
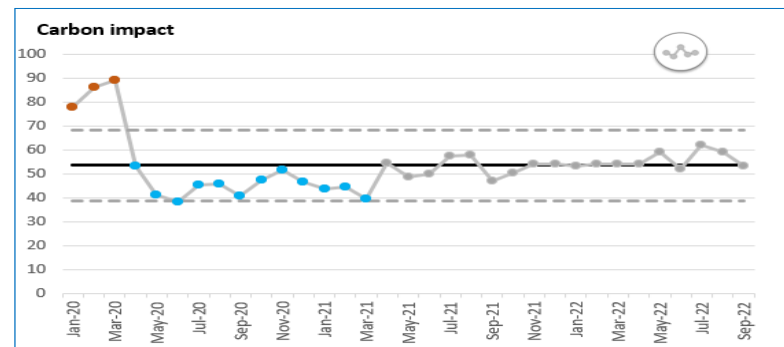


The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23. For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly. We will also incorporate statistical 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	Jul-22	Aug-22	Sep-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)	70.1%	70.3%	70.3%			Figures shown are the combined percentage for completion of ethnicity (96.4%), disability (41.7%), sexual orientation (43.2%) and from July 2022 postcode (99.7%).  The threshold is currently based on the national target for ethnicity recording only, which is already in place and achieving. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	<a href="#">See reducing inequalities section of the report for detail</a>					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)	100%	51.23% service EIAs complete 65.09% policy EIAs complete					There are currently a number of policies due for review and as part of this process the equality impact assessments will be completed. 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%					
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	62	59	53			Data showing the carbon impact of staff travel / business miles. For September staff travel contributed 53 tonnes of carbon to the atmosphere.
Work in partnerships at System & Place to improve the health of our communities	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	64.4%	Due November 2022				Reported 6 weeks in arrears. 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%					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.

**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 September 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



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, the final planning stage for developing the social responsibility and sustainability action plan, completed by July 2023		On target to deliver within agreed timescales. Reporting to the Equality Inclusion and involvement (EI&I) Trust Board subcommittee, Phase 1 is the final planning stage for developing the social responsibility and sustainability action plan and will run from September 2022 to July 2023. Work is progressing well with Drivers for Phase 1 on schedule to be first presented to the November 1st EI&I Committee before final submission to EI&I Committee on 14th December.
Work in partnerships at System & Place to improve the health of our communities	Barnsley provider alliance - • Commence target operating model development by July 2022		On track
	Barnsley provider alliance - • Alliance Agreement decision-making form development, variation, and future proofing by September 2022		
	Barnsley provider alliance - • Co-design and development of a marketing, communication, equality, inclusion, and involvement approach by December 2022		On track
	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.
	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 • West Yorkshire: Advanced Clinical Practitioners and Single Point of Access workers recruited by Jul 2022		Advanced clinical practitioner (ACP) recruitment complete but there have been some challenges in recruiting to the single point of access practitioner roles in Calderdale. SWYPFT General Manager is working closely with programme lead to consider aligning this role more closely with the ACP roles implemented elsewhere.
	Community Mental Health transformation • West Yorkshire: Additional Roles Reimbursement Scheme (ARRS) roles recruited by October 2022		Recruitment is ongoing and whilst each place has now recruited a proportion of ARRs roles, numbers so far are lower than in the agreed phasing schedule and recruitment schedule will need to continue beyond original targets. Planning now taking place.
	Community Mental Health transformation • South Yorkshire: Successful completion of tender to provide community connectors into the 6 Barnsley neighbourhoods by October		Complete
	Community Mental Health transformation: Planning workstream activity (October / Nov)		These are focussed on personalised care planning (CPA replacement), community mental health teams and other activity required in line with transformation roadmap.

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
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Improve Care								
Priority programme	Metrics	Threshold	Jul-22	Aug-22	Sep-22	Variation/ Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Number of records with up to date risk assessment - Inpatient	Oct - 85% Nov - 90% Dec - 95%	78.0%	82.0%	71.3%			<b>September data is provisional and will be refreshed next month.</b> 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 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. Progress will be monitored against the monthly trajectory in the next report (Oct – 85%; Nov – 90%; Dec - 95%).
	Number of records with up to date risk assessment - Community	Oct - 85% Nov - 90% Dec - 95%	54.2%	81.7%	61.0%			
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	36.1%	38.2%	42.8%			
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards	TBC	233.9	232.0	237.8			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. Threshold to be agreed for the next report.
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	45	40	58			Data based on adult acute discharges only and likely to fluctuate. A higher number is indicative of patients being discharged who have longer lengths of stay. Individuals are being admitted at a higher level of acuity, taking longer to reach recovery. Length of stay is continuously monitored through the patient flow team. We are looking at ways to reduce this average and aim to develop a trajectory for reduction and phased target with a view to being more in line with the national benchmark by the end of Q1 23/24
	Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	15	20	13		N/A	In September there was a decrease of race related incidents against staff on mental health wards. The majority of incidents occurred in Forensics care group.
	Inappropriate out of area bed placements (days)	Q2 - 1012	370	278	224			
	Percentage of video consultations	Trend monitor	2.0%	1.7%	1.7%		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	29.2%	27.9%	28.9%		N/A	
	Percentage of face to face consultations	Trend monitor	68.8%	70.4%	69.4%		N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	542	488	483			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 September - 343. 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	479	532	468			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 September - 912. 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%	85.4%	67.3%	88.5%			August and September data is provisional at the time of producing this report as data is reported quarterly and will be refreshed in November 2022. Work is in place to improve performance with the actions to minimise the impact of the waits reported to clinical governance clinical safety committee.
	Referral to assessment within 2 weeks (external referrals)	75%	90.2%	79.4%	65.1%			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.
	Assessment to treatment within 6 weeks (external referrals)	70%	93.7%	92.7%	94.0%			

Summary

**Priority  
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Covid-19

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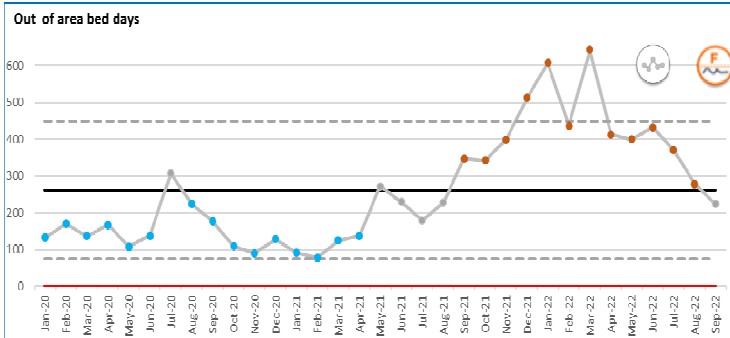
Finance/Contracts

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)

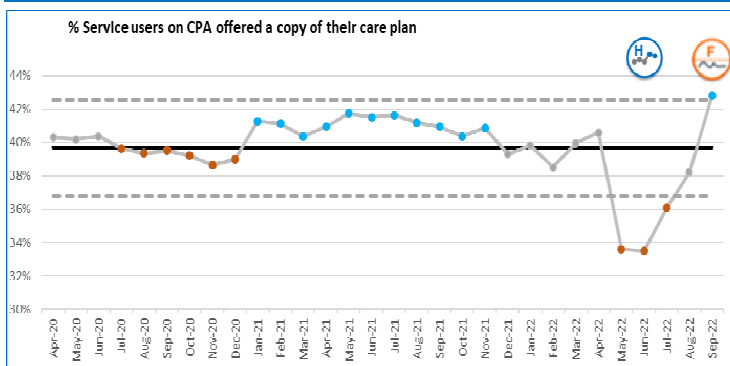


There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, Covid outbreaks and challenges to discharging people in a timely way.

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 11 people placed in out of area beds at the end of September, a reduction from our peak of 20 in recent months and broadly in line with the trajectory we submitted to NHSEI.



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

ICON	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.		
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

Summary

**Priority  
Programmes**

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## Improve Care

### Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)

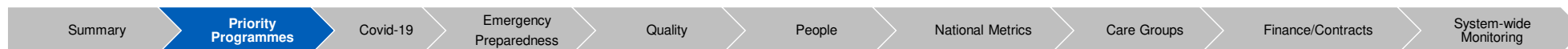
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Develop comprehensive improvement plans by September 2023.		NHS England launched the new patient safety incident response framework on 16 August 2022. The transition work commenced in September 2022. There are several documents including a preparation guide and a toolkit to support us through a 12 month transition period culminating in going live by September 2023. An internal project group is in place to support this work. An internal stakeholder soft launch event was held on 7th October as part of our orientation work. The first regional PSIRF learning community will be held on 13 October hosted by the Patient Safety Collaborative. Our intranet page has been updated with an overview of PSIRF <a href="https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/Patient-Safety-Incident-Response-Framework.aspx">https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/Patient-Safety-Incident-Response-Framework.aspx</a>
	Development of a structured approach and process for quality improvement by December 2022		On track. It will be used as part of care plan and risk assessment improvement programmes.
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Improving Access to Care (IATC): Completion of baseline analysis of waiting times & support for people while they wait by October 2022		This work is progressing well and is on track. Data is being gathered from care groups to form a baseline stock take of current position of what is being done to reduce waiting times & support people while they wait in neurodevelopmental CAMHS and learning disability services. Work of systmone waiting list project is being realigned to support this programme.
	Improving Access to Care (IATC): Creation of standardised Waiting Times management framework by December 2022		
	Out to public consultation on Older People inpatient services by January 2023		Additional workshop requested by the system in advance of stakeholder engagement event in Autumn. January start date for consultation process will still allow this to be completed in advance of purdah.
	Revised quality strategy to be approved at Trust Board in December 2022		The quality strategy is under development with staff engagement sessions taking place and alignment with other strategic priorities and financial planning.

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Improve resources								
Priority programme	Metrics	Threshold	Jul-22	Aug-22	Sep-22	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£580k	£575k	£436k			Surplus position month on month with workforce numbers as the key driver.
	Capital spend against plan	£13.1m	£713k	£476k	£1,114k			Capital expenditure is forecast to increase later in the year once the Bretton Centre and Ward 19 major capital schemes commence.
	Agency spend managed within the overall workforce	<4%	5.10%	4.0%	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	£589k			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	48%	52%	55%			16/29 wards live in September. 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 have been scheduled for November to capture operational and workforce assumptions. The first draft of the Trust plan (including financials) will be reported to the December Board.
	Loss making services in Service Line Reporting (SLR) understood and action plan developed by September 2022		Due to changes in priorities and processes during Covid, it isn't possible to run Service Line Reports in the same way as previously. Action is being taken to replace Service line reporting with Patient Level Costing (PLICS) to enable the reporting of loss makers in the future. This milestone will therefore be replaced with those set to measure progress of PLICS implementation. A project plan for PLICS implementation has been developed and monthly project board is in place. The implementation will be reported into audit committee and outputs into Finance, Investment, Performance committee.
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board by February 2023		Enabling working effectively project has been commissioned to commence phase 2 which will undertake a work programme to understand and make better use of our space.
	Agree final costings for Bretton development Autumn 2022		
	Commence work on Bretton site November 2022		
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by March 2023		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



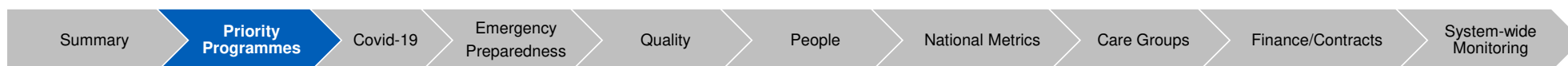
Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Jul-22	Aug-22	Sep-22	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	16.6%	16.7%	16.9%			
	Turnover external (YTD projection)	>10-12<	15.0%	14.7%	14.6%			
	Sickness absence - Month	<=4.4%	5.5%	4.7%	4.8%			Covid-19 absence included in overall sickness absence figure from July 2022
	Workpal appraisals - rolling 12 months	>=90%	56.7%	61.3%	57.3%			
	Quarterly summary from staff survey. This will include response rate from underrepresented staff groups and narrative report on progress made against workforce strategy	N/A	Report to be made available once results analysed					The quarterly pulse staff survey was undertaken in July, this is being analysed currently. Report will be shared when available.

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

**Make this a great place to work**

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Milestones are aligned to the delivery of the workforce strategy and organisational development plan. Implementation plan is being refreshed.		Progress this month: <ul style="list-style-type: none"> <li>• Further 4 International Nurses joined the Trust</li> <li>• New starters outpacing leavers for consecutive months</li> <li>• New People Directorate leadership structure agreed and to be implemented on a transitional basis from 10 October</li> <li>• Flu campaign launched for 2022/23</li> <li>• Partnership group established to manage any potential industrial action</li> <li>• Regular meetings with staff governors in place</li> <li>• New lead role for diversity and inclusion shaped and recruitment underway</li> <li>• Becoming a Trauma Informed Organisation programme was supported and approved by executive management team in September. A trust wide programme of work is being devised and steering group established, jointly led by Greg Moores and Darryl Thompson.</li> <li>• The Enabling Working Effectively programme has been commissioned to commence phase 2 which aims to embed hybrid working Trust wide</li> <li>• Temporary staffing department transferred into the people directorate in October</li> <li>• New pension thresholds implemented.</li> </ul>





## Reducing Inequalities

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

We know there are differential impacts on groups in our population:

- People with mental health or a learning disability are known to have reduced life expectancy.
- Black, Asian, and Minority Ethnic (BAME) individuals are more likely to experience poor health.
- Gypsy, Roma and Traveller communities face large barriers to accessing services.
- People with a physical or sensory disability experience impacts relating to communication, information, and the built environment.
- Those living in our more deprived areas have a lower average life expectancy and experience poorer health.
- There is evidence that LGBTQ+ people have disproportionately worse health outcomes.
- Some people experience multiple impacts and disadvantages.
- Meeting the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution is a priority.

Key actions the Trust are taking to address inequalities are:

- Improving data collection gaps – addressed using the 'All of You' campaign, and staff development.
- Developing a dashboard – in line with NHSE/I and CORE20PLUS5 and using the Kings Fund approach to identify inequalities.
- Triangulating insight and feedback, and capturing stories to create a narrative to support the dashboard.
- Using service-level equality impact assessments, updated periodically to reflect changes in community profiles.
- Co-design of services with communities ensuring representation is reflective of the population and covers all protected groups and carers.
- Enhanced equality and diversity training for both Trust Board and staff to create the right conditions and culture.
- Literature bank for equality and diversity, and community films to support insight and understanding of diverse groups.
- Monitoring use of translation services at a service level against patient profile, and ensuring service information is in the right format and accessible.
- Identifying digital access as part of initial assessment via 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

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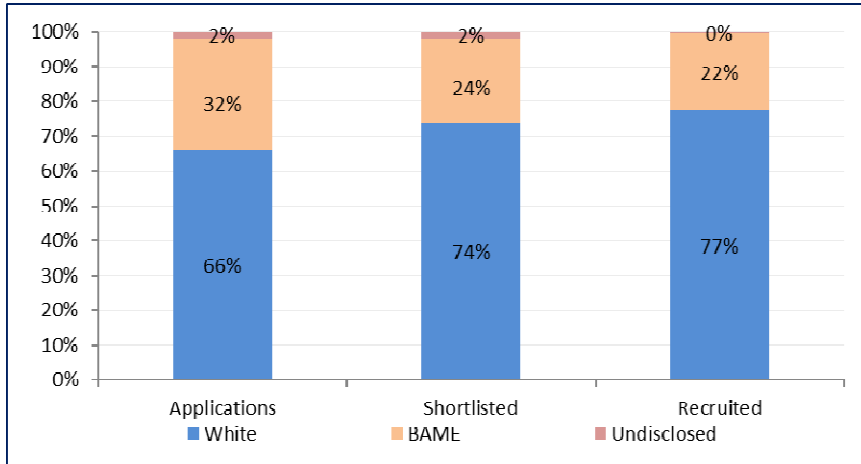
Finance/Contracts

System-wide  
Monitoring

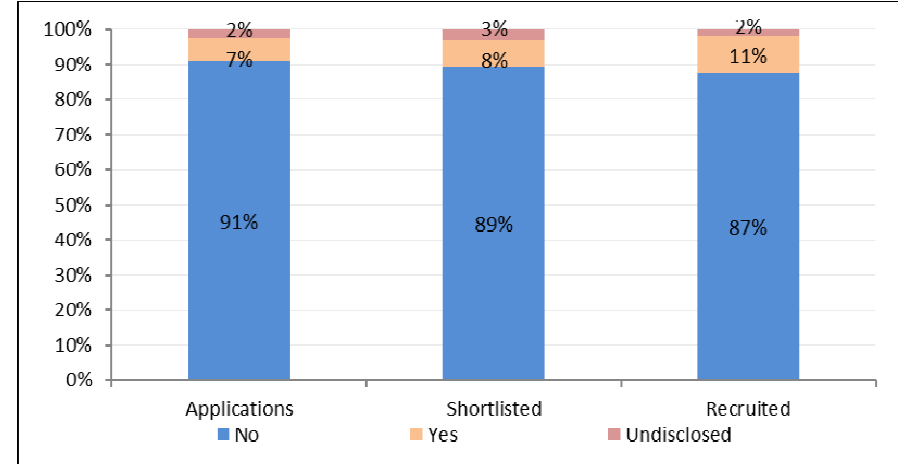
## Reducing Inequalities

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

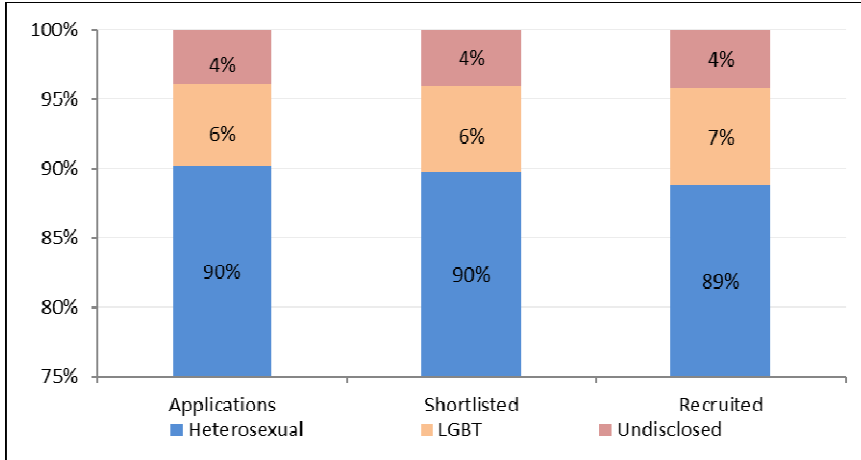
#### Ethnicity



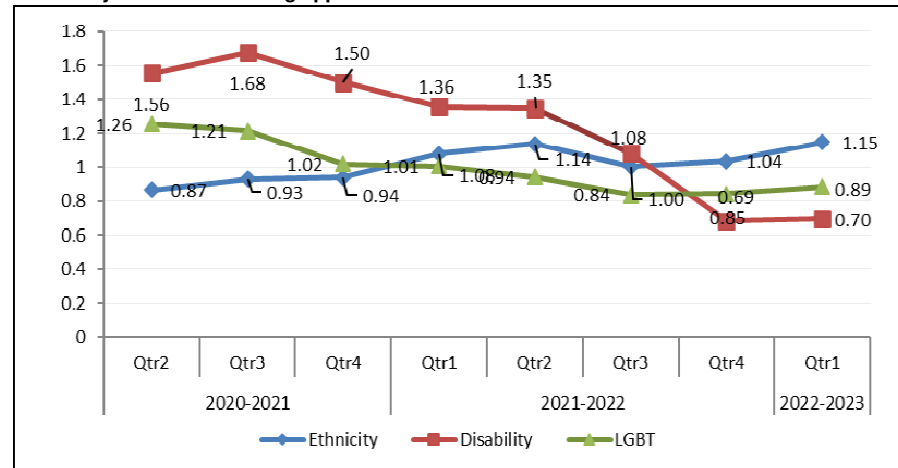
#### Disability



#### Sexual Orientation



#### Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 1 2022-2023:

BAME:	Disability:	LGBTQ+:
1.15	0.70	0.89

Summary

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## Reducing Inequalities

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

#### Notes:

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

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

BAME - relative likelihood of being appointed compared to white applicants this quarter = 1.15

Disability - relative likelihood of being appointed compared to non - disabled applicants this quarter = 0.7

LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 0.89

NB relatively large proportions of undisclosed could unintentionally skew the data

#### Relative likelihood key

1.00 = target figure, equally as likely to be appointed.

