

Integrated Performance Report Strategic Overview



February 2023

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 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. The deputy director of corporate governance is meeting with executive directors to discuss and agree metrics for inclusion in the report for 23/24.

With reference to key information relating to Covid-19, where possible the most up-to-date information is provided, as opposed to the February 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 NHS oversight framework, long-term planning metrics and NHS standard contract metrics. We also need to consider how Trust Board monitors performance against the reset and recovery programme. The Trust is also keen to include performance data related to the West Yorkshire and South Yorkshire Integrated Care Systems (ICSs) – this is an iterative process as work is underway within the ICSs to determine how performance against their key objectives will be assessed and reported. Our Integrated Performance Strategic Overview Report is publicly available on the internet.



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

Priority programmes

- A third-party provider (James Harvard) has now been commissioned to undertake the procurement of a single Trust wide digital dictation solution with the revised timescale of May 2023.
- The Trustwide launch of social responsibility & sustainability improvement programme includes knowledge café, supporting communication messages and staff volunteers planting 500 trees on Trust grounds as part of the NHS Forest initiative.
- Following a successful stakeholder event in December, the business case for Older People service transformation is in development.
- The Trust demonstrates good progress against the majority of its priority programmes. With the majority of key milestones reporting delivery of actions within agreed timescales.
- A key priority for the Trust is to improve the recording and collection of protected characteristics across all services, as at February 2023, 70.2% of service users have had their equality data recorded (ethnicity 96.3%, disability 42.1%, sexual orientation 42.6% and postcode 99.8%). Whilst recording postcode is not technically part of equality data it does help identify referrals from areas with higher levels of deprivation, which could indicate inequalities in relation to healthcare access, experience and outcomes.
- Work continues to ensure data capture will be extended to all services, this work is monitored by the Trust's Equality, Inclusion and Involvement Committee.
- Specific actions the Trust is taking to address inequalities include co-designing services with communities, ensuring representation is reflective of the population and covers all protected groups and carers. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.

Covid-19

- Protocols are in place to maintain staff and patient safety.
- The Covid-19 Moving Forward Group continues to monitor Covid-19 prevalence, measures and national guidance.
- 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.

Quality

Trust continues to perform well against the majority of quality indicators; however, the following improving/exceptions and actions being taken should be noted:

Care Planning

Work continues in front line services to adopt collaborative approaches to care planning. The February data is provisional and the refreshed January data shows improvement. A new metric has been identified which focusses on collaborative development of care and this is intended to be implemented from April 2023. A new method of recording on SystmOne has already been implemented in readiness for the new metric and has had a positive impact. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated. Improvement is expected to continue working towards full achievement of the target in Q1 2023/24.

Risk Assessments

February data is provisional. Refreshed January data shows improvement. All areas are working to improve performance. Issues with data capture, service pressures and data quality are being addressed but have proved to be more complex. To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National
Metrics

Care
Groups

Finance/
Contracts

System-wide
Monitoring

Quality continued

Waiting Lists

- 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 provides additional support during the waiting period.
- 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. 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.
- Waiting list times continue to be an issue due to staffing/operational pressures in community learning disability services, with 78.7% (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. People on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need due to their wait.
- Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic – cases are triaged and prioritised according to need.

Patient Safety Indicators

95% of patient incidents reported in February 2023 resulted in no harm or low harm or were not under the care of the Trust, an overview of key indicators is below:

- The number of restraint incidents has increased slightly to 223 compared to 212 in January and 189 in December. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month is stable, not showing any cause for concern and is within acceptable range. This is described as common cause variation within the report.
- The percentage of prone restraint with duration of 3 minutes or less dropped below the 90% target during February to 87%. This related to 3 incidents out of a total of 23 incidents for 3 separate patients on 3 different wards. There are times when the severity of the incident means that staff are unable to change from the prone position safely in under 3 minutes. In line with usual practice, all incidents were reviewed by the Trust's reducing restrictive practice interventions group who were assured that safe practice was maintained.
- The number of pressure ulcers relating to a lapse in the Trust's care increased to 2 cases in February. Further details on the cases are within the main report. The Chief Nurse is ensuring a thorough review of all cases and the outcome will be reported to the Clinical Governance Clinical Safety Committee as part of the Chief Nurse report.
- The number of inpatient falls in February was 49, which is a slight decrease compared to 51 in January and is the lowest number of reported falls since June 22. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.



People

- Our substantive staff in post position continues to remain stable and has only increased slightly in February, despite an increased level of recruitment activity. The number of people joining the Trust outnumbered leavers in February.
- Overall turnover rate in February was 13.7% which is the lowest level it has been at throughout the financial year. This is monitored against a target of between 10 to 12%.
- Total numbers of new starters into the Trust since April continues to be higher than the number of leavers for the same period. The number of new starters is 599.9 (FTE) with 516.1 (FTE) leavers since the start of the financial year. It should be noted that this is the overall Trust figure and some services have not seen the same trend. Inpatient services in particular have had a higher number of people leave than new starters. Further work is underway to address this.
- Sickness absence in February was 5.3%, which remains the same as reported in January. The year-to-date sickness absence position has dropped by 0.1% to 5.2%. Cold and flu numbers have significantly reduced in February. However, Covid-19 has increased by 1.6% to 7.1%. Sickness continues to cause pressure within services and staff wellbeing remains a key focus for managers.
- Rolling appraisal compliance rate for February has increased to 71.5%. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.
- Overall mandatory training is at 90.1% compliance which exceeds the Trust target of 80%, this has increased from 89.4% reported in January. However, Cardiopulmonary Resuscitation (CPR) 75.1%, Food Safety 79.8%, and Reducing Restrictive Physical Interventions (RRPI) 74.5% are below the Trust 80% target. Information Governance is also below required levels (84.8%) against a target of 95%. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).

NHS England Indicators (National)

The Trust continues to perform well against the majority of national metrics. The following performance should be noted:

- Inappropriate out of area bed days continue to be above trajectory with 511 days in February. This is an increase from the numbers reported in the last two months. This mainly relates to increased acuity, Covid-19 outbreaks and challenges to timely discharge. Workforce pressures also impact the successful management of acuity. The Trust had 18 people placed in out of area beds at the end of February. The inpatient improvement programme is aiming to address the workforce challenges. Systems are 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.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased to 91.6% in February from 88.6% reported in the previous month, however, this remains below the national threshold of 99%. This metric 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 on clinic availability. Additional clinics have been taking place to increase capacity and this has been reflected in this month's performance which is expected to continue.
- The percentage of children and young people with an eating disorder designated as urgent cases who require access to NICE concordant treatment within one week dropped below target to 80% (target 95%) - In February 8 out of 10 urgent cases were seen within 1 week. The reason behind these breaches related to the cancellation of appointments, one by the Trust due to temporary capacity issues and the second by the family.

Summary

Priority Programmes

Covid-19

Emergency Preparedness

Quality

People

National Metrics

Care Groups

Finance/ Contracts

System-wide Monitoring

Care Groups

• The care group summary section describes the “hotspot” performance areas for the month of February, these are as follows:

- o Except for CAMHS all care groups are under the 80% threshold for appraisals.
- o Except Barnsley general community services information governance training compliance is not being met.
- o Delayed transfers of care across all mental health and learning disability inpatient services.
- o Sickness levels remain above Trust thresholds for all areas with particular pressures in mental health inpatient and forensic services.

Further detail around mitigating actions can be seen in the locality section of the report.

• Seasonal illness and ongoing industrial action pressures continue to impact on the Trust and our partners resulting in significant challenges across our local places and integrated care systems.

• Mental health acute wards have continued to manage high levels of acuity and have been impacted by covid outbreaks.

• High occupancy levels across mental health wards and capacity to meet demand for beds remains challenging.

• Workforce challenges have continued, with staff absences due to sickness and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Workforce challenges are being supported through Trust wide recruitment and retention programme.

• Challenges with demand outstripping capacity in the Single Point of Access (SPA) services remains high with referrals being risk screened to ensure that urgent demand is met. This increases the risk of routine triage and assessment being delayed. Work to maintain patient flow continues, with the use of out of area beds being closely managed, however usage continued to be high and had increased during February.

• During February, there was a further increase in the number of delayed transfers of care due to the availability of options to support people with complex needs on discharge.

Work with systems partners at place continues to explore and optimise all community solutions to get people home as soon as they are ready. We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches.

• The children’s eating disorder pathways remain under demand pressure as a consequence of increasing referrals and limited staff capacity. This is consistent with national trends and has contributed to difficulties in achieving national response targets.

• Access to tier 4 beds for children remains a risk and currently more challenging due to pressures within the current provider. Work is taking place across local systems to ensure that care is provided in the best place for children who are waiting for a bed.

• Pressures continue within Barnsley neighbourhood nursing services with continued high levels of demand and workforce issues. However, despite these pressures the 2-hour urgent crisis response time continues to be exceeded with 85% of cases receiving a response within 2 hours against a national standard of 70%.

Finance

• In month financial performance is a deficit of £0.6m with a year-to-date surplus of £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan.

• Agency spend in February was £818k, with year to date spend of £8.9m.

• Actions are in place to address agency spend, which is being 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 £4.3m.

• Cash in the bank remains positive at £81.8m, with the year-end forecast being £79.7m.

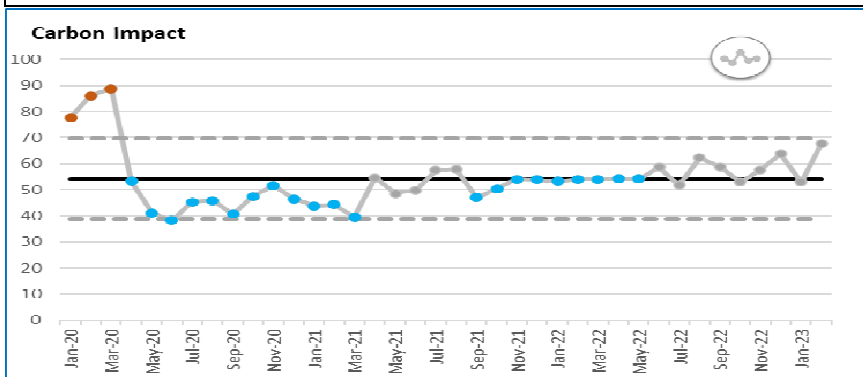
• Pay costs were £19.7m in February, compared to last month which was £16.9m.

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	Dec-22	Jan-23	Feb-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)	70.3%	70.2%	70.2%			Figures shown are the combined percentage for completion of ethnicity (96.3%), disability (42.1%), sexual orientation (42.6%) and from July 2022 postcode (99.8%). The threshold is currently based on the national target for ethnicity recording only, which is already in place and being achieved. 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%	44.7% Service 93.0% Policy	47.5% Service 92.9% Policy	49.7% Service 92.9% Policy		Service	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%	94.1%	94.6%	95.1%		Policy	
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. In February staff travel contributed 68 tonnes of carbon to the atmosphere. Mileage is shown against the month it was paid in, not in the month in which the journeys were travelled. i.e. The figure for February relates to business journeys undertaken in January and paid in February.
Work in partnerships at System & Place to improve the health of our communities	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	64.3%	Due May 2023				Reported 6 weeks in arrears. A weighted average is used given there are different targets in different places.
	Forensic lead provider: % of patients in service with a physical health check and % with a care improvement and maintenance plan in place	100%	Q3 - Medium Secure - 100% & 100% Q3 - Low	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 February 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 The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON								
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator - Pass/Fail	Target Indicator - Fail



















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

Improve health

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Support social responsibility & sustainability in the Trust & our communities	Phase 1, developing the social responsibility and sustainability action plan, to be completed by July 2023		Work has continued on developing the metrics for measurement of delivery against the strategy. This is on track to be delivered by the end of March so we can commence quarterly reporting in line with the plan. Work is in hand to trial e-bikes in the Trust. Plans are being developed for a session at Extended EMT with an external speaker to stimulate discussion and even more activity across all areas.
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)		Review of those out of area and repatriations is included in weekly meetings of the Single Point of Access (SPA) service.
	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 with financial surplus. Oversight is via the Trust Collaborative Committee.
	Community Mental Health transformation: Identify actions for SWYPFT to support implementation of next phase. April 2023		Work continues on developing an understanding of the requirement of SWYPFT in the next phase of transformation and internal coordination of this activity 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. May 2023		Work has commenced 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	Dec-22	Jan-23	Feb-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%	76.6%	83.6%	87.7%	 		February data is provisional. Refreshed January data shows improvement. All areas are working to improve performance. Issues with data capture, service pressures and data quality are being addressed but have proved to be more complex. To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated.	
	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%	74.3%	68.2%	68.4%	 			
	% Service users on CPA offered a copy of their care plan	Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%	44.1%	50.5%	58.6%	 		Work continues in front line services to adopt collaborative approaches to care planning. Taking a quality improvement approach has enabled a deeper understanding of the problem, the changes being implemented are starting to show positive results. This increase in performance is expected to continue and will be monitored through the improvement group who are currently revising trajectories based upon the improvements over the last few months and ongoing support in place. A new metric has been identified which focusses on collaborative development of care and this is intended to be implemented from April 2023. A new method of recording on SystmOne has already been implemented in readiness for the new metric, and has had a positive impact.	
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	262.6	258.6	261.1			Overall upward trend in numbers. In February we had 8 new hires and 14.5 WTEs gained substantive or fixed term contracts.	
	Average length of stay in adult acute mental health inpatient wards	32 (national benchmark)	57	47	29			Data based on adult acute discharges only. Individuals are being admitted at a higher level of acuity, taking longer to reach recovery as well as the challenge with delayed transfers of care. Length of stay is continuously monitored through the patient flow team. The figure for February is lower than it has been for a number of months but remains within acceptable range.	
	Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	28	26	27			Remains in common cause variation.	
	Inappropriate out of area bed placements (days)	Q4 - 630	439	482	511	 		See statistical process chart below for further detail.	
	Percentage of video consultations	Trend monitor	1.6%	1.6%	1.6%	 		N/A	
	Percentage of telephone consultations	Trend monitor	29.9%	28.8%	28.2%	 		N/A	
	Percentage of face to face consultations	Trend monitor	68.5%	69.6%	70.2%			N/A	
	CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	694	416	645			Clients are seen in order of need and not according to how long they have waited. The longest wait for those seen in the month, although arbitrary, was 801 days, the shortest was 63 days. The number on a waiting list at the end of February was 311. Please see locality section for further detail on neuro waiting times.	
	CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	469	478	493			Clients are seen in order of need and not according to how long they have waited. The longest wait for those seen in the month, although arbitrary, was 794 days, the shortest was 147 days. The number on a waiting list at the end of February was 1452.	
	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	78.3% 54/69	80.0% 44/55	78.7% 37/47	 		Small numbers impact the percentages in this metric. We remain in common cause variation. Teams have faced recruitment issues which have impacted performance however recruitment is underway and some post have been filled recently which should have a positive impact in coming months. Waiting list project being rolled out which will ensure all cases on waiting lists receive welfare checks.	

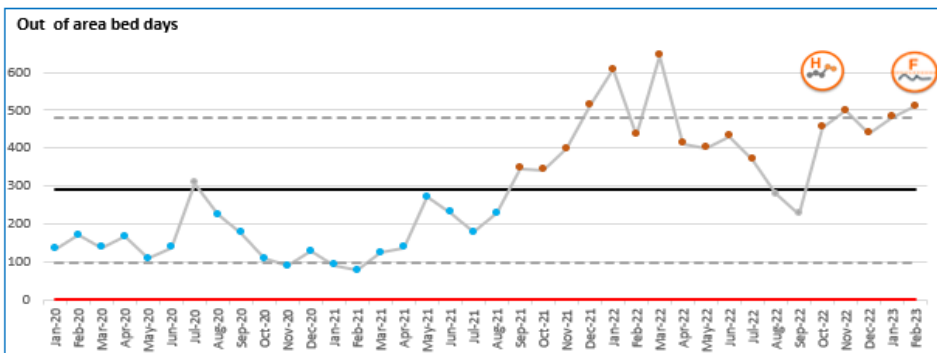
Improve Care Continued

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-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%	72.3%	88.9%	82.6%			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. Wakefield SPA presently 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%	98.0%	98.8%	99.1%			

Glossary

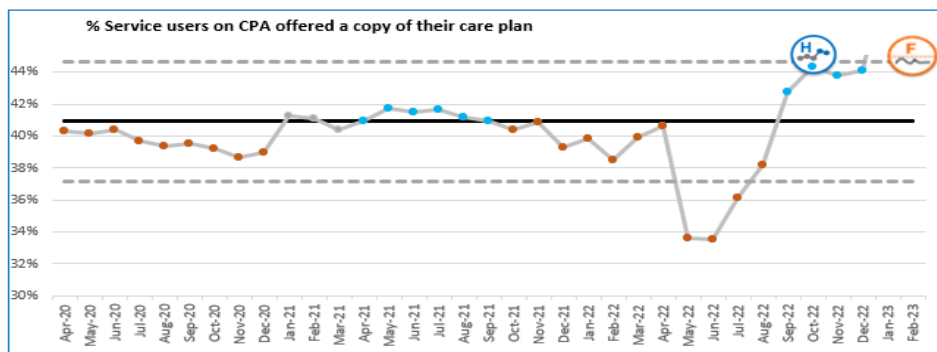
CAMHS	Child and adolescent mental health services
CPA	Care Programme Approach
WTE	Whole time equivalent

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. The Trust had 18 people placed in out of area beds at the end of February 2023 due demand and other operational 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. The SPC chart shows that we have entered a period of special cause improving performance which is indicative of the changes to the process that have been made.

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

Improve Care

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

Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Phase one: Orientation by 30/11/2022 completed Phase two: Diagnostic and discovery by 31/3/2023 Phase three: governance and quality monitoring by 31/5/2023 Phase four: patient safety response planning by 30/06/2023 Phase five: Curate and agree patient safety policy and plan by 31/8/2023 Go Live: Develop comprehensive improvement plans by September 2023		Phase one is now completed and Phase two is on track.
	Six stage Quality Improvement (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.		In Community Learning Disability (LD) Services, the creation of a management tool for reporting, measuring, and managing waiting lists is being prototyped for use by Calderdale LD services which can then be rolled out across all localities. In CAMHS Neurodevelopmental Services in Kirklees and Calderdale, focused work on transition pathway has commenced with Adult ADHD/ASD services. In Adult community services – Core Psychology improvement action plan is in development. SystemOne waiting list project continues to support services in using the functionality correctly and preparing other services such as LD community for setup. Working with IT and Health Intelligence, a data framework is in development to support improvements in data capture
	Out to public consultation on Older People inpatient services by Summer 2023		First draft business case complete and shared with steering group, Extended Management Team and programme board in late February, for feedback in mid-March. Timeline for governance in development in March. Work to agree Capital and Review information for the business case to take place – March Further edit and finalisation of business case – late March onwards Presentation to Trust Board – 28th March 2023 Integrated care board (ICB) governance and NHS England/Improvement assurance processes – Spring 2023 Draft consultation document developed through April and May 2023

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Improve resources								
Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	(£2,147k)	£294k	(£554k)			The year to date surplus is £3.7m which is £0.7m higher than planned. The in-month deficit was as forecast and a deficit is also forecast for March 2023.
	Capital spend against plan	£13.1m	£1,196k	£2,286k	£2,036k			The capital forecast has been reduced to £7.8m reflecting current assumptions on timescales, costs and deliverability. There is significant expenditure planned for March 2023.
	Agency spend managed within the overall workforce (Monthly)	3.5%	4.1%	5.5%	4.2%			Continued usage of agency staffing as part of the overall workforce solution. Monthly performance higher than target. Additional focus and scrutiny being placed on agency spend.
	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	Please see below table for performance against a number of estates metrics.							
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	79%	86%	90%			26 out of 29 wards were live in February.

