

Integrated Performance Report Strategic Overview



November 2022

With **all of us** in mind.

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Introduction

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

The Trust has developed care group summary reports for inclusion in the IPR. This is to provide an overview of performance against key indicators by care group in order to give assurance regarding the quality and safety of the care we provide. These have been added to the start of the care groups section.

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

With reference to key information relating to Covid-19, where possible the most up-to-date information is provided, as opposed to the November month-end data. This will ensure that Trust Board can have a discussion on the most current position available, as opposed to the position four weeks earlier. Given the fact different staff provide different sections of the report, there may be some references to data from slightly different dates.

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress. These are:

- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Executive summary
- Priority programmes
- Covid-19 response
- Emergency preparedness, resilience and response (EPRR)
- Quality
- People
- National metrics
- Care Groups
- Finance & contracting
- Systemwide monitoring

The priority programmes section has been updated to reflect the Trust's priorities and associated metrics for 2022/23. The national metrics section has also been updated to reflect changes in the NHSEI oversight framework, long-term planning metrics and NHS standard contract metrics. We also need to consider how Trust Board monitors performance against the reset and recovery programme. The Trust is also keen to include performance data related to the West Yorkshire and South Yorkshire Integrated Care Systems (ICSs) – this is an iterative process as work is underway within the ICSs to determine how performance against their key objectives will be assessed and reported. Our Integrated Performance Strategic Overview Report is publicly available on the internet.



This section has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics. More detail is included in the relevant sections of the Integrated Performance Report.

Priority programmes

- Work is progressing well on developing the social responsibility and sustainability action plan.
- People directorate work plan has been finalised and The great place to work priority programmes are under development.
- The quality strategy has been shared widely for feedback with service user engagement planned for the coming weeks.
- Patient Knows Best (PKB) activities are progressing in line with the timeline.

Addressing Inequalities

- A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee.
- Up to end November 2022, 70% of service users have had their equality data recorded (ethnicity, disability, sexual orientation and postcode). recorded. Developments are ongoing to ensure data capture will be extended to all services.
- Specific actions the Trust is taking to address inequalities include co-designing services with communities, ensuring representation is reflective of the population and covers all protected groups and carers. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.

Covid-19

- Protocols are in place to maintain staff and patient safety.
- The Covid-19 Moving Forward Group continues to monitor Covid prevalence, measures and national guidance.
- The Trust OPEL level remains at an average of 2.7. Three service areas are operating at OPEL 2 and six service areas at OPEL 3.
- The current flu uptake for frontline staff stands at 60% uptake has slowed clinics are being cancelled where there are no bookings. Due to the amount of declinations the CQUIN of 90% cannot be achieved.



Quality

- The Trust continues to perform well against the majority of quality indicators.
- The percentage of patients on the care programme approach (CPA) offered a copy of their care plan remains below target at 43.8% in November. A trajectory for improvement has been set for this and this is being met for November (40%). Issues impacting on the performance of this metric relate to a combination of the way that the information is drawn from the system and the way that care is offered., and Significant work has been undertaken to address this.
- The work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified, the form is now live and data collection is expected to commence in January 2023.
- The percentage of patients with an up-to-date risk assessment continues to remain below target for both community (67.9%) and inpatient teams (79.1%)., This is based on provisional data for the month and an improved position is expected once the figures are finalised. Improvement measures are in place across all services and a trajectory of improvement has been set to achieve expected levels by end of quarter 3.
- Waiting times and waiting numbers waiting for neurodevelopmental services within CAMHS remain high. As previously reported, waiting list initiatives are in place to work towards stabilising this position from March 2023. Children do not need to have a diagnosis in order to receive a CAMHS service and services will be provided to meet their presenting needs.
- The number of restraint incidents has increased to 223 compared to 169 in October.
- There were 13 information governance breaches reported in November, a decrease from 11 reported in October.
- The number of inpatient falls in November was 62, which is a decrease from 68 in October All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
- The percentage of CAMHS patients waiting less than 18 weeks from referral to treatment increased in November to 68% compared to 66% in October. CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service will provide additional support.
- 95% of incidents reported in October 2022 resulted in no harm or low harm, or were not under the care of the Trust.
- 92% of prone restraint incidents during November had a duration of 3 minutes or less, which remains above the target of 90%.

People

- Our substantive staff in post position continues to remain stable This is despite the recruitment activity with Joiners out numbering Leavers. There are changes in FTE numbers due to changes in substantive staff contracted hours.
- Overall vacancy rate in November was 14.4% which is the same as the previous month. This is monitored against a target of 10%.
- Total numbers of new starters into the Trust since April continues to be higher than the number of leavers for the same period. The number of Hires is 437.4 (FTE) and 389.9 (FTE) employees deciding to leave the Trust since the start of the financial year.
- Sickness absence in November was 5.9%, a slight increase from 5.6% in October.
- Long erm Sickness absence (any sickness of 3 weeks, 21 calendar days) accounting for 3.6% of all absences. Short term absence the most challenging operationally to manage,1.5%
- Staff appraisals is below target albeit a slightly increased from 56.9% in October to 60.1% in November. The position within Care Groups is variable
- Mandatory training compliance (overall) continues to exceed targets, with all areas recording rates close to or above 90% completion.



NHSI Indicators

- The Trust continues to perform well against the majority of national metrics.
- Inappropriate out of area bed days continue to be above the numbers experienced in recent years with 498 days in November, an increase from 437 in October. This is due to a number of challenges faced by the Trust (increased acuity, Covid-19 outbreaks and challenges to timely discharge). The Trust had 21 people placed in out of area beds at the end of November.
- Performance against the 18 weeks from point of referral to treatment — the incomplete pathway indicator increased slightly to 90.3% during the month of November and remains below threshold. This measure relates to the musculoskeletal service only. An increase in demand and staffing capacity are having an impacting.
- There were two young people under the age of 18 admitted to adult wards in November. Robust governance processes are in place to safeguard young people and place them in an appropriate care setting as soon as possible.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased from 98.7% in October to 100% in November. This is now above threshold.
- The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is below target at 73.3% against a 95% target. (This relates to 8 cases that did not meet the standard).
- The percentage of service users on care programme approach having a formal review within 12 months has dropped slightly under target in November at 94.9%.

Locality

- Acute wards have continued to manage high levels of acuity. High occupancy levels across wards are being experienced on a sustained basis and capacity to meet demand for beds remains difficult. Outbreaks for Covid-19 and flu have occurred on some wards which has also impacted on capacity.
- Work to maintain patient flow continues, with the use of out of area beds being closely managed, this has however remained high during November.
- Mental health acute wards are being impacted by workforce challenges, namely vacancies, staff absences and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards.
- Mental health community teams continue to experience significant workforce challenges. This is being supported by Trust-wide work on recruitment and retention.
- Staffing levels within neighbourhood nursing teams remain a concern however, recent recruitment drives have been successful, and this should have a positive impact on the vacancy factor in the new year.
- Forensic bed occupancy levels have increased across the board during November and only Newton Lodge was below the 90% threshold (86.7%)
- The percentage of children treated within 18 weeks in core CAMHS remains challenging and has increased in November to 68% compared to 66% in October.
- Waiting numbers for Autistic Spectrum Condition (ASC) / Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. There are specific pressures with related to Psychology capacity. A robust action plan is in place – but a shortfall between commissioned capacity and demand remains.
- CAMHS eating disorder pathways remain under demand pressure. This is impacting on compliance with national clock stop targets, for routine referrals - (5 days response) 73.3% (22/30) – threshold 95%. Urgent referrals continue to be prioritised however there was one breach in November.
- Waiting list times pressures continue in community learning disability services. People with learning disabilities on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need. 88.5% of people are seen within 18 weeks.
- Adult attention deficit hyperactivity disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic.

Summary

Priority
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Covid-19

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National
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Contracts

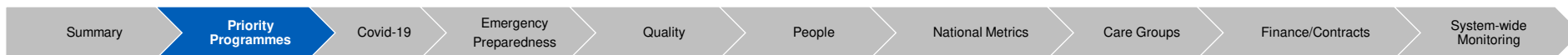
System-wide
Monitoring

Communications, Engagement and Involvement

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

Finance

- In month financial performance is a surplus of £0.8m with a year to date surplus of £5.5m. This is £2.0m better than plan. Additional spend, and agreed reduced income in Q4, result in the surplus remaining forecast at £3.2m in line with plan.
- Agency spend in November was £797k, with year to date spend of £6.5m.
- Actions are in place to address agency spend, which will be overseen by the Trust's agency group.
- The capital programme for 2022/23 has been agreed as £13.1m, and this is forecast to be delivered in full. Capital spend to date is £2.3m.
- Cash in the bank remains positive at £84.7m, although it is forecast to reduce in the year due to continued capital investment and forecast increasing spend.
- Pay costs were £18.4m in November, compared to last month which was £18.9m.
- Out of area bed costs were £446k in November, a slight reduction from £474k in October.
- Performance against the Better Payment Practice Code is 95%

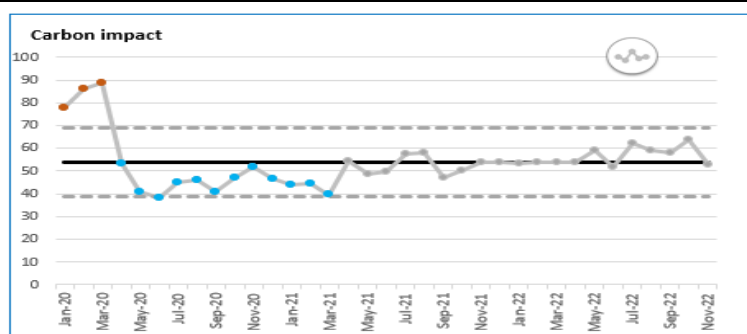


The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23. For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly. We will also incorporate statistical process control 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 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	Sep-22	Oct-22	Nov-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% <i>(ethnicity only)</i>	70.3%	70.5%	70.1%			Figures shown are the combined percentage for completion of ethnicity (96.2%), disability (41.6%), sexual orientation (42.7%) and from July 2022 postcode (99.8%) The threshold is currently based on the national target for ethnicity recording only, which is already in place and achieving. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	See reducing inequalities section of the report for detail					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)	100%	51.2% Service 65.1% Policy	50.9% Service 66.7% Policy	51.6% Service 68.2% Policy			Following Covid a large number of EIAs for both services and policies require review in a short time scale. Services and the equality inclusion team are working through these as quickly as they can but it may leave a number of policies and services with a delayed review, although progress is being made. Many policies are also being considered to be transferred to protocols and this may then impact on the performance around this.
	Completion of equality mandatory training (Quarterly)	>=80%	94.3%	94.2%	93.9%			
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	58	64	53			Data showing the carbon impact of staff travel / business miles. For November 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%	64.0%	Due February 2023				Reported 6 weeks in arrears. A weighted average is used given there are different targets in different places.
	Forensic lead provider: % of patients in service with a physical health check and % with a care improvement and maintenance plan in place	100%	Q2 - Medium Secure - 100% & 100% Q2 - Low Secure - 100% & 100%					England position for Medium Secure is 95% and 97% respectively and for Low Secure is 92% and 99% respectively.

What the data is telling us. 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 November 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						Assurance Icons			
The icon which represents the last data point on an SPC chart is displayed.						If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.			
ICON									
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

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

Improve health

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Support social responsibility & sustainability in the Trust & our communities	Phase 1, developing the social responsibility and sustainability action plan, completed by July 2023		On target to deliver within agreed timescales. Work is progressing well. Drivers for Phase 1 and time scaled action plan to be presented for submission to Equality Inclusion & Involvement (EI&I) committee on 14th December after being well received by EI&I subcommittee, operational management group & executive management team. Widescale multi-factored Trust wide January launch fully planned. January 2023 will also be used to discuss and agree measures and metrics with Headline Initiative leads in place by March 2023.
Work in partnerships at System & Place to improve the health of our communities	Barnsley provider alliance - • Co-design and development of a marketing, communication, equality, inclusion, and involvement approach by December 2022		Milestone achieved.
	Forensic lead provider, West Yorkshire: • Progress the repatriation plan for West Yorkshire residents, achievement of annual targets against strategic repatriation ambition (quarterly update)		Ongoing progress is being made to reduce out of area placements. Review of those out of area and repatriations is now included in weekly meetings of the single point of access
	Forensic lead provider, West Yorkshire: • Achieve annual financial plan (quarterly update)		The provider collaborative is operating with financial surplus. Oversight is via the Trust Collaborative Committee.
	Forensic lead provider, South Yorkshire: • Achieve annual financial plan (quarterly update)		The provider collaborative is operating in line with financial plan. Oversight is via the Trust Collaborative Committee.
	Community Mental Health transformation: Review of transformation road map December 2022		In West Yorkshire, each place has reviewed the transformation roadmap to focus on progress toward achieving key milestones and identifying which ones need further resource and support to take forward. This is being fed into the West Yorkshire Mental Health, Learning Disabilities and Autism (MHLDA) Partnership Board in November. Barnsley has undertaken a similar process in the South Yorkshire system earlier in 2022. SWYPFT is a contributor to these assessments in each place.

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

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Improve Care								
Priority programme	Metrics	Threshold	Sep-22	Oct-22	Nov-22	Variation/ Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	Oct - 85% Nov - 90% Dec - 95%	71.3%	71.3%	79.1%			November data is provisional and will be refreshed next month. All areas need to improve performance for FIRM risk assessments, which remains under target in all areas for those on care programme approach who have had a staying-well plan within 7 days and those who have had a formulation within 7 days. A series of deep dives have been taking place which has indicated a combination of service pressure factors, data quality issues, and pathway systems and technical issues regarding team-to-team allocations for example. The intelligence gleaned from this has led to some rapid improvement work which has demonstrated some improvement, and all areas will be focussing on this over the coming month. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place. We have set up a trajectory of improvement to full performance by the end of Quarter 3. Progress will be monitored against the monthly trajectory in the next report (Oct - 85%; Nov - 90%; Dec - 95%)
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Oct - 85% Nov - 90% Dec - 95%	62.9%	68.0%	67.9%			
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	42.8%	44.3%	43.8%			Work continues in front line services to adopt collaborative approaches to care planning. A new metric has been identified and work is being undertaken to implement this in the coming months which will demonstrate improved performance. Additionally, a trajectory of improvement has been set to reach full achievement by end March 23. Progress against this is now being monitored. (Nov - 40%; Dec - 50%; Jan - 60%; Feb - 70%; Mar - 80%)
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards	323.2	237.7	245.4	246.7			Numbers of registered nurses on inpatient acute wards has been declining steadily for a number of years. Reducing by 38% in recent months. The number of healthcare assistant and trainee nurses has also declined, with a decline of 14% in the last year. Establishment has been identified.
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	58	58	43			Data based on adult acute discharges only during the period and likely to fluctuate. A higher number is therefore indicative of patients being discharged who have longer lengths of stay. Individuals are being admitted at a higher level of acuity, taking longer to reach recovery. Length of stay is continuously monitored through the patient flow team.
	Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	14	18	25		N/A	Similar ratio between Forensic and Mental Health Inpatient areas in November 2022
	Inappropriate out of area bed placements (days)	Q3 - 828	226	437	498			
	Percentage of video consultations	Trend monitor	1.7%	1.6%	1.9%		N/A	
	Percentage of telephone consultations	Trend monitor	28.9%	28.9%	28.1%		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 face to face consultations	Trend monitor	69.4%	69.5%	70.0%		N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	483	355	526			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 November - 310. 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	468	421	448			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 November - 1036. 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%	88.89%	83.7%	71.4%			Lower than target performance in Calderdale and Kirklees due to Nursing vacancies and long-term sickness (Calderdale) and Psychologist (Band 8B) vacancy (Kirklees). All Kirklees breaches received welfare calls. One missed target in Wakefield due to DNAs and rearranging appointments. Barnsley hit 100%. All waiting lists are regularly reviewed and RAG rated to ensure cases are prioritised according to need.
	Referral to assessment within 2 weeks (external referrals)	75%	65.1%	68.7%	61.1%			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. Intensive remedial action in Calderdale & Kirklees SPA utilising the Business Continuity Plans has been taking place and over 600 referrals have been triaged and processed in the second week of December. This has cleared all back waiting referrals and at present SPA are managing all referrals within 24 hours of receipt. As a result of this work it is likely that December routine assessment will show a high volume of 14 day breaches and both routine assessment and treatment performance figures are likely to be impacted into January, but should improve beyond that as back waiting referrals clear through the pathway.
	Assessment to treatment within 6 weeks (external referrals)	70%	94.0%	97.9%	95.8%			

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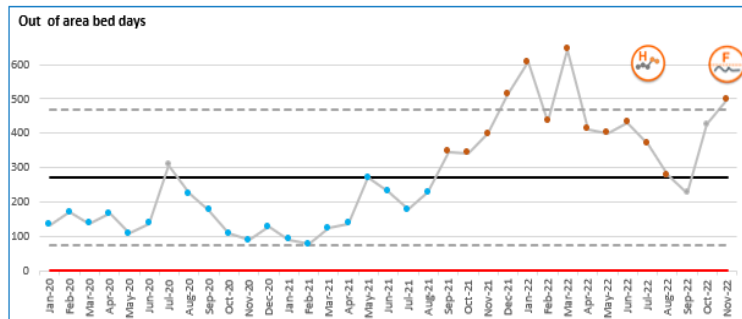
Finance/Contracts

System-wide
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Glossary

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

What the data is telling us. 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)

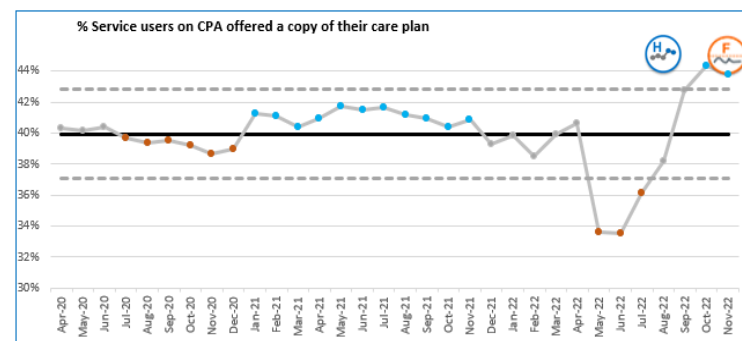


There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way.

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 21 people placed in out of area beds at the end of November due to recent system pressures.



Performance against the percentage of service users offered a copy of their care plan has now moved into special cause improving variation. Work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified and work is being undertaken to implement this in the coming months which will improve performance. Despite the improvement we are not anticipated to meet the target against this metric.

ICON	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.		
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

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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)

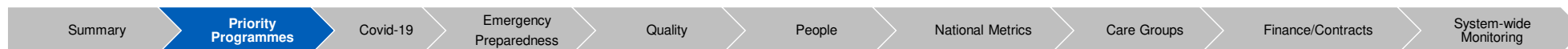
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Phase one: Orientation by 30/11/2022 completed Phase two: Diagnostic and discovery by 31/3/2023 Phase three: governance and quality monitoring by 31/5/2023 Phase four: patient safety response planning by 30/06/2023 Phase five: Curate and agree patient safety policy and plan by 31/8/2023 Go Live: Develop comprehensive improvement plans by September 2023		NHS England launched the new Patient Safety Incident Response Framework and supporting documents in August 2022. In line with expectations, we commenced work towards a 12-month structured implementation in September 2022 with the aim of going live in September 2023. An internal project board has been established to support this work and an implementation team established. Phase one is now completed and Phase two is on track.
	Development of a structured approach and process for quality improvement by December 2022.		Complete
	Six stage quality improvement process to be used as part of the care planning and risk assessment improvement programme to March 2023		On track
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Improving Access to Care (IATC): Update on improvement work to reduce waits delivered to EMT February 2023.		Stocktakes and recommended improvement plans for both Community LD services and CAMHS Neurodevelopmental Services in Kirklees and Calderdale have been submitted to EMT for approval in December.
	Out to public consultation on Older People inpatient services by May 2023		Stakeholder workshop event scheduled for 15 December. Work progressing to update EIA, Quality impact assessment and pre consultation business case.
	Revised Quality strategy to be approved at Trust Board in February 2023		The second draft of the quality strategy is being shared widely for feedback by Friday 9th December. Service user engagement being planned for the coming weeks. Quality Strategy will now be presented at clinical governance clinical safety committee in January and due to Trust Board at the end of February 2023.

