NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

May 2022

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for May 2022. The development of the IPR will continue to evolve to reflect any changes in the operational environment.

Many of the agreed metrics identified to monitor performance against our strategic objectives have been populated, whilst others are in development with indicative timescales provided.

With reference to key information relating to Covid-19, where possible the most up-to-date information is provided, as opposed to the May 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 has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics. More detail is included in the relevant sections of the Integrated Performance Report.

Priority programmes
• Work is being undertaken to refresh the plans to ensure achievement of agreed milestones to deliver our refreshed priority programmes.
• A programme of work that will deliver financial sustainability and promote a culture of improvement, productivity and control across the Trust is being scoped. This includes the re-establishment of the agency group.
• Good progress has been made in recruiting to roles to advanced clinical practitioners roles to support community mental health transformation in West Yorkshire. In South Yorkshire, successful completion of tender to provide community connectors into the 6 Barnsley neighbourhoods is expected by October 2022.
• 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 May, 59.4% of mental health service users had had their full equality data (ethnicity, disability and sexual orientation) completed.
• Work is ongoing to develop the Trust's social responsibility and sustainability strategy.
• % Learning disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks is 70% against a target of 90%. This has been impacted by staffing challenges.
• Significant work taking place in each place and integrated care system in readiness for the legal introduction of integrated care boards on July 1st
• Work progressing to develop meaningful waiting list information by service.

Inequalities
• 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 Equality data collection campaign has 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'.
• Specific actions the Trust is taking to address inequalities include working with partners to ensure health assessments for people with a learning disability take place, increasing peer support workers across the Trust, co-designing services with communities ensuring representation is reflective of the population and covers all protected groups and carers, and offering enhanced equality and diversity training.

Covid-19
• The majority of restrictions have now been relaxed, with protocols in place for particular circumstances to maintain staff and patient safety
• There have been no outbreaks or areas being monitored for Covid-19 in May 2022. Sufficient PPE remains in place.
• National guidance continues to be monitored, reviewed, and adopted.
• The Covid command structure has now been stood down. The Covid-19 Moving Forward Group will continue to monitor Covid prevalence, measures and guidance.
• The Trust OPEL level remains at 3 with an average of 2.3.

Quality
• The majority of quality reporting metrics continue to be maintained.
• The number of restraint incidents was 148 in May, similar to the number recorded in April.
• There were 9 information governance breaches reported in May, a decrease from 12 in April.
• The number of inpatient falls was 37 in May, similar to April.
• The percentage of CAMHS patients waiting less than 18 weeks from referral to treatment was 66% in May.
• The percentage of patients on care programme approach (CPA) offered a copy of their care plan was 33.6% in May, against a target of 80%. A task and finish group has been established to address this, with progress overseen by the Clinical Governance and Clinical Safety Committee
• 74.1% service users (Macmillan end of life pathway) died in a place of their choosing in May against a target of 80%. This relates to 7 individuals, 4 of which had to be moved to hospital due to clinical need.
• NHS England/Improvement are nearing completion of their work on the new framework, Patient Safety Incident Response Framework, which is expected to be published by the end of June 2022.
• 96% of incidents reported in May 2022 resulted in no harm or low harm or were not under the care of SWYPFT.

Workforce
• No wards fell below the 90% overall fill rate threshold in May. This was the first time this has been achieved since June 2021.
• International nurse recruitment continues and we now have 12 international recruits working within the Trust.
• Sickness (non-Covid related) is 4.5% in May, in line with our target.
• Staff turnover is showing signs of reducing at 10.3%, against a threshold of 10%.
• The staff annual flu campaign target has been received with 90% of frontline staff vaccinated by the end of February 2022.

NHSI Indicators
• Performance against national reported targets remains largely positive.
• Inappropriate out of area bed days continue to be above the numbers experienced in recent years with 400 days used in May, a slight decrease from 413 in April.
• The percentage of service users waiting less than 18 weeks from referral to treatment remains above the target threshold at 98.5%.
• The percentage of service users seen for a diagnostic appointment within 6 weeks is below the target threshold of 99% at 95.9%. This is due to levels of staff absence which has had a significant impact on the number of patients seen, but is an improving picture from 78.1% in April.
• 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 84.6% against a target of 90%.
• The percentage of individuals completing IAPT treatment who have moved to recovery is 52.2% compared to the 50% target.
• There were no young people under the age of 18 on an adult ward in May.

Locality
• Mental health acute wards continue to see high levels of acuity and demand
• 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.
• Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway
• The Forensic Community Transition Team (FCTT) have been successful in securing funding through the West Yorkshire Adult Secure Provider Collaborative to develop the clinical model and workforce for this team following service review.
• Attention Deficit Hyperactivity Disorder (ADHD) referrals continue to increase and autism referrals remain higher than pre-pandemic
• SWYPFT neurodevelopment service is currently providing cover for referral management to Bradford/Airedale Neurodevelopmental Service (BANDS) and exploring joint posts.
• A business case to increase capacity in ADHD services has been approved.
• Waiting list times pressures continue in community learning disability services.
• 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, virtual ward pilots for frailty and acute respiratory conditions have commenced.
• The January- March Sentinel Stroke National Audit Programme (SSNAP) Audit Compliance and case ascertainment are both over 90% for the Trust's stroke services.

Communications, Engagement and Involvement
• Coronavirus updates continue to all staff and governors, focused on changes to guidance.
• The 'All of You' campaign on collecting equality data campaign continues to be promoted
• Well-being initiatives continue to be promoted, including 'Move More SWYPFTly' to encourage activity
• Equality and Involvement annual action plans were agreed at March Equality Inclusion and Involvement Committee.
• Community equality films have been created in partnership with local communities
• A Trust-wide mental health Equality Impact Assessment (EIA) is in development

Finance

• The Trust has resubmitted a revised annual plan in June 2022 which takes account of new inflationary cost funding. The revised plan is to deliver a surplus of £3.2m.

• Agency spend has increased in May to £0.9m with year to date spend of £1.7m incurred. Actions are in place to address agency spend including which will be overseen by the re-introduction of the agency group.

• 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.

• Capital spend year to date is £0.6m

• Pay costs were £18.2m in May, an increase from £17.4m in April.

• Out of area bed costs were £667k in May, an increase from £644k in April. 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 £82.8m although it is forecast to reduce in the year due to continued capital investment and payment of a number of outstanding invoices and costs.

• Performance against the Better Payment Practice Code is 95%. This performance is based upon a combined NHS/Non-NHS value and demonstrates percentage of invoices that have been paid within 30 days of receipt.

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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 second 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. Some of the identified metrics will be reported quarterly. 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 to review the thresholds for each metric so that performance can be monitored against appropriate threshold or trend monitor, this work will be completed by the end of July. At the end of quarter 1, the forecast position for year end will be added for each metric where a target has been identified, this will then be reviewed monthly.

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.
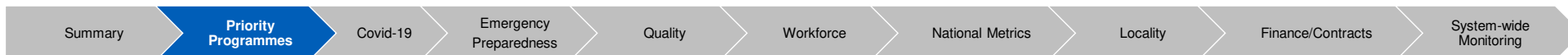
Improving health

Priority programme	Metrics	Threshold	Apr-22	May-22	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)	90%	59.4%	59.4%			Figures shown is the combined percentage for completion of ethnicity (98.6%), disability (33.7%) and sexual orientation (46.0%) for mental health services only, as this is collated and reported already. Reporting of the outstanding measures for the Trust is in development and the full dateset will be available by the August report. Threshold is currently based on national target for ethnicity, which is already in place and achieving. This is subject to review by the Chief Operating Officer.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	See reducing inequalities section of the report for detail				
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)		Due July 2022				These are currently in development by the Communication, Involvement, Equality and Inclusion Lead and will be reported form July onwards.
	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	59	(icon)		Data showing the carbon impact of staff travel / business miles. For May staff travel contributed 59 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 arears. 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

Carbon impact (business miles)
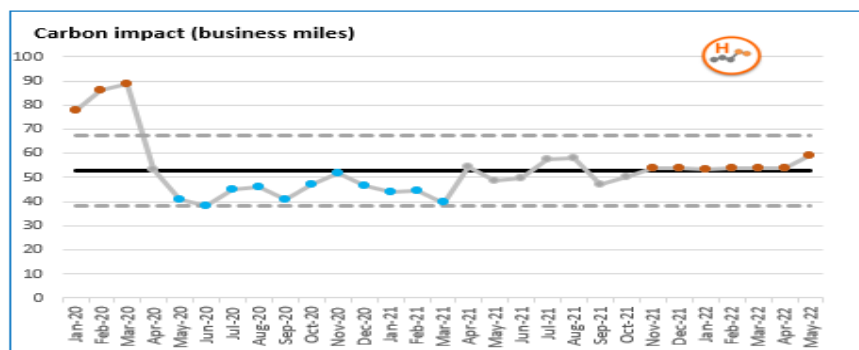
The SPC chart shows that as we have now had more than 6 consecutive months of performance above the mean, we have now entered a period of special cause concerning variation (orange markers) - this should be investigated to find out what is happening or has happened, and if any changes need to be made.

	Variation Icons — The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons — If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON	(icon)	(icon)	(icon)	(icon)	(icon)	(icon)	(icon)	(icon)	(icon)
SIMPLE ICON	●●●	●?HL●	●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

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

Implementation deliverables

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

Improve health

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	🟢

Community Mental Health transformation
• West Yorkshire: Advanced Clinical Practitioners (ACP) and Single Point of Access workers recruited by July 2022
Comments - Good progress on recruitment of ACP posts. Risk of some minor slippage to SPA recruitment whilst finance for substantive positions is established.

Community Mental Health transformation
• West Yorkshire: Additional Roles Reimbursement Scheme (ARRS) roles recruited by October 2022
Comments - Mixed outcomes emerging in terms of recruitment to posts in second round of adverts. Still on track to deliver the 3rd round of recruitment by October but remains to be seen whether this will fill all positions and whether further recruitment is required.

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Improve Care

Priority programme	Metrics	Threshold	Apr-22	May-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%	78.2%			May data is provisional and will be refreshed next month. Matrons and quality and governance leads are working with teams to improve risk assessments. Further drill down is underway to understand where actions should be best focussed. This will be reported to the operational management team in July 2022 .
	Number of records with up to date risk assessment - Community	95%	74.7%	64.2%			
	% Service users on CPA offered a copy of their care plan	80%	40.6%	33.6%			A combination of reasons appears to account for the current poor reporting against this standard, including system issues and large high number of care plans that some people have. A Risk and Care Plan Task and Finish Group has been established to address these issues, with progress overseen by the Clinical Governance and Clinical Safety Committee
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards		236.8	238.2			WTE
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	52	51			Data is based on adult acute discharges only. Individuals are being admitted at a higher level of acuity, taking longer to reach recovery. Length of stay is continuously monitored through the patient flow team.
	Number of violence and aggression incidents against staff on mental health wards involving race		23	18			
	Inappropriate out of area bed placements (days)	Q1 - 1456	413	400			
	Percentage of video consultations	Trend monitor	2.0%	2.1%			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%	28.8%			
	Percentage of face to face consultations	Trend monitor	68.0%	69.1%			
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	400	596			Average wait in days. Number on waiting list at end of May - 334. Waiting list initiatives in place, we will not reach a steady state until Q1 of
	CAMHS - Average wait to neurodevelopmental assessment from referral - Kirklees	126	442	493			Average wait in days. Number on waiting list at end of May - 1097. Waiting list initiatives in place, we will not reach a steady state until Q1 of 2023/24
	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	81.1%	70.0%			April and May data is provisional at the time of producing this report as data is reported quarterly and will be refreshed in July 2022 after quarter end. Work is in place to improve performance across 18 weeks with the actions to minimise the impact of the waits reported to clinical governance clinical safety committee. Work is underway to develop a trajectory by Q2 2022/23
	Referral to assessment within 2 weeks (external referrals)	75%	87.0%	87.5%			
	Assessment to treatment within 6 weeks (external referrals)	70%	92.6%	93.6%			

Glossary

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

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)

Out of area bed days

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. We are likely to exceed our trajectory of 1456 out of area beds by the end of Q1 by around 144 bed days, (an average of just over 17 people out of area at any time rather than the forecast 16 people throughout the quarter, with the majority of bed days being in PICU). Focussed work is in place to address flow through the service and discharge, particularly where people have complex needs.

% Service users on CPA offered a copy of their care plan

Performance against the percentage of service users offered a copy of their care plan has dropped below the expected range and into special cause concerning variation. Work is being undertaken to change the way that clients who are offered a copy of their care plan is recorded on the Trust's clinical information system which aims to simplify the process to better reflect the actual performance.

	Variation Icons						Assurance Icons		
	The icon which represents the last data point on an SPC chart is displayed.						If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	●●●	●?HL●	●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

Improve Care

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			The Trust has delivered an improvement programme that did achieve the original NHSE trajectory of achieving zero OOA placements by March 2021, with the exception of the requirement for a small number of gender-specific placements which the Trust doesn't have the commissioned bed base to provide. Later in 2021 our inpatient wards started to see high levels of acuity and service user distress. To address inpatient challenges an inpatient improvement programme has been established. This has included leadership structure changes and the programme has a key focus on workforce. Continuing work also includes front line services adopting collaborative approaches to care planning to build community resilience and to explore all possible alternatives to hospital admission for people who need acute care. Work to ensure proactive action to break down barriers to discharge and to move people through their inpatient stay in a timely way is ongoing. Early signs are that the work is starting to have an impact on flow but this will take a little time before it enables OOA reduction.
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	[green]	The Trust recently agreed a new trajectory for OOA placements based on NHSE/I acceptance that OOA challenges aren't likely to be resolved nationally until 23/24. Current prediction is that the Trust will not meet the trajectory set for Quarter 1 by 10% (expected bed use for Q1 based on current usage is 1606).
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Improving Access to Care: Waiting times	[green]	Deliver safe care including our quality priorities to improve coproduction of care plans and risk management Comments – development of a structured approach and process for quality improvement underway and it will be used as part of the care plan and risk assessment improvement programmes.
	Out to public consultation on Older People inpatient services by December 2022		Out to public consultation on Older People inpatient services by December 2022
	Revised quality strategy to be approved at Trust Board in September 2022	[green]	• Clinical senate – Jun 22 • Stakeholder Event – Aug 22 • OSC and SWYPFT / local governance processes – Sep / Oct 22 • Consultation process – Nov / Dec 22 Revised quality strategy - Under development.

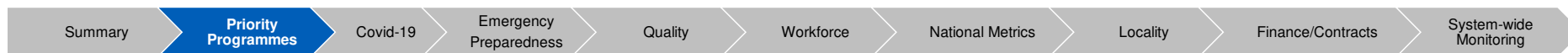| Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	Workforce	National Metrics	Locality	Finance/Contracts	System-wide Monitoring

Improve resources

Priority programme	Metrics	Threshold	Apr-22	May-22	Validation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£632k	£591k			This is a monthly position. This is actual and not a comparison against plan. Threshold is a year end target.
	Capital spend against plan	£13.1m	£308k	£248k			This is a monthly position. This is actual and not a comparison against plan. Threshold is a year end target.
	Agency spend managed within the overall workforce	<4%	4.3%	5.1%			Agency spend as a percentage of total pay spend in month.
	Overhead costs	10%	Under development				To be updated for the revised annual plan for month 3
	Financial sustainability and efficiencies delivered over time	£6,350k	£589k	£1,178k			In line with plan although currently majority of savings are non-recurrent. Figure is cumulative.
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	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	96.5% by March 2023	34%	45%			13/29 wards live in May. One ward is undergoing renovations so go live will be delayed.

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

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed			Spend money wisely : 22/23 plan agreed and a programme of work that will deliver financial sustainability and promote a culture of improvement, productivity and control across the Trust is being scoped. The programme of work includes the re-establishment of the agency group and focus of work.
Spend money wisely and increase value	To develop a 3-year financial plan by September 2022		This work is scheduled to be progressed during Q2 and no risks or issues are being flagged to date. The key role to lead this area of work has been recruited to and they commence in July.
	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		Digital dictation: Recruitment of project manager to oversee procurement and implementation of solution underway.
	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,	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by March		
	Implementation of a Trustwide approach to digital dictation by March		

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Apr-22	May-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		4,087.9	4,100.2			
	Appraisal uptake	95%	70.0%	70.2%			
	Staff recruited by ethnicity, disability, sexual orientation (quarterly)	Trend monitor	See reducing inequalities section of the report for detail				
	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

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.	
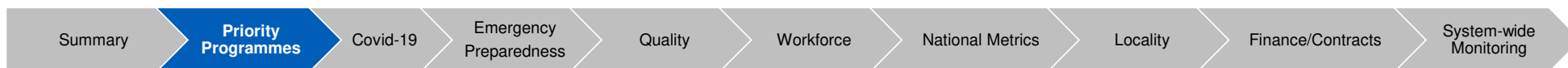
Reducing Inequalities

Covid-19 shone a light on existing health inequalities which is now a national priority.

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 is a priority.

Key actions the Trust are taking to address inequalities are:
• Improving data collection gaps – addressed using the 'All of You' campaign, and staff development
• Developing a dashboard – in line with NHSE/I and CORE20PLUS5 and using the Kings Fund approach to identify inequalities
• Triangulating insight and feedback and capturing stories to create a narrative to support the dashboard
• Using service-level equality impact assessments, updated periodically to reflect changes in community profiles
• Co-design of services with communities ensuring representation is reflective of the population and covers all protected groups and carers
• Enhanced equality and diversity training for both Trust Board and staff to create the right conditions and culture
• Literature bank for equality and diversity, and community films to support insight and understanding of diverse groups
• Monitoring use of translation services at a service level against patient profile, and ensuring service information is in the right format and accessible
• Identifying digital access as part of initial assessment via SystmOne
• Capturing patient and staff feedback, and equality monitoring responses to highlight specific issues
• Ensuring reflective and representative workforce and leadership
• Using tools to capture patient stories, and approaches such as community reporters and researchers
• Creative approaches developed through 'Recovery Colleges' and 'Creative Minds'
• Faith based and spiritual support through 'Spirit in Mind'

Specific examples include:
• Carers passport and identification of carers
• Increasing the diversity of volunteers
• Increasing peer support workers across the Trust
• Health assessments for people with a learning disability
• Embedding equality in our change approach
• Creating opportunities for a reflective workforce, through learning and development programmes
• Delivering Race Forward and appointing a clinical lead
• Refresh of the 'Transgender policy' and 'Accessible Information Policy' using a co-produced approach

This section of the report will be developed over the coming months as more data becomes available and further analysis is undertaken.
Some key metrics have been initially identified, with a focus on recruitment of staff into the Trust and referrals and admissions into Trust services.
A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee. A campaign is being launched related to the collection and recording of protected characteristics and we anticipate this will have a positive effect on the quality of this data. Also requirements linked to the Control of Patient Information (COPI) notice require gaining consent, and the Trust is working to link this to the collection of equality data too.

Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 4 2021-2022

Ethnicity

Applications: White 69%, BAME 29%, Undisclosed 2%
Shortlisted: White 76%, BAME 22%, Undisclosed 2%
Recruited: White 77%, BAME 22%, Undisclosed 1%

Disability

Applications: No 91%, Yes 7%, Undisclosed 2%
Shortlisted: No 90%, Yes 8%, Undisclosed 3%
Recruited: No 87%, Yes 11%, Undisclosed 2%

Sexual Orientation

Applications: Heterosexual 90%, LGBT 6%, Undisclosed 4%
Shortlisted: Heterosexual 90%, LGBT 6%, Undisclosed 4%
Recruited: Heterosexual 89%, LGBT 7%, Undisclosed 4%
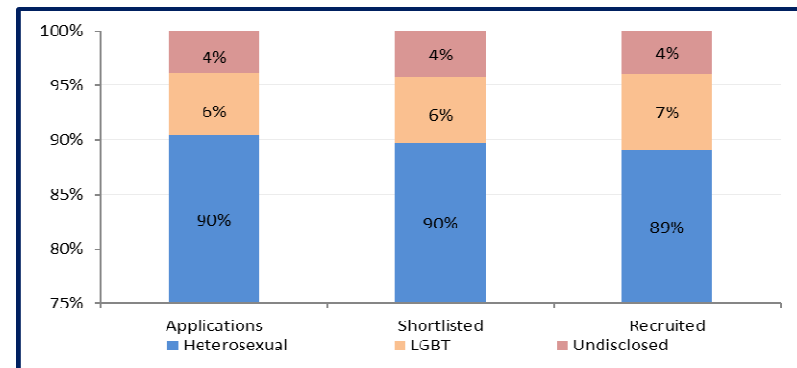
Relatively likelihood of being appointed

	2020-2021				2021-2022			
---	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Ethnicity	0.82	0.87	0.93	0.94	1.01	1.08	1.00	1.04
Disability	2.72	1.56	1.68	1.50	1.36	1.35	1.08	0.85
LGBT	1.15	1.26	1.21	1.02	0.94	1.14	0.84	0.69
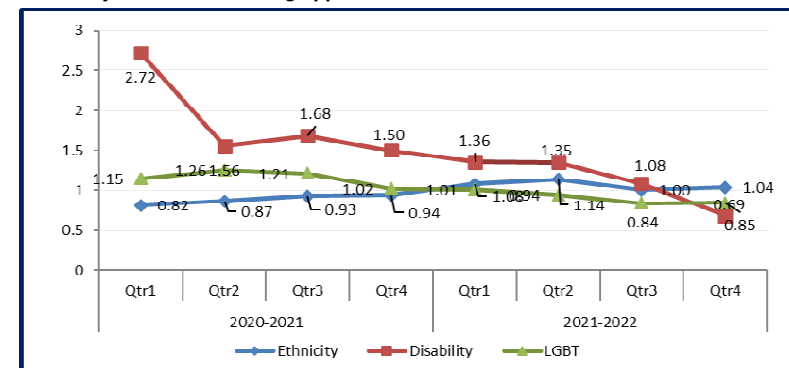
Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 = less likely to be appointed; Lower than 1.00 = more likely to be appointed

Notes:
• Ethnicity - the chart shows the ethnic breakdown for applications, shortlisted and recruited staff. 12 months data to the end of quarter 4 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 = 1.04
  • Disability - relative likelihood of being appointed compared to non - disabled applicants for this quarter = 0.69
  • LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and others) - relative likelihood of being appointed compared to heterosexual applicants for this quarter = 0.85

Reducing Inequalities

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

SWYT Referrals by Ethnic Group

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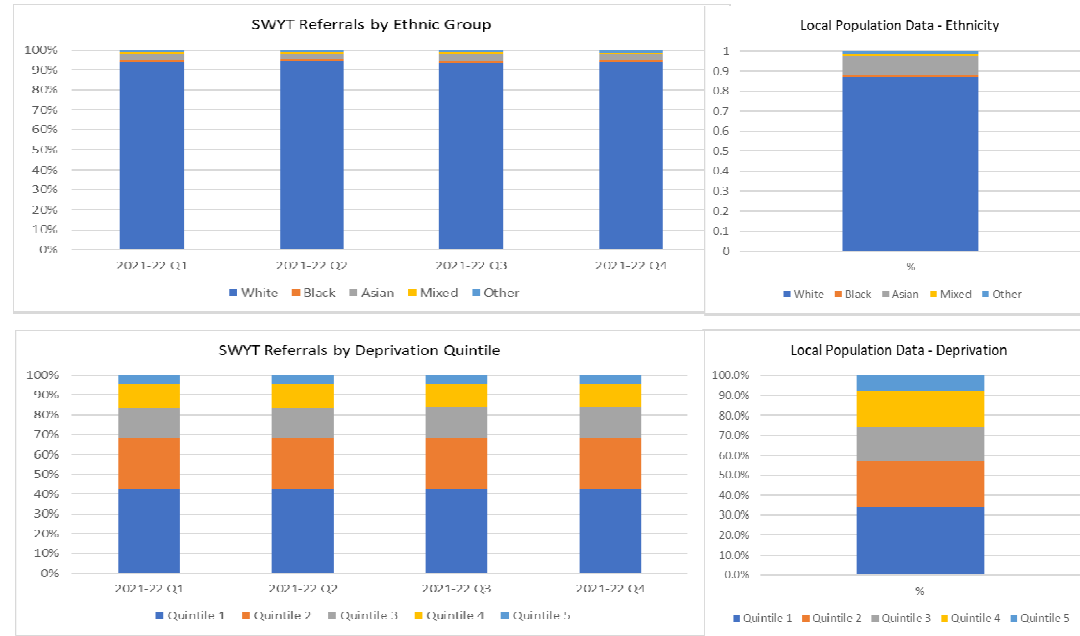
Ethnic Group	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Local Population
White	94.1%	94.3%	93.4%	93.9%	87.1%
Black	0.9%	1.1%	1.1%	1.0%	1.4%
Asian	2.9%	2.8%	3.3%	3.0%	8.9%
Mixed	1.0%	0.8%	1.0%	0.9%	1.6%
Other	1.1%	1.0%	1.2%	1.3%	1.1%

SWYT Referrals by Deprivation Quintile

Local Population Data - Deprivation

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

Notes:
• Percentage breakdowns for comparison exclude unknown/unrecorded
• Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
• Charts above relate to local population data

Reducing Inequalities

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

SWYT Admissions by Ethnic Group

Local Population Data - Ethnicity

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

SWYPT Admissions by Deprivation Quintile

Local Population Data - Deprivation

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

Notes:
- Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
- Charts above relate to local population data

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 10-Feb	Approx days stock as at 10-Mar	Approx days stock as at 14-Apr	Approx days stock as at 21-Apr	Approx days stock as at 16-Jun
Surgical masks	42	31	34	37	24
Respirator masks	73	71	70	66	63
Aprons	20	17	16	19	19
Gowns	119	114	114	113	103
Gloves	17	18	11	17	17
Visors	33	32	30	25	25

Testing

KPI	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
No of Service users Covid-19 positive and now recovered	10	23	5	6	37	41	5	40	30	1
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	1
No of Service users Covid-19 positive and deceased within 28 days of positive test	1	1	1	0	0	0	1	1	1	0
No of wards with outbreaks	4	5	2	2	10	8	1	8	5	0

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
Two patients tested Covid-19 positive on an inpatient ward in May 2022.
There have been no outbreaks or areas being monitored for Covid-19 in May 2022.

Covid-19 response

Testing approach - Current position
Amendments to the testing approach have been implemented, in line with national and regional guidance

Patients:
• Swabbing for symptomatic testing through PCR testing.
• Inpatient asymptomatic Covid-19 testing is undertaken utilising lateral flow tests (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 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 Infection Prevention and Control Team advice.
• Identified SWYPFT 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 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.

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 of 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 vaccinations
The Trust is no longer mandated to hold, process and publish this data due to the expiry of COPI (control of patient information) notice.

Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels
• The Covid-19 Command Structure has now stood down. In its place is the Covid-19 Moving Forward Group which monitors Covid prevalence, measures and guidance in the Trust and makes decisions regarding infection, prevention and control (IPC) arrangements, risk assessment and staffing. These decisions are escalated to the Operational Management Group (OMG) and from there to the executive management team (EMT)
• The Trust OPEL level remains at an average of 2.3 with 9 service areas now operating at OPEL 2. 5 service areas remain at OPEL 3.
• OPEL discussions continue via OMG, and review of ability of support services to support clinical services.
• Both South Yorkshire and Bassetlaw, and West Yorkshire and Harrogate strategic meetings have also stood down due to the reduction of pressure in the system from Covid-19.
• The Trust is supporting and engaged with partners across our places in the event a spike/wave of Covid re-emerges to allow suitable and effective response.
• The staff annual flu campaign target has been received with 90% of frontline staff vaccinated by 28 February 2022. The flu group is in planning stages with a view to commence roll out of vaccinations in October 2022.

Including Corporate Services

Current average OPEL level

2.29

Key	
OPEL Level 1	
OPEL Level 2	
OPEL Level 3	
OPEL Level 4	
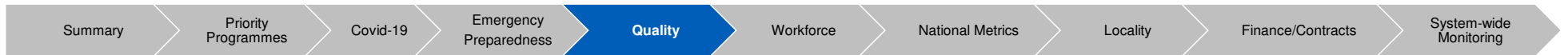
Quality Headlines

| Section	KPI	Objective	CQC Domain	Owner	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	66.8%	70.4%	68.4%	67.0%	66.0%	N/A
Complaints	Cardiometabolic Assessment & Treatment	Improving Health				Please see quality section for breakdown of performance					
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	26% 6/23	26% 8/31	10% 2/21	6% 1/16	4% 1/25	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	83%	84%	84%	81%	85%	1
Service User Experience	Friends and Family Test - Community	Improving Health	Caring	DT	98%	93%	96%	94%	94%	92%	1
Quality	Number of compliments received	Improving Health	Caring	DT	20	23	43	18	25		N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	20	25	19	26	35	
Quality	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions	Improving Health	Caring	DT	trend monitor	0	1	1	3	0	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	1	0	0	1
Quality	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	39.8%	38.5%	40.0%	40.6%	33.6%	2
Quality	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	8	10	18	12	9	2
Quality	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.2%	1.9%	1.5%	2.0%	2.4%	1
Quality	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	74.4%	74.3%	80.3%	80.8%	78.2%	3
Quality	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	65.5%	69.1%	68.6%	74.7%	64.2%	3
Quality	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1151	919	1068	1016	1167	
Quality	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	18	23	17	18	31	
Quality	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	1	3	3	5	3	
Quality	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	4	2	5	4	
Quality	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	111.2%	112.2%	109.4%	111.5%	115.1%	1
Quality	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	93.1%	86.2%	86.2%	84.5%	87.0%	1
Quality	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	20	46	15	31	61	
Quality	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	0	0	0	1	0	1
Quality	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	0	0	0	0	0	1
Quality	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	96.6%	85.0%	87.5%	90.0%	100.0%	1
Quality	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	49	49	54	38	37	
Quality	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	187	147	187	146	148	
Quality	% people dying in a place of their choosing 14	Improving Care	Caring	CH	80%	95.8%	86.2%	89.3%	89.3%	74.1%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	1
Infection Prevention	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	1
Improving Resource	System Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2
Improving Resource	CQC Quality Regulations (compliance breach)	Improving Resource			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.
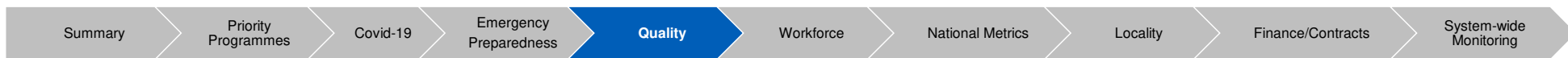
Quality Headlines

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

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 May increased to 148 from 146 the previous month. 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 37 in May, 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.
• Duty of candour - 0 breaches in May.
• The increase in the number of patients safety incidents resulting in moderate harm is due to an increase in reported pressure ulcers. None of these were assessed to be due to problems in care
• Number of pressure ulcers (avoidable) - 0 incidences of avoidable pressure ulcers in May.
• % people dying in a place of their choosing - performance has dropped below target for the first time. This relates to 7 individuals, 4 of which had to be moved to hospital due to clinical need.
• Performance for CAMHS Referral to Treatment - The number of children waiting for CAMHS has increased by 41% compared to numbers waiting at end of May 2021. Services have highlighted that sustained increases will negatively impact on the length of wait.
• Risk and Care Plan Task and Finish Group is reviewing a range of factors to improve both the quality and reporting of clinical risk assessment

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.

NHS Patient Safety Strategy
Our patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) join national and regional patient safety discussions/information sessions, sharing information into the Trust.
NHS England/Improvement continue to develop their programmes to support the NHS patient safety strategy. There has been some amendment to timescales throughout due to the impact of the pandemic. The current nine NHS England/Improvement priority areas are being progressed locally

Patient Safety Incident Response Framework (PSIRF)
NHS England/Improvement are nearing completion of their work on the new framework, Patient Safety Incident Response Framework (PSIRF) , which is expected to be published by the end of June 2022. This will include a range of support tools and guides to support us to transition from the current Serious Incident Framework to PSIRF over a 12 month period. We continue to keep up to date with national developments. Regional support will be available through the Patient Safety Collaborative. An internal 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 (levels 1 and 2). These comprise:
• Level 1 – essentials for all staff
• Level 1 – additional module for Board members and senior managers (Extended EMT)
• Level 2 – Access to practice (Band 6 and above, and medical staff).

The Trust is working on the development of a case to provide information to the Mandatory and Essential to job role group requesting that level 1 becomes mandatory and level 2 essential to job role as above.

Training providers for Level 3 (investigation) has recently been released. Levels 4 - 5 are in development.

Learn from Patient Safety Events (LFPSE)

Learn from Patient Safety Events will be a new national system that is being introduced to replace:
• National Reporting and Learning System (where we send our patient safety incidents)
• Strategic Executive Information System [StEIS] (where we report Serious Incidents)

To date, we understand that LFPSE will include:
• A national mandated dataset that all trusts will be required to complete for patient safety incidents on local systems
• Reporting of patient safety incidents, near misses, risks, outcomes, never events, good care
• It is expected that Trusts will go live with reporting by the end of March 2023.
• This will be a major change for staff that we need to manage in a considered and effective way.

Risks

• A risk management approach is being taken given this is a project of considerable size and complexity that will need to be completed within a short timeframe.
• We need to complete by March 2023 to be compliant with NHS England requirements.

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

A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
96% of incidents reported in May 2022 resulted in no harm or low harm or were not under the care of SWYPFT. 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.

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.

All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.

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

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Red (should not be compared with SIs)	7	7	7	7	7	3	7	6	4	7	11	8
Amber	49	45	28	47	48	59	36	49	56	43	58	58
Yellow	323	317	320	294	297	327	287	327	238	316	246	269
Green	682	714	661	712	792	747	792	769	621	702	701	832
Total	1061	1083	1016	1060	1144	1136	1122	1151	919	1068	1016	1167
Percentage of total that are Red/Amber *	5.3%	4.8%	3.4%	5.1%	4.8%	5.5%	3.8%	4.8%	6.5%	4.7%	6.8%	5.7%

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

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

No never events reported in May 2022

Safety First cont…

Summary of Patient Safety Incidents resulting in moderate or severe harm or death

This section relates to the patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death. Please note this is different to severity as described above.

Breakdown of incidents in May 2022:

31 Moderate harm incidents:
23 pressure ulcer category 3 incidents (developed under SWYPFT care), 23 incidents across Barnsley neighbourhood teams
5 Self Harm incidents (Intensive Home Based Treatment Team - Wakefield (older peoples services), Intensive Home Based Treatment Team (IHBTT) - Wakefield, Ward 18, Priestley Unit, Early Intervention Service (Insight) - Kirklees)
1 Aggression by patient resulting in accidental injury to self - (Chippendale, Forensic)
1 Administration/supply of medication from a clinical area - (Neighbourhood team, Barnsley)
1 Unintended/accidental injury (Horizon Centre Assessment and Treatment Service)

3 Severe harm incidents:
2 Pressure ulcer category 4 incidents across Barnsley neighbourhood teams
1 Self harm incident (Waterton Ward Forensic Rehabilitation, Newton Lodge)

4 Patient safety related deaths:
4 Suicide (incl apparent) - community team care - current episode (Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale, Enhanced Calder Valley Team - Calderdale, Enhanced Team South 1 - Kirklees, Intensive Home Based Treatment Team (Kirklees)

Mortality
• Work on Structured Judgement Review (SJR) management has continued to progress well through additional resources.
• We continue to experience difficulties in identifying people able to take on a SJR review. We have an extensive list of trained reviewers, however uptake is limited due to operational pressures and capacity.
• A review of the SJR training is being considered.
• We will be taking part in an informal peer support group with colleagues in other mental health trusts across the north of England to share learning.
• Learning from Healthcare Deaths policy is due for review January 2023. It is expected that an extension will be sought, to enable updates related to PSIRF to be incorporated later in 2023.

Safety First cont…
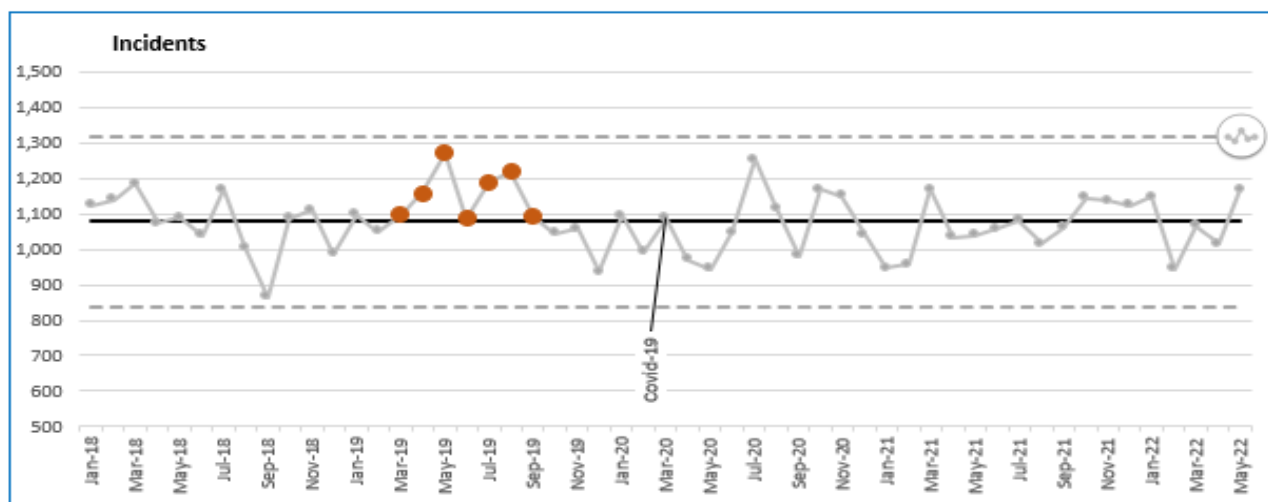
Incidents

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.

