

Integrated Performance Report Strategic Overview



October 2022

With **all of us** in mind.

Table of Contents

Click on each section heading to navigate to that section

	Page No
<u>Introduction</u>	4
<u>Summary</u>	5 - 8
<u>Priority Programmes</u>	9 - 21
<u>Covid-19</u>	22 - 23
<u>Emergency Preparedness</u>	24
<u>Quality</u>	25 - 44
<u>People</u>	45 - 47
<u>National Metrics</u>	48 - 51
<u>Care Groups</u>	52 - 62
<u>Finance</u>	63
<u>System-wide Monitoring</u>	64
<u>Publication Summary</u>	65
<u>Appendix 1 - Finance Report</u>	66 - 82
<u>Appendix 2 - SPC Charts - Explained</u>	83 - 84
<u>Glossary</u>	85

Introduction

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

In addition to the assurance report on quality and safety within Mental Health, Learning Disability and Autism Inpatient services which is also presented to this month's Trust Board (item 9.5), the Trust has developed care group summary reports for inclusion in the IPR. This is to provide an overview of performance against key indicators by care group in order to give assurance regarding the quality and safety of the care we provide. These have been added to the start of the care groups section.

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 September 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
- Care Groups
- 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

- Ongoing progress is being made to support the implementation of the new patient safety incident response framework
- Community learning disability (LD) services, and child and adolescent mental health services (CAMHS) Neurodevelopmental Services in Kirklees and Calderdale, have completed stocktakes of progress of what is being done to reduce waiting times & support people while they wait.
- The 2023/24 financial plan is being developed in line with the Trust planning process. Workshops are ongoing throughout November to capture operational and workforce assumptions.

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.
- Up to October 2022, 70% of service users have had their equality data recorded (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. Approaches being used include 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 has increased slightly to of 2.7. Three service areas are operating at OPEL 2 and six service areas at OPEL 3.
- In October 2022 the roll out of the annual staff influenza vaccination programme commenced ,in October 2022, with a target of 90% uptake for frontline staff. uptake. At the time of this report compilation, the Trust had 50.4% of frontline staff have been vaccinated.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

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 44% in October. A trajectory for improvement has been set for this and this is being met for October (40%). Issues impacting on the performance offer this metric relate to 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 continues to remain below target for both community (66%) and inpatient teams (71%)., This is based on provisional data for the month and an improved position is expected once the figures are finalised. Improvement measures are in place across all services and a trajectory of improvement has been set to achieve expected levels by end of quarter 3.
- Waiting times and waiting numbers waiting for neurodevelopmental services within CAMHS remain high. 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 has increased slightly to 169 compared to 160 in September.
- There were 11 information governance breaches reported in October, a decrease from 13 reported in September.
- The number of inpatient falls in October was 66 in October, which is an increase from 58 in September All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
- The percentage of CAMHS patients waiting less than 18 weeks from referral to treatment increased in October to 66% compared to 53% in September. 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.
- 95% of incidents reported in October 2022 resulted in no harm or low harm, or were not under the care of the Trust.
- The duration of all prone restraint incidents during October was for 3 minutes or less, which remains above the target of 90%.

People

- Our substantive staff in post position continues to remain stable at the end of Q2. This is despite the pressures on recruitment, retention, and increased service acuity.
- International recruitment continues at pace, at the end of October the Trust has 27 international nurses that have joined since the start of the financial year.
- Overall vacancy rate in October was 17.1% which has increased from 16.2% as reported in September.
- Total numbers of new starters into the Trust since April continues to be higher than the number of leavers for the same period.
- Sickness absence in October was 5.6%, an increase from 4.8% in September.
- Staff appraisals is below target at 56%. 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 and a trajectory for improvement has been set.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

System-wide
Monitoring

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 426 days in October, an increase from 226 in September. This is due to a number of challenges faced by the Trust (increased acuity, Covid-19 outbreaks and challenges to timely discharge). The Trust had 22 people placed in out of area beds at the end of October.
- Performance against the 18 weeks from point of referral to treatment — the incomplete pathway indicator deteriorated further below threshold during the month to 86.9%. This measure relates to the musculoskeletal service only. An increase in demand and staffing capacity are having an impacting.
- There was one young person under the age of 18 admitted to an adult ward in October. Robust governance processes are in place to safeguard young people and place them in an appropriate care setting as soon as possible.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased from 95.9% in September to 98.7% in October. Small numbers impact on the achievement of the 99% threshold. In October, 1 out of 74 patients waited more than 6 weeks.
- The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is below target at 76% against a 95% target. (This relates to 8 cases that did not meet the standard).
- The percentage of service users on care programme approach having a formal review within 12 months remains is under target in October at 93.9%.

Locality

- Mental health acute wards continue to see high levels of acuity and demand and have experienced some Covid outbreaks during the month of October contributing to the pressures.
- Work to maintain patient flow continues, with the use of out of area beds being closely managed, this has however increased during October.
- Mental health acute wards are being impacted by workforce challenges, namely vacancies, staff absences and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards.
- Mental health community teams continue to experience significant workforce challenges. This is being supported by Trust-wide work on recruitment and retention.
- Staffing levels within neighbourhood nursing teams are a concern however, recent recruitment drives have been successful, and this should have a positive impact on the vacancy factor in the new year.
- Bretton Centre bed occupancy continues to be below the 90% target at 87%
- The percentage of children treated within 18 weeks in core CAMHS remains challenging and has increased in October to 66% compared to 53% in September.
- Waiting numbers for Autistic Spectrum Condition (ASC) / Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. There are specific pressures with related to Psychology capacity. A robust action plan is in place – but a shortfall between commissioned capacity and demand remains.
- CAMHS eating disorder pathways remain under demand pressure. This is impacting on compliance with national clock s top targets, for routine referrals - (5 days response) 76% (26/34) – threshold 95%. Urgent referrals continue to be prioritised with associated targets achieved.
- 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. 84% of people are seen within 18 weeks.
- Adult attention deficit hyperactivity disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

System-wide
Monitoring

Communications, Engagement and Involvement

- Coronavirus updates continue to all staff and governors, focusing on any changes to guidance.
- Equality and Involvement annual action plans are now being developed and will be co-produced with input from Trust leads, staff side, staff networks and using engagement feedback, insight, and intelligence.
- Wellbeing initiatives continue to be promoted including supporting the poverty network and sharing cost of living support.
- The Trusts flu vaccination campaign is now underway and promotion of the Covid booster campaign continues.

Finance

- In month financial performance is a surplus of £0.3m with a year to date surplus of £4.7m. This is £1.3m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.
- Agency spend in October was £775k in October, with year to date spend of £5,661k.
- 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 £2m.
- Cash in the bank remains positive at £82.5m, although it is forecast to reduce in the year due to continued capital investment and forecast increasing spend.
- Pay costs were £18.9m in October, a decrease from £20.4m in September.
- Out of area bed costs were £474k in October, an increase from £276k in September.
- Performance against the Better Payment Practice Code is 95%

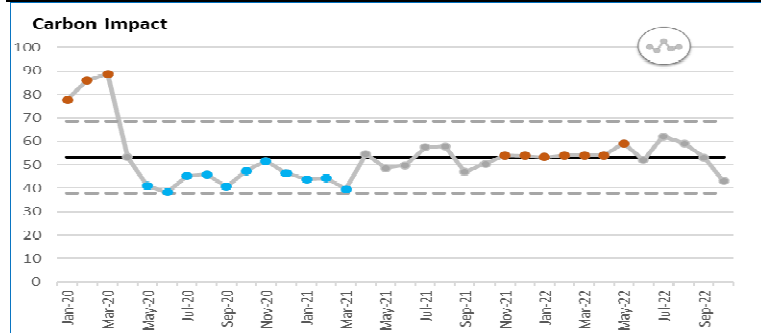
The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23. For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly. We will also incorporate statistical 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	Aug-22	Sep-22	Oct-22	Variation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)	90% (ethnicity only)	70.3%	70.3%	70.5%			Figures shown are the combined percentage for completion of ethnicity (96.6%), disability (41.7%), sexual orientation (43.6%) and from July 2022 postcode (99.8%). The threshold is currently based on the national target for ethnicity recording only, which is already in place and achieving. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	See reducing inequalities section of the report for detail					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)	100%	51.23% service EIAs complete 65.09% policy EIAs complete			50.9% Service 66.7% Policy		Following Covid a large number of EIAs for both services and policies require review in a short time scale. Services and the Equality inclusion team are working through these as quickly as they can but it may leave a number of policies and services with a delayed review, although progress is being made. Many policies are also being considered to be transferred to protocols and this may then impact on the performance around this.
	Completion of equality mandatory training (Quarterly)	>=80%	94.3%			94.2%		
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	59	53	43			Data showing the carbon impact of staff travel / business miles. For October staff travel contributed 43 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 SWYPT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	64.0%			Due February 2023		Reported 6 weeks in arrears. 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% Low Secure - 92% & 100%			Due December 22		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. The Q2 2022/23 SSQD report is due out in November so will be included in the December report.

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 October 2022 we are 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 The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON								
SIMPLE ICON	• • •	• ? H L •	• • H •	• • L •	• H •	• L •	?	F
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

Care Groups

Finance/Contracts

System-wide
Monitoring

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	Phase 1, developing the social responsibility and sustainability action plan, completed by July 2023		On target to deliver within agreed timescales. Work is progressing well with drivers for Phase 1 to be presented for submission to equality inclusion and involvement committee (EI&IC) on 14th December after being well received by EI&I sub-committee, Operational management group & executive management team. Achieving full backing from the December EI&I committee. Next steps are to launch this Trust wide by January and agree measures and metrics with headline initiative leads by March 2023.
Work in partnerships at System & Place to improve the health of our communities	Barnsley provider alliance - • Co-design and development of a marketing, communication, equality, inclusion, and involvement approach by December 2022		
	Forensic lead provider, West Yorkshire: • Progress the repatriation plan for West Yorkshire residents, achievement of annual targets against strategic repatriation ambition (quarterly update)		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 (SPA).
	Forensic lead provider, West Yorkshire: • Achieve annual financial plan (quarterly update)		The provider collaborative is operating in line with financial plan. Oversight is via the Trust collaborative committee.
	Forensic lead provider, South Yorkshire: • Achieve 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: Review of transformation road map December 2022		In West Yorkshire, each place has reviewed the transformation roadmap to focus on progress toward achieving key milestones and identifying which ones need further resource and support to take forward. This is being fed into the West Yorkshire Mental Health Learning Disability Autism Partnership Board in November. Barnsley has undertaken a similar process in the South Yorkshire system earlier in 2022. SWYPFT is a contributor to these assessments in each place.

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	Care Groups	Finance/Contracts	System-wide Monitoring
---------	---------------------	----------	------------------------	---------	--------	------------------	-------------	-------------------	------------------------

Improve Care								
Priority programme	Metrics	Threshold	Aug-22	Sep-22	Oct-22	Variation/ Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	Oct - 85% Nov - 90% Dec - 95%	82.0%	71.3%	71.3%			October 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 care programme approach 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 have 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. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place. We have set up a trajectory of improvement to full performance by the end of Quarter 3. Progress will be monitored against the monthly trajectory in the next report (Oct – 85%; Nov – 90%; Dec - 95%).
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Oct - 85% Nov - 90% Dec - 95%	81.7%	62.9%	66.7%			Work continues in front line services to adopt collaborative approaches to care planning. A new metric has been identified and work is being undertaken to implement this in the coming months which will demonstrate improved performance. Additionally, a trajectory of improvement has been set to reach full achievement by end March 23. Progress against this is now being monitored. (Nov - 40%; Dec - 50%; Jan - 60%; Feb - 70%; Mar - 80%)
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	38.2%	42.8%	44.3%			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 year. Establishment has been identified.
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards	323.2	232.0	237.8	246.2			Data based on adult acute discharges only during the period and likely to fluctuate. A higher number is therefore 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.
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	40	58	61			The incidents in October are equally split between forensic care group and mental health inpatient services.
	Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	21	14	15		N/A	
	Inappropriate out of area bed placements (days)	Q3 - 828	278	226	426			
	Percentage of video consultations	Trend monitor	1.7%	1.7%	1.6%		N/A	Statistical process control (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	27.9%	28.9%	28.9%		N/A	
	Percentage of face to face consultations	Trend monitor	70.4%	69.4%	69.5%		N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	488	483	355			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 October - 328. 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	532	468	421			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 October - 981. 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%	70.7%	89.09%	84.0%			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%	79.4%	65.1%	68.7%			The overall number of cases in October (50) was lower than September (55) and August (58). Breaches for the month related to 1 in Barnsley, 1 in Calderdale, 2 in Kirklees and 4 in Wakefield - 2 of the Wakefield patients had DNA'd psychology appointments which then resulted in the second appointments being outside the 18 weeks.
	Assessment to treatment within 6 weeks (external referrals)	70%	92.7%	94.0%	97.9%			Performance against this metric is a result of a combination of factors including short term sickness absence in admin (resulting in inputting delays), along with unfilled qualified vacancies and a continued high volume of demand. There are a number of measures in place to address this and business continuity plans are being enacted over the next 3/4 weeks to work into the referrals awaiting triage.

Summary

Priority Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

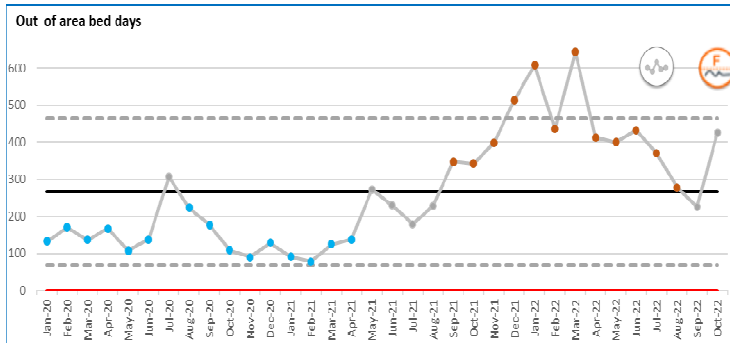
Finance/Contracts

System-wide
Monitoring

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)

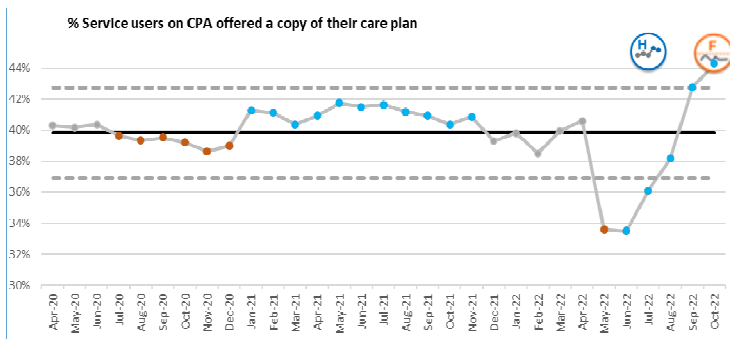


There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way.

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

Many of these challenges are happening across other providers nationally. 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 22 people placed in out of area beds at the end of October due to recent system pressures.



Performance against the percentage of service users offered a copy of their care plan has now moved into special cause improvement. Work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified and work is being undertaken to implement this in the coming months which will improve performance

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

Summary

Priority Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

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)

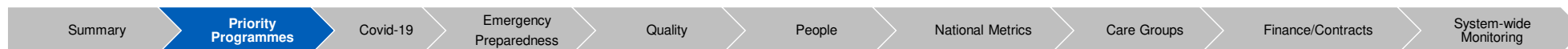
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Phase one: Orientation by 30/11/2022 Phase two: Diagnostic and discovery by 31/3/2023 Phase three: governance and quality monitoring by 31/5/2023 Phase four: patient safety response planning by 30/06/2023 Phase five: Curate and agree patient safety policy and plan by 31/8/2023 Go Live: Develop comprehensive improvement plans by September 2023		NHS England launched the new Patient Safety Incident Response Framework and supporting documents in August 2022. In line with expectations, we commenced work towards a 12 month structured implementation in September 2022 with the aim of going live in September 2023. An internal project board has been established to support this work and an implementation team established.
	Development of a structured approach and process for quality improvement by December 2022		
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		Community LD services (LD), and CAMHS Neurodevelopmental Services in Kirklees and Calderdale, with support from Integrated Change Team (ICT) and Performance and Information team, have worked on providing a stocktake of what is being done to reduce waiting times & support people while they wait. Both stocktakes has been through governance channels and will be presented to EMT in December accompanied with a series of next steps recommended for endorsement for both projects.
	Improving Access to Care (IATC): Update on improvement work to reduce waits delivered to EMT February 2023.		
	Out to public consultation on older people inpatient services by January 2023 – now targeting post local elections due to purdah (May 2023).		Good progress has been made, with a stakeholder workshop taken place in the reporting period. Recent activity has led to an additional option being identified which requires appraising and going through an equality impact assessment (EIA) process before a wider stakeholder event can be held (December). This has meant that a consultation could not start before February and run through a purdah period, to which there are concerns in the system. As a result the programme board are proposing to delay the consultation process until May 2023. As capital is not potentially available until 2024 to support the changes proposed in some options, then is this unlikely to have any impact on the overall timeframe for deliverability of the changes.
	Revised quality strategy to be approved at Trust Board in December 2022		First draft of the strategy is now complete. A meeting is taking place towards the end of November to further review this with a view to moving forward to a second draft which is able to be shared more widely for feedback.

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

Improve resources								
Priority programme	Metrics	Threshold	Aug-22	Sep-22	Oct-22	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£575k	£436k	£317			Surplus position month on month with workforce numbers as the key driver.
	Capital spend against plan	£13.1m	£476k	£1,114k	£883k			The capital programme for 2022 / 23 has been agreed as £13.1m and currently is presented as delivering in full. Following Board review the major Bretton scheme has been paused and the impact, and any mitigations possible in year, are currently being reviewed. This will also be discussed and agreed within the Integrated Care System (ICS).
	Agency spend managed within the overall workforce (Monthly)	<4%	4.0%	4.1%	4.1%			Continued usage of agency staffing as part of the overall workforce solution. Monthly performance higher than the integrated care board target.
	Overhead costs	TBC	15%	15%	15%			Threshold to be confirmed
	Financial sustainability and efficiencies delivered over time	£6,350k	£589k	£589k	£469k			Savings in line with plan although majority are non-recurrent. Key elements are lower than previous out of area placements and the impact of workforce numbers.
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	52%	55%	62%			18/29 wards live in October. One ward is undergoing renovations so go live will be delayed.

Glossary	
EMPA	electronic prescribing and medicines administration

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



Improve resources

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Spend money wisely and increase value	To develop a 3-year financial plan by December 2022		The financial plan is being developed in line with 23/24 Trust planning process. Workshops are ongoing throughout November to capture operational and workforce assumptions. The first draft of the Trust plan (including financials) will be reported to the December Board.
	Final 2023 / 24 plan, including financials, delivered to the Trust Board March 2023		
	Patient Level Costing implementation (PLICS)		Specific milestones will be provided following the next project board.
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board by Early2023		The work to the strategy continues with a draft strategy for comments to be available by January 2023
	Agree final costings for Bretton development January 2023		Following advice from our cost adviser the scheme is being rechecked for value for money and will return to Board in January 23
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		Activities are progressing in line with the timeline
	Implementation of a Trust wide approach to digital dictation by March 2023.		The Trust is exploring avenues to bring forward and accelerate progress with this initiative

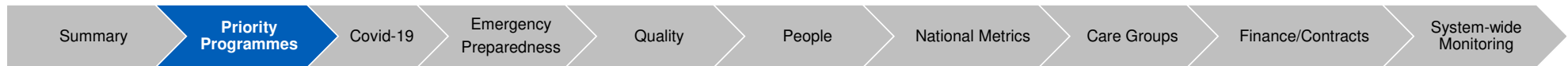


Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Aug-22	Sep-22	Oct-22	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	15.9%	16.2%	17.1%			
	Turnover external (12 month rolling)	>10-12<	15.2%	14.8%	14.4%			
	Sickness absence - Month	<=4.4%	4.7%	4.8%	5.6%			Covid-19 absence included in overall sickness absence figure from July 2022
	Workpal appraisals - rolling 12 months	>=90%	61.3%	57.3%	56.0%			
	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.		<p>People Directorate work plan has been finalised and The Great Place to Work priority programmes are under development.</p> <p>Progress this month:</p> <ul style="list-style-type: none"> •15 International Nurses joined the Trust this financial year •New starters outperforming leavers for five out of the last six months •Staff in post is rising as is establishment •New People Directorate leadership structure agreed and to be implemented on a transitional basis from 10th October – vacancy campaign underway •Flu campaign launched for 2022/23 with 3188 front line eligible with 1193 uptake so as of 11th October (37.4%) •Partnership group established to manage any potential industrial action •Regular meetings with staff governors in place •New lead role for Diversity and Inclusion shaped and recruitment underway •Becoming a Trauma Informed Organisation programme was supported and approved by EMT in September. A trust wide programme of work is being devised and steering group established, jointly led by Greg Moores and Darryl Thompson. •The Enabling Working Effectively programme has been commissioned to commence phase 2 which aims to embed hybrid working Trust wide •Temporary staffing department transferred into the People directorate in October •New Pension thresholds implemented •Workpal e-appraisal redesigned allowing users to directly complete the final review meeting without the need to complete self and manager pre-assessments. •Recovery trajectories for appraisal completions for care groups and support services agreed with EMT and OMG whilst currently at 57.3%.



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 SystmOne.
- Capturing patient and staff feedback, and equality monitoring responses to highlight specific issues.
- Ensuring reflective and representative workforce and leadership.
- Using tools to capture patient stories, and approaches such as community reporters and researchers.
- Creative approaches developed through ‘Recovery Colleges’ and ‘Creative Minds’.
- Faith based and spiritual support through ‘Spirit in Mind’.
- Data has been reviewed in the equality inclusion and involvement committee (EIIC) and mental health act (MHA) committee to better understand service access by both gender and age and the outputs are being fed into equality impact/quality impact assessments (EI/QIA). These are being developed as part of the community transformation programme of work.
- Further work is being done to understand implications for community services
- Work is being done in forensic services through a co-action study to develop culturally sensitive support for inpatients.

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.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

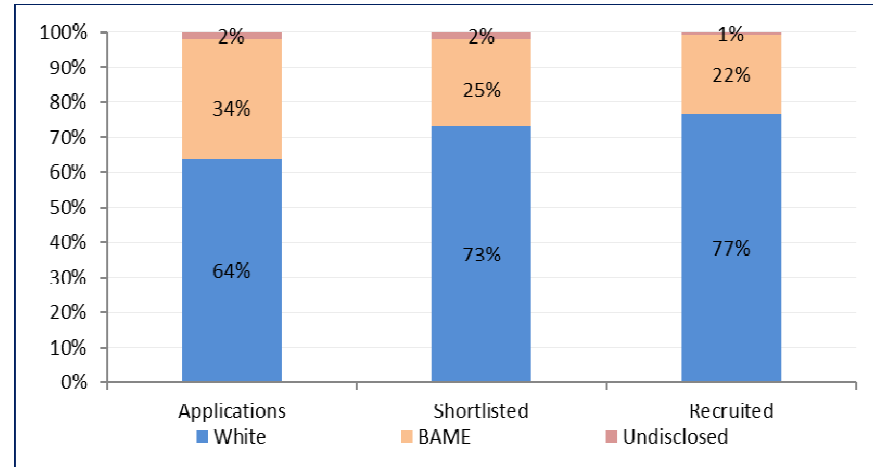
Finance/Contracts

System-wide
Monitoring

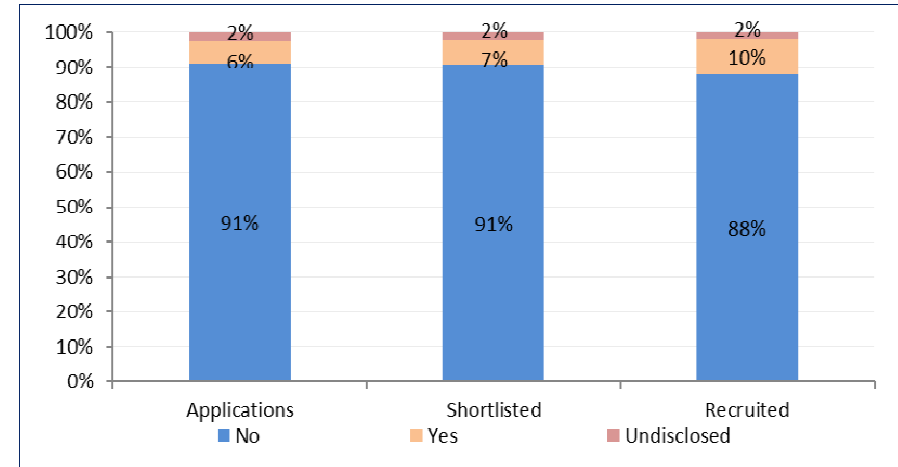
Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 2 2022-2023

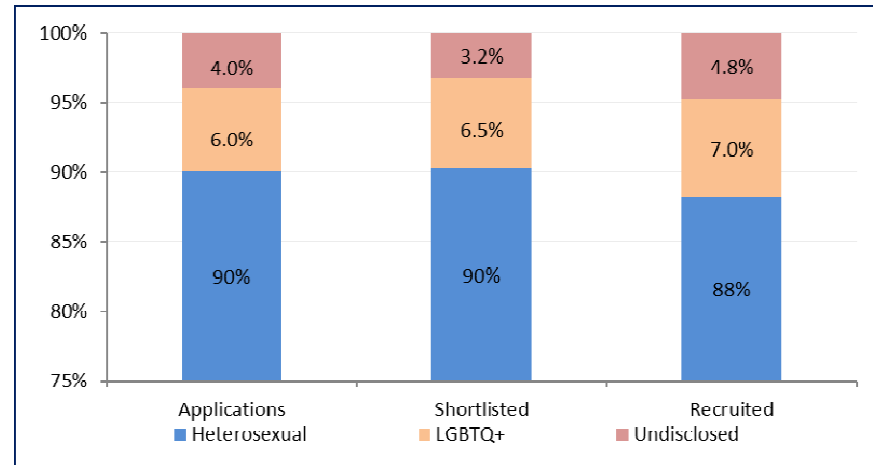
Ethnicity



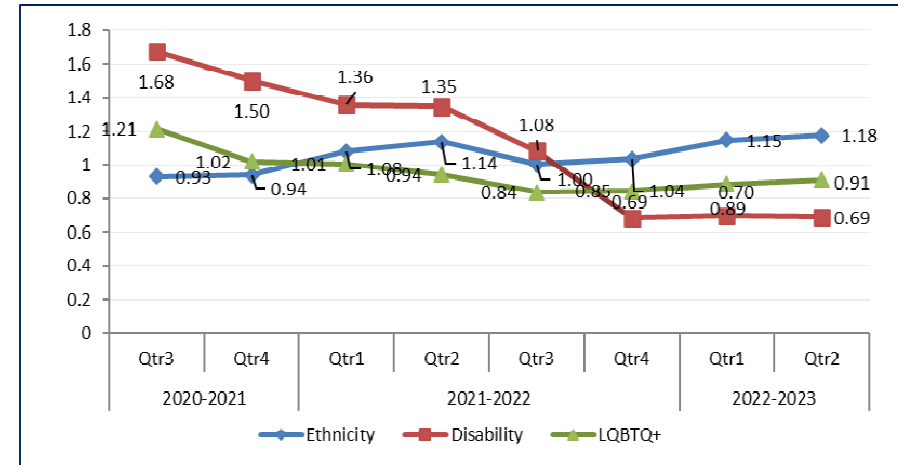
Disability



Sexual Orientation

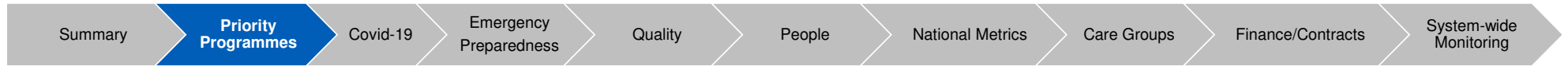


Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 2 2022-2023:

BAME:	Disability:	LGBTQ+:
1.18	0.69	0.91



Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 2 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 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 = 1.18
 Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.69
 LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 0.91
 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
 Recruitment & Selection policy in the process of being reviewed
 Review Recruitment & Selection training
 Work with staff networks around action planning

Summary

**Priority
Programmes**

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

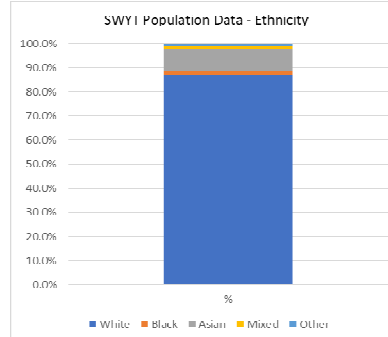
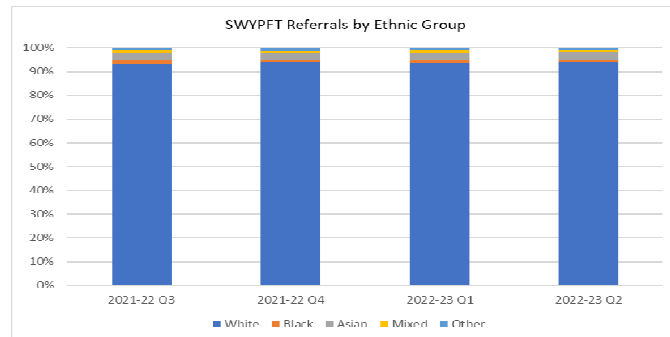
Care Groups

Finance/Contracts

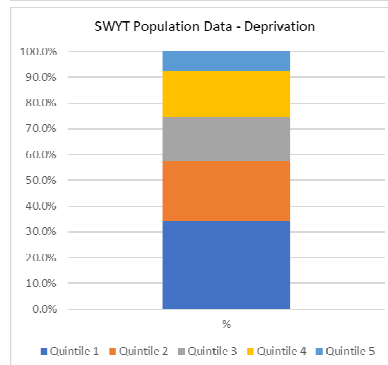
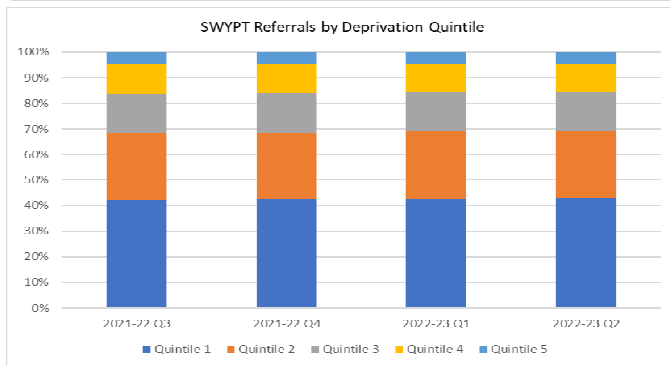
System-wide
Monitoring

Reducing Inequalities

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



Ethnic Group	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	Local Population
White	93.4%	93.9%	93.6%	93.9%	87.1%
Black	1.1%	1.0%	1.1%	1.1%	1.4%
Asian	3.3%	3.0%	3.3%	3.2%	8.9%
Mixed	1.0%	0.9%	1.2%	1.0%	1.6%
Other	1.2%	1.3%	0.8%	0.9%	1.1%



Quintile	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	Local Population
Quintile 1	42.2%	42.3%	42.4%	42.8%	34.1%
Quintile 2	26.1%	26.2%	26.8%	26.3%	23.4%
Quintile 3	15.5%	15.3%	15.4%	15.1%	17.0%
Quintile 4	11.6%	11.4%	10.9%	11.1%	17.8%
Quintile 5	4.7%	4.7%	4.5%	4.8%	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
- The Trust continues to receive more referrals for people from a white ethnic background.
- When comparing the referrals to the Trust against the ethnic make up of the local population, the proportion of people from a white ethnic background in the local population is lower than the proportion of referrals to the Trust for people from a white ethnic background.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

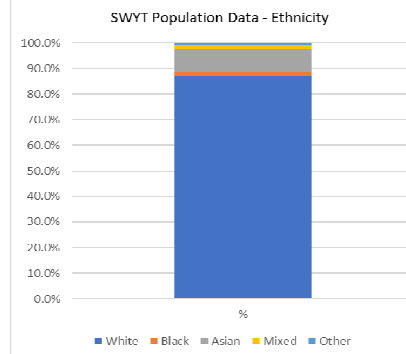
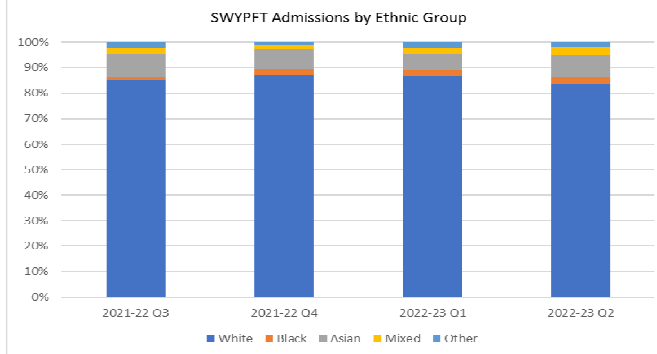
Care Groups

Finance/Contracts

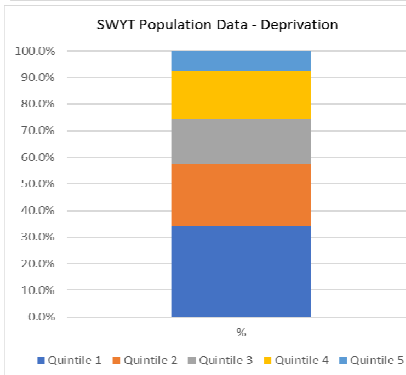
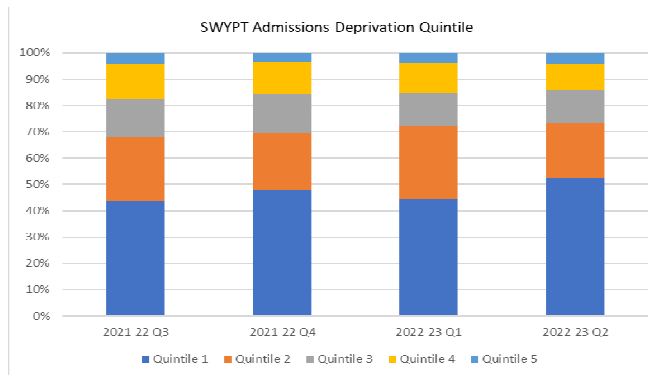
System-wide
Monitoring

Reducing Inequalities

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



Ethnic Group	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	Local Population
White	85.2%	87.2%	86.6%	83.7%	87.1%
Black	1.3%	2.2%	2.2%	2.7%	1.4%
Asian	8.8%	7.9%	6.7%	8.8%	8.9%
Mixed	2.6%	1.8%	2.2%	2.9%	1.6%
Other	2.1%	0.9%	2.2%	1.8%	1.1%



Quintile	2021-22 Q3	2021-22 Q4	2022-23 Q1	2022-23 Q2	Local Population
Quintile 1	43.6%	47.9%	44.6%	52.4%	34.1%
Quintile 2	24.3%	21.5%	27.7%	21.0%	23.4%
Quintile 3	14.6%	15.0%	12.8%	12.3%	17.0%
Quintile 4	13.0%	12.0%	11.1%	9.7%	17.8%
Quintile 5	4.5%	3.5%	3.9%	4.6%	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
- Admissions during quarter 2 for people from a white ethnic group were at a lower proportion than that of the population the Trust serves. Comparing admission data for the previous three quarters, quarter 2 has the lowest proportion of white admissions over the last year.
- Admissions for people with a mixed ethnic group were slightly higher than the mixed population of the population the Trust serves - these are small numbers and so can impact on the overall percentage.
- There were a significantly greater number of admissions from the quintile 1 (most deprived) compared to the proportion of the Trusts population that are in quintile 1. 54% of the Trusts admissions were for people from the most deprived areas of the population the Trust serves.
- There has been a slight increase in the number of admissions from the least deprived areas (quintile 5) compared to the last 2 quarters.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/Contracts

System-wide
Monitoring

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 personal protective equipment (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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	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
No of Service users Covid-19 positive and now recovered	41	5	40	30	2	7	21	23	17	3	
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	18	
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	1*	1*	1*	0	0	1	3	0	1*	
No of wards with outbreaks	8	1	8	5	0	1	1	2	2	3	

Patient testing and pathway/Outbreak response and management

There have been three ward outbreaks in October 2022.

Testing approach - Current position

- Covid-19 testing for staff and patient changed from 31st August, inline 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 LFTs and testing timescales of admission, day 3 and day 5, 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 ward.
 - Individuals that are assessed at high risk of serious illness for Covid-19 and / or admitted from a household that has a positive case.
- Covid-19 positive, inpatients are also following national step-down guidance, to reduce isolation periods, using LFTs.
- Inpatient asymptomatic testing prior to discharge to care home / hospice through PCR testing.
- Testing takes place for some patients 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.



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. These wards are older peoples services, stroke rehabilitation unit, neuro rehabilitation unit and learning disability ward, continue with twice weekly LFT testing
- 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 infection, prevention and control advice.
- Staff who are Covid-19 are 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.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/Contracts

System-wide
Monitoring

Emergency Preparedness

This section of the report identifies the Trust's response to the Covid-19 pandemic.

Supporting the system

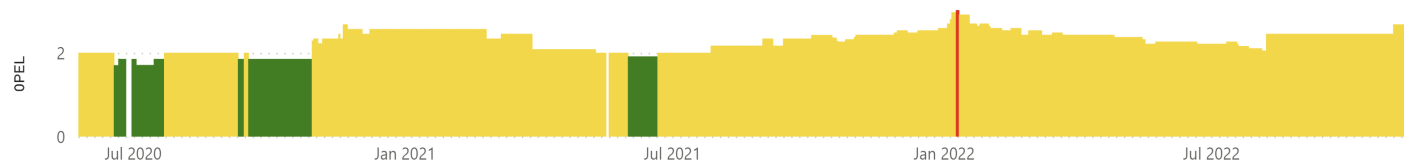
Integrated care system (ICS) stress test and outbreak support

- 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 makes decisions regarding Covid-19 arrangements, risk assessment 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 2.7 with three service areas now operating at OPEL 2. Six service areas remain at OPEL 3.
- At week six the frontline uptake for flu stands at 48%. Clinics are available across the trust along with roving vaccinators on ward areas. Comms continue to encourage uptake along with emails to managers to discuss intentions for vaccinations with their staff members.



Current average
OPEL level

2.67

Key

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

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	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	Sep-22	Oct-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%	53.0%	66.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	10% 2/21	6% 1/16	4% 1/25	19% 4/21	18% 4/22	20% 4/20	25% 5/20	15% 4/26	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	84%	81%	85%	85%	88%	85%	85%	84%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	95%	94%	94%	92%	93%	93%	92%	93%	93%	1
	Number of compliments received	Improving Health	Caring	DT	N/A	43	18	25	25	31	10	13	5	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	18	25	38	26	29	18	36	31	
	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	0	1	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	1	2	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%	42.8%	44.3%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	18	12	9	19	10	9	13	11	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.5%	2.0%	2.4%	2.1%	2.6%	3.0%	2.8%	3.3%	1
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	Improving Care	Effective	CH	95%	80.3%	80.8%	77.2%	72.1%	78.0%	82.0%	71.3%	71.3%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improving Care	Effective	CH	95%	68.6%	74.7%	62.4%	72.2%	54.2%	81.7%	62.9%	66.7%	3
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1072	1025	1194	1127	1177	1253	1165	1204	
	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	19	31	24	25	12	33	26	
	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	3	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	5	2	2	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	109.4%	111.5%	115.1%	116.6%	115.8%	115.6%	118.4%	117.4%	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%	87.5%	91.0%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	15	30	60	45	49	25	42	49	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	0	1	0	0	0	0	1	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	87.5%	90.0%	100.0%	87.5%	80.0%	91.0%	100%	100%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	54	38	37	37	70	63	58	66	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	187	146	148	152	171	161	160	169	
	% 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%	85.7%	91.7%	1
Infection Prevention	Infection Prevention (MRS&A & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	0	0	1
Improving Resource	NHSEI Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

* 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.
- 13 - The NHSEI Oversight Framework was updated in June 22. Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.
- 14 - This metric relates to the Macmillan service end of life pathway

Quality Headlines

- Number of restraint incidents - the number of restraint incidents during October increased slightly to 169 from 160 reported in the previous month. Further detail is provided in the relevant section of this report.
- Number of falls (inpatients) – 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 (DoC) - There was a new duty of candour breach identified in October relating to an incident which occurred in September within the Early Intervention Service (Insight) - Calderdale. The incident category is self harm. The team contacted the family at the time of the incident to offer support which was declined. The Service User was in ICU therefore we were unable to apologise within the time frame. Associate Quality & Governance Lead visited the service user following transfer to a mental health ward and DoC candour completed in person on 17/10/22.
- Number of pressure ulcers (lapse in care) - 0 in October.
- 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. There is an improvement programme being developed for the improvement of care planning, and risk assessments which will be presented to the executive management team and clinical governance clinical safety committee in November. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place. The percentage of patients on the Care Programme Approach (CPA) offered a copy of their care plan remains below target at 44% in October. A trajectory for improvement has been set for this and this is being met for October (40%). Issues impacting the performance for this metric relate to 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.
- 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 is available. 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 SPC to explore any potential higher or lower rates than would usually be considered acceptable. Where there are outlying areas, these will be reported on by exception.

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous integrated performance report, NHS England launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commenced in September 2022. We are in a 12 month transition period culminating in going live by September 2023. An internal stakeholder soft launch event was held on 7th October as part of our orientation work. Our intranet page has been updated with an overview of PSIRF <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/Patient-Safety-Incident-Response-Framework.aspx>

Patient Safety Education and training

We are implementing Health Education England's patient safety level 1 training mandatory for all staff, and level 2 where it is essential to job role. The training becomes available to all staff on their electronic staff record training matrices during November. There will be a 12 month transition period before this become mandatory. uptake will be monitored and reported through the Trustwide clinical governance group. The levels 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).

Learn from Patient Safety Events (LFPSE)

As reported in the previous integrated performance report, 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 for implementation has been amended by NHS England; we should have the facility to test the system by 31/3/2023 with full implementation by 30/9/2023. We are on track to meet these requirements, commencing with an upgrade to Datix this Autumn.



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).

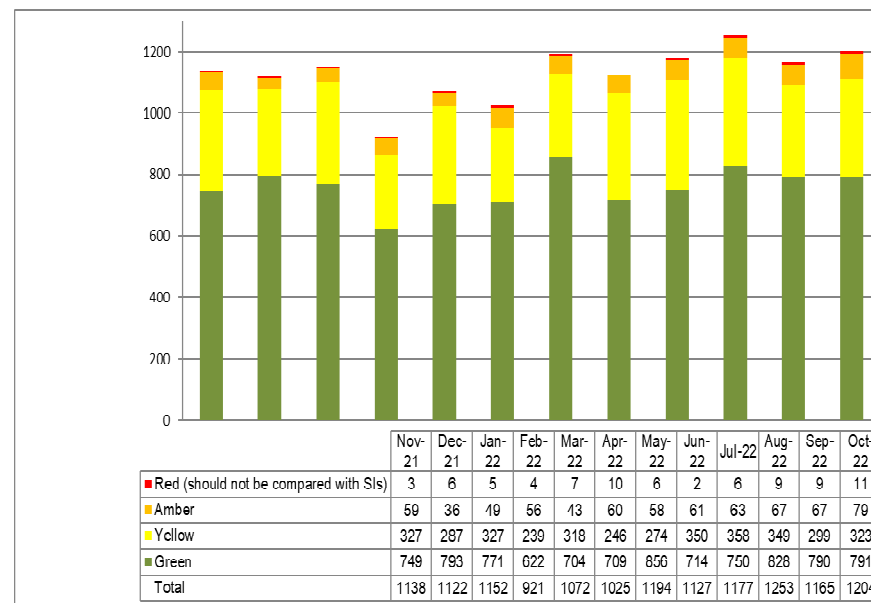
95% of incidents reported in October 2022 resulted in no harm or low harm or were not under the care of the Trust. This is based on the degree of actual harm.

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://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>



Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

No never events reported in October 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.

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. 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 October 2022:

26 Moderate harm incidents:

20 Pressure ulcer category 3 incidents across Barnsley neighbourhood teams

4 Self harm incidents - Intensive Home Based Treatment Team (IHBTT) - Barnsley, Intensive Home Based Treatment Team (Kirklees),

1 Administration/supply of medication from a clinical area - Elmdale Ward,

1 Patient trapped finger in door - Sandal Ward (Bretton Centre)

3 Severe harm incidents:

2 pressure ulcer category 4 incidents across Barnsley neighbourhood teams

1 patient absent without leave from Ward 18, Priestley Unit suffered self harm injury

2 Patient safety related deaths:

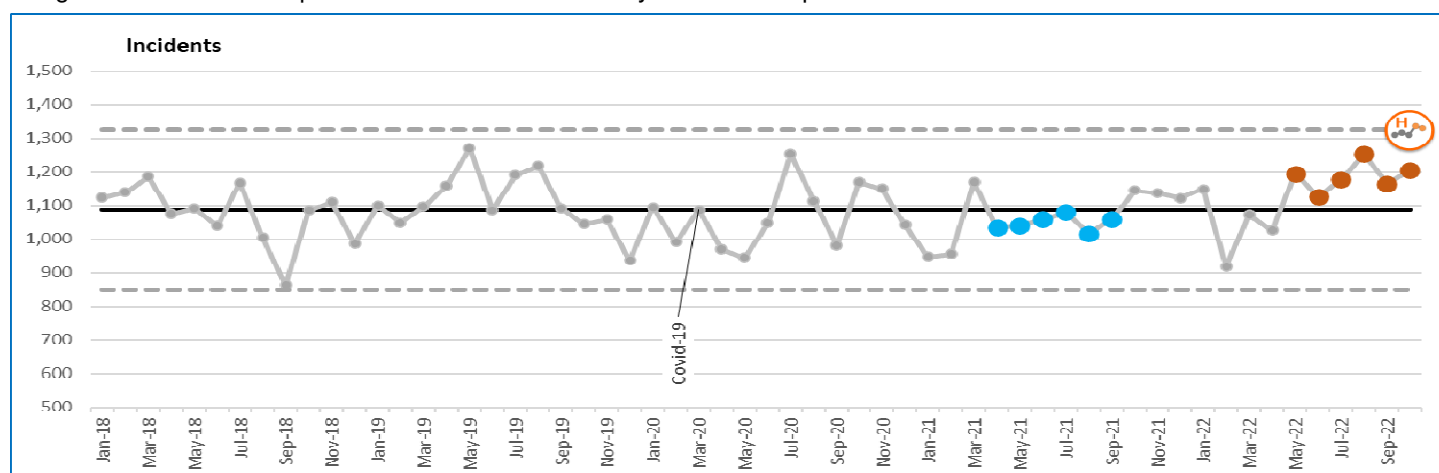
2 Suicide (incl apparent) - community team care - current episode (CMHT West (OPS), Wakefield, Intensive Home Based Treatment Team (IHBTT) - Wakefield)



Safety First cont...

Mortality

- Work on the development of a new Family Liaison Professional post continues. A job description is being developed and will be advertised late November / early December 2022.
- Regional Mortality Meetings are being re-established hosted by the Improvement Academy to share best practice in relation to the scrutiny/review/learning from deaths
- The Northern Alliance of mental health trusts is also being re-established.
- Transition of the Mortality lead is underway from September 2022.
- We continue to review best practice and national guidance for inclusion in future iterations of the Trusts Learning from Deaths policy and being open policy alongside national developments with the Patient Safety Incident Response Framework.



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>

The Trustwide Learning Network was held on Monday 7 November 2022 and was well attended. Learning and good practice examples were shared by a number of care group staff including honour based violence, medication management, learning from a serious incident investigation, good practice in managing an incident and the post-incident actions.

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

The next event is on Wednesday 8 February. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

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](#)



Patient Safety Alerts

Patient safety alerts issued in October 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 October 2022 - none.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2022/008/MHRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	21/10/2022	Yes - circulated for information	26/10/2022	24/10/2022



Safer Staffing Inpatients

During October new starters joined inpatient teams and some of the new graduates received their PIN numbers from the Nursing and Midwifery Council (NMC). This has positively impacted on the overall number of shifts requested and in particular the requests for Registered Nurses (RN) and there was a decrease in the number of overall requests made of the flexible staffing resource.

Band 5 recruitment continues with bespoke adverts for hotspot areas as well as with our international recruitment. Newly employed health care assistants (HCA) have been utilised to cover vacancies within our inpatient teams, there are 20 HCA vacancies for the Trust. There will be an advertisement for the peripatetic workforce to strengthen the offer. We have made 51 job offers to successful band 2 bank candidates in October.

Recruitment drives for both substantive and bank staff continue and the flow of staff from agency to bank has increased recently, this is positive and demonstrates staff commitment to working for the Trust. The collaborative bank project is currently on hold due to software issues which we are looking to resolve as soon as possible.

Where there are staffing challenges, escalation and continuity plans are followed to ensure the delivery of a safe and effective care, and these are supported by the flexible staffing resource. There continues to be an enhancement process in place on bank hours worked within our 24-hour 7 day a week services and this will continue to operate over the festive period. The Trust continue to monitor the hours that staff work to maintain their wellbeing.

The Trust are undertaking an establishment review within the older people's service, working age adults and the Forensic services which will provide a more comprehensive review of staffing and resolve some of the reliance on agency staff. SafeCare is also being embedded in the Forensic Care Group to help us understand the quality impacts on patient care, learning from this implementation is being reviewed before rolling out in Barnsley. We know that pressure on the workforce continues due to high levels of acuity, the care groups are monitoring the staff wellbeing closely. Teams are focusing on the delivering quality of care, as well as being safe, and this has impacted on section 17 leave being facilitated and has caused other interventions to be delayed, the impact of this patient experience is continually reviewed.

The Trust continue to fall short on the registered nurse fill rate for day shifts but maintain the overall fill rate.

We look at fill rates in the report which gives demonstrates actual 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 Priestley and Appleton in the Forensic care group as well as Enfield Down within Kirklees. There are ongoing interventions, projects, and support in place when a ward has been identified as having ongoing and sustained staffing issues to improve the situation.

There were 23 (73.6%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 23 wards, 11 (a decrease of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Safe and effective staffing remains a priority in all our teams, and the systems wide increase of acuity, the focus for the flexible staffing resources has been Horizon, within Specialist Services, and the Oakwell Centre in Barnsley.

Summary

Priority
Programmes

Covid
-19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

System-wide
Monitoring

Safer Staffing Inpatients cont...

Registered Nurses days

Overall registered day fill rates have increased by 3.3% to 85.6% in October compared with the previous month.

Registered Nurses Nights

Overall registered night fill rates have increased by 3.6% in October to 96.4% compared with the previous month.

Overall Registered Rate: 91.0% (increased by 3.5% on the previous month)

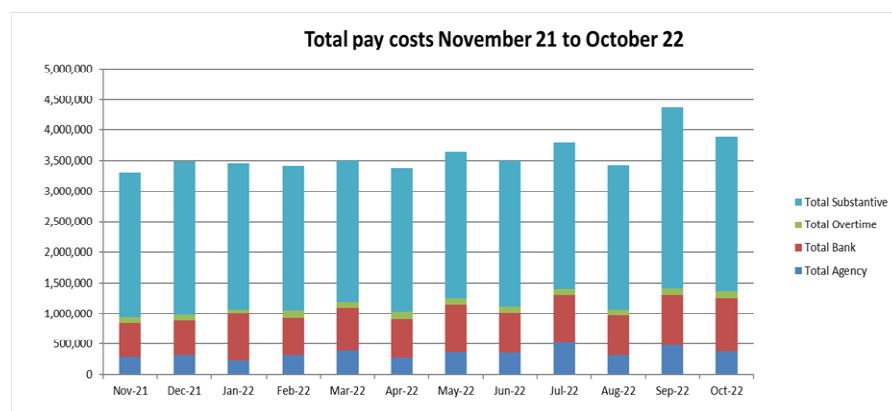
Overall Fill Rate: 117.4% (decreased by 1.0% on the previous month)

Health care assistants showed a decrease in the day fill rate of 2.1% to 131.6% and the night fill rate decreased by 7.8% to 146.6%.

Unfilled shifts

An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or 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	517 (-59)	5,542.83	38.87% (-3.71%)	767 (+59)
Unregistered	546 (-242)	6,042.42	12.15% (-4.54%)	3,846 (-31)
Grand Total	1,063 (-301)	11,585.25	18.11% (-4.11%)	

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.

There was an overall decrease of £497,128 on spend on inpatient staffing for the month of October 2022. This included a decrease on substantive staff spend of £435,342 on last month. In line with the decrease of requests in October of our flexible staffing resource there was a decrease in agency spend of £92,304 whilst bank spend increased by £43,921. Over time spend decreased by £13,403.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

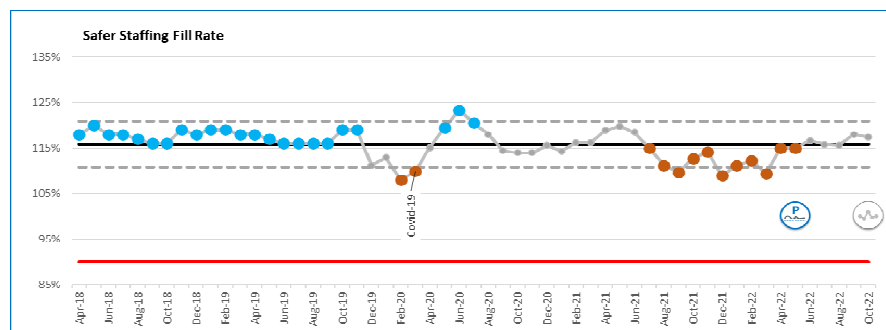
National
Metrics

Care
Groups

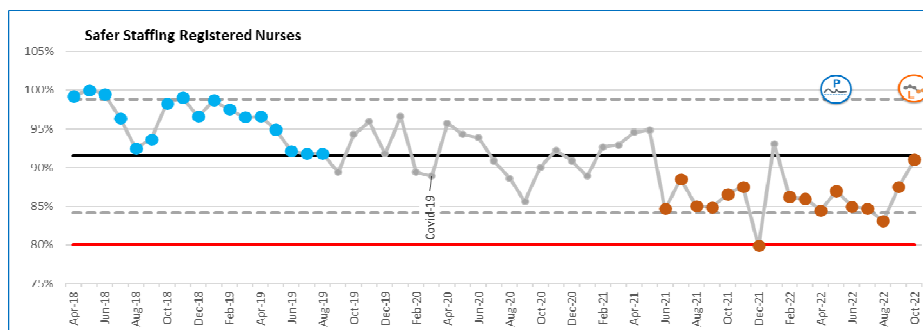
Finance/
Contracts

System-wide
Monitoring

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 October 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 October 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

- 27 nurses in the Trust. 18 on the wards have either passed their nursing and midwifery council and practicing as nurses or awaiting exams which are scheduled for December.
- 3 cohorts planned to arrive between now and calendar year end with a total of 9 starters confirmed (cohort 3 numbers not known, but predicting around 5)
- 1 of our new starters on the 27th September will start as a registered general nurse (RGN) on the neuro rehabilitation ward in Barnsley.
- End to end recruitment process now taking between 9-12 months in some cases.
- 42 conditional offers of employment from agency fed nurse pipeline.
- 28 conditional offers of employment from direct application INR which is now established.
- Forecasted to have over 60 nurses in the Trust by March 2023.
- Further scoping of overseas targeted recruitment event in new year being planned with our primary agency.
- Year 2 year end funding (January to March) accepted and agreed from NHSE which will give the Trust £7k support per successful appointment between January and March 2023. The Trust will also be bidding for year 3 funding once published (Feb/Mar 23).
- We have just received funding support to begin allied health professional international recruitment. This will be a small pilot international recruitment plan for 3 occupational therapists between now and March 2023 utilising existing INR infrastructure as well as allied health professional leadership support. Delivered as a collaborative with Leeds & York Trust as lead.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

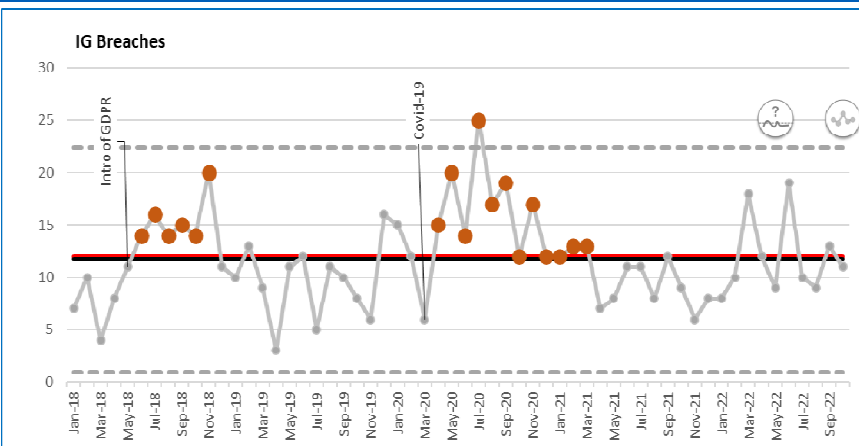
System-wide
Monitoring

Information Governance (IG)

11 personal data breaches were reported during October. The numbers of incidents reported each month during the current financial year are higher than the previous two years, but it has been noted at the Improving Clinical Information Group (ICIG) that the teams reporting the highest numbers are high pressure environments where a high volume of telephone calls and correspondence are made/sent and received. The IG Manager has contacted the most affected teams to determine what help can be provided to. It was also noted at ICIG that we must continue to support a culture of reporting breaches and not make teams feel that underreporting is the solution.

10 breaches involved information being disclosed in error. They were largely due to letters being sent to the wrong recipient or address, information about service users' other than the subject being included in reports/ correspondence and papers being printed on MFDs in other locations.

No incidents have been report to the information commissioner's office (ICO), but the Trust received a letter from the ICO requesting the Trust's permission to disclose information we had provided in response to a complaint with the complainant, who had a made a subject access request (SAR). Permission was given as the complainant had previously made a SAR to the Trust for the same information, which had been disclosed.



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 October 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 (Improving Access to Psychological Therapy) services.
- Biopsychosocial assessments by mental health liaison services
- Malnutrition screening in the community
- Assessment, diagnosis and treatment of lower leg wounds

Q2 submissions are due at the end of November and work is taking place to finalise the submissions. The Trusts CQUIN leads group continues to meet monthly to monitor progress and performance. Under performance is expected to remain for the following metrics during the quarter:

- Assessment and diagnosis of lower leg wounds (Barnsley contract only) – forecast partial achievement.
- Routine outcome monitoring in children and young people and perinatal mental health services – forecast partial achievement, performance will be finalised at year end using the Trusts mental health minimum dataset (MHMDS) submissions.

Work continues to take 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-
19

Emergency
Preparedness

Quality

People

National
Metrics

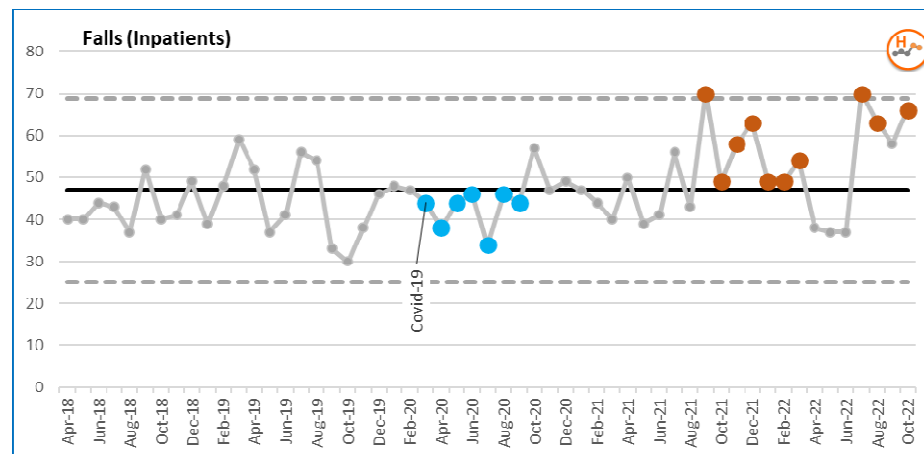
Care
Groups

Finance/
Contracts

System-wide
Monitoring

Falls (Inpatient)

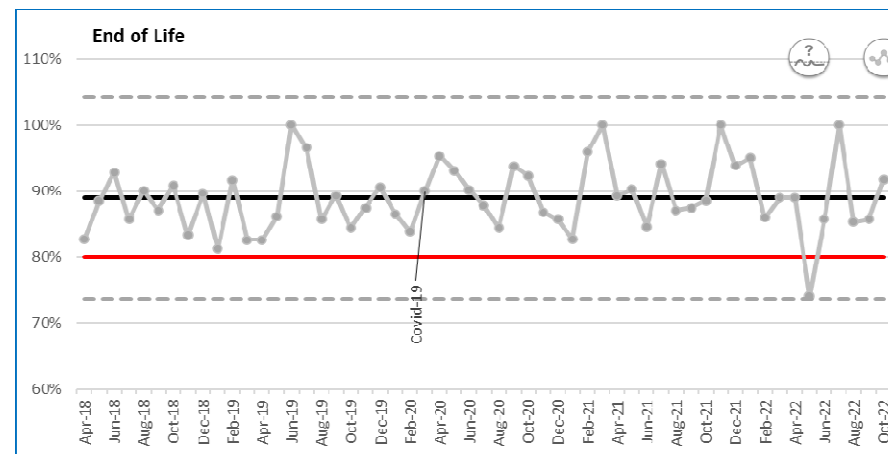
The total number of falls was 66 in October, which is a decrease from the previous month.



