NHS
South West Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

December 2022

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 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 December 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
• A third-party provider (James Harvard) has now been commissioned to undertake the procurement of a single Trust wide digital dictation solution with the revised timescale of May 2023.
• The Trust wide launch of social responsibility & sustainability improvement programme includes knowledge café, supporting communication messages and staff volunteers planting 500 trees on Trust grounds as part of the NHS Forest initiative.
• Following a successful stakeholder event in December, the business case for Older People service transformation is in development.

Addressing Inequalities
Key actions the Trust are taking to address inequalities are:
• Data - Improving data collection gaps – addressed using the 'All of You' campaign, and staff development. Up to end November 2022, 70% of service users have had their equality data recorded (ethnicity, disability, sexual orientation, and postcode). recorded
• Information - Literature bank for equality and diversity, and community films to support insight and understanding of diverse groups.
• Monitoring – the use of translation services at a service level against patient profile, and ensuring service information is in the right format and accessible
• Improving access - Identifying digital access as part of initial assessment via SystmOne.
• Involving - Capturing patient and staff feedback, and equality monitoring responses to highlight specific issues.
• Development – through mandatory and enhanced training and lunch time talks we are developing our staff
• Our People - Ensuring reflective and representative workforce and leadership, removing the requirement for maths and English
• Stories - Using tools to capture patient stories, and approaches such as community reporters and researchers.
• Creative approaches - developed through 'Recovery Colleges' and 'Creative Minds'.
• Faith - spiritual support through 'Spirit in Mind'.
• Improving our service offer through programmes of work, recruitment of peer support workers, volunteers, carer and disability confident status and targeted pieces of work.

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 as last month at 2.7. Two service areas are operating at OPEL 2 and seven service areas at OPEL 3.
• In October 2022 the roll out of the annual staff influenza vaccination programme commenced, with a target of 90% uptake for frontline staff. At the time of this report, 63% of frontline staff have been vaccinated.

Quality

• The Trust continues to perform well against the majority of quality indicators.

• The percentage of patients on the Care Programme Approach (CPA) offered a copy of their care plan remains below target at 44% in December. 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. Recent learning is that the original metric in SystmOne is still accessible, which is bringing a challenge in how we report performance. This situation is being reviewed as a matter of urgency.

• The percentage of patients with an up-to-date risk assessment continues to remain below target for both community (71.2%) and inpatient teams (76.4%). This is based on provisional data for the month and will be refreshed next month. All areas are working to improve performance for FIRM risk assessments. A series of deep dives have taken 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. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies and some dedicated resource has been identified to assist with improving the position on this. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place, with the quality of risk assessments overseen in the clinical governance group. We have set up a trajectory of improvement to full performance by the end of Quarter 3 but this has not been achieved.

• Waiting times and waiting numbers 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 decreased slightly to 189 compared to 223 in November. Statistical analysis of data since April 18 shows that we remain in a period of common cause variation which suggests data is not showing any cause for concern and is within expected range.

• There were 3 pressure ulcers which developed under SWYPFT care during December. Further detail can be seen in the main body of the report. Root cause analysis takes place for every incident which results in actions plans and associated learning.

• The number of inpatient falls in December was 59, which is a slight decreased compared to 63 in November. 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 December to 70% compared to 68% in November. 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. It should be noted that although this metric has seen an improvement - there have been a recent increase in referrals which is likely to be seen in this metric in future months.

• 96% of incidents reported in December 2022 resulted in no harm or low harm or were not under the care of the Trust.

• % of prone restraint - those remaining in prone position and not rolled immediately, was reported 23 times out of a total of 305 restraint positions. This is a reduction from last month and all incidents had a duration of 3 minutes or less.

• % people dying in a place of their choosing - 78.1% of service users died in their place of choice during December. This is slightly lower than the local 80% threshold that we monitor this metric against. For those that did not die in their place of choice, this was mainly due to complexity of the patient such as being acutely unwell and not manageable at home.

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 full time equivalent (FTE) numbers due to changes in substantive staff contracted hours.

• Overall turnover rate in December was 14.2% which is almost same as the previous two months. This is monitored against a target of between 10 to 12%.

• 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 464.34 (FTE) and 417.44 (FTE) employees deciding to leave the Trust since the start of the financial year.

• Sickness absence in December was 6.3%, an increase from 5.9% in November. This was partially due to an increase in staff off with Covid (8.7%) when compared to November 7.6% and cold/flu increased from 9.5% in November to 14.7% in December.

• Long term sickness absence (any sickness of 3 weeks, 21 calendar days) accounting for 4.3% of all absences. Short term absence the most challenging operationally to manage,2.1%

• Rolling appraisal compliance rate for December is 62.94% compared to the trajectory target for this month of 77.5%. The position within Care Groups is variable.

• Overall mandatory training reports 89.16% which is above Trust target. Compliance by care group is reported monthly to EMT with hot spot reports reviewed by OMG. 3 subjects out 17 currently reported are below the Trust 80% target, which are CPR, Food Safety, and RRPI.

NHSI Indicators

• The Trust continues to perform well against the majority of national metrics.

• Inappropriate out of area bed days continue to be above numbers experienced in recent years with 437 days in December. This is a decrease from the numbers reported in the last two months. This continues to be due to a number of challenges faced by the Trust (increased acuity, Covid-19 outbreaks and challenges to timely discharge). The Trust had 17 people placed in out of area beds at the end of December.

• Performance against the 18 weeks from point of referral to treatment – the incomplete pathway indicator achieved the national threshold in December month after having some under performance for the previous three months linked to increases in demand and staffing capacity. This measure relates to the musculoskeletal service only.

• The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 86.2% in December which falls below the national threshold of 99%. This relates to the Trusts Paediatric Audiology service which is a small service and there have been a number of staffing issues that have impacted clinic availability. Additional clinics are now taking place and this should assist with bringing performance back in line with the 6 week standard.

• 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 86.7% against a 95% target. This relates to 2 cases that did not meet the standard out of 15.

Care Groups

• Mental health acute wards continue 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.

• Work to maintain patient flow continues, with the use of out of area beds being closely managed, however use continues to be high during December.

• During December wards 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. We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches.

• Mental health community teams continue to experience significant workforce challenges. This is being supported by Trust-wide work on recruitment and retention.

• Single point of access services are prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment are at risk of being delayed in all areas, and in Calderdale and Kirklees 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.

• Waiting numbers for Adult Autistic Spectrum Condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees have increased in December.   There are specific pressures 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 - (4 weeks response) 86.7% (13/15) – threshold 95%. Urgent referrals continue to be prioritised with associated targets achieved.

• Waiting list times continue to be an issue due to staffing/operational pressures in community learning disability services, with 78.3% (against a target of 90%) of Learning Disability referrals where patients have had a completed assessment, care package and commenced service delivery within 18 weeks. Patients People on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need due to their wait.

• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic.

Finance

• In month financial performance is a deficit of £2.1m with a year to date surplus of £3.5m. Additional spend, and agreed reduced income in Q4, result in the surplus remaining forecast at £3.2m in line with plan.

• Agency spend in December was £735k, with year to date spend of £7.2m.

• Actions are in place to address agency spend, which will be overseen by the Trust's agency group.

• The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme. Capital spend to date is £2.6m.

• Cash in the bank remains positive at £83.4m, with the year end forecast being £83.8m due to continued capital investment and forecast increasing spend.

• Pay costs were £17.8m in December, compared to last month which was £18.4m.

• Out of area bed costs were £534k in December, a slight increase from £446k in November.

• Performance against the Better Payment Practice Code remains at 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	Oct-22	Nov-22	Dec-22	Variation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)	90% (ethnicity only)	70.5%	70.1%	70.3%			Figures shown are the combined percentage for completion of ethnicity (96.4%), disability (42.0%), sexual orientation (42.9%) 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%	50.9% Service 66.7% Policy	51.6% Service 68.2% Policy	44.7% Service 93.0% Policy			EIAs for services are reviewed annually. This means all services have an EIA in place. The data describes the EIAs that require an annual update. Due to winter pressures and the holiday period, we know that some services have an outstanding review date. The EII team have only received 4 to progress out of the 68 recorded. We will work hard to progress the 64 reviews which are: 27 within Barnsley, 11 within Wakefield, 12 within Kirklees, 4 within Specialist, 4 within Calderdale, 4 within Calderdale & Kirklees and 2 within Forensics.
	Completion of equality mandatory training (Quarterly)	>=80%	94.2%	93.9%	94.1%			
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	64	53	68	(icon)		Data showing the carbon impact of staff travel / business miles. For December staff travel contributed 68 tonnes of carbon to the atmosphere.
Work in partnerships at System & Place to improve the health of our communities	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	Due February 2023			(icon)		Reported 6 weeks in arears. 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%	Q3 - Medium Secure - 100% & 100% Q3 - Low Secure - 100% & 100%					Q2 - England position for Medium Secure is 95% and 97% respectively and for Low Secure is 92% and 99% respectively. Q3 information is not yet published.

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

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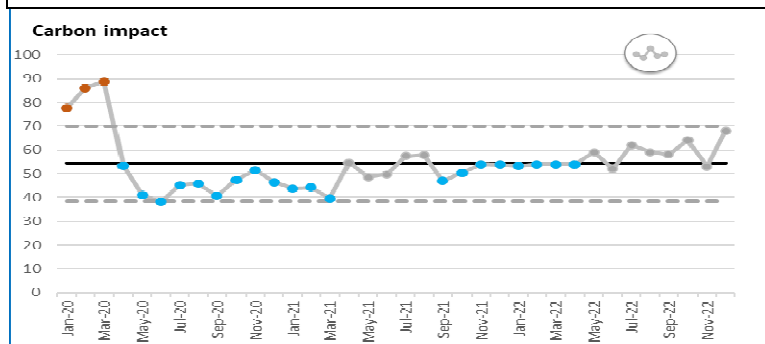
The SPC chart shows that as at December 2022 we are in a period of common cause variation - no action is required. The drop in mileage figures are a direct consequence of Covid-19 and now that restrictions are being lifted and face to face activity is increasing we should anticipate that this will rise.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

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

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

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

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, continued discussions to agree measures and metrics with Headline Initiative leads to commence quarterly reporting from March 2023. Trust wide January launch includes widespread Trust communications, a strategy focused knowledge café and involving a group of staff volunteers with planting 500 trees on Trust grounds as part of the NHS Forest initiative.
	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	🔵	Review of transformation road map has been undertaken at ICSs, place-based level, and by SWYPFT CMHT steering group.
	Community Mental Health transformation: Identify actions for SWYPFT to support implementation of next phase. February 2023	🟢	Work commenced to develop an understanding of the requirement of SWYPFT in the next phase of transformation and coordinate activity, and alignment to other internal programmes of work, to support implementation.
	Community Mental Health transformation: Develop internal and external communication messages to raise awareness and promote understanding of SWYPFT role in next phase of transformation. March 2023	🟢	To commence end of January following alignment work.

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

Improve Care

Priority programme	Metrics	Threshold	Oct-22	Nov-22	Dec-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%	79.1%	76.4%	H, F		December data is provisional and will be refreshed next month. All areas are working to improve performance for FIRM risk assessments, which remains under target in all areas for those in the community on the care programme approach who have had a risk assessment /staying-well safe plan within 7 days; and those inpatients who have had a risk assessment /staying safe formulation within 7 days plan within 24 hours of admission. A series of deep dives have taken 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. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies and some dedicated resource has been identified to assist with improving the position on this. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place, with the quality of risk assessments overseen in the clinical governance group. We have set up a trajectory of improvement to full performance by the end of Quarter 3 but this has not been achieved.
	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%	68.0%	69.5%	71.2%	F		
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	44.3%	43.8%	44.1%	H, F		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. Recent learning is that the original metric in SystmOne is still accessible, which is bringing a challenge in how we report performance. This situation is being reviewed as a matter of urgency. 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	250.8	251.9	247.7			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)	61	45	58		(red)	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	18	25	19		N/A	Reduction in number in Forensic services in December. Mental health inpatient remains similar rate for December compared to previous months.
	Inappropriate out of area bed placements (days)	Q3 - 828	454	498	437	H, F	(green)	
	Percentage of video consultations	Trend monitor	1.6%	1.9%	1.6%		N/A	Statistical process control (SPC) assurance ratings are indicative of the move away from national lockdown restrictions implemented due to Covid-19 and the subsequent associated reduction in video and telephone consultations and increase in face to face contacts.
	Percentage of telephone consultations	Trend monitor	28.9%	28.1%	29.9%		N/A	
	Percentage of face to face consultations	Trend monitor	69.5%	70.0%	68.5%	H	N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	355	526	694		(red)	This measure counts the average wait for patients seen for a neuro assessment duirng december. This is an average wait in days. Clients are seen in order of need and not by how long they have waited. The shortest wait for those assesed during the month was 685 days, the longest wait for those seen during the month was 712 days. Number on waiting list at end of December was 316 and the longest wait was 743 days. 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	421	448	469		(red)	This measure counts the average wait for patients seen for a neuro assessment duirng december. This is an average wait in days. Clients are seen in order of need and not by how long they have waited. The shortest wait for those assesed during the month was 47 days, the longest wait for those seen during the month was 598 days. Number on waiting list at end of December was 1174 and the longest wait was 989 days. Waiting list initiatives in place, we will not reach a steady state until Q1 of 2023/24

Improve Care Continued

Priority programme	Metrics	Threshold	Oct-22	Nov-22	Dec-22	Variation/ Assurance	Year end forecast	Notes
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	84.0%	73.8%	78.3%			Lower than target performance in Calderdale and Kirklees due to Nursing vacancies and long-term sickness (Calderdale) and Psychologist (Band 8B) vacancy (Kirklees) as well as Psychologist (Band 8a) vacancy (Calderdale). Kirklees breaches received welfare calls. One missed target in Wakefield due to DNAs and rearranging appointments. One missed in Barnsley because awaiting non-verbal assessment appointment. 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%	68.7%	61.1%	72.3%			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%	97.9%	95.8%	98.0%			

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)
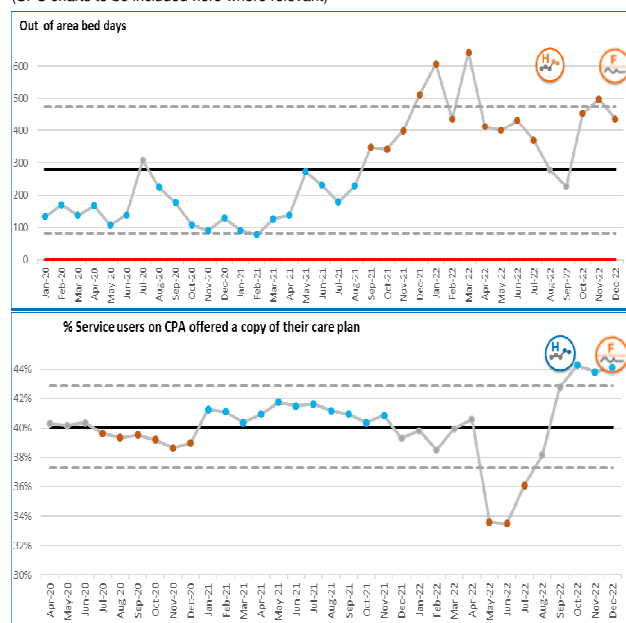
Out of area bed days

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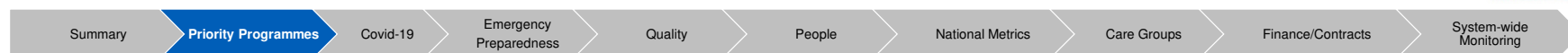
The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.

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 17 people placed in out of area beds at the end of December 2022 due to recent system pressures.

% Service users on CPA offered a copy of their care plan

Performance against the percentage of service users offered a copy of their care plan has 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.

|	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

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		Phase one is now completed and Phase two is on track.
	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.		In Community LD Services, work commenced on: -Clinical and data collection pathway mapping (aligned to data framework development). -Improving data recording. -Planning and preparing for adoption of SystmOne waiting list functionality. In CAMHS Neurodevelopmental Services in Kirklees and Calderdale: -A report on impact of new pathway in Kirklees will be provided in March 2023, as part of the ongoing improvement programme of work. -Transitions - ICT and Nursing directorate supporting with a QI focused mapping of a whole clinical pathway through Camhs neuro and Adult ADHD/ASD services. In Adult community services – Core Psychology: Stocktake work completed. Suggested improvement action plan developed by the end of January 2023. SystmOne waiting list project: work continues to support services in using the functionality correctly and preparing other services such as LD community for setup. Working with ICT and Health Intelligence, a data framework is in development to support improvements in data capture by aligning together the capturing of data to support clinical practice and reducing health inequalities. Review of Waiting Times Report – service example reviewed for Adult ADHD services to demonstrate potential for application trust wide.
	Out to public consultation on Older People inpatient services by May 2023		Stakeholder workshop event held in December. EIA and QIA updated. Business case drafting and revision taking place through January 2022. Remains as a priority for SWYPFT with collaborative resource requirement from care group and corporate services to support development of business case.
	Revised Quality strategy to be approved at Trust Board in February 2023		The Quality strategy has now been shared at OMG, EMT and the Quality Improvement group and feedback. Service user and public involvement complete and being collated by Dawn Pearson. This will be incorporated into the strategy this week (16/1/23). Quality Strategy will now be presented at CGCSC and Members Council in February and due to Trust Board at the end of February 2023.

NHS South West Yorkshire Partnership NHS Foundation Trust

Improve resources

Priority programme	Metrics	Threshold	Oct-22	Nov-22	Dec-22	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£317k	£842k	(£2,147k)			Deficit position in month due to one off adjustments including reduction of income and technical adjustments. Underlying run rate remains in surplus month on month.
	Capital spend against plan	£13.1m	£883k	£1,450k	£1,196k			The capital forecast has been updated to reflect current deliverable values. This takes into account the current pause of the Bretton Centre scheme.
	Agency spend managed within the overall workforce (Monthly)	3.5	4.1%	4.3%	4.1%			Continued usage of agency staffing as part of the overall workforce solution. Monthly performance higher than the integrated care board target.
	Overhead costs	TBC	15%	15%	15%			Threshold to be confirmed
	Financial sustainability and efficiencies delivered over time	£6,350k	£469k	£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	62%	72%	79%			23/29 wards live in December. 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)
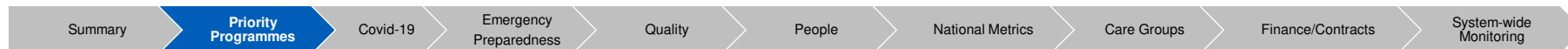
Improve resources

|	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		Complete
	3-year financial plan to Trust Board in January 2023		On track
	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		
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 May 2023.		A third party provider (James Harvard) has now been commissioned to undertake the procurement of a single Trust wide digital dictation solution with the revised timescale of May 2023. A project board has been set up and engagement sessions underway to develop the specification.

