NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

August 2023

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for August 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 96.7% against a target of 90%. For the Trust derived indicators, as at August 2023, disability 45.5%, sexual orientation 44.8% (both slightly increased from 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 Trusts 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 coves 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. 100% of services have an EIA in place and work is taking place to ensure they are reviewed within the 12-month timescale, currently 73.5% of those had been reviewed within 12 months.

• Referral to assessment within 2 weeks for mental health single point of access continues to be impacted by demand and capacity, mainly in the Barnsley, Calderdale and Kirklees service, the overall Trust position increased to 65.7% from 52.5% reported in July against a target of 75%. Single point of access (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 (SPA) together with some progress in recruitment has contributed to an improved performance this month.

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 397 days used in August, this is an improvement compared to the previous month (582). 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 11 people placed in out of area beds at the end of August. 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 decreased to 64.1% in August from 66.7% reported in July, 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 August data for care planning shows performance of 87.4% and has now sustained performance above the 80% threshold since April 23.

For risk assessments, the August data shows an increase in performance from the previous month within inpatient services (88%) and community services (94.7%) who continue to achieve threshold for the second month running. 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 66.1% (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. Reduction in performance in August (impacting 19 people) is contributed to by increased demand for diagnostic assessment from young people transitioning from children's services and the capacity of specific professionals. Improvement work, including recruitment continues.
• 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 incidents reported in August 2023 resulted in no harm or low harm or were not under the care of the Trust, an overview of key indicators is below:

• The number of restraint incidents sustained a lower level of incidences for the second consecutive month with 146 incidents reported (145 in July). 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.

• 90% of prone restraint incidents were for a duration of three minutes or less, there was one incident out of ten over the 3-minute threshold and this was a complex case and appropriate measures were taken and support was given to both the service users and staff involved in the incident.

• There were 16 information governance personal data breaches during August 23 which is an increase on previous months. No hotspot areas were identified as they were spread across care groups and services. Most incidents related to information being disclosed in error. The marketing and communications team has worked with information governance colleagues to identify real life and recurrent themes, which has been developed into case studies. This provides a real and identifiable example of an issue and highlights the impacts of the breach to the individual. The case studies will be shared throughout Trust internal communication channels from the 1st October.

• The number of inpatient falls in August was 33, which is the same as the number reported in July and the lowest level reported in the previous 12 months. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.

• There was one pressure ulcer due to a lapse in the Trust's care during August. Further details on the case are within the main report. The Chief Nurse is ensuring a thorough review of all cases and the outcome will be reported to the Clinical Governance Clinical Safety Committee as part of the Chief Nurse report.

Our People

• The Trust had robust plans in place to minimise the impact to patients of the junior doctor and consultants strike during August. The Trust has an established oversight group to plan and review impact of strikes and as a result, impact to service provision to date has been minimal and risk to patients has been reduced.

o 20 July - 27 appointments cancelled (incudes 14 individual inpatient reviews - Unity and Ward 19 specifically reported disruption)

o 21 July - 28 appointments cancelled (includes 20 individual inpatient reviews)

o 1 older adult community patient had to be referred to community mental health team as they couldn't wait for an appointment after their clinical appointment was cancelled.

• Proportion of staff in senior leadership roles who are from BME background and females are now included in the IPR. Other protected characteristics will be included as data becomes available. Of the 1064 band 7 and above staff (including consultants, excluding bank staff) 126 (11.8%) are from BME population. Number of women in these roles is 769 (72.3%).

• The Trust had 14 violence and aggression incidents against staff on mental health wards involving race during August - any increases are monitored by the Patient Safety team and Equity guardians are alerted to all race related incidents against staff. A robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.

• Our substantive staff in post position continues to remain stable and has increased slightly in August. The number of people joining the Trust outnumbered leavers in August. Year to date, we have had 281.9 new starters and 251.7 leavers during the first five months of the year. Focus remains on recruitment and retention.

• Overall turnover rate in August was 13.1% and has been almost static for the last three months and improved on the 22/23 position.

• Sickness absence in August was 4.7% and below local threshold, with a rolling 12-month position of 5.3%.

• Rolling appraisal compliance rate for August saw a deterioration, from 76.5% to 74.5%. An improvement trajectory of 78% was set by the Executive management team (EMT) in May, this will be reviewed at the end of September 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 92.5% compliance which exceeds the Trust target of 80%, this has increased marginally from last month 92.1%. Cardiopulmonary resuscitation is the only area in month below the Trust target (79.9%). 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 reducing restrictive practice interventions training saw an increase in August to 82.6% from 76.2% reported at the end of July and is now above the 80% threshold.

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 August, 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 continued 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.
• The Trust currently has higher than usual levels of vacancies in mental health 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.
• 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 and the numbers have reduced during August compared to previous months this year.
• The 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 August, there was an increase in the overall number of cases that were clinically ready for discharge, increasing from 4.8% to 5.7%, this has been identified as a risk and is being managed 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 continues across local systems to ensure that care is provided in the best place for children who are waiting for a bed.

Finance

• A surplus of £449k, being £449k better than plan, was reported in August 2023. The year-to-date position is a surplus of £1,171k which is slightly behind plan.
• The estimated impact of the Medic pay awards (income and expenditure) has been included in month. This is expected to be paid, and income received, in September 2023.
• Agency spend in August was £810k which is a slight decrease on Julys position which was £855k.
• 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 £79.1m; this is higher than plan.
• Out of area placements have continued to reduce in August. Overall this is £255k underspent against plan in month and is now £355k underspent for the year to date. Activity continues to be monitored and forecast trajectories updated.
• 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.

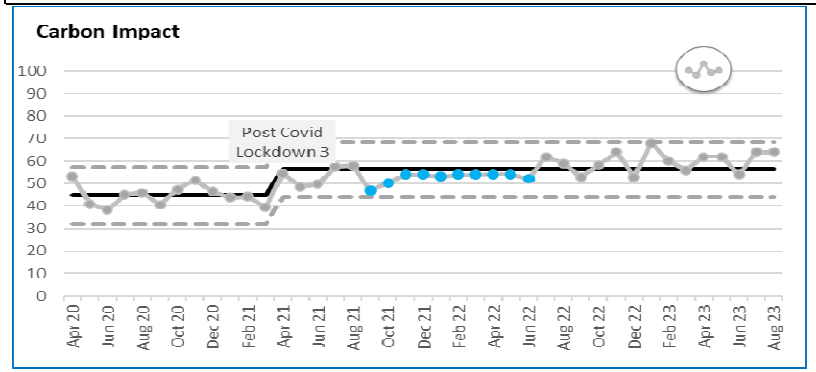
Strategic Objective	Priority Programme	Headlines
Improving health	Address inequalities involvement and equality in each of our places with our partners	A quarterly update will be provided following Equality, Inclusion and Involvement Committee or by exception. Update not due this month.
Improving care	Transform our Older People inpatient services	Key deadlines for the next phase: Business case finalisation including Equality Impact Assessment: shared into governance, September 2023 Governance approvals: • Integrated Care Board – Reach approval to establish joint committee – September, Joint committee to held October 2023 • SWYPFT Governance: Finance Investment and Performance Committee September, Clinical Governance and Safety Committee – October, Trust Board October • NHS England assurance review: 3 October • Joint Oversight and Scrutiny Committee – late October Public consultation planning: ongoing – video filming September, consultation document revision and approval September. Consultation start: late 2023
	Improve our mental health services so they are more responsive, inclusive and timely	1. Inpatient priority programme: A complete working group is being created for therapeutic inpatient care that will include Trauma Informed Care, Reducing Restrictive Practices Improvement and creative practitioners. Work continuing with the other three workstreams including a Menti staff survey to inform retention initiatives and career progression. A training package is ready to support staff in using the inpatient outcomes dashboard and the discharge oversight group are beginning to look at a full review of existing systems and processes. The working groups will identify any risks associated with their plans and the key performance indicators/metrics will be confirmed. 2. Care closer to home (OOA): Workstream leads have now been confirmed and a staff survey based on the quality priorities outlined in the action plan will be sent out to internal teams prior to the individual workstream group meetings. These outcomes will provide the outline plan for a workshop/summit to take place in January 2024. A preliminary data review has been completed with further data capture identified. 3. Improving access to care: • All community learning disabilities services have transitioned onto standardised SystmOne waiting list framework and currently in testing phase. This had been designed in collaboration with services across the localities and SystmOne waiting list project team for measuring, reporting, and managing waiting lists. • Evolve contract expected to end in October. • Transfers of those on waiting list aged 17+ to adult Attention Deficit Hyperactivity Disorder (ADHD) from Kirklees CAMHS neurodevelopmental services commenced. • Core psychology demand and capacity and process mapping commenced – starting in Barnsley. • Work continues to codevelop the service demand review and waiting list report and make improvements to the way that the data is displayed, with statistical measures being incorporated to better understand the extremes and why they are happening. • Work continues to identify an appropriate methodology whereby protected characteristics can be overlayed across a variety of metrics, for the purposes of individualised service level improvement working collaboratively with Barnsley system colleagues and cardiac rehabilitation service. 4. Community mental health transformation: The group will be focused on reconfiguring community mental health service design across all four localities of SWYPFT in line with the NHS England roadmap for transformation with clear and concise pathways of care. The group had its first meeting and has defined the scope and focus of the internal programme of work and maintaining active involvement in each locality, this will begin focused on updating how the place-based models have been configured and in turn mapping how SWYPFT aligns into them.
	Improve safety and quality	Care Planning and Risk Assessment: A quarterly update will be provided following Clinical Governance and Clinical Safety Committee or by exception. Update not due this month. Personalised care (moving on from care programme approach): Work is on track for workstreams: communication and engagement plan, developing and piloting of Patient Rated Outcome Measures (PROM's) tool, defining keyworker functions and roles. Other workstreams have been identified and are on schedule for commencement. Communications have gone out across the Trust as part of the planned stage 1 work.

Improving use of resources	Spend money wisely and increase value	A quarterly update report will be provided following finance investment and performance committee (FIPC) meeting or by exception. Next update scheduled for October 2023.
	Make digital improvements	Digital Dictation: Procurement and contract award of single digital dictation supplier by September 2023. On target. Preferred supplier chosen and contract to be issued following 10-day standstill period. Dedicated project manager in place to oversee implementation by December 2023. On target. Recruitment underway with interviews scheduled for w/c 18th September 2023. Implementation plan in place by December 2023 On target. The implementation will be led by the Integrated Change Team (ICT) and work will commence with the chosen supplier following contract award.
Great place to work	Inclusive recruitment, retention and wellbeing	A quarterly update will be provided following Equality, Inclusion and Involvement Committee or by exception. Update not due this month.
	Living our values	A quarterly update will be provided following Equality, Inclusion and Involvement Committee or by exception. Update not due this month.

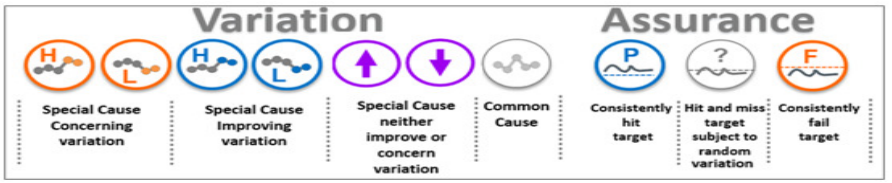
Improving health

Metrics	Threshold	Jun-23	Jul-23	Aug-23	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	*90%*	96.8%	96.8%	96.7%		
Percentage of service users who have had their equality data recorded - disability	To be determined for 23/24	44.3%	45.1%	45.5%		The threshold for 23/24 has been developed and will go to the next equality inclusion and involvement sub committee for approval. Once approved the thresholds will be included in the report to be monitored against.
Percentage of service users who have had their equality data recorded - sexual orientation		44.0%	44.7%	44.8%		
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	Service timely completeion - 75%	67.7% Service	77.3% Service	73.5% Service		All services have an EIA in place. We have previously agreed with Equality including involvement committee that the threshold for this is 75% and have therefore aligned this report to reflect this.
	Policy - 95%	96.1% Policy	97.4% Policy	97.4% Policy		
Completion of equality mandatory training	>=80%	97.0%	95.1%	95.9%		
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	1	0	0		2023/24 to be used as a baseline
Carbon Impact (tonnes CO2e) - business miles	76	54	64	64		Data showing the carbon impact of staff travel / business miles. In August 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			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



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.

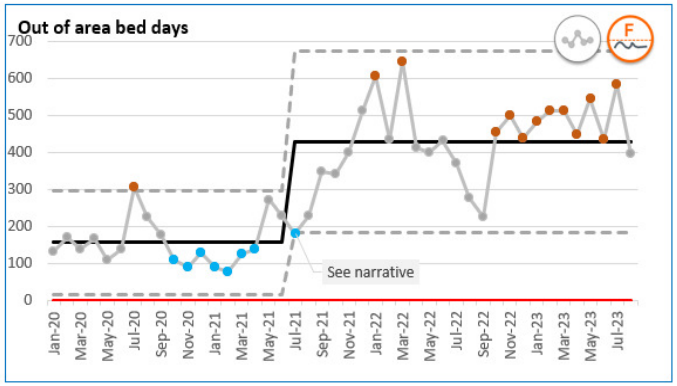


Improve Care

Metrics	Threshold	Jun-23	Jul-23	Aug-23	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	86.7%	87.2%	*88.0%*		August 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		85.7%	92.9%	*94.7%*		
% Service users on CPA offered a copy of their care plan	80%	86.6%	87.5%	87.4%		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					Defintions, thresholds and targets to be agreed as part of the IPR development plan by November 2023.
Staff in neighbourhood teams	Establishment					
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	15	14	14		Any increases will be monitored by the Patient Safety team. Equity guardians are alerted to all race related incidents against staff. A robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	435	582	397		See statistical process chart overleaf for further detail.
% service users clinically ready for discharge	<=3.5%	4.6%	4.8%	5.7%		The risk is being managed through the organisational risk register. 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.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	774	760	747		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 West Yorkshire collaborative.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	493	531	581		Calderdale - The longest wait for those seen in the month was 811 days, the shortest was 561 days. Number on waiting list at end of August - 203. The longest waiter on the waiting list had waited 874 days. Kirklees - The longest wait for those seen in the month was 1071 days, the shortest was 246 days. Number on waiting list at end of August - 1681. The longest waiter on the waiting list had waited 1099 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	82.1% 64/78	81.3% 52/64	66.1% 37/56		Reduction in performance in August (impacting 19 people) is contributed to by increased demand for diagnostic assessment from young people transitioning from children's services and the capacity of specific professionals. Improvement work, including recruitment continues.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	92.6%	87.7%	89.0%		
Community health services two hour urgent response standard	70%	86.2%	88.1%	89.5%		
Referral to assessment within 2 weeks (external referrals)	75%	80.5%	52.5%	65.7%		See statistical process charts overleaf for further detail. Rapid improvement work in (SPA) together with some progress in recruitment has contributed to an improved performance this month.

Improve Care

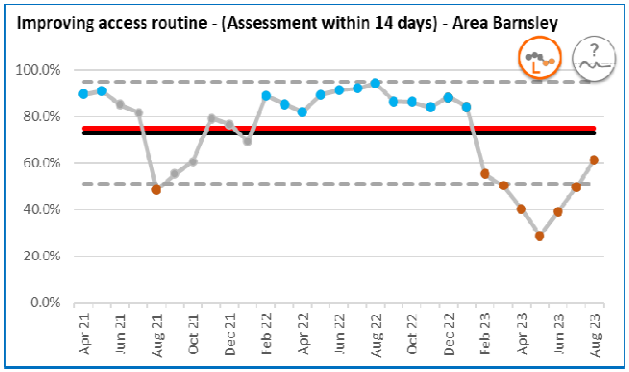
What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)

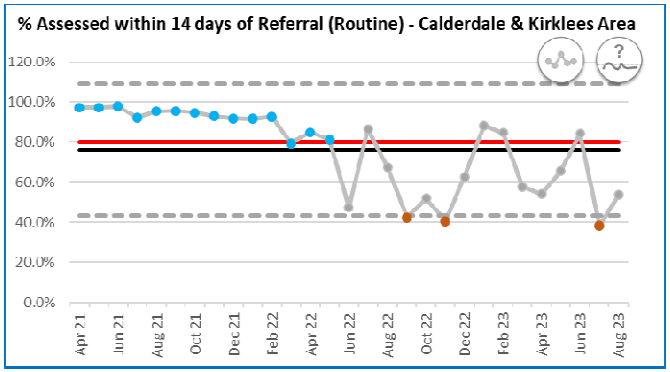


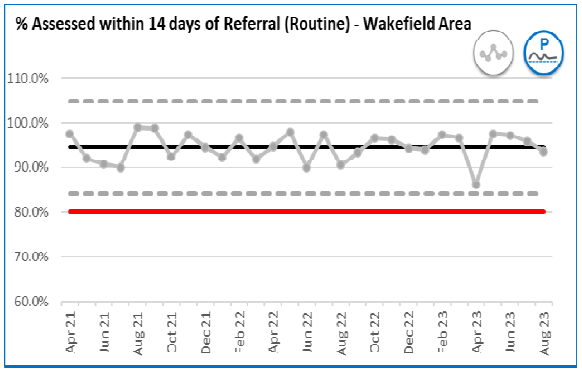
There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way. See the National Metrics section for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

The Trust had 11 people placed in out of area beds at the end of August 2023.

Referral to assessment within 2 weeks (external referrals)







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	Jun-23	Jul-23	Aug-23	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	£19k	(£373k)	£446k		A surplus of £449k, being £449k better than plan, was reported in August 2023. The year to date position is a surplus of £1,171k which is slightly behind plan. The estimated impact of the Medic pay awards (income and expenditure) has been included in month. This is expected to be paid, and income received, in September 2023.
Capital spend against plan (monthly)	£8.8m	(£442k)	(£287k)	£256k		The year to date position is £437k behind plan with spend of £1.1m. Work continues to ensure that the full capital allocation is appropriately utilised in year.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£1,002k	£855k	£808k		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	£177k	£906k	£1,137k		The cumulative savings to date are £3.6m and form part of the overall financial position.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	9	Due October 2023			
Estates Urgent Response Times - Service level agreement (SLA)	95%	98.9%	95.2%	96.9%		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		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%		Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos
% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	100%	93.8%	61.8%	100.0%		Estates senior management have reviewed this metric and from August 23 only jobs screened as category SLA 2 will be included going forward due to some inconsistencies in the categorisation of jobs when initially logged.

Make SWYPFT a great place to work

Metrics	Threshold	Jun-23	Jul-23	Aug-23	Variation/ Assurance	Notes
Turnover external (12 month rolling)	>12% - 13%<	13.1%	13.0%	13.1%		Rolling turnover increased by 0.1% to 13.1%
Registered workforce growth	3% (by March 24)	1.6%				
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.3%		Absence rate in month reduced to 4,7%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	>=78%	78.5%	76.5%	74.5%		For the month of August, the percentage rate decreased by 2% to 74.5% and continues to remain below threshold.
% staff recommending the Trust as a place to work	65%	65.0%		N/A		Quarterly pulse survey
% staff recommending the Trust as a place to receive care and treatment	65%	67.0%		N/A		
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%	81.3%	81.0%	79.9%		Slight decline in mandatory training compliance in August due to seasonal variation. This is noted annually over the summer months. Expected improvement during September.
Mandatory training - Reducing restrictive practice interventions	80%	76.7%	76.2%	82.6%		Performance has improved in August and is now above threshold. 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%	92.8%	92.0%	91.4%		
Mandatory training - Information governance	95%	96.8%	96.9%	95.3%		

Reducing Inequalities

Equality, involvement and addressing inequalities is a national and local priority and one of the Trust golden threads in the delivery of our objectives and annual priorities. This year one of our priority programmes is to improve health by addressing inequalities, involvement, and equality in each of our places with our partners.

We have made the following progress against our Trust wide equality and involvement action plans 2023/2024:

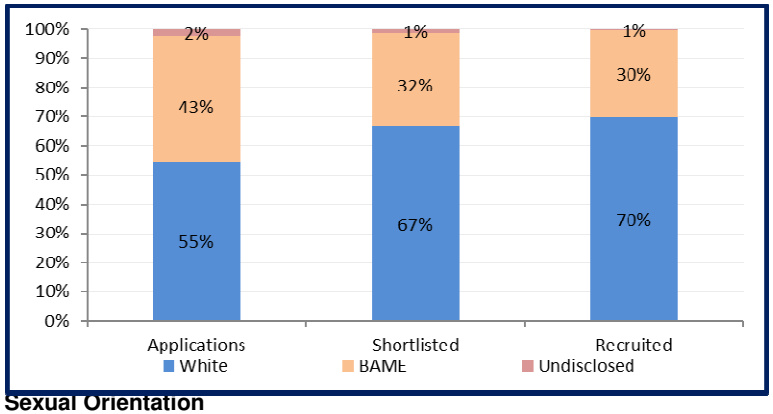
An Equality Impact Assessments (EIAs) digital platform on SharePoint is developed. This supports sharing of information to generate collective EIAs aimed at addressing inequalities in services and priority programmes.

