NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

March 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 March 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	↑	
Timely completion of equality impact assessments (EIAs) in services and for policies	↑	
Improving Resources		
Surplus/(deficit) 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	↑	
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)	↓	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓	
% Service users on CPA offered a copy of their care plan	↓	

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	↓	
Mandatory training - Reducing restrictive practice interventions	↓	

Quality		
Metric	**Change from last month**	**Variation/ Assurance**
Complaints - Number of responses provided within six months of the date a complaint received	↑	
Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care	↑	
Number of information governance breaches	↑	

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

National metrics		
Metric	**Change from last month**	**Variation/ Assurance**
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	↓	
Total bed days of Children and Younger People under 18 in adult inpatient wards	↑	
Total number of Children and Younger People under 18 in adult inpatient wards	↓	
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↑	
The number of completed non-admitted RTT pathways in the reporting period	↓	
The number of incomplete RTT pathways in the reporting period	↓	
Community services waiting lists	↓	

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 - Urgent/Emergency clock stops	↑	
Information Governance training compliance	↓	
Reducing restrictive physical interventions training compliance	↑	
Sickness rate (monthly)	↓	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of staff receiving supervision within policy guidance	↑	
Cardiopulmonary resuscitation (CPR) training compliance	↔	
Information Governance training compliance	↑	
Reducing restrictive 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	↓	
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	↓	
% Complaints with staff attitude as an issue	↓	

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	↑	
% Complaints with staff attitude as an issue	↑	

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	↑	

Forensic

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% Bed occupancy	↑	
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 94.9% against a target of 90%. For the Trust derived indicators, as of March 2024, disability is at 47.5%, sexual orientation 59.9% and postcode is at 99.8%. 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 slight 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%. This is a decrease since last month's reporting figures due to high number of EIAs expiring in the same month of March and April. The EI team will be contacting EIA owners so they can dedicate time to update these in the next 2 weeks. Work is progressing to ensure we move back into a green position by early May.

Quality

NHS England Indicators (national)
The Trust continues to perform well against the majority of national metrics. The following under-performance should be noted:
• Continued service improvement work supports the overall use of inappropriate out of area bed days however, there was an increase in March compared to the last five months with 138 days used. This slight increase in keeping with previous years at this point in the year. The use of out of area beds continues to be an improved position when compared to the first six months of the year and for the full 2023/24 year (3184 days) compared to 2022/23 (4965 days). Need for use of these beds mainly relates to the requirement for gender specific psychiatric intensive care (not commissioned locally), increased acuity and capacity issues due to challenges to timely discharge. Workforce pressures also impact the successful management of acuity. The inpatient improvement programme is aiming to address the workforce challenges. Systems are in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.
The percentage of service users waiting for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 66.3% in March, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. The small in month decline was due to school holidays resulting in staff taking annual leave and parental choice to change appointments. The team continue delivering the improvements on the action plan and have a service review booked in May '24 which will assess the progress against this.

Quality continued

Care planning and risk assessments

• The March data for care planning shows a drop in the sustained performance to under 80% for the first time since April '23, at 73.6%. This was an unexpected drop based upon the improvement work but has been observed seasonally in previous years linked to increased annual CPA review activity. Performance is expected to improve in April.

For risk assessments, the March data shows a slight increase in performance from the previous month within inpatient services 91.7% this means that 110 service users had a risk assessment within 24 hours, 10 service users had a completed risk assessment but this was outside the 24 hours. For community services, performance for March has increased slightly to 79.2% - 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, with a specific risk noted where additional capacity is no longer available in Kirklees. 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 76.7% - (35 out of 46) 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. During March the LD team have focussed on people with the longest waits and this has had an impact on staffing capacity to meet the 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

95% of incidents reported in March 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 188 (165 in February). 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, 92.3% of prone restraint incidents were for a duration of three minutes or less – this related to 13 incidents for the month of March. 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. All incidents of prone restraint are now reviewed for learning in the Patient Safety Oversight Group.

• There were five information governance personal data breaches during March which is a significant reduction on previous months (20 reported in February). Following the spike last month, 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.

• The number of inpatient falls in March was 45 which is in line with 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.

• The number of responses provided within six months of the date a complaint remains under the Trust threshold of 100%. Improvement work continues and this is reflected in the overall improvement of this metric since April '23.

Our People

• Supervision data is included in the report at Trust level and by care group and inpatient ward. The data for March is 73.0% which is an improvement from the refreshed performance for February which is 68.7%. This means that more staff have had access to a supportive conversation about their practice. The improvement work continues. Supervision is monitored monthly by the operational management group.

• The Trust had 23 violence and aggression incidents against staff on mental health wards involving race during March - incidents are monitored by the Patient Safety Team, and Equity Guardians are alerted to all race related incidents against staff. Recognising that this has an impact on 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.

• For the full year, we have had 692.8 new starters and 460.8 leavers.

• At the end of March 2024, our Trust growth rate has increased further to 7.7% (staff in post) as a result of targeted recruitment activity over the year. This has exceeded our annual forecasted growth rate of 4%. As the new financial year approaches our teams need to refocus on keeping our workforce numbers static throughout 2024/25 to meet our planned workforce targets.

• Overall, our 12-month turnover rate in March has dropped slightly again this month to 11.0% which is a reflection of the low number of leavers and increase in new starters over the year. This means that more skills and experience have been retained.

• In March 2024 we have seen a drop in sickness overall to 4.4%. This is seen as a positive and the Trust does not appear to have been impacted excessively by winter seasonal absence.

• The combination of reduced turnover, successful recruitment and an overall reduction in sickness along with improved appraisal compliance should be considered to be related as working with regular staff in supportive teams contributes to a great place to work.

• Sickness absence year-to-date in March remains at 5.0% which is above local threshold. This remains the lowest sickness rate since April 2023.

• Estates and Facilities sickness absence continues to be high at 8.92%. 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 March, which saw an increase from 82.9% 84.2%. This is the second 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.

• Although our overall mandatory training compliance has increased slightly to 91.9%, we have seen a drop in some areas. Reducing Restrictive Physical Interventions (RRPI) has dropped again this month to 73.0% 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.

• Information governance training has reduced slightly to 91.5%. Whilst Cardiopulmonary Resuscitation has increased to 77.8% this also remains 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 March, 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, particularly whilst focussing on reducing reliance on out of area bed use. 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 continues 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. In March 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 remains below target in March 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.

• 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. Concerns have been escalated by the executive trio to the CAMHS inpatient provider collaborative executive trio.

• There were two patients under 18 years old in an adult bed during March. 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.

• The mental health care group have seen an increase in the number of physical violence (patient on staff) in March. Almost half of incidents related to two service users and the intervention of staff have stopped these from becoming more serious incidents. Staff teams have liaised with RRPI team for specialist advisor input as needed. Recognising the impact of violence upon staff support is offered after an incident.

Finance

• The Trust agreed to a revised surplus position in February 2024. This has been achieved with a surplus of £0.5m (which is £0.5m better than the breakeven target).

• Agency spend has continued to reduce in March 2024 with total spend of £8.3m in year. This is a £1.7m (17%) reduction from the prior year. 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.

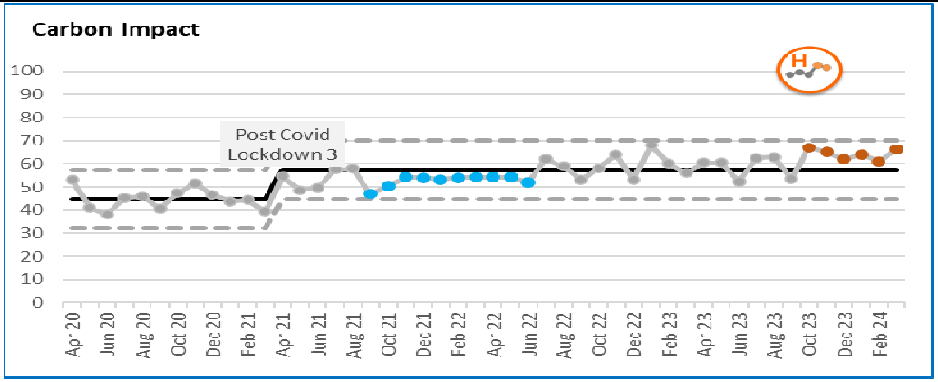
• The Trust cash position remains strong, although this has reduced to under £70m in March 2024. This was forecast in line with expected revenue and capital payments.

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

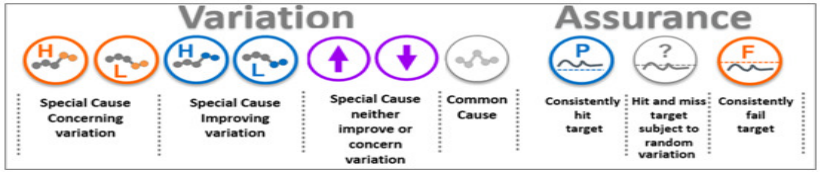
Improving health

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.6%	95.6%	94.9%		
Percentage of service users who have had their equality data recorded - disability	50%	46.4%	47.4%	47.5%		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		59.4%	59.7%	59.9%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.8%	99.8%	99.8%		
Timely completion of equality impact assessments (EIAs) in services and for policies	Service timely completion - 75%	88.5% Service	91.7% Service	91.7% Service		All services have an EIA in place. Expired EIAs (or EIAs not reviewed and graded within the 12-month cycle) expired in March and have all been offered support to complete. Our approach is to change the submission and review of EIAs to April-February cycle ensuring March gives the Trust a final position statement.
	Policy - 95%	95.8% Policy	95.5% Policy	96.1% Policy		
Completion of equality mandatory training	>=80%	95.1%	95.6%	95.6%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	Reported from Feb '24	7	12		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	Reported from Feb '24	50	44		New metric added March 2024. First contact and work started on vocational profile
Carbon Impact (tonnes CO2e) - business miles	76	64	61	66	H	Data showing the carbon impact of staff travel / business miles. In March staff travel contributed 66 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%	Due May 2024				Q1 - 65%, Q2 - 66%, Q3 - 68%. 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. Although we remain under threshold, we have recently entered a period of special cause concerning 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	Jan-24	Feb-24	Mar-24	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	93.4%	90.1%	91.7%		March data shows a slight decrease in performance from the previous month within inpatient services to 89.7%. This is the second month where a decrease in performance has been recorded, this equates to a very small number of service users, there are no themes in learning. For community services, performance for March has increased slightly to 79.2%.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	71.8%	74.7%	79.2%		The Care Plan and Risk Assessment Improvement Group review challenges with performance and review for improvement opportunities. Opportunities include making the data easier to review for performance figures and adding pop up reminders to the system, both of which are being explored. Communications and narrative about the importance of risk assessments and timeliness of this is being developed to share. .
% Service users on CPA offered a copy of their care plan	80%	88.5%	88.7%	73.6%		The Care Plan and Risk Assessment Improvement Group continue to look at performance as well as quality of care planning and risk assessments. The March data for care planning shows a drop in the sustained performance to under 80% for the first time since April '23, at 73.6%. This was an unexpected drop based upon the improvement work but has been observed seasonally in previous years linked to increased annual CPA review activity . Other learning suggests there is a need to review the terminology used to prevent clinician confusion, this is forming part of the changes to the care plan.
Registered substantive staff in post mental health and learning disabilities services	Establishment	1088	1094	1109		
Registered substantive staff in neighbourhood teams	Establishment	171	174	176		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	23	25	23		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	104	74	138		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 95 days in the past 5 months from an average of 335 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%	4.3%	2.9%	2.5%		Performance in month has improved to 2.5% 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. Further work taking place to review this as the improved position for this does not reflect what we believe is happening in practice.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	636	702	683		Neurodevelopment waits remain a concern, especially given the additional capacity has stopped at the end of March 2024. 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.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	633	636	611		Calderdale - The longest wait for those seen in the month was 749 days, the shortest was 605 days. Number on waiting list at end of March - 232. The longest waiter on the waiting list had waited 717 days. Kirklees - The longest wait for those seen in the month was 651 days, the shortest was 394 days. Number on waiting list at end of March - 1959. The longest waiter on the waiting list had waited 675 days.
Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	83.8% 62/74	87.5% 42/48	76.7% 35/46		This remains a key concern and actions are underway as part of the improving access priority programme. Where waits breached 18 weeks (11 in total in March) the service understand why and are taking appropriate action. A report in relation to waits will be discussed in the Executive Management Team meeting. During March the LD team have focussed on people with the longest waits and this has had an impact on staffing capacity to meet the 18 weeks.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	88.7%	92.0%	87.5%		
Community health services two hour urgent response standard	70%	86.3%	87.8%	88.2%		
Referral to assessment within 2 weeks (external referrals)	75%	80.5%	81.8%	89.3%		

Improve resources

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£144k)	(£149k)	(£53k)		Overall the Trust has reported a surplus of £540k for 2024 / 25. This is higher than the planned breakeven plan. A deficit of £53k has been reported in March 2024. Although a deficit this is £363k higher than planned.
Capital spend against plan (monthly)	£8.8m	(£16k)	£1,033k	£2,766k		Spend in March 2024 was £3.2m which was £2.8m more than plan. Total capital spend, excluding leases, was £8.2m which is £0.1m less than the Trust capital allocation. The target of £8.8m originally included a 5% aspiration, as set by West Yorkshire Integrated Care Board, but this was reset back to allocation in November 2023.
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£581k	£483k	£438k		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	£1,312k	£1,175k	£1,126k		The cumulative savings to date are £12m in line with target.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	8				Eight RIDDOR notifications to the Health & Safety Executive were made during Q4. All eight cases were spread around services & teams - no hotspot areas identified. Three slips trips & falls resulted in over seven day work related absences. The Unintended/Accidental Staff Injury category covered a range of injuries. There were no enquiries from either the Health and Safety Executive or CQC related to any RIDDOR notifications during Q4.
Estates Urgent Response Times - Service level agreement (SLA)	95%	96.9%	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	Jan-24	Feb-24	Mar-24	Variation/ Assurance	Notes
Turnover external (12 month rolling)	>12% - 13%<	11.6%	11.2%	11.0%		
Registered workforce growth	3% (by March 24)	7.7%				
Sickness absence - rolling 12 months	<=4.8%	5.1%	5.0%	5.0%		Absence rate in month dropped to 4.4%. Further detail is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	May >=78% March >=90% Overall >=95%	79.6%	83.4%	84.2%		For the month of March, 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%	69.4%	68.7%	73.0%		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%	77.5%	76.1%	77.8%		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%	77.0%	74.0%	73.0%		Performance has dropped again this month to 73.0% 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. Successful recruitment will improve team capacity.
Mandatory training - Fire	80%	90.5%	89.6%	89.2%		
Mandatory training - Information governance (IG)	95%	92.7%	91.8%	91.5%		Reminders circulated regarding IG training compliance. See People section for further detail.

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	Mar-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%	79.9%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	17% 4/23	11% 2/17	16% 3/19	19% 3/16	17.6% (3/17)	10% (1/10)	9% (1/11)	8% (2/24)	17% (4/23)	8% (2/24)	14% (1/7)	18% (4/22)	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	62.5% (10/16)	66.7% (8/12)	
Service User Experience	Friends and Family Test - Mental Health	84%	82%	85%	91%	90%	90%	95%	89%	88%	94%	89%	92%	92%	1
	Friends and Family Test - Community	95%	94%	97%	96%	93%	97%	96%	95%	97%	98%	97%	97%	97%	1
Quality	Number of compliments received	N/A	50	66	33	35	22	17	18	35	16	2	8	6	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	26	34	25	24	35	24	30	19	15	17	16	17	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	1	2	3	3	5	4	6	3	1	0	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	1	3	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	85.0%	85.7%	86.6%	87.5%	87.4%	87.5%	87.5%	87.7%	87.6%	88.5%	88.7%	73.6%	1
	Number of Information Governance breaches [3]	<12	12	9	14	13	16	8	9	11	8	14	20	5	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%	2.5%	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%	91.7%	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%	79.2%	2
	Total number of reported incidents	Trend monitor	1198	1327	1258	1159	1206	1150	1315	1321	1185	1286	1342	1394	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	18	30	19	21	28	23	25	20	17	25	33	41	
	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	1	5	4	2	
	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	2	3	1	3	2	2	2	0	1	
	Safer staff fill rates	90%	123.5%	123.5%	123.7%	123.9%	123.8%	124.1%	123.5%	128.8%	128.7%	129.6%	127.6%	128.5%	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%	101.6%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	Trend monitor	29	42	40	36	43	43	28	33	27	45	58	41	
	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	0	
	Eliminating Mixed Sex Accommodation Breaches	0	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%	92.3%	1
	Number of Falls (inpatients)	Trend monitor	34	41	43	32	33	36	50	46	42	48	45	45	
	Number of restraint incidents	Trend monitor	192	186	201	145	146	92	198	153	193	121	165	188	
	% of staff receiving supervision within policy guidance [15]	80%	Reporting to start from Sept 23					65.8%	66.0%	70.1%	67.8%	69.4%	68.7%	73.0%	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%	94.1%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	1	0	0	0	1
	C Diff avoidable cases	0	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	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	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	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 dashboard for the month of March.

• Although there has been an increase in the number of reported incidents in March, it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. Further detail is provided in the relevant section of this report.
• The overall number of restraint incidents in March was 188 which is within acceptable range. 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 no instances in March.
• Clinically ready for discharge (previously delayed transfers of care) - This has decreased to 2.5% and remains below threshold. However, there are still a significant number of people who are delayed which may impact on performance in future months.
• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required . In March there were 45 inpatient fall incidents. Further detail is provided in the relevant section of this report.
• % Service users on CPA offered a copy of their care plan - performance has dropped below the 80% threshold this month for the first time in the financial year, however this dip in March, at the end of the financial year has been seen before historically and is linked to the annual review dates of clients on CPA and we therefore anticipate an improvement next month.
• The number of information governance breaches in relation to confidentiality breaches has decreased to 5 during the month and is now below threshold. The Information Commissioner's Office has notified the Trust of two complaints they have received, pertaining to the Trust's alleged failure to uphold their information rights. The Data Protection Office is investigating and will respond before the advised deadlines
• As part of the review of the supervision of the workforce policy an improvement programme is underway to increase uptake and recording of supervision within the clinical workforce, as part of the Trust's focus on clinical safety and quality, and staff wellbeing.

Patient Safety

Patient Safety Incident Response Framework (PSIRF)
As reported in the previous Integrated performance report, we have been working on our preparations for implementing the Patient Safety Incident Response Framework. The Trusts PSIRF plan and policy went live date of the 1st December 2023. On the 9th April the patient safety team have some time out to look at continuous improvement.

Since launching PSIRF on 1 December 2023, we have been:
• Reviewing linked policies and procedures
• Refining our guidance for learning responses using PDSA
• Reviewing incidents against our PSIRF Plan
• Supporting services with considering if incidents meet the plan and if so what improvement work is already in place
• Developing 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 (on 29/01/24), incident form configuration and thorough testing, the Trust went live with LFPSE on 14th February. This means that we no longer report to the National Reporting and Learning System from 14th February. Since launching LFPSE the team have been working on providing training to staff and developing monitoring processes.

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 March 2024. This is currently progressing well at 95% completed.

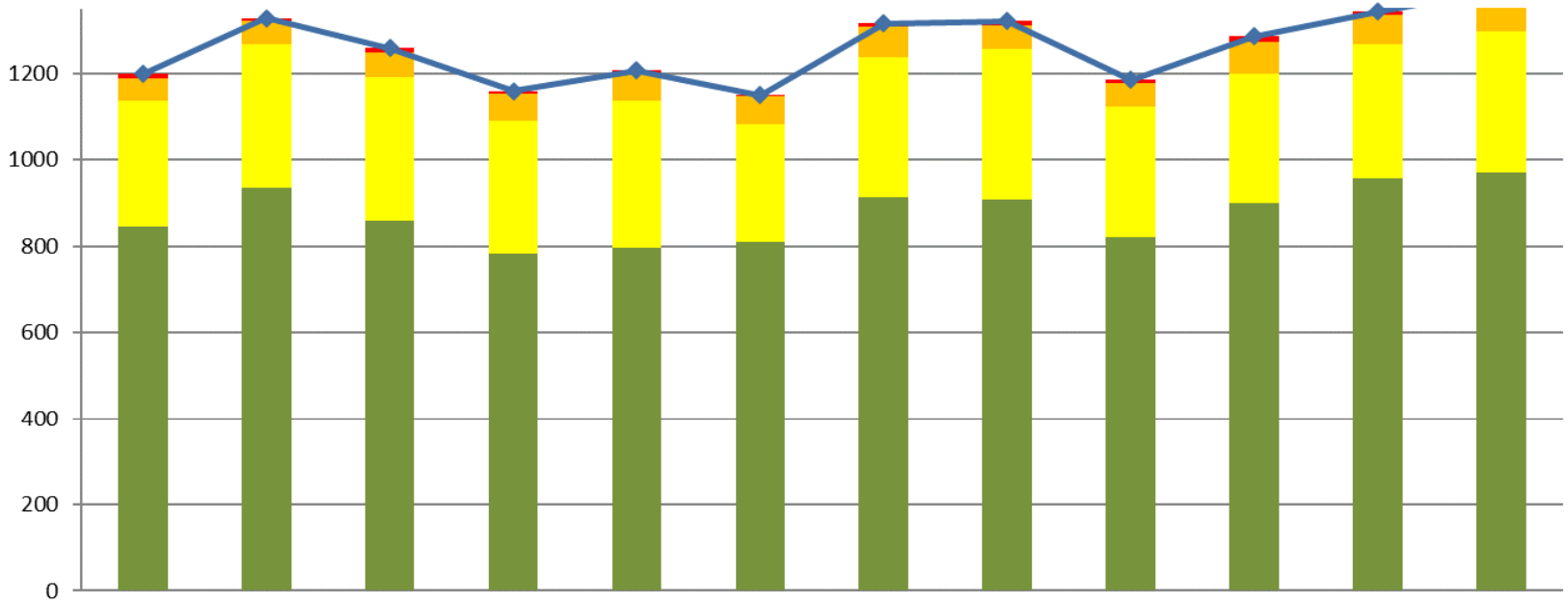
Patient Safety Partners
The three patient safety partners (this is a volunteer role) was inducted into the patient safety team in February 2024. The next steps are for the PSPs to meet again and discuss work allocations.

Safety First

Summary of Incidents

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

95% of incidents reported in March 2024 resulted in no harm or low harm or were not under the care of SWYPFT.
No never events reported in March 2024



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Red (should not be compared with SIs)	11	6	10	7	9	3	8	9	9	14	8	14
Amber	51	55	58	63	60	65	69	56	54	73	67	83
Yellow	291	330	330	307	342	272	324	349	301	300	310	327
Green	845	936	860	782	795	810	914	907	821	899	957	970
Total	1198	1327	1258	1159	1206	1150	1315	1321	1185	1286	1342	1394

Safety First cont…

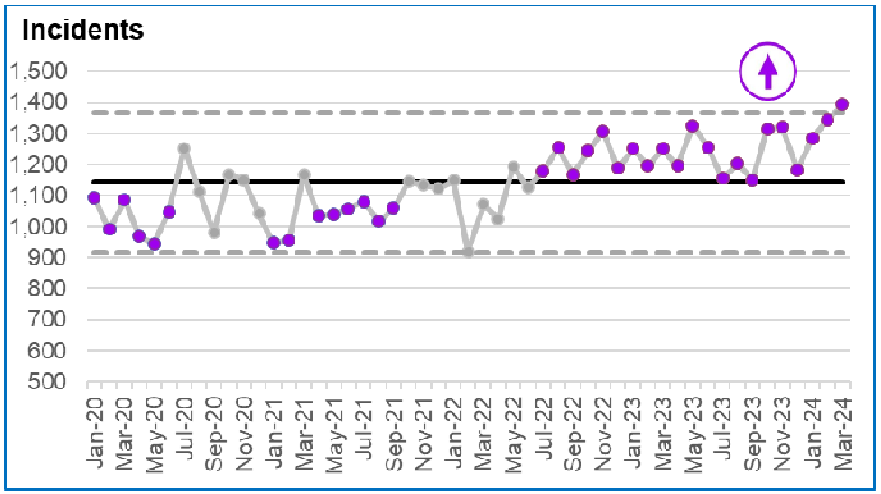
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

Breakdown of incidents in March 2024
42 moderate harm incidents:
The most common incidents were pressure ulcers, self harm and falls.

