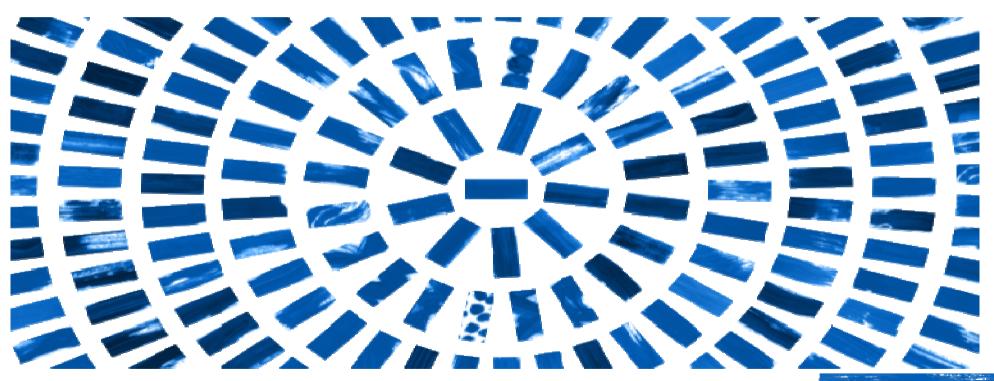


Integrated Performance Report Strategic Overview



September 2023

With all of us in mind.



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Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 2023. The development of the IPR continues, from September it now includes a ward level breakdown of key metrics within the care group section of the report.

Majority of the agreed metrics identified to monitor performance against our strategic objectives have been populated, two metrics are still in development with indicative timescales provided.

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 96.6% against a target of 90%. For the Trust derived indicators, as at September 2023, disability 45.4%, sexual orientation 44.6% and postcode 99.8% of service users have had their equality data recorded. Whilst recording postcode is not technically part of equality data it does help identify referrals from areas with higher levels of deprivation, which could indicate inequalities in relation to healthcare access, experience, and outcomes. Work continues to ensure data capture will be extended to all services, 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 covers all protected groups and carers. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.
- Timely completion of equality impact assessments (EIA) for service and policy remains a key metric. No policy is agreed without an EIA in place and therefore we have investigated why the performance is under 100%. It appears that the difference is because the tracker used to monitor EIAs in policies is not updated when it has been agreed that a policy will be extended. This is being rectified and therefore it is anticipated that this will be reflected in the performance in the next report.
- Referral to assessment within 2 weeks for mental health single point of access the overall Trust position increased to 82.7% in September against a target of 75%, the highest reported monthly since January 2023. Single points of access (SPA) continue to prioritise risk screening of all referrals to ensure any urgent demand is met within 24 hours. 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 187 days used in September, this is an improvement compared to the previous two months (589 and 400). 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 5 people placed in out of area beds at the end of September. The inpatient improvement programme is aiming to address the workforce challenges. Systems are in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased to 75.3% in September from 64.1% reported in August, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. The care group escalated a concern regarding access in paediatric audiology when performance for diagnostic appointments first started to fall at the start of the year. An improvement plan was initiated. More recently, the care group reported a concern with reaching the agreed trajectory to full performance by October 2023. This relates to staffing capacity which is an issue shared across South Yorkshire providers and to increased numbers of children 'not brought' to the assessment where the assessment cannot be rebooked within 6 weeks. Not all appointments are for diagnosis. Overall the average waiting time for an appointment in audiology is 3.6 weeks so if parents need support and advice for their child a general appointment can be arranged.



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

There has been a strong focus on improved performance with regards to the completion of care plans and risk assessments. This focus continues to be driven within the Care Plan and Risk Assessment Improvement Group, with an enhanced focus now on the quality of the completed care plans and risk assessments. The September data for care planning shows performance of 87.5% and has now sustained performance above the 80% threshold since April 2023. For risk assessments, the September data shows a slight decrease in performance from the previous month within inpatient services (87.5%) and community services (91.8%). For both areas, this remains under the improvement trajectory though worth noting that small numbers do significantly impact the performance. Whilst performance is broadly holding steady, our gap against trajectory will be reviewed for action within the care plan and risk assessment improvement group. To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality.

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 71.9% (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. Slight improvement in performance in September (impacting 16 people) though underperformance against this metric 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

96% of incidents reported in September 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 third consecutive month with 92 incidents reported (146 in August). 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 8 information governance personal data breaches during September 2023 which is a decrease 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, these have now been launched through our communications channels and is available on the intranet.
- The number of inpatient falls in September was 34.35% of these service user falls had a previous falls history. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.

Our People

- The Trust had robust plans in place to minimise the impact to patients of the junior doctor and consultants strike during September. 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.
- Supervision data is now available and included in the report at Trust level and by care group and inpatient ward. As part of the review of the supervision of the workforce policy an improvement programme is underway to increase uptake and recording of supervision within the clinical workforce.
- 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 clinical band 7 and above staff (including consultants, excluding bank staff) 134 (12.6%) are from BME population. The number of women in these roles is 798 (74.9%).
- The Trust had 17 violence and aggression incidents against staff on mental health wards involving race during September 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 September. The number of people joining the Trust outnumbered leavers in September. Year to date, we have had 354.5 new starters and 285.9 leavers. Focus remains on recruitment and retention.
- Overall turnover rate in September was 12.1% and is the lowest it has been for the last twelve months and improved on the 22/23 position.
- Sickness absence in September was 4.9% and below local threshold, with a rolling 12-month position of 5.3%.
- Rolling appraisal compliance rate for September saw a deterioration, from 74.5% to 72.5%. An improvement trajectory of 78% was set by the Executive Management Team (EMT) in May, this is being reviewed to develop a clear plan on how the Trust will achieve the 90% target in year. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.
- Overall mandatory training is at 92.1% compliance which exceeds the Trust target of 80%, this has reduced marginally from last month 92.5%. Information Governance is the only area in month below the Trust target (94.6%). 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).



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 September and we have also provides a breakdown of the mental health inpatient data split by ward. Areas to note 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 further in September 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 September, the overall number of cases that were clinically ready for discharge remain at 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 deficit of £59k, was reported in September 2023 which means that the year-to-date position is a surplus of £1.1 million. This is slightly behind plan.
- Agency spend in September was £915k which is an increase on the previous two months and remains higher than plan.
- 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 £78.9m; this is higher than plan.
- Out of area placements have continued to reduce in September. Overall this is now £196k 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	Work continues with each of our partners in place and with both South and West Yorkshire integrated care systems. Health inequalities is a golden thread through all our priorities and we continue to work on improving the data collection and reporting. This month we have focused on the performance data of percentage of people who have their information recorded in relation to disability and sexual orientation. We have identified the actions we will take to improve this performance (see additional section).
	Transform our Older People inpatient services	Key deadlines for the next phase Governance approvals: NHS England (NHSE) assurance review, (October '23) SWYPFT Governance: Finance Investment and Performance Committee September, Quality and Safety Committee – October, Trust Board October Integrated Care Board (ICB) – Reach approval to establish joint committee – September, joint committee – (likely to be held in November 2023) Joint Oversight and Scrutiny Committee – (likely to be held in November 2023) Public consultation planning: ongoing – video filming completed, consultation document revisions, consultation questions developed, local assets and advocacy contacted, venues for public meetings identified. Consultation start: Late 2023 or January 2024 depending on timing of completion of governance approvals.
Improving care	Improve our mental health services so they are more responsive, inclusive and timely	1. Inpatient priority programme: A full data source mapping exercise has been completed for the inpatient programme and dashboards identified for baseline collection of the KPIs/metrics that will be confirmed by the end of October to collect data against the identified improvement initiatives. A training package has been created for staff to aid them in using the inpatient outcomes dashboard which will be beneficial for each of the workstreams/working groups established in the inpatient programme. 2. Care closer to home (Out Of Area (OOA)): Reviewed timing of the daily patient flow meeting to meet demand and to decrease pressures on flow, lengths of stay and provide focus on psychiatric intensive care unit (PICU) stepdown has seen a continued reduction in out of area placements. Governance and active ownership of the person's journey has been a key driver in contributing to this improvement. A staff survey will shortly be sent out based on the quality priorities identified in the programme and the results/themes will form the agenda for the summit planned for January. An initial planning meeting to look at an individual locality system pilot in Barnsley has taken place. 3. Improving access to care: The community learning disability standardised framework is now live in all localities. A further review is planned for November to evaluate and review the data and plan next steps. Issue related to child and adolescent mental health neurodevelopment assessment in Kirklees and the Evolve contract continues and has been escalated to executive management team,(EMT). Conversations with commissioners are taking place. A programme of work including a Trustwide review of single point of access (SPA) provision to adult mental health services has been agreed, working group established and baseline data gathering commenced. The group aims to undertake a Trustwide review of mental health SPA provision seeking to create a set of common principles and identify improvements that can be made to service provision. Core psychol
	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. Personalised care (moving on from care programme approach (CPA)): The group have produced a stock take report updating on our approach to this and distributed a high-level communications piece about the Trust's intent on this programme of work. The group have also aligned with the Triangle of Care Implementation Group (TGIC) and are involving carers in shaping the programme. Work is progressing with defining key worker function and roles and the move from generic care co-ordination to meaningful intervention-based care.

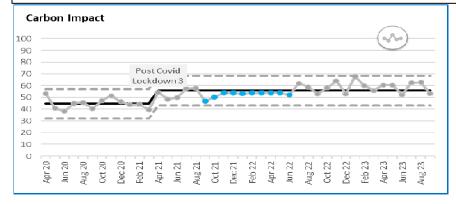


Summa	Strategic Objectives & Quality Priorities Quality	People National Metrics Care Groups Finance/Contracts System-wide Monitoring							
Improving use o	Spend money wisely and increase value	Quarterly update following the Finance Investment and Performance Committee: • An overarching financial sustainability plan is being developed which includes all currently identified cost improvement schemes and work is underway to scope these schemes fully with operational leads. • "Thinking Differently" sessions have been scheduled for care groups/services and teams to participate in a session to look at other ways they can identify ways to be more efficient and effective with our use of resources and ultimately provide better services. These sessions are being held during November 2023. • An I-Hub conversation has launched to enable all Trust staff to share ideas on ways we spend money wisely, improve value and be more efficient and effective. This conversation will run until the end of November 2023 and feed into the non-pay review group for consideration.							
resources	Make digital improvements	Digital dictation - Procurement and contract award of single digital dictation supplier was expected in September 2023. However, during the contract award standstill period, the Frust received some clarification questions and a challenge from one of the unsuccessful bidders. The standstill period has been put on hold whilst the Trust considers the shallenge and responds accordingly following legal advice. Dedicated project manager in place to oversee implementation by December 2023. Recruitment underway and good to go received on candidate. A start date will now be negotiated. Implementation plan in place by December 2023 is on target. The implementation will be led by the Integrated Change Team and work will commence with the chosen supplier ollowing contract award.							
	The Great Place to Work priority programmes are being updated to in undertaking the #all of us improve activity in recruitment processes, v	ncorporate stocktake of current strengths and identification of improvement activity required on the journey towards implementing NHS Long Term Workforce Plan. As well we are also carrying on other work:							
Great place to wo	k Inclusive recruitment, retention and wellbeing	Work continues to shape and develop the initiative aligned to the social responsibility and sustainability strategy to improve localised recruitment. Work aligning to other priority programmes continues such as inpatient workforce plan and community mental health transformation. Over 95 local health and wellbeing champions are now in place to support local wellbeing initiatives and influence trust wide plans. Collaborative work continues in partnership with the other two mental health learning disability autism (MHLDA) Trusts and Touchstone voluntary, community and social enterprises (VCSE) to support inclusive recruitment and breaking down barriers. The work undertaken so far was nationally recognised and won the Fairer Award for Diversity, Equity and Inclusion awarded by RL Datix. Following feedback from the Equality Inclusion and Involvement Committee (EIIC), People Renumeration Committee (PRC) and the Executive Management Team (EMT), work has commenced on streamlining the Workforce race equality standard (RES) and disability equality standard (DES) action plans with activity aligned to intended outcomes. This has been benchmarked against other organisations and reviewed by external Race Equality experts. Presentation to EIIC on Inclusive Leadership Culture Programme approach led by Monique Caryoll. Work has begun on phase one discovery work and preparation for Appreciative inquiry sessions commencing 27th October. Update to EMT scheduled for November 2023.							
	Living our values	Background work has been taking place to support/align current activities such as just culture and inclusive leadership. Work is due to recommence to confirm scope and develop the action plan.							

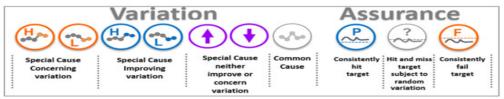


Summary Strategic Objectives & Priorities Quality	Peopl	e	National N	Metrics	Care Gr	roups Finance/Contracts System-wide Monitoring			
Improving health									
Metrics	Threshold	Jul-23	Aug-23	Sep-23	Variation/ Assurance	Notes			
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.8%	96.7%	96.6%					
Percentage of service users who have had their equality data recorded - disability		45.1%	45.5%	45.4%					
Percentage of service users who have had their equality data recorded - sexual orientation	To be determined for 23/24	44.7%	44.8%	44.6%		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 - deprivation (postcode)		99.8%	99.8%	99.8%					
Timely completion of acycling impact accompants (FIAe) in comics, and for policies	Service timely completion - 75%	77.3% Service	73.5% Service	89.5% Service		All services have an EIA in place. We have previously agreed with the Equality Inclusion and Involvement Committee that the threshold for service is 75% and			
Timely completion of equality impact assessments (EIAs) in services and for policies	Policy - 95%	97.4% Policy	97.4% Policy	96.3% Policy		have therefore aligned this report to reflect this.			
Completion of equality mandatory training	>=80%	96.0%	95.9%	96.1%					
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	0	0	0		2023/24 to be used as a baseline once sufficient data is available.			
Carbon Impact (tonnes CO2e) - business miles	76	63	63	53	∞	Data showing the carbon impact of staff travel / business miles. In September staff travel contributed 53 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% Due November 2023			23	↔	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.

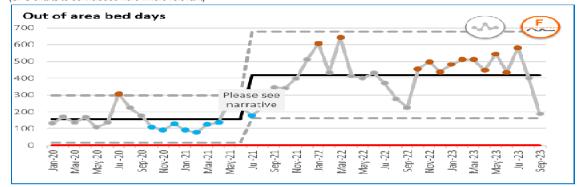




Summary Strategic Objectives & Priorities	Quality		People		Nationa	Metrics Care Groups Finance/Contracts System-wide Monitoring
Improve Care						
Metrics	Threshold	Jul-23	Aug-23	Sep-23	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement	87.2%	88.0%	87.5%	&	September data shows a slight decrease 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
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	trajectory: June 90%, July 92%, Aug 94%, Sept 95%	92.9%	92.1%	91.8%	&	quality risk 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.
% Service users on CPA offered a copy of their care plan	80%	87.5%	87.4%	87.5%	₹	The care plan and risk assessment improvement group continue to look at performance as well as quality of care planning and risk assessments. Part of the improvement work is to identify how we measure the quality (co-production, outcomes, timeliness) as well as the quantity (completed and shared), this may require a change to the way in which we report through the IPR.
Registered substantive staff in post mental health and learning disabilities services	Establishment	Due	November :	2023		Definitions, thresholds and targets to be agreed as part of the IPR development plan by November 2023.
Staff in neighbourhood teams	Establishment	Due	November	2020		Definitions, thresholds and targets to be agreed as part of the in 11 development plan by November 2025.
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	14	13	17	∞	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	589	400	187	. €	See statistical process chart overleaf for further detail.
% service users clinically ready for discharge	<=3.5%	4.8%	5.7%	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	760	747	737		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	531	581	588		Calderdale - The longest wait for those seen in the month was 865 days, the shortest was 423 days. Number on waiting list at end of September - 180. The longest waiter on the waiting list had waited 821 days. Kirklees - The longest wait for those seen in the month was 652 days, the shortest was 571 days. Number on waiting list at end of September - 1727. The longest waiter on the waiting list had waited 648 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	82.3% 51/62	67.9% 38/56	71.9% 41/57	€ 3	Increase in performance in September (though remains below threshold) 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%	87.7%	90.7%	88.5%	♣ ♣	
Community health services two hour urgent response standard	70%	88.1%	89.5%	86.4%		
Referral to assessment within 2 weeks (external referrals)	75%	52.5%	65.7%	82.7%	€ 3	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

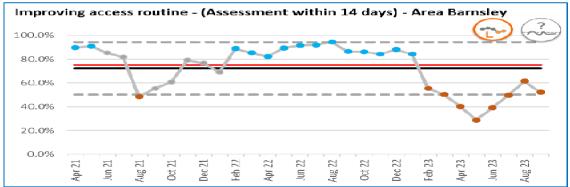
What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation. (SPC charts to be included here where relevant)

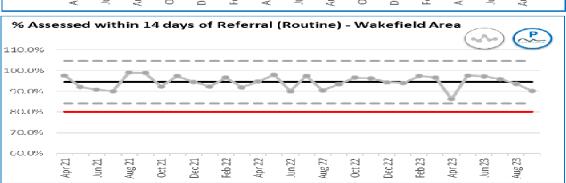


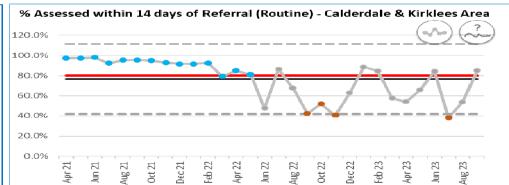
There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way. See the National Metrics section for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

The Trust had 5 people placed in out of area beds at the end of September 2023, a decrease of 6 on the previous month.

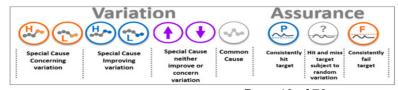
Referral to assessment within 2 weeks (external referrals)







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.





Strategic Objectives & Summary Quality People National Metrics Care Groups Finance/Contracts System-wide Monitoring Priorities Improve resources Variation/ Jul-23 Metrics Threshold Aug-23 Sep-23 Notes Assurance A deficit of £59k in month, being £6k behind plan was reported in September 2023. The Surplus/(deficit) against plan (monthly) (£373k) £446k (£6k) Breakeven year to date position is a surplus of £1,112k which is £201k behind plan. The year to date position is £1.1m behind plan with spend of £1.2m. Work continues to Capital spend against plan (monthly) £8.8m (£287k) (£256k) (£676k) ensure that the full capital allocation is appropriately utilised in year. The funding allocation of IFRS 16 (leases) remains an unknown risk. 3.5% Agency spend has increased in September within ward / inpatient areas. This is an Agency spend managed within the overall workforce (Monthly) £855k £808k £915k £8.7m increase of both registered and unregistered nurses. Financial sustainability and efficiencies delivered over time (monthly) £12m £906k £1,137k £675k The cumulative savings to date are £4.3m and form part of the overall financial position. All three reported incidents relate to violence and aggression. In all three reports, staff Number of RIDDOR incidents (reporting of injuries, diseases and dangerous have been supported through their recuperation. 0 There were no enquiries from either the Health and Safety Executive or CQC related to occurrences regulations) any RIDDOR notifications during Q2. Service level agreement 1 & 2 are the priorities given to Emergency and Urgent work Estates Urgent Response Times - Service level agreement (SLA) 95% 95.2% 96.9% 95.5% which has a 2 day response time PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Premise Assurance Model (PAM) Good Good Good Good Governance, Patient Safety, Efficiency & Effectiveness Statutory Compliance 100% 100.0% 100.0% 100.0% Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos Estates senior management have reviewed this metric and from August 23 only jobs % of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened) 100% 61.8% 100.0% 100.0% screened as category SLA 2 will be included going forward due to some inconsistencies in the categorisation of jobs when initially logged.



Metrics	Threshold	Jul-23	Aug-23	Sep-23	Variation/ Assurance	Notes	
Turnover external (12 month rolling)	>12% - 13%<	13.0%	13.1%	12.1%		Rolling turnover decreased by 1.0%	
Registered workforce growth	3% (by March 24)		2.8%				
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.3%		Absence rate in month increased to 4.9%. Further detail is provided in the relevant section of this report.	
Workpal appraisals - rolling 12 months	>=78%	76.5%	74.5%	72.5%		For the month of September, the percentage rate decreased by 2% to 72.5% and continues to remain below threshold.	
% staff recommending the Trust as a place to work	65%	65.0%	65.0% N/A 67.0% N/A			Quarterly pulse survey. Next results due November 23.	
% staff recommending the Trust as a place to receive care and treatment	65%	67.0%					
Staff supervision rate	80%	Due October 23 60.7%			As part of the review of the supervision of the workforce policy an improvement programme is underway to increase uptake and recording of supervision within the clinical workforce		
Mandatory training - Cardiopulmonary resuscitation	80%	81.0%	79.9%	80.0%		Slight increase in mandatory traing following seasonal impact noted in August.	
Mandatory training - Reducing restrictive practice interventions	80%	76.2%	82.6%	82.8%		Performance has slightly increased September and remains 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%	92.0%	91.4%	91.2%			
Mandatory training - Information governance	95%	96.9%	95.3%	94.8%		Reminders circulated regarding IG training compliance	

	Summary Strategic Objectives & Quality Priorities Quality		People		Natio	onal Metrics		Care Gro	oups	· F	inance/Contra	acts	System	m-wide Moni	toring
Quality Hea	adlines														
Section	КРІ	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	66.0%	68.0%	70.0%	72.0%	74.0%	78.0%	76.0%	81.0%	84.0%	84.0%	81.0%	80.0%	N/A
Camadainta	% of feedback with staff attitude as an issue 12	< 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)	10% (1/10)	1
Complaints	Complaints - Number of responses provided within six months of the date a complaint received	100%			ommenced in			29% (4/14)	27% (4/15)	38% (3/8)	17% (2/12)	29% (4/14)	38% (5/14)	38.9% (7/18)	
Service User Experience	Friends and Family Test - Mental Health Friends and Family Test - Community	84% 95%	84% 93%	86% 93%	85% 94%	83% 93%	85% 95%	83% 97%	82% 94%	85% 97%	91% 96%	90% 93%	90% 97%	95% 96%	1
Experience	Number of compliments received	N/A	5	28	39	83	22	26	50	66	33	35	22	17	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Trend monitor	32	33	30	40	30	33	26	35	24	25	37	30	~/\/\
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Trend monitor	2	2	2	3	2	2	1	1	2	1	1	1	N/A
	One breaches 4 One breaches 4	0	1	0	0	0	2	1	0	1	1	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	44.3%	43.8%	44.1%	50.5%	58.6%	75.1%	85.0%	85.7%	86.6%	87.5%	87.4%	87.5%	1
	Number of Information Governance breaches 3	<12	11	13	8	12	8	13	12	9	14	13	16	8	2
	% of inpatients clinically ready for discharge	3.5%	3.3%	2.7%	3.8%	4.3%	4.5%	3.5%	2.4%	2.1%	4.6%	4.8%	5.7%	5.7%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%,	71.3%	79.1%	76.6%	83.6%	87.8%	89.9%	90.6%	87.7%	86.7%	87.2%	88.0%	87.5%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	July 92%, Aug 94%, Sept 95%	68.0%	69.5%	74.3%	68.2%	67.0%	79.4%	80.7%	92.9%	85.7%	92.9%	92.1%	91.8%	2
	Total number of reported incidents	Trend monitor	1243	1308	1188	1247	1196	1250	1196	1325	1257	1154	1179	1094	
Quality	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) 9		26	30	25	34	26	33	17	33	18	22	34	24	\sim
	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	7	6	3	3	2	3	2	4	1	4	1	\\\
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	3	0	2	3	2	1	5	2	1	2	3	2	$\bigvee \bigvee$
	Safer staff fill rates Safer Staffing % Fill Rate Registered Nurses	90%	117.4%	119.1%	118.1%	122.1%	121.4%	119.3%	123.5%	123.5%	123.7%	123.9%	123.8% 92.1%	124.1%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	80% Trend monitor	91.0%	90.8%	85.6% 39	90.5%	89.1% 46	89.7% 38	94.4%	95.7% 42	93.1%	93.6%	42	91.4%	$\sqrt{\sim}$
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	1	1	4	0	2	1	2	1	0	1	1	0	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%	92.0%	100.0%	95.2%	87.0%	100.0%	90.0%	86.6%	89.5%	95.2%	90.0%	90.0%	11
	Number of Falls (inpatients) Number of restraint incidents	Trend monitor Trend monitor	68 169	63 223	59 189	51 212	49 223	39 203	34 192	41 186	43 201	33 145	33 146	34 92	
	% of staff receiving supervision within policy guidance 15	80%	. 30		.00	_1_		to start from		.50	_51	. 40	. 40	60.7%	2
	Potential under-reporting of patient safety incidents	0070					, toporting	, o.aom	JP J					- 00.770	
	% people dying in a place of their choosing 14	80%	91.7%	93.3%	78.1%	93.8%	83.3%	100.0%	87.5%	92.1%	87.8%	83.8%	81.8%	90.6%	1
	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	0	0	0	0	1
Infection	C Diff avoidable cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Prevention	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	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	2	2	2	2	2	
Resource	Overall CQC rating							Goo							
	CQC well - led rating							Go	od						

Summary	Strategic Objectives & Priorities	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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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
- 15 % of band 5 and above clinical staff who have received supervision in the previous 90 days from the end of September



Quality Headlines

- Number of restraint incidents during September there were 92. This is the lowest number reported in the last 12 months. 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.
- The number of people with a risk assessment/staying safe plan in place within timescale remained in line with last month at 88% for inpatient services and 91.8% for community services
- Clinically ready for discharge (previously delayed transfers of care) This is in line with last months 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 September there were 34 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 decreased to 8 during the month and is now below 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.
- As part of the review of the supervision of the workforce policy an improvement programme is underway to increase uptake and recording of supervision within the clinical workforce

Patient Safety Incident Response Framework (PSIRF)

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

Learn from Patient Safety Events (LFPSE)

As reported in the previous 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 have LFPSE compliant software installed on our Datix live system by the end of September 2023.

The upgrade to the live system with the enhanced LFPSE functions took place on 24/09/2023. Following the upgrade we are working on the transition to LFPSE - this will be implemented following thorough testing. 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. Level 1 will become mandatory from November 2023. This is currently progressing well at 88% completed. Level 3 training (investigation and oversight) has being delivered for those in specialist or oversight roles. Training on engagement and involvement of those affected by patient safety incidents will be available for Team managers and Quality leads in November and December.

Patient Safety Partners

Patient Safety Team held discussions on the 6th October 2023 for patient safety partners.



Safety First

Summary of Incidents

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

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

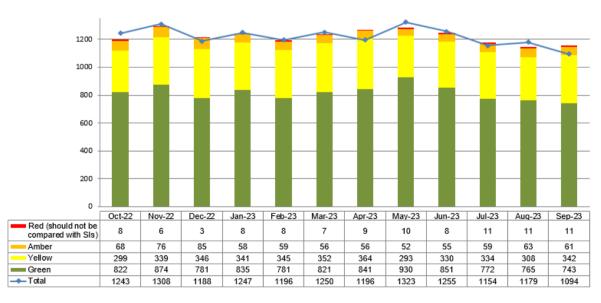
The Degree of Harm is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the Degree of Harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they expect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

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

96% of incidents reported in September 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.



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

No never events reported in September 2023



Safety First cont...

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

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

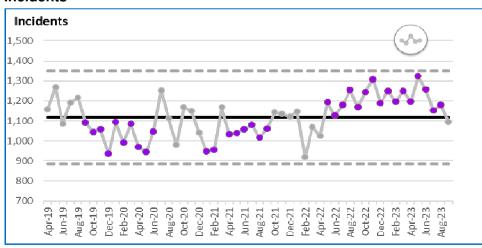
Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures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

Breakdown of incidents in September 2023:

24 moderate harm incidents including 13 pressure ulcer category 3 incidents, 5 self harm incidents,

1 incident categorised as severe harm, and sadly 2 patient safety related deaths during the month.

Incidents



We have entered a period of common cause variation in September 2023, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high as it does which is evidenced on the previous page. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All amber and red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly trust wide learning events, briefing papers and the production of Situation Background Assessment Recommendation (SBARs).



Patient Safety Alerts

Patient safety alerts issued in September 2023

Alerts are issued by the Central Alerting System (CAS) which is a national web-based cascading system for issuing Patient Safety Alerts. Once received into the Trust, patient safety alerts are fully reviewed for understanding and action, sent to identified Trust clinical leads for reviewing safety alerts for a decision regarding whether it is applicable to the Trust or not, and if so, if it should be circulated. All alerts are entered on to Datix. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

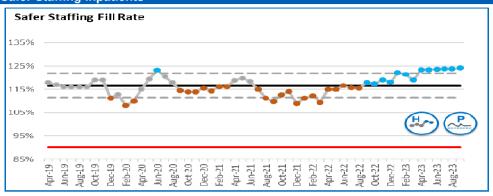
Patient Safety alerts not completed by deadline of September 2023 - None.

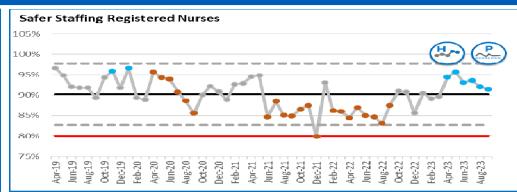
Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.	27/09/2023	Yes - Circulated for action	11/10/2023	
NatPSA/2023/012/DHSC	Shortage of verteporfin 15mg powder for solution for injection	28/09/2023	No - alert not applicable to Trust	28/09/2023	





Safer Staffing Inpatients





The chart above shows that as at September 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 September 2023 we remain in a period of special cause improving variation. Further information about staffing levels can be found on the previous page.

There has been a slight decrease in September on demand of the flexible staffing pool with a total of 171 less shift requests. The number of shifts filled has decreased by 168 shifts to a total of 5,374 and overall fill rates for inpatient areas increased by 0.3%. The continued high fill rate of requested shifts (90.34%) 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 by wards of shifts 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). Traditionally September has seen an increase in fill rate and a decrease in bank and agency usage due to new starters from university filling some vacancies however, they do tend to be supernumerary for the first couple of weeks. We continue to monitor staffing related Datix, 27 in September (an increase of 5 on the previous month) and looking at hotspots and trend analysis of staffing deficits where possible.

Both bespoke adverts and centralised recruitment continues and there were 3 assessment centers throughout September for band 5 and 2 substantive, as well as band 5 and 2 bank (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 external. 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. In the last 3 months we have recruited 124 bank only staff with 92 of those being external band 2.

Within the band 5 RN field we continue with bespoke adverts and, due to its success, we are reviewing the international recruitment (IR) program. To date we have had 83 IR band 5 nurses with 72 being on the wards throughout the trust, including on the Neuro Rehabilitation Unit. We are reviewing the program as a supportive measure of the workforce planning for 2023-24.

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

We had a dedicated agency scrutiny group looking at medics which allowed us to focus on disengagement and recruitment plans. We are also seeing the positive impact the ongoing bank and substantive recruitment drives are having on band 2 agency spend.

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 14 wards, an increase of 1 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 remain under pressure to deliver a high quality of care, as well as being safe, and 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 September no ward fell below the 90% overall fill rate threshold, this is a decrease of 1 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 an increase of 2 wards on the previous month, there were 25 (80.0%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 25 wards, 13 (a decrease of 2 on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as increased acuity, observation, and external escorts.



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

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 Dales with 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 0.6% to 83.5% in September compared with the previous month.

Registered Nurses Nights: Overall registered night fill rates have decreased by 0.8% in September to 99.9% compared with the previous month.

Overall Registered Rate: 91.4% (decreased by 0.7% on the previous month)

Overall Fill Rate: 124.1% (increased by 0.3% on the previous month)

Health Care Assistants showed an increase in the day fill rate of 2.0% to 149.8% and the night fill rate decreased by 0.9% to 151.2%.

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 171 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 171 to 5,934 (1,223 (+3) RN and 4,711 (-174) HCA) shifts.

	Unfilled Shifts									
Categories	No. of	Shifts	Total Hours	Unfilled P	ercentage	Filled	omits			
Registered	346	(+1)	3751.2	28.5%	(-0.3%)	877	(+8)			
Unregistered	214	(-3)	2399.0	5.1%	(-0.6%)	4497	(-170)			
Grand Total	560	(-3)	6150.2	9.7%	(+0.5%)					

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.



Information Governance (IG)

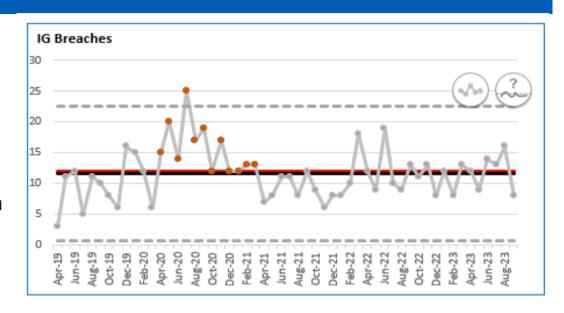
8 personal data breaches were reported during September. An improvement plan continues to be implemented to reduce the numbers of incidents, which includes training, communications and some data quality activity.

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

- · letters being sent to former addresses,
- · emails sent to the wrong recipient as predictive text used,
- · documents being shared with the wrong recipient,
- paper information system accessed due to being left unsecure,
- · failure to blind copy email parties so email addresses shared, and
- failure to appropriately identify callers and personal data shared with unauthorised party.

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, these have now been launched through our communications channels and is available on the intranet.

The Trust does not have any open cases with the Information Commissioner's Office relating to September's breaches.



This SPC chart shows that as at September 2023 we remain in a period of common cause variation. Though we are now under the threshold with 8 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.

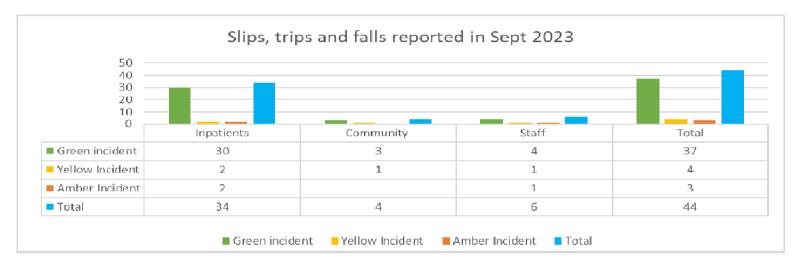
There are some new indicators in this years scheme and the Trust's CQUIN leads group are monitoring progress against the thresholds. Submission for quarter two is due towards the end of November, update of the quarter two performance will be included in next months report. Some risk has been associated 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.



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

During September 2023 there were 44 slips, trips and falls related Datix reports. Below is a breakdown of falls and if they occurred in the community, inpatients, or staff group. There continues to be a generalised reduction in falls. The current average rate for our Trust is approximately 3.28 falls per 1000 bed days, this indicates that we are currently experiencing a downward trend in the total number of monthly falls. The national average is 3-5 falls per 1000 bed days.



Amber incidents:

There have been 3 amber Datix reports following falls with injury.

- One fall occurred for a younger adult who sustained a fractured hip. This is being reviewed under a Service Level Investigation (SLI) and will include a review of documentation and the assessment /treatment of pain
- One fall occurred for an older adult with dementia and complex physical health needs. This is being reviewed as a fact find, initial findings have identified a good level of assessment, physical health reviews and care.
- A member of staff fell in the community. They have returned to work following their sustained injury.



Summary Object	egic ves & Quality ities	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring	
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Yellow incidents:

A total of 4 yellow incidents have occurred for service users and one member of staff.

• Two yellow incidents were reported for younger service users who were on our inpatient wards. One service user fell in the garden, there were no significant injuries and no garden risk found. Another service user fell on the ward with no significant injury, they were later treated for a suspected urinary tract infection.

Green incidents:

The majority of 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 have continued to be generalised falls occurring with no clear cause found. The falls co-ordinator continues to review all falls

Inpatient related falls: 34 reported slips, trips and falls for service users

Assurance and actions:

- Datix reports are continuing to be horizon scanned to seek themes and areas of potential improvement
- The falls co-ordinator is liaising with higher risk ward areas to improve staff uptake of falls eLearning
- The falls coordinator has met with some wards to offer specialist advice regarding falls management when they have a complex service user
- The falls coordinator has been reviewing the Trustwide inpatient falls risk paperwork, as the paperwork is repetitive and does not guide staff to complete a multifactorial falls assessment.
- The post falls protocol is a legal document that staff are requiring reminders to complete. The falls coordinator is reviewing this and has developed a quality improvement plan to support staff knowledge and completion of this document.
- The falls coordinator has been working with our Comms Team to develop a 'focus on falls' bimonthly newsletter. This will focus on an aspect of what creates a falls risk such as deconditioning, pain, sedation, to support staff and student knowledge.

Falls awareness week held between 18 – 22nd Sept 23 we had several initiatives throughout the Trust including:

- Inpatient wards ran falls quizzes, spot the safety hazard at home, Otago exercise classes (falls prevention), and staff education events
- Clinical Skills Team ran post-falls education for staff across our Trust
- Barnsley Integrated Care Team ran several stalls at Barnsley market alongside BOPPAA (Barnsley Older Peoples Physical Activity Alliance), Well Being Coaching and 'How's The Ticker'. They had contact with approximately 300 people
- Information boards were placed at Fieldhead, Kendray, The Dales and Priestley Unit, with service users and families taking information about safety at home, good lighting, removing trip hazards and making sure they wore supportive footwear.



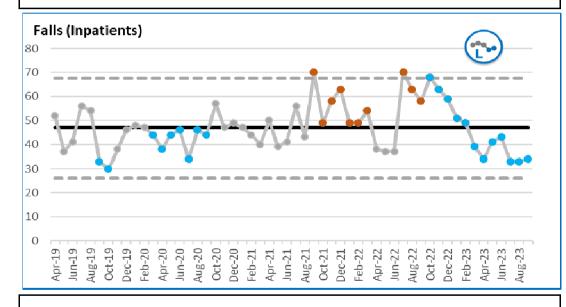
Summary Strategic
Objectives & Quality People National Metrics Care Groups Finance/
Objectives & Monitoring

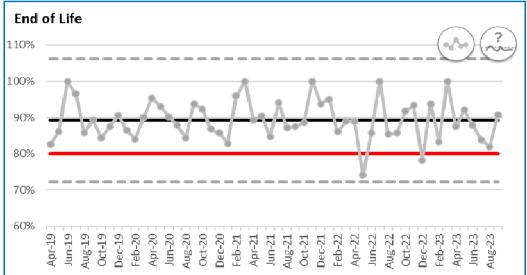
Falls (Inpatient)

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

End of Life

The total percentage of people dying in a place of their choosing was 90.6% in September.





The SPC chart above shows that in September 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.

The chart above shows that in September 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%.



Summary Strategic
Objectives & Priorities People National Care Groups System-wide Groups Contracts System-wide Monitoring

Patient Experience

Friends and family test shows

- 96% would recommend community services
- 95% would recommend mental health services

	Target	July	August	September
Mental health community	85%	94%	90%	95%
Mental health inpatient	85%	83%	92%	83%
Learning Disabilities	85%	70%	91%	100%
ASD/ ADHD	85%	75%	75%	75%
CAMHS	75%	82%	100%	70%
Forensic	60%	80%	100%	100%
Mental health overall	84%*	90%	90%	95%
Barnsley Gen ops	95%	93%	97%	96%
Trustwide	85%	91%	93%	94%

^{*} weighted for 2023/24

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

- The response rating for September has seen an increase in mental health community and learning disability.
- Mental health inpatients and CAMHS have seen a decrease in their rating.
- ADHD and Forensic services have remained the same.
- Investigation into the drop in the number of returns in September has highlighted an issue with the Trust fire walls preventing the text message being sent, the issue is currently be resolved by Trust IT services and the provider are pushing text messages manually. This has mainly affected the mental health community services returns.
- Work continues with the ADHD service to engage with service users to understand the best way to capture feedback from service users, carers, and families.

Satisfaction across the Trustwide and mental health service has increased. Barnsley community services has declined slightly but remains above target. Mental health inpatient services satisfaction has declined but remains within normal variation.

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



Safeguarding

Safeguarding Adults:

In September 2023, there were 36 Datix categorised as safeguarding adults. Seventeen of these were graded as green, 15 were graded as yellow, and four were amber. The subcategories of the safeguarding adults reporting on Datix were mainly emotional/psychological abuse, financial abuse, neglect concerns, physical abuse, domestic abuse, sexual abuse.

Amber Datix's were categorised as follows:

- Neglect, appropriate advice provided regarding the self-neglect protocol and a referral made to social care.
- Physical abuse which resulted in a safeguarding referral to the local authority.
- Financial abuse which resulted in contact with the police and social care.
- Neglect, care plans, risk assessment reviewed and a referral to social care made.

In addition to the safeguarding adults Datix, there were eight sexual safety Datix; one amber, one yellow and six green. In two of these Datix, service users were the affected persons, six of these had staff who were affected. In all cases reviewed appropriate actions were taken and local authority safeguarding referrals were made where required.

Safeguarding Children:

In September 2023 there were 16 Datix categorised as safeguarding children. Eleven of these were graded as green, three were graded as yellow and two were graded as amber. The subcategories of the safeguarding children Datix were mainly Physical abuse, Sexual Abuse, Neglect, Child Protection Other, request for service.

One of the amber incidents was managed through an urgent strategy meeting which resulted in a section 47 enquiry and the second incident resulted in liaison with the police. In the 16 Datix submitted, the Trust safeguarding team were contacted for advice in 11 cases, 12 incidents resulted in a referral to children's social care, and four contacts were made to police.



Infection Prevention Control (IPC)

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

Mandatory training figures remain healthy and above Trust 80% threshold:

- Hand Hygiene -Trustwide Total 96%
- Infection Prevention and Control Trustwide Total 94%

Policies and procedures, a 12-month extension request has been put in for policies that are for review in 2023, this is to accommodate implementation of the National IPC Manual, which has a target due date of March 2024. The current policies and procedures remain compliant, and there is no identified risk as a result of this.

Outbreaks

- 5 Covid-19 outbreaks in September 2023
- 2 Covid-19 clusters, areas monitored

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 -10/10 (100% of formal complaints)
- Number of responses provided within six months of the date a complaint received 7/18 (38.9%)
- Number of complaints waiting to be allocated to a customer service officer 4 (decrease from 12 in August)
- 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 –. 4 weeks as at 30th September. This continues to improve month on month.
- There were 10 new formal complaints in September 2023 (decrease from 17 in August).
- 17 compliments were received.
- 18 formal complaints were closed in September 2023. This is an increase compared to August where 13 were closed.
- Number of concerns (informal issues) raised and closed in September 2023 34
- Number of enquiries responded to in September 2023 92 (decrease from 104 in August)
- Number of complaints referred to the Parliamentary Health Service Ombudsman this financial year to date = 2, 0 referred in September 23



Summary Strategic Objectives & Quality Priorities	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring
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Reducing Restrictive Physical Intervention (RRPI)

- There were 92 reported incidents of Reducing Restrictive Physical Interventions used in September 2023 this was a reduction of 54 (37 %) from August 2023 (146 incidents).
- In September 2023 there were 16 incidents of Seclusion use Trustwide this is a reduction of 11 (40.7%) from August 2023 (27).
- 90% of Prone Restraints in September 2023 lasted under 3 minutes.
- In September 2023 10 incidents of Prone restraint (those remaining in Prone position and not rolled immediately) was reported (no change from August 2023.

Incidents of prone restraint lasting greater than 3 minutes:

• Ward 19 reported one incident of prone restraint which lasted 4 – 5 minutes. The prolonged duration was due to aggressive and sexually inappropriate behaviour. Each incident of prone restraint is reported on Datix and is reviewed by RRPI specialist advisors.

Restraint Position	Total Restraint Positions used	Percentage of Use
Standing	58	40.2%
Seated	29	20.1%
Safety Pod	14	9.7%
Restricted escort	11	7.6%
Prone	10	6.9%
Prone then rolled	7	4.8%
Side	6	4.1%
Kneeling	5	3.4%
Supine	4	2.7%

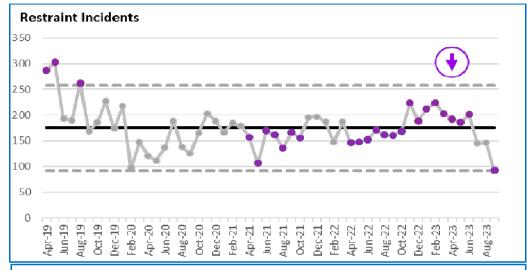
Team Using Prone Restraint	Total
Walton PICU	5
Newhaven Forensic Learning Disabilities Unit	3
Nostell Ward, Wakefield	1
Ashdale Ward	1
Total	10

Duration of Prone Restraint	Total
0 - 1 minute	3
1 - 2 minutes	6
4 - 5 minutes	1
Total	10



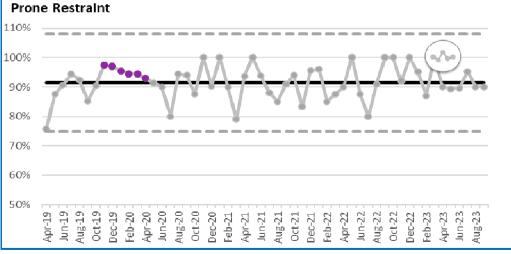
Summary Strategic
Objectives & Quality People National Care Groups Finance/ System-wide Metrics Groups Contracts Monitoring

Reducing Restrictive Physical Intervention (RRPI)



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



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

People - Performance Wall

Trust Performance Wall																								
	Objective	CQC Domain	Threshold	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23									
Establishment			-	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	5321.0									
Employed Staff (ESR last day in the month)			-	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	4358.0									
Vacancies			-	881.8	895.2	942.0	936.8	944.8	926.9	818.9	822.0	818.4	796.1	772.1	867.8									
Vacancy rate			<10%	17.1%	17.4%	18.1%	17.9%	18.0%	17.6%	15.9%	15.9%	15.8%	15.3%	14.8%	16.3%									
Turnover external (12 month rolling)			>12% - <13%	14.4%	14.4%	14.2%	14.3%	13.7%	13.5%	13.0%	12.2%	13.1%	13.0%	13.1%	12.1%									
Starters			-	56.9	50.5	26.6	65.4	70.2	58.1	45.8	54.9	57.5	53.9	64.0	63.3									
Leavers			-	48.2	40.6	27.5	60.1	38.5	43.1	58.8	39.6	37.0	54.3	61.9	34.2									
Number of international nurses recruited														9	10									
% Bank Fill Rates - Registered Nurses														47.8%	49.6%									
% Bank Fill Rates - Health Care Assistants														69.8%	70.2%									
	Improving						D	···	A															
Proportion of staff in senior leadership roles who are from BME background (relates	Resources	Well Led	-				Repor	ting comm	nenced Aug	gust 23				126	134									
to staff in posts band 7 and above, excludes bank staff) *	riesources													(11.8%)	(12.6%)									
Proportion of staff in senior leadership roles who are women														769	798									
(relates to staff in posts band 7 and above, excludes bank staff)														(72.3%)	(74.9%)									
Sickness absence - Rolling 12 month			<=4.8%	5.0%	5.1%	5.3%	5.3%	5.2%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%									
Sickness absence - Month			<=4.8%	5.7%	5.9%	6.3%	5.3%	5.3%	5.1%	5.0%	4.6%	4.6%	5.1%	4.7%	4.9%									
Employees with long term sickness over 12 months			-	2	2	2	4	2	2	1	0	0	0	0	2									
μ.,		_				!						May Trajectory>=78%												
Appraisals - rolling 12 months			Overall threshold:	56.0%	60.7%	62.9%	69.8%	71.5%	71.8%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%									
Appreciation forming 12 months			>=90%	30.078	00.7 /6	02.578	03.078	71.576	7 1.0 /6	77.770	74.576	70.576	70.576	7 4.5 /6	12.576									
Employee Relations - Suspensions (over 90 days)			-	2	2	3	3	1	1	0	0	0	3	3	3									
Mandatory Training - TOTAL				89.5%	89.5%	89.2%	89.4%	90.1%	90.2%	90.5%	90.9%	92.0%	92.1%	92.5%	92.1%									
Mandatory Training - Reducing Restrictive Practice Interventions				70.3%	68.4%	66.4%	71.9%	74.5%	74.6%	73.8%	73.8%	76.7%	76.2%	82.6%	82.8%									
Mandatory Training - Cardiopulmonary Resuscitation				72.5%	72.1%	72.0%	73.0%	75.1%	75.0%	75.5%	79.2%	81.3%	81.0%	79.9%	80.0%									
Mandatory Training - Clinical Risk				96.3%	96.2%	96.0%	95.7%	94.9%	95.9%	95.6%	95.4%	95.4%	95.2%	94.8%	94.0%									
Mandatory Training - Display Screen Equipment			>=80%	95.1%	95.4%	95.8%	96.0%	96.3%	96.4%	96.5%	96.8%	97.0%	97.1%	97.4%	97.4%									
Mandatory Training - Equality & Diversity			>=00 /0	93.8%	94.2%	94.1%	94.6%	95.1%	95.8%	96.0%	96.2%	96.2%	96.0%	95.9%	96.1%									
Mandatory Training - Fire Safety				87.3%	87.7%	87.5%	88.3%	88.4%	89.4%	90.2%	91.2%	92.8%	92.0%	91.4%	91.2%									
Mandatory Training - Food Safety				78.6%	79.9%	79.5%	79.6%	79.8%	79.4%	78.0%	83.4%	86.4%	87.8%	89.4%	89.3%									
Mandatory Training - Freedom To Speak Up (FTSU)	Improving			90.5%	91.3%	91.7%	92.0%	92.4%	92.5%	93.2%	93.7%	94.0%	94.3%	94.7%	94.9%									
Mandatory Training - Infection Control & Hand Hygiene	Care			88.4%	88.6%	88.4%	88.4%	88.6%	90.2%	91.5%	92.4%	94.1%	94.3%	94.3%	95.6%									
Mandatory Training - Information Governance (Data Security)			>=95%	91.2%	89.8%	87.6%	87.3%	84.8%	86.5%	90.6%	95.9%	96.8%	96.9%	95.3%	94.8%									
Mandatory Training - Moving & Handling				95.3%	95.8%	95.6%	93.0%	93.4%	95.5%	95.5%	94.9%	95.2%	95.1%	95.6%	94.8%									
Mandatory Training - Nat Early Warning Score 2 (New S2)				87.4%	88.1%	89.6%	91.1%	92.0%	92.4%	92.5%	92.1%	93.8%	94.7%	95.2%	96.2%									
Mandatory Training - Mental Capacity Act/Dols				93.5%	93.4%	93.3%	95.6%	95.3%	94.0%	91.6%	93.6%	93.7%	93.4%	94.0%	96.7%									
Mandatory Training - Mental Health Act			>=80%	90.7%	91.0%	91.2%	90.4%	91.6%	92.2%	91.6%	91.3%	91.2%	91.1%	92.2%	99.8%									
Mandatory Training - Prevent				95.0%	94.6%	94.4%	94.7%	95.2%	95.6%	95.4%	95.5%	92.1%	94.1%	94.2%	91.7%									
Mandatory Training - Safeguarding Adults				89.4%	89.5%	89.0%	89.1%	89.9%	90.0%	90.0%	89.7%	89.3%	89.5%	89.7%	93.9%									
Mandatory Training - Safeguarding Children				88.7%	88.9%	88.6%	88.8%	89.3%	89.8%	90.0%	90.7%	91.1%	91.2%	91.7%	89.7%									

Notes:

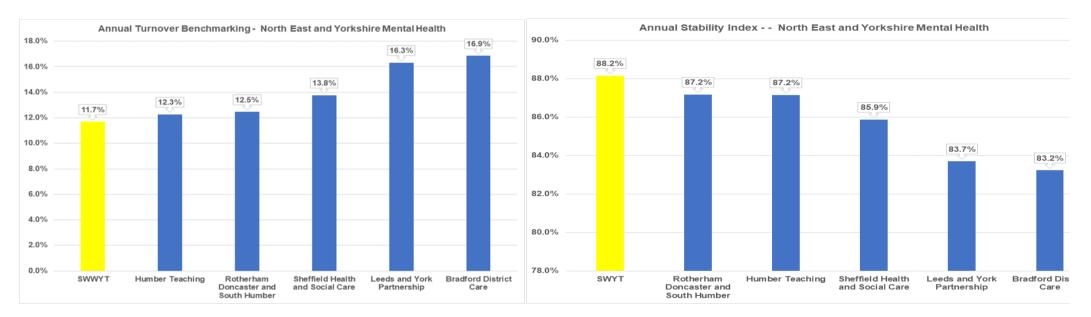
- Employed Staff (Electronic Staff Record (ESR) last day in the month) Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff
- The figures reported here differ to the figures included 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 over 12 months. For earlier months this was year to date.



	Summary	Strategic Objectives & Priorities	Quality	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring	
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Stability of the Workforce

- We have seen an increase in the amount of employees remaining in the Trust by 4.4% overall.
- Our Turnover in month has also decreased by 0.6%
- Although we have remained static in terms of our new starters since last month, this is still an increase based on our start of year position (April 45.8 WTE whereas September is 63.3)
- We continue to onboard our international recruited new starters at a consistent of 10 employees per month
- We have had 2 support worker values based assessment centres during September



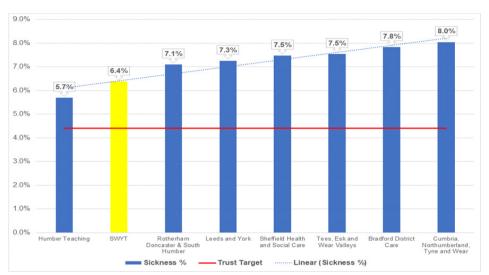


Summary	Strategic Objectives & Priorities	Quality	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring	
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Keep Fit & Well

Absence

- 12 month rolling absence rate remains at 5.3%.
- Overall absence (in month) has increased by 0.2% to 4.9%, but the overall rolling rate remains unchanged at 5.3%. Majority of care groups saw a slight reduction in the monthly sickness position. The Forensics care group continues to rise (September 9.4%). Following discussions during the Workforce Planning meetings a full deep dive into sickness absence is being planned to better understand the position and what actions need to be taken to support a decrease. Workforce planning meetings taking place across all services in October.
- Estates and Facilities absence remains high in September (7.8% year to date)
- 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

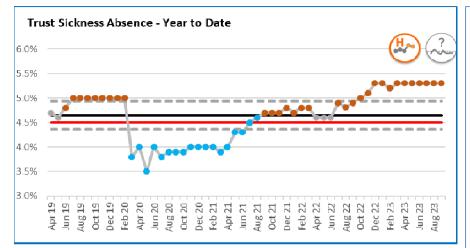
• Appraisal rates have decreased slightly this month, however further development is underway to enable managers to have the right level of information to manage appraisals along with proactive support from the L&D team to support managers to undertake appraisals in partnership with the new People Business Partners.

Mandatory Training

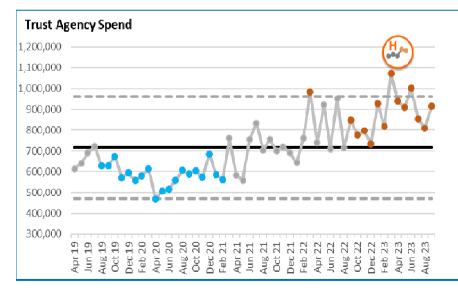
• Overall mandatory training reports 92.1% which remains above Trust target. Compliance by care group is reported monthly to the executive management team with hot spot reports reviewed by operational management group. Cardiopulmonary resusatation mandatory training compliance had seen a decline in August below threshold, this has now increased and is at threshold 80%.



Analysis



The SPC chart shows that in September 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 Trust has a target of reducing agency spend from £10.0m to £8.7m. Spend in September is £0.9m which is higher than the two preceding months and remains above the plan trajectory. The year to date position is 18% above plan.

- 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

National Metrics

Summary

South West Yorkshire Partnership

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.

People

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	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more		0	P	Q/)	0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days		0		~^~	406	453	408	451	483	480	434	545	435	589	400	187
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?	•	91.5%	85.4%	85.3%	92.6%	91.4%	74.4%	87.1%	87.8%	88.6%	90.3%	92.6%	72.4%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?	٠,٠	51.4%	40.6%	52.4%	57.1%	53.8%	53.8%	52.5%	53.4%	53.2%	50.4%	51.5%	51.6%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	86.9%	89.5%	93.5%	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	٠,٨	87.8%	89.6%	88.9%	87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.5%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?	Q./)	13	10	0	8	30	43	15	11	29	9	18	8
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?	Q./)	2	2	0	1	2	2	3	1	1	1	2	2
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.0%	98.5%	98.5%	97.7%	97.6%	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P	~^~	100%	99.9%	99.5%	99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?	(₁)	100%	90%	100%	87.5%	80%	87.5%	50%	80%	100%	70%	66.7%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	(-\frac{1}{2})	78.4%	79.3%	88.2%	88.6%	100%	95.8%	77.8%	95.8%	100%	92%	91.3%	100%
M15	Data Quality Maturity Index		95%	P	(₂ / ₂)	99.2%	99%	99.1%	99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.5%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.				√	1399	1542	1192	1641	1414	1533	1306	1603	1579	1470	1404	1476
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P	·/-	99.0%	97.8%	98.5%	98.1%	99.1%	98.9%	98.9%	98.4%	99.0%	99.2%	99.7%	99.0%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H.	16	29	36	36	44	30	25	34	26	36	38	34
M25	Number of individuals accessing specialist community perinatal or maternity mental health services				·/-	65	66	70	72	51	81	51	67	53	64	60	70

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

National Metrics

Summary



Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
		Data Quality Hatting	larget	ASSATATICE													
M30	Number of detentions under the Mental Health Act (MHA)				(.v.)	92	86	90	100	94	86	93	101	93	101	100	97
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin				€⁄->	22.8%	20.9%	21.1%	19%	19.1%	22.1%	21.5%	18.8%	12.9%	26.7%	20%	22.7%
M32	% Admissions gate kept by crisis resolution teams		95%	?	○ ∧	94.6%	88.9%	93.3%	97.9%	91.9%	91.1%	90%	89.1%	90.7%	88.6%	94.7%	87.7%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%	?	H	96.2%	96.5%	97.6%	96.3%	95.6%	97.9%	97.5%	97.6%	97.8%	98.3%	98.3%	96.8%
M34	% Clients in settled accommodation	\triangle	60%	P		86%	85.8%	85.2%	84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%
M35	% Clients in employment	<u>^</u>	10%	P	H .	12%	11.6%	11.4%	11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%
M41	Completion of a valid NHS number		99%	P		100%	100%	100%	100%	100%	100%	100%	100.0%	100.0	100.0	100.0%	100.0%
M42	Completion of ethnicity coding for all service users		90%	P	H	99.4%	99.3%	99.3%	99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%	99.5%	99.4%
M43	Community health services two hour urgent response standard		70%	P	H	88.1%	88.4%	84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.1%	89.5%	88.4%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500									1523	1719	2335	1509	1667	1656
M45	The number of incomplete Referral to Treatment (RTT) pathways		2400												1782	1982	2168
			2500									1933	1835	1592			
M46	Count of 2-hour urgent community response first care contacts delivered				>	757	862	771	796	648	761	826	953	911	936	1019	1003
M47	Virtual ward occupancy		80%									82.9%	44.3%	92.9%	51.4%	57.1%	60%
M48	Community services waiting list		5430												5024	5170	5048
			5652									5420	5298	5131			
M49	Number of people who receive two or more contacts from community mental health services for adults and older adults with severe mental illnesses			0	0							3910	3921	3917	3907	3888	3857
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact											10957	11094	11099	11114	10934	11036
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	?		98.7%	100%	86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%
M171	% Admissions gate kept by crisis resolution teams		95%	P	•	100%	98.7%	100%	98.9%	99%	98.2%	100%	99%	100%	96.6%	100%	99.1%

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National Metrics

Summary

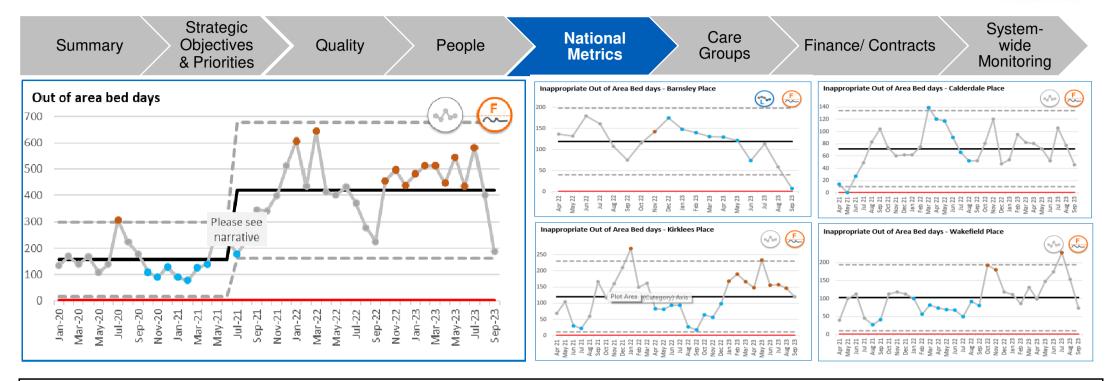


The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

- The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 99.9%
- 72 hour follow up remains above the threshold at 88.5%.
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service remains below threshold at 75.3% in September. This has now entered a period of special cause concerning variation (please see SPC chart). The care group escalated a concern regarding access in paediatric audiology when performance for diagnostic appointments first started to fall at the start of the year. An improvement plan was initiated. More recently, the care group reported a concern with reaching the agreed trajectory to full performance by October 2023. This relates to staffing capacity which is an issue shared across South Yorkshire providers and to increased numbers of children 'not brought' to the assessment where the assessment cannot be rebooked within 6 weeks. Not all appointments are for diagnosis. Overall the average waiting time for an appointment in audiology is 3.6 weeks so if parents need support and advice for their child a general appointment can be arranged.
- 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 have both reached 100% in September. Though as previously noted low numbers do impact the performance. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.
- During September 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 8 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 51.6% for September. 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 September. 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.

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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.

Actions	Assurance
The culmination of the work of the improvement	The improvement programme reports through
programme which has focussed on:	the assurance framework to Board.
- Addressing barriers to discharge and reducing delays	
for people who are clinically ready for discharge	Out of area placements are reported to EMT
- Effective coordination out of area care to ensure	against the trajectory. System wide work
people are repatriated.	streams report through the ICS.
- Addressing workforce issues to improve the care and	
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· ·	
are now being realised and further improvement and	
sustainability of the reduced figure is expected.	
	The culmination of the work of the improvement programme which has focussed 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



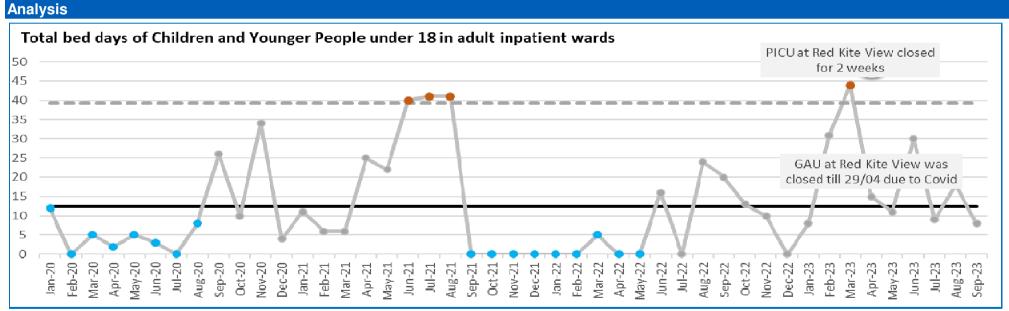
Summary	Strategic Objectives & Priorities	Quality	People	National Metrics	Care Groups	Finance/ Contracts	System-wide Monitoring	
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Data quality:

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 September the following data quality issue has been identified in the reporting:

• The reporting for employment and accommodation shows 16.8% 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.

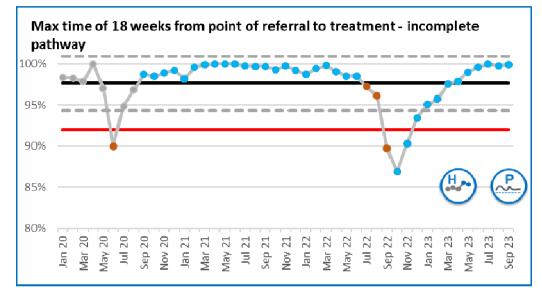


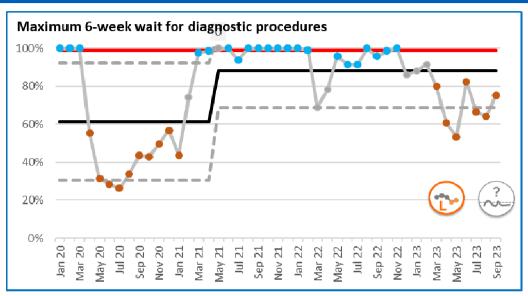
The statistical process control chart (SPC) above shows that in September 2023 we remain in a period of common cause variation regarding the number of beds days for children and young people in adult wards.





Analysis





The SPC charts above show that for September 2023 we are currently in a period of special cause improvement for clients waiting a maximum of 18 weeks from referral to treatment and we are estimated to achieve the target against this metric. For clients waiting for a diagnostic procedure we remain in 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.



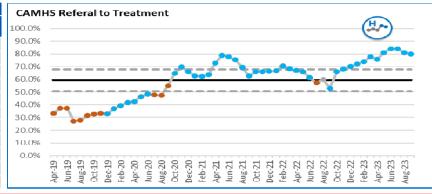


The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group, and performance for the reporting month is stated along with variation/assurance for each metric where applicable.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



Child and adolescent mental health services (CAMHS)

CAMHS				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
% Appraisal rate	>=90%	71.3%	72.4%	⊕⊕
% Complaints with staff attitude as an issue	< 20%	0% 0/2	0% 0/0	⊕ ⊕
% of staff receiving supervision within policy guidance	80%	N/A	71.5%	
CAMHS - Crisis Response 4 hours	N/A	100.0%	91.7%	∞
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.1%	80.3%	&-
Eating Disorder - Routine clock stops	95%	91.3%	100.0%	
Eating Disorder - Urgent/Emergency clock stops	95%	66.7%	100.0%	₽
Information Governance training compliance	>=95%	94.4%	93.3%	₩ 🕹
Reducing restrictive practice interventions training compliance	>=80%	69.0%	65.1%	∞ ⊕
Sickness rate (Monthly)	4.5%	4.4%	4.5%	₽
% rosters locked down in 6 weeks				



As you can see in September 2023, we remain in a period of special cause improving variation. For further information see narrative below.

Alert/Action

- Waiting time 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 month. Plans now in place for temporary (end March 2024) extension but long-term capacity concerns remain
- 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.

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. Deterioration in reported Q2 performance requires further analysis. Some evidence of increasing case acuity/complexity but also some potential for data quality improvement.
- 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 most notable in Barnsley. Small number of long term sickness cases adversely impacting and being proactively managed.
- RRPI Mandatory training in red. Limited availability of face to face training offer but improvement expected in Q3
- Self-harm incidents/risk are a key focus of improvement work at Wetherby Youth offender institute.
- · Management priority being attached to improving appraisal rates across all service areas.

- 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



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

Adults and Older People Mental Health

Mental Health Community (Including Barnsley Mental Health Services)				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
% Appraisal rate	>=90%	76.3%	76.1%	&
% Assessed within 14 days of referral (Routine)	75%	65.7%	82.7%	⊕ ⊕
% Assessed within 4 hours (Crisis)	90%	94.5%	97.1%	∞ ⊗
% Complaints with staff attitude as an issue	< 20%	22% (2/9)	13% (1/8)	⊕ ⊕
% of staff receiving supervision within policy guidance	80%	N/A	60.9%	
% service users followed up within 72 hours of discharge from inpatient care	80%	90.7%	88.5%	∞ ८
% Service Users on CPA with a formal review within the previous 12 months	95%	98.3%	96.6%	∞ &
% Treated within 6 weeks of assessment (routine)	70%	98.1%	97.1%	∞ ≗
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.9%	79.1%	♠ ♠
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	92.1%	91.8%	2
Information Governance training compliance	>=95%	97.1%	94.4%	∞ ⊕
Reducing restrictive practice interventions training compliance	>=80%	68.3%	66.8%	
Sickness rate (Monthly)	4.5%	3.6%	4.1%	⊕ 🥮
% rosters locked down in 6 weeks				

Mental Health Inpatient				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
% Appraisal rate	>=90%	62.6%	62.2%	& €
% bed occupancy	85%	87.4%	86.6%	
% Complaints with staff attitude as an issue	< 20%	25% (1/4)	0% (0/1)	◆
% of staff receiving supervision within policy guidance	80%	N/A	77.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.1%	77.1%	
% of clients clinically ready for discharge	3.5%	8.0%	7.7%	&
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	88.0%	95.7%	&
Inappropriate Out of Area Bed days	152	400	187	
Information Governance training compliance	>=95%	93.5%	90.9%	
Physical Violence (Patient on Patient)	Trend Monitor	20	29	3
Physical Violence (Patient on Staff)	Trend Monitor	68	53	(<u>∞</u>)
Reducing restrictive practice interventions training compliance	>=80%	82.1%	81.5%	(*) (.)
Restraint incidents	Trend Monitor	109	65	(H)
Safer staffing	90%	131.3%	130.4%	E
Sickness rate (Monthly)	4.5%	5.5%	4.0%	(A) (A)
% 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.
- Rehabilitation services are now commissioned to deliver a flexible bed base offer. Both rehab units still maintain the option of utilising all the beds, however it is a fluid resource shared with the community rehab provision and the use of the beds is required to balance with the community rehab caseload. The aim of the flexible bed base model is to allow for service users to progress in a timely manner from acute services and into the community with rehab input as soon as possible. Kirklees aim to work at a flexible bed base of 16-24, but can accommodate 27 inpatients and 3 social care patients but the community rehab caseload will reduce to accommodate this. Calderdale aim to work at a flexible bed base of 8-10, but can accommodate 14 inpatients, but again the community rehab caseload requires a reduction to accommodate this.
- 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 monitoring the impact of reduced out of area beds on inpatient wards.
- 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'. The Barnsley percentage appears to show large patient numbers ready for discharge however given smaller ward populations this only relates to a small number of service users. Beamshaw currently has one service user clinically ready for discharge but delayed (Awaiting Ministry of Justice to approve his discharge) and Clark have two service users identified as clinically ready for discharge but delayed in September due to a number of complex cases. However currently there are only two service users identified as clinically ready for discharge but delayed (one is awaiting Ministry of Justice approval for discharge and there is extensive work being done to find a suitable placement for the second service user).
- There is increased pressure on the wards from the number of learners that require support, i.e. student nurses, international recruits and newly registered staff, which is creating patient safety concerns. In most cases the support is being provided to learners by 2-3 Registered Nurses, some of whom have recently completed their own preceptorship.
- 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. In September performance has improved in Calderdale and Kirklees and is now above target. We are expecting performance to be below target in Barnsley this month. Action plans remain in place, with specific improvement work taking place in Barnsley.
- Rapid improvement work in SPAs and implementation of BCP 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 September is 50.05% just achieving the national standard of 50%. This is likely to be a seasonal trend as a similar reduction was noted in 2022-23 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, however the picture has started to improve with some successful recruitment.
- 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 focusing on continuing to improve performance for FIRM risk assessments, and performance is showing some progress in all areas for those on CPA who have had a staying-well plan within 7 days and those who have had a formulation within 7 days against trajectory.

 Inpatient performance for those admitted who have had a staying-well plan within 24 hours is working towards achieving and sustaining improvement against trajectory.
- For FIRM risk assessments on inpatient wards there has been an issue with inclusion of data that should not be included in the data set and with the timeliness of the extract. The next extract is expected to resolve the issues but operational and performance colleagues will work on a solution if not. Transfers from acute wards to rehab wards have been treated as such by the receiving ward, and patients transferred already have a risk assessment in place in accordance with inpatient performance requirements. This has however been reflected against performance for new admissions, we will be working with performance colleagues to reflect performance more accurately going forward.
- · 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.



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

- · Senior leadership from matrons and general managers remains in place across 7 days.
- 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.
- For all inpatient wards there has been a review of internal processes to ensure we are capturing all exclusions for supervision figures (there are some staff who are captured in these figures that should have been excluded due to long-term sickness for example). Admin staff will be supporting ward managers to ensure all exclusions are recorded on a monthly basis.
- 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.
- All team managers have been contacted where compliance rates are below expected thresholds for mandatory training (this includes Reducing Restrictive Practice/ Cardio-Pulmonary Resuscitation and Information Governance). General Managers have also discussed how the service manager might support with monitoring this moving forward.
- We continue to work towards required concordance levels for Cardio-Pulmonary Resuscitation 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.

- · We are performing well in gatekeeping admissions to our inpatient beds.
- We are performing well in 72 hour follow up for all people discharged into the community.
- We have reduced the use of out of area beds significantly with current usage confined to patients requiring gender specific psychiatric intensive care. This follows extensive work as part of the care closer to home improvement programme.



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

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

LD, ADHD & ASD				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
% Appraisal rate	>=90%	71.1%	70.6%	⊕ €
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/1)	₩
% of staff receiving supervision within policy guidance	80%	N/A	72.3%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	41.5%	50.0%	⊕
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.1%	78.1%	∞ ⊕
% of clients clinically ready for discharge	3.5%	60.2%	65.8%	&
Information Governance training compliance	>=95%	94.5%	91.9%	₩
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	67.9%	71.9%	∞ &

LD, ADHD & ASD				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	•
Physical Violence - Against Staff by Patient	Trend Monitor	12	16	•
Reducing restrictive practice interventions training compliance	>=80%	72.0%	70.9%	∞ ⊕
Safer staffing	90%	137.3%	145.4%	₩.
Sickness rate (Monthly)	4.5%	4.5%	2.6%	⊕ ⊕
Restraint incidents	Trend Monitor	12	9	∞
% rosters locked down in 6 weeks				

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

Alert/Actio

- Referral rates for ADHD remain high and waiting lists continue to grow. There are currently over 4300 people waiting for an ADHD assessment. This is a national challenge.
- Referral rates for Autism Referral rates 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 Friends and family test is 67% which represents a small decrease within month is captured work to capture the service user voice.
- West Yorkshire ICB Neurodiversity Project the service continues to contribute to this project.

Advise

- Workforce:5.83 of 45.47 posts are vacant, 4.50 of these have been offered and recruitment checks are underway, time taken to recruit places pressure on capacity.
- A Business Case Proposal has been submitted to support Barnsley Community Paediatrics 16-18. The 17+ Pathway and funding is in the final stages of agreement.
- The collaboration with Bradford District Care Foundation Trust is also going well. Service Users are screened via a face-to-face appointment within 4 weeks of referral date.

Assure

- · All 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

Appraisal

- Appraisal performance remains a concern. Due to the turnover of clinical staff, line managers have now been reallocated and appraisals are planned in on the staffing roster.
- · Meetings have been restructured to include increased oversight and management of performance.
- Work is underway to ensure that reporting and recording issues are addressed.

Community Services

· Resource requirements identified to support the ADHD pathway for people with a learning disability and a business case for funding currently being drafted.

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.
- We continue to progress on improvement actions and the service is now assessing itself against QNLD standards (Quality Network for Inpatient Learning Disability standards) internally and are sharing both ways with the Bradford ward seeking support from national peers.