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Oct-22	Nov-22	Dec-22	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	17.1%	17.4%	18.0%			Vacancies have increased by 38.86 WTE within month with 934.04 WTE in total currently open vacancies, which is in line establishment increasing by 33.54 WTE within month and totalling 5190 overall.
	Turnover external (12 month rolling)	>10-12<	14.4%	14.4%	14.2%			Overall turnover rate in December was 14.2% which is almost same as the previous two months. This is monitored against a target of between 10 to 12%.
	Sickness absence - Month	<=4.4%	5.7%	5.9%	6.3%			Sickness absence in December was 6.3%, an increase from 5.9% in November. This was partially due to an increase in staff off with Covid (8.7%) when compared to November 7.6% and cold/flu increased from 9.5% in November to 14.7% in December. Long term sickness absence (any sickness of 3 weeks, 21 calendar days) accounting for 4.3% of all absences. Short term absence the most challenging operationally to manage, 2.1%
	Workpal appraisals - rolling 12 months	>=90%	56.0%	60.7%	62.9%			Rolling appraisal compliance rate for December is 62.94% compared to the trajectory target for this month of 77.5%. The position within Care Groups is variable.
	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 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.		Progress this month: • 25 International Nurses joined the Trust this financial year • New starters outperforming leavers out of the last seven months • Staff in post is rising as is establishment • Selection process in the People Directorate leadership structure underway should complete in early February. Not all posts being able to be filled. • Flu campaign continues for 2022/ 3 uptake as of 18h January (63%) • Partnership group established to manage any potential industrial action so far, no unions have met the threshold for strikes • Regular meetings with staff governors in place • New lead role for Diversity Inclusion and Belonging recruited to and commences in post on 30 January. • 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 Chief people officer and Chief Nurse / Director of Quality and Professions. Lunch and Learn sessions well attended. • The Enabling Working Effectively programme 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 integrated performance report • Rolling appraisal compliance rate for December is 62.94% compared to the trajectory target for this month of 77.5%. The position within Care Groups is variable.
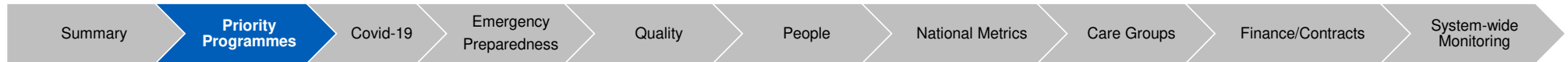
Reducing Inequalities

Addressing inequalities and demonstrating we meet the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution is a Trust priority. We know there are differential impacts on protected groups and carers and we use the joint needs assessment (JNA) data in each of our places as a baseline so we can understood the local population and meet the needs of local people:
• Every service in the Trust, and every strategy and policy have an Equality Impact Assessment (EIA)
• We have a Trust dashboard in line with NHSE/I and CORE20PLUS5 to track out progress for workforce and people in our services
• We are using the Kings Fund approach to address inequalities and are testing this model out in service areas
• We continue to co-design services with our community's ensuring representation is reflective of the population and covers all protected groups and carers.
• We work proactively with the voluntary and community sector to reach grass roots communities
• We have started to roll out enhanced equality and diversity training to create the right conditions and culture

Key actions the Trust are taking to address inequalities are:
• Data - Improving data collection gaps – addressed using the 'All of You' campaign, and staff development.
• Information - Literature bank for equality and diversity, and community films to support insight and understanding of diverse groups.
• Monitoring – the use of translation services at a service level against patient profile, and ensuring service information is in the right format and accessible
• Improving access - Identifying digital access as part of initial assessment via SystmOne.
• Involving - Capturing patient and staff feedback, and equality monitoring responses to highlight specific issues.
• Development – through mandatory and enhanced training and lunch time talks we are developing our staff
• Our People - Ensuring reflective and representative workforce and leadership. removing the requirement for maths and English
• Stories - Using tools to capture patient stories, and approaches such as community reporters and researchers.
• Creative approaches - developed through 'Recovery Colleges' and 'Creative Minds'.
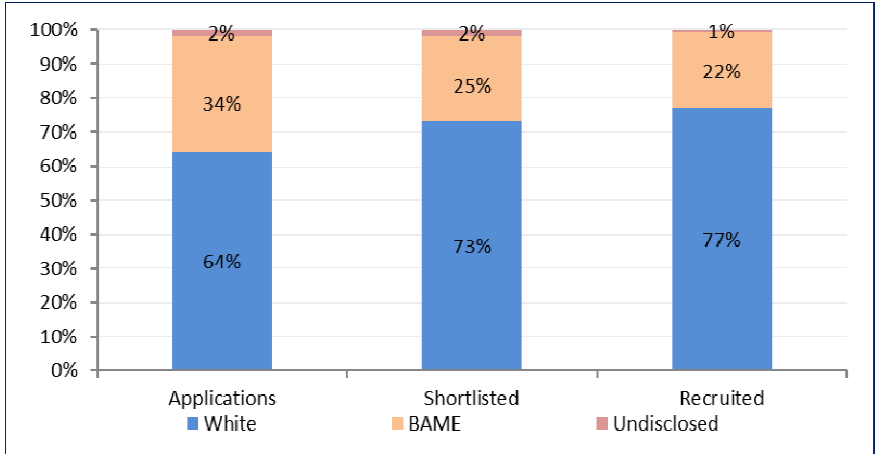• Faith - spiritual support through 'Spirit in Mind'.

Specific examples include:
• Creative Minds worked with 'Lead the Way's Art Group' to develop a piece of work that helped people with learning disabilities share their own experiences of the pandemic
• Staff at Kirklees IAPT received training on delivering 'Transcultural Therapy combined with a focus on providing culturally sensitive supervision'.
• IAPT are working in partnership with the voluntary organisation 'Solace' in Calderdale to better understand the psychological needs of asylum seekers to ensure we can improve access to services
• Recovery College Kirklees is working with the south Asian community for people with lived experience to become partners and co-facilitators delivering culturally informed groups
• Perinatal pathways include peer support workers as key members of staff within the new pathway design
• The Trust has an updated Transgender policy and Accessible Information Policy. Both policies have been co-designed with the voice and views of staff, lead managers, staff side, staff networks and service users, carers, and families.
• The Trust delivered a 'Disability Matters' event in August 2022.
• Wakefield CAMHS Mental Health Support Team have developed leaflets in a variety of languages based on their target audience.
• Young people were involved in the co-creation, design and development of a choose well campaign
• Kirklees carers of people with a learning disability project (funded by SWYPFT) have mapped what support is available to carers of people with a Learning Disability so people can access the support they need to continue their caring role
• In Barnsley mental health services, a gender specific role works specifically with women to focus on physical health in the recovery college and support them to access community services.
• Paediatric SALT has established a Facebook page, You Tube and Twitter feed where Parents can send messages via social media, this is proving popular with service users as they can access peers and the support they need.
• The Trust increased the take up of health checks in Calderdale for people with severe mental illness by creating letters that were beautifully illustrated and less formal, so people felt engaged as soon as the letter arrived
• Then Trust have developed a consent to care, treatment, and discharge tool within SystmOne to ensure the child's voice is captured in decisions around their care
• A 'Respect Project' was set up to tackle trends in negative language and behaviours relating to ethnicity, sexual orientation, and gender. The project ran an art competition across the wards to promote positive identity and celebrate diversity

This section of the report will continue to be developed as more data becomes available and further analysis is undertaken. Some key metrics have been initially identified, with a focus on recruitment of staff into the Trust and referrals and admissions into Trust services. A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee. A campaign is being launched related to the collection and recording of protected characteristics and we anticipate this will have a positive effect on the quality of this data. Also requirements linked to the Control of Patient Information (COPI) notice require gaining consent, and the Trust is working to link this to the collection of equality data too.

Reducing Inequalities

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

Ethnicity

Legend: White, BAME, Undisclosed

Applications: White 64%, BAME 34%, Undisclosed 2%
Shortlisted: White 73%, BAME 25%, Undisclosed 2%
Recruited: White 77%, BAME 22%, Undisclosed 1%

Disability

Legend: No, Yes, Undisclosed

Applications: No 91%, Yes 6%, Undisclosed 2%
Shortlisted: No 91%, Yes 7%, Undisclosed 2%
Recruited: No 88%, Yes 10%, Undisclosed 2%

Sexual Orientation

Legend: Heterosexual, LGBTQ+, Undisclosed

Applications: Heterosexual 90%, LGBTQ+ 6.0%, Undisclosed 4.0%
Shortlisted: Heterosexual 90%, LGBTQ+ 6.5%, Undisclosed 3.2%
Recruited: Heterosexual 88%, LGBTQ+ 7.0%, Undisclosed 4.8%

Relatively likelihood of being appointed

Legend: Ethnicity, Disability, LGBTQ+

Ethnicity: 0.93, 0.94, 1.01, 1.08, 1.00, 1.04, 1.15, 1.18
Disability: 1.68, 1.50, 1.36, 1.35, 1.08, 0.69, 0.89, 0.69
LGBTQ+: 1.21, 1.02, 1.01, 0.94, 0.84, 0.85, 0.70, 0.91

X-axis: Qtr3, Qtr4 (2020-2021), Qtr1, Qtr2, Qtr3, Qtr4 (2021-2022), Qtr1, Qtr2 (2022-2023)
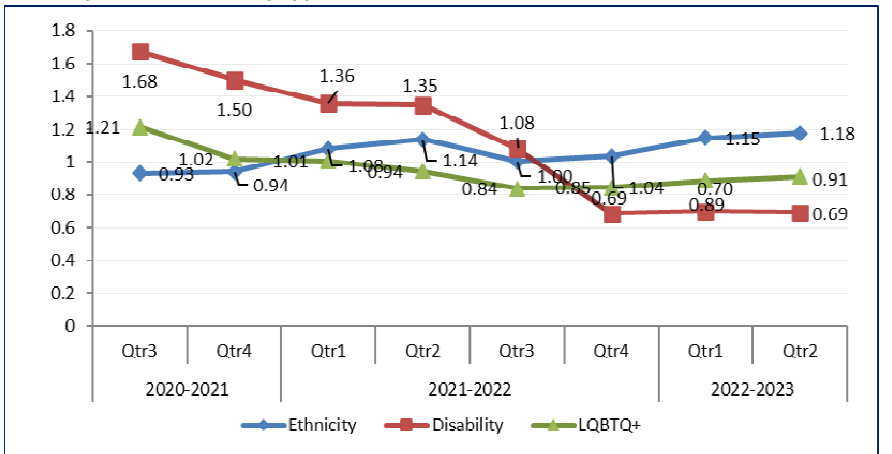
	BAME:	Disability:	LGBTQ+:
Relative Likelihood YTD Quarter 2 2022-2023:	1.18	0.69	0.91

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

Reducing Inequalities

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

SWYPFT Referrals by Ethnic Group

SWYT Population Data - Ethnicity
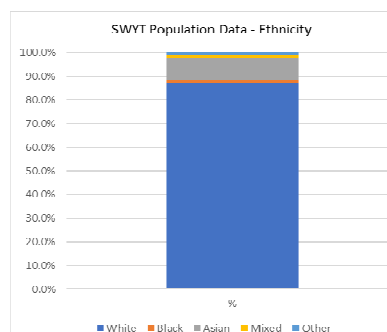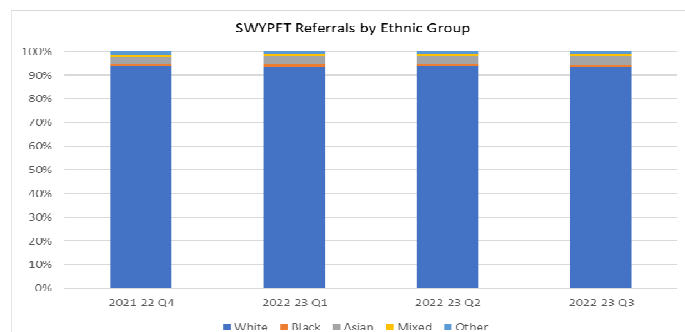
Ethnic Group	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
White	93.9%	93.6%	93.9%	93.2%	87.1%
Black	1.0%	1.1%	1.1%	1.0%	1.4%
Asian	3.0%	3.3%	3.2%	3.8%	8.9%
Mixed	0.9%	1.2%	1.0%	1.2%	1.6%
Other	1.3%	0.8%	0.9%	0.9%	1.1%

SWYPT Referrals by Deprivation Quintile

SWYT Population Data - Deprivation
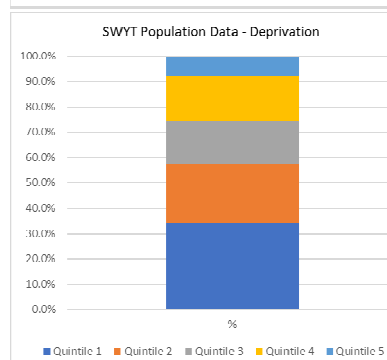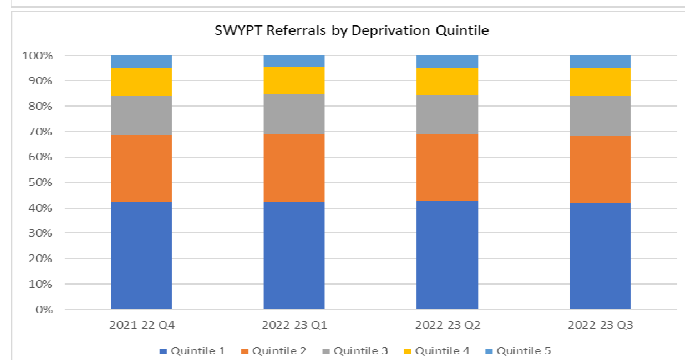
Quintile	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
Quintile 1	43.4%	41.6%	43.3%	41.8%	34.1%
Quintile 2	26.9%	26.3%	26.6%	26.5%	23.4%
Quintile 3	15.7%	15.1%	15.3%	15.6%	17.0%
Quintile 4	11.7%	10.7%	11.2%	11.4%	17.8%
Quintile 5	4.8%	4.4%	4.8%	4.7%	7.8%

Notes:
• Percentage breakdowns for comparison exclude unknown/unrecorded
• Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
• Charts above relate to local population data
• 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 that the proportion of referrals to the Trust for people from a white ethnic background.

Reducing Inequalities

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

SWYPFT Admissions by Ethnic Group

SWYT Population Data - Ethnicity
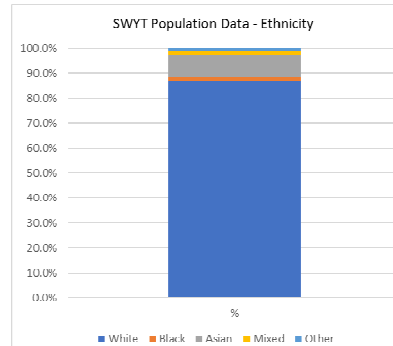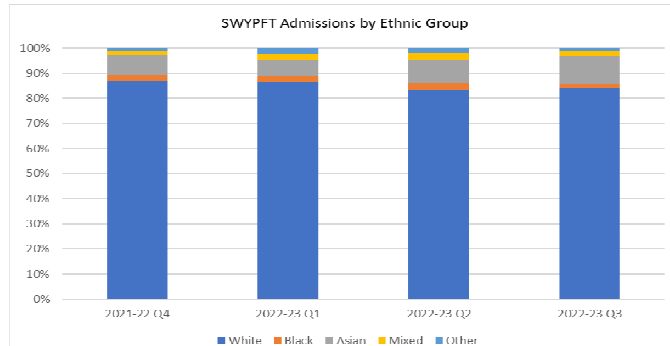
Ethnic Group	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
White	87.2%	86.6%	83.7%	84.2%	87.1%
Black	2.2%	2.2%	2.7%	1.8%	1.4%
Asian	7.9%	6.7%	8.8%	11.2%	8.9%
Mixed	1.8%	2.2%	2.9%	1.5%	1.6%
Other	0.9%	2.2%	1.8%	1.3%	1.1%

SWYPT Admissions Deprivation Quintile

SWYT Population Data - Deprivation
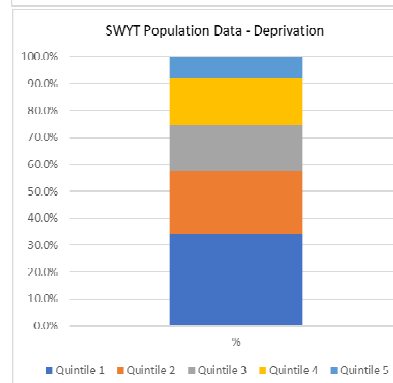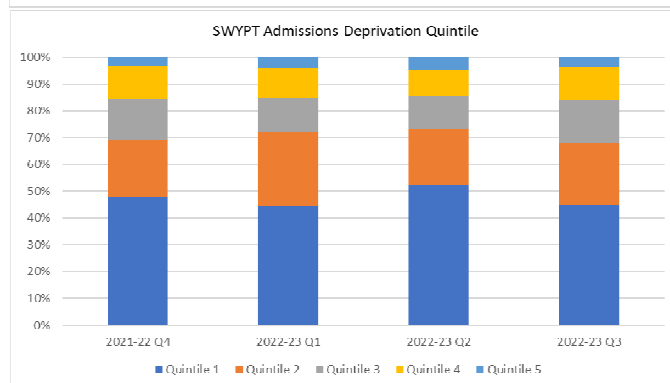
Quintile	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
Quintile 1	47.9%	44.6%	52.4%	44.8%	34.1%
Quintile 2	21.5%	27.7%	21.0%	23.3%	23.4%
Quintile 3	15.0%	12.8%	12.3%	16.0%	17.0%
Quintile 4	12.0%	11.1%	9.7%	12.3%	17.8%
Quintile 5	3.5%	3.9%	4.6%	3.5%	7.8%

Notes:
• Percentage breakdowns for comparison exclude unknown/unrecorded
• Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
• Charts above relate to local population data
• Admissions during quarter 3 for people from a white ethnic group were at a lower proportion than that of the population the Trust serves.
• Admissions for people with a mixed ethnic group were slightly lower 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. 44.8% of the Trusts admissions were for people from the most deprived areas of the population the Trust serves.
• There has been a decrease in the number of admissions from the least deprived areas (quintile 5) compared to the last 2 quarters.

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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
No of Service users Covid-19 positive and now recovered	40	30	2	7	21	23	17	21	6	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	16
No of Service users Covid-19 positive and deceased within 28 days of positive test	1*	1*	0	0	1	3	0	1*	0	0
No of wards with outbreaks	8	5	0	1	1	2	2	3	1	2

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

*relate to community acquired infections

Patient testing and pathway/Outbreak response and management

There has been a significant increase in clinical cases on the wards. This corresponds with increase in circulating respiratory viruses and outbreaks.
Two wards have had outbreaks of Covid-19 and two have had outbreaks of Influenza A.

Testing approach - Current position

No change to patient or staff testing procedures.
COVID-19 testing for staff and patient changed from 31st August, inline with the COVID-19 Testing in Periods of Low Prevalence advice from NHSE.

Supporting the system

Care home support offer
- Significant support to care homes continues to be provided from the general community team in Barnsley.
- Support also includes direct care from community staff including our specialist palliative care teams, district nurses and matrons and our out of hours nurses.
- Mental health and learning disability support has also been provided into care homes across the whole of the Trust footprint to support the residents.

Emergency Preparedness

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

Supporting the system

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

Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels
• The Moving Forward Group continues to meet, and monitors Covid-19 prevalence, measures and guidance in the Trust. Advising and makes decisions regarding Covid-19 arrangements, risk assessment and staffing. Any decision made by this group are escalated to the Operational Management Group (OMG) and from there to the executive management team (EMT)
• The Trust OPEL level remains at an average of 2.8 with two service areas operating at OPEL 2. Seven service areas are now at OPEL 3.
• The current flu uptake for frontline staff stands at 63% there are plenty of bookable slots available but planned clinics have ceased due to a lack of bookings. Due to the amount of declinations the CQUIN of 90% cannot be achieved.