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	Sep-22	Oct-22	Nov-22	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£436k	£317k	£842k			Surplus position month on month with workforce numbers as the key driver.
	Capital spend against plan	£13.1m	£1,114k	£883k	£1,450k			The capital programme for 2022 / 23 has been agreed as £13.1m and currently is presented as delivering in full. Following Board review the major Bretton scheme has been paused and the impact, and any mitigations possible in year, are currently being reviewed. This will also be discussed and agreed within the Integrated Care System (ICS).
	Agency spend managed within the overall workforce (Monthly)	<4%	4.1%	4.1%	4.3%			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	£469k	£469k			Savings in line with plan although majority are non-recurrent. Key elements are lower than previous out of area placements and the impact of workforce numbers.
Use our estates to enable effective ways of working to support staff & deliver best care	Metrics under development							
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	Communication preferences of service users captured/recorded on SystmOne		Questionnaire to collect this information is live on SystmOne					
	Percentage of wards live with EPMA over time	96.5% by March 2023	55%	62%	72%			21/29 wards live in November. One ward is undergoing renovations so go live will be delayed.

Glossary	
EMPA	electronic prescribing and medicines administration

What the data is telling us. 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 draft 3-year financial plan by December 2022 to EMT		On track
	3-year financial plan to Trust Board in January 2023		No Trust Board in December. Action moved to January 2023
	Final 2023 / 24 plan, including financials, delivered to the Trust Board March 2023		On track
	Patient Level Costing implementation (PLICS): Engagement process (clinical and finance) by January 2023		On track
	Patient Level Costing implementation (PLICS): Data Quality review by February 2023		On track
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board by Early 2023		The work to the strategy continues with a draft strategy for comments to be available by January 2023
	Agree final costings for Bretton development January 2023		Following advice from our cost adviser the scheme is being rechecked for VFM and will return to Board in January 23
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by March 2023		Patient Knows Best (PKB) activities are progressing in line with the timeline
	Implementation of a Trust wide approach to digital dictation by March 2023.		A proposal for way forward is being considered by EMT on 15th December.

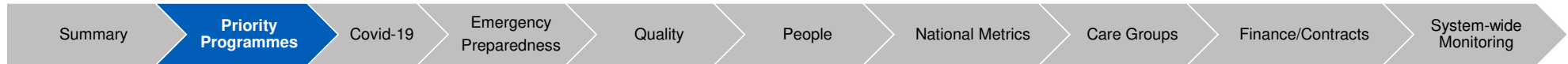
Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Make SWYPFT a great place to work								
Priority programme	Metrics	Threshold	Sep-22	Oct-22	Nov-22	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	16.2%	17.1%	17.4%			
	Turnover external (12 month rolling)	>10-12<	14.8%	14.4%	14.4%			
	Sickness absence - Month	<=4.4%	4.8%	5.6%	5.9%			Covid-19 absence included in overall sickness absence figure from July 2022
	Workpal appraisals - rolling 12 months	>=90%	57.3%	56.0%	60.1%			
	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 is is being analysed currently. Report will be shared when available.

What the data is telling us. 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	People Directorate work plan has been finalised and The Great Place to Work priority programmes are under development.		<p>Progress this month:</p> <ul style="list-style-type: none"> • 18 International Nurses joined the Trust this financial year • New starters outperforming leavers out of the last six months • Staff in post is rising as is establishment • Vacancies for posts on the People Directorate leadership structure out to advert, open day on 5 December with interviews planned In January. • Flu campaign launched for 2022/23 with 3535 front line eligible with 2036 uptake so as of 7th December (58%) • Partnership group established to manage any potential industrial action • Regular meetings with staff governors in place • New lead role for Diversity Inclusion and Belonging recruited to. • Becoming a Trauma Informed Organisation programme was supported and approved by EMT in September. A trust wide programme of work is being devised and steering group established, jointly led by Greg Moores and Darryl Thompson. • The Enabling Working Effectively programme has re-commenced which aims to embed hybrid working Trust wide • Options appraisal on pension recycling being developed • Workpal e-appraisal redesigned allowing users to directly complete the final review meeting without the need to complete self and manager pre-assessments. • Work is underway to review the Workforce data in the IPR • Recovery trajectories for appraisal completions for care groups and support services agreed with EMT and OMG 60.7% (end of November 2022).



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.

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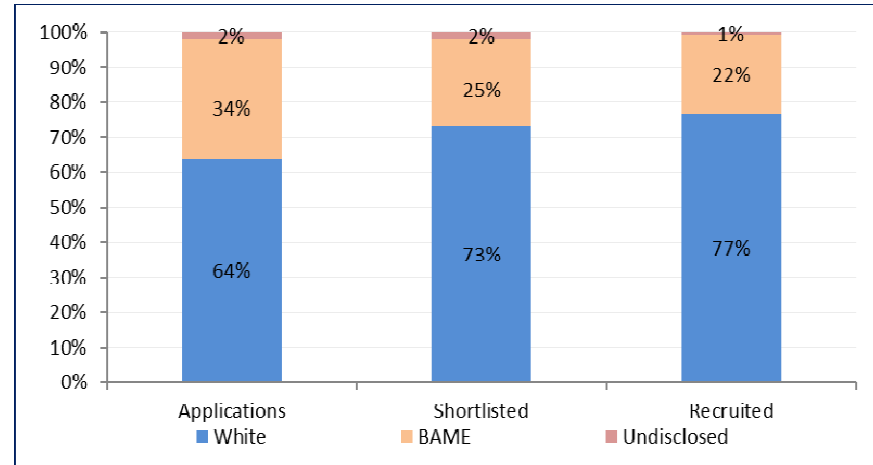
Finance/Contracts

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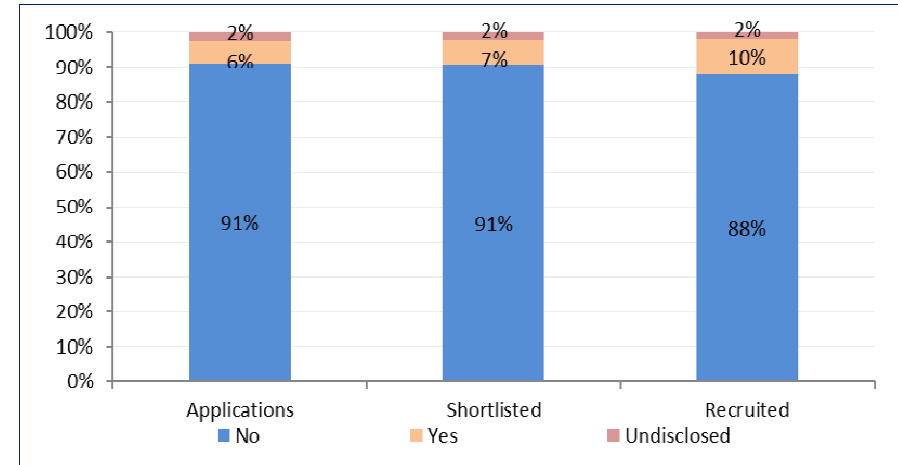
Reducing Inequalities

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

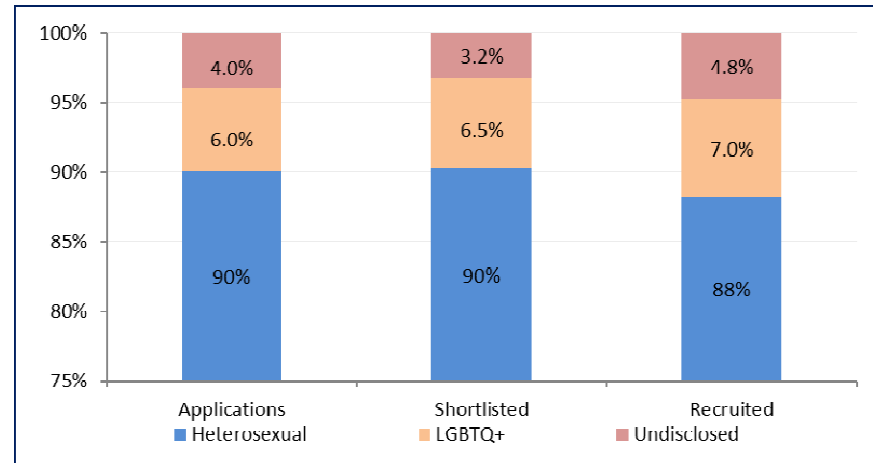
Ethnicity



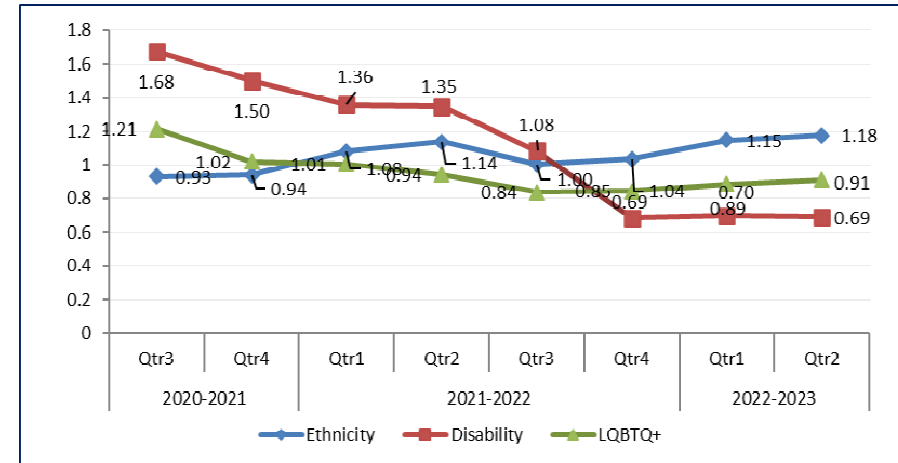
Disability



Sexual Orientation

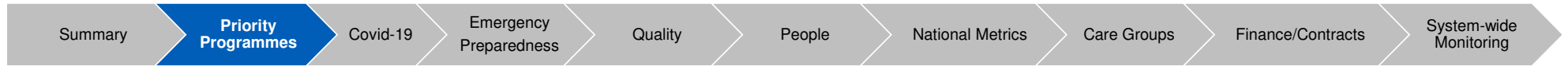


Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 2 2022-2023:

BAME:	Disability:	LGBTQ+:
1.18	0.69	0.91



Reducing Inequalities

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

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

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

BAME - relative likelihood of being appointed compared to white applicants this quarter = 1.18
 Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.69
 LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 0.91
 NB Relatively large proportions of undisclosed could unintentionally skew the data

Relative likelihood key
 1.00 = target figure, equally as likely to be appointed.
 Greater than 1.00 = less likely to be appointed
 Lower than 1.00 = more likely to be appointed

Action
 Recruitment & Selection policy in the process of being reviewed
 Review Recruitment & Selection training
 Work with staff networks around action planning

Summary

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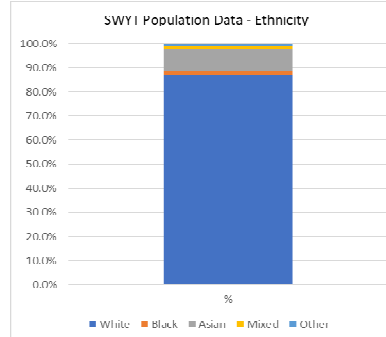
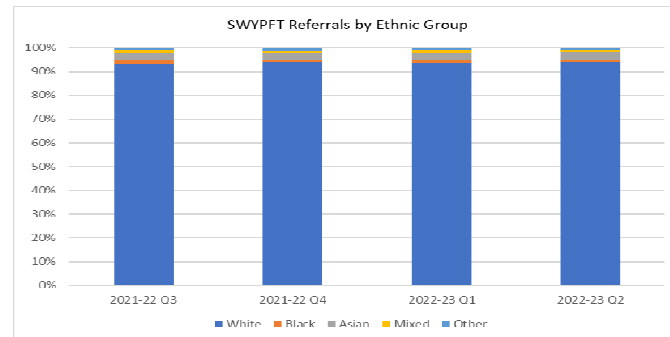
Care Groups

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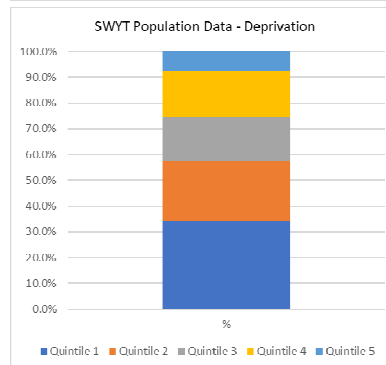
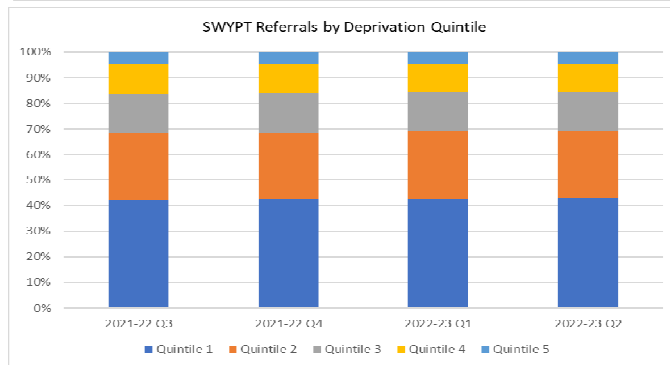
System-wide Monitoring

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.

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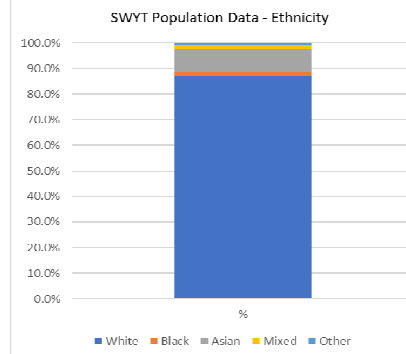
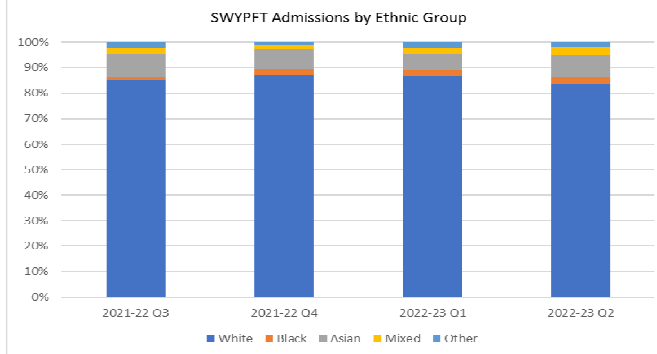
Care Groups

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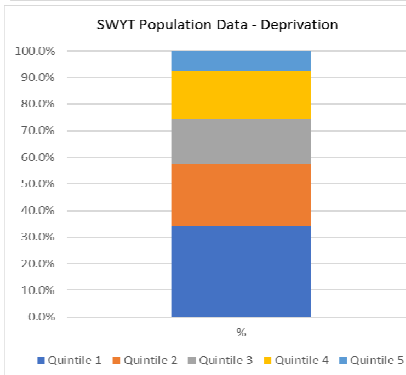
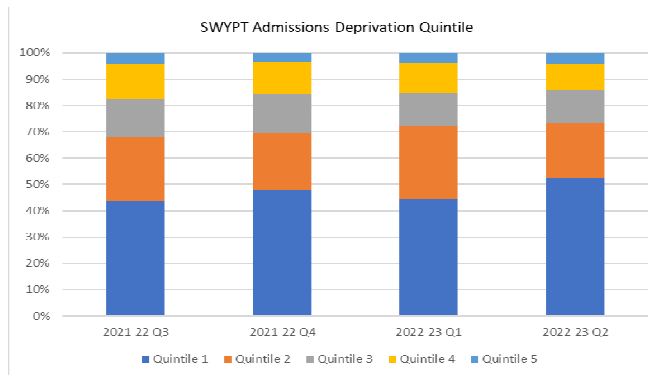
System-wide
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Reducing Inequalities

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.

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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. This report will now only report on PPE levels by exception

Testing

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

Patient testing and pathway/Outbreak response and management

There has been one ward outbreak in November 2022.

There has been a significant reduction in clinical cases on the wards, this corresponds with the reduction in outbreaks.

Testing approach - Current position

- Covid-19 testing for staff and patient changed from 31st August, inline with the 'Covid-19 Testing in Periods of Low Prevalence' advice from NHS England.

Patients:

- Swabbing for symptomatic testing through PCR testing.
- Inpatient asymptomatic Covid-19 admission testing is undertaken utilising LFTs and testing timescales of admission, day 3 and day 5, on:
 - wards that have been identified as high risk of serious illness from Covid-19. These wards are Older Peoples Services, Stroke Rehabilitation Unit, Neuro Rehabilitation Unit and Learning Disability Ward.
 - Individuals that are assessed at high risk of serious illness for Covid19 and / or admitted from a household that has a positive case.
- Covid-19 positive, inpatients are also following national step-down guidance, to reduce isolation periods, using LFTs.
- Inpatient asymptomatic testing prior to discharge to care home / hospice through PCR testing.
- Testing takes place for some patients on treatment pathways e.g.- planned operation/ treatment/ procedure.
- Outbreak and hotspot testing is provided utilising PCR testing, with adequate capacity from local labs as required.

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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 IPC 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.

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Emergency Preparedness

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

Supporting the system

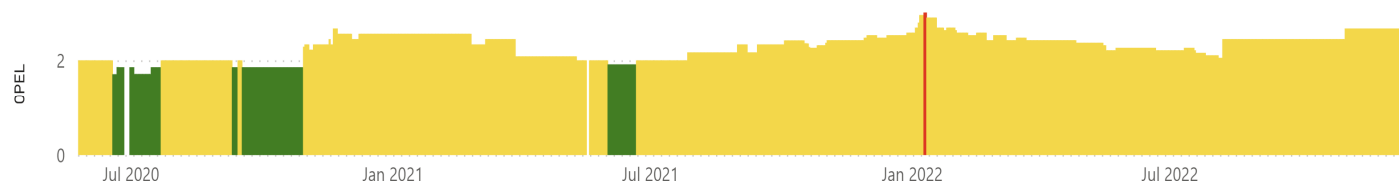
Integrated care system (ICS) stress test and outbreak support

- The Trust continue to work closely with partners in outbreak support responses in each of our four places. The Trust has fully engaged with system command structures and other relevant meetings.
- Strong leadership from the infection prevention & control (IPC) team continues so the Trust can ensure appropriate IPC measures are in place.
- The Trust is supporting and engaged with partners across our places in the event a spike/wave of Covid re-emerges to allow suitable and effective response.

