Integrated Performance Report
Strategic Overview

June 2022

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for June 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 June 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
 • People
 • 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 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
• Progress is being made to enable reduction in out of area placements. The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.
• A programme of work has commenced on improving access to care, with a specific focus on creating a framework and improvement plans for reducing waiting times and providing support for people while they wait.
• Recruitment is ongoing in all places to community mental health transformation roles
• A project has been mobilised to oversee and facilitate the introduction, configuration, and development of digital personal health record capabilities for our service users through the portal Patient Knows Best (PKB).
• Work continues to scope out the details of programmes and areas of focus. This section of the IPR is continuing to evolve.

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.
• Data has been reviewed in the EIIC and MHA to better understand service access by ethnicity, gender and age and the outputs are being fed in to EIQIA a that are being developed for the community transformation to support consideration of the issues as part of the transformation programme.

Covid-19
• Protocols are in place to maintain staff and patient safety given the relaxation of the majority of national restrictions
• There was 1 outbreak of Covid-19 in an inpatient ward in June 2022
• Sufficient PPE remains in place.
• National guidance continues to be monitored, reviewed, and adopted.
• The Covid-19 Moving Forward Group continues to monitor Covid prevalence, measures and guidance.
• The Trust OPEL level remains at 3 with an average of 2.3
• The wearing of masks in clinical areas has been reintroduced given the increased prevalence of the virus. Non-clinical staff also need to wear a mask when not sat at a desk

Quality
• The Trust continues to perform well against the majority of quality indicators.
• The percentage of patients on care programme approach (CPA) offered a copy of their care plan remains below target at 33.5% in June. Work continues in front line services to adopt collaborative approaches to care planning.
• A deep dive into the risk assessment data has highlighted that in a number of cases risk assessments are being completed but not within the timeframes. Issues are being addressed with staff and a trajectory of improvement has been created in order to improve performance
• NHS England/Improvement are nearing completion of their work on the new framework, Patient Safety Incident Response Framework, which is expected to be published imminently.
• 96% of incidents reported in June 2022 resulted in no harm or low harm or were not under the care of SWYPFT.
• There was an increase in information governance breaches in June to 19. None were deemed as requiring further reporting or investigation.

People
• Three wards fell below the 90% overall fill rate threshold in June; namely the Stroke Rehabilitation Unit in Barnsley, Ward 19 (female) in Dewsbury, and Appleton in forensic services
• International nurse recruitment continues and by the end of July 2022 we will have 15 colleagues across our inpatient services.
• Substantive staff in post increased by 29 month on month
• Non covid sickness absence in June increased to 4.8%. Cumulatively it is 4.6%
• The staff annual flu campaign target has been received with 90% of frontline staff to be vaccinated by the end of February 2023.

NHSI Indicators
• The Trust continues to perform well against national metrics
• Inappropriate out of area bed days continue to be above the numbers experienced in recent years with 481 days in June 2022. Many of the challenges faced by the Trust (increased acuity, Covid-19 outbreaks and challenges to timely discharging) are happening across other providers nationally
• The percentage of service users seen for a diagnostic appointment within 6 weeks is below the target threshold of 99% at 91.7%. 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 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 is below target at 66.7% against a 95% target. Small numbers impact on this measure, with 4 out of 6 clients seen within four weeks.
• There was 1 young person under the age of 18 admitted to an adult ward in June accounting for 16 bed days.

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, this is being supported by trust-wide work on recruitment and retention. Recent success in recruitment both internally and externally in to nursing posts in the acute inpatient workforce and the enhanced pathway in Wakefield. In Barnsley a recruitment event is being arranged for August.
• 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 as anticipated, waiting lists are starting to reduce marginally.
• In Barnsley the older people's mental health team have been nominated for a Royal College of Psychiatry (RCPsych) Trent Division Hall of Fame award and the memory services have been included in the nominations for psychiatry team of the year, older adults' section.
• 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.
• SWYPFT will be the lead provider for forensic CAMHS in West Yorkshire
• The roll out of trauma informed care in forensics is going well and training sessions for staff have commenced. The service will pilot this on Johnson ward which will complement other improvement work on the ward
• All services are focusing on the wellbeing of staff including improvements on the provision of effective supervision and appraisals

Communications, Engagement and Involvement
• Coronavirus update sent out to all staff and governors, to update on any news and developments around restrictions and infection prevention & control (IPC).
• Heatwave incident updates
• Recruitment activity delivered, including design and banners, t-shirts, adverts, social media materials and press release on the virtual recruitment fair. Ongoing review and improvement of the HR recruitment portal
• Website and intranet development work, including new websites for 'EyUp' and the Museum
• Promotion of West Yorkshire and South Yorkshire ICSs initiatives and campaigns; and comms input to Integrated Care Board development in each of our areas.

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 decreased in June to £0.7m with year to date spend of £2.3m incurred. Actions are in place to address agency spend including which will be overseen by the re-introduction of the agency group.

• The Trust capital programme forms part of the overall West Yorkshire ICS capital plan. For 2022 / 23 the Trust component is £13.1m. Of this £7.5m relates to the commencement of the major scheme at the Bretton Centre.

• Capital spend year to date is £0.65m

• Pay costs were £17.7m in June, a decrease from £18.2m in May.

• Out of area bed costs were £557k in June a decrease from £667k in May. 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 £80.1m 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 above the threshold of 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.

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.
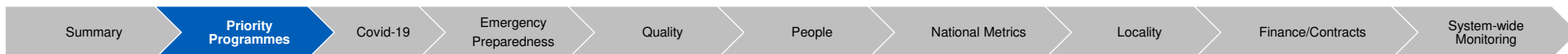
Improving health

Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)	90%	59.4%	59.4%	59.6%			Figures shown are the combined percentage for completion of ethnicity (98.7%), disability (34.1%) and sexual orientation (46.0%) for mental health services only. Reporting of the full dataset will be available by the August report. The threshold is currently based on the national target for ethnicity recording only, which is already in place and achieving. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	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)	100%	60% service EIAs complete 64.8% policy EIAs complete					
	Completion of equality mandatory training (Quarterly)	>=80%	93.8%					
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	54	59	52	(icon)		Data showing the carbon impact of staff travel / business miles. For June staff travel contributed 52 tonnes of carbon to the atmosphere.
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	100%	Due August 2022					Awaiting dashboard being made available which is being compiled by the West Yorkshire Health Intelligence Lead

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
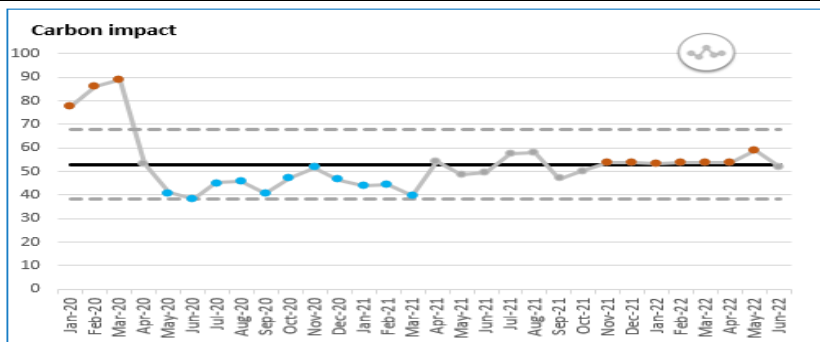
The SPC chart shows that as at June 2022 we have entered a period of common cause variation - no action is required. The drop in mileage figures are a direct consequence of Covid-19 and now that restrictions are being lifted and face to face activity is increasing we should anticipate that this will rise. Levels are not expected to return to those seen pre-Covid-19 as there should be a more blended approach to working going forward. The performance against this measure will continue to be monitored and if required, the upper and lower control limits re-calculated to include post-Covid-19 levels only.

	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)	
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

Implementation deliverables

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

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

Improve health

	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.	🟢	On agenda for Trust Board 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	🟢	On track and groups are working very well together. Plans on a page are in final stages of development for workstreams such as Frailty and dementia, and severe mental illness (SMI) health checks.
	Barnsley provider alliance - • Alliance Agreement decision-making form development, variation, and future proofing by September 2022	🟢	On track
	Barnsley provider alliance - • Co-design and development of a marketing, communication, equality, inclusion, and involvement approach by December 2022	🟢	On track with branding and recently agreed naming of Barnsley Community Health and Care Alliance.
	Forensic lead provider, West Yorkshire: • Progress the repatriation plan for West Yorkshire residents, achievement of annual targets against strategic repatriation ambition (quarterly update)	🟢	Ongoing progress is being made to reduce out of area placements. Review of those out of area and repatriations is now included in weekly meetings of the Single Point of Access
	Forensic lead provider, West Yorkshire: • Achieve annual financial plan (quarterly update)	🟢	The provider collaborative is operating in line with financial plan. Oversight is via the Trust Collaborative Committee.
	Forensic lead provider, South Yorkshire: • Achieve successful 'go live' in 2022/23	🟢	The provider collaborative went live on 1st May 2022.
	Forensic lead provider, South Yorkshire: • Achieve annual financial plan (quarterly update)	🟢	The provider collaborative is operating in line with financial plan. Oversight is via the Trust Collaborative Committee.
	Community Mental Health transformation • West Yorkshire: Advanced Clinical Practitioners and Single Point of Access workers recruited by Jul 2022	🟠	Advanced clinical practitioner (ACP) recruitment complete but there have been some challenges in recruiting to the SPA practitioner roles in Calderdale. SWYPFT General Manager is working closely with programme leads to progress
	Community Mental Health transformation • West Yorkshire: Additional Roles Reimbursement Scheme (ARRS) roles recruited by October 2022	🟢	Recruitment is ongoing and whilst each place has now recruited a proportion of additional roles reimbursement scheme roles, numbers so far are lower than in the agreed phasing schedule.
	Community Mental Health transformation • South Yorkshire: Successful completion of tender to provide community connectors into the 6 Barnsley neighbourhoods by October	🟢	On track

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

Improve Care

Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Number of records with up to date risk assessment - Inpatient	95%	80.8%	77.2%	72.1%			June data is provisional and will be refreshed next month. All areas need to improve performance for FIRM risk assessments, which remains under target in all areas for those on CPA who have had a staying-well plan within 7 days and those who have had a formulation within 7 days. A series of deep dives has been taking place which has indicated a combination of service pressure factors, data quality issues, and pathway systems and technical issues regarding team-to-team allocations for example. The intelligence gleaned from this has led to some rapid improvement work which has already demonstrated improvements, and all areas will be focussing on this over the coming month. We have set up a trajectory of improvement to full performance by the end of Quarter 2.
	Number of records with up to date risk assessment - Community	95%	74.7%	62.4%	70.4%			
	% Service users on CPA offered a copy of their care plan	80%	40.6%	33.6%	33.5%			Work continues in front line services to adopt collaborative approaches to care planning. A new metric has been identified and work is being undertaken to implement this in the coming months which will demonstrate improved performance
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	237.7	237.1			Numbers of registered nurses on inpatient acute wards has been declining steadily for a number of years. Reducing by 38% from October 2019 to June 2022. The number of healthcare assistant and trainee nurses has also declined, with a decline of 14% in the last 12 months.
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	52	53	44			Data is based on adult acute discharges only and so is likely to fluctuate. 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. We are looking at ways to reduce this average and aim to develop a trajectory for reduction and phased target with a view to being more in line with the national benchmark by the end of Q1 23/24
	Number of violence and aggression incidents against staff on mental health wards involving race		23	18	35			There was an increase in race related incidents in June with a notable rise in Forensic care group. The incidents occurred over 6 wards. Hepworth reported the highest level of race related incidents against staff (7)
	Inappropriate out of area bed placements (days)	Q1 - 1456	413	402	481			
	Percentage of video consultations	Trend monitor	2.0%	2.1%	1.8%		N/A	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%	28.9%		N/A	
	Percentage of face to face consultations	Trend monitor	68.0%	69.1%	69.2%		N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	400	596	644			Average wait in days. Clients are seen in order of need and not by how long they have waited. A number of clients who were seen in June had long waits which has impacted on the average shown. Number on waiting list at end of June - 340. Waiting list initiatives in place, we will not reach a steady state until Q1 of 2023/24
	CAMHS - Average wait to neurodevelopmental assessment from referral - Kirklees	126	442	493	613			Average wait in days. Clients are seen in order of need and not by how long they have waited. A number of clients who were seen in June had long waits which has impacted on the average shown. Number on waiting list at end of June - 797. 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%	71.7%	83.0%	71.9%			April, May and June data is provisional at the time of producing this report as data is reported quarterly and will be refreshed in August 2022. Work is in place to improve performance with the actions to minimise the impact of the waits reported to clinical governance clinical safety committee.
	Referral to assessment within 2 weeks (external referrals)	75%	87.0%	87.5%	67.8%			Increased number of referrals and staff shortages have impacted on performance in June
	Assessment to treatment within 6 weeks (external referrals)	70%	92.6%	93.6%	98.0%			

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)
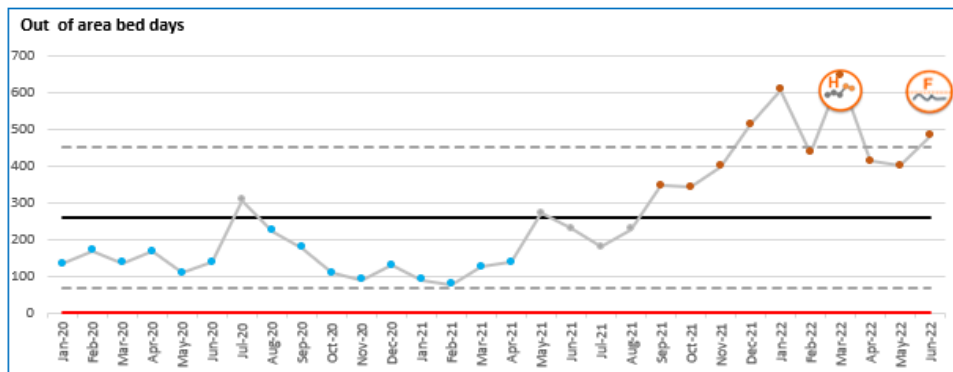
Out of area bed days

The number of out of area placements remains high, with a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way.

The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.

Many of these challenges are happening across other providers nationally and NHSE have recognised this by allowing provider trusts to set trajectories to zero out of area placements by the end of the 2023/24 financial year. The Trust was approximately 10% above its agreed trajectory for the previous quarter.

% Service users on CPA offered a copy of their care plan
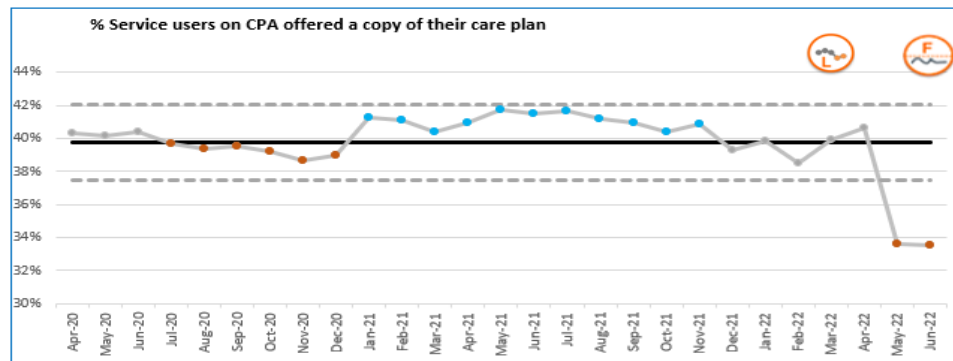
Performance against the percentage of service users offered a copy of their care plan has dropped below the expected range and into special cause concerning variation. Work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified and work is being undertaken to implement this in the coming months which will improve performance

		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.		
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Improve Care

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Develop comprehensive improvement plans by March 2023		The release of the final Patient Safety Incident Response Framework documentation has been delayed in NHS England. Now expected around end of July 2022. 12-month structured transition period will follow the launch where we prepare for going live. Internal structures in place to support transition work.
	Development of a structured approach and process for quality improvement		This is progressing and is on track. It will be used as part of care plan and risk assessment improvement programmes.
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Improving Access to Care (IATC): Completion of baseline analysis of waiting times & support for people while they wait by October 2022		Project team, governance and reporting structures established. Oversight of progress and care group services involvement in SystmOne waiting list project have been added to the scope of the IATC programme at the request of the operational management group.
	Improving Access to Care (IATC): Creation of standardised Waiting Times management framework by December 2022		
	Out to public consultation on Older People inpatient services by December 2022		On track
	Revised quality strategy to be approved at Trust Board in September 2022		The quality strategy is under development with staff engagement sessions taking place

Improve resources

Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£632k	£591k	£1,522k			Positive financial performance with vacancy levels a key reason.
	Capital spend against plan	£13.1m	£308k	£248k	£409k			Capital spend is projected to increase as the year progresses. Bretton Centre approach to be confirmed in July.
	Agency spend managed within the overall workforce	<4%	4.30%	5.10%	4.0%			Reduced spend on agency staffing in June.
	Overhead costs	TBC	19%	17%	16%			Threshold to be confirmed
	Financial sustainability and efficiencies delivered over time	£6,350k	£589k	£1,178k	£1,767k			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 July 2022
	Percentage of wards live with EPMA over time	96.5% by March 2023	34%	45%	45%			13/29 wards live in June. 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 timescales)		
Spend money wisely and increase value	To develop a 3-year financial plan by September 2022	🟩	22/23 revised 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 on workforce recruitment and retention.
	Loss making services in Service Line Reporting (SLR) understood and action plan developed 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.
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board in Autumn 2022	🟧	Director of Finance, Estates and Resources due to commence in August 2022. Successful recruitment of graduate management trainee scheduled to commence in September to support this work.
	Expected milestones for Bretton work: • Agree final costings for Bretton development Autumn 2022	🟧	Revised approach and expentiture plan to be presented to Board in July.
	Expected milestones for Bretton work: • Commence work on Bretton site November 2022	🟧	
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by March 2023	🟩	A project has been mobilised to oversee and facilitate the introduction, configuration and development of digital personal health record capabilities for our service users through the portal Patient Knows Best (PKB). The approach is centred around inclusivity, engagement, involvement and active participation across all stakeholder groups. Technical discussions are underway to integrate the PKB solution with SystmOne to provide the source data. In scope initially will be demographics, appointments, shared correspondence – letters, care plans, carers passport and mood diaries etc
	Implementation of a Trust wide approach to digital dictation by March 2023.	🟧	Recruitment to a project manager post in development and discussions underway regarding two graduate management trainees to enable to project to move at pace.