Current average OPEL level	Key
	OPEL Level 1
2.78	OPEL Level 2
	OPEL Level 3
	OPEL Level 4

Quality Headlines

Section	KPI	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	61.3%	57.2%	60.0%	53.0%	66.0%	68.0%	70.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	< 20%	19% 4/21	18% 4/22	20% 4/20	25% 5/20	15% 4/26	9% 2/22	20% 4/20	1
Service User Experience	Friends and Family Test - Mental Health	85%	85%	88%	85%	85%	84%	86%	85%	1
Service User Experience	Friends and Family Test - Community	95%	93%	93%	92%	93%	93%	93%	94%	1
Quality	Number of compliments received	N/A	25	31	10	13	5	28	39	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) 4	trend monitor	26	29	20	39	32	37	25	___
Quality	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	trend monitor	3	0	0	0	1	1	0	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	0	0	1	2	0	0	0	1
Quality	% Service users on CPA offered a copy of their care plan	80%	33.5%	36.1%	38.2%	42.8%	44.3%	43.8%	44.1%	2
Quality	Number of Information Governance breaches 3	<12	19	10	9	13	11	13	8	2
Quality	Delayed Transfers of Care 10	3.5%	2.1%	2.6%	3.0%	2.8%	3.3%	2.7%	3.8%	1
Quality	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	72.1%	78.0%	82.0%	71.3%	71.3%	79.1%	76.4%	3
Quality	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	95%	72.2%	54.2%	81.7%	62.9%	68.0%	69.5%	71.2%	3
Quality	Total number of reported incidents	trend monitor	1127	1178	1253	1168	1238	1283	1151	∿
Quality	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	trend monitor	24	25	12	34	26	30	20	∿
Quality	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	trend monitor	1	4	3	3	3	6	6	∿
Quality	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	trend monitor	1	0	5	2	3	0	1	∿
Quality	Safer staff fill rates	90%	116.6%	115.8%	115.6%	118.4%	117.4%	119.1%	118.1%	1
Quality	Safer Staffing % Fill Rate Registered Nurses	80%	85.0%	84.7%	83.1%	87.5%	91.0%	90.8%	85.6%	1
Quality	Number of pressure ulcers which developed under SWYPFT care (1)	trend monitor	45	49	25	43	48	45	29	∿
Quality	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	0	2	0	1	1	1	3	1
Quality	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	1
Quality	% of prone restraint with duration of 3 minutes or less 8	90%	87.5%	80.0%	91.0%	100%	100%	92.0%	100.0%	1
Quality	Number of Falls (inpatients)	trend monitor	37	70	63	58	68	63	59	___
Quality	Number of restraint incidents	trend monitor	152	171	161	160	169	223	189	
Quality	% people dying in a place of their choosing 14	80%	85.7%	100.0%	85.3%	85.7%	91.7%	93.3%	78.1%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	1
Infection Prevention	C Diff avoidable cases	0	0	0	0	0	0	0	0	1
Improving Resource	NHSEI Oversight Framework metric 13	2	2	2	2	2	2	2	2	2
Improving Resource	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green

* See key included in glossary

Figures in italics are not finalised

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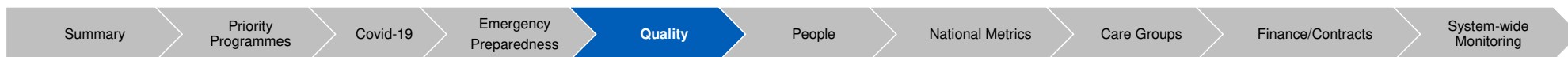
Quality Headlines

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 December decreased to 189 from 223 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.

• Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - 3 in December.

   • Incident relating to an 88 year old man who lives at alone at home. Category 3 pressure damage with potential to be a Category 4 identified. There are lapses in the care of this patient relating   to wound assessments, care plans and planned follow up visits. Reported as a serious incident.

   • Category 3 pressure ulcer. A delay in having the necessary equipment delivered by the community equipment store will have contributed to the breakdown of the skin.

   • Category 4 pressure ulcer. There is a lapse in care as the waterlow risk assessments were not completed in line with Trust policy. This is under review, however notes indicate that the omission is not likely the root cause of the deterioration of existing ulcers and the development of new.

• The number of people with a risk assessment/staying safe plan in place within timescale - December data is provisional and will be refreshed next month. All areas are working to improve performance for FIRM risk assessments, which remains under target in all areas for those in the community on the care programme approach who have had a risk assessment /staying-well safe plan within 7 days; and those inpatients who have had a risk assessment /staying safe formulation within 7 days plan within 24 hours of admission. A series of deep dives have taken 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. Operational services are working with performance and system colleagues to resolve any data capture issues and system anomalies and some dedicated resource has been identified to assist with improving the position on this. The operational management group review all data that have breached the timescales to take action to ensure that assessments have taken place, with the quality of risk assessments overseen in the clinical governance group. We have set up a trajectory of improvement to full performance by the end of Quarter 3 but this has not been achieved.

• % Service users on CPA offered a copy of their care plan - 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. Recent learning is that the original metric in SystmOne is still accessible, which is bringing a challenge in how we report performance. This situation is being reviewed as a matter of urgency.   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%)

• 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.

• % people dying in a place of their choosing - 78.1% of service users died in their place of choice during December. This is slightly lower than the local 80% threshold that we monitor this metric against. For those that sadly did not die in their place of choice, this was mainly due to complexity of the patient such as being acutely unwell and not manageable at home.

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

Learn from Patient Safety Events (LFPSE)

As reported in the previous IPR, Learn from Patient Safety Events will be a new national system that is being introduced to replace:

• National Reporting and Learning System (where we send our patient safety incidents)

• Strategic Executive Information System [StEIS] (where we report Serious Incidents)

NHS England have recently extended the transition timescales as below:

A) By 31/03/2023 - to have our Datix test system updated with the LFPSE functions - An upgrade took place on 21/12/2022 - testing to commenced

B) By 30/09/2023 - to have go live with Datix LFPSE recording - this will be implemented following thorough testing of (A) above.

Safety First

Summary of Incidents

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

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

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

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

96% of incidents reported in December 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

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Red (should not be compared with SIs)	5	3	7	10	6	2	6	9	9	8	6	12
Amber	49	56	43	60	58	60	63	67	68	74	84	65
Yellow	327	239	318	246	274	350	358	349	299	337	351	339
Green	771	623	704	709	855	715	751	828	792	819	842	735
Total	1152	921	1072	1025	1193	1127	1178	1253	1168	1238	1283	1151

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 December 2022

Safety First cont…

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

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

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

Breakdown of incidents in December 2022:
20 Moderate harm incidents:
7 Category 3 pressure ulcer incidents (Barnsley neighbourhood teams)
1 Medication incident resulting in adverse reaction to medication (Nostell ward)
1 Formal patient absconded from staff on escorted leave in grounds (Clark ward)
1 Inappropriate violent aggressive behaviour by patient resulting in injury to self (Newhaven)
1 Safeguarding adult - financial abuse (Ashdale)
5 Self harm incidents (IHBTT Wakefield, 2x Elmdale, IHBTT Calderdale, Core team Calderdale)
2 Inpatient falls (Beechdale, Elmdale)
1 Substance misuse incident (Clark ward)
1 patient unwell/illness whilst in seclusion (Appleton)

6 Severe harm incidents:
5 Category 4 pressure ulcers (Barnsley Neighbourhood teams)
1 Serious self harm incident (Enhanced Team West - Wakefield)

1 Patient safety related death
1 apparent suicide of community patient under current care (Enhanced Lower Valley Team - Calderdale)

Safety First cont…

Mortality

• Work on Structured Judgement Review (SJR) management has continued to progress well through additional resources.
• We continue to experience difficulties in identifying people able to take on a SJR review. We have an extensive list of trained reviewers, however uptake is limited due to existing capacity.
• A review of the SJR training is being considered.
• We will be taking part in an informal peer support group with colleagues in other mental health trusts across the north of England to share learning.
• An extension to the Learning from Healthcare Deaths policy has been agreed until 31/3/2024 to allow alignment of the policy in light of PSIRF transition.
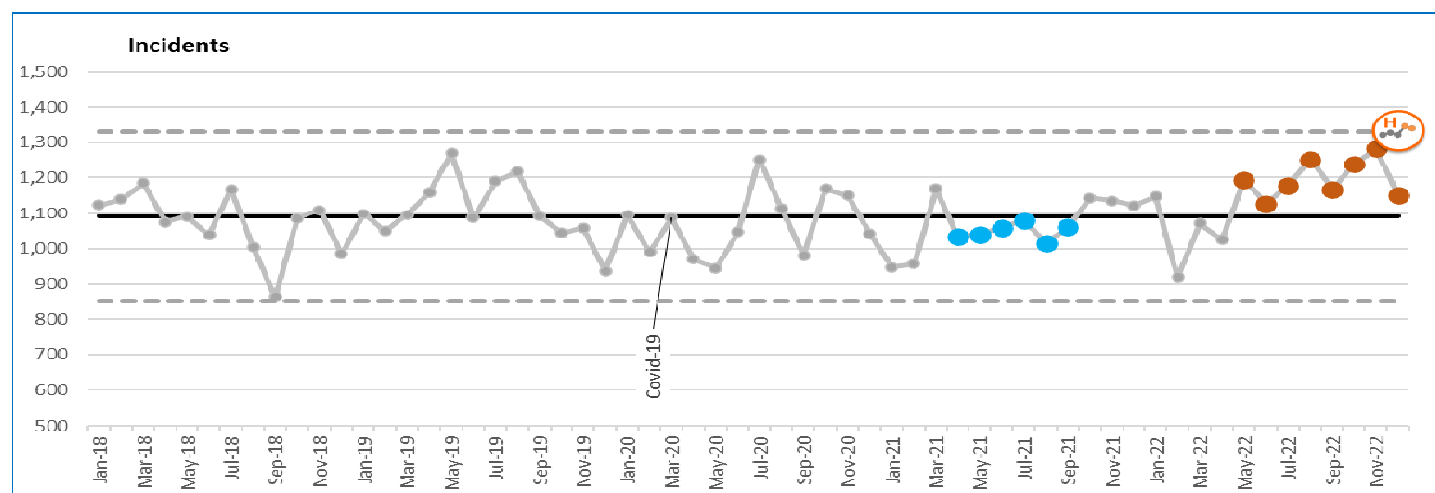
The chart above indicates that we remain in a period of special cause concerning variation, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is a positive where 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 59 - 16 December 2022 - E-burn e-cigarette fire risk

Bluelight alert 58 - 12 December 2022 - Shower head fixed ligature point (with Blu Tack)

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 December 2022 - none.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
No specific reference number	UKHSA - Urgent public health message: Actions needed in response to health protection issues identified in asylum seekers	19/12/2022	Yes - circulated for information	21/12/2022	19/12/2022

Safer Staffing Inpatients

December has continued to show that there are sustained challenges in achieving our Safer Staffing targets. Despite the increase in Registered Nurse (RN) new starters there was a significant increase in requests of our flexible workforce (+704) in total. This is indicative of the increased acuity and decreased availability of substantive and flexible staffing due to increased annual leave and childcare requirements in December. This has also been exacerbated by an increase in flu and seasonal absences.

Recruitment for registered nurse and health care assistant's (HCA) continues on a rolling basis with localised adverts for identified hot spots as well as our first direct international nurse advert. We have increased the engagement with bank staff coming into substantive roles and agency staff onto bank or substantive.

Within international recruitment to date, we have had 34 RNs (32 Mental Health Nurses and 2 Registered General Nurses). 34 have now been deployed onto the wards. A further 8 are expected in the first week of January 2023. We are also looking at the ongoing international recruitment for 2023 within the recruitment plan.

Escalation and continuity plans are followed to ensure the delivery of a safe and effective care, and these are supported by the flexible staffing resource. Extra incentives were offered to attract staff to work on our most challenging dates across the festive period. Staff wellbeing continues to be monitored and supported within the flexible staffing resource.

The Trust is continuing to undertake an 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.

The Trust has also established an agency usage scrutiny group to understand and review agency usage from both a financial and quality perspective.

The SafeCare project will be led by a dedicated resource to expedite its establishment within the Trust. A plan is being developed by end of January 2023 with Kendray inpatient areas being the next focus of attention.

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

Three wards, an increase of one on the previous month, fell below the 90% overall fill rate threshold. The wards were Enfield Down within the Kirklees Care Group, Lyndhurst within Calderdale and Priestley Ward within the Forensic and Specialist Services Care Group. Inpatient areas continue to experience increased pressure through vacancies, sickness and staff being off clinical areas for various reasons. There are ongoing interventions, projects, and support in place when a ward has been identified as having ongoing and sustained staffing issues to improve the situation. Consistent with the previous month, there were 23 (73.6%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 23 wards, 10 (a decrease of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and supporting external escorts.

Safer Staffing Inpatients cont…

Registered Nurses days Overall registered Day fill rates have decreased by 7.3% to 75.6% in December compared with the previous month.
Registered Nurses Nights Overall registered Night fill rates have decreased by 3.1% in December to 95.6% compared with the previous month.
Overall Registered Rate: 85.6% (decreased by 5.2% on the previous month)
Overall Fill Rate: 118.1% (decreased by 1.0% on the previous month)
Health Care Assistants showed an increase in the day fill rate of 1.7% to 139.6% and the night fill rate increased by 4.0% to 151.7%.

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	619 (+169)	5,542.83	38.87% (-3.71%)	767 (+59)
Unregistered	613 (+203)	6,042.42	12.15% (-4.54%)	3,846 (-31)

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.

Safer Staffing Inpatients cont…

Safer Staffing Fill Rate

Safer Staffing Registered Nurses
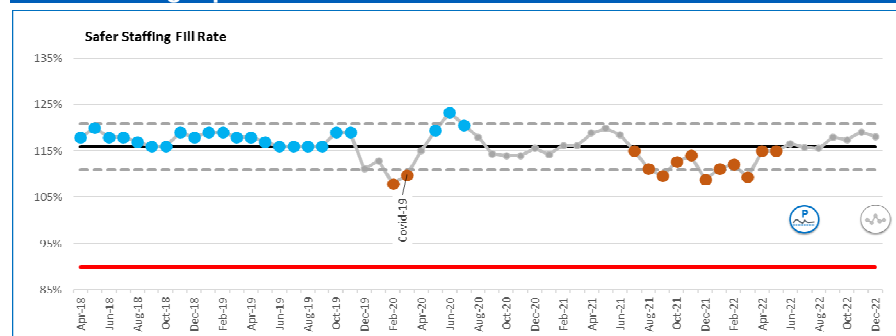
The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. As at December 2022 we remain in a period of common cause variation.
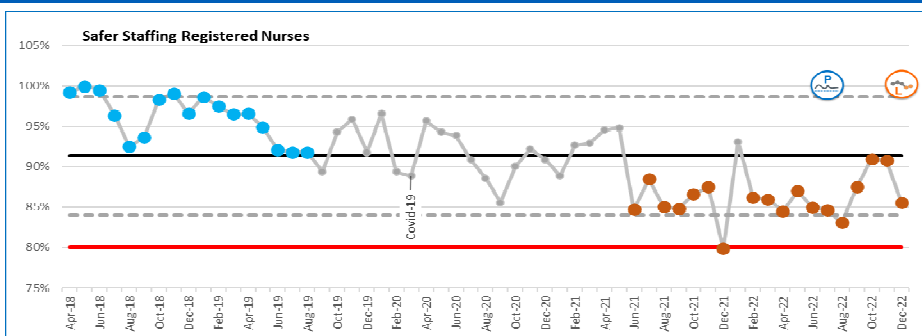
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In December 2022 we remain in a period of special cause concerning variation. Further information about staffing levels can be found on the previous page.

Information Governance (IG)

8 personal data breaches were reported during December, which is the lowest monthly figure reported so far during the current financial year; however, 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 an improvement plan is being implemented 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.

5 breaches involved information being disclosed in error. They were due to the wrong party, verbal disclosures being made in front of unauthorised parties and emails sent to the wrong recipient a similar name.

Other incidents were reported due to documentation missing from clinical records and sharing Smartcards, which are being investigated by service management.

The Trust has received a complaint from the Information Commissioner's Office that information was withheld in response to a subject access request. A review is being undertaken and a response will be provided before the deadline.
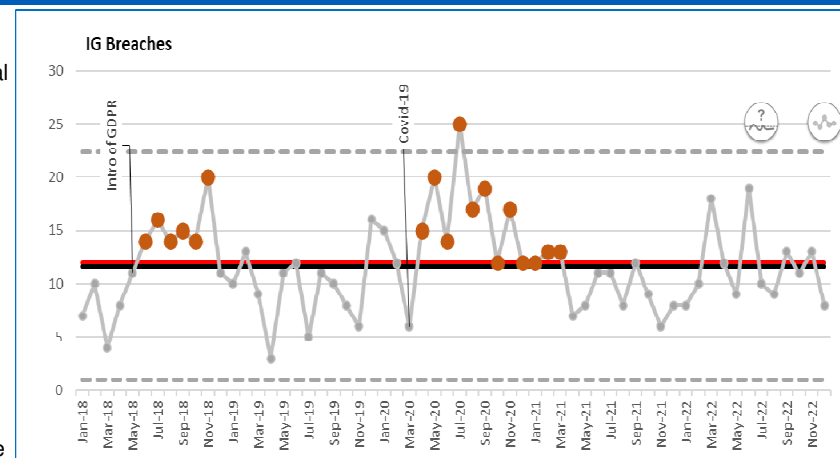
IG Breaches

This SPC chart shows that as at December 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 Trust is preparing to undertake the Q3 submissions. The Trusts CQUIN leads group continues to meet monthly to monitor progress and performance. Under performance is expected to remain for the following metrics during the quarter:
• Assessment and diagnosis of lower leg wounds (Barnsley contract only).
• Routine outcome monitoring in children and young people and perinatal mental health services.

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.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Falls (Inpatient)

The total number of falls was 59 in December, which is a decrease from the previous month.

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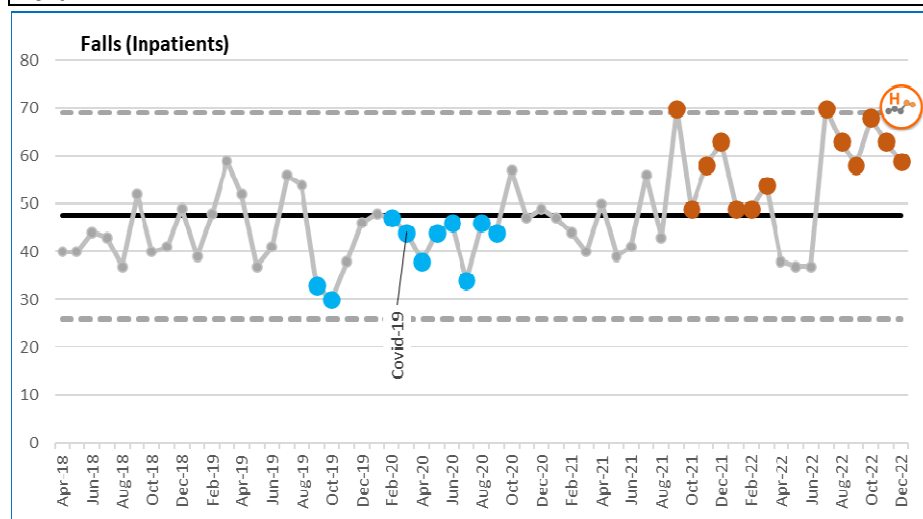
The SPC chart above shows that in December 2022, we remain in a period of special cause concerning variation. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 78.1% in December.