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	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		Draft reviewed by Executive Management Team and will be taken to Board for approval by the end of June.
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 proposing a further revision to early April/May 2023, subject to discussion and agreement in the project board on 23rd March 2023. Mainly due to the technical approach and mechanics of provisioning data into PKB.
	Implementation of a Trust wide approach to digital dictation submission for Board approval July 2023.		On track. A third party provider (James Harvard) has now been commissioned to undertake the procurement. A project board has been set up and engagement sessions held. Draft specification and invitation to tender developed. Procurement activities are underway and this phase of the project remains on track.

Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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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	Feb-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%	97.6%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good								Good	Good	Good	Good
Statutory Compliance 3	Improving Resources	Effective	AS	100%								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

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	18.1%	17.9%	18.0%			Vacancies have increased by 8 WTE (Whole Time Equivalents) within month to 945 WTE. The funded establishment has increased at a faster rate than the worked WTE though this is now increasing which is positive. Continued focus on both recruitment and retention in line with forecast.
	Turnover external (12 month rolling)	>10-12<	14.2%	14.3%	13.7%			Rolling turnover is 13.7%.
	Sickness absence - Month	<=4.4%	6.3%	5.3%	5.2%			Absence rates continue to decrease, in month to 5.2%. Long term sickness absence (any sickness of 3 weeks or more) accounts for 3.8% of all absences.
	Workpal appraisals - rolling 12 months	>=90%	62.9%	69.8%	71.5%			Rolling appraisal compliance rate for February increased by 1.7% to 71.5%. Trend of completion is positive.
	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					2022 staff survey results received and under review. Process for wide engagement underway. Some initial feedback has been included in the people section of the report.

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. The Great Place to Work priority programmes are under development.		A plan has been developed for pulling together a series of metrics and measurements for the Great Place to Work programme. This data will be collated after the end of March 2023 and presented to show the impact of the work that has taken place during 2022/23 on this programme. It will then be used as a baseline and developed further to provide an ongoing mechanism for reporting impact during 2023/24.



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 and CORE20PLUS5 to track out progress for workforce and people in our services
- We are using the King's Fund approach to address inequalities and are testing this model out in service areas
- We continue to co-design services with our communities 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 SystemOne.
- 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 qualifications.
- 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 Improving Access to Psychological Therapy (IAPT) services 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.



Specific examples continued:

- 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.

Summary

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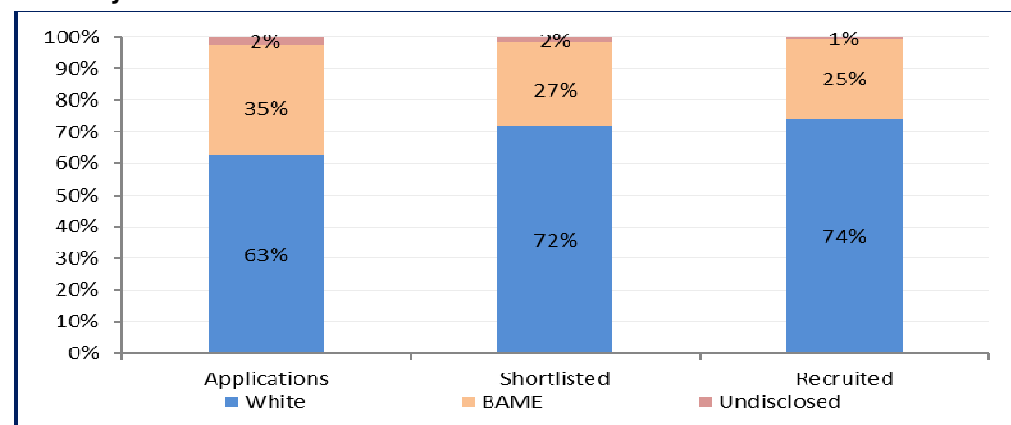
Finance/
Contracts

System-
wide
Monitoring

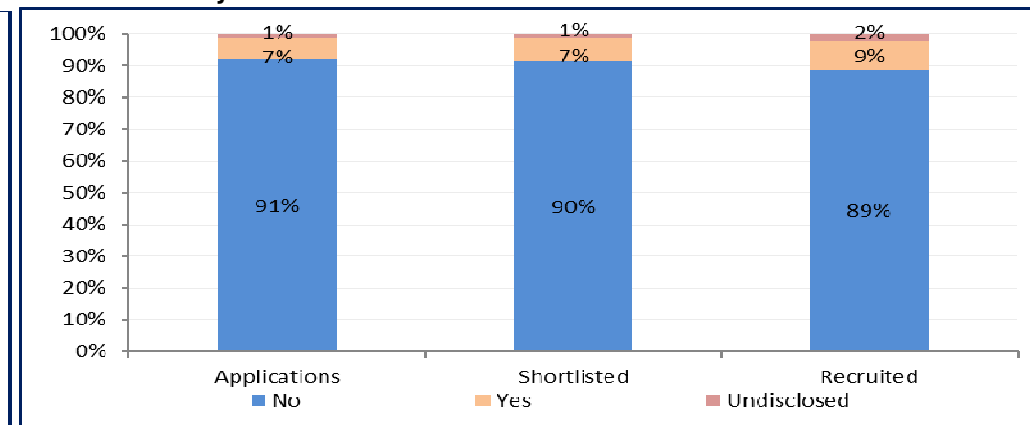
Reducing Inequalities

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

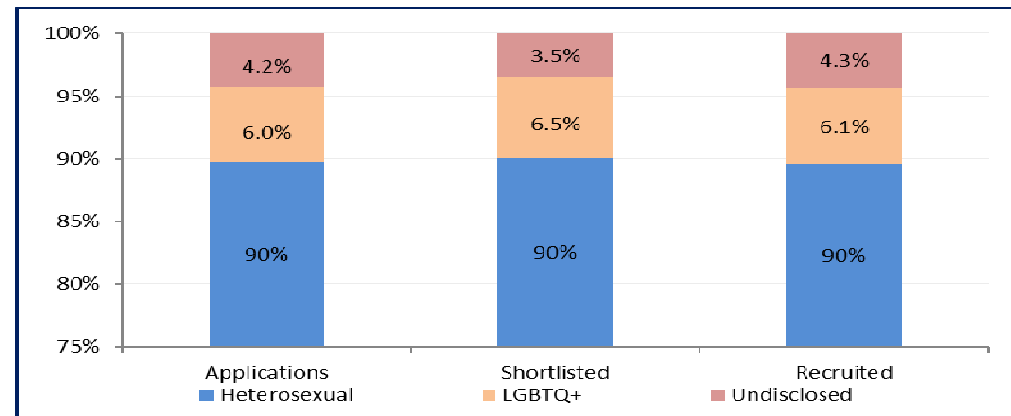
Ethnicity



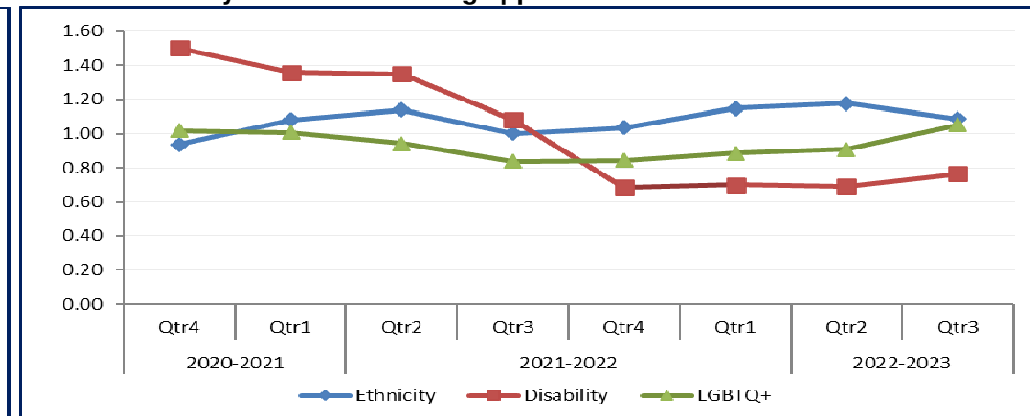
Disability



Sexual Orientation

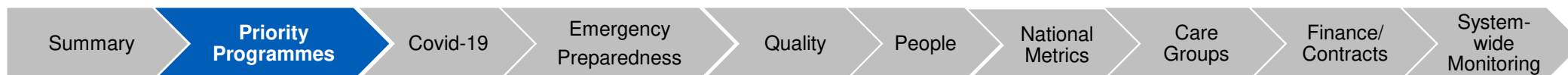


Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 3 2022-2023:

BAME:	Disability:	LGBTQ+:
1.09	0.77	1.05



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

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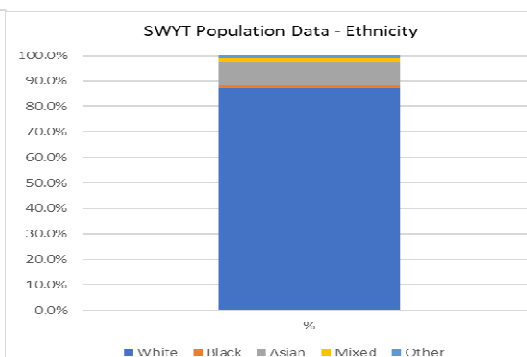
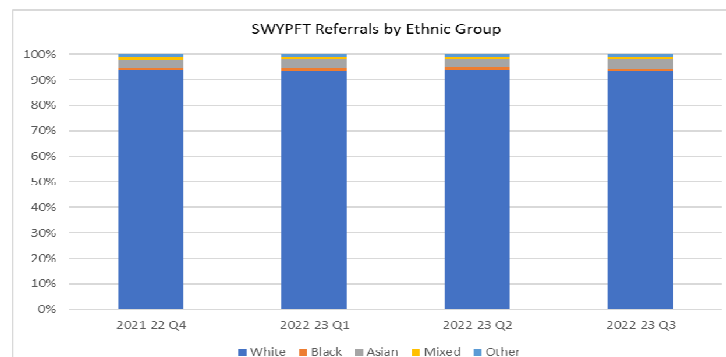
Care
Groups

Finance/
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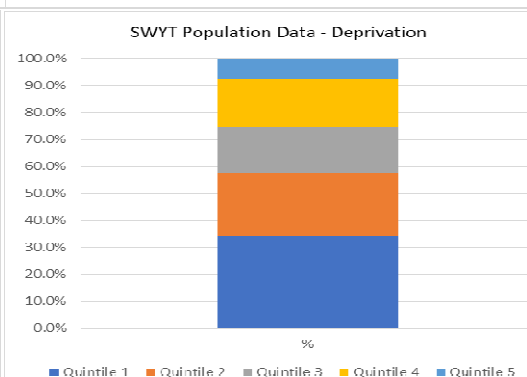
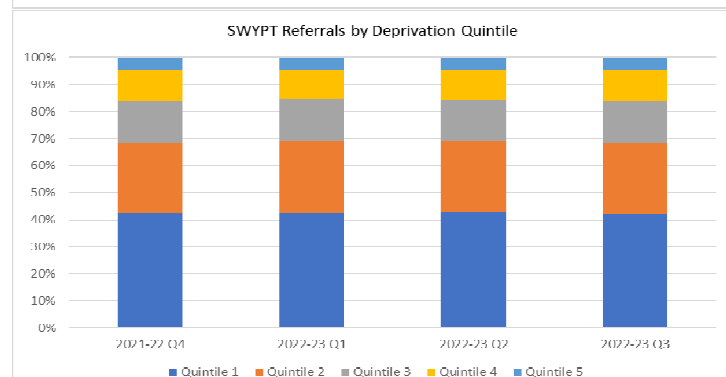
System-
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Monitoring

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.

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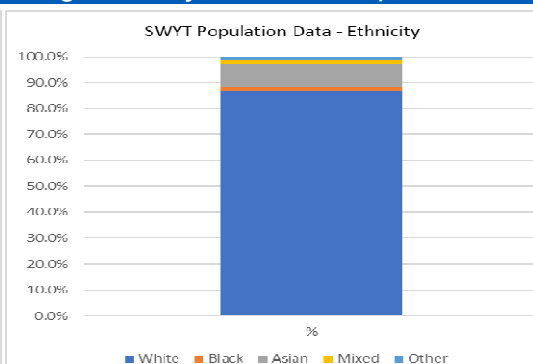
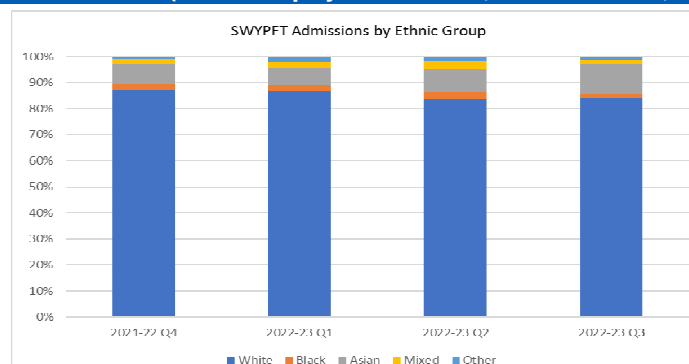
Care
Groups

Finance/
Contracts

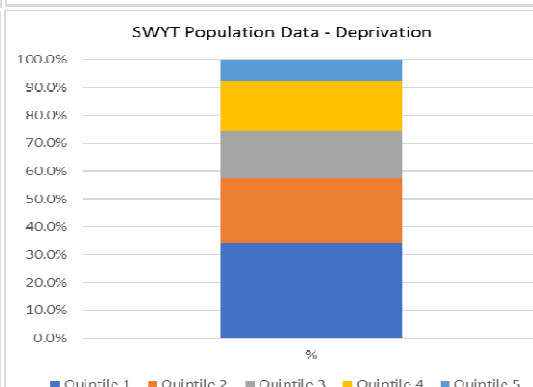
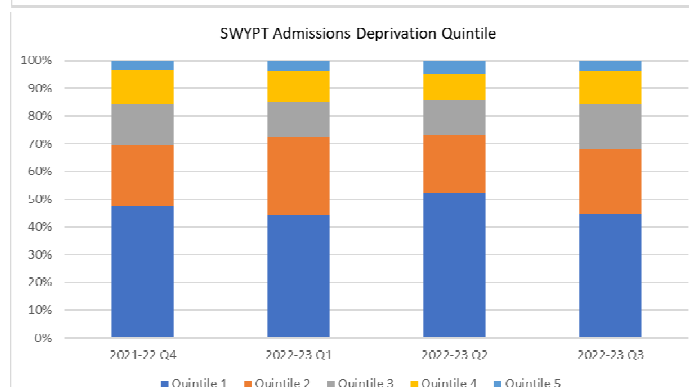
System-
wide
Monitoring

Reducing Inequalities

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



Ethnic Group	2021-22 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 Trust's population that are in quintile 1. 44.8% of the Trust's 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	Feb-23
No of Service users Covid-19 positive and now recovered	30	2	7	21	23	17	21	6	16	17	0
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	0	19
No of Service users Covid-19 positive and deceased within 28 days of positive test	1*	0	0	1*	3*	0	1	0	1*	1*	0
No of wards with outbreaks	5	0	1	1	2	2	3	1	2	3	4

There is a lag in reporting data particularly if service user is discharged from care and/or notification of death awaiting registration.
*relate to community acquired infections

Patient testing and pathway/Outbreak response and management

There has been an increase in ward outbreaks and areas being monitored, with COVID-19 in February 2023.

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 flu uptake for frontline staff is 64% and the programme has now ended.



Current average
OPEL level

2.78

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

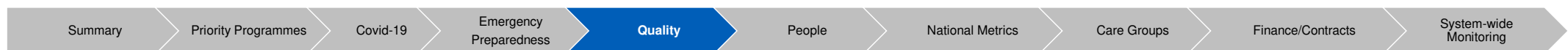
Summary	Priority Programmes	Covid-19	Emergency Preparedness	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Quality Headlines												
Section	KPI	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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%	74.0%	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	11% 2/18	1
Service User Experience	Friends and Family Test - Mental Health	85%	85%	88%	85%	85%	84%	86%	85%	83%	85%	1
	Friends and Family Test - Community	95%	93%	93%	92%	93%	93%	93%	94%	93%	95%	1
Quality	Number of compliments received	N/A	25	31	10	13	5	28	39	83	22	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	trend monitor	28	32	21	38	32	44	33	41	30	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	trend monitor	3	0	0	0	2	2	2	1	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	0	0	1	2	1	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%	58.6%	4
	Number of Information Governance breaches 3	<12	19	10	9	13	11	13	8	12	8	2
	Delayed Transfers of Care 10	3.5%	2.1%	2.6%	3.0%	2.8%	3.3%	2.7%	3.8%	4.3%	4.5%	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%	83.6%	87.7%	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%	68.2%	68.4%	4
	Total number of reported incidents	trend monitor	1128	1180	1253	1168	1244	1307	1186	1236	1165	
	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	34	24	34	25	
	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	8	7	3	5	
	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	2	3	0	
	Safer staff fill rates	90%	116.6%	115.8%	115.6%	118.4%	117.4%	119.1%	118.1%	122.1%	121.4%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	85.0%	84.7%	83.1%	87.5%	91.0%	90.8%	85.6%	90.5%	89.1%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	trend monitor	47	50	25	43	48	48	37	55	45	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	0	3	0	1	1	1	3	0	2	1
	Eliminating Mixed Sex Accommodation Breaches	0	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%	87.0%	1
	Number of Falls (inpatients)	trend monitor	37	70	63	58	68	63	59	51	49	
	Number of restraint incidents	trend monitor	152	171	161	160	169	223	189	212	223	
	% 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%	81.5%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	0	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	2
	CQC Quality Regulations (compliance breach)	Green	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 February increased to 223 from 212 reported in the previous month. Further detail is provided in the relevant section of this report.
- Duty of Candour - 1 breach in October 2022 - Breach confirmed in February 2023. Due to the patients injuries and subsequent hospital admission out of area it was difficult to make contact within the specified time frame despite many attempts by members of the team. Duty of candour was completed as soon as possible following discharge.
- Performance for CAMHS Referral to Treatment - services have highlighted that sustained increases in referrals will negatively impact on the length of wait. A review of support for people on waiting lists is being monitored through the Trustwide Clinical Governance Group.
- Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - 2 in February. One incident relating to a 76 year old lady who suffers with Parkinson's disease known to Parkinson's specialist nurse. There are lapses in care as the pressure damage was not viewed on visit, dressing in place but not changed / renewed and Waterlow not completed. Another incident was a category 2 pressure ulcer. There are lapses in care as the Waterlow risk assessment was last completed in November 2022, this patient is in last weeks of life and is on end of life care. Pressure ulcers continue to be monitored through The Trustwide Clinical Risk Panel and any identified learning, themes or trends are shared through Clinical governance group and within care groups.
- The number of people with a risk assessment/staying safe plan in place within timescale has improved again this month, and further improvement is expected to continue. See Priority Programmes section for further details.
- % Service users on CPA offered a copy of their care plan has improved again this month, and further improvement is expected to continue. See Priority Programmes section for further details.
- Delayed transfers of care - we are continuing 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 homeless 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.
- The % of prone restraint with duration of 3 minutes or less dropped below the 90% target during February to 87%. This related to 3 incidents out of a total of 23 incidents for 3 separate patients on 3 different wards. The incident and violence displayed by the patient occasionally mean that staff are unable to change from the prone position safely in under 3 minutes.