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 Parental consent to vaccination.docx

SBAR Learning from SI CAMHS 2021.9570

SBAR Learning from SI CAMHS 2021.3858

SBAR National review The Myth of Invisible Men

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 alerts

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

Bluelight alert 49 - 7 July 2021 - Risk of choking

Bluelight alert 48 - 9 June 2021 - Use of en-suite toilet seat as ligature

Bluelight alert 47 - 17 May 2021- Risks from nylon string, lace or cord

Trustwide learning events

Content, including presentations, is available on the intranet.

The next event is on Wednesday 10 August, 2.30pm - 4.00pm. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

Patient safety alerts received - May 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 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 Trios enter a final response for the service. Responses are monitored by the Patient Safety Support Team and reminders are sent via Datix to Trios to ensure the Trust meet the deadlines set. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2022/004 /MHRA	NovoRapid PumpCart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	26/05/2022	Yes - circulated for information	26/11/2022	27/05/2022

Safer Staffing Inpatients

Staffing remains an issue locally, regionally, and nationally. Although fill rates in May have again slightly improved from the previous month, it has continued to be challenging in attaining the first level of staffing, primarily for Registered Nurses (RN), which is the establishment fulfilment. There has been a slight increase in the number of requests of flexible staff and the number of shifts that were unfilled has decreased as we shall see below. This has often led to not always being able to meet the acuity demand on staffing. This is where the acuity of the service users increases the number of staff required.

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

International nurse recruitment continues and we now have 12 colleagues who are working on our wards having completed their Objective Structured Clinical Examination (OSCE) training. We have developed a year 2 plan for international recruits, consisting of a monthly cohort of around six nurses.

Our rolling recruitment campaign continues, targeting different specific areas each time. We are engaging with a social media firm to target our band 5 and above recruitment. We have made 71 band 5 job offers since January 2022 and our efforts to boost inpatient staffing continue. We continue to explore the collaborative bank to increase our resources and we have increased the recruitment campaign onto bank.

No wards fell below the 90% overall fill rate threshold in May. This was the first time this has been achieved since June 2021. Inpatient areas 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 five wards from the previous month, there were 23 (73.6%) of the 31 inpatient areas who achieved 100% or more. Of those 23 wards, 11 (an increase of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and there has been a systems wide increase of acuity on all inpatient areas, the focus for the flexible staffing resources has been The Oakwell Mental Health Unit, particularly Clark Ward, within Kendray Hospital in Barnsley, and Poplars within the Wakefield Business Delivery Unit. There have been supportive measures put in place including increased block booking, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal. Despite all the pressures our fill rates continue to increase.

Safer Staffing Inpatients cont…

Registered Nurses days
Overall registered Day fill rates have increased by 1.6% to 80.6% in May compared with the previous month.
Registered Nurses Nights
Overall registered Night fill rates have increased by 3.3% in May to 93.3% compared with the previous month.
Overall Registered Rate: 86.95% (increased by 2.45% on the previous month)
Overall fill rate: 115.1% (increased by 3.6% on the previous month)
Health Care Assistants showed an increase in the day fill rate of 4.3% to 131.9% and an increase in the night fill rate of 5.3% to 145.0%.

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.

Total pay costs May 21 - April 22
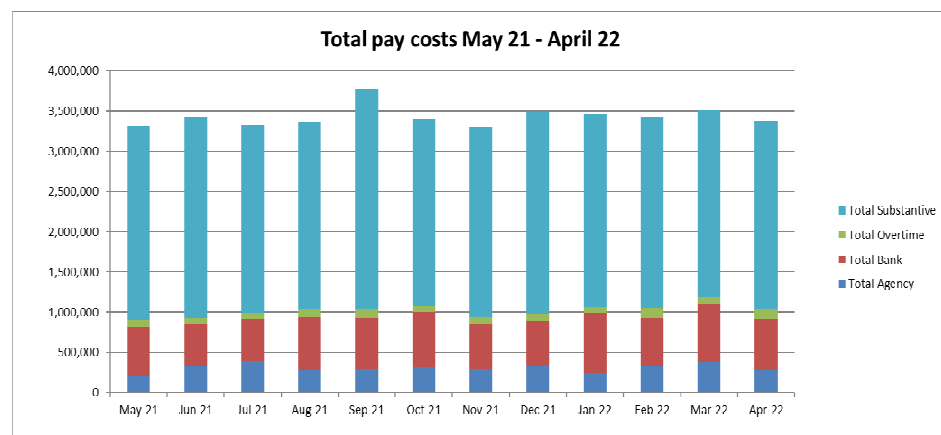
Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	555 (-10)	5,909.92	43.12% (+0.29%)	733 (-23)
Unregistered	454 (-53)	5,021.42	10.98% (-1.80%)	3,548 (+176)
Grand Total	1072 (-63)	10,931.33	18.39% (-1.72%)	

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

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

Safer Staffing Inpatients cont…

Safer Staffing Fill Rate

Safer Staffing Registered Nurses
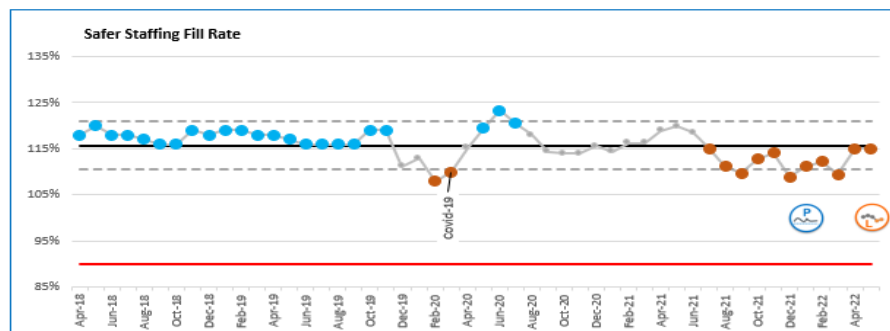
The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. We are currently in a period of special cause concerning variation.
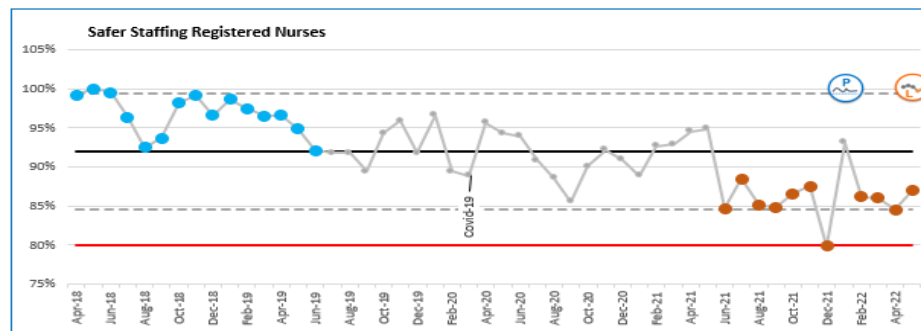
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In May 2022 we remain in a period of special cause concerning variation.

International Nurse Recruitment (INR) Programme

The Trust is now working with 4 separate agencies to meet its commitment to appointing 90 band 5 mental health nurses into the Trust by March 2023. As previously identified, we have now successfully appointed 12 nurses into the Trust. We are seeing significant delays in available appointments for NMC accreditation due to demand nationally for places. This is taking an average of 16-17 weeks to achieve. Due to this our current nurses in OSCE training will move to wards as HCSW until their NMC accreditation is successful. The Trust have successfully interviewed and offered employment to a total of 39 nurses who are now undertaking exams in their home countries.

We have agreed on a promotional workstream using agreed NHSEI mental health innovation fund monies to produce a series of bespoke videos promoting international recruitment into a number of roles and service areas. As part of the WY&H collaborative NHSEI will work with each Trust to produce a video showcasing each Trust individually and then a series of videos showcasing international recruitment potential into key clinical roles. These roles are being worked on now and will include learning disabilities and children's mental health nursing, allied health professional roles and psychology roles.

Information Governance (IG)

9 personal data breaches were reported during May, which is considerably less than the previous month.
 • 6 breaches involved information being disclosed in error. They were largely due to emails being sent to the wrong recipient.
  • 1 further breach occurred when a letter was misaddressed. This is currently subject to a manager's review.

A record keeping incident was reported that had an impact on an individual and on the management of services when paperwork was shared during a handover that didn't include sufficient information to identify the patient, so an investigation was required, causing a delay in agreeing planning the patient's care.

The Trust is awaiting further contact from the information commissioners office (ICO) in respect of the staff member who inappropriately accessed a number of health records and also the theft of a van containing patient letters. No complaints were made to the ICO about the Trust's data protection practices during May.
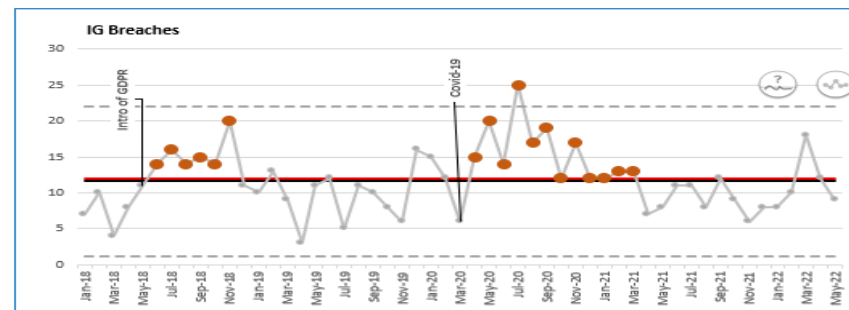
This SPC chart shows that both the introduction of GDPR in May 2018 and the outbreak of Covid-19 in March 2020 have had a negative impact on the number of information governance breaches with both seeing subsequent periods of special cause concerning variation (orange markers).

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 mental health 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 mental health 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.

Falls

Total number of falls was 37 in May.

All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
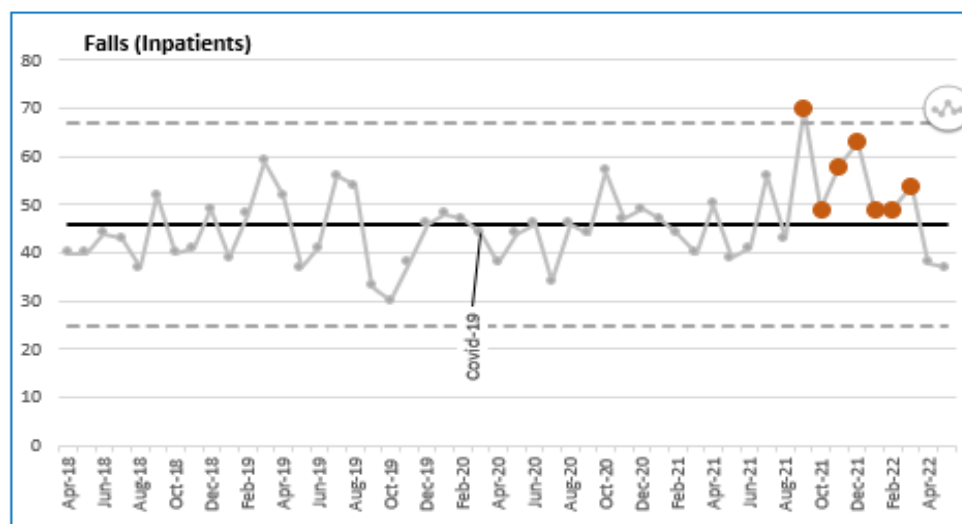
The SPC chart above shows that in May 2022, following a reduction in the number of falls, we have moved back into common cause variation following a period of special cause concerning variation (orange markers). We will continue to monitor this metric.

End of Life

The total percentage of people dying in a place of their choosing was 74.1% in May.
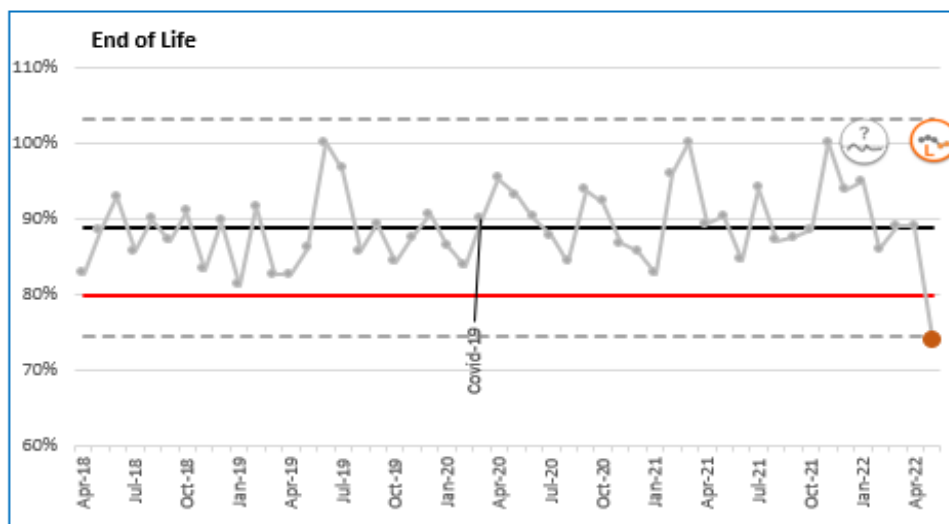
The chart above shows that in May 2022 the performance against the metric has dipped out of the expected range. Further investigation to determine what has changed and if further action is required should be undertaken.

Patient Experience

Friends and family test shows

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

Mental Health Services

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

Primary care (85%) Secondary care (85%) Acute (85%) Secure & forensics (60%) Other (85%) Total (85%)
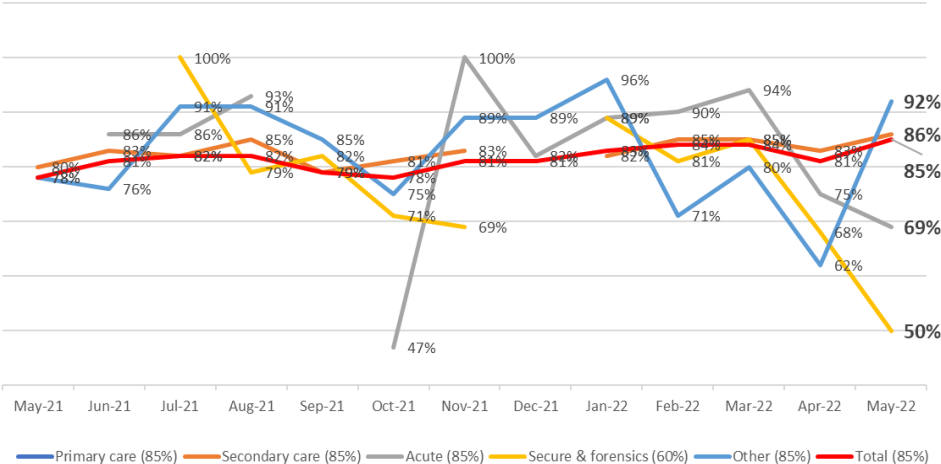
Community Services

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

Children & Families (95%) Inpatient (95%) Nursing (95%)
Other (95%) Rehabilitation & therapy (95%) Specialist (95%)
Total (95%)
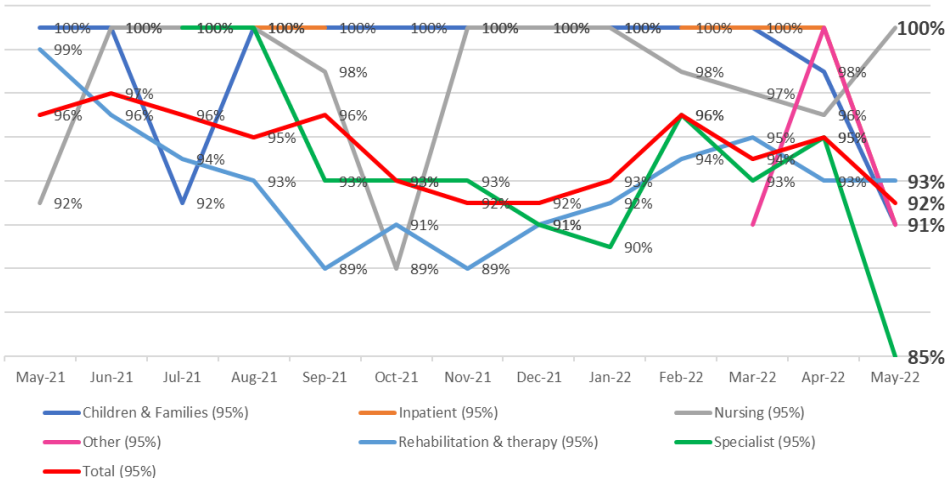
In May, the Trust saw an increase in the number of respondents that rated the services as 'very good' or 'good' for mental health services (85%), Trust wide remained the same (87%) and there was a decline in community services (92%).

Ratings continue to remain below target Trustwide (90%) and community services (95%).

Patient Experience cont…

Staff, communication, and patient care are consistent positive themes and staff, clinical treatment and communication are the consistent themes for negative themes across the Trust.

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

Specialist Services

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

Legend: ADHD (85%), CAMHS (75%), Learning Disability (85%)
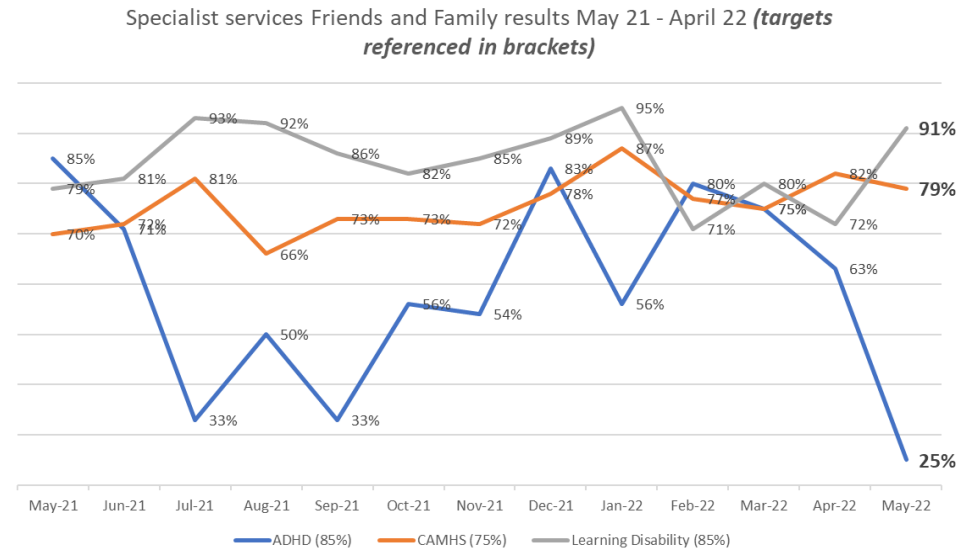
A new patient experience group (PEG) is being setup with support services to focus on trust-wide strategic issues for patients and carers. The first meeting is in June.