Standing up services

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

- The Moving Forward Group continues to meet, and monitors Covid-19 prevalence, measures and guidance in the Trust. Advising and makes decisions regarding Covid-19 arrangements, risk assessment and staffing. Any decision made by this group are escalated to the Operational Management Group (OMG) and from there to the executive management team (EMT)
- The Trust OPEL level remains at an average of 2.7 with three service areas now operating at OPEL 2. Six service areas remain at OPEL 3.
- The current flu uptake for frontline staff stands at 60% uptake has slowed clinics are being cancelled where there are no bookings. Due to the amount of declinations the CQUIN of 90% cannot be achieved.



Current average
OPEL level

2.67

Key

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

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

Section	KPI	Objective	CQC Domain	Owner	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	61.3%	57.2%	60.0%	53.0%	66.0%	68.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	Improving Health	Caring	LJ	< 20%	19% 4/21	18% 4/22	20% 4/20	25% 5/20	15% 4/26	9% 2/22	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	DT	85%	85%	88%	85%	85%	84%	86%	1
	Friends and Family Test - Community	Improving Health	Caring	DT	95%	93%	93%	92%	93%	93%	93%	1
	Number of compliments received	Improving Health	Caring	DT	N/A	25	31	10	13	5	28	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Improving Health	Caring	DT	trend monitor	26	29	20	39	32	37	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Improving Health	Caring	DT	trend monitor	3	0	0	0	1	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	Improving Health	Caring	DT	0	0	0	1	2	0	0	1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	33.5%	36.1%	38.2%	42.8%	44.3%	43.8%	2
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<12	19	10	9	13	11	13	2
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	2.1%	2.6%	3.0%	2.8%	3.3%	2.7%	1
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	Improving Care	Effective	CH	95%	72.1%	78.0%	82.0%	71.3%	71.3%	79.1%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improving Care	Effective	CH	95%	72.2%	54.2%	81.7%	62.9%	68.0%	67.9%	3
Quality	Total number of reported incidents	Improving Care	Safety Domain	DT	trend monitor	1127	1178	1253	1168	1238	1283	
	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	24	25	12	34	26	30	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	DT	trend monitor	1	4	3	3	3	6	
	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	1	0	5	2	3	0	
	Safer staff fill rates	Improving Care	Safety Domain	DT	90%	116.6%	115.8%	115.6%	118.4%	117.4%	119.1%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	DT	80%	85.0%	84.7%	83.1%	87.5%	91.0%	90.8%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Improving Care	Safety Domain	DT	trend monitor	45	49	25	43	48	45	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	Improving Care	Safety Domain	DT	0	0	1	0	1	1	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	90%	87.5%	80.0%	91.0%	100%	100%	92.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	DT	trend monitor	37	70	63	58	68	62	
	Number of restraint incidents	Improving Care	Safety Domain	DT	trend monitor	152	171	161	160	169	223	
	% people dying in a place of their choosing 14	Improving Care	Caring	CH	80%	85.7%	100.0%	85.3%	85.7%	91.7%	93.3%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	DT	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	DT	0	0	0	0	0	0	0	1
Improving Resource	NHSEI Oversight Framework metric 13	Improving Resource			2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green

* See key included in glossary

Figures in italics are not finalised

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

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

Quality Headlines

- Number of restraint incidents - the number of restraint incidents during November increased to 223 from 169 reported in the previous month. Further detail is provided in the relevant section of this report.
- Performance for CAMHS Referral to Treatment - services have highlighted that sustained increases in referrals will negatively impact on the length of wait.
- Risk and Care Plan Task and Finish Group is reviewing a range of factors to improve both the quality and reporting of clinical risk assessment. There is an improvement programme being developed for the improvement of care planning, and risk assessments which will be presented to the executive management team and clinical governance clinical safety committee in November. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place. The percentage of patients on the Care Programme Approach (CPA) offered a copy of their care plan remains below target at 43.8% in November. A trajectory for improvement has been set for this and this is being met for November (40%). Issues impacting the performance for this metric relate to a combination of the way that the information is drawn from the system and the way that care is offered, and significant work has been undertaken to address this. The work continues in front line services to adopt collaborative approaches to care planning.
- Patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death tend to fluctuate over time, and data is constantly refreshed as further information is available. This results in some changes to the level of harm, severity and categories of incidents. We encourage staff to report with an upwards bias initially especially when the outcome is unknown. These are adjusted subsequently. Incident data is regularly analysed using SPC to explore any potential higher or lower rates than would usually be considered acceptable. Where there are outlying areas, these will be reported on by exception.

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous integrated performance report, NHS England launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commenced in September 2022. We are in a 12 month transition period working towards going live in September 2023. An internal stakeholder soft launch event was held on 7th October. The Orientation phase of work concluded successfully at the end of November. We have commenced the diagnostic and discovery phase of work and remain on track. 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>



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).

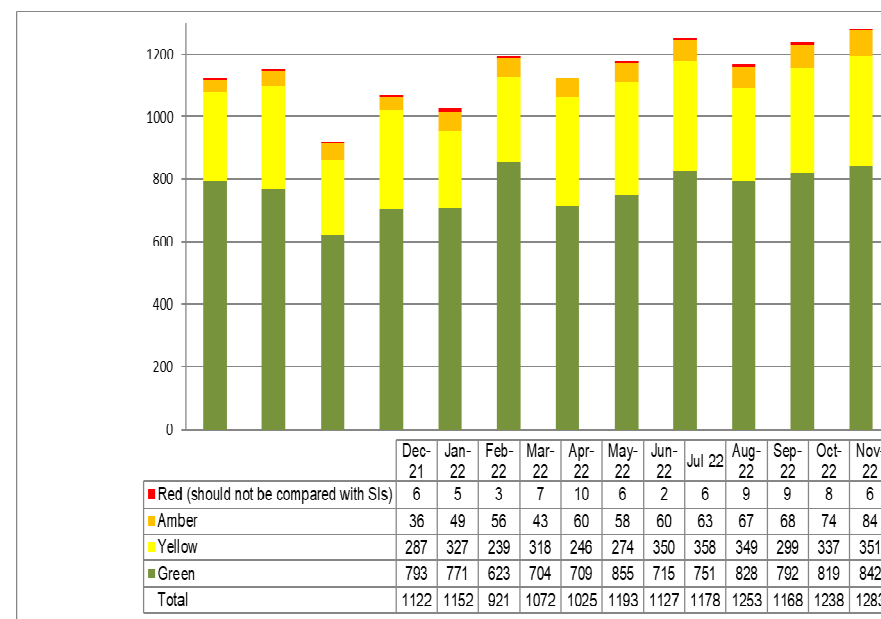
95% of incidents reported in November 2022 resulted in no harm or low harm or were not under the care of the Trust. This is based on the degree of actual harm.

Incident reporting levels have been checked using SPC and remain within the expected range, any areas with higher or lower rates than normal are explored further.

Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.

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

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



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

No never events reported in November 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 November 2022:

30 Moderate harm incidents:

- 19 category 3 pressure ulcer incidents (Barnsley neighbourhood teams)
- 1 Information governance breach (Forensic services - reported as an SI)
- 1 serious sexual assault allegation (Barnsley Community Mental Health Team- investigation underway)
- 1 care plan delivery concern (Tissue Viability, Barnsley)
- 6 self harm incidents (range of methods)- (Clark Ward, IHBTT Wakefield, Enhanced team West, Kendray, CAMHS team Barnsley, Rapid Access team Wakefield)
- 2 inpatient falls resulting in fractures (Crofton, Ward 19)

6 Severe harm incidents:

- 4 category 4 pressure ulcers (Barnsley Neighbourhood teams)
- 2 serious self harm incidents (Core team West - Wakefield, IHBTT Wakefield)

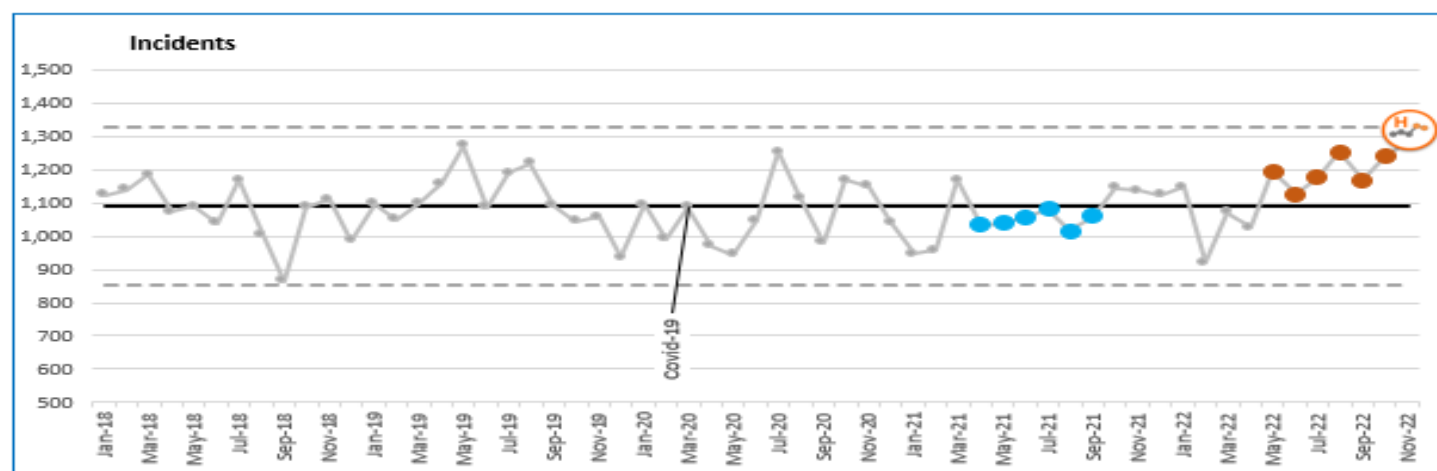
0 Patient safety related deaths



Safety First cont...

Mortality

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



The chart above indicates that we remain in a period of special cause concerning variation, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. 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 as it does which is evidenced on the previous page.



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 which includes information around sexual safety, learning from a serious incident, recording escapes and inappropriate use of 'toaster bags': <https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx>

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

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

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

Bluelight alerts

[Bluelight alert 57 - 9 November 2022 - CES key fault](#)

[Bluelight alert 56 - 4 November - Using Chlorine based solutions safe and effectively to decontaminate blood and body spills](#)

[Bluelight alert 55 - 4 November 2022 - ligature risk from collapsible shower rails](#)

[Bluelight alert 54 - 3 November 2022 - Ligature risk from piano door hinge](#)



Patient Safety Alerts

Patient safety alerts issued in November 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 November 2022 - none.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2022/009/MHRA	Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential missing needles in sealed kits.	10/11/2022	No - alert not applicable to trust	17/11/2022	14/11/2022



Safer Staffing Inpatients

November has continued to show that there are sustained challenges in achieving our safer staffing targets. Despite seeing both an increase in international recruits going onto the wards, as well as the expected new starter band 5 Registered Nurses (RN) who have completed their degree, we continue to be unable to fill our registered day requirements, although night RN fill rate is around 99% this month. Although these new starters are very welcomed in our teams, and we strive to give them as good a preceptorship/induction as possible, this does add to the pressures on the receiving teams and existing staff.

We continue to achieve a high overall fill rate; however, this does not account for the acuity within the teams and the demand of the flexible staffing resource which we will look at further on in the report.

Recruitment for RNs and Health Care (HCA) continues on a rolling basis with localised adverts for identified hot spots as well as our first direct international nurse advert. Within the flexible staffing workforce recruitment continues unabated with another 65 HCAs being shortlisted in November to attend an assessment center in the next few weeks. The advert for the peripatetic workforce closes at the start of December which will increase our flexible staffing resource. International recruitment continues, a detailed update can be found on the next page.

The Trust is carrying out an extensive establishment review within the older people's service, working aged adults and the Forensic services which will provide a more comprehensive review of staffing and resolve some of the reliance on agency staff. SafeCare continues to be embedded in the Forensic Care Group and we are looking at lessons learned prior to rolling this into Barnsley in January with an identified project lead. 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 fell below the 90% overall fill rate threshold. Inpatient areas continue to experience increased pressure through vacancies, sickness and staff being off clinical areas 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. 23 (73.6%) of the 31 inpatient areas achieved 100% or more overall fill rate. Of those 23 wards, 12 achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams and the system wide increase of acuity, the focus for the flexible staffing resources has been Horizon, within Specialist Services, the Oakwell Centre in Barnsley, and the Dales in Calderdale. There have been supportive measures put in place including increased block booking, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal.



Safer Staffing Inpatients cont...

Registered Nurses days Overall registered day fill rates have decreased by 2.7% to 82.9% in November compared with the previous month.

Registered Nurses Nights Overall registered night fill rates have increased by 2.3% in November to 98.7% compared with the previous month.

Overall Registered Rate: 90.8% (decreased by 0.2% on the previous month)

Overall Fill Rate: 119.1% (increased by 1.7% on the previous month)

Health care assistants showed an increase in the day fill rate of 6.3% to 137.9% and the night fill rate increased by 1.1% to 147.7%.

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	460 (-67)	4,839.75	37.12% (-1.75%)	786 (+19)
Unregistered	410 (-136)	4,362.42	9.44% (-2.71%)	3,671 (-175)
Grand Total	860 (-203)	9,202.17	15.53% (-2.58%)	

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.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

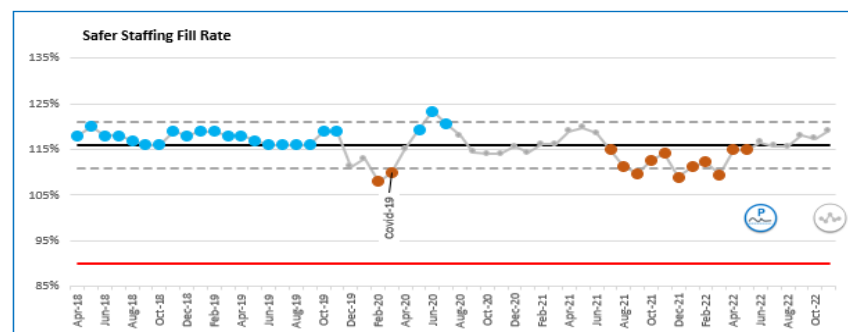
National
Metrics

Care
Groups

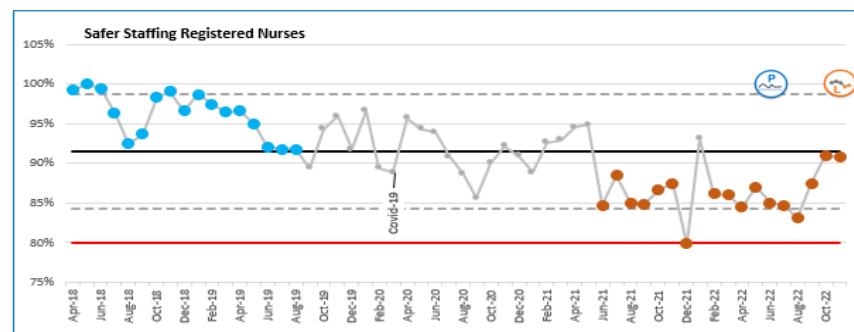
Finance/
Contracts

System-wide
Monitoring

Safer Staffing Inpatients cont...



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

- 29 nurses in the Trust. 18 on the wards have either passed their nursing and midwifery council and practicing as nurses or awaiting exams. Retention of these nurses is still at 100%
- OSCE exams have been booked and attended in December. Two have to attend first resits, though we have a 100% record for nurses passes their first resits so are confident this will be achieved.
- Two of our planned three cohorts to attend in December have had to be put back to after Christmas due to seasonal travel arrangements and accommodation capacity planning. We are seeking alternative 8 week accommodation and this might have to be hotels. A longer term plan for accommodation is being scoped in the new year with estates and procurement leads.
- Wider meeting being set up to understand economies of scale for nurse and medic pastoral support and offer, accommodation alternatives to current Bradford option as recruitment is now starting to outstrip accommodation capacity.
- One of our new starters from the 27th September cohort starting as a registered general nurse (RGN) on the neuro rehabilitation ward in Barnsley.
- End to end recruitment process now taking between 9-12 months in some cases.
- 44 conditional offers of employment from agency fed nurse pipeline.
- 25 conditional offers of employment from direct application INR which is now established.
- Forecasted to have over 60 nurses in the Trust by March 2023.
- We are also working to accept a cohort from Kerala in India via Global Health Partnerships in collaboration with Leeds and York Foundation Trust in February. These will be fully qualified RMN nurses and potentially 5 in total.
- Further scoping of overseas targeted recruitment event in new year being planned with our primary agency.
- Year 2 year end funding (January to March) accepted and agreed from NHSE which will give the Trust £7k support per successful appointment between January and March 2023. The Trust will also be bidding for year 3 funding once published (Feb/Mar 23).
- Allied health professional international recruitment has started. Interviews this week and last week as part of the West Yorkshire and Humber collaborative. 1 already given conditional offer of employment and will start on Priestley Unit once recruitment process complete (Visa etc). SWYPFT committed to a total of 3 occupational therapists in pilot cohort.

Summary

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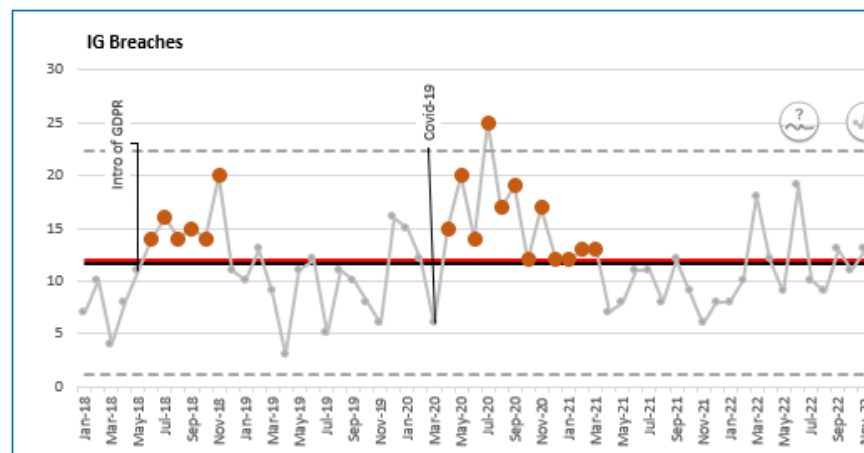
System-wide
Monitoring

Information Governance (IG)

13 personal data breaches were reported during November, which is one of the highest monthly figures reported so far during the current financial year. It has been noted at the Improving Clinical Information Group (ICIG) that numbers of incidents is generally higher than during the past two financial years and a new action plan is being created to reduce this. A particular focus will be on face to face training, starting with the teams reporting the highest numbers of incidents, that will include key messages but also bespoke elements to address concerns specific to each service. It was also noted at ICIG that we must continue to support a culture of reporting breaches and not make teams feel that underreporting is the solution.

10 breaches involved information being disclosed in error. They were due to correspondence being to the wrong recipient or address, wrong documentation attached to email correspondence, multiple patient letters sent in one envelope and a patient accessing ward mobile phone and making calls. A further information was reported as a patient had audio recorded patients and staff on a ward: the Information Governance Manager and Safeguarding are working with the Patient Safety Support Team and ward staff to investigate this incident

The remaining breaches related to clinical record keeping and misreporting of a breach of confidentiality. All relevant parties have been informed and involved in these as necessary.



This SPC chart shows that as at November 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 were made at 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) – partial achievement for Q2.
- Routine outcome monitoring in children and young people and perinatal mental health services – forecast partial achievement, performance will be finalised at year end using the Trusts mental health minimum dataset (MHMDS) submissions.