2 Severe harm incidents:
These include pressure ulcers and self harm.

Sadly, there was also one patient safety related death.

Incidents



We remain in a period of special cause variation (something is happening and this should be investigated) in March 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.
Further examples can be found on the SWYPFT intranet page.

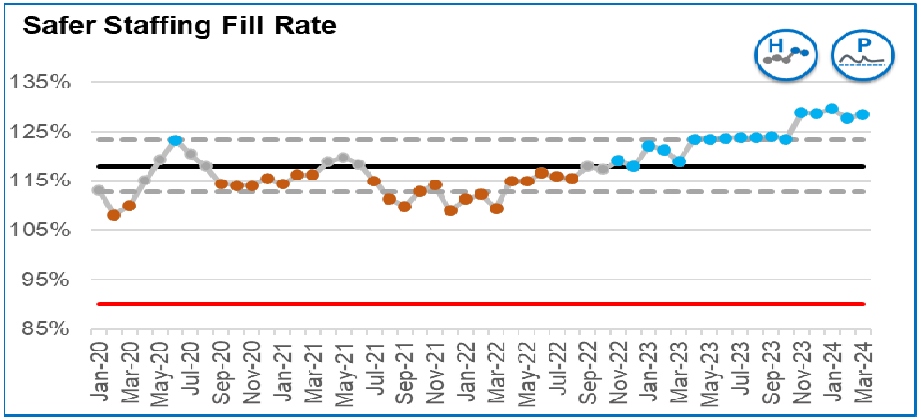
If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

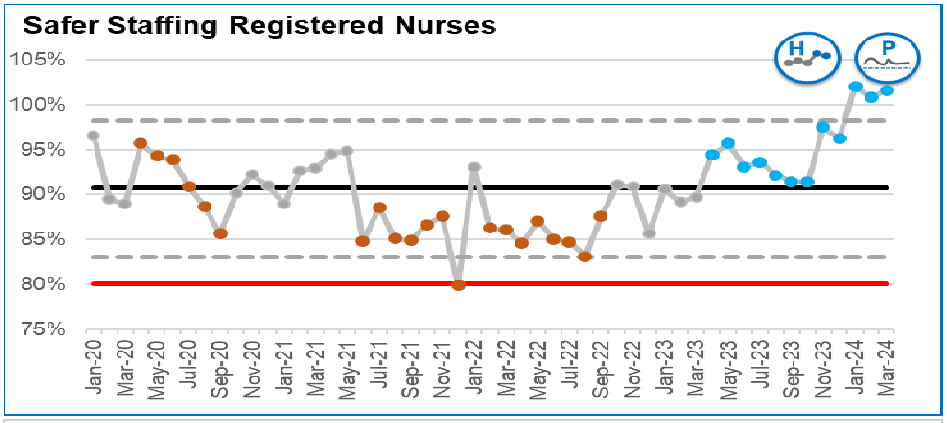
There were no patient safety alerts issued in March 2024

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

Safer Staffing Inpatients



The chart above shows that as at March 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 March 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 significant increase in March on demand, mainly due to decreased vacancies and annual leave being taken by substantive staff, of the flexible staffing pool with a total of 751 more shift requests with the overall fill rate remaining high. This is historically reflective of March.
- All figures within the care groups indicate a slight increase in overall demand to deal with acuity given the increase in requests correlating with the increase in fill rates and we will closely monitor this trend.
- All international educated nurses have started on their wards.
- Vacancy control groups are being established to ensure that targeted local recruitment replaces the centralised process.
- The safer staffing reports are under review to ensure that we are receiving a narrative that is reflective of the current situation within teams.
- We continue to work around issues within the collaborative bank with around 1500 expressions of interest within the three trusts to join.
- SafeCare is continuing to be pushed to ensure it becomes embedded and a corner stone of discussions around staffing and template reviews with Thornhill providing a good example of how this works.
- We have dedicated time and resource to the roll out of the health roster to accelerate the Programme and introduce check and challenge to realise efficiencies within its usage.
- The overall fill rate has increased by 0.9% to 128.5% with the day fill rate for RNs continuing to improve. Consistent with last month 13 wards have fallen below the 90% RN day fill rate.
- In March no ward fell below the 90% overall fill rate threshold, which was a decrease of one.

Safer Staffing Inpatients cont…

Registered Nurses Days
Overall registered Day fill rates have increased by 1.8% to 94.5% in March compared with the previous month.

Registered Nurses Nights
Overall registered Night fill rates have decreased by 0.3% in February to 108.6% compared with the previous month.

Overall Registered Rate: 101.6% (increased by 0.8% on the previous month)
Overall Fill Rate: 128.5% (increased by 0.9% on the previous month)

Fill Rate	Jan-24	Feb-24	Mar-24
Adults and Older People	136%	136%	138%
Barnsley Integrated Services	111%	110%	114%
Forensic and LD	122%	117%	116%
Grand total	**130%**	**128%**	**129%**

Registered day rate	Jan-24	Feb-24	Mar-24
Adults and Older People	89%	91%	95%
Barnsley Integrated Services	103%	105%	99%
Forensic and LD	94%	93%	93%
Overall shift fill rate	**92%**	**93%**	**94%**

Registered night rate	Jan-24	Feb-24	Mar-24
Adults and Older People	113%	108%	106%
Barnsley Integrated Services	90%	80%	85%
Forensic and LD	116%	114%	116%
Overall shift fill rate	**113%**	**109%**	**109%**

- Bank staff filled 68.26% (increased by 5.65% on the previous month) of RN requests for flexible staffing and 85.17% (decreased by 1.05% on the previous month) of HCA requests.
- Agency staff filled 11.21% (a decrease of 2.08% on the previous month) of RN requests for flexible staffing and 10.34% (an increase of 0.01% on the previous month) of HCA requests.
- Health Care Assistants showed a decrease in the day fill rate for March of 5.6% to 146.8% and the night fill rate increased by 4.25% to 154.6%.

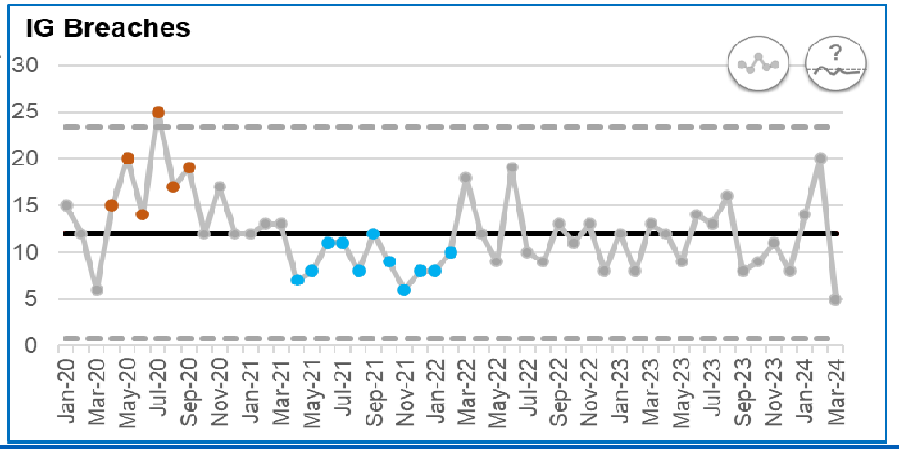
Information Governance (IG)

There were five personal data breaches were reported during March which is the lowest number reported during the 2023/24 financial year. Due to the increased number of incidents reported during February, relevant services have created action plans to prevent a recurrence. A comms campaign continues using a variety of channels to raise awareness of personal responsibility and the consequences of an incident.

All five incidents in March involved information being disclosed in error. They were due to:
- correspondence sent to wrong recipient or address
- sharing information with callers where service user had not consented to the share

The Information Commissioner's Office has notified the Trust of two complaints they have received, pertaining to the Trust's alleged failure to uphold their information rights. The Data Protection Office is investigating and will respond before the advised deadlines.

This SPC chart shows that as at March 2024 we remain in a period of common cause variation.



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.

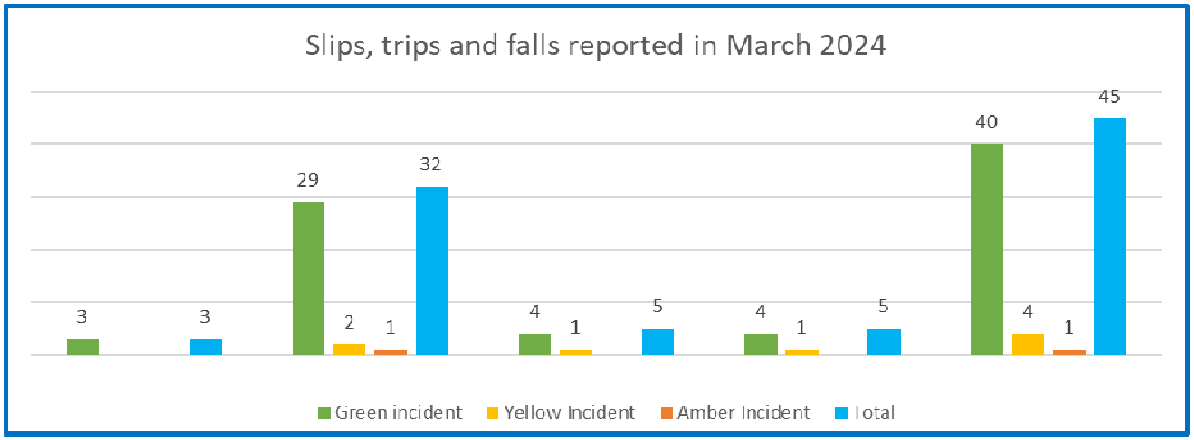
There are some new indicators in this years scheme and the Trust's CQUIN leads group are monitoring progress against the thresholds. The quarter 4 submission is due by the end of May 24. Some risk has been associated with full achievement of the following metrics: staff flu vaccinations and outcome monitoring in adults and older people and children and young people and community perinatal mental health services - actions plans have been in place to mitigate this as far as possible throughout the year and performance monitored via the CQUIN leads group.

National contract guidance states that the CQUIN schemes are to be paused during 2024/25.

Trustwide Falls

March 2024: A total of 45 slips, trips and falls were reported.

The current rate of falls in March is 2.68 per 1000 bed days. We are below the national average of 3-5 falls per 1000 bed days.

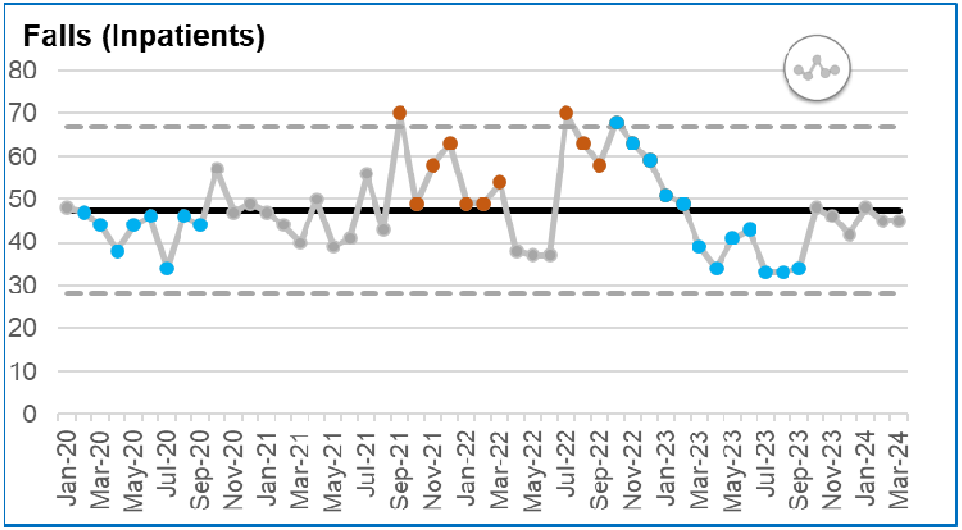


Incident Grading
Amber: 1 (2%) reported incident, younger person fell on an inpatient ward
Yellow: 4 (9%) reported incidents. No significant injuries reported
Green: 40 (89%) reported incidents had low or no harm recorded

Falls by location
• We continue to monitor falls in bedroom areas. This remains consistent with previous months. A meeting to review and discuss this is being arranged.

Falls (Inpatient)

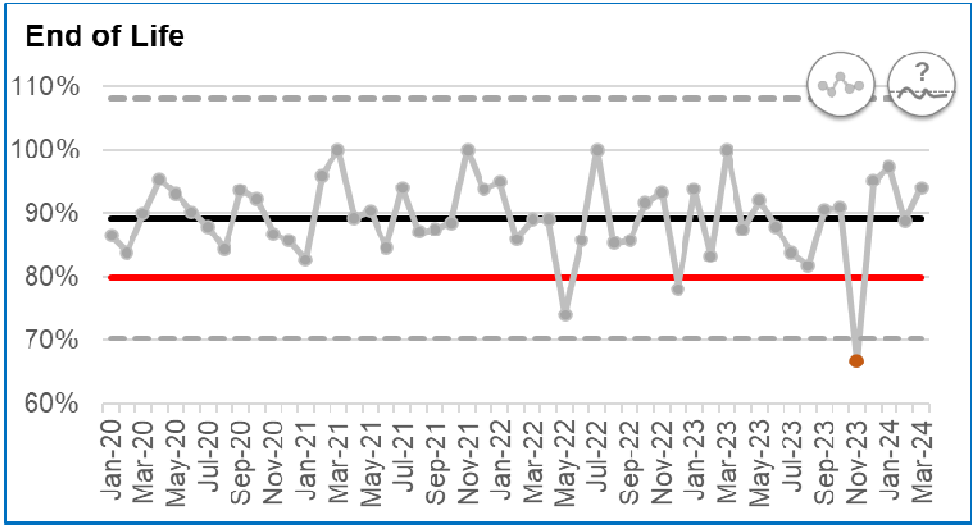
The total number of inpatient falls was 45 in March.



The SPC chart above shows that in March 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 94.1% in March. As is noted in the Quality Headlines Dashboard, performance against this metric remains above threshold this month. This metric relates to the Macmillan service, end of life pathway.



The chart above shows that in March 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	January	February	March
Mental health community	85%	90%(183)	94% (298)	92% (299)
Mental health inpatient	85%	87% (31)	89% (72)	83% (40)
Learning Disabilities	85%	100% (7)	100% (16)	100% (25)
ASD/ ADHD	85%	60% (5)	67% (6)	100% (1)
CAMHS	75%	90% (41)	86% (29)	93% (29)
Forensic	60%	100% (7)	67% (3)	100% (4)
Mental health overall	84%*	**89% (275)**	**92% (426)**	**92% (399)**
Barnsley Gen ops	95%	**97% (318)**	**97% (295)**	**97% (315)**
Trustwide	**85%**	**93% (593)**	**94% (730)**	**94% (715)**

** weighted for 2023/24*

Satisfaction in mental health inpatient and community has declined. ADHD, forensic and CAMHS have seen an increase in satisfaction and learning disabilities has remained the same.

All service lines remain above target except for mental health inpatients which has dipped just below target for the first time in four months.

The number of responses has declined for ADHD, and this will be discussed at the next ADHD Project Group in April 2024.

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

Safeguarding

Safeguarding Adults:
In March 2024, there were 23 Datix categorised as safeguarding adults. Thirteen of these were graded as green, one were graded as yellow, one was an amber and there were no red Datix. The most common subcategories were emotional/psychological abuse, self neglect and sexual abuse.

In addition to the Safeguarding Adults Datix, there were 15 sexual safety Datix of which two were amber, two yellow and 11 green. In all cases reviewed appropriate actions were taken, including Police, local authority safeguarding referrals and support from specialist services were made where required.

Safeguarding Children:
In March 2024 there were 20 Datix categorised as safeguarding children; ten of these were graded as green, nine were graded as yellow, one was an amber and there were no red Datix. The most common subcategory of these Datix was physical abuse. In all of the Datix submitted, SWYPFT safeguarding advice was sought as appropriate.

Complaints

- Acknowledgement and receipt of the complaint within three working days – 20/21 (95% of formal complaints)
- Number of responses provided within six months of the date a complaint received – 8/12 (66%)
- Number of complaints waiting to be allocated to a customer service officer – 0
- Number of cases which breached the six months target who have not had a conversation to agree a new timeframe for completion – 0
- Longest waiting complainant to be allocated to a customer service officer – N/A
- There were 22 new formal complaints in March 2024
- 6 compliments were received
- 12 formal complaints were closed in March 2024
- Number of concerns (informal issues) raised and closed in March 2024 – 41
- Number of enquiries responded to in March 2024 – 93
- Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date and how many upheld = 3

Infection Prevention Control (IPC)

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

Outbreaks - March 2024
- One norovirus outbreak on inpatient wards
- One Influenza A outbreak on inpatient ward

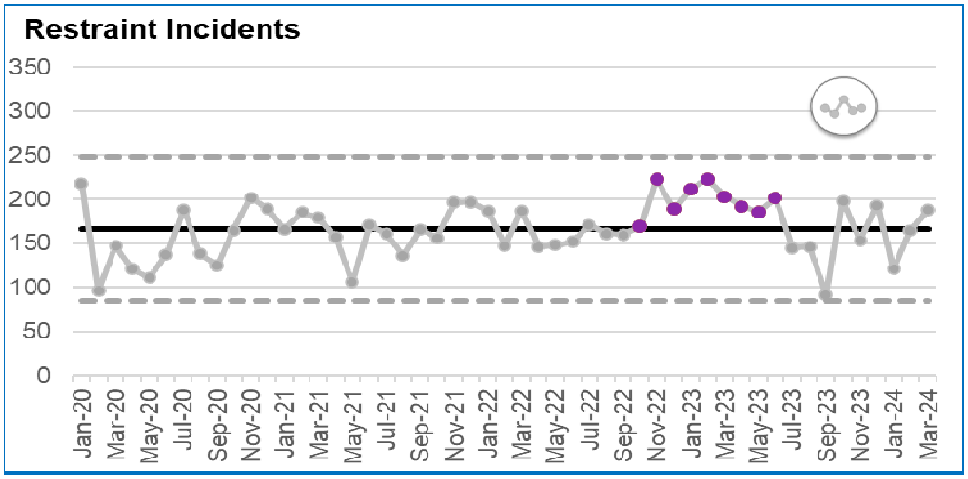
Reducing Restrictive Physical Intervention (RRPI)

- There were 188 reported incidents of Reducing Restrictive Physical Interventions used in March 2024.
- 92.3% of Prone Restraints in March 2024 lasted under 3 minutes.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	108	37.2%
Safety Pod	54	18.6%
Seated	52	17.9%
Supine - held on their back, regardless of surface	20	6.8%
Restricted escort	20	6.8%
Prone descent then remained in chest down position	13	4.4%
Side	9	3.0%
Prone descent then immediately rolled	8	2.7%
Kneeling	7	2.4%

Team Using Prone Restraint	Total
Nostell Ward, Wakefield	4
136 Suite - Unity Centre, Wakefield	1
Ashdale Ward	1
Beamshaw Ward	1
Chippendale, Forensic	1
Clark Ward - Barnsley	1
Newhaven Forensic Learning Disabilities Unit	1
Stanley Ward, Wakefield	1
Walton PICU	1
Ward 18, Priestley Unit	1

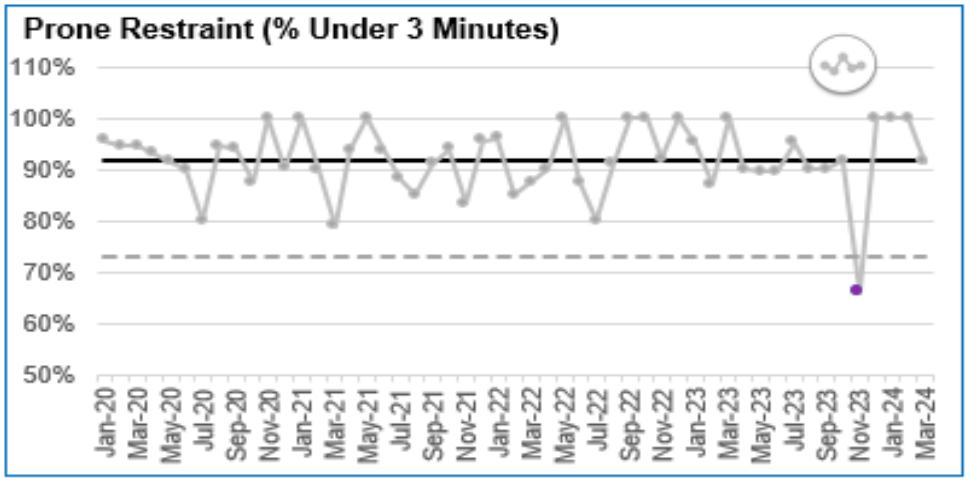
Duration of Prone Restraint	Total
0 - 1 minute	6
1 - 2 minutes	5
2 - 3 minutes	1
3 - 4 minutes	1

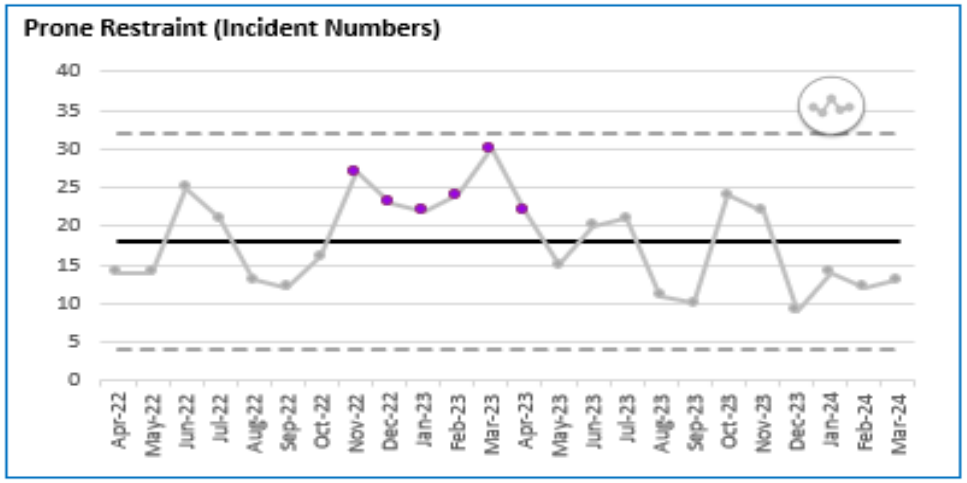


This SPC chart shows that in March 2024 we remain in a period of common cause variation (no concern).

It should be noted that an increase in restraint incidents does not always indicate a deterioration in performance.

Reducing Restrictive Physical Intervention (RRPI)





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	Mar-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	5422.1
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	4605.2
Vacancies			-	818.9	822.0	818.4	796.1	772.1	867.8	897.4	887.0	870.1	876.6	840.6	817.0
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%	11.0%
Starters			-	45.8	54.9	57.5	53.9	64.0	63.3	69.4	61.6	42.8	91.4	49.8	38.3
Leavers			-	39.4	36.5	41.1	51.3	45.2	35.2	51.8	31.9	27.6	30.3	32.8	37.7
International Nurse Starters in Month			-	0	0	0	0	9	10	10	10	5	5	0	0
% Bank Fill Rates - Registered Nurses			-	Reporting commenced August 23				47.8%	49.6%	52.0%	59.1%	52.3%	60.3%	62.6%	68.3%
% Bank Fill Rates - Health Care Assistants			-					69.8%	70.2%	75.9%	80.3%	80.8%	82.2%	86.2%	85.2%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-					90.9%	90.3%	90.6%	93.4%	91.6%	92.2%	92.2%	92.6%
Proportion of staff in senior leadership roles who are from BME background (relates to staff in posts band 7 and above, excludes bank staff) *			-	Reporting commenced August 23				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%)	222 - All staff (16.3%) 94 - excl medics (8.0%)
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%)	953 (70.0%)
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%	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%	4.4%
Employees with long term sickness over 12 months			-	1	0	0	0	0	2	2	0	1	1	0	0
Appraisals - rolling 12 months			May >=78% Overall >=95%	74.4%	74.9%	78.5%	76.5%	74.5%	72.5%	69.7%	73.1%	74.3%	79.6%	82.9%	84.2%
Employee Relations - Suspensions (over 90 days)			-	0	0	0	3	3	3	4	2	2	2	2	3
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%	91.9%
Mandatory Training - Reducing Restrictive Practice Interventions				73.8%	73.8%	76.7%	76.2%	82.6%	82.8%	82.9%	85.0%	81.8%	77.0%	74.0%	73.0%
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%	77.8%
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%	92.5%
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%	96.4%
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%	95.4%
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%	89.2%
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%	90.2%
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%	95.6%
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%	92.8%
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%	91.5%
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%	97.6%
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%	94.1%
Mandatory Training - Mental Capacity Act/Dols				91.6%	93.6%	93.7%	93.4%	94.0%	96.7%	99.6%	99.2%	99.0%	99.1%	99.2%	99.4%
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%	89.1%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism			10%	Reporting commenced February 2024										66.6%	74.4%
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%	92.6%
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%	88.2%
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%	93.3%

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

Turnover

• Our Turnover for 23/24 has seen an overall reduction compared to 22/23 (22/23= 13.5% / 23/24=11.0%).

Stability

• The stability rate has increased on a month by month basis across the year (from 85.4% - 90.5%). This is as a result of our employees being in a great place to work. This can be evidenced by the improvements in our staff survey results where there have been several areas of improvement. Please see Supportive Teams section for further information.

Starters and Leavers / Net Growth

• The Trust has seen ongoing net growth across the year of 232 employees which equates to a net growth percentage of 7.67%. As the new financial year approaches our teams need to refocus on keeping our workforce static throughout 24/25 to meet our planned workforce targets.

• 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 cohort delivery in February and March has been paused.

Vacancies

• Despite the establishment figures growing across the year (5267 full time equivalents (FTE) – 5422 FTE) we have maintained a static vacancy rate 23/24 (818.9 FTE - 8170 FTE). This means our vacancy rate has dropped overall for the year 15.1% (Apr 23=15.9%).

Recruitment

We are pleased to provide an update on the development of our new recruitment dashboard, leveraging PowerBI to enhance our data visualisation capabilities and streamline our recruitment analytics processes. The development of the dashboard was led by our People & Performance colleagues, with valuable contributions from Integrated Change colleagues and members of the recruitment team. This collaborative effort ensured that the dashboard meets the diverse needs of stakeholders across the different care groups and aligns with our strategic objectives. We will focus on enhancing usability, expanding data sources, and incorporating feedback from users. We remain committed to leveraging data-driven insights to drive improvements in recruitment processes, support Equality, Diversity, and Inclusion (EDI) initiatives, and optimise workforce planning. Key Features:

• Integration with NHS Jobs data to provide comprehensive time-to-hire metrics for external substantive staff.

• Measurement of time from advert published to applicant start date, and from advert published to offer accepted, offering valuable insights into recruitment efficiency and effectiveness.

• Inclusion of vital protected characteristic data to support our EDI measures, ensuring alignment with trust values and WRES reporting requirements.

• Visibility of number of advertised roles, number of applications received, number invited to interview, and the number of conversations to offer. This data is also shown by Agenda for Change grade and location, facilitating targeted recruitment strategies and resource allocation.

Keep fit and Well

Absence

Our People Relations staff have been supporting line managers in all areas to actively manage long term sickness cases i.e. following process to review cases, have appropriate meeting etc. to either bring people back to work (or redeploy them) or end their employment on the grounds of medical capability. As a result we have seen the overall sickness rate drop and the lowest absence in month since April 2023. In addition to this our People Business Partners have been working closely with care group leaders to highlight hotspots and provide more guidance for managers.

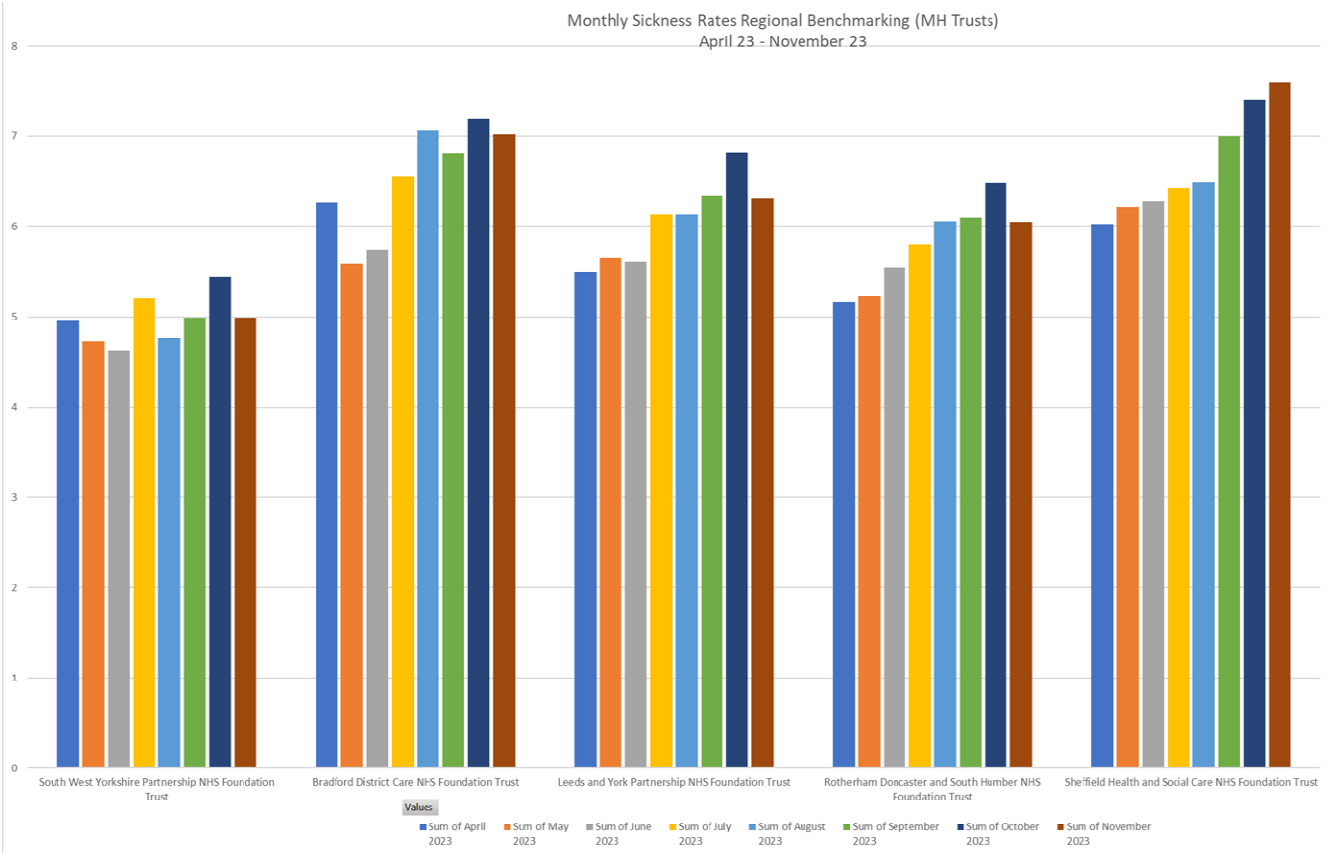
• Our People Business Partners are supporting care groups in providing insightful information regarding areas where high anxiety and stress is applicable. This is allowing managers to focus more attention on these employees to support them back into work,

• Our final overall sickness figure for the year is at it's lowest point at 4.97%.

• Estates and Facilities sickness absence continues to be high at 8.9%. This staff group have seen a consistent monthly rise since April (Apr 6.2%). Further work is being done with our Business Partners to help support Estates and Facilities, along with an internal audit.

- The number of people on long term sick has reduced from 17 to 10 since Jan 2024
- Further investigation into long term and short-term sickness analysis is underway.
- Anxiety/stress, back problems, and other musculoskeletal sickness are the top sickness reasons which the rapid improvement plan will aim to address.

Regional Sickness Benchmarking – April 23 – November 23

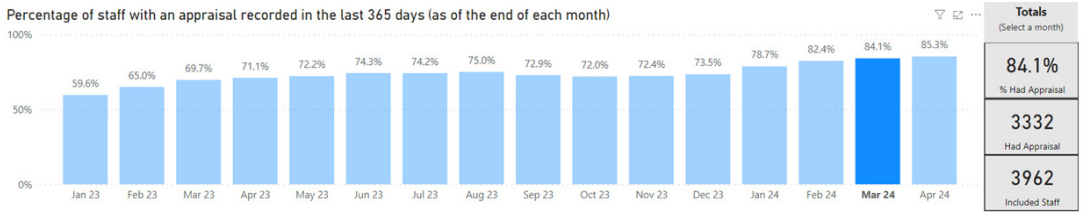


When compared to the April - November 23 published data by NHS England (latest data). we have the lowest sickness absence compared with other regional Mental Health Trusts (See graph).

Supportive Teams

Appraisals

• The new online reporting system for appraisals has been very positive and is reflected in the appraisal compliance.
• Although we are seeing significant improvements in appraisal compliance we have still identified there are some managers not adding their appraisals to the system. Further work has been done between our Learning and Development (L&D) team and managers to provide support in using the system to update appraisals,
• We have increased our rolling appraisal compliance rate again in March '24, which saw an increase, from 82.4% to 84.1%. Our L&D team continue to work towards hitting our Trust Target of 95%, with a milestone target of 90%.



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

Month / Care Group/Level 3/Team	Mar 24 Appraised	Total	%
Barnsley PH	872	996	87.6%
CYP and Families	257	297	86.5%
Forensic	276	347	79.5%
LD Adult ASD ADHD	128	163	78.5%
Mental Health	1224	1480	82.7%
Support Services	575	679	84.7%
Total	**3332**	**3962**	**84.1%**

Training

• Our overall mandatory training compliance remains above target at 91.9%.
• An interim training compliance report has been developed and published to support our managers in improving training compliance. This report will remain in place until the fully developed version is finalised (expected by May '24). Feedback regarding the interim report has been positive.
• RRPI has dropped again this month to 73.0% 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.
• IG has also dropped from 91.8% to 91.5. Communications are sent across the Trust to raise more awareness of the importance of completing IG training. The importance of completing IG training is also highlighted as part of the Team Brief.
• Care group operational and quality leads have established a working group with specialist advisors for CPR and RRPI and Nursing Quality and Professions representatives to collaboratively address issues around compliance, course availability and attendance.

Staff Survey

The NHS Staff Survey response rate increased in 2023 to 51%, from 50% in 2022. This is slightly below the national sector average of 52%. Throughout the survey period the people experience team, working with service leaders, encouraged colleagues to complete the survey using drop-in sessions, visits to Trust locations, use of a prize draw to win an iPad, and sharing work undertaken during 2023 on the staff survey actions.

In the 2023 survey our staff engagement theme score improved to 7.3 from 7.1 in 2022, 2023 sector average score 7.1. SWYPFT's staff engagement score is the best score for our sector in the region and 8th best nationally. Levels of staff engagement vary across the Trust and the OD team is looking at these results and working with services to improve engagement across the Trust. Our staff engagement score has been improving since 2019.

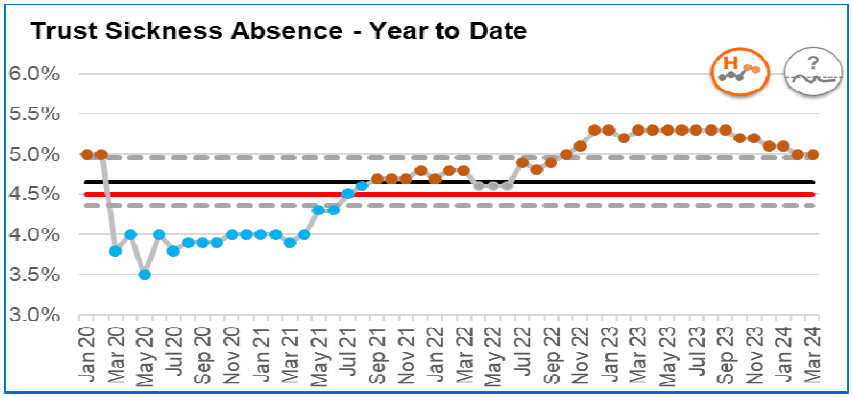
Bullying, harassment and abuse, from service users/public, SWYPFT 23%, this is down from 28% in 2022, 2023 sector average 24%. Bullying, harassment and abuse from managers to staff 6% down from 7% in 2022, 2023 sector average 8%. Bullying, harassment and abuse from other colleagues 12%, down from 13% in 2022, 2023 sector average 14%. For the Trust as a whole, the staff survey results show a reduction in bullying since 2019. However, of concern is the 2023 workforce race equality scheme results which show an increase in harassment, bullying and abuse to Black, Asian and minority ethnic colleagues from staff from 18% in 2022 to 25% in 2023, sector average 21%. This will be a priority in our survey action plan.

Leadership culture. 'Compassionate leadership' sub scale score 7.6, up from 7.4 in 2022, 2023 sector average 7.6. Our compassionate leadership sub scale score has been improving since 2021 (7.3). Compassionate leadership will be a key element of leadership and management development offer in future. 'Line management' sub scale score, which asks questions about satisfaction with line management support 7.5, up from 7.2 in 2022, 2023 sector average 7.4. Our line management sub scale score has been improving since 2021 (7.2).

The Trust has improved in many areas this year. Some further examples of these are below:

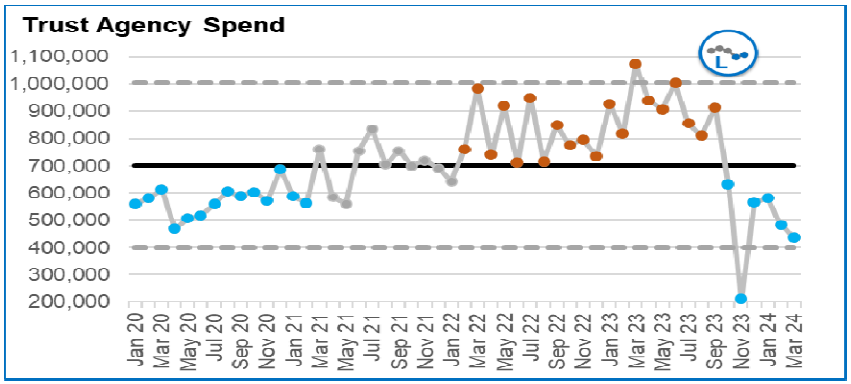
- 70% of our employees think SWYPFT is a great place to work in 2023. This is a 5% improvement from last year (65%)
- Our staff feel safer in their workplace with a reduction in violence and aggression. This is now at 13% (last year 15%)
- Further analysis is currently underway between the people experience 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



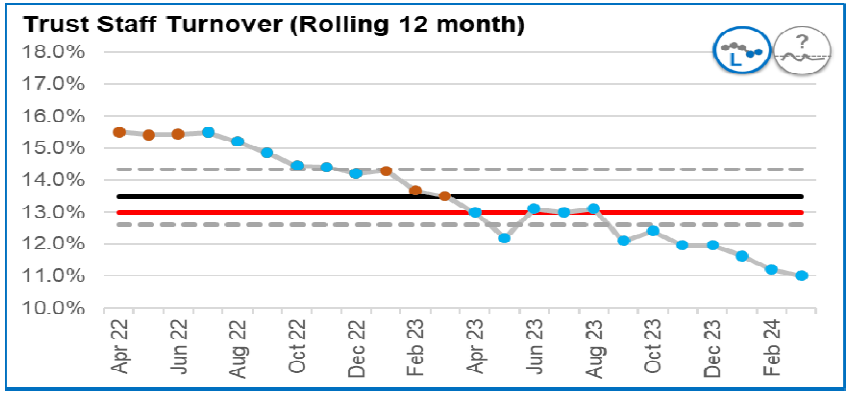
The SPC chart shows that in March 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

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



The SPC chart shows that in March 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 March 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.

MEDICAL APPRAISALS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of doctors due to have an appraisal meeting in the reporting period	37	32	48	48
Number undertaken in period	34	29	42	43
Number not undertaken for which the RO accepts postponement is reasonable	2	3	6	5
Percentage of appraisals taken place and submitted on time	92%	91%	88%	90%

MEDICAL REVALIDATIONS	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
Number of revalidation recommendations due in period	5	6	12	9
Number of positive recommendations	5	6	11	9
Number of deferrals	0	0	1	0
Number of non-engagements	0	0	0	0
Percentage of revalidation recommendations made	100%	100%	92%	100%

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

National Metrics

Data as of : 24/04/2024 14:32:06

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.

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

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 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	434	545	435	589	400	187	66	75	85	104	74	138
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	?		87.1%	87.8%	88.6%	90.3%	93.1%	70%	81.8%	83.8%	83.3%	81.6%	87.2%	83.8%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		52.5%	53.4%	53.2%	50.4%	51.5%	51.6%	52.7%	51.6%	54.7%	50.2%	53.9%	53.0%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	97.9%	99.0%	99.6%	99.0%	99.5%	99.9%	100%	100%	99.7%	99.8%	99.9%	99.9%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	?	L	59.7%	53.6%	83.1%	67.1%	64.4%	74.9%	74.2%	63.0%	64.3%	55.9%	69.2%	66.3%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	H	92.5%	90.6%	92.6%	87.7%	90.7%	88.6%	90.8%	89.0%	91.2%	88.7%	92%	87.5%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		15	11	29	9	18	8	2	9	23	30	28	8
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		3	1	1	1	2	2	1	1	1	1	1	2
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	97.8%	98.6%	99.4%	99.2%	98.3%	98.3%	99.0%	98.8%	98.6%	98.8%	98.7%	99.0%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.8%	99.8%	100%	99.8%	99.8%	100%	99.9%	99.8%	99.8%	100%	100%	99.8%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		50%	80%	100%	70%	66.7%	100%	100%	100%	75%	100%	66.7%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	77.8%	95.8%	100%	92%	91.3%	96.6%	91.7%	93.5%	88.6%	97.1%	97.2%	97.1%
M15	Data Quality Maturity Index		95%	P	H	99.4%	99.2%	99.5%	98.8%	99.3%	99.3%	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%
M19	Talking Therapies - number of people receiving advice/signposting or starting a course.					1306	1603	1578	1470	1403	1477	1745	1713	1315	1621	1416	1357
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		98.9%	98.4%	99.0%	99.2%	99.7%	99.0%	99.1%	99.4%	99.2%	99.7%	99.4%	98.6%
M24	Number of people accessing individual placement and support (IPS) services during the month		13	?	H	23	33	26	37	38	34	35	38	25	48	50	44
M25	Number of individuals accessing specialist community perinatal or maternity mental health services					51	67	53	64	61	70	68	45	38	82	61	56

National Metrics

Data as of : 26/04/2024

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
M30	Number of detentions under the Mental Health Act (MHA)					93	101	93	101	100	97	96	86	98	92	82	99
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					20.4%	17.8%	12.9%	24.8%	19%	22.7%	21.9%	18.6%	18.4%	19.6%	18.3%	18.2%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			98.9%	97.3%	98.9%	99.4%	98.4%	96.6%	97.8%	97.8%	97.7%	97.7%	96.9%	97.7%
M34	% Clients in settled accommodation	⚠	60%			84.2%	84%	84.3%	83.8%	84.3%	84.3%	84.8%	85%	84.5%	84.6%	84.2%	83.5%
M35	% Clients in employment	⚠	10%			11.2%	11.5%	11.7%	12.0%	12.3%	12.6%	12.2%	12.3%	12.6%	13.2%	13.0%	13.5%
M41	Completion of a valid NHS number		99%			99.8%	99.8%	99.7%	99.8%	99.6%	99.6%	99.6%	99.7%	99.7%	99.8%	99.7%	99.7%
M42	Completion of ethnicity coding for all service users		90%			99.4%	99.5%	99.4%	99.4%	99.5%	99.4%	99.5%	99.4%	99.4%	99.4%	96.9%	100.0%
M43	Community health services two hour urgent response standard		70%			87.3%	86.6%	86.1%	88.0%	89.5%	88.6%	88.1%	87.4%	85.3%	86.2%	87.8%	88.2%
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	1336
M45	The number of incomplete Referral to Treatment (RTT) pathways		2000														2598
			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					826	953	910	935	1019	1003	929	862	929	1102	1005	1171
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%	101%
M48	Community services waiting list		5198												4767	5068	5414
			5430						5024	5170	5048						
			5469									4952	4886	4808			
			5652			5420	5298	5131									
M171	% Admissions gate kept by crisis resolution teams		95%			100%	99%	100%	96.6%	100%	99.1%	100%	97.9%	100%	98.1%	98.8%	95.7%

National Metrics

Data as of : 26/04/2024 12:36:06

NHS South West Yorkshire Partnership NHS Foundation Trust

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

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

• 72 hour follow up remains above the threshold at 87.5%.

• The percentage of service users waiting for a diagnostic appointment for less than 6 weeks in the paediatric audiology service remains below threshold and has seen a small decline in March due to school holidays, resulting in staff taking annual leave and parental choice to change appointments. The team continue delivering the improvements on the action plan and have a service review booked in May which will assess the progress against this. Not all appointments are for diagnosis. Overall the average waiting time for an appointment in audiology is 4.4 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 increased to 100%. The routine access to treatment measure has increased in March to 97.1% which is over the 95% threshold. Please see narrative in the Strategic Objectives & Priorities section of this report for further detail.

• Virtual ward: increased demand in frailty pathway has meant over occupancy in month. As pathways within virtual ward are being further established we are continuing to see a steady increase in both acute respiratory infection and frailty patients. We are currently monitoring this increased level against staff capacity, in addition to managing the roll out of digital technology and assessing the impact this has on the pathway.

• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and wellbeing services in Barnsley (aligned to the national community services SitRep). There has been a significant increase in demand for musculoskeletal services in March compared to previous month which is also reflected in the number of incomplete Referral to Treatment (RTT) pathways (Metric 45) and this has impacted the increase for this measure this month. It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting longer than the threshold.

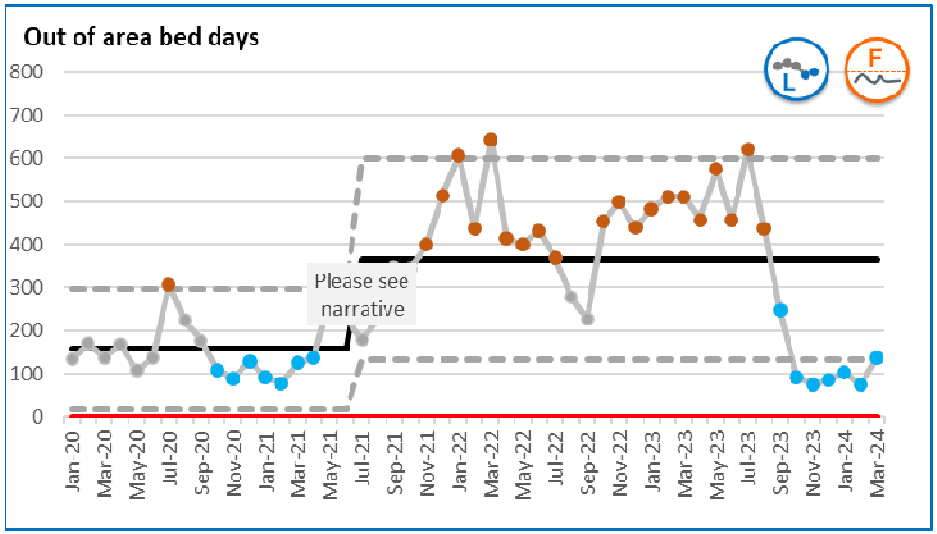
• During March, there were two service users aged under 18 years placed in an adult inpatient ward with a total length of stay in the month of 8 days. Although the Trust has robust governance arrangements in place to safeguard young people, it is concerning that young people continue to need admission into adult beds. This has been escalated by the executive trio to the provider collaborative executive trio and work is ongoing.

• 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% for March. 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 at 96.7% during the month of March. 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 increase in the number of inappropriate out of area bed days in March 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.