The Patient Experience and Engagement Toolkit goes live this month. The toolkit is a selection of questions that can be used to develop surveys to ensure the Trust gather views in a coordinated way using a standard approach. The toolkit will be available on the intranet to support staff with patient experience and engagement work.

Work is being undertaken to support the ADHD service to review their feedback, collection methods to increase their returns.

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. Safeguarding Training (adult and children) 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 service compliance rates have dropped below this target, this has been escalated to Senior Managers and Matrons. This received a positive response to prompt staff to attend.

The Named Nurse and the Specialist Advisor presented virtually to the Huddersfield University students to support the clinical risk, safeguarding, protecting children and vulnerable adults' session. The initial feedback was positive, with a potential for further work to be undertaken. The team facilitated the Link Practitioners Forum, providing updates on safeguarding adults and children including issues such as cuckooing and the myth of invisible men.

Following a Serious Incident investigation, one of the recommendations was to deliver the domestic abuse training to a clinical team, and this was facilitated.

The Associate Director and the Specialist Advisor attended the Challenge Event in Kirklees. This was a positive event, as the Safeguarding Team were able to provide examples of safeguarding work that has been undertaken and horizon scan.

A member of the team attended the Matron and Quality Leads meeting, to provide update on sexual safety.

The team continues to review Datix and clinical records as part of internal quality monitoring and in preparation for external Care Quality Commission (CQC), Children Looked After Safeguarding reviews (CLAS) and were involved, in a Joint Targeted Area Inspection (JTAI) in Barnsley. There are continued internal and external preparations for CLAS inspections, which are supported by the Safeguarding Team.

Infection Prevention Control (IPC)

Surveillance: There have been zero cases of E.coli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.
Mandatory training figures are healthy:
Hand Hygiene-Trust wide Total –90%
Infection Prevention and Control- Trust wide Total –86%
Policies and procedures are up to date.

Complaints

There were 25 new formal complaints in May 2022. Of these 1 has a timescales start date, 1 was closed due to no contact/consent and 23 are awaiting consent/questions.
4% of new formal complaints (n=1) have staff attitude as a primary subject.
25 compliments were received.
Customer services closed 12 new formal complaints in May 2022. Of the 12 formal complaints, 2 achieved the 40 working day target (17%).

Reducing Restrictive Physical Intervention (RRPI)

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

There were 148 reported incidents of use of Reducing Restrictive Physical Interventions in May 2022 this is similar to April 2022.

Of the different restraint positions used and reported in the 148 incidents (366 positions) (more than one restraint position is often recorded per incident), seated including safety pod use was the highest reported with 131 of 366 (35.7%) standing position was used 120 of 366 (32.7%) Supine was reported at 32 of 366 (8.7%) those remaining in prone 14 of 366 (3.8%) and prone then rolled was reported at 9 (2.4%)

Prone restraint (those remaining in prone position and not rolled immediately) was reported 14 times of 366 (3.8%) of total restraint positions, this is a reduction of 6 (30%).

Wakefield recorded 10 prone restraints. Newhaven recorded 2 prone restraints, Horizon recorded 1 prone restraint, forensics medium secure recorded 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 May, the percentage of prone restraints lasting under 3 minutes was 100% (14 of 14).

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

The use of seclusion has increased in May to 61 from 56 last month.

Reducing Restrictive Physical Intervention (RRPI)

Restraint Incidents
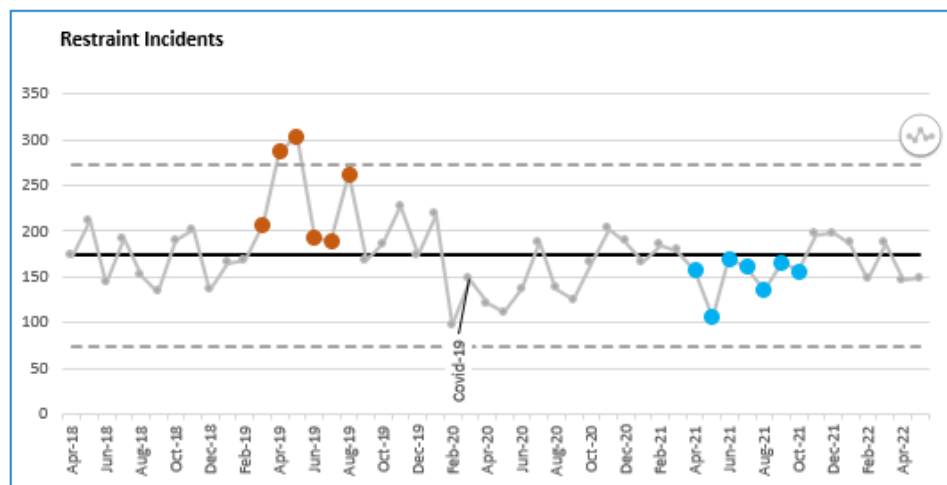
This SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently. In May 2022 we remain in a period of common cause variation.

The chart is based on the assumption that an increase in restraint incidents indicates a deterioration in performance however, as described above this is not always the case.

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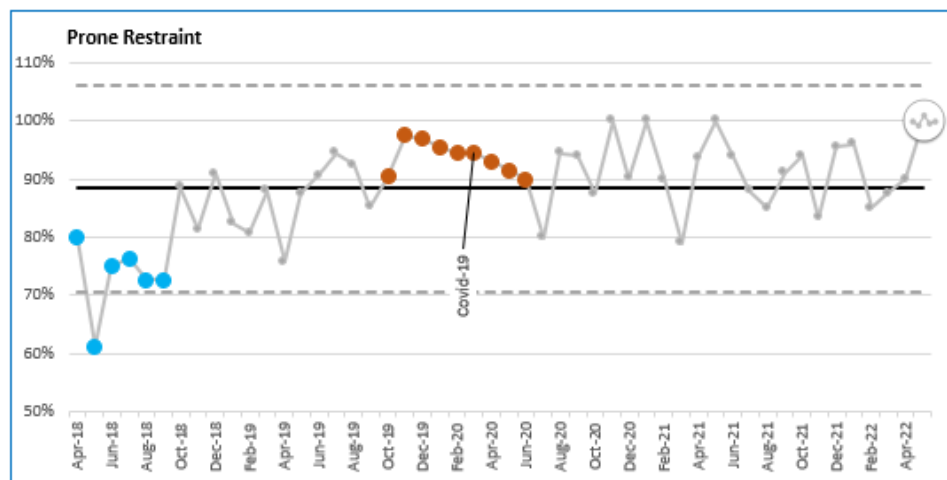
This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020, as well as two subsequent months of special cause concerning variation in October and December 2020 (orange markers).

Since that point to May 2022 there has been common cause variation (no concern) in the number of instances of prone restraint lasting less than 3 minutes.

NHS South West Yorkshire Partnership NHS Foundation Trust

Cardiometabolic Assessment & Treatment

The cardio metabolic assessment is a recognised approach to ensure that people with severe mental ill health have robust oversight of their physical health, together with oversight aspects of lifestyle that will impact on their physical health. To ensure a focused quality oversight, the gauges above show the performance of those screened for each domain of the assessment, and our performance in responding with an appropriate intervention to what is found. This method is enabling us to focus on those domains that are within compliance and those areas that require more focus.

Inpatients - Screened
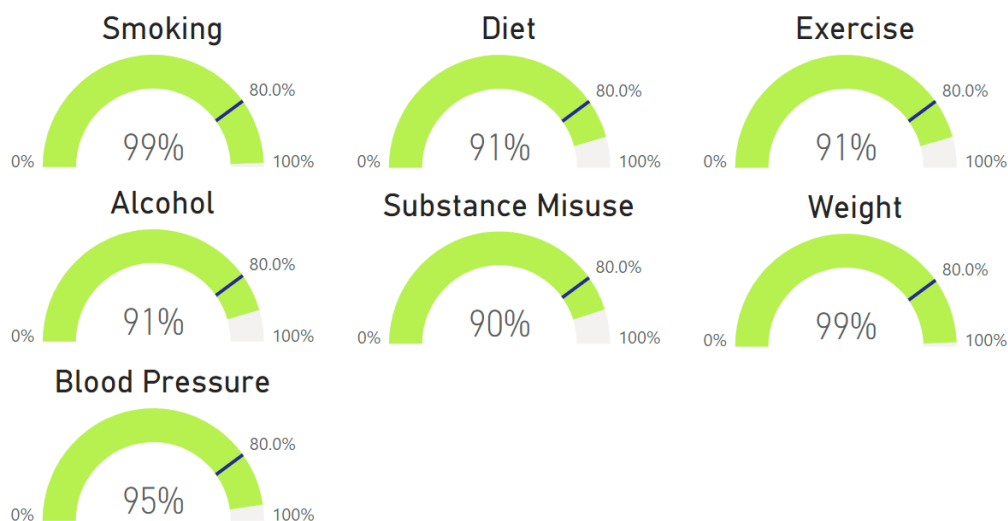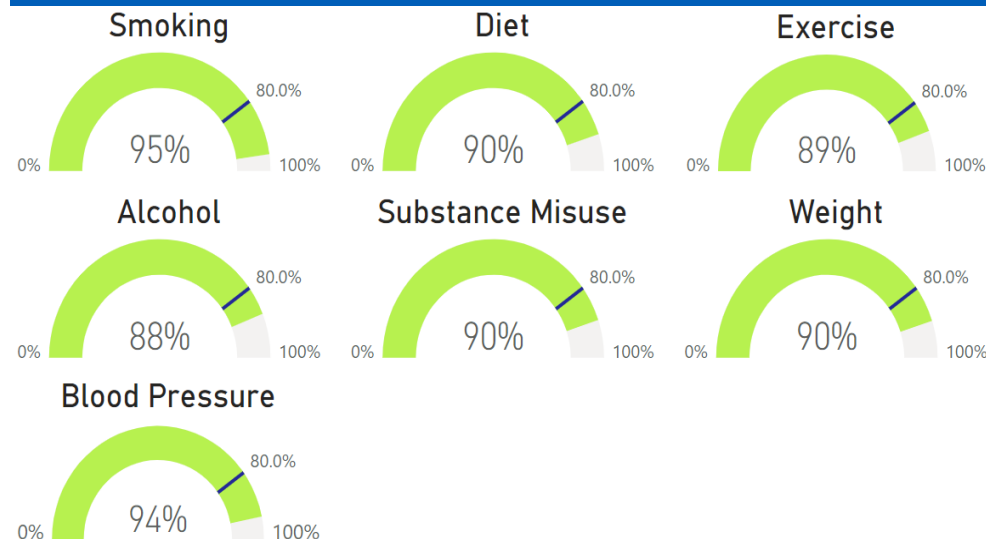
Smoking	Diet	Exercise
99%	91%	91%

Alcohol	Substance Misuse	Weight
91%	90%	99%

Blood Pressure		
95%		

Inpatients - Compliant

Smoking	Diet	Exercise
95%	90%	89%

Alcohol	Substance Misuse	Weight
88%	90%	90%

Blood Pressure		
94%		

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

Cardiometabolic Assessment & Treatment continued…

Community - Screened
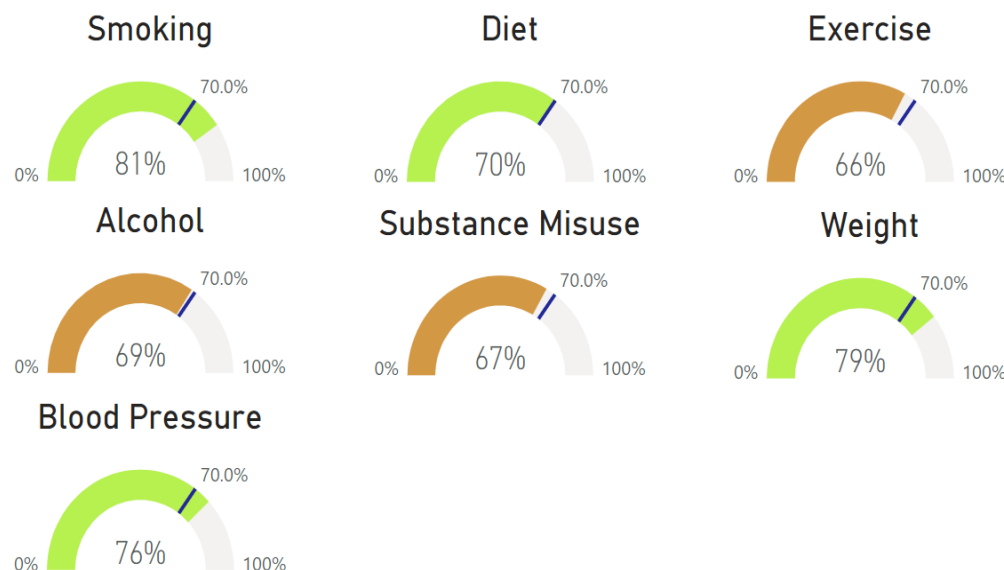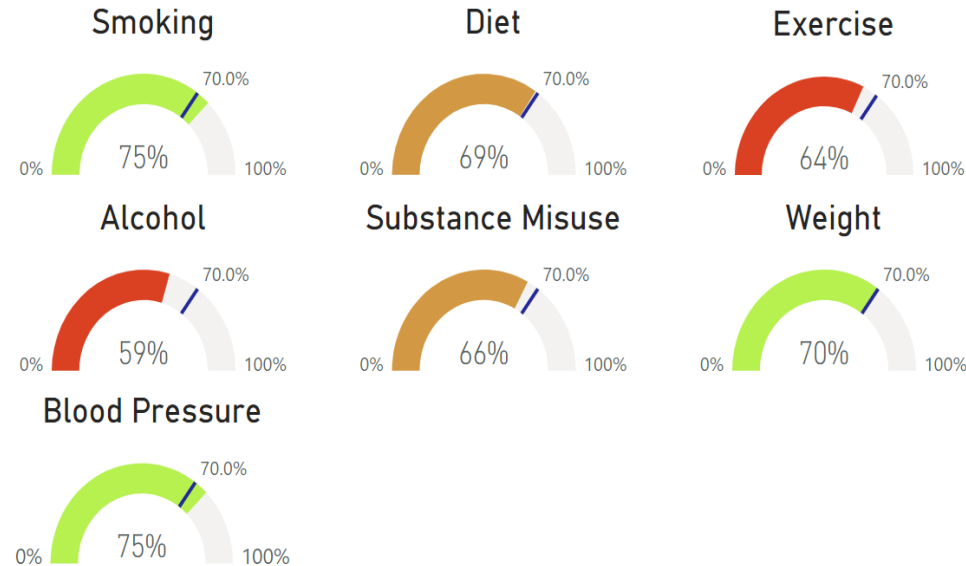
Smoking
81%
0% — 70.0% — 100%

Diet
70%
0% — 70.0% — 100%

Exercise
66%
0% — 70.0% — 100%

Alcohol
69%
0% — 70.0% — 100%

Substance Misuse
67%
0% — 70.0% — 100%

Weight
79%
0% — 70.0% — 100%

Blood Pressure
76%
0% — 70.0% — 100%

Community - Compliant

Smoking
75%
0% — 70.0% — 100%

Diet
69%
0% — 70.0% — 100%

Exercise
64%
0% — 70.0% — 100%

Alcohol
59%
0% — 70.0% — 100%

Substance Misuse
66%
0% — 70.0% — 100%

Weight
70%
0% — 70.0% — 100%

Blood Pressure
75%
0% — 70.0% — 100%

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.

With regards to community mental health services, a key area of learning from the current data is the need to respond with appropriate interventions to improve levels of exercise and also to respond to the person's alcohol use. Actions are underway in community mental health services to improve the overall response to the cardiometabolic assessment. In addition, it is important to note that some of the domains of this assessment are blood tests that are provided in primary care. We are not yet in a position to report against these but are reviewing how this can be included in the future

Workforce - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Sickness (YTD)	Improving Resources	Well Led	GM	<=4.5%	4.7%	4.8%	4.8%	4.6%	4.6%
Sickness (Monthly)	Improving Resources	Well Led	GM	<=4.4%	4.7%	4.8%	4.8%	4.6%	4.5%
Sickness absence (including Covid-19)	Improving Resources	Well Led	GM	-	8.7%	6.3%	6.8%	6.7%	5.3%
Staff Turnover (registered nurses)	Improving Resources	Well Led	GM	10%	13.6%	13.2%	12.8%	10.2%	10.3%
Gross Vacancies	Improving Resources	Well Led	GM	-	8.5%	9.0%	8.0%	6.3%	7.8%
Net Vacancies	Improving Resources	Well Led	GM	-	4.0%	4.2%	3.5%	1.3%	1.7%
Appraisals (Band 6 and above)	Improving Resources	Well Led	GM	>=95%	Data unavailable	64.9%	65.0%	70.0%	70.2%
Appraisals (Band 5 and below)	Improving Resources	Well Led	GM	>=95%					
Aggression Management	Improving Care	Well Led	GM	>=80%	79.4%	77.3%	77.5%	75.5%	73.7%
Cardiopulmonary Resuscitation	Improving Care	Well Led	GM	>=80%	71.5%	69.4%	69.5%	73.4%	74.4%
Clinical Risk	Improving Care	Well Led	GM	>=80%	94.8%	94.4%	94.5%	95.9%	95.6%
Display Screen Equipment	Improving Care	Well Led	GM	>=80%	87.7%	89.5%	89.6%	92.9%	92.8%
Equality and Diversity	Improving Health	Well Led	GM	>=80%	93.0%	93.4%	93.5%	94.3%	94.0%
Fire Safety	Improving Care	Well Led	GM	>=80%	90.4%	90.2%	90.3%	90.3%	88.6%
Food Safety	Improving Care	Well Led	GM	>=80%	79.3%	78.5%	78.6%	77.9%	76.6%
Freedom to Speak Up (FTSU)	Improving Care	Well Led	GM	>=80%	73.8%	78.2%	78.3%	84.9%	84.4%
Infection Control and Hand Hygiene	Improving Care	Well Led	GM	>=80%	89.4%	90.2%	90.2%	89.5%	87.3%
Information Governance	Improving Care	Well Led	GM	>=95%	71.9%	89.7%	89.8%	92.4%	93.1%
Moving and Handling	Improving Resources	Well Led	GM	>=80%	96.2%	96.3%	96.4%	96.3%	95.5%
National Early Warning Score 2 (NEWS2)	Improving Care	Well Led	GM	>=80%	71.5%	74.6%	74.6%	80.6%	81.3%
Mental Capacity Act/DOLS	Improving Care	Well Led	GM	>=80%	91.2%	91.8%	91.8%	93.2%	92.5%
Mental Health Act	Improving Care	Well Led	GM	>=80%	87.0%	87.9%	87.9%	89.6%	88.5%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	GM	>=80%	63.8%			Due July 2022	
Prevent	Improving Care	Well Led	GM	>=80%	93.9%	94.1%	94.2%	94.1%	93.9%
Safeguarding Adults	Improving Care	Well Led	GM	>=80%	89.7%	89.2%	89.3%	89.1%	88.2%
Safeguarding Children	Improving Care	Well Led	GM	>=80%	89.8%	90.4%	90.4%	90.3%	89.9%
Bank Cost	Improving Resources	Well Led	GM	-	£1181k	£942k	£1078k	£986k	£1145k
Agency Cost	Improving Resources	Effective	GM	-	£643k	£760k	£984k	£740k	£920k
Overtime Costs	Improving Resources	Effective	GM	-					
Additional Hours Costs	Improving Resources	Effective	GM	-	Data unavailable at the time of producing this report				
Sickness Cost (Monthly)	Improving Resources	Effective	GM	-					
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	GM	-					
Business Miles	Improving Resources	Effective	GM	-	193k	195k	197k	197k	213k

Health & Safety

	Objective	CQC Domain	Owner	Threshold	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	GM	-	3			Due July 2022	

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

KPI	Target	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	As at 22nd June 2022	Trend	Notes
No of staff off sick - Covid-19 not working		**61**	**111**	**311**	**140**	**61**	**167**	**111**	**44**	**58**		
No of staff working from home - Covid-19 related		**22**	**50**	**177**	**86**	**36**	**67**	**57**	**12**	**23**		
No of staff returned to work (including those who were working from home)	N/A	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%	4638/4729 = 98.1%		
No of staff returned to work (not working only)		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%	3249/3321 = 97.8%		
No of staff still absent from work who were Covid-19 positive		20	21	21	49	30	48	47	9	7		
Additional number of staff enabled to work from home		1350	1554	1554	1634	1779	1858	1898	1932	1979		Cumulative
Calls to occupational health healthline		3292	3462	3632	3877	4039	4215	4340	4454	4573		Cumulative

Staffing

• Our substantive staff in post position remains stable to start the beginning of this financial year despite the pressures on recruitment, retention, and increased service acuity. Covid absence pressures were much reduced in May and our non-covid absence is at 4.5%. Our overall substantive staff in post rose by 18.09 wte from 4,088.5 wte to 4,106.6 wte.

