**Integrated Performance Report
Strategic Overview**

July 2023

With **all of us** in mind.

Table of Contents

Click on each section heading to navigate to that section

Introduction

Please find the Trust's Integrated Performance Report (IPR) for July 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. Executive directors have reviewed all priority programmes and how they should be reported in the 2023/24 IPR, these will be presented to the Finance, investment and performance committee and implemented on approval. Metrics for 2023/24 have been identified and were reviewed by Trust Board in May and will be implemented from July 2023.

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
• Strategic Objectives & Priorities
• Quality
• People
• National metrics
• Care groups
• Finance
• Systemwide monitoring

The Strategic Objectives & Priorities section has been updated to reflect the Trust's priorities and associated metrics for 2023/24. 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.

Strategic Objectives & Priorities
• A key priority for the Trust is to improve the recording and collection of protected characteristics across all services. There is one national indicator which is for ethnicity, the Trust is performing at 96.8% against a target of 90%. For the Trust derived indicators, as at July 2023, disability 45.1%, sexual orientation 44.7% (both slightly increased from 44.3% and 43.0% reported in the previous month) and postcode 99.8% of service users have had their equality data recorded. Whist 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, the Trust's Equality, Inclusion and Involvement Committee monitor this work.
• 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.
• Timely completion of equality impact assessments (EIA) for service and policy remains a key metric and currently 77.3% service EIAs have been reviewed within 12 months (This has increased from 67.7% reported in July). 100% of services have an EIA in place and work is taking place to ensure they are reviewed within the 12-month timescale.
• Referral to assessment within 2 weeks for mental health single point of access continues to be impacted by demand and capacity, in the Barnsley and Calderdale and Kirklees service, the overall Trust position decreased to 52.5% against a target of 75%. 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. Rapid improvement work in Single point of access (SPA) continues alongside progress in recruitment

Quality
NHS England Indicators (national)
The Trust continues to perform well against the majority of national metrics. The following under-performance should be noted:
• Inappropriate out of area bed days continue to be above trajectory with 603 days in July which is an increase compared to previous month and has exceeded the threshold for quarter 2 (368). Need for use of these beds mainly relates to increased acuity and challenges to timely discharge. Workforce pressures also impact the successful management of acuity. The Trust had 23 people placed in out of area beds at the end of July. 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 66.7% in July from 82.5% reported for the previous month, this continues to remain 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. Performance is not expected to reach 99% until October '23 with additional pressures related to increased number of referrals also impacting. The service are also reporting a number of appointments being cancelled by parents/carers, or children not being brought to their appointments.

Quality continued
Local Quality Indicators
The 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 and risk assessments
Although the focus has been on performance against target the main driver for change is of care plans and risk assessments, therefore the care plan and risks assessment improvement group are monitoring whether improvements in performance are linked to an increase in quality, recognising there is more to do to reach full assurance.

The July data for care planning shows performance of 87.5% which is a further improvement from 86.6% reported in June and remains above threshold.

For risk assessments, the July data shows an increase in performance from the previous month within inpatient services (87.2%) and community services (95.3%). To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. A trajectory for improvement has been set based upon the current and projected performance to allow for sustainable and impactful improvement actions to be implemented.

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 continue to 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 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 81.3% (against a target of 90%) of Learning Disability referrals where patients have had a completed assessment, care package and commenced service delivery within 18 weeks. 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 June 2023 resulted in no or low harm or did not occur whilst under the care of the Trust, an overview of key indicators is below:

• The number of restraint incidents has decreased to 145 from 201 in June. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month is stable, not showing any cause for cause concern and is within expected range. This is described as common cause variation within the report.

• 95.2% of prone restraint incidents were for a duration of three minutes or less which is an increase on the previous months performance.

• There were 13 information governance personal data breaches during July 23. No hotspot areas were identified as they were spread across care groups and services. Most incidents related to information being disclosed in error. An improvement plan continues to be implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity and the Data Protection Officer (DPO) is working with communications colleagues on the development of a poster campaign which highlights the impact on individuals of data breaches.

• The number of inpatient falls in July was 34, which is a decrease from last month. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.

Our People

• Our substantive staff in post position continues to remain stable and has increased slightly in July (15.9 whole time equivalents (WTE)). Starters and leavers are similar in numbers for July (53.9 v 54.3 WTE). Our increase in overall substantive staff position is due to existing staff changes in contracted WTE. Overall since April we are still seeing more starters than leavers (218 v 189 WTE).

• Overall turnover rate in June was 13.0% which has decreased slightly from last month (13.1%).

• Sickness absence in July was 5.1% and above local threshold, with a rolling 12-month position of 5.3%.

• Rolling appraisal compliance rate for July saw a slight decrease, from 78.5% to 76.5% and is below the improvement trajectory set by the Executive management team (EMT). They agreed an improvement trajectory of 78%, the improvement trajectory will be reviewed monthly in EMT to be clear on how the Trust will achieve the 90% target in year. 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 92.1% compliance which exceeds the Trust target of 80%, this has increased from 92.0% reported in June. Reducing restrictive practice interventions training is the only area in month below the Trust target. 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).

• The Trust position for information governance data security training saw a further increase in July to 96.9% from 96.8% reported at the end of June and remains above the 95% threshold.

• Cardiopulmonary resuscitation also remained above the 80% threshold during June, reporting at 81.0%.

Care Groups

Staffing vacancies and absence continue to impact on the Trust and our partners resulting in significant challenges across our local places and integrated care systems.

The care group summary section describes the "hotspot" performance areas and mitigating actions for the month of July, these are as follows:

• Mental health acute wards have continued to manage high levels of acuity and continued high occupancy levels across mental health wards and capacity to meet demand for beds remains challenging.

• Workforce challenges have continued and this has resulted in the increased use of agency staff. 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 continue to be supported through Trust wide recruitment and retention programme.

• Demand into the Single Point of Access (SPA) and capacity issues have led to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies despite active recruitment. 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 remained at a high level in July.

• Intensive Home Based Treatment (IHBT) teams in Calderdale and Kirklees are experiencing additional workforce challenges and are looking at innovative remedial and improvement approaches as part of a rapid action plan.

• During July, there was an increase in the overall number of cases that were clinically ready for discharge, increasing from 4.6% to 4.8%, this has been identified as a risk and is being developed for inclusion on the organisational risk register, due to the continued 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 continue to work towards the standards in the 100 Day Discharge Challenge and working at Integrated Care Board level to share improvements and collaborative approaches.

• Access to tier 4 beds and specialist residential care for children remains a risk and currently more challenging due to pressures within a 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.

Finance

• A deficit of £240k, was reported in July 2023. The year to date position is a surplus of £722k which is behind plan. Financial pressures, such as non pay inflationary increases, have continued in year alongside gaps between funding and pay awards meaning that the forecast breakeven position is increasingly challenging.

• Agency spend in July was £855k which is a slight decrease on June's position which was £1002k.

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

• The Trust cash position remains strong at £77.9m; this is higher than plan. This has always been maximised however the current interest rates provide additional financial incentive.

• Out of area bed costs - in June the costs for out of area placements were £341k over budget however the year-to-date position is breakeven against plan. The forecast is expecting that a break-even position will be delivered.

• Performance against the Better Payment Practice Code is 97%.

The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2023/24.
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.

Strategic Objective	Priority Programme	Headlines
Improving health	Address inequalities involvement and equality in each of our places with our partners	We are connected into the work on inequalities in each of our four places and have seen some notable improvements e.g. health checks for people with a learning disability in Barnsley and Calderdale. We are currently testing out the use of a measure of inequality using the learning from Barnsley place. Our first example considers the data from cardiac rehabilitation. A quarterly update will be provided following Equality, Inclusion and Involvement Committee or by exception.
Improving care	Transform our Older People inpatient services	Key deadlines for the next phase: Business case finalisation (final reviews and revisions): August 2023 Governance approvals: integrated care board (ICB), Trust Board, NHSE Assurance, joint oversight and scrutiny committee (JOSC) to be held September / Early October 2023 Consultation planning: August – October 2023 Consultation start: late 2023
	Improve our mental health services so they are more responsive, inclusive and timely	Improving Mental Health Oversight Group (IMHOG) established to provide governance for improving mental health strategic priority change programmes, supporting collaboration, reducing duplication, improving sharing of resources and intelligence. 1. Inpatient priority programme: underpinned by 'Acute inpatient mental health care for adults and older adults' (NHSE 2023). Activity is on track for the four workstreams - therapeutic inpatient care, proactive discharge planning and effective post-discharge, using data to improve performance, and nurturing our workforce. Current risk is capacity of frontline staff to engage due to service pressures and the programme team is exploring alternative ways to engage with staff 2. Care closer to home (out of area): Work already commenced on a shared understanding of current position and what we are taking forward as an action plan, including using the data to support focus. Increased dedicated resource both operationally and from integrated change team. Update to executive management team (EMT) in August. 3. Improving access to care: review of waiting times report and service demand review continues. There are three areas of focus - Community learning disability (LD) services: The standardised SystmOne framework will commence test phase in all localities beginning of August aiming for 'go-live' in September. Childrens and adolescent mental health neurodevelopmental services in Kirklees and Calderdale: Referrals appear to have slowed a little over the last 3 months, but are still higher than expected. Decision on Evolve contract required September 2023. Longer-term solutions to increase capacity and reduce demand are being looked at. Adult community services – core psychology: Initial focus is on Barnsley and process mapping work has commenced. 4. Community mental health transformation: Reconfiguring community mental health service design across all four localities of SWYPFT in line with the NHSE roadmap for transformation with clear and concise pathways of care. Currently working on defining the scope and focus of the internal programme of work and maintaining active involvement in each locality.
	Improve safety and quality	Care planning and risk assessment: Improvement group have agreed the scope and established workstreams for the programme. This includes 360 audit actions. A quarterly update will be provided following clinical governance and clinical safety committee or by exception. Personalised care (moving on from care programme approach (CPA)): Work is on track for workstreams: communication and engagement plan, developing and piloting of patient rated outcomes measure (PROM's) tool, defining keyworker functions and roles. Other workstreams have been identified and are on schedule for commencement.
Improving use of resources	Spend money wisely and increase value	Work has commenced on the financial improvement plan. A temporary role in the integrated change team to co-ordinate this work has been recruited to. Focused work has commenced on actions to reduce the agency expenditure on healthcare support workers. A quarterly update report will be provided following finance investment and performance committee (FIPC) meeting or by exception.
	Make digital improvements	Patients Know Best (PKB) has gone live within the Trust. This is the new personal health record system which gives our service users access to their health information with the ability to share this securely with any health and care professionals involved in their care. It can also be shared with their carers and family members.
Great place to work	Inclusive recruitment, retention and wellbeing	Sustainability programme manager will lead the focus on improving localised recruitment and improving retention of our staff with specialist support from functions such as recruitment, people directorate, integrated change team, and equality and involvement. Agreed to focus on shaping a programme, testing, and evaluating in one geographical location with support from locality teams based there. A quarterly update will be provided following equality, inclusion and involvement committee (EIIC) or by exception.
	Living our values	Living our values will follow a managed stage approach over the next few years. A working group has been established to confirm scope and develop the action plan, led by the People directorate with specialist support including integrated change team, equality and involvement, and trauma informed. Initial focus will be on creating the overarching narrative, identifying how we are going to demonstrate a difference and supporting/aligning current activities such as just culture and inclusive leadership. A quarterly update will be provided following EIIC or by exception.

Improving health

Metrics	Threshold	May-23	Jun-23	Jul-23	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	*90%*	96.6%	96.8%	96.8%		
Percentage of service users who have had their equality data recorded - disability	To be determined for 23/24	43.5%	44.3%	45.1%		The threshold for 23/24 is being developed by the equality inclusion and involvement sub committee and will be discussed at the August meeting. Further update to be provided next month.
Percentage of service users who have had their equality data recorded - sexual orientation		43.4%	44.0%	44.7%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)		99.8%	99.8%	99.8%		
Timely completion of equality impact assessments (EIAs) in services and for policies	95%	53.7% Service	67.7% Service	77.3% Service		EIAs for services are reviewed annually. This means all services have an EIA in place. Work is being undertaken to support services with the reviews within the year.
		96.1% Policy	96.1% Policy	97.4% Policy		
Completion of equality mandatory training	>=80%	96.2%	97.0%	95.1%		
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	1	1	0		2023/24 to be used as a baseline
Carbon Impact (tonnes CO2e) - business miles	76	62	54	64	(icon)	Data showing the carbon impact of staff travel / business miles. In July staff travel contributed 64 tonnes of carbon to the atmosphere.
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	65.0%		Due November 2023	(icon)	Q1 - 65.0% Reported 6 weeks in arrears. A weighted average is used given there are different targets in different places.

What the data is telling us. Statistical process control charts will be inserted here to alert the reader to charts which identify improvement or that require further work or investigation
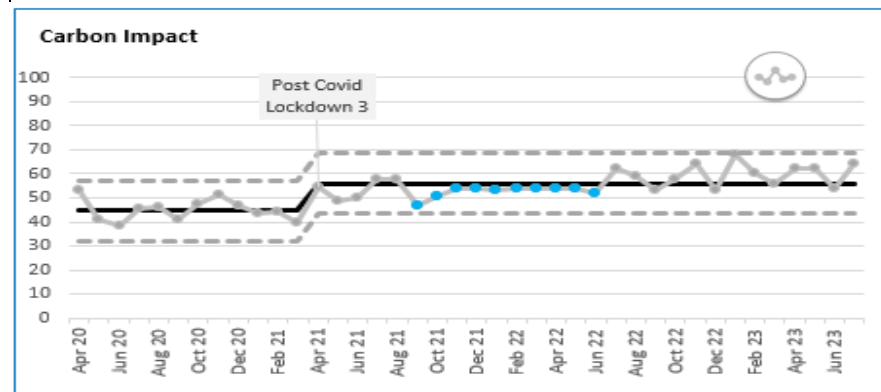
Carbon Impact

The SPC chart has had the upper and lower control levels recalculated following the last Covid-19 lockdown in April 2021. It is understood that the lockdowns that happened as a result of the Covid-19 outbreak impacted on our carbon impact due to the changes in ways of working and move away from face to face contacts. Since then you can see we have entered a steady state and remain in common cause variation. Levels are not expected to return to those seen pre-Covid-19 as a more blended approach to working is expected going forward.

Improve Care

Metrics	Threshold	May-23	Jun-23	Jul-23	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	87.7%	86.7%	87.2%	H F	July data shows an increase in performance within both inpatient and community services. Risk assessment completion is based upon completion within a set timeframe but does not account for a robust and high quality risks assessment which might take a little longer. Issues with data capture, service pressures and data quality continue to be addressed but are 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.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	92.9%	85.7%	95.3%	H F	
% Service users on CPA offered a copy of their care plan	80%	85.7%	86.6%	87.5%	H F	The care plan and risk assessment improvement group continue to look at performance as well as quality of care planning and risk assessments. Part of the improvement work is to identify how we measure the quality (co-production, outcomes, timeliness) as well as the quantity (completed and shared), this may require a change to the way in which we report through the IPR.
Registered substantive staff in post mental health and learning disabilities services	Establishment	Due July 23 (August report)				
Staff in neighbourhood teams	Establishment					
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	41	17	17	~	In May the majority of race related incidents against staff were reported in Forensics, with the highest number of incidents occurring in medium secure. This has significantly reduced in June and July. Any increases will be monitored by the Patient Safety Team
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	574	456	603	H F	See statistical process chart overleaf for further detail.
% service users clinically ready for discharge	<=3.5%	2.1%	4.6%	4.8%		A new risk related to delays in discharge has been identified and has been added to the organisational risk register. Further detail on this can be seen in the care group section of the report.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	296	774	760		This calculates length of wait in days for those discharged that month. Clients are seen in order of need and not by how long they have waited. Onset of Right to Choose has impacted on the number choosing to come to SWYPFT for assessment. The numbers of assessments taking place every month outweighs current numbers coming in so the waiting list numbers will start to reduce. There is still a backlog of individuals who will have waited a long time for assessment from referral. Work continues with our partners and WY collaborative.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	479	493	531		Calderdale - The longest wait for those seen in the month was 785 days, the shortest was 751 days. Number on waiting list at end of July - 299. The longest waiter on the waiting list had waited 843 days. Kirklees - The longest wait for those seen in the month was 732 days, the shortest was 10 days. Number on waiting list at end of July - 1659. The longest waiter on the waiting list had waited 1068 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	85.7% 60/70	82.1% 64/78	81.3% 52/64	L ?	The learning disability leadership team monitor the detail for all people not seen within 18 weeks (10 people in July) to ensure appropriate learning and action. Psychology access is a common concern and additional temporary resource has been secured until the permanently recruited postholder starts in September.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	90.6%	92.6%	87.7%	H ?	
Community health services two hour urgent response standard	70%	86.6%	86.2%	86.8%		
Referral to assessment within 2 weeks (external referrals)	75%	68.6%	80.5%	52.5%	L ?	See statistical process charts overleaf for further detail.

Improve Care

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

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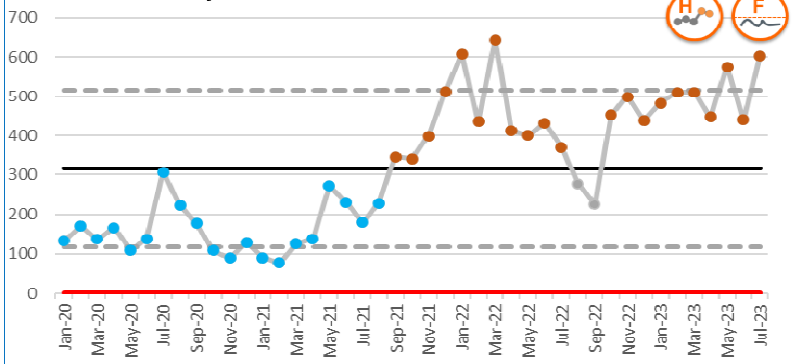
There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way. See the National Metrics section for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

The Trust had 23 people placed in out of area beds at the end of July 2023.

Referral to assessment within 2 weeks (external referrals)

Improving access routine - (Assessment within 14 days) - Barnsley
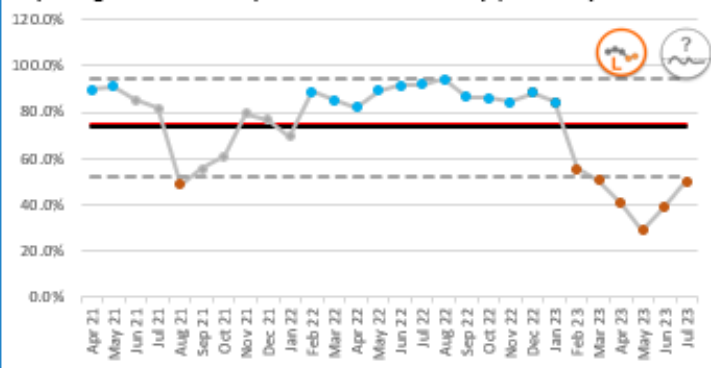
% Assessed within 14 days of Referral (Routine) - Calderdale & Kirklees
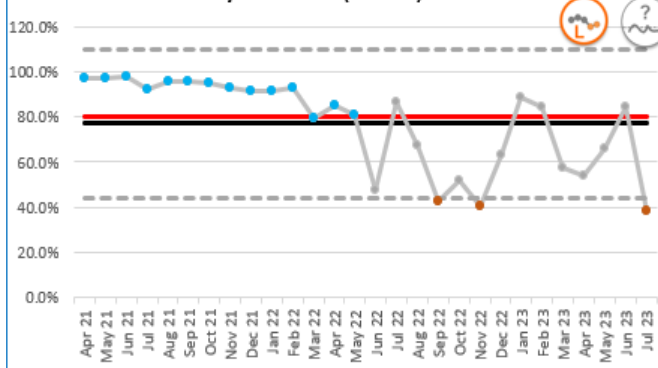
% Assessed within 14 days of Referral (Routine) - Wakefield
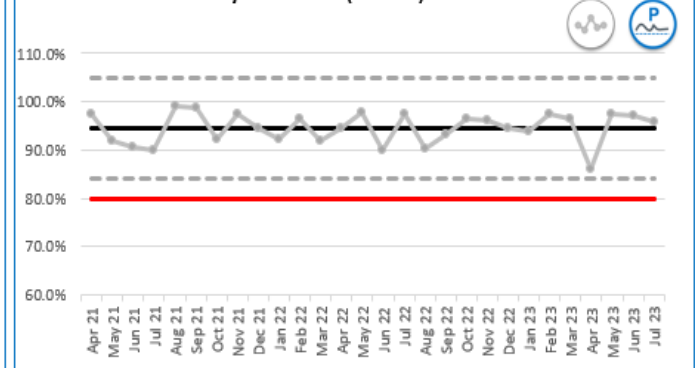
Demand into the Single Point of Access (SPA) and capacity issues have lead to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies despite active recruitment. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed in all areas, and remains below target performance in Barnsley, Calderdale & Kirklees. Performance in Wakefield remains above threshold and the learning is being shared across all other areas.

Improve resources

Metrics	Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£546k)	£32k	(£358k)	£19k	(£373k)		A deficit of £240k, being £373k less than plan, was reported in July 2023. The year to date position is a surplus of £722k which is also behind plan. Financial pressures, such as non pay inflationary increases, have continued in year alongside gaps between funding and pay awards meaning that the forecast breakeven position is increasingly challenging.
Capital spend against plan (monthly)	£8.8m	£2721k	£218k	£347k	(£442k)	(£287k)		The year to date position is £182k behind plan with spend of £1.1m. This has changed from the earlier, ahead of plan, position with delays against plan profile on IM & T investments. These are continuing and still are expected to be delivered in year.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£1073k	£939k	£908k	£1,002k	£855k		Although the in-month expenditure on agency staff has reduced this remains higher than plan (both in month and year to date).
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£471k	£568k	£753k	£177k	£906k		The cumulative savings to date are £2.7m and form part of the overall financial position.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	7	9			Due October 2023		Six of these incidents related to physical violence (contact against staff by patient), with other incidents relating to slip, trips and falls, injury/concern following restraint and physical aggression (no physical contact by patient).
Estates Urgent Response Times - Service level agreement (SLA)	95%	95.6%	93.8%	96.8%	98.9%	95.2%		Service level agreement 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time
Premise Assurance Model (PAM)	Good	Good	Good	Good	Good	Good		PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Governance, Patient Safety, Efficiency & Effectiveness
Statutory Compliance	100%	100.0%	100.0%	100.0%	100.0%	100.0%		Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos
% of ligature jobs completed within timeframe	100%	-	50.0%	76.0%	93.8%	61.8%		89 jobs logged in July with only 55 being completed. Of the 34 not complete one has been passed to minor works and only one has been marked as urgent, the other 32 being classed as non-urgent.