Greater than 1.00 = less likely to be appointed

Lower than 1.00 = more likely to be appointed

#### Action

Our recruitment approach is being reviewed as part of the People Directorate restructure, and work is ongoing regarding inpatient recruitment as part of the regular taskforce meeting

Review recruitment and selection training

Review recruitment and selection policy

Work with staff networks around action planning

Summary

**Priority  
Programmes**

Covid-19

Emergency  
Preparedness

Quality

People

National Metrics

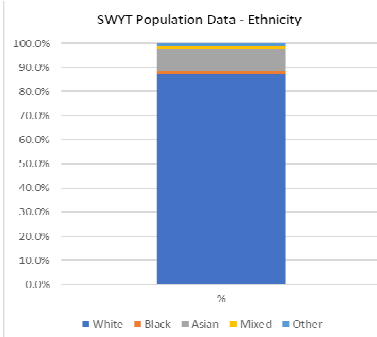
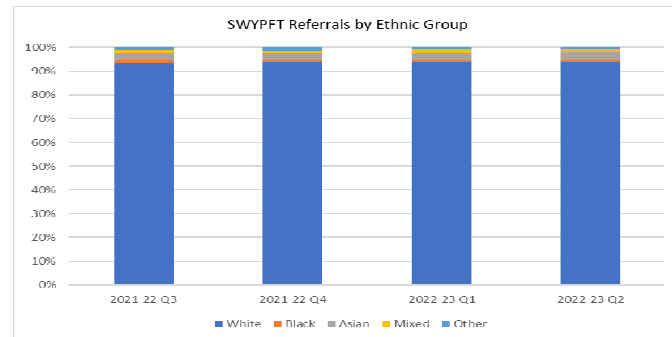
Care Groups

Finance/Contracts

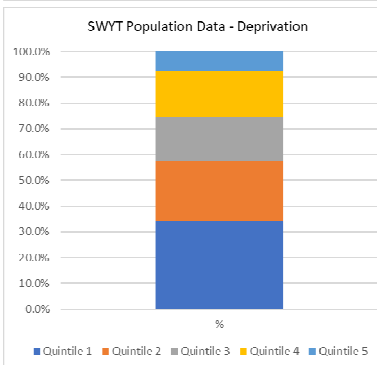
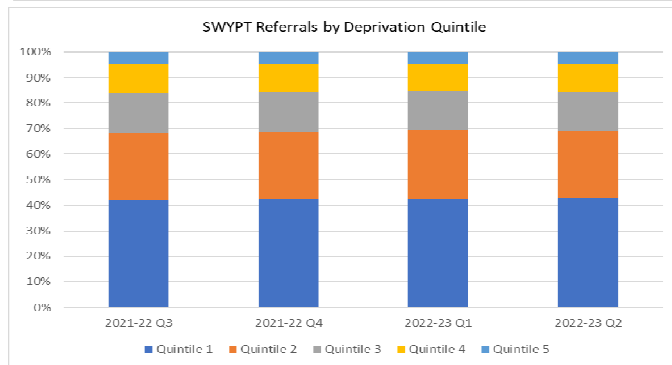
System-wide  
Monitoring

## 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

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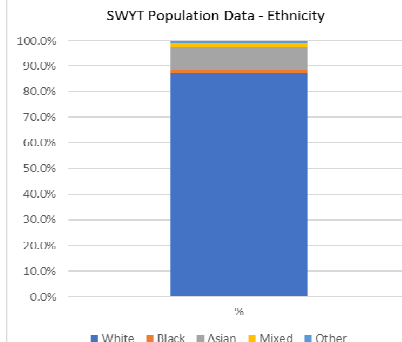
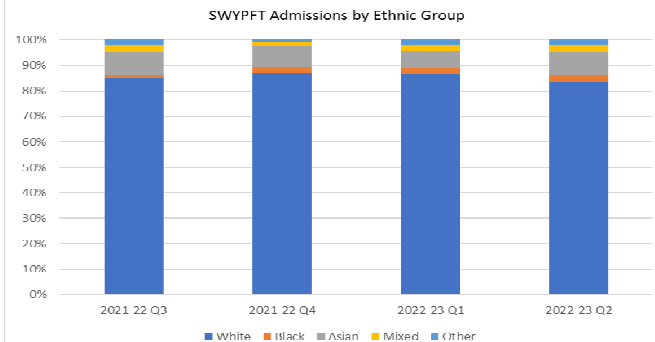
Care Groups

Finance/Contracts

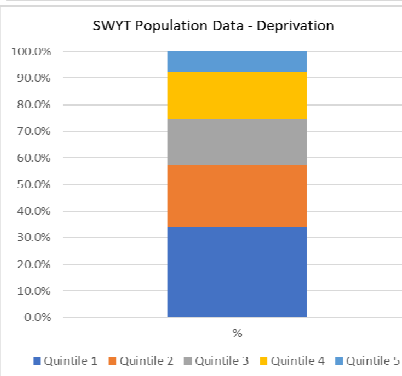
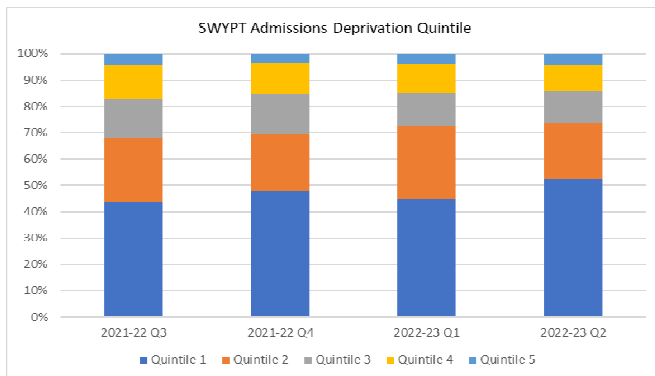
System-wide  
Monitoring

## 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

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**Covid-19**

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## Covid-19 response

This section of the report focuses on a number of components of the Trust's response to Covid-19 including testing, support to the system and 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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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	37	41	5	40	30	2	7	21	23	2	
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	15	
No of Service users Covid-19 positive and deceased within 28 days of positive test	0	0	1*	1*	1*	0	0	1	3	0	
No of wards with outbreaks	10	8	1	8	5	0	1	1	2	2	

Patient testing and pathway/Outbreak response and management  
There have been two ward outbreaks and one cluster.

#### Covid-19 Clinical Cases

Update for August data there have sadly been three patient deaths. Two were identified as healthcare associated infection (HCAI) and one was non-Covid-19 related.  
Appropriate scrutiny, reporting, reviewing and investigations procedures were followed.

#### Testing approach - Current position

- Covid19 testing for staff and patient changed from 31st August, in line with the Covid-19 testing in periods of low prevalence advice from NHS England.

#### Patients:

- Swabbing for symptomatic testing through PCR testing.
- Inpatient asymptomatic Covid-19 admission testing is undertaken utilising lateral flow tests (LFTs) and testing timescales of admission, day 3 and day 5, on:
  - o 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.
  - o Individuals that are assessed at high risk of serious illness for Covid-19 and / or admitted from a household that has a positive case.
- 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 polymerase chain reaction (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.

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**Covid-19**

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## Covid-19 response

### Staff:

- Symptomatic testing – Using LFTs or through internal testing route.
- Staff working on wards that have been identified as high risk of serious illness from Covid-19. 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 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.

## Emergency Preparedness

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

### Supporting the system

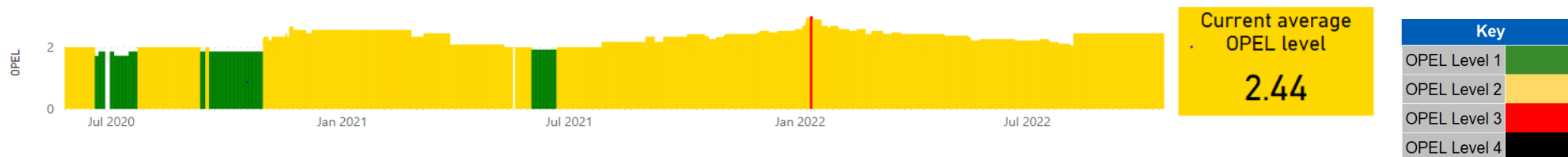
Integrated care system (ICS) stress test and outbreak support

- 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 2.4 with five service areas now operating at OPEL 2. Four service areas remain at OPEL 3.
- The roll out of the annual staff influenza programme commenced in October 2022. This year all staff groups will be targeted at once as opposed to previous years where we had a staggered approach. The target for frontline uptake is 90% which is an increase of 5% from last year. Whilst this will be challenging, steps are being put in place to push the achievement of this target.





Summary	Priority Programmes	Covid-19	Emergency Preparedness	<b>Quality</b>	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Quality Headlines													
Section	KPI	Objective	CQC Domain	Owner	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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%	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	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	84%	81%	85%	85%	88%	85%	85%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	95%	94%	94%	92%	93%	93%	92%	93%	1
Quality	Number of compliments received	Improving Health	Caring	DT	N/A	43	18	25	25	31	10	13	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	17	25	38	27	29	18	34	
	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	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	1	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%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	18	12	9	19	10	9	13	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%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	80.3%	80.8%	77.2%	72.1%	78.0%	82.0%	71.3%	3
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	68.6%	74.7%	62.4%	72.2%	54.2%	81.7%	61.0%	3
	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1071	1022	1191	1127	1175	1250	1149	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	15	18	31	25	25	12	33	
	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	
	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	4	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%	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%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	DT	trend monitor	15	30	60	45	49	25	42	
	Number of pressure ulcers (Lapse in Care) 2	Improving Care	Safety Domain	DT	0	0	1	0	0	0	0	1	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	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%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	54	38	37	37	70	63	58	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	187	146	148	152	171	161	160	
	% 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%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	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	1
Improving Resource	System Oversight Framework metric 13	Improving Resource			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

\* See key included in glossary

Figures in italics are not finalised

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

- 1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
- 4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
- 5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Work to establish a target for 22/23 is underway which takes into account non-compliance based on individual child and families needs but also ongoing data quality work which is expected to improve performance. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
- 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
- 10 - Trust monitors performance against 3.5% target as set in the mandate to NHS England from the Department of Health in 2017.
- 11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - 'Older people and working age adult Inpatients' - we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
- 12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.
- 13 - The NHSEI Single Oversight Framework was replaced in June 21 with the System Oversight Framework. 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

Summary

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**Quality**

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## Quality Headlines

- Number of restraint incidents - the number of restraint incidents during September dropped slightly to 160 from 161 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 - There was 1 duty of candour breach in September 2022 which related to the Intensive Home Based Treatment Team (IHBTT) - Wakefield. The incident category is self harm involving over the counter medication. Duty of candour carried out during home visit. Offer of letter declined.
- Number of pressure ulcers (lapse in care) - 1 in September. Care plans are in place. Missing Waterlow risk assessments between 21st June 2022 and the latest completed on 9th September.
- 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.
- 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 be usually considered acceptable. Where there are outlying areas, these will be reported on by exception.

### Patient Safety Incident Response Framework (PSIRF)

NHS England launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commenced in September 2022. There are several documents including a preparation guide and a toolkit to support us through a 12 month transition period culminating in going live by September 2023. 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

Executive Management Team (EMT) have approved a proposal to make Health Education England's patient safety level 1 training mandatory for all staff, and level 2 where it is essential to job role. The patient safety specialist is working with Learning and Development colleagues to update the learning brochure, ensure training is added to electronic staff record training matrices and to develop plans to promote the training in the coming 12 months. The levels comprise:

- Level 1 – essential 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).

We are working with level 3 training (investigation) providers to tailor a course to our needs.

### 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 to be completed by is 31/3/2023.

We have a provisional date of mid November to upgrade the Datix system to add the new sections.



## 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).

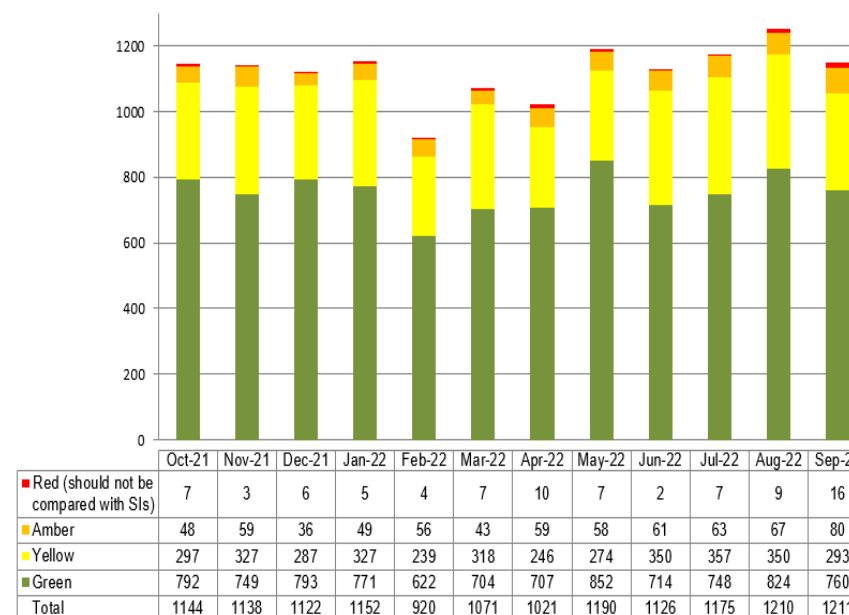
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety). 95% of incidents reported in September 2022 resulted in no harm or low harm or were not under the care of SWYPFT. This is based on the degree of actual harm.

Incident reporting levels have been checked using SPC and remain within the acceptable 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 September 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 September 2022:

##### 33 Moderate harm incidents:

- 20 pressure ulcer category 3 incidents
- 9 self harm incidents
- 3 slip/trip/fall incidents
- 1 incident of patient choking

##### 3 Severe harm incidents:

- 3 pressure ulcer category 4 incidents across Barnsley neighbourhood teams.

##### 2 Patient safety related deaths:

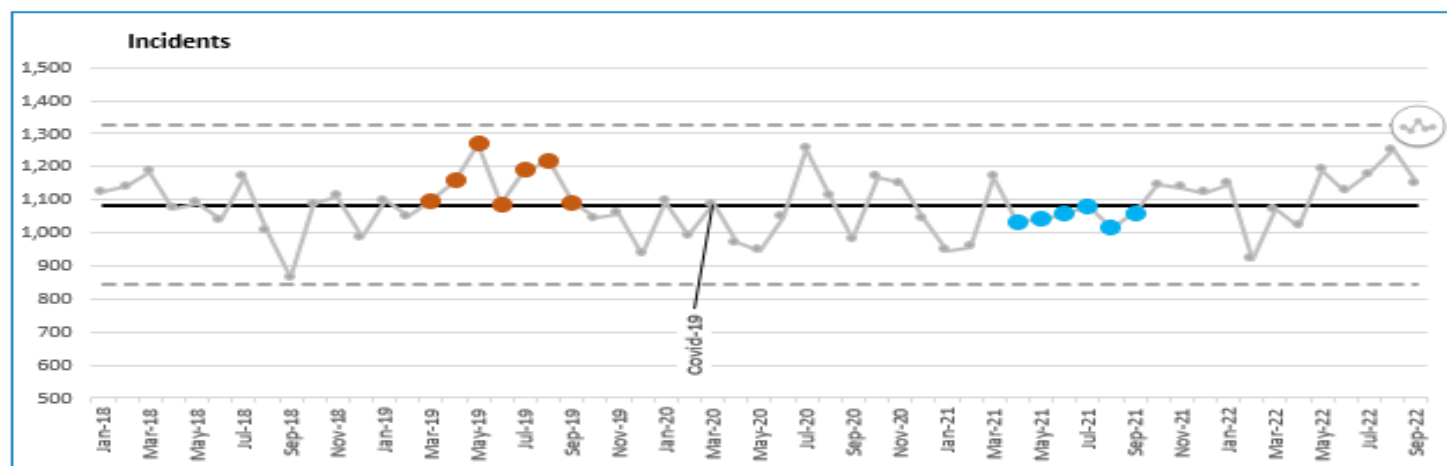
- Sadly there were also 2 suicides (including apparent)



## Safety First cont...

### Mortality

- Work on structured judgement review (SJR) management has continued to progress.
- A review of ongoing training and education to SJR reviewers will be re-considered, to include a focus on additional peer review support.
- Training continues to be delivered: 2 sessions have been delivered in March and September 2022
- We will be taking part in an informal peer support group with colleagues in other mental health trusts across the north of England to share learning. The Patient Safety Support Team will review internal training and education approaches for SJR reviewers, to look at including more focus on peer support, with the introduction of the 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>

## Patient Safety Alerts

### Patient safety alerts issued in September 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 September 2022 - none.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
None					



## Safer Staffing Inpatients

During September there has been an increase in band 5 recruitment in the form of recent graduates, a few established band 5s and international recruits. This has aided in the reduction of Registered Nurse (RN) requests of the flexible staffing resource as well as a reduction in unfilled RN shifts. There was a marked increase in the RN fill rate for both days and nights, although we will continue to look to improve this. We shall be reporting on the breakdown of new starters in the safer staffing report at the end of October 2022.

