

Integrated Performance Report Strategic Overview



January 2023

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for January 2023. 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 January month-end data. This will ensure that Trust Board can have a discussion on the most current position available. Given the fact different staff provide different sections of the report, there may be some references to data from slightly differing 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.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

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Contracts

System-wide
Monitoring

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

- January saw increased levels of communications and activity supporting social responsibility and sustainability in the Trust. This includes a well-attended knowledge café, a high level of iHub engagement and groups of staff planting trees on Trust grounds as part of the NHS Forest Initiative.
- Work commenced to develop an understanding of the requirement of the Trust in the next phase of transformation and coordinate activity, and alignment to other internal programmes of work, to support implementation.
- The Trust shared its financial plan for 2023/24 with Trust Board in January 2023.

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 January 2023, 70% of service users have had their equality data recorded (ethnicity, disability, sexual orientation, and postcode) recorded, work continues to improve this.
- Equality and involvement annual action plans for 2023/2024 continue to be developed and will go to EII Committee for sign off in March
- A Trust wide framework to support staff to review equality data is now being evaluated for use by our BI/PI teams to build on what is already in place
- Monthly themed lunch box talks –focus on disability
- The 'All of You' equality data collection campaign continues to improve data collection for equality
- The Older peoples service transformation is moving towards a formal consultation. Consultation documents, plan, full equality impact assessment and outline business case are now being developed. Formal consultation planned for launch after Purdah in Spring 2023
- All of You: Race forward will be delivered through a programme approach commencing in March
- The Flair survey will close on 24 Feb, so far we have a response rate of just over 22%.
- The Trust wide approach to involvement is now progressing. The training modules to deliver 3 x 2-hour training sessions in March. A comms plan is now being developed for a full launch in April 2023 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.

Covid-19

- Protocols are in place to maintain staff and patient safety.
- The Covid-19 Moving Forward Group continues to monitor Covid-19 prevalence, measures and national guidance.
- The Trust OPEL level remains at 2.7. Two service areas are operating at OPEL 2 and seven service areas are 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, 64% of frontline staff have been vaccinated.

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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 50.5% in January, this is a slight improvement on 44.1% reported in December. Work continues in front line services to adopt collaborative approaches to care planning. A new metric has been identified which has now been implemented and data is now flowing into this metric, which is having some positive impact. We have set up a trajectory of improvement to full performance by the end of March 23 but this continues to be under threshold.
- The percentage of patients with an up-to-date risk assessment continues to remain below target for both community (68.6%) and inpatient teams (84.2%). 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 have 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, this continues to be under threshold.
- 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 increased slightly to 212 compared to 189 in December. 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 acceptable range.
- The number of inpatient falls in January was 51 which is a slight decrease from 59 in December. 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 January to 72% compared to 70% in December. 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 evident in this metric in future months.
- 95% of incidents reported in January 2023 resulted in no harm or low harm or were not under the care of the Trust.
- Those remaining in prone position and not rolled immediately, were reported 21 times out of a total of 355 restraint positions. This is a reduction from last month where all incidents had a duration of 3 minutes or less.

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- Vacancies have reduced by 5.18 whole time equivalent (WTE) within month with 926.78 WTE in total currently open vacancies. Establishment has increased by 39.98 WTE within month totalling 5237.90 overall. Establishment increase is due to the monthly phasing in funding from new developments.
- 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 529.69 (FTE) with 477.55 (FTE) employees deciding to leave the Trust since the start of the financial year.
- Rolling turnover is 14.3% but we are projecting a rate of around 13.8% at the end of year. In month turnover is 11.60%.
- Sickness absence in January was 5.3%, a decrease from 6.3% in December. Absences due to cold and flu dropped to 11% from 15% and absences due to Covid-19 to 6% from 8% reported in December.
- Long term sickness absence (any sickness of 3 weeks, 21 calendar days) accounts for 3.8 of all absences. Short term absence has dropped to 1.5%
- Rolling appraisal compliance rate for January has increased by 6.87% to 69.81%.
- Mandatory training compliance (overall) continues to exceed targets, 3 subjects out 17 reported are below the Trust 80% target, which are cardio pulmonary resuscitation, food safety, and reducing restrictive practice interventions. Plan in place to address this.

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 482 days in January. This is an increase from the numbers reported in December but slightly lower than these reported in November. 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 18 people placed in out of area beds at the end of January.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased slightly to 88% in January from 86.2% reported in December and remains below the national threshold of 99%. This relates to the Trust's Paediatric Audiology service which is a small service and there have been a number of staffing issues that have impacted clinic availability. Additional clinics have been 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 dropped below threshold in December due to one case that was not seen within timescale. Reported performance was 87.5% against the national standard of 95%.
- The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks remains below target at 88.6% against a 95% target. This relates to 4 cases that did not meet the standard out of 35. The reasons behind the breaches are routinely reviewed and for January they generally related to family cancelling or choosing to defer an earlier offered appointment.

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Care Groups

- SWYFPT have successfully procured Yorkshire Smokefree Sheffield Service contract for a further 3 years commencing on 1 April 2023. The mobilisation of the contract has started.
- Demand for ADHD services has increased with and increase in numbers waiting for assessment in January.
- In Forensic services, the acuity of patients remains high – there are currently 2 service users awaiting admission to high secure services.
- 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.
- We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches across a range of measures. We are still experiencing higher numbers of patients with delayed transfers of care, and are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homelessness services and housing providers.
- 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 however overall the numbers have not reduced.
- 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.
- Waiting list times continue to be an issue due to staffing/operational pressures in community learning disability services, with 78.6% (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 on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need due to their wait.
- CAMHS eating disorder pathways remain under demand pressure. This is impacting on compliance with national clock stop targets, for routine referrals - (4 weeks response) 88.6% (31/35) – threshold 95%. Urgent referrals continue to be prioritised, however 1 breach occurred during January which took the performance under the 95% threshold at 87.5% (7/8).

Finance

- The year to date surplus is £4.3m which is £1.0m higher than planned. Forecast remains at £3.2m in line with plan.
- Agency spend in January was £928k, with year to date spend of £8.1m.
- 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 £3.5m.
- Cash in the bank remains positive at £81.1m, with the year end forecast being £80.9m due to continued capital investment and forecast increasing spend.
- Pay costs were £16.9m in January, compared to last month which was £17.8m.
- Out of area bed costs were £474k in January, a slight decrease from £531k in December.
- Performance against the Better Payment Practice Code remains at 95%.

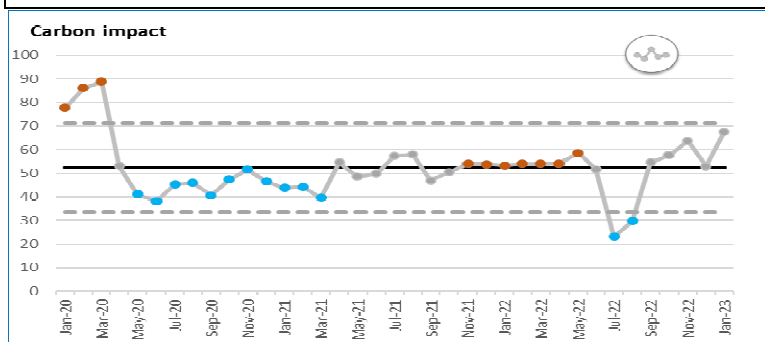
Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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The following section highlights the performance against the Trust's strategic objectives and priority 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	Nov-22	Dec-22	Jan-23	Variation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)	90% (ethnicity only)	70.1%	70.3%	70.2%			Figures shown are the combined percentage for completion of ethnicity (96.2%), disability (42.1%), sexual orientation (42.7%) and from July 2022 postcode (99.8%). The threshold is currently based on the national target for ethnicity recording only, which is already in place and achieving. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	See reducing inequalities section of the report for detail					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)	100%	51.6% Service 68.2% Policy	44.7% Service 93.0% Policy	47.5% Service 92.9% 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 periods, we know that some services have an outstanding review date and work is being undertaken to support services with the updates.
	Completion of equality mandatory training (Quarterly)	>=80%	93.9%	94.1%	94.6%			
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	64	53	68			Data showing the carbon impact of staff travel / business miles. For January 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		Due May 2023			Q2 data was 64%. Reported 6 weeks in arrears. A weighted average is used given there are different targets in different places.
	Forensic lead provider: % of patients in service with a physical health check and % with a care improvement and maintenance plan in place	100%	Q3 - Medium Secure - 100% & 100% Q3 - Low Secure - 100% & 100%		Due April 2023			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



The SPC chart shows that as at January 2023 we are in a period of common cause variation - no action is required. The drop in mileage figures are a direct consequence of Covid-19 and now that restrictions are being lifted and face to face activity is increasing we should anticipate that this will rise. Levels are not expected to return to those seen pre-Covid-19 as there should be a more blended approach to working going forward. The performance against this measure will continue to be monitored and if required, the upper and lower control limits re-calculated to include post-Covid-19 levels only.

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

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Below we have set out progress against the key agreed milestones. Reporting against these milestones is provided at the identified date or by exception.

Improve health

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Support social responsibility & sustainability in the Trust & our communities	Phase 1, developing the social responsibility and sustainability action plan, completed by July 2023		January saw increased levels of communications and activity. This includes a well-attended knowledge café, a high level of iHub engagement and groups of staff planting trees on trust grounds as part of the NHS Forest initiative. We are on target to deliver within specified timescales, including agreeing measures and metrics with Headline Initiative leads to commence quarterly reporting from March 2023. We also saw a high level of entrants to the social responsibility and sustainability excellence awards category, which reflects the increased levels of awareness and co-ordination.
Work in partnerships at System & Place to improve the health of our communities	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: 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		Work will commence in February following alignment work.

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

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Improve Care								
Priority programme	Metrics	Threshold	Nov-22	Dec-22	Jan-23	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%	79.1%	76.6%	84.2%			January data is provisional and will be refreshed next month. December data has been refreshed and for both inpatient and community this saw an increase in performance following review of the data within services. 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%	69.5%	74.3%	68.7%			
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	43.8%	44.1%	50.5%			Work continues in front line services to adopt collaborative approaches to care planning. A new metric has been identified and this has now been implemented and data now flowing into this metric which is having some positive impact. 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	251.8	246.8	244.0			Numbers of registered nurses on inpatient acute wards has been declining steadily for a number of years. Reducing by 38% in recent months. The number of healthcare assistant and trainee nurses has also declined, with a decline of 14% in the last year. Establishment has been identified.
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	45	57	47			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	20	11	7		N/A	Reduction in number in mental health inpatients in January.
	Inappropriate out of area bed placements (days)	Q4 - 630	498	439	482			
	Percentage of video consultations	Trend monitor	1.9%	1.6%	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	28.1%	29.9%	28.8%		N/A	
	Percentage of face to face consultations	Trend monitor	70.0%	68.5%	69.6%		N/A	
	CAMHS - Average wait to neurodevelopmental assessment from referral - Calderdale	126	526	694	416			Average wait in days. Clients are seen in order of need and not by how long they have waited. The longest wait for those seen in the month was 766 days, the shortest was 64 days (provisional). Number on waiting list at end of January was 321. The longest waiter on the waiting list has waited 734 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	448	469	478			Average wait in days. Clients are seen in order of need and not by how long they have waited. The longest wait for those seen in the month was 681 days, the shortest was 52 days. Number on waiting list at end of January was 1293. The longest waiter on the waiting list has waited 1020 days. Waiting list initiatives in place, we will not reach a steady state until Q1 of 2023/24
	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	73.8% 31/42	78.3% 54/69	78.6% 44/56			Barnsley was above target this month (90.5%). In Calderdale, of three referrals received, there is one reported breach: a complicated recording error that could not be resolved in time for this report. Of the 22 Kirklees' referrals, 6 cases breached in Psychology - due to vacant posts and consequent capacity issues; one in Dietetics - again due to vacancy; and, one in Physio - due to capacity issues. In Wakefield, of the 12 referrals, the two cases in breach have now been seen albeit after the target. All waiting lists are regularly reviewed and RAG rated to ensure cases are prioritised according to need.

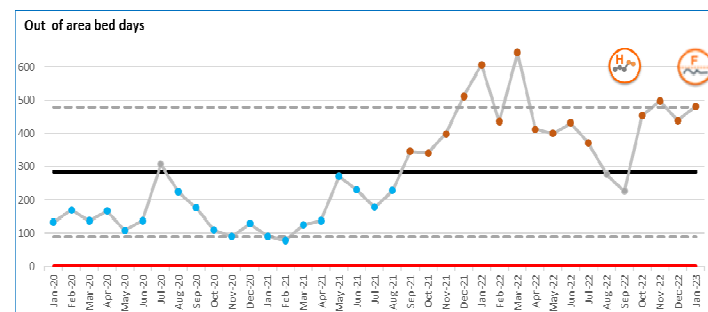
Improve Care Continued

Priority programme	Metrics	Threshold	Nov-22	Dec-22	Jan-23	Variation/ Assurance	Year end forecast	Notes
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Referral to assessment within 2 weeks (external referrals)	75%	61.1%	72.3%	88.9%			Demand into the single point of access (SPA) and capacity issues has lead to ongoing pressures in the service which have impacted on previous months performance. 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 but has continued to improve since a rapid improvement exercise. Wakefield SPA is at present under significant pressure and a specific improvement plan has been formulated looking at partnerships, roles and functions across the locality, including further integration opportunities with community transformation. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.
	Assessment to treatment within 6 weeks (external referrals)	70%	95.8%	98.0%	98.8%			

Glossary

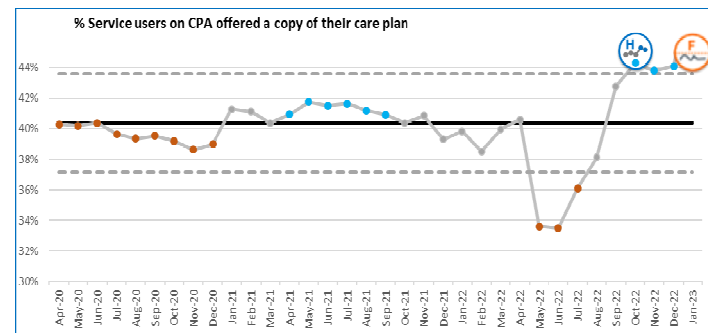
CAMHS	Child and adolescent mental health services
CPA	Care Programme Approach
WTE	Whole time equivalent

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



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

The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible. Many of these challenges are happening across other providers nationally. NHSE have recognised this, and provider Trusts have submitted trajectories to zero out of area placements by the end of the 2023/24 financial year. The Trust had 17 people placed in out of area beds at the end of January 2022 due to recent system pressures.



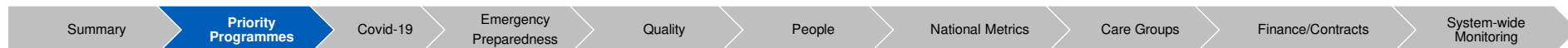
Performance against the percentage of service users offered a copy of their care plan remains in special cause improving variation. Work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified and work is being undertaken to 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						Assurance Icons		
The icon which represents the last data point on an SPC chart is displayed.						If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON								
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F
DEFINITION	Common Cause Variation	Special Cause Variation where neither high nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator - Pass/Fail	Target Indicator - Fail

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

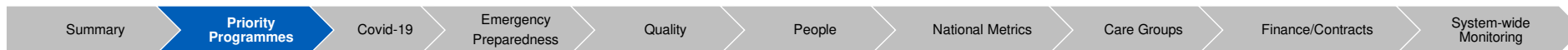
Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Phase one: Orientation by 30/11/2022 completed Phase two: Diagnostic and discovery by 31/3/2023 Phase three: governance and quality monitoring by 31/5/2023 Phase four: patient safety response planning by 30/06/2023 Phase five: Curate and agree patient safety policy and plan by 31/8/2023 Go Live: Develop comprehensive improvement plans by September 2023		Phase one is now completed and Phase two is on track.
	Six stage QI 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 March 2023.		<p>In Community LD Services, work has commenced on:</p> <ul style="list-style-type: none"> -Clinical and data collection pathway mapping (aligned to data framework development). -Improving data recording. -Planning and preparing for adoption of SystmOne waiting list functionality. <p>In CAMHS Neurodevelopmental Services in Kirklees and Calderdale:</p> <ul style="list-style-type: none"> -A report on impact of new pathway in Kirklees will be provided in May 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. <p>In Adult community services – Core Psychology: Stocktake work completed. Improvement action plan is in development.</p> <p>SystmOne waiting list project: work continues to support services in using the functionality correctly and preparing other services such as Learning Disability community for setup.</p> <p>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.</p> <p>Review of Waiting Times Report – service example reviewed for Adult ADHD services to demonstrate potential for application trust wide.</p>
	Out to public consultation on Older People inpatient services by Summer 2023		Stakeholder workshop event held in December. EIA and QIA updated. Business case drafting and revision taken place through January 2022 and first draft to be shared with programme board in February. Timescale for consultation revised to reflect elections in May. Remains as a priority for SWYPFT with collaborative resource requirement from care group and corporate services to support development of business case, plan and deliver a formal consultation.
	Revised Quality strategy to be approved at Trust Board in February 2023		Quality Strategy will be presented at CGCSC and Members Council in February and due to Trust Board at the end of February 2023.



Improve resources								
Priority programme	Metrics	Threshold	Nov-22	Dec-22	Jan-23	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	£842k	(£2,147k)	£294k			The reported surplus is based on the System (ICB) financial performance measure. This was updated in January 2023 to include gains on disposals. The year to date surplus is £4.3m which is £1.0m higher than planned.
	Capital spend against plan	£13.1m	£1,450k	£1,196k	£2,286k			The capital forecast has been reduced to £7.8m reflecting current assumptions on timescales, costs and deliverability.
	Agency spend managed within the overall workforce (Monthly)	3.5%	4.3%	4.1%	5.5%			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	72%	79%	86%			25/29 wards live in January. One ward is undergoing renovations so go live will be delayed.