• Staffing pressures remain high across our inpatient and forensics wards due to vacancy gaps and competition to obtain bank and agency. Bank work has increased with staff taking up more requests to fill availability.

• Several initiatives are either implemented or being scoped and to mitigate this including:

    o Staff recruitment and retention schemes including refer-a-friend, retention premia and incentive payments for extra hours

    o Inpatient taskforce in place working on a number of workstreams regarding recruitment, comms and marketing of vacancies and opportunity.

    o Re-advertising and review of internal transfer scheme

• Absence remains higher within Forensics (6.5%). It is much reduced in Inpatients at 5.1% (over 2% reduction). We are also seeing sustained higher absence within Estates & Ancillary staff (8.0%) and across some additional clinical staff roles (5.5%), particularly health care support worker (HCSW) roles working within our ward areas.

• The Trust is seeking to improve on last years appraisal compliance and will be monitoring and encouraging regularly.

• 94% of staff are now registered on WorkPal and able to complete online.

Workforce Issues

• As at 22nd June, 58 staff were off work Covid-19 related, not working which compares to 44 towards the end of May. A further 23 were working from home.

• In May 73 staff were confirmed positive for Covid-19

• Staff turnover increased slightly to 10.3% in May

• Non-Covid sickness absence decreased to 4.5% in May.

• 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

Analysis

Trust Sickness Absence (Exc Covid-19)

Trust Staff Turnover - Year to Date

Trust Agency Spend
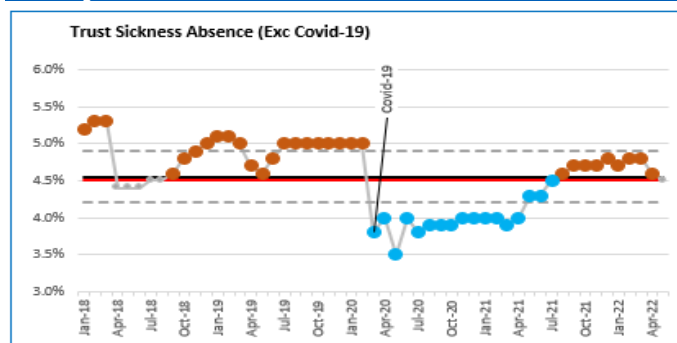
The chart above shows that as at May 2022 we remain in a period of special cause concerning variation (orange markers). Further action regarding this in mentioned below.
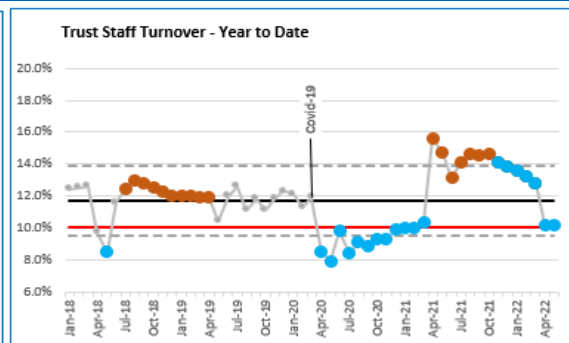
The chart above shows that in May 2022 we remain in a period of special cause improving variation (blue markers). Indicating an improving position against this measure.
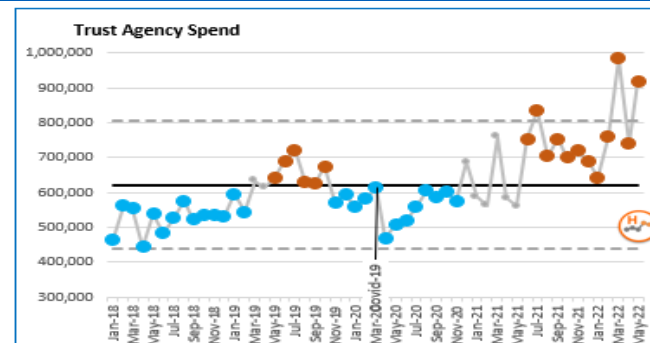
The chart above shows that in May 2022 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

Sickness Reporting

• Bank and agency availability is continually reviewed to assist with resource availability.
• Critical functions for corporate support services are typically moving to hybrid working.
• 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 10.2 days in May.

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Data quality rating 8	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		
Inappropriate out of area bed days 5	Improving Care	Responsive	CH	SOF/LTP		640	754	1253	1686	512	607	436	643	413	400		
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%	93.5%	76.9%	86.1%	85.7%	88.4%	83.7%		
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%	51.1%	52.3%	52.0%	53.4%	55.0%	52.2%		
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	394	487	432	489	455	445		
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	736	890	782	932	786	886		
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%	92.2%	98.7%	99.4%	98.8%	99.0%	98.5%		
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	71	98	90	68	269	117		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	SC	99%	100%	100.0%	100.0%	68.9%	100.0%	100.0%	99.2%	68.9%	78.1%	95.9%		
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%	84.7%	83.8%	83.0%	84.9%	82.8%	82.3%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	98.7%	97.9%	96.0%	94.2%	94.8%	94.2%	94.6%	94.0%	92.7%	96.0%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	99.9%	99.9%	99.9%	99.8%	100%	99.8%	99.8%	100.0%	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%	0.0%	75.0%	100.0%	71.4%	100.0%	84.6%		
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%	100.0%	100.0%	100.0%	93.3%	91.3%	92.0%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	99.0%	99.0%	98.8%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%		

NHS South West Yorkshire Partnership NHS Foundation Trust

KPI	Objective	CQC Domain	Owner	Source	Target	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Data quality rating 8	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	5	0	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	1	0	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%	96.6%	98.0%	98.8%	97.1%	100.0%	96.8%		
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	O	95%	95.6%	95.7%	94.2%	97.4%	94.2%	93.0%	91.0%	97.4%	96.9%	93.8%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	87.7%	87.7%	88.7%	88.4%	88.7%	88.4%	88.5%	88.2%	88.3%	88.2%	⚠	
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.3%	10.5%	10.2%	9.9%	10.0%	9.6%	9.9%	10.4%	10.6%	11.2%	⚠	
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%	98.3%	98.7%	99.7%	98.0%	99.0%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	O	99%	99.9%	99.9%	100.0%	100.0%	100%	100%	100.0%	100.0%	100.0%	100.0%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	O	90%	98.2%	98.2%	98.7%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%	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

Variation Icons — The icon which represents the last data point on an SPC chart is displayed.

Assurance Icons — If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.

ICON									
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

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 98.5%
• 72 hour Follow up remains above the threshold at 82.3%
• The percentage of service users seen for a diagnostic appointment within 6 weeks has remains below the target threshold at 95.9%. High levels of staff absence due to Covid-19, sickness and annual leave have had a significant impact on the number of patients seen. The team are undertaking remedial work to ensure this is rectified in the coming months.
• 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 May 11 out of 13 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 May, 2 cases out of 25 were not seen within four weeks.
• During May 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 52.3% for May.

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

• The reporting for employment and accommodation for May shows 17.9% of records have an unknown or missing employment and/or accommodation status. This is a decrease compared to April which showed 18.6% 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
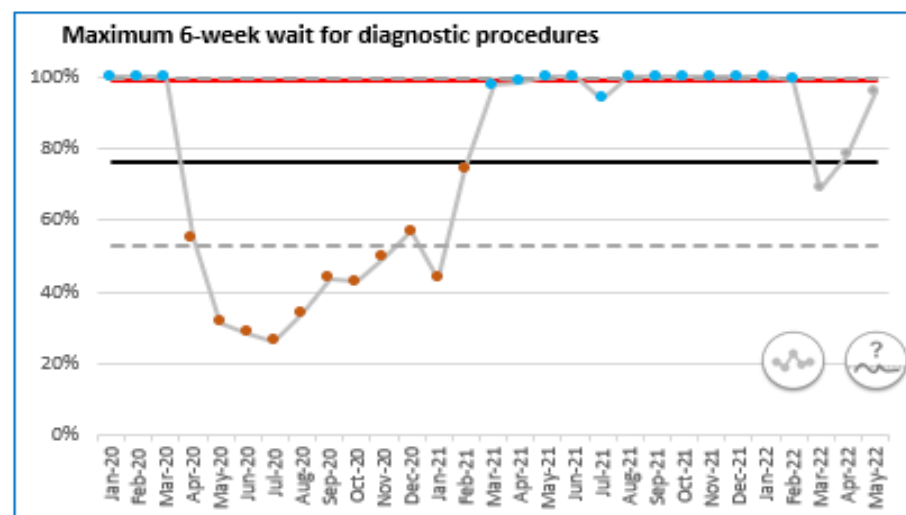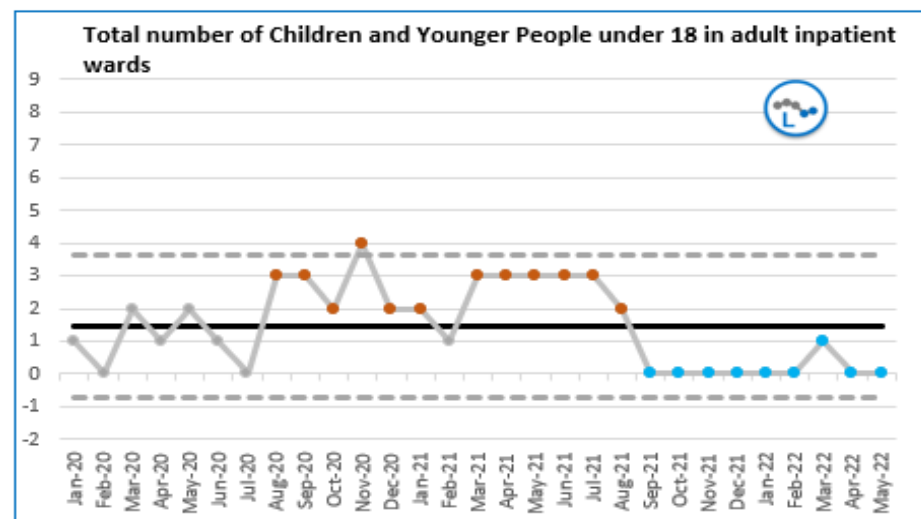
The SPC charts above show that we remain in a period of special cause improving variation regarding the number of beds days for children and young people in adult wards despite reporting 5 bed days in March 2022, we remain at zero in May 2022. Due to the fluctuating nature of the diagnostic procedure waits we are in a period of common cause variation however whether we will meet or fail the target cannot be estimated.

Analysis

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

% service users followed up within 72 hours of discharge from inpatient care
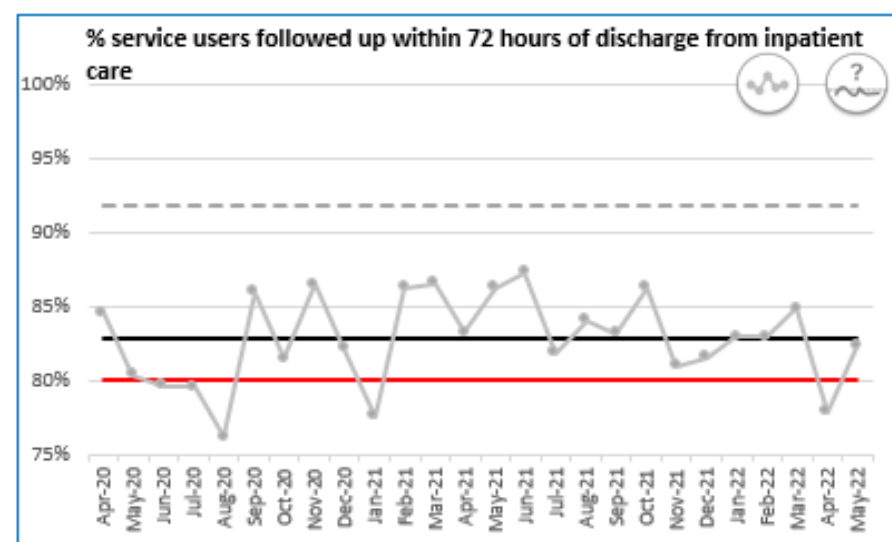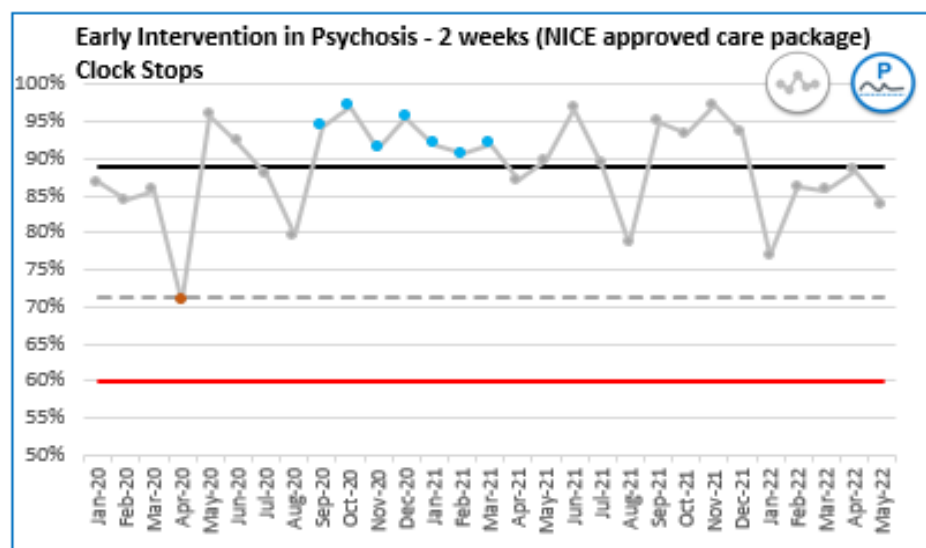
The SPC charts above show that there continues to be no concerns for clients being seen by EIP services and we are expected to meet the target. There is no concerns for clients discharged from inpatient care being followed up within appropriate timescales but due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated.
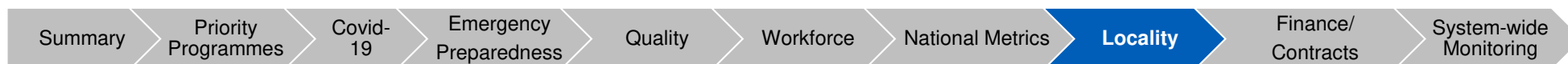
This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley mental health services:

Alert/Action

• There has been two 72 hr follow up breaches, which is very unusual. This has been due to Issues including incorrect recording of discharge dates, and has been addressed.
• There have been challenges recruiting to a specialist psychology post in Memory Services
• An action plan is now in place to mitigate and resolve short and long term demand/capacity pressures in core.
• Record keeping remains a concern and further concerted efforts continue to improve this through regular monitoring. CPA's currently 92.%. FIRM Risk Assessments remain at 38.8%.
• There are ongoing issues around access to inpatient beds leading to Intensive Home Based Treatment Team managing greater acuity in the community.
• The tender has been issued for the South Yorkshire Individual Placement Support service, which has potential to impact Trust staff employed through the current model.

Advise

• There have been ongoing challenges covering 136 response.
• Waiting lists in IAPT remain challenging.
• Work being undertaken around the development of an all-age eating disorder service. Further meetings are being held with South Yorkshire ICS colleagues.
• The first of the neighbourhood hubs incorporating SWYPFT and Primary Care Network staff has been identified as Welllington House. The start date is still to be established.

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

New risks identified:
• Individual Placement Support tender
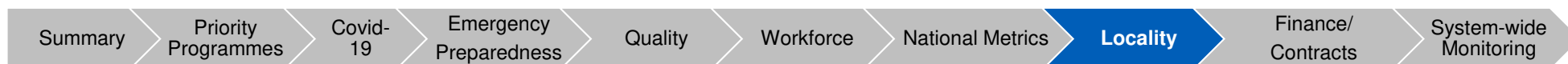
Assure

• There has been a reduction in sickness absence rates in core services, along with caseload management resulting in the lowering of case load numbers, working towards more manageable case loads for practitioners.
• Neighbourhood cafes continue to be established across the borough including Trust staff.
• The transgender support group, established through suicide prevention money, is due to commence on 23 June.
• Memory services have been included in the Royal College of Psychiatry nominations for Psychiatry Team of the Year, Older Adults Section.
• Arrangements made for staff to access venepuncture training to assist with Clozaril and health and wellbeing clinics. ECG training taken place to enable these to be undertaken by services.
• Barnsley mental health staff have trained colleagues across the Primary Care Network in physical health screening to enable us to work collaboratively, and ensure those eligible for their annual health screening receive this.
• Core psychology waiting lists have now been set up on SystmOne
• Services have received support from the Performance and Information Team around data quality and how they report on SystmOne to improve accuracy of recording.
• A local work instruction has been developed to assist lone working with the use of a coded message should staff find themselves in an emergency situation.
• Training has been delivered to GPs around personality disorder which was well received

Child and adolescent mental health services:

Alert/Action

• Friends and Family Test results have remained relatively consistent in CAMHS - 79% (82% last month). Work is underway to improve the engagement with children and families to broaden the opportunity for feedback. A temporary post has been recruited within Kirklees CAMHS to lead on engagement activities.
• There has been improvement with respect to mandatory training compliance, and work continues to maintain/improve.
• Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees remain problematic.   Increased capacity is now in place and it is anticipated waiting lists will plateau over the next month with incremental improvement possible beyond that.
• The Calderdale/Kirklees crisis team remains under pressure as a consequence of high demand and some temporary factors impacting on capacity. Staff from core CAMHS pathways are being utilised to support the team. This necessary cross-cover arrangement is likely to impact negatively on waiting numbers in core CAMHS.