The acuity on the wards continues at high levels and requires similar staffing levels to the preceding months. Operational areas continue to be flexible and adaptable in their approach to staffing however, we have had an increase in the overall number of unfilled requests. This was primarily due to not filling the HCA requests. A recruitment drive for forensic and peripatetic HCAs has been carried out through the end of September and beginning of October.

We continue to fall short of the RN fill rate for day shift but maintain the overall fill rate. This creates a challenge for the teams and the Care Group leaders/Managers are monitoring the staff wellbeing closely.

Discussions to ensure that individual staff skills, such as being able to take charge, are being appropriately reflected in the health roster which will provide a more accurate narrative of the impact of staffing vacancies on quality and experience within inpatient areas.

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

Two wards (a decrease of one on the previous month) fell below the 90% overall fill rate threshold. Inpatient areas continue to experience increased pressure through vacancies, sickness and staff being off clinical duties for various reasons. There is 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 21 (67.2%) of the 31 inpatient areas (a reduction of one on the previous month) who achieved 100% or more overall fill rate. Of those 21 wards, 13 (an increase of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

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, Poplars within the Wakefield Care Group and the Oakwell Centre in Barnsley.



## Safer Staffing Inpatients cont...

### Registered Nurses days

Overall registered Day fill rates have increased by 6.0% to 82.3% in September compared with the previous month.

### Registered Nurses Nights

Overall registered Night fill rates have increased by 2.9% in September to 92.8% compared with the previous month.

**Overall Registered Rate:** 87.5% (increased by 4.4% on the previous month)

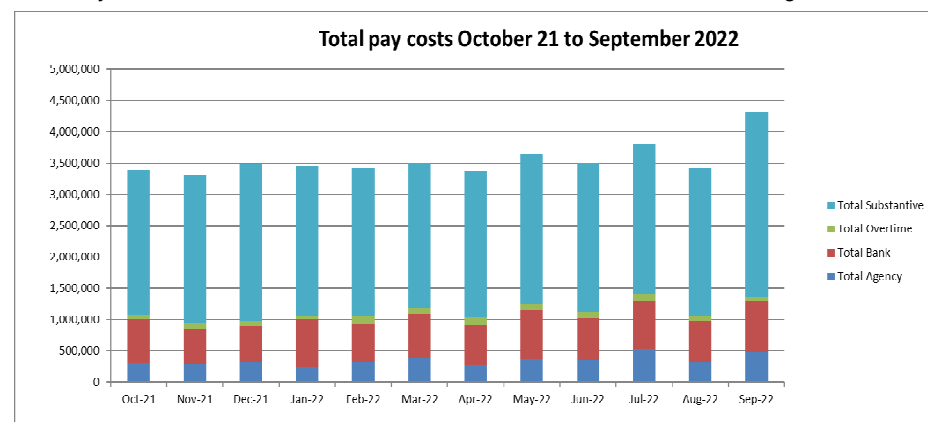
**Overall Fill Rate:** 118.4% (increased by 2.8% on the previous month)

Health Care Assistants showed a decrease in the day fill rate of 1.7% to 133.7% and the night fill rate increased by 5.0% to 154.4%.

### Unfilled shifts

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

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



Unfilled Shifts				Filled Shifts
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	576 (-50)	6,145.75	42.58% (-0.91%)	767 (-41)
Unregistered	647 (+141)	8,865.67	13.82% (+2.87%)	3,887 (-115)
<b>Grand Total</b>	<b>1,364 (-114)</b>	<b>15,011.42</b>	<b>22.22% (+1.76%)</b>	

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

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



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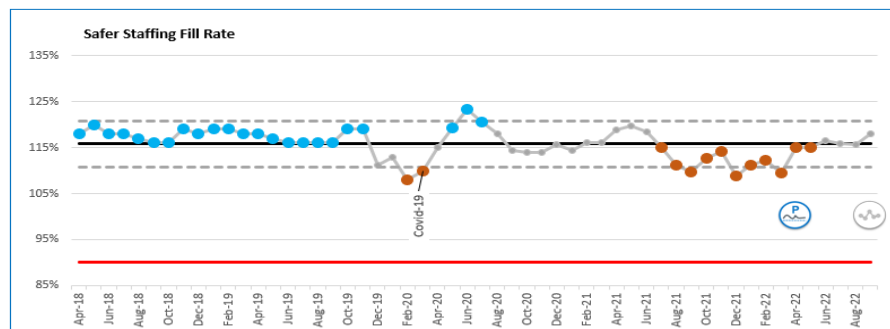
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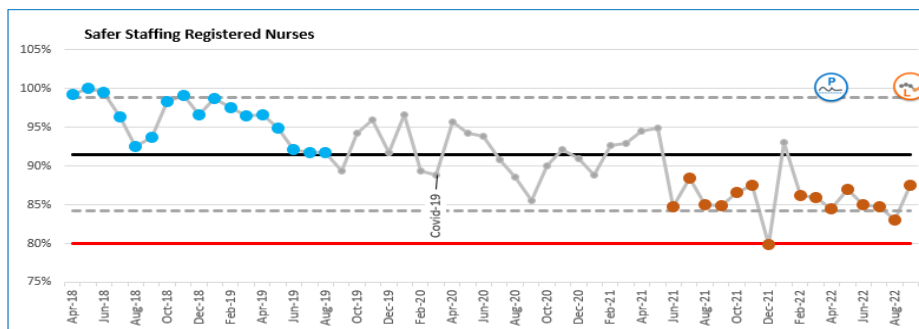
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## Safer Staffing Inpatients cont...



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

- 24 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.
- We have nurses on wards in Fieldhead, Dewsbury, Barnsley and Halifax.
- 1 of our new starters on the 27th September will start as an 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.
- Latest cohort of 5 nurses currently undertaking OSCE training at Fieldhead.
- 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.
- Planned recruitment event in Caribbean via NEU Professional for late October has been postponed due to insufficient numbers of RMN applications. Further scoping of event in New Year being planned now with NEU.
- Successfully recruited to both Pastoral Officer role and Clinical Skills Facilitator role
- Year 2 year end funding (January to March) submitted to NHSE which will give the Trust £7k support per successful appointment submitted to NHSE. The Trust will also be bidding for year 3 funding once published (Feb/Mar 23).
- We have just received funding support to begin AHP international recruitment. This will be a small pilot IR 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.

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## Information Governance (IG)

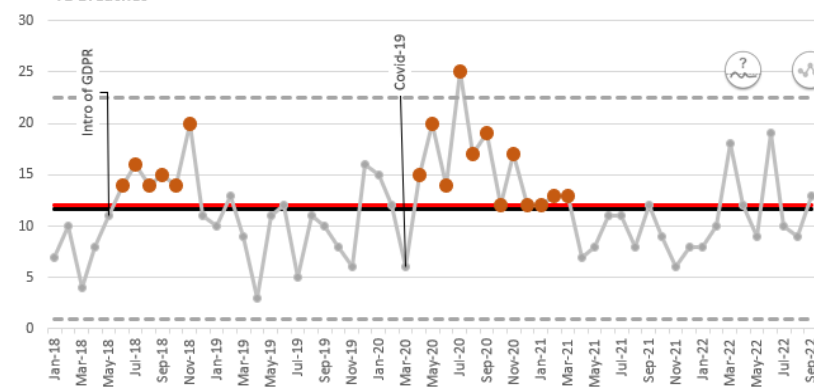
13 personal data breaches were reported during September, which is the second highest during this financial year after the spike during June 2022 when 19 were reported.

10 breaches involved information being disclosed in error. They were largely due to addresses on SystmOne not being checked against the national spine, incorrect email address held on patient's records, multiple letters put in one envelope and letters being sent to the wrong party.

2 records management issues were reported: one concerns a software issues in the scanning bureau leading to digitised records not being available for viewing and the other involved redacted records being sent to a patient who reported that sensitive information was visible despite the redactions.

No incidents have been report to the Information Commissioner's Office (ICO) and the ICO has not advised any new complaints relating to individuals' information rights.

IG Breaches



This SPC chart shows that both the introduction of GDPR in May 2018 and the outbreak of Covid-19 in March 2020 have had a negative impact on the number of information governance breaches with both seeing subsequent periods of special cause variation (orange markers). As at September 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 towards the end of November. 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.

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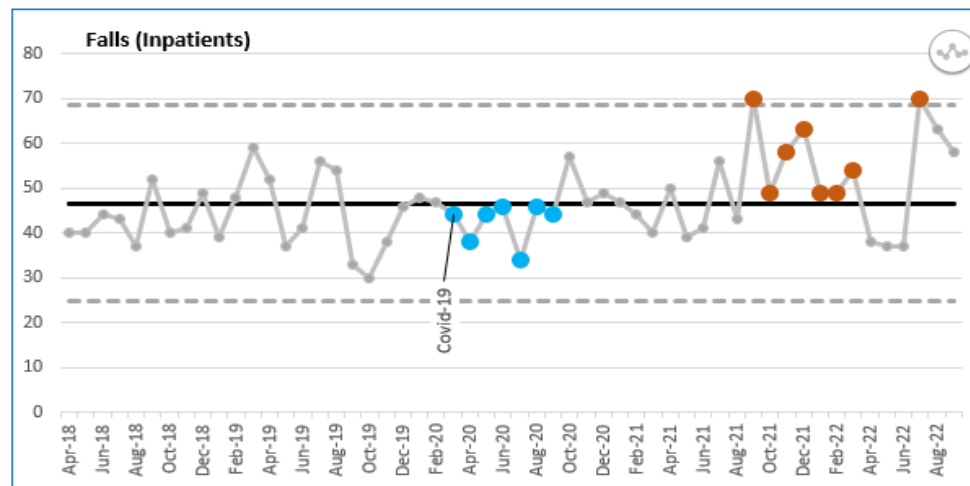
Care  
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## Falls (Inpatient)

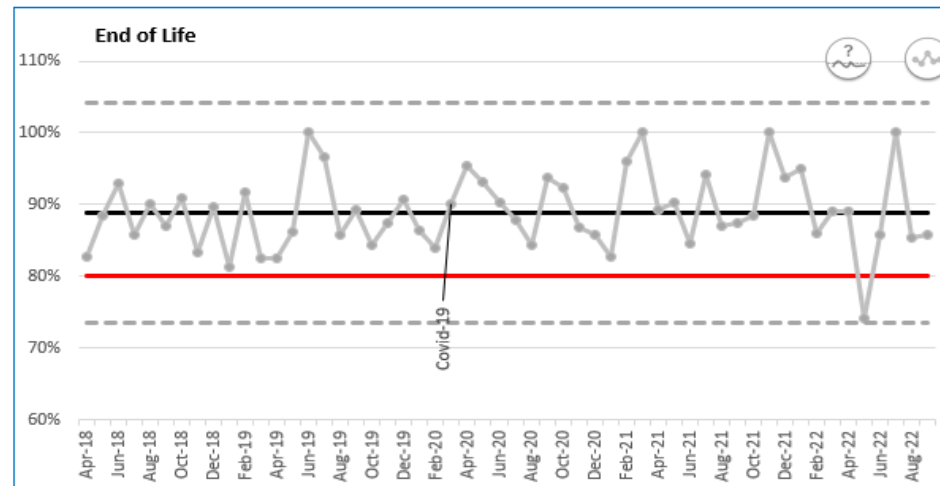
The total number of falls was 58 in September, which is a decrease from the previous month.



The SPC chart above shows that in September 2022, following a slight increase in the number of falls, we have re-entered a period of common cause variation and the number of falls is therefore within an acceptable range.

## End of Life

The total percentage of people dying in a place of their choosing was 85.7% in September.



The chart above shows that in September 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.
- 85% would recommend mental health services

Mental Health Friends and Family Test Results				
	Target	Jul-22	Aug-22	Sep-22
Community Services	85%	90%	85%	85%
Acute	85%	95%	92%	93%
Secure & Forensics	60%	75%	100%	89%
Other*	85%	85%	82%	89%
<b>Total</b>	<b>85%</b>	<b>88%</b>	<b>85%</b>	<b>85%</b>

Specialist Services Friends and Family Test Results				
	Target	Jul-22	Aug-22	Sep-22
ADHD	85%	69%	38%	67%
CAMHS	75%	71%	87%	86%
Learning Disability	85%	80%	82%	89%

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

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

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

We have seen a slight increase in the number of respondents that rated the service as 'very good' or 'good' in general operations. Ratings across the Trust and mental health services remain the same.

Ratings continue to remain below target for Barnsley general operational services.



## Patient Experience cont...

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

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 September 2022 there were 24 reported safeguarding adult incidents. The three highest categories reported were neglect, emotional abuse and Domestic Abuse. There were no red incidents.

Of these 24 reported incidents, there was one reported amber incident. This was recorded as a neglect case, (one of the seven cases) although is a self-neglect rather than neglect by others. The amber neglect (self-neglect) incident involved a service user in receipt of general community care.

### Safeguarding Children:

In September 2022 there were 16 reported safeguarding children's incidents. The most common themes were physical abuse and neglect. All incidents were in the green or yellow category, there were no amber or red. There was a single referral which highlighted escalating professional differences and involved discussion with the practitioner, duty line and named nurse. It also involved other agencies specifically education but also the police.

### Additional Information

The Safeguarding Team were pleased to be able to host the Safeguarding Conference; key speakers, included an opening speech from the Deputy Director of Nursing Quality and Professions, (NQP), and a closing speech from the Associate Director of NQP. The topics were: Professional Boundaries and Persons in Positions of Trust concerns, Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in Children RCPCH guidance update for Practitioners, Myth of Invisible Men, The Burnt Bridges Report, Speaker from the National Centre for Domestic Violence, and Trauma Informed Practice. The conference was well received, the initial feedback positive, and the team have received advice calls following the conference stating that the conference has made them think differently regarding individuals in receipt of SWYPFT care.

## Infection Prevention Control (IPC)

Surveillance: There has been zero cases of E.coli 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 – 100%
- Number of Responses provided within six months of the date a complaint received – 6 out of 12 (50%)
- Number of complaints waiting to be allocated to a customer service officer – 56
- Number of cases who breach the six months target who have not had a conversation to agree a new timeframe for completion – all complainants are updated regularly by their case handler and agreed timeframes are set.
- Longest waiting complainant to be allocated to a customer service officer – 24th May 2022
- Number of formal complaints received in September: There were 20 new formal complaints in September 2022
- Of these 0 were closed due to no contact/consent, 16 are awaiting consent/questions, 1 is awaiting allocation and 3 have timescales start date.
- 25% of new formal complaints (n=5) have staff attitude as a primary subject.
- 13 compliments were received
- Customer services closed 12 formal complaints in September.

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## Reducing Restrictive Physical Intervention (RRPI)

There were 160 reported incidents of reducing restrictive physical interventions used in September 2022. This is a reduction of 1 (0.62%) incident from August 2022.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	88 of 265	33.2%
Seated	54 of 265	20.4%
Safety Pod	46 of 265	17.4%
Supine	36 of 265	13.5%
Restricted escort	13 of 265	4.9%
Prone	12 of 265	4.5%
Side	9 of 265	3.3%
Prone then rolled	4 of 265	1.5%
Kneeling	3 of 265	1.1%

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

Prone restraint (those remaining in prone position and not rolled immediately) was reported 12 times out of 265 (4.5%) of total restraint positions, this is a reduction of 1 (7.6%) from last month when there were 13 instances out of 404.

Team Utilising Prone Restraint	Total	Duration of Prone Restraint	Total
Horizon Centre Assessment and Treatment Service	6	0 - 1 minute	9
Melton PICU, Barnsley	2	1 - 2 minutes	2
Walton PICU	2	2 - 3 minutes	1
Newhaven Forensic Learning Disabilities Unit	1	Total	12
Nostell Ward, Wakefield	1		
Total	12		

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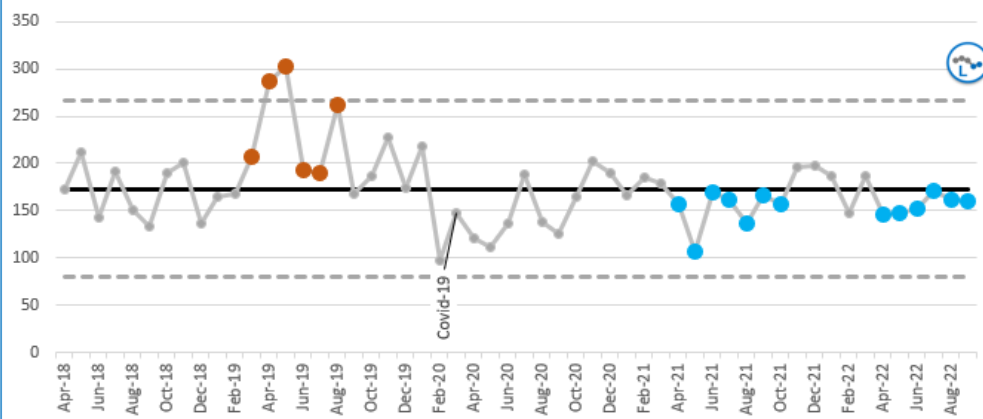
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## Reducing Restrictive Physical Intervention (RRPI)

