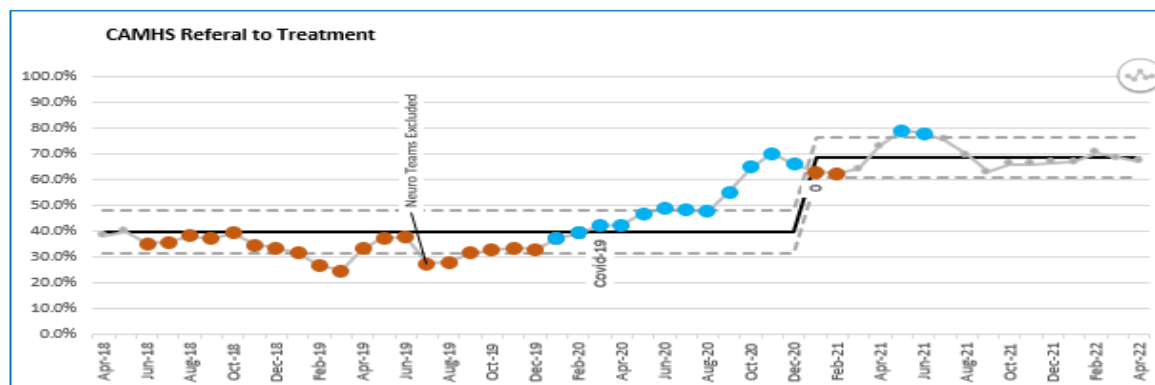
- Friends and Family Test results have improved in CAMHS - 82%. Work is underway to improve the engagement with children and families to broaden the opportunity for feedback.
- There has been ongoing improvement with respect to mandatory training with only CPR in red 67.7%. Work has taken place to ensure only the appropriate staff access food safety training.

### Advise

- Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees have continued to increase. Increased capacity is now in place and it is anticipated waiting lists will plateau over the next month with incremental improvement possible beyond that.
- An Any Qualified Provider model is to be implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment.
- 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.
- 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

- 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. SWYPFT is the lead provider in Wakefield and Kirklees.



The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation. As you can see we are in a period of common cause variation and have been since July 2021. There are therefore no concerns regarding this measure.



## Barnsley general community services:

### Alert/Action

- Neurological out-patients service – due to a staff member acquiring a new post, we will no longer have staff to offer the service as it is provided by one individual at this time. We are looking to mitigate this by integrating the offer with the neighbourhood rehab elements of service in line with the Neighbourhood Team specification.
- There is concern that restrictions on room capacity in clinics is preventing students being able to be present in clinics with a patient and supervising clinician. They are therefore unable to get the same level of hands-on experience which can lead to having to have extended time on placement to meet requirements.
- Yorkshire Smoke Free Sheffield is due out to tender in May/June 2022 for a September 2022 start date of a new contract.
- Live Well Wakefield – is due out for tender in late summer this year for a March 2023 start of the new contract.
- Children's Vaccination and Immunisations contract is due out for tender in late summer this year - for start of a new contract March 2023.

### Advise

- There have been an increased number of complaints (formal and informal) from patients from several clinic-based services who feel all systems have reverted back to normal working except the NHS, and that COVID restrictions are now delaying their care unnecessarily.
- Several services continue to experience increased levels of referrals, and we continue to closely monitor including waiting times via our Recovery Group and through the Planned Care Partnership Board
- There are ongoing issues related to absence in some children's services due to several factors i.e .long term sickness, maternity leave, and recruitment challenges.
- Partnership work with an external provider to reduce waiting times for Adult SALT continues.
- Yorkshire Smoke Free Sheffield (YSFS) continue to progress pre- tender work for the upcoming bid.

### Risks discussed:

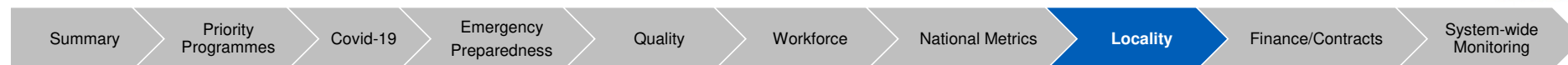
- High levels of service demand impacting on service waiting times and the wellbeing on staff who are working.
- MSK waits – relaunched MSK Steering Group with a focus on the whole pathway including routes into secondary and community care in order to improve end to end provision and address waits. Group membership refreshed and the group renamed 'MSK Clinical Pathways Group' to include Primary Care Network and Pain Management representation.

### New risks identified:

- Requested bank or agency staff for Neuro Physiotherapy out-patients, looking at recruitment options as urgency.

### Assure

- The use of an external provider to support the delivery of Adult Speech and Language Therapy (SALT) patient list is working well, with waiting lists/times reducing.
- SWYPFT Drugs & Therapeutic group approved the provision of e-cigarettes via the Yorkshire Smoke Free services which is crucial for the upcoming tender in order to be able to meet a new specification.
- Non-recurrent funding requests have been approved at the Trust's Operational Management Group to support MSK waits and SPA equipment.
- The Stroke Conference took place at The Source in Sheffield on Thursday 28th April 2022. Our Early Supported Discharge team presented on three different subjects and produced a poster display which all received excellent feedback.
- Regional Stroke training day has been planned; our Clinical Psychologist is presenting on Stepped Care Model and on Psychological Support for Stroke Survivors titled 'Whose Job is it Anyway?'
- Focussed action groups (nursing and therapy) have been established to look at health inequalities in relation to waiting lists and DNAS actions to address these and sharing good practice. Two sessions have been held so far, with follow up sessions to take place in 6 weeks.
- Discussions have been held locally re Allied Health Professionals apprenticeships going forward, in order to devise a career framework and assist with workforce challenges.
- The Trust is progressing partnership work on the business case for the national directive to roll out Virtual Wards



## ADHD/ASD services:

### Alert/Action

- Referrals - ADHD referrals continue to increase. The service is currently receiving 130 per month and is currently commissioned to do 279 per year.
- Referrals - Autism referrals have also increased compared to pre-pandemic levels.
- Friends and Family Test – 63%

### Advise

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

### Assure

- All KPIs and mandatory training meeting targets set.
- Supervision is improving, and is expected to reach the target at the end of Q1
- Pathway changes have been made in ADHD to increase capacity to meet demand to 360 per year.

## Learning disability services:

### Alert/Action

- Waiting lists in Community Services – Waiting list times had increased, predominantly due to staff vacancies. The service has now managed to recruit and awaiting start dates in Barnsley and Wakefield, with another Barnsley position already in post. In Kirklees, we have now got an agency psychologist who has reduced the existing waits since the last submission. In total 234 patients across all four community teams are waiting for LD Psychology as of 1 April, and on average (mean average) they have been waiting 25.6 weeks. All these service users are being seen by other disciplines to mitigate and manage any risks.
- Psychology (Assessment and Treatment Unit)- The post remains vacant on the Assessment and Treatment Unit (ATU). This is mitigated by community team psychology who currently input where required.
- Recruitment – remains a priority with vacancies in Psychology, Occupational Therapy, Speech and Language Therapy and Nursing across all localities and the ATU.
- Medical staffing – Short/medium plans are in place with a strong reliance on locum medical workforce. Medical Lead post advertised and future focus will be on a longer-term plan for medical staffing.
- Supervision – remains a focus for the service. Current levels for April are 31.4%
- Mandatory Training (Red) – Food Safety 73.0%, News 68.6%%. Both showing an improvement in April.
- Mandatory Training (Amber) – CPR, 71.5%, RRPI (reducing restrictive physical intervention), 79.4%.
- 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.