We continue to improve on the collection of our equality data using the 'All of You' campaign.
Trust continues to deliver equality themed lunch box sessions to staff. Themes for this quarter:
Autism
LGBT
Carers
All of you: Race Forward now has a workplan which aligns the programmes of work taking place across the Trust. A dedicated intranet has materials and tools to support staff.
The FLAIR survey identified areas of improvement and work to deliver against the recommendations through identified actions is progressing.
Staff in the Kirklees and Calderdale Talking Therapies Team had training, on how to work effectively with interpreters and translators. This has led to a Trust wide session being booked for October for all staff.
Improving prayer facilities at Fieldhead site has resulted in an Imam being recruited as a Trust wide volunteer so Friday prayers can be hosted in the prayer room at Fieldhead.
The Trust has provided funding for the third year to the voluntary and community sector (VCS). The theme is addressing inequalities and we have several community stories which demonstrate the outcome of this work.
The Trust have launched an asset-based approach to involvement called Connecting People. The approach includes recruitment of staff, volunteers, voluntary and community sector colleagues which consist of 3 x 2-hour training modules. 45 people have been trained to date.
A volunteer has been recruited to work at Urban House to support creative approaches for people who reside there.
A project to address health inequalities in Kirklees is being supported by our Trust charity EyUp. The work involves providing targeted funding to organisations who can demonstrate they can support improvements in our identified 20% most deprived local areas.
An approach to ensure we improve our involvement of young people in the Trust is progressing. The aim of the work is to increase young voice and look at how we can involve young people as members.
We continue to capture our community feedback though our quarterly insight report which captures feedback from Healthwatch, governors and partners.

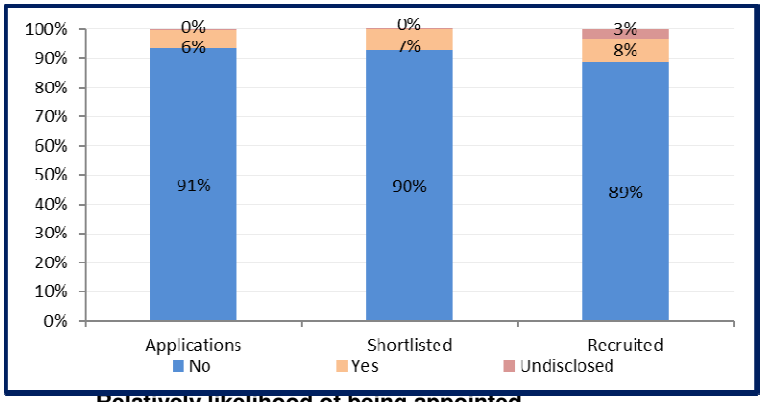
Reducing Inequalities

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

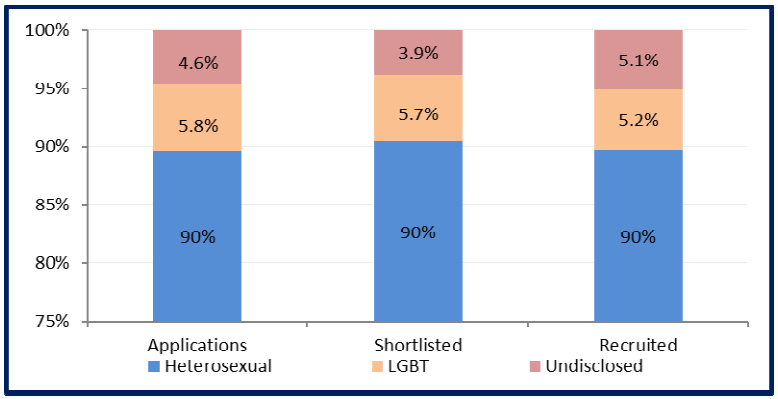
Ethnicity



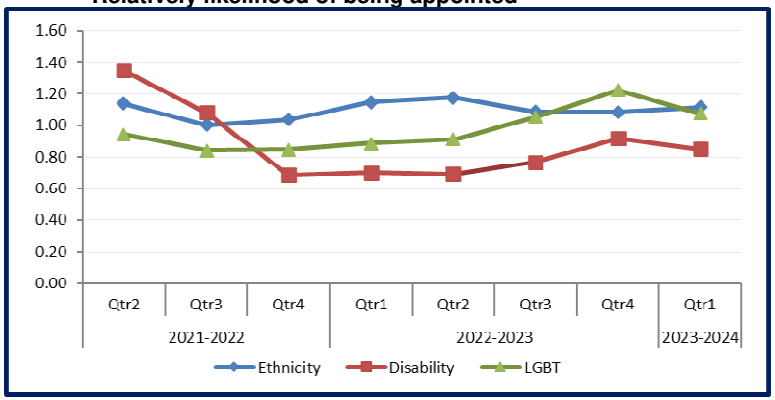
Disability



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.

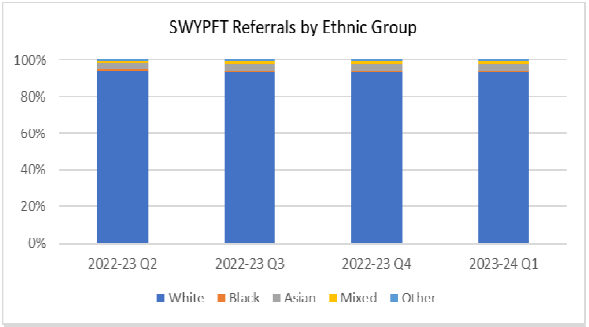
BAME - relative likelihood of being appointed compared to white applicants this quarter = 1.11
Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.85
LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter =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

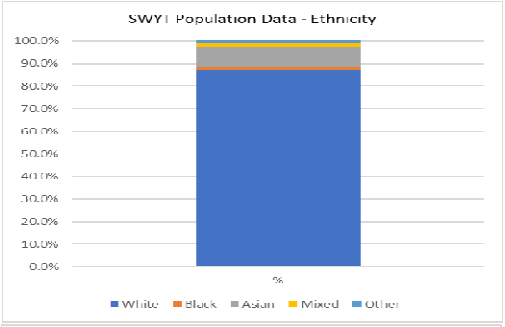
Relative likelihood key
1.00 = target figure, equally as likely to be appointed.
Greater than 1.00 = less likely to be appointed
Lower than 1.00 = more likely to be appointed

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

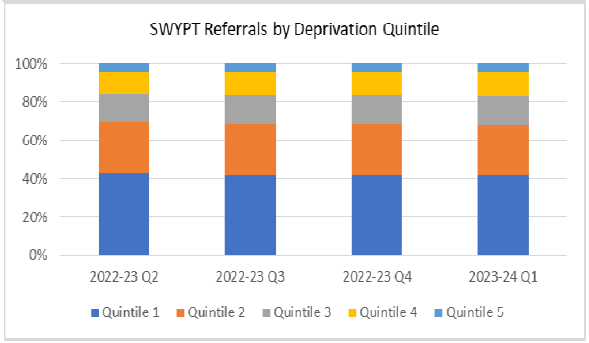
Reducing Inequalities

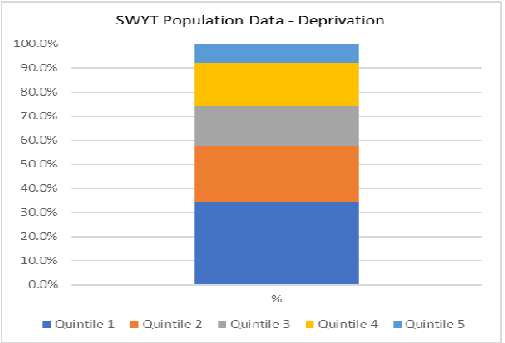
Referrals - (Includes physical health, mental heath, learning disability and forensics)





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%



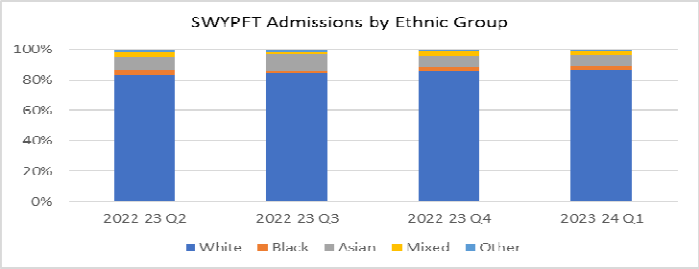


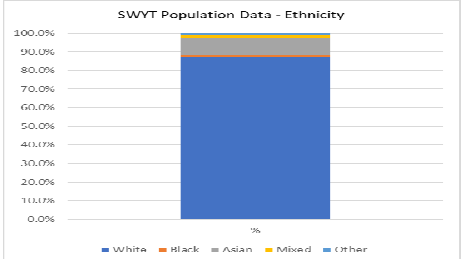
Quintile	2022-23 Q2	2022-23 Q3	2022-23 Q4	2023-24 Q1	Local Population
Quintile 1	42.8%	41.7%	41.8%	41.9%	34.1%
Quintile 2	26.4%	26.5%	26.6%	26.1%	23.4%
Quintile 3	15.2%	15.6%	15.2%	15.5%	17.0%
Quintile 4	11.0%	11.5%	11.6%	11.8%	17.8%
Quintile 5	4.7%	4.7%	4.8%	4.7%	7.8%

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.

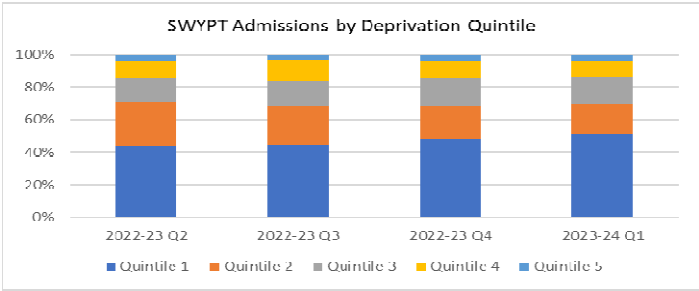
Reducing Inequalities

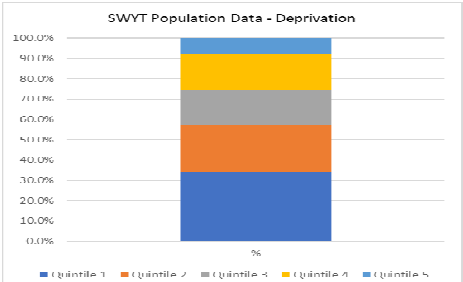
Admissions - (Includes physical health, mental heath, learning disability and forensics)





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%





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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	53.0%	66.0%	68.0%	70.0%	72.0%	74.0%	78.0%	76.0%	81.0%	84.0%	84.0%	81.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	< 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	17.6% (3/17)	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)	38% (5/14)	
Service User Experience	Friends and Family Test - Mental Health	84%	85%	84%	86%	85%	83%	85%	83%	82%	85%	91%	90%	90%	1
	Friends and Family Test - Community	95%	93%	93%	93%	94%	93%	95%	97%	94%	97%	96%	93%	97%	1
Quality	Number of compliments received	N/A	13	5	28	39	83	22	26	50	66	33	35	22	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Trend monitor	35	32	33	30	40	30	33	25	34	23	22	22	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Trend monitor	0	2	2	2	3	2	2	1	1	2	1	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	2	1	0	0	0	2	1	0	1	1	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	42.8%	44.3%	43.8%	44.1%	50.5%	58.6%	75.1%	85.0%	85.7%	86.6%	87.5%	87.4%	1
	Number of Information Governance breaches 3	<12	13	11	13	8	12	8	13	12	9	14	13	16	2
	% of inpatients clinically ready for discharge	3.5%	2.8%	3.3%	2.7%	3.8%	4.3%	4.5%	3.5%	2.4%	2.1%	4.6%	4.8%	5.7%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	90%	71.3%	71.3%	79.1%	76.6%	83.6%	87.8%	89.9%	90.6%	87.7%	86.7%	87.2%	*88.0%*	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	90%	62.9%	68.0%	69.5%	74.3%	68.2%	67.0%	79.4%	80.7%	92.9%	85.7%	92.9%	*94.7%*	2
	Total number of reported incidents	Trend monitor	1168	1243	1308	1188	1247	1196	1250	1196	1325	1257	1154	1179	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	32	26	30	25	34	26	33	17	33	18	22	34	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	3	3	7	6	3	3	2	3	2	4	1	4	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	2	3	0	2	3	2	1	5	2	1	2	3	
	Safer staff fill rates	90%	118.4%	117.4%	119.1%	118.1%	122.1%	121.4%	119.3%	123.5%	123.5%	123.7%	123.9%	123.8%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	87.5%	91.0%	90.8%	85.6%	90.5%	89.1%	89.7%	94.4%	95.7%	93.1%	93.6%	92.1%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	43	49	48	39	55	46	38	29	42	40	36	42	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	1	1	1	4	0	2	1	2	1	0	1	1	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	90%	100%	100%	92.0%	100.0%	95.2%	87.0%	100.0%	90.0%	86.6%	89.5%	95.2%	90.0%	1
	Number of Falls (inpatients)	Trend monitor	58	68	63	59	51	49	39	34	41	43	33	33	
	Number of restraint incidents	Trend monitor	160	169	223	189	212	223	203	192	186	201	145	146	
	Potential under-reporting of patient safety incidents														
	% people dying in a place of their choosing 14	80%	85.7%	91.7%	93.3%	78.1%	93.8%	83.3%	100.0%	87.5%	92.1%	87.8%	83.8%	81.8%	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 August there were 146. Further detail is provided in the relevant section of this report.
• % of prone restraint with duration of 3 minutes or less was 90% and remains green. Further detail can be seen in the relevant 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 lapse in care identified in August - Category 4 pressure ulcer - the care plan was not completed leading to a delayed appointment. The service are currently reviewing the incident.
• The number of people with a risk assessment/staying safe plan in place within timescale improved to 88% for inpatient services. For community services, the target of 95% has been achieved.
• The percentage of service users on care programme approach offered a copy of their care plan was 87% and remains above threshold.
• Clinically ready for discharge (previously delayed transfers of care) - This has increased in August and remains above threshold at 5.7%. 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 August there were 33 fall incidents. Further detail is provided in the relevant section of this report.
• The number of information governance breaches in relation to confidentiality breaches has increased to 16 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 (IPR), we have been working on our preparations for implementing the PSIRF. This is a 12 month programme 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 IPR, Learn from Patient Safety Events will be a new national system that is being introduced to replace:
• National Reporting and Learning System (where we send our patient safety incidents)
• Strategic Executive Information System [StEIS] (where we report Serious Incidents)
NHS England have recently extended the transition timescales as below:
A) By 31/03/2023 - to have our Datix test system updated with the LFPSE functions - achieved
B) By 30/09/2023 - to be in the process of completing the transition to LFPSE - this will be implemented following thorough testing.
A further upgrade to the test system with the enhanced LFPSE functions took place on 24/08/2023. There remain issues nationally with Datix and the LFPSE functionality. We are awaiting a further upgrade to the test system before a live up grade can be arranged. 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 88% 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.

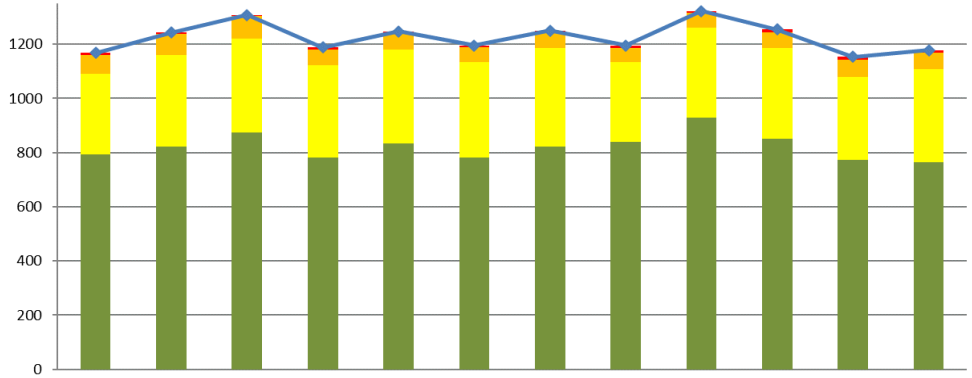
The 'Degree of Harm' is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the Degree of Harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they 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 August 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.



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Red (should not be compared with SIs)	8	6	3	8	8	7	9	10	8	11	11	11
Amber	68	76	85	58	59	56	56	52	55	59	63	61
Yellow	299	339	346	341	345	352	364	293	330	334	308	342
Green	793	822	874	781	835	781	821	841	930	851	772	765
Total	1168	1243	1308	1188	1247	1196	1250	1196	1323	1255	1154	1179

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 continues to receive a monthly report, the format and content is regularly reviewed.

No never events reported in August 2023

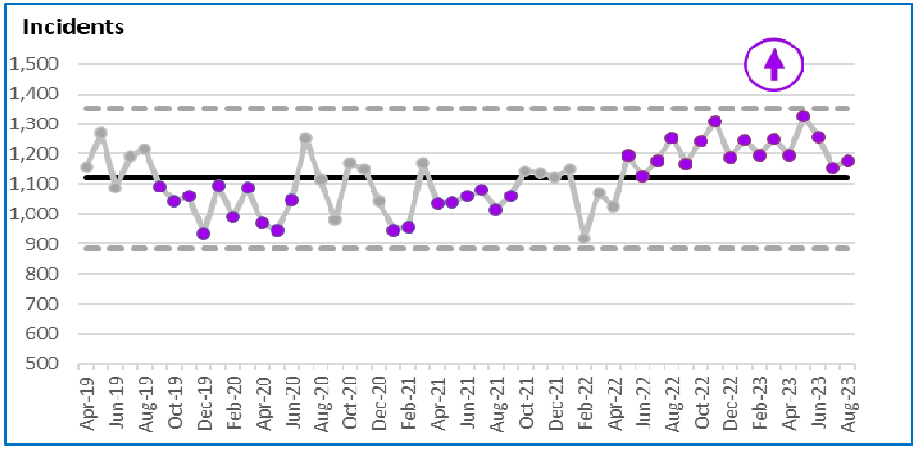
Safety First cont…

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.

In August 2023 there were 34 moderate harm incidents including pressure ulcer (category 3), tissue viability, self harm, slip, trip or fall. Four severe harm incidents were recorded including pressure ulcers (category 4) and there were three patient safety related deaths. These are following our normal review processes.

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

Patient Safety Alerts

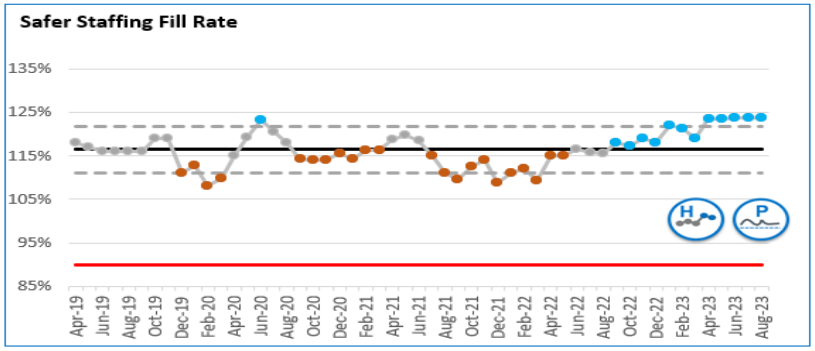
Patient safety alerts issued in August 2023

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.

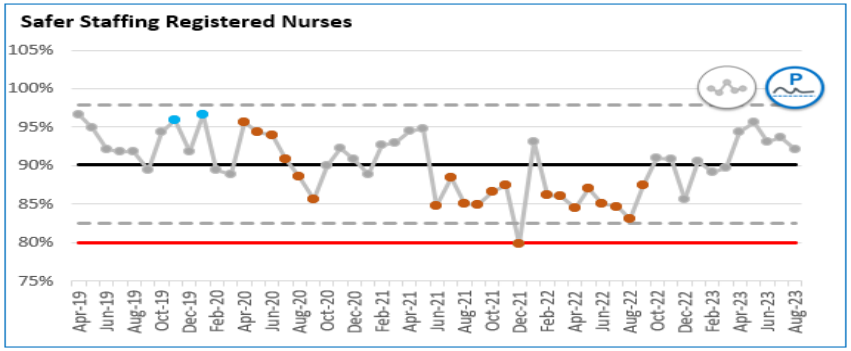
There were no patient safety alerts not completed by the deadline of August 2023.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	30/08/2023	Task and finish group established to confirm	01/03/2024	

Safer Staffing Inpatients



The chart above shows that as at August 2023 due to the continued increasing staffing rate, we remain in a period of special cause improving variation. Please see narrative below for further information.