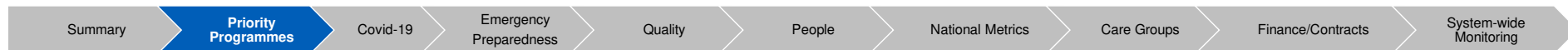
Glossary	
EMPA	electronic prescribing and medicines administration

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	Financial plan for 2023/24 to Trust Board in January 2023		The one year plan has been shared with Trust Board in January.
	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 April 2023		Patient Knows Best (PKB) original provision go live was early February but now revised to early April 2023 following discussion and agreement in the project board. Mainly due to the technical approach in provisioning data into PKB.
	Implementation of a Trust wide approach to digital dictation submission for Board approval July 2023.		A third party provider (James Harvard) has now been commissioned to undertake the procurement of a single Trust wide digital dictation solution. 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	Nov-22	Dec-22	Jan-23	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	17.4%	18.1%	17.7%			Vacancies have reduced by 5.18 WTE within month with 926.78 WTE in total currently open vacancies, despite establishment increasing by 39.98 WTE within month and totalling 5237.90 overall.
	Turnover external (12 month rolling)	>10-12<	14.4%	14.2%	14.3%			Rolling turnover is 14.3% but we are projecting a rate of around 13.8% at the end of year%. In month turnover is 11.60%.
	Sickness absence - Month	<=4.4%	5.9%	6.3%	5.3%			Sickness absence in January was 5.3%, a decrease from 6.3% in December. Cold and Flu dropped to 11% from 15% and Covid to 6% from 8% reported in December. Long term Sickness absence (any sickness of 3 weeks, 21 calendar days) accounting for 3.8 of all absences. Short term absence has dropped to 1.5%
	Workpal appraisals - rolling 12 months	>=90%	60.7%	62.9%	69.8%			Rolling appraisal compliance rate for January increased by 6.87% to 69.81%.
	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.	<p>Progress this month:</p> <ul style="list-style-type: none"> • 33 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 completed. Not all posts being able to be filled and going back out to advert. • Flu campaign continues for 2022/3 uptake as of 21st February 2023 (64%) for frontline workers. • Partnership group established to manage any potential industrial action the BMA has met the threshold for action and likely to be taking strike action in March. • Regular meetings with staff governors in place • Flair Survey closed and analysis of responses taking place. • New lead role for Diversity Inclusion and Belonging commenced in post on 30 January. • Framework for Becoming a Trauma Informed Organisation is developing well with community and acute clinical and corporate services engaging in developing and piloting the framework. Community of Practice launched in January, sessions well attended. • National recognition and award for the partnership working on the Virtual Fairs for health support workers • Options appraisal on pension recycling being developed • Work is underway to review the Workforce data in the IPR • Recovery trajectories for appraisal completions for care groups and support services agreed with EMT and OMG 69.81% (end of January 2023).



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 understand 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:

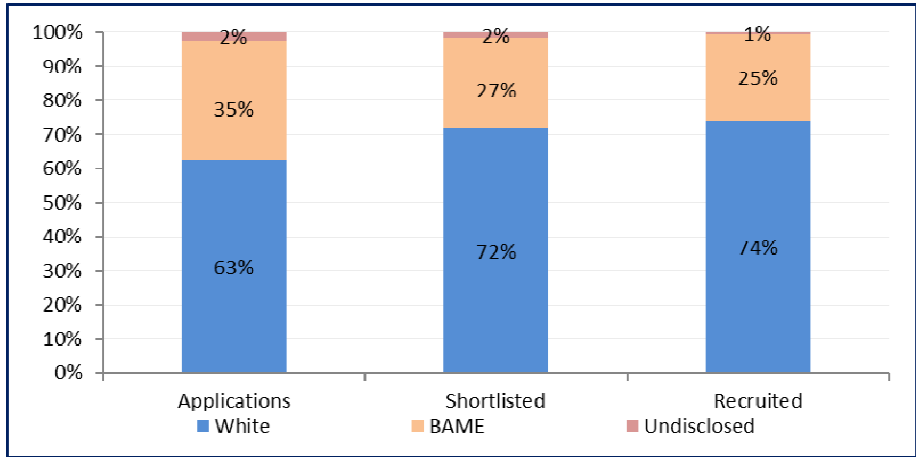
- Creative Minds worked with 'Lead the Way's Art Group' to develop a piece of work that helped people with learning disabilities share their own experiences of the pandemic
- Staff at Kirklees IAPT received training on delivering 'Transcultural Therapy' combined with a focus on providing culturally sensitive 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 (COP) notice require gaining consent, and the Trust is working to link this to the collection of equality data too.

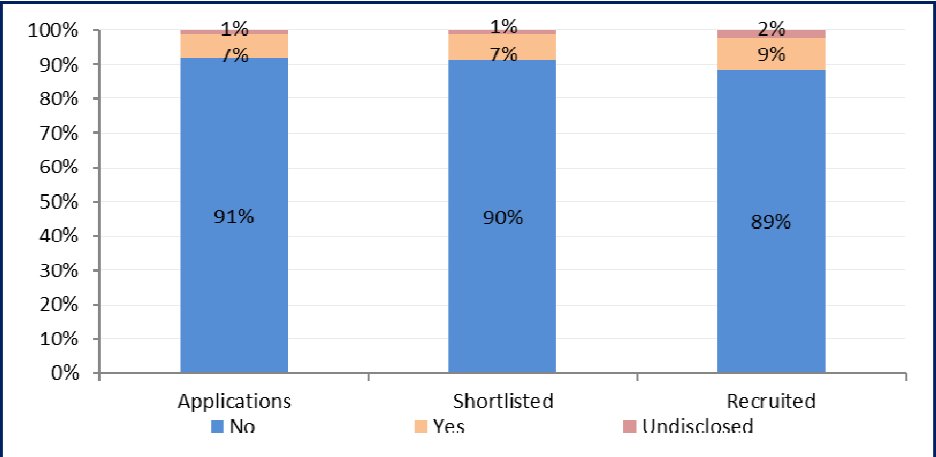
Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 3 2022-2023

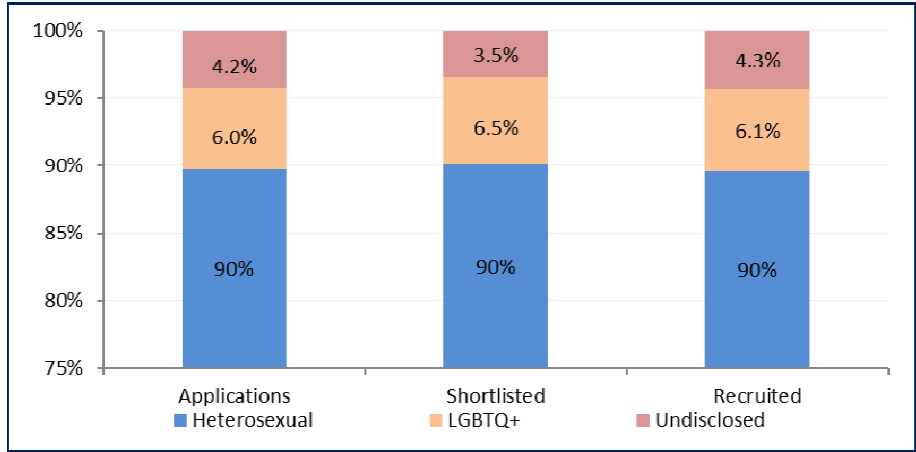
Ethnicity



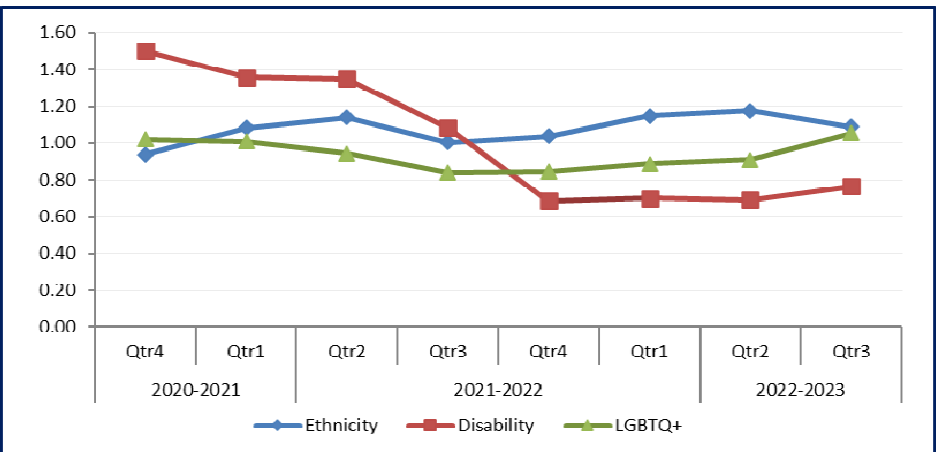
Disability



Sexual Orientation



Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 3 2022-2023:	BAME:	Disability:	LGBTQ+:
	1.09	0.77	1.05

Summary

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Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 3 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 = 1.09

Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.77

LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 1.05

NB Relatively large proportions of undisclosed could unintentionally skew the data

Relative likelihood key

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

Greater than 1.00 = less likely to be appointed

Lower than 1.00 = more likely to be appointed

Action

Recruitment & Selection policy in the process of being reviewed

Review Recruitment & Selection training

Work with staff networks around action planning

Summary

Priority
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National Metrics

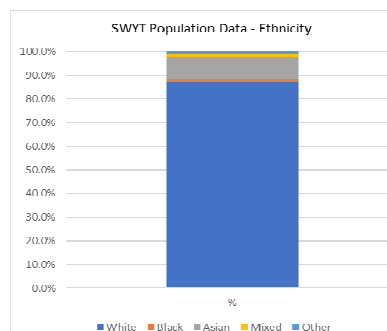
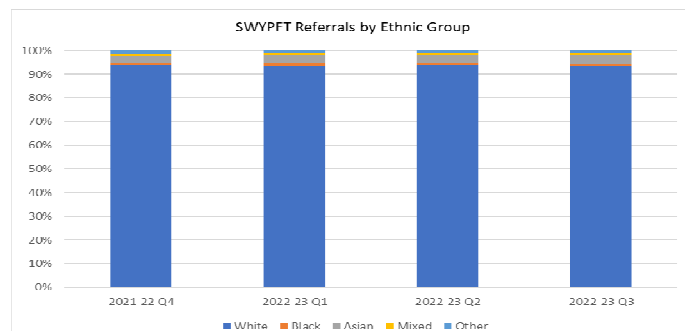
Care Groups

Finance/Contracts

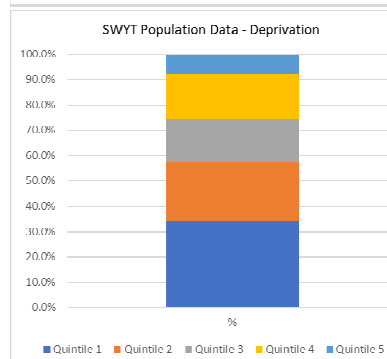
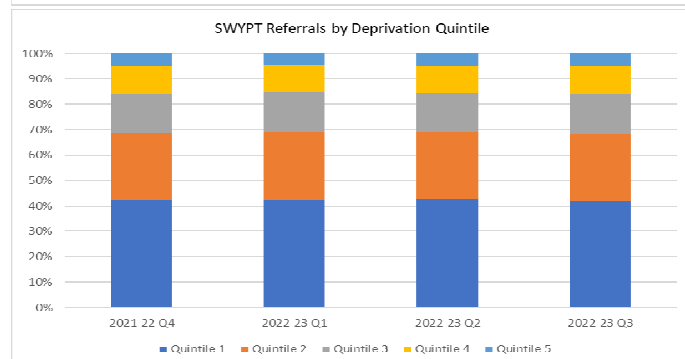
System-wide
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Reducing Inequalities

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



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%



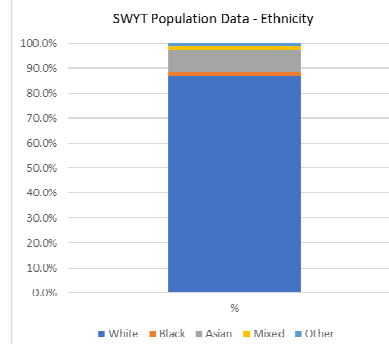
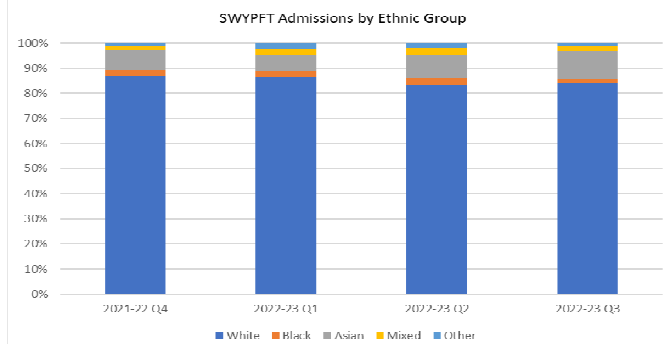
Quintile	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
Quintile 1	43.4%	41.6%	43.3%	41.8%	34.1%
Quintile 2	26.9%	26.3%	26.6%	26.5%	23.4%
Quintile 3	15.7%	15.1%	15.3%	15.6%	17.0%
Quintile 4	11.7%	10.7%	11.2%	11.4%	17.8%
Quintile 5	4.8%	4.4%	4.8%	4.7%	7.8%

Notes:

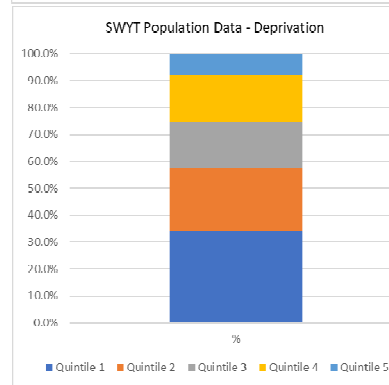
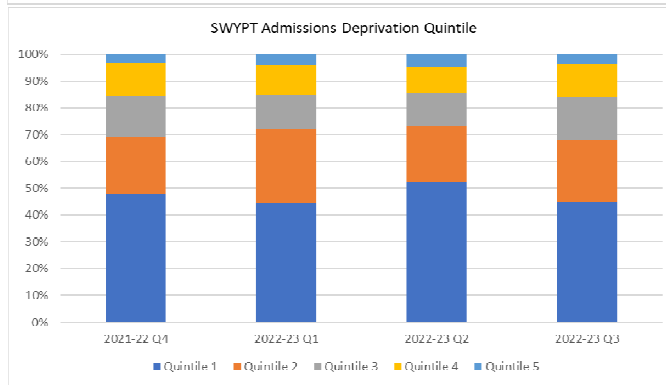
- Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
- Charts above relate to local population data
- The Trust continues to receive more referrals for people from a white ethnic background.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

Reducing Inequalities

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



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%



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.

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Covid-19 response

This section of the report focuses on a number of components of the Trust's response to Covid-19 including testing, support to the system and personal protective equipment (PPE).

Managing the clinical response

PPE position

Supplies of and access to PPE remain good, as they have been for the last two years. This report will now only report on PPE levels by exception

Testing

KPI	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	There is a lag in reporting data particularly if service user is discharged from care and/or notification of death awaiting registration. *relate to community acquired infections
No of Service users Covid-19 positive and now recovered	30	2	7	21	23	17	21	6	16	3	
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	15	
No of Service users Covid-19 positive and deceased within 28 days of positive test	1*	0	0	1*	3*	0	1	0	1*	0	
No of wards with outbreaks	5	0	1	1	2	2	3	1	2	3	

Patient testing and pathway/Outbreak response and management

There has been a significant increase in clinical cases on the wards. This corresponds with an 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.

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Emergency Preparedness

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

Supporting the system

Integrated care system (ICS) stress test and outbreak support

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

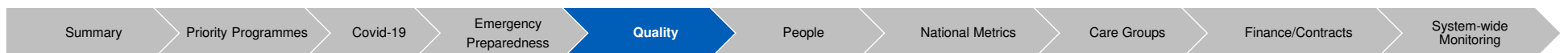
Standing up services

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

- The Moving Forward Group continues to meet fortnightly, 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 64% and the programme finishes at the end of February. Minimal staff are now coming forward for the vaccine.



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

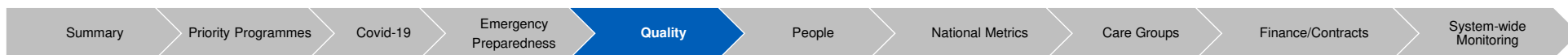


Quality Headlines											
Section	KPI	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	61.3%	57.2%	60.0%	53.0%	66.0%	68.0%	70.0%	72.0%	N/A
Complaints	% of feedback with staff 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	0% 0/16	1
Service User Experience	Friends and Family Test - Mental Health	85%	85%	88%	85%	85%	84%	86%	85%	83%	1
	Friends and Family Test - Community	95%	93%	93%	92%	93%	93%	93%	94%	93%	1
Quality	Number of compliments received	N/A	25	31	10	13	5	28	39	83	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	trend monitor	26	29	20	39	32	37	25	40	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	trend monitor	3	0	0	0	2	2	2	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	0	0	1	2	0	0	0	0	1
	% 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%	50.5%	2
	Number of Information Governance breaches 3	<12	19	10	9	13	11	13	8	12	2
	Delayed Transfers of Care 10	3.5%	2.1%	2.6%	3.0%	2.8%	3.3%	2.7%	3.8%	4.3%	3
	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%	76.6%	84.2%	3
	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%	74.3%	68.7%	3
	Total number of reported incidents	trend monitor	1127	1180	1253	1168	1244	1305	1184	1205	
	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	27	12	33	26	36	19	34	
	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	7	4	3	
	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	3	3	
	Safer staff fill rates	90%	116.6%	115.8%	115.6%	118.4%	117.4%	119.1%	118.1%	122.1%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	85.0%	84.7%	83.1%	87.5%	91.0%	90.8%	85.6%	90.5%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	trend monitor	45	49	25	43	48	45	29	49	
	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	0	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	90%	87.5%	80.0%	91.0%	100%	100%	92.0%	100.0%	95.2%	1
	Number of Falls (inpatients)	trend monitor	37	70	63	58	68	63	59	51	
	Number of restraint incidents	trend monitor	152	171	161	160	169	223	189	212	
	% people dying in a place of their choosing 14	80%	85.7%	100.0%	85.3%	85.7%	91.7%	93.3%	78.1%	93.8%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	0	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	2
	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

* See key included in glossary

Figures in italics are not finalised

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



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

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Quality Headlines

- Number of restraint incidents - during January increased to 212 from 189 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 - 0 in January.
- The number of people with a risk assessment/staying safe plan in place within timescale - See Priority Programmes section for further details.
- % Service users on CPA offered a copy of their care plan - See Priority Programmes section for further details.
- Delayed transfers of care - we are starting to experience pressures linked to patients being medically fit for discharge but who are subsequently delayed. We are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homelessness services and housing providers.
- 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 (Macmillan service and end of life pathway) - 93.8% of service users died in their place of choice during January. This is now above the local 80% threshold.