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Apr-22	May-22	Jun-22	Validation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	16.7%	16.4%	16.6%			
	Turnover external (YTD projection)	>10-12<	16.0%	15.8%	15.8%			
	Sickness absence (non-Covid-19) - Month	<=4.4%	4.6%	4.5%	4.8%			
	Workpal appraisals currently in date	>=90%	Reporting Under Development					
	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 aligned to the delivery of the workforce strategy and OD plan.		• Continuing to work on redesigning Bullying and Harassment Policy in partnership with staff side • International recruitment and recruitment fairs ongoing • Commenced rollout of 'Great Place to Work' programme • Occupational Health roles recruited to and commenced in post • 22/23 appraisal window is now open • Priority inpatient recruitment group continuing with initiatives being implemented 'Refer a Friend Scheme' and recruiting branding materials • Work continues to implement actions identified on WRES and WDES action plans. New disability ad reasonable adjustments policy launched across the Trust .

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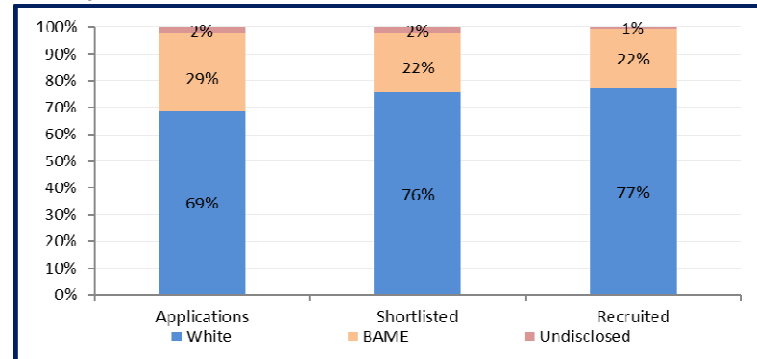
Disability
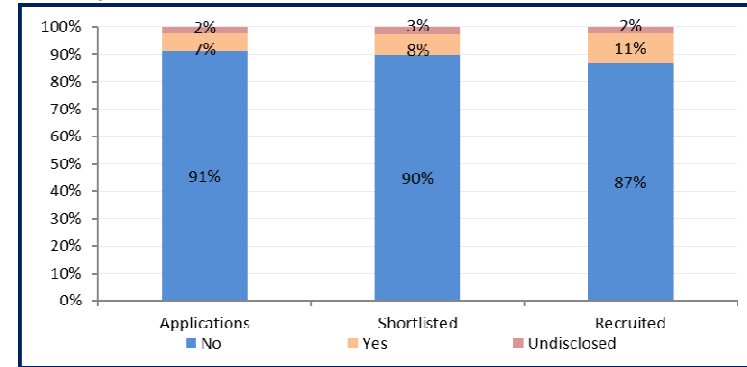
Sexual Orientation
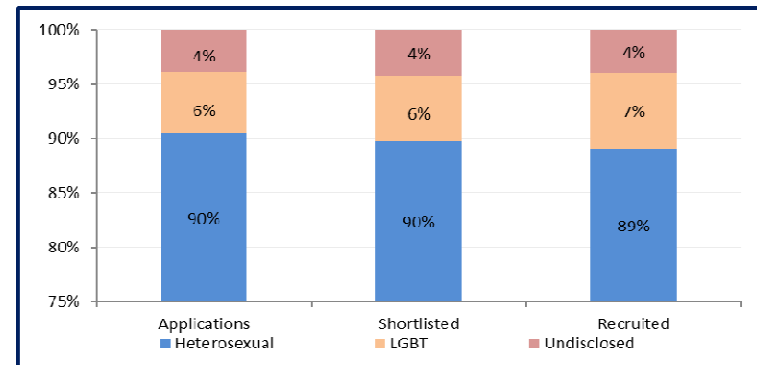
Relatively likelihood of being appointed
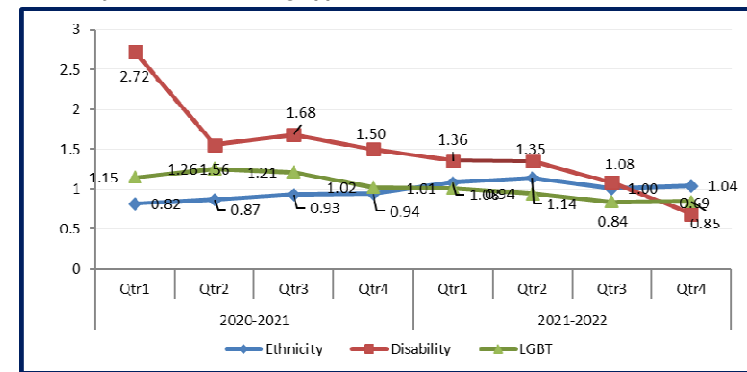
Relative likelihood key: 1.00 = target figure, equally as likely to be appointed; Greater than 1.00 = less likely to be appointed; Lower than 1.00 = more likely to be appointed

Notes:
• Ethnicity - the chart shows the ethnic breakdown for applications, shortlisted and recruited staff. 12 months data to the end of quarter 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)

SWYPFT Referrals by Ethnic Group

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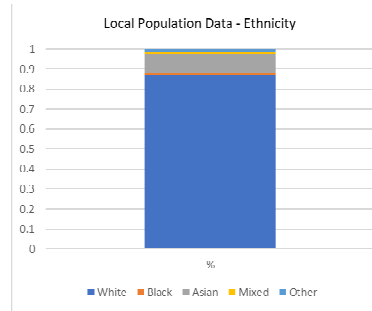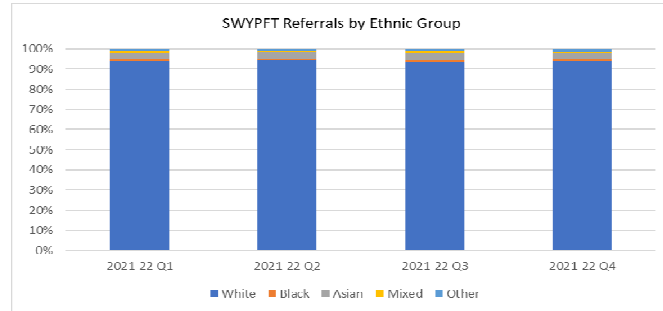
Ethnic Group	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Local Population
White	94.1%	94.3%	93.4%	93.9%	87.1%
Black	0.9%	1.1%	1.1%	1.0%	1.4%
Asian	2.9%	2.8%	3.3%	3.0%	8.9%
Mixed	1.0%	0.8%	1.0%	0.9%	1.6%
Other	1.1%	1.0%	1.2%	1.3%	1.1%

SWYPFT Referrals by Deprivation Quintile

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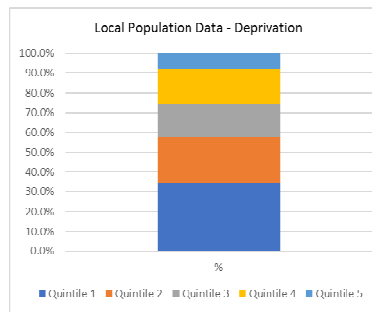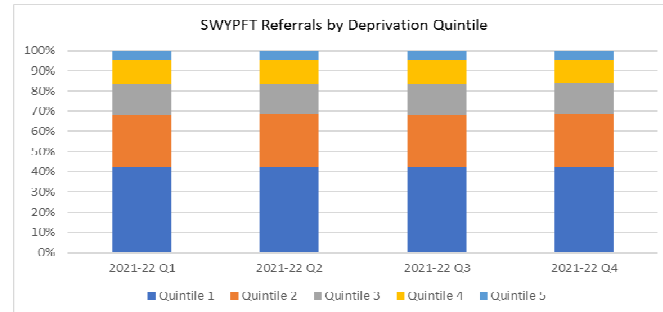
Quintile	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Local Population
Quintile 1	42.5%	42.5%	42.2%	42.3%	34.1%
Quintile 2	25.7%	26.1%	26.1%	26.2%	23.4%
Quintile 3	15.2%	15.1%	15.5%	15.3%	17.0%
Quintile 4	11.8%	11.7%	11.6%	11.4%	17.8%
Quintile 5	4.7%	4.6%	4.7%	4.7%	7.8%

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)

SWYPFT 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%

SWYPFT Admissions by Deprivation Quintile

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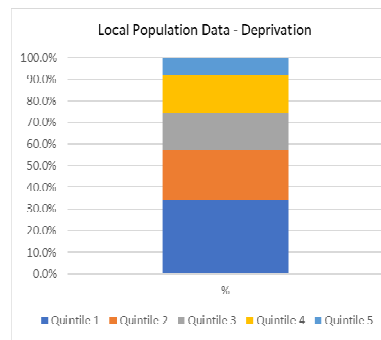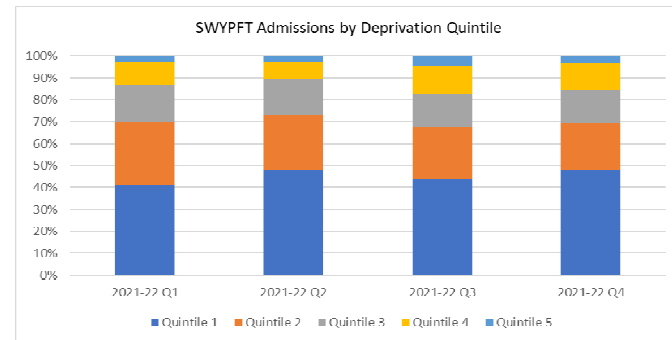
Quintile	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Local Population
Quintile 1	41.0%	48.0%	43.6%	47.9%	34.1%
Quintile 2	28.7%	25.4%	24.3%	21.5%	23.4%
Quintile 3	17.0%	15.9%	14.6%	15.0%	17.0%
Quintile 4	10.3%	8.0%	13.0%	12.0%	17.8%
Quintile 5	3.0%	2.7%	4.5%	3.5%	7.8%

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

Supplies of and access to PPE remain good, as they have been for the last two years. The IPR will now only report on PPE levels by exception

Testing

KPI	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
No of Service users Covid-19 positive and now recovered	23	5	6	37	41	5	40	30	2	0
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	7
No of Service users Covid-19 positive and deceased within 28 days of positive test	1	1	0	0	0	1*	1*	1*	0	0
No of wards with outbreaks	5	2	2	10	8	1	8	5	0	1

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

*relate to community acquired infections

Patient testing & pathway/Outbreak response & management

There has been an increase of inpatients testing positive for Covid-19 during the last month as prevalence also increased in the community. There has been one outbreak of Covid-19 on Newhaven

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, this is through LFTs
• Outbreak and hotspot testing is provided utilising PCR testing.

Staff:
• Symptomatic testing – Using LFTs or through internal testing route.
• Outbreak and hotspot testing is managed and provided through internal testing route.
• Identified SWYFT staff are undertaking LFTs e.g. staff visiting care homes.
• Staff who are Covid-19 contacts including households, can continue to work if they are asymptomatic, and testing LFT negative.
• Staff are also following national step-down guidance, to reduce isolation periods, using LFTs

Covid-19 response

Lateral Flow Testing

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 test 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.

Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels
• The 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 has now replaced the command structure. Any decision made by this group 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 2.2 with 2 service areas now at OPEL 1 and 10 service areas now operating at OPEL 2. Five service areas remain at OPEL 3.
• 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 flu group is in planning stages with a view to commence roll out of vaccinations in October 2022.

Current average OPEL level

2.18

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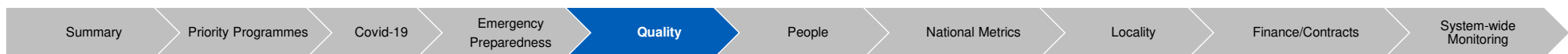
Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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%	62.8%	N/A
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	19% 4/21	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	83%	84%	84%	81%	85%	85%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	95%	93%	96%	94%	94%	92%	93%	1
Quality	Number of compliments received	Improving Health	Caring	DT	N/A	20	23	43	18	25	25	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	20	24	17	23	38	25	____
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	0	1	1	3	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	0	1	0	0	1
	% 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%	33.5%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	8	10	18	12	9	19	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.2%	1.9%	1.5%	2.0%	2.4%	2.1%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	74.4%	74.3%	80.3%	80.8%	77.2%	72.1%	3
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	65.5%	69.1%	68.6%	74.7%	62.4%	70.4%	3
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1151	919	1068	1016	1188	1095	~
	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	17	23	15	18	31	24	~
	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	1	~
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	2	3	2	3	4	1	~
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	111.2%	112.2%	109.4%	111.5%	115.1%	116.6%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	93.1%	86.2%	86.2%	84.5%	87.0%	85.0%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	20	46	15	31	61	46	~
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	0	0	0	1	0	1	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	96.6%	85.0%	87.5%	90.0%	100.0%	87.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	49	49	54	38	37	37	___
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	187	147	187	146	148	152	~
	% people dying in a place of their choosing 14	Improving Care	Caring	CH	80%	95.8%	86.2%	89.3%	89.3%	74.1%	85.7%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	1
Improving Resource	System Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green

See key included in glossary

Figures in italics are not finalised

** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

2 – Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage

3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches

4 - Notifiable Safety Incidents are where Duty of Candour is applicable.

5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Work to establish a target for 22/23 is underway which takes into account non-compliance based on individual child and families needs but also ongoing data quality work which is expected to improve performance. 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 - Trust monitors performance against 3.5% target as set in the mandate to NHS England from the Department of Health in 2017.

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 June increased to 152 from 148 the previous month. Further detail is provided in the relevant section of this report.
• Number of falls (inpatients) – the total number of falls was 37 in June, which is in line with the previous month. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
• Duty of candour - 0 breaches in June.
• Number of pressure ulcers (avoidable) - 1 incidence of an avoidable pressure ulcer in June.
• % people dying in a place of their choosing - performance is back above target.
• Performance for CAMHS Referral to Treatment - services have highlighted that sustained increases in referrals 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 as further information comes to light. This results in some changes to the level of harm, severity and categories of incidents. 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 join national and regional patient safety discussions/information sessions and share information into the Trust. The Health Improvement Studies Institute will be undertaking an evaluation of the patient safety specialist role nationally over the coming 12 months. NHS England/Improvement continue to develop their programmes to support the NHS patient safety strategy.

Patient Safety Incident Response Framework (PSIRF)
NHS England are nearing completion of their work on the new framework. The final documents launched will include a range of support tools and guides to support us to transition from the current framework to PSIRF over a 12 month period. On completion of the 12 month transition we will go live with the new framework. We continue to keep up to date with national developments and have been working on preparatory work pending the launch.   An internal project board has been established to support this work. Regional support will be available through the Patient Safety Collaborative.

Patient Safety Education and training
Health Education England has published the first phase of patient safety training (levels 1 and 2). All are available on ESR. 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).
A proposal has been made to make level 1 mandatory and level 2 essential to job role as above and presented in a paper at a number of groups. The next step is to make this recommendation to Executive Management Team. Training providers for Level 3 (investigation) has recently been released. Levels 4 - 5 are in development.

Learn from Patient Safety Events (LFPSE)
As reported in the previous IPR, 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)
Progress will be reported in future iterations of this report.

Safety First

Summary of Incidents

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

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

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

A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
96% of incidents reported in June 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.

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

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Red (should not be compared with SIs)	7	7	7	7	3	7	5	4	7	9	9	4
Amber	45	28	47	48	59	36	49	56	43	58	58	65
Yellow	317	320	294	297	327	287	327	238	316	246	274	346
Green	714	661	712	792	747	792	770	621	702	703	847	680
Total	1083	1016	1060	1144	1136	1122	1151	919	1068	1016	1188	1095
Percentage of total that are Red/Amber *	4.8%	3.4%	5.1%	4.8%	5.5%	3.8%	4.7%	6.5%	4.7%	6.6%	5.6%	6.3%

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 June 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.

Breakdown of incidents in June 2022:

24 Moderate harm incidents:
16 - pressure ulcer category 3 incidents and 1 tissue viability incident, across Barnsley neighbourhood teams
5 - self harm incidents (Hepworth Ward, Newton Lodge, Forensic, Intensive Home Based Treatment Team (IHBTT) - Wakefield, Ward 18, Priestley Unit, Stanley Ward, Wakefield)
1 - physical violence (contact made) against patient by patient (Ward 18, Priestley Unit)
1 - slip, trip or fall - patient (Ward 19 (OPS))

1 Severe harm incident:
1 self harm incident (Intensive Home Based Treatment Team (Kirklees))

1 Patient safety related death:
1 suicide (incl apparent) - community team care - current episode (Intensive Home Based Treatment Team (IHBTT) - Barnsley)

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 due to existing capacity of our trained reviewers.
• 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.

Safety First cont…
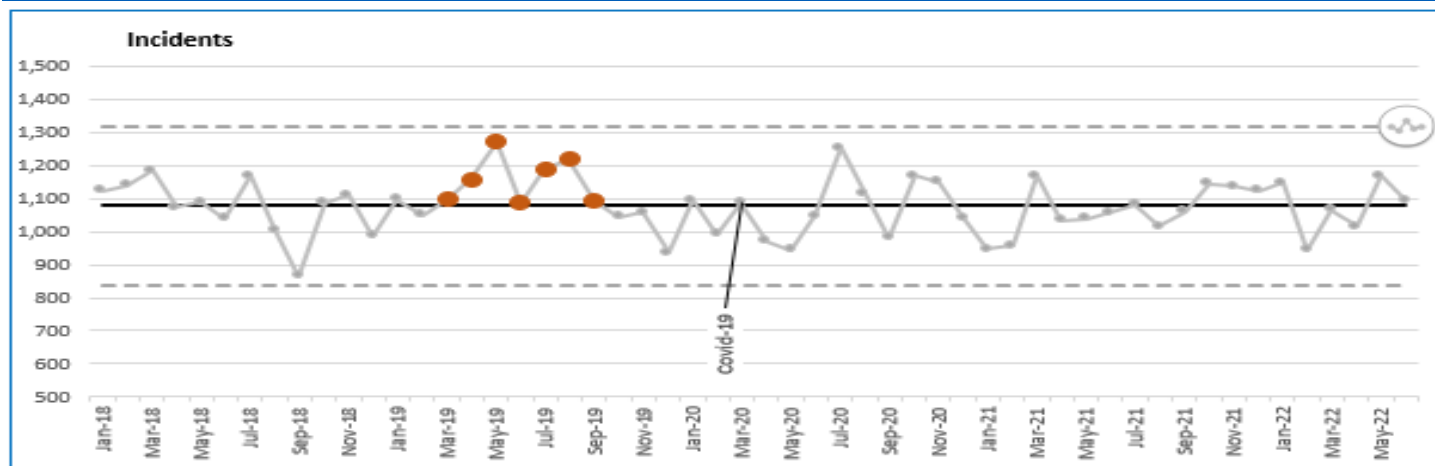
The chart above indicates that there was a period of special cause concerning variation in mid 2019 (orange markers) however, since that point there has been common cause variation in the number of incidents reported.

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 administering medicines to a patient on an Acute Trust ward

SBAR private ambulance

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 - June 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 fully reviewed for understanding and action, sent to identified Trust clinical leads for reviewing safety alerts for a decision regarding whether it is applicable to the Trust or not, and if so, if it should be circulated. All alerts are entered on to Datix. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2022/005 /UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	24/06/2022	No - circulated for information	03/07/2022	24/06/2022

Safer Staffing Inpatients

Staffing wards with the appropriate skill mix continues to be extremely challenging locally, regionally, and nationally due to ongoing Registered Nurse (RN) vacancies. For June, the number of shifts filled has increased but so has the number of requests which was, in part, due to the increase in Covid absence within our workforce. Despite the staffing challenges with filling RN shifts we have maintained our overall fill rate.

Any shift where a RN vacancy is not filled is discussed and measures are put in place to ensure these are covered by ward managers, lead nurses, matrons or others. We continue to look at other available resources to support operations.

Despite stringent controls the number of Working Time Directive breeches, of working more than 60 hours per week, has also increased significantly to 37 episodes from 7 in May. Wellbeing of our staff remains a key focus.

International recruitment continues, By the end of July we will have 15 colleagues spread throughout our inpatient areas. A further 25 interviews are planned as well as looking at General Nurses to support our colleagues in the adult health wards.

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 86 band 5 job offers through our centralised process since September 21. We are currently shortlisting from 38 band 5 applicants which will include direct international applicants. We continue to explore the collaborative bank to increase our resources and we have increased the recruitment campaign onto bank.

Three wards fell below the 90% overall fill rate threshold; namely the Stroke Rehabilitation Unit in Barnsley, Ward 19 (Female) in Dewsbury and Appleton in forensic services. Inpatient areas continue to experience increased pressure due to vacancies and sickness. There are ongoing interventions, projects, and support in place to support wards.

22 (70.4%) of the 31 inpatient areas achieved 100% or more. Of those, 13 achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.The acuity of the service users increases the number of staff required and can give a false positive on the number of shifts filled.

Safe and effective staffing remains a priority in all our teams, there has been a systems wide increase of acuity on all inpatient areas, the focus for the flexible staffing resources has been Clark Ward in Barnsley, Poplars in Wakefield and The Dales in Halifax.

Safer Staffing Inpatients cont…

Registered Nurses days

Overall registered day fill rates have decreased by 0.9% to 79.7% in June compared with the previous month.

Registered Nurses Nights

Overall registered night fill rates have decreased by 3.0% in June to 90.3% compared with the previous month.

Overall Registered Rate: 85.0% (decreased by 1.95% on the previous month)

Overall Fill Rate: 116.6% (increased by 1.5% on the previous month)

Health Care assistants showed an increase in the day fill rate of 5.0% to 136.9% and an increase in the night fill rate of 2.4% to 147.4%.

Unfilled shifts

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

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 July 21 - June 22
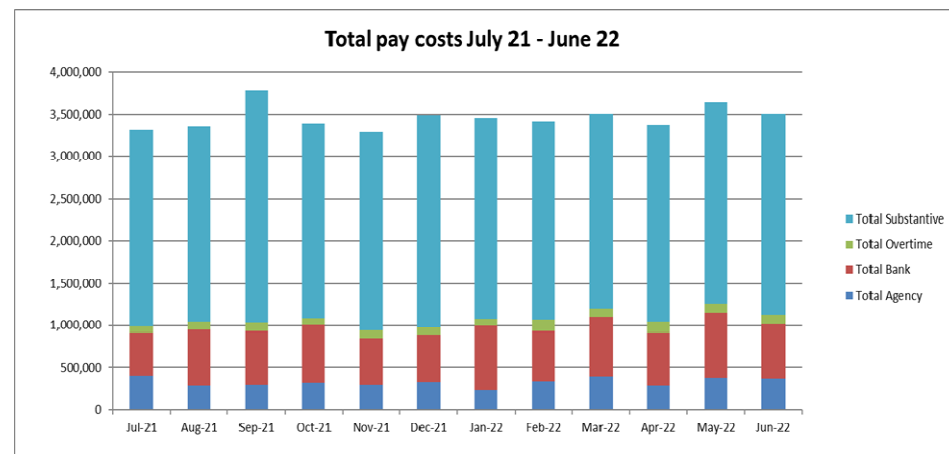
Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	571 (+16)	6,066.75	43.30% (+0.18%)	741 (+8)
Unregistered	446 (-8)	5,007.55	10.50% (-0.48%)	3,744 (+196)
Grand Total	1072 (-63)	11,074.30	17.95% (-0.44%)	

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, placing bespoke recruitment adverts, and ensuring that additional resources are available. Despite all the pressures our fill rates continue to increase.

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

Safer Staffing Inpatients cont…
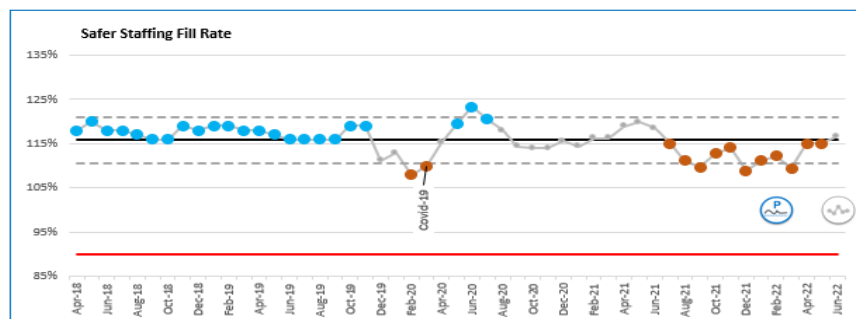
The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. As at June 2022 we have entered a period of common cause variation. We will continue to closely monitor this metric.
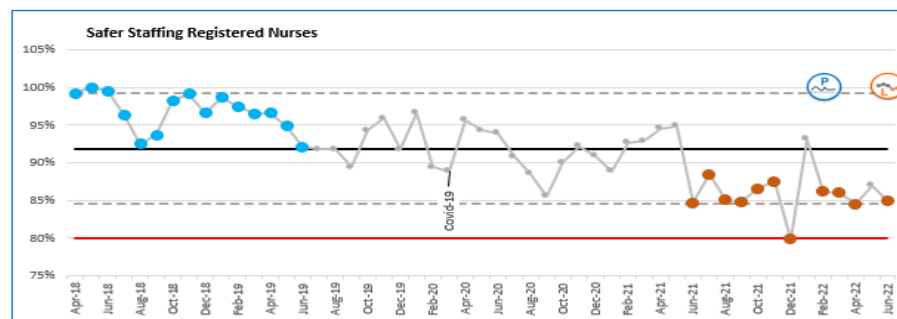
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In June 2022 we remain in a period of special cause concerning variation. Further information about staffing levels can be found on the previous page.

International Nurse Recruitment (INR) Programme

The Trust is working with 4 separate agencies to meet its commitment to appointing 90 band 5 mental health nurses into the Trust by March 2023. We have now successfully appointed 15 nurses. We are seeing significant delays in available appointments for NMC accreditation in the UK due to demand nationally for places. Nurses arriving in Trust now are not able to take OSCE accreditation until January 2023 (unless we receive cancellation availability) and national pressure is being made by trusts to increase capacity to deliver. Due to this our current nurses in OSCE training will move to wards as health care support workers (HCSW) until their NMC accreditation is successful. The Trust have successfully interviewed and offered employment to a further 46 nurses who are now undertaking exams in their home countries or awaiting a visa to work in the UK. We are currently out to advert for both our pastoral support role and clinical educator post.

Information Governance (IG)

19 personal data breaches were reported during June, which is considerably more than the previous month and is an exception to the overall trend of lower numbers of incidents reported since 2020/21. It should be noted that none are serious incidents requiring further reporting or internal investigation.

17 breaches involved information being disclosed in error. They were largely due to emails or letters being sent to the wrong recipient or address: most of these were sent within the health and social care system.

The IG Manager is working with the Communications team to send reminders to all staff about the importance of checking names and addresses prior to sending emails and letters.

The Trust has received confirmation from the Information Commissioner's Office (ICO) that they will be taking no further action in respect of an incident involving the theft of Trust data. A number of recommendations to improve practice have been made.

The Trust also received notification from the ICO that a service user has made a complaint about the handling of a subject access request. A response is being prepared and will be sent before the deadline.
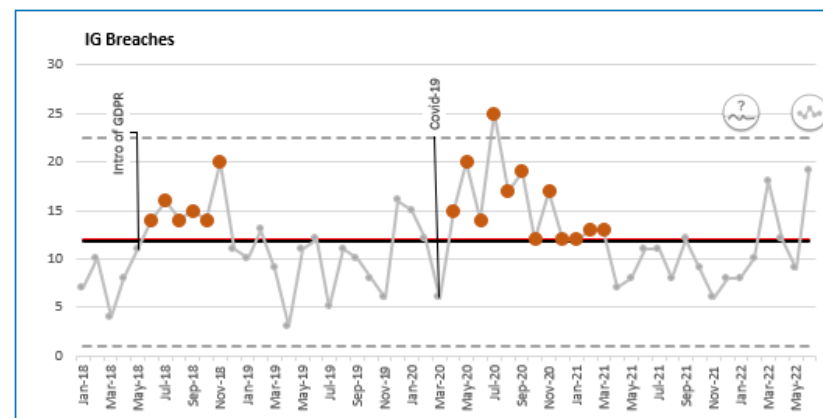
This SPC chart shows that both the introduction of GDPR in May 2018 and the outbreak of Covid-19 in March 2020 have had a negative impact on the number of information governance breaches with both seeing subsequent periods of special cause concerning variation (orange markers). As at June 2022 we remain in a period of common cause variation.

Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes are in place for 2022/23 contracts. These mainly relate to the Trust's contracts with our place based comissioners in each integrated care system (ICS). The overall financial value of CQUIN is 1.25% of total contract value. The indicators that the Trust will be monitored against include:
• Flu vaccinations for frontline healthcare workers
• Cirrhosis and fibrosis tests for alcohol dependent patients
• Routine outcome monitoring in children and young people and perinatal mental health services
• Routine outcome monitoring in community mental health services
• Use of anxiety disorder specific measures in IAPT
• Biopsychosocial assessments by mental health liaison services
• Malnutrition screening in the community
• Assessment, diagnosis and treatment of lower leg wounds

Work is taking place to 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 June.

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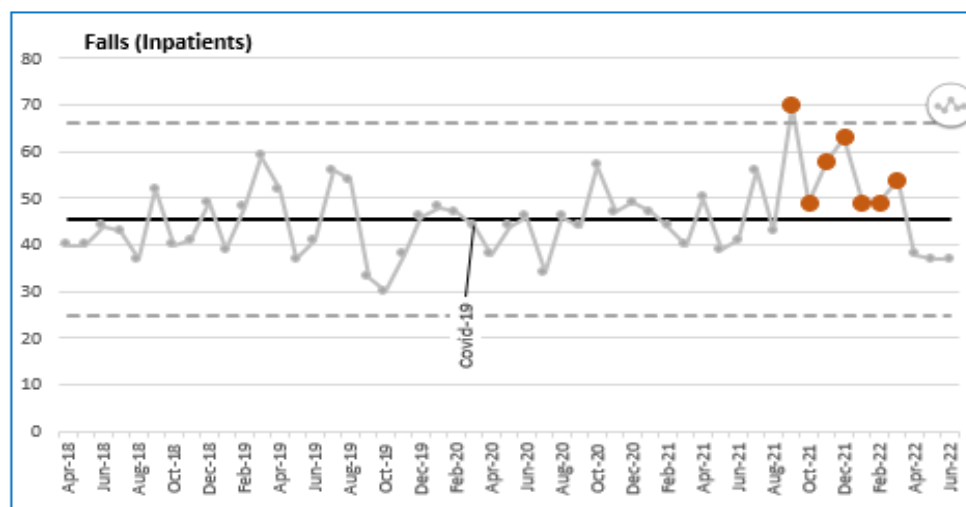
The SPC chart above shows that in June 2022, following a reduction in the number of falls, we have moved back into common cause variation following a period of special cause concerning variation (orange markers). We will continue to monitor this metric.

End of Life

The total percentage of people dying in a place of their choosing was 85.7% in June.
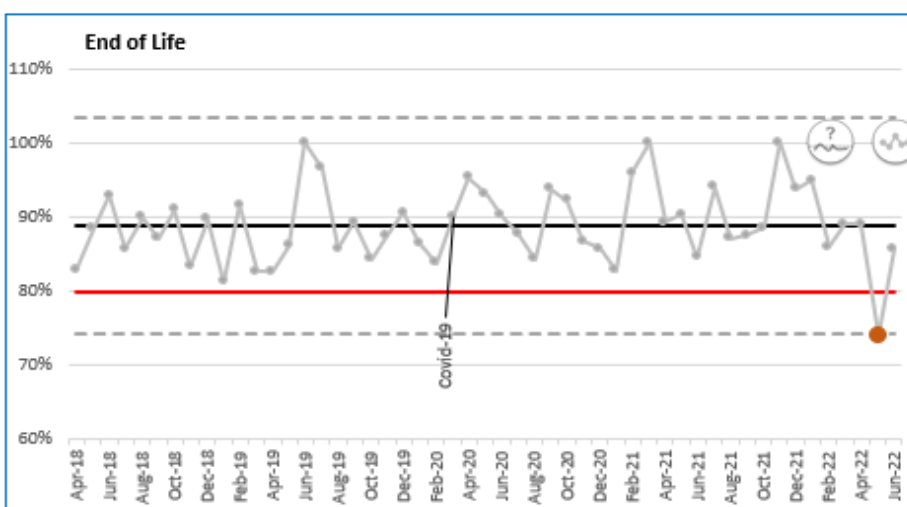
The chart above shows that in June 2022 the performance against the metric has returned to within the expected range.

Patient Experience

Friends and family test shows

- 93% would recommend community services.
- 85% would recommend mental health services

Mental Health Friends and Family Test Results	Target	Apr-22	May-22	Jun-22
Secondary Care	85%	83%	86%	86%
Acute	85%	75%	69%	90%
Secure & Forensics	60%	68%	50%	100%
Other	85%	62%	92%	92%
Total	**85%**	**81%**	**85%**	**85%**

Community Services Friends and Family Test Results	Target	Apr-22	May-22	Jun-22
Children & Families	95%	98%	91%	100%
Inpatient	95%	100%	91%	-
Nursing	95%	96%	100%	100%
Other	95%	100%	91%	100%
Rehabilitation & Therapy	95%	93%	93%	92%
Specialist	95%	95%	85%	89%
Total	**95%**	**95%**	**92%**	**93%**

Specialist Services Friends and Family Test Results	Target	Apr-22	May-22	Jun-22
ADHD	85%	63%	25%	67%
CAMHS	75%	82%	79%	92%
Learning Disability	85%	72%	91%	93%

In June, the Trust saw an increase in the number of respondents that rated the services as 'very good' or 'good' Trust wide (88%), community services saw a slight increase (93%) and mental health services remained the same.

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

Patient Experience cont…

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

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.

We continue to run advice surgeries to support teams them with data collection methods for Friends and Family Test and support them understanding their results.

Data analysis is being undertaken on the themes from mental health feedback to understand why mental health rates were low over the previous 12 months.

Safeguarding

Mandatory training remains above 80% for all safeguarding adult and children training including PREVENT. The national data report for prevent was submitted in a timely manner and the Trust intranet page has been updated to reflect the regional and national guidance. The safeguarding team continue to review local and national guidance to ensure that the training is relevant and up to date.

Safeguarding adults:
In June 2022 there were 33 reported safeguarding adult incidents including two amber incidents (failure in safeguarding process, learning shared across the Trust in the production of a SBAR and one sexual abuse, appropriate actions taken and social care referral completed). A review of the incidents demonstrate staff's understanding of the safeguarding agenda with the highest reported category being self-neglect followed by physical abuse. In several cases staff members have sought advice from the safeguarding team and appropriate referrals have been made to the local authority safeguarding teams and where appropriate the police.

Safeguarding children:
In June 2022 there were 15 reported safeguarding incidents including one red incident (a child death, the mother of the child was in receipt of perinatal mental health services and following a multi-disciplinary review of the incident no further action was necessary and the service user continues to receive support and intervention from SWYPFT services). The review of the data demonstrates staff's understanding of the safeguarding agenda with reported incident including, child neglect, physical, sexual and emotional abuse and one self-harming incident. Seven incidents were reported from SWYPFT adult services which demonstrates the 'think family' agenda which is discussed through training, advice and supervision and more recently in the 'impact of parental mental health' training which has been delivered as a result of learning from a safeguarding children practice review.

The safeguarding team continue to triangulate the incident data with clinical records and ensure that care plans and risk assessments are updated as appropriate.

Infection Prevention Control (IPC)

Surveillance: There were zero cases of E.coli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.
There has been an outbreak of diarrhoea and vomiting on Elmdale – 6 patients affected, ward under outbreak control measure for 4 days. No causative organism identified.
Mandatory training figures are healthy:
Hand Hygiene - 90%
Infection Prevention and Control - 86%
Policies and procedures are up to date.

Complaints

There were 21 new formal complaints in June 2022. Of these 2 were closed due to no contact/consent and 19 are awaiting consent/questions.
19% of new formal complaints (n=4) have staff attitude as a primary subject.
25 compliments were received
Customer services closed 10 new formal complaints in June 2022 and 1 reopened complaint. Of the 10 formal complaints, 0 achieved the 40 working day target.

Reducing Restrictive Physical Intervention (RRPI)

There were 152 reported incidents of Reducing Restrictive Physical Interventions used in June 2022 this is an increase of 4 from May.

Of the different restraint positions used and reported in the 152 incidents (427 positions). More than one restraint position is often recorded per incident.

Restraint position	Number of restraints 427 in total	Percentage of type of physical intervention used
Standing	138 of 427	(32.3%)
Seated including safety pod	118 of 427	(27.6%)
Supine	41 of 427	(9.6%)
Prone not rolled	24 of 427	(5.6%) this is increase of 10 (71%) from last month that stood at 14 of 366
Prone then rolled into supine	18 of 427	(4.2%)

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 June, the percentage of prone restraints lasting under 3 minutes was 87.5% (21 of 24).

Number of prone restraints by location	
Wakefield	13
Bretton Centre	3
Kirklees	3
Newhaven	2
Horizon	1
Forensics	1
Barnsley	1

Reducing Restrictive Physical Intervention (RRPI)

Restraint Incidents
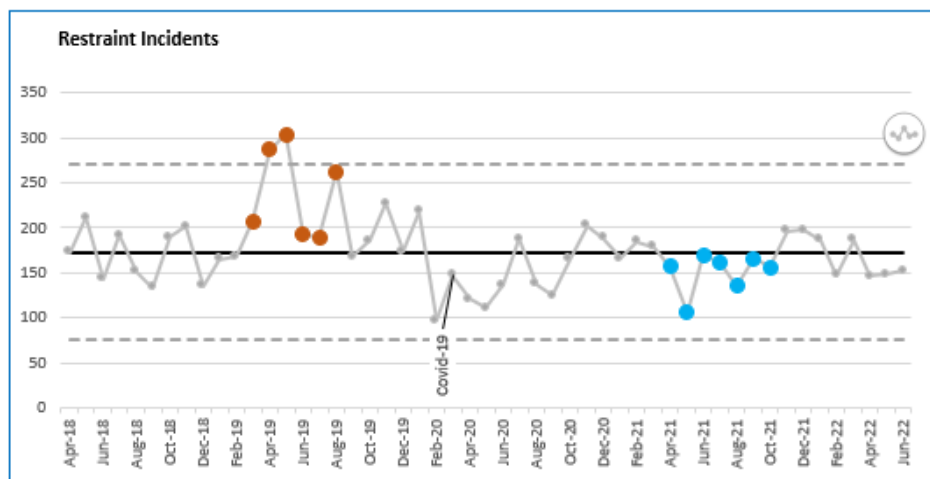
This SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently. In June 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
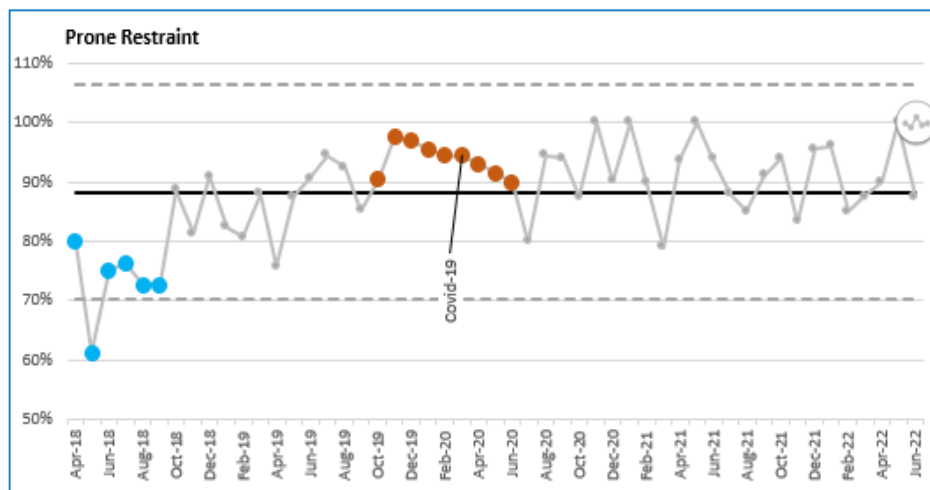
This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020, as well as two subsequent months of special cause concerning variation in October and December 2020 (orange markers).

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

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22
Establishment (ledger)	Improving Resources	Well Led	GM	-	4,910.0	4,910.0	4,956.0
Staff in post (Substantive)	Improving Resources	Well Led	GM	-	4,088.5	4,106.6	4,135.5
Workforce stability rate	Improving Resources	Well Led	GM	>=90%	85.0%	84.7%	85.0%
Vacancies	Improving Resources	Well Led	GM	-	821.5	803.4	820.5
Vacancy rate (Overall)	Improving Resources	Well Led	GM	<10%	16.7%	16.4%	16.6%
Vacancy rate (Minus Vacancy Factor applied)	Improving Resources	Well Led	GM	<5%	12.3%	12.0%	12.2%
Turnover external (YTD projection)	Improving Resources	Well Led	GM	>10-12<	16.0%	15.8%	15.8%
Turnover external	Improving Resources	Well Led	GM	>10-12<	1.5%	2.4%	3.3%
Turnover internal	Improving Resources	Well Led	GM	>10-12<		3.1%	
Starters	Improving Resources	Well Led	GM	-	45.8	53.8	56.5
Leavers	Improving Resources	Well Led	GM	-	59.7	38.6	37.0
Sickness absence (non-Covid-19) - YTD	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.6%	4.6%
Sickness absence (non-Covid-19) - Month	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.5%	4.8%
Sickness absence (Covid-19) - YTD	Improving Resources	Well Led	GM	-	3.2%	2.3%	1.9%
Sickness absence (Covid-19) - Month	Improving Resources	Well Led	GM	-	3.2%	1.1%	1.5%
Sickness absence (stress anxiety)	Improving Resources	Well Led	GM	<=25%	35.6%	35.5%	37.9%
Leavers feedback returns	Improving Resources	Well Led	GM	-		48	
Leavers feedback returns %	Improving Resources	Well Led	GM	>=25%		35%	
Workpal appraisals currently in date	Improving Resources	Well Led	GM	>=90%	Reporting Under Development		
Workpal appraisal uptake	Improving Resources	Well Led	GM	TBC	1.0%	3.5%	4.1%
Overall Training	Improving Care	Well Led	GM	>=80%	Reporting Under Development		
Health & Safety							
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	GM	-	3		

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

KPI	Target	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	As at 19th July 2022	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	111	311	140	61	167	111	44	58	80		
No of staff working from home - Covid-19 related		50	177	86	36	67	57	12	23	32		

Workforce Stability

• Our substantive staff in post position remains stable through the first quarter of this financial year despite the pressures on recruitment, retention, and increased service acuity. Staff in post has risen by 1.2% (47.1 wte) through May and June, but this has been off-set by an increase to our establishment in the same time (46 wte). Due to this our vacancy rate position has increased since last month by 0.2% to 12.2%.

• 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 but this is seen as positive as staff are taking up more requests to fill availability. Filling staff shortages is becoming more difficult through weekdays than weekends due to pay incentives (weekend working).

• Totals starters into the Trust in Q1 (156.1) has out-numbered our leavers for the same period (135.3 wte).

• Our external turnover rate (cumulative) for Q1 is 3.3%. Our internal turnover rate (cumulative) is 3.1%. External turnover projected to be 15.8% by March 2023. Internal turnover (churn) projected to be 12.5% (See Staff movements Report for Trust detail in this area).

• Current workforce plans for recruitment toward nurse vacancy gives us gross maximum potential for 178 nurses between now and financial year end (current rolling band 5 advert, Newly qualified accepted in September to December & International nurse recruitment conditional offers. Our nurse in post for last month improved by 21.5 wte - 1223.1 to 1245.6 wte

Absence

• As at 19th July, 80 staff were off work Covid-19 related, not working which compares to 58 towards the end of June. A further 32 were working from home. This represents a downward trajectory compared to recent weeks.

• In June 169 staff were confirmed positive for Covid-19

• Non-Covid absence has risen slightly to 4.6% cumulative. This time last year it was 4.1%. Higher absence currently being seen in forensics (6.9%), Barnsley (5.1%), nursing (5.1%), additional clinical staff (5.7%) and estates & facilities staff (8.1%).

• Covid absence has risen between May and June but the overall trend for Q1 is now reducing. Overall Covid absence rate at 1.90% for Q1.

• Stress absence has risen to 38% of the non-Covid-19 absence trustwide - targeted work to begin in highest areas for reducing stress prevalence.

• 98 staff have a positive lateral flow test, 9 staff currently with Long Covid and 10 staff either symptomatic or suspected of being positive via contact with suspected case.

People Experience

• 48 employee feedback returns in Q1 - 35% response rate from leavers currently at highest ever rate.

• Several initiatives are either implemented or being scoped/implemented regarding recruitment and retention including:

   o Staff recruitemnt 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 (Above the bar)

   o A review of staff incentives payments which has been in place since December is ongoing.

• Staff welcome event uptake continues to improve (87.3%), but local induction remains below target (71.2%)

Analysis

Trust Sickness Absence (Exc Covid-19)

Trust Agency Spend
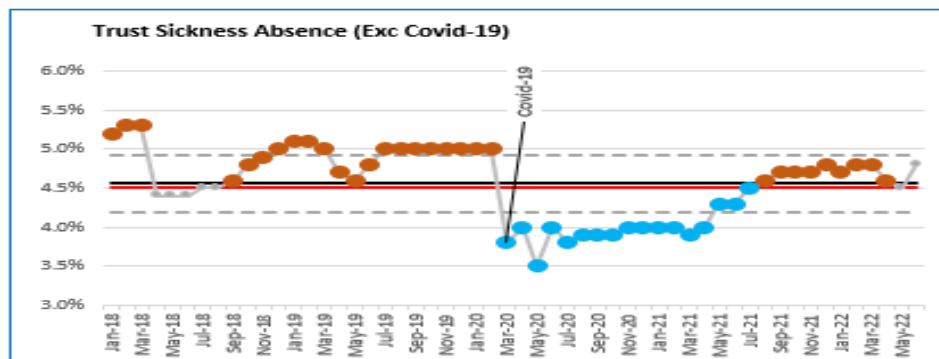
The chart above shows that as at June 2022 we have entered a period of common cause variation. Further information regarding this metric is mentioned below.
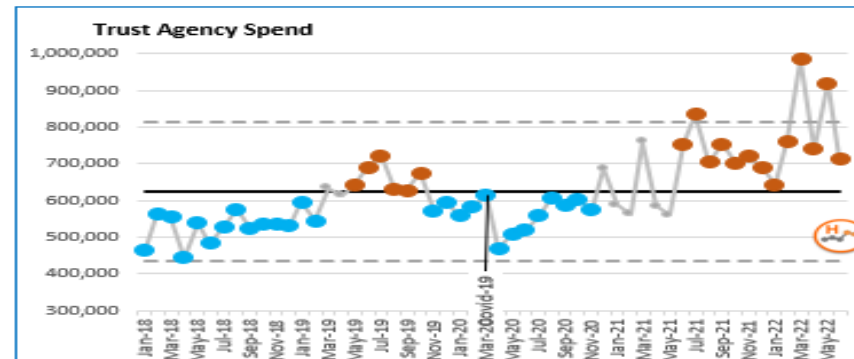
The chart above shows that in June 2022 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

MEDICAL APPRAISALS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number expected to be undertaken in period	31			
Number undertaken in period	29			
Number not undertaken for which the RO accepts postponement is reasonable	2			
Percentage of appraisals taken place	94%			
Percentage of appraisals signed off in period as satisfactory	94%			

MEDICAL REVALIDATIONS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number of revalidation recommendations due in period	5			
Number of positive recommendations	5			
Number of deferrals	0			
Number of non-engagements	0			
Percentage of revalidation recommendations made	100%			

RESPONDING TO CONCERNS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number of active cases under Maintaining High Professional Standards procedures	0			

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 Oversight Framework - From 1 July 2022 integrated care boards (ICBs) have been established with the general statutory function of arranging health services for their population and will be responsible for performance and oversight of NHS services within their ICS. NHS England will work with ICBs as they take on their new responsibilities, the ambition being to empower local health and care leaders to build strong and effective systems for their communities. 2022/23 will be a year of transition as ICBs are formally established and new collaborative arrangements are developed at system level. Over the course of 2022/23 NHS England will consult on a long-term model of proportionate and effective oversight of system-led care.
The oversight framework has been updated for 22/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England. Ongoing oversight will focus on the delivery of the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan and the NHS People Plan, as well as the shared local ambitions and priorities of individual ICSs. ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.
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 care group/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	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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	SC	0	0	0	0	0	0	0	0	0	0	0		
Inappropriate out of area bed days 5	Improving Care	Responsive	CH	SOF/LTP		754	1253	1686	1296	607	436	643	413	402	481		
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%	88.5%	94.8%	82.5%	85.5%	76.9%	86.1%	85.7%	88.4%	83.7%	83.3%		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	47.5%	53.7%	52.6%	53.4%	52.3%	52.0%	53.4%	55.0%	52.1%	53.1%		
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	1296	1298	1408	1379	487	432	489	455	445	479		
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	2335	2363	2604	2437	890	782	932	786	886	765		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	99.7%	92.2%	98.8%	98.5%	98.7%	99.4%	98.8%	99.0%	98.5%	98.5%		
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP	19 per Qu - Calderdale 15 per qu - Kirklees 5 per qu - Wakefield				Reporting commenced Q1 2022				Due August 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	268	256	256	480	98	90	68	269	117	94		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	100.0%	100.0%	68.9%	91.7%	100.0%	99.2%	68.9%	78.1%	95.9%	91.7%		
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%	82.7%	83.6%	84.0%	84.6%	83.8%	83.0%	84.9%	82.8%	87.6%	83.6%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	97.9%	96.0%	94.2%	94.7%	94.2%	94.6%	94.0%	92.7%	96.0%	95.2%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	99.9%	99.9%	100.0%	100%	99.8%	99.8%	100.0%	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%	87.5%	75.0%	85.0%	90.9%	75.0%	100.0%	71.4%	100.0%	100.0%	66.7%		
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%	71.4%	93.1%	96.9%	93.2%	100.0%	100.0%	93.3%	91.3%	93.9%	94.4%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	99.0%	98.8%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%		

KPI	Objective	CQC Domain	Owner	Source	Target	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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	82	0	5	16	0	0	5	0	0	16		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	5	0	1	1	0	0	1	0	0	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	O	Trend Monitor	192	171	175	183		171			183			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	23.4%	18.7%	16.6%	18.0%		18.7%			18.0%			
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	O	95%	99.4%	98.3%	97.9%	96.2%	98.0%	98.8%	97.1%	100.0%	96.8%	100.0%		
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	O	95%	95.7%	94.2%	97.4%	96.0%	93.0%	91.0%	97.4%	96.9%	93.8%	96.0%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	87.7%	88.7%	88.4%	88.3%	88.4%	88.5%	88.2%	88.3%	88.3%	88.2%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.5%	10.2%	9.9%	11.1%	9.6%	9.9%	10.4%	10.6%	11.2%	11.5%	⚠️	
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%	98.2%	98.2%	98.4%	98.2%	98.3%	98.7%	99.7%	98.0%	98.4%	98.4%		
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%	100.0%	100.0%	100.0%	100%	100.0%	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%	98.7%	99.1%	99.1%	99.1%	99.1%	99.0%	99.1%	99.1%	99.1%		

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						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	● ● ●	● ? 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 national metrics with performance against the majority within acceptable variance.
- 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 83.6%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has remains below the target threshold at 91.7% though within the acceptable range. 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. Small numbers can have a significant impact on the percentage reported.
- 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 June 4 out of 6 urgent cases were seen within 1 week.
- The percentage of Children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks - As identified for the urgent metric, small numbers impact achievement. In June, 1 cases out of 18 were not seen within four weeks.
- During June 2022, there was 1 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 53.1% for June.

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 June shows 16.3% of records have an unknown or missing employment and/or accommodation status. This is a decrease compared to May which showed 17.9% 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

Total number of Children and Younger People under 18 in adult inpatient wards

Maximum 6-week wait for diagnostic procedures
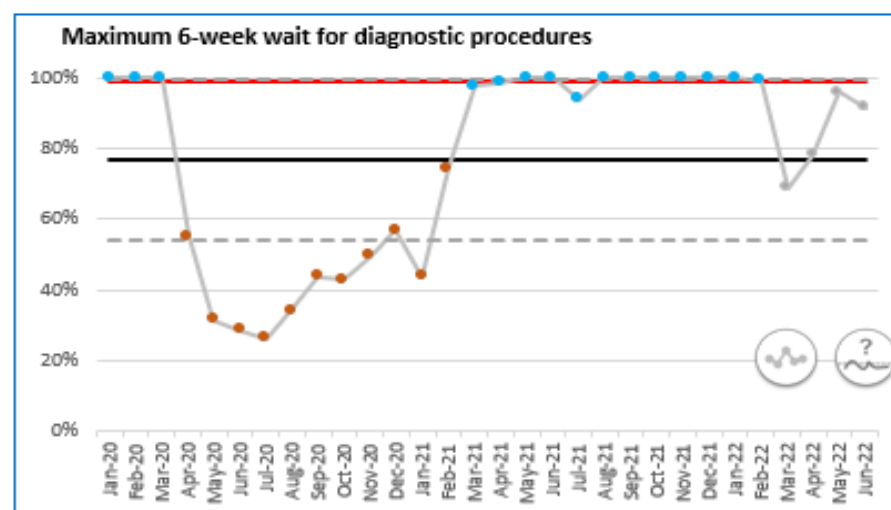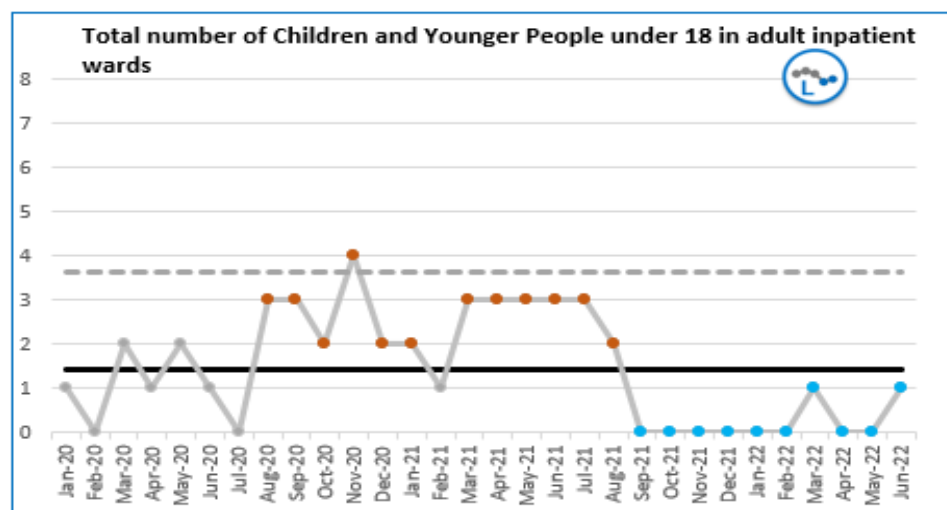
The SPC charts above show that we remain in a period of special cause improving variation regarding the number of beds days for children and young people in adult wards despite there being 1 person under 18 admitted in June 2022 (16 bed days). Due to the fluctuating nature of the diagnostic procedure waits we are in a period of common cause variation however whether we will meet or fail the target cannot be accurately 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
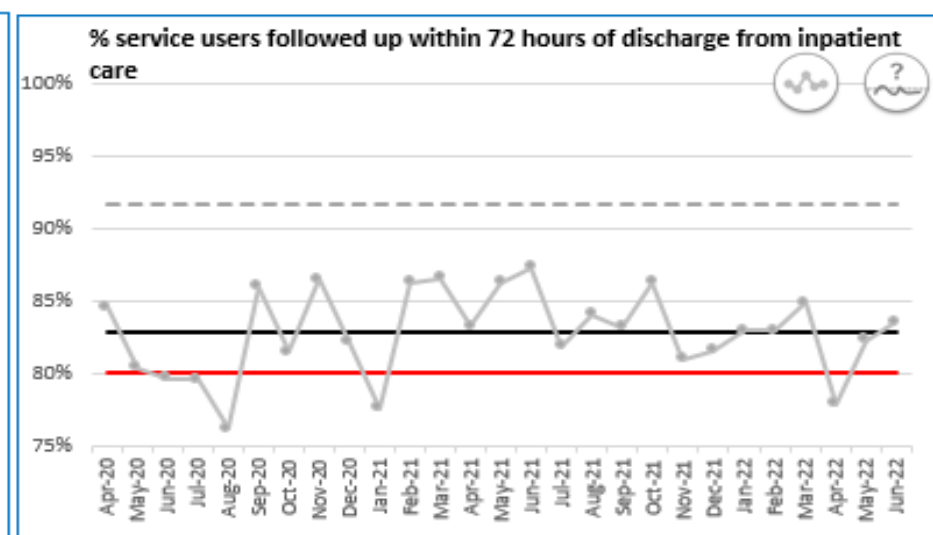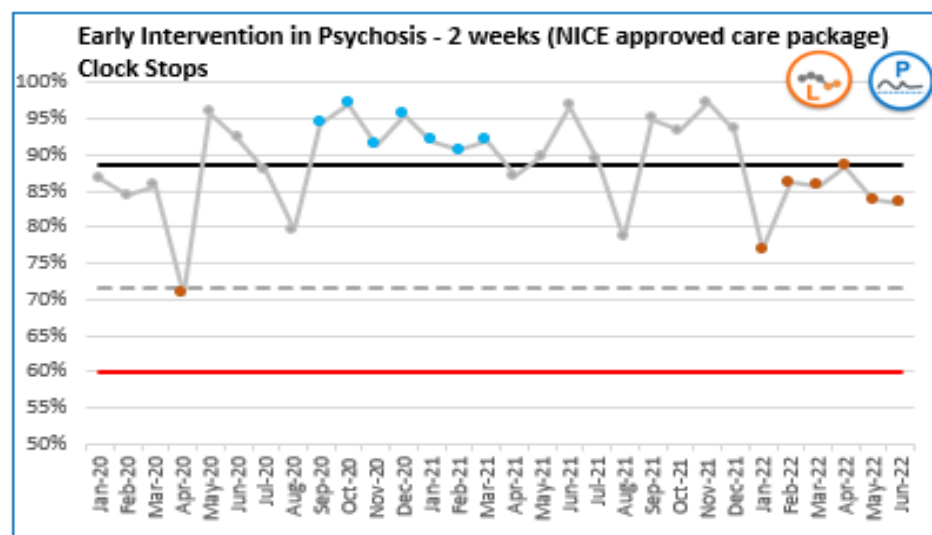
The SPC charts above show that for clients being seen by EIP services although we are still expected to meet the target we have now entered a period of special cause concerning variation due to June being the 6th consecutive month that performance has been below the mean expected range. There are no 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.
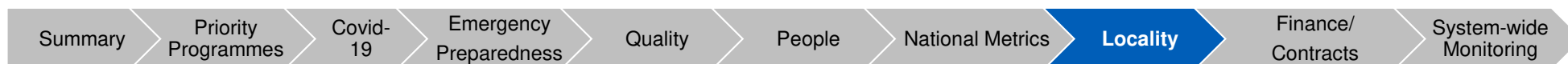
This section of the report is populated with key performance issues or highlights as reported by each care group.

Barnsley mental health services:

<div style="background-color:red; color:white">Alert/Action</div>

• Staffing issues and turnover across the core pathway. An action plan has been completed and is now in place to mitigate and resolve short and long-term issues
• The service has not yet been able to recruit to the specialist psychology post in memory services
• Record keeping remains a key area of focus with issues identified and addressed in relation to FIRM risk data.. At the end June FIRM risk assessments shows 39.4% -
• Ongoing issues regarding access to inpatient beds leading to intensive home based treatment teams (IHBTT) managing high risk patients in the community and delaying discharges from the acute hospital
• Communication issues with inpatients resulting in inaccurate discharge dates and requests to complete 72 hour follow ups. Performance has dropped below target – 72.7%
• Supervision is below target at 55.6%. The importance of accurate recording has been re-iterated through supervision.
• Training for aggression management (66.9%) and cardiopulmonary resuscitation (CPR) (76.9%) have fallen below target. The return to face-to-face delivery has led to initial difficulties in staff accessing training

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

• Ongoing problems covering 136 suite, however the number of closures continues to reduce. Closed on 2 occasions during the month.
• Ongoing focus on waiting lists in improving access to psychological therapies (IAPT)
• Friends & family test (FFT) remains positive at 82%
• Work being undertaken around the development of an all age eating disorder service
• The first of the neighbourhood hubs incorporating SWYPFT and primary care network (PCN) staff has been identified as Wellington House. The start date is still to be established.

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

New risks identified:
• Potential disruption to IPS delivery
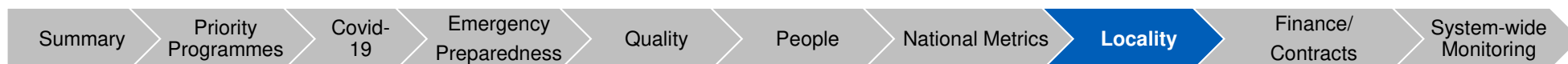
Assure

- Reduction in sickness absence rates in core along with robust caseload management - resulting in the lowering of practitioner case load numbers.
- The transgender support group has commenced.
- Memory services have been included in the RCPsych nominations for psychiatry team of the year, older adults section
- Arrangements have been made for both registered and unregistered staff to access venepuncture training to assist with Clozaril and health and wellbeing clinics.
- Barnsley staff have trained colleagues across the PCN in physical health screening to enable us to work collaboratively to ensure those eligible for their annual health screening receive this.
- Services have received support regarding data quality and how they report on SystmOne to improve accuracy of recording
- Older People's Mental Health Team have been nominated for a RCPsych Trent Division Hall of Fame Award for their contributions to psychiatry
- A recruitment event is being arranged for August 2022
- Eating disorder training has been secured for 25 staff.
- Barriers to discharge meeting is having a positive impact on safe and timely discharges from inpatient wards
- We are working with Mental Health Matters to mobilise the Barnsley Safe Space which is due to commence early August.

Child and adolescent mental health services:

Alert/Action

- There has been a general improvement with respect to mandatory training compliance. Three areas remain 'amber' – aggression management (70.9%), CPR (75.3%) and information governance (92.6%).
- 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 as anticipated waiting lists have reduced marginally.
- 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 is likely to impact negatively on waiting numbers in core CAMHS.
- Supervision below target at 74.8%. The importance of accurate recording is being reiterated to all teams.
- Ongoing issue with shortage of specialist residential and tier 4 places leading to inappropriate stays for young people on acute hospital wards – specifically in Calderdale/Kirklees

Advise

- Friends and Family Test results positive (up to 92% from 79% in previous month). Work is underway to improve the engagement with children and families to broaden the opportunity for feedback.
- 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. In general waiting lists/times from referral to treatment are improving
- The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues, as these areas are particularly challenging to maintain full staffing establishments.

Assure

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

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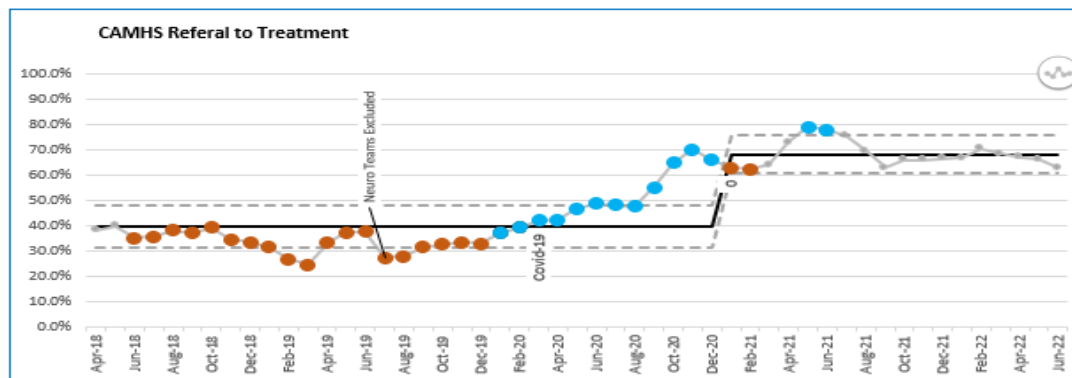
The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation. As you can see in June 2022 we remain in a period of common cause variation.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

Barnsley general community services:

Alert/Action

• Neuro Rehab Unit (NRU) staffing shortage – working on different approaches to attract and recruit nursing staff into neuro-rehab whilst addressing existing staffing gaps.
• Invitation from Rotherham commissioners for other local providers to take on elements of their neuro-rehabilitation provision following their unsuccessful tender process.
• Yorkshire Smoke Free Sheffield (YSFS) – now out to tender.
• Yorkshire Smokefree Calderdale (YSFC) expected to be out for tender in September
• Live Well Wakefield – expected to be out to tender in late summer.
• Waiting times for Children's Speech and Language Therapy (SALT) have increased.
• Vacation Cosmetic Surgery – emerging picture where patients are presenting with issues following these procedures abroad which is impacting on Tissue Viability demand. Trust Legal team assessing prevention of future potential litigation regarding any aftercare.
• Ongoing recruitment challenges across all areas. Work is ongoing to mitigate this by developing innovative and alternative ways to recruit.

Advise

• New NRU specification received from Barnsley commissioner. Feedback to be submitted.
• All Children's Services continue to experience increased levels of referrals.
• Absenteeism in some children's services due to several factors e.g. long term sickness & maternity leave. Ability to recruit remains challenging.
• Mobilising new adult SALT contract.
• Shortage of blood monitor machines in nursing services – following a successful trial of a new device by the Stroke Rehab Unit, the trial has been extended into community.
• Invited to ICS meetings on pilot for children with excessive weight.

Assure

• Stroke annual report completed
• Despite their challenges, all children's services continue to delivery high quality services.
• 8am – 8pm working pattern in neighbourhood nursing Service commenced on 13th June- and is going well. This will be reviewed in mid-August.
• Our specialist tissue viability nursing service will provide training on wound care for staff across the Trust for the remainder of this year.
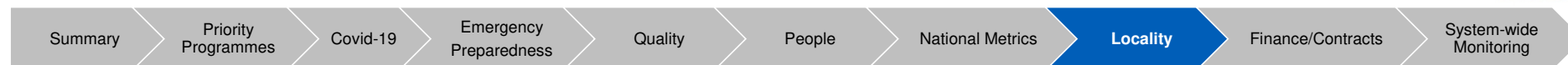
ADHD/ASD services:

Alert/Action

• Referrals - ADHD referrals continue to increase. The service is currently receiving 130 per month and is currently commissioned to complete 279 per year.
• Referrals - Autism referrals have also increased compared to pre pandemic levels.
• Friend & Family Test – Friends and family test remains red as at 67% (6/9) remains Red.
• Training in amber: Information governance 93.9%

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 and potentially creating joint posts.
• The business case to increase capacity in ADHD to 560 per year has been approved. This will improve capacity across all localities.
• The service has been commissioned by Bradford to assess 100 people on their autism waiting list. Recruitment is taking place and the service is optimistic staff can be recruited into these roles
• The service has received non recurrent investment from Calderdale to develop a single point of contact to determine clinical appropriateness of referrals for adults with ADHD and/or autism.
• Dr Adamou has been approached to contribute to the development of Autism standards nationally.
• Autism triage now in place and is evaluating positively.
• ADHD triage will also be piloted and subsequently evaluated.

Assure

• All KPI targets met.
• Supervision at Q1 100% - some recording issues which have been addressed
• Pathway changes have been made in ADHD to increase capacity to meet demand to 360 per year.

Learning disability services:

Alert/Action

• Waiting lists in Community Services – Incremental progress on community waiting times (currently 87%) – anticipate continued improvement against the 90% target but this will take some months to show significant change due to the 'slow stream' nature of some pathways (e.g. psychological therapies) and time needed for the referral spike in Jan/Feb to work through.
• Potential Risk to service delivery - in Calderdale CLDT – Both qualified psychologists leaving posts in August. Consultant Psychiatrist post vacant since 1st July (long-term locum left). TRIO looking at remedial activity.
• Psychology & Occupational Therapy recruitment – Turnover and vacancies continue to impact our LD services seeing the highest turnover across our specialist psychology and OT disciplines.
• Medical staffing – Long term secondment to Horizon will end imminently. Some short- and medium-term medical cover across ATU and Community Teams in place but medical recruitment remains a high priority with some risk in terms of stability.
• ATU shared MDT posts – whilst a couple of posts (psychology) have now been appointed to and soon to commence in role soon, our SLT, dietetics 2 out of 3 of the ATU leadership posts remain vacant despite several attempts to recruit.
• Long Term Segregation (LTS) Reviews - Following on from the LTS review submitted to EMT, we are now actioning implementation of outdoor space for LTS, this work is on-going.
• Supervision – Q1 is 72.1%.
• Mandatory Training – Aggression management ↑79.3%, CPR ↑78.5%, IG – ↑94.1%, NEWS2 – ↑70.6%, Food safety – ↑75.0%.

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.
• Inpatients – 50% occupancy (4/8) but high acuity. 3/4 patients are subject to LTS but effectively all 4 patients are being supported separately from each other. 2/4 patients have required seclusion at the same time in past week.
• Revised key performance indicators have now been proposed and agreed by commissioners in all 4 localities for 2022/23 and this data will be flowed from Q1
• Discharges on our ATU are continuing to progress, albeit still faced with systems pressures and challenges

Community
• Locality teams continue to experience acuity and complexity of service users.
• Workforce review is now progressing workstreams to improve the infrastructure to better meet challenges and demand.
• Wakefield community team are due to move to new premises on the Fieldhead site in early-July (originally mid-May but some delays).
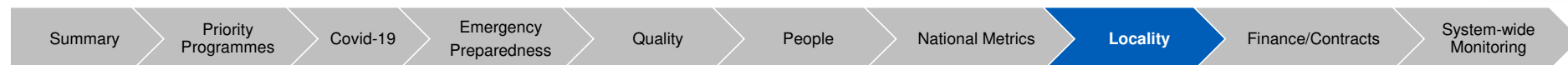
Assure

Assessment and Treatment Unit (ATU)
• Senior management are leading on an improvement plan for the ward following informal feedback from safe and well-being reviews.
• Nursing recruitment has progressed well successfully recruiting to several vacant positions

Community
• The new recorded welfare check process for people on the waiting list has now been implemented.
• Annual health checks across all four localities are seeing improvements in numbers since the introduction of new Strategic Health posts.
• Closer links with the new Barnsley structure is being made to ensure LD is represented at place.

Forensic services:

Alert/Action

• Bed Occupancy – Newton Lodge (including leave) remains slightly below the 90% threshold for June, the challenge is the number of referrals requiring seclusion on admission.
• Care Programme Approach – Performance has dropped to 86%. This is split between both community and inpatients. Much of the community issue is centred around historical out of area cases.
• Mandatory training areas in amber: Aggression management is at ↑75.4%, CPR is at ↑76.8% Food Safety ↑70.4%, Information governance is at↓ 92.7%. Remedial action in place.
• Sickness absence/covid absence – Newton Lodge ↑9.6%, Bretton Centre ↑5.8%, Newhaven ↓1.9%, Community services ↓5.9%. Focused work is being undertaken regarding both monitoring and wellbeing.
• Supervision – Q1 final position medium secure 80.3%% Bretton centre 75%, Newhaven 100% & community 77.8%.
• Vacancies – registered nurse vacancies remain the hotspot with 38 across medium and low secure and a range of vacancies spread across community services. Robust recruitment plan in place.
• Turnover – currently ↑14.6%.
• Forensic Community Transition Team – We have been successful in securing funding to develop the clinical model and workforce for this team following the service review. Recruitment to a psychologist post is complete. Whilst mobilisation is undertaken the team currently has a interim plan in place due to a number of workforce challenges.
• Forensic CAMHS – we have had feedback from the West Yorkshire mental health, learning disability & autism alliance that SWYPFT will be the lead provider for forensic CAMHS. hence contractually will sit with current service lines. Work to align governance is underway.

Advise

• Work with partners in the Adult Secure West Yorkshire Provider Collaborative continues. Current priorities cover service user flow through inpatient services, service users who are out of natural clinical flow, repatriation, and some early discussion regarding capacity planning.
• SWYPFT continue to lead on key areas of work, in particular the development of community forensic services across West Yorkshire.
• The roll out of Trauma Informed Care is going well and training sessions for staff have commenced. The service will pilot this on Johnson ward which will complement other improvement work on the ward.
• The service has had its annual peer review supported by the Royal College of Psychiatry. There was some positive verbal feedback and areas of development. We are awaiting the written report.
• Johnson ward has had a review led by support services following high levels of CQC queries and complaints. We have now received the report and are developing an action plan.
• The service is strengthening processes regarding FIRM risk assessments to assure key timescales and quality are met. We note high performance in presence of risk assessments for all service users.
• Use of seclusion rooms throughout the month has remained high reflecting the acuity and complexity of the service user population.
• 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.

Assure

• No delayed transfers of recorded across all three services in June.
• Friends & family test is 100% for June.
• Positive data quality
• Improvement in most mandatory training with hotspots being amber and no red.
• 100% compliance for HCR20 being completed within 3 months of admission.
• 25 Hours structured activity for service users has been 100% for all three services.
• The service has a bespoke recruitment and retention plan and this will remain a key area of focus throughout 22/23.
• The well-being of staff also remains a priority within the service. There is a well-established well-being group with representation from across the Care Group and most wards / teams now have an identified well-being champion. This group will be focusing its efforts in using data from a bespoke survey conducted last year and the recent NHS survey results to update and further develop and action plan.
• Remedial actions are in place to ensure supervision and appraisal levels are a key priority in terms of supporting and developing the workforce. These will be monitored through monthly quality improvement clinics with managers.
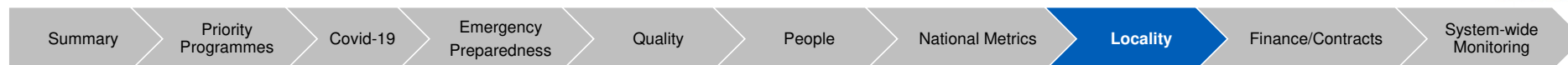
Calderdale Kirklees Wakefield and Trustwide Inpatients:

Alert/Action

• Acute wards have seen high levels of acuity and service user distress, with the continued requirement to manage isolated and cohorted patients. This has frequently led to occupancy levels above 100% across wards. Capacity to meet demand for beds remains difficult compounded by significant workforce challenges. Home Based Treatment teams have faced similar staffing pressures.

• The work to maintain effective patient flow continues, with the use of out of area beds remaining constant and being closely managed. Admission to psychiatric intensive care units (PICU) is especially challenging. The key focus continues to be on bringing patients back to local beds as timely as possible - whilst managing the demand for new admissions as safely as possible in partnership with community teams.

• 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 also 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 and continue to be proactive and innovative in our approaches to recruitment and workforce modelling.

• Care programme approach (CPA) review performance has lowered this month in Kirklees. An action plan is still in place and Quality and Governance leads are undertaking specific improvement work with certain teams around leadership, data quality and recording.

• All areas need to improve performance for FIRM risk assessments, which remains under target. A series of deep dives has been taking place and the intelligence gleaned has led to some rapid improvement work which has already demonstrated improvements.

Advise

• Senior leadership from matrons and general managers remains in place across 7 days and we are working to build a sustainable model 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 wellbeing of staff and service users and encourage recruitment and retention continues We have re-commenced a specific programme of work around sexual safety on our wards.

• 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.

• Alongside trust-wide work on recruitment and retention, we are engaged in specific improvement planning to address workforce challenges in inpatient services. For example identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix 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.

• 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.

• 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. This has already been experienced.

• 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. Positive supervision performance across community teams reflects this.

• We continue to work towards required concordance levels for CPR training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends.

Assure

• We have achieved performance for 72 hour follow up following our improvement plan, which continues.
• We are performing well in gatekeeping admissions to our inpatient beds.
• Bite size teaching evaluating extremely well across older people's S inpatient services- targeting key risk areas: falls, datix recording, FIRM risk assessment.
• We have launched a BAME preceptorship experience survey lead by our matrons developed in collaboration with the REACH network.
• Friends & Family Test – remains positive at 89% inpatients and in community in all areas
• We have had some recent success in recruitment both internally and externally in to nursing posts in the acute inpatient workforce and the enhanced pathway in Wakefield.
• We have successfully appointed to two substantive service manager posts and a ward manager post in our inpatient services.

Communications, Engagement and Involvement

• Coronavirus update sent out to all staff and governors, to update on any news and developments around restrictions and infection prevention & control (IPC).
• Comms support to the COVID Moving Forward group
• SystmOne sharing of care records campaign development
• Staff wellbeing initiatives promoted, including HIIT courses
• Recruitment activity delivered, including design and banners, t-shirts, adverts, social media materials and press release on the virtual recruitment fair. Ongoing review and improvement of the HR recruitment portal
• Support to forensics for the latest phase of the building development works at the Bretton Centre
• Support provided to the older people's transformation programme
• Heatwave incident updates
• CQC preparation comms, including working on a handbook
• Update of 'Our Offer' Trust prospectus.
• 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
• 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 and Care Alliance. Branding, narrative and staff briefings provided for us and the GP Federation.
• Promotion of West Yorkshire and South Yorkshire ICSs initiatives and campaigns; and comms input to Integrated Care Board development in each of our areas.

Engagement, Equality and Volunteering Update

• Equality and Involvement annual action plans now being delivered. Plans were co-produced with input from Trust leads, staff side, staff networks and using engagement feedback, insight, and intelligence.
• Two policies have been co-designed and developed in partnership with staff networks, staff side, OMG and our communities. The Transgender Policy and Accessible Information Standard Policy are in the final stages of approval and plans to induct staff into these policies will take place over the forthcoming year.
• Work continues to progress the equality dashboard and metrics in line with Trust priorities, national guidance, and local insight with support from business intelligence.
• Case studies to improve health inequalities are progressing. CAMHS leads are now appointed, and an initial working group has been set up. Forensic admission work is being picked up though the broader involvement the Trust has been delivering to improve racial equity and work funded by the West Yorkshire and Humber involvement team for forensics as a project.
• Monthly themed lunch box talks – lets talk about…. are being delivered. The talks share one of 12 community equality films created in partnership with local communities. The community members attend, and other useful equality information is shared to support a dialogue. Last month we heard from 'Carers' and this month it is LGBT.
• The raising concerns at work leaflet has been shared at extended EMT and the information is now available on the intranet. The leaflet was co-designed resulting in an infographic to support navigation of the support available to staff.
• Work to support staff networks continues with 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 with the launch of a 'Disability Matters' event in August.
• Equality data collection campaign continues. 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.
• The team are supporting the older people's services transformation programme offering consultation advice and guidance, equality, and communication support. A meeting for partners is being held on the 22nd of July to ensure all partners have sight of the same information. Plans for a stakeholder event, draft consultation document and briefings have been developed.

Engagement, Equality and Volunteering Update continued…

• Working partnership with HR colleagues to design an infographic to support Race Forward is ongoing. Update papers on Race Forward, developed by the team, were received by the EII Committee.

• Support with an involvement approach and Equality Impact Assessment for the Sustainability and Social Responsibility Strategy

• A paper on levelling up was developed and shared with EMT and OMG – the paper identified the areas that the Trust need to respond to and other factors that align with our strategies

• The Trust have secured funding to deliver a deep dive Trust wide survey to investigate the experiences and views of its workforce with regards to racial equity in the workplace. This investigation will help inform the organisation's strategy to combat any racial biases that may be existing within the organisation.

• Asset based approach to involvement is now underway and a draft approach has been developed which will be shared with a broader steering group over the next few months. The approach will aim to recruit a bank of involvement leads who will all receive training to support our involvement approach. The bank of people will be called on to support pieces of work as they arise and will ensure we have the capacity to respond to the involvement agenda.

• Survey monkey will now transfer over to the equality and involvement team. This change is being managed through a small group and plans are to ensure everyone is using one system.

• The quarterly partnership briefings produced by our team continue to be used in meetings and at MP briefings.

• The quarterly insight report was developed this quarter and shared with EMT to identify a 'you told us we listened' response.

• An 'Electronic EIA' is in development with the support of IMT colleagues. The framework for storing EIAs on SharePoint will mean that we can track grading, pull down reports and identify Trust wide actions to address equality.

• Presentation and process to Operational Management Group on mapping against a study on suicide prevention in South Asian Communities is underway. The approach is asking care groups to map their current position against the recommendations to identify a baseline.

• The work to support COPI includes the development of identifiers for digital inclusion and preferred methods of communication as part of the approach. These new fields will support an understanding of digital access and communication requirements. In addition, the COPI approach includes revisiting equality data so this can be updated and increase reporting.

• Trust wide training for equality, diversity and inclusion was delivered to both the Trust board and a group of senior managers. The new training co-designed and developed by the team will now be rolled out and plans to identify the scope of delivery is being worked through with our learning and development colleagues.

• The Trust had a key role in the delivery of a regional event on peer support workers. Health Education England invited our Trust to speak at the event with examples shared of the work we are doing in services such as perinatal.

• More learning on a 'beyond pills approach' is being brought into the Trust with our lead peer support worker working closely with the pharmacy team to identify an approach. The Trust could be one of the first organisations to respond to this recent government led report.

• The volunteer service continues to transfer volunteers to ESR, and the return of volunteers is increasing. A large-scale piece of work in Barnsley to support community teams with volunteers is underway and 17 new volunteer managers are due to receive training to support these roles.

• Volunteer to career is progressing and the team attended a national event with HR colleagues to identify an approach. This approach will be shared initially with OMG in the next few weeks to gather ideas for a model.

Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

	Performance Indicator	Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£2.7m	£3.2m	In month financial performance is a surplus of £1.5m with a year to date surplus of £2.7m. This is £0.5m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.
2	Agency Spend	£2.4m / 4.4%		Agency spend has returned to the average run rate in June with monthly spend of £0.7m (year to date £2.4m). The cumulative plan is 4% of the total pay bill. Current year to date performance is 4.4%.
3	Overhead Costs	16%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	Financial sustainability and efficiencies	£1.8m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and effeciency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	Cash	£83m	£80.1m	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	£0.7m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and this is forecast to be delivered in full. The largest risk relates to the value and timing of the Bretton Centre scheme. Spend for the year to date is £0.7m which is less than planned. It is recognised that the capital programme is largely profiled in Q3 and Q4.
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 and 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

Working in partnership with people and communities: statutory guidance

This guidance is for integrated care boards, NHS trusts, foundation trusts and NHS England. It supports partnership working with people and communities to improve services and meet the public involvement legal duties.

Click here for link to guidance

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

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2021 to March 2022 (M13)
Community services statistics: April 2022

Finance Report

Month 3
(2022 / 23)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
Key Performance Indicator		**Year To Date**	**Forecast 2022 / 23**	**Narrative**
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		4.4%		
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Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

Income & Expenditure Position 2022 / 2023

Trust Financial Position

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				19,806	19,893	87	Healthcare contracts	59,604	59,606	2	241,593	240,782	(811)
				9,631	10,161	530	Other Operating Revenue	25,330	25,765	435	105,669	108,539	2,870
				29,438	30,054	616	Total Revenue	84,934	85,371	437	347,263	349,321	2,058
4,619	4,530	(90)	1.9%	(18,002)	(17,728)	274	Pay Costs	(53,519)	(53,327)	193	(223,288)	(221,181)	2,107
				(9,742)	(10,175)	(433)	Non Pay Costs	(27,155)	(27,366)	(211)	(113,252)	(117,480)	(4,228)
4,619	4,530	(90)	1.9%	(27,745)	(27,903)	(159)	Total Operating Expenses	(80,675)	(80,693)	(18)	(336,540)	(338,661)	(2,121)
4,619	4,530	(90)	1.9%	1,693	2,151	458	EBITDA	4,259	4,678	419	10,722	10,660	(62)
				(515)	(515)	0	Depreciation	(1,545)	(1,545)	0	(5,847)	(5,843)	4
				(179)	(179)	0	PDC Paid	(537)	(537)	0	(2,148)	(2,148)	0
				37	65	28	Interest Received	112	149	36	450	509	59
4,619	4,530	(90)	1.9%	1,037	1,522	485	Surplus / (Deficit)	2,290	2,745	455	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
4,619	4,530	(90)	1.9%	1,037	1,522	485	Surplus / (Deficit)	2,290	2,745	455	3,178	3,178	(0)

Trust Monthly I & E Profile

Trust Cumulative I & E Profile
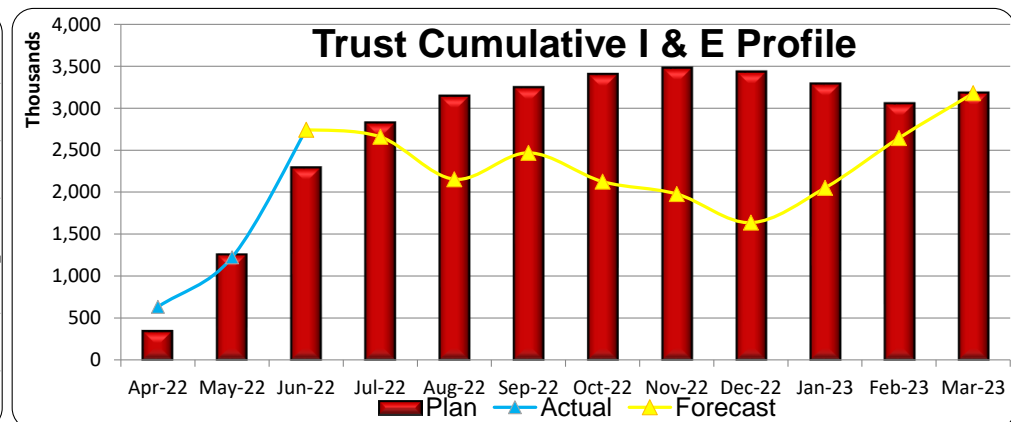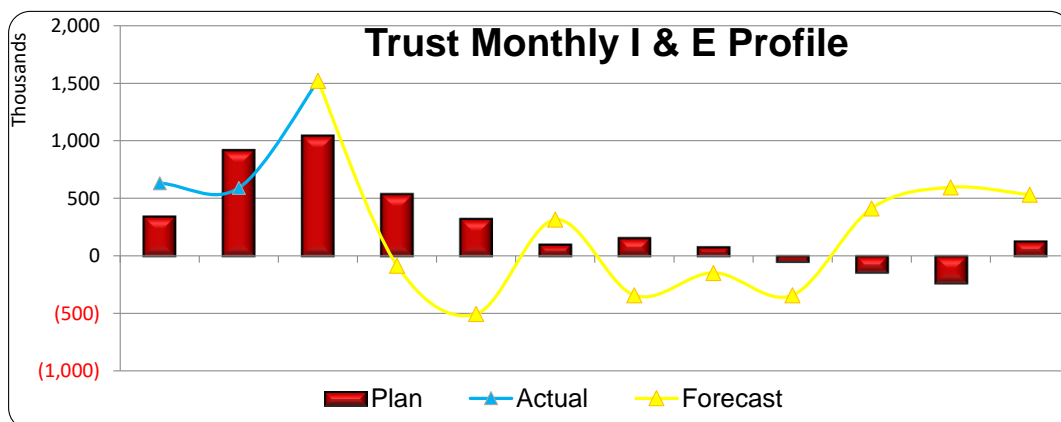
Income & Expenditure Position 2022 / 23

The financial run rate continues to as a surplus.
Expenditure is forecast to increase largely due to recruitment and retention.

The Trust revised financial plan, submitted June 2022, is a surplus of £3.2m. This is mainly profiled at the start of the year with workstreams such as recruitment and retention of workforce having an impact on the position.