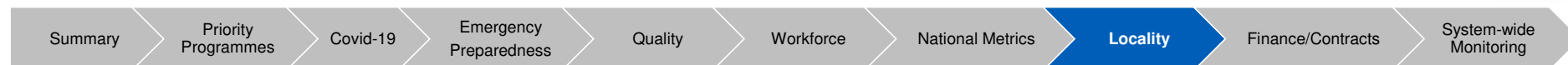
### Advise

#### Assessment and Treatment Unit (ATU)

- The ward continues to carry a high number of vacancies, with high usage of bank and agency which impacts on continuity of care.
- Recruitment remains a priority.
- Multi-disciplinary shared posts and ATU leadership posts are being recruited to as a system but are not yet in post.
- Acuity remains high on the Horizon Centre.
- Bradford obtains their keys for their new premises on 21st April 2022 and then will implement a 4-week transition plan.

#### 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

### Assessment and Treatment Unit (ATU)

- Senior management are leading on an improvement plan for the ward following feedback from health and well-being reviews.
- Recruitment is progressing well.
- Exploration of new roles e.g. Physician Associates is underway and will support physical healthcare in the service user population.
- Robust plans in place to address mandatory training, supervision, and appraisal shortfalls.

### Community

- People with learning disabilities 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.
- Closer links with the new Barnsley structure is being made to ensure LD is represented at place.
- Robust plans in place to address mandatory training, supervision and appraisal shortfall

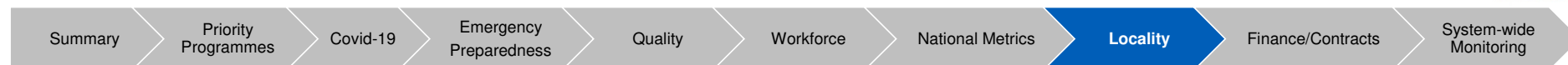
### Forensic services:

## Alert/Action

- Bed Occupancy - Newhaven (including leave) was at 81.3% for the month which is under the 90% threshold, this has now become a longer-term issue which the West Yorkshire Provider Collaborative are aware of and is a direct result of the Transforming Care agenda.
- Bed Occupancy – Newton Lodge (including leave) has fallen below the 90% threshold for April remaining at 89%. The challenge is the number of referrals requiring seclusion on admission, and the Trust's ability to accommodate these.
- Mandatory training areas in amber: Aggression Management 79.9%, Information Governance 94%, National Early Warning Score 2 (NEWS2) 78.0%, CPR, 71.8%. All amber mandatory training areas have improved in April.
- Sickness absence/covid absence – Remains above Trust target set for the Business Delivery Unit (BDU).
- Vacancies & Turnover – Turnover rates remain high (more than 14%). This rate has risen since July 2021 (11.1%). Inpatient forensic services currently have 38 registered nurse vacancies. Community services also have registered practitioner vacancies. A robust recruitment plan is in place. The BDU has recently recruited the first 3 international recruits to the Trust and has secured 18 registered nurses who will commence in September and October this year. The service is exploring alternative roles which will support ward staff.
- Supervision – Medium Secure 63.8%, Low Secure 43.2%, Newhaven 41.2% & Forensic Community 53.6%. These figures reflect the beginning of Q1.
- CPA - % Service Users on CPA with a formal review within the previous 12 months is at 94.4%.
- Forensic CAMHS (FCAMHS) – preliminary discussions have begun between NHS England/Improvement, the West Yorkshire Provider Collaborative Commissioning Hub and SWYPFT regarding an FCMAHS Provider Collaborative.
- Estate – the service has had some issues with damage to seclusion rooms with up to three being out of action at any one time. There has been some delay in obtaining materials. Estates and Facilities have been supporting the BDU with repairs, and mitigating plans have been put in place for the use of alternative rooms.

## Advise

- Work with partners in the West Yorkshire Provider Collaborative continues. Recent focus has been on service user flow, repatriation and some early discussions regarding capacity planning moving forwards.
- Medical and nursing colleagues continue to undertake leadership activities for the West Yorkshire Provider Collaborative. Recruitment to a Clinical Lead post is complete and in the process of pre-employment checks.
- SWYPFT continue to lead on key areas of work, in particular the development of Community Forensic Services across West Yorkshire.
- The roll out of Trauma-Informed Care is going well despite staffing and service pressures.
- The service has had its annual Peer Review supported by the Royal College of Psychiatry, and are currently awaiting formal feedback.
- Johnson Ward has had a review led by support services external to the service.
- The BDU is rolling out a cultural survey initially piloted on Johnson Ward across all wards.
- The service is strengthening processes re FIRM Risk Assessment to assure key timescales and quality is met.
- 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.
- Monitoring of staffing levels remains a high priority 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.



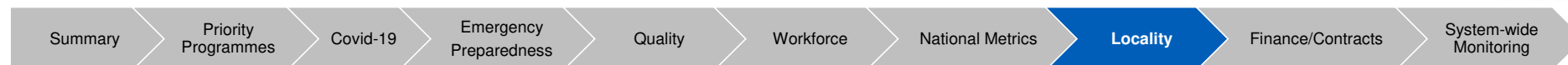
## Assure

- No Delayed Transfers of Care recorded across all three services.
- High levels of Data Quality across the BDU.
- 100% compliance for HCR20 being completed within 3 months of admission
- 25 Hours structured activity for service users has been 100% for all three services.
- The service has a bespoke recruitment and retention plan, and this will remain a key area of focus throughout 22/23.
- The well-being of staff remains a priority within the service. There is a well-established wellbeing group with representation from across the BDU and several wellbeing 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 our action plan.
- Remedial 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.

## 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, the incidence of which has reduced over the last month. High levels of demand and acuity have been experienced, and capacity to meet demand for beds has been difficult on an ongoing basis. The difficulties have been compounded by significant workforce deficits, staff absences and difficulties sourcing bank and agency staff, leading to 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. The use of out of area beds has reduced, with some patients returned to local beds. Only one person placed out of area during the last month, although a number of patients remain in out of area beds, in PICU wards. The key focus continues to be 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 as safely as possible in partnership with community teams. 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 ICS 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 deficits are also compounding these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment continues to be at risk of being delayed. The situation is being kept under close review by general managers and teams, and all possible mitigations are in place.
- Community teams are experiencing significant workforce challenges, with a number of staff leaving to take up new posts in primary care. We currently have higher than usual levels of vacancies in 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.
- We have had some challenge in demonstrating required performance around 72 hour follow up for patients in Kirklees. This has been identified as attributable to data quality and systems management rather than the visits not actually having taken place within the required period. Quality and Governance Leads are working on an improvement plan for the recording and monitoring in relation to this KPI.



## 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, improve the well-being of staff and service users, and encourage recruitment and retention is underway. We have recommenced a specific programme of work around sexual safety on our wards. 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, the development of 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 and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards. We are also building in the benefits of staff networks, preceptorship/ preceptorship academy, culture change measures and effective supervision models.
- 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 Business Delivery Unit (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. 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.
- Where there are waiting lists for services, for example for core psychology, comprehensive plans are in place for each individual including person-centred reviews and named contacts.
- We continue to work in collaboration with our places to implement the community mental health transformation. We are concerned that the new roles within primary care networks will draw experienced staff from our resources. We are already experiencing impact on vacancy levels in the enhanced pathway for example, following recruitment into new vacancies within primary care.
- 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.
- We continue to work towards required concordance levels for CPR training. This has been impacted by some issues relating to access to training and levels of attendance. We are working closely with specialist advisors to optimise this, and have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

## Assure

- The improved level of performance around CPA reviews has continued in all areas.
- We have commenced professional nurse advocacy sessions in our inpatient services following the successful qualification of two of our matron team.
- We have introduced bite size teaching sessions by the matron team in older people's services, focussing on higher risk clinical priorities – including post falls protocols/ frailty assessments).
- We have maintained target performance in staying safe planning and formulation in our inpatient areas.
- We have achieved the highest scores possible from an environmental health officer inspection of food premises across the Unity Centre.
- Significant improvement in Covid 19 swabbing compliance for inpatient services has continued.
- There has been some recent success in recruiting to nursing vacancies in the enhanced pathway in Wakefield.
- We have had positive benefits from initiatives to secure health care support workers and international recruits into our older people's pathway in Wakefield.