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 2022. The orientation phase of work concluded successfully at the end of November 2022. 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 - system where Serious Incidents are recorded)

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

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Summary of Incidents

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

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

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

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

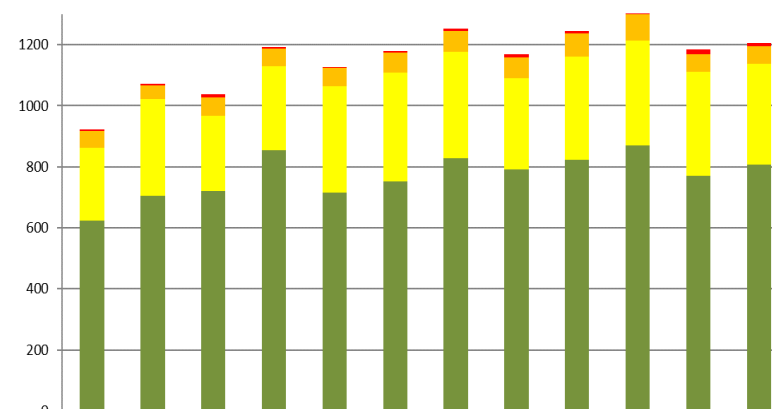
95% of incidents reported in January 2023 resulted in no harm or low harm or were not under the care of the Trust. This is based on the degree of actual harm.

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

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

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

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



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Red (should not be compared with SIs)	4	6	10	6	2	6	9	9	7	4	14	10
Amber	56	43	60	58	60	65	66	68	76	87	59	58
Yellow	239	318	246	274	350	358	350	299	339	344	340	331
Green	623	705	721	855	715	751	828	792	822	870	771	806
Total	922	1072	1037	1193	1127	1180	1253	1168	1244	1305	1184	1205

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 January 2023



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 January 2023:

34 Moderate harm incidents:

- 22 Category 3 pressure ulcer incidents
- 1 Physical violence by other against patient
- 8 Self harm incidents
- 3 inpatient falls

3 Severe harm incidents:

- 1 Category 4 pressure ulcers
- 2 Serious self harm incident

3 Patient safety related deaths:

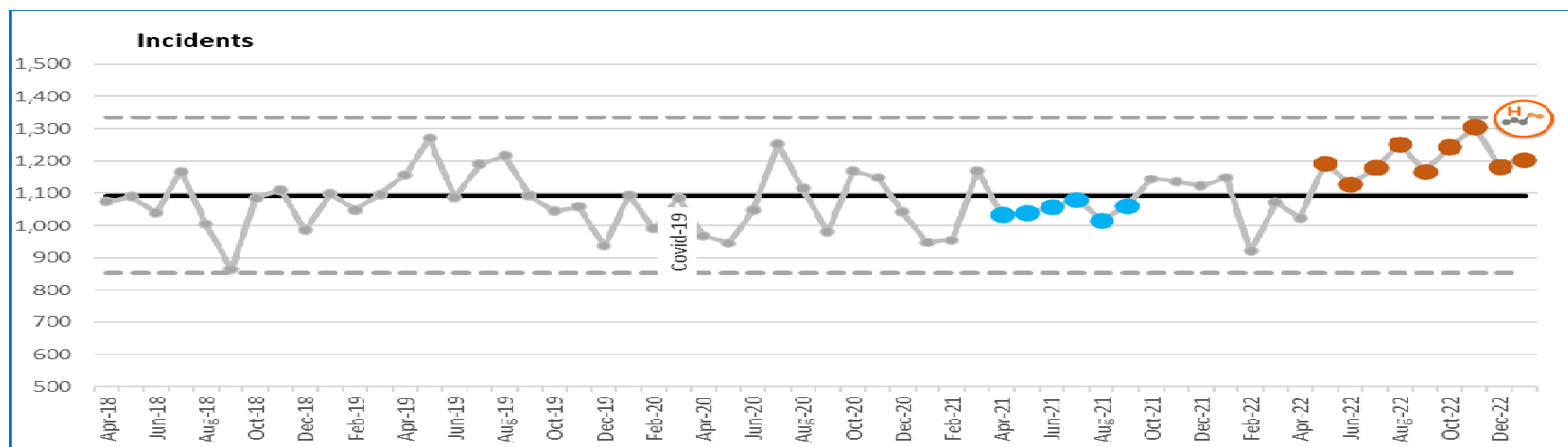
- 3 Suicide (including apparent) - community team care, current episodes.



Safety First cont...

Mortality

- We have taken part in an informal peer support group with colleagues in other mental health Trusts across the North of England to share learning.



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.](#)

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 January 2023

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 January 2023 - none.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/002/CMU	Supply of Licensed and Unlicensed Epidural Infusion Bags	16/01/2023	No - alert not applicable to trust	27/01/2023	26/01/2023
NatPSA/2023/001/NHSPS	Use of oxygen cylinders where patients do not have access to medical gas pipeline systems	10/01/2023	Yes - circulated for information	10/01/2023	17/01/2023



Safer Staffing Inpatients

January has seen an overall improvement on meeting safer staffing targets. This has been positively affected by:

- the availability of substantive staff as well as the flexible staffing resource
- there has been a reduction in annual leave taken
- sickness had reduced overall by 1% in January.

Although acuity remains high there was a slight decrease in the number of overall requests made of the flexible staffing resource, though there were more requests filled.

Recruitment drives continue for substantive and bank staff, with 54 bank offers made following a return to face to face assessment centres in January, as well as reviewing the process of agency staff transferring to bank. We continue with our rolling band 5 and bank adverts as well as two adverts for substantive band 2.

We continue with bespoke band 5 adverts for hotspot areas as well as with our international recruitment. To date we have had 42 Internationally Recruited band 5 nurses with 39 being on the wards throughout the Trust, including on the Neurological Rehabilitation Unit. We have bid for financial support from NHSEI through the first three quarters of the new financial year and hope to realise another 60 candidates before December 2023.

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. We continue to monitor the hours that staff work to support staff wellbeing.

The Trust is carrying out an extensive establishment review within the older people's, 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.

Project plans for the continued roll out of SafeCare and moving all teams onto the health roster system have been agreed and the implementation will begin in February 2023.

We continue to fall short of the Registered Nurse fill rate for day shift however this is an improving picture, which helps maintain the overall fill rate. The overall fill rate describes the acuity on inpatient areas when looked at in conjunction with the unfilled shifts. Teams continue to deliver a high quality of care, and maintain safe services however staffing has impacted on section 17 leave being taken at times, as well as other interventions being delayed.

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).

No wards fell below the 90% overall fill rate threshold, this is a reduction of three from the previous month. Inpatient areas continue to experience increased pressure through acuity, 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. There were 27 (86.4%) of the 31 inpatient areas who achieved 100% or more overall fill rate, this is an increase of four from the previous month. Of those 27 wards, 14 (an increase of five on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

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

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Safer Staffing Inpatients cont...

Registered Nurses days Overall registered Day fill rates have increased by 8.5% to 84.1% in January compared with the previous month.

Registered Nurses Nights Overall registered Night fill rates have decreased by 1.3% in January to 96.9% compared with the previous month.

Overall Registered Rate: 90.5% (increased by 4.9% on the previous month)

Overall Fill Rate: 122.1% (decreased by 4.0% on the previous month)

Health Care Assistants showed an increase in the day fill rate of 1.0% to 140.6% and the night fill rate increased by 4.2% to 155.9%.

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	452 (-167)	4,928.70	35.29% (-11.0%)	863 (+131)
Unregistered	501 (-112)	5,621.75	10.68% (-2.05%)	4,131 (+74)
Grand Total	953 (-279)	10,550.45	15.84% (-4.10%)	

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

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

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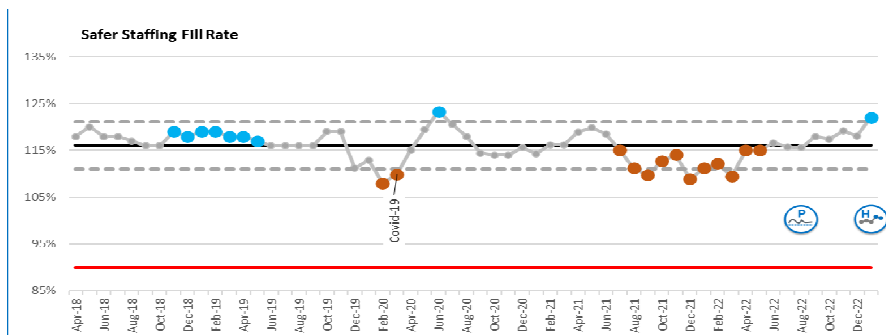
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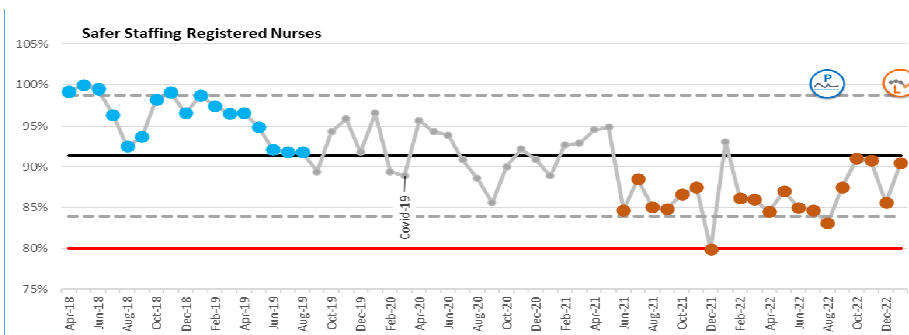
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Safer Staffing Inpatients cont...



The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. As at January 2023 we have moved into a period of special cause improvement.



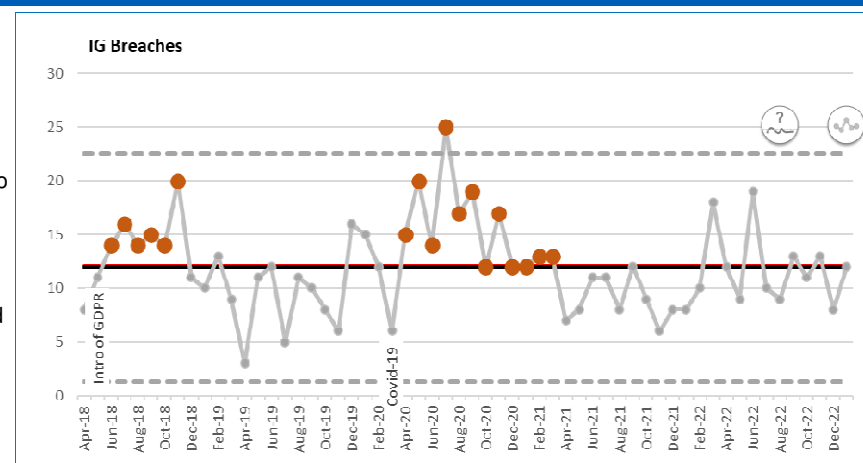
The chart above shows that the staffing rate for registered nurses has also had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In January 2023 we remain in a period of special cause concerning variation. Further information about staffing levels can be found on the previous page.

Information Governance (IG)

12 personal data breaches were reported during January, which is an increase on the previous month though still within acceptable range (see SPC chart). It has been noted at the Improving Clinical Information Group (ICIG) that numbers of incidents has generally been higher 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.

10 breaches involved information being disclosed in error. They were due to multiple letters being put in one envelope, papers being sent to the wrong recipient, emails sent to the wrong address, sharing a mobile number with an unauthorised party and confidential information not being removed from meeting papers.

Other incidents were reported due to sharing of Smartcards and failure to fully record patient contacts, which are being investigated by service management.



This SPC chart shows that as at January 2023 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

The Trust is preparing to undertake the quarter 3 submissions at the end of February 23. 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.

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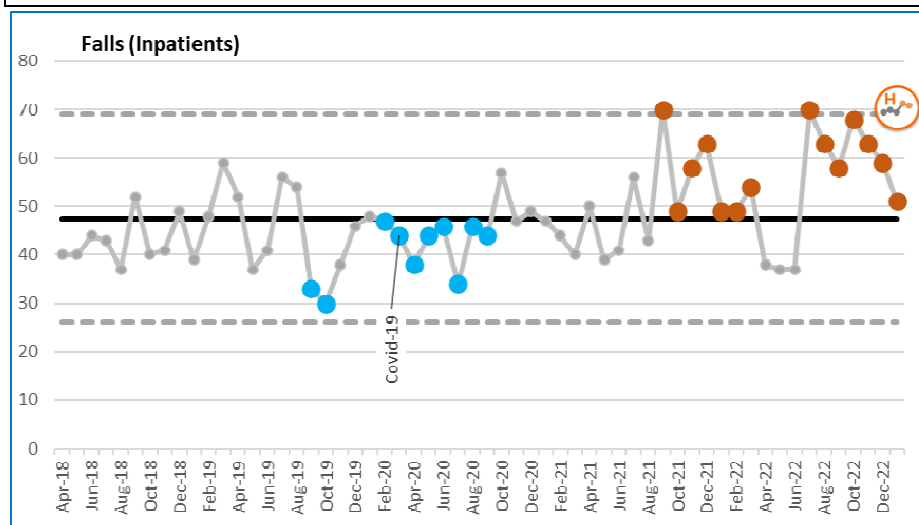
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Falls (Inpatient)

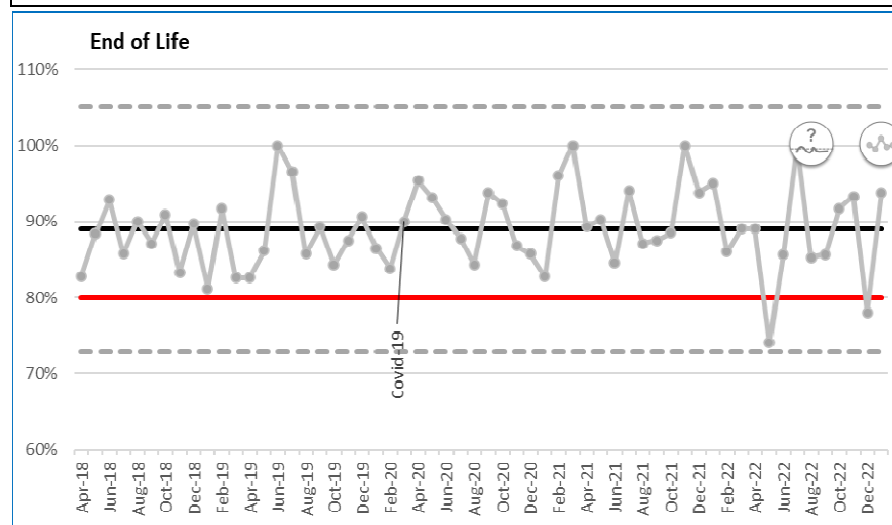
The total number of falls was 51 in January, which is a decrease from the previous month.



The SPC chart above shows that in January 2023, we remain in a period of special cause concerning variation. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 93.8% in January.



The chart above shows that in January 2023 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

- 93% would recommend community services
- 83% would recommend mental health services

Mental Health Friends and Family Test Results				
	Target	Nov-22	Dec-22	Jan-23
Community Services	85%	85%	84%	83%
Acute	85%	82%	91%	88%
Secure & Forensics	60%	92%	100%	100%
Other*	85%	96%	87%	84%
Total	85%	86%	85%	83%

Specialist Services Friends and Family Test Results				
	Target	Nov-22	Dec-22	Jan-23
ADHD	85%	63%	50%	42%
CAMHS	75%	80%	88%	74%
Learning Disability	85%	96%	82%	88%

Community Services Friends and Family Test Results				
	Target	Nov-22	Dec-22	Jan-23
Children & Families	95%	100%	100%	100%
Inpatient	95%	100%		
Nursing	95%	100%	100%	100%
Other	95%	92%	100%	
Rehabilitation & Therapy	95%	93%	94%	93%
Specialist**	95%	87%	95%	
Total	95%	93%	94%	93%

*includes insight team, perinatal, friends and family team

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

The number of people who would rate the Trust services as 'very good' or 'good' declined Trustwide and across mental health and Barnsley community services. We have seen a drop in people who would rate the Trust services in December and January in previous years. Further investigation did not highlight any areas of concern.



Patient Experience cont...

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

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



Safeguarding

Safeguarding Adults:

In January 2023 there were 28 reported incidents which were categorised as Safeguarding Adults. None were graded as red, 6 were graded as amber, 11 were graded as yellow and 11 were graded as green. The two most common categories of Safeguarding Adult incidents were psychological abuse and Domestic abuse. All of the six amber incidents received the necessary investigation, actions and referrals as appropriate for each individual case.

Safeguarding Children:

In January 2023 there were 16 reported safeguarding Children's incidents, 9 of these were green, low risk and 7 were categorised as yellow, moderate risk. The most common theme was 'child protection other', followed by 'neglect' concerns. There were no red reported incidents in January 2023. All of the cases themed as 'child protection other' received the necessary investigation, actions and referrals as appropriate for each individual case.

Additional Information

In January 2023, there were 186 advice calls to the Safeguarding Team of these, 129 were for Safeguarding Adult advice calls and 57 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 a collection of calls unable to classify and information sharing. 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 E.coli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:

Hand Hygiene-Trust wide Total – 90%

Infection Prevention and Control- Trust wide Total – 88%

Policies and procedures, 12-month extension request for policies that are for review in 2023, this is to accommodate implementation of the National IPC Manual.