End of Life
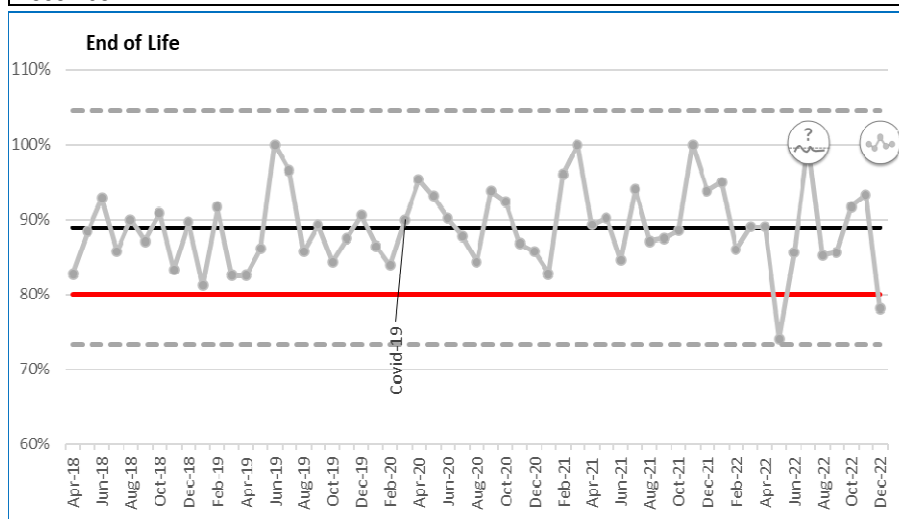
The chart above shows that in November 2022 the performance against the metric remains in common cause variation and therefore within an acceptable range. Please see quality headlines for further detail.

Patient Experience

Friends and family test shows

- 94% would recommend community services.
- 85% would recommend mental health services

Mental Health Friends and Family Test Results

	Target	Oct-22	Nov-22	Dec-22
Community Services	85%	86%	85%	84%
Acute	85%	96%	82%	91%
Secure & Forensics	60%	77%	92%	100%
Other*	85%	94%	96%	87%
Total	**85%**	**84%**	**86%**	**85%**

Community Services Friends and Family Test Results

	Target	Oct-22	Nov-22	Dec-22
Children & Families	95%	96%	100%	100%
Inpatient	95%	100%	100%	
Nursing	95%	100%	100%	100%
Other	95%		92%	100%
Rehabilitation & Therapy	95%	92%	93%	94%
Specialist**	95%	90%	87%	95%
Total	**95%**	**93%**	**93%**	**94%**

Specialist Services Friends and Family Test Results

	Target	Oct-22	Nov-22	Dec-22
ADHD	85%	47%	63%	50%
CAMHS	75%	77%	80%	88%
Learning Disability	85%	94%	96%	82%

*includes insight team, perinatal, friends and family team
**includes equipment and adaptation service, neuro physiotherapy, podiatry

The number of people who would rate services as either 'good' or 'very good' has remained the same Trust wide, in general community services and mental health services.

Patient Experience cont…

	Top three positive themes	Top three negative themes
Trustwide	1. Staff	1. Staff
	2. Communication	2. Access and waiting times
	3. Access and waiting times	3. Admission and discharge
Community	1. Staff	1. Staff
	2. Communication	2. Access and waiting times
	3. Access and waiting times	3. Admission and discharge
Mental Health	1. Staff	1. Staff
	2. Patient care	2. Access and waiting times
	3. Communication	3. Admission and discharge

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 December 2022 there were 40 Datix reported which were categorised as Safeguarding Adults. Zero were graded as red, five were graded as amber, 15 were graded as yellow and 20 were graded as green. The two most common categories of Safeguarding Adult incidents were financial abuse, with 10 Datix, and neglect with eight Datix. From the five amber incidents there was:
•One regarding financial abuse from one service user to another, the family informed the Trust staff of the concern. There was communication between both service users care co-ordinators, a safeguarding referral was made, and appropriate actions taken.
•One case that was identified as safeguarding which involved an assault in the community, with the service user being an alleged perpetrator.
•A service users' family member was concerned that another family member was not caring for service user adequately. That they had not provided their medication and concerns regarding personal cares. Appropriate referral and information sharing.
•One concern regarding staff boundaries and the use of social media. Appropriate meetings and referrals made.
•A service user was physically assaulted by a neighbour, reported to police, safety plan in place.

Safeguarding Children:

In December 2022 there were 19 reported safeguarding Children's incidents, 13 of these were green, low risk and six were categorised as yellow, moderate risk.
The most common theme was a 'request for service' with six incidents, followed by 'child protection other' concerns with five reported incidents. There were also four reported incidents in relation to sexual abuse and four in relation to physical abuse. There were no red reported incidents in December 2022.
There was one child protection report which related to possible child sexual exploitation and a safeguarding referral. This was highlighted during a referral screening telephone conversation with another professional. A child protection referral was made to the local authority and the police were informed due to the risk of child sexual exploitation.
In 10 of the incidents reported, advice and support were undertaken with the Trust's Safeguarding Team and appropriate actions have been taken with all the safeguarding incidents recorded.

Additional Information

In December 2022, there were 124 advice calls to the Safeguarding Team of these, 74 were for Safeguarding Adult advice calls and 50 were Safeguarding Children advice calls. The highest category of abuse concerns for Safeguarding Adults was regarding Domestic Abuse. The highest category of abuse concerns for Safeguarding Children was regarding Parental Mental Health. 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% for formal complaints.
• Number of responses provided within six months of the date a complaint received – 5 out of 8 (63%)
• Number of complaints waiting to be allocated to a customer service officer – 51
• 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 were in contact with named complaint handler throughout so aware of timeframes.
• Longest waiting complainant to be allocated to a customer service officer – 17 August 2022
• There were 20 new formal complaints in December 2022
• Of these 3 were closed due to no contact/consent, 5 are awaiting consent, 8 are awaiting allocation and 4 have timescales start date.
• 20% of new formal complaints (n=4) have staff attitude as a primary subject.
• 39 compliments were received
• Customer services closed 8 formal complaints in December 2022 and 1 reopened complaint.

Reducing Restrictive Physical Intervention (RRPI)

There were 189 reported incidents of reducing restrictive physical interventions used in December 2022 this is a reduction of 34 (15.2%) incidents from November 2022 which stood at 223 incidents.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	114	37.3%
Seated	48	15.7%
Supine	37	12.1%
Restricted escort	36	11.8%
Safety Pod	33	10.8%
Prone	23	7.5%
Kneeling	7	2.3%
Prone then rolled	5	1.6%
Side	2	0.7%

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

Prone restraint (those remaining in prone position and not rolled immediately) was reported 23 times of 305 (7.54%) total restraint positions, this is a reduction of 6 (31.5%) from last month that stood at 25 of 352

Team Utilising Prone Restraint	Total
Walton PICU	7
Horizon Centre Assessment and Treatment Service	5
136 Suite - Unity Centre, Wakefield	2
Bronte Ward, Newton Lodge, Forensic	2
Nostell Ward, Wakefield	2
Stanley Ward, Wakefield	2
Clark Ward - Barnsley	1
Elmdale Ward	1
Newhaven Forensic Learning Disabilities Unit	1

Duration of Prone Restraint	Total
0 - 1 minute	15
1 - 2 minutes	7
2 - 3 minutes	1

Reducing Restrictive Physical Intervention (RRPI)

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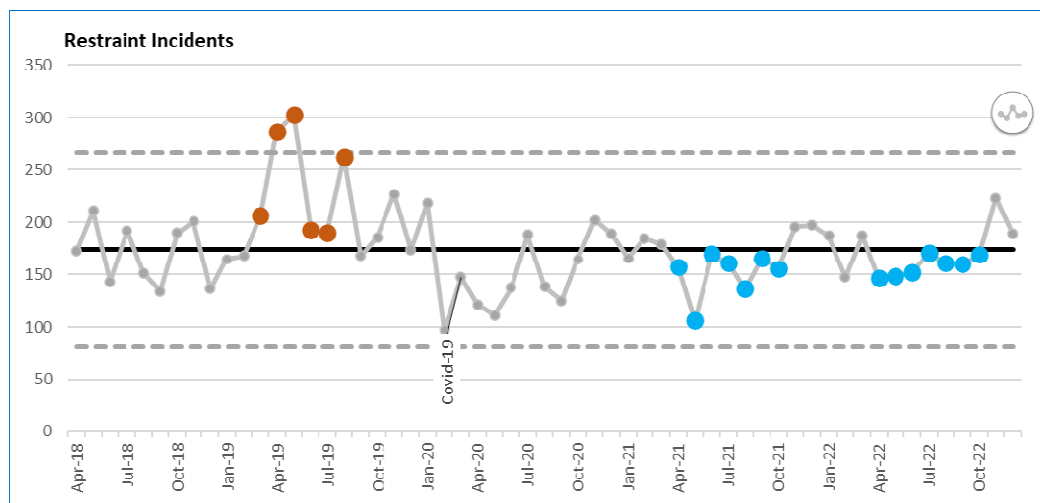
This SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently. In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

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

Prone Restraint
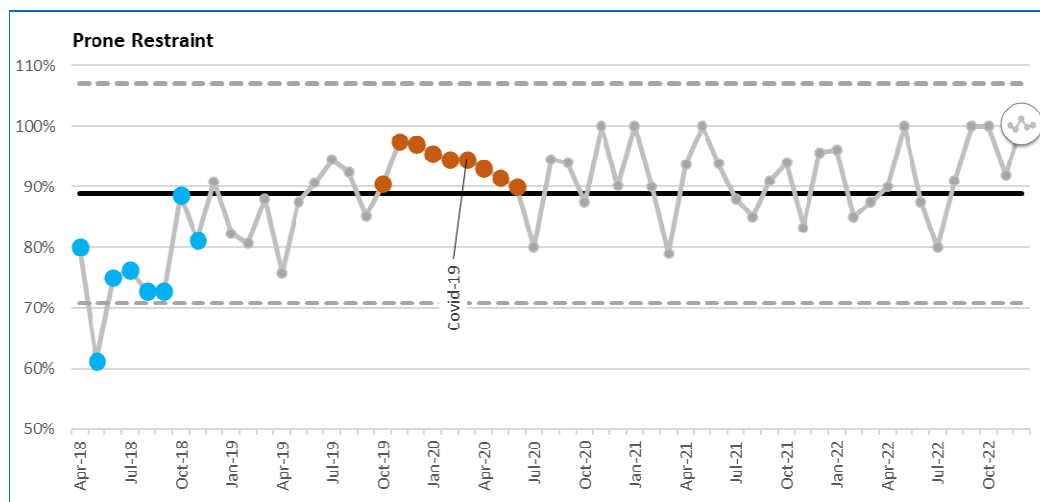
This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020 (orange markers).

Since that point to December 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	Dec-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	5,190.0
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	4,173.4
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8	895.2	934.0
Vacancy rate	Improving Resources	Well Led	GM	<10%	15.3%	14.7%	15.2%	14.7%	15.9%	16.2%	17.1%	17.4%	18.0%
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%	14.2%
Starters	Improving Resources	Well Led	GM	-	45.8	54.0	56.5	46.4	58.1	69.5	56.9	50.5	26.6
Leavers	Improving Resources	Well Led	GM	-	59.7	39.6	37.0	56.9	56.3	51.6	48.2	40.6	27.5
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%	5.3%
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%	6.3%
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	0	2	2	2	2	2
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting Under Development		59.7%	55.8%	61.3%	57.3%	56.0%	60.7%	62.9%
Employee Relations - Tribunals	Improving Resources	Well Led	GM			3			2			1	
Employee Relations - Suspensions (over 90 days)	Improving Resources	Well Led	GM		0	0	1	1	2	2	2	2	2
Mandatory Training - Overall	Improving Care	Well Led	GM	>=80%	86.8%	86.2%	86.9%	87.2%	90.7%	89.8%	89.5%	89.5%	89.2%

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 November 2022 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	Dec-22
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AS	-		3			8			7	
Estates Urgent Response Times - SLA 1 & 2 ₁	Improving Resources	Effective	AS	95%	Reporting Commenced November 2022							97.1%	98.1%
Premise Assurance Model (PAM) ₂	Improving Resources	Effective	AS	Good								Good	Good
Statutory Compliance ₃	Improving Resources	Effective	AS	100%								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, Lower and Asbestos

There were 7 RIDDOR incidents during quarter 3. 2 of these were attributable to the Forensic care group with 1 relating to physical violence (contact made) against staff by patient and 1 Inappropriate violent/aggressive behaviour (not against person) by patient. 5 of the incidents were attributable to Mental Health Inpatient Services with 3 of the incidents relating to physical violence (contact made) against staff by patient, 1 unintended/accidental injury and 1 health and safety - other.
All staff have been supported through their recuperation and there were no enquiries from either the Health & Safety Executive, or Care Quality Commission from any RIDDOR notifications in Q3.

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

KPI	Target	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	As at 25th January 2023	Trend	Notes
No of staff off sick - Covid-19 not working	N/A	44	58	80	23	23	53	20	29	9		
No of staff working from home - Covid-19 related		12	23	32	10	9	14	6	16	8		

Feeling Safe
• Substantive Staff in Post has risen by 0.08% (3.44 WTE) in December and 2.08% (85.13 WTE) since April 2022.
• Vacancies have increased by 38.86 WTE within month with 934.04 WTE in total currently open vacancies, which is in line establishment increasing by 33.54 WTE within month and totalling 5190 overall.
• Turnover stands at 10.15%. We are projecting a rate of around 13.4% which has reduced by 1.6%.
• Bank and agency spend continues at a similar rate to support the safer staffing gaps in workforce caused by high acuity and vacancies in the services
• International nurse recruitment (INR) starters of 4 in December totalling 25 this financial year. INR is now widened to include AHPs with recruitment and selection having commenced in December

Keep Fit & Well
Absence
• Absence rates increased in month to 6.30% (0.4%) with the YTD increasing to 5.30%. (0.2%).
• Forensics absence has reduced in month by 0.7% to 8.2% YTD.
• Estates and Facilities absence has reduced in month by 1.65% to 8.6% YTD.
• Stress related absences still accounts for the largest reason for increasing by 0.2% in month to 30.5% YTD.

Reason	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Stress/Anxiety	36.1%	36.3%	39.7%	38.7%	40.2%	32.9%	28.9%	31.3%	30.5%
Other	36.0%	37.5%	34.0%	28.4%	30.9%	35.2%	34.1%	33.8%	30.0%
Cold/Flu	4.8%	2.1%	3.6%	2.9%	2.8%	4.1%	6.9%	9.5%	14.7%
Musculo-skeletal/Back	18.4%	19.6%	17.9%	17.0%	16.0%	16.4%	15.7%	15.3%	13.8%
Cancer	4.3%	4.4%	4.8%	2.5%	2.4%	1.9%	2.8%	2.6%	2.3%
Infectious diseases (Possibly Covid)	0.4%	0.1%	0.1%	10.5%	7.7%	9.5%	11.6%	7.4%	8.7%

Supportive Teams
Appraisals
• Rolling appraisal compliance rate for December is 62.94% compared to the trajectory target for this month of 77.5%.
• Expiries continue to outweigh new appraisals being completed with break downs by Care Group and directorates having EMT monthly oversight.
• CAMHS and Children Care Group performs above their trajectory target of 77% by reporting 82.01% this month.
• Inpatient Acute and Wakefield services are the only two areas that have reduced their compliance rates within month with all others increasing though not in line with their trajectories.

Mandatory Training
• Overall mandatory training reports 89.16% which is above Trust target. Compliance by care group is reported monthly to EMT with hot spot reports reviewed by OMG. 3 subjects out 17 currently reported are below the Trust 80% target, which are CPR, Food Safety, and RRPI.
• Local induction reports 76.24% which is a monthly increase of 4.84%. There are 306 new starters not yet reported their local induction completion who have been retrospectively and individually contacted to action. The digital Onboarding system will capture new starters going forward when implemented.

GPTW Themes
• The review of a range of policies and procedures continues to be enacted to ensure the Trust is policy compliant.

Analysis

Trust Sickness Absence - Year to Date

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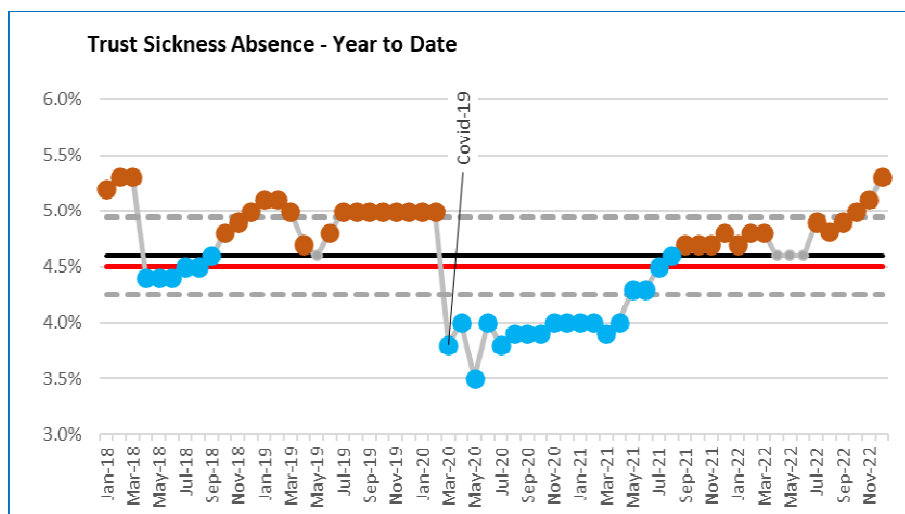
The chart above shows that as at December 2022 we remain in a period of special cause concerning variation (orange markers). From July 2022 this also includes absence due to Covid-19. Further information regarding this metric is mentioned on the previous page.
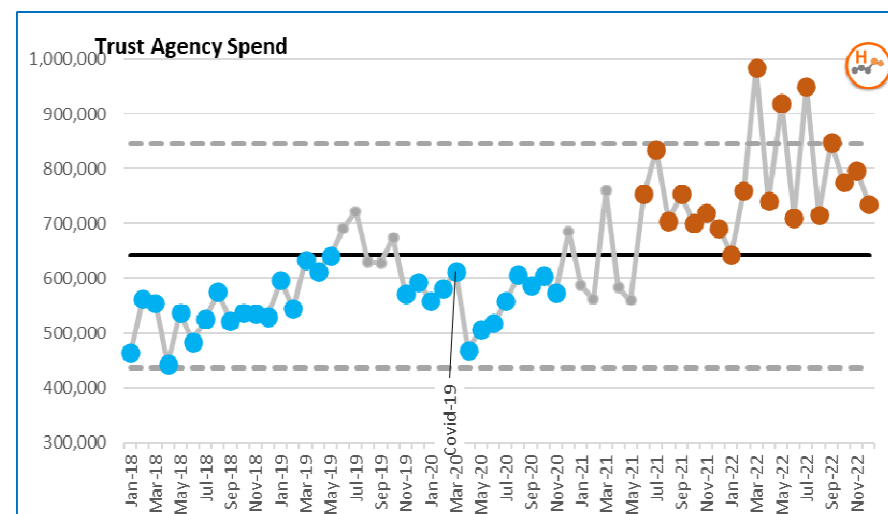
The chart above shows that in December 2022 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

MEDICAL APPRAISALS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number expected to be undertaken in period	31	24	43	
Number undertaken in period	29	22	41	
Number not undertaken for which the RO accepts postponement is reasonable	2	2	1	
Percentage of appraisals taken place	94%	94%	95%	
Percentage of appraisals signed off in period as satisfactory	94%	94%	95%	

MEDICAL REVALIDATIONS	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Number of revalidation recommendations due in period	5	5	1	
Number of positive recommendations	5	5	1	
Number of deferrals	0	0	0	
Number of non-engagements	0	0	0	
Percentage of revalidation recommendations made	100%	100%	100%	

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

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

• The NHS Oversight Framework - From 1 July 2022 integrated care boards (ICBs) have been established with the general statutory function of arranging health services for their population and will be responsible for performance and oversight of NHS services within their integrated care system (ICS). NHS England will work with ICBs as they take on their new responsibilities, the ambition being to empower local health and care leaders to build strong and effective systems for their communities. 2022/23 will be a year of transition as ICBs are formally established and new collaborative arrangements are developed at system level. Over the course of 2022/23 NHS England will consult on a long-term model of proportionate and effective oversight of system-led care.
The oversight framework has been updated for 22/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England. Ongoing oversight will focus on the delivery of the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan and the NHS People Plan, as well as the shared local ambitions and priorities of individual ICSs. ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.
This table only includes operational metrics, there are a number of other workforce and quality metrics that are reported against in the relevant section of the IPR.
• NHS Long term plan - the trust fed a number of operational/data lines into the ICS planning programme with associate trajectories. Performance against those metrics will be reported at Trust level in the below dashboard and will be monitored by place in appropriate business delivery performance monitoring.
• NHS Standard Contract against which the Trust is monitored by its commissioners. The below table has been updated to reflect metrics included in the contracts for 22/23. In addition to the national metrics, there are a number of local metrics within each contract that is monitored within the appropriate care group/service. Metrics from these categories may already exist in other sections of the report.