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

Advise

Greenlight Toolkit

Recently presented to extended EMT and is a key priority for LD.

- · Analysis of feedback from the group is being undertaken.
- Local teams to link in with LD champions: this work is ongoing.

Community & ATU (Assessment & Treatment Unit)

- Challenges continue with the recruitment of specialist in Speech and Language and Occupational Therapy.
- · Wakefield Local Authority have commissioned a review of LD services on behalf of the Wakefield Alliance.
- Significant improvement in medical recruitment- All 4 communities and inpatient unit have named substantive consultants.

ATU (Assessment & Treatment Unit)

- · Vacancies in nursing continues to reduce but inexperience of staff continues to require resources to support.
- Improvement work continues to be embedded into the service.

- Oliver McGowan training completed by 183 staff members to date.
- Improvement of waiting lists through optimisation of SystmOne which allows service users have earlier access to the whole multidisciplinary team whilst awaiting a specific intervention.
- Increase in uptake of Annual health checkups evidenced following input from strategic health facilitators.
- Optimisation of physical health through increased liaison with primary care, Primary care Mental Health NMP's (non-medical prescribers), acute hospital liaison, STOMP (stopping over medication for people with a learning disability).
- · Autism pathways firmly embedded and more MDT members contributing to cut down rising waiting lists.
- Development of locality trio leadership structures-producing locality newsletters, addressing team challenges.
- Positive culture change in the inpatient settings with higher rates of recruitment in all disciplines.



Summary	Strategic Objectives & Priorities	Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
Barnsley General Community	Services						

Barnsley General Community Services												
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance	Me							
% Appraisal rate	>=90%	79.1%	77.9%	&	Ma							
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/0)	@ @	Ma							
% people dying in a place of their choosing	80%	81.8%	90.63%		Re							
% of staff receiving supervision within policy guidance	80%	N/A	33.0%		Sa							
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.3%	79.4%	&	Sid							
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	⊗ △	%							
Information Governance training compliance	>=95%	96.7%	94.3%	- €								

Barnsley General Community Services				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.8%	99.91%	₽
Maximum 6 week wait for diagnostic procedures	99%	64.2%	75.30%	
Reducing restrictive practice interventions training compliance	>=80%	33.3%	100.0%	&
Safer staffing (inpatient)	90%	107.9%	106.7%	- 🚱 🐣
Sickness rate (Monthly)	4.5%	4.3%	5.0%	② ③
% rosters locked down in 6 weeks				

Alert/Action

• The Band 7 Nurse Prescriber left the service in November 2022, leaving only one Nurse Prescriber. We are currently working with Pharmacy and the Walk in Centre in Wakefield, to provide cover for the service as necessary. One additional team member is also being trained.

Advise

- Current staff concerns around increase workload regarding the service level agreement (SLA) with Barnsley Hospital NHS Foundation Trust for Diabetic Foot Clinic provision. New SLA currently with trust contracting and finance team and meeting to be scheduled in October with BHNFT restaff concerns
- Paediatric Epilepsy Nursing Service continues to face staffing pressures due to ongoing secondments and a breakdown of planned backfill for these. It is anticipated this will be resolved in the next couple of months.
- Paediatric Audiology service has now recommenced school hearing screening in September for the first time since pre-covid, but this does take a member of staff away from clinic work. We are looking to recruit staff initially on a bank basis to support service delivery. We are also reviewing our SLA with the Acute Trust to ensure we are delivering within the parameters of the SLA.
- Waits continue to be longer in children's speech and language therapy. We are recruiting to the team, with a mix of newly qualified SALT who will need additional support/supervision and an experienced SALT.
- 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 2 Measles containing vaccines or immunity to the disease. Staff are being encouraged to check with Occupational Health.
- Neuro Rehabilitation Unit staffing remains an issue. Interviews for trained staff are taking place w/c 16th October and w/c 23rd October.
- The integrated care board (ICB) led procurement exercise to source a Virtual Ward electronic remote monitoring equipment provider for the three South Yorkshire locations (Sheffield / Rotherham / Barnsley) has now concluded and a supplier has been chosen. A procurement standstill period is currently underway after which contracting discussions with the supplier will commence. SWYPFT bas been asked to hold the contract for Barnsley and received a £144,000 non recurrent payment from the ICB to fund the initial first year of the contract, after which SWYPFT could exit the contract if necessary. The successful supplier has proposed a stepped costing arrangement covering the three South Yorkshire providers where individual unit costs reduce as an increased quantity of units are deployed across the three providers. Based on the 'worse case' costing scenario the £144,000 income will fund approximately 48 deployments within the first year.
- Workforce modelling is being undertaken in relation to the Intermediate Care system wide review which is being linked to best practice guidance regarding the intermediate care framework for rehabilitation, reablement and recovery.

- From early September our Neighbourhood Nursing Service (NNS) will see 20+ staff join our team over a period of 6 weeks following a successful internal recruitment drive; this will leave a minimal vacancy factor. NNS position paper to be updated end Oct 23 and reported into to EMT for update. The Trust risk will also be closed at this time.
- Live Well Wakefield (LWW) were finalists at the Health Service Journal (HSJ) Patient Safety Awards, in the 'Patient Safety in Elective Surgery' category. The service recently conducted a 'Waiting Well' pilot along with ICB and Mid Yorks colleagues proactively offering holistic and person-centred social prescribing and support self-management interventions to the longest waiters for elective surgery (52+ weeks). Patient feedback examples:
- "I think this has helped me a lot. It's made me feel as though someone cares and is bothered about me as I am sat on my own day after day and can still feel lonely even though family are in contact. It has been 100% helpful and it has cheered me up you calling again. My son even said it is nice to know someone is interested. "
- "It's a really good service. I think it's not always the medical side of things people need support with. People can almost get 'stuck in a rut' and this helps to open up doors."
- "I think it is very good. It has made us aware there are other things out there. It has given us a bit of hope and helped map out what might be possible (for mum)."
- Registered nurse professional lead David Yockney has been awarded the title of Queen's Nurse, which recognises a commitment to improving standards of care, and to learning and leadership.
- Barnsley NRU (Neurological Rehabilitation Unit at Kendray) the team have been shortlisted as Care Provider of the Year in the Neuro Rehab Times awards, for their high standards of care and a commitment to supporting patients.
- Barnsley Children's Speech and Language Therapy team have won a Royal College of Speech and Language Therapists 'Giving Voice' award for their 'Hey...It's ok to stammer' campaign.
- Barnsley Community Cardiac Rehab Team have been successful in securing £50k cardiac rehab funding from South Yorkshire ICB. This pilot will look at targeting priority 4 patients to enhance the service provided and to increase service offered.
- Barnsley Community Heart Failure Team have secured £10K from South Yorkshire ICB, this bid will be used as part of an initiation of a long-term vision to enhance heart failure services within Barnsley.



Summary	tegic Objectives & Quality	People	National Metrics	Care Groups	Finance/Contracts	System-wide Monitoring
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Forensic Services

Forensic				
Metrics	Threshold	Aug-23	Sep-23	Variation/ Assurance
% Appraisal rate	>=90%	61.7%	59.5%	∞ ⊌
% Bed occupancy	90%	86.6%	84.1%	∞ 🥮
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/0)	⊕ ⊕
% of staff receiving supervision within policy guidance	80%	N/A	84.5%	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	100.0%	&
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.3%	76.1%	₽
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	96.5%	94.3%	∞ &
Physical Violence (Patient on Patient)	Trend Monitor	4	2	∞
Physical Violence (Patient on Staff)	Trend Monitor	12	7	•
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	81.3%	82.0%	& &
Restraint incidents	Trend Monitor	18	17	①
Safer staffing	90%	110.1%	111.8%	⊕ ≗
Sickness rate (Monthly)	5.4%	8.3%	9.4%	∞ ⊕
% rosters locked down in 6 weeks				

Alert/Action

- Bed Occupancy Newton Lodge 84.56%↑, Bretton 83.86%↓, Newhaven 81.52%↓. 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/covid 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 —Service continues to focus on recruitment and retention. Number of Band 5 vacancies has reduced although many of these are preceptees or international recruits who are not yet able to undertake their full Band 5 roles therefore the impact on reducing bank and agency is yet to be realised.

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%1

 $Bretton-90.4\% \downarrow (impacted \ by \ high \ sickness \ figures)$

Newhaven –90.1↓

The above figures represent the overall position for each service. There are hotspots for reducing restrictive physical interventions and cardiopulmonary resuscitation and targeted action plans are in place

- 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%) overall and displaying a marked variation across ward areas. This will be monitored closely through the governance structures within the care group to ensure target is reached.
- 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.

- High levels of data quality across the care group (100%).
- 100% compliance for HCR20 (assessment and management of historical clinical risk) being completed within 3 months of admission.
- Friends and family test remains green
- CPA (care programme approach) 100%
- 25 hours of meaningful activity 100%.
- All Equality Impact Assessments across Forensic Services have been completed for 23/24.



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

Inpatients - Mental Health - Working Age Adults										
Metrics	Threshold	Beamshaw Suite	Clark Suite	Melton Suite	Nostell	Stanley	Walton	Ashdale	Ward 18	Elmdale
Sickness	4.5%	5.8%	7.8%	14.1%	1.0%	1.2%	7.2%	4.3%	4.2%	5.3%
Supervision	80%	83.3%	71.4%	100.0%	91.7%	69.2%	100.0%	53.8%	90.0%	100.0%
Information Governance training compliance	>=95%	84.0%	100.0%	76.2%	88.9%	92.0%	87.5%	89.3%	90.3%	92.0%
Reducing restrictive practice interventions training compliance	>=80%	80.0%	94.7%	85.7%	100.0%	92.0%	76.9%	89.3%	71.0%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	95.0%	81.0%	88.5%	80.0%	61.5%	78.6%	77.4%	80.0%
Bed occupancy	85%	105.7%	83.3%	102.8%	94.5%	102.0%	91.4%	90.7%	97.7%	96.9%
Safer staffing	90%	116.0%	120.5%	171.3%	134.2%	114.3%	137.8%	104.5%	116.9%	106.9%
% of clients clinically ready for discharge	3.5%	10.1%	15.9%	0.0%	8.0%	23.5%	0.0%	2.3%	6.6%	4.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	91.7%	83.3%	No Admissions	100.0%	92.3%	100.0%	87.5%	92.3%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0	1	1	1	4	1	0
Physical Violence (Patient on Staff)	Trend Monitor	2	2	0	0	0	9	2	2	1
Restraint incidents	Trend Monitor	3	7	1	6	0	11	2	3	1
Prone Restraint incidents	Trend Monitor	1	0	0	1	0	5	1	0	0

Metrics	Threshold	Crofton	Poplars CUE	Willow	Ward 19 - Female	Ward 19 - Male	Beechdale
Sickness	4.5%	0.0%	6.5%	3.4%	7.3%	3.2%	9.7%
Supervision	80%	100.0%	100.0%	77.8%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.0%	96.2%	100.0%	90.5%	100.0%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	78.3%	88.0%	76.2%	70.0%	78.3%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.0%	79.2%	57.1%	50.0%	87.0%	92.0%
Bed occupancy	85%	95.2%	71.6%	84.7%	96.0%	94.9%	98.8%
Safer staffing	90%	193.0%	224.5%	106.6%	101.2%	114.0%	163.6%
% of clients clinically ready for discharge	3.5%	0.0%	39.8%	18.0%	12.8%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	71.4%	No Admissions	100.0%	100.0%	100.0%	66.7%
Physical Violence (Patient on Patient)	Trend Monitor	0	12	1	4	4	1
Physical Violence (Patient on Staff)	Trend Monitor	0	9	10	4	4	5
Restraint incidents	Trend Monitor	1	11	9	2	2	5
Prone Restraint incidents	Trend Monitor	0	0	0)	0



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

Inpatients - Forensic - Medium Secure								
Metrics	Threshold	Appleton	Bronte	Chippendale	Hepworth	Johnson	Priestley	Waterton
Sickness	5.4%	4.9%	6.9%	6.4%	3.1%	9.3%	16.2%	9.7%
Supervision	80%	90.0%	100.0%	90.9%	84.6%	100.0%	91.7%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	95.5%	96.6%	93.1%	100.0%	86.4%
Reducing restrictive practice interventions training compliance	>=80%	83.3%	95.2%	100.0%	72.4%	86.2%	66.7%	95.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.0%	90.5%	86.4%	60.7%	72.4%	100.0%	68.2%
Bed occupancy	90%	75.0%	93.3%	91.7%	87.3%	86.7%	73.3%	87.5%
Safer staffing	90%	93.5%	101.4%	121.8%	98.1%	155.9%	94.7%	122.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	No Admissions						
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	1	0	0	0	0
Restraint incidents	Trend Monitor	0	0	4	1	0	0	0
Prone Restraint incidents	Trend Monitor	0	0	0	0	0	0	0

Inpatients - Forensic - Low Secure								
Metrics	Threshold	Thornhill	Sandal	Ryburn	Newhaven			
Sickness	5.4%	26.7%	12.4%	15.0%	9.8%			
Supervision	80%	12.5%	100.0%	100.0%	100.0%			
Information Governance training compliance	>=95%	95.7%	96.3%	100.0%	89.7%			
Reducing restrictive practice interventions training compliance	>=80%	87.0%	81.5%	81.8%	79.3%			
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.6%	63.0%	81.8%	79.3%			
Bed occupancy	85%	93.8%	71.9%	90.0%	81.3%			
Safer staffing	90%	102.7%	99.5%	98.9%	125.4%			
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	0.0%			
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	No Admissions	No Admissions	No Admissions	No Admissions			
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0	1			
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0	5			
Restraint incidents	Trend Monitor	0	0	0	11			
Prone Restraint incidents	Trend Monitor	0	0	0	4			



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

Inpatients - Non-Mental Health			
Metrics	Threshold	NRU	SRU
Sickness	4.5%	8.9%	4.6%
Supervision	80%	76.9%	7.9%
Information Governance training compliance	>=95%	100.0%	92.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.0%	63.1%
Bed occupancy	85%	68.3%	79.2%
Safer staffing	90%	104.9%	107.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0
Restraint incidents	Trend Monitor	0	0
Prone Restraint incidents	Trend Monitor	0	0

Inpatients - Mental Health - Rehab								
Metrics	Threshold	Enfield Down	Lyndhurst					
Sickness	4.5%	2.1%	2.4%					
Supervision	80%	100.0%	0.0%					
Information Governance training compliance	>=95%	93.9%	92.0%					
Reducing restrictive practice interventions training compliance	>=80%	83.3%	64.0%					
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.4%	76.0%					
Bed occupancy	85%	38.8%	59.0%					
Safer staffing	90%	91.7%	104.8%					
% of clients clinically ready for discharge	3.5%	0.0%	0.0%					
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	-	No Admissions					
Physical Violence (Patient on Patient)	Trend Monitor	2	0					
Physical Violence (Patient on Staff)	Trend Monitor	3	0					
Restraint incidents	Trend Monitor	1	0					
Prone Restraint incidents	Trend Monitor	0	0					

Inpatients - Mental Health - Learning Disability								
Metrics	Threshold	Horizon						
Sickness	4.5%	2.7%						
Supervision	80%	66.7%						
Information Governance training compliance	>=95%	88.6%						
Reducing restrictive practice interventions training compliance	>=80%	72.7%						
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.8%						
Bed occupancy	N/A	50.0%						
Safer staffing	90%	145.4%						
% of clients clinically ready for discharge	3.5%	65.8%						
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	No Admissions						
Physical Violence (Patient on Patient)	Trend Monitor	0						
Physical Violence (Patient on Staff)	Trend Monitor	14						
Restraint incidents	Trend Monitor	9						
Prone Restraint incidents	Trend Monitor	0						



Summary Strategic Objectives Quality People National Metrics Care Groups Finance/ System-wide Monitoring

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

Per	Performance Indicator De		Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£1.1m	£0m	A deficit of £59k been reported in September 2023 which means that the year to date surplus is now £1.1m. This is £0.2m behind plan. This position is supported by the financial position of the provider collaboratives with the core Trust position included in the report.
2	Agency Spend	£5.4m	£10.1m	The Trust has a target of reducing agency spend from £10.0m to £8.7m. Spend in September is £0.9m which is higher than the two preceeding months and remains above the plan trajectory. The year to date position is 18% above plan.
3	Financial sustainability and efficiencies	£4.3m	£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 for the year to date is £290k behind plan. This target remains challenging due to the increasing profile and the need to identify new opportunities.
4	Cash	£78.9m	£76.9m	The Trust cash position remains strong at £78.9m.
5	Capital	£1.2m	£8.8m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £1.2m. Expenditure is forecast to significantly increase in the next quarter and the full allocation to be utilised in year.
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

Red Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels

Amber Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels

Green In line, or greater than plan



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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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





Finance Report

Month 6 (2023 / 24)



With **all of us** in mind.