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 SWYPFT a great place to work

Metrics	Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Variation/ Assurance	Notes
Turnover external (12 month rolling)	>12% - 13%<	13.5%	13.0%	12.2%	13.1%	13.0%		Rolling turnover decreased by 0.1% to 13.0%
Registered workforce growth	3% (by March 24)		1.1%					
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.3%	5.3%	5.3%		Absence rate in month increased to 5.1%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	>=78%	71.8%	74.4%	74.9%	78.5%	76.5%		For the month of July, the percentage rate increased by 2% to 76.5% and is now below threshold
% staff recommending the Trust as a place to work	65%	Due Aug 23	65.0%					
% staff recommending the Trust as a place to receive care and treatment	65%	Due Aug 23	67.0%					
Staff supervision rate	80%	Due October 23						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. The supervision database will be live from end June and it is anticipated reporting will be available from October with planned trajectory for improvements.
Mandatory training - Cardiopulmonary resuscitation	80%	75.0%	75.5%	79.2%	81.3%	81.0%		
Mandatory training - Reducing restrictive practice interventions	80%	74.6%	73.8%	73.8%	76.7%	76.2%		Actions being taken to address the compliance rate include use of third-party providers to increase capacity to deliver, the introduction of an e-learning suite to increase accessibility and reduce the need for face-to-face training and a project plan being delivered in close partnership with the Nursing, Quality & Professions directorate. Executive management team have approved a business case for recruitment of additional training capacity.
Mandatory training - Fire	80%	89.4%	90.2%	91.2%	92.8%	92.0%		
Mandatory training - Information governance	95%	86.5%	90.6%	95.9%	96.8%	96.9%		

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)

Reducing Inequalities

Addressing inequalities and demonstrating we meet the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution is a Trust priority. We know there are differential impacts on protected groups and carers and we use the joint needs assessment (JNA) data in each of our places as a baseline so we can understood the local population and meet the needs of local people:
• Every service in the Trust, and every strategy and policy have an Equality Impact Assessment (EIA)
• We have a Trust dashboard in line with NHSE 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 SystmOne.
• Involving - capturing patient and staff feedback, and equality monitoring responses to highlight specific issues.
• Development – through mandatory and enhanced training and lunch time talks we are developing our staff
• Our People - ensuring reflective and representative workforce and leadership. Removing the requirement for Maths and English 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 NHS Talking Therapies (formerly Improving Access to Psychological Therapy (IAPT)) services received training on delivering 'Transcultural Therapy' combined with a focus on providing culturally sensitive supervision.
• NHS Talking Therapies 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.

Reducing Inequalities

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
• The Trust has 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.

Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 1 2023-2024
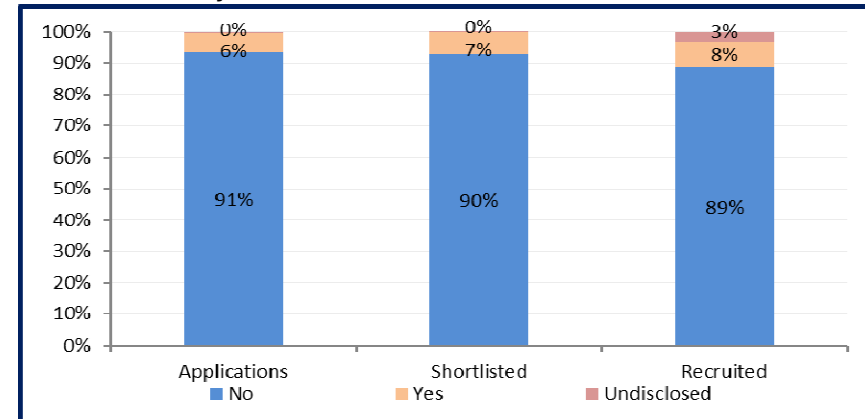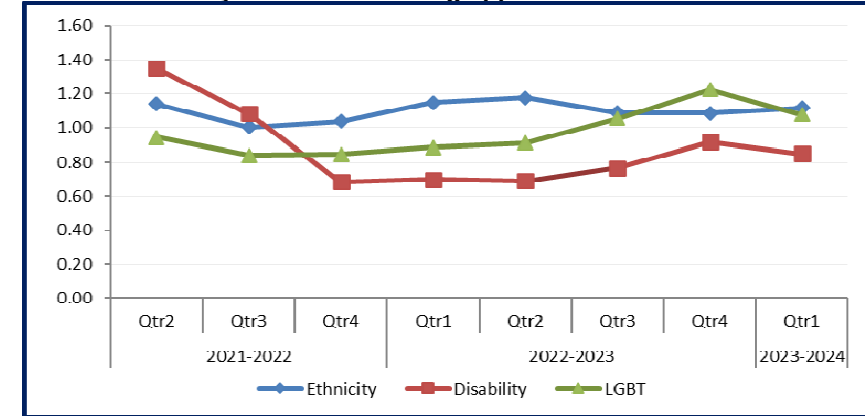
Ethnicity

Disability

Sexual Orientation

Relatively likelihood of being appointed

Relative Likelihood YTD Quarter 1 2023-2024:	BAME:	Disability:	LGBT:
	1.11	0.85	1.08

Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 1 2023-2024 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.

Please note, data includes any records where the relevant date (application submitted, applicant shortlisted, applicant recruited) falls within the rolling 12 months to the end of the reporting quarter

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 = 1.11
Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.85
LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 1.08
NB Relatively large proportions of undisclosed could unintentionally skew the data

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

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

Reducing Inequalities

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

SWYPFT Referrals by Ethnic Group
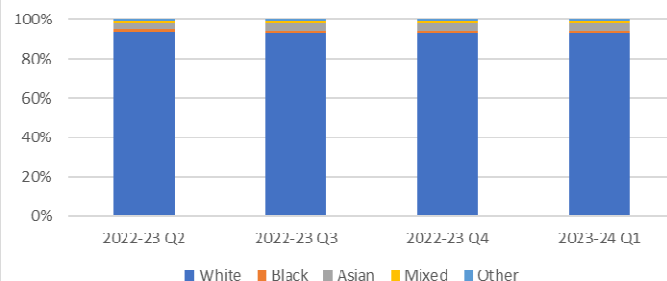
SWYT Population Data - Ethnicity
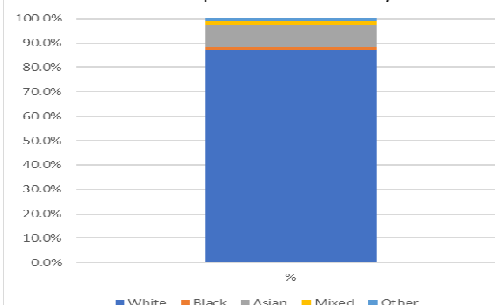
Ethnic Group	2022-23 Q2	2022-23 Q3	2022-23 Q4	2023-24 Q1	Local Population
White	97.7%	93.1%	93.2%	93.1%	87.1%
Black	1.1%	1.0%	1.2%	1.3%	1.4%
Asian	3.3%	3.8%	3.5%	3.4%	8.9%
Mixed	1.0%	1.1%	1.2%	1.2%	1.6%
Other	0.9%	0.9%	0.9%	0.9%	1.1%

SWYPT Referrals by Deprivation Quintile
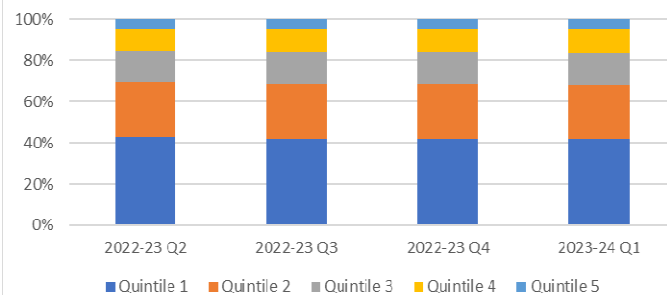
SWYT Population Data - Deprivation
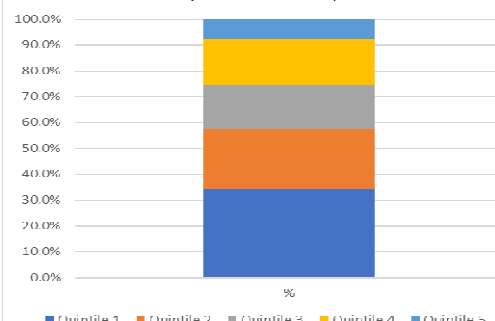
Quintile	2022-23 Q2	2022-23 Q3	2022-23 Q4	2023-24 Q1	Local Population
Quintile 1	42.8%	41.7%	41.8%	41.9%	34.1%
Quintile 2	26.4%	26.5%	26.6%	26.1%	23.4%
Quintile 3	15.2%	15.6%	15.2%	15.5%	17.0%
Quintile 4	11.0%	11.5%	11.6%	11.8%	17.8%
Quintile 5	4.7%	4.7%	4.8%	4.7%	7.8%

Notes:
• Percentage breakdowns for comparison exclude unknown/unrecorded
• Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
• Charts above relate to local population data
• The Trust continues to receive more referrals for people from a white ethnic background.
• When comparing the referrals to the Trust against the ethnic make up of the local population, the proportion of people from a white ethnic background in the local population is lower that the proportion of referrals to the Trust for people from a white ethnic background.

| Summary | Strategic Objectives & Priorities | Quality | People | National Metrics | Care Groups | Finance/ Contracts | System-wide Monitoring |

Reducing Inequalities

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


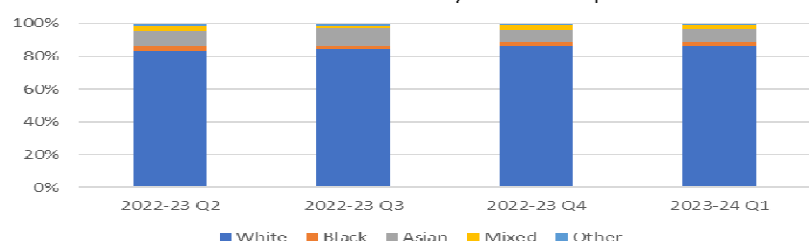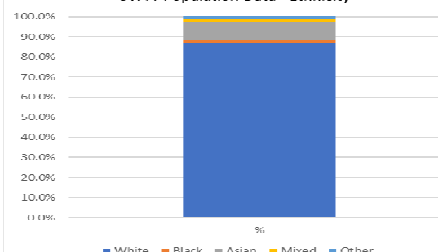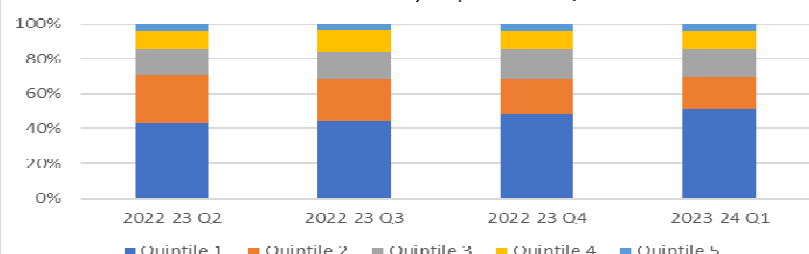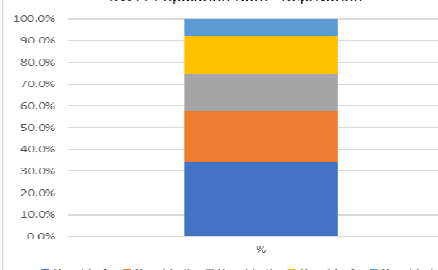SWYPFT Admissions by Ethnic Group

SWYT Population Data - Ethnicity

Ethnic Group	2022-23 Q2	2022-23 Q3	2022-23 Q4	2023-24 Q1	Local Population
White	83.6%	84.4%	86.1%	86.6%	87.1%
Black	3.2%	1.7%	2.5%	2.2%	1.4%
Asian	8.6%	11.1%	7.6%	8.0%	8.9%
Mixed	2.7%	1.5%	2.7%	2.2%	1.6%
Other	1.8%	1.3%	1.1%	1.0%	1.1%

SWYPT Admissions by Deprivation Quintile

SWYT Population Data - Deprivation

Quintile	2022-23 Q2	2022-23 Q3	2022-23 Q4	2023-24 Q1	Local Population
Quintile 1	43.6%	44.4%	47.8%	51.3%	34.1%
Quintile 2	27.4%	23.8%	20.5%	18.1%	23.4%
Quintile 3	14.5%	16.1%	17.3%	16.4%	17.0%
Quintile 4	10.7%	12.1%	10.5%	10.5%	17.8%
Quintile 5	3.8%	3.5%	3.9%	3.7%	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
• Admissions during quarter 1 for people from a white ethnic group were in line with that of the population the Trust serves.
• Admissions for people with a mixed ethnic group were slightly higher than the mixed population of the population the Trust serves - these are small numbers and so can impact on the overall percentage.
• There were a significantly greater number of admissions from the quintile 1 (most deprived) compared to the proportion of the Trust's population that are in quintile 1. 51.3% of the Trust's admissions were for people from the most deprived areas of the population the Trust serves.
• The number of admissions from the least deprived areas (quintile 5) is in line with the previous 3 quarters.

Work is taking place through the Adults and Older People Mental Health Equality, Inclusion and Involvement Care Group to interpret data and identify actions to address any health inequalities using the health inequalities improvement report. The initial focus has been on service users admitted and detained under the Mental Health Act where nationally a disproportionately high number of people from BAME populations are detained. A framework to support improvements in data capture and reduce health Inequalities has also been developed with the focus initially being placed on the perinatal service - where the UK has one of the highest rate of maternal mortality in Europe - and learning disability services, where the median age of death for people with a learning disability is 20 years younger than the general population and where 49% of deaths were classified as "avoidable" compared with 22% for the general population. This framework has started to identify areas where there may be gaps in our data such as digital poverty, or where improvements to care could be made such as completion of physical health screenings.

Quality Headlines

Section	KPI	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	60.0%	53.0%	66.0%	68.0%	70.0%	72.0%	74.0%	78.0%	76.0%	81.0%	84.0%	84.0%	N/A
Complaints	Cardiometabolic Assessment & Treatment														
	% of feedback with staff attitude as an issue 12	< 20%	20% 4/20	25% 5/20	15% 4/26	9% 2/22	20% 4/20	0% 0/16	11% 2/18	0% 0/21	17% 4/23	11% 2/17	16% 3/19	19% 3/16	1
	Complaints - Number of responses provided within six months of the date a complaint received	100%	Reporting commenced in March 2023							29% (4/14)	27% (4/15)	38% (3/8)	17% (2/12)	29% (4/14)	
	Written complaints – rate 14	trend monitor													
Service User Experience	Friends and Family Test - Mental Health	84%	85%	85%	84%	86%	85%	83%	85%	83%	82%	85%	91%	90%	1
	Friends and Family Test - Community	95%	92%	93%	93%	93%	94%	93%	95%	97%	94%	97%	96%	93%	1
	Number of compliments received	N/A	10	13	5	28	39	83	22	26	50	66	33	35	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) 4	Trend monitor	19	35	32	33	30	40	30	33	24	33	26	26	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Trend monitor	0	0	2	2	2	3	2	2	1	1	2	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	1	2	1	0	0	0	2	1	0	1	1	0	1
	% Service users on CPA offered a copy of their care plan	80%	38.2%	42.8%	44.3%	43.8%	44.1%	50.5%	58.6%	75.1%	85.0%	85.7%	86.6%	87.5%	1
	Number of Information Governance breaches 3	<12	9	13	11	13	8	12		13	12	9	14	13	2
	% of inpatients clinically ready for discharge	3.5%	3.0%	2.8%	3.3%	2.7%	3.8%	4.3%	4.5%	3.5%	2.4%	2.1%	4.6%	4.8%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	90%	82.0%	71.3%	71.3%	79.1%	76.6%	83.6%	87.8%	89.9%	90.6%	87.7%	86.7%	87.2%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	90%	81.7%	62.9%	68.0%	69.5%	74.3%	68.2%	67.0%	79.4%	80.7%	92.9%	85.7%	95.3%	3
	Total number of reported incidents	Trend monitor	1254	1168	1243	1308	1188	1247	1196	1250	1196	1323	1255	1117	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	11	32	26	30	25	34	26	33	17	33	23	23	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	3	3	3	7	6	3	3	2	3	2	4	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	5	2	3	0	2	3	2	1	5	2	1	2	
	Safer staff fill rates	90%	115.6%	118.4%	117.4%	119.1%	118.1%	122.1%	121.4%	119.3%	123.5%	123.5%	123.7%	123.9%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	83.1%	87.5%	91.0%	90.8%	85.6%	90.5%	89.1%	89.7%	94.4%	95.7%	93.1%	93.6%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	26	43	49	48	39	55	46	38	29	42	40	33	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	0	1	1	1	4	0	2	1	2	1	0	1	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
	% of prone restraint with duration of 3 minutes or less 8	90%	91.0%	100%	100%	92.0%	100.0%	95.2%	87.0%	100.0%	90.0%	86.6%	89.5%	95.2%	1
	Number of Falls (inpatients)	Trend monitor	63	58	68	63	59	51	49	39	34	53	38	34	
	Number of restraint incidents	Trend monitor	161	160	169	223	189	212	223	203	192	186	201	145	
	Potential under-reporting of patient safety incidents														
	% people dying in a place of their choosing 14	80%	85.3%	85.7%	91.7%	93.3%	78.1%	93.8%	83.3%	100.0%	87.5%	92.1%	87.8%	83.8%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Overall CQC rating		Good												
	CQC well - led rating		Good												

Quality Headlines

Quality Headlines cont…

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. 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.

11 - Number of records with up to date risk assessment - '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 NHSE Oversight Framework was updated in June 22 . Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.

14 - This metric relates to the Macmillan service, end of life pathway
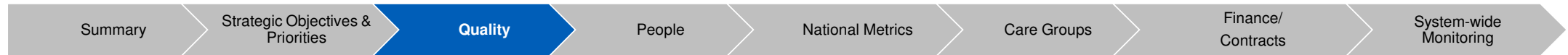
Quality Headlines

• Number of restraint incidents - during July decreased to 145 from 201 reported in the previous month. Further detail is provided in the relevant section of this report.

• % of prone restraint with duration of 3 minutes or less increased to 95.2% and is now above threshold. Further detail can be seen in the following section of the report.

• Performance for children's and adolescent mental health service (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 - 1 in July. Category 2 pressure ulcer - lapse in care reason 1 e.g. care plan not followed

• The number of people with a risk assessment/staying safe plan in place within timescale remains under the local threshold of 95% for inpatient services. A trajectory of improvement was set last month to achieve 92% by the end of July, this has been achieved by community services but inpatient services remain slightly below. See the Strategic Objectives & Priorities section for further details.

• The percentage of service users on care programme approach offered a copy of their care plan has improved again this month, and remains above threshold. See Strategic Objectives & Priorities section for further details.

• Clinically ready for discharge (previously delayed transfers of care) - This has increased in July and remains above threshold at 4.8%. 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.

• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required . In July there was a decrease to 34 from 38 in June. Further detail is provided in the relevant section of this report.

• The number of information governance breaches in relation to confidentiality breaches has decreased to 13 during the month and remains above threshold - further detail is provided in the relevant section of this report.

• Complaints - number of responses provided within six months of the date a complaint received - improvement programme is established to address backlog reviewing the processes, including sign off to optimise response times. Investment in the customer services team made to reflect the demand and capacity and support quality improvements.

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous integrated performance report, we have been working on our preparations for implementing the Patient Safety Incident Response Framework (PSIRF). This is a 12 month journey with the plan to start implementation in late autumn 2023. We have drafted our plan and policy and these are currently going through our internal governance processes. We have also shared content with internal and external stakeholders for consideration. Information for staff is being prepared. Our plan and policy will be available on our internet pages upon approval.

Learn from Patient Safety Events (LFPSE)

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

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

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

   NHS England have recently extended the transition timescales as below:

      A) By 31/03/2023 - to have our Datix test system updated with the LFPSE functions - Achieved

      B) By 30/09/2023 - to be in the process of completing the transition to LFPSE - this will be implemented following thorough testing.

The upgrade to the test system with the enhanced LFPSE functions took place on 17/07/2023. There remain issues nationally with Datix and the LFPSE functionality which will be resolved by the timescales given above for Trusts to transition to LFPSE. The upgrade to the live system is scheduled for 24/08/2023. Information for staff is being prepared.

Patient Safety Training

Training for all staff (level 1) and essential to job role (level 2) is available on the Electronic Staff Record (ESR). Level 1 will become mandatory from November 2023. This is currently progressing well at 86% completed. Level 3 training (investigation and oversight) is currently being delivered for those in specialist or oversight roles. Training on engagement and involvement of those affected by patient safety incidents will be available later in the year

Safety First

Summary of Incidents

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

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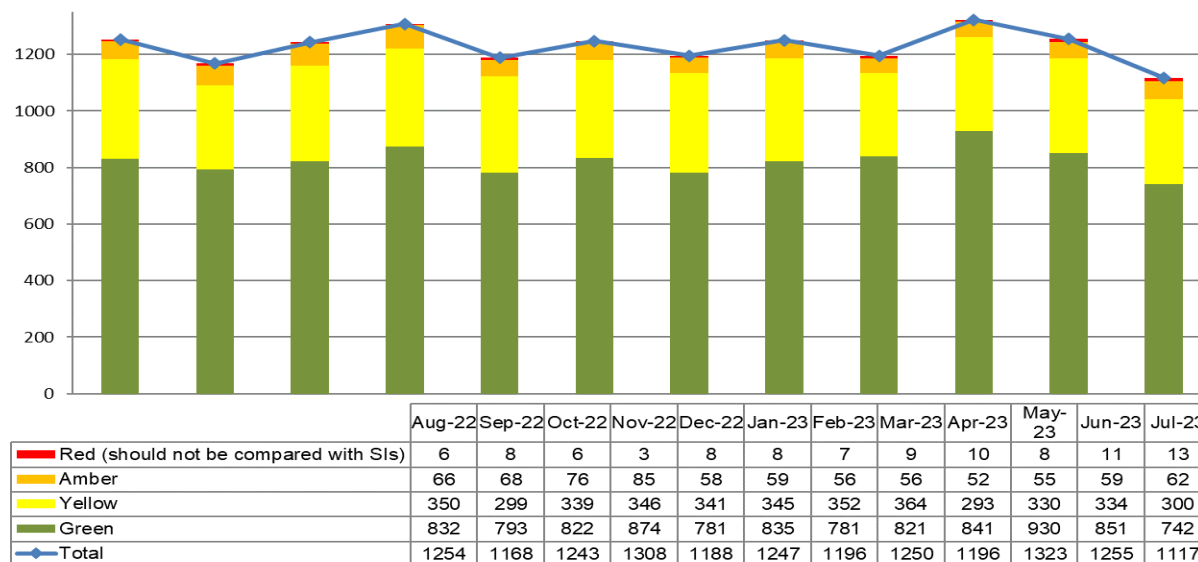
The 'Degree of Harm' is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the degree of harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they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

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

95% of incidents reported in July 2023 resulted in no harm or low harm or were not under the care of SWYPFT. This is based on the degree of actual harm. Further details about severity and degree of harm can be found in the Incident Reporting and Management Policy.

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. Data in this report is refreshed monthly.

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

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Red (should not be compared with SIs)	6	8	6	3	8	8	7	9	10	8	11	13
Amber	66	68	76	85	58	59	56	56	52	55	59	62
Yellow	350	299	339	346	341	345	352	364	293	330	334	300
Green	832	793	822	874	781	835	781	821	841	930	851	742
Total	1254	1168	1243	1308	1188	1247	1196	1250	1196	1323	1255	1117

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. As further information is received and decision made about review processes, red deaths may be regraded to green, e.g. when confirmed not related to a patient safety incident.

All serious incidents are investigated using systems analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages. See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

Risk panel meets weekly and scans for themes that require further investigation. The Operational Management Group continue to receive a monthly report, the format and content is regularly reviewed.
No never events reported in July 2023

Safety First cont…

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

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

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. This is a constantly changing position within the live Datix system. Incident reporting levels have been checked and remain within the expected range, any areas with higher or lower rates than normal are explored further.
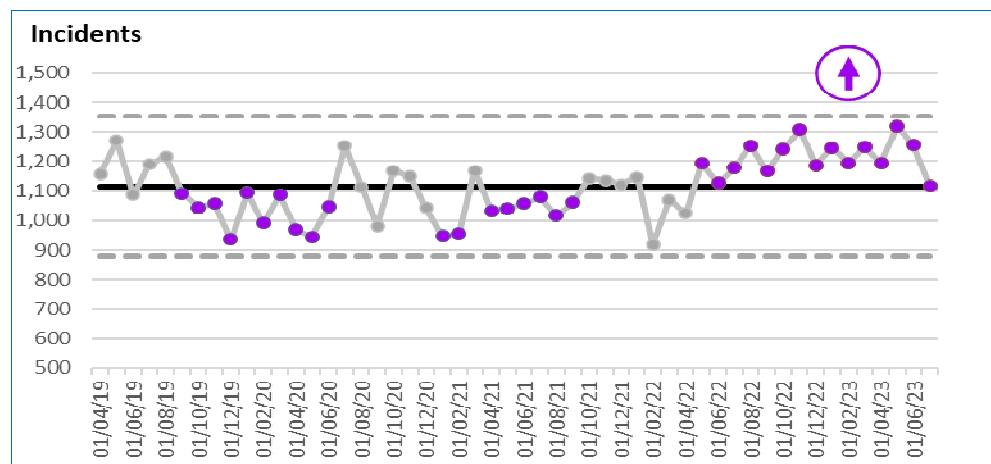
Breakdown of incidents in July 2023:
23 moderate harm incidents
1 severe harm incident
2 patient safety related death

Incidents

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 the following link for further details of the examples which include information around sexual safety, learning from a serious incident/deaths, recording escapes and inappropriate use of 'toaster bags': https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx

On 9th August 2023, a Trust wide 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.