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## Communications, Engagement and Involvement

- Coronavirus update sent out weekly to all staff and governors.
- Coronavirus sections on the intranet maintained and updated.
- Comms support to the Covid-19 Moving Forward group, including developing messages on next steps and changes to Covid-19 approaches.
- SystmOne sharing of care records campaign development.
- Outcomes based tool – preparation of warm up comms.
- Staff wellbeing initiatives promoted, including calendar of activity for Ramadan and Stress Awareness Month.
- Excellence awards trophy presentations.
- Design and print of materials continuing for services and corporate functions.
- Awareness days and weeks supported on social media, and in internal communication channels.
- All of You campaign on collecting equality data campaign developed, launched and supported.
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind, Recovery and Wellbeing Colleges and the Mental Health Museum.
- Creative approaches film launched during Mental Health Awareness Week.
- Nurse recruitment campaign launched on social media.
- NHS staff survey results infographic developed. Wellbeing at Work survey promoted.
- Wakefield CAMHS service promotion during Mental Health Awareness Week.
- Website and intranet development work.
- Media enquiries co-ordinated and issued responses.
- Development of communication and marketing related to the Barnsley single point of contact for CAMHS.
- Promotion of West Yorkshire and Harrogate ICS and South Yorkshire and Bassetlaw ICS initiatives and campaigns.
- Development of initial brand ideas and narrative for the Barnsley Provider Alliance, in partnership with the GP Federation.

## Engagement, Equality and Volunteering Update

- Equality and Involvement annual action plans were signed off at March Equality Inclusion and Involvement Committee (EIIC). Plans were co-produced with input from Trust leads, staff side, staff networks and using engagement feedback, insight and intelligence.
- Work is progressing to develop the equality dashboard and metrics in line with Trust priorities, national guidance, and local insight with support from business intelligence. Case studies to support the approach from CAMHS and Forensic admission will allow the Trust to test out the approach so guidance can be developed to support wider use of the tool.
- 12 community equality films have been created in partnership with local communities. A toolkit to support the use of films to aid discussion is being developed and the equality and involvement team will set up lunch box talks for half an hour over the year to support a discussion using the film as a prompt and with the community group present to support any questions.
- The recovery and reset Trust wide survey captured the voice and views of over 350 staff and 375 service users. The insight from this work has already informed the estates work and digital improvements. In addition the mask wearing survey captured 750 responses to support decisions on the Trust approach.
- The raising concerns at work leaflet has been co-designed resulting in an infographic to support navigation of the support available to staff. Intranet to be updated to support the approach.
- Work to support staff networks is ongoing with an updated Terms of Reference developed in draft for comment, and an outline work plan to aid the allocation of support and additional resources required. The Equality and involvement team plan to increase visibility for Disability and LGBTQ+ networks over the next quarter.
- The first Equality, Involvement and Inclusion sub-committee took place this month. The sub-committee will be a direct support to the Trust EII Committee. Terms of reference were signed off by the Committee in December.
- Equality data collection campaign is now launched and available on the intranet. The 'All of You' campaign aim is to increase the recording of equality data from people who use and work in services. A campaign approach and poster are available in the equality section.



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## Engagement, Equality and Volunteering Update continued...

- A Trust wide mental health Equality Impact Assessment (EIA) is in development. This resource will act as a baseline for staff completing mental health service EIAs including community transformation so staff can align mental health considerations for protected groups. A literature bank to support the EIA is developing in parallel, and the EIA will be reviewed and refreshed each quarter to maintain a live tool
- The mandatory and additional training module for equality and inclusion has now been developed and dates for delivery are being promoted. Board training will also take place in June.
- Work has commenced to support the consent to share changes with equality and involvement identifying an opportunity to recapture equality data and gather communication and digital preferences. This information will ensure the Trust can further address any inequalities in access to information/communication or services.
- Work is taking place to develop two Trust-wide policies. The 'Accessible information standard policy' and the 'Transgender Policy for people who use services' are currently under review and involvement is taking place to capture feedback.
- The 'discovery interview' approach which has been tested on forensic wards initially is now complete, and the report has been shared with the Mental Health Act Committee and the Equality, Inclusion, and Involvement Sub-committee. Work is now taking place to develop a animation short film on what to expect if a person is detained using the feedback from the discovery interviews. A workshop will also be set up to share findings with managers who have already created a you said we did approach to some of the feedback. The aim is to use triangulate all the insight from the forensic service collated over the past few years, to identify key areas of improvement and to test out using a PDSA (plan, do, study, act) approach and case study through a development session in the summer with staff.
- The team continue to refresh the intranet and website – more tools, resources and a 'get involved' section promoting opportunities to have a voice are active.
- Support to the consultation approach to Older People's Services transformation is ongoing and a draft stakeholder event plan, consultation plan, EIA and comms plan are in development
- 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 ,will now be used to identify the Accessible Information Standard approach and use of images.
- The team continue to work with governors and Healthwatch to capture insight from across the system. The feedback is collated into a quarterly report 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 working to support the alliance develop a narrative, branding and approach to equality and involvement.
- 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.
- Recognised in the excellence awards for the work to support carers including a passport for carers, carers network for leads across the Trust footprint, and staff network.
- Payment for involvement policy now being looked at, and a draft will be circulated for comment by the Executive Management Team in the next month.
- Community reporter post which was part of a successful bid focussed on BAME staff and BAME communities was rolled out further in Calderdale, Kirklees and Wakefield in partnership with Creative Minds. A final report of findings on the Kirklees work has now been written and learning from the project will support an asset based approach to involvement.
- The annual action plan for increasing peer support workers has been shared with the Operational Management Group for comment and a request to identify service areas where these developments could be accelerated were discussed.
- A strategic approach for volunteering is in place. This includes a framework to support volunteers in each place. The return of volunteers to the Trust is now being supported by a transfer of all volunteers to electronic staff record (ESR) and a risk assessment in each service. The return of volunteers is increasing and work to accelerate volunteering opportunities is active in a range of service settings including Barnsley community.



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## Overall Financial Performance 2022/23

### Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£0.6m		In April 2022 a surplus of £0.6m has been reported which is favourable to plan. The forecast position will be assessed by the end of the first quarter.
2	Agency Spend	£0.7m 4.3%		Agency spend in April is in line with the run rate from the previous financial year. For 2022 / 23 the KPI has been refined to include both the year to date absolute value and also as a percentage of the overall wage bill. Agency staff will continue to play an important role in the overall workforce strategy.
3	Overhead Costs			This KPI is under development. This will utilise Trust Service Line Reporting to identify overhead costs as a percentage compared against income.
4	Financial sustainability and efficiencies	£0.6m	£6.4m	Through-out covid-19 the emphasis has been on operational safety but in 2022 / 23 there is a refocus to include consideration of financial sustainability, efficiency and value for money. This is in line with the Trust priorities and will be monitored against CIP target in the annual plan submission - £6,350k.
5	Cash	£78.6m	£72.3m	Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and payment of a number of outstanding invoices and costs.
6	Capital	£0.3m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m. Of this £7.5m relates to the commencement of the major scheme in the Bretton Centre.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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



## System-wide monitoring

**Integrated care systems (ICSs)** are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. They have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future. The Trust sits within two ICS footprints, West Yorkshire and Harrogate and South Yorkshire and Bassetlaw. This section of the report outlines the metrics that are in place across both ICS footprints along with system performance.