The chart above shows that in August 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 a slight decrease on demand of the flexible staffing pool with a total of 182 less shift requests. The number of shifts filled has increased by 25 shifts to a total of 5,542 and overall fill rates for inpatient areas decreased by 0.1%. The continued high fill rate of requested shifts (90.87%) 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 August has shown a decrease in fill rates as staff have increased childcare responsibilities and annual leave plans over the holiday period. This has particularly affected the registered nursing (RN) fill rates and was supported by an increase in the health care assistant (HCA) fill rate as we shall see later in the report. We continue to monitor staffing related Datix, and review hotspots and trend analysis of staffing deficits.
Both bespoke adverts and centralised recruitment continues and there are 3 assessment centres throughout September for band 5 and 2 substantive posts, as well as band 5 and 2 bank posts (73 bank offers made already). There has been an increased trend of agency colleagues, particularly band 2, applying to join the bank as we decrease engagement with agencies.
We have flattened the recruitment process for students both on bank and externally. We have completed a review of medical recruitment onto bank as well as the mapping process of bank recruitment. We are reviewing all agency block bookings to replace with bank if feasible.
With band 5 RNs we continue with bespoke adverts and, due to its success, we are reviewing the international recruitment (IR) program. To date we have had 79 IR band 5 nurses with 70 being on the wards throughout the Trust, including on the Neuro Rehabilitation Unit. We were successful with a renewed funding bid with NHSE which will enable us to complete this years program.
Escalation and continuity plans are followed to ensure the delivery of safe and effective care, and these are supported by the flexible staffing resource. We continue to monitor the hours that staff work, and any working time directive breeches, to support staff wellbeing.
The Trust has an ongoing agency scrutiny group to look at our agency usage and plans for a reduction are discussed and we have a dedicated session planned for the end of September looking at medical locums.
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 (EMT) and are ongoing. SafeCare has gone 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 13 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 maintaining safety, and 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 August one ward fell below the 90% overall fill rate threshold which was Enfield Down in Calderdale and Kirklees (83.1%) this is an increase of one on 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. With a decrease of one ward on the previous month, there were 23 (73.6%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 23 wards, 15 (an increase of two 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 decreased by 4.5% to 83.5% in August compared with the previous month.
Registered Nurses Nights: Overall registered night fill rates have increased by 1.4% in August to 100.7% compared with the previous month.
Overall Registered Rate: 92.1% (decreased by 1.5% on the previous month)
Overall Fill Rate: 123.8% (decreased by 0.1% on the previous month)
Health Care Assistants showed an increase in the day fill rate of 3.5% to 147.8% and the night fill rate decreased by 0.2% to 152.1%.
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.

The figures below indicate that the number of unfilled RN shifts has decreased across the inpatient areas as has the number of unfilled HCA requests.

The figures below shows that we had a decrease of 182 in overall requests. Staffing deployment decisions are met after consideration is given to the skill mix of staff available, reallocations/utilisation of any resources has been considered before requesting bank or agency cover. Without the overtime fill rate, the requested sum of additional shifts, indictive of acuity including sickness absence, decreased by 182 to 6,105 (1,220 (-106) RN and 4,885 (+284) HCA) shifts.

Unfilled Shifts						Filled Shifts	
Categories	No. of Shifts		Total Hours	Unfilled Percentage			
Registered	345	(-112)	3780.83	29.8%	(-5.97%)	**869**	**-75**
Unregistered	218	(-97)	2368.6	4.5%	(-2.07%)	**4885**	**(+239)**
Grand Total	**563**	**(-209)**	**6149.43**	**9.1%**	**(-3.15%)**		

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.

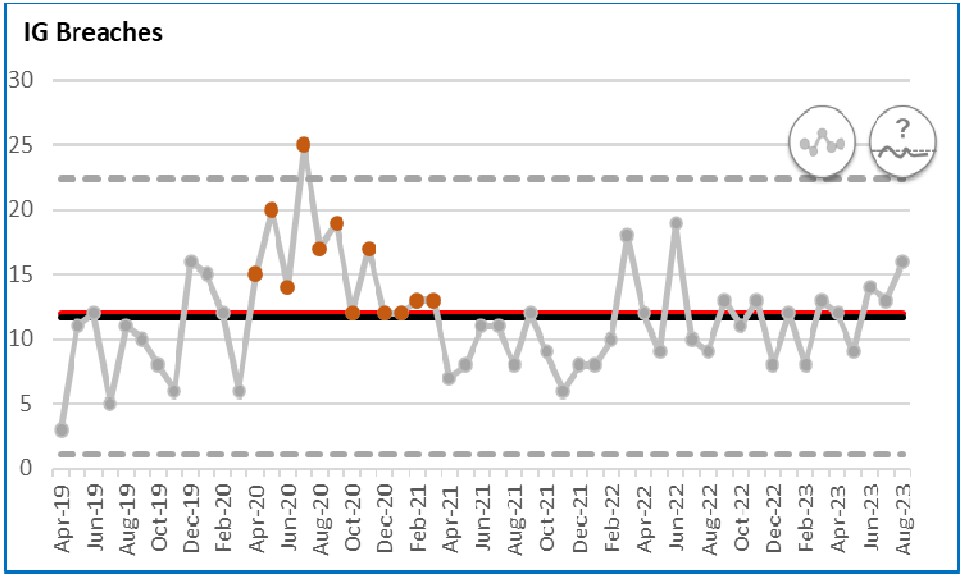
Information Governance (IG)

16 personal data breaches were reported during August, which is the highest number reported so far during the current financial year. An improvement plan continues to be implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity. A number of services reported multiple incidents and improvement activity will be focused on these.

14 breaches involved information being disclosed in error. They were largely due to:

- letters being sent to the wrong address,
- emails sent to the wrong recipient,
- documents being shared with the wrong recipient,
- confidential discussions being overheard,
- wrong party being connected to a telephone meeting, and
- sharing information with relatives when it is recorded that the patient has refused to share.

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



This SPC chart shows that as at August 2023 we remain in a period of common cause variation. Though we are over the threshold of 16 breaches.

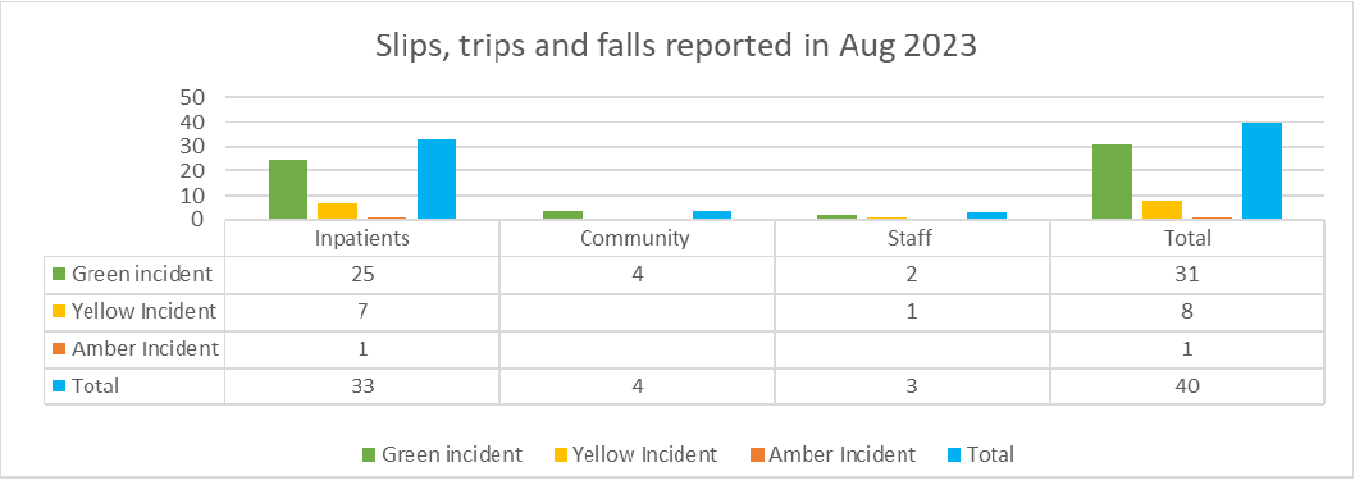
Commissioning for Quality and Innovation (CQUIN)

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 was undertaken at the end of August and anticipated performance for all applicable metrics in the quarter is 100%. Some risk has been associated with full achievement of the following metrics: staff flu vaccinations and outcome monitoring in children and young people and community perinatal mental health services - actions plans are in place to mitigate this as far as possible and performance will continue to be reviewed via the CQUIN leads group.

Trustwide Falls

During August 2023 there were 40 slips, trips and falls related Datix reports. Below is a breakdown of falls and where they occurred. This is decrease of 2 from July.



	Inpatients	Community	Staff	Total
Green incident	25	4	2	31
Yellow Incident	7		1	8
Amber Incident	1			1
Total	33	4	3	40

The highest number of falls were within inpatient settings.

Amber: There has been one amber incident reported, relating to a service user fall on an older adult ward resulting in a fracture. This is currently undergoing a fact find.

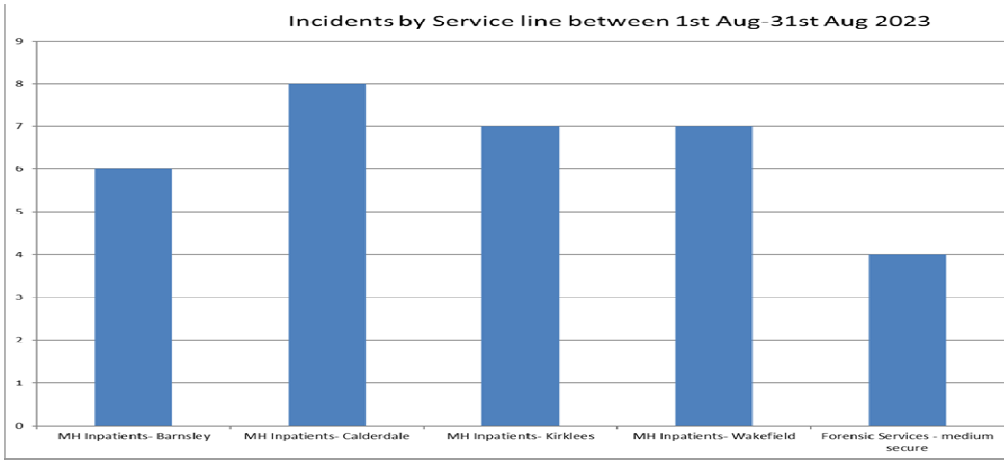
Yellow: 8 yellow incidents have occurred for service users and one member of staff.
One service user was off the ward with a member of staff and fell resulting in a fracture. All appropriate measures took place and it has been agreed an SBAR will be completed to alert staff of physical health and mobility needs when leaving the ward with a staff member. One staff member slipped on the ward corridor on some spilt fluid.

Green: 31 reported slips, trips or falls were graded as green, indicating no harm or low-level injury. Two of these Datix reports occurred whilst service users were on leave from the ward. Reviewing the Datix incidents there were generalised words which suggested service users had 'stumbled', 'lost their balance', or 'become wobbly'.

Inpatient related falls: 33 reported slips, trips and falls for service users

• 55% of all inpatient falls occurred on older adult wards. 30% occurred in the adult care group.
• Only 24% of service users had a previous falls history. 76% of falls occurred where the service user had not had a fall before. Reviewing these type of falls incidents showed that some falls were directly linked to deteriorating physical health, others reported one person was pulled over by another service user, one person fell when they became dizzy smoking a cigarette, some falls were linked to stumbling when getting dressed or putting shoes on.
• 100% of the falls risk screening tool (FRAT-18) had been completed, 21% of these continued to report 'unknown' risk after several weeks on the ward.
• 0% of service users with a previous falls history had received a multifactorial risk assessment.
• 70% of all reported falls were unwitnessed, and service users were either found by staff, or the fall reported to staff after the event.
• 100% of service users received a high-quality physical health intervention, and where appropriate, had a medication review and physiotherapy intervention.
• 36% of post falls protocols had not been completed following an inpatient fall.
• Nostell ward had 2 falls in August 2023, they are a lower risk area for falls. The staff provided an excellent response to the falls, with service user intervention including urine testing, blood glucose and blood pressure testing, omission of night sedation and a review of their fluid and nutrition.

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.



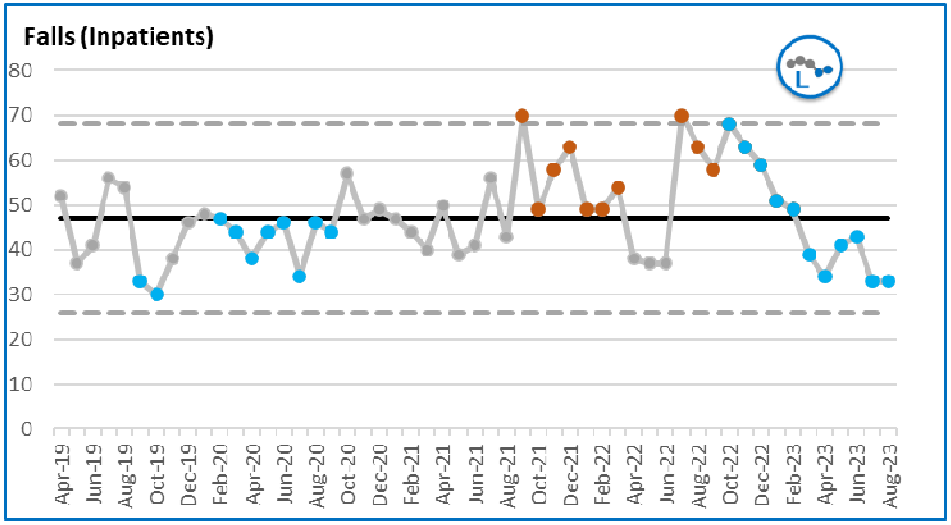
Across all our inpatient services between April – July 2023 we had on average 2.89 falls per 1000 bed days. This indicates a slightly lower number of falls than the national average of 3-5 falls per 1000 bed days.

Staff training:
We continue to record a low uptake of falls eLearning from staff in higher risk falls areas. In August 2023, 14 staff fully completed the falls eLearning. 50% of these were from Ward 19, with a further small uptake from Beechdale and Willow ward staff. Two staff started and left the training incomplete.

Actions:
• Datix reports are continuing to be reviewed to seek themes and areas of potential improvement
• The falls coordinator is liaising with locality matrons regarding the completion of post falls protocol paperwork
• The falls coordinator
  is liaising with higher risk ward areas to improve staff uptake of falls eLearning
  is liaising with our Trust Quality Improvement and Assurance Team regarding a review of falls risk paperwork, as presently staff are not following our falls and bone health policy. The paperwork is repetitive and does not guide staff to complete a multifactorial falls assessment
• Falls awareness week starts 18th September 2023. We have arranged several initiatives across our Trust including ward falls awareness quizzes and activities, information stands at our four main hospital sites and a stall at Barnsley market

Falls (Inpatient)

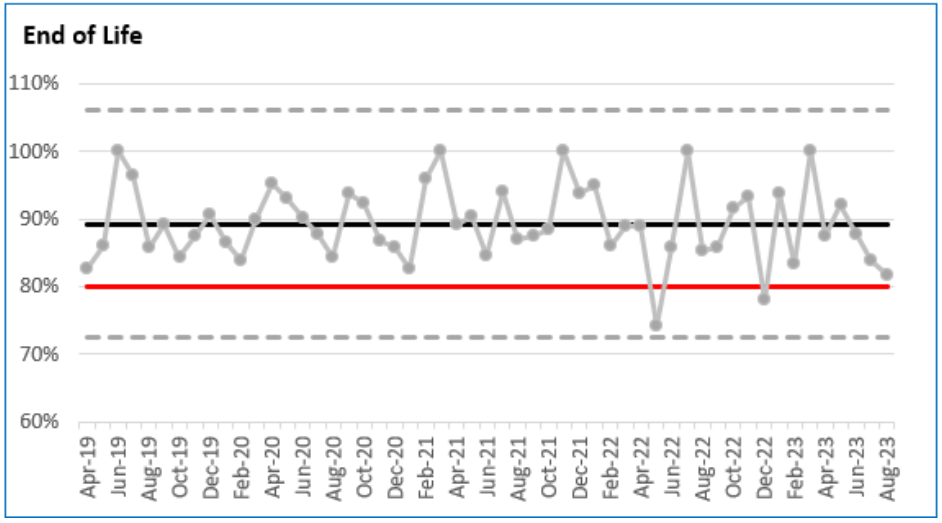
The total number of inpatient falls was 33 in August. A new falls coordinator commenced in February 2023, part of the role is to advise, review and support the clinical teams/ staff through education, policy, awareness raising, environmental reviews that may contribute to falls. This will increase staff confidence and will enhance the falls reduction work.



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

End of Life

The total percentage of people dying in a place of their choosing was 81.8% in August.



The chart above shows that in August 2023 the performance against this metric remains in common cause variation and therefore within normal range. As the mean performance for this measure is high (90%), the upper control limit (based on the average of the moving range) shows as above 100%.

Patient Experience

Friends and family test shows

- 97% would recommend community services
- 90% would recommend mental health services

	Target	August	July	June
Mental health community	85%	90%	94%	92%
Mental health inpatient	85%	92%	83%	92%
Learning Disabilities	85%	91%	70%	100%
ASD/ ADHD	85%	75%	75%	50%
CAMHS	75%	100%	82%	80%
Forensic	60%	100%	80%	100%
Mental health overall	84%*	**90%**	**90%**	**91%**
Barnsley Gen ops	95%	**97%**	**93%**	**97%**
Trustwide	**85%**	93%	91%	94%

** weighted for 2023/24*

- The response rating across the care groups has seen an increase in the positive rating received during August.
- Work continues in the ADHD service to engage with service users carers, and families to understand the best way to capture feedback about their experience.
- There is a dip in the number of responses received in August, this is likely due to school holidays and is consistent with previous years.
- The number of responses received for CAMHS in July was significantly high due to responses being entered incorrectly on the system since April. The feedback was correctly input in July. We'd expect to see an increase in responses in September.
- Due to the nature of Forensic services friends and family test feedback is collected through a larger patient experience survey every six months. Friends and family test cards are available in services to support collection of feedback.

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

The Patient Experience Group is looking at how we develop a practical way to collect actions being taken because of feedback.

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

Safeguarding

Safeguarding Adults:
In August 2023, there were 48 Datix categorised as Safeguarding Adults. 27 of these were graded as green, 17 were graded as yellow, and four were amber.
The sub-categories of the Safeguarding Adults Datix were commonly related to emotional/psychological abuse, neglect concerns and financial abuse.

The amber incidents were related to neglect, sexual abuse, domestic abuse and neglect. Appropriate actions such as contacting the police, making a referral to the local authority and undertaking an internal fact find.

In addition to the Safeguarding Adults Datix, there were 18 Sexual Safety Datix 16 were graded as green and two yellow. In eight of these Datix, inpatient service users were the affected persons, within these eight, four incidents involved both service users and staff who were affected. In ten of the Datix's a member of staff was the affected person. In all cases reviewed appropriate actions were taken and local authority safeguarding referrals were made where required.

Safeguarding Children:
In August 2023 there were 19 DATIX incidents categorised as Safeguarding Children. Ten of these were graded as green, eight were graded as yellow and one was graded as amber.

The subcategories of the safeguarding children Datix were commonly related to physical abuse, sexual abuse and neglect.

The amber DATIX incidents categorised as sexual abuse were due to a disclosure made about historical sexual abuse. Appropriate advice was sought by the practitioner from the Safeguarding team and appropriate referrals have been made to the Local Authority Designated Officer (LADO).

The incident relating to the child admitted to a mental health ward - there was no contact to the trust safeguarding team however the patient was placed under level 2 observation. The patient is now aged 18 years old.

In all of the 19 DATIX incidents submitted, 11 referrals were made to local authority safeguarding children teams, the Trust safeguarding team were contacted for advice in 10 cases and one LADO referral was made.

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 and above the 80% threshold:
Hand Hygiene-Trust wide Total – 96%
Infection Prevention and Control- Trust wide Total – 94%

Outbreaks
There have been
• 2 Covid-19 outbreaks in August 2023
• 4 areas, monitored due to an increase in prevalence of Covid-19
• 2 areas, monitored due to diarrhoea and vomiting no causative organism established.

Covid-19 Clinical Cases: There has been an increase in positive Covid-19 cases this is in line with national prevalence.

