NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

November 2023

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for November 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 November 2023, disability 46.3%, sexual orientation 44.9% 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 was 84.8% in November against a target of 75%. 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 show a reduced position with 75 days used in November compared to 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 2 people placed in out of area beds at the end of November. 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 63% in November from 74.3% in October, 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 November data for care planning shows continued sustained performance above the 80% threshold since April 23, achieving 87.7% for the month.

For risk assessments, the November data shows a slight increase in performance from the previous month within inpatient services (92.5%).

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. For community services, recent data cleansing has highlighted we have been presenting a higher level of compliance against the FIRM 7 day / 28 day KPI completion, than actually taking place, due to the way the data has been grouped. When rectified this appears as a drop in performance. The teams have worked hard to deliver positive performance and have identified additional learning which will support improved performance over the next few months. Data for this metric has been refreshed back to April 23 to reflect the updated performance position.

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 82.7% (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. From November, referrals for a learning disability diagnosis only have been excluded from this data set as they are not for the assessment and treatment pathway. They are being monitored separately by the care group. 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

95% of incidents reported in November 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 remained within expected ranges with 153 reported in November. 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.

• 66.6% of prone restraint incidents were for a duration of three minutes or less, this is a significant deterioration from previous months and relates to one complex service user with complex needs, where it was identified that being restrained in a supine position would cause additional risk for the service user and others and prolong the restraint time. A multi disciplinary team agreed that this was a cogent reason to use prone with all the safeguards in place.

• There were 11 information governance personal data breaches during November 2023. 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 November was 46 and 54% 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.

• The Trust had 30 violence and aggression incidents against staff on mental health wards involving race during November - 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 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 November is 65.3% which is a slight improvement from the refreshed performance for October which was 63.3%.

• Our substantive staff in post position continues to remain stable and has increased slightly in November. The number of people joining the Trust (61.6WTE) outnumbered leavers (31.9 WTE) in November.

• Since April 2023 each month has consistently seen more new starters join the Trust compared with the number of employees who have left. Year to date, we have had 470.4 new starters and 332.4 leavers.

• As of November our Trust growth rate is 4.13% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%.

• Overall our 12 month rolling turnover rate in November was 12.0% which is slightly lower than last month (12.4%) but remains within threshold.

• Sickness absence in November was 4.9% which is above local threshold, with a rolling 12-month position of 5.2%. Forensics remains high at 8.3% and has been consistently high since April 23. Our additional Clinical Services (HCSW's) is 6.1% in November and remains above 6% since May 23.

• Rolling appraisal compliance rate for November saw an increase, from 69.7% to 73.1%. A new online reporting system is now in place to support managers. This is driving improvement in uptake figures.

• There is now a focus on data quality particularly in ESR to align our Workpal data with the organisational hierarchy to further improve the new online business intelligence reporting solution.

• Overall mandatory training is at 92.1% compliance which exceeds the Trust target of 80% though has reduced slightly from last month 92.5%. CPR (78.5%) and Information Governance (93.4%) are below the Trust target. These are reviewed at EMT and OMG on a weekly basis.

• Whilst the reducing restrictive practice interventions training has increased from 73.8% (April 23) to 85% (November 23) we are still seeing a delay in new clinical bank starters being cleared to cover bank shifts due to waiting times for training availability.

• When compared locally against our West Yorkshire & Humber Mental Health Trusts, we have the highest workforce stability rate (89%), the lowest absence rate (5.2%) and the lowest

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 November 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 (although there has been a slight reduction in agency use in month). Staff absences due to sickness and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Workforce challenges continue to be supported through Trust wide recruitment and retention programme.
• Demand into the Single Point of Access (SPA) and capacity issues have led to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies despite active recruitment. This increases the risk of routine triage and assessment being delayed. Work to maintain patient flow continues, with the use of out of area beds being closely managed and the numbers remain at a lower level than used earlier in the year.
• During November, the overall number of cases that were clinically ready for discharge increased slightly to 5.4%, and 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 surplus of £191k been reported in November 2023. This follows two months of deficits. The year to date surplus is now £1.2m which is £0.1m ahead of plan. The Trust remains on track to achieve it's breakeven target for 2023 / 24.
• There has been a further reduction in agency spend in November. This is through both reduced usage and one off benefits. Spend in November was £210k with year to date spend of £6.3m. Based upon the current forecast total spend of £8.9m will exceed the cap by £0.2m (2%).
• Actions are in place to continue to address agency spend, which is being overseen by the Trust’s agency group.
• Overall the Trust cash position is £74.8m. Working capital management actions continue to maximise the Trust cash position.
• Out of area bed days - Acute activity was nil in November and PICU activity was significantly under in November. The costs for out of area placements were £294k under budget making the year to date position £654k underspent. Activity continues to be monitored and forecast trajectories updated.
• Performance against the Better Payment Practice Code is 97%.

The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2023/24.
For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly.
We will also incorporate statistical process control charts in each section as relevant to identify improvement or areas that require further work or investigation.
Key agreed milestones have also been identified and reporting against these will be provided at the identified date or by exception.
We have added a column which will identify variation and assurance where we are monitoring against a threshold. See appendix 2 for key to the icons used.

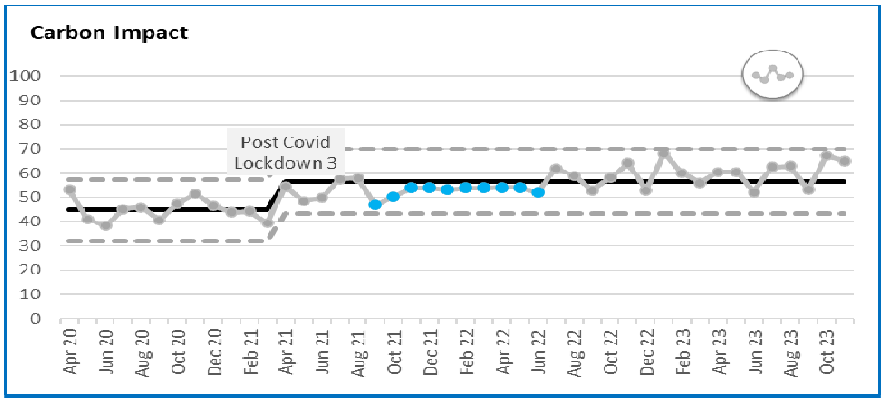
Strategic Objective	Priority Programme	Headlines
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work continues with each of our partners in place and with both South and West Yorkshire integrated care systems. Health inequalities is a golden thread through all our priorities and, in particular, is a key component in the scope of our work on improving access to care and inclusive recruitment. Reducing health inequalities is the focus of our work on social responsibility and sustainability as referenced in the recent annual report.
Improving care	Transform our Older People inpatient services	The older people service transformation programme is now moving on from the business case development and governance gateways into consultation planning and delivery. Joint Health Overview and Scrutiny Committee met on 27th November and have supported progressing into public consultation. Joint Integrated Care Board committee met on 1 December. The business case and the public consultation have been approved. NHS England assurance letter received to progress to public consultation. Formal consultation to take place from early January 2024 with communications to start promoting the consultation in December 2023. Public meetings / drop-in sessions to take place between 16-25 January 2024 with further digital meetings planned.
	Improve our mental health services so they are more responsive, inclusive and timely	**1. Inpatient priority programme:** Ward staff have attended the inpatient improvement meetings and provided their observations and updates on Trauma Informed Care, reducing restrictive practice indications and Creative Practitioners (CPs) pilot projects. A business case is currently being written to secure funding for the CPs to continue in 2024/25. The next 2 wards to roll-out Trauma Informed care have been identified and will begin in January. A draft Inpatients metric overview is being produced with the aim of pulling all identified key performance and improvement measurements together in one report. **2. Care closer to home (CC2H):** Out of area placement numbers are sustained at a low level despite national trends. Following the results of the staff survey the scoping of locality workshops has been agreed and February dates will be sent out shortly. Staff briefing comms circulated. A check and challenge peer review date with Humber is to be confirmed for January and the Barnsley pilot governance documentation is progressing. The equality impact assessment has been updated. Work has started on addressing the cultural understanding of the values underpinning CC2H in tandem with other priority programmes with the aim of creating a healthier more responsive system. Impact of low out of area usage has decreased spending in this area. There is no evidence yet of any pressure transfer to inpatients and potential increase in agency spending. **3. Improving access to care:** made up of 4 projects identified by the executive management team. 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 and as such these have now been baked into the projects: • Community Learning Disability services: With SystmOne waiting lists successfully gone live, the focus is on supporting teams to use the data effectively to gain further understanding of who is waiting, why they are waiting and support overall waiting list management. Learning Disability project closure report commenced. • CAMHS neurodevelopmental services in Kirklees and Calderdale: Whilst demand and capacity improvement work continue, there is evidence of a statistical increase in referrals demonstrating an upward trend in excess of expectations. To address this, something wider than addressing wait times appears to be required, and wider than SWYPFT in isolation. • Core psychological therapies: Demand improvement activity has been completed. Next phase to undertake service review has received permission to proceed by improving access to care steering group. Agreed to expand this to include all trust wide psychological therapies services. • Mental Health single point of access review developed a plan for undertaking the review and have commenced development of baseline understanding of current service offer across the Trust including staff and service user feedback as well as a review of service performance data. **4. Community MH Transformation:** operational process maps for each locality are being finalised and will be analysed for commonality across place. The development of 3 standard operating procedures (SOP) review groups for i. CORE Team, ii. Enhanced Team, iii. Care Pathways including primary care, will commence in January 2024. Preparations underway for second wave of NICHE Interim Evaluation for West Yorkshire Community Mental Health, expected mid-January including data sharing agreements in place signed by the Trust. A draft communication is in development for use on both the Intranet for staff and Internet for stakeholders around community mental health teams and SWYPFTs offer within this programme.
	Improve safety and quality	**Personalised care (moving on from CPA):** Programme update provided to the executive management team on 7th December, in line with regional discussions and timescale for programme implementation across the 5 national key principles. Work is on track in regards defining recommendations for the key worker function and roles within a multidisciplinary team and the move from generic care co-ordination to meaningful intervention-based care. A draft set of principles is expected to be confirmed in January. The group has 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 and training within the Trust. Work continues on shaping of the use of PROMS measures within the Trust as part of the care planning design. The group continue to represent at the regional and separate local West Yorkshire forum focused on personalised care and support to support thinking around this programme.

Improving use of resources	Spend money wisely and increase value	Update paper provided to the executive management team 23rd November. Thinking Differently masterclasses (including three service specific) continue to generate potential cost saving initiatives which are being picked up with services to assess potential to take forward. Continue to be perceived challenges around pace and capacity to progress identified initiatives within the non-pay group, escalation at the last finance operational management group and within the executive management team update paper. Undertaking review with leads of schemes pre covid to understand if any of these can be carried forward for future potential. Early work has commenced with the Integrated Care Board and neighbouring Mental Health Trusts around the use of secure transport across providers – a significant cost to all 3 Trusts within excess of £1m being spent per annum. Work continues on time to hire project, in support of the agency and bank related element as part of a factor in the value for money programme.
	Make digital improvements	**Digital Dictation:** Project manager is in place and work commenced on planning the programme.
Great place to work	As agreed with EMT, resources and capacity are focused on implementation of 90-day plan to address our main workforce challenges such as: Time to hire as part of the inclusive recruitment priority programme, appraisals, international staff, quality and confidence in workforce data and diversity, Inclusion and Belonging plan. Key measures and metrics are in development to aide tracking of improvement. The focus required to implement this plan has an impact on the pace of progression of other activities taking place over the next three months.	

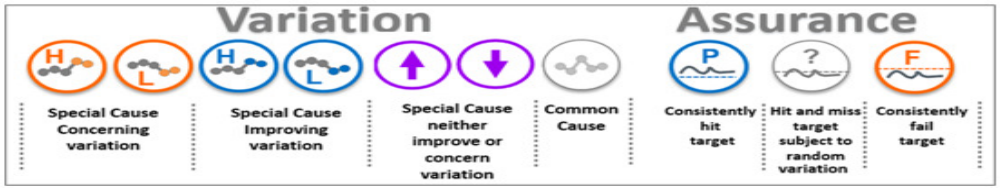
Improving health

Metrics	Threshold	Sep-23	Oct-23	Nov-23	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.6%	96.7%	96.7%		
Percentage of service users who have had their equality data recorded - disability	50%	45.4%	46.2%	46.3%		As described last month a statistical approach is being undertaken in order to work out a target that will be adjusted based on actual performance each month. The current threshold is 50%.
Percentage of service users who have had their equality data recorded - sexual orientation		44.6%	45.0%	44.9%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.8%	99.8%	99.8%		
Timely completion of equality impact assessments (EIAs) in services and for policies	Service timely completion - 75%	89.5% Service	82.6% Service	90.3% 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%	96.3% Policy	96.3% Policy	96.4% Policy		
Completion of equality mandatory training	>=80%	96.1%	95.5%	95.5%		
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	0	0	1		2023/24 to be used as a baseline once sufficient data is available.
Carbon Impact (tonnes CO2e) - business miles	76	53	67	65		Data showing the carbon impact of staff travel / business miles. In November staff travel contributed 65 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	Sep-23	Oct-23	Nov-23	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	87.5%	89.9%	92.5%		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.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		71.3%	71.1%	*79.0%*		Recent data cleansing has highlighted we have been presenting a higher level of compliance against the FIRM 7 day / 28 day KPI completion, than actually taking place, due to the way the data has been grouped. When rectified this appears as a drop in performance. The teams have worked hard to deliver positive performance and have identified additional learning which will support improved performance over the next few months. Data for this metric has been refreshed back to April 23 to reflect the updated performance position.
% Service users on CPA offered a copy of their care plan	80%	87.5%	87.5%	87.7%		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	1077		
Registered substantive staff in neighbourhood teams	Establishment		197	173		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	17	24	30		Any increases will be monitored by the Patient Safety Team. There was an increase in November in Adults and Older People Mental Health Care Group (Inpatient) this was spread over 11 wards. With Ashdale ward having the most incidents reported. On reviewing the incidents not one patient accounts for several incidents, these are attributable to several patients.
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	187	66	75		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%	5.2%	5.4%		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	737	610	721		This calculates length of wait in days for those discharged that month. Clients are seen in order of need and not by how long they have waited. Onset of Right to Choose has impacted on the number choosing to come to SWYPFT for assessment. The numbers of assessments taking place every month outweighs current numbers coming in so the waiting list numbers will start to reduce. There is still a backlog of individuals who will have waited a long time for assessment from referral. Work continues with our partners and West Yorkshire collaborative.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	588	584	580		Calderdale - The longest wait for those seen in the month was 788 days, the shortest was 721 days. Number on waiting list at end of November - 143. The longest waiter on the waiting list had waited 752 days. Kirklees - The longest wait for those seen in the month was 695 days, the shortest was 39 days. Number on waiting list at end of October - 1777. The longest waiter on the waiting list had waited 665 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	71.9% 41/57	74.7% 62/83	82.7% 43/52		From November, referrals for a learning disability diagnosis only have been excluded from this data set as they are not for the assessment and treatment pathway. They are being monitored separately by the care group.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	88.6%	90.8%	89.0%		
Community health services two hour urgent response standard	70%	88.7%	88.1%	87.4%		
Referral to assessment within 2 weeks (external referrals)	75%	82.7%	86.8%	84.8%		See statistical process charts overleaf for further detail.

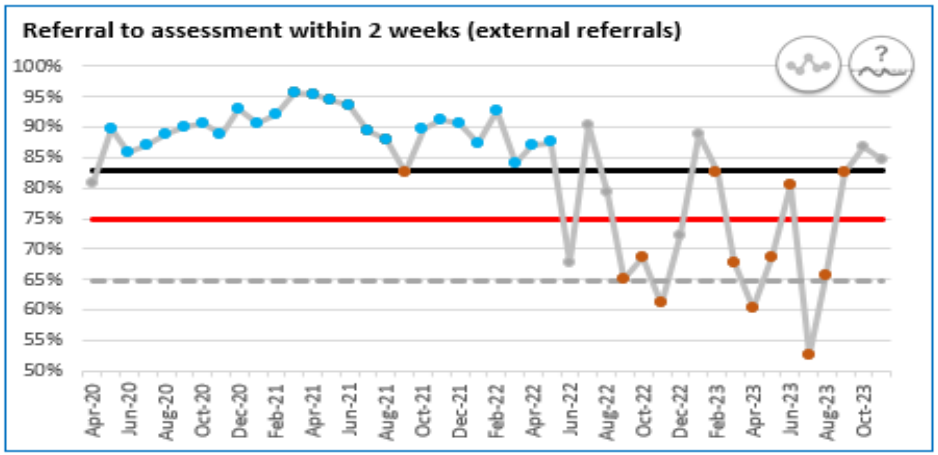
Improve Care

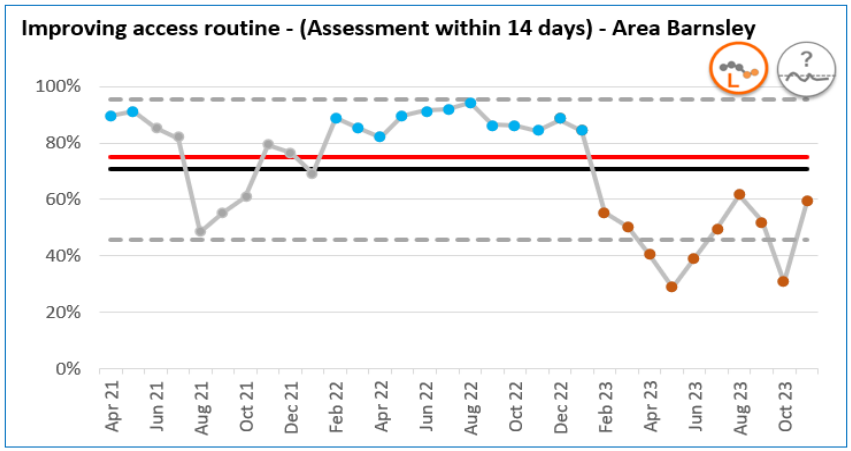
What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)

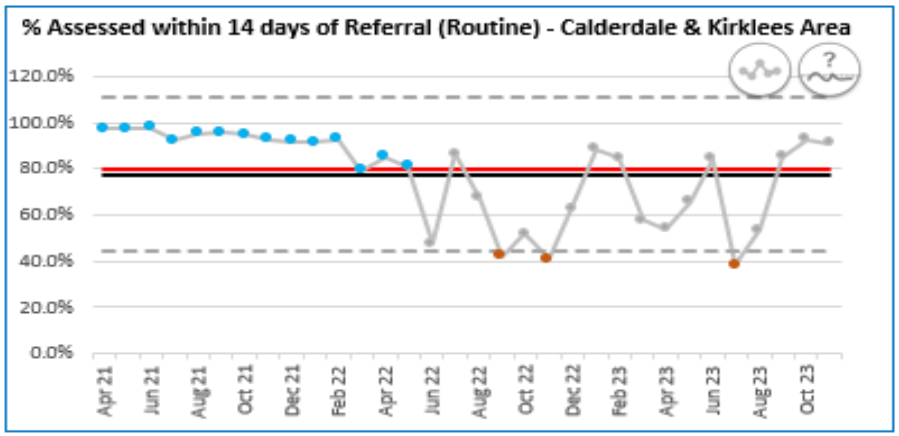
Referral to assessment within 2 weeks (external referrals)

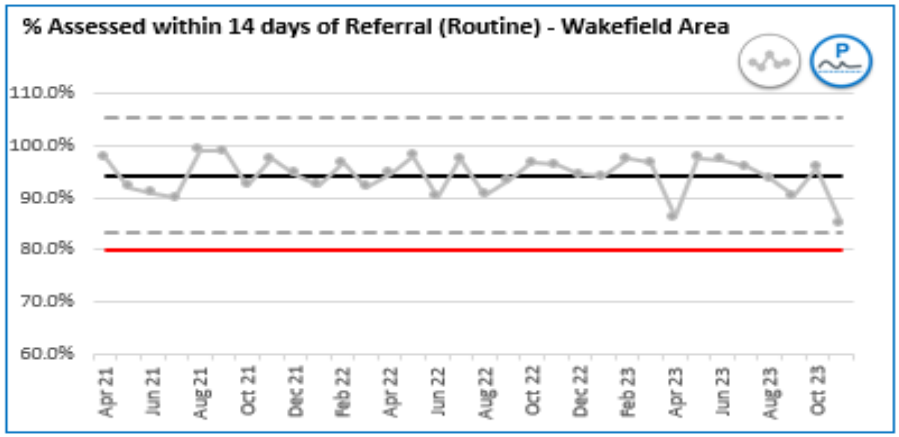
• Demand into the Single Point of Access (SPA) and capacity issues have led to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies despite active recruitment.
• SPA is prioritising risk screening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

Trust Total









Improve resources

Metrics	Threshold	Sep-23	Oct-23	Nov-23	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£6k)	(£101k)	£325k		A surplus of £191k has been reported in month. This is £325k better than plan. The year to date position is a surplus of £1,202k which is £134k ahead of plan. The provider collaboratives continue to have a positive financial impact on the overall Trust position although there has been improvements in the core Trust position in month (additional income, reduced agency, continued cost control on key areas such as out of area placements).
Capital spend against plan (monthly)	£8.8m	(£676k)	(£1,406k)	(£1,000k)		The year to date position is £3.5m behind plan with spend of £1.6m 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	£915k	£636k	£210k		Agency spend has reduced in again in November. This is through reduced usage and a one off VAT benefit recognised in month. The forecast is for spend to increase from this position but remain within the capped rate profile.
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£675k	£1032k	£1800k		The cumulative savings to date are £7.1m 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%	95.5%	94.2%	96.1%		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 has resolved with November above threshold.
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**	**Sep-23**	**Oct-23**	**Nov-23**	**Variation/ Assurance**	**Notes**
Turnover external (12 month rolling)	>12% - 13%<	12.1%	12.4%	12.0%		Rolling turnover decreased by 0.4%
Registered workforce growth	3% (by March 24)	4.1%				
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.2%	5.2%		Absence rate in month remained at 5.2%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	>=78%	72.5%	69.7%	73.1%		For the month of November, the percentage rate increased to 73.1% but continues to remain below threshold.
% staff recommending the Trust as a place to work	65%	N/A				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%	64.0%	63.3%	65.3%		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 has been refreshed and performance has improved from 63.4% originally reported in September and 62.3% originally reported for October.
Mandatory training - Cardiopulmonary resuscitation	80%	80.0%	79.7%	78.5%		Slight increase in mandatory training in September following seasonal impact noted in August, however this has dropped slightly below threshold in October and November 23.
Mandatory training - Reducing restrictive practice interventions	80%	82.8%	82.9%	85.0%		Performance has increased further in November 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%	91.2%	91.0%	90.6%		
Mandatory training - Information governance	95%	94.8%	94.5%	93.4%		Reminders circulated regarding IG training compliance

Quality Headlines

Section	KPI	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	84.0%	84.0%	81.0%	80.0%	82.4%	85.8%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	16% 3/19	19% 3/16	17.6% (3/17)	10% (1/10)	9% (1/11)	8% (2/24)	1
	Complaints - Number of responses provided within six months of the date a complaint received	100%	17% (2/12)	29% (4/14)	38% (5/14)	38.9% (7/18)	42.9% (9/21)	44.1% (12/27)	
	Written complaints – rate [14]	trend monitor							
Service User Experience	Friends and Family Test - Mental Health	84%	91%	90%	90%	95%	89%	88%	1
	Friends and Family Test - Community	95%	96%	93%	97%	96%	95%	97%	1
Quality	Number of compliments received	N/A	33	35	22	17	18	35	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	27	30	39	21	24	38	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	3	3	5	2	2	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	0	1	0	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	86.6%	87.5%	87.4%	87.5%	87.5%	87.7%	1
	Number of Information Governance breaches [3]	<12	14	13	16	8	9	11	2
	% of inpatients clinically ready for discharge	3.5%	4.6%	4.8%	5.7%	5.7%	5.2%	5.4%	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%	86.7%	87.2%	88.0%	87.5%	89.9%	92.5%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		66.1%	74.0%	72.2%	71.3%	71.1%	79.0%	2
	Total number of reported incidents	Trend monitor	1257	1156	1204	1151	1304	1292	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	19	22	29	24	26	35	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	5	1	4	1	4	4	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	1	3	3	1	3	1	
	Safer staff fill rates	90%	123.7%	123.9%	123.8%	124.1%	123.5%	128.8%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	93.1%	93.6%	92.1%	91.4%	91.3%	97.5%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	40	36	42	41	48	39	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	0	1	1	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	90%	89.5%	95.2%	90.0%	90.0%	91.7%	66.6%	1
	Number of Falls (inpatients)	Trend monitor	43	33	33	34	48	46	
	Number of restraint incidents	Trend monitor	201	145	146	92	198	153	
	% of staff receiving supervision within policy guidance [15]	80%	Reporting to start from Sept 23			64.0%	63.3%	64.8%	2
	Potential under-reporting of patient safety incidents								
	% people dying in a place of their choosing [14]	80%	87.8%	83.8%	81.8%	90.6%	91.3%	66.7%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	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 Information Governance 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.

Quality Headlines

• Number of restraint incidents - during November there was a decrease in number of incidents reported to 153 from 198 reported in October, 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 66.6% and is below target. 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 92.5% from 89.9% for inpatient services.
• Clinically ready for discharge (previously delayed transfers of care) - This has increased to 5.4% in November and remains above threshold. We are continuing to experience pressures linked to patients being medically fit for discharge but who are subsequently delayed. We are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homeless services and housing providers.
• Patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death tend to fluctuate over time, and data is constantly refreshed as further information is available. This results in some changes to the level of harm, severity and categories of incidents. We encourage staff to report with an upwards bias initially especially when the outcome is unknown. These are adjusted subsequently. Incident data is regularly analysed using SPC to explore any potential higher or lower rates than would usually be considered acceptable. Where there are outlying areas, these will be reported on by exception.
• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required . In November there were 46 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.
• % people dying in a place of their choosing - performance against this metric dropped below threshold this month. Admission for hospital care to meet an acute need or carry out an urgent investigation are the main reasons people have not had their preferred place of death.
• 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 (PSIRF). The Trusts PSIRF plan and policy went 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.

Following Datix upgrades we are working on the transition to LFPSE however we are experiencing some technical issues on Datix. We are aiming to go live with LFPSE by end of January 2024, following 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 became mandatory from November 2023. This is currently progressing well at 92% 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 January 2024.

Patient Safety Partners
The three patient safety partners (this is a volunteer role) will be inducted into the patient safety team in January 2024.

Safety First

Summary of Incidents

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

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

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

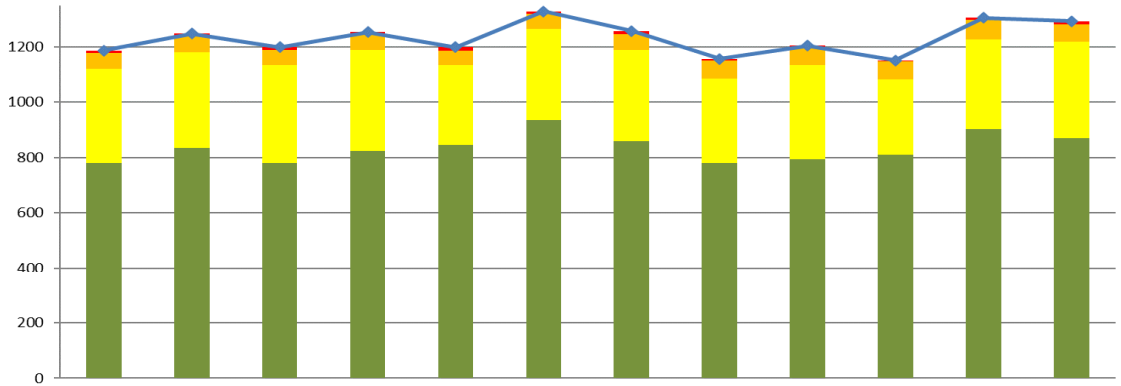
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).

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

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. Data in this report is refreshed monthly.

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

Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances. As further information is received and decision made about review processes, red deaths may be regraded to green, eg when confirmed not related to a patient safety incident.



	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Red (should not be compared with SIs)	8	8	9	9	12	7	11	7	9	3	8	10
Amber	58	59	56	57	51	55	58	63	60	66	71	64
Yellow	339	346	352	364	291	330	330	307	341	273	322	349
Green	781	834	781	823	844	935	858	779	794	809	903	869
Total	1186	1247	1198	1253	1198	1327	1257	1156	1204	1151	1304	1292

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 November 2023

Patient Safety Alerts

Patient safety alerts issued in November 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 November 2023 - None.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/013/MHRA	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients.	29/11/2023	Yes	31/01/2024	

Safety First cont…

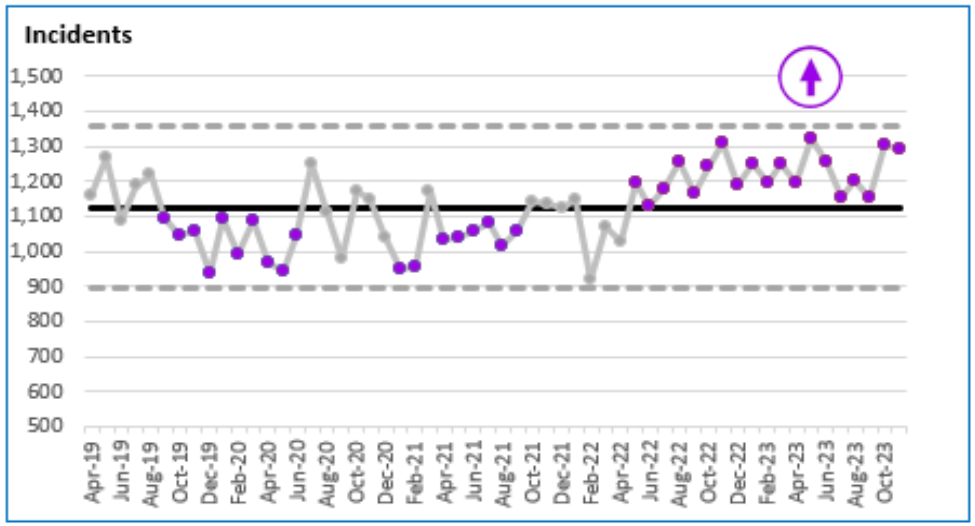
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

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.

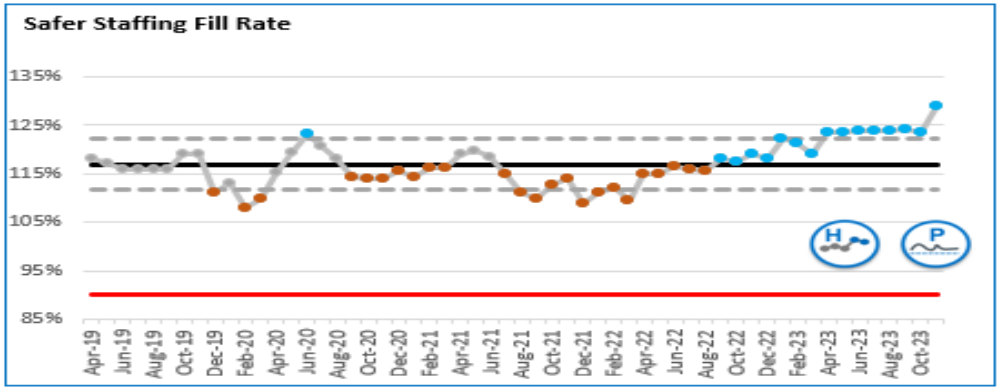
Breakdown of incidents in November 2023
35 moderate harm incidents including 14 pressure ulcer category 3 incidents and 7 self harm incidents,
4 incidents categorised as severe harm, and sadly 1 patient safety related death during the month.

Incidents

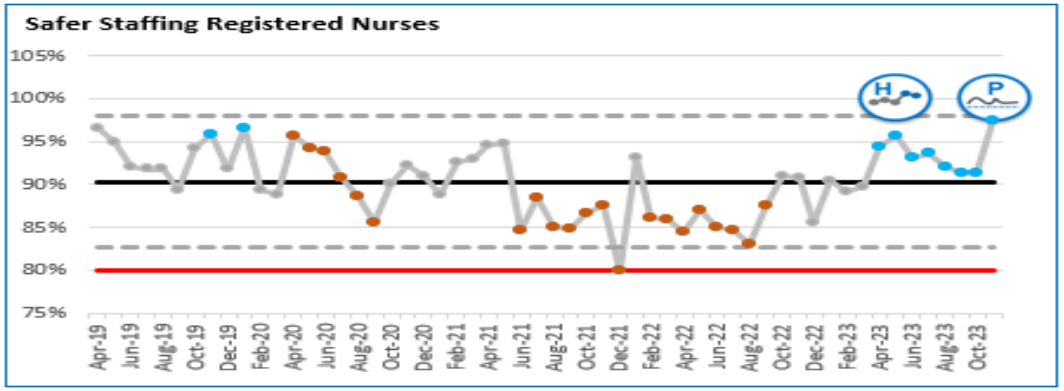


We remain in a period of special cause variation (something is happening and this should be investigated) in November due a continued increase in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting 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).

Safer Staffing Inpatients



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

In November there has been a slight increase in demand of the flexible staffing pool with a total of 6 more shift requests. The number of shifts filled has increased by 178 shifts to a total of 5,535 and overall fill rates for inpatient areas increased by 5.3%. The continued high fill rate of requested shifts (increased by 3.05% to 93.44%) is due to the availability of staff, increasing the bank resource, continued engagement with our master agency partner and the ongoing flexibility and contingency planning of the operational colleagues. The cancellation by wards of shifts that have not been filled has had a negligible impact on the number of unfilled shifts. A reduction or increase in requests does not equate to a reduction or increase in acuity. This should not be seen as achieving our requirements as this describes our fill rate compared to our budgeted figures (capacity) and not our acuity (demand). We continue to monitor staffing related Datix, 21 in November and looking at hotspots and trend analysis of staffing deficits where possible. There is a meeting planned in December to look at the reporting of staffing incidents on Datix.

Bespoke adverts and centralised recruitment continues and there was an assessment center in November with 14 substantive band 5 offers and 14 bank 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.

We continue with bespoke adverts for band 5 registered nurses and due to the success of this we are reviewing the international recruitment program with a view to introducing a reduced supplementary plan. We are also out to advert to increase the bank resource for the physical health areas as well as looking at other alternatives for this provision.

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

The agency scrutiny group has allowed us to focus on agency spend and reinforce the centralised process for locum engagement. There continues to be a reduction in overall agency spend with increased transparency and clarity of process allowing us to move towards the overall NHSi agency spending cap.

Although we continue to sustain/improve 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 18 wards have fallen below the 90% registered nurse day fill rate with nine wards below 80%, a decrease of two on the previous month. The overall fill rate describes the acuity on inpatient areas when looked at in conjunction with the unfilled shifts.

In November no ward fell below the 90% overall fill rate threshold, this is in line with the previous 2 months. 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 three wards on the previous month, there were 28 (89.6%) of the 31 inpatient areas who achieved 100% or more overall fill rate. Of those 28 wards, 18 (an increase of three on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as increased acuity, observation, and external escorts.

Safer Staffing Inpatients cont…

Although safe and effective staffing remains a priority in all our teams, and the systems wide increase of acuity, the focus for the flexible staffing resources has been the Oakwell Centre in Barnsley and the Dales in Halifax 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 2.1% to 88.6% in November compared with the previous month.
Registered Nurses Nights: Overall registered Night fill rates have increased by 4.3% in November to 106.5% compared with the previous month.
Overall Registered Rate: 97.5% (increased by 3.2% on the previous month)
Overall Fill Rate: Overall Fill Rate: 128.8% (increased by 5.3% on the previous month)
Health Care Assistants showed an increase in the day fill rate for November of 7.7% to 153.4% and the night fill rate decreased by 3.4% to 155.9%.

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

The figures below indicate that the number of unfilled RN shifts has decreased by 113 across the inpatient areas as the number of unfilled HCA requests 59 in November.

The figures below shows that we had an increase of six 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, increased by six to 5,909 (1,122 (-150) RN and 4,787 (+156) HCA) shifts.

Unfilled Shifts					Filled Shifts	
Categories	No. of Shifts		Total Hours	Unfilled Percentage		
Registered	243	(-113)	2583.0	22.3%	(-5.8%)	**879**	**(-37)**
Unregistered	131	(-59)	1424.0	3.1%	(-1.4%)	**4,656**	**(+215)**
Grand Total	**374**	**(-172)**	**4007.8**	**6.6%**	**(-2.9%)**		

There should also be a note of caution that October and November have historically been months that have had a higher fill rate as staff prepare for Christmas and school holidays. Looking at our fill rate trajectory, and the current availability of shifts, we do not envisage an increase of unfilled shifts over the festive period. We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.

These figures allow us to monitor an increase on the flexible staffing resource and look at what appropriate resources are required from the trust bank flexible staffing resource.

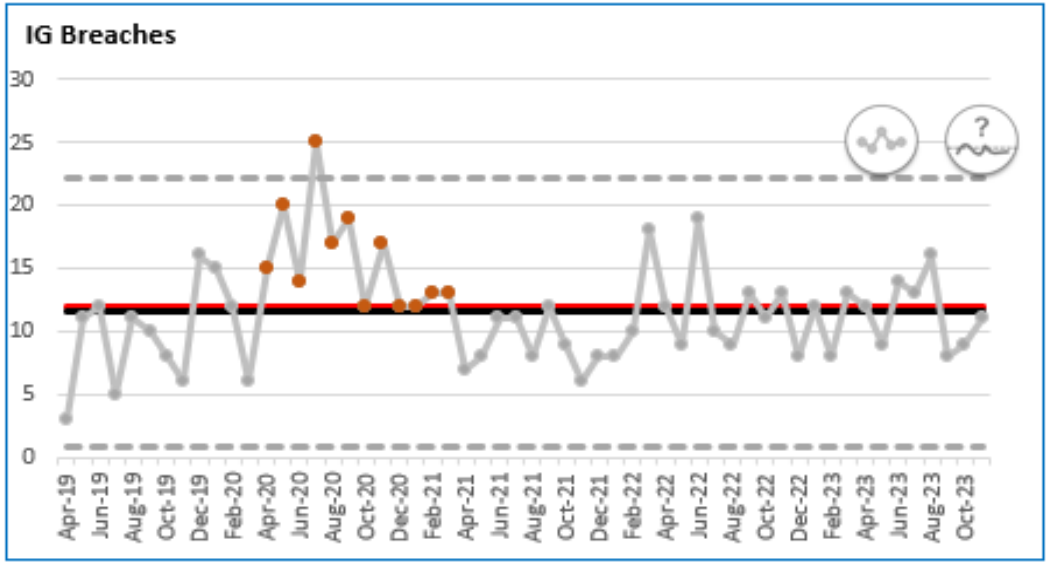
Information Governance (IG)

11 personal data breaches were reported during November, which is a slight increase on the previous three months. 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.

7 breaches involved information being disclosed in error. They were largely due to:
• email sent to wrong recipient,
• incorrect information posted to a service user,
• inclusion of another individual's personal data in information shared with service user.

2 incidents of lost paperwork were reported for the following reasons:
• service user returned from leave without missing persons paperwork,
• clinical papers were mislaid prior to attendance at service user's property.

An amber incident was reported when an inpatient was discharged into community services and was found to have another patient's sensitive data amongst their belongings, which had been packed by ward staff.



This SPC chart shows that as at November 2023 we remain in a period of common cause variation. We remain under the threshold with 11 breaches.

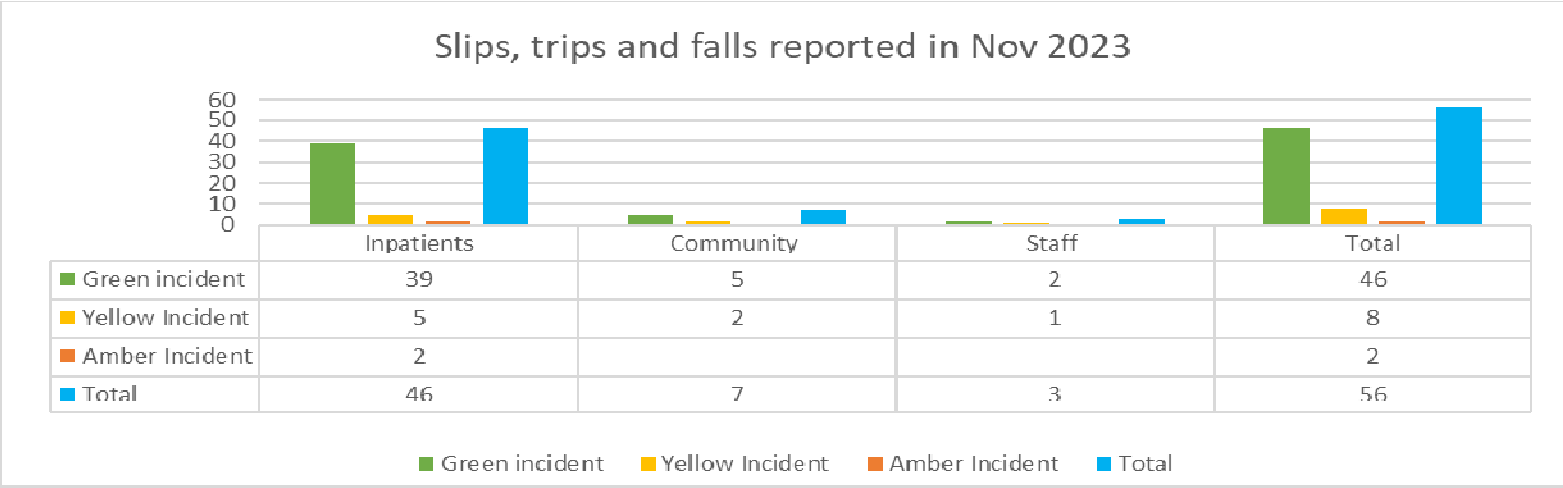
Commissioning for Quality and Innovation (CQUIN)

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. Quarter 2 submission was undertaken at the end of November and 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 November 2023 there has been a small increase in falls with a total of 56 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 Trust average rate is 2.96 falls per 1000 bed days, this is a small increase on previous months. We remain under the national average of 3-5 falls per 1000 bed days.



	Inpatients	Community	Staff	Total
Green incident	39	5	2	46
Yellow Incident	5	2	1	8
Amber Incident	2			2
Total	46	7	3	56

Inpatient related falls

Red: No red incidents have been reported

Amber: There have been two amber Datix incident reports following falls with injury, including a closed fracture of the vertebrae this happened due to getting out of bed with woollen socks

Yellow: A total of five yellow incidents have occurred for service users.

Green: There have been 39 green reported incidents, indicating no harm or low-level injury.

Trustwide Falls cont…

Review of incidents

• 30 falls were for service users who had a recognised complex physical health need, and deconditioning
• 29 falls were for service users aged 65 years or above, with 18 of these service users having a diagnosis of dementia. With all having a recognised level of frailty or deconditioning
• There were 7 service users having repeated falls
• 17 falls occurred in people under the age of 65 years, this is an increase from the previous month
• 54% of all falls occurred for service users with no previous history of falls

Falls by location

• The majority of falls occur within service users bedrooms, 52%
• 67% of these within the hours of 9pm-9am.

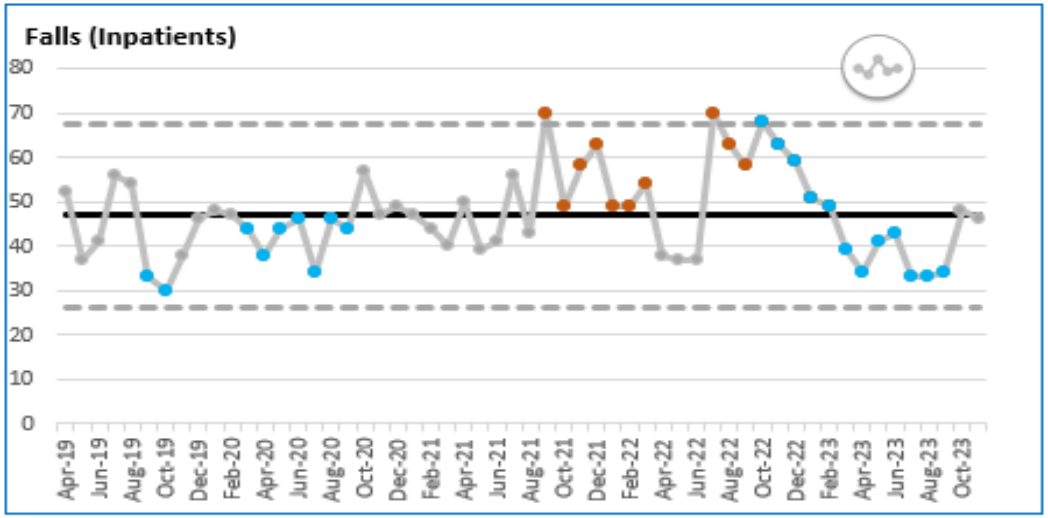
Research suggests that hospitals with more single rooms showed a higher percentage of falls, Singh et al (2015). Multi-bedded wards are often in the line of vision of the staff and there is added benefit of increased surveillance by other service users or relatives, thus preventing inpatient falls.
Other risk factors for our service users that contributes to higher fall rates include dementia diagnosis, age, complex physical and mental health needs.

Assurance and actions

• 88% of service users had a high-quality falls risk screening tool completed
• The falls coordinator has reviewed care plans for service users having repeated falls and found
    • a high level of intervention occurred e.g.- observations, motion/falls sensors, bed lowering, falls mats, gripper socks, medication review etc
    • high level of physiotherapy input, physical health reviews including bloods, blood glucose, urine testing, ECG, and blood pressure testing
• The falls coordinator is reviewing the use of gripper socks on wards and reminding that all environments are kept free of trip hazards
• Staff have access to post falls clinical skills training and falls e-learning, this continues to be reviewed. Additional support can be sourced from the falls coordinator
• Datix reports are continuing to be reviewed for inpatient wards and units, to seek themes and areas of potential improvement
• The falls coordinator has met with the Quality Improvement and Assurance Team to review falls related quality improvements planned in 2024
• Locality matron on ward 19 has developed a falls environmental checklist, this work has been shared with NHS falls lead colleagues from Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust, and Rotherham, Doncaster and South Humber NHS Foundation Trust

Falls (Inpatient)

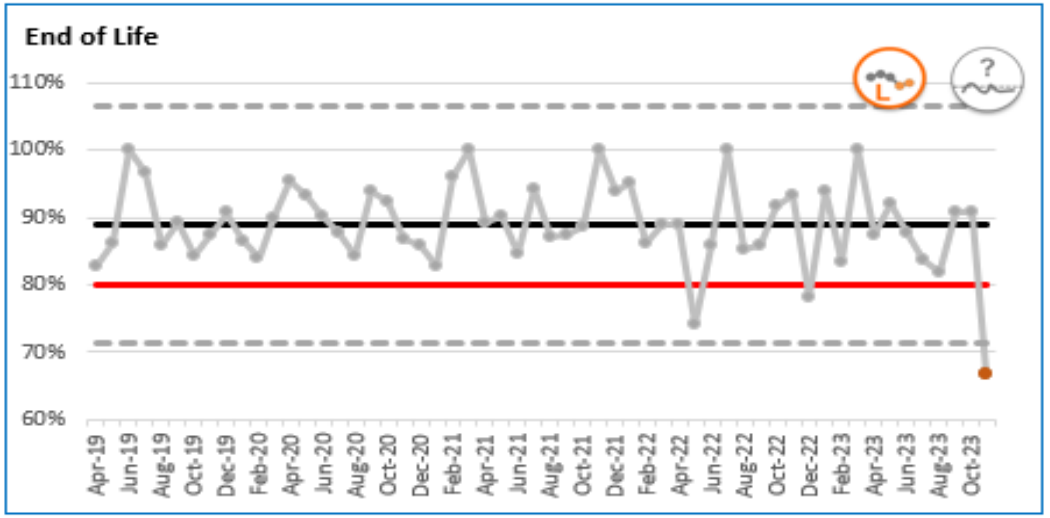
The total number of inpatient falls was 46 in November. A new falls coordinator commenced in February 2023, part of the role is to advise, review and support the clinical teams/ staff through education, policy, awareness raising, environmental reviews that may contribute to falls. This will increase staff confidence and will enhance the falls reduction work.



The SPC chart above shows that in November 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 66.7% in November. As is noted in the Quality Headlines Dashboard, performance against this metric has dropped below threshold this month due to a number of complex cases that required acute admission for physical health reasons. This metric relates to the Macmillan service, end of life pathway.



The chart above shows that in November 2023 the performance against this metric has entered special cause concerning variation (something is happening and should be investigated). 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
- 88% would recommend mental health services

	Target	September	October	November
Mental health community	85%	95%	91%	92%
Mental health inpatient	85%	83%	84%	80%
Learning Disabilities	85%	100%	95%	100%
ASD/ ADHD	85%	75%	83%	63%
CAMHS	75%	70%	91%	88%
Forensic	60%	100%	100%	83%
Mental health overall	84%*	**95%**	**89%**	**88%**
Barnsley Gen ops	95%	**96%**	**95%**	**97%**
Trustwide	**85%**	**94%**	**92%**	**92%**

** weighted for 2023/24*

- Community mental health, learning disabilities and Barnsley General Ops satisfaction has increased.
- Mental health inpatient, ADHD, CAMHS and Forensics satisfaction has decreased.
- Trust wise satisfaction remains that same overall.
- ADHD services continue to look at way to engage service users as response rates remain low.
- Forensics inpatients - in November they undertook their patient experience survey, which includes the FFT question.

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

Overall, Trust wide satisfaction remains the same, with Barnsley General Ops increasing (+1%) and mental health services declining slightly (-1%).

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

Safeguarding

Safeguarding Adults:
In November 2023, there were 37 Datix categorised as safeguarding adults. Eighteen of these were graded as green, 18 were graded as yellow, and one was an amber Datix.

The most common sub-categories of the Safeguarding Adults Datix were emotional/psychological abuse, financial abuse, neglect concerns and physical abuse.

The amber Datix was in reference to an incident in a care home, regarding an unexplained bruise. This was reported to the local authority safeguarding team. In all cases reviewed appropriate actions were taken and local authority safeguarding referrals were made where required.

Safeguarding Children:
In November 2023 there were 24 Datix categorised as safeguarding children. Fourteen of these were graded as green, nine were graded as yellow and one was graded as amber. The most common subcategories of the safeguarding children Datix were child protection other, emotional abuse and physical abuse.

In all of the 24 Datix submitted, the Trust safeguarding advice was sought in 15 cases, 16 contacts resulted in a referral to children's social care, five contacts were made to the police and one referral was made to Early Help.

Complaints

- Acknowledgement and receipt of the complaint within three working days –24/24 (100% of formal complaints)
- Number of responses provided within six months of the date a complaint received – 12/27 (44%)
- 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 24 new formal complaints in November 2023 (increase from 11 in October).
- 35 compliments were received.
- 27 formal complaints were closed in November 2023. This is an increase compared to October where 21 were closed.
- Number of concerns (informal issues) raised and closed in November 2023 – 49
- Number of enquiries responded to in November 2023 - 92 (decrease from 104 in October)
- Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date = 2

Infection Prevention Control (IPC)

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

IPC Quality improvement programme: progressing well, remains on schedule. Actions and improvements are progressed through internal governance processes.

Surveillance: There has been zero cases of ecoli bacteraemia, C difficile, MRSA bacteraemia and MSSA bacteraemia**.**

Mandatory training: figures remain healthy and above Trust 80% threshold:
• Hand Hygiene -Trustwide Total – 94.8%
• Infection Prevention and Control - Trustwide Total – 93.6%

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

Outbreaks
• No outbreaks in November 2023
• 1 Mental Health inpatient ward, monitored for increase incident of diarrhoea and vomiting. Ward was monitoring within own processes.

Covid-19 Clinical Cases: There has been a noticeable decrease in positive Covid-19 cases on our inpatient wards, only one patient tested positive on an acute mental health inpatient ward during November. To note, the Trust inpatient Covid-19 testing is in line with national guidance. It is difficult to benchmark against national cases due to reduction in national testing and each trust implementing a risk based approach to test criteria.

Influenza Point of Care (POC) Testing Pilot: Influenza is a significant contributor to winter pressures and impacts across the whole Integrated Care System (ICS).
• The Trust will participate as a partner in an Influenza point of care pilot project, led by West Yorkshire Integrated Care Board (ICB), and funded by Roche Diagnostics. Roche will produce a final report. Any finding will be processed and feedback through external and internal governance structures
• The offer is for inpatients, based on vulnerabilities, participating wards are neuro rehabilitation unit, stroke rehabilitation unit, mental health older peoples services, and learning disability ward.
• Earlier diagnosis and appropriate treatment of influenza would benefit high-risk patients, potentially reducing the risk of health complications including hospitalisation, enabling overall improvement in care.
• Quick diagnosis allows for isolating and treating a patient in their own environment, thus providing public health benefits by reducing community transmission and so protecting vulnerable, high-risk patients.
• Enhanced diagnosis and treatment (e.g. differentiating Influenza from bacterial chest infections) could reduce overuse of prescription antibiotics. This is particularly important in older peoples services, care homes or long-stay inpatients sites as this population is more likely to receive antibiotics due to anxiety about their frailty

Reducing Restrictive Physical Intervention (RRPI)

• There were 153 reported incidents of reducing restrictive physical interventions used in November 2023 this was a reduction of 45 (22%) incidents from October 2023 where 198 incidents were reported.

• In November 2023 there were 47 incidents of seclusion use Trustwide this is an increase of 6 (14.5%) reported in October where 41 incidents were reported.

• 66.6% of prone restraints in November 2023 lasted under 3 minutes.

• In November 2023 prone restraint (those remaining in prone position and not rolled immediately) was reported 21 times a reduction of 3 (12.5%) from October 2023 where 24 times were reported.

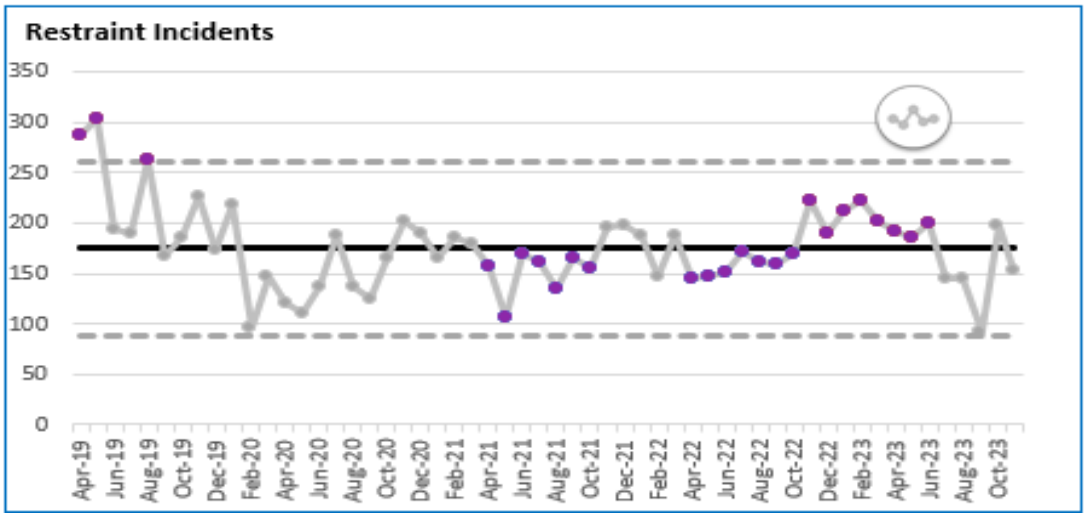
A large proportion of the incidents of prone restraints and the high durations relate to a service user with complex needs, where it was identified that being restrained in a supine position would cause additional risk for the service user and others and prolong the restraint time. A multi disciplinary team agreed that this was a cogent reason to use prone with all the safeguards in place.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	76	32.9%
Seated	36	15.5%
Safety Pod	28	12.1%
Prone	21	9.0%
Supine	16	6.9%
Side	15	6.4%
Prone then rolled	14	6.0%
Kneeling	13	5.6%
Restricted escort	12	5.1%

Duration of Prone Restraint	Total
0 - 1 minute	9
1 - 2 minutes	4
2 - 3 minutes	1
4 - 5 minutes	1
6 - 7 minutes	1
7 - 8 minutes	1
10 - 11 minutes	1
13 - 14 minutes	1
14 - 15 minutes	1
Over 15 minutes	1

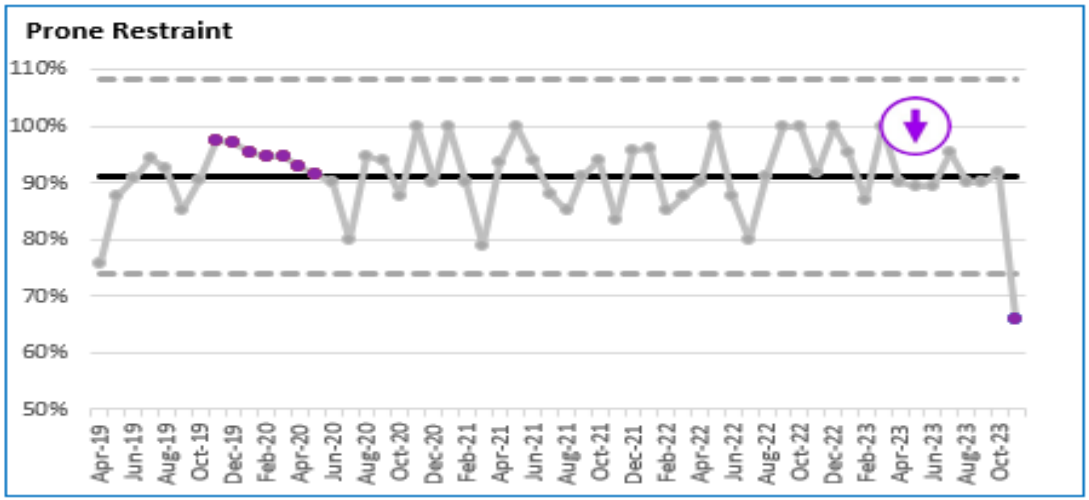
Team Using Prone Restraint Nov 2023	Total
Ward 18, Priestley Unit	6
Walton PICU	4
Chippendale, Forensic	2
136 Suite - Unity Centre, Wakefield	1
Beamshaw Ward - Barnsley	1
Clark Ward - Barnsley	1
Hepworth Ward, Newton Lodge, Forensic	1
Melton PICU, Barnsley	1
Newhaven Forensic Learning Disabilities Unit	1
Nostell Ward, Wakefield	1
Stanley Ward, Wakefield	1
Thornhill Ward (The Bretton Centre)	1

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in November 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 decrease in prone restraint lasting under 3 minutes in November 2023, we have entered a period of special cause variation (something is happening and this should be investigated). See narrative on previous page for further information.

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Threshold	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Establishment	Improving Resources	Well Led	-	5,157.4	5,174.0	5,193.8	5,196.6	5204.8	5321.0	5323.3	5329.5
Contracted Staff In Post (Ledger)			-	4,338.5	4,352.0	4,375.4	4,400.5	4,432.7	4453.2	4425.9	4442.5
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4	887.0
Vacancy rate			<10%	15.9%	15.9%	15.8%	15.3%	14.8%	16.3%	16.9%	16.6%
Turnover external (12 month rolling)			>12% - <13%	13.0%	12.2%	13.1%	13.0%	13.1%	12.1%	12.4%	12.0%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4	61.6
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8	31.9
International Nurse Starters in Month			-	0	0	0	0	9	10	10	10
% Bank Fill Rates - Registered Nurses			-	Reporting commenced August 23				47.8%	49.6%	52.0%	59.1%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%	80.3%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)								90.9%	90.3%	90.6%	93.4%
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%)	209 - All staff (15.1%) 86 - excl medics (7.21%)
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%)	963 (69.7%)
Sickness absence - Rolling 12 month			<=4.8%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.2%	5.2%
Sickness absence - Month			<=4.8%	5.0%	4.6%	4.6%	5.1%	4.7%	4.9%	5.2%	4.9%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2	0
Appraisals - rolling 12 months			May >=78% Overall >=90%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%	69.7%	73.1%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4	2
Mandatory Training - TOTAL	Improving Care		>=80%	90.5%	90.9%	92.0%	92.1%	92.5%	92.1%	92.5%	92.1%
Mandatory Training - Reducing Restrictive Practice Interventions				73.8%	73.8%	76.7%	76.2%	82.6%	82.8%	82.9%	85.0%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	79.2%	81.3%	81.0%	79.9%	80.0%	79.7%	78.5%
Mandatory Training - Clinical Risk				95.6%	95.4%	95.4%	95.2%	94.8%	94.0%	92.6%	91.3%
Mandatory Training - Display Screen Equipment				96.5%	96.8%	97.0%	97.1%	97.4%	97.4%	97.4%	97.1%
Mandatory Training - Equality & Diversity				96.0%	96.2%	96.2%	96.0%	95.9%	96.1%	95.4%	94.9%
Mandatory Training - Fire Safety				90.2%	91.2%	92.8%	92.0%	91.4%	91.2%	91.0%	90.6%
Mandatory Training - Food Safety				78.0%	83.4%	86.4%	87.8%	89.4%	89.3%	88.1%	89.0%
Mandatory Training - Freedom To Speak Up (FTSU)				93.2%	93.7%	94.0%	94.3%	94.7%	94.9%	95.0%	94.9%
Mandatory Training - Infection Control & Hand Hygiene				91.5%	92.4%	94.1%	94.3%	94.3%	95.6%	94.2%	93.6%
Mandatory Training - Information Governance (Data Security)			>=95%	90.6%	95.9%	96.8%	96.9%	95.3%	94.8%	94.5%	93.4%
Mandatory Training - Moving & Handling			>=80%	95.5%	94.9%	95.2%	95.1%	95.6%	94.8%	96.5%	96.9%
Mandatory Training - Nat Early Warning Score 2 (New S2)				92.5%	92.1%	93.8%	94.7%	95.2%	96.2%	96.0%	94.6%
Mandatory Training - Mental Capacity Act/Dols				91.6%	93.6%	93.7%	93.4%	94.0%	96.7%	99.6%	99.2%
Mandatory Training - Mental Health Act				91.6%	91.3%	91.2%	91.1%	92.2%	99.8%	91.2%	90.5%
Mandatory Training - Prevent				95.4%	95.5%	92.1%	94.1%	94.2%	91.7%	93.7%	92.1%
Mandatory Training - Safeguarding Adults				90.0%	89.7%	89.3%	89.5%	89.7%	93.9%	90.7%	89.6%
Mandatory Training - Safeguarding Children				90.0%	90.7%	91.1%	91.2%	91.7%	89.7%	95.1%	94.4%

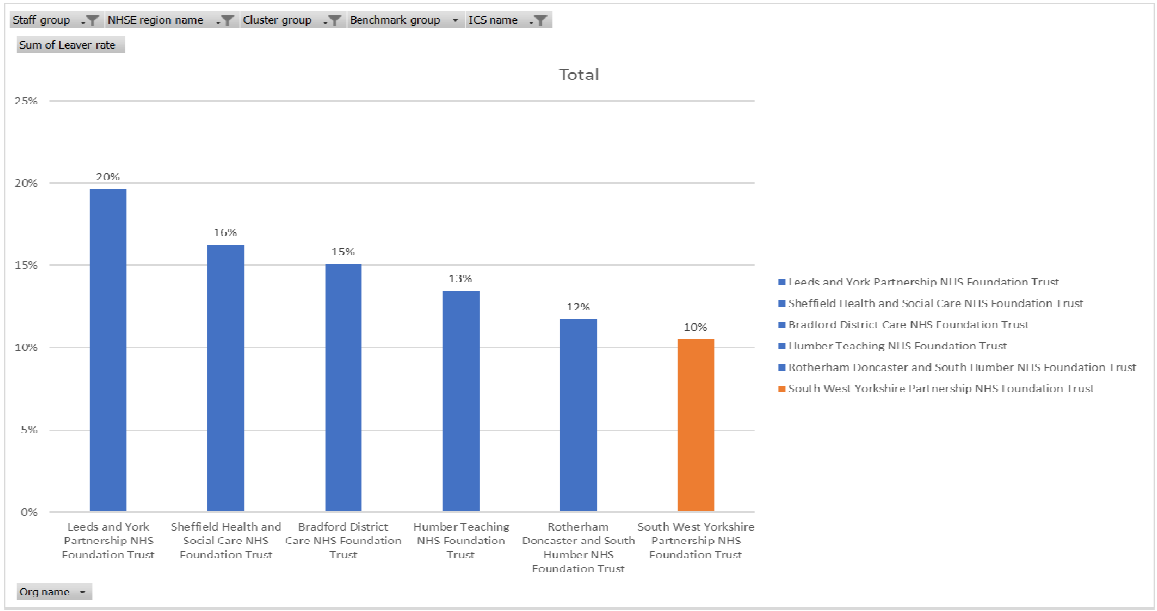
Notes:

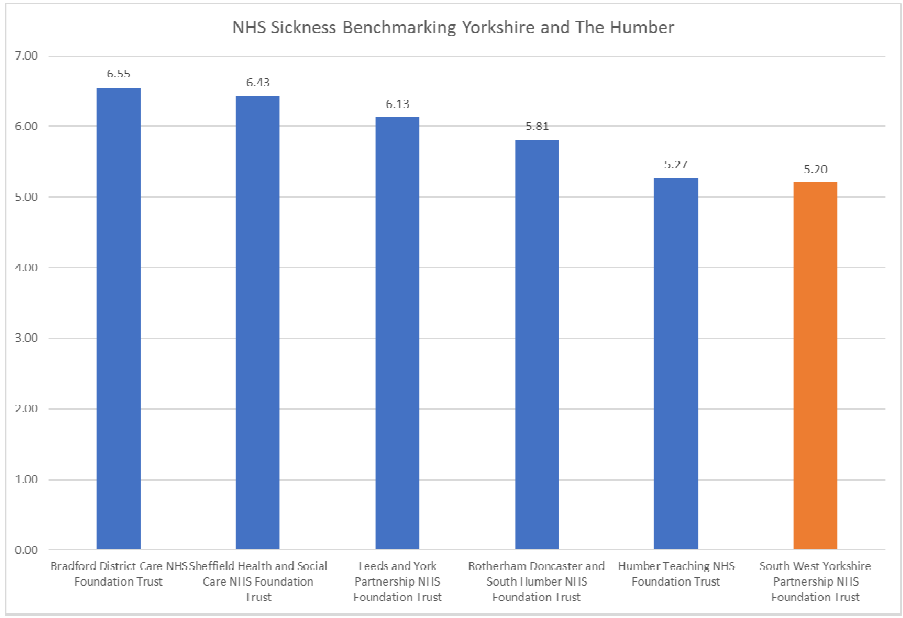
- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
- Starters/Leavers vs Staff in Post – Whilst our starters and leavers figures give us a true account of turnover growth it will not exactly match the overall staff in post movement from month to month as this also includes any contracted hours changes of existing staff in that same month.
- 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.

* 22 records had no ethnicity stated

Stability of the Workforce

• Our substantive staff in post position continues to remain stable and has increased slightly in November. The number of people joining the Trust (61.6WTE) outnumbered leavers (31.9 WTE) in November.
• Since April 2023 each month has consistently seen more new starters join the Trust compared with the number of employees who have left. Year to date, we have had 470.4 new starters and 332.4 leavers.
• As of November our Trust growth rate is 4.13% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%.
• Overall, our 12-month rolling turnover rate in November was 12.0% which is slightly lower than last month (12.4%) but remains within threshold.
• We have seen a decrease in our vacancies in November of 10.4 WTE however because of our establishment increasing, we have seen an increase in our vacancy rate.
• We have recruited a total of 76 International Nurses since April 23. There are a further cohort of 10 Nurses due to start in December 23 and 5 in January 24 which will result in a overall of 91 being recruited.
• Nurses who are yet to receive certificates of sponsorship but have received conditional offers of employment have been paused whilst the Trust reviews it's short-term nursing workforce plan. There will be no INR cohorts in February 24 and March 24.
• When benchmarked regionally against other Mental Health we are seeing both the highest workforce stability rate and the lowest turnover (See graphs).
• Our temporary staffing fill rate continues to perform above 90% (combined bank & agency use). November saw the highest rate this year at 93.44%. Our agency use continues to see significant reduction (see finance section & Safer Staffing sections of the IPR for agency scrutiny performance)

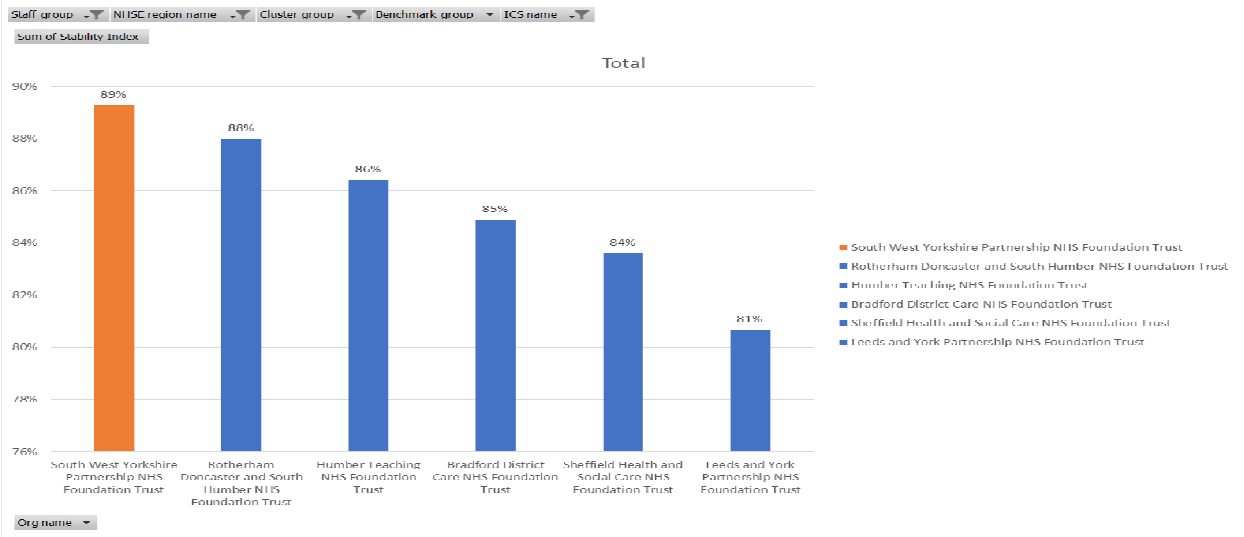




Keep fit and Well

Absence

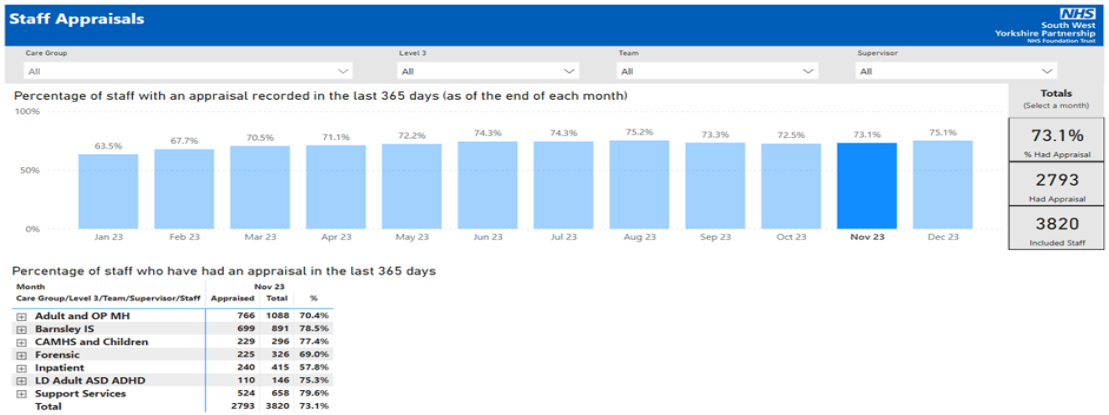
• 12 month rolling absence rate remains at 5.2%.
• In month sickness absence in November was 4.9% which is above local threshold, however this has reduced by 0.3% from October. This should be seen as a positive indicator as historical seasonal absence (short term sickness) has not increased our sickness rate.
• Forensics remains high at 8.3% and has been consistently high since April 23.
• Our additional Clinical Services (health care support workers) is 6.1% in November and remains above 6% since May 23.
• When compared to the July 23 published data by NHS England (This is the most recent benchmark data available from NHS Digital), we have the lowest sickness absence compared with other regional Mental Health Trusts (See graph).



Supportive Teams

Appraisals

• A new online reporting system is now in place to support managers. This is driving improvement in uptake figures.
• There is now a focus on data quality particularly in ESR to align our Workpal data with the Organisational Hierarchy to further improve the new online BI reporting solution.
• We are seeing improved appraisal rates in November 23 (73.1%) compared to October 23 (72.5%)
• An example of significant improvement has been seen in Estates and Facilities who have moved from 65.4% in October to 81% in November. This reflects a total of 37 Appraisals being completed in month. We have also seen a 7% increase in Forensics in month.
• Inpatient services are remaining low in compliance at a rate of 57.8% and the November rate reduced from October.



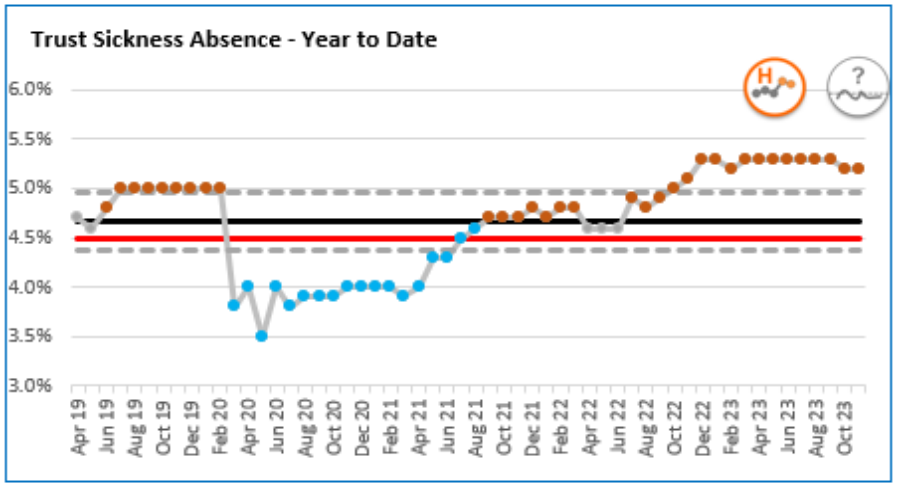
Percentage of staff who have had an appraisal in the last 365 days

Month			Nov 23
Care Group/Level 3/Team/Supervisor/Staff	Appraised	Total	%
Adult and OP MH	766	1088	70.4%
Barnsley IS	699	891	78.5%
CAMHS and Children	229	296	77.4%
Forensic	225	326	69.0%
Inpatient	240	415	57.8%
LD Adult ASD ADHD	110	146	75.3%
Support Services	524	658	79.6%
Total	2793	3820	73.1%

Training

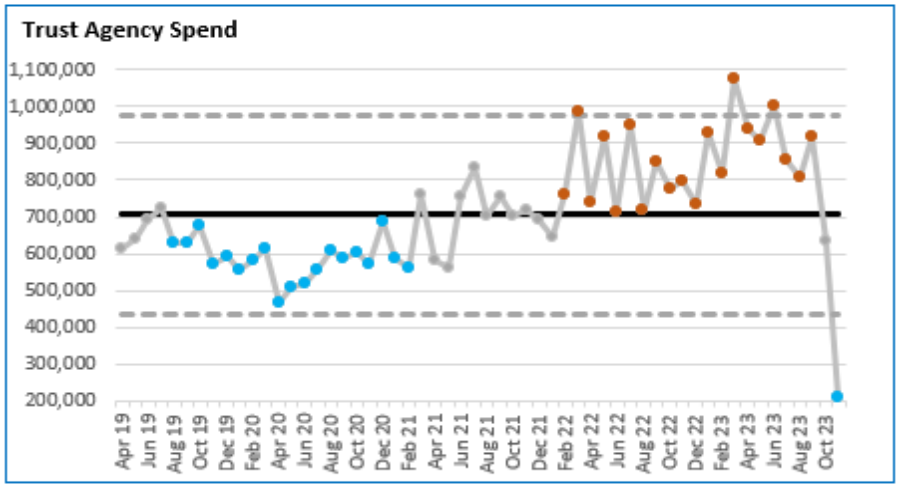
• Overall mandatory training is at 92.1% compliance which exceeds the Trust target of 80% and had reduced slightly from last month 92.5%. Cardio pulmonary resuscitation (78.5%) and Information Governance (93.4%) are below the Trust target. These are reviewed at Executive Management Team and Operational Management Group on a weekly basis.
• Whilst the reducing restrictive practice interventions training has increased from 73.8% (April 23) to 85% (November 23) we are still seeing a delay in new clinical bank starters being cleared to cover bank shifts due to waiting times for training availability.

Analysis



The SPC chart shows that in November 2023 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

From July 2022 this data also includes absence due to Covid-19.



The SPC chart shows that in November 2023 we have entered a period of special cause variation (something is happening and this should be investigated).

Agency spend has reduced in November due to one off VAT savings (approx. £350k) but also reduced demand especially on inpatient wards. This will continue to be reviewed to ensure that this is sustained.

National Metrics

Data as of : 20/12/2023 16:24:26

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	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 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	L	408	451	483	480	434	545	435	589	400	187	66	75
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		85.3%	92.6%	91.4%	74.4%	87.1%	87.8%	88.6%	90.3%	93.1%	72.4%	83.3%	83.3%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		52.4%	57.1%	53.8%	53.8%	52.5%	53.4%	53.2%	50.4%	51.5%	51.6%	52.7%	51.7%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	93.5%	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%	100%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	H	88.9%	87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%	89.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		0	8	30	43	15	11	29	9	18	8	2	9
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		0	1	2	2	3	1	1	1	2	2	1	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.5%	97.7%	97.6%	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%	99.0%	98.8%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.5%	99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%	99.8%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		100%	87.5%	80%	87.5%	50%	80%	100%	70%	66.7%	100%	100%	75%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	88.2%	88.6%	100%	95.8%	77.8%	95.8%	100%	92%	91.3%	96.6%	91.4%	93.5%
M15	Data Quality Maturity Index		95%	P		99.1%	99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%	99.5%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1192	1641	1415	1532	1306	1603	1579	1470	1403	1477	1745	1714
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		98.5%	98.1%	99.1%	98.9%	98.9%	98.4%	99.0%	99.2%	99.7%	99.0%	99.1%	99.4%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H	36	36	44	30	25	34	26	37	38	34	34	38
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					70	72	51	81	51	67	53	64	60	70	68	44
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	?		86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%	74.3%	63.0%

National Metrics

Data as of : 20/12/2023 16:24:26

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
M30	Number of detentions under the Mental Health Act (MHA)					90	100	94	86	93	101	93	101	100	97	97	86
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					22.2%	20%	19.1%	22.1%	21.5%	17.8%	12.9%	25.7%	19%	22.7%	24.7%	18.6%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			97.6%	96.3%	95.5%	97.8%	97.5%	97.6%	97.9%	98.4%	98.4%	97.0%	97.7%	97.9%
M34	% Clients in settled accommodation	⚠	60%			85.2%	84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%	85%
M35	% Clients in employment	⚠	10%			11.4%	11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%	12.3%
M41	Completion of a valid NHS number		99%			100%	100%	100%	100%	100%	100.0%	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0%
M42	Completion of ethnicity coding for all service users		90%			99.3%	99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%
M43	Community health services two hour urgent response standard		70%			84.3%	87.6%	85.0%	83.7%	87.3%	86.6%	86.2%	88.1%	89.5%	88.6%	88.1%	87.4%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500							1523	1719	2335	1509	1667	1656	1726	1844
M45	The number of incomplete Referral to Treatment (RTT) pathways		2300													2009	2289
			2400										1782	1982	2168		
			2500							1933	1835	1592					
M46	Count of 2-hour urgent community response first care contacts delivered					771	796	648	761	826	953	911	936	1019	1003	929	862
M47	Virtual ward occupancy		80%							82.9%	44.3%	92.9%	51.4%	57.1%	60%	57.5%	78.8%
M48	Community services waiting list		5430										5024	5170	5048		
			5469													4952	4886
			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									3926	3936	3933	3923	3907	3883	3876	3863
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact									10982	11122	11125	11144	10960	11061	11159	11203
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%			86.2%	88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%	74.3%	63.0%
M171	% Admissions gate kept by crisis resolution teams		95%			100%	98.9%	99%	98.2%	100%	99%	100%	96.6%	100%	99.1%	100%	97.9%

National Metrics

Data as of : 20/12/2023 16:24:26

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 89%.

• The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold at 63% in November. 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 4.8 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 has seen a slight decrease in performance in November to 75% though low number do impact these figures. The routine access to treatment measure remains just under the 95% threshold at 93.5%. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.

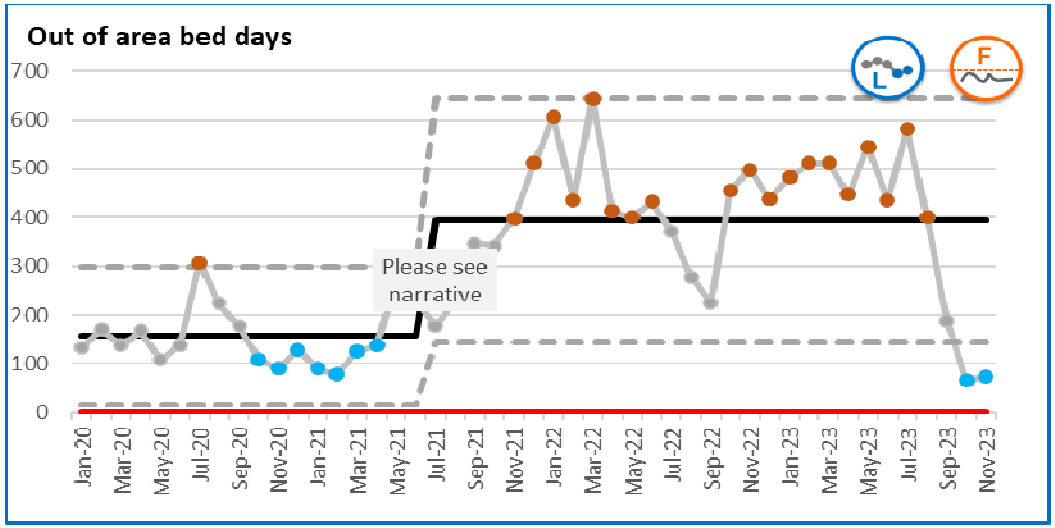
• During October 2023, there was one service user aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of nine days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care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

• The percentage of clients in employment and percentage of clients in settled accommodation - there are some data completeness issues that may be impacting on the reported position of these indicators however both are above their respective thresholds.

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

• NHS Talking Therapies - proportion of people completing treatment who move to recovery remains above the 50% target at 51.7% for November. 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 November 2023 we remain in a period of special cause improving variation (something is happening and this should be investigated). 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.

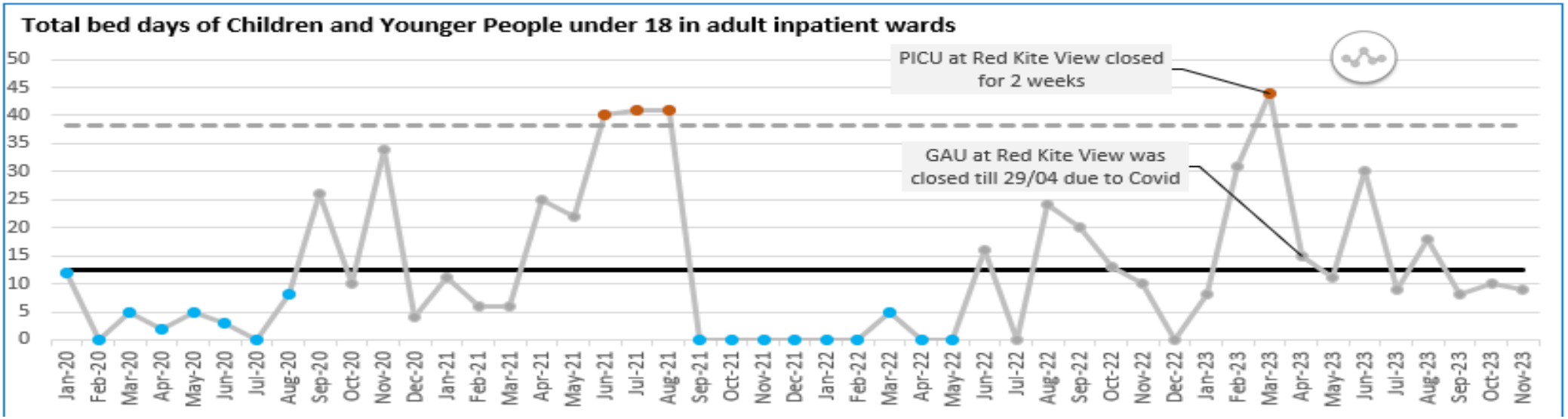
Summary	Actions	Assurance
The Trust has seen a continued reduction in the number of inappropriate out of area bed days and remains in a period of special cause improving variation following a significant decrease in the number of bed days used.	The culmination of the work of the improvement programme 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:

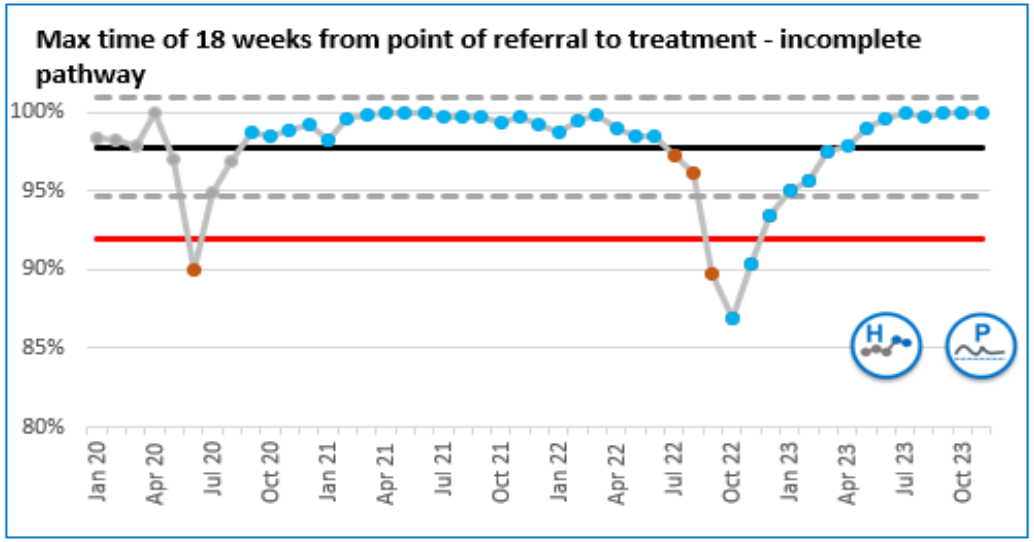
- The reporting for employment and accommodation shows 15.4% of records have missing employment and/or accommodation status with a further 1.1% that have an unknown employment status and 1.1% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

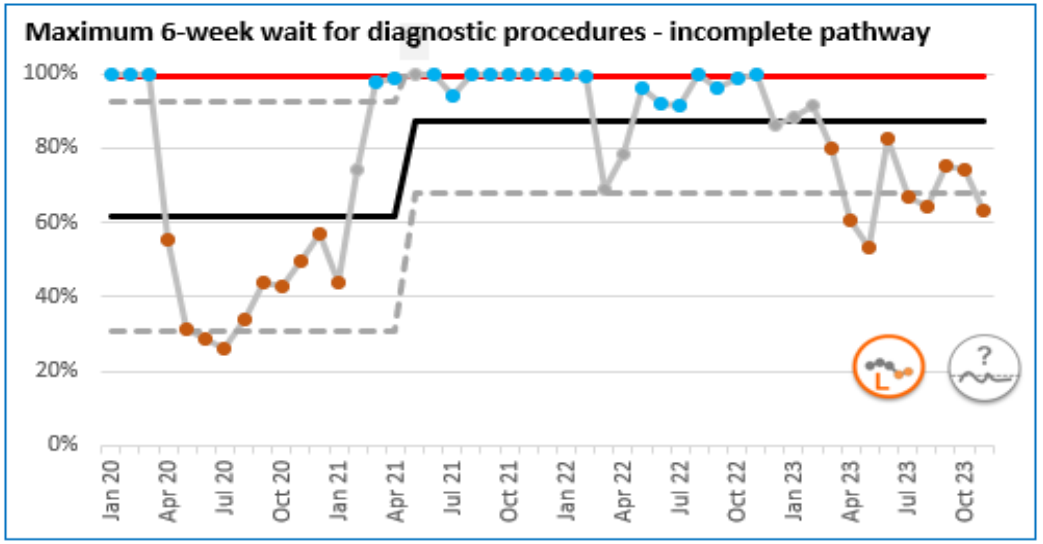
Analysis



The statistical process control chart (SPC) above shows that in November 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.

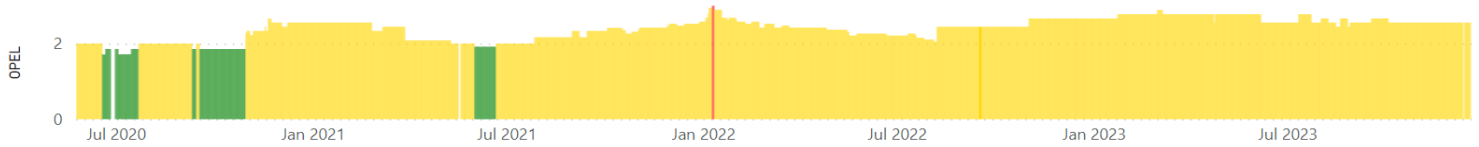
Analysis





The SPC charts above show that for November 2023 we are currently in a period of special cause improving variation (something is happening and this should be investigated) 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 (something is happening and this should be investigated) 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

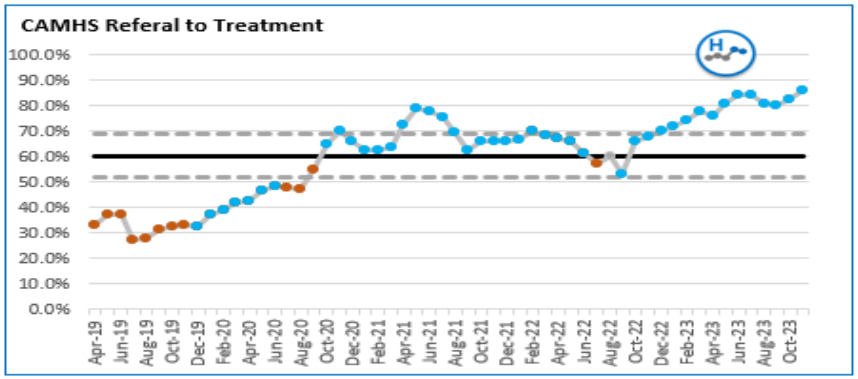
2.56

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

Child and adolescent mental health services (CAMHS)

CAMHS

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	72.1%	76.7%	
% Complaints with staff attitude as an issue	< 20%	0% 0/3	50% 1/2	
% of staff receiving supervision within policy guidance	80%	69.5%	73.0%	
CAMHS - Crisis Response 4 hours	N/A	89.2%	85.7%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.7%	72.7%	
Eating Disorder - Routine clock stops	95%	96.6%	85.2%	
Eating Disorder - Urgent/Emergency clock stops	95%	80.0%	100.0%	
Information Governance training compliance	>=95%	93.9%	91.7%	
Reducing restrictive practice interventions training compliance	>=80%	62.9%	83.3%	
Sickness rate (Monthly)	4.5%	5.2%	4.3%	
% rosters locked down in 6 weeks				



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

Alert/Action

- Recent CQC inspection of Wetherby Young Offenders Institution CAMHS. Extremely positive feedback received. No actions identified and specific recognition of improvements made regarding staff recruitment of band 6 nursing staff.
- 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 and remained on CAMH waiting list – taking action to address.

Advise

- Appraisals below target at 76.7%. Action being prioritised and expected to achieve target Jan 2024.

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. Routine referrals below target at 85.2% but importantly pathway remains compliant (100%) in meeting standard for emergency referrals.
- 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.
- Self-harm incidents/risk are a key focus of improvement work at Wetherby Youth offender institute.

Assure

- Staff wellbeing remains a focus. Each CAMHS team has an agreed action place in place as a direct response to the staff survey.
- 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	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	72.2%	70.5%	
% Assessed within 14 days of referral (Routine)	75%	86.8%	84.8%	
% Assessed within 4 hours (Crisis)	90%	95.6%	99.0%	
% Complaints with staff attitude as an issue	< 20%	33% (1/3)	10% (1/10)	
% of staff receiving supervision within policy guidance	80%	65.1%	68.6%	
% service users followed up within 72 hours of discharge from inpatient care	80%	90.8%	89.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.5%	97.7%	
% Treated within 6 weeks of assessment (routine)	70%	97.5%	96.7%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.0%	78.1%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	*71.1%*		
Information Governance training compliance	>=95%	95.1%	93.1%	
Reducing restrictive practice interventions training compliance	>=80%	66.0%	66.2%	
Sickness rate (Monthly)	4.5%	4.3%	4.3%	
% rosters locked down in 6 weeks				

Mental Health Inpatient

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	75.6%	74.3%	
% bed occupancy	85%	87.4%	93.1%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/8)	
% of staff receiving supervision within policy guidance	80%	62.5%	67.4%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.5%	77.4%	
% of clients clinically ready for discharge	3.5%	5.8%	7.0%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	89.9%	92.5%	
Inappropriate Out of Area Bed days	92	66	75	
Information Governance training compliance	>=95%	95.1%	92.2%	
Physical Violence (Patient on Patient)	Trend Monitor	22	18	
Physical Violence (Patient on Staff)	Trend Monitor	55	57	
Reducing restrictive practice interventions training compliance	>=80%	82.8%	85.1%	
Restraint incidents	Trend Monitor	148	*92*	
Safer staffing	90%	126.5%	136.3%	
Sickness rate (Monthly)	4.5%	6.0%	4.6%	
% 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.
- 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 (CRFD) 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 are a number of individuals CRFD on some wards which is in part due to small numbers impacting on percentages and how the definition of CRFD is applied. Work is ongoing to ensure CRFD is applied consistently.
- There is increased pressure on the wards from the number of learners that require support. 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 November 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 continued improved performance this month.
- The Talking Therapies recovery rate for November is 51.57% for Kirklees and 50.74 for Barnsley, both achieving the national standard of 50%. The recovery rate 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.
- 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.
• OOAs have reduced following intensive work as part of the care closer to home workstream
• Wakefield and Calderdale IPS services have achieved the Exemplary IPS Grow Kite Mark which awards both areas the status of being a centre of excellence.

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

LD, ADHD & ASD

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	68.1%	74.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/2)	
% of staff receiving supervision within policy guidance	80%	74.6%	73.7%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.3%	76.9%	
% of clients clinically ready for discharge	3.5%	75.0%	75.0%	
Information Governance training compliance	>=95%	95.2%	92.6%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	74.1%	82.7%	

LD, ADHD & ASD

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	12	13	
Reducing restrictive practice interventions training compliance	>=80%	70.3%	72.7%	
Safer staffing	90%	143.4%	148.9%	
Sickness rate (Monthly)	4.5%	3.2%	3.2%	
Restraint incidents	Trend Monitor	12	***17***	
% rosters locked down in 6 weeks				

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

Alert/Action

- Friend & Family Test – Significant improvement in month increasing to 83%.
- West Yorkshire ICB Neurodiversity Project – the service continues to contribute to this project.
- Referral rates for both ADHD and Autism continue to be higher than pre pandemic referral and are monitored within service.

Advise

- There is still no waiting list for autism assessment, appointments have been offered to everyone who has returned their self-questionnaires.
- Triage for people on ADHD waiting list continues to progress prioritising those individuals with the greatest need.
- The service continues to prioritise those cases on the waiting list for more than 2 years previously highlighted in Calderdale and Barnsley. It is expected this backlog will be resolved by Jan 2024.

Assure

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

Learning disability services:

Alert/Action

Appraisal

- Appraisal performance remains a focus plans are in place to ensure compliance across the Care Group.
- Recruitment of Speech and Language posts is a particular hotspot and being escalated through the Risk Register.

Community Services

- Resource requirements identified to support the ADHD pathway for people with a learning disability and a business case for funding currently being drafted.
- Improvement work on waiting lists remains ongoing. The Quality Improvement project is now complete but embedding the changes and supporting the cultural changes are still progressing. Further analysis will be presented to EMT in January 2024.

ATU (Assessment & Treatment Unit)

- Speech and Language post remains vacant and now back out to advert.
- Improvement work undertaken on the 12-point discharge planning process.
- We continue to progress on improvement actions and the service is now assessing itself against QNLD standards (Quality Network for Inpatient Learning Disability standards) internally and are sharing both ways with the Bradford ward seeking support from national peers.

Advise

Greenlight Toolkit
• Work continues to progress.

Community & ATU (Assessment & Treatment Unit)
• Challenges continue with the recruitment of specialist in Speech and Language and Occupational Therapy.
• Significant improvement in medical recruitment- All 4 communities and inpatient unit have named substantive consultants.

ATU (Assessment & Treatment Unit)
• Vacancies in nursing continues to reduce but inexperience of staff continues to require resources to support. The use of temporary staffing (bank and agency) is now due to increased clinical need of service users rather than staffing issues.
• Improvement work continues to be embedded into the service.

Assure

• Oliver McGowan training continues to be promoted with improving levels of uptake.
• Work on reducing waits continues with Calderdale seeing no waits beyond 18 weeks in month.
• Autism pathways firmly embedded and more MDT members contributing to cut down rising waiting lists.
• Development of locality trio leadership structures-producing locality newsletters to improve communication, 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	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	71.0%	73.3%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/2)	
% people dying in a place of their choosing	80%	90.9%	66.7%	
% of staff receiving supervision within policy guidance	80%	46.9%	47.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.6%	78.7%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	94.1%	94.6%	

Barnsley General Community Services

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	100.0%	100.0%	
Maximum 6 week wait for diagnostic procedures	99%	74.27%	63.01%	
Reducing restrictive practice interventions training compliance	>=80%	83.3%	75.0%	
Safer staffing (inpatient)	90%	106.5%	105.1%	
Sickness rate (Monthly)	4.5%	4.8%	4.8%	
% rosters locked down in 6 weeks				

Alert/Action

• In Urban House the Band 7 Nurse Prescriber left the service in November 2022, leaving only one Nurse Prescriber, the Lead Nurse who is currently working from home due to their clinical vulnerability. This creates pressure and risks within the service. To date we have been unable to recruit through bank/agency. We are currently working with Pharmacy and the Walk in Centre in Wakefield, to provide cover for the service as necessary. The band 6 member of staff who was undertaking the Independent Nurse Prescriber course in September 2023 is leaving the service in January 2024 and this creates more pressure within the service. 1 WTE Band 6 post in Urban House out to advertisement on a permanent basis

Advise

• Our paediatric epilepsy nursing service continues to operate with reduced staffing due to secondments within the team and backfill for the band 6 post coming to an end several months ago. This is impacting upon waits for new patients and the ability to fulfil all elements of the service offer. It is hoped that this will be resolved if we are able to recruit to permanent positions soon.
• Yorkshire Smokefree Doncaster attended a soft marketing event to look at the new Stop Smoking tender for Doncaster. The tender came out on the 6th November and submission is the 6th December 2023
• Partnership contracts have yet to be finalised/signed between SWYPFT and Nova Wakefield District for the Live Well Wakefield service, which started on 1st October. Public Health commissioners are aware of the delay as conversations and drafts are worked on between SYPWFT contracting, Nova, and their solicitor.
• The neuro rehabilitation unit continue to recruit trained staff to ensure safe staffing are met.

Assure

• Band 6 vacancy in Urban House has been appointed to on a permanent basis.
• All secondment posts within community podiatry service have now been successfully appointed to permanently and come into effect from 1st December.
• The leg ulcer CQUIN continues to improve and currently reporting at 72.5%.
• We welcomed our second international recruited staff member to the Thurnscoe 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 that were proving difficult to recruit to.
• As part of our alliance work, we will be providing the 'wrap around care' element of a national pilot of a Specialist Weight Management Service that Barnsley Primary Care Network will be leading on. This will be piloted across several Neighbourhoods from April 2024.
• We have now successfully recruited two band 3 members of staff to the paediatric audiology service.
• Live Well Wakefield have completed their 'Waiting Well' project, a partnership pilot with West Yorkshire Health & Care Partnership, and Mid Yorks Teaching NHS Trust. Supporting people waiting over 35+ weeks for elective surgery to prevent physical and mental de-conditioning through Social Prescribing support. The pilot is evaluating well, with 100% of clients who engaged improving their overall wellbeing, and 97% increasing or maintaining their levels of preparedness/confidence for surgery.
• Yorkshire Smokefree Doncaster and Barnsley have been successful in their expression of interest for the governments new initiative swap to stop programme. Both services are in the infancy stages of setting up the scheme, but both hope to offer vapes to clients by January 2024.

Forensic Services

Forensic

Metrics	Threshold	Oct-23	Nov-23	Variation/ Assurance
% Appraisal rate	>=90%	68.2%	69.0%	
% Bed occupancy	90%	84.2%	80.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	85.8%	89.9%	
% Service Users on CPA with a formal review within the previous 12 months	95%	98.9%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.2%	74.1%	
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	94.3%	90.9%	
Physical Violence (Patient on Patient)	Trend Monitor	5	1	
Physical Violence (Patient on Staff)	Trend Monitor	14	13	
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	82.0%	80.9%	
Restraint incidents	Trend Monitor	30	***17***	
Safer staffing	90%	111.3%	115.8%	
Sickness rate (Monthly)	5.4%	8.4%	9.2%	
% rosters locked down in 6 weeks				

Alert/Action

• Bed Occupancy – Newton Lodge 85.51%↑, Bretton 72.98%↓, Newhaven 71.88%↓. 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 SU flow across the pathway. The service will also contribute to work being undertaken across West Yorkshire.
• Sickness absence/ – continues to be a concern particularly at the Bretton Centre. Managers within the service are working with the People Directorate to support staff to return to work. Service has reassurance from the People Directorate that all processes in place. HR Business partner is supporting the senior management team with a more focused piece of work around sickness.
• 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 fully realised.

Advise

• Plans to assimilate Forensic Child and Adolescent Mental Health Services (FCAMHS) into the West Yorkshire Provider Collaborative and the options appraisal for commissioning arrangements moving forward is in the final stages of completion.
• Mandatory training overall compliance:
  Newton Lodge – 93%↑
  Bretton – 90.%↑(impacted by high sickness figures)
  Newhaven –90.1↑
The above figures represent the overall position for each service. There are some hotspots for RRPI and CPR and there are plans to target staff who need to attend.
• The roll out of Trauma Informed Care is going well and training sessions for staff continue to be well attended the service will continue to develop the roll out with a planned phase 2.
• Appraisal (77% using locally determined metrics). Trajectory for Care Group compliance is 21.1.23.
• The well-being of staff also remains a priority within the service. The wellbeing group have reviewed the NHS survey results and developed an action plan identifying 3 key areas to focus on. There is a strong level of engagement within the Care Group.

Assure

• High levels of Data Quality across the Care Group (100%).
• 100% compliance for HCR20 being completed within 3 months of admission.
• FFT (friends and family test) remains Green
• CPA reviews (care programme approach) 100%
• 25 Hours of meaningful activity 100%.
• All Equality Impact Assessments across Forensic Services have been completed for 23/24.
• Supervision – all wards and teams above the target.

Ward Level Headlines

Sickness
Forensic 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.
Johnson, Chippendale and Appleton have seen an increase in sickness during November linked to short term absences. Work is being taken with the People directorate business partner to understand the data in more detail, early evidence shows that these wards tend to have a staffing compliment that have underlying health issues.

Forensic 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.
Ryburn have seen a significant increase in sickness, this is linked to small numbers of staff that have a disproportionate impact on the sickness levels, relevant procedures are being followed for these cases and will also be included in the deep dive work.

Mandatory Training
Forensic and LD wards: There have been some challenges in access to the cardiopulmonary resuscitation (CPR) training. Individual ward performance has not improved in all areas this month and work will take place to identify whether more localised training can be offered to help facilitate attendance.
For Information Governance training, a number of Forensic wards have under performance issues, individuals will be idented and targeted work will take place to ensure this training is undertaken.
Within the mental health wards, there are some pockets of under performance for cardiopulmonary resuscitation (CPR) training (Melton, Ashdale, Walton, Elmdale, Willow and Ward 19) a system in place to ensure there are staff on shift who are CPR trained in each area.

Supervision
Supervision across the Forensic and Learning disability care group is now above expected levels.
Clarke, Ashdale and Elmdale wards are not achieving the 80% standard in November - Ashdale's supervision has been impacted by sickness within the leadership team, this has been included in the Ashdale reset plan, with the matrons supporting staff to receive supervision. Elmdale has had a change in leadership impacting on supervision, being supported by matrons to ensure supervision is completed and recorded.

Clinically Ready For Discharge
Learning Disabilities: system challenges continue to impact on movement of patients which is being picked up at ICB level and the Trust continues to work proactively with providers to ensure transition is as smooth as possible.
Mental health wards - work is actively taking place with partners to reduce the length of time people who are clinically ready for discharge (CRFD) 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 are a number of individuals CRFD on some wards which is in part due to small numbers impacting on percentages and how the definition of CRFD is applied. Work is ongoing to ensure CRFD is applied consistently.

FIRM risk assessment - Overall performance for mental health inpatients have increased with current data for the month of November at 92.5%. Clark, Melton, Ward 19 and Beechdale performance is significantly impacted by the low admission numbers. The matron team continue to review each risk assessment completed outside of target. Acuity combined with staffing pressures are the primary issue in risk assessments completed outside of the timescale.

Inpatients - Mental Health - Working Age Adults

Metrics	Threshold	Beamshaw Suite	Clark Suite	Melton Suite	Nostell	Stanley	Walton	Ashdale	Ward 18	Elmdale
Sickness	4.5%	6.7%	2.5%	5.0%	1.4%	9.7%	6.1%	9.4%	3.4%	7.0%
Supervision	80%	100.0%	71.4%	100.0%	100.0%	100.0%	87.5%	50.0%	90.9%	70.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.7%	85.7%	73.9%	89.3%	83.3%	62.2%	71.4%	80.6%	66.7%
Information Governance training compliance	>=95%	92.9%	90.5%	87.0%	96.6%	95.8%	89.5%	92.9%	90.3%	90.9%
Reducing restrictive practice interventions training compliance	>=80%	82.1%	95.0%	87.0%	100.0%	91.7%	81.1%	89.3%	83.9%	90.9%
Bed occupancy	85%	97.9%	90.5%	98.9%	92.4%	95.5%	94.8%	94.7%	93.6%	94.9%
Safer staffing	90%	130.3%	139.5%	150.8%	128.7%	134.8%	152.0%	131.8%	120.8%	114.3%
% of clients clinically ready for discharge	3.5%	6.1%	15.5%	0.0%	16.4%	8.6%	0.0%	5.3%	1.8%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	75.0%	50.0%	50.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	2	1	0	1	2	2	6
Physical Violence (Patient on Staff)	Trend Monitor	0	4	1	1	1	3	3	12	5
Restraint incidents	Trend Monitor	***5***	***3***	***3***	***4***	***3***	***13***	***3***	***12***	***18***
Prone Restraint incidents	Trend Monitor	***1***	***2***	***1***	***1***	***1***	***5***	***0***	***4***	***1***

Inpatients - Mental Health - Older People Services

Metrics	Threshold	Crofton	Poplars CUE	Willow	Ward 19 - Female	Ward 19 - Male	Beechdale
Sickness	4.5%	3.3%	1.1%	2.8%	7.0%	1.6%	9.8%
Supervision	80%	90.0%	83.3%	100.0%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	83.3%	45.5%	38.9%	83.3%	82.6%
Information Governance training compliance	>=95%	100.0%	96.3%	90.9%	89.5%	95.8%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	83.3%	88.0%	81.8%	77.8%	79.2%	91.7%
Bed occupancy	85%	90.2%	69.6%	84.7%	86.4%	91.6%	93.1%
Safer staffing	90%	177.1%	235.3%	170.9%	105.7%	107.3%	141.8%
% of clients clinically ready for discharge	3.5%	0.0%	39.4%	0.0%	6.9%	0.0%	17.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	N/A	N/A	87.5%	100.0%	88.9%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0	2		0
Physical Violence (Patient on Staff)	Trend Monitor	1	12	4	6		0
Restraint incidents	Trend Monitor	***4***	***14***	***2***	***6***		***1***
Prone Restraint incidents	Trend Monitor	***0***	***0***	***0***	***0***		***1***

Inpatients - Forensic - Medium Secure

Metrics	Threshold	Appleton	Bronte	Chippendale	Hepworth	Johnson	Priestley	Waterton
Sickness	5.4%	6.4%	0.3%	9.2%	2.5%	10.3%	11.0%	2.8%
Supervision	80%	80.0%	83.3%	100.0%	100.0%	83.3%	88.9%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.0%	81.0%	84.2%	73.3%	66.7%	76.2%	66.7%
Information Governance training compliance	>=95%	87.5%	95.2%	84.2%	90.3%	87.9%	86.4%	90.5%
Reducing restrictive practice interventions training compliance	>=80%	87.5%	85.7%	100.0%	77.4%	87.9%	76.2%	100.0%
Bed occupancy	90%	62.5%	71.9%	91.7%	88.0%	86.7%	88.2%	93.8%
Safer staffing	90%	96.8%	100.3%	122.7%	104.8%	140.7%	91.2%	123.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0	1	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	2	1	4	0	0
Restraint incidents	Trend Monitor	***1***	***1***	***4***	***1***	***4***	***0***	***0***
Prone Restraint incidents	Trend Monitor	***0***	***0***	***2***	***1***	***0***	***0***	***0***

Inpatients - Forensic - Low Secure					
Metrics	**Threshold**	**Thornhill**	**Sandal**	**Ryburn**	**Newhaven**
Sickness	5.4%	18.3%	12.4%	22.6%	12.6%
Supervision	80%	91.7%	100.0%	100.0%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	59.1%	60.9%	80.0%	80.8%
Information Governance training compliance	>=95%	90.9%	87.0%	100.0%	92.3%
Reducing restrictive practice interventions training compliance	>=80%	95.5%	82.6%	80.0%	73.1%
Bed occupancy	85%	56.9%	77.5%	97.1%	71.9%
Safer staffing	90%	117.9%	119.2%	100.1%	134.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0	4
Restraint incidents	Trend Monitor	3	0	0	3
Prone Restraint incidents	Trend Monitor	1	0	0	1

Inpatients - Non-Mental Health			
Metrics	**Threshold**	**NRU**	**SRU**
Sickness	4.5%	7.4%	6.8%
Supervision	80%	53.3%	17.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.4%	70.7%
Information Governance training compliance	>=95%	92.9%	100.0%
Bed occupancy	85%	66.7%	65.8%
Safer staffing	90%	103.8%	106.1%
% 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%	2.7%	4.6%
Supervision	80%	100.0%	71.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.8%	80.8%
Information Governance training compliance	>=95%	98.1%	92.3%
Reducing restrictive practice interventions training compliance	>=80%	84.3%	66.7%
Bed occupancy	85%	48.9%	67.1%
Safer staffing	90%	94.2%	123.4%
% of clients clinically ready for discharge	3.5%	0.0%	9.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1
Restraint incidents	Trend Monitor	***1***	***0***
Prone Restraint incidents	Trend Monitor	***0***	***0***

Inpatients - Mental Health - Learning Disability		
Metrics	**Threshold**	**Horizon**
Sickness	4.5%	6.4%
Supervision	80%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.8%
Information Governance training compliance	>=95%	94.4%
Reducing restrictive practice interventions training compliance	>=80%	79.4%
Bed occupancy	N/A	50.0%
Safer staffing	90%	148.9%
% 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	13
Restraint incidents	Trend Monitor	***17***
Prone Restraint incidents	Trend Monitor	***1***

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£1.2m	£0m	A surplus of £191k been reported in November 2023. This follows two months of deficits. The year to date surplus is now £1.2m which is £0.1m ahead of plan. The Trust remains on track to achieve it's breakeven target for 2023 / 24.
2	Agency Spend	£6.3m	£8.9m	There has been a further reduction in agency spend in November. This is through both reduced usage and one off benefits. Spend in November was £210k with year to date spend of £6.3m. Based upon the current forecast total spend of £8.9m will exceed the cap by £0.2m (2%).
3	Financial sustainability and efficiencies	£7.1m	£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. Year to date is £199k ahead of plan.
4	Cash	£74.8m	£76.9m	Overall the Trust cash position is £74.8m. Working capital management actions continue to maximise the Trust cash position.
5	Capital	£1.6m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £1.6m. In line with ICB requests all Trusts have reduced their forecast position to allocation levels. For SWYPFT this is a reduction of £0.4m to £8.3m. This has been risk assessed by the capital team.
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 8 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0 Executive Summary / Key Performance Indicators

Key Performance Indicator		Year to Date	Forecast 2023 / 24	Narrative
1	Surplus / (Deficit)	£1.2m	£0m	A surplus of £191k been reported in November 2023. This follows two months of in month deficits. The year to date surplus is now £1.2m which is £0.1m ahead of plan. The Trust remains on track to achieve it's breakeven target for 2023 / 24.
2	Agency Spend	£6.3m	£8.9m	There has been a further reduction in agency spend in November. This is through both reduced usage and one off benefits. Spend in November was £210k with year to date spend of £6.3m. Based upon the current forecast total spend of £8.9m will exceed the cap by £0.2m (2%).
3	Financial sustainability and efficiencies	£7.1m	£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. Year to date is £199k ahead of plan.
4	Cash	£74.8m	£76.9m	Overall the Trust cash position is £74.8m. Working capital management actions continue to maximise the Trust cash position.
5	Capital	£1.6m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £1.6m. In line with ICB requests all Trusts have reduced their forecast position to allocation levels. For SWYPFT this is a reduction of £0.4m to £8.3m. This has been risk assessed by the capital team.
6	Better Payment Practice Code	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

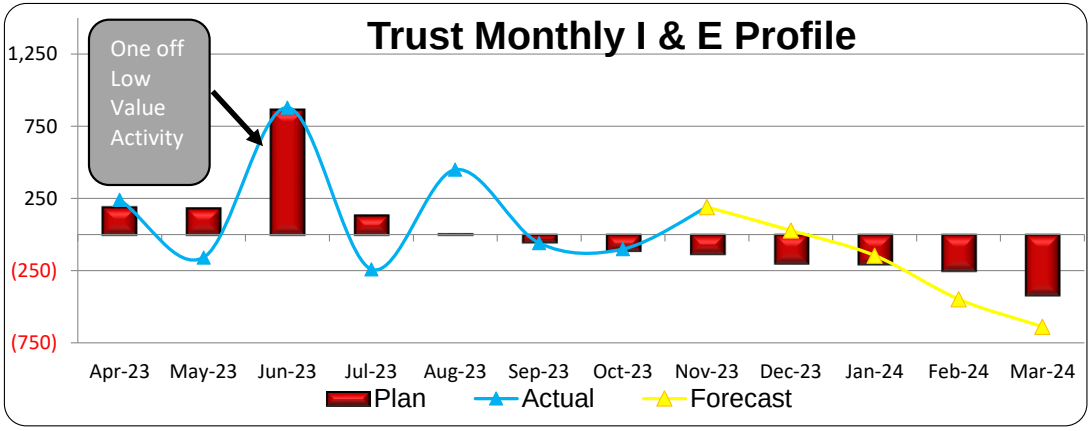
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

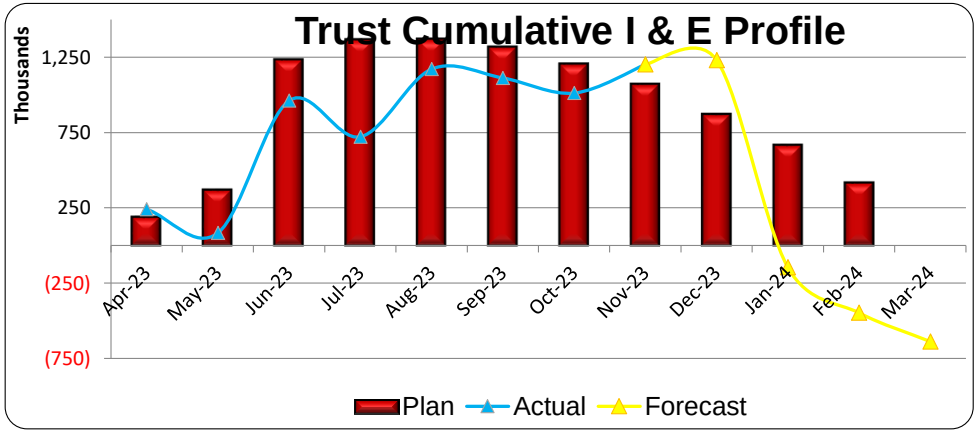
2.0 Income & Expenditure Position 2023 / 24

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

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Healthcare contracts					33,304	33,159	(144)	263,859	262,370	(1,489)	397,779	394,834	(2,946)
Other Operating Revenue					1,042	1,798	756	8,350	9,570	1,220	12,637	13,855	1,218
Total Revenue					**34,345**	**34,957**	**612**	**272,209**	**271,940**	**(269)**	**410,416**	**408,688**	**(1,728)**
Pay Costs	4,905	4,917	12	0.2%	(20,699)	(19,913)	787	(163,047)	(161,556)	1,491	(246,598)	(244,487)	2,112
Non Pay Costs					(13,381)	(14,583)	(1,202)	(104,694)	(106,546)	(1,851)	(158,791)	(160,202)	(1,411)
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	**4,905**	**4,917**	**12**	**0.2%**	**(34,080)**	**(34,495)**	**(415)**	**(267,742)**	**(268,096)**	**(355)**	**(405,390)**	**(404,684)**	**706**
EBITDA	**4,905**	**4,917**	**12**	**0.2%**	**266**	**462**	**197**	**4,468**	**3,844**	**(623)**	**5,027**	**4,005**	**(1,022)**
Depreciation					(482)	(487)	(5)	(4,025)	(4,048)	(24)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,432)	(1,432)	0	(2,148)	(2,148)	0
Interest Received					261	394	133	2,057	2,838	781	3,070	4,138	1,068
Surplus / (Deficit) - ICB performance measure	**4,905**	**4,917**	**12**	**0.2%**	**(134)**	**191**	**325**	**1,068**	**1,202**	**134**	**0**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(154)	(154)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,905**	**4,917**	**12**	**0.2%**	**(134)**	**171**	**305**	**1,068**	**1,048**	**(20)**	**0**	**(231)**	**(231)**





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	262,370	44,886	790	24,499	192,196
Other Operating Revenue	9,570				9,570
Total Revenue	**271,940**	**44,886**	**790**	**24,499**	**201,766**
Pay Costs	(161,556)	(1,017)	(74)	(488)	(159,976)
Non Pay Costs	(106,546)	(43,869)	(516)	(23,532)	(38,630)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(268,096)**	**(44,886)**	**(589)**	**(24,020)**	**(198,601)**
EBITDA	**3,844**	**0**	**201**	**479**	**3,165**
Depreciation	(4,048)				(4,048)
PDC Paid	(1,432)				(1,432)
Interest Received	2,838				2,838
Surplus / (Deficit) - ICB	**1,202**	**0**	**201**	**479**	**522**
Depn Peppercorn Leases (IFRS16)	(154)				(154)
Revaluation of Assets	0				0
Surplus / (Deficit) - Total	**1,048**	**0**	**201**	**479**	**368**
Surplus / (Deficit) - Forecast	**0**	**0**	**239**	**710**	(949)

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					24,604	23,815	(789)	194,183	192,196	(1,988)	293,304	290,223	(3,082)
Other Operating Revenue					1,042	1,798	756	8,350	9,570	1,220	12,637	13,855	1,218
Total Revenue					**25,646**	**25,613**	**(33)**	**202,533**	**201,766**	**(767)**	**305,941**	**304,077**	**(1,864)**
Pay Costs	4,884	4,884	(0)	0.0%	(20,554)	(19,720)	834	(161,823)	(159,976)	1,847	(244,796)	(242,154)	2,643
Non Pay Costs					(4,826)	(5,491)	(665)	(36,242)	(38,630)	(2,388)	(56,118)	(58,873)	(2,755)
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	**4,884**	**4,884**	**(0)**	**0.0%**	**(25,380)**	**(25,211)**	**169**	**(198,065)**	**(198,601)**	**(536)**	**(300,915)**	**(301,022)**	**(107)**
EBITDA	**4,884**	**4,884**	**(0)**	**0.0%**	**266**	**402**	**136**	**4,468**	**3,165**	**(1,303)**	**5,027**	**3,056**	**(1,971)**
Depreciation					(482)	(487)	(5)	(4,025)	(4,048)	(24)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,432)	(1,432)	0	(2,148)	(2,148)	0
Interest Received					261	394	133	2,057	2,838	781	3,070	4,138	1,068
Surplus / (Deficit) - ICB performance measure	**4,884**	**4,884**	**(0)**	**0.0%**	**(134)**	**130**	**264**	**1,068**	**522**	**(546)**	**0**	**(949)**	**(949)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(154)	(154)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,884**	**4,884**	**(0)**	**0.0%**	**(134)**	**111**	**245**	**1,068**	**368**	**(700)**	**0**	**(1,180)**	**(1,180)**

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	4,905	4,917	12	0.2%	(134)	191	325	1,068	1,202	134	0	0	0
Provider Collaboratives	21	33	12	55.3%	0	60	60	0	680	680	0	949	949
Total excluding Collaboratives (as shown above)	**4,884**	**4,884**	**(0)**	**0.0%**	**(134)**	**130**	**264**	**1,068**	**522**	**(546)**	**0**	**(949)**	**(949)**

Income & Expenditure Position 2022 / 23

November 2023, excluding the financial impact of the provider collaboratives, is a £130k surplus. This is £264k better than plan.

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

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

2023 / 24 Contracts with commissioners have continued towards signature with financial values, including investments, now being finalised. Income and expenditure have been included in this position. Full Year Effects of these investments have been included in the Trust medium term financial plan; due to the timing of agreement there is slippage in the current year which has been recognised.

Pay

There has been continued workforce growth in November 2023. This is both substantive and bank staff which has been offset by a reduction in agency staffing. The financial impact has been increased in month with a one off agency benefit being released in month but there is also an underlying improvement with less shifts booked through agencies than previously.

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.

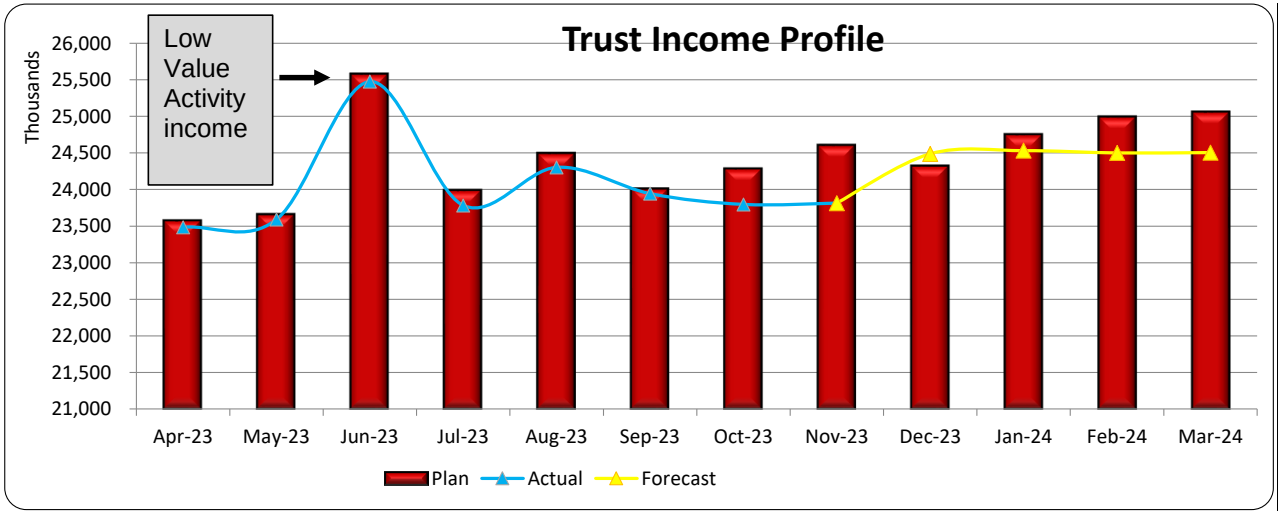
2.1 Income Information

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	20,116	20,617	20,654	20,629	20,629	**243,828**	**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	2,737	2,740	2,745	2,746	2,746	**32,964**	**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	402	503	503	503	503	**5,715**	**5,311**
Partnerships	514	584	546	591	472	608	377	493	499	501	493	498	**6,174**	**5,052**
Other Contract Income	197	96	144	102	144	138	140	67	129	129	129	129	**1,542**	**2,256**
Total	**23,486**	**23,590**	**25,476**	**23,783**	**24,304**	**23,945**	**23,797**	**23,815**	**24,489**	**24,532**	**24,501**	**24,506**	**290,223**	**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, both budget and actuals / forecast, have been increased to recognise additional investment (both Mental Health Standard Investment (MHIS) and other) agreed with commissioners.

Part year effects have been included to recognise expected recruitment and expenditure profiles hence the increase forecast in

As in previous months actual income remains behind plan due to known shortfalls as highlighted below:
* 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

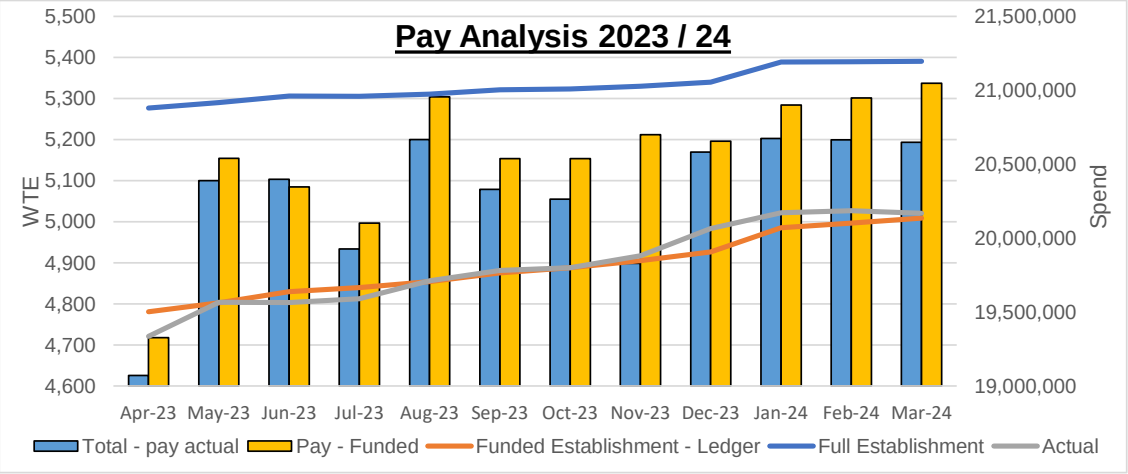
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities 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	18,008	18,238	18,355	18,422	18,392	**216,336**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,436	1,502	1,574	1,553	1,510	1,520	**16,931**
Agency	939	908	1,002	855	810	915	634	210	671	669	635	638	**8,886**
Total	**18,936**	**20,296**	**20,277**	**19,819**	**20,535**	**20,194**	**20,199**	**19,720**	**20,483**	**20,576**	**20,567**	**20,550**	**242,154**
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%	7.6%	7.7%	7.5%	7.3%	7.4%	7.0%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	3.1%	1.1%	3.3%	3.3%	3.1%	3.1%	3.7%

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	4,419	4,469	4,516	4,536	4,529	**4,409**
Bank & Locum	222	314	326	321	356	369	361	385	392	386	376	378	**349**
Agency	157	161	164	163	144	145	126	113	122	120	115	114	**137**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,881**	**4,888**	**4,917**	**4,983**	**5,022**	**5,027**	**5,021**	**4,895**
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**



As shown by the graph on the left (grey line) the Trust has seen sustained growth of worked WTE over the last two financial years. Overall this equates to an additional 456 WTE since April 2022.

November 2023 also highlights a further 18 WTE increase of substantive worked and 7 WTE in bank. This has helped to support the reduction of agency WTE utilised.

The operational impact of this, including appropriate inductions, has been considered.

This recruitment has been across a wide range of services and is forecast to continue over the coming months.

Budgeted WTE has been increased in Q4 to reflect the recently agreed additional investment for 2023 / 24.

2.2 Agency Expenditure Focus

Agency spend is £210k in November. This is a combination of reduced usage and some one off benefits.

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.

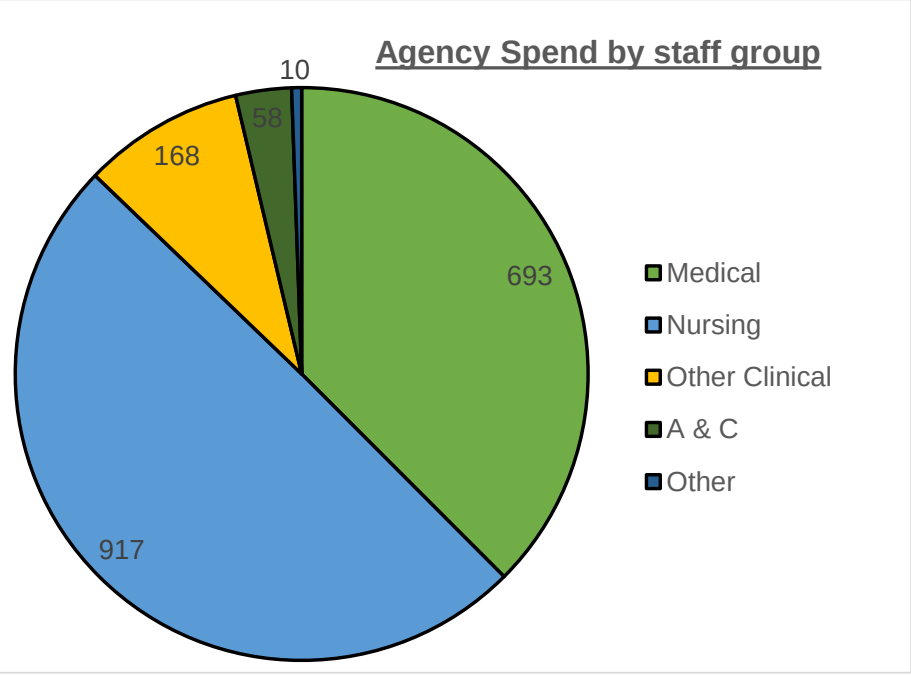
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

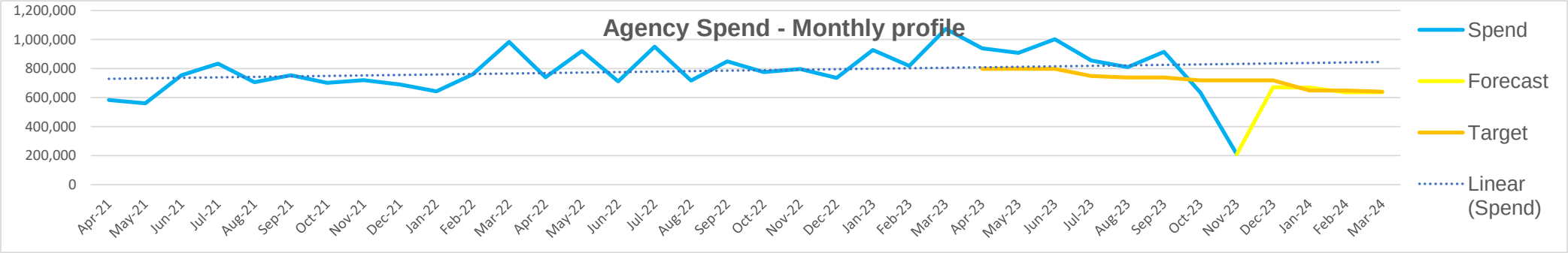
Under the NHS Single Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

November 2023 spend is £210k which is a significant reduction from the previous run rate. The position from October has been maintained with a reduction in the number of shifts required in November. The increase in substantive staff worked would provide some assurance that it can however seasonal sickness absence may impact on future performance.

There has also been a number of one-off benefits released in month such as release of a previous VAT provision. As such expenditure is forecast to increase again in December. However, due to reduced demand, this is forecast to be in line with target.



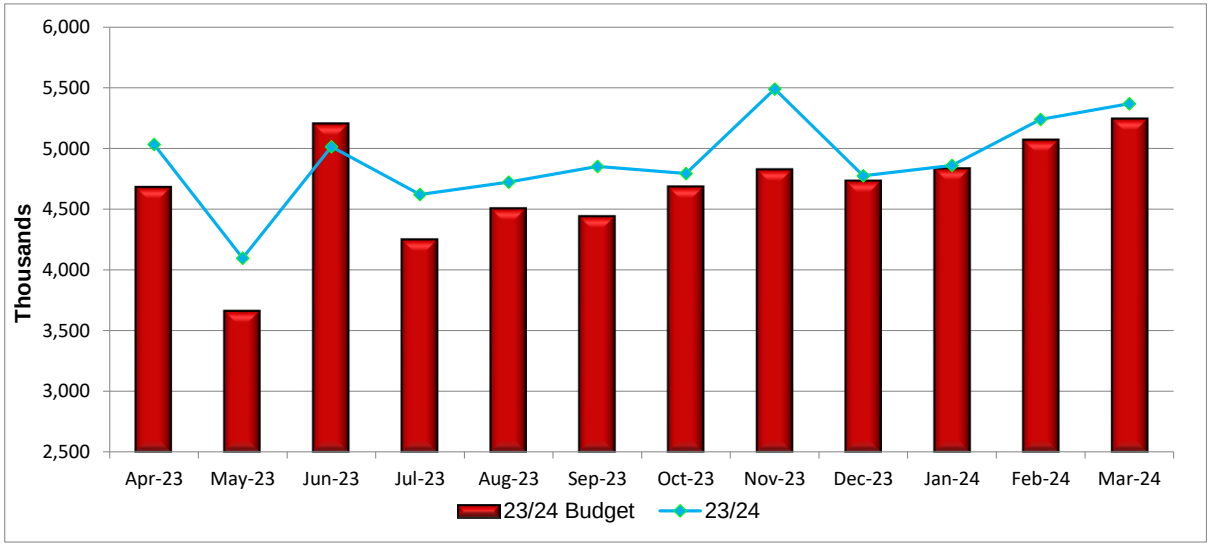


2.3 Non Pay Expenditure

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	5,491	4,774	4,860	5,240	5,369	**58,873**
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	2,756	2,634	(121)
Establishment	6,270	6,120	(150)
Lease & Property Rental	5,809	5,706	(104)
Premises (inc. rates)	3,756	3,669	(87)
Utilities	1,389	1,490	100
Purchase of Healthcare	5,887	7,825	1,939
Travel & vehicles	3,387	3,306	(81)
Supplies & Services	4,551	4,979	429
Training & Education	1,296	1,072	(225)
Clinical Negligence & Insurance	707	709	2
Other non pay	434	1,119	686
Total	**36,242**	**38,630**	**2,388**
Total Excl OOA and Drugs	**27,600**	**28,170**	**570**



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.

There has been an increase in expenditure in November to account for an agreed one off payment agreed and previously identified within the Trust forecast modelling. This has been offset by a number of balance sheet adjustments that formed part of the same modelling (although not a direct offset as some as pay and income related).

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.

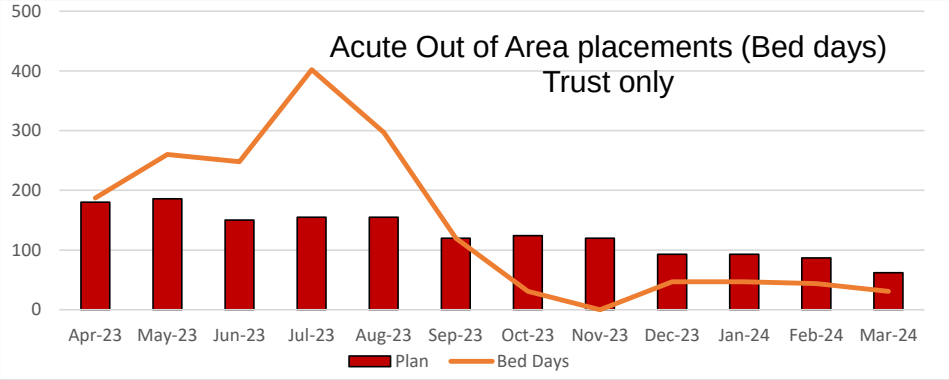
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

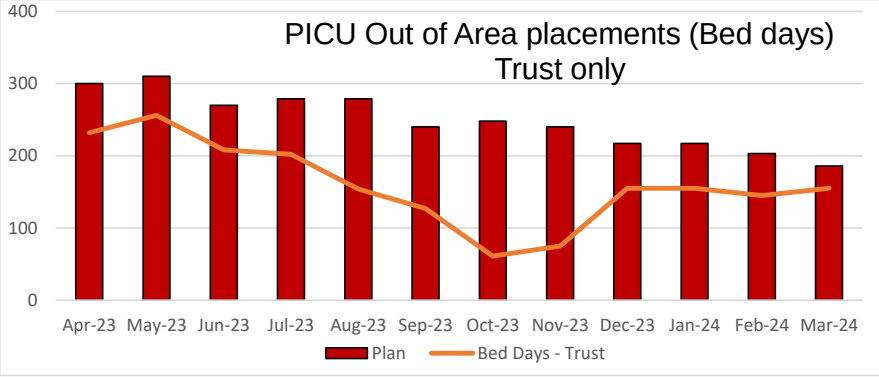
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

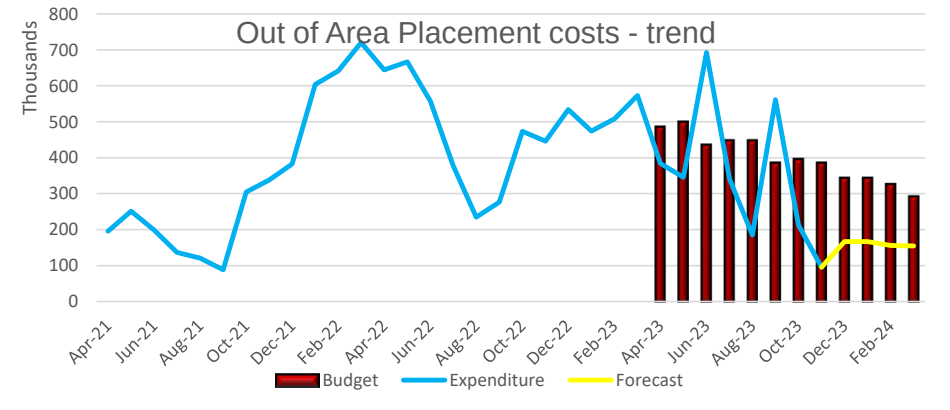
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	909	1,220	311
PICU	2,483	1,519	(964)
Locked Rehab	1,522	1,764	242
Services - NHS	262	2,197	1,934
IAPT	117	318	201
Yorkshire Smokefree	52	20	(32)
Other	540	788	247
Total	**5,887**	**7,825**	**1,939**







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

Current activity levels remain low with 0 acute placements and 2 PICU. This continues to be managed as part of overall operational management.

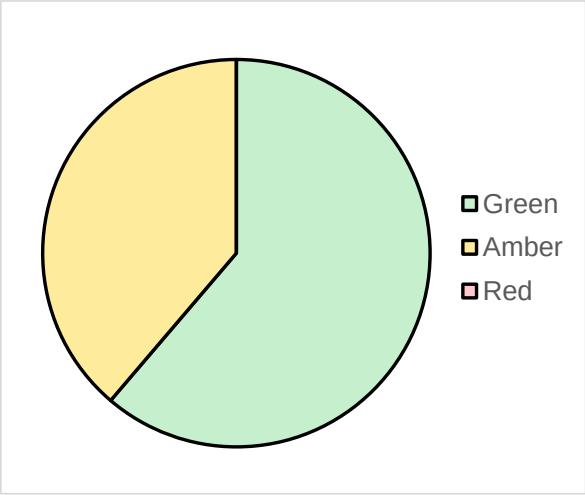
This remains volatile and increases in both areas have been included in the baseline forecast scenario.

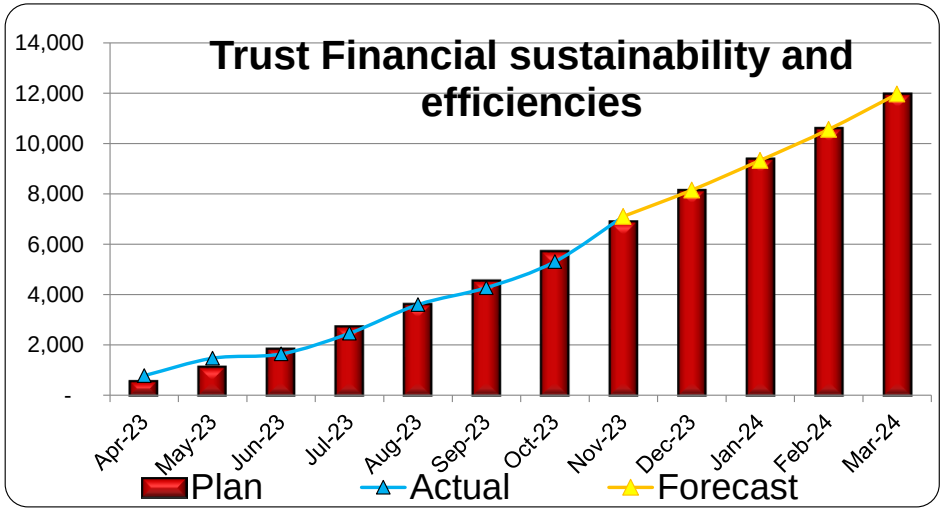
2.4 Value for Money, Financial sustainability and efficiency

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	1,704	2,359		3,197	2,359	2,153	
Agency & Workforce	Pg. 10	2,375	504	1,491	4,380	785	2,112	
Medicines optimisation		267	172		400	172		
Non Pay Review		600	0		1,048		374	0
Income contributions		336	175		500	503		
Interest Receivable	Pg. 4	933	1,714		1,400	2,468		
Provider Collaborative	Pg. 5	692	692		1,044	1,044		
Total		**6,907**	**5,615**	**1,491**	**11,969**	**7,331**	**4,639**	**0**
Recurrent		6,299	5,615		10,943	7,331	4,639	
Non Recurrent		608		1,491	1,026			0





The year to date value for money programme is currently £199k ahead of plan which is helping to support the overall financial position of the Trust. This is an improvement from last month due to:

* Continued low levels of out of area placement; being better than planned.
* Reduction in agency spend
* Contributions to fixed costs and overheads from recently agreed investments actioned in month.

These improvements now highlight that the full programme is forecast to be delivered in year. Elements of delivery remain assessed as amber and these will continue to be monitored.

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	163,563	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	968	
Non NHS Trade Receivables (Debtors)	2,853	916	
Prepayments	3,482	3,706	
Accrued Income	9,372	3,044	2
Cash and Cash Equivalents	74,585	74,774	Pg 15
Total Current Assets	**92,097**	**83,639**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(5,023)	3
Capital Payables (Creditors)	(739)	(406)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,441)	4
Accruals	(32,952)	(22,462)	4
Deferred Income	(4,172)	(3,262)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(53,693)	1
Total Current Liabilities	**(104,062)**	**(93,288)**	
Net Current Assets/Liabilities	**(11,965)**	**(9,648)**	
Total Assets less Current Liabilities	**153,210**	**153,915**	
Provisions for Liabilities	(4,319)	(3,976)	
Total Net Assets/(Liabilities)	**148,891**	**149,939**	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,657	
Revaluation Reserve	14,026	14,026	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	85,036	
Total Taxpayers' Equity	**148,891**	**149,939**	

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.

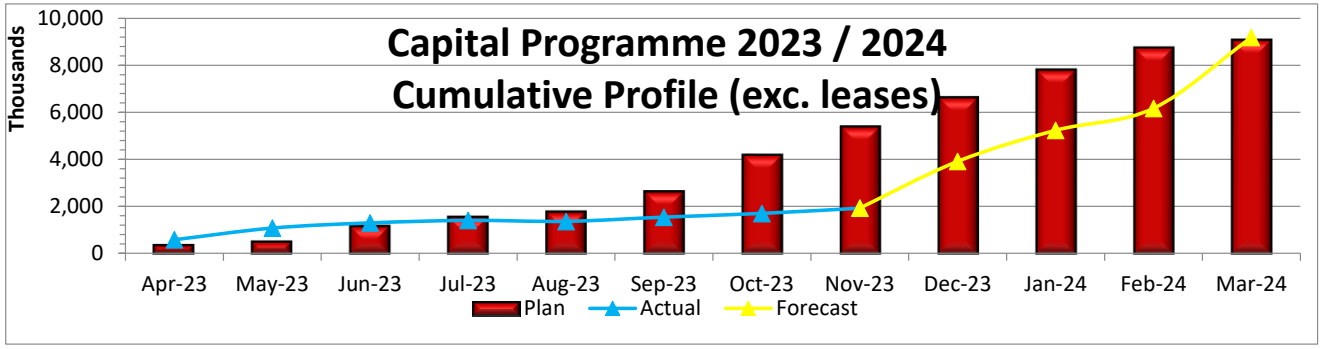
2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. NHS Invoices will be raised ahead of the month 9 Agreement of balances exercise.

3. Trade payables remain at a lower level than previous, work is ongoing to identify any old invoices so as to resolve issues and pay suppliers.

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	275	43	(232)	200	(1,275)
Seclusion rooms	750	550	33	(517)	750	0
Maintenance (Minor) Capital						
Clinical Improvement	285	185	30	(155)	871	586
Safety inc. ligature & IPC	990	615	471	(144)	2,371	1,381
Compliance	430	430	0	(430)	313	(117)
Backlog maintenance	510	450	28	(422)	150	(360)
Sustainability	300	100	8	(92)	189	(111)
Plant & Equipment	40	40	35	(5)	51	11
Other	1,223	406	793	387	874	(349)
IM & T						
Digital Infrastructure	1,100	1,000	77	(923)	1,200	100
Digital Care Records	180	70	11	(59)	70	(110)
Digitally Enabled Workforce	815	582	0	(582)	755	(59)
Digitally Enabling Service Users & Carers	400	275	44	(231)	300	(100)
IM&T Other	270	120	4	(116)	206	(64)
TOTALS	**8,768**	**5,098**	**1,578**	**(3,520)**	**8,300**	**(468)**
Lease Impact (IFRS 16)	5,203	5,203	6,085	882	6,117	914
New lease	303	293	342	49	893	590
TOTALS	**14,274**	**10,594**	**8,004**	**(2,589)**	**15,310**	**1,037**



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 was originally set at £8,768k which represented the capital allocation plus 5%.

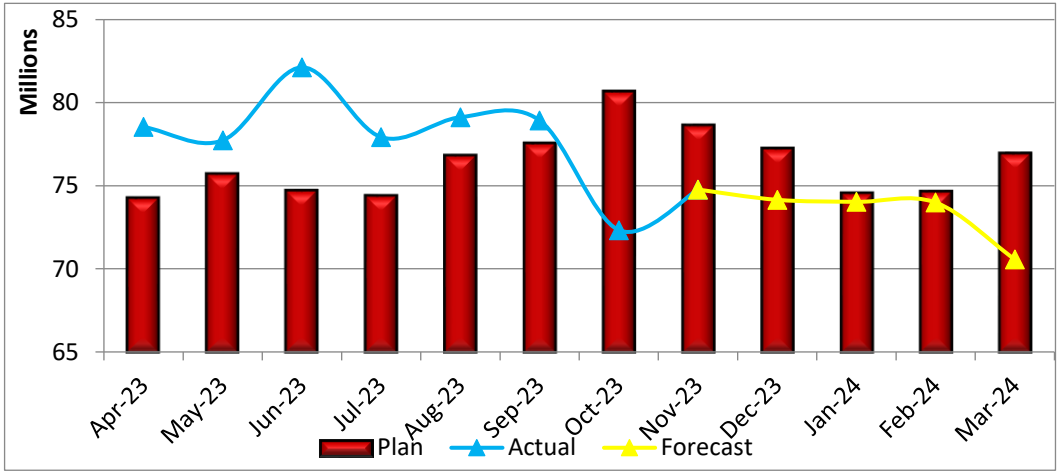
In November 2023 the ICB agreed for all Trusts to revert to plan. For the Trust the revised target is £8,300k.

The forecast has been risk assessed and revalidated in order to achieve this.

Spend to date is significantly behind plan although each scheme has been assessed for deliverability in 2023 / 24.

The accounting treatment of IFRS 16 leases will be managed at an ICB level for 2023 / 24. As such expenditure is shown as below the line (outside the scope of capital limits). For 2024 / 25 this will be included in the Trust capital allocation and will need to form part of the overall capital programme.

3.2 Cash Flow & Cash Flow Forecast 2022 / 2023

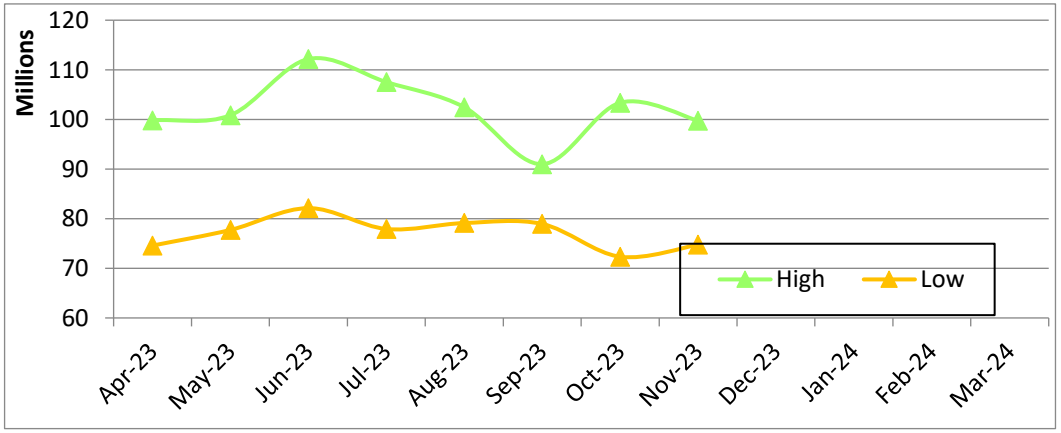


The Trust cash position remains positive.

Cash has increased slightly following the large payment of invoices last month.

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

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	78,617	74,774	(3,842)



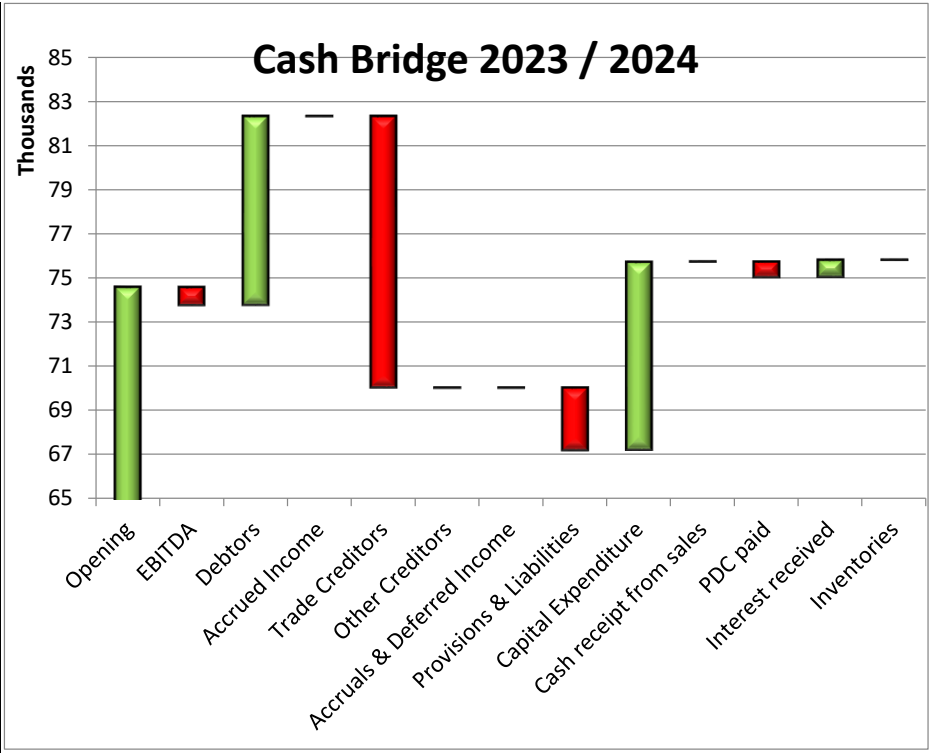
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £99.7m
The lowest balance is: £74.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**74,585**	**74,585**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	10,441	9,615	(826)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(297)	8,260	8,557	
Trade Payables (Creditors)	352	(11,937)	(12,289)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	1,583	(1,253)	(2,836)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(10,104)	(1,578)	8,526	
Cash receipts from asset sales	0	5	5	
Leases	0	(5,070)	(5,070)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0		0	
Interest (paid)/ received	2,057	2,838	781	
Closing Balances	**78,617**	**74,774**	**(3,842)**	



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 £4m lower than plan, the high value of creditors paid is offset by the delay in capital expenditure.

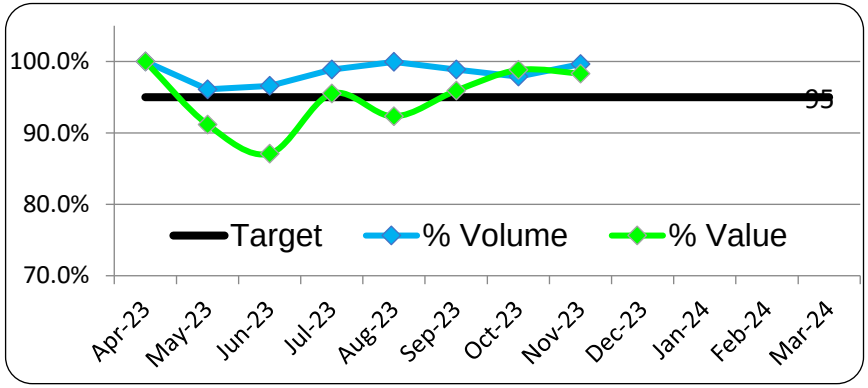
4.0 Better Payment Practice Code

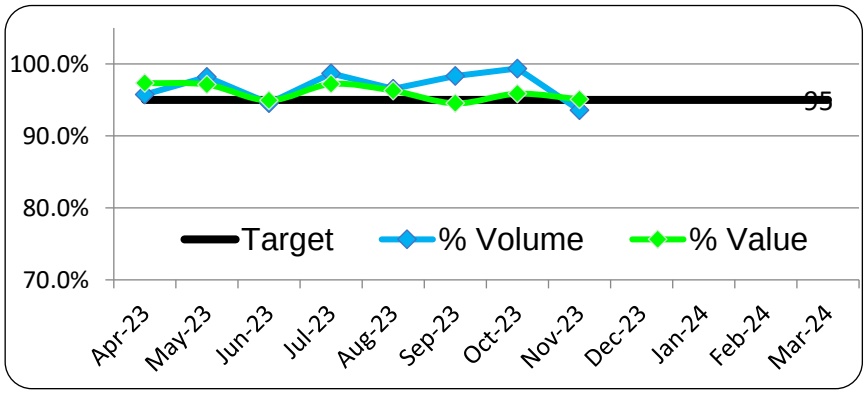
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	100%	98%
Cumulative Year to Date	98%	96%

Non NHS	Number %	Value %
In Month	94%	95%
Cumulative Year to Date	97%	96%





4.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
08-Nov-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000057494	740,183
13-Nov-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000558	666,894
30-Nov-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	203811	620,647
21-Nov-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5225	591,401
20-Nov-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS40	544,330
01-Nov-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008455	331,911
20-Nov-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS17	270,000
10-Nov-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Four	4400000694	244,894
13-Nov-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 278	237,938
16-Nov-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	1000644	185,118
01-Nov-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510008451	123,905
09-Nov-23	IT Services	Trustwide	Daisy Corporate Services	3I517739	90,250
01-Nov-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178582	87,514
30-Nov-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	325355	85,081
13-Nov-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000556	64,961
16-Nov-23	Purchase of Healthcare	Kirklees	Kirklees Council	8608403221	56,500
22-Nov-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05247	56,498
22-Nov-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05246	49,216
18-Nov-23	Purchase of Healthcare	AS Collaborative	Oxford Health NHS Foundation Trust	A0128564	48,633
09-Nov-23	Drugs	Trustwide	NHS Business Services Authority	1000078777	47,954
13-Nov-23	Utilities	Trustwide	Edf Energy Customers Ltd	000017149311	47,952
07-Nov-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72486185	47,313
09-Nov-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000339	46,624
23-Nov-23	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	105	45,000
01-Nov-23	Purchase of Healthcare	Forensic	Sheffield Childrens NHS Foundation Trust	2400001410	42,605
26-Nov-23	Purchase of Healthcare	Barnsley	Elysium Healthcare Ltd	FDN01009	38,078
01-Nov-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001095EPC	37,587
17-Nov-23	Training	Trustwide	Touchstone-Leeds	SINV20230199	35,365
02-Nov-23	Mobile Phones	Trustwide	Vodafone Ltd	104734232	34,238
14-Nov-23	Computer Software	Trustwide	Mri Software Emea Ltd	MRIUK1017534	33,776
22-Nov-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05248	32,403

16-Nov-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	1000645	30,853
16-Nov-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	1000646	30,853
09-Nov-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 Q401 03	30,248
03-Nov-23	Computer Maintenance	Trustwide	Insight Direct (Uk) Ltd	2100736426	28,702
01-Nov-23	Purchase of Healthcare	Kirklees	Ieso Digital Health Ltd	UK001398	28,672
13-Nov-23	Utilities	Trustwide	Edf Energy Customers Ltd	000017129144	26,929

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

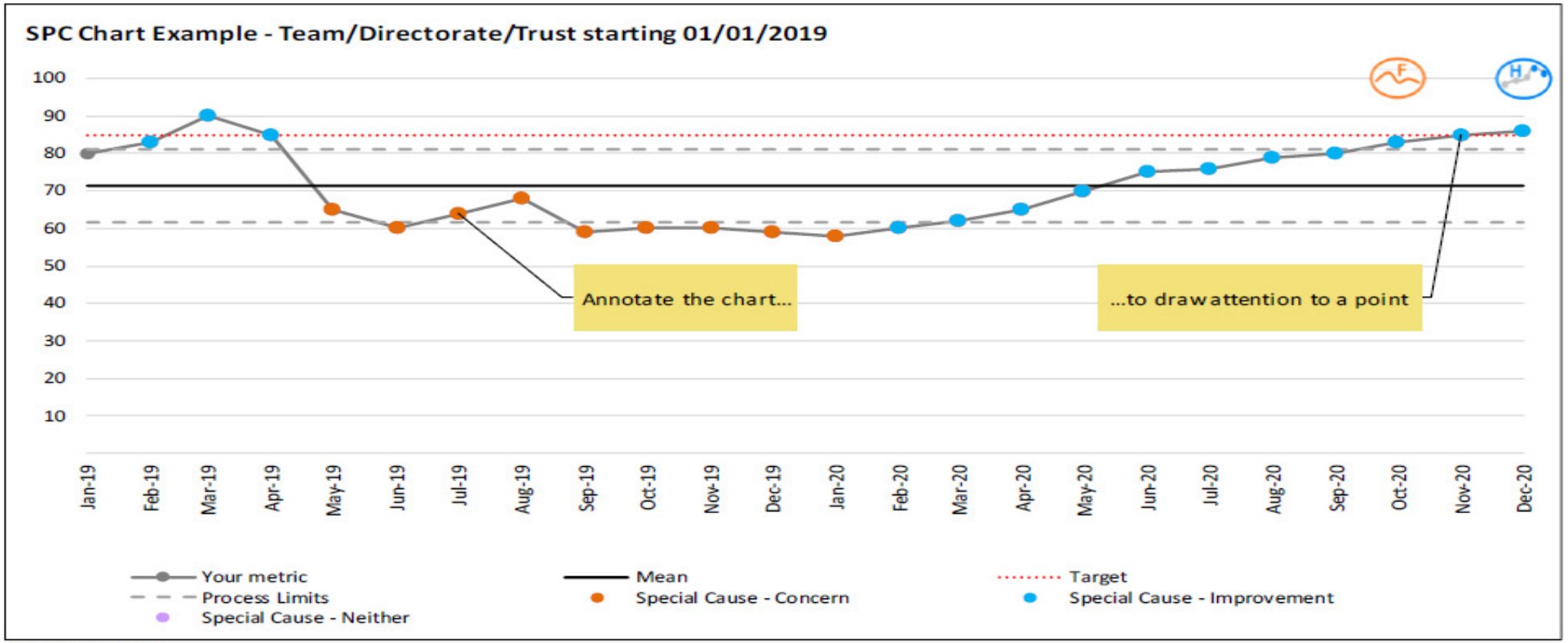
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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