NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

October 2023

With **all of us** in mind.

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Introduction

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

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 96.7% against a target of 90%. For the Trust derived indicators, as of October 2023, disability 46.2%, sexual orientation 45% 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%.

• Referral to assessment within 2 weeks for mental health single point of access - the overall Trust position increased to 86.8% in October 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 continued 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 66 days used in October, this is a significant improvement compared to the previous two months (400 in August and 187 in September). Need for use of these beds mainly relates to the requirement for gender specific psychiatric intensive care (not commissioned locally), increased acuity and capacity issues due to challenges to timely discharge. Workforce pressures also impact the successful management of acuity. The Trust had 3 people placed in out of area beds at the end of October. 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 waiting for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 74.2% in October from 75.3% reported in September, 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 has been initiated however, improvement in performance to national threshold has not been reached. Further detail on specific actions can be seen in the care group section of the report.

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 an improved performance with regards to the completion of care plans and risk assessments (inpatient). This focus continues to be driven by the Care Plan and Risk Assessment Improvement Group, particularly on the quality of the completed care plans and risk assessments.

The October data for care planning shows continued sustained performance above the 80% threshold since April 23, achieving 87.5% for the month.

For risk assessments, the October data shows a slight increase in performance from the previous month within inpatient services (90%).

Whilst performance is broadly being maintained, 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 74.7% (against a target of 90%) of Learning Disability referrals where patients have had a completed assessment, care package and commenced service delivery within 18 weeks. Slight improvement in performance in October (impacting 21 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 October 2023 resulted in no 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 198 incidents reported (92 in September). 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.

• 91.7% of prone restraint incidents were for a duration of three minutes or less, there was two incidents out of twenty four over the 3-minute threshold and these were complex cases and appropriate measures were taken and support was given to both the service users and staff involved in the incident.

• There were 9 information governance personal data breaches during October 2023 which is one greater than reported in previous months. No hotspot areas were identified as they were across care groups and services. Promotion of safe and effective information governance continues.

• The number of inpatient falls in October was 48 and 71% 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, there have been no red or amber Datix incident reported (falls with injury) during the month.

Our People

• 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, this includes making further changes to the systems and reporting practice.

The data for October is 62.3% which is a slight improvement from the refreshed performance for September which was 60.7%.

• The Trust had 24 violence and aggression incidents against staff on mental health wards involving race during October - 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 October. The number of people joining the Trust outnumbered leavers in October. Year to date, we have had 408.9 new starters and 300.5 leavers. Focus remains on recruitment and retention.

• Overall turnover rate in October was 12.4% which is slightly higher than last month (12.1%) but remains green as within threshold.

• Sickness absence in October was 5.2% above local threshold, with a rolling 12-month position of 5.2%.

• Rolling appraisal compliance rate for October saw a deterioration, from to 72.5% to 69.7%. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.

• Overall mandatory training is at 92.5% compliance which exceeds the Trust target of 80%, this has reduced marginally from last month 92.1%. Cardiopulmonary Resuscitation (79.7%) and Information Governance (94.5%) are below the Trust target. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).

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 October 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 October compared to previous months this year.

• During October, the overall number of cases that were clinically ready for discharge remain at 5.2%, this has reduced slightly from 5.7% reported last month but remains 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 £101k been reported in October 2023 which means that the year to date surplus is now £1.0m. 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.

• Spend in October has seen a stepped reduction to £0.6m with a reduced requirement in agency shifts reported. The sustainability of this continues to be assessed. The year-to-date position is 14% above plan.

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

• As previously forecast the Trust cash position, whilst remaining strong, has reduced in month by £6.6m. This is due to invoices, which had been chased and date back to April 2023, have been paid. Overall, the Trust cash position is £72.3m.

• Out of area placements have continued to reduce in October. 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 98%.

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. Improving the data collection for all of our protected characteristic data links to the NHS England » NHS equality, diversity, and inclusion improvement plan. Focussing initially on the data collection for both disability and sexual orientation will enable us to not only strengthen our individual patient centred care but also improve the quality of our data. This will give us richer data to use as part of service redesign or delivery and will also strengthen our data quality requirements for external submissions e.g. Mental health minimum dataset. 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.

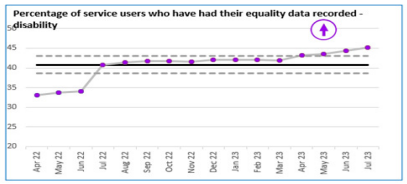


Fig 1.

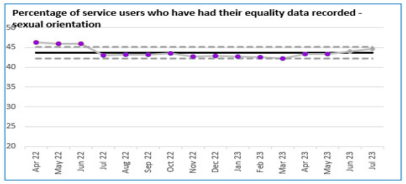


Fig 2.

Target for Improvement

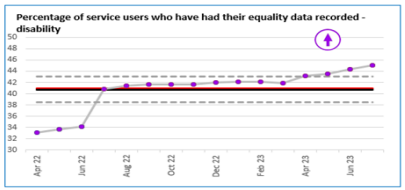


Fig 3.

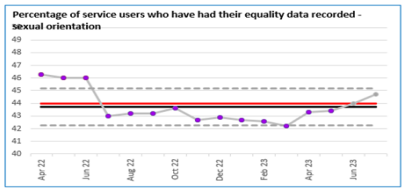


Fig 4.

The Trust is adopting the sigma approach as a target for improvement which helps us to work towards statistical incremented improvements as we work towards our current ultimate target of 90% The red target line indicated on the charts above (Figs 3 & 4), are the individual 'one sigma' data targets which denote the required data change that would indicate meaningful and achievable improvement.

To achieve the sigma target, all the data variation must occur (and be sustained) above the target line i.e., the lower process limit must be above the target line. This would approximately equate to being able to achieve a new mean value of 50 (see Fig 5 below). The process limited would then be further recalculated and a new sigma target applied (see Fig 6). Data variation is normal, however if we continue to do the same thing, then that variation will not change. To achieve a desired target, we need to make changes to the way we work. We want to monitor our progress towards the ultimate target in achievable steps. Sigma is a measure of variation (similar to standard deviations) where the total spread of data between the upper and lower process limits is divided into 6 Sigma. An improvement target of 1 Sigma is considered statistically achievable.

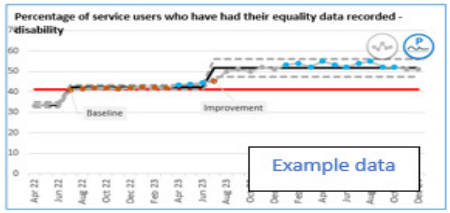


Fig 5.

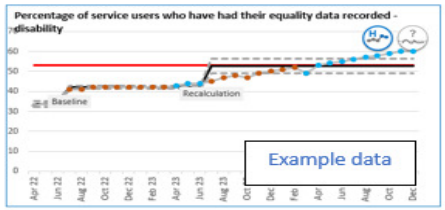


Fig 6.

It is also important to note that while we strive to improve our data collection for these metrics, we must also strive to improve our data quality and ensure that all recorded responses are valid and evidence that a conversation has taken place to capture the data.

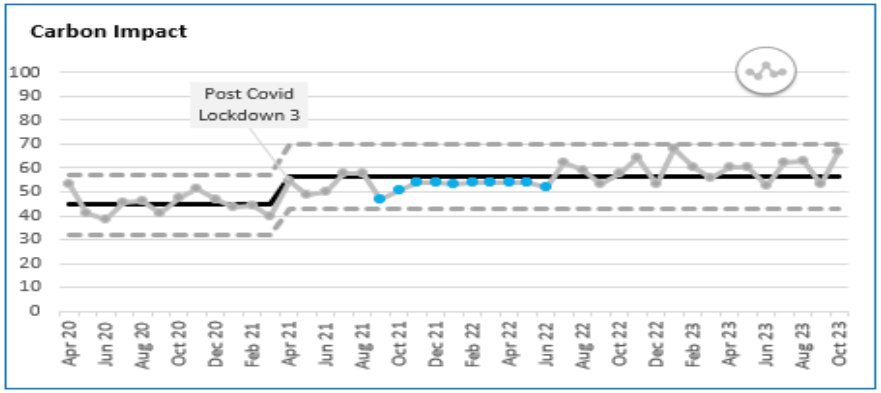
Improving care	Transform our Older People inpatient services	Governance approvals are ongoing: SWYPFT Governance: Quality and Safety Committee – October, Trust Board October – held. NHSE Assurance Approval: awaiting financial clarification before NHSE send approval to proceed letter. Joint Oversight and Scrutiny Committee – scheduled for 27 November. ICB –Joint committee – now likely to be held in early December 2023. Public Consultation planning is ongoing: video completed, Consultation Document revised, consultation summary established, animation storyboard in development, consultation questions established, local assets and advocacy now identified and in place, venues for public meetings identified and provisionally booked as aiming for consultation to commence in January 2024 with public meetings likely to be held mid-late January.
	Improve our mental health services so they are more responsive, inclusive and timely	**1. Inpatient priority programme:** Workstream leads for the four programmes have been identified and work is ongoing to identify key support roles. The Discharge Initiatives (national) are being reviewed and updated by the working group and these will be shared with the wards. The Workforce Group have begun discussions on career progression, completion of the staff survey and International Recruitment. High level KPIs/Metrics have been agreed for the programme and will be reviewed by the weekly performance and oversight meetings. Individual QI metrics will be reported iteratively as projects develop across the workstreams. **2. Care closer to home (OOA):** There has been a sustained reduction in the out of area placements for the month of October/November and the identified baseline key metrics for re-admissions, admits v discharges and occupied bed days will continue to be monitored. A Menti survey has been completed by staff/partner colleagues and we will be using the findings to support the workshop(s) to be held in January. The guidance notes for the Barnsley pilot are being written with an expected PDSA start date to be January 2024. Discussions for a check & challenge peer review with Humber have begun. **3. Improving access to care:** Each project is seeing the benefits of building in the use of waiting list data, waiting list population data, and health inequalities data to inform exploration of areas for improvement. • Community LD services: With SystmOne waiting lists successfully gone live, the focus is on supporting teams to use the SystmOne framework for recording data effectively and supporting locality trios to use the data in reviewing cases waiting for a service from the single community team as well as drilled down information as to what discipline/treatment they are awaiting. • CAMHS neurodevelopmental services: Commissioners have confirmed additional funding to continue the Evolve contract through to March 2024 to provide 150 assessments to support Kirklees CAMHS neurodevelopmental waits. The service has raised concerns at WY ICB level regarding the standards of assessment and screening undertaken by some AQPs does not fit with locally agreed criteria for assessments we can accept. • Core psychology: Using the data available and results of process mapping, work is ongoing with Barnsley team to identify areas for further exploration. Text messaging service has commenced with one round of information sent out. • Single Point of Access Review project group is formed with general manager representation from all localities. Initial data is being collated from all localities including staff and service user views to inform areas for exploring to improve access and reduce impact undertaken in services. **4. Community MH Transformation:** Operational mapping coordinated by task and finish groups exploring how the place-based models have been configured and mapping how SWYPFT aligns into them has commenced in November 2023. A group focused on interoperability and the Severe Mental Illness Physical Health Check (SMI/PHC) has been created with agreed Terms of Reference. The group has representation from SWYPFT/ PCN and ICB colleagues and has aligned into the Trusts Clinical Safety Design Oversight Group Governance. It is currently focused on providing recommendations for standardised practice including templates across SWYPFT and PCN services. The group will be reviewing the NICHE Interim Evaluation for WY Community Mental Health Transformation and working on key areas in regards communications. Items escalated to EMT include: Creative Practitioners business case for continuation of funding April 2024 onwards to support inpatient improvement programme. Currently funded via non recurrent funding. Trauma Informed Programme case for continuation of funding April 2024 onwards to support delivery of national requirements in programmes such as inpatient improvement and CMHT. Currently funded via non recurrent funding.
	Improve safety and quality	**Personalised care (moving on from CPA):** The group have produced a timeline outlining how communications will be delivered and engagement with key stakeholders will commence through the programme. This has been aligned into the Intranet page outlining the high-level communications piece about the Trusts intent on this Programme of work. The group continue to support the Triangle of Care Implementation Group and involving carers in shaping the programme. Work is progressing with defining recommendations for the key worker function and roles and the move from generic care co-ordination to meaningful intervention-based care. The group have aligned with the Care Planning and Risk Assessment Group to focus on the creation of a holistic Care plan, and also scope the development of recommendations for policy changes within the Trust. This group will continue to shape the use of PROMS measures within the Trust as part of the care planning design. The group have joined a Regional and also separate local WY forum focused on Personalised Care and Support to support thinking around this programme.

Improving use of resources	Spend money wisely and increase value	**Value for money:** update was provided last month and is scheduled for next month following FIPC and non-pay review group meetings. Schemes are continuing to be identified as part of the non-pay review group and the corporate services improvement opportunities. Thinking Differently workshops have commenced (2 held to date – 17 staff from across a range of services attended across the two dates). Service specific Thinking Differently workshops are scheduled with Forensics, Strategy and Barnsley services as an output of the annual planning sessions and in support of initiating cost savings.
	Make digital improvements	**Digital Dictation:** Project manager commenced in post 13th November.
Great place to work	Inclusive recruitment	Two projects report to the recently created inclusive recruitment steering group. Scopes and plans on a page established. **1. Time to Hire:** evolved from the current #allofusimprove and value for money activity taking place to improve recruitment processes. Process mapping undertaken for substantive, bank/agency and employability schemes and Improvement action plan developed aiming to speed up process and make the process leaner including reduction of steps involved in recruitment life cycle. (temp/bank staff and substantive processes) Work commenced on working with recruitment team to improve alignment, reduction in duplication and improvements in collaboration and sharing of good practice between bank and substantive recruitment and with other recruitment initiatives identified (e.g. in inpatient, CMHT programmes, and international recruitment). Improvements to aide tracking of candidates through the stages of the process have been identified. Commenced making improvements to the onboarding process and exploring full role out of onboarding digital system. Digital Applicant Tracker System (ATS) solution is being explored. Options paper scheduled for submission to EMT in November. **2. Inclusive localised recruitment:** working group established with care group representation daintified. Work commenced on forming plan aiming to improving access and widening routes into the Trust via social responsibility and employability initiatives in identified care groups. Plan on a page for the programme submitted to EMT.
	Living our values	Work continues to firm up the scope and develop the action plan.

Improving health

Metrics	Threshold	Aug-23	Sep-23	Oct-23	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.7%	96.6%	96.7%		
Percentage of service users who have had their equality data recorded - disability	To be determined for 23/24	45.5%	45.4%	46.2%		The threshold for 23/24 has been developed and will go to the next equality inclusion and involvement sub committee for approval. Once approved the thresholds will be included in the report to be monitored against.
Percentage of service users who have had their equality data recorded - sexual orientation		44.8%	44.6%	45.0%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)		99.8%	99.8%	99.8%		
Timely completion of equality impact assessments (EIAs) in services and for policies	Service timely completion - 75%	73.5% Service	89.5% Service	82.6% 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 have therefore aligned this report to reflect this.
	Policy - 95%	97.4% Policy	96.3% Policy	96.3% Policy		
Completion of equality mandatory training	>=80%	95.9%	96.1%	95.5%		
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	53	67		Data showing the carbon impact of staff travel / business miles. In October staff travel contributed 67 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%	66%		Q3 Due Feb 23		Q1 - 65.0% Reported 6 weeks in arrears. A weighted average is used given there are different targets in different service areas.

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 to continue.

Improve Care

Metrics	Threshold	Aug-23	Sep-23	Oct-23	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	88.0%	87.5%	90.0%		October data shows a slight increase in performance within inpatient services. Risk assessment completion is based upon completion within a set timeframe but does not account for a robust and high 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. Data validation in progress for community services.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	92.1%	*91.8%*	*Data validation in progress*		
% Service users on CPA offered a copy of their care plan	80%	87.4%	87.5%	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		1057		
Registered substantive staff in neighbourhood teams	Establishment			197		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	16	17	24		Any increases will be monitored by the Patient Safety Team. There was an increase in October in Adults and Older People Mental Health Care Group (Inpatient) this was spread over 11 wards.
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	400	187	66		See statistical process chart in National Metrics section for further detail. Please note, this is an in month position and may not reflect the quarterly outturn.
% service users clinically ready for discharge	<=3.5%	5.7%	5.7%	5.2%		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	747	737	610		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. Calderdale - The longest wait for those seen in the month was 764 days, the shortest was 52 days. Number on waiting list at end of October - 169. The longest waiter on the waiting list had waited 844 days. Kirklees - The longest wait for those seen in the month was 664 days, the shortest was 133 days. Number on waiting list at end of October - 1721. The longest waiter on the waiting list had waited 679 days.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	581	588	584		
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	67.9% 38/56	71.9% 41/57	74.7% 62/83		Increase in performance in October (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%	90.7%	88.6%	90.8%		
Community health services two hour urgent response standard	70%	89.5%	88.7%	88.1%		
Referral to assessment within 2 weeks (external referrals)	75%	65.7%	82.7%	86.8%		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.

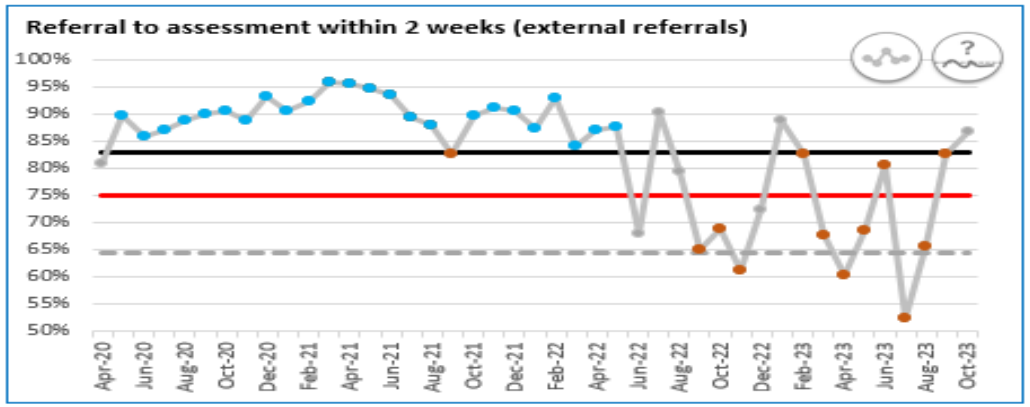
Improve Care

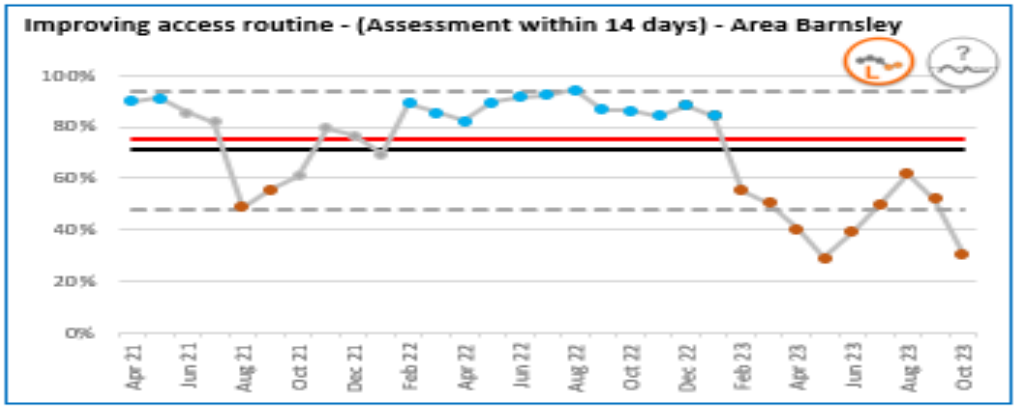
What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)

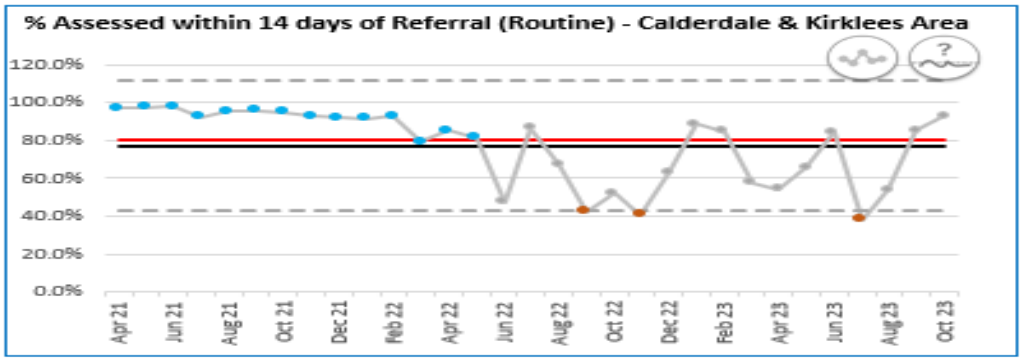
Referral to assessment within 2 weeks (external referrals)

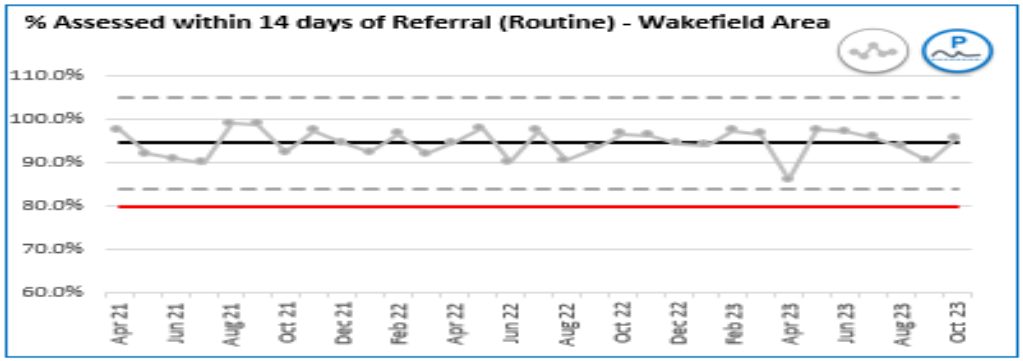
Demand into the Single Point of Access (SPA) and capacity issues have lead to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies despite active recruitment. SPA is prioritising risk screening 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.

