

Integrated Performance Report Strategic Overview



January 2024

With **all of us** in mind.

Table of Contents

Click on each section heading to navigate to that section

	Page No
<u>Introduction</u>	4
<u>Headlines</u>	5 - 7
<u>Summary</u>	8 - 11
<u>Strategic Objectives & Priorities</u>	12 - 15
<u>Quality</u>	16 - 32
<u>People</u>	33 - 37
<u>National Metrics</u>	38 - 43
<u>Care Groups</u>	44 - 62
<u>Priority Programmes</u>	63 - 65
<u>Finance</u>	66
<u>System-wide Monitoring</u>	67
<u>Appendix 1 - Finance Report</u>	68 - 88
<u>Appendix 2 - SPC Charts - Explained</u>	89 - 90

Introduction

Please find the Trust's Integrated Performance Report (IPR) for January 2024. 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 where there has been a change in performance or where expected levels are not being achieved. A hyperlink has been added to each section so the reader can look at the detail relating to the metrics in that section in the main body of the report as required.

Strategic Objectives & Priorities

Metric	Change from last month	Variation/ Assurance	Metric	Change from last month	Variation/ Assurance	Metric	Change from last month	Variation/ Assurance
Improving Health			Improving Care			Making SWYPFT a great place to work		
Percentage of service users who have had their equality data recorded - disability	↓		The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	↓		Sickness absence - rolling 12 months	↔	
Percentage of service users who have had their equality data recorded - sexual orientation	↓		The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	↑		Workpal appraisals - rolling 12 months	↑	
Improving Resources			Inappropriate out of area bed placements (days)	↓	 	Staff supervision rate	↓	
Surplus/(deficit) against plan (monthly)	↓		% service users clinically ready for discharge	↑	 	Mandatory training - Cardiopulmonary resuscitation	↑	
Capital spend against plan (monthly)	↑		% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓		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	↑	
Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches	↓	
Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care	↓	
C Diff avoidable cases	↔	












People











Metric	Change from last month	Variation/ Assurance
Sickness absence - month	↔	
Mandatory training - reducing restrictive practice interventions	↓	


















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	↑	
% 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	↑	 

Mental Health Community		
Metric	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)	↓	 
FIRM Risk Assessments - Staying safe care plan in 7 working days	↑	
% Complaints with staff attitude as an issue	↑	

Mental Health Inpatient		
Metric	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)	↑	 
Reducing restrictive practice interventions training compliance	↓	 










LD, ADHD & ASD		
Metric	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		
Metric	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	↓	 

Forensic		
Metric	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	↓	 
Reducing restrictive practice interventions training compliance	↓	 
Sickness rate (Monthly)	↑	 

Key

Improvement from last month but up to 5% below threshold	↑
No change from last month and up to 5% below threshold	↔
Deterioration from last month and up to 5% below threshold	↓
Improvement from last month and below threshold	↑
No change from last month and below threshold	↔
Deterioration from last month and 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.

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

This section has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics. More detail is included in the relevant sections of the Integrated Performance Report.

Strategic Objectives & Priorities

- A key priority for the Trust is to improve the recording and collection of protected characteristics across all services. There is one national indicator which is for ethnicity, the Trust is performing at 96.6% against a target of 90%. For the Trust derived indicators, as of January 2024, disability 46.4%, sexual orientation 59.4% and postcode 99.8% of service users have had their equality data recorded. From this month, for sexual orientation we are only monitoring service users aged 16 years and above. 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 - January figure of 80.5%. 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:

- Continued service improvement work has led to an overall reduction in inappropriate out of area bed days however, the figure for January did increase compared to recent months with 104 days used. 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 from 64.7% in December to 56.5% in January, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. A service improvement plan is being implemented, the average wait is 4.88 weeks, the patients waiting longer than 6 weeks are due to children that were not brought and where parents have also changed the dates of the appointments; these cannot be excluded as per the national guidance for referral to treatment. However, it should be noted that we are now rigorously implementing the 'Was Not Brought' (WNB) guidance, which may result in increased referrals to safeguarding as the impact of not detecting and diagnosing hearing loss has serious consequences for children and young people.

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

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

Focus remains on this area and 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 January data for care planning shows continued sustained performance above the 80% threshold since April 23, achieving 88.5% for the month.

For risk assessments, the January data shows a slight decrease in performance from the previous month within inpatient services (93.4%). For community services, performance for January has increased slightly from the December position (70%) to 71.8%.

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 83.8% - (62 out of 74) 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

96% of incidents reported in January 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 decreased to 121 from 193 reported in December. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month is stable, not showing any cause for concern and is within acceptable 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 14 incidents for the month of January.
- There were 14 information governance personal data breaches during January which is an increase on previous months. No hotspot areas were identified as they were across care groups and services. Promotion of safe and effective information governance continues.
- The number of inpatient falls in January was 49. 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.
- The case of C.difficile reported in December 2023 remains under review. 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 and has increased to 70% for the month of January.

Our People

- There has been a significant jump in our substantive staff in post in January 2024. Although this is normal to see an increase in the first month of the year. The number of people joining the Trust (91.4 WTE) outnumbered leavers (30.3 WTE). The low number of leavers is also due to employees being able to partially retire and return and no longer having to Leave the Trust and re-join.
- 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 604.67 new starters and 390.22 leavers.
- As of January, our Trust growth rate has grown further to 6.18% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%. In addition to this it has been fed back to the Trust by some new starters that SWYPFT has a reputation of being a good place to work, which is supporting the increase.
- Overall, our 12 month turnover rate in January dropped slightly to 11.6% which is a reflection of the low number of leavers and increase in new starters.
- In January we have not seen any increase in sickness overall. This is seen as a positive as seasonal absence does not appear to have impacted the Trust excessively this winter so far.
- Sickness absence in January has remained static overall at 5.1% which is above local threshold. Although Forensics remains high at 8.0%, this has reduced for the third consecutive month (November 8.3%).
- The Estates and Facilities sickness rate continues to rise, and is now at 8.4%. This staff group have seen a consistent monthly rise since April (Apr 6.15%). Further work is being done with our business partners to help support Estates and Facilities, along with an internal audit.
- We have increased our rolling appraisal compliance rate again in January, which saw an increase, from 74.3% to 79.6%. This is an achievement and we are on track to recover the compliance of 80% in February 24.
- We have recruited a total of 86 International Nurses since April 23. Cohorts in January have been reduced (5 per month) and future international nurse recruitment cohort delivery in February and March has been paused.
- Although our overall mandatory training compliance remains static since last month at 91.9% we have seen a drop in some areas. Reducing restrictive practice interventions has dropped to below target to 77.0% (previously 81.8%) and information governance has dropped from 94.0% to 92.7%. This is the third consecutive month where information governance has been below target. Although cardio pulmonary resuscitation training continues to be below target, this has increased since last month to 77.5%. Specific actions taking place to increase training compliance can be seen in the care group section of the report.
- Our stability remains high this month at 89.8%. This is a great achievement as it shows our staff are keen to stay within the Trust.

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Care Groups

The care group summary section describes the “hotspot” performance areas and mitigating actions for the month of January 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 continues to have a 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 however, there has been successful recruitment in Wakefield and Barnsley single point of access and staff are expected to be in post by the end of March 2024.
- 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, the numbers have increased slightly in January but remain 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, Intensive Home Based Treatment Teams, and community teams.
- During January, the overall number of cases that were clinically ready for discharge was at 4.3%, this has reduced from 5.7% reported last month but remains a risk and is being managed on the organisational risk register, due to the continued availability of options to support people with complex needs on discharge. Work with systems partners at place continues to explore and optimise all community solutions to get people home as soon as they are ready. Whilst there has been an overall reduction in the numbers delayed, there are still some hotspot areas and the detail of this can be seen in the care group section of the report.
- 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 January. 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.

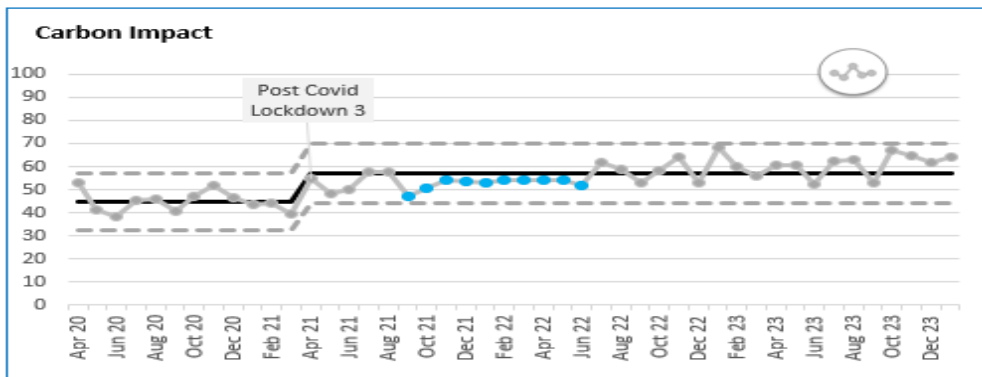
Finance

- A deficit of £144k has been reported in January 2024. The year to date position is now £1.0m which is £0.3m ahead of plan. On that basis the Trust remains on track to achieve it's breakeven target for 2023/24.
- The run rate for agency has continued to be maintained at a lower level than the first half of the year. In total spend, in January, is similar to that in December. Year to date expenditure is £7.4m and the forecast is £8.7m which is in line with 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 £72m which is a c.£4m reduction from previous months. This is due to payment of a number of large invoices and also resolution of a long standing issue with an independent sector provider.
- Performance against the Better Payment Practice Code is 98%.

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

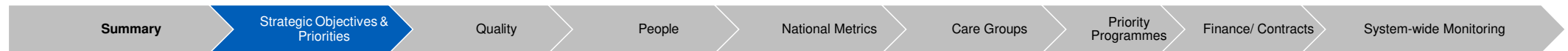
Improving health						
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.7%	97.0%	96.6%		
Percentage of service users who have had their equality data recorded - disability	50%	46.3%	47.0%	46.4%		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%. Please note that from January 2024 service users under 16 years of age have been excluded from the sexual orientation calculation.
Percentage of service users who have had their equality data recorded - sexual orientation		44.9%	45.5%	59.4%		
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%	90.3% Service	88.5% Service	91.7% 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%	96.4% Policy	95.8% Policy	95.5% Policy		
Completion of equality mandatory training	>=80%	95.5%	95.6%	95.1%		
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	1	1	3		2023/24 to be used as a baseline once sufficient data is available.
Carbon Impact (tonnes CO2e) - business miles	76	65	62	64		Data showing the carbon impact of staff travel / business miles. In January staff travel contributed 64 tonnes of carbon to the atmosphere.
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	Q3 Due March 23				Q1 - 65.0%, Q2 - 66.0% 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.

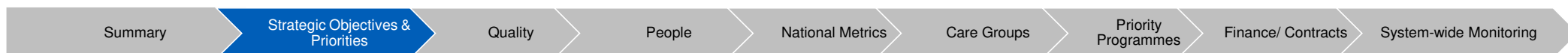




Improve Care						
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	92.5%	94.1%	93.4%	 	January data shows a slight decrease in performance within inpatient services. Risk 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	Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	76.4%	70.0%	71.8%		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%	87.7%	88.0%	88.5%	 	The care plan and risk assessment improvement group continue to look at performance as well as quality of care planning and risk assessments. Part of the improvement work is to identify how we measure the quality (co-production, outcomes, timeliness) as well as the quantity (completed and shared), this may require a change to the way in which we report through the IPR.
Registered substantive staff in post mental health and learning disabilities services	Establishment	1077	1077	1088		
Registered substantive staff in neighbourhood teams	Establishment	173	173	171		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	27	16	15		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	75	85	104	 	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%	5.8%	5.7%	4.3%		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	721	702	636		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.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	580	623	633		Calderdale - The longest wait for those seen in the month was 799 days, the shortest was 87 days. Number on waiting list at end of January - 151. The longest waiter on the waiting list had waited 747 days. Kirklees - The longest wait for those seen in the month was 736 days, the shortest was 469 days. Number on waiting list at end of December - 1911. The longest waiter on the waiting list had waited 743 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	84.6% 44/52	87.5% 42/48	83.8% 62/74		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%	89.0%	91.2%	87.3%	 	
Community health services two hour urgent response standard	70%	87.4%	85.3%	85.8%		
Referral to assessment within 2 weeks (external referrals)	75%	84.8%	85.1%	80.5%	 	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.

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

Improve resources						
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	£325k	(£66k)	(£144k)		A deficit of £144k has been reported in January 2024. The year to date position is now £1.0m which is £0.3m ahead of plan. On that basis the Trust remains on track to achieve it's breakeven target for 2023/24.
Capital spend against plan (monthly)	£8.8m	(£1,000k)	(£789k)	(£16k)		Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £3.2m (42% of plan). This is an increase in spend in month with additional significant spend expected in February and March. As such the plan of £8.3m continues to be forecast to be utilised in full.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£210k	£564k	£581k		The run rate for agency has continued to be maintained at a lower level than the first half of the year. In total spend, in January, is similar to that in December. Year to date expenditure is £7.4m and the forecast is £8.7m which is in line with target.
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£1800k	£1,286k	£1,312k		The cumulative savings to date are £9.7m and form part of the overall financial position.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	4		Due April 2024		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%	96.1%	98.5%	96.9%		Service level agreement 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time. The dip in 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 remaining above threshold in January.
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	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Notes
Turnover external (12 month rolling)	>12% - 13%<	12.0%	12.0%	11.6%		
Registered workforce growth	3% (by March 24)	6.2%				
Sickness absence - rolling 12 months	<=4.8%	5.2%	5.1%	5.1%		Absence rate in month remains at 5.1%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	May >=78% Overall >=90%	73.1%	74.3%	79.6%		For the month of January, the percentage rate increased 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 closed 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%	69.1%	66.7%	65.7%		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 65.2% originally reported in December and November's has further increased from 67.2%.
Mandatory training - Cardiopulmonary resuscitation	80%	78.5%	77.0%	77.5%		There was a slight increase in mandatory training in January but remains below threshold. 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%	85.0%	81.8%	77.0%		Performance has decreased slightly in January and is now below 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%	90.6%	90.8%	90.5%		
Mandatory training - Information governance	95%	93.4%	94.0%	92.7%		Reminders circulated regarding IG training compliance. Further detail included in quality section of the report.

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

Quality Headlines														
Section	KPI	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	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%	80.9%	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)	8% (2/24)	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)	70.0% 7/10		
Service User Experience	Friends and Family Test - Mental Health	84%	82%	85%	91%	90%	90%	95%	89%	88%	94%	89%	1	
	Friends and Family Test - Community	95%	94%	97%	96%	93%	97%	96%	95%	97%	98%	97%	1	
Quality	Number of compliments received	N/A	50	66	33	35	22	17	18	35	16	2	N/A	
	Notifiable Safety Incidents (where Duty of Candour applies) ⁴	Trend monitor	26	34	22	24	31	18	24	20	13	12		
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions ⁴	Trend monitor	1	0	1	1	0	0	2	2	1	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	2	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%	88.5%	1	
	Number of Information Governance breaches ³	<12	12	9	14	13	16	8	9	11	8	14	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%	4.3%	3	
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	90.6%	87.7%	86.7%	87.2%	88.0%	87.5%	89.9%	92.5%	94.1%	93.4%	3	
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	80.7%	65.0%	66.1%	74.0%	72.2%	71.3%	71.1%	76.4%	70.0%	71.8%	2	
	Total number of reported incidents	Trend monitor	1198	1327	1257	1156	1204	1150	1311	1318	1175	1212		
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) ⁹	Trend monitor	25	34	24	29	34	25	32	24	28	12		
	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	4	1	2	3		
	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	1		
	Safer staff fill rates	90%	123.5%	123.5%	123.7%	123.9%	123.8%	124.1%	123.5%	128.8%	128.7%	129.6%	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%	102.2%	1	
	Number of pressure ulcers which developed under SWYPFT care (i)	Trend monitor	29	42	40	36	43	43	28	33	29	32		
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (i)	0	2	1	3	1	2	0	3	6	6	1	1	
	Eliminating Mixed Sex Accommodation Breaches	0	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%	100.0%	1	
	Number of Falls (inpatients)	Trend monitor	34	41	43	33	33	34	48	46	42	49		
	Number of restraint incidents	Trend monitor	192	186	201	145	146	92	198	153	193	121		
	% of staff receiving supervision within policy guidance ¹⁵	80%		Reporting to start from Sept 23					65.5%	65.6%	69.1%	66.7%	65.7%	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%	97.4%	1	
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	1	0	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	0		
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	0	0	0	0		
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	2	2	2		
	Overall CQC rating		Good											
	CQC well - led rating		Good											

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

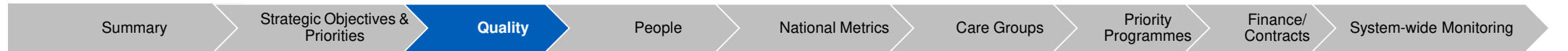
Finance/ Contracts

System-wide Monitoring

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

- The overall number of restraint incidents dropped in January from 193 reported in December to 121. 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.
- Duty of candour - there were two breaches recorded in January within Wakefield which has been identified as a training issue. The issue has been picked up by the management team and the duty of candour was completed but outside the 10 day timescale.
- Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - The refresh of data as outlined in last months report, 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 January – there was one lapse in care and this is under further investigation as to the root cause.
- 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 has decreased slightly at 93.4% from 94.1% for inpatient services.
- Clinically ready for discharge (previously delayed transfers of care) - This has decreased slightly to 4.3% 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 January there were 49 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 increased to 14 during the month and is now above threshold - further detail is provided in the relevant section of this report.
- 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)

As reported in the previous IPR, Learn from Patient Safety Events will be a new national system that is being introduced to replace:

- National Reporting and Learning System (where we send our patient safety incidents)
- Strategic Executive Information System [StEIS] (where we report Serious Incidents)

NHS England have recently extended the transition timescales as below:

Our Trust plans started using the LFPSE service on 14 February 2024.

Patient Safety Training

Training for all staff (level 1) and essential to job role (level 2) is available on the Electronic Staff Record. This is currently progressing well at 93% completed.

Patient Safety Partners

The three patient safety partners (this is a volunteer role) was inducted into the patient safety team in February 2024. The next steps are for the PSP to meet again and discuss work allocations.

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/Contracts

System-wide Monitoring

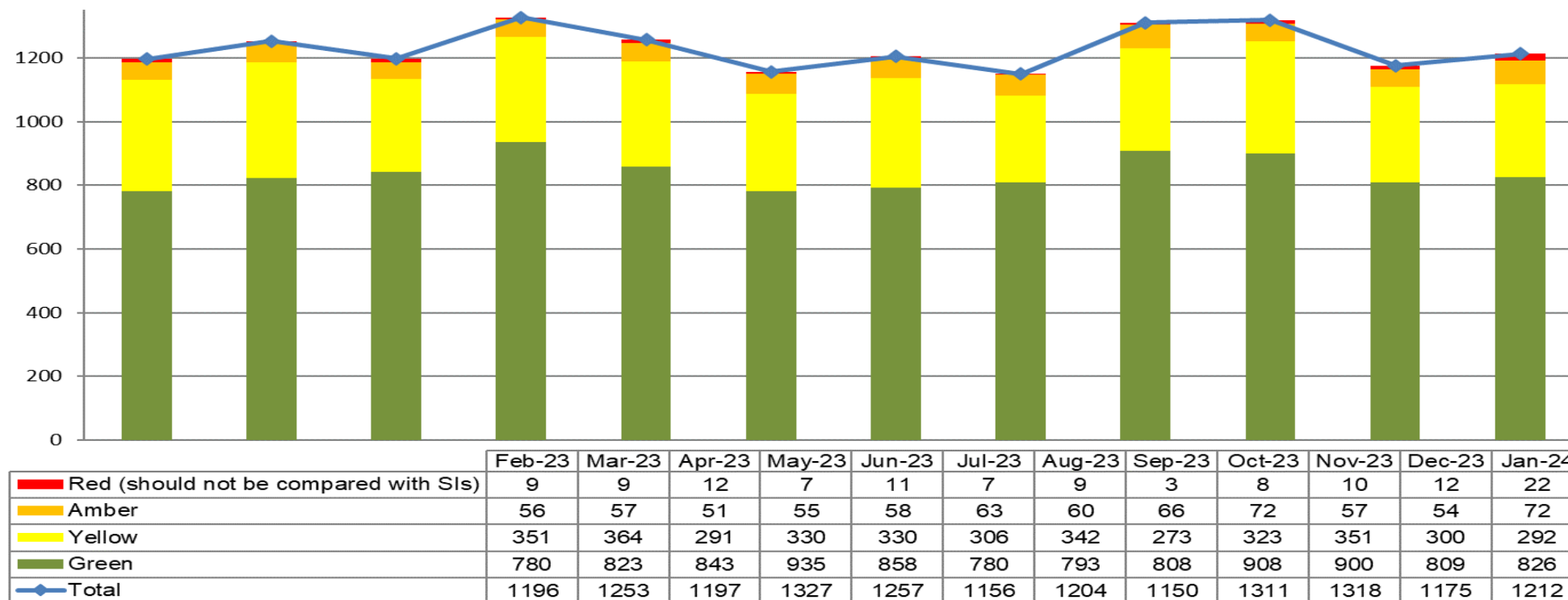
Safety First

Summary of Incidents

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

96% of incidents reported in January 2024 resulted in no harm or low harm or were not under the care of SWYPFT.

No never events reported in January 2024



[Summary](#)
[Strategic Objectives & Priorities](#)
[Quality](#)
[People](#)
[National Metrics](#)
[Care Groups](#)
[Priority Programmes](#)
[Finance/ Contracts](#)
[System-wide Monitoring](#)

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.

Patient Safety Alerts

Patient safety alerts issued in January 2024

Patient Safety alerts not completed by deadline of January 2024 - zero.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2024/001/DHSC	Shortage of GLP-1 receptor agonists (GLP-1 RA) update	03/01/2024	Yes - circulated for information	28/03/2024	05/01/2024
NatPSA/2023/013/MHRA update	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients	23/01/2024	Yes - circulated for information	31/01/2024	24/01/2024
NatPSA/2024/002/NHSPS	Transition To Nrfit Connectors For Intrathecal And Epidural Procedures, And Delivery Of Regional Blocks	31/01/2024	No - alert not applicable to trust	01/02/2025	01/02/2024

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

Care
Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Safety First cont...

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

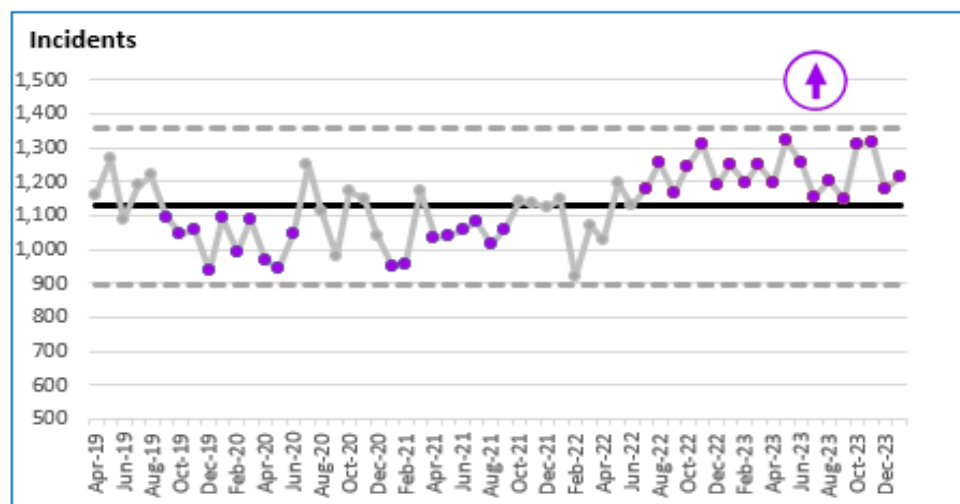
Breakdown of incidents in January 2024 -

12 moderate harm incidents including 5 pressure ulcer category 3 incidents and 2 self harm incidents.

3 incidents categorised as severe harm, 2 relating to pressure ulcers.

Sadly, there was 1 patient safety related death.

Incidents



We remain in a period of special cause variation (something is happening and this should be investigated) in January 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).

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

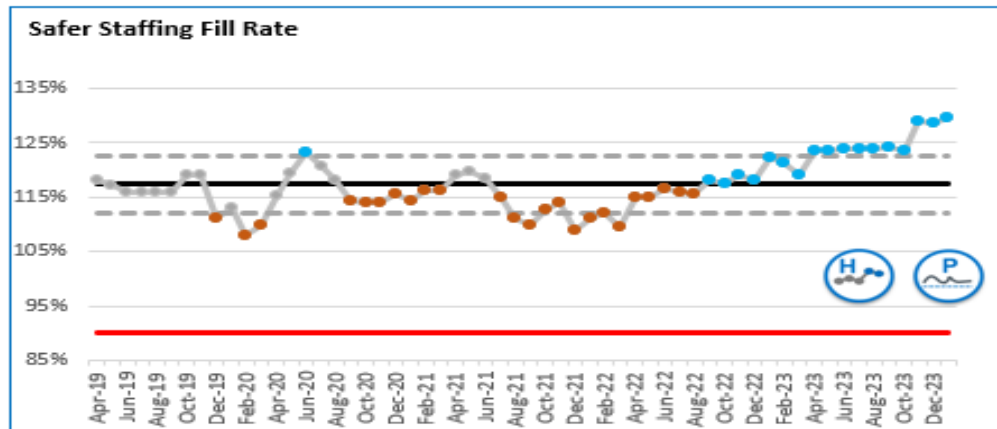
Care Groups

Priority
Programmes

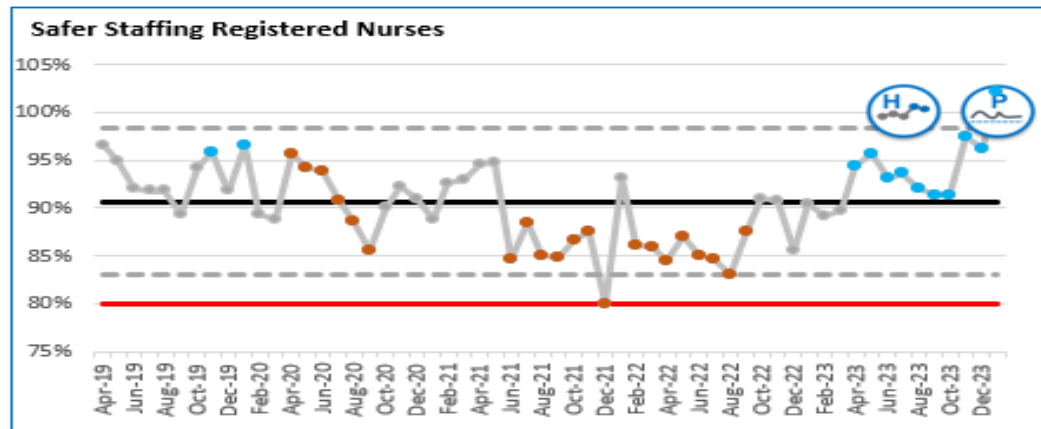
Finance/
Contracts

System-wide
Monitoring

Safer Staffing Inpatients



The chart above shows that as at January 2024 due to the continued increasing staffing rate, we remain in a period of special cause improving variation.



The chart above shows that in January 2024 we remain in a period of special cause improving variation.

- There was an expected significant decrease on demand in January, mainly due to the increase over the festive period, of the flexible staffing pool with a total of 459 less shift requests with the overall fill rate remaining high.
- We have 6 band 5 UK trained staff awaiting placement who are either qualified or will be within the next 10 months.
- We have stopped international recruitment given our positive staffing situation within inpatient services where the majority have been placed.
- We have had the first of the assessment centres for substantive health care assistants (HCA) with 21 successful applicants, which will support the filling of the peripatetic workforce.
- We will be evaluating the resource we have on our staff bank to ensure that we maintain the optimal numbers to consistently support the delivery of safe and effective care.
- 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 16 wards (a decrease of four) have fallen below the 90% RN day fill rate with eight wards below 80%, one less than the previous month.
- There has been a marked improvement in fill rates for RNs (which coincides with a reduction of fill rate for HCAs), with IR obtaining their pin numbers and being signed off of their preceptorship.
- In January one ward fell below the 90% overall fill rate threshold, this was Enfield Down in Kirklees.

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

Care Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Safer Staffing Inpatients cont...

Registered Nurses Days

Overall registered day fill rates have increased by 5.2% to 91.6% in January compared with the previous month.

Overall Registered Rate: 102.2% (increased by 4.0% on the previous month)

Overall Fill Rate: 129.6% (increased by 0.9% on the previous month)

Fill Rate	Nov-23	Dec-23	Jan-24
Adults and Older People	136%	136%	136%
Barnsley Integrated Services	105%	104%	111%
Forensic and LD	120%	120%	122%
Grand total	129%	129%	130%

Registered Nurses Nights

Overall registered night fill rates have increased by 6.6% in January to 112.8% compared with the previous month.

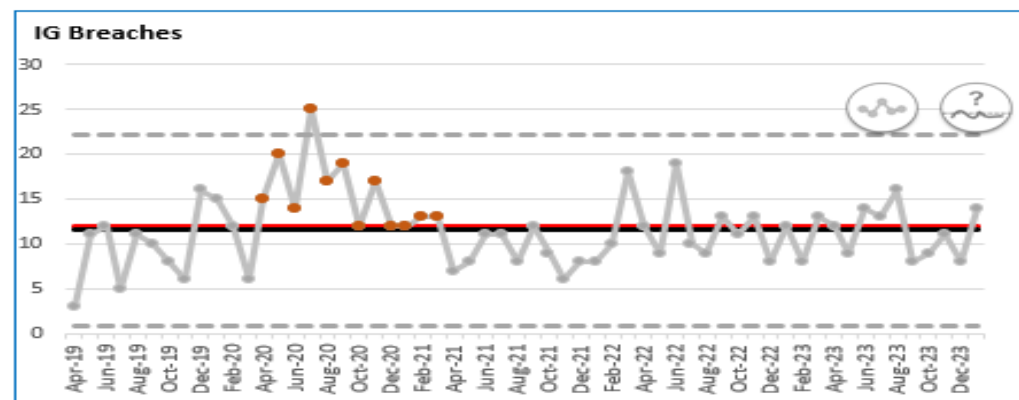
- Bank staff filled 60.32% (increased by 7.99% on the previous month) of RN requests for flexible staffing and 82.17% (increased by 1.42% on the previous month) of HCA requests.
- Agency staff filled 17.98% (a decrease of 1.73% on the previous month) of RN requests for flexible staffing and 13.89% (a decrease of 1.03% on the previous month) of HCA requests.
- Health Care Assistants showed a decrease in the day fill rate for January of 2.6% to 152.4% and the night fill rate decreased by 2.1% to 155.3%.



Information Governance (IG)

Fourteen personal data breaches were reported during January, which has increased from the number reported for the last four months. An improvement plan continues to be implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity.

Nine breaches involved information being disclosed in error. Two incidents of record keeping issues were reported. Other incidents related to the accessibility of information, lost paperwork and lost equipment. A deep dive of incidents over the last 12 months will be undertaken during quarter 1 2024/25 to ensure learning from incidents is communicated and embedded.



This SPC chart shows that as at January 2024 we remain in a period of common cause variation, though we are above the threshold with 14 data 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. The 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.

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

Care Groups

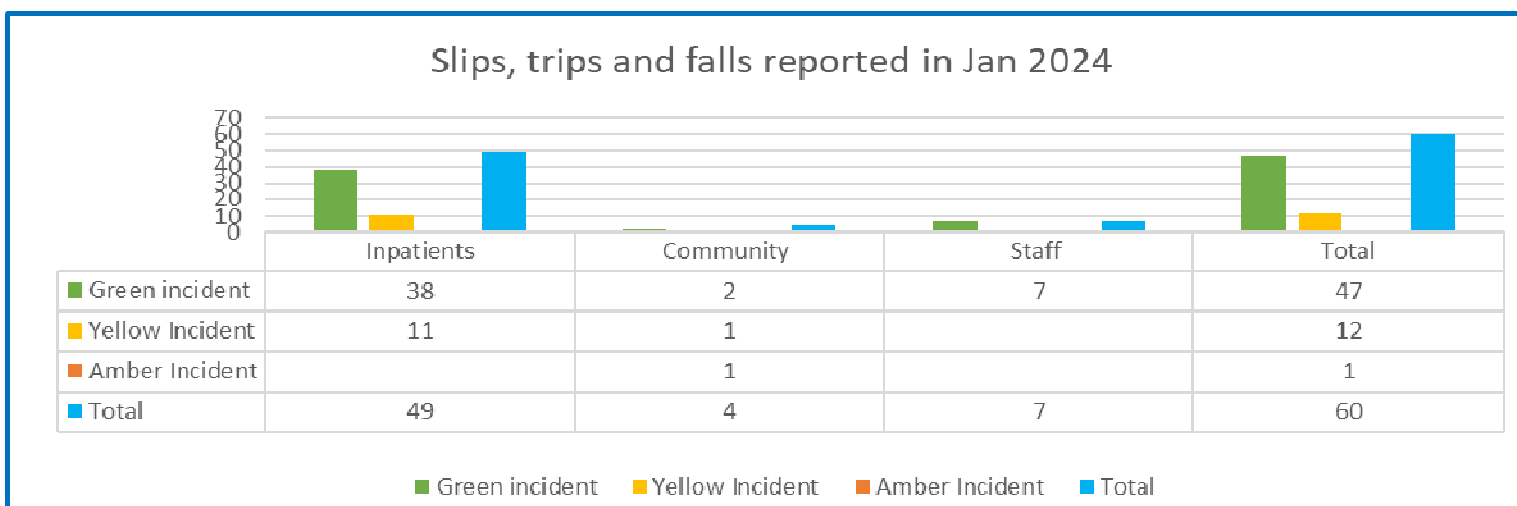
Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Trustwide Falls

In January 2024, there were 60 slips, trips and falls reported on Datix. Below is a breakdown of falls and where they occurred in the community, inpatients, or staff group. 3 falls recorded for inpatient wards occurred whilst the patient was off the ward, or on leave.



Incident Grading

Amber: 1 (2%) reported incidents, patient was found at home having fallen during the night

Yellow: 12 (20%) reported incidents, 11 inpatient and 1 community

Green: 47 (78%) reported incidents, 38 inpatients, 2 community and 7 staff

17 falls occurred for people under the age of 65 years. This is similar to previous months.

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

Care Groups

Priority
Programmes

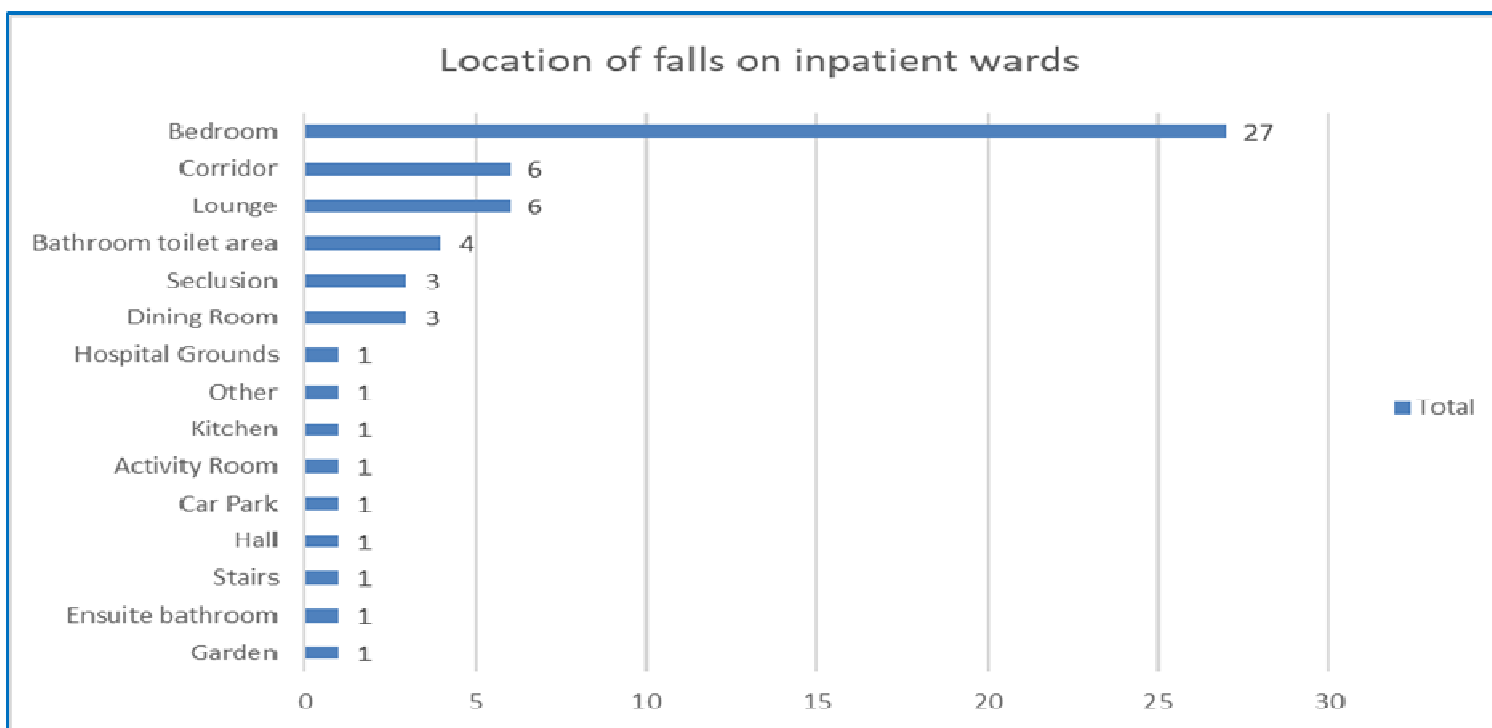
Finance/
Contracts

System-wide
Monitoring

Trustwide Falls cont...

Falls by location

- We continue to see a higher number of falls within bedrooms. The chart below shows that 56% of falls have been reported within bedroom areas, further review is being undertaken with plans to discuss in the Trustwide Falls & Bone health meeting.
- The Trust Falls Coordinator is in the process of reviewing falls in bedrooms as this has been a recurrent theme. Additional educational tools will be available for staff via Trust communications and intranet. Also, the Trusts falls & bone health group will review what quality improvements we can be implemented.



Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

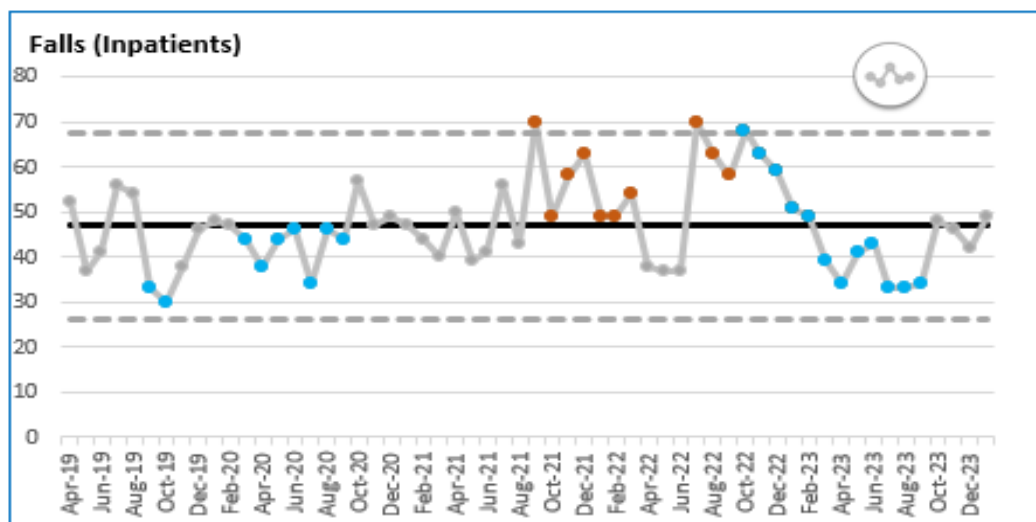
Priority Programmes

Finance/ Contracts

System-wide Monitoring

Falls (Inpatient)

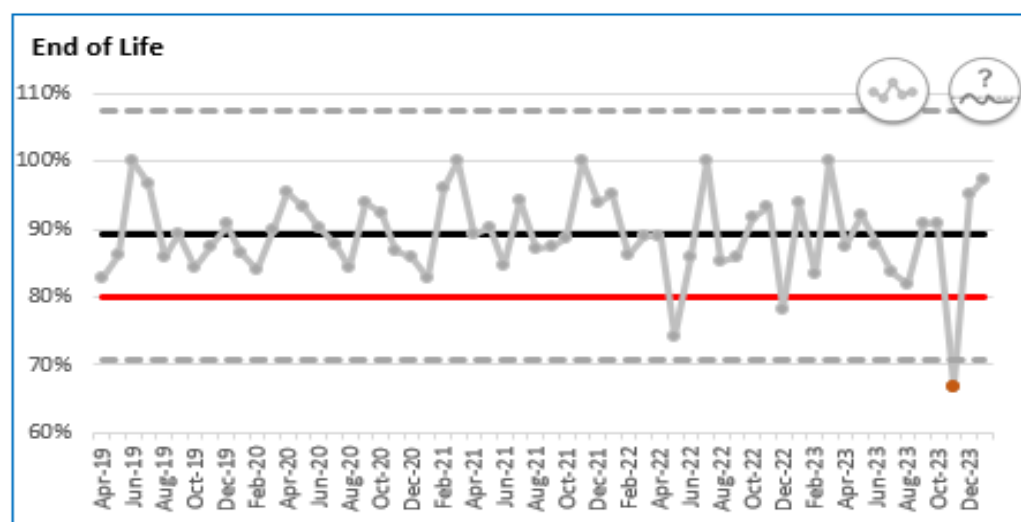
- The total number of inpatient falls was 49 in January. This is an increase on previous months.
- There had been an increase in patients with physical frailty and neurological conditions. This has substantially increased the risks of falls, and for some patients, falling had been earlier signs of infection and illness.
- One patient had multiple falls during the month due to declining to use a walking frame - specific work has been undertaken with this individual and they are now using a frame.



The SPC chart above shows that in January 2024 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 97.4% in January. As is noted in the Quality Headlines Dashboard, performance against this metric remains increased above threshold this month. This metric relates to the Macmillan service, end of life pathway.



The chart above shows that in January 2024 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%.

Summary

Strategic Objectives &
Priorities

Quality

People

National
Metrics

Care Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Patient Experience

Friends and family test shows

- 97% would recommend community services
- 89% would recommend mental health services

	Target	November	December	January
Mental health community	85%	92%	96%	90%
Mental health inpatient	85%	80%	97%	87%
Learning Disabilities	85%	100%	100%	100%
ASD/ ADHD	85%	63%	67%	60%
CAMHS	75%	88%	89%	90%
Forensic	60%	83%	75%	100%
Mental health overall	84%*	88%	94%	89%
Barnsley Gen ops	95%	97%	98%	97%
Trustwide	85%	92%	96%	93%

Overall satisfaction rates have declined across the Trust.

- Satisfaction for Forensic and CAMHS have increased.
- Satisfaction in learning disabilities remains the same.
- All other service lines has declined this month.
- The number of responses has declined this month due to a delay in inputting FFT cards due to capacity within the QIAT team.

* weighted for 2023/24

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



Safeguarding

Safeguarding Adults:

In January 2024, there were 39 Datix categorised as safeguarding adults. 18 of these were graded as green, 14 were graded as yellow, 6 were amber and one red Datix. The most common subcategories were neglect concerns, emotional/psychological abuse, self neglect and sexual abuse.

All were dealt with appropriately and reported to the Police, local authority, and domestic abuse services as appropriate.

In addition to the Safeguarding Adults Datix, there were 12 regarding sexual safety of which there were six graded green and six graded yellow.

Safeguarding Children:

In January 2024 there were 13 Datix categorised as safeguarding children; five of these were graded as green, six were graded as yellow and one was graded as amber and one was graded as red, sadly noting a child death. The most common subcategories of these Datix were child protection other, sexual abuse and physical abuse. In all of the 13 Datix submitted, SWYPFT safeguarding advice was sought.

The Datix in relation to the death of a child was submitted by the perinatal service (incident occurred in December 2023 and recorded in January 2024 following a number of external meetings and the incident occurring in a neighbouring Trust). This event has triggered statutory meetings and the safeguarding team have been involved in the scoping of records and will continue to be part of the multi-agency review process to ensure any learning can be brought back to the Trust .

There are less Datix submitted than in recent months. Practitioners will be reminded when they contact the trust safeguarding advice line to submit a Datix if they are making a referral to multi-agency partners. This information is also included in the Level 3 safeguarding children training.

Complaints

- Acknowledgement and receipt of the complaint within three working days – 24/24 (100% of formal complaints)
- Number of responses provided within six months of the date a complaint received – 7/10 (70%)
- Number of complaints waiting to be allocated to a customer service officer – 4 (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 – 18/01/2024
- There were 24 new formal complaints in January 2024
- 2 compliments were received.
- 10 formal complaints were closed in January 2024.
- Number of concerns (informal issues) raised and closed in January 2024 – 34
- Number of enquiries responded to in January 2024 - 119
- 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 in December 2023. 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.

Outbreaks

January 2024, there have been:

- One Covid-19 outbreaks on inpatient wards
- Five inpatient areas monitored for increase in prevalence of Covid-19
- One inpatient area monitored for increase in patients with gastroenteritis 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 communications of standard infection prevention and respiratory precautions.

Two patients have died within 28 days of a positive Covid-19 result in January 2024. Both patients were part of the outbreak on ward 19 in December 2023, each case has been reviewed and deaths not linked to Covid-19.



Reducing Restrictive Physical Intervention (RRPI)

- There was a reduction in the number of incidents of restraint in January 2024. The overall trend demonstrates a sustained reduction in the use of restraint from July 2023 to January 2024 with the normal variation being between 134 -153. There is a 55% reduction in the use of restraint in January 2024 compared to the same period in the previous year.
- In January 2024 prone restraint (those remaining in prone position and not rolled immediately) was reported 14 times an increase of 6 (75%) from December 2023 that stood at 8.
- In January 2024 there was a slight increase in the use of seclusion across the Trust. There is a 79% reduction in the use of seclusion compared to the same period last year. The overall trend demonstrates a sustained reduction in the use of seclusion from July 2023 to January 2024 with the mean average being 33 for this period.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	72	37.1%
Seated	23	11.9%
Safety Pod	22	11.3%
Restricted escort	19	9.8%
Supine - held on their back, regardless of surface	18	9.3%
Prone decent then remained in chest down position	14	7.2%
Side	10	5.2%
Prone decent then immediately rolled to other position side/back	10	5.2%
Kneeling	6	3.1%

Team Using Prone Restraint January 2024	Total
Walton PICU	4
Hepworth Ward, Newton Lodge, Forensic	3
Elmdale Ward	2
Stanley Ward, Wakefield	2
Ashdale Ward	1
Melton PICU, Barnsley	1
Nostell Ward, Wakefield	1

Summary

Strategic
Objectives &
Priorities

Quality

People

National
Metrics

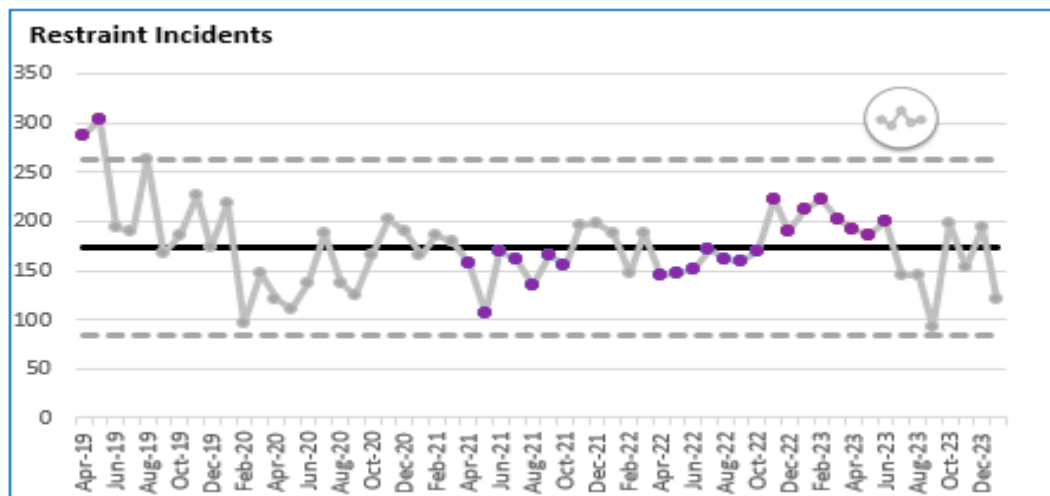
Care
Groups

Priority
Programmes

Finance/
Contracts

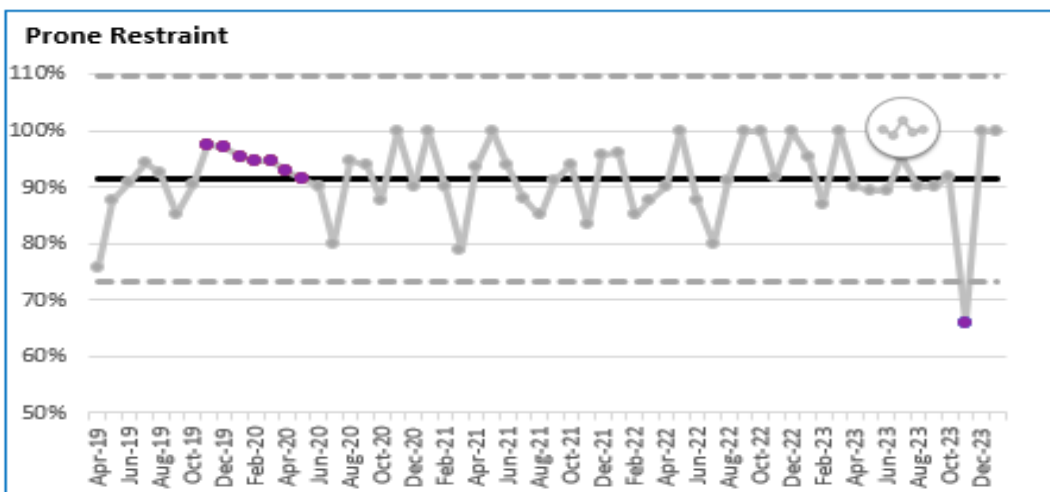
System-wide
Monitoring

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in January 2024 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.



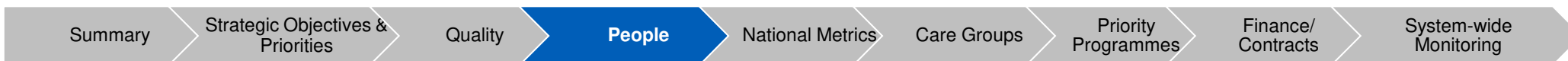
This SPC chart shows that, as anticipated, the proportion of prone restraints lasting under 3 minutes in January 2024, has re-entered common cause variation (no concerns) following the dip in performance last month.

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	Jan-24
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	5412.1
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	4535.6
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4	887.0	870.1	876.6
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%	11.6%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4	61.6	42.8	91.4
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8	31.9	27.6	30.3
International Nurse Starters in Month			-	0	0	0	0	9	10	10	10	5	5
% Bank Fill Rates - Registered Nurses			-	Reporting commenced August 23				47.8%	49.6%	52.0%	59.1%	52.3%	60.3%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%	80.3%	80.8%	82.2%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)								90.9%	90.3%	90.6%	93.4%	91.6%	92.2%
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%)	217 - All staff (15.9%) 89 - excl medics (7.6%)
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%)	947 (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%	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%	5.1%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2	0	1	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%	79.6%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4	2	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%	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%	77.0%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	79.2%	81.3%	81.0%	79.9%	80.0%	79.7%	78.5%	77.0%	77.5%
Mandatory Training - Clinical Risk				95.6%	95.4%	95.4%	95.2%	94.8%	94.0%	92.6%	91.3%	91.0%	90.6%
Mandatory Training - Display Screen Equipment				96.5%	96.8%	97.0%	97.1%	97.4%	97.4%	97.4%	97.1%	97.0%	95.2%
Mandatory Training - Equality & Diversity				96.0%	96.2%	96.2%	96.0%	95.9%	96.1%	95.4%	94.9%	94.9%	95.1%
Mandatory Training - Fire Safety				90.2%	91.2%	92.8%	92.0%	91.4%	91.2%	91.0%	90.6%	90.8%	90.5%
Mandatory Training - Food Safety				78.0%	83.4%	86.4%	87.8%	89.4%	89.3%	88.1%	89.0%	89.4%	90.0%
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%	95.2%
Mandatory Training - Infection Control & Hand Hygiene				91.5%	92.4%	94.1%	94.3%	94.3%	95.6%	94.2%	93.6%	93.1%	93.7%
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%	92.7%
Mandatory Training - Moving & Handling			>=80%	95.5%	94.9%	95.2%	95.1%	95.6%	94.8%	96.5%	96.9%	96.9%	97.3%
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%	93.5%
Mandatory Training - Mental Capacity Act/Dols				91.6%	93.6%	93.7%	93.4%	94.0%	96.7%	99.6%	99.2%	99.0%	99.1%
Mandatory Training - Mental Health Act				91.6%	91.3%	91.2%	91.1%	92.2%	99.8%	91.2%	90.5%	90.2%	90.7%
Mandatory Training - Prevent				95.4%	95.5%	92.1%	94.1%	94.2%	91.7%	93.7%	92.1%	92.3%	92.9%
Mandatory Training - Safeguarding Adults				90.0%	89.7%	89.3%	89.5%	89.7%	93.9%	90.7%	89.6%	89.4%	88.4%
Mandatory Training - Safeguarding Children				90.0%	90.7%	91.1%	91.2%	91.7%	89.7%	95.1%	94.4%	94.0%	92.9%

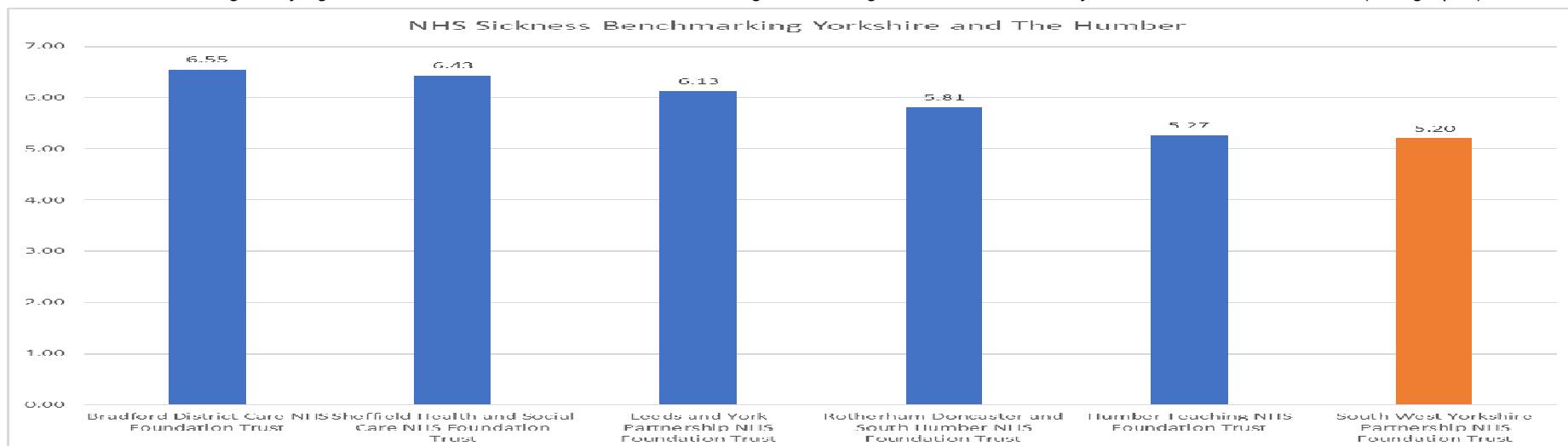
Notes:

- 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

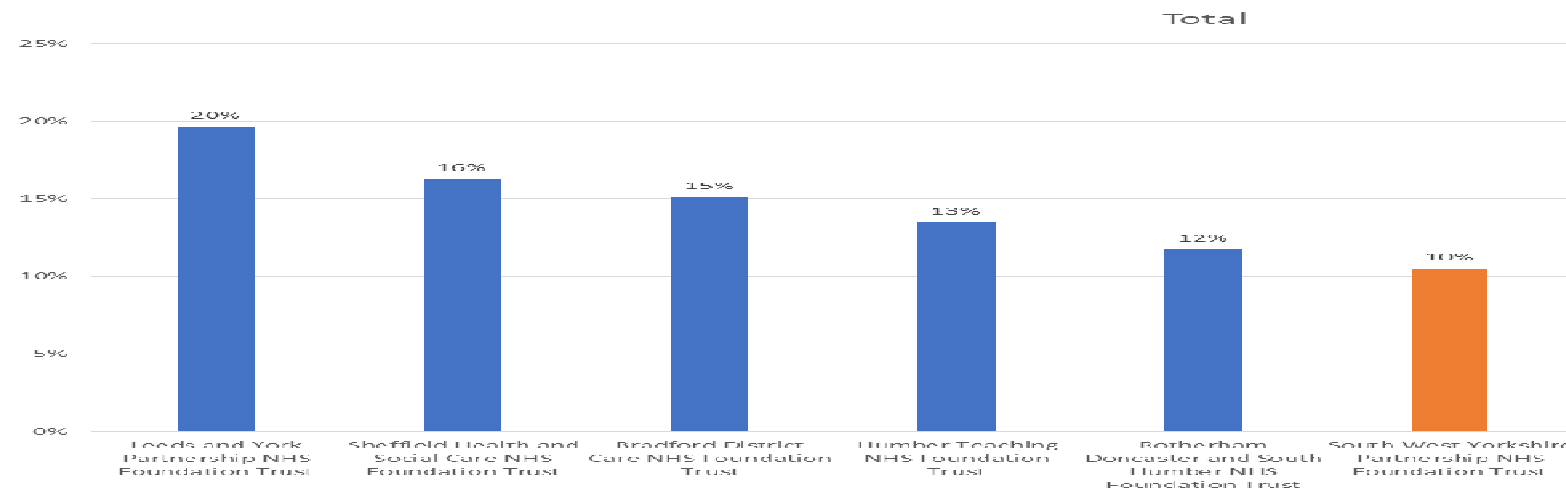
- Employed Staff (Electronic Staff Record - (ESR last day in the month) - Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff and junior doctors.
- Starters/Leavers vs Staff in Post – 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.
- There has been a significant jump in our substantive staff in post in January 24. Although this is normal to see an increase in the first month of the year. The number of people joining the Trust (91.4 whole time equivalent (WTE) outnumbered leavers (30.3 WTE). The low number of leavers is also due to employees being able to partially retire and return and no longer having to leave the Trust and re-join.
- 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 604.67 new starters and 390.22 leavers.
- As of January 24, our Trust growth rate has grown further to 6.18% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%. In addition to this it has been fed back to the Trust by some new starters that SWYT has a reputation of being a good place to work, which is supporting the increase.
- Overall our 12 month turnover rate in January 24 has dropped slightly this month to 11.6% which is a reflection of the low number of leavers and increase in new starters.
- For the fourth consecutive month we have seen a steady decrease in our vacancies taking us to a vacancy rate of 16.2% (in October 23 this was 16.9%).
- We have recruited a total of 86 International Nurses (IN) since April 23. Cohorts in December and January have been reduced (5 per month) and future INR cohort delivery in February and March has been paused.
- When benchmarked regionally against other Mental Health Trusts we are seeing both the highest workforce stability rate and the lowest turnover (See graphs).



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

Staff group ▼ NHS region name ▼ Cluster group ▼ Benchmark group ▼ ICS name ▼

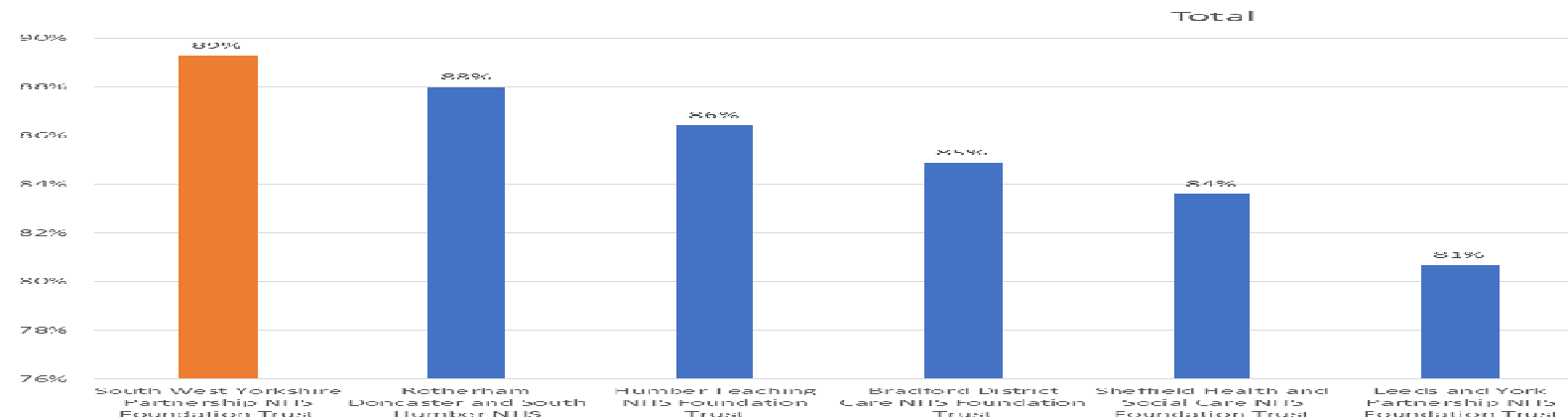
Sum of Leaver rate



Org name ▼

Staff group ▼ NHS region name ▼ Cluster group ▼ Benchmark group ▼ ICS name ▼

Sum of Stability Index



Org name ▼

Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/Contracts

System-wide Monitoring

Keep fit and Well

Absence

- In January 24 we have not seen any increase in sickness overall. This is seen as a positive as seasonal absence does not appear to have impacted the Trust excessively this winter so far.
- Sickness absence in January has remained static overall at 5.1% which is above local threshold. Although Forensics remains high at 8.0%, this has reduced for the third consecutive month (November 8.3%).
- The Estates and Facilities sickness rate continues to rise, which is now at 8.4%. This staff group have seen a consistent monthly rise since April (Apr 6.15%). Further work is being done with our Business partners to help support Estates and Facilities, along with an internal audit.
- It is good to see that our additional Clinical Services (HCSW's) has also dropped again in January 24 to 5.8%. This has been a consistent drop in absence rate 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

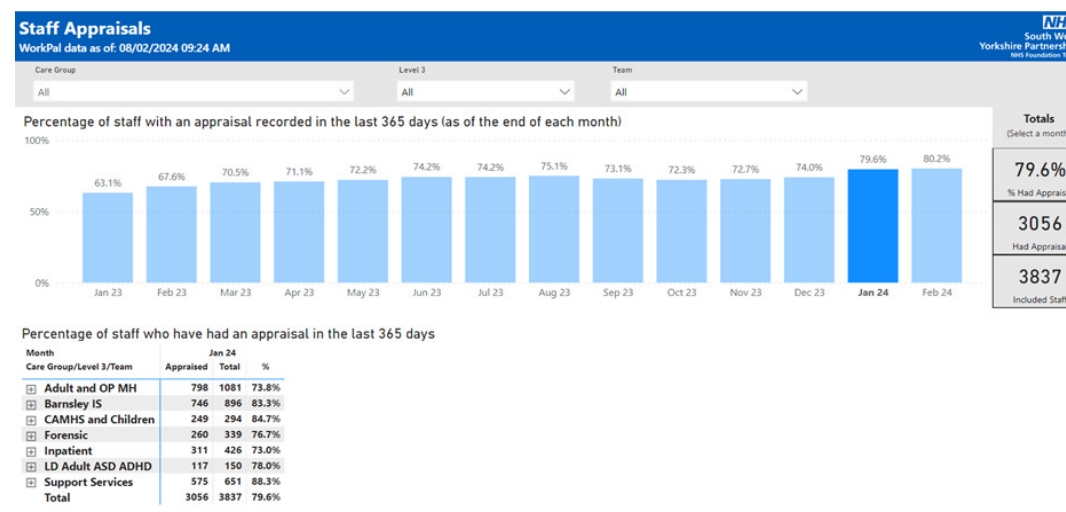
Appraisals

- Feedback regarding the new online reporting system for appraisals has been very positive and has reflected in the appraisal compliance.
- Although there were some queries regarding data quality this month, assurance has been given at OMG, with a full explanation of how the data is populated into the report. This was well received and has allowed the Operations team to have confidence in the information available.
- For the fourth consecutive month we have seen an increase in the Appraisal compliance rate. We are now approaching our target of 80% which is expected to be achieved in February 24 if the current focus on improvement continues.
- Since last month we have seen significant improvements in our Inpatient services. The rate in January 24 is now 73% (previously 56.9%). This is a great achievement.

Training

- Overall mandatory training has remained static in January 24 to 91.9%, however this still exceeds the Trust target of 80%.
- Our Information Governance is still below the Trust target in January and we have seen an decrease this month to 92.7%. Our Business Partners are drilling down to the individual areas and are contacting teams who have low levels of IG Compliance so they can support the managers in achieving an overall improved compliance by next month. The deputy siro will commence weekly e-mail reminders to all staff from week commencing 26th February 2024.
- Whilst the RRPI training has increased from 73.8% (April 23) to 77.0% in January 24 we have dropped the compliance rate since last month (December 23 81.8%). Our learning and development team and RRPI team are working together to maximise the training places available for RRPI training and are taking a targeted approach to booking staff onto refresher training. Individuals will be contacted directly by a member of the learning and development team when a place is available to ensure as many staff as possible are able to complete their learning.
- There has been a slight drop in Safeguarding adults and children this month, however both currently remain above target.

Produced by Performance and Business Intelligence



Summary

Strategic Objectives & Priorities

Quality

People

National Metrics

Care Groups

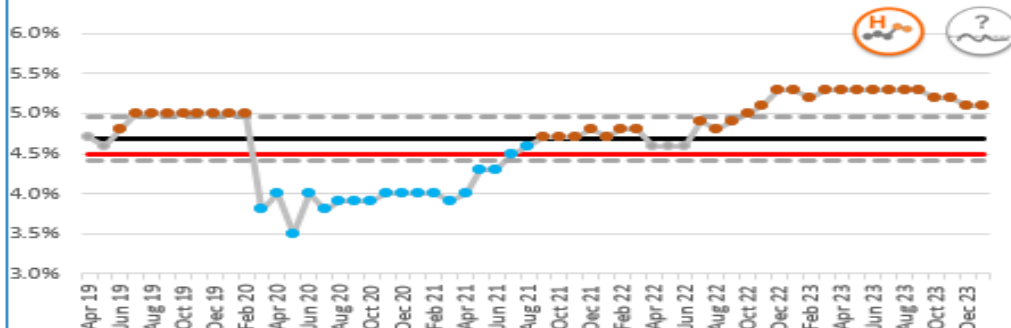
Priority Programmes

Finance/Contracts

System-wide Monitoring

Statistical process control charts

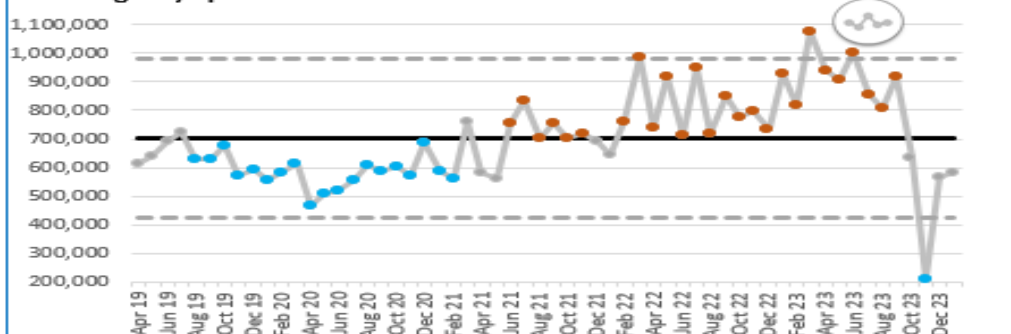
Trust Sickness Absence - Year to Date



The SPC chart shows that in January 2024 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.

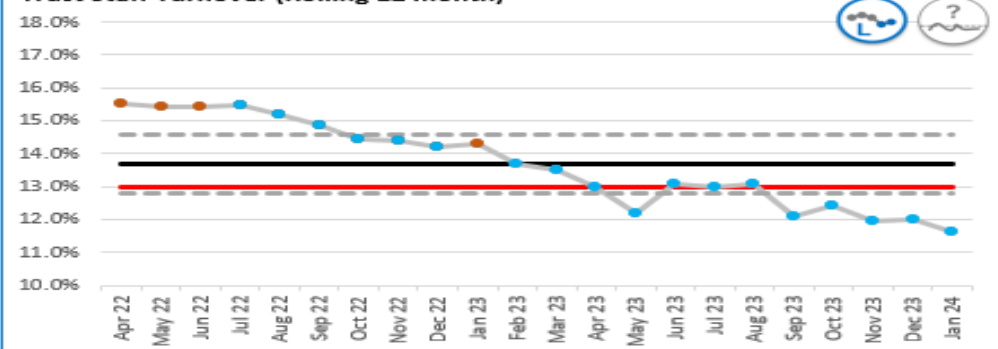
Trust Agency Spend



The SPC chart shows that in January 2024, 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.


Trust Staff Turnover (Rolling 12 month)



The SPC chart shows that in January 2024, 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.

National Metrics



































Data as of : 21/02/2024 13:57:04



















































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	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more		0			0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days		0			483	480	434	545	435	589	400	187	66	75	85	104
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%			91.4%	74.4%	87.1%	87.8%	88.6%	90.3%	93.1%	72.4%	83.3%	83.8%	83.3%	81.1%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%			53.8%	53.8%	52.5%	53.4%	53.2%	50.4%	51.5%	51.6%	52.7%	51.6%	54.6%	50.4%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%			95.7%	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%	100%	99.7%	99.8%
M7	72 hour follow-up from psychiatric in-patient care		80%			89.6%	87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%	89.0%	91.2%	87.3%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0			30	43	15	11	29	9	18	8	2	9	23	30
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0			2	2	3	1	1	1	2	2	1	1	1	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%			97.6%	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%	99.0%	98.8%	98.6%	98.8%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%			100%	99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%	99.8%	99.8%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%			80%	87.5%	50%	80%	100%	70%	66.7%	100%	100%	100%	75%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%			100%	95.8%	77.8%	95.8%	100%	92%	91.3%	96.6%	91.4%	93.5%	88.2%	97.1%
M15	Data Quality Maturity Index		95%			98.2%	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%	99.5%	99.5%	99.5%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1415	1532	1306	1603	1578	1470	1403	1477	1745	1713	1317	1621
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%			99.1%	98.9%	98.9%	98.4%	99.0%	99.2%	99.7%	99.0%	99.1%	99.4%	99.2%	99.7%
M24	Number of people accessing individual placement and support (IPS) services during the month		13			44	30	25	34	26	37	38	34	35	38	25	47
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					53	79	49	57	51	67	62	71	63	43	35	68

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
M30	Number of detentions under the Mental Health Act (MHA)					94	86	93	102	93	101	100	97	97	86	97	90
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					19.1%	20.9%	21.5%	18.6%	12.9%	24.8%	19%	23.7%	24.7%	19.8%	19.6%	20%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			95.7%	98.0%	97.7%	97.7%	98.0%	98.5%	98.5%	97.2%	97.8%	98.2%	97.7%	97.6%
M34	% Clients in settled accommodation		60%			84.4%	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%	85%	84.5%	84.6%
M35	% Clients in employment		10%			11.4%	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%	12.3%	12.6%	13.2%
M41	Completion of a valid NHS number		99%			100%	100%	100%	100.0%	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%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%	99.4%	99.4%
M43	Community health services two hour urgent response standard		70%			85.0%	83.7%	87.3%	86.6%	86.1%	88.0%	89.5%	88.6%	88.1%	87.4%	85.3%	85.8%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500					1523	1719	2335	1509	1667	1656	1726	1844	1303	1701
M45	The number of incomplete Referral to Treatment (RTT) pathways		2200														2104
			2300											2009	2289	2019	
			2400								1782	1982	2168				
			2500					1933	1835	1592							
M46	Count of 2-hour urgent community response first care contacts delivered					648	761	826	953	910	935	1019	1003	929	862	929	1096
M47	Virtual ward occupancy		80%					82.9%	44.3%	92.9%	51.4%	57.1%	60%	57.5%	78.8%	64.3%	81.4%
M48	Community services waiting list		5198														4767
			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							3352	3364	3387	3368	3361	3357	3353	3333	3304	3293
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact							10990	11130	11133	11152	10968	11070	11168	11234	11058	11134
M170	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%			91.6%	79.8%	60.7%	53.3%	82.5%	66.7%	64.1%	75.3%	74.3%	63.0%	64.3%	56.5%
M171	% Admissions gate kept by crisis resolution teams		95%			99%	98.2%	100%	99%	100%	96.6%	100%	99.1%	100%	97.9%	100%	98.1%

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

- In agreement with Calderdale commissioners, SWYPFT’s NHS Calderdale Talking Therapies services stopped accepting referrals in January 24 with all new referrals directed to Vita (the new service provider). All waiting lists have been transferred over to Vita in February 24. Remaining cases are continuing treatment with SWYPFT’s NHS Calderdale Talking Therapies with the aim of completion and discharge by 31st March 2024. The cessation of this service is not expected to impact the overall Trust position for the national metrics for Talking Therapies services however these will be closely monitored in the coming months.
- The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 99.8%
- 72 hour follow up remains above the threshold at 88%.
- The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold at 56.5% in January. This has now entered a period of special cause concerning variation (please see SPC chart). This metric relates to the Trust’s Paediatric Audiology service only. A service improvement plan is being implemented, the average wait is 4.88 weeks, the patients wating longer than 6 weeks are due to children that were not brought and where parents have also changed the dates of the appointments; these cannot be excluded as per the national guidance for referral to treatment. However, it should be noted that we are now rigorously implementing the 'Was Not Brought' (WNB) guidance, which may result in increased referrals to safeguarding as the impact of not detecting and diagnosing hearing loss has serious consequences for children and young people.
- The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week and the routine access to treatment measure has both achieved the 95% threshold in January.
- During January 2024, 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 30 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews.
- The percentage of clients in employment and percentage of clients in settled accommodation - there are some data completeness issues that may be impacting on the reported position of these indicators however both are above their respective thresholds.
- Data quality maturity index - the Trust has been consistently achieving this target. This metric is in common cause variation, and we are expected to meet the threshold.
- NHS Talking Therapies - proportion of people completing treatment who move to recovery remains above the 50% target at 50.4% for January. 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 January. 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.

Summary

Strategic
Objectives &
Priorities

Quality

People

National Metrics

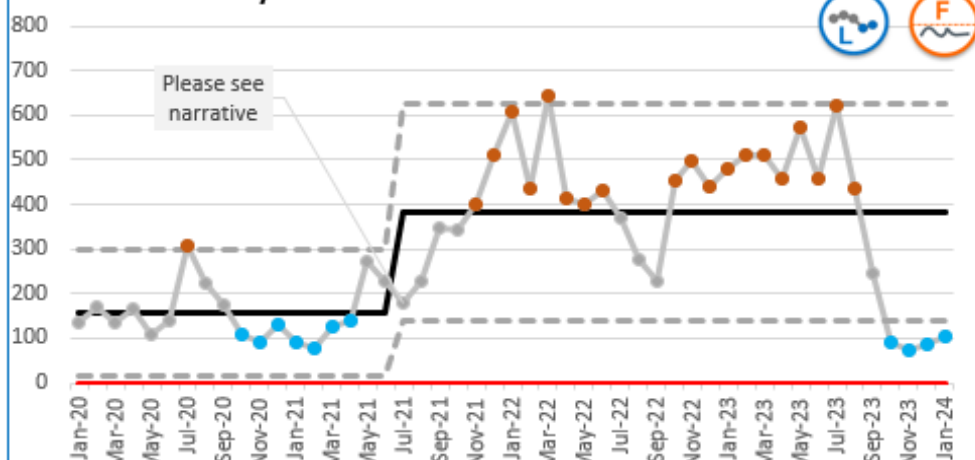
Care
Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Out of area bed days



The SPC chart shows that there has been a marginal increase in the number of inappropriate out of area bed days in January 2024 though 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

The Trust remains in a period of special cause improving variation following a significant decrease in the number of bed days used.

Actions

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.

Assurance

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.

Summary

Strategic
Objectives &
Priorities

Quality

People

National Metrics

Care
Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

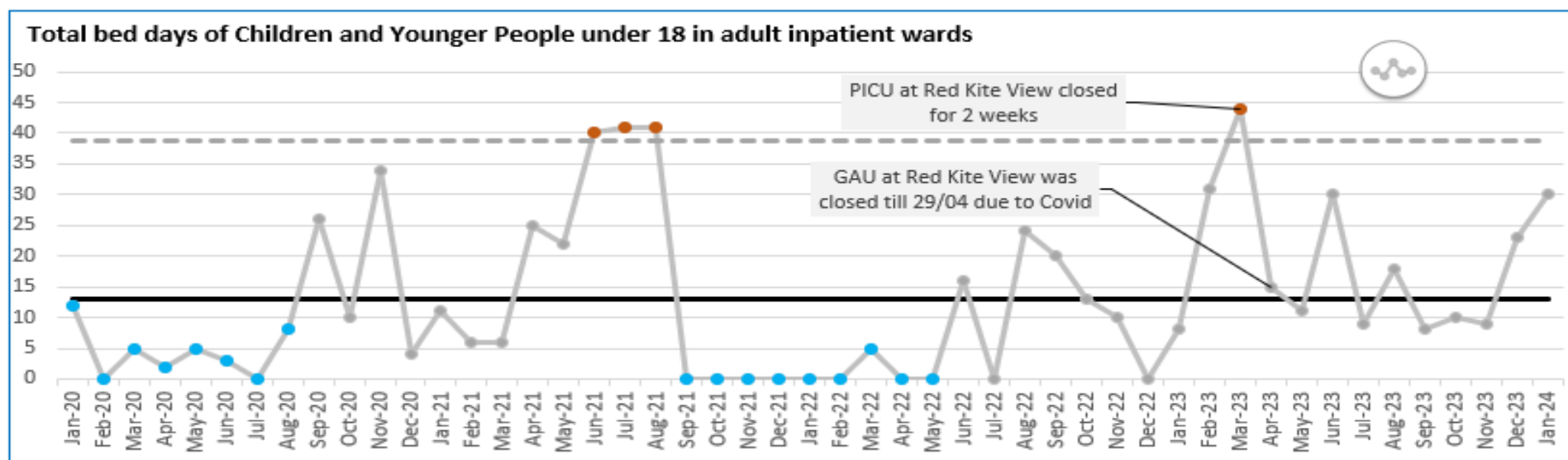
Data quality:

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

- The reporting for employment and accommodation shows 17.1% of records have missing employment and/or accommodation status with a further 1.4% that have an unknown employment status and 1.1% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

Analysis



The statistical process control chart (SPC) above shows that in January 2024 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.

Summary

Strategic
Objectives &
Priorities

Quality

People

National Metrics

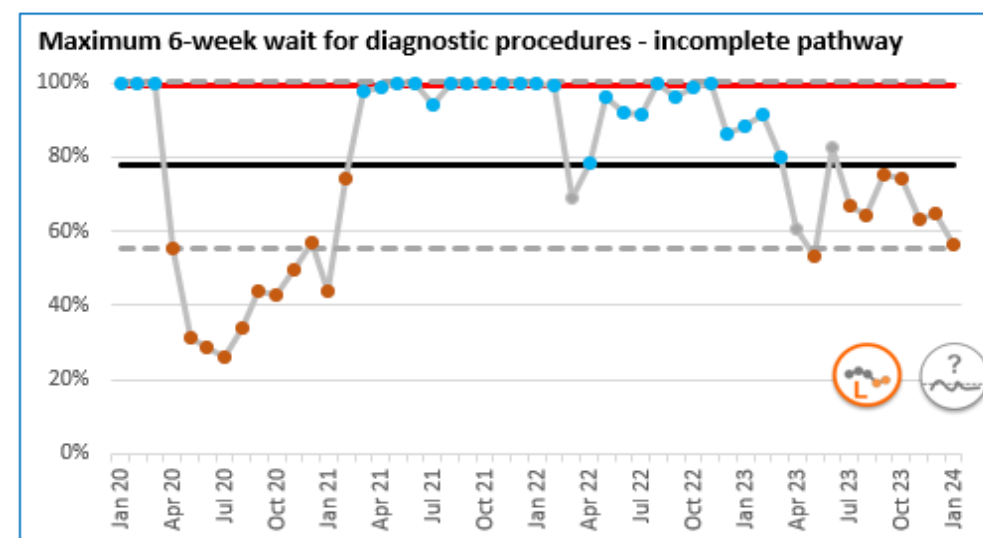
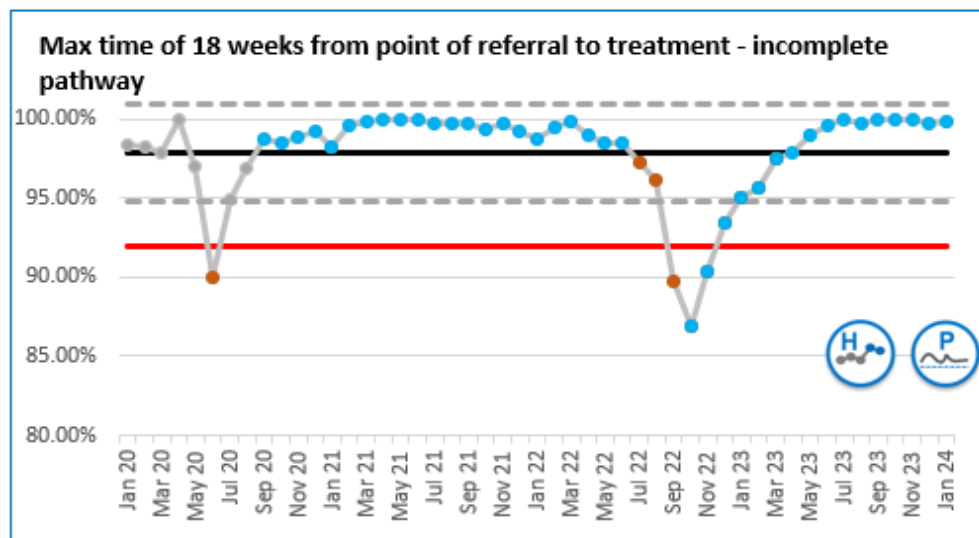
Care
Groups

Priority
Programmes

Finance/
Contracts

System-wide
Monitoring

Analysis

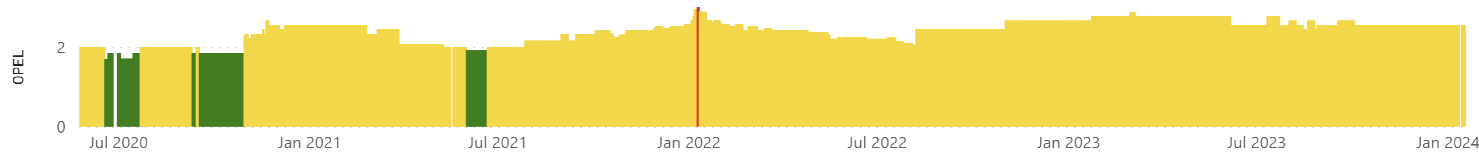


The SPC charts above show that in January 2024 we are currently in a period of special cause improving variation (something is happening and this should be investigated) for clients waiting a maximum of 18 weeks from referral to treatment and we are estimated to achieve the target against this metric. 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)

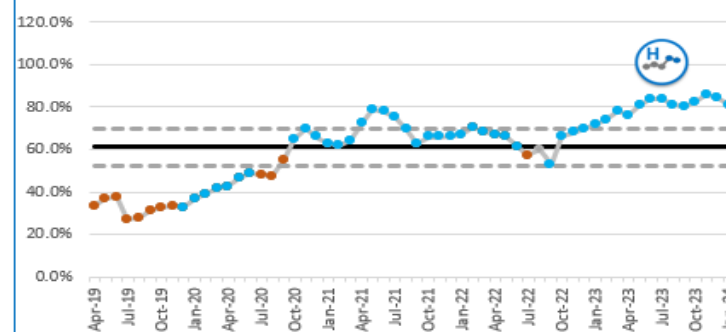
Headlines

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	Jan-24	Variation/ Assurance
% Appraisal rate	>=90%	76.7%	76.7%	84.1%	
% Complaints with staff attitude as an issue	< 20%	50% 1/2	0% 0/1	0% 0/4	
% of staff receiving supervision within policy guidance	80%	76.5%	75.1%	73.5%	
CAMHS - Crisis Response 4 hours	N/A	97.1%	100.0%	86.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.7%	74.7%	74.0%	
Eating Disorder - Routine clock stops	95%	93.5%	88.2%	97.1%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	75.0%	100.0%	
Information Governance training compliance	>=95%	91.7%	93.2%	92.6%	
Reducing restrictive practice interventions training compliance	>=80%	83.3%	67.5%	68.6%	
Sickness rate (Monthly)	4.5%	4.3%	3.6%	4.5%	
% rosters locked down in 6 weeks					

CAMHS Referral to Treatment



As you can see in January 2024, we remain in a period of special cause improving variation (something is happening and this should be investigated).

Alert/Action

- Waiting time and 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. Action underway to ensure all children seen outside of the service are removed from the waiting list.
- There is risk 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. Director level meetings are in place to address the risk.
- Access to specialist provision for inpatient care is limited due to bed closures locally and bed pressures nationally. Local escalation meetings are in place.

Advise

- Appraisals are being prioritised in each team, a plan is in place to ensure we reach the expected threshold.
- Waiting times continue to be closely monitored and the teams are developing the 'while you wait' supports on offer.
- There is a plan in place to increase the training compliance for reducing restrictive practice interventions, cardiopulmonary resuscitation and Information governance. Availability of courses can impact on uptake – however the management team recognise the need for proactive bookings.

Assure

- Staff wellbeing remains a focus. Localised wellbeing plans are in place and sessions are being held to address wellbeing issues in live time to positively impact on wellbeing overall.
- Offers of support to parents are siblings are being explored through group work – feedback from this will shape the longer term offer.
- Recent recruitment has been positive and new starters are bringing skills and experience to the teams.

Adults and Older People Mental Health

Headlines

Out of area usage increased slightly in January and there has been a decrease in the number of people who are clinically ready for discharge although there remains some hotspot areas across adults and older peoples wards and the detail of this can be seen in the ward level detail in the next section of the report. 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)						Mental Health Inpatient					
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance
% Appraisal rate	>=90%	70.5%	74.1%	77.2%		% Appraisal rate	>=90%	74.3%	56.7%	77.7%	
% Assessed within 14 days of referral (Routine)	75%	84.8%	85.1%	80.5%		% bed occupancy	85%	93.1%	82.9%	87.1%	
% Assessed within 4 hours (Crisis)	90%	99.0%	90.4%	93.4%		% Complaints with staff attitude as an issue	< 20%	0% (0/8)	17% (1/6)	33% (1/3)	
% Complaints with staff attitude as an issue	< 20%	10% (1/10)	37.5% (3/8)	9% (1/11)		% of staff receiving supervision within policy guidance	80%	75.2%	74.0%	77.8%	
% of staff receiving supervision within policy guidance	80%	69.6%	67.3%	64.2%		Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.4%	78.6%	78.9%	
% service users followed up within 72 hours of discharge from inpatient care	80%	89.0%	91.2%	87.3%		% of clients clinically ready for discharge	3.5%	7.0%	7.6%	5.6%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.7%	97.5%	97.1%		FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	92.5%	94.1%	93.4%	
% Treated within 6 weeks of assessment (routine)	70%	96.7%	98.9%	96.3%		Inappropriate Out of Area Bed days	92	75	85	104	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.1%	78.0%	77.9%		Information Governance training compliance	>=95%	92.2%	93.0%	89.6%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	78.8%	71.3%	73.5%		Physical Violence (Patient on Patient)	Trend Monitor	18	12	18	
Information Governance training compliance	>=95%	93.1%	93.7%	91.2%		Physical Violence (Patient on Staff)	Trend Monitor	57	52	55	
Reducing restrictive practice interventions training compliance	>=80%	66.2%	66.1%	70.1%		Reducing restrictive practice interventions training compliance	>=80%	85.1%	82.3%	77.9%	
Sickness rate (Monthly)	4.5%	4.3%	4.6%	5.0%		Restraint incidents	Trend Monitor	99	85	78	
% rosters locked down in 6 weeks						Safer staffing (Overall)	90%	136.3%	136.1%	135.7%	
						Safer staffing (Registered)	80%	105.6%	92.3%	97.3%	
						Sickness rate (Monthly)	4.5%	4.6%	6.3%	6.2%	
						% 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, Intensive Home Based Treatment Teams, and community teams.
- 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 new national guidance on discharge from mental health inpatient settings. 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. In January performance data indicates that the routine access for assessment target is being achieved in Calderdale and Kirklees and Wakefield whilst performance is below target in Barnsley. Barnsley have business continuity plans (BCPs) in place and are undertaking specific improvement work. This work includes improving pathways with primary care and talking therapies to provide timely assessment and the most appropriate intervention to meet individual need.
- The Talking Therapies recovery rate for January is 51.78% for Kirklees and 50.25% 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 (PWP). 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. There has been some improvement 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 level of reporting for restraint interventions within the care group. There is a higher incidence of restraint on Walton which is attributable to the PICU setting not unusual in a PICU (Psychiatric Intensive Care Unit) environment. All restraint incidents are reviewed by the RRPPI (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 reducing restrictive practice interventions 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.
- The use of out of area beds 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:

Referral rates remain high across both pathways and the service try and minimise waiting times as far as possible.

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 12 breaches out of 72 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. A high proportion of inpatients within the Horozon centre remain clinically ready for discharge and awaiting a suitable placement - work continues with partners to encourage flow.

LD, ADHD & ASD						LD, ADHD & ASD					
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/Assurance	Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/Assurance
% Appraisal rate	>=90%	74.5%	74.7%	77.8%		Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/5)	0% (0/2)		Physical Violence - Against Staff by Patient	Trend Monitor	13	19	38	
% of staff receiving supervision within policy guidance	80%	68.1%	69.6%	60.4%		Reducing restrictive practice interventions training compliance	>=80%	72.7%	75.4%	75.6%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	56.9%	56.5%		Safer staffing (Overall)	90%	148.9%	156.2%	166.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	76.5%	74.9%		Safer staffing (Registered)	80%	139.6%	112.3%	123.2%	
% of clients clinically ready for discharge	3.5%	75.0%	66.0%	57.8%		Sickness rate (Monthly)	4.5%	3.2%	4.9%	3.1%	
Information Governance training compliance	>=95%	92.6%	93.3%	94.7%		Restraint incidents	Trend Monitor	17	10	22	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	84.6%	87.5%	83.8%		% rosters locked down in 6 weeks					

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

Alert/Action

- Friends and Family Test – performance for the month is 60% and remains below threshold, efforts continue to improve this metric.
- Integrated care board West Yorkshire Neurodiversity Project - There is a second summit at end of the month. Focus is anticipated to be on prioritising/managing waiting lists and supporting people while they wait.
- Appraisal specifically for ADHD/ASD pathway is above expected levels at 93%.

ADHD pathway

- Referral rates remain high and waiting lists continue to grow. There are currently 4828 people waiting for an ADHD assessment. This is a national challenge. The service has invited 760 people to appointments since April.

Autism pathway

- Referral rates remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. There are 21 people currently waiting from these areas and the longest wait for assessment is 16 weeks from referral date (although this person has faced a delay following a period of non-engagement).
- Calderdale continues to progress the Any Qualified provider Model.

Advise

- The service has had discussions with commissioners to find the best solutions to challenges in their places until the work taking place across West Yorkshire can offer a sustainable solution within budget.
- Wakefield Place has already invested in a pilot project to implement ADHD screening and triage from April 2024.
- Kirklees Place has invested in an all-age neurodiversity referral unit, submitted jointly with Kirklees CAMHS. This clinical unit will determine appropriateness for ADHD and autism assessments.
- These developments have also created an opportunity to review the referral process for adults and an electronic referral process is being explored.
- Kirklees Place provided some funding to leverage University expertise on innovations like ADHD triage and digitized questionnaires. These improvements intend to enable clinical prioritization of adult ADHD waiting lists. A secondment agreement is under negotiation with Leeds Beckett University.

Assure

- All key performance indicator targets met.
- All training not above the target have plans in place to address. This only applies to reducing restrictive practice intervention and information governance.
- Relationship with Bradford working very well.
- Excellent levels of supervision (95.5%) and appraisal (93%) across the team.

Learning disability services:

Alert/Action

LD

- Appraisal performance remains a focus plans are in place to ensure compliance across the Care Group. Current compliance is 78.6%↑ (which is a locally determined metric). The service is working with People Performance to reconcile the Trust figure.
- Supervision compliance has reduced in month to 60.4%. Further remedial work needs to take place to embed supervision in practice.
- Plans in place to address training hotspots in cardio pulmonary resuscitation, information governance and reducing restrictive practice interventions.

Community Services

- Waiting Lists - Following system changes and training, team managers have improved oversight of waiting lists this has exposed the need for further improvement work to be undertaken. The service is currently working to understand this in more detail.
- Business cases for additional ADHD resource now submitted to commissioners(West Yorkshire Transforming Care Programme Board and Barnsley 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.
- 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, Psychology 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.
- Sickness on target and well being plans have good levels of engagement from staff.
- Data quality thresholds remain achieved.
- 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						Barnsley General Community Services					
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance	Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance
% Appraisal rate	>=90%	73.3%	77.8%	81.5%		Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	100.0%	99.9%	99.8%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/1)	0% (0/3)		Maximum 6 week wait for diagnostic procedures	99%	63.0%	64.3%	56.5%	
% people dying in a place of their choosing	80%	66.7%	95.1%	97.4%		Reducing restrictive practice interventions training compliance	>=80%	75.0%	100.0%	75.0%	
% of staff receiving supervision within policy guidance	80%	44.4%	39.5%	40.4%		Safer staffing (Overall)	90%	105.1%	104.4%	110.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.7%	77.6%	77.6%		Safer staffing (Registered)	80%	96.7%	91.5%	98.7%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%		Sickness rate (Monthly)	4.5%	4.8%	3.9%	3.8%	
Information Governance training compliance	>=95%	94.6%	94.0%	93.6%		% rosters locked down in 6 weeks					

Alert/Action

- Appraisals - many of our 32 service lines are at 100% and we continue to work on data cleansing linked to ESR. Overall figure for January has increased to 81.5%. Some services have seen a slight decrease this month as a number of appraisals are just going out of date due to a focussed push this time last year.
- Clinical supervision is receiving focused attention with the development of an improvement plan giving support to specific areas with lowest rates of clinical supervision. Initial actions are to look at cleansing the data and understanding how the data is pulled in order to establish which areas are struggling. Neuro Rehabilitation Unit (NRU) /Stoke Rehab Unit (SRU) both remain below target but have significant improvement in January data.
- Paediatric Audiology:
 - Audiology National Audit outcomes – service has a rapid improvement plan and is completing the required actions prior to a planned integrated care board visit.
 - Service Improvement Plan to address the 6 week diagnostic waiting times is currently being implemented, the average wait is 4.88 weeks, the patients waiting longer than 6 weeks are due to children that were not brought and where parents have also changed the dates of the appointments; these cannot be excluded under the RTT rules. However it should be noted that we are now rigorously implementing the Was Not Brought (WNB) guidance, which may result in increased referrals to safeguarding as the impact of not detecting and diagnosing hearing loss has serious consequences for children and young people.
- NRU (Neurological Rehabilitation Unit) safer staffing figures continue to show green however, noting a dip from last month; this is due to the ongoing challenge to fill trained staff shifts. We continue to supplement with untrained staff. A position paper has been to Operational Management Group (finance) and has been to Executive Management Team with further work required on the overall business model and exploring contract levers.

Advise

- Yorkshire Smokefree (YSF) Wakefield tender to come out in February 2024. The tender is for 24 months. Work taking place to review.
- Cardiopulmonary resuscitation training is an area of focus on NRU/SRU. In order to establish current position, we have had to use manual data collected from staff records. Plans in place for training booked over Feb / March to achieve target. More robust data has been requested from corporate colleagues. A recovery plan is in place.
- Still pushing to achieve the 95% target for Information Governance; remains slightly under Trust threshold.

Assure

- Successful outcome of Yorkshire Smokefree Doncaster tender process, tender awarded and now out of the 10-day standstill.
- Mandatory training compliance is in the main, good across most domains, which is to be celebrated.
- Sickness rate is 3.9% in the care group, and some areas such as Children's Services are at 2.84%.
- Urgent Community Response Service 2-hour target is 85.6% as at January 2024 which is well above the 70% threshold.
- We have seen a continued improvement on people dying in their place of choice, this is supported by our specialist palliative care and district nursing teams.
- Clinical risk training is now at 100% which is huge improvement.
- Musculo Skeletal Service (MSK) are seeing a continued achievement of 99.85% against the national target of 92% for 18 week RTT (Referral to Treatment), which is excellent given the continued increase in referral rate.
















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. There has been some improvement in January with the overall performance.

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

Supervision performance remains above threshold and learning is being shared with other areas.

Forensic					
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Variation/ Assurance
% Appraisal rate	>=90%	69.0%	74.4%	76.5%	
% Bed occupancy	90%	80.9%	82.6%	83.2%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	92.3%	92.3%	87.4%	
% Service Users on CPA with a formal review within the previous 12 months	95%	98.2%	98.2%	97.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.1%	71.7%	71.8%	
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	N/A	
Information Governance training compliance	>=95%	90.9%	92.6%	91.2%	
Physical Violence (Patient on Patient)	Trend Monitor	1	3	1	
Physical Violence (Patient on Staff)	Trend Monitor	13	14	15	
Reducing restrictive practice interventions (RRPI) training compliance	>=80%	80.9%	80.3%	77.8%	
Restraint incidents	Trend Monitor	26	29	25	
Safer staffing (Overall)	90%	115.8%	114.6%	115.7%	
Safer staffing (Registered)	80%	92.3%	91.8%	99.2%	
Sickness rate (Monthly)	5.4%	9.2%	8.1%	6.5%	
% rosters locked down in 6 weeks					

Alert/Action

- Bed Occupancy – Newton Lodge 85.02%↓, Bretton 78.78%↑, Newhaven 72.98%↑. Waiting list for medium secure has increased significantly. Available beds are not admission beds the service is undertaking work on the pathway to maximise efficiencies.
- Sickness absence – continues to be a concern across the service though Thornhill and Bronte noted to have reduced sickness in month significantly. Priestley and Ryburn are particular hotspots with high levels of long-term sickness and adjusted duties this is affecting compliance for other targets e.g. mandatory training also.
- 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 – 92.4%
Bretton – 88.9%
Newhaven –92.8%

The above figures represent the overall position for each service. There are some hotspots in RRPI, CPR and IG which are being managed and monitored closely.

- 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 (93% using locally determined metrics). Work is being undertaken with the People Performance Team to reconcile this data with Trust data.
- 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.
- West Yorkshire Provider Commissioning Intentions have been received and are being reviewed within service.

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 results remains above threshold.
- 25 Hours of meaningful activity 100%
- All equality impact assessments across Forensic Services have been completed for 23/24

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 the Dales Unit relate to recent serious incidents. Occupational Health are involved and support is in place.
- Clark has a reduced number of substantive staff due to vacancies which is impacting on the percentage rates for sickness figures.

Supervision

- Supervision data does not reflect the cumulative quarterly position. Work is underway to align supervision practice and data collection.
- Supervision capacity has been impacted on some wards, including Ward 19, by staffing pressures particularly Band 6/7 vacancies.

Mandatory Training

- Performance has been impacted by some issues relating to access to training.
- Cardiopulmonary Resuscitation course cancellations and changes in course times not aligning with shift patterns have impacted on compliance.
- Reducing Restrictive Practice Interventions training compliance has been impacted, particularly for Beamshaw, Ward 19 & Walton, by the recent intake of newly registered staff.
- Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

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.
- Occupancy levels in rehabilitation units are affected by the fact that within the overall commissioned bed base the service model offers a flexible usage of beds and community packages of care at any one time depending on service user need. Occupancy calculations are based on the full commissioned bed base, not accounting for the agreed flexible usage.

Clinically Ready For Discharge (CRFD)

- High percentage affect due to small numbers of patients on the ward. Willow has had a temporary reduced bed base of 50% to allow for essential water treatment works impacting on the percentage CRFD.
- Clinically ready for discharge categorisation includes more individuals than previous DTOC (Delayed Transfer of Care), however the threshold of 3.5% for DTOC has remained for CRFD. The threshold is under review.
- Work is ongoing to ensure the categorisation of CRFD is applied consistently.
- CRFD has increased in January on Ward 18, Ashdale and Beamshaw and remains high on some wards despite an identified reduction. This reflects the complexities of the service user population and is impacted by availability of specialist placements for people with complex needs.

FIRM Risk assessments

- Percentage compliance is significantly impacted by small number of admissions. The percentage compliance for Enfield Down for example is related to one admission.
- Compliance on some wards (Willow, Clark, Elmdale & Ward 19M) has been impacted by recent staffing pressures, particularly registered nurse deficits.
- 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

- Higher incidence of restraint on Walton & Stanley is reflective of current patient population & presentation and risk profile of service users
- All restraint incidents are reviewed by the RRPI (Reducing Restrictive Practice Interventions) team and no areas of concern have been identified.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite					Clark Suite				
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	6.7%	9.6%	7.5%	Sickness	4.5%	2.5%	3.5%	7.1%
Supervision	80%	90.1%	90.1%	91.7%	Supervision	80%	71.4%	85.7%	100.0%
Information Governance training compliance	>=95%	92.9%	96.2%	92.9%	Information Governance training compliance	>=95%	90.5%	95.0%	90.0%
Reducing restrictive practice interventions training compliance	>=80%	82.1%	73.1%	67.9%	Reducing restrictive practice interventions training compliance	>=80%	95.0%	94.7%	95.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.7%	92.3%	82.1%	Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.7%	90.0%	85.0%
Bed occupancy	85%	97.9%	109.2%	109.0%	Bed occupancy	85%	90.5%	82.7%	92.2%
Safer staffing (Overall)	90%	130.3%	131.8%	153.0%	Safer staffing (Overall)	90%	139.5%	129.7%	129.3%
Safer staffing (Registered)	80%	104.9%	134.9%	126.9%	Safer staffing (Registered)	80%	107.2%	97.2%	99.8%
% of clients clinically ready for discharge	3.5%	6.1%	5.8%	6.6%	% of clients clinically ready for discharge	3.5%	15.5%	16.3%	15.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	75.0%	100.0%	100.0%	FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	50.0%	91.7%	77.8%
Physical Violence (Patient on Patient)	Trend Monitor	1	1	0	Physical Violence (Patient on Patient)	Trend Monitor	0	1	1
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0	Physical Violence (Patient on Staff)	Trend Monitor	4	3	4
Restraint incidents	Trend Monitor	5	6	1	Restraint incidents	Trend Monitor	3	2	5
Prone Restraint incidents	Trend Monitor	1	1	0	Prone Restraint incidents	Trend Monitor	2	0	0

Melton Suite					Nostell				
Metrics	Threshold	Nov-23	Dec-23	Jan-24	Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	5.0%	6.0%	6.5%	Sickness	4.5%	1.4%	2.1%	2.7%
Supervision	80%	100.0%	100.0%	91.7%	Supervision	80%	100.0%	92.3%	87.5%
Information Governance training compliance	>=95%	87.0%	87.0%	92.0%	Information Governance training compliance	>=95%	96.6%	93.3%	93.5%
Reducing restrictive practice interventions training compliance	>=80%	87.0%	82.6%	80.0%	Reducing restrictive practice interventions training compliance	>=80%	100.0%	96.6%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.9%	69.6%	80.0%	Cardiopulmonary resuscitation (CPR) training compliance	>=80%	89.3%	89.7%	83.3%
Bed occupancy	85%	98.9%	100.0%	103.8%	Bed occupancy	85%	92.4%	87.8%	97.1%
Safer staffing (Overall)	90%	150.8%	153.2%	165.9%	Safer staffing (Overall)	90%	128.7%	122.0%	118.5%
Safer staffing (Registered)	80%	86.9%	74.1%	89.3%	Safer staffing (Registered)	80%	101.6%	98.5%	102.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%	% of clients clinically ready for discharge	3.5%	16.4%	18.7%	13.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	50.0%	100.0%	100.0%	FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	0	0	Physical Violence (Patient on Patient)	Trend Monitor	1	0	1
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0	Physical Violence (Patient on Staff)	Trend Monitor	1	1	1
Restraint incidents	Trend Monitor	3	1	2	Restraint incidents	Trend Monitor	4	6	3
Prone Restraint incidents	Trend Monitor	1	0	1	Prone Restraint incidents	Trend Monitor	1	2	2

Summary

Strategic Objectives &
Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Inpatients - Mental Health - Working Age Adults

Stanley				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	9.7%	7.5%	4.6%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	95.8%	100.0%	92.3%
Reducing restrictive practice interventions training compliance	>=80%	91.7%	88.0%	84.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	80.0%	80.8%
Bed occupancy	85%	95.5%	88.6%	97.1%
Safer staffing (Overall)	90%	134.8%	163.3%	162.5%
Safer staffing (Registered)	80%	102.5%	109.5%	114.5%
% of clients clinically ready for discharge	3.5%	8.6%	10.0%	8.0%
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	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	2
Restraint incidents	Trend Monitor	3	2	8
Prone Restraint incidents	Trend Monitor	1	0	3

Ashdale				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	9.4%	12.1%	9.9%
Supervision	80%	50.0%	72.7%	84.6%
Information Governance training compliance	>=95%	92.9%	96.6%	90.0%
Reducing restrictive practice interventions training compliance	>=80%	89.3%	82.8%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.4%	69.0%	80.0%
Bed occupancy	85%	94.7%	96.5%	99.7%
Safer staffing (Overall)	90%	131.8%	133.3%	115.9%
Safer staffing (Registered)	80%	93.1%	91.1%	92.9%
% of clients clinically ready for discharge	3.5%	5.3%	0.0%	4.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	95.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	3	3
Physical Violence (Patient on Staff)	Trend Monitor	3	2	0
Restraint incidents	Trend Monitor	5	8	1
Prone Restraint incidents	Trend Monitor	0	1	1

Walton				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	6.1%	6.2%	6.3%
Supervision	80%	87.5%	100.0%	100.0%
Information Governance training compliance	>=95%	89.5%	94.6%	97.4%
Reducing restrictive practice interventions training compliance	>=80%	81.1%	83.3%	73.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	62.2%	69.4%	81.6%
Bed occupancy	85%	94.8%	93.5%	93.1%
Safer staffing (Overall)	90%	152.0%	140.9%	127.9%
Safer staffing (Registered)	80%	88.6%	90.4%	92.7%
% 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%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	1
Physical Violence (Patient on Staff)	Trend Monitor	3	3	2
Restraint incidents	Trend Monitor	13	3	13
Prone Restraint incidents	Trend Monitor	5	0	5

Ward 18				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	3.4%	4.9%	3.4%
Supervision	80%	90.9%	35.7%	38.5%
Information Governance training compliance	>=95%	90.3%	91.2%	88.2%
Reducing restrictive practice interventions training compliance	>=80%	83.9%	82.4%	79.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.6%	82.4%	76.5%
Bed occupancy	85%	93.6%	93.8%	95.9%
Safer staffing (Overall)	90%	120.8%	119.4%	125.3%
Safer staffing (Registered)	80%	72.4%	74.8%	84.2%
% of clients clinically ready for discharge	3.5%	1.8%	2.6%	8.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	88.2%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	3	1
Physical Violence (Patient on Staff)	Trend Monitor	12	9	4
Restraint incidents	Trend Monitor	21	11	5
Prone Restraint incidents	Trend Monitor	7	0	0

Inpatients - Mental Health - Working Age Adults

Elmdale				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	7.0%	6.6%	9.3%
Supervision	80%	70.0%	37.5%	62.5%
Information Governance training compliance	>=95%	90.9%	82.6%	78.3%
Reducing restrictive practice interventions training compliance	>=80%	90.9%	87.0%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	54.5%	63.6%
Bed occupancy	85%	94.9%	90.6%	100.3%
Safer staffing (Overall)	90%	114.3%	139.4%	137.2%
Safer staffing (Registered)	80%	79.8%	72.7%	81.6%
% 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%	100.0%	80.0%	88.9%
Physical Violence (Patient on Patient)	Trend Monitor	6	1	4
Physical Violence (Patient on Staff)	Trend Monitor	5	3	9
Restraint incidents	Trend Monitor	19	9	8
Prone Restraint incidents	Trend Monitor	1	2	1

Inpatients - Mental Health - Older People Services

Crofton				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	3.3%	0.7%	6.5%
Supervision	80%	90.0%	100.0%	90.0%
Information Governance training compliance	>=95%	100.0%	96.2%	96.2%
Reducing restrictive practice interventions training compliance	>=80%	83.3%	79.2%	76.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	91.7%	92.0%
Bed occupancy	85%	90.2%	81.7%	82.5%
Safer staffing (Overall)	90%	177.1%	183.9%	185.9%
Safer staffing (Registered)	80%	138.2%	140.2%	161.2%
% 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%	85.7%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	7	4
Restraint incidents	Trend Monitor	4	13	1
Prone Restraint incidents	Trend Monitor	0	0	0

Poplars CUE				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	1.1%	2.9%	2.4%
Supervision	80%	83.3%	100.0%	81.8%
Information Governance training compliance	>=95%	96.3%	100.0%	96.4%
Reducing restrictive practice interventions training compliance	>=80%	88.0%	88.0%	84.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	87.5%	88.5%
Bed occupancy	85%	69.6%	67.3%	72.0%
Safer staffing (Overall)	90%	235.3%	207.1%	210.2%
Safer staffing (Registered)	80%	127.2%	105.6%	115.2%
% of clients clinically ready for discharge	3.5%	39.4%	30.4%	14.6%
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	2
Physical Violence (Patient on Staff)	Trend Monitor	12	12	10
Restraint incidents	Trend Monitor	14	10	7
Prone Restraint incidents	Trend Monitor	0	0	0

Inpatients - Mental Health - Older People Services

Willow				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	2.8%	4.2%	1.1%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.9%	100.0%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	81.8%	81.0%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	45.5%	42.9%	65.2%
Bed occupancy	85%	84.7%	77.7%	47.4%
Safer staffing (Overall)	90%	170.9%	154.0%	136.3%
Safer staffing (Registered)	80%	107.6%	95.4%	98.7%
% of clients clinically ready for discharge	3.5%	0.0%	41.1%	34.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	100.0%	66.7%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	4	3	0
Restraint incidents	Trend Monitor	3	4	0
Prone Restraint incidents	Trend Monitor	0	0	0

Beechdale				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	9.8%	9.0%	10.3%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	95.8%	91.7%
Reducing restrictive practice interventions training compliance	>=80%	91.7%	87.5%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.6%	82.6%	83.3%
Bed occupancy	85%	93.1%	84.9%	97.8%
Safer staffing (Overall)	90%	141.8%	130.1%	139.8%
Safer staffing (Registered)	80%	102.5%	88.5%	93.4%
% of clients clinically ready for discharge	3.5%	17.1%	9.5%	0.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	88.9%	83.3%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	2
Physical Violence (Patient on Staff)	Trend Monitor	0	3	5
Restraint incidents	Trend Monitor	1	4	1
Prone Restraint incidents	Trend Monitor	1	0	0

Ward 19 - Male				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	1.6%	3.4%	2.2%
Supervision	80%	100.0%	100.0%	77.8%
Information Governance training compliance	>=95%	95.8%	100.0%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	79.2%	75.0%	69.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	75.0%	87.0%
Bed occupancy	85%	91.6%	83.0%	91.8%
Safer staffing (Overall)	90%	107.3%	107.3%	117.6%
Safer staffing (Registered)	80%	69.8%	82.4%	76.5%
% 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%	100.0%	100.0%	80.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	1	3
Physical Violence (Patient on Staff)	Trend Monitor	6	3	5
Restraint incidents	Trend Monitor	8	5	0
Prone Restraint incidents	Trend Monitor	0	0	0

Ward 19 - Female				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	7.0%	12.9%	7.0%
Supervision	80%	100.0%	100.0%	89.9%
Information Governance training compliance	>=95%	89.5%	94.7%	89.5%
Reducing restrictive practice interventions training compliance	>=80%	77.8%	77.8%	66.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	38.9%	44.4%	55.6%
Bed occupancy	85%	86.4%	81.5%	94.8%
Safer staffing (Overall)	90%	105.7%	111.5%	108.7%
Safer staffing (Registered)	80%	79.1%	72.1%	77.4%
% of clients clinically ready for discharge	3.5%	6.9%	7.3%	7.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	87.5%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	2	1	3
Physical Violence (Patient on Staff)	Trend Monitor	6	3	5
Restraint incidents	Trend Monitor	8	5	0
Prone Restraint incidents	Trend Monitor	0	0	0

Summary

Strategic Objectives &
Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Inpatients - Mental Health - Rehab

Enfield Down

Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	2.7%	3.6%	5.5%
Supervision	80%	100.0%	84.2%	70.0%
Information Governance training compliance	>=95%	98.1%	96.1%	82.7%
Reducing restrictive practice interventions training compliance	>=80%	84.3%	80.0%	76.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.8%	79.5%	73.9%
Bed occupancy	85%	48.9%	48.1%	49.3%
Safer staffing (Overall)	90%	94.2%	92.9%	87.8%
Safer staffing (Registered)	80%	72.9%	70.6%	70.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	2
Restraint incidents	Trend Monitor	1	1	1
Prone Restraint incidents	Trend Monitor	0	0	0

Lyndhurst

Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	4.6%	6.0%	4.7%
Supervision	80%	71.4%	87.5%	68.8%
Information Governance training compliance	>=95%	92.3%	92.6%	85.2%
Reducing restrictive practice interventions training compliance	>=80%	66.7%	60.7%	59.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.8%	80.8%	70.4%
Bed occupancy	85%	67.1%	64.7%	64.1%
Safer staffing (Overall)	90%	123.4%	124.3%	127.6%
Safer staffing (Registered)	80%	110.5%	93.2%	108.4%
% of clients clinically ready for discharge	3.5%	9.6%	10.0%	5.8%
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	1	0	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.
- Compliance for reducing restrictive practice interventions (RRPI) remains challenging for the service with particular hotspots on Bronte, Hepworth, Chippendale and Priestley with further improvement work to be done to reach the target.
- Bed occupancy in Appleton is lower due to an overall reduction in referrals for learning disability beds in medium secure. Bed occupancy in general remains under constant review with work on flow and pathways progressing.
- Cardio pulmonary rehabilitation compliance is the focus of targeted improvement work with Appleton being the only ward compliant. The service is currently booking staff on available courses and monitoring closely.
- Priestley is currently experiencing challenges with overall performance due to high sickness rates and high levels of staff on amended duties (40%). The service is working closely with the People Directorate to address ongoing issues.

Low Secure

- Sickness across all wards monitored closely significant improvement in Thornhill and Sandal with little change to Newhaven. Sickness levels on Ryburn are currently 36.8% due to long term sickness. The service is currently being supported by the People Directorate to address these issues.
- Cardio pulmonary rehabilitation compliance on all 4 Low Secure wards remains a focus with all staff now either completed or booked on courses.
- 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 excellent across all 4 wards.
- The number of prone restraints on Newhaven has fallen this has been supported by quality improvement work undertaken by the service and supported by the RRPI team.

Appleton				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	6.4%	5.9%	3.1%
Supervision	80%	80.0%	100.0%	83.3%
Information Governance training compliance	>=95%	87.5%	87.0%	95.7%
Reducing restrictive practice interventions training compliance	>=80%	87.5%	82.6%	82.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.0%	79.2%	83.3%
Bed occupancy	90%	62.5%	62.5%	56.5%
Safer staffing (Overall)	90%	96.8%	97.2%	96.7%
Safer staffing (Registered)	80%	89.3%	105.5%	108.7%
% 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	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	1
Restraint incidents	Trend Monitor	1	0	0
Prone Restraint incidents	Trend Monitor	0	0	0

Bronte				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	0.3%	0.0%	0.4%
Supervision	80%	91.7%	100.0%	100.0%
Information Governance training compliance	>=95%	95.2%	95.7%	91.3%
Reducing restrictive practice interventions training compliance	>=80%	85.7%	78.3%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.0%	78.3%	73.9%
Bed occupancy	90%	71.9%	95.9%	99.5%
Safer staffing (Overall)	90%	100.3%	99.6%	99.7%
Safer staffing (Registered)	80%	94.2%	103.6%	101.1%
% 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	3
Restraint incidents	Trend Monitor	1	1	1
Prone Restraint incidents	Trend Monitor	0	0	0

Chippendale				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	9.2%	7.2%	3.7%
Supervision	80%	100.0%	88.9%	90.9%
Information Governance training compliance	>=95%	84.2%	89.5%	87.5%
Reducing restrictive practice interventions training compliance	>=80%	100.0%	89.5%	79.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.2%	84.2%	75.0%
Bed occupancy	90%	91.7%	91.7%	91.7%
Safer staffing (Overall)	90%	122.7%	128.5%	145.3%
Safer staffing (Registered)	80%	100.4%	101.9%	117.8%
% 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	2	0
Physical Violence (Patient on Staff)	Trend Monitor	2	2	5
Restraint incidents	Trend Monitor	4	4	1
Prone Restraint incidents	Trend Monitor	2	1	0

Hepworth				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	2.5%	8.5%	7.9%
Supervision	80%	100.0%	84.6%	83.3%
Information Governance training compliance	>=95%	90.3%	96.6%	93.1%
Reducing restrictive practice interventions training compliance	>=80%	77.4%	72.4%	75.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.3%	70.4%	78.6%
Bed occupancy	90%	88.0%	83.2%	98.1%
Safer staffing (Overall)	90%	104.8%	96.7%	96.3%
Safer staffing (Registered)	80%	89.2%	89.2%	86.2%
% 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	1	1	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	1
Restraint incidents	Trend Monitor	1	1	7
Prone Restraint incidents	Trend Monitor	1	0	5

Inpatients - Forensic - Medium Secure

Johnson				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	10.3%	7.4%	6.4%
Supervision	80%	91.7%	100.0%	86.7%
Information Governance training compliance	>=95%	87.9%	93.5%	93.8%
Reducing restrictive practice interventions training compliance	>=80%	87.9%	87.1%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	67.7%	78.1%
Bed occupancy	90%	86.7%	86.7%	80.4%
Safer staffing (Overall)	90%	140.7%	137.8%	140.2%
Safer staffing (Registered)	80%	89.0%	92.2%	105.8%
% 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	4	2	0
Restraint incidents	Trend Monitor	4	1	0
Prone Restraint incidents	Trend Monitor	0	1	0

Priestley				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	11.0%	8.4%	15.5%
Supervision	80%	88.9%	77.8%	60.0%
Information Governance training compliance	>=95%	86.4%	91.3%	90.5%
Reducing restrictive practice interventions training compliance	>=80%	76.2%	77.3%	70.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.2%	72.7%	70.0%
Bed occupancy	90%	88.2%	93.5%	89.8%
Safer staffing (Overall)	90%	91.2%	97.3%	94.1%
Safer staffing (Registered)	80%	78.2%	73.5%	69.1%
% 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	1
Prone Restraint incidents	Trend Monitor	0	0	0

Waterton				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	2.8%	5.6%	4.6%
Supervision	80%	100.0%	91.7%	83.3%
Information Governance training compliance	>=95%	90.5%	85.7%	90.5%
Reducing restrictive practice interventions training compliance	>=80%	100.0%	100.0%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	57.1%	61.9%
Bed occupancy	90%	93.8%	85.3%	75.0%
Safer staffing (Overall)	90%	123.3%	121.3%	122.1%
Safer staffing (Registered)	80%	96.2%	85.5%	98.5%
% 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	0
Physical Violence (Patient on Staff)	Trend Monitor	0	2	0
Restraint incidents	Trend Monitor	0	1	1
Prone Restraint incidents	Trend Monitor	0	0	0

Inpatients - Forensic - Low Secure

Thornhill				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	18.3%	9.8%	1.0%
Supervision	80%	92.3%	100.0%	100.0%
Information Governance training compliance	>=95%	90.9%	91.3%	95.8%
Reducing restrictive practice interventions training compliance	>=80%	95.5%	91.3%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	59.1%	56.5%	62.5%
Bed occupancy	85%	56.9%	56.3%	59.8%
Safer staffing (Overall)	90%	117.9%	109.3%	106.9%
Safer staffing (Registered)	80%	98.4%	101.3%	106.3%
% 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	1	0	0
Restraint incidents	Trend Monitor	5	0	0
Prone Restraint incidents	Trend Monitor	1	0	0

Sandal				
Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	12.4%	14.0%	8.0%
Supervision	80%	100.0%	90.0%	100.0%
Information Governance training compliance	>=95%	87.0%	82.6%	76.0%
Reducing restrictive practice interventions training compliance	>=80%	82.6%	82.6%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	60.9%	52.2%	52.0%
Bed occupancy	85%	77.5%	85.9%	87.3%
Safer staffing (Overall)	90%	119.2%	128.0%	127.4%
Safer staffing (Registered)	80%	96.8%	95.0%	101.1%
% 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	6	3
Prone Restraint incidents	Trend Monitor	0	0	0

Summary

Strategic Objectives &
Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Inpatients - Forensic - Low Secure

Ryburn

Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	22.6%	37.8%	36.8%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	80.0%	71.4%	62.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	57.1%	50.0%
Bed occupancy	85%	97.1%	100.0%	100.0%
Safer staffing (Overall)	90%	100.1%	102.8%	104.7%
Safer staffing (Registered)	80%	96.3%	100.3%	109.7%
% 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	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

Newhaven

Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	5.4%	12.6%	6.1%	6.3%
Supervision	80%	87.5%	90.0%	90.9%
Information Governance training compliance	>=95%	92.3%	92.3%	89.3%
Reducing restrictive practice interventions training compliance	>=80%	73.1%	80.8%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.8%	76.9%	78.6%
Bed occupancy	85%	71.9%	75.0%	73.0%
Safer staffing (Overall)	90%	134.8%	124.9%	126.3%
Safer staffing (Registered)	80%	89.0%	96.3%	112.0%
% 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	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	4	6	4
Restraint incidents	Trend Monitor	10	15	11
Prone Restraint incidents	Trend Monitor	3	6	0

Summary

Strategic Objectives &
Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Inpatients - Non-Mental Health

Headlines

- Stroke Rehab unit has seen a slight dip in occupancy this month, but this is determined by referrals from HASUs which are not predictable due to nature of the condition (all emergency admissions).
- Appraisals - Stroke is compliant with the appraisal rate. Neuro Rehabilitation Unit is not currently compliant but those which have gone out of date this month are all booked in. Exceptions are staff on long term. absence.

Neuro Rehabilitation Unit (NRU)

Metrics	Threshold	Nov-23	Dec-23	Jan-24
Sickness	4.5%	7.4%	7.3%	6.6%
Supervision	80%	75.0%	45.5%	66.7%
Information Governance training compliance	>=95%	92.9%	89.3%	87.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.4%	74.1%	76.7%
Bed occupancy	80%	66.7%	66.7%	72.6%
Safer staffing (Overall)	90%	103.8%	99.4%	114.2%
Safer staffing (Registered)	80%	83.1%	75.1%	87.0%
% 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	Nov-23	Dec-23	Jan-24
Sickness	4.5%	6.8%	6.9%	8.3%
Supervision	80%	32.3%	44.8%	54.8%
Information Governance training compliance	>=95%	100.0%	96.7%	98.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.7%	67.2%	69.6%
Bed occupancy	80%	65.8%	82.5%	77.7%
Safer staffing (Overall)	90%	106.1%	108.1%	107.9%
Safer staffing (Registered)	80%	108.7%	106.1%	108.7%
% 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

Summary

Strategic Objectives &
Priorities

Quality

People

National Metrics

Care Groups

Priority Programmes

Finance/ Contracts

System-wide Monitoring

Inpatients - Mental Health - Learning Disability

Headlines

- Supervision and Appraisal currently areas of focus to improve compliance and support of staff.
- Cardiopulmonary resuscitation training is currently a hotspot with remedial actions in place and staff being booked on available courses.
- Focused attention on information governance training and reducing restrictive practice interventions have been successful in achieving 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	Nov-23	Dec-23	Jan-24
Sickness	4.5%	6.4%	6.1%	4.2%
Supervision	80%	90.0%	80.0%	50.0%
Information Governance training compliance	>=95%	94.4%	97.3%	100.0%
Reducing restrictive practice interventions training compliance	>=80%	79.4%	80.0%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.8%	60.6%	60.0%
Bed occupancy	N/A	50.0%	56.9%	56.5%
Safer staffing (Overall)	90%	148.9%	156.2%	166.6%
Safer staffing (Registered)	80%	139.6%	112.3%	123.2%
% of clients clinically ready for discharge	3.5%	75.0%	66.0%	60.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	13	18	38
Restraint incidents	Trend Monitor	17	10	22
Prone Restraint incidents	Trend Monitor	1	0	1



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	
Improving care	Transform our Older People inpatient services	Consultation now ongoing supported by a very detailed campaign to seek public views via methods such as surveys digital and paper, website, video / animation, public drop in sessions, public digital meetings, letters, emails, texts, reaching people across the Trust social media accounts and partner social media, media stories in local press, Branch FM and Rangoli Radio interviews, Advocates and community asset work, presentations at group meetings across our localities. Monthly updates on progress are provided to EMT. Midpoint review 12/02/24.	
	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: Wait time to complete the referral appointment in Kirklees now 4 weeks (was 4 months at outset of project). On track to reduce to be one week by 31/03/24. 2 WTE B4 Asst Psychologists to commence March/April. 2 WTE Band 6 out to advert in February 24. Substantive recruitment process commenced to support pre and post diagnosis support and resources for professionals and families to be in post from April 24. Calderdale waiting times continue to reduce now 5 months (was 7 months last period). Impact of backlog and waiting lists of RTC providers is being monitored for impact on SWYPFT waiting lists. SWYPFT continues to be involved in discussions with the ICB and WY collaborative on implementation of Choice agenda in Calderdale for Adult ADHD and neurodevelopment services. Recruiting 2WTE Asst Psychologists for 24m contract, interviews planned mid-February 24. In the process of taking post from FPOC into SWYFT to lead on neurodevelopmental screening pathway - supporting partnership working, better oversight of pathway and more streamlined process. Transition work with Adult ADHD services in both localities continues to be sustained, providing greater equity for others on the waiting list. 2. Waits for Community LD (CLD) services: The focus of next phase is being developed and will incorporate the review of impact of SystmOne waiting list management on waiting lists and continue to monitor and capture any impacts/benefits of the other improvement activity undertaken. Update report to EMT to be provided by CLD services in February 2024. 3. Improving Access to Core Psychological Therapies: Work has commenced on initial qualitative and quantitative data collection and developing a baseline understanding of current activity and mapping of current pathways, scheduled for completion in March 24. There is now a better understanding of demand for assessment and therapy within the service, SPC charts have also been created to analyse any trends and help identify areas/factors that need to change to see an improvement in access. Work is also underway to have a better understanding of both capacity and workforce resources. Work is progressing but has been at a slower pace than first scheduled owing to operational workforce capacity. 4. MH Single Point of Access Review: Substance Misuse Task group agreed actions up to 31/03/24, including mapping SWYFT substance misuse/ dual diagnosis across localities. Collected and in process of analysing feedback from staff survey and interpretation of current as is SPA provision in preparation of first draft of findings of review to be presented to SPA Steering group in February 24. On track to have Review completed and improvement plan developed for presenting to EMT in May 24. Care Closer to Home (CC2H) Programme Barnsley Pilot – currently on hold – for review at a later date Check & Challenge Peer Review with Humber – demographic/geographic data sent to Humber. Review of Calderdale/Kirklees engagement workshop and planning for the next two workshops Performance dashboard – consistency of usage data check to commence Jan through to end March 24. Usage of non-designated beds – additional narrative in local operational procedure re environmental checks Inpatient Priority Programme Therapeutic Implementation plan finalised, and leads identified. Discharge Oversight Group – relaunch of Barriers to Discharge will start with Calderdale & Kirklees. Workforce – Staff engagement strategy – further engagement across all wards. Data – Work has progressed to collate and establish a system for relevant performance measures to be provided by ward. Community Transformation (MH) Sign off Higher level Communications Intranet Page delayed as await information from PMO locality leads to form the links for localities pages. Rescheduled to 28/02/24. High Level Mapping of service processes across SWYPFT'S services completed and analysis completed. Pathway review task and finish group has commenced. 3 Task and Finish groups have commenced working on reviewing Care Pathways; Core Services SOP and Enhanced Services SOP. Review of SOP's scheduled for completion by 30/04/24 A sub-group of the Interoperability Operational SMI/PHC Steering Group is currently reviewing SMI/PHC Templates and SNOMED coding on templates within SWYPFT and Ardens templates used in Primary Care. On track 30/03/24 2 pilots undertaking review of Cardiometabolic Guidance at Trinity (Wakefield) and Calder Valley (Calderdale) PCN's are on track 30/4/24. Installation of Client Activation Tool on SWYPFT laptops for the Community Mental Health Pharmacy Team across Localities so real time information and changes can be made by the service has been agreed. Analysis of the impact of the Client Activation Tool for EMIS GP Practices in other SWYPFT Services on track 31/03/24. February 2024 - Review the involvement of SWYPFT in the Healthwatch commissioned Wakefield MH Review Panel. Working together with PMO leads across Localities to maintain alignment, sharing communications and learning as the CMH Transformation programmes develop.	



Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving care	Improve safety and quality	<p>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. A guide to care planning has been produced and circulated out to all staff during February 2024. Improvement workshops to co-design the good practice guide and training packages have been scheduled for March and April 2024.</p> <p>Personalised care (moving on from Care Programme Approach) In January 2024 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. A joint Task and Finish Group with the Care Planning & Risk Assessment Improvement Group has been created and commenced working on the development of the PROMS measures and co-production of a Care Plan. Currently mapping where PROMS are being used within the Trust for discussion at the next steering Group. Focus has been agreed on the use Dialog including Dialog+ and the use of Reqol-10. Held engagement session with VCSE in Calderdale. Now working with ICB to review the development of a group to continue the discussion specifically focused on the Named Keyworker and MDT role within this programme. Learning will be used in other Localities. On track 31/03/24. Preliminary draft principles for key worker and multi-disciplinary team (MDT) functions in preparation for engagement on track to be signed off by main steering Group 20/02/24. Staff, service users and carers communication and engagement plan for implementation of key worker and MDT functions developed – progressing to schedule. Higher level communications have been produced for use on SWYPFTS internet page. These are going for sign off at the steering group on the 20/02/24.</p>	
Improving use of resources	Spend money wisely and increase value	<p>Value for money Concerns remain about our ability to deliver the value for money sustainability target. Non pay schemes are progressing but identified financial saving realised to date have been limited. Challenges remain around pace and capacity, and this has been escalated to both OMG and EMT. Cost saving initiatives continue to be developed through OMG, annual planning sessions and thinking differently workshops which continue to be delivered at service request.</p>	
	Make digital improvements	<p>Digital Dictation There has been a slight delay to the tender evaluation stage and advice is being sought from legal services. The tender exercise remains on target to complete by 31/03/24, however approval by EMT to proceed has been delayed to 29/02/24. The benefits realisation workshop is now scheduled for February 24. The recruitment of digital graduates has been completed and it is anticipated one graduate will be in place by 01/04/24.</p>	
Great place to work	People Directorate 90-day plan	<p>Develop the People Directorate (PD) Team PD development plan covering 7 identified critical pathways is in progress. Ran 6 focus groups across the PD with 26 staff attending and identified a project plan with 40 actions. Reassessed actions, prioritised timelines to focus on 10 significant actions for developing PD for 90-day plan. PD learning bites have been developed and open for PD staff bookings for sessions on key development areas identified: coaching conversations, human side of change, kind & compassionate culture – 9 sessions to be delivered between 8/02/24 – 27/3/24. Redesigned the PD team brief in line with focus group feedback and now provide updates on transition/development plan, updates at team brief in Feb and questionnaire evaluation completed with staff. Actions completed for repurposing and defining SLT and PLT meetings, online actions log, agendas and learning & development time as well as business and performance meetings in place and scheduled for the year. The buddying scheme has four new staff members who have been matched with a buddy, there has been less take up than expected and looking at offering to all new starters across the directorate. Continuing with staff engagement activities and gaining commitment to critical pathways work with PLT and wider on the directorate – recognition of longer-term programme of culture change and stability work ongoing, watchful waiting and building the capacity, competence and confidence, getting the basics right and building individual and team cohesion across the teams in the directorate.</p>	
		<p>Reduce recruitment time to hire Time to Hire Action plan in place co-ordinated with Strategy Lead support. Time To Hire Trust wide facilitated workshop conducted 18/01/24 and resulted in development of 6 task and finish workstreams being led by resourcing staff, with support from Integrated Change Team, to improve end to end recruitment process. Recruitment Activity Reporting under development outside of NHS Jobs Monthly communications via Trust Bank for clinical support to planned Values Based assessment centres. Values Based Assessment Centre Delivery Plan for 2024 complete. Expressions of interest for an ATS/LMS system underway. 3 provider demos conducted with further demos to follow. Extended ongoing discussion with NHS implementation team around improvement timescales to existing NHS jobs ATS system. Estates & Facilities Open Day conducted in Barnsley on 25/01/24. Over 200 attendees with on the day application support to candidates conducted. Further events being planned for Wakefield, Calderdale, and Kirklees for similar events later in the year. Individual placement support (IPS) with recovery steps Barnsley and Heart of Yorkshire Education Group commenced to widen access for entry roles into trust.</p>	
		<p>80% of Trust staff have received an appraisal in the last 12 months. The dedicated working group collaborating with managers in Care Groups have enabled the overall compliance rate from below 70% in November to increase to over 80% a month ahead of the planned trajectory. This includes the provision of support through dedicated sessions, messaging, and guidance including frequently asked questions. Following feedback received at People Remuneration Committee, options are being explored for potentially moving to a dedicated appraisal window. Appraisal compliance dashboard has gone live and has overall been favourably received by staff and managers. There are a small number of operational issues that are being worked through with service representatives.</p>	



Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Great place to work	People Directorate 90-day plan	<p>Improve International Nurse experience and support. Nurse Recruitment Workforce Plan complete and part of trust wide consolidated workforce plan 24/25 first draft submitted to EMT, February. International nurse recruitment delivery paused for 24/25 workforce plan to allow for support to existing internationally educated nurses in the trust. Action plan developed which covers support for improved handover of internationally educated nurses, placement decisions, training, and development as well as support in role. First Newsletter for INR published in January 24. Exec Trio meetings with INR continuing monthly.</p>	
		<p>Improve Quality of Workforce Data First stage of end-to-end recruitment time to hire metrics complete. Recruitment lead liaising with neighbouring trusts on benchmark data on time to hire (February). Quarterly trust wide visa status report in place. DBS update service compliance reporting under review for inclusion into metrics and reporting. People & Performance Lead developing plan for delivery of key workforce KPI dashboards and Care Group reporting of workforce KPI's</p>	
		<p>Improve People Experience Inclusive Leadership draft initial report received from consultant from phase one of the programme and findings, recommendations reviewed with People experience and CPO. Your voice counts (appreciative enquiry) staff session findings evaluated, and mapping has begun to weave into improving diversity, belonging and inclusion workstreams. Working on the final inclusive leadership report, findings, and recommendations from phase one, now booked into present at EMT 7th March and onward plans confirming phase one findings and recommendations for phase two shared with EEMT 28th Mar. Inclusive leadership steering group, improved diversity of steering group with underrepresented members -now 13 members. Inclusive leadership workshops, 2 of the 3 workshops have been delivered with next workshop on 19th Feb. The size of the challenge explored inc. culture change longer term impacts and ways of working, requirements for monitoring, data collection and infrastructure of support required. From Inclusive leadership steering group actions identified, and task and finish group set up to improve diversity in recruitment, increase diversity in shortlisted applicants targeting 8a and above posts initially. Actions completed – New data monitoring introduced in recruitment for posts 8a and above, system checks for recruiting managers of diverse panel requirements, monthly reporting on data.</p>	
		<p>Improve employee relations support. Business Partner offering in line with the entire employee lifecycle is being well received and is progressing well. Scoping out of HR Ops role deliverables completed and defined to enable a clear tiered service level approach for advice and enquiries for colleagues and managers. On recommendation from the HR Operational Reports October 2023, the name of the current team led by Jane Murgatroyd will change from HR Operations to People Relations to align with the rest of the Directorate and articulate the teams core focus of service more clearly for both colleagues and managers. Slots booked in for end of February and March with People Partners leading the sessions to present an overview of the PD service offering and how each function works together to provide an end-to-end colleague experience from hire to retire. The recommendations set out in the report by Miriam Heppel in October 2023 are the baseline for the actions under this workstream. A full People Directorate Policy audit has been completed with steps taken to remove outdated and duplication from all areas of access. Engagement has commenced with staff side on proposal to replace the existing policies and procedures with a more modernised user friendly and accessible suite grouped under key themes for easier signposting. Policy approval process under review with staff side.</p>	
		<p>Develop the workforce plan First draft consolidated workforce plan complete. First draft submission to EMT February 24. First draft of the NHSE/ICB mental health non-functional workforce plan complete submission 19/02/24 pending trust wide sign off.</p>	

[Summary](#)
[Strategic Objectives & Priorities](#)
[Quality](#)
[People](#)
[National Metrics](#)
[Care Groups](#)
[Priority Programmes](#)
[Finance/Contracts](#)
[System-wide Monitoring](#)

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£1m	£0m	A deficit of £144k has been reported in January 2024. The year to date position is now £1.0m 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	£7.4m	£8.7m	The run rate for agency has continued to be maintained at a lower level than the first half of the year. In total spend, in January, is similar to that in December. Year to date expenditure is £7.4m and the forecast is £8.7m which is in line with target.
3	Financial sustainability and efficiencies	£9.7m	£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 £0.3m ahead of plan.
4	Cash	£72m	£76.9m	Overall the Trust cash position is £72m which is a c.£4m reduction from previous months. This is due to payment of a number of large invoices and also resolution of a long standing issue with an independent sector provider.
5	Capital	£3.2m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £3.2m (42% of plan). This is an increase in spend in month with additional significant spend expected in February and March. As such the plan of £8.3m continues to be forecast to be utilised in full.
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 10 (2023 / 24)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

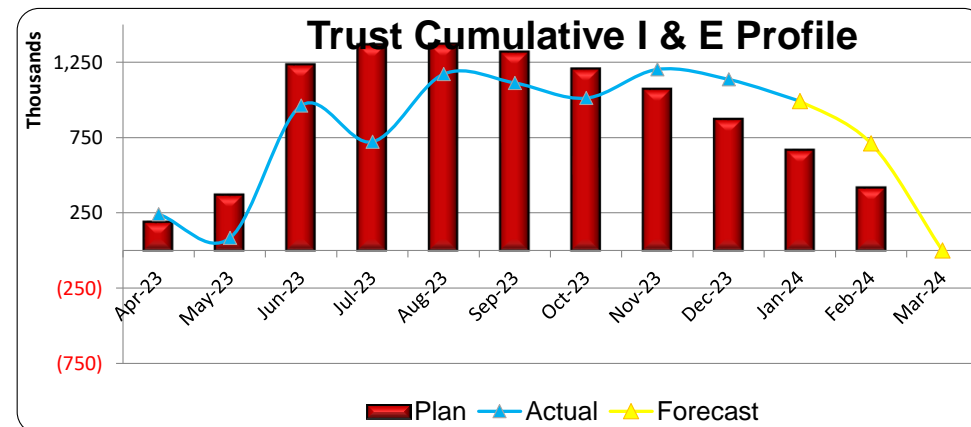
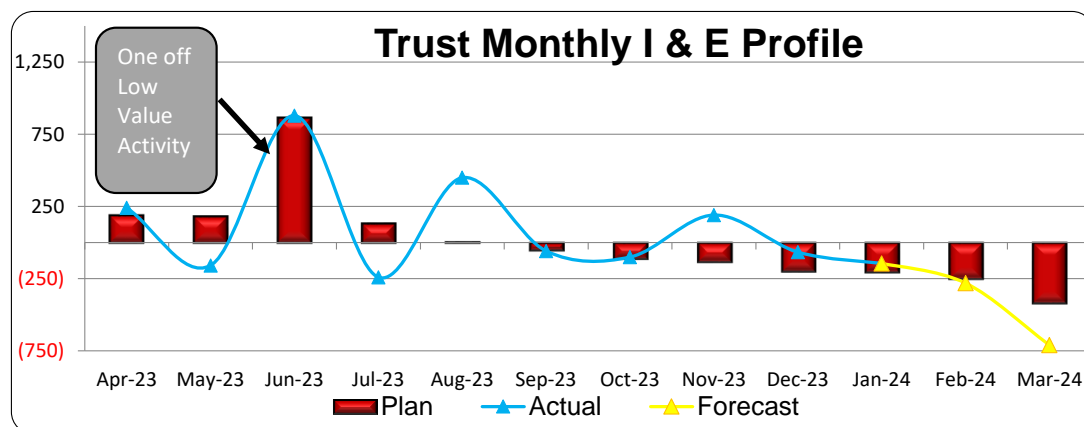
1.0	Executive Summary / Key Performance Indicators			
-----	--	--	--	--

Key Performance Indicator		Year to Date	Forecast 2023 / 24	Narrative
1	Surplus / (Deficit)	£1m	£0m	A deficit of £144k has been reported in January 2024. The year to date position is now £1.0m 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	£7.4m	£8.7m	The run rate for agency has continued to be maintained at a lower level than the first half of the year. In total spend, in January, is similar to that in December. Year to date expenditure is £7.4m and the forecast is £8.7m which is in line with target.
3	Financial sustainability and efficiencies	£9.7m	£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 £0.3m ahead of plan.
4	Cash	£72m	£76.9m	Overall the Trust cash position is £72m which is a c.£4m reduction from previous months. This is due to payment of a number of large invoices and also resolution of a long standing issue with an independent sector provider.
5	Capital	£3.2m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £3.2m (42% of plan). This is an increase in spend in month with additional significant spend expected in February and March. As such the plan of £8.3m continues to be forecast to be utilised in full.
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

The table below presents the total consolidated financial position for South West Yorkshire Partnership NHS Foundation Trust. This incorporates its role as co-ordinating provider for a number of Mental Health Provider Collaboratives but excludes its 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					33,704	33,876	172	330,969	329,372	(1,596)	399,097	397,386	(1,711)
Other Operating Revenue					1,326	1,575	249	10,803	12,445	1,642	12,976	14,729	1,754
Total Revenue					35,030	35,451	421	341,772	341,818	46	412,073	412,115	42
Pay Costs	5,009	5,008	(1)	0.0%	(21,439)	(18,046)	3,394	(205,284)	(200,277)	5,007	(247,541)	(242,152)	5,390
Non Pay Costs					(13,385)	(17,255)	(3,870)	(131,607)	(137,320)	(5,713)	(159,505)	(166,047)	(6,542)
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	5,009	5,008	(1)	0.0%	(34,824)	(35,300)	(477)	(336,891)	(337,592)	(701)	(407,046)	(408,193)	(1,147)
EBITDA	5,009	5,008	(1)	0.0%	207	151	(56)	4,881	4,226	(655)	5,027	3,922	(1,105)
Depreciation					(481)	(492)	(11)	(4,987)	(5,028)	(41)	(5,949)	(6,007)	(59)
PDC Paid					(179)	(179)	0	(1,790)	(1,790)	0	(2,148)	(2,148)	0
Interest Received					249	376	127	2,562	3,583	1,021	3,070	4,233	1,163
Surplus / (Deficit) - ICB performance measure	5,009	5,008	(1)	0.0%	(204)	(144)	60	666	992	326	(0)	0	0
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(193)	(193)	0	(232)	(232)
Revaluation of Assets					0	870	870	0	870	870	0	870	870
Surplus / (Deficit) - Total	5,009	5,008	(1)	0.0%	(204)	706	910	666	1,668	1,003	(0)	638	638



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	329,372	56,265	988	30,469	241,651
Other Operating Revenue	12,445				12,445
Total Revenue	341,818	56,265	988	30,469	254,096
Pay Costs	(200,277)	(1,271)	(91)	(615)	(198,300)
Non Pay Costs	(137,320)	(54,994)	(645)	(28,654)	(53,027)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	(337,592)	(56,265)	(737)	(29,269)	(251,321)
EBITDA	4,226	0	251	1,200	2,775
Depreciation	(5,028)				(5,028)
PDC Paid	(1,790)				(1,790)
Interest Received	3,583				3,583
Surplus / (Deficit) - ICB	992	0	251	1,200	(459)
Depn Peppercorn Leases (IFRS16)	(193)				(193)
Revaluation of Assets	870				870
Surplus / (Deficit) - Total	1,668	0	251	1,200	217
Surplus / (Deficit) - Forecast	0	0	280	1,124	(1,405)

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. In particular the South Yorkshire Adult Secure service is reporting a significant surplus in year, primarily linked to resolution of prior year issues. This is an increase of £0.9m in month. 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					25,004	25,157	153	243,893	241,651	(2,243)	294,622	292,364	(2,258)
Other Operating Revenue					1,326	1,575	249	10,803	12,445	1,642	12,976	14,729	1,754
Total Revenue					26,331	26,732	401	254,696	254,096	(600)	307,598	307,094	(504)
Pay Costs	4,987	4,975	(12)	0.2%	(21,295)	(17,837)	3,457	(203,771)	(198,300)	5,472	(245,739)	(239,787)	5,952
Non Pay Costs					(4,829)	(9,659)	(4,830)	(46,044)	(53,027)	(6,983)	(56,832)	(64,794)	(7,962)
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	4,987	4,975	(12)	-0.2%	(26,124)	(27,497)	(1,373)	(249,816)	(251,321)	(1,506)	(302,571)	(304,576)	(2,005)
EBITDA	4,987	4,975	(12)	-0.2%	207	(765)	(971)	4,881	2,775	(2,106)	5,027	2,517	(2,510)
Depreciation					(481)	(492)	(11)	(4,987)	(5,028)	(41)	(5,949)	(6,007)	(59)
PDC Paid					(179)	(179)	0	(1,790)	(1,790)	0	(2,148)	(2,148)	0
Interest Received					249	376	127	2,562	3,583	1,021	3,070	4,233	1,163
Surplus / (Deficit) - ICB performance measure	4,987	4,975	(12)	-0.2%	(204)	(1,060)	(856)	666	(459)	(1,125)	(0)	(1,405)	(1,405)
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(193)	(193)	0	(232)	(232)
Revaluation of Assets					0	870	870	0	870	870	0	870	870
Surplus / (Deficit) - Total	4,987	4,975	(12)	-0.2%	(204)	(210)	(5)	666	217	(448)	(0)	(766)	(766)

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	5,009	5,008	(1)	0.0%	(204)	(144)	60	666	992	326	(0)	0	0
Provider Collaboratives	21	33	12	55.6%	0	916	916	0	1,451	1,451	0	1,405	1,405
Total excluding Collaboratives (as shown above)	4,987	4,975	(12)	-0.2%	(204)	(1,060)	(856)	666	(459)	(1,125)	(0)	(1,405)	(1,405)

Income & Expenditure Position 2022 / 23

**The year to date position is a surplus of £1.0m. This is £0.3m better than planned.
Excluding the financial impact of the provider collaboratives this would be a deficit of £0.5m.**

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

There has been no significant movement in month. Healthcare contract income has increased, as expected, to reflect the investments agreed with commissioners. 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 individual service line. The detail of these are included on the income page.

Pay

Expenditure in January 2024 has reduced from the previous run rate due to a number of one off benefits recognised in month.

Worked WTE has continued to increase with a further additional 38 WTE in month. This is primarily in substantive staffing and is supported by a smaller increase in bank. This contributes to the reduction in agency staff required in month.

Non Pay

The non pay analysis highlights a stepped increase in month with additional spend of nearly £5m incurred in month. There are 3 main drivers in this; all of which are one off in nature.

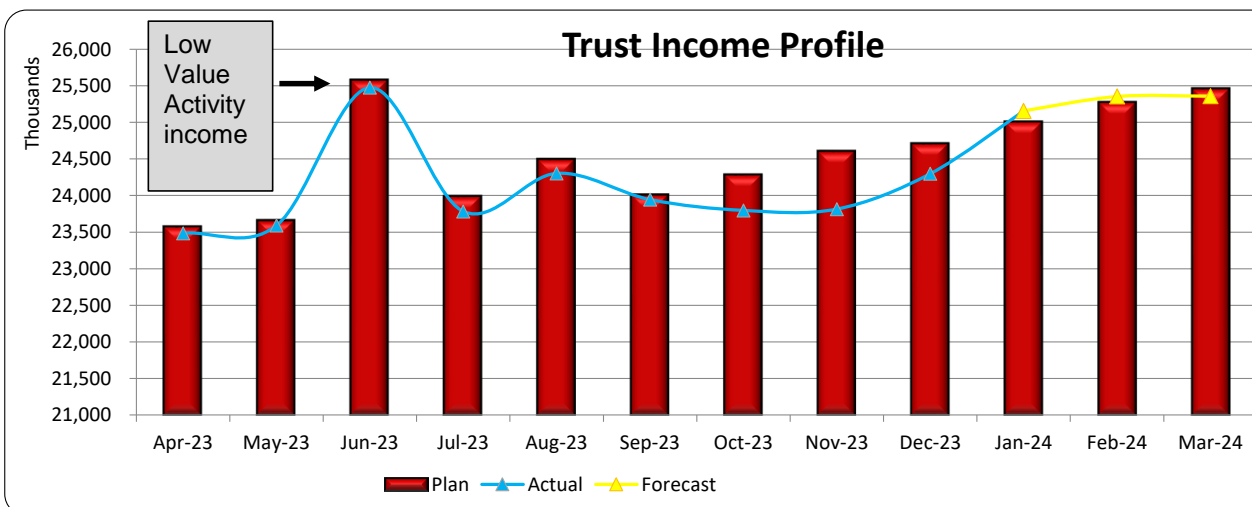
2.1 Income Information

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	21,444	21,495	21,495	246,214	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	2,740	2,746	2,746	32,965	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	466	500	500	5,636	5,311
Partnerships	514	584	546	591	472	608	377	493	504	376	489	494	6,047	5,052
Other Contract Income	197	96	144	102	144	138	140	67	98	130	124	124	1,503	2,256
Total	23,486	23,590	25,476	23,783	24,304	23,945	23,797	23,815	24,298	25,157	25,354	25,359	292,364	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	



As previously noted the income profile increases in Quarter 4 to recognise additional investment (both Mental Health Standard Investment (MHIS) and other) agreed with commissioners. This is offset by additional costs.

The full year effects of this investment have been included in the Trust financial model for 2024 / 25.

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.

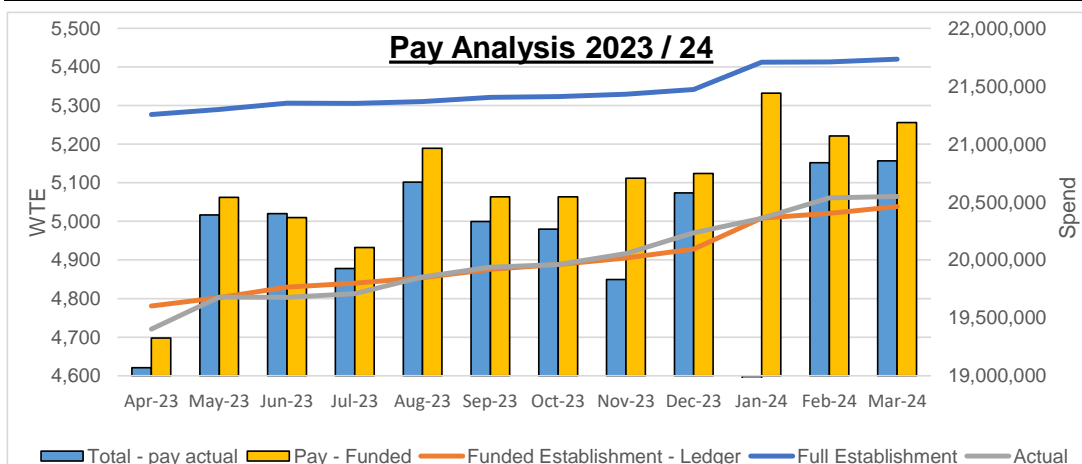
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities 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	16,462	18,537	18,528	214,777
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,442	1,511	1,587	795	1,550	1,557	16,276
Agency	939	908	1,002	855	810	915	635	209	564	581	650	667	8,734
Total	18,936	20,296	20,278	19,819	20,540	20,195	20,200	19,722	20,475	17,837	20,736	20,751	239,787
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%	4.5%	7.5%	7.5%	6.8%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	3.1%	1.1%	2.8%	3.3%	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	4,490	4,556	4,555	4,409
Bank & Locum	222	314	326	321	356	369	363	387	408	415	393	396	356
Agency	157	161	164	163	144	145	126	113	108	103	112	113	134
Total	4,721	4,804	4,803	4,812	4,856	4,881	4,888	4,917	4,970	5,008	5,061	5,065	4,899
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



Expenditure has reduced in January however the main factor is release of prior year accruals following confirmation of outstanding actions. This is c. £1.4m in month. If this was excluded a monthly total spend of £19.2m would have been reported. This is still lower than the previous run rate.

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 January.

January 2024 highlights a further 35 WTE increase of substantive worked and 8 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.

Agency spend is £581k in January.

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.

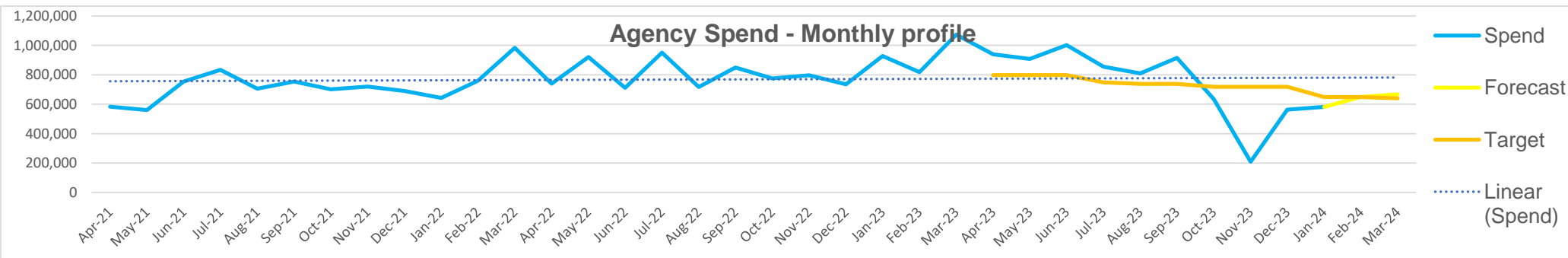
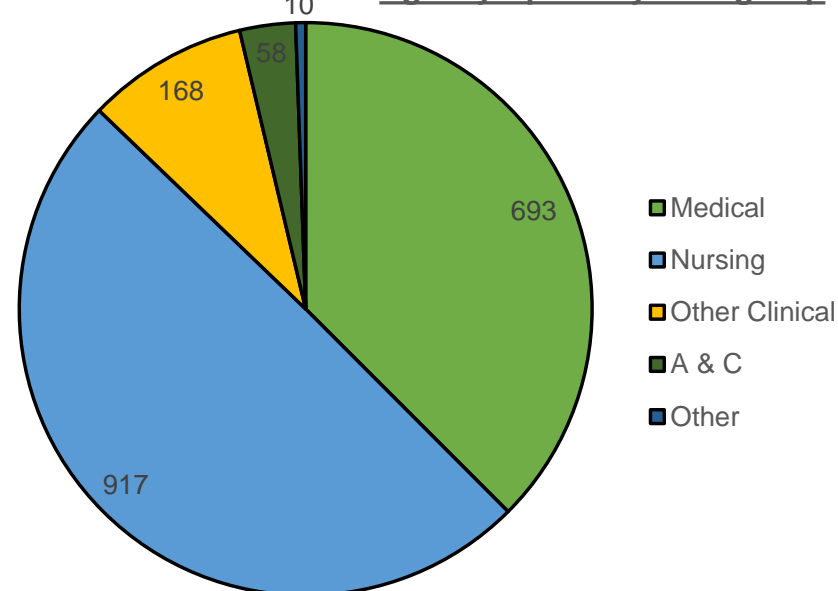
Under the NHS Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

January 2024 spend is £581k which is in line with the previous month. This sustains the run rate at a lower level than the first half of the year and is in line with the target trajectory. Further work continues to triangulate the growth in substantive and bank staff against the reduction in agency staff.

Overall the forecast spend for 2023 / 24 is £8.7m which is line with the target value. The run rate, and impact on planning for 2024 / 25, continues to be assessed as part of the planning process.

Agency Spend by staff group

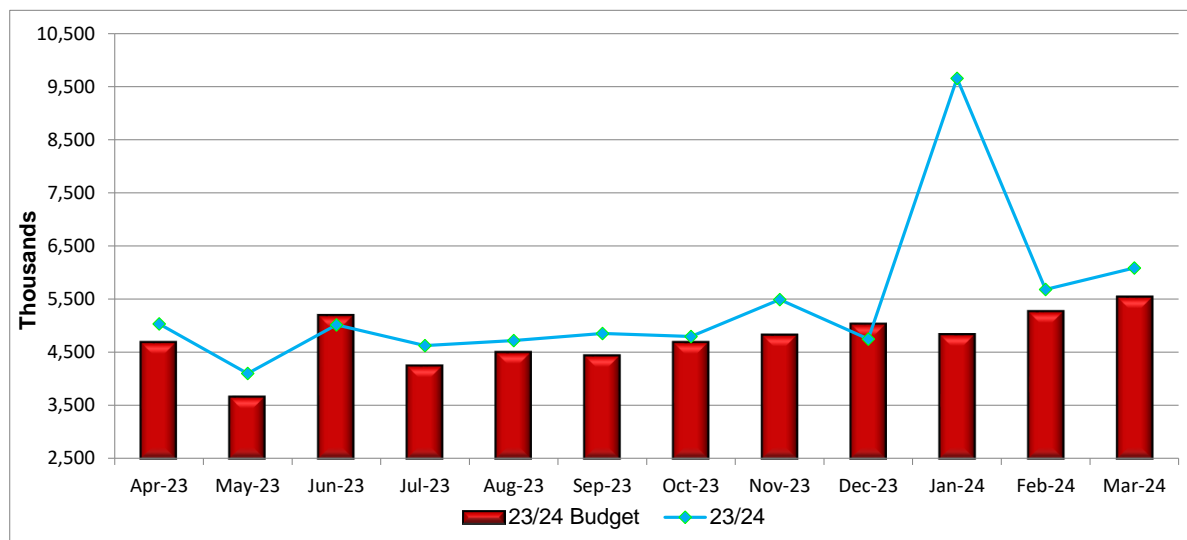


2.3 Non Pay Expenditure

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	9,659	5,680	6,088	64,794
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	Actual	Variance
	Year to date	Year to date	
	£k	£k	£k
Drugs	3,445	3,262	(183)
Establishment	8,112	8,264	152
Lease & Property Rental	7,262	7,127	(134)
Premises (inc. rates)	4,703	4,926	223
Utilities	1,870	2,028	158
Purchase of Healthcare	7,335	10,818	3,483
Travel & vehicles	4,255	4,123	(132)
Supplies & Services	5,544	6,322	778
Training & Education	1,748	1,408	(340)
Clinical Negligence & Insurance	884	886	3
Other non pay	887	3,863	2,976
Total	46,044	53,027	6,983
Total Excl OOA and Drugs	35,264	38,947	3,682



Key Messages

As shown by the graph above there has been a significant increase in non pay expenditure in January 2024. This increase, c. £4.9m, includes 3 significant items:

- * £2m provision relating to ongoing investigation.
- * £2m additional purchase of healthcare with a local NHS provider relating to mental health activity within an acute setting
- * £0.5m additional computer hardware purchases in month. Purchases consolidated to realise significant discount.

Excluding these the non pay expenditure run rate is in line with previous months.

The purchase of healthcare, highlighted as a cost pressure above, is reported in detail on page 12. This is shown as £3.5m overspent above but it's important to note that £4.0m relates to mental health activity in acute hospitals (£2m instalment reported above).

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.

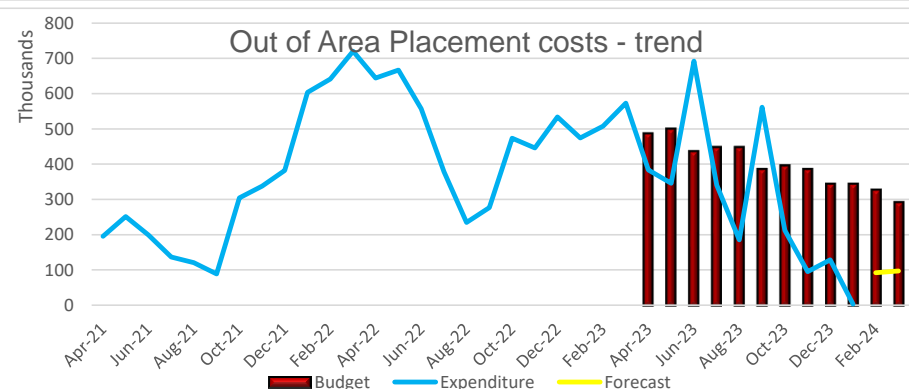
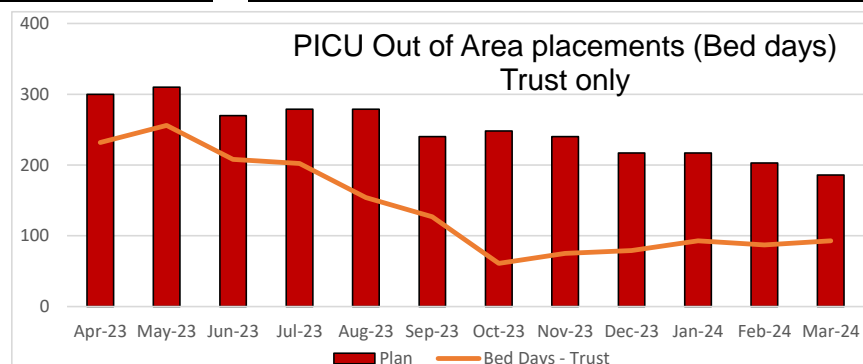
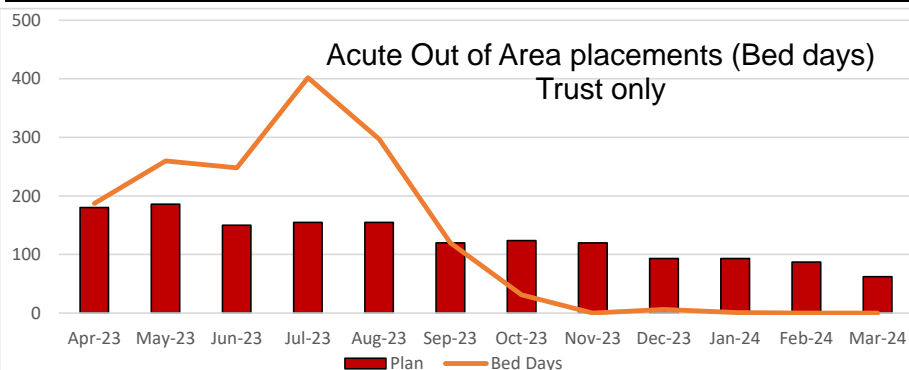
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

- * 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	Actual	Variance
	Year to date	Year to date	
	£k	£k	£k
<i>Out of Area</i>			
Acute	1,050	1,168	118
PICU	2,999	1,695	(1,304)
Locked Rehab	1,902	2,166	264
Services - NHS	328	4,279	3,951
IAPT	147	365	218
Yorkshire Smokefree	65	27	(38)
Other	844	1,118	274
Total	7,335	10,818	3,483



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 January but this was only 1 bed day in month. PICU placements have increased since October and there were 3 during January. 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.

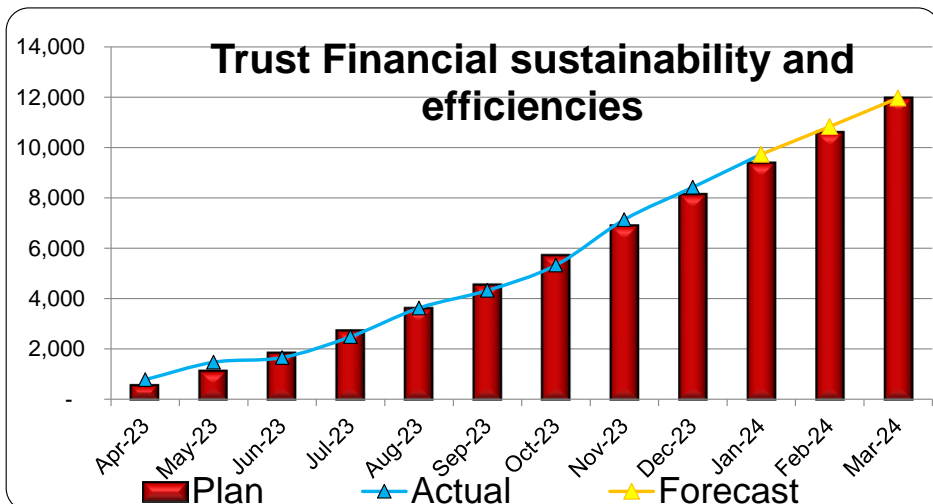
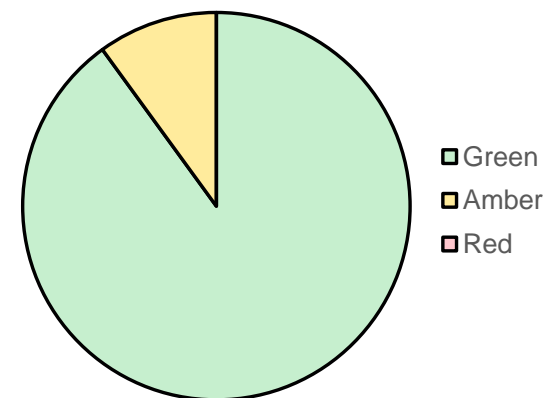
2.4

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.

Workstream Categorisation	Breakdown	Year to Date			Forecast			
		Target	Achieved Recurrent	Achieved Non Recurrent	Target	Green	Amber	Red
Out of Area Placements	Pg. 12	2,437	3,638		3,197	3,638	1,198	
Agency & Workforce	Pg. 10	3,345	636	1,668	4,380	2,453	0	
Medicines optimisation		333	188		400	188		
Non Pay Review		825	0		1,048		0	0
Income contributions		420	552		500	885		
Interest Receivable	Pg. 4	1,167	2,188		1,400	2,563		
Provider Collaborative	Pg. 5	865	865		1,044	1,044		
Total		9,392	8,067	1,668	11,969	10,771	1,198	0
Recurrent		8,580	8,067		10,943	9,102	2,867	
Non Recurrent		812		1,668	1,026			0



The year to date value for money programme is currently £343k ahead of plan which is helping to support the overall financial position of the Trust. This is an improvement of £116k from last month due to:

- * Continued low levels of out of area placement; being better than planned.
- * Maintained 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. The only remaining amber scheme relates to out of area; this is assessed as amber due to the risk and volatility in this area.

Balance Sheet / Statement of Financial Position (SOFP)	2022 / 2023 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	165,175	165,166	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	1,145	
Non NHS Trade Receivables (Debtors)	2,853	1,881	
Prepayments	3,482	2,977	
Accrued Income	9,372	1,732	2
Cash and Cash Equivalents	74,585	72,016	Pg 15
Total Current Assets	92,097	79,983	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(4,861)	3
Capital Payables (Creditors)	(739)	(983)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,458)	4
Accruals	(32,952)	(18,569)	4
Deferred Income	(4,172)	(2,512)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(52,144)	1
Total Current Liabilities	(104,062)	(87,527)	
Net Current Assets/Liabilities	(11,965)	(7,544)	
Total Assets less Current Liabilities	153,210	157,621	
Provisions for Liabilities	(4,319)	(5,628)	
Total Net Assets/(Liabilities)	148,891	151,994	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,657	
Revaluation Reserve	14,026	15,460	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	85,656	
Total Taxpayers' Equity	148,891	151,994	

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. Invoices will be continued to be raised timely ahead of Month 12.

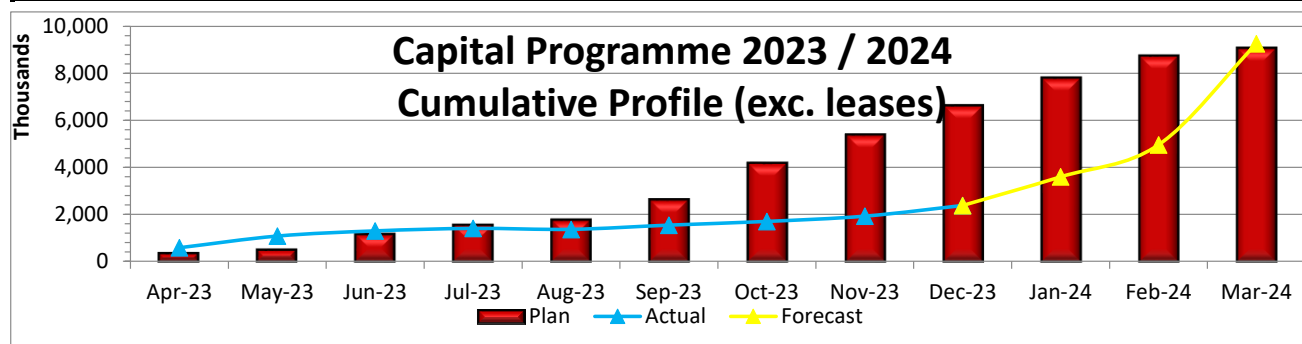
3. Trade payables remain at a lower level than previous, work is ongoing to identify any old invoices so as to resolve issues and pay suppliers.

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	1,075	71	(1,004)	150	(1,325)
Seclusion rooms	750	750	291	(459)	725	(25)
Maintenance (Minor) Capital						
Clinical Improvement	285	285	66	(219)	871	586
Safety inc. ligature & IPC	990	740	1,000	260	2,411	1,421
Compliance	430	430	1	(429)	313	(117)
Backlog maintenance	510	510	28	(482)	147	(363)
Sustainability	300	300	45	(255)	224	(76)
Plant & Equipment	40	40	46	6	208	168
Other	1,223	740	898	158	719	(504)
IM & T						
Digital Infrastructure	1,100	1,100	424	(676)	1,241	141
Digital Care Records	180	160	35	(125)	70	(110)
Digitally Enabled Workforce	815	713	91	(621)	158	(657)
Digitally Enabling Service						
Users & Carers	400	390	105	(285)	300	(100)
IM&T Other	270	270	77	(193)	763	493
TOTALS	8,768	7,503	3,177	(4,325)	8,300	(467)
Lease Impact (IFRS 16)	5,203	5,203	6,085	882	6,117	914
New lease	303	303	417	114	968	665
TOTALS	14,274	13,009	9,679	(3,329)	15,385	1,112



Capital Expenditure 2023 / 24

The Trust has continued to work within the West Yorkshire Integrated Care Board capital allocation in establishing its capital programme for 2023 / 24. This was originally set at £8,768k which represented the capital allocation plus 5%.

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

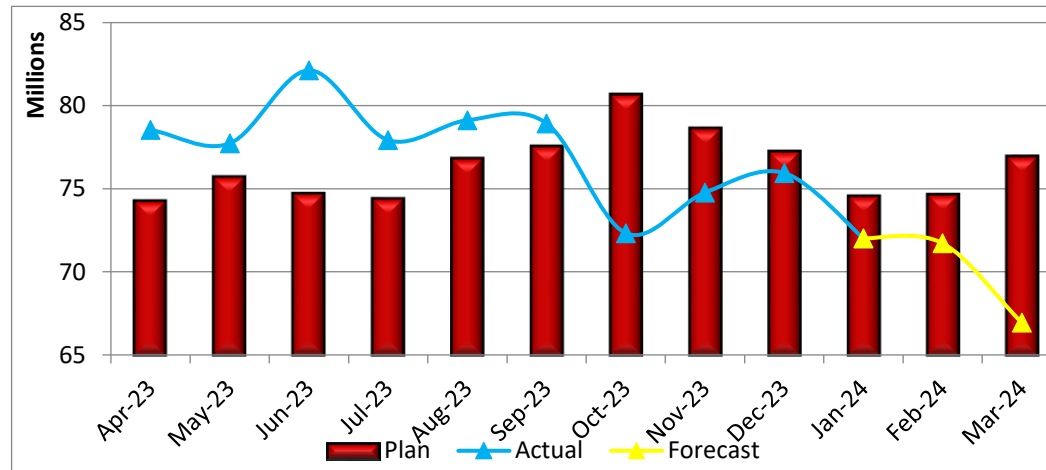
The forecast has been risk assessed and revalidated in order to achieve this.

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

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

3.2

Cash Flow & Cash Flow Forecast 2022 / 2023

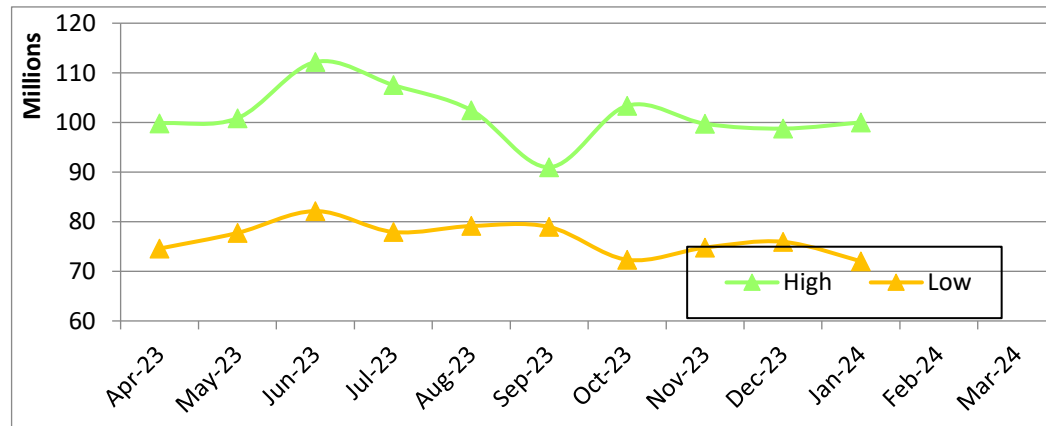


The Trust cash position remains positive.

Cash has reduced in month as expected more capital is spent and some old invoices were resolved and paid.

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

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	74,560	72,016	(2,544)



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: £100m

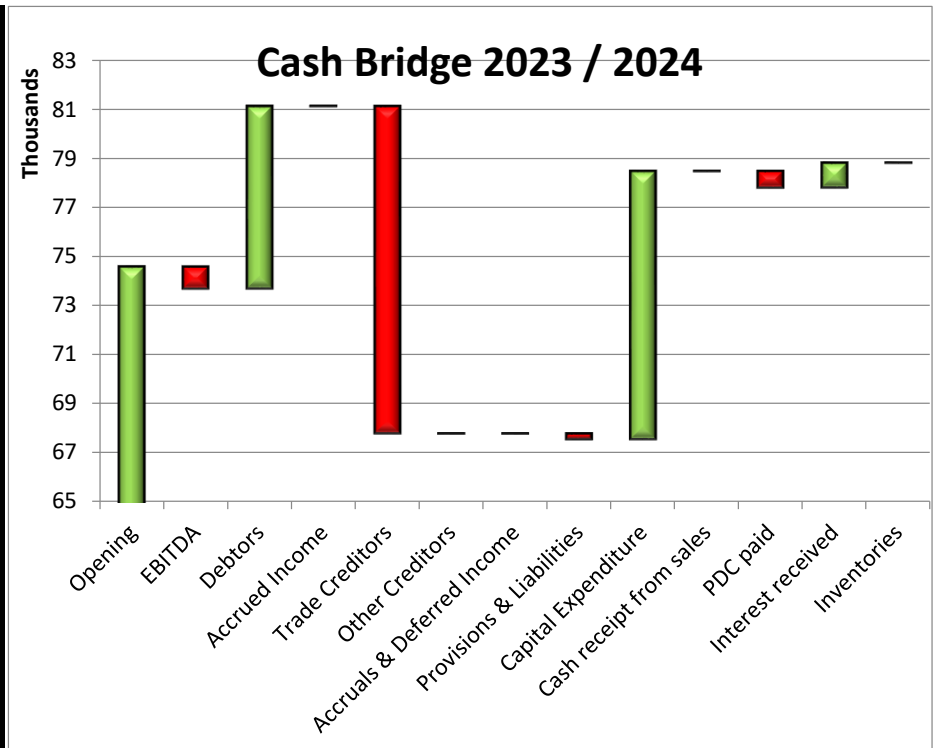
The lowest balance is: £72m

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)	12,344	11,440	(904)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,702	9,158	7,456	
Trade Payables (Creditors)	(2,391)	(15,757)	(13,366)	
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	0	0	
Provisions & Liabilities	(115)	(351)	(236)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(14,127)	(3,177)	10,950	
Cash receipts from asset sales	0	5	5	
Leases	0	(6,779)	(6,779)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0	0	0	
Interest (paid)/ received	2,562	3,583	1,021	
Closing Balances	74,560	72,016	(2,544)	



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 £1.7m lower than plan, the high value of creditors paid is offset by the delay in capital expenditure.

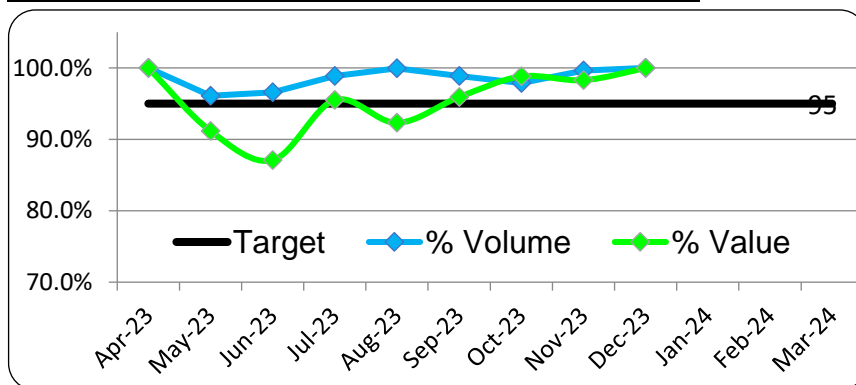
4.0

Better Payment Practice Code

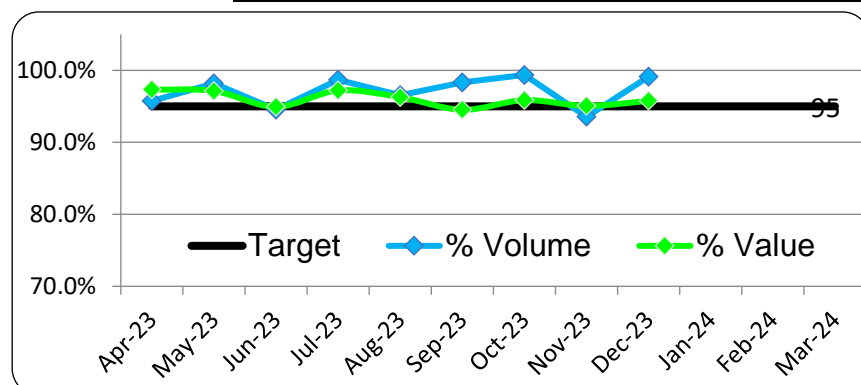
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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%	99%
Cumulative Year to Date	99%	97%



Non NHS	Number %	Value %
In Month	97%	97%
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 (£)
03-Jan-24	NHS Recharge	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600025384	2,000,000
10-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5314	850,000
25-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5394	769,090
09-Jan-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000057670	740,183
12-Jan-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000882	680,394
31-Jan-24	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	204059	620,647
24-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5295	596,300
18-Jan-24	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	CYGWYS41CINV	450,000
22-Jan-24	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	CYGWYS42	450,000
03-Jan-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200004757	342,974
11-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	0000000338	319,139
11-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	0000000358	319,139
11-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	0000000443	319,139
26-Jan-24	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	CYGSYS19	270,000
10-Jan-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 280	251,416
11-Jan-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Four	4400000920	232,254
12-Jan-24	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600024862	202,992
12-Jan-24	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600025070	202,992
12-Jan-24	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600025264	202,992
02-Jan-24	Purchase of Healthcare	Kirklees	Northpoint Wellbeing Ltd	RGA15206	198,350
03-Jan-24	Computer Software	Trustwide	Insight Direct (Uk) Ltd	2100777431	160,313
24-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5393	151,767
04-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5312	138,458
03-Jan-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200004708	128,035
16-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5126	125,412
10-Jan-24	Purchase of Healthcare	Barnsley	Elysium Healthcare Ltd	STM03368	117,574
22-Jan-24	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6027450	106,647
11-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	0000000359	93,248
08-Jan-24	IT Services	Trustwide	Daisy Corporate Services	31520413	90,250
03-Jan-24	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178858	87,514

23-Jan-24	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710178988	87,514
09-Jan-24	Purchase of Healthcare	AS Collaborative	Cygnat Health Care Ltd	WYS040INV	83,554
19-Jan-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000159	77,539
02-Jan-24	Purchase of Healthcare	Kirklees	Socrates Clinical Psychology Ltd	SPS09265RMD9265	74,400
08-Jan-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000053	72,990
18-Jan-24	Staff Recharge	Forensics	Wakefield Metropolitan District Council	91315468661	70,898
17-Jan-24	Purchase of Healthcare	Kirklees	Socrates Clinical Psychology Ltd	SPS09382RMD9382	69,600
05-Jan-24	Purchase of Healthcare	Kirklees	My Happy Mind Ltd	1560	66,776
12-Jan-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000880	66,273
24-Jan-24	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6027467	61,332
30-Jan-24	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	325813	59,658
29-Jan-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000007301	56,000
11-Jan-24	Utilities	Trustwide	Edf Energy Customers Ltd	000017806671	51,497
22-Jan-24	Consultancy	Trustwide	Business Services Leeds Ltd	BSL08185	50,000
02-Jan-24	IT Services	Trustwide	Daisy Corporate Services	3I520237	49,986
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973275	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973276	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973277	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973278	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973279	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973280	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973281	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973300	47,400
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973326	47,400
09-Jan-24	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72486550	47,313
11-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000000444	46,624
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973301	46,452
22-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400002794	45,894
17-Jan-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05494	45,239
10-Jan-24	Purchase of Healthcare	Wakefield	Nova Wakefield District Ltd	1520	43,658
13-Jan-24	Purchase of Healthcare	Barnsley	Elysium Healthcare Ltd	FDN01068	42,898
15-Jan-24	Purchase of Healthcare	Forensics	Sheffield Childrens NHS Foundation Trust	2400002667	42,605
22-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400002794	39,210
22-Jan-24	Purchase of Healthcare	Kirklees	Nouvita Ltd	11191	37,944
03-Jan-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001126EPC	37,587
04-Jan-24	Purchase of Healthcare	Kirklees	Nouvita Ltd	11057	37,281
03-Jan-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001107EPC	36,374
15-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5347	35,877
15-Jan-24	Computer Software	Trustwide	Thirsty Horses Ltd	INV0430	35,370
03-Jan-24	Mobile Phones	Trustwide	Vodafone Ltd	105089755	35,190
03-Jan-24	Mobile Phones	Trustwide	Vodafone Ltd	104920671	34,803
22-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400002794	31,718
10-Jan-24	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6027411	31,204

12-Jan-24	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	1000918	30,853
18-Jan-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05496	30,518
15-Jan-24	Staff Recharge	Kirklees	Locala Community Partnerships C.I.C	A0016676	30,327
22-Jan-24	Utilities	Trustwide	Totalenergies Gas & Power Ltd	32725567024	30,126
23-Jan-24	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6027451	30,057
11-Jan-24	Staff Recharge	Trustwide	Sugarman Group Ltd	SG0001445	29,607
29-Jan-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1000884	28,812
17-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5047	28,557
22-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400002794	28,160
11-Jan-24	Utilities	Trustwide	Edf Energy Customers Ltd	000017796142	27,573
08-Jan-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7402973576	26,742
24-Jan-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5328	26,680
22-Jan-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400002794	25,569
05-Jan-24	Software licence	Trustwide	Hydrop Environmental Consultancy Services	IV26051	25,535
24-Jan-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05553	25,133

- * 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

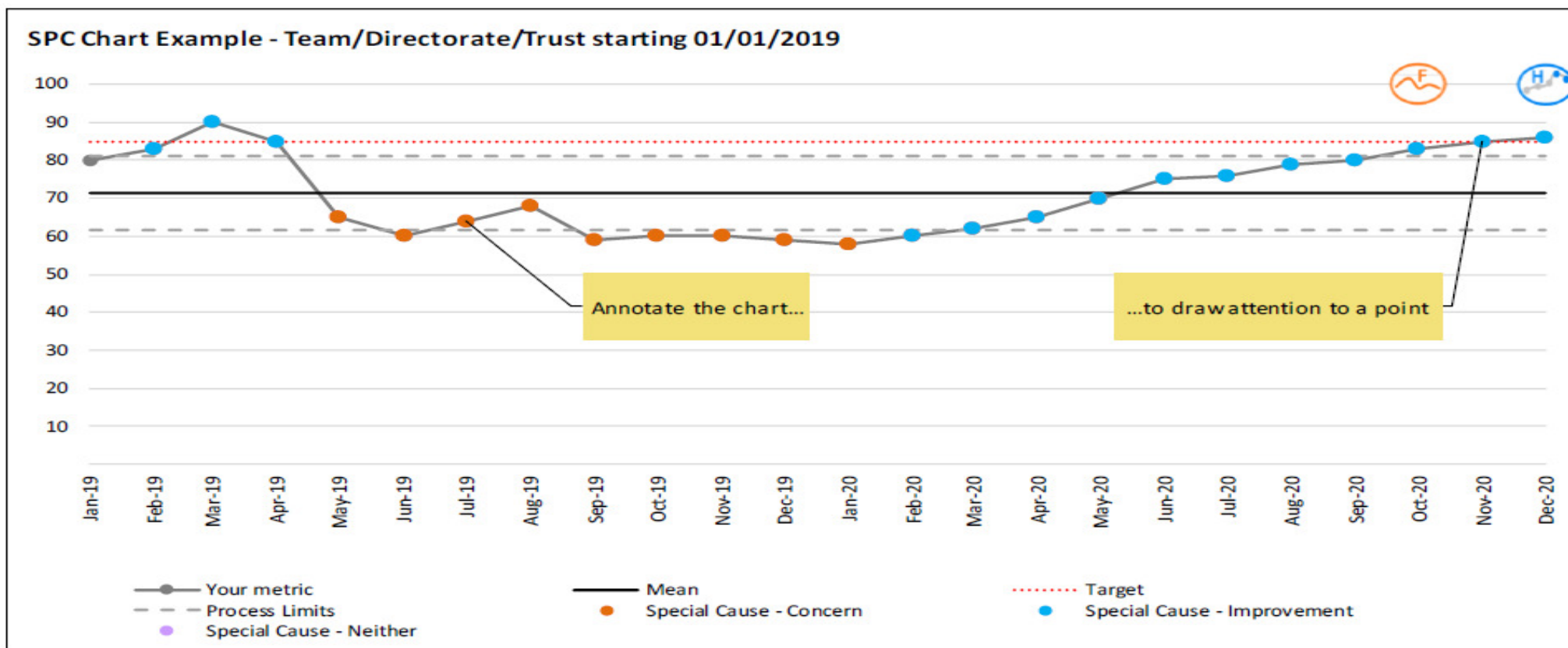
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data 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 (I) 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 significant 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 significant change in process. This process is not in control.