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

Summary

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National
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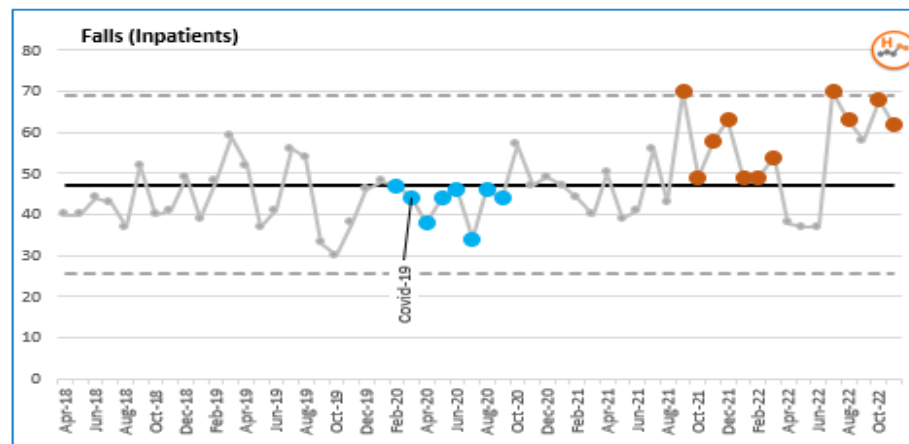
Care
Groups

Finance/
Contracts

System-wide
Monitoring

Falls (Inpatient)

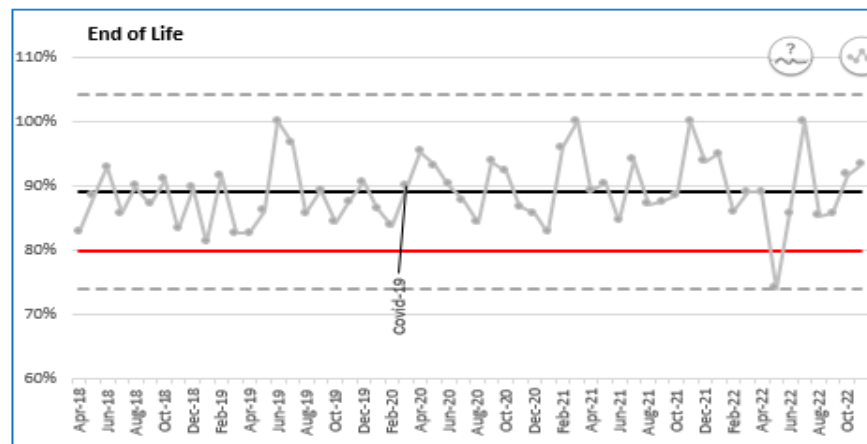
The total number of falls was 62 in November, which is a decrease from the previous month.



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

End of Life

The total percentage of people dying in a place of their choosing was 93.3% in November.



The chart above shows that in November 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.
- 86% would recommend mental health services

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

Specialist Services Friends and Family Test Results				
	Target	Sep-22	Oct-22	Nov-22
ADHD	85%	67%	47%	63%
CAMHS	75%	86%	77%	80%
Learning Disability	85%	89%	94%	96%

Community Services Friends and Family Test Results				
	Target	Sep-22	Oct-22	Nov-22
Children & Families	95%	100%	96%	100%
Inpatient	95%	100%	100%	100%
Nursing	95%	100%	100%	100%
Other	95%	100%	0%	92%
Rehabilitation & Therapy	95%	92%	92%	93%
Specialist**	95%	92%	90%	87%
Total	95%	93%	93%	93%

*includes insight team, perinatal, friends and family team

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

The number of people who would rate Trust and Barnsley general operational services as either 'good' or 'very good' has remained the same. The number of people who would rate mental health service 'very good' or 'good' has slightly increased.



Patient Experience cont...

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

The themes from Friends and Family Test feedback are in the table to the left. Themes can be both positive and negative in nature.



Safeguarding

Safeguarding Adults:

In November 2022 there were 48 Datix reported which were categorised as safeguarding adults. Zero were graded as red, 10 were graded as amber, 18 were graded as yellow and 20 were graded as green. The two most common categories of safeguarding adult incidents were neglect and domestic abuse (with 9 Datix for each category). From the ten amber incidents there were: three for sexual abuse, two cases of domestic abuse, two amber cases for neglect, two physical abuse cases, and one financial abuse case. All appropriate actions, including referrals to the local authority, police and SWYPFT safeguarding team were undertaken.

Safeguarding Children:

In November 2022 there were 18 reported safeguarding children's incidents. The most common theme was physical abuse with seven incidents. There were also reported incidents in relation to sexual abuse (three incidents) and child protection concerns (three incidents). There were no reported red incidents in November. There was one amber incident which related to an allegation of physical abuse following physical harm to a child. Advice was sought from the SWYPFT safeguarding team, and a safeguarding referral was made to the local authority which triggered a Section 47 enquiry. There was one person in position of trust (PiPoT) referral made following an allegation against a member of staff by a service user. This has been reported to the police and the SWYPFT team disclosed the allegation to social care for further investigation. There is a young person who has been admitted to an acute general hospital ward, there were concerns with regards to physical abuse, there have been regular multi-disciplinary team meetings and a Section 47 enquiry is ongoing with regular communication between child and adolescent mental health services, nursing staff and social care. Appropriate actions have been taken with the safeguarding incidents recorded.

Additional Information

In November 2022, there were 147 advice calls to the safeguarding team of these, 90 were for safeguarding adults advice, and 57 calls were for safeguarding children advice. The highest category of abuse concerns for safeguarding adults' physical abuse. The highest category of abuse concerns for the safeguarding children was information sharing concerns. There were advice requests from all care group's for both safeguarding adults and safeguarding children.

Infection Prevention Control (IPC)

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

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total –92%

Infection Prevention and Control- Trust wide Total – 88%

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 – 3 out of 8 (38%)
- Number of complaints waiting to be allocated to a customer service officer – 42
- 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 and have either received the monthly delay/update letter apologising for the delay (for those waiting to be allocated to a case handler), or for those allocated a case handler are updated regarding the progression of their complaint throughout the complaint process/journey, so are aware of timeframes.
- Longest waiting complainant to be allocated to a customer service officer – 9th August 2022
- There were 22 new formal complaints in November 2022
- Of these 3 were closed due to no contact/consent, 14 are awaiting consent, 2 are awaiting allocation and 3 have timescales start date.
- 9% of new formal complaints (n=2) have staff attitude as a primary subject.
- 28 compliments were received
- Customer services closed 8 formal complaints in November 2022.



Reducing Restrictive Physical Intervention (RRPI)

There were 223 reported incidents of reducing restrictive physical interventions used in November 2022 this is an increase of 54 (31.9%) incident from October 2022 which stood at 169 incidents. The increase in incidents reported is due to two service users. A new admission with complex needs where it has taken some time to build a therapeutic relationship and formulate an effective positive behavioural support plan. Another with medication changes which impacted on their mental state.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	113	32.0%
Safety Pod	54	15.3%
Supine	50	14.2%
Seated	49	13.9%
Restricted escort	33	9.0%
Prone	25	7.1%
Prone then rolled	12	3.4%
Side	11	3.1%
Kneeling	5	1.4%

92% of prone restraints in November 2022 lasted under 3 minutes.

Prone restraint (those remaining in prone position and not rolled immediately) was reported 25 times of 352 (6.8%) of total restraint positions, this is an increase of 6 (31.5%) from last month that stood at 19 of 277. The restraint which was 9-10 minutes in duration was due to the inability to support the service user into another position safely due to levels of agitation and distress, despite attempts to do so.

Team Utilising Prone Restraint	Total	Duration of Prone Restraint	Total
Walton PICU	10	0 - 1 minute	13
Horizon Centre Assessment and Treatment Service	5	1 - 2 minutes	9
Clark Ward - Barnsley	3	2 - 3 minutes	1
Elmdale Ward	2	3 - 4 minutes	1
Newhaven Forensic Learning Disabilities Unit	2	9 - 10 minutes	1
Appleton, Newton Lodge, Forensic BDU	1		
Bronte Ward, Newton Lodge, Forensic	1		
Melton PICU, Barnsley	1		

Summary

Priority
Programmes

Covid
-19

Emergency
Preparedness

Quality

People

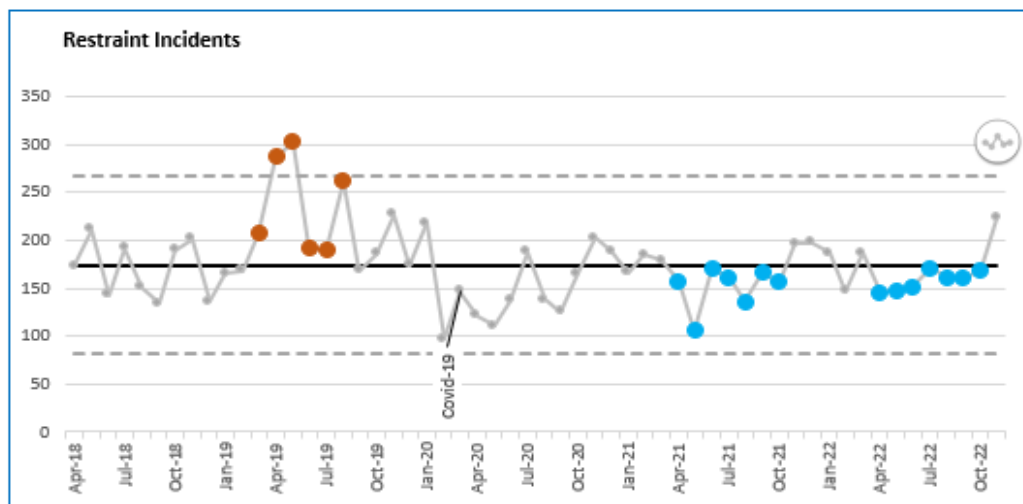
National
Metrics

Care
Groups

Finance/
Contracts

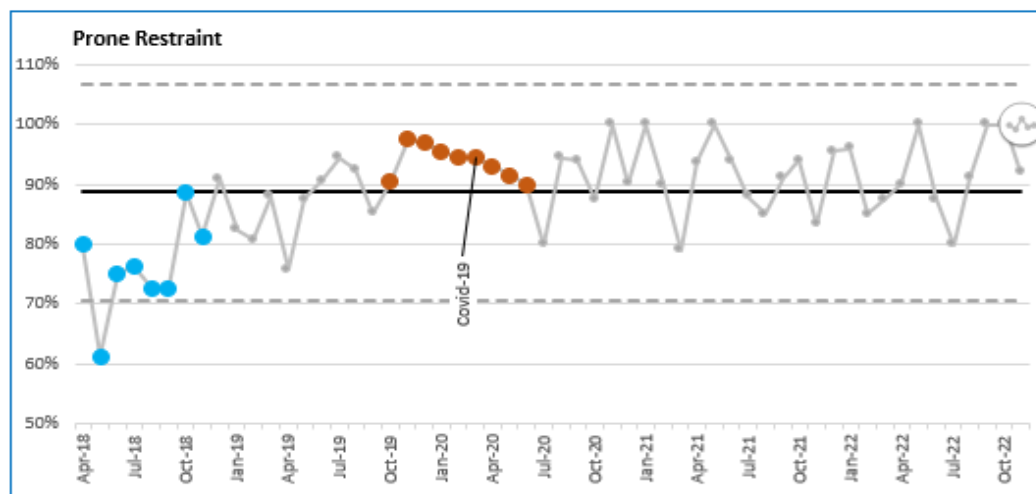
System-wide
Monitoring

Reducing Restrictive Physical Intervention (RRPI)



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

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



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

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

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Establishment (ledger excluding vacancy factor)	Improving Resources	Well Led	GM	-	4,918.4	4,891.7	4,960.2	4,933.5	5,011.2	5,039.4	5,145.9	5,156.5
Employed Staff (ESR last day in the month)	Improving Resources	Well Led	GM	-	4,088.2	4,107.2	4,136.2	4,134.6	4,130.2	4,169.2	4,174.6	4,169.9
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8	895.2
Vacancy rate	Improving Resources	Well Led	GM	<10%	15.3%	14.7%	15.2%	14.7%	15.9%	16.2%	17.1%	17.4%
Turnover external (12 month rolling)	Improving Resources	Well Led	GM	>10-12<	15.5%	15.4%	15.4%	15.5%	15.2%	14.8%	14.4%	14.4%
Starters	Improving Resources	Well Led	GM	-	45.8	54.0	56.5	46.4	58.1	69.5	56.9	50.5
Leavers	Improving Resources	Well Led	GM	-	59.7	39.6	37.0	56.9	56.3	51.6	48.2	40.6
Sickness absence - YTD (Incl Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.6%	4.6%	4.9%	4.8%	4.9%	5.0%	5.1%
Sickness absence - Month (Incl Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.5%	4.8%	5.5%	4.7%	4.8%	5.6%	5.9%
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	-	0	2	2	4
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting Under Development			59.7%	55.8%	61.3%	57.3%	56.0%
Employee Relations - Tribunals	Improving Resources	Well Led	GM		3			2			Due Jan 2023	
Employee Relations - Suspensions (over 90 days)	Improving Resources	Well Led	GM		0			1			2	
Mandatory Training - Overall	Improving Care	Well Led	GM	>=80%	86.8%	86.2%	86.9%	87.2%	90.7%	89.8%	89.5%	89.5%

Notes:

- Employed Staff (ESR last day in the month) - Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff and junior doctors.
- The figures reported here differ to the figures included in the finance appendix 'WTE worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
- Starters/Leavers - variation in alignment to establishment exists due to a number of factors such as, data taken as a snapshot so will not reflect any changes made on the system after the extraction date as well as changes in contractual hours that cannot be retrospectively applied.

We have added some additional metrics from this month to allow the board to review and monitor performance against a number of key estates metrics. These can be seen in the table below.

Estates	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AS	-	3			8			Due January 2023	
Estates Urgent Response Times - SLA 1 & 2	Improving Resources	Effective	AS	95%	Reporting Commenced November 2022							97.1%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good								Good
Statutory Compliance	Improving Resources	Effective	AS	100%								100%

Notes:

- 1 - SLA 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time
- 2 - PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Governance, Patient Safety, Efficiency & Effectiveness
- 3 - Includes Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos



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

KPI	Target	As at 20th Apr 2022	As at 18th May 2022	As at 22nd June 2022	As at 19th July 2022	As at 23rd August 2022	As at 20th September 2022	As at 20th October 2022	As at 18th November 2022	As at 19th December 2022	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	111	44	58	80	23	23	53	20	29		
No of staff working from home - Covid-19 related		67	12	23	32	10	9	14	6	16		

Workforce Headlines

- November has seen a slight rise in headcount with 50.5 (FTE) new starters compared to 40.6 (FTE) leavers, although the full time equivalent staff in post as slightly reduced, the difference being due is due to change in substantive staff contracted hours. The Trust current employs 4169 (FTE) staff.
- The establishment has increased to 5156.4 (FTE). The vacancy rate for November is 17.4% compared to October's 17.1%. The increase in the vacancy rate rise continues to be derived from the monthly increase in the establishment.
- The rate at which employees leave employment with the Trust, turnover outturns at 14.4% the same as the previous month. Employees tend not to seek to move employer during November and December.
- Overall turnover has reduced by 15 since the beginning of the financial year.
- The staff groups which experience the highest rates of turnover are Scientific and Technical profession (18.72%) and Medical and Dental (18.82%). In contrast the reported rate for Registered Nursing is 12.98% and Administrative and Clerical employees, 12.95%

Absence

- Overall absence has slightly increased in November to 5.9% (YTD cumulative, 5.1%). This is the fourth month in succession that an increase in absence has been experienced. Long term absence (any sickness of 3 weeks, 21 calendar days) remains the most significant element of reported sickness accounting for 3.6% of all absences. Short term absence the most challenging operationally to manage, 1.5%.
- There is some variability in reported absence rates between care groups. CAMHS absence rate for November is 3.2% which compares favourably with Forensic Services at 8%.

People Experience

- Appraisal rates (overall) has slightly increased from 56.9% in October to 60.1% in November. The total number of appraisals that took place is 2289. This is an increase of 182 appraisals being completed compared to the previous month.
- The position within care groups is variable. Child and adolescent mental health and children performance is the best across the Trust at 75.79%, whereas adult and older people perform less well with below half the staff (49.69%) having completed an appraisal.
- This positive increase is encouraging although below the required trajectory to achieve the desired end of year state. Plans to improve continue to be deployed.
- Mandatory training compliance (all areas) continues to record a healthy position. It is marginally above preceding month (89.5% compared to 89.46%). Overall, learning disabilities & adult autistic spectrum disorder & attention deficit hyperactivity disorder are the most compliant care group with a score of 92.1%, and all areas are report compliance rates in the upper 80% region or above.
- Trajectories are being developed for the future projections of mandatory training rates and it is the intention to include in the January workforce report.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

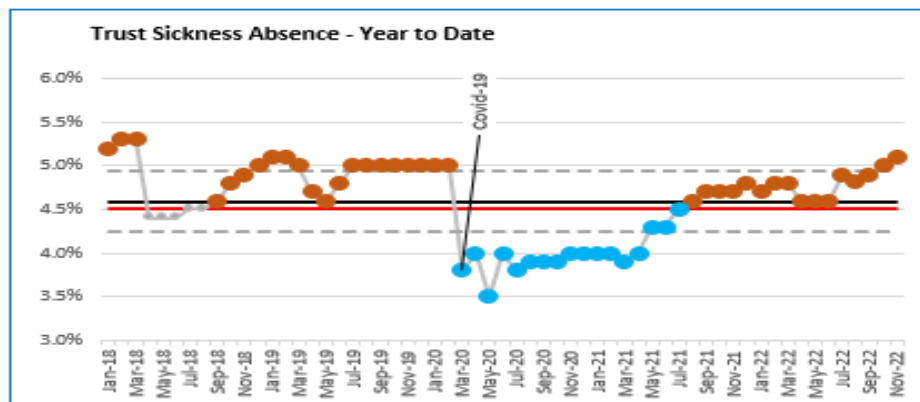
National
Metrics

Care
Groups

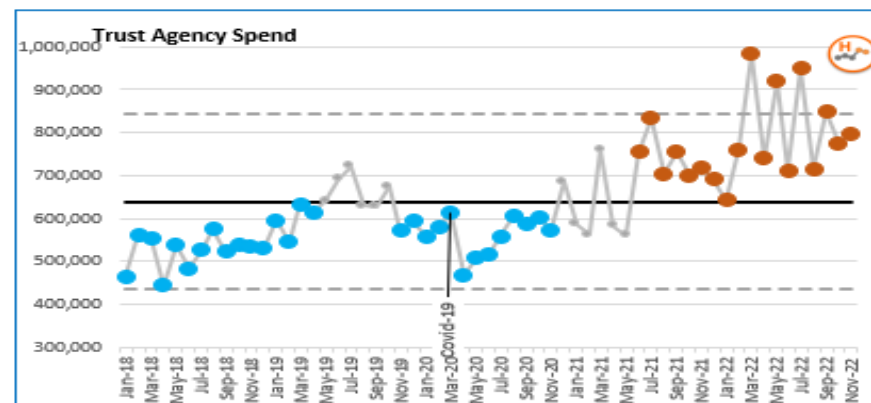
Finance/
Contracts

System-wide
Monitoring

Analysis



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




The chart above shows that in November 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
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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	CCC Domain	Owner	Source	Target	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Data quality rating ^a	Variation/ Assurance
The number of incomplete referral to treatment (RTT) pathways of 52 weeks or more at the end of the reporting period	Improving Care	Responsive	CH	SC	0	0	0	0	0	0	0	0	0	0	0		
Inappropriate out of area bed days 5	Improving Care	Responsive	CH	SOF/LTP		1253	1686	1245	874	432	370	278	226	437	498		
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	80% from 1st Jan 23	Reporting to commence January 2023											
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	LTP	60%	94.8%	82.5%	85.5%	90.1%	83.3%	92.9%	91.7%	85.2%	93.6%	94.6%		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	53.7%	52.6%	53.4%	53.9%	53.1%	56.7%	51.7%	53.1%	51.4%	41.0%		
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Barnsley	Improving Health	Responsive	CH	LTP	Q1 - 1563	1298	1408	1379	1202	479	407	426	369	392	455		
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period. - Kirklees	Improving Health	Responsive	CH	LTP	Q1 - 3016	2363	2604	2437	2383	765	788	751	844	849	910		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	92.2%	98.8%	98.5%	96.1%	98.5%	97.2%	96.1%	89.7%	86.9%	90.3%		
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP	19 per Qu - Calderdale 15 per qu - Kirklees 5 per qu - Wakefield	Reporting commenced Q1 2022					15 Calderdale	21 Calderdale			Due Jan 2022		
Number of individuals accessing specialist community PMH and MMHS services in the reporting period	Improving Care	Responsive	CH	LTP	Apr-Sep 318 per Qu Oct-Mar 336 per Qu	256	256	480	285	94	82	85	118	72	70		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	100.0%	68.9%	91.7%	95.9%	91.7%	91.5%	100.0%	95.9%	98.7%	100.0%		
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care				SC	80%	83.6%	84.0%	84.6%	89.0%	86.9%	92.2%	86.9%	89.0%	87.8%	88.7%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	96.0%	94.2%	94.7%	97.5%	95.2%	97.5%	97.2%	97.8%	98.0%	98.6%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%		
The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week	Improving Health	Responsive	CH	SC	95%	75.0%	90.0%	95.5%	78.6%	83.3%	71.4%	100.0%	80.0%	100.0%	90.0%		
The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	93.1%	96.9%	90.0%	77.7%	88.0%	87.5%	68.8%	76.7%	77.1%	73.3%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	98.8%	99.4%	98.5%	99.5%	96.5%	99.5%	99.5%	99.2%	99.2%	99.1%		