Content, including presentations, is available on the intranet.

The next event is on 24th October at 1.00pm - 2.30pm. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

Bluelight alerts

Bluelight alert 69 - 28 July 2023 - Servicing of medical devices

Bluelight alert 68 - 16 May 2023 - potential to create an anchor point for a fixed ligature within doorframe

Bluelight alert 67 - 9 May 2023 - Identification of incorrect hypodermic needles for drawing from glass ampules

Bluelight alert 66 - 3 May 2023 - Tampering of seclusion, bedroom and bathroom environments

Patient Safety Alerts

Patient safety alerts issued in July 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.

There were no patient safety alerts not completed by the deadline of July 2023.

| Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	18/07/2023	Yes - circulated for information	18/10/2023	
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	26/07/2023	Yes - circulated for action	04/08/2023	04/08/2023

Safer Staffing Inpatients

Safer Staffing Fill Rate

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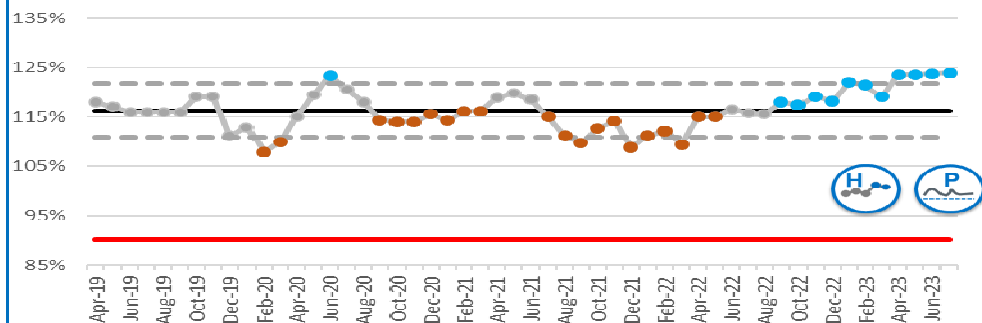
The chart above shows that as at July 2023 we remain in a period of special cause improving variation.
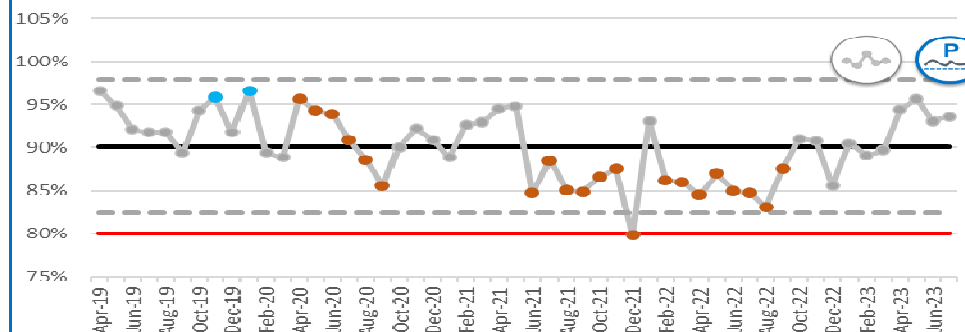
The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In July 2023 we remain in a period of common cause variation. Further information about staffing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

There has been an increased demand of the flexible staffing pool in July with a total of 459 more shift requests. The number of shifts filled has increased by 475 shifts to a total of 5,517 - overall fill rates for inpatient areas remained static. The continued high fill rate of requested shifts (87.72%) is due to the availability of staff, increasing the bank resource, continued engagement with our master agency partner and the ongoing flexibility and contingency planning of the operational colleagues. The cancellation of shifts by wards that have not been filled has had a negligible impact on the number of unfilled shifts.

A reduction or increase in requests does not equate to a reduction or increase in acuity. This should not be seen as achieving our requirements as this describes our fill rate compared to our budgeted figures (capacity) and not our acuity (demand). Historically July has shown an increase in fill rates as staff look to bank shifts to supplement their wages over the holiday period. We continue to monitor staffing related Datix, 16 in July (4 more than the previous month) and looking at hotspots and trend analysis of staffing deficits where possible.

Both bespoke adverts and centralised recruitment continue and there are three assessment centres throughout July/August for band 5 substantive (10 offers made and accepted), as well as band 2 substantive and bank (57 offers made). We have flattened the recruitment process for students both on bank and external. We are reviewing all agency block bookings to replace with bank if feasible.

Within the band 5 Registered Nurse (RN) field we continue with bespoke adverts as well as the international recruitment (IR). To date we have had 79 IR band 5 nurses with 70 being on the wards throughout the Trust, including on the Neurological Rehab Unit. We have received financial support from NHSE through to quarter 3 and are awaiting the outcome of the new NHSE funding bid.

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

The Trust has an ongoing agency scrutiny group to look at our agency usage and plans for a reduction of same are discussed and we have a dedicated session planned for the end of August looking at Medical Locums. The second group which will be looking at actual usage and reasons for this to ensure that we have robust processes in place monitoring agency usage and understanding the reasons why this has happened.

Project plans for the continued roll out of SafeCare and getting all teams onto the health roster system have been agreed by the executive management team and are ongoing. SafeCare will go live in the Oakwell Centre on the 11th September following an intensive training programme.

Although we continue to sustain the overall fill rate, we continue to fall short of the RN fill rate for day shift and will continue to look at ways of improving this. This has meant that 16 wards, a decrease of three on the previous month, have fallen below the 90% RN day fill rate. The overall fill rate describes the acuity on inpatient areas when looked at in conjunction with the unfilled shifts. Teams continue to deliver a high quality of care, as well as being safe, this 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).

In July no ward fell below the 90% overall fill rate threshold which is consistent with the previous month. Inpatient areas continue to experience high acuity as identified above. There is ongoing interventions, projects, and support in place when a ward has been identified as having ongoing and sustained staffing issues to improve the situation. As in the previous month, there were 24 (76.8%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 24 wards, 13 (a decrease of three on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as increased acuity, observation, and external escorts.

Safer Staffing Inpatients cont…

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 Forensic services and the Oakwell Centre. 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 increased by 0.3% to 88.0% in July compared with the previous month.
Registered Nurses Nights: Overall registered night fill rates have decreased by 3.5% in July to 99.3% compared with the previous month.
Overall Registered Rate: 93.6% (decreased by 1.7% on the previous month)
Overall Fill Rate: Overall fill rate: 123.9% (increased by 0.2% on the previous month).
Health Care Assistants showed an increase in the day fill rate of 3.1% to 144.3% and the night fill rate increased by 2.0% to 152.3%.
Unfilled shifts: An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or over time. Although not exclusive, there are two main reasons for the creation of these shifts, and they are:
    1 - Shifts that are vacant through short- or long-term sickness, annual leave, vacancies, or other reasons that impact on the duty rosters.
    2 - Acuity and demand of the service users within our services including levels of observation and safety concerns.

Categories	No. of Shifts		Total Hours	Unfilled Percentage		Filled Shifts	
Registered	457	(+62)	5017.92	34.75%	(+2.13%)	869	(+37)
Unregistered	315	(-76)	3472.42	6.57%	(-2.03%)	4,646	(+436)
Grand Total	772	(+14)	8490.34	12.28%	(+1.17%)		

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)

13 personal data breaches were reported during July, which is lower than in June but still an increase on April and May. An improvement plan continues to be implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity.

11 breaches involved information being disclosed in error. They were largely due to emails and post being sent to the wrong recipient, sending correspondence without the patient's consent, sharing information with the wrong patient, information left unsecured in an area accessible by patients and multiple letters being put in one envelope.

Further incidents were reported when a patient's paperwork was lost in a ward area and when a housekeeper found sensitive waste in a domestic waste bin.

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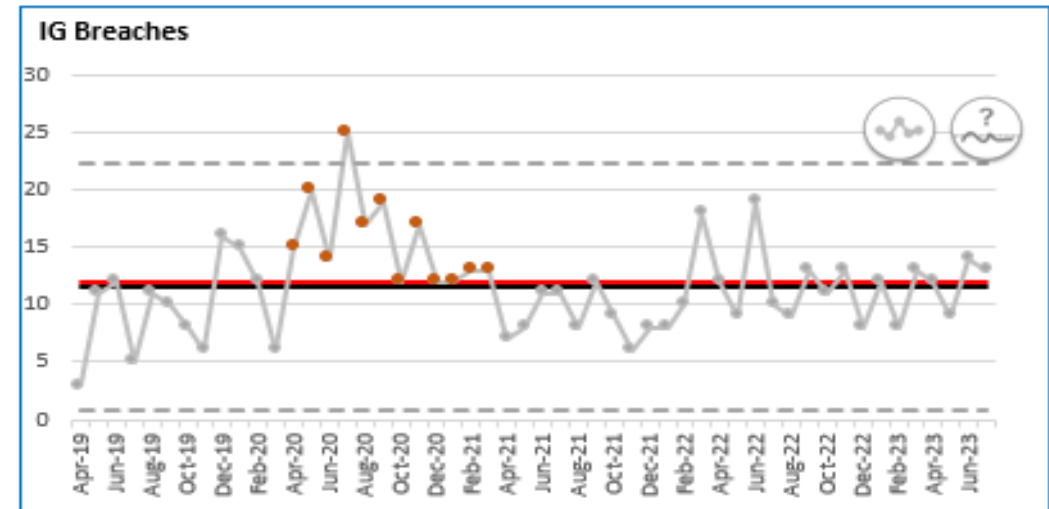
IG Breaches

This SPC chart shows that as at July 2023 we remain in a period of common cause variation. Though we are over the threshold of 12 breaches.

Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes are now in place for 2023/24 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.

There are some new indicators in this years scheme and the Trust's CQUIN leads group are monitoring progress against the thresholds. Submission for quarter one is due towards the end of August and the returns are currently being finalised. The performance summary will be available in next months report.
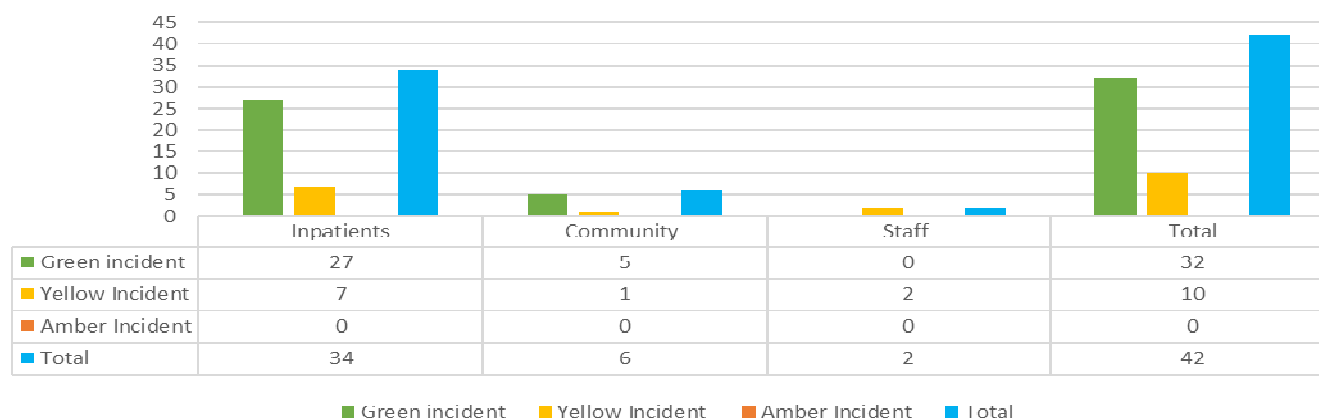
Trustwide Falls

During July 2023 there was 42 slips, trips and falls related Datix reports across all services. Below is a breakdown of falls and where they occurred, in the community, inpatients, or staff.

Slips, trips and falls reported in July 2023

	Inpatients	Community	Staff	Total
■ Green incident	27	5	0	32
■ Yellow Incident	7	1	2	10
■ Amber Incident	0	0	0	0
■ Total	34	6	2	42

Amber incident: no amber incidents reported.

Yellow incident: 10 yellow incidents reported. Nine for service users and one for a member of staff.
• One service user was found at home having fallen and suffered a fractured hip
• Two service users from learning disability services fell in the community
• One younger service user fell following a prolonged period in the shower, and potential side effects from medication. This was picked up quickly by the staff, and medication reviewed and changed
• One member of staff fell outside on the Kendray hospital site

Green incident: The majority (32) of reported slips, trips or falls were graded as green, indicating no harm or low-level injury.
• There were two falls reported on inpatient wards for service users whilst off the wards, one was on leave and slipped, and another fell whilst an inpatient at Pinderfields General Hospital

Inpatient Related Falls: 34 reported slips, trips and falls

• 38% of all falls occurring on inpatient wards were service users with significant history of falls

• 62% of falls occurred for service users with no previous history of falls. These falls were documented using terms such as stumbled, missed the chair, tripped, and slipped. One service user was found to have low blood pressure and was taken to general hospital for a review

• 24% of all falls had pacing and agitation linked with the fall

• 29% of inpatient falls occurred due to two service users who have significant complex mental and physical health needs. They also have a significant history of falls

• 47% of reported falls, the service user had a diagnosis of dementia

• 68% of falls happened within older adult services

• 76% of all reported falls were unwitnessed, and service users were either found by staff, or the fall reported to staff after the event. The use of falls alert systems also supported early responses to falls

• 100% of service users received a high quality of physical health intervention, and where appropriate, had a medication review and physiotherapy intervention

• 95% of service users had a falls risk screening tool (where appropriate) within 24 hours of admission to a ward. 86% of service users had a high-quality falls risk screen completed. A small percentage of screening tools were showing 'unknown' to some questions after several weeks, and one older adult service user had not received a falls screen.

Falls by care group: 56% of inpatient falls occurred on 2 wards, the Poplars and ward 19. Both wards have a service user with high complexity, agitation, and significant falls history.

Care group falls between 1st - 31st July 2023
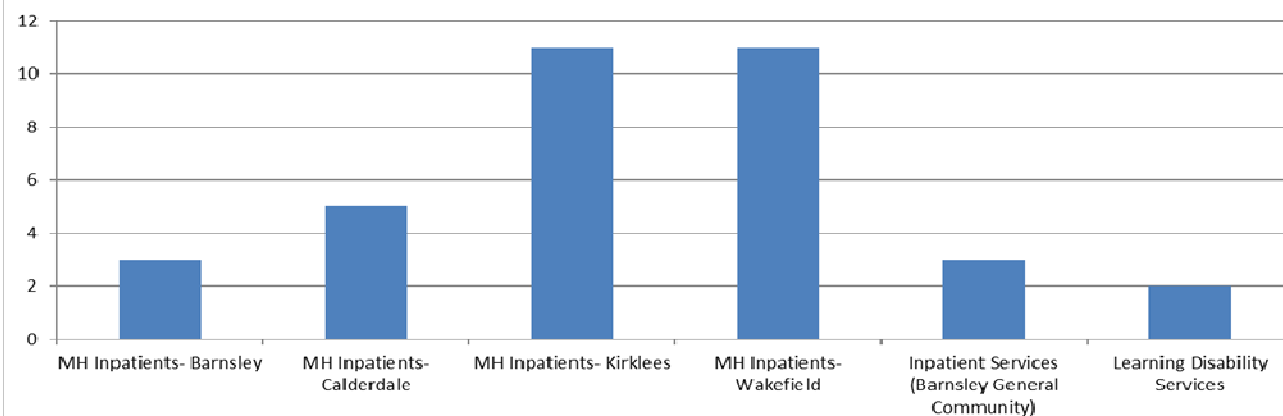
Staff training:

• Falls and bone health awareness eLearning has been available since late May 2023. Twenty-five staff completed training in June 2023, 60% of these were from Barnsley stroke/rehab wards. 16% were from older adult services.

• In July 2023, 11 staff have completed this training, of which 6 staff were from older adult services.

• Uptake for fall and bone health training remains poor. The falls coordinator has been liaising with higher risk areas and locality matrons, to raise awareness of the essential falls and bone health training.

Actions

• Datix reports have been reviewed several times weekly to highlight any recurrent themes or service users who have been repeatedly falling

• The falls coordinator:

    • is liaising with teams to offer support and any interventions required

    • has been liaising with locality matrons regarding completion of post falls protocols and falls risk screening tools

    • has been reviewing all paperwork to ascertain the quality of what has been completed. It has been noted that no staff are completing the multifactorial risk assessment tool for service users deemed a high risk of falls. This is under review and a situation background assessment recommendation (SBAR) is being developed to review what actions need to happen

• The generic falls environmental checklist is being used on wards throughout our Trust, to review and assure

Falls (Inpatient)

The total number of inpatient falls was 34 in July. A new falls coordinator commenced in February 2023, part of the role is to advise, review and support the clinical teams/ staff through education, policy, awareness raising, environmental reviews that may contribute to falls. This will increase staff confidence and will enhance the falls reduction work.

End of Life

The total percentage of people dying in a place of their choosing was 83.8% in July.

Falls (Inpatients)
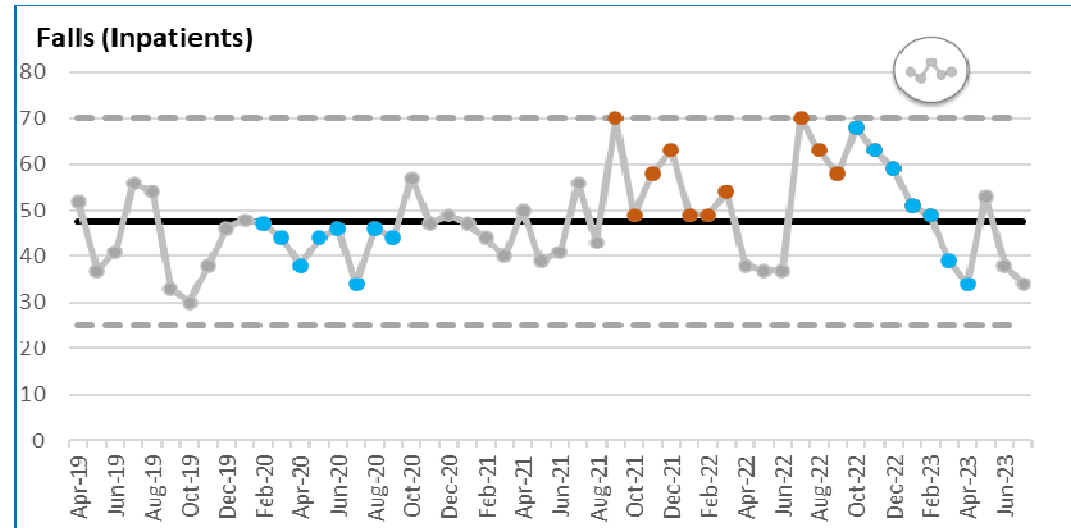
End of Life

The SPC chart above shows that in July 2023 we remain in a period of common cause variation. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.
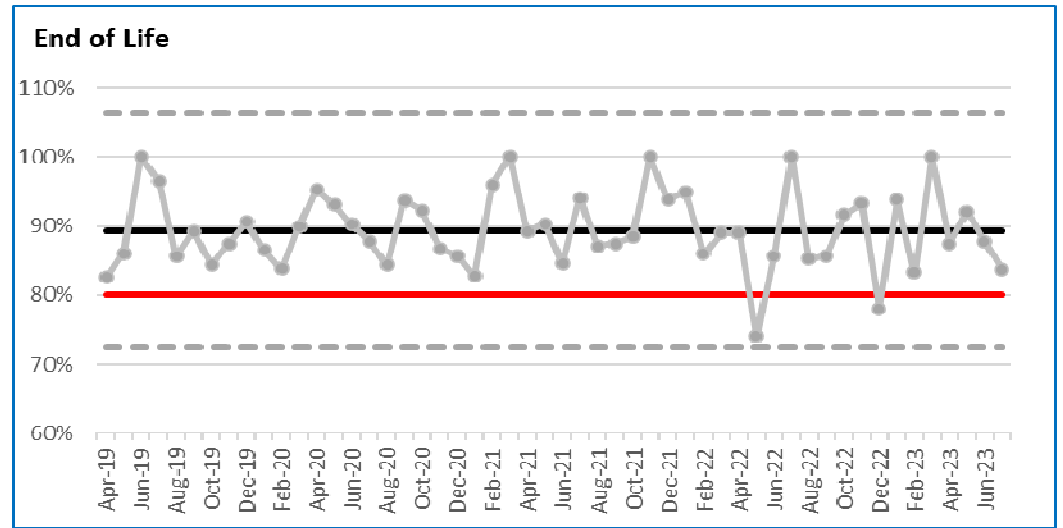
The chart above shows that in July 2023 the performance against the metric remains in common cause variation and therefore within an acceptable range. Due to fluctuation in the performance whether we will meet the target cannot be determined.

Patient Experience

Friends and family test shows
- 93% would recommend community services
- 90% would recommend mental health services

Mental Health Friends and Family Test Results

	Target	May-23	Jun-23	Jul-23
Community Services	85%	88%	90%	94%
Acute	85%	80%	97%	84%
Secure & Forensics	60%	72%	100%	70%
Other*	85%	82%	100%	50%
Total	84%***	85%	91%	90%

Specialist Services Friends and Family Test Results

	Target	May-23	Jun-23	Jul-23
ADHD	85%	50%	50%	75%
CAMHS	75%	85%	97%	82%
Learning Disability	85%	100%	100%	70%

Community Services Friends and Family Test Results

	Target	May-23	Jun-23	Jul-23
Children & Families	95%	96%	100%	100%
Inpatient	95%	100%	100%	100%
Nursing	95%	100%	91%	89%
Other	95%	100%	100%	100%
Rehabilitation & Therapy	95%	93%	97%	94%
Specialist**	95%	97%	88%	89%
Total	95%	97%	96%	93%

*includes Insight team, perinatal, friends and family team
**includes equipment and adaptation service, neuro physiotherapy, podiatry
*** weighted for 2023/24

Patient Experience

Overall satisfaction across the Trust has declined. This has been reviewed and there are no areas of concern identified. Feedback is provided to services in the usual way.

Notes:
- Mental Health Other - only two responses received.
- Mental Health Acute – A review of the data and comments has not highlighted any areas of concern.
- Barnsley Nursing – Several responses appear to have been rated incorrectly as negative (6) instead of positive (1) result as the comments to accompany the ratings are positive.
- Barnsley Specialist – a slight increase from last month. A review of the data and comments has not highlighted anything of concern.
- Learning Disability – a review of data and comments has not highlighted anything of concern.

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

The themes from Friends and Family Test feedback are in the table opposite. Themes can be both positive and negative in nature. These themes feed into the Trustwide Patient Experience Group, which is starting to incorporate all aspects of patient experience information from across the Trust, including learning from complaints and insight reports. This will enable themes from feedback to be triangulated and workstreams to be aligned.