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 – 4 out of 14 (29%)
- 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 have either received the monthly delay/update letter apologising for the delay (for those waiting to be allocated to a case handler), or for those allocated a case handler are updated regarding the progression of their complaint throughout the complaint process/journey.
- Longest waiting complainant to be allocated to a customer service officer – 22 weeks average. Three recently allocated cases have not been in date order due to higher priority to resolve.
- There were 16 new formal complaints in December 2022
- Of these 0 were closed due to no contact/consent, 10 are awaiting consent, 3 are awaiting allocation, 2 are awaiting questions and 1 has timescales start date.
- 0% of new formal complaints (n=0) have staff attitude as a primary subject.
- 83 compliments were received. This has increased as we have had temporary admin support to clear the backlog and add to Datix.
- Customer services closed 14 formal complaints in January 2023.
- Number of concerns (informal issues) raised and closed in January 2023 – 52
- Number of enquiries responded to in January 2023 - 254

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Reducing Restrictive Physical Intervention (RRPI)

There were 212 reported incidents of Reducing Restrictive Physical Interventions used in January 2023. This is an increase of 23 (12.1%) incidents from December 2023 which stood at 189 incidents.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	125	35.2%
Safety Pod	52	14.6%
Seated	49	13.8%
Supine	39	10.9%
Restricted escort	37	10.4%
Prone	21	5.9%
Kneeling	13	3.6%
Side	12	3.3%
Prone then rolled	7	1.9%

95.2% of Prone Restraints in January 2023 lasted under 3 minutes.

Prone restraint (those remaining in Prone position and not rolled immediately) was reported 21 times of 355 (5.9%) of total restraint positions, this is a reduction of 2 (8.6%) from last month that stood at 23 of 582

Team Utilising Prone Restraint	Total	Duration of Prone Restraint	Total
Horizon	9	0 - 1 minute	17
Clark	2	1 - 2 minutes	2
Crofton	2	2 - 3 minutes	1
Newhaven	2	4 - 5 minutes	1
Stanley	2		
Bronte	1		
Elmdale	1		
Walton PICU	1		
Ward 19	1		

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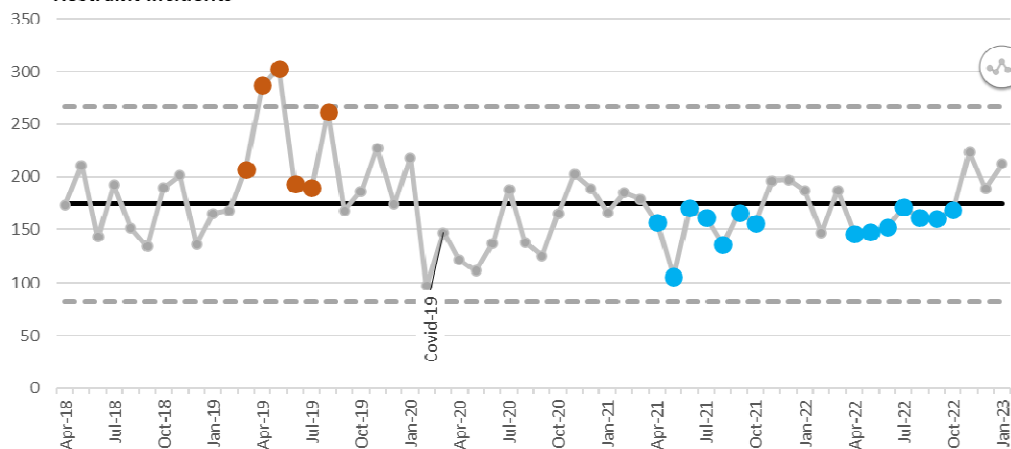
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Reducing Restrictive Physical Intervention (RRPI)

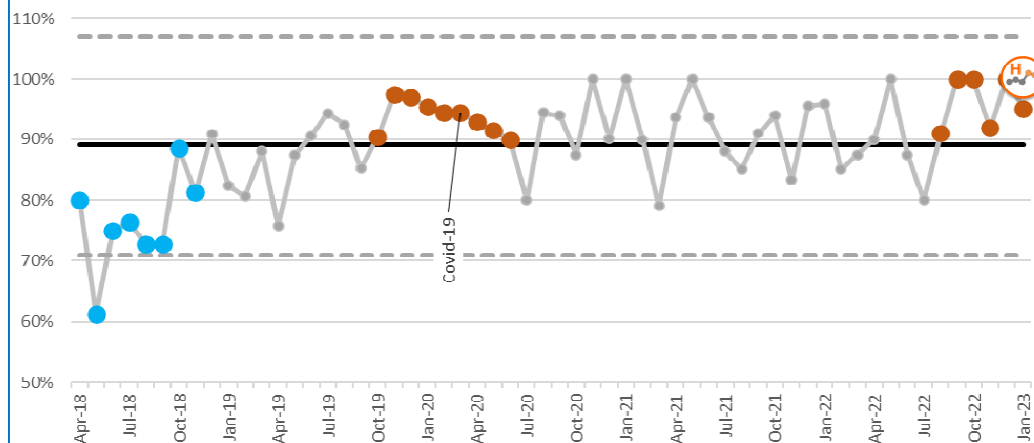
Restraint Incidents



This SPC chart shows that there was a period of special cause concerning variation in mid 2019 (orange markers) however since that point there has been mainly common cause variation in the number of incidents reported with a period of special cause improving variation (blue markers) more recently. In January 2023 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).

The continued increase in prone restraint incidents in January 2023 means that we are now in a period special cause concerning variation. This metric will be closely monitored.



Guardian of Safe Working - Quarterly report Q3 (October-December 2022)

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in Psychiatry remains good and there has been positive news about an increase in training numbers across the region, with 3 additional posts from August 2022 and more promised from August 2023. However, there has been more concerning news about a loss of Higher Training numbers in Old Age Psychiatry across Yorkshire, with implications for trainees and rotas and longer-term concerns about the effect this may have on already difficult to fill consultant posts. There have been some changes at rather short notice for the August and December rotations with gaps affecting Wakefield, Barnsley and especially Calderdale (CTx2, GPx1, FYx1 and STx1). It has been difficult to appoint trust locums and so there are currently 2 agency locums working with the trust. There has also been short notice given to the trust about how many trainees will be LTFT, such that rotas have been written before notification. Although we now have 71 training posts, the Whole-Time-Equivalents in post are less than 60 due to a combination of vacancies, maternity leave and LTFT trainees in full-time slots. Postgraduate administrative staff continue to liaise with colleagues in HEE to understand the difficulties and try to find ways of the trust receiving information in a more timely way and the Guardian of Safe Working has brought this up with the Psychiatry Head of School.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in SWYT since the introduction of the new contract. There had been a significant increase in the number of reports over the previous quarter (Q2) with 13. To put this in context, that equates to nearly 30% (13/44) of the ERs since the trust started using the Allocate reporting system 4.5 years ago. Over this last quarter, this fell back to 2 ERs, both completed by Foundation doctors. These both related to trainees working longer hours, one staying late to manage an urgent medical issue and the other for the longer shift when the clocks went back. Where possible, trainees are given Time off in-lieu. However, payment was agreed for 1 of these. Both doctors were happy with the outcomes.

Fines - There have been none within this reporting period.

Work schedule reviews - There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Overall, the numbers of gaps have remained stable with Calderdale and Barnsley having the highest proportion of gaps this quarter. The main factors included vacancies and LTFTs in full-time slots (51), Occupational Health recommendations for trainees to come off the rota (55) and sickness (38). The costs that were directly attributable to COVID-19, where trainees were COVID positive or self-isolating, are shown separately but the impact remains small currently. The Trust's Medical Bank has been working well with rota coordinators and the trainees themselves working hard to ensure that almost all the vacant slots on first tier rotas were filled by the Trust Bank. However, trainees have raised concerns that the rates paid have not risen for some time and are increasingly uncompetitive compared to other trusts locally. The outcome of a recent meeting to review this is awaited.



Guardian of Safe Working - Quarterly report Q3 (October-December 2022)

Gaps by rota October/November/December '22					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	53 (29%)	53 (100%)	0	0	0
Calderdale 1st	54 (29%)	65 (99%)	0	0	1
Kirklees 1st	7 (8%)	7 (100%)	0	0	0
Wakefield 1st	35 (19%)	35 (100%)	0	0	0
Total 1st	149 (22%)	148 (99.8%)	0	0	1
Wakefield 2nd	37 (40%)	0	5 (14%)	32 (86%)	0

Costs of Rota Cover October/November/December '22					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)	
Barnsley	53 (524)	£18,340	£0	0	
Calderdale	53 (500.75)	£17,778.75	£0	0	
Kirklees	7 (120)	£4,200	£0	0	
Wakefield	35 (320)	£14,422.5	£1,845	0	
Total	149 (1464.75)	£54,741.25	£1,845	0	

Issues and Actions

Junior Doctors' Forum (JDF) – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet by Microsoft Teams and attendance remains good. Issues discussed recently included rotas, completion of ERs and matters such as the process of claiming for expenses. Further concerns have been raised about the pressure on trainees on the Wakefield rota, particularly at weekends. It is hoped that the continued roll out of EPMA will help with reducing the time taken for routine administrative tasks. However, the Guardian of Safe Working, the Wakefield College Tutor and the trainee representative have met to discuss the concerns. An audit demonstrates the pressures on trainees, with particular concerns about trainees being away from the Fieldhead site for prolonged periods if they need to attend patients at The Poplars and consequent delays to response times for other urgent issues. We continue to explore options to improve trainees' experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education.

Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees' experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum. The Medical Directorate Business Manager, the Postgraduate Medical Education Lead, the AMD for Medical Education, the Guardian of Safe Working and the College Tutors continue to meet frequently to coordinate the trust's support of trainees.

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	Jan-23
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	5,197.9	5,237.9
Employed Staff (ESR last day in the month)	Improving Resources	Well Led	GM	-	4,088.2	4,107.2	4,136.2	4,134.6	4,130.2	4,169.2	4,174.6	4,169.9	4,173.4	4,186.0
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8	895.2	942.0	926.8
Vacancy rate	Improving Resources	Well Led	GM	<10%	15.3%	14.7%	15.2%	14.7%	15.9%	16.2%	17.1%	17.4%	18.1%	17.7%
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%	14.3%
Starters	Improving Resources	Well Led	GM	-	45.8	54.0	56.5	46.4	58.1	69.5	56.9	50.5	26.6	65.4
Leavers	Improving Resources	Well Led	GM	-	59.7	39.6	37.0	56.9	56.3	51.6	48.2	40.6	27.5	60.1
Sickness absence - YTD (Incl Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.6%	4.6%	4.9%	4.8%	4.9%	5.0%	5.1%	5.3%	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%	5.3%
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	-	0	2	2	2	2	4
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting Under Development		59.7%	55.8%	61.3%	57.3%	56.0%	60.7%	62.9%	69.8%
Employee Relations - Tribunals	Improving Resources	Well Led	GM		3				2		1			Due April 2023
Employee Relations - Suspensions (over 90 days)	Improving Resources	Well Led	GM		0	0	1	1	2	2	2	2	3	3
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%	89.4%

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	Jan-23			
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AS	-	3			8			7			Due April 2023			
Estates Urgent Response Times - SLA 1 & 2	Improving Resources	Effective	AS	95%	Reporting Commenced November 2022										97.1%	98.1%	97.6%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good											Good	Good	Good
Statutory Compliance	Improving Resources	Effective	AS	100%											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

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

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

Stability of the Workforce

- Substantive Staff in Post has risen by 1.1% (12.62 WTE) in January and 2.4% (97.75 WTE) since April 2022.
- International nurse recruitment starters of 8 in January totalling 33 this financial year.
- Vacancies have reduced by 5.18 WTE within month with 926.78 WTE in total currently open vacancies, establishment has increased by 39.98 WTE within month and totalling 5237.90 overall. Establishment increase is due to the monthly phasing in funding from new developments.
- Rolling turnover is 14.3% but we are projecting a rate of around 13.8% at the end of year%. In month turnover is 11.60%.

Keep Fit & Well

Absence

- Absence rates decreased in month to 5.30% (1%) with the YTD staying the same at 5.30%.
- Cold and flu number have significantly reduced by 4 % to 11% in January.
- Forensics absence has reduced in month by 0.1% to 8.1% YTD.
- Estates and Facilities absence has reduced in month by 0.30% to 8.3% YTD.
- Stress related absences still accounts for the largest reason for increasing by 0.1% in month to 30.6% YTD.

Reason	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Stress/Anxiety	36.0%	36.0%	40.0%	39.0%	40.0%	32.0%	28.0%	31.0%	30.0%	34.0%
Other	36.0%	38.0%	34.0%	29.0%	31.0%	35.0%	34.0%	34.0%	30.0%	31.0%
Musculo-skeletal/Back	18.0%	20.0%	18.0%	17.0%	16.0%	17.0%	16.0%	16.0%	14.0%	16.0%
Cold/Flu	5.0%	2.0%	4.0%	3.0%	3.0%	4.0%	7.0%	9.0%	15.0%	11.0%
Infectious diseases (Possibly Covid)	0.0%	0.0%	0.0%	10.0%	8.0%	9.0%	12.0%	7.0%	8.0%	6.0%
Cancer	4.0%	4.0%	5.0%	2.0%	2.0%	2.0%	3.0%	3.0%	2.0%	2.0%

Supportive Teams

Appraisals

- Rolling appraisal compliance rate for January increased by 6.87% to 69.81%.
- CAMHS and Children Care Group performs above their trajectory target of 84.7% by reporting 88.87% this month.
- Expiries continue to outweigh new appraisals being completed with break downs by Care Group and directorates having EMT monthly oversight.
- All Care groups have increased compliance this month.
- The implemented monthly reminder/noncompliance email to all ESR Supervisors and WorkPAL appraisers appears to be helping

The recovery plan set out the need to appraise 284 employees who were non complaint each month. To date this has not been able to be achieve. However, looking at the capacity in the next few months (table below) we should be able to achieve the planned 284 staff per month.

	February	March	April	May	June	July	August	September	October	November	December	January
Employee headcount	157	106	42	43	135	213	225	318	350	474	404	296

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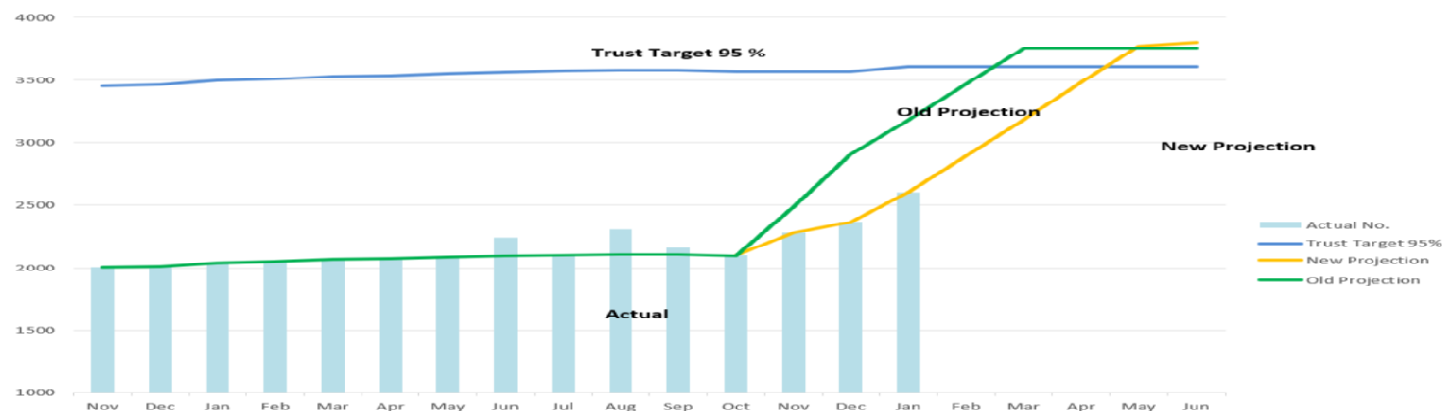
National Metrics

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Based on the previous performance we anticipate this can be achieved. Please find below an updated chart that shows the new forecast and that the target can be achieved by end of quarter 1 2023



Mandatory Training

- Overall mandatory training reports 89.4% 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 reported are below the Trust 80% target, which are Resuscitation, Food Safety, and RRPI.
- Local induction reports 77.2% which is a monthly increase of 0.96%. After chasing up we've had 36.9% response rate. There are now 193 recent new starters not yet reported their local induction completion, a reduction of 113 from the last reported position.

GPTW Themes

The Deputy Director of Strategy and Change recently met with the People Directorate senior team about how we measure the achievements under the Great place to work (GP2W) programme of work and this is the agreed measures for 2022/23:

Area	Measure	Method
Recruitment & retention	Number of full time equivalent staff over time	Run chart, monthly intervals
	Number of international nurses recruited	Run chart, quarterly intervals
Workforce availability	% Bank fill rates	SPC chart, monthly intervals
Staff engagement	Staff survey response rate	Single % compared to previous year's performance

Work is now underway to gather the data for the end of the quarter 4.

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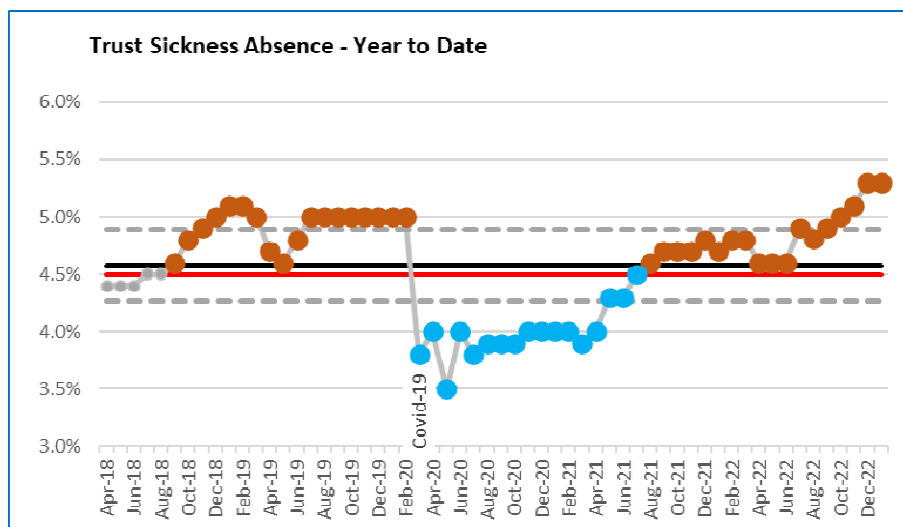
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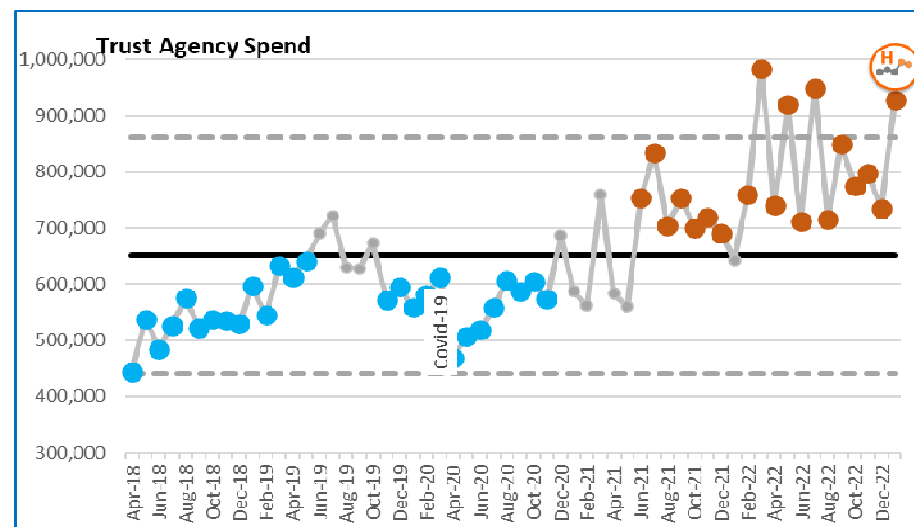
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Analysis



The chart above shows that as at January 2023 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 January 2023 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance.

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

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

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

KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Data quality rating ^a	Variation/ Assurance
The number of incomplete Referral to Treatment (RTT) pathways of 52 weeks or more at the end of the reporting period.	Improving Care	Responsive	CH	SC	0	0	0	0	0	0	0	0	0	0	0		
Inappropriate out of area bed days	Improving Care	Responsive	CH	SOF/LTP		1686	1245	874	1391	278	226	454	498	439	482		
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	70%	Reporting to commence January 2023										87.5%	
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%	91.7%	85.2%	93.6%	94.6%	84.8%	92.6%		
IAPT - proportion of people completing treatment who move to recovery	Improving Health	Responsive	CH	LTP/SC	50%	52.6%	53.4%	53.9%	47.1%	51.7%	53.1%	51.4%	41.0%	52.6%	57.1%		
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	426	369	392	455	377	500		
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	2457	751	844	849	910	698	981		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	98.8%	98.5%	88.5%	93.5%	96.1%	88.5%	86.9%	89.5%	93.5%	95.1%		
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP	19 per Qu - Calderdale 15 per qu - Kirklees 5 per qu - Wakefield	Reporting commenced Q1 2022					21 Calderdale 35 Kirklees	18 Calderdale 31 Kirklees 29 Wakefield			Due April 2023		
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	85	118	72	69	84	81		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	68.9%	91.7%	95.9%	86.2%	100.0%	94.7%	98.7%	100.0%	86.2%	88.0%		
The percentage of service users under adult mental health specialties who were followed up within 72 hours of discharge from specialist inpatient care			SC		80%	84.0%	84.6%	89.0%	88.1%	86.9%	89.0%	87.8%	89.6%	88.9%	87.1%		
IAPT - Treatment within 6 Weeks of referral	Improving Health	Responsive	CH	SC	75%	94.2%	94.7%	97.5%	98.4%	97.2%	97.8%	98.0%	98.6%	98.5%	97.7%		
IAPT - Treatment within 18 weeks of referral	Improving Health	Responsive	CH	SC	95%	99.9%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	99.9%	99.5%	99.8%		
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%	100.0%	80.0%	100.0%	90.0%	100.0%	87.5%		
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%	68.8%	75.0%	78.4%	79.3%	88.2%	88.6%		
Data Quality Maturity Index	Improving Health	Responsive	CH	SC	95%	99.4%	98.5%	99.5%	99.1%	99.5%	99.2%	99.2%	99.0%	99.1%	99.2%		

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics			Care Groups	Finance/Contracts			System-wide Monitoring				
KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Data quality rating	Variation/ Assurance
Total bed days of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	5	16	44	23	24	20	13	10	0	8		
Total number of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	1	1	2	4	1	1	2	2	0	2		
Number of detentions under the Mental Health Act (MHA)	Improving Care	Safe	CH	O	Trend Monitor	175	183	179	161	179		161			Due April 2023		
Proportion of people detained under the MHA who are BAME	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%	99.0%	98.8%	100.0%	98.7%	100.0%	98.9%		
% 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%	93.9%	94.3%	95.6%	94.9%	96.9%	95.8%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	88.4%	88.3%	87.2%	85.7%	86.8%	86.9%	86.0%	85.8%	85.2%	84.4%		
% clients in employment	Improving Health	Responsive	CH	O	10%	9.9%	11.1%	11.8%	11.7%	11.8%	11.8%	12.0%	11.6%	11.4%	11.7%		
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%	98.2%	97.7%	98.8%	97.4%	98.5%	98.3%		
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%	99.4%	99.3%	99.3%	99.3%		

Glossary				Variation Icons							Assurance Icons		
SOF	NHSEI System Oversight Framework	O	Other national metric	The icon which represents the last data point on an SPC chart is displayed.							If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
SC	NHS Standard Contract	SU	Service user	ICON									
LTP	NHS Long Term Plan	CPA	Care programme approach	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 remains above the target threshold at 95.1%
- 72 hour Follow up remains above the threshold at 87.1%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has increased slightly to 88.0% in January but remains 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 January 7 out of 8 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 January, 4 cases out of 35 were not seen within four weeks. The reasons behind the breaches are routinely reviewed and for January they generally related to family cancelling or choosing to defer an earlier offered appointment.
- During January 2023, there were two 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 57.1% for January.
- % service users on CPA having formal review within 12 months remains above threshold during the month of January.



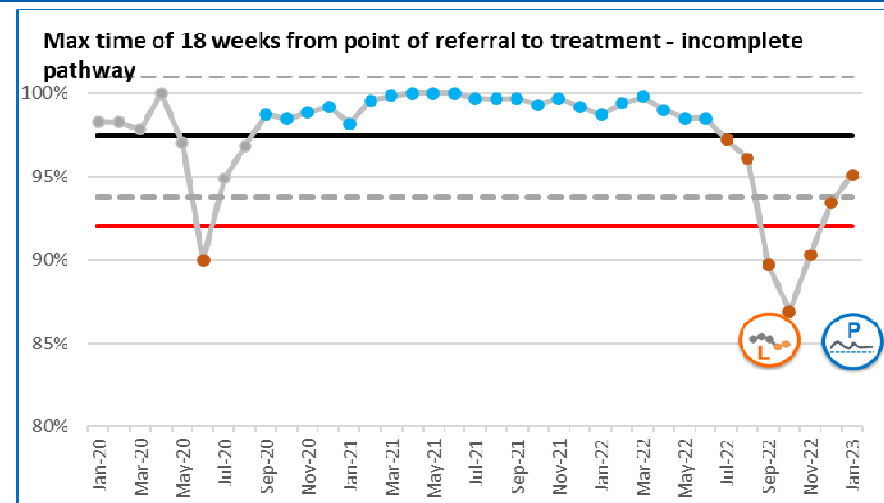
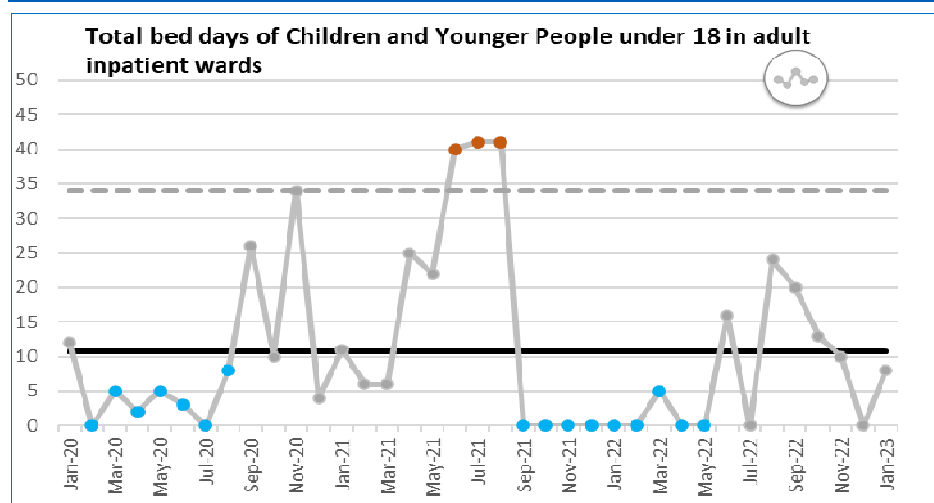
Data quality:

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:

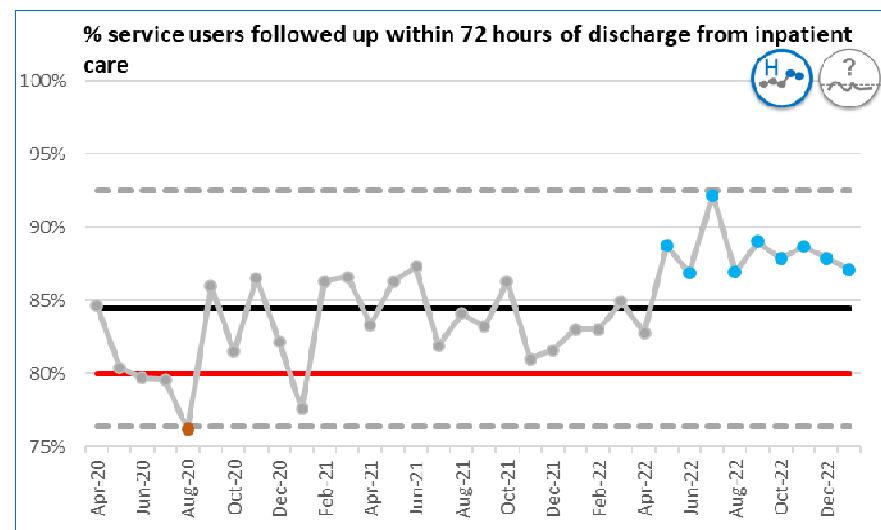
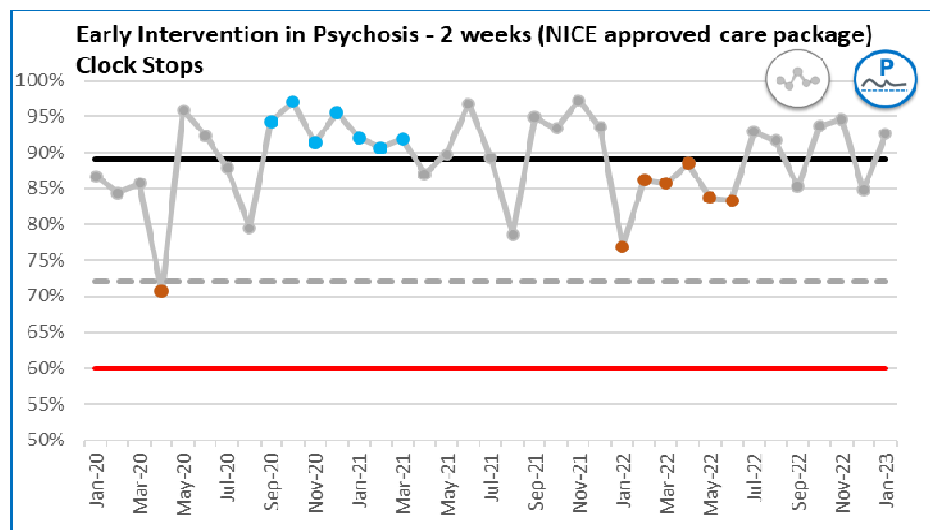
- The reporting for employment and accommodation for January shows 15.5% of records have an unknown or missing employment and/or accommodation status. This is in line with December which showed 15.3% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within business delivery units to review this data and improve completeness.

Analysis



The SPC charts above show that we remain in a period of common cause variation regarding the number of beds days for children and young people in adult wards with two under 18 admissions in January 2023. Although now above target, after three consecutive periods of underperformance against the referral to treatment metric we remain in a period of special cause concerning variation.

Analysis



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



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

Mental Health Community (Including Barnsley Mental Health Services)					Barnsley General Community Services				
Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance	Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance
% Appraisal rate	>=90%	64.5%	65.0%		% Appraisal rate	>=90%	68.2%	74.4%	
% Assessed within 14 days of referral (Routine)	75%	72.3%	88.9%		% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/1)	
% Assessed within 4 hours (Crisis)	90%	97.6%	100.0%		% people dying in a place of their choosing	80%	78.1%	93.8%	
% Complaints upheld with staff attitude as an issue	< 20%	29% (2/7)	0% (0/6)		Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.1%	71.5%	
% service users followed up within 72 hours of discharge from inpatient care	80%	88.9%	87.1%		Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.5%	96.3%		Information Governance training compliance	>=95%	87.9%	87.0%	
% Treated within 6 weeks of assessment (routine)	70%	98.0%	98.8%		Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	93.5%	95.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.9%	72.5%		Maximum 6 week wait for diagnostic procedures	99%	86.2%	88.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	74.3%	68.7%		No of staff off sick - Covid-19 not working	N/A	3		
Information Governance training compliance	>=95%	87.1%	87.5%		Reducing restrictive practice interventions training compliance	>=80%	0.0%	25.0%	
No of staff off sick - Covid-19 not working	N/A	2	6		Safer staffing (inpatient)	90%	105.8%	111.0%	
Reducing restrictive practice interventions training compliance	>=80%	70.5%	71.2%		Sickness rate (Monthly)	4.5%	6.4%	5.8%	
Sickness rate (Monthly)	4.5%	5.9%	5.7%						
Mental Health Inpatient					Forensic				
Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance	Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance
% Appraisal rate	>=90%	22.6%	33.2%		% Appraisal rate	>=90%	67.4%	72.7%	
% Bed occupancy	85%	84.9%	86.5%		% Bed occupancy	90%	90.1%	88.6%	
% Complaints upheld with staff attitude as an issue	< 20%	20% (1/5)	0% (0/0)		% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.3%	68.8%		% Service Users on CPA with a formal review within the previous 12 months	95%	86.8%	85.5%	
Delayed transfers of Care (DTOC)	3.5%	5.7%	6.4%		Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.7%	78.4%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	76.6%	84.2%		Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Inappropriate Out of Area Bed days	276	437	482		FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	86.7%	87.1%		Information Governance training compliance	>=95%	85.5%	85.7%	
No of staff off sick - Covid-19 not working	N/A	1	1		No of staff off sick - Covid-19 not working	N/A	0	5	
Physical Violence (Patient on Patient)	Trend Monitor	17	11		Physical Violence (Patient on Patient)	Trend Monitor	8	1	
Physical Violence (Patient on Staff)	Trend Monitor	43	43		Physical Violence (Patient on Staff)	Trend Monitor	11	16	
Reducing restrictive practice interventions training compliance	>=80%	63.8%	79.6%		Reducing restrictive practice interventions training compliance	>=80%	65.5%	81.5%	
Restraint incidents	Trend Monitor	12	2		Restraint incidents	Trend Monitor	3	0	
Safer staffing	90%	119.4%	124.5%		Safer staffing	90%	113.0%	115.0%	
Sickness rate (Monthly)	4.5%	6.9%	6.2%		Sickness rate (Monthly)	5.4%	9.8%	7.1%	
LD, ADHD & ASD					CAMHS				
Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance	Metrics	Threshold	Dec-22	Jan-23	Variation/Assurance
% Appraisal rate	>=90%	74.7%	74.2%		% Appraisal rate	>=90%	84.5%	85.8%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/2)	0% (0/3)		% Complaints upheld with staff attitude as an issue	< 20%	0% (0/2)	0% (0/3)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	59.3%	62.5%		CAMHS - Crisis Response 4 hours	N/A	100.0%	87.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	78.4%		Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.4%	71.8%	
Delayed transfers of Care (DTOC)	3.5%	20.1%	20.0%		Eating Disorder - Routine clock stops	95%	88.2%	88.6%	
Information Governance training compliance	>=95%	90.9%	91.9%		Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	87.5%	
LD - First face to face contact within 18 weeks	90%	78.3%	78.6%		Information Governance training compliance	>=95%	88.2%	85.8%	
No of staff off sick - Covid-19 not working	N/A	0	0		No of staff off sick - Covid-19 not working	N/A	1	0	
Physical Violence - Against Patient by Patient	Trend Monitor	1	0		Reducing restrictive practice interventions training compliance	>=80%	68.5%	70.8%	
Physical Violence - Against Staff by Patient	Trend Monitor	60	56		Sickness rate (Monthly)	4.5%	5.3%	2.3%	
Reducing restrictive practice interventions training compliance	>=80%	68.5%	74.3%						
Safer staffing	90%	151.3%	153.6%						
Sickness rate (Monthly)	4.5%	6.9%	6.2%						
Restraint incidents	Trend Monitor	26	0						



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

Barnsley mental health services:

Alert/Action

- Record keeping remains a focus and team managers prioritising FIRM risk assessment, safety plans and formulation. Outstanding FIRM Risk Assessments reduced to 26.3%. Improvement work supported by P&I.
- Issues identified with medical care plans data quality impact on data for risk assessments. Now rectified.
- Further leadership attention to care programme approach (CPA) documentation. There has been a recent improvement to 92%.
- Intensive Home-Based Treatment caseload: 56. Almost double commissioned capacity. Increased level of acuity and complexity - in part linked with bed availability

Advise

- Single point of access (SPA) referrals consistent over the last 12 months and returned to pre-pandemic levels.
- Core continues to have ongoing issues around capacity and demand, work continues to work through and solve these long standing problems. Staff are being consulted on a new pathway integrating primary care and secondary care provision
- 95% A&E referrals seen within 1 hour and 95% of discharges from mental health beds followed up within 72 hours
- Waiting lists in improving access to psychological therapies (IAPT) remain high for cognitive behavioural therapy (CBT) and Counselling
- Work being undertaken around the development of an all age eating disorder service further meetings being held with South Yorkshire Integrated Care System. A band 7 clinical lead for eating disorders is due to take up post in April 2023
- Scoping work has commenced to further develop the service offer around the health and wellbeing pathway in mental health

Assure

- South Yorkshire Liaison and Diversion have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The lived experience charter underpins equality, involvement, and inclusion
- Family Lives peer support service has commenced receiving referrals.
- Working jointly with colleges from Barnsley Healthcare Federation we have been able to provide 100 bags of food and other winter essentials which we hope to sustain over the next 3 months. Further funding has been received to enable this support to continue over the coming months.