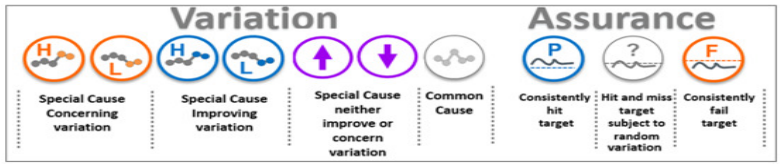
Trust Total











Improve resources

Metrics	Threshold	Aug-23	Sep-23	Oct-23	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	£446k	(£6k)	(£101k)		A deficit of £101k has been reported in month. This is £6k better than plan. The year to date position is a surplus of £1,012k which is £190k behind plan.
Capital spend against plan (monthly)	£8.8m	(£256k)	(£676k)	(£1,406k)		The year to date position is £2.5m behind plan with spend of £1.4m for the year to date. Work continues to ensure that the full capital allocation is appropriately utilised in year. The funding allocation of IFRS 16 (leases) remains an unknown risk.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£808k	£915k	£636k		Agency spend has reduced in October; primarily within ward / inpatient areas and includes both registered and unregistered nurses. As such this is the first month where spend has been less than planned. Work continues to ensure that this is sustained through continued recruitment and expansion of the Trust bank.
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£1,137k	£675k	£130k		The cumulative savings to date are £5.3m and form part of the overall financial position.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	3		Due January 2023		All three reported incidents relate to violence and aggression. In all three reports, staff have been supported through their recuperation. There were no enquiries from either the Health and Safety Executive or CQC related to any RIDDOR notifications during Q2.
Estates Urgent Response Times - Service level agreement (SLA)	95%	96.9%	95.5%	94.2%		Service level agreement 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time. The performance for October has been analysed and understood and are due in part to workload capacity and waiting for parts. The issue is temporary and is expected to be resolved.
Premise Assurance Model (PAM)	Good	Good	Good	Good		PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Governance, Patient Safety, Efficiency & Effectiveness
Statutory Compliance	100%	100.0%	100.0%	100.0%		Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos
% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	100%	100.0%	100.0%	100.0%		Estates senior management have reviewed this metric and from August 23 only jobs screened as category SLA 2 will be included going forward due to some inconsistencies in the categorisation of jobs when initially logged.

Make SWYPFT a great place to work						
Metrics	**Threshold**	**Aug-23**	**Sep-23**	**Oct-23**	**Variation/ Assurance**	**Notes**
Turnover external (12 month rolling)	>12% - 13%<	13.1%	12.1%	12.4%		Rolling turnover increased by 0.3%
Registered workforce growth	3% (by March 24)	3.3%				
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.2%		Absence rate in month decreased to 5.2%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	>=78%	74.5%	72.5%	69.7%		For the month of October, the percentage rate decreased to 69.7% and continues to remain below threshold.
% staff recommending the Trust as a place to work	65%	N/A				Quarterly Pulse survey. The current national survey closes end of November. Results will be reported once available.
% staff recommending the Trust as a place to receive care and treatment	65%	N/A				
Staff supervision rate	80%	Due October 23	63.4%	62.3%		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, this includes making further changes to the systems and reporting practice. The data for September has been refreshed and performance has improved from 60.7%.
Mandatory training - Cardiopulmonary resuscitation	80%	79.9%	80.0%	79.7%		Slight increase in mandatory training in September following seasonal impact noted in August, however this has droppped slightly below threshold in October 23.
Mandatory training - Reducing restrictive practice interventions	80%	82.6%	82.8%	82.9%		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%	91.4%	91.2%	91.0%		
Mandatory training - Information governance	95%	95.3%	94.8%	94.5%		Reminders circulated regarding IG training compliance

Quality Headlines

Section	KPI	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	76.0%	81.0%	84.0%	84.0%	81.0%	80.0%	82.4%	N/A
Complaints	% of feedback with staff attitude as an issue 12	< 20%	17% 4/23	11% 2/17	16% 3/19	19% 3/16	17.6% (3/17)	10% (1/10)	9% (1/11)	1
	Complaints - Number of responses provided within six months of the date a complaint received	100%	27% (4/15)	38% (3/8)	17% (2/12)	29% (4/14)	38% (5/14)	38.9% (7/18)	42.9% (9/21)	
Service User Experience	Friends and Family Test - Mental Health	84%	82%	85%	91%	90%	90%	95%	89%	1
	Friends and Family Test - Community	95%	94%	97%	96%	93%	97%	96%	95%	1
Quality	Number of compliments received	N/A	50	66	33	35	22	17	18	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	Trend monitor	32	38	27	30	39	21	24	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	Trend monitor	1	2	3	3	5	2	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	0	1	1	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	85.0%	85.7%	86.6%	87.5%	87.4%	87.5%	87.5%	1
	Number of Information Governance breaches 3	<12	12	9	14	13	16	8	9	2
	% of inpatients clinically ready for discharge	3.5%	2.4%	2.1%	4.6%	4.8%	5.7%	5.7%	5.2%	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%, July 92%, Aug 94%, Sept 95%	90.6%	87.7%	86.7%	87.2%	88.0%	87.5%	90.0%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		80.7%	92.9%	85.7%	92.9%	92.1%	91.8%	Data validation in progress	2
	Total number of reported incidents	Trend monitor	1197	1327	1257	1154	1201	1150	1256	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	23	34	21	26	33	27	24	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	4	2	5	1	4	1	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Trend monitor	5	2	1	3	3	1	2	
	Safer staff fill rates	90%	123.5%	123.5%	123.7%	123.9%	123.8%	124.1%	123.5%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	94.4%	95.7%	93.1%	93.6%	92.1%	91.4%	91.3%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	29	42	40	36	42	41	21	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	2	1	0	1	1	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	90%	90.0%	86.6%	89.5%	95.2%	90.0%	90.0%	91.7%	1
	Number of Falls (inpatients)	Trend monitor	34	41	43	33	33	34	48	
	Number of restraint incidents	Trend monitor	192	186	201	145	146	92	198	
	% of staff receiving supervision within policy guidance 15	80%	Reporting to start from Sept 23					63.4%	62.3%	2
	Potential under-reporting of patient safety incidents									
	% people dying in a place of their choosing 14	80%	87.5%	92.1%	87.8%	83.8%	81.8%	90.6%	90.9%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	
	Overall CQC rating		Good							
	CQC well - led rating		Good							

Quality Headlines

Quality Headlines cont…

1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return.
13 - The NHSE Oversight Framework was updated in June 22 . Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.
14 - This metric relates to the Macmillan service, end of life pathway.
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 was an increase in number of incidents reported up to 198 which is an increase from 92 reported in September which was the lowest number reported in the last 12 months, however this remains within expected ranges. Further detail is provided in the relevant section of this report.
• % of prone restraint with duration of 3 minutes or less was 91.7% 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 had increased slightly at 90% from 87.5% for inpatient services.
• Clinically ready for discharge (previously delayed transfers of care) - This has decreased from 5.7% in September but remains above threshold at 5.2%. 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. Further detail is provided in the relevant section of the report.
• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required . In October there were 48 fall incidents. Further detail is provided in the relevant section of this report.
• The number of information governance breaches in relation to confidentiality breaches has increased to 9 during the month and remains 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 - The process for complaints continues to be improved, this includes a review of Datix and reporting and developing training for staff. The backlog/waiting list has been eradicated and complaints are now being allocated in real time. This should support closing complaints within the 6 month statutory target over the coming months. Using feedback from complaints meaningfully is being supported by the patient experience group.
• 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, with a go live date of the 1st December.

Learn from Patient Safety Events (LFPSE)
As reported in the previous IPR, Learn from Patient Safety Events will be a new national system that is being introduced to replace:
• National Reporting and Learning System (where we send our patient safety incidents)
• Strategic Executive Information System [StEIS] (where we report Serious Incidents)
NHS England have recently extended the transition timescales as below:

By 30/09/2023 – to have LFPSE compliant software installed on our Datix live system by the end of September 2023. Achieved.

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 91% 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, December and January 2024.

Patient Safety Partners
The Patient Safety Team held internal interviews/ discussions on 6th October 2023 and have successfully recruited three patient safety partners (this is a volunteer role)

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).

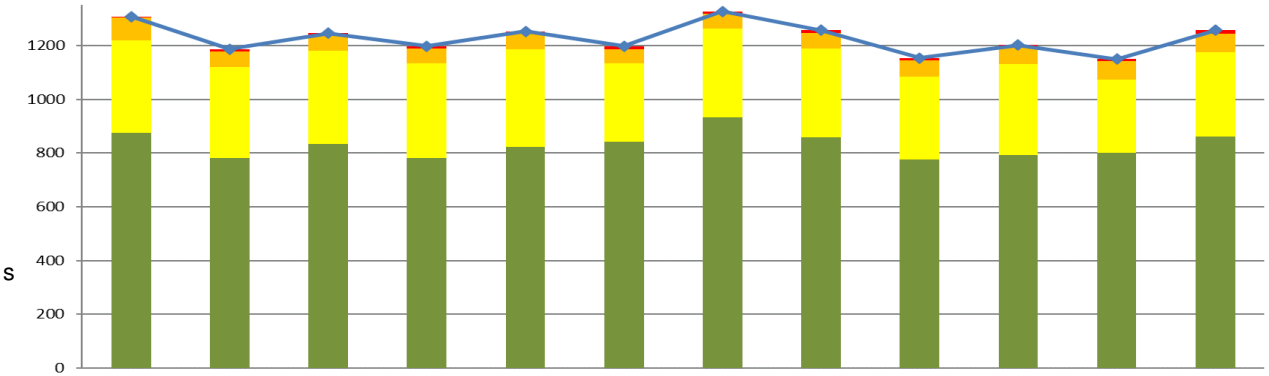
96% of incidents reported in October 2023 resulted in no harm or low harm or were not under the care of SWYPFT. This is based on the degree of actual harm.
Further details about severity and degree of harm can be found in the Incident Reporting and Management Policy.

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.

The 5 severe incidents reported in October were:
4 category 4 pressure ulcer incidents, 1 self harm incident of which following further investigation has been downgraded to moderate (this will be updated in the dashboard next month) the usual root cause and investigation process is beign followed for all these incidents.

The below chart identifies 12 red Incidents in October, at the time of reporting the full review and investigation process may not be completed. The Trust encourages staff to report incidents with an upward bias which enables robust review through clinical risk panel. Tthe 12 reported in October is therefore likely to reduce when data is refreshed next month.



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Red (should not be compared with SIs)	3	8	8	9	9	12	8	11	9	10	9	12
Amber	85	58	59	56	57	51	55	58	62	59	68	70
Yellow	346	339	345	352	364	291	330	330	307	341	273	314
Green	874	781	834	781	823	843	934	858	776	791	800	860
Total	1308	1186	1246	1198	1253	1197	1327	1257	1154	1201	1150	1256

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 October 2023

Safety First cont…

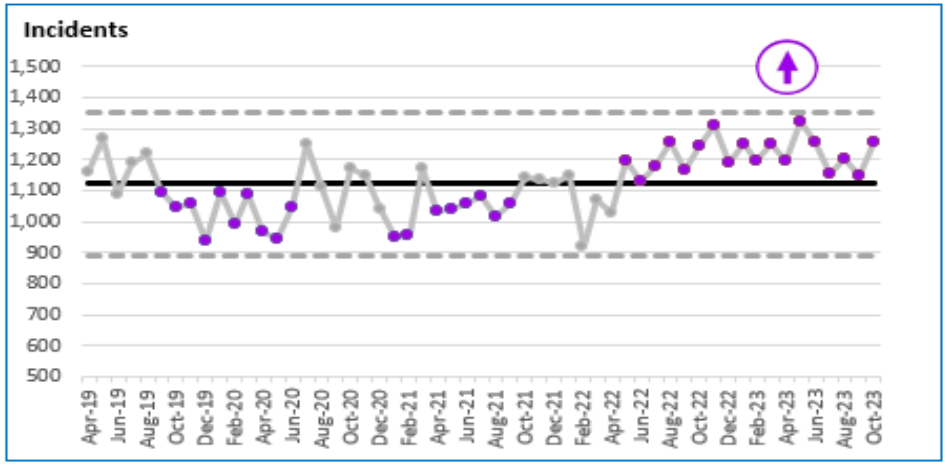
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

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 October 2023:
24 moderate harm incidents including 7 pressure ulcer category 3 incidents, 14 self harm incidents,
5 incidents categorised as severe harm, and sadly 2 patient safety related deaths during the month.

Incidents



We have entered a period of special cause variation on October due a continued increase in the number of incidents, 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

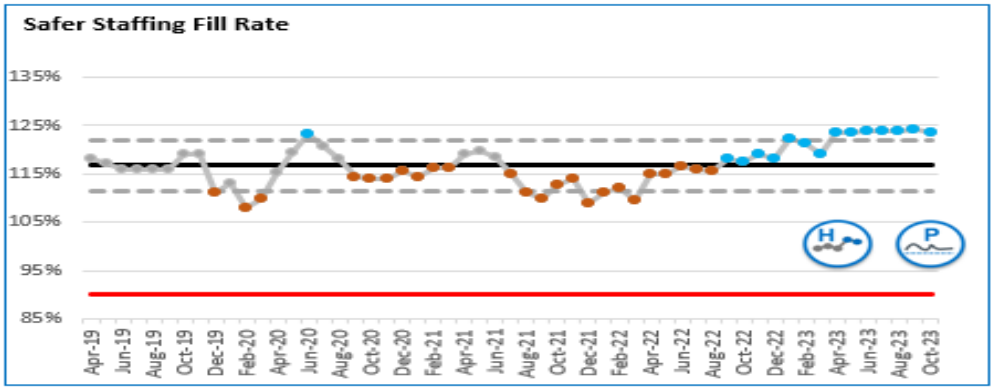
Patient safety alerts issued in October 2023

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.

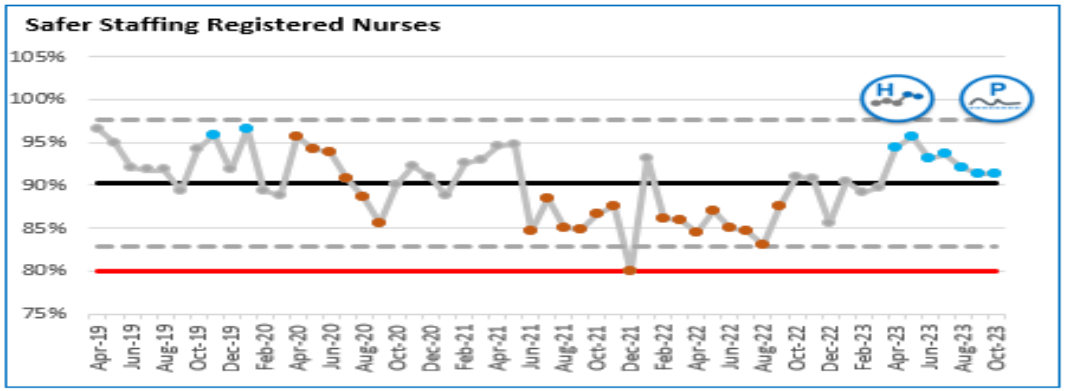
Patient Safety alerts not completed by deadline of October 2023 - None.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
None					

Safer Staffing Inpatients



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

In October there has been a slight decrease in demand of the flexible staffing pool with 31 less shift requests. The number of shifts filled has decreased by 17 shifts to a total of 5,357 and overall fill rates for inpatient areas decreased by 0.6%. The continued high fill rate of requested shifts (90.39%) is due to the availability of staff, increasing the bank resource, continued engagement with our master agency partner and the ongoing flexibility and contingency planning of the operational colleagues. The cancellation of shifts that have not been filled by wards 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). We continue to monitor staffing related Datix, 20 in November and looking at hotspots and trend analysis of staffing deficits where possible.

Both bespoke adverts and centralised recruitment continues and there were two assessment centres throughout October for band 5 and band 2 substantive, as well as band 5 and band 2 bank, with 25 substantive band 5 offers and 30 substantive band 2 offers. There has been an increased trend of agency colleagues, particularly band 2, applying to join the bank as we decrease engagement with agencies.

Band 5 registered nurse recruitment continues with bespoke adverts and, due to its success, we are reviewing the international recruitment program with a view to introducing a reduced supplementary plan.

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

The agency scrutiny group has allowed us to focus on agency spend and reinforce the centralised process for locum engagement. Early results show that this is impacting on our agency with a significant reduction in October.

Although we continue to sustain the overall fill rate, we continue to fall short of the registered nurse fill rate for day shift and will continue to look at ways of improving this. This has meant that 11 wards, a decrease of three on the previous month, have fallen below the 90% registered nurse 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 October no ward fell below the 90% overall fill rate threshold, this is in line with the previous month. Inpatient areas continue to experience high acuity as identified above. There is ongoing interventions, projects, and support in place when a ward has been identified as having ongoing and sustained staffing issues to improve the situation. With an increase of two 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, 15 (an increase of two on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as increased acuity, observation, and external escorts.

Safer Staffing Inpatients cont…

Although safe and effective staffing remains a priority in all our teams, and the systems wide increase of acuity, the focus for the flexible staffing resources has been Forensic services and the 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 increased by 2.9% to 86.4% in October compared with the previous month.
Registered Nurses Nights: Overall registered night fill rates have increased by 2.3% in September to 102.2% compared with the previous month.
Overall Registered Rate: 94.3% (increased by 2.9% on the previous month);
Overall Fill Rate: Overall Fill Rate: 123.5% (decreased by 0.6% on the previous month); Health Care Assistants showed a decrease in the day fill rate of 4.1% to 145.7% and the night fill rate decreased by 1.9% to 159.3%.

Unfilled shifts: An unfilled shift is a shift that has been requested of the bank office, flexible staffing, and could not be covered by bank staff, agency or Over Time. Although not exclusive, there are two main reasons for the creation of these shifts, and they are:
1-Shifts that are vacant through short- or long-term sickness, annual leave, vacancies, or other reasons that impact on the duty rosters.
2-Acuity and demand of the Service Users within our services including levels of observation and safety concerns.

The figures below indicate that the number of unfilled registered nurse 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 17 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 17 to 5,903 (1,272 (+49) RN and 4,631 (-80) HCA) shifts.

Unfilled Shifts						Filled Shifts	
Categories	No. of Shifts		Total Hours	Unfilled Percentage			
Registered	356	(+10)	3816.3	28.1%	(-0.42%)	**916**	**(+39)**
Unregistered	190	(-24)	2116.3	4.6%	(-0.49%)	**4,441**	**(-56)**
Grand Total	**546**	**(-14)**	**5932.5**	**9.4%**	**(+0.28%)**		

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.

In Summary
We are continuing to successfully recruit to band 2 and bank 5 posts for both substantive posts and bank. Our use of agency is under constant scrutiny, with bank being used as opposed to agency as much as possible, including for block bookings, and this is seeing a positive impact on agency spend.

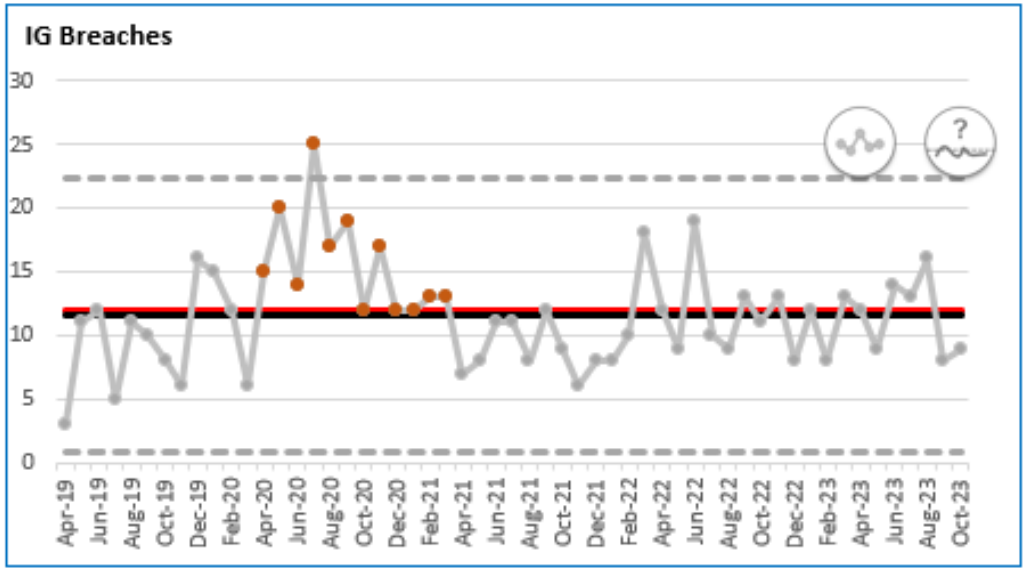
Throughout October there has been slightly less demand on the flexible workforce and although the overall fill rate has been sustained we continue to fall short of the registered nurse day fill rate for the day shift.