Safeguarding

Safeguarding Adults:
In July 2023, there were 39 Datix categorised as safeguarding adults. Twenty-one of these were graded as green, 15 were graded as yellow, and three were amber.
The sub-categories of the safeguarding adults Datix incidents were as follows:
• Emotional/psychological abuse.
• Neglect concerns.
• Financial abuse.
• Physical abuse.
• Sexual abuse.
• Self-neglect.
• Domestic abuse.
• Organisational abuse.
• Hate crime/discriminatory abuse.
• Failure in safeguarding process.

The amber Datix incidents were related to domestic abuse, emotional/ psychological abuse and a neglect concern in the community. All appropriate actions have been taken and one incident remains at an investigation level managed by the matron with oversight from the associate director of nursing, quality and professions.
In addition to the Safeguarding Adults Datix, there were 21 Sexual Safety Datix. Nineteen were graded as green or yellow and was one graded as amber. In thirteen of these Datix, inpatient service users were the affected persons, in six of the Datix a member of staff was the affected person. The amber graded Datix was in relation to a disclosure of a sexual assault in the community. In all cases reviewed appropriate actions were taken and local authority safeguarding referrals were made where required.

Safeguarding Children:
In July 2023 there were 13 Datix incidents categorised as safeguarding children. Five of these were graded as green, seven were graded as yellow and one was graded as amber.
The subcategories of the safeguarding children Datix incidents as follows:
• Physical abuse
• Child protection
• Neglect
• Sexual abuse

The amber Datix incidents categorised as physical abuse was due to ongoing violence in the home from the young person directed towards their younger siblings. Appropriate actions were taken by the practitioner who gained consent from the parent to make a referral to MAST for multi-agency screening.
In all of the 13 Datix incidents submitted, 12 referrals were made to Safeguarding children's teams and one referral was made to the police. The Trust safeguarding team were contacted for advice in four cases. Appropriate actions were taken following all incidents.

Infection Prevention Control (IPC)

Surveillance: There have been zero cases of E.coli bacteraemia, C difficile, MRSA bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:
Hand Hygiene-Trust wide Total – 96%
Infection Prevention and Control- Trust wide Total – 94%
Remain above the Trusts 80% training compliance threshold.

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, which has an expected date of March 2024. The current policies and procedures remain compliant, and there is no risk identified as a result.

Outbreaks
There have been two outbreaks in July 2023, one diarrhoea (Crofton ward) and one Covid-19 (Neuro-rehabilitation ward).

Complaints

• Acknowledgement and receipt of the complaint within three working days – 94% for formal complaints.
• Number of responses provided within six months of the date a complaint received – 4 (29%)
• Number of complaints waiting to be allocated to a customer service officer – 13
• 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 –23 weeks, the second longest is 6 weeks.
• There were 16 new formal complaints in June 2023
• Of these 2 have a timescales start date, 10 are awaiting consent, 3 are awaiting allocation and 1 is awaiting questions.
• 19% of new formal complaints (n=3) have staff attitude as a primary subject.
• 35 compliments were received.
• Customer services closed 14 formal complaints in July 2023.
• Number of concerns (informal issues) raised and closed in July 2023 – 46
• Number of enquiries responded to in July 2023 - 157
• Number of complaints referred to the Parliamentary Health Service Ombudsman this financial year to date - 0

Reducing Restrictive Physical Intervention (RRPI)

There were 145 reported incidents of reducing restrictive physical interventions used in July 2023. The tables below indicate which restraint positions were used. These do not correlate with the number of actual incidents as staff often report multiple positions and holds used during a single incident. A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety reporting culture.

95.2% of prone restraints in July 2023 lasted under 3 minutes. In July 2023 prone restraint (those remaining in prone position and not rolled immediately) was reported 21 times of 234 an increase of 2 (10%) from last month that stood at 19 of 323. Each incident of prone restraint has been reviewed by a RRPI specialist advisor.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	86	36.7%
Seated	48	20.5%
Supine	24	10.2%
Prone	21	8.9%
Safety Pod	19	8.1%
Restricted escort	15	6.4%
Kneeling	9	3.8%
Side	7	2.9%
Prone then rolled	5	2.1%

Team Using Prone Restraint	Total
Horizon Centre Assessment and Treatment Service	6
Walton PICU	3
136 Suite - Unity Centre, Wakefield	2
Ashdale Ward	2
Newhaven Forensic Learning Disabilities Unit	2
Stanley Ward, Wakefield	2
136 Suite - Barnsley	1
Chippendale, Forensic	1
Hepworth Ward, Newton Lodge, Forensic	1
Willow Ward - Barnsley	1

Duration of Prone Restraint Position	Total
0 - 1 minute	16
1 - 2 minutes	3
2 - 3 minutes	1
3 - 4 minutes	1

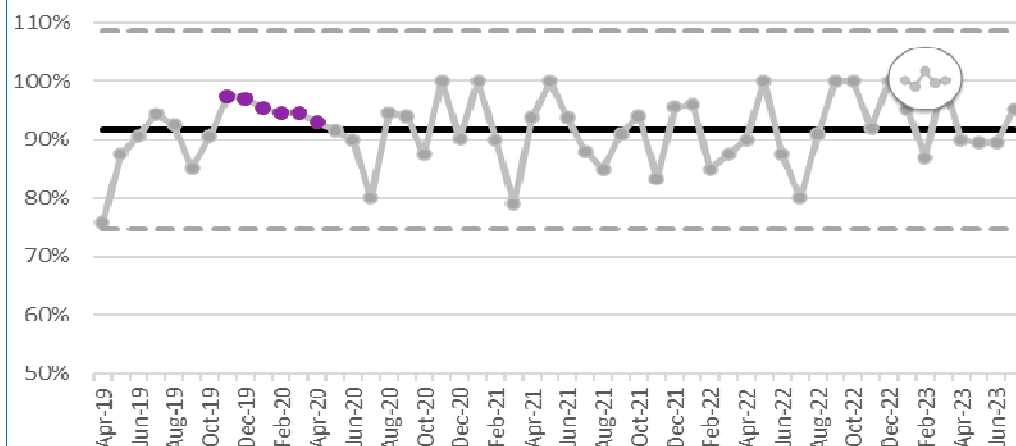## Reducing Restrictive Physical Intervention (RRPI)

Restraint Incidents
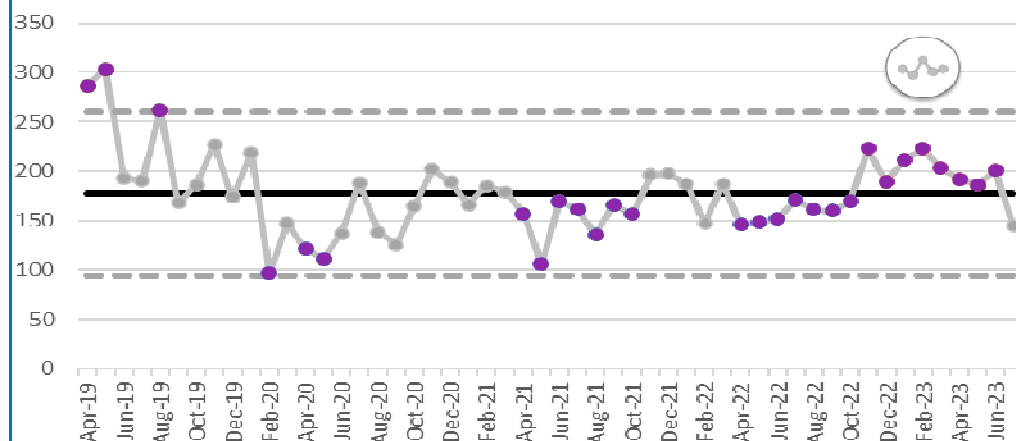
This SPC chart shows that in July 2023 we have entered a period of common cause variation (purple markers).

It should be noted that an increase in restraint incidents does not always indicate a deterioration in performance.

Prone Restraint

This SPC chart shows that due to the continued variation in prone restraint incidents in July 2023 means that we remain in a period of common cause variation.

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Threshold	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Establishment	Improving Resources	Well Led	-	5,011.2	5,039.4	5,145.9	5,156.5	5,197.9	5,237.9	5,246.6	5,267.2	5,157.4	5,174.0	5,193.8	5,196.6
Employed Staff (ESR last day in the month)			-	4,130.2	4,169.2	4,174.6	4,169.9	4,173.4	4,186.0	4,229.7	4,241.0	4,257.0	4,266.2	4,273.6	4,289.5
Vacancies			-	795.3	816.5	881.8	895.2	942.0	936.8	944.8	926.9	818.9	822.0	818.4	796.1
Vacancy rate			<10%	15.9%	16.2%	17.1%	17.4%	18.1%	17.9%	18.0%	17.6%	15.9%	15.9%	15.8%	15.3%
Turnover external (12 month rolling)			>12% - <13%	15.2%	14.8%	14.4%	14.4%	14.2%	14.3%	13.7%	13.5%	13.0%	12.2%	13.1%	13.0%
Starters			-	58.1	69.5	56.9	50.5	26.6	65.4	70.2	58.1	47.2	59.3	57.5	53.9
Leavers			-	56.3	51.6	48.2	40.6	27.5	60.1	38.5	43.1	58.8	39.6	37.0	54.3
Sickness absence - Rolling 12 month			<=4.8%	4.8%	4.9%	5.0%	5.1%	5.3%	5.3%	5.2%	5.3%	5.3%	5.3%	5.3%	5.3%
Sickness absence - Month			<=4.8%	4.7%	4.8%	5.7%	5.9%	6.3%	5.3%	5.3%	5.1%	5.0%	4.6%	4.6%	5.1%
Employees with long term sickness over 12 months			-	0	2	2	2	2	4	2	2	1	0	0	0
Appraisals - rolling 12 months			May Trajectory>=78% Overall threshold: >=90%	61.3%	57.3%	56.0%	60.7%	62.9%	69.8%	71.5%	71.8%	74.4%	74.9%	78.5%	76.5%
Employee Relations - Suspensions (over 90 days)			-	2	2	2	2	3	3	1	1	0	0	0	1
Mandatory Training - TOTAL	Improving Care			90.7%	89.8%	89.5%	89.5%	89.2%	89.4%	90.1%	90.2%	90.5%	90.9%	92.0%	92.1%
Mandatory Training - Reducing Restrictive Practice Interventions				73.8%	72.0%	70.3%	68.4%	66.4%	71.9%	74.5%	74.6%	73.8%	73.8%	76.7%	76.2%
Mandatory Training - Cardiopulmonary Resuscitation				75.7%	75.0%	72.5%	72.1%	72.0%	73.0%	75.1%	75.0%	75.5%	79.2%	81.3%	81.0%
Mandatory Training - Clinical Risk			>=80%	96.4%	96.6%	96.3%	96.2%	96.0%	95.7%	94.9%	95.9%	95.6%	95.4%	95.4%	95.2%
Mandatory Training - Display Screen Equipment				94.9%	95.5%	95.1%	95.4%	95.8%	96.0%	96.3%	96.4%	96.5%	96.8%	97.0%	97.1%
Mandatory Training - Equality & Diversity				93.9%	94.3%	93.8%	94.2%	94.1%	94.6%	95.1%	95.8%	96.0%	96.2%	96.2%	96.0%
Mandatory Training - Fire Safety				87.1%	86.4%	87.3%	87.7%	87.5%	88.3%	88.4%	89.4%	90.2%	91.2%	92.8%	92.0%
Mandatory Training - Food Safety				79.8%	79.2%	78.6%	79.9%	79.5%	79.6%	79.8%	79.4%	78.0%	83.4%	86.4%	87.8%
Mandatory Training - Freedom To Speak Up (FTSU)				88.2%	89.8%	90.5%	91.3%	91.7%	92.0%	92.4%	92.5%	93.2%	93.7%	94.0%	94.3%
Mandatory Training - Infection Control & Hand Hygiene				87.7%	88.2%	88.4%	88.6%	88.4%	88.4%	88.6%	90.2%	91.5%	92.4%	94.1%	94.3%
Mandatory Training - Information Governance (Data Security)			>=95%	92.5%	92.2%	91.2%	89.8%	87.6%	87.3%	84.8%	86.5%	90.6%	95.9%	96.8%	96.9%
Mandatory Training - Moving & Handling				95.3%	95.2%	95.3%	95.8%	95.6%	93.0%	93.4%	95.5%	95.5%	94.9%	95.2%	95.1%
Mandatory Training - Nat Early Warning Score 2 (New S2)				85.6%	86.3%	87.4%	88.1%	89.6%	91.1%	92.0%	92.4%	92.5%	92.1%	93.8%	94.7%
Mandatory Training - Mental Capacity Act/Dols			>=80%	93.5%	93.8%	93.5%	93.4%	93.3%	95.6%	95.3%	94.0%	91.6%	93.6%	93.7%	93.4%
Mandatory Training - Mental Health Act				90.4%	90.9%	90.7%	91.0%	91.2%	90.4%	91.6%	92.2%	91.6%	91.3%	91.2%	91.1%
Mandatory Training - Prevent				95.1%	95.3%	95.0%	94.6%	94.4%	94.7%	95.2%	95.6%	95.4%	95.5%	92.1%	94.1%
Mandatory Training - Safeguarding Adults				89.7%	89.5%	89.4%	89.5%	89.0%	89.1%	89.9%	90.0%	90.0%	89.7%	89.3%	89.5%
Mandatory Training - Safeguarding Children				89.7%	90.2%	88.7%	88.9%	88.6%	88.8%	89.3%	89.8%	90.0%	90.7%	91.1%	91.2%

Notes:

• Employed Staff (Electronic Staff Record - (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 (whole time equivalent) 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 Trust's operational management group with reporting and actions from quarterly reports to care groups.

• Sickness absence - from April 23 - the reported figure is rolling 12 month. For earlier months this was year to date.

Stability of the Workforce

• There has been a reduction in agency spend between June and July (157.8 whole time equivalents (WTE) in June down to 108.4 WTE in July). Work within the agency scrutiny performance to remove unnecessary and/or address some long term spend has partly affected this and is taking effect. In the main, however we have seen our substantive staff undertake more additional hours (overtime and additional shifts) within July and there has also been a slight increase in bank shifts worked which has also had a positive effect. Bank fill rates remain extremely high at over 88%.
• Starters and leavers are similar in numbers for July (53.9 v 54.3 WTE). Overall since April we are still seeing more starters than leavers (218.0 v 189.8 WTE).
• As a result our vacancy rate continues to reduce and we have now seen a reduction for the 3rd month in a row (15.9% to 15.3%). It remains significantly lower than last year (17.6%).


Annual Turnover Benchmarking - North East and Yorkshire Mental Health

Annual Stability Index - - North East and Yorkshire Mental Health
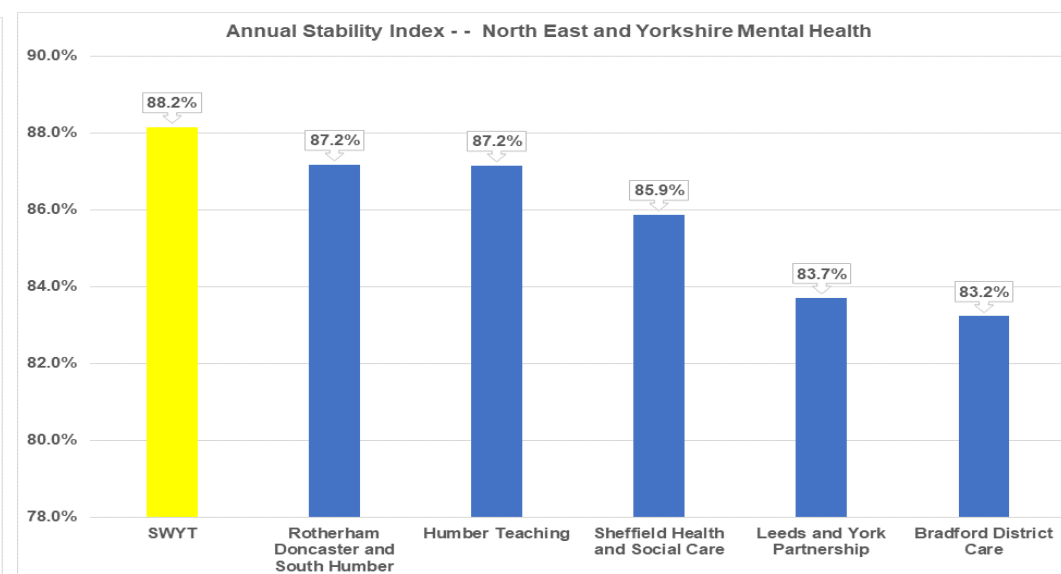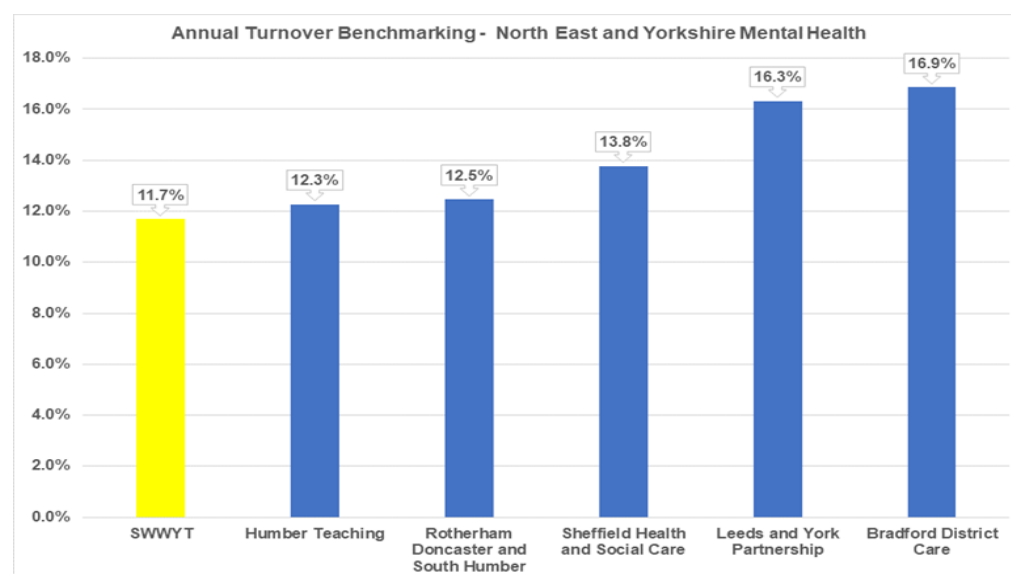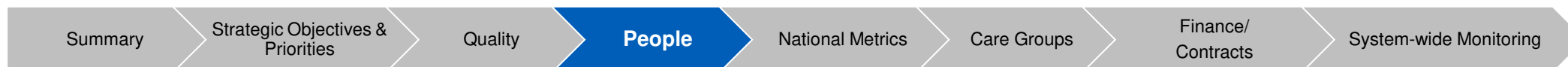
Keep Fit & Well

Absence
• 12 month rolling absence rate remains at 5.3%.
• Overall absence (in month) has risen by 0.5% to 5.1%, but the overall rolling rate remains unchanged at 5.3%. The in-month rise is due to a significant increase in short term absence (colds and flus) which has increased from 1.4% to 1.9%. Our long term absence has reduced to slightly offset this. There are no specific Care group areas who have seen significant increases and this is being seen across most staff groups. The Forensics human resource business partner role is working closely with Forensics to identify hotspots and targeted reduction as the rate within Forensics has risen in month to 8% (from 7.9%)
• Estates and Facilities absence remains high in July (7.7% year to date) - focus remains on sickness meetings, monthly reports to individual managers and increased personal development support to address this increase.
• Stress related absences still accounts for the largest reason, but has seen a reduction in July from 38.9 to 35.2%. (This remains constant around 34-37% Trustwide).
• When compared to the latest figures published by NHS England via digital.nhs.uk (Dec 2022) we have the second lowest percentage in the region.
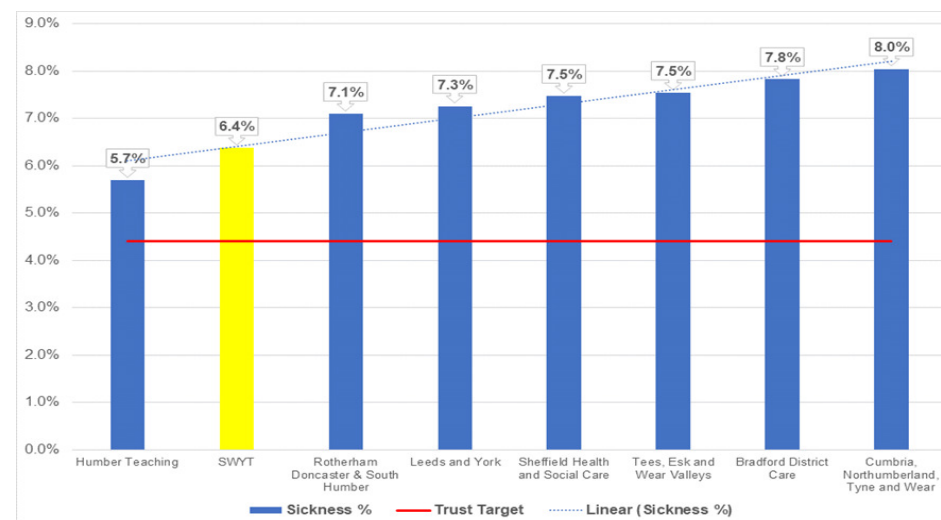
Supportive Teams

Appraisals
• Overall appraisal rate has reduced slightly from 78.5% in June to 76.5% in July. The Trust did see a spike in appraisal uptake in June (346 undertaken) which was slightly less in July (296). Additional work is ongoing to understand the actual and expected appraisal drop off rate which may have outweighed our uptake in July. Discussions with Workpal ongoing with a view to resolving known issues with the reporting.

Mandatory Training
 • Overall mandatory training reports 92.1% which remains above Trust target. Compliance by care group is reported monthly to the executive management team with hot spot reports reviewed by operational management group.
 • One subject out of 17 reported are below the Trust's 80% target - resuscitation and reducing restrictive practice interventions. Actions being taken to address these areas include use of third-party providers to increase capacity to deliver, the introduction of an e-learning suite to increase accessibility and reduce the need for face-to-face training and a project plan being delivered in close partnership with the Nursing, Quality & Professions directorate.
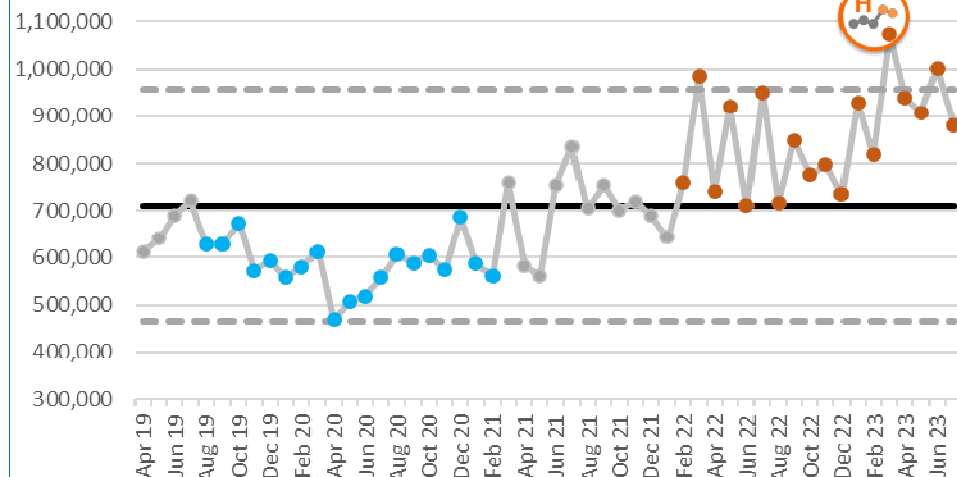
Analysis

Trust Sickness Absence - Year to Date
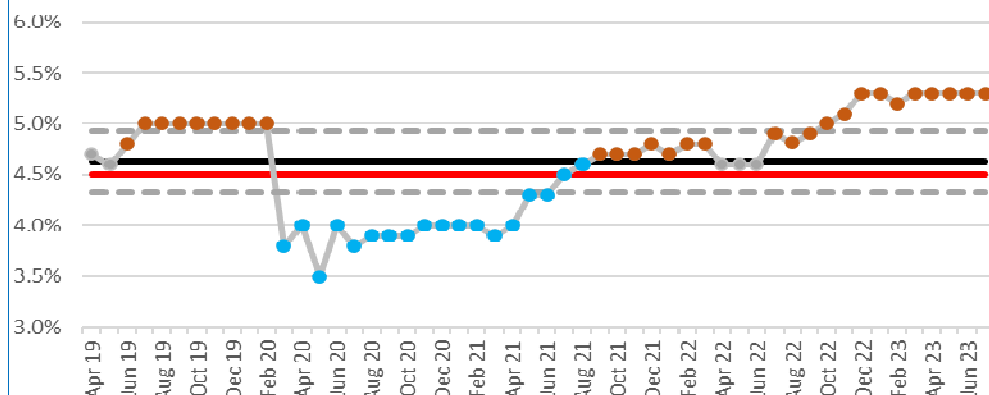
The SPC chart shows that in July 2023 we remain in a period of special cause concerning variation (orange markers). From July 2022 this also includes absence due to Covid-19.