Advise

• An Any Qualified Provider model is to be implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust CAMHS response.
• The percentage of children treated within 18 weeks in core CAMHS remains challenging with the position in Wakefield being particularly under pressure.
• 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.
• Mental Health Support Teams are being developed in all areas. The Trust is the lead provider in Wakefield and Kirklees.

Assure

• Staff wellbeing remains a focus. Hybrid models of working are still being proactively utilised.

CAMHS Referal to Treatment
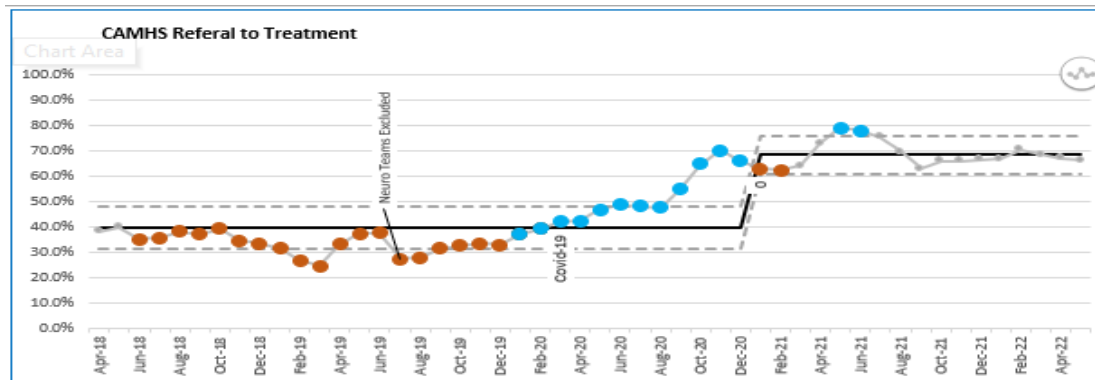
The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation. As you can see in May 2022 we remain in a period of common cause variation. There are therefore no concerns regarding this measure.

Barnsley general community services:

Alert/Action

• Children's Vaccination and Immunisation contract to be extended for 5 months until 31st August 2023 to align with academic school year.
• Yorkshire Smoke Free Sheffield (YSFS) –due out for tender September 2022 for April 2023 start date of the new contract.
• There are challenges with staffing in resuscitation. Recent recruitment has been successful with new staff member commencing mid-July.
• There are challenges to recruitment in the Podiatry Service- this is a national issue. This has been added as a focus for the international recruitment list.
• There have been issues accessing the Barnsley Hospital NHS Foundation Trust (BHNFT) hospital discharge letters via the ICE system following BHNFT's transfer to a new clinical record system. This has been raised as a risk for SWYPFT staff undertaking post discharge follow on care and BHNFT are currently liaising with ICE supplier to address the issue.
• There is increased demand in SWYPFT's Neighbourhood Nursing Service (NNS) and Tissue Viability Service (TVS) for non cancer-related lymphoedema support. Currently the Trust is funded for a cancer-related lymphoedema service only. Funding to provide temporary staffing resource to assist the increase in demand in this service line is in place.

Advise

• 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.
• Challenges remain in recruiting to Band 5 Staff Nurse posts.
• The shortage of BM (blood monitor) Machines in nursing services is being mitigated by use of a new unit which is being trialled on the Stroke Rehab Unit.
• Further increase in Equipment & Adaption Service waiting times due to recruitment challenges- actions in place to revert this.
• Virtual Ward Pilots for frailty and acute respiratory conditions started on13th June 2022.

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

New risks identified:
• Accessing discharge letters from BHNFT (see above)

Assure

• Stroke: the Jan – March Sentinel Stroke National Audit Programme (SSNAP) Audit Compliance and Case Ascertainment are both over 90% this improvement, achieved by bringing all the admin into the service.
• Neuro rehab services managed to reduce numbers in service from up to a consistent 40% over contract over past 12 months, down to around 10% over contract and managing additional caseload well due to new ways of monitoring outcomes in service and moving patients on appropriately.
• New 8am – 8pm working pattern in Neighbourhood Nursing Service commenced on 13th June- and is going well.
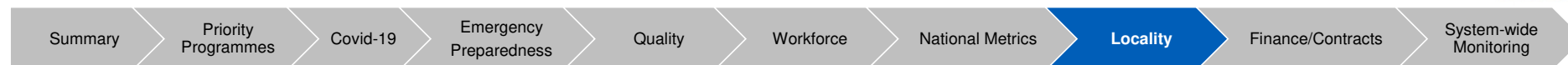
ADHD/ASD services:

Alert/Action

• Referrals - Attention Deficit Hyperactivity Disorder (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 – Friends and family test is at 25% (2/8) under target (red)
• Training in amber – Information governance 94.3%

Advise

• The Service is providing cover for referral management to Bradford/Airedale Neurodevelopmental Service (BANDS) and is working towards integrating our process and pathways with them. The Service is also looking at creating joint posts with BANDS.
• The business case to increase capacity in ADHD to 560 per year has been approved.
• 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 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

Assure

• All KPI and mandatory training is meeting targets set.
• There have been some recording issues around supervision which have been addressed, supervision compliance within the service is positive.
• Pathway changes have been made in ADHD to increase capacity to meet demand to 360 per year.

Learning disability services:

Alert/Action

• Waiting list pressures continue actions to address recruitment and increased referrals remains a priority.
• The highest turnover and vacancy rates are in Psychology & Occupational Therapy. .
• Annual Health Checks (AHC) led by strategic health facilitatorsare on target in Wakefield and Calderdale Kirklees is forecast under target, awith an action plan in place to improve. Funding has been agreed to recruit to a strategic health facilitator for Barnsley.
• Work is underway to understand the impact of revised thresholds within social care provision on demand for our community learning disability services. The findings will be escalated through the appropriate assurance route to Board.
• Actions are in place to address the required improvements from the review of long term segregation. These were reported to the clinical governance clinical safety committee and relate to external medical reviews and access to outdoor spaces.

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.
• Acuity remains high on the Horizon Centre.

Community
• Medical staffing has improved, with medical cover in each service area, noting that this still relies on the use of locum staff and interim redeployments/secondments.
• Locality teams continue to experience acuity and complexity of service users.
• A a workforce review across community teams is underway to facilitate improvements in the delivery of 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 early-July (originally mid-May but some delays).
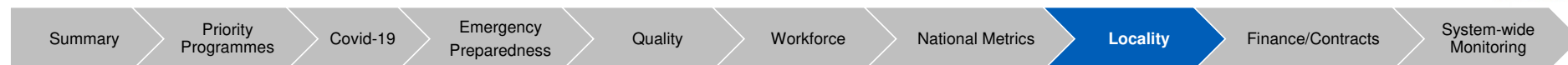
Assure

Assessment and Treatment Unit (ATU)
• An improvement plan is in place to address informal feedback from safe and well-being reviews.
• Nursing recruitment has progressed well, successfully recruiting to several vacant positions

Community
• Formal welfare checks for people waiting for a service are in place and reported on SystmOne. No service user has been admitted to hospital as a result of waiting for a service in the community. • Annual health checks across all four localities are seeing improvements in numbers since the introduction of new Strategic Health posts.
•Strengthenedlinks with the new Barnsley integrated structure will ensure LD is represented at place.

Forensic services:

Alert/Action

• Bed Occupancy – Newton Lodge (including leave) remains below the 90% threshold for May remaining at 88.6%. The challenge is the number of referrals requiring seclusion on admission.
• Mandatory training areas in amber: Aggression management is at 73.9%, Cardiopulmonary Resuscitation is at 75.5% which has improved from 71.8% but still requires focus and mitigating actions remain in place to ensure the availability of appropriately trained staff. • Sickness absence/covid absence remains above threshold- Newton Lodge 8.7%, Bretton 6.1%, Newhaven 2% and FCAMHS at 3.9%.
• Turnover rates remain high. Inpatient Forensic services currently have 39 registered nurse vacancies. Community services also have registered practitioner vacancies and challenges around consultant psychiatry recruitment. A robust recruitment plan is in place.
• 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.

Advise

• Work with partners in the Adult Secure West Yorkshire Provider Collaborative continues with a focus of moving to business as usual. There is a current priority on service user flow through inpatient services, service users who are out of natural clinical flow and repatriation, and some early discussion re capacity planning moving forwards.
• The roll out of trauma-informed care is going well, and the service were asked to present the model at the West Yorkshire Adult Secure Provider Collaborative Clinical and Operational Group.
• The service has had its annual peer review supported by the Royal College of Psychiatry and are waiting for the written report.
• Johnson ward has had a review led by support services external to the review are waiting the written report and learning.
• The BDU is rolling out a cultural survey, and this has been initially piloted on Johnson. This will be used to inform quality improvement activity.
• 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.
• The regional FCAMHS will transfer to a West Yorkshire Provider Collaborative and SWYPFT will remain the Lead Provider. Ongoing work around ensuring governance aligns with the Children and Young People's Provider Collaborative and with governance across Yorkshire and Humber is needed.

Assure

• No delayed transfers of care recorded across all three services in May
• 100% compliance for HCR20 (Historical, Clinical and Risk Management) 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 BDU 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.
• The well-being of staff also remains a priority within the service. There is a well-established well-being group focusing on addressing findings information from a bespoke survey and the recent NHS survey results.
• Remedial actions are in place to improve supervision and appraisal levels.
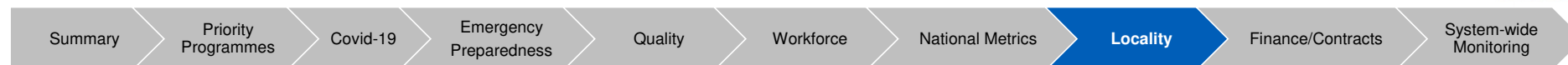
Calderdale Kirklees Wakefield and Trustwide Inpatients:

Alert/Action

• Acute wards continue to see high levels of acuity and service user distress, with the residual requirement to manage isolated and cohorted patients in addition. High levels of demand and acuity have frequently led to above 100% occupancy levels across wards and capacity to meet demand for beds has been difficult on an ongoing basis. The difficulties have been compounded by significant workforce challenges, 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, although this has improved recently.

• The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, and the use of out of area beds has remained a constant with some patients discharged and a lower rate of placement during the last month. However, a number of patients remain in beds throughout the country 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 Integrated Care System continues.

• Demand into the Single Point of Access (SPA) is leading to pressures in the service and necessitating the use of additional staff and sessions for assessment slots. Workforce challenges are continuing to compound these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment is at some 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. 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. 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, for example the introduction of Trainee Nurse Associate roles in Kirklees following new investment by commissioners.

• We have had some continued challenges 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 key performance indicator.

Advise

• Senior leadership from matrons and general managers remains in place across 7 days. We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.

• Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway. We 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.

• CPA review performance continues to hold steady, but the BDU level action plan is remaining in place to ensure that this and other team challenges such as staffing levels which have had an impact 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.

• 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 remain 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 did not attends. 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.
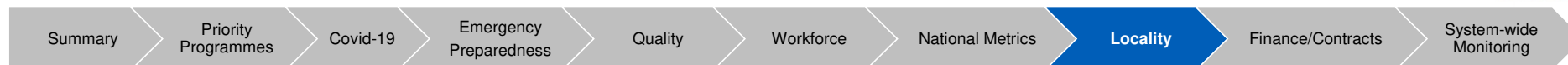
Assure

- The improved level of performance around CPA reviews has continued in all areas.
- Our professional nurse advocacy sessions in inpatient services following the successful qualification of two of our matron team are proving successful, and are well-received by colleagues participating.
- We have had some recent success in recruitment both internally and externally in the Barnsley acute inpatient workforce.
- Significant improvement in Covid 19 swabbing compliance for inpatient services has been maintained.
- 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.

Communications, Engagement and Involvement

- Coronavirus update sent out to all staff and governors, focused on changes to guidance
- Coronavirus sections on the intranet updated
- Comms support to the COVID Moving Forward Group
- SystmOne sharing of care records campaign development
- Staff wellbeing initiatives promoted, including Move More SWYPFTly activity
- Recruitment activity delivered, including design and banners, t-shirts, adverts, social media materials and press release on the virtual recruitment fair
- NHS staff survey results next steps and 'we said you did' infographic developed.
- Support provided to the older people's transformation programme, including staff updates and preparation for next steps
- All of You campaign on collecting equality data campaign promoted
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind, Recovery and Wellbeing Colleges and the Mental Health Museum
- Comms and marketing support provided to the TransBarnsley group and to the LGBT+ staff network
- Comms and engagement plans developed for the launch of the staff disability policy and for the social responsibility and sustainability policy
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels
- Website and intranet development work, including new websites for EyUp and the Museum
- Media enquiries co-ordinated and developed Trust responses
- Development of communication and marketing related to the Barnsley single point of contact for CAMHS
- Comms, engagement and equality plan developed for the Barnsley Community Health Alliance. Branding, narrative and staff briefings provided
- Promotion of West Yorkshire and South Yorkshire ICS initiatives and campaigns; and comms input to ICB development in each of our areas.

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 with 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.
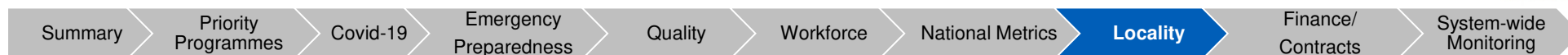
Engagement, Equality and Volunteering Update continued…

• 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 voluntary and community sector (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.

Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

	Performance Indicator	Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£1.2m	£3.2m	The Trust has resubmitted a revised annual plan in June 2022 which takes account of new inflationary cost funding. The revised plan is a surplus of £3.2m with the majority achieved in H1. To date the surplus is £1.2m which is in line with this revised plan.
2	Agency Spend	£1.7m / 4.7%		Agency spend has increased in May to £0.9m and year to date £1.7m incurred. Agency staff will continue to play an important role in the overall workforce strategy but 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.
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	£1.8m	£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	£82.8m	£78.7m	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	£0.6m	£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. There is minimal spend planned in Q1 and current performance is in line with plan.
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.

NHS England

Draft guidance on good governance and collaboration

This guidance, issued under the NHS provider licence, sets clear expectations of
collaboration by NHS trusts and foundation trusts and the governance
characteristics that trusts must have in place to support this. It is open for consultation until 8 July 2022.

Click here for link to draft guidance

NHS England

Draft code of governance for NHS provider trusts

This code sets out a common overarching framework for the corporate governance
of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. It is open for consultation until 8 July 2022.
Click here for link to draft code

Finance Report

Month 2
(2022 / 23)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators		

Key Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
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		4.7%		
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Income & Expenditure Position 2022 / 2023

Trust Financial Position

Budget Staff WTE	Actual worked WTE	Variance WTE	Variance %	This Month Budget £k	This Month Actual £k	This Month Variance £k	Description	Year to Date Budget £k	Year to Date Actual £k	Year to Date Variance £k	Budget £k	Forecast £k	Forecast Variance £k
				20,031	20,136	105	Healthcare contracts	39,797	39,713	(85)	241,368	241,385	17
				9,198	9,443	245	Other Operating Revenue	15,699	15,604	(95)	106,062	105,990	(73)
				29,229	29,579	351	**Total Revenue**	55,496	55,317	(180)	347,430	347,375	(56)
4,608	4,530	(78)	1.7%	(17,612)	(18,201)	(589)	Pay Costs	(35,517)	(35,599)	(82)	(222,162)	(222,133)	29
				(10,047)	(10,139)	(92)	Non Pay Costs	(17,413)	(17,191)	222	(114,546)	(114,454)	92
4,608	4,530	(78)	1.7%	(27,660)	(28,340)	(680)	**Total Operating Expenses**	(52,930)	(52,789)	141	(336,708)	(336,587)	121
4,608	4,530	(78)	1.7%	1,569	1,239	(330)	**EBITDA**	2,566	2,527	(39)	10,722	10,788	66
				(515)	(515)	0	Depreciation	(1,030)	(1,030)	0	(5,847)	(5,796)	51
				(179)	(179)	0	PDC Paid	(358)	(358)	0	(2,148)	(2,148)	0
				37	46	8	Interest Received	75	83	8	450	333	(117)
4,608	4,530	(78)	1.7%	912	591	(322)	**Surplus / (Deficit)**	1,253	1,223	(31)	3,178	3,178	0
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,608	4,530	(78)	1.7%	912	591	(322)	**Surplus / (Deficit)**	1,253	1,223	(31)	3,178	3,178	0

Trust Monthly I & E Profile — Plan, Actual, Forecast

Trust Cumulative I & E Profile — Plan, Actual, Forecast

Income & Expenditure Position 2022 / 23
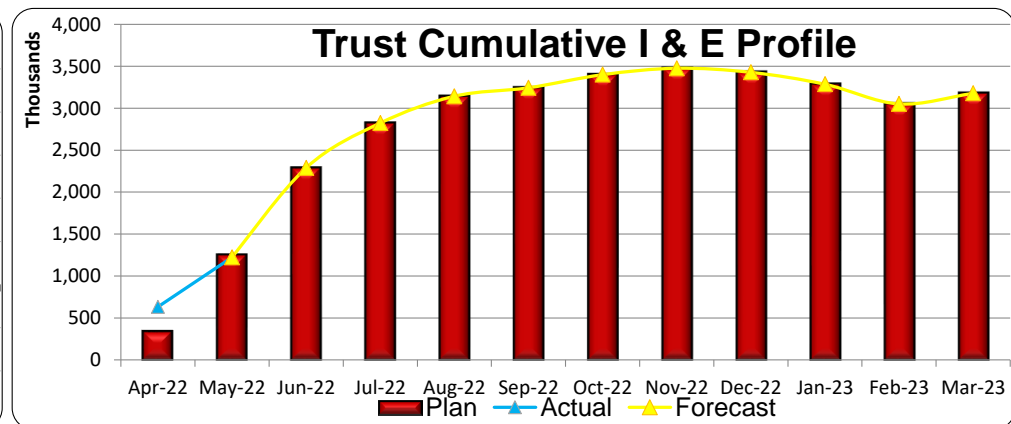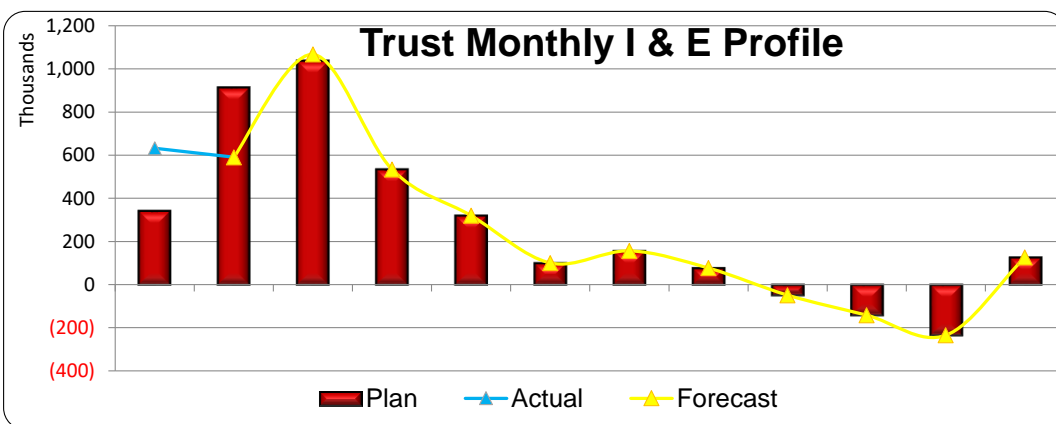
Following additional national funding the Trust has agreed a revised annual plan for 2022 / 23. This is a surplus of £3.2m.