Complaints

• Acknowledgement and receipt of the complaint within three working days –17/17 (100% of formal complaints)
• Number of responses provided within six months of the date a complaint received – 5 (38%), increase from 4 in July and 2 in June
• Number of complaints waiting to be allocated to a customer service officer – 12 (improvement from 13 in July)
• Number of cases which breached the six months target who have not had a conversation to agree a new timeframe for completion 0%
• Longest waiting complainant to be allocated to a customer service officer –10 weeks. This continues to improve month on month.
• There were 17 new formal complaints in August 2023
• 22 compliments were received.
• 13 formal complaints were closed in August 2023.
• Number of concerns (informal issues) raised and closed in August 2023 – 34
• Number of enquiries responded to in August 2023 - 104
• Number of complaints referred to the Parliamentary Health Service Ombudsman this financial year to date - 1

Reducing Restrictive Physical Intervention (RRPI)

There were 146 reported incidents of reducing restrictive physical interventions used in August 2023 this was an increase of 1 (0.7%) incidents from July.

90% of prone restraints in August 2023 lasted under 3 minutes.

In August 2023 prone restraint (those remaining in prone position and not rolled immediately) was reported 10 times out of 221, a reduction of 11 (52%) from last month.

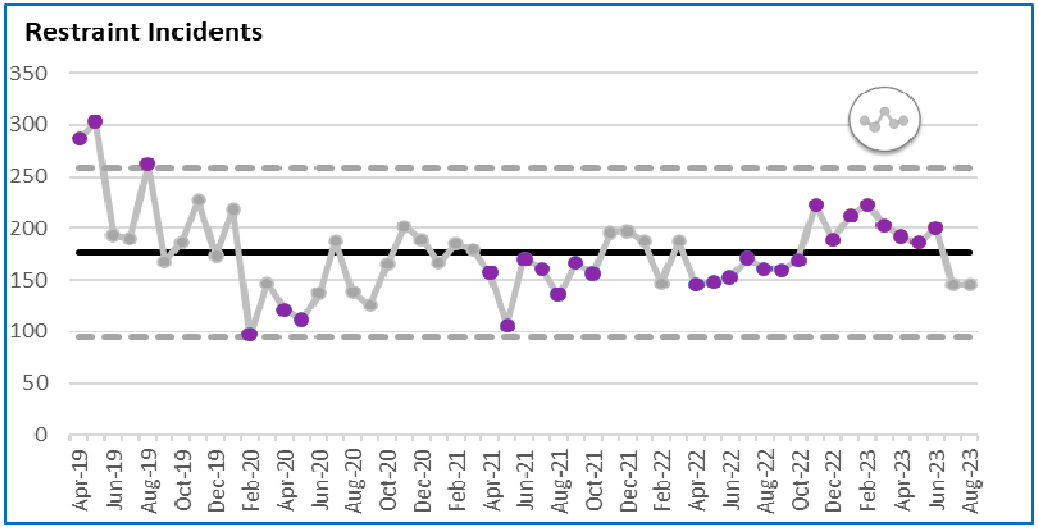
Incidents of prone greater than 3 minutes:
Ward 19 reported an incident of prone restraint which lasted 4 – 5 minutes. The prolonged duration was due to aggressive and sexually inappropriate behaviour. Each incident of prone reported via the Datix reporting system is reviewed by RRPI specialist advisors.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	98	44.3%
Seated	39	17.6%
Supine	18	8.1%
Prone	10	4.5%
Safety Pod	29	13.1%
Restricted escort	8	3.6%
Kneeling	3	1.4%
Side	8	3.6%
Prone then rolled	8	3.6%

Team Using Prone Restraint	Total
Horizon Centre Assessment and Treatment	1
Walton PICU	2
Ashdale Ward	1
Elmdale - The Dales, Calderdale	2
Nostell ward, Wakefield	1
Bronte, Forensics	1
Ward 18 - Kirklees	1
Ward 19 - Kirklees	1

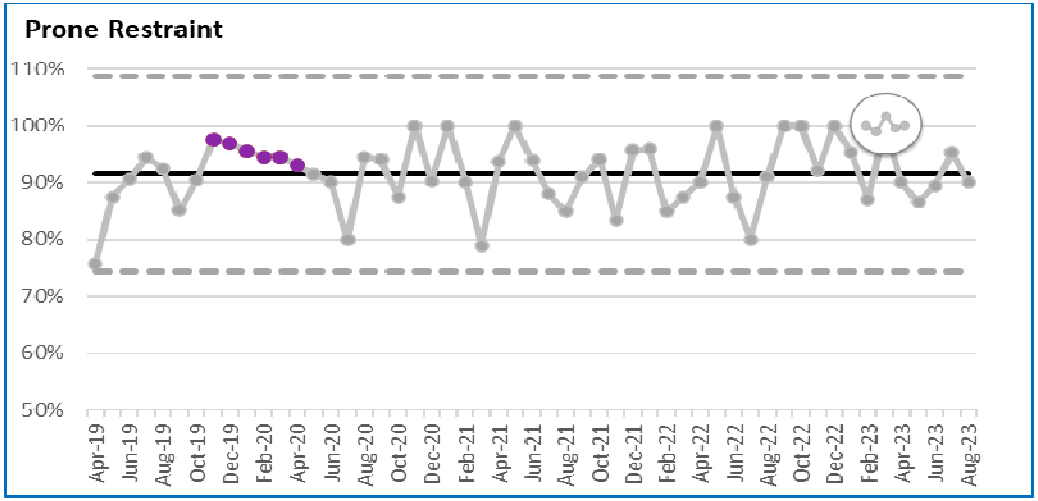
Duration of Prone Restraint Position	Total
0 - 1 minute	3
1 - 2 minutes	6
2 - 3 minutes	0
3 - 4 minutes	0
4 - 5 minutes	1

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in August 2023 we remain in a period of common cause variation.

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



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

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Establishment	Improving Resources	Well Led	-	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	5204.8
Employed Staff (ESR last day in the month)			-	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	4,311.6
Vacancies			-	816.5	881.8	895.2	942.0	936.8	944.8	926.9	818.9	822.0	818.4	796.1	772.1
Vacancy rate			<10%	16.2%	17.1%	17.4%	18.1%	17.9%	18.0%	17.6%	15.9%	15.9%	15.8%	15.3%	14.8%
Turnover external (12 month rolling)			>12% - <13%	14.8%	14.4%	14.4%	14.2%	14.3%	13.7%	13.5%	13.0%	12.2%	13.1%	13.0%	13.1%
Starters			-	69.5	56.9	50.5	26.6	65.4	70.2	58.1	47.2	59.3	57.5	53.9	64.0
Leavers			-	51.6	48.2	40.6	27.5	60.1	38.5	43.1	58.8	39.6	37.0	54.3	61.9
Number of international nurses recruited				Reporting commenced August 23											9
% Bank Fill Rates - Registered Nurses															47.8%
% Bank Fill Rates - Health Care Assistants															69.8%
Proportion of staff in senior leadership roles who are from BME background (relates to staff in posts band 7 and above, excludes bank staff) *			1064												126 (11.8%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			1064												769 (72.3%)
Sickness absence - Rolling 12 month			<=4.8%	4.9%	5.0%	5.1%	5.3%	5.3%	5.2%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%
Sickness absence - Month			<=4.8%	4.8%	5.7%	5.9%	6.3%	5.3%	5.3%	5.1%	5.0%	4.6%	4.6%	5.1%	4.7%
Employees with long term sickness over 12 months			-	2	2	2	2	4	2	2	1	0	0	0	0
Appraisals - rolling 12 months			May Trajectory>=78% Overall threshold: >=90%	57.3%	56.0%	60.7%	62.9%	69.8%	71.5%	71.8%	74.4%	74.9%	78.5%	76.5%	74.5%
Employee Relations - Suspensions (over 90 days)			-	2	2	2	3	3	1	1	0	0	0	3	3
Mandatory Training - TOTAL	Improving Care		>=80%	89.8%	89.5%	89.5%	89.2%	89.4%	90.1%	90.2%	90.5%	90.9%	92.0%	92.1%	92.5%
Mandatory Training - Reducing Restrictive Practice Interventions				72.0%	70.3%	68.4%	66.4%	71.9%	74.5%	74.6%	73.8%	73.8%	76.7%	76.2%	82.6%
Mandatory Training - Cardiopulmonary Resuscitation				75.0%	72.5%	72.1%	72.0%	73.0%	75.1%	75.0%	75.5%	79.2%	81.3%	81.0%	79.9%
Mandatory Training - Clinical Risk				96.6%	96.3%	96.2%	96.0%	95.7%	94.9%	95.9%	95.6%	95.4%	95.4%	95.2%	94.8%
Mandatory Training - Display Screen Equipment				95.5%	95.1%	95.4%	95.8%	96.0%	96.3%	96.4%	96.5%	96.8%	97.0%	97.1%	97.4%
Mandatory Training - Equality & Diversity				94.3%	93.8%	94.2%	94.1%	94.6%	95.1%	95.8%	96.0%	96.2%	96.2%	96.0%	95.9%
Mandatory Training - Fire Safety				86.4%	87.3%	87.7%	87.5%	88.3%	88.4%	89.4%	90.2%	91.2%	92.8%	92.0%	91.4%
Mandatory Training - Food Safety				79.2%	78.6%	79.9%	79.5%	79.6%	79.8%	79.4%	78.0%	83.4%	86.4%	87.8%	89.4%
Mandatory Training - Freedom To Speak Up (FTSU)				89.8%	90.5%	91.3%	91.7%	92.0%	92.4%	92.5%	93.2%	93.7%	94.0%	94.3%	94.7%
Mandatory Training - Infection Control & Hand Hygiene				88.2%	88.4%	88.6%	88.4%	88.4%	88.6%	90.2%	91.5%	92.4%	94.1%	94.3%	94.3%
Mandatory Training - Information Governance (Data Security)			>=95%	92.2%	91.2%	89.8%	87.6%	87.3%	84.8%	86.5%	90.6%	95.9%	96.8%	96.9%	95.3%
Mandatory Training - Moving & Handling			>=80%	95.2%	95.3%	95.8%	95.6%	93.0%	93.4%	95.5%	95.5%	94.9%	95.2%	95.1%	95.6%
Mandatory Training - Nat Early Warning Score 2 (New S2)				86.3%	87.4%	88.1%	89.6%	91.1%	92.0%	92.4%	92.5%	92.1%	93.8%	94.7%	95.2%
Mandatory Training - Mental Capacity Act/Dols				93.8%	93.5%	93.4%	93.3%	95.6%	95.3%	94.0%	91.6%	93.6%	93.7%	93.4%	94.0%
Mandatory Training - Mental Health Act				90.9%	90.7%	91.0%	91.2%	90.4%	91.6%	92.2%	91.6%	91.3%	91.2%	91.1%	92.2%
Mandatory Training - Prevent				95.3%	95.0%	94.6%	94.4%	94.7%	95.2%	95.6%	95.4%	95.5%	92.1%	94.1%	94.2%
Mandatory Training - Safeguarding Adults				89.5%	89.4%	89.5%	89.0%	89.1%	89.9%	90.0%	90.0%	89.7%	89.3%	89.5%	89.7%
Mandatory Training - Safeguarding Children				90.2%	88.7%	88.9%	88.6%	88.8%	89.3%	89.8%	90.0%	90.7%	91.1%	91.2%	91.7%

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.

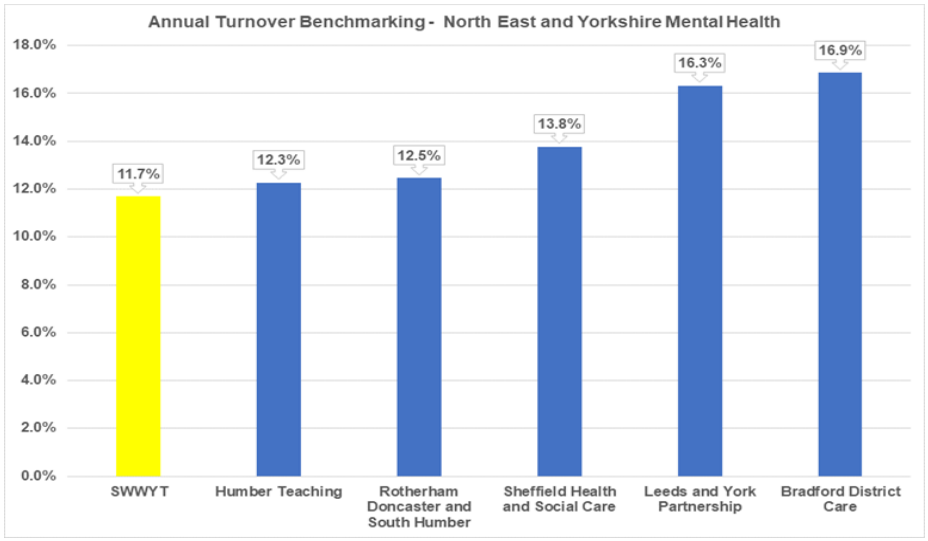
• Turnover - Quarterly reports from feedback of leavers are being appraised in the Trust's operational management group with reporting and actions from quarterly reports to care groups.

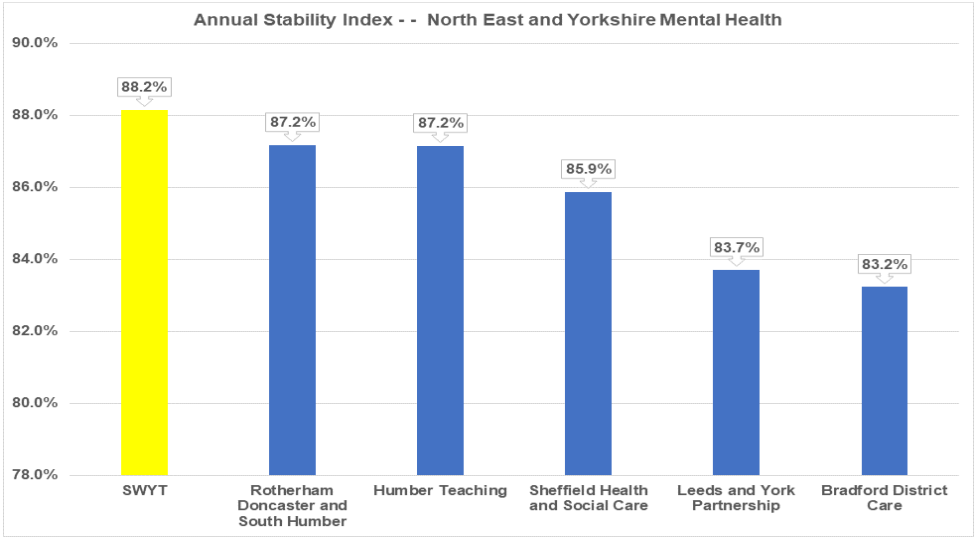
• Sickness absence - from April 23 - the reported figure is rolling 12 month. For earlier months this was year to date.

* 5 records not stated

Stability of the Workforce

• There has been a reduction in agency spend between July and August (163 whole time equivalents (WTE) in July down to 144 WTE in August). 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.
• The number of starters in August was slightly higher than the number of leavers (64 v 61.9 WTE). Overall since April we are still seeing more starters than leavers (281.9 v 251.7 WTE).
• As a result our vacancy rate continues to reduce and we have now seen a reduction for the fourth month in a row (15.3% to 14.8%). It remains significantly lower than last year (15.9% Aug 22).

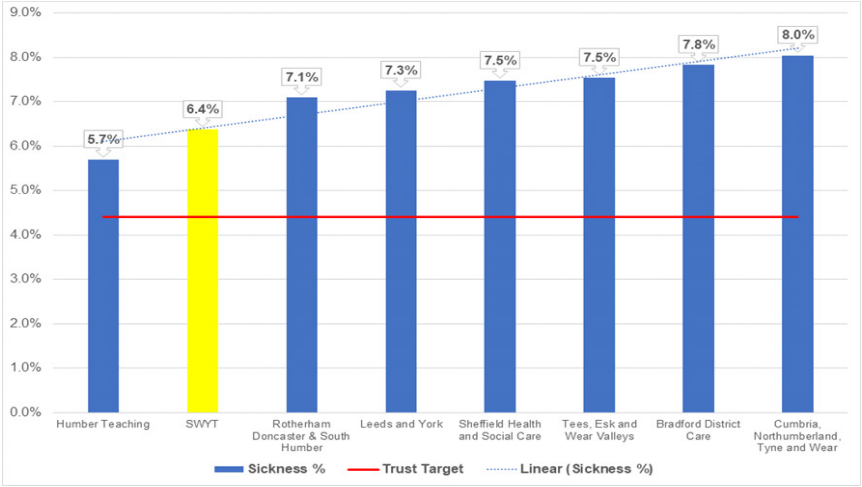




Keep Fit & Well

Absence

• 12 month rolling absence rate remains at 5.3%.
• Overall absence (in month) has reduced by 0.4% to 4.7%, but the overall rolling rate remains unchanged at 5.3%. Majority of care groups saw a slight reduction in the monthly sickness position. 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 reduced by 1% in month to from 9.3% to 8.3%.
• Estates and Facilities absence remains high in August (6.4% year to date) - focus remains on sickness meetings, monthly reports to individual managers and increased personal development support to address this increase.
• 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

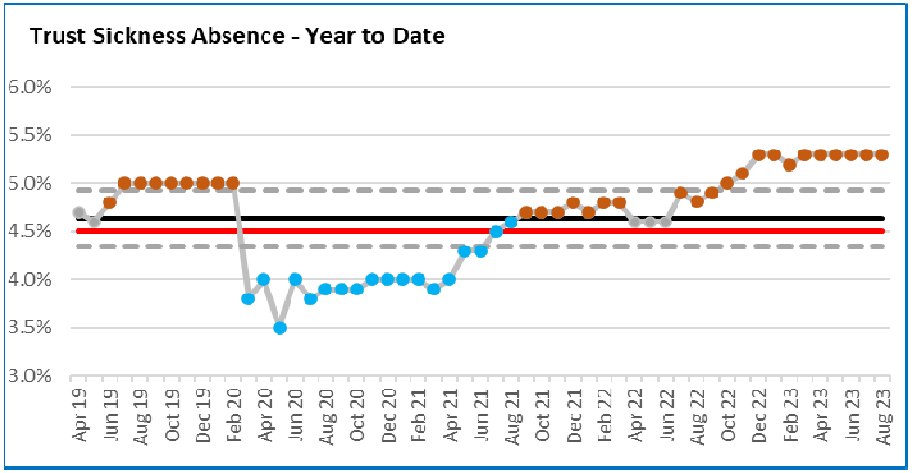
Appraisals

• Overall appraisal rate has reduced slightly from 76.5% to 74.5% in August. Discussions with Workpal ongoing with a view to resolving known issues with the reporting. An improvement trajectory of 78% was set by the Executive management team (EMT) in May, this will be reviewed at the end of September to be clear on how the Trust will achieve the 90% target in year.

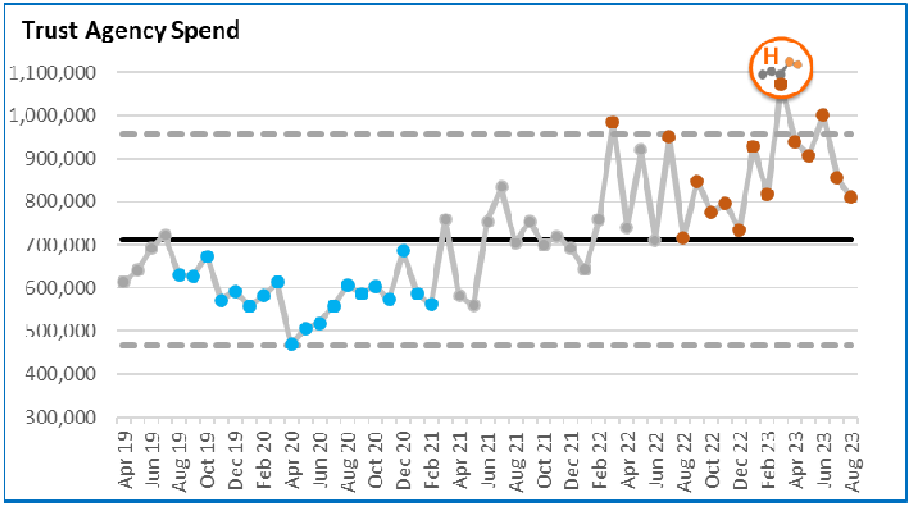
Mandatory Training

• Overall mandatory training reports 92.5% 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. Decline in cardiopulmonary recusation mandatory training compliance has been seen in August due to seasonal variation. This is noted annually over the summer months. Expected improvement during September.