National Metrics - NHSEI systems oversight framework, NHS long term plan, NHS standard contract

KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Data quality rating	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		1686	1245	874	1389	370	278	226	454	498	437		
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%	82.5%	85.5%	90.1%	91.5%	92.9%	91.7%	85.2%	93.6%	94.6%	84.8%		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	LTP/SC	50%	52.6%	53.4%	53.9%	47.1%	56.7%	51.7%	53.1%	51.4%	41.0%	52.6%		
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	1408	1379	1202	1224	407	426	369	392	455	377		
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	2604	2437	2383	2458	788	751	844	849	910	699		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	98.8%	98.47%	88.47%	93.46%	97.18%	96.07%	88.47%	86.9%	89.46%	93.46%		
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		21 Calderdale 35 Kirklees			18 Calderdale 31 Kirklees 29 Wakefield						
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	480	285	225	82	85	118	72	69	84		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	68.9%	91.7%	95.9%	86.2%	91.5%	100.0%	94.7%	98.7%	100.0%	86.2%		
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in patient care				SC	80%	84.0%	84.6%	89.0%	88.1%	92.2%	86.9%	89.0%	87.8%	88.7%	87.9%		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	SC	75%	94.2%	94.7%	97.5%	98.4%	97.5%	97.2%	97.8%	98.0%	98.6%	98.5%		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	SC	95%	99.9%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	99.9%	99.5%		
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%	90.0%	95.5%	78.6%	95.2%	71.4%	100.0%	80.0%	100.0%	90.0%	100.0%		
The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	96.9%	90.1%	77.7%	80.2%	88.2%	68.8%	75.0%	78.4%	79.3%	86.7%		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	SC	95%	99.4%	98.5%	99.5%	99.1%	99.5%	99.5%	99.2%	99.2%	99.0%	99.1%		

KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Data quality rating 8	Variation/ Assurance
Total bed days of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	5	16	44	23	0	24	20	13	10	0		
Total number of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	1	1	2	4	0	1	1	2	2	0		
Number of detentions under the Mental Health Act (MHA)	Improving Care	Safe	CH	O	Trend Monitor	175	183	179	161		179			161			
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	O	Trend Monitor	16.6%	18.0%	21.2%	22.4%		21.2%			22.4%			
% Admissions gate kept by crisis resolution teams	Improving Care	Responsive	CH	O	95%	97.9%	96.2%	99.3%	99.6%	100.0%	99.0%	98.8%	100.0%	98.7%	100.0%		
% Service users on care programme approach (CPA) having formal review within 12 months	Health & Wellbeing	Safe	SR/KT	O	95%	97.4%	96.1%	94.3%	96.9%	95.4%	93.9%	94.3%	95.6%	94.9%	96.9%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	88.4%	88.3%	87.2%	85.7%	87.7%	86.8%	86.9%	86.0%	85.8%	85.1%	⚠️	
% clients in employment 6	Improving Health	Responsive	CH	O	10%	9.9%	11.1%	11.8%	11.7%	11.7%	11.8%	11.8%	12.0%	11.6%	11.5%	⚠️	
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%	98.4%	98.2%	98.1%	98.1%	98.3%	98.2%	97.7%	98.8%	97.4%	98.5%		
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%	99.1%	99.1%	99.3%	99.3%	99.3%	99.3%	99.3%	99.4%	99.3%	99.3%		

Glossary

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

Variation Icons — The icon which represents the last data point on an SPC chart is displayed.

Assurance Icons — If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.

SIMPLE ICON	• • •	? H L	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

Headlines:

• The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

• The percentage of service users waiting less than 18 weeks is now above the target threshold at 93.5%

• 72 hour Follow up remains above the threshold at 87.9%

• The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has decreased to 86.3% in December and is now below threshold. This is a small service and there have been a number of staffing issues that have impacted clinic availability. Additional clinics are now taking place and this should assist with bringing performance back in line with the 6 week standard.

• 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 December 4 out of 4 urgent cases were seen within 1 week.

• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks - As identified for the urgent metric, small numbers impact achievement. In December, 2 cases out of 15 were not seen within four weeks.

• During December 2022, there were no services users aged under 18 years placed in an adult inpatient ward. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the 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 is now above the 50% target at 52.6% for December.

• % service users on CPA having formal review within 12 months is now above threshold during the month of December.

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

• The reporting for employment and accommodation for December shows 15.3% of records have an unknown or missing employment and/or accommodation status. This is a decrease compared to November which showed 16.8% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis
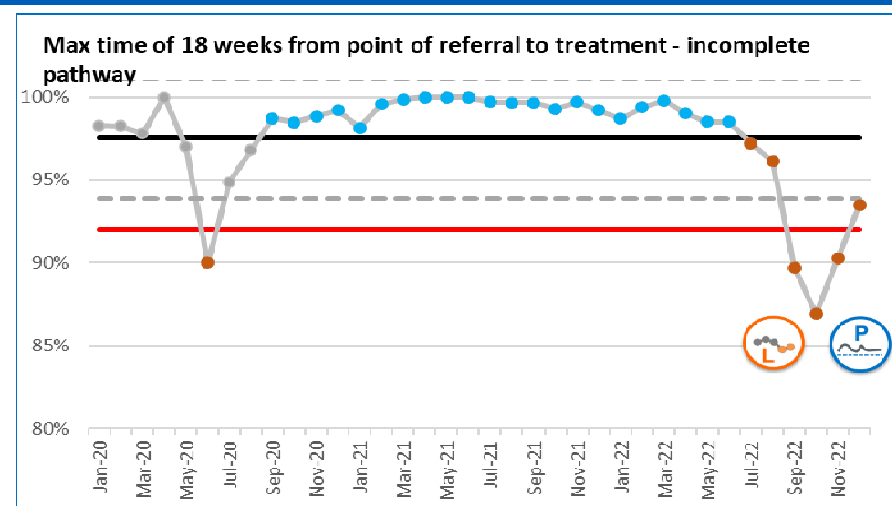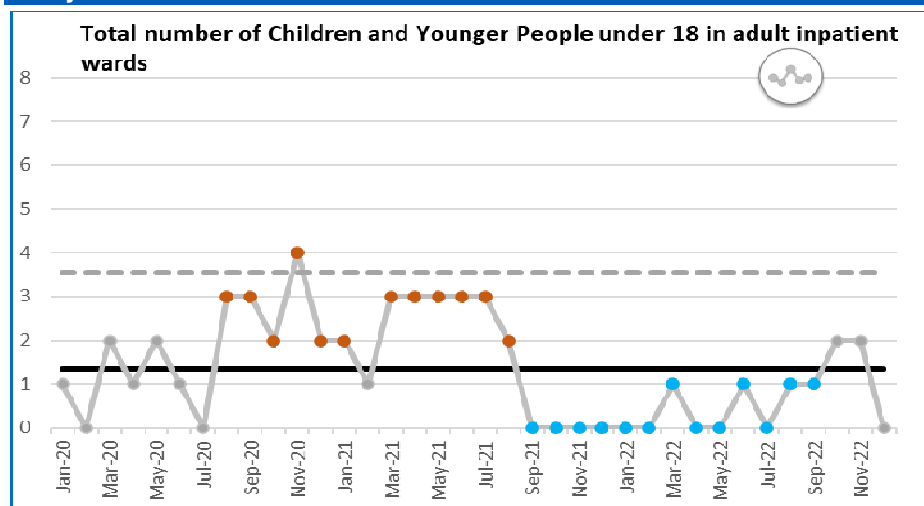
The SPC charts above show that we have entered a period of common cause variation regarding the number of beds days for children and young people in adult wards with no under 18 admissions in December 2022. Although now above target, affter three consecutive periods of underperformance against the referral to treatment metric we remain in a period of special cause concerning variation.

Analysis

Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops

% service users followed up within 72 hours of discharge from inpatient care
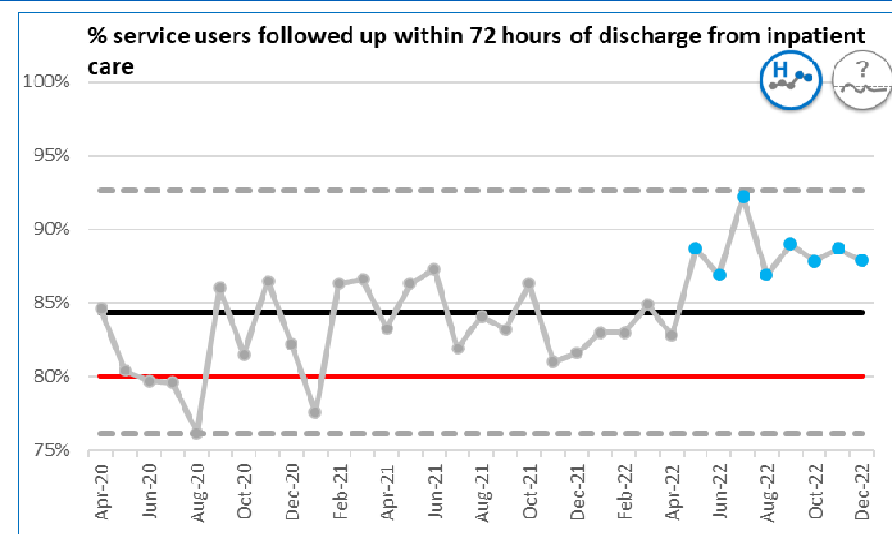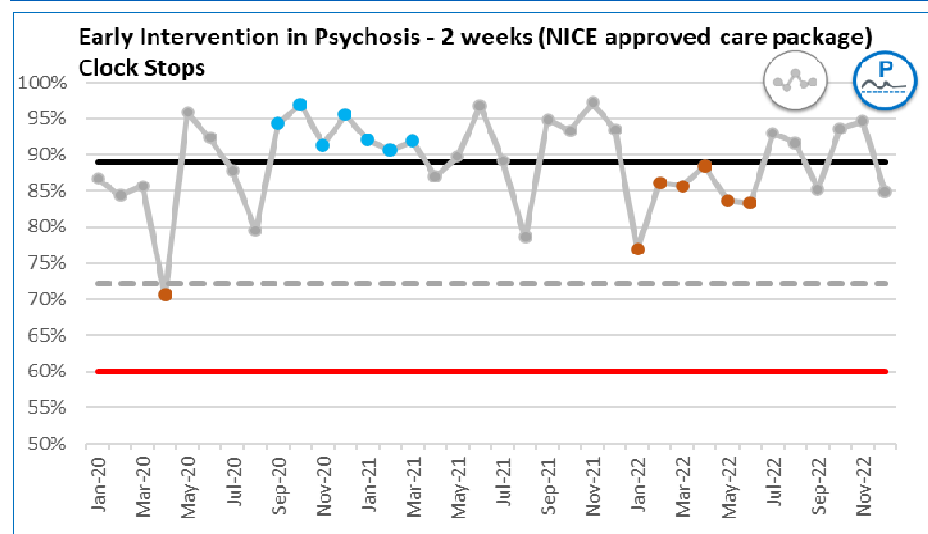
The SPC charts above show that for clients being seen by early intervention in psychosis (EIP) services we remain in common cause variation and we are expected to meet the target. We are currently in a period of improving performance for clients discharged from inpatient care being followed up within appropriate timescales but due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated.
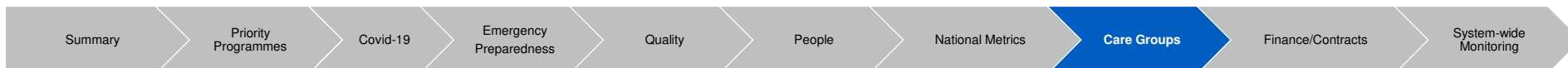
The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group and performance for the reporting month is stated along with variation/assurance for each metric where applicable. This section of the report will be developed over the next few months following initial review by Trust board in October. Figures in bold and italics are provisional and will be refreshed next month.

Mental Health Community (Including Barnsley Mental Health Services)

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	62.0%	64.5%	
% Assessed within 14 days of referral (Routine)	75%	61.1%	72.3%	
% Assessed within 4 hours (Crisis)	90%	98.6%	97.6%	
% Complaints upheld with staff attitude as an issue	< 20%	10% (1/10)	29% (2/7)	
% service users followed up within 72 hours of discharge from inpatient care	80%	88.7%	87.9%	
% Service Users on CPA with a formal review within the previous 12 months	95%	95.2%	97.5%	
% Treated within 6 weeks of assessment (routine)	70%	95.8%	98.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.1%	70.9%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	69.5%	*71.2%*	
Information Governance training compliance	>=95%	89.9%	87.1%	
No of staff off sick - Covid-19 not working	N/A	7	2	
Reducing restrictive practice interventions training compliance	>=80%	72.6%	70.5%	
Sickness rate (Monthly)	4.5%	5.6%	5.9%	

Barnsley General Community Services

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	57.9%	68.2%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/1)	
% people dying in a place of their choosing	80%	93.3%	78.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.9%	69.1%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	90.1%	87.9%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	89.5%	93.5%	
Maximum 6 week wait for diagnostic procedures	99%	100.0%	86.2%	
No of staff off sick - Covid-19 not working	N/A	9	3	
Reducing restrictive practice interventions training compliance	>=80%	16.7%	0.0%	
Safer staffing (inpatient)	90%	106.0%	105.8%	
Sickness rate (Monthly)	4.5%	5.3%	6.4%	

Mental Health Inpatient

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	30.2%	22.6%	
% Bed occupancy	85%	94.4%	84.6%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/7)	20% (1/5)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.4%	68.3%	
Delayed transfers of Care (DTOC)	3.5%	3.9%	5.7%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	79.1%	*76.4%*	
Inappropriate Out of Area Bed days	276	498	437	
Information Governance training compliance	>=95%	86.6%	86.7%	
No of staff off sick - Covid-19 not working	N/A	6	1	
Physical Violence (Patient on Patient)	Trend Monitor	21	17	
Physical Violence (Patient on Staff)	Trend Monitor	49	43	
Reducing restrictive practice interventions training compliance	>=80%	65.3%	63.8%	
Restraint incidents	Trend Monitor	7	*9*	
Safer staffing	90%	119.3%	119.4%	
Sickness rate (Monthly)	4.5%	5.9%	6.9%	

Forensic

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	65.2%	67.4%	
% Bed occupancy	90%	88.1%	90.1%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	0% (0/0)	
% Service Users on CPA with a formal review within the previous 12 months	95%	89.6%	86.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	77.7%	
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%	88.0%	85.5%	
No of staff off sick - Covid-19 not working	N/A	1	0	
Physical Violence (Patient on Patient)	Trend Monitor	2	8	
Physical Violence (Patient on Staff)	Trend Monitor	17	11	
Reducing restrictive practice interventions training compliance	>=80%	67.5%	65.5%	
Restraint incidents	Trend Monitor	21	*1*	
Safer staffing	90%	114.9%	113.0%	
Sickness rate (Monthly)	5.4%	8.9%	9.8%	

LD, ADHD & ASD

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	71.2%	74.7%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/2)	0% (0/2)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	59.2%	59.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.5%	77.3%	
Delayed transfers of Care (DTOC)	3.5%	20.0%	20.1%	
Information Governance training compliance	>=95%	90.7%	90.9%	
LD – First face to face contact within 18 weeks	90%	73.8%	78.3%	
No of staff off sick - Covid-19 not working	N/A	4	0	
Physical Violence - Against Patient by Patient	Trend Monitor	0	1	
Physical Violence - Against Staff by Patient	Trend Monitor	49	60	
Reducing restrictive practice interventions training compliance	>=80%	70.2%	68.5%	
Safer staffing	90%	160.0%	151.3%	
Sickness rate (Monthly)	4.5%	6.1%	6.9%	
Restraint incidents	Trend Monitor	7	*5*	

CAMHS

Metrics	Threshold	Nov-22	Dec-22	Variation/Assurance
% Appraisal rate	>=90%	75.4%	84.5%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/2)	
CAMHS - Crisis Response 4 hours	N/A	94.4%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	64.4%	66.4%	
Eating Disorder - Routine clock stops	95%	79.3%	86.7%	
Eating Disorder - Urgent/Emergency clock stops	95%	90.0%	100.0%	
Information Governance training compliance	>=95%	90.7%	88.2%	
No of staff off sick - Covid-19 not working	N/A	1	1	
Reducing restrictive practice interventions training compliance	>=80%	70.2%	68.5%	
Sickness rate (Monthly)	4.5%	4.1%	5.3%	

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 below target at 93.2% but trend of improvement evidenced.
• Mandatory training compliance to be a key focus of Feb/March individual supervision – Reducing restrice practice interventions (RRPI) (65.6%), Cardio Pulmonary Resusitation (CPR) (72.1%), Information Governance (IG) (88.1%)
• Care plan offered to a service user data under-represents performance and development work being progressed with performance & information.
• 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 Intesive Home Based Treatment (IHBTT) managing high risk patients in the community. IHBTT caseload has also increased but continues to be proactive in supporting discharge planning.

Advise

• Maintained improvement in relation to access metrics.
• Improving Access to Psychological Therapies access targets revised at national level – target now to achieve 2019/20 performance level. Barnsley service expected to achieve this by end March 2023.
• Waiting lists in Improving Access to Psychological Therapies (IAPT) remain high for Cognitive Behavioural Therapy and Counselling.
• Core continues to experience demand pressures. Staff engaged in pathway work to improve patient flow.
• Work being undertaken around the development of an all age eating disorder service. Clinical lead appointed.
• Work to improve uptake and quality of 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.
• Following new investment Intesive Home Based Treatment will be responsible for management/staffing of S136 suite from 6 February 2023. This will provide additional assurance regarding service sustainability. The service continues to participate in Integrated Care Board partnership working to strengthen S136 responsiveness.
• Service proactively involved in Trust-wide work aimed at improving waits for psychology intervention.

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. This service has been strengthened using non-recurrent winter discharge funding.

**Child and adolescent mental health services:**

Alert/Action

• Mandatory training remains below target in key areas - Reducing restrictive practice interventions (68.5% - threshold 80%), Cardio pulmonary resuscitation (66.4% - threshold 80%) and information governance (88.2%- threshold 95%). Performance has remained relatively static. Individual compliance is to be a priority focus within Feb/March supervision.

• 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.

• 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.

• 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.

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. Transition to adult services remains a focus for improvement work.

• Mental Health Support Team 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 – 88%

• A number of environmental issues have been escalated with respect to staff working conditions at Wetherby YOI. An improvement plan has been agreed.

Assure

• Key leadership posts at Wetherby YOI/Adeel Beck – Clinical Lead and Service Manager – recruited to.

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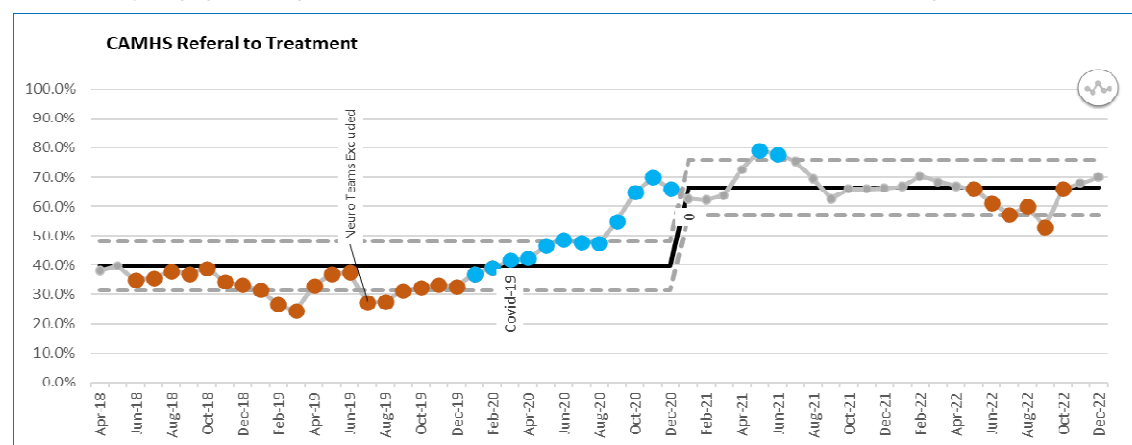
The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation.

As you can see in December 2022 following a period of special cause variation, we remain in a period of common cause variation. For further information see narrative above.

Barnsley general community services:

Alert/Action

• Urban House band 7 Nurse Prescriber has now left the service and leaves only one Nurse Prescriber (NP) which creates pressures and some risk within the service. To date we have been unable to recruit through bank/agency on a temporary basis. We are currently working with Pharmacy, the Walk in Centre in Wakefield, and Barnsley Community Services NPs as to how we cover the service.

Advise

• The Integrated Neighbourhood Teams SystmOne unit roll out continues with the Cardiac / Pulmonary Rehabilitation Service the latest service to be migrated. The remaining Barnsley Specialist Nursing Services: - Parkinson's Service - Tissue Viability Service incl. Lymphoedema - Adult Epilepsy Specialist Nursing Service - Supportive Care at Home - Adult SALT - Memory Services will be migrated between January 23 to May 23.

• As part of the Virtual Ward (VW) pathway collaboration with BHNFT in Barnsley, two VW pathways are currently operating (Frailty and Acute Respiratory Infection), resulting in patients being discharged earlier into a virtual ward bed within their own home. Wrap around care being is provided by Right Care Barnsley and SWYPFT community teams (Community Matrons / Breathe Service). The Integrated Care System (ICS) are procuring a supplier to provide remote monitoring equipment so VW patients can have their vitals and symptoms monitored by the local VW pathway teams.

Procurement is being undertaken by the ICS at a SY regional level, but SWYPFT is being asked via the Integrated Care Board (ICB) to hold the local (Barnsley) technological contract with the supplier as SWYPFT staff will be supporting patients following their deployment to a VW bed. This potentially incurs a risk to SWYPFT as the actual costs of the contract are not yet known. In addition, the VW funding reduces over the 3-year period via anticipated partnership system wide cost savings which as yet, have not been realised. A paper to EMT has been produced.

• Industrial action – Yorkshire Ambulance Service (YAS) on 21 December 2022. Risks were mitigated by implementing on call Community Matron cover, additional staffing in Urgent Community Response (UCR), and medical cover on our inpatient stroke and neuro rehab wards.

• Defib batteries – ongoing issue. Decision has been made to replace every Defib in the Trust (>100) via non recurrent funding bid. Those currently in use are being checked regularly and replacement batteries have been sourced as an interim measure. To revisit on Risk Register.

• The 12th of January 2023 saw the launch of the Patient Reported Experience Measure for Stroke across the UK. This is a national survey from NHS England so that we can better understand how stroke care is provided. The survey is going to be sent to everyone who had a stroke and was admitted to hospital in England between 16th May 2022 and 16th September 2022. Like other national surveys, the Stroke Association will be taking a 'snapshot' to compare experiences.

• Yorkshire Smokefree (YSF) 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 issue has already affected the other similar drug Champix. The impact on not having access to these drugs has resulted in the only option available of (NRT) Nicotine Replacement Therapy for the foreseeable future. This has now affected supplies of NRT in the UK:

  • Sheffield pharmacies are not ordering supplies until the client presents a voucher code. This can cause a delay in quit dates and potential loss of motivation which could have a direct impact on service performance and ability to meet KPIs.

  • Advisors are switching clients to other stop smoking products when they have been made aware of the situation. The advisors have no control of stocks available and are reliant on the client informing them that a certain product is unavailable.

  • Yorkshire smoke free (YSF) are waiting to hear back from SWYPFT procurement regarding a tender for the use of vapes in YSF. This may alleviate some pressures regarding the shortage of NRT and it is hoped that commissioners of services may now consider the use of vapes in their service.

• YSF Sheffield are waiting to hear back regards the Sheffield Stop Smoking Service application for tender bid which is due imminently.

• Urban House (UH) – Commissioner reviewing current health provision for the 6 resettlement programmes in Wakefield, including UH. All options to be considered i.e. change of contract/variation to contact/adjustment of finance. Meeting in January with commissioners.

• Issue re asylum seekers and potential spread of diphtheria from Kent. Local response still being discussed with our Infection Prevention & Control (IPC) team the Local Authority /Public Health England/ partner organisations. Highlighted that the Health Integration Team (HIT) do not have capacity or physical environment to deliver a screening/inoculation programme to the population of UH (330 clients). NB: children will be picked up through by the 0-19s team. Currently there are no known issues within Urban House.

• Our School Aged Immunisation Service Tender bid was submitted last week. The Approval of Recommended Bidder is due on 16/03/23.

• Paediatric Audiology - now recruited a band 3 support worker and are looking to reinstate school hearing screening later this year. Continued communication with partners and schools in the interim.

Assure

• New/replacement Blood Glucose Monitors received. These have now been asset tagged and distributed across Neighbourhood Nursing Services.
• Investment Updates – Year to Date
    • Recurrent Urgent Community Response (UCR) business case investment
    • Recurrent Winter pressures business case investment
    • Non recurrent Point of Care Testing / Training for UCR - aim to spend ahead of March 23.
    • Non recurrent Planning for Discharge funding for BICES.
• Successfully appointed to Clinical Lead Post for Neighbourhood Nursing Services – candidate to commence in post April 2023.
• Mutual Aid request from Barnsley Hospital NNHS Foundation Trust early December – Due to a gap in the provision of in-hospital oxygen assessments, the Breathe team supported this as an interim measure until 3/1/23. This helped to avoid potential delays in patient discharges.
• Yorkshire Smoke Free – if the vaping tender is successful then E-cigarettes will form part of the service offer for medication. All products will be offered free of charge for everyone from 1 April 2023.
• Live Well Wakefield (LWW) project with Mid Yorks Hospital Trust (MYHT) and Integrated Care Board (ICB) is due to start in February. This is a pilot project offering social prescribing to those who have waited over 52 weeks for surgery and aims to prevent decline in health, improve self-management, and improve post-surgery recovery.
• LWW are continuing their winter wellbeing project – proactively offering non-clinical reviews to those with respiratory conditions throughout the winter period, in partnership with a primary care network.
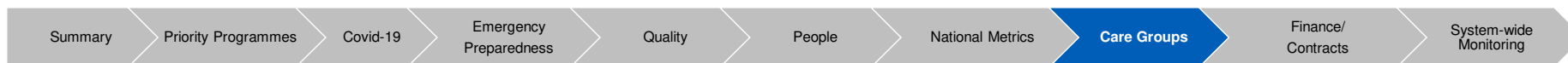
Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) services:

Alert/Action

• Friend & Family Test – Friends and family test remains red. The Care groups Quality and Governance Lead is exploring ways in which this can be improved e.g. use of tablets, the service has also engaged a volunteer to prompt and support completion of feedback.
• Reducing restrictive practive interventions (RRPI) training remains at 70.4%.
• Calderdale AQP (Any Qualified Provider) for all-age neurodiversity launches at the beginning of February. Concerns regarding clinical risks are being worked through with commissioners.

Advise

Bradford Autism Pathway - Collaboration with Bradford District Care Foundation Trust
• The Waiting List Project is progressing as planned, 67% of the people to be assessed have had their first appointment
• The new autism electronic referral system launched across Bradford and Craven 23rd January 2023.
• The service specification for the sustainable pathway has been agreed and approved by commissioners
• Two of the posts required to deliver the sustainable pathway in Bradford have been filled.

ADHD Waiting Lists
• The number of people waiting for an ADHD assessment has increased to 2548.
• 45 of the people waiting have been identified as high/medium risk and will be prioritised
• The maximum waiting times are in Barnsley, 12 people have been waiting more than 3 years, all have been invited to start the assessment process.

Assure

• Changes made to ADHD pathway are working well.
• Relationship with Bradford working very well.
• Some commissioners requesting pathway innovations and business cases are being prepared.
• Supervision rates in both pathways are above target (100%).
• Appraisal rates continue to improve and the service is confident the target will be reached by the end of January.

Learning disability services:

Alert/Action

Assessment and treatment unit (ATU)
• Improvement activity/plan now in place with regular meetings to monitor progress. Additional managerial and professional support is in place. Further meeting with the CQC to update them has been arranged (8.2.23).
• Bradford new ATU: Due to open end of January 2023.
• Actions in place to address underperformances in mandatory training - Reducing restrictive practive interventions (Red); Cardio pulmonary resusitation, Food Safety, Information Governance (Amber)

Community Services
• Waiting lists in community services – The service recognises the that waiting lists remain below expected targets and are undertaking targeted improvement work to address this. There has been a dip in performance in Calderdale during December attributed to the number of vacancies. Focused improvement work continues.
• 5 Community Team Leaders will commence in post 1st February 2023. Waiting lists and recruitment and retention will be priority areas.
• Robust plans in place to address mandatory training RRPI, IG,CPR, Food Safety), supervision and appraisal shortfall.

Advise

Assessment and treatment unit (ATU)
• The ward continues to carry a high number of vacancies although there have been several recent appointments, with high usage of bank and agency which impacts on continuity of care.
• Recruitment & retention remains a priority.
• Shared multidisciplinary team posts continue to be particularly challenging to recruit to and retention also appears to be an issue.

Community
• Workforce review is now progressing workstreams to improve the infrastructure to better meet challenges and demand.
• Plan to increase engagement with service users and carers now in place.
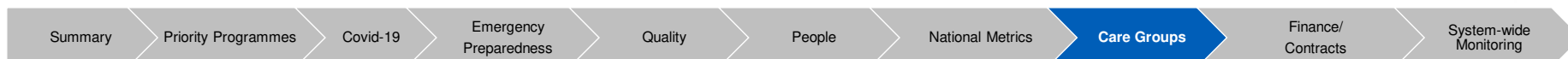
Assure

Assessment and treatment unit (ATU)
• Recruitment continues to progress.
• Exploration of new roles e.g., Physician associates is underway and will possibly support further actions to improve physical healthcare.
• 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

Forensic services:

Alert/Action

• Forensic CAMHS – have undertaken a lead provider quality review and identified areas requiring improvement in a provider partner. Development and support plan in place and NHSE are confident with the approach. Current concerns will be discussed with the provider collaborative as the service is due to transfer from a lead provider model to the provider collaborative, with the Trust maintaining the coordinating provider role.
• Bed Occupancy – There is some limited under occupancy in low secure but a provider collaborative partner has closed to admissions and this may potentially impact on admissions to the Trust.
• Mandatory training overall compliance ↑:
A slight improvement is noted overall however within this there are some key areas requiring focused attentions which are Reducing restrictive practive interventions, Cardio pulmonary resusitation, Information governance and Food Safety
Sickness absence/covid absence – remains above Trust target set for the Care Group and the service is being supported by the people directorate to undertake a focused piece of work to understand this in more detail.
• Vacancies & Turnover – Turnover remains high at 12%. Recruitment remains a priority.
• CPA: 12 month reviews remain under target at 89.6% remedial action is in place to address this.

Advise

• QNFMHS – (Quality Network for Forensic Mental Health Services) is a national peer review process.   The service have received a draft report from a peer review in May 2022 and are returning factual accuracy information and feedback where the report differs from the verbal feedback given at the time.
• The roll out of Trauma Informed Care is going well and training sessions for staff have commenced with some staff having completed all 4 modules.
• The provider collaborative are arranging a stakeholder event for Forensic Community Services. Appropriate representation will be identified.
• The service is currently progressing plans with Spectrum to deliver enhanced substance misuse treatment in line with the community offer.

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 risk assessments being completed within 3 months of admission.
• Friends and family test is 100%
• The wellbeing of staff also remains a priority within the service.
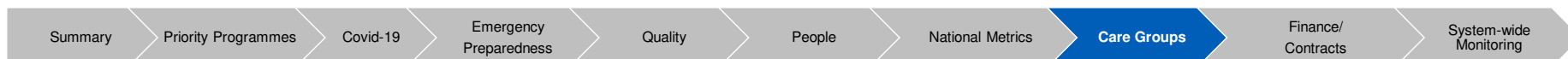
Adults and Older people mental health:

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 remaining steady 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 on a daily basis 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. We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches.

• Demand into the Single Point of Access (SPA) and capacity issues has lead 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 and have been increasing. 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 in all areas, and in Calderdale and Kirklees 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 resulted in 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 taken 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.

• Community teams are continuing to experience significant workforce challenges. We currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. This is now affecting Early Intervention Teams and Intensive Home Based Treatment Teams which have so far managed comparatively better with recruitment. We have action plans in place for certain teams and continue to be proactive and innovative in our approaches to recruitment and workforce modelling as part of trustwide and ICB workforce plans and initiatives.

• 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 continues 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.

• 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 changes required and evaluating progress at care group level. Measuring performance against the new 'Collaborative Plan of Care' is now being planned.

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, the challenges in Kirklees have been successfully tackled by the specific improvement work undertaken with teams around leadership, data quality and recording. Quality and care group 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 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 Cardio pulmonary resusitation 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 continued success in recruitment both internally and externally in to nursing posts in the acute inpatient workforce.

Communications, Engagement and Involvement

- Excellence awards
- Support to flu campaign and promotion of the Covid-19 booster programme
- Audit and updating Covid-19 intranet pages
- Suicide prevention strategy launch support, and intranet pages refresh
- Quality strategy review, and communications support to launch
- Reviewing use of Improving access to psychological therapies (IAPT) name ahead of NHSE brand refresh due in January
- Planning to implement the new brand name for IAPT – Talking Therapies
- All of You campaign on collecting equality data campaign supported
- Older peoples inpatient mental health transformation, internal and external comms and planning
- Promotion linked to staff recruitment and retention
- Launch planning support for the Trust's social responsibility and sustainability strategy
- Trauma Informed practices programme support
- Patients Know Best comms planning and warm up messages
- Keep in Mind Kirklees website development
- Email platform investigation work
- Members council recruitment promotion
- New website forms for services

Engagement, Equality and Volunteering Update

- Equality and involvement annual action plans for 2023/2024 continue to be developed
- A Trust wide tool to support staff is now being co-developed and this will support collation, access and use of data at a service level
- A case study to improve health inequalities are progressing in CAMHS with plans to reach young people through partner organisations is now in progress.
- Monthly themed lunch box talks –focus on asylum seekers
- The 'All of You' equality data collection campaign continues
- The Older peoples service transformation programme stakeholder event took place in December, draft consultation document, plan, full equality impact assessment and outline business case are now being developed as we progress towards a formal consultation planned for launch after Purdah in Spring 2023
- An 'all of you: Race Forward' workshop took place this week to help identify the work as part of a wider programme approach.
- The Flair survey was launched this month. So far we have a response rate of just over 14%.
- The Trust wide approach to involvement is now progressing. The training modules to deliver 3 x 2-hour training sessions are near completion and will be tested in March. A comms plan will ensure the approach is visible and a payment policy is being developed.
- The quarterly insight report was developed this quarter and shared with executive management team to identify a 'you told us we listened' response.
- An 'Electronic Equality impact assessment' is in the final stages of development with the support of information management and technology (IM&T) colleagues. .
- The offer to deliver enhanced training for equality, diversity and inclusion has now been approved and the team are currently looking at resourcing the work so it can be delivered to over 500 senior people across the Trust.
- The volunteer service continues to progress 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. Work to understand the befriending role within the Trust will be co-designed and shared with the Trusts operational management group for comment.

Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

	Performance Indicator	Year To Date	Forecast 2022 / 23	Narrative
1	**Surplus / (Deficit)**	£3.5m	£3.2m	The position reported is as per the system financial performance measure. As such this excludes gains on asset disposal and the depreciation impact of changes in lease accounting (IRFS 16). In month financial performance is a deficit of £2.1m, which is explained in the report, with a year to date surplus of £3.5m. The surplus is forecast at £3.2m in line with plan.
2	**Agency Spend**	£7.2m / 4.3%	£10m	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 £7.2m which is £1.3m more than cap.
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**	£4.9m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	**Cash**	£83.4m	£83.8m	Cash in the bank remains positive for both the year to date and forecast.
6	**Capital**	£2.6m	£7.6m	The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme.
7	**Better Payment Practice Code**	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

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

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

West Yorkshire and Harrogate Partnership

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

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

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

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

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

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

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

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

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

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

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

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

South Yorkshire and Bassetlaw Partnership

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

Publication Summary

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

NHS England

2023/24 priorities and operational planning guidance.

The 2023/24 priorities and operational planning guidance reconfirms the ongoing need to recover NHS core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform the NHS for the future.