The Trust will be have submitted its audited annual accounts process for 2021 / 22 on 22nd June 2022. Following the external audit process the Trust reported surplus has moved from £7.4m to £7.9m.

In June 2022 additional funding has been provided nationally for inflationary cost pressures. As an estimate of these was included in existing Trust plans the national requirement has been for this to flow directly to the Trust bottom line and support the overall NHS plan achieving a balanced position. We have done this and agreed a further £1.5m from other updated planning assumptions.

Income

Income positions have been updated to include an additional 0.7% tariff uplift within this month 2 position. This results in the total tariff uplift for 2022 / 23 being 2.4%. There is still an assumed efficiency requirement within this value. Formal contract signatures are being finalised with all commissioners.

The May position includes a further stepped increase for the South Yorkshire Adult Secure Collaborative, which SWYPFT now lead as well as the West Yorkshire Collaborative, from 1st May 2022. There are corresponding costs equal to this increase within non pay.

Contract income, especially around performance against additional investment, will continue to be monitored throughout the year but no significant risks have been identified to date.

Pay

Workforce, recruitment, retention and ensuring that all staff are fit, well and present at work are major driving factors of the Trust financial position. Budgets have been reset for 2022 / 23 taking account of workstreams and plans on each 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 May there were 78 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. This is an increase of 30 from April 2022.

Non Pay

As noted above the go live of the South Yorkshire Adult Secure Collaborative has resulted in a further stepped increase in non pay expenditure (as planned). As outlined in the non pay information there remains significant pressure areas such as the use of out of area beds. We also experiencing inflationary costs pressures, such as on utilities, which are over and above original planning assumptions. This pressure is being seen across all areas of non pay expenditure. Whilst the plan did include an assessment of inflationary cost increases this is likely to be exceeded.

NHS Improvement - monthly submission

The actual financial performance as reported here is consistent with the monthly return made to NHS Improvement and also to that reported into the West Yorkshire Integrated Care System (ICS). This declaration is also included within the self certification section of the return.

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 organisations.

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
CCG	15,105	15,686	14,934	15,059	15,059	15,059	15,356	15,356	15,356	16,250	16,250	17,208	186,677	199,439
ICS / System / Covid	460	460	460	460	460	460	460	460	460	460	460	460	5,522	15,258
Specialist Commissioner	3,032	3,149	3,139	3,139	3,139	3,139	3,139	3,139	3,139	3,139	3,139	3,139	37,569	45,733
Local Authority	433	454	478	443	443	443	443	443	443	443	443	443	5,352	5,172
Partnerships	422	422	422	422	422	422	422	422	422	422	422	422	5,064	7,580
Top Up / ERF	0	0	0	0	0	0	0	0	0	0	0	0	0	287
Other Contract Income	125	(35)	30	30	30	845	30	30	30	30	30	30	1,201	708
Total	19,577	20,136	19,463	19,552	19,552	20,367	19,850	19,850	19,850	20,743	20,743	21,701	241,385	274,176
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	

Trust Income Profile
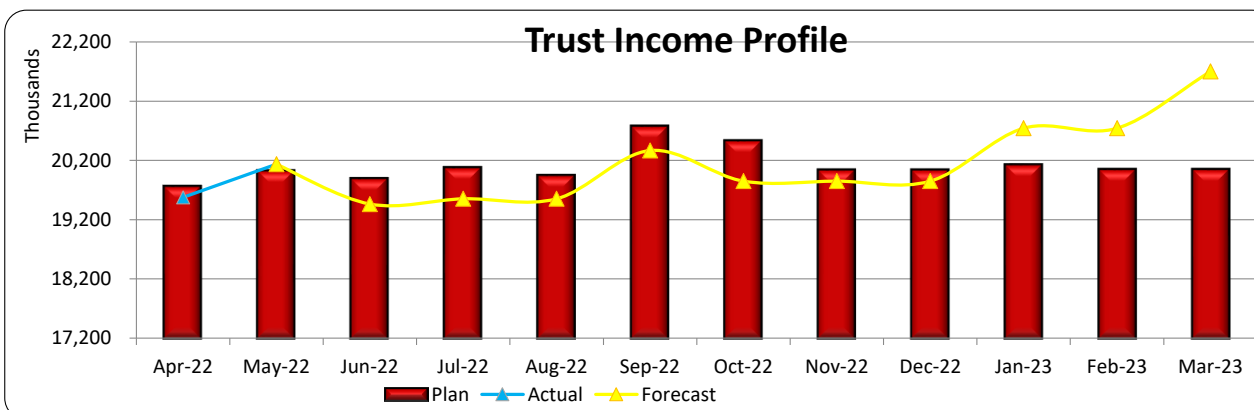
As at 31st May 2022 the Trust has agreed contracts with Barnsley CCG and NHS England (including the adult secure collaboratives). Uplifts for the additional 0.7% agreed as part of the annual plan resubmission exercise will be added through contract variations. Contracts with Wakefield, Kirklees and Calderdale CCG's are being finalised but have agreed financial values reflected here.

Due to the change from CCG's to Integrated Care Systems (ICS), there will be a full agreement of balances exercise with commissioners which will ensure that positions are formally reconciled at month 3.

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	16,136											31,807
Bank & Locum	986	1,145											2,131
Agency	740	920											1,660
Total	17,397	18,201	0	0	0	0	0	0	0	0	0	0	35,599
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

	Apr-22	May-22											Total
Bank as %	5.7%	6.3%											6.0%
Agency as %	4.3%	5.1%											4.7%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109											4,120
Bank & Locum	251	294											273
Agency	148	141											145
Total	4,530	4,545	0	0	0	0	0	0	0	0	0	0	4,537
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

Pay Expenditure Profile

Legend: 22/23 budget — 21/22 — 22/23
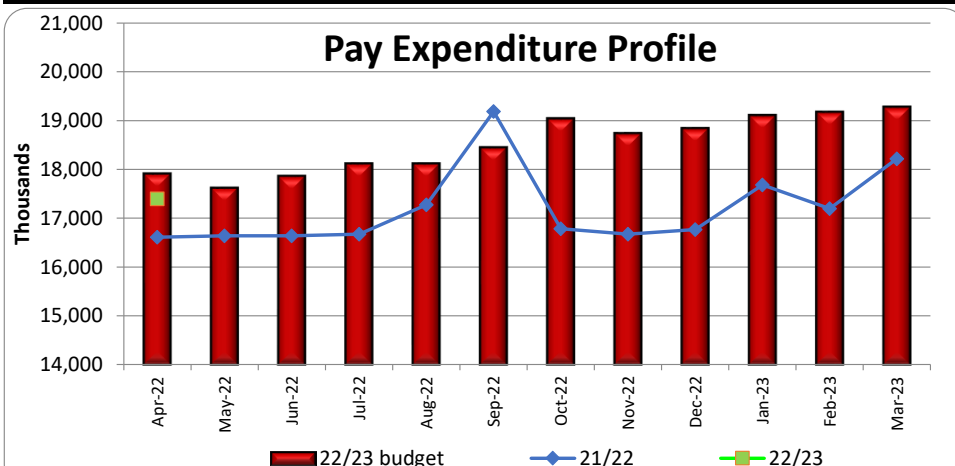
In May 2022 there has been an increase of 15 worked WTE within the Trust. There has been an increase in bank WTE worked of 43 WTE and the reduction in substantive is mainly within additional hours worked rather than a reduction in actual staff in post. This is shown within the Trust workforce information reports.

This position includes an estimate for a 2% Agenda For Change pay award in line with national guidance. For 2021 / 22 this was not assumed and therefore caused the large increase in costs in September 2021 shown in the graph to the left.

Overall the financial plan models an increased in staff costs across the year as the Trust continues to actively recruit and retain staff. A number of workstreams exist to support this objective.

Agency spend is £920k in May.

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 Trust has also included an additional key performance indicator for 2022 / 23 linked to agency as a proportion of the overall workforce.

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.

Although this has remained a hot topic nationally the Trust has not been set a formal agency spend cap during covid-19. Weekly reporting on usage and breaches of hourly rate caps have continued throughout.

NHS Improvement have indicated that scrutiny will increase on this metric during 2022 / 23. The Trust is already focussed on this as part of the wider workforce strategy as it's often seen as the last resort and the least cost effective but in some cases is the only viable option for ensuring continuity of safe services.

Spend has increased in May 2022 with the biggest movements linked to nursing staff on adult inpatient wards, CAMHS staff and medical staff in the Wakefield BDU. Expenditure is forecast to reduce across the year as the impact of Trust recruitment and retention actions are seen.

Agency Spend By Month

(chart: Agency Spend By Month, Thousands, Apr–Mar; series 20/21, 21/22, 22/23)

Agency - as a proportion of total pay costs

(chart: Apr–Mar; series Target, 2022 / 23, 2021 / 22)
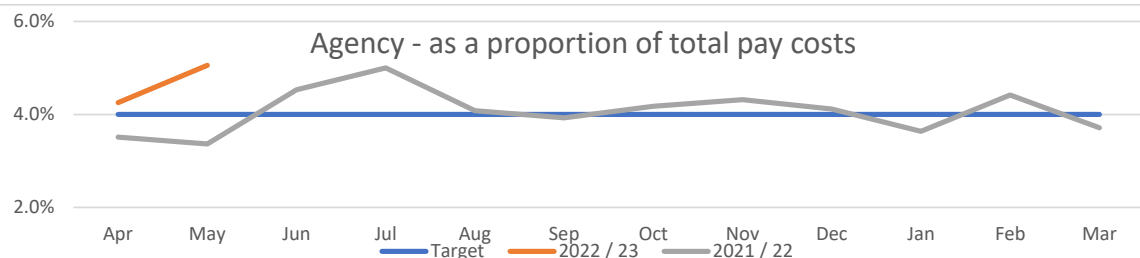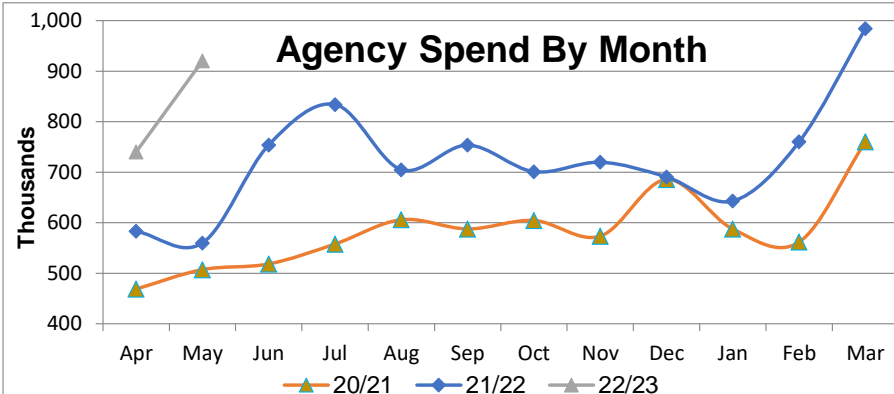
From 1st April 2022 a new key performance indicator has been included within the Trust Integrated Performance Report that highlights the proportion of total Trust pay costs which are agency.

A target of 4% has been set and monthly performance is shown on the left. This shows that both April and May 2022 are above this target.

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	10,139											17,191
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

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	622	287	(335)
Establishment	1,581	1,352	(229)
Lease & Property Rental	1,222	1,215	(7)
Premises (inc. rates)	937	1,044	107
Utilities	302	407	105
Purchase of Healthcare	1,891	1,964	73
Lead Provider Collaborative	8,381	8,574	193
Travel & vehicles	720	767	47
Supplies & Services	1,010	978	(32)
Training & Education	499	332	(167)
Clinical Negligence & Insurance	172	167	(5)
Other non pay	75	102	27
Total	17,413	17,191	(222)
Total Excl OOA and Drugs	14,900	14,940	40
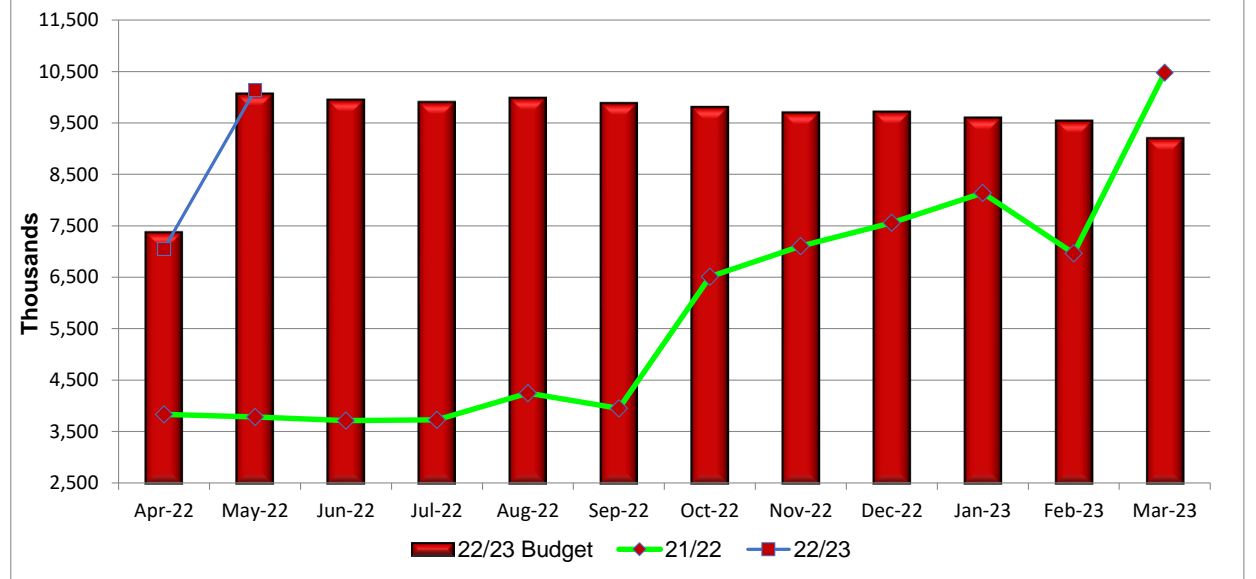
Key Messages

As per previous updates the major influence on Trust non-pay expenditure over the past year has been the implementation of the Adult Secure Collaboratives. For West Yorkshire this was in October 2021 and South Yorkshire has gone live from 1st May 2022. Budgets, and actual expenditure reflect this increase.

Non pay budgets have been reset for 2022 / 23 based on expected requirements. This included estimates for inflationary uplifts but the year to date position is already showing pressures, above this assumption, in utilities. This will continue to be monitored through the course of the year with inflationary pressures mitigated as far as possible.

Operational pressures continue with high demand for services. As such this has resulted in a higher usage of out of area placements than planned. A separate breakdown is shown 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 Adult Secure Provider Collaborative 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
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	644	667											1,311

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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	484	511											995

Bed Day Information 2022 / 2023 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	427	435											862
Acute	57	76											133
Total	484	511	0	0	0	0	0	0	0	0	0	0	995

Out of Area Expenditure - monthly
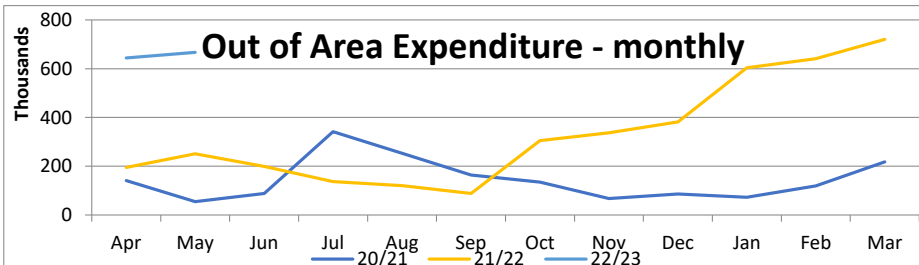
As shown by the graph on the left there has continued to be exceptionally, when compared to recent trends, demand for services resulting in high levels of out of area placements. This is a continuation of the usage seen since October 2022.

May activity is 511 bed days which is an increase of 27 from the previous month. This is slightly lower than the peak seen in Q4 2021 / 22 but costs have remained high with additional costs for nursing support such as high levels of additional

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	108,852	163,550	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	1,613	2,988	2
Non NHS Trade Receivables (Debtors)	2,867	6,573	2
Cash and Cash Equivalents	81,368	82,810	Pg 13
Total Current Assets	**86,036**	**92,559**	
Current Liabilities			
Trade Payables (Creditors)	(38,995)	(43,293)	3
Capital Payables (Creditors)	(1,790)	(1,563)	
Deferred Income	(6,480)	(6,761)	
Other Liabilities (IFRS 16 / leases)		(53,090)	1
Total Current Liabilities	**(47,265)**	**(104,708)**	
Net Current Assets/Liabilities	**38,771**	**(12,149)**	
Total Assets less Current Liabilities	**147,623**	**151,401**	
Provisions for Liabilities	(8,216)	(7,832)	4
Total Net Assets/(Liabilities)	**139,407**	**143,569**	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,407	79,569	5
Total Taxpayers' Equity	**139,407**	**143,569**	

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

1. There has been a stepped change in the value of Trust assets from 1st April 2022 with the value of Trust leases (as per IFRS 16) now included. This is offset, in part, by the other liabilities line now added to this presentation.

2. Debtors have increased in May. This value includes prepayments and is normally higher at this time of year as invoices, such as insurances, are paid and then released across the year.

3. Linked to the above creditors are also higher at this time of year. This will reduce as annual invoices are approved and paid.

4. As part of the 2021 / 22 year end audit process a £500k provision has been released. The 2021 / 22 value will be updated once finalised.

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

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Funding Source
Major Capital Schemes							
Bretton Centre	7,500	173	133	(40)	7,500	0	Internal
OPS transformation	500	0	0	0	500	0	Internal
Maintenance (Minor) Capital							
Clinical Improvement	745	1	0	(1)	745	0	Internal
Safety inc. ligature & IPC	1,065	0	11	11	1,015	(50)	Internal
Compliance	700	0	0	0	700	0	Internal
Backlog maintenance	350	0	0	0	350	0	Internal
Sustainability	350	0	0	0	350	0	Internal
Plant & Equipment	550	38	0	(38)	12	(538)	Internal
Other	0	0	398	398	588	588	Internal
IM & T							
Digital Infrastructure	450	0	0	0	450	0	Internal
Digital Care Records	40	6	3	(3)	40	0	Internal
Digitally Enabled Workforce	375	8	10	2	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							
TOTALS	**13,144**	**470**	**556**	**86**	**13,144**	**(0)**	

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.