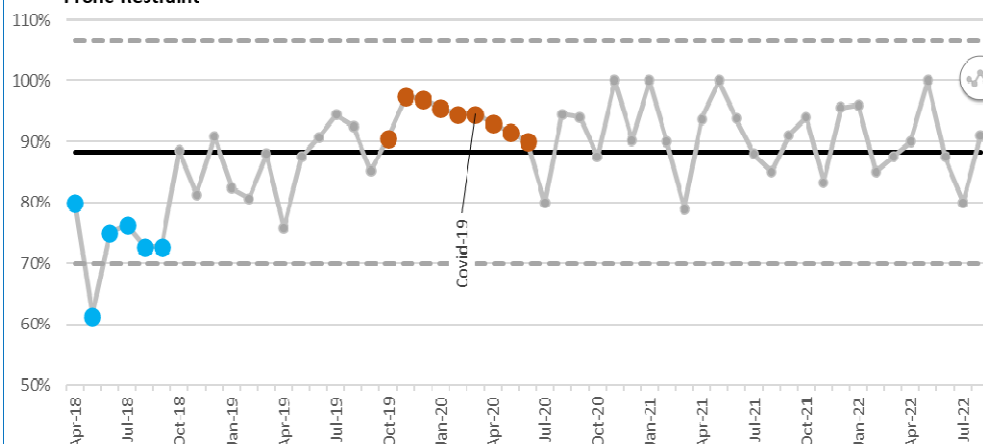
Restraint Incidents



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

Prone Restraint



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

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




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

Trust Performance Wall										
	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Establishment (ledger)	Improving Resources	Well Led	GM	-	4,910.0	4,910.0	4,956.0	4,956.0	4,956.6	4,987.1
Staff in post (Substantive)	Improving Resources	Well Led	GM	-	4,088.1	4,107.0	4,136.1	4,134.5	4,129.9	4,143.3
Workforce stability rate	Improving Resources	Well Led	GM	>=90%	85.0%	84.7%	85.0%	85.0%	85.3%	85.9%
Vacancies	Improving Resources	Well Led	GM	-	821.9	803.0	819.9	821.6	826.7	843.9
Vacancy rate (Overall)	Improving Resources	Well Led	GM	<10%	16.7%	16.4%	16.5%	16.6%	16.7%	16.9%
Turnover external (YTD projection)	Improving Resources	Well Led	GM	>10-12<	16.0%	15.5%	15.1%	15.0%	14.7%	14.6%
Turnover external	Improving Resources	Well Led	GM	>10-12<	1.5%	2.4%	3.3%	4.7%	6.1%	7.3%
Turnover internal (quarterly)	Improving Resources	Well Led	GM	>10-12<	3.1%			3.9%		
Starters	Improving Resources	Well Led	GM	-	45.8	53.8	56.5	46.4	58.1	69.5
Leavers	Improving Resources	Well Led	GM	-	59.7	38.6	37.0	57.0	54.5	50.1
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%
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%
Sickness absence (Covid-19) - YTD	Improving Resources	Well Led	GM	<=4.4%	3.2%	2.3%	1.9%	1.8%	1.6%	1.9%
Sickness absence (Covid-19) - Month	Improving Resources	Well Led	GM	<=4.4%	3.2%	1.1%	1.5%	1.3%	1.2%	2.0%
Sickness absence (stress anxiety)	Improving Resources	Well Led	GM	<=25%	35.6%	35.5%	37.9%	37.9%	38.1%	33.1%
Leavers feedback returns	Improving Resources	Well Led	GM	-	48			86		
Leavers feedback returns %	Improving Resources	Well Led	GM	>=25%	35%			45%		
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting Under Development			56.7%	61.3%	57.3%
Overall Training	Improving Care	Well Led	GM	>=80%	86.8%	86.2%	86.9%	87.2%	90.7%	89.8%
Health & Safety										
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	GM	-	3			8		

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

KPI	Target	As at 18th Feb 2022	As at 22nd Mar 2022	As at 20th Apr 2022	As at 18th May 2022	As at 22nd June 2022	As at 19th July 2022	As at 23rd August 2022	As at 20th September 2022	As at 20th October 2022	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	61	167	111	44	58	80	23	23	53		
No of staff working from home - Covid-19 related		86	36	67	12	23	32	10	9	14		

#### Workforce Stability

- There has been very little variation in the substantive Staff in Post (SIP) since the start of this financial year despite the continued concerns around retention and increased demands on SWYFT's services.
- Substantive Staff in Post has risen by 1.3% (55.17 whole time equivalent (WTE)) since April. The trend experienced in July and August of a small reduction in the Staff in Post has reversed with September experiencing the highest figure since the start of the financial. Year. The Establishment (maintained on a full time equivalent (FTE) basis including all post allocated and funded) has also increased since April and is now 4,987.14 resulting in an increased recruitment requirement.
- There is no evidence of a reduction in staffing pressures, it was noted last month that they continue to remain high across inpatient and Forensics wards due to vacancy gaps and competition to obtain bank and agency staff. Bank hours utilised has shown a slight decrease compared to the previous month.
- The number of new hires exceeded leavers in September the fifth time in six months that this has occurred.
- Totals starters into the Trust since April (329.29 WTE) is outperforming the number of leavers for the same period (299.6 WTE). On average we are losing 50 staff a month. The explanation why the overall SIP figure has not risen to reflect the starters versus leavers ratio continues to be due to substantive staff reducing their contracted hours (the staff the ratio of full time to part-time staff increasing as more staff move to less than full time or further reduce their part-time hours). The rate of retirements has decreased following the spike experienced at the being of the financial year (4.3 FTE in September compared to 16.2 FTE in April)
- The external turnover rate (cumulative) to September is 7.31%. External turnover is projected to outturn at 14.62% by March 2023. In comparison internal turnover for the quarter is 3.94% and movement within the Trust is projected to be 11.5% for the year
- International recruitment continues at pace with 4 new starters joining in the month giving the Trust 24 International Nurses since the start of the financial year.

#### Absence

- Overall absence has slightly increased in September to 4.90% cumulative from the August rate of 4.81%. The comparative figure for last year was 4.75%. The Care Groups where absence rates are concerning above the benchmarks and significantly above the target, set at 4.4% are Forensics (7.81%), Inpatients (5.3%), Additional Clinical Staff (6.01%) and AHP (5.6%). The major concern however is in Estates & Facilities where sickness absence is currently out turning at 7.88%. This is a slight decline from the previous month (8.10%) and the first time since May that it has been under 8%. Nursing too has fallen in September and now has a RAG rating of amber.
- Overall regular absence rate projection for March 2023 is highlighting a small increase from the previous year. The major cause of absence remains stress related absences. Trustwide this accounts for 33% of all absences and significantly more than other causes. 'Stress/Anxiety' has declined in the month however it accounts for virtually twice as many absences as the next major cause 'musculo-skeletal/back'.
- With the Trust no longer providing staff vaccinations data on the staff update of Covid-19 vaccination is no longer readily available.

#### People Experience

- Appraisal rates (overall) has slightly decreased from 61.3% in August to 57.3% in September. All Care Group areas except for inpatients (which have a very low base and continues to remain significantly lower than other areas of the Trust), have experienced a decline in their rate since last month. Projections for these rates and plans to improve continue to be deployed.
- In comparison mandatory training uptake (all areas) continues to record a healthy 89.8% compared to the target of 80% although it is slightly below the preceding month (90.7%)
- With the return of face-to-face delivery post Covid-19, staff welcome events continue to have a high take up.
- Appraisal – EMT are performance managing monthly appraisal compliance with individual care group recovery trajectories and are currently working through suitable timelines for clinical services and support services
- The People Directorate review, and the introduction of new target operating model continues to be developed as roles are filled. To complement the revised structure a People Directorate delivery plan is in the process of being finalised with an emphasis on addressing areas of concern and taking forward the 'Great Place to Work' strategy.

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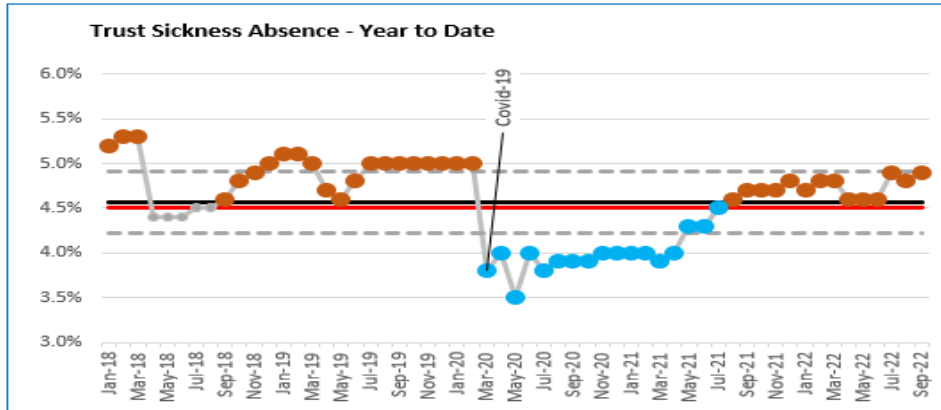
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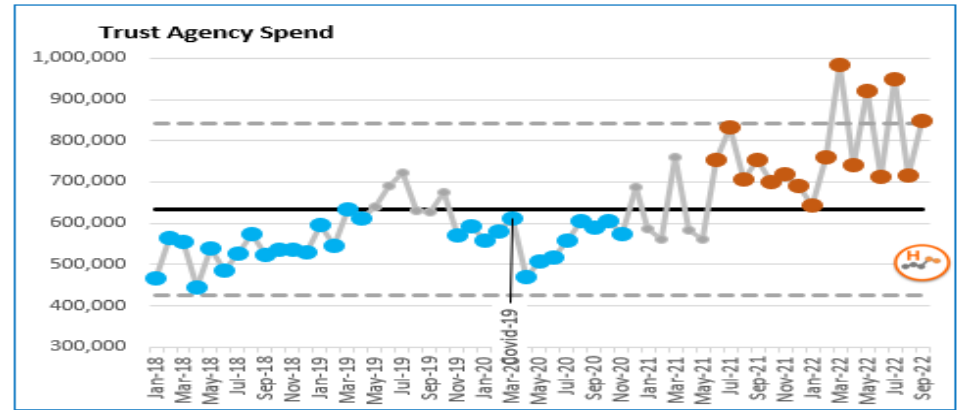
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## Analysis



The chart above shows that as at September 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



The chart above shows that in September 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

MEDICAL APPRAISALS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number expected to be undertaken in period	31	24		
Number undertaken in period	29	22		
Number not undertaken for which the RO accepts postponement is reasonable	2	2		
Percentage of appraisals taken place	94%	94%		
Percentage of appraisals signed off in period as satisfactory	94%	94%		

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


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

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance.

- 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	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Data quality rating s	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	0		
Inappropriate out of area bed days 5	Improving Care	Responsive	CH	SOF/LTP		754	1253	1686	1245	872	413	400	432	370	278	224		
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	80% from 1st Jan 23	Reporting to commence January 2023												
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	LTP	60%	88.5%	94.8%	82.5%	85.5%	90.1%	88.4%	83.7%	83.3%	92.9%	91.7%	85.2%		 
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	47.5%	53.7%	52.6%	53.4%	53.8%	55.0%	52.1%	53.1%	56.7%	51.7%	52.7%		 
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Barnsley	Improving Health	Responsive	CH	LTP	Q1 - 1563	1296	1298	1408	1379	1202	455	445	479	407	426	369		 
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Kirklees	Improving Health	Responsive	CH	LTP	Q1 - 3016	2335	2363	2604	2437	2383	786	886	765	788	751	844		 
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	99.7%	92.2%	98.8%	98.5%	96.1%	99.0%	98.5%	98.5%	97.2%	96.1%	96.1%		 
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				
Number of individuals accessing specialist community PMH and MMHS services in the reporting period	Improving Care	Responsive	CH	LTP	Apr-Sep 318 per Qu Oct-Mar 336 per Qu	268	256	256	480	285	269	117	94	82	85	118		 
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	100.0%	100.0%	68.9%	91.7%	95.9%	78.1%	95.9%	91.7%	91.5%	100.0%	95.9%		 
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care				SC	80%	82.7%	83.6%	84.0%	84.6%	89.0%	82.8%	88.7%	86.9%	92.2%	86.9%	88.0%		 
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	97.9%	96.0%	94.2%	94.7%	97.5%	92.7%	96.0%	95.2%	97.5%	97.2%	97.9%		 
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	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%	87.5%	75.0%	90.0%	95.5%	76.9%	100.0%	100.0%	83.3%	71.4%	100.0%	75.0%		
The percentage of Children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	71.4%	93.1%	96.9%	89.7%	78.0%	90.5%	90.6%	88.0%	87.9%	68.8%	76.9%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	99.0%	98.8%	99.4%	99.4%	99.5%	99.4%	99.5%	99.5%	99.5%	99.5%	99.5%		 

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics						Care Groups	Finance/Contracts				System-wide Monitoring	
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KPI	Objective	CQC Domain	Owner	Source	Target	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Data quality rating	Variation/ Assurance
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	82	0	5	16	44	0	0	16	0	24	20		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	5	0	1	1	2	0	0	1	0	1	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	O	Trend Monitor	192	171	175	183	179	183			179				
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	23.4%	18.7%	16.6%	18.0%	21.2%	18.0%			21.2%				
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	O	95%	99.4%	98.3%	97.9%	96.2%	99.3%	100.0%	96.8%	100.0%	100.0%	99.0%	98.8%		
% Service Users on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	O	95%	95.7%	94.2%	97.4%	96.1%	94.3%	97.2%	96.4%	96.1%	95.4%	93.9%	94.3%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	87.7%	88.7%	88.4%	88.3%	87.1%	88.3%	88.3%	88.2%	87.7%	86.8%	86.9%		
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.5%	10.2%	9.9%	11.1%	11.8%	10.6%	11.2%	11.6%	11.7%	11.8%	11.8%		
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	CH	O	90%	98.2%	98.2%	98.4%	98.2%	98.1%	98.0%	98.4%	98.4%	98.3%	98.2%	97.7%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	O	99%	99.9%	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%	98.2%	98.7%	99.1%	99.1%	99.3%	99.1%	99.1%	99.2%	99.3%	99.3%	99.2%		

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

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

- Headlines:**
- The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.
  - The percentage of service users waiting less than 18 weeks remains above the target threshold at 96.1%
  - 72 hour Follow up remains above the threshold at 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 September 3 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 September 3 out of 4 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 September, 6 cases out of 26 were not seen within four weeks.
  - During September 2022, there was 1 service user aged under 18 years placed in an adult inpatient ward for 20 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 52.7% for September.
  - % service users on CPA Having Formal Review Within 12 Months remains under threshold during the month of September. Underperformance relates to Barnsley, Kirklees and Forensic Care Groups. Work taking place with Care Groups to improve performance.



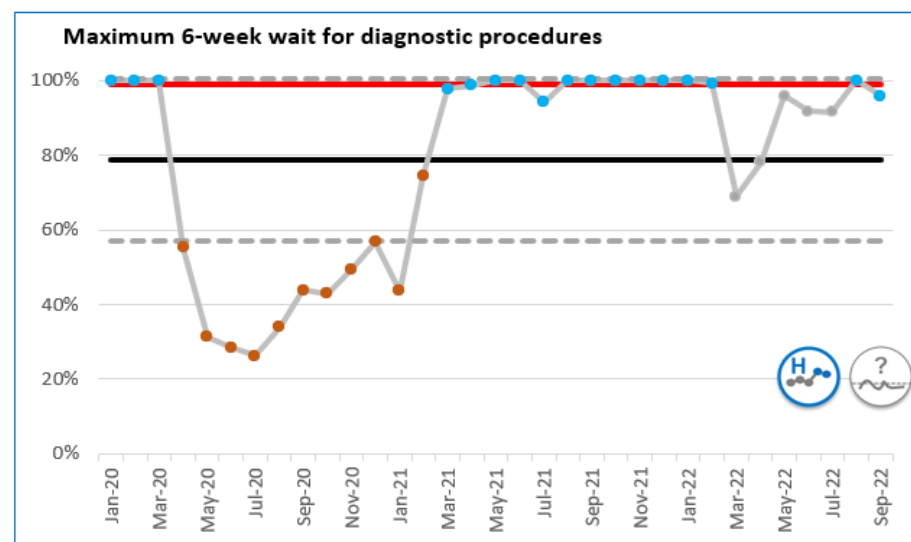
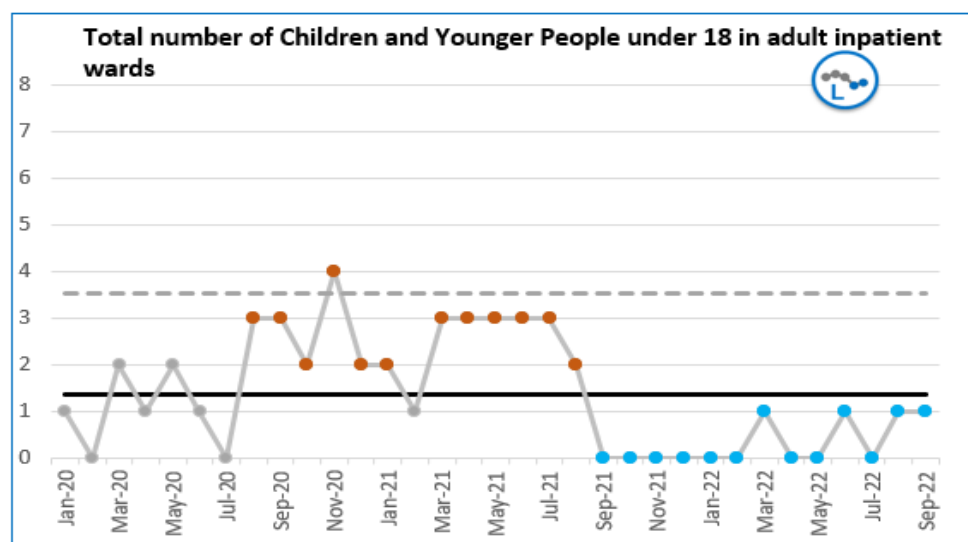
### Data quality:

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

- The reporting for employment and accommodation for September shows 16.7% of records have an unknown or missing employment and/or accommodation status. This is an increase compared to August which showed 15.8% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

## Analysis



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

Summary

Priority  
Programmes

Covid-  
19

Emergency  
Preparedness

Quality

People

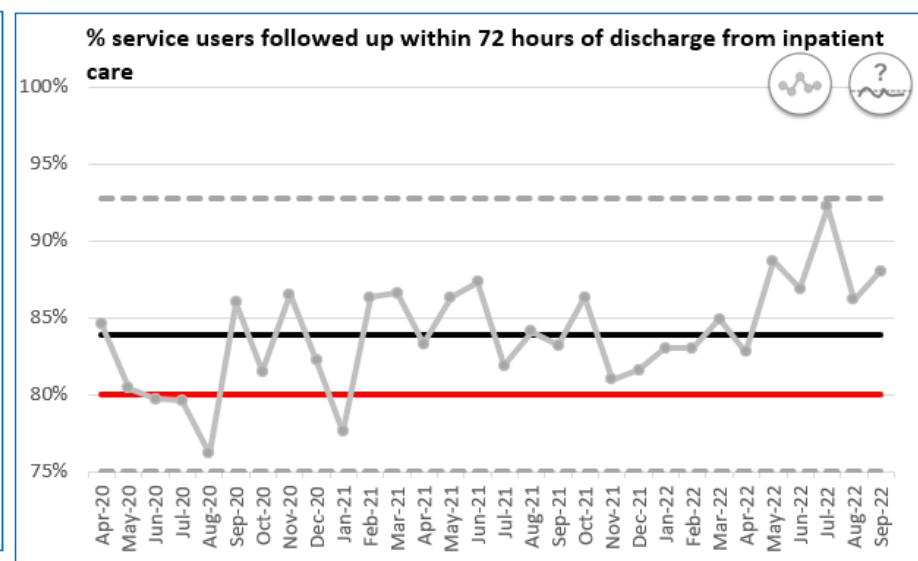
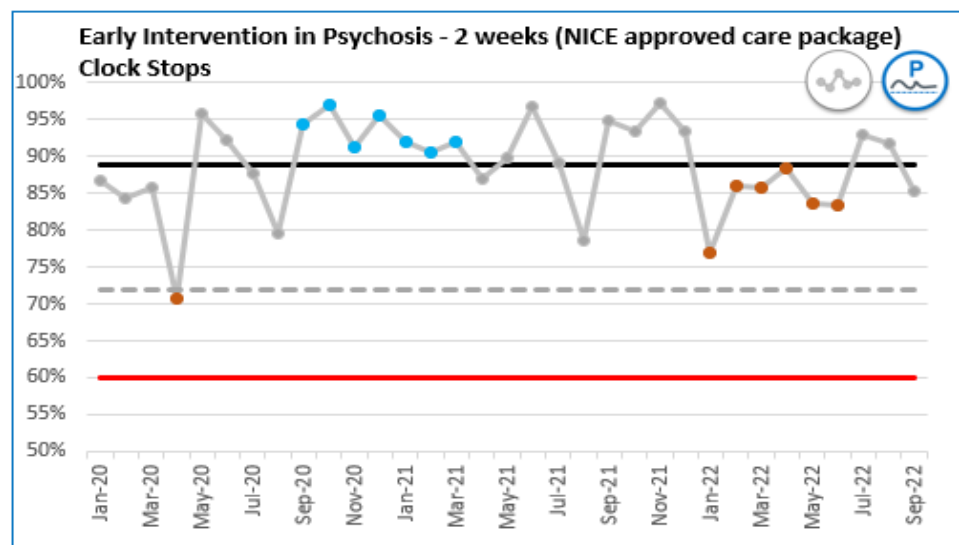
**National  
Metrics**