### West Yorkshire and Harrogate Partnership

The Partnership finalised and published its five year strategy in March 2020. This document included 10 'big ambitions' – 10 measures that reflect what is important to the Partnership, and by which progress will be measured. These 10 items are:

- 1 - Increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and 5 months of life for women) between the people living in the most deprived communities compared with the least deprived communities by 2024.
- 2 - We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx. 220,000 people). In doing this, we will focus on early support for children and young people.
- 3 - We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes for 2024. This will include halting the trend in childhood obesity, including those living in poverty.
- 4 - By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1000 more people will have the chance of curative treatment.
- 5 - We will reduce suicide by 10% across West Yorkshire and Harrogate 2020/21 and achieve a 75% reduction in targeted areas by 2022.
- 6 - We will achieve at least 10% reduction in anti-microbial resistance infections by 2024, by for example reducing antibiotic use by 15%
- 7 - We will achieve a 50% reduction in still births, neonatal deaths, brain injuries and a reduction in maternity morbidity and mortality by 2025.
- 8 - We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for black, Asian and minority ethnic (BAME) staff will become a thing of the past.
- 9 - We will aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
- 10 - We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

The Partnership have developed an approach to measurement and quantification, this was presented to the West Yorkshire & Harrogate Health and Care Partnership Board in September 2021. The approach identified reporting would be done annually into the partnership board and would be a mixture of quantitative data which will allow us to track delivery of the ambition progress over time; quantitative data on measures which it is anticipated will make a positive impact on the ambitions – but which can be measured more frequently; and key activities and actions we are taking which we believe will make the biggest difference in delivering the objective.

### South Yorkshire & Bassetlaw Partnership

The South Yorkshire and Bassetlaw integrated care system produce a range of performance information each month. This includes a delivery report which includes information pertaining to restoration of elective services, urgent and emergency care, hospital and out of hospital, and primary care activity. For mental health services performance data regarding CAMHS access, out of area bed placements and IAPT is shown. All IAPT standards are currently being met and the dementia diagnosis rate is above standard. However children and young people waiting time targets are not being achieved.

## Publication Summary

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

### Health Management and Policy Alert

#### Department of Health and Social Care

##### Mental health and wellbeing plan: discussion paper

The government is developing a new cross-government, ten-year plan for mental health and wellbeing for England to improve mental health and wellbeing outcomes, particularly for people who experience worse outcomes than the general population. This discussion paper and call for evidence seeks views on how to: promote positive mental wellbeing; prevent the onset of mental ill health; intervene earlier when people need support with their mental health; improve the quality and effectiveness of treatment for mental health conditions; support people living with mental health conditions to live well; and improve support for people in crisis. The consultation closes at 11.45pm on 5 July 2022.

[Click here for link to discussion paper and consultation](#)

### NHS Providers

#### Annual staff survey

The annual NHS staff survey is a large-scale survey that explores the views of NHS staff on a range of different aspects based upon their lived experience of working within the NHS. This report summarises the key findings and what they mean for governors.

[Click here for link to report](#)

### NHS England

#### Workforce Disability Equality Standard: 2021 data analysis report for NHS trusts and foundation trusts

This report provides a summary of the 2021 national data analysis and presents key findings and recommendations for continued focus and actions by trusts. regions and the national Equality, Diversity and Inclusion team at NHS England and NHS Improvement. It enables a comparison of year-on-year progress into the career and workplace experiences of NHS disabled staff.

[Click here for link to report](#)

## Publication Summary Continued...

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

[Community services statistics: January 2022](#)

[Mental health services monthly statistics: performance January, provisional February 2022](#)

[Out of area placements in mental health services: January 2022](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2021 to February 2022](#)

[Psychological therapies: reports on the use of IAPT services, England, January 2022 final including a report on the IAPT Employment Advisers pilot](#)

[Learning disability services monthly statistics, assuring transformation: March 2022, mental health services data set: January 2022 final](#)

[Community services statistics: February 2022](#)

[Mental health services monthly statistics: performance February, provisional March 2022](#)

[Out of area placements in mental health services: February 2022](#)

[Physical health checks for people with serious mental illness: Q4 2021/22](#)

[Psychological therapies: reports on the use of IAPT services: England, February 2022, final including a report on the IAPT Employment Advisers pilot](#)



South West  
Yorkshire Partnership  
NHS Foundation Trust



# Finance Report

Month 1  
(2022 / 23)



[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

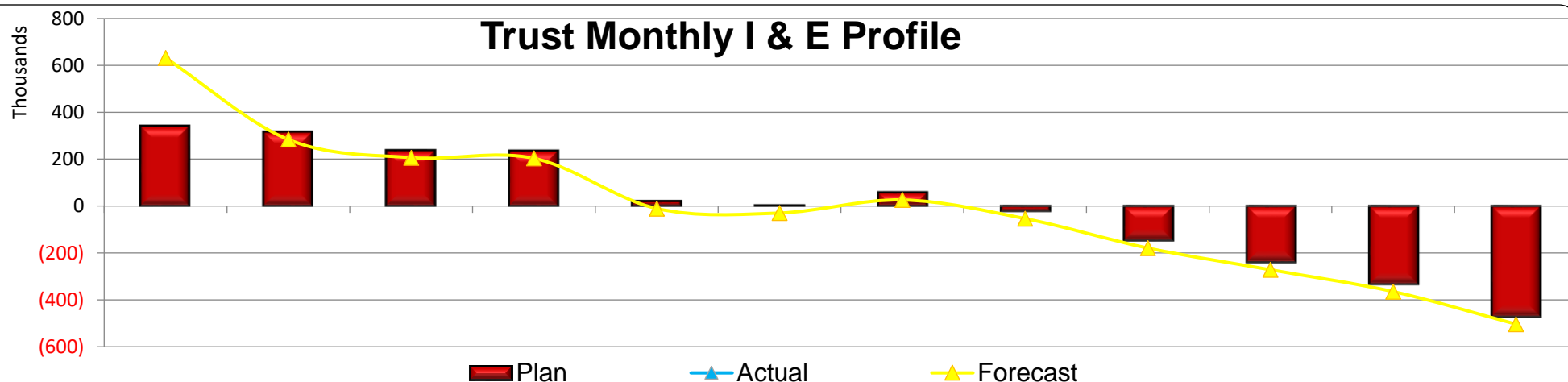


With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
Key Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£0.6m		In April 2022 a surplus of £0.6m has been reported which is favourable to plan. The forecast position will be assessed by the end of the first quarter.
2	Agency Spend	£0.7m		Agency spend in April is in line with the run rate from the previous financial year. For 2022 / 23 the KPI has been refined to include both the year to date absolute value and also as a percentage of the overall wage bill. Agency staff will continue to play an important role in the overall workforce strategy.
		4.3%		
3	Overhead Costs			This KPI is under development. This will utilise Trust Service Line Reporting to identify overhead costs as a percentage compared against income.
4	Financial sustainability and efficiencies	£0.6m	£6.4m	Through-out covid-19 the emphasis has been on operational safety but in 2022 / 23 there is a refocus to include consideration of financial sustainability, efficiency and value for money. This is in line with the Trust priorities and will be monitored against CIP target in the annual plan submission - £6,350k.
5	Cash	£78.6m	£72.3m	Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and payment of a number of outstanding invoices and costs.
6	Capital	£0.3m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m. Of this £7.5m relates to the commencement of the major scheme in the Bretton Centre.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.
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			