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous Integrated performance report, NHS England launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commenced in September 2022. We are in a 12 month transition period working towards going live in September 2023. An internal stakeholder soft launch event was held on 7th October. The orientation phase of work concluded successfully at the end of November. We are progressing through the Diagnostic and Discovery phase of work and remain on track. We have also commenced work in other phases of the plan including discussions with our ICB and provider collaborative colleagues, mapping our services, data analysis and improvement activity. Our intranet page has been updated with an overview of PSIRF <https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/Patient-Safety-Incident-Response-Framework.aspx>

Learn from Patient Safety Events (LFPSE)

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

- National Reporting and Learning System (where we send our patient safety incidents)
- Strategic Executive Information System [StEIS] (where we report Serious Incidents)

NHS England have recently extended the transition timescales as below:

- By 31/03/2023 - to have our Datix test system updated with the LFPSE functions - An upgrade took place on 21/12/2022 to achieve this deadline.
- By 30/09/2023 - to have go live with Datix LFPSE recording - this will be implemented following thorough testing of (A) above.

We have recruited a temporary project manager to undertake the preliminary testing work on LFPSE.

Patient Safety Training

We have developed a proposal to seek agreement and funding for level 3 patient safety training to be essential to job role.

It sets out the national requirement for level 3 patient safety training (levels 1 and 2 are already agreed and underway in the Trust). This supports the NHS Patient Safety Strategy and standards set out in the Patient Safety Incident Response Framework. The training will include:

- investigation training for lead investigators
- oversight of investigation training
- engagement and involvement of those affected by patient safety incidents

The paper will be reviewed at the next Education and Training governance group in March.

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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).

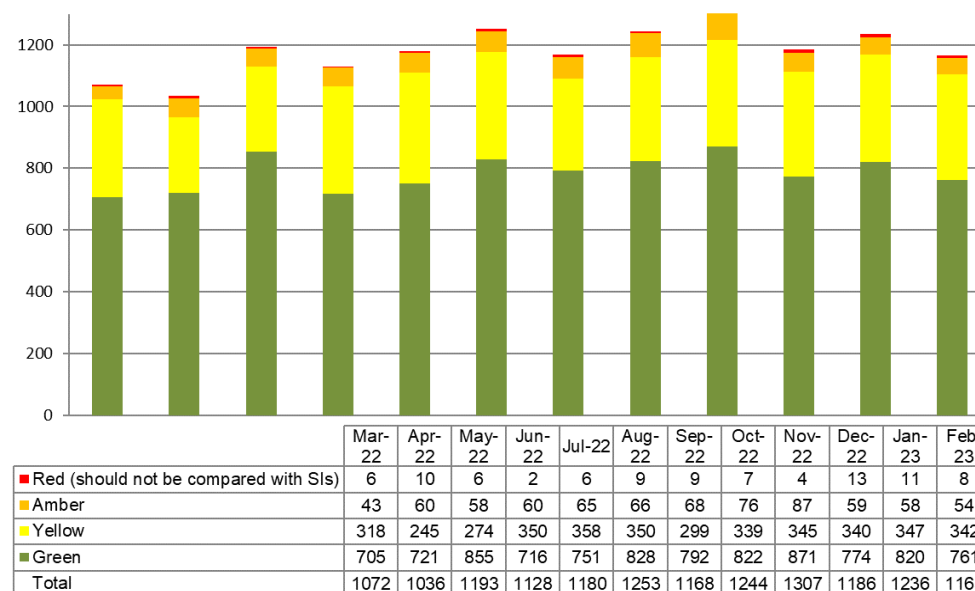
95% of incidents reported in February 2023 resulted in no harm or low harm or were not under the care of the Trust. This is based on the degree of actual harm.

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

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

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

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



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

No never events reported in February 2023

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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 acceptable range, any areas with higher or lower rates than acceptable are explored further.

Breakdown of incidents in February 2023:

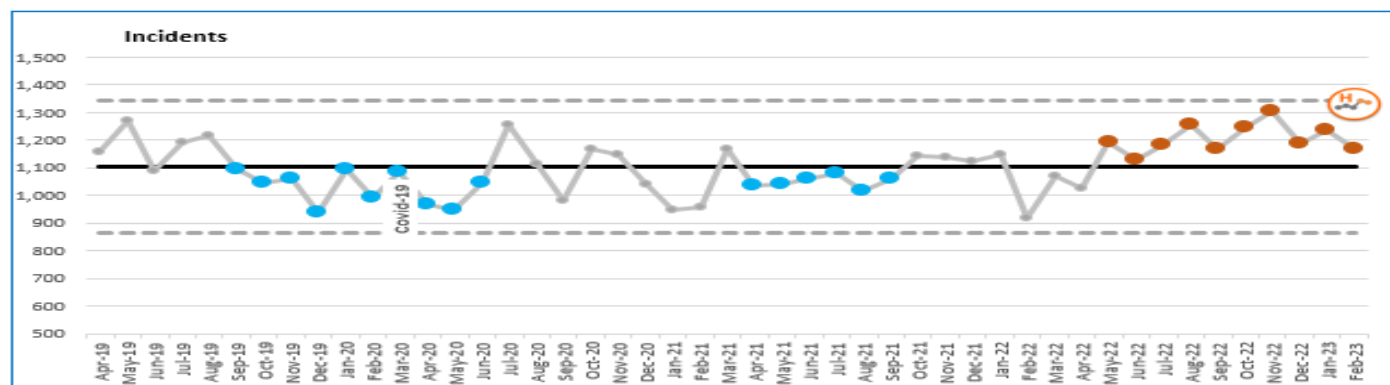
26 Moderate harm incidents

4 Severe harm incidents

0 Patient safety related deaths

Mortality - No new updates.

Incidents



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. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All Amber and Red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly trust wide learning events, briefing papers and the production of Situation-Background-Assessment-Recommendation (SBARs).



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>

On 8 February 2023, a Trustwide learning forum was held to share learning between Care Groups and specialist advisors. The virtual event was very well attended and many positive examples of learning were shared. Presentations are available here <https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-Events.aspx>

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

The next event is on Wednesday 3rd May 2023 at 2.30pm - 4pm. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

Bluelight alerts

[Bluelight alert 62 - 27 February 2023 - F-size oxygen safety incidents](#)

[Bluelight alert 61 - 27 February 2023 - Oxygen concentrators and emergency cylinders](#)

[Bluelight alert 60 - 17 February 2023 - Countersigning of medicines administration on the electronic prescribing and medication administration \(EPMA\) system](#)

Patient Safety Alerts

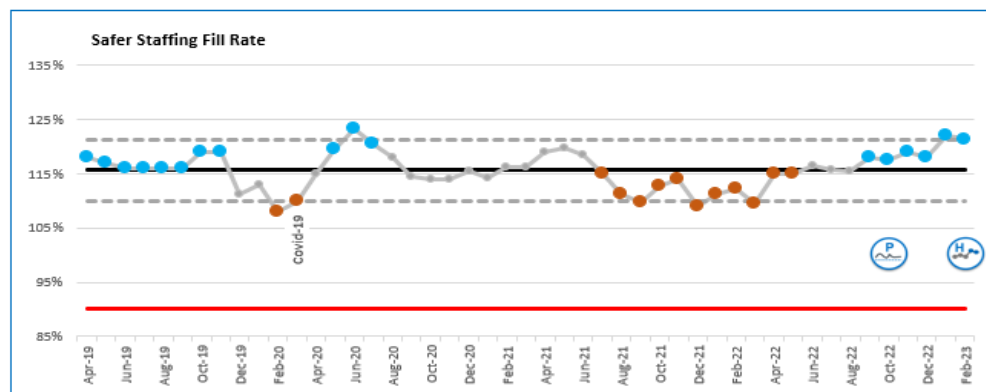
Patient safety alerts issued in February 2023

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.

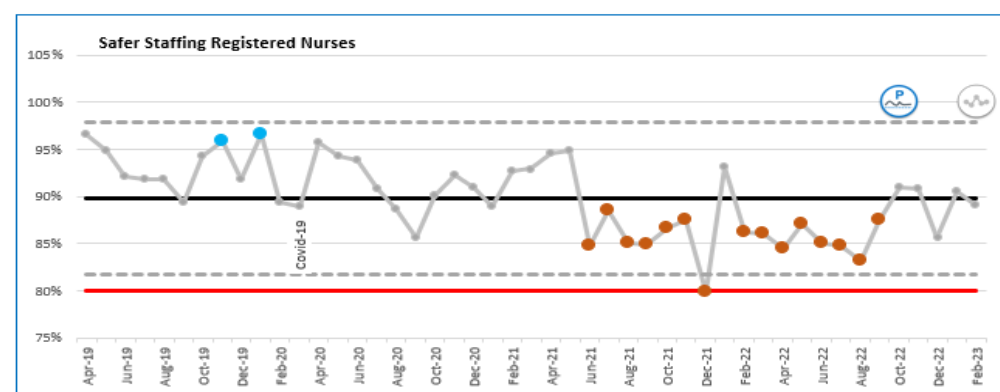
Patient safety alerts not completed by deadline of February 2023 - none.

Reference	Title	Date issued by agency	Alert applicable	Trust final response deadline	Alert closed on CAS
NatPSA/2023/003/MHRA	NIDEK EyeCee One preloaded and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure	01/02/2023	No - alert not applicable to Trust	06/02/2023	02/02/2023

Safer Staffing Inpatients



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 February 2023 we remain in a period of special cause improving variation.



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

February has seen slight fluctuations of fill rates on the previous month. There continues to be less use of annual leave and sickness has shown a reduction of 1% throughout January with February's figure not yet available. Acuity remains high and our adult services moved to OPEL level 4 for a short period due to staffing challenges, Covid-19 outbreaks on wards and beds being unavailable, the services recovered from this quickly and returned to OPEL level 3. We continue to monitor staffing related Datix, reviewing hotspot areas and undertake trend analysis of staffing deficits.

Recruitment drives continue for both substantive and bank staff, with bespoke adverts for those areas and roles that have been difficult to recruit to. We continue with the face-to-face assessment centres, with these planned in regularly going forward. Feedback regarding the quality of recruited candidates has been positive.

Band 5 Registered Nurse (RN) recruitment continues with bespoke adverts as well as our international recruitment (IR). To date we have had 51 IR band 5 nurses with 42 being on the wards throughout the Trust, including on the Neuro Rehabilitation Unit. We have a bid for financial support from NHS England through the first three quarters of the new financial year and hope to recruit another 60 candidates before December 2023. We are also attending an in-country recruitment drive looking at Registered Nurses for community, Registered General Nurses, Mental Health, and Learning Disability. We will be establishing contacts and relationships with several universities and nursing unions to establish a future pipeline.

Escalation and continuity plans are utilised to ensure the delivery of safe and effective care, and these are supported by a flexible staffing resource. We continue to monitor the hours that staff work, including any working time directive breaches to ensure that we are supporting staff wellbeing.

The Trust has established an agency scrutiny group to look at our agency usage and plan for a reduction of requirement through innovation in sourcing our own staff, reducing processes of staff transferring from agency onto our bank or substantive workforce.

Project plans for the continued roll out of SafeCare and moving all teams onto the health roster system have been agreed and the implementation commenced in February 2023 with engagement events and resource sourcing.



Safer Staffing Inpatients cont...

We continue to fall short of the Registered Nurse fill rate for day shifts and continue to look at ways of improving this. 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).

For the second month no wards fell below the 90% overall fill rate threshold. 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 25 (80.0%) of the 31 inpatient areas who achieved 100% or more overall fill rate, this a decrease of two wards on the previous month. Of those 25 wards, 11 (a decrease of three 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 Older People's 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.

Registered Nurses Days: Overall registered day fill rates have decreased by 3.2% to 80.9% in February compared with the previous month.

Registered Nurses Nights: Overall registered night fill rates have increased by 0.5% in February to 97.4% compared with the previous month.

Overall Registered Rate: 89.1% (decreased by 1.4% on the previous month)

Overall Fill Rate: 121.4% (decreased by 0.7% on the previous month). Health Care Assistants showed an increase in the day fill rate of 0.4% to 141.0% and the night fill rate decreased by 0.1% to 155.8%.

Unfilled shifts

An unfilled shift is a shift that has been requested from the bank office, flexible staffing, and could not be covered by bank staff, agency or overtime. 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	457 (+5)	4,838.50	36.39% (+1.10%)	802 (-61)
Unregistered	509 (+8)	5,648.83	11.29% (+0.61%)	3,891 (-240)
Grand Total	966 (+13)	10,487.33	16.56% (+0.72%)	

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.

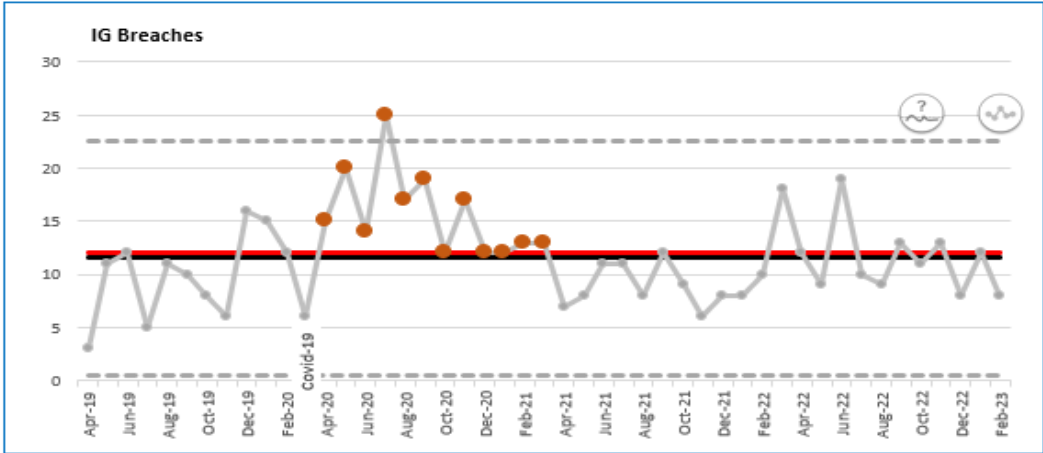


Information Governance (IG)

8 personal data breaches were reported during February, continuing the trend of common cause variation seen throughout the year. An improvement plan has been implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity.

7 breaches involved information being disclosed in error. They were largely due to email and written correspondence being sent to the wrong recipient. One incident occurred as the wrong patient record was retrieved for a consultation, as there were two patients with the same name on the caseload.

The Trust does not currently have any open cases with the Information Commissioner's Office.



This SPC chart shows that as at February 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.

Performance for the first 3 quarters has been achieved against all metrics with the exception of:

- Assessment and diagnosis of lower leg wounds (Barnsley contract only) and
- Routine outcome monitoring in children and young people and perinatal mental health services.

Partial achievement has been met for these indicators although improvements have been evidenced in quarter 3 compared to quarter 2, this is expected to continue into Q4 and therefore some risk in full achievement remains.

Non achievement for Flu vaccinations for frontline healthcare worker is anticipated and the final figure will be reported in the quarter 4 submission.

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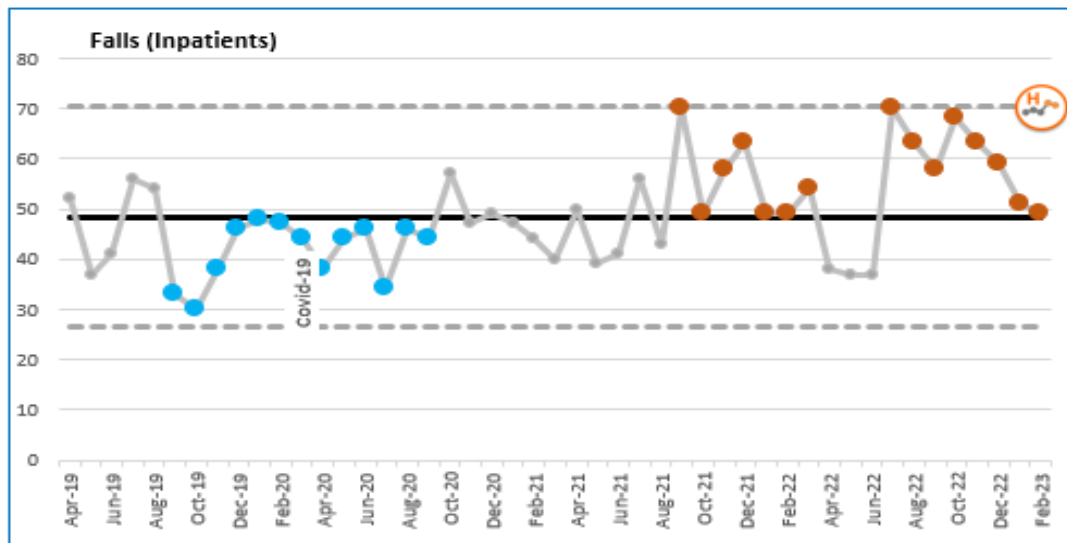
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Falls (Inpatient)

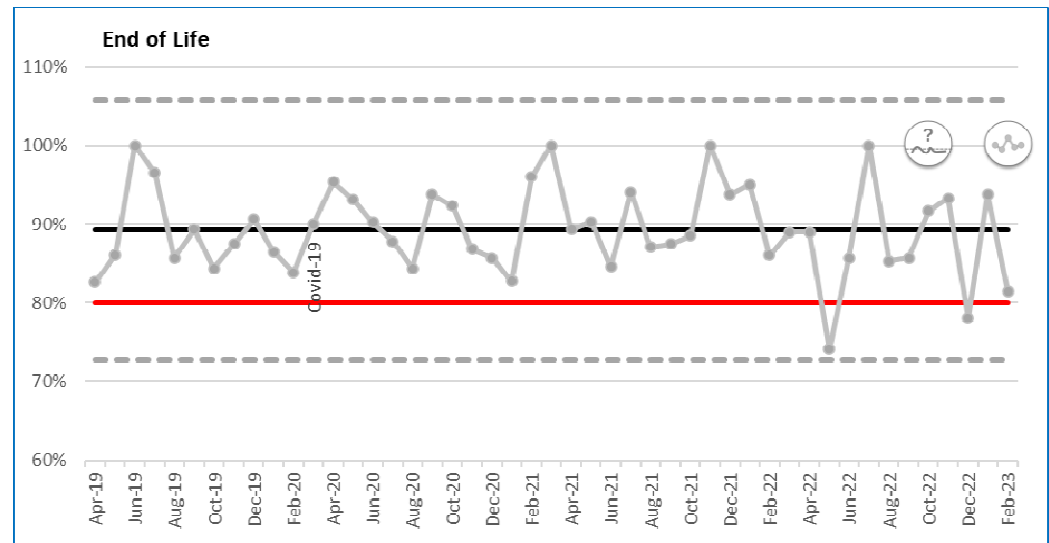
The total number of falls was 49 in February, which is a decrease from the previous month.