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)				Barnsley General Community Services			
Metrics	Threshold	Sep-22	Variation/ Assurance	Metrics	Threshold	Sep-22	Variation/ Assurance
% Appraisal rate	>=90%	55.5%		% Appraisal rate	>=90%	60.6%	
% Assessed within 14 days of Referral (Routine)	75%	65.1%		% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	
% Assessed within 4 Hours (Crisis)	90%	96%		% people dying in a place of their choosing	80%	85.7%	
% Complaints upheld with staff attitude as an issue	< 20%	18% (2/11)		Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	79.0%	
% service users followed up within 72 hours of discharge from inpatient care	80%	88.0%		Delayed transfers of Care (DTOC)	3.5%	0.0%	
% Service Users on CPA with a Formal Review within the previous 12 months	95%	94.7%		Information Governance training compliance	>=95%	91.3%	
% Treated within 6 weeks of Assessment (Routine)	70%	94.0%		Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	96.1%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	73.3%		Maximum 6 week wait for diagnostic procedures	99%	95.9%	
FIRM Risk Assessments - Staying Safe Care Plan in 7 Working Days	95%	61.0%		No of staff off sick - Covid-19 not working	N/A	10	
Information Governance training compliance	>=95%	91.8%		Reducing Restrictive Practice Interventions training compliance	>=80%	22.2%	
No of staff off sick - Covid-19 not working	N/A	21		Safer staffing (inpatient)	90%	105.7%	
Reducing Restrictive Practice Interventions training compliance	>=80%	71.9%		Sickness Rate (Monthly)	4.5%	4.8%	
Sickness Rate (Monthly)	4.5%	4.5%					
Mental Health Inpatient				Forensic			
Metrics	Threshold	Sep-22	Variation/ Assurance	Metrics	Threshold	Sep-22	Variation/ Assurance
% Appraisal rate	>=90%	19.4%		% Appraisal rate	>=90%	64.6%	
% Bed occupancy	85%	87.4%		% Bed occupancy	90%	87.4%	
% Complaints upheld with staff attitude as an issue	< 20%	33% (1/3)		% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	73.4%		% Service Users on CPA with a Formal Review within the previous 12 months	95%	85.6%	
Delayed transfers of Care (DTOC)	3.5%	3.1%		Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	76.3%	
FIRM Risk Assessments - Staying Safe Care Plan in 24 hours	95%	71.3%		Delayed transfers of Care (DTOC)	3.5%	0.0%	
Inappropriate Out of Area Bed days	337	224		FIRM Risk Assessments - Staying Safe Care Plan in 24 hours	95%	N/A	
Information Governance training compliance	>=95%	93.5%		Information Governance training compliance	>=95%	92.6%	
No of staff off sick - Covid-19 not working	N/A	6		No of staff off sick - Covid-19 not working	N/A	4	
Physical Violence (Patient on Patient)	Trend Monitor	15		Physical Violence (Patient on Patient)	Trend Monitor	5	
Physical Violence (Patient on Staff)	Trend Monitor	55		Physical Violence (Patient on Staff)	Trend Monitor	12	
Reducing Restrictive Practice Interventions training compliance	>=80%	72.1%		Reducing Restrictive Practice Interventions training compliance	>=80%	73.3%	
Restraint incidents	Trend Monitor	19		Restraint incidents	Trend Monitor	3	
Safer staffing	90%	119.2%		Safer staffing	90%	113.0%	
Sickness Rate	4.5%	5.4%		Sickness Rate	5.4%	8.1%	
LD, ADHD & ASD				CAMHS			
Metrics	Threshold	Sep-22	Variation/ Assurance	Metrics	Threshold	Sep-22	Variation/ Assurance
% Appraisal rate	>=90%	55.6%		% Appraisal rate	>=90%	79.0%	
% Complaints upheld with staff attitude as an issue	< 20%	50% (1/2)		% Complaints upheld with staff attitude as an issue	< 20%	20% (1/5)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	63%		CAMHS - Crisis Response 4 hours	N/A	87.3%	
Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	81.9%		Cardiopulmonary Resuscitation (CPR) training compliance	>=80%	69.5%	
Delayed transfers of Care (DTOC)	3.5%	30%		Eating Disorder - Routine clock stops	95%	76.9%	
Information Governance training compliance	>=95%	93.5%		Eating Disorder - Urgent/Emergency clock stops	95%	75.0%	
LD - First face to face contact within 18 weeks	90%	88.5%		Information Governance training compliance	>=95%	91.2%	
No of staff off sick - Covid-19 not working	N/A	1		No of staff off sick - Covid-19 not working	N/A	2	
Physical Violence - Against Patient by Patient	Trend Monitor	0		Reducing Restrictive Practice Interventions training compliance	>=80%	69.0%	
Physical Violence - Against Staff by Patient	Trend Monitor	22		Sickness Rate (Monthly)	4.5%	3.2%	
Reducing Restrictive Practice Interventions training compliance	>=80%	78.7%					
Safer staffing	90%	161.1%					
Sickness Rate (Monthly)	4.5%	7.1%					
Restraint incidents	Trend Monitor	1					



This section of the report is populated with key performance issues or highlights as reported by each care group.

## Barnsley mental health services:

### Alert/Action

- Record keeping, specifically in relation to 72 hour follow-up and FIRM risk assessment, remains a priority. Outstanding FIRM risk assessments have reduced further to 34.2% within the care group. 72 hour follow-up remains positive at 85.7%
- Ongoing issues remain around access to inpatient beds. This continues to put pressure on the intensive home based treatment team who are managing high risk patients in the community.
- Ongoing issues around access to inpatient beds for those with challenging behaviours associated with dementia also remain an issue.
- Care programme approach review remains under target at 88.5% for the month of September. Action plans are in place and being monitored within teams.
- Increased sickness absence rates across the service are linked to a rise in Covid cases.
- Targeted work is taking place by the senior management/leadership team to focusing on improving the compliance with reducing restrictive practice intervention training (this is currently under threshold for the care group at 69.3%).
- Data entry errors have been identified in relation to referral dates in core and dementia teams. Matter addressed with performance & business intelligence (P&BI) support and commissioners have been advised.

### Advise

- Friends and family test feedback remains positive at 84%.
- The core community team continues to have capacity and demand pressures and this is impacting the numbers of people waiting to enter treatment.
- There are some mandatory training areas that are outside threshold - these are information governance 92.4%, cardio pulmonary resuscitation 71.2% and NEWS2 – 79.3%
- Completion rate for staff appraisals increased to 63% in September.
- Waiting lists in improving access to psychological therapies remain high for cognitive behavioural therapy and counselling services.
- Work is being undertaken around the development of an all-age eating disorder service. Further meetings being held with South Yorkshire Integrated care service (ICS)
- Dialogue has commenced with Family Lives to develop their mobilisation plan with an anticipated start date of the end of October.
- Work is being undertaken by governance leads to review HoNOS completion and associated reporting to ensure reflective of practice.
- Barnsley hospital NHS foundation Trust have reintroduced mask wearing for staff which will impact on any service the care group provide out of this site.

### Assure

- Eating disorder training, provided by South Yorkshire Eating Disorder Association has been secured for 50 staff with sessions taking place in August and November. Feedback from the first cohort has been very positive.
- We are working with Mental Health Matters to mobilise the Barnsley Safe Space and continue to develop appropriate pathways
- There has been a positive uptake of physical health checks in the intensive home based treatment team supported by health and wellbeing pathway colleges
- South Yorkshire Liaison and Diversion have been chosen to take part in the awards for the lived experience charter sites. The lived experience charter is important to ensure equality, involvement, and inclusion is central to everything we do.
- A bid put forward for a grant to support vulnerable people with the cost of living/winter fuel crisis has been successful.
- A joint piece of work with the primary care network is to be undertaken from mid October to ensure that all service user on the severe mental illness register are offered and have access to flu vaccination this winter
- A Trans Barnsley stakeholder event took place in October. This was really successful and well attended with a further event being arranged for February 2023.

## Child and adolescent mental health services:

### Alert/Action

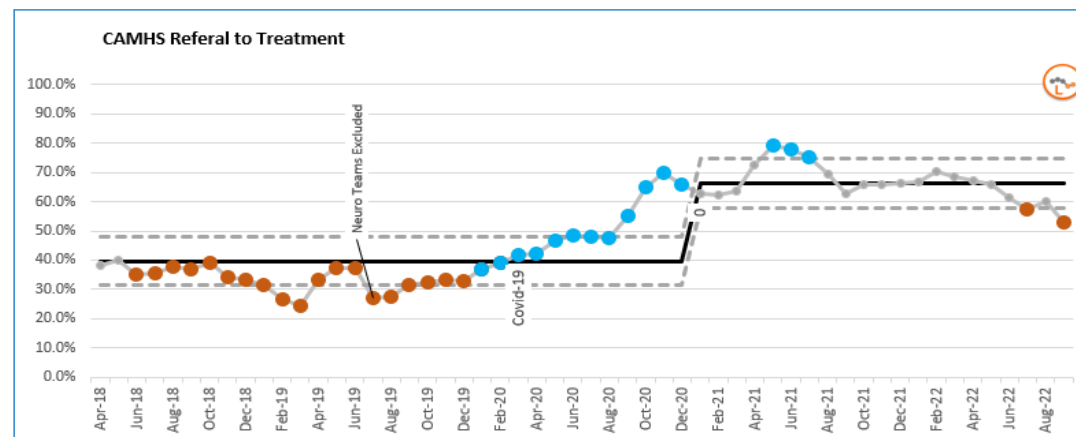
- Work continues to improve mandatory training compliance. Three areas remain amber during the month of September – Reducing restrictive practice intervention (71.4%), cardio pulmonary resuscitation (74.5%) and information governance (93.4%).
- Waiting numbers for autistic spectrum conditions (ASC)/attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees remain problematic. There is a specific pressures with regard to Psychology capacity.
- Wakefield child and adolescent mental health services is an outlier in relation to numbers waiting from referral to treatment. An action plan has been developed and significant improvement is evident.
- The ongoing issue with the shortage of specialist residential and T4 places leading to inappropriate stays for young people on acute hospital wards and in Trust in-patient beds remains. This is noted on the Trust risk register.
- The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues. There is a specific risk in relation to consultant psychiatry cover from end October. The Trusts medical director is supporting continuity planning.

### Advise

- An any qualified provider (AQP) model is to be implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust response from the Trust.
- Services are seeing an overall improvement in relation to waiting lists/times from referral to treatment.
- Integrated care service level discussions are taking place with regard to options for developing an all age eating disorder service model.
- Friends and family test positive responses were received in September and the metric reported above threshold.

### Assure

- Staff wellbeing remains a focus within services. Hybrid models of working and flexible working policies are being proactively utilised.
- The service is proactively engaged with provider collaboratives in South and West Yorkshire to strengthen the interface with inpatient providers and improve access to specialist beds.



The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation.

As you can see in September 2022 following a long period of common cause variation, we have entered special cause concerning variation. For further information see narrative above.



## Barnsley general community services:

### Alert/Action

- Neuro rehabilitation service (NRU) - staffing shortage – recruitment commenced to various posts to address gaps in service provision.
- SWYPFT staff are still unable to access hospital discharge forms (D1) via the hospital system (ICE) due to the on-going rendering issue which has been escalated. This remains on SWYPFT's Risk Register. SWYPFT staff have to liaise with Right Care Barnsley staff or the referring hospital ward to obtain more information relating to secondary care interventions prior to the patients discharge.
- Staffing levels within neighbourhood nursing teams are a concern that may have a potential impact on the ability to deliver high quality care. Continuity of care is being affected and some teams are dependent on the urgent community response team and other teams to ensure that all required patient care interventions are met.
- Yorkshire Smoke Free Sheffield (YSFS) – tender was due out at the end of September 2022 and result is still awaited.
- Urban House (UH) – commissioner reviewing current health provision for the six resettlement programmes in Wakefield and will include UH. All options to be considered i.e. change of contract/variation to contract/adjustment of finance. Working with contracts and finance teams.
- Urban House band 7 Nurse Prescriber is leaving in November which will create pressures and some risk within the service. Looking to recruit through bank/agency on a temporary basis to cover period of recruitment.

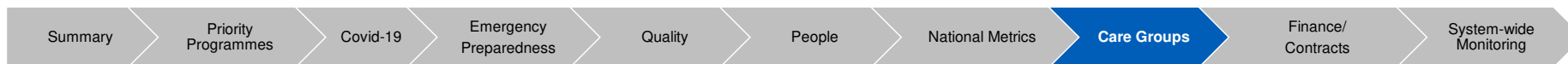
### Advise

- South Yorkshire Integrated Care Board is seeking to move to an integrated Neuro-rehabilitation model for South Yorkshire patients. As part of this work NRU are responding to this information request to provide activity, forecasting and service information that will support the mapping of neuro-rehab pathways.
- Programme of work to rationalisation templates within SystmOne – a work stream has commenced to review the existing clinical templates located within the integrated neighbourhood teams (INTS) SystmOne unit. This work will streamline the clinical tree and avoid the unnecessary duplication of templates located on the unit by instigating a standardised process where services revert to accessing via the INTS dashboard.
- All children's services continue to experience increased levels of referrals month on month into services.
- Clinical quality in respect of leg ulcer assessment processes remains a concern. Despite significant efforts to address, this is being monitored very closely. There is also a key link to increased leg ulcer both in numbers and in acuity of wounds; some of this is related to inactivity of housebound residents during Covid-19.
- Yorkshire smoke free (Barnsley) additional funding decision not to provide for 22/23 (year runs October to October) currently being reviewed by Local Authority.
- Podiatry services are undergoing a service review internally led, linked to improving patient pathways, staff wellbeing and recruitment and retention.
- Key work is being tested with our urgent community response pathway and Yorkshire Ambulance Service on taking patients that are category 4 directly from the 999 stack; key governance being explored at present to maintain patient safety and manage risks. Outcomes hopefully will be that patients can be supported and treated at home and not have to wait up to 8 hours for an ambulance response.



## Assure

- A recent rehabilitation gap analysis report produced by the integrated stroke development network is going to be used as the basis for developing services with commissioners across the network. Our service in Barnsley is well positioned following the work we have already undertaken.
- In line with national guidance the NEWS (National Early Warning Score) template has been updated to NEWS2. The new template went live on the SystmOne neighbourhood teams module from Wednesday 5th October 2022. NEWS2 will be used across both community and inpatient services. There are separate templates for each area due to differences in the escalation process. NEWS2 mobile phone app shared with neighbourhood nursing service and urgent community response.
- Allied health professional (AHP) integrated care board (ICB) celebration event held Tuesday 11 October 2022 in Rotherham. Useful presentations keynote of developing a AHP Leadership Group across ICB. Notable presentation on health inequalities to support our service priorities.
- Despite staffing challenges and service demands all children's and health and wellbeing services continue to deliver safe, high-quality services.
- South Yorkshire ICB (Barnsley) is now supporting the introduction of the ReSPECT initiative across providers including primary care. A project lead and team will be employed by the ICB to work with partners to mobilise over the coming months; we are well placed and prepared to take this forward.
- SWYPFT have led on the review of the whole of the musculo-skeletal (MSK) pathways with key providers and presented at the system planned care board; this has led to some minor changes in pathways which is contributing to an improving picture both from a staff retention perspective and waiting times at all points in a patients journey.
- The Barnsley care alliance three key operational workstreams are now established and work plans now agreed to improve outcomes for patients in severe mental illness health checks, learning disability health checks and for patients suffering from dementia with moderate frailty.
- Following the delivery of a successful business case SWYPFT have received recurrent funding to support the delivery of the urgent community response service within Barnsley. This will enable us to meet the requirements outlined in the urgent community response standard guidance, delivering crisis support within 2hrs for a range of conditions.
- In addition, the ICB have confirmed additional funding for neighbourhood nursing and neighbourhood rehabilitation services in view of the increased demand in both service areas. We are currently working with the ICB on a phased implementation plan for this investment along with key performance indicators to evidence impact across the health and social care system.



## ADHD/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 67% but this is a significant improvement on last month.
- Training in amber: Information governance 93.8%. Actions are underway to address.

### Advise

#### Medium/High Risk Waiting List

- The total number of people of the high/medium risk waiting list for ADHD has reduced from 65 to 51 since last month, 40% of these already have a first appointment booked.
- The number of people from Barnsley waiting more than 18 weeks has reduced from 12 to 4 – these remaining 4 all have an appointment booked in October.
- 10 of the 11 people waiting more than 18 weeks from Calderdale, where there is no commissioned pathway, have also been offered appointments. The 11th person is undecided about proceeding with an assessment.
- There continues to be no medium/high risk waits over 18 weeks for people from Kirklees or Wakefield.

#### Standard Waiters

- The total number of 'standard' ADHD waiters has increased from just over 2000 to nearly 2200 since last month's report.
- 97% of people on this list have been waiting less than two years (this coincides with the national increase in referrals which started during the pandemic).
- The service will continue to focus on clearing the 55 people who have waited longer than two years.

### Assure

- All KPI targets met.
- Changes made to ADHD pathway are working well.
- 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.
- Staffing Issues: Continue to be a concern across all localities and disciplines with nursing and OT being a particular concern. The service has committed to undertaking more work to ensure recruitment and retention is a priority.