Analysis



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



• 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 (September group focus on medical locum/agency reduction)
• 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.
• Trustwide eRostering roll out continuing – Barnsley inpatient nearing completion. Target rollout end of December on course.
• 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 – 11 since April (usually 1 per month). Centres run in September (3) have seen over 170 potential candidates into bank and substantive healthcare support worker and nurse posts. (80 offers made to bank posts in September). This will have a positive impact upon agency provision in future months. Further additional assessment centres planned to cater for demand in application (3 in October, 1

National Metrics

Data as of : 21/09/2023 16:36:44

NHS South West Yorkshire Partnership 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	Data Quality Rating	Target	Assurance	Variation	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more		0	P		0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days		0	?	H	196	406	453	408	451	483	480	434	545	435	582	397
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		74.2%	91.5%	85.4%	85.3%	92.6%	91.4%	74.4%	87.1%	87.8%	88.2%	90.3%	92.3%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		53.0%	51.4%	40.6%	52.4%	57.1%	53.8%	53.8%	52.5%	53.4%	53.2%	50.5%	51.4%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	88.5%	86.9%	89.5%	93.5%	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	L	89%	87.8%	89.6%	88.9%	87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	89.8%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		20	13	10	0	8	30	43	15	11	29	9	18
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		2	2	2	0	1	2	2	3	1	1	1	2
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	97.9%	98.0%	98.5%	98.5%	97.7%	97.6%	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		100%	100%	99.9%	99.5%	99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		80%	100%	90%	100%	87.5%	80%	87.5%	50%	80%	100%	70%	66.7%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?		75%	78.4%	79.3%	88.2%	88.6%	100%	95.8%	77.8%	95.8%	100%	92%	91.3%
M15	Data Quality Maturity Index		95%	P		99.5%	99.2%	99%	99.1%	99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1333	1399	1542	1192	1641	1414	1533	1306	1603	1579	1470	1404
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		98.4%	99.0%	97.8%	98.5%	98.1%	99.1%	98.9%	98.9%	98.4%	99.0%	99.2%	99.7%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?		19	16	29	36	36	44	30	25	34	26	36	38
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					107	65	66	70	72	51	81	51	67	53	64	60

National Metrics

Data as of : 21/09/2023 16:36:44

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23
M30	Number of detentions under the Mental Health Act (MHA)					87	91	86	90	100	94	86	93	101	93	99	100
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					21.8%	23.1%	20.9%	21.1%	18%	19.1%	23.3%	20.4%	18.8%	12.9%	26.3%	20%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			95.7%	96.2%	96.5%	97.6%	96.4%	95.6%	97.9%	97.5%	97.6%	97.9%	98.3%	98.3%
M34	% Clients in settled accommodation	⚠	60%	P	L	86.9%	86%	85.8%	85.2%	84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%
M35	% Clients in employment	⚠	10%	P	H	11.8%	12%	11.6%	11.4%	11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%
M41	Completion of a valid NHS number		99%	P	L	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0 %	100.0 %	100.0 %
M42	Completion of ethnicity coding for all service users		90%	P	H	99.3%	99.4%	99.3%	99.3%	99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%	99.4%
M43	Community health services two hour urgent response standard		70%	P		89.2%	88.1%	88.4%	84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.1%	89.5%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500										1523	1719	2335	1509	1667
M45	The number of incomplete Referral to Treatment (RTT) pathways		2400													1782	1982
			2500										1933	1835	1592		
M46	Count of 2-hour urgent community response first care contacts delivered					668	757	862	771	796	648	761	826	953	911	936	1019
M47	Virtual ward occupancy		80%										82.9%	44.3%	92.9%	51.4%	57.1%
M48	Community services waiting list		5430													5024	5170
M49	Number of people who receive two or more contacts from community mental health services for adults and older adults with severe mental illnesses												3895	3904	3897	3886	3860
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact												10957	11094	11098	11111	10926
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%		L	94.7%	98.7%	100%	86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%
M171	% Admissions gate kept by crisis resolution teams		95%	P		98.8%	100%	98.7%	100%	98.9%	99%	98.2%	100%	99%	100%	96.6%	100%

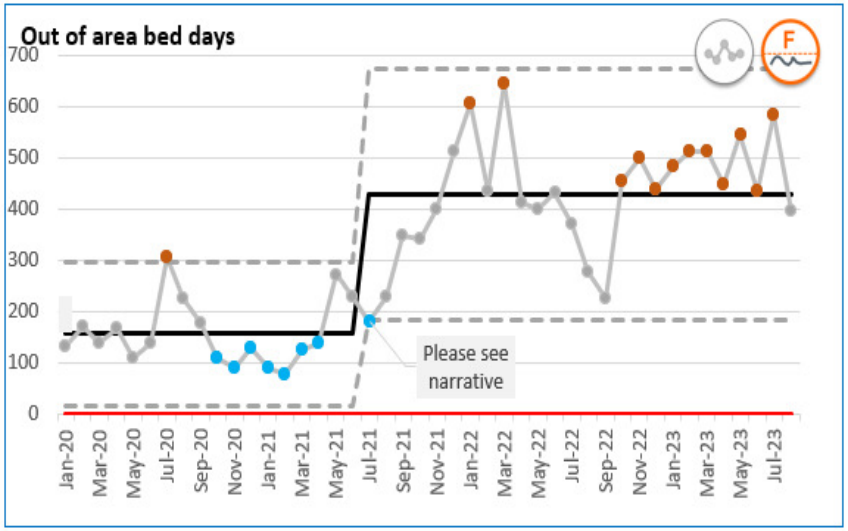
National Metrics

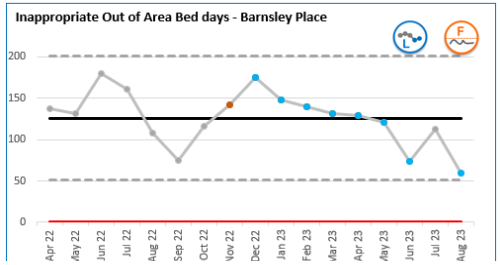
Data as of : 21/09/2023 16:36:44

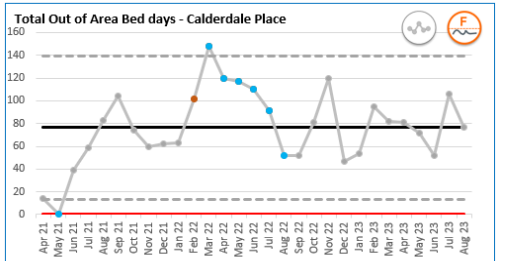
NHS South West Yorkshire Partnership NHS Foundation Trust

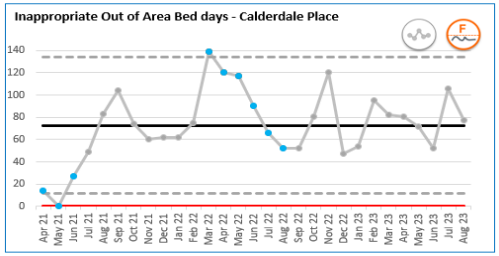
The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

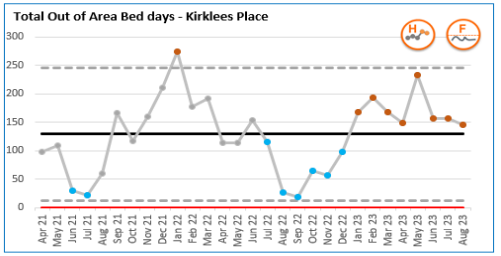
• The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 99.5%
• 72 hour follow up remains above the threshold at 89.0%.
• The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service remains below threshold at 64.1% in August. This has now entered a period of special cause concerning variation (please see SPC chart). 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 they will have any capacity to run additional clinics over spring and summer and therefore it is not anticipated that the service will meet 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 both remain below threshold in August though low numbers do impact these significantly. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.
• During August 2023, there were two service users aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 18 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 August. 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.
• Virtual ward occupancy - Occupancy levels for August 23 were 57.1% which is below the 80% target. Onboarding numbers to the acute respiratory infection pathway remain low, there is further engagement work ongoing with acute staff to explore how we can increase numbers on the pathway. In addition, there continues to be some gaps in the virtual ward nurse workforce which impact on the number of patients who can be onboarded and safely supported on the pathway.











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.

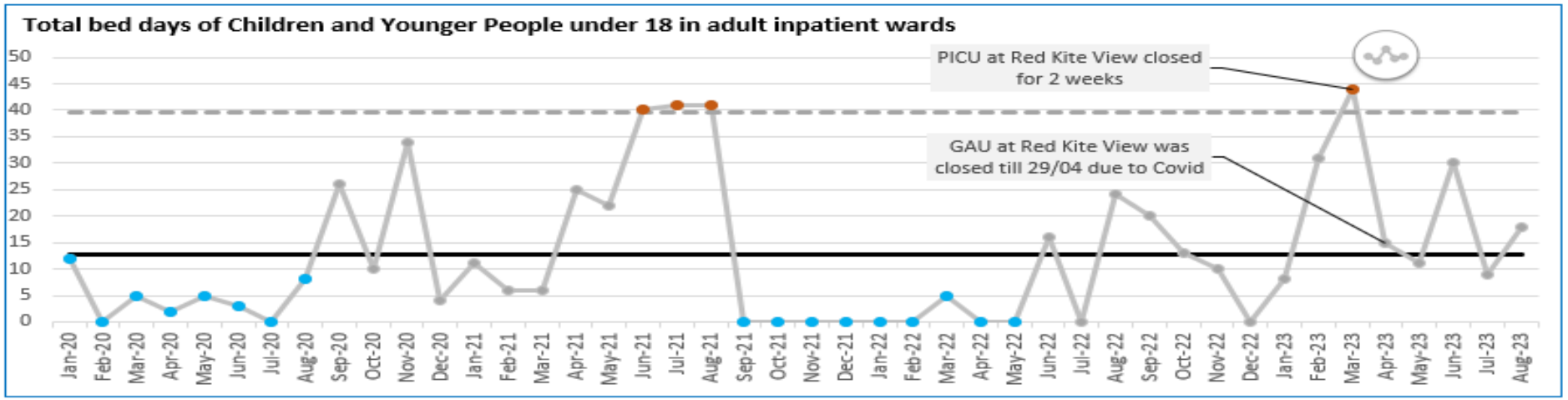
Summary	Actions	Assurance
The Trust continues to have an increasing number of bed days for clients placed out of area. Place based data is provided but decisions are made on the appropriateness of the placement to meet the person's needs, so for example it cannot be assumed that Wakefield demand is higher 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 national metric dashboards 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 August the following data quality issue has been identified in the reporting:

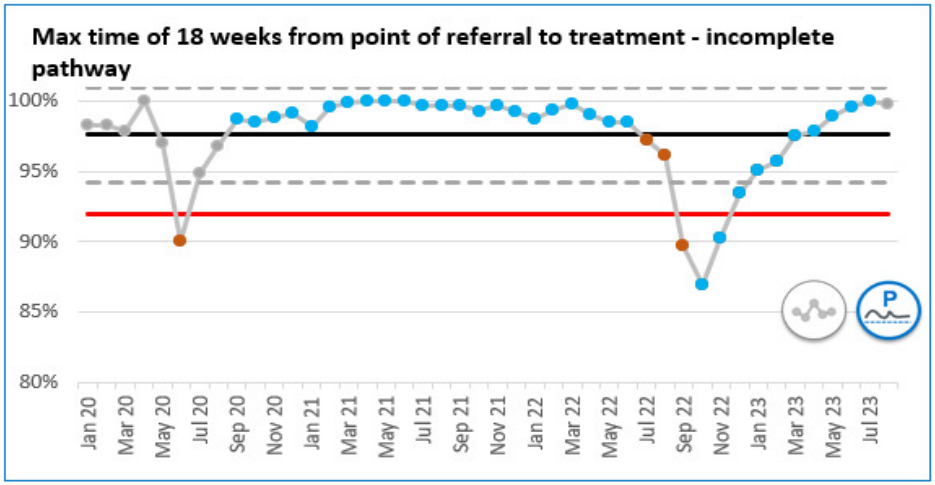
- The reporting for employment and accommodation shows 16.4% of records have an unknown or missing employment and/or accommodation status. This has been flagged as a data quality issue and work is taking place within care groups to review this data and improve completeness.

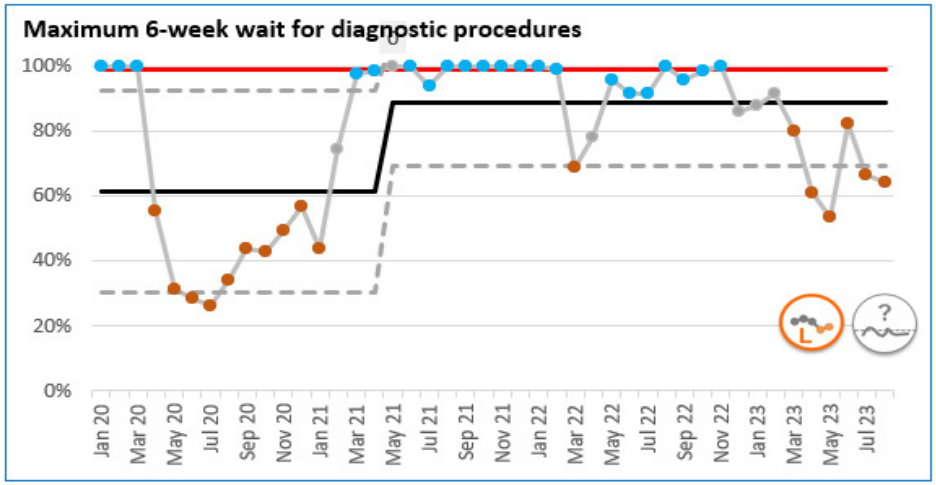
Analysis



The statistical process control chart (SPC) above shows that in August 2023 we remain in a period of common cause variation regarding the number of beds days for children and young people in adult wards.

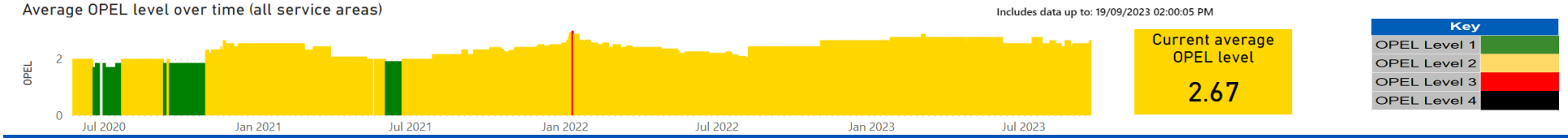
Analysis





The SPC charts above show that for August 2023 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. For clients waiting for a diagnostic procedure we have entered a period of special cause concerning variation and due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated. We remain below the threshold.

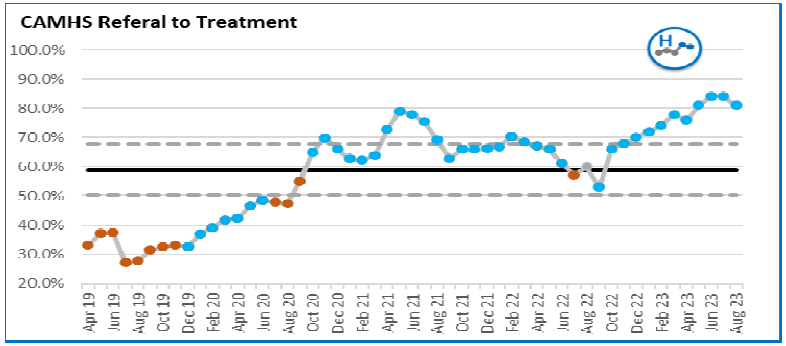
The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group, and performance for the reporting month is stated along with variation/assurance for each metric where applicable.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



Child and adolescent mental health services (CAMHS)

CAMHS

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	74.7%	71.3%	
% Complaints with staff attitude as an issue	< 20%	40% (2/5)	0% 0/2	
CAMHS - Crisis Response 4 hours	N/A	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.5%	80.1%	
Eating Disorder - Routine clock stops	95%	92.0%	91.3%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	66.7%	
Information Governance training compliance	>=95%	96.1%	94.4%	
Reducing restrictive practice interventions training compliance	>=80%	75.2%	69.0%	
Sickness rate (Monthly)	4.5%	4.5%	4.4%	
% rosters locked down in 6 weeks				



As you can see in August 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 but extension appears unlikely.
- 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. Brief intervention and group work service offer continues to be strengthened, and medium term improvement is anticipated. Additional mental health support team investment has been confirmed which will enable further development of the schools-based offer.
- Eating disorder caseloads remain under pressure due to case acuity/complexity
- 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. Financial pressures in local council has impacted adversely on resource envelope. The 'Keep in Mind' programme will be launched April 2024.
- Evident increase in sickness rates. Small number of long term sickness cases adversely impacting.
- Mandatory training – reducing restrictive proactive interventions and cardiopulmonary resuscitation – in amber. Limited availability of face to face training offer.
- Business cases have been submitted in Barnsley with respect to the specialist support offer for children with learning disabilities/special educational needs and to tackle secondary waits for psychology
- A work programme is underway as part of West Yorkshire Collaborative arrangements to ensure more seamless transition to adult ADHD/ASC pathways.
- Friends and family test results 100%

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.
- 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	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	75.1%	76.3%	
% Assessed within 14 days of referral (Routine)	75%	52.5%	65.7%	
% Assessed within 4 hours (Crisis)	90%	96.9%	94.5%	
% Complaints with staff attitude as an issue	< 20%	20% (1/5)	22% (2/9)	
% service users followed up within 72 hours of discharge from inpatient care	80%	87.7%	89.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	98.1%	98.3%	
% Treated within 6 weeks of assessment (routine)	70%	96.3%	98.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.9%	79.9%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	92.9%	*94.7%*	
Information Governance training compliance	>=95%	97.7%	97.1%	
Reducing restrictive practice interventions training compliance	>=80%	71.6%	68.3%	
Sickness rate (Monthly)	4.5%	4.0%	3.6%	
% rosters locked down in 6 weeks				

Mental Health Inpatient

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	60.7%	62.6%	
% Bed occupancy	85%	96.0%	87.4%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	25% (1/4)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.7%	0.801	
% of clients clinically ready for discharge	3.5%	6.7%	8.0%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	87.2%	*88.0%*	
Inappropriate Out of Area Bed days	152	582	397	
Information Governance training compliance	>=95%	95.2%	93.5%	
Physical Violence (Patient on Patient)	Trend Monitor	17	20	
Physical Violence (Patient on Staff)	Trend Monitor	46	68	
Reducing restrictive practice interventions training compliance	>=80%	82.8%	82.1	
Restraint incidents	Trend Monitor	84	***101***	
Safer staffing	90%	130.0%	131.3%	
Sickness rate (Monthly)	4.5%	5.7%	5.5%	
% 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 this month.
- 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 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.
- 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 and implementation of business continuity plans in Calderdale & Kirklees together with some progress in recruitment should contribute to an improved performance in the coming months.
- The Kirklees Talking Therapies recovery rate for August has been finalised as 50.18% just achieving the national standard of 50%. This is likely to be a seasonal trend as a similar reduction was noted in 2022-23 August data. The recovery rate during this period has been affected by an increased number of non-recovered patients dropping out of treatment in addition to lower recovery rates of developing trainee Psychological Wellbeing Practitioners (PWPs). Individual clinician performance is being monitored through supervision with development plans to support and improve performance from trainee PWPs.
- 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 the (Care Programme Approach) 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 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

Barnsley General Community Services

Barnsley General Community Services

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	80.7%	79.1%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	
% people dying in a place of their choosing	80%	83.8%	81.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.2%	79.3%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	96.2%	96.7%	

Barnsley General Community Services

Metrics	Threshold	Jun-23	Jul-23	Aug-23	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.6%	99.0%	99.8%	
Maximum 6 week wait for diagnostic procedures	99%	82.5%	66.7%	64.2%	
Reducing restrictive practice interventions training compliance	>=80%	57.1%	50.0%	33.3%	
Safer staffing (inpatient)	90%	114.4%	105.4%	107.9%	
Sickness rate (Monthly)	4.5%	4.6%	5.0%	4.3%	
% rosters locked down in 6 weeks					

Alert/Action

Urban House (UH):

• 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 their 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 continue to explore how we can strengthen the capacity and skills within the team.
• Neurological Rehabilitation Unit (NRU) is closed to admissions as currently we do not have safe trained staffing levels. A paper highlighting the issues is being prepared and will be sent to the executive management team (EMT).