Child and adolescent mental health services:

Alert/Action

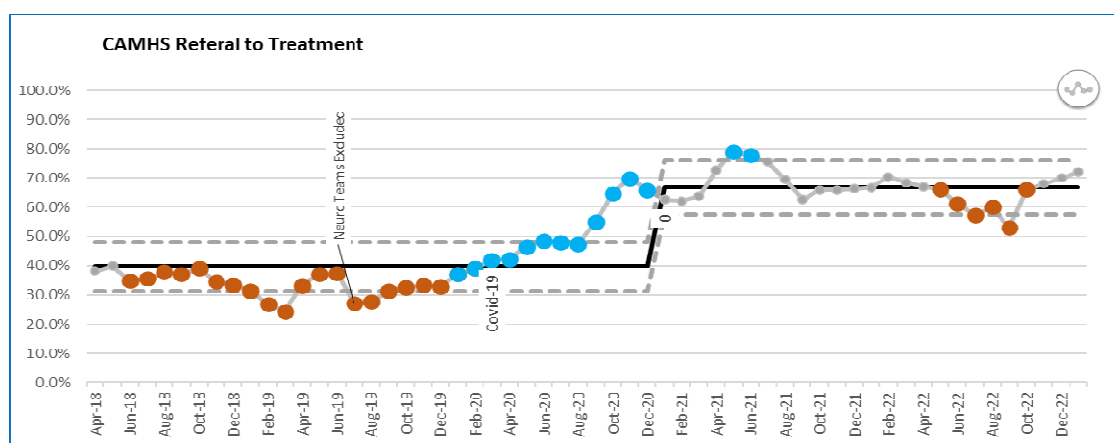
- Improvement work not fully evidenced with respect to mandatory training compliance. Reducing restrictive practice interventions (70.8% - threshold 80%), Cardiopulmonary resuscitation (71.8% - threshold 80%) and information governance (85.8% - threshold 95%). Improvement expected in next reporting period.
- Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. Robust action plans in place – but a shortfall between commissioned capacity and demand remains. Transition to adult services also remains a focus for improvement work.
- Ongoing issue with shortage of specialist residential and T4 places leading to inappropriate stays for young people on acute hospital wards and in Trust in-patient beds. This is noted on the Trust risk register and subject of a number of recent MP enquiries. Work continues with the provider collaboratives to improve patient flow.
- The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues. Specific issues in relation to recruitment of band 6 nursing staff.
- Eating disorder pathways remain under demand pressure as a consequence of increasing referrals. This is consistent with national trends. Proactive within provider collaborative arrangements to optimise capacity

Advise

- An Any Qualified Provider model implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust CAMHS response. Concerns regarding quality of diagnosis received from some independent providers.
- Positive overview and scrutiny visit to Kirklees mental health support team
- Friends and Family Test under 80% target at 74% (25/34)
- A number of environmental issues have been escalated with respect to staff working conditions at Wetherby YOI. Progress being made in implementing action plan.

Assure

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



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

As you can see in January 2023 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

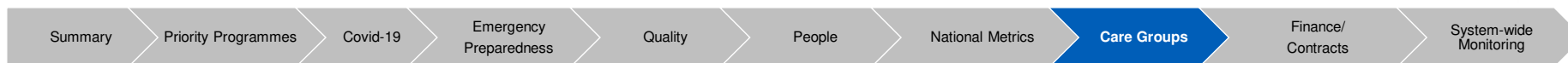
- Urban House (UH) Band 7 Nurse Prescriber left the service in November 2022; this leaves only one Nurse Prescriber creating pressure and some risk within the service. To date we have been unable to recruit through bank/agency on a temporary basis. Currently working with Pharmacy and the Walk in Centre in Wakefield, to provide cover for the service.

Advise

- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is being adopted across Barnsley. Barnsley Hospital will be utilising ReSPECT approach from mid-March and therefore we need to raise awareness amongst SWYPT teams and undertake e-learning before this goes live as we will receive patients into our care who will have had ReSPECT conversations and associated documents.
- National shortage of K-Lite support/compression bandages due to supply issues. Integrated Care Board (ICB) and regional wound care advisory group aware. Locally we have managed to obtain 3000+ surplus stock to minimise impact on Neighbourhood Nursing Services (NNS) – we are closely monitoring.
- Urban House (UH) – Commissioner is reviewing current health provision for the 6 resettlement programmes in Wakefield and will include UH. Met with commissioners in January 2023, and they have asked that we look at working collaboratively with primary care to ensure the delivery of equitable services for all those clients within the resettlement programmes in Wakefield.
- UH - Issue re asylum seekers and potential spread of diphtheria from Kent. There have been no known issues within Urban House since November 2022

Assure

- Our General Community and Children's Services took part in a successful visit from NHS England colleagues on 16/01/23. Services talked about challenges and how these are being overcome; service initiatives and innovative practice; and their passion and dedication to delivering the best possible services to the adults, children, young people, families and carers that they support.
- SWYFPT have successfully procured Yorkshire Smokefree Sheffield Service contract for a further 3 years commencing on 1 April 2023. The mobilisation of the contract has started.
- Temporary closure of Darfield District Nursing Teams – due to current staffing pressures within NNS. Caseload & Staff re-aligned to Wombwell & Thurnscoe District Nursing teams; Darfield Practice Manager fully supportive of temporary changes.
- Successfully appointed to Clinical Lead post for Urgent Care Response Team – Candidate will commence in post April 23.
- Permanent appointment to General Manager - Neighbourhood Teams.
- Successfully appointed to Registered General Nurse (RGN) Lead post – Candidate will commence in post in new financial year.
- Following service review of Neuro Rehabilitation Unit, additional AHP (Allied Health Professional) posts have now gone out to advert.



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

Alert/Action

- Friend & Family Test – Friends and family test remains red as at 48% (remains RED) Quality and Governance Lead exploring ways in which this can be improved e.g. use of tablets, the service has also engaged a volunteer to prompt and support completion of feedback.
- Reducing restrictive practice interventions training remains at 64.3% but is anticipated to improve now more courses are available.
- Calderdale AQP (Any Qualified Provider) for all-age neurodiversity has now launched. There are some risks for both the service and the Trust.

Advise

- Bradford Autism Pathway - Collaboration with Bradford District Care Foundation Trust
- The Waiting List Project is progressing as planned, 76% 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.
 - Two of the posts required to deliver the sustainable pathway in Bradford have been filled.
 - The service specification for the sustainable pathway was agreed and approved by commissioners last month

ADHD Waiting Lists

- The number of people waiting for an ADHD assessment has increased to 2962, 73% of these referrals were received in the last 12 months.
- 40 of these have been identified as high/medium risk and will be prioritized
- The maximum waiting times are in Barnsley, 5 people have been waiting between 2.5 to 3 years, all have an appointment booked in the next 3 weeks. (This is a big improvement on 2022 where the longest waits were over 4 years plus).

Assure

- All KPI targets met.
- Changes made to ADHD pathway is working well.
- Relationship with Bradford working very well.
- Some commissioners requesting pathway innovations and business cases are being prepared.

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. Improvement activity is focused on practice and culture. Care Quality Commission have been advised and a further update meeting is planned.
- Bradford Assessment and Treatment Unit – has now opened.
- Mandatory Training – ↑RRPI 76.3%, ↑CPR 75.4%, ↑IG 90.11

Community Services

- Waiting Lists in Community Services – Work continues to improve the position in terms of waiting times. Barnsley was above target this month (90.5%). In Calderdale, of three referrals received, there is one reported breach. Of the 22 Kirklees' referrals, 6 cases breached in Psychology, 1 in Dietetics and, 1 in Physiotherapy. In Wakefield, of the 12 referrals, the two cases in breach have now been seen albeit after the target. All waiting lists are regularly reviewed and RAG rated to ensure cases are prioritised according to need.
- 5 Community Team Leaders (4 locality leads and 1 Out of Hours lead) have now commenced in post.

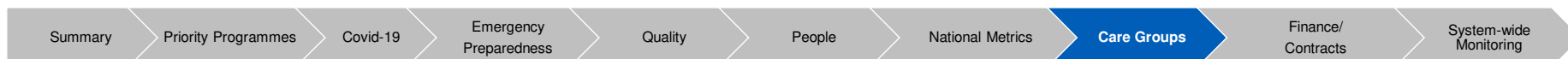
Advise

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.
- Following a meeting with Bradford District Care Trust a decision has been taken to move away from the 'shared' Multi-Disciplinary Team posts due to significant issues with retention. The Provider Collaborative remains committed to partnership working.

Community

- Workforce review is now progressing workstreams to improve the infrastructure to better meet challenges and demand.
- Plan to increase engagement with service users and carers now in place post covid.
- A community improvement programme is planned.



Assure

Assessment and treatment unit (ATU)

- Recruitment continues to progress.
- Robust plans in place to address mandatory training, supervision, and appraisal shortfall and steady progress is being made.

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

- Acuity remains high – The service has 2 service users waiting for admission to high secure, 1 further referral who has not been accepted and 3 referrals to medium secure that are more suitable to high secure (this is within the last 2 months)
 - Bed Occupancy – Newton Lodge 88.6%↑, Bretton 94.31%↓, Newhaven 93.75%↓.
 - Mandatory training overall compliance ↑:
 - Newton Lodge – ↑91.5%
 - Bretton – ↑88.1%
 - Newhaven – ↑88.6%
- The above figures represent a slight improvement in performance overall however within this there are some key areas requiring focused attentions which are RRPI, CPR, IG and Food Safety & Safeguarding Adults.
- 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 14.4% ↑. Recruitment & Retention remains a priority.
 - CPA: under target at 85.5%↓ remedial action in place to address this.

Advise

- The roll out of Trauma Informed Care is going well and training sessions for staff have commenced with some staff having completed all 4 modules.
- The WYPC are arranging a stakeholder event for Forensic Community Services 23.2.23 where the future of Forensic Community Services across West Yorkshire will be discussed.
- Appraisal & Supervision remain a priority.
- The well-being of staff also remains a priority within the service.

Assure

- No delayed transfers of care recorded across all three services.
- High levels of data quality across the Care Group (100%).
- 100% compliance for HCR20 risk assessments being completed within 3 months of admission.
- Friends and family test is 100%

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring
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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 however overall the numbers have not reduced. 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 working actively with partners in all places to reduce the length of time people who are clinically ready for discharge spend in hospital and to explore all options for discharge solutions / alternatives to hospital care.
- We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches across a range of measures. We are still experiencing higher numbers of patients with delayed transfers of care, and are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homelessness services and housing providers.
- Demand into the Single Point of Access (SPA) and capacity issues has led 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 but has continued to improve since a rapid improvement exercise. Wakefield SPA is at present under significant pressure and a specific improvement plan has been formulated looking at partnerships, roles and functions across the locality, including further integration opportunities with community transformation. 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 implemented.

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 CPR training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends. We are working closely with specialist advisors to optimise this and are now receiving current information per service line and timely advice of DNAs and training availability. We also have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

Assure

- We are performing well in gatekeeping admissions to our inpatient beds.
- We are looking at specific input into inpatient areas to support rapid improvement with trauma informed approaches, targeting female wards in the first instance.
- Friends and Family Test – remains positive and above threshold for all areas.
- We have had recent success in recruitment in to nursing posts in the community workforce.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/
Contracts

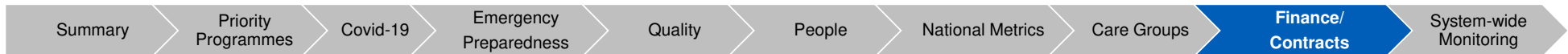
System-wide
Monitoring

Communications, Engagement and Involvement

- Planning for the Excellence awards on 4 May 2023
- Contributing to the writing of the Trust annual report
- Support to flu campaign and promotion of the Covid-19 booster programme
- Audit and updating Covid-19 intranet pages
- ReSPECT – promotion of the three levels of e-learning training
- Promotion of #allofusimprove e.g. improvement champions
- Working on QI toolkit for the intranet – launching next month
- Suicide prevention strategy launch support, and intranet pages refresh
- Quality strategy review, and communications support to launch
- 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
- 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
- New website forms for services

Engagement, Equality and Volunteering Update

- Equality and involvement annual action plans for 2023/2024 continue to be developed and will go to EII Committee for sign off in March
- A Trust wide framework to support staff to review equality data is now being evaluated for use by our BI/PI teams to build on what is already in place
- Monthly themed lunch box talks –focus on disability
- The 'All of You' equality data collection campaign continues to improve data collection for equality
- The Older peoples service transformation is moving towards a formal consultation. Consultation documents, plan, full equality impact assessment and outline business case are now being developed. Formal consultation planned for launch after Purdah in Spring 2023
- All of You: Race forward will be delivered through a programme approach commencing in March
- The Flair survey will close on 24 Feb, so far we have a response rate of just over 22%.
- The Trust wide approach to involvement is now progressing. The training modules to deliver 3 x 2-hour training sessions in March. A comms plan is now being developed for a full launch in April 2023 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)	£4.3m	£3.2m	The position reported here is as per the System financial performance measure. Guidance has changed in January 2023 to include any gains on disposal. The year to date surplus is £4.3m which is £1.0m higher than planned. The surplus is forecast at £3.2m in line with plan.
2	Agency Spend	£8.1m	£10.1m	The Trust allocation of the overall West Yorkshire Integrated Care Board (ICB) 2022 / 23 agency cap is £7.8m. Performance is measured against both this and also as a percentage of total pay expenditure. Year to date expenditure is £8.1m which is £1.6m more than cap.
		4.5%		
3	Overhead Costs	15%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	Financial sustainability and efficiencies	£5.4m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	Cash	£81.1m	£80.9m	Cash in the bank remains positive for both the year to date and forecast.
6	Capital	£3.5m	£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 publications that may be of interest to the board and its members.

[Community services statistics, November 2022, NHS Digital, 7 February 2023](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 10
(2022 / 23)



www.southwestyorkshire.nhs.uk

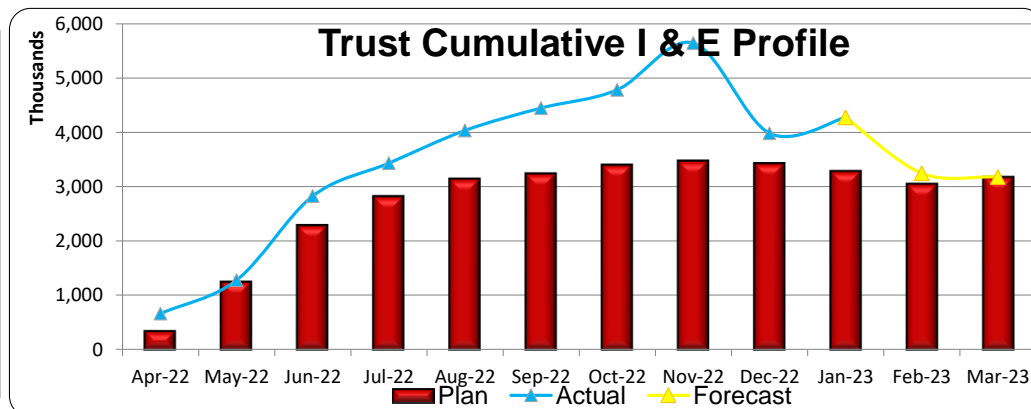
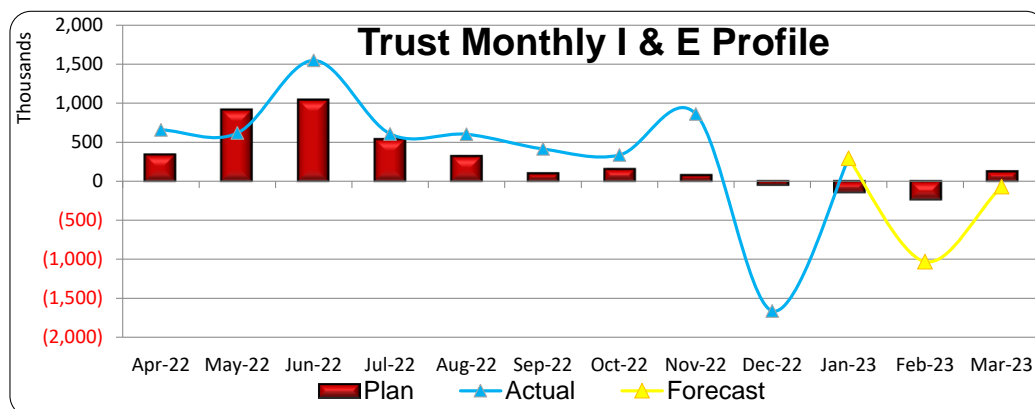
With **all of us** in mind.