Trust Agency Spend

- The 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). Monthly agency performance group established and commenced in June for all care groups to focus on individual long term agency placement.
- The Trust have been working with Liaison Contingency Workforce since April to understand our efficiency in utilisation of eRostering, bank, agency and workforce management. The outcome of that work is due in September with following recommendations and report due into Agency Scrutiny Group.
- Alternative marketing campaigns to engage wider markets. Several national and local recruitment events booked between now and November (Liverpool, Glasgow, Birmingham) alongside targeted hard to reach groups with Touchstone which includes on the day suitability interviews.
- Significant increase in assessment centre recruitment events – 9 since April (usually 1 per month) over 370 potential candidates into bank and substantive healthcare support worker and nurse posts. This will have a positive impact upon agency provision in future months. Further additional assessment centres planed over the next few months to cater for demand in application (2 in September, 1 in October).

National Metrics

Data as of : 25/08/2023 14:46:25

NHS
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NHS Foundation Trust

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, quality and finance metrics that are reported in the relevant section of the IPR.

Metric	MetricName	Grouping	GroupName	Target	Assurance	Variation	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Trust	Trust	0	P		0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days	Trust	Trust	0	F	H	247	196	406	453	408	451	483	480	434	545	435	582
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Trust	Trust	60%	?		92.9%	77.8%	87.5%	89.3%	71.4%	100%	96.3%	80.8%	90%	90.9%	77.1%	86.7%
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Trust	Trust	50%	?		51.8%	53.0%	51.4%	40.6%	52.4%	57.1%	53.8%	53.8%	52.5%	53.4%	53.2%	50.8%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Trust	Trust	92%	?	H	96.1%	88.5%	86.9%	89.5%	93.5%	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%
M7	72 hour follow-up from psychiatric in-patient care	Trust	Trust	80%	?		86.9%	89%	87.8%	89.6%	88.9%	87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Trust	Trust	0	?		24	20	13	10	0	8	30	43	15	11	29	9
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Trust	Trust	0	?		1	2	2	2	0	1	2	2	3	1	1	1
M10	Talking Therapies - Treatment within 6 Weeks of referral	Trust	Trust	75%	P	H	97.2%	97.9%	98.0%	98.5%	98.5%	97.7%	97.6%	98.1%	97.8%	98.6%	99.4%	99.2%
M11	Talking Therapies - Treatment within 18 weeks of referral	Trust	Trust	95%	P		100%	100%	100%	99.9%	99.5%	99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Trust	Trust	95%	?		100%	80%	100%	90%	100%	87.5%	80%	87.5%	50%	80%	100%	77.8%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Trust	Trust	95%	?		68.8%	75%	78.4%	79.3%	88.2%	88.6%	100%	95.8%	77.8%	95.8%	100%	92%
M15	Data Quality Maturity Index	Trust	Trust	95%	P		99.5%	99.5%	99.2%	99%	99.1%	99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.	Trust	Trust				1300	1333	1399	1542	1192	1641	1414	1533	1306	1603	1579	1470
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Trust	Trust	90%	P		99.1%	98.4%	99.0%	97.8%	98.5%	98.1%	99.1%	98.9%	98.9%	98.4%	99.0%	99.2%
M24	Number of people accessing individual placement and support (IPS) services during the month	Trust	Trust	13	?	H	16	19	16	29	36	36	44	30	25	34	26	36
M25	Number of individuals accessing specialist community perinatal or maternity mental health services	Trust	Trust				71	107	65	66	70	72	51	81	51	67	53	64

National Metrics

Data as of : 25/08/2023 14:46:25

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Grouping	GroupName	Target	Assurance	Variation	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
M30	Number of detentions under the Mental Health Act (MHA)	Trust	Trust				99	87	92	86	90	100	94	86	92	99	85	
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Trust	Trust				17.2%	21.8%	22.8%	20.9%	21.1%	19%	19.1%	23.3%	19.6%	17.2%	11.8%	
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Trust	Trust	95%			95.0%	95.0%	96.1%	96.3%	97.6%	95.7%	95.3%	97.5%	97.5%	97.1%	97.5%	97.9%
M34	% Clients in settled accommodation	Trust	Trust	60%			86.8%	86.9%	86%	85.8%	85.2%	84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%
M35	% Clients in employment	Trust	Trust	10%			11.8%	11.8%	12%	11.6%	11.4%	11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%
M41	Completion of a valid NHS number	Trust	Trust	99%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%
M42	Completion of ethnicity coding for all service users	Trust	Trust	90%			99.3%	99.3%	99.4%	99.3%	99.3%	99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%
M43	Community health services two hour urgent response standard	Trust	Trust	70%			83.7%	89.2%	88.1%	88.4%	84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.2%
M44	The number of completed non-admitted RTT pathways in the reporting period	Trust	Trust	1500											1523	1719	1585	1786
M45	The number of incomplete Referral to Treatment (RTT) pathways	Trust	Trust	2400														1782
				2500											1933	1835	1592	
M46	Percentage of 2-hour UCR first care contacts delivered within reporting quarter	Trust	Trust	70%			83.7%	89.2%	88.1%	88.4%	84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.2%
M47	Virtual ward occupancy	Trust	Trust	80%					15%	45%	37.5%	70%	56.7%	60%	82.9%	44.3%	92.9%	51.4%
M48	Community services waiting list	Trust	Trust	5430														0
M49	Number of people who receive two or more contacts from community mental health services for adults and older adults with severe mental illnesses	Trust	Trust												3888	3894	3886	3872
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Trust	Trust												10957	11094	11097	11107
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Trust	Trust	99%			100%	94.7%	98.7%	100%	86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%
M171	% Admissions gate kept by crisis resolution teams	Trust	Trust	95%			99%	98.8%	100%	98.7%	100%	98.9%	99%	98.2%	100%	99%	100%	96.6%

National Metrics

Data as of : 25/08/2023 14:46:25

NHS
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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 from point of referral to treatment remains above the target threshold at 99.0%

• 72 hour follow up remains above the threshold at 87.7%.

• The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has decreased to 66.7% in July. This remains below threshold and has now entered a period of common cause variation (please see SPC chart on the following page). This is a small service and there have been a number of staffing issues that have impacted clinic availability. Due to the continued increase in referrals from January 2023, it is unlikely we will have any capacity to run additional clinics over spring and summer and therefore we do not anticipate we will hit the 99% target until October 2023. The service are also reporting a number of appointments being cancelled by their parents/carers, or children not being brought to their appointments. The Was Not Brought (WNB) figures are high and the service are taking steps to try to address this. This includes sending an additional appointment text message reminder closer to the appointment date, and also changing the wording within appointment letters that are sent out to parents/carers. When an appointment is cancelled by a parent/carer or a child is not brought, the service often have to book another appointment that breaches the 6 week wait.

• The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week and routine who access treatment in 4 weeks have both dropped below threshold in July though low numbers do impact these significantly.

• During July 2023, there was one service user aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 9 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews.

• The 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 these indicators however both are above their respective thresholds.

• Data quality maturity index - the Trust has been consistently achieving this target. This metric is in common cause variation and we are expected to meet the threshold.

• NHS Talking Therapies - proportion of people completing treatment who move to recovery remains above the 50% target at 50.8% for July. This metric is in common cause variation however fluctuations in the performance mean that achievement of the threshold cannot be estimated.

• Percentage of service users on the care programme approach (CPA) having formal review within 12 months remains above threshold during the month of July. This metric remains in a period of special cause improving variation due to continued (more than 6 months) performance above the mean. Fluctuations in the performance mean that achievement of the threshold cannot be estimated.
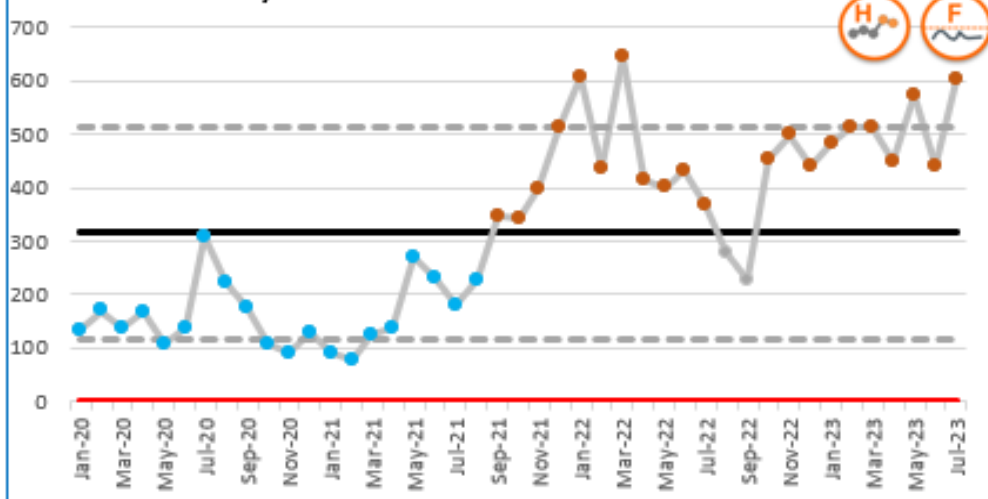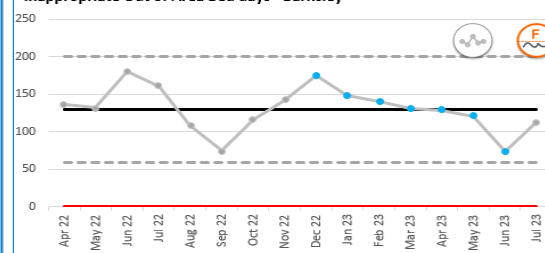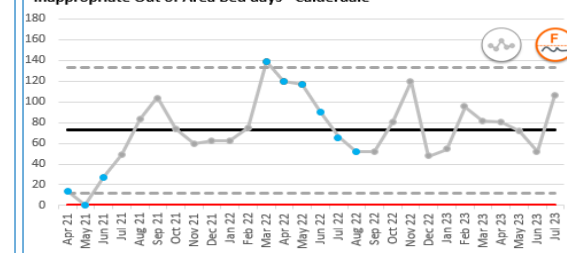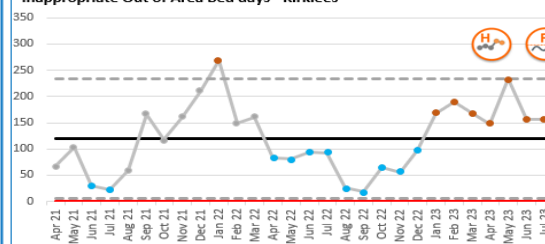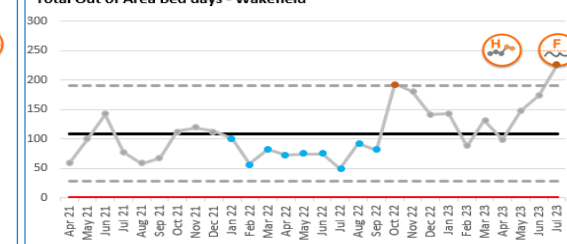
Inappropriate Out of Area Bed Days - This metric shows the total number of bed days occupied by clients who have been placed in a bed outside the geographical footprint of the Trust.

Summary	Actions	Assurance
The Trust continues to have an increasing number of bed days for clients placed out of area. Place based data is provided but decisions are made on the appropriateness of the placement to meet the person's needs, so for example it cannot be assumed that Wakefield demand is higher because the out of area is higher.	The improvement programme is focussing on: Addressing barriers to discharge and reducing delays for people who are clinically ready for discharge Effective coordination out of area care to ensure people are repatriated. Addressing workforce issues to improve the care and treatment offer. Improving community treatment options as alternative to inpatient care	The improvement programme reports through the assurance framework to Board. Out of area placements are reported to EMT against the trajectory. System wide work streams report through the ICS.

Data quality:

An additional column has been added to the dashboards 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 July the following data quality issue has been identified in the reporting:
 • The reporting for employment and accommodation shows 15.3% of records have an unknown or missing employment and/or accommodation status. This has been flagged as a data quality issue and work is taking place within care groups to review this data and improve completeness.

Analysis

Total bed days of Children and Younger People under 18 in adult inpatient wards

PICU at Red Kite View closed for 2 weeks

GAU at Red Kite View was closed till 29/04 due to Covid
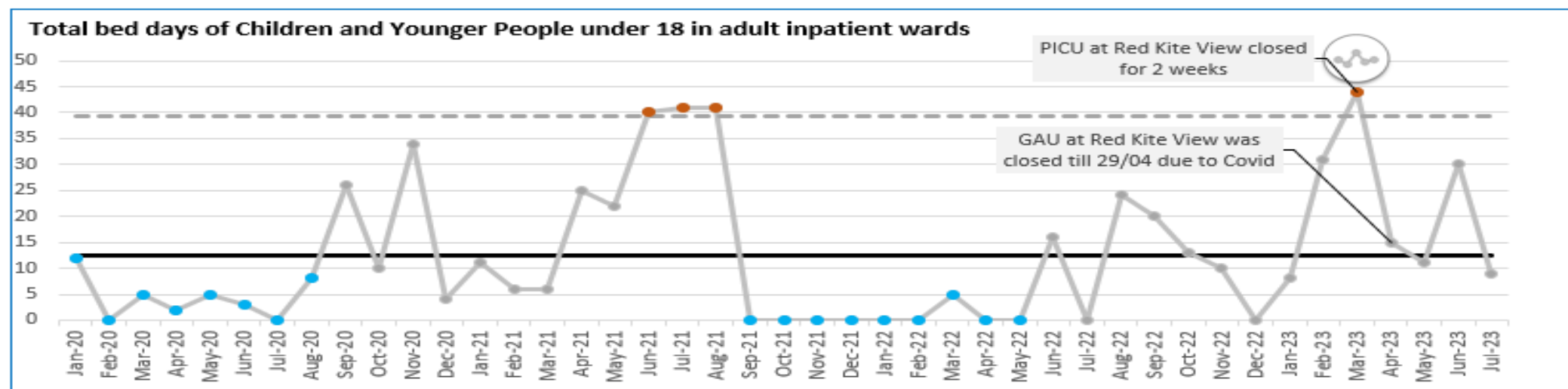
The statistical process control chart (SPC) above shows that in July 2023 we remain in a period of common cause variation regarding the number of beds days for children and young people in adult wards.

Analysis

Maximum 6-week wait for diagnostic procedures

Max time of 18 weeks from point of referral to treatment - incomplete pathway
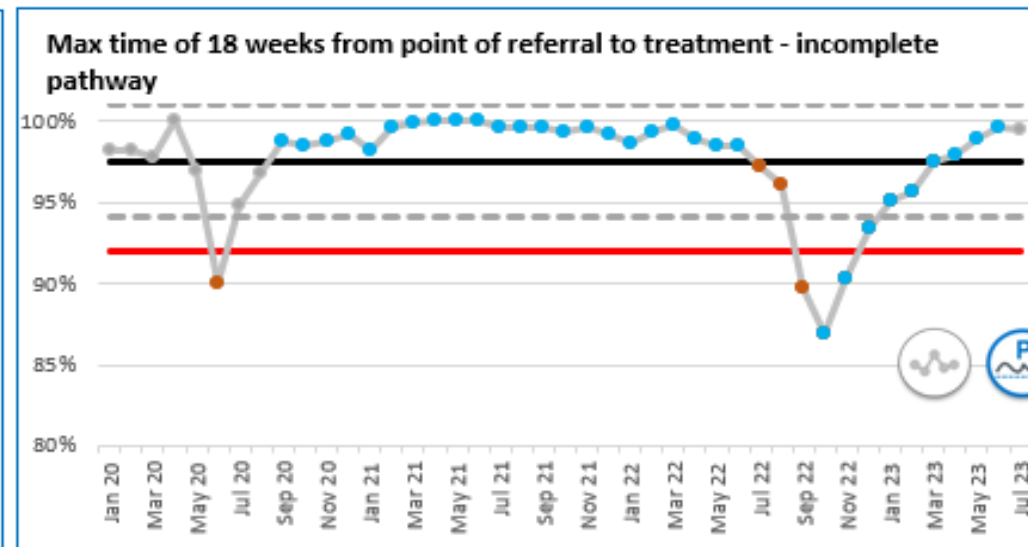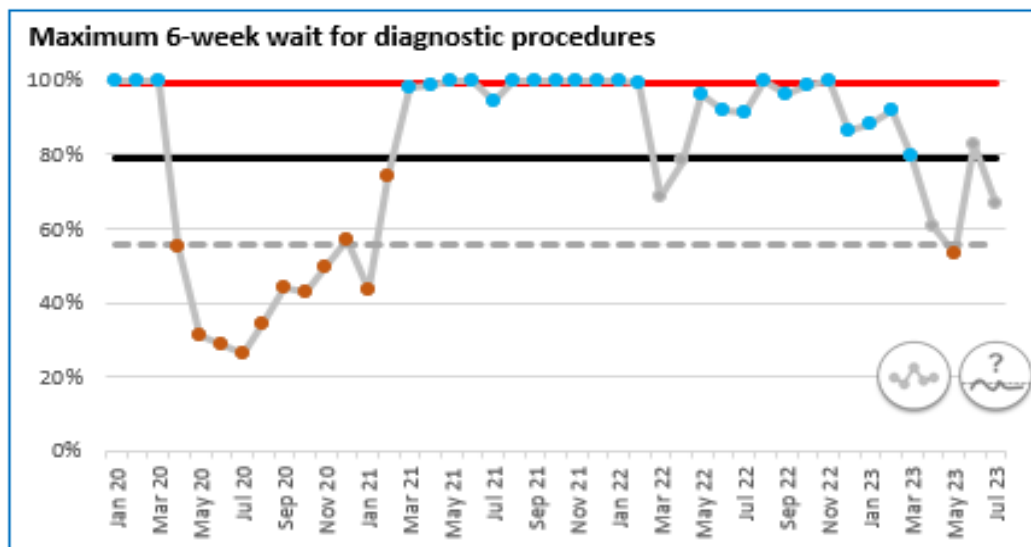
The SPC charts above show that for July 2023 for clients waiting for a diagnostic procedure we have entered a period of common cause variation and due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated. Though we remind below the threshold. We are currently in a period of common cause variation for clients waiting a maximum of 18 weeks from referral to treatment and we estimated to achieve the target against this metric.

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.

Current average OPEL level

2.78

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

Child and adolescent mental health services (CAMHS)

CAMHS

Metrics	Threshold	Jun-23	Jul-23	Variation/Assurance
% Appraisal rate	>=90%	76.6%	74.7%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	40% (2/5)	
CAMHS - Crisis Response 4 hours	N/A	95.3%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.1%	79.5%	
Eating Disorder - Routine clock stops	95%	100.0%	92.0%	
Eating Disorder - Urgent/Emergency clock stops	95%	N/A	100.0%	
Information Governance training compliance	>=95%	96.7%	96.1%	
Reducing restrictive practice interventions training compliance	>=80%	76.6%	75.2%	
Sickness rate (Monthly)	4.5%	4.6%	4.5%	
% rosters locked down in 6 weeks				

CAMHS Referal to Treatment
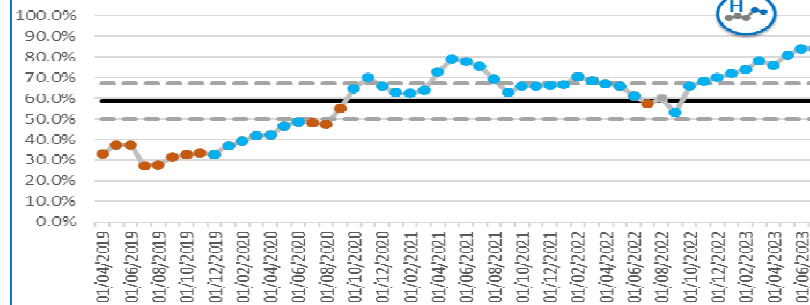
As you can see in July 2023, we remain in a period of special cause improving variation. For further information see narrative below.

Alert/Action

• Waiting numbers for Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic.   Robust action plans are in place (with Transformation Programme support) but the shortfall between commissioned capacity and demand remains. Evolve contract (Kirklees) ends September which would reduce assessment capacity by 21 per months. Discussions in progress with commissioners to escalate risk and consider extension.
• Eating disorder caseloads remain under pressure due to case acuity/complexity
• Shortage of specialist residential and tier 4 places due to reduced capacity nationally and ongoing capacity issues locally. Pressures less evident in this reporting period but issue remains on the Trust risk register and work continues to improve patient flow.
• The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues due to specific issues in relation to recruitment of band 6 nursing staff.
• Self-harm incidents/risk are a key focus of improvement work at Wetherby Youth offender institute.

Advise

• Waiting times from referral to treatment in Wakefield remain an outlier. Referral rates remain a key factor. The brief intervention and group work service offer has been strengthened, and medium term improvement is anticipated. Additional mental health support team investment has been confirmed which will enable further strengthening of the schools-based offer.
• Work in Kirklees continues as part of a Kirklees Keep in Mind programme to develop the mental health support team offer across all local schools/colleges. The keep in Mind programme will be launched April 2024
• Mandatory training – RRPI (75.2%) and CPR (79.5%) – in amber.
• A business case is being developed in Barnsley with respect to the specialist support offer for children with learning disabilities/special educational needs.
• A work programme is underway as part of WY collaborative arrangements to ensure more seamless transition to adult ADHD/ASC pathways.
• Friends and family test results are above threshold at 82%.