Advise

• Notification that Yorkshire Smokefree (YSF) Doncaster will be out for tender, and it is anticipated this will be around the end of September. Preparation will start in early September with the service manager and the contracting team.
• Yorkshire Smoke Free are procuring for a social media company and the tender will be released in early September. Currently Bigfoot are the company that look after the social media for YSF; they will remain in place until the end of December.
• Awaiting service level agreement (SLA) review update for the Diabetic Foot Clinic, working with BHNFT contracts team - significant changes sighted in new SLA proposal. All appropriate SWYPT teams involved and awaiting BHNFT response.
• Being made aware that equipment & adaptations are not receiving any revenue from Barnsley Metropolitan Borough Council re blue badge assessment service. Meeting arranged for 12/9/23 with internal contracting & finance teams re-clarification and next steps.
• Recent recruitment issues around lack of communication and time between preferred candidate being contacted and sent conditional offers of employment. This has resulted in several appointees giving back word and seeking alternative employment. Escalated to recruitment lead and introduction of employing individuals at risk if all preemployment checks have been completed with only outstanding DBS approval.
• ICB led review of intermediate care pathways (bedded and community element) continues with options paper developed and discussed at partnership delivery group, who agreed a model moving forward. Short term (2 year) option for bed base (LA led soft market testing continuing) with a longer-term plan to look at new build / building refurbishment moving forward. Estates, medical model, service specification and workforce/finance discussions ongoing with key personnel involved from SWYPFT. Focus will move to looking at the community element of the pathway (currently provided by SWYPFT). Internally undertaking some demand and capacity modelling and costings based on predicted demand moving into the new model.
• Further to August '23 update, SWYPFT still awaiting a response from ICB in relation to the previously submitted mini business case for lymphoedema service in Barnsley. To note SWYPFT is currently not receiving any income for this service provision.
• Urgent out of hours pathway work with local authority and GP federation continues looking at colocation and development of integrated pathways / working to support patients in crisis out of hours.
• Virtual ward digital/remote monitoring procurement exercise update. SWYPFT staff participated in tender scoring led by SYICB. Currently awaiting further outcome on the preferred supplier with some delay in finalising so we can provide an update to EMT on the successful bidder and process undertaken. To note: SWYPFT will be holding the contract on behalf of Barnsley.
• Paediatric epilepsy nursing service is currently facing staffing pressures due to ongoing secondments and a breakdown of planned backfill for these. It is hoped that this will be resolved soon.
• Paediatric audiology service will be recommencing school hearing screening in September for the first time since pre-covid. We do not currently have the capacity to deliver the same level service as we did pre-covid and therefore some changes are being made to the offer in the short term.
• Waits continue to be longer in children's speech and language therapy. Recruitment is gradually increasing. New staff members are newly qualified and will need additional support/supervision.
• Children's community services are deemed a priory group in terms of vulnerability for measles exposure. If exposed, staff will require a 21-day absence from their role if they cannot provide evidence of having had two measles containing vaccines or immunity to the disease. Staff are being encouraged to check with occupational health. Potential for low staffing. We are represented at the Trust Measles Preparedness meetings.

Assure

• Work has been undertaken during August '23, to review and reduce the number of IMC spot purchase beds being supported by Neighbourhood Rehabilitation service workforce. This has reduced significantly and agreement sort that for the small numbers in spot purchase beds, BHNFT staff will support. This was instigated due to the ongoing demand, above commissioned thresholds, for NRS support. This reduction then allows for NRS staff to focus on delivering high quality, intensive rehabilitation to patients and will help facilitate a reduction in length of stay on the pathway and hopefully improved outcomes for our patients. *This is linked to the IMC external review discussions in the alert section*
• Neighbourhood Teams management team have commenced on the Affina Team Performance inventory (ATPI) working with the Trusts People Directorate. The first stage questionnaire is now complete and 2 further meetings are booked in with the general manager and team in October for feedback and next steps.
• Collaborative project between children and young people who stammer in Barnsley and Action for Stammering Children with the support of the Children's Speech and Language Therapy Service, Barnsley.
A small group of young people have been working with Action for Stammering Children (ASC) to produce some posters for schools. It came about when one young person commented that she had never seen information in schools about stammering.
#AboutMyStammer – New posters designed by young people who stammer! - Action For Stammering Children
We are anticipating a small piece in the Barnsley Chronicle (local newspaper) in support of the children's work.
• Stroke Early Supported Discharge team participated in the South Yorkshire Stroke Conference in May 2023. The team presented two posters – BP@Home and Life After Stroke Programme as well as two workshops – Vocational Rehab and Stroke Support Cafes. We are pleased that one of our posters won the competition.
• In August we welcomed two social prescribers to the team, who will offer additional support to patients on the Stroke Rehabilitation Unit and Early Supported Discharge team.

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

LD, ADHD & ASD

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	65.4%	71.1%	
% Complaints with staff attitude as an issue	< 20%	0% (0/3)	0% (0/2)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	41.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.0%	82.1%	
% of clients clinically ready for discharge	3.5%	50.0%	60.2%	
Information Governance training compliance	>=95%	96.4%	94.5%	
LD – First face to face contact within 18 weeks	90%	81.3%	66.1%	

LD, ADHD & ASD

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	33	12	
Reducing restrictive practice interventions training compliance	>=80%	78.0%	72.0%	
Safer staffing	90%	144.7%	137.3%	
Sickness rate (Monthly)	4.5%	4.4%	4.5%	
Restraint incidents	Trend Monitor	27	***12***	
% 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 over 4000 people waiting for an ADHD assessment. This is a national challenge.
- Referral rates for Autism - remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. This is because of the screening and triage step in place in those areas (which is a recommendation of the NHSE Guidance for ICB's published in April 2023)
- Friend & Family Test – 75% which represents a significant improvement.
- West Yorkshire ICB Neurodiversity Project – the service continues to contribute to this project.

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 service. 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 four weeks of referral date.

Assure

- All KPI targets met.
- All training is above the threshold.
- Relationship with Bradford working very well.
- Excellent levels of supervision and appraisal across the team.

Learning disability services:

Alert/Action

Community Services
- Resource requirements identified to support the ADHD pathway for people with a learning disability (LD) and a business case for funding currently being drafted.
- Detailed work underway on ensuring the Patient Knows Best app is LD friendly.
- LD Transforming Care Partnerships have now divided into South Yorkshire (Barnsley services) and West Yorkshire (Calderdale, Kirklees and Wakefield services). Service trio are now members at both.
- Increased number of people transitioning into services require intellectual assessments in Wakefield. A meeting has been scheduled with the commissioner to discuss and agree a way forward.

ATU (Assessment & Treatment Unit)
- The speech and language therapist post remains vacant and now back out to advert.
- Improvement work undertaken on the 12-point discharge planning process.
- Improvement actions are being progressed and the service is now assessing itself against QNLD standards (Quality Network for Inpatient Learning Disability) internally and are sharing both ways with the Bradford ward seeking support from national peers.

Advise

Community Services
- Challenges continue with the recruitment of specialists in speech and language and occupational therapy.
- Wakefield Local Authority have commissioned a review of LD services on behalf of the Wakefield Alliance.

ATU (Assessment & Treatment Unit)
- Vacancies in nursing are being addressed and support is made available for less experienced staff.
- Improvement work continues to be embedded into the service.

Assure

Community Services
- Newly established internal LeDeR (learning from deaths review programme) group now in place to ensure joined up learning from South and West Yorkshire and disseminating learning to all LD staff.
- Waiting list training for staff completed and some final amends being made before the new way of working goes live.
- Locality trios and senior clinicians' teams are now embedding with more clarity on decision making and escalation processes.

ATU (Assessment & Treatment Unit)
- Improvements continue to strengthen processes, approaches and positive culture on the ward.
- Interim occupational therapist and psychologist now in place which has strengthened multidisciplinary team working and care planning for our service users. A more recent reduction in incidents has been noted.

Forensic Services

Forensic

Metrics	Threshold	Jul-23	Aug-23	Variation/ Assurance
% Appraisal rate	>=90%	72.5%	61.7%	
% Bed occupancy	90%	86.5%	86.6%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.1%	79.3%	
% 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%	96.5%	96.5%	
Physical Violence (Patient on Patient)	Trend Monitor	1	4	
Physical Violence (Patient on Staff)	Trend Monitor	16	12	
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	83.0%	81.3%	
Restraint incidents	Trend Monitor	28	***18***	
Safer staffing	90%	114.6%	110.1%	
Sickness rate (Monthly)	5.4%	9.3%	8.3%	
% rosters locked down in 6 weeks				

Alert/Action

• Bed Occupancy – Newton Lodge 84.10%↑, Bretton 90.09%↓ (remains green), Newhaven 84.07%↑. 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. Managers within the service are working with the People Directorate to support staff to return to work.
• Vacancies & Turnover – Turnover has risen in month to 13.3% and managers continue to encourage staff to provide feedback through exit conversations. Recruitment and retention remains a priority and projections for the number of new starters looks positive.

Advise

• Regular meetings continue to assimilate Forensic Child and Adolescent Mental Health Services (FCAMHS) into the West Yorkshire Provider Collaborative and the options appraisal for commissioning arrangements moving forward is in the final stages of completion.
• Mandatory training overall compliance:
  Newton Lodge – 92.3↓
  Bretton – 90.4%↓(impacted by high sickness figures)
  Newhaven –90.1↓
  The above figures represent the overall position for each service. There are some hotspots for RRPI and CPR and there are plans to target staff who need to attend.
• The roll out of Trauma Informed Care is going well and training sessions for staff continue to be well attended the service will continue to develop the roll out with a planned phase 2.
• Appraisal (61.7%) & 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 (historical clinical and risk management) being completed within 3 months of admission.
• Friends and family test 100%
• CPA 100%
• 25 hours of meaningful activity 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)	£1.2m	£0m	A surplus of £0.4m has been reported in August 2023 and a year to date surplus of £1.2m. This has improved the position and is now £0.2m behind plan. Excluding the provider collaboratives, the core Trust position is breakeven in month.
2	Agency Spend	£4.5m	£10.2m	The Trust has a target of reducing agency spend from £10.0m to £8.7m. Spend in August is £0.8m which is in line with historical run rates but exceeds the plan trajectory. The year to date position is 16% above plan.
3	Financial sustainability and efficiencies	£3.6m	£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 due to the increasing profile and the need to identify new opportunities.
4	Cash	£79.1m	£76.9m	The Trust cash position remains strong at £79.1m.
5	Capital	£1.1m	£8.8m	Excluding the impact of the impact of IFRS 16 (leases), year to date expenditure is £1.1m. Although there are some delays in schemes, mainly IM&T schemes in August 2023, this is still forecast to deliver in full in year. Expenditure is forecast to significantly increase in the next quarter.
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 97% 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.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 5 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0 Executive Summary / Key Performance Indicators

Key Performance Indicator		Year to Date	Forecast 2023 / 24	Narrative
1	Surplus / (Deficit)	£1.2m	£0m	A surplus of £0.4m has been reported in August 2023 and a year to date surplus of £1.2m. This has improved the position and is now £0.2m behind plan. Excluding the provider collaboratives the core Trust position is breakeven in month.
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3	Financial sustainability and efficiencies	£3.6m	£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 due to the increasing profile and the need to identify new opportunities.
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5	Capital	£1.1m	£8.8m	Excluding the impact of the impact of IFRS 16 (leases), year to date expenditure is £1.1m. Although there are some delays in schemes, mainly IM & T schemes in August 2023, this is still forecast to deliver in full in year. Expenditure is forecast to significantly increase in the next quarter.
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.

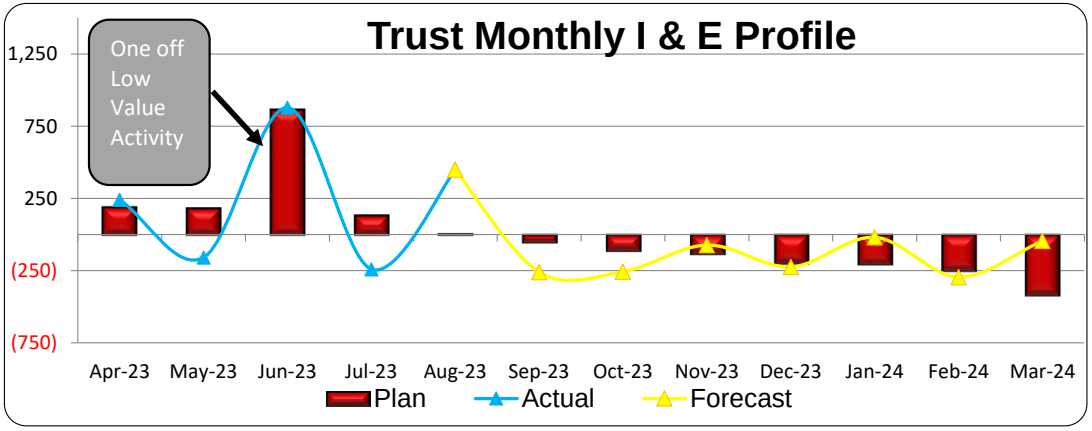
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

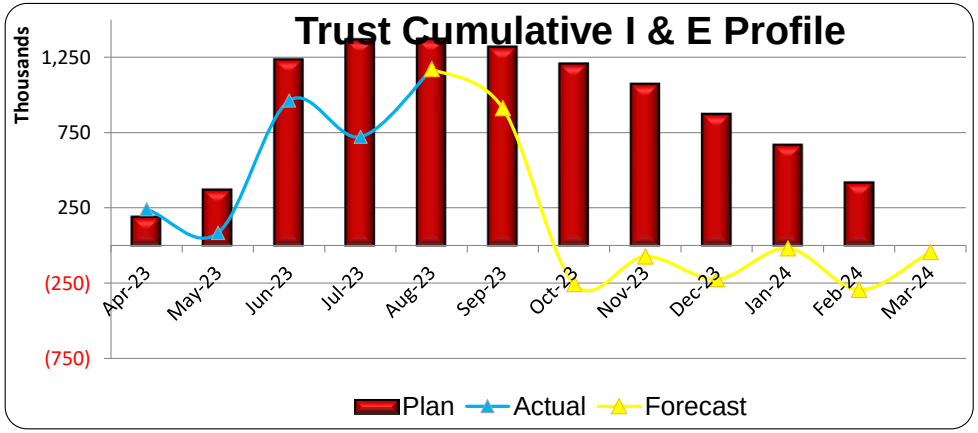
2.0 Income & Expenditure Position 2023 / 24

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					33,507	33,581	74	163,785	164,116	330	392,227	393,121	894
Other Operating Revenue					1,064	1,267	203	5,052	5,473	421	12,454	12,842	388
Total Revenue					**34,571**	**34,848**	**277**	**168,838**	**169,589**	**751**	**404,682**	**405,963**	**1,282**
Pay Costs	4,854	4,856	2	0.0%	(20,956)	(20,746)	210	(101,271)	(100,865)	406	(245,134)	(244,638)	495
Non Pay Costs					(13,188)	(13,350)	(162)	(64,019)	(65,763)	(1,744)	(154,521)	(157,132)	(2,611)
Gain / (loss) on disposal					0	0	0	0	5	5	0	5	5
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**4,854**	**4,856**	**2**	**0.0%**	**(34,143)**	**(34,096)**	**48**	**(165,290)**	**(166,623)**	**(1,333)**	**(399,655)**	**(401,765)**	**(2,111)**
EBITDA	**4,854**	**4,856**	**2**	**0.0%**	**428**	**753**	**325**	**3,548**	**2,966**	**(582)**	**5,027**	**4,198**	**(829)**
Depreciation					(503)	(508)	(5)	(2,559)	(2,566)	(8)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(895)	(895)	0	(2,148)	(2,148)	0
Interest Received					258	384	126	1,272	1,666	394	3,070	3,941	871
Surplus / (Deficit) - ICB performance measure	**4,854**	**4,856**	**2**	**0.0%**	**4**	**449**	**446**	**1,366**	**1,171**	**(196)**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(97)	(97)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,854**	**4,856**	**2**	**0.0%**	**4**	**430**	**426**	**1,366**	**1,074**	**(292)**	**(0)**	**(232)**	**(232)**





2.0 Impact of provider collaboratives

Since 2022 the Trust has taken on a co-ordinating role for a number of provider collaboratives. This has significantly increased the total income and expenditure reported within the overall consolidated financial position. The table below separately shows the relationship of Trust to collaboratives and how this consolidates to the total position. This replicates the segmental reporting approach included within the Trust Annual Accounts.

Provider Collaborative consolidation - year to date actual

Description	Total consolidated	West Yorks Adult Secure	Forensic CAMHS	South Yorks Adult Secure	SWYPFT
	£k	**£k**	**£k**	**£k**	**£k**
Healthcare contracts	164,116	28,036	465	14,976	120,639
Other Operating Revenue	5,473				5,473
Total Revenue	**169,589**	**28,036**	**465**	**14,976**	**126,112**
Pay Costs	(100,865)	(650)	(51)	(301)	(99,863)
Non Pay Costs	(65,763)	(27,386)	(315)	(14,569)	(23,493)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(166,623)**	**(28,036)**	**(366)**	**(14,870)**	**(123,350)**
EBITDA	**2,966**	**0**	**98**	**106**	**2,762**
Depreciation	(2,566)				(2,566)
PDC Paid	(895)				(895)
Interest Received	1,666				1,666
Surplus / (Deficit) - ICB	**1,171**	**0**	**98**	**106**	**967**
Depn Peppercorn Leases (IFRS16)	(97)				(97)
Revaluation of Assets	0				0
Surplus / (Deficit) - Total	**1,074**	**0**	**98**	**106**	**870**

The year to date financial performance of each provider collaborative, which SWYPFT is lead for, is shown on the left.

The West Yorkshire collaboratives are subject to a financial risk / reward share agreement. This arrangement includes CAMHS and Adult Eating Disorder services which are co-ordinated by Leeds & Yorkshire Partnership NHS Foundation Trust, and at this stage are not incorporated into the reported SWYPFT financial position. The current risk is factored into the forecast scenario.

The South Yorkshire collaboratives do not currently have a risk / reward share arrangement and the full financial impact is shown against SWYPFT. Discussions continue to progress this issue.

2.0 Income & Expenditure Position 2023 / 24

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					24,493	24,304	(189)	121,289	120,639	(649)	290,256	289,118	(1,139)
Other Operating Revenue					1,064	1,267	203	5,052	5,473	421	12,454	12,842	388
Total Revenue					**25,557**	**25,571**	**14**	**126,341**	**126,112**	**(228)**	**302,711**	**301,960**	**(751)**
Pay Costs	4,832	4,832	0	0.0%	(20,800)	(20,535)	266	(100,501)	(99,863)	638	(243,350)	(242,202)	1,148
Non Pay Costs					(4,504)	(4,724)	(220)	(22,292)	(23,493)	(1,201)	(54,334)	(55,194)	(860)
Gain / (loss) on disposal					0	0	0	0	5	5	0	5	5
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**4,832**	**4,832**	**0**	**0.0%**	**(25,304)**	**(25,259)**	**45**	**(122,793)**	**(123,350)**	**(558)**	**(297,684)**	**(297,390)**	**294**
EBITDA	**4,832**	**4,832**	**0**	**0.0%**	**253**	**312**	**59**	**3,548**	**2,762**	**(786)**	**5,027**	**4,570**	**(457)**
Depreciation					(503)	(508)	(5)	(2,559)	(2,566)	(8)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(895)	(895)	0	(2,148)	(2,148)	0
Interest Received					258	384	126	1,272	1,666	394	3,070	3,941	871
Surplus / (Deficit) - ICB performance measure	**4,832**	**4,832**	**0**	**0.0%**	**(171)**	**9**	**180**	**1,366**	**967**	**(400)**	**(0)**	**372**	**372**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(97)	(97)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,832**	**4,832**	**0**	**0.0%**	**(171)**	**(10)**	**161**	**1,366**	**870**	**(496)**	**(0)**	**140**	**140**

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 Consolidated Position	4,854	4,856	2	0.0%	4	449	446	1,366	1,171	(196)	(0)	(0)	(0)
Provider Collaboratives	22	24	2	6.9%	175	440	265	0	204	204	0	(372)	(372)
Total excluding Collaboratives (as shown above)	**4,832**	**4,832**	**0**	**0.0%**	**(171)**	**9**	**180**	**1,366**	**967**	**(400)**	**(0)**	**372**	**372**

Income & Expenditure Position 2022 / 23

August 2023, excluding the financial impact of the provider collaboratives, is a £9k surplus. This is £180k better 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 (both agenda for change and medic), and gap compared to commissioner income uplifts, presents a significant financial pressure to this plan position.

The impact of the medic pay award, both the income and expenditure aspects, have been incorporated in month. This has been back dated to 1st April 2023 and will be paid / received in month 6 / September 2023.

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. Additional risk, such as against CQUIN performance, are included within the Trust forecast scenario modelling.

Pay

Pay expenditure has increased in month. This includes overall workforce growth and also through the impact of the medic pay award which has been accounted for in August (expected to be paid in September). Workforce growth is forecast to continue across the remainder of the year.

Agency spend has reduced slightly in August compared to July. Overall the run rate remains similar to the previous year and, therefore, above target.