## Trust Financial Position

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k
				19,766	19,576	(190)	Healthcare contracts	19,766	19,576	(190)
				6,539	6,161	(378)	Other Operating Revenue	6,539	6,161	(378)
				<b>26,305</b>	<b>25,738</b>	<b>(568)</b>	<b>Total Revenue</b>	<b>26,305</b>	<b>25,738</b>	<b>(568)</b>
4,588	4,530	(58)	1.3%	(17,905)	(17,397)	507	Pay Costs	(17,905)	(17,397)	507
				(7,403)	(7,052)	351	Non Pay Costs	(7,403)	(7,052)	351
<b>4,588</b>	<b>4,530</b>	<b>(58)</b>	<b>1.3%</b>	<b>(25,308)</b>	<b>(24,449)</b>	<b>859</b>	<b>Total Operating Expenses</b>	<b>(25,308)</b>	<b>(24,449)</b>	<b>859</b>
<b>4,588</b>	<b>4,530</b>	<b>(58)</b>	<b>1.3%</b>	<b>998</b>	<b>1,288</b>	<b>291</b>	<b>EBITDA</b>	<b>998</b>	<b>1,288</b>	<b>291</b>
				(515)	(515)	0	Depreciation	(515)	(515)	0
				(179)	(179)	0	PDC Paid	(179)	(179)	0
				37	38	0	Interest Received	37	38	0
<b>4,588</b>	<b>4,530</b>	<b>(58)</b>	<b>1.3%</b>	<b>341</b>	<b>632</b>	<b>291</b>	<b>Surplus / (Deficit)</b>	<b>341</b>	<b>632</b>	<b>291</b>
				0	0	0	Gain / (loss) on disposal	0	0	0
				0	0	0	Revaluation of Assets	0	0	0
<b>4,588</b>	<b>4,530</b>	<b>(58)</b>	<b>1.3%</b>	<b>341</b>	<b>632</b>	<b>291</b>	<b>Surplus / (Deficit)</b>	<b>341</b>	<b>632</b>	<b>291</b>



## Income & Expenditure Position 2022 / 23

**The Trust has agreed a breakeven plan for 2022 / 23. This forms part of a consolidated Integrated Care System (ICS) plan which, currently, has unidentified efficiency requirements to deliver it's breakeven target.**

For 2022 / 23 the Trust has an operational plan supported by a breakeven financial plan. This is based upon on estimated expenditure run rates and updated funding available to deliver the Trusts objectives and priorities. This is a significant reduction from the £7.3m surplus reported in 2021 / 22 with the biggest single factor being reduced income allocated by the ICS.

### **Income**

Although there has been some movement back to normal contracting arrangements (such as actual signed contracts) the majority of income, that received from CCG commissioners, is based upon a baseline block payment (based upon previous payments) with the ability to add in new investment and funding when agreed. This baseline remains block in nature and based on national calculations.

This baseline includes the standard NHS tariff uplift (2.8%) and a 1.1% level of efficiency resulting in a net increase of 1.7%. This is the first time in three years that an efficiency factor has been included in the tariff calculation.

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

The income position includes the full year effect of the West Yorkshire Adult Secure Collaborative. The Trust became the lead provider for the South Yorkshire Adult Secure Collaborative on 1st May 2022. Overall this added c. £35m additional income (and costs) to the Trust's financial position.

### **Pay**

Workforce, recruitment, retention and staff present at work are major driving factors of the Trust financial position. Budgets have been reset for 2022 / 23 taking account of these and where pressures remain. This assessment acknowledges the continued challenges in the workforce market and therefore the plan includes an assumption on staff vacancies. This is recognised as a negative budget (both WTE and £) as a planning tool. No actual posts are held as a result of this.

For April there were 58 worked WTE less than funded (after taking account of the staff vacancy outlined above) and there is ongoing work to provide clarity on the areas, reasons and actions being undertaken.

### **Non Pay**

Non pay expenditure is less than planned in April. This is despite significant pressure areas remaining such as the use of our of area placements. Additional risks linked to current increasing costs of goods and services are being assessed. Current high risk areas have been identified in relation to utilities, food and drug costs. Whilst the plan did include an assessment of inflationary cost increases this is likely to be exceeded.



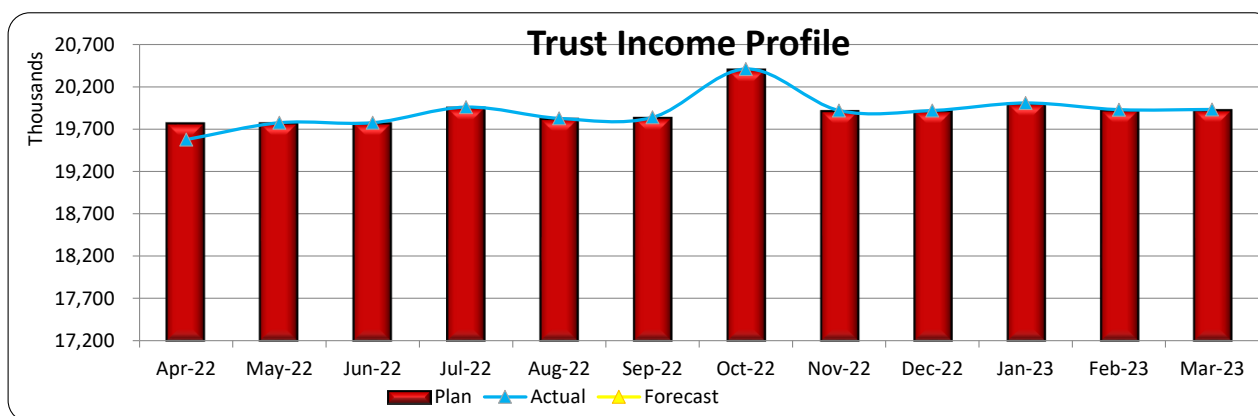
## 2.1 Income Information

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

The vast majority of income continues to be received from local commissioners (CCG's) and for 2022 / 23 a hybrid of the previous years financial regimes is in place. Formal contracts have resumed and we are actively working with commissioners to have these formalised as soon as possible. The financial element remains a block based upon national calculations and tariff changes. The same variation process as 2021 / 22 remains which means that investment in services will be added to contracts as and when agreed.

These block payments cover all income from NHS commissioners. This includes payment for clinical services, staff recharges and recharges for projects etc. from those

Income source	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k	Total 21/22 £k
<b>CCG</b>	17,895	18,167	18,167	18,167	18,167	18,167	18,167	18,167	18,167	18,167	18,167	18,167	217,735	199,439
<b>ICS / System / Covid</b>	460	460	460	460	460	460	460	460	460	460	460	460	5,522	15,258
<b>Specialist Commissioner</b>	242	320	320	320	320	320	320	320	320	320	320	320	3,763	45,733
<b>Local Authority</b>	433	421	421	421	421	421	421	421	421	421	421	421	5,066	5,172
<b>Partnerships</b>	422	422	422	422	422	422	422	422	422	422	422	422	5,064	7,580
<b>Top Up / ERF</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	287
<b>Other</b>	124	(15)	(15)	169	36	48	620	129	129	218	139	142	1,728	708
<b>Total</b>	<b>19,576</b>	<b>19,775</b>	<b>19,776</b>	<b>19,960</b>	<b>19,827</b>	<b>19,839</b>	<b>20,411</b>	<b>19,920</b>	<b>19,920</b>	<b>20,009</b>	<b>19,930</b>	<b>19,933</b>	<b>238,878</b>	<b>274,176</b>
20/21	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	



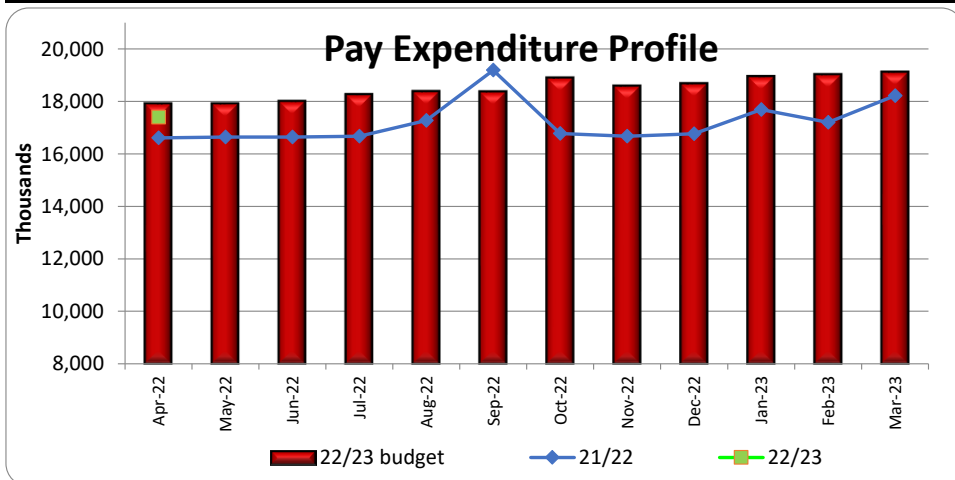
Contracts are being finalised. Financial values were agreed with commissioners as part of the plan submission and these will now be formalised.