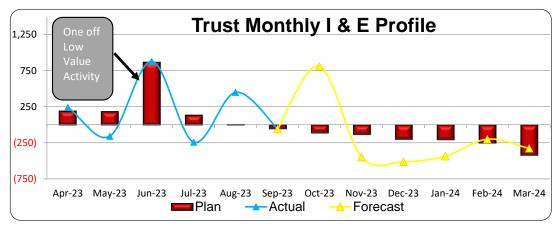
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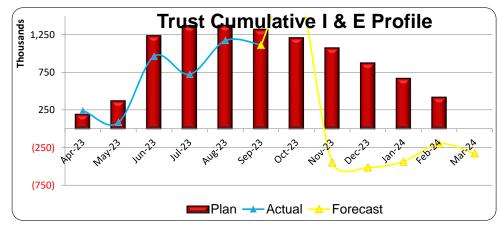
1.0	Executive Summary / Key Performance Indicators							
Key Pe	erformance Indicator	Year to Date	Forecast 2023 / 24	Narrative				
1	Surplus / (Deficit)	£1.1m	£0m	A deficit of £59k been reported in September 2023 which means that the year to date surplus is now £1.1m. This is £0.2m behind plan. This position is supported by the financial position of the provider collaboratives with the core Trust position included in the report.				
2	Agency Spend	£5.4m	£10.1m	The Trust has a target of reducing agency spend from £10.0m to £8.7m. Spend in September is £0.9m which is higher than the two preceeding months and remains above the plan trajectory. The year to date position is 18% above plan.				
3	Financial sustainability and efficiencies	£4.3m	£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 for the year to date is £290k behind plan. This target remains challenging due to the increasing profile and the need to identify new opportunities.				
4	Cash	£78.9m	£76.9m	The Trust cash position remains strong at £78.9m.				
5	Capital	£1.2m	£8.8m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £1.2m. Expenditure is forecast to significantly increase in the next quarter and the full allocation to be utilised in year.				
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.				
Red Amber Green	Amber Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels							

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	Var	iance	This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					32,532	32,631	99	196,317	196,747	430	392,078	392,772	695
Other Operating Revenue					1,193	1,171	(23)	6,246		398	12,652	13,077	425
Total Revenue					33,725	33,802	77	202,563	203,391	828	404,729	405,849	1,120
Pay Costs	4,876	4,881	6	0.1%	(20,539)	(20,414)	124	(121,810)	(121,280)	530	(245,419)	(244,845)	574
Non Pay Costs					(12,815)	(13,149)	(334)	(76,833)	(78,912)	(2,079)	(154,284)	(156,876)	(2,593)
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	4,876	4,881	6	0.1%	(33,353)	(33,564)	(210)	(198,643)	(200,186)	(1,543)	(399,702)	(401,716)	(2,013)
EBITDA	4,876	4,881	6	0.1%	372	238	(133)	3,920	3,204	(715)	5,027	4,133	(894)
Depreciation					(503)	(508)	(5)	(3,061)	(3,074)	(13)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(1,074)	(1,074)	0	(2,148)	(2,148)	0
Interest Received					257	390	133	1,529	2,056	527	3,070	4,006	936
Surplus / (Deficit) - ICB performance measure	4,876	4,881	6	0.1%	(53)	(59)	(6)	1,313	1,112	(201)	(0)	(0)	(0)
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(116)	(116)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	•	0	•	0
Surplus / (Deficit) - Total	4,876	4,881	6	0.1%	(53)	(78)	(25)	1,313	996	(317)	(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 Collab	orative con	solidation -	year to date	actual	
	Total	West Yorks	Forensic	South Yorks	SWYPFT
Description	consolidated	Adult Secure	CAMHS	Adult Secure	SWIFFI
	£k	£k	£k	£k	£k
Healthcare contracts	196,747	33,661	558	17,945	144,584
Other Operating Revenue	6,644				6,644
Total Revenue	203,391	33,661	558	17,945	151,228
Pay Costs	(121,280)	(795)	(62)	(366)	(120,057)
Non Pay Costs	(78,912)	(32,866)	(376)	(17,325)	(28,345)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	(200,186)	(33,661)	(438)	(17,691)	(148,396)
EBITDA	3,204	0	119	253	2,831
Depreciation	(3,074)				(3,074)
PDC Paid	(1,074)				(1,074)
Interest Received	2,056				2,056
Surplus / (Deficit) - ICB	1,112	0	119	253	739
Depn Peppercorn Leases (IFRS16)	(116)				(116)
Revaluation of Assets	0				0
Surplus / (Deficit) - Total	996	0	119	253	623
Surplus / (Deficit) - Forecast	(0)	(0)	164	18	(182)

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 coordinated 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 Trust forecast scenario modelling.

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	Var	iance	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					24,008	23,945	(63)	145,297	144,584	(713)	290,061	288,825	(1,235)
Other Operating Revenue					1,193	1,171	(23)	6,246	6,644	398	12,652	13,077	425
Total Revenue					25,201	25,116	(86)	151,542	151,228	(314)	302,712	301,902	(810)
Pay Costs	4,853	4,848	(5)	0.1%	(20,390)	(20,194)	196	(120,891)	(120,057)	834	(243,636)	(242,324)	1,311
Non Pay Costs					(4,440)	(4,852)	(412)	(26,732)	(28,345)	(1,613)	(54,050)	(55,632)	(1,582)
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	4,853	4,848	(5)	-0.1%	(24,830)	(25,046)	(216)	(147,623)	(148,396)	(774)	(297,685)	(297,951)	(266)
EBITDA	4,853	4,848	(5)	-0.1%	372	70	(302)	3,920	2,831	(1,088)	5,027	3,951	(1,076)
Depreciation					(503)	(508)	(5)	(3,061)	(3,074)	(13)	(5,949)	(5,991)	(42)
PDC Paid					(179)	(179)	0	(1,074)	(1,074)	0	(2,148)	(2,148)	0
Interest Received					257	390	133	1,529	2,056	527	3,070	4,006	936
Surplus / (Deficit) - ICB performance measure	4,853	4,848	(5)	-0.1%	(53)	(228)	(174)	1,313	739	(574)	(0)	(182)	(182)
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(116)	(116)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	ŭ	0
Surplus / (Deficit) - Total	4,853	4,848	(5)	-0.1%	(53)	(247)	(194)	1,313	623	(690)	(0)	(414)	(414)

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 various collaborative financial performances are reported separately.

Description	Budget Staff	Actual worked	Var	iance	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	4,876	4,881	6	0.1%	(53)	(59)	(6)	1,313	1,112	(201)	(0)	(0)	(0)
Provider Collaboratives	22	33	11	49.6%	0	169	169	0	373	373	0	182	182
Total excluding Collaboratives													
(as shown above)	4,853	4,848	(5)	-0.1%	(53)	(228)	(174)	1,313	739	(574)	(0)	(182)	(182)

Income & Expenditure Position 2022 / 23

September 2023, excluding the financial impact of the provider collaboratives, is a £228k deficit.

This is £174k worse than plan.

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

Payment of the medic pay award, both the income and expenditure aspects, has been made in month.

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.

<u>Pay</u>

September has seen further workforce growth with 25 more worked WTE than the previous month and further forecast in the remaining 6 months. This is broadly in line with the workforce plan for the year. Expenditure remains less than budgeted due to the mix of staff recruited.

Agency spend has increased in September following 2 months of small reductions. Overall the run rate is higher than the average in 2022 / 23.

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.

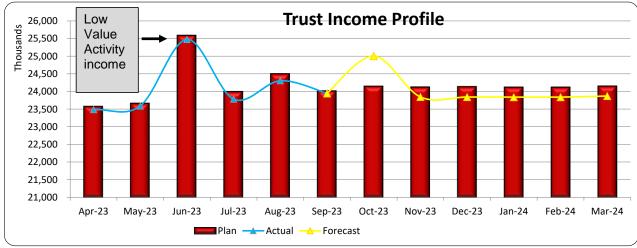
Income Information

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	20,005	21,138	19,895	19,895	19,881	19,881	19,911	241,772	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	2,741	2,740	2,740	2,740	2,740	2,740	2,740	32,950	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	453	543	540	540	553	553	552	6,049	5,311
Partnerships	514	584	546	591	472	608	446	532	532	532	532	532	6,423	5,052
Other Contract Income	197	96	144	102	144	138	137	137	135	134	134	134	1,631	2,256
Total	23,486	23,590	25,476	23,783	24,304	23,945	25,004	23,844	23,843	23,840	23,840	23,870	288,825	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 is in line with plan in month with no significant changes reported. Contracts with commissioners continue to progress to signature including the impact of mental health investment standard.

The Trust forecast risk scenario includes potential financial risks relating to slippage against this investment and also CQUIN performance risk.

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.

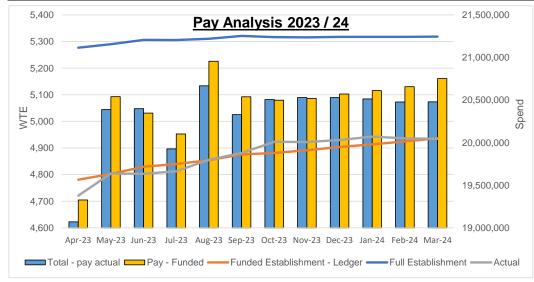
Pay Information

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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
otan typo	£k												
Substantive	17,149	18,033	17,939	17,603	18,244	17,826	18,145	18,189	18,191	18,205	18,224	18,220	215,968
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,389	1,390	1,391	1,407	1,399	1,407	16,219
Agency	939	908	1,002	855	810	915	837	823	821	774	727	726	10,137
Total	18,936	20,296	20,277	19,819	20,535	20,194	20,371	20,403	20,403	20,387	20,351	20,353	242,324
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%	7.2%	6.8%	6.8%	6.8%	6.9%	6.9%	6.9%	6.7%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	4.1%	4.0%	4.0%	3.8%	3.6%	3.6%	4.2%

WTE Worked	WTE	Average											
Substantive	4,343	4,329	4,312	4,329	4,356	4,367	4,430	4,429	4,437	4,451	4,454	4,451	4,391
Bank & Locum	222	314	326	321	356	369	345	347	347	349	346	347	332
Agency	157	161	164	163	144	145	148	146	146	143	136	136	149
Total	4,721	4,804	4,803	4,812	4,856	4,881	4,923	4,922	4,930	4,943	4,936	4,934	4,872
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



Overall pay expenditure remains in line with run rate. Whilst lower than last month this was due to the arrears element of the medic pay award. A similar level of expenditue is forecast for the remainder of the year with a small change from temporary to substantive staffing modelled.

Worked WTE has increased in September by 25 WTE. This was expected due to newly qualified nurse intake and continued international recruitment. This is, however, 37 WTE less than forecast last month which is reflected in the updated forecast. The forecast continues to highlight an additional 53 WTE by March 2024.

This will have an impact on the Trust medium term financial plan modelling.

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

Agency Expenditure Focus

Agency spend is £915k in September. 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.

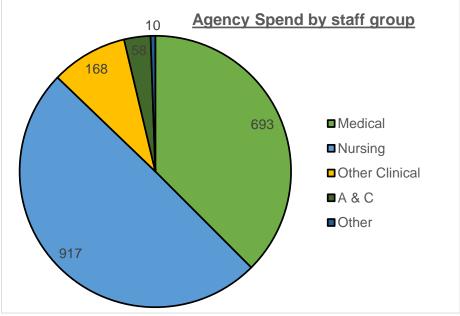
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

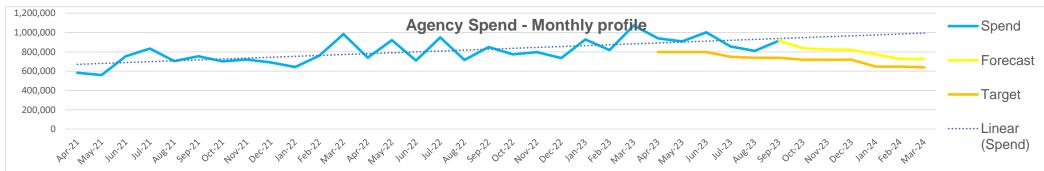
Under the NHS Single Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

September 2023 spend is £915k which is an increase on the previous two months and remains higher than plan. The main increase is in nursing (both registered and unregistered) and is within inpatient areas.

The main action remains to reduce the demand for agency staff by continued substantive recruitment. This includes reviewing recruitment, onboarding and induction programmes to ensure this is as efficient as possible. The Trust also continues to support the development of a West Yorkshire Collaborative bank to reduce the demand for agency.



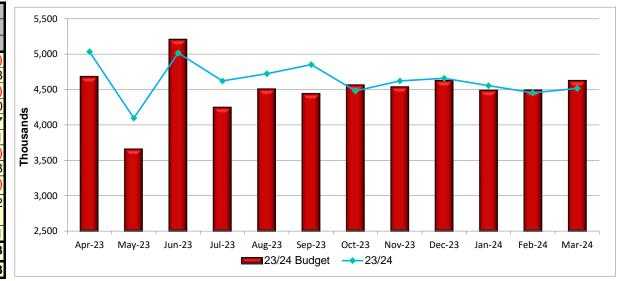


Non Pay Expenditure

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	4,852	4,480	4,622	4,659	4,557	4,453	4,516	55,632
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

New Peri Cetement	Budget	Actual	Variance
Non Pay Category (per accounts)	Year to date	Year to date	
(per accounts)	£k	£k	£k
Drugs	2,050	1,900	(151)
Establishment	4,401	4,728	328
Lease & Property Rental	4,357	4,231	(126)
Premises (inc. rates)	2,686	2,867	180
Utilities	1,028	1,115	87
Purchase of Healthcare	4,438	4,849	411
Travel & vehicles	2,534	2,478	(56)
Supplies & Services	3,386	3,664	278
Training & Education	948	896	(52)
Clinical Negligence &	530	532	2
Insurance			
Other non pay	373	1,084	711
Total	26,732	28,345	1,613
Total Excl OOA and Drugs	20,243	21,596	1,353



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. This will help to inform the budgets set for 2024 / 25.