Summary	Priority Programmes	Covid-19	Emergency Preparedness		Quality	People		National Metrics			Care Groups			Finance/Contracts			System-wide Monitoring	
KPI	Objective	CQC Domain	Owner	Source	Target	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Data quality rating s	Variation Assurance	
Total bed days of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	0	5	16	44	16	0	24	20	13	10			
Total number of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	0	1	1	2	1	0	1	1	2	2			
Number of detentions under the Mental Health Act (MHA)	Improving Care	Safe	CH	O	Trend Monitor	171	175	183	179	183	179			Due January 2022				
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	18.7%	16.6%	18.0%	21.2%	18.0%	21.2%							
% Admissions gate kept by crisis resolution teams	Improving Care	Responsive	CH	O	95%	98.3%	97.9%	96.2%	99.3%	100.0%	100.0%	99.0%	98.8%	100.0%	98.7%		 	
% Service users on care programme approach (CPA) having formal review within 12 months	Health & Wellbeing	Safe	SR/KT	O	95%	94.2%	97.4%	96.1%	94.3%	96.1%	95.4%	93.9%	94.3%	95.6%	94.9%		 	
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	88.7%	88.4%	88.3%	87.2%	88.2%	87.7%	86.8%	86.9%	86.0%	85.8%		 	
% clients in employment 6	Improving Health	Responsive	CH	O	10%	10.2%	9.9%	11.1%	11.8%	11.6%	11.7%	11.8%	11.8%	12.0%	11.6%		 	
Completion of improving access to psychological therapies (IAPT) minimum data set outcome data for all appropriate service users, as defined in contract technical guidance 1	Improving Health	Responsive	CH	O	90%	98.2%	98.4%	98.2%	98.1%	98.4%	98.3%	98.2%	97.7%	98.8%	97.4%		 	
Completion of a valid NHS number field in mental health and acute commissioning data sets submitted via SUS, as defined in contract technical guidance	Improving Health	Responsive	CH	O	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		 	
Completion of mental health services data set ethnicity coding for all service users, as defined in contract technical guidance	Improving Health	Responsive	CH	O	90%	98.7%	99.1%	99.1%	99.3%	99.2%	99.3%	99.3%	99.3%	99.4%	99.3%		 	

Glossary				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.		
SOF	NHSEI System Oversight Framework	O	Other national metric	ICON									
SC	NHS Standard Contract	SU	Service user	SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
LTP	NHS Long Term Plan	CPA	Care programme approach	DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target indicator – Fail	Target indicator – Pass

Headlines:

- The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.
- The percentage of service users waiting less than 18 weeks remains below the target threshold at 90.3%. Post pandemic there was an increase of referrals into the musculo-skeletal service (MSK). This has caused pressures and a backlog of patients in a service that is currently below full staffing levels. Recruitment to MSK vacancies is challenging both in Barnsley and nationally, partly due to the national roll out of first contact practitioner services. Work continues to recruit into the service and to reduce waiting times. We are looking at data quality within the service on SystmOne to capture any patients that should have had a clock stop, but due to lack of resource this will take a considerable amount of time. As a service due to complexity and clinical need of patients coming into the service, while waiting times are long some patients maybe seen sooner than others, this may impact on referral to treatment being longer for some routine patients. This was felt necessary to ensure patient safety and is now part of the MSK pathway. We anticipate most services reporting 18 week stats nationally will see the same increase and the current issues have been discussed at the MSK clinical pathways group and planned care board.
- 72 hour Follow up remains above the threshold at 88.7%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has increased to 100% in November and is now above threshold.
- 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 November 9 out of 10 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 November, 8 cases out of 30 were not seen within four weeks.
- During November 2022, there were 2 services users aged under 18 years placed in an adult inpatient ward for 10 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 Trusts 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 has dropped below the 50% target at 41.0% for November. This is due to Barnsley having completed a waiting list initiative, in November 2022, whereby all clients on waiting lists were sent an opt-in. If they did not reply, or replied saying they no longer required the service, they were discharged. This was agreed with the Commissioner and Trust Management. This had had a negative impact on recovery as stated, as a percentage of these clients will have had more than 1 treatment appointment prior to being placed on waiting lists. This will also impact negatively on ADSM figures. However, this exercise will, and has had a positive impact on the number of clients waiting for treatment and potential waiting times.
- % service users on CPA having formal review within 12 months remains under threshold during the month of November. Underperformance relates to Barnsley, Kirklees and Forensic Care Groups. Work taking place with care groups to improve performance.



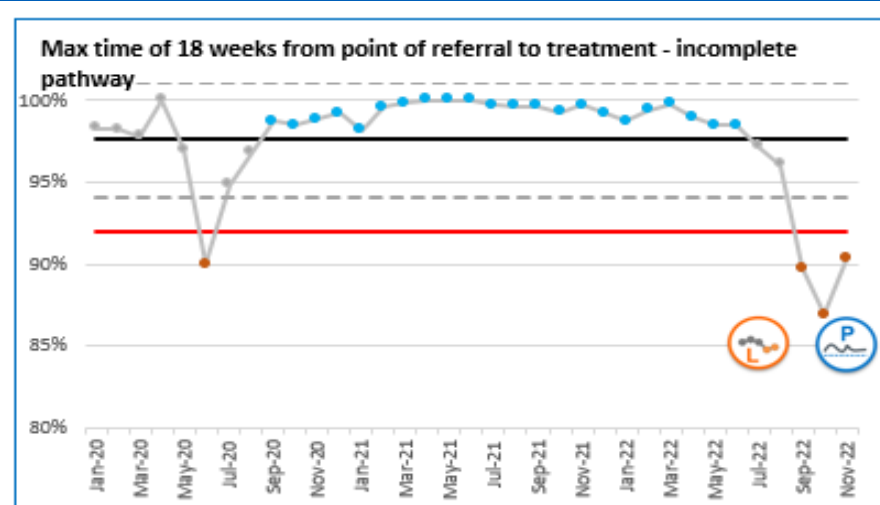
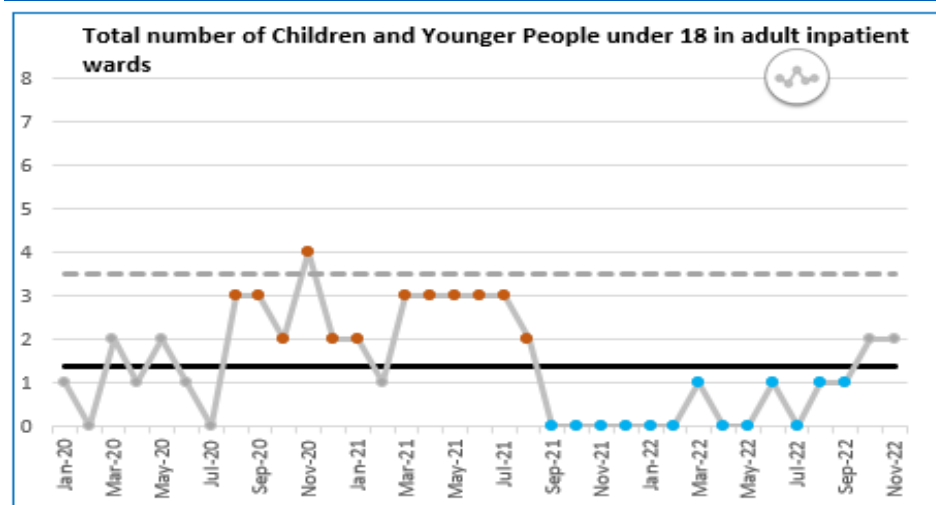
Data quality:

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

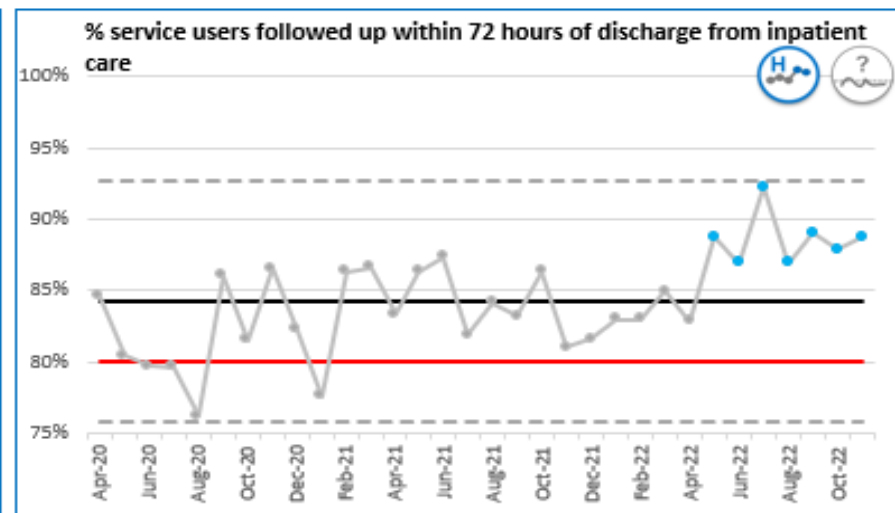
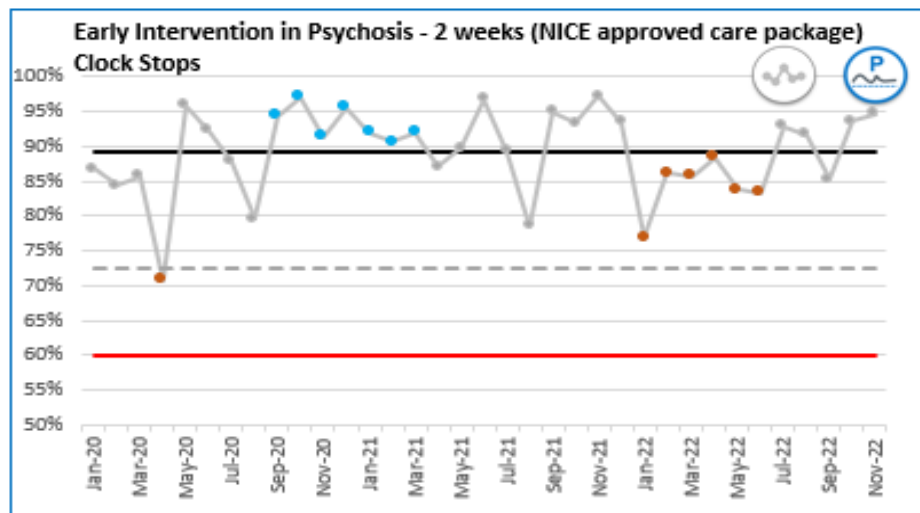
- The reporting for employment and accommodation for November shows 16.8% of records have an unknown or missing employment and/or accommodation status. This is an increase compared to October which showed 16.0% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis

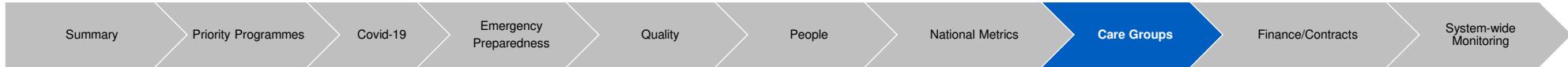


The SPC charts above show that we have entered a period of common cause variation regarding the number of beds days for children and young people in adult wards with one under 18 admission in November 2022. Due to a third consecutive period of underperformance against the referral to treatment metric we have now entered a period of special cause concerning variation though we are expected to still achieve the target.

Analysis



The SPC charts above show that for clients being seen by early intervention in psychosis (EIP) services we remain in common cause variation and we are expected to meet the target. We are currently in a period of improving performance for clients discharged from inpatient care being followed up within appropriate timescales but due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated.



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

Mental Health Community (Including Barnsley Mental Health Services)				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	54.1%	62.0%	
% Assessed within 14 days of referral (Routine)	75%	68.7%	61.1%	
% Assessed within 4 hours (Crisis)	90%	97.1%	98.6%	
% Complaints upheld with staff attitude as an issue	< 20%	33% (3/9)	10% (1/10)	
% service users followed up within 72 hours of discharge from inpatient care	80%	87.8%	88.7%	
% Service Users on CPA with a formal review within the previous 12 months	95%	95.9%	95.2%	
% Treated within 6 weeks of assessment (routine)	70%	97.9%	95.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.1%	72.1%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	67.3%	68.8%	
Information Governance training compliance	>=95%	91.3%	89.9%	
No of staff off sick - Covid-19 not working	N/A	4	7	
Reducing restrictive practice interventions training compliance	>=80%	71.0%	72.6%	
Sickness rate (Monthly)	4.5%	5.6%	5.6%	

Mental Health Inpatient				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	19.8%	30.2%	
% Bed occupancy	85%	93.9%	94.4%	
% Complaints upheld with staff attitude as an issue	< 20%	25% (1/4)	0% (0/7)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	67.7%	68.4%	
Delayed transfers of Care (DTOC)	3.5%	4.1%	3.9%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	71.3%	79.1%	
Inappropriate Out of Area Bed days	276	437	498	
Information Governance training compliance	>=95%	89.7%	86.6%	
No of staff off sick - Covid-19 not working	N/A	3	6	
Physical Violence (Patient on Patient)	Trend Monitor	18	21	
Physical Violence (Patient on Staff)	Trend Monitor	48	49	
Reducing restrictive practice interventions training compliance	>=80%	70.8%	65.3%	
Restraint incidents	Trend Monitor	44	3	
Safer staffing	90%	119.0%	119.3%	
Sickness rate (Monthly)	4.5%	6.3%	5.9%	

LD, ADHD & ASD				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	55.0%	71.2%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/2)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	52.0%	59.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.8%	78.5%	
Delayed transfers of Care (DTOC)	3.5%	24.8%	20.0%	
Information Governance training compliance	>=95%	92.1%	90.7%	
LD – First face to face contact within 18 weeks	90%	83.7%	71.4%	
No of staff off sick - Covid-19 not working	N/A	1	4	
Physical Violence - Against Patient by Patient	Trend Monitor	1	0	
Physical Violence - Against Staff by Patient	Trend Monitor	48	49	
Reducing restrictive practice interventions training compliance	>=80%	77.0%	70.2%	
Safer staffing	90%	157.3%	160.0%	
Sickness rate (Monthly)	4.5%	6.0%	6.1%	
Restraint incidents	Trend Monitor	33	0	

Barnsley General Community Services				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	54.9%	57.9%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/3)	
% people dying in a place of their choosing	80%	91.7%	93.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.0%	69.9%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	92.2%	90.1%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	86.9%	90.3%	
Maximum 6 week wait for diagnostic procedures	99%	98.7%	100.0%	
No of staff off sick - Covid-19 not working	N/A	2	9	
Reducing restrictive practice interventions training compliance	>=80%	21.1%	16.7%	
Safer staffing (inpatient)	90%	104.7%	106.0%	
Sickness rate (Monthly)	4.5%	5.0%	5.3%	

Forensic				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	62.4%	65.2%	
% Bed occupancy	90%	89.1%	88.1%	
% Complaints upheld with staff attitude as an issue	< 20%	100% (1/1)	0% (0/0)	
% Service Users on CPA with a formal review within the previous 12 months	95%	89.2%	89.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.6%	78.4%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	89.6%	88.0%	
No of staff off sick - Covid-19 not working	N/A	6	1	
Physical Violence (Patient on Patient)	Trend Monitor	6	2	
Physical Violence (Patient on Staff)	Trend Monitor	12	17	
Reducing restrictive practice interventions training compliance	>=80%	70.9%	67.5%	
Restraint incidents	Trend Monitor	16	16	
Safer staffing	90%	110.8%	114.9%	
Sickness rate (Monthly)	5.4%	9.8%	8.9%	

CAMHS				
Metrics	Threshold	Oct-22	Nov-22	Variation/ Assurance
% Appraisal rate	>=90%	73.3%	75.4%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/6)	0% (0/3)	
CAMHS - Crisis Response 4 hours	N/A	98.5%	90.7%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	63.3%	64.4%	
Eating Disorder - Routine clock stops	95%	77.1%	73.3%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	90.0%	
Information Governance training compliance	>=95%	90.7%	90.7%	
No of staff off sick - Covid-19 not working	N/A	0	1	
Reducing restrictive practice interventions training compliance	>=80%	68.5%	70.2%	
Sickness rate (Monthly)	4.5%	3.9%	4.1%	



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

- Continued focus on care programme approach (CPA) documentation. CPA reviews remain below target at 93.3% but improvement is evidenced.
- Care plan offered to a service user data under-represents performance and development work being progressed with the performance and business intelligence team.
- Ongoing concerns in relation to accessing inpatient beds for those with challenging behaviours associated with dementia. Barnsley place represented in Trust review of older people inpatient provision.
- Ongoing concerns in accessing inpatient beds leading to intensive home based treatment team (IHBTT) managing high risk patients in the community. IHBTT continues to be proactive in supporting discharge planning.
- Barriers have been experienced when trying to purchase a full range of items envisaged for service users struggling through the cost of living/winter crisis. Those follows non-recurrent investment from Barnsley-place. Working with Barnsley Federation as part of alliance arrangements to assist in further roll-out. 25 food parcels have been delivered prior to Christmas.

Advise

- Improvement in relation to access metrics. Positive performance in 4hrs – 97.53%, 14 days – 84.26%, 6 weeks – 91.67%.
- Core continues to experience demand pressures. Staff engaged in pathway work to improve patient flow.
- Waiting lists in improving access to primary care (IAPT) remain high for cognitive behavioural therapy and counselling
- Work being undertaken around the development of an all age eating disorder service, a clinical lead has been appointed.
- A 'patient waits' working group has commenced to underpin accuracy in recording/reporting clock starts and improve demand management.
- Work to improve uptake and quality of people with severe mental illness (SMI) health checks continues. Priority workstream of alliance.
- Teams are experiencing some delays in recruitment due to delays in securing DBS checks
- South Yorkshire Liaison and Diversion team have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The lived experience charter is important to underpinning equality, involvement, and inclusion
- A winter planning bid for funding has been successful to pilot an A&E mental health triage worker.
- IAPT moving to recovery performance is under target at 27.6%, This follows a recent waiting list 'opt-in' review. It is expected performance will return to previous levels next month.

Assure

- Initial feedback regarding the Mental Health Matters Safe Space has been positive. Escalation pathways in place.
- A 'patient waits' working group has commenced to underpin accuracy in recording/reporting clock starts and improve demand management.
- Family Lives (peer support) are now operationalised and have commenced receiving referrals.



Child and adolescent mental health services:

Alert/Action

- Improvement work not fully evidenced with respect to mandatory training compliance. Only marginal improvements evidenced since last reporting period - reducing restrictive physical interventions (RRPI) (70.2% - threshold 80%), Cardio pulmonary resuscitation (CPR) (64.4% - threshold 80%) and information governance (90.7%-threshold 95%)
- Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. Robust action plans in place – but a shortfall between commissioned capacity and demand remains. Transition to adult services also remains a focus for improvement work.
- Ongoing issue with shortage of specialist residential and T4 places leading to inappropriate stays for young people on acute hospital wards and in Trust in-patient beds. This is noted on the Trust risk register. Work continues with the provider collaboratives to improve patient flow.
- The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues. Specific issues in relation to recruitment of band 6 nursing staff. Acuity within Wetherby and incidents of self-harm remain a concern
- Eating disorder pathways remain under demand pressure as a consequence of increasing referrals. This is consistent with national trends.

Advise

- An any qualified provider model is to be implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust CAMHS response.
- Mental Health Support Team (MHST) models continue to be implemented – strengthening school-based support. The Trust is the lead provider for MHST's in Wakefield and Kirklees.
- Friends and Family Test results positive an met the 80% target
- A number of environmental issues have been escalated with respect to staff working conditions at Wetherby Young Offenders Institute.

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

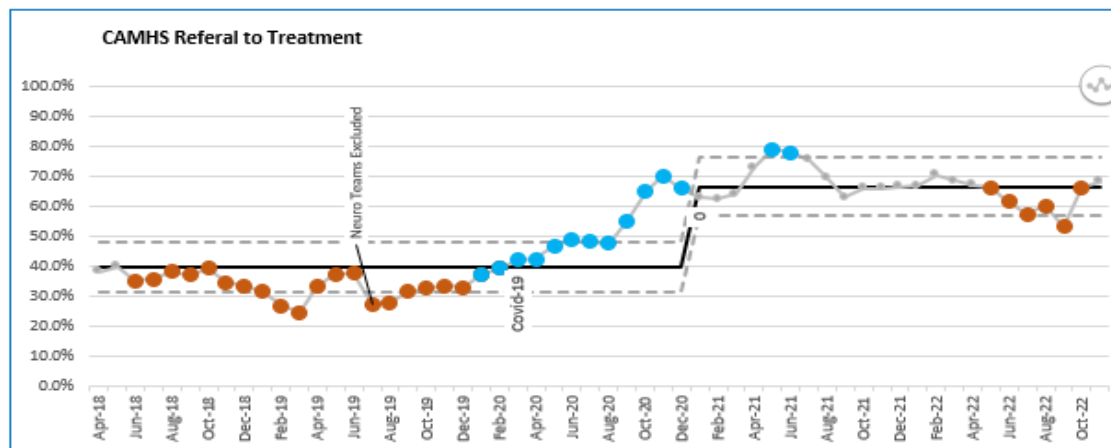
**Care
Groups**

Finance/
Contracts

System-wide
Monitoring

Assure

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



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

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



Barnsley general community services:

Alert/Action

- Blood glucose monitors - Still awaiting delivery, this is now impacting on district nursing service and patient care as team are having to share. Trust wide medical devices team aware and chasing and the issue has been placed on the risk register.
- Urban House (UH) band 7 nurse prescriber (NP) has now left the service and we are exploring alternative options of cover.
- There is an issue regarding asylum seekers and potential spread of diphtheria from Kent. Local discussions with our infection prevention control team the Local Authority / Public Health England / partner organisations are taking place. As yet, there are no firm plans in place, but we have highlighted that the Health Integration Team (HIT) do not have capacity (or the physical environment) to deliver a whole population screening/inoculation programme to the population of UH (330 clients). To note: the children will be picked up by the 0-19 team.

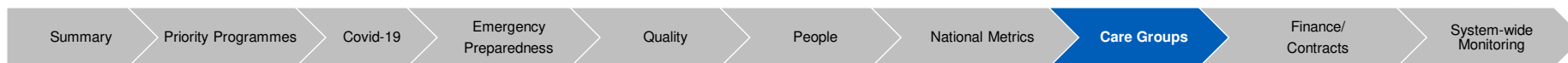
Advise

- Staffing pressures across several Neighbourhood Teams services - continuing to experience vacancies & staff sickness. This is being monitored daily and if any further impact on service/s occur we will escalate appropriately. Declared as OPEL 3 (Operational Pressures Escalation Level) on local SITREP (situation reporting).
- Podiatry telephone assessment waiting times have reached 18 week waits for Bio Mechanical appointments.
- Stroke services - BHNFT may have potential delays in collecting their Sentinel Stroke National Audit Programme (SSNAP) data; this will have a knock-on effect to our SSNAP data regarding results and outcomes - This is being monitored closely but remains potential issue.
- Urban House (UH) – Commissioner reviewing current health provision for the 6 resettlement programmes in Wakefield and will include UH. All options are to be considered i.e., change of contract/variation to contract/adjustment of finance. Working with Contracts and Finance Teams. To date we still have no feedback/update from Commissioners.
- Yorkshire Smokefree have been made aware of an issue regarding the use of Zyban (one of the medications that is used to help their clients to Quit Smoking). The pharmaceutical industry has been reviewing its manufacturing processes for the potential presence of nitrosamine impurities. This is the same issue that has already affected the other similar drug Champix. The impact on not having access to these drugs is that clients now only have the option of (NRT) Nicotine Replacement Therapy for the foreseeable future. It is hoped that this will not impact on quit rates in services.
- Yorkshire Smokefree Sheffield tender has been submitted, noting the financial model.
- Live Well Wakefield (LWW) have had notification that there will be a tender process for the new contract in the New Year. LWW have been told they will have a 6-month contract extension to facilitate the interim period.
- The invitation to tender has now been released for the School-Aged Immunisation Service (SAIS). Initial meetings have been held and a working group has been identified. The closing time and date for tender return is 12 Noon on 09/01/23.



Assure

- As part of the Barnsley Community Health and Care Alliance we have been working with the Barnsley GP Federation to distribute winter care packages across the borough. The packs include blankets, thermometers, hats, gloves, socks, flasks and useful information and are now being distributed across neighbourhood teams.
- Over 50% of staff completed the NHS Staff Survey. The information will be used to improve our support and services for staff.
- The National District Nursing Conference (22/11/22) focused on looking to the future for community nursing and putting national strategy into practice. Comms to be shared by Associate Director of Nursing & Professions.
- BREATHE service – Celebrated World COPD Day (Chronic Obstructive Pulmonary Disease) 16th November.
- Adult Epilepsy Review – Clinical Summit held 18th November, including key partners.
- Life After Stroke group at Tesco. Course completed Monday 5th December, well received by stroke survivors and will now be run 4 times per year. A further drop in café has been launched in partnership with the Stroke Association at Mapplewell Village Hall. Ensuring further geographical coverage for stroke survivors to receive support.
- Stroke - Two members of the team represented SWYPFT at the National Stroke Forum in Liverpool
- Stroke Rehab Unit and Early Supported Discharge Team at Kendray - received a visit from the ICS (Integrated Care System) - Gavin Boyle and Wendy Lowder were very complimentary about the services we deliver in Barnsley.



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

Alert/Action

- Referrals - ADHD referrals continue to be very high which is consistent with national statistics.
- Referrals - Autism referrals have also increased compared to pre-pandemic levels.
- Friend & Family Test – Friends and family test remains red but has increased compared to last month now reporting at 63%. The Quality and Governance lead are exploring ways in which this can be further improved e.g. use of tablets. The service has also engaged a volunteer to prompt and support completion of feedback.

Advise

- There is still no waiting list for autism assessment, appointments have been offered to everyone who has returned their self-questionnaires.
- There are now only 33 people waiting for an ADHD appointment who have been identified as high or medium risk, this compares to 65 in September. 32 have been waiting less than 18 weeks, the other waiter has been waiting more than two years but has DNA'd or cancelled and been offered multiple appointments.
- The number of people from Barnsley waiting more than 4 years has reduced from 7 to 2. Both have already missed one offered appointment and have been offered another.
- Whilst 97% of waiters have been waiting less than two years (in line with the rapid rise in referrals) there are 58 people from Barnsley and Calderdale that have currently been waiting for more than 2 years. Approximately 25% of these already have an appointment booked and 25% has been invited for assessment. The remainder will be invited for assessment by the end of January 2023.
- Reducing restrictive practice interventions training compliance has dropped to 70.4%. Remedial action now in place.

Assure

- All key performance indicator targets have been achieved during the month.
- Changes made to the ADHD pathway are working well.
- Relationship with Bradford working very well.
- Some commissioners requesting pathway innovations and business cases are being prepared.
- Staff appraisal rates achieved 95.2% completion for the month of November.

Learning disability services:

Alert/Action

Assessment and treatment unit (ATU)

- Improvement activity/plan now in place with regular meetings to monitor progress. Daily SITREP is being submitted to enhance assurance that quality issues are being addressed. Additional support is being provided by the Directorate for Nursing, Quality & Professions and additional leadership support is in place to support the ward manager.
- Shared Leadership Positions: Non-medical clinical lead now in post but the service manager position remains unfilled concerns regarding the capacity for Bradford District Care Trust and SWYPFT to continue to backfill.
- Staffing: continues to be a challenge and is exacerbated by vacancies, sickness absence and acuity. .
- Bradford ATU: Date for opening (February 23, which is further slippage).
- Mandatory Training – Reduction in compliance due to acuity and staffing issues, remedial plan being developed as part of overall improvement plan.

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. 88.5% of people are seen within 18 weeks.
- Staffing Issues: Continues to be a concern across all localities and all disciplines. The service has committed to undertaking more work to ensure recruitment and retention is a priority.
- Workforce review continues with good engagement from staff.

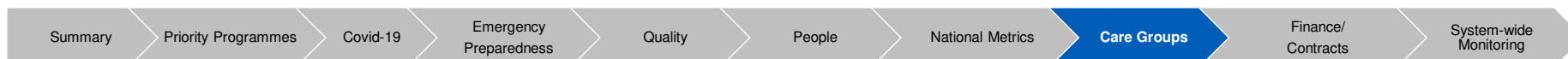
Advise

Assessment and treatment unit (ATU)

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

Community

- Workforce review is now progressing workstreams to improve the infrastructure to better meet challenges and demand.
- Plan to increase engagement with SU's and Carers now in place post covid.
- All 4 locality managers appointed and undergoing recruitment checks.
- There are now Strategic Health Facilitators across all 4 localities.



Assure

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.

Community

- Waiting list mitigation includes more frequent data cleansing and the establishment of an early alert system which will help teams to potentially avoid delays in appointments.
- Annual health checks across all 4 localities are continuing to improve
- Robust plans are in place to address mandatory training areas that are under threshold - reducing restrictive practice intervention, information governance, cardiac pulmonary resuscitation, food safety, supervision and staff appraisal.

Forensic services:

Alert/Action

- Bed Occupancy has increased across the board during November - Newton Lodge 86.67%↑, Bretton 96.32%↑, Newhaven 100%↑.
- Mandatory training overall compliance has reduced:

Newton Lodge – 87.8%

Bretton – 86.3%

Newhaven – 83.0%

The above figures represent a slight reduction in performance and managers have been asked to focus on hotspot areas which include Reducing restrictive practice interventions, cardio pulmonary resuscitation, information governance and food safety.

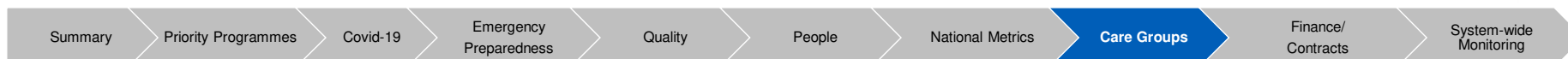
- Sickness absence/covid absence – remains above Trust target set for the care group and has risen across all inpatient services with the year-to-date figures : ranging from 8.1% - 12.9%.
- Vacancies & Turnover – Turnover remains high 13.4%↑. Recruitment remains a priority.
- Care programme approach: under target at 189.6% remedial action in place to address this.

Advise

- The roll out of Trauma Informed Care is going well and training sessions for staff have commenced. The service will pilot this on Johnson ward which will complement other improvement work on the ward. A service evaluation in collaboration with the University of Leeds has been undertaken and is currently being evaluated but early indications is that feedback will be very positive.
- The West Yorkshire provider collaborative (WYPC) have written to the service in response to the recent media interest in secure care seeking information to provide assurance and inform the services that there will be an increase in unannounced visits.
- The WYPC has conducted a service evaluation on Newton Lodge this completes all 3 annual service evaluations on secure services which will be undertaken by the provider collaborative and action plans are being developed.
- The service is currently negotiating with Spectrum to increase its input across the care group to include Substance Misuse input to enhance the current service offer provided in house.
- Friends and family test performance during the month has increased to 92%.

Assure

- No delayed transfers of care recorded across all three services.
- High levels of data quality across the care group (100%).
- 100% compliance for HCR20 being completed within 3 months of admission
- The well-being of staff also remains a priority within the service.



Adults and Older people mental health:

Alert/Action

- Acute wards have continued to manage high levels of acuity. We have had above 100% occupancy levels across wards on a sustained basis and capacity to meet demand for beds remains difficult. Workforce challenges have continued, with staff absences and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Home Based Treatment Teams have faced similar staffing pressures.
- The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, with numbers of new placements reducing and some patients returned to local beds. Patients are placed 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.
- We are experiencing higher numbers of patients with delayed transfers of care, and are working with systems partners at place to explore and optimise all community solutions to get people home as soon as they are ready.
- Demand into the Single Point of Access (SPA) and capacity issues are leading to ongoing pressures in the service, necessitating the use of additional staff and additional sessions for assessment slots. Workforce challenges are continuing to compound these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed particularly in Calderdale and Kirklees, where access performance has been impacted. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.
- Throughout 2022 Kirklees and Calderdale SPA have experienced a high volume of referrals and staff vacancies which has led to a delay for routine referral, although all referrals are screened and triaged for risk in the same day. Intensive remedial action utilising the Business Continuity Plans has been taken and over 600 referrals have been triaged and processed in the second week of December. This has cleared all back waiting referrals and at present SPA are managing all referrals within 24 hours of receipt. As a result of this work it is likely that December routine assessment will show a high volume of 14 day breaches and both routine assessment and treatment performance figures are likely to be impacted into January, but should improve beyond that as back waiting referrals clear through the pathway.
- 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 4.

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, we have particular challenges in Kirklees. Quality and Governance Leads are undertaking specific improvement work with certain teams around leadership, data quality and recording. Quality and Governance Leads are implementing weekly 'performance huddles' across the Calderdale and Kirklees as a more intensive way to monitor and improve performance and to support the teams to improve and to take individual ownership.
- Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway. We are also actively expanding creative approaches to enhance service user experience and the general ward environments. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.
- Community services are optimising our use of space across Trust sites so that group work and more face-to-face therapies can be delivered and are reviewing space utilisation in each building to optimise clinical capacity. Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gatekeeping, trauma informed care and effective intensive home treatment.
- We have worked with Nursing Quality and Professions and Performance colleagues to agree a new person-centred measure to demonstrate performance around collaborative care planning which has now been introduced, we are supporting teams with the change and evaluating progress which is positive.
- We are participating in the trustwide work on how we measure and manage waits in terms of consistent data and performance measurement. Where there are waiting lists for services, for example for core psychology, comprehensive plans are in place for each individual including person-centred reviews and named contacts.
- We continue to work in collaboration with our places to implement the community mental health transformation. We remain concerned that the new roles within primary care networks will draw experienced staff from our resources.
- We recognise the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and that where we need to improve action plans are in place. Positive supervision performance across community teams reflects this and we are currently focussing on inpatient areas. Workplace wellbeing groups continue to thrive with excellent examples of initiatives in each of the hubs and in individual teams.
- We continue to work towards required concordance levels for 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.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/
Contracts

System-wide
Monitoring

Communications, Engagement and Involvement

- Support to flu campaign and promotion of the Covid-19 booster programme
- Comms support to the Covid-19 Moving Forward group
- Audit and refreshing Covid-19 intranet pages
- Reviewing use of IAPT name ahead of NHSE brand refresh due in January
- Supporting the poverty network and sharing cost of living support
- 'Our Offer' and 'Get to know us' booklets produced
- 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.
- Promotion of West Yorkshire and South Yorkshire Integrated Care System initiatives and campaigns
- Older people's inpatient mental health transformation, internal and external comms and planning
- Ongoing support for staff recruitment and retention
- Launch planning support for the Trust's social responsibility and sustainability strategy
- Trauma Informed practices programme support
- SystemOne waiting list comms support
- Patients Know Best comms planning and warm up messages
- Keep in mind Kirklees website development
- Email platform investigation work
- Members council filming
- New website forms for services

Engagement, Equality and Volunteering Update

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

Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£5.5m	£3.2m	In month financial performance is a surplus of £0.8m with a year to date surplus of £5.5m. This is £2.0m better than plan. Additional spend, and agreed reduced income in Q4, result in the surplus remaining forecast at £3.2m in line with plan.
2	Agency Spend	£6.5m	£10.1m	The Trust allocation of the overall West Yorkshire Integrated Care Board (ICB) 2022 / 23 agency cap is £7.8m. Performance is measured against both this and also as a percentage of total pay expenditure. Year to date expenditure is £6.5m which is £1.3m 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	£4.5m	£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	£84.7m	£79.9m	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	£2.3m	£13.1m	The capital programme for 2022 / 23 has been agreed as £13.1m and currently is presented as delivering in full. Following Board review the major Bretton scheme has been paused and the impact, and any mitigations possible in year, are currently being reviewed. This will also be discussed and agreed within the Integrated Care System (ICS).
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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



System-wide monitoring

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

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

West Yorkshire and Harrogate Partnership

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

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

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

South Yorkshire and Bassetlaw Partnership

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

Publication Summary

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

NHS vacancy statistics, England: April 2015 – September 2022, experimental statistics, NHS Digital, 1 December 2022

Community service statistics, September 2022, NHS Digital, 6 December 2022

Bed availability and occupancy: Q2 2022-23, NHS England, 8 December 2022

Mental health services monthly statistics: performance September, provisional October 2022, NHS Digital, 8 December 2022

Out of area placements in mental health services: September 2022, NHS Digital, 8 December 2022

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2022-October 2022, NHS Digital, 8 December 2022



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 8
(2022 / 23)



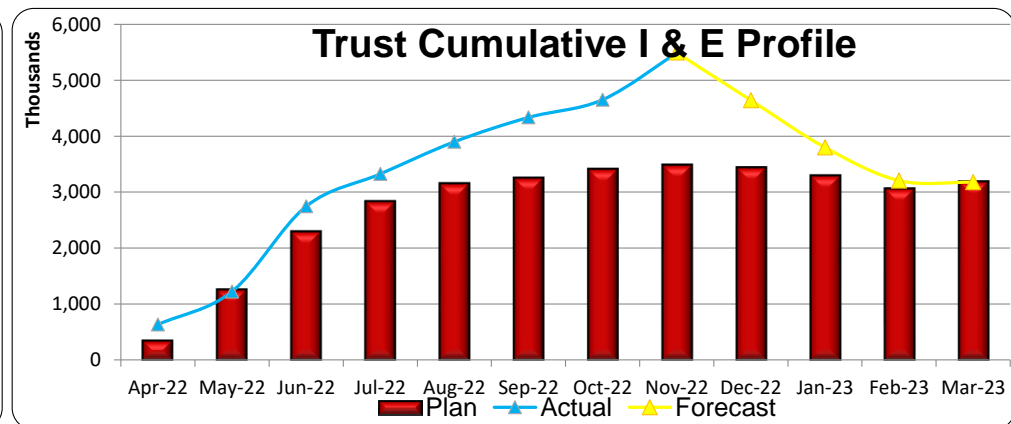
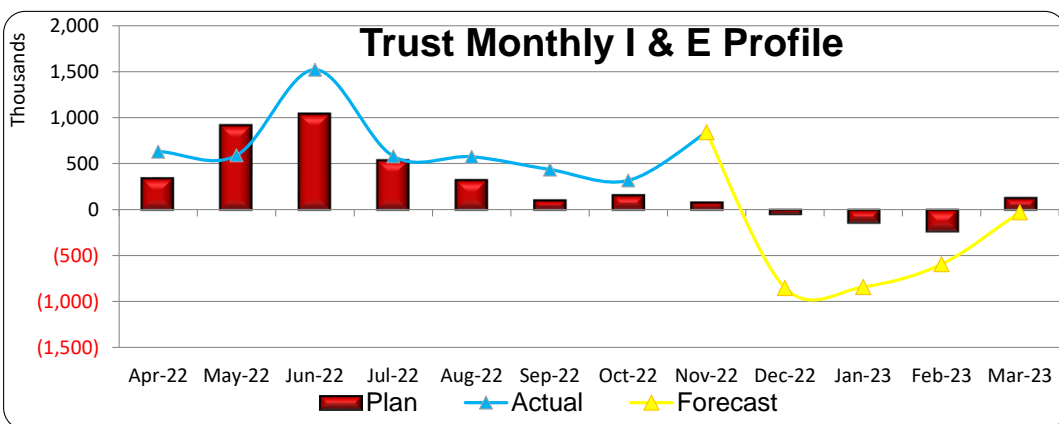
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With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
Key Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£5.5m	£3.2m	In month financial performance is a surplus of £0.8m with a year to date surplus of £5.5m. This is £2.0m better than plan. Additional spend, and agreed reduced income in Q4, result in the surplus remaining forecast at £3.2m in line with plan.
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2.0 Income & Expenditure Position 2022 / 2023

Trust Financial Position													
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				20,635	20,785	150	Healthcare contracts	163,801	163,396	(404)	246,195	245,479	(716)
				9,272	7,749	(1,523)	Other Operating Revenue	71,445	73,469	2,024	108,515	111,349	2,834
				29,907	28,534	(1,373)	Total Revenue	235,245	236,865	1,620	354,710	356,828	2,119
4,942	4,636	(306)	6.2%	(19,757)	(18,425)	1,332	Pay Costs	(151,647)	(147,634)	4,013	(231,799)	(224,871)	6,928
				(9,546)	(8,749)	797	Non Pay Costs	(75,428)	(78,853)	(3,424)	(112,889)	(121,660)	(8,771)
4,942	4,636	(306)	6.2%	(29,303)	(27,174)	2,129	Total Operating Expenses	(227,075)	(226,487)	589	(344,687)	(346,531)	(1,843)
4,942	4,636	(306)	6.2%	604	1,360	756	EBITDA	8,170	10,378	2,208	10,022	10,298	275
				(469)	(490)	(22)	Depreciation	(3,932)	(4,095)	(162)	(5,847)	(6,052)	(205)
				(179)	(190)	(11)	PDC Paid	(1,432)	(1,519)	(87)	(2,148)	(2,278)	(130)
				120	162	42	Interest Received	672	729	58	1,150	1,209	59
4,942	4,636	(306)	6.2%	77	842	766	Surplus / (Deficit)	3,477	5,495	2,017	3,178	3,177	(0)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,942	4,636	(306)	6.2%	77	842	766	Surplus / (Deficit)	3,477	5,495	2,018	3,178	3,178	(0)



The Trust financial position continues at a surplus run rate. The main contributing factors remain non-recurrent.

The Trust revised financial plan, submitted June 2022, is a surplus of £3.2m. This is mainly profiled at the start of the year with workstreams such as recruitment and retention of workforce having an impact on the position in Q3 and Q4.

NHS England - monthly submission

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

Income

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

Additional income, not previously expected, has been received in November from the West Yorkshire ICB. This is a contribution towards unfunded local authority contract pay awards for 2022 / 23. This is non-recurrent support and will therefore be a pressure to pick up with commissioners ahead of 2023 / 24.

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

Pay

Substantive worked WTE has remained the same as last month. This is positive considering the stepped increase seen in October. There has been a reduction in bank and agency worked WTE. Whilst will be partially connected to the increased substantive workforce the main narrative is less requirement of additional shifts in month so support activity demands, additional observations etc.

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

Non Pay

Non Pay spend continues to be predominately Adult Secure Collaborative spend. Pressures on areas such as utilities and catering / food costs continue to be mitigated as far as possible within the overall financial position.

2.1

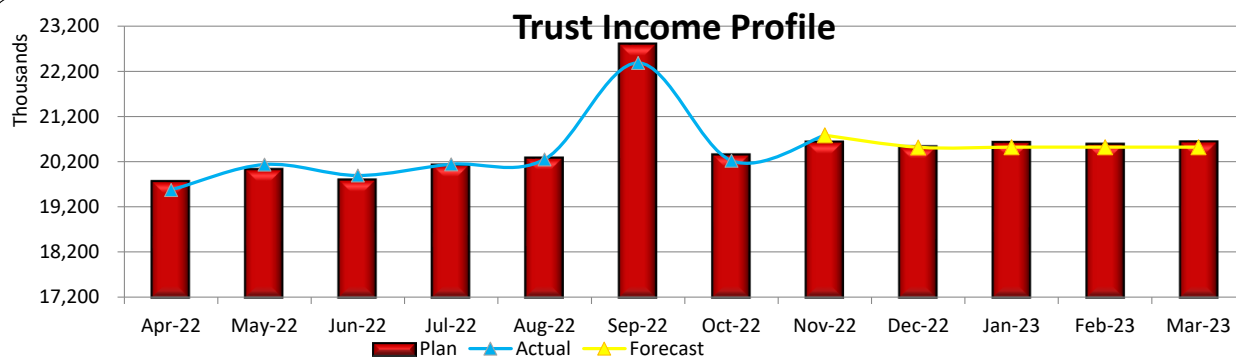
Income Information

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

The vast majority of income continues to be received from local commissioners (formerly CCGs, now Integrated Care Boards (ICBs)). For 2022 / 23 a hybrid of the previous year's financial regimes are in place. Formal contracts have resumed and are in place for all of the major commissioners. The financial element remains a block based upon national calculations and tariff changes. The same variation process as 2021 / 22 remains which means that investment in services will be added to contracts as and when agreed.

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

Income source	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k	Total 21/22 £k
NHS Commissioners	17,501	18,083	17,285	17,878	18,049	19,848	18,099	18,498	18,346	18,348	18,348	18,348	218,631	199,439
ICS / System / Covid	854	854	854	854	854	854	854	854	854	854	854	854	10,243	15,258
Specialist Commissioner	242	324	320	325	319	356	429	331	328	330	330	330	3,964	45,733
Local Authority	433	454	484	427	429	460	446	449	468	468	468	468	5,456	5,172
Partnerships	422	422	395	413	345	399	309	447	384	384	384	384	4,687	7,580
Top Up / ERF	0	0	0	0	0	0	0	0	0	0	0	0	0	287
Other Contract Income	124	(0)	555	246	258	470	84	206	139	139	139	139	2,498	708
Total	19,576	20,136	19,893	20,143	20,254	22,387	20,221	20,785	20,518	20,521	20,521	20,521	245,479	274,176
21/22	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	24,657	23,559	26,796	274,176	



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

In month 8 income is £150k more than plan. The main movement is due to additional non-recurrent income from the ICB to support unfunded pay award pressures with local authorities. This was not forecast and contributes to the surplus position in month.

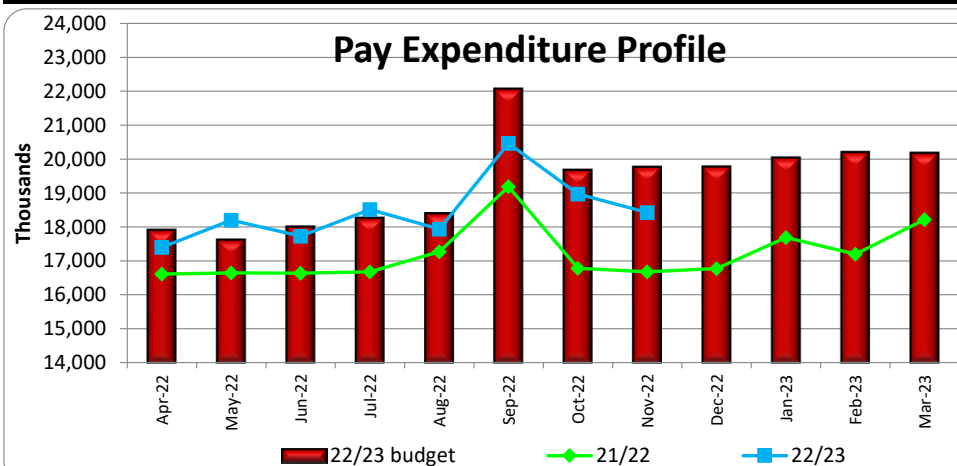
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives).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

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

Staff type	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
Substantive	15,672	16,136	16,033	16,399	16,217	18,386	16,937	16,570					132,349
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261	1,058					8,827
Agency	740	920	711	950	716	849	775	797					6,458
Total	17,397	18,201	17,728	18,510	17,937	20,464	18,972	18,425	0	0	0	0	147,634
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	206,351

Bank as % (in month)	5.7%	6.3%	5.6%	6.3%	5.6%	6.0%	6.6%	5.7%					6.0%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%	4.3%					4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129	4,148	4,162	4,153	4,222	4,223					4,160
Bank & Locum	251	294	252	307	259	272	313	264					277
Agency	148	141	149	142	137	175	158	149					150
Total	4,530	4,545	4,530	4,597	4,559	4,600	4,693	4,636	0	0	0	0	4,586
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	4,488



Substantive worked WTE has remained the same in November as last month but there has been a reduction in both bank and agency worked WTE in month.

The main drivers of this has been reduced demand on inpatient areas due to lower than previous months additional observations. This is not forecast to be sustained along with forecast increased pressures due to staff absence which is traditional at this point of the year (covid, flu etc).

2.2 Agency Expenditure Focus

**Agency spend is £797k in November.
Year to date spend is £6,458k.**

Agency costs have a continued focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below. The Trust has also included an additional key performance indicator for 2022 / 23 linked to agency as a proportion of the overall workforce.

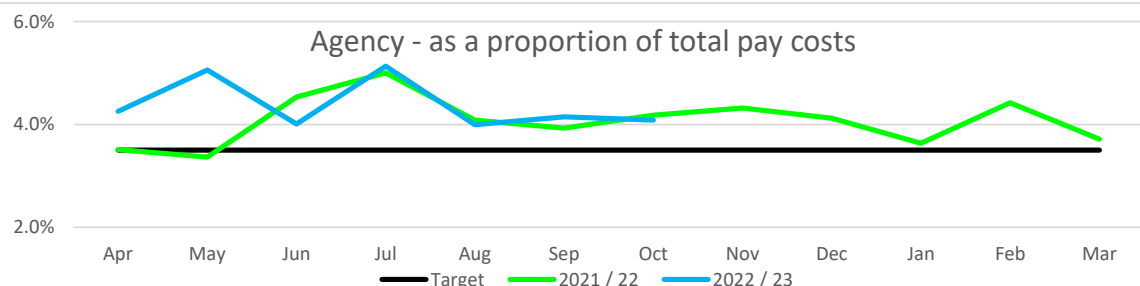
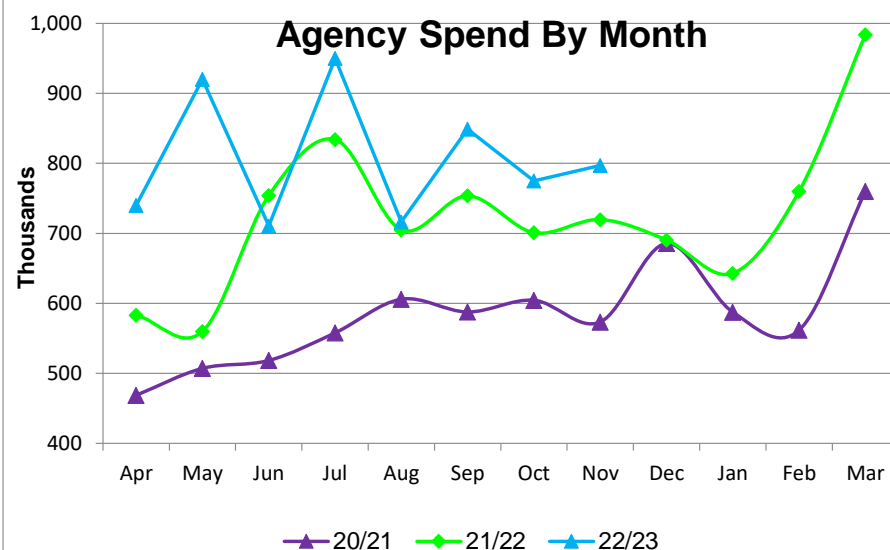
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

Under the NHS Single Oversight Framework, expected maximum agency levels have been set at an Integrated Care Board (ICB) level for 2022 / 23. Within this overall limit an allocation of £7.8m has been set for the Trust. Current forecasts are that this will be exceeded by c. £2.3m and therefore action plans to support delivery of this system target are required.

The Trust is already focussed on this as part of the wider workforce strategy as it's often seen as the last resort and the least cost effective but in some cases is the only viable option for ensuring continuity of safe services.

The main areas of expenditure remain supporting inpatient wards (adult and Forensics) with both registered and unregistered nursing support utilised. Although the pay analysis indicates an increase in recruitment it is forecast that a requirement of agency staff will continue for the rest of the year. To date these staffing groups accounts for £3.4m of spend whilst medical staffing represents a further £2.2m. There has been increased usage in CAMHS in month.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £231k 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.

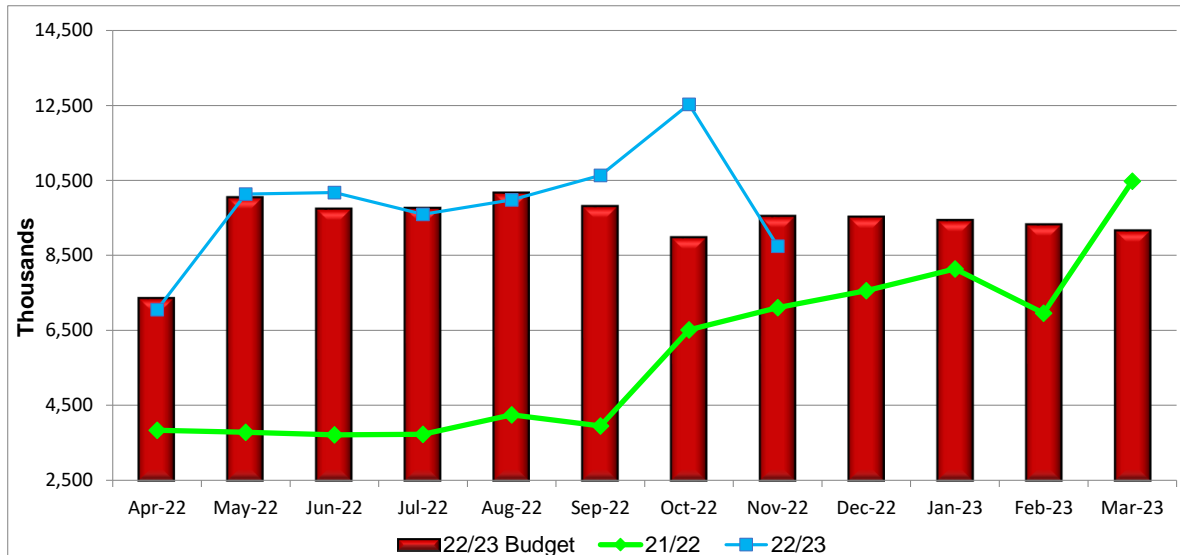
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in November 2022 was 4.3% with cumulative year to date position of 4.4%.

2.3 Non Pay Expenditure

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

Non pay spend	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
2022/23	7,052	10,139	10,175	9,595	9,979	10,633	12,530	8,749					78,853
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	2,212	2,232	20
Establishment	5,980	6,981	1,001
Lease & Property Rental	4,921	5,168	247
Premises (inc. rates)	3,640	4,084	443
Utilities	1,488	1,398	(90)
Purchase of Healthcare	6,938	6,324	(614)
Lead Provider Collaborative	42,336	43,258	922
Travel & vehicles	2,900	2,413	(487)
Supplies & Services	4,186	4,300	114
Training & Education	1,740	1,146	(594)
Clinical Negligence & Insurance	687	678	(9)
Other non pay	(1,598)	872	2,470
Total	75,428	78,853	3,425
Total Excl OOA and Drugs	66,279	70,297	4,018



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 went live from 1st May 2022. Budgets, and actual expenditure reflect this increase. Spend has reduced in November relating to the South Yorkshire collaborative and been offset by a movement in income expected.

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

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

2.3 Out of Area Beds Expenditure Focus

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

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

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

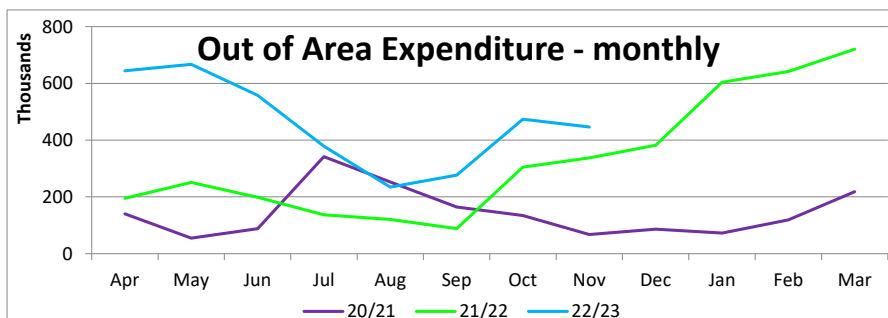
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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

Out of Area Expenditure Trend (£)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
20/21	141	55	88	342	253	164	135	68	86	73	119	218	1,741
21/22	195	251	199	137	121	88	305	337	382	604	641	720	3,981
22/23	644	667	557	378	235	276	474	446					3,678

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	292	523	610					3,842

Bed Day Information 2022 / 2023 (by category)													
PICU	427	417	446	379	247	204	235	273					2,628
Acute	57	95	141	100	108	88	288	337					1,214
Total	484	512	587	479	355	292	523	610	0	0	0	0	3,842



As previously acknowledged, the use of out of area placements, can be volatile. This is around usage but also estimating costs associated with placements. This is highlighted in November 2022 with bed days continuing to increase but actual costs incurred reducing. This is due to invoices, now received, being less than estimated. This is both placements and additional nursing cost assumptions. Actions continue to minimise the impact, financially and operationally, from out of area placements. Repatriation (or discharge is appropriate) happens at the earliest possible opportunity.