Non Pay

The non pay analysis highlights that most categories are overspent against plan although overall non pay spend is lower than the previous year. Pressures continue (both volume and inflationary cost increases) but there has been positive reductions in out of area placement spend in month which is shown within the purchase of healthcare highlight report.

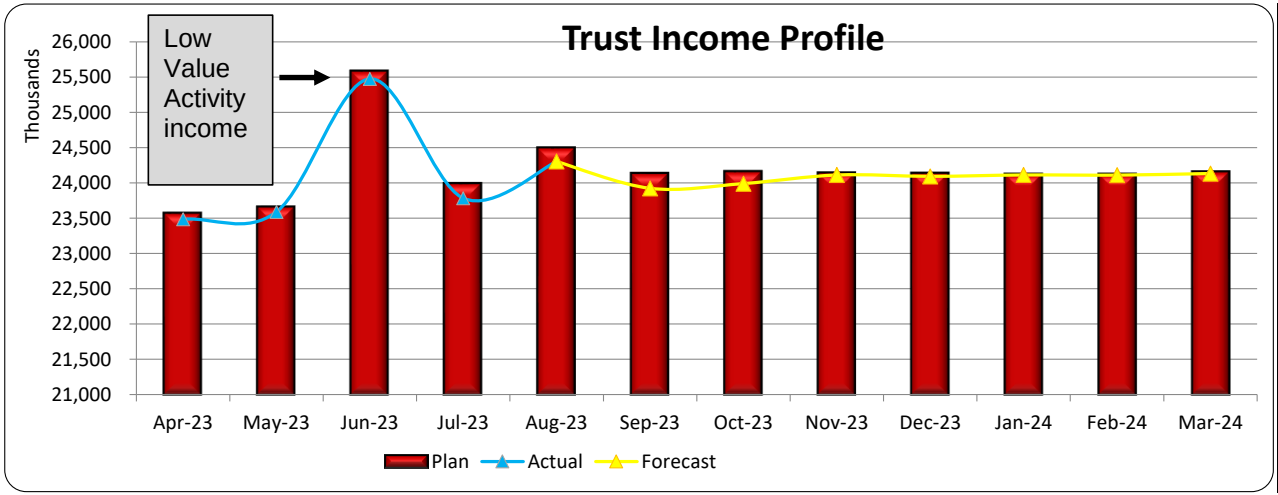
2.1 Income Information

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	20,628	19,983	20,042	20,163	20,146	20,132	20,130	20,154	**241,916**	**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	2,578	2,743	2,743	2,743	2,743	2,743	2,743	2,743	**32,970**	**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	481	481	532	532	532	546	546	546	**6,032**	**5,311**
Partnerships	514	584	546	591	472	580	538	538	538	556	556	556	**6,569**	**5,052**
Other Contract Income	197	96	144	102	144	136	136	136	135	135	135	135	**1,631**	**2,256**
Total	**23,486**	**23,590**	**25,476**	**23,783**	**24,304**	**23,924**	**23,991**	**24,113**	**24,094**	**24,113**	**24,111**	**24,134**	**289,118**	**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**	



Income has increased in month primarily due to clarification relating to the national negotiation on software licences. An income deduction, by the ICB, was made in July 2023 but this has been reversed in August 2023.

This will be factored into the forecast risk scenario as this could be re-applied again in future months. This scenario will include the impact of CQUIN performance and the current assessment of income risk relating to investment slippage.

Known shortfalls in income, against plan, are factored into the current position such as Sheffield Stop Smoking (less activity) and the Youth Offender contract (recruitment slippage). These will continue to be monitored.

2.2 Pay Information

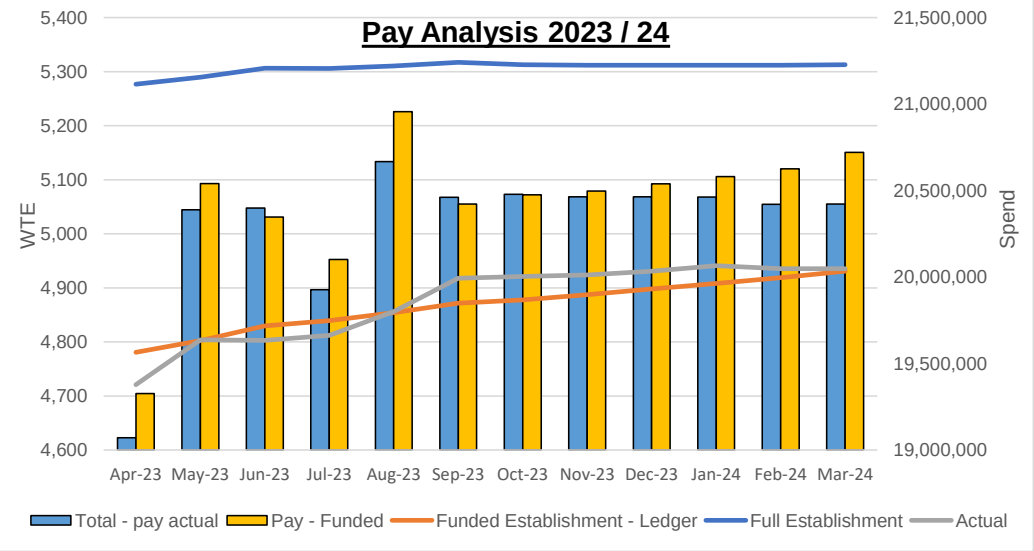
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities 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	18,244	18,103	18,138	18,144	18,162	18,175	18,172	18,167	**216,030**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,371	1,382	1,364	1,372	1,378	1,362	1,372	**15,982**
Agency	939	908	1,002	855	810	862	836	838	813	791	769	767	**10,190**
Total	**18,936**	**20,296**	**20,277**	**19,819**	**20,535**	**20,337**	**20,355**	**20,346**	**20,347**	**20,345**	**20,304**	**20,305**	**242,202**
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**

Bank as % (in month)	4.5%	6.7%	6.6%	6.9%	7.2%	6.7%	6.8%	6.7%	6.7%	6.8%	6.7%	6.8%	6.6%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.2%	4.1%	4.1%	4.0%	3.9%	3.8%	3.8%	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	4,356	4,426	4,429	4,435	4,443	4,453	4,455	4,454	**4,397**
Bank & Locum	222	314	326	321	356	343	346	341	342	344	339	341	**328**
Agency	157	161	164	163	144	149	147	148	146	144	141	140	**150**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,918**	**4,921**	**4,924**	**4,931**	**4,941**	**4,935**	**4,936**	**4,875**
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 expenditure has increased in month with the impact of the medic pay award, dated back to April 2023, included. In addition there is continued workforce growth as shown by the increasing WTE worked. This is on both substantive and bank lines. There has been a reduction in agency worked WTE in month.

Overall WTE in August is in line with plan. This is forecast to increase in September through additional recruitment (newly qualified students intake) and continued international recruitment.

The impact on agency and bank will be seen in future months after initial induction periods of substantive staff.

The forecast models an additional 80 worked WTE by March 2024.At 4,936 this represents an increase of 345 WTE compared to the prior year. This is also an increase of 52 WTE from that forecast in July 2023. This movements have a significant impact on the overall forecast scenario and future plan modelling.

2.2 Agency Expenditure Focus

Agency spend is £808k in August. 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.

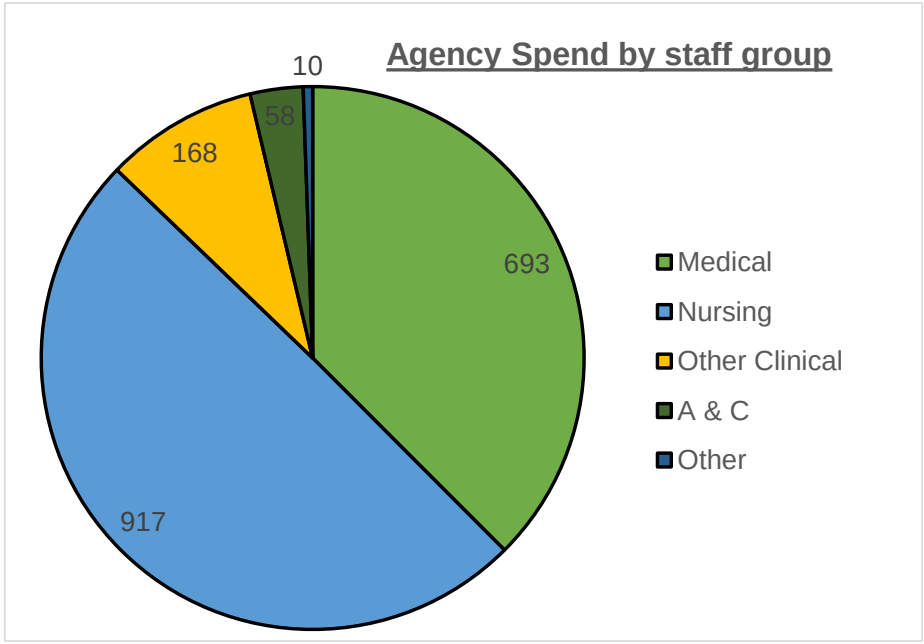
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

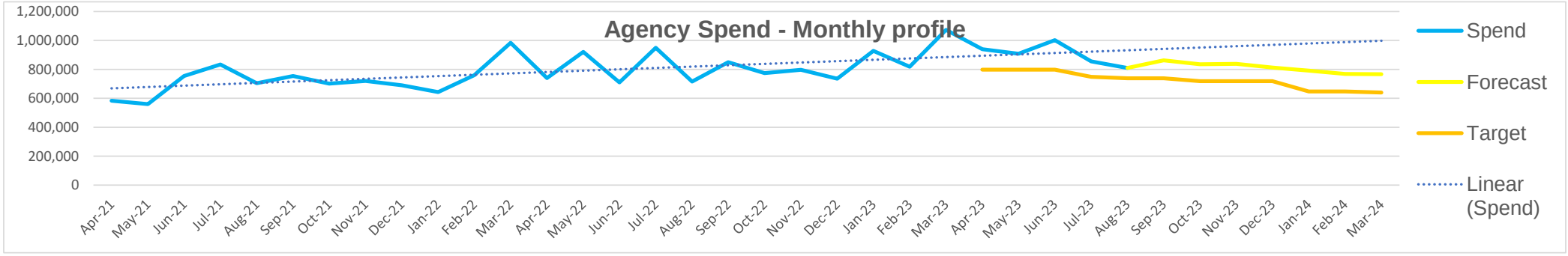
Under the NHS Single Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

August 2023 spend is £808k, which is the second consecutive month of reduction, and is slightly lower than the average run rate in 2022 / 23. Although this still remains higher than the monthly target. The current modelled trajectory has some reductions profiled, 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. All of these have establishment reviews ongoing and are the focus on trust workforce growth through substantive recruitment.



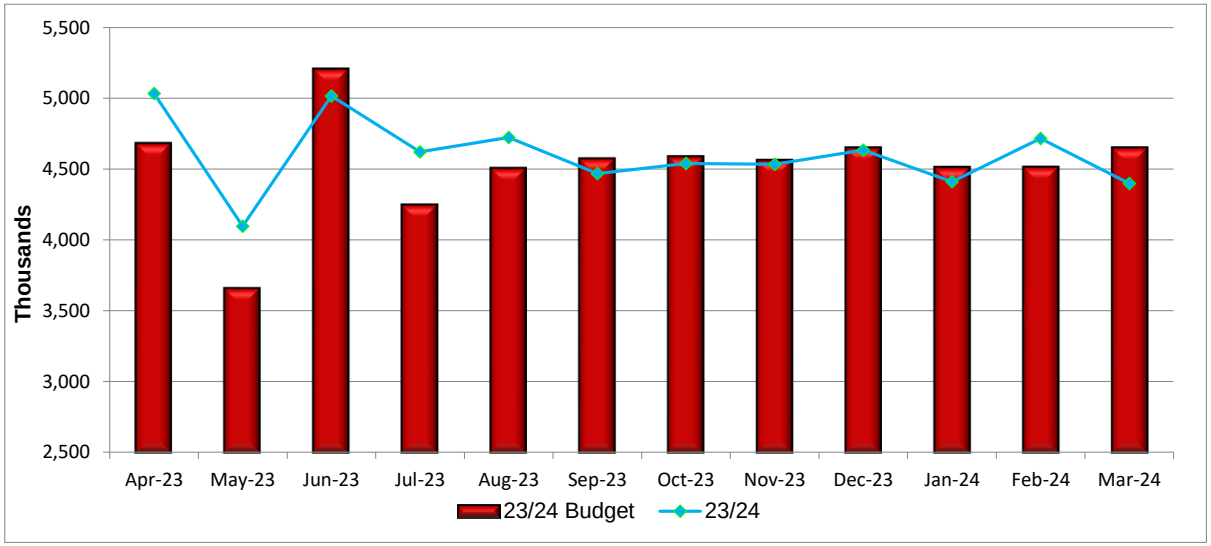


2.3 Non Pay Expenditure

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	4,724	4,468	4,540	4,535	4,634	4,410	4,716	4,398	**55,194**
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	1,709	1,577	(132)
Establishment	3,629	4,007	378
Lease & Property Rental	3,631	3,523	(108)
Premises (inc. rates)	2,239	2,551	312
Utilities	867	902	35
Purchase of Healthcare	3,727	3,865	138
Travel & vehicles	2,111	2,097	(14)
Supplies & Services	2,823	3,016	193
Training & Education	726	738	12
Clinical Negligence & Insurance	442	444	3
Other non pay	389	773	384
Total	**22,292**	**23,493**	**1,201**
Total Excl OOA and Drugs	**16,857**	**18,051**	**1,194**



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. Although spend is above plan it remains at a lower level than the prior year.

The non pay review group, and general review of all expenditure, as part of the value for money workstream, continues.

Overall the purchase of healthcare, which is traditionally an area of financial pressure and continues to be reported separately, is overspent against plan. Out of area placements (adult and PICU), which forms part of this spend, is currently underspent against plan.

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.

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.

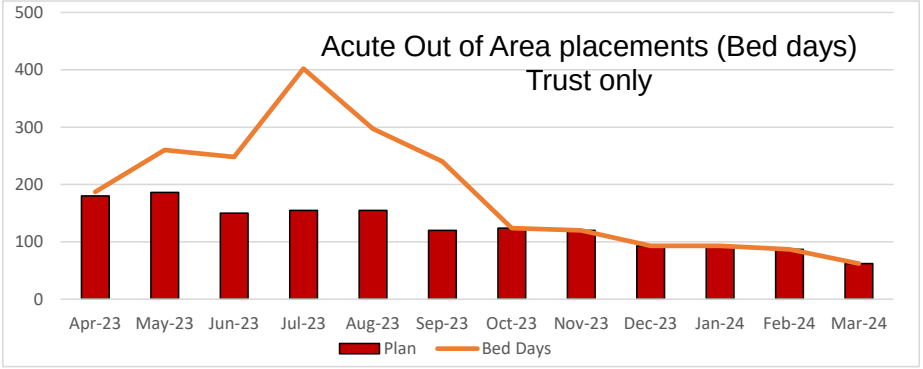
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

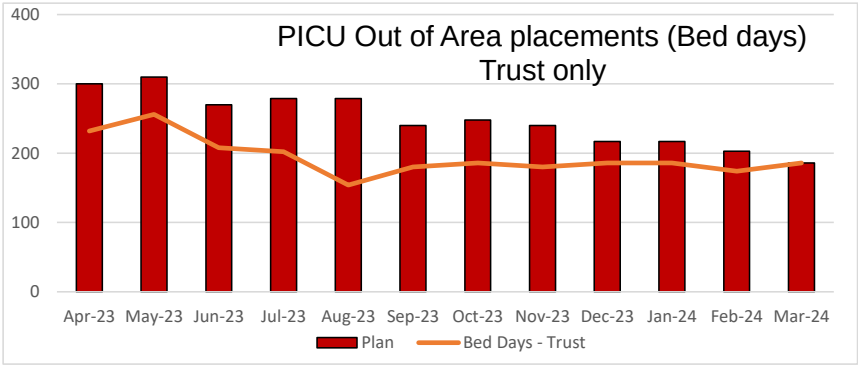
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

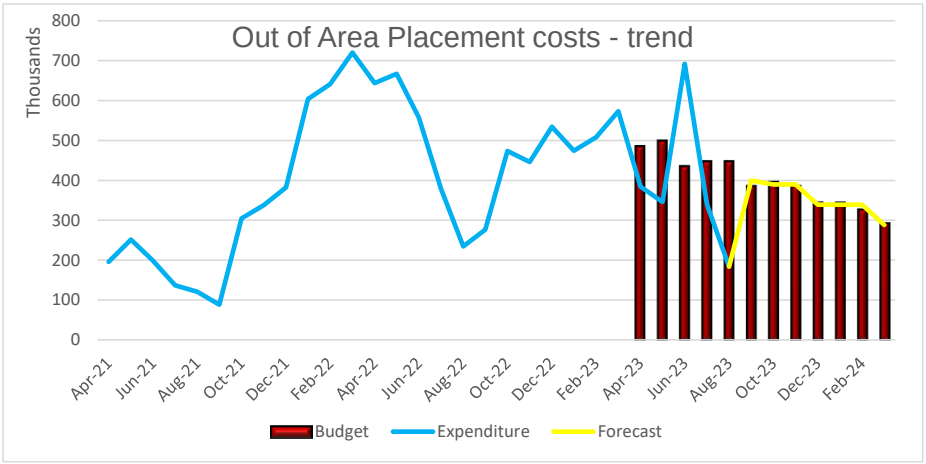
On such occassions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	628	861	233
PICU	1,625	1,001	(624)
Locked Rehab	951	1,113	162
Services - NHS	137	161	25
IAPT	73	221	148
Yorkshire Smokefree	34	13	(21)
Other	279	494	215
Total	**3,727**	**3,865**	**138**







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 £392k lower than plan for the year to date. This is an increase in the underspend from July with reduced activity in both acute and PICU in month. Updates on the work undertaken, and the impact seen, has been shared within the Trust; work continues to ensure that this is maintained / improved.

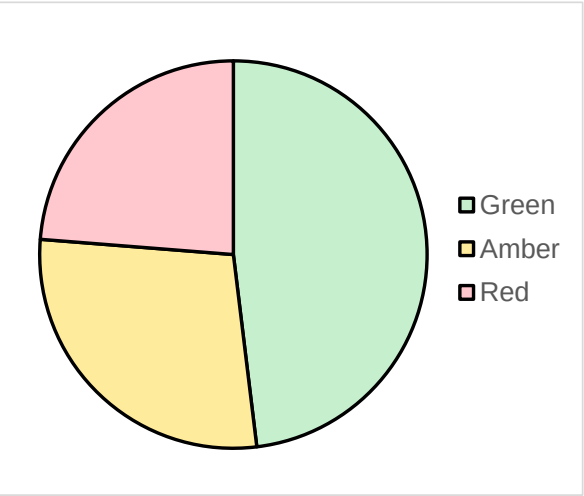
Continuation of this trend remains a risk and is reflected in the current forecast trajectory, as shown above. This models a continued reduction of acute placements towards the planned level, but some future increases in PICU activity.

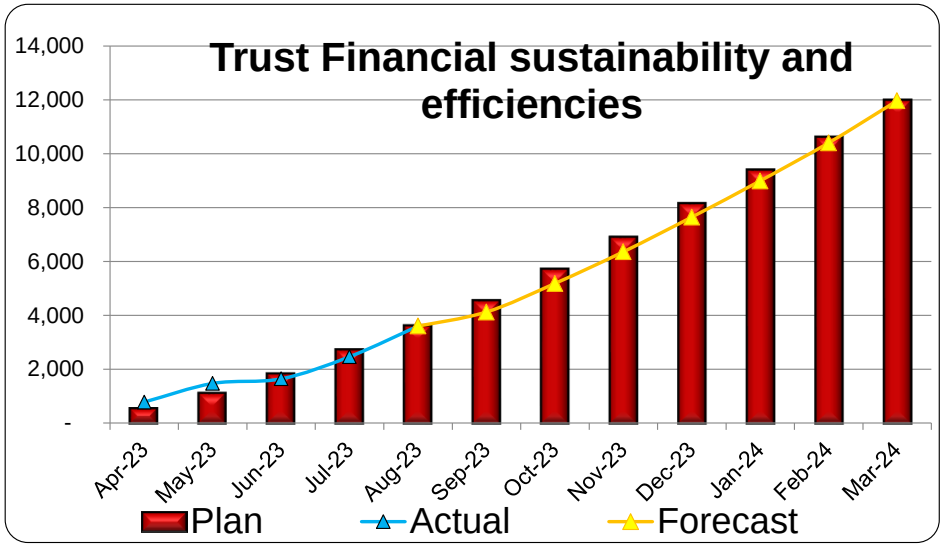
2.4 Value for Money, Financial sustainability and efficiency

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.

