NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

February 2024

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 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
Improving Health		
Percentage of service users who have had their equality data recorded - disability	↑	
Percentage of service users who have had their equality data recorded - sexual orientation	↑	
Improving Resources		
Surplus/(deficit) against plan (monthly)	↑	
Capital spend against plan (monthly)	↑	

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

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

Metric	Change from last month	Variation/ Assurance
Quality		
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	↔	

Metric	Change from last month	Variation/ Assurance
People		
Sickness absence - month	↑	
Mandatory training - reducing restrictive physical interventions	↓	

Metric	Change from last month	Variation/ Assurance
National metrics		
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	↔	H, ?

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 physical interventions training compliance	↑	

Mental Health Community

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

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

LD, ADHD & ASD

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

Barnsley General Community Services

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

Forensic

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

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 95.6% against a target of 90%. For the Trust derived indicators, as of February 2024, disability 47.4%, sexual orientation 59.7% and postcode 99.8% of service users have had their equality data recorded. Whilst recording postcode is not technically part of equality data it does help identify referrals from areas with higher levels of deprivation, which could indicate inequalities in relation to healthcare access, experience, and outcomes. Work continues to ensure data capture will be extended to all services, the Trusts Equality, Inclusion and Involvement Committee monitor this work and there has been a light increase in recording over the last month.
• Specific actions the Trust is taking to address inequalities include co-designing services with communities, ensuring representation is reflective of the population and covers all protected groups and carers. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.
• Timely completion of equality impact assessments (EIA) for service and policy remains a key metric to ensure that our approach is fair and does not present needless barriers or disadvantage any protected groups of people. No policy is agreed without an equality impact assessment in place and therefore we have investigated why the performance is under 100%.

Quality

NHS England Indicators (national)

The Trust continues to perform well against the majority of national metrics. The following under-performance should be noted:
• Significant service improvement work has led to reduced use of inappropriate out of area bed days over the last few months with 74 days used in February, this is a significant improvement compared to the 6 months of the year. 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 increased to 69% in February from 56.5% reported in January, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. The care group escalated a concern regarding access in paediatric audiology when performance for diagnostic appointments first started to fall at the start of the year and in line with the national picture, demand is now outstripping capacity. This relates to increased demand from due to audiology assessments forming part of other assessments, for example autism and the availability of additional audiologists. An improvement plan is in place and links to work across the Integrated Care System.
• Performance against the number of children & younger people with an eating disorder requiring urgent access to treatment dropped in February with 66.7% achieving the 1-week standard for urgent cases. This relates to one case out of a total of three where an appointment within 1 week had been offered to the family but was not attended.

Quality continued

Care planning and risk assessments•

• There has been a sustained performance with regards to the completion of care plans and risk assessments (inpatient). This focus continues to be driven by the Care Plan and Risk Assessment Improvement Group, particularly on the quality of the completed care plans and risk assessments.
The February data for care planning shows continued sustained performance above the 80% threshold since April '23, achieving 88.7% for the month.
• For risk assessments, the February data shows a slight decrease in performance from the previous month within inpatient services (90.1%) this means that 100 service users had a risk assessment within 24 hours, 11 service users had a completed risk assessment but this was outside the 24 hours. For community services, performance for February has increased slightly from the January position of 71.8% to 74.7% - 38 people are showing to not have a risk assessment – all service users without a risk assessment are followed up individually in the care group to maintain patient safety.

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.
• 'While you wait' offers are in place or in development for children on waiting lists, teams maintain contact with children and families while they wait to ensure appropriate action can be taken in case risks escalate.
• Waiting times and waiting numbers for neurodevelopmental services within CAMHS remain high. 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 87.5% - (42 out of 48) 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. Improvement work, including recruitment, additional training for staff in specific skills for example dysphagia and pathway development continue.
• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels significantly higher than commissioned – cases, where agreed with commissioners, are triaged and prioritised according to need. As demand is significant the care remains with the referrer until accepted by the service.

Patient Safety Indicators

96% of incidents reported in February 2024 resulted in no or low harm or were not under the care of the Trust, an overview of key indicators is below:
• The number of restraint incidents increased to 165 (121 in January). Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain static – all incidents are reviewed and learning is shared.
• Positively, 100% of prone restraint incidents were for a duration of three minutes or less – this related to 9 incidents for the month of February. The circumstances where prone is used will be influenced by the level of concern during the incident. Improvement work is underway with regards to minimising prone restraint during seclusion exit or when administering intra-muscular medication. Use of prone restraint continues to be below the year average of 21, and from now on all incidents of prone restraint will be reviewed for learning in the Patient Safety Oversight Group.
• There were 20 information governance personal data breaches during February which is the highest so far during the current financial year. All were caused by human error, twelve incidents related to the Mental Health care group and the data protection officer is undertaking a specific piece of improvement work. An urgent communications campaign is in progress, and items will be issued via the intranet, the Headlines and the Brief. The appropriate Quality & Governance Leads have also been advised, and the Information Governance team will work with them to ensure improvements are made. As yet we can't directly link the incidents to the reduction in training compliance, which is within our normal seasonal variation.
• The number of inpatient falls in February was 45 which is similar to the numbers over the last quarter. 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.
• Two pressure ulcers identified there was a lapse in care. As per Trust policy, all reported cases are subject to a deep dive and root causes analysis to identify learning which is then shared to prevent future incidents.
• The number of responses provided within six months of the date a complaint remains under the Trust threshold of 100%. Improvement work continues..

Our People

• Supervision data is included in the report at Trust level and by care group and inpatient ward. The data for February is 65.86% which is a slight deterioration from the refreshed performance for January which is 67.4%. As part of the supervision policy review an improvement programme is underway to increase uptake and recording of supervision across the clinical workforce, this includes making further changes to systems and reporting. This is monitored by the operational management group.

• The Trust had 22 violence and aggression incidents against staff on mental health wards involving race during February - incidents are monitored by the Patient Safety Team, and Equity Guardians are alerted to all race related incidents against staff. A robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.

• Our substantive staff in post position has increased slightly in February. The number of people joining the Trust outnumbered leavers in February. Year to date, we have had 654.5 new starters and 423 leavers.

• As of February 2024, our Trust growth rate has increased further to 6.95% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%.

• Overall, our 12-month turnover rate in February has dropped slightly again this month to 11.2% which is a reflection of the low number of leavers and increase in new starters.

• We have recruited a total of 86 international nurses since April 2023. Cohorts in January have been reduced (5 per month) and future international nurse cohort delivery in February and March has been paused.

• In February 2024 we have seen a drop in sickness overall to 4.8%. This is seen as a positive as we are still in a seasonal absence period, but this does not appear to have impacted the Trust excessively this winter so far.

• Sickness absence year to date in February has now reduced to 5.0% which is above local threshold. However this is the lowest sickness rate since April 2023.

• The Estates and Facilities sickness rate continues to rise, which is now at 8.6%. 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 February, which saw an increase from 79.6% to 82.9%. This is the first month the compliance of 80% has been reached. Actions remain in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.

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

• Although our overall mandatory training compliance remains static since last month at 91.8%, we have seen a drop in some areas. Reducing Restrictive Physical Interventions (RRPI) has dropped again this month to 74.0% however our learning and development team and RRPI team are working together to maximise the training places available and are taking a targeted approach to booking staff onto refresher training.

• Cardiopulmonary Resuscitation (76.1%) and Information Governance (91.8%) are below the Trust targets - targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG). 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. Weekly e-mail reminders are going out to all staff.

Care Groups

The care group summary section describes the “hotspot” performance areas and mitigating actions for the month of February, and we have also provided 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.

• Although recruitment has been positive, 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, creating additional pressures.

• The Trust currently has higher than usual levels of vacancies in some mental health community teams for qualified practitioners. Work has commenced to review establishments and create proactive and innovative solutions to the workforce.

• Demand into the Single Point of Access (SPA) continues. SPA continues to prioritise 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. February performance data for routine access for assessment within 14 days is being achieved in Calderdale and Kirklees and Wakefield whilst performance is below target in Barnsley and specific actions are in place to address.

• Access to tier 4 beds and specialist residential care for children remains a risk and currently more challenging due to pressures within the 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 patient under 18 years old remaining in an adult bed during February. Whilst this is measured clearly, other children will wait in other settings, for example acute hospital beds or home, for inpatient care. 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 £398k has been reported in February 2024. The forecast position has been reviewed and revised to a surplus of £0.5m. This is higher than the breakeven target. This will support the delivery of the West Yorkshire Integrated Care System financial target although this remains challenging.

• Agency spend has continued to reduce in February 2024 and is now forecast to be under the target of £8.7m spend in year. The Agency scrutiny group continues to monitor both agency spend and impact on operational delivery. Work continues to maintain, and improve, this run rate into 2024/25.

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

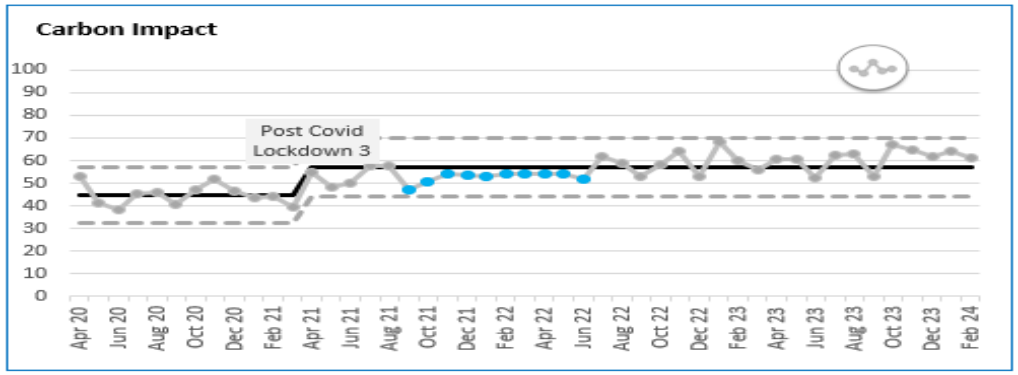
• Overall, the Trust cash position remains strong although this is forecast to reduce in March 2024 due to payment of invoices and capital expenditure.

• Performance against the Better Payment Practice Code is 98%.

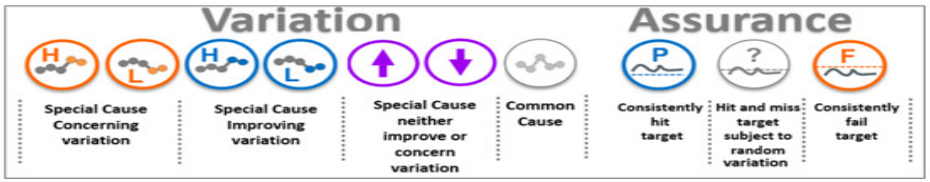
Improving health

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	97.0%	96.6%	95.6%		
Percentage of service users who have had their equality data recorded - disability	50%	47.0%	46.4%	47.4%		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		45.5%	59.4%	59.7%		
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%	88.5% Service	91.7% 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%	95.8% Policy	95.5% Policy	96.1% Policy		
Completion of equality mandatory training	>=80%	95.6%	95.1%	95.6%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	Reporting commenced Feb '24		7		New metric added March 2024. A single client could have multiple job starts
Number of new people accessing Individual placement and support service during month	Trend monitor	Reporting commenced Feb '24		50		New metric added March 2024. First contact and work started on vocational profile
Carbon Impact (tonnes CO2e) - business miles	76	62	64	61		Data showing the carbon impact of staff travel / business miles. In February staff travel contributed 61 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%	67.8%		Due May 2024		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	Dec-23	Jan-24	Feb-24	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	94.1%	93.4%	90.1%		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. To support patient safety, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. February data shows a slight decrease in performance from the previous month within inpatient services (90.1%). For community services, performance for February has increased slightly from the January position of 71.8% to 74.7%.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		70.0%	71.8%	74.7%		
% Service users on CPA offered a copy of their care plan	80%	88.0%	88.5%	88.7%		The Care Plan and Risk Assessment Improvement Group continue to look at performance as well as quality of care planning and risk assessments. Part of the improvement work is to identify how we measure the quality (co-production, outcomes, timeliness) as well as the quantity (completed and shared), this may require a change to the way in which we report through the IPR. The February data for care planning shows continued and sustained performance above the 80% threshold since April '23, achieving 88.7% for the month.
Registered substantive staff in post mental health and learning disabilities services	Establishment	1077	1088	1094		
Registered substantive staff in neighbourhood teams	Establishment	173	171	174		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	19	21	22		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	85	104	74		The Q4 target shown is a National target and whilst we remain above this threshold we have seen a notable improvement in the number of out of area bed days which is down to an average of 86 days in the past 5 months from an average of 447 days in the 5 months prior to that. Out of area bed placements continues to be a Trust priority programme to address the operational and financial pressures that this causes and to ensure that services users receive care closer to their home. See statistical process chart in National Metrics section for further detail. Please note, this is an in month position and may not reflect the quarterly outturn.
% service users clinically ready for discharge	<=3.5%	5.7%	4.3%	2.9%		Performance in month has improved to 2.9% and below threshold. However, there are still a significant number of people who are delayed which may impact on performance in future months. 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.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	702	636	702		Neurodevelopment waits remain a concern, even with the additional temporary capacity. This is in keeping with the national picture and forms part of the system wide work. These metrics calculate length of wait in days for those discharged that month. Children and young people 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 and there is still a backlog of individuals who will have waited a long time for assessment from referral. The service continues to receive over 50% more referrals than there is capacity to deliver assessments each month. Calderdale - The longest wait for those seen in the month was 714 days, the shortest was 676 days. Number on waiting list at end of February - 167. The longest waiter on the waiting list had waited 730 days. Kirklees - The longest wait for those seen in the month was 783 days, the shortest was 573 days. Number on waiting list at end of December - 1954. The longest waiter on the waiting list had waited 680 days.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	623	633	636		
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	87.5% 42/48	83.8% 62/74	87.5% 42/48		This remains a key concern and actions are underway as part of the improving access priority programme. Where waits breached 18 weeks (6 in total in February) the service understand why and are taking appropriate action. A report in relation to other waits will be discussed in the Executive Management Team meeting.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	91.2%	87.3%	91.0%		
Community health services two hour urgent response standard	70%	85.3%	86.3%	87.8%		
Referral to assessment within 2 weeks (external referrals)	75%	85.1%	80.5%	81.8%		

Improve resources

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£66k)	(£144k)	(£149k)		A deficit of £398k has been reported in February 2024. This is £149k higher than planned. The year to date position is a surplus of £594k which is £177k better than planned.
Capital spend against plan (monthly)	£8.8m	(£789k)	(£16k)	£1,033k		Spend has increased in February with £1m more than originally planned. This is required in both February and March to ensure that the total allocation is utilised in year.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£564k	£581k	£483k		The reduction in run rate, when compared to the first half of the year, continues. The Trust scrutiny group continues to review the detail and the progress made to date to ensure that this is maintained and maximised.
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£1,286k	£1,312k	£1,175k		The cumulative savings to date are £10.8m 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			
Estates Urgent Response Times - Service level agreement (SLA)	95%	98.5%	96.9%	96.9%		Service level agreement 1 & 2 are the priorities given to emergency and urgent work which has a two day response time.
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 are included due to some inconsistencies in the categorisation of jobs when initially logged.

Make SWYPFT a great place to work

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance	Notes
Turnover external (12 month rolling)	>12% - 13%<	12.0%	11.6%	11.2%		
Registered workforce growth	3% (by March 24)	7.0%				
Sickness absence - rolling 12 months	<=4.8%	5.1%	5.1%	5.0%		Absence rate in month dropped slightly to 5%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	May >=78% Overall >=90%	74.3%	79.6%	83.4%		For the month of February, 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		70.5%		Results from national staff survey.
% staff recommending the Trust as a place to receive care and treatment	65%	N/A		72.2%		
Staff supervision rate	80%	67.7%	67.0%	64.8%		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. (Band 4 and above, all supervision)
Mandatory training - Cardiopulmonary resuscitation	80%	77.0%	77.5%	76.1%		In order to maintain a safe environment, inpatient services ensure access to appropriately cardiopulmonary resuscitation trained staff on each shift. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).
Mandatory training - Reducing restrictive physical interventions	80%	81.8%	77.0%	74.0%		Performance has dropped again this month to 74.0% however our learning and development team and RRPI team are working together to maximise the training places available and are taking a targeted approach to booking staff onto refresher training. Sucessful recruitment will improve team capacity.
Mandatory training - Fire	80%	90.8%	90.5%	89.6%		
Mandatory training - Information governance (IG)	95%	94.0%	92.7%	91.8%		Reminders circulated regarding IG training compliance. Further detail included in quality section of the report.

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	Feb-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%	78.8%	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)	14% (1/7)	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	63% (10/16)	
Service User Experience	Friends and Family Test - Mental Health	84%	82%	85%	91%	90%	90%	95%	89%	88%	94%	89%	92%	1
	Friends and Family Test - Community	95%	94%	97%	96%	93%	97%	96%	95%	97%	98%	97%	97%	1
Quality	Number of compliments received	N/A	50	66	33	35	22	17	18	35	16	2	8	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	26	34	22	24	31	18	24	20	13	12	18	
	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	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	2	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	85.0%	85.7%	86.6%	87.5%	87.4%	87.5%	87.5%	87.7%	87.6%	88.5%	88.7%	1
	Number of Information Governance breaches [3]	<12	12	9	14	13	16	8	9	11	8	14	20	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%	2.9%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	90.6%	87.7%	86.7%	87.2%	88.0%	87.5%	89.9%	92.5%	94.1%	93.4%	90.1%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		80.7%	65.0%	66.1%	74.0%	72.2%	71.3%	71.1%	76.4%	70.0%	71.8%	74.7%	2
	Total number of reported incidents	Trend monitor	1198	1327	1257	1156	1204	1150	1315	1320	1183	1278	1275	
	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	27	29	31	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	3	2	5	1	4	1	4	1	2	3	6	
	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	0	
	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%	127.6%	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%	100.8%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	29	42	40	36	43	43	28	33	28	45	49	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	2	1	3	1	2	0	3	6	6	2	2	
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	90%	90.0%	86.6%	89.5%	95.2%	90.0%	90.0%	91.7%	66.6%	100.0%	100.0%	100.0%	1
	Number of Falls (inpatients)	Trend monitor	34	41	43	32	33	36	50	46	42	48	45	
	Number of restraint incidents	Trend monitor	192	186	201	145	146	92	198	153	193	121	165	
	% of staff receiving supervision within policy guidance [15]	80%	Reporting to start from Sept 23					65.8%	66.0%	70.1%	67.8%	67.4%	65.6%	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%	88.9%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	1	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	2	2	2	2	2	
	Overall CQC rating		Good											
	CQC well - led rating		Good											

Quality Headlines

Quality Headlines cont…

1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The Information Governance breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return.
13 - The NHSE Oversight Framework was updated in June 22 . Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.
14 - This metric relates to the Macmillan service, end of life pathway.
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.

Quality Headlines

The following section provides insight into key quality issues identified in the dashbard for the month of February.

• The overall number of restraint incidents increased in February from 121 reported in January to 165. Further detail is provided in the relevant section of this report. The Trust's ongoing ambition is for a reduction in all restraint incidents, and reducing restrictive physical interventions training has a clear focus on interventions to prevent escalation of a situation to the point where restraint is required.
• Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - There were two instances in February, one related to a missed visit and one related to a risk assessment not been carried out, however in both cases the care received was not impacted. All reported cases follow usual Trust policy regarding deep dive and root causes analysis and to identify learning.
• Performance for children's and adolescent mental health service (CAMHS) referral to treatment - a review is being undertaken 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 90.1% from 93.4% for inpatient services. Community services have seen a slight increase from 71.8% reported in January to 74.7% in February.
• Clinically ready for discharge (previously delayed transfers of care) - This has decreased to 2.9% and is below threshold. However, there are still a significant number of people who are delayed which may impact on performance in future months. 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 February there were 45 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 20 during the month remains 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.
• The C.Difficile case that was reported in December was deemed to be healthcare associated, a case review has been undertaken and was presented at Barnsley post infection review (PIR) meeting for scrutiny. This was deemed to be unavoidable. The case has also been reviewed for action through internal governance processes.

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 Trusts PSIRF plan and policy went live on the 1st December 2023.

Since launching PSIRF we have:
• Reviewed linked policies and procedures
• Refined our guidance for learning responses using PDSA
• Reviewed incidents against our PSIRF Plan
• Supported services with considering if incidents meet the plan and if so what improvement work is already in place
• Developed the format of the Patient safety oversight group (PSOG) (formerly clinical risk panel) to align with PSIRF
• Updated Datix to reflect our processes for PSIRF

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)

Following a further upgrade of the Datix system in January 2024, incident form configuration and thorough testing, the Trust went live with LFPSE on 14th February.

This means that from he 14th February 2024 we no longer report to the National Reporting and Learning System.

Patient Safety Training
Training for all staff (level 1) and essential to job role (level 2) is available on the Electronic Staff Record. Level 1 will became mandatory from November 2023. This is currently progressing well at 95% completed.

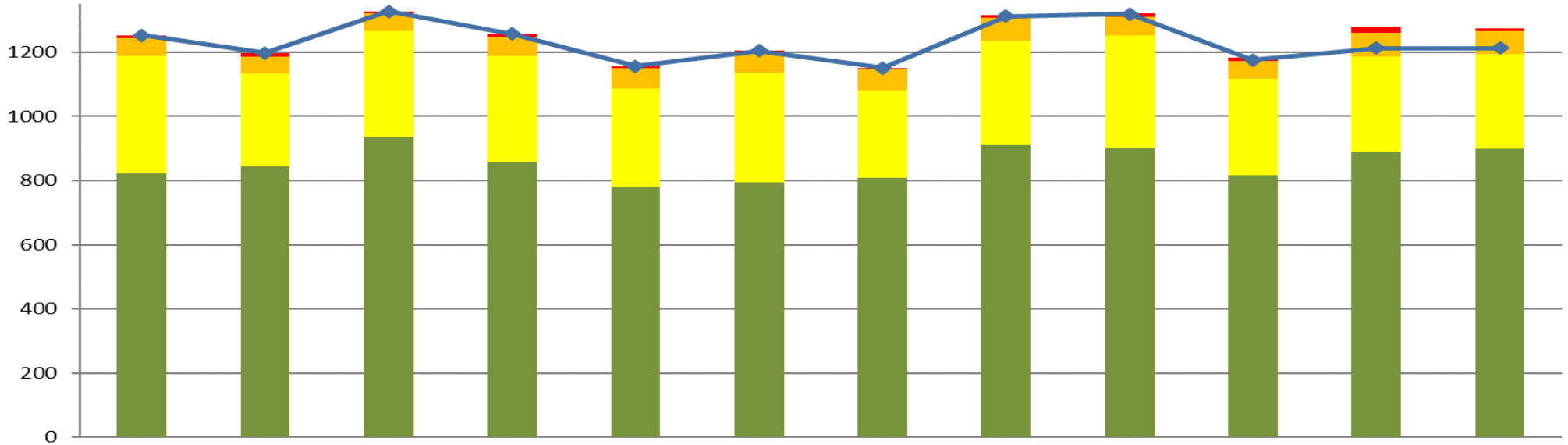
Patient Safety Partners
The three patient safety partners (PSP) (this is a volunteer role) was inducted into the patient safety team in February 2024. The next steps are for the PSP to meet again and discuss work allocations.

Safety First

Summary of Incidents

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

96% of incidents reported in February 2024 resulted in no harm or low harm or were not under the care of SWYPFT. No never events reported in February 2024.



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Red (should not be compared with SIs)	9	12	7	11	7	9	3	8	10	12	19	9
Amber	57	51	55	58	63	60	66	72	57	55	74	72
Yellow	364	291	330	330	306	342	273	324	352	300	298	294
Green	823	843	935	858	780	793	808	911	901	816	887	900
Total	1253	1197	1327	1257	1156	1204	1150	1311	1318	1175	1212	1213

Safety First cont…

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

Breakdown of incidents in February 2024 -

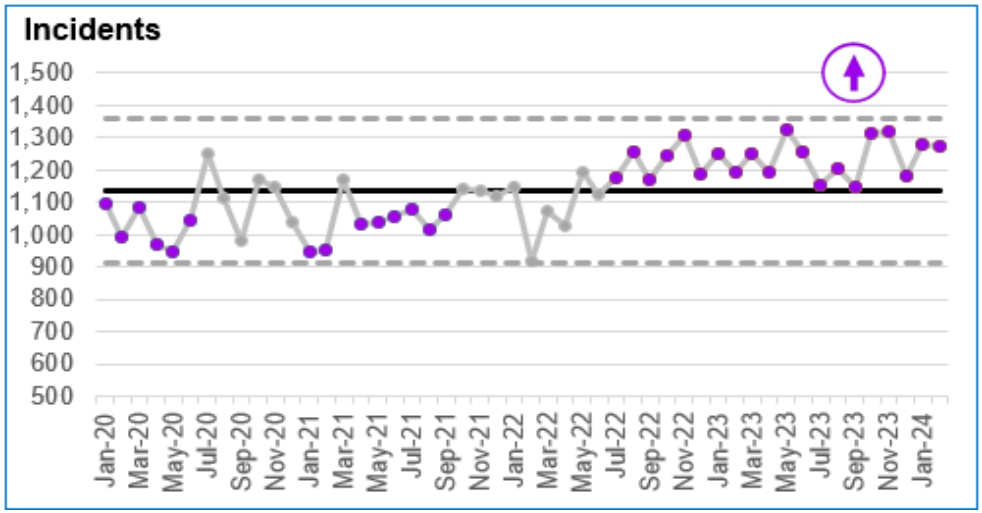
31 moderate harm incidents:

17 Pressure ulcer category 3 incidents across Barnsley neighbourhood teams
6 Self harm (actual harm) - (2x Nostell Ward, Ward 18, Bronte Ward, Clark Ward, Intensive Home Based Treatment Team / Crisis Team - Calderdale)
2 Tissue viability other - (across Barnsley neighbourhood teams)
2 Administration/ supply of medication from a clinical areal (e.g. documentation) - (CAMHS- Calderdale, Intensive Home Based Treatment Team (IHBTT) - Wakefield)
1 Self harm (actual harm) with suicidal intent - (Older Peoples service)
1 Bed Management issues (not including Single Sex accommodation incidents) - (Willow Ward)
1 Unwell/Illness - (Nostell Ward)
1 Diabetic foot ulcer (Neighbourhood Team - Central)

6 Severe harm incidents:

6 Pressure ulcer category 4 incidents across Barnsley neighbourhood teams

Incidents



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

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':

If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

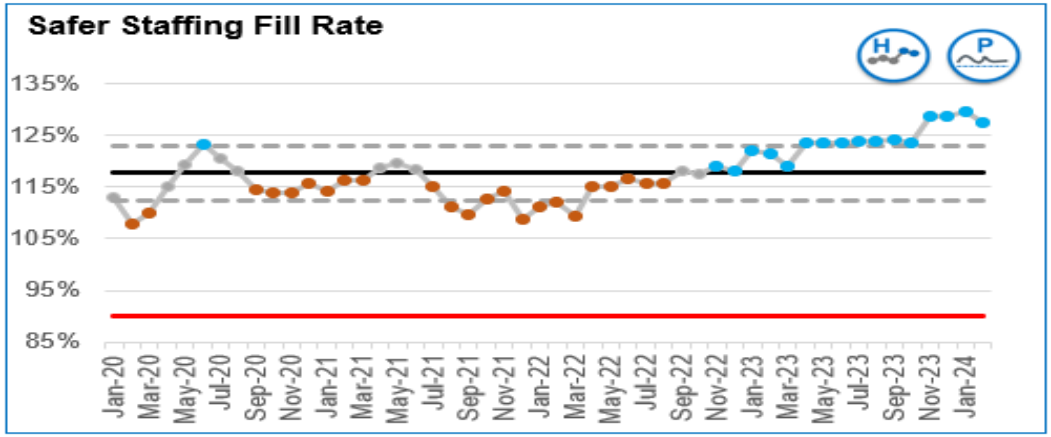
Patient Safety Alerts

Patient safety alerts issued in February 2024

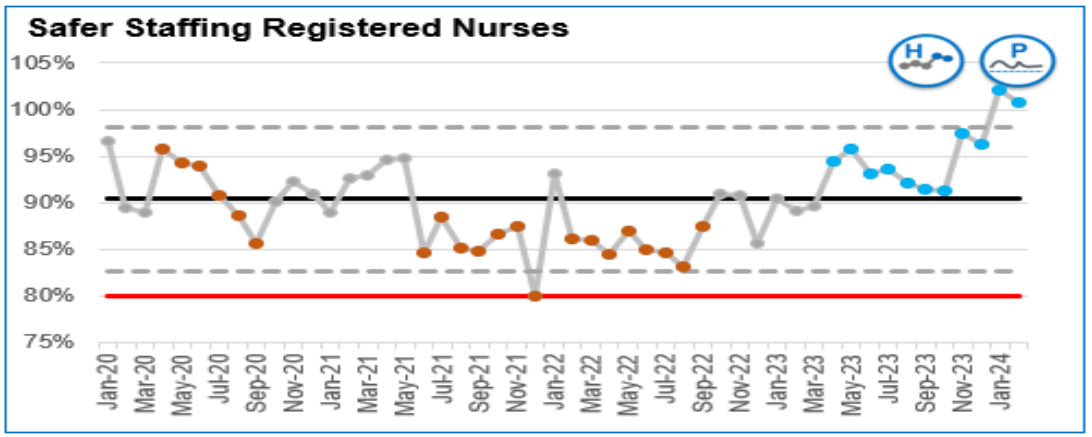
Patient Safety alerts not completed by deadline of February 2024 - zero.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2024/003/DHSC.MVA	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials	26/02/2024	Yes - circulated for information	08/03/2024	07/03/2024

Safer Staffing Inpatients



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



The chart above shows that in February 2024, due to the continued increase in the registered nurses fill rate, we remain in a period of special cause improving variation.

- There was a further significant decrease in February on demand, mainly due to decreased vacancies and less annual leave being taken by substantive staff, of the flexible staffing pool with a total of 435 less shift requests with the overall fill rate remaining high.
- All figures indicate a slight decrease in overall demand to deal with acuity given the reduction in requests correlating with the reduction in fill rates and we will closely monitor this trend.
- All international educated nurses have been assigned.
- The centralised assessment centres have also been stopped to allow for more targeted recruitment and the last successful band 2 and band 5 candidates will be placed shortly.
- Having looked at the staff bank resource, we are targeting support in the community, both adult and mental health, to increase the bank resource in these areas.
- The safer staffing meeting is being reconfigured to increase attendance and improve outcomes to be more supportive of the operational colleagues.
- The collaborative bank launch and enrolment is ongoing with issues around training and smart cards being resolved in our working groups.
- SafeCare lessons within Calderdale are being supported and solutions being supported.
- The roll out of the health roster system is ongoing at a slower than expected pace due to several operational issues that we are currently looking at.
- The overall fill rate has reduced by 2% to 127.6% however the day fill rate for registered nurses continues to improve. This has meant that 13 wards (a decrease of three) have fallen below the 90% registered nurse day fill rate with six wards below 80%, two less than the previous month.
- In February one ward fell below the 90% overall fill rate threshold, this was Enfield Down in Kirklees with 89.1%

Safer Staffing Inpatients cont…

Registered Nurses Days
Overall registered Day fill rates have increased by 1.1% to 92.7% in February compared with the previous month.

Registered Nurses Nights
Overall registered Night fill rates have decreased by 3.9% in February to 108.9% compared with the previous month.

Overall Registered Rate: 100.8% (decreased by 1.4% on the previous month)
Overall Fill Rate: 127.6% (decreased by 2.0% on the previous month)

Fill Rate	Dec-23	Jan-24	Feb-24
Adults and Older People	136%	136%	136%
Barnsley Integrated Services	104%	111%	110%
Forensic and LD	120%	122%	117%
Grand total	**129%**	**130%**	**128%**

Registered day rate	Dec-23	Jan-24	Feb-24
Adults and Older People	86%	89%	91%
Barnsley Integrated Services	96%	103%	105%
Forensic and LD	85%	94%	93%
Overall shift fill rate	**86%**	**92%**	**93%**

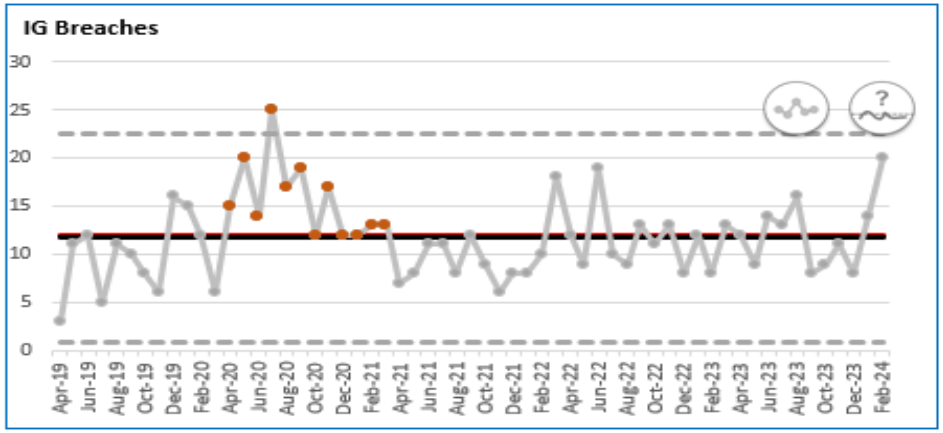
Registered night rate	Dec-23	Jan-24	Feb-24
Adults and Older People	104%	113%	108%
Barnsley Integrated Services	82%	90%	80%
Forensic and LD	113%	116%	114%
Overall shift fill rate	**106%**	**113%**	**109%**

- Bank staff filled 62.61% (increased by 2.29% on the previous month) of RN requests for flexible staffing and 86.22% (increased by 4.05% on the previous month) of healthcare assistant requests.
- Agency staff filled 13.29% (a decrease of 4.69% on the previous month) of RN requests for flexible staffing and 10.33% (a decrease of 3.56% on the previous month) of healthcare assistant requests.
- Health care assistants showed a decrease in the day fill rate for February of 2.6% to 152.4% and the night fill rate decreased by 4.95% to 150.35%.

Information Governance (IG)

There were 20 information governance personal data breaches during February which is the highest so far during the current financial year. All were caused by human error, twelve incidents related to the Mental Health care group and the data protection officer is undertaking a specific piece of improvement work. An urgent communications campaign is in progress, and items will be issued via the intranet, the Headlines and the Brief. The appropriate Quality & Governance Leads have also been advised, and the Information Governance team will work with them to ensure improvements are made. As yet we can't directly link the incidents to the reduction in training compliance, which is within our normal seasonal variation.

This SPC chart shows that as at February 2024 we remain in a period of common cause variation, though we are above the threshold with 20 data breaches.



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

- Failure to bcc parties on email so addresses are shared widely,
- Letters sent to the wrong address due to incorrect recording or erroneously addressing letters/ envelopes,
- Other individuals' data included in envelopes,
- Emails/ texts sent to wrong recipients.
- Data shared with party who service user had not given consent for,
- Staff member sharing information about a service user with another service user.

Other incidents were reported for the following reasons:

- Information added to incorrect record and later used to generate a letter to a school,
- Paperwork left in a public area.

Appropriate remedial action and, where applicable, duty of candour have been undertaken in respect of all reported breaches. No complaints have been received in respect of these to date. No incidents were reported to the Information Commissioner's Office (ICO) and the Trust has not been informed of any complaints to the ICO.

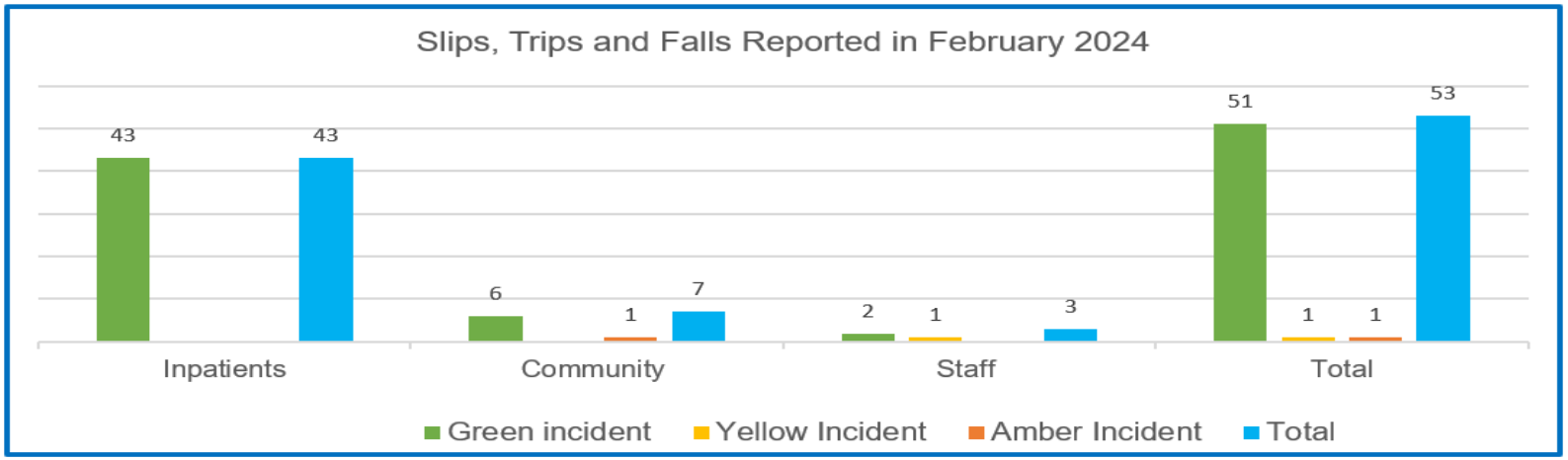
Commissioning for Quality and Innovation (CQUIN)

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 was undertaken at the end of February and full achievement of the applicable indicators for the quarter is anticipated. Some risk has been associated with full achievement of the following metrics: staff flu vaccinations and outcome monitoring in adults and older people and children and young people and community perinatal mental health services - actions plans are in place to mitigate this as far as possible and performance will continue to be reviewed via the CQUIN leads group - performance is not assessed for these metrics until quarter 4.

Trustwide Falls

• In February 2024 there were 53 Datix reported slips, trips and falls. Below is a breakdown of falls and where they occurred in the community, inpatients, or staff group.
• The current rate of falls is 3.74 per 1000 bed days. We remain within the National average of 3 - 5 falls per 1000 bed days.

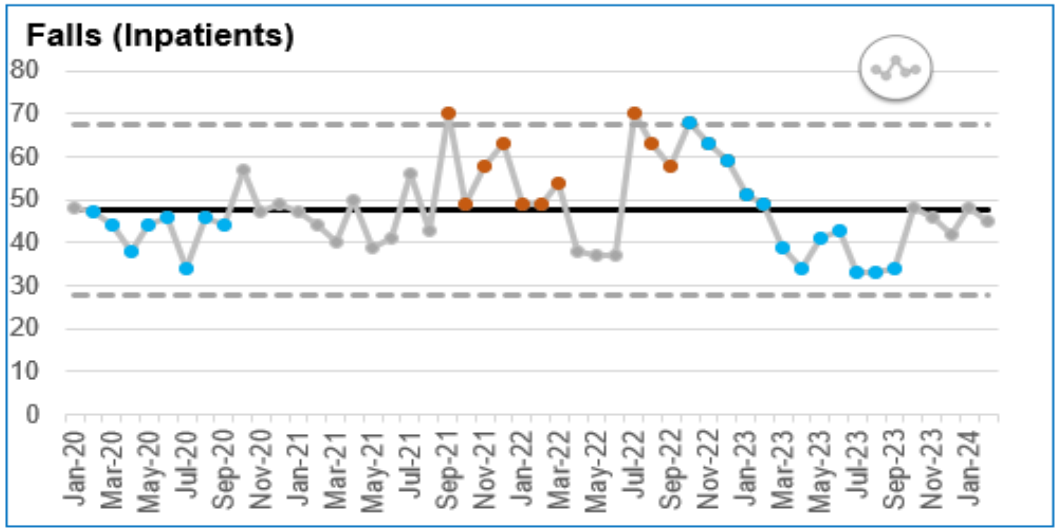


Incident Grading
Amber: 1 (2%) reported incident, patient had a fall at home
Yellow: 1 (2%) reported incident, for a member of staff
Green: 51 (96%) reported incidents had low or no harm recorded

Falls by location
• 25 falls (54%) have been reported within bedroom areas, this remains consistent with previous months. A 'Focus on Falls' staff education newsletter has been produced highlighting bedroom falls and recommendations for falls reduction.
• A meeting is being arranged with key inpatient staff to review, and benchmark interventions and quality improvement activity.

Falls (Inpatient)

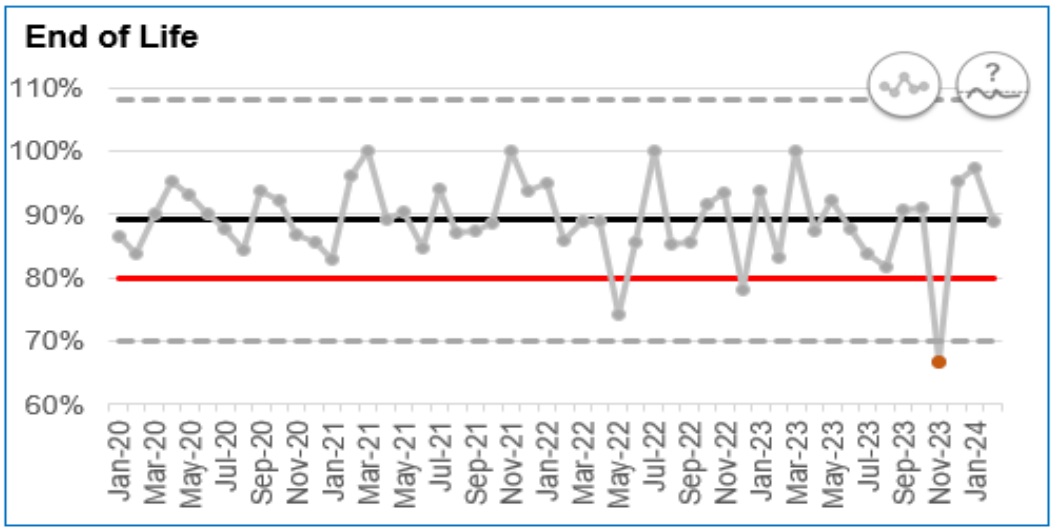
• The total number of inpatient falls was 45 in February.
• 15 inpatient falls occurred for people under the age of 65 years, there has been 2 younger people having repeated falls.
• 28 inpatient falls occurred for older adults.



The SPC chart above shows that in February 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 88.9% in February. 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 February 2024 the performance against this metric remains in common cause concerning variation (no concern). As the mean performance for this measure is high (90%), the upper control limit (based on the average of the moving range) shows as above 100%.

Patient Experience

Friends and family test (FFT) shows

- 97% would recommend community services
- 92% would recommend mental health services

	Target	December	January	February
Mental health community	85%	96%	90%	94%
Mental health inpatient	85%	97%	87%	89%
Learning Disabilities	85%	100%	100%	100%
ASD/ ADHD	85%	67%	60%	67%
CAMHS	75%	89%	90%	86%
Forensic	60%	75%	100%	67%
Mental health overall	84%*	**94%**	**89%**	**92%**
Barnsley Gen ops	95%	**98%**	**97%**	**97%**
Trustwide	**85%**	**96%**	**93%**	**94%**

** weighted for 2023/24*

- Satisfaction across all service lines has increased except for Child and Adolescent Mental Health Services (CAMHS) and Forensics, but they remain above target.
- Satisfaction in Barnsley physical health (Barnsley Gen ops) has remined the same.
- 48/72 FFT responses received for mental health inpatients were completed as part of the larger patient experience survey.
- The backlog of FFT cards will be completed by the end of March

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

Safeguarding

Safeguarding Adults:
In February 2024, there were 43 Datix categorised as safeguarding adults. Nineteen of these were graded as green, 21 were graded as yellow, three were amber and there were no red Datix. The most common subcategories were neglect concerns, emotional/psychological abuse, self neglect and physical abuse.

In addition to the Safeguarding Adults Datix, there were 18 regarding sexual safety of which there were two graded amber, 11 graded green and five graded yellow. The amber incidents involved a fact find where there was no evidence to suggest that the allegation was substantiated. The second amber incident was in relation to a community incident (not related to care and treatment the individual was receiving). In all cases reviewed appropriate actions were taken, including Police, local authority safeguarding referrals and support from specialist services where required.

Safeguarding Children:
In February 2024 there were 12 Datix categorised as safeguarding children; seven of these were graded as low risk, four were graded as moderate risk and one was graded as high risk. The most common subcategory of these Datix was physical abuse. In all of the Datix submitted, SWYPFT safeguarding advice was sought as appropriate.

The Datix that was categorised as high risk was submitted by a practitioner working with an adult service. The police and children social care were informed, and appropriate safety plan was put in place.

Complaints

- Acknowledgement and receipt of the complaint within three working days – 7/7 (100% of formal complaints)
- Number of responses provided within six months of the date a complaint received – 10/16 (63%)
- 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 – 21/02/2024
- There were 7 new formal complaints in February 2024
- 8 compliments were received.
- 16 formal complaints were closed in February 2024.
- Number of concerns (informal issues) raised and closed in February 2024 – 43
- Number of enquiries responded to in February 2024 - 73
- Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date and how many upheld = 2

Infection Prevention Control (IPC)

Mandatory training: figures for Hand hygiene and, Infection, prevention and control remain healthy and above Trust 80% threshold.

Outbreaks
- One Covid-19 outbreak on inpatient ward
- Three inpatient areas monitored for increase in prevalence of Covid-19
- One diarrhoea and vomiting, no causative organism outbreak on inpatient ward
- 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 comms, 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.

There has been a national increase in respiratory viruses.

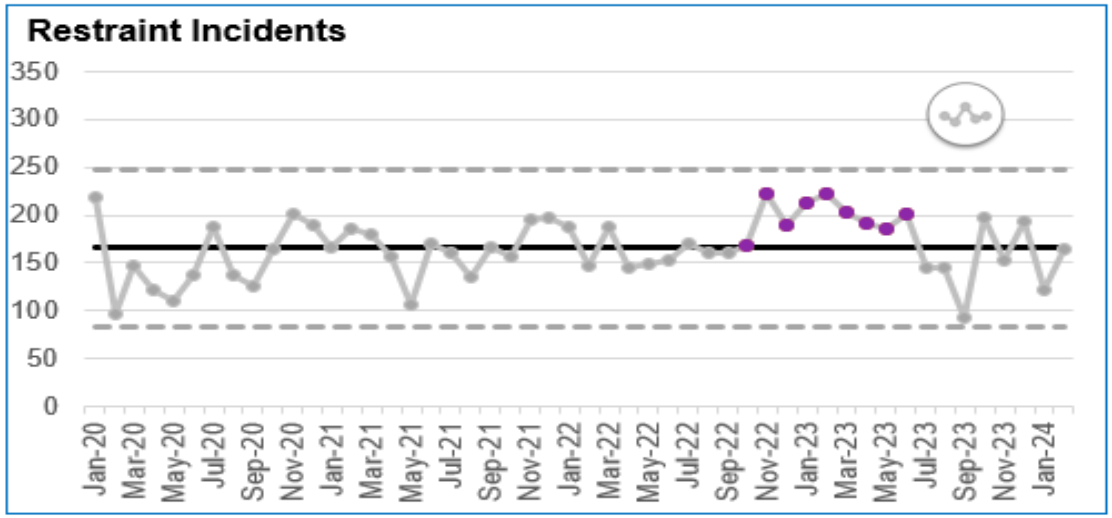
Reducing Restrictive Physical Intervention (RRPI)

• There was an increase in the number of physical restraints in February 2024 from the previous month. However this remains under the mean average of 180 incidents. The increases were seen across four wards due to due to increase in acuity in presentation of service users. Despite the increase in physical restraint, data reflects that when proactive and preventative interventions have not been successful least restrictive restraint positions and holds were most used.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	92	36.5%
Seated	57	22.6%
Safety Pod	33	13.1%
Supine - held on their back, regardless of surface	26	10.3%
Restricted escort	11	4.4%
Side	11	4.4%
Prone descent then immediately rolled to other position side/back	11	4.4%
Prone descent then remained in chest down position	6	2.4%
Kneeling	5	2.0%

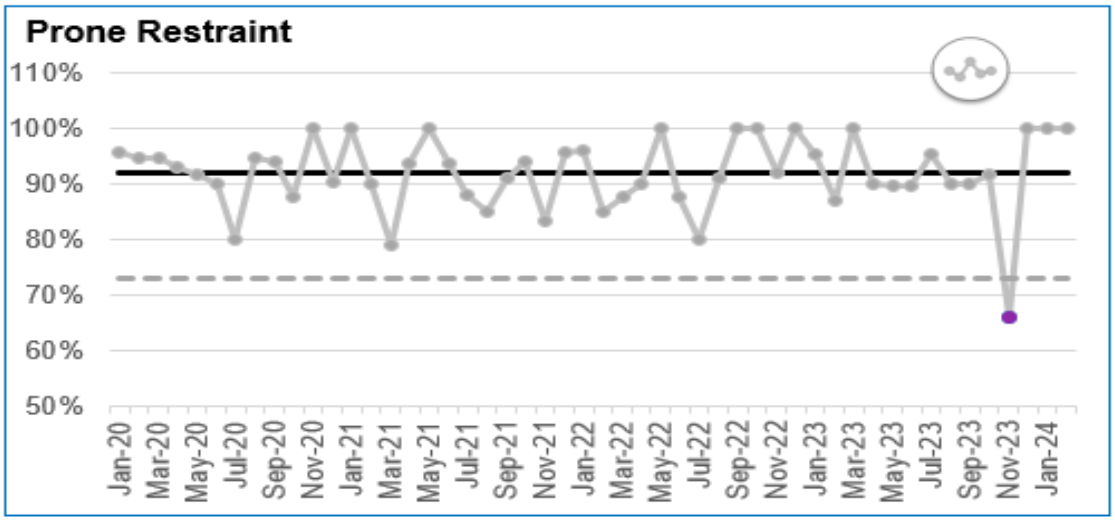
Team Using Prone Restraint February 2024	Total
Appleton, Newton Lodge, Forensic	2
Stanley Ward, Wakefield	2
Walton PICU	1
Clarke, Barnsley	1
Elmdale Ward	1
Nostell Ward	1
136 Unity Centre	1

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that in February 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.



The circumstances where prone is used will be influenced by the level of concern during the incident. Improvement work is underway with regards to minimising prone restraint during seclusion exit or when administering intra-muscular medication. Use of prone restraint continues to be below the year average of 21, and from now on all incidents of prone restraint will be reviewed for learning in the Patient Safety Oversight Group.

People - Performance Wall

Trust Performance Wall

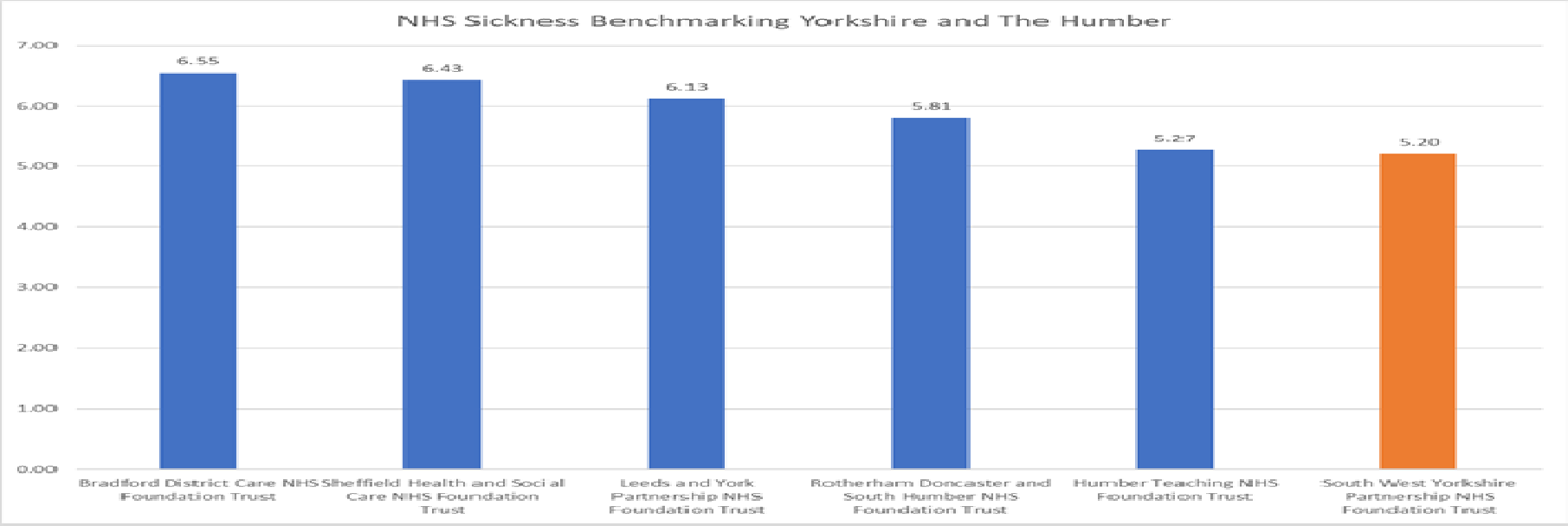
	Objective	CQC Domain	Threshold	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Establishment	Improving Resources	Well Led	-	5,157.4	5,174.0	5,193.8	5,196.6	5204.8	5321.0	5323.3	5329.5	5341.4	5412.1	5415.1
Contracted Staff In Post (Ledger)			-	4,338.5	4,352.0	4,375.4	4,400.5	4,432.7	4453.2	4425.9	4442.5	4471.3	4535.6	4574.5
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4	887.0	870.1	876.6	840.6
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%	11.2%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4	61.6	42.8	91.4	49.8
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8	31.9	27.6	30.3	32.8
International Nurse Starters in Month			-	0	0	0	0	9	10	10	10	5	5	0
% Bank Fill Rates - Registered Nurses			-	Reporting commenced August 23				47.8%	49.6%	52.0%	59.1%	52.3%	60.3%	62.6%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%	80.3%	80.8%	82.2%	86.2%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)								90.9%	90.3%	90.6%	93.4%	91.6%	92.2%	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%)	220 - All staff (16.2%) 92 - excl medics (7.9%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-					931 (69.8%)	942 (69.3%)	962 (69.5%)	963 (69.7%)	946 (69.8%)	947 (69.8%)	952 (69.9%)
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%	5.0%
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%	4.8%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2	0	1	1	0
Appraisals - rolling 12 months			May >=78% Overall >=90%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%	69.7%	73.1%	74.3%	79.6%	82.9%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4	2	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%	91.8%
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%	74.0%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	79.2%	81.3%	81.0%	79.9%	80.0%	79.7%	78.5%	77.0%	77.5%	76.1%
Mandatory Training - Clinical Risk				95.6%	95.4%	95.4%	95.2%	94.8%	94.0%	92.6%	91.3%	91.0%	90.6%	91.8%
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%	96.1%
Mandatory Training - Equality & Diversity				96.0%	96.2%	96.2%	96.0%	95.9%	96.1%	95.4%	94.9%	94.9%	95.1%	95.3%
Mandatory Training - Fire Safety				90.2%	91.2%	92.8%	92.0%	91.4%	91.2%	91.0%	90.6%	90.8%	90.5%	89.6%
Mandatory Training - Food Safety				78.0%	83.4%	86.4%	87.8%	89.4%	89.3%	88.1%	89.0%	89.4%	90.0%	90.4%
Mandatory Training - Freedom To Speak Up (FTSU)				93.2%	93.7%	94.0%	94.3%	94.7%	94.9%	95.0%	94.9%	95.0%	95.2%	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%	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%	91.8%
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%	97.5%
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%	93.6%
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%	99.2%
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%	89.6%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism			10%	Reporting commenced February 2024										66.6%
Mandatory Training - Prevent			>=80%	95.4%	95.5%	92.1%	94.1%	94.2%	91.7%	93.7%	92.1%	92.3%	92.9%	91.9%
Mandatory Training - Safeguarding Adults				90.0%	89.7%	89.3%	89.5%	89.7%	93.9%	90.7%	89.6%	89.4%	88.4%	88.3%
Mandatory Training - Safeguarding Children				90.0%	90.7%	91.1%	91.2%	91.7%	89.7%	95.1%	94.4%	94.0%	92.9%	93.6%

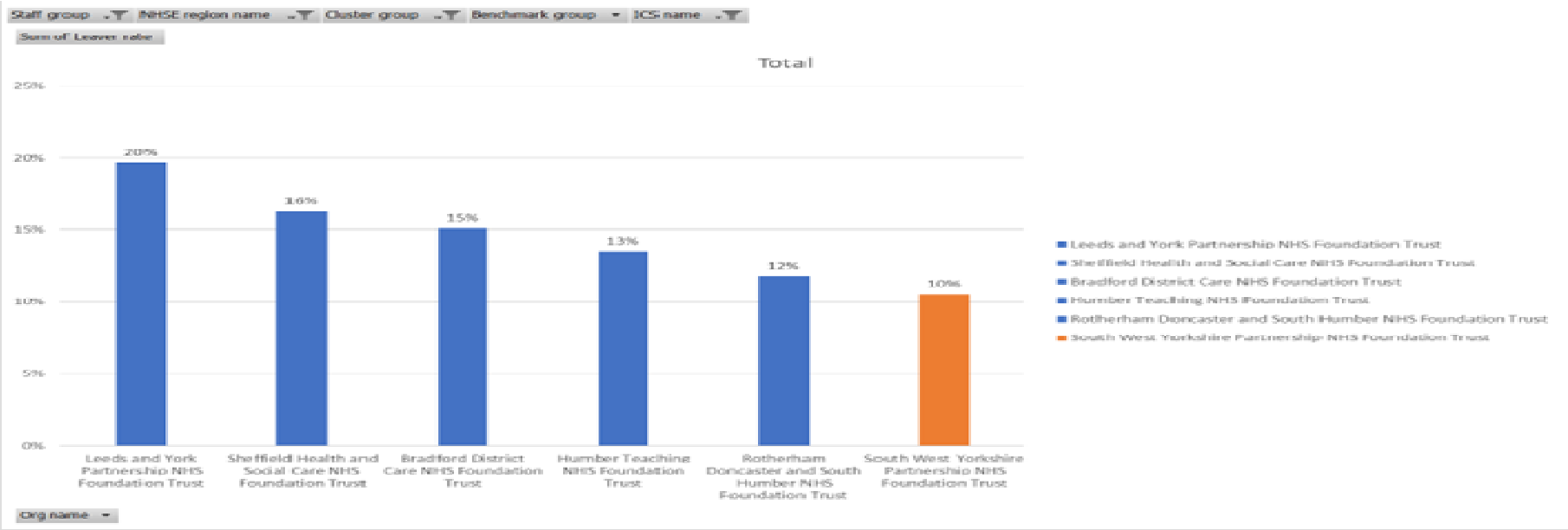
Notes:

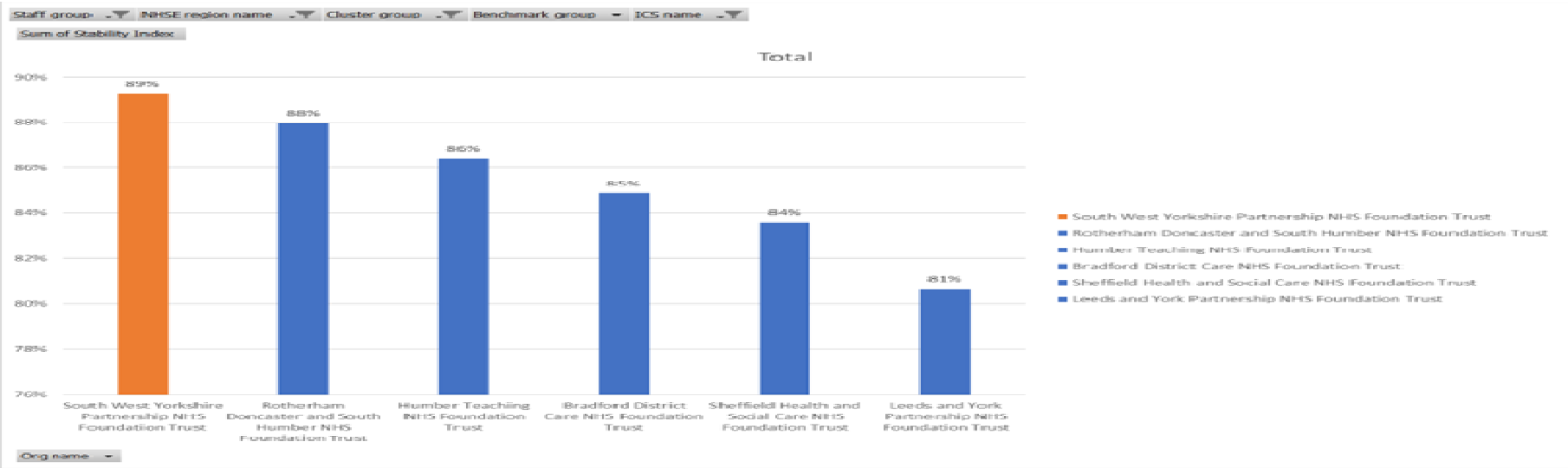
- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not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

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.
• The staff in post has increased again this month. Although the number of people joining the Trust has dropped this month (49.8 WTE) this still outnumbered leavers (32.8 WTE).
• Since April 2023 each month has consistently seen more new starters join the Trust compared with the number of employees who have left. Year to date, we have had 654.4 new starters and 423.0 leavers.
• As of February 24, our Trust growth rate has grown further to 7.0% (staff in post). This is already exceeding our initial annual forecasted growth rate of 4%.
• Overall, our 12 month turnover rate in January has dropped slightly again this month to 11.2% which is a reflection of the low number of leavers and increase in new starters.
• In February 24 our stability has reached 90.1%. This is a great achievement as it shows our staff are keen to stay within SWYFT. This is the first time the stability rate has been above 90%.
• For the fourth consecutive month we have seen a steady decrease in our vacancies taking us to a vacancy rate of 15.5% (in October 23 this was 16.9%).
• We have recruited a total of 86 International Nurses since April 23. Cohorts in December and January have been reduced (5 per month) and future international nurse recruitment 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).




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


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

Keep fit and Well

Absence

• Sickness absence year to date in February has now reduced to 5.0% which is above local threshold. However this is the lowest sickness rate since April '23.

• The Estates and Facilities sickness rate continues to rise, which is now at 8.6%. 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.

• 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).

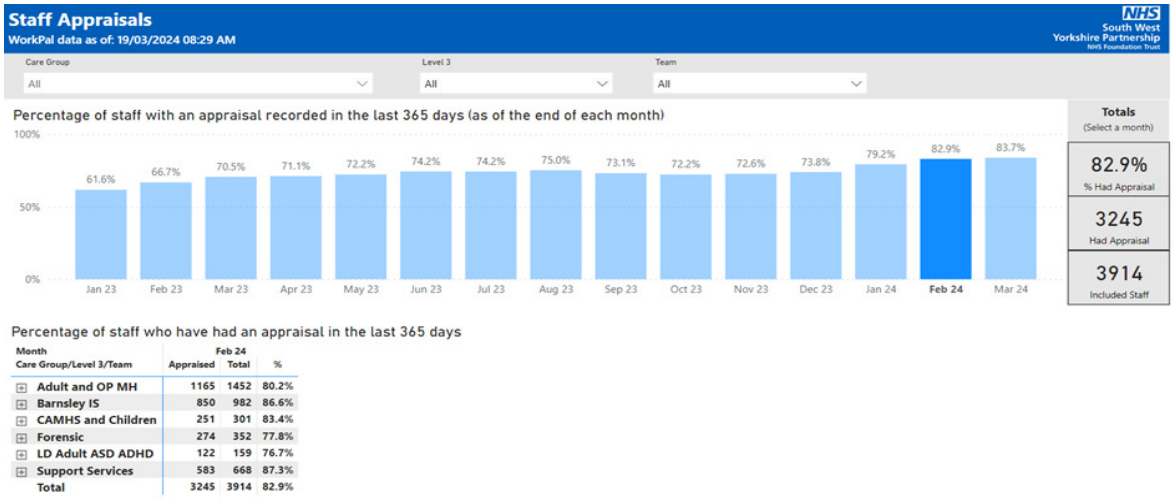
Supportive Teams

Appraisals

• 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 operational management group, with a full explanation of how the data is populated into the report. This was well received and has allowed the operational team to have confidence in the information available.

• We have increased our rolling appraisal compliance rate again in February 24, which saw an increase, from 79.6% to 82.9%. This is the first month the compliance of 80% has been reached.



Training

• Although our overall mandatory training compliance remains static since last month at 91.8% we have seen a drop in some areas.

• Reducing restrictive physical interventions (RRPI) has dropped again this month to 74.0% however 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

• Information Governance (IG) training compliance has also dropped from 92.7% to 91.8%. This is the fourth consecutive month where IG has been below target. Although cardio pulmonary resuscitation continues to be below target, this has increased since last month to 76.1%.

• A new indicator has been included this month for performance against the Oliver McGowan Mandatory Training on Learning Disability and Autism. This is a legal requirement for training on learning disability and autism for CQC regulated service providers, which came into effect from 1 July 2022. The Trust has been following a phased approach in line with the national plan. The Oliver McGowan training was available via e-learning from August 2022 and was attached to all staff as mandatory training requirement from December 2023 and appears in all staffs mandatory training compliance reports. Trust performance against the e-learning module is exceeding the national 10% threshold as at the end of February. Plans are in place to continue the roll out as it becomes available.

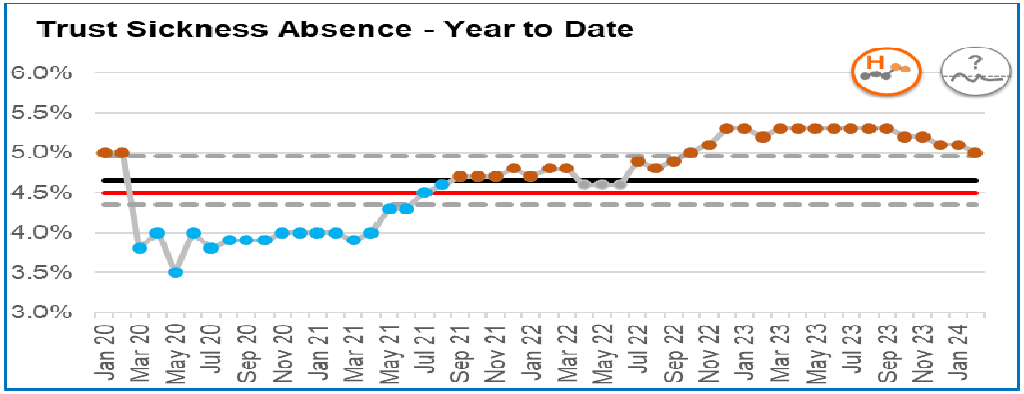
Staff Survey

• The total response rate for the 2023 NHS staff survey is 51%. This is a 1% increase from last year.

• The Trust has improved in many areas this year. Some examples of these are below:
  • 70% of our employees think the Trust is a great place to work in 2023. This is a 5% improvement from last year (65%)
  • We have also seen a decrease in the amount of bullying and harassment within the Trust. This has dropped to 6% (last year 7%)
  • Our staff feel safer in their workplace with a reduction in violence and aggression. This is now at 13% (Last year 15%)

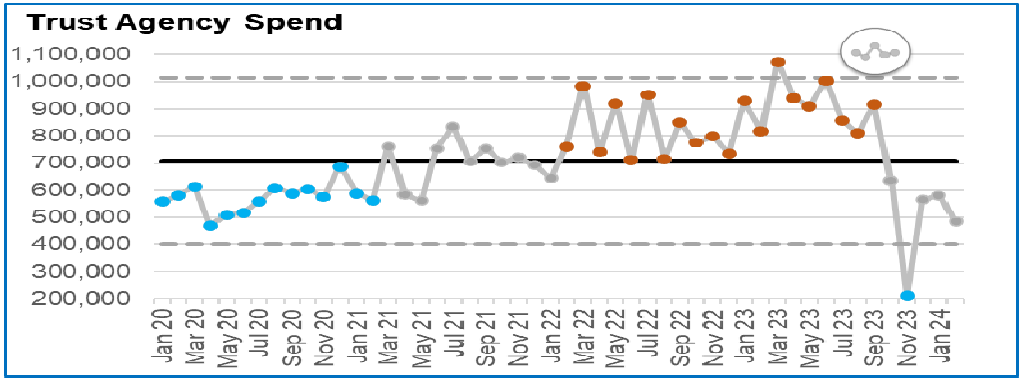
• Further analysis is currently underway between the People Experience team and the People Performance team to further examine the output of the staff survey results, it is also in the plan to share this with operational teams to see where improvements can be made or achievements can be celebrated and learnings can be applied.

Statistical process control charts



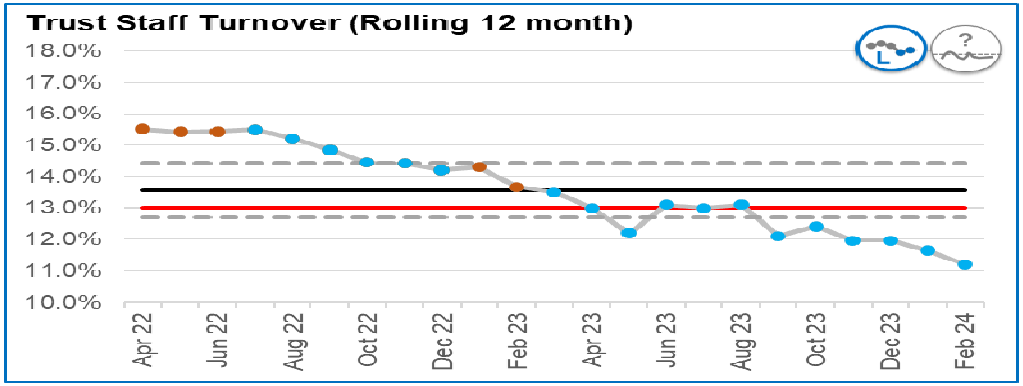
The SPC chart shows that in February 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

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



The SPC chart shows that in February 2024, as anticipated after the VAT savings incorporated in November 2023, we remain a period of common cause variation (no concern).

Please see finance appendix for further detail on agency spend.



The SPC chart shows that in February 2024, we remain 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 : 22/03/2024 13:06:06

NHS South West Yorkshire Partnership NHS Foundation Trust

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

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

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more		0	P		0	0	0	0	0	0	0	0	0	0	0	0
M2	Inappropriate out of area bed days		0	F	L	480	434	545	435	589	400	187	66	75	85	104	74
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		74.4%	87.1%	87.8%	88.6%	90.3%	93.1%	70%	81.8%	83.8%	83.3%	81.1%	87.0%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		53.8%	52.5%	53.4%	53.2%	50.4%	51.5%	51.6%	52.7%	51.6%	54.6%	50.3%	53.9%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	97.5%	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%	100%	99.7%	99.8%	99.9%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	?	L	79.8%	59.7%	53.6%	83.1%	67.1%	64.4%	74.9%	74.2%	63.0%	64.4%	56.0%	69.0%
M7	72 hour follow-up from psychiatric in-patient care		80%	?		87.2%	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%	89.0%	91.2%	88.7%	91%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		43	15	11	29	9	18	8	2	9	23	30	28
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		2	3	1	1	1	2	2	1	1	1	1	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.1%	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%	99.0%	98.8%	98.6%	98.8%	98.7%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.8%	99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%	99.8%	99.8%	100%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		87.5%	50%	80%	100%	70%	66.7%	100%	100%	100%	75%	100%	66.7%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	95.8%	77.8%	95.8%	100%	92%	91.3%	96.6%	91.7%	93.5%	88.6%	97.1%	97.1%
M15	Data Quality Maturity Index		95%	P	H	98.2%	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%	99.5%	99.5%	99.5%	99.4%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1532	1306	1603	1578	1470	1403	1477	1745	1713	1315	1621	1416
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		98.9%	98.9%	98.4%	99.0%	99.2%	99.7%	99.0%	99.1%	99.4%	99.2%	99.7%	99.4%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H	31	23	33	26	37	38	34	35	38	25	48	50
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					81	51	67	53	64	61	70	68	45	38	82	61
M30	Number of detentions under the Mental Health Act (MHA)					86	93	101	93	101	100	97	97	86	98	92	81
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority					20.9%	20.4%	17.8%	12.9%	24.8%	19%	23.7%	23.7%	19.8%	18.4%	18.5%	19.8%

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Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%	?		98.0%	97.7%	97.7%	98.0%	98.5%	98.5%	97.2%	97.8%	98.2%	97.7%	97.7%	97.0%
M34	% Clients in settled accommodation	⚠	60%	P	L	84.6%	84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%	85%	84.5%	84.6%	84.2%
M35	% Clients in employment	⚠	10%	P	H	11.2%	11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%	12.3%	12.6%	13.2%	13.0%
M41	Completion of a valid NHS number		99%	P	L	100%	100%	100.0%	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%	P	L	99.4%	99.4%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%	99.4%	99.4%	96.9%
M43	Community health services two hour urgent response standard		70%	P		83.7%	87.3%	86.6%	86.1%	88.0%	89.5%	88.6%	88.1%	87.4%	85.3%	86.3%	87.8%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500				1523	1719	2335	1509	1667	1656	1726	1844	1303	1700	1559
M45	The number of incomplete Referral to Treatment (RTT) pathways		2100														2216
			2200													2285	
			2300										2009	2289	2019		
			2400							1782	1982	2168					
			2500				1933	1835	1592								
M46	Count of 2-hour urgent community response first care contacts delivered				↗	761	826	953	910	935	1019	1003	929	862	929	1102	1005
M47	Virtual ward occupancy		80%				82.9%	44.3%	92.9%	51.4%	57.1%	60%	57.5%	78.8%	64.3%	81.4%	95.7%
M48	Community services waiting list		5198													4767	5068
			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						3943	3957	3956	3947	3931	3911	3907	3901	3876	3859	3842
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	11169	11235	11059	11140	11070
M171	% Admissions gate kept by crisis resolution teams		95%	P		98.2%	100%	99%	100%	96.6%	100%	99.1%	100%	97.9%	100%	98.1%	98.8%

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

• The percentage of service users waiting less than 18 weeks from point of referral to treatment remains above the target threshold at 99.9%

• 72 hour follow up remains above the threshold at 91%.

• The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold at 69% in February however this has improved from 56.5% in January. This has now entered a period of special cause concerning variation (please see SPC chart). The care group escalated a concern regarding access in paediatric audiology when performance for diagnostic appointments first started to fall at the start of the year. An improvement plan was initiated. More recently, the care group reported a concern with reaching the agreed trajectory to full performance by October 2023. This relates to staffing capacity, which is an issue shared across South Yorkshire providers, and to increased numbers of children 'not brought' to assessments where the assessment cannot be rebooked within 6 weeks. Not all appointments are for diagnosis. Overall the average waiting time for an appointment in audiology is 4.2 weeks so if parents need support and advice for their child a general appointment can be arranged.

• The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week has seen a slight decrease in performance in February to 66.7% though low number do impact these figures. The routine access to treatment measure has dipped under the 95% threshold at 91.9%. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.

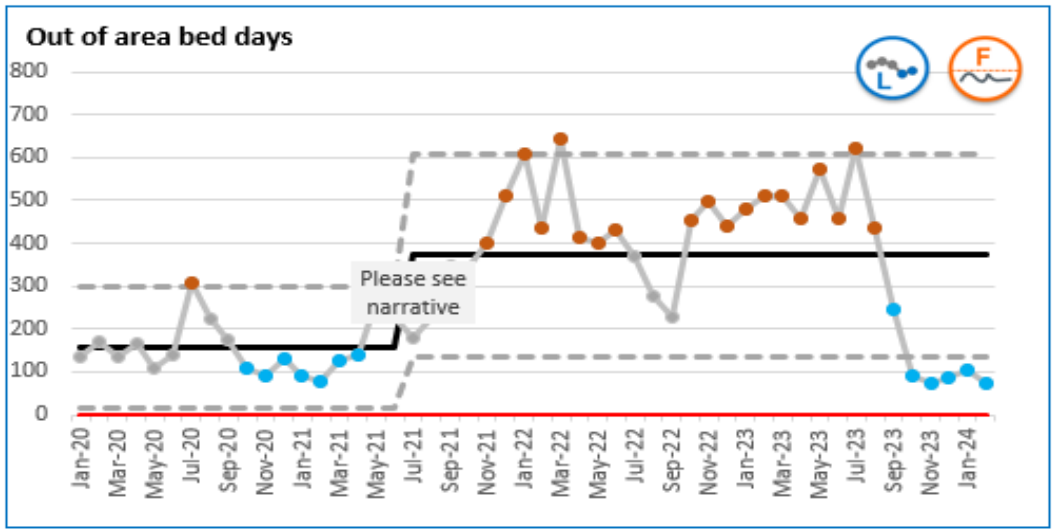
• During February, there was one service user aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 28 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and 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 53.9% for February. 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 February. This metric remains in a period of special cause improving variation due to continued (more than 6 months) performance above the mean. Fluctuations in the performance mean that achievement of the threshold cannot be estimated.



The SPC chart shows that there has been a marginal decrease in the number of inappropriate out of area bed days in February 2024 and 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.

The process limits were recalculated in June 2021 due to a conscious increase in out of area bed usage which in turn was due to staffing pressures across the wards, increased acuity, Covid-19 outbreaks and challenges to discharging people in a timely way.

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

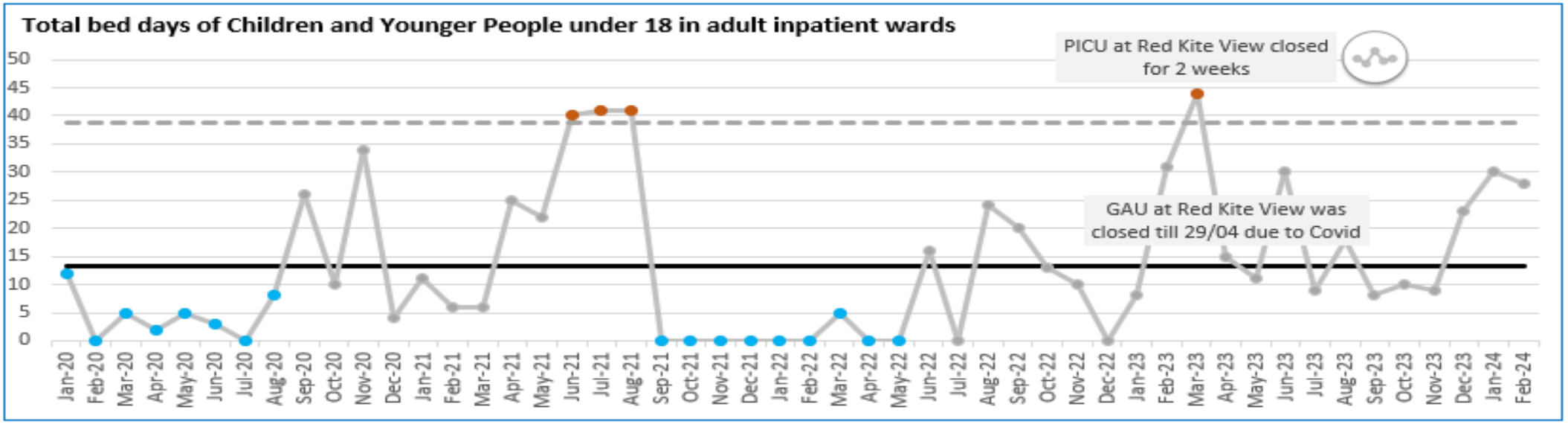
Summary	Actions	Assurance
The Trust remains in a period of special cause improving variation following a significant decrease in the number of bed days used.	The culmination of the work of the improvement programme which has focussed on: - Addressing barriers to discharge and reducing delays for people who are clinically ready for discharge - Effective coordination out of area care to ensure people are repatriated. - Addressing workforce issues to improve the care and treatment offer. Improving community treatment options as alternative to inpatient care are now being realised and further improvement and sustainability of the reduced figure is expected.	The improvement programme reports through the assurance framework to Board. Out of area placements are reported to EMT against the trajectory. System wide work streams report through the ICS.

Data quality:
An additional column has been added to the national metrics 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 February the following data quality issue has been identified in the reporting:

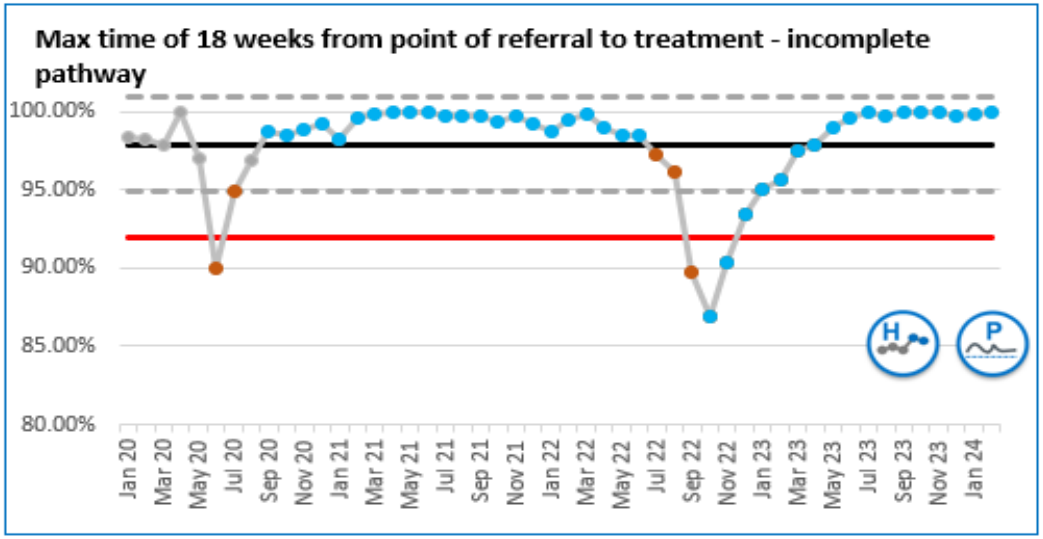
- The reporting for employment and accommodation shows 17.5% of records have missing employment and/or accommodation status with a further 1.1% that have an unknown employment status and 1.0% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

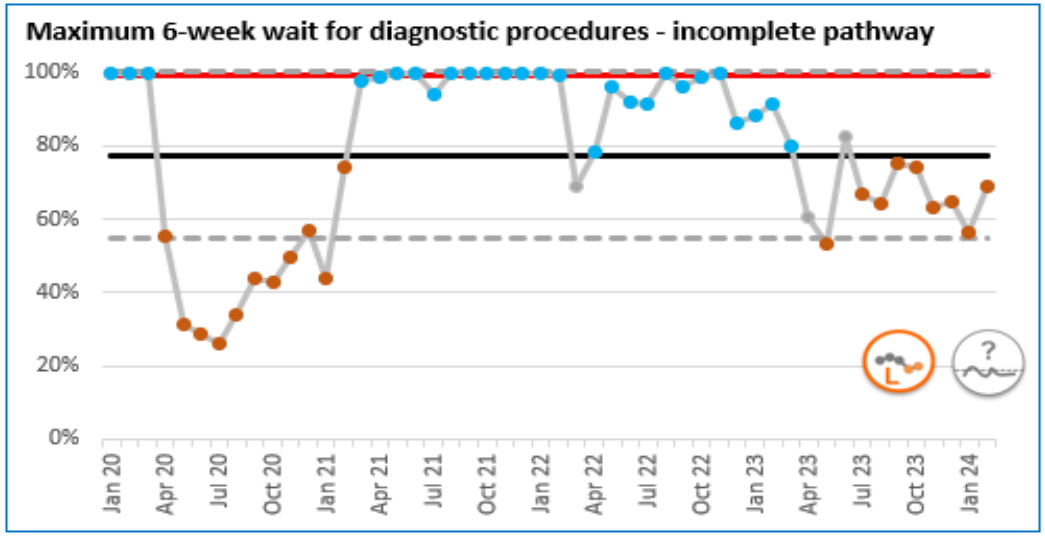
Analysis



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

Analysis

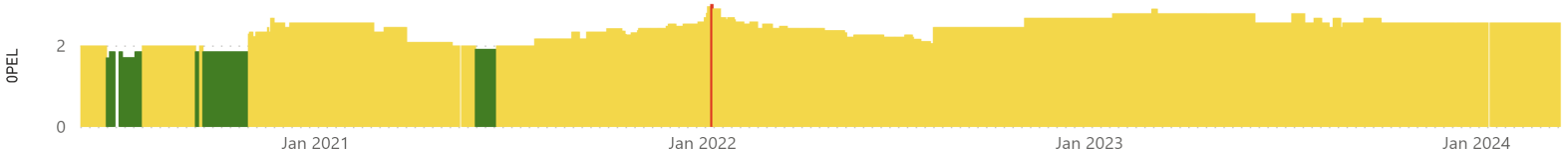




The SPC charts above show that in February 2024 we remain in a period of special cause improving variation (something is happening and this should be investigated) for clients waiting a maximum of 18 weeks from referral to treatment and we are estimated to achieve the target against this metric. As we have seen a continued and sustained achievement of the target and indeed over 10 months over the mean, a recalculation of the process limits should be considered. 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

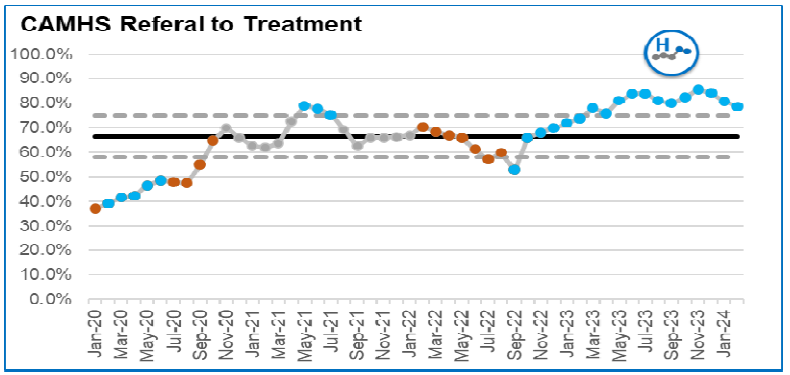
Key
Level 1
Level 2
Level 3
Level 4

Child and adolescent mental health services (CAMHS)

Headlines
Neurodevelopment waits remain a concern particularly in Kirklees particularly as the additional capacity ends in March 2024.
Access to specialist provision for inpatient care is challenging. This has been escalated within the provider collaborative

CAMHS

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	76.7%	84.1%	84.6%	
% Complaints with staff attitude as an issue	< 20%	0% 0/1	0% 0/4	0% 0/1	
% of staff receiving supervision within policy guidance	80%	76.6%	74.3%	73.6%	
CAMHS - Crisis Response 4 hours	N/A	100.0%	98.3%	95.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.7%	74.0%	75.2%	
Eating Disorder - Routine clock stops	95%	88.2%	97.1%	97.3%	
Eating Disorder - Urgent/Emergency clock stops	95%	75.0%	100.0%	66.7%	
Information Governance training compliance	>=95%	93.2%	92.6%	92.6%	
Reducing restrictive physical interventions training compliance	>=80%	67.5%	68.6%	70.6%	
Sickness rate (Monthly)	4.5%	3.6%	4.5%	4.0%	
% rosters locked down in 6 weeks					



As you can see in February 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. Pathway changes have been implemented locally to maximise capacity and consideration of further actions continues.
• Access to specialist provision for inpatient care is limited due to bed closures locally and bed pressures nationally. Local escalation meetings are in place and executive trio to trio escalation meetings have been put in place.

Advise

• The risk that related to the core children's pathways in Kirklees has been mitigated with support from the healthcare commissioner. This is now being managed through the usual contracting routes.
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 decreased slightly in February 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)

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	74.1%	77.2%	79.9%	
% Assessed within 14 days of referral (Routine)	75%	85.1%	80.5%	81.8%	
% Assessed within 4 hours (Crisis)	90%	90.4%	93.4%	99.0%	
% Complaints with staff attitude as an issue	< 20%	37.5% (3/8)	9% (1/11)	0% 0/2	
% of staff receiving supervision within policy guidance	80%	69.3%	67.6%	61.5%	
% service users followed up within 72 hours of discharge from inpatient care	80%	91.2%	87.3%	91.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.5%	97.1%	96.8%	
% Treated within 6 weeks of assessment (routine)	70%	98.9%	96.3%	97.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.0%	77.9%	77.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	71.3%	73.5%	74.7%	
Information Governance training compliance	>=95%	93.7%	91.2%	91.1%	
Reducing restrictive physical interventions training compliance	>=80%	66.1%	70.1%	72.8%	
Sickness rate (Monthly)	4.5%	4.6%	5.0%	5.0%	
% rosters locked down in 6 weeks					

Mental Health Inpatient

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	56.7%	77.7%	89.0%	
% bed occupancy	85%	82.9%	87.1%	87.8%	
% Complaints with staff attitude as an issue	< 20%	17% (1/6)	33% (1/3)	0% 0/2	
% of staff receiving supervision within policy guidance	80%	91.2%	89.8%	90.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.6%	78.9%	76.3%	
% of clients clinically ready for discharge	3.5%	7.6%	5.6%	3.6%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	94.1%	93.4%	90.1%	
Inappropriate Out of Area Bed days	92	85	104	74	
Information Governance training compliance	>=95%	93.0%	89.6%	91.0%	
Physical Violence (Patient on Patient)	Trend Monitor	12	18	22	
Physical Violence (Patient on Staff)	Trend Monitor	52	55	62	
Reducing restrictive physical interventions training compliance	>=80%	82.3%	77.9%	78.3%	
Restraint incidents	Trend Monitor	85	65	***75***	
Safer staffing (Overall)	90%	136.1%	135.7%	135.5%	
Safer staffing (Registered)	80%	92.3%	97.3%	97.1%	
Sickness rate (Monthly)	4.5%	6.3%	6.2%	6.4%	
% 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, creating additional pressures. 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 February 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 performance has fallen again in February which requires specific measures for improvement in addition to current business continuity plans and improvement work. This will include further consideration of systems and processes within the team, workforce modelling, pathways with core and enhanced, 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 February is 55.76% for Kirklees and 50.45% for Barnsley, both achieving the national standard of 50%. The recovery rate has been affected by an increased number of non-recovered patients dropping out of treatment in addition to lower recovery rates of developing Trainee Psychological Wellbeing Practitioners (PWPs). Individual clinician performance is being monitored through supervision with development plans to support and improve performance from Trainee PWPs.
- Intensive Home Based Treatment (IHBT) teams in Calderdale and Kirklees are experiencing additional workforce challenges, however the picture has started to improve with some successful recruitment.
- All areas are focussing on continuing to improve performance for FIRM risk assessments. 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 and bed occupancy. 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, Elmdale have had a number of band 6 vacancies impacting on supervision capacity.
• 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.
• 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 RRPI (Reducing Restrictive Physical Interventions) team and no areas of concern have been identified.
• Work continues towards meeting required concordance levels for Cardiopulmonary Resuscitation (CPR) training and RRPI training - this has been impacted by some issues relating to access to training and levels of did not attends. There are issues with CP 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 remains low 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 6 breaches out of 48 people. Work is underway as part of the Improving Access priority program. Each locality has an action plan and there have been some demonstrable improvements to date and waiting lists will be monitored on a weekly basis. A high proportion of inpatients within the Horizon centre remain clinically ready for discharge and awaiting a suitable placement - work continues with partners to encourage flow.

LD, ADHD & ASD

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	74.7%	77.8%	76.3%	
% Complaints with staff attitude as an issue	< 20%	0% (0/5)	0% (0/2)	100% (1/1)	
% of staff receiving supervision within policy guidance	80%	74.7%	72.3%	74.7%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	56.9%	56.5%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.5%	74.9%	75.8%	
% of clients clinically ready for discharge	3.5%	66.0%	57.8%	50.0%	
Information Governance (IG) training compliance	>=95%	93.3%	94.7%	97.2%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	87.5%	83.8%	87.5%	

LD, ADHD & ASD

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	19	38	30	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.4%	75.6%	76.5%	
Safer staffing (Overall)	90%	156.2%	166.6%	164.2%	
Safer staffing (Registered)	80%	112.3%	123.2%	108.5%	
Sickness rate (Monthly)	4.5%	4.9%	3.1%	2.5%	
Restraint incidents	Trend Monitor	10	27	***32***	
% rosters locked down in 6 weeks					

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

Alert/Action

• Friend & Family Test – ↑ 67%, efforts continue to improve this metric. Service is looking to use chat pads to aim to improve engagement with service users.
• West Yorkshire Integrated Care Board Neurodiversity Project – Work ongoing across West Yorkshire with the further summit being held in February.
• Appraisal 89%↓. It is unusual for the service to dip below 90%. Work is in place to understand and address this. Trust staff transferred into the service without an existing appraisal have also impacted the data.
• ADHD Pathway - Referral rates remain high and waiting lists continue to grow. There are currently over 4000 people waiting for an ADHD assessment. This is a national challenge.
Autism Pathway
• Referral rates remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. There are approximately 20 people currently waiting from these areas and the longest wait for assessment is 16 weeks from referral.
• Calderdale continues to progress the Any Qualified provider Model.

Advise

• The service have 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.

Assure

• All key performance indicator targets met.
• Work is underway to address the training not above target (reducing restrictive physical interventions and information governance)
• Relationship with Bradford working very well.
• Excellent levels of supervision (100%) and appraisal (93%).
• Excellent staff survey results.

Learning disability services:

Alert/Action

LD (Learning Disability)

• Appraisal performance remains a focus. Plans are in place to ensure compliance across the care group. Current compliance is 80%%. The service is working with the people directorate to reconcile the Trust figure.
• Supervision 69.5%↑ Further work is taking place to embed supervision in practice.
• Plans are in place to address mandatory training hotspots in cardiopulmonary resuscitation, information governance and reducing restrictive physical interventions.

Community Services

• Waiting Lists - Following system changes and training, team managers have improved oversight of waiting lists. This identified the need for further improvement work as waits beyond 18 weeks were held by senior clinical staff. The service is currently working to understand this in more detail and monitoring improvement through weekly meetings.
• 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.
• Progress on improvement actions continues and the service is now assessing itself against QNLD standards (Quality Network for Inpatient Learning Disability standards) internally and are sharing with the Bradford ward and 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 (Assessment & Treatment Unit)

• 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.
• Service users clinically ready for discharge continues to be at 50% which is recognised as a system wide pressure.

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 on target.
• Staff survey results demonstrate improvements.
• 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 and recovery plans are in place for the waiting times for diagnostic procedures and an audit action plan is in place and agreed by integrated care board (ICB).
Staffing in the neuro rehabilitation unit remains a concern. Safer staffing shows 'green' because over- establishment levels are used to maintain safe care. The establishment is being reviewed.
Clinical supervision uptake and recording is a concern and is being addressed through line management support and oversight.

Barnsley General Community Services

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	77.8%	81.5%	85.8%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/3)	0% (0/1)	
% people dying in a place of their choosing	80%	95.1%	97.4%	88.9%	
% of staff receiving supervision within policy guidance	80%	44.2%	48.5%	53.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.6%	77.6%	79.1%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	>=95%	94.0%	93.6%	94.0%	

Barnsley General Community Services

Metrics	Threshold	Dec-23	Jan-24	Feb-24	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.9%	99.8%	99.9%	
Maximum 6 week wait for diagnostic procedures	99%	64.3%	56.5%	69.0%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	100.0%	75.0%	100.0%	
Safer staffing (Overall)	90%	104.4%	110.6%	110.1%	
Safer staffing (Registered)	80%	91.5%	98.7%	96.9%	
Sickness rate (Monthly)	4.5%	3.9%	3.8%	4.2%	
% 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 as at end Feb has increased to 85.8%.
- NRU (Neurological Rehabilitation Unit) Safer staffing figures continue to show green however, noting the ongoing challenge to fill trained staff shifts. We continue to supplement with untrained staff. Work ongoing with Finance and Contracting colleagues. This issue has been logged on Datix and is also on the local risk register.
- Pressure ulcers - Lapse in care – two incidents in February related to clinical documentation and a missed visit. We are hoping to cease using 'lapse in care' terminology as it is not aligned to PSIRF and misrepresents the clinical care provided.

Advise

- Clinical supervision is receiving focused attention with the development of an improvement plan giving support to specific areas with lowest rates of clinical supervision. Supervision compliance is improving with a drive on recording data. Associate Director of Nursing and Professions recently met with the clinical leads in the care group to discuss barriers to clinical supervision and the majority is around the ease of recording. Overall the compliance rate is improving even though it remains below target.
- Children's Speech and Language Therapy and Adult Community Speech and Language Therapy - Active working party across regional integrated care board on FASD (Foetal Alcohol Syndrome Disorder) - Now part of NICE guidelines for medical identification. May lead to an increase in referrals – specific speech and language profile.
- Barnsley School Aged Immunisation Service (SAIS) – recently notified of a confirmed measles case in Barnsley. Working with BMBC Public Health colleagues around outbreak scenarios as SAIS likely to be involved in any response.
- Barnsley SAIS – are providing primary school clinics to target those schools with highest number of children with zero doses of MMR. Also providing MMR vaccines alongside routine adolescent vaccinations at school sessions and clinics.
- Children's Speech and Language Therapy (SLT) - Waiting times are long and likely to increase due to significant staffing issues in the next few months, equating to 7.1 wte clinical staff. As several are maternity leaves, there will be no budget for backfill and recruitment is challenging already due to national shortages/temporary contracts. Staff within the team able to work additional hours are already doing so.

Assure

• Smoking Quit rates as at Quarter 3 (Oct – Dec '23) for all five services is at 68% quit rate against a threshold of 55%.
• Yorkshire Smoke Free (YSF) - Latest statistics show prevalence in priority groups from Stop Smoking has dramatically reduced. The information below shows how all five services have impacted on the outcomes from 2014 – 2023:

Smoking Prevalence:	Adults		Pregnancy - smoking at time of delivery		Routine & Manual Workers		Adults With a Long Term Mental Health Condition	
	2014	2023	2014	2023	2014	2023	2014	2023
Barnsley	22.5	15.8	20.5	13.9	32.6	19.6	33.7	24.1
Calderdale	19.9	11.5	13.9	8.3	37.3	19.7	40.9	26.5
Doncaster	21.5	12.4	20.7	13.2	31.9	19.2	26.8	33.8
Sheffield	17.2	12.0	15.1	9.9	29.7	20.3	37.2	28.0
Wakefield	22.4	12.5	19.7	14.2	35.00	23.0	34.3	29.8

• Paediatric Audiology - The percentage of service users waiting for a diagnostic appointment (paediatric audiology) within 6 weeks increased to 69% in February from 56.5% reported in January, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. The care group escalated a concern regarding access in paediatric audiology when performance for diagnostic appointments first started to fall at the start of the year and in line with the national picture, demand is now outstripping capacity. This relates to increased demand from due to audiology assessments forming part of other assessments, for example autism and the availability of additional audiologists. An improvement plan is in place and links to work across the Integrated Care System.
• Urgent Community Response Service 2-hour target is 88% as at February 2024 which is well above the 70% threshold. The team are also working on data quality in order to improve statistical information further.
• Musculo-Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 99.9% as at February 2024 - which is excellent given the continued increase in referral rate.
• Friends and Family Test (FFT) 97% of people would recommend community services.
• 88.9% of people dying in their place of choosing as at February 2024.
• Achieving all care group CQUIN targets.
• Staff Survey Results are looking positive for the Care Group.

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 February 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	Dec-23	Jan-24	Feb-24	Variation/ Assurance
% Appraisal rate	>=90%	74.4%	76.5%	79.1%	
% Bed occupancy	90%	82.6%	83.2%	81.2%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	94.5%	91.8%	83.9%	
% Service Users on CPA with a formal review within the previous 12 months	95%	98.2%	97.3%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.7%	71.8%	75.6%	
% 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 (IG) training compliance	>=95%	92.6%	91.2%	92.2%	
Physical Violence (Patient on Patient)	Trend Monitor	3	1	3	
Physical Violence (Patient on Staff)	Trend Monitor	14	15	10	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	80.3%	77.8%	76.1%	
Restraint incidents	Trend Monitor	29	29	***29***	
Safer staffing (Overall)	90%	114.6%	115.7%	105.8%	
Safer staffing (Registered)	80%	91.8%	99.2%	97.4%	
Sickness rate (Monthly)	5.4%	8.1%	6.5%	5.3%	
% rosters locked down in 6 weeks					

Alert/Action

• **Bed Occupancy** – Newton Lodge 85.79%↑, Bretton 77.95%↓, Newhaven 63.36%. Waiting list for medium secure has increased significantly. Available beds are not admission beds, so will not help to reduce the number of people placed out of area. The service is undertaking work on the pathway to maximise efficiencies.
• **Sickness absence** – continues to be a concern across the service with year to date data indicating Newton Lodge 6.8%↓ (3.9% in month), Bretton Centre 11.9%↓ (8.3% in month) and Newhaven 7.5% ↓(5.8% in month).
• **Vacancies & Turnover** –Service continues to focus on recruitment and retention. Band 5 vacancies have reduced but this has not led to a commensurate increase in registered nurse capacity as recruits are still working through preceptorship / induction. 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.
• The West Yorkshire Provider Collaborative have circulated the 5 year commissioning intentions to providers for comment. Concerns regarding the plans for community forensic services in the Trust have been shared back with the collaborative.
• Mandatory training overall compliance:
  Newton Lodge – 92.1%
  Bretton – 90.5%
  Newhaven –90.6%
• Whilst the figures represent an overall positive position, hotspots in reducing restrictive practice, cardiopulmonary resuscitation and information governance training are being managed and monitored closely.
• Improvement work is being undertaken in Clinically Ready for Discharge, pathway development and improving sickness absence rates.
• Appraisal performance – local records indicate 93%. Work is being undertaken with people directorate to reconcile this data with Trust data.
• The well-being of staff remains a priority within the service. The wellbeing group have reviewed the NHS survey results and developed an action plan identifying 3 key areas to focus on. There is a strong level of engagement within the Care Group.

Assure

• High levels of data quality across the Care Group (100%).
• 100% compliance for HCR20 risk assessments being completed within 3 months of admission.
• 25 Hours of meaningful activity is 100%.
• CPA 100%
• All Equality Impact Assessments across Forensic Services have been completed for 23/24 and are scheduled to be reviewed shortly.

Inpatients - Mental Health - Working Age Adults

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

Sickness
• Significant improvement on Melton due to return of staff from long term sickness absence.
• Increase on Clarke, Ward 18, Stanley and Ashdale due to a combination of long term sickness absence and unrelated short term absence including pregnancy related illness and seasonal illness.
• Specific challenges on Elmdale relate to recent serious incidents. Occupational Health are involved and support is in place.

Supervision
• Supervision capacity has been impacted on some wards, including Elmdale, by staffing pressures particularly Band 6/7 vacancies and sickness absence.
• Ward specific improvement plans in place where required, for example on Ward 18 and Lyndhurst.

Mandatory Training
• CPR (Cardiopulmonary Resuscitation) course cancellations and changes in course times not aligning with shift patterns have impacted on compliance. This has been a particular issue for staff on Beamshaw, Elmdale and Ward 19 Female.
• RRPI (Reducing Restrictive physical Interventions) compliance has been impacted by course cancellations and exacerbated by staff then needing to attend the full 4 day course as they have missed the timeframe for the refresher due to course cancellation. This has been the case for Beamshaw, Walton, Ashdale, Ward 19, Enfield Down and Lyndhurst.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.
• IG is a particular area of focus and staff are having protected time on shift to complete. Absences on Clarke and Elmdale are impacting on compliance.

Bed Occupancy
• All WAA 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.

Safer Staffing
• Elmdale did not meet the safer staffing (registered) target in February due to the sickness absence of 5 registered staff. There was a minimum of 1 registered member of staff with additional Health Care Assistants to ensure overall safe staffing.

Clinically Ready For Discharge (CRFD)
• High percentage affect due to small numbers of patients on the ward.
• CRFD 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 reduced on all wards with the exception of Nostell where there has been a slight increase. CRFD remains high on some wards which 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. Enfield Down have not had any direct admissions in February therefore the 0% reported is a data quality issue.
• Compliance on some wards (Clarke and Ward 19- Male) 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 Nostell, Stanley and Crofton is reflective of current patient population & presentation and risk profile of service users.
• All restraint incidents are reviewed by the RRPI (Reducing Restrictive physical Interventions) team and no areas of concern have been identified.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	82.6%	95.8%
Sickness	4.5%	9.6%	7.5%	4.8%
Supervision	80%	90.1%	91.7%	100.0%
Information Governance training compliance	>=95%	96.2%	92.9%	90.0%
Reducing restrictive physical interventions training compliance	>=80%	73.1%	67.9%	70.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.3%	82.1%	56.7%
Bed occupancy	85%	109.2%	109.0%	106.2%
Safer staffing (Overall)	90%	131.8%	153.0%	132.7%
Safer staffing (Registered)	80%	134.9%	126.9%	136.6%
% of clients clinically ready for discharge	3.5%	5.8%	6.6%	4.2%
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	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	2
Restraint incidents	Trend Monitor	6	1	***1***
Prone Restraint incidents	Trend Monitor	1	0	***1***

Clark Suite

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	88.9%	87.5%
Sickness	4.5%	3.5%	7.1%	12.7%
Supervision	80%	85.7%	100.0%	83.3%
Information Governance training compliance	>=95%	95.0%	90.0%	84.2%
Reducing restrictive physical interventions training compliance	>=80%	94.7%	95.0%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.0%	85.0%	73.7%
Bed occupancy	85%	82.7%	92.2%	92.1%
Safer staffing (Overall)	90%	129.7%	129.3%	159.7%
Safer staffing (Registered)	80%	97.2%	99.8%	100.5%
% of clients clinically ready for discharge	3.5%	16.3%	15.5%	7.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	91.7%	77.8%	66.7%
Physical Violence (Patient on Patient)	Trend Monitor	1	1	1
Physical Violence (Patient on Staff)	Trend Monitor	3	4	5
Restraint incidents	Trend Monitor	2	7	***8***
Prone Restraint incidents	Trend Monitor	0	0	***1***

Melton Suite

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	68.2%	87.0%
Sickness	4.5%	6.0%	6.5%	3.6%
Supervision	80%	100.0%	91.7%	90.0%
Information Governance training compliance	>=95%	87.0%	92.0%	96.2%
Reducing restrictive physical interventions training compliance	>=80%	82.6%	80.0%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.6%	80.0%	73.1%
Bed occupancy	85%	100.0%	103.8%	110.3%
Safer staffing (Overall)	90%	153.2%	165.9%	160.8%
Safer staffing (Registered)	80%	74.1%	89.3%	98.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	2
Physical Violence (Patient on Staff)	Trend Monitor	0	0	2
Restraint incidents	Trend Monitor	1	2	***8***
Prone Restraint incidents	Trend Monitor	0	1	***0***

Nostell

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	92.6%	96.3%
Sickness	4.5%	2.1%	2.7%	0.8%
Supervision	80%	92.3%	87.5%	92.9%
Information Governance training compliance	>=95%	93.3%	93.5%	96.8%
Reducing restrictive physical interventions training compliance	>=80%	96.6%	80.0%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	89.7%	83.3%	90.0%
Bed occupancy	85%	87.8%	97.1%	94.4%
Safer staffing (Overall)	90%	122.0%	118.5%	139.3%
Safer staffing (Registered)	80%	98.5%	102.5%	100.8%
% of clients clinically ready for discharge	3.5%	18.7%	13.1%	13.4%
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	1	2
Physical Violence (Patient on Staff)	Trend Monitor	1	1	6
Restraint incidents	Trend Monitor	6	3	***11***
Prone Restraint incidents	Trend Monitor	2	2	***1***

Inpatients - Mental Health - Working Age Adults

Stanley

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	84.0%	84.6%
Sickness	4.5%	7.5%	4.6%	8.6%
Supervision	80%	100.0%	100.0%	92.9%
Information Governance training compliance	>=95%	100.0%	92.3%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	88.0%	84.6%	83.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	80.8%	77.4%
Bed occupancy	85%	88.6%	97.1%	97.8%
Safer staffing (Overall)	90%	163.3%	162.5%	158.4%
Safer staffing (Registered)	80%	109.5%	114.5%	118.4%
% of clients clinically ready for discharge	3.5%	10.0%	8.0%	3.8%
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	3
Physical Violence (Patient on Staff)	Trend Monitor	0	2	1
Restraint incidents	Trend Monitor	2	8	***3***
Prone Restraint incidents	Trend Monitor	0	3	***1***

Walton

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	88.9%	97.1%
Sickness	4.5%	6.2%	6.3%	4.7%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	94.6%	97.4%	88.6%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	73.7%	79.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.4%	81.6%	88.2%
Bed occupancy	85%	93.5%	93.1%	98.3%
Safer staffing (Overall)	90%	140.9%	127.9%	125.4%
Safer staffing (Registered)	80%	90.4%	92.7%	101.0%
% 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%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	3
Physical Violence (Patient on Staff)	Trend Monitor	3	2	1
Restraint incidents	Trend Monitor	3	13	***11***
Prone Restraint incidents	Trend Monitor	0	5	***2***

Ashdale

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	84.6%	92.9%
Sickness	4.5%	12.1%	9.9%	10.2%
Supervision	80%	72.7%	84.6%	92.9%
Information Governance training compliance	>=95%	96.6%	90.0%	93.9%
Reducing restrictive physical interventions training compliance	>=80%	82.8%	80.0%	69.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.0%	80.0%	78.8%
Bed occupancy	85%	96.5%	99.7%	99.0%
Safer staffing (Overall)	90%	133.3%	115.9%	125.3%
Safer staffing (Registered)	80%	91.1%	92.9%	82.8%
% of clients clinically ready for discharge	3.5%	0.0%	4.2%	3.9%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	3	3	1
Physical Violence (Patient on Staff)	Trend Monitor	2	0	2
Restraint incidents	Trend Monitor	8	1	***3***
Prone Restraint incidents	Trend Monitor	1	1	***0***

Ward 18

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	63.0%	89.3%
Sickness	4.5%	4.9%	3.4%	5.6%
Supervision	80%	35.7%	38.5%	66.7%
Information Governance training compliance	>=95%	91.2%	88.2%	85.7%
Reducing restrictive physical interventions training compliance	>=80%	82.4%	79.4%	82.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.4%	76.5%	74.3%
Bed occupancy	85%	93.8%	95.9%	99.4%
Safer staffing (Overall)	90%	119.4%	125.3%	125.3%
Safer staffing (Registered)	80%	74.8%	84.2%	87.5%
% of clients clinically ready for discharge	3.5%	2.6%	8.3%	5.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	88.2%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	3	1	0
Physical Violence (Patient on Staff)	Trend Monitor	9	4	0
Restraint incidents	Trend Monitor	11	5	***5***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Mental Health - Working Age Adults

Elmdale

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	85.7%	94.4%
Sickness	4.5%	6.6%	9.3%	17.0%
Supervision	80%	37.5%	62.5%	60.0%
Information Governance training compliance	>=95%	82.6%	78.3%	75.0%
Reducing restrictive physical interventions training compliance	>=80%	87.0%	87.0%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	54.5%	63.6%	68.4%
Bed occupancy	85%	90.6%	100.3%	96.6%
Safer staffing (Overall)	90%	139.4%	137.2%	144.5%
Safer staffing (Registered)	80%	72.7%	81.6%	70.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	1.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	80.0%	88.9%	93.3%
Physical Violence (Patient on Patient)	Trend Monitor	1	4	5
Physical Violence (Patient on Staff)	Trend Monitor	3	9	10
Restraint incidents	Trend Monitor	9	14	***7***
Prone Restraint incidents	Trend Monitor	2	2	***1***

Inpatients - Mental Health - Older People Services

Crofton

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	73.7%	95.7%
Sickness	4.5%	0.7%	6.5%	5.8%
Supervision	80%	100.0%	90.0%	100.0%
Information Governance training compliance	>=95%	96.2%	96.2%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	79.2%	76.0%	80.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	92.0%	92.3%
Bed occupancy	85%	81.7%	82.5%	80.0%
Safer staffing (Overall)	90%	183.9%	185.9%	166.2%
Safer staffing (Registered)	80%	140.2%	161.2%	147.1%
% 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%	85.7%	100.0%	90.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	7	4	1
Restraint incidents	Trend Monitor	13	1	***2***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Poplars CUE

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	91.7%	88.0%
Sickness	4.5%	2.9%	2.4%	1.1%
Supervision	80%	100.0%	81.8%	81.8%
Information Governance training compliance	>=95%	100.0%	96.4%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	88.0%	84.6%	84.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.5%	88.5%	84.6%
Bed occupancy	85%	67.3%	72.0%	68.5%
Safer staffing (Overall)	90%	207.1%	210.2%	205.2%
Safer staffing (Registered)	80%	105.6%	115.2%	111.4%
% of clients clinically ready for discharge	3.5%	30.4%	14.6%	9.7%
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	2
Physical Violence (Patient on Staff)	Trend Monitor	12	10	16
Restraint incidents	Trend Monitor	10	8	***13***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Mental Health - Older People Services

Willow

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	85.0%	100.0%
Sickness	4.5%	4.2%	1.1%	0.3%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	81.0%	78.3%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	42.9%	65.2%	76.0%
Bed occupancy	85%	77.7%	47.4%	45.5%
Safer staffing (Overall)	90%	154.0%	136.3%	119.9%
Safer staffing (Registered)	80%	95.4%	98.7%	86.1%
% of clients clinically ready for discharge	3.5%	41.1%	34.7%	22.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	66.7%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	3	0	0
Restraint incidents	Trend Monitor	4	0	***2***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Beechdale

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	100.0%	91.3%
Sickness	4.5%	9.0%	10.3%	7.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	95.8%	91.7%	91.7%
Reducing restrictive physical interventions training compliance	>=80%	87.5%	83.3%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.6%	83.3%	91.7%
Bed occupancy	85%	84.9%	97.8%	96.3%
Safer staffing (Overall)	90%	130.1%	139.8%	138.3%
Safer staffing (Registered)	80%	88.5%	93.4%	97.0%
% of clients clinically ready for discharge	3.5%	9.5%	0.4%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	83.3%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Trend Monitor	3	5	4
Restraint incidents	Trend Monitor	4	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Ward 19 - Male

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	93.8%	93.8%
Sickness	4.5%	3.4%	2.2%	5.8%
Supervision	80%	100.0%	87.5%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	95.2%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	69.6%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.0%	87.0%	90.0%
Bed occupancy	85%	83.0%	91.8%	94.0%
Safer staffing (Overall)	90%	107.3%	117.6%	126.3%
Safer staffing (Registered)	80%	82.4%	76.5%	70.7%
% 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%	80.0%	50.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	3	2
Physical Violence (Patient on Staff)	Trend Monitor	3	5	8
Restraint incidents	Trend Monitor	5	0	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Ward 19 - Female

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	81.3%	94.1%
Sickness	4.5%	12.9%	7.0%	8.4%
Supervision	80%	100.0%	89.9%	100.0%
Information Governance training compliance	>=95%	94.7%	89.5%	94.4%
Reducing restrictive physical interventions training compliance	>=80%	77.8%	66.7%	72.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	44.4%	55.6%	52.9%
Bed occupancy	85%	81.5%	94.8%	95.9%
Safer staffing (Overall)	90%	111.5%	108.7%	111.9%
Safer staffing (Registered)	80%	72.1%	77.4%	85.9%
% of clients clinically ready for discharge	3.5%	7.3%	7.0%	1.1%
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	3	2
Physical Violence (Patient on Staff)	Trend Monitor	3	5	8
Restraint incidents	Trend Monitor	5	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Mental Health - Rehab

Enfield Down

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	69.6%	72.7%
Sickness	4.5%	3.6%	5.5%	6.4%
Supervision	80%	84.2%	93.3%	92.9%
Information Governance training compliance	>=95%	96.1%	82.7%	91.8%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	76.5%	72.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.5%	73.9%	79.5%
Bed occupancy	85%	48.1%	49.3%	57.2%
Safer staffing (Overall)	90%	92.9%	87.8%	89.1%
Safer staffing (Registered)	80%	70.6%	70.6%	76.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.4%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	2	0
Restraint incidents	Trend Monitor	1	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Lyndhurst

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	95.2%	95.5%
Sickness	4.5%	6.0%	4.7%	5.8%
Supervision	80%	87.5%	68.8%	75.0%
Information Governance training compliance	>=95%	92.6%	85.2%	92.6%
Reducing restrictive physical interventions training compliance	>=80%	60.7%	59.3%	59.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.8%	70.4%	70.4%
Bed occupancy	85%	64.7%	64.1%	69.0%
Safer staffing (Overall)	90%	124.3%	127.6%	95.7%
Safer staffing (Registered)	80%	93.2%	108.4%	102.4%
% of clients clinically ready for discharge	3.5%	10.0%	5.8%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Medium Secure

Ward Level Headlines - Forensics

Performance for all wards is being addressed through regular meetings with Ward Managers and the General Manager. Remedial work continues on appraisals and the service is confident that compliance is just above 90% further work is now being undertaken to update the Trust system so this is reflected more accurately.

Medium Secure

- Supervision remains a focus for the service performance has reduced on Waterton, Appleton and Chippendale. For Appleton and Chippendale this could be attributed to acuity on the wards areas.
- Waterton's performance has been affected by sickness/absence and vacancies in the Band 6 group. Additional support is being offered to the ward.
- 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. Sickness for Medium secure had reduced to 3.9% in month.
- Compliance for reducing restrictive physical interventions (RRPI) remains challenging for the service with particular challenges accessing courses.
- 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. All wards with the exception of Bronte have made some improvement. 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 Newhaven's position. Sandals sickness has reduced but remains higher than target. 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 3 wards at the Bretton Centre but has dropped significantly in Newhaven for February, acuity on the ward is affecting performance.
- 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 reducing restrictive physical interventions team.

Appleton

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	90.5%	85.7%
Sickness	5.4%	5.9%	3.1%	4.4%
Supervision	80%	100.0%	83.3%	72.7%
Information Governance training compliance	>=95%	87.0%	95.7%	95.7%
Reducing restrictive physical interventions training compliance	>=80%	82.6%	82.6%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.2%	83.3%	79.2%
Bed occupancy	90%	62.5%	56.5%	62.5%
Safer staffing (Overall)	90%	97.2%	96.7%	97.3%
Safer staffing (Registered)	80%	105.5%	108.7%	104.3%
% 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	1
Physical Violence (Patient on Staff)	Trend Monitor	1	1	2
Restraint incidents	Trend Monitor	0	1	***16***
Prone Restraint incidents	Trend Monitor	0	0	***2***

Bronte

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	100.0%	100.0%
Sickness	5.4%	0.0%	0.4%	0.3%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	95.7%	91.3%	87.0%
Reducing restrictive physical interventions training compliance	>=80%	78.3%	78.3%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.3%	73.9%	65.2%
Bed occupancy	90%	95.9%	99.5%	98.0%
Safer staffing (Overall)	90%	99.6%	99.7%	99.2%
Safer staffing (Registered)	80%	103.6%	101.1%	94.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	3	0
Restraint incidents	Trend Monitor	1	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Chippendale				
Metrics	**Threshold**	**Dec-23**	**Jan-24**	**Feb-24**
Appraisal rate	>=90%	Reporti	90.9%	90.9%
Sickness	5.4%	7.2%	3.7%	3.8%
Supervision	80%	88.9%	90.9%	50.0%
Information Governance training compliance	>=95%	89.5%	87.5%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	89.5%	79.2%	81.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.2%	75.0%	90.9%
Bed occupancy	90%	91.7%	91.7%	91.7%
Safer staffing (Overall)	90%	128.5%	145.3%	147.1%
Safer staffing (Registered)	80%	101.9%	117.8%	119.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	5	4
Restraint incidents	Trend Monitor	4	4	***7***
Prone Restraint incidents	Trend Monitor	1	0	***0***

Hepworth				
Metrics	**Threshold**	**Dec-23**	**Jan-24**	**Feb-24**
Appraisal rate	>=90%	Reportin	92.0%	92.0%
Sickness	5.4%	8.5%	7.9%	4.1%
Supervision	80%	84.6%	90.9%	100.0%
Information Governance training compliance	>=95%	96.6%	93.1%	89.3%
Reducing restrictive physical interventions training compliance	>=80%	72.4%	75.9%	82.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.4%	78.6%	74.1%
Bed occupancy	90%	83.2%	98.1%	94.7%
Safer staffing (Overall)	90%	96.7%	96.3%	94.2%
Safer staffing (Registered)	80%	89.2%	86.2%	86.0%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	0
Restraint incidents	Trend Monitor	1	7	***1***
Prone Restraint incidents	Trend Monitor	0	5	***0***

Inpatients - Forensic - Medium Secure

Johnson				
Metrics	**Threshold**	**Dec-23**	**Jan-24**	**Feb-24**
Appraisal rate	>=90%	Reporti	89.3%	82.8%
Sickness	5.4%	7.4%	6.4%	2.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	93.5%	93.8%	87.5%
Reducing restrictive physical interventions training compliance	>=80%	87.1%	87.5%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	67.7%	78.1%	87.5%
Bed occupancy	90%	86.7%	80.4%	79.3%
Safer staffing (Overall)	90%	137.8%	140.2%	136.5%
Safer staffing (Registered)	80%	92.2%	105.8%	116.1%
% 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	2	0	1
Restraint incidents	Trend Monitor	1	0	***0***
Prone Restraint incidents	Trend Monitor	1	0	***0***

Priestley				
Metrics	**Threshold**	**Dec-23**	**Jan-24**	**Feb-24**
Appraisal rate	>=90%	Reportin	50.0%	73.7%
Sickness	5.4%	8.4%	15.5%	10.1%
Supervision	80%	87.5%	80.0%	80.0%
Information Governance training compliance	>=95%	91.3%	90.5%	95.2%
Reducing restrictive physical interventions training compliance	>=80%	77.3%	70.0%	50.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.7%	70.0%	75.0%
Bed occupancy	90%	93.5%	89.8%	90.7%
Safer staffing (Overall)	90%	97.3%	94.1%	97.9%
Safer staffing (Registered)	80%	73.5%	69.1%	96.0%
% 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	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Waterton

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	45.0%	42.1%
Sickness	5.4%	5.6%	4.6%	4.9%
Supervision	80%	91.7%	83.3%	54.5%
Information Governance training compliance	>=95%	85.7%	90.5%	91.3%
Reducing restrictive physical interventions training compliance	>=80%	100.0%	85.7%	69.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	57.1%	61.9%	69.6%
Bed occupancy	90%	85.3%	75.0%	80.2%
Safer staffing (Overall)	90%	121.3%	122.1%	121.6%
Safer staffing (Registered)	80%	85.5%	98.5%	92.0%
% 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	2	0	0
Restraint incidents	Trend Monitor	1	1	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Low Secure

Thornhill

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	86.4%	83.3%
Sickness	5.4%	9.8%	1.0%	0.8%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	91.3%	95.8%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	91.3%	83.3%	70.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	56.5%	62.5%	70.8%
Bed occupancy	85%	56.3%	59.8%	57.9%
Safer staffing (Overall)	90%	109.3%	106.9%	99.1%
Safer staffing (Registered)	80%	101.3%	106.3%	92.4%
% 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	1
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Sandal

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	66.7%	70.8%
Sickness	5.4%	14.0%	8.0%	6.1%
Supervision	80%	90.0%	100.0%	90.0%
Information Governance training compliance	>=95%	82.6%	76.0%	92.3%
Reducing restrictive physical interventions training compliance	>=80%	82.6%	80.0%	65.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	52.2%	52.0%	73.1%
Bed occupancy	85%	85.9%	87.3%	88.8%
Safer staffing (Overall)	90%	128.0%	127.4%	103.0%
Safer staffing (Registered)	80%	95.0%	101.1%	105.7%
% 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	1
Restraint incidents	Trend Monitor	6	3	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***

Inpatients - Forensic - Low Secure

Ryburn

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	100.0%	100.0%
Sickness	5.4%	37.8%	36.8%	26.1%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	90.0%
Reducing restrictive physical interventions training compliance	>=80%	71.4%	62.5%	66.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	57.1%	50.0%	55.6%
Bed occupancy	85%	100.0%	100.0%	96.1%
Safer staffing (Overall)	90%	102.8%	104.7%	98.6%
Safer staffing (Registered)	80%	100.3%	109.7%	96.0%
% 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	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	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	76.2%	81.8%
Sickness	5.4%	6.1%	6.3%	3.9%
Supervision	80%	100.0%	100.0%	66.7%
Information Governance training compliance	>=95%	92.3%	89.3%	92.9%
Reducing restrictive physical interventions training compliance	>=80%	80.8%	78.6%	71.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	78.6%	67.9%
Bed occupancy	85%	75.0%	73.0%	63.4%
Safer staffing (Overall)	90%	124.9%	126.3%	112.0%
Safer staffing (Registered)	80%	96.3%	112.0%	101.5%
% 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	1	1
Physical Violence (Patient on Staff)	Trend Monitor	6	4	0
Restraint incidents	Trend Monitor	15	11	***5***
Prone Restraint incidents	Trend Monitor	6	0	***0***

Inpatients - Non-Mental Health

Headlines

Appraisal rate:

• NRU rate has dropped to 29.2% - all appraisals are booked to take place during March and April. A number of appraisals are overdue as of February – critical staffing levels mean that it has been difficult to release staff from clinical duties.

• SRU rate has reduced slightly to 85.5%. This ward has been impacted by long term sickness in terms of management/senior staff.

Supervision:

• NRU figures have significantly increased from 66.7% and the unit is now compliant at 81.8%

• SRU figures have also increased significantly from 54.8% to 69.2% despite this ward being impacted by long term sickness in terms of management /senior staff.

Cardiopulmonary resuscitation CPR:

• NRU – 76.7% as at February 2024. This is still below compliance, however, critical staffing levels are contributing to this position. 6 further staff booked on during March.

• SRU – 74.6% as at February 2024. This is an increase. 4 further staff booked on during March. This should increase compliance and achieve target by end of financial year.

Information Governance (IG):

• NRU – 96.8% as at February 2024 – now compliant

• SRU – 93.5% as at February 2024 with the following increase to 94.8% noted as at 15.3.24. This is very slightly below target.

• Recovery improvement plan has been in place for IG and CPR within NRU and SRU.

Sickness:

• NRU – increase to 10.3% during February. This is being managed via HR processes and sickness reviews and a number of these staff have returned to work during March.

• SRU – reduction to 5.9% from 8.3% during February. The unit continues to have some long term sickness which is likely to continue for an extended period due to nature of illness.

Neuro Rehabilitation Unit (NRU)

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	50.0%	29.2%
Sickness	4.5%	7.3%	6.6%	10.3%
Supervision	80%	45.5%	66.7%	81.8%
Information Governance training compliance	>=95%	89.3%	87.1%	96.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.1%	76.7%	76.7%
Bed occupancy (Barnsley Commissioned beds only)	80%	100.0%	109.7%	107.8%
Safer staffing (Overall)	90%	99.4%	114.2%	113.2%
Safer staffing (Registered)	80%	75.1%	87.0%	84.7%
% 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

Stroke Rehabilitation Unit (SRU)

Metrics	Threshold	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reportin	92.3%	85.5%
Sickness	4.5%	6.9%	8.3%	5.9%
Supervision	80%	44.8%	54.8%	69.2%
Information Governance training compliance	>=95%	96.7%	98.3%	93.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	67.2%	69.6%	74.6%
Bed occupancy	80%	82.5%	77.7%	96.8%
Safer staffing (Overall)	90%	108.1%	107.9%	107.8%
Safer staffing (Registered)	80%	106.1%	108.7%	107.4%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	0
Prone Restraint incidents	Trend Monitor	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines
- Improvements to supervision levels have been made with supervision now being rostered in for all staff. Appraisal is being monitored locally and is 80% but further work needs to be undertaken to align that on the Trust system.
- 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 physical 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	Dec-23	Jan-24	Feb-24
Appraisal rate	>=90%	Reporti	73.1%	71.4%
Sickness	4.5%	6.1%	4.2%	3.3%
Supervision	80%	80.0%	50.0%	80.0%
Information Governance training compliance	>=95%	97.3%	100.0%	97.4%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	80.0%	80.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	60.6%	60.0%	61.1%
Bed occupancy	N/A	56.9%	56.5%	50.0%
Safer staffing (Overall)	90%	156.2%	166.6%	164.2%
Safer staffing (Registered)	80%	112.3%	123.2%	108.5%
% of clients clinically ready for discharge	3.5%	66.0%	60.7%	50.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	30
Physical Violence (Patient on Staff)	Trend Monitor	18	38	0
Restraint incidents	Trend Monitor	10	27	**32**
Prone Restraint incidents	Trend Monitor	0	1	**0**

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

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

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work taking place with partners in each of our four places to address inequalities. Examples include our work on physical health checks for people with a Learning Disability and work to improve understanding of the people who are waiting for services Internal work on data and metrics is supporting this work and developing our understanding of the impact of services on different cohorts of people. We are exploring a piece of work with the alliance and the acute hospital in Barnsley to see how we can collectively support people who are waiting for orthopaedic procedures or MSK services	
Improving care	Transform our Older People inpatient services	Public consultation is progressing well and includes: 805 digital survey responses and 400 (approx.) paper surveys. 3069 website homepage views (between 12.01 and 07.03), 683 video/animation views, 43,000 people reached across the Trust social media accounts with many more across partner social media. Further engagement activity now nearing completion, and these have included stands in 5 general hospitals and 5 town markets, further digital meeting, Sikh temple visit, further meetings with interested public groups, Memory Lane, Halifax, St Swithuns Wakefield. Voluntary community and social enterprise (VCSE) work ongoing across the Trust footprint and advocacy work now also happening to ensure current inpatients have a say. A work plan is now being established for next phase which includes: Travel, Transport and Parking working group, tasked with making recommendations on solutions for those that travel to visit. Finance working group tasked with establishing a clear medium-term financial plan which demonstrates affordability from both a Trust and Integrated Care Board (ICB) perspective. Task and finish groups to refresh and update impact assessments (including Equality, Quality and Sustainability). Options review group tasked with reviewing findings and recommending an option to implement. Estates activity and estates business case development to be planned for time period to compliment programme activity.	
	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 remains at 4 weeks (4 months at outset of project); on track to reduce further going forward. Two Whole Time Equivalent (WTE) Band 4 Assistant Psychologists to commence March/April. Two WTE Band 6s out to advert. Overtime commenced to provide additional assessments to end of March. Shortlisting undertaken for 1 WTE substantive Band 3, for pre and post diagnosis support and resources for professionals and families; interviews March 2024. There continues to be a stabilisation of the caseload size since February '23, suggesting the current level of clinical capacity is ensuring assessment flow, though the level of commissioned clinical capacity (43 assessments per month), may not be sufficient to contribute to a significant reduction across the metrics. The Trust continues to be involved in discussions with the Integrated care board and West Yorkshire collaborative on implementation of Choice agenda in Calderdale for Adult ADHD and neurodevelopment services. Impact of backlog and waiting lists of right to choose providers is being monitored for impact on the Trust's waiting lists in Calderdale. Integrated care board agreed additional funding for neurodevelopmental screening post to be taken from first point of contact into SWYPFT- 1 WTE Band 7 to be recruited. 1 WTE Assistant psychologist recruited on 24 month contract. Commissioners confirmed no funding for second post which may impact ability to complete additional assessments in a timely manner – currently reviewing. 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 improvement work has provided greater oversight to the waiting times and has highlighted the full scale of the issue. Update report to the Executive Management Team is currently being worked on and have set up a Task & Finish group to improve the position. Each locality has an action plan and there have been some demonstrable improvements although there is still a long way to go. Waiting lists will be monitored on a weekly basis. **3. Improving Access to Core Psychological Therapies:** Work has been undertaken to get project back on track, estimated one month behind schedule. In February the following work has been undertaken: • Clearer understanding of demand for both assessment and therapy which will inform next steps of improvement. • A narrative detailing the longest wait times has been provided to enhance comprehension regarding why certain individuals are experiencing extended delays. This has also given insight into variations across localities. • Process mapping has commenced in some localities with Lead Psychologist and Admin team manager to understand the current 'as is' position and understand variations in the ways of working across different localities. **4. Mental Health Single Point of Access (SPA) Review:** February 2024: Reviewed staff survey and findings to be considered as part of recommendations – complete. February 2024: Review SystmOne processes in SPA service with IM&T team. Time arranged – on track. February 2024: Substance misuse – currently mapping substance misuse/ dual diagnosis offer across the Trust – on track. March 2024: Draft and agree SPA core principles and recommendations for improvement work as part of the review report – on track. April 2024: Review completed, and improvement plan developed – on track. May 2024: Report submitted to EMT for approval of recommendations to move into improvement implementation – on track.	

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving Care	Improve our mental health services so they are more responsive, inclusive, and timely	**Care Closer to Home (CC2H) Programme** • Work continuing to sustain the reduction in out of area admissions during a challenging January and February • Pre-workshop survey reviewed • Successful engagement workshop in Wakefield • Meeting to look at the feedback from the events • Calderdale under represented so a further event being planned • Intensive Home Based Treatment Team Standard Operating Procedure (SOP) work progressing **Inpatient Priority Programme** • Discharge Initiatives are being progressed in alignment with NHSE principles • New standards relaunch for the Barriers to Discharge meeting have been rolled out in Calderdale/Kirklees • Workforce - Preceptorship support package in development – to be implemented from April 24 • Data - Outcome and measures dashboard drop-in training sessions have been sent out to staff **Community Transformation (MH)** High level mapping of service processes across Trust services completed and analysis completed. Pathway review task and finish group has commenced. Currently holding fortnightly meetings to identify commonality and address issues of difference within Pathways. Three Task and Finish groups have commenced working on reviewing Care Pathways; Core Services SOP and Enhanced Services SOP. Review of SOPs scheduled for completion by 30/04/24 A sub-group of the Interoperability Operational severe mental illness (SMI)/physical health check (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 Two 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. Working together with Integrated care board locality programme leads across localities to maintain alignment, sharing communications and learning as the transformation programmes develop. Sign off higher level communications intranet page delayed as await information from Integrated care board locality programme leads to form the links for localities pages. Rescheduled to 28/02/24, this will be signed off at the Steering group 19.03.2024. All General Managers and key staff have been involved with the NICHE West Yorkshire Community Mental Health Team (CMHT) Evaluation. The review period has now finished, and we will await the second report due for July 2024.	
Improving care	Improve safety and quality	**Care planning and risk assessment** Work is progressing in line with the improvement plan. Improvement workshops to co-design the good practice guide, training package, the new look care plan and a quality dashboard with front line staff have been scheduled with the first one held in March. The next workshop is scheduled for 26th April. **Personalised care (moving on from Care Programme Approach)** The steering group continue to engage with the Avon and Wiltshire National Network Meeting, now joint chaired by NHSE, The Regional Community of Practice for North East Yorkshire and the Local West Yorkshire Network meetings. A joint Task and Finish Group with the Care Planning & Risk Assessment Improvement Group (CPRAIG) has been created and commenced working on the development of the PROMS (patient recorded outcome 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 of Dialog including Dialog+ and the use of Reqol-10. Engagement session has been held with VCSE in Calderdale. Now working with Integrated care board to review the development of a group to continue the discussion specifically focused on the named keyworker and multi-disciplinary team 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 have been signed off by main steering group 20/02/24. Members of the steering group will subsequently attend service line meetings across the Trust (April 2024) to roll out the discussion to staff by end of May 2024. Feedback is being fed back into the #allofusconversation. Higher level communications have been produced for use on SWYPFTS internet page. These have been displayed on the internet in March 2024.	

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving use of resources	Spend money wisely and increase value	**Value for money** Concerns remain about our ability to deliver the value for money sustainability target for 2024/25. Non pay schemes are progressing but identified financial savings realised to date have been limited. Challenges remain around pace and capacity, and this continues to be escalated to both the operational management group (OMG) and EMT. Value for money templates are being received via the operational management group, acknowledged further work is required to realise efficiencies/savings.	
	Make digital improvements	**Digital Dictation** The tender exercise has been completed and a new supplier (Lexacom) appointed to supply a Trustwide single digital dictation solution. Contract documentation will be completed by end of March. The first benefits realisation workshop has been held, with others scheduled for April 2024. The recruitment of a digital graduate has been completed with their start date confirmed for April 2024. Mobilisation meetings to be held with the new supplier to develop an implementation plan for roll out starting from April 2024 onwards.	
Great place to work	People Directorate 90-day plan	**Develop the People Directorate (PD) Team** Continuing with staff engagement activities and gaining commitment to critical pathways work with people leadership team (PLT) and wider in the directorate with recognition of longer-term programme of culture change and directorate stability work. This ongoing work includes watchful waiting and building the capacity, competence, and confidence across the directorate in getting the basics right (90-day plan) and building individual and team cohesion across the teams in the directorate. Monthly updates in senior leadership team (SLT) prior to updates for Trust board will support governance and introduction of deeper dives.	
		Reduce recruitment time to hire: Six task & finish groups in place following Recruitment Development Day Following initial work to cleanse systems and obtain first draft data overall time to hire is approximately 60 days. This does not include candidates working notice periods in current/previous roles. This dataset is being identified from ESR.	
		80% of Trust staff have received an appraisal in the last 12 months: Having achieved the 80% threshold, the focus is to aim to 95%	
Great place to work	People Directorate 90-day plan	**Improve International Nurse experience and support:** Outstanding 17 nurses now allocated to a ward: 10 into Wakefield, 7 into Forensics. Agreement for over recruitment in these areas. • 8 nurses OSCE passed and awaiting start on ward. • 11 nurses awaiting OSCE exam, all booked in for next 4 weeks. No further cohorts planned. International nurse recruitment removed from 2024/25 workforce plan to focus on support. Temporary pastoral support officer role extended to end of June for existing support/handover.	
		Improve Quality of Workforce Data: Capacity to deliver and re-instate online suite of required workforce information in People Directorate Delays in project implementation due to delays in sign off, however progress is being made.	
		Improve People Experience Some progress in the work streams but retaining amber status due to the scale of the culture work and multiple dependencies to embed including: Delay in receiving the draft inclusive leadership report Effective and accurate data as a baseline (Although request now scoped and lodged for the design and creation of a workforce equalities dashboard in PowerBI to support analysis and monitoring of data. The current RED status for workforce data on the plan presents a risk Willingness from leaders and their teams to engage in process.	
		Improve employee relations support: Service propositions for the People Partners and People Operations Teams completed. Staff side have agreed proposals however timescales for completion of entire project is dependent on multiple stakeholders hence to retain amber status for this action at this point. Completion of new formatted policy suites via legal advisors (date has already been scheduled for completion end April pending signoff to proceed with resource allocated.	
		Develop the workforce plan The first draft plans have been completed and submitted. Work continues final triangulation of workforce/activity/finance plans toward April 2024 sign off and final submission to NHSe/Integrated care boards First draft of the NHSE/Integrated care board mental health non-functional workforce plan complete submission in February pending Trustwide sign off. First draft consolidated workforce plan complete. First draft submission agreed EMT February March 2024 - Trust is an outlier regionally for first draft plan regarding workforce growth. Review of final plan and workforce growth rate to EMT timeout 14/05/24. To be revised for triangulation with finance.	

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast 2023/24	Narrative
1	Surplus / (Deficit)	£0.6m	£0.5m	A deficit of £398k has been reported in February 2024. The forecast position has been reviewed and revised to a surplus of £0.5m. This is higher than the breakeven target. This will support the delivery of the West Yorkshire Integrated Care System financial target although this remains challenging.
2	Agency Spend	£7.9m	£8.5m	Agency spend has continued to reduce in February 2024 and is now forecast to be under the target of £8.7m spend in year. Work continues to maintain, and improve, this run rate into 2024 / 25.
3	Financial sustainability and efficiencies	£10.8m	£12m	The Trust financial plan includes a sustainability programme totalling £12.0m and is directly linked to the Trust priority of spending money wisely. Individual performance is provided within the report. Year to date is £0.2m ahead of plan.
4	Cash	£74.5m	£71.4m	Overall the Trust cash position remains strong although this is forecast to reduce in March 2024 due to payment of invoices and capital expenditure.
5	Capital	£5.1m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £5.1m (61% of plan). Spend in February was £1.9m. Progress on all schemes has been reviewed and the team are confident that the total allocation of £8.3m will 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 11 (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)	£0.6m	£0.5m	A deficit of £398k has been reported in February 2024. The forecast position has been reviewed and revised to a surplus of £0.5m. This is higher than the breakeven target. This will support the delivery of the West Yorkshire Integrated Care System financial target although this remains challenging.
2	Agency Spend	£7.9m	£8.5m	Agency spend has continued to reduce in Febuary 2024 and is now forecast to be under the target of £8.7m spend in year. Work continues to maintain, and improve, this run rate into 2024 / 25.
3	Financial sustainability and efficiencies	£10.8m	£12m	The Trust financial plan includes a sustainability programme totalling £12.0m and is directly linked to the Trust priority of spending money wisely. Individual performance is provided within the report. Year to date is £0.2m ahead of plan.
4	Cash	£74.5m	£71.4m	Overall the Trust cash position remains strong although this is forecast to reduce in March 2024 due to payment of invoices and capital expenditure.
5	Capital	£5.1m	£8.3m	Excluding the impact of the impact of IFRS 16 (leases), year to date capital expenditure is £5.1m (61% of plan). Spend in February was £1.9m. Progress on all schemes has been reviewed and the team are confident that the total allocation of £8.3m will 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.

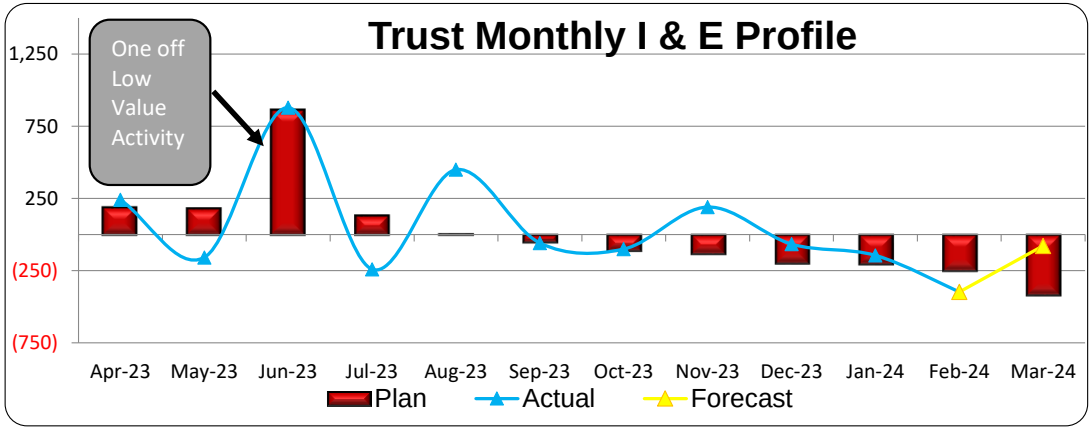
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

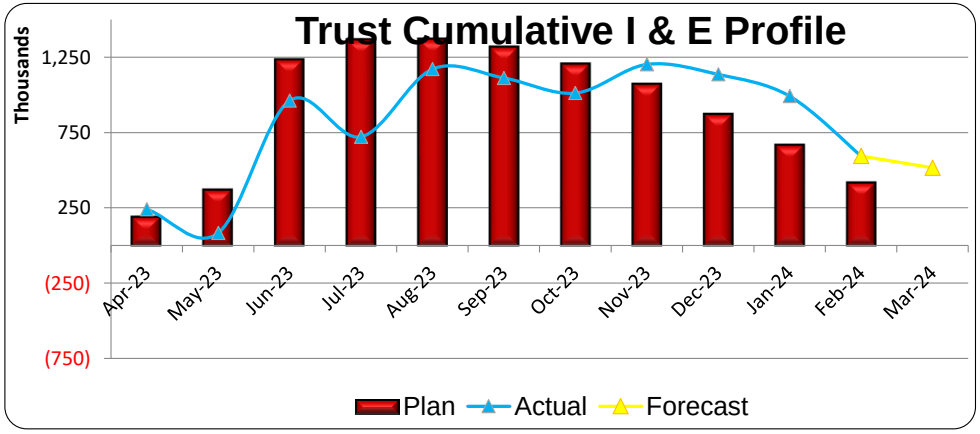
2.0 Income & Expenditure Position 2023 / 24

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

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					34,066	34,468	402	365,035	363,840	(1,194)	399,221	397,282	(1,938)
Other Operating Revenue					1,073	1,612	539	11,875	14,057	2,181	12,976	15,421	2,445
Total Revenue					**35,138**	**36,079**	**941**	**376,910**	**377,897**	**987**	**412,197**	**412,703**	**507**
Pay Costs	5,022	5,079	57	1.1%	(21,127)	(21,929)	(802)	(226,411)	(222,206)	4,205	(247,604)	(243,266)	4,338
Non Pay Costs					(13,852)	(14,257)	(405)	(145,459)	(151,577)	(6,119)	(159,566)	(165,057)	(5,490)
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	**5,022**	**5,079**	**57**	**1.1%**	**(34,979)**	**(36,186)**	**(1,207)**	**(371,870)**	**(373,778)**	**(1,908)**	**(407,170)**	**(408,317)**	**(1,147)**
EBITDA	**5,022**	**5,079**	**57**	**1.1%**	**160**	**(106)**	**(266)**	**5,040**	**4,119**	**(921)**	**5,027**	**4,386**	**(641)**
Depreciation					(481)	(489)	(8)	(5,468)	(5,517)	(49)	(5,949)	(6,007)	(59)
PDC Paid					(179)	(179)	0	(1,969)	(1,969)	0	(2,148)	(2,148)	0
Interest Received					251	377	126	2,813	3,960	1,147	3,070	4,285	1,215
Surplus / (Deficit) - ICB performance measure	**5,022**	**5,079**	**57**	**1.1%**	**(249)**	**(398)**	**(149)**	**416**	**594**	**177**	**0**	**516**	**516**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(212)	(212)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	870	870	0	870	870
Surplus / (Deficit) - Total	**5,022**	**5,079**	**57**	**1.1%**	**(249)**	**(417)**	**(168)**	**416**	**1,251**	**835**	**0**	**1,154**	**1,154**





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	363,840	61,844	1,086	33,676	267,234
Other Operating Revenue	14,057				14,057
Total Revenue	**377,897**	**61,844**	**1,086**	**33,676**	**281,291**
Pay Costs	(222,206)	(1,390)	(101)	(681)	(220,033)
Non Pay Costs	(151,577)	(60,454)	(720)	(32,995)	(57,409)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(373,778)**	**(61,844)**	**(821)**	**(33,676)**	**(277,437)**
EBITDA	**4,119**	**0**	**265**	**0**	**3,854**
Depreciation	(5,517)				(5,517)
PDC Paid	(1,969)				(1,969)
Interest Received	3,960				3,960
Surplus / (Deficit) - ICB	**594**	**0**	**265**	**0**	**328**
Depn Peppercorn Leases (IFRS16)	(212)				(212)
Revaluation of Assets	870				870
Surplus / (Deficit) - Total	**1,251**	**0**	**265**	**0**	**986**
Surplus / (Deficit) - Forecast	**516**	**(38)**	**280**	**0**	274

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.

There has been significant movement in the South Yorkshire Adult Secure collaborative in month. The increase in expenditure recognises the risk associated with ongoing contract negotiations with one independent sector provider.

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					25,366	25,583	217	269,259	267,234	(2,025)	294,746	292,020	(2,725)
Other Operating Revenue					1,073	1,612	539	11,875	14,057	2,181	12,976	15,421	2,445
Total Revenue					**26,439**	**27,195**	**756**	**281,135**	**281,291**	**156**	**307,721**	**307,441**	**(280)**
Pay Costs	5,001	5,046	45	0.9%	(20,982)	(21,734)	(751)	(224,754)	(220,033)	4,720	(245,801)	(240,892)	4,909
Non Pay Costs					(5,297)	(4,382)	915	(51,341)	(57,409)	(6,068)	(56,893)	(62,448)	(5,554)
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	**5,001**	**5,046**	**45**	**0.9%**	**(26,279)**	**(26,116)**	**163**	**(276,095)**	**(277,437)**	**(1,342)**	**(302,695)**	**(303,335)**	**(640)**
EBITDA	**5,001**	**5,046**	**45**	**0.9%**	**160**	**1,079**	**920**	**5,040**	**3,854**	**(1,186)**	**5,027**	**4,106**	**(921)**
Depreciation					(481)	(489)	(8)	(5,468)	(5,517)	(49)	(5,949)	(6,007)	(59)
PDC Paid					(179)	(179)	0	(1,969)	(1,969)	0	(2,148)	(2,148)	0
Interest Received					251	377	126	2,813	3,960	1,147	3,070	4,285	1,215
Surplus / (Deficit) - ICB performance measure	**5,001**	**5,046**	**45**	**0.9%**	**(249)**	**788**	**1,037**	**416**	**328**	**(88)**	**(0)**	**236**	**236**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(212)	(212)	0	(232)	(232)
Revaluation of Assets					0	0	0	0	870	870	0	870	870
Surplus / (Deficit) - Total	**5,001**	**5,046**	**45**	**0.9%**	**(249)**	**768**	**1,018**	**416**	**986**	**569**	**(0)**	**874**	**874**

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	5,022	5,079	57	1.1%	(249)	(398)	(149)	416	594	177	0	516	516
Provider Collaboratives	21	33	12	55.6%	0	(1,185)	(1,185)	0	265	265	0	280	280
Total excluding Collaboratives (as shown above)	**5,001**	**5,046**	**45**	**0.9%**	**(249)**	**788**	**1,037**	**416**	**328**	**(88)**	**0**	**236**	**236**

Income & Expenditure Position 2022 / 23

The year to date position is a surplus of £0.6m. This is £0.2m better than planned.
Excluding the financial impact of the provider collaboratives the core Trust is a surplus of £0.3m.

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 an increase in income in February, as forecast, due to the agreed investments from commissioners. This has been phased later in the year to reflect best estimates of recruitment. Due to delays £1m of slippage, agreed with, and payable to, commissioners has been included in the March 2024 position. This had been included in previous Trust forecast modelling.

Pay

Expenditure in January 2024 was lower than the previous run rate due to a number of one off benefits recognised in month. In Feburary this has increased by £1m relating to an accrual.

There has also been continued workforce growth, substantive and bank, in month. This is a continued trend of growth which has been throughout the whole financial year. This growth has been experienced across a wide range of services and localities.

Non Pay

The non pay analysis highlights a reduction in spend compared to January. This includes a reversal of the provision previously accounted for in January. There has also been a number of additional one off spends in month as described on page 11.

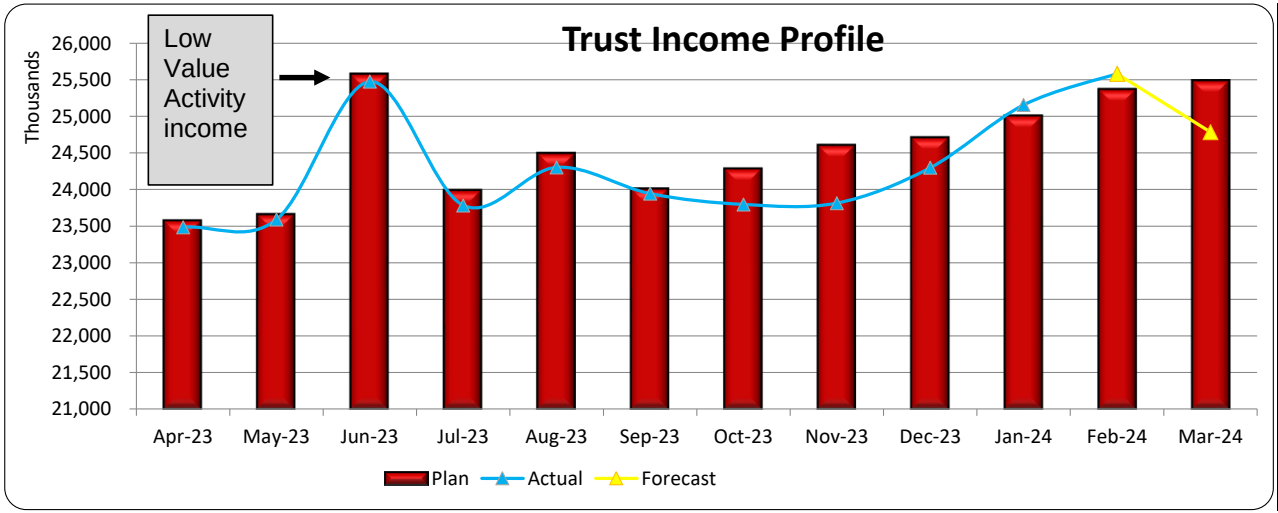
2.1 Income Information

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	20,865	20,837	**244,925**	**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	3,172	2,785	**33,429**	**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	702	500	**5,838**	**5,311**
Partnerships	514	584	546	591	472	608	377	493	504	376	755	522	**6,341**	**5,052**
Other Contract Income	197	96	144	102	144	138	140	67	98	130	89	143	**1,487**	**2,256**
Total	**23,486**	**23,590**	**25,476**	**23,783**	**24,304**	**23,945**	**23,797**	**23,815**	**24,298**	**25,157**	**25,583**	**24,786**	**292,020**	**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.

The reduction in March 2024 relates to slippage against investment agreed with commissioners.

2.2 Pay Information

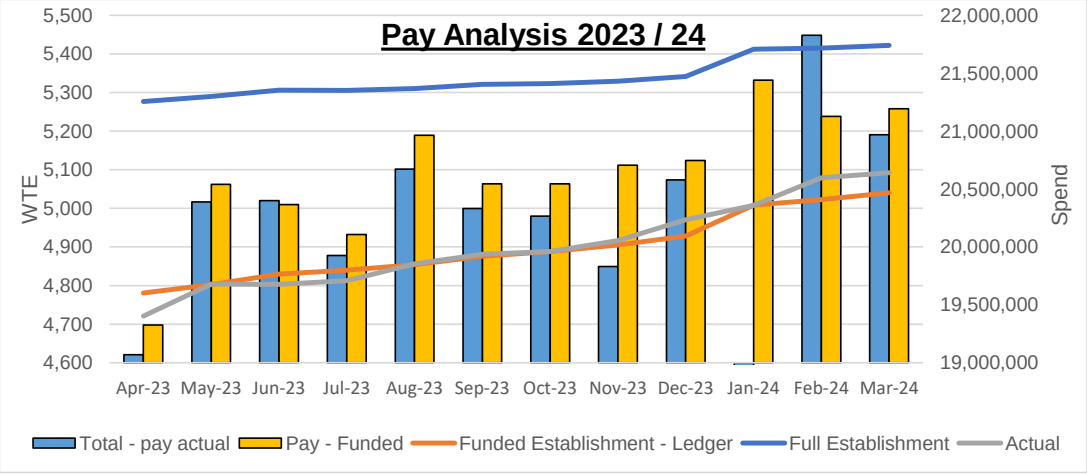
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities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

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

Staff type	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
Substantive	17,149	18,033	17,940	17,603	18,250	17,827	18,124	18,001	18,324	16,462	19,522	18,644	**215,879**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,442	1,511	1,587	795	1,729	1,619	**16,518**
Agency	939	908	1,002	855	810	915	635	209	564	581	483	596	**8,496**
Total	**18,936**	**20,296**	**20,278**	**19,819**	**20,540**	**20,195**	**20,200**	**19,722**	**20,475**	**17,837**	**21,734**	**20,859**	**240,892**
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%	8.0%	7.8%	6.9%
Agency as % (in month)	5.0%	4.5%	4.9%	4.3%	3.9%	4.5%	3.1%	1.1%	2.8%	3.3%	2.2%	2.9%	3.5%

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	4,558	4,588	**4,412**
Bank & Locum	222	314	326	321	356	369	363	387	408	415	438	406	**360**
Agency	157	161	164	163	144	145	126	113	108	103	84	98	**130**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,881**	**4,888**	**4,917**	**4,970**	**5,008**	**5,079**	**5,092**	**4,903**
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**



Pay expenditure was low in January due to release of a number of one off adjustments. It is higher, than the underlying run rate, in Feburary due to an additional £1m estimate of potential staff claims.

None of these adjustments had associated WTE so the graph on the left highlights the underlying rate with continued workforce growth.

February 2024 highlights a further 67 WTE increase of substantive worked and 23 WTE in bank. This has helped to support the reduction of agency WTE utilised (19 less in month). Overall this is an increase of 71 worked

The increase is spread across a wide range of services and localities. In February there has been no significant movement in inpatient areas.

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

2.2 Agency Expenditure Focus

Agency spend is £483k in February.

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.

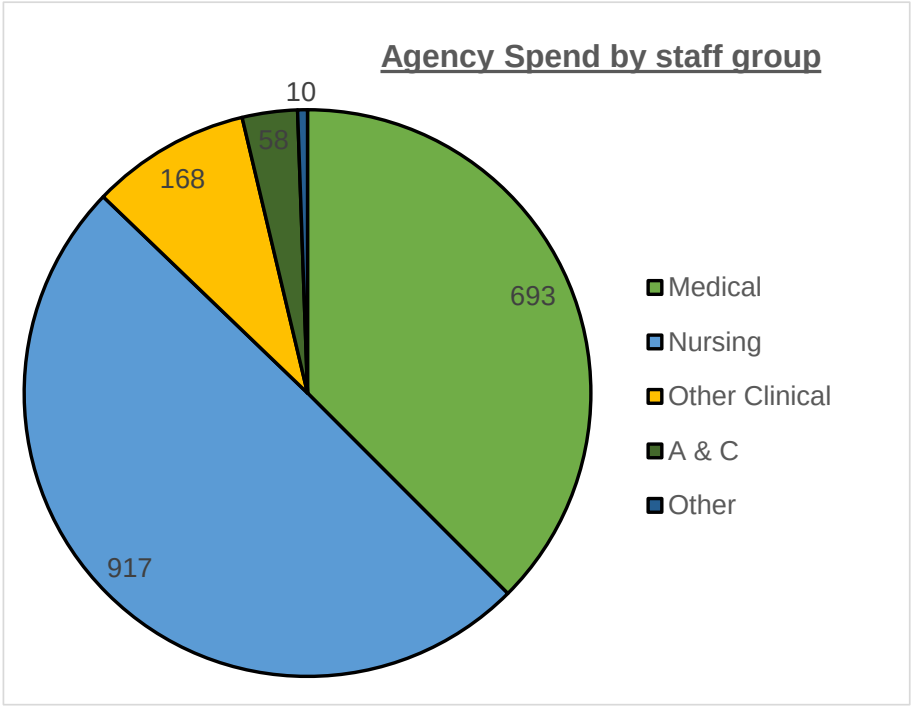
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

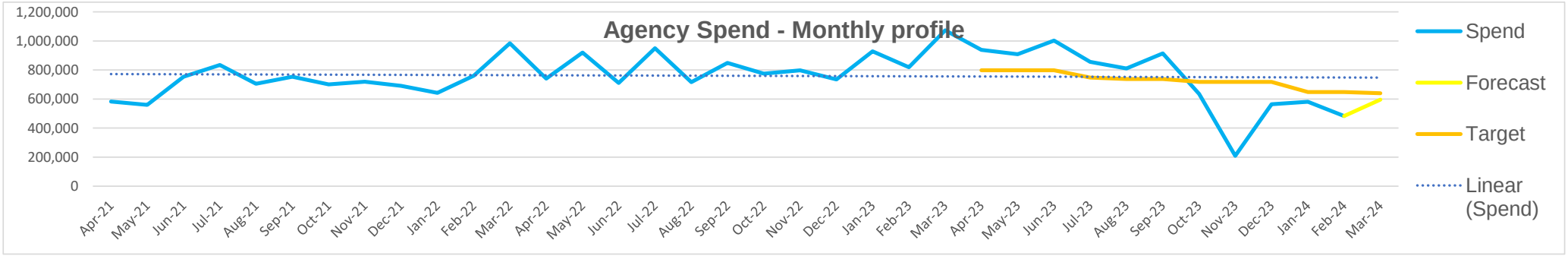
Under the NHS Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

February 2024 spend is £483k which is c. £100k lower than last month. This improves on the quarter 3 run rate, which in itself was an improvement from the first half of the year, although it should be noted that February is normally less than the average run rate due to less days in the month and less annual leave taken resulting in less backfill requirements. 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 £8.5m which is £0.2m less than the target value. The run rate, and impact on planning for 2024 / 25, continues to be assessed as part of the planning process.



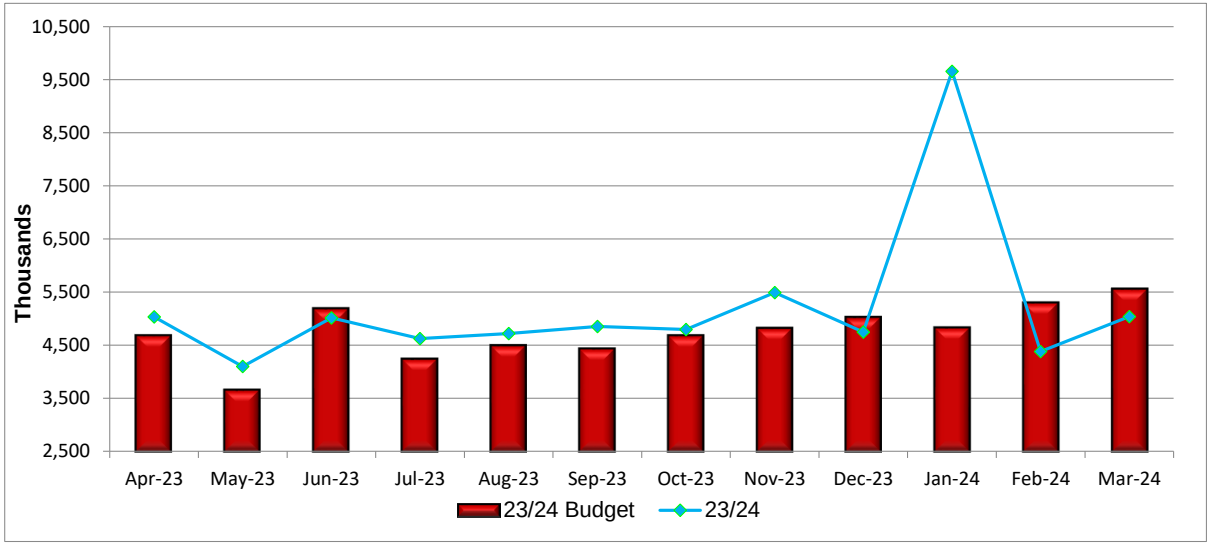


2.3 Non Pay Expenditure

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

Non pay spend	Apr-23 £k	May-23 £k	Jun-23 £k	Jul-23 £k	Aug-23 £k	Sep-23 £k	Oct-23 £k	Nov-23 £k	Dec-23 £k	Jan-24 £k	Feb-24 £k	Mar-24 £k	Total £k
2023/24	5,035	4,097	5,015	4,621	4,719	4,851	4,793	5,489	4,749	9,659	4,382	5,039	**62,448**
2022/23	4,213	4,350	4,271	4,080	4,917	4,694	4,130	4,767	4,010	7,142	4,797	6,931	**58,303**

Non Pay Category (per accounts)	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	3,789	3,632	(157)
Establishment	9,270	9,467	197
Lease & Property Rental	7,988	7,844	(144)
Premises (inc. rates)	5,185	5,629	444
Utilities	2,108	2,248	140
Purchase of Healthcare	8,333	12,255	3,923
Travel & vehicles	4,688	4,524	(164)
Supplies & Services	6,105	7,049	944
Training & Education	1,924	1,638	(286)
Clinical Negligence & Insurance	972	975	3
Other non pay	980	2,148	1,168
Total	**51,341**	**57,409**	**6,068**
Total Excl OOA and Drugs	**39,219**	**41,521**	**2,302**



Key Messages

There has been a number of significant non pay movements in February including:

* £2m reversal of previous legal provision. This has been resolved.
* A further £1m additional purchase of healthcare with a local NHS provider relating to mental health activity within an acute setting

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 £5m overspent which relates to the mental health activity in acute hospitals as previously reported.

2.3 Out of Area Beds Expenditure Focus

The heading of purchase of healthcare within the non pay analysis includes a number of different services; both the purchase of services from other NHS trusts or organisations for services which we do not provide (mental health locked rehab, pathology tests) or to provide additional capacity for services which we do. In this analysis this is Trust costs only and therefore excludes provider collaboratives.

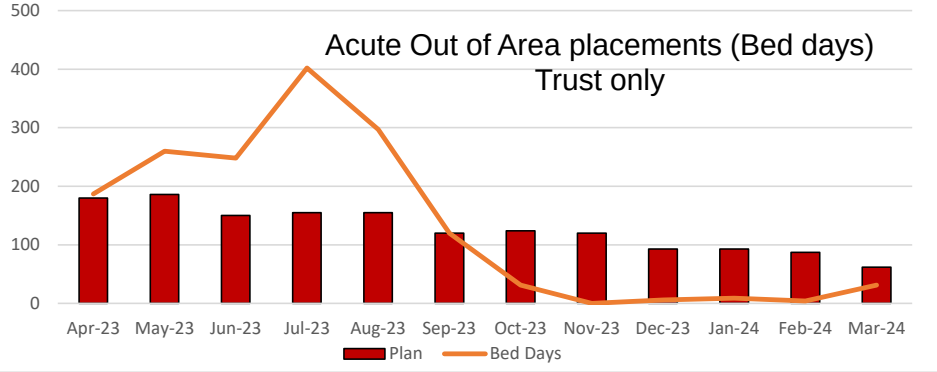
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

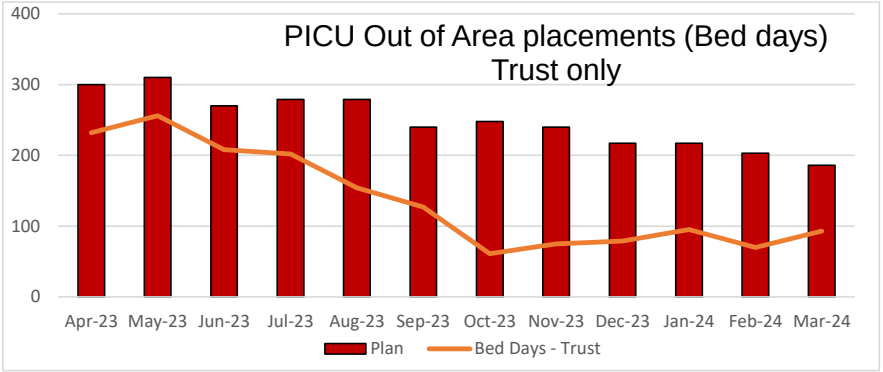
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

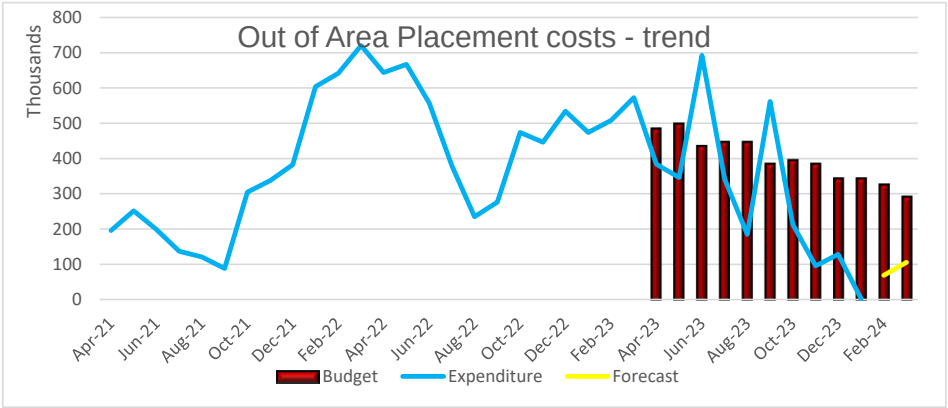
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	1,121	1,168	47
PICU	3,257	1,759	(1,498)
Locked Rehab	2,093	2,318	225
Services - NHS	361	5,319	4,958
IAPT	162	393	232
Yorkshire Smokefree	71	30	(41)
Other	1,268	1,268	(0)
Total	**8,333**	**12,255**	**3,923**







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 has been minimal acute placements, 4 days in February, and 70 in PICU (3 individuals). 2 of the PICU placements are due to specific gender requirements. This continues to be managed as part of overall operational management.

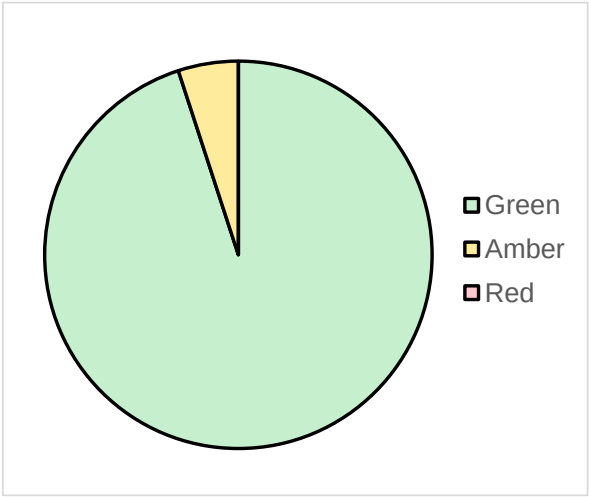
This remains volatile and increases in both areas have been included in the baseline forecast scenario. Other West Yorkshire mental health providers have seen rapidly escalating usage of placements over this period.

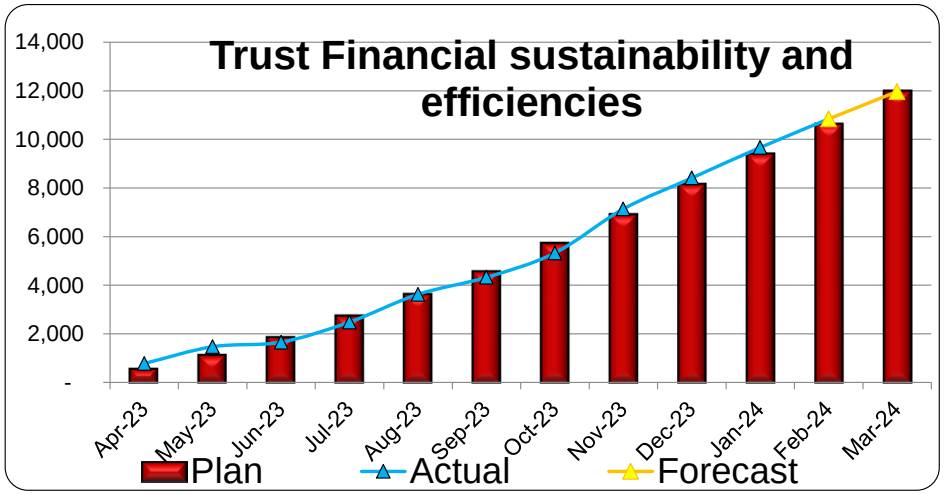
2.4 Value for Money, Financial sustainability and efficiency

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

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

		Year to Date			Forecast			
Workstream Categorisation	**Breakdown**	**Target**	**Achieved Recurrent**	**Achieved Non Recurrent**	**Target**	**Green**	**Amber**	**Red**
Out of Area Placements	Pg. 12	2,780	4,250		3,197	4,250	600	
Agency & Workforce	Pg. 10	3,830	718	1,602	4,380	2,387	0	
Medicines optimisation		367	188		400	188		
Non Pay Review		938	0		1,048		0	0
Income contributions		462	703		500	885		
Interest Receivable	Pg. 4	1,283	2,430		1,400	2,615		
Provider Collaborative	Pg. 5	952	952		1,044	1,044		
Total		**10,611**	**9,241**	**1,602**	**11,969**	**11,369**	**600**	**0**
Recurrent		9,697	9,241		10,943	9,767	2,202	
Non Recurrent		913		1,602	1,026			0





The year to date value for money programme is currently £232k ahead of plan which is helping to support the overall financial position of the Trust. For 2023 / 24 the forecast is that the target of £11,969k will be achieved in full.

In year performance has been better than planned for:

* Out of area placements
* Interest receivable

This has offset under delivery on schemes relating to workforce and non pay efficiencies.

3.0 Statement of Financial Position (SOFP) 2023 / 24

Balance Sheet / Statement of Financial Position (SOFP)	2022 / 2023 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	165,175	165,948	1
Current Assets			
Inventories & Work in Progress	231	231	
NHS Trade Receivables (Debtors)	1,574	1,166	
Non NHS Trade Receivables (Debtors)	2,853	962	
Prepayments	3,482	2,823	
Accrued Income	9,372	1,002	2
Cash and Cash Equivalents	74,585	74,490	Pg 15
Total Current Assets	**92,097**	**80,675**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(5,435)	3
Capital Payables (Creditors)	(739)	(2,388)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,511)	4
Accruals	(32,952)	(21,767)	4
Deferred Income	(4,172)	(1,748)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(51,577)	1
Total Current Liabilities	**(104,062)**	**(91,426)**	
Net Current Assets/Liabilities	**(11,965)**	**(10,751)**	
Total Assets less Current Liabilities	**153,210**	**155,197**	
Provisions for Liabilities	(4,319)	(3,620)	
Total Net Assets/(Liabilities)	**148,891**	**151,577**	
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	85,239	
Total Taxpayers' Equity	**148,891**	**151,577**	

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.

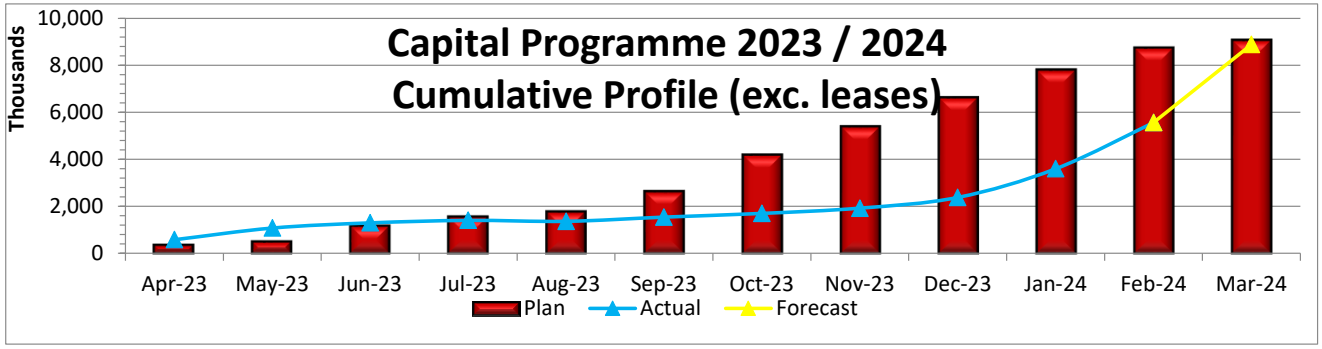
2. Accrued income, and maintaining at a low level, remains a focus in order to reduce risk and maximise cash balances. Invoices will be continued to be raised timely ahead of Month 12.

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, 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	1,475	71	(1,404)	100	(1,375)
Seclusion rooms	750	750	426	(324)	700	(50)
Maintenance (Minor) Capital						
Clinical Improvement	285	285	638	353	783	498
Safety inc. ligature & IPC	990	890	1,694	804	2,357	1,367
Compliance	430	430	59	(371)	193	(237)
Backlog maintenance	510	510	28	(482)	148	(362)
Sustainability	300	300	58	(242)	224	(76)
Plant & Equipment	40	40	115	75	260	220
Other	1,223	1,025	1,009	(16)	992	(231)
IM & T						
Digital Infrastructure	1,100	1,100	602	(498)	1,440	340
Digital Care Records	180	160	41	(119)	46	(134)
Digitally Enabled Workforce	815	816	151	(665)	706	(109)
Digitally Enabling Service Users & Carers	400	390	175	(215)	268	(132)
IM&T Other	270	270	83	(187)	84	(186)
TOTALS	**8,768**	**8,441**	**5,148**	**(3,292)**	**8,300**	**(468)**
Lease Impact (IFRS 16)	5,203	5,203	6,085	882	6,096	893
New lease	303	303	417	114	587	284
TOTALS	**14,274**	**13,947**	**11,650**	**(2,296)**	**14,983**	**710**



Capital Expenditure 2023 / 24

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

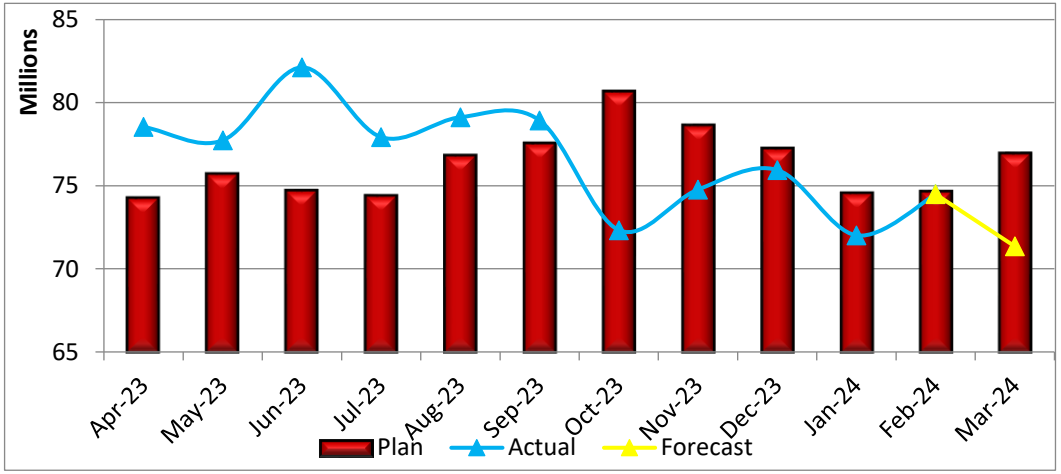
In November 2023 the ICB agreed for all Trusts to revert to plan. For the Trust the revised target is £8,300k.

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

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

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

3.2 Cash Flow & Cash Flow Forecast 2023 / 2024

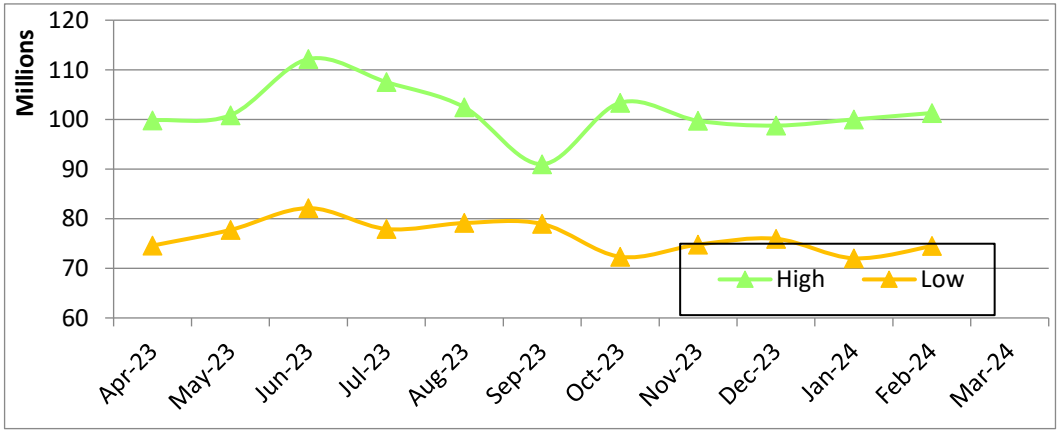


The Trust cash position remains positive.

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	74,649	74,490	(158)

Cash has increased in month but is expected to reduce in Month 12, as one off payments are made including PDC.

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



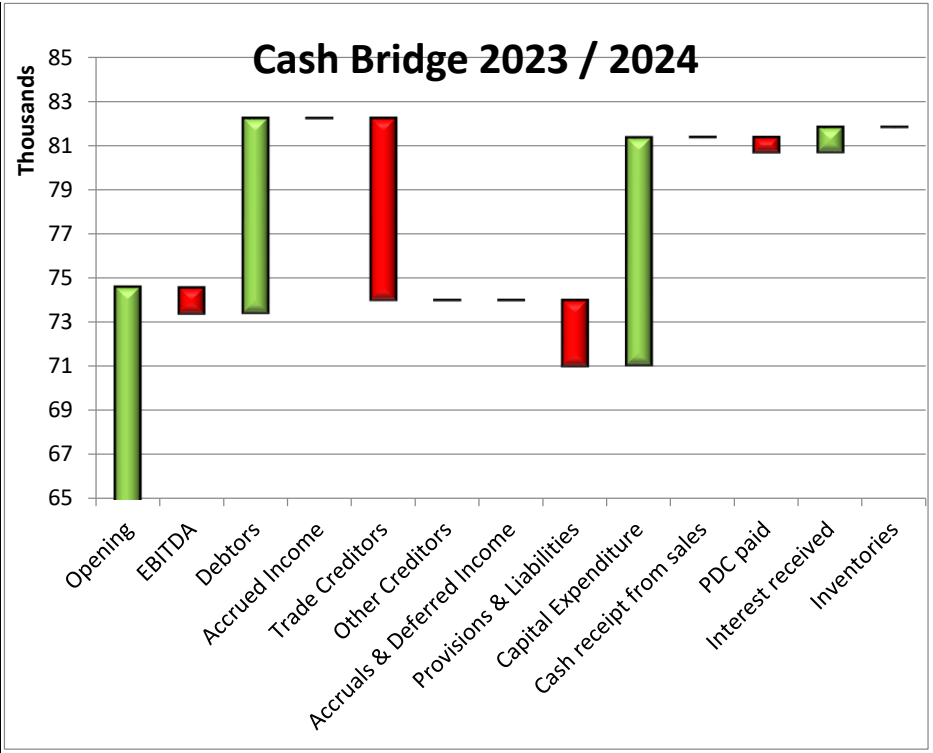
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £101.3m
The lowest balance is: £74.5m

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)	13,245	12,054	(1,191)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,113	10,939	8,826	
Trade Payables (Creditors)	(2,504)	(10,705)	(8,201)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	(128)	(3,123)	(2,995)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(15,476)	(5,148)	10,327	
Cash receipts from asset sales	0	5	5	
Leases	0	(7,386)	(7,386)	
PDC Dividends paid	0	(691)	(691)	
PDC Dividends received	0		0	
Interest (paid)/ received	2,813	3,960	1,147	
Closing Balances	**74,649**	**74,490**	**(158)**	



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 £0.2m lower than plan, the high value of creditors paid is offset by the delay in capital expenditure.

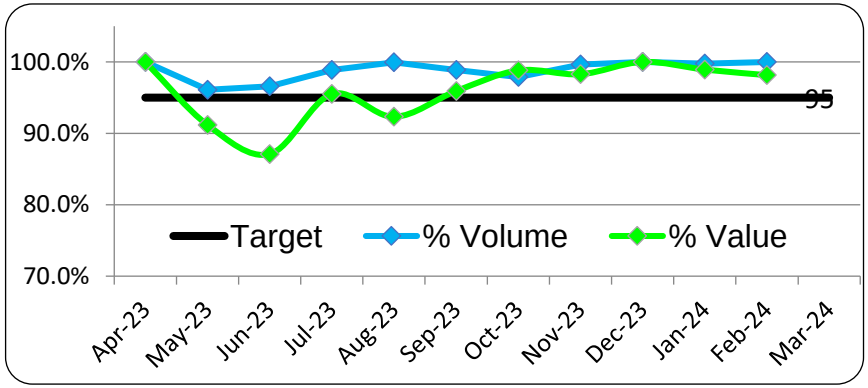
4.0 Better Payment Practice Code

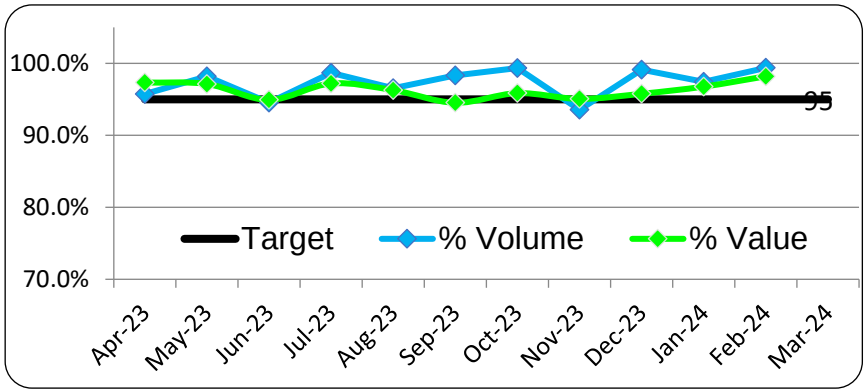
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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%	98%
Cumulative Year to Date	99%	97%

Non NHS	Number %	Value %
In Month	99%	98%
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 (£)
05-Feb-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5401	800,000
18-Feb-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000057778	740,183
14-Feb-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1001081	680,394
27-Feb-24	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	204132	620,647
29-Feb-24	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59894475	477,784
27-Feb-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS43	450,000
01-Feb-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200007195	342,087
22-Feb-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000519	319,139
01-Feb-24	Purchase of Healthcare	AS Collaborative	Oxford Health NHS Foundation Trust	A0129115	287,415
24-Feb-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	-	270,000
05-Feb-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 281	235,196
14-Feb-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foun	4400001063	232,254
27-Feb-24	Purchase of Healthcare	AS Collaborative	Mid Yorkshire Hospitals NHS Trust	1600025928	202,992
22-Feb-24	Purchase of Healthcare	AS Collaborative	Softcat Plc	INVUK1194464	178,890
09-Feb-24	Purchase of Healthcare	AS Collaborative	My Happy Mind Ltd	1610	162,050
01-Feb-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5399	129,526
01-Feb-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D200007194	119,775
22-Feb-24	Research	Trustwide	Durham University	200007	104,326
12-Feb-24	IT Services	Trustwide	Daisy Corporate Services	3I522086	90,250
23-Feb-24	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	326008	77,036
18-Feb-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC020BINV	70,330
13-Feb-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1001079	66,273
08-Feb-24	Purchase of Healthcare	AS Collaborative	Kirklees Council	8608573533	56,500
22-Feb-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000007553	56,000
15-Feb-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS041INV	54,818
14-Feb-24	Continence products	Barnsley	Supply Chain Coordination Limited	1124279547	54,201
14-Feb-24	Drugs	Barnsley	NHS Business Services Authority	1000079731	53,366
15-Feb-24	Purchase of Healthcare	AS Collaborative	Edf Energy Customers Ltd	000018118518	51,803
16-Feb-24	Software Licence	Trustwide	Softcat Plc	INVUK1190154	51,216
09-Feb-24	Purchase of Healthcare	Forensics	Spectrum Community Health Cic	SINV7048	48,868

06-Feb-24	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72486758	47,313
07-Feb-24	Purchase of Healthcare	AS Collaborative	Family Lives	2537	39,709
05-Feb-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001129EPC	37,587
01-Feb-24	Purchase of Healthcare	Barnsley	Touchstone-Leeds	SINV20230260	35,365
15-Feb-24	Mobiles	Trustwide	Vodafone Ltd	105249011	35,241
27-Feb-24	Purchase of Healthcare	Kirklees	Nouvita Ltd	11334	35,190
26-Feb-24	Utilities	Trustwide	Totalenergies Gas & Power Ltd	33079507424	33,168
06-Feb-24	Continence products	Barnsley	Supply Chain Coordination Limited	1124285803	32,662
18-Feb-24	Purchase of Healthcare	AS Collaborative	Cloverleaf Advocacy 2000 Ltd	12866	31,397
13-Feb-24	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	1001077	30,853
08-Feb-24	MFDs	Trustwide	Annodata Ltd	1346268	30,591
21-Feb-24	Purchase of Healthcare	AS Collaborative	Capsticks Solicitors Llp	INVDP134	30,000
06-Feb-24	Legal Fees	Trustwide	Bevan Brittan Llp	10262605	28,721
28-Feb-24	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation Tr	0000000500	28,291
15-Feb-24	Utilities	Trustwide	Edf Energy Customers Ltd	000018098785	28,286
12-Feb-24	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN23173908	28,123
28-Feb-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	ARB05699	27,586
29-Feb-24	Service Recharge	Barnsley	Barnsley Metropolitan Borough Council	9000319513	25,000

4.2 Glossary

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

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

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

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

* Surplus - Trust income is greater than costs.

* Deficit - Trust costs are greater than income.

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

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

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

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

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

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

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

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

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained

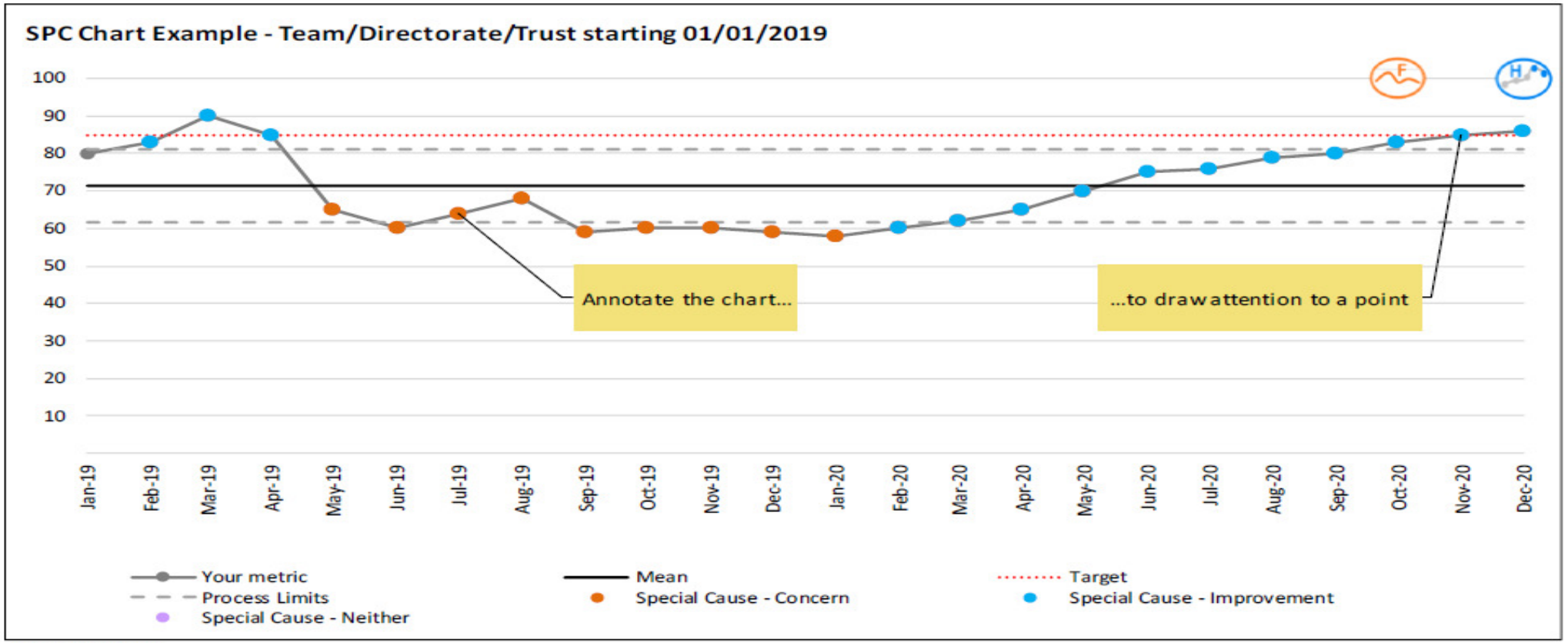
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

Appendix 2 - Statistical Process Control (SPC) Charts Explained



Observations

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

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