Click here for link to guidance

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

NHS workforce statistics: September 2022, NHS Digital, 5 January 2023

Community services statistics, October 2022

Mental health services monthly statistics: performance October, provisional November 2022, NHS Digital, 12 January 2023

Out of area placements in mental health services: October 2022, NHS Digital, 12 January 2023

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2022 - November 2022, NHS Digital, 12 January 2023

Psychological therapies: reports on the use of IAPT services: England, October 2022 final including a report on the IAPT Employment Advisers pilot, NHS Digital, 12 January 2023

Diagnostic waiting times and activity statistics: November 2022, NHS England, 12 January 2023

Finance Report

Month 9
(2022 / 23)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators			
Key Performance Indicator		**Year To Date**	**Forecast 2022 / 23**	**Narrative**
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		4.3%		
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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
				20,573	16,289	(4,284)	Healthcare contracts	184,374	179,685	(4,688)	246,265	241,462	(4,803)
				9,299	11,906	2,608	Other Operating Revenue	80,743	85,375	4,632	108,609	114,281	5,672
				29,871	28,195	(1,676)	Total Revenue	265,117	265,060	(56)	354,874	355,743	869
4,995	4,670	(325)	6.5%	(20,319)	(17,828)	2,490	Pay Costs	(171,966)	(165,463)	6,503	(232,603)	(222,365)	10,238
				(9,074)	(11,253)	(2,179)	Non Pay Costs	(84,502)	(89,954)	(5,451)	(112,249)	(122,546)	(10,297)
				0	(787)	(787)	Impairment of Assets	0	(787)	(787)	0	(787)	(787)
4,995	4,670	(325)	6.5%	(29,393)	(29,868)	(476)	Total Operating Expenses	(256,468)	(256,203)	265	(344,852)	(345,698)	(846)
4,995	4,670	(325)	6.5%	479	(1,673)	(2,152)	EBITDA	8,649	8,857	208	10,022	10,046	23
				(469)	(491)	(22)	Depreciation	(4,401)	(4,585)	(185)	(5,847)	(6,051)	(205)
				(179)	(190)	(11)	PDC Paid	(1,611)	(1,708)	(97)	(2,148)	(2,278)	(130)
				120	207	87	Interest Received	792	936	145	1,150	1,461	311
4,995	4,670	(325)	6.5%	(49)	(2,147)	(2,098)	Surplus / (Deficit)	3,428	3,500	71	3,178	3,178	(0)
				0	484	484	Gain / (loss) on disposal	0	484	484	0	484	484
				0	(19)	(19)	Depn Peppercorn Leases (IFRS16)	0	(172)	(172)	0	(229)	(229)
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,995	4,670	(325)	6.5%	(49)	(1,682)	(1,633)	Surplus / (Deficit)	3,428	3,812	384	3,178	3,433	255

Trust Monthly I & E Profile

Trust Cumulative I & E Profile

Income & Expenditure Position 2022 / 23
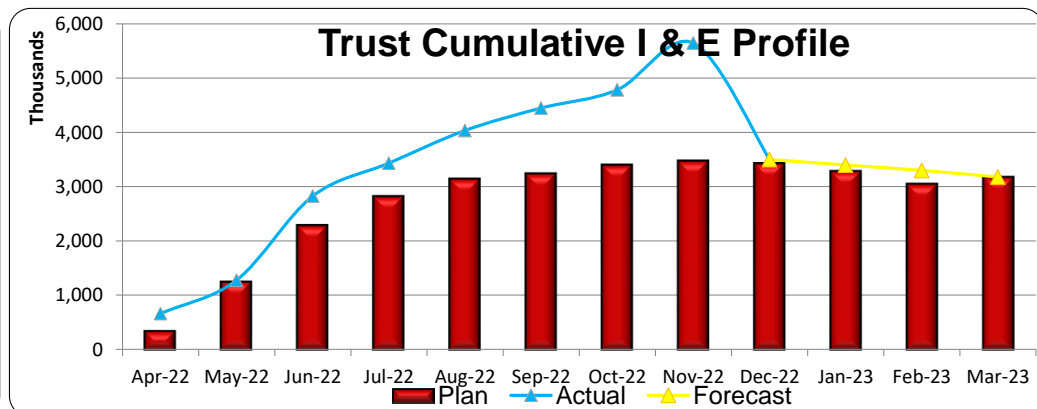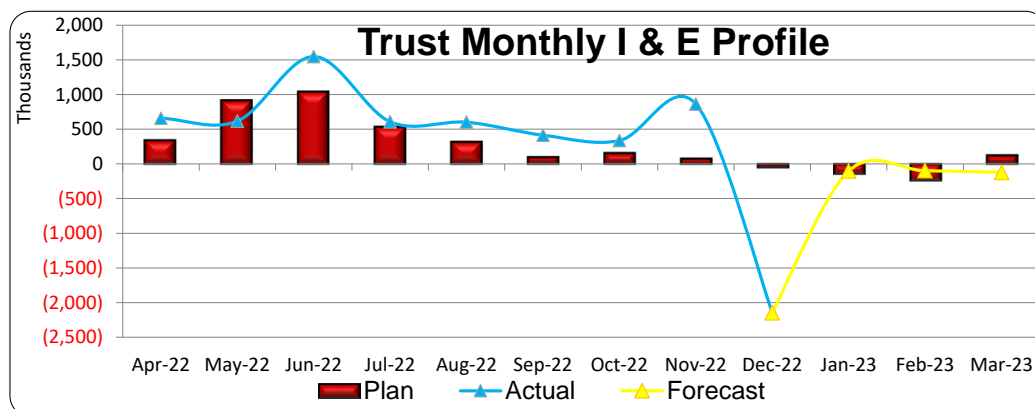
December 2022 financial position is a deficit. This is due to a number of one off adjustments. Year to date is a surplus of £3.5m

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. For December 2022 this declaration has been expanded to include confirmation of the capital position.

December 2022 deficit

A deficit has been reported in December 2022; each previous month had been a surplus. This is due to several non-recurrent / one-off adjustments actioned in month. The headlines of this are summarised below:

	£k			£k		
ICB covid financial support	4,000	Offset by:	VAT provision	269		
Asset Impairment	787		Legal provision	295		
			Accruals review	1,673		
			Care group run rate	403	**In month deficit**	
Total	**4,787**			**2,640**	**2,147**	

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. In December income has reduced by £4m to reflect the Trust contribution towards ICB and covid financial pressures. This will support partners financially across West Yorkshire whilst contining to enable delivery of the Trust's own financial targets.

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

Pay

Trust workforce, made up of substantive staff, including additional hours worked by those staff, and temporary solutions including bank and agency have continued to grow across the year. For December 4,670 WTE worked is 34 WTE more than last month. Of this 29 relates to additional temporary staffing in month.

Although this increase is not as high as previously forecast this does continue a positive trend of worked workforce growth. Recruitment and retention workstreams continue and estimated impacts will be included 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.

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	18,270	18,445	18,444	18,444	218,846	199,439
ICS / System / Covid	854	854	854	854	854	854	854	854	(3,146)	854	854	854	6,243	15,258
Specialist Commissioner	242	324	320	325	319	356	429	331	324	324	324	324	3,942	45,733
Local Authority	433	454	484	427	429	460	446	449	463	453	453	453	5,405	5,172
Partnerships	422	422	395	413	345	399	309	447	232	367	367	367	4,485	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	146	151	151	151	2,542	708
Total	19,576	20,136	19,893	20,143	20,254	22,387	20,221	20,785	16,289	20,592	20,592	20,592	241,462	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	

Trust Income Profile
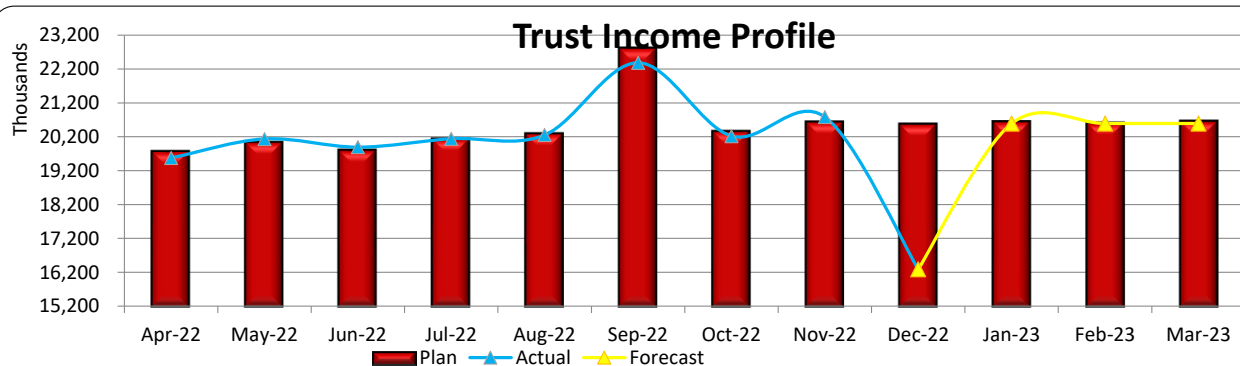
As highlighted the month 9 position includes a £4m reduction in covid income to support the West Yorkshire ICB financial position whilst still ensuring the Trust delivers its financial targets. This is reflected above by the negative value on the ICS / System / Covid line.

This is a one off adjustment and therefore the run rate is forecast to revert back in line with plan next 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	16,078				148,427
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261	1,058	1,016				9,842
Agency	740	920	711	950	716	849	775	797	735				7,193
Total	17,397	18,201	17,728	18,510	17,937	20,464	18,972	18,425	17,828	0	0	0	165,463
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

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22				Total
Bank as % (in month)	5.7%	6.3%	5.6%	6.3%	5.6%	6.0%	6.6%	5.7%	5.7%				5.9%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%	4.3%	4.1%				4.3%

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	4,228				4,167
Bank & Locum	251	294	252	307	259	272	313	264	272				276
Agency	148	141	149	142	137	175	158	149	170				152
Total	4,530	4,545	4,530	4,597	4,559	4,600	4,693	4,636	4,670	0	0	0	4,595
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	4,488

Pay Expenditure Profile

Legend: 22/23 budget, 21/22, 22/23
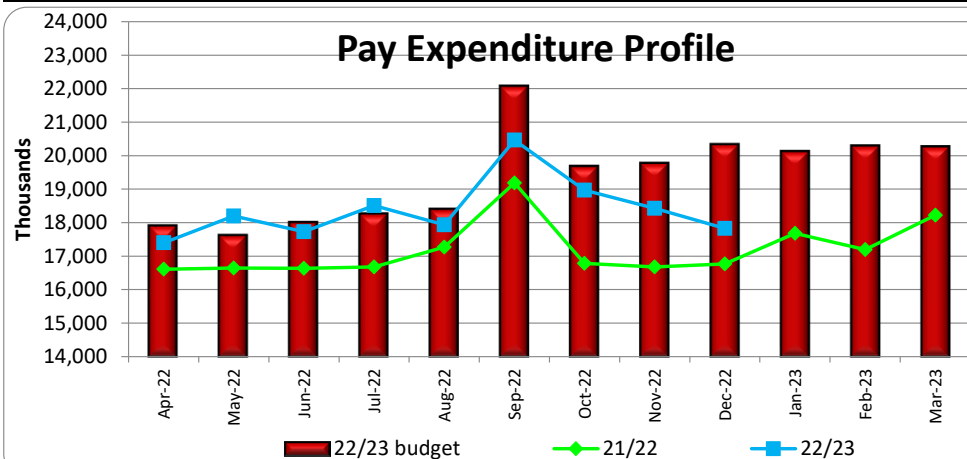
Overall WTE worked has increased in month. This is small increases in all categories. Substantive, which includes additional hours and overtime worked by Trust staff, is an increase of 5 WTE. This is 139 more than in December 2021 (4,089 WTE worked).

Bank, locum and agency have also increased with additional information on agency staff provided on page 8.

Although these have increased the actual expenditure in month is less than previous months. This is partially due to one off cost reductions actioned in month 9. For example a previous provision relating to potential agency VAT costs has been released along with estimates made for costs which have not materialised.

Agency spend is £991k in December (excluding VAT credit).
Year to date spend is £7,193k.

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. £2.2m 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 £3.9m of spend whilst medical staffing represents a further £2.3m.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £280k on admin and clerical staff in order to support service delivery.

Agency Spend By Month

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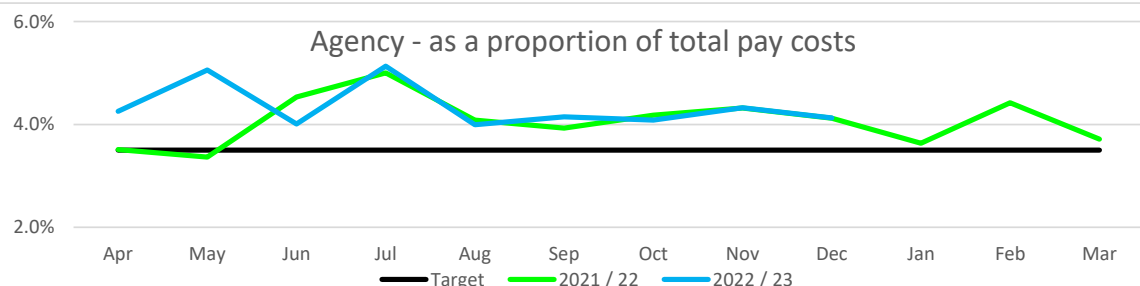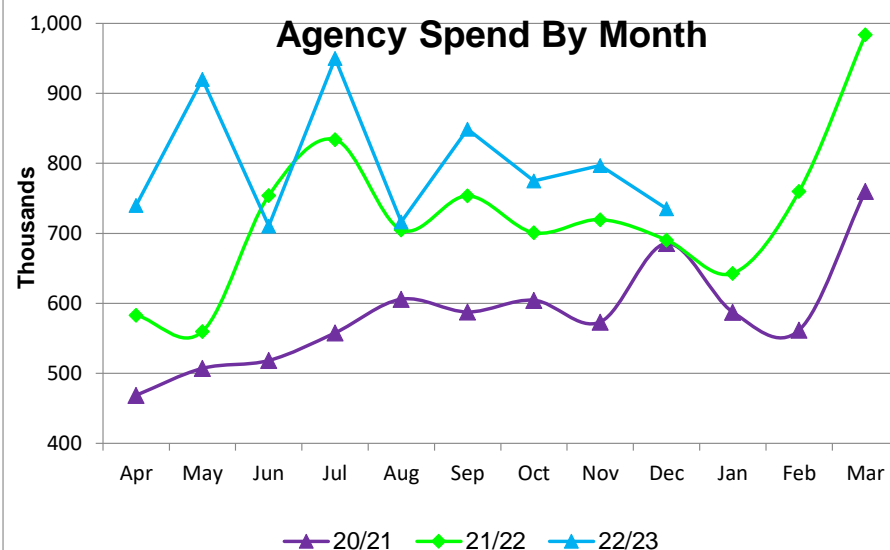
From 1st April 2022 a new key performance indicator has been included within the Trust Integrated Performance Report that highlights the proportion of total Trust pay costs which are agency.

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 December 2022 was 4.1% with cumulative year to date position of 4.3%. The national target for 2023 / 24 is to be 3.7%.

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	7,025	10,112	10,148	9,568	9,952	10,655	12,511	8,729	11,253				89,954
2021/22	3,834	3,783	3,712	3,729	4,246	3,949	6,512	7,107	7,556	8,140	6,961	10,478	70,008

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	2,523	2,531	7
Establishment	6,642	7,551	909
Lease & Property Rental	5,536	5,652	115
Premises (inc. rates)	4,101	4,312	211
Utilities	1,674	1,643	(30)
Purchase of Healthcare	7,727	7,007	(719)
Lead Provider Collaborative	47,935	50,380	2,445
Travel & vehicles	3,269	2,788	(481)
Supplies & Services	4,966	5,190	224
Training & Education	1,940	1,430	(511)
Clinical Negligence & Insurance	773	768	(5)
Other non pay	(2,583)	704	3,287
Total	**84,502**	**89,954**	**5,451**
Total Excl OOA and Drugs	**74,252**	**80,416**	**6,163**
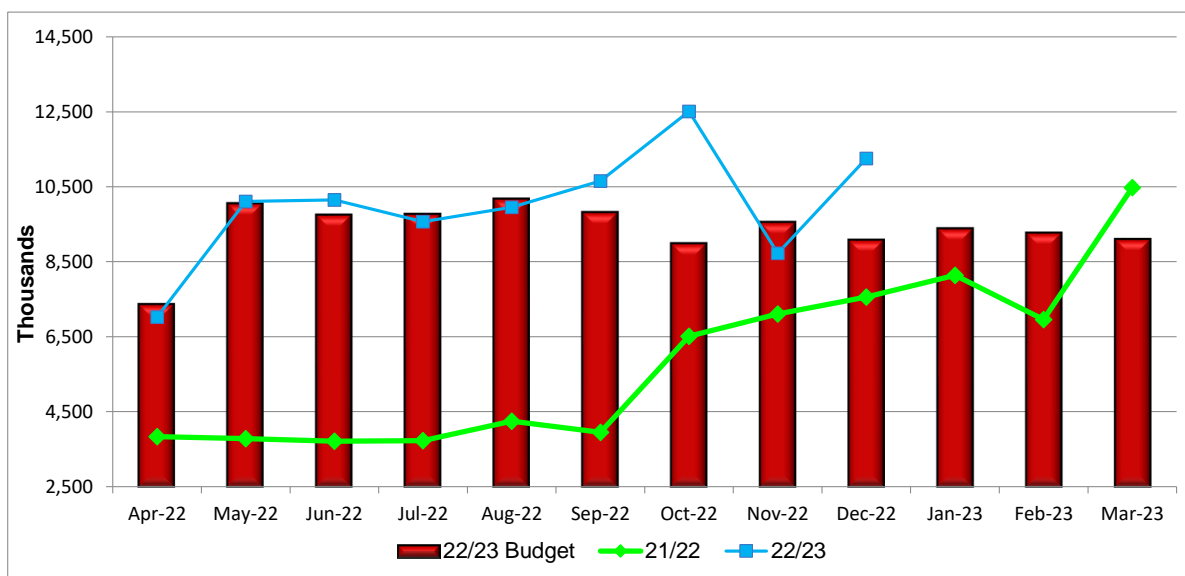
Key Messages

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.

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	534				4,212

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	606	552				4,390

Bed Day Information 2022 / 2023 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	427	417	446	379	247	204	235	270	356				2,981
Acute	57	95	141	100	108	88	288	336	196				1,409
Total	484	512	587	479	355	292	523	606	552	0	0	0	4,390

Out of Area Expenditure - monthly
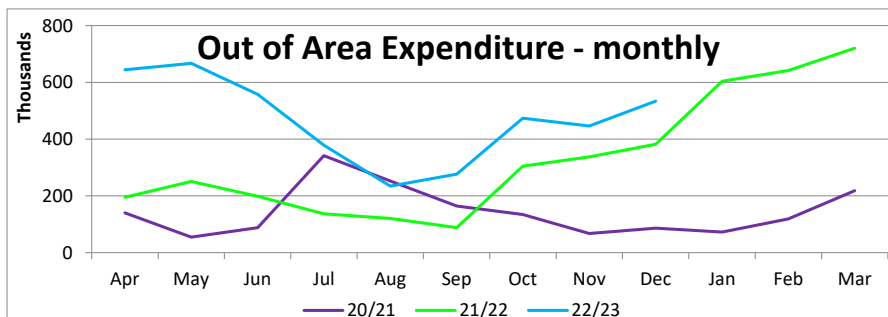
As previously acknowledged, the use of out of area placements, can be volatile. This is around usage but also estimating costs associated with placements.

Although bed days are less than last month costs have increased. This is due to the increased proportion of PICU beds which are at a higher unit cost than acute beds.