		Year to Date			Forecast			
Workstream Categorisation	**Breakdown**	**Target**	**Achieved Recurrent**	**Achieved Non Recurrent**	**Target**	**Green**	**Amber**	**Red**
Out of Area Placements	Pg. 10	859	1,214		3,197	1,214	2,328	
Agency & Workforce	Pg.	1,070	341	406	4,380	785	495	
Medicines optimisation		167	132		400	172		
Non Pay Review		313	0		1,048		550	2,842
Income contributions		210	96		500	267		
Interest Receivable	Pg. 4	583	977		1,400	2,271		
Provider Collaborative	Pg.	433	433		1,044	1,044		
Total		**3,634**	**3,194**	**406**	**11,969**	**5,753**	**3,374**	**2,842**
Recurrent		3,331	3,194		10,943	5,753	3,374	
Non Recurrent		303		406	1,026			2,842





Value for money performance for the year to date is £49k 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. Overall there is slippage, both year to date and forecast. There is also slippage on the non pay schemes.

There have been mitigated by better than plan performance on interest receivable, which is forecast to continue, and current out of area placements expenditure. Future months are still reported as amber due to the volality of this area. Current performance is no guarantee of future performance.

3.0 Statement of Financial Position (SOFP) 2023 / 24

Balance Sheet / Statement of Financial Position (SOFP)	2022 / 2023 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	165,175	167,808	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	946	
Non NHS Trade Receivables (Debtors)	2,853	1,122	
Prepayments	3,482	4,926	
Accrued Income	9,372	4,723	2
Cash and Cash Equivalents	74,585	79,127	Pg 15
Total Current Assets	**92,097**	**91,076**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(7,619)	3
Capital Payables (Creditors)	(739)	(366)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,003)	4
Accruals	(32,952)	(29,384)	4
Deferred Income	(4,172)	(1,925)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(57,366)	1
Total Current Liabilities	**(104,062)**	**(104,663)**	
Net Current Assets/Liabilities	**(11,965)**	**(13,587)**	
Total Assets less Current Liabilities	**153,210**	**154,221**	
Provisions for Liabilities	(4,319)	(4,213)	
Total Net Assets/(Liabilities)	**148,891**	**150,008**	
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	85,062	
Total Taxpayers' Equity	**148,891**	**149,966**	

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.

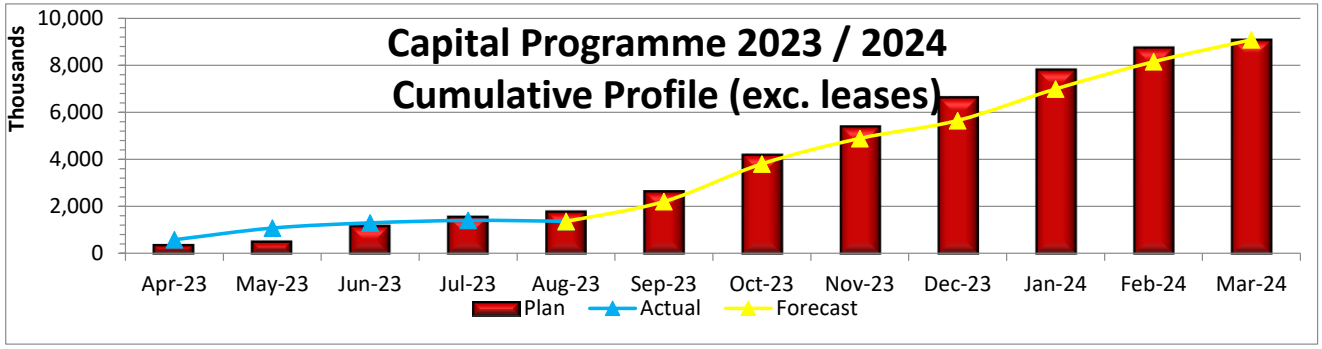
2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. As we approach Month 6 and the quarter end, this should reduce as invoices are raised.

3. Trade payables remain high, £3.4m relates to purchase orders receipted but not invoiced. Housekeeping is being undertaken for any old orders that need closing.

4. Accruals remain at a high level, work is ongoing to ensure that invoices are received and processed. A significant element of this relates to the South Yorkshire Adult Secure Collaborative (c. £5m to other NHS providers).

3.1 Capital Programme 2023 / 2024

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	15	15	750	0
Maintenance (Minor) Capital						
Clinical Improvement	285	115	1	(114)	713	428
Safety inc. ligature & IPC	990	255	389	134	1,326	336
Compliance	430	430	0	(430)	302	(128)
Backlog maintenance	510	0	0	0	120	(390)
Sustainability	300	0	7	7	225	(75)
Plant & Equipment	40	0	22	22	53	13
Other	1,223	69	625	556	1,039	(184)
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	248	0	(248)	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**	**1,497**	**1,059**	**(437)**	**8,768**	**0**
Lease Impact (IFRS 16)	5,203	5,203	7,358	2,155	7,366	2,163
New lease	303	283	300	17	324	21
TOTALS	**14,274**	**6,983**	**8,717**	**1,734**	**16,457**	**2,183**



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.

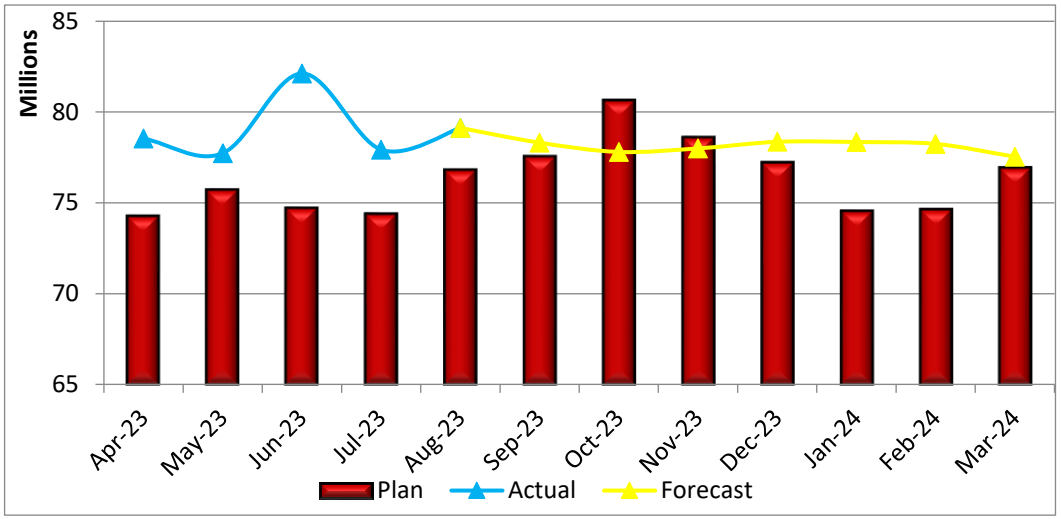
Changes, implemented under IFRS 16 (leases), mean that these costs are now included within the NHS England Capital Departmental Expenditure Limits (CDEL) but is separate from the ICB capital allocation so is presented below the line here.

Maintenance / 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 (not in the plan).

Major scheme spend is profiled to commence later in the year although there are indications that the site infrasture scheme will be split with part completed in 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.

3.2 Cash Flow & Cash Flow Forecast 2022 / 2023

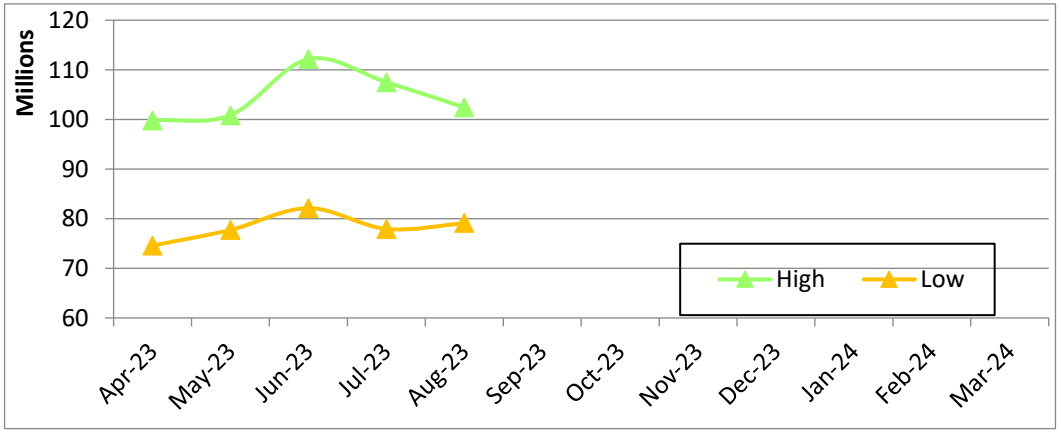


The Trust cash position remains positive.

Cash has increased slightly at the end of the month, this is expected to reduce in September as we make the PDC payment.

The Trust continues to monitor interest rates to assess the optium time to invest.

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	76,818	79,127	2,309



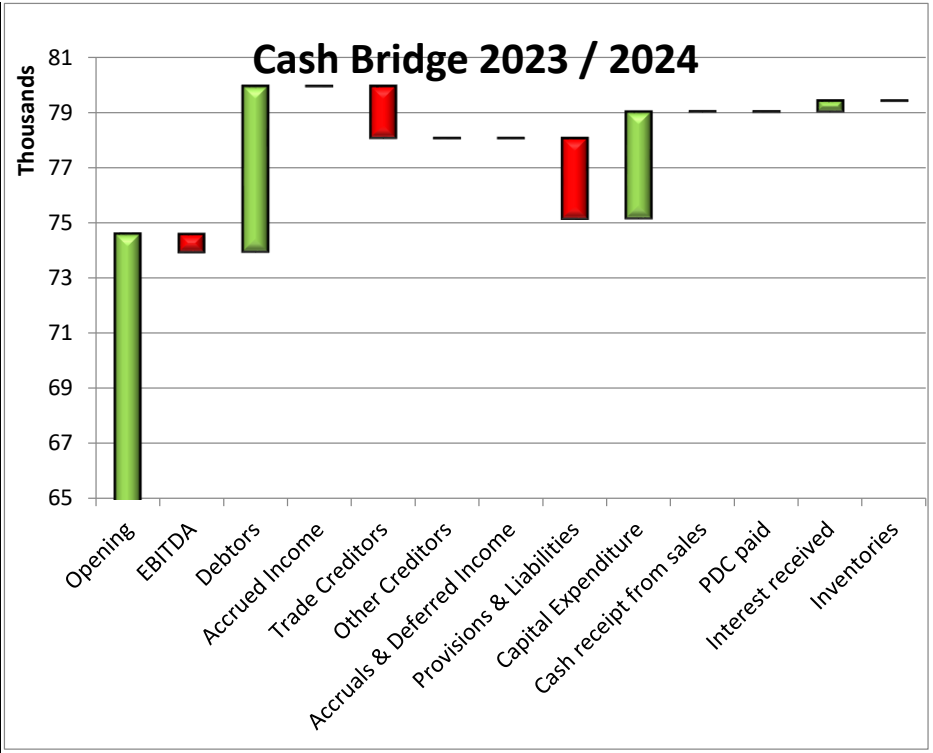
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £102.4m
The lowest balance is: £79.1m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**74,585**	**74,585**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	7,285	6,631	(654)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(785)	5,218	6,003	
Trade Payables (Creditors)	(1,175)	(3,052)	(1,877)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	567	(2,353)	(2,920)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(4,932)	(1,059)	3,872	
Cash receipts from asset sales	0	5	5	
Leases	0	(2,515)	(2,515)	
PDC Dividends paid	0		0	
PDC Dividends received	0		0	
Interest (paid)/ received	1,272	1,666	394	
Closing Balances	**76,818**	**79,127**	**2,309**	



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 £2.3m higher than plan, capital is a driver behind this as we are behind plan and this will continue for the next quarter.

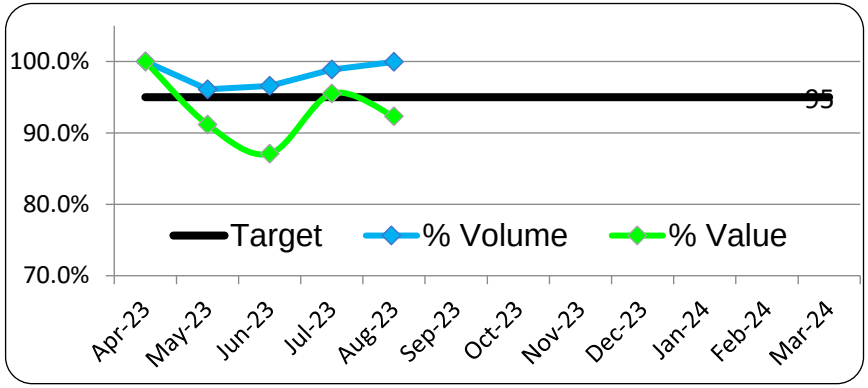
4.0 Better Payment Practice Code

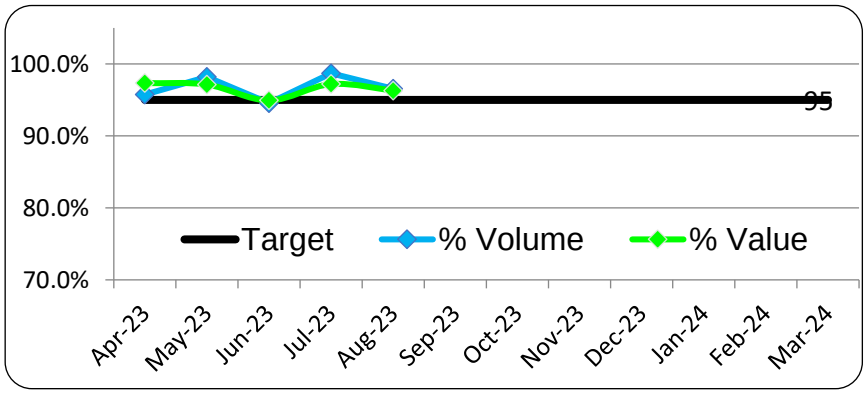
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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. Following a slight dip in month, action has been taken to increase NHS payment runs.

NHS	Number %	Value %
In Month	100%	92%
Cumulative Year to Date	98%	94%

Non NHS	Number %	Value %
In Month	97%	96%
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 (£)
24-Jul-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5086	800,000
15-Aug-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	999988	666,894
01-Sep-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS37	544,330
16-Aug-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203543	519,424
01-Aug-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008187	337,679
01-Aug-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 275	245,869
02-Aug-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foun	4400000237	230,447
28-Jul-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000171	186,496
01-Sep-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS14	185,000
08-Aug-23	Purchase of Healthcare	Kirklees	Northorpe Hall Child & Family Trust	INV0546	172,704
21-Aug-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5127	159,820
01-Aug-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008183	120,179
18-Jul-23	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	FDN00865	105,133
10-Aug-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC015INV	102,998
03-Aug-23	IT Services	Trustwide	Daisy Corporate Services	3I513277	90,250
15-Aug-23	Purchase of Healthcare	Kirklees	Kirklees Council	8608201371	85,000
09-Aug-23	Purchase of Healthcare	Barnsley	Barnsley Hospital NHS Foundation Trust	6027029	73,695
30-Aug-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	324628	71,956
11-Aug-23	Drugs	Trustwide	Lp Hcs Ltd	HCSLP119	67,344
17-Aug-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000000	64,961
31-Jul-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5125	60,049
15-Aug-23	Purchase of Healthcare	Kirklees	Kirklees Council	8608201339	56,500
21-Aug-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 11209	56,000
04-Jul-23	Purchase of Healthcare	AS Collaborative	Spectrum Community Health Cic	SINV6376	48,868
02-Aug-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72485641	47,313
02-Aug-23	Drugs	Trustwide	Edf Energy Customers Ltd	000016199274	42,620
25-Jul-23	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400000720	42,605
24-Aug-23	Computer Hardware	Trustwide	Family Lives	2478	39,709
02-Aug-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001054EPC	35,280
12-Aug-23	Computer Hardware	Trustwide	Vodafone Ltd	104402906	33,800
12-Jul-23	Computer Hardware	Trustwide	Vodafone Ltd	104212358	33,055

31-May-23	Computer Hardware	Trustwide	Cinnamon Digital Applications Ltd	INV127	32,703
04-Aug-23	Computer Hardware	Trustwide	Humber Teaching NHS Foundation Trust	59893328	30,255
31-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	BLA0300665	29,543
22-Aug-23	Utilities	Trustwide	Leeds & York Partnership NHS Foundation Trust	1000046	28,944
31-Jul-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WKE0300980	28,693
01-Aug-23	Drugs	Trustwide	Ieso Digital Health Ltd	UK001345	28,672
01-Aug-23	Purchase of Healthcare	Trustwide	Cheadle Royal Hospital	2900022762	26,955
01-Apr-23	Purchase of Healthcare	OOA	NHS Providers	0000008164	26,908
02-Aug-23	Mobile Phones	Trustwide	Edf Energy Customers Ltd	000016189594	25,916
04-Jul-23	Advocacy Service	Forensic	St Andrews Healthcare	90124151	25,281
02-Aug-23	MFD	Trustwide	St Andrews Healthcare	90125253	25,281
06-Jul-23	Purchase of Healthcare	Forensic	Voluntary Action Calderdale	INV00741	25,000

4.2 Glossary

* 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

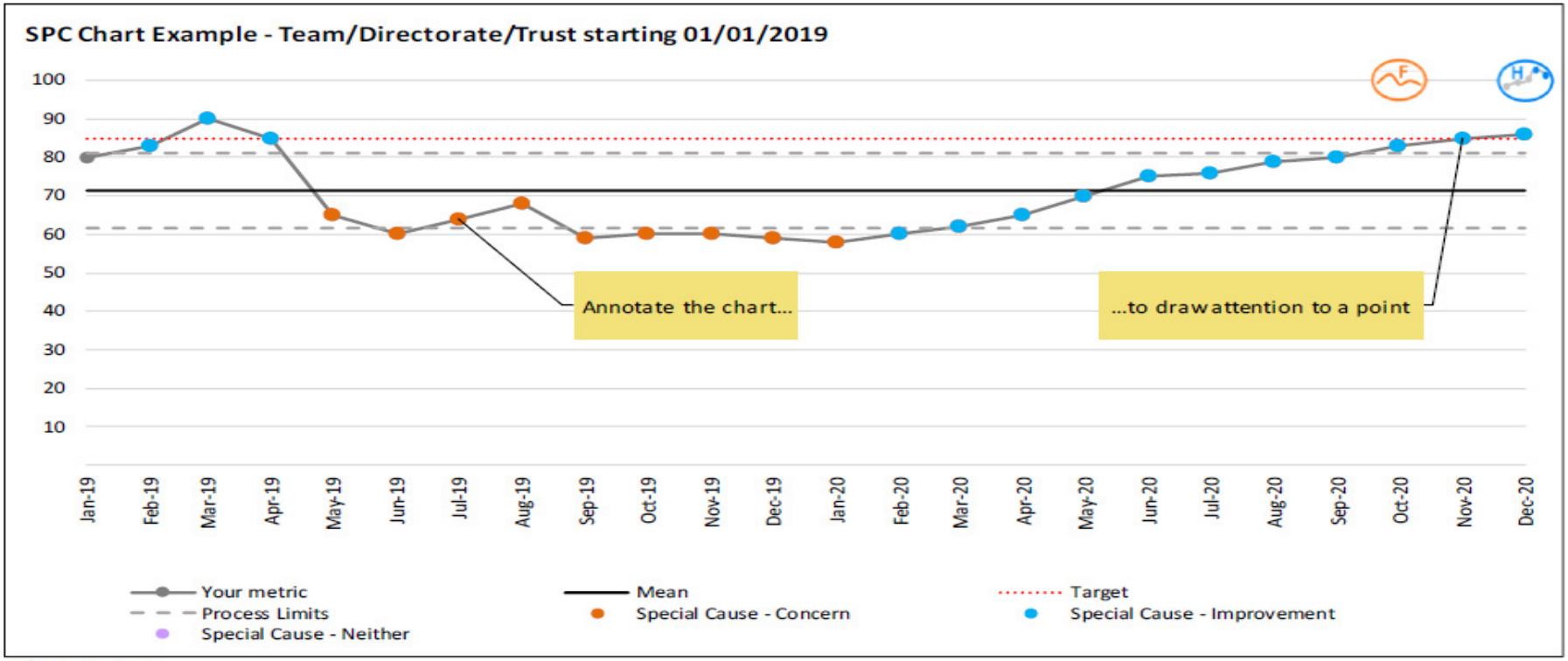
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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



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.