To date spend is slightly higher than plan although it is recognised that the majority of spend, as linked to the Bretton Centre scheme, is planned for Q3 onwards.

Other spend primarily relates to final costs incurred in relation to 2021 / 22 schemes. To date this has been offset by an underspend against leases; a new lease estimated to be completed in April 2022 has not yet been finalised.

Other schemes continue to be developed in line with the programme and to date the full programme is forecast to be spent. The main factor relates to confirmation of dates and expenditure profiles for the Bretton Centre scheme.

Capital Programme 2022 / 2023 Cumulative Profile

	Plan £k	Actual £k	Variance £k
Opening Balance	76,414	81,368	
Closing Balance	75,648	82,810	7,162
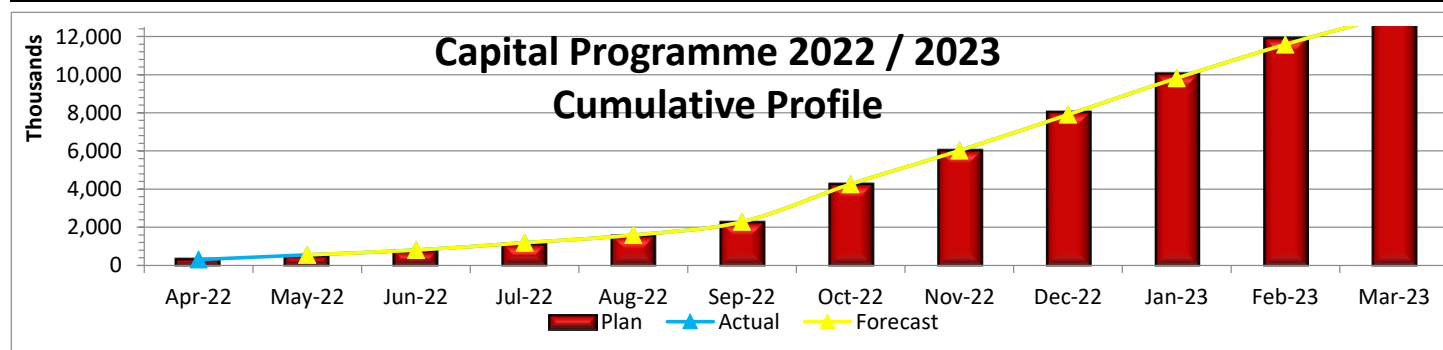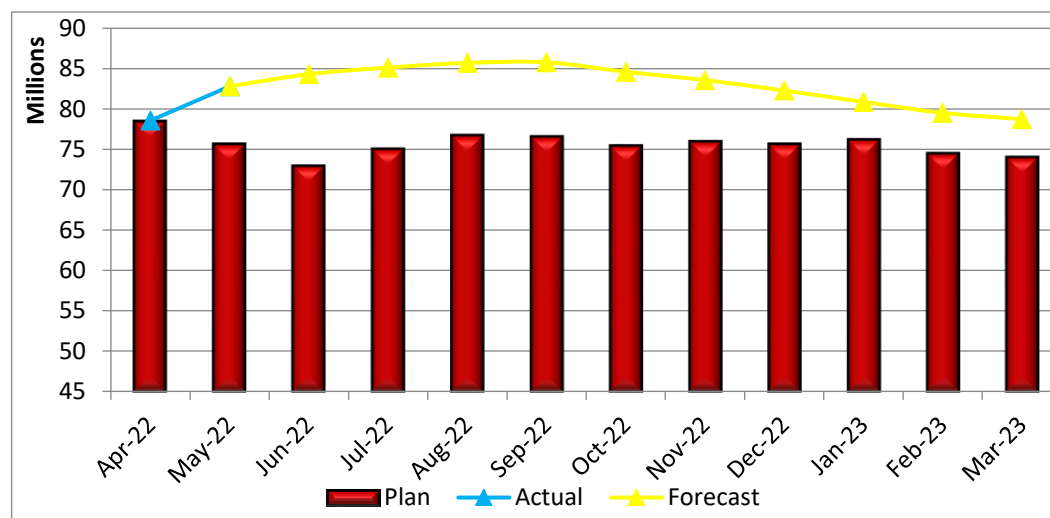
Cash remains positive.

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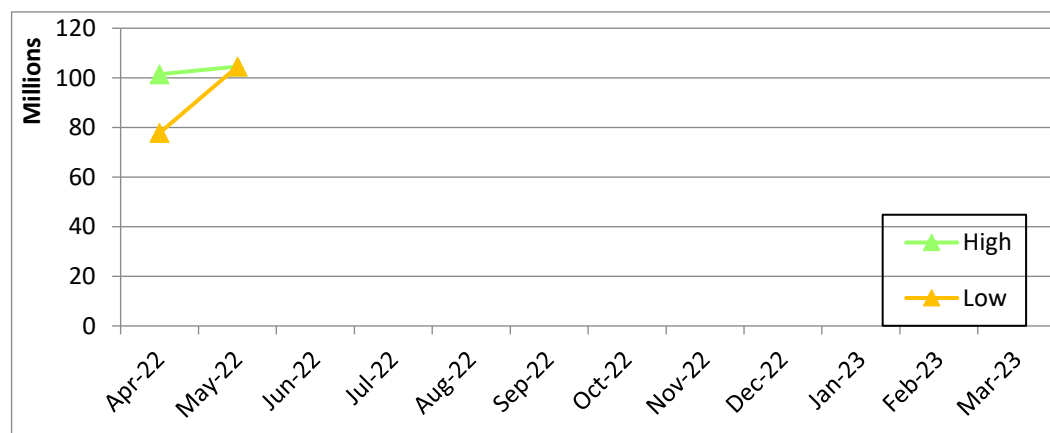
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

  The highest balance is: £104.5m
  The lowest balance is: £104.5m

This reflects cash balances built up from historical surpluses.

	3.3				Reconciliation of Cashflow to Cashflow Plan

|	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**76,414**	**81,368**	**4,954**	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,361	3,801	440	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(4,276)	(5,081)	(805)	
Accrued Income / Prepayments	0		0	
Trade Payables (Creditors)	4,000	3,713	(288)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	(2,600)	(22)	2,579	
Provisions & Liabilities	0	(384)	(384)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(1,226)	(556)	670	
Cash receipts from asset sales	0		0	
Leases	(42)	(114)	(72)	
PDC Dividends paid	0		0	
PDC Dividends received	0		0	
Interest (paid)/ received	16	83	67	
Closing Balances	**75,648**	**82,810**	**7,162**	

Cash Bridge 2022 / 2023
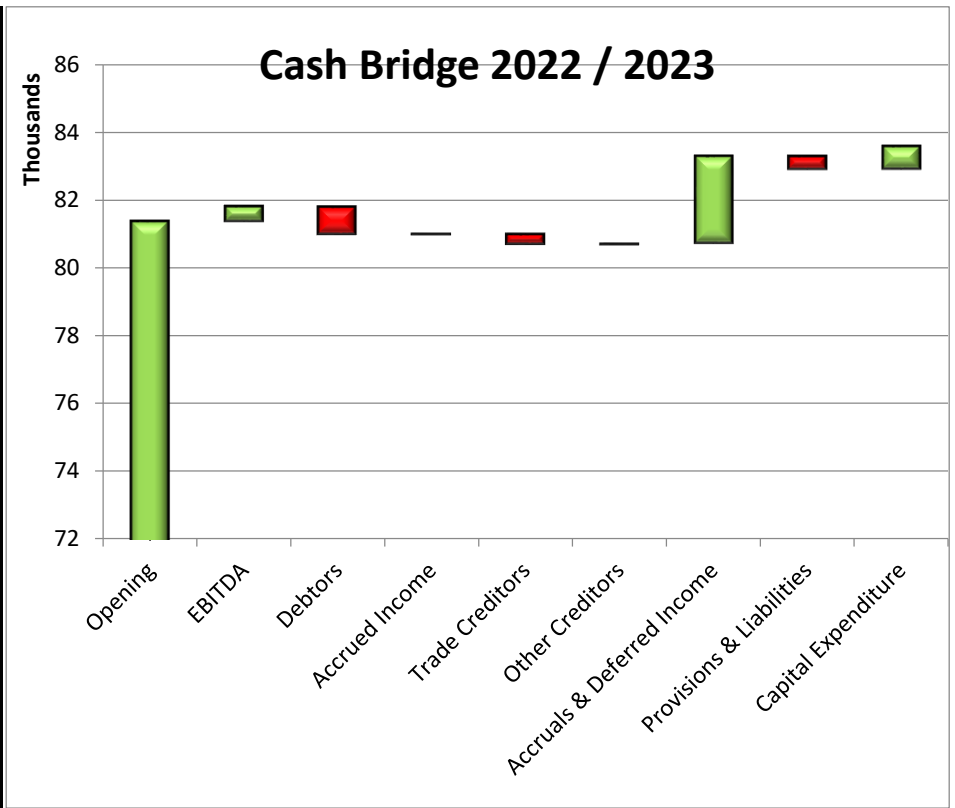
The table above summarises the reasons for the movement in the Trust cash position during 2022 / 2023. This is also presented graphically within the cash bridge.

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

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.

A large volume of invoices have been received in the past three months as linked to year end activities and spend plus the normal annual invoices received at the start of the financial year. This has impacted on the overall BPPC performance although 95% of all invoices have been paid within the 30 days target. The team continue to work with internal and external stakeholders to ensure that the purchase to pay service runs as effectively, for all parties, as

NHS	Number %	Value %
In Month	97%	84%
Cumulative Year to Date	99%	97%
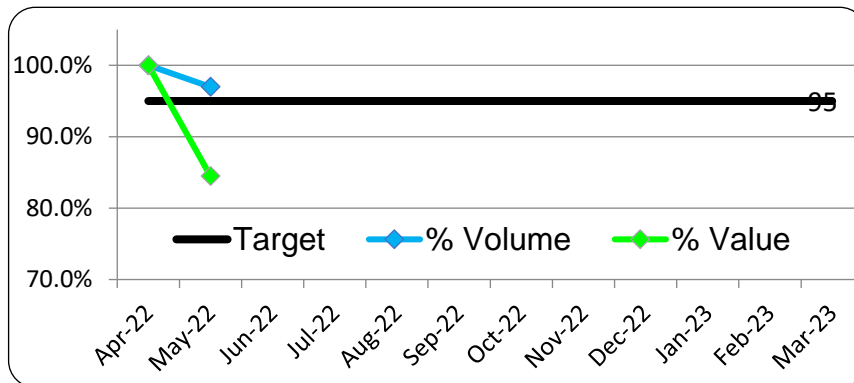
Non NHS	Number %	Value %
In Month	95%	93%
Cumulative Year to Date	95%	95%
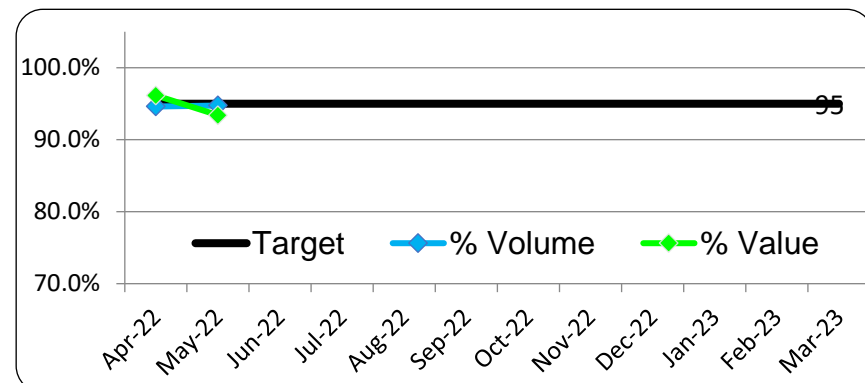
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000 (including VAT where applicable).

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
20-May-22	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000056044	572,761
01-May-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS21	544,330
28-Apr-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 258	419,445
29-Apr-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 259	419,445
01-Jun-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 261	394,825
01-May-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006864	343,040
01-May-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006837	227,861
19-Apr-22	Annual Subscription / Meml	Trustwide	Care Quality Commission	43119581	187,869
25-Apr-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4372	184,952
25-Apr-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4395	161,976
28-Apr-22	Software License	Trustwide	Softcat Plc	INV03422065	152,688
24-May-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092281	134,624
25-Apr-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4383	132,370
25-Apr-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4383	132,370
24-May-22	Software License	Trustwide	Ieso Digital Health Ltd	UK001091	131,868
10-May-22	IT Services	Trustwide	Daisy Corporate Services	3I490147	90,250
20-May-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS020INV	85,233
07-Apr-22	Rent and Rates	Kirklees	Kirklees Council	9691650730704202282432	82,432
19-Apr-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS019INV	77,428
24-Mar-22	Purchase of Healthcare	CAMHS	Invictus Wellbeing Services Cic	2022006	76,250
26-Apr-22	Drugs	Trustwide	Bradford Hospitals Nhs Trust	321114	70,149
11-May-22	Final Pension Charge	Kirklees	Nhs Business Services Authority	2000006717	69,550
31-Mar-22	Purchase of Healthcare	Trustwide	Cygnet (Dh) Ltd	HEX0227285	66,495
07-Apr-22	Training Expenses	Barnsley	Barnsley Metropolitan Borough Council	9000295336	50,000
05-May-22	Software License	Trustwide	Cinnamon Digital Applications Ltd	INV085	46,469
25-Apr-22	Purchase of Healthcare	Trustwide	Mersey Care Nhs Foundation Trust	72482872	44,641
10-May-22	Rent and Rates	Barnsley	Dr A D Mellor And Partners	219959	42,100
08-Apr-22	Software License	ADHD / Autism	University Of Huddersfield Hec	5084242	39,000
13-Apr-22	Mobile Phones	Trustwide	Vodafone Ltd	100933057	38,160
30-Mar-22	Groundworks	Barnsley	South Yorkshire Tarmacadam Contractors Ltd	27867	35,659
10-May-22	Purchase of Healthcare	Barnsley	Touchstone-Leeds	SINV20220044	34,741
30-Apr-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	8522	34,560
30-Apr-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	8536	34,560
03-May-22	Utilities	Trustwide	Edf Energy Customers Ltd	000012161816	34,400
30-Apr-22	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	11090	33,005
30-Apr-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0231830	25,830
14-Apr-22	MFD's	Trustwide	Kyocera Document Solutions (Uk) Ltd	1273728	25,522

* 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.

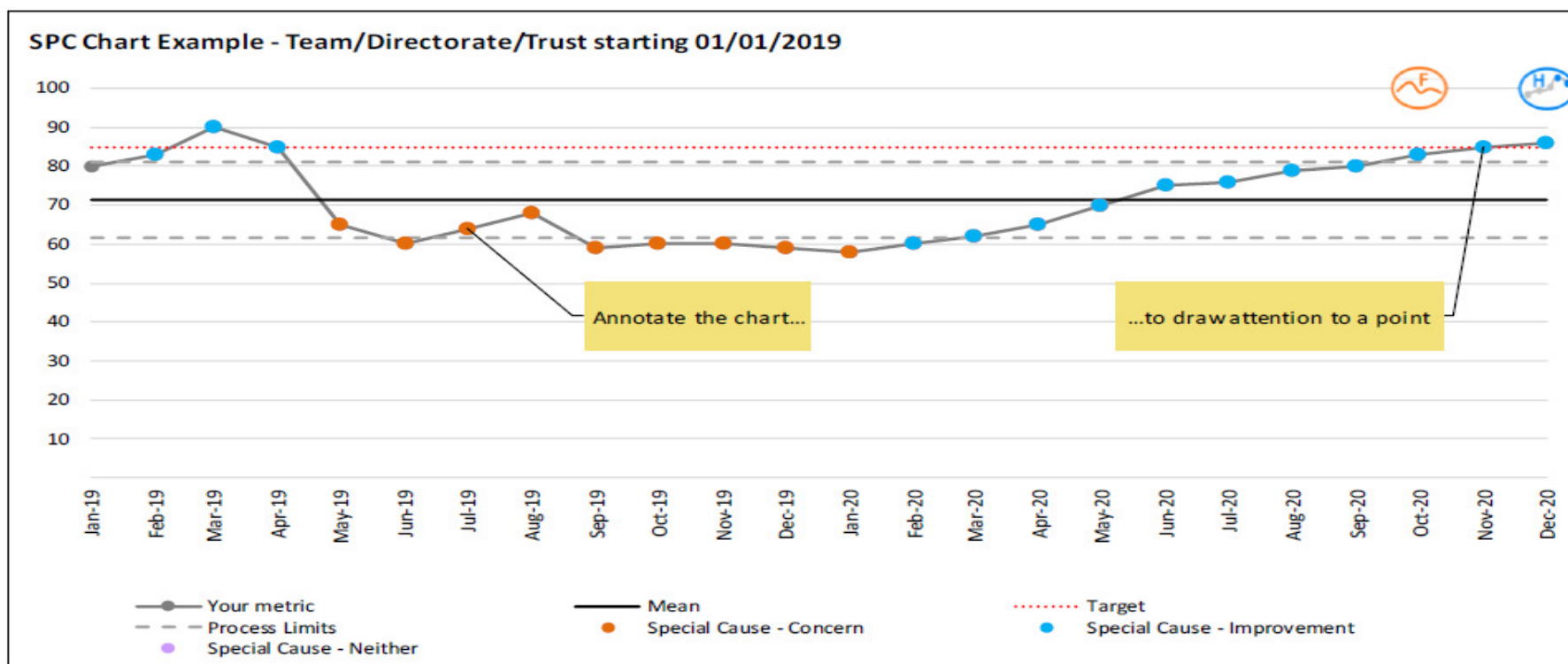## Appendix 2 - Statistical Process Control (SPC) Charts Explained

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

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON	(common cause)	(? purple)	(H orange)	(L orange)	(H blue)	(L blue)	(? grey)	(F orange)	(P blue)
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

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

Your metric — **Mean** ·········· **Target**
‑ ‑ ‑ **Process Limits** ● **Special Cause - Concern** ● **Special Cause - Improvement**
● **Special Cause - Neither**

Observations

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

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

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

KEY for dashboard Year End Forecast Position / RAG Ratings

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

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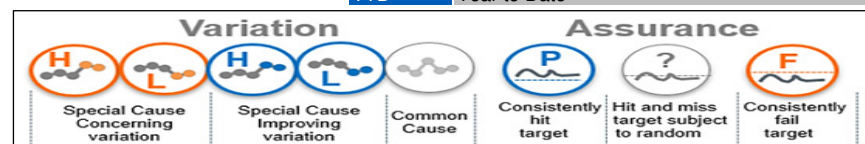
NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures