

# Integrated Performance Report Strategic Overview



**August 2022**

With **all of us** in mind.



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## Introduction

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

- The Trust had 9 people placed in out of area beds at the end of August, a reduction from our peak of 20 in recent months. The Trust's Inpatient Improvement Programme continues to work internally and externally to improve this position.
- NHS England launched the new Patient Safety Incident Response Framework in August. A structured 12-month implementation work programme has commenced, with planned go live in September 2023.
- The Trust's Quality Strategy is under development with amended deadline of December 2022 agreed to enable staff engagement sessions to take place and alignment with other strategic priorities and financial planning.
- Implementation of a Trust-wide approach to digital dictation by March 2023 is facing some challenges in moving forward at pace including the delay in recruitment of a Project Manager to assist capacity for the project, hence current rating. This is being kept under review.

### Addressing 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 Trust's Equality, Inclusion and Involvement Committee.
- In August, 70% of service users had had their equality data (ethnicity, disability, sexual orientation and postcode) recorded. Developments are ongoing to ensure data capture will be extended to all services.
- Specific actions the Trust is taking to address inequalities include co-designing services with communities ensuring representation is reflective of the population and covers all protected groups and carers, using approaches such as community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.

### Covid-19

- Protocols are in place to maintain staff and patient safety.
- The Covid-19 Moving Forward Group continues to monitor Covid prevalence, measures and national guidance.
- The Trust OPEL level remains at an average of 2.4, with five service areas now operating at OPEL 2. Four service areas remain at OPEL 3.
- The roll out of the annual staff influenza vaccination programme will commence in October 2022, with a target of 90% for frontline staff uptake.

**Summary**

Priority  
Programmes

Covid-19

Emergency  
Preparedness

Quality

People

National  
Metrics

Locality

Finance/  
Contracts

System-wide  
Monitoring

## Quality

- The Trust continues to perform well against the majority of quality indicators.
- The percentage of patients on the Care Programme Approach (CPA) offered a copy of their care plan remains below target at 38% in August. This is a combination of the way that the information is drawn from the system and the way that care is offered, and significant work has been undertaken to address this. The 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.
- The percentage of patients with an up to date risk assessment is below target for both community (78%) and inpatient teams (82%), but represents an improved position. A deep dive into the risk assessment data has been completed and improvement measures put in place across all services in order to further improve performance.
- Waiting times for neurodevelopmental waits within CAMHS are below target. As previously reported, waiting list initiatives are in place to work towards stabilising this position from March 2023. Children do not need to have a diagnosis in order to receive a CAMHS service and services will be provided to meet their presenting needs.
- The number of restraint incidents was 161 in August, a decrease from 171 in July.
- There were 9 information governance breaches reported in August, a decrease from 10 in July.
- The number of inpatient falls was 63 in August, a decrease from 70 in July.
- The percentage of CAMHS patients waiting less than 18 weeks from referral to treatment was 60% in August, a slightly improved position from 57% in July. CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service will provide additional support.
- 97% of incidents reported in August 2022 resulted in no harm or low harm or were not under the care of the Trust.
- 91% of prone restraints had duration of 3 minutes or less, above target of 90%. This is an improved position.

## People

- Our substantive staff in post position remains stable through the first 5 months of this financial year, despite the pressures on recruitment, retention, and increased service acuity.
- International nurse recruitment continues, and we now have 19 colleagues working across our inpatient services with 5 more due to join the Trust by the end of September.
- Overall vacancy rate in August was 16.7% in August against a target of 10%.
- Total numbers of new starters into the Trust since April is higher than the number of leavers for the same period.
- Sickness absence in August was 4.7%, a reduction from 5.5% in July.
- Staff appraisals is below target at 61.3%. All staff have been reminded the importance of appraisals and encouraged to book these and all Care Groups have seen improved performance since last month. Compliance is reviewed monthly by the Operational Management Group and Executive Management Team.

## NHSI Indicators

- The Trust continues to perform well against the majority of national metrics.
- Inappropriate out of area bed days continue to be above the numbers experienced in recent years with 247 days in August, a decrease from 339 in July. This is due to a number of challenges faced by the Trust (increased acuity, Covid-19 outbreaks and challenges to timely discharge).
- There was one young person under the age of 18 admitted to an adult ward in August. Robust governance processes are in place to safeguard young people.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks was 100% in August, an improvement from 91.5% in July.
- The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week is below target at 83.3% against a 95% target. Small numbers impact on this measure.

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## Locality

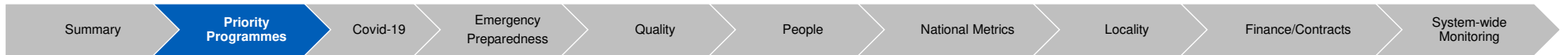
- Barnsley Children's Speech and Language Therapy (SALT) Service has been shortlisted for the Chief Allied Health Professions Office Award for Digital Practice.
- Mental health acute wards continue to see high levels of acuity and demand.
- Work to maintain patient flow continues, with the use of out of area beds closely managed.
- Demand into the Single Point of Access (SPA) and capacity issues are leading to ongoing pressures in the service. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed.
- Mental health community teams are experiencing significant workforce challenges. This is being supported by Trust-wide work on recruitment and retention.
- Newton Lodge and Bretton Centre bed occupancy is below the 90% target at 84% and 87% respectively, yet acuity remains high.
- South Yorkshire Liaison and Diversion Service have been chosen to take part in the Awards for Lived Experience Charter Sites. The focus is equality, involvement, and inclusion.
- 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.
- Waiting numbers for children's Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees remain problematic. Increased capacity is now in place.
- 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.
- Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to increase, and remain higher than pre-pandemic levels.
- A business case to increase capacity in the adult ADHD service has been approved.

## Communications, Engagement and Involvement

- Coronavirus updates continue to all staff and governors, focused on any changes to guidance.
- The 'All of You' campaign on collecting equality data campaign continues to be promoted.
- Wellbeing initiatives continue to be promoted.
- Monthly themed lunch box talks are being delivered. The talks share community equality films created in partnership with local communities, with discussion.
- 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.

## Finance

- In month financial performance is a surplus of £0.6m, with a year to date surplus of £3.9m. This is £0.9m better than plan. Additional spend is profiled for the remainder of year, ensuring delivery of the revised £3.2m surplus.
- Agency spend was 716k in August, with year to date spend of £4m. Actions are in place to address agency spend, which will be overseen by the Trust's agency group.
- The capital programme for 2022/23 has been agreed as £13.1m, and this is forecast to be delivered in full. Capital spend to date is £1.2m.
- Cash in the bank remains positive at £86.1m, although it is forecast to reduce in the year due to continued capital investment and forecast increasing spend.
- Pay costs were £17.9m in August, a decrease from £18.5m in July.
- Out of area bed costs were £235k in August, a decrease from £378k in July.
- Performance against the Better Payment Practice Code is 95%.



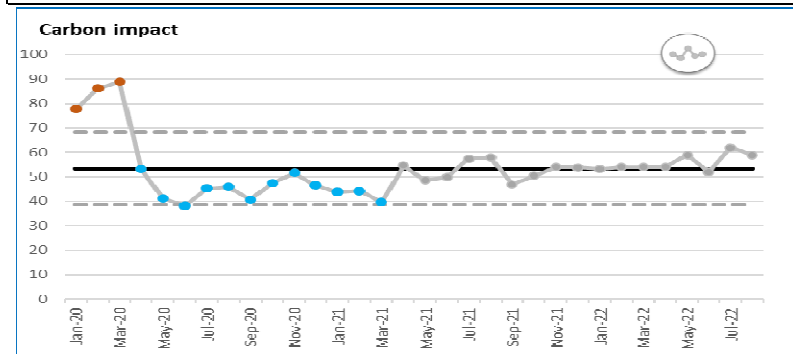
The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23. For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly. We will also incorporate statistical 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.

We have added a 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            | Jun-22   | Jul-22           | Aug-22            | Variation/<br>Assurance | Year end<br>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% (ethnicity only) | 59.6%  | 70.1%            | 70.3%             |                         |                      | Figures shown are the combined percentage for completion of ethnicity (96.6%), disability (41.4%), sexual orientation (43.2%) and from July 2022 postcode (99.8%).<br><br>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                  | <a href="#">See reducing inequalities section of the report for detail</a> |                  |                   |                         |                      |  |
|   | Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)   | 100%                 | 60% service EIAs complete<br>64.8% policy EIAs complete                    | Due October 2022 |                   |                         |                      |  |
|   | Completion of equality mandatory training (Quarterly)  | >=80%                | 93.8%  | Due October 2022 |                   |                         |                      |  |
| Support social responsibility & sustainability in the Trust & our communities   | Carbon Impact (tonnes CO2e) - business miles   | 76                   | 52   | 62               | 59                |                         |                      | Data showing the carbon impact of staff travel / business miles. For August staff travel contributed 59 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%                  | 64.4%  |                  | Due November 2022 |                         |                      | Reported 6 weeks in arrears.<br>A weighted average is used given there are different targets in different places.  |
|   | Forensic lead provider: % of patients in service with a physical health check and % with a care improvement and maintenance plan in place    | 100%                 | Medium Secure - 100% & 100%<br>Low Secure - 92% & 100%                     |                  |                   |                         |                      | Figures shown are the average of last 4 financial quarters. England position for Medium Secure is 90% and 95% respectively and for Low Secure is 56% and 96% respectively.   |

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



The SPC chart shows that as at August 2022 we are remaining in 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<br>The icon which represents the last data point on an SPC chart is displayed. |                        |  |   |  |  | Assurance Icons<br>If there is a target or expectation set, the icon displays on the chart based on the whole visible data range. |                              |                         |
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| ICON   |                        |  |   |  |  |   |                              |                         |
| SIMPLE ICON  | • • •                  | • ? H L •  | • H •                                   | • L •                                    | • H •  | • L •   | ?                            | F                       |
| 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 |
















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  | Following successful appointment of change manager and approval of social responsibility and sustainability strategy by Trust Board, work is now focused on developing action plan with metrics and measures to monitor progress. |  |  |
| Work in partnerships at System & Place to improve the health of our communities  | Barnsley provider alliance -<br>• Commence target operating model development by July 2022  |  | On track. Groups are working very well together. Plans on a page are completed for the three key workstreams: frailty and dementia, SMI (severe mental illness) health checks, and health checks for those with a learning disability. |
|  | Barnsley provider alliance -<br>• Alliance Agreement decision-making form development, variation, and future proofing by September 2022   |  | On track   |
|  | Barnsley provider alliance -<br>• 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:<br>• 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:<br>• 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:<br>• Achieve successful 'go live' in 2022/23   |  | The provider collaborative went live on 1st May 2022.  |
|  | Forensic lead provider, South Yorkshire:<br>• 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<br>• West Yorkshire: Advanced Clinical Practitioners and Single Point of Access workers recruited by Jul 2022  |  | 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<br>• 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 ARRs roles, numbers so far are lower than in the agreed phasing schedule.  |
|  | Community Mental Health transformation<br>• South Yorkshire: Successful completion of tender to provide community connectors into the 6 Barnsley neighbourhoods by October  |  | On track   |

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

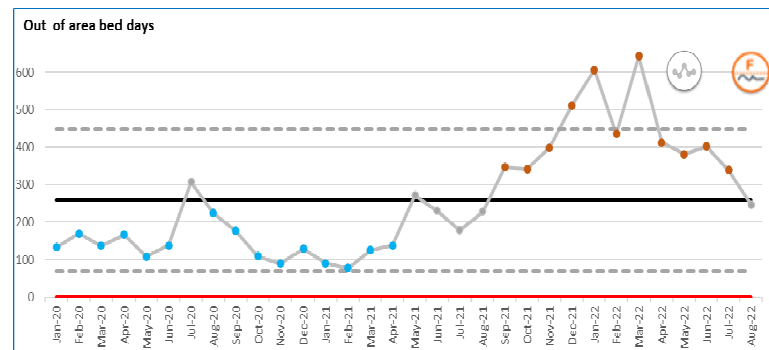
|         |                     |          |                        |         |        |                  |          |                   |                        |
|---------|---------------------|----------|------------------------|---------|--------|------------------|----------|-------------------|------------------------|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

| Improve Care   |   |                         |        |        |        |   |                   |  |  |
|--|---|-------------------------|--------|--------|--------|---|-------------------|--|--|
| Priority programme   | Metrics   | Threshold               | Jun-22 | Jul-22 | Aug-22 | Variation/ 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%                     | 72.1%  | 78.0%  | 82.0%  |    |                   | August 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 demonstrated some improvement, and all areas will be focussing on this over the coming month. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies. We have set up a trajectory of improvement to full performance by the end of Quarter 3. |  |
|  | Number of records with up to date risk assessment - Community   | 95%                     | 72.2%  | 54.2%  | 78.3%  |    |                   |  |  |
|  | % Service users on CPA offered a copy of their care plan  | 80%                     | 33.5%  | 36.1%  | 38.2%  |    |                   |  |  |
| Continually improve the care we provide, ensuring it is responsive, inclusive & timely                       | Number of staff in post on adult acute mental health inpatient wards  |                         | 235.9  | 233.9  | 232.0  |    |                   | Numbers of registered nurses on inpatient acute wards has been declining steadily for a number of years. Reducing by 38% in recent months. 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) | 44     | 45     | 40     |    |                   | Data is based on adult acute discharges only and so is likely to fluctuate. A higher number is indicative of patients being discharged who have longer lengths of stay. 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   | Trend monitor           | 22     | 15     | 23     |    |                   | In August there was an increase in the race related incident reported against staff in Mental Health Inpatients. The majority of incidents are linked to a small number of service users in the Forensics Care Group.  |  |
|  | Inappropriate out of area bed placements (days)   | Q1 - 1456               | 402    | 339    | 247    |  |                   |  |  |
|  | Percentage of video consultations   | Trend monitor           | 1.8%   | 2.0%   | 1.7%   |  | 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           | 28.9%  | 29.2%  | 27.9%  |  | N/A               |  |  |
|  | Percentage of face to face consultations  | Trend monitor           | 69.2%  | 68.8%  | 70.4%  |  | N/A               |  |  |
|  | CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale  | 126                     | 644    | 542    | 488    |   |                   | Average wait in days. Clients are seen in order of need and not by how long they have waited. Number on waiting list at end of August - 356. 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                     | 535    | 479    | 532    |   |                   | Average wait in days. Clients are seen in order of need and not by how long they have waited. Number on waiting list at end of August - 880. 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%                     | 74.1%  | 81.6%  | 67.3%  |  |                   | July and August data is provisional at the time of producing this report as data is reported quarterly and will be refreshed in November 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%                     | 67.8%  | 90.2%  | 79.4%  |  |                   | SPC charts shows that whilst there was a dip in performance in June, there is no cause for concern due to the increase to within acceptable range in July and August.  |  |
|  | Assessment to treatment within 6 weeks (external referrals)   | 70%                     | 98.0%  | 93.7%  | 92.7%  |  |                   |  |  |

## 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)

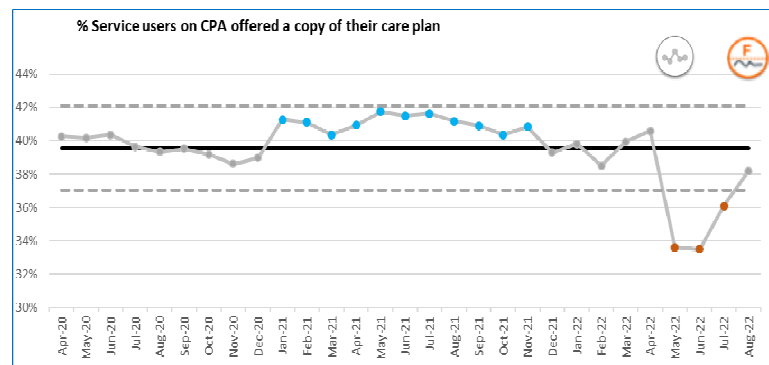


There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, Covid outbreaks and challenges discharging people in a timely way.

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. NHSE have recognised this and provider Trusts have submitted trajectories to zero out of area placements by the end of the 2023/24 financial year.

The Trust had 9 people placed in out of area beds at the end of August, a reduction from our peak of 20 in recent months and now back in line with our submitted trajectory.



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<br>The icon which represents the last data point on an SPC chart is displayed. |                        |  |   |  |  | Assurance Icons<br>If there is a target or expectation set, the icon displays on the chart based on the whole visible data range. |                              |                         |
|--|------------------------|--|---|--|--|---|------------------------------|-------------------------|
| ICON   |                        |  |   |  |  |   |                              |                         |
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| 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 |

Summary

**Priority  
Programmes**

Covid-19

Emergency  
Preparedness

Quality

People

National Metrics

Locality

Finance/Contracts

System-wide  
Monitoring

## 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 September 2023. |  | NHS England launched the new Patient Safety Incident Response Framework (PSIRF) on 16 August 2022. The framework is supported by numerous documents including a preparation guide and toolkit. Work towards implementation is over a structured 12 month period starting in September 2022, with the aim of going live in September 2023. The preparation guide is structured into 5 phases, commencing with 'orientation' where we will scope and plan our work up until November 2022. We continue to network with national, regional and place-based groups to learn and support our journey. An internal project board has been established to support this work, and an implementation team established. Regional support will be available through the Patient Safety Collaborative throughout the project. An animation summarising what PSIRF is about is available here <a href="https://www.youtube.com/watch?v=TyYekqo-IN0&amp;t=4s">https://www.youtube.com/watch?v=TyYekqo-IN0&amp;t=4s</a> |
|  | Development of a structured approach and process for quality improvement  |  | Structured QI process drafted and presented to Quality Improvement Group in September for approval. 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  |  | This work is progressing well, and is on track. Data is being gathered from Care Groups to form a baseline stock take of current position as to what is being done to reduce waiting times and support people whilst they wait across the Trust's identified hotspot service areas e.g. neurodevelopmental CAMHS and Learning Disability Services, and by equality data. Work of the SystmOne waiting list project is being realigned to support this programme.   |
|  | 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 January 2023   |  | Additional workshop requested by the system in advance of stakeholder engagement event in Autumn. January start date for consultation process will still allow this to be completed in advance of purdah.  |
|  | Revised quality strategy to be approved at Trust Board in December 2022   |  | The Quality Strategy is under development, with staff engagement sessions taking place and alignment with other strategic priorities and financial planning. EMT have agreed an extension to this deadline to December 2022.   |

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

| Improve resources   |  |                     |   |        |        |                      |                   |   |
|---|--|---------------------|---|--------|--------|----------------------|-------------------|---|
| Priority programme  | Metrics  | Threshold           | Jun-22  | Jul-22 | Aug-22 | Variation/ Assurance | Year end Forecast | Notes   |
| Spend money wisely & increase value   | Surplus/(deficit) against plan   | £3,178k             | £1,522k   | £580k  | £575k  |                      |                   | Positive financial performance with vacancy levels a key reason.  |
|   | Capital spend against plan   | £13.1m              | £409k   | £713k  | £476k  |                      |                   | Capital expenditure is forecast to increase later in the year once the Bretton Centre and Ward 19 major capital schemes commence. |
|   | Agency spend managed within the overall workforce                        | <4%                 | 4.0%  | 5.10%  | 4.0%   |                      |                   | Decreased spend on agency staffing in August.   |
|   | Overhead costs   | TBC                 | 16%   | 15%    | 15%    |                      |                   | Threshold to be confirmed   |
|   | Financial sustainability and efficiencies delivered over time            | £6,350k             | £589k   | £589k  | £589k  |                      |                   | 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 |                     | Questionnaire to collect this information is live on SystmOne |        |        |                      |                   |   |
|   | Percentage of wards live with EPMA over time                             | 96.5% by March 2023 | 45%   | 48%    | 52%    |                      |                   | 15/29 wards live in August. 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)

Summary

Priority Programmes

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**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   |  | 2022/23 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. Costing Manager is now in post and has developed a proposal and project plan for costing reporting.  |
| Use our estates to enable effective ways of working to support staff & deliver best care                        | Estates strategy to be approved at Trust Board in February 2023  |  | Following a presentation to Trust Board it has been agreed that the Estate strategy will be presented to Board by February 23  |
|   | Agree final costings for Bretton development Autumn 2022   |  |  |
|   | 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 project approach is centred around inclusivity, engagement, involvement and active participation across all stakeholder groups. In scope initially will be demographics, appointments, and shared correspondence. The Involvement and Engagement Team are supporting the inclusion of service users and carers in the development of the functionality. Technical discussions are ongoing between the Trust, PKB and the Trust's integration partner. |
|   | Implementation of a Trust wide approach to digital dictation by March 2023.  |  | The recruitment of a Project Manager post to assist capacity for the project to move forward at pace has been delayed and discussions with finance are on-going.   |

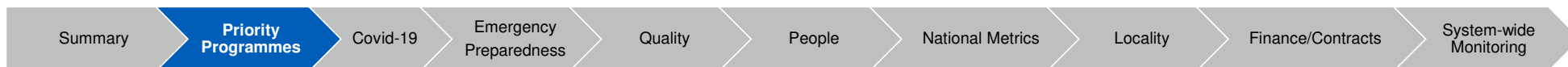
|         |                     |          |                        |         |        |                  |          |                   |                        |
|---------|---------------------|----------|------------------------|---------|--------|------------------|----------|-------------------|------------------------|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

| Make SWYPFT a great place to work   |  |           |   |        |        |                      |                   |  |
|---|--|-----------|---|--------|--------|----------------------|-------------------|--|
| Priority programme  | Metrics  | Threshold | Jun-22  | Jul-22 | Aug-22 | Variation/ Assurance | Year end forecast | Notes  |
| Make SWYPFT a great place to work, supporting staff & addressing workforce challenges | Vacancy rate (Overall)   | <10%      | 16.5%   | 16.6%  | 16.7%  |                      |                   |  |
|   | Turnover external (YTD projection)   | >10-12<   | 15.1%   | 15.0%  | 14.7%  |                      |                   |  |
|   | Sickness absence - Month   | <=4.4%    | 4.8%  | 5.5%   | 4.7%   |                      |                   | Covid-19 absence included in overall sickness absence figure from July 2022  |
|   | Workpal appraisals - rolling 12 months   | >=90%     | Reporting Under Development                       | 56.7%  | 61.3%  |                      |                   |  |
|   | 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       | Report to be made available once results analysed |        |        |                      |                   | The quarterly pulse staff survey was undertaken in July, this is being analysed currently. Report will be shared when available. |

**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. Implementation plan is being refreshed. |  | Progress this month: <ul style="list-style-type: none"> <li>• International nurse celebration event and further interviews taken place</li> <li>• New starters outpacing leavers for consecutive months</li> <li>• New People Directorate leadership structure agreed and going through change process -full directorate away day on 8/9/22</li> <li>• People directorate and staff side away day</li> <li>• Partnership group established to manage any potential industrial action</li> <li>• 2022/23 appraisal window open</li> <li>• Regular meetings with staff governors in place</li> <li>• New lead role for diversity and inclusion shaped and recruitment underway</li> <li>• Agency Group re-established</li> <li>• Pay award and arrears processed</li> </ul> |



## 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 a 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 SystemOne.
- 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.

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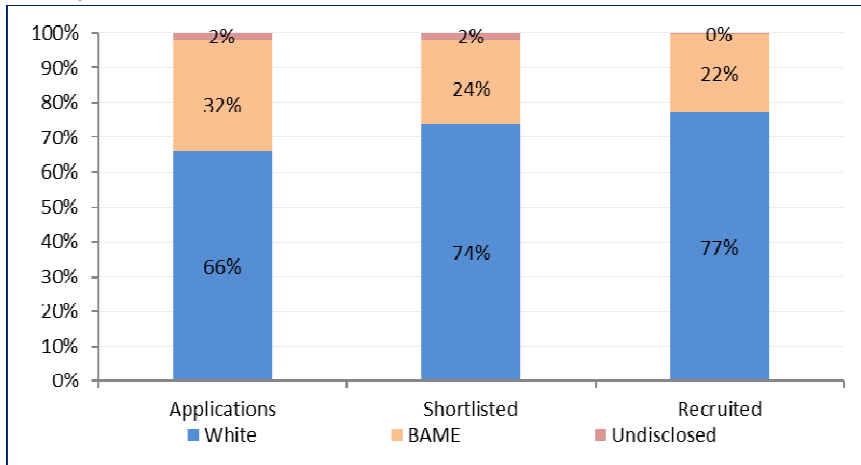
Finance/Contracts

System-wide  
Monitoring

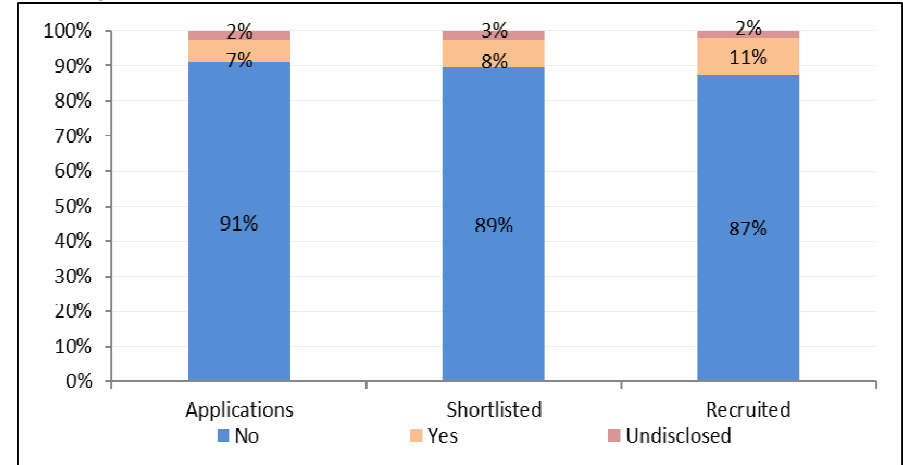
## Reducing Inequalities

### Recruitment - rolling 12 months to end of Quarter 1 2022-2023

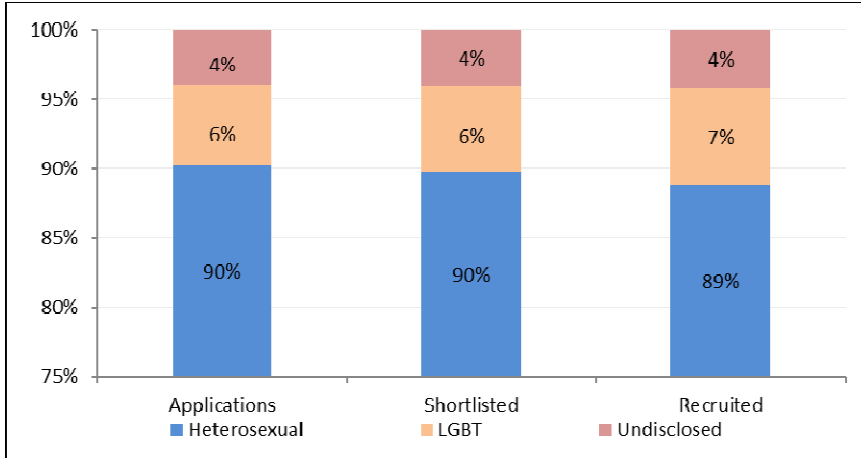
#### Ethnicity



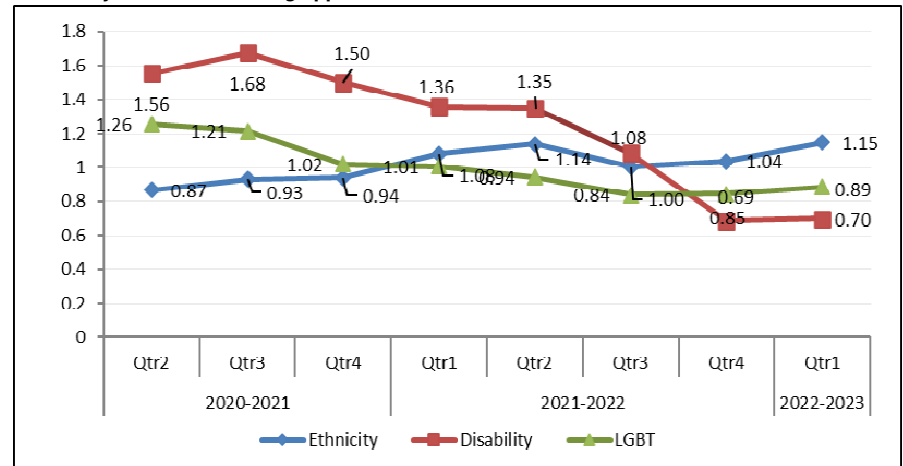
#### Disability



#### Sexual Orientation

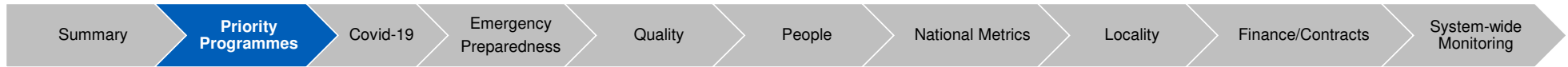


#### Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 1 2022-2023:

| BAME: | Disability: | LGBTQ+: |
|-------|-------------|---------|
| 1.15  | 0.70        | 0.89    |



Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 1 2022-2023 Continued...

**Notes:**  
 We are now showing the trend for the relative likelihood. Including Trust population would not be helpful, as we are looking at new staff entering existing population. Including local population (census) data will not be helpful as people apply for posts from outside the Trust catchment area.

Undisclosed data is not used in the relative likelihood calculation for any of the three categories.

BAME - relative likelihood of being appointed compared to white applicants this quarter = 1.15  
 Disability - relative likelihood of being appointed compared to non - disabled applicants this quarter = 0.7  
 LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 0.89  
 NB relatively large proportions of undisclosed could unintentionally skew the data

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

Action  
 Our recruitment approach is being reviewed as part of the People Directorate restructure, and work is ongoing regarding inpatient recruitment as part of the regular taskforce meeting  
 Review recruitment and selection training  
 Review recruitment and selection policy  
 Work with staff networks around action planning

Summary

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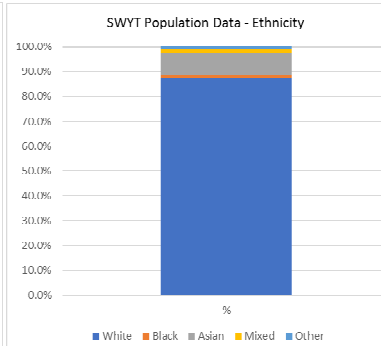
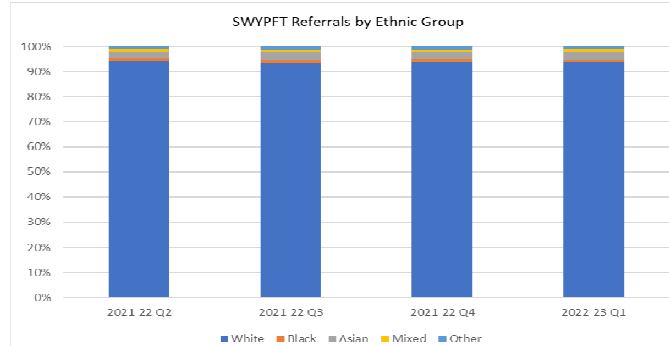
Locality

Finance/Contracts

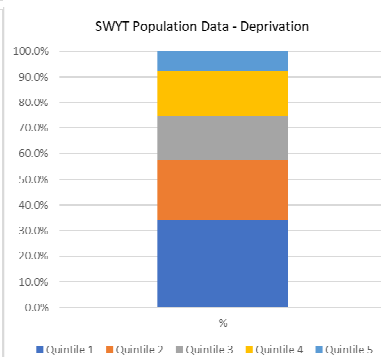
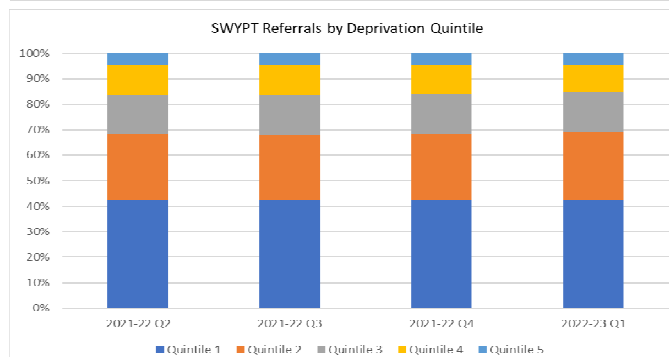
System-wide  
Monitoring

## Reducing Inequalities

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



| Ethnic Group | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | 2022-23 Q1 | Local Population |
|--------------|------------|------------|------------|------------|------------------|
| White        | 94.3%      | 93.4%      | 93.9%      | 93.6%      | 87.1%            |
| Black        | 1.1%       | 1.1%       | 1.0%       | 1.1%       | 1.4%             |
| Asian        | 2.8%       | 3.3%       | 3.0%       | 3.3%       | 8.9%             |
| Mixed        | 0.8%       | 1.0%       | 0.9%       | 1.2%       | 1.6%             |
| Other        | 1.0%       | 1.2%       | 1.3%       | 0.8%       | 1.1%             |



| Quintile   | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | 2022-23 Q1 | Local Population |
|------------|------------|------------|------------|------------|------------------|
| Quintile 1 | 42.5%      | 42.2%      | 42.3%      | 42.4%      | 34.1%            |
| Quintile 2 | 26.1%      | 26.1%      | 26.2%      | 26.8%      | 23.4%            |
| Quintile 3 | 15.1%      | 15.5%      | 15.3%      | 15.4%      | 17.0%            |
| Quintile 4 | 11.7%      | 11.6%      | 11.4%      | 10.9%      | 17.8%            |
| Quintile 5 | 4.6%       | 4.7%       | 4.7%       | 4.5%       | 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

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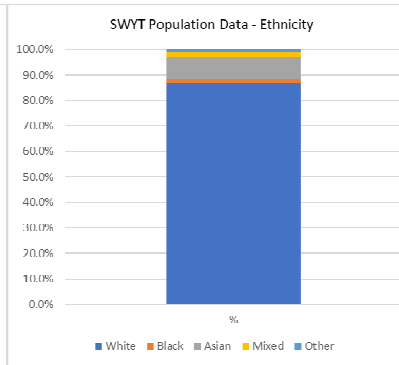
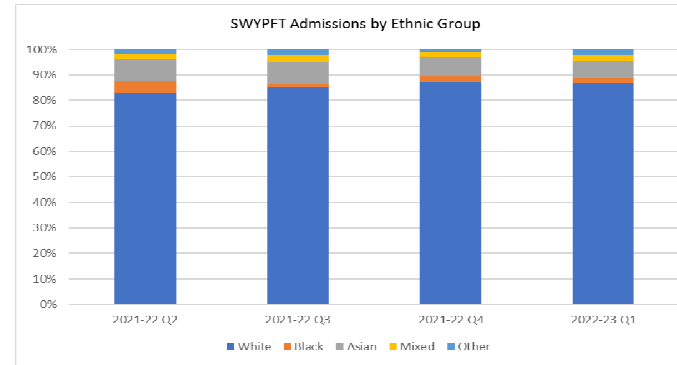
Locality

Finance/Contracts

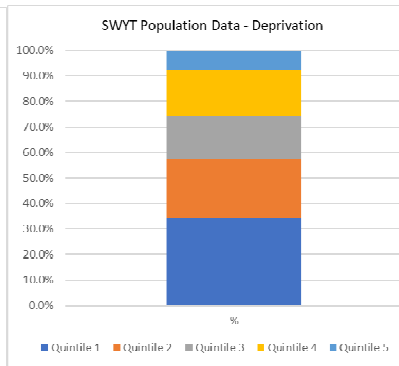
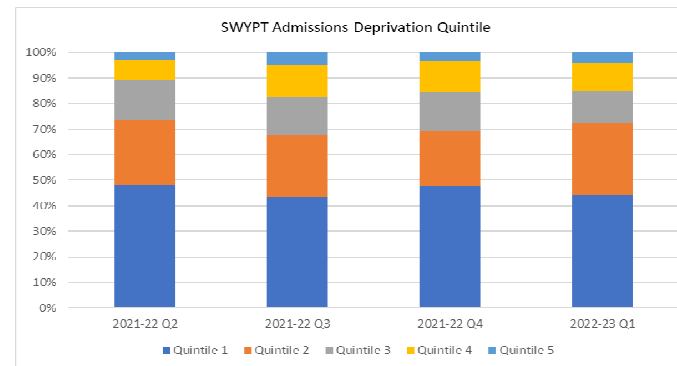
System-wide  
Monitoring

## Reducing Inequalities

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



| Ethnic Group | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | 2022-23 Q1 | Local Population |
|--------------|------------|------------|------------|------------|------------------|
| White        | 82.9%      | 85.2%      | 87.2%      | 86.6%      | 87.1%            |
| Black        | 4.6%       | 1.3%       | 2.2%       | 2.2%       | 1.4%             |
| Asian        | 8.8%       | 8.8%       | 7.9%       | 6.7%       | 8.9%             |
| Mixed        | 2.0%       | 2.6%       | 1.8%       | 2.2%       | 1.6%             |
| Other        | 1.6%       | 2.1%       | 0.9%       | 2.2%       | 1.1%             |



| Quintile   | 2021-22 Q2 | 2021-22 Q3 | 2021-22 Q4 | 2022-23 Q1 | Local Population |
|------------|------------|------------|------------|------------|------------------|
| Quintile 1 | 48.0%      | 43.6%      | 47.9%      | 44.6%      | 34.1%            |
| Quintile 2 | 25.4%      | 24.3%      | 21.5%      | 27.7%      | 23.4%            |
| Quintile 3 | 15.9%      | 14.6%      | 15.0%      | 12.8%      | 17.0%            |
| Quintile 4 | 8.0%       | 13.0%      | 12.0%      | 11.1%      | 17.8%            |
| Quintile 5 | 2.7%       | 4.5%       | 3.5%       | 3.9%       | 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

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## 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  | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| No of Service users Covid-19 positive and now recovered                                  | 6      | 37     | 41     | 5      | 40     | 30     | 2      | 7      | 21     | 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      | 24     |
| No of Service users Covid-19 positive and deceased within 28 days of positive test       | 0      | 0      | 0      | 1*     | 1*     | 1*     | 0      | 0      | 1      | 2      |
| No of wards with outbreaks   | 2      | 10     | 8      | 1      | 8      | 5      | 0      | 1      | 1      | 2      |

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 in inpatients testing positive for COVID-19. In August these cases are mainly due to outbreaks

##### Testing approach - Current position

- Amendments to the testing approach have been implemented, in line with national and regional guidance.
- Sadly, there have been two patient deaths on Crofton Ward. Both have been identified as Healthcare Associated Infection (HCAI) definite, and Covid19 is cited on the death certificate. For one patient this was on Part 1 and for the other Part 2 of the death certificate. Appropriate scrutiny, reporting, reviewing, and investigation procedures are being followed.
- Covid-19 testing for staff and patients changed from 31st August, in line with the Covid-19 Testing in Periods of Low Prevalence advice from NHS England.

##### Patients:

- Swabbing for symptomatic testing through PCR testing.
- Inpatient asymptomatic Covid-19 admission testing is undertaken utilising lateral flow test (LFTs) and testing timescales on admission, day 3 and day 5, in the following cases:
  - o On wards that have been identified as high risk of serious illness from Covid-19. These wards are Older Peoples Services, Stroke Rehabilitation Unit, Neuro Rehabilitation Unit and Learning Disability Wards.
  - o Individuals that are assessed at high risk of serious illness for Covid-19 and/or admitted from a household that has a positive case.
- Testing also continues in the following cases:
  - o Covid-19 positive inpatients are tested using LFTs, in line with national step-down guidance, to reduce isolation periods.
  - o Inpatient asymptomatic testing prior to discharge to care home/hospice, done through PCR testing.
  - o For some patients who are on treatment pathways e.g.- planned operation/ treatment/ procedure.
- Outbreak and hotspot testing is provided utilising PCR testing, with adequate capacity from local labs as required.

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## Covid-19 response

### Staff:

- Symptomatic testing – Using LFTs or through internal testing route.
- Staff working on wards that have been identified as high risk of serious illness from Covid-19 continue with twice weekly LFT testing. These wards are Older Peoples Services, Stroke Rehabilitation Unit, Neuro Rehabilitation Unit and Learning Disability Wards.
- Individuals that are assessed at high risk of serious illness for Covid-19 continue with twice weekly LFT testing.
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs as required and on IPC advice.
- Staff who are Covid-19 contacts, including households contact of positive case, can continue to work if they are asymptomatic, and testing LFT negative.
- Covid-19 positive staff are also following national step-down guidance, to reduce isolation periods, using LFTs.

## Supporting the system

### Care home support offer

- Significant support to care homes continues to be provided from the general community team in Barnsley.
- Support also includes direct care from community staff including our specialist palliative care teams, district nurses and matrons and our out of hours nurses.
- 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

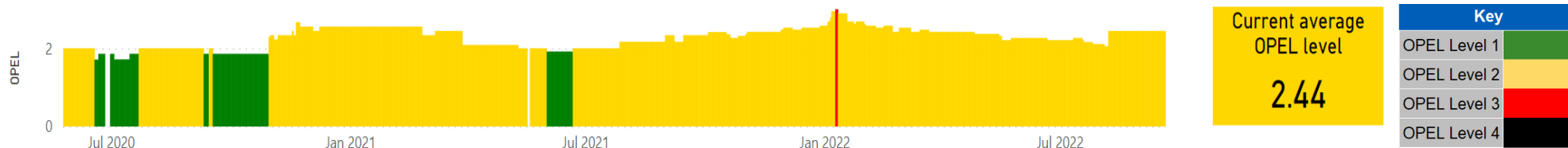
ICS stress test and outbreak support

- The Trust 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 the Trust can ensure appropriate IPC measures are in place.
- 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.

### Standing up services

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

- The Moving Forward Group continues to meet, and monitors COVID-19 prevalence, measures, and guidance in the Trust. Advising and making decisions regarding COVID-19 arrangements, risk assessments and staffing. 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 2.4 with five service areas now operating at OPEL 2. Four service areas remain at OPEL 3.
- The roll out of the annual staff influenza programme commences on 24 October 2022, due to a delay in the vaccine deliveries. This year all staff groups will be targeted at once as opposed to previous years where we had a staggered approach. The target for frontline uptake is 90% which is an increase of 5% from last year. Whilst this will be challenging, steps are being put in place to push the achievement of this target.



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

## Quality Headlines

| Section                 | KPI   | Objective          | CQC Domain    | Owner | Target        | Mar-22      | Apr-22     | May-22     | Jun-22      | Jul-22      | Aug-22      | Year End Forecast* |
|-------------------------|---|--------------------|---------------|-------|---------------|-------------|------------|------------|-------------|-------------|-------------|--------------------|
| Quality                 | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5  | Improving Health   | Responsive    | CH    | TBC           | 68.4%       | 67.0%      | 66.0%      | 61.3%       | 57.2%       | 60.0%       | N/A                |
| Complaints              | % of feedback with staff attitude as an issue 12  | Improving Health   | Caring        | LJ    | < 20%         | 10%<br>2/21 | 6%<br>1/16 | 4%<br>1/25 | 19%<br>4/21 | 18%<br>4/22 | 20%<br>4/20 | 1                  |
| Service User Experience | Friends and Family Test - Mental Health   | Improving Health   | Caring        | DT    | 85%           | 84%         | 81%        | 85%        | 85%         | 88%         | 85%         | 1                  |
|                         | Friends and Family Test - Community   | Improving Health   | Caring        | DT    | 95%           | 94%         | 94%        | 92%        | 93%         | 93%         | 92%         | 1                  |
|                         | Number of compliments received  | Improving Health   | Caring        | DT    | N/A           | 43          | 18         | 25         | 25          | 31          | 10          | N/A                |
|                         | Notifiable Safety Incidents (where Duty of Candour applies) 4   | Improving Health   | Caring        | DT    | trend monitor | 17          | 25         | 38         | 26          | 30          | 16          |                    |
|                         | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4  | Improving Health   | Caring        | DT    | trend monitor | 1           | 3          | 0          | 3           | 0           | 0           | N/A                |
|                         | Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4  | Improving Health   | Caring        | DT    | 0             | 1           | 0          | 0          | 0           | 0           | 0           | 1                  |
|                         | % Service users on CPA offered a copy of their care plan  | Improving Care     | Caring        | CH    | 80%           | 40.0%       | 40.6%      | 33.6%      | 33.5%       | 36.1%       | 38.2%       | 2                  |
|                         | Number of Information Governance breaches 3   | Improving Health   | Effective     | MB    | <12           | 18          | 12         | 9          | 19          | 10          | 9           | 2                  |
|                         | Delayed Transfers of Care 10  | Improving Care     | Effective     | CH    | 3.5%          | 1.5%        | 2.0%       | 2.4%       | 2.1%        | 2.6%        | 3.0%        | 1                  |
|                         | Number of records with up to date risk assessment - Inpatient 11  | Improving Care     | Effective     | CH    | 95%           | 80.3%       | 80.8%      | 77.2%      | 72.1%       | 78.0%       | 82.0%       | 3                  |
|                         | Number of records with up to date risk assessment - Community 11  | Improving Care     | Effective     | CH    | 95%           | 68.6%       | 74.7%      | 62.4%      | 72.2%       | 54.2%       | 78.3%       | 3                  |
|                         | Total number of reported incidents  | Improving Care     | Safety Domain | DT    | trend monitor | 1071        | 1021       | 1190       | 1126        | 1175        | 1210        |                    |
|                         | 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 | 15          | 18         | 31         | 25          | 26          | 12          |                    |
|                         | 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 | 3           | 5          | 3          | 1           | 4           | 3           |                    |
|                         | Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9         | Improving Care     | Safety Domain | DT    | trend monitor | 2           | 3          | 4          | 1           | 0           | 2           |                    |
|                         | Safer staff fill rates  | Improving Care     | Safety Domain | DT    | 90%           | 109.4%      | 111.5%     | 115.1%     | 116.6%      | 115.8%      | 115.6%      | 1                  |
|                         | Safer Staffing % Fill Rate Registered Nurses  | Improving Care     | Safety Domain | DT    | 80%           | 86.2%       | 84.5%      | 87.0%      | 85.0%       | 84.7%       | 83.1%       | 1                  |
|                         | Number of pressure ulcers (attributable) 1  | Improving Care     | Safety Domain | DT    | trend monitor | 15          | 30         | 60         | 45          | 49          | 24          |                    |
|                         | Number of pressure ulcers (Lapse in Care) 2   | Improving Care     | Safety Domain | DT    | 0             | 0           | 1          | 0          | 0           | 0           | 0           | 1                  |
|                         | Eliminating Mixed Sex Accommodation Breaches  | Improving Care     | Safety Domain | DT    | 0             | 0           | 0          | 0          | 0           | 0           | 0           | 1                  |
|                         | % of prone restraint with duration of 3 minutes or less 8   | Improving Care     | Safety Domain | CH    | 90%           | 87.5%       | 90.0%      | 100.0%     | 87.5%       | 80.0%       | 91.0%       | 1                  |
|                         | Number of Falls (inpatients)  | Improving Care     | Safety Domain | DT    | trend monitor | 54          | 38         | 37         | 37          | 70          | 63          |                    |
|                         | Number of restraint incidents   | Improving Care     | Safety Domain | DT    | trend monitor | 187         | 146        | 148        | 152         | 171         | 161         |                    |
|                         | % people dying in a place of their choosing 14  | Improving Care     | Caring        | CH    | 80%           | 89.3%       | 89.3%      | 74.1%      | 85.7%       | 100.0%      | 85.3%       | 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). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
- 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

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## Quality Headlines

- Number of restraint incidents - the number of restraint incidents during August decreased to 161 from 171 the previous month. Further detail is provided in the relevant section of this report.
- Number of falls (inpatients) – the total number of falls was 63 in August, which is a decrease from the previous month. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. Further detail is provided in the relevant section of this report.
- Duty of candour - 0 breaches in August.
- Number of pressure ulcers (lapse in care) - 0 in August.
- 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 using statistical process control (SPC) 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 launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commences in September 2022. There are several documents, including a preparation guide and a toolkit, to support us through a 12-month transition period culminating in going live by September 2023. We continue to network with national, regional and place-based groups to support our journey. An internal project board has been established to support this work. The first phase is 'orientation' where we will scope and plan our work between September to November 2022. Regional support will be available through the Patient Safety Collaborative throughout the project.

### 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. This recommendation has been made to the Executive Management Team. Training providers for Level 3 (investigation) is available and, now PSIRF is released, we will consider our options. Levels 4 - 5 remain 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)

The deadline for transition to be completed by is 31st March 2023.

Progress will be reported in future reports.



## Safety First

### Summary of Incidents

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

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

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

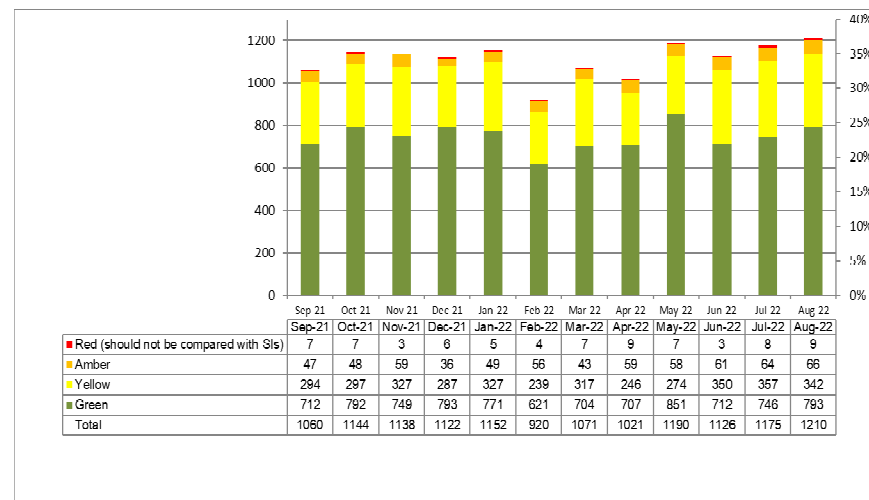
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).

97% of incidents reported in August 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 using SPC 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>



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 August 2022



## Safety First cont...

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

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

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change. Therefore figures may differ in each report. This is a constantly changing position within the live Datix system. Incident reporting levels have been checked, and remain within the expected range. Any areas with higher or lower rates than normal are explored further.

### Breakdown of incidents in August 2022:

#### 12 Moderate harm incidents:

- 5 Pressure ulcer category- 3 incidents across Barnsley Neighbourhood Teams
- 3 Self Harm incidents- x2 Enhanced Team West - Wakefield, 1 Ward 18-Priestley Unit)
- 2 Slip, trip or fall – patient- 1 Crofton Ward (OPS), Wakefield, 1 Ward 19 (OPS))
- 1 Administration/supply of medication from a clinical area- Willow Ward - Barnsley
- 1 Unwell/Illness due to Covid19 referred to Acute Trust via 999 ambulance- Crofton Ward (OPS)

#### 3 Severe harm incidents:

- 2 pressure ulcer category 4 incidents across Barnsley Neighbourhood Teams
- 1 Self Harm incident Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale

#### 2 Patient safety related deaths:

- 1 Suicide (incl apparent) - community team care - current episode (Core Team West - Wakefield)
- 1 Death - Covid-19 (review currently underway) (Crofton Ward (OPS), Wakefield)

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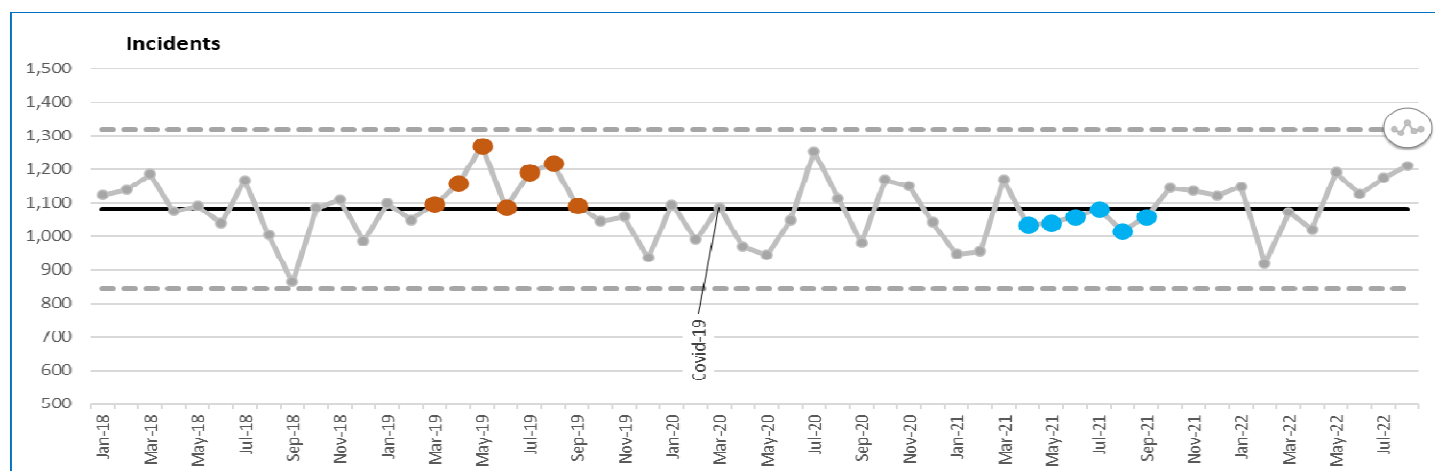
Finance/  
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## Safety First cont...

### Mortality

- Work on Structured Judgement Review (SJR) management has continued to progress well through additional resources.
- We continue to experience difficulties in identifying people who have capacity to undertake an SJR, due to existing capacity of our trained reviewers.
- A review of ongoing training and education to SJR reviewers will be re-considered, to include a focus on additional peer review support.
- Training continues to be delivered: 2 sessions have been delivered in March and September 2022.
- 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. The Patient Safety Support Team will review internal training and education approaches for SJR reviewers, to look at including more focus on peer support, with the introduction of the PSIRF framework.
- Learning from Healthcare Deaths policy is due for review January 2023. An extension has been requested to ensure we can incorporate changes through PSIRF (see earlier update).



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.

We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high.



## 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>

[Learning from SI in low secure LD services.docx](#)

[Virginity Testing Hymenoplasty SBAR](#)

[Learning Library summary for JJB Norfolk](#)

[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](#)

## Bluelight alerts

[Bluelight alert 53 - 1 July 2022 - safe batteries](#)

[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](#)

## Trustwide learning events

[Content, including presentations, is available on the intranet.](#)

The next event is on Monday 7 November, 10.00 - 12.00. If you would like to attend or share your learning from experience, please email [learninglibrary@swyt.nhs.uk](mailto:learninglibrary@swyt.nhs.uk)



## Patient Safety Alerts

### Patient safety alerts received - August 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 August 2022 - None

| Reference            | Title   | Date issued by agency | Alert applicable?                  | Trust final response deadline | Alert closed on CAS |
|----------------------|---|-----------------------|------------------------------------|-------------------------------|---------------------|
| NatPSA/2022/006/DHSC | Shortage of alteplase and tenecteplase injections   | 03/08/2022            | No - alert not applicable to trust | 10/08/2022                    | 05/08/2022          |
| NatPSA/2022/007/MHRA | Recall of Mexiletine hydrochloride 50mg, 100mg and 200 mg Hard Capsules, Clinigen Healthcare Ltd due to a potential for underdosing and/or overdosing | 04/08/2022            | No - alert not applicable to trust | 12/08/2022                    | 05/08/2022          |



## Safer Staffing Inpatients

August is, historically, a more challenging time for staffing and this has continued to be the case this year. A significant number of Band 5 new starters are expected in September whilst August remains the month where we are traditionally at a peak of our vacancies. The situation in August is compounded with an increase in annual leave being taken by substantive staff over the school holidays, which is also seen within the flexible workforce. This means we have an overall decrease in staffing resource available.

The acuity on the wards continues at increased levels, and requires similar staffing levels to the preceding months. Operational areas continue to be flexible and adaptable in their approach to staffing. However, we have had a slight decrease in unfilled requests, as well as a decrease in the number of requests. We continue to fall short of the registered nurse (RN) fill rate for day shifts, but maintain the overall fill rate. This describes the acuity on inpatient areas when looked at in conjunction with the unfilled shifts (see later in report). This continues the pressure on teams to deliver a high quality of care as well as being safe, and has impacted on Section 17 leave being taken at times, as well as other interventions being delayed. There will be a more accurate picture of these going forward as SafeCare continues to be rolled out.

Discussions to ensure that individual staff skills, such as being able to take charge, are being appropriately reflected in the health roster will give a more accurate narrative of what is happening within inpatient areas. We continue to look at other available resources, in addition to the flexible staffing pool and enhancing payment for certain shifts, to support operations.

International recruitment continues and we have 19 colleagues now, with five more due by the end of September, which will be spread throughout our inpatient areas including our first registered general nurse on the Neuro Rehabilitation ward. Recruitment continues at a pace, with a further 11 substantive Band 5 job offers made throughout August. We constantly monitor and adapt our adverts to ensure that our local connection is enhanced, as well as continuing the international drive. The above interventions will support our Band 5 recruitment, and we are anticipating a marked increase in our Band 5 workforce following the successful completion of their degree courses and starting new Band 5 roles from the end of August.

We look at various fill rates in the report, which gives a definitive picture of staffing compared to our establishment template – the number of staff that are budgeted for. However this must not be looked at in isolation, as it is not a true reflection of the requirement of the teams. This is what is meant by capacity (budgeted staffing numbers) v demand (acuity and requirement).

Three wards, an increase of one on the previous month, fell below the 90% overall fill rate threshold. The wards were Appleton and Priestley in the Forensic Care Group, as well as Lyndhurst within Calderdale. Inpatient areas continue to experience increased pressures through vacancies, sickness and staff being off clinical areas for various reasons. There are ongoing interventions, projects, and support when a ward has been identified as having ongoing and sustained staffing issues, to improve the situation. Consistent with the previous month, there were 22 (70.4%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 22 wards, 11 (a decrease of three on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

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

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## Safer Staffing Inpatients cont...

### Registered Nurses days

Overall registered Day fill rates have decreased by 2.2% to 76.3% in August compared with the previous month.

### Registered Nurses Nights

Overall registered Night fill rates have decreased by 1.0% in August to 89.9% compared with the previous month.

**Overall Registered Rate:** 83.1% (decreased by 1.6% on the previous month)

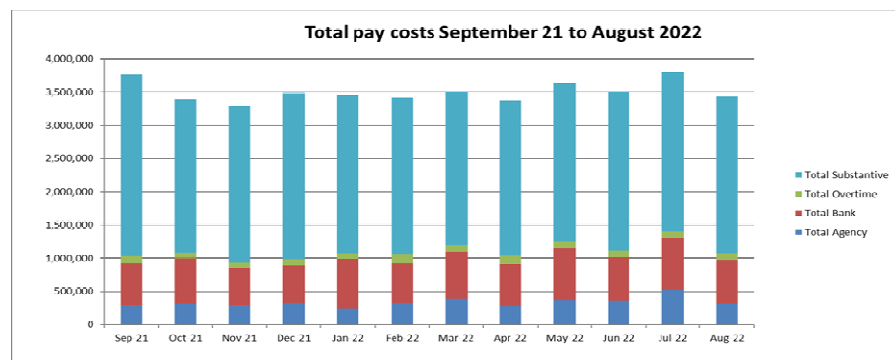
**Overall Fill Rate:** 115.6% (decreased by 0.2% on the previous month)

Health Care Assistants showed an increase in the day fill rate of 2.2% to 135.4% and the night fill rate remained at 149.4%.

### Unfilled shifts

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

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



| Unfilled Shifts    |                     |                  |                   | Filled Shifts |
|--------------------|---------------------|------------------|-------------------|---------------|
| Categories         | No. of Shifts       | Total Hours      | Unfill Percentage |               |
| Registered         | 626 (-19)           | 6,602.00         | 43.49% (-3.30%)   | 808 (+63)     |
| Unregistered       | 647 (-95)           | 7,280.33         | 13.82% (-1.83%)   | 3,992 (+8)    |
| <b>Grand Total</b> | <b>1,273 (-114)</b> | <b>13,882.33</b> | <b>20.46%</b>     |               |

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

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

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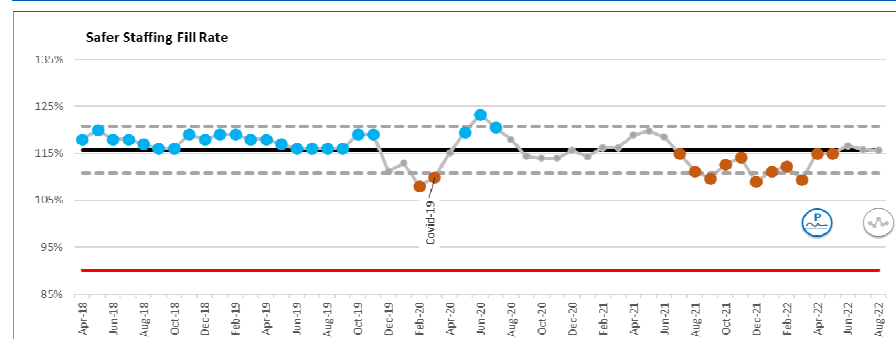
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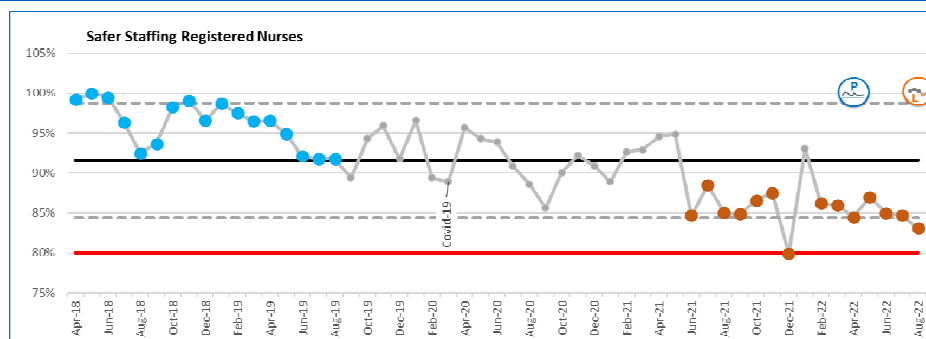
Finance/  
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## Safer Staffing Inpatients cont...



The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. As at August 2022 we remain in a period of common cause variation.



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

- 19 nurses in the Trust. 12 on wards passed their NMC (nursing and midwifery council) and practicing as nurses.
- We have nurses on wards in Fieldhead, Dewsbury, Barnsley and Halifax.
- 1 of our new starters this month will start as an RGN (registered general nurse) on Neuro rehab in Barnsley.
- End to end recruitment process now taking between 9-12 months in some cases.
- 7 remaining nurses currently undertaking OSCE (objective structured clinical examination) training at Fieldhead
- Cohort of 5 nurses starting in the Trust on the 21st September
- Cohort of 7 nurses starting in the Trust on the 27th October
- 42 conditional offers of employment from agency fed nurse pipeline
- 21 conditional offers of employment from direct application INR which has now started
- Forecasted to have over 60 nurses in the Trust by March 2023
- More interviews planned for further recruitment over the following months
- Planned recruitment event in Caribbean via NEU Professional agency for late October currently being organised – 2 SWYPFT interview panels – planned 125-150 interviews of both RMN (registered mental nurse) and RGN nurses.
- Successfully recruited to both Pastoral Officer role (started 19th September – internal appointment) and Clinical Skills Facilitator role (starting later October external appointment)
- NHSE have just published invitations for year 3 funding of INR which will give Trusts up to £7k support per successful appointment. SWYPFT will be bidding for year 3 funding.
- We have just received funding support to begin AHP (allied health professional) international recruitment. This will be a small pilot IR plan for 4 OT's between now and March 2023 utilising existing INR infrastructure as well as AHP leadership support.

Summary

Priority  
Programmes

Covid-  
19

Emergency  
Preparedness

Quality

People

National  
Metrics

Locality

Finance/  
Contracts

System-wide  
Monitoring

## Information Governance (IG)

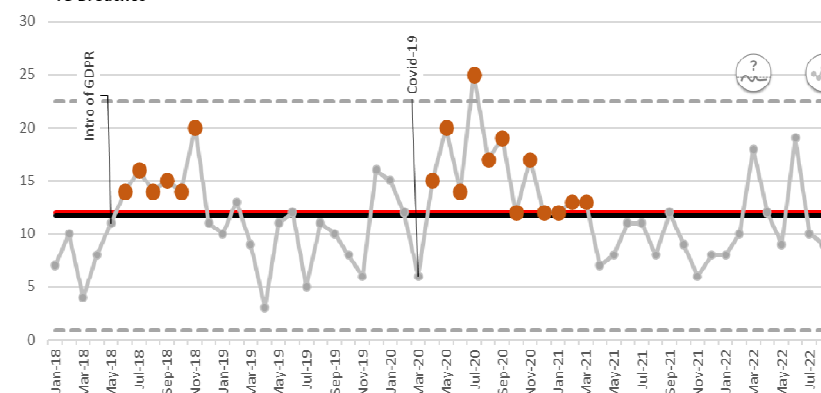
9 personal data breaches were reported during August. Notwithstanding the spike during June 2022 when 19 were reported, this continues the overall trend of lower numbers of incidents reported since 2020/21.

5 breaches involved information being disclosed in error, which is the lowest number in this category so far during the current financial year. They were largely due to letters being sent to former addresses, which hadn't been updated on the health record, the wrong patient's details being included in a letter, disclosures being made to the wrong patient due to failure to select the correct patient on the system, and emails being sent to the wrong recipient.

3 incidents of healthcare record issues were reported that had an impact on one or more individuals. These include uploading documents about multiple patients to one record and a record being shared for a study when consent had not been recorded.

No complaints were made to the Information Commissioner's Office (ICO) during August but the ICO informed the Trust that they are investigating a former employee for inappropriately accessing health records.

IG Breaches



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 August 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 commissioners 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

Q1 submissions have been undertaken for indicators that are not derived from existing national datasets. The metrics and quarter 1 performance can be seen below:

- Biopsychosocial assessments by mental health liaison services – full achievement.
- Malnutrition screening in the community (Barnsley contract only) – full achievement.
- Assessment diagnosis of lower leg wounds (Barnsley contract only) – partial achievement.
- Cirrhosis and fibrosis tests for alcohol dependent patients (Calderdale, Kirklees and Wakefield contract only) – full achievement.

For indicators that are derived from existing national datasets;

the following metric will be reported 12 weeks after quarter end (expected end of September 22):

- Use of anxiety disorder specific measures in IAPT (Kirklees only) – forecast full achievement.

And;

the following indicators will be finalised at year end:

- Routine outcome monitoring in children and young people and perinatal mental health services – forecast partial achievement.
- Routine outcome monitoring in community mental health services – forecast full achievement

Work is taking place to further develop action plans to ensure maximum achievement for the year, and identify any risk associated with any of the indicators.

Summary

Priority  
Programmes

Covid-  
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**Quality**

People

National  
Metrics

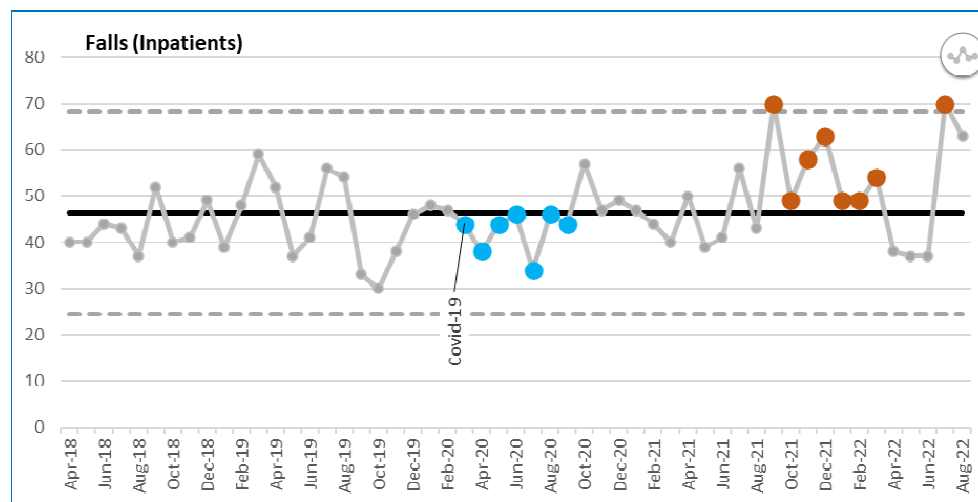
Locality

Finance/  
Contracts

System-wide  
Monitoring

## Falls (Inpatient)

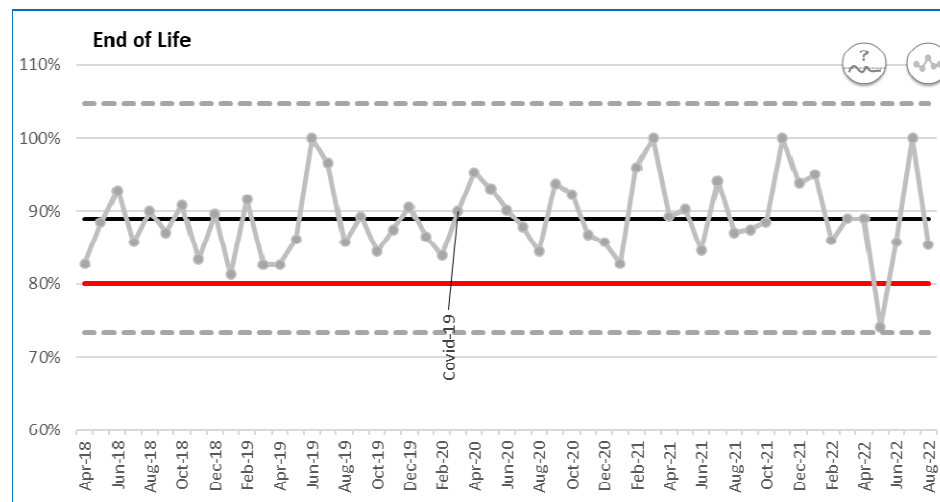
The total number of falls was 63 in August, which is a decrease from the previous month.



The SPC chart above shows that in August 2022, following a slight decrease in the number of falls, we have re-entered a period of common cause concerning variation.

## End of Life

The total percentage of people dying in a place of their choosing was 85.3% in August.



The chart above shows that in August 2022 the performance against the metric has remains within the acceptable range.



## Patient Experience

### Friends and family test shows

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

| Mental Health Friends and Family Test Results |            |            |            |            |
|---|------------|------------|------------|------------|
|   | Target     | May-22     | Jun-22     | Jul-22     |
| Community Services                            | 85%        | 86%        | 90%        | 85%        |
| Acute   | 85%        | 90%        | 95%        | 92%        |
| Secure & Forensics                            | 60%        | 100%       | 75%        | 100%       |
| Other*  | 85%        | 92%        | 85%        | 82%        |
| <b>Total</b>                                  | <b>85%</b> | <b>85%</b> | <b>88%</b> | <b>85%</b> |

| Specialist Services Friends and Family Test Results |        |        |        |        |
|---|--------|--------|--------|--------|
|   | Target | May-22 | Jun-22 | Jul-22 |
| ADHD  | 85%    | 67%    | 69%    | 38%    |
| CAMHS   | 75%    | 92%    | 71%    | 87%    |
| Learning Disability                                 | 85%    | 93%    | 80%    | 82%    |

| Community Services Friends and Family Test Results |            |            |            |            |
|--|------------|------------|------------|------------|
|  | Target     | May-22     | Jun-22     | Jul-22     |
| Children & Families                                | 95%        | 100%       | 100%       | 100%       |
| Inpatient  | 95%        |            | 100%       | 100%       |
| Nursing  | 95%        | 100%       | 100%       | 100%       |
| Other  | 95%        | 100%       | 100%       | 96%        |
| Rehabilitation & Therapy                           | 95%        | 92%        | 92%        | 90%        |
| Specialist**                                       | 95%        | 89%        | 94%        | 96%        |
| <b>Total</b>                                       | <b>95%</b> | <b>93%</b> | <b>93%</b> | <b>92%</b> |

\*Includes insight team, perinatal, friends and family team

\*\*Includes equipment and adaptation service, neuro physiotherapy, podiatry

We have seen a slight decline in the number of respondents that rated the services as 'very good' or 'good' across the Trust, mental health services and general operations.

Ratings continue to remain below target for Barnsley General Operations.



## Patient Experience cont...

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

Staff, access and waiting times and admission and discharge are consistent positive themes and staff, clinical treatment and access and waiting times are the consistent themes for negative themes across the Trust.

Work is underway with the ADHD service to review their FFT and Patient Experience feedback to identify areas for improvement. We understand that people who are not given a diagnosis but have expected to have received one are disappointed in their contact with the service, further work will be undertaken to understand if this accounts for the dip in this month.

## Safeguarding

Mandatory training remains above 80% for all safeguarding adults and safeguarding children training including PREVENT. The Safeguarding Team analyse the mandatory training statistics and inform relevant matrons where there were concerns with local compliance levels.

### Safeguarding adults:

In August 2022 there were 32 reported safeguarding adult incidents. The three highest categories reported were: financial abuse, physical abuse, and emotional abuse. There were no red incidents.

Of these 32 reported incidents, five were amber incidents: domestic abuse, financial abuse (including potential cuckooing), forced marriage and two potential persons in position of trust (PiPoT) concerns. In all cases, appropriate multi-agency responses were actioned involving police, social care, and human resources. In the two PiPoT cases, HR processes have been actioned and the learning from one case is being considered as part of the Trust Sexual Safety Task and Finish Group.

### Safeguarding children:

In August, there were 18 reported Safeguarding incidents across the Trust. Of the 18 reported incidents, the highest category of abuse identified was neglect which reflects national figures in relation to child safeguarding. The second most common was emotional harm, some of which were in relation to the impact of domestic abuse on children.

All except one incident were categorised as green or yellow. One incident was categorised as amber, which involved the impact of alcohol misuse on children, exposing them to emotional harm and neglect. All actions have been taken and a reduction of the category is anticipated. All cases resulted in referrals to the local authority, apart from one case that involved internal processes of receiving CAMHS referrals appropriately. All referrals made involved either adult service user's children or ones they cared for, or children in receipt of SWYPFT services for children.

## Infection Prevention Control (IPC)

Surveillance: There have been zero cases of ecoli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:

Hand Hygiene-Trust- wide total –91%

Infection Prevention and Control- Trust-wide total – 87%

Policies and procedures are up to date.

## Complaints

There were 20 new formal complaints in August 2022, 0 were closed due to no contact/consent, 20 are awaiting consent/questions and 0 have a timescales start date.

20% of new formal complaints (n=4) have staff attitude as a primary subject.

10 compliments were received.

Customer services closed 5 formal complaints in August 2022.

Acknowledgement of receipt of the complaint within three working days – 90%.

Number of Responses provided within six months of the date a complaint received – 1 out of 5 closed in August 2022, this met the 6-month target.

Number of complaints waiting to be allocated to a customer service officer – 50.

Number of cases who breach the six months target who have not had a conversation to agree a new timeframe for completion – No cases breached the 6 months target without contact from the customer services team. All complainants either received a delay update letter or have received contact with their allocated case handler who provides regular update

Longest waiting complainant to be allocated to a customer service officer – 19th April 2022



## Reducing Restrictive Physical Intervention (RRPI)

There were 161 reported incidents of using Reducing Restrictive Physical Interventions in August 2022, with a total of 507 restraint positions used. This is a reduction of 10 (6.2%) incidents from July 2022 which stood at 171 incidents.

The Horizon centre continue to have a small number of service users, who, due to their presentation are continuing to cause a high number of incidents.

| Restraint position          | Number of restraint positions used | Percentage of type of physical intervention used |
|-----------------------------|------------------------------------|--|
| Standing                    | 164 of 507                         | 32.3%  |
| Safety Pod                  | 93 of 507                          | 18.3%  |
| Seated                      | 75 of 507                          | 14.7%  |
| Supine - held on their back | 70 of 507                          | 13.8%  |
| Restricted escort           | 39 of 507                          | 7.6%   |
| Prone then rolled           | 24 of 507                          | 4.7%   |
| Side                        | 15 of 507                          | 2.9%   |
| Kneeling                    | 14 of 507                          | 2.7%   |
| Prone - chest down position | 13 of 507                          | 2.5%   |

Prone restraint (those remaining in Prone position and not rolled immediately) was reported 13 times (2.5%) of the total of 507 total restraint positions. This is a reduction of 7 (35%) from last month which stood at 20 out of 404 restraint positions.

Only 12 (of the 13) of these restraints were reported correctly. One prone restraint recorded NO to the question “was this a prone restraint”. This has been corrected on the incident report, but confirmation awaited at time of writing.

| Number of prone restraints by team |   |
|------------------------------------|---|
| Stanley Ward                       | 4 |
| Newhaven                           | 3 |
| Horizon Centre                     | 2 |
| Walton PICU                        | 2 |
| Elmdale Ward                       | 1 |
| Nostell Ward                       | 1 |

Summary

Priority  
Programmes

Covid-  
19

Emergency  
Preparedness

**Quality**

People

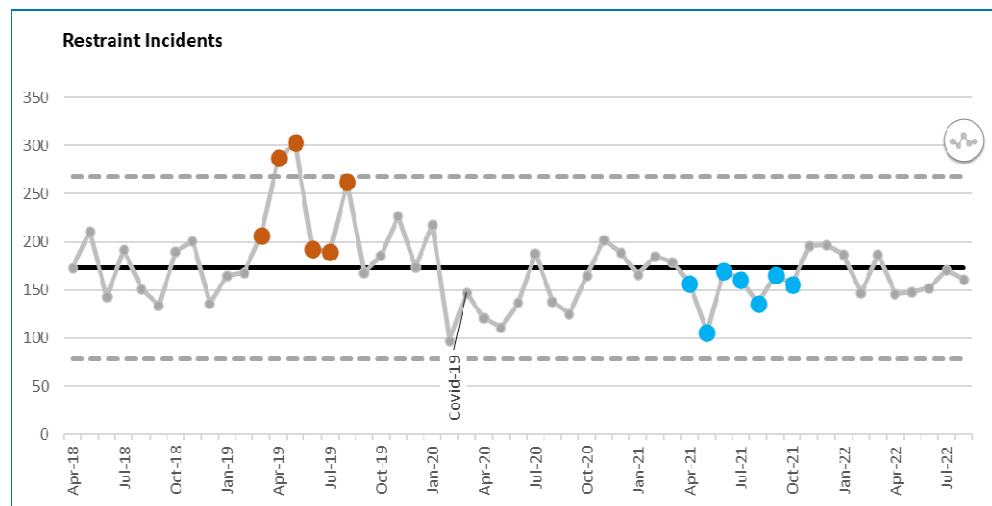
National  
Metrics

Locality

Finance/  
Contracts

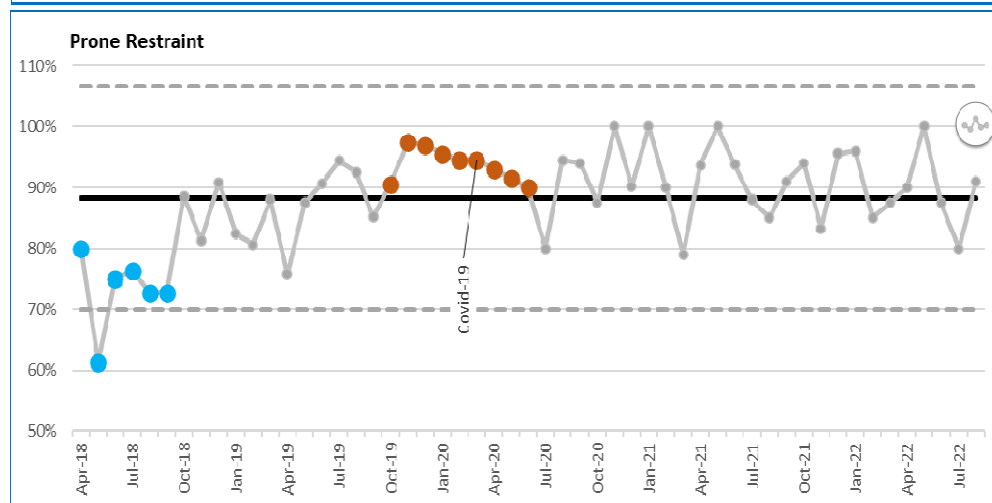
System-wide  
Monitoring

## Reducing Restrictive Physical Intervention (RRPI)



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



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

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

## People - Performance Wall

### Trust Performance Wall

|   | Objective           | CQC Domain | Owner | Threshold | Apr-22                      | May-22  | Jun-22  | Jul-22       | Aug-22  |
|---|---------------------|------------|-------|-----------|-----------------------------|---------|---------|--------------|---------|
| Establishment (ledger)                      | Improving Resources | Well Led   | GM    | -         | 4,910.0                     | 4,910.0 | 4,956.0 | 4,956.0      | 4,956.6 |
| Staff in post (Substantive)                 | Improving Resources | Well Led   | GM    | -         | 4,088.1                     | 4,107.0 | 4,136.1 | 4,134.5      | 4,129.9 |
| Workforce stability rate                    | Improving Resources | Well Led   | GM    | >=90%     | 85.0%                       | 84.7%   | 85.0%   | 85.0%        | 85.3%   |
| Vacancies                                   | Improving Resources | Well Led   | GM    | -         | 821.9                       | 803.0   | 819.9   | 821.6        | 826.7   |
| Vacancy rate (Overall)                      | Improving Resources | Well Led   | GM    | <10%      | 16.7%                       | 16.4%   | 16.5%   | 16.6%        | 16.7%   |
| Vacancy rate (Minus Vacancy Factor applied) | Improving Resources | Well Led   | GM    | <5%       | 12.4%                       | 12.0%   | 12.2%   | 12.2%        | 11.1%   |
| Turnover external (YTD projection)          | Improving Resources | Well Led   | GM    | >10-12<   | 16.0%                       | 15.5%   | 15.1%   | 15.0%        | 14.7%   |
| Turnover external                           | Improving Resources | Well Led   | GM    | >10-12<   | 1.5%                        | 2.4%    | 3.3%    | 4.7%         | 6.1%    |
| Turnover internal                           | Improving Resources | Well Led   | GM    | >10-12<   | 3.1%                        |         |         | Due Oct 2022 |         |
| Starters                                    | Improving Resources | Well Led   | GM    | -         | 45.8                        | 53.8    | 56.5    | 46.4         | 58.1    |
| Leavers                                     | Improving Resources | Well Led   | GM    | -         | 59.7                        | 38.6    | 37.0    | 57.0         | 54.5    |
| Sickness absence - YTD                      | Improving Resources | Well Led   | GM    | <=4.4%    | 4.6%                        | 4.6%    | 4.6%    | 4.9%         | 4.8%    |
| Sickness absence - Month                    | Improving Resources | Well Led   | GM    | <=4.4%    | 4.6%                        | 4.5%    | 4.8%    | 5.5%         | 4.7%    |
| Sickness absence (Covid-19) - YTD           | Improving Resources | Well Led   | GM    | <=4.4%    | 3.2%                        | 2.3%    | 1.9%    | 1.8%         | 1.6%    |
| Sickness absence (Covid-19) - Month         | Improving Resources | Well Led   | GM    | <=4.4%    | 3.2%                        | 1.1%    | 1.5%    | 1.3%         | 1.2%    |
| Sickness absence (stress anxiety)           | Improving Resources | Well Led   | GM    | <=25%     | 35.6%                       | 35.5%   | 37.9%   | 37.9%        | 38.1%   |
| Leavers feedback returns                    | Improving Resources | Well Led   | GM    | -         | 48                          |         |         | Due Oct 2022 |         |
| Leavers feedback returns %                  | Improving Resources | Well Led   | GM    | >=25%     | 35%                         |         |         | Due Oct 2022 |         |
| Workpal appraisals - rolling 12 months      | Improving Resources | Well Led   | GM    | >=90%     | Reporting Under Development |         |         | 56.7%        | 61.3%   |
| Overall Training                            | Improving Care      | Well Led   | GM    | >=80%     | 86.8%                       | 86.2%   | 86.9%   | 87.2%        | 90.7%   |

### Health & Safety

|  |                     |           |    |   |   |  |  |                  |  |
|--|---------------------|-----------|----|---|---|--|--|------------------|--|
| Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations) | Improving Resources | Effective | GM | - | 3 |  |  | Due October 2022 |  |
|--|---------------------|-----------|----|---|---|--|--|------------------|--|



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

| KPI  | Target | 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 | As at 23rd August 2022 | As at 20th September 2022 | Trend | Notes |
|--|--------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|----------------------|------------------------|---------------------------|-------|-------|
| No of staff off sick - Covid-19 not working      | N/A    | 140                 | 61                  | 167                 | 111                 | 44                  | 58                   | 80                   | 23                     | 23                        |       |       |
| No of staff working from home - Covid-19 related |        | 177                 | 86                  | 36                  | 67                  | 12                  | 23                   | 32                   | 10                     | 9                         |       |       |

### Workforce Stability

- Our substantive staff in post position remains stable through the first 5 months of this financial year despite the pressures on recruitment, retention, and increased service acuity. Staff in post has risen by 1.0% (41.9 wte) since April, but has seen a small reduction in the last 2 consecutive months. Our establishment since April has also increased by a similar rate (46 wte).
- The vacancy rate for August is at 11.2% after our vacancy factor is applied. The vacancy factor will be amended monthly based on triangulation of recruitment activity, establishment growth and/or contraction. It is now set at 6.2% which is the cause of the 1.1% reduction from last month (standard 5% in July)
- Staffing pressures remain high across our inpatient and forensics wards due to vacancy gaps and competition to obtain bank and agency. Bank hours worked continues to increase and this is seen as a positive as staff are taking up more requests to fill availability. Filling staff shortages is becoming more difficult on weekdays than weekends due to pay incentives (weekend working).
- We saw more starters in August than leavers. This is the 3rd time in 4th months we have achieved this.
- Totals starters into the Trust since April (260.5) is outperforming the number of leavers for the same period (246.8 wte).
- The reason why our overall staff in post has not risen to reflect our greater starters v leavers WTE is due to substantive staff changes in contracted hours (staff reducing hours from FT to PT as an example)
- Our external turnover rate (cumulative) to August is 6.1%. In the same period last year it was identical at 6.1%. External turnover is projected to be 14.7% by March 2023. Internal turnover (churn) is 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 71 nurses between now and financial year end (current rolling band 5 advert, newly qualified accepted in September to December and International nurse recruitment conditional offers. Our substantive nurse in post position for the last 5 months has continued to grow every month (1223.1 to 1248.2 wte to end of August)
- Our inpatient workforce recruitment plan to March 2023 regarding nurse vacancies (currently 89.5wte) is forecasted to reduce to 46.5 wte subject to successful appointment of planned newly qualified nurses and our strong position for current and future international nurse recruitment. (See Inpatient Recruitment Plan\_August 22)

### Absence

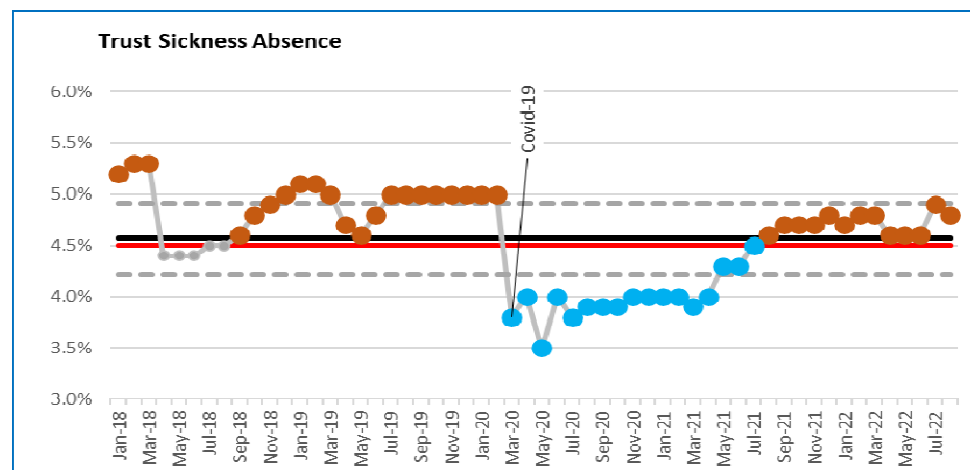
- As at 20th September, 23 staff were off work Covid-19 related, not working which compares to 23 towards the end of August. A further 10 were working from home.
- In August 81 staff were confirmed positive for Covid-19
- Overall regular absence has reduced in August to 4.8% cumulative from 4.9% in August. This time last year it was 4.3%. Higher absence is currently being seen in Forensics (7.0%), Inpatients (5.8%), Nursing (5.1%), Additional Clinical Staff (6.0%) and Estates & Facilities staff (8.1%) - Both Forensics and Inpatients have increased since last month despite our overall rate receding slightly since last month.
- Overall regular absence rate projection for March 2023 now stands at 4.8% - This would give us a 0.05% increase from last year.
- Prevalence for short term absence has increased significantly between June and July from 1.2% to 1.6%. This is partially due to re-classification of short term absence from Covid related to normal absence.
- Stress absence remains high at 38% Trustwide - Targeted work to begin in highest areas for stress prevalence.



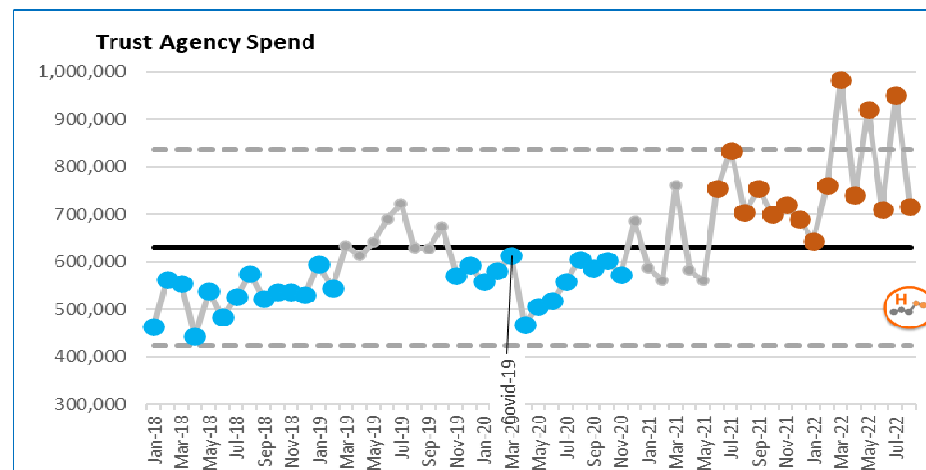
## People Experience

- Appraisal uptake overall has improved from 56.7% in July to 61.3% in August. All Care group areas have increased their rate since last month. Projections for these rates and plans to improve are being undertaken.
- Inpatient services continues to remain significantly lower than other areas of the Trust.
- Mandatory training uptake (all areas) has also increased since July from 87.2% to 90.7%.
- Staff welcome event uptake continues to improve (88%). Local induction remains below target (71.8%) but has improved in month (0.7%).
- The People Directorate is currently undergoing a service delivery review and restructure (to be completed by end of September).
- Several initiatives are either implemented or being scoped/implemented regarding recruitment and retention including:
  - o Staff RRP 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. Currently extended to the end of September.

## Analysis



The chart above shows that as at August 2022 we remain in a period of special cause concerning variation (orange markers). From July 2022 this also includes absence due to Covid-19. Further information regarding this








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

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

This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance.

- 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 | Mar-22 | Apr-22        | May-22 | Jun-22 | Jul-22           | Aug-22 | Data quality rating <sup>a</sup> | Variation/ 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     | 1196     | 643    | 413           | 381    | 402    | 339              | 247    |                                  |       |
| 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%    | 85.7%  | 88.4%         | 83.7%  | 83.3%  | 92.9%            | 91.7%  |                                  |       |
| 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%    | 53.4%  | 55.0%         | 52.1%  | 53.1%  | 56.7%            | 51.8%  |                                  |       |
| 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     | 489    | 455           | 445    | 479    | 407              | 426    |                                  |       |
| 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     | 932    | 786           | 886    | 765    | 788              | 751    |                                  |       |
| 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%    | 98.8%  | 99.0%         | 98.5%  | 98.5%  | 97.2%            | 96.1%  |                                  |       |
| Number of people accessing IPS services as a rolling total each quarter  | Improving Care   | Responsive | CH    | LTP     | 19 per Qu - Calderdale<br>15 per qu - Kirklees<br>5 per qu - Wakefield | Reporting commenced Q1 2022        |          |          |          |        | 15 Calderdale |        |        | Due October 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<br>Oct-Mar 336 per Qu                               | 268                                | 256      | 256      | 480      | 68     | 269           | 117    | 94     | 82               | 85     |                                  |   |
| Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)  | Improving Care   | Responsive | CH    | SC      | 99%  | 100.0%                             | 100.0%   | 68.9%    | 91.7%    | 68.9%  | 78.1%         | 95.9%  | 91.7%  | 91.5%            | 100.0% |                                  |   |
| The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient                     |                  |            |       | SC      | 80%  | 82.7%                              | 83.6%    | 84.0%    | 84.6%    | 84.9%  | 82.8%         | 88.7%  | 86.9%  | 92.2%            | 86.2%  |                                  |   |
| IAPT - Treatment within 6 Weeks of referral 1  | Improving Health | Responsive | CH    | SC      | 75%  | 97.9%                              | 96.0%    | 94.2%    | 94.7%    | 94.0%  | 92.7%         | 96.0%  | 95.2%  | 97.5%            | 97.2%  |                                  |   |
| IAPT - Treatment within 18 weeks of referral 1   | Improving Health | Responsive | CH    | SC      | 95%  | 99.9%                              | 99.9%    | 99.9%    | 100.0%   | 99.8%  | 100.0%        | 100.0% | 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%    | 90.0%    | 95.5%    | 83.3%  | 100.0%        | 100.0% | 83.3%  | 85.7%            | 100.0% |                                  |   |
| 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%    | 94.9%    | 93.3%  | 91.3%         | 94.1%  | 100.0% | 91.2%            | 83.3%  |                                  |   |
| Data Quality Maturity Index 4  | Improving Health | Responsive | CH    | SC      | 95%  | 99.0%                              | 98.8%    | 99.4%    | 99.4%    | 99.4%  | 99.4%         | 99.5%  | 99.5%  | 99.5%            | 99.5%  |                                  |   |

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

| KPI  | Objective          | CQC Domain | Owner | Source | Target        | Q2 21/22 | Q3 21/22 | Q4 21/22 | Q1 22/23 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22           | Aug-22 | Data quality rating | Variation/ 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       | 5      | 0      | 0      | 16     | 0                | 24     |                     |                      |
| Total number of Children and Younger People under 18 in adult inpatient wards  | Improving Care     | Safe       | CH    | O      | TBC           | 5        | 0        | 1        | 1        | 1      | 0      | 0      | 1      | 0                | 1      |                     |                      |
| Number of detentions under the Mental Health Act   | Improving Care     | Safe       | CH    | O      | Trend Monitor | 192      | 171      | 175      | 183      | 171    | 183    |        |        | Due October 2022 |        |                     |                      |
| 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%    | 97.1%  | 100.0% | 96.8%  | 100.0% | 100.0%           | 99.0%  |                     |                      |
| % SU on CPA Having Formal Review Within 12 Months  | Health & Wellbeing | Safe       | SR/KT | O      | 95%           | 95.7%    | 94.2%    | 97.4%    | 96.1%    | 97.4%  | 97.2%  | 96.4%  | 96.1%  | 95.4%            | 93.9%  |                     |                      |
| % clients in settled accommodation   | Improving Health   | Responsive | CH    | O      | 60%           | 87.7%    | 88.7%    | 88.4%    | 88.3%    | 88.2%  | 88.3%  | 88.3%  | 88.2%  | 87.7%            | 86.9%  |                     |                      |
| % clients in employment 6  | Improving Health   | Responsive | CH    | O      | 10%           | 10.5%    | 10.2%    | 9.9%     | 11.1%    | 10.4%  | 10.6%  | 11.2%  | 11.6%  | 11.7%            | 11.9%  |                     |                      |
| 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%    | 99.7%  | 98.0%  | 98.4%  | 98.4%  | 98.3%            | 98.2%  |                     |                      |
| 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%   | 100.0% | 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%    | 99.0%  | 99.1%  | 99.1%  | 99.2%  | 99.3%            | 99.3%  |                     |                      |

| 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 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 96.1%
- 72 hour Follow up remains above the threshold at 86.2%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service is now above threshold at 100%
- 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 August 2 out of 2 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 August, 5 cases out of 30 were not seen within four weeks.
- During August 2022, there was 1 service user aged under 18 years placed in an adult inpatient ward for 24 days. 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 51.8% for August.
- % SU on CPA Having Formal Review Within 12 Months has dropped under threshold during the month of August. Underperformance relates to Barnsley and Forensic Care Groups. Work taking place with Care Groups to improve performance.

Summary

Priority  
Programmes

Covid  
-19

Emergency  
Preparedness

Quality

People

National  
Metrics

Locality

Finance/  
Contracts

System-wide  
Monitoring

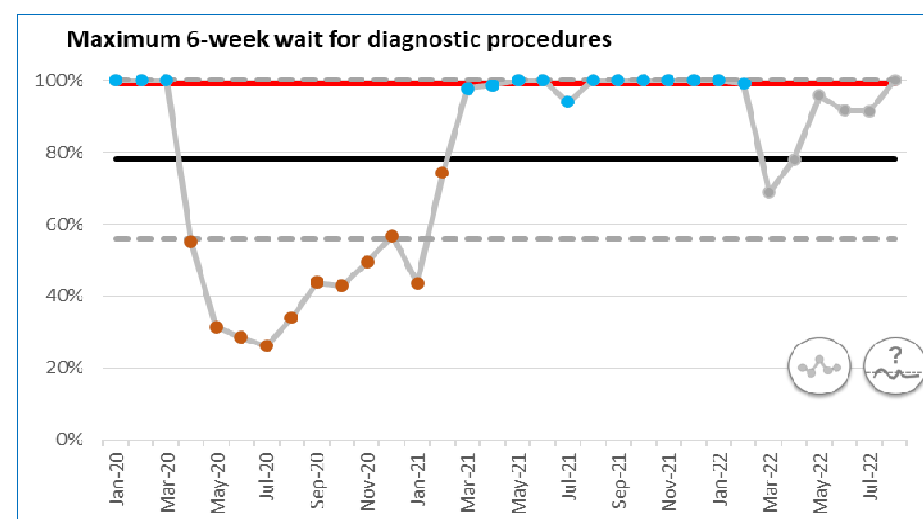
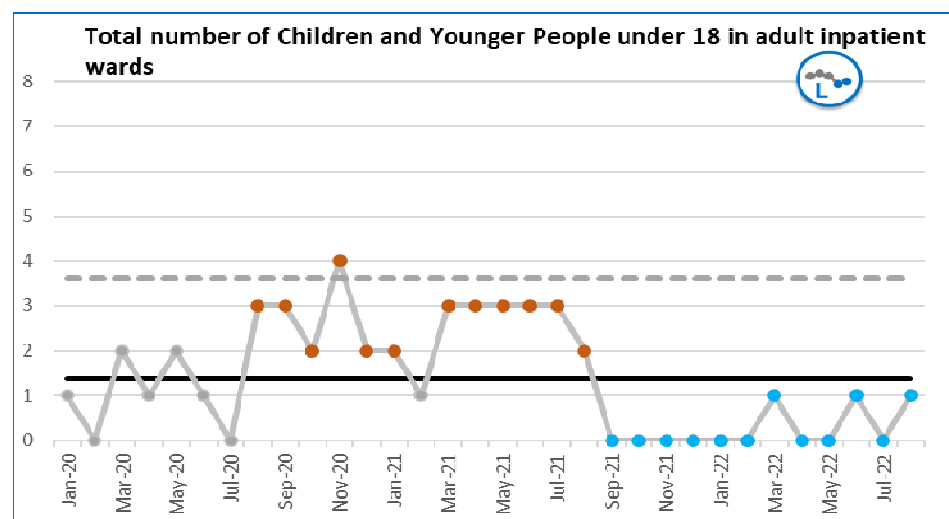
### Data quality:

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

- The reporting for employment and accommodation for August shows 15.8% of records have an unknown or missing employment and/or accommodation status. This is a decrease compared to July which showed 15.5% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

### Analysis



The SPC charts above show that we remain in a period of special cause improving variation regarding the number of beds days for children and young people in adult wards with one under 18 admission in August 2022. Due to the fluctuating nature of the diagnostic procedure waits we are in a period of common cause variation however whether we will meet or fail the target cannot be accurately estimated.

Summary

Priority  
Programmes

Covid  
-19

Emergency  
Preparedness

Quality

People

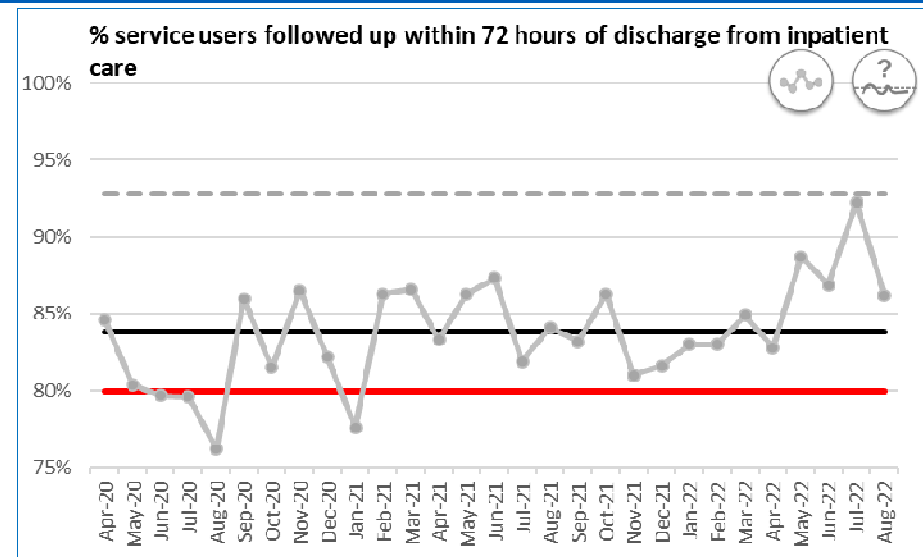
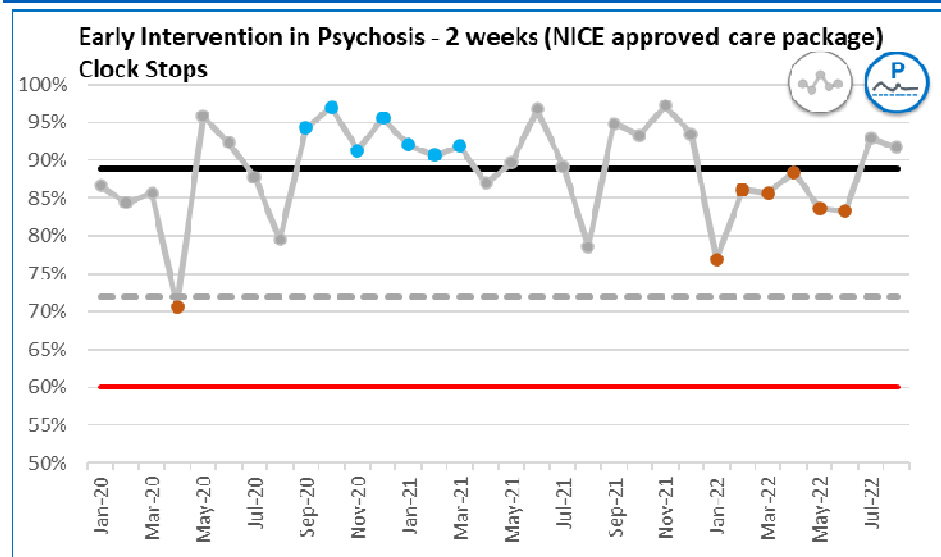
National  
Metrics

Locality

Finance/  
Contracts

System-wide  
Monitoring

## Analysis



The SPC charts above show that for clients being seen by EIP services we have now re-entered a period of common cause variation, we are still expected to meet the target. 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:

#### Alert/Action

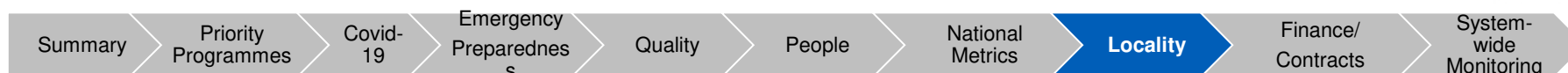
- Record keeping improvement work continues to be prioritised. Outstanding FIRM risk assessments have reduced further to 34.6%.
- There are ongoing issues around access to inpatient beds leading to the Intensive Home Based Treatment Team (IHBTT) managing high risk patients in the community and impacting on discharges from Barnsley Hospital NHS Foundation Trust.
- Work is being progressed to address communication issues with inpatients. Previously this had resulted in inaccurate discharge dates being recorded and requests to complete 72 hour follow-ups. However, indicator remains 'green' at 95.8%
- There are ongoing issues around access to inpatient beds for those with challenging behaviours associated with dementia.
- CPA Reviews below target at 88.5%. There has been specific communication from Director of Services to address this, backed by management supervision to encourage improvements.

#### Advise

- Core team continues to have capacity and demand pressures, with current focus on reducing backlog of waits to enter treatment
- Waiting lists in IAPT remain high for Cognitive Behavioural Therapy (CBT) and Counselling.
- Work is being undertaken around the development of an all- age eating disorder service and further meetings being held with South Yorkshire ICS.
- Dialogue has commenced with Family Lives to develop their neighbourhood-based peer support service mobilisation plan. Expected to commence before end of October 2022.
- Appraisals are being prioritised across services/teams.
- Friends and Family Test remains positive at 85%

#### Assure

- Eating disorder training, provided by SYEDA, has been secured for 50 staff with sessions taking place in August and November. Feedback from the first cohort has been very positive, with staff requesting further training around eating disorders.
- We are working with Mental Health Matters to mobilise the Barnsley Safe Space and develop appropriate pathways
- On target for CQUIN 10b.
- Barnsley will be going live in September with the Clozapine Template on SystmOne on the clinical tree. This enables GP and other services on SystmOne to see relevant information.
- Question and answer sessions to discuss trans gender and non-binary issues have been arranged.
- South Yorkshire Liaison and Diversion Service have been chosen to take part in the Awards for the Lived Experience Charter Sites. The focus is equality, involvement, and inclusion.



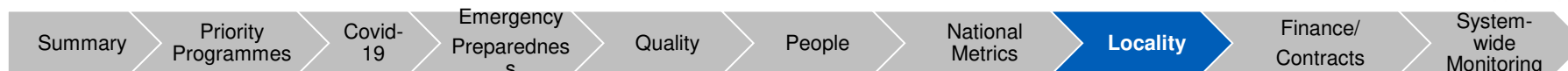
## Child and adolescent mental health services:

### Alert/Action

- There has been a general improvement with respect to mandatory training compliance and work continues to maintain/improve. Three areas remain 'amber' – reducing restrictive practice (71.4%), cardio pulmonary resuscitation (74.5%) and information governance (93.4%).
- 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.
- Wakefield CAMHS is an outlier with respect to numbers waiting from referral to treatment. An action plan has been developed and improvement is anticipated.
- There is an ongoing issue with shortage of specialist residential and Tier 4 places leading to inappropriate stays for young people on acute hospital wards and in Trust in-patient beds. This is noted on the Trust risk register.

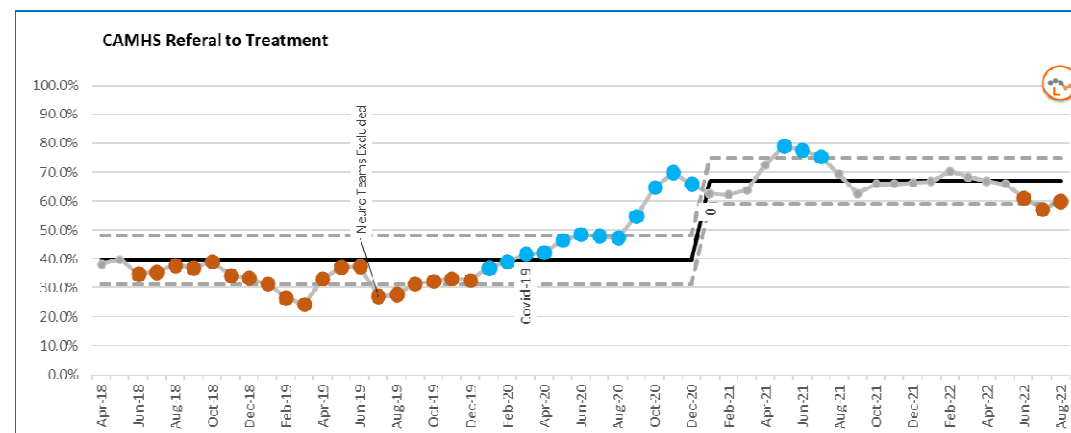
### Advise

- An Any Qualified Provider model is to be implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust CAMHS response.
- 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.
- Friends and family test is 'green' at 87%
- Waiting times for neurodevelopmental waits within CAMHS are below target., As previously reported, waiting list initiatives are in place to work towards stabilising this position from March 2023. Children do not need to have a diagnosis in order to receive a CAMHS service and services will be provided to meet their presenting needs.
- The percentage of CAMHS patients waiting less than 18 weeks from referral to treatment was 60% in August, a slightly improved position from 57% in July. CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service will provide additional support.



## Assure

- Staff wellbeing remains a focus. Hybrid models of working are still being proactively utilised.
- The Trust has proactively engaged with Provider Collaboratives in South and West Yorkshire to strengthen the interface with inpatient providers and improve access to specialist beds.



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 from June 2022 we have entered a period of special cause concerning variation. For further information see narrative above.



## Barnsley general community services:

### Alert/Action

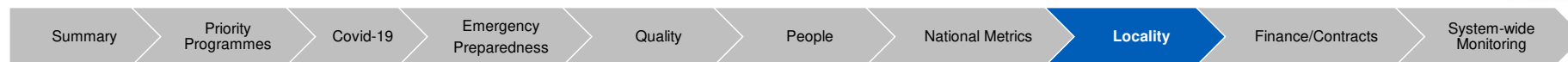
- A paper outlining the proposed service model for smoking cessation services in Calderdale is due to go to Local Authority Cabinet in November. The Trust's current contract for Yorkshire Smoke Free Calderdale runs until 31st March 2023, and it is anticipated a contract extension will be requested.
- There is a planned commissioner review of current health provision for the six resettlement programmes in Wakefield, which will include Urban House.
- Due to Covid restrictions over the last two years there is a significant backlog on the testing of medical devices in the community setting, which has been added to the risk register. Work is taking place with the Infection Prevention and Control Team and Estates to put a plan in place for updating the register of devices.

### Advise

- Clarification on timescales to recommission Child Health Information System (CHIS) / Vaccination and Immunisations on a regional basis is awaited.
- Wakefield Local Authority intends to continue to commission the Live Well Wakefield service beyond March 2023 under the Provider Selection Regime (PSR) if timescales allow. If the PSR does not come into force by March 2023 the Council will be obliged to procure the service again, and would wish to extend the contract for 6 months to allow for this to take place.
- Absence continues in some children's services due to several factors e.g. long term sickness, maternity leave and the inability to recruit on a temporary basis and remains challenging.
- There are ongoing system issues in relation to access to Barnsley Hospital NHS Foundation Trust (BHNFT) generated discharge letters by SWYPFT's Barnsley Integrated Services Care Group. This has been escalated and BHNFT are currently liaising with the ICE system supplier with a view to this issue being resolved. A back up arrangement is in place for the Trust to contact the discharging ward for discharge instructions until the situation is resolved.
- There are concerns that Urgent Community Response data sets published nationally are not accurate. This is due to an issue with data extraction. Currently the data shows the Trust are not achieving the two-hour standard when it is achieving above the 70% target at 82%. National meetings are taking place to stand down the publishing of the data set until issues are resolved.

### Assure

- The Children's Speech and Language Therapy (SALT) Service has been shortlisted for the Chief Allied Health Professions Office Award for Digital Practice.
- The Barnsley Community Integrated Stroke Team Annual Report has been completed and circulated. This has been well received with achievements and improvements for the residents of Barnsley noted by our commissioners.
- Further ICB (Integrated Care Board) investment has been secured for the Urgent Community Response Service, recognising the delivery model in Barnsley delivers a 24/7 service offer which goes beyond the national requirement.
- A new Life After Stroke Group is commencing in October.
- The Trust has received excellent feedback from dietetics students as to how they have been supported, encouraged, and developed whilst on placement in Barnsley.
- A work stream is commencing looking to introduce the e-prescribing functionality for services already migrated to the Integrated Neighbourhood Teams SystmOne unit. Once operational, this will enable clinicians to draft prescriptions and for these to be sent directly to the patient's pharmacy for collection.



## ADHD/ASD services:

### Alert/Action

- Referrals - Attention Deficit Hyperactivity Disorder (ADHD) referrals continue to increase and remain much higher than pre-pandemic levels.
- Referrals - Autism referrals have also increased compared to pre-pandemic levels.
- Friends and Family Test – Friends and family test remains red as at 38%. Improvement work is in place to address this, and gain learning from other teams.
- Training in amber: Information governance ↓1.7%. Work is ongoing to ensure all staff complete the training.

### Advise

- Our partnership with Bradford District Care NHS Foundation Trust on the principles of “shared leadership for shared objectives” is working well. Steps to support the Bradford and Airedale Neurodevelopmental Service (BANDS) are successful so far.
- The business case to increase capacity in ADHD to 560 per year has been approved.
- New initiatives regarding ADHD Triage / ASD triage have been implemented, and will be evaluated.

### Assure

- Changes made to the ADHD pathway are working well.
- There is a focus on staff appraisal.
- No clinical vacancies and all other vacancies (administration) on track to be filled.

## Learning disability services:

### Alert/Action

#### Community Services

- Waiting Lists in Community Services: The service recognises that waiting lists are below expected targets, and are undertaking a specific project to address.
- Staffing Issues: Staffing continues to be a concern across all localities and disciplines. The service has committed to undertaking more work to ensure recruitment and retention is a priority. All vacant posts are advertised, with some posts needing to be advertised more than once.

#### Assessment and Treatment Unit (ATU)

- Delayed transfers of care (DTC): Many service users on Horizon require bespoke packages of care to meet their complex needs in the community, and finding suitable placements remains challenging and, although numbers fluctuate, can lead to delays in discharges.
- Staffing: Continues to be a challenge and is exacerbated by vacancies, sickness absence and acuity. As with community, some posts have to be advertised more than once in order to attract suitable applicants.
- High use of Seclusion/Long Term Segregation (LTS): There continues to be high use of LTS to support people to manage their wellbeing. Seclusion rates have reduced in August.
- Mandatory Training (Amber) – Improvements are noted in relation to cardio pulmonary resuscitation, national early warning score assessments (NEWS) and information governance. Actions are underway to address performance in relation to reducing restrictive physical interventions and food safety training.

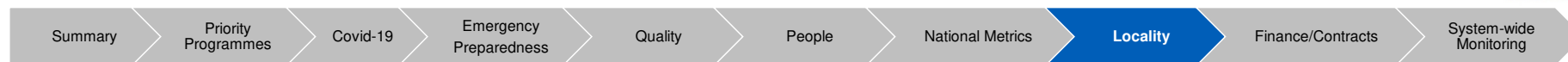
### Advise

#### Community

- Service users continue to experience complex needs that leads to high acuity within community caseloads.
- The workforce review is now progressing with workstreams to improve the infrastructure to better meet challenges and demand.

#### Assessment and Treatment Unit (ATU)

- The unit continues to carry a high number of vacancies, with high usage of bank and agency which impacts on continuity of care.
- Recruitment and retention remains a priority.
- The recruitment to joint ATU posts with Bradford is progressing well.



## Assure

### Community

- Mitigating actions in place to address waiting lists and a project to improve.
- Annual health checks across all 4 localities are continuing to improve.
- Robust plans in place to address mandatory training, supervision and appraisal shortfall.

### Assessment and Treatment Unit (ATU)

- Recruitment continues to progress.
- Exploration of new roles e.g., Physician Associates is underway and will possibly support improvements in the physical healthcare offer to service users.
- Robust plans are in place to address mandatory training, supervision, and appraisal shortfalls.

### Forensic services:

## Alert/Action

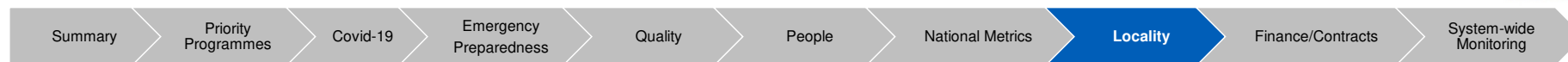
- Bed Occupancy – Newton Lodge and Bretton Centre occupancy is below the 90% target at 84.01% and 87.35%. Newhaven is at 99.2%.
- Mandatory training areas in amber- Improvements have been made in all mandatory training except CPR ↓69.0% and IG ↓69.0%. Action plans to target hotspots in place.
- Sickness absence/covid absence – remains above Trust target set for the Care Group.
- Vacancies & Turnover – Turnover remains high ↓14.9%. The service has welcomed 15 new registered nurses, and have new unregistered staff commencing imminently.
- CPA- under target at 87.1% which is a mixture of community and inpatient cases, remedial action in place.
- FCAMHS- preliminary discussions have begun between NHS England, West Yorkshire Commissioning Hub, the Trust and wider partners regarding the transfer of the FCAMHS contract to a Provider Collaborative in future.

## 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 outside 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 progressing 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 its primary care contract out to tender currently.

## Assure

- No delayed transfers of care recorded across all three services.
- High levels of data quality across the Care Group (100%).
- 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.
- Friends and Family test is 100%



## Calderdale Kirklees Wakefield and Trustwide Inpatients:

### Alert/Action

- Acute wards have continued to manage high levels of acuity. The Trust have had above 100% occupancy levels across wards on a sustained basis and capacity to meet demand for beds remains difficult. Workforce challenges have impacted, with staff absences and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Home Based Treatment Teams have faced similar staffing pressures.
- Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. There has been a reduction in the usage of out of area placements, with some patients discharged and a lower rate of placement since April. However, a number of patients remain in beds throughout the country predominantly in PICU wards. The key focus continues to be on bringing patients back to local beds in as timely a way as possible, and providing care closer to home, whilst managing the demand for new admissions as safely as possible in partnership with community teams. The demand for beds overall has risen leading to pressures in the system and ongoing challenges in arranging admissions in a timely way.
- There is need to improve performance in 72 hour follow up in Calderdale. Following evaluation, the current figure principally relates to low numbers and some data quality issues. However, our focus remains on patient safety and effective discharge planning for all patients. The Trust-wide improvement plan remains in place and the Quality and Governance Lead will be working closely with relevant teams on this.
- Demand into the Single Point of Access (SPA) and capacity issues are leading to ongoing pressures in the service, necessitating the use of additional staff and additional 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 has been at risk of being delayed. The situation is being kept under close review by General Managers and teams, and all possible mitigations are in place.
- Community teams are continuing to experience workforce challenges. We currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. We have action plans in place for certain teams and continue to be proactive and innovative in our approaches to recruitment and workforce modelling.
- 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 from this has led to some rapid improvement work which has demonstrated some improvement, and all areas will be focussing on this over the coming month. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies. We have set up a trajectory of improvement to full performance by the end of Quarter 3.

### Advise

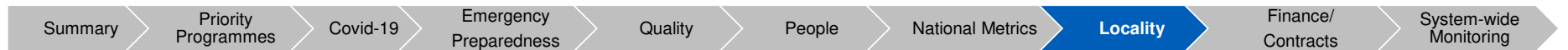
- Senior leadership from matrons and general managers remains in place across 7 days. We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.
- The Care Group CPA review performance action plan is still in place to ensure clarity of communication and process and support with staffing levels which has had an impact on performance. Quality and Governance Leads have undertaken specific improvement work with certain teams around leadership, data quality and recording.
- Intensive work to consider how we maintain quality and safety on our wards, and improve the well-being of staff and service users and encourage recruitment and retention is underway. We have recommenced a specific programme of work around sexual safety on our wards. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.
- Community services are optimising our use of space across Trust sites so that group work and more face-to-face therapies can be delivered, and are reviewing space utilisation in each building to optimise clinical capacity. 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.
- Alongside trust-wide work on recruitment and retention, we are engaged in specific improvement planning to address workforce challenges in inpatient services. For example, in partnership with Nursing Quality and Professions colleagues, the development of a confident and competent workforce in which we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards. We are also building in the benefits of staff networks, preceptorship/ preceptorship academy, culture change measures and effective supervision models.
- We have worked with Nursing Quality and Professions and Performance colleagues to agree a new person-centred measure to demonstrate performance around collaborative care planning and are working towards implementation.
- 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 are participating in the trust-wide work on how we measure and manage waits in terms of consistent data and performance measurement.
- We continue to work in collaboration with our places to implement the community mental health transformation. We remain concerned that the new roles within primary care networks will draw experienced staff from our resources.
- We recognise the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and that where we need to improve action plans are in place. Positive supervision performance across community teams reflects this, and we are currently focussing on inpatient areas. Workplace wellbeing groups continue to thrive with excellent examples of initiatives in each of the hubs and in individual teams.
- 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 (DNAs). We are working closely with specialist advisors to optimise this, and are now receiving current information per service line and timely advice of DNAs and training availability. We also have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

### Assure

- We are performing well in gatekeeping admissions to our inpatient beds.
- Friends and Family Test – remains positive at 93% inpatients and above threshold for community in all areas.
- CPA reviews performance remains positive across Calderdale, Kirklees and Wakefield.
- There has been a successful launch of simulation-based training in Barnsley, in partnership with the acute trust focussing on physical well-being. This enables staff to practise real life scenarios within the safety of a simulated environment. Staff train and learn alongside others, and by using specific debriefing techniques, evaluate and analyse their own practice. We are now looking to scope and model a roll-out service wide.
- We have had further success in recruitment both internally and externally in to nursing posts in the acute inpatient workforce.



- Coronavirus updates sent out when required e.g. re testing and mask wearing.
- Comms support continues to the Covid Moving Forward group.
- Support provided to the poverty network, and information shared re cost of living support.
- Outcomes based tool – warm up comms prepared.
- Branching Minds Barnsley launch and next step comms supported.
- SystmOne waiting list comms support provided.
- Staff wellbeing initiatives promoted.
- 'Our Offer' booklet produced and 'Get to know us' booklet developed.
- Design and print of materials continuing for services and corporate functions.
- Trust website and intranet development and updates supported/
- Awareness days and weeks supported on social media and via internal communication channels.
- All of You campaign on collecting equality data campaign supported.
- Support provided to EyUp Charity, Creative Minds, Spirit in Mind, Recovery and Wellbeing Colleges and the Mental Health Museum.
- Media enquiries co-ordinated and responses issued.
- Promotion of West Yorkshire and South Yorkshire ICS initiatives and campaigns.
- Intranet working group supported, with focus as the intranet being a working trust asset.
- Support to flu campaign.
- 'Disability matters' event and staff disability policy launch.
- Suicide prevention comms and World Suicide Prevention Day planning.
- Older people's inpatient mental health transformation- internal and external comms and planning supported.
- Patients Know Best comms planning and warm up messages.
- Bretton Centre comms support, including carer engagement events.
- Ongoing support for staff recruitment.
- Staff wellbeing survey and staff survey results promotion.



## Engagement, Equality and Volunteering Update

- Equality and Involvement annual action plans are now being delivered. Plans were co-produced with input from Trust leads, staff side, and staff networks and using engagement feedback, insight, and intelligence.
- 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 supported though the broader involvement the Trust has been delivering to improve racial equity. Work has been funded for the Yorkshire and Humber Involvement Network to support.
- 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. Community members attend, and other useful equality information is shared to support a dialogue.
- An animation has now been developed for people who are detained to ensure those use services, carers, friends, and family can understand what that means, what may happen and what to expect. The animation was developed as a result of feedback from the discovery interviews which highlighted a lack of awareness before accessing the service of what it means to be detained.
- Work to support staff networks continues with an updated terms of reference developed in draft for comment, and an outline work plan to aid the allocation of support and additional resources required. The Equality and involvement team have supported a 'Disability Matters' event on 31 August with a national guest speaker.
- 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 the hashtag is being used in all comms.
- The team continue to support the Older People's Services transformation programme offering consultation advice and guidance, equality, and communication support. A CEE (communication, engagement and equality) meeting for partners is now being held every 2 weeks to ensure all partners have access to the same information. Plans for a stakeholder event, draft consultation document and briefings have been developed and work is underway to prepare for the event
- A Race Forward infographic has been developed and work to review the actions required to progress this work will be supported by the team. Updates are prepared for EII (equality, inclusion and involvement) Committee in September.
- Support with an involvement approach and equality impact assessment (EIA) for the Sustainability and Social Responsibility Strategy continues
- 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.
- An asset-based approach to involvement is now underway, and a draft approach has been developed and shared with a broader steering group. Work will now take place over the next few months to develop the training. 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.
- Work to communicate Trust-wide involvement as an infographic has started and the narrative and approach will be shared with the Executive Management Team initially.
- 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 work is progressing, and a toolkit will soon be available on the intranet as transition concludes in September.
- The quarterly partnership briefings produced by the 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 (OMG) 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. This work concludes mid September so actions can be identified.
- The work to support COPI (control of patient information) 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 continues to be delivered and work with Learning and Development to identify target audience for training, and implications is being developed. The training was co-designed and developed by the team and sessions are in place.
- 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 (electronic staff record), and the return of volunteer 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 the Operational Manager Group 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)                       | £3.9m        | £3.2m              | In month financial performance is a surplus of £0.6m with a year to date surplus of £3.9m. This is £0.9m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.   |
| 2                     | Agency Spend                              | £4m          | £9.1m              | The Trust allocation of the overall West Yorkshire Integrated Care Board (ICB) 2022 / 23 agency cap is £7.8m. Performance is measured against both this and also as a percentage of total pay expenditure. Year to date expenditure is £4m which is £0.8m more than cap.  |
|                       |   | 4.5%         |                    |   |
| 3                     | Overhead Costs                            | 15%          |                    | 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 | £2.9m        | £6.4m              | As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency 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                                      | £86.1m       | £80m               | Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and forecast increasing spend.  |
| 6                     | Capital                                   | £1.2m        | £13.1m             | The capital programme for 2022 / 23 has been agreed as £13.1m and this is forecast to be delivered in full. Revisions to the programme have been agreed by Trust Board to take account of revised timescales and increased costs. Mitigations have been agreed to manage overall spend. 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 publications that may be of interest to the board and its members.**

[Community services statistics: June 2022, NHS Digital, 6 September 2022](#)

[Learning disability services monthly statistics, assuring transformation: August 2022, mental health services data set: June 2022, final, NHS Digital, 15 September 2022](#)



South West  
Yorkshire Partnership  
NHS Foundation Trust



# Finance Report

Month 5  
(2022 / 23)



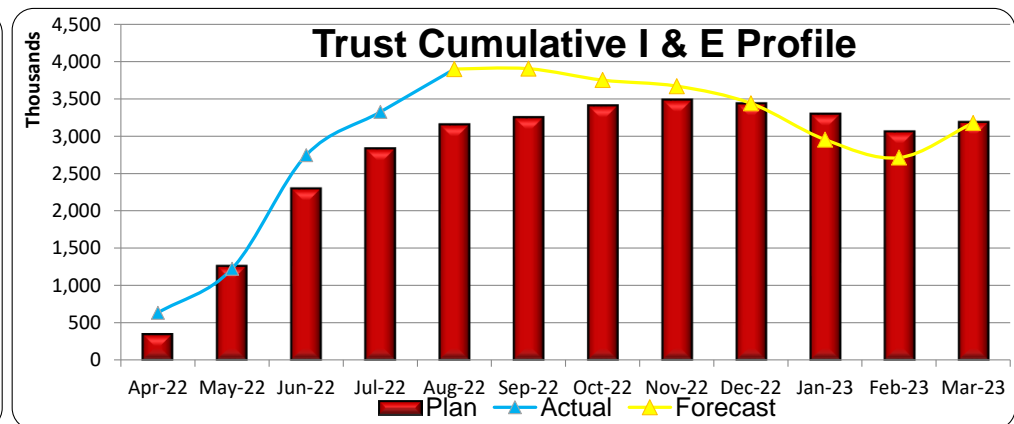
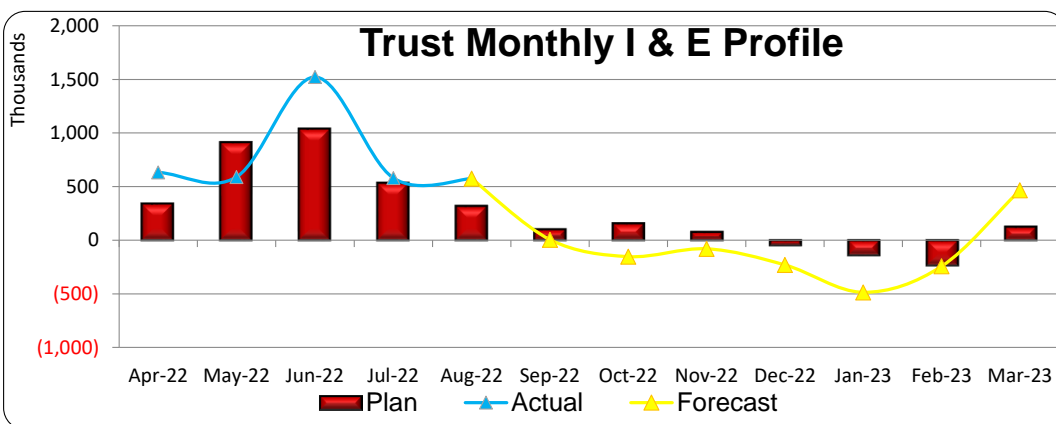
[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

With **all of us** in mind.

| 1.0                       |  | Executive Summary / Key Performance Indicators |                    |   |
|---------------------------|--|--|--------------------|---|
| Key Performance Indicator |  | Year To Date                                   | Forecast 2022 / 23 | Narrative   |
| 1                         | Surplus / (Deficit)  | £3.9m  | £3.2m              | In month financial performance is a surplus of £0.6m with a year to date surplus of £3.9m. This is £0.9m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.   |
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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  |  |                    |   |

## 2.0 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                |
|                          |               |          |      | 20,283            | 20,254            | (30)                | Healthcare contracts            | 100,019             | 100,003             | (16)                  | 242,734          | 242,635          | (100)             |
|                          |               |          |      | 9,223             | 8,818             | (405)               | Other Operating Revenue         | 43,598              | 43,719              | 121                   | 107,662          | 108,534          | 872               |
|                          |               |          |      | <b>29,506</b>     | <b>29,072</b>     | <b>(434)</b>        | <b>Total Revenue</b>            | <b>143,616</b>      | <b>143,722</b>      | <b>105</b>            | <b>350,397</b>   | <b>351,169</b>   | <b>772</b>        |
| 4,647                    | 4,559         | (88)     | 1.9% | (18,395)          | (17,937)          | 458                 | Pay Costs                       | (90,170)            | (89,774)            | 396                   | (224,024)        | (222,393)        | 1,631             |
|                          |               |          |      | (10,167)          | (9,979)           | 188                 | Non Pay Costs                   | (47,084)            | (46,940)            | 144                   | (115,650)        | (118,407)        | (2,757)           |
| 4,647                    | 4,559         | (88)     | 1.9% | <b>(28,562)</b>   | <b>(27,915)</b>   | <b>646</b>          | <b>Total Operating Expenses</b> | <b>(137,253)</b>    | <b>(136,714)</b>    | <b>540</b>            | <b>(339,674)</b> | <b>(340,800)</b> | <b>(1,125)</b>    |
| 4,647                    | 4,559         | (88)     | 1.9% | <b>945</b>        | <b>1,157</b>      | <b>212</b>          | <b>EBITDA</b>                   | <b>6,363</b>        | <b>7,008</b>        | <b>645</b>            | <b>10,722</b>    | <b>10,369</b>    | <b>(353)</b>      |
|                          |               |          |      | (483)             | (489)             | (5)                 | Depreciation                    | (2,512)             | (2,522)             | (10)                  | (5,847)          | (5,843)          | 4                 |
|                          |               |          |      | (179)             | (179)             | 0                   | PDC Paid                        | (895)               | (895)               | 0                     | (2,148)          | (2,148)          | 0                 |
|                          |               |          |      | 37                | 86                | 48                  | Interest Received               | 187                 | 309                 | 121                   | 450              | 799              | 349               |
| 4,647                    | 4,559         | (88)     | 1.9% | <b>320</b>        | <b>575</b>        | <b>255</b>          | <b>Surplus / (Deficit)</b>      | <b>3,144</b>        | <b>3,900</b>        | <b>756</b>            | <b>3,178</b>     | <b>3,177</b>     | <b>(0)</b>        |
|                          |               |          |      | 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                 |
| 4,647                    | 4,559         | (88)     | 1.9% | <b>320</b>        | <b>575</b>        | <b>256</b>          | <b>Surplus / (Deficit)</b>      | <b>3,144</b>        | <b>3,900</b>        | <b>757</b>            | <b>3,178</b>     | <b>3,178</b>     | <b>0</b>          |



**The Trust financial position continues at a surplus run rate.**

**Workforce actions, through recruitment retention, are forecast to result in increasing expenditure.**

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.

### **NHS England - monthly submission**

The actual financial performance as reported here is consistent with the monthly return made to NHS England 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.

### **Income**

Contracts, including agreed investments, initial tariff uplift and additional inflationary funding, has been agreed with the key commissioners. These will be updated to reflect the 2022 / 23 pay award funding in September 2022.

By their block contract nature there is minimal variation to agreed contract values. Risks relating to CQUIN delivery and any timing differences on agreed investments continue to be assessed.

### **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 and tries to appropriately reflect the difficulties of the current job market and that premium payments such as overtime are being utilised to support current levels.

The workforce plan did assume higher levels of vacancies at the start of the year and therefore the funded establishment will increase over future months.

As referenced in the income section above the 2022 / 23 Agenda for Change Pay Award has been confirmed. This is planned to be paid in September 2022; backdated to 1st April 2022. Initial estimates have indicated that costs will be higher than income and as such present a financial pressure to the Trust. This is the case across the West Yorkshire ICB and discussions are underway to validate potential risks and next steps.

### **Non Pay**

Non pay expenditure is lower than planned although pressures do continue in the overall position. The main factors are described in the non pay breakdown. Inflationary pressures are being experienced in all areas of non pay expenditure but currently are most pronounced for utilities costs.

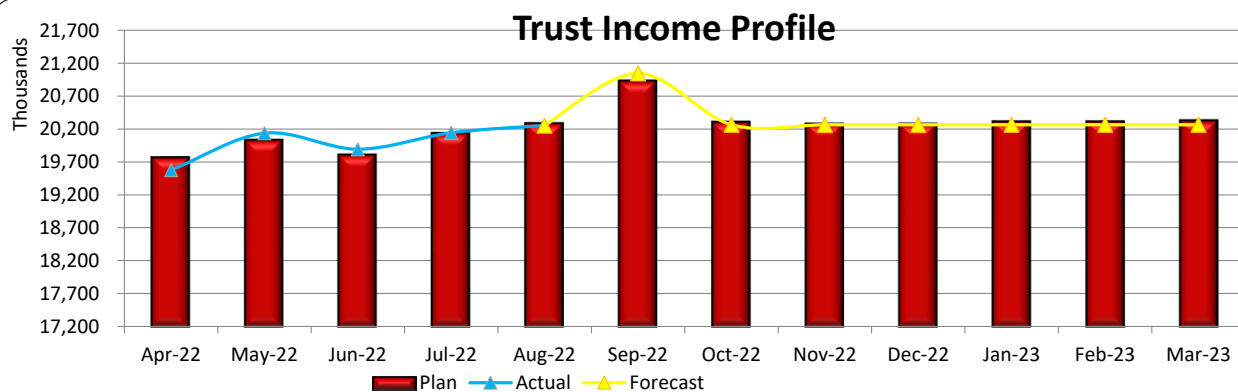
## 2.1 Income Information

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

The vast majority of income continues to be received from local commissioners (formerly CCGs, now Integrated Care Boards (ICBs)). For 2022 / 23 a hybrid of the previous year's financial regimes are in place. Formal contracts have resumed and are in place for all of the major commissioners. 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.

The block values have been calculated to include all income from NHS commissioners. This includes payment for clinical services, staff recharges and recharges for projects etc. from those organisations although this income is shown as other operating revenue within the Trust income and expenditure position.

| Income source           | Apr-22<br>£k  | May-22<br>£k  | Jun-22<br>£k  | Jul-22<br>£k  | Aug-22<br>£k  | Sep-22<br>£k  | Oct-22<br>£k  | Nov-22<br>£k  | Dec-22<br>£k  | Jan-23<br>£k  | Feb-23<br>£k  | Mar-23<br>£k  | Total<br>£k    | Total 21/22<br>£k |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------------|
| NHS Commissioners       | 17,501        | 18,083        | 17,285        | 17,878        | 18,049        | 18,024        | 18,016        | 18,016        | 18,016        | 18,016        | 18,016        | 18,016        | 214,918        | 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           | 325           | 319           | 317           | 317           | 317           | 317           | 317           | 317           | 317           | 3,750          | 45,733            |
| Local Authority         | 433           | 454           | 484           | 427           | 429           | 450           | 450           | 450           | 450           | 450           | 450           | 450           | 5,381          | 5,172             |
| Partnerships            | 422           | 422           | 395           | 413           | 345           | 399           | 399           | 399           | 399           | 399           | 399           | 399           | 4,791          | 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           | 246           | 258           | 1,000         | 228           | 228           | 228           | 228           | 228           | 228           | 3,552          | 708               |
| <b>Total</b>            | <b>19,576</b> | <b>20,136</b> | <b>19,893</b> | <b>20,143</b> | <b>20,254</b> | <b>21,045</b> | <b>20,265</b> | <b>20,265</b> | <b>20,265</b> | <b>20,265</b> | <b>20,265</b> | <b>20,265</b> | <b>242,635</b> | <b>274,176</b>    |
| 21/22                   | 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        |                   |



In line with national guidance the income position shown reflects contracts agreed excluding the impact of the additional Agenda For Change and Consultant pay award which is to be actioned in September (with arrears to April 2022). This matches the treatment of pay expenditure.

Budgets and actuals will be updated next month to reflect this.

Initial estimates show a £2m pressure as a result of this although this will be validated through the process of making actual payments.

To date no variance to contract has been reported. Risks, such as CQUIN, are being assessed.

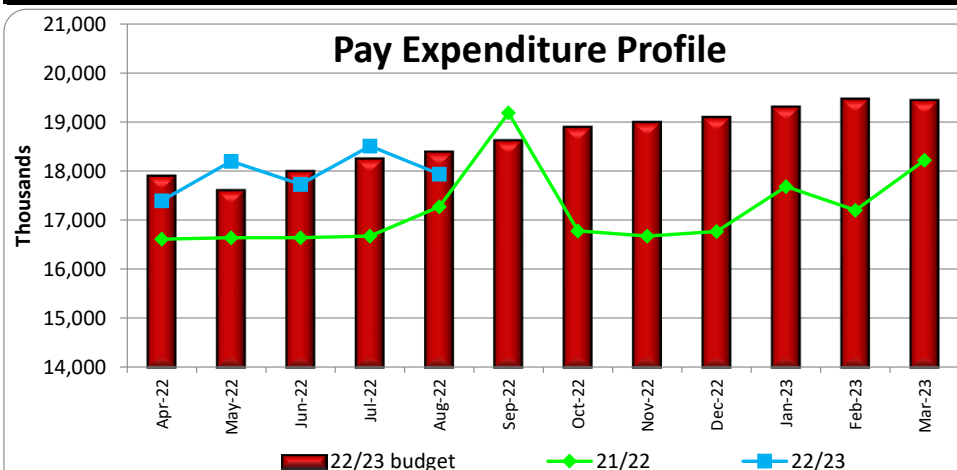
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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<br>£k  | May-22<br>£k  | Jun-22<br>£k  | Jul-22<br>£k  | Aug-22<br>£k  | Sep-22<br>£k | Oct-22<br>£k | Nov-22<br>£k | Dec-22<br>£k | Jan-23<br>£k | Feb-23<br>£k | Mar-23<br>£k | Total<br>£k   |
|--------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Substantive  | 15,672        | 16,136        | 16,033        | 16,399        | 16,217        |              |              |              |              |              |              |              | 80,457        |
| Bank & Locum | 986           | 1,145         | 985           | 1,161         | 1,004         |              |              |              |              |              |              |              | 5,280         |
| Agency       | 740           | 920           | 711           | 950           | 716           |              |              |              |              |              |              |              | 4,037         |
| <b>Total</b> | <b>17,397</b> | <b>18,201</b> | <b>17,728</b> | <b>18,510</b> | <b>17,937</b> | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>0</b>     | <b>89,774</b> |
| 21/22        | 16,610        | 16,641        | 16,637        | 16,675        | 17,273        | 19,187       | 16,781       | 16,674       | 16,769       | 17,684       | 17,199       | 18,220       | 206,351       |

|                        |      |      |      |      |      |  |  |  |  |  |  |  |      |
|------------------------|------|------|------|------|------|--|--|--|--|--|--|--|------|
| Bank as % (in month)   | 5.7% | 6.3% | 5.6% | 6.3% | 5.6% |  |  |  |  |  |  |  | 5.9% |
| Agency as % (in month) | 4.3% | 5.1% | 4.0% | 5.1% | 4.0% |  |  |  |  |  |  |  | 4.5% |

| WTE Worked   | WTE          | WTE          | WTE          | WTE          | WTE          | WTE      | WTE      | WTE      | WTE      | WTE      | WTE      | WTE      | Average      |
|--------------|--------------|--------------|--------------|--------------|--------------|----------|----------|----------|----------|----------|----------|----------|--------------|
| Substantive  | 4,130        | 4,109        | 4,129        | 4,148        | 4,162        |          |          |          |          |          |          |          | 4,136        |
| Bank & Locum | 251          | 294          | 252          | 307          | 259          |          |          |          |          |          |          |          | 273          |
| Agency       | 148          | 141          | 149          | 142          | 137          |          |          |          |          |          |          |          | 143          |
| <b>Total</b> | <b>4,530</b> | <b>4,545</b> | <b>4,530</b> | <b>4,597</b> | <b>4,559</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>4,552</b> |
| 20/21        | 4,461        | 4,455        | 4,396        | 4,447        | 4,494        | 4,494    | 4,489    | 4,450    | 4,482    | 4,559    | 4,532    | 4,591    | 4,488        |



For the first 5 months of the year pay expenditure has seen some variation each month with spend in August being lower than the previous month but in line with the average.

This position includes the original estimated 2% Agenda For Change pay award in line with national guidance and funding. This will be updated in September 2022 when actual payments are made in line with the revised pay scales. This will be backdated to 1st April 2022 so there will be a spike in next month.

WTE worked by substantive staff has increased in month. It is 32 WTE more than reported in April 2022 and 88 WTE more than August 2021. This information is triangulated with our workforce information. The WTE worked for bank, locum and agency staff has continued to fluctuate each month depending on service

## 2.2 Agency Expenditure Focus

**Agency spend is £716k in August.  
Year to date spend is £4,037k.**

Agency costs have a continued 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.

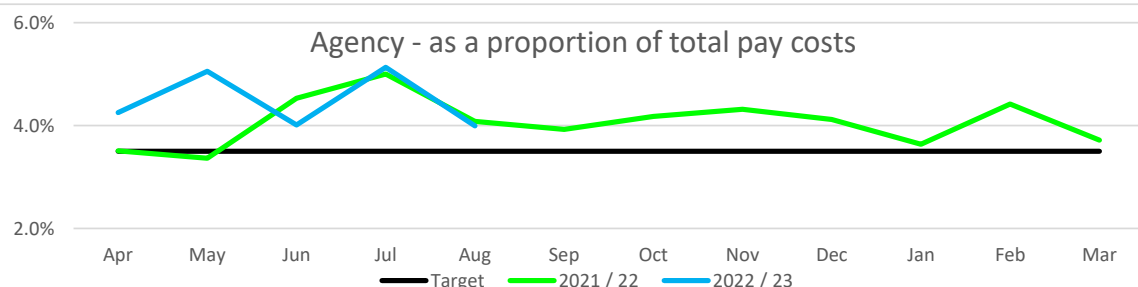
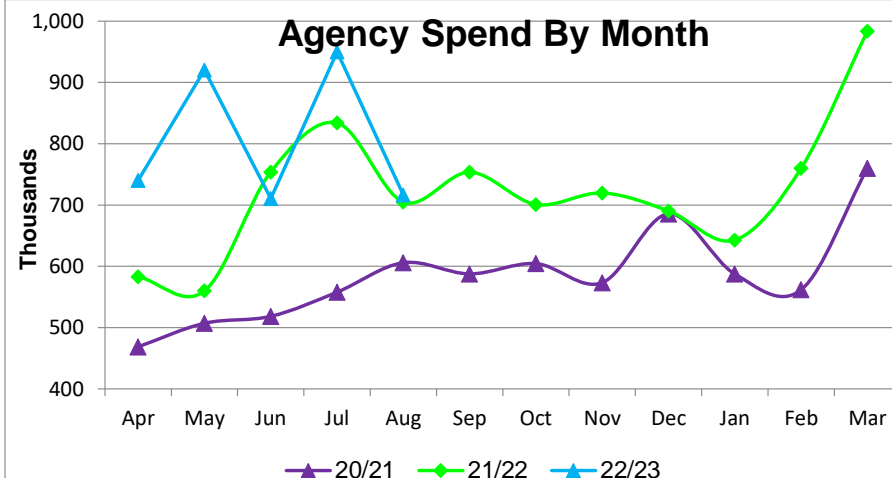
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

Under the NHS Single Oversight Framework, expected maximum agency levels have been set at an Integrated Care Board (ICB) level for 2022 / 23. Within this overall limit an allocation of £7.8m has been set for the Trust. Current forecasts are that this will be exceeded by c. £1.3m and therefore action plans to support delivery of this system target are required.

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.

The main areas of expenditure remain supporting inpatient wards with both registered and unregistered nursing support utilised. To date these staffing groups accounts for £2m of spend whilst medical staffing represents a further £1.3m.

In addition to the £7.8m target focus has returned to non clinical agency usage. To date the Trust has spent £118k on admin and clerical staff in order to support service delivery.



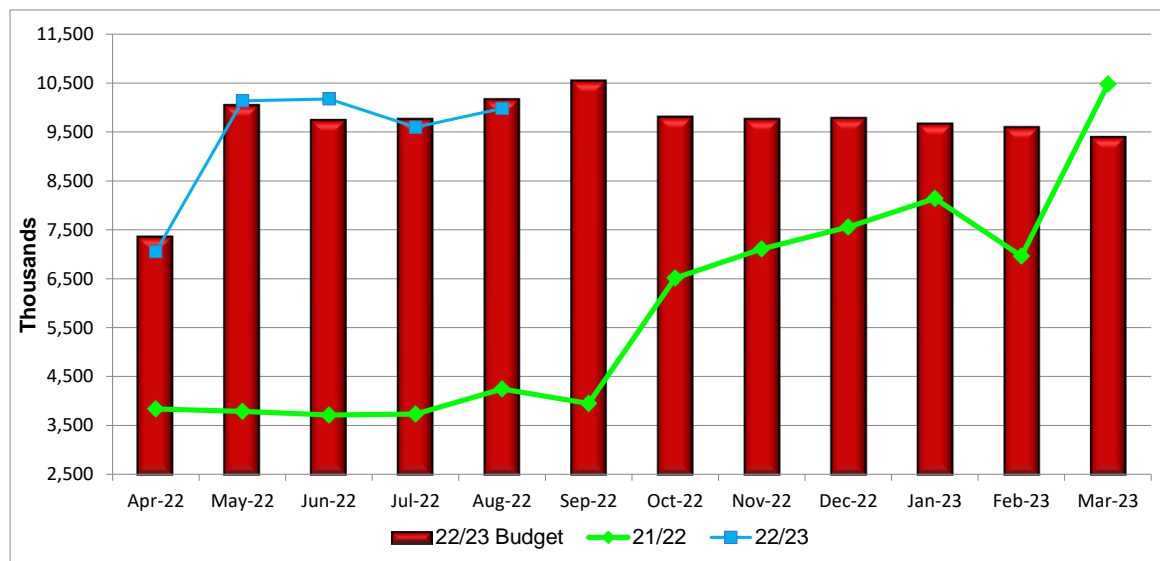
From 1st April 2022 a new key performance indicator has been included within the Trust Integrated Performance Report that highlights the proportion of total Trust pay costs which are agency.

A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in August 2022 was 4.0% with cumulative year to date position of 4.5%.

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<br>£k | May-22<br>£k | Jun-22<br>£k | Jul-22<br>£k | Aug-22<br>£k | Sep-22<br>£k | Oct-22<br>£k | Nov-22<br>£k | Dec-22<br>£k | Jan-23<br>£k | Feb-23<br>£k | Mar-23<br>£k | Total<br>£k |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| 2022/23       | 7,052        | 10,139       | 10,175       | 9,595        | 9,979        |              |              |              |              |              |              |              | 46,940      |
| 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      |

|                                 | Budget<br>Year to date | Actual<br>Year to date | Variance     |
|---------------------------------|------------------------|------------------------|--------------|
| Non Pay Category                | £k                     | £k                     | £k           |
| Drugs                           | 1,277                  | 1,191                  | (86)         |
| Establishment                   | 3,887                  | 4,568                  | 680          |
| Lease & Property Rental         | 3,074                  | 3,050                  | (24)         |
| Premises (inc. rates)           | 2,284                  | 2,475                  | 190          |
| Utilities                       | 930                    | 848                    | (82)         |
| Purchase of Healthcare          | 4,471                  | 3,831                  | (640)        |
| Lead Provider Collaborative     | 25,136                 | 24,977                 | (159)        |
| Travel & vehicles               | 1,806                  | 1,816                  | 10           |
| Supplies & Services             | 2,549                  | 2,631                  | 82           |
| Training & Education            | 1,126                  | 700                    | (426)        |
| Clinical Negligence & Insurance | 429                    | 424                    | (5)          |
| Other non pay                   | 114                    | 430                    | 316          |
| <b>Total</b>                    | <b>47,084</b>          | <b>46,940</b>          | <b>(144)</b> |
| <b>Total Excl OOA and Drugs</b> | <b>41,336</b>          | <b>41,918</b>          | <b>583</b>   |



### 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.

The impact of inflationary price increases continues to be the biggest variable pressure on non pay expenditure. In particular this is in utilities, food costs and travel (fuel) costs. The latter includes temporary mileage rate increases agreed by the Trust to support employees financially whilst they deliver Trust services. For utilities expenditure is £0.4m higher than the same period last year. This is a 73% increase with similar usage. Financial risks remain if unit prices continue to increase.

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.

Training and education costs are also behind plan for the year to date. This is forecast to increase in the next couple of months. The impact on services, with additional staff out of work whilst training, continues to be managed.

## 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 (£)**

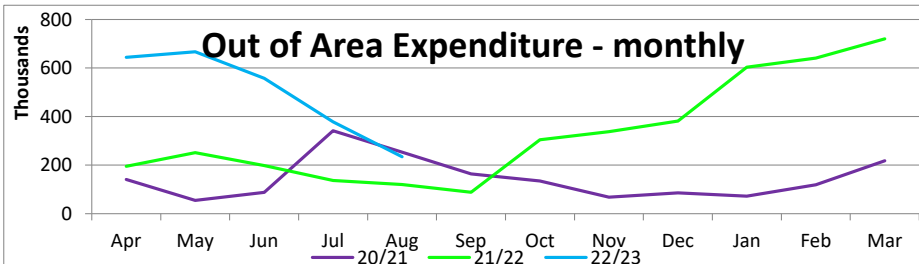
|       | Apr<br>£000 | May<br>£000 | Jun<br>£000 | Jul<br>£000 | Aug<br>£000 | Sep<br>£000 | Oct<br>£000 | Nov<br>£000 | Dec<br>£000 | Jan<br>£000 | Feb<br>£000 | Mar<br>£000 | Total<br>£000 |
|-------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 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         | 378         | 235         |             |             |             |             |             |             |             | 2,482         |

**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 | 479 | 355 |     |     |     |     |     |     |     | 2,417 |

**Bed Day Information 2022 / 2023 (by category)**

|       | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| PICU  | 427 | 417 | 446 | 379 | 247 |     |     |     |     |     |     |     | 1,916 |
| Acute | 57  | 95  | 141 | 100 | 108 |     |     |     |     |     |     |     | 501   |
| Total | 484 | 512 | 587 | 479 | 355 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2,417 |



The graph on the left highlights the reducing trend in out of area placement expenditure over the last 4 months. This is a positive reflection on appropriate actions taken by the operational teams and that ward capacity has not been as significantly impacted as January - April 2022. Covid-19, however, does continue to have an impact which is minimised as much as possible.

In August the usage of PICU beds has reduced again and Acute beds has remained broadly the same.

| Balance Sheet / Statement of Financial Position (SOFP) | 2021 / 2022<br>£k | Actual (YTD)<br>£k | Note  |
|--|-------------------|--------------------|-------|
| Non-Current (Fixed) Assets                             | 107,352           | 160,878            | 1     |
| <b>Current Assets</b>                                  |                   |                    |       |
| Inventories & Work in Progress                         | 189               | 189                |       |
| NHS Trade Receivables (Debtors)                        | 973               | 392                | 4     |
| Non NHS Trade Receivables (Debtors)                    | 921               | 1,775              | 4     |
| Prepayments  | 2,174             | 4,796              | 2     |
| Accrued Income   | 816               | 3,969              | 3     |
| Asset held of Sale                                     | 1,500             | 1,500              |       |
| Cash and Cash Equivalents                              | 81,368            | 86,090             | Pg 13 |
| <b>Total Current Assets</b>                            | <b>87,941</b>     | <b>98,712</b>      |       |
| <b>Current Liabilities</b>                             |                   |                    |       |
| Trade Payables (Creditors)                             | (39,400)          | (48,827)           | 5     |
| Capital Payables (Creditors)                           | (1,790)           | (782)              |       |
| Deferred Income  | (6,480)           | (3,907)            |       |
| Other Liabilities (IFRS 16 / leases)                   |                   | (52,055)           | 1     |
| <b>Total Current Liabilities</b>                       | <b>(47,670)</b>   | <b>(105,571)</b>   |       |
| <b>Net Current Assets/Liabilities</b>                  | <b>40,271</b>     | <b>(6,859)</b>     |       |
| <b>Total Assets less Current Liabilities</b>           | <b>147,623</b>    | <b>154,019</b>     |       |
| Provisions for Liabilities                             | (7,716)           | (7,273)            |       |
| <b>Total Net Assets/(Liabilities)</b>                  | <b>139,907</b>    | <b>146,746</b>     |       |
| <b>Taxpayers' Equity</b>                               |                   |                    |       |
| Public Dividend Capital                                | 45,624            | 45,624             |       |
| Revaluation Reserve                                    | 13,156            | 13,156             |       |
| Other Reserves   | 5,220             | 5,220              |       |
| Income & Expenditure Reserve                           | 75,907            | 82,746             | 6     |
| <b>Total Taxpayers' Equity</b>                         | <b>139,907</b>    | <b>146,746</b>     |       |

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. Prepayment are higher than March 2022. This is usual and will reduce over the course of the year.

3. Accrued income is higher than planned. A number of purchase orders (Locala £1.1m, lead provider recharges £1.0m) have been chased to allow invoices to be issued.

4. Overall debtors remain low and are proactively managed. This will increase as invoices are raised for the issues outlined above. To date only £84k is older than 30 days.

5. Creditors are also higher than expected although the Trust continue to pay 95% of valid invoices within 30 days.

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

### 3.1

## Capital Programme 2022 / 2023

| Capital schemes                    | Annual Budget<br>£k | Year to Date Plan<br>£k | Year to Date Actual<br>£k | Year to Date Variance<br>£k | Forecast Actual<br>£k | Forecast Variance<br>£k |
|------------------------------------|---------------------|-------------------------|---------------------------|-----------------------------|-----------------------|-------------------------|
| <b>Major Capital Schemes</b>       |                     |                         |                           |                             |                       |                         |
| Bretton Centre                     | 7,500               | 493                     | 413                       | (80)                        | 5,200                 | (2,300)                 |
| OPS transformation                 | 500                 | 200                     | 0                         | (200)                       | 667                   | 167                     |
| <b>Maintenance (Minor) Capital</b> |                     |                         |                           |                             |                       |                         |
| Clinical Improvement               | 745                 | 136                     | 2                         | (134)                       | 735                   | (11)                    |
| Safety inc. ligature & IPC         | 1,065               | 210                     | 12                        | (198)                       | 944                   | (121)                   |
| Compliance                         | 700                 | 55                      | 0                         | (55)                        | 1,400                 | 700                     |
| Backlog maintenance                | 350                 | 0                       | 0                         | 0                           | 350                   | 0                       |
| Sustainability                     | 350                 | 0                       | 0                         | 0                           | 350                   | 0                       |
| Plant & Equipment                  | 550                 | 145                     | 11                        | (134)                       | 23                    | (527)                   |
| Other                              | 0                   | 0                       | 440                       | 440                         | 1,032                 | 1,032                   |
| <b>IM &amp; T</b>                  |                     |                         |                           |                             |                       |                         |
| Digital Infrastructure             | 450                 | 0                       | 0                         | 0                           | 1,509                 | 1,059                   |
| Digital Care Records               | 40                  | 16                      | 4                         | (12)                        | 67                    | 27                      |
| Digitally Enabled Workforce        | 375                 | 20                      | 24                        | 4                           | 375                   | 0                       |
| Digitally Enabling Service         |                     |                         |                           |                             |                       |                         |
| Users & Carers                     | 65                  | 0                       | 0                         | 0                           | 65                    | 0                       |
| IM&T Contingency                   | 100                 | 0                       | 0                         | 0                           | 73                    | (27)                    |
| Lease Impact (IFRS 16)             | 354                 | 284                     | 284                       | 0                           | 354                   | 0                       |
| VAT Refunds                        |                     |                         |                           |                             |                       |                         |
| <b>TOTALS</b>                      | <b>13,144</b>       | <b>1,559</b>            | <b>1,190</b>              | <b>(369)</b>                | <b>13,144</b>         | <b>(0)</b>              |

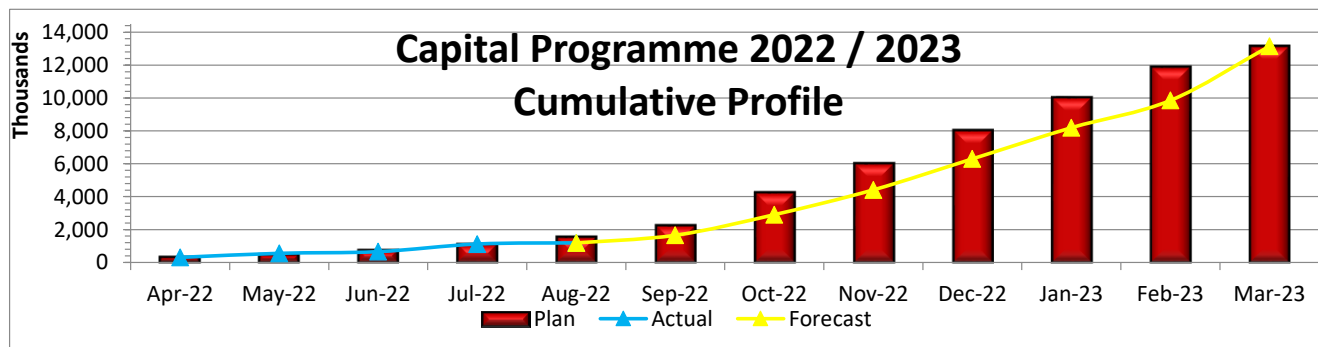
### Capital Expenditure 2022 / 23

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

The profile of this programme increases over the next 6 month with the main drivers being the original plan for the major capital schemes.