Additional elements have been added to the financial environment for this year. One of these, the introduction of a one off payment for low value activity (calculated nationally and based on previous trends), is shown in the rise in the graph to the left in October 2022.

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 in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
Substantive	15,672												15,672
Bank & Locum	986												986
Agency	740												740
<b>Total</b>	<b>17,397</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,397</b>
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	206,351
Bank as %	5.7%												5.7%
Agency as %	4.3%												4.3%
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130												4,130
Bank & Locum	251												251
Agency	148												148
<b>Total</b>	<b>4,530</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,530</b>
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	4,488



The Trust has seen an increase in worked WTE from April 2021 to March 2021 (69 additional WTE compared to the same period last year) although the April 2022 value is a reduction of 61 WTE from March. This is a combination of substantive staff (including those working additional hours) and temporary staff through bank and agencies.

This is primarily in the substantive line with a reduction of 41 WTE although work is ongoing to assess if this is movement in starters / leavers or a reduction in additional hours worked.

No pay award has yet been agreed for 2022 / 23 although an estimate has been included in both the plan and year to date position. Further national guidance is expected for the accounting treatment in month 2.

## 2.2 Agency Expenditure Focus

**Agency spend is £740k in April.**

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.

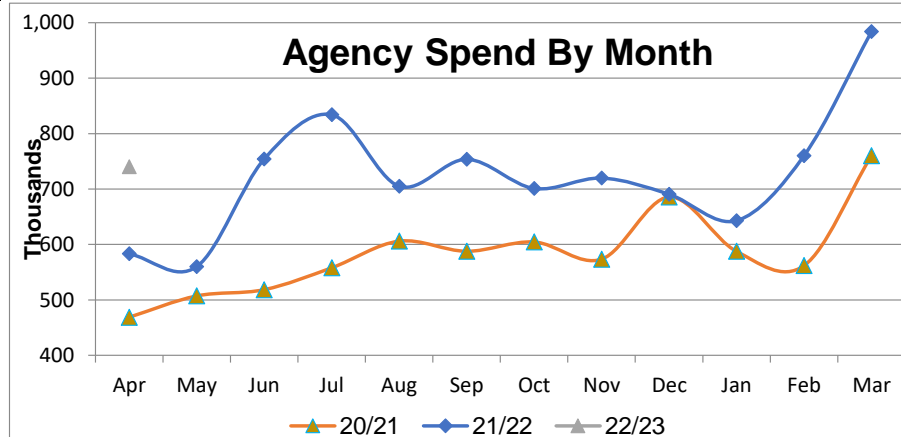
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

Average agency spend per month in 2021 / 22 was £724k. Spend in April 2022 is £740k which is line with this run rate.

There continues to be three main themes:

- Medical staffing to support hard to recruit specialities
- Unregistered nursing to support safer staffing levels
- Other specialist support for demand in services

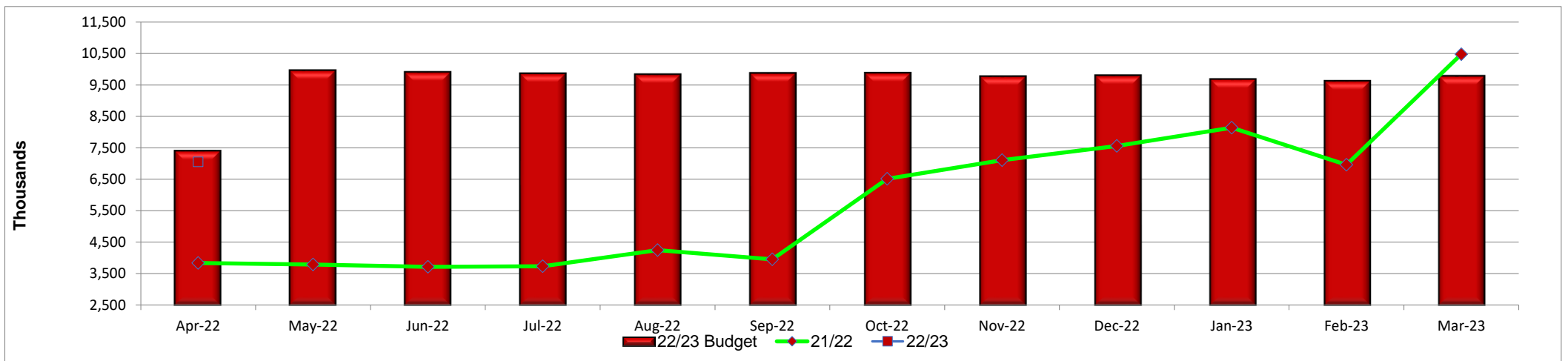
Triangulation continues to compare agency spend with substantive staff and bank staff payments.



## 2.3 Non Pay Expenditure

Whilst pay expenditure is the majority 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-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
2022/23	7,052												7,052
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



### Key Messages

The graph above reflects the significant movement in non pay costs from 1st October 2022 due to the Trust become the lead provider for the West Yorkshire Adult Secure Collaborative. The South Yorkshire Adult Secure Collaborative went live on 1st May 2022 and this is reflected in the increased budgets from month 1 to month 2.

In April the largest pressure remains the use of out of area placements with usage included on page 10.

## 2.3 Out of Area Beds Expenditure Focus

The heading of purchase of healthcare within the non pay analysis includes a number of different services; both the purchase of services from other NHS trusts or organisations for services which we do not provide (mental health locked rehab, pathology tests) or to provide additional capacity for services which we do. From October 2021 this also includes the West Yorkshire Adult Secure Provider Collaborative and South Yorkshire from 1st May 2022.

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.

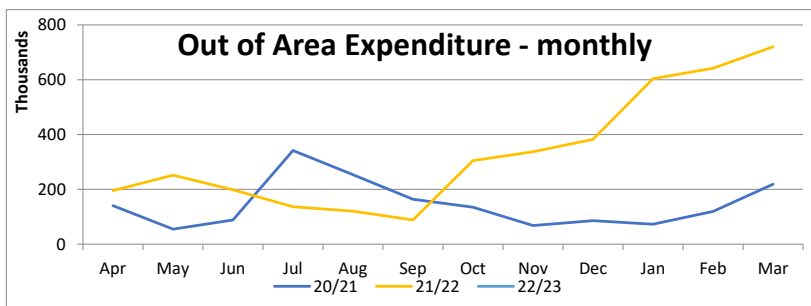
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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.

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382	604	641	720	3,981
22/23	634												634

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
22/23	482												482

Bed Day Information 2022 / 2023 (by category)													
PICU	472												472
Acute	10												10
Total	482	0	0	0	0	0	0	0	0	0	0	0	482



The Trust has experienced continued bed pressures from Q3 2021 / 22 due to demand, bed availability due to covid-19 infections on inpatient areas and staff absences. As a result decisions have been made to utilise out of area placements as the last available option but one to maintain safety and quality of services.

April activity is 482 bed days. This is a reduction of 208 days from the peak experienced in March 2022.