#### Assessment and Treatment Unit (ATU)

- Shared Leadership Positions: Non-medical clinical lead now in post and interviews for Service Manager are imminent.
- Staffing: continues to be a challenge and is exacerbated by vacancies, sickness absence and acuity. Sickness is currently 6.6% with a significant proportion being long term.
- Bradford ATU: Date for opening (November 22) facing further delays possibly into next year which will have an impact on SWYPFT.
- Mandatory Training (Amber) – RRPI, 77.1% IG, 94.1%. Actions are underway to address.
- Mandatory Training (Red) - Food Safety 66.7%. Actions are underway to address.

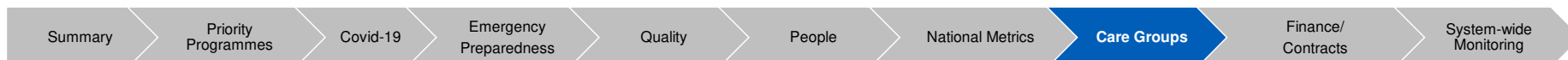
### Advise

#### Community

- Managers have escalated the challenges in providing quality placements for students due to registered staff vacancies.
- 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-19.

#### Assessment and Treatment Unit (ATU)

- The ward continues to carry a high number of vacancies, with high usage of bank and agency which impacts on continuity of care.
- Recruitment & retention remains a priority.
- Delayed transfers of care for September is 30%, this relates to 2 service users.



## Assure

### Community

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

### Assessment and Treatment Unit (ATU)

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

### Forensic services:

## Alert/Action

- Bed Occupancy – Newton Lodge 84.5%, Bretton 89%, Newhaven 100%.
- Mandatory training overall compliance:
  - Newton Lodge – 90.9%
  - Bretton – 88.7%
  - Newhaven – 88.7%

There are still amber/red hotspots which managers are targeting.

- Sickness absence/Covid-19 absence – remains above Trust target set for the BDU and has risen in all service lines during September.
- Vacancies & Turnover – turnover remains high 14.9%. The service has welcomed 15 new registered nurses and have new unregistered staff. Registered workforce has undertaken a revised and enhanced local induction.
- CPA: under target at 85.58% which is a mixture of community and inpatient cases, further work being undertaken to establish reasons for this.

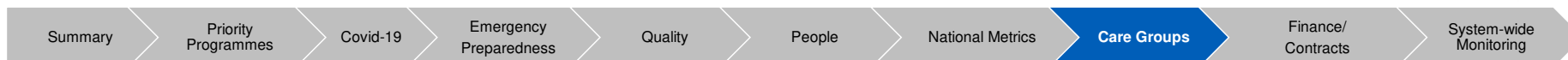
## Advise

- Work with partners in the Adult Secure West Yorkshire Provider Collaborative continues. Recent engagement event in September was well attended by all 5 providers and re-established priority areas.
- The roll out of Trauma Informed Care is going well and training sessions for staff have commenced. The service will pilot this on Johnson ward which will complement other improvement work on the ward.
- The service will continue to receive primary care input from Spectrum following a tender process.
- Friends and family test positive response rate is 90% for the month of September.

## Assure

- No delayed transfers of care recorded across all three services.
- High levels of data quality across the care group (100%).
- 100% compliance for HCR20 being completed within 3 months of admission
- 25 hours structured activity for service users has been 100% for all three services.
- The service has a bespoke recruitment and retention plan and this will remain a key area of focus throughout 22/23.
- The well-being of staff also remains a priority within the service.





## Calderdale Kirklees Wakefield and Trustwide Inpatients:

### Alert/Action

- Acute wards have continued to manage high levels of acuity. 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 impacted, with staff absences and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Home Based Treatment Teams have faced similar staffing pressures.
- The work to maintain effective patient flow continues, with the use of out of area beds being closely managed. There has been a reduction in the usage of out of area placements with some patients discharged and a lower rate of placement since April. However, a number of patients remain in beds throughout the country predominantly in PICU wards. The key focus continues to be on bringing patients back to local beds in as timely a way as possible and providing care closer to home - whilst managing the demand for new admissions as safely as possible in partnership with community teams. The demand for beds overall has risen leading to pressures in the system and ongoing challenges in arranging admissions in a timely way.
- 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. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.
- Community teams are continuing to experience workforce challenges. We currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. We have action plans in place for certain teams and continue to be proactive and innovative in our approaches to recruitment and workforce modelling.
- All areas are focussing on improving performance for FIRM risk assessments, which remains under target in all areas for those on CPA who have had a staying-well plan within 7 days and those who have had a formulation within 7 days. A series of deep dives has been taking place which has indicated a combination of service pressure factors, data quality issues, and pathway systems and technical issues regarding team-to-team allocations for example. The intelligence gleaned from this has led to some rapid improvement work which has demonstrated some improvement, and all areas will be focussing on this over the coming month. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies. We have set up a trajectory of improvement to full performance by the end of Quarter 3.

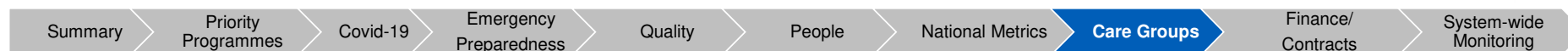
### Advise

- Senior leadership from matrons and general managers remains in place across 7 days. We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.
- The Care Group CPA review performance action plan is still in place to ensure clarity of communication and process and support with staffing levels which have had an impact on performance are being effectively addressed. Quality and Governance Leads have undertaken specific improvement work with certain teams around leadership, data quality and recording.
- Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway. We have recommenced a specific programme of work around sexual safety on our wards. We are 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.
- Alongside Trustwide work on recruitment and retention, we are engaged in specific improvement planning to address workforce challenges in inpatient services. For example, in partnership with Nursing Quality and Professions colleagues, the development of a confident and competent workforce in which we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards. We are also building in the benefits of staff networks, preceptorship/preceptorship academy, culture change measures and effective supervision models.
- We have worked with Nursing Quality and Professions and Performance colleagues to agree a new person-centred measure to demonstrate performance around collaborative care planning and are working towards implementation.
- Where there are waiting lists for services, for example for core psychology, comprehensive plans are in place for each individual including person-centred reviews and named contacts. We are participating in the Trustwide work on how we measure and manage waits in terms of consistent data and performance measurement.
- We continue to work in collaboration with our places to implement the community mental health transformation. We remain concerned that the new roles within primary care networks will draw experienced staff from our resources.
- We recognise the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and that where we need to improve action plans are in place. Positive supervision performance across community teams reflects this and we are currently focussing on inpatient areas. Workplace wellbeing groups continue to thrive with excellent examples of initiatives in each of the hubs and in individual teams.
- We continue to work towards required concordance levels for CPR training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends. 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.





## Communications, Engagement and Involvement

- Distribution of the Brief, Headlines, and the View
- Support to flu campaign and promotion of the Covid-19 booster programme
- Comms support to the Covid-19 moving forward group
- Supporting the delivery of the annual member's meeting, including a live stream of the event on YouTube
- Choose Well for Mental Health guide for children and young people ready for launch
- Supporting the poverty network and sharing cost of living support
- Supporting Black History Month by sharing staff stories and promoting lunchtime canteen offerings
- SystmOne waiting list comms support
- Patients Know Best comms planning and warm up messages
- Staff wellbeing initiatives promoted, including events linked to menopause month
- 'Our Offer' booklet produced and 'Get to know us' booklet developed
- Design and print of materials continuing for services and corporate functions
- Trust website and intranet development and updates
- 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 Integrated Care Service initiatives and campaigns
- Contributing to the intranet working group
- Older people's inpatient mental health transformation, internal and external comms and planning
- Promotions linked to Freedom to Speak Up Month
- Bretton Centre and forensic improvement plan comms support
- Ongoing support for staff recruitment and retention, including banners for all Trust sites and recruitment website development
- Staff survey promotion

## Engagement, Equality and Volunteering Update

- Equality and Involvement annual action plans are now being delivered. Plans were co-produced with input from Trust leads, staff side, and staff networks and using engagement feedback, insight, and intelligence.
- Work continues to progress the equality dashboard and metrics in line with Trust priorities, national guidance, and local insight, with support from business intelligence.
- Case studies to improve health inequalities are progressing. CAMHS leads are now appointed, and an initial working group has been set up. Forensic admission work is being supported though the broader involvement the Trust has been delivering to improve racial equity. Work has been funded for the Yorkshire and Humber Involvement Network to support.
- Monthly themed Lunch box talks – lets talk about.... are being delivered. The talks share one of 12 community equality films created in partnership with local communities. Community members attend, and other useful equality information is shared to support a dialogue.
- An animation has now been developed for people who are detained to ensure those use services, carers, friends, and family can understand what that means, what may happen and what to expect. The animation was developed as a result of feedback from the discovery interviews which highlighted a lack of awareness before accessing the service of what it means to be detained.
- Work to support staff networks continues with an updated terms of reference developed in draft for comment, and an outline work plan to aid the allocation of support and additional resources required. The Equality and Involvement team have supported a 'Disability Matters' event on 31 August with a national guest speaker.
- Equality data collection campaign continues. The 'All of You' campaign aim is to increase the recording of equality data from people who use and work in services. A campaign approach and poster are available the hashtag is being used in all comms.
- The team continue to support the Older People's Services transformation programme offering consultation advice and guidance, equality, and communication support. A CEE (communication, engagement and equality) meeting for partners is now being held every 2 weeks to ensure all partners have access to the same information. Plans for a stakeholder event, draft consultation document and briefings have been developed and work is underway to prepare for the event
- A Race Forward infographic has been developed and work to review the actions required to progress this work will be supported by the team. Updates are prepared for EII (equality, inclusion and involvement) Committee in September.
- Support with an involvement approach and equality impact assessment (EIA) for the Sustainability and Social Responsibility Strategy continues
- The Trust have secured funding to deliver a deep dive Trust-wide survey to investigate the experiences and views of its workforce with regards to racial equity in the workplace. This investigation will help inform the organisation's strategy to combat any racial biases that may be existing within the organisation.
- An asset-based approach to involvement is now underway, and a draft approach has been developed and shared with a broader steering group. Work will now take place over the next few months to develop the training. The approach will aim to recruit a bank of involvement leads who will all receive training to support our involvement approach. The bank of people will be called on to support pieces of work as they arise and will ensure we have the capacity to respond to the involvement agenda.
- Work to communicate Trust-wide involvement as an infographic has started and the narrative and approach will be shared with the Executive Management Team initially.
- Survey monkey will now transfer over to the Equality and Involvement Team. This change is being managed through a small group and plans are to ensure everyone is using one system. The work is progressing, and a toolkit will soon be available on the intranet as transition concludes in September.
- The quarterly partnership briefings produced by the team continue to be used in meetings and at MP briefings.
- The quarterly insight report was developed this quarter and shared with EMT to identify a 'you told us we listened' response.
- An 'Electronic EIA' is in development with the support of IMT colleagues. The framework for storing EIAs on SharePoint will mean that we can track grading, pull down reports and identify Trust-wide actions to address equality.
- Presentation and process to Operational Management Group (OMG) on mapping against a study on Suicide Prevention in South Asian Communities is underway. The approach is asking Care Groups to map their current position against the recommendations to identify a baseline. This work concludes mid September so actions can be identified.
- The work to support COPI (control of patient information) includes the development of identifiers for digital inclusion and preferred methods of communication as part of the approach. These new fields will support an understanding of digital access and communication requirements. In addition, the COPI approach includes revisiting equality data so this can be updated and increase reporting.
- Trust-wide training for equality, diversity and inclusion continues to be delivered and work with Learning and Development to identify target audience for training, and implications is being developed. The training was co-designed and developed by the team and sessions are in place.
- The Trust had a key role in the delivery of a regional event on Peer Support Workers. Health Education England invited our Trust to speak at the event with examples shared of the work we are doing in services such as perinatal.
- More learning on a 'beyond pills approach' is being brought into the Trust with our lead Peer Support Worker working closely with the pharmacy team to identify an approach. The Trust could be one of the first organisations to respond to this recent government-led report.
- The volunteer service continues to transfer volunteers to ESR (electronic staff record), and the return of volunteer is increasing. A large-scale piece of work in Barnsley to support community teams with volunteers is underway and 17 new volunteer managers are due to receive training to support these roles.
- Volunteer to career is progressing and the team attended a national event with HR colleagues to identify an approach. This approach will be shared initially with the Operational Management Group in the next few weeks to gather ideas for a model.

## Overall Financial Performance 2022/23

### Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£4.3m	£3.2m	In month financial performance is a surplus of £0.4m with a year to date surplus of £4.3m. This is £1.1m better than plan. Additional spend is profiled for the remainder of year ensuring delivery of the revised £3.2m surplus.
2	Agency Spend	£4.9m	£10.2m	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 £4.9m which is £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	£2.9m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	Cash	£83.4m	£73.9m	Cash in the bank remains positive although it is forecast to reduce in the year due to continued capital investment and forecast increasing spend.
6	Capital	£1.6m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and this is forecast to be delivered in full. Revisions to the programme have been agreed by Trust Board to take account of revised timescales and increased costs. Mitigations have been agreed to manage overall spend. It is recognised that the capital programme is largely profiled in Q3 and Q4.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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



## System-wide monitoring

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

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

## West Yorkshire and Harrogate Partnership

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

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

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

## South Yorkshire and Bassetlaw Partnership

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

## Publication Summary

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

[Community services statistics, July 2022, NHS Digital, 4 October 2022](#)

[Out of area placements in mental health services, July 2022, NHS Digital, 13 October 2022](#)

[Psychological therapies: reports on the use of IAPT services, England, July 2022 final including a report on the IAPT Employment Advisers pilot, NHS Digital, 13 October 2022](#)



South West  
Yorkshire Partnership  
NHS Foundation Trust



# Finance Report

Month 6  
(2022 / 23)



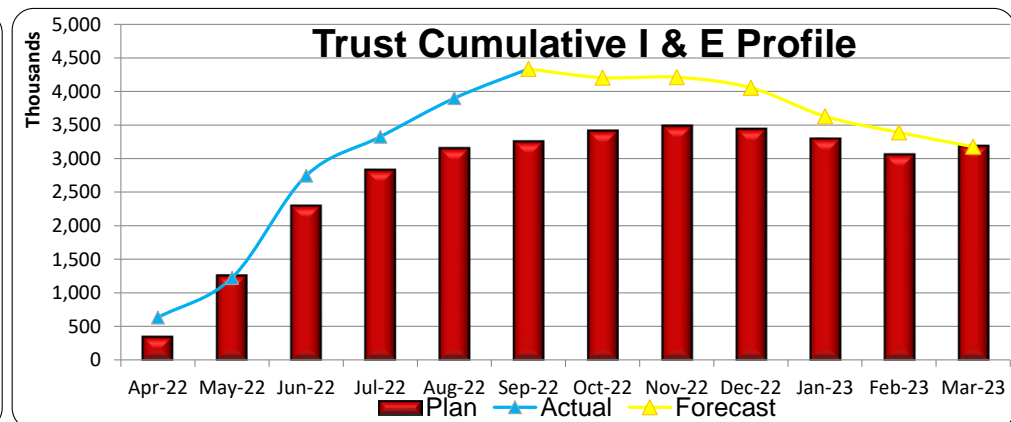
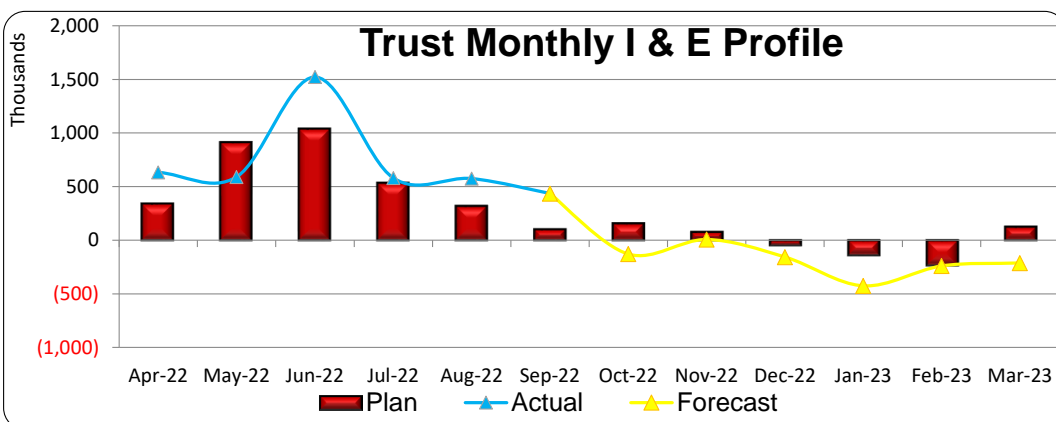
[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
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3	Overhead Costs	15%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	Financial sustainability and efficiencies	£2.9m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	Cash	£83.4m	£73.9m	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	£1.6m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and this is forecast to be delivered in full. Revisions to the programme have been agreed by Trust Board to take account of revised timescales and increased costs. Mitigations have been agreed to manage overall spend. It is recognised that the capital programme is largely profiled in Q3 and Q4.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels			
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels			
Green	In line, or greater than plan			

## 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
				22,795	22,387	(408)	Healthcare contracts	122,813	122,390	(424)	246,216	245,524	(693)
				9,587	9,858	271	Other Operating Revenue	53,185	53,577	392	108,961	108,587	(374)
				<b>32,382</b>	<b>32,245</b>	<b>(137)</b>	<b>Total Revenue</b>	<b>175,998</b>	<b>175,967</b>	<b>(32)</b>	<b>355,177</b>	<b>354,111</b>	<b>(1,066)</b>
4,778	4,600	(178)	3.7%	(22,050)	(20,464)	1,586	Pay Costs	(112,220)	(110,238)	1,982	(231,002)	(223,124)	7,878
				(9,813)	(10,633)	(820)	Non Pay Costs	(56,897)	(57,573)	(676)	(114,153)	(120,636)	(6,484)
4,778	4,600	(178)	3.7%	<b>(31,863)</b>	<b>(31,097)</b>	<b>766</b>	<b>Total Operating Expenses</b>	<b>(169,116)</b>	<b>(167,811)</b>	<b>1,306</b>	<b>(345,155)</b>	<b>(343,760)</b>	<b>1,395</b>
4,778	4,600	(178)	3.7%	<b>519</b>	<b>1,148</b>	<b>629</b>	<b>EBITDA</b>	<b>6,882</b>	<b>8,156</b>	<b>1,274</b>	<b>10,022</b>	<b>10,351</b>	<b>328</b>
				(483)	(591)	(107)	Depreciation	(2,995)	(3,113)	(118)	(5,847)	(6,047)	(200)
				(179)	(244)	(65)	PDC Paid	(1,074)	(1,139)	(65)	(2,148)	(2,278)	(130)
				244	123	(121)	Interest Received	432	432	0	1,150	1,152	2
4,778	4,600	(178)	3.7%	<b>101</b>	<b>436</b>	<b>335</b>	<b>Surplus / (Deficit)</b>	<b>3,244</b>	<b>4,336</b>	<b>1,091</b>	<b>3,178</b>	<b>3,177</b>	<b>(0)</b>
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,778	4,600	(178)	3.7%	<b>101</b>	<b>436</b>	<b>335</b>	<b>Surplus / (Deficit)</b>	<b>3,244</b>	<b>4,336</b>	<b>1,092</b>	<b>3,178</b>	<b>3,178</b>	<b>(0)</b>





## Income & Expenditure Position 2022 / 23

**The Trust financial position continues at a surplus run rate.  
Income, and expenditure, relating to the 2022 / 23 pay award have been actioned in month and  
backdated to April 2022.**

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**

Contract income has been updated to reflect expected uplifts effective from 1st April 2022. These values will be validated through contract variations which are in progress. These may be passed pending potential further adjustments to reflect government policy such as national insurance rate changes.