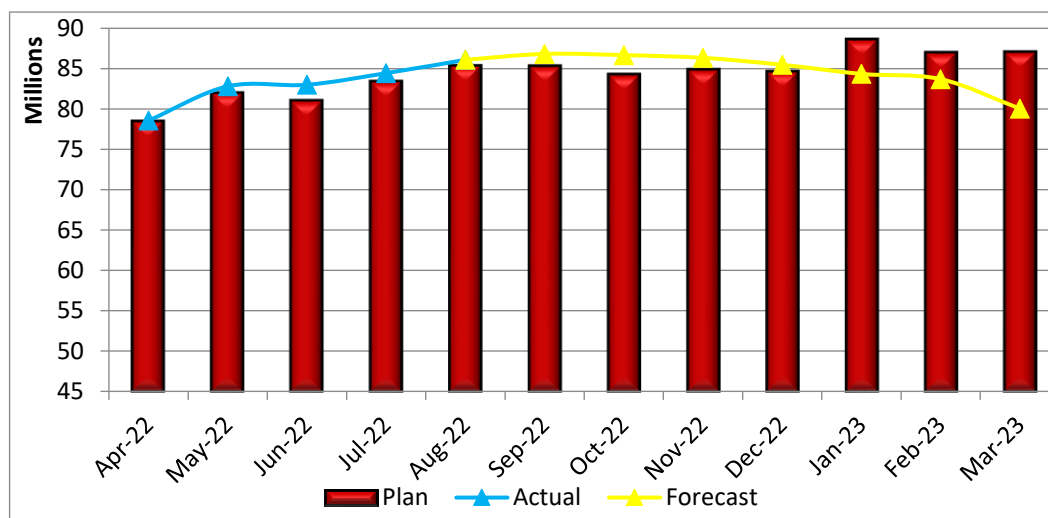
Preparatory work on the Bretton Centre and Older Peoples schemes continue and this has resulted in variations to cost and timescales to both. These are reflected in the updated forecast. This models that the full £13.1m in year spend will be achieved.

Part of this mitigation has been bringing forward IM & T digital infrastructure works (from future years) which provides value for money and limits expected future supply chain issues in this area.



## 3.2

## Cash Flow & Cash Flow Forecast 2022 / 2023

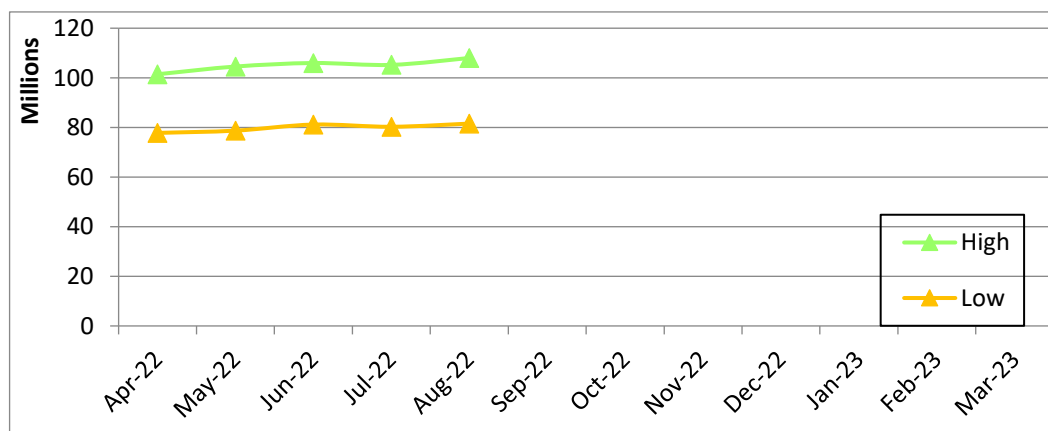


**Cash remains positive.**

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

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

|                 | Plan<br>£k | Actual<br>£k | Variance<br>£k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 76,454     | 81,368       |                |
| Closing Balance | 85,320     | 86,090       | 770            |



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: £108m

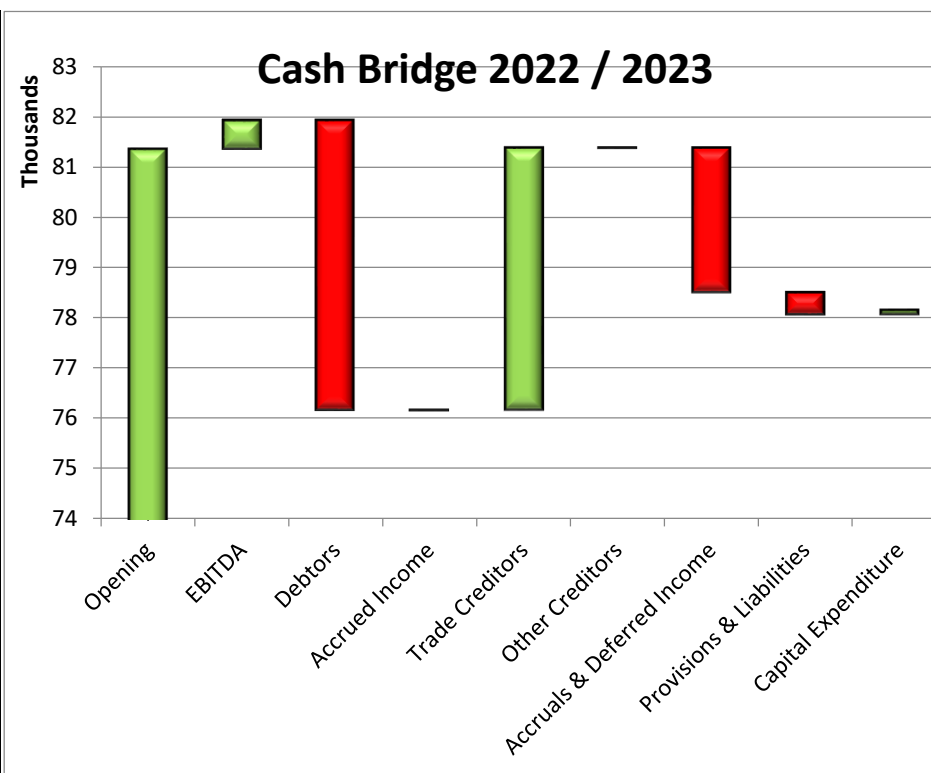
The lowest balance is: £81.6m

This reflects cash balances built up from historical surpluses.

### 3.3

## Reconciliation of Cashflow to Cashflow Plan

|   | Plan<br>£k    | Actual<br>£k  | Variance<br>£k | Note |
|---|---------------|---------------|----------------|------|
| <b>Opening Balances</b>                               | <b>76,454</b> | <b>81,368</b> | <b>4,914</b>   |      |
| Surplus / Deficit (Exc. non-cash items & revaluation) | 9,645         | 10,217        | 571            |      |
| <b>Movement in working capital:</b>                   |               |               |                |      |
| Inventories & Work in Progress                        | 0             | 0             | 0              |      |
| Receivables (Debtors)                                 | (1,776)       | (7,548)       | (5,772)        |      |
| Trade Payables (Creditors)                            | 2,300         | 7,523         | 5,223          |      |
| Other Payables (Creditors)                            | 0             | 0             | 0              |      |
| Accruals & Deferred income                            | 0             | (2,876)       | (2,876)        |      |
| Provisions & Liabilities                              | 0             | (443)         | (443)          |      |
| <b>Movement in LT Receivables:</b>                    |               |               |                |      |
| Capital expenditure & capital creditors               | (1,275)       | (1,190)       | 85             |      |
| Cash receipts from asset sales                        |               |               | 0              |      |
| Leases  | (215)         | (1,271)       | (1,056)        |      |
| PDC Dividends paid                                    | 0             |               | 0              |      |
| PDC Dividends received                                |               |               | 0              |      |
| Interest (paid)/ received                             | 185           | 309           | 124            |      |
| <b>Closing Balances</b>                               | <b>85,320</b> | <b>86,090</b> | <b>771</b>     |      |



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, which includes the timing of prepayments, is higher than plan. This is the current focus to maximise the cash position and the interest this will generate with higher current interest rates.

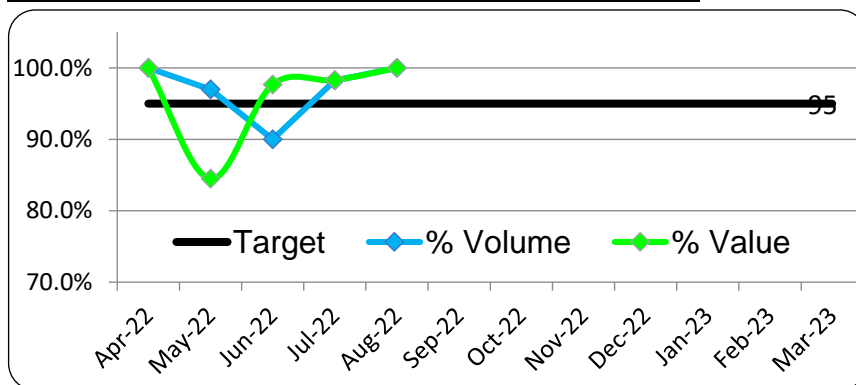
## 4.0

## Better Payment Practice Code

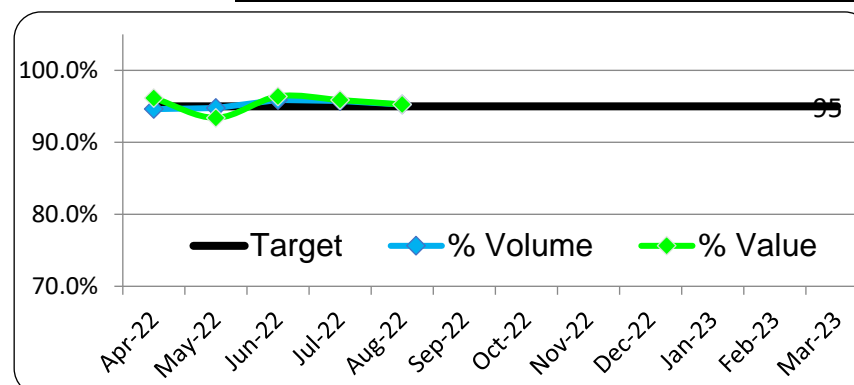
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance continues to be positive although work continues to ensure that no issues remain outstanding and that systems work efficiently.

| NHS                     | Number<br>% | Value<br>% |
|-------------------------|-------------|------------|
| In Month                | 100%        | 100%       |
| Cumulative Year to Date | 98%         | 98%        |



| Non NHS                 | Number<br>% | Value<br>% |
|-------------------------|-------------|------------|
| In Month                | 95%         | 95%        |
| 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 (£) |
|--------------|------------------------|------------------|--|--------------------|------------|
| 25-Jul-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4462               | 658,037    |
| 19-Aug-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4493               | 622,947    |
| 01-Aug-22    | Purchase of Healthcare | AS Collaborative | Cygnat Health Care Ltd                           | CYGWYS24           | 544,330    |
| 31-Aug-22    | Purchase of Healthcare | AS Collaborative | Bradford District Care NHS Foundation Trust      | 202484             | 493,917    |
| 31-Jul-22    | Purchase of Healthcare | AS Collaborative | Waterloo Manor Ltd                               | HO NHS LS 263      | 400,289    |
| 01-Aug-22    | Purchase of Healthcare | AS Collaborative | Partnerships In Care Ltd                         | D510007141         | 340,354    |
| 31-Jul-22    | Purchase of Healthcare | AS Collaborative | Sheffield Health & Social Care NHS Foundation Tr | 2100118427         | 293,365    |
| 22-Aug-22    | Purchase of Healthcare | AS Collaborative | Sheffield Health & Social Care NHS Foundation Tr | 2100118458         | 293,365    |
| 02-Aug-22    | Purchase of Healthcare | AS Collaborative | Cygnat Health Care Ltd                           | SYSEC001INV        | 269,313    |
| 02-Apr-22    | Data Lines             | Trustwide        | Virgin Media Business Ltd                        | 927686115          | 202,973    |
| 01-Aug-22    | Purchase of Healthcare | AS Collaborative | Cygnat Health Care Ltd                           | CYGSY001           | 185,000    |
| 19-Aug-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4482               | 178,986    |
| 25-Jul-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4450               | 170,627    |
| 27-Jul-22    | Staff Recharge         | Trustwide        | Mid Yorkshire Hospitals NHS Trust                | 1600020704         | 168,655    |
| 27-Jul-22    | Staff Recharge         | Trustwide        | Mid Yorkshire Hospitals NHS Trust                | 1600020706         | 168,655    |
| 27-Jul-22    | Staff Recharge         | Trustwide        | Mid Yorkshire Hospitals NHS Trust                | 1600020708         | 168,655    |
| 27-Jul-22    | Staff Recharge         | Trustwide        | Mid Yorkshire Hospitals NHS Trust                | 1600020720         | 168,655    |
| 17-Aug-22    | Staff Recharge         | Trustwide        | Mid Yorkshire Hospitals NHS Trust                | 1600020915         | 168,655    |
| 01-Aug-22    | Purchase of Healthcare | AS Collaborative | Partnerships In Care Ltd                         | D510007133         | 164,554    |
| 19-Aug-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4495               | 160,450    |
| 02-Aug-22    | Purchase of Healthcare | AS Collaborative | Rotherham Doncaster & South Humber Mental He     | 0000092678         | 134,624    |
| 15-Jul-22    | Purchase of Healthcare | AS Collaborative | Mersey Care NHS Foundation Trust                 | 72483391           | 133,923    |
| 25-Jul-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4463               | 132,370    |
| 19-Aug-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4494               | 128,100    |
| 25-Jul-22    | Purchase of Healthcare | AS Collaborative | Cheswold Park Hospital                           | 4464               | 128,006    |
| 02-Aug-22    | Purchase of Healthcare | AS Collaborative | Rotherham Doncaster & South Humber Mental He     | 0000092649         | 85,754     |
| 27-Jun-22    | Computer Licences      | Trustwide        | Datix Ltd  | SIN031242          | 84,213     |
| 27-Jul-22    | Drugs                  | Trustwide        | Bradford Teaching Hospitals NHS Foundation Trust | 321748             | 70,974     |
| 31-Jul-22    | Drugs                  | Trustwide        | Lloyds Pharmacy Ltd                              | 109497             | 54,234     |
| 15-Jul-22    | Drugs                  | Trustwide        | NHS Business Services Authority                  | 1000073927         | 41,188     |
| 30-Jun-22    | Purchase of Healthcare | Forensics        | Sheffield Childrens NHS Foundation Trust         | 2100221026         | 40,432     |
| 13-Jul-22    | Mobile Phones          | Trustwide        | Vodafone Ltd                                     | 101719383          | 39,307     |
| 01-Aug-22    | Utilities              | Trustwide        | Edf Energy Customers Ltd                         | 000012844483       | 33,037     |
| 31-Jul-22    | Purchase of Healthcare | Trustwide        | Waterloo Manor Ltd                               | HO NHS LS 262 OBS  | 32,736     |
| 31-Jul-22    | Purchase of Healthcare | Trustwide        | Partnerships In Care Ltd                         | D510007142EPC      | 32,736     |
| 31-Jul-22    | Purchase of Healthcare | Trustwide        | Partnerships In Care Ltd                         | D510007144EPC      | 32,736     |
| 31-Jul-22    | Purchase of Healthcare | Trustwide        | Cygnat Health Care Ltd                           | WKE0245185         | 26,691     |
| 31-Jul-22    | Purchase of Healthcare | Trustwide        | Cygnat Health Care Ltd                           | BLA0244374         | 26,691     |
| 29-Apr-22    | Purchase of Healthcare | Trustwide        | Elysium Healthcare Ltd                           | NC001652           | 26,228     |
| 29-Apr-22    | Purchase of Healthcare | Trustwide        | Elysium Healthcare Ltd                           | NCO01652WY         | 26,228     |

- \* Recurrent - an action or decision that has a continuing financial effect
- \* Non-Recurrent - an action or decision that has a one off or time limited effect
- \* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- \* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that
- \* Surplus - Trust income is greater than costs
- \* Deficit - Trust costs are greater than income
- \* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- \* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- \* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.
- \* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- \* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- \* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- \* CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.
- \* ICS - Integrated Care System.
- \* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

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

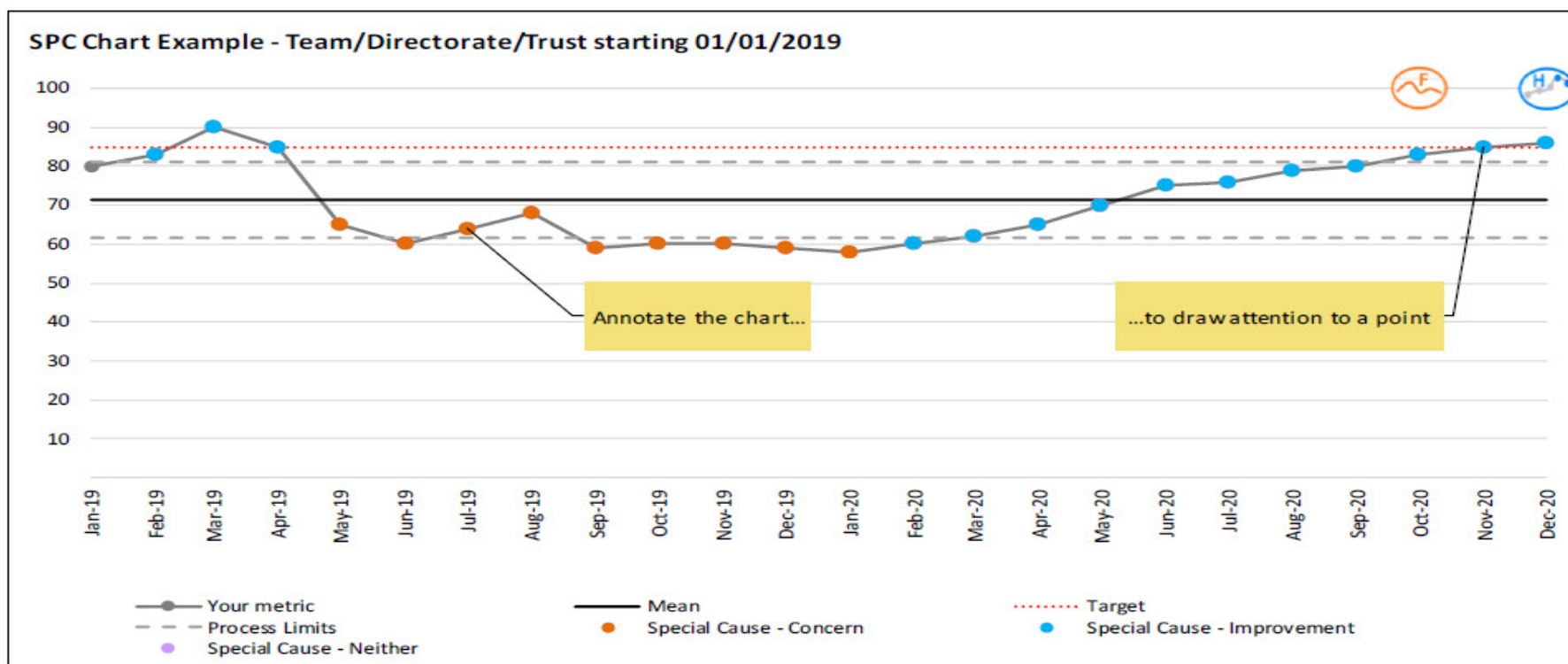
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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

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



### Observations

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

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

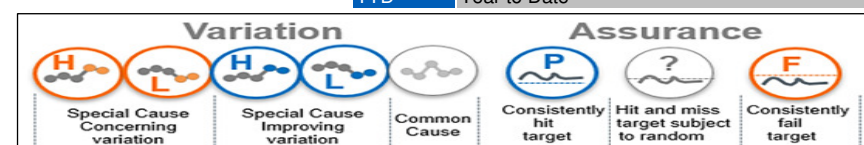
## Glossary

|         |   |             |  |        |   |
|---------|---|-------------|--|--------|---|
| ACP     | Advanced clinical practitioner                | HEE         | Health Education England   | NICE   | National Institute for Clinical Excellence  |
| ADHD    | Attention deficit hyperactivity disorder      | HONOS       | Health of the Nation Outcome Scales  | NK     | North Kirklees  |
| AQP     | Any Qualified Provider                        | HR          | Human Resources  | NMoC   | New Models of Care  |
| ASD     | Autism spectrum disorder                      | HSJ         | Health Service Journal   | OOA    | Out of Area   |
| AWA     | Adults of Working Age                         | HSCIC       | Health and Social Care Information Centre  | OPS    | Older People's Services   |
| AWOL    | Absent Without Leave                          | HV          | Health Visiting  | ORCHA  | Preparatory website (Organisation for the review of care and health applications) for health related applications |
| B/C/K/W | Barnsley, Calderdale, Kirklees, Wakefield     | IAPT        | Improving Access to Psychological Therapies                                      | PbR    | Payment by Results  |
| BDU     | Business Delivery Unit                        | IBCF        | Improved Better Care Fund  | PCT    | Primary Care Trust  |
| C&K     | Calderdale & Kirklees                         | ICD10       | International Statistical Classification of Diseases and Related Health Problems | PICU   | Psychiatric Intensive Care Unit   |
| C. Diff | Clostridium difficile                         | ICO         | Information Commissioner's Office  | PREM   | Patient Reported Experience Measures  |
| CAMHS   | Child and Adolescent Mental Health Services   | IG          | Information Governance   | PROM   | Patient Reported Outcome Measures   |
| CAPA    | Choice and Partnership Approach               | IHBT        | Intensive Home Based Treatment   | PSA    | Public Service Agreement  |
| CCG     | Clinical Commissioning Group                  | IM&T        | Information Management & Technology  | PTS    | Post Traumatic Stress   |
| CGCSC   | Clinical Governance Clinical Safety Committee | Inf Prevent | Infection Prevention   | QIA    | Quality Impact Assessment   |
| CIP     | Cost Improvement Programme                    | IPC         | Infection Prevention Control   | QIPP   | Quality, Innovation, Productivity and Prevention  |
| CPA     | Care Programme Approach                       | IWMS        | Integrated Weight Management Service   | QTD    | Quarter to Date   |
| CPPP    | Care Packages and Pathways Project            | JAPS        | Joint academic psychiatric seminar   | RAG    | Red, Amber, Green   |
| CQC     | Care Quality Commission                       | KPIs        | Key Performance Indicators   | RiO    | Trusts Mental Health Clinical Information System  |
| CQUIN   | Commissioning for Quality and Innovation      | LA          | Local Authority  | 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