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	108,852	164,413	Pg 12
<b>Current Assets</b>			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	1,613	2,612	1
Non NHS Trade Receivables (Debtors)	2,867	4,676	1
Cash and Cash Equivalents	81,368	78,571	Pg 13
<b>Total Current Assets</b>	<b>86,036</b>	<b>86,048</b>	
<b>Current Liabilities</b>			
Trade Payables (Creditors)	(38,995)	(37,206)	
Capital Payables (Creditors)	(1,790)	(1,855)	
Deferred Income	(6,480)	(7,425)	
Other Liabilities (IFRS 16 / leases)		(53,164)	2
<b>Total Current Liabilities</b>	<b>(47,265)</b>	<b>(99,651)</b>	
<b>Net Current Assets/Liabilities</b>	<b>38,771</b>	<b>(13,603)</b>	
<b>Total Assets less Current Liabilities</b>	<b>147,623</b>	<b>150,810</b>	
Provisions for Liabilities	(8,216)	(7,832)	
<b>Total Net Assets/(Liabilities)</b>	<b>139,407</b>	<b>142,978</b>	
<b>Taxpayers' Equity</b>			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,407	78,978	
<b>Total Taxpayers' Equity</b>	<b>139,407</b>	<b>142,978</b>	

The Balance Sheet analysis compares the current month end position to that at 31st March 2022.

1. Although both NHS and Non-NHS Debtors are higher than as at year end the values remain relatively low. Much of this is due to month 1 timing of invoices and payments and does not currently present a risk.

2. From 1st April 2022 the accounting treatment of leases has changed. Presentationally this has increased the value of fixed assets on the balance sheet but also increased liabilities to reflect the future payments.

## 3.1

## Capital Programme 2022 / 2023

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
<b>Major Capital Schemes</b>							
Bretton Centre	7,500	63	95	32	7,500	0	Internal
OPS transformation	500	0	0	0	500	0	Internal
<b>Maintenance (Minor) Capital</b>							
Clinical Improvement	745	1	0	(1)	745	0	Internal
Safety inc. ligature & IPC	1,065	0	0	0	1,015	(50)	Internal
Compliance	700	0	0	0	750	50	Internal
Backlog maintenance	350	0	0	0	350	0	Internal
Sustainability	350	0	0	0	350	0	Internal
Plant & Equipment	550	19	0	(19)	0	(550)	Internal
Other	0	0	205	205	550	550	Internal
<b>IM &amp; T</b>							
Digital Infrastructure	450	0	0	0	450	0	Internal
Digital Care Records	40	3	3	(0)	40	(0)	Internal
Digitally Enabled Workforce	375	4	5	1	375	0	Internal
Digitally Enabling Service							
Users & Carers	65	0	0	0	65	0	Internal
IM&T Contingency	100	0	0	0	100	0	Internal
Lease Impact (IFRS 16)	354	244	0	(244)	354	0	Internal
VAT Refunds				0		0	
<b>TOTALS</b>	<b>13,144</b>	<b>334</b>	<b>308</b>	<b>(26)</b>	<b>13,144</b>	<b>(0)</b>	

## Capital Expenditure 2022 / 23

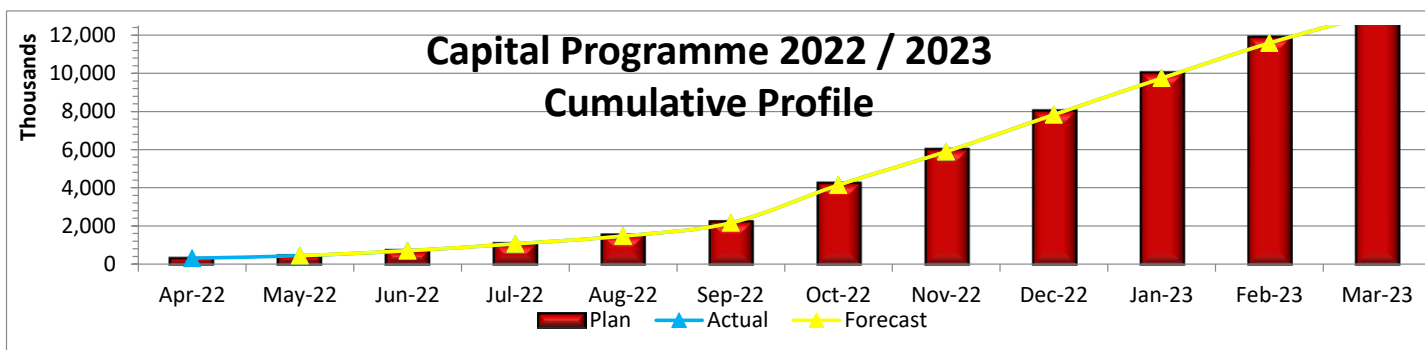
The Trust capital programme forms part of the overall West Yorkshire ICS capital plan. For 2022 / 23 the Trust component is £13.144m.

The programme was developed from an internal prioritisation process considering safety, the needs of services and improvements required. This programme was subject to a number of reviews and rationalisation both internally and as part of the overall ICS capital allocation

From 1st April 2022 the capital expenditure monitoring includes the capital element of new leases (IFRS 16).

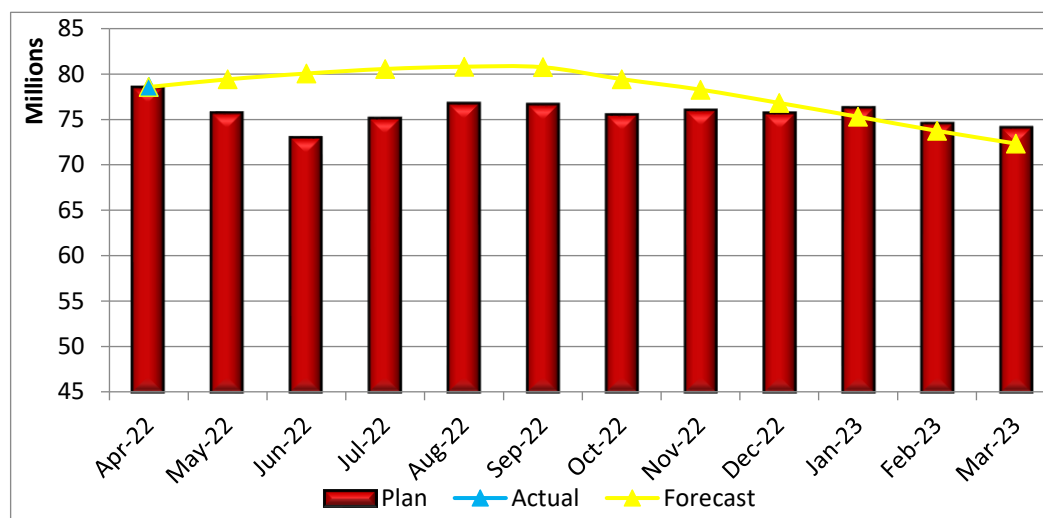
The majority of spend to date relates to outstanding costs from prior years schemes which are shown on the other line.

Due to the nature of the programme the majority of spend, particularly driven by the plan profile for the Bretton Centre scheme, is in Q3 and Q4.



## 3.2

## Cash Flow & Cash Flow Forecast 2022 / 2023

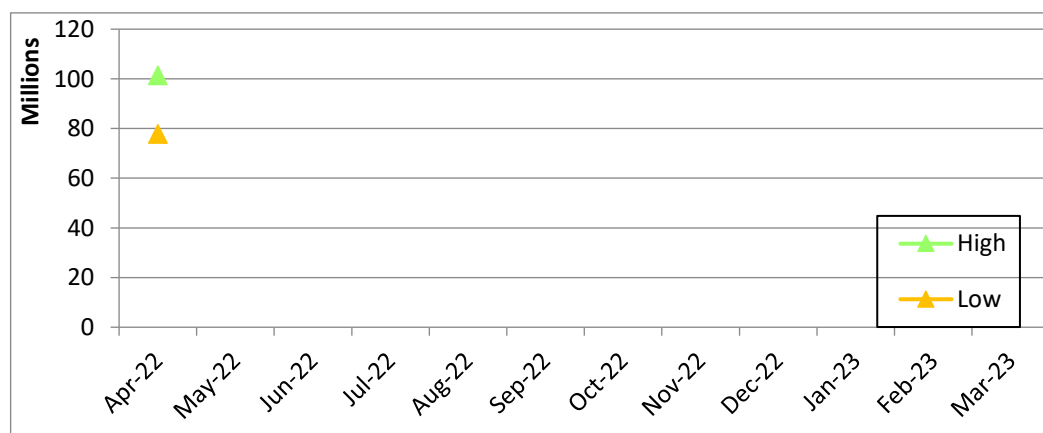


**Cash remains positive.**

The Trust cash position remains strong and is forecast to remain throughout the year. It is recognised that there is planned expenditure and payments that will reduce this value during 2022 / 23.