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 as highlighted on the focus page of this report.

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

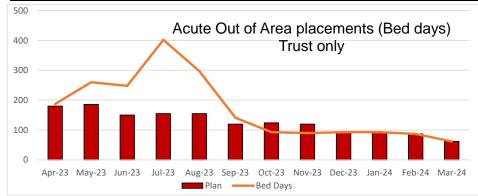
On such occassions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

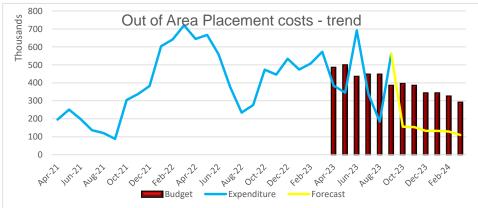
Breakdo	own - Purcha	se of Healtho	care
	Budget	Actual	Variance
Heading	Year to date	Year to date	
	£k	£k	£k
Out of Area			
Acute	722	1,191	469
PICU	1,911	1,246	(665)
Locked Rehab	1,141	1,340	199
Services - NHS	197	229	32
IAPT	88	250	162
Yorkshire	40	15	(25)
Smokefree	40	15	(25)
Other	339	578	239

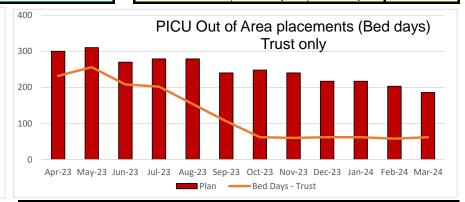
4.438

4.849

411







Total

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

Progress has been made in month with a continued reduction in both acute and PICU out of area placements. This is reflected in a revised trajectory for the remainder of the year; assuming an ability to maintain current levels of activity (whilst continuing to strive towards nil usage).

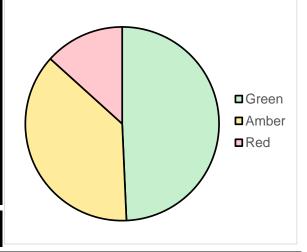
Due to the volatility of this area this forecast assumption remains a risk and this is factored into the Trust forecast scenarios.

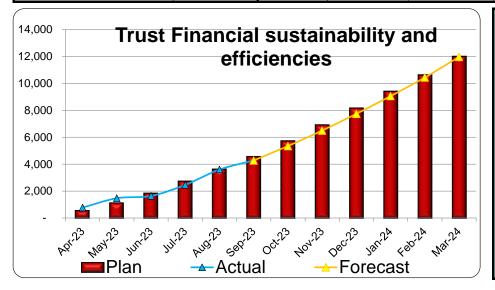
Value for Money, Financial sustainability and efficiency

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	е		Fore	cast	
Workstream Categorisation	Breakdown	Target	Achieved Recurrent	Achieved Non Recurrent	Target	Green	Amber	Red
Out of Area Placements	Pg. 12	1,114	1,297		3,197	1,297	3,353	
Agency & Workforce	Pg. 10	1,405	411	530	4,380	785	574	
Medicines optimisation		200	172		400	172		
Non Pay Review		375	0		1,048		550	1,592
Income contributions		252	119		500	267		
Interest Receivable	Pg. 4	700	1,227		1,400	2,336		
Provider Collaborative	Pg. 5	519	519		1,044	1,044		
Total		4,565	3,744	530	11,969	5,901	4,477	1,592
Recurrent		4,160	3,744		10,943	5,901	4,477	
Non Recurrent		405	,	530	1 026		,	1 592





Value for money performance for the year to date is £290k 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.

These 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 volatility of this area. Current performance is no guarantee of future performance.

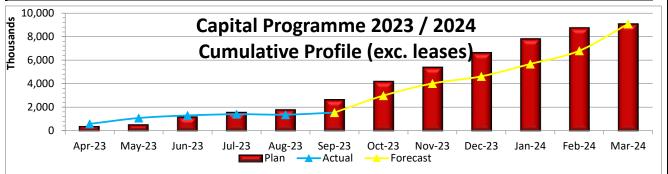
The change in out of area forecast has reduced the outstanding schemes required, and marked as red, by £1.3m to £1.6m.

Balance Sheet / Statement of	2022 / 2023	Actual (YTD)	Note
Financial Position (SOFP)	£k	£k	11010
Non-Current (Fixed) Assets	165,175	165,502	1
Current Assets	,,,,,,		
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	735	
Non NHS Trade Receivables (Debtors)	2,853	2,803	
Prepayments	3,482	4,411	
Accrued Income	9,372	2,039	2
Cash and Cash Equivalents	74,585	78,935	Pg 15
Total Current Assets	92,097	89,155	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(8,893)	3
Capital Payables (Creditors)	(739)	(337)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,498)	4
Accruals	(32,952)		4
Deferred Income	(4,172)		
Other Liabilities (IFRS 16 / leases)	(51,979)	(54,356)	1
Total Current Liabilities	(104,062)	(100,420)	
Net Current Assets/Liabilities	(11,965)	(11,265)	
Total Assets less Current Liabilities	153,210	154,237	
Provisions for Liabilities	(4,319)	(4,349)	
Total Net Assets/(Liabilities)	148,891	149,888	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,657	
Revaluation Reserve	14,026	14,026	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	84,984	
Total Taxpayers' Equity	148,891	149,888	

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.
- Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. This has reduced in month but remains a focus to ensure timely raising of invoices.
- 3. Trade payables remain high, £2.8m relates to purchase orders receipted but not invoiced. Housekeeping continues for any old orders that need closing. This is a reduction from £3.4m reported at month 5.
- 4. Accruals remain at a high level, work is ongoing to ensure that invoices are received and processed. NHS accruals have reduced ahead of the month 6 Agreement of Balances exercise as invoices have been received.

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	575	(900)
Seclusion rooms	750	100	22	(78)	750	0
Maintenance (Minor) Capit	tal					
Clinical Improvement	285	165	2	(163)	853	568
Safety inc. ligature & IPC	990	390	419	29	2,282	1,292
Compliance	430	430	0	(430)	300	(130)
Backlog maintenance	510	0	0	0	150	(360)
Sustainability	300	0	8	8	225	(75)
Plant & Equipment	40	40	28	(12)	53	13
Other	1,223	142	754	612	814	(409)
IM & T						
Digital Infrastructure	1,100	500	5	(496)	1,200	100
Digital Care Records	180	30	0	(30)	70	(110)
Digitally Enabled Workforce	815	336	0	(336)	815	1
Digitally Enabling Service						
Users & Carers	400	100	1	(99)	400	0
IM&T Other	270	120	0	(120)	280	10
TOTALS	8,768	2,353	1,238	(1,114)	8,768	0
Lease Impact (IFRS 16)	5,203	5,203	6,085	882	6,085	882
New lease	303	293	300	7	324	21
TOTALS	14,274	7,849	7,623	(225)	15,176	903



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 current ICB capital allocation so is presented below the line here.

Updated guidance is expected in this area which may have a significant impact on the Trust capital allocation. This risk will be captured once known.

3.2

120

110

100

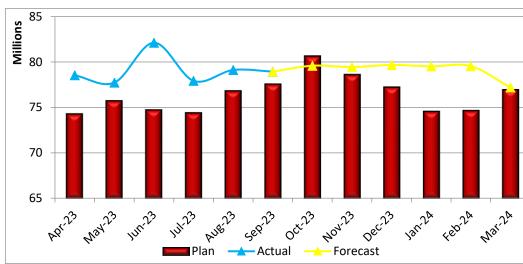
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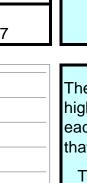
60

Millions

Cash Flow & Cash Flow Forecast 2022 / 2023



	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	77,549	78,935	1,387



High

The Trust cash position remains positive.

Cash balances remain high as the delays in the capital programme mean less cash than planned has been spent.

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

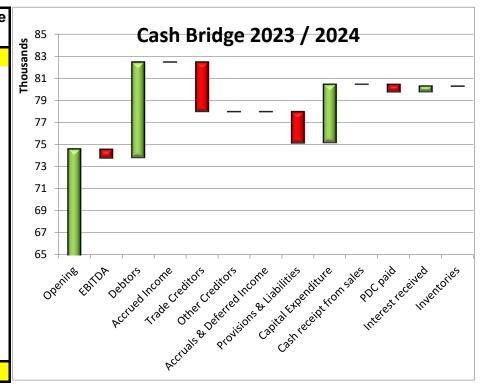
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £91m
The lowest balance is: £78.9m

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)	8,402	7,599	(803)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(1,747)	6,905	8,652	
Trade Payables (Creditors)	850	(3,619)	(4,469)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	460	(2,369)	(2,829)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(6,530)	(1,238)	5,292	
Cash receipts from asset sales	0	5	5	
Leases	0	(4,297)	(4,297)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0		0	
Interest (paid)/ received	1,529	2,056	527	
Closing Balances	77,549	78,935	1,387	



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

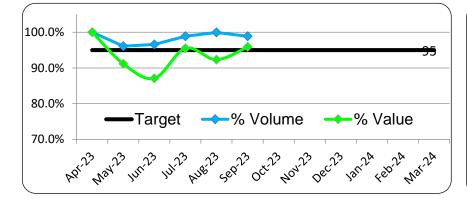
Better Payment Practice Code

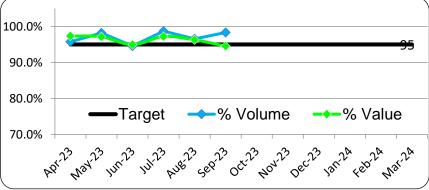
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance continues to be positive although work continues to ensure that no issues remain outstanding and that systems work efficiently. NHS performance continues to be monitored to ensure that recent action to improve performance continues to have a positive effect.

NHS	Number	Value
	%	%
In Month	99%	96%
Cumulative Year to Date	98%	95%

Non NHS	Number	Value
	%	%
In Month	98%	95%
Cumulative Year to Date	97%	96%





4.1

Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
26-Sep-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	000000180	1,609,982
27-Sep-23	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600024487	1,217,951
04-Sep-23	Purchase of Healthcare		Cheswold Park Hospital	5129	800,000
27-Sep-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000057368	735,182
28-Sep-23	Purchase of Healthcare		Leeds & York Partnership NHS Foundation Trust	1000205	666,894
19-Sep-23	Purchase of Healthcare		Cygnet Health Care Ltd	CYGWYS38	544,330
20-Sep-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203579	519,424
27-Sep-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	0000000236	319,139
01-Sep-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008272	304,634
19-Sep-23	Purchase of Healthcare		Cygnet Health Care Ltd	CYGSYS15	270,000
11-Sep-23	Purchase of Healthcare		Waterloo Manor Ltd	HO NHS LS 276	237,938
08-Sep-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Four	440000380	230,447
28-Sep-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5175	150,393
01-Sep-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008268	116,303
12-Sep-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC016INV	96,290
06-Sep-23	Computer Licence	Trustwide	Datix Ltd	INRLDUK001333	93,813
27-Sep-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	324776	91,180
18-Sep-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178406	90,465
11-Sep-23	IT Services	Trustwide	Daisy Corporate Services	3I514760	90,250
18-Sep-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178221	87,514
25-Sep-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	400000004	82,279
11-Sep-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS036SN	74,946
18-Sep-23	External Audit	Trustwide	Deloitte Llp	8003945697	69,816
28-Sep-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000204	64,961
27-Sep-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	000000205	64,703
13-Sep-23	Staff Recharge	Forensic	Wakefield Metropolitan District Council	91314999256	58,691
20-Sep-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5148	58,340
20-Sep-23	Utilities	Trustwide	Edf Energy Customers Ltd	000016421040	56,773
27-Sep-23	Purchase of Healthcare	Kirklees	Kirklees Council	8608264389	56,500
23-Sep-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 11210	56,000
21-Sep-23	Drugs	Trustwide	NHS Business Services Authority	1000078146	54,628

05-Sep-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72485819	47,313
27-Sep-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	000000237	46,624
27-Sep-23	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6027148	45,376
20-Sep-23	Utilities	Trustwide	Edf Energy Customers Ltd	000016581519	44,115
27-Sep-23	Insurance Cost	Trustwide	Willis Ltd	10958GP23000001PRM	40,081
26-Sep-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203621	38,038
12-Sep-23	Consultancy	Trustwide	Liaison Financial Services Ltd	34791	36,385
01-Sep-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001069EPC	35,280
29-Sep-23	Mobile charges	Trustwide	Vodafone Ltd	104575255	33,986
27-Sep-23	Purchase of Healthcare	Kirklees	Huntercombe Roehampton Hospital Ltd (The)	24309671A	32,595
12-Sep-23	Purchase of Healthcare	Forensic	Humber Teaching NHS Foundation Trust	59893469	30,255
13-Sep-23	Purchase of Healthcare	Calderdale	Cygnet Health Care Ltd	WKE0305866	28,693
01-Sep-23	Purchase of Healthcare	Kirklees	leso Digital Health Ltd	UK001359	28,672
05-Sep-23	Purchase of Healthcare	Kirklees	Cheadle Royal Hospital	2900022884	26,955
20-Sep-23	Utilities	Trustwide	Edf Energy Customers Ltd	000016581575	26,211

- * 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.

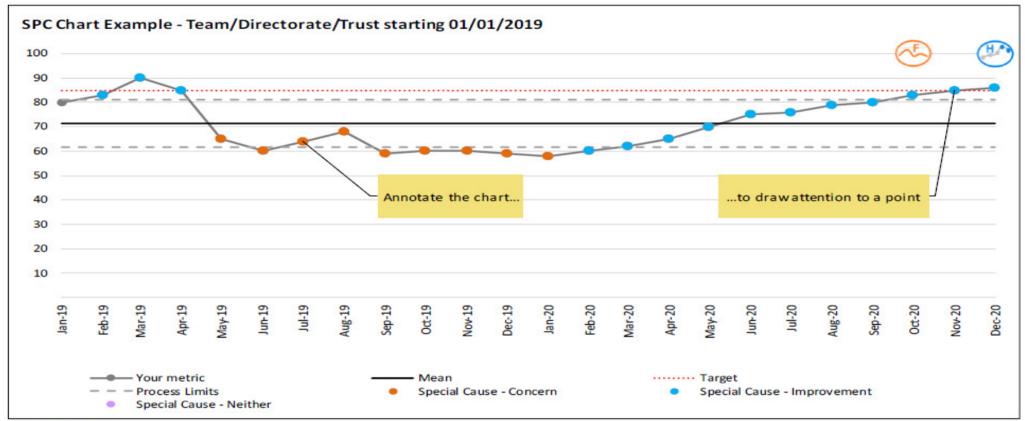
Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- 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

	The icon	which represents t	Variation Icons he last data point c		displayed.			Assurance Icons pectation set, the icon dis the whole visible data ran	
ICON		2	H		H		~	(F)	
SIMPLE ICON	•••	• ? H L •	• H •	• L •	• H •	• L •	?	F	Р
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.