Actions continue to minimise the impact, financially and operationally, from out of area placements. Repatriation (or discharge if 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	159,026	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	2,768	4
Non NHS Trade Receivables (Debtors)	921	1,167	4
Prepayments	2,174	2,816	2
Accrued Income	816	4,845	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	83,420	Pg 13
Total Current Assets	**87,941**	**96,704**	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(41,957)	5
Capital Payables (Creditors)	(1,790)	(556)	6
Deferred Income	(6,480)	(7,719)	
Other Liabilities (IFRS 16 / leases)		(53,731)	1
Total Current Liabilities	**(47,670)**	**(103,962)**	
Net Current Assets/Liabilities	**40,271**	**(7,258)**	
Total Assets less Current Liabilities	147,623	151,768	
Provisions for Liabilities	(7,716)	(7,019)	
Total Net Assets/(Liabilities)	**139,907**	**144,749**	
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	80,749	7
Total Taxpayers' Equity	**139,907**	**144,749**	

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. As forecast prepayments are continuing to reduce as the year progresses.

3. Accrued income remains higher than normal with the majority related to the Adult Secure collaboratives relating to rechargable activity and additional income expected from NHS England.

4. Overall debtors remain low and are proactively managed to ensure recovery and that any issues are resolved. To date only £554k is older than 30 days, of this £332k relates to Humber Teaching FT (Adult Secure activity recharge).

5. Creditors continue to be managed and 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.

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	3,593	619	(2,974)	619	(6,881)
OPS transformation	500	450	216	(234)	700	200
Maintenance (Minor) Capital						
Clinical Improvement	745	465	117	(348)	721	(24)
Safety inc. ligature & IPC	1,065	780	102	(678)	617	(448)
Compliance	700	700	382	(318)	1,447	747
Backlog maintenance	350	220	76	(144)	437	87
Sustainability	350	160	0	(160)	50	(300)
Plant & Equipment	550	321	20	(301)	105	(445)
Other	0	0	614	614	819	819
IM & T						
Digital Infrastructure	450	450	91	(359)	1,509	1,059
Digital Care Records	40	30	6	(24)	6	(34)
Digitally Enabled Workforce	375	375	44	(331)	130	(245)
Digitally Enabling Service						
Users & Carers	65	65	0	(65)	65	0
IM&T Contingency	100	100	0	(100)	0	(100)
Lease Impact (IFRS 16)	354	324	358	34	358	4
VAT Refunds						
TOTALS	**13,144**	**8,033**	**2,645**	**(5,388)**	**7,582**	**(5,562)**
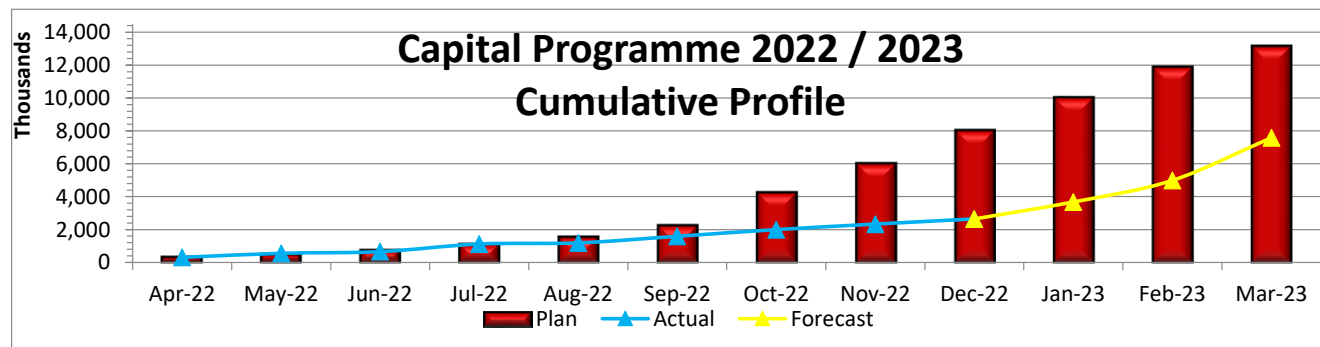
Capital Expenditure 2022 / 23

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

The forecast has been updated to reflect the current programme. The most significant change is the pause to the Bretton Centre scheme. This revised position has been agreed with the Integrated Care System (ICS) which is working to ensure that the full West Yorkshire capital allocation is utilised in year.

This forecast is the result of a further detailed review of each scheme. The review included an assessment of deliverability and current pricing.

It is recognised that there is considerable spend in Q4. £1.6m relates to IM & T schemes with deliveries expected in January, £0.5m for ongoing works on OPS transformation and £1m on the Trustwide door replacement programme.

Capital Programme 2022 / 2023 Cumulative Profile
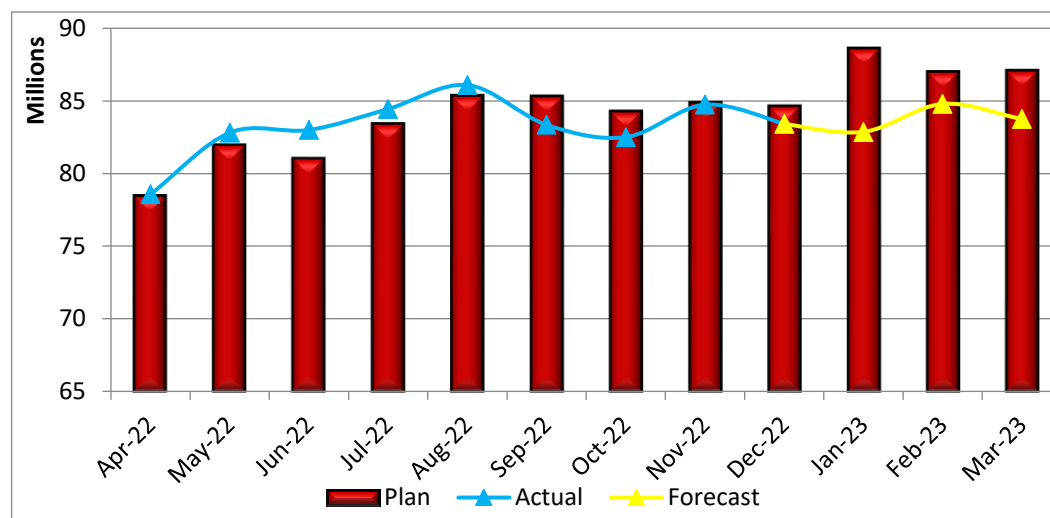
Cash remains positive.

	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	84,605	83,420	(1,185)

The Trust cash position remains strong and is forecast to remain throughout the year. This has improved from previous months due to the revised capital forecast.

Risks will be identified as part of future reporting as and when they arise.
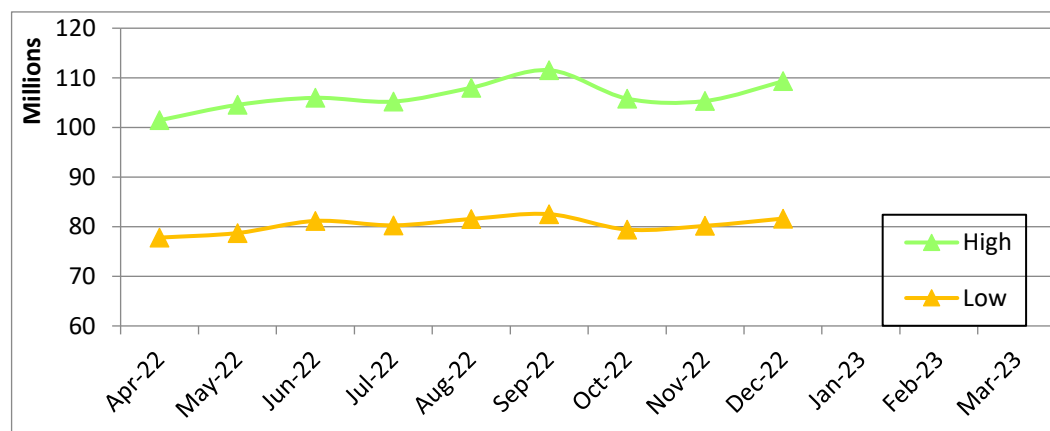
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

  The highest balance is: £109.3m
  The lowest balance is: £81.6m

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)	15,005	14,760	(245)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(1,825)	(6,711)	(4,887)	
Trade Payables (Creditors)	3,800	584	(3,216)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0	906	906	
Provisions & Liabilities	0	(697)	(697)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(7,709)	(2,645)	5,064	
Cash receipts from asset sales			0	
Leases	(380)	(5,382)	(5,002)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	333	936	603	
Closing Balances	**84,605**	**82,149**	**(2,456)**	

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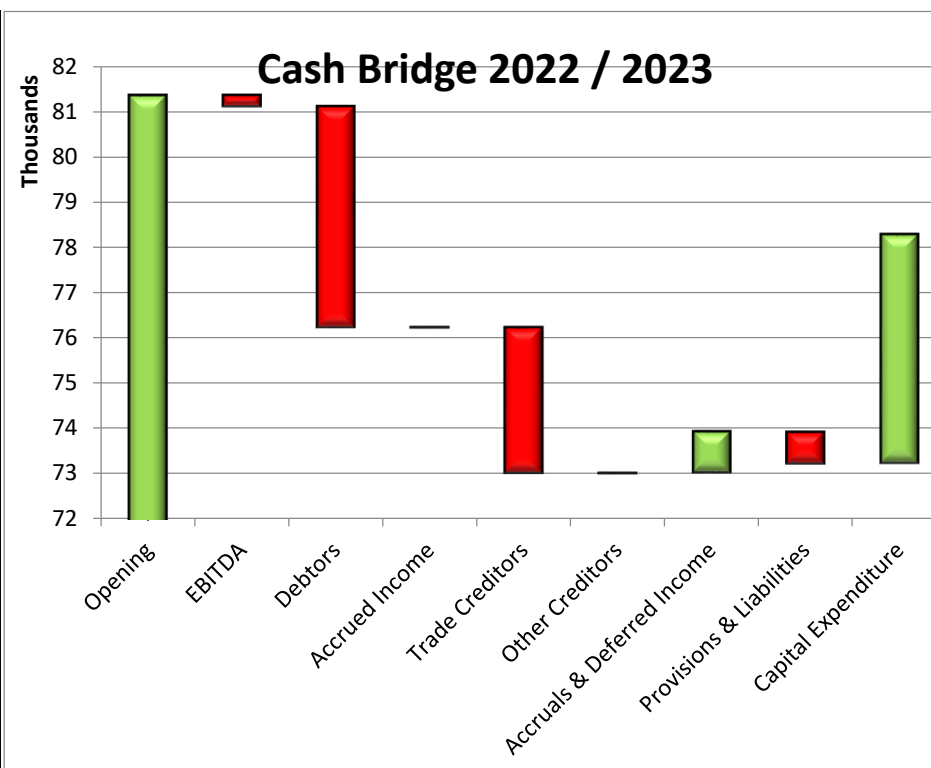
The table above summarises the reasons for the movement in the Trust cash position during 2022 / 2023. This is also presented graphically within the cash bridge.

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

Debtors, 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	95%	99%
Cumulative Year to Date	96%	99%
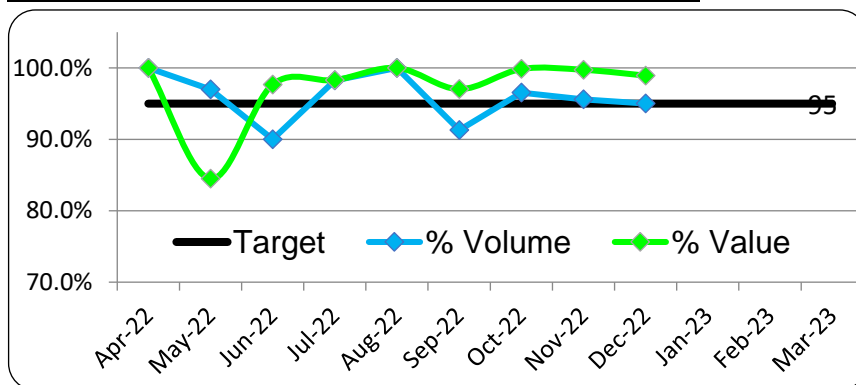
Non NHS	Number %	Value %
In Month	98%	99%
Cumulative Year to Date	95%	96%
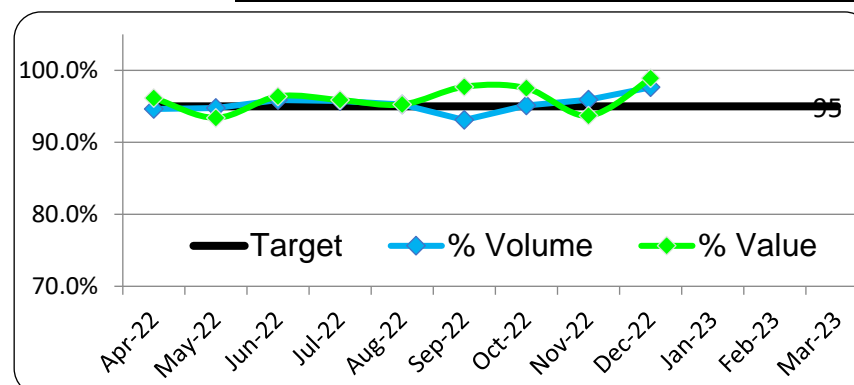
4.1	Transparency Disclosure

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 (£)
19-Dec-22	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000056573	2,863,805
21-Nov-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4627	752,443
17-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998549	571,562
17-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998550	571,562
17-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998551	571,562
01-Dec-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS28	544,330
01-Jan-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS29	544,330
22-Dec-22	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202815	499,350
01-Dec-22	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 267	359,949
01-Dec-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007509	338,518
29-Nov-22	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118727	293,365
08-Dec-22	Staff Reward	Trustwide	Edenred Uk Group Ltd	PR1842530	270,000
21-Nov-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4623	207,746
19-Dec-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4670	193,120
01-Dec-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS05	185,000
01-Jan-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS06	185,000
21-Nov-22	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4636	177,129
14-Dec-22	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600022165	174,441
01-Dec-22	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007502	168,532
02-Dec-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093242	134,624
20-Dec-22	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	322746	100,652
28-Nov-22	Training	Trustwide	Navigo	SALINV7672	91,047
15-Nov-22	IT Services	Trustwide	Daisy Corporate Services	3I500767	90,250
05-Dec-22	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093264	84,365
13-Dec-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC007INV	83,546
14-Dec-22	NHS recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177058	82,239
22-Nov-22	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC005INV	77,280
29-Nov-22	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	322553	69,361
04-Oct-22	Staff Recharge	Trustwide	Wakefield Council	91314118820	65,813
19-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998568	63,771

19-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998569		63,771
19-Dec-22	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998570		63,771
31-Oct-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	111839		60,989
02-Nov-22	Data Lines	Trustwide	Virgin Media Ltd	444073009		47,737
01-Dec-22	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72484248		46,230
14-Oct-22	Drugs	Trustwide	NHS Business Services Authority	1000074905		45,163
16-Nov-22	Drugs	Trustwide	NHS Business Services Authority	1000075227		43,128
12-Nov-22	Mobile Phones	Trustwide	Vodafone Ltd	102803699		42,524
29-Nov-22	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998434		32,871
06-Dec-22	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	59891951		28,712
18-Nov-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4638		27,725
26-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4566		26,784
21-Nov-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4651		25,920
26-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4570		25,920
26-Sep-22	Purchase of Healthcare	Trustwide	Cheswold Park Hospital	4572		25,920
30-Nov-22	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0264636		25,830

* 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.

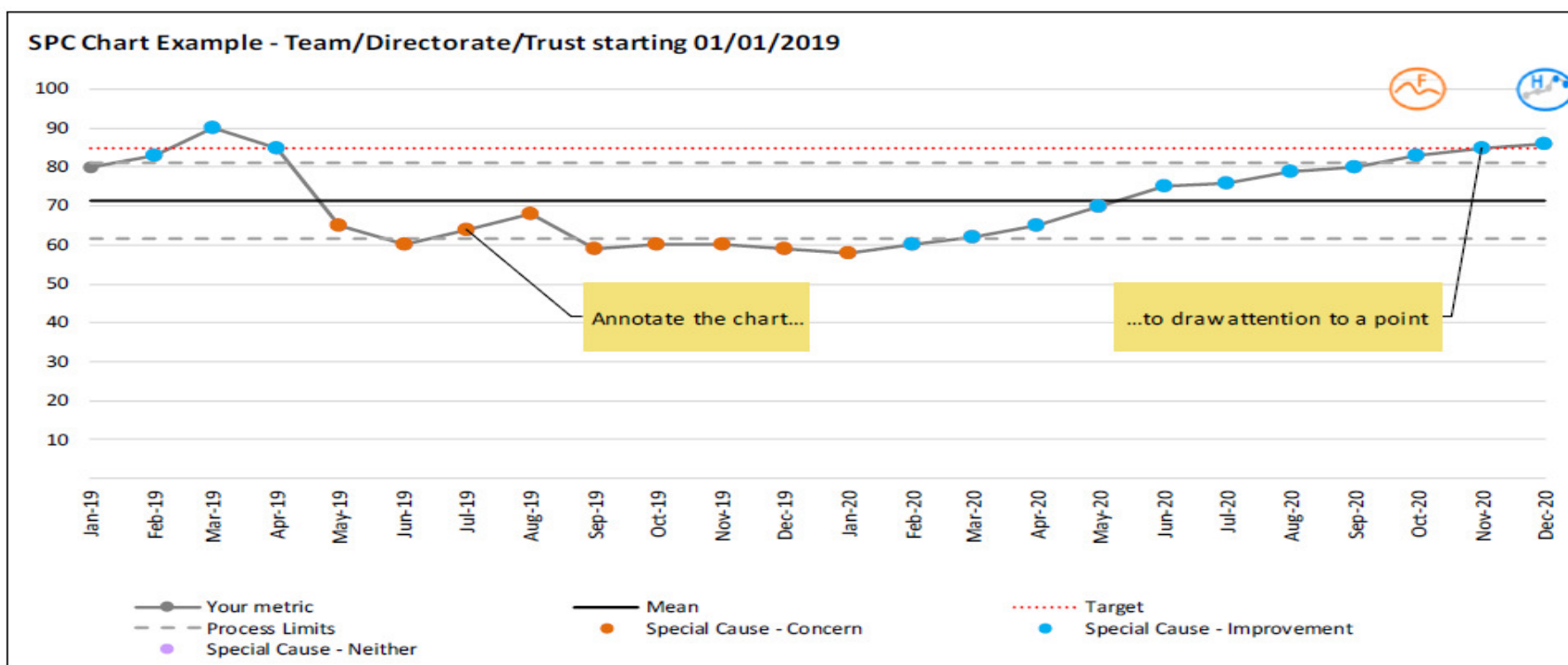# Appendix 2 - Statistical Process Control (SPC) Charts Explained

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	(grey ~)	(purple ?)	(orange H)	(orange L)	(blue H)	(blue L)	(grey ?)	(orange F)	(blue P)
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) 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.

SPC Chart Example - Team/Directorate/Trust starting 01/01/2019

Legend: Your metric | Mean | Target | Process Limits | Special Cause - Concern | Special Cause - Improvement | Special Cause - Neither

Observations

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

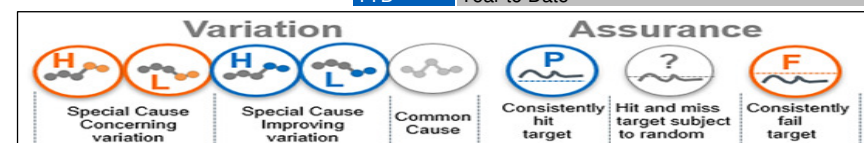|	
Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential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

Glossary

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

KEY for dashboard Year End Forecast Position / RAG Ratings

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

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

SPC Chart Icon Summary

Variation — Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random | Consistently fail target

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