Assure

• Staff wellbeing remains a focus. Each CAMHS team has an agreed action place in place as a direct response to the staff survey.   Staff survey results generally positive across all teams. Sickness rates remain low but evident increase in long term sickness. This is a focus for proactive support/management.
• The Trust has proactively engaged with provider collaboratives in South Yorkshire and Bassetlaw and West Yorkshire to strengthen the interface with inpatient providers and improve access to specialist beds

Adults and Older People Mental Health

Mental Health Community (Including Barnsley Mental Health Services)

Metrics	Threshold	Jun-23	Jul-23	Variation/Assurance
% Appraisal rate	>=90%	76.6%	75.1%	
% Assessed within 14 days of referral (Routine)	75%	80.5%	52.5%	
% Assessed within 4 hours (Crisis)	90%	95.7%	96.9%	
% Complaints with staff attitude as an issue	< 20%	38% (3/8)	20% (1/5)	
% service users followed up within 72 hours of discharge from inpatient care	80%	92.6%	87.7%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.3%	98.1%	
% Treated within 6 weeks of assessment (routine)	70%	94.7%	96.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.5%	80.9%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	86.9%	95.3%	
Information Governance training compliance	>=95%	98.1%	97.7%	
Reducing restrictive practice interventions training compliance	>=80%	72.6%	71.6%	
Sickness rate (Monthly)	4.5%	3.8%	4.0%	
% rosters locked down in 6 weeks				

Mental Health Inpatient

Metrics	Threshold	Jun-23	Jul-23	Variation/Assurance
% Appraisal rate	>=90%	61.9%	60.7%	
% Bed occupancy	85%	87.2%	96.0%	
% Complaints with staff attitude as an issue	< 20%	0% (0/5)	0% (0/0)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.6%	78.7%	
% of clients clinically ready for discharge	3.5%	6.8%	6.7%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	86.7%	87.2%	
Inappropriate Out of Area Bed days	152	456	603	
Information Governance training compliance	>=95%	94.5%	95.2%	
Physical Violence (Patient on Patient)	Trend Monitor	22	17	
Physical Violence (Patient on Staff)	Trend Monitor	57	46	
Reducing restrictive practice interventions training compliance	>=80%	81.8%	82.8%	
Restraint incidents	Trend Monitor	114	80	
Safer staffing	90%	127.8%	130.0%	
Sickness rate (Monthly)	4.5%	4.2%	5.7%	
% rosters locked down in 6 weeks				

Alert/Action

- Acute wards have continued to manage high levels of acuity.
- We have had high occupancy levels across wards and capacity to meet demand for beds remains difficult.
- Workforce challenges have continued with increased use of agency staff.
- The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, the numbers have reduced slightly.
- 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, underpinned by the work on the 100 Day Discharge Challenge.
- 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 with a significant number of vacancies despite active recruitment.
- SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed in all areas and we are expecting performance to be below target in Barnsley, Calderdale and Kirklees this month. Action plans remain in place, with specific improvement work taking place in Barnsley.
- Rapid improvement work in SPAs together with some progress in recruitment should contribute to an improved performance in the coming months.
- Intensive Home Based Treatment (IHBT) teams in Calderdale and Kirklees are experiencing additional workforce challenges and are looking at innovative remedial and improvement approaches as part of a rapid action plan.
- 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 with action plans in place for certain teams and continue to be proactive and innovative in approaches to recruitment and workforce modelling.
- All areas are focussing on continuing to improve performance for FIRM risk assessments, and performance is showing some progress 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 against trajectory. Inpatient performance for those admitted who have had a staying-well plan within 24 hours is working towards achieving and sustaining improvement against trajectory.
- Progress has been made in all areas on ensuring care plans are produced collaboratively and shared with service users.
- Care Programme Approach (CPA) review performance is above target in all areas, action plans and support from Quality and Governance Leads remain in place.

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 including 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 community mental health transformation.
- We recognise the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and for acute inpatient wards we are committed to achieving the target of all appraisals being completed.
- We are looking at our performance regarding Friends and Family Tests both in content of responses and numbers completed and developing actions to improve, with all areas now above threshold other than Barnsley where significant improvement has taken place.
- We continue to work towards required concordance levels for Cardio pulmonary resuscitation (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

- We are performing well in gatekeeping admissions to our inpatient beds.
- We are performing well in 72 hour follow up for all people discharged into the community.
- We have received a positive report for Wakefield Memory Service following their Memory Services National Accreditation Programme (MSNAP) reaccreditation.

Barnsley General Community Services

Barnsley General Community Services

Metrics	Threshold	Jun-23	Jul-23	Variation/Assurance
% Appraisal rate	>=90%	81.5%	80.7%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/1)	
% people dying in a place of their choosing	80%	87.8%	83.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.2%	82.2%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	96.2%	96.2%	

Barnsley General Community Services

Metrics	Threshold	Jun-23	Jul-23	Variation/Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.6%	99.0%	
Maximum 6 week wait for diagnostic procedures	99%	82.5%	66.7%	
Reducing restrictive practice interventions training compliance	>=80%	57.1%	50.0%	
Safer staffing (inpatient)	90%	114.4%	105.4%	
Sickness rate (Monthly)	4.5%	4.6%	5.0%	
% rosters locked down in 6 weeks				

Alert/Action

Urban House:
• The Band 7 Nurse Prescriber left the service in November 2022, leaving only one Nurse Prescriber (Lead Nurse who is currently working from home due to clinical vulnerability). This creates pressure and some risk within the service. To date we have been unable to recruit through bank/agency. We are currently working with Pharmacy and the Walk in Centre in Wakefield, to provide cover for the service as necessary. One of the Band 6s within the service is to start the INP (Independent Nurse Prescriber) course in September 2023 and the team is also supported by a INP from within General Community services.
• The Service continues to have a high level of sickness absence which is causing additional pressures in the Team. We have recently appointed a Band 6 on a part time basis via the Bank Team
• We continue to explore how we can strengthen the capacity and skills within the team.

Neighbourhood Rehabilitation Service (NRS)
• Spot purchase beds (linked to acute patient flow) – discussions commenced at partnership level regarding the pressure this is causing to our NRS service which is already overtrading on virtual beds.

Advise

Urban House (UH):
• The commissioner continues to review the current health provision for the 6 resettlement programmes in Wakefield which includes Urban House. To date we have still not received any further update.
• Wakefield Public Health team have raised concerns regarding the increase in the incidence of measles both nationally and locally and were keen to ensure our staff had considered vaccination. To date we have not had any cases of measles in UH.

Yorkshire Smoke Free
• Doncaster Council have disclosed they will be tendering for their Stop Smoking Service. The current contract for Yorkshire Smokefree Doncaster ends 31st March 2024. The new tender documents should be available by end of September. SWYPFT Contracting Team are aware of the situation.

Children's Therapy
• Referral rates to Children's Therapy have remained high.
• Continued delays in the recruitment process once the preferred candidate form has been submitted.

Cancer Lymphoedema Service
• This has been delivered by SWYPFT in Barnsley for approximately 18 months following the previous provider serving notice. Initially the agreement was for SWYPFT to provide this for two years via non-recurrent funding whilst the ICS (Integrated Care System) reviewed the full Lymphoedema Service business case submitted by SWYPFT in February 2022. The ICS requested that SWYPFT submit an overview of the Cancer Lymphoedema Service pathways with an intimation that SWYPFT could incorporate the costs of delivering this service element into the standard Integrated Neighbourhood Teams income. A brief business case outlining the Cancer Lymphoedema service pathways and confirming that SWYPFT is unable to absorb the costs of this service provision without additional payment has now been returned to the ICS and we are now awaiting a response.

Intermediate Care (IMC) pathway review
• The ICB (Integrated Care Board) initiated review continues, with work on a new delivery model with key partners including SWYPFT. Key risks include the level of demand into Neighbourhood Rehabilitation Service – this continues to be above threshold, along with the estate solution for the IMC bed base moving forward into 2024.

Virtual Ward Remote Monitoring Procurement Exercise
• The ICS have commenced the procurement of a remote monitoring equipment provider at a regional level. Once a supplier is chosen then SWYPFT will be expected to contract with the successful bidder who will provide remote monitoring equipment to the ICS virtual ward pathway. A selection of virtual ward staff across numerous partner organisations (including SWYPFT) are involved in the scoring of the bids. It is expected that the scoring process will be completed by the end of August 2023.

Assure

Children's speech and language therapy service
• Stammering - Penguin App aimed at parents and carers of children 2 to 6 years. We can now direct families to this free App which provides a 5 minute per day course for parents and carers over 10 days to support them and their child. It can offer support whilst families are awaiting an appointment. The development team have used our service to give them feedback on the App and its contents.

Stroke:
• Following publication of the new National Clinical Guidelines for Stroke for UK and Ireland 2023, and the Stroke NICE guidelines to be published in October 2023, several updates and additions to the existing SSNAP (Sentinel Stroke National Audit Programme) dataset are to be made. This will include changes to the inpatient (both hyper-acute and inpatient rehabilitation) and community datasets. A small number of inpatient and community teams are being asked to pilot these changes, and Barnsley Integrated Community Stroke Team have been invited to pilot the new questions within the community dataset. Piloting will take place over a four-week period between 21st August - 17th September 2023, with questions then added to the mandatory SSNAP dataset next year.
• The Stroke team have successfully had 3 poster presentations accepted for the National Stroke Forum Conference in December 2023. They are titled:
 □ Managing BP@HOME - the value of community stroke nurses.
 □ The Life After Stroke offer, provided by an Integrated Community Stroke Team
 □ Can an Integrated Community Stroke Service deliver effective vocational rehabilitation in a small town?

Neighbourhood Nursing Service (NNS)
• NNS position paper updated at the end of June by way of addendum; this was discussed at the July EMT (Extended Management Team) & OMG (Operational Management Group) by Service Director. Recent recruitment drive has been positive with appointment to 18 WTE (whole time equivalent) newly qualified Band 5 staff nurses to commence in post during September and October 2023. There has also been increased interest to all other vacancies reducing the vacancy factor to below 5% in NNS.

Tissue Viability secondment
• In continued talks with Barnsley Hospital NHS Foundation Trust to extend the Tissue Viability Nurse secondment until end October 2023.

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) / Learning Disability (LD) Services

LD, ADHD & ASD

Metrics	Threshold	Jun-23	Jul-23	Variation/ Assurance
% Appraisal rate	>=90%	69.5%	65.4%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/3)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.8%	84.0%	
% of clients clinically ready for discharge	3.5%	25.0%	50.0%	
Information Governance training compliance	>=95%	95.4%	96.4%	
LD – First face to face contact within 18 weeks	90%	82.1%	81.3%	

LD, ADHD & ASD

Metrics	Threshold	Jun-23	Jul-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	39	33	
Reducing restrictive practice interventions training compliance	>=80%	80.8%	78.0%	
Safer staffing	90%	144.7%	144.7%	
Sickness rate (Monthly)	4.5%	5.0%	4.4%	
Restraint incidents	Trend Monitor	39	27	
% rosters locked down in 6 weeks				

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

Alert/Action

• Referral rates for ADHD remain high and waiting lists continue to grow. There are currently 3937 people waiting for an ADHD assessment. The Service has seen 188 people since April and plans to see a further 320 by the end of March 2024. This is in line with the investment to increase capacity agreed by the executive management team in July 2022.
• Referral rates for Autism remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. There are 20 people currently waiting from these areas and the longest wait for assessment is 13 weeks from referral date.
• Friend & Family Test – Friends and family test is 47%. The service is continuing to explore different methods of collating feedback.

Advise

• All vacancies have been recruited to but challenges in recruitment are delaying start dates.
• A Business case proposal has been submitted to support Barnsley Community Paediatrics 16-18. The 17+ pathway and funding is in the final stages of agreement.
• The collaboration with Bradford District Care Foundation Trust is also going well. Service Users are screened via a face to face appointment within 4 weeks of referral date.

Assure

• All key performance indicator targets met.
• All training is above the threshold.
• Relationship with Bradford working very well.
• Excellent levels of supervision and appraisal across the team (100%).

Learning disability services:

Alert/Action

Community Services
• Work continues on improving sickness and absence position with plans in place for some staff returning from long term sick.
• System changes agreed and being updated for waiting list project work across all 4 localities and training dates currently being agreed.
• Out of Hours SOP completed in draft and currently being finalised.

ATU (Assessment & Treatment Unit)
• Horizon improvement programme continues to make progress. Improvements continue to embed and staff involvement, engagement and well-being remains a priority.
• Recruitment to posts which were previously shared posts (with Bradford) is progressing.
• Clinically ready for discharge is currently 50% and reflects system challenges in provision of bespoke packages of care to meet complex needs. This is escalated within Place and with commissioners and work is taking place to source appropriate packages.
• Recruitment to SaLT post (Speech and Language Therapy) is proving challenging alternative provision being sought.

Advise

Community & ATU (Assessment & Treatment Unit)
• Community Improvement Programme is planned and will follow the same format as the Horizon plan.
• Locality trios now in place following the workforce review and working well.
• Pathway for ADHD for those people with an LD requires more clarity and development.
• Remedial action required for both appraisal and supervision. Plans to improve in place.

Assure

ATU (Assessment & Treatment Unit)
• Complaints 0%
• Mandatory training continues to improve.

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.
• Well being plans in place for both Horizon and community services.

Forensic Services

Forensic

Metrics	Threshold	Jun-23	Jul-23	Variation/ Assurance
% Appraisal rate	>=90%	72.7%	72.5%	
% Bed occupancy	90%	83.9%	86.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.4%	80.1%	
% of clients clinically ready for discharge	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%	95.6%	96.5%	
Physical Violence (Patient on Patient)	Trend Monitor	1	1	
Physical Violence (Patient on Staff)	Trend Monitor	12	16	
Reducing restrictive practice interventions training compliance	>=80%	84.0%	83.0%	
Restraint incidents	Trend Monitor	46	*27*	
Safer staffing	90%	115.4%	114.6%	
Sickness rate (Monthly)	5.4%	7.9%	9.3%	
% rosters locked down in 6 weeks				

Alert/Action

• Bed Occupancy – Newton Lodge 82.30↓, Bretton 96.01%↑, Newhaven 87.5%. Occupancy has been highlighted by the commissioning hub as a risk to the provider collaborative given the number of out of area placements. Work has commenced within the service to explore service user flow across the pathway.
• Sickness absence – continues to be a concern particularly at the Bretton Centre which is 13.9%. Actions are in place to support each individual in line with processes. Staff wellbeing continues to be a priority.
• Vacancies & Turnover – Turnover has fallen to 9.5% which is an improved position. Year to date position for Forensics is now below the Trust position overall. Recruitment & Retention remains a priority and projections for the number of new starters looks positive.
• Care Quality Commission – Service continues to wait for the final report but work is already progressing well on verbal and written feedback provided so far.

Advise

• Regular meetings continue to assimilate Forensic Child and Adolescent Mental Health Services (FCAMHS) into the West Yorkshire Provider Collaborative.
• Mandatory training overall compliance:
Newton Lodge – 92.8%↑
Bretton – 90.6%↓(impacted by high sickness figures)
Newhaven –90.8↑
The above figures represent the overall position for each service.
• 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.
• Appraisal (72.7%) & Supervision remain a priority.
• The well-being of staff also remains a priority within the service. The wellbeing group have reviewed the NHS survey results and developed an action plan identifying 3 key areas to focus on. There is a strong level of engagement within the Care Group.

Assure

• High levels of data quality across the care group (100%).
• 100% compliance for HCR20 being completed within 3 months of admission.
• Friends and Family Test 80%
• Care programme approach 100%
• All equality impact assessments across Forensic Services have been completed for 23/24.
• Positive feedback received from the commissioning hub relating to our quarterly submissions and presentations at contract meetings.

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£0.7m	£0m	A deficit of £0.2m has been reported in July 2023; reducing the year to date surplus to £0.7m. This is £0.6m behind plan. Pressues need to be mitigated in order to secure the planned breakeven position.
2	Agency Spend	£3.7m	£10m	In line with national, and ICB, targets Trust agency spend for 2023 / 24 is planned to reduce from £10.0m to £8.7m. Spend in July is £855k which is an reduction from the exceptional level reported in June and is line line with historical run rates. The year to date position is 18% above the plan trajectory.
3	Financial sustainability and efficiencies	£2.7m	£12m	The Trust financial plan includes a sustainability programme totalling £12.0m and is directly linked to the Trust priority of spending money wisely. Individual performance is provided within the report and is on track for the year to date. This target remains challenging especially as due to the increasing profile.
4	Cash	£77.9m	£76.9m	The Trust cash position remains strong at £77.9m; this is higher than plan. This has always been maximised however the current interest rates provide additional financial incentive.
5	Capital	£1.1m	£8.8m	The capital programme is made up of 2 elements. Key performance is monitored against the ICB capital allocation and excludes the impact of IFRS 16 (leases). The detail is shown within the full report. To date expenditure is £1.1m with expenditure profiled to increase in the coming months. Delays have been indicated in IM & T schemes although these are still forecast to deliver in full in year.
6	Better Payment Practice Code	97%		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

The Trust works in partnership with health economies predominantly in Barnsley, Calderdale, Kirklees, Wakefield, and the Integrated Care Systems (ICS) of South Yorkshire and West Yorkshire. Progress against delivery of the ICS five year strategies can be found by following the links below:

West Yorkshire Health and Care Partnership -

https://www.westyorkshire.icb.nhs.uk/meetings/finance-investment-and-performance-committee

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

The Trust is trying to establish a feed of data of applicable key performance indicators for each of the integrated care boards.

Finance Report

Month 4 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0	Executive Summary / Key Performance Indicators			
Key Performance Indicator		**Year to Date**	**Forecast 2023 / 24**	**Narrative**
1	**Surplus / (Deficit)**	£0.7m	£0m	A deficit of £0.2m has been reported in July 2023; reducing the year to date surplus to £0.7m. This is £0.6m behind plan. Pressues need to be mitigated in order to secure the planned breakeven position.
2	**Agency Spend**	£3.7m	£10m	In line with national, and ICB, targets Trust agency spend for 2023 / 24 is planned to reduce from £10.0m to £8.7m. Spend in July is £855k which is an reduction from the exceptional level reported in June and is line line with historical run rates. The year to date position is 18% above the plan trajectory.
3	**Financial sustainability and efficiencies**	£2.7m	£12m	The Trust financial plan includes a sustainability programme totalling £12.0m and is directly linked to the Trust priority of spending money wisely. Individual performance is provided within the report and is on track for the year to date. This target remains challenging especially as due to the increasing profile.
4	**Cash**	£77.9m	£76.9m	The Trust cash position remains strong at £77.9m; this is higher than plan. This has always been maximised however the current interest rates provide additional financial incentive.
5	**Capital**	£1.1m	£8.8m	The capital programme is made up of 2 elements. Key performance is monitored against the ICB capital allocation and excludes the impact of IFRS 16 (leases). The detail is shown within the full report. To date expenditure is £1.1m with expenditure profiled to increase in the coming months. Delays have been indicated in IM & T schemes although these are still forecast to deliver in full in year.
6	**Better Payment Practice Code**	97%		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

The table below presents the total consolidated financial position for South West Yorkshire Partnership NHS Foundation Trust. This incorporates it's role as co-ordinating provider for a number of Mental Health Provider Collaboratives but excludes it's linked charities which are consolidated into the Trust's group annual accounts. The impact of the Provider Collaboratives is highlighted separately within this report.

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					32,539	32,395	(144)	130,279	130,535	256	389,496	390,476	980
Other Operating Revenue					721	891	171	3,988	4,206	218	12,245	12,426	182
Total Revenue					**33,259**	**33,286**	**27**	**134,267**	**134,741**	**474**	**401,740**	**402,902**	**1,162**
Pay Costs	4,840	4,812	(27)	0.6%	(20,090)	(20,003)	87	(80,304)	(80,120)	184	(243,310)	(242,164)	1,146
Non Pay Costs					(12,604)	(13,197)	(593)	(50,842)	(52,413)	(1,570)	(153,403)	(156,287)	(2,884)
Gain / (loss) on disposal					0	5	5	0	5	5	0	5	5
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**4,840**	**4,812**	**(27)**	**0.6%**	**(32,694)**	**(33,195)**	**(501)**	**(131,146)**	**(132,527)**	**(1,381)**	**(396,714)**	**(398,446)**	**(1,732)**
EBITDA	**4,840**	**4,812**	**(27)**	**0.6%**	**565**	**91**	**(474)**	**3,120**	**2,213**	**(907)**	**5,027**	**4,457**	**(570)**
Depreciation					(503)	(508)	(5)	(2,056)	(2,058)	(3)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(716)	(716)	0	(2,148)	(2,148)	0
Interest Received					250	356	106	1,014	1,282	268	3,070	3,682	612
Surplus / (Deficit) - ICB performance measure	**4,840**	**4,812**	**(27)**	**0.6%**	**133**	**(240)**	**(373)**	**1,363**	**722**	**(641)**	**(0)**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(77)	(77)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,840**	**4,812**	**(27)**	**0.6%**	**133**	**(260)**	**(392)**	**1,363**	**644**	**(718)**	**(0)**	**(232)**	**(232)**

Trust Monthly I & E Profile

One off Low Value Activity

Trust Cumulative I & E Profile
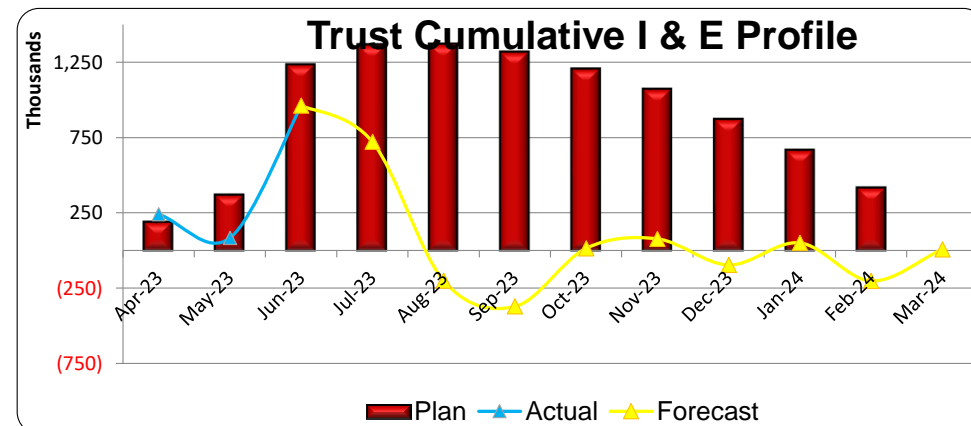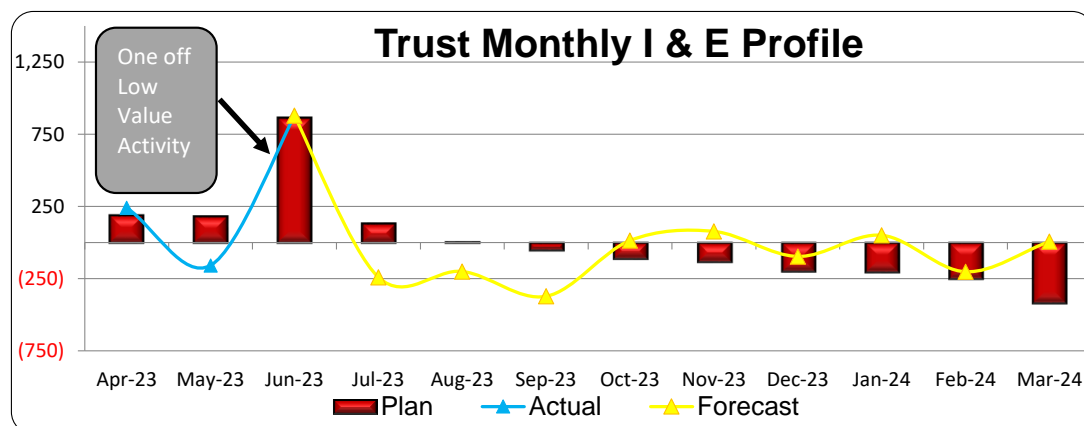
The position of South West Yorkshire Partnership NHS Foundation Trust, excluding the financial impact of Provider Collaboratives, is shown below. The movement between the total financial position and the total excluding the collaboratives is reconciled below for ease.

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					23,988	23,783	(205)	96,796	96,335	(460)	289,065	288,149	(916)
Other Operating Revenue					721	891	171	3,988	4,206	218	12,245	12,426	182
Total Revenue					**24,709**	**24,675**	**(34)**	**100,784**	**100,541**	**(242)**	**301,310**	**300,575**	**(735)**
Pay Costs	4,817	4,778	(39)	0.8%	(19,892)	(19,819)	74	(79,689)	(79,328)	361	(241,527)	(239,738)	1,789
Non Pay Costs					(4,259)	(4,621)	(363)	(17,800)	(18,769)	(969)	(54,231)	(55,474)	(1,243)
Gain / (loss) on disposal					0	5	5	0	5	5	0	5	5
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**4,817**	**4,778**	**(39)**	**0.8%**	**(24,151)**	**(24,435)**	**(284)**	**(97,489)**	**(98,092)**	**(603)**	**(295,758)**	**(295,207)**	**551**
EBITDA	**4,817**	**4,778**	**(39)**	**0.8%**	**558**	**240**	**(318)**	**3,295**	**2,450**	**(845)**	**5,551**	**5,368**	**(183)**
Depreciation					(503)	(508)	(5)	(2,056)	(2,058)	(3)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(716)	(716)	0	(2,148)	(2,148)	0
Interest Received					250	356	106	1,014	1,282	268	3,070	3,682	612
Surplus / (Deficit) - ICB performance measure	**4,817**	**4,778**	**(39)**	**0.8%**	**126**	**(91)**	**(217)**	**1,537**	**958**	**(580)**	**525**	**911**	**387**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(77)	(77)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,817**	**4,778**	**(39)**	**0.8%**	**126**	**(110)**	**(236)**	**1,537**	**880**	**(657)**	**525**	**680**	**155**

To help with clarity on the position of the provider collaboratives a summary between the two tables is shown below. The individual analysis within the remainder of this report highlights the Trust only values. The collaborative financial performance is reported separately.

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Total Trust Position	4,840	4,812	(27)	0.6%	133	(240)	(373)	1,363	722	(641)	(0)	0	0
Provider Collaboratives	22	34	12	54.1%	7	(149)	(156)	(175)	(236)	(61)	(525)	(911)	(387)
Total excluding Collaboratives (as shown above)	**4,817**	**4,778**	**(39)**	**0**	**126**	**(91)**	**(217)**	**1,537**	**958**	**(580)**	**525**	**911**	**387**

July 2023, excluding the financial impact of the provider collaboratives, is a surplus of £1.0m. This is £580k worse than plan.

The Trust revised financial plan, submitted May 2023, is a breakeven position. This is profiled with a surplus in the first months of the year which reduces in line with Trust workforce, recruitment and retention assumptions. Cost reductions are profiled later in the year which help to reduce the impact of cost increases. The plan included an assumed pay award at 2% and related uplifts to commissioner tariff. The revised pay offer, and gap compared to commissioner income uplifts, presents a significant financial pressure to this plan position.

In line with national guidance this position does not include any impact of the potential medical pay award. Any changes to income and expenditure will be reported in due course.

NHS England - monthly submission

The financial performance reported here is consistent with the monthly return made to NHS England and also to that reported into the West Yorkshire Integrated Care Board (ICB). The corresponding declaration is made within the return itself.

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. The most significant variances relate to activity recharges and are offset by underspends in pay / non-pay.

Pay

Pay expenditure has reduced in month in both substantive and agency categories when compared to previous months although the reported worked WTE has increased back to the same level as May 2023. Workforce intelligence continues to be reported seperately and triangulated with that reported here.

Agency spend has reduced in month with June, as the previous month, being exceptionally high rather than a sustained run rate.

Recruitment and retention workstreams continue, including continued overseas recruitment for nursing and other professions.

Non Pay

The non pay analysis highlights that most categories are overspent against plan. The largest is the purchase of healthcare category with operational pressures presenting as out of area placements and other costs. Work continues to assess how much of this is due to inflationary pressures, increased usage or other reasons.

The Trust Income and Expenditure position separately identifies clinical revenue and other revenue received as part of these significant contracts as a result of the post covid-19 financial architecture. These contracts are historically those to provide healthcare services as the purpose of this Trust. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income. This is reported as other operating income.

This excludes the income received for the commissioning role as co-ordinating provider for mental health collaboratives. This is reported separately.

The vast majority of income continues to be received from local commissioners (formerly CCGs, now Integrated Care Boards (ICBs)) and NHS England.

Income source	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k	Total 22/23 £k
NHS Commissioners	19,533	19,642	21,396	19,968	19,797	19,820	20,032	20,053	20,036	20,037	20,035	20,029	240,376	220,257
ICS / System / Covid	0	0	0	0	0	0	0	0	0	0	0	0	0	6,243
Specialist Commissioner	2,752	2,753	2,881	2,804	2,794	2,784	2,784	2,784	2,784	2,784	2,784	2,785	33,475	26,001
Pay Award	0	0	0	0	0	0	0	0	0	0	0	0	0	9,058
Local Authority	490	516	510	318	473	473	544	525	525	539	539	539	5,991	5,311
Partnerships	514	584	546	591	570	568	554	554	554	554	554	554	6,698	5,052
Other Contract Income	197	96	144	102	135	135	135	135	133	133	133	133	1,608	2,256
Total	23,486	23,590	25,476	23,783	23,769	23,780	24,049	24,051	24,032	24,048	24,046	24,039	288,149	274,177
2022 / 23	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	24,657	23,559	26,796	274,176	

Trust Income Profile

Low Value Activity income

Plan — Actual — Forecast
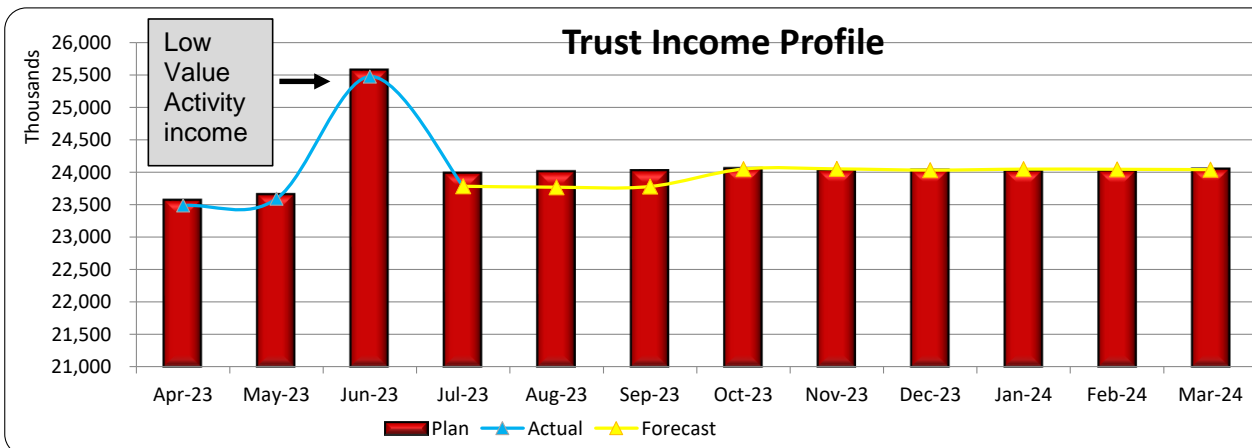
Whilst the majority of contracts are block in nature there are a number which have variable elements. It is these contracts which means that a variance to plan is reported in July 2023.

* Sheffield Stop Smoking - the contract includes both fixed and activity related payments. Based upon current activity information this is reported as less than planned.

* Partnership contract - Youth Offenders - income is based on costs incurred and reduction in income is offset by lower expenditure costs than planned.

Additional financial risks such as CQUIN will be incorporated as and when they are known.

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 c.80% 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.

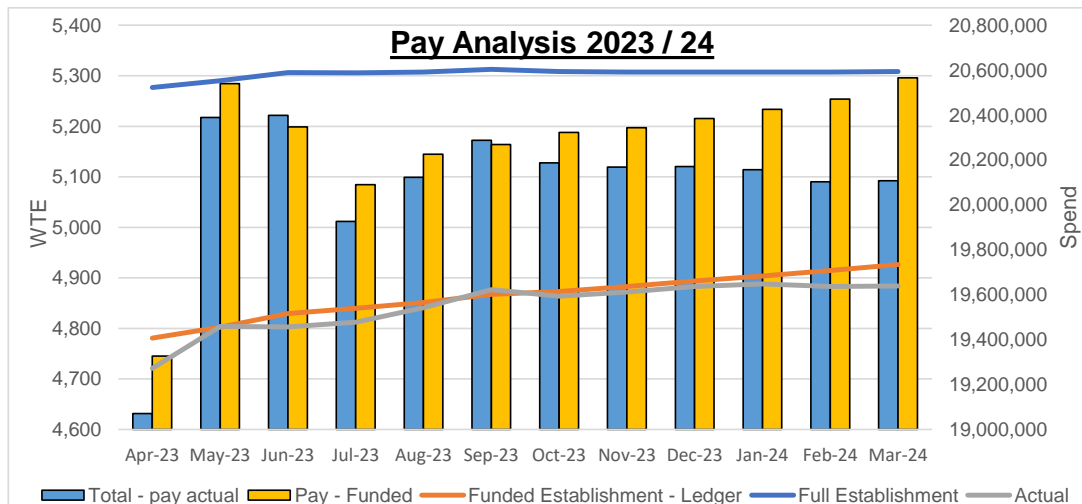| Staff type	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
Substantive	17,149	18,033	17,939	17,603	17,836	18,018	17,965	17,973	18,006	18,001	17,986	17,994	**214,503**
Bank & Locum	849	1,355	1,337	1,360	1,290	1,309	1,305	1,293	1,294	1,294	1,295	1,300	**15,281**
Agency	939	908	1,002	855	881	845	801	793	761	752	713	704	**9,955**
Total	**18,936**	**20,296**	**20,277**	**19,819**	**20,007**	**20,172**	**20,071**	**20,059**	**20,061**	**20,047**	**19,994**	**19,998**	**239,738**
22/23	17,397	18,201	17,728	18,510	17,937	20,464	18,972	18,425	17,828	16,905	19,719	18,889	**220,976**

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Bank as % (in month)	4.5%	6.7%	6.6%	6.9%	6.4%	6.5%	6.5%	6.4%	6.5%	6.5%	6.5%	6.5%	6.4%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	4.4%	4.2%	4.0%	4.0%	3.8%	3.8%	3.6%	3.5%	4.2%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,343	4,329	4,312	4,329	4,371	4,406	4,398	4,411	4,424	4,431	4,431	4,432	**4,385**
Bank & Locum	222	314	326	321	310	317	316	313	312	313	312	314	**308**
Agency	157	161	164	163	159	154	150	148	147	144	139	138	**152**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,841**	**4,877**	**4,864**	**4,872**	**4,883**	**4,888**	**4,883**	**4,884**	**4,844**
22/23	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 Analysis 2023 / 24

Legend: Total - pay actual, Pay - Funded, Funded Establishment - Ledger, Full Establishment, Actual

Detailed information on the workforce profile of the Trust is reported seperately. In July the expendiuture run rate has reduced although the worked WTE has increased. This implies that lower bands of staff have been utilised in month but this will be checked and validated.

Subtantive worked WTE has increased again in month, to the same level as May 2023, whilst bank and agency have only slightly reduced.

The Trust workforce plan included a profile of increasing WTE worked, shown by the orange line, over the course of the year. In July this is 27 less than plan (same as June) and the forecast is that this will remain less than plan for the remainder of the year although will continue to see a general

Agency spend is £855k in July. Spend in 2022 / 23 was £10.0m with an average run rate of £834k.

Agency costs have a continued focus for the NHS nationally and for the Trust. As such separate headline analysis of agency trends, pressure areas and actions are presented below.

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 for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23.

The Trust agency scrutiny and management group continues to provide oversight ensuring that Trust processes are followed and agency spend is appropriate and minimised. The Trust will continue to assess need based upon safety, quality and financial implications.

July 2023 spend is £855k which, although a reduction from June, remains higher than the monthly target. The current modelled trajectory has some reductions, as shown by the yellow line, but this is above target for each month and consequently over in total.

As shown by the pie chart nursing staff (registered and unregistered) is the largest single category. This remains focussed in inpatient (both adult acute and older peoples) and Forensic services.

Agency Spend by staff group

- Medical — 693
- Nursing — 917
- Other Clinical — 168
- A & C — 58
- Other — 10

Agency Spend - Monthly profile

Legend: Spend, Forecast, Target, Linear (Spend)
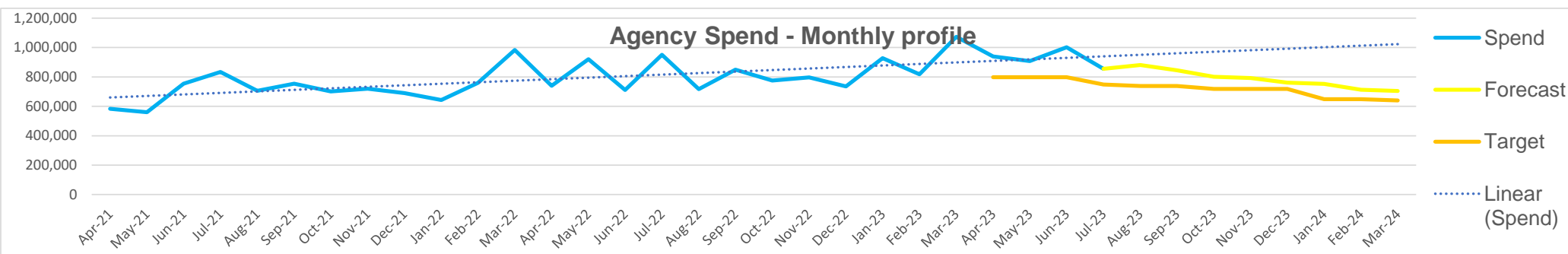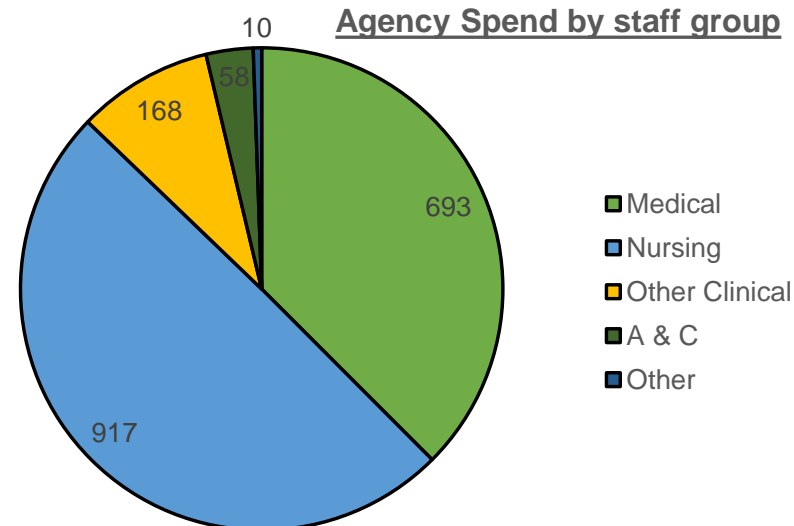
Whilst pay expenditure is the majority of Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the care groups and corporate services, and excludes capital charges (depreciation and PDC) which are shown separately in the Trust Income and Expenditure position. This also excludes expenditure relating to the provider collaboratives.

Non pay spend	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
2023/24	5,035	4,097	5,016	4,621	4,491	4,537	4,556	4,562	4,683	4,524	4,816	4,535	55,474
2022/23	4,213	4,350	4,271	4,080	4,917	4,694	4,130	4,767	4,010	7,142	4,797	6,931	58,303

| Non Pay Category (per accounts)	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	1,367	1,266	(101)
Establishment	2,896	3,191	296
Lease & Property Rental	2,905	2,839	(66)
Premises (inc. rates)	1,791	1,919	128
Utilities	716	776	60
Purchase of Healthcare	2,979	3,310	332
Travel & vehicles	1,644	1,686	42
Supplies & Services	2,269	2,300	30
Training & Education	539	580	41
Clinical Negligence & Insurance	353	357	3
Other non pay	329	564	235
Total	17,788	18,788	1,000
Total Excl OOA and Drugs	13,443	14,212	769
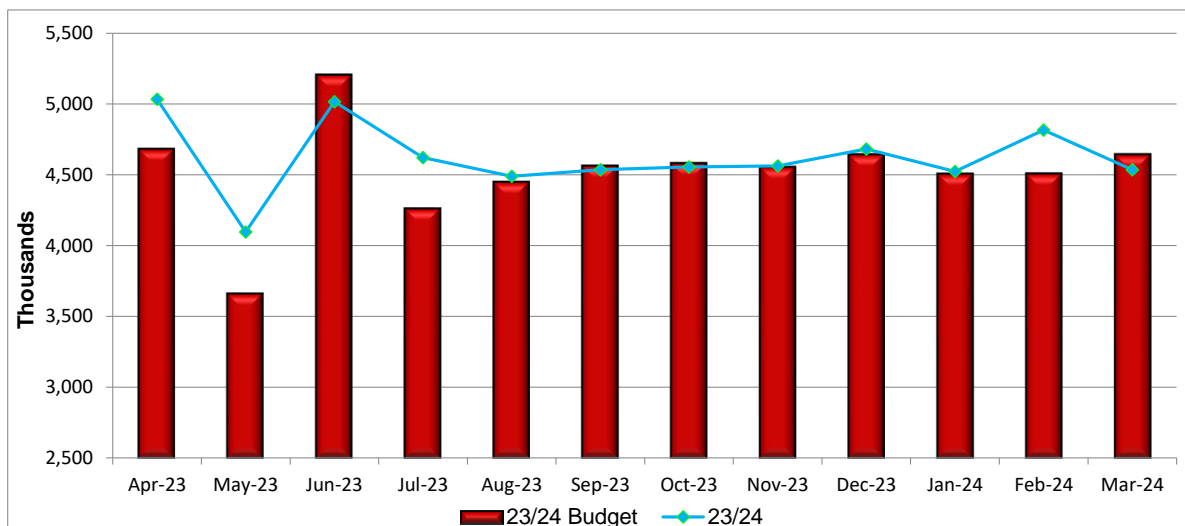
Key Messages

Non pay expenditure budgets were reset for 2023 / 24 based on historical trends and estimates of inflationary price increases. Budget adjustments, and alignments, continue as normal.

Overall the purchase of healthcare, which is traditionally an area of financial pressure and continues to be reported separately, is overspent against plan. This variance is the same as June with acute / PICU underspends and a reduction in a charge from an NHS provider offsetting other pressures.

The majority of non pay expenditure categories are now showing as overspent for the year to date. Actions are being developed to be clear on the reasons for this (volume increases, inflationary pressures, decisions made) and responses will be con-ordinated through the re-established non pay review group. Establishment and other non pay are the largest increases in overspend in month.

Other non pay includes all other items not categorised into the above headings. Due to the nature of Trust expenditure this can be wide ranging. Where possible costs will be allocated into the main headings above which are in line with Trust Annual Accounts categorisation.

Produced by Performance and Business Intelligence

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. In this analysis this is Trust costs only and therefore excludes provider collaboratives.

The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

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

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	512	797	285
PICU	1,311	917	(395)
Locked Rehab	761	879	118
Services - NHS	109	129	20
IAPT	59	193	134
Yorkshire Smokefree	27	11	(16)
Other	199	385	185
Total	**2,979**	**3,310**	**332**

Acute Out of Area placements (Bed days) Trust only

PICU Out of Area placements (Bed days) Trust only

Out of Area Placement costs - trend
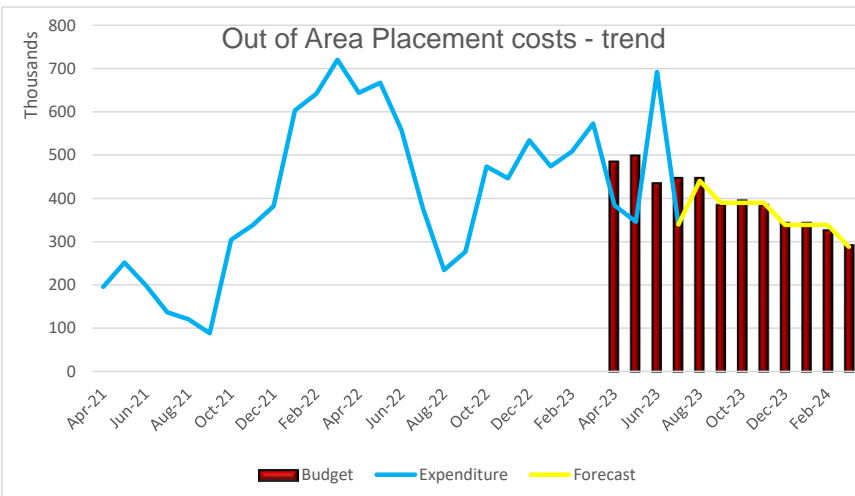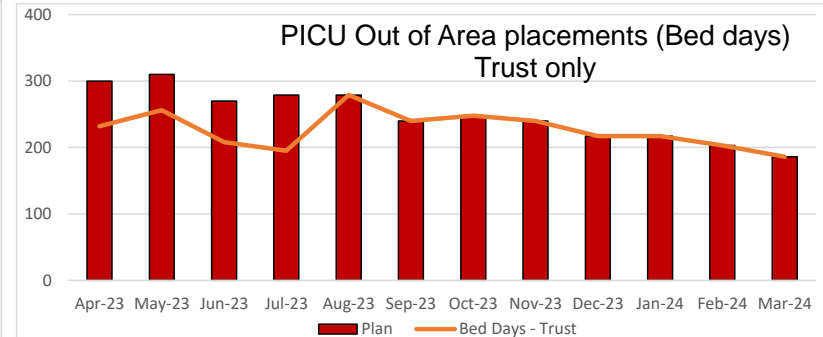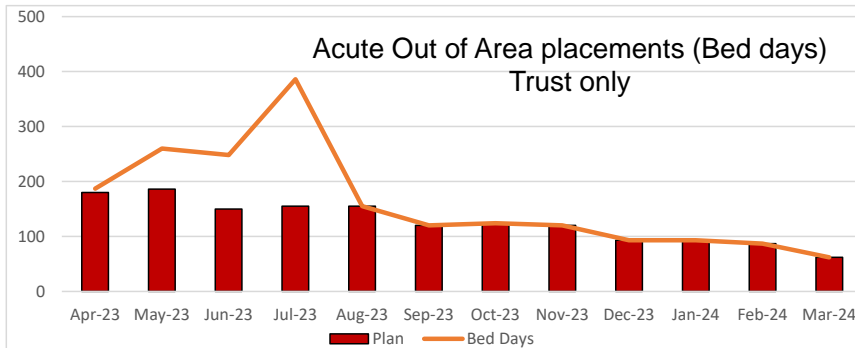
Out of area bed placements continues to be a Trust priority programme to address the operational and financial pressures that this causes.

Overall expenditure on out of area placements is £100k lower than plan for the year to date. Acute placements are higher than plan but this is offset by lower than plan PICU usage (which are tradiitonally more expensive) and less specialist nursing than planned. This is due to PICU placements being lower than plan.

The forecast assumes that activity will be in line with plan from August and this presents a risk within the overall Trust forecast position. This has been factored in to Trust financial scenario modelling.

The spike in June, linked to seeking clarity on financial responsibility for a number of placements, has been clarified and reflected in the July reduction. A number of costs will be paid directly by the commissioners in line with agreements.

The Trust financial plan includes a requirement to demonstrate financial sustainability and efficiency in order to achieve the financial target. This is both the current financial year and as part of the longer term financial plan where continual savings are required to safeguard long term financial sustainability. For 2023 / 24 a target of £11.96m has been identified and included within the plan.

This links closely with the Trust priority to improve the use of resources with a continual strive to ensure that services provide value for money and the best possible use of resources.