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,352	160,623	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	1,349	4
Non NHS Trade Receivables (Debtors)	921	1,051	4
Prepayments	2,174	3,001	2
Accrued Income	816	4,858	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	84,745	Pg 13
Total Current Assets	87,941	96,692	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(43,781)	5
Capital Payables (Creditors)	(1,790)	(543)	6
Deferred Income	(6,480)	(4,434)	
Other Liabilities (IFRS 16 / leases)		(54,539)	1
Total Current Liabilities	(47,670)	(103,297)	
Net Current Assets/Liabilities	40,271	(6,605)	
Total Assets less Current Liabilities	147,623	154,018	
Provisions for Liabilities	(7,716)	(7,587)	
Total Net Assets/(Liabilities)	139,907	146,431	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	13,156	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	82,431	7
Total Taxpayers' Equity	139,907	146,431	

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 remains higher than normal with the majority related to the Adult Secure collaboratives relating to rechargeable activity.

4. Overall debtors remain low and are proactively managed to ensure recovery and that any issues are resolved. To date only £714k is older than 30 days, of this £400k relates to Humber Teaching FT.

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

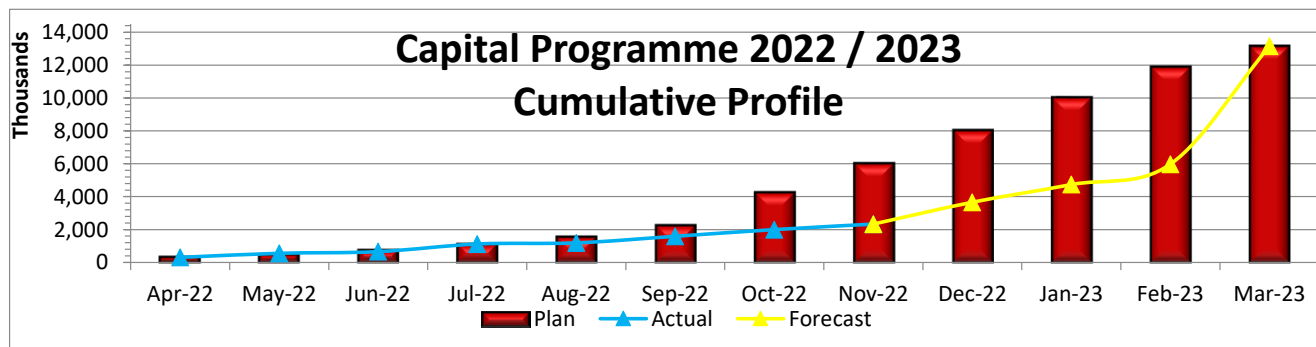
6. Capital creditors remain low due to the schemes currently underway in the capital programme. This is forecast to increase.

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

3.1

Capital Programme 2022 / 2023

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k
Major Capital Schemes						
Bretton Centre	7,500	2,593	619	(1,974)	619	(6,881)
OPS transformation	500	420	140	(280)	667	167
Maintenance (Minor) Capital						
Clinical Improvement	745	371	71	(300)	835	90
Safety inc. ligature & IPC	1,065	605	46	(559)	867	(198)
Compliance	700	555	375	(180)	1,422	722
Backlog maintenance	350	140	53	(87)	390	40
Sustainability	350	110	0	(110)	350	0
Plant & Equipment	550	202	11	(191)	70	(480)
Other	0	0	542	542	5,473	5,473
IM & T						
Digital Infrastructure	450	350	83	(267)	1,509	1,059
Digital Care Records	40	26	5	(21)	67	27
Digitally Enabled Workforce	375	325	30	(295)	380	5
Digitally Enabling Service Users & Carers	65	15	0	(15)	65	0
IM&T Contingency	100	0	0	0	73	(27)
Lease Impact (IFRS 16)	354	314	358	44	358	4
VAT Refunds						
TOTALS	13,144	6,026	2,333	(3,693)	13,144	0



Capital Expenditure 2022 / 23

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

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

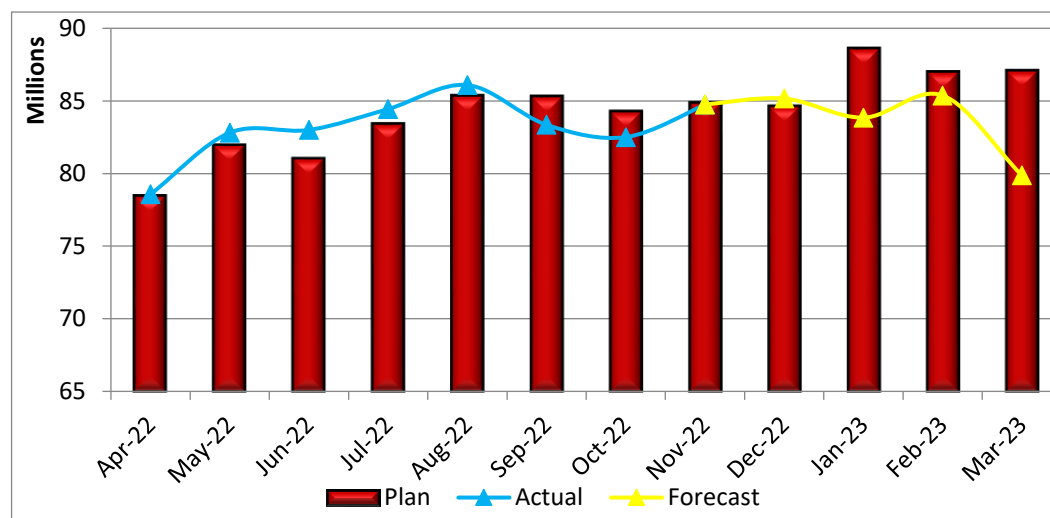
At the moment future forecast spend has been included against the other category whilst next steps are agreed internally and within the Integrated Care System (ICS).

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

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

3.2

Cash Flow & Cash Flow Forecast 2022 / 2023

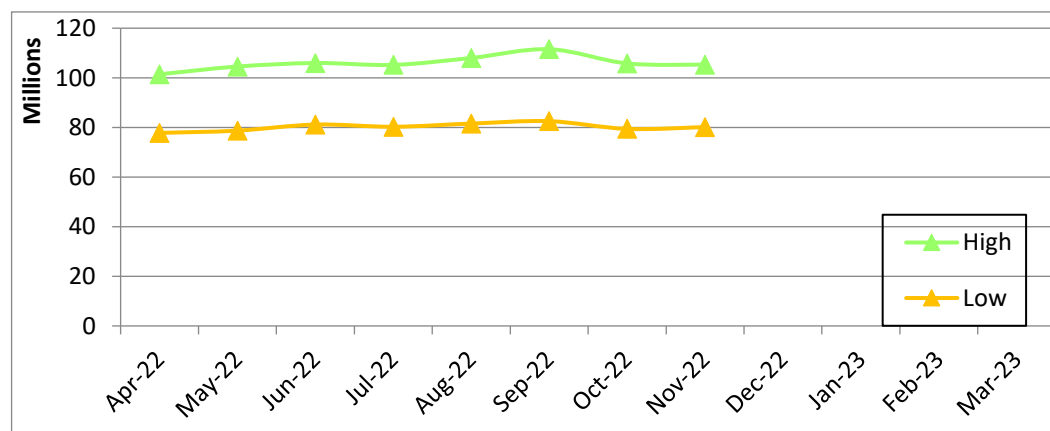


Cash remains positive.

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

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

	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	84,840	84,745	(95)



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

The highest balance is: £105.3m

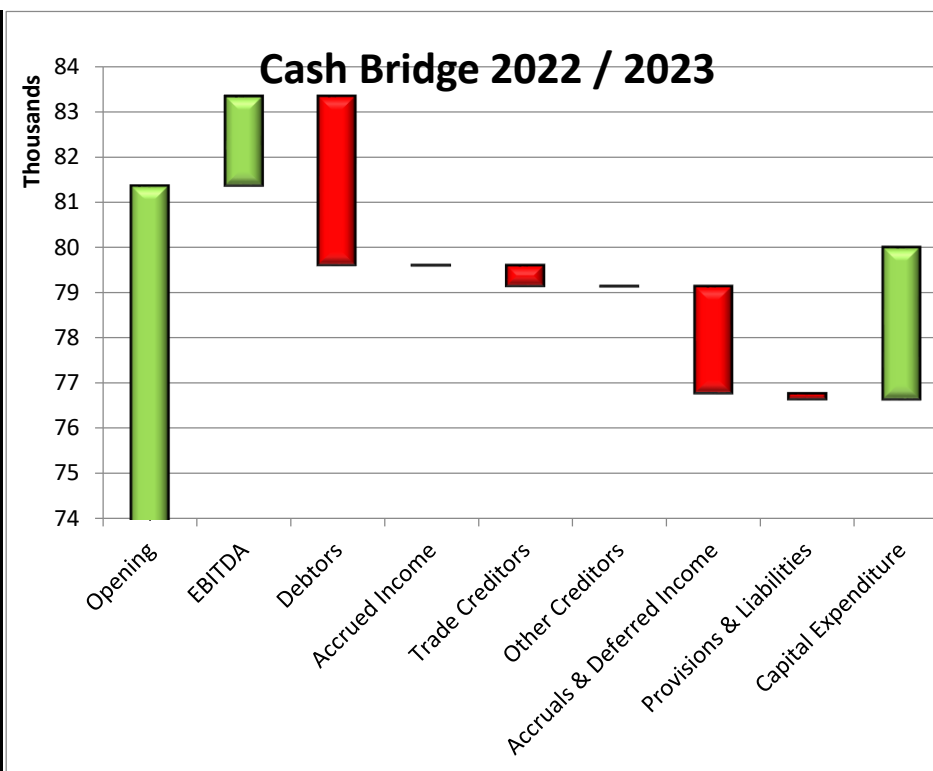
The lowest balance is: £80.2m

This reflects cash balances built up from historical surpluses.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	76,454	81,368	4,914	
Surplus / Deficit (Exc. non-cash items & revaluation)	13,789	15,776	1,987	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(1,625)	(5,374)	(3,749)	
Trade Payables (Creditors)	3,050	2,586	(464)	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	(2,379)	(2,379)	
Provisions & Liabilities	0	(129)	(129)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(5,712)	(2,333)	3,379	
Cash receipts from asset sales			0	
Leases	(339)	(4,530)	(4,191)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	296	729	433	
Closing Balances	84,840	84,745	(95)	



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.

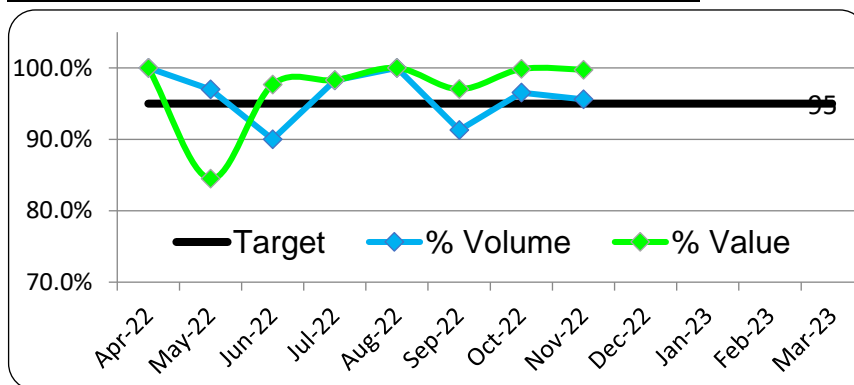
4.0

Better Payment Practice Code

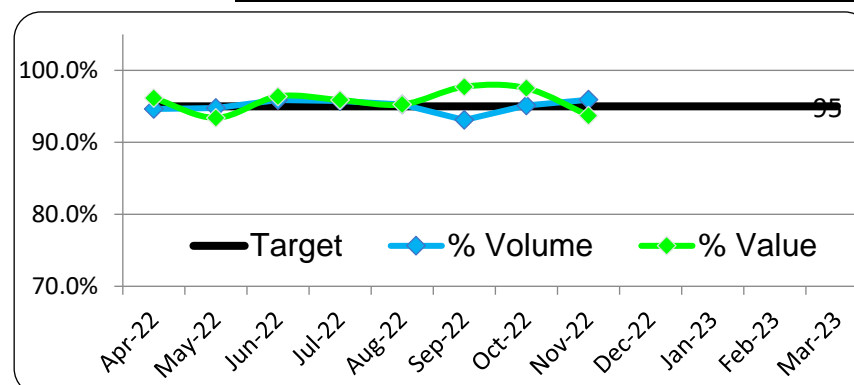
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	96%	100%
Cumulative Year to Date	97%	99%



Non NHS	Number %	Value %
In Month	96%	94%
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 (£)
25-Oct-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4589	763,194
29-Oct-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202628	548,341
01-Nov-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS27	544,330
30-Nov-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202718	499,350
01-Nov-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 266	363,897
01-Nov-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007421	327,598
31-Oct-22	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118676	293,365
01-Nov-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS04	185,000
01-Aug-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS001	185,000
01-Oct-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS03	185,000
25-Oct-22	Drugs	Trustwide	Cheswold Park Hospital	4583	183,423
25-Oct-22	Staff Recharge	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600021549	168,655
15-Nov-22	Staff Recharge	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600021794	168,655
01-Nov-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007414	163,096
25-Oct-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4602	162,166
11-Oct-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC004INV	154,682
03-Nov-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093077	134,624
13-Sep-22	Audit Fees	Trustwide	Deloitte Llp	8002892283	99,900
14-Nov-22	IT Services	Trustwide	Daisy Corporate Services	3I500765	90,250
15-Nov-22	IT Services	Trustwide	Daisy Corporate Services	3I500766	90,250
14-Nov-22	IT Services	Trustwide	Daisy Corporate Services	3I500764	90,250
07-Nov-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093106	87,177
10-Nov-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC006INV	85,003
04-Nov-22	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710176828	82,239
19-Oct-22	Purchase of Healthcare	AS Collaborative	Humber NHS Foundation Trust	59891827	80,621
18-Oct-22	Purchase of Healthcare	Calderdale	Invictus Wellbeing Services Cic	2022007	76,250
20-Oct-22	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	322278	73,989
26-Sep-22	Staff Recharge	Trustwide	Northorpe Hall Child & Family Trust	10833	65,590
30-Sep-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	110798	63,188
19-Oct-22	Purchase of Healthcare	AS Collaborative	Humber NHS Foundation Trust	59891825	58,515

24-Nov-22	IT Services	Trustwide	Daisy Corporate Services	3I501134	49,986
03-Nov-22	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72484059	46,230
28-Sep-22	Staff Recharge	Kirklees	Kirklees Council	8607474099	45,000
12-Oct-22	Mobile Phones	Trustwide	Vodafone Ltd	102512164	41,627
11-Oct-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	SYSECCYGUP01	38,005
07-Nov-22	Electricity	Trustwide	Edf Energy Customers Ltd	000013687481	36,493
30-Sep-22	Purchase of Healthcare	Trustwide	Waterloo Manor Ltd	HO NHS LS 264 OBS A	31,680
30-Sep-22	Purchase of Healthcare	Trustwide	Cloverleaf Advocacy 2000 Ltd	11321	31,397
03-Nov-22	Purchase of Healthcare	Trustwide	Spectrum Community Health Cic	SINV5483	30,240
15-Nov-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4640	26,984
31-Oct-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0260933	26,691
17-Nov-21	Pension	Trustwide	NHS Business Services Authority	2000005647	26,008
31-Oct-22	Purchase of Healthcare	Trustwide	Waterloo Manor Ltd	HO NHS LS 265 OBS	25,872

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained

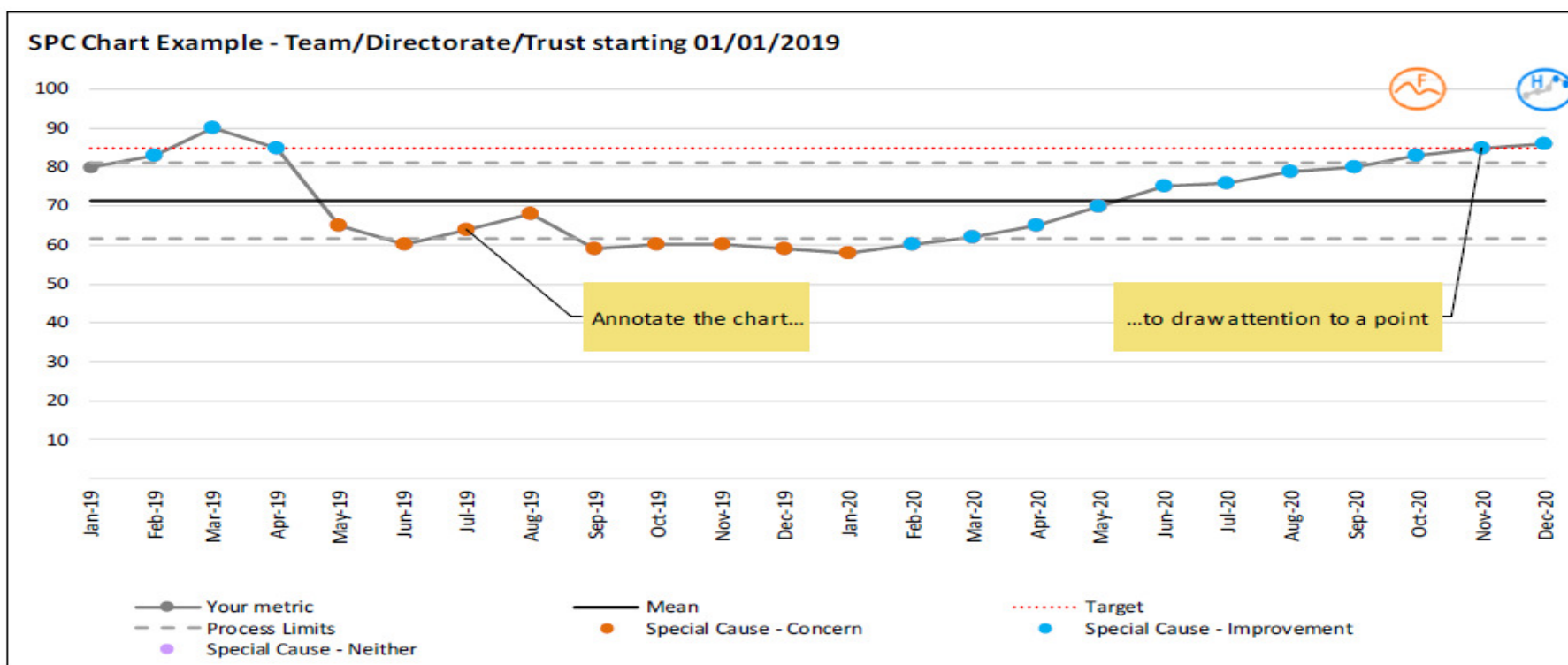
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained



Observations

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

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

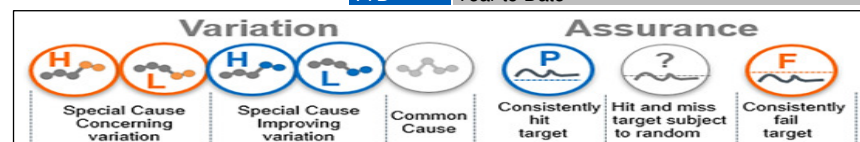
Glossary

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

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

NB: The year end forecast position for the dashboards was reviewed in October 2019 and revised to align with the NHSI rating system.

SPC Chart Icon Summary



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