The SPC chart above shows that in February 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 81.5% in February.



The chart above shows that in February 2023 the performance against the metric remains in common cause variation and therefore within an acceptable range.



Patient Experience

Friends and family test shows

- 95% would recommend community services
- 85% would recommend mental health services

Mental Health Friends and Family Test Results				
	Target	Dec-22	Jan-23	Feb-23
Community Services	85%	84%	83%	85%
Acute	85%	91%	88%	100%
Secure & Forensics	60%	100%	100%	80%
Other*	85%	87%	84%	92%
Total	85%	85%	82%	85%

Specialist Services Friends and Family Test Results				
	Target	Dec-22	Jan-23	Feb-23
ADHD	85%	50%	42%	78%
CAMHS	75%	88%	74%	70%
Learning Disability	85%	82%	88%	91%

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

*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' has increased across all Trust services.

	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. Access and waiting times 3. Communication	1. Staff 2. Communication 3. Clinical treatment
Mental Health	1. Staff 2. Communication 3. Access and waiting times	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.

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Safeguarding

Safeguarding Adults:

- In February 2023 there were 27 reported safeguarding children incidents, 15 of these were green, low risk and 10 were categorised as yellow, moderate risk. There was one incident categorised as amber, high risk and another red, extreme risk.
- The most common themes were child protection followed by neglect and child sexual abuse. The red incident was in relation to physical assault where significant harm was caused to a community patient and their children. Safeguarding rapid review meetings were held to ensure there was regular communication between agencies to ensure a robust safety plan for all involved and the wider family network were in situ. The amber incident was categorised as child protection due to a CAMHS patient reported to be misusing drugs and indicators of Child Sexual Exploitation (CSE) risk. The concerns were discussed with the parents, the safeguarding team (through duty advice contact) and a Child Safeguarding referral was made to the local authority with parental consent.
- As documented above in most cases advice and support was requested from the safeguarding team and appropriate actions were taken.

Safeguarding Children:

- In February 2023 there were 37 Datix reports which were categorised as Safeguarding Adults. One was graded as red, three were graded as amber, 18 were graded as yellow and 15 were graded as green. The two most common categories of Safeguarding Adult incidents were neglect cases and psychological abuse.
- The Red Datix was not a safeguarding incident, this related to the General Community service and a service user who had an unsafe discharge from an acute hospital. Appropriate action was taken, and he is now in a care home.
- The three amber incidents related to psychological abuse, concerns regarding restraint techniques used and financial abuse from the son of a service user to his mother who is being supported by the older person's service. In each case appropriate actions were taken and liaison with relevant services was made.

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-Trustwide Total – 90%
Infection Prevention and Control - Trustwide 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 and 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 – 6 out of 14 (43%)
- Number of complaints waiting to be allocated to a customer service officer – 52
- Number of cases who breach the six months target who have not had a conversation to agree a new timeframe for completion 0% – 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 – 25 weeks average. Three recently allocated cases have not been in date order due to higher priority to resolve.
- There were 18 new formal complaints in February 2022
- Of these 0 were closed due to no contact/consent, 13 are awaiting consent, 5 are awaiting allocation, 0 are awaiting questions and 0 has timescales start date.
- 11% of new formal complaints (n=2) have staff attitude as a primary subject.
- 22 compliments were received. This has increased as we have had temporary administrative support to clear the backlog and add to Datix.
- Customer services closed 14 formal complaints in February 2023.
- Number of concerns (informal issues) raised and closed in February 2023 – 47
- Number of enquiries responded to in February 2023 - 159



Reducing Restrictive Physical Intervention (RRPI)

There were 223 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in February 2023 this is an increase of 11 (5.1 %) incidents from January 2023 which stood at 212 incidents. This increase in reported incidents is a sustained increase over the last two months; December incidents 189, January 212 and February 223. This is being monitored by the RRPI team and reflects the reported increase in patient acuity on inpatient wards.

87% of prone restraints in February 2023 lasted under 3 minutes. Prone restraint (those remaining in prone position and not rolled immediately) was reported 23 times of 385 (5.9%) of total restraint positions, this is an increase of 2 from last month which stood at 21 of 355. This is a stable position in terms of prone restraint (December 23, January 21, February 23).

The incidents of prone restraints that went over 3 minutes were at three different units, 1 PICU, 1 Learning Disability and 1 Acute ward and all related to incidents where there were high levels of violence and aggression. Specialist advisors review all incidents and offer advice and support to staff to manage these challenging situations to ensure service user and staff safety. Where there are any themes or trends in data analysis/ advice calls the specialist advisors will explore this further and report any findings to Clinical Risk Panel and implement any changes to training or offer additional packages of support.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total	Team Utilising Prone Restraint	Total	Duration of Prone Restraint	Total
			Horizon Centre Assessment and Treatment Service	7	0 - 1 minute	14
Standing	138	35.8%	Nostell Ward, Wakefield	4	1 - 2 minutes	4
Seated	63	16.3%	Walton PICU	3	2 - 3 minutes	2
Safety Pod	60	15.5%	Bronte Ward, Newton Lodge, Forensic	2	3 - 4 minutes	1
Supine	51	13.2%	Stanley Ward, Wakefield	2	4 - 5 minutes	2
Restricted escort	24	6.2%	Ashdale Ward	1		
Prone	23	5.9%	Chippendale, Forensic	1		
Side	12	3.1%	Clark Ward - Barnsley	1		
Prone then rolled	9	2.3%	Elmdale Ward	1		
Kneeling	5	1.2%	Melton PICU, Barnsley	1		

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

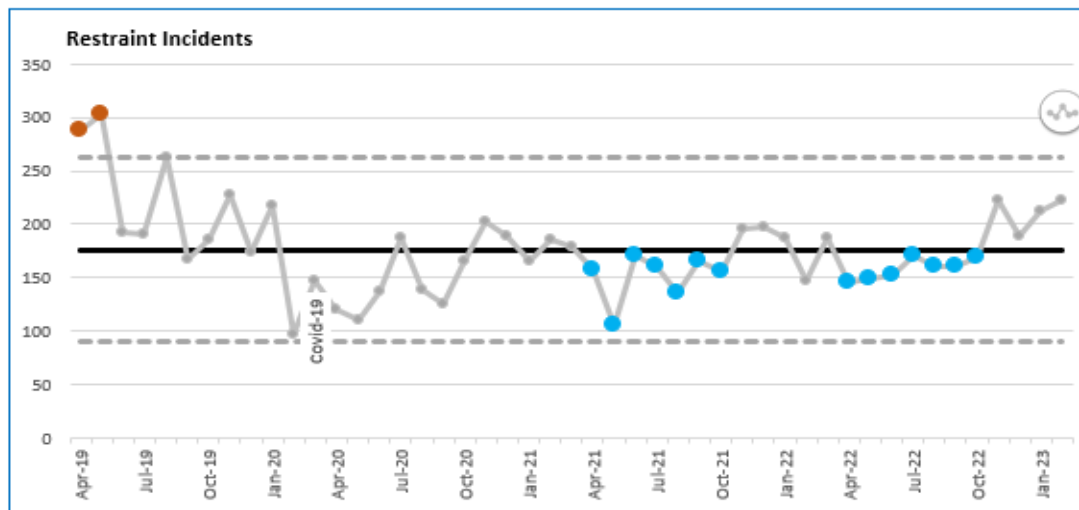
National
Metrics

Care
Groups

Finance/
Contracts

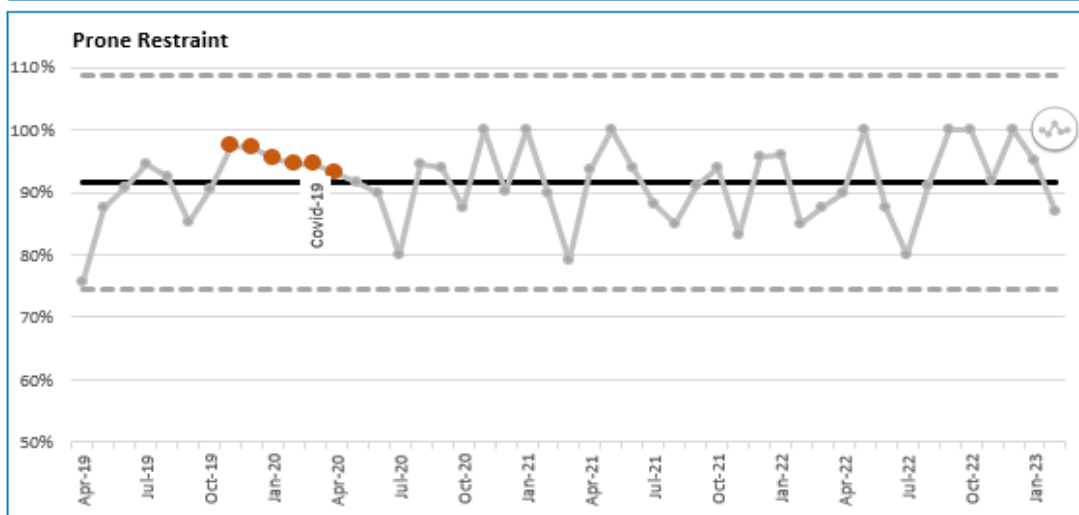
System-wide
Monitoring

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that after a recent period of special cause improving variation (blue markers), in February 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.



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

The continued variation in prone restraint incidents in February 2023 means that we are now in a period of common cause variation.

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	Feb-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	5,246.6	
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	4,229.7	
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8	895.2	942.0	936.8	944.8	
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%	17.9%	18.0%	
Turnover external (12 month rolling)	Improving Resources	Well Led	GM	>10-12<	15.5%	15.4%	15.4%	15.5%	15.2%	14.8%	14.4%	14.4%	14.2%	14.3%	13.7%	
Starters (Excludes bank staff moving to substantive post)	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	70.2	
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	38.5	
Sickness absence - Year-to-date (Including 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%	5.3%	
Sickness absence - Month (Including Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.5%	4.8%	5.5%	4.7%	4.8%	5.7%	5.9%	6.3%	5.3%	5.2%	
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	-	0	2	2	2	2	4	2	
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting commenced Jun-22		59.7%	55.8%	61.3%	57.3%	56.0%	60.7%	62.9%	69.8%	71.5%	
Supervision	Improving Resources	Well Led	GM		Reporting Under Development											
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	1	
Mandatory Training - TOTAL	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%	90.1%	
Mandatory Training - Reducing Restrictive Practice Interventions	Improving Care	Well Led	GM		75.5%	73.7%	73.6%	73.8%	73.8%	72.0%	70.3%	68.4%	66.4%	71.9%	74.5%	
Mandatory Training - Cardiopulmonary Resuscitation	Improving Care	Well Led	GM		73.4%	74.4%	74.2%	74.6%	75.7%	75.0%	72.5%	72.1%	72.0%	73.0%	75.1%	
Mandatory Training - Clinical Risk	Improving Care	Well Led	GM		95.9%	95.6%	96.2%	96.2%	96.4%	96.6%	96.3%	96.2%	96.0%	95.7%	94.9%	
Mandatory Training - Display Screen Equipment	Improving Care	Well Led	GM		92.9%	92.8%	93.9%	94.3%	94.9%	95.5%	95.1%	95.4%	95.8%	96.0%	96.3%	
Mandatory Training - Equality & Diversity	Improving Care	Well Led	GM		94.3%	94.0%	93.9%	94.1%	93.9%	94.3%	93.8%	94.2%	94.1%	94.6%	95.1%	
Mandatory Training - Fire Safety	Improving Care	Well Led	GM		90.3%	88.6%	87.1%	87.4%	87.1%	86.4%	87.3%	87.7%	87.5%	88.3%	88.4%	
Mandatory Training - Food Safety	Improving Care	Well Led	GM		77.9%	76.6%	79.4%	79.3%	79.8%	79.2%	78.6%	79.9%	79.5%	79.6%	79.8%	
Mandatory Training - Freedom To Speak Up (FTSU)	Improving Care	Well Led	GM		84.9%	84.4%	85.5%	86.8%	88.2%	89.8%	90.5%	91.3%	91.7%	92.0%	92.4%	
Mandatory Training - Infection Control & Hand Hygiene	Improving Care	Well Led	GM		89.5%	87.3%	87.0%	87.3%	87.7%	88.2%	88.4%	88.6%	88.4%	88.4%	88.6%	
Mandatory Training - Information Governance (Data Security)	Improving Care	Well Led	GM	>=95%	-	93.1%	92.9%	92.9%	92.5%	92.2%	91.2%	89.8%	87.6%	87.4%	84.8%	
Mandatory Training - Moving & Handling	Improving Care	Well Led	GM	>=80%	96.3%	95.5%	95.6%	95.7%	95.3%	95.2%	95.3%	95.8%	95.6%	93.0%	93.4%	
Mandatory Training - Nat Early Warning Score 2 (New S2)	Improving Care	Well Led	GM		80.6%	81.3%	82.6%	84.3%	85.6%	86.3%	87.4%	88.1%	89.6%	91.1%	92.0%	
Mandatory Training - Mental Capacity Act/Dols	Improving Care	Well Led	GM		93.2%	92.5%	93.4%	93.3%	93.5%	93.8%	93.5%	93.4%	93.3%	95.6%	95.3%	
Mandatory Training - Mental Health Act	Improving Care	Well Led	GM		89.6%	88.5%	89.4%	89.5%	90.4%	90.9%	90.7%	91.0%	91.2%	90.4%	91.6%	
Mandatory Training - Prevent	Improving Care	Well Led	GM		94.1%	93.9%	94.4%	94.6%	95.1%	95.3%	95.0%	94.6%	94.4%	94.7%	95.2%	
Mandatory Training - Safeguarding Adults	Improving Care	Well Led	GM		89.1%	88.2%	88.8%	89.1%	89.7%	89.5%	89.4%	89.5%	89.0%	89.1%	89.9%	
Mandatory Training - Safeguarding Children	Improving Care	Well Led	GM		90.3%	89.9%	89.9%	89.9%	89.7%	90.2%	88.7%	88.9%	88.6%	88.8%	89.3%	

People - Performance Wall

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.
- Turnover - Quarterly reports from feedback of leavers are being appraised in the Trusts Operational Management Group with reporting and actions from quarterly reports to Care Group areas.
- Response rates from leavers giving feedback up to 40% from 5%.
- Supervision data is currently excluded due to a review of the supervision policy, recording and reporting. An improvement approach is being taken to this work and an update to timeframes is expected in April 2023
- Employed staff - There has been an increase of 141.5 whole time equivalent staff employed by the Trust since April 22. We are seeing much higher conversion rates of staff moving from bank contracts to substantive than previous years (54.59 WTE since January). We are also seeing much higher health care support worker appointments via our assessment centres and this driving higher starters numbers.

International nurse recruitment -

- A total of 51 international nurses in the Trust (updated to March 23). 34 are qualified and on the wards. Rest either in competence training or awaiting accreditation. A further 36 offers in progress.
- Appointments and applications increasing due to word of mouth from existing nurses' positive experience in the Trust.
- Retention a key success – Lost only one nurse in programme (Moved to USA to be with family)
- Upcoming recruitment event in South Africa & Botswana with 80 confirmed RMN and RGN interviews planned over 6 days.
- Trust applying for Pastoral Offer Award. Neighbouring Trusts requesting SWYPFT supply of internal OSCE training programme.
- 70% pass rate of nurses onto NMC first time, 30% pass rate second time.

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	Feb-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%	97.6%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good								Good	Good	Good	Good
Statutory Compliance 3	Improving Resources	Effective	AS	100%								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



Additional metrics to highlight response to and impact of Covid-19

KPI	Target	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	As at 21st March 2023	Trend
No of staff off sick - Covid-19 not working	N/A	80	23	23	53	20	29	9	20	17	
No of staff working from home - Covid-19 related		32	10	9	14	6	16	8	10	16	

Stability of the Workforce

- Substantive staff in post has risen by 43.7 Whole Time Equivalents (WTE) in February and 3.3% (140.2 WTE) since April 2022.
- Three international nurse recruitment starters in February totalling 36 this financial year.
- Vacancies have increased by 8 WTE within month to 944.8 WTE this is due to an increase in the funded establishment.
- Rolling turnover is 13.7%, this matches our full year forecast percentage.

Keep Fit & Well

Absence

- Absence rates continue to decrease in month to 5.2% with the year-to-date dropping by 0.1%.
- Cold and flu absences have significantly reduced although Covid absences have increased in month.
- Forensics absence continues to reduce in month by 1.2% to 6.2% year-to-date. This has reduced due to a focus to support managers on long term sickness resulting in returns to work.
- Estates and Facilities overall absence has reduced to 8.2% year-to-date with in month absences at 5.4%. Long term absence within the service have increased. A renewed focus of focussed sickness meetings, monthly reports to individual managers and increased support from the people directorate has been put in place to address this increase.
- Stress related absences still accounts for the cause of absence (34% year-to-date).

Supportive Teams

Appraisals

- The rolling appraisal compliance rate for February increased again to over 71%, with the interventions taken starting to show an improving trend.
- Compliance and appraisals due are monitored and reviewed at least monthly at team level.