This indicates that our acuity remains high, with around half of our inpatient teams regularly requiring at least 20% more staff than their template dictates, and this is broadly across all areas.

Information Governance (IG)

9 personal data breaches were reported during October. An improvement plan continues to be implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity. A number of services reported multiple incidents and improvement activity will be focused on these.

An amber incident was reported when a spreadsheet including personal data about staff was shared with Trust staff who were not authorised to access it. The incident has been reported to the Information Commissioner's Office and a response is awaited.



This SPC chart shows that as at October 2023 we remain in a period of common cause variation. Though we are now under the threshold with 9 breaches.

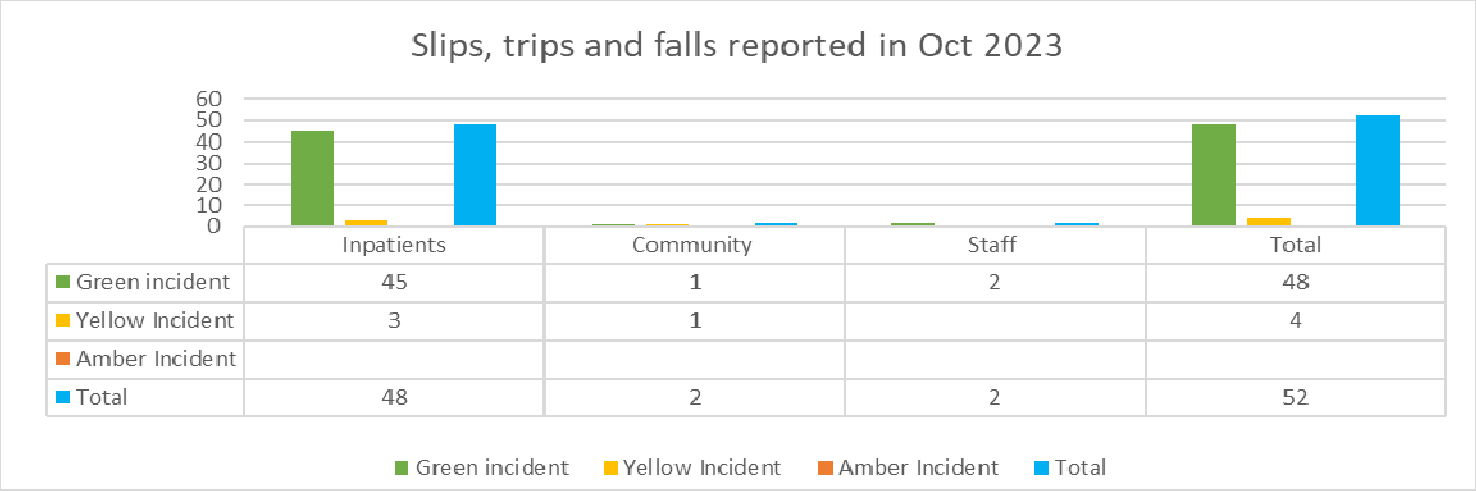
Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes are 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 at the end of November. For indicators due this quarter, full achievement is anticipated. Some risk has been associated with full achievement of the following metrics: staff flu vaccinations and outcome monitoring in Adults and Older people and 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 - performance is not assessed for these metrics until quarter 4.

Trustwide Falls

During October 2023 there has been a small increase in falls with a total of 52 slips, trips and falls related Datix reports. Below is a breakdown of falls and if they occurred in the community, inpatients, or staff group. The current average rate for our Trust is approximately 2.81 falls per 1000 bed days. This indicates that we continue to see a downward trend in the total number of monthly falls. The national average is 3-5 falls per 1000 bed days.



	Inpatients	Community	Staff	Total
Green incident	45	1	2	48
Yellow Incident	3	1		4
Amber Incident				
Total	48	2	2	52

Red: There have been no red Datix incident reports following falls with injury
Amber: There have been no amber Datix incident reports following falls with injury
Yellow: A total of four yellow incidents have occurred for service users, three on an inpatient ward and one in community setting. These breakdown as follows:
• One incident was for a younger adult who fell and received a cut above their eye whilst on a ward.
• One incident was for a service user who lost their footing and fell in their bedroom.
• One incident was for a service user had a small graze to their elbow following a fall.
• One incident was for a service user following a fall at home whilst mobilising to the toilet.
Green: 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.

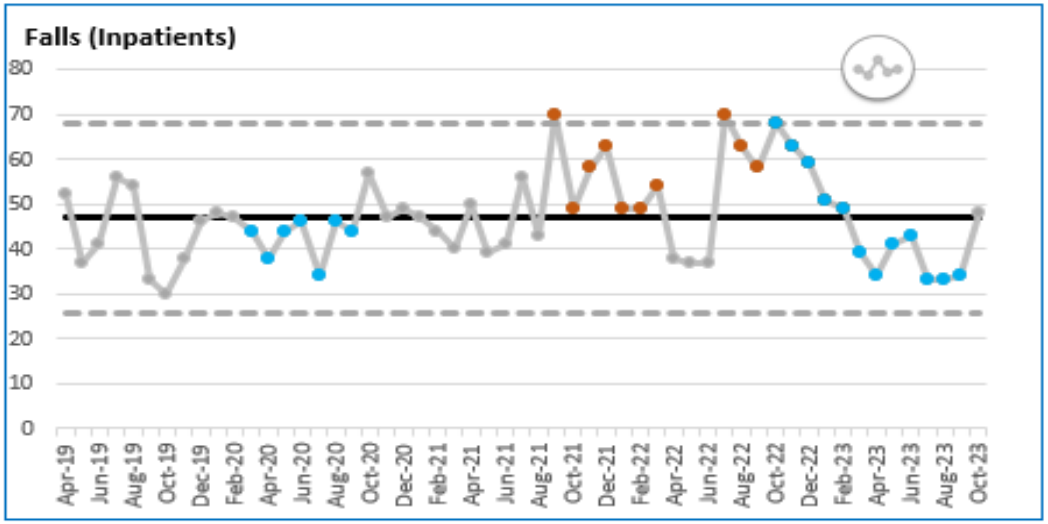
Trustwide Falls cont…

Inpatient related falls: 48 reported slips, trips and falls for service users (34 incidents reported in September)
• 35% of all falls occurred for people under the age of 65 years, this is an increase from the previous month.
• 71% of all falls occurred for service users with no previous history of falls. Generalised falls reported such as sliding from a chair onto the ground, missing the chair when going to sit down, and tripping over sports equipment. There were some reports linked to agitation, low blood pressure and dizziness.
• 55% of all older adults falls had a diagnosis of dementia.
• 21% of falls reported had some agitation or link with poor mental health and frustration.
• 100% of service users received a high-quality physical health intervention, and where appropriate, had a medication review and physiotherapy intervention.
• 100% of service users with a previous fall's history had a multifactorial risk assessment completed.
• 35% of post falls protocols had not been completed following an inpatient fall. It is recognised that the post falls protocol documentation is a legal document that formalises best practice following an inpatient fall. There is a quality improvement project in place to support improvement to 90% by February 2024.

Assurance and actions:
• Datix reports are horizon scanned by the Trustwide falls coordinator for inpatient wards and units, to seek themes and areas of potential improvement. Follow-up has taken place:
• The use of 'as required' medication and clear rational for need and documentation has been reviewed. Staff education and support has been completed by a locality matron.The falls coordinator continues to review medications utilised prior and following an inpatient fall.
• Weekly support and advice given at complex case meetings for a service user on a forensic ward regarding mobility, physical health, and mental health needs.
• Complex case meeting held for a younger person who was trying to harm themselves through falling. Improvements were reported within a 24-hour period.
• The falls coordinator has been working with locality matrons regarding the completion of the post falls protocol document. The falls coordinator has commenced a quality improvement project to improve the completion of the post falls protocol. The aim is to reach 90% completion by February 2024.
• The falls coordinator has been invited to give bespoke falls awareness and documentation education sessions to preceptorship nurses, at staff away days, and for international nurses.
• A meeting is planned to review the current falls and bone health education offered.
• Ward 19 has been successful in a bid for 'Ey Up' charity funding. They are supporting increased physical health activity predischarge, with exercise programmes and visits to sport's centres. This work is to improve mobility, physical activity and reduce falls at home.

Falls (Inpatient)

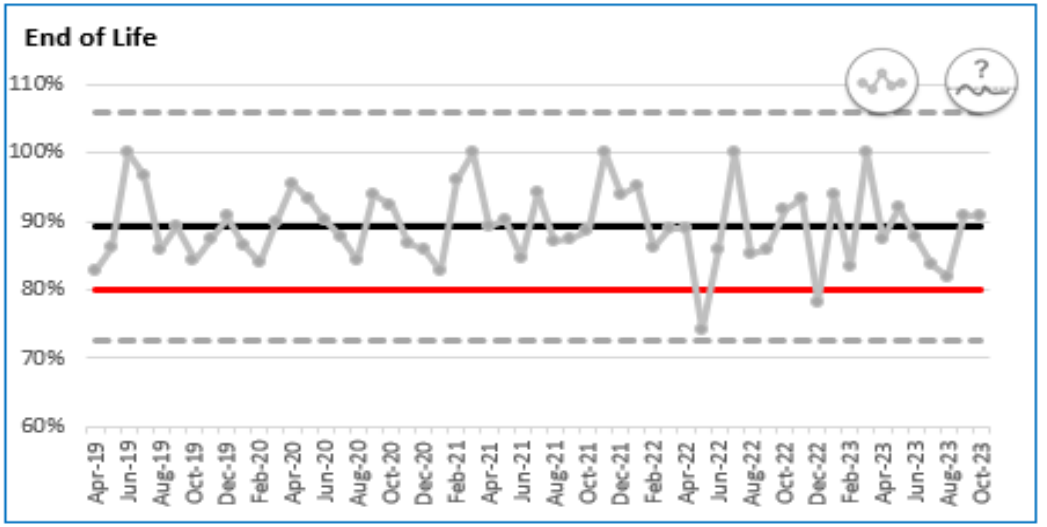
The total number of inpatient falls was 48 in October. A new falls coordinator commenced in February 2023, part of the role is to advise, review and support the clinical teams/ staff through education, policy, awareness raising, environmental reviews that may contribute to falls. This will increase staff confidence and will enhance the falls reduction work.



The SPC chart above shows that in October 2023 we have entered a period of common cause variation (no concern). All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 90.9% in October. This metric relates to the Macmillan service, end of life pathway.



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

Patient Experience

Friends and family test shows

- 95% would recommend community services
- 89% would recommend mental health services

	Target	August	September	October
Mental health community	85%	90%	95%	91%
Mental health inpatient	85%	92%	83%	84%
Learning Disabilities	85%	91%	100%	95%
ASD/ ADHD	85%	75%	75%	83%
CAMHS	75%	100%	70%	91%
Forensic	60%	100%	100%	100%
Mental health overall	84%*	**90%**	**95%**	**89%**
Barnsley Gen ops	95%	**97%**	**96%**	**95%**
Trustwide	**85%**	93%	94%	**92%**

** weighted for 2023/24*

- Inpatient and CAMHS satisfaction has increased from the previous month.
- Community mental health and learning disabilities has declined.
- ADHD satisfaction continues to increase and the number of responses returned is also increasing.
- Text messaging service development continues. This is having a positive impact on the number of responses returned (982 responses in October, compared with 488 in September).
- An audit is being undertaken to identify services that have not received friend and family test feedback.

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

Overall, the satisfaction across the Trust has declined (94% in September to 92% in October). However, there has been an increase in the number of FFT returns during October, which may have impacted the overall satisfaction rate.

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 October 2023, there were 34 Datix categorised as safeguarding adults. Seventeen of these were graded as green, fourteen were graded as yellow, and three were amber. The sub-categories of the safeguarding adults reporting on Datix were mainly emotional/psychological abuse, financial abuse, neglect concerns, physical abuse and domestic abuse.

Of the three amber Datix's (emotional abuse, neglect and self-neglect) appropriate actions were taken, referrals were made to the local authority, a CQC notification was made regarding a care home and capacity assessments were completed.

In addition to the safeguarding adults Datix, there were 25 sexual safety Datix. There was one amber, in relation to staff to staff conduct, there were 14 green, and 10 yellow. In 10 of these Datix, service users were the affected persons, 15 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 October 2023 there were 18 Datix categorised as safeguarding children. 15 of these were graded as green and three were graded as yellow.
The subcategories of the safeguarding children Datix were mainly sexual abuse, neglect and child protection other.

In all of the 18 Datix submitted, Trust safeguarding advice was sought in 11 cases; 10 contacts resulted in a referral to children social care, seven contacts were made to the police and two contacts were made in to the Local Authority Designated Officer (LADO) (involving allegations against non-Trust staff).

Infection Prevention Control (IPC)

Annual plan: progressing well, no areas at risk of non-completion.

Surveillance: There has 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 – 95.4%
• Infection Prevention and Control - Trustwide Total – 93.9%

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

Outbreaks
• 3 Covid-19 outbreaks in October 2023
• 3 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 –11/11 (100% of formal complaints)
• Number of responses provided within six months of the date a complaint received – 9/21 (42.9%)
• Number of complaints waiting to be allocated to a customer service officer – 0
• 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 –. Complaints are now being allocated in real-time
• There were 11 new formal complaints in October 2023 (increase from 10 in September).
• 18 compliments were received.
• 21 formal complaints were closed in October 2023. This is an increase compared to September where 18 were closed.
• Number of concerns (informal issues) raised and closed in October 2023 – 37
• Number of enquiries responded to in October 2023 - 104 (increase from 92 in September)
• Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date = 1

Reducing Restrictive Physical Intervention (RRPI)

• The figures in this report were sourced from Datix where reporters indicated ‘yes’ to the question “Was restraint used in this incident?"
• There were 198 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in October 2023 this was an increase of 106 (115 %) incidents from September 2023 which stood at 92 incidents. There was an increase of 73 incidents across three wards (Beamshaw, Newhaven and Poplars) Further breakdown of this data can be found later in the report.
• In October 2023 there were 41 incidents of seclusion use Trust wide, this is an increase of 25 (156%) from September that stood at 16.

Both these figures show large increases from recent months however these figures are in line with and not above the data across a 12-month period, the low numbers in recent months are the exception.

A significant proportion of prone restraints are due to administration of intramuscular injections into the gluteal muscle. A task and finish group are establishing if alternative injection sites could be used.

• Pharmacy colleagues have reviewed licencing of medication and which muscle groups they can be administered
• Reviewing local and national policy and guidance
• RRPI team are reviewing alternative holds to support administration into deltoid muscle and seeking advice from Mersey Care Trust on recovery position technique

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• Reviewing local and national policy and guidance
• RRPI team are reviewing alternative holds to support administration into deltoid muscle and seeking advice from Mersey Care Trust on recovery position technique
• Reviewing IPC guidance for administration of injection through clothing to support trauma informed care and avoid prone restraint
• Assessing training needs for alternative injection sites
• Reviewing Datix that involve prone to assess if alternative approach and injection site could have been used

To further support prone restraint reduction, the RRPI team are also reviewing seclusion exit strategies. This includes the introduction of a new safety pod to facilitate staff to exit seclusion and networking with other Trust's and restraint reduction network on seclusion exit strategies and techniques. Through a targeted approach these new techniques will be piloted in identified clinical areas and incorporated into RRPI training.

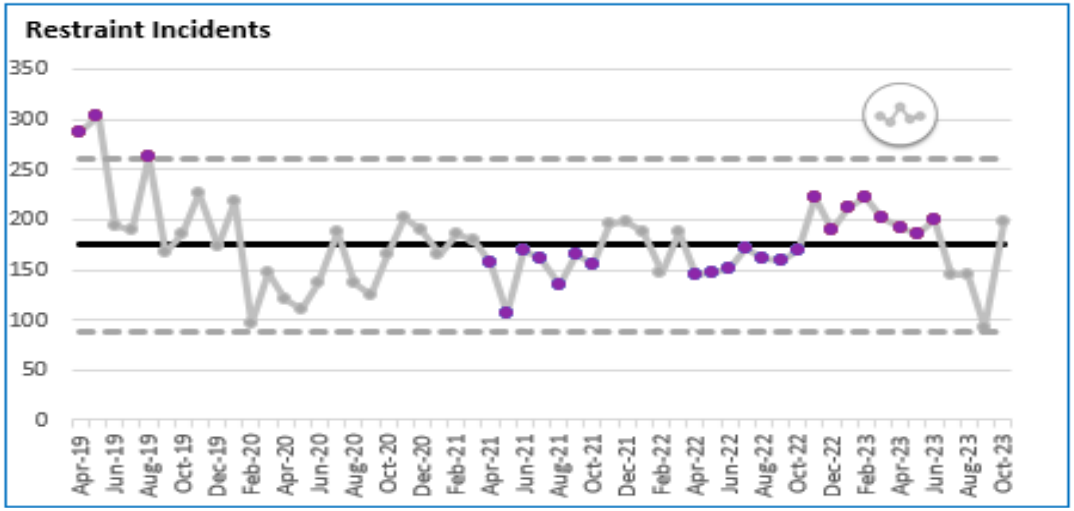
Reducing Restrictive Physical Intervention (RRPI)

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	97	33.2%
Seated	48	16.4%
Safety Pod	40	13.7%
Side	31	10.6%
Supine - held on their back	26	8.9%
Prone - chest down position	25	8.6%
Restricted escort	11	3.8%
Prone then rolled	10	3.4%
Kneeling	4	1.4%
Total	**292**	

Team Using Prone Restraint Oct 2023	Total
Walton PICU, Wakefield	11
Newhaven Forensic Learning Disabilities Unit, Wakefield	4
Horizon Centre, PLD Assessment and Treatment Service, Wakefield	3
Ashdale Ward, The Dales	2
136 Suite Unity Centre, Wakefield	1
Stanley Ward, Wakefield	1
Beamshaw Ward, Barnsley	1
Chippendale Ward, Forensic, Wakefield	1
Total	**24**

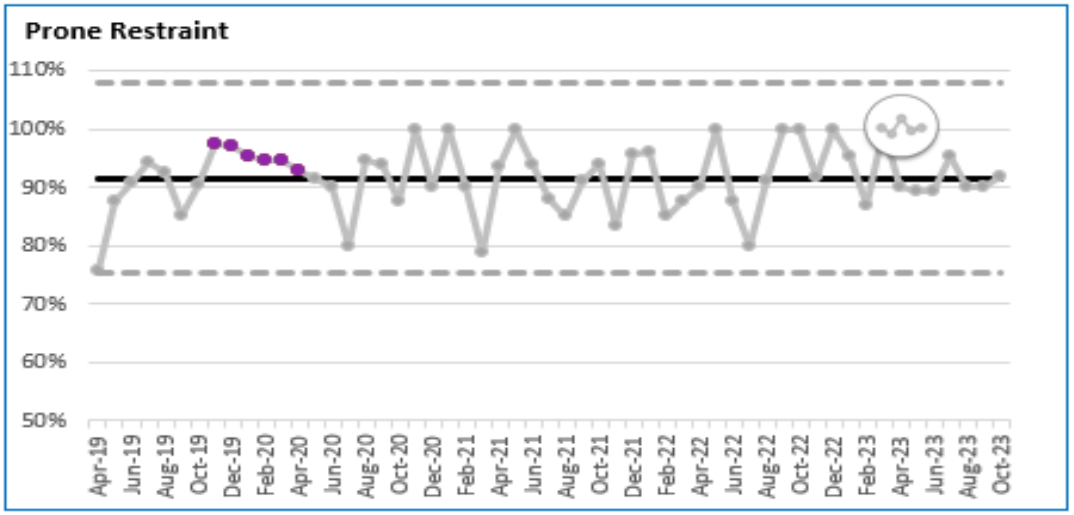
Duration of Prone Restraint	Total
0 - 1 minute	10
1 - 2 minutes	9
2 - 3 minutes	3
3 - 4 minutes	2
Total	**24**

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in October 2023 we remain in a period of common cause variation (no concern).

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 October 2023, we remain in a period of common cause variation (no concern).

Guardian of Safe Working - Quarterly report Q2

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training (CT) posts in psychiatry remains good and the Trust is in discussion about accommodating more trainees in the future given the positive news about an increase in training numbers across the region. Things remain uncertain regarding the impact on SWYPFT of the loss of higher training numbers in old age psychiatry across Yorkshire. Changes at short notice for the August rotations left us with gaps particularly affecting Calderdale (2 core trainees (CT), 1 GP vocational training schemes (GPVTS) and 1 foundation year (FY) 2) but also another in Barnsley (GPVTS). The Trust has recruited LAS doctors which have filled the CT gaps and GP gaps, in addition to the International Fellows supporting some of these services. However, not all the newly appointed doctors will be ready to go on the out of hours rotas. The Trust continues to support a number of Less Than Full-Time (LTFT) Trainees and many of the barriers to LTFT training have now been removed. Although we now have 70 training posts, the Whole Time Equivalents (WTE) in post are less than 60 due to a combination of vacancies and LTFT trainees in full-time slots. It is hoped that in the future, more will be placed in “slot-shares”, to reduce the overall impact on WTEs.

Exception Reports (ERs - with regard to working hours)

There have been few exceptions reports completed in the Trust since the introduction of the new contract. There was just one in this quarter, where a trainee in Calderdale stayed late after a busy shift. Time off in leiu was agreed and the doctor was happy with the outcome.

Fines - There have been none within this reporting period.

Work schedule reviews - There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Overall, the numbers of gaps have remained stable with Calderdale and Barnsley having the highest proportion of gaps this quarter. The most common factors included illness, and occupational health recommendations for trainees to come off the rota (42); vacancies (39) and trainees being LTFT (19). The other most significant factor this quarter was the impact of industrial action (29). The costs that were directly attributable to Covid-19, where trainees were Covid-19 positive or self-isolating, are shown separately but the impact remains small currently. The Trust’s Medical Bank has been working well with rota coordinators and the trainees themselves working hard to ensure that nearly all the vacant slots on first tier rotas were filled by the Trust Bank. The increase in the rates for resident rotas and for higher trainees has been agreed and now implemented.

Guardian of Safe Working - Quarterly report Q2

Gaps by Rota July/August/September '23					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	47 (26%)	47 (100%)	0	0	0
Calderdale 1st	68 (37%)	68 (100%)	0	0	0
Kirklees 1st	10 (11%)	10 (100%)	0	0	0
Wakefield 1st	22 (11%)	20 (91%)	0	0	2 (9%)
Total 1st	147 (23%)	145 (98.5%)	0	0	2(1.5%)
Wakefield 2nd	35 (38%)	0	0	35 (100%)	0

Costs of Rota Cover July/August/September '23				
1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)
Barnsley	47 (452)	£17,560	£540	0
Calderdale	68 (716.5)	£32,242.50	£0	0
Kirklees	10 (160)	£5,600	£0	0
Wakefield	20 (87)	£8,865	£0	0
Total	145 (1415.5)	£64,267.50	£540	0

Issues and Actions

Junior Doctors' Forum (JDF) – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. The JDF continues to meet mostly by Microsoft Teams. However, we were able to hold our first face-to-face forum since 2020 in September and this was well attended, and we hope to hold more like this in the new year. The face-to-face nature of the meeting really helped with engagement. More of the senior trainees attended and they were able to offer support and advice to their junior colleagues about a range of issues, in particular, what options for rota changes were advisable, given their own experiences. Once again, the importance of using ERs was stressed, especially as evidence if there has been an increase in workload. There were further discussions about the busy Wakefield rota. Time spent travelling to The Poplars continues to create time pressures. The Guardian of Safe Working, the Wakefield College Tutor and the trainee representatives will continue to meet to discuss options. The most concerning topic of discussion was the failure of promised changes to the Barnsley foundation year 1 on-call rota in the acute trust. A trainee reported being given their rota late and being put under pressure to continue the old system, whereby trainees get little opportunity to spend time in their Psychiatry placement. Further discussions are planned with the acute trust and Foundation TPD to try to resolve this. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the Associate Medical Director (AMD) for Postgraduate Medical Education.

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

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Threshold	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Establishment	Improving Resources	Well Led	-	5,157.4	5,174.0	5,193.8	5,196.6	5204.8	5321.0	5323.3
Employed Staff (ESR last day in the month)			-	4,257.0	4,266.2	4,273.6	4,289.5	4,311.6	4358.0	4379.2
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4
Vacancy rate			<10%	15.9%	15.9%	15.8%	15.3%	14.8%	16.3%	16.9%
Turnover external (12 month rolling)			>12% - <13%	13.0%	12.2%	13.1%	13.0%	13.1%	12.1%	12.4%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8
Number of international nurses recruited			-	Reporting commenced August 23				9	10	10
% Bank Fill Rates - Registered Nurses			-					47.8%	49.6%	51.9%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%
Proportion of staff in senior leadership roles who are from BME background (relates to staff in posts band 7 and above, excludes bank staff) *			-					199 (14.7%)	203 (14.9%)	206 (14.9%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-					931 (69.8%)	942 (69.3%)	962 (69.5%)
Sickness absence - Rolling 12 month			<=4.8%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.2%
Sickness absence - Month			<=4.8%	5.0%	4.6%	4.6%	5.1%	4.7%	4.9%	5.2%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2
Appraisals - rolling 12 months			May Trajectory>=78% Overall threshold: >=90%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%	69.7%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4
Mandatory Training - TOTAL	Improving Care		>=80%	90.5%	90.9%	92.0%	92.1%	92.5%	92.1%	92.5%
Mandatory Training - Reducing Restrictive Practice Interventions				73.8%	73.8%	76.7%	76.2%	82.6%	82.8%	82.9%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	79.2%	81.3%	81.0%	79.9%	80.0%	79.7%
Mandatory Training - Clinical Risk				95.6%	95.4%	95.4%	95.2%	94.8%	94.0%	92.6%
Mandatory Training - Display Screen Equipment				96.5%	96.8%	97.0%	97.1%	97.4%	97.4%	97.4%
Mandatory Training - Equality & Diversity				96.0%	96.2%	96.2%	96.0%	95.9%	96.1%	95.4%
Mandatory Training - Fire Safety				90.2%	91.2%	92.8%	92.0%	91.4%	91.2%	91.0%
Mandatory Training - Food Safety				78.0%	83.4%	86.4%	87.8%	89.4%	89.3%	88.1%
Mandatory Training - Freedom To Speak Up (FTSU)				93.2%	93.7%	94.0%	94.3%	94.7%	94.9%	95.0%
Mandatory Training - Infection Control & Hand Hygiene				91.5%	92.4%	94.1%	94.3%	94.3%	95.6%	94.2%
Mandatory Training - Information Governance (Data Security)			>=95%	90.6%	95.9%	96.8%	96.9%	95.3%	94.8%	94.5%
Mandatory Training - Moving & Handling			>=80%	95.5%	94.9%	95.2%	95.1%	95.6%	94.8%	96.5%
Mandatory Training - Nat Early Warning Score 2 (New S2)				92.5%	92.1%	93.8%	94.7%	95.2%	96.2%	96.0%
Mandatory Training - Mental Capacity Act/Dols				91.6%	93.6%	93.7%	93.4%	94.0%	96.7%	99.6%
Mandatory Training - Mental Health Act				91.6%	91.3%	91.2%	91.1%	92.2%	99.8%	91.2%
Mandatory Training - Prevent				95.4%	95.5%	92.1%	94.1%	94.2%	91.7%	93.7%
Mandatory Training - Safeguarding Adults				90.0%	89.7%	89.3%	89.5%	89.7%	93.9%	90.7%
Mandatory Training - Safeguarding Children				90.0%	90.7%	91.1%	91.2%	91.7%	89.7%	95.1%

Notes:

• Employed Staff (Electronic Staff Record - (ESR) last day in the month) - Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff and junior doctors.

• The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.

• Starters/Leavers - variation in alignment to establishment exists due to a number of factors such as, data taken as a snapshot so will not reflect any changes made on the system after the extraction date as well as changes in contractual hours that cannot be retrospectively applied.

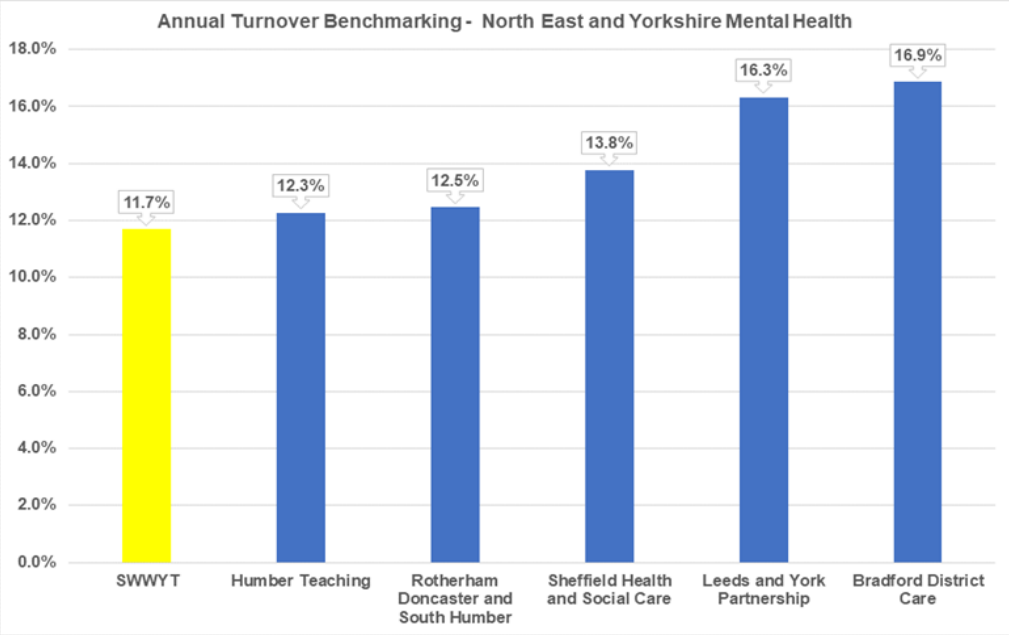
• Turnover - Quarterly reports from feedback of leavers are being appraised in the Trust's operational management group with reporting and actions from quarterly reports to care groups.

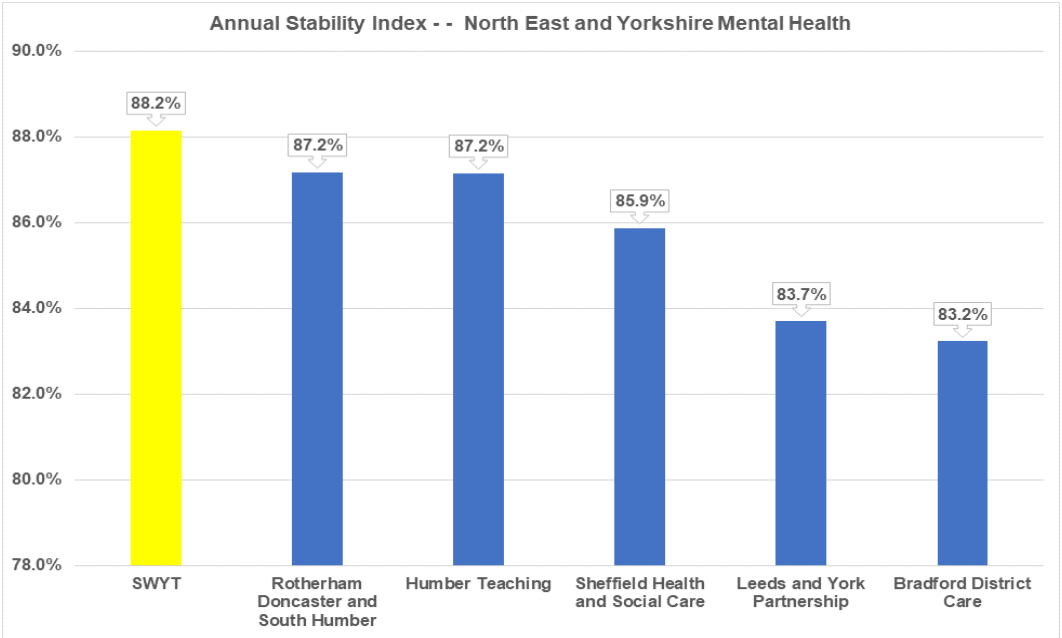
• Sickness absence - from April 23 - the reported figure is rolling over 12 months. For earlier months this was year to date

•.Bank fill rates - We are continuing to successfully recruit to band 2 and bank 5 posts for both substantive posts and bank. Our use of agency is under constant scrutiny, with bank being used as opposed to agency as much as possible, including for block bookings, and this is seeing a positive impact on agency spend.

Stability of the Workforce

- Our 12 month rolling Turnover figure is 12.4% which has increased by 0.03% from last months position.
- Our starters (408.9 whole time equivalents WTE)) continue to outperform our leavers (300.5 WTE) and we have seen more starters than leavers in the last 6 months.
- We continue to onboard our international recruited new starters with a further 10 employees recruited in October

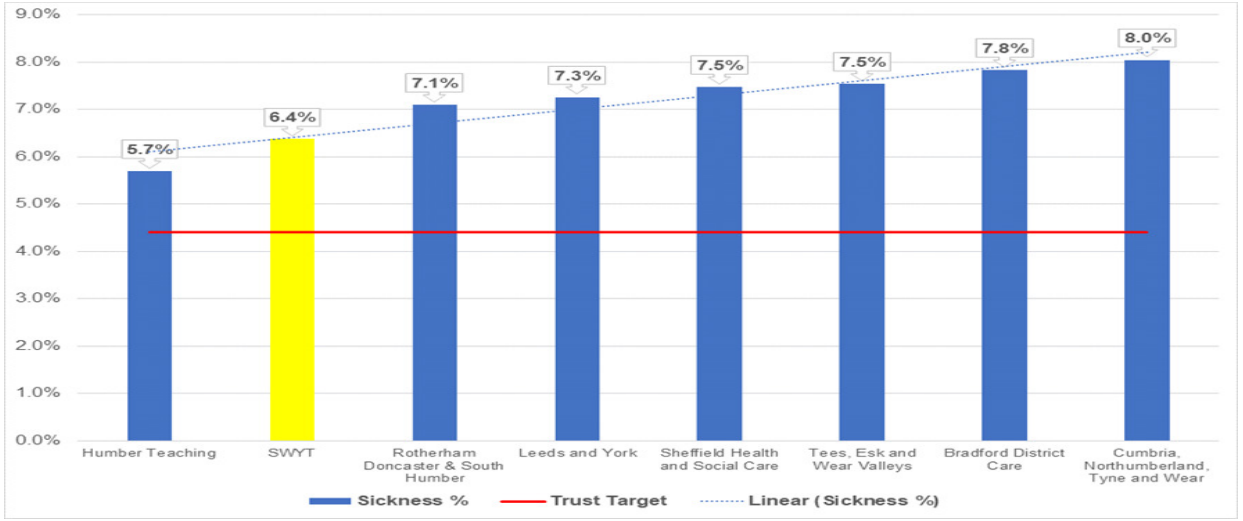




Keep Fit & Well

Absence

• 12 month rolling absence rate has dropped slightly to 5.2%.
• Overall absence (in month) has increased by 0.3% to 5.2%. Most care groups saw a slight increase in the monthly sickness position with the exception of Forensics and Barnsley physical health who both saw an in month reduction from September's position. Forensic services was at 8.4% reduced from 9.4% in September. In Corporate services, the Estates team has the highest level of sickness at 9.36%, with anxiety and musculoskeletal issues being the main reasons for absence. The people team are working with all directorates to ensure the sickness procedure is followed.
• When compared to the Dec 2022 published by NHS England we have the second lowest sickness absence as per the chart. These charts will be updated in line with NHS England publications.



Supportive Teams

Appraisals

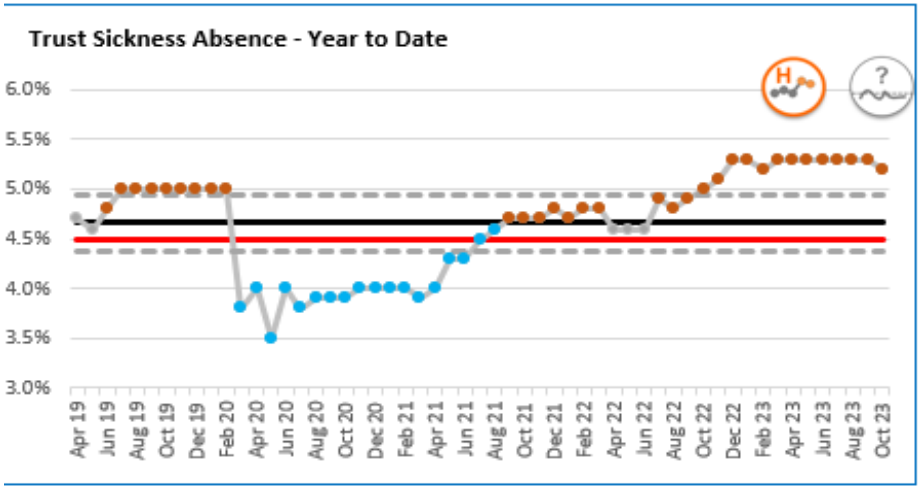
A strong focus on improving appraisals has commenced through a new Appraisal steering Group who are focussing on getting the data right, proactively supporting those areas where appraisal is low, working with the e-appraisal system to ensure that its up to date with staff movements. Two areas of focus identified are Forensics and Estates and Facilities People business partners and learning partners working with care groups to work on improvements. Executive management team also receive appraisal data.

Sickness absence has remained stable over the last quarter at 5.2%. Our rate this time last year was 5.4% and we are predicting this will rise over the coming months as seasonal absence impacts across the Trust.

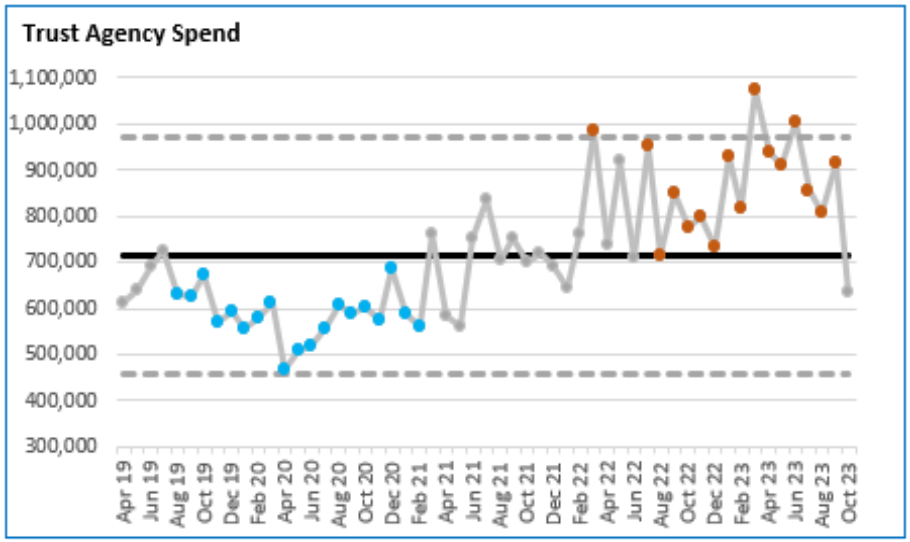
Mandatory Training

• Overall mandatory training reports at 92.5% which remains above Trust target which is positive . Compliance by care group is reported monthly to the executive management team with hot spot reports reviewed
by operational management group. Cardiopulmonary resuscitation mandatory training compliance has seen a decline in October and is below threshold, Information governance training has also further deteriorated in October and remains below threshold at 94.5%

Analysis



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



The SPC chart shows that in October 2023 we have entered a period of common cause variation (no concern) for the first time in over 12 months.

The Trusts Agency Scrutiny Performance Group has been in place for 4 months and this month we have seen a reduction in agency spend. Admin agency usage across the whole Trust is close to zero hours and no further admin agency is being approved as per ICB requirements.
Recruitment activity is high and above last year activity levels and we continue to progress well over 140 active recruitment appointments being processed and have over 40 people attending the monthly welcome events. Recruitment fair activity over the last 3 months and next 3 months is a key focus at national and local level. We have recently attended national clinical and non-clinical events in Leeds, Liverpool and Manchester as well as local University and LGBTQ+ events

MEDICAL APPRAISALS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number expected to be undertaken in period	37	32		
Number undertaken in period	34	29		
Number not undertaken for which the RO accepts postponement is reasonable	2	3		
Percentage of appraisals taken place	92%	91%		
Percentage of appraisals signed off in period as satisfactory	92%	91%		

MEDICAL REVALIDATIONS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of revalidation recommendations due in period	5	6		
Number of positive recommendations	5	6		
Number of deferrals	0	0		
Number of non-engagements	0	0		
Percentage of revalidation recommendations made	100%	100%		

RESPONDING TO CONCERNS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of active cases under Maintaining High Professional Standards procedures	0	0		

National Metrics

Data as of : 24/11/2023 09:36:07

NHS South West Yorkshire Partnership NHS Foundation Trust

This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance.

The NHS Oversight Framework - From 1 July 2022 integrated care boards (ICBs) have been established with the general statutory function of arranging health services for their population and will be responsible for performance and oversight of NHS services within their integrated care system (ICS). NHS England will work with ICBs as they take on their new responsibilities, the ambition being to empower local health and care leaders to build strong and effective systems for their communities. 2022/23 will be a year of transition as Integrated Care Boards ICBs are formally established and new collaborative arrangements are developed at system level. Over the course of 2022/23 NHS England will consult on a long-term model of proportionate and effective oversight of system-led care. The oversight framework has been updated for 22/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England. Ongoing oversight will focus on the delivery of the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan and the NHS People Plan, as well as the shared local ambitions and priorities of individual ICSs. ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.

This table only includes operational metrics, there are a number of other workforce, quality and finance metrics that are reported in the relevant section of the IPR.