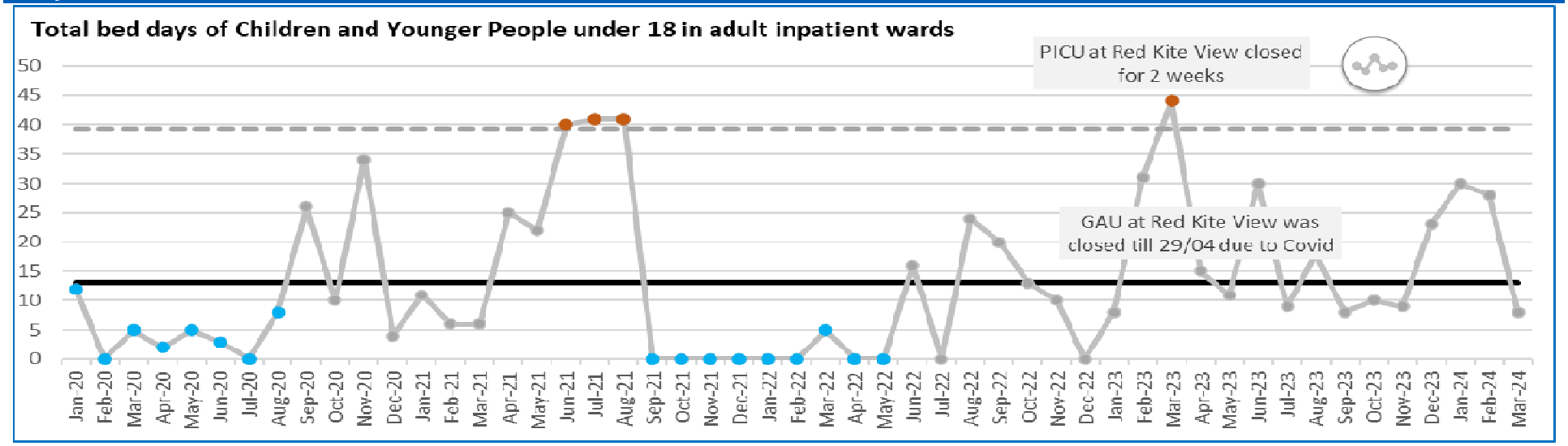
Summary	Actions	Assurance
The Trust remains in a period of special cause improving variation following a significant decrease in the number of bed days used.	The culmination of the work of the improvement programme which has focussed on: - Addressing barriers to discharge and reducing delays for people 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 March the following data quality issue has been identified in the reporting:

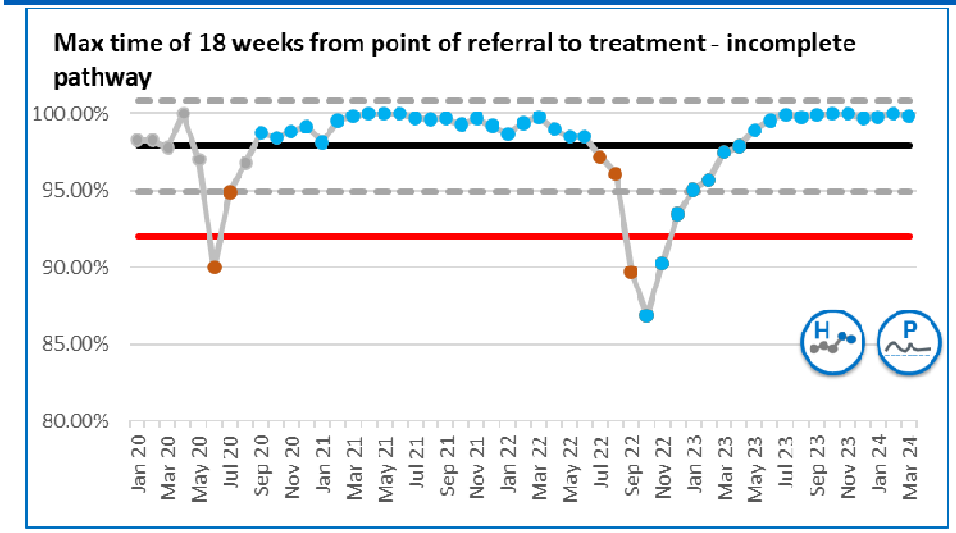
- The reporting for employment and accommodation shows 18.4% of records have missing employment and/or accommodation status with a further 1.4% that have an unknown employment status and 1.0% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

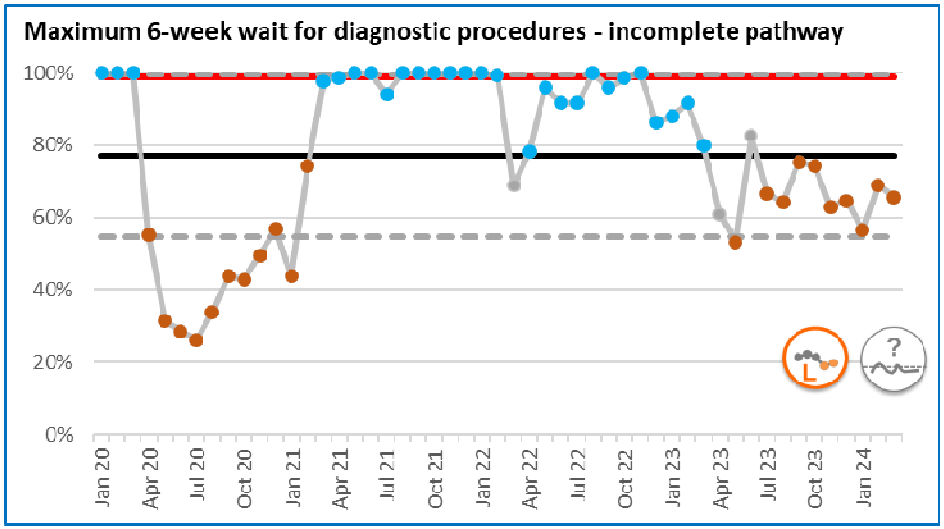
Analysis



The statistical process control chart (SPC) above shows that in March 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 March 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.
Actions are in place to address underperformance in mandatory training. Staff rostering for inpatient wards ensures the availability of appropriately trained staff at all times.
Positive recruitment, particularly to band 5 roles has not yet had a commensurate impact on substantive staffing capacity on wards as recruits are still undergoing preceptorship, training and induction.
Overall, improved appraisal compliance, improved supervision, reduced sickness and reduced turnover interlink to have a positive impact on staff wellbeing.

Current average OPEL level

2.56

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

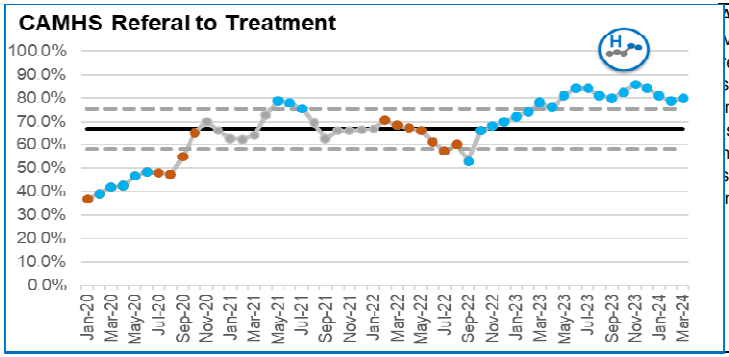
Child and adolescent mental health services (CAMHS)

Headlines

Neurodevelopment waits remain a concern 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.
Work is underway to address underperformance in mandatory training.

CAMHS

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	84.1%	84.6%	88.4%	
% Complaints with staff attitude as an issue	< 20%	0% 0/4	0% 0/1	0% 0/2	
% of staff receiving supervision within policy guidance	80%	75.6%	74.6%	75.7%	
CAMHS - Crisis Response 4 hours	N/A	98.3%	95.2%	95.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.0%	75.2%	78.7%	
Eating Disorder - Routine clock stops	95%	97.1%	97.2%	97.1%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	66.7%	100.0%	
Information Governance training compliance	>=95%	92.6%	92.6%	90.4%	
Reducing restrictive physical interventions training compliance	>=80%	68.6%	70.6%	75.3%	
Sickness rate (Monthly)	4.5%	4.5%	4.0%	4.9%	
% rosters locked down in 6 weeks					



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

Alert/Action

- Work to address all underperformance in mandatory training continues. Improvements have been noted in all areas of mandatory training except Information Governance and actions have been taken to remind teams to address this. The new Trust wide reporting system will make it easier to monitor and manage training at team level.
- Calderdale CAMHS continue to see increasing numbers waiting for services, reaching the highest since July 2023, plans are ongoing to manage the referrals and numbers waiting. Kirklees CAMHS has seen a slight increase in the numbers waiting for services, reaching the highest since September 2023.
- Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. A robust action plan is in place but a shortfall between commissioned capacity and demand remains and additional waiting list resources have now ceased causing further impact on the numbers waiting. This has been recorded on the risk register.
- The shortage of specialist residential and specialist inpatient bed places leading to inappropriate stays for young people on acute hospital wards and in Trust in-patient beds. This is noted on the Trust risk register and has been escalated through the provider collaborative. Work continues with the provider collaboratives to improve patient flow

Advise

• Crisis response times are generally met, however when there is a breach, a review of the circumstances is undertaken and learning shared within the team as appropriate.
• The number of referrals into the service has remained stable and average wait times from referral to first contact have reduced or been maintained within all areas. Efforts continue to reduce these further alongside the development of a 'while you wait' offer to support people to wait well.
• The number of cases waiting for a service in Barnsley continues to remain stable, conversations are taking place about pathways and resource optimisation alongside conversations about funding with commissioners.
• The number of cases waiting for partnership work over six months has increased in Barnsley, Kirklees and Calderdale. These are small numbers and this will continue to be reviewed.
• Kirklees have not met the threshold for routine clock stops in Eating disorders for 1 young person, MDT and managerial oversight is always in place for any breach, these are often due to family requests or changes in circumstances. All urgent cases have been seen within the expected timeframes.
• There has been a slight increase in reporting of incidents, these are all monitored for learning through the children's services governance group. An increase in incidents being reported does not necessarily cause concern as this is an indication of a learning and reporting culture.
• There has been a reduction in ethnic coding in Barnsley and this will be explored to understand any learning and training needs.
• Appraisal rates are continuing to improve and performance and are expected to be 90% by the next reporting period, continuing to aim for the 95% target.
• Clinical supervision remains an ongoing are of improvement and the care group are working with the nursing directorate to improve processes and recording of data.
• There has been an increase in sickness with the exception of secure CAMHS, the reason of stress and anxiety has been a theme – this is reflected in the staff survey where work pressures and expectations are impacting on wellbeing due to vacancies in teams and waiting times for families causing distress.

Assure

• Barnsley mood and emotional pathways have seen a significant drop in the average number of days wait from referral to treatment, this is the lowest it has been in the last 12 months.
• Friends and family test results remain positive with Calderdale and Wakefield both receiving 100%
• Secure CAMHS sickness has reduced and recruitment to vacant posts is going well.
• Recruitment to vacant posts is going well in all areas, the teams are looking forward to new starters joining the services.
• Partnership working is going well and we are proactively engaged with provider collaboratives in South and West Yorkshire to strengthen interface with inpatient providers and improve access to specialist beds.

Adults and Older People Mental Health

Headlines

The improvement work continues to contribute to reduced reliance on out of area bed use. The Trust is a positive outlier and has shared learning and actions with neighbouring Trusts, whilst still recognising that this is an ongoing challenge.
The data shows a reduction in the number of people who are clinically ready for discharge, but this does not accord with operational understanding. Further work is underway to clarify this position.
High acuity and high occupancy on wards is directly linked to the work on reducing reliance on out of area beds, the work underway in the intensive home based treatment teams to gatekeep admissions and support people at home significantly helps to manage the overall position.
Wards continue to reporting an increased pressure from the number of learners who require support. Support has been drawn from retired, experienced nurses.
Where 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	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	77.2%	79.9%	82.8%	
% Assessed within 14 days of referral (Routine)	75%	80.5%	81.8%	89.3%	
% Assessed within 4 hours (Crisis)	90%	93.4%	99.0%	98.1%	
% Complaints with staff attitude as an issue	< 20%	9% (1/11)	0% 0/2	22% (2/9)	
% of staff receiving supervision within policy guidance	80%	71.0%	64.7%	68.0%	
% service users followed up within 72 hours of discharge from inpatient care	80%	88.7%	92.0%	87.5%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.1%	96.8%	96.4%	
% Treated within 6 weeks of assessment (routine)	70%	96.3%	97.0%	97.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.9%	77.0%	77.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	73.5%	74.7%	73.7%	
Information Governance training compliance	>=95%	91.2%	91.1%	92.0%	
Reducing restrictive physical interventions training compliance	>=80%	70.1%	72.8%	74.2%	
Sickness rate (Monthly)	4.5%	5.0%	5.0%	3.8%	
% rosters locked down in 6 weeks					

Mental Health Inpatient

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	77.7%	89.0%	91.3%	
% bed occupancy	85%	87.1%	87.8%	90.6%	
% Complaints with staff attitude as an issue	< 20%	33% (1/3)	0% 0/2	25% (1/4)	
% of staff receiving supervision within policy guidance	80%	87.4%	88.5%	89.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.9%	76.3%	74.7%	
% of clients clinically ready for discharge	3.5%	5.6%	3.6%	3.1%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.4%	90.1%	91.7%	
Inappropriate Out of Area Bed days	92	104	74	138	
Information Governance training compliance	>=95%	89.6%	91.0%	92.2%	
Physical Violence (Patient on Patient)	Trend Monitor	18	22	21	
Physical Violence (Patient on Staff)	Trend Monitor	55	62	107	
Reducing restrictive physical interventions training compliance	>=80%	77.9%	78.3%	75.8%	
Restraint incidents	Trend Monitor	65	87	***55***	
Safer staffing (Overall)	90%	135.7%	135.5%	137.6%	
Safer staffing (Registered)	80%	97.3%	97.1%	98.9%	
Sickness rate (Monthly)	4.5%	6.2%	6.4%	5.2%	
% rosters locked down in 6 weeks					

Alert/Action

• Acute wards have continued to manage high levels of acuity.
• There are high occupancy levels across wards and capacity to meet demand for beds remains a challenge. Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
• Workforce challenges have continued with continued use of agency and bank 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. There has been a reduction in % CRFD on a number of wards in March. However, some wards have a higher number of people who are waiting for discharge due to the requirement for specialist placements for people with complex needs, for others the percentage of those delayed is due to the small numbers of patients on the ward, and in other cases judicial processes are required which can be lengthy. Work is ongoing to ensure the categorisation of CRFD is applied consistently.
• There is increased pressure on the wards from the number of learners that require support, for example student nurses, internationally recruited nurses and newly registered staff, which is creating patient safety concerns. In most cases the support is being provided to learners by two to three Registered Nurses, some of whom have recently completed their own preceptorship.
• Demand into the Single Point of Access (SPA) and capacity issues have led to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing with a significant number of vacancies. There has been successful recruitment in Wakefield and Barnsley SPAs and staff are expected to be in post by the end of March 24.
• SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed in all areas. In March 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 remains below target in March 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 March is 52.91% for Kirklees and 50.53% 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, bed occupancy or when an agency nurse is in charge of the ward. At the point of admission a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed.

Advise

• Senior leadership from matrons and general managers remains in place across 7 days.
• Intensive work is underway to consider how quality and safety is maintained on inpatient wards. In addition there is a focus on improving the well-being of staff and service users and focussing on recruitment and retention.
• The care group is actively expanding creative approaches to enhance service user experience and the general ward environments. Challenges and priorities are being identified and included in the workforce strategy and the inpatient improvement priority programme.
• Work continues in front line community services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home including provision of robust gatekeeping, trauma informed care and effective intensive home treatment.
• The care group is participating in the Trustwide work on measuring and managing waits in terms of consistent data and performance measurement.
• Work continues in collaboration with our places to implement community mental health transformation.
• Progress has been made in all areas on ensuring care plans are produced collaboratively and shared with service users. Achievement of the target is being maintained with continued support from Quality and Governance Leads.
• Care Programme Approach (CPA) review performance is above target in all areas, action plans and support from Quality and Governance Leads remain in place.
• The care group recognises the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and there is a commitment for acute inpatient wards to achieve the target of all appraisals being completed. Data cleansing is underway to ensure that WorkPal and Trust performance data reflect actual appraisal activity in service areas.
• For all inpatient wards there has been a review of internal processes to ensure we are capturing all exclusions for supervision figures (there are some staff who are captured in these figures that should have been excluded due to long-term sickness for example). Admin staff will be supporting ward managers to ensure all exclusions are recorded on a monthly basis. Furthermore, there has been particular focus at ward level to understand and address where supervision levels are low. For example, on Ashdale and Elmdale there has been a number of band 6 vacancies impacting on supervision capacity.
• 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 Physical Interventions/ Cardio-Pulmonary Resuscitation and Information Governance). Inpatient General Managers have also discussed how the service manager might support with monitoring this moving forward.
• Work continues towards meeting required concordance levels for Cardio Pulmonary Resuscitation (CPR) training and RRPI (Reducing Restrictive Physical Interventions) training - this has been impacted by some issues relating to access to training and levels of did not attends. There are issues with course cancellations in addition to changes in CPR 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.
•The care group has seen an increase in the number of physical violence (patient on staff) in March. Almost half of incidents related to two service users and have been near misses by intervention. Staff teams have liaised with RRPI team for specialist advisor input as needed.

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:
In line with the national picture, ADHD demand continues to exceed commissioned capacity.
Referral rates remain high across both pathways and the service try to 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. During March the LD team have focussed on people with the longest waits and this has had an impact on staffing capacity to meet the 18 weeks. The data relates to 11 breaches out of 46 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	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	77.8%	76.3%	78.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	100% (1/1)	17% (1/6)	
% of staff receiving supervision within policy guidance	80%	75.5%	77.5%	84.7%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	56.5%	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.9%	75.8%	75.5%	
% of clients clinically ready for discharge	3.5%	57.8%	50.0%	50.0%	
Information Governance (IG) training compliance	>=95%	94.7%	97.2%	94.9%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	83.8%	87.5%	76.7%	

LD, ADHD & ASD

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	38	30	19	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.6%	76.5%	76.8%	
Safer staffing (Overall)	90%	166.6%	164.2%	162.1%	
Safer staffing (Registered)	80%	123.2%	108.5%	116.7%	
Sickness rate (Monthly)	4.5%	3.1%	2.5%	2.7%	
Restraint incidents	Trend Monitor	27	36	***19***	
% 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 service user experience and feedback. Service is looking to use chat pads to aim to improve engagement with service users.
- ICB West Yorkshire Neurodiversity project – Work ongoing across West Yorkshire
- Appraisal 89%↓. The service is seeking to understand why this has reduced and address undercompliance.

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.
- The service has invited 800 people to appointments since April.

Autism Pathway
- Referral rates remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. There are approximately 20 people currently waiting from these areas and the longest wait for assessment is 16 weeks from referral date (although this person has faced a delay following a period of non-engagement).
- Calderdale continues to progress the Any Qualified Provider (AQP) model.

Advise

The service has had discussions with commissioners to find the best solutions to challenges in Places pending a West Yorkshire solution for Calderdale, Kirklees and Wakefield.
- 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 training not above the target have plans in place to address. This applies to RRPI (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%↑ (this is based on local data). The service is working with People Performance to reconcile the local data with the electronic staff record.
• The focused work has led to an increase in supervision to 80.9%↑ 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. In the inpatient ward, staff rostering is used to ensure the availability of appropriately trained staff at all times.

Community Services
• Waiting Lists – Improvement work continues with action plans in place for each locality. Weekly progress meetings will track progress and detailed updates will be provided to OMG/EMT.
• The focus on addressing longer waits has had an impact on staff capacity to address 18 weeks waits and this is noted in the reduction in performance in March 2024. The actions are under review.

ATU (Assessment & Treatment Unit)
• Speech and Language post remains vacant and now back out to recruitment.
• We continue to progress on improvement actions and the service is self-assessing against QNLD standards (Quality Network for Inpatient Learning Disability standards) internally and are sharing both ways with the Bradford ward seeking support from national peers.
• Appointed an Occupational Therapist following several recruitment drives.

Advise

Greenlight Toolkit
• Work continues to progress.

Community
• Challenges continue with the recruitment of specialist in Speech and Language, Psychology and Occupational Therapy.
• Locality trios are improving their clinical pathways locally including crisis, behavioural and dementia.
• Business cases for additional ADHD resource now being revised following commissioner feedback.
• Liaising with ICB's regarding community accommodation that meets the needs of service users both in terms of environment and skills of staff.

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 means that 2 people are experiencing delays in leaving hospital to an appropriate community placement. Whilst plans are now in place for these people, the availability of appropriate placements for people with a learning disability is recognised as a system wide pressure.

Assure

• Friends and Family Test 100%
• Increase in appraisal rates and supervision.
• Sickness on target and well being plans have good levels of engagement from staff.
• Staff survey results demonstrate improvements.
• All localities have exceeded 75% target for annual health checks.

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). A request for assurance from the CQC following the national audit is being responded to.
Staffing in the neuro rehabilitation unit remains a concern with temporary staffing solutions in place to maintain safe staffing levels. The business and service model is being reviewed.
Clinical supervision uptake and recording has improved with the targeted action, but remains a concern and is being addressed through line management support and oversight.

Barnsley General Community Services

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	81.5%	85.8%	86.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/3)	0% (0/1)	0% (0/1)	
% people dying in a place of their choosing	80%	97.4%	88.9%	94.1%	
% of staff receiving supervision within policy guidance	80%	47.3%	53.6%	62.6%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.6%	79.1%	80.1%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	>=95%	93.6%	94.0%	95.7%	

Barnsley General Community Services

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.8%	99.9%	99.9%	
Maximum 6 week wait for diagnostic procedures	99%	56.5%	69.0%	65.7%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.0%	100.0%	80.0%	
Safer staffing (Overall)	90%	110.6%	110.1%	113.6%	
Safer staffing (Registered)	80%	98.7%	96.9%	94.0%	
Sickness rate (Monthly)	4.5%	3.8%	4.2%	4.1%	
% rosters locked down in 6 weeks					

Alert/Action

- NRU (Neurological Rehabilitation Unit) safer staffing figures continue to show mostly green with a dip to amber this month at 79.8% for Registered Staff on NRU. Ongoing challenge to fill trained staff shifts; we continue to supplement with untrained staff. Work ongoing with Finance and Contracting colleagues to revise the service / business model. This issue has been logged on Datix and is also on the local risk register. In addition, a meeting with Safer Staffing Project Manager is planned for April 2024.
- The CQC has requested from all providers, information and assurance in relation to Paediatric Audiology and that this is shared with Trust Boards. This is being compiled and will be provided to a future Trust Board, in line with the CQC request.

Advise

- Clinical supervision continues to receive a special focus with a drive to improve recording and a further 9% increase has been seen from February to March.
- 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 March has increased to 86.9%.
- Yorkshire Smokefree Wakefield tender submitted – currently awaiting decision.
- Changes to the structures in the Care Group now require work to the reporting portfolios so that the People Directorate, Patient Safety etc. are all reporting on correctly aligned service line portfolios. Changes to the portfolio may impact on the data being reported in terms of overall care group statistics.
- Paediatric Audiology 6-week waits are at 65.7% as at March 2024 with work ongoing to address this.

Assure

- Paediatric Audiology – following the national audit, a visit from integrated care board (ICB) colleagues is planned for 8 May 2024 with a Teams call booked before the end of April 2024.
- Urgent Community Response Service 2-hour target is 88.2% as at March 2024 which is well above the 70% threshold. The team are also working on data quality in order to improve statistical information further. This supports people to avoid admission to the acute hospital.
- 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 March 2024.
- Friends and Family Test (FFT) 97% of people would recommend community services.
- Over 5% increase to 94.12% of people dying in their place of choosing as at March 2024
- Sickness across all Yorkshire Smoke Free (YSF) and Live Well Wakefield (LWW) is showing as 3.95% overall. Managing this through return-to-work interviews.
- Mandatory training overall scores this month has shown an increase for YSF and LWW currently showing as 96.85% compliant.
- CPR training now 80.1% compliant as a care group. To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore there is a potential for up to a 6-week lag before the updated training statistics are showing.
- Information Governance training now 95.7% compliant as a care group.
- No 'Areas for Improvement' (previously known as Lapse in Care) to report for March 2024, for pressure sores.

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.
Liaison with the collaborative is underway to find appropriate solutions for the patients waiting for high secure placements.
Positive recruitment to band 5 roles has not yet had a commensurate impact on staffing capacity as training, preceptorship and induction is still underway.

Forensic

Metrics	Threshold	Jan-24	Feb-24	Mar-24	Variation/ Assurance
% Appraisal rate	>=95%	76.5%	79.1%	79.8%	
% Bed occupancy	90%	83.2%	81.2%	81.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/0)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	92.6%	90.0%	90.9%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.3%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.8%	75.6%	80.4%	
% 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%	91.2%	92.2%	93.4%	
Physical Violence (Patient on Patient)	Trend Monitor	1	3	6	
Physical Violence (Patient on Staff)	Trend Monitor	15	10	8	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	77.8%	76.1%	75.0%	
Restraint incidents	Trend Monitor	29	29	***13***	
Safer staffing (Overall)	90%	115.7%	105.8%	105.5%	
Safer staffing (Registered)	80%	99.2%	97.4%	96.1%	
Sickness rate (Monthly)	5.4%	6.5%	5.3%	6.3%	
% rosters locked down in 6 weeks					

Alert/Action

• Bed Occupancy – Newton Lodge 85.91%↑, Bretton 77.59%↓, Newhaven 63.96%↑.
•Waiting list for medium secure has increased over the last few months. However, 2 service users in Trust forensic services are waiting for High Secure beds and utilising long periods in seclusion. This impacts their overall wellbeing and impacts capacity in the service. Service liaising directly with commissioning hub and NHSE to find alternative solutions.
• Sickness absence – continues to be a concern across the service with year to date data indicating Newton Lodge 6.7%↓ , Bretton Centre 11.7%↓ and Newhaven 7.6%↑.
• Vacancies & Turnover –Service continues to focus on recruitment and retention. Band 5 vacancies have reduced although many of these are preceptees or internationally educated nurses who are not yet able to undertake their full Band 5 roles therefore the impact on reducing bank and agency is yet to be fully realised. Turnover has reduced across the care group.

Advise

• The West Yorkshire Provider Collaborative are planning two events to explore future bed modelling options.
• The West Yorkshire Provider Collaborative continue to develop future intentions for the women's pathways.
• Mandatory training overall compliance:
  Newton Lodge – 91.6%
  Bretton – 90.2%
  Newhaven –87.9%

The above figures represent the overall position for each service. Hotspots in reducing restrictive physical interventions, cardiopulmonary resuscitation and information governance training are being managed and monitored closely.
• Local appraisal data shows 93%. Work, supported by the people directorate business partner is being undertaken with the people performance team to reconcile this data with Trust data.
• NHS survey results are being used to develop an action plan within the service, with a specific focus on addressing issues regarding equality.

Assure

• High levels of Data Quality across the Care Group (100%).
• 100% compliance for HCR20 (historical clinical risk management) being completed within 3 months of admission.
• The friends and family test feedback remains green and this is supported by other activities within the care group that focus on service user feedback.
• 25 Hours of meaningful activity is 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

Appraisal
• Improvement on a number of wards
• Targeted work underway, particularly on Enfield Down and Poplars, to ensure outstanding appraisals are booked and that WorkPal and Trust performance data reflect actual appraisal activity in service areas.

Sickness
• Improvement on Clark, Ashdale and Ward 18 due to return of staff from long term sickness absence. Each individual sickness/return has a high percentage effect on Clark due to the small staff group.
• Increase on Lyndhurst, Ward 19, Stanley and Enfield Down 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
• Ward specific improvement plans in place where required, for example on Stanley where supervision is particularly low.

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, Stanley, Lyndhurst, Ward18 and Ward19F.
• 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, Nostell, Ashdale, Elmdale, Willow, Wd19, Crofton, Enfield Down and Lyndhurst. Compliance on Crofton has also been impacted by a number of new starters requiring the 4-day course.
• 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 Lyndhurst and Elmdale are impacting on compliance.

Bed Occupancy
• Where the bed occupancy exceeds target 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 March 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.
• Enfield Down had 3 registered staff on long term sick in March. The safer staffing target does not take account of the reduction in occupancy due to the flexible bed base.

Clinically Ready For Discharge (CRFD)
• High percentage affect due to small numbers of patients on the ward, 20% CRFD on Poplars relates to 3 people, 1 person is now discharged.
• 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.
• 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.

FIRM Risk assessments
• Percentage compliance is significantly impacted by small number of admissions. Beamshaw, Clark, Walton, Ashdale, Ward 18, Willow and Ward 19 are all red. Each ward has had 1 breach in March.
• 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 Clark and poplars is reflective of current patient population & presentation and risk profile of service users.
• All restraint incidents are reviewed by the RRPI (Reducing Restrictive Practice Interventions) team and no areas of concern have been identified.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	82.6%	95.8%	100.0%
Sickness	4.5%	7.5%	4.8%	4.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	92.9%	90.0%	90.6%
Reducing restrictive physical interventions training compliance	>=80%	67.9%	70.0%	71.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.1%	56.7%	53.1%
Bed occupancy	85%	109.0%	106.2%	111.1%
Safer staffing (Overall)	90%	153.0%	132.7%	132.8%
Safer staffing (Registered)	80%	126.9%	136.6%	139.8%
% of clients clinically ready for discharge	3.5%	6.6%	4.2%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	87.5%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	0	2	2
Restraint incidents	Trend Monitor	1	1	***2***
Prone Restraint incidents	Trend Monitor	0	1	***1***
Unfilled Shifts	Trend Monitor	19	10	8

Clark Suite

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	88.9%	87.5%	100.0%
Sickness	4.5%	7.1%	12.7%	5.1%
Supervision	80%	55.6%	50.0%	44.4%
Information Governance training compliance	>=95%	90.0%	84.2%	95.2%
Reducing restrictive physical interventions training compliance	>=80%	95.0%	89.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.0%	73.7%	71.4%
Bed occupancy	85%	92.2%	92.1%	89.6%
Safer staffing (Overall)	90%	129.3%	159.7%	149.1%
Safer staffing (Registered)	80%	99.8%	100.5%	98.7%
% of clients clinically ready for discharge	3.5%	15.5%	7.0%	2.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	77.8%	50.0%	75.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	1	3
Physical Violence (Patient on Staff)	Trend Monitor	4	5	11
Restraint incidents	Trend Monitor	7	8	***12***
Prone Restraint incidents	Trend Monitor	0	1	***0***
Unfilled Shifts	Trend Monitor	19	14	20

Melton Suite

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	68.2%	87.0%	87.0%
Sickness	4.5%	6.5%	3.6%	0.1%
Supervision	80%	100.0%	90.0%	100.0%
Information Governance training compliance	>=95%	92.0%	96.2%	96.2%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	96.2%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	73.1%	76.9%
Bed occupancy	85%	103.8%	110.3%	98.4%
Safer staffing (Overall)	90%	165.9%	160.8%	160.2%
Safer staffing (Registered)	80%	89.3%	98.3%	97.1%
% 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%	100.0%	100.0%	85.7%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Trend Monitor	0	2	1
Restraint incidents	Trend Monitor	2	9	***4***
Prone Restraint incidents	Trend Monitor	1	0	***0***
Unfilled Shifts	Trend Monitor	6	3	23

Nostell

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	92.6%	96.3%	100.0%
Sickness	4.5%	2.7%	0.8%	1.8%
Supervision	80%	83.3%	88.2%	94.4%
Information Governance training compliance	>=95%	93.5%	96.8%	96.8%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	80.0%	76.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	90.0%	93.3%
Bed occupancy	85%	97.1%	94.4%	88.7%
Safer staffing (Overall)	90%	118.5%	139.3%	151.6%
Safer staffing (Registered)	80%	102.5%	100.8%	100.6%
% of clients clinically ready for discharge	3.5%	13.1%	13.4%	5.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	85.7%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	2	1
Physical Violence (Patient on Staff)	Trend Monitor	1	6	5
Restraint incidents	Trend Monitor	3	11	***3***
Prone Restraint incidents	Trend Monitor	2	1	***1***
Unfilled Shifts	Trend Monitor	4	7	17

Inpatients - Mental Health - Working Age Adults

Stanley

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	84.0%	84.6%	92.0%
Sickness	4.5%	4.6%	8.6%	5.4%
Supervision	80%	88.2%	81.3%	86.7%
Information Governance training compliance	>=95%	92.3%	100.0%	89.7%
Reducing restrictive physical interventions training compliance	>=80%	84.6%	83.9%	82.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.8%	77.4%	69.0%
Bed occupancy	85%	97.1%	97.8%	106.0%
Safer staffing (Overall)	90%	162.5%	158.4%	131.7%
Safer staffing (Registered)	80%	114.5%	118.4%	115.7%
% of clients clinically ready for discharge	3.5%	8.0%	3.8%	4.6%
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	3	1
Physical Violence (Patient on Staff)	Trend Monitor	2	1	2
Restraint incidents	Trend Monitor	8	5	***0***
Prone Restraint incidents	Trend Monitor	3	1	***0***
Unfilled Shifts	Trend Monitor	13	11	12

Walton

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	88.9%	97.1%	100.0%
Sickness	4.5%	6.3%	4.7%	3.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	97.4%	88.6%	94.4%
Reducing restrictive physical interventions training compliance	>=80%	73.7%	79.4%	71.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.6%	88.2%	85.7%
Bed occupancy	85%	93.1%	98.3%	97.2%
Safer staffing (Overall)	90%	127.9%	125.4%	128.9%
Safer staffing (Registered)	80%	92.7%	101.0%	107.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	6.8%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	80.0%
Physical Violence (Patient on Patient)	Trend Monitor	1	3	2
Physical Violence (Patient on Staff)	Trend Monitor	2	1	5
Restraint incidents	Trend Monitor	13	11	***2***
Prone Restraint incidents	Trend Monitor	5	1	***1***
Unfilled Shifts	Trend Monitor	7	8	6

Ashdale

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	84.6%	92.9%	92.6%
Sickness	4.5%	9.9%	10.2%	4.4%
Supervision	80%	90.9%	93.3%	75.0%
Information Governance training compliance	>=95%	90.0%	93.9%	97.0%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	69.7%	66.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	78.8%	75.8%
Bed occupancy	85%	99.7%	99.0%	98.9%
Safer staffing (Overall)	90%	115.9%	125.3%	121.4%
Safer staffing (Registered)	80%	92.9%	82.8%	87.9%
% of clients clinically ready for discharge	3.5%	4.2%	3.9%	2.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	91.7%
Physical Violence (Patient on Patient)	Trend Monitor	3	1	1
Physical Violence (Patient on Staff)	Trend Monitor	0	2	3
Restraint incidents	Trend Monitor	1	3	***1***
Prone Restraint incidents	Trend Monitor	1	0	***1***
Unfilled Shifts	Trend Monitor	1	5	0

Ward 18

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	63.0%	89.3%	100.0%
Sickness	4.5%	3.4%	5.6%	1.8%
Supervision	80%	50.0%	77.8%	87.5%
Information Governance training compliance	>=95%	88.2%	85.7%	90.6%
Reducing restrictive physical interventions training compliance	>=80%	79.4%	82.9%	81.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.5%	74.3%	68.8%
Bed occupancy	85%	95.9%	99.4%	99.3%
Safer staffing (Overall)	90%	125.3%	125.3%	130.1%
Safer staffing (Registered)	80%	84.2%	87.5%	82.4%
% of clients clinically ready for discharge	3.5%	8.3%	5.3%	8.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	83.3%
Physical Violence (Patient on Patient)	Trend Monitor	1	0	1
Physical Violence (Patient on Staff)	Trend Monitor	4	0	11
Restraint incidents	Trend Monitor	5	*6*	***5***
Prone Restraint incidents	Trend Monitor	0	0	***1***
Unfilled Shifts	Trend Monitor	2	4	3

Inpatients - Mental Health - Working Age Adults

Elmdale

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	85.7%	94.4%	85.0%
Sickness	4.5%	9.3%	17.0%	14.6%
Supervision	80%	75.0%	50.0%	81.8%
Information Governance training compliance	>=95%	78.3%	75.0%	85.7%
Reducing restrictive physical interventions training compliance	>=80%	87.0%	80.0%	76.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	63.6%	68.4%	70.0%
Bed occupancy	85%	100.3%	96.6%	96.8%
Safer staffing (Overall)	90%	137.2%	144.5%	128.5%
Safer staffing (Registered)	80%	81.6%	70.9%	69.3%
% of clients clinically ready for discharge	3.5%	0.0%	1.1%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	88.9%	93.3%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	4	5	6
Physical Violence (Patient on Staff)	Trend Monitor	9	10	6
Restraint incidents	Trend Monitor	14	*8*	***3***
Prone Restraint incidents	Trend Monitor	2	1	***0***
Unfilled Shifts	Trend Monitor	6	0	2

Inpatients - Mental Health - Older People Services

Crofton

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	73.7%	95.7%	91.7%
Sickness	4.5%	6.5%	5.8%	0.2%
Supervision	80%	88.9%	90.0%	90.9%
Information Governance training compliance	>=95%	96.2%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	76.0%	80.8%	66.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.0%	92.3%	96.3%
Bed occupancy	85%	82.5%	80.0%	94.6%
Safer staffing (Overall)	90%	185.9%	166.2%	175.1%
Safer staffing (Registered)	80%	161.2%	147.1%	150.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	90.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	4	1	0
Restraint incidents	Trend Monitor	1	2	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	27	38	22

Poplars CUE

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	91.7%	88.0%	84.0%
Sickness	4.5%	2.4%	1.1%	0.7%
Supervision	80%	81.8%	81.8%	100.0%
Information Governance training compliance	>=95%	96.4%	96.4%	89.7%
Reducing restrictive physical interventions training compliance	>=80%	84.6%	84.6%	81.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.5%	84.6%	77.8%
Bed occupancy	85%	72.0%	68.5%	78.9%
Safer staffing (Overall)	90%	210.2%	205.2%	231.7%
Safer staffing (Registered)	80%	115.2%	111.4%	111.2%
% of clients clinically ready for discharge	3.5%	14.6%	9.7%	20.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	0.0%	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	2	2
Physical Violence (Patient on Staff)	Trend Monitor	10	16	35
Restraint incidents	Trend Monitor	8	20	***16***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	39	42	52

Inpatients - Mental Health - Older People Services

Willow

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	85.0%	100.0%	100.0%
Sickness	4.5%	1.1%	0.3%	2.9%
Supervision	80%	100.0%	100.0%	90.0%
Information Governance training compliance	>=95%	100.0%	96.0%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	78.3%	80.0%	76.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	65.2%	76.0%	72.0%
Bed occupancy	85%	47.4%	45.5%	84.2%
Safer staffing (Overall)	90%	136.3%	119.9%	188.0%
Safer staffing (Registered)	80%	98.7%	86.1%	96.9%
% of clients clinically ready for discharge	3.5%	34.7%	22.0%	11.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	66.7%	100.0%	75.0%
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	2	***2***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	13	11	11

Beechdale

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	100.0%	91.3%	91.7%
Sickness	4.5%	10.3%	7.5%	4.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	91.7%	91.7%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	83.3%	84.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	91.7%	84.0%
Bed occupancy	85%	97.8%	96.3%	94.2%
Safer staffing (Overall)	90%	139.8%	138.3%	124.8%
Safer staffing (Registered)	80%	93.4%	97.0%	91.6%
% of clients clinically ready for discharge	3.5%	0.4%	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	2	0	0
Physical Violence (Patient on Staff)	Trend Monitor	5	4	0
Restraint incidents	Trend Monitor	1	0	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	9	5	9

Ward 19 - Male

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	93.8%	93.8%	100.0%
Sickness	4.5%	2.2%	5.8%	6.1%
Supervision	80%	87.5%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	95.2%	91.7%
Reducing restrictive physical interventions training compliance	>=80%	69.6%	75.0%	65.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.0%	90.0%	82.6%
Bed occupancy	85%	91.8%	94.0%	97.6%
Safer staffing (Overall)	90%	117.6%	126.3%	135.7%
Safer staffing (Registered)	80%	76.5%	70.7%	94.7%
% 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%	80.0%	50.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	3	2	2
Physical Violence (Patient on Staff)	Trend Monitor	5	8	16
Restraint incidents	Trend Monitor	0	1	***4***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	4	1	4

Ward 19 - Female

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	81.3%	94.1%	94.4%
Sickness	4.5%	7.0%	8.4%	5.6%
Supervision	80%	100.0%	100.0%	90.0%
Information Governance training compliance	>=95%	89.5%	94.4%	90.5%
Reducing restrictive physical interventions training compliance	>=80%	66.7%	72.2%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	55.6%	52.9%	50.0%
Bed occupancy	85%	94.8%	95.9%	95.1%
Safer staffing (Overall)	90%	108.7%	111.9%	110.8%
Safer staffing (Registered)	80%	77.4%	85.9%	86.9%
% of clients clinically ready for discharge	3.5%	7.0%	1.1%	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	3	2	2
Physical Violence (Patient on Staff)	Trend Monitor	5	8	16
Restraint incidents	Trend Monitor	0	**0**	***0***
Prone Restraint incidents	Trend Monitor	0	**0**	***0***
Unfilled Shifts	Trend Monitor	2	1	0

Inpatients - Mental Health - Rehab

Enfield Down				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	69.6%	72.7%	72.7%
Sickness	4.5%	5.5%	6.4%	7.6%
Supervision	80%	94.7%	94.1%	94.4%
Information Governance training compliance	>=95%	82.7%	91.8%	92.2%
Reducing restrictive physical interventions training compliance	>=80%	76.5%	72.9%	72.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.9%	79.5%	73.9%
Bed occupancy	85%	49.3%	57.2%	54.1%
Safer staffing (Overall)	90%	87.8%	89.1%	92.0%
Safer staffing (Registered)	80%	70.6%	76.3%	78.9%
% of clients clinically ready for discharge	3.5%	0.4%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	0.0%	0.0%	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	0	0	***0***
Unfilled Shifts	Trend Monitor	0	1	2

Lyndhurst				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	95.2%	95.5%	95.0%
Sickness	4.5%	4.7%	5.8%	14.7%
Supervision	80%	83.3%	92.3%	85.7%
Information Governance training compliance	>=95%	85.2%	92.6%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	59.3%	59.3%	64.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.4%	70.4%	68.0%
Bed occupancy	85%	64.1%	69.0%	73.0%
Safer staffing (Overall)	90%	127.6%	95.7%	95.1%
Safer staffing (Registered)	80%	108.4%	102.4%	93.9%
% of clients clinically ready for discharge	3.5%	5.8%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	1	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***
Unfilled Shifts	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 Waterton and Priestley are the only wards failing to achieve compliance focused interventions will seek to address this.
• 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.
• 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. In Newton Lodge all wards are now compliant except for Bronte, Priestley and Waterton but all are showing an upward trajectory from last month
• Priestley is currently experiencing challenges with overall performance due to recent 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 24.8% due to long term sickness (this relates to 4 staff). The service is currently being supported by the People Directorate to address these issues and is anticipating a reduction in this figure imminently.
• Cardio pulmonary rehabilitation compliance on all 4 Low Secure wards remains a focus with all staff now either completed or booked on courses, System in place to ensure there are CPR trained staff on all shifts.
• 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 and March, 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	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	90.5%	85.7%	90.5%
Sickness	5.4%	3.1%	4.4%	3.0%
Supervision	80%	90.0%	81.8%	91.7%
Information Governance training compliance	>=95%	95.7%	95.7%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	82.6%	87.0%	95.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	79.2%	82.6%
Bed occupancy	90%	56.5%	62.5%	60.5%
Safer staffing (Overall)	90%	96.7%	97.3%	96.1%
Safer staffing (Registered)	80%	108.7%	104.3%	113.0%
% 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	1	0
Physical Violence (Patient on Staff)	Trend Monitor	1	2	1
Restraint incidents	Trend Monitor	1	16	***2***
Prone Restraint incidents	Trend Monitor	0	2	***0***
Unfilled Shifts	Trend Monitor	0	0	1

Bronte

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	100.0%	100.0%	100.0%
Sickness	5.4%	0.4%	0.3%	4.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	91.3%	87.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	78.3%	78.3%	70.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.9%	65.2%	75.0%
Bed occupancy	90%	99.5%	98.0%	91.2%
Safer staffing (Overall)	90%	99.7%	99.2%	100.8%
Safer staffing (Registered)	80%	101.1%	94.6%	98.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	3	0	0
Restraint incidents	Trend Monitor	1	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	0	1	1

Chippendale				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	90.9%	90.9%	95.2%
Sickness	5.4%	3.7%	3.8%	2.3%
Supervision	80%	88.9%	90.9%	100.0%
Information Governance training compliance	>=95%	87.5%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	79.2%	81.8%	79.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.0%	90.9%	95.8%
Bed occupancy	90%	91.7%	91.7%	90.1%
Safer staffing (Overall)	90%	145.3%	147.1%	151.4%
Safer staffing (Registered)	80%	117.8%	119.6%	132.4%
% 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	5	4	1
Restraint incidents	Trend Monitor	4	7	***4***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	8	3	5

Hepworth				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	92.0%	92.0%	91.7%
Sickness	5.4%	7.9%	4.1%	4.7%
Supervision	80%	93.8%	100.0%	94.1%
Information Governance training compliance	>=95%	93.1%	89.3%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	75.9%	82.1%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.6%	74.1%	89.3%
Bed occupancy	90%	98.1%	94.7%	85.8%
Safer staffing (Overall)	90%	96.3%	94.2%	95.7%
Safer staffing (Registered)	80%	86.2%	86.0%	82.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0
Restraint incidents	Trend Monitor	7	1	***1***
Prone Restraint incidents	Trend Monitor	5	0	***0***
Unfilled Shifts	Trend Monitor	3	1	4

Inpatients - Forensic - Medium Secure

Johnson				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	89.3%	82.8%	92.9%
Sickness	5.4%	6.4%	2.5%	1.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	93.8%	87.5%	90.3%
Reducing restrictive physical interventions training compliance	>=80%	87.5%	75.0%	67.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.1%	87.5%	90.3%
Bed occupancy	90%	80.4%	79.3%	71.6%
Safer staffing (Overall)	90%	140.2%	136.5%	122.5%
Safer staffing (Registered)	80%	105.8%	116.1%	109.0%
% 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	1	0
Restraint incidents	Trend Monitor	0	0	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	5	6	6

Priestley				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	50.0%	73.7%	77.8%
Sickness	5.4%	15.5%	10.1%	10.2%
Supervision	80%	78.6%	66.7%	75.0%
Information Governance training compliance	>=95%	90.5%	95.2%	95.0%
Reducing restrictive physical interventions training compliance	>=80%	70.0%	50.0%	52.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.0%	75.0%	78.9%
Bed occupancy	90%	89.8%	90.7%	92.2%
Safer staffing (Overall)	90%	94.1%	97.9%	97.3%
Safer staffing (Registered)	80%	69.1%	96.0%	90.6%
% 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	0	2
Restraint incidents	Trend Monitor	1	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	1	1	0

Waterton				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	45.0%	42.1%	40.0%
Sickness	5.4%	4.6%	4.9%	7.5%
Supervision	80%	81.8%	63.6%	60.0%
Information Governance training compliance	>=95%	90.5%	91.3%	89.3%
Reducing restrictive physical interventions training compliance	>=80%	85.7%	69.6%	64.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	61.9%	69.6%	71.4%
Bed occupancy	90%	75.0%	80.2%	91.1%
Safer staffing (Overall)	90%	122.1%	121.6%	128.7%
Safer staffing (Registered)	80%	98.5%	92.0%	100.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	1	1
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	1	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	4	2	8

Inpatients - Forensic - Low Secure

Thornhill				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	86.4%	83.3%	82.6%
Sickness	5.4%	1.0%	0.8%	5.2%
Supervision	80%	92.9%	92.9%	93.3%
Information Governance training compliance	>=95%	95.8%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	70.8%	69.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	62.5%	70.8%	73.1%
Bed occupancy	85%	59.8%	57.9%	64.7%
Safer staffing (Overall)	90%	106.9%	99.1%	96.5%
Safer staffing (Registered)	80%	106.3%	92.4%	96.4%
% 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	1	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	5	4	2

Sandal				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	66.7%	70.8%	69.6%
Sickness	5.4%	8.0%	6.1%	6.8%
Supervision	80%	100.0%	90.9%	100.0%
Information Governance training compliance	>=95%	76.0%	92.3%	89.3%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	65.4%	64.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	52.0%	73.1%	71.4%
Bed occupancy	85%	87.3%	88.8%	76.8%
Safer staffing (Overall)	90%	127.4%	103.0%	101.6%
Safer staffing (Registered)	80%	101.1%	105.7%	103.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	2
Restraint incidents	Trend Monitor	3	0	***1***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	3	1	0

Inpatients - Forensic - Low Secure

Ryburn				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	100.0%	100.0%	87.5%
Sickness	5.4%	36.8%	26.1%	24.8%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	90.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	62.5%	66.7%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	50.0%	55.6%	100.0%
Bed occupancy	85%	100.0%	96.1%	95.9%
Safer staffing (Overall)	90%	104.7%	98.6%	99.1%
Safer staffing (Registered)	80%	109.7%	96.0%	99.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	0	1	0

Newhaven				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	76.2%	81.8%	81.0%
Sickness	5.4%	6.3%	3.9%	9.5%
Supervision	80%	100.0%	81.8%	78.6%
Information Governance training compliance	>=95%	89.3%	92.9%	88.5%
Reducing restrictive physical interventions training compliance	>=80%	78.6%	71.4%	69.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.6%	67.9%	76.9%
Bed occupancy	85%	73.0%	63.4%	65.9%
Safer staffing (Overall)	90%	126.3%	112.0%	109.3%
Safer staffing (Registered)	80%	112.0%	101.5%	87.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	1	1	4
Physical Violence (Patient on Staff)	Trend Monitor	4	0	7
Restraint incidents	Trend Monitor	11	5	***4***
Prone Restraint incidents	Trend Monitor	0	0	***1***
Unfilled Shifts	Trend Monitor	6	4	4

Inpatients - Non-Mental Health

Headlines

Appraisal rate:

• NRU rate is showing as 29.2% - Significant focus during March and further staff are booked for April. Critical staffing levels mean that it has been difficult to release staff from clinical duties (see AAA re NRU staffing levels). However, the Appraisal Dashboard is showing 53.6% as at 16 April. There continues to be some data quality issues / data lags which management team are currently investigating.
• SRU rate has increased from 85.5% to 87.7%. This ward has been impacted by LTS in terms of management/senior staff. The Appraisal Dashboard is showing 91.2% compliant as at 16 April. To Note: 2 appraisals completed and input on 15.4.24 are not yet showing within these statistics; therefore this percentage will increase further when dashboards update.

Supervision:

• NRU figures have reduced from 85.7% to 78.6%. This has been impacted by staffing as noted earlier but we expect this to improve from April.
• SRU figures have increased from 70.4% to 73.1% despite this ward being impacted by LTS in terms of management /senior staff.

Cardiopulmonary resuscitation CPR:

• NRU – reduced from 76.7% to 69.7% as at March 2024. This remains below compliance, however, the critical staffing levels noted earlier in care group narrative are contributing to this position.
• SRU – reduced from 74.6% to 70.5% as at March 2024.
• To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore there is a potential for up to a 6-week lag before the updated training statistics are showing.
• Recovery improvement plan has been in place for IG and CPR within NRU and SRU – see above.

Information Governance (IG):

• NRU – Increased to 97.1% as at March 2024 - remains compliant.
• SRU – slight reduction from 93.5% to 90.8% as March 2024. This is slightly below target.

Sickness:

• NRU – significant improvement for March - reduced from 10.3% in February to 6.8%. This is being managed via HR processes and sickness reviews and a number of staff have returned to work during March.
• SRU – a further significant reduction in sickness for March – reduced from 8.3% in February to achieve 3.2% compliancy. The unit continues to have some long-term sickness which management are aware is likely to continue for an extended period due to nature of illness.

Bed Occupancy:

• NRU 71.2% against target of 80% - since the last week in March, occupancy has dipped and a reduced number of 5 out of the 8 beds have been in use.
• SRU 96.2% - against target of 80%

Neuro Rehabilitation Unit (NRU)				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	50.0%	29.2%	29.2%
Sickness	4.5%	6.6%	10.3%	6.8%
Supervision	80%	69.2%	85.7%	78.6%
Information Governance training compliance	>=95%	87.1%	96.8%	97.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.7%	76.7%	69.7%
Bed occupancy (Barnsley Commissioned beds only)	80%	109.7%	107.8%	71.2%
Safer staffing (Overall)	90%	114.2%	113.2%	120.4%
Safer staffing (Registered)	80%	87.0%	84.7%	79.8%
% 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	2
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	10	5	1

Stroke Rehabilitation Unit (SRU)				
Metrics	**Threshold**	**Jan-24**	**Feb-24**	**Mar-24**
Appraisal rate	>=95%	92.3%	85.5%	87.7%
Sickness	4.5%	8.3%	5.9%	3.2%
Supervision	80%	60.0%	70.4%	73.1%
Information Governance training compliance	>=95%	98.3%	93.5%	90.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.6%	74.6%	70.5%
Bed occupancy	80%	77.7%	96.8%	96.2%
Safer staffing (Overall)	90%	107.9%	107.8%	108.6%
Safer staffing (Registered)	80%	108.7%	107.4%	106.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	***0***
Prone Restraint incidents	Trend Monitor	0	0	***0***
Unfilled Shifts	Trend Monitor	12	16	14

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. There is a system in place to ensure CPR trained staff are on duty at all times which is achieved through effective roster planning.

• Focused attention on information governance training has 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 and is being picked up by Bradfords Chief Operating Officer. The 50% figure relates to two service users, one with a package in place and a tentative discharge date of May and the other service user is currently being assessed by services who can offer the bespoke package required.

Horizon

Metrics	Threshold	Jan-24	Feb-24	Mar-24
Appraisal rate	>=95%	73.1%	71.4%	73.3%
Sickness	4.5%	4.2%	3.3%	3.2%
Supervision	80%	60.0%	83.3%	100.0%
Information Governance training compliance	>=95%	100.0%	97.4%	97.3%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	80.6%	77.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	60.0%	61.1%	62.9%
Bed occupancy	N/A	56.5%	50.0%	50.0%
Safer staffing (Overall)	90%	166.6%	164.2%	162.1%
Safer staffing (Registered)	80%	123.2%	108.5%	116.7%
% of clients clinically ready for discharge	3.5%	60.7%	50.0%	50.0%
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	30	0
Physical Violence (Patient on Staff)	Trend Monitor	38	0	18
Restraint incidents	Trend Monitor	27	36	***19***
Prone Restraint incidents	Trend Monitor	1	0	***0***
Unfilled Shifts	Trend Monitor	18	8	19

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 with/in 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 continues 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. Examples include our 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 has now concluded with over 1500 responses in total. Through March, further consultation activity was completed with a series of roadshows being held. Final survey data has been sent to external providers for analysis with initial data findings and theming due back before the end of April and full report at end of May. The Travel, Transport and Parking working group held its first meeting in March, with further meetings scheduled to focus on solutions to support people with transport needs. Finance, estates, quality, and equality activity all to be taken forward to inform options appraisal. The governance timetable for decision making is being established.	
	Improve our mental health services so they are more responsive, inclusive, and timely	**1. Waits for CAMHS Neurodevelopmental Services in Kirklees and Calderdale:** Wait time to complete the referral appointment in Kirklees is now within 4 weeks (6 months at outset of project). Aim is to reduce further going forward. Continues to be a stabilisation of the caseload size since Feb 2023, any impact of the loss of commissioned funding for additional assessment capacity is being closely monitored as evidence suggests there is likely to be no improvement for the assessment wait without additional capacity to undertake assessment. SWYPFT continues to be involved in discussions with the ICB and WY collaborative on implementation of Choice agenda in Calderdale for Adult ADHD and neurodevelopment services. Transition work with Adult ADHD services in both localities continues to be sustained, with greater equity for others on the waiting list. There are no further large-scale complex change or improvement initiative scheduled for this project. A report of the impact of change and improvement activity undertaken to date has been produced for EMT with the recommendation to support the removal of this project from IATC programme and into operational management. **2. Waits for Community LD (CLD) services:** Phase 2 work has commenced: Training for more staff to complete autism assessments. Business case to resource ADHD diagnostic assessments has been submitted to commissioners for consideration. Locality trios are leading on reviews and improvements of clinical pathways. Each team manager has a full action plan in place to reduce the waits to 17 weeks and under within the next 6 months. The plans target the longest waits and set out the expected number of discharges and allocations within specific time scales to ensure improvement. The operational manager meets with team managers weekly to review progress. EMT support the implementation of phase 2 actions to continue through operational management and governance and removal from IATC programme. **3. Improving Access to Core Psychological Therapies:** Work has commenced on initial qualitative and quantitative data collection and developing a baseline understanding of current activity to inform the Project. 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 areas. 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. Engagement with General Managers has taken place, and a way forward has been agreed. Rapid improvement event to be conducted to identify and action immediate next steps and 3–5 year plan to be included in strategy development. **4. Mental Health Single Point of Access (SPA) Review:** Project initiation activity completed which included initial qualitative and quantitative data collection and baseline understanding of current activity. SPA Core Principles have been defined and recommendations developed for improvement work. A report is being drafted which summarises findings and proposals for next steps. **Care Closer to Home (CC2H) Programme** • Work continuing to sustain the reduction in OoA admissions during a challenging first quarter of the year • Action plan agreed from the outputs of the two staff engagement events • Barnsley engagement event planned for 15th April • Further Calderdale engagement event planned for 29th April • IHBTT SOP work progressing	

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	**Inpatient Priority Programme** Discharge Initiatives continue to track progress in alignment with NHSE principles New standards relaunch for the Barriers to Discharge meeting have been rolled out to all localities Therapeutic Inpatient care improvement plan is in development with leads/timescales Workforce – Ongoing development of Preceptorship support package – to be implemented from April 24 Data - Outcome & Measures Dashboard drop-in training sessions successfully ran to the first cohort of ward staff **Community Transformation (MH)** Care Pathway review task and finish group report on commonality and difference within SWYPFT Pathways aligned to review of Core Services SOP and Enhanced Services SOP. On track May 2024 A subgroup is reviewing the role of Trusted Assessor within the Primary Care Pathway. On track July 2024 Review SMI/PHC Templates and SNOMED coding on templates within SWYPFT and Ardens templates used in Primary Care. May 2024 Analysis of the impact of the Client Activation Tool for EMIS GP Practices in other SWYPFT Services experiencing technical issues. Rescheduled completion date set to May 2024. Higher level Communications Intranet Page. Complete NICHE West Yorkshire CMHT Evaluation draft report has been produced and reads favourably for SWYPFT as an integral partner.	
Improving care	Improve safety and quality	**Care planning and risk assessment** Work is progressing in line with the improvement plan. An improvement workshop was held with frontline colleagues in March to co-design the new look care plan and another is scheduled for 26th April to look at the development of a good practice guide, training, performance and quality metric dashboard. The April workshop will also include feedback on the new care plan design. The monthly Care Planning and Risk Assessment Improvement Group continues and the group reviews challenges with performance and opportunities for improvement at each meeting. Ideas for improvement are monitored through the improvement plan. Communications and narrative about the importance of care plans and risk assessments and timeliness of these is being developed to share during June 2024. **Personalised care (moving on from Care Programme Approach)** Steering Group members continue to engage in national, regional, and local network meetings to progress development of national guidance and best practice. Working with Voluntary Action Calderdale and ICB colleagues to develop awareness of the changes to personalised care provision for communication across WY VCSFE networks. June 2024 Continue to engage with Local authorities. A second session with Kirklees Local Authority is set for May 2024. Progress is communicated trust wide via intranet and to service users and partners via internet. On track April 2024. Development of PROMS measures and co-production with staff of a Care Plan Template. On track April 2024. Principles for key worker and multi-disciplinary team (MDT) functions have been drafted and seeking wider staff views through the service line meetings. June 2024.	
Improving use of resources	Spend money wisely and increase value	**Value for money** Confirmation of value for money (VFM) target 23/24 has been achieved. This is going to be subject to an internal audit. Concerns to deliver the value for money sustainability target for 24/25 escalated at Finance OMG. Weekly VFM meetings to commence with DoS to be chaired by COO and report / update to OMG. Key lines of enquiry previously shared including workforce and non-pay schemes, limited progress and pace, meetings continue monthly; supporting scoping of resources and capacity required to deliver key schemes. Continue to explore the management of culture and behaviours of those involved in delivering the VFM schemes and initiatives with a focus on increasing pace and accountability.	
	Make digital improvements	**Digital Dictation** The tender exercise has been completed and a new supplier (Lexacom) appointed to supply a Trust wide single digital dictation solution. The contract was signed in March. A benefits realisation workshop has been held and further ones will be scheduled during April. A digital graduate started in post on 15th April to support the project. The first mobilisation meeting is scheduled for 19th April. Work continues to identify priority services to roll out the solution to initially based on need.	
Great place to work	People Directorate 90-day plan	**Develop the People Directorate (PD) Team** All actions are now complete and integrated a BAU ways of working.	
		Reduce recruitment time to hire: Actions completed: • Time to Hire Action plan in place co-ordinated with Strategy Lead support. • Values Based Assessment Centre Delivery Plan for 2024 • Recruitment Engagement Activity Plan (draft) and submitted to OMG (Operational Management Group) for approval 28/02 • Communications in place via Trust Bank for clinical support to planned Values Based assessment centre. • Roll out of in-progress tracker across the recruitment team. Allowing for greater visibility on in-progress pipeline, outstanding tasks and actions, improved reporting cycles. • Time to hire (T2H) metric – first phase of T2H in place. Action on track: • Recruitment Knowledge & Understanding - Survey to drive improved ways of working and online recruitment training for recruiting Managers re-started and delivered by Recruitment Leads. 88 responses to date. • Diverse Interview Panels – Scoping setting up a diversity register for panel members, building capacity of available panel members. • EOI for an ATS/LMS/Work Pal replacement with procurement. • Development of Recruitment/Resourcing Dashboard – Task and finish group in place with PB&I support to implement suite of recruitment metrics reportable monthly.	
		80% of Trust staff have received an appraisal in the last 12 months: On track: 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:** Actions taken: (IEN) Monthly meetings re-established with co-ordinated leadership oversight from Daryl Thompson (Chief Nursing Officer) and Nikki Macfarlane (Interim Deputy CPO) under steering group framework. Structured project programme management is now in place with revised task and finish groups identified. New leads identified with representation from all care groups where IEN has presence. Deliverables for each group being scoped out to inform the end-to-end colleague experience for IEN. On track: Support to IENs regarding transition into private accommodation. 8 IEN nurses transitioning from SWYPFT accommodation into private – All complete by May.	
		Improve Quality of Workforce Data: Action Completed: •First stage of end-to-end recruitment time to hire metrics complete Action completed: Quarterly trust wide visa status report in place. •Visa Compliance Reporting in place quarterly and management of Visa data in ESR in place. Trust is 100% complaint re Visa status of all staff. Actions off track/requiring further focus: •DBS (Disclosure and Barring Service) update service compliance reporting under review for inclusion into metrics and reporting •Implementation of project team between PBI/People Directorate to oversee transfer of people data (starting with ESR). Project brief including structure/timeline developed by P&BI to be finalised and agreed with LJ and AS, this will include required BI and People resources to be part of the project delivery team. New action: commenced Discussion/development/capacity plan regarding management of datasets/control and delivery of online information to managers and HRBPs under consultation with PB&I and People Directorate.	
		Improve People Experience Actions completed: •New data monitoring introduced in recruitment for posts 8a and above, VRF line adding to system as check for recruiting managers of diverse panel requirements, monthly reporting on data from recruitment to people experience team so that support can be monitored, and expectations set. •Your voice counts (appreciative enquiry) staff session findings evaluated, and mapping has begun to weave into improving diversity, belonging and inclusion workstreams. Action on track: Inclusive leadership: steering group, established Inclusive leadership workshop and Task and Finish group set up to improve diversity in recruitment selection process targeting 8a and above posts. New Action - Active Bystander principles review. Task and finish subgroup established from All of You Race Forward Group to co-design, co-create and co-deliver How to be an "active" bystander, now to report and support.	
		Improve employee relations support: Action Completed: People Partner offering in line with the entire employee lifecycle defined and now delivered out to stakeholder groups across the trust to excellent feedback. Action Completed: HR Operations Team name change to People Relations Team to align with the rest of the People Directorate. Roles defined to enable a clear tiered service level approach for advice and enquiries for colleagues and managers. Action Requires further focus: PD Policy audit and redesign to support Employee relations. Engagement commenced with staff side w/c 15/01 and tabled at JPF 23/01 on proposals to revamp the existing policies and procedures to more user-friendly formats compliant with current employment legislation and best practice and address access and visibility	
		Develop the workforce plan Action complete: •3rd submission to NHSE required 19th April •Workforce narrative to support workforce plan agreed and sign-off from Acting CPO 14th April – Submitted to EMT for final sign off •Review of final plan and workforce growth rate to EMT timeout 14/05/24. 0% substantive growth agreed with forecasted reduction in temporary workforce (bank & Additional hours) Action ongoing: •Trust wide Strategic workforce plan due as a replacement to existing by Jul 24. Significant skills gap to produce on time, but work ongoing to develop skills within the post holder/support from Head of Resourcing. •Review and redesign of workforce planning/annual planning cycle to develop Care Group Workforce plans •Set up of Workforce planning Steering Group. Implementation and stakeholders being arranged (April 2024)	

Overall Financial Performance 2023/24

Executive Summary / Key Performance Indicators

Performance Indicator		2023/24	Narrative
1	Surplus / (Deficit)	£0.5m	The Trust agreed to a revised surplus position in February 2024. This has been achieved with a surplus of £0.5m (being £0.5m better than the breakeven target).
2	Agency Spend	£8.3m	Agency spend has continued to reduce in March 2024 with total spend of £8.3m in year. This is a £1.7m (17%) reduction from the prior year. Work continues to maintain, and improve, this run-rate into 2024 / 25.
3	Financial sustainability and efficiencies	£12m	The Trust financial sustainability programme has achieved the target of £12.0m. The majority of this is recurrent schemes and those not delivered in 2023 / 24 will continue to form key lines of enquiry for 2024 / 25.
4	Cash	£69.2m	The Trust cash position remains strong although this has reduced to under £70m in March 2024. This was forecast in line with expected revenue and capital payments.
5	Capital	£8.2m	In total £8.2m has been spent against the capital allocation of £8.3m. This is less than 1% lower than plan. Headline achievements in year have focused on safety and sustainability.
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.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 12 (2023 / 24)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0 Executive Summary / Key Performance Indicators

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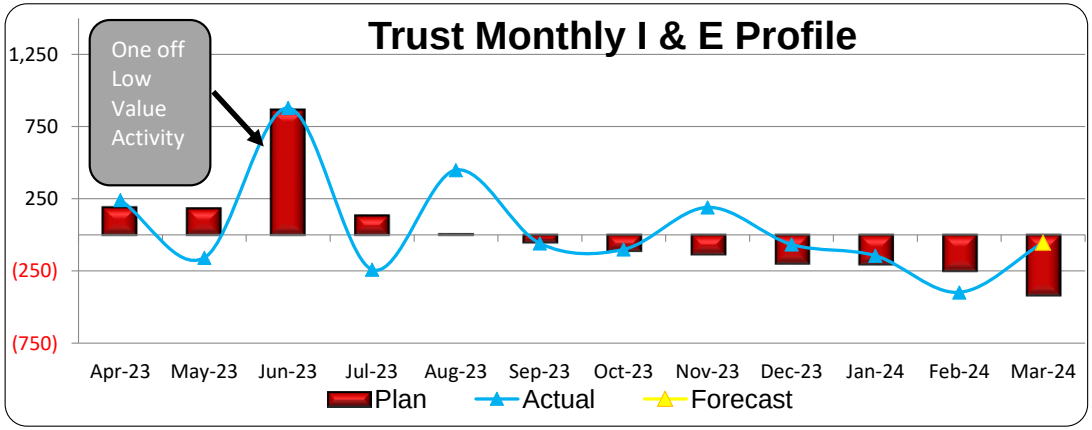
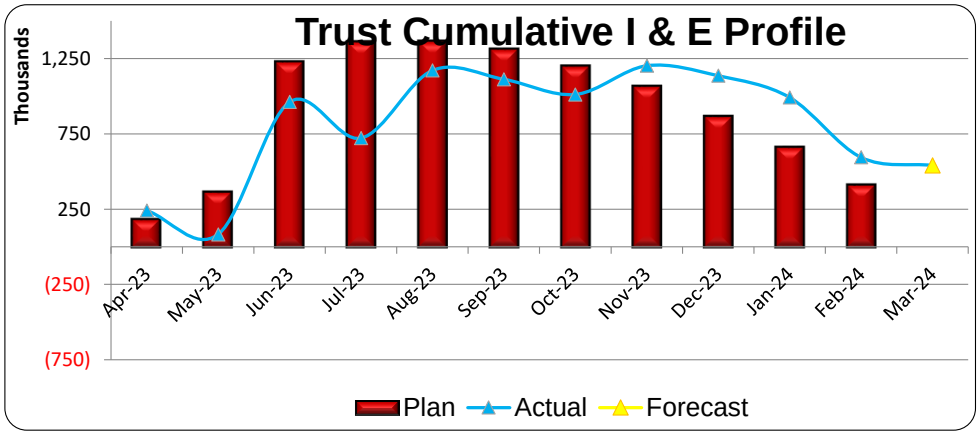
2.0 Income & Expenditure Position 2023 / 24

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

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					34,224	36,883	2,659	399,259	400,723	1,465	399,259	400,723	1,465
Other Operating Revenue					1,487	11,733	10,246	13,362	25,789	12,427	13,362	25,789	12,427
Total Revenue					**35,711**	**48,616**	**12,905**	**412,621**	**426,513**	**13,892**	**412,621**	**426,513**	**13,892**
Pay Costs	5,046	5,110	64	1.3%	(21,492)	(31,267)	(9,775)	(247,903)	(253,473)	(5,569)	(247,903)	(253,473)	(5,569)
Non Pay Costs					(14,232)	(16,994)	(2,762)	(159,691)	(168,571)	(8,880)	(159,691)	(168,571)	(8,880)
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	**5,046**	**5,110**	**64**	**1.3%**	**(35,724)**	**(48,261)**	**(12,537)**	**(407,594)**	**(422,039)**	**(14,445)**	**(407,594)**	**(422,039)**	**(14,445)**
EBITDA	**5,046**	**5,110**	**64**	**1.3%**	**(13)**	**355**	**368**	**5,027**	**4,474**	**(553)**	**5,027**	**4,474**	**(553)**
Depreciation					(481)	(613)	(132)	(5,949)	(6,130)	(181)	(5,949)	(6,130)	(181)
PDC Paid					(179)	(155)	24	(2,148)	(2,124)	24	(2,148)	(2,124)	24
Interest Received					257	360	103	3,070	4,320	1,250	3,070	4,320	1,250
Surplus / (Deficit) - ICB performance measure	**5,046**	**5,110**	**64**	**1.3%**	**(416)**	**(53)**	**363**	**0**	**540**	**540**	**0**	**540**	**540**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(232)	(232)	0	(232)	(232)
Losses Peppercorn Leases (IFRS16)					0	(380)	(380)	0	(380)	(380)	0	(380)	(380)
Revaluation of Assets					0	0	0	0	870	870	0	870	870
Surplus / (Deficit) - Total	**5,046**	**5,110**	**64**	**1.3%**	**(416)**	**(453)**	**(37)**	**0**	**798**	**798**	**0**	**798**	**798**





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	400,723	69,251	1,185	36,426	293,862
Other Operating Revenue	25,789				25,789
Total Revenue	**426,513**	**69,251**	**1,185**	**36,426**	**319,652**
Pay Costs	(253,473)	(1,540)	(113)	(746)	(251,073)
Non Pay Costs	(168,571)	(67,876)	(785)	(36,324)	(63,586)
Gain / (loss) on disposal	5				5
Impairment of Assets	0				0
Total Operating Expenses	**(422,039)**	**(69,417)**	**(898)**	**(37,070)**	**(314,655)**
EBITDA	**4,474**	**(166)**	**287**	**(644)**	**4,997**
Depreciation	(6,130)				(6,130)
PDC Paid	(2,124)				(2,124)
Interest Received	4,320				4,320
Surplus / (Deficit) - ICB	**540**	**(166)**	**287**	**(644)**	**1,063**
Depn Peppercorn Leases (IFRS16)	(232)				(232)
Losses Peppercorn Leases (IFRS16	(380)				(380)
Revaluation of Assets	870				870
Surplus / (Deficit) - Total	**798**	**(166)**	**287**	**(644)**	**1,321**
Surplus / (Deficit) - Forecast	**540**	**(166)**	**287**	**(644)**	1,063

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.

The South Yorkshire Adult Secure collaborative has reported as a deficit for 2023 / 24. Although there are other financial pressues then main driver relates to financial and operational pressure with one independant sector provider.

West Yorkshire Adult Secure, previously reported as breakeven, has transacted the reward share arrangement. This was based on the month 11 forecast position; as costs were higher in March 2024 than forecast this has shown as a small deficit to the Trust.

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					25,524	26,628	1,104	294,784	293,862	(921)	294,784	293,862	(921)
Other Operating Revenue					1,487	11,733	10,246	13,362	25,789	12,427	13,362	25,789	12,427
Total Revenue					**27,011**	**38,361**	**11,350**	**308,146**	**319,652**	**11,506**	**308,146**	**319,652**	**11,506**
Pay Costs	5,025	5,077	53	1.0%	(21,347)	(31,040)	(9,693)	(246,101)	(251,073)	(4,972)	(246,101)	(251,073)	(4,972)
Non Pay Costs					(5,677)	(6,177)	(500)	(57,018)	(63,586)	(6,568)	(57,018)	(63,586)	(6,568)
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	**5,025**	**5,077**	**53**	**1.0%**	**(27,025)**	**(37,218)**	**(10,193)**	**(303,119)**	**(314,655)**	**(11,535)**	**(303,119)**	**(314,655)**	**(11,535)**
EBITDA	**5,025**	**5,077**	**53**	**1.0%**	**(13)**	**1,143**	**1,157**	**5,027**	**4,997**	**(30)**	**5,027**	**4,997**	**(30)**
Depreciation					(481)	(613)	(132)	(5,949)	(6,130)	(181)	(5,949)	(6,130)	(181)
PDC Paid					(179)	(155)	24	(2,148)	(2,124)	24	(2,148)	(2,124)	24
Interest Received					257	360	103	3,070	4,320	1,250	3,070	4,320	1,250
Surplus / (Deficit) - ICB performance measure	**5,025**	**5,077**	**53**	**1.0%**	**(416)**	**735**	**1,151**	**0**	**1,063**	**1,063**	**0**	**1,063**	**1,063**
Depn Peppercorn Leases (IFRS16)					0	(19)	(19)	0	(232)	(232)	0	(232)	(232)
Losses Peppercorn Leases (IFRS16)					0	(380)	(380)	0	(380)	(380)	0	(380)	(380)
Revaluation of Assets					0	0	0	0	870	870	0	870	870
Surplus / (Deficit) - Total	**5,025**	**5,077**	**53**	**1.0%**	**(416)**	**335**	**752**	**0**	**1,321**	**1,321**	**0**	**1,321**	**1,321**

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	5,046	5,110	64	1.3%	(416)	(53)	363	0	540	540	0	540	540
Provider Collaboratives	21	33	12	55.6%	(0)	(789)	(789)	0	(523)	(523)	0	(523)	(523)
Total excluding Collaboratives (as shown above)	**5,025**	**5,077**	**53**	**1.0%**	**(416)**	**735**	**1,151**	**0**	**1,063**	**1,063**	**0**	**1,063**	**1,063**

Income & Expenditure Position 2022 / 23

The consolidated Trust position is a surplus of £0.5m. This is in line with forecast.

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.

This forecast outturn position was increased in February 2024 to a surplus of £0.5m. This was delivered through additional income received and was part of supporting the West Yorkshire ICB to deliver it's overall financial target.

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

As in previous years there is an increase in income reported in March 2024 when compared to the previous run rate. This includes notional income (and expenditure accounted elsewhere) in relation to NHS pension contributions paid directly. (included in other operating revenue line c. £10m).

The majority of the healthcare income is as agreed, and physically paid, by commissioners. This incorporates agreed positions on investments for 2023 / 24 and the part year effect / slippage impact of these.

Pay

Impacted by the pension contribution noted above there is an increase in pay expenditure in March 2024. The subsequent pay analysis normalises this to exclude this value although this still includes other adjustments only transacted at each year end (for example estimates of unpaid bank shifts).

March 2024 has followed the trend of continued workforce growth. This is primarily in substantive staff groups with a small reduction in bank (which by it's temporary nature would be expected to fluctuate depending on demand). 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 additional non pay analysis continues to highlight the trend and variance on non pay expenditure. Spend in year has been impacted by a number of material one off costs which have been agreed.

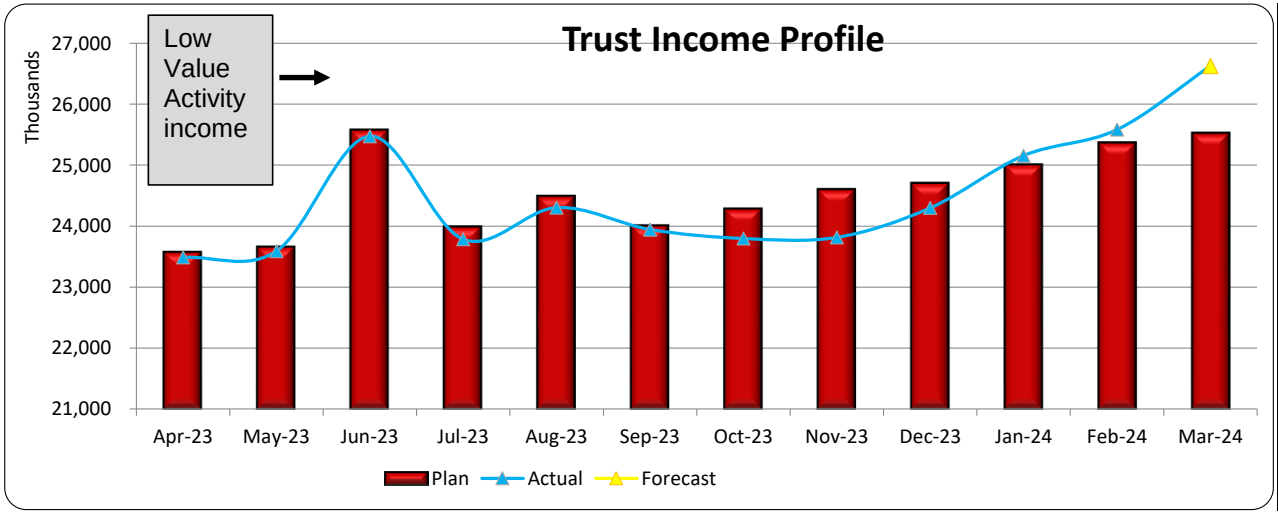
2.1 Income Information

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	21,231	**245,319**	**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	3,897	**34,541**	**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	462	**5,799**	**5,311**
Partnerships	514	584	546	591	472	608	377	493	504	376	755	930	**6,748**	**5,052**
Other Contract Income	197	96	144	102	144	138	140	67	98	130	89	109	**1,454**	**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**	**26,628**	**293,862**	**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**	



The increase in income in March 2024 is in line with forecast. This includes agreed positions with commissioners and the enactment of the West Yorkshire Adult Secure reward share agreement.

This also includes an addiitonal £500k received which has supported delivery of the £0.5m surplus.

Baseline contract values have been agreed with commissioners for 2024 / 25 and these will be updated to ensure that they match current planning guidance.

2.2 Pay Information

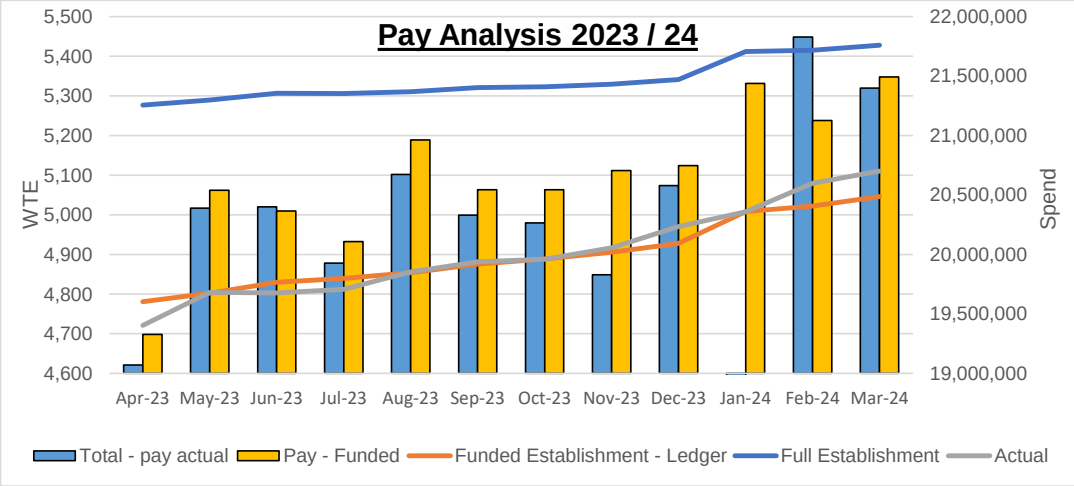
Our workforce is our greatest asset, and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities 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	19,030	**216,264**
Bank & Locum	849	1,355	1,337	1,360	1,481	1,454	1,442	1,511	1,587	795	1,729	1,794	**16,693**
Agency	939	908	1,002	855	810	915	635	209	564	581	483	438	**8,338**
Total	**18,936**	**20,296**	**20,278**	**19,819**	**20,540**	**20,195**	**20,200**	**19,722**	**20,475**	**17,837**	**21,734**	**21,262**	**241,295**
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%	8.4%	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%	2.1%	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	4,604	**4,413**
Bank & Locum	222	314	326	321	356	369	363	387	408	415	438	421	**362**
Agency	157	161	164	163	144	145	126	113	108	103	84	86	**129**
Total	**4,721**	**4,804**	**4,803**	**4,812**	**4,856**	**4,881**	**4,888**	**4,917**	**4,970**	**5,008**	**5,079**	**5,110**	**4,904**
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**



The pay expenditure above excludes the notional pension contribution included within the main Trust financial position. This totals £9,778k and helps to ensure comparability to the previous months and the prior year.

In March there has been a continued growth of the Trust, and specifically substantive, workforce. Worked WTE increased by 46. Agency has remained broadly the same and there was a small reduction of bank, although this still remains higher than the majority of the financial year.

In total there has been an increase of 519 worked WTE from March 2023 to March 2024 which a workforce trajectory that suggests this will continue into 2024 / 25.

2.2 Agency Expenditure Focus

Agency spend is £438k in March.

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.

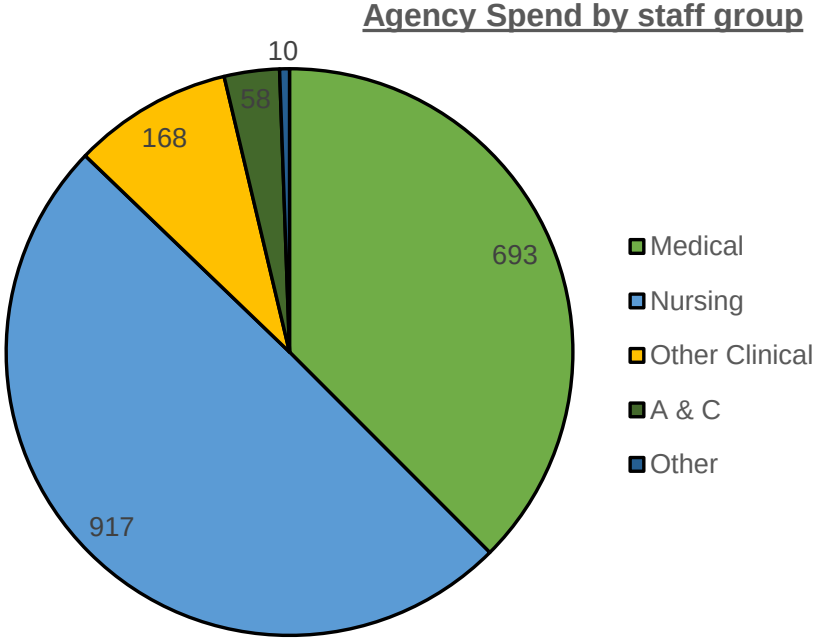
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

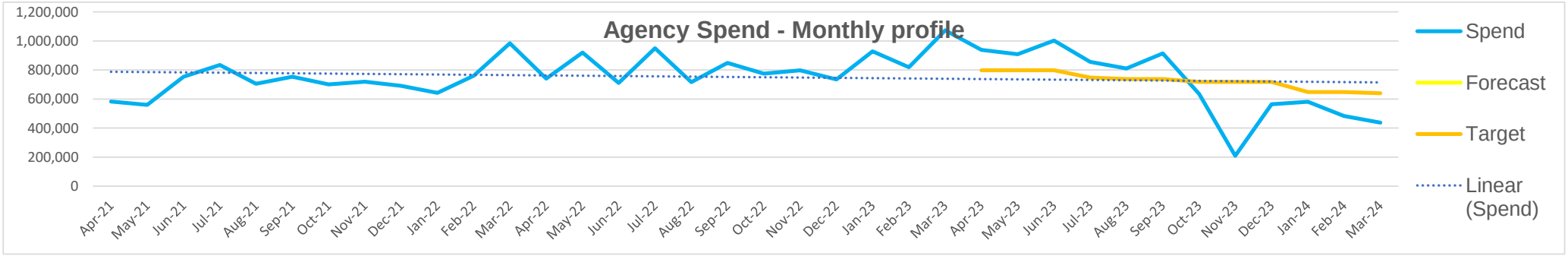
Under the NHS Oversight Framework expected maximum agency levels have been set for 2023 / 24. The Trust planned for delivery of this target at £8.7m. This represents a £1.3m reduction from expenditure incurred in 2022 / 23 and the target trajectory is outlined in the graph below.

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.

March 2024 spend is £438k which is the lowest spend in year (excluding November which included a one off adjustment). Overall there has been a £1.7m (17%) reduction from 2022 / 23 with reductions in most spend categories. The largest has been unregistered nursing and this has been triangulated with changes in substantive and bank staffing. As the largest users of this category of agency staff the biggest care group reductions have been seen in inpatient (adult acute) and Forensics.

Work continues as part of the Trust annual plan and financial sustainability programme to reduce agency spend focusing on where this is the least cost effective option.



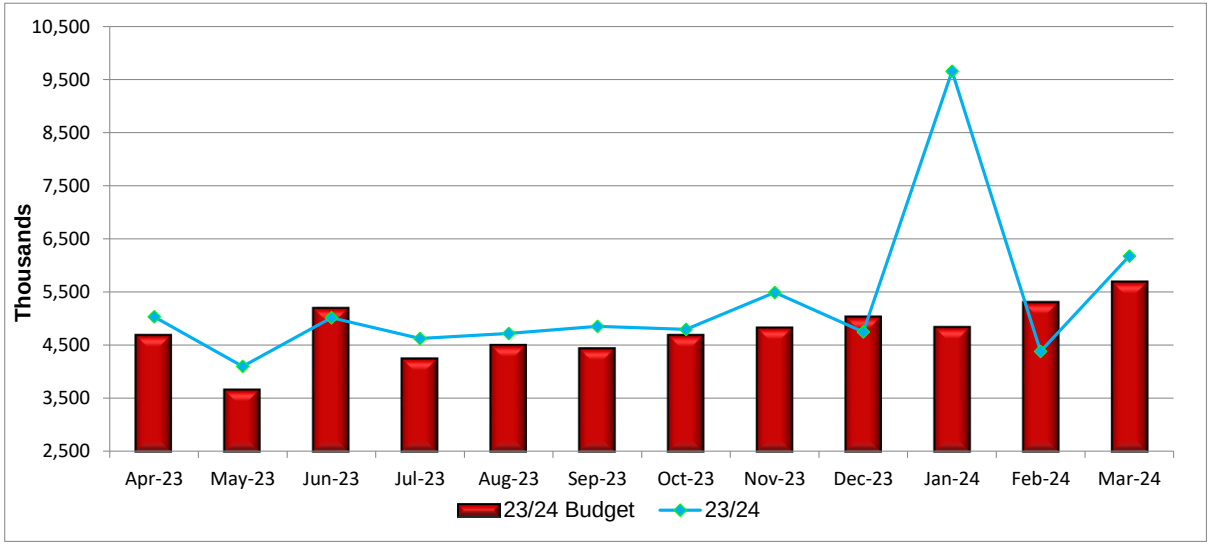


2.3 Non Pay Expenditure

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	6,177	**63,586**
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	4,134	3,975	(159)
Establishment	10,098	10,300	202
Lease & Property Rental	8,714	8,546	(168)
Premises (inc. rates)	5,663	6,620	957
Utilities	2,345	2,503	158
Purchase of Healthcare	9,279	13,480	4,201
Travel & vehicles	5,122	4,864	(258)
Supplies & Services	6,725	8,166	1,441
Training & Education	2,131	1,915	(216)
Clinical Negligence & Insurance	1,060	1,061	1
Other non pay	1,748	2,156	408
Total	**57,018**	**63,586**	**6,568**
Total Excl OOA and Drugs	**43,605**	**46,131**	**2,526**



Key Messages

Overall expenditure has been higher in 2023 / 24 than in the prior year. The largest factor is within the purchase of healthcare which includes payments to local NHS providers relating to mental health activity within an acute setting. Part of this was transacted in January 2024 with further adjustments in February and March. These were one off adjustments.

Other areas of overspend, against budget, include premise costs and the purchase of supplies and services. Both have been impacted by high inflationary pressures and this will continue to be monitored in 2024 / 25.

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.

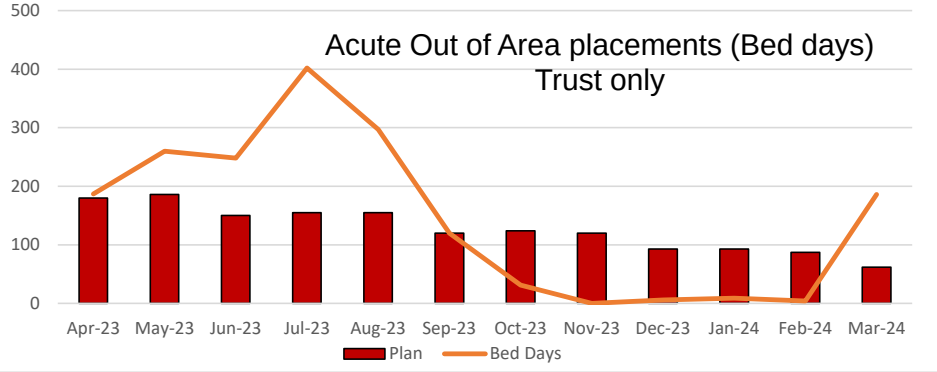
The largest value relates to out of area bed placements (split acute and PICU and the focus of this analysis) which can be volatile and expensive. The reasons for taking this action can be varied but can include:

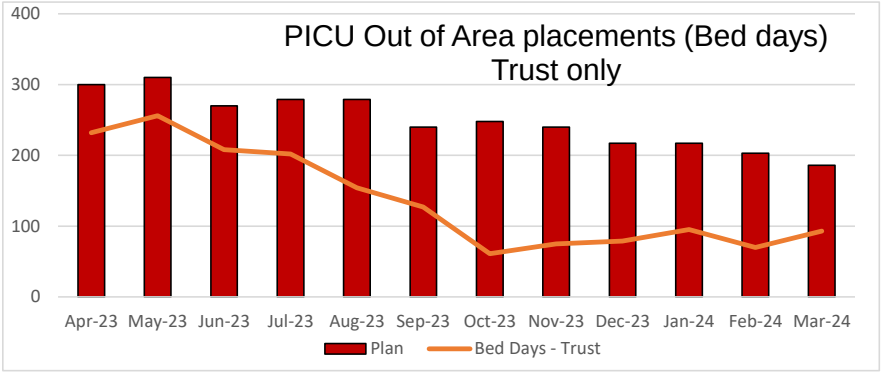
* Specialist health care requirements of the service user not directly available / commissioned within the Trust
* No current bed capacity to provide appropriate care

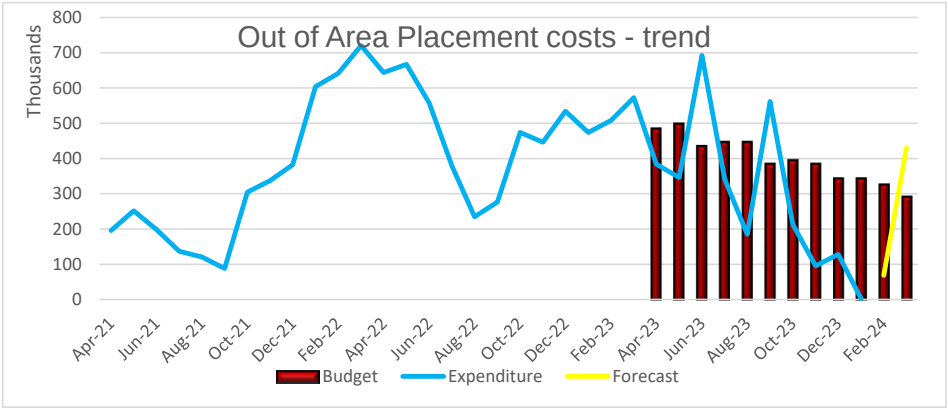
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where possible service users are placed within the Trust geographical footprint.

Breakdown - Purchase of Healthcare

Heading	Budget Year to date £k	Actual Year to date £k	Variance £k
Out of Area			
Acute	1,169	1,225	56
PICU	3,488	2,126	(1,362)
Locked Rehab	2,283	2,509	226
Services - NHS	394	5,946	5,552
IAPT	176	422	246
Yorkshire Smokefree	77	37	(40)
Other	1,693	1,215	(478)
Total	**9,279**	**13,480**	**4,201**







There has been an increase of activity in both acute and PICU placements during March 2024 as shown in the graphs above. This follows the sustained improvements in the previous 6 months.

As at the end of March there were 3 acute and 3 PICU. As well as the gender specific reasons (which had been the previous driver) activity in March was also impacted by bed availaiblity within the Trust.

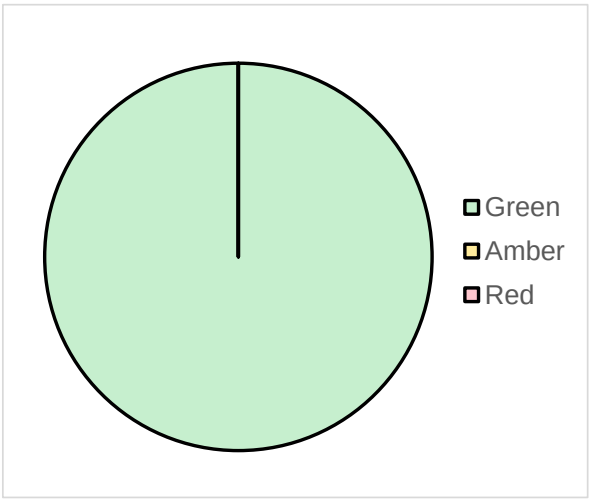
This remains volatile and increases in both areas have been included in the baseline forecast scenario for 2024 / 25. Other West Yorkshire mental health providers have seen rapidly escalating usage of placements over this period.

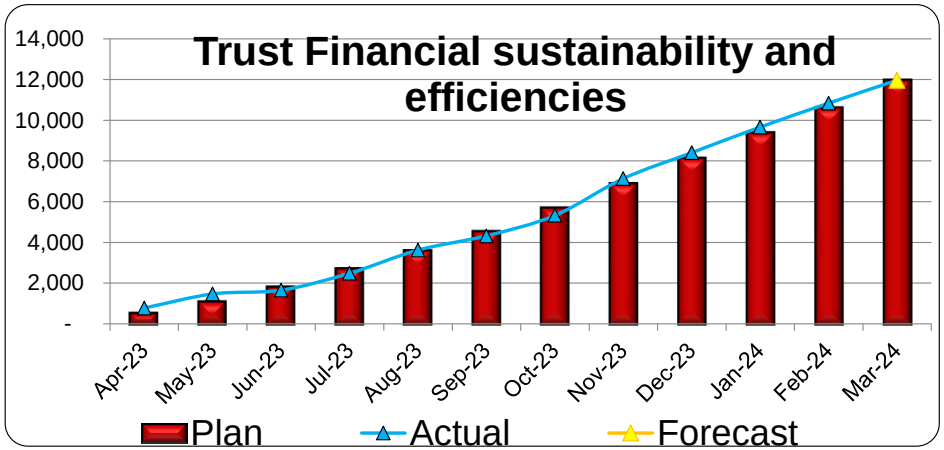
2.4 Value for Money, Financial sustainability and efficiency

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	3,197	4,526		3,197	4,526		
Agency & Workforce	Pg. 10	4,380	785	1,892	4,380	2,677		
Medicines optimisation		400	188		400	188		
Non Pay Review		1,048	0		1,048	0		
Income contributions		500	885		500	885		
Interest Receivable	Pg. 4	1,400	2,650		1,400	2,650		
Provider Collaborative	Pg. 5	1,044	1,044		1,044	1,044		
Total		**11,969**	**10,077**	**1,892**	**11,969**	**11,969**	**0**	**0**
Recurrent		10,943	10,077		10,943	10,077		
Non Recurrent		1,026		1,892	1,026	1,892		





The Trust value for money programme of £11,969k has been delivered in full for 2023 / 24. The majority of this has been achieved recurrently with the exception of non-recurrent savings in workforce.

Successful programme in year have included:

* Out of area placements - maintained reduction in volume of placements required
* Interest receivable - maximised Trust cash position
* Cessation of shift incentive payments (without detrimental impact)

Schemes which have not achevied in year remain key lines of enquiries for 2024 / 25. This includes agency and workforce and realisation of non pay schemes.

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	167,330	1
Current Assets			
Inventories & Work in Progress	231	179	
NHS Trade Receivables (Debtors)	1,574	1,072	
Non NHS Trade Receivables (Debtors)	2,853	1,058	
Prepayments	3,482	3,491	
Accrued Income	9,372	1,062	2
Cash and Cash Equivalents	74,585	69,199	Pg 15
Total Current Assets	**92,097**	**76,061**	
Current Liabilities			
Trade Payables (Creditors)	(6,524)	(11,975)	3
Capital Payables (Creditors)	(739)	(1,392)	
Tax, NI, Pension Payables, PDC	(7,696)	(8,469)	4
Accruals	(32,952)	(15,842)	4
Deferred Income	(4,172)	(408)	
Other Liabilities (IFRS 16 / leases)	(51,979)	(50,632)	1
Total Current Liabilities	**(104,062)**	**(88,718)**	
Net Current Assets/Liabilities	**(11,965)**	**(12,657)**	
Total Assets less Current Liabilities	**153,210**	**154,673**	
Provisions for Liabilities	(4,319)	(3,510)	
Total Net Assets/(Liabilities)	**148,891**	**151,162**	
Taxpayers' Equity			
Public Dividend Capital	45,657	45,696	
Revaluation Reserve	14,026	14,983	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	83,988	85,263	
Total Taxpayers' Equity	**148,891**	**151,162**	

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. The liability has reduced in year as the remaining life of the lease reduces and also with the 2 leases ended during 2023 / 24.

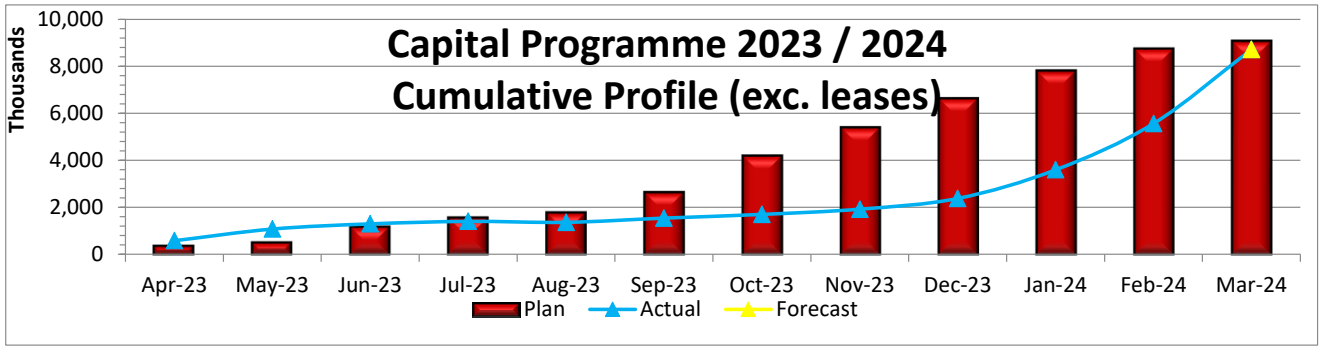
2. Through continued discussions with commissioners contractual values for 2023 / 24 have been received as cash payments. This has meant a reduction in accrued income. The 2022 / 23 included c. £9m relating to national pay award assumptions.

3. Work continues to minimise the value of payables / creditors and ensure that all invoices are resolved in a timely manner. This is exceptionally high at the financial year end due to the timing of invoices received. No specific issue / problem has been identified.

4. Accruals for 2022 / 23 included c. £9m of the national pay awards (opposite entry in accrued income). Excluding this accruals have gone down as work has been undertaken to ensure that invocies are received and paid.

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)	71	(1,404)
Seclusion rooms	750	750	652	(98)	652	(98)
Maintenance (Minor) Capital						
Clinical Improvement	285	285	687	402	687	402
Safety inc. ligature & IPC	990	990	2,522	1,532	2,522	1,532
Compliance	430	430	101	(329)	101	(329)
Backlog maintenance	510	510	118	(392)	118	(392)
Sustainability	300	300	170	(130)	170	(130)
Plant & Equipment	40	40	199	159	199	159
Other	1,223	1,223	1,190	(33)	1,190	(33)
IM & T						
Digital Infrastructure	1,100	1,100	1,445	345	1,445	345
Digital Care Records	180	180	58	(122)	58	(122)
Digitally Enabled Workforce	815	815	664	(151)	664	(151)
Digitally Enabling Service Users & Carers	400	400	209	(191)	209	(191)
IM&T Other	270	270	156	(114)	156	(114)
TOTALS	**8,768**	**8,768**	**8,241**	**(526)**	**8,241**	**(526)**
Lease Impact (IFRS 16)	5,203	5,203	6,099	896	6,099	896
New lease	303	303	478	175	478	175
TOTALS	**14,274**	**14,274**	**14,819**	**545**	**14,819**	**545**



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%.

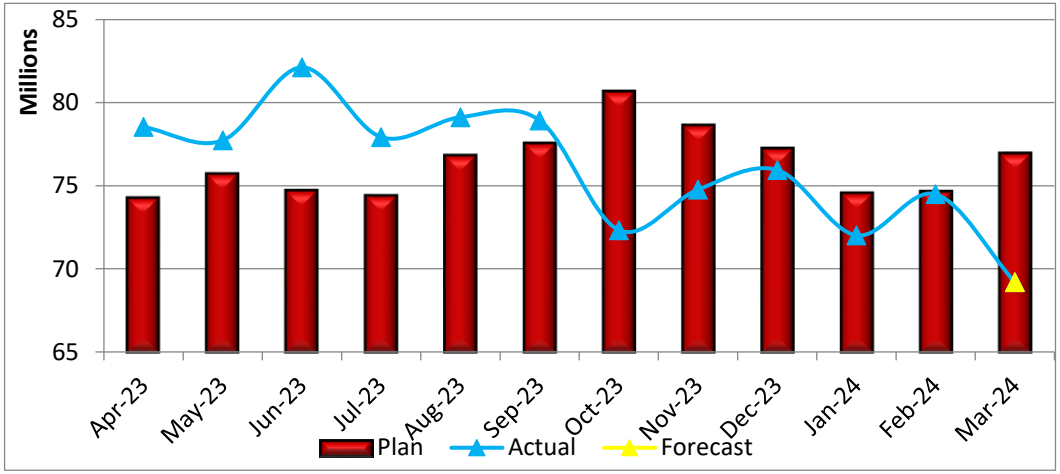
In November 2023 the ICB agreed for all Trusts to revert to baseline allocations. For the Trust the revised target is £8,300k.

Total expenditure, excluding leases, is £8,241k which is £59k less than plan (less than 1% variance).

Key projects delivered in year includes:

* Start of the seclusion room programme
* Continuation of door replacement
* Sustainability including energy efficient light replacement
* Completion of the watermist system in Forensics to increase fire safety in inpatient areas
*Introduction of technologies to enable proactive cyber security enhancement capabilities
* Commencement of the Trustwide Digital Dictation solution

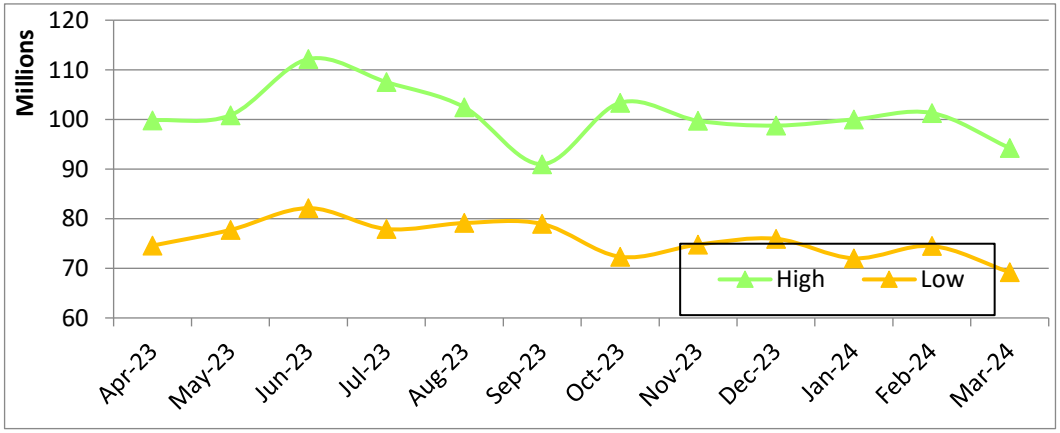
3.2 Cash Flow & Cash Flow Forecast 2023 / 2024



Although cash has reduced in month the balance remains positive at nearly £70m.

As previously communicated cash reduced in month as expected. This related to payment of a number of large invoices and PDC (which is paid at month 6 and month 12 each year).

	Plan £k	Actual £k	Variance £k
Opening Balance	74,585	74,585	
Closing Balance	76,947	69,199	(7,748)



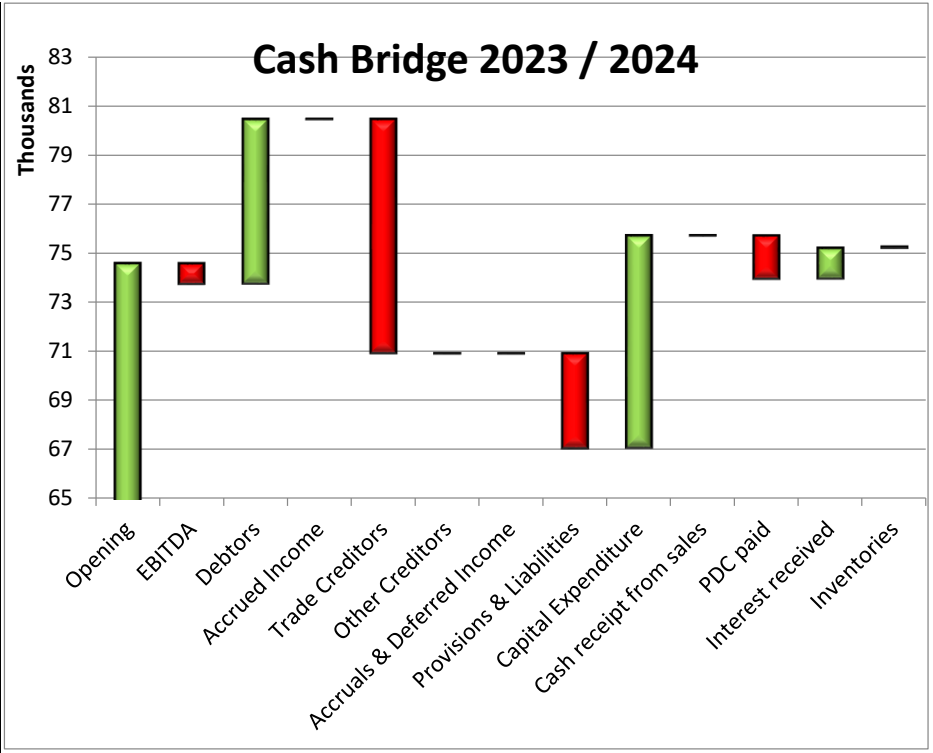
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £94.2m
The lowest balance is: £69.2m

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)	13,975	13,139	(836)	
Movement in working capital:				
Inventories & Work in Progress	0	52	52	
Receivables (Debtors)	3,506	10,211	6,705	
Trade Payables (Creditors)	(589)	(10,120)	(9,531)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	(706)	(4,572)	(3,866)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(16,894)	(8,241)	8,653	
Cash receipts from asset sales	0	5	5	
Leases	0	(8,453)	(8,453)	
PDC Dividends paid	0	(1,765)	(1,765)	
PDC Dividends received	0	39	39	
Interest (paid)/ received	3,070	4,320	1,250	
Closing Balances	**76,947**	**69,199**	**(7,748)**	



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.

There is significant movements when compared to plan and this will help to inform the 2024 / 25 planning submission. Overall the main driver for the reduction is that one off agreements have been physical cash payments but these have been offset by one off non cash adjustments such as release of provisions or reduction in accruals.

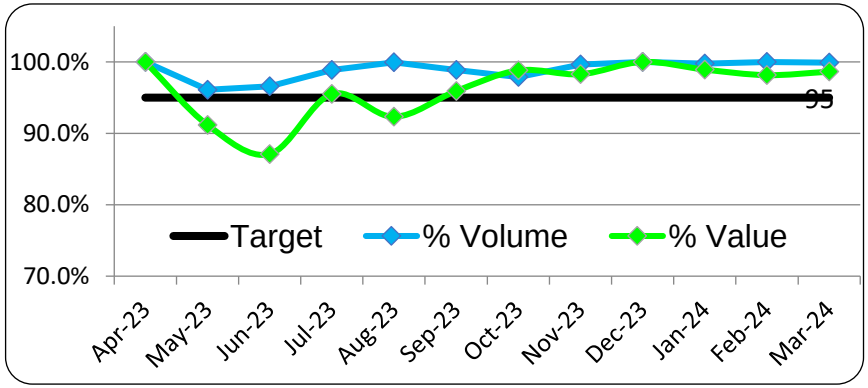
4.0 Better Payment Practice Code

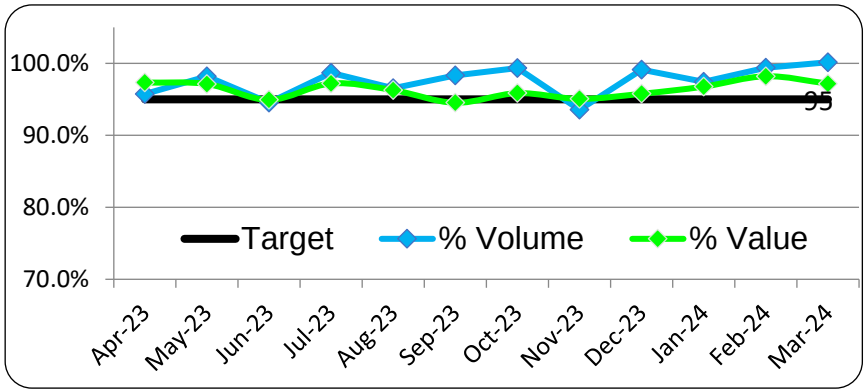
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	100%	99%
Cumulative Year to Date	99%	97%

Non NHS	Number %	Value %
In Month	100%	97%
Cumulative Year to Date	98%	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 (£)
02-Mar-24	Purchase of Healthcare	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600025954	2,000,000
02-Mar-24	Purchase of Healthcare	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600025998	1,000,000
14-Mar-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5424	850,000
14-Mar-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000057903	740,183
22-Mar-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1001388	680,394
17-Mar-24	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	204198	620,647
17-Mar-24	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	204197	597,000
25-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS44CINV	450,000
01-Mar-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007276	421,444
28-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS44	375,054
24-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS44	375,054
20-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS21	270,000
22-Mar-24	Purchase of Healthcare	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1001463	269,000
26-Mar-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5446	263,000
06-Mar-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 282	251,416
12-Mar-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Found	4400001156	232,254
22-Mar-24	Rates	Barnsley	Barnsley Metropolitan Borough Council	CY5602653010002024	217,035
18-Mar-24	Staff Recharge	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600026076	202,992
24-Mar-24	Staff Recharge	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600025623	202,992
05-Mar-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5422	138,458
05-Mar-24	Audit Fees	Trustwide	Deloitte Llp	8004499399	120,000
01-Mar-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007275	100,305
22-Mar-24	Rates	Kirklees	Kirklees Council	9691650732024	98,826
07-Mar-24	IT Services	Trustwide	Daisy Corporate Services	3I523386	90,250
06-Mar-24	IT Services	Trustwide	Daisy Corporate Services	3I523494	88,761
15-Mar-24	NHS Recharge	Calderdale	Calderdale & Huddersfield Nhs Foundation Trust	4710179146	87,514
20-Mar-24	NHS Recharge	Calderdale	Calderdale & Huddersfield Nhs Foundation Trust	4710179273	87,514
11-Mar-24	Purchase of Healthcare	AS Collaborative	Oxford Health Nhs Foundation Trust	A0129454	75,010
24-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS44	74,946
01-Mar-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000007640	71,613
05-Mar-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	128 REC09 10	68,652
13-Mar-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1001329	66,273

20-Mar-24	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trus	326253	65,679
13-Mar-24	Rates	Calderdale	Calderdale Metropolitan Borough Council	25202490998904	60,606
21-Mar-24	Drugs	Trustwide	Nhs Business Services Authority	1000080045	56,052
21-Mar-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000007779	56,000
13-Mar-24	Service Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6027600	55,674
25-Mar-24	Training	Trustwide	Leeds Beckett University	6096816	50,000
27-Mar-24	Furniture & Fittings	Trustwide	Pineapple Contracts	SI91694	49,459
05-Mar-24	Purchase of Healthcare	AS Collaborative	Mersey Care Nhs Foundation Trust	72486926	47,313
05-Mar-24	IT Services	Trustwide	Mri Software Emea Ltd	MRIUK1024544	47,067
12-Mar-24	Legal Fees	Trustwide	Fischer Associates Ltd	FISCH202316	46,754
14-Mar-24	IT Services	Trustwide	Dell Corporation Ltd	7402992783	46,200
14-Mar-24	IT Services	Trustwide	Dell Corporation Ltd	7402992784	46,200
16-Mar-24	IT Services	Trustwide	Dell Corporation Ltd	7402993785	46,200
21-Mar-24	Utilities	Trustwide	Edf Energy Customers Ltd	000018414715	46,017
28-Mar-24	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1001462	45,134
27-Mar-24	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	164	45,000
21-Mar-24	Service Recharge	Barnsley	Sheffield Childrens Nhs Foundation Trust	2400003982	42,605
22-Mar-24	Rates	Kirklees	Kirklees Council	96921639X2024	40,131
13-Mar-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS042INV	39,742
20-Mar-24	Legal Fees	Trustwide	Old Square Chambers	INVDP134	36,000
27-Mar-24	Mobile Phones	Trustwide	Vodafone Ltd	105438438	35,923
27-Mar-24	Mobile Phones	Trustwide	Vodafone Ltd	105610221	35,906
06-Mar-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001154EPC	35,162
22-Mar-24	Service Recharge	Barnsley	Bhf Corporate Services Ltd	0825	34,917
22-Mar-24	Service Recharge	Barnsley	Bhf Corporate Services Ltd	0835	34,917
09-Mar-24	Rates	Barnsley	Chapelfield Medical Centre	342	32,819
27-Mar-24	Purchase of Healthcare	AS Collaborative	Nhs Shared Business Services Ltd	100135888	31,340
07-Mar-24	Service Recharge	Kirklees	Socrates Clinical Psychology Ltd	SPS09656RMD9656	31,200
21-Mar-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5445	31,149
13-Mar-24	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1001328	30,853
27-Mar-24	Purchase of Healthcare	Kirklees	Nouvita Ltd	11452	30,575
11-Mar-24	Service Recharge	Trustwide	Humber Teaching Nhs Foundation Trust	59894504	30,255
20-Mar-24	Rates	Barnsley	Barnsley Metropolitan Borough Council	CY5602654240062024	29,757
11-Mar-24	Alarm System	Trustwide	Pinpoint Ltd	70965	29,612
22-Mar-24	Rates	Kirklees	Kirklees Council	9689426262024	29,484
28-Mar-24	Purchase of Healthcare	Trustwide	Cheadle Royal Hospital	2900023870	29,078
22-Mar-24	Rates	Kirklees	Kirklees Council	9689128942024	28,938
28-Mar-24	Purchase of Healthcare	Trustwide	Cheadle Royal Hospital	2900023871	28,930
26-Mar-24	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	FDN01316	28,648
22-Mar-24	Furniture & Fittings	Kirklees	Uk Pods Ltd	SP2957	28,187
28-Mar-24	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1001462	28,134
22-Mar-24	Rates	Kirklees	Kirklees Council	9692164152024	28,119
16-Mar-24	IT Services	Trustwide	Dell Corporation Ltd	7402992926	27,900
19-Mar-24	Staff Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6027615	26,293
28-Mar-24	Utilities	Trustwide	Totalenergies Gas & Power Ltd	33421337924	26,101
16-Mar-24	IT Services	Trustwide	Dell Corporation Ltd	7402992927	25,668
04-Mar-24	Rent / Lease	Kirklees	Bradbury Investments Ltd	1850	25,530
22-Mar-24	Staff Recharge	Trustwide	Leeds & York Partnership Nhs Foundation Trust	1001465	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

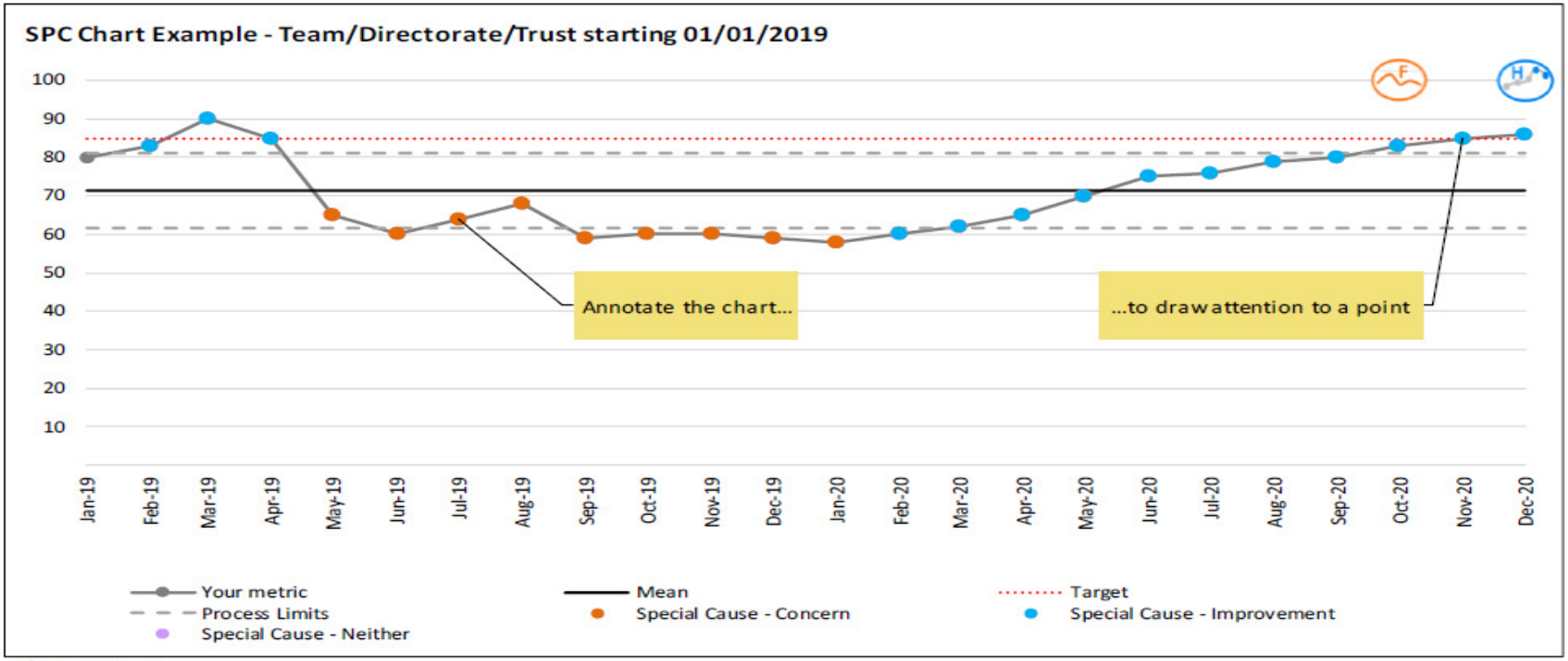
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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