1.0		Executive Summary / Key Performance Indicators		
Key Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
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2.0 Income & Expenditure Position 2022 / 2023

Trust Financial Position													
Budget				This Month			Description	Year to Date			Budget	Forecast	Forecast
Staff	Actual	Variance		Budget	Actual	Variance		Budget	Actual	Variance			Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				20,032	19,643	(389)	Healthcare contracts	204,405	199,328	(5,077)	245,520	240,538	(4,982)
				9,628	9,097	(531)	Other Operating Revenue	90,963	94,472	3,509	109,879	113,780	3,901
				29,660	28,739	(920)	Total Revenue	295,368	293,800	(1,568)	355,398	354,318	(1,080)
5,071	4,724	(347)	6.9%	(20,569)	(16,905)	3,663	Pay Costs	(193,040)	(182,368)	10,672	(233,714)	(220,326)	13,388
				(8,692)	(11,795)	(3,103)	Non Pay Costs	(93,280)	(101,749)	(8,469)	(111,662)	(124,568)	(12,906)
				0	336	336	Gain / (loss) on disposal	0	820	820	0	820	820
				0	0	0	Impairment of Assets	0	(787)	(787)	0	(787)	(787)
5,071	4,724	(347)	6.9%	(29,260)	(28,365)	896	Total Operating Expenses	(286,320)	(284,084)	2,236	(345,376)	(344,861)	515
5,071	4,724	(347)	6.9%	399	375	(25)	EBITDA	9,048	9,716	668	10,022	9,457	(566)
				(482)	(339)	143	Depreciation	(4,883)	(4,925)	(42)	(5,847)	(5,876)	(29)
				(179)	17	196	PDC Paid	(1,790)	(1,692)	98	(2,148)	(2,032)	116
				120	242	122	Interest Received	912	1,179	267	1,150	1,629	479
5,071	4,724	(347)	6.9%	(142)	294	436	Surplus / (Deficit)	3,287	4,278	992	3,178	3,178	(0)
				0	(19)	(19)	Depn Peppercorn Leases (IFRS16)	0	(191)	(191)	0	(229)	(229)
				0	2,225	2,225	Revaluation of Assets	0	2,225	2,225	0	2,225	2,225
5,071	4,724	(347)	6.9%	(142)	2,500	2,642	Surplus / (Deficit)	3,287	6,312	3,025	3,178	5,173	1,996



Income & Expenditure Position 2022 / 23

**Janaury 2023 financial position is a surplus supported by a Trust asset sale.
Year to date is a surplus of £4.3m**

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.

Guidance Change - January 2023

National guidance has been updated in January 2023 relating to gains or losses on the disposal of assets. As such this is now included within the value used for system financial performance and therefore the 2 items actioned in year (sale of Keresforth site and additional income relating to the previous sale of Castleford, Normanton & District Hospital) are now included. These have been historically excluded from such calculations. This totals £0.8m.

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. The main movement in January 2023 relates to clarified assumptions for the Trust Assessment and Treatment Unit. During 2022 / 23 this has moved to a collaborative arrangement accross West Yorkshire but funding has remained as per existing block contracts.

Pay

Pay costs run rate is less in January than previous months due to release of a one off adjustment. Excluding this the baseline run rate would have increased and is reflected in the increased WTE. January represents a further month (a trend for 5 consecutive months) of increased substantive worked WTE but the largest increase is seen in bank worked WTE. This is typical for the January period with payment for additional shifts required in December for seasonal pressures.

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.

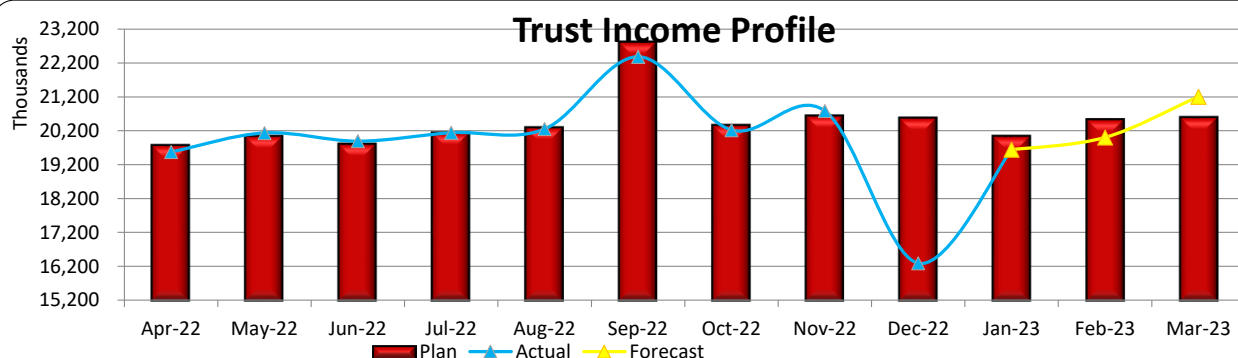
2.1 Income Information

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

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

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

Income source	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k	Total 21/22 £k
NHS Commissioners	17,501	18,083	17,285	17,878	18,049	19,848	18,099	18,498	18,270	18,173	17,884	19,106	218,675	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	342	342	342	3,998	45,733
Local Authority	433	454	484	427	429	460	446	449	463	431	433	443	5,353	5,172
Partnerships	422	422	395	413	345	399	309	447	232	496	380	380	4,640	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	(654)	112	82	1,629	708
Total	19,576	20,136	19,893	20,143	20,254	22,387	20,221	20,785	16,289	19,643	20,004	21,206	240,538	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	



In December 2022 c. £4m income was reduced to support ICB covid pressures. A further reduction is reported in January 2023 relating to the funding flows for the Assessment and Treatment Unit with income already captured in the main NHS commissioner contracts.

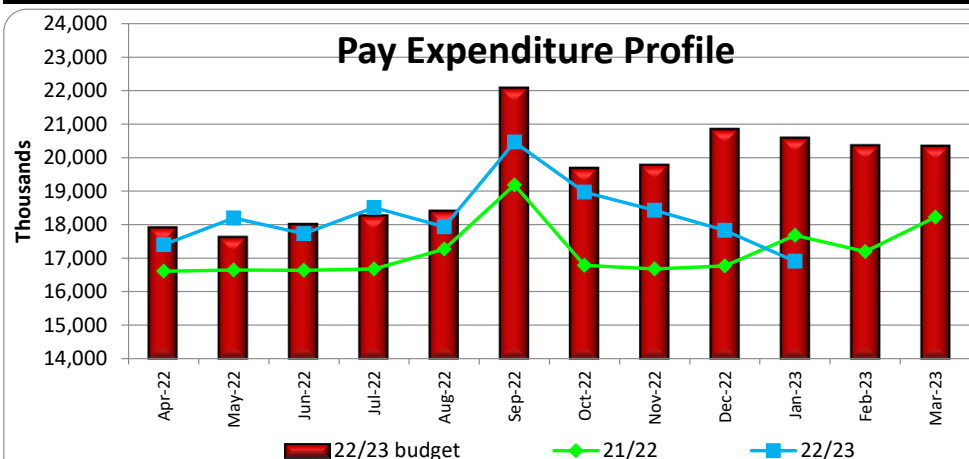
Discussions continue with all commissioners to ensure there is a clear agreed position ahead of the financial year end and ensure that all invoices are raised and paid.

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	14,704			163,131
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261	1,058	1,016	1,273			11,115
Agency	740	920	711	950	716	849	775	797	735	928			8,121
Total	17,397	18,201	17,728	18,510	17,937	20,464	18,972	18,425	17,828	16,905	0	0	182,368
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	206,351
Bank as % (in month)	5.7%	6.3%	5.6%	6.3%	5.6%	6.0%	6.6%	5.7%	5.7%	7.5%			6.1%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%	4.3%	4.1%	5.5%			4.5%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129	4,148	4,162	4,153	4,222	4,223	4,228	4,235			4,174
Bank & Locum	251	294	252	307	259	272	313	264	272	329			281
Agency	148	141	149	142	137	175	158	149	170	160			153
Total	4,530	4,545	4,530	4,597	4,559	4,600	4,693	4,636	4,670	4,724	0	0	4,608
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



Expenditure is reported as less than previous run rate. This is due to a one off adjustment relating to redundancy provisions. Excluding this the normalised run rate would have been c. £19m and therefore an increased run rate (there were also non-recurrent adjustments in December 2022).

This increased baseline cost is reflected in the increased WTE number with continued increases in substantive WTE worked but most significantly, in January, increases in bank WTE.

This is not unusual in this period as the bank shifts include those worked, but not paid, in December covering the festive period and new year. As such the January WTE worked is normally higher than the preceding month and is expected to reduce again in February 2023.

2.2 Agency Expenditure Focus

**Agency spend is £928k in January.
Year to date spend is £8,121k.**

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

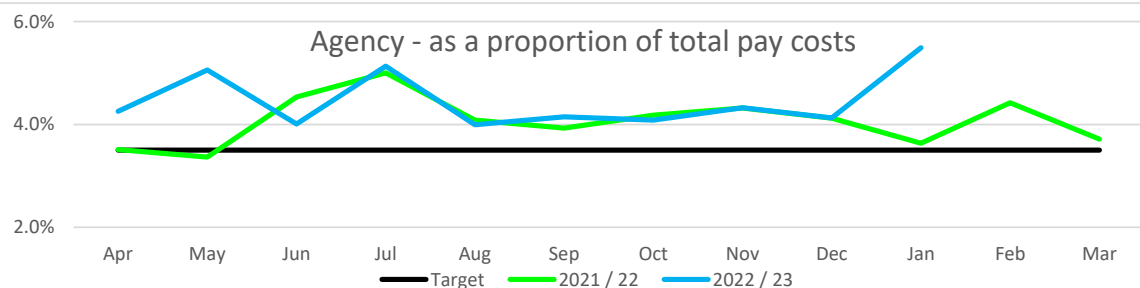
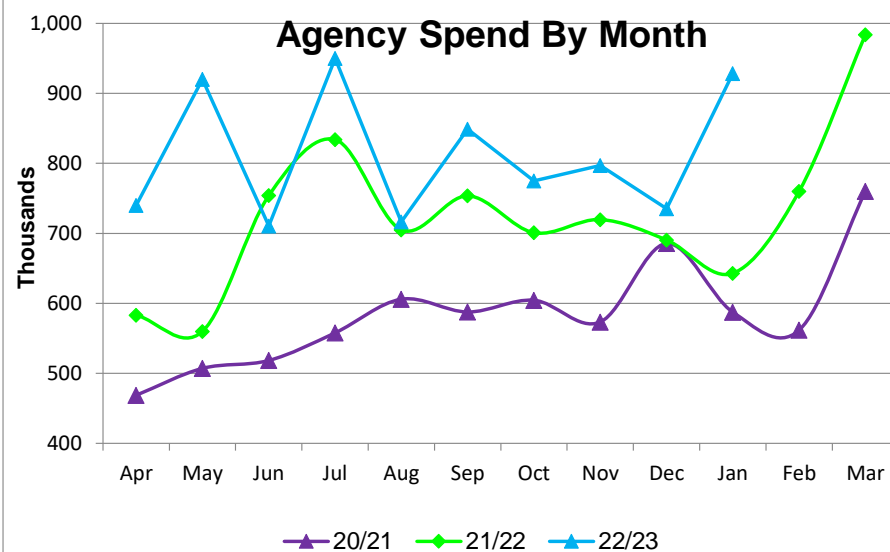
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

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

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

The main areas of expenditure remain supporting inpatient wards (adult and Forensics) with both registered and unregistered nursing support utilised. Although the pay analysis indicates an increase in recruitment it is forecast that a requirement of agency staff will continue for the rest of the year. To date these staffing groups accounts for £4.4m of spend whilst medical staffing represents a further £2.6m.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £300k on admin and clerical staff in order to support service delivery.



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

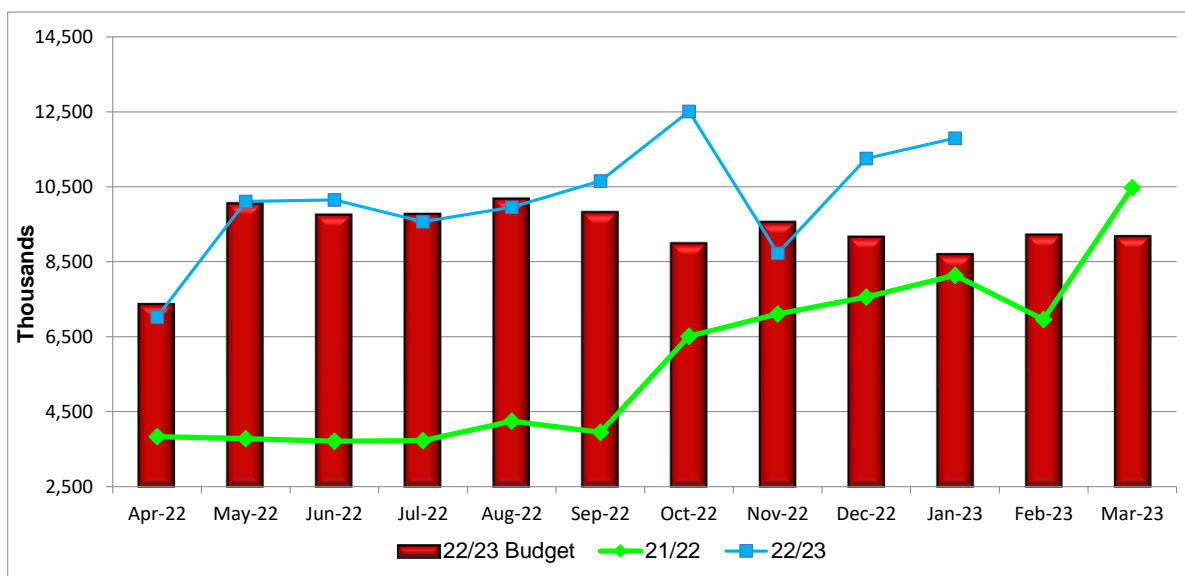
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in December 2022 was 5.5% with cumulative year to date position of 4.5%. The national target for 2023 / 24 is to be 3.7%.

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	11,795			101,749
2021/22	3,834	3,783	3,712	3,729	4,246	3,949	6,512	7,107	7,556	8,140	6,961	10,478	70,008

	Budget Year to date	Actual Year to date	Variance
Non Pay Category	£k	£k	£k
Drugs	2,835	2,787	(49)
Establishment	7,235	8,325	1,090
Lease & Property Rental	6,152	6,096	(56)
Premises (inc. rates)	4,636	5,043	407
Utilities	1,860	1,985	125
Purchase of Healthcare	8,414	9,943	1,528
Lead Provider Collaborative	53,458	54,907	1,450
Travel & vehicles	3,636	3,283	(353)
Supplies & Services	5,582	5,857	275
Training & Education	2,150	1,553	(597)
Clinical Negligence & Insurance	859	853	(6)
Other non pay	(3,538)	1,118	4,655
Total	93,280	101,749	8,469
Total Excl OOA and Drugs	82,030	89,020	6,990



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.

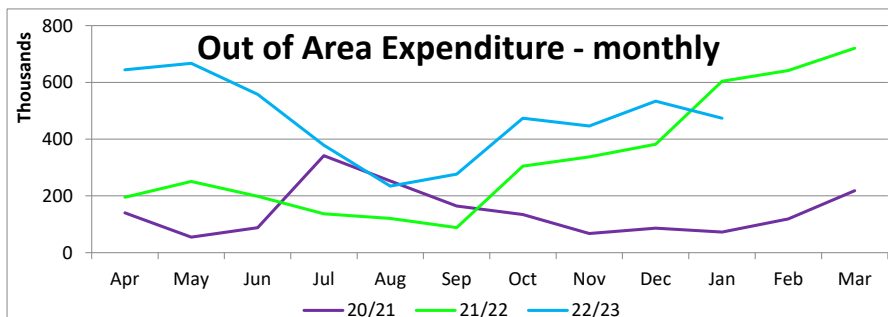
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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	474			4,686

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	520	569			4,927

Bed Day Information 2022 / 2023 (by category)													
PICU	427	417	446	379	247	204	235	270	327	349			3,301
Acute	57	95	141	100	108	88	288	336	193	220			1,626
Total	484	512	587	479	355	292	523	606	520	569	0	0	4,927



Operational management of bed capacity, and overall demands on services, continues to be challenging.

As such out of area bed placements have continued at a high level as experienced since October 2022. At the end of January 2023 there were 18 individuals in out of area beds; 6 in acute and 12 in PICU.

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	162,354	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	2,729	4
Non NHS Trade Receivables (Debtors)	921	1,082	4
Prepayments	2,174	2,399	2
Accrued Income	816	3,956	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	81,096	Pg 13
Total Current Assets	87,941	92,951	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(43,883)	5
Capital Payables (Creditors)	(1,790)	(763)	6
Deferred Income	(6,480)	(2,676)	
Other Liabilities (IFRS 16 / leases)		(53,426)	1
Total Current Liabilities	(47,670)	(100,748)	
Net Current Assets/Liabilities	40,271	(7,797)	
Total Assets less Current Liabilities	147,623	154,558	
Provisions for Liabilities	(7,716)	(4,569)	
Total Net Assets/(Liabilities)	139,907	149,989	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	15,603	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	83,541	7
Total Taxpayers' Equity	139,907	149,989	

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 rechargeable activity and additional income expected from NHS England.

4. NHS debtors are higher than plan, this is due to invoices relating to the Adult Secure collaboratives, discussions are ongoing to resolve these ahead of year-end.

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 at year end.