The SPC chart above shows that in October 2022, we remain in a period of special cause concerning variation. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 91.7% in October.



The chart above shows that in October 2022 the performance against the metric remains in common cause variation and therefore within an acceptable range.



Patient Experience

Friends and family test shows

- 93% would recommend community services.
- 84% would recommend mental health services

Mental Health Friends and Family Test Results				
	Target	Aug-22	Sep-22	Oct-22
Community Services	85%	85%	85%	86%
Acute	85%	92%	93%	96%
Secure & Forensics	60%	100%	89%	77%
Other*	85%	82%	89%	94%
Total	85%	85%	85%	84%

Specialist Services Friends and Family Test Results				
	Target	Aug-22	Sep-22	Oct-22
ADHD	85%	38%	67%	47%
CAMHS	75%	87%	86%	77%
Learning Disability	85%	82%	89%	94%

Community Services Friends and Family Test Results				
	Target	Aug-22	Sep-22	Oct-22
Children & Families	95%	100%	100%	96%
Inpatient	95%	100%	100%	100%
Nursing	95%	100%	100%	100%
Other	95%	96%	100%	0%
Rehabilitation & Therapy	95%	90%	92%	92%
Specialist**	95%	96%	92%	90%
Total	95%	92%	93%	93%

*includes insight team, perinatal, friends and family team

**includes equipment and adaptation service, neuro physiotherapy, podiatry

There is a slight decline in the percentage of people who rated the service as 'very good' or 'good' in mental health services. Ratings across the Trust and Barnsley general operations services remain the same.

Work is underway with the ADHD Service to improve response rates. Friends and Family Test results are based on a small sample of service users who are unhappy with their diagnosis. We are in contact with other local ADHD services to understand how they gather feedback and look at their Friends and Family Test feedback and themes.



Patient Experience cont...

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

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

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

System-wide
Monitoring

Safeguarding

Safeguarding Adults:

In October 2022 there were 36 reported safeguarding adult incidents. The three highest categories reported were domestic abuse, financial abuse, and neglect. There were no red incidents.

Of these 36 reported incidents, there were five reported amber incidents.

- One incident involved the older peoples service and domestic abuse.
- Two financial incidents, one in the community involving criminal activity and one on an adult mental health inpatient ward involving two service users.
- Two sexual abuse incidents, one was in the community and involved an ex-partner, the other was on an adult mental health inpatient ward where a service user was sexually inappropriate with another.

All incidents were managed appropriately with involvement of the SWYPFT safeguarding team, referrals where required to the local authority, reported to the police and domestic abuse services.

Safeguarding Children:

In October 2022 there were 17 reported safeguarding childrens incidents. The most common themes were physical abuse, emotional abuse, and failure in the safeguarding process.

- There was one red incident relating to the death of an infant child where the mother is known to SWYPFT services. Safeguard measures are in place for the remaining children within the home. This case is subject to the child death overview process and a safeguarding rapid review meeting has been arranged, the SWYPFT safeguarding team will be attending and have liaised with relevant services to gather the information require.
- There was one amber incident, this was recorded as a 15-year-old child admitted to the 136 suite after being arrested and ligaturing in the custody suite. All appropriate actions taken.

Additional Information

The safeguarding team have reviewed and updated the safeguarding adults at risk of abuse or neglect policy and the safeguarding and promoting the welfare of children policies, these will be reviewed at the executive management team on the 24 November 2022.

In October 2022, there were 164 advice calls to the safeguarding team of these, 110 were for safeguarding adults advice, and 54 calls were for safeguarding children advice.

The highest category of abuse concerns for safeguarding adults was domestic abuse. The highest category of abuse concerns for the safeguarding children was physical abuse. There were information requests from all care groups for both safeguarding adults and safeguarding children.

Infection Prevention Control (IPC)

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

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –92%

Infection Prevention and Control- Trust wide Total – 87%

Policies and procedures are up to date.



Complaints

- Acknowledgement of receipt of the complaint within three working days – 4 out of 25 (16%) have missed the target due to a resourcing issue (sickness and new starter). 1 complaint is yet to be acknowledged as no up to date contact details were provided.
- Number of responses provided within six months of the date a complaint received – 6 out of 18 (33%).
- Number of complaints waiting to be allocated to a customer service officer – 47.
- Number of cases who breach the six month target who have not had a conversation to agree a new timeframe for completion – All complainants have received a delay update letter or have been in touch with their individual case handler throughout, so all are aware of any changes to timeframes.
- Longest waiting complainant to be allocated to a customer service officer – 19/07/2022.
- Number of formal complaints received in October: 26. Of these, 2 were closed due to no contact/consent, 15 are awaiting consent, 7 are awaiting allocation to a customer service office and 2 have timescales start date.
- 15% of new formal complaints (4/26) have staff attitude as a primary subject.
- 5 compliments were received.
- Customer services closed 18 formal complaints and 2 reopened complaints in October.



Reducing Restrictive Physical Intervention (RRPI)

There were 169 reported incidents of reducing restrictive physical interventions used in October 2022 this is an increase of 9 (5.6%) incident from September 2022 which stood at 160 incidents.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	86 of 277	31.0%
Seated	44 of 277	15.8%
Safety Pod	40 of 277	14.4%
Supine	33 of 277	11.9%
Restricted escort	22 of 277	7.9%
Prone	19 of 277	6.8%
Side	18 of 277	6.4%
Prone then rolled	9 of 277	3.2%
Kneeling	6 of 277	2.1%

100% of prone restraints in October 2022 lasted under 3 minutes.

Prone restraint (those remaining in prone position and not rolled immediately) was reported 19 times of 277 (6.8%) of total restraint positions, this is an increase of 7 (58%) from last month that stood at 12 of 404.

Team Utilising Prone Restraint	Total
Horizon Centre Assessment and Treatment Service	6
Walton PICU	5
Clark Ward - Barnsley	4
Elmdale Ward	2
Beamshaw Ward - Barnsley	1
Newhaven Forensic Learning Disabilities Unit	1

Duration of Prone Restraint	Total
0 - 1 minute	9
1 - 2 minutes	9
2 - 3 minutes	1
Total	19

Summary

Priority
Programmes

Covid
-19

Emergency
Preparedness

Quality

People

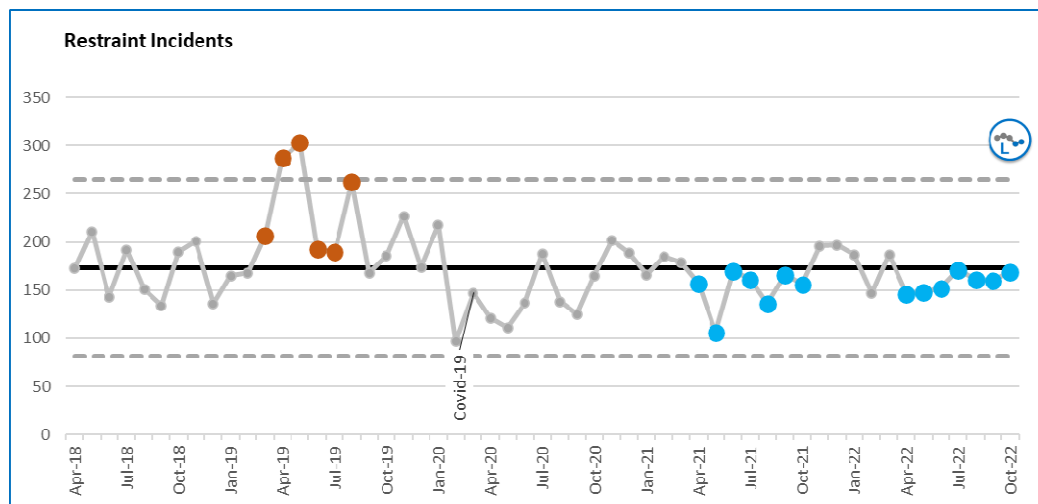
National
Metrics

Care
Groups

Finance/
Contracts

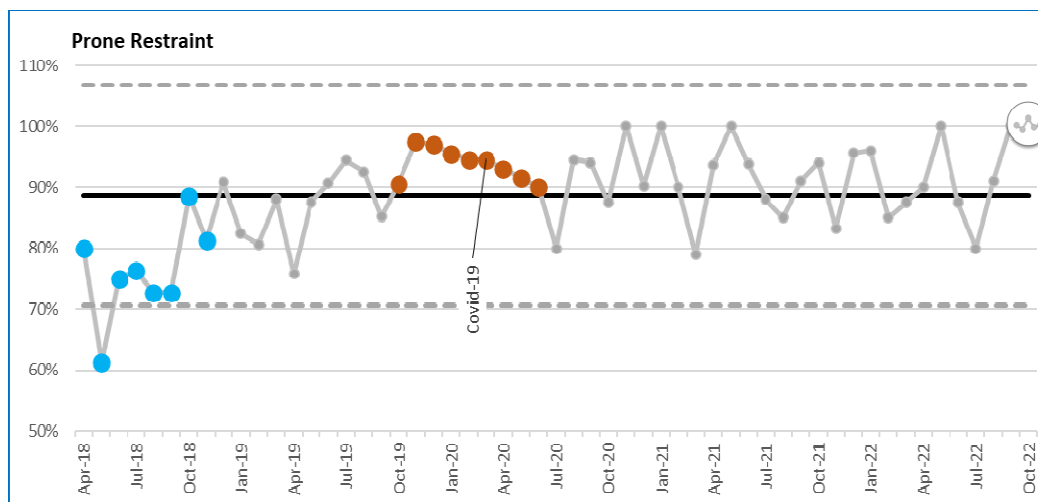
System-wide
Monitoring

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 October 2022 we remain in a period of special cause improving 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 October 2022 there has been common cause variation (no concern) in the number of instances of prone restraint lasting less than 3 minutes.



Guardian of Safe Working - Quarterly report Q2 (July-September 2022)

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in psychiatry remains good and there has been positive news about an increase in training numbers across the region, with 3 additional posts from this August and more promised from next August. However, there has been more concerning news about a potential loss of higher training numbers in old age psychiatry across Yorkshire, with short-term implications for trainees and rotas and longer-term concerns about the effect this may have on already difficult to fill consultant posts. There have been some changes at rather short notice for the August rotation with gaps from core trainee, general practitioner and foundation year schemes affecting Calderdale and another in Barnsley. There has also been short notice given to the trust about how many trainees will be less than full time (LTFT), such that rotas have been written before notification. Although we now have 71 training posts, the whole-time-equivalents in post are less than 60 due to a combination of vacancies, maternity leave and LTFT trainees in full-time slots. Postgraduate administrative staff are attempting to liaise with colleagues in Health Education England to understand the difficulties and try to find ways of the trust receiving information in a more timely way and the guardian of safe working has brought this up with the psychiatry head of school.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in SWYPFT since the introduction of the new contract. However, there has been a significant increase in the number of reports over the last quarter with 13. To put this in context, that equates to nearly 30% (13/44) of the ERs since the trust started using the Allocate reporting system 4.5 years ago. All but 1 were completed by foundation doctors. This group have never known different ways of monitoring hours of work and will all have recently moved from acute trusts where exception reporting is more frequent, so may feel more confident about the process. Encouragingly, 2 of the reports relate to missed self-development time (time to allow trainees to carry out non-clinical activities related to their curriculum or career exploration, similar to the supporting professional activity (SPA) time included in consultant contracts). There has been a particular focus on ensuring trainees get time for education and keeping their portfolio up to date. It is positive that trainees have felt confident to report where this is not happening and for both trainees, time was allocated to make up for the time lost. Most of the remaining reports related to trainees staying late. Where possible, trainees have been given time off in-lieu. However, payment was agreed for 9, where short staffing meant that time off in lieu was not possible. It was noted that 8 of the reports were from a trainee in Calderdale. However, on a positive note, an additional doctor has now joined the team, which should help with the pressure on existing staff.

Fines - There have been none within this reporting period.

Work schedule reviews - There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Calderdale had the highest proportion of gaps this quarter. This was mainly due to a combination of vacancies and an LTFT in a full-time slot, accounting for nearly 50 gaps on the rotas. Gaps in other areas have remained largely similar to previous quarters with minor fluctuations. The costs that were directly attributable to Covid-19, where trainees were Covid positive or self-isolating, are shown separately but the impact remains small currently. The Trusts medical bank has been working well with rota coordinators and the trainees themselves working hard to ensure that almost all the vacant slots on first tier rotas were filled by the Trust bank. However, trainees have recently raised concerns that the rates paid have not risen for some time and are increasingly uncompetitive compared to other trusts locally. A meeting has been arranged to discuss this further.



Guardian of Safe Working - Quarterly report Q2 (July-September 2022)

Gaps by Rota July/August/September '22					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	33 (18%)	33 (100%)	0	0	0
Calderdale 1st	66 (36%)	66 (100%)	0	0	0
Kirklees 1st	17 (18%)	17 (100%)	0	0	0
Wakefield 1st	26 (14%)	25 (96%)	0	0	1
Total 1st	145 (22%)	144 (99%)	0	0	1
Wakefield 2nd	27 (29%)	0	0	27 (100%)	0

Costs of Rota Cover July/August/September '22					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)	
Barnsley	33 (312)	£10,920	£280	0	
Calderdale	66 (622.75)	£21,860	£0	0	
Kirklees	17 (304)	£10,640	£0	0	
Wakefield	25 (226.75)	£10,448.75	£1,845	0	
Total	141 (1465.5)	£53,868.25	£2,125	0	

Issues and Actions

Junior Doctors' Forum (JDF) – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams and attendance remains good. Issues discussed recently included rotas, completion of ERs and concerns such as the process of claiming for expenses. Further concerns have been raised about the pressure on trainees on the Wakefield rota, particularly at weekends. It is hoped that the continued roll out of EPMA will help with reducing the time taken for routine administrative tasks. However, the guardian of safe working, the Wakefield college tutor and the trainee representative have met to discuss the concerns and have agreed an audit of the current workload, to explore options to improve trainees' experience. Where concerns do not relate directly to the contract, issues are raised with the relevant clinical lead or the associate medical director for postgraduate medical education. The tutor for international medical graduates (IMGs) and the trust equity guardian attended the last meeting to feedback about how we support doctors from different groups and get the views of trainees about what else might be helpful. The senior leadership trio, also attended to introduce themselves and their roles and hear feedback from trainees.

Education and support – The guardian will continue to work closely with the AMD for postgraduate medical education to improve trainees experience and to support clinical supervisors. The guardian will continue to encourage trainees to use exception reporting, both at induction sessions and through the junior doctors forum. The medical directorate business manager, the postgraduate medical education lead, the AMD for medical education, the guardian of safe working and the college tutors continue to meet frequently to coordinate the trusts support of trainees.

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	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	Sep-22	Oct-22
Establishment (ledger)	Improving Resources	Well Led	GM	-	4,918.4	4,891.7	4,960.2	4,933.5	5,011.2	5,039.4	5,145.9
Employed Staff (ESR last day in the month)	Improving Resources	Well Led	GM	-	4,088.2	4,107.2	4,136.2	4,134.6	4,130.2	4,169.2	4,174.6
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8
Vacancy rate	Improving Resources	Well Led	GM	<10%	15.3%	14.7%	15.2%	14.7%	15.9%	16.2%	17.1%
Turnover external (12 month rolling)	Improving Resources	Well Led	GM	>10-12<	15.5%	15.4%	15.4%	15.5%	15.2%	14.8%	14.4%
Starters	Improving Resources	Well Led	GM	-	45.8	54.0	56.5	46.4	58.1	69.5	56.9
Leavers	Improving Resources	Well Led	GM	-	59.7	39.6	37.0	56.9	56.3	51.6	48.2
Sickness absence - YTD (Incl Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.6%	4.6%	4.9%	4.8%	4.9%	5.0%
Sickness absence - Month (Incl Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.5%	4.8%	5.5%	4.7%	4.8%	5.6%
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	-	0	2	2
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting Under Development		59.7%	55.8%	61.3%	57.3%	56.0%
Employee Relations - Tribunals	Improving Resources	Well Led	GM		3			2			Due Jan 2023
Employee Relations - Suspensions (over 90 days)	Improving Resources	Well Led	GM		0	0	1	1	2	2	2
Mandatory Training - Overall	Improving Care	Well Led	GM	>=80%	86.8%	86.2%	86.9%	87.2%	90.7%	89.8%	89.5%
Health & Safety											
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	GM	-	3			8			Due January 2023

Notes:

• Employed Staff (ESR last day in the month) - Employed staff in post are staff on substantive contracts within ESR. Temporary or permanent contract in ESR, this does not include staff on secondments or centrally held contracts e.g. some grades of junior doctors.

The figures reported here differ to the figures included in the finance appendix 'WTE worked' as this reflects substantive employment not including overtime.



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

KPI	Target	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	As at 20th October 2022	As at 18th November 2022	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	167	111	44	58	80	23	23	53	20		
No of staff working from home - Covid-19 related		36	67	12	23	32	10	9	14	6		

The Stability of the Workforce

- October has seen a slight growth in staff in post (SIP) from the preceding month with 56.92 full time equivalent (FTE) new starters and 48.17 (FTE) leavers.
- A double accounting factor has been removed from the establishment taken from the ledger and has been respectively applied to the being of the financial year. The establishment has increased by 106.49 (FTE), during the month.
- This months report incorporates the new care group structures with learning disabilities, attention deficit hyperactivity disorder & autism spectrum disorder separated from forensic. This has made only marginal differences across all the data sets.
- The vacancy rate for October is 17.1% compared to September 16.2%. The increase in the vacancy rate is derived from the monthly increase in the establishment.
- In contrast the turnover has fallen marginally in month 14.4% compared to 14.8% in the previous month. This is a downwards trend since the beginning of the financial year.
- Highest turnover rates (where we have sizeable populations over 30 staff in post) include healthcare assistants (19.5%), speech and language therapists (18.7) and staff nurses (17.7%)
- Annual business planning activities currently being undertaken have highlighted that the recruitment challenges extend across a range of occupations and not merely too clinical roles.

Absence

- Overall absence has slightly increased in October to 5.00% year to date cumulative from the September rate of 4.90%. This is the third month in succession that an increase in absence has been experienced. The in-month basis increase is 5.6%.
- Many organisations are predicting seasonal rises in levels of absence as a result of the decline in homeworking, flu and colds in the community rise as the effects of social distance diminish, coupled with new Covid variations occur.
- NHS Digital recent publication NHS Sickness Absence Rates (dated 27th October 2022) provides benchmark data for the period April 2022 to June 2022. This states that "The overall sickness absence rate for England (June) was 5.2%.
- The June 2022 figure for the North-East and Yorkshire region was 5.8%. SWYFT sickness rates in compare favourably, for the period we were 4.58% which is below both North East and Yorkshire and national NHS rate.
- Anxiety/stress/depression/other psychiatric illnesses is consistently the most reported reason for sickness absence in both SWYFT and other NHS Trusts/organisations.

People Experience

- Appraisal rates (overall) has slightly decreased from 57.33% % in September to 56% in October. Projections for these rates and plans to improve continue to be deployed.
- In October the total number of appraisals that took place is 356. Out of the 445 staff who's rolling 12 months period expired in October only 48 took place.
- Trajectories have created for care groups to recover compliance for the end of March 2023 and support services for December 2022. In the integrated performance report the aggregate compliance projection for the whole workforce has been included.
- To support the ease of completion using WorkPal, the requirement to complete the pre self-assessment has been removed to allow user to be directed to the final review meeting and complete collectively in one sitting.
- In comparison mandatory training uptake (all areas) continues to record a healthy percentage compared to the target 80% It is slightly below the preceding month (89.8% compared to 89.4%). The level of recorded local induction remains below target with a solution being explored using a digital onboarding solution (Genus) although the attendance at the corporate welcome event continues to be excellent.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

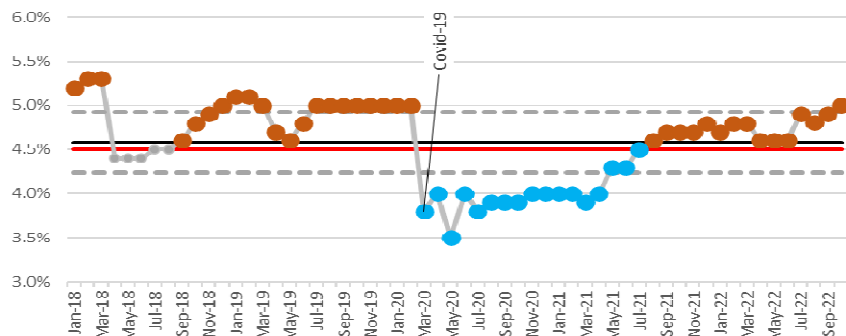
Care
Groups

Finance/
Contracts

System-wide
Monitoring

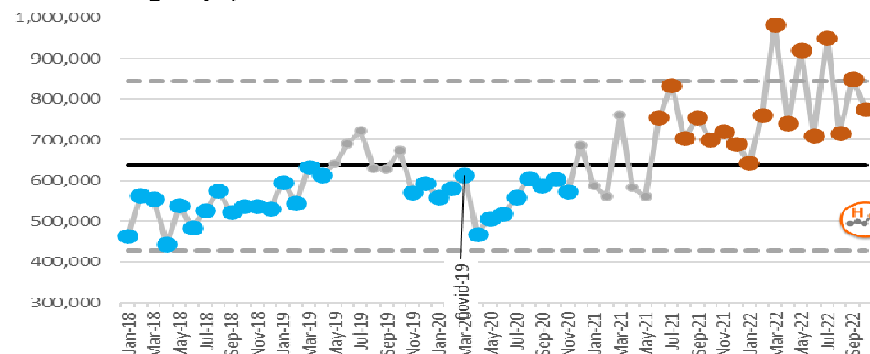
Analysis

Trust Sickness Absence - Year to Date



The chart above shows that as at October 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 metric is mentioned on the previous page.

Trust Agency Spend






The chart above shows that in October 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	National Metrics	Care Groups	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 integrated care system (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	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Data quality ratings	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		1253	1686	1245	874	400	432	370	278	226	426		
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%	94.8%	82.5%	85.5%	90.1%	83.7%	83.3%	92.9%	91.7%	85.2%	93.6%		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	53.7%	52.6%	53.4%	53.9%	52.1%	53.1%	56.7%	51.7%	53.1%	51.3%		
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	1298	1408	1379	1202	445	479	407	426	369	392		
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	2363	2604	2437	2383	886	765	788	751	844	850		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	92.2%	98.8%	98.5%	96.1%	98.5%	98.5%	97.2%	96.1%	89.7%	86.9%		
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP	19 per Qu - Calderdale 15 per qu - Kirklees 5 per qu - Wakefield	Reporting commenced Q1 2022					15 Calderdale			21 Calderdale			Due Jan 2022
Number of individuals accessing specialist community PMH and MMHS services in the reporting period	Improving Care	Responsive	CH	LTP	Apr-Sep 318 per Qu Oct-Mar 336 per Qu	256	256	480	285	117	94	82	85	118	72		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	100.0%	68.9%	91.7%	95.9%	95.9%	91.7%	91.5%	100.0%	95.9%	98.7%		
The percentage of Service Users under adult mental illness specialities who were followed up within 72 hours of discharge from psychiatric in-patient care				SC	80%	83.6%	84.0%	84.6%	89.0%	88.7%	86.9%	92.2%	86.9%	89.0%	87.8%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	96.0%	94.2%	94.7%	97.5%	96.0%	95.2%	97.5%	97.2%	97.8%	98.0%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	99.9%	100.0%	100.0%	100.0%	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%	75.0%	90.0%	95.5%	78.6%	100.0%	83.3%	71.4%	100.0%	80.0%	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%	93.1%	96.9%	90.0%	77.7%	90.6%	88.0%	87.5%	68.8%	76.7%	76.5%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	98.8%	99.4%	98.5%	99.5%	99.5%	96.5%	99.5%	99.5%	99.2%	99.4%		

Summary	Priority Programmes	Covid-19	Emergency Preparedness		Quality	People		National Metrics			Care Groups			Finance/Contracts			System-wide Monitoring	
KPI	Objective	CQC Domain	Owner	Source	Target	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Data quality rating ^a	Variation Assurance	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	0	5	16	44	0	16	0	24	20	13			
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	0	1	1	2	0	1	0	1	1	2			
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	O	Trend Monitor	171	175	183	179	183			179		Due January 2022			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	18.7%	16.6%	18.0%	21.2%	18.0%			21.2%					
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	O	95%	98.3%	97.9%	96.2%	99.3%	96.8%	100.0%	100.0%	99.0%	98.8%	100.0%		 	
% Service Users on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	O	95%	94.2%	97.4%	96.1%	94.3%	96.4%	96.1%	95.4%	93.9%	94.3%	93.9%		  	
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	88.7%	88.4%	88.3%	87.2%	88.3%	88.2%	87.7%	86.8%	86.9%	86.1%		  	
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.2%	9.9%	11.1%	11.8%	11.2%	11.6%	11.7%	11.8%	11.8%	12.0%		  	
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%	98.4%	98.2%	98.1%	98.4%	98.4%	98.3%	98.2%	97.7%	98.6%		 	
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%	100.0%	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%	98.7%	99.1%	99.1%	99.3%	99.1%	99.2%	99.3%	99.3%	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 The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	● ● ●	● ? H L	● ● ●	● ● ●	● ● ●	● ● ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator - Pass/Fail	Target Indicator - Fail	Target Indicator - Pass

Headlines:

- The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.
- The percentage of service users waiting less than 18 weeks remains below the target threshold at 86.9%. Post pandemic there was an increase of referrals into the musculo skeletal service (MSK). This has caused pressures and a backlog of patients in a service that is currently below full staffing levels. Recruitment to MSK vacancies is challenging both in Barnsley and nationally, partly due to the national roll out of first contact practitioner services. Work continues to recruit into the service and to reduce waiting times. We are looking at data quality within the service on SystmOne to capture any patients that should have had a clock stop, but due to lack of resource this will take a considerable amount of time. As a service due to complexity and clinical need of patients coming into the service, while waiting times are long some patients maybe seen sooner than others, this may impact on referral to treatment being longer for some routine patients. This was felt necessary to ensure patient safety and is now part of the MSK pathway. We anticipate most services reporting 18 week stats nationally will see the same increase and the current issues have been discussed at the MSK clinical pathways group and planned care board.
- 72 hour Follow up remains above the threshold at 88%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has dropped below threshold in September. Small numbers impact on the achievement of the 99% threshold. In October 1 out of 74 patients waited more than 6 weeks.
- 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 October 7 out of 7 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 October, 8 cases out of 34 were not seen within four weeks.
- During October 2022, there were 2 services users aged under 18 years placed in an adult inpatient ward for 13 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 51.3% for October.
- % service users on CPA Having Formal Review Within 12 Months remains under threshold during the month of October. Underperformance relates to Barnsley, Kirklees and Forensic Care Groups. Work taking place with Care Groups to improve performance.

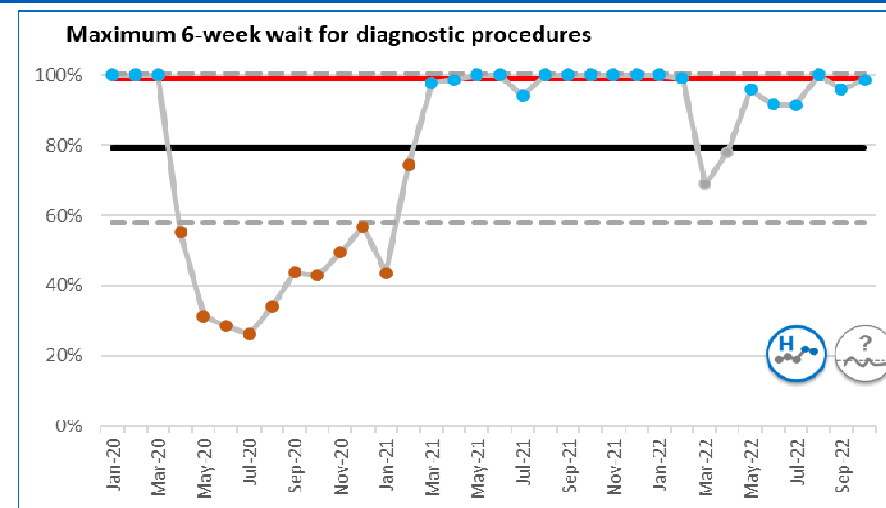
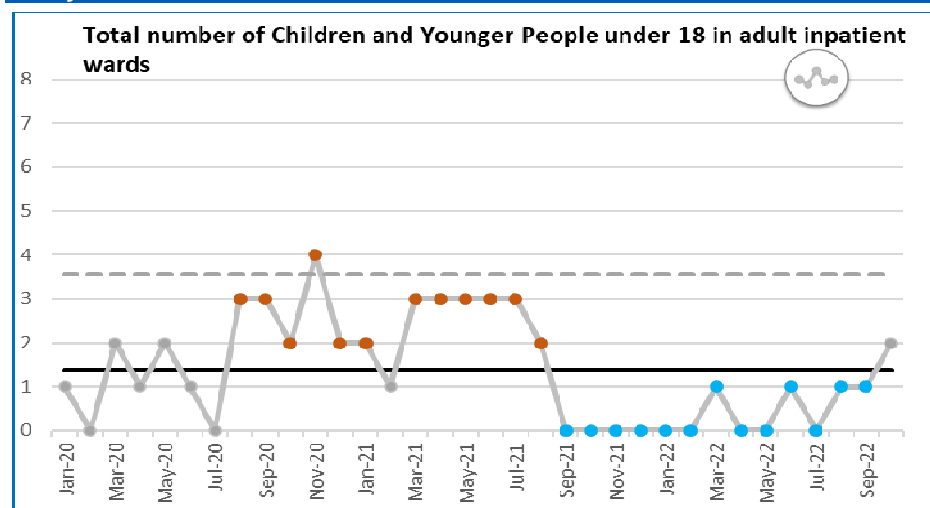
Data quality:

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

- The reporting for employment and accommodation for October shows 16.0% of records have an unknown or missing employment and/or accommodation status. This is a decrease compared to September which showed 16.7% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis



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

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

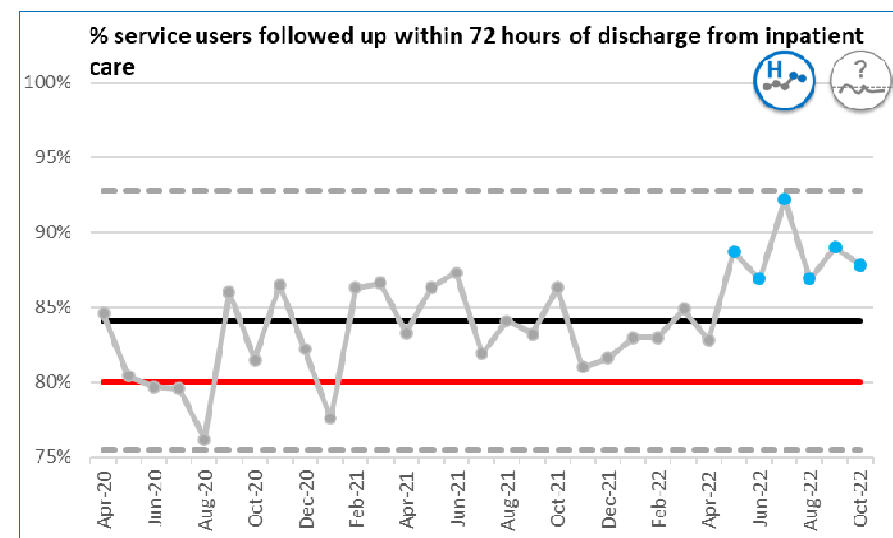
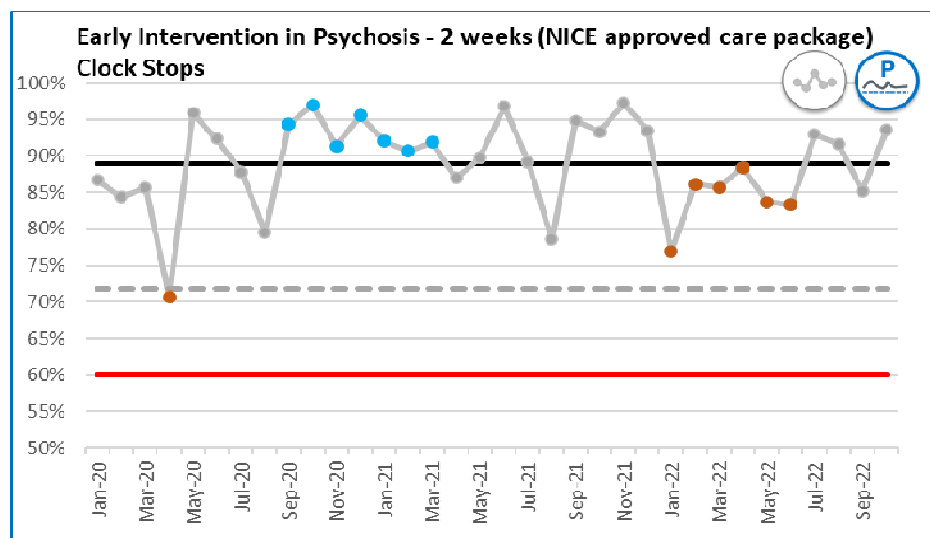
National
Metrics

Care
Groups

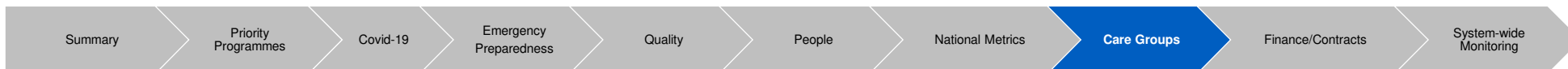
Finance/
Contracts

System-wide
Monitoring

Analysis



The SPC charts above show that for clients being seen by EIP services we remain in common cause variation and we are 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.



The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group and performance for the reporting month is stated along with variation/assurance for each metric where applicable. This section of the report will be developed over the next few months following initial review by Trust board in October.

Mental Health Community (Including Barnsley Mental Health Services)				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	55.5%	54.1%	
% Assessed within 14 days of Referral (Routine)	75%	65.1%	68.7%	
% Assessed within 4 Hours (Crisis)	90%	95.5%	97.1%	
% Complaints upheld with staff attitude as an issue	< 20%	18% (2/11)	33% (3/9)	
% service users followed up within 72 hours of discharge from inpatient care	80%	89.0%	87.8%	
% Service Users on CPA with a Formal Review within the previous 12 months	95%	94.7%	94.3%	
% Treated within 6 weeks of Assessment (Routine)	70%	94.0%	97.9%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	73.3%	73.1%	
FIRM Risk Assessments - Staying Safe Care Plan in 7 Working Days	95%	61.9%	66.3%	
Information Governance training compliance	>=95%	91.8%	91.3%	
No of staff off sick - Covid-19 not working	N/A	21	4	
Reducing Restrictive Practice Interventions training compliance	>=80%	71.9%	71.0%	
Sickness Rate (Monthly)	4.5%	4.5%	5.7%	

Barnsley General Community Services				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	60.6%	54.9%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
% people dying in a place of their choosing	80%	85.7%	91.7%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	79.0%	74.0%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	91.3%	92.2%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	89.7%	86.9%	
Maximum 6 week wait for diagnostic procedures	99%	95.9%	98.7%	
No of staff off sick - Covid-19 not working	N/A	10	2	
Reducing Restrictive Practice Interventions training compliance	>=80%	22.2%	21.1%	
Safer staffing (inpatient)	90%	105.7%	104.7%	
Sickness Rate (Monthly)	4.5%	4.8%	6.5%	

Mental Health Inpatient				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	19.4%	19.8%	
% Bed occupancy	85%	87.4%	85.1%	
% Complaints upheld with staff attitude as an issue	< 20%	33% (1/3)	25% (1/4)	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	73.4%	67.7%	
Delayed transfers of Care (DTOC)	3.5%	3.1%	4.1%	
FIRM Risk Assessments - Staying Safe Care Plan in 24 hours	95%	71.3%	71.3%	
Inappropriate Out of Area Bed days	276	226	426	
Information Governance training compliance	>=95%	93.5%	89.7%	
No of staff off sick - Covid-19 not working	N/A	6	3	
Physical Violence (Patient on Patient)	Trend Monitor	15	18	
Physical Violence (Patient on Staff)	Trend Monitor	55	48	
Reducing Restrictive Practice Interventions training compliance	>=80%	72.1%	70.8%	
Restraint incidents	Trend Monitor	48	2	
Safer staffing	90%	119.2%	119.0%	
Sickness Rate	4.5%	5.4%	5.7%	

Forensic				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	64.6%	62.4%	
% Bed occupancy	90%	87.4%	89.1%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	100% (1/1)	
% Service Users on CPA with a Formal Review within the previous 12 months	95%	85.6%	86.0%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	76.3%	76.6%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying Safe Care Plan in 24 hours	95%	N/A	N/A	
Information Governance training compliance	>=95%	92.6%	89.6%	
No of staff off sick - Covid-19 not working	N/A	4	6	
Physical Violence (Patient on Patient)	Trend Monitor	5	6	
Physical Violence (Patient on Staff)	Trend Monitor	12	12	
Reducing Restrictive Practice Interventions training compliance	>=80%	73.3%	70.9%	
Restraint incidents	Trend Monitor	9	0	
Safer staffing	90%	113.0%	110.8%	
Sickness Rate	5.4%	8.1%	9.6%	

LD, ADHD & ASD				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	55.6%	55.0%	
% Complaints upheld with staff attitude as an issue	< 20%	50% (1/2)	0% (0/3)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	62.5%	52.0%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	81.9%	79.8%	
Delayed transfers of Care (DTOC)	3.5%	30.0%	24.8%	
Information Governance training compliance	>=95%	93.5%	92.1%	
LD – First face to face contact within 18 weeks	90%	88.5%	83.7%	
No of staff off sick - Covid-19 not working	N/A	1	1	
Physical Violence - Against Patient by Patient	Trend Monitor	0	1	
Physical Violence - Against Staff by Patient	Trend Monitor	22	48	
Reducing Restrictive Practice Interventions training compliance	>=80%	78.7%	77.0%	
Safer staffing	90%	161.1%	157.3%	
Sickness Rate (Monthly)	4.5%	7.1%	5.4%	
Restraint incidents	Trend Monitor	1	0	

CAMHS				
Metrics	Threshold	Sep-22	Oct-22	Variation/ Assurance
% Appraisal rate	>=90%	79.0%	73.3%	
% Complaints upheld with staff attitude as an issue	< 20%	20% (1/5)	0% (0/6)	
CAMHS - Crisis Response 4 hours	N/A	98.3%	92.9%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	69.5%	63.3%	
Eating Disorder - Routine clock stops	95%	76.7%	76.5%	
Eating Disorder - Urgent/Emergency clock stops	95%	80.0%	100.0%	
Information Governance training compliance	>=95%	91.2%	90.7%	
No of staff off sick - Covid-19 not working	N/A	2	0	
Reducing Restrictive Practice Interventions training compliance	>=80%	69.0%	68.5%	
Sickness Rate (Monthly)	4.5%	3.2%	4.0%	



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

- An action plan has been initiated across the enhanced teams to support increasing care programme approach (CPA) documentation to ensure improvement maintained. Performance for the percentage of service users on care programme approach with a formal review within the previous 12 months has increased to 93.3% in October (threshold 95%).
- Record keeping remains a focus with respect to FIRM risk data. Evidenced improvement but remains below target trajectory.
- Ongoing pressure continues in accessing inpatient beds for those with challenging behaviours associated with dementia.
- Ongoing issues continue around access to inpatient beds. This then leads to intensive home based treatment team (IHBT) managing high risk patients in the community. Proactive engagement of IHBT in discharge planning continues.
- Some anomalies in referral date capture identified in dementia, core and enhanced teams. Impact on reported referral to treatment waits but no clinical risk. Issue corrected and commissioners alerted.

Advise

- Core team continues to experience capacity and demand pressures. Working with staff on design of revising pathways and streamlining/strengthening interface between primary care and secondary care provision
- Waiting lists in improving access to psychological therapies (IAPT) remain high for cognitive behavioural therapy (CBT) and counselling
- Work is being undertaken around the development of an all age eating disorder service. A band 7 clinical lead for eating disorders is due into post in the new year and will work alongside colleges from South Yorkshire Eating Disorder Association (SYEDA).
- Family Lives are now ready to operationalise their peer worker/volunteer service with an initial 3 members of staff coming into post by the end of November.
- SystmOne 'patient waits' working group and associated process mapping commenced.

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.
- 2 staff have been recruited to develop the personality disorder pathway in the enhanced teams.
- South Yorkshire liaison and diversion service have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The lived experience charter is important to ensure that equality, involvement, and inclusion is central to everything we do to reduce inequalities, tackle stigma, and eliminate discrimination. People with lived experience help us ensure we are relevant today and ready for tomorrow
- A bid that was put forward for a grant to support vulnerable people with the cost of living/winter fuel crisis has been successful
- A fact find has been completed regarding an error in recording waits across Barnsley mental health services and work has been undertaken to resolve this
- A winter pressure bid for non-recurrent funding has been successful to pilot an A&E mental health triage



Child and adolescent mental health services:

Alert/Action

- Continued underperformance related to some areas of mandatory training compliance. There has been a deterioration in some areas – reducing restrictive practice intervention (68.5% - threshold 80%), cardio pulmonary rehabilitation (63.3% - threshold 80%) and information governance (90.7%- threshold 95%).
- Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. There is a specific pressures with regard to Psychology capacity. A robust action plan is in place – but a shortfall between commissioned capacity and demand remains.
- Ongoing issue with shortage of specialist residential and specialist inpatient bed 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. Work continues with the provider collaboratives to improve patient flow.
- The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure childrens home continues. The risk in relation to consultant psychiatry cover has been mitigated by recruitment of a locum. A clinical lead and service manager have also been recently appointed with start dates in March 23 and December 22 respectively.
- Eating disorder pathways remain under pressure of increased demand. This is impacting on compliance with national clock stop targets for routine referrals - (5 days response) 76% (26/34) – threshold 95%. Urgent referrals continue to be prioritised with associated targets achieved.

Advise

- Wakefield CAMHS is an outlier with respect to numbers waiting from referral to treatment. An action plan has been developed and significant improvement is evident.
- An any qualified provider model is to be implemented by commissioners in Calderdale with regard to autistic spectrum condition (ASC) /attention deficit hyperactivity disorder (ADHD) diagnostic assessment. Work is progressing to ensure a robust CAMHS response.
- Integrated care system level discussions taking place with regard to options for developing an all age eating disorder service model.
- Mental health support team (MHST) models continue to be implemented – strengthening school-based support. The Trust is the lead provider for MHSTs in Wakefield and Kirklees.
- Friends and family test 75% (15/20) threshold 80%.
- A number of environmental issues escalated with respect to staff working conditions at Wetherby Young offenders institute.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

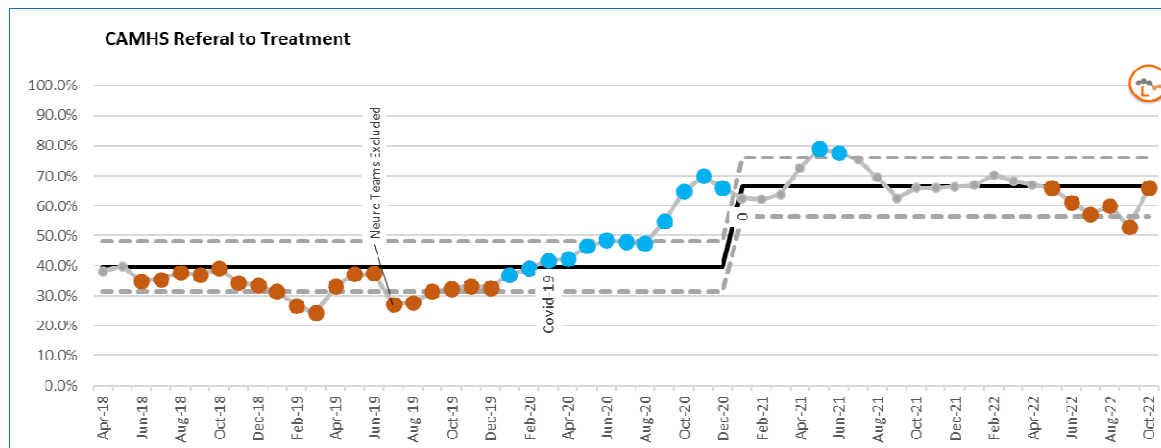
**Care
Groups**

Finance/
Contracts

System-wide
Monitoring

Assure

- Staff wellbeing remains a focus. Hybrid models of working and flexible working policies are being proactively utilised.
- Proactively engaged with provider collaboratives in South and West Yorkshire to strengthen 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 in October 2022 following a long period of common cause variation, we remain in a period of special cause concerning variation. For further information see narrative above.



Barnsley general community services:

Alert/Action

- Urban House (UH) – Commissioner reviewing current health provision for the 6 resettlement programmes in Wakefield including UH.
- Urban House band 7 Nurse Prescriber is leaving in November – this will create pressures and some risk within the service, to date we have been unable to recruit through bank/agency on a temporary basis to cover period of recruitment and we are exploring contingencies.
- Flu Outbreaks in some care homes (November) – From a public health perspective a recent increase in influenza cases identified. BHNFT infection prevention control (IPC) team are supporting care home staff with IPC training.
- BICES (Barnsley Integrated Community Equipment Store) current pressure in waiting times for specific equipment is impacting on several community services. All equipment on order – delay in securing these items and distribution is a national issue, some alternatives are being sourced and used to reduce waiting times. To consider adding to local risk register if not delivered by end of November.

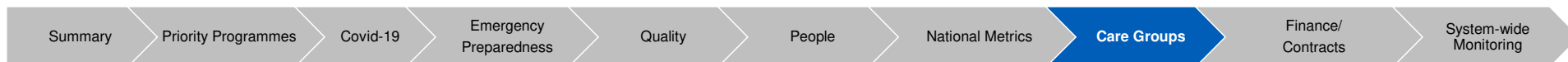
Advise

- Stroke services - Barnsley hospital NHS foundation trust may have potential delays in collecting their Sentinel Stroke National Audit Programme (SSNAP) data; this will have a knock-on effect to our SSNAP data regarding results and outcomes.
- South Yorkshire Integrated Care Board (ICB) aim to move to an integrated approach to a Neuro - Rehabilitation model for South Yorkshire patients. An ICB wide workshop took place in November 2022 and will be followed up in March 2023.
- Yorkshire smoke free Sheffield (YSFS) – Tender out for procurement
- Neighbourhood nursing service - Band 5 Vacancy factor is 10.63 WTE totalling 14% (with an additional 5 leavers from now till January). We have successfully appointed 8 x Band 5 nurses to commence in post between now and Jan 23. Adverts continue for this workforce so over the next few months the vacancy factor will reduce.
- The integrated neighbourhood teams SystmOne unit roll out continues with the Continence and Urology Service the latest service to be migrated. Cardiac / Pulmonary Rehabilitation Service is the next planned service migration expected to take place in early December 2022.
- Urgent community response (UCR) pathway development. Meetings are planned in terms of extending the workforce given further funding secured for additional posts and skill mix. Pushing ambulance referrals for category 3 and 4 calls is planned to start in December 22.
- Alliance pathway meetings - now in place to progress discussions linked to dementia and frailty, learning disability & severe mental illness annual health checks. For SWYPFT community we will review the support provided for this cohort of patients and pathways.
- Proactive care and frailty pathways – prioritising a review of workstreams e.g. Rockwood Integrated Service Guide, linking with partners to ensure a consistent approach and reviewing training offer for our teams.
- Virtual ward new development – across the respiratory and frailty pathways. Pathway up and running, all activity recorded on SystmOne to capture impact on our community teams. Clinical workforce has been recruited to from a SWYPFT perspective with start dates confirmed for Jan 23.
- Community nutrition & dietetic services – currently experiencing an increase in referrals which is adding to the waiting list. Team has vacancies for 2 dietitians which are currently out on NHS Jobs.
- Medical equipment – issue tracking syringe drivers particularly when patients move between settings. We are strengthening our tracking and recall system within BICES (Barnsley Integrated Community Equipment Store).
- Staffing issues in childrens physiotherapy affecting waiting times and staff wellbeing
- Childrens therapy saw a significant increase in referrals to the service in 2021/22 and that appears to be continuing into 2022/23, particularly for childrens occupational therapy
- School age immunisation service (SAIS) – Expecting tender to be published in December – in regional lots. Current contract is until end August 2023 (academic year).
- Child health immunisation service (CHIS) – NHS England Improvement have reviewed stakeholder feedback and presented to the North East and Yorkshire Public Health Commissioning Committee (PHCC). Agreed that there would be wider discussions regarding the CHIS strategy.



Assure

- Life After Stroke first meeting Monday 17.10.22
- Stroke Network -
 - Barnsley have been asked to share all our work on BP@Home with Sheffield colleagues; we are the first in the region to have implemented it.
 - Manchester have contacted us about how to implement 7 day working in stroke rehab
 - The Network would like us to be the lead provider organisation for a bid around a new type of post – similar to a Band 4 Social prescriber – meeting held in October.
- Yorkshire Smokefree Calderdale (YSFC) – Partnership between Yorkshire Cancer Research (YCR) and Local Authority to enable clients to use vapes as part of their treatment programme, funded by YCR anticipated start date 01.01.23.
- Live well Wakefield (LWW) - Asked by Public Health to present about our service to colleagues from Singapore who are coming over to look at local best practice.
- LWW - successful in securing funding for a pilot - placing social prescribing within elective care, supporting those who are the longest waiters (over 52weeks): to start early 2023.
- Confirmation received that SWYPFT clinical staff with an ICE log in can now re-access BHNFT discharge (D1) letters. This was a clinical risk but is now resolved via BHNFT IT and ICE system supplier.
- Staff flu vaccination campaign - good uptake so far; staff continue to be encouraged to book on or update the system if they have had their vaccination elsewhere.
- Darton neighbourhood nursing team won the 'Good Neighbour Award' in 'The Darton East Ward Alliance Making a Difference Awards 2022'.
- Julie Bassendale (Community Matron) and Katie Yockney (End of Life Care Clinical Lead) were nominated by a care home in Barnsley for the social care nurse and palliative/end of life care awards respectively in the Great British Care Awards (Yorkshire and Humber Region). Both staff were finalists in their categories and attended a celebration event at the Royal Armouries on Friday 11th November.
- The childrens speech and language therapy (Barnsley) have launched the "Hey it's Okay to Stammer Project" – 'Hey it's ok to stammer' - South West Yorkshire Partnership NHS Foundation Trust.



Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) services:

Alert/Action

- Referrals - ADHD referrals continue to be very high (200 per month)
- Referrals - Autism referrals have also increased compared to pre pandemic levels.
- Friend & family test – Friends and family test remains red as at 47%, quality and governance lead exploring ways in which this can be improved e.g. use of tablets, the service has also engaged a volunteer to prompt and support completion of feedback.

Advise

- There is still no waiting list for autism assessment, appointments have been offered to everyone who has returned their self-questionnaires.
- There are now only 33 people waiting for an ADHD appointment who have been identified as high or medium risk, there were 65 in September. 32 have been waiting less than 18 weeks, the other waiter has been waiting more than two years but has DNA'd or cancelled offered multiple appointments.
- The number of people from Barnsley waiting more than 4 years has reduced from 7 to 2. Both have already missed one offered appointment and have been offered another.
- Whilst 97% of waiters have been waiting less than two years (in line with the rapid rise in referrals) there are 58 people from Barnsley and Calderdale have currently been waiting more than 2 years, about 25% of these already have an appointment booked and another 25% has been invited for assessment. The remainder will be invited for assessment by the end of January 2023.

Assure

- All key performance indicator targets met.
- Changes made to ADHD pathway is working well.
- Relationship with Bradford working very well.
- Some commissioners requesting pathway innovations and business cases are being prepared.
- Focus on appraisal of staff.
- 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 the that waiting lists are below expected targets and are undertaking a specific project to address. In October 84% of people were seen within 18 weeks.
- Staffing Issues: Continues to be a concern across all localities and all disciplines. The service has committed to undertaking more work to ensure recruitment and retention is a priority.

Assessment and treatment unit (ATU)

- Improvement activity underway to provide assurance re the quality and consistency of seclusion/long term segregation, risk assessment and care planning which is being supported by the directorate of nursing and professions.
- Shared Leadership Positions: Non-medical clinical lead now in post but the service manager position remains unfilled concerns regarding the capacity for Bradford District Care Trust and SWYPFT to continue to backfill.
- Staffing: continues to be a challenge and is exacerbated by vacancies, sickness absence and acuity. Sickness is currently 5.4% with a significant proportion being long term.
- Bradford ATU: Date for opening (February 23, which is further slippage).
- Mandatory training – Reduction in compliance due to acuity and staffing issues, remedial plan being developed as part of overall improvement plan.

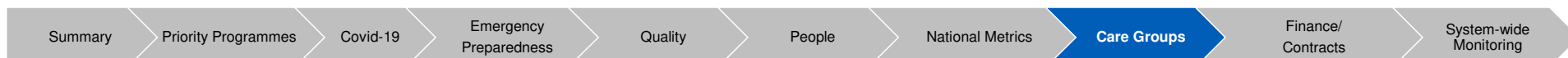
Advise

ATU

- The ward continues to carry a high number of vacancies, with high usage of bank and agency which impacts on continuity of care.
- Recruitment and retention remains a priority.
- Acuity remains very high with high use of seclusion and long term segregation.

Community

- Workforce review is now progressing workstreams to improve the infrastructure to better meet challenges and demand.
- Plan to increase engagement with service users and carers now in place post covid.
- Currently recruiting 4 team managers across all localities.
- There are now strategic health facilitators across all 4 localities.



Assure

ATU

- Recruitment continues to progress.
- Exploration of new roles e.g., physician associates is underway and will possibly support physical healthcare in the service user population.
- Robust plans in place to address mandatory training, supervision, and appraisal shortfall.

Community

- Waiting list mitigation includes more frequent data cleansing and the establishment of an early alert system which will help teams to potentially avoid delays in appointments.
- Annual health checks across all 4 localities are continuing to improve
- Robust plans in place to address mandatory training, supervision and appraisal shortfall.

Forensic services:

Alert/Action

- Bed Occupancy – Newton Lodge 85.9%↑, Bretton 8%↓, Newhaven 100%↑.
- Mandatory training overall compliance:
 - Newton Lodge – 90.4%
 - Bretton – 87.7%
 - Newhaven – 86.8%

The above figures represent a slight reduction in performance and managers have been asked to focus on hotspot areas which include reducing restrictive practice interventions (RRPI), cardiopulmonary resuscitation (CPR), information governance and food safety.

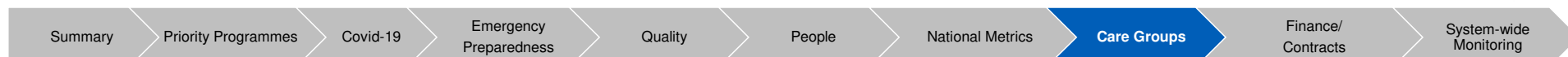
- Sickness absence/covid absence – remains above Trust target set for the BDU and has risen across all inpatient services with the Year-to-date figures : Newton Lodge 8.7%, Bretton Centre 8.6% & Newhaven 6.1%.
- Vacancies & turnover – Turnover remains high ↓12.9%. Recruitment remains a priority.
- The percentage of people on care programme approach having a review within 12 months is under target at ↑86% in October. A remedial action in place to address this.

Advise

- The roll out of trauma informed care is going well and training sessions for staff have commenced. The service will pilot this on Johnson ward which will complement other improvement work on the ward. A service evaluation in collaboration with the University of Leeds has been undertaken and is currently being evaluated but early indications is that feedback will be very positive.
- The West Yorkshire Provider Collaborative (WYPC) have written to the service in response to the recent media interest in secure care seeking information to provide assurance and inform the services that there will be an increase in unannounced visits.
- The WYPC has conducted a service evaluation on Newton Lodge this completes all 3 annual service evaluations on secure services which will be undertaken by the provider collaborative.
- The service is currently negotiating with Spectrum to increase its input across the care group to include substance misuse input to enhance the current service offer provided in house.
- Friends and family test was 76% for the month of October for people reporting that they would highly recommend/recommend the service.

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
- The well-being of staff also remains a priority within the service.



Adults and Older people mental health:

Alert/Action

- Acute wards have continued to manage high levels of acuity and there have been a number of covid outbreaks which have impacted in addition. We have had above 100% occupancy levels across wards on a sustained basis and capacity to meet demand for beds remains difficult. Workforce challenges have continued, 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.
- The work to maintain effective patient flow continues, with the use of out of area beds being closely managed. There has been an increase in the usage of out of area placements since September and patients are placed in beds throughout the country predominantly in psychiatric intensive care unit 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.
- 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 particularly in Calderdale and Kirklees, where access performance has been impacted. The situation is being kept under close review by general managers and teams and all possible mitigations are in place.
- We have had some challenges in meeting requirements for 72 hour follow up in Calderdale where performance is at 76.9%, these relate to 3 out of 13 cases and we are undertaking specific improvement work across discharge pathways including those for older people.
- 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 are focussing on improving performance for FIRM risk assessments, which remains under target in all areas for those on care programme approach 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.

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 care programme approach (CPA) review performance action plan is still in place to ensure clarity of communication and process and support with staffing levels which have had an impact on performance are being effectively addressed, we have particular challenges in Kirklees. Quality and governance leads are undertaking 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 are also actively expanding creative approaches to enhance service user experience and the general ward environments. 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.
- 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 which has now been introduced, we are supporting teams with the change and evaluating progress.
- We are participating in the trust wide work on how we measure and manage waits in terms of consistent data and performance measurement. Where there are waiting lists for services, for example for core psychology, comprehensive plans are in place for each individual including person-centred reviews and named contacts.
- We continue to work in collaboration with our places to implement the community mental health transformation. We remain concerned that the new roles within primary care networks will draw experienced staff from our resources.
- We 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 cardio pulmonary rehabilitation training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends. We are working closely with specialist advisors to optimise this and 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 and above threshold for all areas.
- We have had further success in recruitment both internally and externally in to nursing posts in the acute inpatient workforce.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/
Contracts

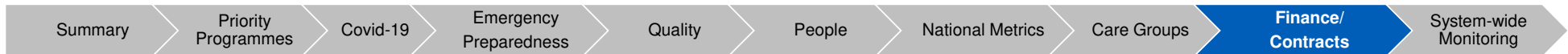
System-wide
Monitoring

Communications, Engagement and Involvement

- Distribution of the Brief, Headlines, and the View
- Support to flu campaign and promotion of the COVID booster programme
- Comms support to the COVID Moving Forward group, including Christmas messages
- Choose Well for Mental Health guide for children and young people launched and promoted
- Supporting the poverty network and sharing cost of living support
- Staff wellbeing initiatives promoted, including events linked to menopause month
- 'Our Offer' booklet produced and 'Get to know us' booklet out to print
- Design and print of materials continuing for services and corporate functions
- Trust website and intranet development and updates
- 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. Including museum open day in October.
- Media enquiries co-ordinated and responses issued
- Promotion of West Yorkshire and South Yorkshire ICS initiatives and campaigns
- Contributing to the intranet working group
- Older people's inpatient mental health transformation, internal and external comms and planning
- Bretton Centre and forensic improvement plan comms support
- Ongoing support for staff recruitment and retention
- Staff survey promotion
- Launch planning support for the Trust's: social responsibility and sustainability strategy,
- Trauma Informed practices programme support
- Ongoing promotion of staff networks
- Freedom to speak up promotion
- Suicide prevention strategy – preparing launch comms and refreshing intranet pages
- Communications materials developed to support Patient Reported Outcome Measures rollout
- Improving access to psychological therapies (IAPT) rebrand – encouraging responses and developing corporate response
- SystmOne waiting list comms support
- Patients Know Best comms planning and warm up messages

Engagement, Equality and Volunteering Update

- Equality and Involvement annual action plans are now being developed and will be co-produced with input from Trust leads, staff side, 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 West Yorkshire and Humber Involvement team 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.
- 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 Service 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 in December, 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. The delivery of this programme will progress using a change approach going forward and membership will be reflective of an action plan which will be co-developed.
- 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. The survey will commence in January.
- 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 is still being transferred 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 Sept 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 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 OMG in the next few weeks to gather ideas for a model.



Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£4.7m	£3.2m	In month financial performance is a surplus of £0.3m with a year to date surplus of £4.7m. This is £1.3m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.
2	Agency Spend	£5.7m	£10.1m	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 £5.7m which is £1.1m more than cap.
		4.4%		
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	£4m	£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	£82.5m	£78.5m	Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and forecast increased expenditure.
6	Capital	£2m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and currently is presented as delivering in full. Following Board review the major Bretton scheme has been paused and the impact, and any mitigations possible in year, are currently being reviewed. This will also be discussed and agreed within the Integrated Care System (ICS).
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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



System-wide monitoring

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

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

West Yorkshire and Harrogate Partnership

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

1 - Increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and 5 months of life for women) between the people living in the most deprived communities compared with the least deprived communities by 2024.

2 - We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx. 220,000 people). In doing this, we will focus on early support for children and young people.

3 - We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes for 2024. This will include halting the trend in childhood obesity, including those living in poverty.

4 - By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1000 more people will have the chance of curative treatment.

5 - We will reduce suicide by 10% across West Yorkshire and Harrogate 2020/21 and achieve a 75% reduction in targeted areas by 2022.

6 - We will achieve at least 10% reduction in anti-microbial resistance infections by 2024, by for example reducing antibiotic use by 15%

7 - We will achieve a 50% reduction in still births, neonatal deaths, brain injuries and a reduction in maternity morbidity and mortality by 2025.

8 - We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for black, Asian and minority ethnic (BAME) staff will become a thing of the past.

9 - We will aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

10 - We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

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

South Yorkshire and Bassetlaw Partnership

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

Publication Summary

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

NHS England

Guidance on good governance and collaboration This guidance, issued under the NHS provider licence, sets clear expectations of collaboration by NHS trusts and foundation trusts and the governance characteristics that trusts must have in place to support this.

[Click here for link to guidance](#)

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

[Mental Health Act statistics, annual figures, 2021-22, NHS Digital, 27 October 2022](#)

[NHS sickness absence rates, April 2022 to June 2022, provisional statistics, NHS Digital, 27 October 2022](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 7
(2022 / 23)



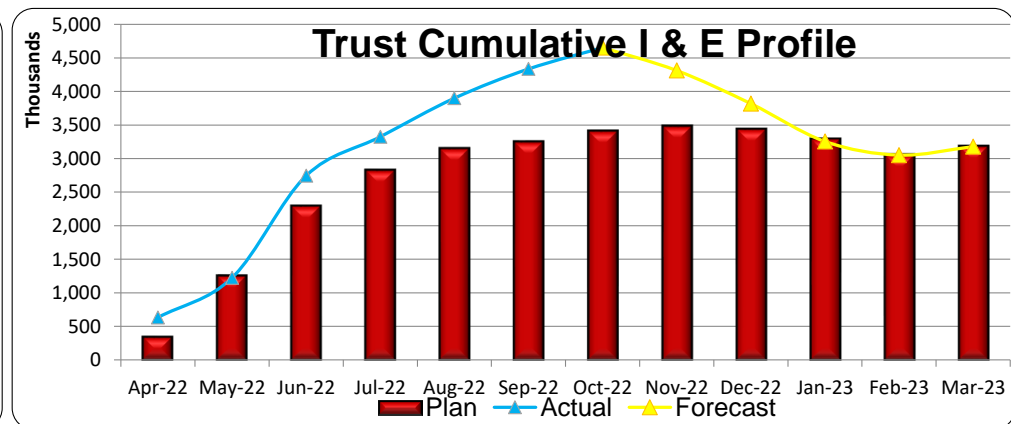
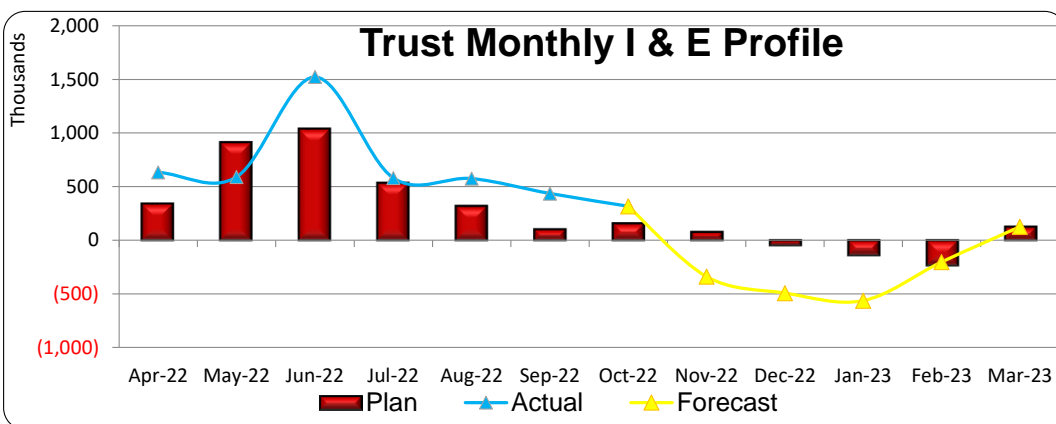
www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
Key Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£4.7m	£3.2m	In month financial performance is a surplus of £0.3m with a year to date surplus of £4.7m. This is £1.3m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.
2	Agency Spend	£5.7m	£10.1m	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 £5.7m which is £1.1m more than cap.
		4.4%		
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	£4m	£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	£82.5m	£78.5m	Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and forecast increased expenditure.
6	Capital	£2m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and currently is presented as delivering in full. Following Board review the major Bretton scheme has been paused and the impact, and any mitigations possible in year, are currently being reviewed. This will also be discussed and agreed within the Integrated Care System (ICS).
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			

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
				20,352	20,221	(131)	Healthcare contracts	143,166	142,611	(555)	246,474	245,543	(931)
				8,983	12,143	3,160	Other Operating Revenue	62,167	65,720	3,553	108,441	114,225	5,785
				29,335	32,364	3,029	Total Revenue	205,333	208,331	2,998	354,915	359,768	4,853
4,910	4,693	(217)	4.4%	(19,666)	(18,972)	694	Pay Costs	(131,886)	(129,210)	2,676	(231,448)	(225,454)	5,993
				(8,985)	(12,530)	(3,546)	Non Pay Costs	(65,881)	(70,103)	(4,222)	(113,445)	(123,972)	(10,528)
4,910	4,693	(217)	4.4%	(28,651)	(31,502)	(2,851)	Total Operating Expenses	(197,768)	(199,313)	(1,545)	(344,892)	(349,426)	(4,534)
4,910	4,693	(217)	4.4%	684	862	178	EBITDA	7,566	9,018	1,452	10,022	10,341	319
				(469)	(491)	(23)	Depreciation	(3,464)	(3,604)	(141)	(5,847)	(6,053)	(206)
				(179)	(190)	(11)	PDC Paid	(1,253)	(1,329)	(76)	(2,148)	(2,278)	(130)
				120	136	16	Interest Received	552	567	16	1,150	1,167	17
4,910	4,693	(217)	4.4%	156	317	160	Surplus / (Deficit)	3,400	4,652	1,252	3,178	3,178	0
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,910	4,693	(217)	4.4%	156	317	160	Surplus / (Deficit)	3,400	4,653	1,252	3,178	3,178	0



Income & Expenditure Position 2022 / 23

The Trust financial position continues at a surplus run rate.

Costs have increased in October with more WTE worked than previously and increased expenditure on out of area bed placements.

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 in Q3 and Q4.

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

The majority of income continues to be received through block payment arrangements. Variances to plan are reflected when income is based on recovery of actual costs; for example LD FOLS (Forensic Outreach Liaison Service) and the Youth Offenders contract where typically costs, and therefore income, are less than planned.

There is also a movement in other income this month relating to the South Yorkshire Adult Secure Collaborative of £c.3m. This is offset by additional non pay expenditure following clarification from NHS England that activity in a provider fell under South Yorkshire (shared bed base across 2 Collaboratives).

Risks, such as CQUIN or pressures on commissioners, continue to be assessed.

Pay

October is traditionally a month for increased workforce with the recruitment into substantive positions of newly qualified nurses. This has been supplemented this year with continued international recruitment resulting in an overall increase (including bank and agency movements) of 93 WTE in month. This movement has been reflected in updated forecasts. Key areas who have increased included adult acute inpatients and Forensics.

Recruitment and retention workstreams continue and these will continue to be updated in forecasts and feed into annual planning processes.

Non Pay

As noted above non pay expenditure has increased in month primarily due to Adult Secure Collaborative activity. There has also been an increase in out of area bed placements. Inflationary pressures continue although these are mitigated through underspends in areas such travel and the timing of training courses.

2.1

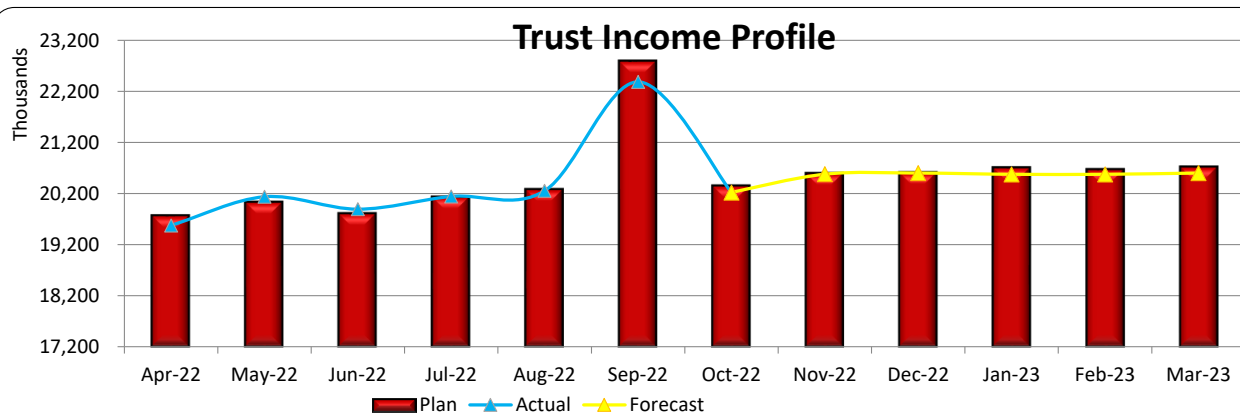
Income Information

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 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k	Total 21/22 £k
NHS Commissioners	17,501	18,083	17,285	17,878	18,049	19,848	18,099	18,430	18,430	18,430	18,430	18,430	218,894	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	356	429	331	331	331	331	331	3,970	45,733
Local Authority	433	454	484	427	429	460	446	461	485	461	461	485	5,487	5,172
Partnerships	422	422	395	413	345	399	309	375	375	375	375	375	4,577	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	470	84	128	127	127	127	127	2,371	708
Total	19,576	20,136	19,893	20,143	20,254	22,387	20,221	20,578	20,600	20,576	20,576	20,601	245,543	274,176
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	



Contract values have been updated to incorporate current agreed variations and the impact of the 2022 / 23 pay award. Contract variations are in process to finalise these. Updates for national insurance changes remain outstanding.

At month 7 income is £555k less than plan. This is primarily due to services being reimbursed based on actual costs incurred and therefore there are corresponding underspends in pay and non pay.

These services include the regional LD FOLS (Forensic Outreach and Liaison Service) and Youth Offenders Service run in partnership with another NHS Trust.

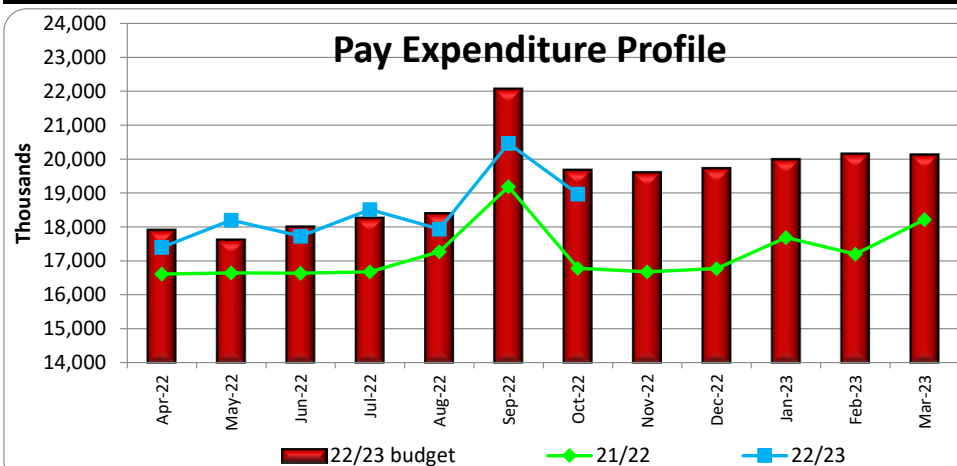
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities include a focus on the health and wellbeing of this workforce.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

Staff type	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
Substantive	15,672	16,136	16,033	16,399	16,217	18,386	16,937						115,779
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261						7,769
Agency	740	920	711	950	716	849	775						5,661
Total	17,397	18,201	17,728	18,510	17,937	20,464	18,972	0	0	0	0	0	129,210
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%	6.0%	6.6%						6.0%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%						4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129	4,148	4,162	4,153	4,222						4,151
Bank & Locum	251	294	252	307	259	272	313						278
Agency	148	141	149	142	137	175	158						150
Total	4,530	4,545	4,530	4,597	4,559	4,600	4,693	0	0	0	0	0	4,579
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	4,488



The increases in September (in both years) relates to the annual pay award which was backdated to April. Overall the pay budgets increase due to planned increases in workforce numbers.

Workforce numbers have continued to increase in October 2022 with noticeable movement in WTE worked by substantive staff (including additional hours and overtime) and bank staff. Although not replicated in 2021 / 22 October is typically a month for increased WTE with newly qualified nurses recruited. Overseas recruitment has also continued.

Of the 93 increase, 43 were in inpatients settings (adult acute, Forensics) which has previously been highlighted as a focus for recruitment efforts.

2.2 Agency Expenditure Focus

**Agency spend is £775k in October.
Year to date spend is £5,661k.**

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.

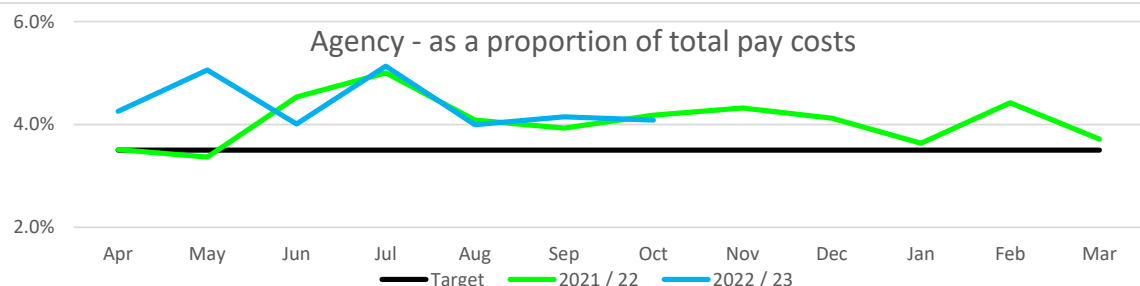
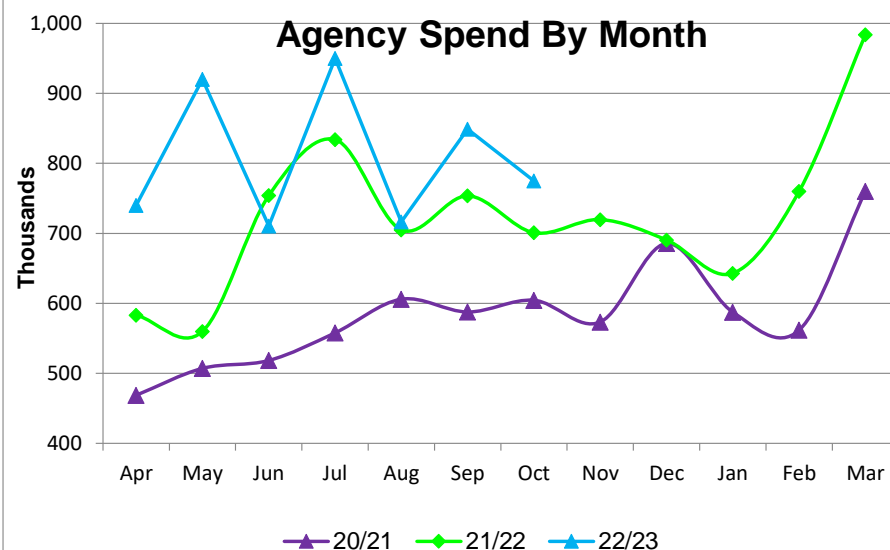
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible 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. £2.3m 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 (adult and Forensics) with both registered and unregistered nursing support utilised. There has been a reduction of £100k in these areas compared to last month. Although the pay analysis indicates an increase in recruitment it is forecast that a requirement of agency staff will continue for the rest of the year. To date these staffing groups accounts for £3.0m of spend whilst medical staffing represents a further £1.9m.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £179k 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.

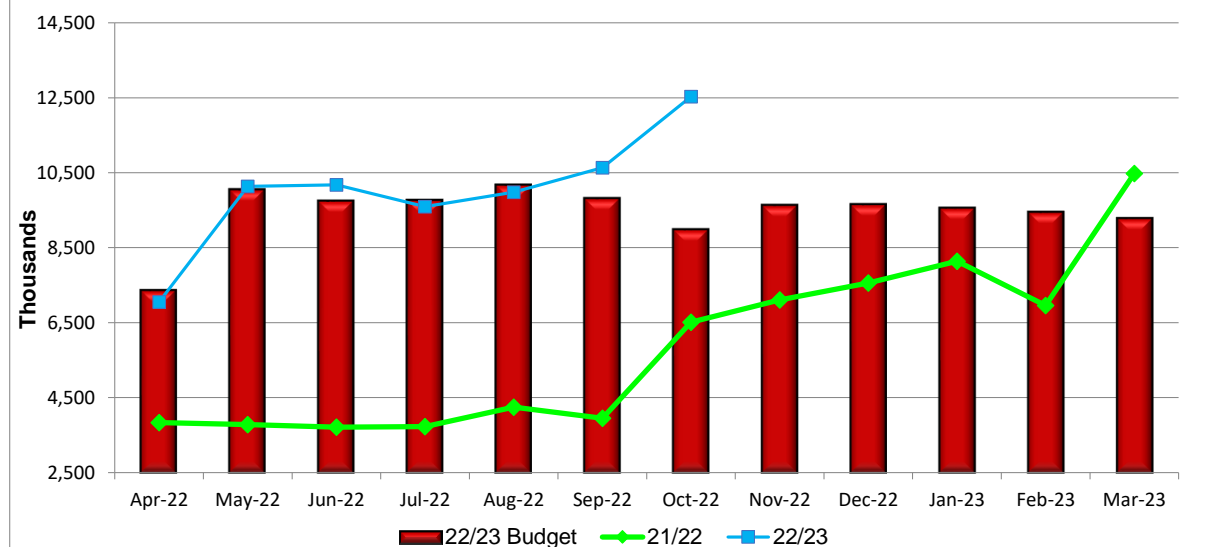
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in October 2022 was 4.1% with cumulative year to date position of 4.4%.

2.3 Non Pay Expenditure

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

Non pay spend	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
2022/23	7,052	10,139	10,175	9,595	9,979	10,633	12,530						70,103
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 Year to date	Actual Year to date	Variance
Non Pay Category	£k	£k	£k
Drugs	1,900	1,986	86
Establishment	5,289	6,279	990
Lease & Property Rental	4,305	4,521	216
Premises (inc. rates)	3,187	3,644	458
Utilities	1,302	1,197	(105)
Purchase of Healthcare	6,165	5,272	(894)
Lead Provider Collaborative	36,736	39,232	2,496
Travel & vehicles	2,533	2,036	(496)
Supplies & Services	3,657	3,759	102
Training & Education	1,534	997	(536)
Clinical Negligence & Insurance	601	595	(6)
Other non pay	(1,327)	585	1,912
Total	65,881	70,104	4,222
Total Excl OOA and Drugs	57,816	62,846	5,030



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. Spend has also increased in October relating to the South Yorkshire collaborative. Additional activity has been included which is offset by additional income. At c £3m this is a significant movement in month but has no impact on the collaborative overall financial position.

Other headlines include continued underspends against budget on the travel and training lines. Travel is expected to continue and will be reviewed as part of the annual planning process whilst there is a lot of procurement activity currently on training and education especially relating to CPD funded courses.

Other non pay includes all other items not categorised into the above headings. As such this covers a wide range of items and budgets held centrally. Major areas of spend include audit fees, consultancy costs, Trusts costs as part of linked charities including Creative Minds and the Fieldhead Museum.

2.3 Out of Area Beds Expenditure Focus

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

Due to it's volatile, and potentially expensive nature, the non-pay focus has been on out of area bed expenditure. In this context this refers to spend incurred in order to provide clinical care to adult acute and PICU service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key reasons are highlighted below.

- Specialist health care requirements of the service user not available directly from the Trust or not specifically commissioned.
- No current bed capacity to provide appropriate care.

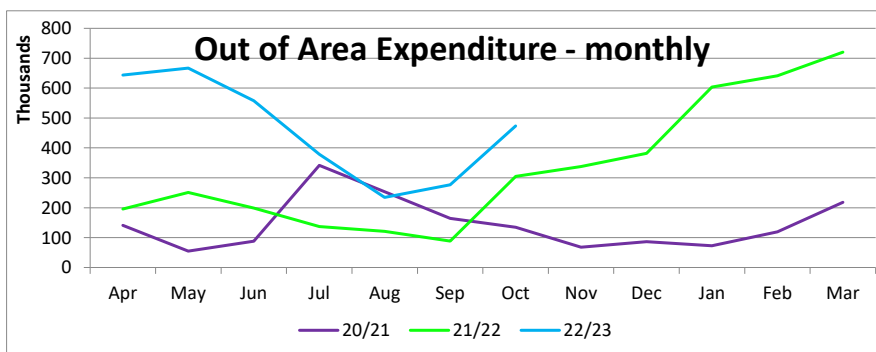
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

This analysis is for the out of area placements relating to adult acute beds including PICU in all areas. This excludes activity relating to locked rehab in Barnsley or the purchase of other healthcare services.

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382	604	641	720	3,981
22/23	644	667	557	378	235	276	474						3,232

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	304	525						3,246

Bed Day Information 2022 / 2023 (by category)													
PICU	427	417	446	379	247	214	235						2,365
Acute	57	95	141	100	108	90	290						881
Total	484	512	587	479	355	304	525	0	0	0	0	0	3,246



As previously acknowledged, the use of out of area placements, can be volatile. This has been seen in month with increased usage due to:

- * reduced internal capacity due to covid and ongoing repairs to seclusion rooms
- * result of risk assessments considering acuity, activity levels and staffing to ensure safety
- * increased PICU demand specifically following sustained high levels of occupancy resulting in no free capacity

Actions continue including the appointment of additional out of area co-ordinators to oversee the process including supporting repatriation at the earliest available time.

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,352	161,408	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	1,623	4
Non NHS Trade Receivables (Debtors)	921	1,236	4
Prepayments	2,174	3,162	2
Accrued Income	816	5,880	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	82,506	Pg 13
Total Current Assets	87,941	96,096	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(43,640)	5
Capital Payables (Creditors)	(1,790)	(638)	6
Deferred Income	(6,480)	(5,230)	
Other Liabilities (IFRS 16 / leases)		(55,198)	1
Total Current Liabilities	(47,670)	(104,704)	
Net Current Assets/Liabilities	40,271	(8,608)	
Total Assets less Current Liabilities	147,623	152,800	
Provisions for Liabilities	(7,716)	(7,211)	
Total Net Assets/(Liabilities)	139,907	145,589	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	81,589	7
Total Taxpayers' Equity	139,907	145,589	

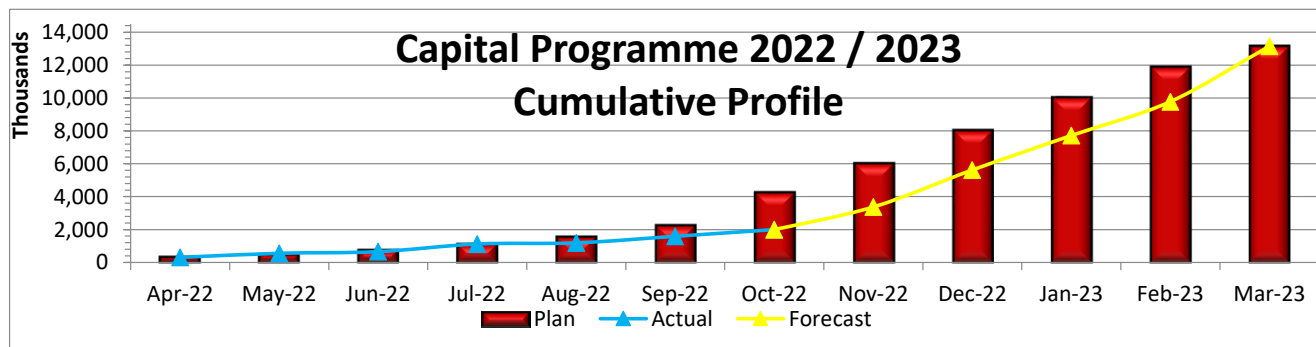
The Balance Sheet analysis compares the current month end position to that at 31st March 2022.

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. Prepayments are higher than March 2022. This is usual and will reduce over the course of the year.
3. Accrued income has increased significantly in October 2022 due to £2.9m in relation to the Adult Secure collaborative relating to rechargeable activity confirmed as in scope.
4. Overall debtors remain low and are proactively managed to ensure recovery and that any issues are resolved. To date only £71k 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. Capital creditors remain low due to the schemes currently underway in the capital programme. This is forecast to increase.
7. This reserve represents year to date surplus plus reserves brought forward.

3.1

Capital Programme 2022 / 2023

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k
Major Capital Schemes						
Bretton Centre	7,500	1,593	619	(974)	619	(6,881)
OPS transformation	500	370	126	(244)	667	167
Maintenance (Minor) Capital						
Clinical Improvement	745	256	66	(190)	795	50
Safety inc. ligature & IPC	1,065	440	44	(396)	944	(121)
Compliance	700	495	260	(235)	1,400	700
Backlog maintenance	350	60	6	(54)	390	40
Sustainability	350	60	0	(60)	350	0
Plant & Equipment	550	183	11	(172)	37	(513)
Other	0	0	433	433	5,459	5,459
IM & T						
Digital Infrastructure	450	250	9	(241)	1,509	1,059
Digital Care Records	40	23	4	(19)	67	27
Digitally Enabled Workforce	375	225	30	(195)	380	5
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	304	389	85	389	35
VAT Refunds						
TOTALS	13,144	4,259	1,997	(2,262)	13,144	(0)



Capital Expenditure 2022 / 23

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

The Trust Board confirmed in October 2022 that the Bretton Centre scheme would be paused due to significantly increased costs, timescales and risk.

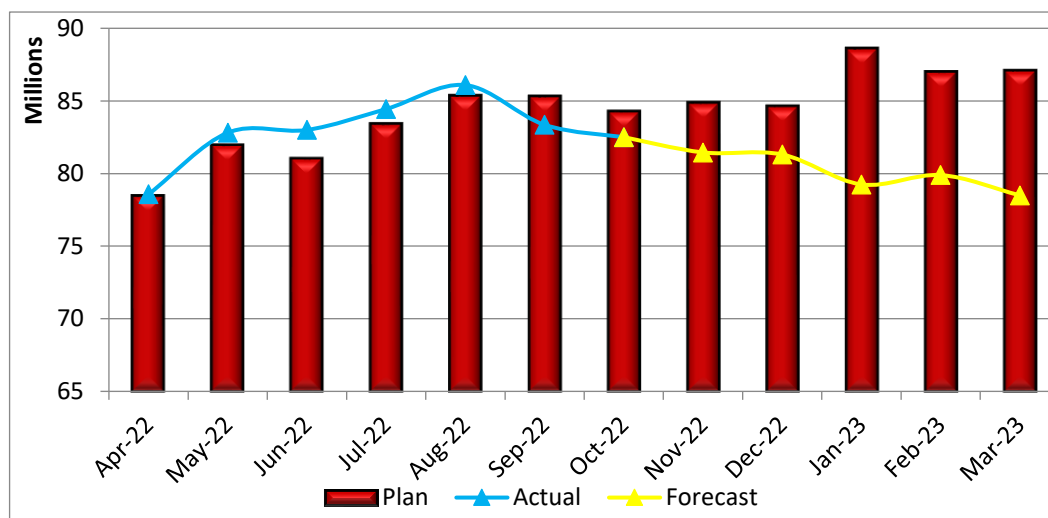
At the moment future forecast spend has been included against the other category whilst next steps are agreed internally and within the Integrated Care System (ICS).

The Older Peoples Service transformation (Ward 19 extra care area) scheme has commenced and costs to date are reported.

IM & T schemes are acknowledged to be behind plan for the year to date. This was pending a retendering exercise for external IM & T support. Now this is in place schemes will be prioritised and progressed as linked to the Trust digital strategy.

3.2

Cash Flow & Cash Flow Forecast 2022 / 2023

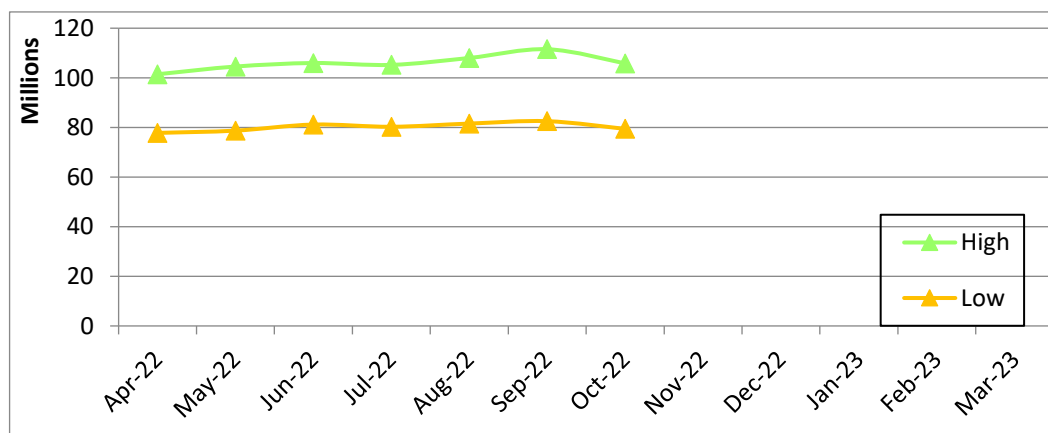


	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	84,234	82,506	(1,728)

Cash remains positive.

The Trust cash position remains strong and is forecast to remain throughout the year. Cash is forecast to reduce to the end of the year, as I&E and Capital expenditure increases.

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



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

The highest balance is: £105.8m

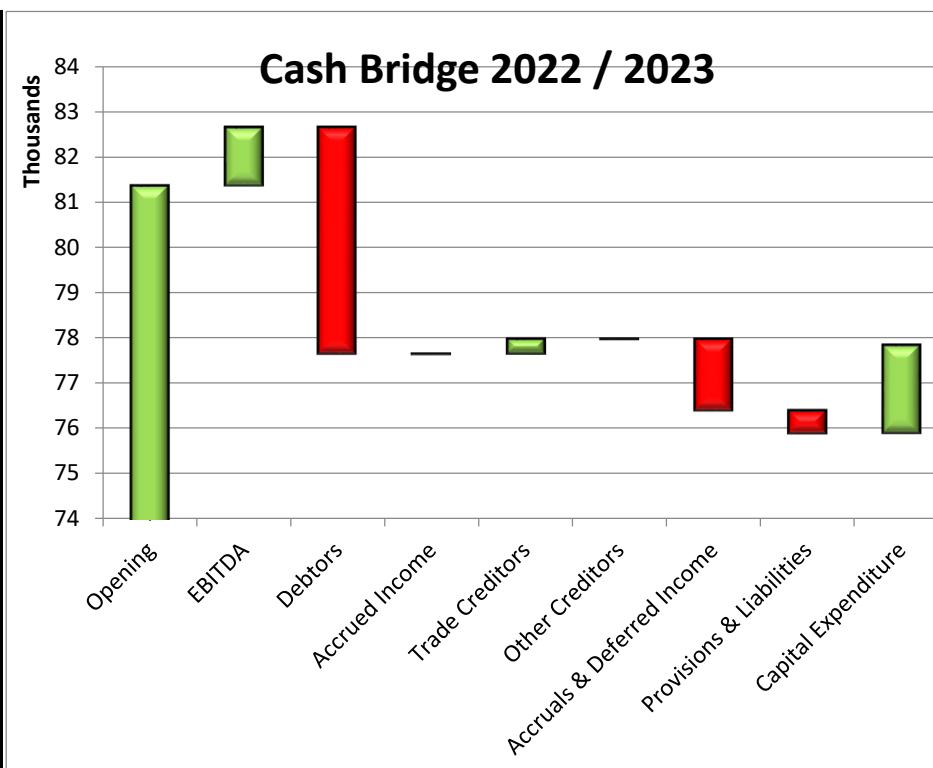
The lowest balance is: £79.4m

This reflects cash balances built up from historical surpluses.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	76,454	81,368	4,914	
Surplus / Deficit (Exc. non-cash items & revaluation)	12,447	13,743	1,295	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(2,000)	(7,017)	(5,017)	
Trade Payables (Creditors)	2,400	2,729	328	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	(1,583)	(1,583)	
Provisions & Liabilities	0	(505)	(505)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,955)	(1,997)	1,958	
Cash receipts from asset sales			0	
Leases	(298)	(3,828)	(3,530)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	259	567	308	
Closing Balances	84,234	82,506	(1,729)	



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.

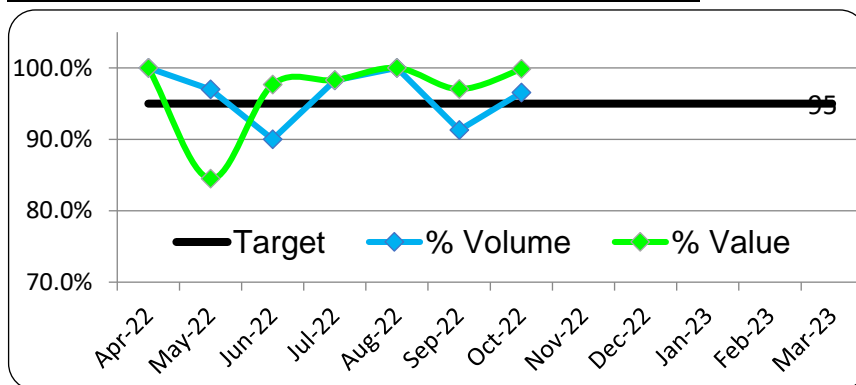
4.0

Better Payment Practice Code

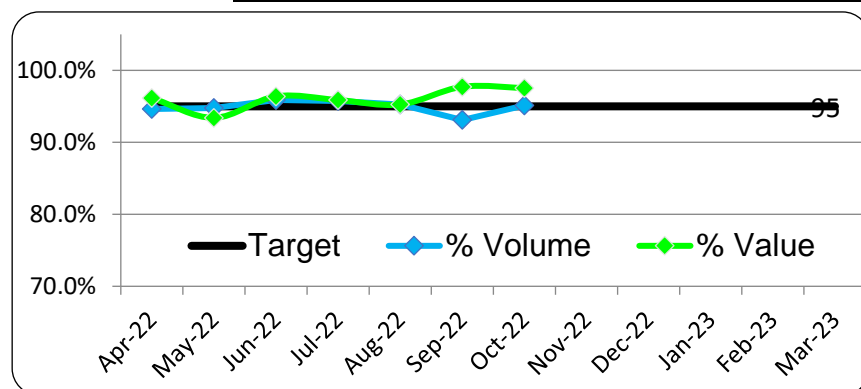
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	97%	100%
Cumulative Year to Date	97%	98%



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



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 (£)
11-Jul-22	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176194	411,029
12-Aug-22	Rent	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176362	394,271
01-Oct-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 265	371,608
01-Oct-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007333	324,857
30-Sep-22	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118585	293,365
10-Aug-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC003INV	288,560
14-Jul-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC002INV	258,217
25-Oct-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998150	197,224
01-Sep-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS02	185,000
01-Oct-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007327	155,397
03-Oct-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092949	134,624
30-Sep-22	Drugs	Trustwide	Aventis Pharma T/A Sanofi	921214701	119,394
21-Sep-22	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90114000	106,214
27-Sep-22	Staff Recharge	Kirklees	Kirklees Council	8607473359	90,500
04-Oct-22	IT Services	Trustwide	Daisy Corporate Services	31498018	90,250
21-Sep-22	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90113999	89,799
04-Oct-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092980	84,365
07-Oct-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176667	82,239
30-Sep-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D5100072301	82,235
12-Apr-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006778EPC	74,976
12-Apr-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510006781EPC	74,976
22-Sep-22	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	322080	71,122
22-Sep-22	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	322079	67,134
31-Aug-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	110052	61,738
03-Oct-22	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72483842	44,641
30-Sep-22	Purchase of Healthcare	Forensics	Sheffield Childrens NHS Foundation Trust	2100222271	42,350
12-Sep-22	Mobile Phones	Trustwide	Vodafone Ltd	102264909	40,949
30-Sep-22	Purchase of Healthcare	Trustwide	Partnerships In Care Ltd	D5100072221	38,246
20-Sep-22	Drugs	Trustwide	NHS Business Services Authority	1000074582	37,771
30-Sep-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	9137	36,720

05-Oct-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402855321	36,115
03-Oct-22	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20220250	34,741
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4538	34,523
04-Oct-22	Utilities	Trustwide	Edf Energy Customers Ltd	000013398408	33,814
25-Oct-22	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998151	32,871
18-Jul-22	MFD Rental	Trustwide	Annodata Ltd	1283918	30,627
17-Oct-22	MFD Rental	Trustwide	Annodata Ltd	1293848	30,627
17-Aug-22	Recruitment Campaign	Trustwide	Just R Ltd	547A	30,000
30-Sep-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	9145	29,567
31-Aug-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	HEX0249267	29,109
04-Oct-22	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6026056	28,726
31-Aug-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0249312	26,691
30-Sep-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0256093	25,830
30-Jun-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0240465	25,830
17-Sep-22	Purchase of Healthcare	Barnsley	Barnsley Metropolitan Borough Council	9000301254	25,000

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained

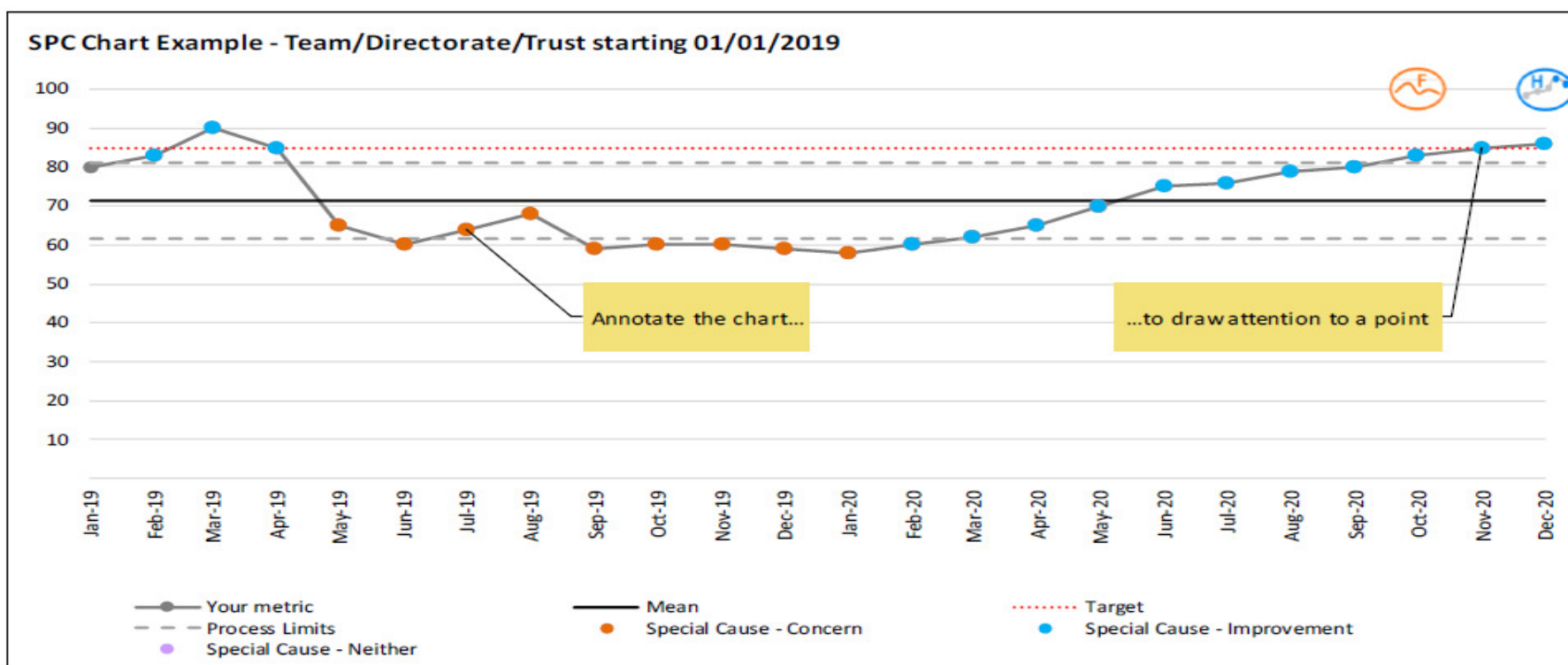
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

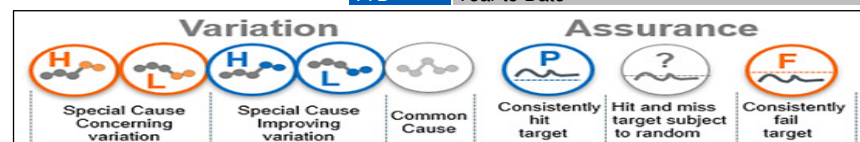
Glossary

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