Mandatory Training

- Overall mandatory training reports 90.09% 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. Actions being taken to address these areas, include use of third-party providers to increase capacity to deliver, introduction of an e-learning suite to increase accessibility and reduce the need for face-to-face training and project plan being delivered in close partnership with the Nursing, Quality & Professions function
- A continued focus on driving compliance for Local induction has resulted in a monthly increase of 1.89%, now reporting 79.05%

Staff Survey

- Our response rate was pleasingly up from last year at 50% from 43%.
- Typically our scores showed an improvement from last year. Results continue to be reviewed and wider staff engagement and involvement is planned for the coming weeks to ensure we focus on what will make a real difference
- CAMHS staff have 7 of the 9 theme scores better than the Trust average
- Medical staff and BAME staff see the most positive changes in scores since 2021
- Further focus on improvements across LGBTQ+ and disability staff is required given we have seen overall scores below the Trust average

Summary

Priority
Programmes

Covid-
19

Emergency
Preparedness

Quality

People

National
Metrics

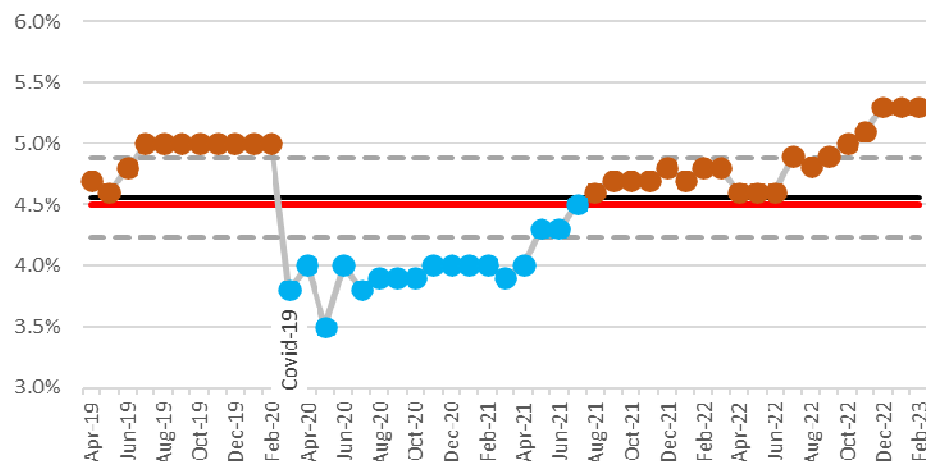
Care
Groups

Finance/
Contracts

System-wide
Monitoring

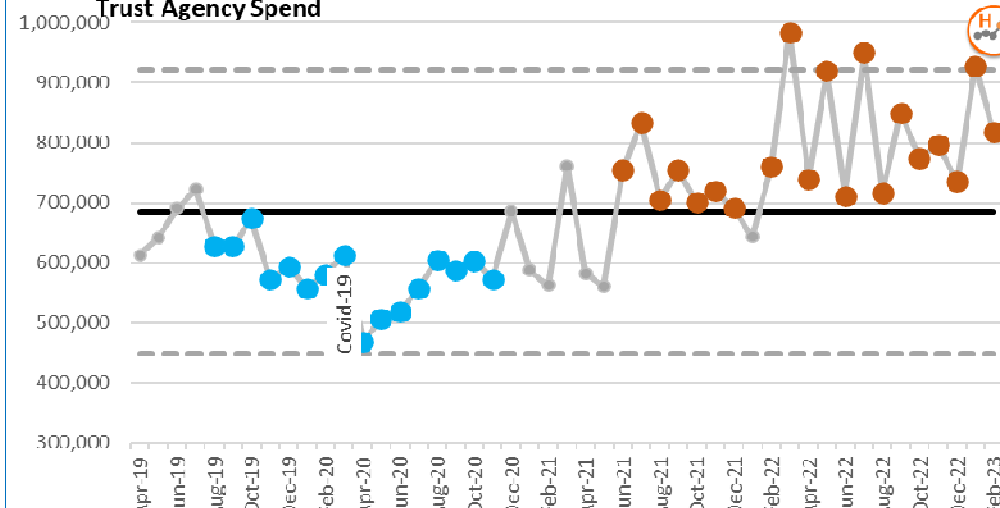
Analysis

Trust Sickness Absence - Year to Date



The chart above shows that as at February 2023 we remain in a period of special cause concerning variation (orange markers). From July 2022 this also includes absence due to Covid-19.

Trust Agency Spend



The chart above shows that in February 2023 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance. Actions being taken include:































- the re-introduction of agency scrutiny group who are leading on agency spend reduction plan to meet 23-24 agency cap (£7.8m) – Targeting reduction of high cost individual long term areas of agency spend with bespoke plans to reduce (medical roles).
- Alternative marketing campaigns to engage wider markets.
- Review of admin agency usage toward zero tolerance.
- Significant increase in assessment centre recruitment events – 4 in April (usually 1 per month) over 200 potential candidates into bank and substantive healthcare support worker and nurse posts. This will have a positive impact upon agency provision in future months.

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 Integrated Care Boards 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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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	1359	226	437	483	439	482	511		 
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	70%	Reporting to commence January 2023									87.5%	85.0%	
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%	85.2%	93.6%	94.6%	84.8%	92.6%	94.4%		 
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%	53.1%	51.4%	41.0%	52.6%	57.1%	54.0%		 
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period - Barnsley	Improving Health	Responsive	CH	LTP	Q1 - 1563	1408	1379	1202	1224	369	392	455	377	500	461		 
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	844	849	910	698	978	792		 
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%	88.5%	86.9%	89.5%	93.5%	95.1%	95.7%		 
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	118	72	69	84	81	57		 
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	68.9%	91.7%	95.9%	86.2%	94.7%	98.7%	100.0%	86.2%	88.0%	91.6%		 
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care				SC	80%	84.0%	84.6%	89.0%	88.1%	89.0%	87.8%	89.6%	88.9%	87.1%	89.6%		 
IAPT - Treatment within 6 Weeks of referral	Improving Health	Responsive	CH	SC	75%	94.2%	94.7%	97.5%	98.4%	97.8%	98.0%	98.6%	98.5%	97.7%	97.6%		 
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%	99.9%	99.5%	99.8%	100.0%		 
The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week	Improving Health	Responsive	CH	SC	95%	90.0%	95.5%	78.6%	95.2%	80.0%	100.0%	90.0%	100.0%	87.5%	80.0%		 
The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	96.9%	90.1%	77.7%	80.2%	75.0%	78.4%	79.3%	88.2%	91.2%	100.0%		 
Data Quality Maturity Index	Improving Health	Responsive	CH	SC	95%	99.4%	98.5%	99.5%	99.4%	99.5%	99.5%	99.6%	99.1%	99.4%	98.3%		 

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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Data quality rating ^a	Variation/ Assurance
Total bed days of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	5	16	44	23	20	13	10	0	8	31		
Total number of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	TBC	1	1	2	4	1	2	2	0	2	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%	98.8%	100.0%	98.7%	100.0%	98.9%	99.0%		
% Service users on care programme approach (CPA) having formal review within 12 months	Health & Wellbeing	Safe	SR/KT	O	95%	97.4%	96.1%	94.3%	96.9%	94.3%	95.6%	94.9%	96.9%	95.8%	95.4%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	60%	88.4%	88.3%	87.2%	85.7%	86.9%	86.0%	85.8%	85.2%	84.4%	84.5%		
% clients in employment	Improving Health	Responsive	CH	O	10%	9.9%	11.1%	11.8%	11.7%	11.8%	12.0%	11.6%	11.4%	11.6%	11.4%		
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%	97.7%	98.8%	97.4%	98.5%	98.1%	99.1%		
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%	99.4%	99.3%	99.3%	99.4%	99.4%		

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

Variation Icons							Assurance Icons			
The icon which represents the last data point on an SPC chart is displayed.							If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.			
ICON										
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●		?	F	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 95.7%
- 72 hour follow up remains above the threshold at 89.6%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has increased slightly to 91.6% in February 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 February 8 out of 10 urgent cases were seen within 1 week, this has taken the performance below threshold at 80%. The reason behind these breaches related to the cancellation of an appointment by the Trust due to temporary capacity issues and the second was offered an appointment within timeframe but this was cancelled by the family.
- During February 2023, there were two services users aged under 18 years placed in an adult inpatient ward. One of those patients was admitted and discharged during the month with a length of stay of 3 nights, the other was an admission in January and the patient remains on the 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.
- Percentage of clients in employment and Percentage of 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 54.0% for February.
- Percentage of service users on CPA having formal review within 12 months remains above threshold during the month of February.

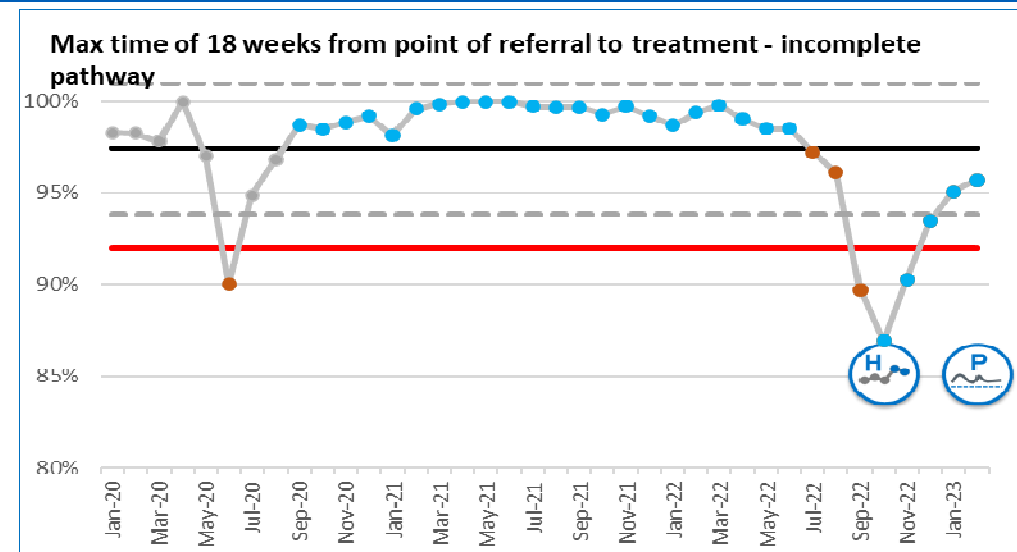
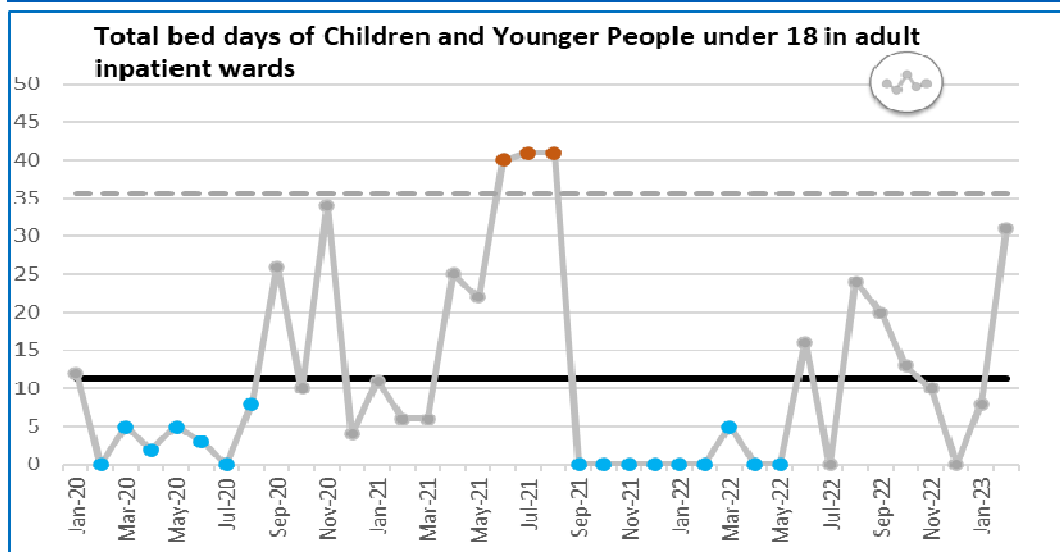
Data quality:

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

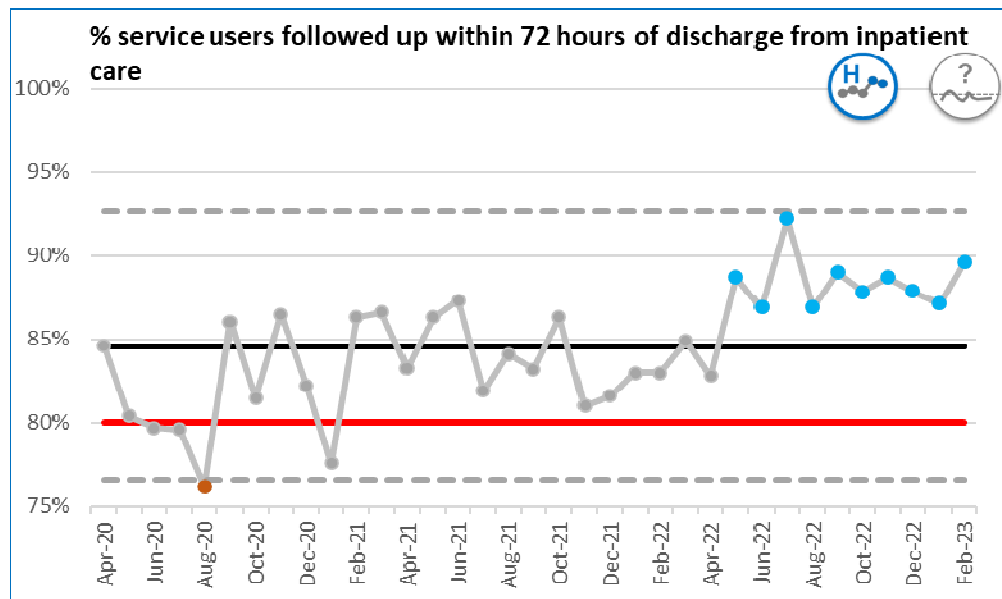
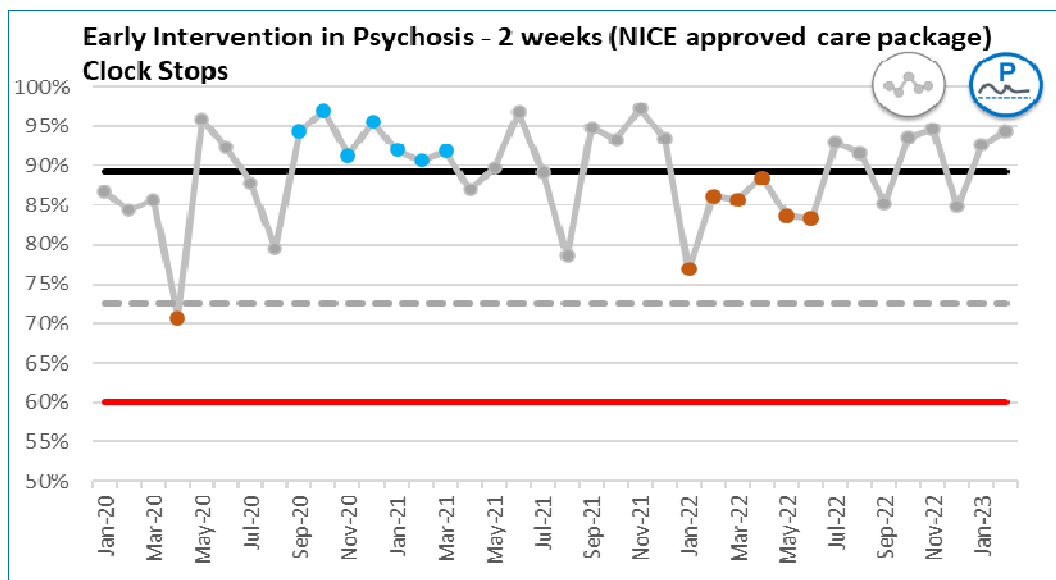
- The reporting for employment and accommodation for February shows 16.0% of records have an unknown or missing employment and/or accommodation status. This is an increase on January which showed 15.5% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within care groups 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 February 2023. Although now above target, after three consecutive periods of improvement against the referral to treatment metric we remain in a period of special cause improving 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.

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 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. Figures in bold and italics are provisional and will be refreshed next month.

Mental Health Community (Including Barnsley Mental Health Services)				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	65.0%	72.1%	
% Assessed within 14 days of referral (Routine)	75%	88.9%	82.6%	
% Assessed within 4 hours (Crisis)	90%	100.0%	99.2%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/6)	60% (3/5)	
% service users followed up within 72 hours of discharge from inpatient care	80%	87.1%	89.6%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.3%	95.8%	
% Treated within 6 weeks of assessment (routine)	70%	98.8%	99.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.5%	73.8%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	68.7%	68.4%	
Information Governance training compliance	>=95%	87.5%	85.0%	
No of staff off sick - Covid-19 not working	N/A	6	5	
Reducing restrictive practice interventions training compliance	>=80%	71.2%	71.9%	
Sickness rate (Monthly)	4.5%	5.8%	5.5%	

Mental Health Inpatient				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	33.2%	27.1%	
% Bed occupancy	85%	86.5%	88.1%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	0% (0/3)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.8%	72.3%	
Delayed transfers of Care (DTOC)	3.5%	6.4%	6.7%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	83.5%	87.7%	
Inappropriate Out of Area Bed days	276	482	511	
Information Governance training compliance	>=95%	87.1%	84.6%	
No of staff off sick - Covid-19 not working	N/A	1	3	
Physical Violence (Patient on Patient)	Trend Monitor	11	16	
Physical Violence (Patient on Staff)	Trend Monitor	43	77	
Reducing restrictive practice interventions training compliance	>=80%	79.6%	79.3%	
Restraint incidents	Trend Monitor	15	6	
Safer staffing	90%	124.5%	124.8%	
Sickness rate (Monthly)	4.5%	6.2%	6.1%	

LD, ADHD & ASD				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	74.2%	68.6%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/2)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	62.5%	59.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	78.4%	
Delayed transfers of Care (DTOC)	3.5%	20.0%	18.8%	
Information Governance training compliance	>=95%	91.9%	87.4%	
LD - First face to face contact within 18 weeks	90%	80.0%	78.7%	
No of staff off sick - Covid-19 not working	N/A	0	1	
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	56	48	
Reducing restrictive practice interventions training compliance	>=80%	74.3%	77.5%	
Safer staffing	90%	153.6%	153.4%	
Sickness rate (Monthly)	4.5%	5.9%	5.5%	
Restraint incidents	Trend Monitor	52	4	

Barnsley General Community Services				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	74.4%	77.7%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/3)	
% people dying in a place of their choosing	80%	93.8%	81.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.5%	74.7%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	87.0%	87.6%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	95.1%	95.7%	
Maximum 6 week wait for diagnostic procedures	99%	88.0%	91.6%	
No of staff off sick - Covid-19 not working	N/A	3	2	
Reducing restrictive practice interventions training compliance	>=80%	25.0%	50.0%	
Safer staffing (inpatient)	90%	111.0%	111.0%	
Sickness rate (Monthly)	4.5%	5.7%	4.6%	

Forensic				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	72.7%	67.2%	
% Bed occupancy	90%	88.6%	89.7%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	
% Service Users on CPA with a formal review within the previous 12 months	95%	85.5%	87.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	79.6%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	85.7%	84.7%	
No of staff off sick - Covid-19 not working	N/A	5	3	
Physical Violence (Patient on Patient)	Trend Monitor	1	2	
Physical Violence (Patient on Staff)	Trend Monitor	16	8	
Reducing restrictive practice interventions training compliance	>=80%	81.5%	84.7%	
Restraint incidents	Trend Monitor	10	2	
Safer staffing	90%	115.0%	112.0%	
Sickness rate (Monthly)	5.4%	7.3%	6.2%	

CAMHS				
Metrics	Threshold	Jan-23	Feb-23	Variation/Assurance
% Appraisal rate	>=90%	85.8%	87.9%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/4)	
CAMHS - Crisis Response 4 hours	N/A	98.9%	96.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.8%	74.7%	
Eating Disorder - Routine clock stops	95%	91.2%	96.2%	
Eating Disorder - Urgent/Emergency clock stops	95%	87.5%	80.0%	
Information Governance training compliance	>=95%	85.8%	82.0%	
No of staff off sick - Covid-19 not working	N/A	0	0	
Reducing restrictive practice interventions training compliance	>=80%	70.8%	71.3%	
Sickness rate (Monthly)	4.5%	2.3%	3.6%	



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

Barnsley mental health services:

Alert/Action

- Continued focus on record keeping in relation to FIRM risk assessment, safety plans and formulation. Outstanding FIRM Risk Assessments reduced to 25.2%.
- Action being taken to ensure medical staff consistently complete medical care plans.
- CPA Reviews below target at 90.1%. Management/clinical leads focusing input with teams with lowest completion rate.
- Care plan offered to a service user data improving.
- Ongoing issues around access to inpatient beds for those with challenging behaviours associated with dementia.
- Ongoing issues around access to inpatient beds leading to Intensive home based treatment team managing high risk patients in the community
- West Enhanced Team and Mental Health Liaison Team both experiencing deficits in staffing levels. Business continuity plans are being implemented to effectively target resources.

Advise

- 72 hour follow up remains positive at 100%.
- Waiting lists in NHS Talking Therapies remain high for cognitive behavioural therapy and counselling
- The band 7 clinical lead for eating disorders within adult services has taken up post but due to continued pressures on the CAMHS eating disorder service is having to work across both areas as part of CAMHS business continuity plan, this will remain under review.
- Training in amber Information Governance – 87.2%, Reducing restrictive practice intervention – 71.5%, Cardio pulmonary rehabilitation – 75.3%
- Initial results from the pilot of an A&E mental health triage post have been positive. Consideration being given to developing business case for recurrent funding.
- Friends and Family Test results remain positive at 83%

Assure

- South Yorkshire Liaison & Diversion have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The charter focuses on equality, involvement, and inclusion as central themes in reducing inequalities and tackling stigma,
- Family Lives peer support service has been operationalised and now receiving referrals.
- Working jointly with colleagues from Barnsley Healthcare Foundation 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.



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Child and adolescent mental health services:

Alert/Action

- Improvement work not fully evidenced with respect to mandatory training compliance. This matter has been further reinforced/prioritised with senior leadership. Reducing restrictive practice intervention (71.3% - threshold 80%), Cardio Pulmonary Rehabilitation (74.7% - threshold 80%) and information governance (82%- threshold 95%)
- Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. Robust action plans in place – but a shortfall between commissioned capacity and demand remains. Transition to adult services also remains a focus for improvement work.
 - In Kirklees the neurodevelopmental pathway has a commissioned capacity of 43 diagnostic assessments per month. As part of a waiting list initiative an additional 21 assessments per month are commissioned from Evoke. Pathway recently revised to improve screening – with positive feedback from families - but demand remains significantly in excess of capacity.
 - In Calderdale commissioned capacity is 21 diagnostic assessments per month. Vacancies/maternity leave have temporarily reduced capacity to 12-15 assessments per month. Introduction of the AQP model has reduced referrals to CAMHS pathway to 8-12 per month.
- Work on improving the transition between children and young people service and Adult ADHD service has commenced. An improvement plan has been agreed and actions including: creating a set of shared transition principles and expectations, developing a standardised referral form on SystmOne, agreeing medication and prescribing practices, and jointly creating an educational programme/information for families and children and young people. This work links in with the wider work being undertaken by West Yorkshire mental health and learning disability partnership board transition project group.
- Ongoing issue with shortage of specialist residential and Tier 4 places leading to inappropriate stays for young people on acute hospital wards, Trust in-patient beds and section 136 suites. 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 and limited staff capacity. This is consistent with national trends and has contributed to difficulties in achieving national response targets.

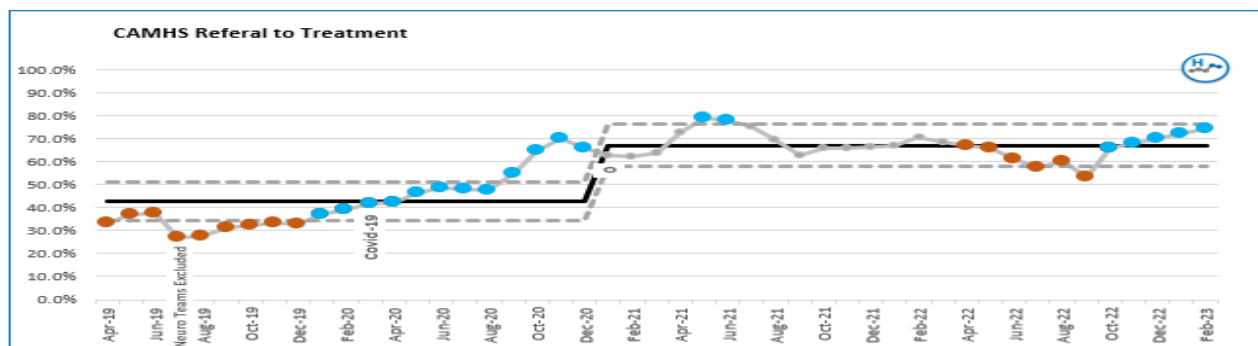
Advise

- 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.
- Friends and Family Test remains under 80% target at 70%.
- Waiting times from referral to treatment in Wakefield remain an outlier. Referral rates remain a key factor. Brief intervention and group work service offer strengthened and medium term improvement anticipated.
- A number of environmental issues have been escalated with respect to staff working conditions at Wetherby young offenders institute. Progress being made in implementing action plan.
- In process of extending Wetherby Young Offenders Institution and Adel Beck secure children's home service contract.



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 February 2023, following a period of special cause concerning variation, we have now entered a period of common cause improving variation. For further information see narrative above.

Barnsley general community services:

Alert/Action

- Urban House (UH) since November 2022 the service has only one Nurse Prescriber (currently working from home due to their clinical vulnerability). This creates pressures and some risk within the service. To date we have been unable to recruit to the vacancy through bank/agency on a temporary basis. We are currently working with pharmacy and the Walk-in Centre in Wakefield to provide cover for the service.
- Neighbourhood Nursing Services (NNS) - a position paper for NNS is being developed and will be escalated to the Director of Services and Chief Operating Officer to set out the current position of the NNS workforce, including existing challenges and risks along with actions being taken to mitigate and manage the issues. This will also be added to the Barnsley Care Group Risk Register.
- NNS – current workforce position over next 8 weeks – 15 staff currently working their notice period following resignation (12 qualified), 11 long term sick and 14 whole time equivalent vacancies.

Barnsley general community services continued:

Advise

- School Age Immunisation Service - The approval of recommended bidder for the new tender is due on 16/03/23.
- Children's Therapy - Significant increase in referrals to the service in 2021/22 has continued in 2022/23, particularly for Children's Occupational Therapy. This, combined with ongoing staffing issues is affecting waiting lists.
- Paediatric Audiology – it is hoped that we will recommence school hearing screening prior to the school summer holidays in June/July 2023.
- Urban House (UH) – Commissioner is reviewing current health provision for the 6 resettlement programmes in Wakefield and will include UH. Following a meeting with commissioners in January 2023, a discussion paper was submitted regarding how we can work collaboratively with primary care to ensure the delivery of equitable services for all those clients within the resettlement programmes in Wakefield. Meeting planned for March 2023.
- Neighbourhood Teams (NT) - The Integrated NT SystmOne unit roll out continues with a several Specialist Nursing Services due to migrate between March 2023 and September 2023. These are: Parkinsons, Adult Epilepsy and Tissue Viability Service including Cancer related Lymphoedema.

Assure

- Yorkshire Smokefree Barnsley - Extract taken from Barnsley Council website regarding the successful figures for Yorkshire Smokefree Barnsley:
“Barnsley's stop smoking services are the second-best nationally for helping people to successfully quit. From April 2021 to March 2022, NHS Yorkshire Smokefree Barnsley helped 72% of local smokers who set a quit date to successfully stop smoking. This sees our stop smoking services coming out on top across Yorkshire and the Humber.”
- Yorkshire Smokefree Calderdale - The vaping pilot contract has now been signed by both SWYPFT and Yorkshire Cancer Research to enable clients to use a vape to quit smoking. The vape will be supplied by the company Totally Wicked.
- Resuscitation Service – agreement in principle for additional Band 6 Resuscitation Officer to support increased training requirements by Resuscitation Council UK guidelines.
- Stroke – Life after Stroke coordinator role now out to advert; this is a new role and will be part of the SWYPFT Barnsley Integrated Community Stroke Team and will be an additional link between our service and The Stroke Association.
- Childrens physical health services – Our first multi-disciplinary team group safeguarding supervision session has been booked for late March. Staff from each of our children's services will be in attendance. This supervision will be offered to staff every 12 weeks in addition to their existing safeguarding supervision arrangements.
- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) – originally introduced in 2016 by the National Resuscitation Council this has been gradually improved and rolled out across the UK. Already adopted by many neighbouring trusts with more to follow in the coming months. In Barnsley the acute Hospital (BHNFT) are starting to use the ReSPECT process and form from 15th March. Patients will be discharged into SWYPFT care with these forms. A Barnsley partnership group is in place supporting implementation, communication, governance and shared learning across the Integrated Care System for Barnsley Place. It is planned that all partners will adopt in full by the end of 2023. For SWYPFT there will be full introduction of ReSPECT in May/June as a whole Trust. For Barnsley teams, interim standard operating procedures (SOPs) have been developed to ensure staff are aware how to support patients where a ReSPECT plan is in place, during the first phase of the roll out. SOPs and frequently asked questions (FAQs) are being shared with all teams and via the intranet and standard communication routes.
- Priory Campus – Barnsley Healthcare Federation (BHF) have secured ownership of the Priory Campus property – this will provide opportunities for collaborative working along with the impending move towards housing the Urgent Community Response (UCR) team with other Out of Hours (OOH) services including IHeart 365 and Home Visiting Service. This will progress the Alliance partnership, strengthening the working relationship with BMBC Central Call and Reablement, Virtual Ward and Right Care Barnsley.
- Tissue Viability - 5-month secondment has commenced supported by SWYFPT Tissue Viability Service in Barnsley Hospital NHS Foundation Trust Tissue Viability Service. This will promote joint working across community and secondary care, aiming to strengthen partnerships, develop joint pathways, and provide supporting evidence for the Integrated Care Board Barnsley project of developing a district wide wound care policy.
- Registered Mental Health Nurse (RMN) Professional Lead - successfully appointed to this new role – candidate will commence in post in new financial year.



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

Alert/Action

- Friend & Family Test – Friends and family test is 78%. The Quality and Governance lead is undertaking focused improvement activity and this represents a significant rise in performance compared to previous months.
- Reducing Restrictive Practice Interventions training remains under threshold at 74.1%%, however this has improved from previous months as more courses have become available.
- Calderdale AQP (Any Qualified Provider) for all-age neurodiversity has now launched.

Advise

Bradford Autism Pathway - Collaboration with Bradford District Care Foundation Trust

- The Waiting list project is progressing as planned.
- The new autism electronic referral system has launched across Bradford and Craven.
- Two of the posts required to deliver the sustainable pathway in Bradford have been filled.
- Since the approval of the service specification in January mobilisation is being implemented.

ADHD Waiting Lists - Remains a high priority for the service with cases being triaged and prioritised using data available.

Assure

- All KPI targets met.
- Changes made to ADHD pathway are working well.
- Relationship with Bradford working very well.
- Some commissioners requesting pathway innovations and business cases are being prepared.
- Excellent levels of supervision and appraisal across the team.

Learning disability services:

Alert/Action

Community Services

- Workforce review will be concluded over the next 3 weeks.
- Service will be undertaking a community improvement programme; first draft proposal has been developed and is currently being finalised prior to implementation.
- Some movement across localities within the LD medical workforce has been necessary to ensure a good spread of consultants to meet service need and ensure the service reliance on a locum workforce is reduced.
- Focused work on waiting lists continues this is due to current capacity issues relating to vacancies. Mitigating actions are in place.

ATU (Assessment & Treatment Unit)

- Horizon improvement programme continues to make progress.
- Recruitment to posts which were previously shared posts (with Bradford)
- Delayed transfers of care are currently at 21.60% and reflects system challenges in provision of bespoke packages of care to meet complex needs.

Advise

Community & ATU (Assessment & Treatment Unit)

- Plan to increase engagement with service users and carers now in place post Covid.
- Appraisal rates within the service at end of February were 70.4%. this is under Trust expected levels of 80% - work continues to focus on ensuring these are planned in.
- There are a number of mandatory training subjects that are in amber: reducing restrictive interventions has increased up to 78.7%, Cardio pulmonary rehabilitation 75.4%, Food Safety 76.3%, Information Governance 85.3%, Supervision 66.67% - work continues to take place within teams to increase compliance for these training areas.



Assure

Assessment and treatment unit (ATU)

- Recruitment continues to progress.
- Robust plans in place to address mandatory training, supervision, and appraisal shortfall and progress is being monitored closely.
- Peer support worker now appointed for Horizon ward.

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.
- Although recruitment challenges remain, some further key posts have now been recruited to including the Calderdale nurse lead, intensive support team nurse lead, dietician and Wakefield occupational therapist.

Forensic services:

Alert/Action

- Acuity remains high – Service has two service users (in medium secure) who have waited a protracted amount of time to be transferred to high secure this has impacted on patient flow.
- Concerns raised by the West Yorkshire Commissioning hub – regarding the Learning Disability and Womens pathway, the service is working with colleagues to provide appropriate assurance.
- Bed Occupancy levels in all areas are reporting below the 90% threshold – Newton Lodge 88.6%, Bretton 94.31%, Newhaven 93.75%.
- Sickness absence/covid absence – remains above the care group target at 8.1%.
- Vacancies & Turnover – Turnover remains high 13.7%. Recruitment & Retention remains a priority within the service.
- % of Service Users on CPA with a formal review within the previous 12 months remains below the 90% target at 87.07% remedial action in place to address this and small numbers also impact on reported percentage.

Advise

- Work continues to assimilate Forensic Child and Adolescent Mental Health Services (FCAMHS) into the West Yorkshire Provider Collaborative.
- Mandatory training overall compliance remains good across all areas: Newton Lodge – 89.5%, Bretton – 87.5%, Newhaven –88.6. Hotspots across the service are Food Safety, Information Governance, Local Induction and Safeguarding Adults (Newhaven only) - focus remains on increasing compliance for these subject areas.
- 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. Phase 2 of the roll out will be discussed in April.
- The West Yorkshire Provider Collaborative held a stakeholder event to discuss the future of Forensic Community Services.
- Appraisal & Supervision of staff within the service 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 80%
- All Equality Impact Assessments across Forensic Services have been completed for 23/24.



Adults and Older People mental health:

Alert/Action

- Acute wards have continued to manage high levels of acuity and have been impacted by covid outbreaks.
- We have had high occupancy levels across wards and capacity to meet demand for beds remains difficult.
- Workforce challenges have continued.
- The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, however overall the numbers have not materially reduced.
- We are working actively with partners 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.
- Demand into the Single Point of Access (SPA) and capacity issues have lead to ongoing pressures in the service, 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.
- 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.
- We have action plans in place for certain teams and continue to be proactive and innovative in our approaches to recruitment and workforce modelling.
- All areas are focussing on improving performance for FIRM risk assessments, which remains under target in all areas for those on CPA who have had a staying-well plan within 7 days and those who have had a formulation within 7 days.
- We have set up a trajectory of improvement to full performance by the end of Quarter 4.

Advise

- Senior leadership from matrons and general managers remains in place across 7 days.
- We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.
- 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 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.
- Work continues in front line community 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.
- 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.
- 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 and we also have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

Assure

- Our Perinatal Service has been awarded Accreditation by the Royal College of Psychiatrists Perinatal Quality Network.
- 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.

Summary

Priority
Programmes

Covid-19

Emergency
Preparedness

Quality

People

National Metrics

Care Groups

Finance/
Contracts

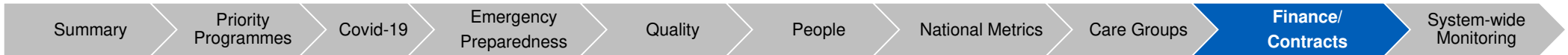
System-wide
Monitoring

Communications, Engagement and Involvement

- Consideration of our external comms in relation to the pre-election period, which has now started
- Planning for the Excellence awards on 4 May 2023
- Our Year report being drafted
- External award submissions, including Parliamentary awards, HSJ, Nursing
- ReSPECT promotion
- Promotion of #allofusimprove
- Working on QI toolkit for the intranet
- 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
- Older peoples inpatient mental health transformation, internal and external comms and planning
- Promotion linked to staff recruitment and retention
- Trauma Informed practices programme support
- Patients Know Best comms planning and warm up messages
- Compassionate principles promoted
- Keep in Mind Kirklees website development
- New website forms for services

Engagement, Equality and Volunteering Update

- Equality and involvement annual action plans for 2023/2024 now signed off by EII Committee at the March meeting
- 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 Young carers
- 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 is now to be delivered through a programme approach, a 3 month plan to launch has been approved at the first meeting in March
- The Flair survey has now closed. The final response rate is 23%.. A paper on how we will review the data and early sight of findings will be shared with EMT this month.
- The Trust wide approach to involvement is nearly ready to launch. The training modules to deliver 3 x 2-hour training sessions have been tested this month. 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)	£3.7m	£3.2m	The position reported here is as per the System financial performance measure. A deficit of £0.6m has been reported in February 2023. The year to date surplus is £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan.
2	Agency Spend	£8.9m	£9.9m	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 £8.9m which is £1.8m more than cap.
		4.4%		
3	Overhead Costs	15%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	Financial sustainability and efficiencies	£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	£81.8m	£79.7m	Cash in the bank remains positive for both the year to date and forecast.
6	Capital	£4.3m	£7.6m	The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

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

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

West Yorkshire and Harrogate Partnership

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

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

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

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

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

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

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

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

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

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

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

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

South Yorkshire and Bassetlaw Partnership

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

Publication Summary

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

Department of Health and Social Care

NHS public health functions agreement 2022 to 2023. This guidance contains information about NHS England's objectives and funding arrangements as it commissions public health services. It sets out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services. The services currently commissioned in this way are: national immunisation programmes; national population screening programmes; child health information services; public health services for adults and children in secure and detained settings in England; and sexual assault services.

