NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

December 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 December 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.

Headlines

This section of the report identifies metrics for the month of December where there has been a change in performance or where expected levels are not being achieved.

Strategic Objectives & Priorities

Metric	Change from last month	Variation/ Assurance
Improving Health		
Percentage of service users who have had their equality data recorded - disability	↑	
Percentage of service users who have had their equality data recorded - sexual orientation	↑	
Improving Resources		
Surplus/(deficit) against plan (monthly)	↑	
Capital spend against plan (monthly)	↓	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	↓	

Metric	Change from last month	Variation/ Assurance
Improving Care		
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	↑	
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	↓	
Inappropriate out of area bed placements (days)	↑	
% service users clinically ready for discharge	↓	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓	

Metric	Change from last month	Variation/ Assurance
Making SWYPFT a great place to work		
Sickness absence - rolling 12 months	↓	
Workpal appraisals - rolling 12 months	↑	
Staff supervision rate	↓	
Mandatory training - Cardiopulmonary resuscitation	↓	
Mandatory training - Information governance	↑	

Quality

Metric	Change from last month	Variation/ Assurance
Complaints - Number of responses provided within six months of the date a complaint received	↑	
Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care	↑	
% of prone restraint with duration of 3 minutes or less	↑	
% people dying in a place of their choosing	↑	
C Diff avoidable cases	↑	

People

Metric	Change from last month	Variation/ Assurance
Sickness absence - month	↑	

National metrics

Metric	Change from last month	Variation/ Assurance
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	↑	
Total bed days of Children and Younger People under 18 in adult inpatient wards	↑	
Total number of Children and Younger People under 18 in adult inpatient wards	↔	
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↓	
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↓	
Virtual ward occupancy	↓	

Care Groups

CAMHS

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% Complaints with staff attitude as an issue	↑	
% of staff receiving supervision within policy guidance	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↑	
Eating Disorder - Routine clock stops	↓	
Eating Disorder - Urgent/Emergency clock stops	↓	
Information Governance training compliance	↑	
Reducing restrictive practice interventions training compliance	↓	
Sickness rate (Monthly)	↑	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of staff receiving supervision within policy guidance	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↓	
Information Governance training compliance	↓	
Reducing restrictive practice interventions training compliance	↓	
Sickness rate (Monthly)	↓	

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
% bed occupancy	↑	
% of staff receiving supervision within policy guidance	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↑	
% of clients clinically ready for discharge	↓	
FIRM Risk Assessments - Staying safe care plan in 24 hours	↑	
Information Governance training compliance	↑	
Sickness rate (Monthly)	↓	

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of staff receiving supervision within policy guidance	↑	
Cardiopulmonary resuscitation (CPR) training compliance	↓	
% of clients clinically ready for discharge	↑	
Information Governance training compliance	↑	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓	
Reducing restrictive practice interventions training compliance	↑	
Sickness rate (Monthly)	↓	

Barnsley General Community Services

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% people dying in a place of their choosing	↑	
% of staff receiving supervision within policy guidance	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↓	
Information Governance training compliance	↓	
Reducing restrictive practice interventions training compliance	↑	
Sickness rate (Monthly)	↑	

Forensic

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% Bed occupancy	↑	
% Service Users on CPA with a formal review within the previous 12 months	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↓	
Information Governance training compliance	↑	
Sickness rate (Monthly)	↑	

Key

Improvement from last month but remains up to 5% below threshold	
No change from last month and remains up to 5% below threshold	
Deterioration from last month and remains up to 5% below threshold	
Improvement from last month but remains below threshold	
No change from last month and remains below threshold	
Deterioration from last month and remains below threshold	
Achievement of threshold and increased performance from last month.	
No change from last month and achieving threshold	
Achievement of threshold but decreased performance from last month.	

	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.

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 97% against a target of 90%. For the Trust derived indicators, as of December 2023, disability 47%, sexual orientation 45.5% 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 and there has been a light increase in recording over the last month.

• 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 - December figure of 85.9% is provisional. 175 exceptions have been reported in December, this data is being verified. Exceptions relate to potential recording issues on the clinical system by temporary additional staff who are supporting the services and further work is required to confirm data quality. Single points of access (SPA) continue to prioritise risk screening of all referrals to ensure any urgent demand is met within 24 hours.

Quality

NHS England Indicators (national)

The Trust continues to perform well against the majority of national metrics. The following under-performance should be noted:

• Significant service improvement work has led to inappropriate out of area bed days being slightly below trajectory with 85 days used in December, this is a significant improvement compared to the 6 months of the year but has increased slightly over the last quarter (66 in October and 75 in November). 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 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 64.3% in December from 63% reported in November, 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 and in line with the national picture, demand is now outstripping capacity. Improvement work across the ICS has commenced.

• The number of children & younger people with an eating disorder requiring urgent access to treatment dropped in December 23 with 75% achieving the 1-week standard for urgent cases and 87.5% achieving the standard for routine cases. Staff sickness has impacted three out of the four breaches for routine appointments. The urgent appointment that breached was due to the carer cancelling the appointment that was offered within the timescale.

Quality continued

Local Quality Indicators

The Trust continues to perform well against the majority of quality indicators; however, the following improving/exceptions and actions being taken should be noted:

Care planning and risk assessments

There has been a sustained 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 December data for care planning shows continued sustained performance above the 80% threshold since April 23, achieving 88% for the month.
For risk assessments, the December data shows a slight increase in performance from the previous month within inpatient services (90%).
A review of the data for community services indicated that performance should be monitored for a larger group of people. When reporting was revised performance shows a deterioration.
The teams have broadened local monitoring and are working hard to improve performance and have identified additional learning which will support rapid improvement.
To support patient safety, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality.

Waiting Lists

• CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service provides additional support during the waiting period.
• Waiting times and waiting numbers for neurodevelopmental services within CAMHS 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 challenging due to staffing/operational pressures in community learning disability services, with 81.6% - (40 out of 49) 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. 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 increased to 193 (153 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.

• 100% of prone restraint incidents were for a duration of three minutes or less – this related to 8 incidents for the month of December 23.

• There were 8 information governance personal data breaches during December 2023 which is which is the lowest so far during the current financial year. 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 December was 42. 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.

• Data to identify the number of pressure ulcers which developed under Trust care where there was a lapse in care has been refreshed as part of the PSIRF go live and now shows an increase in the number of cases. The refresh identified a data issue and further work was undertaken to ensure the data included in this report for this metric aligned to other pressure ulcer reporting data in the Trust. All reported cases follow usual Trust policy regarding deep dive and root causes analysis and to identify learning.

• There is one case of c difficile reported for December 23. The case is deemed healthcare associated, a case review has been undertaken and will be presented at a post infection review (PIR) meeting for scrutiny and to establish if the case is avoidable or unavoidable. The case will also be reviewed for action through internal governance processes.

• Number of responses provided within six months of the date a complaint received continues to be under the local threshold of 100% but continues to show a month on month improvement as work continues to work through a backlog.

Our People

• The Trust reported 4 RIDDOR incidents during quarter 3. All four reported incidents relate to violence and aggression (assault). In all reports, staff have been supported through their recuperation. Three out of the four incidents were reported within the 15 day timeframe to HSE with the third incident being reported at day 16 after the incident took place. The delay in reporting was due to delays in trying to establish full reasons for the staff absence which contributed to the late reporting in this instance.
There were no enquiries from either the Health and Safety Executive or CQC related to any RIDDOR notifications during Q3.

• Supervision data is included in the report at Trust level and by care group and inpatient ward. The data for December is 65.2% which is a slight deterioration from the refreshed performance for November which was 67.9%. As part of the supervision policy review an improvement programme is underway to increase uptake and recording of supervision across the clinical workforce, this includes making further changes to systems and reporting.

• The Trust had 20 violence and aggression incidents against staff on mental health wards involving race during December - incidents are monitored by the Patient Safety team and Equity Guardians are alerted to all race related incidents against staff. A robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.

• Our substantive staff in post position continues to remain stable and has increased slightly in December. The number of people joining the Trust outnumbered leavers in December. Year to date, we have had 513.2 new starters and 360 leavers. Focus remains on recruitment and retention.

• Overall turnover rate in December was 12% which is the same as last month and remains green as within threshold.

• Sickness absence in December was 5.1% above local threshold, with a rolling 12-month position of 5.1%. Actions are in place to address hotspots and particularly in the Forensic care group.

• Rolling appraisal compliance rate for December saw an increase, from 73.1% to 74.3. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.

• Triangulation is taking place between supervision and appraisal uptake, in particular where the same staff have missed both an appraisal and supervision and any specific actions required.

• Overall mandatory training is at 91.9% compliance which exceeds the Trust target of 80%, this has reduced marginally from last month 92.1%. Cardiopulmonary Resuscitation (77%) and Information Governance (94%) are below the Trust targets. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).

Care Groups

In addition to the care group information found within this report, a separate deep dive in to the Forensic care group can be found under item 10.2 on this board agenda.

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 December and we have also provides a breakdown of the inpatient data split by ward. Areas to note are as follows:

• Mental health acute wards have continued to manage high levels of acuity and continued high occupancy levels across mental health wards and capacity to meet demand for beds remains challenging.
• Workforce challenges have continued, and this has resulted in the continued use of agency staff. Staff absences due to sickness and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Workforce challenges continue to be supported through Trust wide recruitment and retention programme.
• There is increased pressure on the wards from the number of learners that require support, for example student nurses, internationally recruited nurses and newly registered staff, which is creating patient safety concerns. In most cases the support is being provided to learners by two to three Registered Nurses, some of whom have recently completed their own preceptorship.
• The Trust currently has higher than usual levels of vacancies in some mental health community teams for qualified practitioners and proactive attempts to fill these have had limited success with action plans in place for certain teams and continue to be proactive and innovative in approaches to recruitment and workforce modelling.
• Demand into the Single Point of Access (SPA) continues and this increases the risk of routine triage and assessment being delayed. Work to maintain patient flow continues, with the use of out of area beds being closely managed and the numbers have reduced further in October compared to previous months this year.
• During December, the overall number of cases that were clinically ready for discharge was at 5.7%, this has reduced slightly from 5.8% reported last month but remains a risk and is being managed on the organisational risk register, due to the continued availability of options to support people with complex needs on discharge. Work with systems partners at place continues to explore and optimise all community solutions to get people home as soon as they are ready.
• 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.
• There was one admission of an under 18 year old to an adult bed during December. 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.

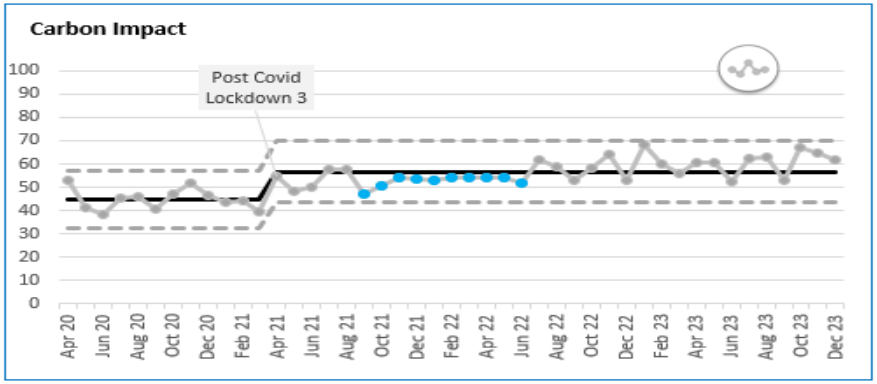
Finance

• A deficit of £66k been reported in December 2023 which means that the year to date surplus is now £1.1m. This is £0.3m ahead of plan and on that basis the Trust remains on track to achieve it's breakeven target for 2023/24.
• Spend in December continued to be maintained at a lower level than the first half of the year. Spend is higher in December than November as this included a one off benefit. Year to date expenditure is £6.8m and the forecast is £8.8m which is £0.1m more than target.
• Actions are in place to address agency spend, which is being overseen by the Trust's agency group.
• Overall, the Trust cash position is £75.9m. Working capital management actions continue to maximise the Trust cash position.
• Performance against the Better Payment Practice Code is 98%.

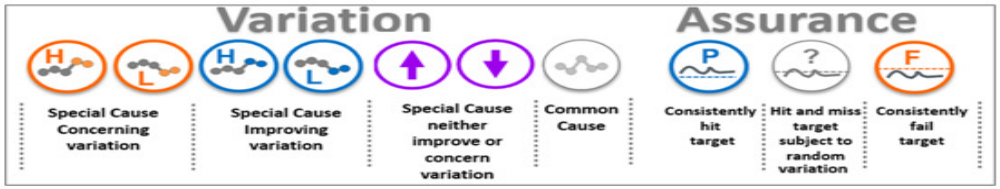
Improving health

Metrics	Threshold	Oct-23	Nov-23	Dec-23	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.7%	96.7%	97.0%		
Percentage of service users who have had their equality data recorded - disability	50%	46.2%	46.3%	47.0%		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		45.0%	44.9%	45.5%		
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%	82.6% Service	90.3% Service	88.5% Service		All services have an EIA in place. We have previously agreed with the Equality Inclusion and Involvement Committee that the threshold for service is 75% and have therefore aligned this report to reflect this.
	Policy - 95%	96.3% Policy	96.4% Policy	95.8% Policy		
Completion of equality mandatory training	>=80%	95.5%	95.5%	95.6%		
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	0	1	1		2023/24 to be used as a baseline once sufficient data is available.
Carbon Impact (tonnes CO2e) - business miles	76	67	65	62		Data showing the carbon impact of staff travel / business miles. In December staff travel contributed 62 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%	Q3 Due Feb 23				Q1 - 65.0%, Q2 - 66.0% 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	Oct-23	Nov-23	Dec-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%	89.9%	92.5%	94.1%		December 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		70.7%	76.4%	70.7%		Broader parameters have been applied to incorporate the wider caseload and this shows as a drop in performance. The teams have broadened local monitoring and are working hard to improve performance and have identified additional learning which will support rapid improvement. 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%	87.7%	88.0%		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	1077	1077	1077		
Registered substantive staff in neighbourhood teams	Establishment	173	173	173		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	24	28	20		Any increases will be monitored by the Patient Safety Team.
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	66	75	85		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%	5.2%	5.8%	5.7%		This means that people are not in the right environment to best meet their needs and in turn has an impact on available capacity. Active work with partners is in place to reduce barriers to discharge.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	610	721	702		Neurodevelopment waits remain a concern, even with the additional temporary capacity. This is in keeping with the national picture and forms part of the system wide work. These metrics calculate 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. Calderdale - The longest wait for those seen in the month was 746 days, the shortest was 680 days. Number on waiting list at end of December - 132. The longest waiter on the waiting list had waited 783 days.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	584	580	623		
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	77.8% 56/72	84.6% 44/52	81.6% 40/49		Nine out of a total of forty nine people were not seen, assessed and started treatment within 18 weeks, this remains a key concern and actions are underway as part of the improving access priority programme. A deep dive is underway and will report to the executive management team in February 2024. 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%	90.8%	89.0%	91.2%		
Community health services two hour urgent response standard	70%	88.1%	87.4%	85.3%		
Referral to assessment within 2 weeks (external referrals)	75%	86.8%	84.8%	*85.9%*		December figure is provisional. 175 exceptions have been reported in December, this data is being verified. Exceptions relate to potential recording issues on the clinical system by temporary additional staff who are supporting the services and further work is required to confirm data quality.

Improve resources

Metrics	Threshold	Oct-23	Nov-23	Dec-23	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£101k)	£325k	(£66k)		A deficit of £66k has been reported in month. Although a deficit this is £132k better than plan. The year to date position is a surplus of £1,136k which is £266k ahead of plan.
Capital spend against plan (monthly)	£8.8m	(£1,406k)	(£1,000k)	(£789k)		The year to date position is £4.3m behind plan with spend of £2.0m for the year to date. The capital spend profile is heavily weighted into quarter 4, a plan is in place however there is a risk of slippage due to adverse weather and no time period for recovery. The funding allocation of IFRS 16 (leases) remains an unknown risk.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£636k	£210k	£564k		Agency spend has been maintained in December at a lower level than the first half of the year. November was lower due to a one off VAT benefit. This reduction is primarily in nursing categories (registered and unregistered) and is generally through reduced demand on ward areas.
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£1032k	£1800k	£1,286k		The cumulative savings to date are £8.4m and form part of the overall financial position.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	4				All four reported incidents relate to violence and aggression (assault). In all cases, staff have been supported through their recuperation. Three out of the four incidents were reported within the 15 day time frame to HSE with the third incident being reported at day 16 after the incident took place. The delay in reporting was due to delays in trying to establish full reasons for the staff absence. There were no enquiries from either the Health and Safety Executive or CQC related to any RIDDOR notifications during Q3.
Estates Urgent Response Times - Service level agreement (SLA)	95%	94.2%	96.1%	98.5%		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 was analysed and understood to be in part due to workload capacity and waiting for parts. The issues have resolved with performance in November and December 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**	**Oct-23**	**Nov-23**	**Dec-23**	**Variation/ Assurance**	**Notes**
Turnover external (12 month rolling)	>12% - 13%<	12.4%	12.0%	12.0%		Rolling turnover remained in line with November 2023
Registered workforce growth	3% (by March 24)	4.7%				
Sickness absence - rolling 12 months	<=4.8%	5.2%	5.2%	5.1%		Absence rate in month reduced slightly to 5.1%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	>=78%	69.7%	73.1%	74.3%		For the month of December, the percentage rate increased to 74.3% but continues to remain below threshold. Work is taking place to understand the relation between supervision and appraisal uptake, in particular where the same staff have missed both an appraisal and supervision and whether there are any specific reasons.
% 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%	64.6%	67.9%	65.2%		As part of the review of the supervision of the workforce policy, an improvement programme is underway to use the learning from the Forensic care group 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 62.3% originally reported in October and 65.3% originally reported for November.
Mandatory training - Cardiopulmonary resuscitation	80%	79.7%	78.5%	77.0%		There was a slight increase in mandatory training in September, following the seasonal impact noted in August, however this has since dropped slightly and remains below threshold in December 2023. In order to maintain a safe environment, inpatient services ensure access to appropriately cardiopulmonary resuscitation trained staff on each shift.
Mandatory training - Reducing restrictive practice interventions	80%	82.9%	85.0%	81.8%		Performance has decreased slightly in December but 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%	91.0%	90.6%	90.8%		
Mandatory training - Information governance	95%	94.5%	93.4%	94.0%		Reminders circulated regarding IG training compliance

Quality Headlines

Section	KPI	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	76.0%	81.0%	84.0%	84.0%	81.0%	80.0%	82.4%	85.8%	84.2%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	17% 4/23	11% 2/17	16% 3/19	19% 3/16	17.6% (3/17)	10% (1/10)	9% (1/11)	8% (2/24)	17% (4/23)	1
	Complaints - Number of responses provided within six months of the date a complaint received	100%	27% (4/15)	38% (3/8)	17% (2/12)	29% (4/14)	38% (5/14)	38.9% (7/18)	42.9% (9/21)	44.1% (12/27)	44.4% (4/9)	
	Written complaints – rate	trend monitor										
Service User Experience	Friends and Family Test - Mental Health	84%	82%	85%	91%	90%	90%	95%	89%	88%	94%	1
	Friends and Family Test - Community	95%	94%	97%	96%	93%	97%	96%	95%	97%	98%	1
Quality	Number of compliments received	N/A	50	66	33	35	22	17	18	35	16	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	32	38	27	24	31	18	23	19	10	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	1	2	3	3	5	2	2	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	0	0	1	1	0	0	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	85.0%	85.7%	86.6%	87.5%	87.4%	87.5%	87.5%	87.7%	87.6%	1
	Number of Information Governance breaches [3]	<12	12	9	14	13	16	8	9	11	8	2
	% of inpatients clinically ready for discharge	3.5%	2.4%	2.1%	4.6%	4.8%	5.7%	5.7%	5.2%	5.8%	5.7%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	90.6%	87.7%	86.7%	87.2%	88.0%	87.5%	89.9%	92.5%	94.1%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		80.7%	65.0%	66.1%	74.0%	72.2%	71.3%	71.1%	76.4%	70.7%	2
	Total number of reported incidents	Trend monitor	1198	1327	1257	1156	1204	1150	1308	1319	1139	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	18	31	19	21	28	23	24	19	31	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	3	2	5	1	4	1	3	1	4	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	5	2	1	3	3	1	3	1	0	
	Safer staff fill rates	90%	123.5%	123.5%	123.7%	123.9%	123.8%	124.1%	123.5%	128.8%	128.7%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	94.4%	95.7%	93.1%	93.6%	92.1%	91.4%	91.3%	97.5%	96.2%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	29	42	40	36	43	43	28	31	22	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	2	1	0	1	2	0	3	6	4	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	90%	90.0%	86.6%	89.5%	95.2%	90.0%	90.0%	91.7%	66.6%	100.0%	1
	Number of Falls (inpatients)	Trend monitor	34	41	43	33	33	34	48	46	42	
	Number of restraint incidents	Trend monitor	192	186	201	145	146	92	198	153	193	
	% of staff receiving supervision within policy guidance [15]	80%	Reporting to start from Sept 23					64.2%	63.8%	67.2%	64.9%	2
	Potential under-reporting of patient safety incidents											
	% people dying in a place of their choosing [14]	80%	87.5%	92.1%	87.8%	83.8%	81.8%	90.6%	91.3%	66.7%	95.1%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	1	1
	C Diff avoidable cases	0	0	0	0	0	0	0	0	0	1 (under review)	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	2	2	
	Overall CQC rating		Good									
	CQC well - led rating		Good									

Quality Headlines

Quality Headlines cont…

1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The 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

• In December there was a 65% reduction in the use of prone restraint, the second consecutive month of reduction in this practice.
• Overall number of restraint incidents - during December this increased to 193 from 153 in November. Further detail is provided in the relevant section of this report. The Trust's ongoing ambition is for a reduction in all restraint incidents, and reducing restrictive physical interventions training has a clear focus on interventions to prevent escalation of a situation to the point where restraint is required.
• Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - the data for previous months has been refreshed as part of going live with PSIRF. The refresh identified a data issue and further work was undertaken to ensure the data included in this report for this metric aligned to other pressure ulcer reporting data in the Trust. All reported cases follow usual Trust policy regarding deep dive and root causes analysis and to identify learning. In December – there were four lapses in care - one related to a difference in clinical opinion about wound care classification and one which relates to who should carry out risk assessments for pressure damage – both of these are part of other work that is ongoing in the care group. One relates to delay in adding to Datix and recording a pressure ulcer and one to how and ulcer was managed. Both of these are managed through the ongoing training delivered to neighbourhood nursing.
• Performance for children's and adolescent mental health service (CAMHS) referral to treatment A review to ensure consistent support for people on waiting lists is being led by the waiting list improvement group.
• The number of people with a risk assessment/staying safe plan in place within timescale had increased slightly at 94.1% from 92.5% for inpatient services.
• Clinically ready for discharge (previously delayed transfers of care) - This has decreased slightly to 5.7% 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.
• 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 42 inpatient fall incidents. Further detail is provided in the relevant section of this report.
• The number of information governance breaches in relation to confidentiality breaches has decreased to 8 during the month and 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 increased to 95.1% , highlighting our focus on supporting the person's end of life care wishes.
• 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, as part of the Trust's focus on clinical safety and quality, and staff wellbeing

Patient Safety

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. The Trust's PSIRF plan and policy went live date of the 1st December.

Learn from Patient Safety Events (LFPSE)
Following Datix upgrades we are working on the transition to LFPSE however we are experiencing technical issues on Datix.

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 became mandatory November 2023. This is currently progressing well at 93% completed.
Training on engagement and involvement of those affected by patient safety incidents will be available for team managers and quality leads in January 2024.

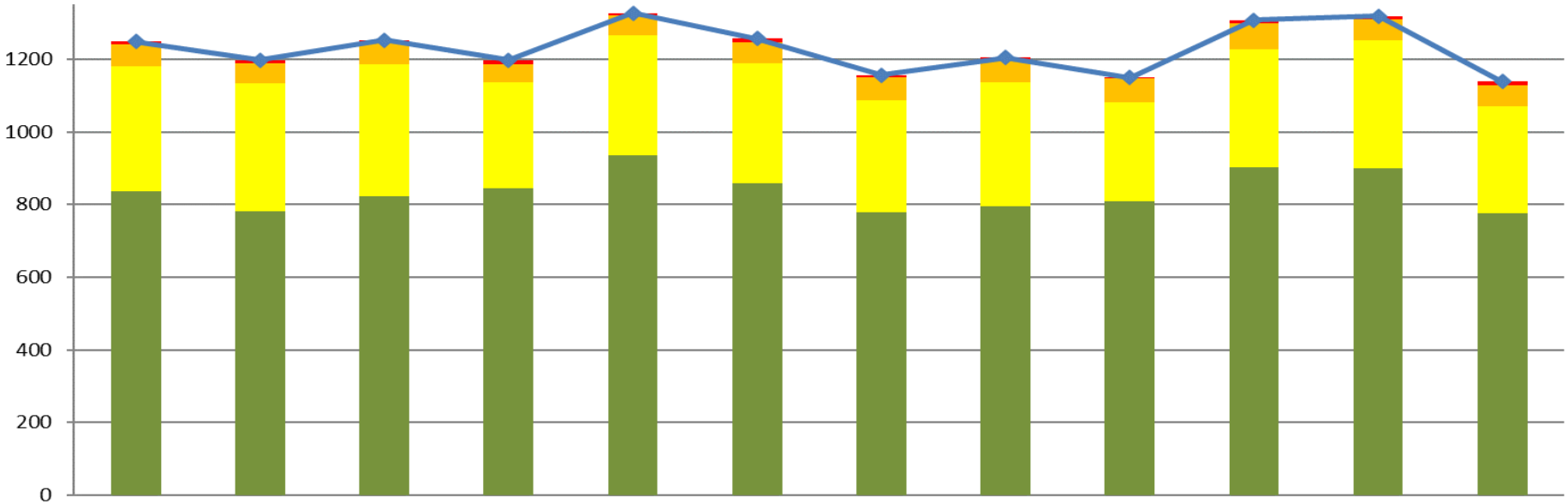
Patient Safety Partners
The three patient safety partners (volunteer roles) will be inducted into the patient safety team in February 2024.

Safety First

Summary of Incidents

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

95% of incidents reported in December 2023 resulted in no harm or low harm or were not under the care of SWYPFT.
No never events reported in December 2023



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Red (should not be compared with SIs)	8	9	9	12	7	11	7	9	3	8	10	10
Amber	59	56	57	51	55	58	63	60	66	72	57	58
Yellow	346	352	364	291	330	330	307	341	273	325	352	295
Green	835	781	823	844	935	858	779	794	808	903	900	776
Total	1248	1198	1253	1198	1327	1257	1156	1204	1150	1308	1319	1139

Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience.
Click link for further details of the examples which includes information around sexual safety, learning from a serious incident/deaths, recording escapes and inappropriate use of 'toaster bags':

On 12th November 2023, a Trustwide learning forum was held to share learning between Care Groups and specialist advisors. The virtual event was very well attended and many positive examples of learning were shared. Presentations are available on the learning network page on the intranet.

The next event is on Wednesday 14th February at 1:00pm - 2:30pm. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

Patient safety alerts issued in December 2023

Patient Safety alerts not completed by deadline of December 2023 - zero.

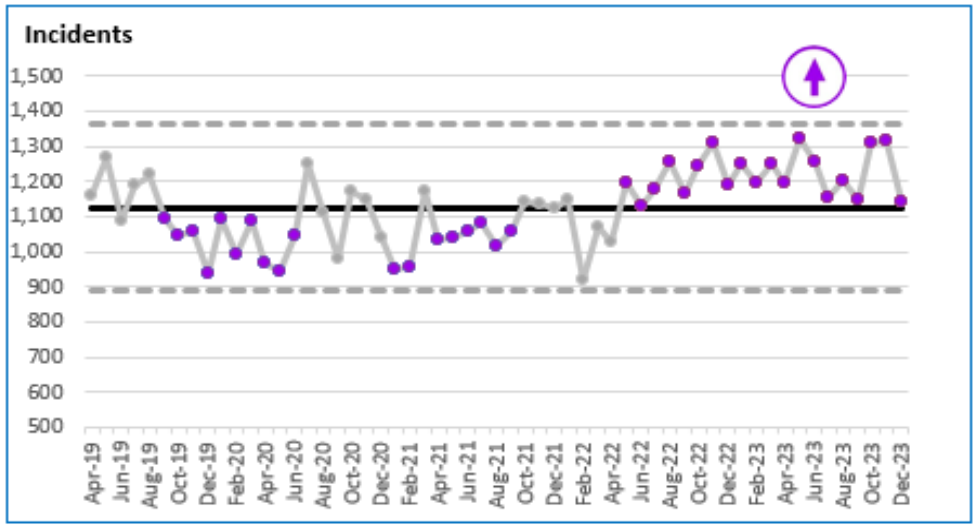
Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2023/014/NHSPS	Identified safety risks with the Euroking maternity information system	07/12/2023	No - alert not applicable to trust	07/06/2024	13/12/2023
NatPSA/2023/015/UKHSA	Potential contamination of some carbomer-containing lubricating eye products with Burkholderia cenocepacia – measures to reduce patient risk	08/12/2023	Yes - circulated for information	17/12/2023	08/12/2023
NatPSA/2023/016/DHSC	Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba®) products	09/12/2023	Yes - circulated for information	22/12/2023	08/12/2023

Safety First cont…

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

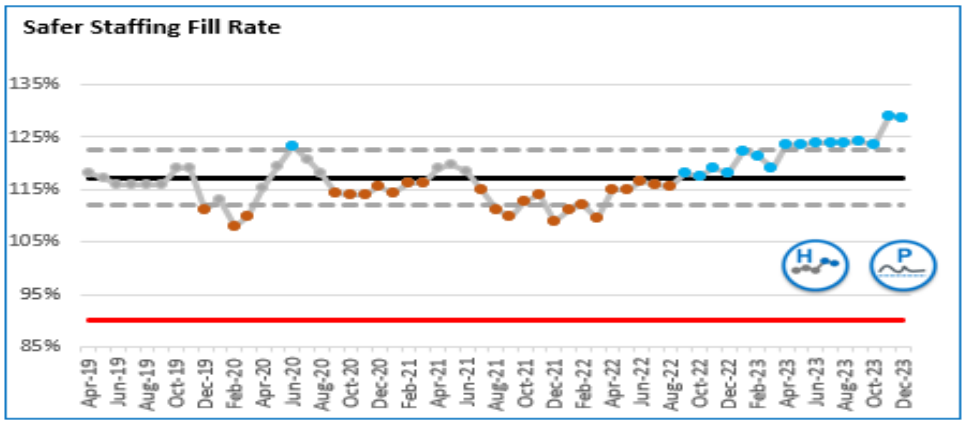
Breakdown of incidents in December 2023
31 moderate harm incidents including 22 pressure ulcer category 3 incidents and 5 self harm incidents.
4 incidents categorised as severe harm, all relating to pressure ulcers.
There were no patient safety related death during the month.

Incidents

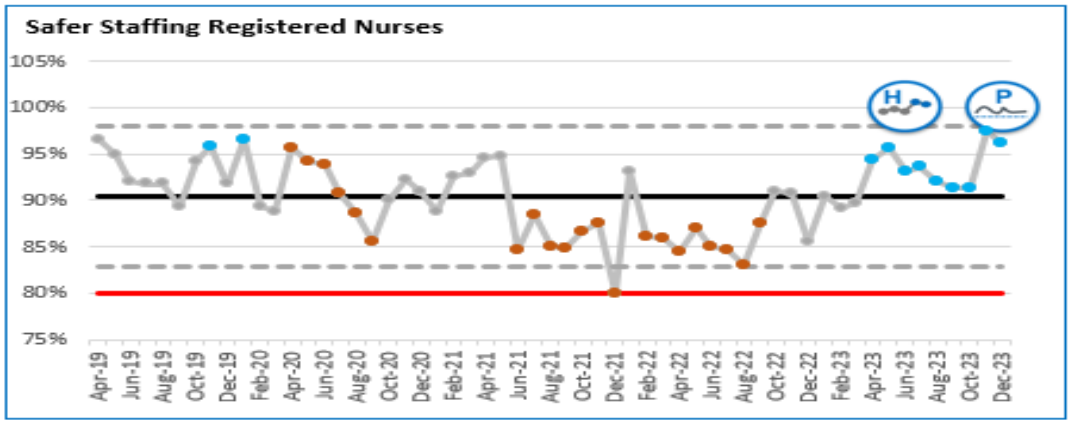


We remain in a period of special cause variation (something is happening and this should be investigated) in November due a continued increase in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting 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 December 2023 due to the continued increasing staffing rate, we remain in a period of special cause improving variation.



The chart above shows that in December 2023 we remain in a period of special cause improving variation.

- In December there has been an increase on demand of the flexible staffing pool with a total of 288 more shift requests with the overall fill rate remaining high.
- Work continues to recruit UK trained staff. 8 newly qualified staff were placed in working age adult wards in January 2024.
- We have paused international recruited band 5 cohorts given our positive current staffing situation.
- The two agency scrutiny groups implemented to reduce our agency usage have started to take effect and are now on course to meet the required reduction (£10m agency spend in 2022-23 v control target of £8.7m by March 2024). This has been possible due to increased availability and usage of bank resource in all areas.
- Although we continue to sustain/improve the overall fill rate, we continue to fall short of the Registered Nurse (RN) fill rate for day shift and will continue to look at ways of improving this. This has meant that 20 wards (an increase of two) have fallen below the 90% RN day fill rate with nine wards below 80%, the same as in the previous month.
- In December no ward fell below the 90% overall fill rate threshold, this is in line with the previous three months.

Safer Staffing Inpatients cont…

Registered Nurses Days

Overall registered Day fill rates have decreased by 2.2% to 86.4% in December compared with the previous month.

Registered day rate	Nov-23	Dec-23
Adults and Older People	88%	86%
Barnsley Integrated Services	103%	96%
Forensic and LD	86%	85%
Overall shift fill rate	**89%**	**86%**

Registered Nurses Nights

Overall registered Night fill rates have decreased by 0.3% in December to 106.2% compared with the previous month.

Registered night rate	Nov-23	Dec-23
Adults and Older People	106%	104%
Barnsley Integrated Services	83%	82%
Forensic and LD	111%	113%
Overall shift fill rate	**107%**	**106%**

Overall Registered Rate: 96.2% (decreased by 1.2% on the previous month)
Overall Fill Rate: 128.7% (decreased by 0.1% on the previous month)

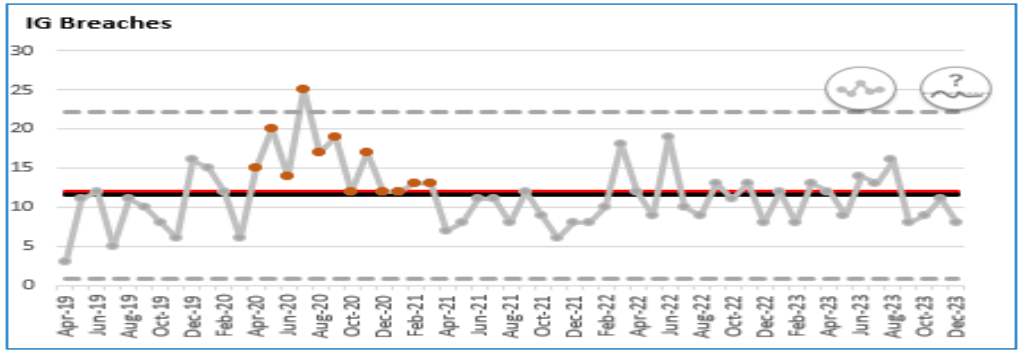
Fill Rate	Oct-23	Nov-23	Dec-23
Adults and Older People	130%	136%	136%
Barnsley Integrated Services	106%	105%	104%
Forensic and LD	115%	120%	120%
Grand total	**124%**	**129%**	**129%**

- Bank staff filled 52.33% (increased by 0.34% on the previous month) of RN requests for flexible staffing and 80.75% (increased by 4.86% on the previous month) of HCA requests.
- Agency staff filled 19.71% (a decrease of 0.22% on the previous month) of RN requests for flexible staffing and 14.92% (a decrease of 4.61% on the previous month) of HCA requests.
- Health Care Assistants showed an increase in the day fill rate for December of 1.6% to 155.0% and the night fill rate decreased by 0.6% to 155.3%.

Information Governance (IG)

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

Five breaches involved information being disclosed in error. Two incidents of record keeping issues were reported. One incident relating to a lost Dictaphone.



This SPC chart shows that as at December 2023 we remain in a period of common cause variation. We remain under the threshold with 8 breaches.

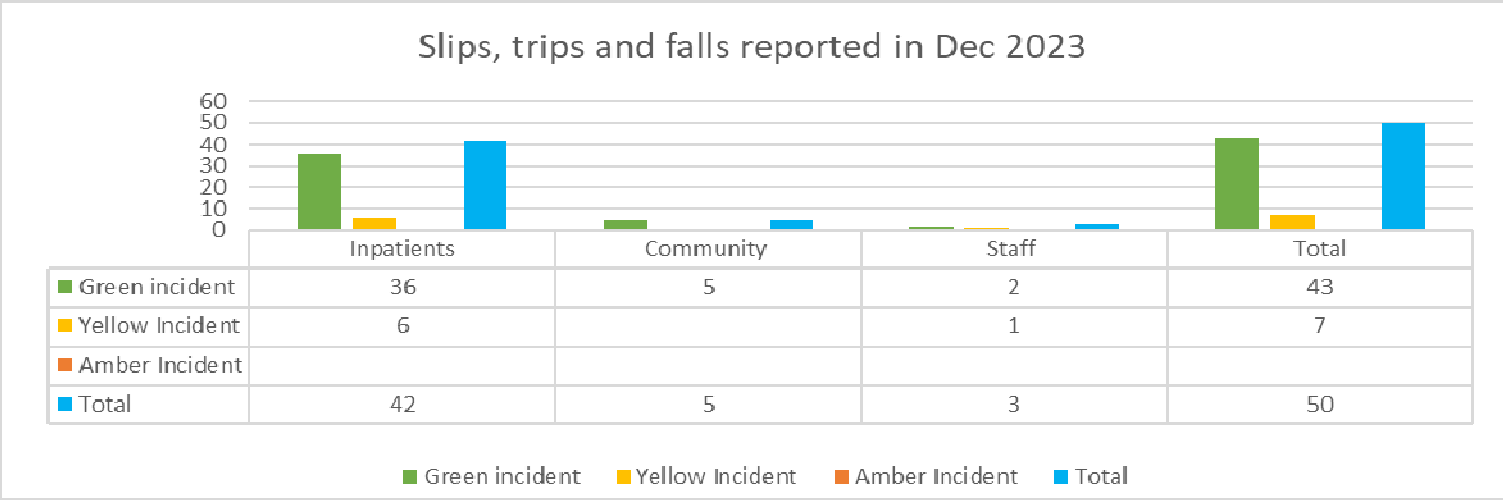
Commissioning for Quality and Innovation (CQUIN)

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 3 submission is due to take place in March and full achievement of the applicable indicators for the quarter 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

In December there were 50 recorded slips, trips and falls, broken down as below. The Trust average is 3.1 falls per 1000 bed days (April to Dec 2023 average). National average is 3-5 falls per 1000 bed days.



	Inpatients	Community	Staff	Total
Green incident	36	5	2	43
Yellow Incident	6		1	7
Amber Incident				
Total	42	5	3	50

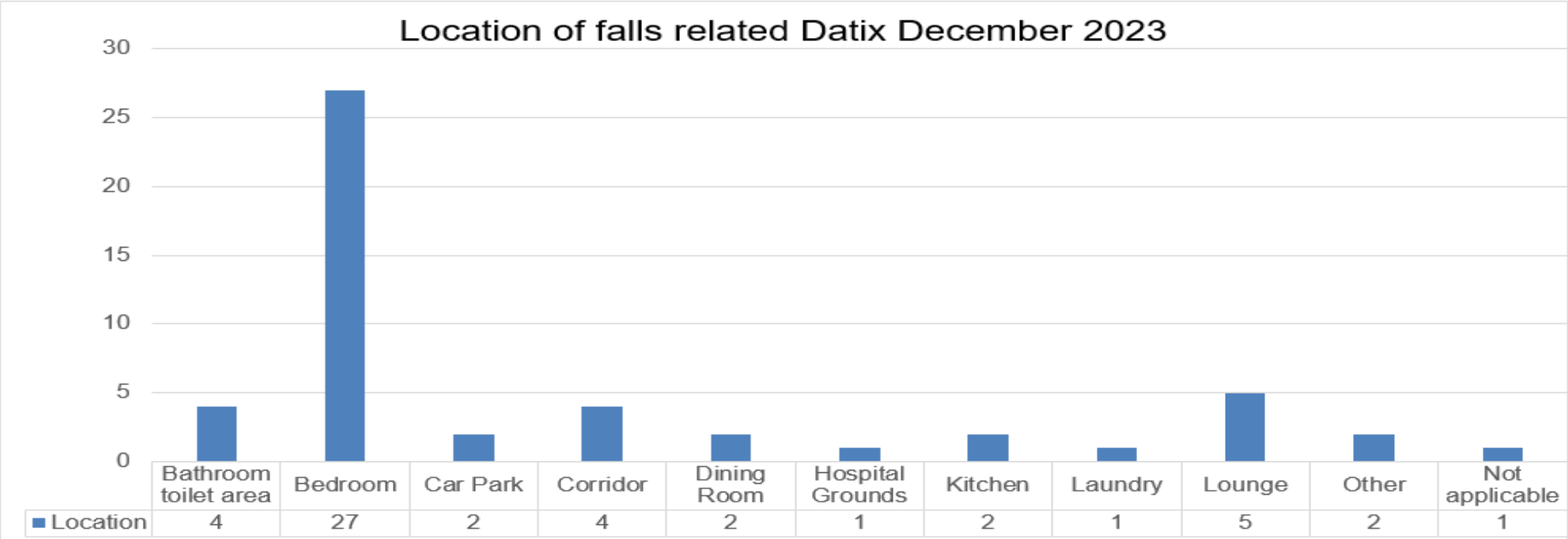
Inpatient related falls
Red: No red incidents have been reported
Amber: No red incidents have been reported
Yellow: 7 incidents, 6 for inpatients and 1 for a staff member
Green: 43 incidents (86% of all incidents), 36 for inpatients, 5 within community and 2 for staff

Trustwide Falls cont…

Falls by location

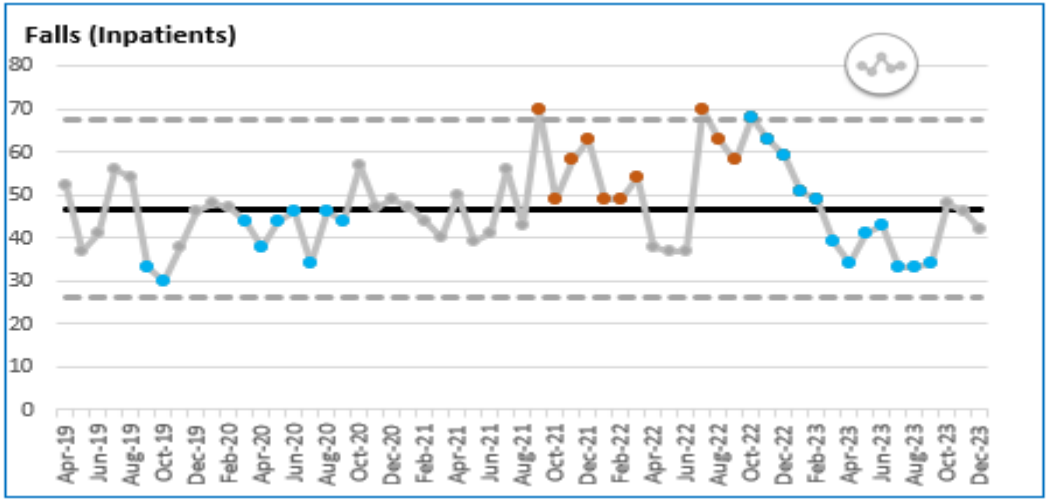
We continue to see a large number of falls within bedrooms. 50% of all reported falls occur in the bedroom area.

Research shows that single occupancy increases falls. The Trustwide falls coordinator is reviewing research around single occupancy bedroom and how other NHS Trusts have been able to manage falls risks and improve patient safety. Early indicators support a multi-disciplinary approach to falls reduction, with a strong focus on staff education. Further update to be provided once this work has been undertaken.



Falls (Inpatient)

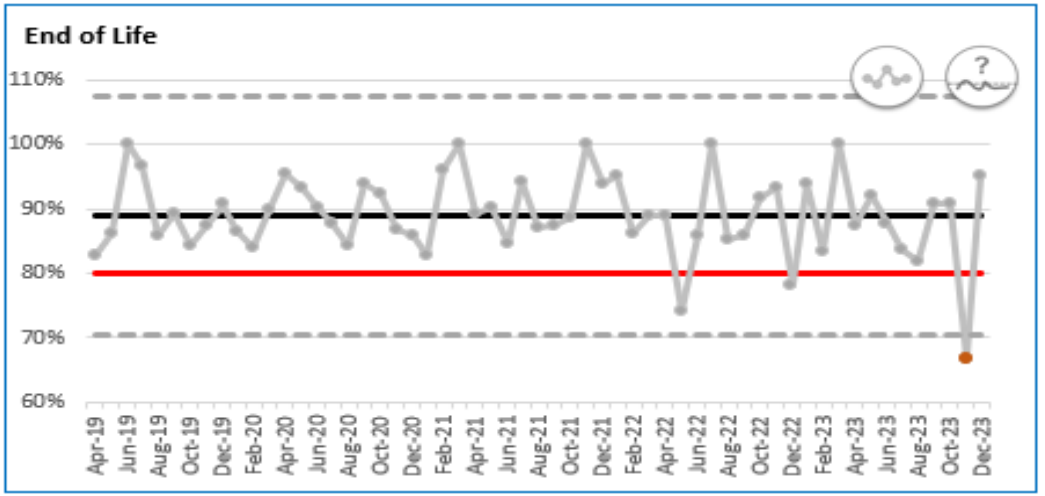
The total number of inpatient falls was 42 in December.



The SPC chart above shows that in December 2023 we remain in 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 95.1% in December. As is noted in the Quality Headlines Dashboard, performance against this metric has increased above threshold this month. This metric relates to the Macmillan service, end of life pathway.



The chart above shows that in December 2023 the performance against this metric has re-entered common cause concerning variation (no concern). 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

- 98% would recommend community services
- 94% would recommend mental health services

	Target	October	November	December
Mental health community	85%	91%	92%	96%
Mental health inpatient	85%	84%	80%	97%
Learning Disabilities	85%	95%	100%	100%
ASD/ ADHD	85%	83%	63%	67%
CAMHS	75%	91%	88%	89%
Forensic	60%	100%	83%	75%
Mental health overall	84%*	**89%**	**88%**	**94%**
Barnsley Gen ops	95%	**95%**	**97%**	**98%**
Trustwide	**85%**	**92%**	**92%**	**96%**

** weighted for 2023/24*

- Satisfaction across all service lines increased this month except for Forensics.
- Forensics participate in a patient experience survey every six months which was recently undertaken throughout November. The survey includes the Friends and Family Tests, which is why November's results are significantly higher in both numbers and satisfaction. However, Forensics remain above target.
- ASD/ ADHD services satisfaction continues to increase and do the number of responses, although not significantly.

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

Safeguarding

Safeguarding Adults:
In December 2023, there were 33 Datix categorised as safeguarding adults. Twenty of these were graded as green, 12 were graded as yellow, and one was an amber Datix. The most common sub-categories of these Datix were emotional/psychological abuse, financial abuse, neglect concerns and hate crime.

The amber Datix was in reference to emotional, psychological abuse. 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 December 2023 there were 11 Datix categorised as safeguarding children, five of these were graded as green, three were graded as yellow and three were graded as amber. The most common subcategories of these Datix were child protection other, sexual abuse and neglect.

The three amber Datix were responded to appropriately with referrals made to the local authority designated officer (LADO), social care and the police.

Complaints

- Acknowledgement and receipt of the complaint within three working days –23/23 (100% of formal complaints)
- Number of responses provided within six months of the date a complaint received – 4/9 (44%)
- Number of complaints waiting to be allocated to a customer service officer – 5 (all have plans to be allocated)
- 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 – 21/12/2023 (see above for awaiting allocation)
- There were 23 new formal complaints in December 2023
- 16 compliments were received.
- 9 formal complaints were closed in December 2023 (decrease from 27 in November as backlog clears).
- Number of concerns (informal issues) raised and closed in December 2023 – 31
- Number of enquiries responded to in December 2023 - 87
- Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date and how many upheld = 1

Infection Prevention Control (IPC)

Surveillance: There have been zero cases of E.coli bacteraemia, MRSA bacteraemia and MSSA bacteraemia.
There has been one case of C difficile on Willow Ward. The case is deemed healthcare associated, a case review has been undertaken and will be presented at a post infection review (PIR) meeting for scrutiny and to establish if the case is avoidable or unavoidable. The case will also be reviewed for action through internal governance processes.

Mandatory training: figures remain healthy and above Trust 80% threshold:
• Hand Hygiene -Trustwide Total – 94.0%
• Infection Prevention and Control - Trustwide Total – 93.1%

Outbreaks
December 2023, there have been:
• Two Covid-19 outbreaks on inpatient wards
• Two areas monitored for increase in prevalence of Covid-19 on inpatient wards
• One area monitored for increase in patients with gastric symptoms, no causative organism identified.

Covid-19 Clinical Cases
There has been an increase in positive Covid-19 cases on our inpatient wards. This is in line with national and regional figures. Services have been reminded through internal comms, of standard infection prevention and respiratory precautions.
There is a national increase of respiratory viruses

Reducing Restrictive Physical Intervention (RRPI)

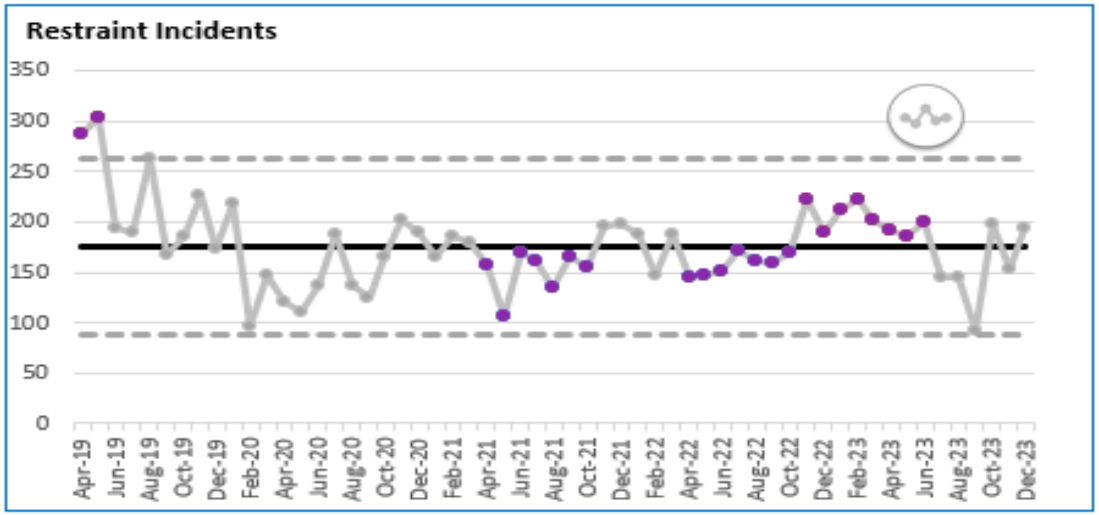
• There was an increase in the number of incidents of restraint in December 2023, however, the use of restraint and remains within normal variation.
• In December 2023 both Psychiatric Intensive Care Units (PICU) in Adult and Older Person Care Group have seen a reduction in the use of restraint and had no prone restraints.
• There has been 65% reduction in the use prone restraint across the Trust in December 2023. This is the second consecutive month of reduction in the use of prone.
• Quality improvement work continues to reduce restrictive physical interventions. Administration of intramuscular medication into the gluteal muscle remains the most common reason for prone restraint. A task and finish group has been established to review current practice and review alternative injection sites as a matter of priority. As part of this:
• Pharmacy colleagues have reviewed licencing of medication and which muscle groups they can be administered.
• RRPI team are reviewing alternative holds to support administration into deltoid muscle and seeking advice from Mersey Care Trust, assessing training needs for alternative injection sites and piloting these.
• We are also investing in additional safety pods to further reduce prone restraints, especially when exiting seclusion (training for this is being piloted).
• In December 2023 there was a reduction in the use of seclusion across the Trust. The previous two months had seen an increase in seclusion and this is being monitored through RRPI task and finish group. There is a 50% reduction in the use of seclusion compared to the same period last year.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	77	39.8%
Seated	42	21.7%
Safety Pod	19	9.8%
Supine	13	6.7%
Restricted escort	12	6.2%
Side	11	5.6%
Prone then rolled	9	4.6%
Prone	8	4.1%
Kneeling	2	1.0%

Duration of Prone Restraint	Total
0 - 1 minute	6
1 - 2 minutes	2

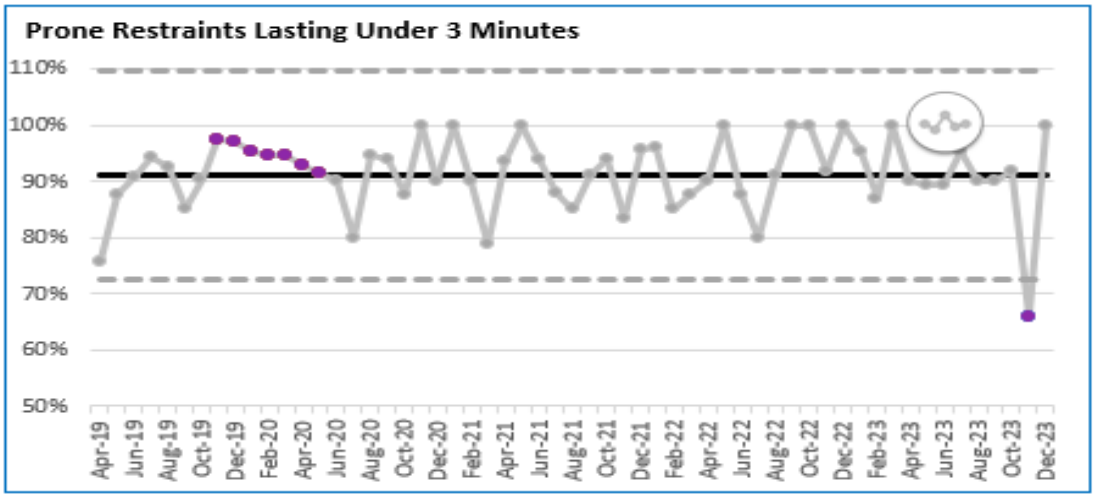
Team Using Prone Restraint Dec 2023	Total
Ashdale Ward	2
Elmdale Ward	2
Nostell Ward, Wakefield	1
Chippendale, Forensic	1
Johnson Ward (Newton Lodge)	1
Newhaven Forensic Learning Disabilities Unit	1

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in December 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, as anticipated, the proportion of prone restraints lasting under 3 minutes in December 2023, has re-entered common cause variation (no concerns) following the dip in performance last month.

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	Dec-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	5341.4
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	4471.3
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4	887.0	870.1
Turnover external (12 month rolling)			>12% - <13%	13.0%	12.2%	13.1%	13.0%	13.1%	12.1%	12.4%	12.0%	12.0%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4	61.6	42.8
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8	31.9	27.6
International Nurse Starters in Month			-	0	0	0	0	9	10	10	10	5
% Bank Fill Rates - Registered Nurses			-	Reporting commenced August 23				47.8%	49.6%	52.0%	59.1%	52.3%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%	80.3%	80.8%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)								90.9%	90.3%	90.6%	93.4%	91.6%
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%)	217 - All staff (16.0%) 90 - excl medics (7.7%)
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%)	946 (69.8%)
Sickness absence - Rolling 12 month			<=4.8%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.2%	5.2%	5.1%
Sickness absence - Month			<=4.8%	5.0%	4.6%	4.6%	5.1%	4.7%	4.9%	5.2%	4.9%	5.1%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2	0	1
Appraisals - rolling 12 months			May >=78% Overall >=90%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%	69.7%	73.1%	74.3%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4	2	2
Mandatory Training - TOTAL	Improving Care		>=80%	90.5%	90.9%	92.0%	92.1%	92.5%	92.1%	92.5%	92.1%	91.9%
Mandatory Training - Reducing Restrictive Practice Interventions				73.8%	73.8%	76.7%	76.2%	82.6%	82.8%	82.9%	85.0%	81.8%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	79.2%	81.3%	81.0%	79.9%	80.0%	79.7%	78.5%	77.0%
Mandatory Training - Clinical Risk				95.6%	95.4%	95.4%	95.2%	94.8%	94.0%	92.6%	91.3%	91.0%
Mandatory Training - Display Screen Equipment				96.5%	96.8%	97.0%	97.1%	97.4%	97.4%	97.4%	97.1%	97.0%
Mandatory Training - Equality & Diversity				96.0%	96.2%	96.2%	96.0%	95.9%	96.1%	95.4%	94.9%	94.9%
Mandatory Training - Fire Safety				90.2%	91.2%	92.8%	92.0%	91.4%	91.2%	91.0%	90.6%	90.8%
Mandatory Training - Food Safety				78.0%	83.4%	86.4%	87.8%	89.4%	89.3%	88.1%	89.0%	89.4%
Mandatory Training - Freedom To Speak Up (FTSU)				93.2%	93.7%	94.0%	94.3%	94.7%	94.9%	95.0%	94.9%	95.0%
Mandatory Training - Infection Control & Hand Hygiene				91.5%	92.4%	94.1%	94.3%	94.3%	95.6%	94.2%	93.6%	93.1%
Mandatory Training - Information Governance (Data Security)			>=95%	90.6%	95.9%	96.8%	96.9%	95.3%	94.8%	94.5%	93.4%	94.0%
Mandatory Training - Moving & Handling			>=80%	95.5%	94.9%	95.2%	95.1%	95.6%	94.8%	96.5%	96.9%	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%	94.1%
Mandatory Training - Mental Capacity Act/Dols				91.6%	93.6%	93.7%	93.4%	94.0%	96.7%	99.6%	99.2%	99.0%
Mandatory Training - Mental Health Act				91.6%	91.3%	91.2%	91.1%	92.2%	99.8%	91.2%	90.5%	90.2%
Mandatory Training - Prevent				95.4%	95.5%	92.1%	94.1%	94.2%	91.7%	93.7%	92.1%	92.3%
Mandatory Training - Safeguarding Adults				90.0%	89.7%	89.3%	89.5%	89.7%	93.9%	90.7%	89.6%	89.4%
Mandatory Training - Safeguarding Children				90.0%	90.7%	91.1%	91.2%	91.7%	89.7%	95.1%	94.4%	94.0%

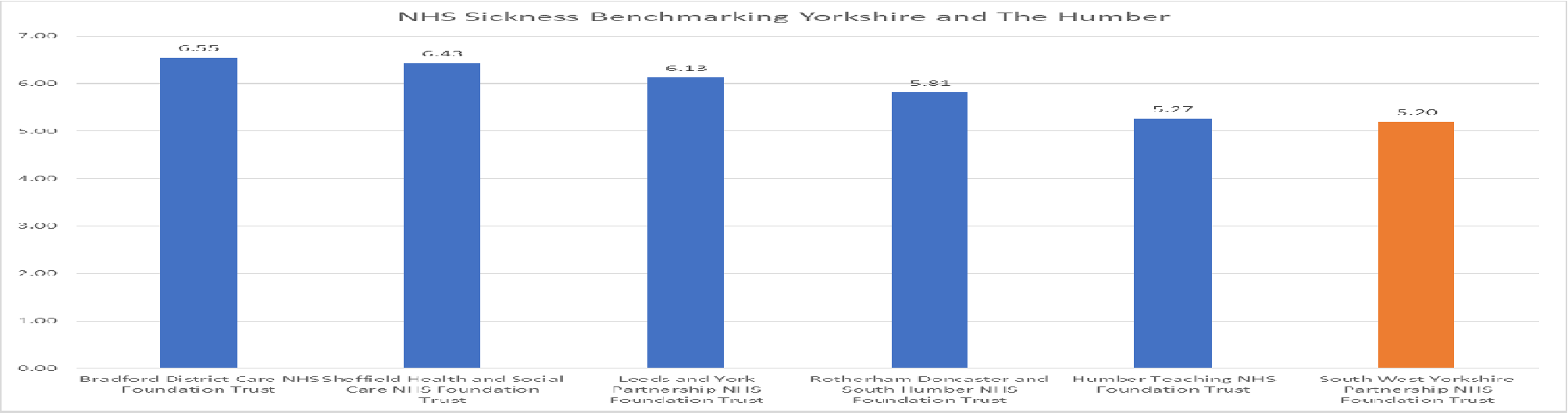
Notes:

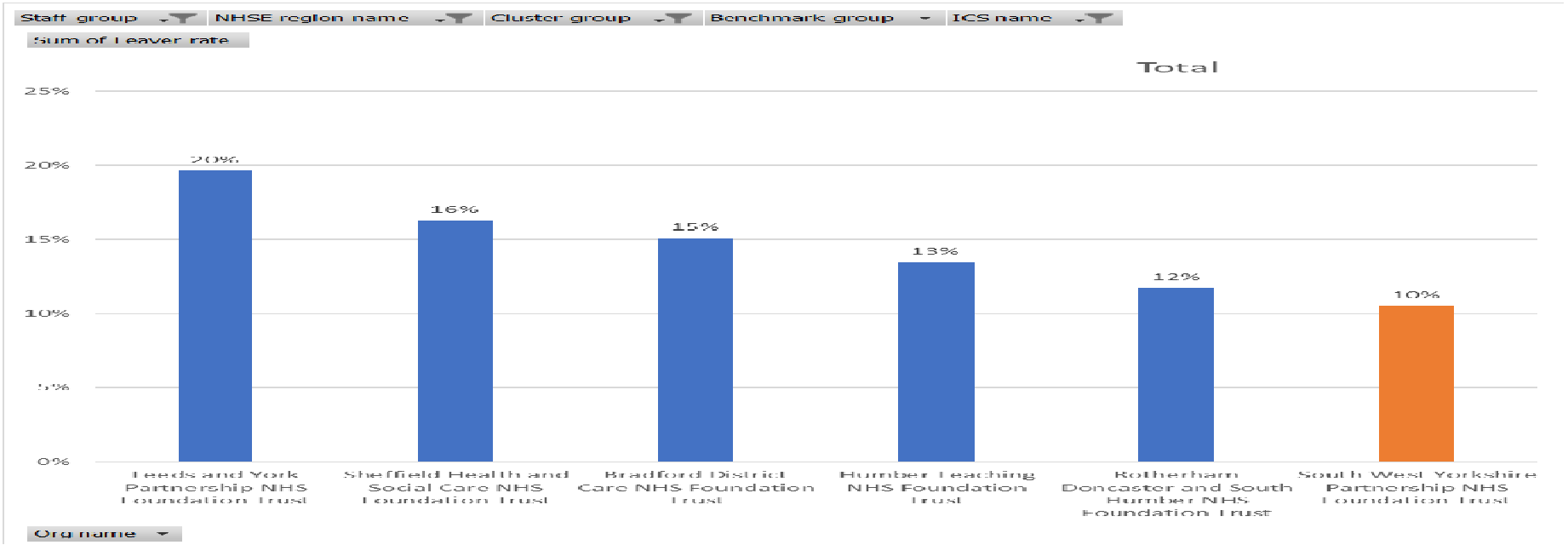
- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not 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.

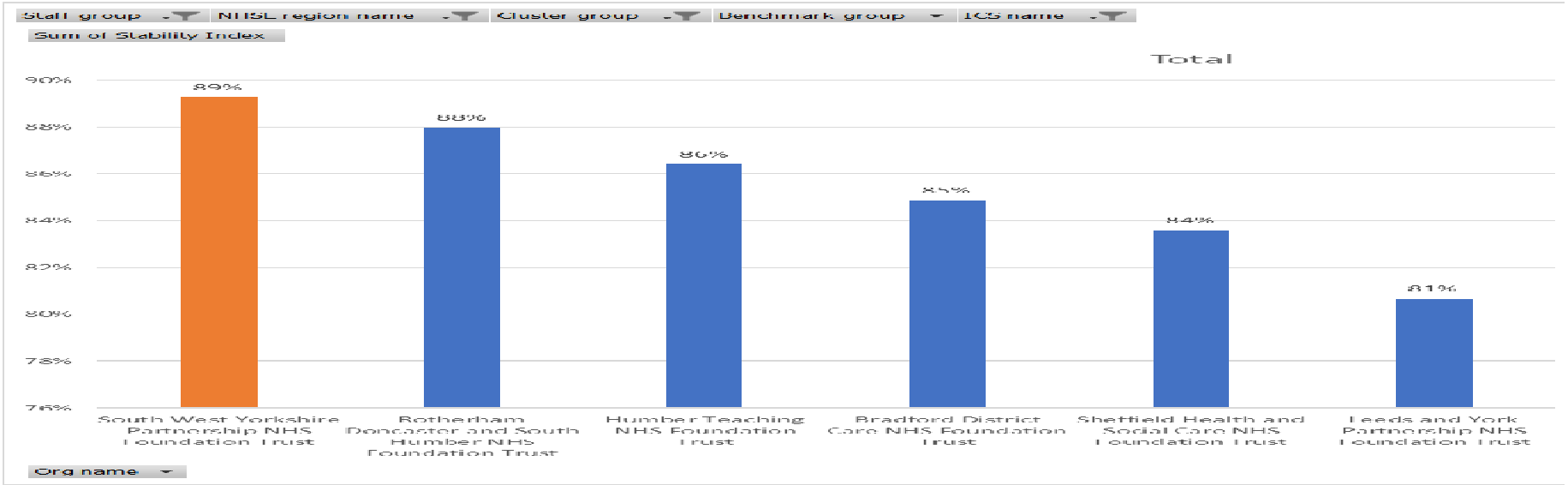
* 22 records had no ethnicity stated

Stability of the Workforce

• Employed Staff (Electronic Staff Record - (ESR last day in the month) - Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff and junior doctors.
• 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.
• Our substantive staff in post position continues to remain stable and has increased slightly in December. The number of people joining the Trust has dropped this month (42.8WTE) however we have still seen our leavers are less (27.6 WTE).
• 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 513.2 new starters and 360.0 leavers.
• As of December our Trust growth rate is 4.70% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%.
• Overall, our 12-month rolling turnover rate in December was 12.0% which has remained static since last month (12.0%) but remains within threshold.
• We have seen a decrease in our vacancies in December of 16.92 whole time equivalent however because of our establishment increasing, our vacancy rate has remained static at 16.3%.
• We have recruited a total of 80 International Nurses since April 23.
• 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 international nurse recruit cohorts in February 24 and March 24.
• When benchmarked regionally against other Mental Health Trusts we are seeing both the highest workforce stability rate and the lowest turnover (See graphs).




Staff group
NHSE region name
Cluster group
Benchmark group
ICS name
Sum of Leaver rate
Total
25%
20%
15%
10%
5%
0%
20%
16%
15%
13%
12%
10%
Leeds and York Partnership NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Humber Teaching NHS Foundation Trust
Rotherham Doncaster and South Humber NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Org name


Staff group
NHSE region name
Cluster group
Benchmark group
ICS name
Sum of Stability Index
Total
90%
88%
86%
84%
82%
80%
78%
76%
89%
88%
86%
85%
84%
81%
South West Yorkshire Partnership NHS Foundation Trust
Rotherham Doncaster and South Humber NHS Foundation Trust
Humber Teaching NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Org name

Keep fit and Well

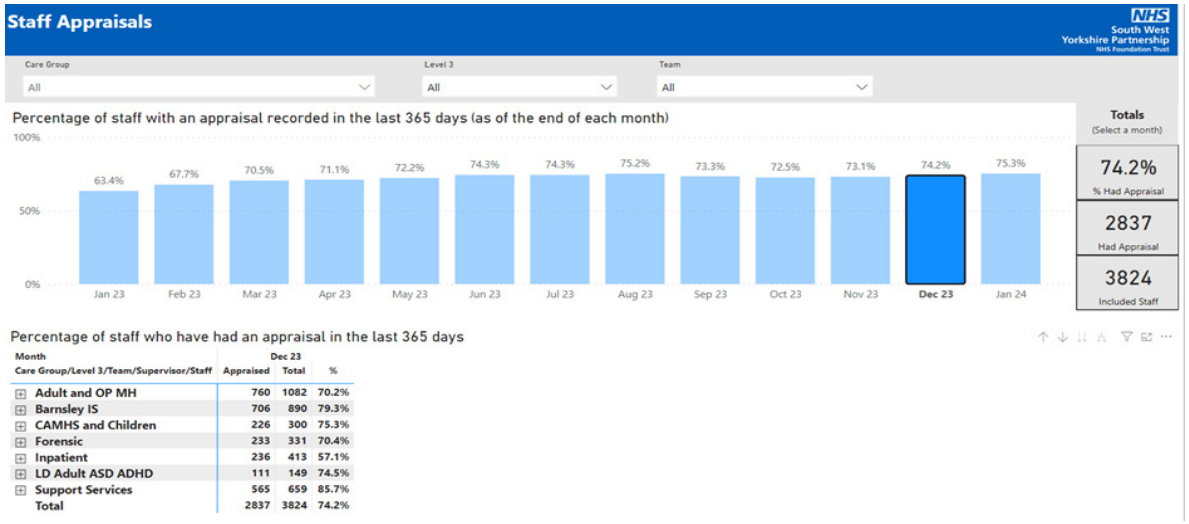
Absence

• Although the 'In month' sickness rate has increased this month (due to expected seasonal variances) we are still seeing the 12 month rolling absence rate has decreased slightly this to 5.1% (previously 5.2%).
• The overall 12 month rolling Barnsley Care Group have reduced their sickness rates to 4.9% (previously 5.1%), this is mainly contributed by the Mental Health Workforce which have dropped to 4.8% (previously 5.3%).
• Although Forensics remains high at 8.1% this has dropped since last month.
• Our additional Clinical Services (HCSW's) has also dropped in December to 5.9%% 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

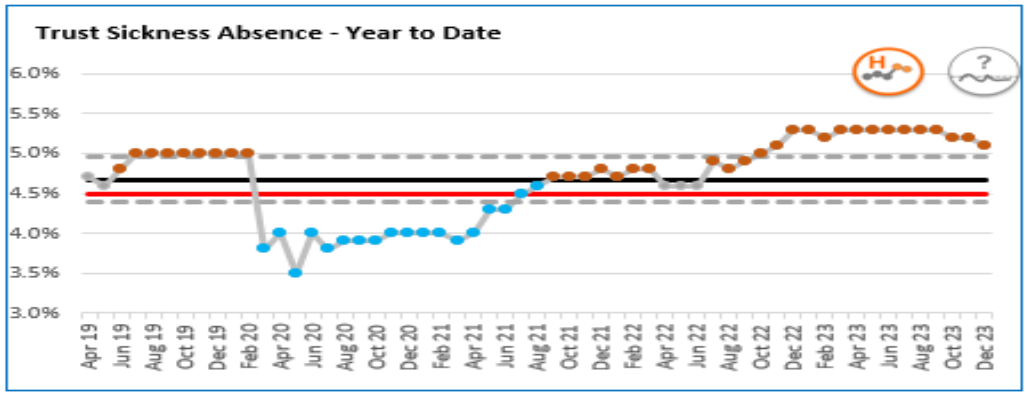
• A new online reporting system is now in place to support managers. This is driving improvement in uptake figures.
• There is now a focus on data quality particularly in ESR to align our Workpal data with the Organisational Hierarchy to further improve the new online BI reporting solution.
• For the third consecutive month we have seen an increase in the appraisal compliance rate. In December 2023 the rate increased to 74.2% compared to 72.5% in October 2023.
• A Workpal technical issue prevented managers from updating appraisals for several days in December. Despite this, we still managed to increase our compliance across the month which is a positive.
• Inpatient services have decreased in compliance for the third consecutive month. The rate in December is now 57.1%.



Training

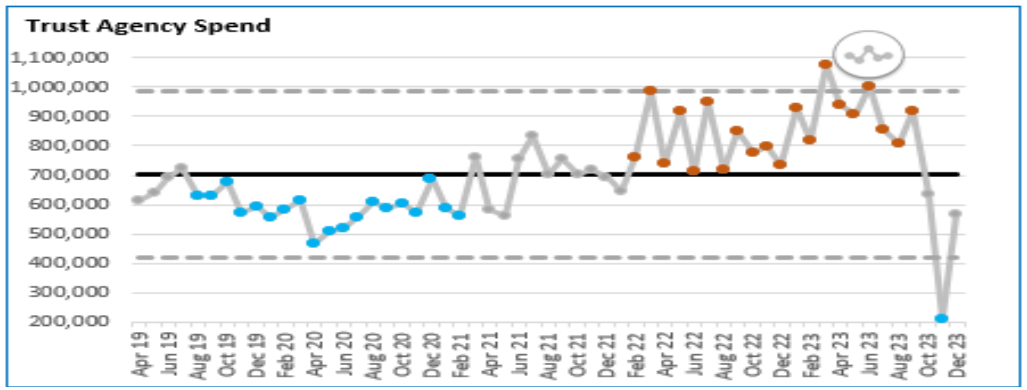
• Overall mandatory training has dropped slightly in December to 91.9%, however this still exceeds the Trust target of 80%.
• Although Information Governance is still below the Trust target in December we have seen an increase this month to 94.0%. These are reviewed at executive management group and operational management group on a weekly basis.
• Whilst the reducing restrictive practice interventions training has increased from 73.8% (April 23) we have seen a decrease in compliance to 81.8% (Dec 23)
• Safeguarding adults and children remains above target, however they have dropped in compliance for the third consecutive month.

Statistical process control charts



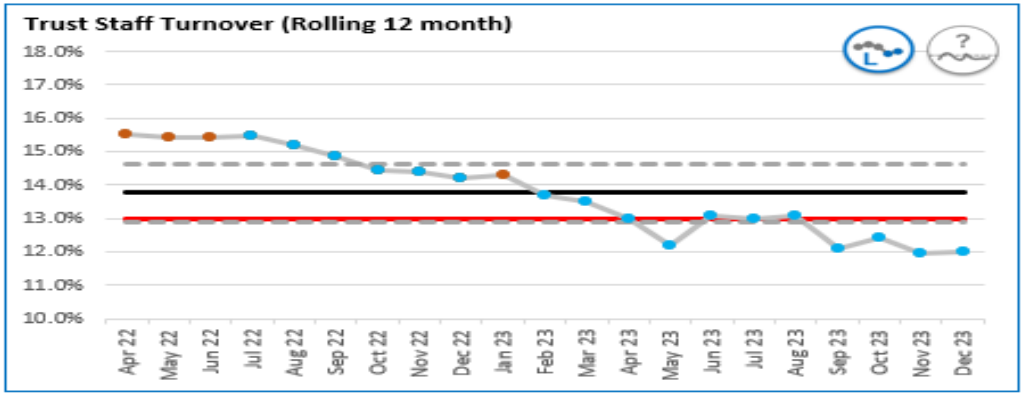
The SPC chart shows that in December 2023 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

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



The SPC chart shows that in December 2023, as anticipated after the VAT savings incorporated in November 2023, we have entered a period of common cause variation (no concern).

Please see finance appendix for further detail on agency spend.



The SPC chart shows that in December 2023, we have entered a period of special cause improving variation (something is happening and this should be investigated) following a sustained decrease in the turnover percentage over the past 9 months.

MEDICAL APPRAISALS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of doctors due to have an appraisal meeting in the reporting period	37	32	48	
Number undertaken in period	34	29	42	
Number not undertaken for which the RO accepts postponement is reasonable	2	3	6	
Percentage of appraisals taken place and submitted on time	92%	91%	88%	

MEDICAL REVALIDATIONS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of revalidation recommendations due in period	5	6	12	
Number of positive recommendations	5	6	11	
Number of deferrals	0	0	1	
Number of non-engagements	0	0	0	
Percentage of revalidation recommendations made	100%	100%	92%	

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

National Metrics

Data as of : 24/01/2024 11:03:25

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	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 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	451	483	480	434	545	435	589	400	187	66	75	85
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		92.6%	91.4%	74.4%	87.1%	87.8%	88.6%	90.3%	93.1%	72.4%	83.3%	83.3%	82.9%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		57.1%	53.8%	53.8%	52.5%	53.4%	53.2%	50.4%	51.5%	51.6%	52.7%	51.6%	54.6%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	95.1%	95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%	100%	99.7%
M7	72 hour follow-up from psychiatric in-patient care		80%	?		87.9%	89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%	89.0%	91.2%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		8	30	43	15	11	29	9	18	8	2	9	23
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		1	2	2	3	1	1	1	2	2	1	1	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	97.7%	97.6%	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%	99.0%	98.8%	98.6%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.8%	100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%	99.8%	99.8%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?	L	87.5%	80%	87.5%	50%	80%	100%	70%	66.7%	100%	100%	100%	75%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	88.6%	100%	95.8%	77.8%	95.8%	100%	92%	91.3%	96.6%	91.4%	93.5%	87.5%
M15	Data Quality Maturity Index		95%	P		99.4%	98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%	99.5%	99.5%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1641	1415	1532	1306	1603	1579	1470	1403	1477	1745	1713	1317
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P	H	98.1%	99.1%	98.9%	98.9%	98.4%	99.0%	99.2%	99.7%	99.0%	99.1%	99.4%	99.2%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H	36	44	30	25	34	26	37	38	34	35	38	25
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					72	51	81	51	67	53	64	60	70	68	45	37

National Metrics

Data as of : 24/01/2024 11:03:25

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23
M30	Number of detentions under the Mental Health Act (MHA)					100	94	86	93	101	93	101	100	97	96	86	96
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					20%	19.1%	20.9%	21.5%	17.8%	12.9%	25.7%	19%	22.7%	24.0%	18.6%	19.8%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			96.3%	95.5%	97.8%	97.5%	97.6%	97.8%	98.4%	98.4%	97.1%	97.7%	98.1%	97.3%
M34	% Clients in settled accommodation	⚠	60%			84.4%	84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%	85%	84.5%
M35	% Clients in employment	⚠	10%			11.7%	11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%	12.3%	12.6%
M41	Completion of a valid NHS number		99%			100%	100%	100%	100%	100.0%	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0%	100.0%
M42	Completion of ethnicity coding for all service users		90%			99.4%	99.4%	99.4%	99.4%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%	99.4%
M43	Community health services two hour urgent response standard		70%			87.6%	85.0%	83.7%	87.3%	86.6%	86.1%	88.0%	89.5%	88.6%	88.1%	87.4%	85.3%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500						1523	1719	2335	1509	1667	1656	1726	1844	1303
M45	The number of incomplete Referral to Treatment (RTT) pathways		2300												2009	2289	2019
			2400									1782	1982	2168			
			2500						1933	1835	1592						
M46	Count of 2-hour urgent community response first care contacts delivered					796	648	761	826	953	910	935	1019	1003	929	862	929
M47	Virtual ward occupancy		80%						82.9%	44.3%	92.9%	51.4%	57.1%	60%	57.5%	78.8%	64.3%
M48	Community services waiting list		5430									5024	5170	5048			
			5469												4952	4886	4808
			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								3934	3946	3943	3933	3917	3896	3891	3882	3855
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact								10988	11128	11131	11150	10966	11068	11166	11234	11057
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%			88%	91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%	74.3%	63.0%	64.3%
M171	% Admissions gate kept by crisis resolution teams		95%			98.9%	99%	98.2%	100%	99%	100%	96.6%	100%	99.1%	100%	97.9%	100%

National Metrics

Data as of : 24/01/2024 11:03:25

NHS South West Yorkshire Partnership NHS Foundation Trust

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

• The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 99.7%

• 72 hour follow up remains above the threshold at 91.2%.

• The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold at 64% in December. 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 4.5 weeks so if parents need support and advice for their child a general appointment can be arranged.

• The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week has seen a slight decrease in performance in November to 75% though low number do impact these figures. The routine access to treatment measure has dipped further under the 95% threshold at 84.4%. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.

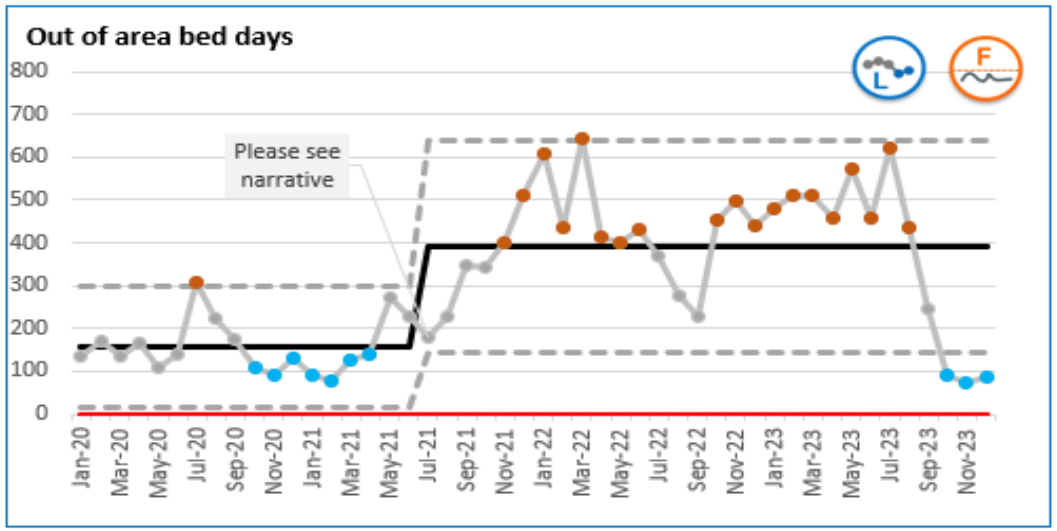
• During December 2023, there was one service user aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 23 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care 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 54.6% for December. 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 December. 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 December 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.

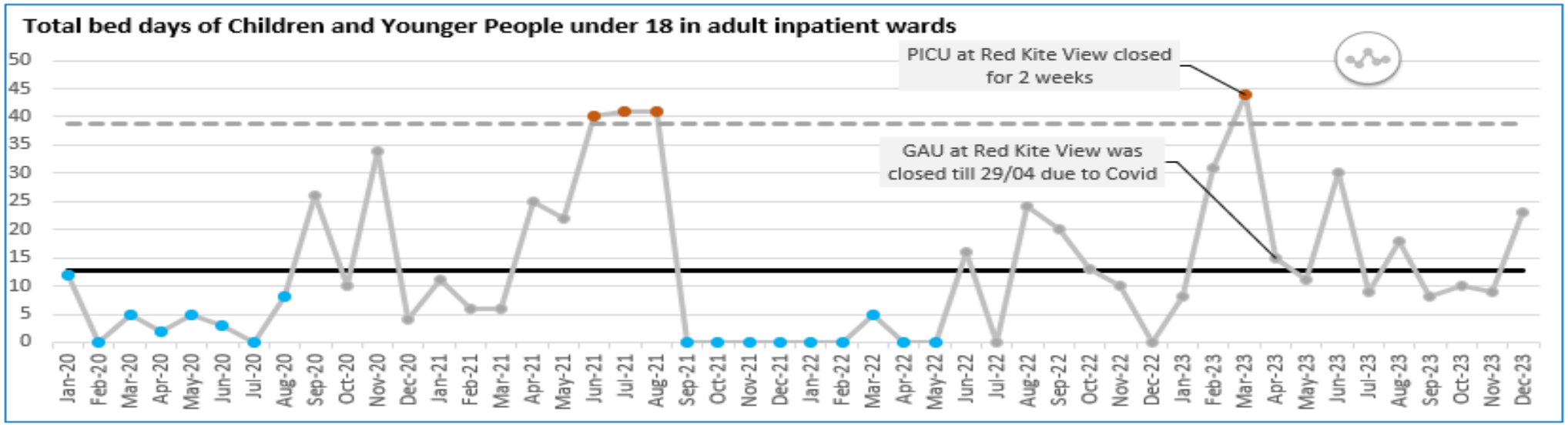
Summary	Actions	Assurance
The Trust has seen a sustained reduction in the number of inappropriate out of area bed days and remains in a period of special cause improving variation following a significant decrease in the number of bed days used.	The culmination of the work of the improvement programme 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 December the following data quality issue has been identified in the reporting:

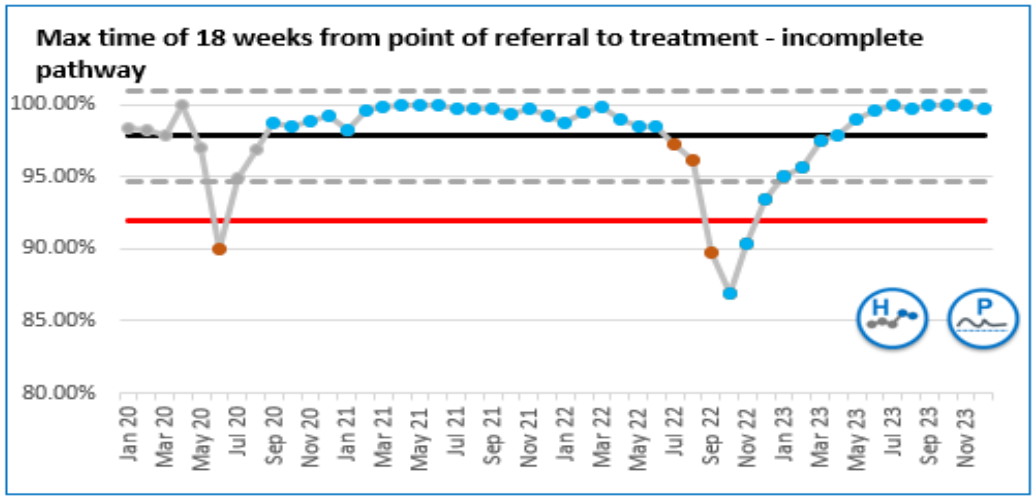
- The reporting for employment and accommodation shows 16.6% of records have missing employment and/or accommodation status with a further 1.5% that have an unknown employment status and 1.3% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

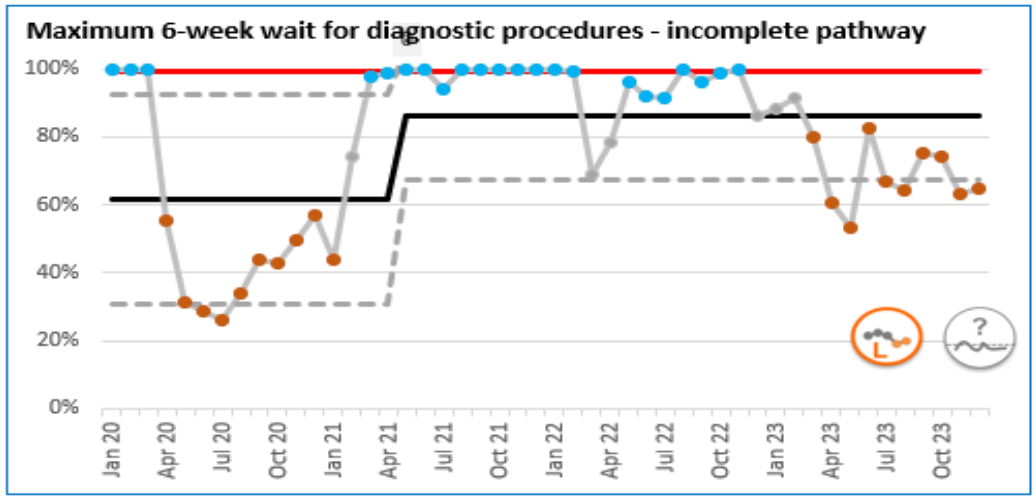
Analysis



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

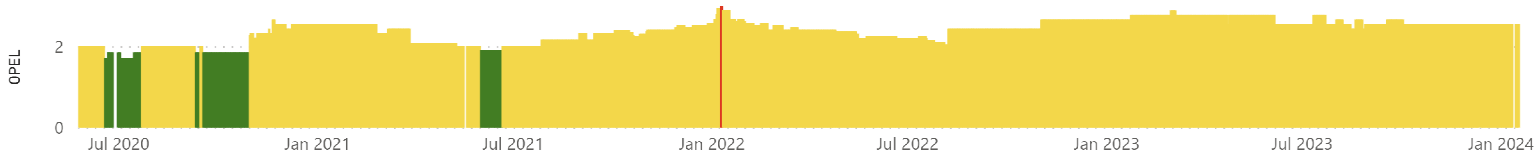




The SPC charts above show that for December 2023 we are currently in a period of special cause improving variation (something is happening and this should be investigated) for clients waiting a maximum of 18 weeks from referral to treatment and we are estimated to achieve the target against this metric. 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.

Overall Headlines
Appraisals remain a priority. These are being booked, with work to address reporting underway.
Triangulation is taking place between supervision and appraisal uptake, in particular where the same staff have missed both an appraisal and supervision and any specific actions required.
Gaps in mandatory training are being addressed through management support and oversight, with staff being booked into available dates.



Current average OPEL level

2.56

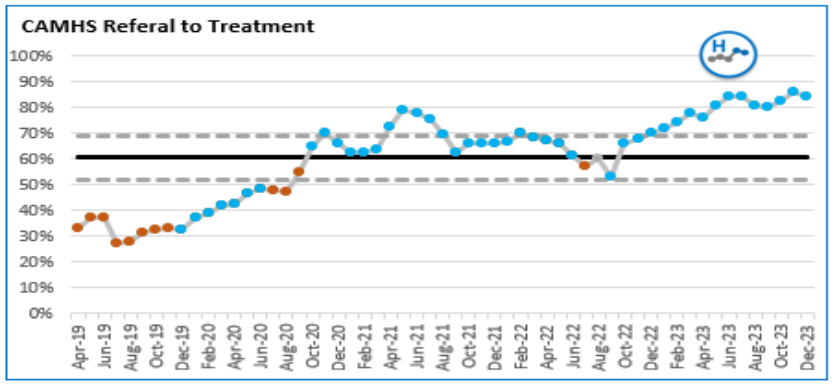
Key
OPEL Level 1
OPEL Level 2
OPEL Level 3
OPEL Level 4

Child and adolescent mental health services (CAMHS)

Headlines
Neurodevelopment waits remain a concern, even with the additional temporary capacity. This is in keeping with the national picture and forms part of the system wide work.
A new risk of increased waits for core CAMHS has been identified through the decommissioning of Northorpe Hall in Kirklees and changes to the pathway. The risk is being managed through the risk register and work with commissioners in the Place is underway.

CAMHS

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	76.7%	76.7%	
% Complaints with staff attitude as an issue	< 20%	50% 1/2	0% 0/1	
% of staff receiving supervision within policy guidance	80%	76.5%	75.1%	
CAMHS - Crisis Response 4 hours	N/A	97.1%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.7%	74.7%	
Eating Disorder - Routine clock stops	95%	85.2%	84.4%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	75.0%	
Information Governance training compliance	>=95%	91.7%	93.2%	
Reducing restrictive practice interventions training compliance	>=80%	83.3%	67.5%	
Sickness rate (Monthly)	4.5%	4.3%	3.6%	
% rosters locked down in 6 weeks				



As you can see in December 2023, we remain in a period of special cause improving variation (something is happening and this should be investigated). For further information see narrative below.

Alert/Action

• Waiting time numbers for Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Kirklees remain a concern. Robust action plans are in place (with transformation programme support) but the shortfall between commissioned capacity and demand remains. Agreement for additional temporary capacity in place, 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 – actions underway to address this.
• A new risk is reported regarding the decommissioning of Northorpe Hall and changes to the children's pathways in Kirklees, that could see an increase in waits for core CAMHS. Work across the Place and with commissioners is taking place and the risk will be managed through the risk assurance process.

Advise

• Appraisals are being prioritised in each team and expected to achieve target January 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 all children with an urgent need are seen within the 4 hour standard for emergency referrals. Breaches in routine referrals relate to staff sickness in ARFID pathway, new processes in place to ensure all of these cases are seen in a timely manner and passed to appropriate services.
• 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

Headlines

Although out of area reduction has been maintained, there has been an increase in the number of people who are clinically ready for discharge. Work is ongoing to ensure consistent application of the criteria and, importantly, work is underway in each place to address the barriers to discharge.

The wards are reporting an increased pressure from the number of learners who require support. Support has been drawn from retired, experienced nurses.

The sickness rate is above the Trust threshold on some wards and is due to a combination of long-term absence, pregnancy related illness and seasonal illness. General Managers have a firm grip on absence with staff being supported and managed in line with Trust policies.

Under-performance in mandatory training, supervision and appraisal is being addressed through line management support and oversight.

Mental Health Community (Including Barnsley Mental Health Services)

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	70.5%	74.1%	
% Assessed within 14 days of referral (Routine)	75%	84.8%		
% Assessed within 4 hours (Crisis)	90%	99.0%		
% Complaints with staff attitude as an issue	< 20%	10% (1/10)	37.5% (3/8)	
% of staff receiving supervision within policy guidance	80%	68.1%	65.9%	
% service users followed up within 72 hours of discharge from inpatient care	80%	89.0%	91.2%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.7%	97.5%	
% Treated within 6 weeks of assessment (routine)	70%	96.7%		
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.1%	78.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	76.4%	70.2%	
Information Governance training compliance	>=95%	93.1%	93.7%	
Reducing restrictive practice interventions training compliance	>=80%	66.2%	66.1%	
Sickness rate (Monthly)	4.5%	4.3%	4.6%	
% rosters locked down in 6 weeks				

Mental Health Inpatient

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	74.3%	56.7%	
% bed occupancy	85%	93.1%	82.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/8)	17% (1/6)	
% of staff receiving supervision within policy guidance	80%	69.7%	65.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.4%	78.6%	
% of clients clinically ready for discharge	3.5%	7.0%	7.6%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	92.5%	94.1%	
Inappropriate Out of Area Bed days	92	75	85	
Information Governance training compliance	>=95%	92.2%	93.0%	
Physical Violence (Patient on Patient)	Trend Monitor	18	12	
Physical Violence (Patient on Staff)	Trend Monitor	57	52	
Reducing restrictive practice interventions training compliance	>=80%	85.1%	82.3%	
Restraint incidents	Trend Monitor	99	***84***	
Safer staffing	90%	136.3%	136.1%	
Sickness rate (Monthly)	4.5%	4.6%	6.3%	
% 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. Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
- 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 are at a minimum and are essential to meet a person's needs. 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. Some wards have a higher number of people who are waiting for discharge due to the requirement for specialist placements for people with complex needs, for others the percentage of those delayed is due to the small numbers of patients on the ward, and in other cases judicial processes are required which can be lengthy. Work is ongoing to ensure the categorisation of CRFD is applied consistently.
- There is increased pressure on the wards from the number of learners that require support, for example student nurses, internationally recruited nurses and newly registered staff, which is creating patient safety concerns. In most cases the support is being provided to learners by two to three 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. There has been successful recruitment in Wakefield and Barnsley SPAs and staff are expected to be in post by the end of March 24.
- 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. December figure is provisional. 175 exceptions have been reported in December, this data is being verified. Exceptions relate to potential recording issues on the clinical system by temporary additional staff who are supporting the services and further work is required to confirm data quality.
- The Talking Therapies recovery rate for December is 58.58% for Kirklees and 50.88 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.
- 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. The percentage compliance is significantly impacted due to the relatively small number of admissions. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours and this is generally due to high acuity, bed occupancy or when an agency nurse is in charge of the ward. At the point of admission a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed.

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.
• Progress has been made in all areas on ensuring care plans are produced collaboratively and shared with service users. Achievement of the target is being maintained with continued support from Quality and Governance Leads.
• Care Programme Approach (CPA) review performance is above target in all areas, action plans and support from Quality and Governance Leads remain in place.
• 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. Data cleansing is underway to ensure that WorkPal and Trust performance data reflect actual appraisal activity in service areas.
• For all inpatient wards there has been a review of internal processes to ensure we are capturing all exclusions for supervision figures (there are some staff who are captured in these figures that should have been excluded due to long-term sickness for example). Admin staff will be supporting ward managers to ensure all exclusions are recorded on a monthly basis. Furthermore, there has been particular focus at ward level to understand and address where supervision levels are low. For example, on Ashdale and Elmdale there has been a number of band 6 vacancies impacting on supervision capacity so the matron team is providing supervision sessions for staff.
• The sickness rate is above the Trust target on some wards which is due to a combination of factors such as long-term absence, pregnancy related illness and seasonal illness. General Managers have a firm grip on absence with staff being supported and managed in line with Trust policies.
• 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.
• There is a good reporting culture for restraint interventions within the care group. There is a higher incidence of restraint on Walton which is not unusual in a PICU (Psychiatric Intensive Care Unit) environment. All restraint incidents are reviewed by the RRPI (Reducing Restrictive Practice Interventions) team and no areas of concern have been identified.
• Work continues towards meeting required concordance levels for Cardio Pulmonary Resuscitation (CPR) training and RRPI training - this has been impacted by some issues relating to access to training and levels of did not attends. There are issues with CPR course cancellations in addition to changes in course times not aligning with shift patterns.
• 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

• Intensive home based treatment teams are performing well in gatekeeping admissions to our inpatient beds.
• The care group is performing well in 72 hour follow up for all people discharged into the community.
• Out of area bed usage has reduced following intensive work as part of the care closer to home workstream

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

Headlines

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum disorder (ASD) services:
Communication with key stakeholders is planned in relation to The Royal College of Psychiatry invited review service report and associated action plan.

Learning disability services:
Key concern remains the number of people who are seen, assessed and commence their plan within 18 weeks. The data relates to 9 breaches out of 49 people. Work is underway as part of the Improving Access priority program. A deep dive will be reported to the executive management team in February 2024.
The Horizon team received positive feedback from an external commissioner in relation to the care and treatment reviews. The feedback provided additional assurance of the improvement work undertaken.

LD, ADHD & ASD

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	74.5%	74.7%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/5)	
% of staff receiving supervision within policy guidance	80%	74.3%	74.6%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	56.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	76.5%	
% of clients clinically ready for discharge	3.5%	75.0%	66.0%	
Information Governance training compliance	>=95%	92.6%	93.3%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	84.6%	81.6%	

LD, ADHD & ASD

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	13	19	
Reducing restrictive practice interventions training compliance	>=80%	72.7%	75.4%	
Safer staffing	90%	148.9%	156.2%	
Sickness rate (Monthly)	4.5%	3.2%	4.9%	
Restraint incidents	Trend Monitor	17	***10***	
% rosters locked down in 6 weeks				

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

Alert/Action

- Friend & Family Test – ↓ 67%, efforts continue to improve opportunities for feedback and engagement.
- West Yorkshire ICB Neurodiversity Project – the service continues to contribute to this project.
- Quality standards for adult ADHD assessments have been agreed at ICB level. Discussions on implementation continue across West Yorkshire.
- Referral rates for both ADHD and Autism continue to be higher than pre pandemic referral and are monitored within service.
- Actions are underway to address the recommendations in the Royal College of Psychiatry invited review report.

Advise

- Collaboration with Bradford District Care Foundation Trust continues. At the request of the commissioner the service will change its management of referrals This is to enable 500 historical cases to be prioritised. Based on current referral rates, there should be no waiting list for the Bradford Autism Pathway by July 2025.
- ADHD referral rates remain high in all areas with growing waiting lists. Currently over 4,500 people are waiting for an ADHD assessment just in the Barnsley, Wakefield, Kirklees and Calderdale regions. This is representative of the national picture.
- Autism referral rates also stay high. However, minimal waits for assessments exist in Barnsley, Kirklees and Wakefield due to implementation of a screening and triage step aligning with NHS England guidance published in April 2023.

Assure

- All key performance indicator targets met.
- Plans are in place to address reducing restrictive practice intervention training shortfall (76.7%).
- Relationship with Bradford working very well.
- Excellent levels of supervision (95.2%) and appraisal (100%) across the team.

Learning disability services:

Alert/Action

• Appraisal performance remains a focus plans are in place to ensure compliance across the Care Group. Current compliance is 74.4%. Supervision ↑69.7%.
• Plans in place to address training hotspots in cardio pulmonary resuscitation, information governance and restrictive practice intervention.
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.
• Following system changes and training, team managers are now managing waiting lists as a single team waiting list as part of the ongoing improvement plans to reduce waiting list times.
• Business case for additional ADHD resource now submitted to commissioners. Waiting lists for cases are increasing with no interim solution in place.
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
• Challenges continue with the recruitment of specialist in Speech and Language and Occupational Therapy.
• Significant improvement in medical recruitment overall although the appointed Consultant in Barnsley has not taken up post. Process for recruitment is underway.
• Locality trios are improving their clinical pathways locally including crisis, behavioural and dementia.
ATU
• Improvement work continues to be embedded into the service.
• Internal staff training programme continues re Positive Behaviour Support, Trauma Informed Care, Active Support and Autism.

Assure

• Benchmarking community teams against Senate standards is underway. Community improvement plan continues to progress.
• Internal LeDeR group now established to ensure learning is embedded into internal processes and wider learning is shared within the Trust.
• Positive feedback from Bradford commissioner received following a recent community treatment review which acknowledges recognition of improvements made on Horizon.
• Benchmarking review date now scheduled for QNLD (Quality Network for Learning Disability) standards.

Barnsley General Community Services

Headlines

Paediatric audiology waits remain a significant concern, with increased demand outstripping capacity. Action plan is being revised. Additionally, concerns have been raised in the national audit with integrated care system action plans being developed.
Staffing in the neuro rehabilitation unit remains a concern. Safer staffing shows 'green' because over- establishment levels are used to maintain safe care. The establishment is being reviewed.
Clinical supervision uptake and recording is a concern and is being addressed through line management support and oversight.

Barnsley General Community Services

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	73.3%	77.8%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/1)	
% people dying in a place of their choosing	80%	66.7%	95.1%	
% of staff receiving supervision within policy guidance	80%	42.9%	37.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.7%	77.6%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	94.6%	94.0%	

Barnsley General Community Services

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	100.0%	99.9%	
Maximum 6 week wait for diagnostic procedures	99%	63.0%	64.3%	
Reducing restrictive practice interventions training compliance	>=80%	75.0%	100.0%	
Safer staffing (inpatient)	90%	105.1%	104.4%	
Sickness rate (Monthly)	4.5%	4.8%	3.9%	
% rosters locked down in 6 weeks				

Alert/Action

- Barnsley Integrated Community Equipment Service (BICES) – increase in home loan equipment costs from 2 main suppliers (Drive and Harvest).
- Appraisals - many of our 32 service lines are at 100% and we continue to work on data cleansing linked to ESR.
- Clinical supervision will receive focused attention with the development of an improvement plan with support to specific areas with lowest rates of clinical supervision. Initially we need to look at cleansing the data and understanding how the data is pulled in order to establish which areas are struggling.
- Paediatric Audiology:
  - Audiology national audit outcomes – service to develop improvement plan and meet with integrated care system.
  - Service improvement plan to address waiting times is currently being implemented.

Advise

- NRU (Neurological Rehabilitation Unit) Safer staffing report recently circulated shows green however to note this is because untrained staff are used to supplement trained staff levels on the unit. A position paper has been sent to operational management group (finance).
- Yorkshire Smokefree Doncaster – outcome of tender submitted before Christmas is pending.

Assure

- CQUIN for Lower Limb Assessments continues to improve currently at 81% with a RAG rating change to green. This has now been removed from the risk register.
- Community health services two-hour urgent response standard – service continues to work with performance and business intelligence to adjust data flow for this measure. Work ongoing to identify exemptions which will improve data quality and performance.
- Community Services 2-hour crisis response target is above the 70% threshold (85.3% as at December

Forensic Services

Headlines

Sickness is a significant concern, particularly in low secure. The people directorate business partner is leading a deep dive into sickness and actions are underway in line with the policy. Individual ward sickness performance is also impacted by the allocation of staff with long term conditions into less acute areas.

Work on pathways with the collaborative is underway to address the underoccupancy in medium secure services.

Supervision performance is excellent, and learning is being shared with other areas.

Forensic

Metrics	Threshold	Nov-23	Dec-23	Variation/ Assurance
% Appraisal rate	>=90%	69.0%	74.4%	
% Bed occupancy	90%	80.9%	82.6%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	
% of staff receiving supervision within policy guidance	80%	92.3%	92.3%	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	92.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.1%	71.7%	
% 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%	90.9%	92.6%	
Physical Violence (Patient on Patient)	Trend Monitor	1	3	
Physical Violence (Patient on Staff)	Trend Monitor	13	14	
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	80.9%	80.3%	
Restraint incidents	Trend Monitor	26	***20***	
Safer staffing	90%	115.8%	114.6%	
Sickness rate (Monthly)	5.4%	9.2%	8.1%	
% rosters locked down in 6 weeks				

Alert/Action

• Bed Occupancy – Newton Lodge 86.38%↑, Bretton 77.83%↑, Newhaven 75.00↑. 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 flow across the pathway.
• Sickness absence – continues to be a concern particularly at the Bretton Centre. Managers within the service are working with the People Directorate to support staff to return to work. The People directorate are currently undertaking an audit on compliance with the sickness absence process.
• Vacancies & Turnover –Service continues to focus on recruitment and retention. Band 5 vacancies have 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 – 92.6%; Bretton – 90.0%; Newhaven –93.1%
The above figures represent the overall position for each service. There are some hotspots in information governance and cardio pulmonary resuscitation across the care group. Reducing restrictive practice interventions remains a hotspot in Newhaven only with significant improvement in Bretton and Newton Lodge.
• 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 (89.6% using locally determined metrics). Trajectory for Care Group compliance is end of January.
• 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.
• Care programme approach compliance has dropped to 92.3% work is being undertaken to understand and address this.

Assure

• High levels of data quality across the Care Group (100%).
• 100% compliance for HCR20 being completed within 3 months of admission.
• Friends and family test remains green
• 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 90%.

Inpatients - Mental Health - Working Age Adults

Ward Level Headlines - Working Age Adults, Older Peoples (WAA and OPS) and Rehab Services

Sickness
• Long-term absence, pregnancy related illness and seasonal illness are impacting wards above the Trust threshold. Appropriate actions are in place.
• Specific challenges on Ashdale relate to two recent serious incidents. Occupational Health are involved and support is in place.

Supervision
• Exclusions are being recorded on a monthly basis.
• Band 6 vacancies on Ashdale and Elmdale are impacting on supervision capacity. The matron team is providing additional supervision sessions.
• The majority of wards are achieving the Trust supervision target.

Mandatory Training
• Performance has been impacted by some issues relating to access to training.
• Cardio pulmonary rehabilitation course cancellations and changes in course times not aligning with shift patterns have impacted on compliance.
• Plans are in place to ensure appropriately trained staff are on duty across all shifts at all times.

Bed Occupancy
• All working age adult wards exceed the bed occupancy target and capacity to meet demand for beds remains a challenge.
• Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.

Clinically Ready For Discharge (CRFD)
• Availability of specialist placements for people with complex needs can delay discharge
• High percentage affect due to small numbers of patients on the ward
• Work is ongoing to ensure the categorisation of clinically ready for discharge is applied consistently.

FIRM Risk assessments
• Improved for the majority of wards.
• Percentage compliance is significantly impacted by small number of admissions.
• Non-compliance often due to high acuity, bed occupancy or when an agency nurse is in charge of the ward.
• At the point of admission a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed

Restraint Incidents
• Good reporting culture for restraint interventions within the care group.
• Higher incidence of restraint on Walton in keeping with a PICU (Psychiatric Intensive Care Unit) environment.
• All restraint incidents are reviewed by the RRPI (Reducing Restrictive Practice Interventions) team and no areas of concern have been identified.

Note - For Ward 19 - The physical violence and restraint incident data cannot be split by male and female.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	5.5%	6.7%	9.6%
Supervision	80%	85.2%	90.1%	90.1%
Information Governance training compliance	>=95%	88.5%	92.9%	96.2%
Reducing restrictive practice interventions training compliance	>=80%	80.8%	82.1%	73.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	85.7%	92.3%
Bed occupancy	85%	103.9%	97.9%	109.2%
Safer staffing	90%	124.2%	130.3%	131.8%
% of clients clinically ready for discharge	3.5%	9.3%	6.1%	5.8%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	75.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	1
Physical Violence (Patient on Staff)	Trend Monitor	5	0	0
Restraint incidents	Trend Monitor	25	5	***4***
Prone Restraint incidents	Trend Monitor	3	1	***1***

Clark Suite

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	5.3%	2.5%	3.5%
Supervision	80%	35.0%	71.4%	85.7%
Information Governance training compliance	>=95%	90.0%	90.5%	95.0%
Reducing restrictive practice interventions training compliance	>=80%	94.7%	95.0%	94.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.0%	85.7%	90.0%
Bed occupancy	85%	91.7%	90.5%	82.7%
Safer staffing	90%	120.9%	139.5%	129.7%
% of clients clinically ready for discharge	3.5%	15.1%	15.5%	16.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	60.0%	50.0%	91.7%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	4	4	3
Restraint incidents	Trend Monitor	11	3	***2***
Prone Restraint incidents	Trend Monitor	1	2	***0***

Melton Suite

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	14.1%	5.0%	6.0%
Supervision	80%	71.4%	100.0%	100.0%
Information Governance training compliance	>=95%	87.0%	87.0%	87.0%
Reducing restrictive practice interventions training compliance	>=80%	87.0%	87.0%	82.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.9%	73.9%	69.6%
Bed occupancy	85%	97.8%	98.9%	100.0%
Safer staffing	90%	171.8%	150.8%	153.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	50.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	0
Restraint incidents	Trend Monitor	4	3	***1***
Prone Restraint incidents	Trend Monitor	0	1	***0***

Nostell

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	0.0%	1.4%	2.1%
Supervision	80%	78.6%	100.0%	92.3%
Information Governance training compliance	>=95%	88.9%	96.6%	93.3%
Reducing restrictive practice interventions training compliance	>=80%	96.2%	100.0%	96.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.3%	89.3%	89.7%
Bed occupancy	85%	94.3%	92.4%	87.8%
Safer staffing	90%	123.7%	128.7%	122.0%
% of clients clinically ready for discharge	3.5%	14.4%	16.4%	18.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	1	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	1
Restraint incidents	Trend Monitor	14	4	***6***
Prone Restraint incidents	Trend Monitor	0	1	***2***

Inpatients - Mental Health - Working Age Adults

Stanley

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	9.1%	9.7%	7.5%
Supervision	80%	70.4%	100.0%	100.0%
Information Governance training compliance	>=95%	96.0%	95.8%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	92.0%	91.7%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.0%	83.3%	80.0%
Bed occupancy	85%	99.1%	95.5%	88.6%
Safer staffing	90%	126.6%	134.8%	163.3%
% of clients clinically ready for discharge	3.5%	11.0%	8.6%	10.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.3%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	0
Restraint incidents	Trend Monitor	2	3	***2***
Prone Restraint incidents	Trend Monitor	1	1	***0***

Walton

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	8.9%	6.1%	6.2%
Supervision	80%	44.4%	87.5%	100.0%
Information Governance training compliance	>=95%	89.5%	89.5%	94.6%
Reducing restrictive practice interventions training compliance	>=80%	81.1%	81.1%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	59.5%	62.2%	69.4%
Bed occupancy	85%	89.6%	94.8%	93.5%
Safer staffing	90%	137.4%	152.0%	140.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	1	0
Physical Violence (Patient on Staff)	Trend Monitor	3	3	3
Restraint incidents	Trend Monitor	23	13	***3***
Prone Restraint incidents	Trend Monitor	12	5	***0***

Ashdale

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	10.9%	9.4%	12.1%
Supervision	80%	24.2%	50.0%	72.7%
Information Governance training compliance	>=95%	90.3%	92.9%	96.6%
Reducing restrictive practice interventions training compliance	>=80%	87.1%	89.3%	82.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.3%	71.4%	69.0%
Bed occupancy	85%	100.7%	94.7%	96.5%
Safer staffing	90%	118.5%	131.8%	133.3%
% of clients clinically ready for discharge	3.5%	1.5%	5.3%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.3%	95.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	5	2	3
Physical Violence (Patient on Staff)	Trend Monitor	1	3	2
Restraint incidents	Trend Monitor	8	5	***4***
Prone Restraint incidents	Trend Monitor	2	0	***1***

Ward 18

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	5.0%	3.4%	4.9%
Supervision	80%	43.3%	90.9%	23.1%
Information Governance training compliance	>=95%	96.4%	90.3%	91.2%
Reducing restrictive practice interventions training compliance	>=80%	75.0%	83.9%	82.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.1%	80.6%	82.4%
Bed occupancy	85%	98.2%	93.6%	93.8%
Safer staffing	90%	107.2%	120.8%	119.4%
% of clients clinically ready for discharge	3.5%	6.5%	1.8%	2.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	88.2%
Physical Violence (Patient on Patient)	Trend Monitor	4	2	3
Physical Violence (Patient on Staff)	Trend Monitor	4	12	9
Restraint incidents	Trend Monitor	5	21	***13***
Prone Restraint incidents	Trend Monitor	1	7	***0***

Inpatients - Mental Health - Working Age Adults

Elmdale

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	11.3%	7.0%	6.6%
Supervision	80%	66.7%	70.0%	30.0%
Information Governance training compliance	>=95%	90.9%	90.9%	82.6%
Reducing restrictive practice interventions training compliance	>=80%	86.4%	90.9%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	66.7%	54.5%
Bed occupancy	85%	97.2%	94.9%	90.6%
Safer staffing	90%	101.7%	114.3%	139.4%
% of clients clinically ready for discharge	3.5%	1.4%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	90.9%	100.0%	80.0%
Physical Violence (Patient on Patient)	Trend Monitor	3	6	1
Physical Violence (Patient on Staff)	Trend Monitor	2	5	3
Restraint incidents	Trend Monitor	8	19	***9***
Prone Restraint incidents	Trend Monitor	0	1	***2***

Inpatients - Mental Health - Older People Services

Crofton

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	7.1%	3.3%	0.7%
Supervision	80%	34.8%	90.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	96.2%
Reducing restrictive practice interventions training compliance	>=80%	82.6%	83.3%	79.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.3%	91.7%	91.7%
Bed occupancy	85%	91.9%	90.2%	81.7%
Safer staffing	90%	180.4%	177.1%	183.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	70.0%	100.0%	85.7%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	7
Restraint incidents	Trend Monitor	4	4	***14***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Poplars CUE

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	6.0%	1.1%	2.9%
Supervision	80%	59.3%	83.3%	100.0%
Information Governance training compliance	>=95%	100.0%	96.3%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	84.6%	88.0%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	83.3%	87.5%
Bed occupancy	85%	67.5%	69.6%	67.3%
Safer staffing	90%	216.7%	235.3%	207.1%
% of clients clinically ready for discharge	3.5%	34.1%	39.4%	30.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	4	1	0
Physical Violence (Patient on Staff)	Trend Monitor	15	12	12
Restraint incidents	Trend Monitor	35	14	***11***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Mental Health - Older People Services

Willow

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	9.9%	2.8%	4.2%
Supervision	80%	81.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	90.9%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	76.2%	81.8%	81.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	52.4%	45.5%	42.9%
Bed occupancy	85%	89.0%	84.7%	77.7%
Safer staffing	90%	106.5%	170.9%	154.0%
% of clients clinically ready for discharge	3.5%	0.3%	0.0%	41.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	5	4	3
Restraint incidents	Trend Monitor	0	3	***4***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Beechdale

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	12.1%	9.8%	9.0%
Supervision	80%	61.5%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	95.8%
Reducing restrictive practice interventions training compliance	>=80%	87.5%	91.7%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.3%	82.6%	82.6%
Bed occupancy	85%	94.4%	93.1%	84.9%
Safer staffing	90%	150.5%	141.8%	130.1%
% of clients clinically ready for discharge	3.5%	9.2%	17.1%	9.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	88.9%	83.3%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	3
Restraint incidents	Trend Monitor	0	1	***5***
Prone Restraint incidents	Trend Monitor	0	1	***0***

Ward 19 - Male

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	1.1%	1.6%	3.4%
Supervision	80%	75.0%	100.0%	100.0%
Information Governance training compliance	>=95%	95.5%	95.8%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	81.8%	79.2%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.8%	83.3%	75.0%
Bed occupancy	85%	96.1%	91.6%	83.0%
Safer staffing	90%	108.9%	107.3%	107.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	1
Physical Violence (Patient on Staff)	Trend Monitor	0	6	3
Restraint incidents	Trend Monitor	2	8	***5***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Ward 19 - Female

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	20.3%	7.0%	12.9%
Supervision	80%	58.8%	100.0%	100.0%
Information Governance training compliance	>=95%	89.5%	89.5%	94.7%
Reducing restrictive practice interventions training compliance	>=80%	78.9%	77.8%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	47.4%	38.9%	44.4%
Bed occupancy	85%	87.3%	86.4%	81.5%
Safer staffing	90%	94.9%	105.7%	111.5%
% of clients clinically ready for discharge	3.5%	6.6%	6.9%	7.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	87.5%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	1
Physical Violence (Patient on Staff)	Trend Monitor	0	6	3
Restraint incidents	Trend Monitor	2	8	***5***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Mental Health - Rehab

Enfield Down

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Appraisal rate				
Sickness	4.5%	2.8%	2.7%	3.6%
Supervision	80%	100.0%	100.0%	84.2%
Information Governance training compliance	>=95%	94.1%	98.1%	96.1%
Reducing restrictive practice interventions training compliance	>=80%	80.0%	84.3%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	77.8%	79.5%
Bed occupancy	85%	44.6%	48.9%	48.1%
Safer staffing	90%	94.7%	94.2%	92.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	4	0	1
Restraint incidents	Trend Monitor	3	1	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Lyndhurst

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Appraisal rate				
Sickness	4.5%	5.1%	4.6%	6.0%
Supervision	80%	55.6%	71.4%	85.7%
Information Governance training compliance	>=95%	96.2%	92.3%	92.6%
Reducing restrictive practice interventions training compliance	>=80%	64.0%	66.7%	60.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.0%	80.8%	80.8%
Bed occupancy	85%	62.9%	67.1%	64.7%
Safer staffing	90%	120.8%	123.4%	124.3%
% of clients clinically ready for discharge	3.5%	9.9%	9.6%	10.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	0.0%	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Medium Secure

Ward Level Headlines - Forensics

Medium Secure

- Supervision above 80% on all medium secure wards.
- Sickness variable across medium secure. Management of sickness absence is a focus across the care group. The service is currently being supported by the People Directorate to undertake more detailed analysis to inform future actions. An audit is being undertaken to assess compliance with the sickness absence policy across all wards. It is noted that staff with underlying medical conditions tend to be directed to Wards that are a part of the rehabilitation pathway not the acute pathway by occupational health as part of supportive measures to keep staff in work.
- Improvements have been made in the overall compliance for reducing restrictive practice interventions but Hepworth and Priestley have further improvement work to be done to reach the target.
- Bed occupancy in Appleton is lower due to an overall reduction in referrals for LD beds in medium secure.
- Cardio pulmonary rehabilitation compliance on Appleton, Hepworth, Priestley, Johnson and Waterton is currently lower than expected. Remedial actions are being developed to prioritise cardio pulmonary rehabilitation compliance.

Low Secure

- Sickness across all four low secure wards is very high, particularly Thornhill and Ryburn. The service is currently being supported by the People Directorate to undertake more detailed analysis to inform future actions. An audit is being undertaken to assess compliance with the sickness absence policy across all wards. It is noted that staff with underlying medical conditions tend to be directed to Thornhill and Ryburn.
- Cardio pulmonary rehabilitation compliance on Thornhill and Sandal is currently lower than expected. Remedial actions are being developed to prioritise cardio pulmonary rehabilitation compliance, and staff have been booked on upcoming courses in Jan/Feb - further cardio pulmonary rehabilitation training dates are not available beyond February 2024.
- Bed occupancy in low secure apart from Ryburn is below expected targets. This is similar to other low secure services across West Yorkshire. The reduction in Thornhill's occupancy is due to recent discharges. The care group is monitoring bed occupancy closely and liaising with the commissioning hub.
- Supervision is above 85% on all areas and is 100% on Ryburn and Sandal.
- Incidents on Newhaven noted to be higher than elsewhere in low secure reflecting challenging behaviours in a small group of service users. The service is currently undertaking a detailed piece of work on the use of prone restraint and implementation of positive behaviour support planning as a means to reduce incidents overall.

Appleton

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	5.0%	6.4%	5.9%
Supervision	80%	95.5%	80.0%	100.0%
Information Governance training compliance	>=95%	95.5%	87.5%	87.0%
Reducing restrictive practice interventions training compliance	>=80%	81.8%	87.5%	82.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.3%	76.0%	79.2%
Bed occupancy	90%	66.9%	62.5%	62.5%
Safer staffing	90%	92.9%	96.8%	97.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	1
Restraint incidents	Trend Monitor	3	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Bronte

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	7.2%	0.3%	0.0%
Supervision	80%	95.5%	83.3%	100.0%
Information Governance training compliance	>=95%	100.0%	95.2%	95.7%
Reducing restrictive practice interventions training compliance	>=80%	94.7%	85.7%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.9%	81.0%	78.3%
Bed occupancy	90%	88.9%	71.9%	95.9%
Safer staffing	90%	98.2%	100.3%	99.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	1	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Chippendale

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	6.7%	9.2%	7.2%
Supervision	80%	100.0%	100.0%	88.9%
Information Governance training compliance	>=95%	90.9%	84.2%	89.5%
Reducing restrictive practice interventions training compliance	>=80%	100.0%	100.0%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.4%	84.2%	84.2%
Bed occupancy	90%	100.0%	91.7%	91.7%
Safer staffing	90%	121.6%	122.7%	128.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	2
Physical Violence (Patient on Staff)	Trend Monitor	2	2	2
Restraint incidents	Trend Monitor	3	4	***4***
Prone Restraint incidents	Trend Monitor	2	2	***1***

Hepworth

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	0.4%	2.5%	8.5%
Supervision	80%	73.3%	100.0%	86.7%
Information Governance training compliance	>=95%	96.6%	90.3%	96.6%
Reducing restrictive practice interventions training compliance	>=80%	79.3%	77.4%	72.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	67.9%	73.3%	70.4%
Bed occupancy	90%	85.8%	88.0%	83.2%
Safer staffing	90%	97.5%	104.8%	96.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	1	1
Physical Violence (Patient on Staff)	Trend Monitor	0	1	0
Restraint incidents	Trend Monitor	0	1	***1***
Prone Restraint incidents	Trend Monitor	0	1	***0***

Inpatients - Forensic - Medium Secure

Johnson

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	5.3%	10.3%	7.4%
Supervision	80%	92.6%	83.3%	92.3%
Information Governance training compliance	>=95%	93.1%	87.9%	93.5%
Reducing restrictive practice interventions training compliance	>=80%	89.7%	87.9%	87.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.0%	66.7%	67.7%
Bed occupancy	90%	86.7%	86.7%	86.7%
Safer staffing	90%	143.6%	140.7%	137.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	4	2
Restraint incidents	Trend Monitor	0	4	***1***
Prone Restraint incidents	Trend Monitor	0	0	***1***

Priestley

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	5.4%	10.3%	11.0%	8.4%
Supervision	80%	83.3%	88.9%	77.8%
Information Governance training compliance	>=95%	90.9%	86.4%	91.3%
Reducing restrictive practice interventions training compliance	>=80%	81.0%	76.2%	77.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.4%	76.2%	72.7%
Bed occupancy	90%	78.2%	88.2%	93.5%
Safer staffing	90%	94.8%	91.2%	97.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Waterton				
Metrics	**Threshold**	**Oct-23**	**Nov-23**	**Dec-23**
Sickness	5.4%	1.0%	2.8%	5.6%
Supervision	80%	90.0%	100.0%	90.9%
Information Governance training compliance	>=95%	90.9%	90.5%	85.7%
Reducing restrictive practice interventions training compliance	>=80%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.7%	66.7%	57.1%
Bed occupancy	90%	91.5%	93.8%	85.3%
Safer staffing	90%	118.8%	123.3%	121.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	2
Restraint incidents	Trend Monitor	0	0	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Low Secure

Thornhill				
Metrics	**Threshold**	**Oct-23**	**Nov-23**	**Dec-23**
Sickness	5.4%	17.2%	18.3%	9.8%
Supervision	80%	23.1%	91.7%	100.0%
Information Governance training compliance	>=95%	95.2%	90.9%	91.3%
Reducing restrictive practice interventions training compliance	>=80%	85.7%	95.5%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	59.1%	56.5%
Bed occupancy	85%	77.2%	56.9%	56.3%
Safer staffing	90%	115.6%	117.9%	109.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	0
Restraint incidents	Trend Monitor	0	5	***0***
Prone Restraint incidents	Trend Monitor	0	1	***0***

Sandal				
Metrics	**Threshold**	**Oct-23**	**Nov-23**	**Dec-23**
Sickness	5.4%	9.5%	12.4%	14.0%
Supervision	80%	100.0%	100.0%	90.0%
Information Governance training compliance	>=95%	88.5%	87.0%	82.6%
Reducing restrictive practice interventions training compliance	>=80%	80.8%	82.6%	82.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	61.5%	60.9%	52.2%
Bed occupancy	85%	74.8%	77.5%	85.9%
Safer staffing	90%	104.2%	119.2%	128.0%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	***3***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Low Secure

Sickness	5.4%	19.1%	22.6%	37.8%	Sickness	5.4%	11.7%	12.6%	6.1%
Supervision	80%	100.0%	100.0%	100.0%	Supervision	80%	92.0%	87.5%	88.9%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%	Information Governance training compliance	>=95%	92.0%	92.3%	92.3%
Reducing restrictive practice interventions training compliance	>=80%	80.0%	80.0%	71.4%	Reducing restrictive practice interventions training compliance	>=80%	84.0%	73.1%	80.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	80.0%	57.1%	Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.0%	80.8%	76.9%
Bed occupancy	85%	77.9%	97.1%	100.0%	Bed occupancy	85%	74.0%	71.9%	75.0%
Safer staffing	90%	100.0%	100.1%	102.8%	Safer staffing	90%	122.5%	134.8%	124.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A	FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0	Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0	Physical Violence (Patient on Staff)	Trend Monitor	10	4	6
Restraint incidents	Trend Monitor	0	0	***0***	Restraint incidents	Trend Monitor	17	10	***9***
Prone Restraint incidents	Trend Monitor	0	0	***0***	Prone Restraint incidents	Trend Monitor	4	3	***4***

Inpatients - Non-Mental Health

Headlines

• Sickness – both NRU and SRU have seen high levels of sickness. Long term sickness impacts this on both units and this is being managed as per SWYFT sickness absence processes.
• Supervision – remains a concern. A concentrated focus has been underway since November. Work is underway to understand and address recording concerns. A workaround is being developed to ensure external supervision can be recorded and monitored.
• Cardio pulmonary rehabilitation – Long term sickness has impacted the availability of staff to be released. The roster system ensures access to appropriately trained staff at all times and actions are underway to address underperformance.
• Bed Occupancy – NRU occupancy is impacted by the 4 beds for spot purchase being closed due to staffing levels.

Neuro Rehabilitation Unit (NRU)

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	9.4%	7.4%	7.3%
Supervision	80%	57.1%	57.1%	21.4%
Information Governance training compliance	>=95%	93.1%	92.9%	89.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.1%	70.4%	74.1%
Bed occupancy	85%	62.1%	66.7%	66.7%
Safer staffing	90%	104.3%	103.8%	99.4%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	0
Prone Restraint incidents	Trend Monitor	0	0	0

Stroke Rehabilitation Unit (SRU)

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	2.7%	6.8%	6.9%
Supervision	80%	11.7%	19.4%	31.0%
Information Governance training compliance	>=95%	95.1%	100.0%	96.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.9%	70.7%	67.2%
Bed occupancy	85%	89.2%	65.8%	82.5%
Safer staffing	90%	108.1%	106.1%	108.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	0
Prone Restraint incidents	Trend Monitor	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines

- Improvements in supervision noted on Horizon due to an improved system of rostering supervision.
- Cardiopulmonary resuscitation training is currently a hotspot with remedial actions in place.
- Information governance training and reducing restrictive practice interventions also receiving focussed attention to improve compliance.
- High levels of service users who are clinically ready for discharge is due to service users requirements for complex packages of care to be sourced within the community. This has been escalated through the assessment and treatment unit delivery group.

Horizon

Metrics	Threshold	Oct-23	Nov-23	Dec-23
Sickness	4.5%	7.1%	6.4%	6.1%
Supervision	80%	80.0%	90.9%	81.8%
Information Governance training compliance	>=95%	91.7%	94.4%	97.3%
Reducing restrictive practice interventions training compliance	>=80%	76.5%	79.4%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.9%	68.8%	60.6%
Bed occupancy	N/A	50.0%	50.0%	56.9%
Safer staffing	90%	143.4%	148.9%	156.2%
% of clients clinically ready for discharge	3.5%	75.0%	75.0%	66.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	12	13	18
Restraint incidents	Trend Monitor	12	17	***10***
Prone Restraint incidents	Trend Monitor	3	1	***0***

The following section highlights the performance against the Trust's strategic objectives and priority change and improvement programmes for 2023/24.
The Trust has in place a robust system for the development, agreement and governance of these priority areas of work: Framework for governance and assurance.
Programme plans are in place with key agreed milestones identified and reporting against these will be provided at the identified date or by exception.
Progress against milestones and other updates by exception are reported in this section.

Progress key	
G	On track against plan and/or on schedule within agreed timescales
A	Needs additional action to stay on track and/or on schedule
R	Not on track and/or at risk of not delivering within agreed timescales. Requires review
B	Completed

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work taking place with partners in each of our four places to address inequalities. Internal work on data and metrics is supporting this work and developing our understanding of the impact of services on different cohorts of people. Please refer to the equality, inclusion and diversion report at agenda item 9.7 on the this months Trust board agenda. This report will be utilised to develop key performance indicators to be included in the performance report as part of the IPR development plan.	
Improving care	Transform our Older People inpatient services	**OPS Transformation Programme:** Final preparation for consultation took place in December 2023 and formal public consultation launched in January 2024. A range of events are being planned from mid-late January and into February. The consultation launch, drop in events and online meetings have been advertised through a variety of channels. A range of briefing sessions have been held with colleagues and partners supporting the consultation process including advocacy, community assets and people supporting the events. A mid-point review will be organised for mid-February.	
	Improve our mental health services so they are more responsive, inclusive, and timely	**Improving Access to Care Programme** **1. Waits for CAMHS Neurodevelopmental Services in Kirklees and Calderdale:** All staff are now in post to support the referral part of the Kirklees pathway. Current wait time to complete the referral appointment has reduced from 2 months to 6 weeks since new pathway introduction (initially 4 months at start of project). Recruitment activity in support of the assessment part of the pathway is underway. Interviews scheduled for end of January for an assistant psychologist. with proposed start date of March/April 2024. Substantive funding to provide post diagnostic support secured and recruitment process has begun with proposed start date of March/April 2024. Transition work with adult attention deficit hyperactivity disorder (ADHD) services continues to work effectively. In Calderdale waiting times are reducing in line with the reduction in referrals through choice. However, it is noted there is a significant backlog in processing referrals at first point of contact – advised of 600 waiting review of clinical suitability, and a further 600 to be processed before this point. The Trust continues to be involved in discussions with the integrated care board and West Yorkshire collaborative. **2. Waits for Community LD (CLD) services:** New processes and use of SystmOne waiting list management functionality have been introduced across all CLD teams to support management of waiting lists, reduction in breaches, and variation in the ability of each locality service to be able to meet the 90% target. End of phase report submitted to the Trust's improving access to care programme steering group and support given to scope next phase of work including benefits realisation from phase one. Update report to executive management team to be provided by CLD services in February 2024. **3. Improving Access to Core Psychological Therapies:** Project initiation activity completed with key areas of focus identified and alignment with other improvement work such as single point of access (SPA) review. Work has commenced on initial qualitative and quantitative data collection and developing a baseline understanding of current core psychological therapies activity, scheduled for completion in March 2024. **4. MH Single Point of Access Review:** February 2023: Liaise with peoples' services in regards staff views and collate information on staff turnover, sickness and reasons for leaving SPA service – ongoing. December 2023: Liaise with communications, equality and involvement team in regards service user and carer views. We have received information on themes of complaints which has highlighted need to understand service user expectations of SPA (including capacity and prescribing ability) – Complete December 2023: Review anecdotal partnership feedback. We have commenced engagement with programme managers in Place to understand GP views/ expectations of SPA - progressing. Complete February 2024: Feedback from Serious Incidents has led the group to review the development of a Substance Misuse focus – ongoing. February 2024: Collate and present 'What we Know' information to inform recommendations in final report. – on track April 2024: Review completed, and improvement plan developed – on track May 2024: Report submitted to EMT for approval to move into improvement implementation – on track. **Care Closer to Home (CC2H) Programme** Sustaining reduction in out of area admissions. Check & challenge peer review first meeting held/further discussions Jan/February 2024 A further assurance meeting to be arranged prior to commencement of Barnsley pilot. Engagement workshops with all partners have now been scheduled for February/March 2024 **Inpatient Priority Programme** Therapeutic – final Terms of Reference and re-formatted action plan agreed January 2024 Discharge Oversight Group – initiatives updated by working group, progressing with leads identified. Workforce – Support for international recruits, career progression discussions, staff engagement strategy and Health and Wellbeing offer conversations are all progressing. Data – Senior leadership team reviewing all data which is looked over at weekly performance and oversight meetings **Community Transformation (MH)** 22/12/23: Create comms and engagement action plan to manage change and establish delivery groups to implement changes. Rescheduling owing to delay in feedback from steering group. A draft higher-Level communication has been developed and taken to steering group in January for approval. 31/1/24: High level mapping of service processes across the Trust's services completed and analysis on schedule. 30/03/24: A sub-group of the interoperability operational severe mental illness/physical health checks (SMI/PHC) steering group is currently reviewing SMI/PHC templates and SNOMED coding on templates within SWYPFT and Ardens' templates used in primary care. 30/4/24: Review of cardiometabolic guidance – 2 pilots taking place and are on schedule. Ongoing: Working together with project management office leads across localities to maintain alignment, sharing communications and learning as the community mental health transformation programmes develop.	

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving care	Improve safety and quality	**Care planning and risk assessment** Work is progressing in line with the improvement plan. Task and Finish groups have commenced focussing on systems and digital improvements and good practice, policy and training. A quality dashboard and quality metrics is being developed alongside the change intelligence partner. **Personalised care (moving on from Care Programme Approach)** Ongoing: Commencing in December, members of the group have met with the Centre for Mental Health (CMH) Research to support development of guidance to support systems to improve community mental health assessments and support post-Care Programme Approach (CPA) in line with the NHSE Position Statement on Moving away from CPA. The Steering Group continue to engage with the Avon and Wiltshire National Network Meeting; The Regional Community of Practice for NEY and the Local West Yorkshire Network meetings. 22/12/23: Supporting Triangle of Care implementation group with development of Self-Assessment Framework -completed. 14/02/24: Produce preliminary draft principles for key worker and multi-disciplinary team (MDT) functions in preparation for engagement. Completed. 14/02/24: staff, service users and carers communication and engagement plan for implementation of key worker and MDT functions developed – progressing to schedule.	
Improving use of resources	Spend money wisely and increase value	**Value for money** On plan to secure value for money target for 2023/24 Non pay schemes are progressing though identified limited financial savings have been realised to date with perceived challenges around pace and capacity. Escalation in place to operational management group and executive management group. Cost savings initiatives generated through annual planning sessions and Thinking Differently workshops have been themed and shared with leads for consideration. Thinking Differently workshops continue to be offered at the request of services. Linking in with West Yorkshire Integrated Care Board transport cost saving project. SWYPFT leading on mental health secure transport. initial data gathering exercise scheduled for completion in February 2024, prior to premarket engagement with transport providers. Review of taxi use across the Trust is progressing ahead of contract renewal date July 2024. Report scheduled for submission to operational management group in March 2024.	
	Make digital improvements	**Digital Dictation** Tender evaluations are due to be complete 19/01/24. Executive management team approval of the preferred supplier is scheduled for 08/02/24. Change plan and communications plan are in development and Project Board will recommence in February 2024. A benefits realisation workshop is being scheduled for February 2024. Recruitment of two digital graduates to support the project and change management elements is underway	
Great place to work	People Directorate 90-day plan	**Develop the People Directorate (PD) Team** PD development plan covering 7 identified critical pathways is in progress. PD buddying scheme is currently being piloted to support new and existing staff to connect and belong. Interim arrangements in PD structure are in place and communicated across PD and organisation, maintaining a steady state	
		Reduce recruitment time to hire Task & Finish Group set up with strategy directorate support (Commenced Nov 23) Rapid Improvement (RI) mapping and deep dive conducted with recruitment (Nov & Dec 23) 'Time To Hire' action plan in place co-ordinated with strategy lead support. 'Time To Hire' RI Trustwide inclusion event took place on Jan 18th and was positively received. Identified both immediate areas for improvement and some to be taken for wider discussion at different forums. Health care support worker survey sent out to 170 new starters asking about recruitment experience (16% response rate) Appointments to vacant posts in recruitment team. T-Level implemented (Jan 23) Confirmation of recruitment post(s) funding. Recruitment activity reporting under development outside of NHS Jobs Business case for compliance role in development (Dec 23) Values based assessment centre delivery plan for 2024 underway (Complete Jan 24) Re-submitted applicant tracking system and onboarding options appraisal paper completed and submitted to EMT (Dec 23) Onboarding implementation group in place to understand blockages to switch on (Genius/IBM/NHS Jobs) Widened tender process commenced with procurement for system wide learning management system/applicant tracking system (Dec23)	
		80% of Trust staff have received an appraisal in the last 12 months. Dedicated appraisal steering group established Dec 2023 Launch of a personalised appraisal compliance dashboard for manager level – with a weekly data feed Implemented Dec 23 Work is progressing to improve appraisal take up and improve experience for staff and managers - Learning and Development support, through dedicated sessions, messaging, and guidance inc. Frequently Asked Questions in place. Creating a trajectory for completion rates is in progress.	

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Great place to work	People Directorate 90-day plan	**Improve International Nurse experience and support.** Wrap around support for international nurse recruitment (INR) in the workplace is in development - INR solution focussed group and sessions commenced 13th Nov 2023 and an action plan is progressing to address wrap around support requirements. Implementation of newsletter to INR and preceptor nurses into the Trust (Dec 23) Integration of Practice Learning Facilitator across inpatient wards Work commenced Nurse Recruitment Workforce Plan (Dec 23) To include INR cohort delivery plan and UK preceptorship nurse recruitment plan Jan to Dec 24 Solution focussed workshop held on 14/11/23 with stakeholders from across all care groups aiming to identify improvements to handover etc that will support readiness for entry into role for INR. Action plan identified and aligned with inpatient improvement programme.	
		Improve Quality of Workforce Data Appointment to People & Performance Senior Analyst Role (Dec 23) NHS Jobs data cleanse commenced and completed for End-to-end hire datasets (Dec 23) Review of People integrated performance report workforce production and People Performance Wall metrics – Completed Dec 23. Appraisal business intelligence dashboard development completed and in place. People & Performance Lead developing plan for delivery of key workforce key performance indicators dashboards and care group reporting of workforce key performance indicators.	
		Improve People Experience Completed 'your voice counts' appreciative enquiry sessions in Dec 2023. Inclusive leadership steering group established to work on developing the top-level actions from the themes for inclusive leadership as agreed by executive management team/ operational management team. Delay in receiving evaluation report of the Inclusive Leadership commissioned programme from commissioned consultant, now expected end Jan/early Feb 2024.	
		Improve employee relations support. Business Partner offering in line with the entire employee lifecycle is being well received and is progressing well. Review of the current human resource operations framework including policy and guidance catalogue to address accessibility and user-friendly self-service tools for line managers with clear service level agreements has been delayed.	
		Develop the workforce plan Work has commenced as part of annual planning with care group and corporate services to develop a clear workforce plan to analyse and inform future demand for staff and skills, translated into actions to meet requirements. Nurse recruitment workforce plan commenced Dec 23 Review of existing workforce workshop intelligence and datasets is taking longer than anticipated. Care Group focus group on workforce to be planned (Jan 23). Submitted workforce plan to NHS England (Jan draft – Apr final submission)	

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£1.1m	£0m	A deficit of £66k has been reported in December 2023. The current trend is fluctuating between small surpluses and small deficits. The year to date position is now £1.1m which is £0.3m ahead of plan. On that basis the Trust remains on track to achieve it's breakeven target for 2023 / 24.
2	Agency Spend	£6.8m	£8.8m	The run rate for agency has continued to be maintained at a lower level than the first half of the year. Spend is higher in December than November as this included a one off benefit. Year to date expenditure is £6.8m and the forecast is £8.8m which is £0.1m more than target.
3	Financial sustainability and efficiencies	£8.4m	£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 £0.2m ahead of plan.
4	Cash	£75.9m	£76.9m	Overall the Trust cash position is £75.9m. Working capital management actions continue to maximise the Trust cash position.
5	Capital	£2m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £2.0m (32% of plan). Detailed reviews of scheme progress are undertaken and confirm that the forecast expenditure of £8.3m, in line with the current plan, will be delivered.
6	Better Payment Practice Code	98%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 9 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators

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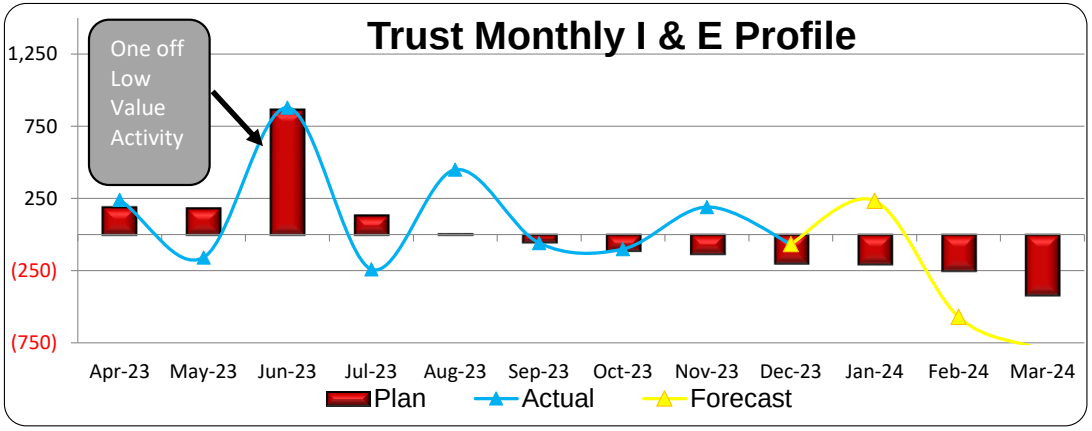
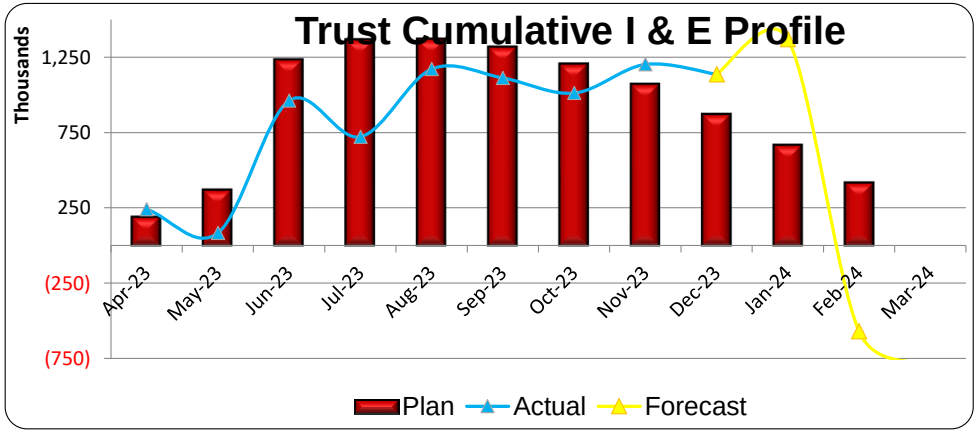
2.0 Income & Expenditure Position 2023 / 24

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					33,405	33,126	(280)	297,265	295,496	(1,769)	398,633	396,813	(1,820)
Other Operating Revenue					1,127	1,300	174	9,477	10,870	1,394	12,637	14,109	1,472
Total Revenue					**34,532**	**34,426**	**(106)**	**306,741**	**306,367**	**(375)**	**411,270**	**410,922**	**(349)**
Pay Costs	4,928	4,970	42	0.9%	(20,746)	(20,665)	82	(183,845)	(182,231)	1,614	(246,845)	(244,416)	2,429
Non Pay Costs					(13,579)	(13,531)	48	(118,222)	(120,066)	(1,843)	(159,398)	(162,551)	(3,152)
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	**4,928**	**4,970**	**42**	**0.9%**	**(34,326)**	**(34,196)**	**130**	**(302,067)**	**(302,292)**	**(224)**	**(406,243)**	**(406,962)**	**(718)**
EBITDA	**4,928**	**4,970**	**42**	**0.9%**	**206**	**230**	**24**	**4,674**	**4,075**	**(599)**	**5,027**	**3,960**	**(1,067)**
Depreciation					(482)	(487)	(5)	(4,506)	(4,535)	(29)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,611)	(1,611)	0	(2,148)	(2,148)	0
Interest Received					256	370	114	2,313	3,207	894	3,070	4,182	1,112
Surplus / (Deficit) - ICB performance measure	**4,928**	**4,970**	**42**	**0.9%**	**(198)**	**(66)**	**132**	**870**	**1,136**	**266**	**0**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(174)	(174)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,928**	**4,970**	**42**	**0.9%**	**(198)**	**(86)**	**113**	**870**	**962**	**92**	**0**	**(232)**	**(232)**





2.0 Impact of provider collaboratives

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

Provider Collaborative consolidation - year to date actual

Description	Total consolidated	West Yorks Adult Secure	Forensic CAMHS	South Yorks Adult Secure	SWYPFT
	£k	**£k**	**£k**	**£k**	**£k**
Healthcare contracts	295,496	50,630	889	27,484	216,494
Other Operating Revenue	10,870				10,870
Total Revenue	**306,367**	**50,630**	**889**	**27,484**	**227,364**
Pay Costs	(182,231)	(1,136)	(81)	(551)	(180,462)
Non Pay Costs	(120,066)	(49,494)	(580)	(26,625)	(43,368)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(302,292)**	**(50,630)**	**(662)**	**(27,176)**	**(223,824)**
EBITDA	**4,075**	**0**	**227**	**308**	**3,540**
Depreciation	(4,535)				(4,535)
PDC Paid	(1,611)				(1,611)
Interest Received	3,207				3,207
Surplus / (Deficit) - ICB	**1,136**	**0**	**227**	**308**	**601**
Depn Peppercorn Leases (IFRS16)	(174)				(174)
Revaluation of Assets	0				0
Surplus / (Deficit) - Total	**962**	**0**	**227**	**308**	**427**
Surplus / (Deficit) - Forecast	**(0)**	**0**	**256**	**462**	(718)

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					24,706	24,298	(408)	218,889	216,494	(2,395)	294,158	291,913	(2,245)
Other Operating Revenue					1,127	1,300	174	9,477	10,870	1,394	12,637	14,109	1,472
Total Revenue					**25,833**	**25,598**	**(234)**	**228,366**	**227,364**	**(1,002)**	**306,795**	**306,022**	**(774)**
Pay Costs	4,907	4,937	31	0.6%	(20,602)	(20,475)	127	(182,477)	(180,462)	2,014	(245,043)	(242,063)	2,980
Non Pay Costs					(5,024)	(4,749)	276	(41,215)	(43,368)	(2,153)	(56,726)	(60,722)	(3,996)
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	**4,907**	**4,937**	**31**	**0.6%**	**(25,626)**	**(25,223)**	**403**	**(223,692)**	**(223,824)**	**(133)**	**(301,768)**	**(302,780)**	**(1,011)**
EBITDA	**4,907**	**4,937**	**31**	**0.6%**	**206**	**375**	**169**	**4,674**	**3,540**	**(1,134)**	**5,027**	**3,242**	**(1,785)**
Depreciation					(482)	(487)	(5)	(4,506)	(4,535)	(29)	(5,949)	(5,994)	(46)
PDC Paid					(179)	(179)	0	(1,611)	(1,611)	0	(2,148)	(2,148)	0
Interest Received					256	370	114	2,313	3,207	894	3,070	4,182	1,112
Surplus / (Deficit) - ICB performance measure	**4,907**	**4,937**	**31**	**0.6%**	**(198)**	**79**	**277**	**870**	**601**	**(269)**	**0**	**(718)**	**(718)**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(174)	(174)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,907**	**4,937**	**31**	**0.6%**	**(198)**	**59**	**257**	**870**	**427**	**(443)**	**0**	**(949)**	**(949)**

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	4,928	4,970	42	0.9%	(198)	(66)	132	870	1,136	266	0	(0)	(0)
Provider Collaboratives	21	33	12	55.6%	0	(145)	(145)	0	535	535	0	718	718
Total excluding Collaboratives (as shown above)	**4,907**	**4,937**	**31**	**0.6%**	**(198)**	**79**	**277**	**870**	**601**	**(269)**	**0**	**(718)**	**(718)**

Income & Expenditure Position 2022 / 23

The year to date position is a surplus of £1.1m. This is £0.3m better than planned. Excluding the financial impact of the provider collaboratives this reduces to a surplus of £0.6m.

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.

Under recovery of income continues in month for those services based on actual costs incurred. As such these are offset by underspends on pay and non-pay within each of the care group positions. The continued development of Patient Level Information and Costing System (PLICS) will enable clearer reporting on the financial contribution from each indiviudal service line.

Pay

December reports another month of overall workforce growth with both substantive and bank staff increases. This has been offset by maintained reductions in agency staffing.

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 sustained low levels of out of area placements which is shown within the purchase of healthcare highlight report. Historically, and earlier in 2023 / 24, this has been highlighted as an area of volatile financial pressure.

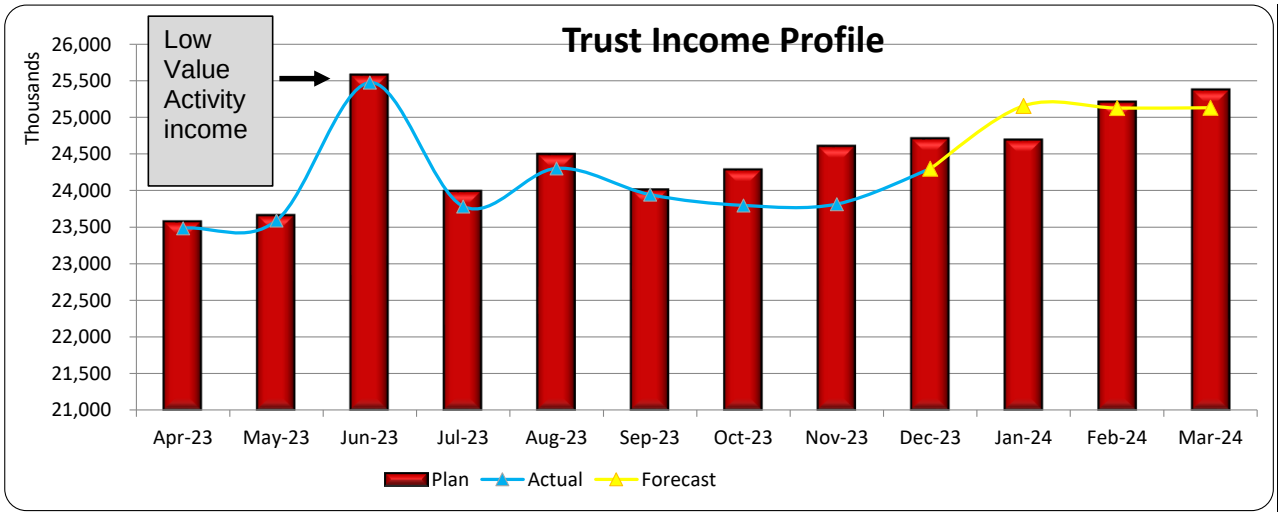
2.1 Income Information

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	20,482	21,293	21,268	21,268	**245,609**	**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	2,746	2,745	2,746	2,746	**32,969**	**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	468	503	503	503	**5,680**	**5,311**
Partnerships	514	584	546	591	472	608	377	493	504	500	493	497	**6,178**	**5,052**
Other Contract Income	197	96	144	102	144	138	140	67	98	117	117	117	**1,477**	**2,256**
Total	**23,486**	**23,590**	**25,476**	**23,783**	**24,304**	**23,945**	**23,797**	**23,815**	**24,298**	**25,159**	**25,128**	**25,133**	**291,913**	**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

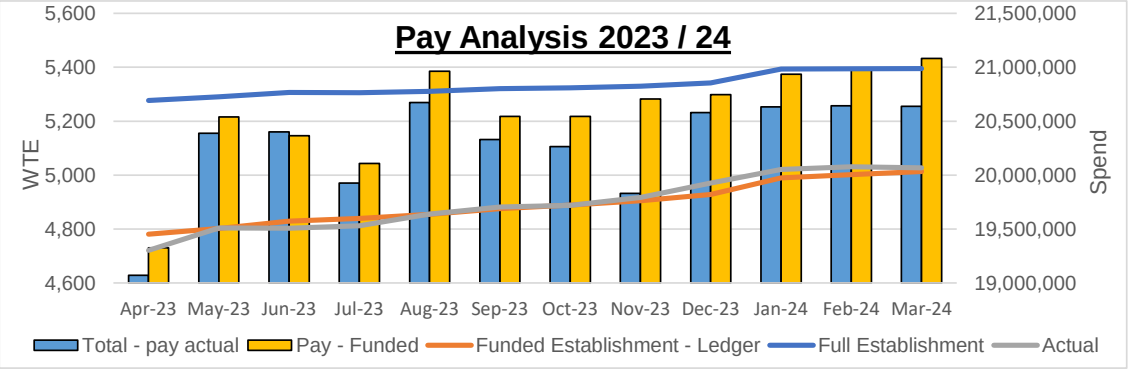
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities 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	17,940	17,603	18,250	17,827	18,124	18,001	18,324	18,356	18,406	18,384	**216,397**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,442	1,511	1,587	1,522	1,491	1,497	**16,885**
Agency	939	908	1,002	855	810	915	635	209	564	651	642	652	**8,781**
Total	**18,936**	**20,296**	**20,278**	**19,819**	**20,540**	**20,195**	**20,200**	**19,722**	**20,475**	**20,529**	**20,538**	**20,533**	**242,063**
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%	7.7%	7.7%	7.4%	7.3%	7.3%	7.0%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	3.1%	1.1%	2.8%	3.2%	3.1%	3.2%	3.6%

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	4,400	4,417	4,454	4,515	4,537	4,532	**4,408**
Bank & Locum	222	314	326	321	356	369	363	387	408	389	381	383	**352**
Agency	157	161	164	163	144	145	126	113	108	117	113	112	**135**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,881**	**4,888**	**4,917**	**4,970**	**5,021**	**5,031**	**5,027**	**4,894**
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 above, and in the graph on the left (grey line) the Trust has seen sustained growth of worked WTE with further increases in December. Overall this equates to an additional 509 WTE since April 2022.

December 2023 highlights a further 37 WTE increase of substantive worked and 21 WTE in bank. This has helped to support the reduction of agency WTE utilised.

The largest increase is in inpatient areas (adult secure) but there has been an increase across all care groups in month through continued recruitment

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 £564k in December.

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.

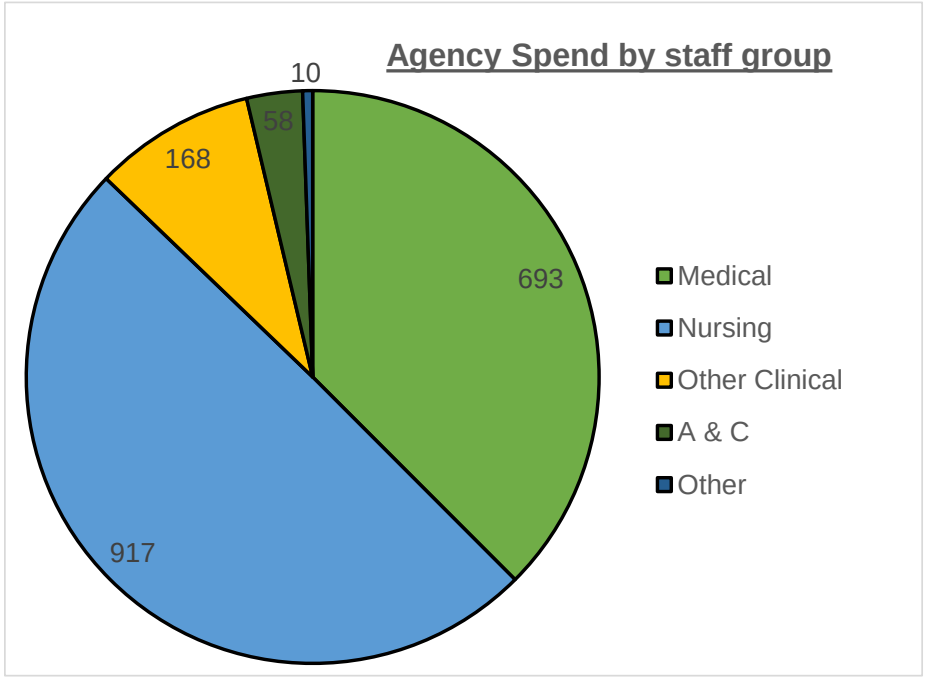
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

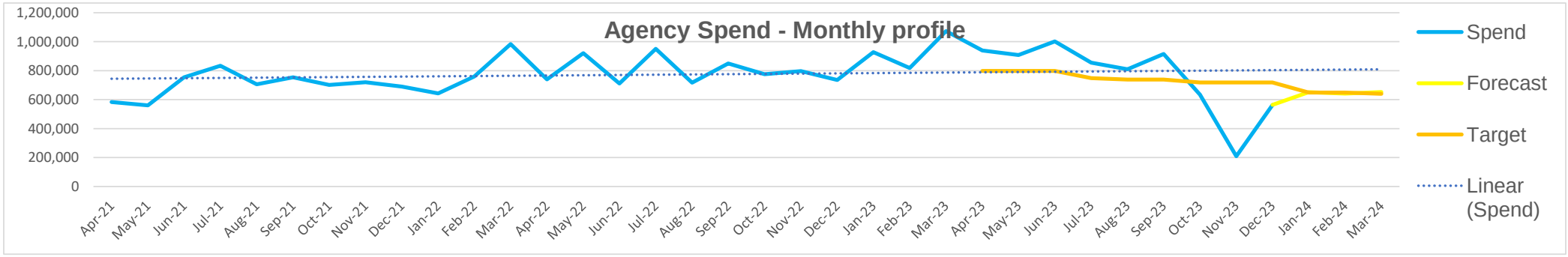
Under the NHS Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

December 2023 spend is £564k which, whilst higher than November as this included a one off benefit, is a reduced run rate from the first half of the year. As highlighted on the previous pay page the increase in substantive and bank staff has meant a reduced requirement for agency staff to provide safe staffing levels.

Overall the forecast spend for 2023 / 24 is £8.8m which is £0.1m higher than plan. The run rate, and impact on planning for 2024 / 25, continues to be assessed as part of the planning process.



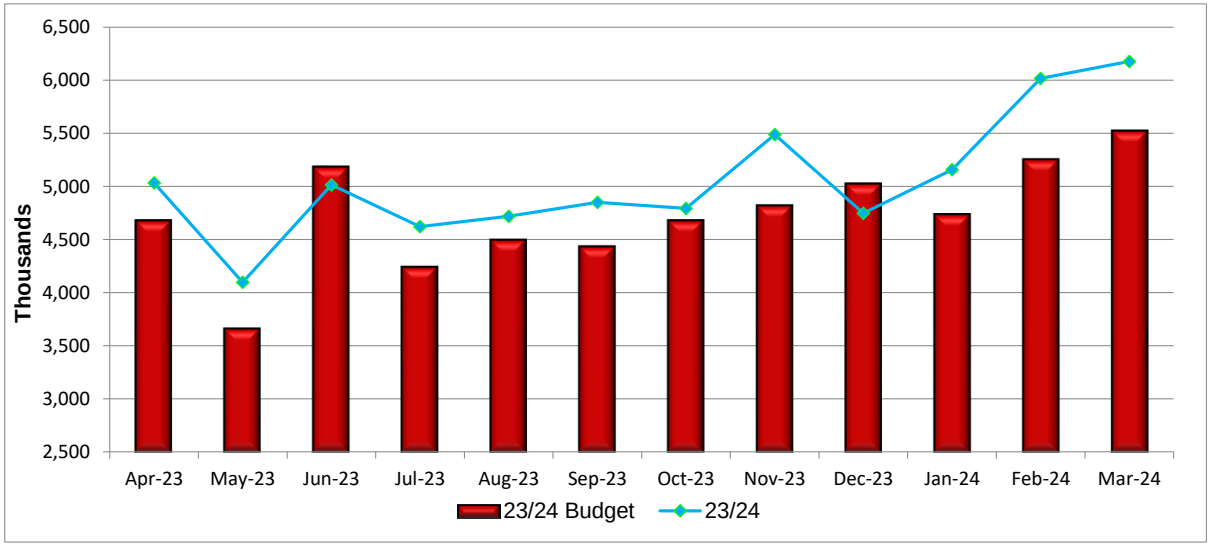


2.3 Non Pay Expenditure

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	5,015	4,621	4,719	4,851	4,793	5,489	4,749	5,158	6,018	6,178	**60,722**
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	3,100	2,952	(148)
Establishment	7,151	7,012	(140)
Lease & Property Rental	6,536	6,407	(129)
Premises (inc. rates)	4,225	4,134	(91)
Utilities	1,631	1,770	139
Purchase of Healthcare	6,570	8,417	1,847
Travel & vehicles	3,818	3,766	(51)
Supplies & Services	5,064	5,643	579
Training & Education	1,548	1,228	(320)
Clinical Negligence & Insurance	795	798	3
Other non pay	776	1,240	464
Total	**41,215**	**43,368**	**2,153**
Total Excl OOA and Drugs	**31,545**	**31,998**	**453**



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.

Expenditure has rreverted to the normal current run rate in December. There was an increase in November following a single agreed one off payment.

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.

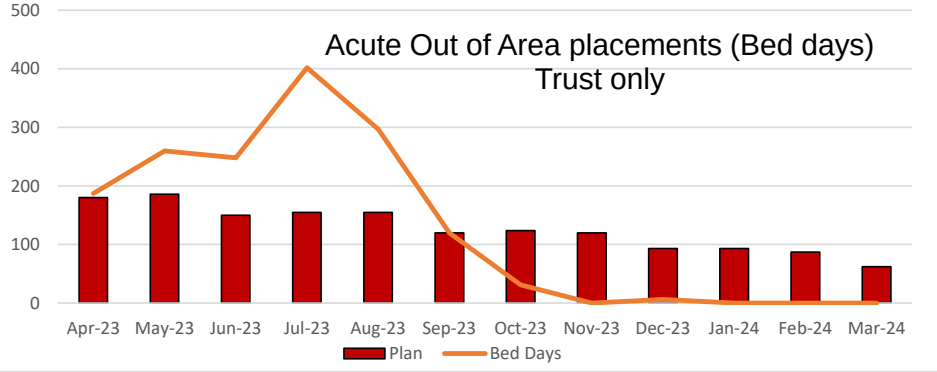
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

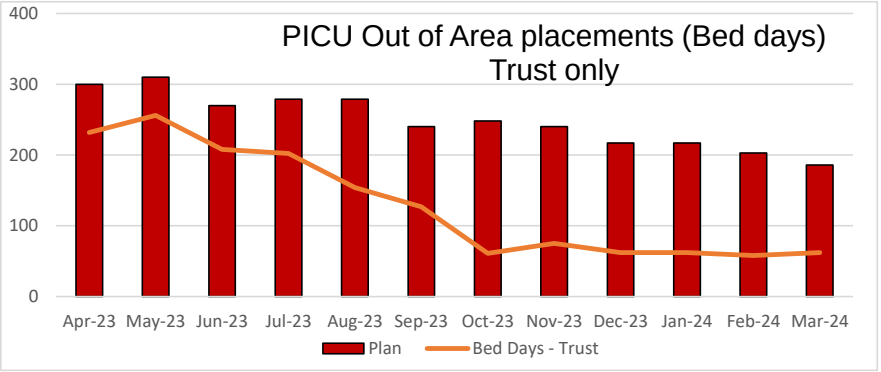
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

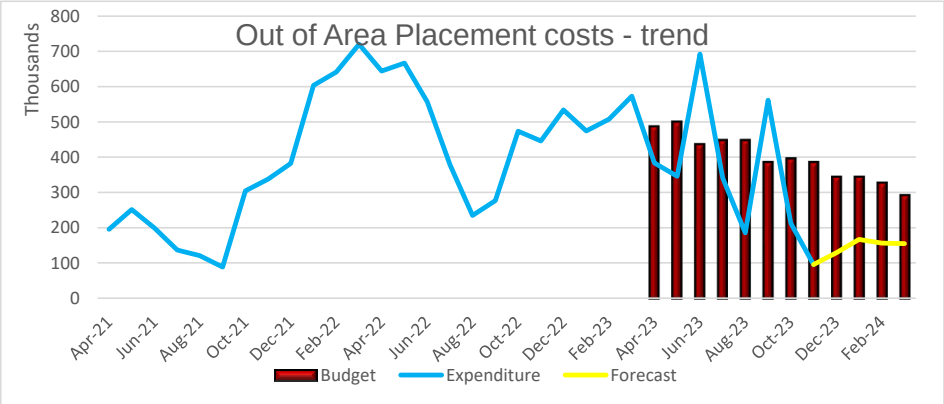
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	980	1,240	260
PICU	2,741	1,627	(1,114)
Locked Rehab	1,712	1,969	256
Services - NHS	295	2,237	1,941
IAPT	132	336	204
Yorkshire Smokefree	58	25	(34)
Other	651	985	334
Total	**6,570**	**8,417**	**1,847**







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. There was 1 acute placement in December totalling 6 bed days. There has been an increase in PCU placements at the end of December, from 2 to 3. This continues to be managed as part of overall operational management.

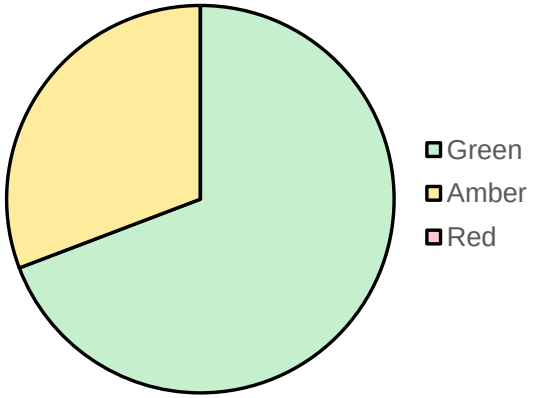
This remains volatile and increases in both areas have been included in the baseline forecast scenario.

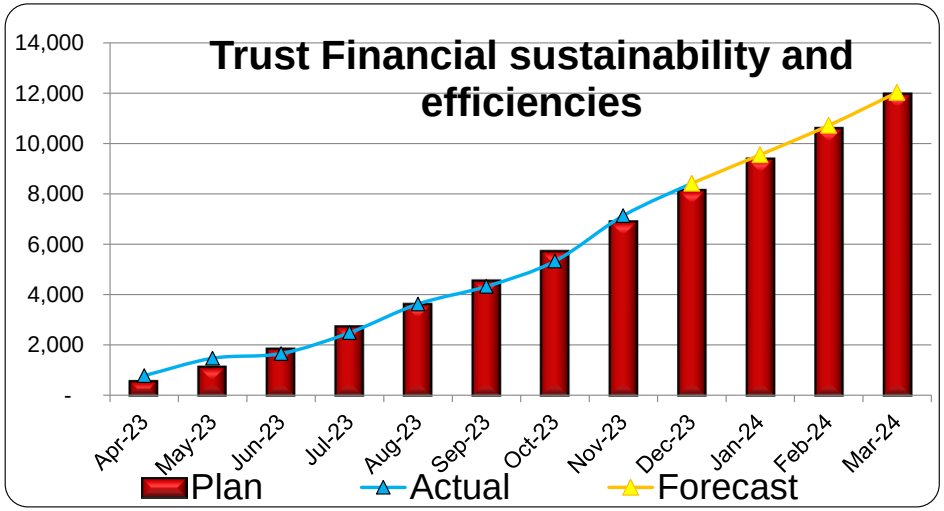
2.4 Value for Money, Financial sustainability and efficiency

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	2,071	2,936		3,197	2,936	1,615	
Agency & Workforce	Pg. 10	2,860	560	1,614	4,380	785	2,088	
Medicines optimisation		300	188		400	188		
Non Pay Review		713	0		1,048		0	0
Income contributions		378	404		500	864		
Interest Receivable	Pg. 4	1,050	1,944		1,400	2,512		
Provider Collaborative	Pg. 5	779	779		1,044	1,044		
Total		**8,150**	**6,809**	**1,614**	**11,969**	**8,328**	**3,703**	**0**
Recurrent		7,440	6,809		10,943	8,328	3,703	
Non Recurrent		710		1,614	1,026			0





The year to date value for money programme is currently £227k ahead of plan which is helping to support the overall financial position of the Trust. This is an improvement of £28k 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	162,835	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	1,413	
Non NHS Trade Receivables (Debtors)	2,853	1,788	
Prepayments	3,482	3,244	
Accrued Income	9,372	1,096	2
Cash and Cash Equivalents	74,585	75,949	Pg 15
Total Current Assets	**92,097**	**83,721**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(4,768)	3
Capital Payables (Creditors)	(739)	(445)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,597)	4
Accruals	(32,952)	(23,942)	4
Deferred Income	(4,172)	(1,939)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(53,090)	1
Total Current Liabilities	**(104,062)**	**(92,781)**	
Net Current Assets/Liabilities	**(11,965)**	**(9,060)**	
Total Assets less Current Liabilities	**153,210**	**153,775**	
Provisions for Liabilities	(4,319)	(3,921)	
Total Net Assets/(Liabilities)	**148,891**	**149,853**	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,657	
Revaluation Reserve	14,026	14,026	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	84,950	
Total Taxpayers' Equity	**148,891**	**149,853**	

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.

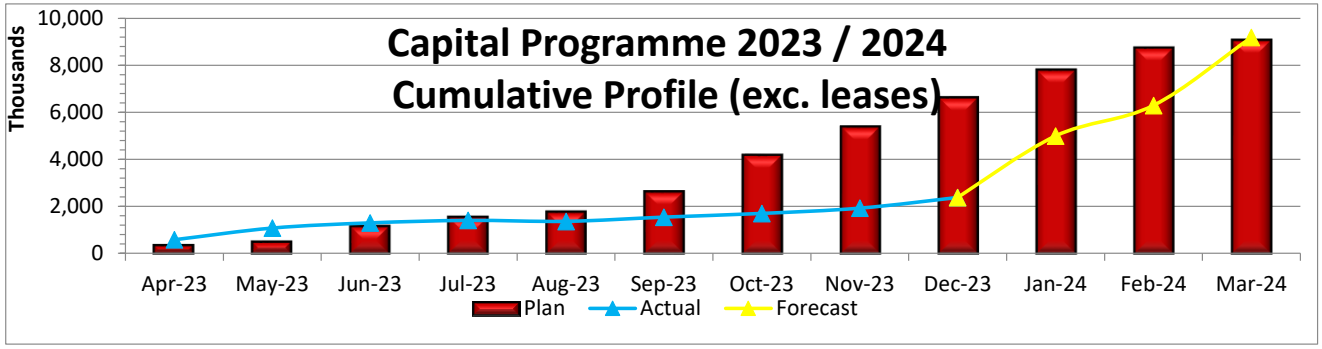
2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. NHS Invoices were raised ahead of the month 9 Agreement of balances exercise.

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	575	65	(510)	150	(1,325)
Seclusion rooms	750	750	140	(610)	725	(25)
Maintenance (Minor) Capital						
Clinical Improvement	285	185	29	(156)	871	586
Safety inc. ligature & IPC	990	665	728	63	2,265	1,275
Compliance	430	430	1	(429)	313	(117)
Backlog maintenance	510	510	28	(482)	147	(363)
Sustainability	300	200	8	(192)	189	(111)
Plant & Equipment	40	40	41	1	148	108
Other	1,223	573	791	218	961	(262)
IM & T						
Digital Infrastructure	1,100	1,050	124	(926)	1,200	100
Digital Care Records	180	160	30	(130)	70	(110)
Digitally Enabled Workforce	815	710	0	(710)	755	(59)
Digitally Enabling Service Users & Carers	400	325	44	(281)	300	(100)
IM&T Other	270	170	5	(165)	206	(64)
TOTALS	**8,768**	**6,343**	**2,034**	**(4,309)**	**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**	**11,839**	**8,461**	**(3,378)**	**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%.

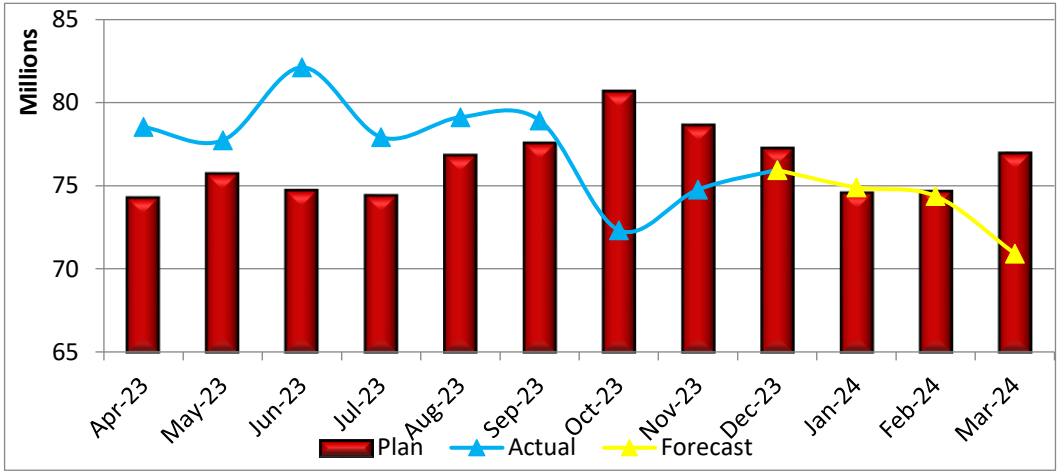
In November 2023 the ICB agreed for all Trusts to revert to plan. For the Trust the revised target is £8,300k.

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

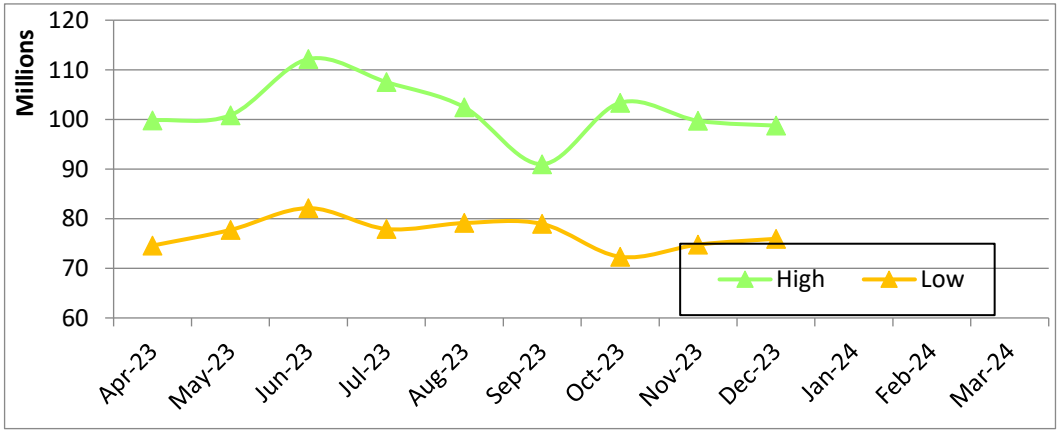


The Trust cash position remains positive.

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	77,229	75,949	(1,280)

Cash has increased slightly in month but is expected to reduce in the last quarter as more capital is spent.

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



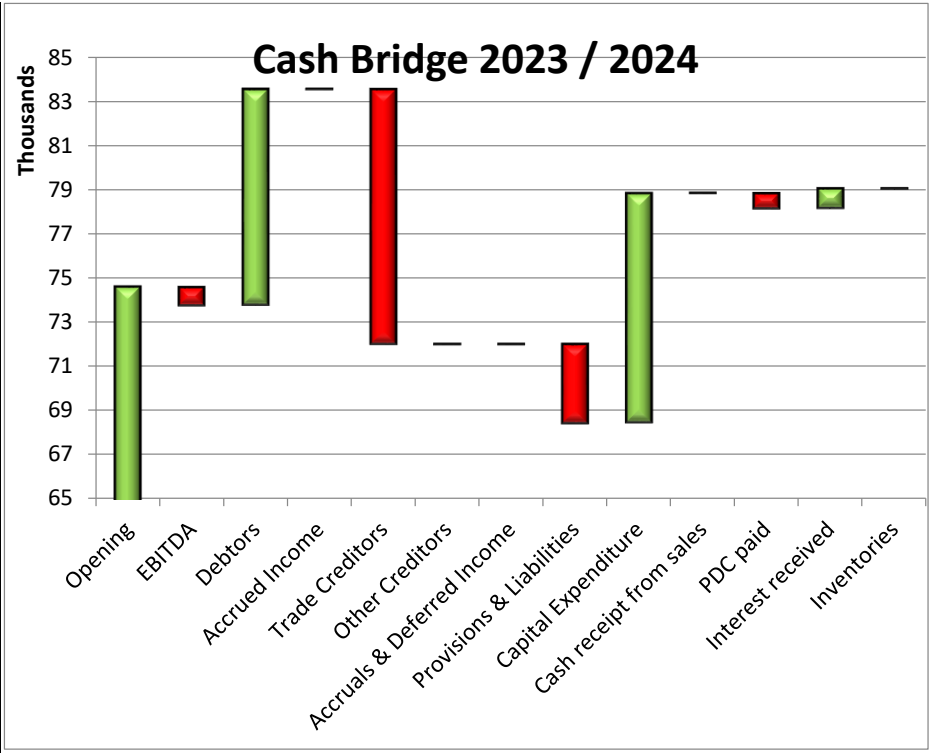
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £98.8m
The lowest balance is: £75.9m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**74,585**	**74,585**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	11,393	10,567	(826)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(416)	9,353	9,769	
Trade Payables (Creditors)	817	(10,696)	(11,512)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	949	(2,630)	(3,579)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(12,412)	(2,034)	10,378	
Cash receipts from asset sales	0	5	5	
Leases	0	(5,716)	(5,716)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0		0	
Interest (paid)/ received	2,313	3,207	894	
Closing Balances	**77,229**	**75,949**	**(1,280)**	



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 £1.3m lower than plan, the high value of creditors paid is offset by the delay in capital expenditure.

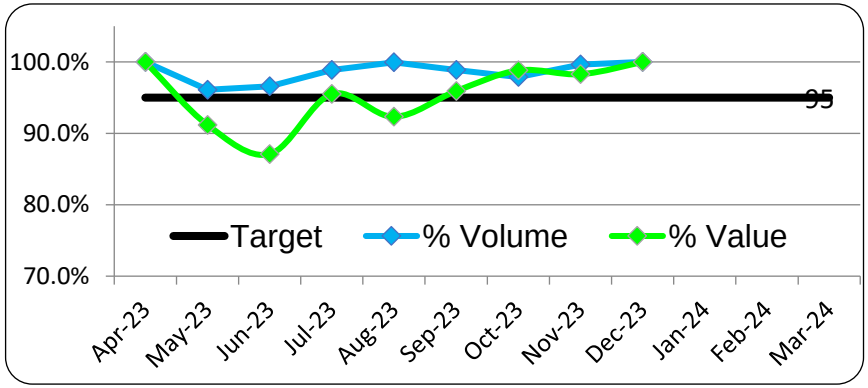
4.0 Better Payment Practice Code

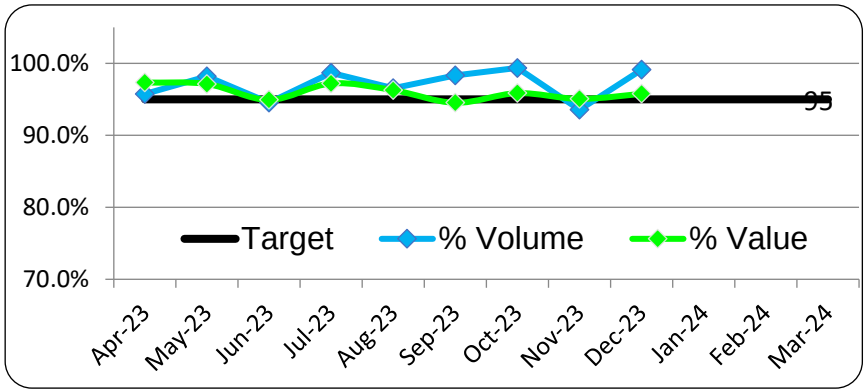
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance continues to be positive although work continues to ensure that no issues remain outstanding and that systems work efficiently.

NHS	Number %	Value %
In Month	100%	100%
Cumulative Year to Date	98%	96%

Non NHS	Number %	Value %
In Month	99%	96%
Cumulative Year to Date	97%	96%





4.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
12-Dec-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5246	850,000
13-Dec-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000057603	740,183
19-Dec-23	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	203863	708,565
12-Dec-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1000712	680,394
19-Dec-23	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	203862	620,647
12-Dec-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS41	544,330
01-Dec-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200007045	342,974
12-Dec-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS18	270,000
08-Dec-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 279	245,869
12-Dec-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foun	4400000818	232,254
02-Dec-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5243	138,458
01-Dec-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200007044	128,035
18-Dec-23	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trus	325492	93,156
11-Dec-23	IT Services	Trustwide	Daisy Corporate Services	3I519360	90,250
05-Dec-23	NHS Recharge	Calderdale	Calderdale & Huddersfield Nhs Foundation Trust	4710178727	87,514
19-Dec-23	Purchase of Healthcare	AS Collaborative	Oxford Health Nhs Foundation Trust	A0128848	75,835
04-Dec-23	Drugs	Trustwide	Lp Hcs Ltd	HCSLP513	69,355
13-Dec-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1000765	66,273
13-Dec-23	Software Licence	Barnsley	American Well Corporation Ireland Ltd	INV66416	61,427
01-Dec-23	Purchase of Healthcare	Barnsley	Elysium Healthcare Ltd	FDN01010	57,798
01-Dec-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000006821	56,000
29-Dec-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000007038	56,000
11-Dec-23	Drugs	Trustwide	Nhs Business Services Authority	1000079093	52,333
15-Dec-23	Utilities	Trustwide	Edf Energy Customers Ltd	000017471373	50,328
14-Dec-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	UPLIFT APR DEC 23	49,211
06-Dec-23	Purchase of Healthcare	AS Collaborative	Mersey Care Nhs Foundation Trust	72486359	47,313

20-Dec-23	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	126	45,000
06-Dec-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05371	41,106
08-Dec-23	Purchase of Healthcare	Wakefield	St Matthews North Ltd Ta Broomhill	BHSWYORFT6000	37,120
06-Dec-23	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05372	31,949
13-Dec-23	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1000764	30,853
12-Dec-23	Purchase of Healthcare	Forensics	Humber Teaching Nhs Foundation Trust	59893974	30,255
15-Dec-23	Utilities	Trustwide	Edf Energy Customers Ltd	000017451428	26,963
06-Dec-23	Recruitment Fees	Trustwide	Neu Professionals Ltd	SWYFT071	26,106
11-Dec-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5269	25,877
05-Dec-23	Rent	Kirklees	Bradbury Investments Ltd	1832	25,530

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

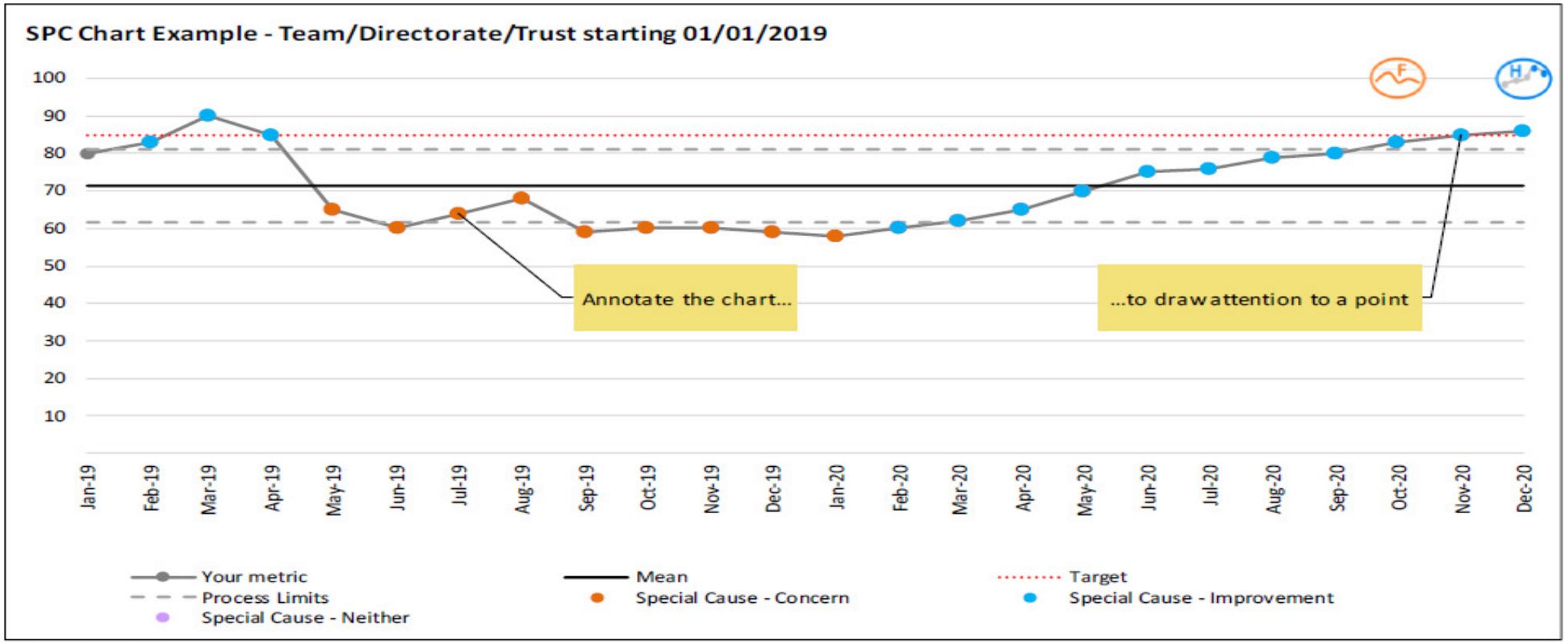
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

Appendix 3 - Guardian of Safe Working

Quarterly Report Q3

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training (CT) posts in Psychiatry remains good and the Trust is in discussion about accommodating more trainees in the future given the positive news about an increase in training numbers across the region. Things remain uncertain regarding the impact on SWYPFT of the loss of higher training numbers in Old Age Psychiatry across Yorkshire. Changes at short notice for the August and December rotations have left us with gaps especially affecting Calderdale (2 CTs and 2 FY2s) but also another in Barnsley GP vocational training scheme. The Trust has recruited LAS doctors which have filled the core trainee gaps and GP gaps, in addition to the International Fellows supporting some of these services. The trust continues to support a number of less than full-time (LTFT) Trainees and many of the barriers to less than full-time training have now been removed. Although we now have 70 training posts, the whole-time equivalents in post are less than 60 due to a combination of vacancies and less than full-time trainees in full-time slots. It is hoped that in the future, more will be placed in “slot-shares”, to reduce the overall impact on whole-time equivalents (WTE).

Exception Reports (ERs - with regard to working hours)

There have been few exception reports completed in the Trust since the introduction of the new contract. There were seven in this quarter, although an additional one was added to the system during this quarter related to work at the end of September. The majority have been completed by Foundation year 1 trainees, who have stayed late or missed educational opportunities due to a combination of acuity and staffing issues on the wards (Calderdale and Wakefield). TOIL (Time off in Lieu) was agreed for some with payment agreed where this was not possible. The remaining exception reports related to increased hours of work on the non-resident Kirklees 1st on-call rota and payment for the additional hours was agreed. The doctors were all happy with the outcomes.

Fines - There have been none within this reporting period.

Work schedule reviews - There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Overall, the numbers of gaps have been slightly reduced in comparison to the last quarter, with Calderdale and Barnsley continuing to have the highest proportion of gaps this quarter. The commonest factors included Illness and Occupational Health recommendations for trainees to come off the rota (39), Vacancies (30) and trainees being less than full-time (21). Covid-19 was not reported to be a factor. The Trust’s Medical Bank has been working well with rota coordinators and the trainees themselves working hard to ensure that nearly all the vacant slots on first tier rotas were filled by the Trust Bank.

Appendix 3 - Guardian of Safe Working

Quarterly Report Q3

Gaps by rota October/November/December '23					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	45 (24%)	45 (100%)	0	0	0
Calderdale 1st	33 (18%)	33 (100%)	0	0	0
Kirklees 1st	13 (14%)	13 (100%)	0	0	0
Wakefield 1st	18 (10%)	17 (94%)	0	0	1 (6%)
Total 1st	109 (17%)	108 (99%)	0	0	1(1%)
Wakefield 2nd	21 (23%)	0	0	21 (100%)	0

Costs of Rota Cover October/November/December '23				
1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)
Barnsley	45 (445)	£17,905	£0	0
Calderdale	33 (308.75)	£13,893.75	£0	0
Kirklees	13 (232)	£8,120	£0	0
Wakefield	17 (152.5)	£6,851.25	£0	0
Total	108 (1138.25)	£46,770	£0	0

Issues and Actions

Junior Doctors' Forum (JDF) – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Once again, the importance of using exception reports was stressed, especially as evidence, if there has been an increase in workload. We await a resolution to concerns raised previously about the failure of promised changes to the Barnsley F1 on-call rota in the acute trust and there are ongoing discussions with the acute trust and training programme director. A number of other issues relating to on-call were discussed and where possible, actions put in place to make things easier for trainees. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education. Problems with the flow of information between the acute trusts and SWYFT, necessary for safe patient care, remains a concern for trainees and Postgraduate Medical Education staff are looking into options to improve this.

Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees' experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum. The Medical Directorate Business Manager, the Postgraduate Medical Education Lead, the AMD for Medical Education, the Guardian of Safe Working and the College Tutors continue to meet frequently to coordinate the trust's support of trainees. The use of the Allocate software system has come under scrutiny due, especially to its inflexibility when staff are creating rotas and work schedules for less than full time trainees. As a trust we may need to invest in more administrative staff to be able to manage these issues or changes to the system. There have been a couple of complaints by trainees recently about the process. Another area of concern for trainees is that the rota coordinators do not having time to address leave requests in the preparation of rotas, which can make it hard for trainees to plan.