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

3.1

Capital Programme 2022 / 2023

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k
Major Capital Schemes						
Bretton Centre	7,500	5,093	619	(4,474)	619	(6,881)
OPS transformation	500	480	424	(56)	700	200
Maintenance (Minor) Capital						
Clinical Improvement	745	545	171	(374)	721	(24)
Safety inc. ligature & IPC	1,065	905	106	(799)	625	(440)
Compliance	700	700	488	(212)	1,447	747
Backlog maintenance	350	300	86	(214)	437	87
Sustainability	350	235	0	(235)	50	(300)
Plant & Equipment	550	420	52	(368)	117	(433)
Other	0	0	694	694	797	797
IM & T						
Digital Infrastructure	450	450	415	(35)	1,509	1,059
Digital Care Records	40	33	7	(26)	7	(33)
Digitally Enabled Workforce	375	375	61	(314)	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	334	358	24	358	4
VAT Refunds						
TOTALS	13,144	10,035	3,482	(6,553)	7,582	(5,562)

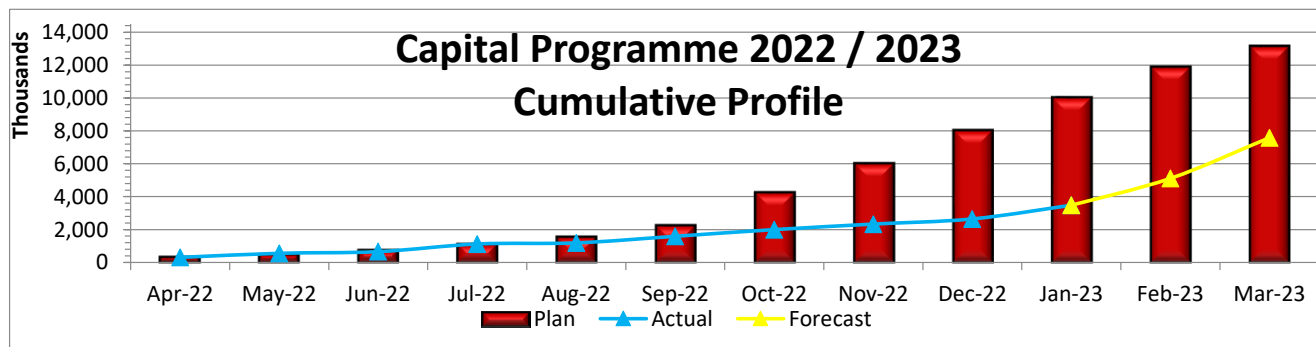
Capital Expenditure 2022 / 23

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

As at January 2023 the capital forecast outturn is total expenditure of £7,582k. This is £5,562k primarily due to the paused Bretton Centre scheme.

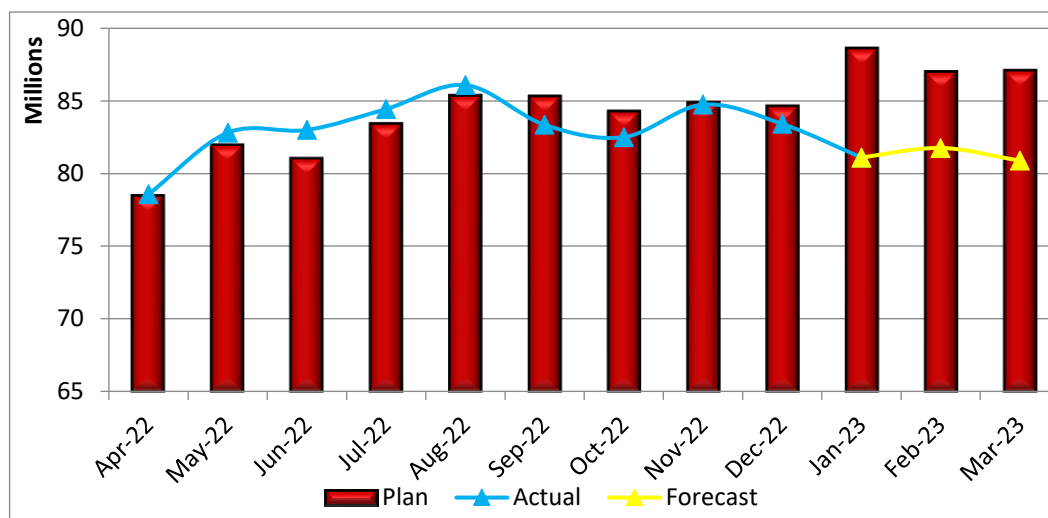
The Bretton centre pause has enabled some schemes to be brought forward from 2023 / 24 to help manage timing difficulties from ICB capital allocations. The largest are digital infrastructure (network systems) and the Trustwide door replacement programme (compliance).

There is significant expenditure required in February and March 2023 to deliver this position. Each scheme continues to be assessed for deliverability and we do expect to be achieved in year.



3.2

Cash Flow & Cash Flow Forecast 2022 / 2023

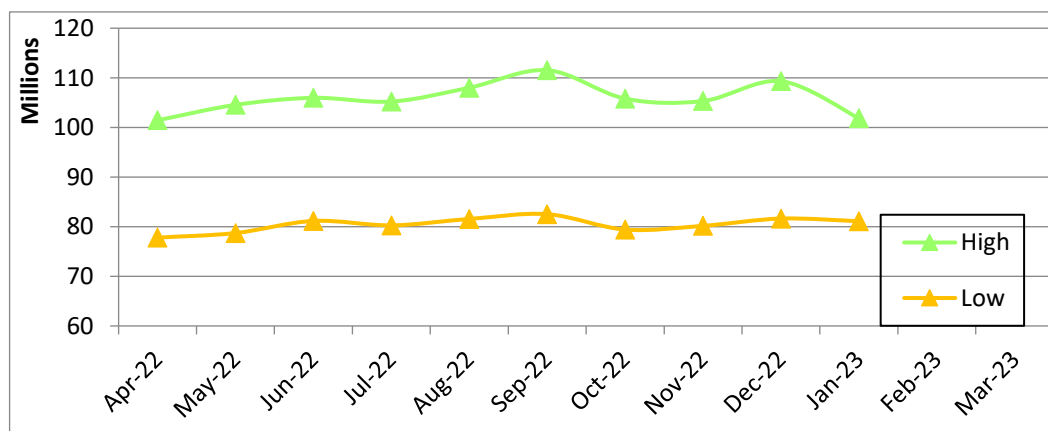


Cash remains positive.

The Trust cash position remains strong and is forecast to remain throughout the year. 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.

	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	88,571	81,096	(7,475)



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: £101.8m

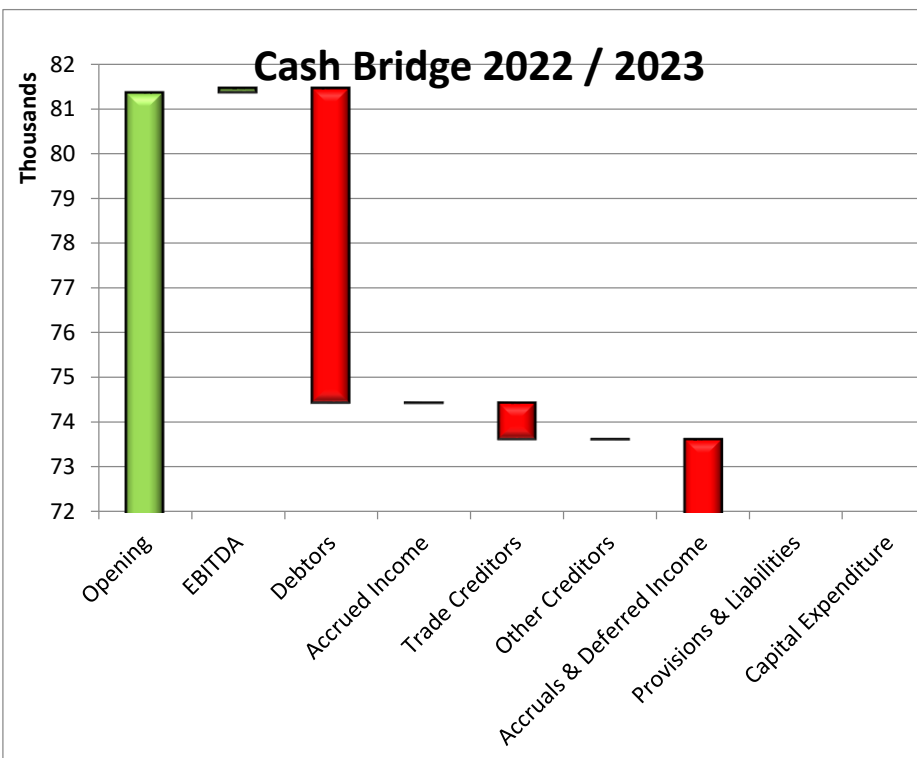
The lowest balance is: £81.1m

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)	16,142	16,242	100	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,750	(5,282)	(7,032)	
Trade Payables (Creditors)	3,550	2,735	(816)	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	(4,137)	(4,137)	
Provisions & Liabilities	0	(3,147)	(3,147)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(8,201)	(3,482)	4,719	
Cash receipts from asset sales		2,319	2,319	
Leases	(421)	(5,729)	(5,308)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	370	1,179	809	
Closing Balances	88,571	81,095	(7,476)	



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.

Cash receipts include both overage on Castleford, Normanton & District Hospital and the sale of the Keresforth site.

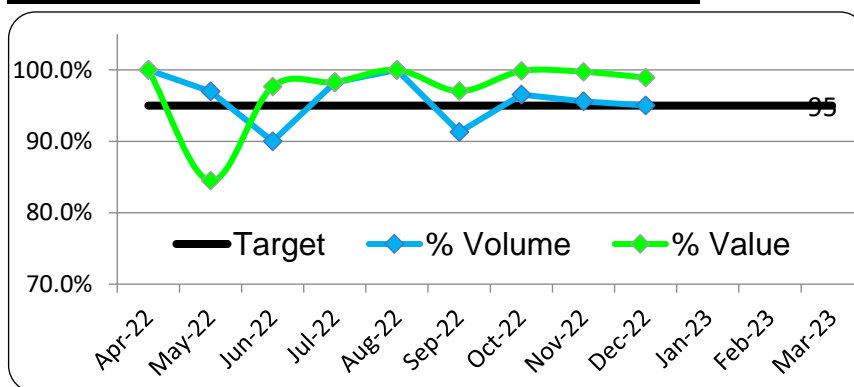
4.0

Better Payment Practice Code

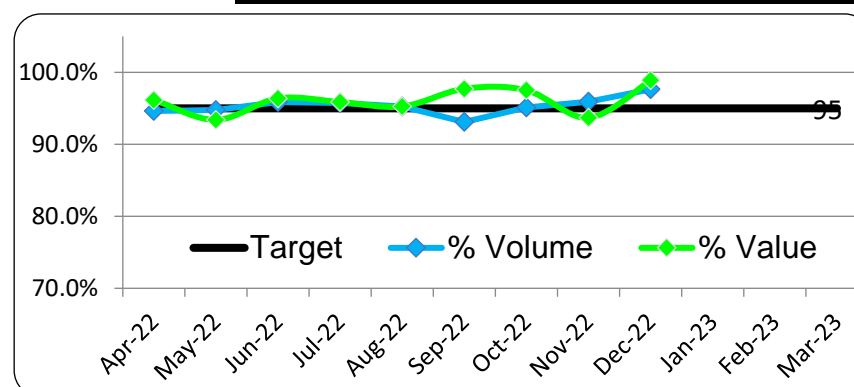
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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



Non NHS	Number %	Value %
In Month	94%	96%
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 (£)
03-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4672	768,879
19-Jan-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998755	571,562
13-Jan-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007594	367,320
19-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118808	360,727
06-Jan-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 268	343,871
09-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118798	293,365
04-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4684	175,318
31-Jan-23	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600022476	174,441
17-Jan-23	Software Licence	Trustwide	Insight Direct (Uk) Ltd	2100473564	158,438
13-Jan-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007588	144,717
04-Jan-23	Purchase of Healthcare	AS Collaborative	Tees Esk & Wear Valleys NHS Foundation Trust	4810021626	137,023
05-Jan-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093414	134,624
19-Jan-23	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	SYSEC008INV	116,489
24-Jan-23	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	WYSCYGUP01A	107,765
24-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4690	106,272
23-Jan-23	Software Licence	Trustwide	Silvercloud Health Ltd	INV62906	67,500
17-Jan-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998707	63,771
03-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4607	62,208
18-Jan-23	Staff Recharge	Forensics	Wakefield Council	91314342337	60,642
04-Jan-23	Drugs	Trustwide	Lloyds Pharmacy Ltd	112628	57,378
17-Jan-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998659	49,010
09-Jan-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72484393	46,230
30-Jan-23	Drugs	Trustwide	NHS Business Services Authority	1000075555	46,185
09-Jan-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	PCS128112JAN23	45,000
25-Jan-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	PCS128112FEB23	45,000
31-Jan-23	Mobile Phones	Trustwide	Vodafone Ltd	103171461	43,964
31-Jan-23	Utilities	Trustwide	Totalenergies Gas & Power Ltd	28897647323	42,882
04-Jan-23	Mobile Phones	Trustwide	Vodafone Ltd	103010247	42,651
19-Jan-23	Purchase of Healthcare	Kirklees	Northorpe Hall Child & Family Trust	10872	42,286
20-Jan-23	Security	Trustwide	Lone Worker Solutions Ltd	SIN2212LWS02223	42,134

31-Jan-23	Utilities	Trustwide	Edf Energy Customers Ltd	000014243116	41,500
11-Jan-23	Purchase of Healthcare	Forensics	Sheffield Childrens NHS Foundation Trust	2100223510	41,391
06-Jan-23	Utilities	Trustwide	Edf Energy Customers Ltd	000013954708	38,813
16-Jan-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	FDN00601	38,643
17-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4590	36,247
18-Jan-23	Purchase of Healthcare	Trustwide	Touchstone-Leeds	20220356	34,741
31-Jan-23	Utilities	Trustwide	Totalenergies Gas & Power Ltd	28897654023	33,013
04-Jan-23	Advocacy Service	Trustwide	Cloverleaf Advocacy 2000 Ltd	11288	31,397
27-Jan-23	Advocacy Service	Trustwide	Cloverleaf Advocacy 2000 Ltd	11782	31,397
17-Jan-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998659	30,075
18-Jan-23	Purchase of Healthcare	Trustwide	Cygnnet Health Care Ltd	WKE0269504	29,543
11-Jan-23	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6026350	28,726
08-Jan-23	Purchase of Healthcare	Trustwide	Waterloo Manor Ltd	HO NHS LS 266 OBS	28,512
25-Jan-23	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN22156356	27,042
06-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4640	26,984
24-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4695	26,784
18-Jan-23	Purchase of Healthcare	Trustwide	Cygnnet Health Care Ltd	WKE0269501	26,691
03-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4567	25,920
16-Jan-23	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	FDN00600	25,919
25-Jan-23	Purchase of Healthcare	Trustwide	Nouvita Ltd	9545	25,704

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained

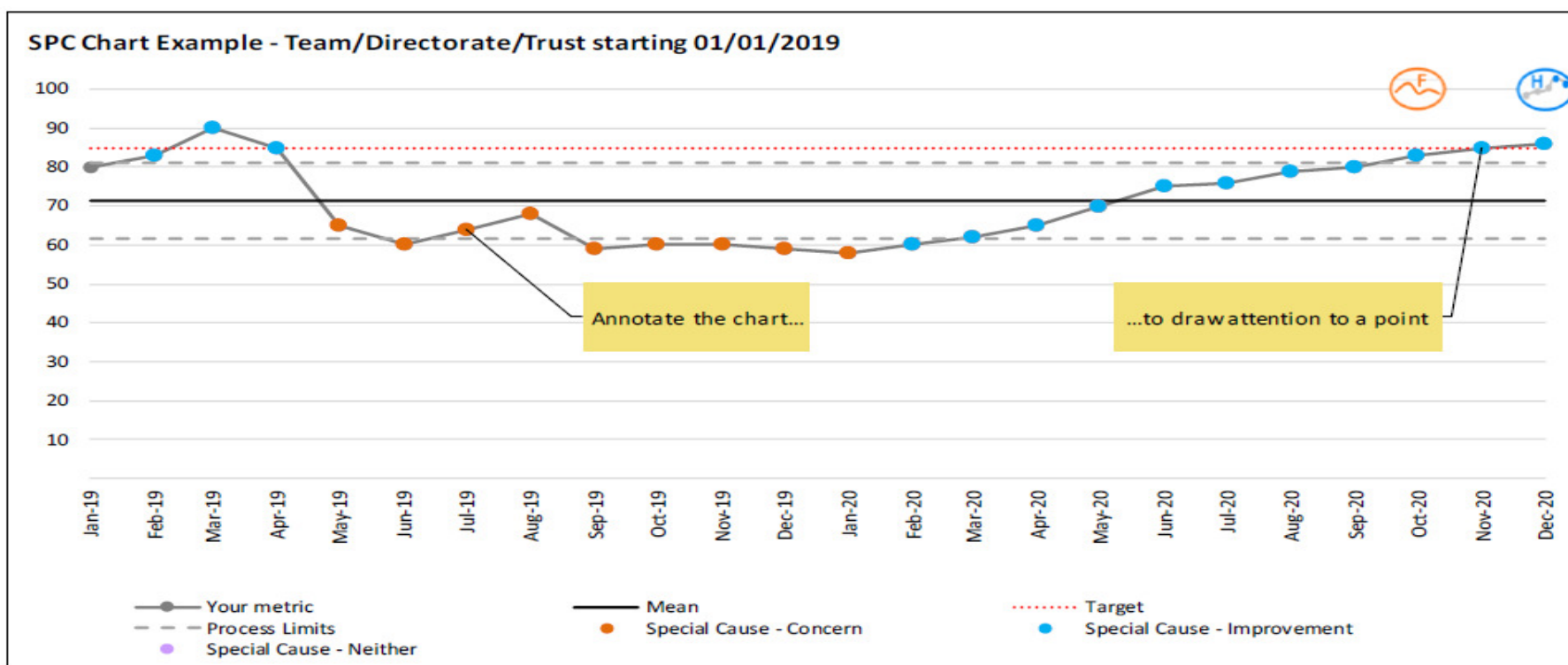
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained



Observations

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

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

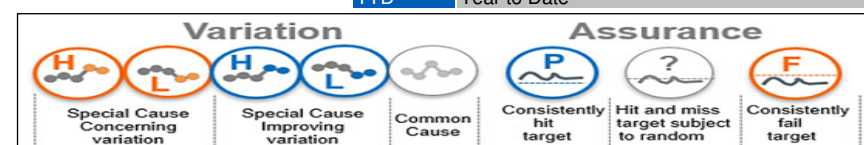
Glossary

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

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

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

SPC Chart Icon Summary



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