[Click here to read the guidance](#)

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

[Bed availability and occupancy data: Q1 2022/23, NHS England, 2 March 2023](#)

[Children and young people with an eating disorder collection: Q1 2021/22, experimental statistics, NHS England, 2 March 2023](#)

[Diagnostic waiting times and activity: November 2022, NHS England, 2 March 2023](#)

[Mixed sex accommodation breaches: December 2022, NHS England, 2 March 2023](#)

[NHS stop smoking services in England: April 2022 to June 2022, NHS Digital, 2 March 2023](#)

[NHS vacancy statistics, England: April 2015 - December 2022, experimental statistics, NHS Digital, 2 March 2023](#)

[Referral to treatment waiting times statistics for consultant-led elective care: November 2022, NHS England, 2 March 2023](#)

[Community services statistics: December 2022, NHS Digital, 7 March 2023](#)

[Mental health services monthly statistics: performance December 2022, provisional January 2023, NHS Digital, 9 March 2023](#)

[Friends and Family Test data \(January 2023\)](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 11
(2022 / 23)



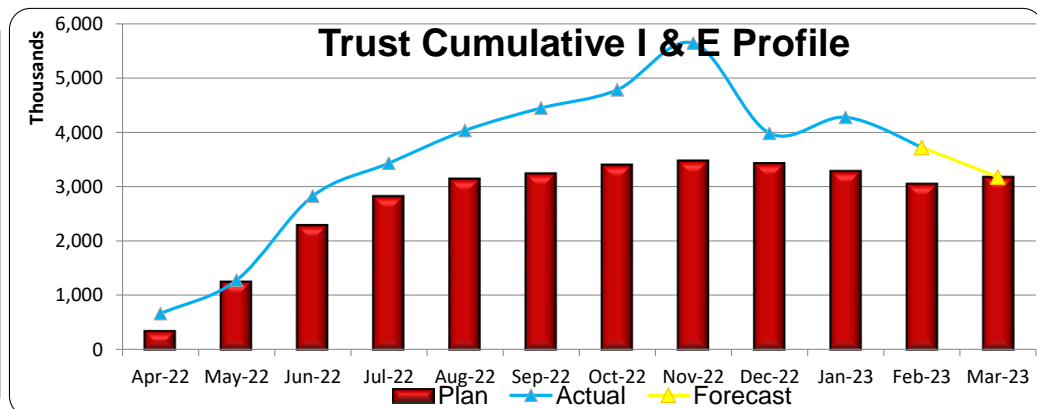
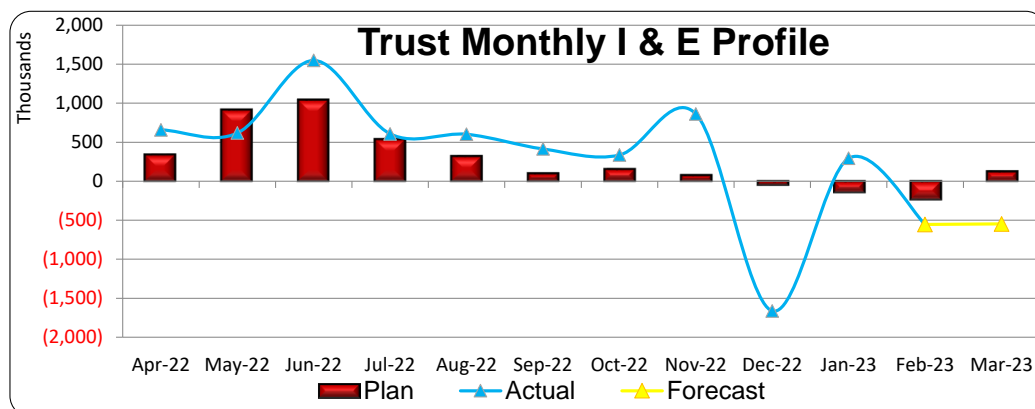
www.southwestyorkshire.nhs.uk

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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Green	In line, or greater than plan			

2.0 Income & Expenditure Position 2022 / 2023

Trust Financial Position													
Budget Staff Actual worked Variance				This Month This Month This Month Budget Actual Variance			Description	Year to Date Year to Date Year to Date Budget Actual Variance			Budget	Forecast	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				20,477	20,452	(25)	Healthcare contracts	224,883	219,780	(5,103)	245,470	240,256	(5,215)
				9,336	10,631	1,295	Other Operating Revenue	100,298	105,102	4,804	109,879	115,558	5,679
				29,813	31,083	1,270	Total Revenue	325,181	324,882	(299)	355,349	355,814	465
5,123	4,727	(396)	7.7%	(20,334)	(19,719)	614	Pay Costs	(213,374)	(202,087)	11,287	(233,711)	(221,225)	12,486
				(9,173)	(11,450)	(2,277)	Non Pay Costs	(102,453)	(113,199)	(10,746)	(111,616)	(125,116)	(13,500)
				0	0	0	Gain / (loss) on disposal	0	820	820	0	820	820
				0	0	0	Impairment of Assets	0	(787)	(787)	0	(787)	(787)
5,123	4,727	(396)	7.7%	(29,507)	(31,170)	(1,663)	Total Operating Expenses	(315,827)	(315,253)	574	(345,327)	(346,308)	(981)
5,123	4,727	(396)	7.7%	306	(87)	(393)	EBITDA	9,354	9,629	275	10,022	9,506	(516)
				(482)	(466)	16	Depreciation	(5,365)	(5,390)	(25)	(5,847)	(5,869)	(23)
				(179)	(267)	(88)	PDC Paid	(1,969)	(1,959)	10	(2,148)	(2,129)	19
				120	266	146	Interest Received	1,032	1,445	413	1,150	1,670	520
5,123	4,727	(396)	7.7%	(235)	(554)	(319)	Surplus / (Deficit)	3,052	3,724	672	3,178	3,178	(0)
				0	(19)	(19)	Depn Peppercorn Leases (IFRS16)	0	(210)	(210)	0	(229)	(229)
				0	0	0	Revaluation of Assets	0	2,225	2,225	0	2,225	2,225
5,123	4,727	(396)	7.7%	(235)	(573)	(338)	Surplus / (Deficit)	3,052	5,739	2,687	3,178	5,173	1,996



Income & Expenditure Position 2022 / 23

**February 2023 financial position is a deficit.
Year to date is a surplus of £3.7m.**

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

NHS England - monthly submission

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

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. Income in February 2023 is in line with plan.

Pay

The expenditure pay run rate has been impacted by a number of one off / non recurrent adjustments over the past months; expenditure has increased in February. Overall the WTE run rate has continued to increase. Substantive worked WTE is partially due to continued recruitment but also includes additional hours worked by substantive staff. This has helped to reduce bank usage in month but is not currently considered as a sustainable stepped change.

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. Inflationary pressures, on areas such as utilities and catering / food costs, continue to be mitigated as far as possible within the overall financial position.

The in month deficit position has been driven by one off costs including increases to dilapidation provisions.

2.1

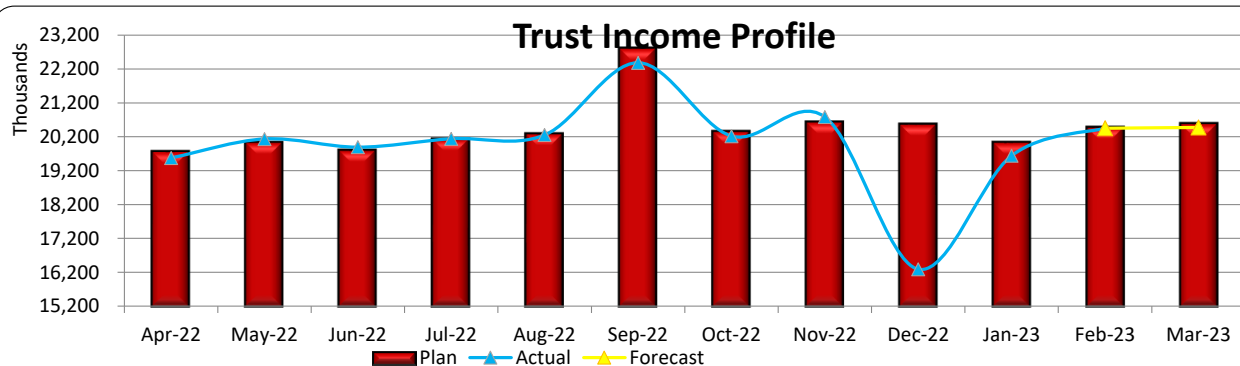
Income Information

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	18,320	18,376	218,382	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	343	343	3,999	45,733
Local Authority	433	454	484	427	429	460	446	449	463	419	432	437	5,334	5,172
Partnerships	422	422	395	413	345	399	309	447	232	496	385	385	4,651	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	(642)	118	82	1,648	708
Total	19,576	20,136	19,893	20,143	20,254	22,387	20,221	20,785	16,289	19,643	20,452	20,476	240,256	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	



February 2023 income is in line with plan and discussions continue with all commissioners to ensure there is an agreed position ahead of the financial year end and ensure that all invoices are raised and paid.

Contract discussions for 2023 / 24 are continuing with an aspiration to sign contracts by 31st March 2023. Based on wider system considerations this could potentially be delayed. To date mental health investment standard has not been agreed between the Trust and commissioners.

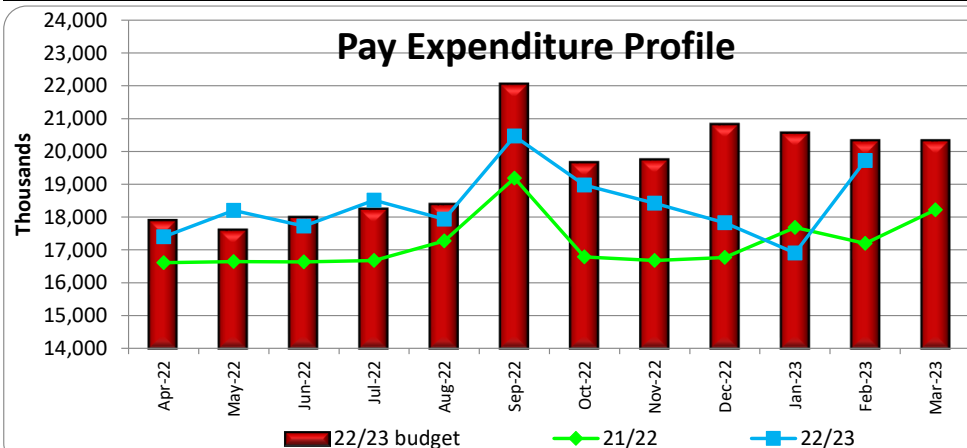
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	17,586		180,718
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261	1,058	1,016	1,273	1,314		12,430
Agency	740	920	711	950	716	849	775	797	735	928	818		8,940
Total	17,397	18,201	17,728	18,510	17,937	20,464	18,972	18,425	17,828	16,905	19,719	0	202,087
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%	6.7%		6.2%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%	4.3%	4.1%	5.5%	4.2%		4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129	4,148	4,162	4,153	4,222	4,223	4,228	4,235	4,274		4,183
Bank & Locum	251	294	252	307	259	272	313	264	272	329	297		283
Agency	148	141	149	142	137	175	158	149	170	160	156		153
Total	4,530	4,545	4,530	4,597	4,559	4,600	4,693	4,636	4,670	4,724	4,727	0	4,619
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	4,488



Pay expenditure run rate has been impacted over the past 3 months by numerous one off adjustments (spend reductions). None have been reported in February 2023 so this could be considered the normal current run rate.

There has been a positive trend, albeit gradual, of increasing substantive WTE worked across the year. For February there is a stepped increase of 39 WTE. Across the Trust this is a combination of some new starters but also an increase in overtime. This has helped to reduce the bank WTE worked in month. This trend will continue to be monitored.

Agency has continued at a high level with additional information provided on page 8.

2.2 Agency Expenditure Focus

**Agency spend is £818k in February.
Year to date spend is £8,940k.**

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.

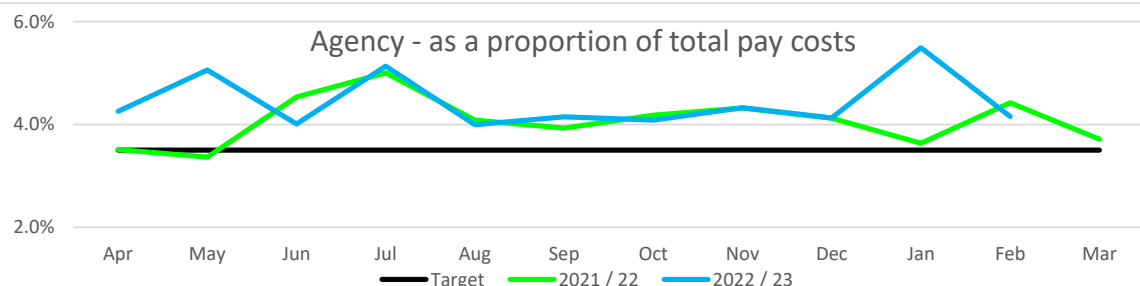
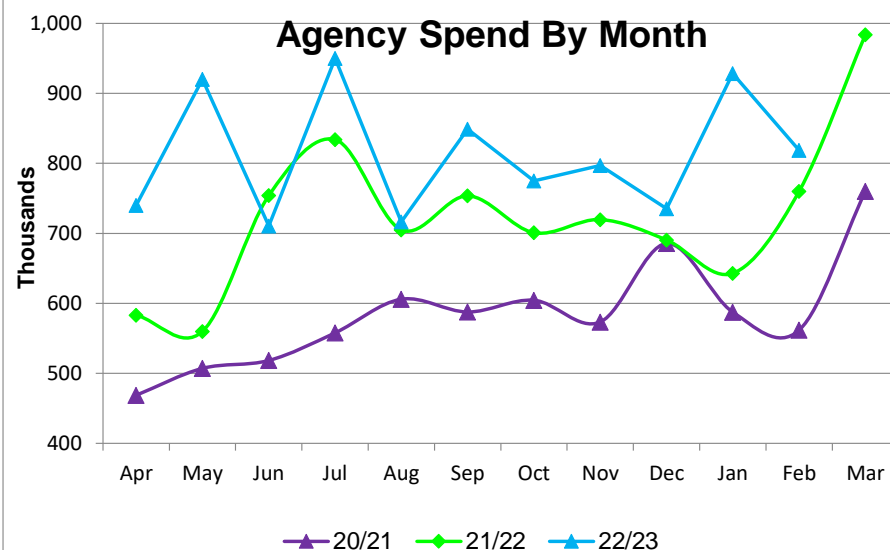
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

Although overall expenditure is less than last month, the main areas of expenditure, supporting inpatient wards (adult and Forensics) have increased again in month. There has also been an increase in CAMHS agency suage. 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 registered and unregistered nursing staff accounts for £4.8m of spend whilst medical staffing represents a further £3.0m.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £328k 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.

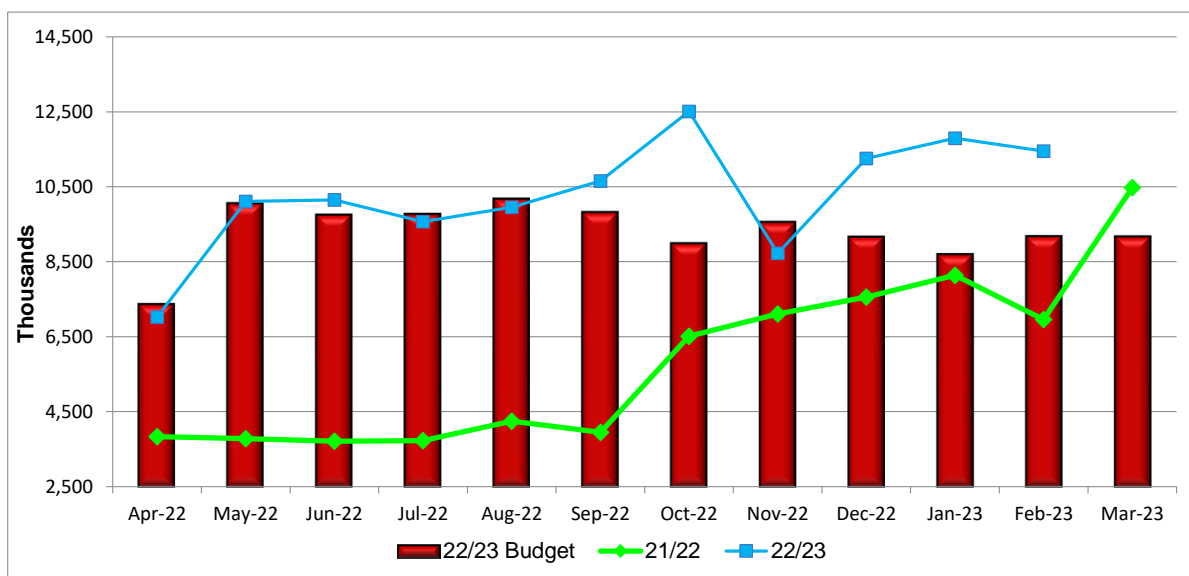
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in February 2023 was 4.2% with cumulative year to date position of 4.4%. The national target for 2023 / 24 is to be 3.7%.

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	11,450		113,199
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	3,147	3,048	(99)
Establishment	7,325	9,098	1,774
Lease & Property Rental	6,767	6,911	144
Premises (inc. rates)	5,223	5,741	517
Utilities	2,046	2,203	158
Purchase of Healthcare	9,232	10,708	1,476
Lead Provider Collaborative	59,059	61,533	2,474
Travel & vehicles	4,003	3,638	(365)
Supplies & Services	6,186	6,460	274
Training & Education	2,311	1,889	(423)
Clinical Negligence & Insurance	945	938	(6)
Other non pay	(3,791)	1,031	4,822
Total	102,453	113,199	10,746
Total Excl OOA and Drugs	90,074	99,443	9,369



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.

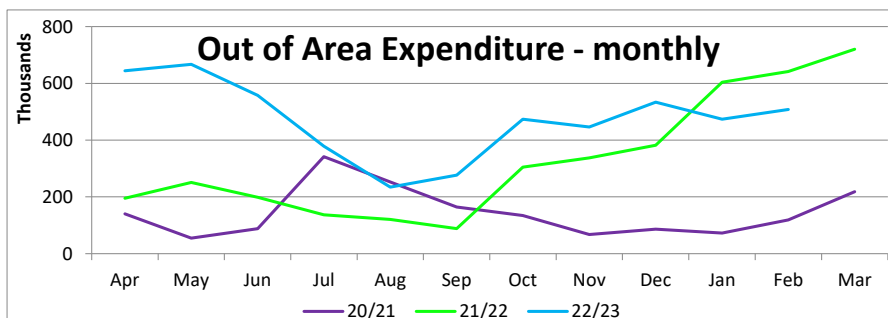
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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	508		5,194

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	568	548		5,474

Bed Day Information 2022 / 2023 (by category)													
PICU	427	417	446	379	247	204	235	270	327	348	398		3,698
Acute	57	95	141	100	108	88	288	336	193	220	150		1,776
Total	484	512	587	479	355	292	523	606	520	568	548	0	5,474



Inpatient services have continued to experience sustained levels of demand and therefore out of area placements have continued at a high level.