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more		0	P		0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days		0	F		453	408	451	483	480	434	545	435	589	400	187	66
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		85.4%	85.3%	92.6%	91.4%	74.4%	87.1%	87.8%	88.6%	90.3%	92.9%	72.4%	84.6%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		40.6%	52.4%	57.1%	53.8%	53.8%	52.5%	53.4%	53.1%	50.4%	51.5%	51.6%	52.6%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	89.5%	93.5%	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%
M7	72 hour follow-up from psychiatric in-patient care		80%	?		89.6%	88.9%	87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		10	0	8	30	43	15	11	29	9	18	8	10
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		2	0	1	2	2	3	1	1	1	2	2	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.5%	98.5%	97.7%	97.6%	98.1%	97.8%	98.6%	99.2%	99.2%	98.3%	98.3%	99.0%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.9%	99.5%	99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		90%	100%	87.5%	80%	87.5%	50%	80%	100%	70%	66.7%	100%	80%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	79.3%	88.2%	88.6%	100%	95.8%	77.8%	95.8%	100%	92%	91.3%	100%	96.6%
M15	Data Quality Maturity Index		95%	P		99%	99.1%	99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1542	1192	1641	1415	1532	1306	1603	1579	1470	1403	1477	1744
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		97.8%	98.5%	98.1%	99.1%	98.9%	98.9%	98.4%	98.8%	99.2%	99.7%	99.0%	99.0%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H	29	36	36	44	30	25	34	26	36	38	34	34
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					66	70	72	51	81	51	67	53	64	60	70	68
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	?	L	100%	86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%	74.3%

National Metrics

Data as of : 24/11/2023 09:36:07

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
M30	Number of detentions under the Mental Health Act (MHA)					86	90	100	94	86	93	101	93	101	100	97	96
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					20.9%	22.2%	20%	19.1%	22.1%	21.5%	17.8%	12.9%	26.7%	20%	22.7%	24.0%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			96.5%	97.6%	96.3%	95.6%	97.9%	97.5%	97.6%	97.8%	98.3%	98.3%	96.9%	97.4%
M34	% Clients in settled accommodation	⚠	60%			85.8%	85.2%	84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%
M35	% Clients in employment	⚠	10%			11.6%	11.4%	11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%
M41	Completion of a valid NHS number		99%			100%	100%	100%	100%	100%	100%	100.0%	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
M42	Completion of ethnicity coding for all service users		90%			99.3%	99.3%	99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%
M43	Community health services two hour urgent response standard		70%			88.4%	84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.1%	89.5%	88.7%	88.1%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500								1523	1719	2335	1509	1667	1656	1726
M45	The number of incomplete Referral to Treatment (RTT) pathways		2300														2009
			2400											1782	1982	2168	
			2500								1933	1835	1592				
M46	Count of 2-hour urgent community response first care contacts delivered					862	771	796	648	761	826	953	911	936	1019	1003	929
M47	Virtual ward occupancy		80%								82.9%	44.3%	92.9%	51.4%	57.1%	60%	56.3%
M48	Community services waiting list		5430											5024	5170	5048	
			5469														4952
			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										3917	3928	3925	3915	3898	3873	3863
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact										10958	11095	11100	11121	10949	11051	11140
M171	% Admissions gate kept by crisis resolution teams		95%			98.7%	100%	98.9%	99%	98.2%	100%	99%	100%	96.6%	100%	99.1%	100%

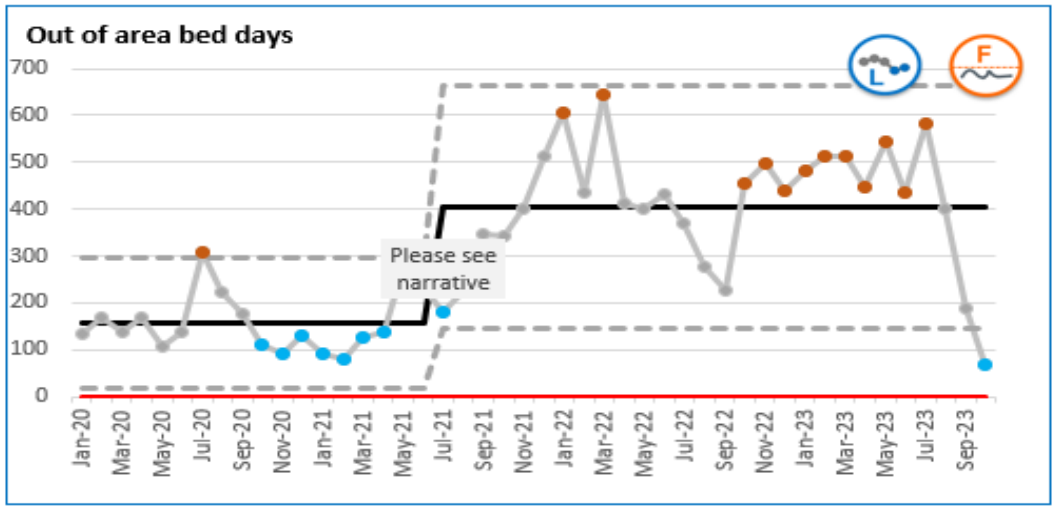
National Metrics

Data as of : 24/11/2023 09:36:07

NHS South West Yorkshire Partnership NHS Foundation Trust

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

• The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 100%
• 72 hour follow up remains above the threshold at 90.8%.
• The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold at 74.2% in October. 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 assessments 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 3.5 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 seen a decrease in performance in October to 80% and 96.6% respectively, though low numbers do significantly impact performance. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.
• During October 2023, there was one service user aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 10 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 52.7% for October. 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 October. 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.



The SPC chart shows that due to the continued and significant reduction in out of area bed days in October 2023 we have now entered a period of special cause improving variation. We are still not estimated to meet the target of zero bed days though we are closer to this than we have been for over 2 years.

Inappropriate Out of Area Bed Days - This metric shows the total number of bed days occupied by clients who have been placed in a bed outside the geographical footprint of the Trust.

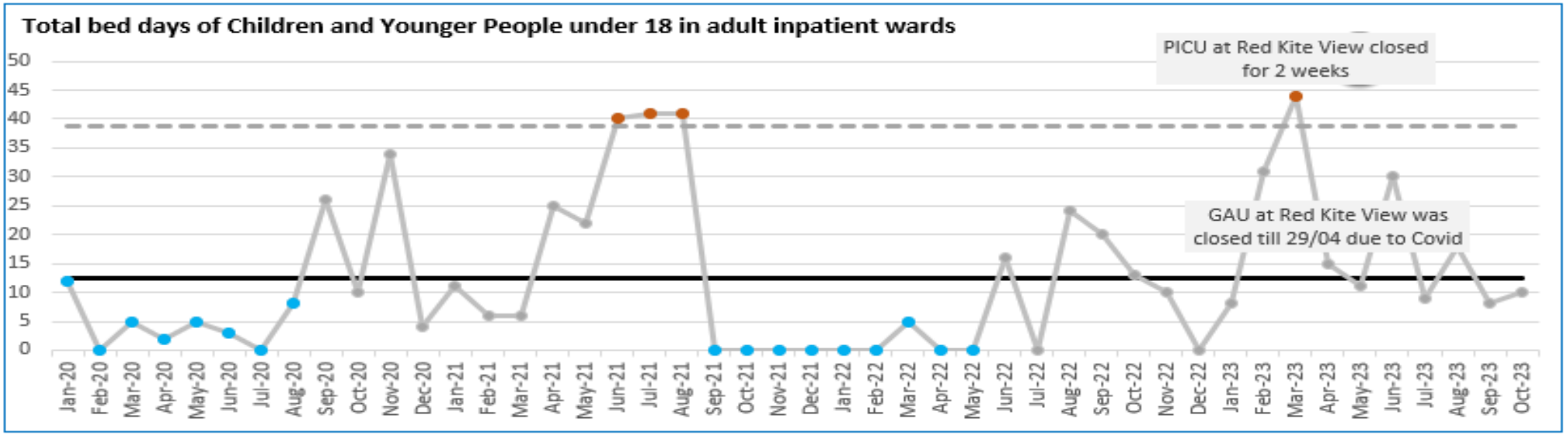
Summary	Actions	Assurance
The Trust has seen a continued reduction in the number of inappropriate out of area bed days and has entered a period of special cause improving variation.	The culmination of the work of the improvement programme which has focussed on: - Addressing barriers to discharge and 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 are now being realised and further improvement and sustainability of the reduced figure is expected.	The improvement programme reports through the assurance framework to Board. Out of area placements are reported to EMT against the trajectory. System wide work streams report through the ICS.

Data quality:
An additional column has been added to the national metric dashboards to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

For the month of October the following data quality issue has been identified in the reporting:

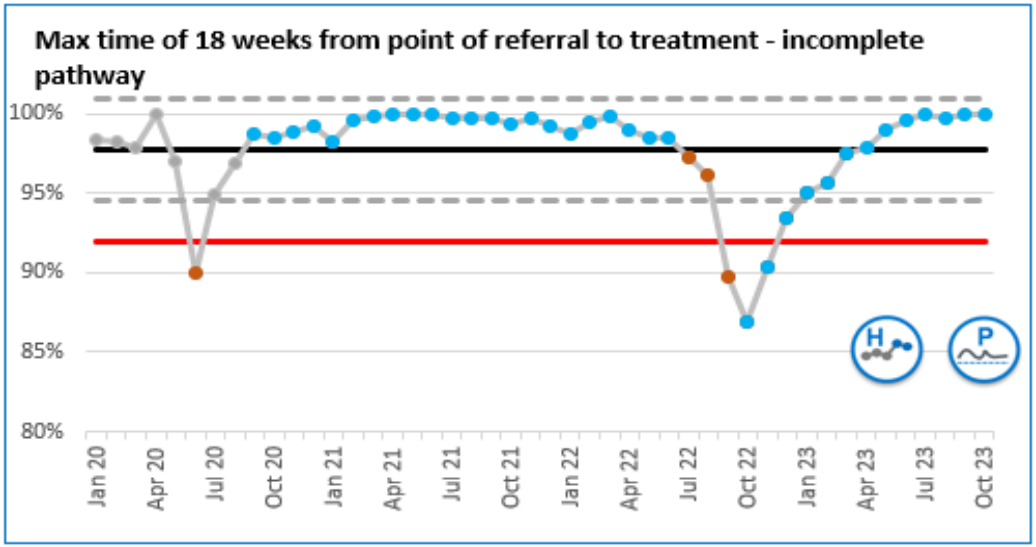
- The reporting for employment and accommodation shows 15.8% of records have missing employment and/or accommodation status with a further 1.10% that have an unknown employment status and 0.95% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

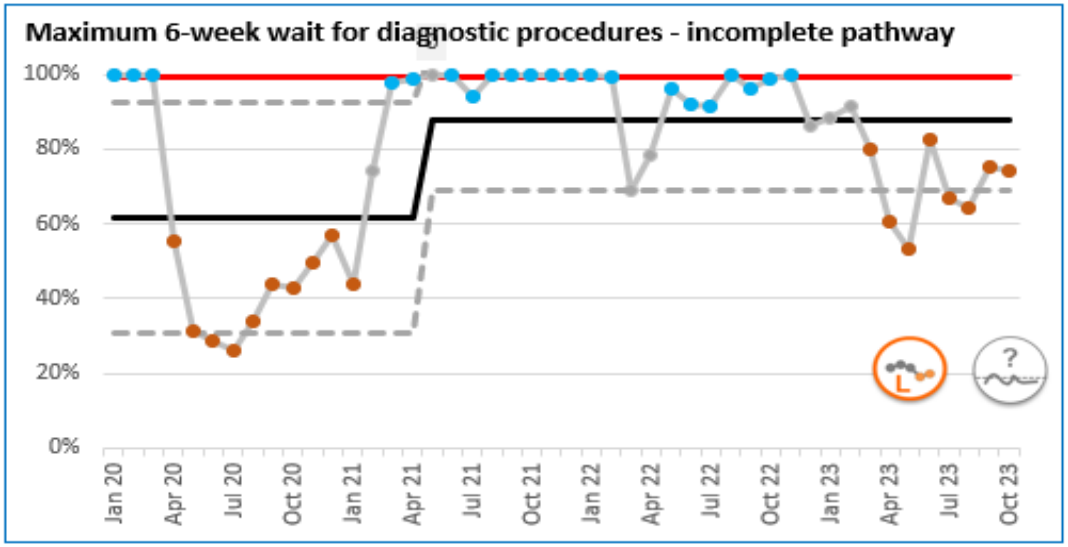
Analysis



The statistical process control chart (SPC) above shows that in October 2023 we remain in a period of common cause variation (no concern) regarding the number of beds days for children and young people in adult wards.

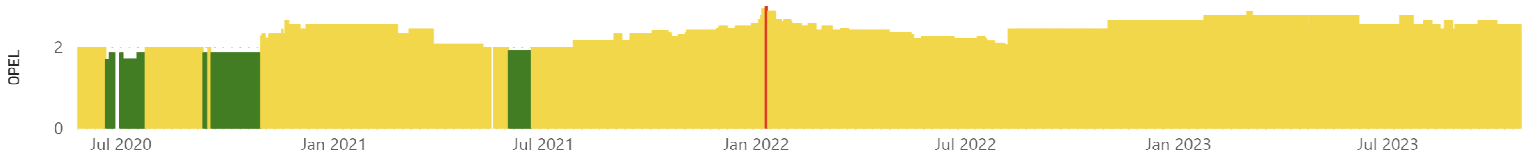
Analysis





The SPC charts above show that for October 2023 we are currently in a period of special cause improving variation 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.



Current average OPEL level

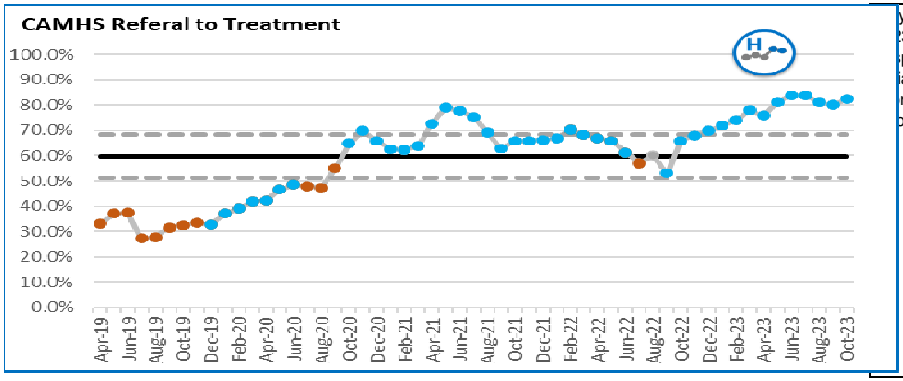
2.56

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

Child and adolescent mental health services (CAMHS)

CAMHS

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	72.4%	72.1%	
% Complaints with staff attitude as an issue	< 20%	0% 0/0	0% 0/3	
% of staff receiving supervision within policy guidance	80%	71.8%	69.5%	
CAMHS - Crisis Response 4 hours	N/A	91.7%	89.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.3%	81.7%	
Eating Disorder - Routine clock stops	95%	100.0%	96.6%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	80.0%	
Information Governance training compliance	>=95%	93.3%	93.9%	
Reducing restrictive practice interventions training compliance	>=80%	65.1%	62.9%	
Sickness rate (Monthly)	4.5%	4.5%	5.2%	
% rosters locked down in 6 weeks				



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Alert/Action

• Waiting time numbers for Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees remain problematic. Robust action plans are in place (with transformation programme support) but the shortfall between commissioned capacity and demand remains. Agreement for Evolve contract for a temporary (end March 2024) extension but long-term capacity concerns remain . In Calderdale, Neuro waits have reduced due to the Right to Choose process and less referrals being added to waiting list. Issue now in both Calderdale and Kirklees is that some young people have been seen by another provider but remained on Trust waiting lists. We are looking at processes to ensure that young people are removed from Trust waiting lists if they have been seen by another providers or are on their waiting lists.
• Shortage of specialist residential and tier 4 places due to reduced capacity nationally and ongoing capacity issues locally. In Calderdale and Kirklees there are several young people in the community awaiting a bed, several complex young people on paediatric wards due to acuity. Several young people with Eating Disorders also awaiting a bed.
• 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 quatre 2 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 Kirklees Keep in Mind programme will be launched April 2024. New Entry Pathway needs to be developed for all referrals across Kirklees to launch April 24.
• Evident increase in sickness rates – most notable in Barnsley. Small number of long term sickness cases adversely impacting and being proactively managed. Some long term sickness in Kirklees, due to personal issues, being managed by team manager.
• 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, support for this from the people directorate.

Assure

• Staff wellbeing remains a focus. Each CAMHS team has an agreed action place in place as a direct response to the staff survey. Staff survey results generally positive across all teams.
• The Trust has proactively engaged with provider collaboratives in South Yorkshire and Bassetlaw and West Yorkshire to strengthen the interface with inpatient providers and improve access to specialist beds

Adults and Older People Mental Health

Mental Health Community (Including Barnsley Mental Health Services)

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	76.1%	72.2%	
% Assessed within 14 days of referral (Routine)	75%	82.7%	86.8%	
% Assessed within 4 hours (Crisis)	90%	97.1%	95.6%	
% Complaints with staff attitude as an issue	< 20%	13% (1/8)	33% (1/3)	
% of staff receiving supervision within policy guidance	80%	65.1%	65.1%	
% service users followed up within 72 hours of discharge from inpatient care	80%	88.6%	90.8%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.6%	97.5%	
% Treated within 6 weeks of assessment (routine)	70%	97.1%	97.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.1%	79.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	*91.8%*	*Data under review*	
Information Governance training compliance	>=95%	94.4%	*95.1%*	
Reducing restrictive practice interventions training compliance	>=80%	66.8%	66.0%	
Sickness rate (Monthly)	4.5%	4.1%	4.3%	
% rosters locked down in 6 weeks				

Mental Health Inpatient

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	62.2%	67.4%	
% bed occupancy	85%	86.6%	87.4%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/2)	
% of staff receiving supervision within policy guidance	80%	63.1%	62.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.1%	80.5%	
% of clients clinically ready for discharge	3.5%	7.7%	5.8%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	87.5%	90.0%	
Inappropriate Out of Area Bed days	92	187	66	
Information Governance training compliance	>=95%	90.9%	*95.1%*	
Physical Violence (Patient on Patient)	Trend Monitor	29	22	
Physical Violence (Patient on Staff)	Trend Monitor	53	55	
Reducing restrictive practice interventions training compliance	>=80%	81.5%	82.8%	
Restraint incidents	Trend Monitor	62	***146***	
Safer staffing	90%	130.4%	126.5%	
Sickness rate (Monthly)	4.5%	4.0%	6.0%	
% rosters locked down in 6 weeks				

Alert/Action

- Acute wards have continued to manage high levels of acuity.
- There are high occupancy levels across wards and capacity to meet demand for beds remains a challenge.
- 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 a fluid resource 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 with the community rehab caseload requiring a reduction to accommodate this.
- Workforce challenges have continued with continued 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.
- The care group 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.
- There is increased pressure on the wards from the number of learners that require support, namely 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 October performance data indicates that the routine access for assessment target is being achieved in Calderdale and Kirklees and Wakefield. Performance is below target in Barnsley this month. Barnsley have action plans in place and are undertaking specific improvement work.
- Rapid improvement work in SPAs and implementation of BCP in Calderdale & Kirklees together with some progress in recruitment has contributed to an improved performance this month.
- The Kirklees Talking Therapies recovery rate for October is 54.05% achieving the national standard of 50% which is an improvement on September's position. 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.
- There are higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. There are action plans in place for certain teams experiencing particular challenges and an overall continuation of proactive and innovative approaches to recruitment and workforce modelling.
- All areas are focussing on continuing to improve performance for FIRM risk assessments. The data is currently under review for community mental health services. 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.

Advise

- Senior leadership from matrons and general managers remains in place across 7 days.
- Intensive work is underway to consider how quality and safety is maintained on inpatient wards. In addition there is a focus on improving the well-being of staff and service users and focussing on recruitment and retention.
- The care group is actively expanding creative approaches to enhance service user experience and the general ward environments. Challenges and priorities are being identified and included in 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 provision of robust gatekeeping, trauma informed care and effective intensive home treatment.
- The care group is participating in the Trustwide work on measuring and managing waits in terms of consistent data and performance measurement.
- Work continues in collaboration with our places to implement community mental health transformation.
- The care group recognises the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and there is a commitment for acute inpatient wards to achieve 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 stats (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.
- There is a focus on performance with respect to Friends and Family Tests both in content of responses and numbers completed. Action plans for improvement are in place 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). Inpatient General Managers have also discussed how the service manager might support with monitoring this moving forward.
- Work continues towards meeting required concordance levels for CPR training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends.
- The care group is working closely with specialist advisors and have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

Assure

- IHBT teams are performing well in gatekeeping admissions to our inpatient beds.
- The care group is performing well in 72 hour follow up for all people discharged into the community.
- Out of area placements have reduced following intensive work as part of the care closer to home workstream

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

LD, ADHD & ASD

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	70.6%	68.1%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/1)	
% of staff receiving supervision within policy guidance	80%	75.7%	74.6%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.1%	82.3%	
% of clients clinically ready for discharge	3.5%	65.8%	75.0%	
Information Governance training compliance	>=95%	91.9%	95.2%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	71.9%	74.1%	

LD, ADHD & ASD

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	16	12	
Reducing restrictive practice interventions training compliance	>=80%	70.9%	70.3%	
Safer staffing	90%	145.4%	143.4%	
Sickness rate (Monthly)	4.5%	2.6%	3.2%	
Restraint incidents	Trend Monitor	9	12	
% rosters locked down in 6 weeks				

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

Alert/Action

- Referral rates for ADHD - remain high and waiting lists continue to grow. There are currently over 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). For Calderdale which adopted an AQP model, for ASD the waiting time has increased to over 2 years.
- Friend & Family Test – Friends and family test results are 67%↓ which represents a small decrease. Work to capture the service user voice is ongoing.
- West Yorkshire ICB Neurodiversity Project – the service continues to contribute to this project.
- South 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 has been approved and the service has started mobilisation.
- Business cases have been approved for ADHD Triage in Wakefield and Kirklees and Referral Completion Step for Autism in Kirklees. Mobilisation is underway.
- 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. Further collaboration in relation to ADHD is being scoped via commissioner led workshops.

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 in Horizon Assessment and Treatment Unit was a concern but is improving. Due to the turnover of clinical staff, line managers have now been reallocated and appraisals are progressing.
- 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 is 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 with the Bradford ward seeking support from national peers.

Advise

Greenlight Toolkit
• Recently presented to extended EMT and is a key priority , analysis of feedback is being undertaken.
• Local teams are now linking in with Learning Disability 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 Learning Disability services on behalf of the Wakefield Alliance.
• Significant improvement in medical recruitment- All 4 communities and the inpatient unit now have substantive consultants in post.