By their block contract nature there is minimal variation to agreed contract values although an updated position on LD FOLS (Forensic Outreach Liaison Service) has been included at month 6. Income is expected in line with costs incurred with mobilisation continuing to the full contract specification which in itself is being updated to reflect current service requirements.

Risks relating to CQUIN delivery and any timing differences on agreed investments continue to be assessed.

### **Pay**

The 2022 / 23 Agenda for Change, and Consultant, pay awards have been actioned in month. These have been backdated to April 2022 and therefore cause a spike in the expenditure run rate. This spike is the movement over and above the 2% assumption included as part of planning and had been included in the year to date position each month in line with national guidance.

Overall workforce numbers have continued to increase and this will continue to be under review as a key priority of the Trust to see if this trend continues. There were 70 more worked WTE in September 2022 than April 2022 and 106 more than the same period last year.

### **Non Pay**

Non pay expenditure has increased in month with the pass through of tariff uplifts to Adult Secure Collaborative partners the largest increase. As with all Trusts we continue to experience increased unit costs on a wide range of goods and services which is mitigated by reducing usage as far as possible. For example food cost increases are being partially mitigated by schemes to reduce wastage.

## 2.1

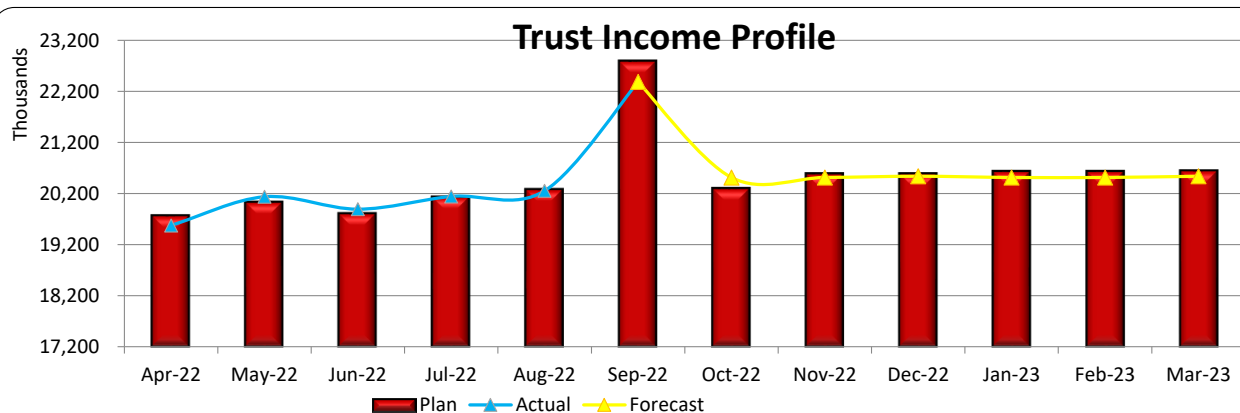
## Income Information

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	18,341	18,341	18,341	18,341	18,341	18,341	218,692	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	328	328	328	328	328	328	3,852	45,733
Local Authority	433	454	484	427	429	460	453	453	477	453	453	477	5,453	5,172
Partnerships	422	422	395	413	345	399	399	399	399	399	399	399	4,791	7,580
Top Up / ERF	0	0	0	0	0	0	0	0	0	0	0	0	0	287
Other Contract Income	124	(0)	555	246	258	470	140	140	140	140	140	140	2,492	708
<b>Total</b>	<b>19,576</b>	<b>20,136</b>	<b>19,893</b>	<b>20,143</b>	<b>20,254</b>	<b>22,387</b>	<b>20,514</b>	<b>20,514</b>	<b>20,538</b>	<b>20,514</b>	<b>20,514</b>	<b>20,538</b>	<b>245,524</b>	<b>274,176</b>
21/22	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	24,657	23,559	26,796	274,176	



In line with national guidance contract values have been increased in September to include additional funding received for 2022 / 23 pay awards agreed to date. This is received as a 1.66% increase and is forecast to be less than costs incurred.

This was expected to be the final national contract tariff change for 2022 / 23. Guidance is now awaited following revisions to national insurance charges with updates expected in month 7.

The year to date, and forecast position, has been updated to reflect the current position for the regional LD FOLS (Forensic Outreach and Liaison Service). This is based on recovery of costs incurred whilst mobilisation continues.

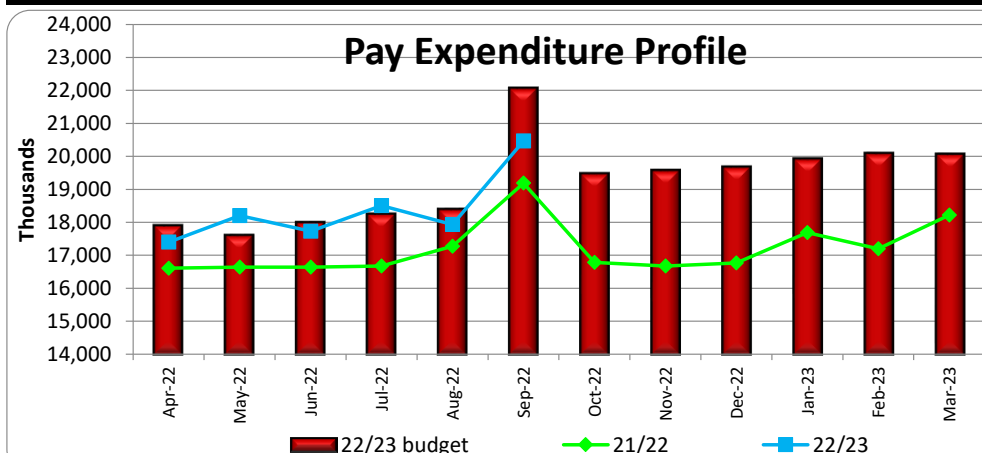
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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
<b>Substantive</b>	15,672	16,136	16,033	16,399	16,217	18,386							<b>98,843</b>
<b>Bank &amp; Locum</b>	986	1,145	985	1,161	1,004	1,229							<b>6,509</b>
<b>Agency</b>	740	920	711	950	716	849							<b>4,886</b>
<b>Total</b>	<b>17,397</b>	<b>18,201</b>	<b>17,728</b>	<b>18,510</b>	<b>17,937</b>	<b>20,464</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>110,238</b>
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	<b>206,351</b>

Bank as % (in month)	5.7%	6.3%	5.6%	6.3%	5.6%	6.0%							5.9%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%							4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
<b>Substantive</b>	4,130	4,109	4,129	4,148	4,162	4,153							<b>4,139</b>
<b>Bank &amp; Locum</b>	251	294	252	307	259	272							<b>273</b>
<b>Agency</b>	148	141	149	142	137	175							<b>149</b>
<b>Total</b>	<b>4,530</b>	<b>4,545</b>	<b>4,530</b>	<b>4,597</b>	<b>4,559</b>	<b>4,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,560</b>
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	<b>4,488</b>



In September national Agenda for Change and Consultant pay awards for 2022 / 23 have been paid. These are backdated to 1st April 2022 and result in the spike in the graph for both budget and actuals. This was the same process as the previous year.

This is the movement from the original flat 2% pay award working assumption included as part of the development of the 2022 / 23 plan.

Overall worked WTE in September is the most ever utilised by the Trust. The general trend is for increasing Trust substantive worked WTE which is supported by continued usage of temporary bank, locum and agency staffing.

Intelligence on trends in recruitment, retention and internal movements suggests this trend will continue for the remainder of 2022 / 23.

## 2.2 Agency Expenditure Focus

**Agency spend is £849k in September.**  
**Year to date spend is £4,886k.**

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.

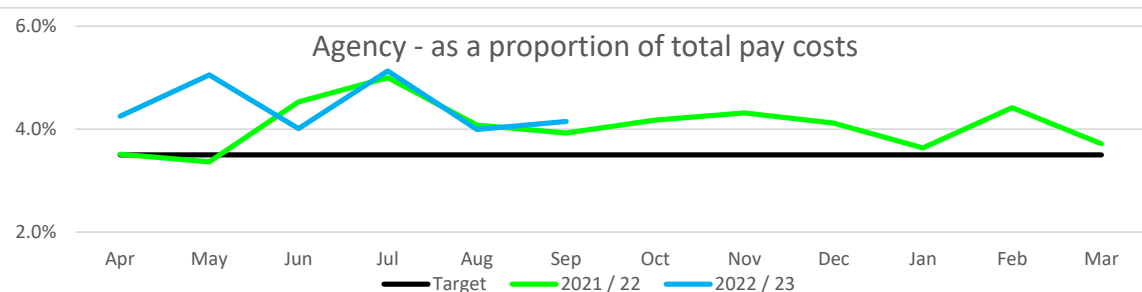
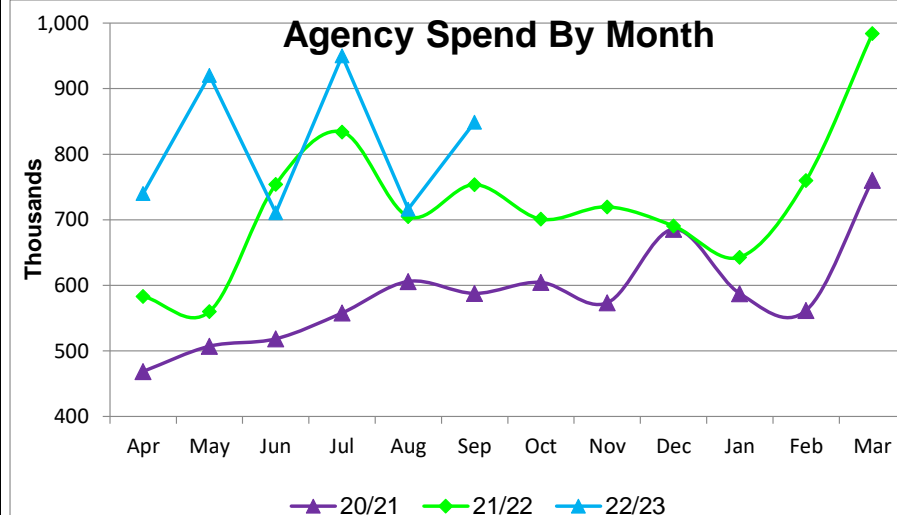
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible 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. £2.4m 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. This is the area of increase in September when compared to August. To date these staffing groups accounts for £2.6m of spend whilst medical staffing represents a further £1.6m.

In addition to the £7.8m target focus has returned to non clinical agency usage. To date the Trust has spent £167k 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.

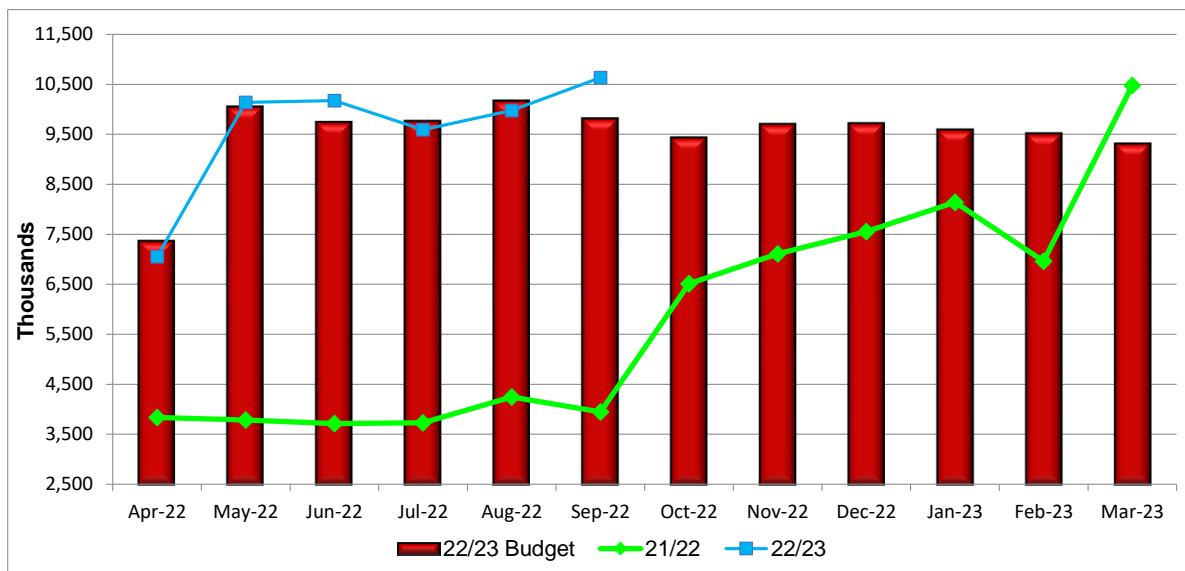
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in September 2022 was 4.1% (although this is impacted by the backdated pay award) with cumulative year to date position of 4.4%.

## 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							57,573
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 £k	Actual Year to date £k	Variance £k
Non Pay Category	£k	£k	£k
Drugs	1,588	1,522	(66)
Establishment	4,537	5,554	1,017
Lease & Property Rental	3,690	3,874	184
Premises (inc. rates)	2,737	3,090	353
Utilities	1,116	993	(123)
Purchase of Healthcare	5,293	4,422	(871)
Lead Provider Collaborative	31,751	30,934	(816)
Travel & vehicles	2,168	2,163	(4)
Supplies & Services	3,088	3,176	88
Training & Education	1,307	846	(462)
Clinical Negligence & Insurance	515	510	(6)
Other non pay	(893)	490	1,383
<b>Total</b>	<b>56,897</b>	<b>57,573</b>	<b>677</b>
<b>Total Excl OOA and Drugs</b>	<b>50,016</b>	<b>51,630</b>	<b>1,614</b>



### Key Messages

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

Spend has increased in September with the largest linked to the Adult Secure Collaboratives. Increased costs, linked to the pass through of national tariff funding, have been reflected. This is offset by additional income received as the co-ordinating provider. Other inflationary costs continue to be incurred mainly in the utilities and establishment categories.

The detailed calculations linked to IFRS 16 (accounting for lease / rental transactions) continue to be worked through and exceptionally reported to NHS England. This will be subject to external audit to ensure that Trusts practices are in line with this standard and best practice approaches.

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

## 2.3 Out of Area Beds Expenditure Focus

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

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

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

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

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

**Out of Area Expenditure Trend (£)**

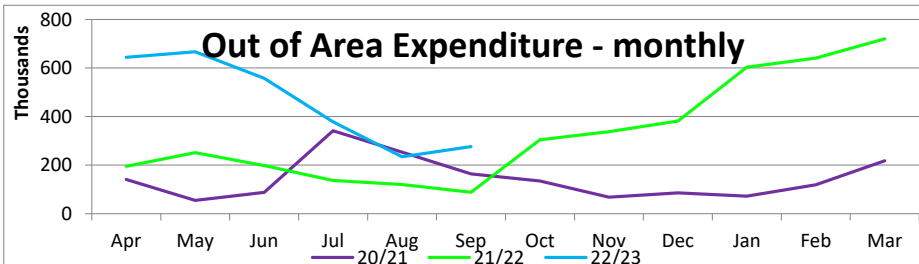
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382	604	641	720	3,981
22/23	644	667	557	378	235	276							2,758

**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							2,721

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	427	417	446	379	247	214							2,130
Acute	57	95	141	100	108	90							591
Total	484	512	587	479	355	304	0	0	0	0	0	0	2,721



The graph on the left highlights the reducing trend in out of area placement expenditure over the last 5 months. This is a positive reflection on appropriate actions taken by the operational teams but this remains an area of volatility and new out of area placements have been required on occasion to meet demand (and also due to specific individual requirements).

Although bed days have continued to reduce costs have increased in September. In this context August was lower than normal due to a reduction in estimated uninvoiced additional charges linked to observations.



Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,352	163,623	1
<b>Current Assets</b>			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	1,527	4
Non NHS Trade Receivables (Debtors)	921	1,101	4
Prepayments	2,174	4,347	2
Accrued Income	816	2,514	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	83,353	Pg 13
<b>Total Current Assets</b>	<b>87,941</b>	<b>94,530</b>	
<b>Current Liabilities</b>			
Trade Payables (Creditors)	(39,400)	(46,123)	5
Capital Payables (Creditors)	(1,790)	(711)	6
Deferred Income	(6,480)	(3,278)	
Other Liabilities (IFRS 16 / leases)		(55,511)	1
<b>Total Current Liabilities</b>	<b>(47,670)</b>	<b>(105,622)</b>	
<b>Net Current Assets/Liabilities</b>	<b>40,271</b>	<b>(11,092)</b>	
<b>Total Assets less Current Liabilities</b>	<b>147,623</b>	<b>152,531</b>	
Provisions for Liabilities	(7,716)	(7,258)	
<b>Total Net Assets/(Liabilities)</b>	<b>139,907</b>	<b>145,272</b>	
<b>Taxpayers' Equity</b>			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	81,272	7
<b>Total Taxpayers' Equity</b>	<b>139,907</b>	<b>145,272</b>	

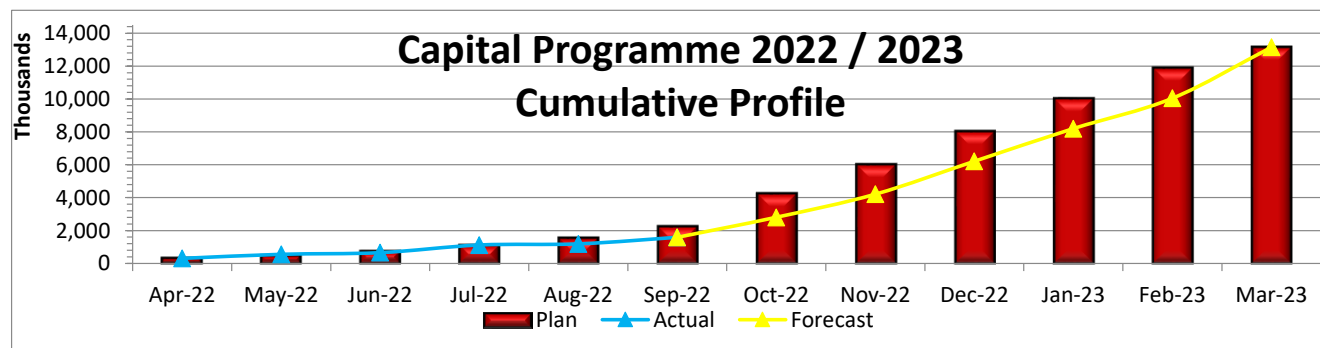
The Balance Sheet analysis compares the current month end position to that at 31st March 2022.