Income

Income positions have been updated to reflect current positions with commissioners including national tariff uplifts and additional agreed investment. Formal contract signatures are being finalised with all commissioners. By their block contract nature there should be minimal variation to agreed contract values. To date risks, which are being assessed, relate to CQUIN delivery and any potential slippage against 2022 / 23 agreed investments. Updates will be provided as the various workstreams progress.

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. The plan, and forecast, position reflect current assumptions on increasing the overall Trust workforce although the year to date position, of £0.2m underspent and 90 less worked WTE than plan , does reflect both the difficulties of the current job market and that premium payments such as overtime are being utilised to support current levels.

Non Pay

Non pay is £0.2m higher than plan for the year to date. The main factors, as described in the non pay breakdown, relate to higher than planned levels of out of area placements to support operational pressures and inflationary cost increases. These are being experienced in all areas of non pay expenditure but currently seem most pronounced for utilities costs.

The Trust continues to look at ways to support its staff in the current financial climate. As such a temporary increase in mileage rates has been agreed in recognition of the increase in fuel costs. This is especially prominent in staff working in our community services who have to travel to see service users.

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 (CCGs). For 2022 / 23 a hybrid of the previous year's financial regimes are 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. This income is shown as other operating revenue within the Trust income and expenditure position.

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	17,501	18,083	17,285	17,085	17,085	17,085	17,383	17,383	17,383	18,473	18,473	19,434	212,652	199,439
ICS / System / Covid	854	854	854	854	854	854	854	854	854	854	854	854	10,243	15,258
Specialist Commissioner	242	324	320	330	330	330	330	330	330	330	330	330	3,856	45,733
Local Authority	433	454	484	444	444	444	444	444	444	444	444	444	5,363	5,172
Partnerships	422	422	395	425	425	425	425	425	425	425	425	425	5,064	7,580
Top Up / ERF	0	0	0	0	0	0	0	0	0	0	0	0	0	287
Other Contract Income	124	(0)	555	249	233	1,048	233	233	233	233	233	233	3,604	708
Total	19,576	20,136	19,893	19,386	19,369	20,184	19,667	19,667	19,667	20,758	20,758	21,718	240,782	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

Legend: Plan, Actual, Forecast
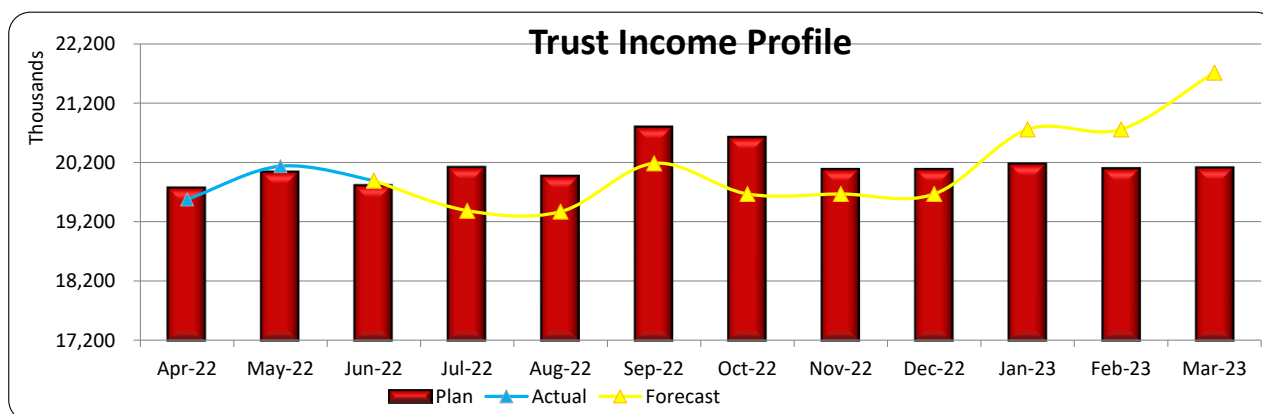
As at 30th June 2022 the Trust has agreed contracts with Barnsley CCG and NHS England (including the adult secure collaboratives). Contract variations to update for the additional 0.7% inflationary uplift and agreed service changes are being agreed. Contracts with Wakefield, Kirklees and Calderdale CCGs are being finalised but currently remain unsigned.

There has been a full national agreement of balances exercise with CCGs in June 2022 to reflect the change to Integrated Care Boards (ICBs) from 1st July 2022. To date no issues have been identified as part of that process.

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	16,033										47,840
Bank & Locum	986	1,145	985										3,115
Agency	740	920	711										2,371
Total	17,397	18,201	17,728	0	0	0	0	0	0	0	0	0	53,327
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	206,351

Bank as % (in month)	5.7%	6.3%	5.6%										5.8%
Agency as % (in month)	4.3%	5.1%	4.0%										4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129										4,123
Bank & Locum	251	294	252										266
Agency	148	141	149										146
Total	4,530	4,545	4,530	0	0	0	0	0	0	0	0	0	4,535
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)
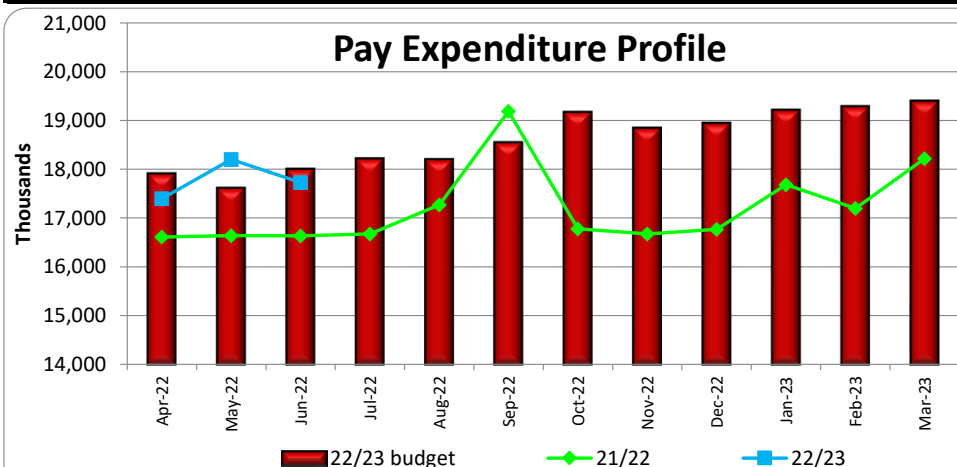
As per previous months we have continued to see some fluctuation in the mix of our workforce in June. Overall levels for substantive, bank and agency staff are very similar to April which is 15 WTE worked less than May 2022 with agency overall remaining constant. Substantive worked WTE includes additional shifts and overtime worked by existing staff.

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 £711k in June.

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 an area of national focus the Trust has not been set a formal agency spend cap during covid-19. Indications are that this will return from Q3 and is linked to the national oversight framework (with monitoring at an ICB level). Weekly reporting on usage and breaches of hourly rate caps have continued throughout.

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 in June has returned to the average run rate with the high levels experienced in May being seen as exceptional. Increases, when compared to prior year spend, are in nursing staff on adult inpatient wards and as such this is a key focus on Trust workforce strategies. Expenditure is forecast to reduce across the year as the impact of Trust recruitment and retention actions are seen.

Agency Spend By Month
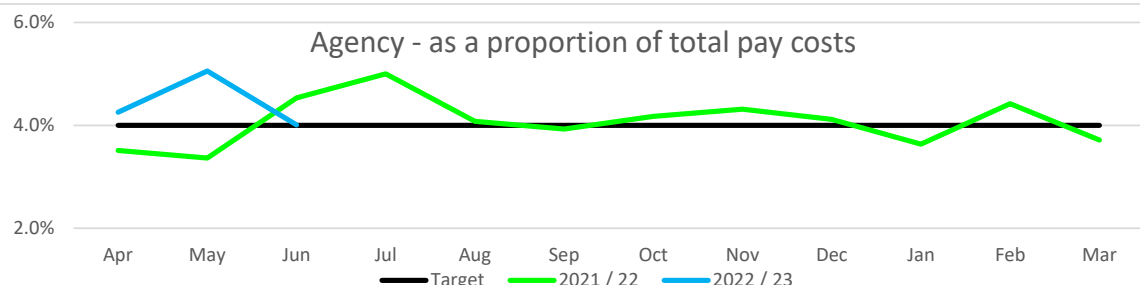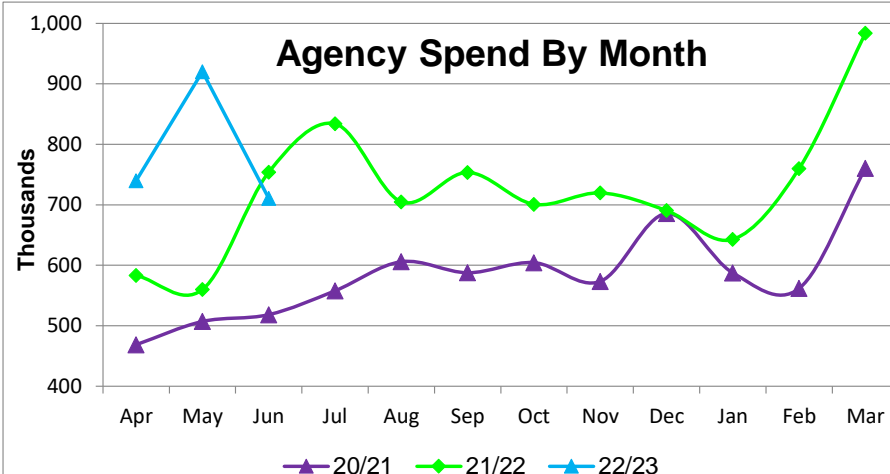
From 1st April 2022 a new key performance indicator has been included within the Trust Integrated Performance Report that highlights the proportion of total Trust pay costs which are agency.

A cumulative target of 4% has been set and monthly performance is shown on the left. April and May 2022 in month performance has been above this target whilst June is in line. This results in a cumulative year to date position of 4.4%

Agency - as a proportion of total pay costs

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	10,175										27,366
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	933	576	(357)
Establishment	2,353	2,121	(232)
Lease & Property Rental	1,833	1,836	3
Premises (inc. rates)	1,501	1,481	(20)
Utilities	453	559	105
Purchase of Healthcare	2,828	2,755	(73)
Lead Provider Collaborative	14,071	14,444	373
Travel & vehicles	1,087	1,107	19
Supplies & Services	1,517	1,523	5
Training & Education	703	387	(316)
Clinical Negligence & Insurance	258	252	(6)
Other non pay	(384)	326	710
Total	27,155	27,366	211
Total Excl OOA and Drugs	23,394	24,035	641
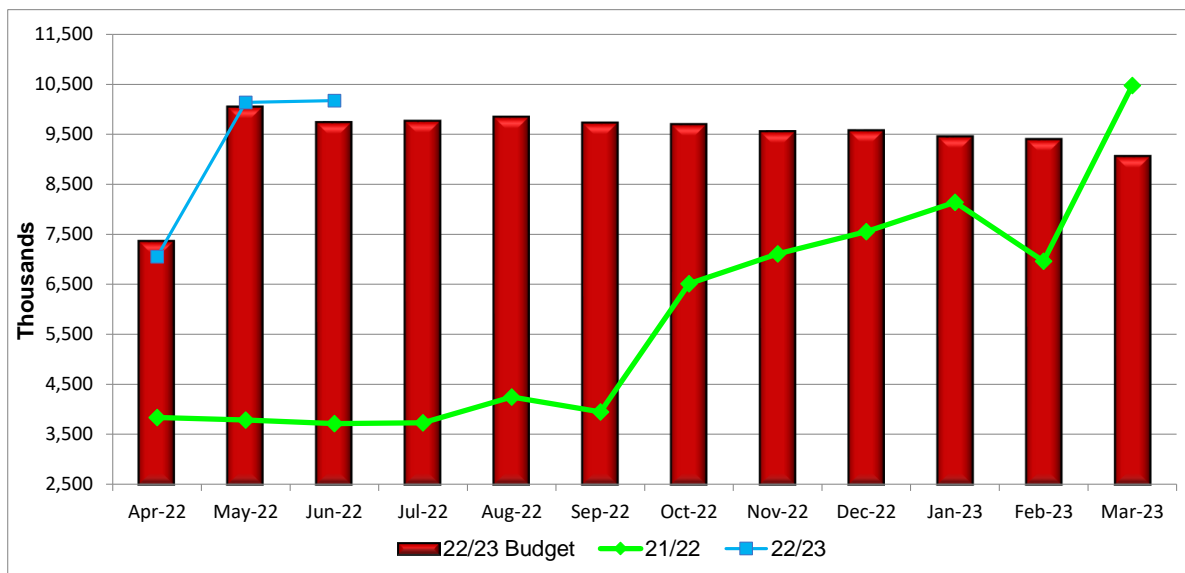
Key Messages

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. The Trust non-pay review group is looking at the overall inflationary cost pressure being experienced in all areas. This will be incorporated into future reporting.

Operational pressures continue with high demand for services. Sustained high usage of out of area placements has been offset slightly in the purchase of healthcare category with savings in other areas such as radiology and pathology services. A separate breakdown is shown on page 10.

Drugs expenditure is less than planned. The impact of the Trust electronic prescribing system is being assessed with any cost savings to be recorded as against the Trust financial sustainability target. This target is currently coded to other non pay and explains the negative budget in this presentation.

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	557										1,869

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	512	587										1,583

Bed Day Information 2022 / 2023 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	427	417	446										1,290
Acute	57	95	141										293
Total	484	512	587	0	0	0	0	0	0	0	0	0	1,583

Out of Area Expenditure - monthly
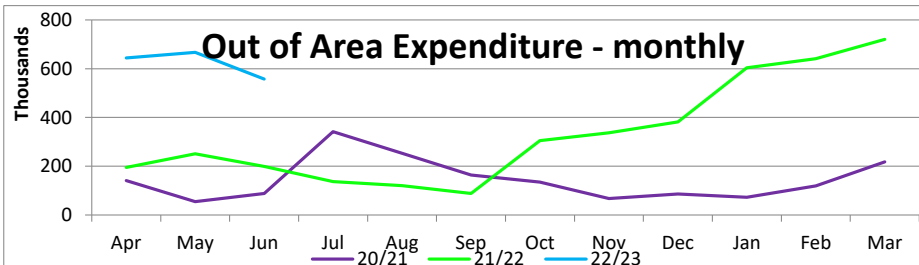
As shown by the graph on the left there has continued to be exceptionally high use of out of area placements when compared to previous trends.

Bed days have increased in June but costs have reduced due to the increased proportion of acute beds (which have a lower bed day rate than PICU) and assessment of additional nursing costs.

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	108,852	162,540	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	1,613	4,144	2
Non NHS Trade Receivables (Debtors)	2,867	7,062	2
Cash and Cash Equivalents	81,368	83,001	Pg 13
Total Current Assets	**86,036**	**94,396**	
Current Liabilities			
Trade Payables (Creditors)	(38,995)	(43,982)	3
Capital Payables (Creditors)	(1,790)	(998)	
Deferred Income	(6,480)	(6,585)	
Other Liabilities (IFRS 16 / leases)		(52,450)	1
Total Current Liabilities	**(47,265)**	**(104,015)**	
Net Current Assets/Liabilities	**38,771**	**(9,619)**	
Total Assets less Current Liabilities	**147,623**	**152,921**	
Provisions for Liabilities	(7,716)	(7,330)	
Total Net Assets/(Liabilities)	**139,907**	**145,591**	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	81,591	4
Total Taxpayers' Equity	**139,907**	**145,591**	

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 remain high in June. This value includes prepayments and is traditionally higher at this time of year as annual 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. Work continues, as demonstrated by the Better Payment Practice code performance, to ensure that invoices are paid promptly.

4. 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	278	142	(136)	7,500	0	Internal
OPS transformation	500	50	0	(50)	500	0	Internal
Maintenance (Minor) Capital							
Clinical Improvement	745	16	2	(14)	845	100	Internal
Safety inc. ligature & IPC	1,065	50	12	(38)	1,015	(50)	Internal
Compliance	700	15	0	(15)	700	0	Internal
Backlog maintenance	350	0	0	0	350	0	Internal
Sustainability	350	0	0	0	350	0	Internal
Plant & Equipment	550	57	11	(46)	23	(527)	Internal
Other	0	0	472	472	477	477	Internal
IM & T							
Digital Infrastructure	450	0	0	0	450	0	Internal
Digital Care Records	40	10	3	(7)	67	27	Internal
Digitally Enabled Workforce	375	12	14	2	375	0	Internal
Digitally Enabling Service Users & Carers	65	0	0	0	65	0	Internal
IM&T Contingency	100	0	0	0	73	(27)	Internal
Lease Impact (IFRS 16) VAT Refunds	354	244	0	(244)	354	0	Internal
TOTALS	**13,144**	**732**	**656**	**(76)**	**13,144**	**0**	

Capital Programme 2022 / 2023 Cumulative Profile

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 less than plan with delays in current year spend offset by additional costs incurred relating to completion of prior year schemes.

From April 2022 the accounting treatment of leases has changed. Spend on new leases (buildings and vehicles) are now reported as part of capital spend. The new lease for a property in Kirklees has been signed in July 2022 (plan was April).

Other schemes continue to be developed with a focus on the major capital schemes and in particular negotiating, procuring and finalising expenditure and timescales for each. Until formal contracts are signed these remain risks. The current forecast is that spend will be in line with profile. Any variations will require mitigating actions; ensuring that ICS colleagues are in the loop throughout.