At the end of February 2023 there were 20 (up from 18 in January 2023) individuals in out of area beds; 7 in acute and 13 in PICU. Previous forecast trajectories had been based on 16 placements and as such is causing additional

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	162,097	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	2,241	4
Non NHS Trade Receivables (Debtors)	921	993	4
Prepayments	2,174	2,206	2
Accrued Income	816	2,445	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	81,791	Pg 13
Total Current Assets	87,941	91,364	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(42,812)	5
Capital Payables (Creditors)	(1,790)	(510)	6
Deferred Income	(6,480)	(2,948)	
Other Liabilities (IFRS 16 / leases)		(52,880)	1
Total Current Liabilities	(47,670)	(99,149)	
Net Current Assets/Liabilities	40,271	(7,785)	
Total Assets less Current Liabilities	147,623	154,312	
Provisions for Liabilities	(7,716)	(4,896)	8
Total Net Assets/(Liabilities)	139,907	149,416	
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	82,968	7
Total Taxpayers' Equity	139,907	149,416	

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.

8. As planned the value of Trust provisions has reduced during 2022 / 23. This is through redundancy, VAT risk and legal provisions.

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	6,593	619	(5,974)	619	(6,881)
OPS transformation	500	500	472	(28)	700	200
Maintenance (Minor) Capital						
Clinical Improvement	745	645	212	(433)	700	(45)
Safety inc. ligature & IPC	1,065	975	300	(675)	575	(490)
Compliance	700	700	820	120	1,447	747
Backlog maintenance	350	300	126	(174)	436	86
Sustainability	350	300	0	(300)	82	(268)
Plant & Equipment	550	509	72	(437)	138	(412)
Other	0	0	763	763	744	744
IM & T						
Digital Infrastructure	450	450	491	41	1,502	1,052
Digital Care Records	40	36	28	(8)	31	(9)
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)	56	(44)
Lease Impact (IFRS 16)	354	344	358	14	358	4
VAT Refunds						
TOTALS	13,144	11,892	4,321	(7,571)	7,582	(5,562)

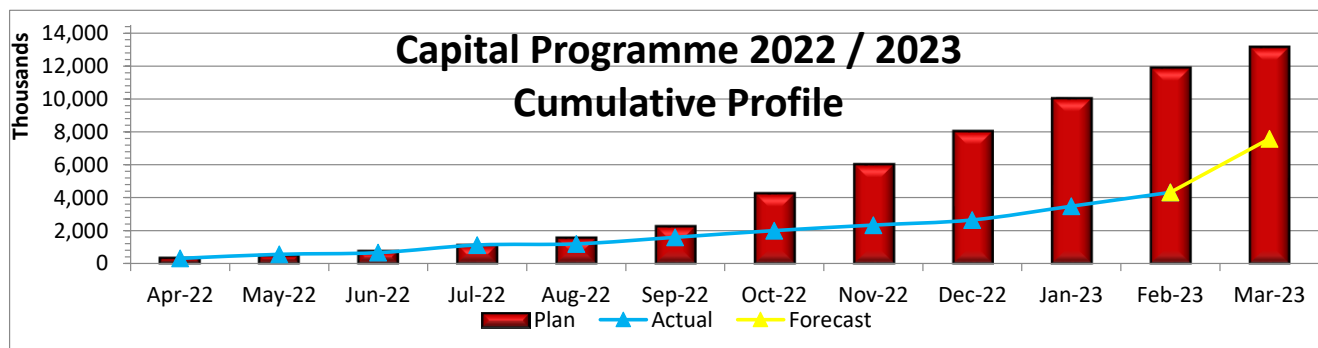
Capital Expenditure 2022 / 23

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

As per previous months each individual scheme has been assessed for deliverability by 31st March 2023 and this is reflected in the forecast position.

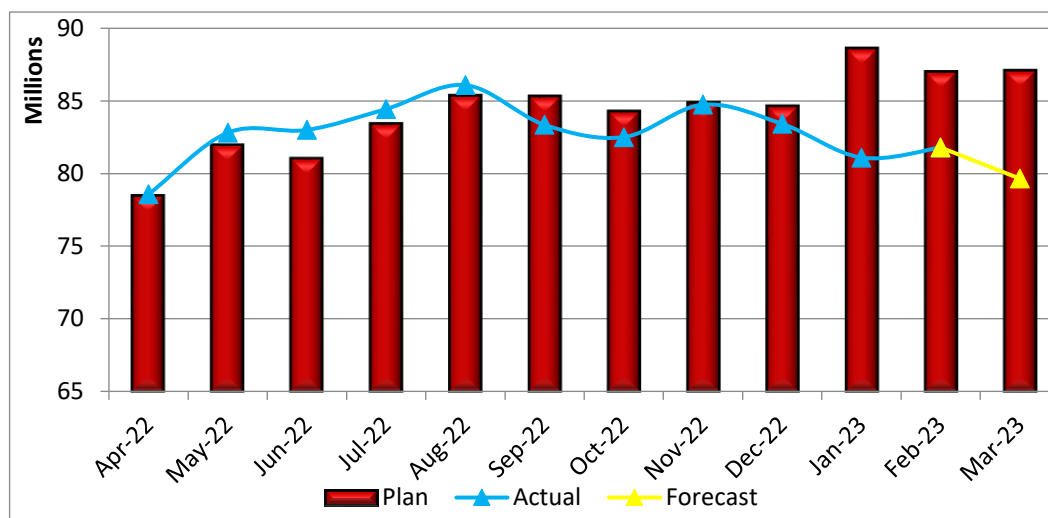
The majority of the variance to plan remains the paused Bretton Centre scheme.

Capital plans are being developed for 2023 / 24 and these will be agreed within the Trust and based upon allocation of capital funding within the West Yorkshire ICB.



3.2

Cash Flow & Cash Flow Forecast 2022 / 2023

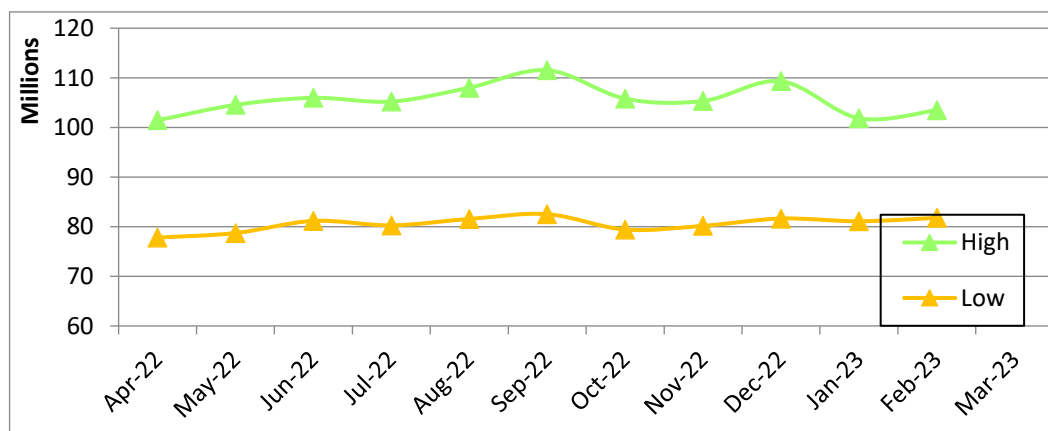


Cash remains positive.

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	86,954	81,791	(5,163)



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: £103.5m

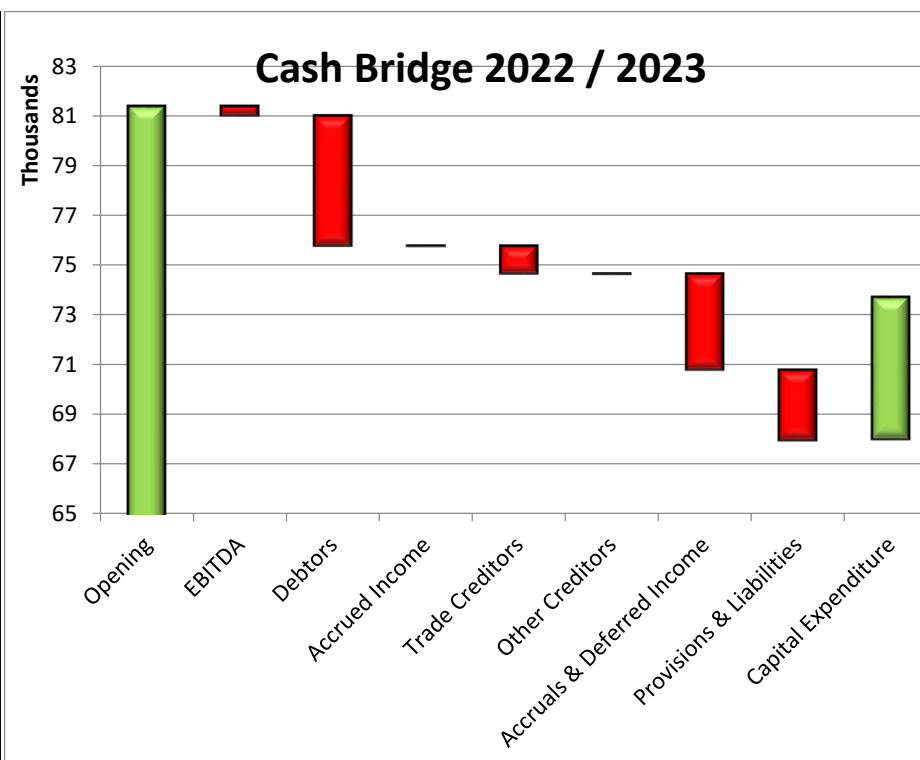
The lowest balance is: £81.8m

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)	17,182	16,806	(376)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,225	(3,000)	(5,225)	
Trade Payables (Creditors)	2,250	1,142	(1,108)	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	(3,865)	(3,865)	
Provisions & Liabilities	0	(2,820)	(2,820)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(10,048)	(4,321)	5,727	
Cash receipts from asset sales		2,319	2,319	
Leases	(458)	(6,314)	(5,856)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	407	1,445	1,038	
Closing Balances	86,940	81,791	(5,149)	



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.

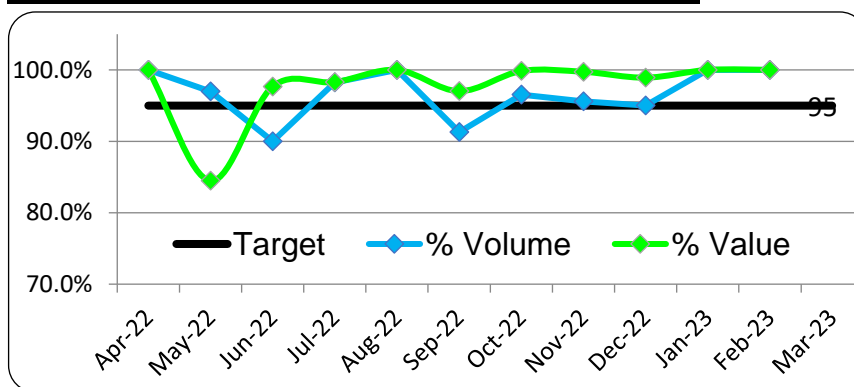
4.0

Better Payment Practice Code

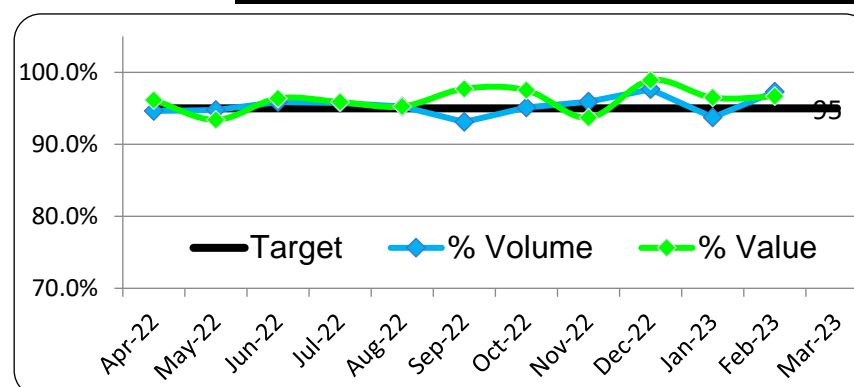
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	97%	97%
Cumulative Year to Date	95%	96%



4.1

Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000 (including VAT where applicable).

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
21-Feb-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000056735	2,555,213
22-Feb-23	Purchase of Healthcare	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600022692	900,000
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4705	698,342
09-Feb-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998823	571,562
01-Feb-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS30	544,330
31-Jan-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202981	499,350
01-Feb-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007677	334,267
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4706	298,108
27-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118904	293,365
01-Feb-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 269	281,548
01-Mar-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS08	185,000
01-Feb-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS07	185,000
20-Feb-23	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600022664	174,441
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4701	174,431
01-Feb-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007671	135,958
01-Feb-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093515	134,624
23-Jan-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177208	84,821
21-Feb-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	323212	73,539
31-Dec-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	113137	69,355
24-Jan-23	Purchase of Healthcare	Trustwide	Northorpe Hall Child & Family Trust	10879	65,590
31-Jan-23	Drugs	Trustwide	Lloyds Pharmacy Ltd	113771	64,465
09-Feb-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998822	63,771
31-Jan-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	323013	63,399
01-Feb-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72484554	46,230
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889579	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889580	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889581	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889582	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889583	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889584	46,200

13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889693	46,200
14-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402890155	46,200
22-Jul-22	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation T	2100118369	45,753
10-Jan-23	Staff Recharge	Kirklees	Kirklees Council	8607721205	45,250
27-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118906	45,091
02-Feb-23	Utilities	Trustwide	Edf Energy Customers Ltd	000014499722	40,409
21-Dec-22	Purchase of Healthcare	Barnsley	Family Lives	2378	39,709
15-Feb-23	Purchase of Healthcare	Barnsley	Family Lives	2410	39,709
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998819	32,871
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998820	32,871
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998821	32,871
31-Jan-23	Purchase of Healthcare	Trustwide	Nouvita Ltd	9685	32,513
13-Feb-23	Utilities	Trustwide	Totalenergies Gas & Power Ltd	29191506823	31,126
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889790	30,850
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889791	30,850
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889792	30,850
16-Jan-23	MFDs	Trustwide	Annodata Ltd	1303831	30,627
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Surrey Ltd	WOK0273681	29,850
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	MAS0273469	29,543
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0273339	29,543
09-Feb-23	Furniture & Fittings	Trustwide	Drive Devilbiss Healthcare Ltd	0001865317	27,288
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0273337	26,691

- * 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

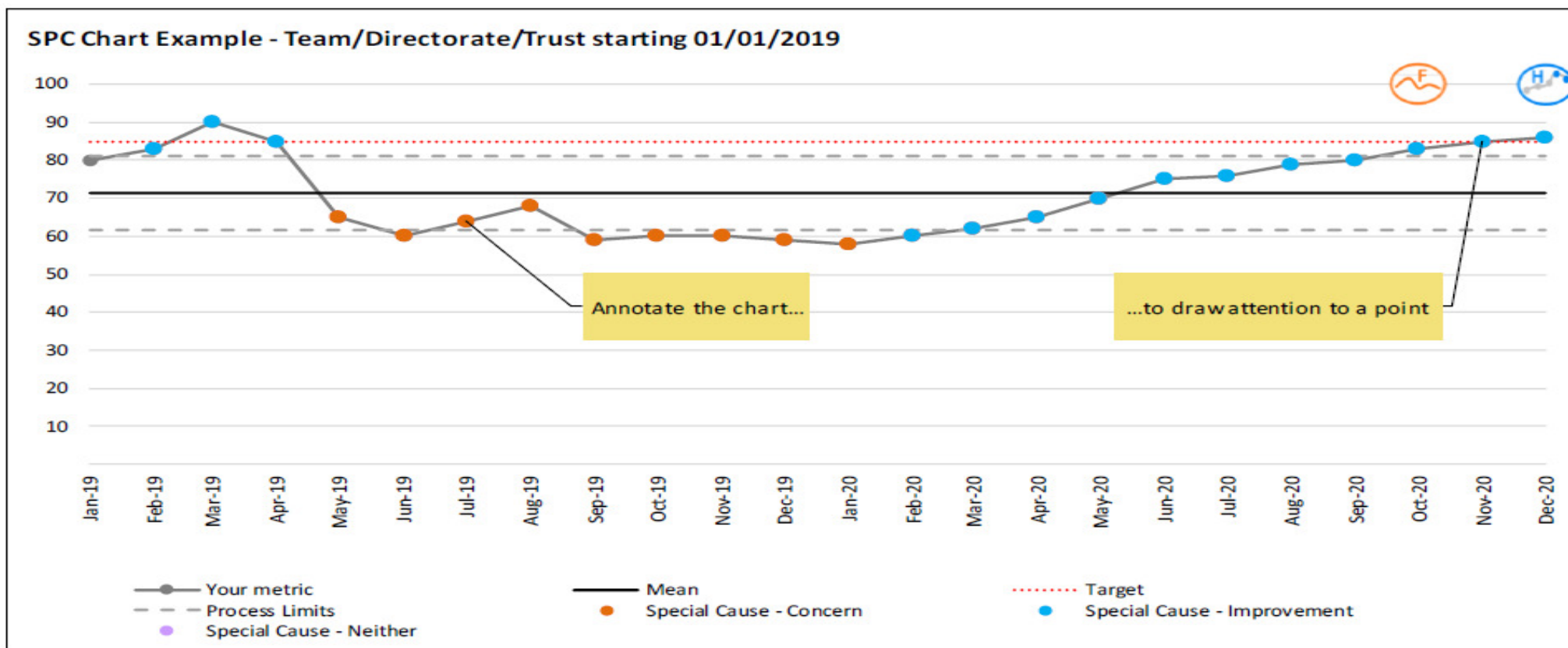
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data 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).

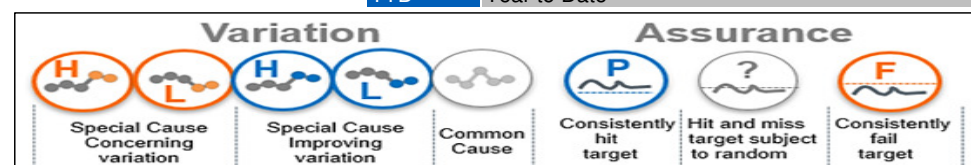
Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points 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

SPC Chart Icon Summary



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

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