1. There has been a stepped change in the value of Trust assets from 1st April 2022 with the value of Trust leases (as per IFRS 16) now included. This is offset, in part, by the other liabilities line now added to this presentation.
2. Prepayments are higher than March 2022. This is usual and will reduce over the course of the year.
3. Accrued income is higher than planned with £1.8m payment awaited from commissioners for block contracts. We continue to work with each organisation to ensure timely receipt of funding.
4. Overall debtors remain low and are proactively managed to ensure recovery and that any issues are resolved. To date only £80k 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
<b>Major Capital Schemes</b>						
Bretton Centre	7,500	593	535	(58)	5,200	(2,300)
OPS transformation	500	280	0	(280)	667	167
<b>Maintenance (Minor) Capital</b>						
Clinical Improvement	745	206	55	(151)	740	(5)
Safety inc. ligature & IPC	1,065	315	44	(271)	944	(121)
Compliance	700	285	64	(221)	1,400	700
Backlog maintenance	350	0	6	6	377	27
Sustainability	350	30	0	(30)	350	0
Plant & Equipment	550	164	11	(153)	23	(527)
Other	0	0	521	521	994	994
<b>IM &amp; T</b>						
Digital Infrastructure	450	50	9	(41)	1,509	1,059
Digital Care Records	40	20	4	(16)	67	27
Digitally Enabled Workforce	375	25	30	5	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	294	311	17	354	0
VAT Refunds						
<b>TOTALS</b>	<b>13,144</b>	<b>2,262</b>	<b>1,590</b>	<b>(672)</b>	<b>13,144</b>	<b>(0)</b>



## Capital Expenditure 2022 / 23

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

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

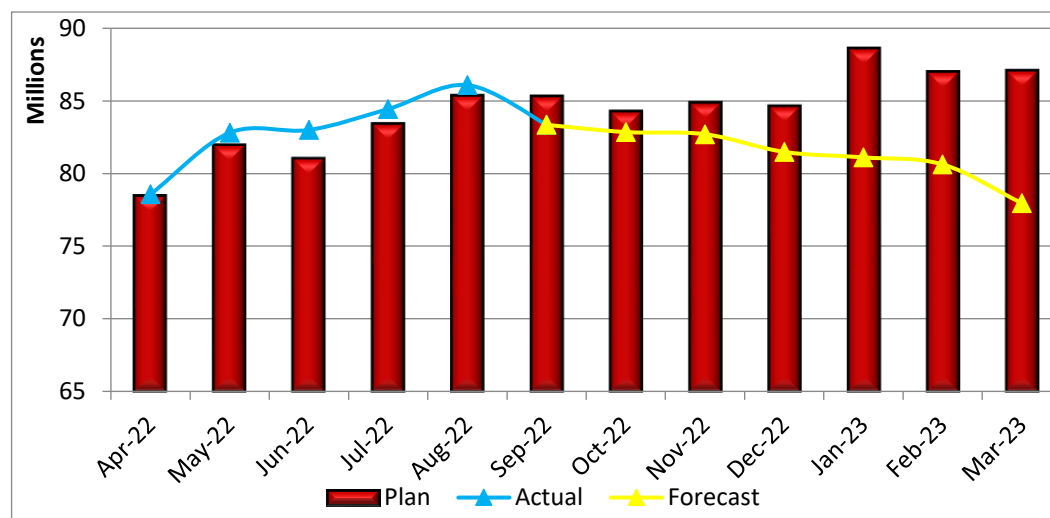
The Older People (OPS) transformation project is now commencing to provide extra care areas. Preparatory work continues on the Bretton Centre with the selected construction partner. Pressures operationally and financially are being reviewed and understood. This due diligence means that work on site will be later than originally planned.

Due to timing changes on the above additional IM & T expenditure has been brought forward into 2022 / 23. This will reduce the requirement on future years and is also appropriate as a value for money option and also help mitigate against expected supply chain issues.



## 3.2

## Cash Flow & Cash Flow Forecast 2022 / 2023

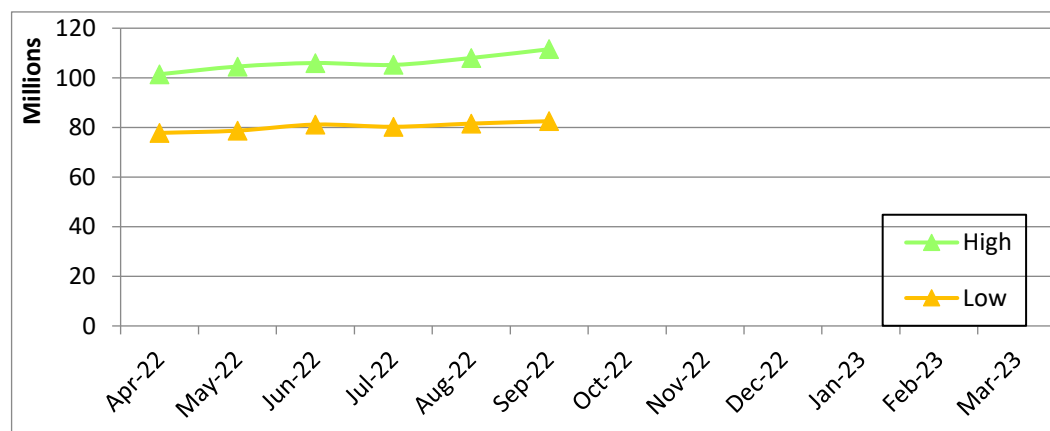


	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	85,279	83,353	(1,926)

**Cash remains positive.**

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

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



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

The highest balance is: £111.5m

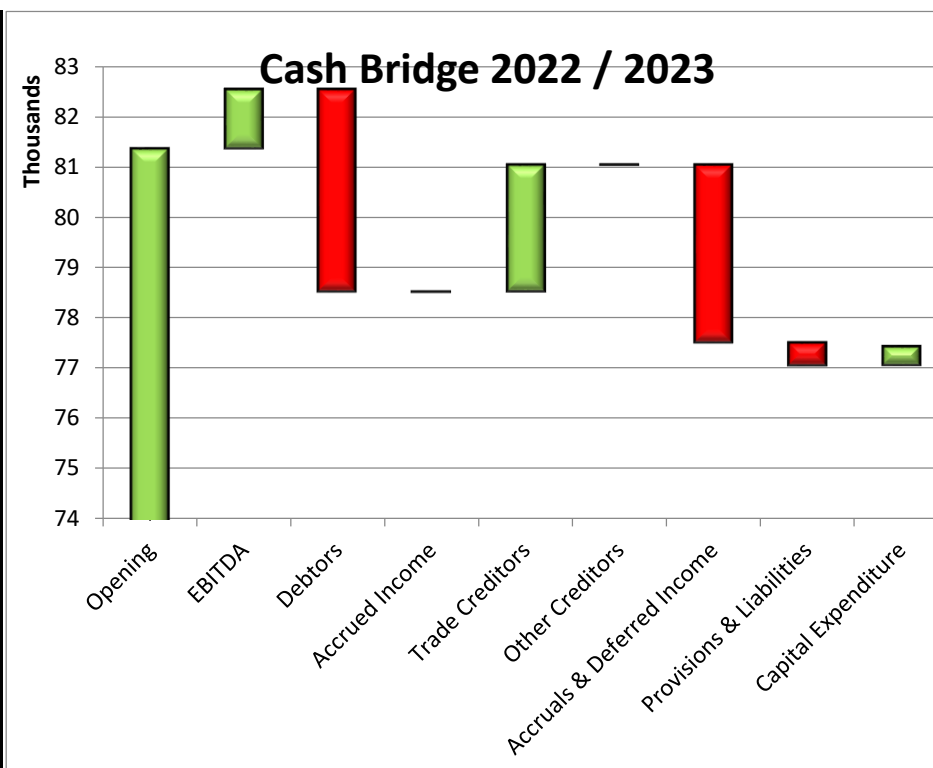
The lowest balance is: £82.5m

This reflects cash balances built up from historical surpluses.

### 3.3

## Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>76,454</b>	<b>81,368</b>	<b>4,914</b>	
Surplus / Deficit (Exc. non-cash items & revaluation)	11,025	12,206	1,181	
<b>Movement in working capital:</b>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(2,075)	(6,104)	(4,030)	
Trade Payables (Creditors)	2,950	5,475	2,525	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	(3,535)	(3,535)	
Provisions & Liabilities	0	(458)	(458)	
<b>Movement in LT Receivables:</b>				
Capital expenditure & capital creditors	(1,968)	(1,590)	378	
Cash receipts from asset sales			0	
Leases	(256)	(3,470)	(3,214)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	222	432	210	
<b>Closing Balances</b>	<b>85,279</b>	<b>83,352</b>	<b>(1,927)</b>	



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

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

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

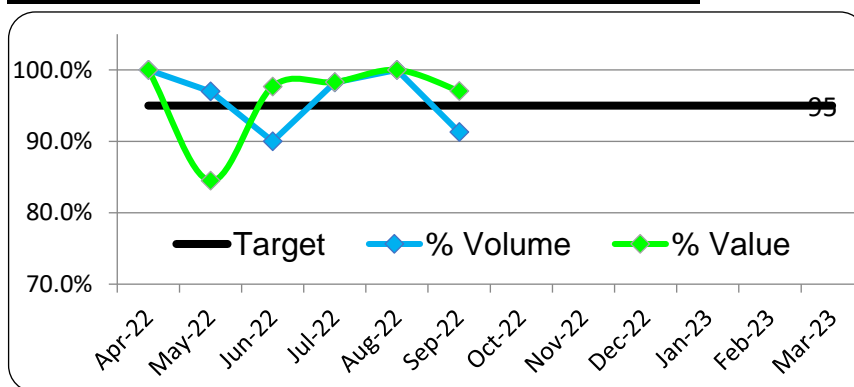
## 4.0

## Better Payment Practice Code

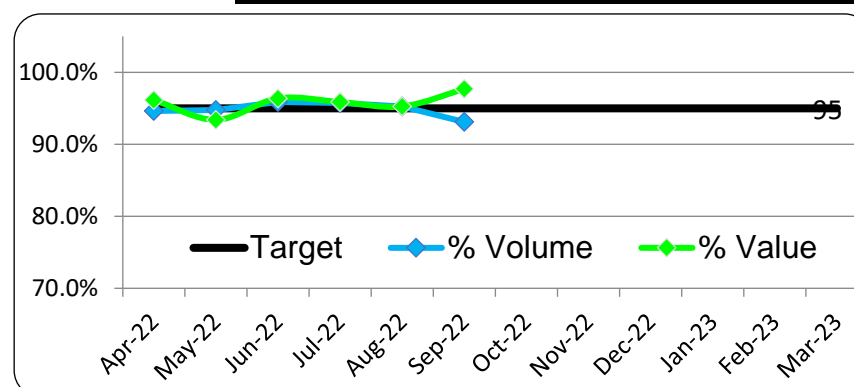
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	91%	97%
Cumulative Year to Date	97%	98%



Non NHS	Number %	Value %
In Month	93%	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 (£)
21-Sep-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4559	656,263
07-Sep-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	997884	555,258
27-Sep-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	997998	555,258
01-Sep-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS25	544,330
01-Oct-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS26	544,330
28-Sep-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202545	493,917
02-Sep-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 264	387,376
01-Sep-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007230	330,655
21-Sep-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4548	184,952
01-Sep-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007222	172,631
28-Sep-22	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600021270	168,655
05-Sep-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092773	134,624
21-Sep-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4560	132,370
21-Sep-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4561	115,455
07-Sep-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000092845	91,399
05-Sep-22	IT Services	Trustwide	Daisy Corporate Services	3I496063	90,250
03-Aug-22	IT Services	Trustwide	Daisy Corporate Services	3I494668A	90,250
23-Sep-22	Purchase of Healthcare	Kirklees	Ieso Digital Health Ltd	UK001147	87,340
27-Sep-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176607	82,239
27-Sep-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176608	82,239
27-Sep-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176609	82,239
27-Sep-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176610	82,239
27-Sep-22	NHS Recharge	Trustwide	Calderdale & Huddersfield NHS Foundation Trust	4710176611	82,239
27-Sep-22	NHS Recharge	Trustwide	Calderdale & Huddersfield NHS Foundation Trust	4710176612	82,239
05-Jul-22	Staff Recharge	Forensics	Wakefield Council	91313999156	66,195
31-Aug-22	Purchase of Healthcare	Trustwide	Leeds & York Partnership NHS Foundation Trust	997874	61,722
27-Sep-22	Purchase of Healthcare	Trustwide	Leeds & York Partnership NHS Foundation Trust	997997	61,722
05-Sep-22	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72483706	44,641
05-Sep-22	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72483713	44,641
25-Aug-22	Textiles	Trustwide	James Walker Textiles Ltd	28515	44,523

19-Aug-22	Drugs	Trustwide	NHS Business Services Authority	1000074256	42,819
13-Aug-22	Mobile Phones	Trustwide	Vodafone Ltd	102010480	39,971
30-Dec-21	Computer Software	Trustwide	Mri Software Emea Ltd	UKQPT2478	36,188
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4528	36,096
17-Aug-22	Recruitment	Trustwide	Just R Ltd	547A	36,000
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4533	35,923
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844431	35,523
11-Jul-22	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20220135	34,741
31-Aug-22	Purchase of Healthcare	Trustwide	Nouvita Ltd	9038	34,642
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4516	33,214
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4522	32,880
31-Aug-22	Purchase of Healthcare	Trustwide	Waterloo Manor Ltd	HO NHS LS 263 OBS	32,736
01-Sep-22	Utilities	Trustwide	Edf Energy Customers Ltd	000013110592	31,990
16-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4509	31,787
24-Jun-22	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6025714	28,726
04-Jul-22	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6025747	28,726
08-Sep-22	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	59891639	28,712
21-Sep-22	Purchase of Healthcare	Trustwide	Cygnat Health Care Ltd	WYS024INV	28,502
20-Jun-22	Computer Software	Trustwide	Cohort Software Ltd	INV00009762	28,413
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844267	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844434	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844269	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844266	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844268	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844270	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844432	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844433	27,603
24-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844435	27,603
26-Aug-22	Computer Hardware	Trustwide	Dell Corporation Ltd	7402844930	27,603
01-Sep-22	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	FDN00511	26,639
26-Aug-22	Furniture & Fittings	Trustwide	Kingsway Group	108638	25,430
19-Aug-22	Continence Products	Trustwide	Supply Chain Coordination Limited	1123107243	25,314
28-Jul-22	Staff Recharge	Trustwide	Leeds Community Healthcare NHS Trust	24885580	25,106

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

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

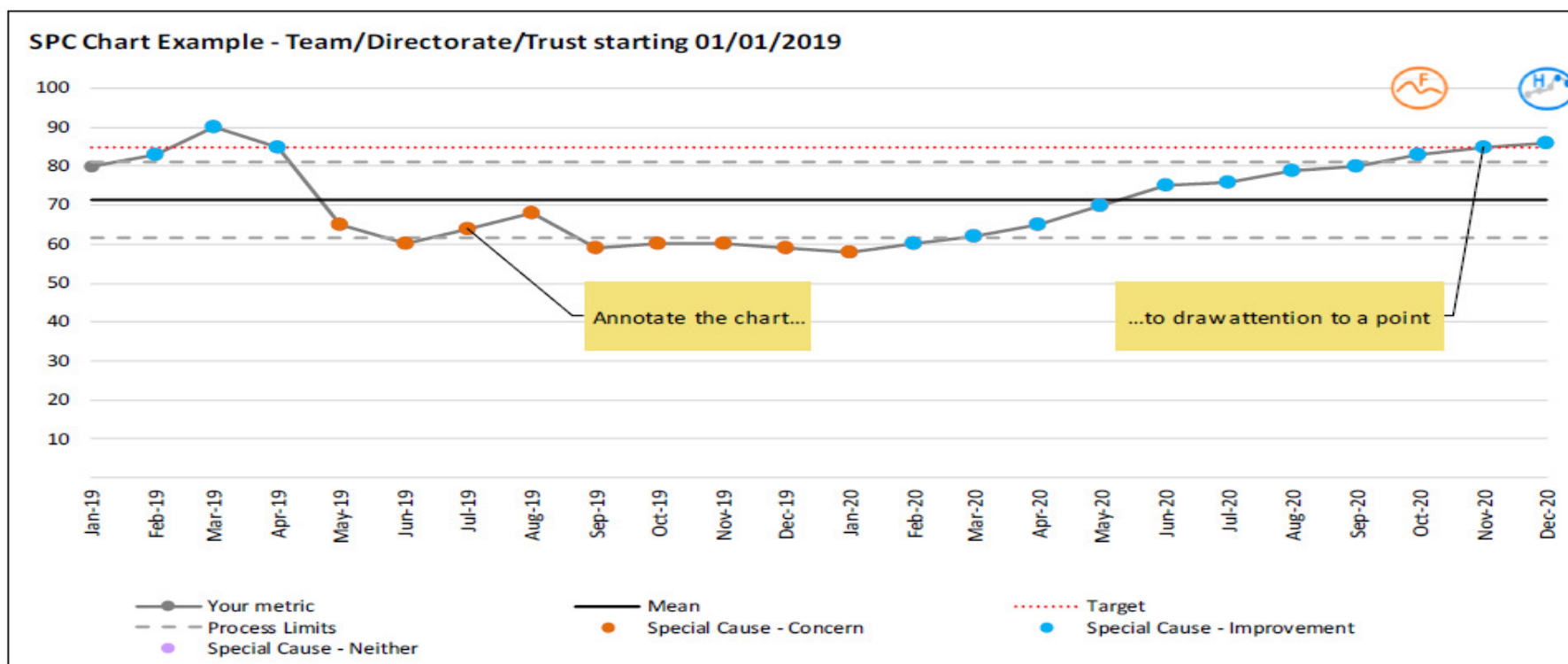
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

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



### Observations

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

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



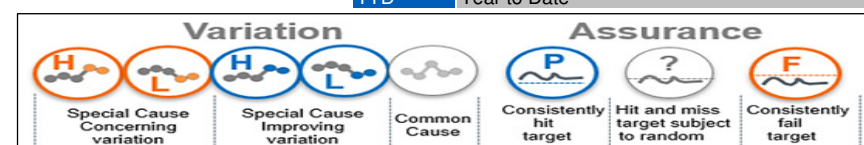
## Glossary

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