Risks will be identified as part of future reporting as and when they arise.

	Plan £k	Actual £k	Variance £k
Opening Balance	76,414	81,368	
Closing Balance	78,449	78,571	122



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: £101.5m

The lowest balance is: £77.8m

This reflects cash balances built up from historical surpluses.



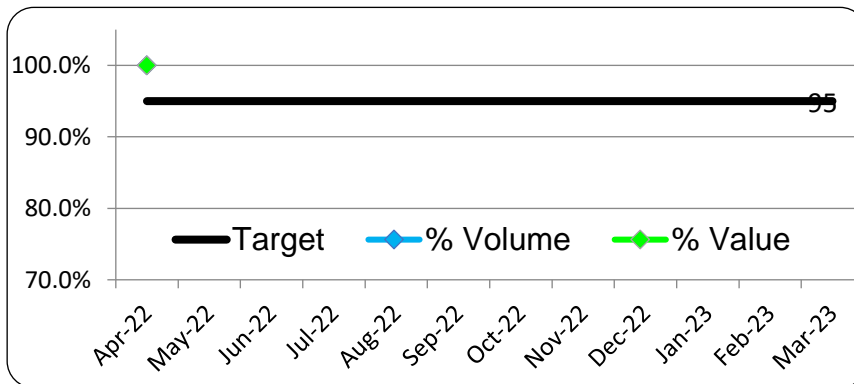
## 4.0

## Better Payment Practice Code

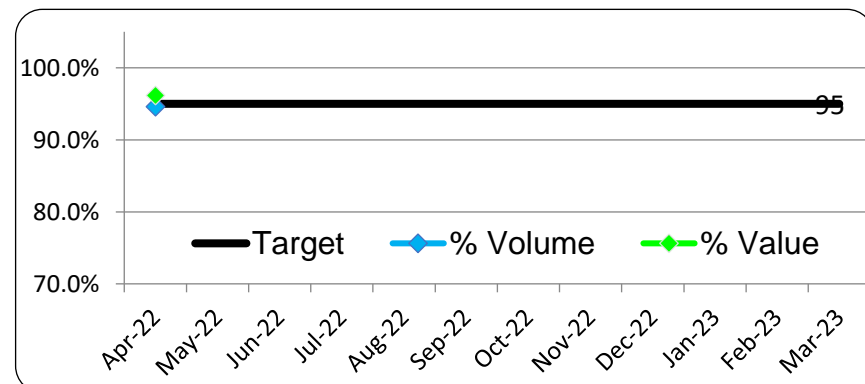
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance in April overall is 95% of volume and 97% by value paid within the Trust payment terms of 30 days. We continue to pay all invoices as soon as possible although we are aware that there are a number of issues which resolution would further improve this performance metric.

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



Non NHS	Number	Value
	%	%
In Month	95%	96%
Cumulative Year to Date	95%	96%



- \* 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
- \* 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 - Statistical Process Control (SPC) Charts Explained

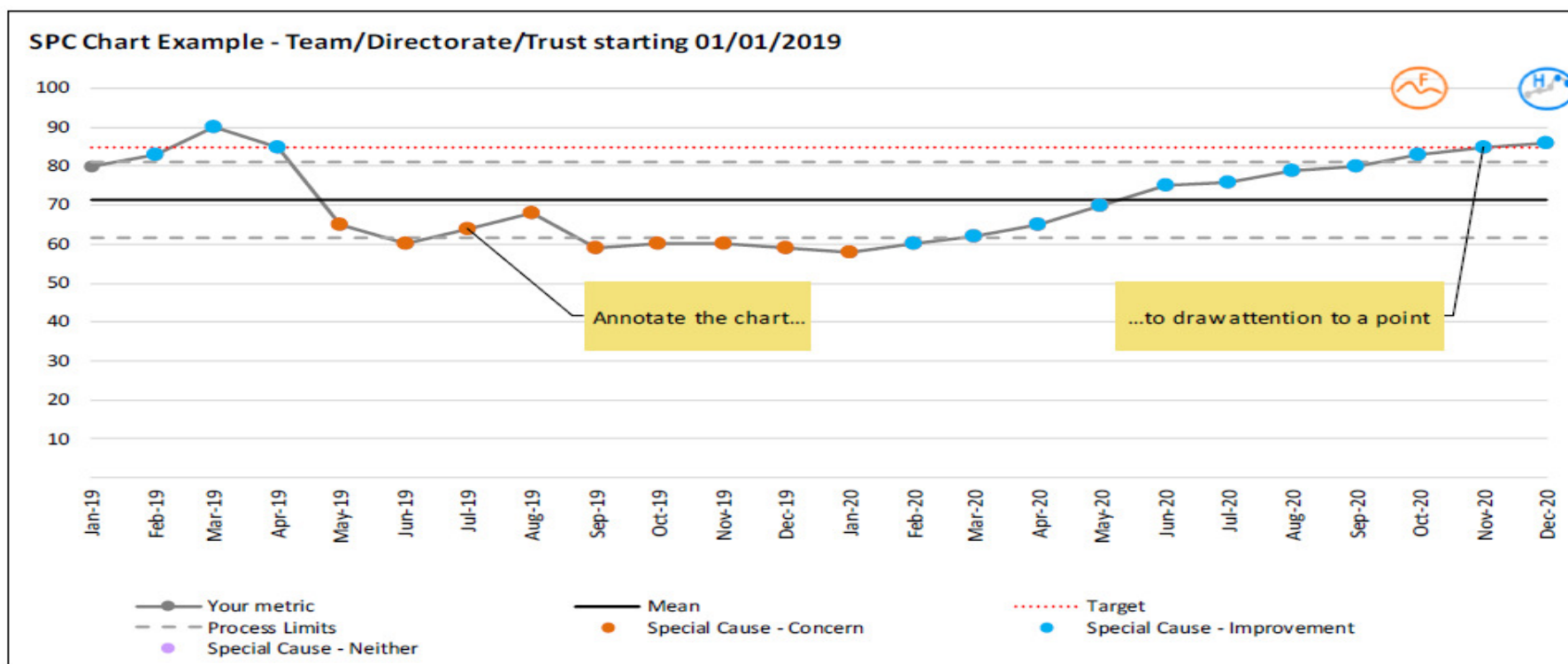
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data 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

<b>Variation Icons</b> The icon which represents the last data point on an SPC chart is displayed.							<b>Assurance Icons</b> 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 (I) 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 2 - Statistical Process Control (SPC) Charts Explained



### Observations

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

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

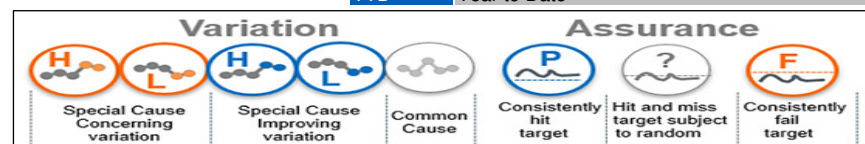
## Glossary

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

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

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

### SPC Chart Icon Summary



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