Workstream Categorisation	Breakdown	Year to Date			Forecast			
		Target	Achieved Recurrent	Achieved Non Recurrent	Target	Green	Amber	Red
Out of Area Placements	Pg. 10	648	747		3,197	436	2,861	
Agency & Workforce	Pg.	735	270	461	4,380	785	1,482	
Medicines optimisation		133	91		400	131		
Non Pay Review		250	0		1,048		550	2,442
Income contributions		168	67		500	227		
Interest Receivable	Pg. 4	467	735		1,400	2,012		
Provider Collaborative	Pg.	346	346		1,044	1,044		
Total		**2,747**	**2,256**	**461**	**11,969**	**4,636**	**4,893**	**2,442**
Recurrent		2,545	2,256		10,943	4,636	4,893	
Non Recurrent		202		461	1,026			2,442

Pie chart: Green, Amber, Red

Trust Financial sustainability and efficiencies — Plan, Actual, Forecast
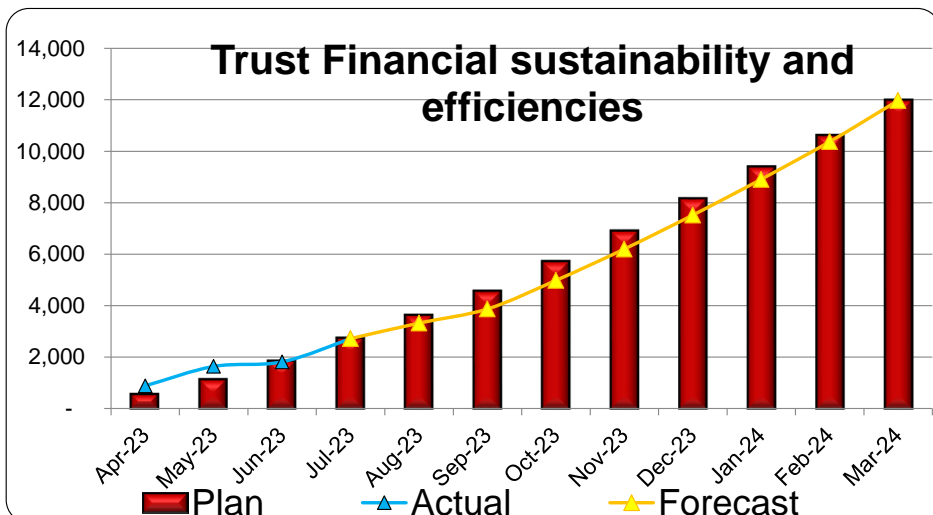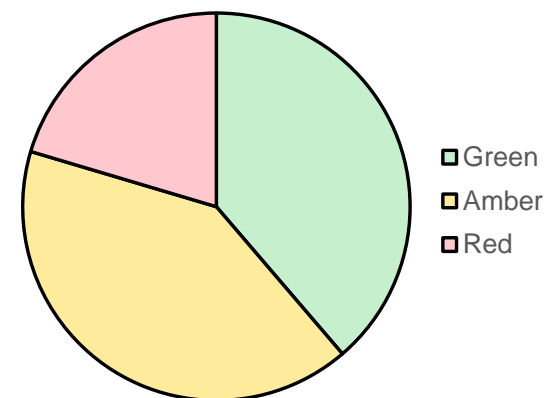
Value for money performance for the year to date is £29k behind plan and further work, as highlighted by the pie chart showing the RAG rating of schemes, is required to ensure that the programme delivers in full and supports the delivery of the overall financial target.

Elements of this delivery, specifically those linked to workforce strategies, have been identified non recurrently and longer term recurrent mitigations will need to be secured.

Although workstreams are in place risks remain relating to reducing out of area placements, reduction of premium workforce payments and identification of new non pay cost reductions.

Balance Sheet / Statement of Financial Position (SOFP)	2022 / 2023 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	165,175	169,061	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	1,166	
Non NHS Trade Receivables (Debtors)	2,853	1,178	
Prepayments	3,482	5,316	
Accrued Income	9,372	3,638	2
Cash and Cash Equivalents	74,585	77,926	Pg 15
Total Current Assets	**92,097**	**89,456**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(9,506)	3
Capital Payables (Creditors)	(739)	(391)	
Tax, NI, Pension Payables, PDC	(7,696)	(7,933)	4
Accruals	(32,952)	(27,272)	4
Deferred Income	(4,172)	(2,263)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(57,346)	1
Total Current Liabilities	**(104,062)**	**(104,711)**	
Net Current Assets/Liabilities	**(11,965)**	**(15,255)**	
Total Assets less Current Liabilities	**153,210**	**153,806**	
Provisions for Liabilities	(4,319)	(4,238)	
Total Net Assets/(Liabilities)	**148,891**	**149,567**	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,657	
Revaluation Reserve	14,026	14,026	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	84,632	
Total Taxpayers' Equity	**148,891**	**149,536**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2023.

1. Increase in lease / rental costs with effect from 1st April 2023 were higher than expected (and significant increases had already been included in the plan). This results in increases in both assets and liabilities.

2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances.

3. Trade payables remain high, £3.9m relates to purchase orders receipted but not invoiced, this is to be reviewed for any old orders that need closing.

4. Accruals remain at a high level, of this £7m is expected from other NHS bodies, the expectation is that these will be invoiced and reduce in August.

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						
Site Infrastructure	1,475	0	0	0	1,475	0
Seclusion rooms	750	0	9	9	750	0
Maintenance (Minor) Capital						
Clinical Improvement	285	65	0	(65)	713	428
Safety inc. ligature & IPC	990	205	317	112	1,455	465
Compliance	430	350	0	(350)	200	(230)
Backlog maintenance	510	0	0	0	95	(415)
Sustainability	300	0	5	5	225	(75)
Plant & Equipment	40	0	0	0	53	13
Other	1,223	46	768	722	1,037	(186)
IM & T						
Digital Infrastructure	1,100	350	0	(350)	1,200	100
Digital Care Records	180	30	0	(30)	70	(110)
Digitally Enabled Workforce	815	235	0	(235)	815	1
Digitally Enabling Service Users & Carers	400	0	0	0	400	0
IM&T Other	270	0	0	0	280	10
TOTALS	**8,768**	**1,281**	**1,099**	**(182)**	**8,768**	**0**
Lease Impact (IFRS 16)	5,203	5,203	7,358	2,155	7,358	2,155
New lease	303	283	300	17	300	(3)
TOTALS	**14,274**	**6,767**	**8,757**	**1,990**	**16,425**	**2,152**
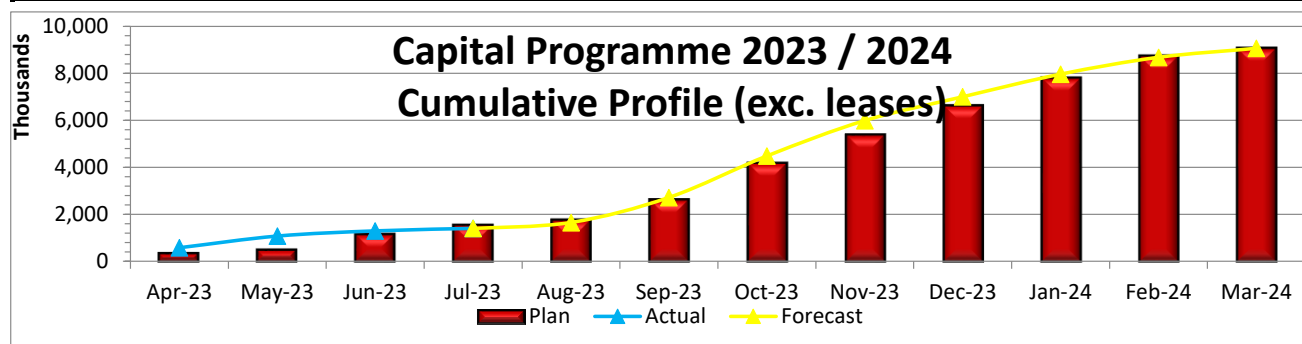
Capital Expenditure 2023 / 24

The Trust has continued to work within the West Yorkshire Integrated Care Board capital allocation in establishing it's capital programme for 2023 / 24. This totals £8,768k.

Changes, implemented under IFRS 16 (leases), mean that these costs are now included within the NHS England Capital Departmental Expenditure Limits (CDEL) but is separate from the ICB capital allocation so is presented below the line here.

Minor Capital spend to date is ahead of plan. This relates to significant progress made on the door replacement programme and continued costs on 2022 / 23 schemes.

Major scheme spend is profiled to commence later in the year.

IM & T spend is behind plan with the digital infrastructure due to progress to approval now delayed until September. Digitally enabled workforce is progressing with the procurement exercise now complete.

Capital Programme 2023 / 2024 Cumulative Profile (exc. leases)
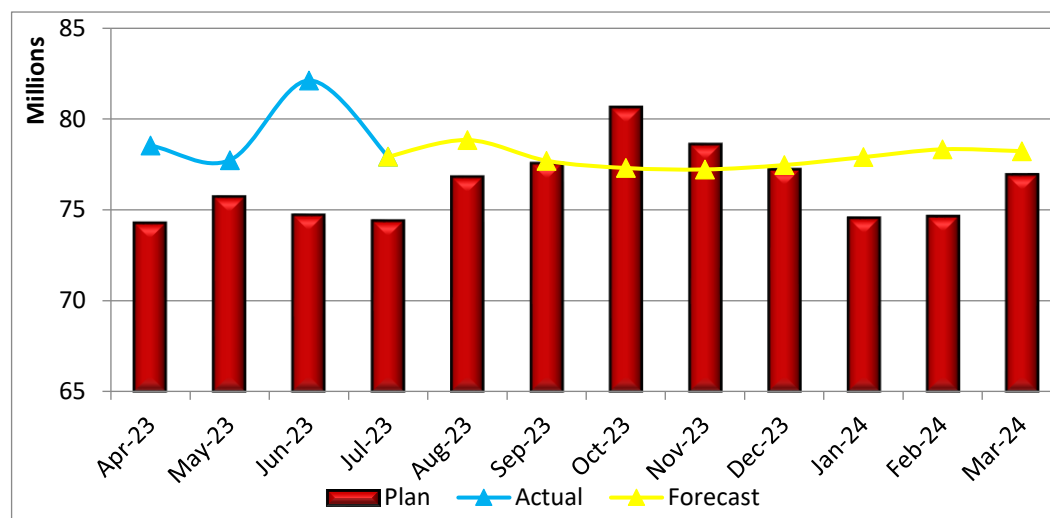
	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	74,403	77,926	3,524

The Trust cash position remains positive.

As previously forecast the cash position has reduced, following the high in June, due to the timing of the NI and Tax implications linked to the pay award funding.

The Trust continues to monitor interest rates to assess the optium time to invest.
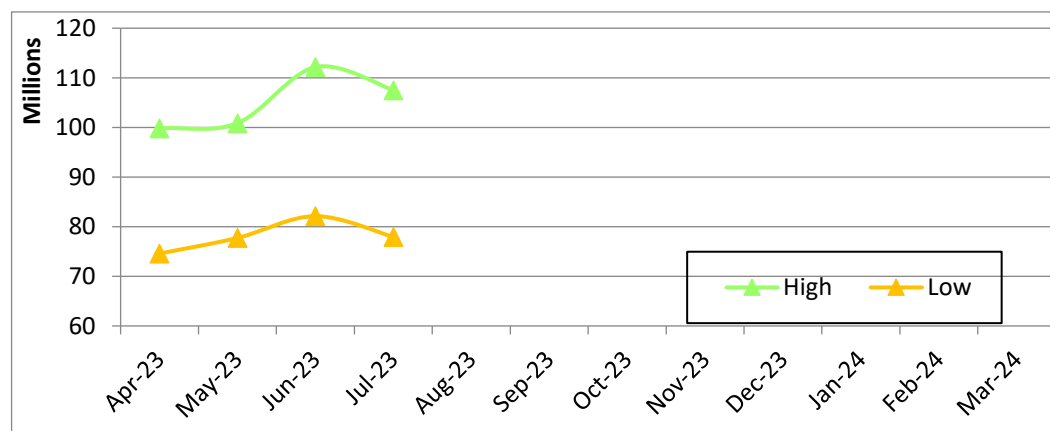
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

   The highest balance is: £107.5m
   The lowest balance is: £77.9m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**74,585**	**74,585**	**0**	
Surplus / Deficit (Exc. non-cash items & revaluation)	6,110	5,148	(962)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(514)	5,627	6,141	
Trade Payables (Creditors)	(2,451)	(3,142)	(691)	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	0	0	
Provisions & Liabilities	(134)	(1,990)	(1,856)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(4,207)	(1,099)	3,108	
Cash receipts from asset sales	0	5	5	
Leases	0	(2,490)	(2,490)	
PDC Dividends paid	0	0	0	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,014	1,282	268	
Closing Balances	**74,403**	**77,926**	**3,524**	

Cash Bridge 2023 / 2024
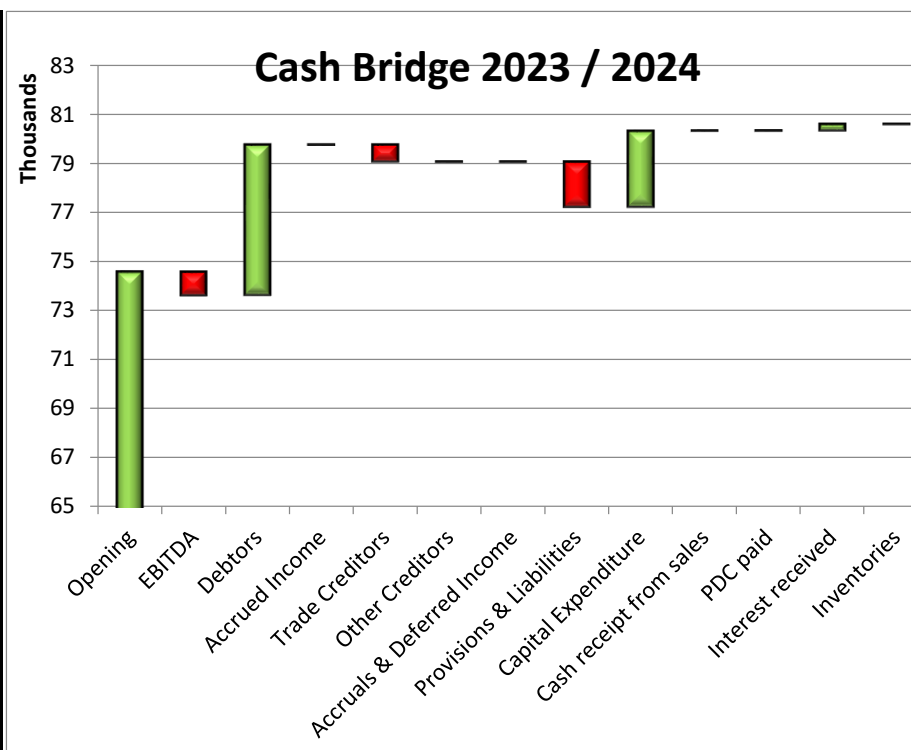
The table above summarises the reasons for the movement in the Trust cash position during 2023 / 2024. This is also presented graphically within the cash bridge.

Cash is £3.5m higher than plan, the main drivers are creditors (where NHS invoices have been delayed at the start of the year) offset by a movement in deferred income linked to the adult secure collaborative.

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 performance by number has been targeted in month to reverse the downward trend, this will continue to be monitored.

NHS	Number %	Value %
In Month	99%	96%
Cumulative Year to Date	98%	94%
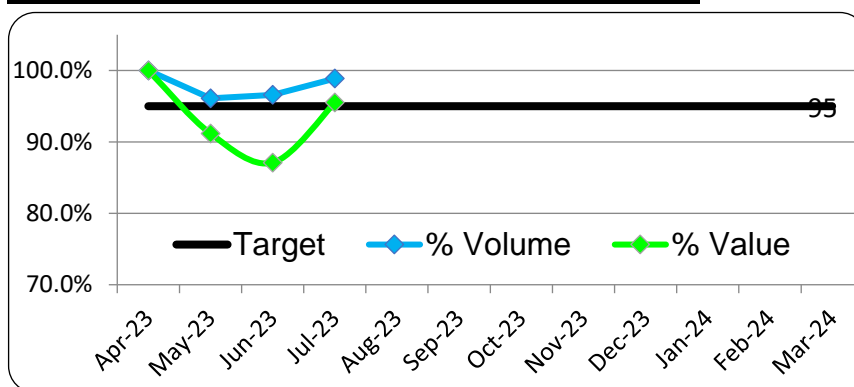
Non NHS	Number %	Value %
In Month	99%	97%
Cumulative Year to Date	97%	97%
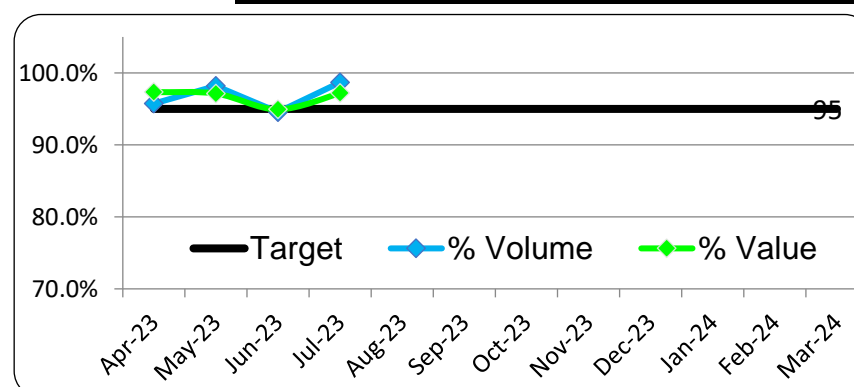
4.1	Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
25-Jul-23	Computer Licence	Trustwide	Trustmarque Solutions Ltd	2367215	1,368,402
27-Jul-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foun	4400000185	921,787
17-Jul-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	999784	849,882
05-Jul-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5050	800,000
17-Jul-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	999785	666,894
27-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS36	544,330
25-Jul-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203499	543,387
03-Jul-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203473	511,436
25-Jul-23	Insurance	Trustwide	Zurich Insurance Plc	HTS03NB150023002023	495,720
03-Jul-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008108	337,679
03-Jul-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 274	245,869
27-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS13	185,000
29-Jul-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5084	165,147
25-Jul-23	Computer Licence	Trustwide	Trustmarque Solutions Ltd	2367289	152,454
03-Jul-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008099	113,245
28-Jul-23	IT Services	Trustwide	Daisy Corporate Services	3I512549	103,072
12-Jul-23	IT Services	Trustwide	Daisy Corporate Services	3I511612	90,250
31-Jul-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	324358	87,573
21-Jul-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177721	84,821
21-Jul-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177874	84,821
21-Jul-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177949	84,821
21-Jul-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178052	84,821
12-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC014INV	81,813
17-Jul-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	999783	67,959
25-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYSCYGUP020	64,271
21-Jul-23	Drugs	Trustwide	Lp Hcs Ltd	HCSLS035	59,654
27-Jul-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 11208A	56,000
29-Jul-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402936889	52,225
11-Jul-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72485498	47,313
29-Jul-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402936890	45,550
29-Jul-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402936891	45,550
29-Jul-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402936892	45,550
30-Jul-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402936999	45,550
25-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSECCYGUP020	44,250
24-Jul-23	Utilities	Trustwide	Edf Energy Customers Ltd	000015889618	43,369
03-Jul-23	Purchase of Healthcare	AS Collaborative	Greater Manchester West Mental Health NHS Fou	0000046795	41,942

27-Jul-23	Drugs	Trustwide	NHS Business Services Authority	1000077509	41,654
27-Jul-23	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20230130	35,365
12-Jul-23	Purchase of Healthcare	OOA	St Andrews Healthcare	90124150	34,132
18-Jul-23	Mobile Phones	Trustwide	Vodafone Ltd	104056104	33,009
06-Jul-23	Advocacy Service	Forensic	Cloverleaf Advocacy 2000 Ltd	12392	31,397
21-Jul-23	MFD	Trustwide	Annodata Ltd	1324165	30,591
13-Jul-23	Purchase of Healthcare	Forensic	Spectrum Community Health Cic	SINV5666	30,240
06-Jul-23	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6026930	28,726
03-Jul-23	Purchase of Healthcare	Kirklees	Ieso Digital Health Ltd	UK001331	28,672
17-Jul-23	Purchase of Healthcare	OOA	Cygnet Health Care Ltd	WKE0294990	27,767
24-Jul-23	Utilities	Trustwide	Edf Energy Customers Ltd	000015881931	25,656

* 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 post / new investment were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.

* 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). 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. As such they 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, reduce expenditure or increase income.

* 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. ICB - Integrated Care Board.

* 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.

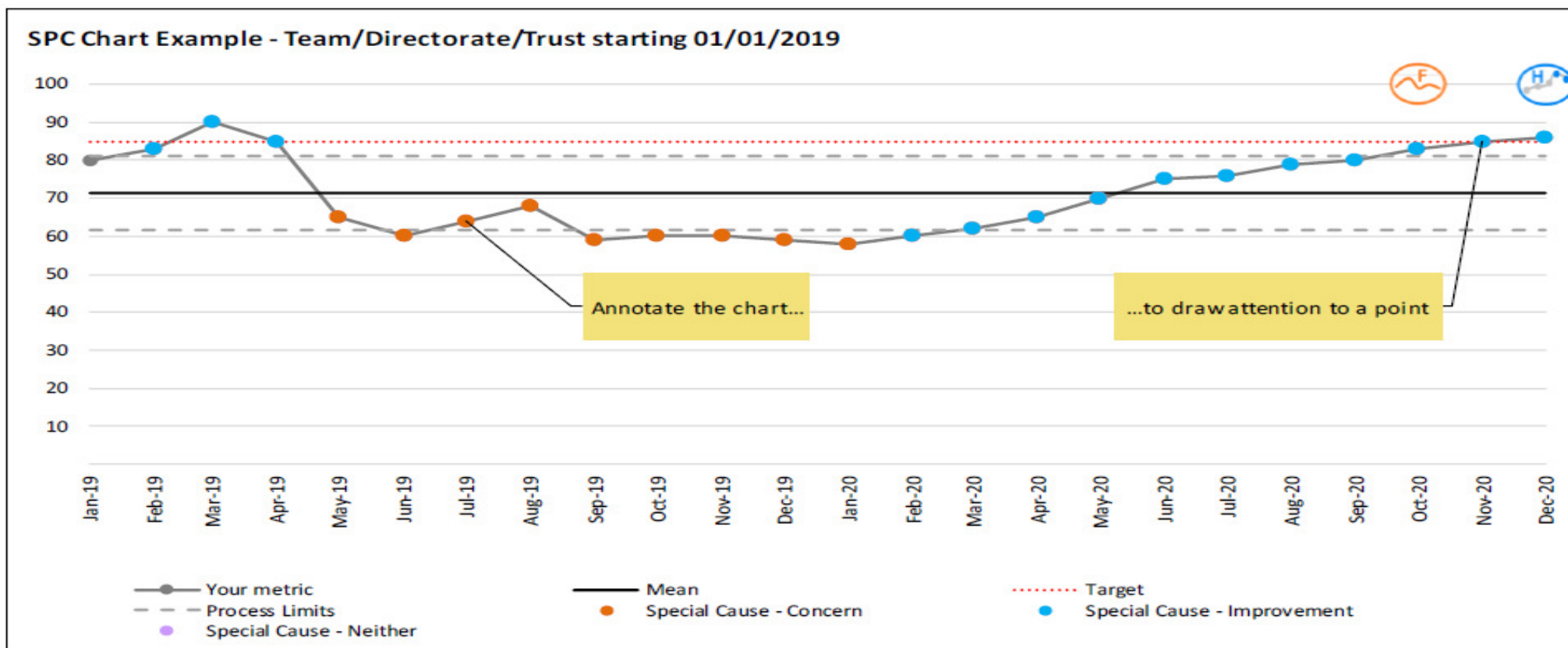# Appendix 2 - Statistical Process Control (SPC) Charts Explained

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 (!) 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

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

Annotate the chart...

...to draw attention to a point

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

Observations

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

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