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.

Assure

• 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, where appropriate, whilst awaiting a specific intervention. All service users on waiting lists receive regular welfare check reviews.
• 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 multi disciplinary team 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.

Barnsley General Community Services

Barnsley General Community Services

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	77.9%	71.0%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
% people dying in a place of their choosing	80%	90.6%	90.9%	
% of staff receiving supervision within policy guidance	80%	47.7%	46.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.4%	81.6%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	94.3%	94.1%	

Barnsley General Community Services

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.9%	100.0%	
Maximum 6 week wait for diagnostic procedures	99%	75.30%	74.27%	
Reducing restrictive practice interventions training compliance	>=80%	100.0%	83.3%	
Safer staffing (inpatient)	90%	106.7%	106.5%	
Sickness rate (Monthly)	4.5%	5.0%	4.8%	
% 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

• Band 6 post in Urban House is out to advertisement on a permanent basis
• Podiatry – Diabetic Foot Clinic staff have raised concerns around workloads and increasing pressures within the service. Meeting arranged with BHNFT and contracting to discuss highlighting issues raised.
• Waits continue to be longer in Children's Speech and Language Therapy. Recruitment is gradually increasing. New staff members are newly qualified and will need additional support/supervision.
• Our Paediatric Epilepsy Nursing Service continues to face staffing pressures due to ongoing secondments and a breakdown of planned backfill for these. It is hoped that this will be resolved soon.
• Our Paediatric Audiology Service has recommenced school hearing screening for the first time since pre-Covid-19 and this will improve the contracted activity figures for the service. However, the service is still struggling to meet the 6-week diagnostic waiting time target for referrals in. Work is being done to understand how this target can be achieved as soon as possible. Issues identified :
  • It is noted that post pandemic, referrals into the service have also increased from other health professionals. Hearing test outcomes are now requested more routinely by these services, rather than when a specific hearing concern is identified.
  • There has been a doubling of referrals into service from October 2022- October 2023
  • The services has had a long term sickness and this has had a massive impact on the team as it is made up of less than 3whole time equivalent (qualified and non qualified) - this is now been addressed and hopefully the vacant post will be appointed to next week.

Actions taken:
  • The service has undertaken a Demand and Capacity and a process mapping exercise. This information is currently with the Assistant Director- Contracting and Business Development for review
  • The service is currently undertaking a service review which includes the management of clinics and appointments, service staffing structure, referral pathways, discharge, onward referrals, cancellations, and was not brought SOPs/procedure
  • The service is reviewing its service level agreement with Barnsley Hospital NHS Foundation Trust.
  • The service has recently undertaken and submitted a NHS England Audit
  • The service is developing regional networking and peer supervision

Assure

• Neighbourhood Nursing Service position paper updated and finalised and risk (1813) associated with staffing pressures closed due successful recruitment drive and increase in staffing numbers.
• Significant improvement and increase in leg ulcer CQUIN currently reporting at 65%.
• We welcomed our first international recruited staff member to the Goldthorpe District Nursing Team.
• Neighbourhood Rehabilitation Service – proposal paper approved internally to progress with implementation of additional senior clinical roles from a skill mix of existing vacancies proving difficult to recruit to.
• Cardiac Rehab Team have successfully secured £50k funding for directed work targeting priority 4 patients to enhance the service provided and to increase service offered.
• Heart Failure Team have successfully secured £10k funding for directed work targeting the provision to release existing Heart Failure Specialist Nurses to develop patient and professional educational resources to enable enhanced clinical management and improved patient self-management.
• The Neurorehabilitation Unit at Kendray have been celebrating being highly commended and coming runners up in the recent Neuro Rehab annual awards ceremony in the category of teamwork. This event was held on the 26th of October 2023.

Forensic Services

Forensic

Metrics	Threshold	Sep-23	Oct-23	Variation/ Assurance
% Appraisal rate	>=90%	59.5%	55.1%	
% Bed occupancy	90%	84.1%	84.2%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
% of staff receiving supervision within policy guidance	80%	84.7%	85.8%	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	98.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.1%	74.2%	
% 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%	94.3%	94.3%	
Physical Violence (Patient on Patient)	Trend Monitor	2	5	
Physical Violence (Patient on Staff)	Trend Monitor	7	14	
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	82.0%	82.0%	
Restraint incidents	Trend Monitor	17	23	
Safer staffing	90%	111.8%	111.3%	
Sickness rate (Monthly)	5.4%	9.4%	8.4%	
% rosters locked down in 6 weeks				

Alert/Action

• Bed Occupancy – Newton Lodge 86%↑, Bretton 76.3.86%↓, Newhaven 74. %↓. 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. There is a high vacancy rate in the forensic community services currently, and improvements will be evident once pre-employment checks complete and new staff commence in post. SaLT and Psychiatry remain areas where recruitment is a challenge and adverts have been reviewed and will be readvertised.

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 remains an area of focus in each service line. The hotspots for restrictive physical interventions and cardiopulmonary resuscitation remain evident although improvements are being noted and RRPI compliance which has increased to 82% in October across the service although continues to remain below expected targets.
The above figures represent the overall position for each service. There are hotspots for reducing 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 (55.1) overall and displaying a marked variation across ward areas. This is being monitored closely through the governance structures within the care group to ensure target is reached. We are noting data quality issues and are in addition ensuring all appraisals undertaken are reflecting as recorded.
• The well-being of staff also remains a priority within the service. The wellbeing group have reviewed the NHS survey results and developed an action plan identifying 3 key areas to focus on. There is a strong level of engagement within the Care Group.

Assure

• High levels of data quality across the care group (100%).
• 100% compliance for HCR20 (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.

Ward Level Headlines

Sickness

Medium Secure: Priestley ward have a number of staff (3/24) on long term sickness with significant health issues. In addition to this there are a number of staff on short / medium term absence with long term health conditions. All processes are in place to support staff with a timely return to work. The People Directorate have in addition assured general managers that all processes are in place.

Low Secure: Currently in low secure there is a high sickness rate across the service. This has been identified by the senior management group and targeted work has been undertaken to understand this. It is understood that this is in the registered nurse group and work has been targeted to support this group of staff along with individuals. There are a number of supported phased returns in place and we are expecting a trajectory of improvements. The People Directorate has been involved and have in addition provided assurance to the general managers that all processes are in place.
Sandal ward has a number of staff on long term sickness (4/28). In addition, there is also a number of short-term absences. Individual plans are in place to support individuals with a return to work and processes are in place to support.
Thornhill ward: 6/28 staff members on long term sickness including a member of staff who has transferred from another care group to support return to work. Robust plans are in place with individuals and a number of return to work plans are now in place to support returns to work.

Mandatory Training

Sandal and Thornhill wards: There have been some challenges in access to the cardiopulmonary resuscitation (CPR) training, but close plans are in place to ensure that all staff are booked onto the training.

Supervision

Thornhill ward: In relation to supervision, re-structures of group and reflective practice have occurred over the review period which have unfortunately impacted on supervision. This was also impacted on by sickness and absence of some of the teams key individual supervisors. Plans are in place to address.

Inpatients - Mental Health - Working Age Adults										
Metrics	**Threshold**	**Beamshaw Suite**	**Clark Suite**	**Melton Suite**	**Nostell**	**Stanley**	**Walton**	**Ashdale**	**Ward 18**	**Elmdale**
Sickness	4.5%	5.5%	5.3%	14.1%	0.0%	9.1%	8.9%	10.9%	5.0%	11.3%
Supervision	80%	85.2%	35.0%	71.4%	78.6%	70.4%	44.4%	24.2%	43.3%	66.7%
Information Governance training compliance	>=95%	88.5%	90.0%	87.0%	88.9%	96.0%	89.5%	90.3%	96.4%	90.9%
Reducing restrictive practice interventions training compliance	>=80%	80.8%	94.7%	87.0%	96.2%	92.0%	81.1%	87.1%	75.0%	86.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	90.0%	73.9%	92.3%	92.0%	59.5%	90.3%	82.1%	77.3%
Bed occupancy	85%	103.9%	91.7%	97.8%	94.3%	99.1%	89.6%	100.7%	98.2%	97.2%
Safer staffing	90%	124.2%	120.9%	171.8%	123.7%	126.6%	137.4%	118.5%	107.2%	101.7%
% of clients clinically ready for discharge	3.5%	9.3%	15.1%	0.0%	14.4%	11.0%	0.0%	1.5%	6.5%	1.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	60.0%	100.0%	100.0%	93.3%	100.0%	93.3%	100.0%	90.9%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0	2	1	1	5	4	3
Physical Violence (Patient on Staff)	Trend Monitor	5	4	2	2	2	3	1	4	2
Restraint incidents	Trend Monitor	25	11	4	14	2	23	8	5	8
Prone Restraint incidents	Trend Monitor	3	1	0	0	1	12	2	1	0

Inpatients - Mental Health - Older People Services

Metrics	Threshold	Crofton	Poplars CUE	Willow	Ward 19 - Female	Ward 19 - Male	Beechdale
Sickness	4.5%	7.1%	6.0%	9.9%	20.3%	1.1%	12.1%
Supervision	80%	34.8%	59.3%	81.0%	58.8%	75.0%	61.5%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%	89.5%	95.5%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	82.6%	84.6%	76.2%	78.9%	81.8%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.3%	80.0%	52.4%	47.4%	81.8%	91.3%
Bed occupancy	85%	91.9%	67.5%	89.0%	87.3%	96.1%	94.4%
Safer staffing	90%	180.4%	216.7%	106.5%	94.9%	108.9%	150.5%
% of clients clinically ready for discharge	3.5%	0.0%	34.1%	0.3%	6.6%	0.0%	9.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	70.0%	N/A	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	4	0	0		1
Physical Violence (Patient on Staff)	Trend Monitor	2	15	5	0		1
Restraint incidents	Trend Monitor	4	35	0	4		0
Prone Restraint incidents	Trend Monitor	0	0	0	0		0

Inpatients - Forensic - Medium Secure

Metrics	Threshold	Appleton	Bronte	Chippendale	Hepworth	Johnson	Priestley	Waterton
Sickness	5.4%	5.0%	7.2%	6.7%	0.4%	5.3%	10.3%	1.0%
Supervision	80%	95.5%	95.5%	100.0%	73.3%	92.6%	83.3%	90.0%
Information Governance training compliance	>=95%	95.5%	100.0%	90.9%	96.6%	93.1%	90.9%	90.9%
Reducing restrictive practice interventions training compliance	>=80%	81.8%	94.7%	100.0%	79.3%	89.7%	81.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.3%	78.9%	86.4%	67.9%	69.0%	71.4%	72.7%
Bed occupancy	90%	66.9%	88.9%	100.0%	85.8%	86.7%	78.2%	91.5%
Safer staffing	90%	92.9%	98.2%	121.6%	97.5%	143.6%	94.8%	118.8%
% 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%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	1	0	0	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	2	0	2	0	0
Restraint incidents	Trend Monitor	3	0	3	0	0	0	0
Prone Restraint incidents	Trend Monitor	0	0	2	0	0	0	0

Inpatients - Forensic - Low Secure					
Metrics	**Threshold**	**Thornhill**	**Sandal**	**Ryburn**	**Newhaven**
Sickness	5.4%	17.2%	9.5%	19.1%	11.7%
Supervision	80%	23.1%	100.0%	100.0%	92.0%
Information Governance training compliance	>=95%	95.2%	88.5%	100.0%	92.0%
Reducing restrictive practice interventions training compliance	>=80%	85.7%	80.8%	80.0%	84.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	61.5%	80.0%	84.0%
Bed occupancy	85%	77.2%	74.8%	77.9%	74.0%
Safer staffing	90%	115.6%	104.2%	100.0%	122.5%
% 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%	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0	1
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0	10
Restraint incidents	Trend Monitor	0	0	0	17
Prone Restraint incidents	Trend Monitor	0	0	0	4

Inpatients - Non-Mental Health			
Metrics	**Threshold**	**NRU**	**SRU**
Sickness	4.5%	9.4%	2.7%
Supervision	80%	55.6%	11.7%
Information Governance training compliance	>=95%	93.1%	95.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.1%	75.9%
Bed occupancy	85%	62.1%	89.2%
Safer staffing	90%	104.3%	108.1%
% 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%	2.8%	5.1%
Supervision	80%	81.3%	55.6%
Information Governance training compliance	>=95%	94.1%	96.2%
Reducing restrictive practice interventions training compliance	>=80%	80.0%	64.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	84.0%
Bed occupancy	85%	44.6%	62.9%
Safer staffing	90%	94.7%	120.8%
% of clients clinically ready for discharge	3.5%	0.0%	9.9%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0
Physical Violence (Patient on Staff)	Trend Monitor	4	0
Restraint incidents	Trend Monitor	3	0
Prone Restraint incidents	Trend Monitor	0	0

Inpatients - Mental Health - Learning Disability		
Metrics	**Threshold**	**Horizon**
Sickness	4.5%	7.1%
Supervision	80%	62.9%
Information Governance training compliance	>=95%	91.7%
Reducing restrictive practice interventions training compliance	>=80%	76.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.9%
Bed occupancy	N/A	50.0%
Safer staffing	90%	143.4%
% of clients clinically ready for discharge	3.5%	75.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0
Physical Violence (Patient on Staff)	Trend Monitor	12
Restraint incidents	Trend Monitor	12
Prone Restraint incidents	Trend Monitor	3

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£1m	£0m	A deficit of £101k been reported in October 2023 which means that the year to date surplus is now £1.0m. 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	£6.1m	£9.9m	The Trust has a target of reducing agency spend from £10.0m to £8.7m. Spend in October has seen a stepped reduction to £0.6m with a reduced requirement in agency shifts reported. The sustainability of this continues to be assessed. The year to date position is 14% above plan.
3	Financial sustainability and efficiencies	£5.3m	£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 £420k behind plan. This target remains challenging due to the increasing profile and the need to identify new opportunities.
4	Cash	£72.3m	£76.9m	As previously forecast the Trust cash position, whilst remaining strong, has reduced in month by £6.6m. This is due to invoices, which had been chased and date back to April 2023, have been paid. Overall the Trust cash position is £72.3m.
5	Capital	£1.4m	£8.8m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £1.4m. Expenditure is forecast to significantly increase in the next quarter and the full allocation to be utilised in year.
6	Better Payment Practice Code	98%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 7 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators

Key Performance Indicator		Year to Date	Forecast 2023 / 24	Narrative
1	Surplus / (Deficit)	£1m	£0m	A deficit of £101k been reported in October 2023 which means that the year to date surplus is now £1.0m. 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.
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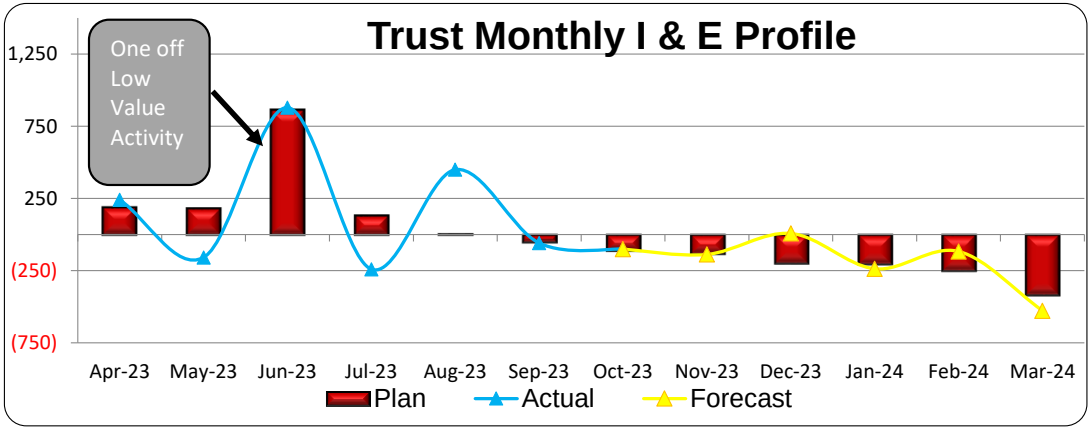
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

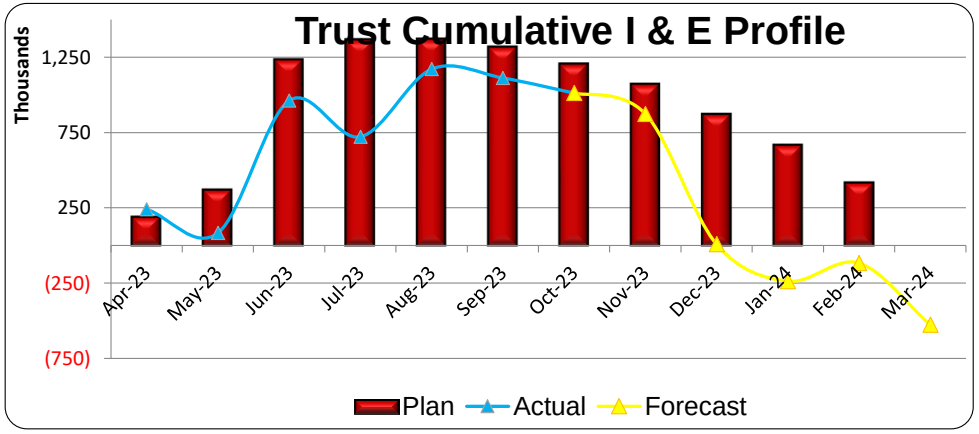
2.0 Income & Expenditure Position 2023 / 24

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

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Healthcare contracts					34,239	32,465	(1,774)	230,556	229,211	(1,344)	394,942	391,643	(3,299)
Other Operating Revenue					1,062	1,128	66	7,308	7,772	464	12,663	13,076	413
Total Revenue					**35,301**	**33,592**	**(1,708)**	**237,864**	**236,983**	**(880)**	**407,605**	**404,719**	**(2,887)**
Pay Costs	4,888	4,888	(0)	0.0%	(20,538)	(20,363)	175	(142,348)	(141,643)	705	(245,583)	(244,457)	1,126
Non Pay Costs					(14,480)	(13,051)	1,429	(91,314)	(91,963)	(649)	(156,995)	(156,193)	802
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	**4,888**	**4,888**	**(0)**	**0.0%**	**(35,018)**	**(33,415)**	**1,604**	**(233,662)**	**(233,601)**	**61**	**(402,578)**	**(400,645)**	**1,934**
EBITDA	**4,888**	**4,888**	**(0)**	**0.0%**	**282**	**178**	**(104)**	**4,202**	**3,382**	**(820)**	**5,027**	**4,074**	**(953)**
Depreciation					(482)	(487)	(5)	(3,543)	(3,561)	(18)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,253)	(1,253)	0	(2,148)	(2,148)	0
Interest Received					267	387	120	1,796	2,443	647	3,070	4,068	998
Surplus / (Deficit) - ICB performance measure	**4,888**	**4,888**	**(0)**	**0.0%**	**(111)**	**(101)**	**11**	**1,202**	**1,012**	**(190)**	**0**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(135)	(135)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,888**	**4,888**	**(0)**	**0.0%**	**(111)**	**(120)**	**(9)**	**1,202**	**876**	**(326)**	**0**	**(232)**	**(232)**





2.0 Impact of provider collaboratives

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

Provider Collaborative consolidation - year to date actual

Description	Total consolidated	West Yorks Adult Secure	Forensic CAMHS	South Yorks Adult Secure	SWYPFT
	£k	**£k**	**£k**	**£k**	**£k**
Healthcare contracts	229,211	39,209	691	20,930	168,381
Other Operating Revenue	7,772				7,772
Total Revenue	**236,983**	**39,209**	**691**	**20,930**	**176,153**
Pay Costs	(141,643)	(896)	(66)	(425)	(140,256)
Non Pay Costs	(91,963)	(38,313)	(473)	(20,038)	(33,139)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(233,601)**	**(39,209)**	**(540)**	**(20,463)**	**(173,390)**
EBITDA	**3,382**	**0**	**152**	**468**	**2,763**
Depreciation	(3,561)				(3,561)
PDC Paid	(1,253)				(1,253)
Interest Received	2,443				2,443
Surplus / (Deficit) - ICB	**1,012**	**0**	**152**	**468**	**392**
Depn Peppercorn Leases (IFRS16)	(135)				(135)
Revaluation of Assets	0				0
Surplus / (Deficit) - Total	**876**	**0**	**152**	**468**	**257**
Surplus / (Deficit) - Forecast	**(0)**	**0**	**178**	**587**	(765)

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

There is currently no risk / reward arrangement for the Forensic CAMHS and South Yorkshire Adult Secure services and, as such, their financial positions flow directly into the overall financial position.

For 2023 / 24 these are both positive contributions for the year to date and forecast.

West Yorkshire Adult Secure is subject to a risk / reward arrangement alongside services not hosted by the Trust. The overall financial impact of these is modelled within the Trust forecast scenarios.

2.0 Income & Expenditure Position 2023 / 24

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

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					24,283	23,797	(486)	169,579	168,381	(1,199)	290,467	287,781	(2,686)
Other Operating Revenue					1,062	1,128	66	7,308	7,772	464	12,663	13,076	413
Total Revenue					**25,345**	**24,925**	**(420)**	**176,887**	**176,153**	**(735)**	**303,130**	**300,857**	**(2,274)**
Pay Costs	4,866	4,855	(11)	0.2%	(20,378)	(20,199)	179	(141,269)	(140,256)	1,013	(243,781)	(242,095)	1,686
Non Pay Costs					(4,684)	(4,794)	(110)	(31,416)	(33,139)	(1,723)	(54,323)	(55,458)	(1,135)
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	**4,866**	**4,855**	**(11)**	**-0.2%**	**(25,063)**	**(24,993)**	**69**	**(172,685)**	**(173,390)**	**(705)**	**(298,103)**	**(297,548)**	**555**
EBITDA	**4,866**	**4,855**	**(11)**	**-0.2%**	**282**	**(69)**	**(351)**	**4,202**	**2,763**	**(1,439)**	**5,027**	**3,309**	**(1,718)**
Depreciation					(482)	(487)	(5)	(3,543)	(3,561)	(18)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,253)	(1,253)	0	(2,148)	(2,148)	0
Interest Received					267	387	120	1,796	2,443	647	3,070	4,068	998
Surplus / (Deficit) - ICB performance measure	**4,866**	**4,855**	**(11)**	**-0.2%**	**(111)**	**(347)**	**(236)**	**1,202**	**392**	**(810)**	**0**	**(765)**	**(765)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(135)	(135)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,866**	**4,855**	**(11)**	**-0.2%**	**(111)**	**(366)**	**(255)**	**1,202**	**257**	**(945)**	**0**	**(997)**	**(997)**

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	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Total Consolidated Position	4,888	4,888	(0)	0.0%	(111)	(101)	11	1,202	1,012	(190)	0	(0)	(0)
Provider Collaboratives	22	33	11	50.1%	0	247	247	0	619	619	0	765	765
Total excluding Collaboratives (as shown above)	**4,866**	**4,855**	**(11)**	**-0.2%**	**(111)**	**(347)**	**(236)**	**1,202**	**392**	**(810)**	**0**	**(765)**	**(765)**

Income & Expenditure Position 2022 / 23

October 2023, excluding the financial impact of the provider collaboratives, is a £347k deficit. This is £236k 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.

NHS England - monthly submission

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

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. The most significant variances relate to activity recharges and are offset by underspends in pay / non-pay. Additional risk, such as against CQUIN performance, are included within the Trust forecast scenario modelling.

Pay

Overall pay expenditure remains similar to the previous month. This includes a reduction in agency spend with an increase in substantive staff worked. This had been forecast previously with the impact of recruitment of newly qualified nurses and international recruits being modelled in.

The sustainability of the agency reduction continues to be assessed.

Non Pay

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

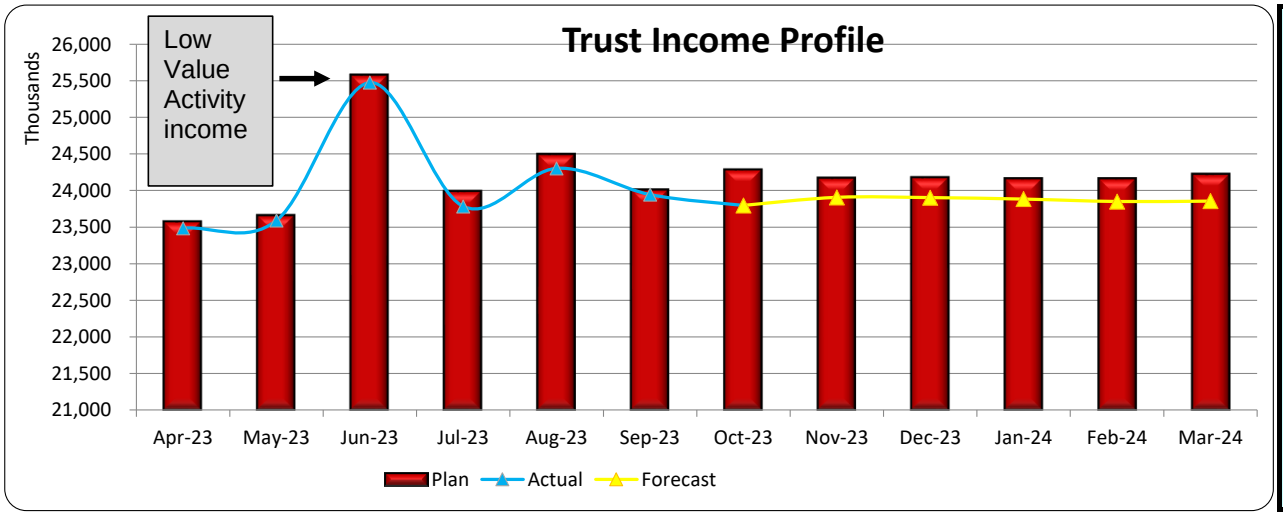
2.1 Income Information

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

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

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

Income source	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k	Total 22/23 £k
NHS Commissioners	19,533	19,642	21,396	19,968	20,628	20,005	20,009	20,079	20,079	20,057	20,032	20,032	**241,458**	**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	2,691	2,689	2,689	2,689	2,689	**32,695**	**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	531	503	503	503	503	503	**5,816**	**5,311**
Partnerships	514	584	546	591	472	608	377	501	499	501	493	498	**6,182**	**5,052**
Other Contract Income	197	96	144	102	144	138	140	134	134	134	134	134	**1,629**	**2,256**
Total	**23,486**	**23,590**	**25,476**	**23,783**	**24,304**	**23,945**	**23,797**	**23,907**	**23,904**	**23,883**	**23,850**	**23,855**	**287,781**	**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 remains in line with last month although the budget expectation has increased for the new additional liaison and diversion service going live. This will be reimbursed on actual costs incurred and mobilisation is ongoing.

This will add to the known shortfalls in income against plan with the largest services being highlighted as:
* Sheffield Stop Smoking (less activity)
* Youth Offender contract (recruitment slippage)
* Additional Roles Reimbursement (ARRS) (recruitment slippage)

These will be, at least partially, offset by underspends on pay and non pay.

2.2 Pay Information

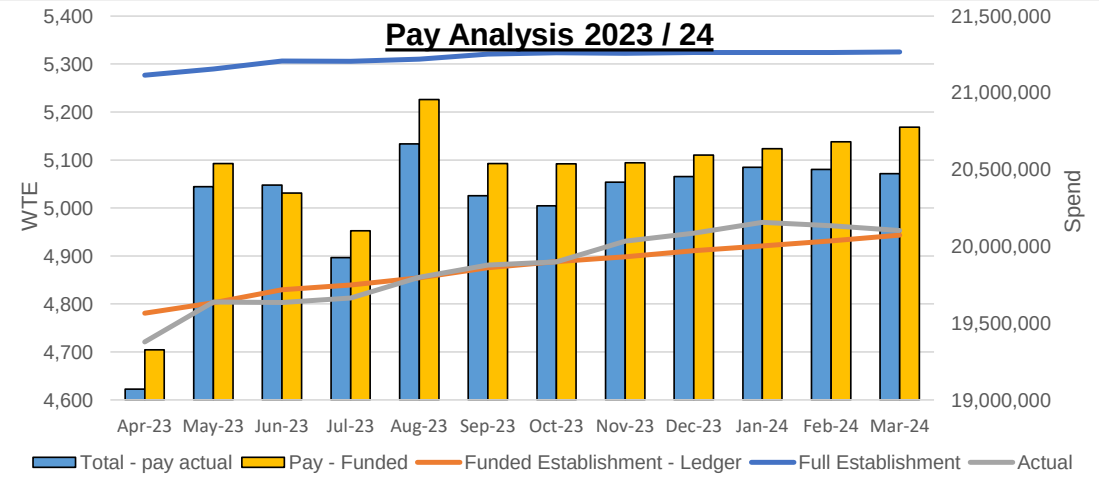
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities include a focus on the health and wellbeing of this workforce.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

Staff type	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
Substantive	17,149	18,033	17,939	17,603	18,244	17,826	18,128	18,046	18,085	18,132	18,162	18,129	**215,476**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,436	1,464	1,479	1,510	1,494	1,502	**16,721**
Agency	939	908	1,002	855	810	915	634	804	786	769	741	737	**9,899**
Total	**18,936**	**20,296**	**20,277**	**19,819**	**20,535**	**20,194**	**20,199**	**20,313**	**20,350**	**20,411**	**20,396**	**20,368**	**242,095**
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%	7.1%	7.2%	7.3%	7.4%	7.3%	7.4%	6.9%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	3.1%	4.0%	3.9%	3.8%	3.6%	3.6%	4.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,343	4,329	4,312	4,329	4,356	4,367	4,401	4,426	4,437	4,458	4,462	4,451	**4,389**
Bank & Locum	222	314	326	321	356	369	361	367	371	377	372	373	**344**
Agency	157	161	164	163	144	145	126	138	140	135	130	129	**144**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,881**	**4,888**	**4,931**	**4,948**	**4,970**	**4,963**	**4,953**	**4,877**
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 with an increase in substantive staff and reduction in agency costs and WTE worked. This had been forecast following the intake of newly qualified nurses and continued international recruitment in September / October.

Worked WTE has increased in October by 7 WTE although substantive WTE increased by 34. This has been offset by a reduction in agency although this continues to be tested to ensure that this is maintained.

The increase in substantive worked WTE has been in adult acute inpatient and in the Barnsley care group.

2.2 Agency Expenditure Focus

Agency spend is £636k in October. This is a large reduction from the previous run rate.

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.

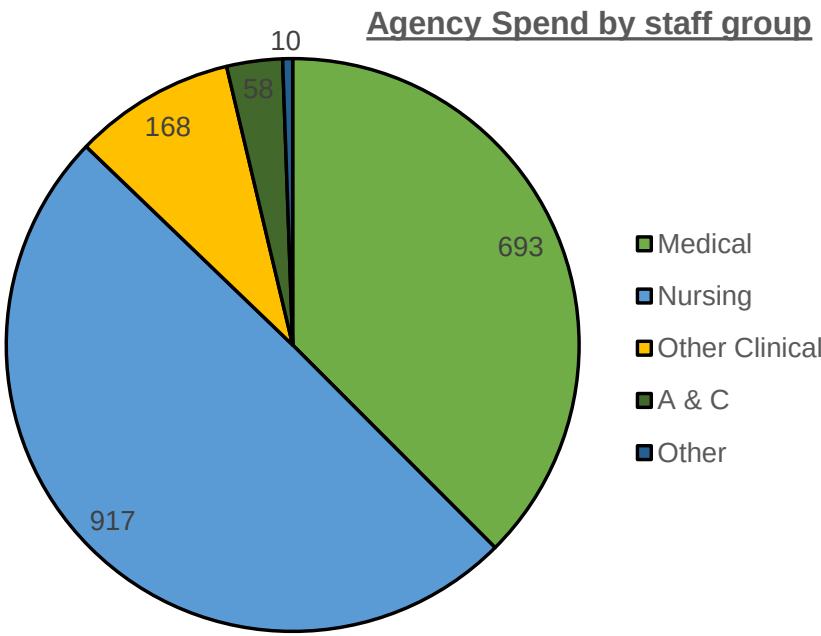
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

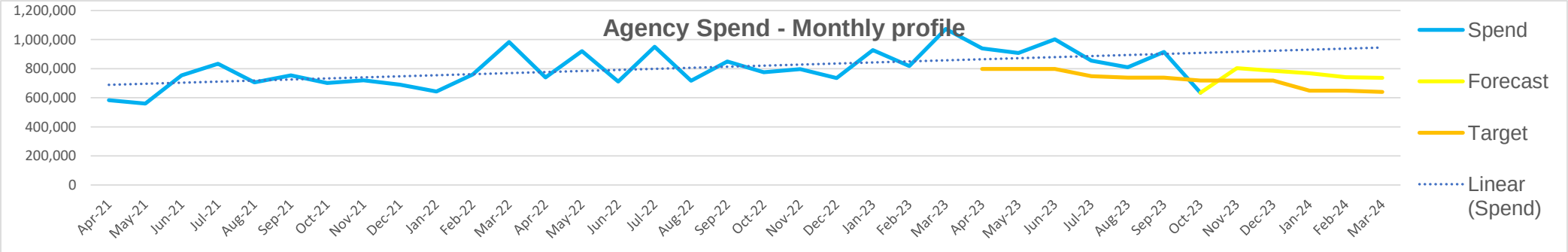
Under the NHS Single Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

October 2023 spend is £636k which is a significant reduction from the previous run rate. This is due to a reduction in the number of shifts required in month and work continues to assess whether this trend can be sustained. The increase in substantive staff worked would provide some assurance that it can however seasonal sickness absence may impact on future performance.

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.



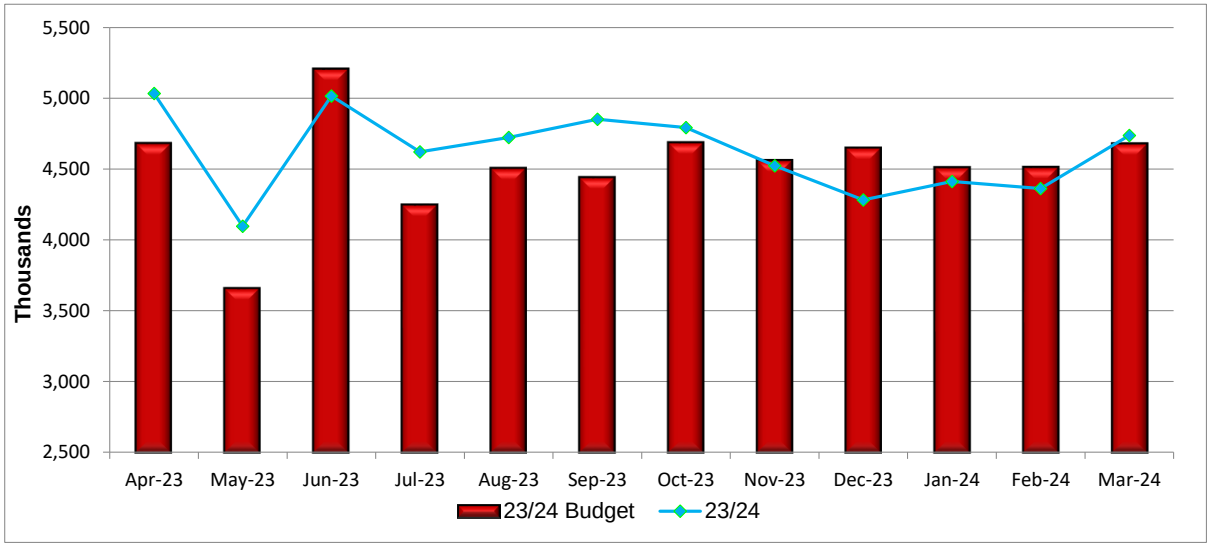


2.3 Non Pay Expenditure

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

Non pay spend	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
2023/24	5,035	4,097	5,016	4,621	4,724	4,852	4,794	4,523	4,283	4,413	4,362	4,738	**55,458**
2022/23	4,213	4,350	4,271	4,080	4,917	4,694	4,130	4,767	4,010	7,142	4,797	6,931	**58,303**

Non Pay Category (per accounts)	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	2,411	2,295	(117)
Establishment	5,301	5,532	231
Lease & Property Rental	5,083	4,949	(134)
Premises (inc. rates)	3,140	3,331	191
Utilities	1,199	1,282	83
Purchase of Healthcare	5,153	5,527	374
Travel & vehicles	2,961	2,922	(39)
Supplies & Services	3,979	4,299	320
Training & Education	1,118	1,199	81
Clinical Negligence & Insurance	618	621	2
Other non pay	453	1,182	729
Total	**31,416**	**33,139**	**1,723**
Total Excl OOA and Drugs	**23,853**	**25,317**	**1,465**



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.

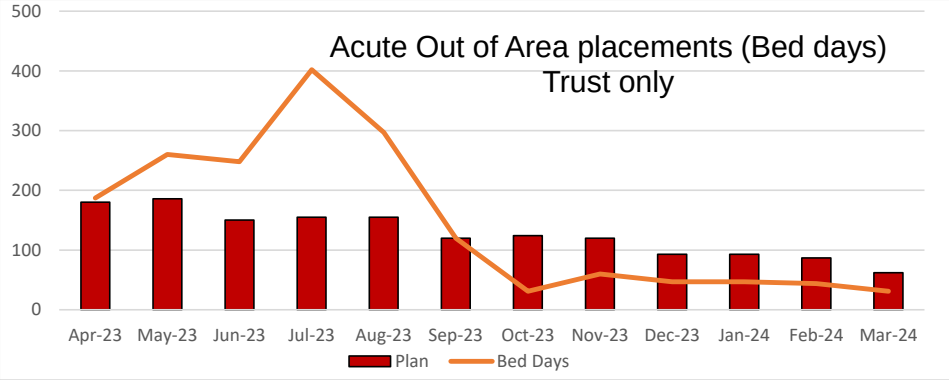
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

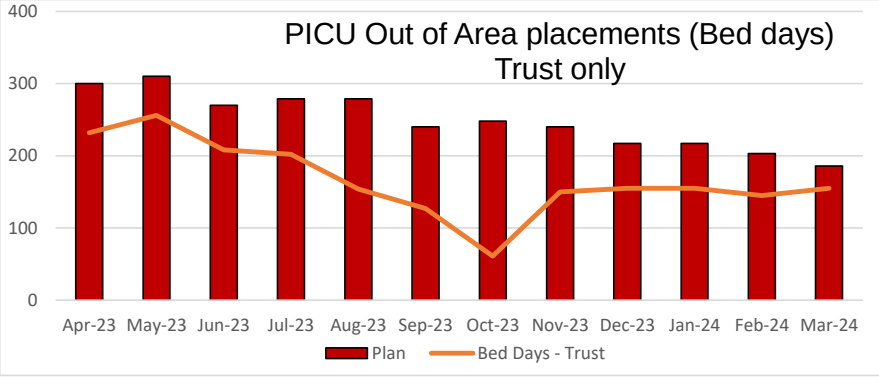
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

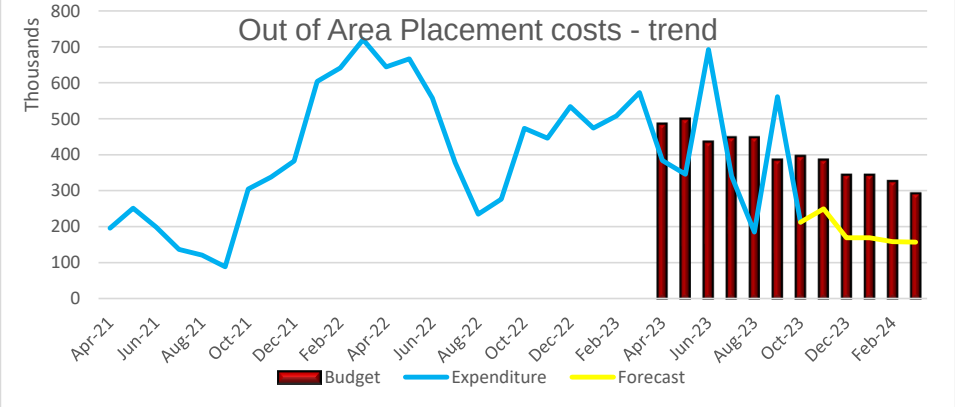
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	815	1,256	441
PICU	2,197	1,398	(799)
Locked Rehab	1,332	1,569	237
Services - NHS	230	304	74
IAPT	103	290	187
Yorkshire Smokefree	46	17	(29)
Other	430	692	262
Total	**5,153**	**5,527**	**374**







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

Positive progress has continued to be demonstrated in the 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).

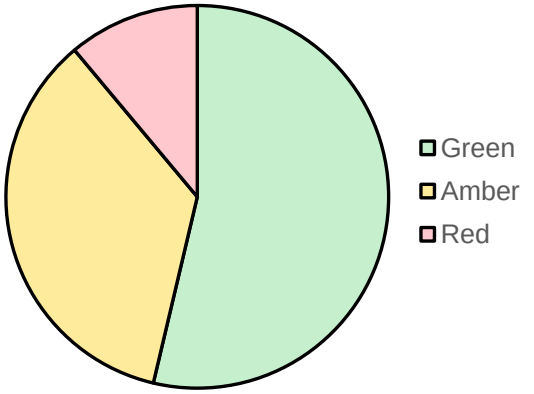
Due to the volatility of this area this forecast assumption remains a risk and this is factored into the Trust forecast scenarios. This is highlighted by the increase in PICU placements in late October.

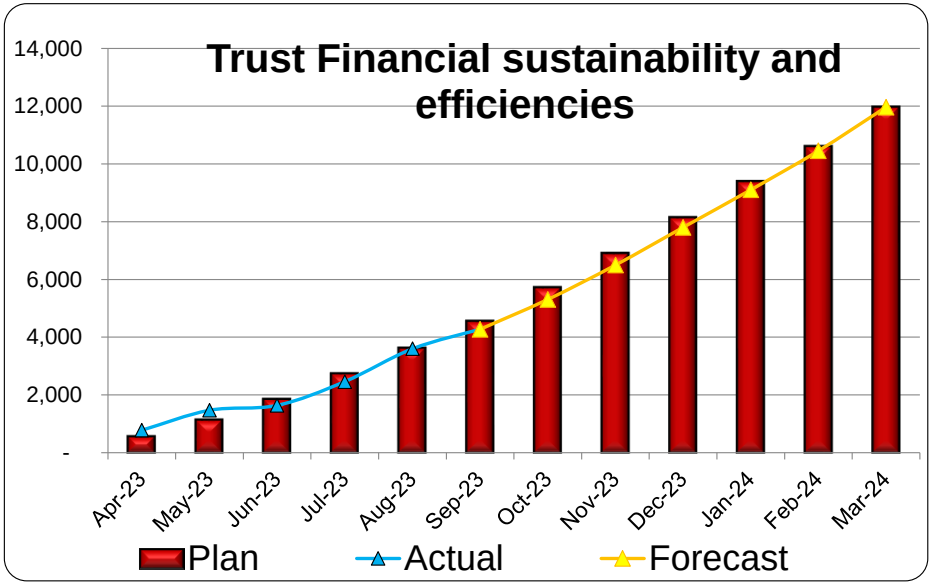
2.4 Value for Money, Financial sustainability and efficiency

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

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

		Year to Date			Forecast			
Workstream Categorisation	**Breakdown**	**Target**	**Achieved Recurrent**	**Achieved Non Recurrent**	**Target**	**Green**	**Amber**	**Red**
Out of Area Placements	Pg. 12	1,400	1,760		3,197	1,760	2,589	
Agency & Workforce	Pg. 10	1,890	453	705	4,380	785	1,126	
Medicines optimisation		233	172		400	172		
Non Pay Review		488	0		1,048		500	1,327
Income contributions		294	148		500	267		
Interest Receivable	Pg. 4	817	1,464		1,400	2,398		
Provider Collaborative	Pg. 5	606	606		1,044	1,044		
Total		**5,727**	**4,602**	**705**	**11,969**	**6,426**	**4,216**	**1,327**
Recurrent		5,220	4,602		10,943	6,426	4,216	
Non Recurrent		507		705	1,026			1,327





The variance between performance and plan has increased in October and currently the Value for Money programme is £420k behind plan. This is up from £290k in the previous month. This is 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.

3.0 Statement of Financial Position (SOFP) 2023 / 24

Balance Sheet / Statement of Financial Position (SOFP)	2022 / 2023 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	165,175	164,527	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	1,141	
Non NHS Trade Receivables (Debtors)	2,853	2,510	
Prepayments	3,482	4,102	
Accrued Income	9,372	2,205	2
Cash and Cash Equivalents	74,585	72,330	Pg 15
Total Current Assets	**92,097**	**82,520**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(4,147)	3
Capital Payables (Creditors)	(739)	(386)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,267)	4
Accruals	(32,952)	(21,889)	4
Deferred Income	(4,172)	(3,931)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(54,338)	1
Total Current Liabilities	**(104,062)**	**(92,957)**	
Net Current Assets/Liabilities	**(11,965)**	**(10,438)**	
Total Assets less Current Liabilities	**153,210**	**154,090**	
Provisions for Liabilities	(4,319)	(4,322)	
Total Net Assets/(Liabilities)	**148,891**	**149,768**	
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	84,864	
Total Taxpayers' Equity	**148,891**	**149,768**	

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

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

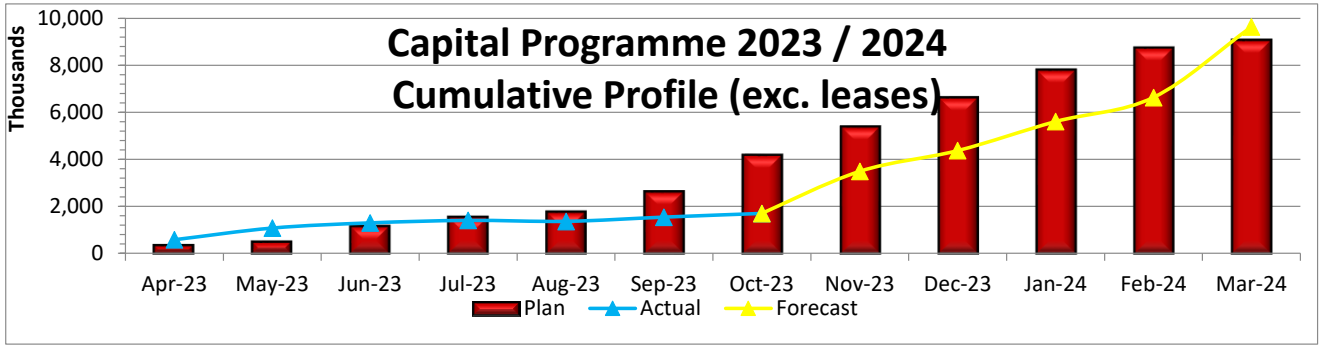
2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. This has reduced in month but remains a focus to ensure timely raising of invoices.

3. Trade payables have reduced in month as NHS payments have been made in relation to the South Yorkshire Collaborative. This subsequently has a significant impact on the cash position.

4. Accruals remain at a high level but have seen a reduction in month, work is ongoing to ensure that invoices are received and processed.

3.1 Capital Programme 2023 / 2024

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k
Major Capital Schemes						
Site Infrastructure	1,475	75	37	(38)	575	(900)
Seclusion rooms	750	300	23	(277)	750	0
Maintenance (Minor) Capital						
Clinical Improvement	285	185	12	(173)	853	568
Safety inc. ligature & IPC	990	540	432	(108)	2,182	1,192
Compliance	430	430	0	(430)	300	(130)
Backlog maintenance	510	200	34	(166)	158	(352)
Sustainability	300	0	8	8	225	(75)
Plant & Equipment	40	40	27	(13)	53	13
Other	1,223	259	759	500	906	(317)
IM & T						
Digital Infrastructure	1,100	850	39	(811)	1,200	100
Digital Care Records	180	70	6	(64)	70	(110)
Digitally Enabled Workforce	815	579	0	(579)	808	(7)
Digitally Enabling Service Users & Carers	400	250	1	(249)	400	0
IM&T Other	270	120	0	(120)	288	18
TOTALS	**8,768**	**3,898**	**1,378**	**(2,520)**	**8,768**	**0**
Lease Impact (IFRS 16)	5,203	5,203	6,085	882	6,117	914
New lease	303	293	318	25	875	572
TOTALS	**14,274**	**9,394**	**7,781**	**(1,613)**	**15,760**	**1,486**



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.

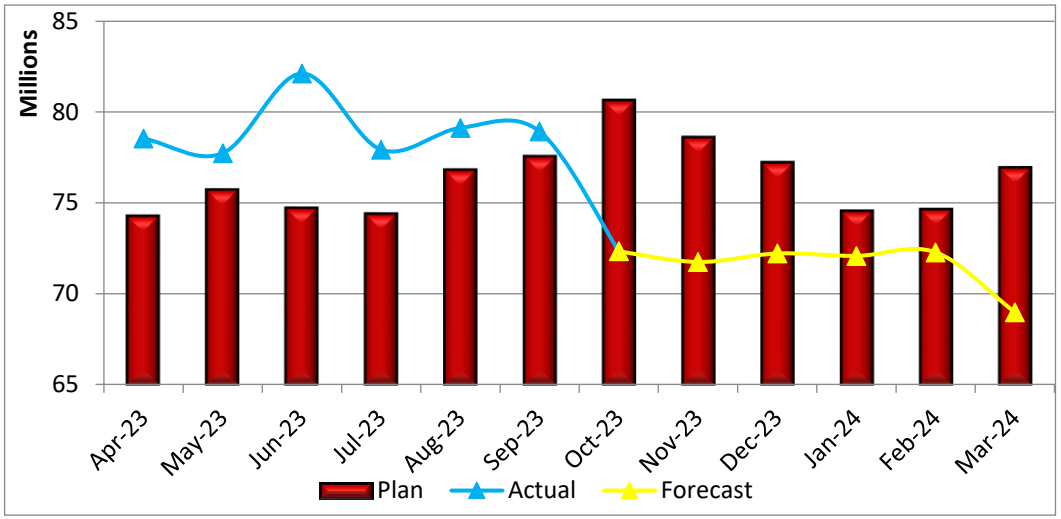
Spend is significantly behind plan to date however work continues to ensure that the full allocation can be utilised in year.

For example a preferred contractor is now in place for the seclusion room schemes and these will be mobilised quickly.

IM & T orders are being placed.

The financial impact of IFRS 16 (leases) remains uncertain. As at October 2023 this remains outside the scope of capital financial monitoring for 2023 / 24 but this could change prior to year end.

3.2 Cash Flow & Cash Flow Forecast 2022 / 2023

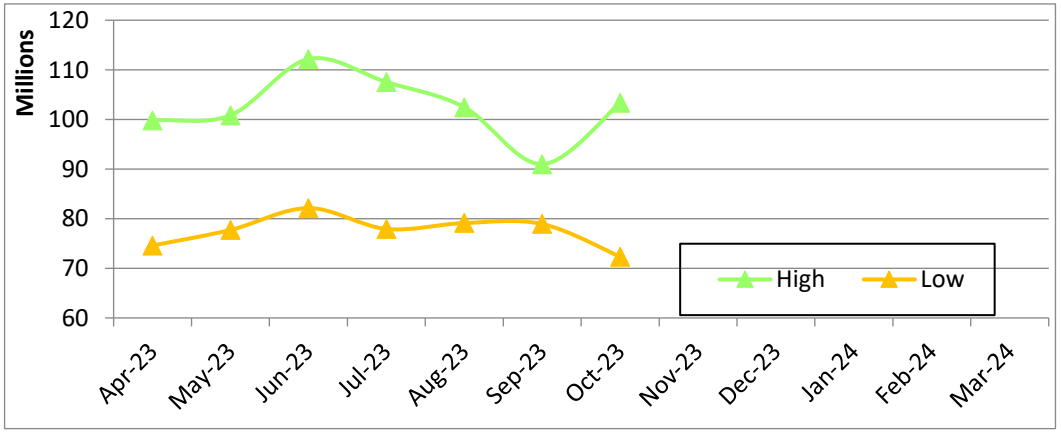


	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	80,638	72,330	(8,308)

The Trust cash position remains positive.

Cash has reduced in month as an extra £7m was paid following receipt of valid invoices. This has led to a reduction in both creditors and accruals.

Actions are currently focused on ensuring that all income is invoiced and received in a timely manner including contract income from commissioners.



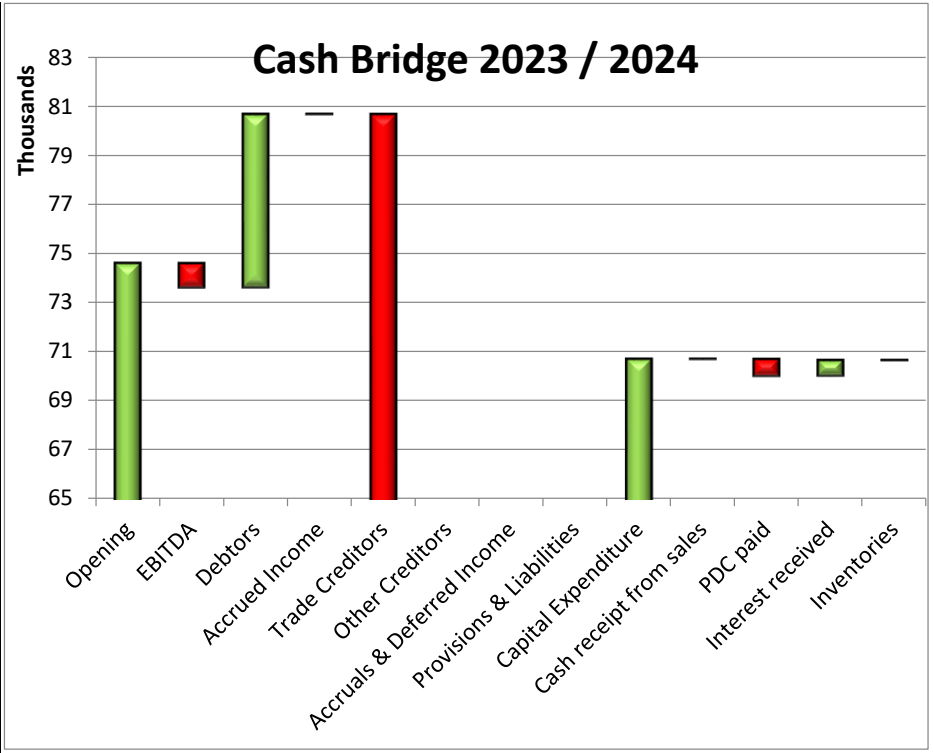
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £103.4m
The lowest balance is: £72.3m

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)	9,431	8,429	(1,002)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(135)	6,935	7,070	
Trade Payables (Creditors)	3,066	(13,401)	(16,467)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	578	(238)	(816)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(8,683)	(1,378)	7,305	
Cash receipts from asset sales	0	5	5	
Leases	0	(4,359)	(4,359)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0		0	
Interest (paid)/ received	1,796	2,443	647	
Closing Balances	**80,638**	**72,330**	**(8,308)**	



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 £8m lower than plan, £7m of creditors were paid in month, mainly to other NHS bodies and relating to the South Yorkshire Adult Secure Collaborative.

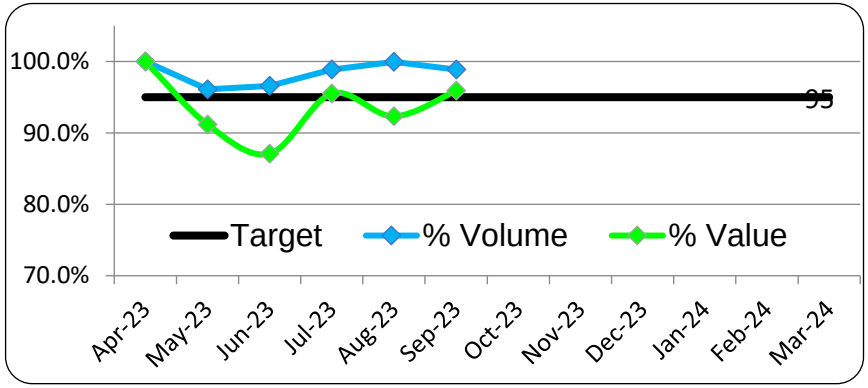
4.0 Better Payment Practice Code

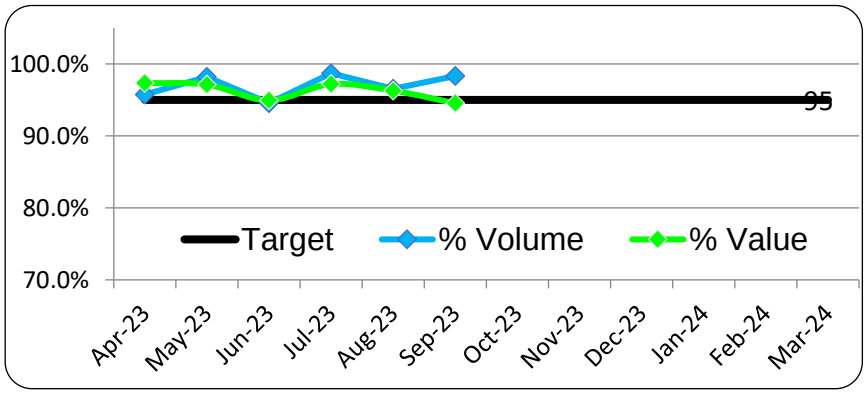
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

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

Non NHS	Number %	Value %
In Month	99%	96%
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 (£)
11-Oct-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000057307	2,940,728
17-Oct-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000057431	1,505,372
02-Oct-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5177	800,000
31-Oct-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5188	750,000
11-Oct-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1000295	666,894
18-Oct-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS39	544,330
25-Oct-23	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	203743	519,424
03-Oct-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008367	332,208
18-Oct-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS16	270,000
09-Oct-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 277	245,869
04-Oct-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foun	4400000541	230,447
26-Oct-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5184	145,541
03-Oct-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D5100082721	129,788
03-Oct-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008363	128,035
12-Oct-23	IT Services	Trustwide	Daisy Corporate Services	3I516335	90,250
24-Oct-23	Purchase of Healthcare	Kirklees	Huntercombe Roehampton Hospital Ltd (The)	24309916	84,075
11-Oct-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC017INV	81,804
18-Oct-23	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trus	324989	77,529
23-Oct-23	Staff Recharge	Forensic	Wakefield Metropolitan District Council	91315254949	65,959
18-Oct-23	Drugs	Trustwide	Lp Hcs Ltd	HCSLP386	65,618
11-Oct-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1000294	64,961
19-Oct-23	Drugs	Trustwide	Lp Hcs Ltd	HCSLP258	63,742
30-Oct-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 Q104 06	62,807
24-Oct-23	Vaccines	Trustwide	Aventis Pharma T/A Sanofi	924478832	57,915
23-Oct-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 11211	56,000
07-Oct-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402953245	55,860
07-Oct-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402953517	55,860
11-Oct-23	Training	Trustwide	Business Services Leeds Ltd	BSL08184	50,000
30-Oct-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 Q207 09	47,891
05-Oct-23	Purchase of Healthcare	AS Collaborative	Mersey Care Nhs Foundation Trust	72485990	47,313
04-Oct-23	Drugs	Trustwide	Nhs Business Services Authority	1000077829	46,223

03-Oct-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D5100082681	45,155
09-Oct-23	Utilities	Trustwide	Edf Energy Customers Ltd	000016797500	42,799
07-Oct-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402953246	37,985
04-Oct-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001081EPC	36,374
18-Oct-23	NHS Recharge	Trustwide	Bradford District Care Nhs Foundation Trust	203722	35,038
27-Oct-23	Advocacy Services	Forensic	Cloverleaf Advocacy 2000 Ltd	12447	31,397
11-Oct-23	NHS Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6027183	31,204
24-Oct-23	MFD charges	Trustwide	Annodata Ltd	1334189	30,591
24-Oct-23	Purchase of Healthcare	Barnsley	Cygnet Behavioural Health Ltd	APL0308577	29,850
03-Oct-23	Purchase of Healthcare	Kirklees	Ieso Digital Health Ltd	UK001373	28,672
06-Oct-23	Purchase of Healthcare	Calderdale	Priory Hospital East Midlands	D560002218	26,955
02-Oct-23	Purchase of Healthcare	Kirklees	Cheadle Royal Hospital	2900023041	26,085
05-Oct-23	Purchase of Healthcare	Calderdale	Cygnet Health Care Ltd	WKE0312556	25,916
17-Oct-23	Utilities	Trustwide	Edf Energy Customers Ltd	000016760050	25,445

4.2 Glossary

* Recurrent - an action or decision that has a continuing financial effect.

* Non-Recurrent - an action or decision that has a one off or time limited effect.

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a post / new investment were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.

* Surplus - Trust income is greater than costs.

* Deficit - Trust costs are greater than income.

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year.

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions). This is set in advance of the year and before all variables are known.

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. As such they are part of the forecast surplus, but not part of the recurrent underlying surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency, reduce expenditure or increase income.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.

* ICS - Integrated Care System. ICB - Integrated Care Board.

* EBITDA - earnings before interest, tax, depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 2 - Statistical Process Control (SPC) Charts Explained

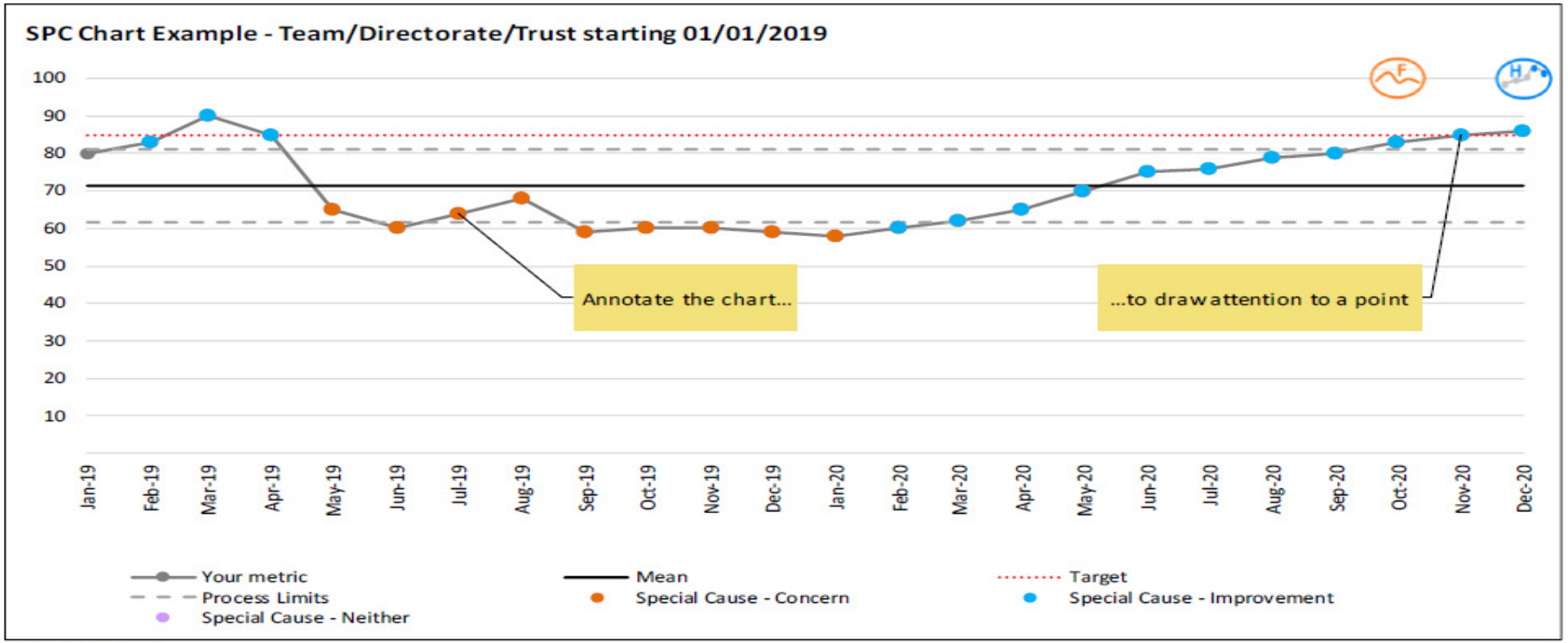
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained



Observations

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

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