	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	81,003	83,001	1,998
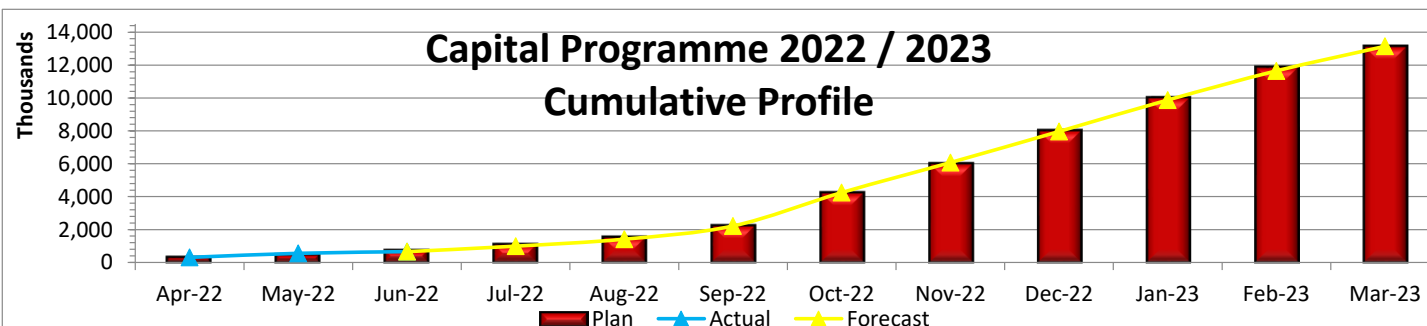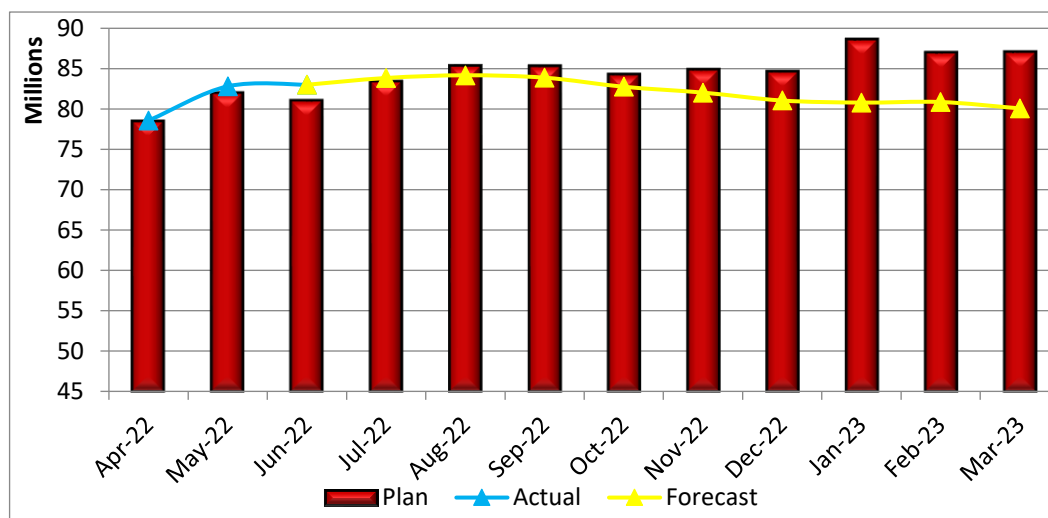
Cash remains positive.

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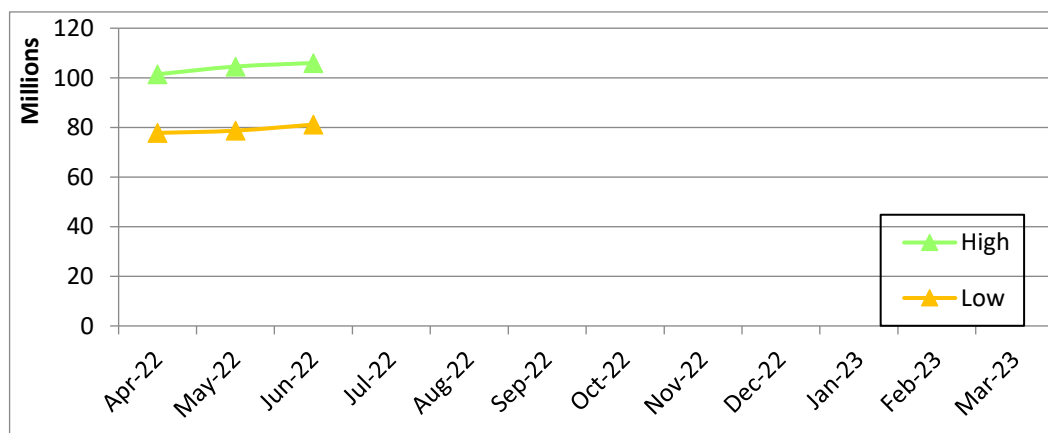
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £106m
The lowest balance is: £81.2m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**76,454**	**81,368**	**4,914**	
Surplus / Deficit (Exc. non-cash items & revaluation)	6,230	6,589	359	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(3,576)	(6,727)	(3,151)	
Trade Payables (Creditors)	2,400	3,657	1,256	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0	(198)	(198)	
Provisions & Liabilities	0	(386)	(386)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(488)	(656)	(168)	
Cash receipts from asset sales			0	
Leases	(129)	(795)	(666)	
PDC Dividends paid	0		0	
PDC Dividends received			0	
Interest (paid)/ received	111	149	38	
Closing Balances	**81,003**	**83,001**	**1,998**	

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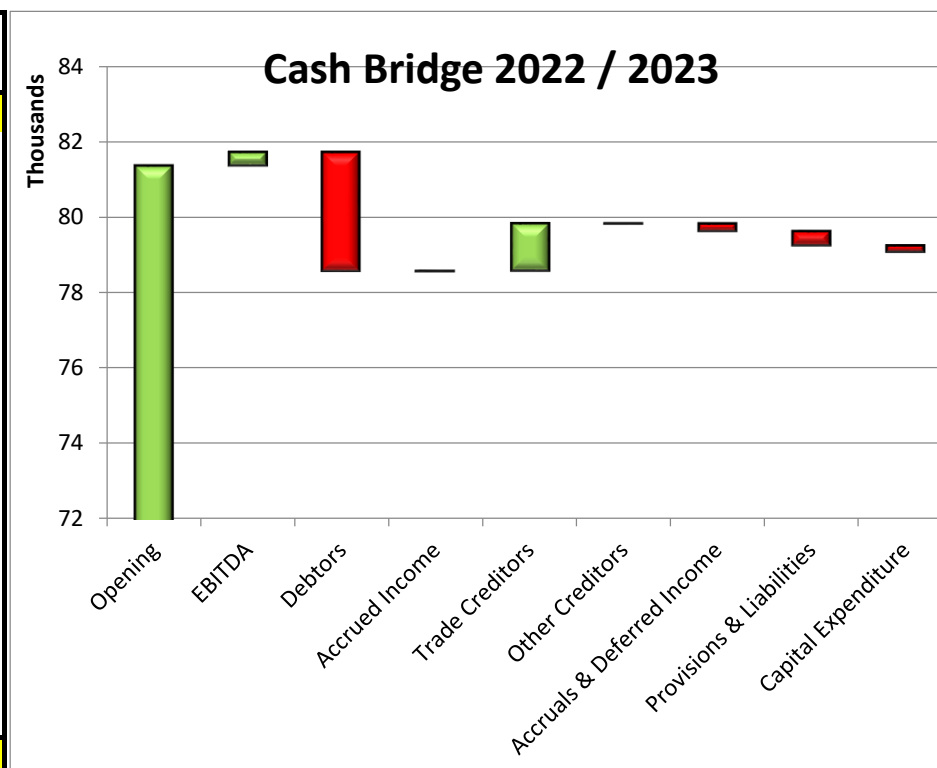
The table above summarises the reasons for the movement in the Trust cash position during 2022 / 2023. This is also presented graphically within the cash bridge.

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.

Debtors are higher than plan. This is the timing of prepayments which are included in this line.

4.0	Better Payment Practice Code

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

Performance has been positive in month which has helped the cumulative year to date position improve from that reported in May 2022. The large volume of invoices, and the impact on workloads, continues to be assessed. System optimisation continues to ensure that processes are effecient and effective which, in turn, will help with payment timescales.

NHS	Number %	Value %
In Month	90%	98%
Cumulative Year to Date	96%	97%
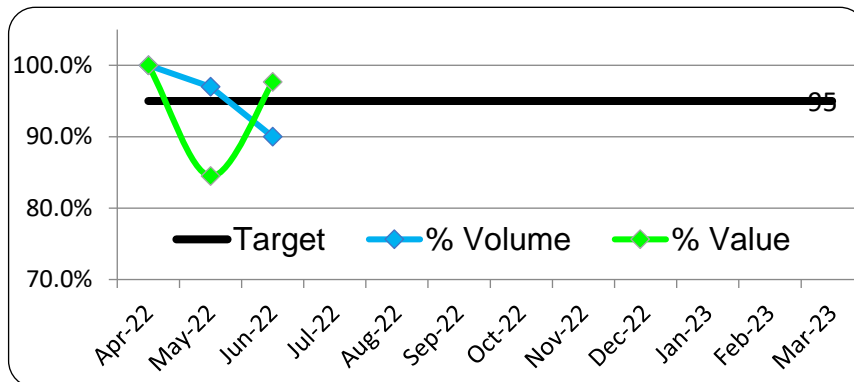
Non NHS	Number %	Value %
In Month	96%	96%
Cumulative Year to Date	95%	95%

4.1			Transparency Disclosure		
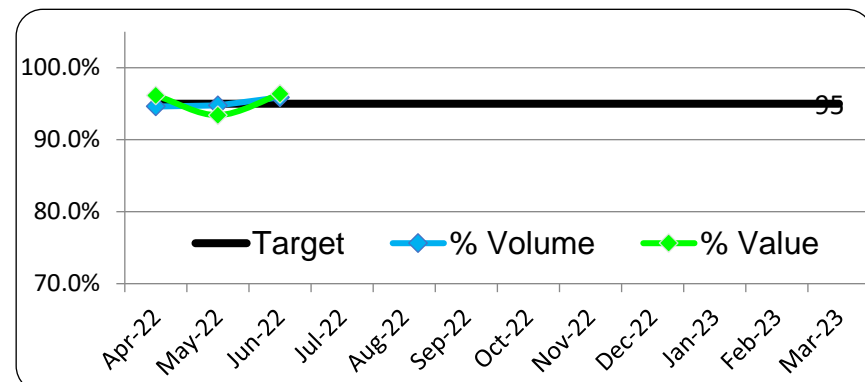
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000 (including VAT where applicable).

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
01-Jun-22	Software License	Trustwide	Trustmarque Solutions Ltd	2342265	1,027,472
31-May-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202193	981,334
01-May-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4416	595,417
26-May-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4407	591,789
22-Jun-22	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000056115	572,761
17-Jun-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	997491	555,258
17-Jun-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	997492	555,258
17-Jun-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	997493	555,258
01-Jun-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS22	544,330
28-Jun-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202319	490,667
01-Jul-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 262	400,289
01-Jun-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006962	331,974
26-May-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4415	219,333
01-Jun-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006955	201,359
26-May-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4396	165,123
01-Jun-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092370	134,624
01-Jun-22	Software License	Trustwide	Trustmarque Solutions Ltd	2342264	133,799
26-May-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4408	128,100
10-Jun-22	Staff Recharge	Wakefield	NHS Wakefield CCG	7016401822	108,896
06-Jun-22	IT Services	Trustwide	Daisy Corporate Services	3I491394	90,250
31-Mar-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	107092	76,156
17-May-22	Drugs	Trustwide	Bradford Hospitals NHS Trust	321256	75,257
30-Apr-22	Drugs	Barnsley	Lloyds Pharmacy Ltd	107663	70,641
28-Feb-22	Drugs	Barnsley	Lloyds Pharmacy Ltd	106545	69,590
02-Apr-22	Utilities	Trustwide	Virgin Media Business Ltd	938244076	62,929
17-Jun-22	Purchase of Healthcare	Forensics	Leeds & York Partnership NHS Foundation Trust	997485	61,722
17-Jun-22	Purchase of Healthcare	Forensics	Leeds & York Partnership NHS Foundation Trust	997489	61,722
17-Jun-22	Purchase of Healthcare	Forensics	Leeds & York Partnership NHS Foundation Trust	997490	61,722
31-May-22	Drugs	Barnsley	Lloyds Pharmacy Ltd	108186	55,259
30-Apr-22	Furniture & Fittings	Trustwide	P Tate Ltd	143 2022	42,058
11-May-22	Mobile Phones	Trustwide	Vodafone Ltd	101214102	38,308
16-May-22	Drugs	Trustwide	NHS Business Services Authority	1000073267	37,844
06-May-22	Purchase of Healthcare	Trustwide	Partnerships In Care Ltd	D510006866EPC	36,080
06-May-22	Purchase of Healthcare	Trustwide	Partnerships In Care Ltd	D510006869EPC	36,080
31-May-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	8653	35,712
31-May-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	8655	35,712
31-May-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	8673	35,448
01-Jun-22	Utilities	Trustwide	Edf Energy Customers Ltd	000012395714	35,011
22-Apr-22	Drugs	Trustwide	NHS Business Services Authority	1000072933	34,270
28-Jun-22	Purchase of Healthcare	Trustwide	Waterloo Manor Ltd	HO NHS LS UPLIFT	31,907
31-May-22	Furniture & Fittings	Trustwide	P Tate Ltd	168 2022	31,317
24-May-22	Insurance	Trustwide	Willis Ltd	10958GP22000003PRM	30,675
10-Jun-22	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	ARB03970	29,903
24-Jun-22	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6025714	28,726
31-May-22	Utilities	Trustwide	Totalenergies Gas & Power Ltd	26743227022	27,352
27-May-22	Utilities	Trustwide	Edf Energy Customers Ltd	000012347220	26,971
25-May-22	Furniture & Fittings	Trustwide	Pineapple Contracts	SI78932	25,798

* 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.

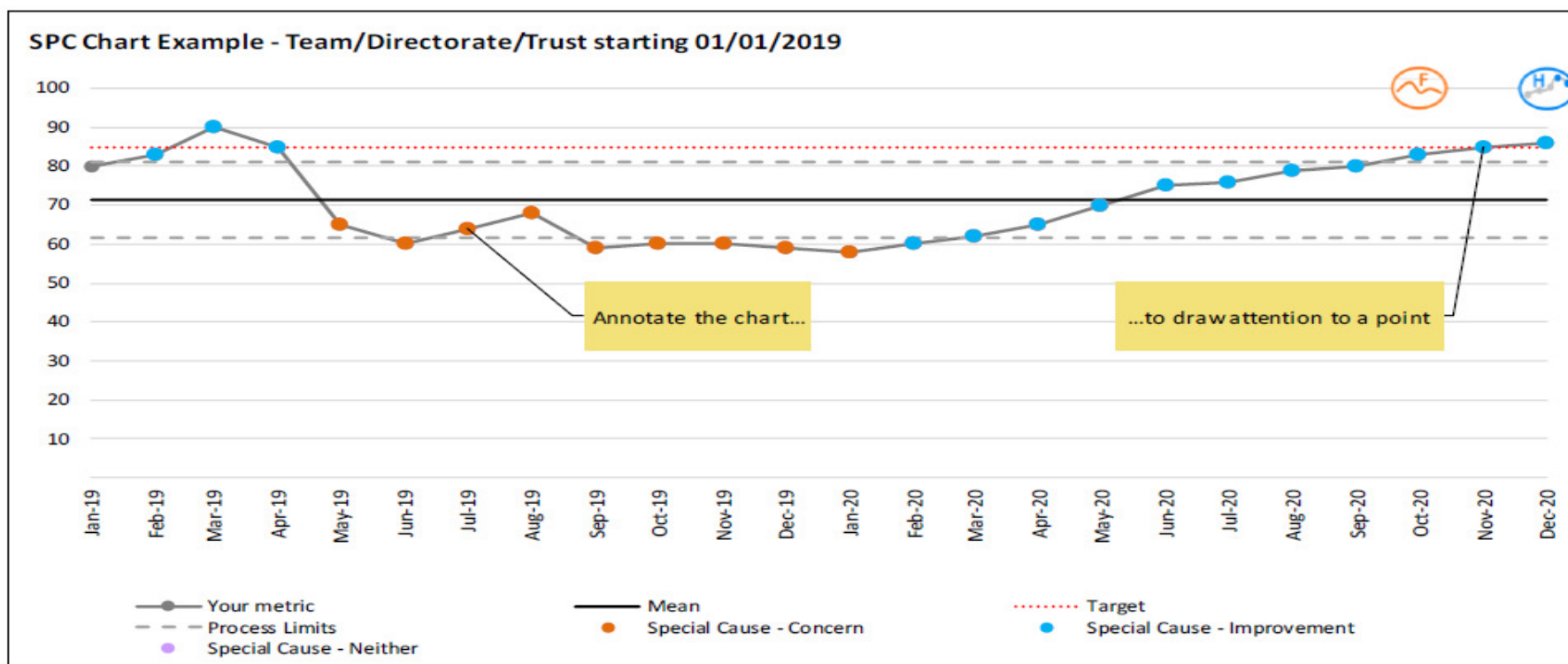# Appendix 2 - Statistical Process Control (SPC) Charts Explained

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)	(?)	(H)	(L)	(H)	(L)	(?)	(F)	(P)
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

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

Legend:
- ● Your metric
- – – Process Limits
- ● Special Cause - Neither
- — Mean
- ● Special Cause - Concern
- ····· Target
- ● Special Cause - Improvement

Observations

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

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

Glossary

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

KEY for dashboard Year End Forecast Position / RAG Ratings

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

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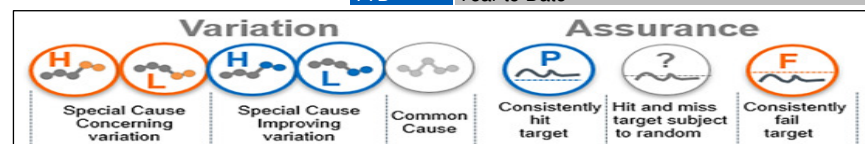
NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures