NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

July 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 July 2024.

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 including ward level detail
- Finance
- Systemwide monitoring

The national metrics section has also been updated to reflect any changes in the NHS England oversight framework, operational planning metrics and NHS standard contract metrics for 2024/25. 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	↓	

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

Metric	Change from last month	Variation/ Assurance
Making SWYPFT a great place to work		
Registered workforce growth	↓	
Workpal appraisals - rolling 12 months	⟷	
Mandatory training - Reducing restrictive practice interventions	↑	

Improving Resources		
Surplus/(deficit) against plan (monthly)	↓	
Financial sustainabiility and efficienceis delivered over time (monthly)	⟷	

Quality		
Metric	**Change from last month**	**Variation/ Assurance**
Complaints - Number of responses provided within six months of the date a complaint received	↑	
% of prone restraint with duration of 3 minutes or less	↓	

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

National metrics		
Metric	**Change from last month**	**Variation/ Assurance**
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	⟷	F
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	↓	

Care Groups

Children and Families

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
% of staff receiving supervision within policy guidance	↑	
Reducing restrictive physical interventions training compliance	↑	?

Mental Health Community

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

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	H F
Cardiopulmonary resuscitation (CPR) training compliance	↑	H ?
% of clients clinically ready for discharge	↓	L ?
Sickness rate (Monthly)	↓	?

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
% of clients clinically ready for discharge	↔	F
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	↓	?

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
Cardiopulmonary resuscitation (CPR) training compliance	↑	H ?
Reducing restrictive physical interventions training compliance	↑	H ?
Sickness rate (Monthly)	↑	?

Forensic

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
Information Governance (IG) training compliance	↓	H ?
Reducing restrictive physical interventions (RRPI) training compliance	↑	?

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

• It is important that our workforce reflects the communities that we serve. As an employer we are committed to developing and supporting an inclusive workforce and have. Having a clear understanding of the equality data of our workforce is important which is why we carefully monitor this across our workforce.

• The Trust continues to improve the recording and collection of protected characteristics across all services. There is one national indicator which is for ethnicity, the Trust is performing at 95.9% against a target of 90%. For the Trust derived indicators, as of July 2024, disability is at 46.1%, sexual orientation 57.7% and postcode is at 99.5%. 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.

• The trust continues to prioritise addressing inequalities involvement and equality in each of our places and with our partners; having a workforce that reflects its local population will assist with ensuing we are delivering appropriate care to assist with reducing inequalities.

• 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. All services have an EIA in place.

Quality

NHS England Indicators (national)

• Continued service improvement work supports the overall use of inappropriate out of area bed days, there was a slight increase during July with 41 days used however, this remains under the local trajectory of 155 days used based on 5 people being placed out of area. 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 66.0% in July, this continues to remain below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service only. The small decline in the Paediatric Audiology performance, this is due to leave and staff unavailability. Small changes in the team availability greatly impact the performance data, however, despite a 50% reduction in audiologist capacity, all planned hearing clinics have been fulfilled. Conversations are underway with commissioners regarding resources available to the team. The longest waiter is 11 weeks and there are very few waiting over 9 weeks. The number of children waiting have reduced since last month. Two trained and experienced audiologists have been identified through the Trust Bank and it is anticipated that these staff will join the service over the coming weeks.

Care planning and risk assessments

For risk assessments, the July data shows a slight deterioration in performance from the previous month within inpatient services at 92.5% - the performance in month has been impacted by the lower number of admissions during the month. For community services, performance for July has increased to 84.5% from 76%. The teams review the detail of performance and all service users without a risk assessment are followed up individually in the care group to maintain patient safety. Improvement trajectories have been agreed towards full performance in July for inpatients and February 2025 for community services.

Quality continued

Waiting Lists

• Child and adolescent mental health services (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 at 417 days in Calderdale and 672 days in Kirklees, with a specific risk noted where additional capacity is no longer available in Kirklees. This means that children wait for an extended period to understand whether a neurodevelopmental condition is impacting their life. Children do not need to have a diagnosis to receive support from CAMHS and services will be provided to meet their presenting needs.

• Improvement work on waiting list times in community learning disability services has led to an overall improvement. Although performance for July dropped to 79% from 86%, the learning disability team have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines.

• 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. The commissioned monthly referrals for ADHD were 28 and the number of referrals received were 244. This leads to lengthy waits.

Patient Safety Indicators

95% of incidents reported in July 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 195 (153 in June). Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain relatively static, within expected range – all incidents are reviewed, and learning is shared. A small number of acutely unwell service users who display high levels of violence and aggression disproportionately impact the number of incidents.

• 72.7% (8/11) of prone restraint incidents that occurred during the month were for a duration of three minutes or less – this related to 3 incidents out of a total of 11 for the month of July. The majority of these incidents occurred on our Psychiatric Intensive Care Unit (PICU) wards and indicates the high level of acuity. 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. The improvement work continues and the SPC chart shows an overall reducing trend.

• There were five information governance personal data breaches during July which is a decrease compared to June (9 reported incidents). Following the spike in February (20 incidents), messages on good information governance were strengthened and the appropriate Quality & Governance Leads have also been advised, and the Information Governance team working with them to ensure improvements are made. Information governance training compliance threshold continues to be achieved.

• The number of inpatient falls in July was 50 compared to 63 incidents in June. All falls incidents are reviewed regularly by the Trust wide falls coordinator to ascertain any themes or actions required. There has been an increase in individual patients having repeated falls and particularly for patients who are experiencing agitation or who have dizziness or confusion related to infections. Actions have been put in place to further reduce the risk. Further detail is provided in the relevant section of this report.

• Although the number of responses provided within six months of the date a complaint remains under the Trust threshold of 100%, improvement work continues. This is reflected in the overall improvement of this metric over the last 12 months.

Our People

• Supervision data is included in the report at Trust level and by care group and inpatient ward. Improvement work has led to performance in July of 83.7% which is a slight improvement from the refreshed performance for June which is 83.5% and remains above the Trust threshold of 80%. 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 46 violence and aggression incidents against staff on mental health wards involving race during July, which is the highest number of such incidents reported over the last 12 month period - 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 year to date, we have had 166.3 new starters and 103.6 leavers. This is as a result of positive recruitment activity earlier in the year and contributes to providing operational stability and improved staff and service user experience, with improved staffing capacity. It is recognised that workforce growth places additional finance pressure.

• At the end of July 2024, our Trust growth rate has increased slightly to 1.3% (staff in post) year to date. This exceeds our annual forecasted growth rate of 0%. Focus remains on keeping our workforce numbers static throughout 2024/25 to meet our planned workforce targets.

• Overall, our 12-month turnover rate in July has increased slightly again this month to 9.7%, this remains under threshold and is a reflection of the continued low number of leavers and increase in new starters over the year. This means that more skills and experience have been retained.

• In July 2024 we have seen an increase in sickness to 5.2% for the month and this has increased above the 4.8% threshold for the first time in the last four months. Hotspots continue to be managed.

• The combination of reduced turnover, successful recruitment and an overall reduction in sickness (slight increase in month) should be considered to be related as working with regular staff in supportive teams contributes to a great place to work.

• Sickness absence rolling 12 month in July has decreased slightly to 4.9%

  o The people directorate have been supporting line managers in all areas to actively manage long term sickness.

  o Our people business partners have been working closely with Care Group leaders to highlight hotspots and provide more guidance for managers.

  o The Trust benchmarks well compared to peers in the region. In the NHS England workforce published data for the period April '23 – January '24, the Trust reports the lowest sickness absence rate. Other Trusts are experiencing a trend of rising sickness levels which is not currently evident within SWYPFT.

• The appraisal rate has remained static compared to last month. The impact of strong recruitment numbers last year means that more staff are now eligible for appraisal. This along with lower leaver numbers has now caused the overall response rate to fall slightly against target. A trajectory for improvement has been set with an aim to achieve 95% from September.

• Our overall mandatory training compliance remains above threshold, with the majority of training areas sustaining performance.

  o Reducing Restrictive Physical Interventions (RRPI) remains below threshold though has increased to 74.9%. The 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 which has seen a positive impact over recent months.

  o Rostering is used to ensure that wards have access to appropriately trained staff. Wards with high acuity and lower training levels are prioritised for training places.

• Targeted actions continue to be 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 sent to all staff. Wards use rostering to ensure the availability of appropriately trained staff at all times.

Care Groups

•Mental health acute wards have continued to manage high levels of acuity and continued high occupancy levels, particularly whilst focussing on reducing reliance on out of area bed use. Capacity to meet demand for beds remains challenging.
•Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout July acute wards have worked above establishment.
•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. The Care Group has completed a trust wide review of the SPA as part of the Improving Access to Care (IATC) priority programme and an action plan is currently being developed.
•SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. However, we continue to meet the access standard for assessed within 14 days of referral in all localities.
•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 three patients under 18 years old in an adult bed for a total of five nights during July. 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 CAMHS team provide wrap around support and care planning advice when a child is admitted to an adult facility to minimise the impact on the child.
•There was an increase in the number of people who are clinically ready for discharge during July, reporting 3.5%. We continue to work on this as part of the priority programme.

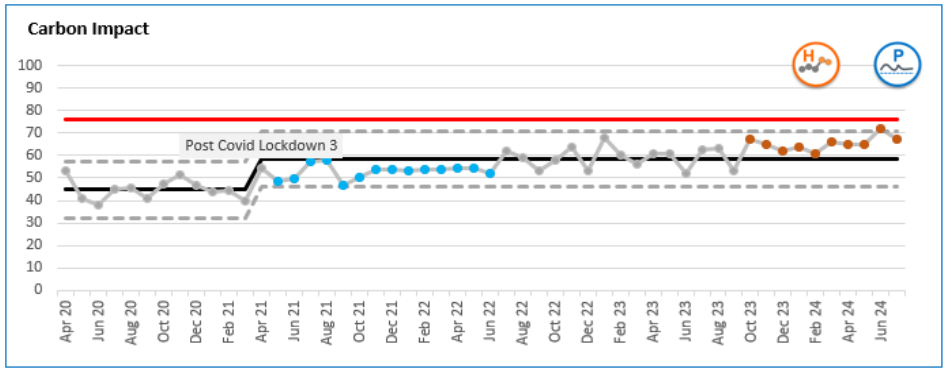
Finance

• The Trust financial target for 2024/25 is breakeven with expenditure in line with the income we receive. For the year to date a position of £1.5m deficit has been reported. This is £1.4m worse than plan. The in month deficit for July is £0.6m due to pressures within the provider collaboratives, increase in PDC payments and continued workforce expenditure costs higher than planned. A number of corrective actions are in place and we are continually assessing if further action is required.
• Although significant reductions in agency spend were secured in 2023/24, July 2024 represents the fourth consecutive month of agency expenditure increase. Spend increased in July to £550k which is £42k more than the previous month. The provider collaborative spend in month was £40k. Actions remain in place to address agency spend, which is being overseen by the Trust's agency group.
• The Trust cash position has continued to reduce in July. Actions have focussed on ensuring that all invoices have been raised and any outstanding issues are resolved.
• Performance against the Better Payment Practice Code is 99%.

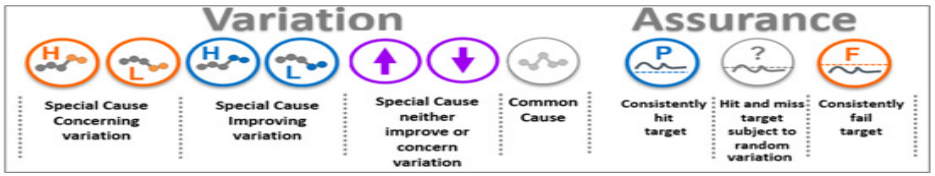
Improving health

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance	Notes
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in posts band 7 and above, excludes bank staff)	Trend monitor	230 - All staff (16.5%) 100 - excl medics (8.4%)	228 - All staff (16.5%) 99 - excl medics (8.3%)	232 - All staff (16.8%) 101 - excl medics (8.5%)		It is important that our workforce reflects the communities that we serve. As an employer we are committed to developing and supporting an inclusive workforce and have. Having a clear understanding of the equality data of our workforce is important which is why we carefully monitor this across our workforce.
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.3%	96.2%	95.9%		
Percentage of service users who have had their equality data recorded - disability	50%	47.4%	46.9%	46.1%		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%, this will be reviewed in September 24. 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		59.3%	58.9%	57.7%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.5%	99.5%	99.5%		
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Service timely completion - 75%	75% Service	75% Service	71.9% Service		16 outstanding EIAs relate to a back log in the Forensic team who did not have timely access to workforce data in April. The other EIAs have just expired within the last month. These will all be completed by September. However, all services still have an EIA in place.
	Policy - 95%	97.3% Policy	97.8% Policy	97.8% Policy		
Completion of equality mandatory training	>=80%	95.6%	96.7%	95.6%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	15	17	5		A single client could have multiple job starts
Number of new people accessing Individual placement and support service during month	Trend monitor	43	31	40		First contact and work started on vocational profile
Carbon Impact (tonnes CO2e) - business miles	76	65	72	67		Data showing the carbon impact of staff travel / business miles. In July staff travel contributed 67 tonnes of carbon to the atmosphere. There are a number of actions being put into place during 2024/25 to assist with further reduction of this. This includes a pilot to encourage car sharing, eBike pilot to encourage higher levels of active travel and we are also undertaking a communications campaign to continuously promote our message around minimising travel wherever possible.
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	Due September 2024				2023/24 Q1 - 64.9%, Q2 - 66.4%, Q3 - 67.7%, Q4 - 69.9%. 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 remain in 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	May-24	Jun-24	Jul-24	Variation/ Assurance	Notes
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% *Improvement trajectory for Community - Jul/Aug 80% Sept 82.5% Oct 85% Nov 87.5% Dec 90% Jan 92.5% Feb 95%*	94.4%	94.2%	92.5%		July data shows a similar position in performance from the previous month within inpatient services. For community services, performance for July has increased to 84.5% from 75.8%. Within inpatient services 135 service users had a risk assessment within 24 hours,11 service users had a completed risk assessment but this was outside the 24 hours. For community services 24 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. 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. An improvement trajectory has been set and will be monitored against from July.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		68.1%	75.8%	84.5%		
% Service users on care programme approach with a plan of care developed collaboratively	85%	95.2%	95.4%	96.2%		The Care Plan and Risk Assessment Improvement Group continue to look at performance as well as quality of care planning and risk assessments. The wording of the metric has been updated to reflect the previously agreed reporting parameters and now reflects the collaborative approach to care planning.
Registered substantive staff in post mental health and learning disabilities services	Establishment - 1315	1115	1116	1118		The establishment numbers reported are registered (band 5 and upwards) nursing staff only within each area. This does not include other specialities or professions. The monthly numbers report the contracted WTE staff in post. As such this excludes bank and agency staff which may have been utilised to support the operational impact of any gaps (less contract staff than funded).
Registered substantive staff in neighbourhood teams	Establishment - 169	172	171	160		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	33	39	46		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.
Inappropriate out of area bed placements (days)	May - 155 June - 150 July - 155	34	60	41		National target zero. Local target as per operational plan (5 service users per month). Whilst we remain above the national threshold we have seen a notable improvement in the number of out of area bed days which is down to an average of 78 days over the past 6 months from an average of 153 days in the 6 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.
% service users clinically ready for discharge	<=3.5%	1.8%	2.1%	3.5%		Performance in month has deteriorated slightly but remains 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	578	526	417		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	647	641	672		
Learning Disability (LD) - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90% Improvement trajectory: July 86% Oct 88% Dec 90%	89.2% 58/65	86% 43/50	79% 49/62		This remains a key concern and actions are underway as part of the improving access priority programme. Where waits breached 18 weeks (13 in total in July) the service understand why and are taking appropriate action. The LD team continue to focus on those with the longest waits and this has had an impact on staffing capacity to meet the 18 week threshold.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	89.8%	89.0%	90.5%		
Community health services two hour urgent response standard	70%	89.7%	89.9%	91.8%		
Referral to assessment within 2 weeks (external referrals)	75%	83.8%	92.3%	90.9%		

Improve resources

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (monthly)	Breakeven	(£613k)	(£88k)	(£620k)		The Trust financial target for 2024 / 25 is breakeven. For the year to date a position of £1.5m deficit has been reported. July's deficit of £0.6m was higher than plan. The core Trust reported a deficit of £0.3m which was driven by a technical adjustment (PDC related) and workforce worked higher than plan. A number of corrective actions are in place, and further have been agreed.
Capital spend against plan (monthly)	£8.1m	£346k	(£57k)	£8k		The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1.7m and remains ahead of the plan profile. We are closely monitoring the timing of the Older People Inpatient Development Program to ensure that the allocation is appropriately and fully utilised.
Agency spend managed within the overall workforce (Monthly)	3.5% £6.7m	£396k	£508k	£550k		There was sustained reduction in agency spend in 2023 / 24. The run rate has increased (not to historical levels) during 2024 / 25. Spend is £42k more than last month. The main increase is in medical staffing and unregistered nursing. The adult secure provider collaborative spend in month was £40k.
Financial sustainability and efficiencies delivered over time (monthly)	£22m	£665k	£1,368k	£1,366k		The Trust financial sustainability programme for 2024 / 25 has a target of £22.0m. Year to date performance is below plan and additional mitigation plans are being developed to cover this shortfall.
Total pay costs	£21,227 (June)	Reporting commenced June 24	£21,739	£21,751		Expenditure is broadly the same as the previous month but includes an estimate of the specialty doctor pay award for April to July 2024 (c. £165k). This is expected to be fully funded. The Agenda For Change pay award has yet to be formally agreed so will be incorporated in future periods. This has been partially offset by a reduction in premium costs in month.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	17		Due October 2024		16 of the reported incidents related to violence and aggression against staff, in every case, staff have been supported through their recuperation. One incident relating to moving and handling has been referred to occupational health and adjustments put into place for safe working. Data relating to these incidents has been analysed and there have been above average incidents reported since March 24 with a spike in incidents occurring during May 24. Analysis of the previous 2 quarters indicates that this current quarters reporting is high. Looking at the longer term analysis there have been similar increases at certain points of the year with a return to lower numbers afterwards. Initial investigation attributes a number of the recent incidents to a particularly challenging service user. Operational Management Group (OMG) have asked for a piece of work to be undertaken analysing incidents in depth to be overseen by clinical governance with reports back to OMG in the first instance by the end of the calendar year.
Estates Urgent Response Times - Service level agreement (SLA)	95%	96.9%	98.8%	95.0%		Service level agreement 1 & 2 are the priorities given to emergency and urgent work which has a two day response time.
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	May-24	Jun-24	Jul-24	Variation/ Assurance	Notes
Turnover external (rolling 12 months)	>12% - 13%<	9.9%	9.4%	9.7%		
Registered workforce growth	0% 2024/25	1.3%				
Sickness absence - rolling 12 months	<=5%	5.0%	5.0%	4.9%		Further detail around sickness absence is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	Jun 24 89% Jul 24 91% Aug 24 93% Sep 24 onwards 95%	87.1%	84.3%	84.4%		The appraisal rate has remained in line with the previous month. The impact of strong recruitment numbers last year means that more staff are now eligible for appraisal.
% staff recommending the Trust as a place to work	65%	N/A				Results from national staff survey.
% staff recommending the Trust as a place to receive care and treatment	65%	N/A				
Staff supervision rate	80%	81.7%	83.5%	83.7%		As part of the review of the supervision of the workforce policy, an improvement programme is underway to use the learning from the Forensic care group to increase uptake and recording of supervision within the clinical workforce. This includes making further changes to the systems and reporting practice. (Band 4 and above, all supervision)
Mandatory training - Cardiopulmonary resuscitation	80%	80.7%	80.3%	80.2%		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 (RRPI)	80%	74.0%	72.8%	74.9%		The 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 which has seen a positive impact over recent months. Rostering is used to ensure that wards have access to appropriately trained staff. Wards with high acuity and lower training levels are prioritised for training places.
Mandatory training - Fire	85%	91.1%	90.8%	91.1%		Threshold increased from >=80% in June 24.
Mandatory training - Information governance (IG)	95%	97.1%	95.5%	95.7%		

Quality Headlines

Section	KPI	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	78.8%	79.9%	73.3%	75.6%	86.0%	84.6%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	14% (1/7)	18% (4/22)	17% (4/23)	21% (5/24)	6% (1/18)	0% (0/11)	1
	Complaints - Number of responses provided within six months of the date a complaint received [16]	100%	62.5% (10/16)	66.7% (8/12)	72.7% (8/11)	77% (17/22)	50% (2/4)	81% (13/16)	
Service User Experience	Friends and Family Test - Mental Health	84%	92%	92%	92%	92%	91%	92%	1
	Friends and Family Test - Community	95%	97%	97%	97%	97%	96%	98%	1
Quality	Number of compliments received	N/A	8	6	12	26	7	65	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	15	18	12	14	8	8	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	0	0	0	0	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	0	0	0	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	95.9%	95.4%	95.3%	95.2%	95.4%	96.2%	1
	Number of Information Governance breaches [3]	<12	20	5	8	11	9	5	2
	% of inpatients clinically ready for discharge	3.5%	2.9%	2.5%	2.3%	1.8%	2.1%	3.5%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% *Improvement trajectory for Community - Aug 80%, Sept 82.5%, Oct 85%, Nov 87.5% Dec 90%, Jan 92.5% Feb 95%*	90.1%	91.7%	92.7%	94.4%	94.1%	92.5%	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		74.7%	79.2%	78.5%	68.1%	76.0%	84.5%	2
	Total number of reported incidents	Trend monitor	1351	1450	1415	1484	1300	1452	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	21	35	25	34	25	22	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	4	1	0	1	5	8	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	0	1	0	1	1	1	
	Safer staff fill rates	90%	127.6%	128.5%	130.8%	130.0%	132.5%	132.4%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	100.8%	101.6%	107.1%	105.2%	101.8%	101.4%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Trend monitor	58	42	29	42	24	38	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	0	2	1	2	1	1	1	
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	90%	100% (12/12)	92.3% (12/13)	100% (17/17)	95% (20/21)	100% (5/5)	72.7% (8/11)	1
	Number of Falls (inpatients)	Trend monitor	45	45	41	39	63	50	
	Number of restraint incidents	Trend monitor	165	188	256	226	153	195	
	% of staff receiving supervision within policy guidance [15]	80%	71.0%	76.3%	78.0%	81.7%	83.5%	83.7%	2
	Potential under-reporting of patient safety incidents								
	% people dying in a place of their choosing [14]	80%	88.9%	94.1%	100.0%	81.8%	90.6%	87.9%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	
	Overall CQC rating		Good						
	CQC well - led rating		Good						

Quality Headlines

Quality Headlines cont…

1 - Number of pressure ulcers which developed under SWYPFT 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. 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 – Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - 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.
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.
16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009

Quality Headlines

The following section provides insight into key quality issues identified in the quality dashboard for the month of July.
• The overall number of restraint incidents in July was 195 which is within acceptable range and a reduction on the last four months. 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 an area for improvement - there was one instance reported in July.
• Clinically ready for discharge (previously delayed transfers of care) - This has increased to 3.5% 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 July there were 50 inpatient fall incidents. There as been an increase in individual patients having repeated falls and particularly for patients who are experiencing agitation or who have dizziness or confusion related to infections. Actions have been put in place to further reduce the risk. Further detail is provided in the relevant section of this report.
• The number of prone restraints with a duration of 3 minutes or less has dipped below the threshold of 90% this month but this only relates to three instances where the length of time was over 3 minutes. See Reducing Restrictive Physical Interventions (RRPI) section for further information.

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.

Since launching PSIRF on 1 December 2023, we have:
• 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) to align with PSIRF
• Updated Datix to reflect our processes for PSIRF

Patient Safety Training
Training for all staff (level 1) and essential to job role (level 2) is available on the Electronic Staff Record. Level 1 became mandatory from April 2024. This is currently progressing well at 96% completed.
We a recently worked with L&D to create a crib sheet on how to find and complete level 2 training, this will be in Trust communications through July.

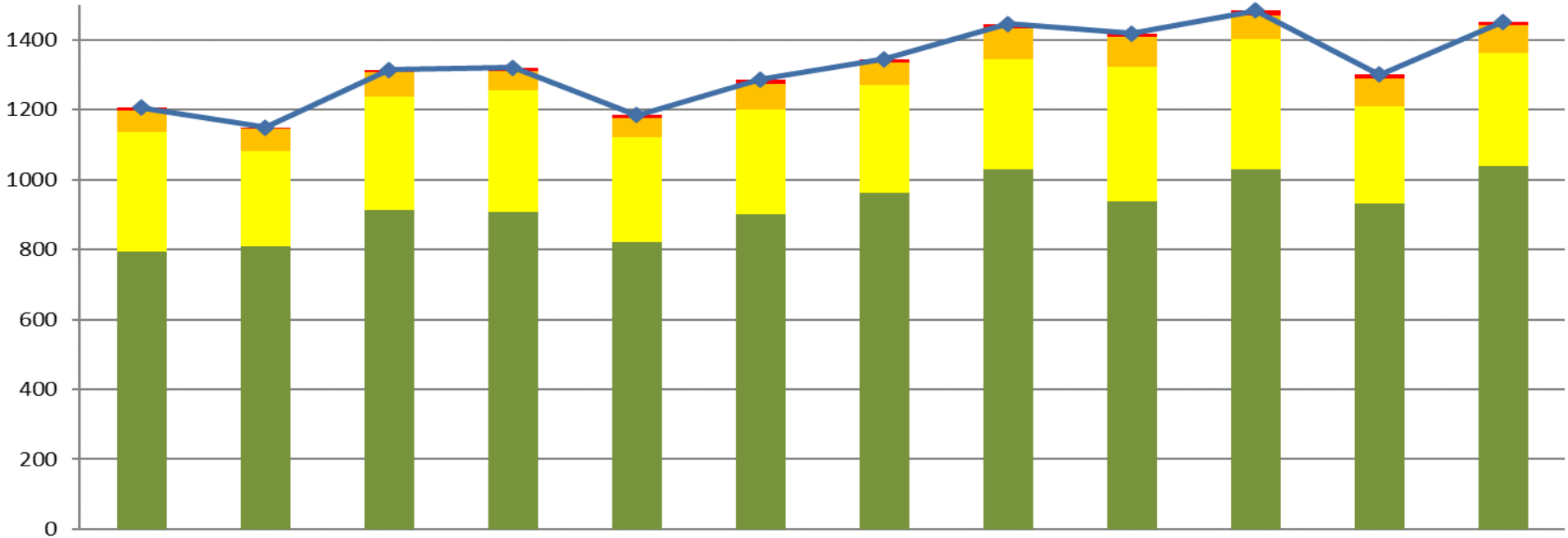
Patient Safety Partners
The three patient safety partners (this is a volunteer role) have been inducted into the patient safety team. The PSPs have been invited to join the patient safety improvement group. The patient safety partners profiles are on the Trust website. The Patient safety partners are attending the patient safety improvement group and quality monitoring visits.

Safety First

Summary of Incidents

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

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



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Red (should not be compared with SIs)	9	3	8	9	9	14	10	13	10	13	11	10
Amber	60	65	69	56	54	73	65	90	87	69	79	78
Yellow	342	272	324	349	301	300	309	313	383	372	277	324
Green	795	810	914	907	821	900	961	1030	939	1030	933	1040
Total	1206	1150	1315	1321	1185	1287	1345	1446	1419	1484	1300	1452

Safety First cont…

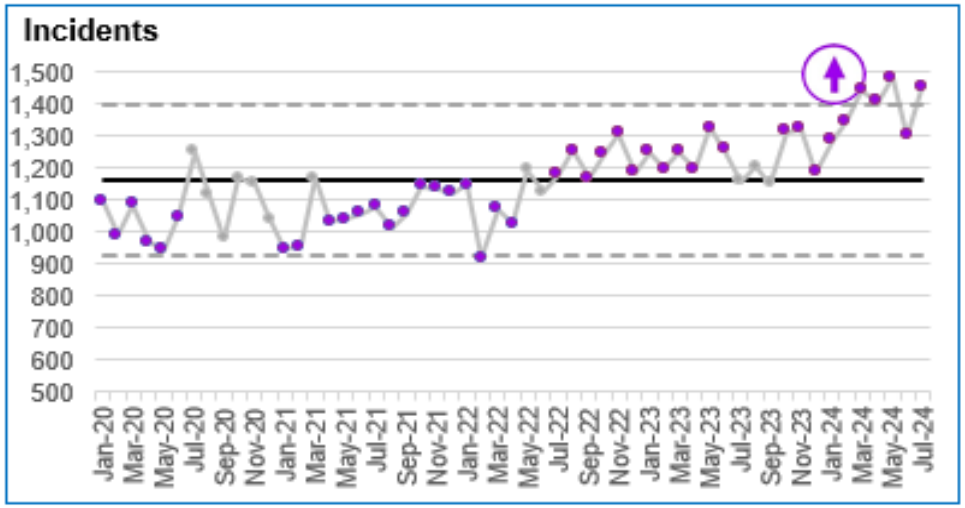
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

Breakdown of incidents in July 2024
22 moderate harm incidents:
The most common incidents were pressure ulcers.

8 severe harm incidents
The most common incidents were pressure ulcers.

Sadly there was also one patient safety related death in July. A learning response is under way in regards to this. Condolences have been offered to family.

Incidents



We remain in a period of special cause variation (something is happening and this should be investigated) in July due a continued increase in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high as it does which is evidenced on the previous page. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All amber and red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly trust wide learning events, briefing papers and the production of Situation Background Assessment Recommendation (SBARs).

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.

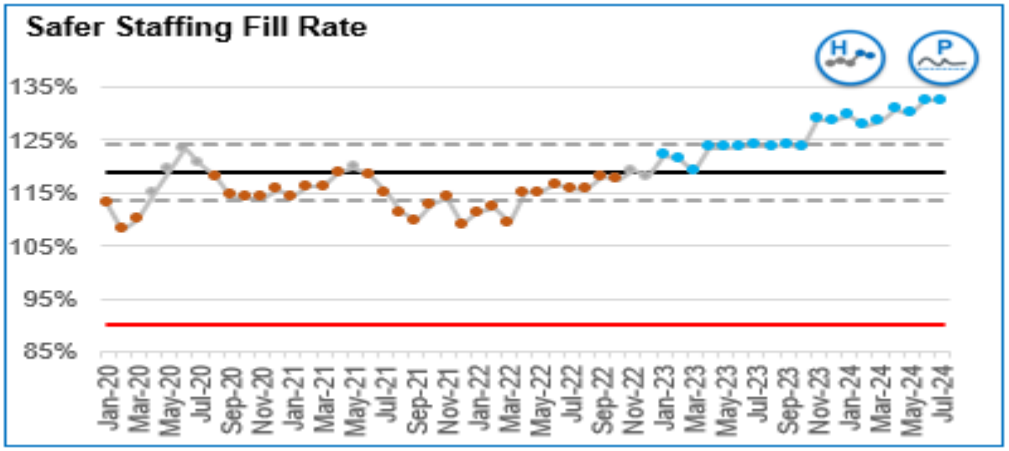
If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

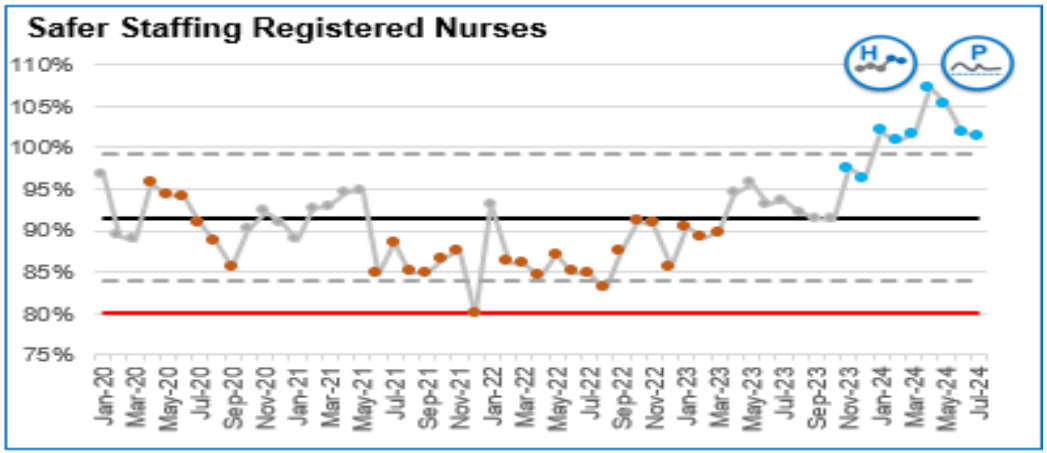
Patient Safety alerts not completed by deadline of July 2024 - zero.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2024/009/DHSC	Shortage Of Human Albumin 4.5% And 5% Dose Vials NatPSA/2024/009/DHSC	30/07/2024	No - alert not applicable to Trust	07/08/2024	31/07/2024
NatPSA/2024/008/DHSC	Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup	26/07/2024	To be confirmed	12/08/2024	

Safer Staffing Inpatients



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

- There was an increase on demand in July, which has historically been due to staff taking annual leave through school holidays and we would expect that to continue through August.
- Within the flexible staffing pool there were a total of 309 more shift requests, however the overall fill rate decreased to 93.57%.
- There was a slight increase in the fill rates of adult and older people of 1% to 145% whilst Barnsley integrated services, Forensic and learning disability fell by 1% and 3% respectively, to 114% overall fill rate.
- Vacancy control groups have been established to ensure a robust localised and inclusive recruitment process.
- Training issues within the collaborative bank that are stopping staff from being cleared to pick up shifts in our partner trusts are being resolved and there should be an improvement in the engagement of the collaborative bank.
- We have stopped registering any new agency health care assistant (HCA) staff onto our systems which is in line with the reduction of agency spending.
- The e-rostering steering group is ensuring that SafeCare is being better utilised with more viable information being available to assist in decision making whilst the roll out of e-rostering to all clinical staff continues within community teams.
- The overall fill rate had a decrease of 0.3% to 132.2%. The day fill rate for registered nurses (RN) decreased by 1.8% to 98.5%. Two wards, Hepworth and Priestley, fell below the 90% RN day fill rate which was a decrease of two ward from June. Both were supported by the rest of the unit.
- In July no ward fell below the 90% overall fill rate threshold, which was consistent with the previous month.

Safer Staffing Inpatients cont…

Registered Nurses Days
There was an decrease of 1.8% in overall registered Day fill rates to 98.5% in July compared with the previous month.

Registered Nurses Nights
There was a significant increase of 2.6% in overall registered Night fill rates to 116.4% in July compared with the previous month. This was mainly to manage acuity and support staff on the wards.

Overall Registered Rate: In July the overall registered fill rate decreased by o.4% to 101.4%.
Overall Fill Rate: 132.4% (an increase of 0.1% on the previous month)

Overall Fill Rate	May-24	Jun-24	Jul-24
Adults and Older People	139%	144%	145%
Barnsley Integrated Services	113%	115%	114%
Forensic and LD	117%	117%	114%
Grand total	**130%**	**132%**	**132%**

Registered day rate	May-24	Jun-24	Jul-24
Adults and Older People	100%	100%	98%
Barnsley Integrated Services	116%	123%	132%
Forensic and LD	96%	97%	92%
Overall shift fill rate	**99%**	**100%**	**98%**

Registered night rate	May-24	Jun-24	Jul-24
Adults and Older People	117%	112%	116%
Barnsley Integrated Services	99%	108%	103%
Forensic and LD	117%	117%	118%
Overall shift fill rate	**116%**	**114%**	**116%**

- Bank staff filled 79.28% (an increase of 0.2% on the previous month) of RN requests for flexible staffing and 83.09% (a decrease of 3.86% on the previous month) of HCA requests.
- Agency staff filled 5.69% (an increase of 0.10% on the previous month) of RN requests for flexible staffing and 11.06% (an increase of 2.25% on the previous month) of HCA requests.

Information Governance (IG)

Five personal data breaches were reported during July, which is the lowest so far during the current financial year. The monthly average so far during the current financial year is 8.5, which is lower than at this stage during any previous financial year for which data is held.

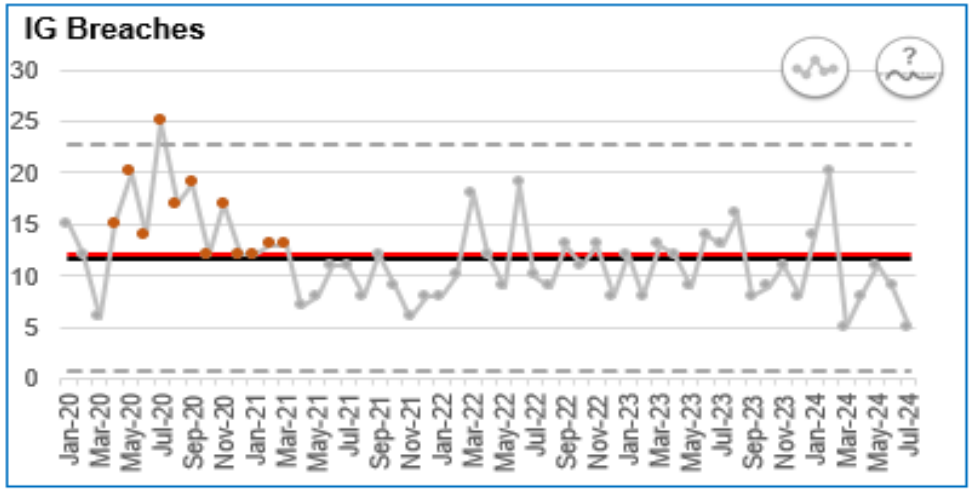
Information disclosed in error continues to be the highest reported category. Breaches during July were due to:

- Letters sent to the wrong recipient
- Emails sent to the wrong recipient
- Letters sent to previous addresses
- Email addresses being inaccurately recorded

A communications campaign continues to remind staff of the need for accuracy and their personal responsibilities when transporting personal information. The Adult & Older People's Mental Health Care Group has a improvement plan in place to reduce the number of breaches being reported.

There are currently no open complaints with the Information Commissioner's Office.

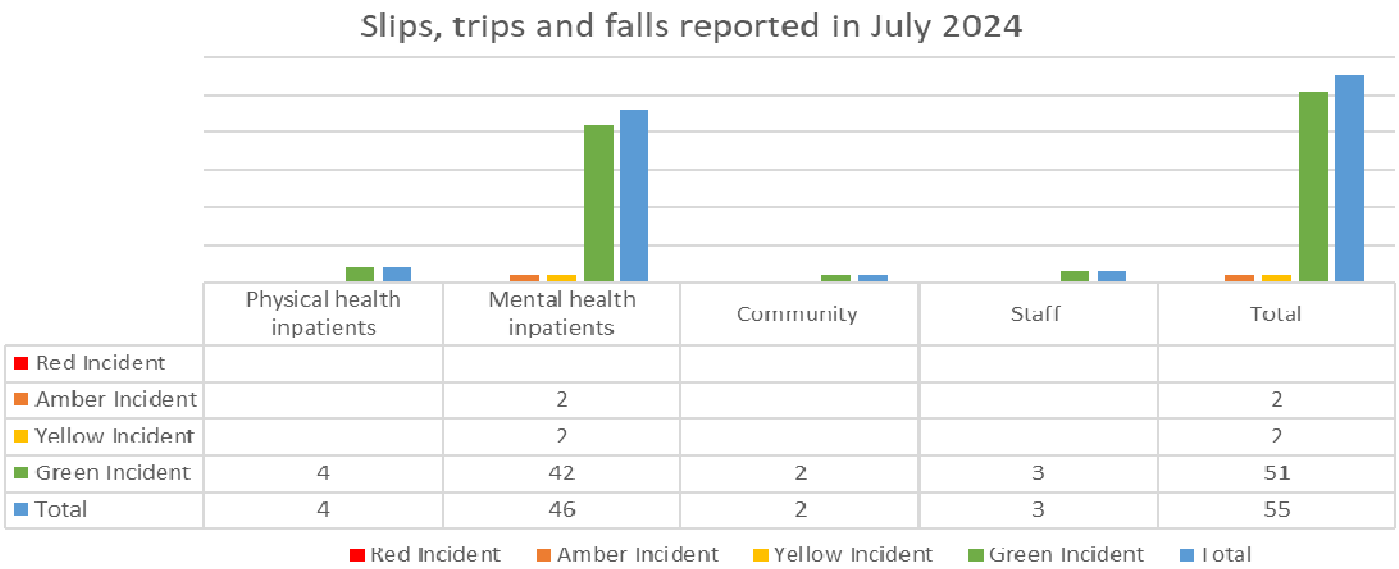
This SPC chart shows that as at July 2024 we remain in a period of common cause variation (no concern).



Trustwide Falls

In July 2024, a total of 55 slips, trips and falls were reported. 50 of these were in inpatient wards.

The current rate of inpatient falls in July 2024 is 3.64 per 1000 bed days. We continue to report within or just below the national average for inpatient falls of 6.3 per 1000 bed days.



	Physical health inpatients	Mental health inpatients	Community	Staff	Total
Red Incident					
Amber Incident		2			2
Yellow Incident		2			2
Green Incident	4	42	2	3	51
Total	4	46	2	3	55

- Staff continue to perform a high level of falls screening, multifactorial assessment, care planning and intervention. These often consider complex physical and mental health care needs
- Post Falls Protocol completion has averaged 92% this month, with a continued good response from staff
- There is some planned work to strengthen guidance for staff supporting a patient following a fall and suspected fracture. This will complement the Clinical Skills Training available for staff
- 90% of patients had a good quality FRAT-18 completed within 24hrs of admission, 4 patient records (10%) had a completed FRAT-18 within one week of admission

Incident Grading

No red incidents.

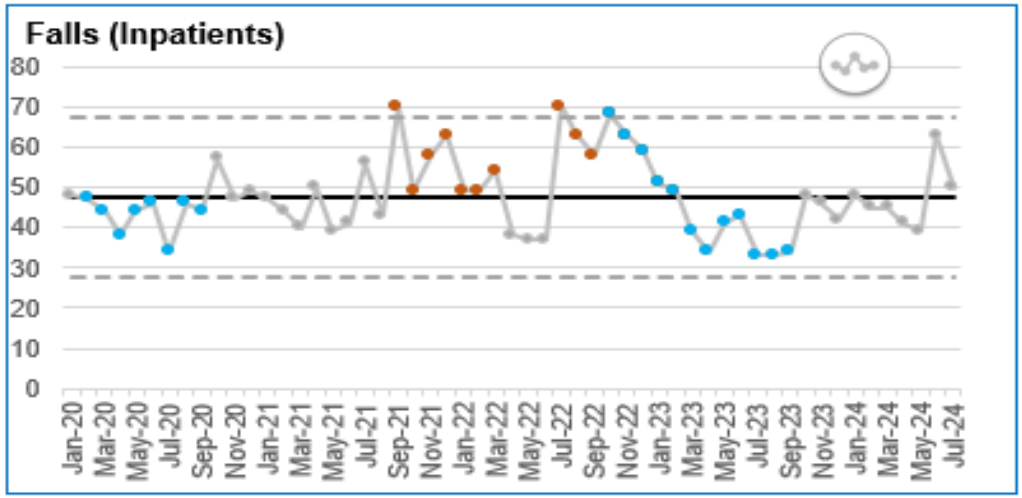
Amber: 2 (3.5%) incidents reported. One patient >70yrs with no previous history of falls, fell and fractured their hip. A patient >50yrs slipped on a wet floor and fractured their hip. Both have received surgery and have returned to mental health inpatient wards, receiving physiotherapist intervention. The younger person is having a review of bone health.

Yellow: 2 (3.5%) reported incidents with minimal injury. Orthostatic hypotension diagnosed with one patient.

Green: 51 (93%) reported incidents had low or no harm recorded. 2 (4%) of these reported patient falls occurred when not on the ward, for example on leave, or inpatient in general hospital.

Falls (Inpatient)

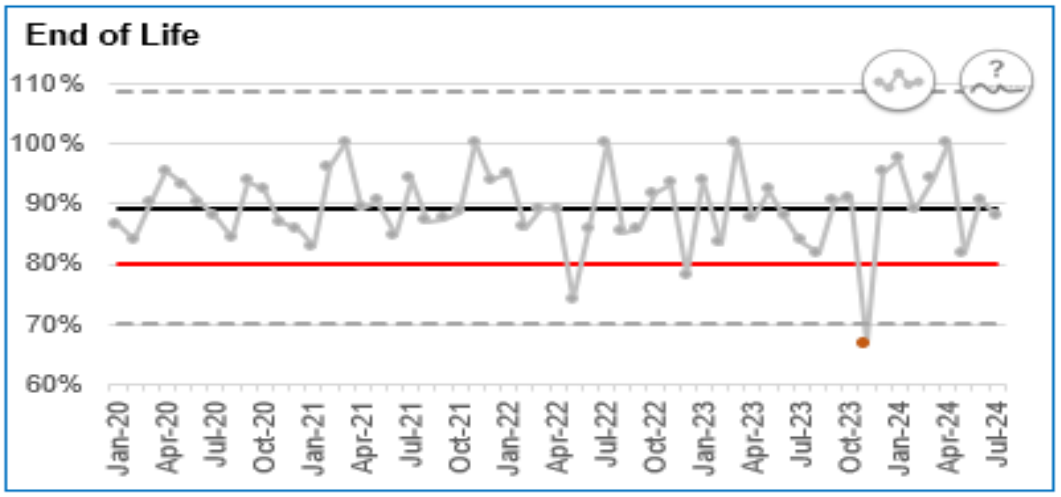
The total number of inpatient falls was 50 in July.



The SPC chart above shows that in July 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 87.9% in July. As is noted in the quality 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 July 2024 the performance against this metric remains in common cause 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

- 98% would recommend physical health services
- 92% would recommend mental health services

	Target	May	June	July
Mental health community	85%	91% (330)	95% (232)	93% (277)
Mental health inpatient	85%	86% (63)	76% (55)	90% (58)
Learning Disabilities	85%	92% (12)	88% (17)	95% (19)
ASD/ ADHD	85%	50% (1)	100% (3)	95% (21)
CAMHS	75%	92% (36)	88% (32)	94% (31)
Forensic	60%	57% (7)	100% (3)	79% (34)
Mental health overall	84%*	**90% (446)**	**91% (344)**	**92% (440)**
Barnsley Physical Health	95%	**96% (342)**	**96% (297)**	**98% (306)**
Trustwide	**85%**	**92% (790)**	**93% (641)**	**95% (801)**

** weighted for 2023/24*

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

Satisfaction in mental health inpatients, learning disabilities, CAMHS and Barnsley physical health has increased.

Satisfaction in community mental health, ADHD services and Forensics has declined, however the number of responses for forensics has increased by 31 and for ADHD services by 17

All services remain above target.

There is a significant increase (75%) in the number of FFT responses received for ADHD services this is due to the service focusing on promoting the use of FFT cards within services.

There is a significant increase in the number of FFT responses received for Forensics services as they conducted their larger patient experience survey and the FFT question is included within the larger survey.

We continue to see an increase in the number of learning disability FFT responses being received.

Safeguarding

Safeguarding Adults:
In July 2024 there were 61 Datix categorised as safeguarding adults, 41 were categorised as green, 18 were categorised as yellow, there were two amber incidents and no red Datix The most common subcategories were neglect, financial abuse and domestic abuse.

In addition to the safeguarding adults Datix, there were 12 sexual safety Datix. There were 11 green incidents and one yellow, no amber or red incidents.

Safeguarding Children:
In July 2024 there were 18 Datix incidents categorised as safeguarding children; nine of these were graded as green and nine were graded as yellow. There were no amber or red Datix. The most common subcategories of these were physical abuse and sexual abuse. All appropriate actions taken, including updating care plans, risk assessments, referrals to local authority and police.

Complaints

- Acknowledgement and receipt of the complaint within three working days – 100%
- Number of responses provided within six months of the date a complaint received – 13/16 (81%)
- 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 11 new formal complaints in July 2024
- 65 compliments were received
- 16 formal complaints were closed in July 2024
- Number of concerns (informal issues) raised and closed in July 2024 – 53
- Number of enquiries responded to in July 2024 – 63
- Number of complaints re-opened during July 2024 - 1
- Number of complaints referred to the Parliamentary Health Service Ombudsman and upheld this financial year to date and how many upheld – 8 Ongoing

Infection Prevention Control (IPC)

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

Outbreaks - July 2024
- Two Covid-19 outbreak on inpatient wards
- One inpatient ward monitored for increase in cases of diarrhoea and vomiting

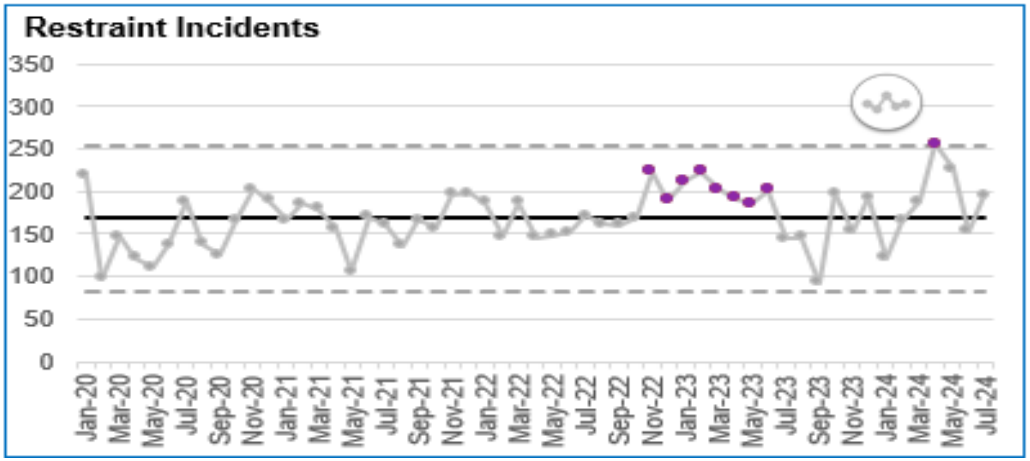
Reducing Restrictive Physical Intervention (RRPI)

• There were 195 reported incidents of Reducing Restrictive Physical Interventions used in July 2024 this was an increase of 37 (23.5%) from June 2024 that stood at 153.
• In July 2024 prone restraint (those remaining in Prone position and not rolled immediately) was reported 11 times an increase of 6 (120%) from June 2024 that stood at 5. This appears to be a large percentile change but this is due to the small numbers, it remains lower than previous months i.e. May 2024 that stood at 21.
• 72.7% of restraints lasted under 3 minutes, again appearing to be a large drop but this is due to relatively small numbers, 3 of the 11 prone restraints lasted over 3 minutes.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	107	58.7%
Seated	62	34.0%
Safety Pod	59	32.4%
Supine - held on their back, regardless of surface	17	9.3%
Side	13	7.1%
Prone descent then remained in chest down position	11	6.0%
Restricted escort	4	2.1%
Prone descent then immediately rolled	4	2.1%
Kneeling	3	1.6%
Service User placed self in prone and staff immediately let go or rolled	2	1.0%

Team Using Prone Restraint	Jul-24
Walton PICU	4
Sandal Ward (Bretton Centre)	3
Willow Ward - Barnsley	2
Clark Ward - Barnsley	1
Stanley Ward, Wakefield	1

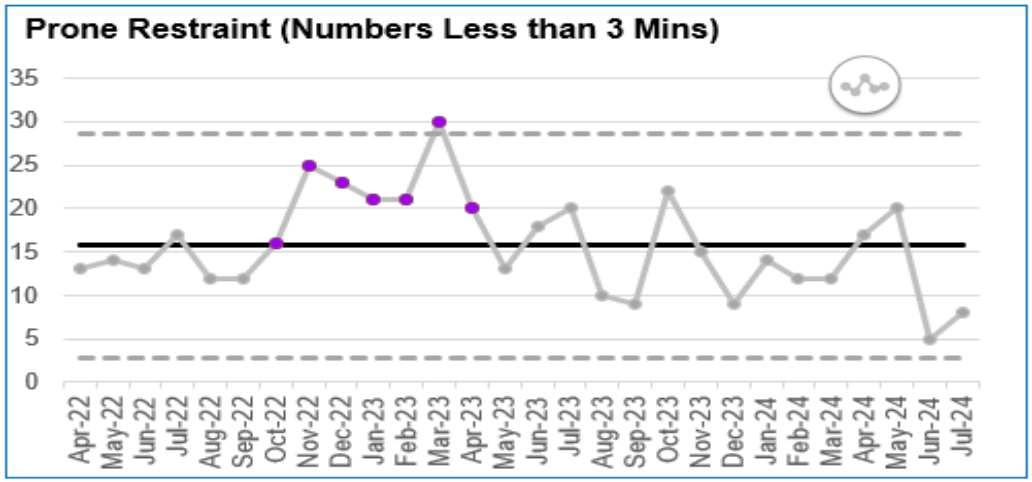
Duration of Prone Restraint	Jul-24
0 - 1 minute	8
3 - 4 minutes	2
4 - 5 minutes	1

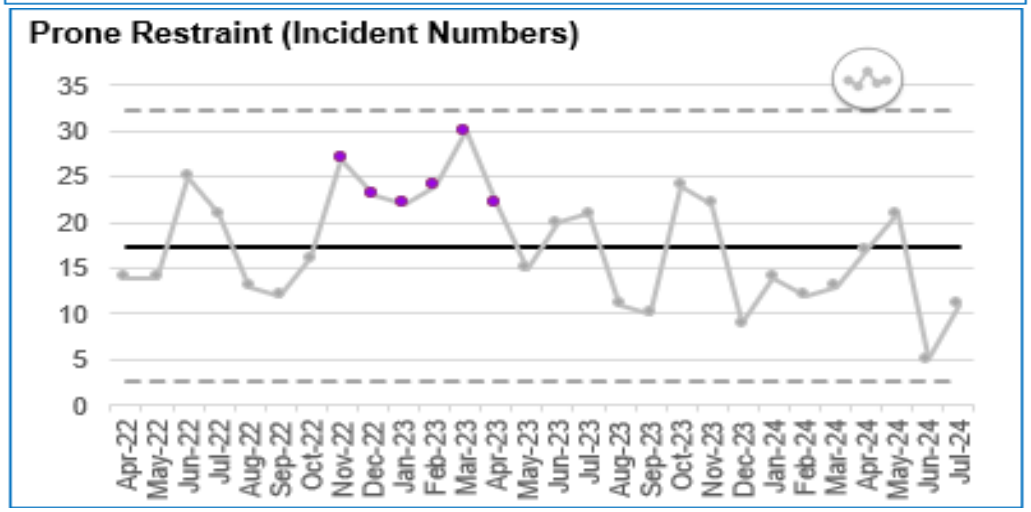


This SPC chart shows that in July 2024 we remain in a period of common cause variation (no concern).

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.

The number of prone restraints has decreased in July and all incidents of prone restraint are reviewed for learning in the Patient Safety Oversight Group. The improvement work continues and the SPC chart shows an overall reducing trend.

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Threshold	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Establishment	Improving Resources	Well Led	-	5415.1	5422.1	5469.4	5451.0	5459.1	5461.6
Contracted Staff In Post (Ledger)			-	4574.5	4605.2	4655.9	4682.4	4673.6	4688.2
Vacancies			-	840.6	817.0	813.5	768.8	785.5	773.3
Turnover external (12 months rolling)			>12% - <13%	11.2%	11.0%	10.0%	9.9%	9.4%	9.7%
Starters			-	49.8	38.3	56.4	36.2	34.8	39.0
Leavers			-	32.8	37.7	20.2	33.0	27.2	23.1
International Nurse Starters in Month			-	0	0	0	0	0	0
% Bank Fill Rates - Registered Nurses			-	62.6%	68.3%	67.9%	75.1%	79.3%	79.3%
% Bank Fill Rates - Health Care Assistants			-	86.2%	85.2%	84.7%	86.7%	87.0%	83.1%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-	92.2%	92.6%	92.0%	93.4%	94.1%	93.6%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in posts band 7 and above, excludes bank staff) *			-	220 - All staff (16.2%) 92 - excl medics (7.9%)	222 - All staff (16.3%) 94 - excl medics (8.0%)	224 - All staff (16.2%) 95 - excl medics (8.0%)	230 - All staff (16.5%) 100 - excl medics (8.4%)	228 - All staff (16.5%) 99 - excl medics (8.3%)	232 - All staff (16.8%) 101 - excl medics (8.5%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-	952 (69.9%)	953 (70.0%)	971 (70.3%)	984 (70.5%)	958 (71.4%)	984 (71.1%)
Sickness absence - Rolling 12 month			<=5% from June 24 was <=4.8%	5.0%	5.0%	4.8%	5.0%	5.0%	4.9%
Sickness absence - Month				4.8%	4.4%	3.6%	4.7%	4.8%	5.2%
Employees with long term sickness over 12 months			-	0	0	0	0	4	0
Appraisals - rolling 12 months			Jun 24 - 89% Jul 24 - 91% Aug 24 - 93% Sep 24 onwards 95%	82.9%	84.2%	87.4%	87.1%	84.3%	84.4%
Employee Relations - Suspensions (over 90 days)			-	2	3	1	2	1	1
Mandatory Training - TOTAL	Improving Care		>=80%	91.8%	91.9%	92.5%	93.0%	92.6%	93.0%
Mandatory Training - Reducing Restrictive Practice Interventions				74.0%	73.0%	68.3%	74.0%	72.8%	74.9%
Mandatory Training - Cardiopulmonary Resuscitation				76.1%	77.8%	79.4%	80.7%	80.3%	80.2%
Mandatory Training - Clinical Risk				91.8%	92.5%	96.6%	93.8%	93.3%	94.2%
Mandatory Training - Display Screen Equipment				96.1%	96.4%	97.4%	97.1%	97.1%	97.3%
Mandatory Training - Equality & Diversity				95.3%	95.4%	95.8%	96.6%	96.7%	97.2%
Mandatory Training - Fire Safety			>=85% (from June 24)	89.6%	89.2%	90.4%	91.1%	90.8%	91.1%
Mandatory Training - Food Safety			>=80%	90.4%	90.2%	90.2%	90.8%	91.1%	90.9%
Mandatory Training - Freedom To Speak Up (FTSU)				95.2%	95.6%	95.8%	95.9%	95.9%	96.1%
Mandatory Training - Infection Control & Hand Hygiene				93.7%	92.8%	93.3%	94.5%	94.3%	94.9%
Mandatory Training - Information Governance (Data Security)			>=95%	91.8%	91.5%	92.8%	97.1%	95.5%	95.7%
Mandatory Training - Moving & Handling			>=80%	97.5%	97.6%	97.8%	97.9%	97.7%	97.6%
Mandatory Training - Nat Early Warning Score 2 (New S2)				93.6%	94.1%	95.7%	94.5%	94.8%	95.2%
Mandatory Training - Mental Capacity Act/Dols				99.2%	99.4%	99.6%	91.2%	90.2%	90.6%
Mandatory Training - Mental Health Act				89.6%	89.1%	89.6%	88.6%	87.7%	88.0%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				66.6%	74.4%	78.7%	83.2%	86.0%	87.6%
Mandatory Training - Prevent			>=80%	91.9%	92.6%	93.3%	94.5%	94.7%	95.1%
Mandatory Training - Safeguarding Adults				88.3%	88.2%	88.8%	89.6%	89.4%	88.8%
Mandatory Training - Safeguarding Children				93.6%	93.3%	94.1%	95.1%	95.2%	95.4%

Notes:

- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
- Starters/Leavers vs Staff in Post – Whilst our starters and leavers figures give us a true account of turnover growth it will not exactly match the overall staff in post movement from month to month as this also includes any contracted hours changes of existing staff in that same month.
- Turnover - Quarterly reports from feedback of leavers are being appraised in the Trust's operational management group with reporting and actions from quarterly reports to care groups.
- Sickness absence - from April 23 - the reported figure is rolling over 12 months. For earlier months this was year to date
- Bank fill rates - We are continuing to successfully recruit to band 2 and bank 5 posts for both substantive posts and bank. Our use of agency is under constant scrutiny, with bank being used as opposed to agency as much as possible, including for block bookings, and this is seeing a positive impact on agency spend.

Staff In Post
• It is the Trust's objective to see no net growth in staff throughout 2024/25. We have seen a slight reduction in our staff in post in July '24, which has reduced our net growth to 1.28%

Vacancies
• Our vacancies have decreased slightly this month. This aligns with the slight increase in Staff in Post
• The triangulation between Finance and ESR is ongoing. A central mapping table has been created to provide assurance and clarity on the information held in both systems.
• The recruitment dashboard shows live vacancies on NHS jobs. This is showing that approximately 130 full time equivalents (FTE) are consistently being recruited at any time. These applicants are at various stages of the recruitment process

Turnover
• The Trust turnover rate for July '24 has increased very slightly, however this is still low and is not an area of concern.
• The Forensic Care Group's turnover rate has increased this month to 12.3% (June 11.0%).

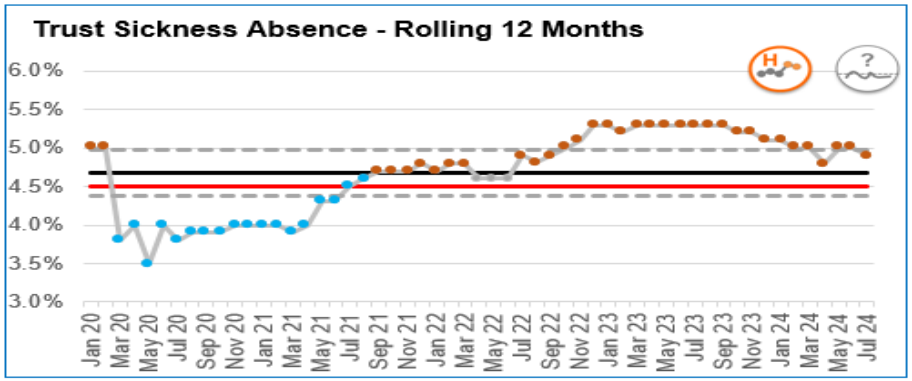
Stability
• The stability rate continues to improve in July to 91.6%

Sickness (Overall)
• The mental health care group has seen an increase in overall sickness to 5.7% in July which is 0.5% above the Trust's overall sickness rate. Short term sickness has remained stable and there has been an increase in long term sickness between June and July. This may be due to some short term episodes converting to long term. Looking at the details, the biggest percentage increases between June and July for long term sickness are listed as due to 'injury/fracture' (1.45% increase), 'cardiac' (0.75% increase), 'anxiety stress and depression (0.57% increase), 'nervous system' (0.53%), 'other known' (0.48% increase), 'gastrointestinal' (0.25%). In relation to these episodes, these are spread across teams, however there are small hot spot areas for overall sickness in the mental health community teams. There is one ward where there has been 9 episodes of anxiety, stress and depression reported in July (with 0 reported in June). This is being raised with the general manager for further investigation as to possible contributing factors and plans for support/intervention

Appraisal Compliance
• The Learning and Development team and People Business Partners (PBP) continue to work closely with managers and care group leaders to stimulate compliance, with three of the six care groups sitting above the Trust average, and one being notably lower than others.
• The L&D and PBP approach focuses on ensuring that out of date appraisals are prioritised and work has commenced with managers to ensure they use the dashboard to anticipate appraisals which are due to expire and act pre-emptively before they expire.
• We have also observed that when colleagues move from the exclusions group to the live group (e.g., someone returning from maternity leave) this is creating sudden drops in the data. Managers are being supported in identifying this and acting promptly as appropriate.

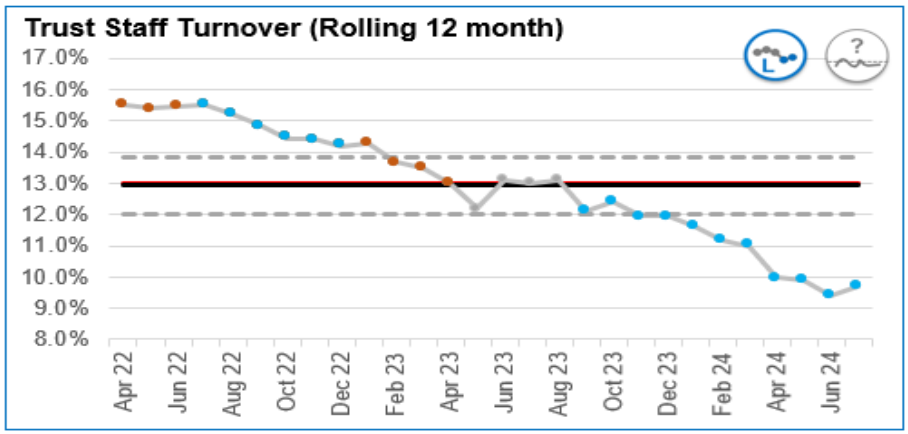
Training Compliance
• A new PowerBI dashboard is now live and being used by managers to see the compliance for their own staff and support managers in improving compliance at a local level.
• RRPI training has shown an increase in compliance to 74.9% (June 72.8%) L&D and the RRPI team have been working collaboratively to review the training needs of the organisation, and have introduced additional processes to maximise capacity and process timely refresher training.
• Between April – June 24 the RRPI team offered concurrent training courses due to the increase in resources, leading to 7 additional refresher courses (increase of 140 training places) and 3 additional breakaway (increase 32 places and place based). Over the next three month period the RRPI training team will be increasing concurrent new starter courses.

Statistical process control charts

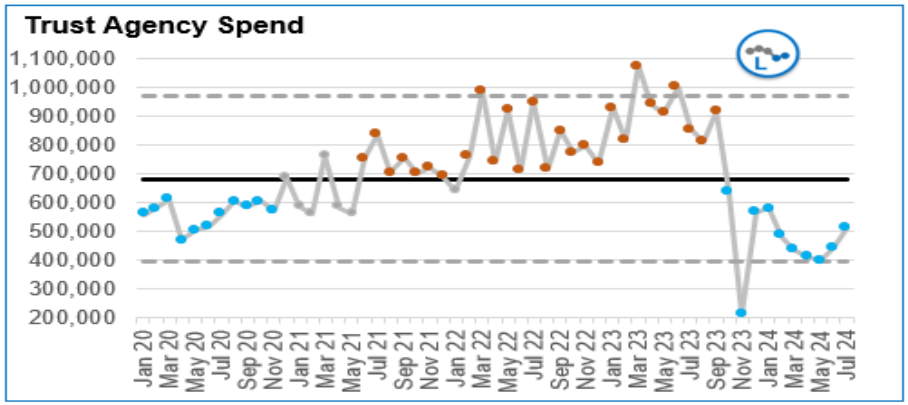


The SPC chart shows that in July 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

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



The SPC chart shows that in July 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.



The SPC chart shows that in July 2024 we remain in a period of common cause improving variation (something is happening and this should be investigated) following a sustained decrease in agency spend.

Please see finance section for further detail on agency spend.

National Metrics

Data as of : 23/08/2024 11:19:31

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	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 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	400	187	66	75	85	104	74	138	119	34	60	41
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	P		92.9%	86.4%	85.7%	86.1%	89.7%	81.6%	93.2%	94.1%	87.5%	90.3%	92.5%	91.4%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		51.5%	51.6%	52.7%	51.6%	54.7%	50.2%	53.9%	52.9%	52.3%	52.6%	51.2%	50.6%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	99.5%	99.9%	100%	100%	99.7%	99.8%	99.9%	99.9%	100.0 %	100.0%	99.9%	99.7%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	F	L	64.7%	74.4%	73.8%	62.8%	64%	55.6%	68.9%	65.8%	51.8%	68.5%	66.8%	66.0%
M7	72 hour follow-up from psychiatric in-patient care		80%	?		90.7%	88.6%	90.8%	89.0%	91.2%	88.7%	92%	87.5%	94.6%	89.8%	89%	90.5%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		18	8	2	9	23	30	28	8	29	13	1	5
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		2	2	1	1	1	1	1	2	1	2	1	3
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.3%	98.3%	99.0%	98.8%	98.6%	98.8%	98.7%	99.0%	99.3%	98.9%	98.7%	99.3%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		99.8%	100%	99.9%	99.8%	99.8%	100%	100%	99.8%	100%	100%	100%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		66.7%	100%	100%	100%	75%	100%	66.7%	100%	n/a	100%	100%	50%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?	H	91.3%	96.6%	91.7%	93.5%	88.6%	97.1%	97.3%	97.2%	97.5%	94.1%	96.6%	100%
M15	Data Quality Maturity Index		95%	P	H	99.3%	99.3%	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%	99.3%	99.5%	99.5%	99.4%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		99.7%	99.0%	99.1%	99.4%	99.2%	99.7%	99.4%	98.6%	99.0%	98.9%	99.8%	99.1%

National Metrics

Data as of : 23/08/2024 11:19:31

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					19%	23.7%	21.6%	18.4%	19.4%	21.7%	18.1%	14.1%	18.5%	24%	27.6%	24.5%
M32	% Admissions gate kept by crisis resolution teams		95%			95.7%	90.7%	90.8%	93.5%	98.1%	91.3%	95.2%	88.0%	95.4%	93.2%	93.4%	88.5%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			98.5%	97.2%	97.8%	98.2%	97.7%	97.7%	97.3%	96.4%	97.6%	96.6%	96.3%	96.7%
M34	% Clients in settled accommodation	⚠	60%			84.3%	84.3%	84.8%	85%	84.5%	84.6%	84.2%	83.5%	83.4%	83.5%	83.2%	83.5%
M35	% Clients in employment	⚠	10%			12.3%	12.6%	12.2%	12.3%	12.6%	13.2%	13.0%	13.5%	13.0%	13.2%	13.0%	12.6%
M41	Completion of a valid NHS number		99%			99.6%	99.6%	99.6%	99.7%	99.7%	99.8%	99.7%	99.7%	99.9%	99.9%	99.9%	99.5%
M42	Completion of ethnicity coding for all service users		90%			99.5%	99.4%	99.5%	99.4%	99.4%	99.4%	96.9%	100.0 %	99.5%	99.5%	99.4%	100.0 %
M43	Community health services two hour urgent response standard		70%			89.5%	88.6%	88.1%	87.4%	85.3%	86.2%	87.8%	88.3%	92.8%	89.7%	89.8%	91.8%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500			1667	1656	1726	1844	1303	1700	1559	1336	1661	1589	1618	1963
M47	Virtual ward occupancy		80%			57.1%	60%	57.5%	78.8%	64.3%	81.4%	95.7%	101%	82.7%	94.3%	81.4%	91.4%
M49	Number of people who receive two or more contacts from community mental health services for adults and older adults with severe mental illnesses (MHSDS Definition) Rolling 12 months					14577	14554	14588	14582	14398	14469	14386	14288	14126	14106	13992	13934
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months					10970	11072	11172	11239	11062	11143	11080	11057	10931	11008	10956	10931
M171	% Admissions gate kept by crisis resolution teams		95%			100%	99.1%	100%	97.9%	100%	98.1%	98.8%	95.7%	98.8%	98.1%	95.6%	97.4%
M178	Talking Therapies - Reliable Recovery					49.8%	48.4%	49.4%	48.6%	51.1%	47.5%	50.7%	50.4%	50.4%	50.3%	48.6%	47.5%
M179	Talking Therapies - Reliable Improvement					68.1%	64.6%	66.4%	66.6%	64.5%	66.8%	69.4%	64.6%	69.7%	68.0%	69.4%	65.9%
M181	Women Accessing Specialist Community Perinatal Mental Health Services					1218	1199	1221	1203	1177	1203	1214	1188	1209	1221	1216	1232
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)					22	10	6	3	4	7	7	6	5	2	2	2
M183	Incomplete Referral to Treatment (RTT) pathways of 65 weeks or more		0			0	0	0	0	0	0	0	0	0	0	0	0
M184	New RTT pathways (clock starts)		1700			1939	1940	1716	1867	1383	1811	1843	1745	1822	1967	1789	2061
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment					574	599	667	650	484	597	631	486	604	571	526	555
M188	Community services waiting list, over 52 weeks					40	39	45	29	18	9	9	5	4	2	4	2

National Metrics

Data as of : 23/08/2024 11:19:31

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 for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 66.0% in July, this continues to remain below the national threshold of 99%. This is due to the need for follow up and fitting appointments alongside diagnostic assessments where there is limited capacity to meet demand. This metric relates to the Trust's Paediatric Audiology service only.

• Number of incomplete Referral to Treatment (RTT) pathways - There continues to be an increase in demand for musculoskeletal services in July compared to previous months and this has impacted the performance 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.

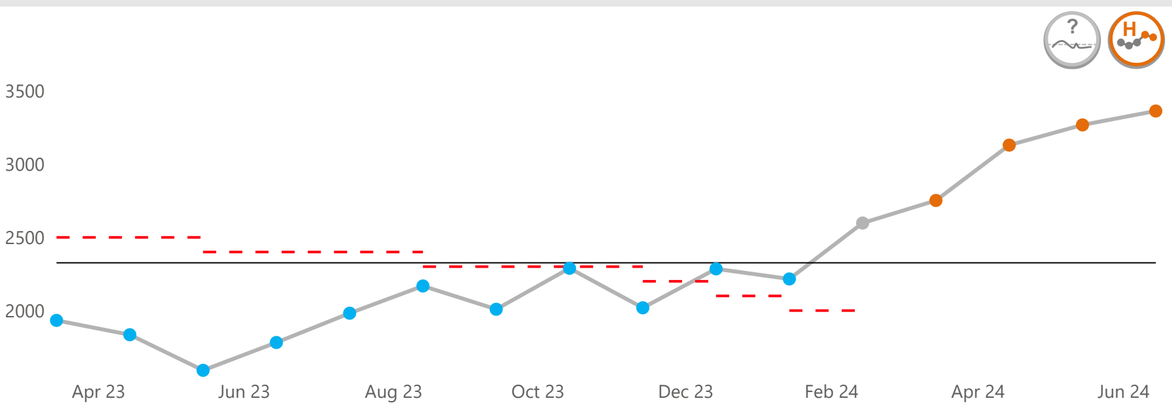
• The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week is 50% in July - however this only relates to two service users. The routine access to treatment measure has increased in July to 100%, which is above the 95% threshold.

• During July, there were three service users aged under 18 years placed in adult inpatient ward for a combined total of 5 nights. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews.

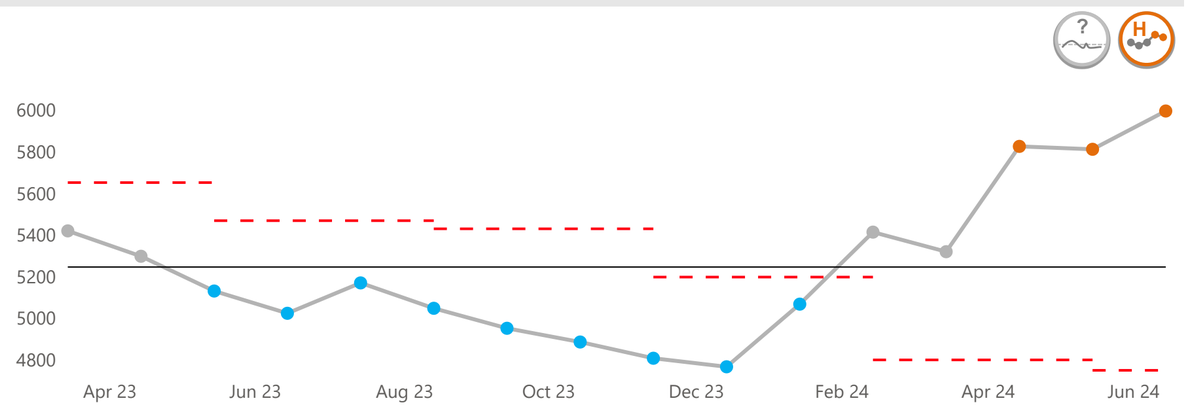
• The percentage of clients in employment and percentage of clients in settled accommodation - there are some data completeness issues that may be impacting on the reported position of these indicators however both are above their respective thresholds.

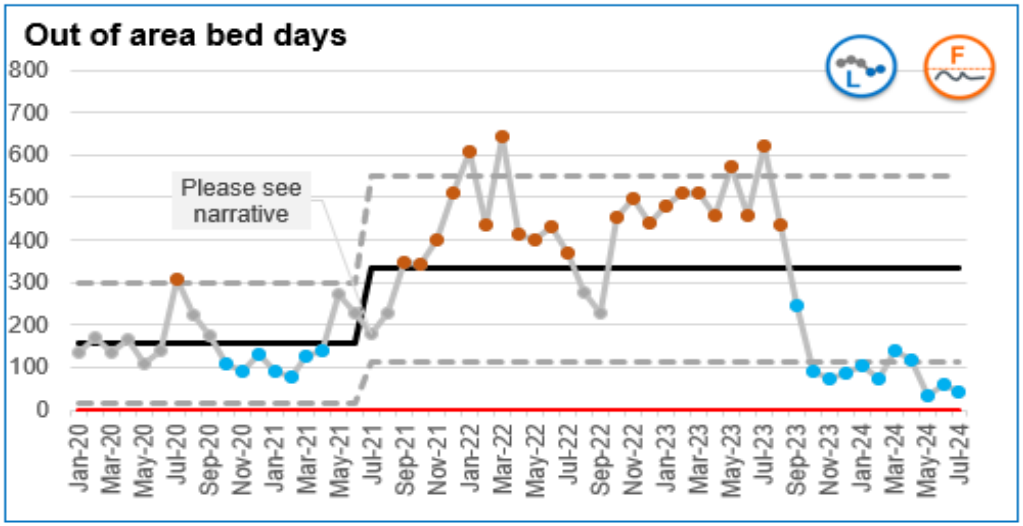
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and well-being services in Barnsley (aligned to the national community services SitRep). There has been a significant increase in demand for musculoskeletal services which is also reflected in the number of incomplete Referral to Treatment (RTT) pathways (M45) 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 above threshold.

M45 - The number of incomplete Referral to Treatment (RTT) pathways



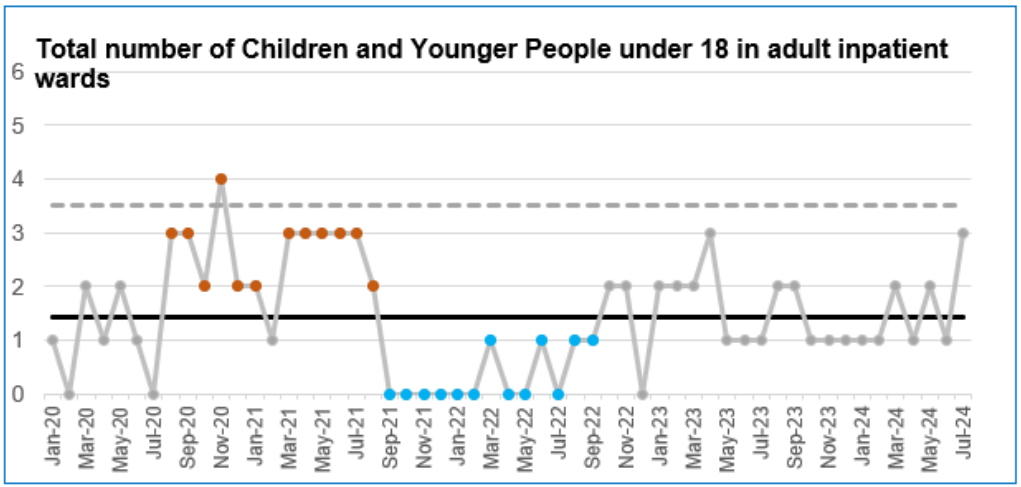
M48 - Community services waiting list





The SPC chart shows that there has been a sustained decrease in the number of inappropriate out of area bed days in July 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.



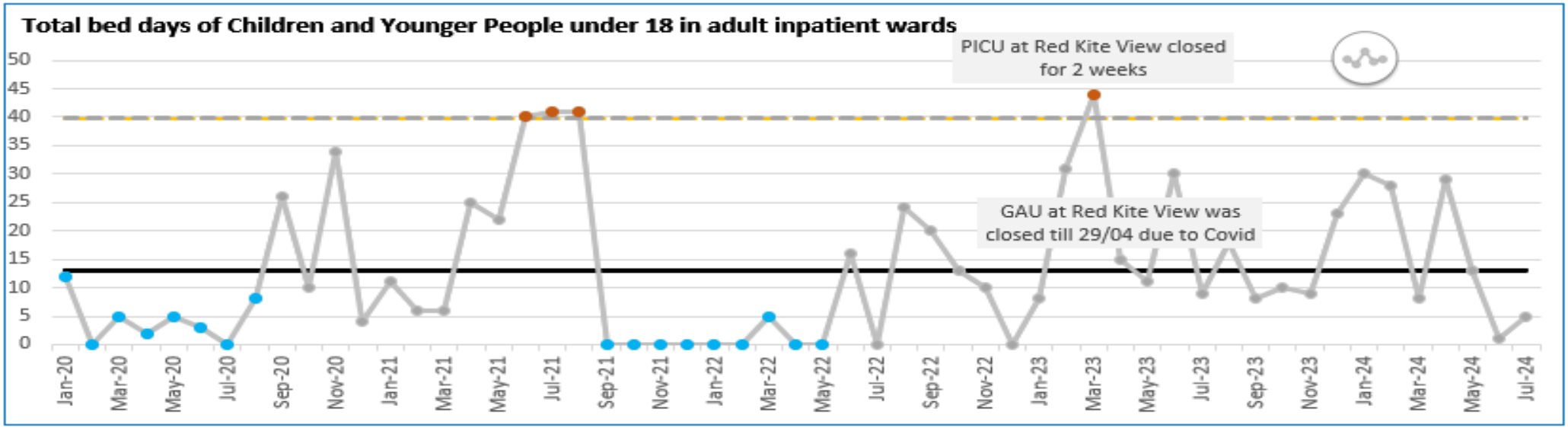
Although there has been an increase in the number of people aged under 18 admitted to an inpatient ward in July 2024, the SPC chart shows us that this is still within common cause variation (no concern) when we compare it to the range of admissions we have had in the past. An analysis of the number of occupied bed days for these clients can be seen overleaf.

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

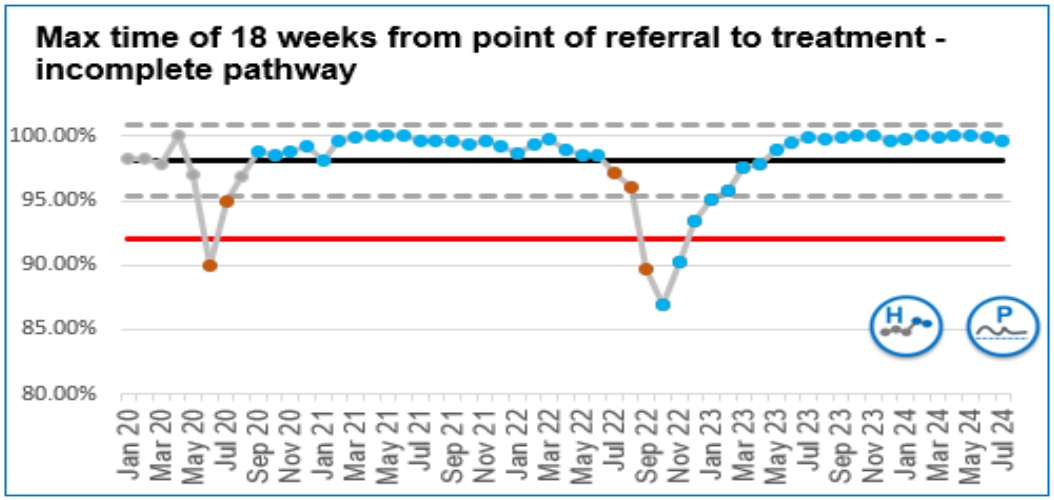
- The reporting for employment and accommodation shows 18.5% of records have missing employment and/or accommodation status with a further 1.5% that have an unknown employment status and 1.2% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

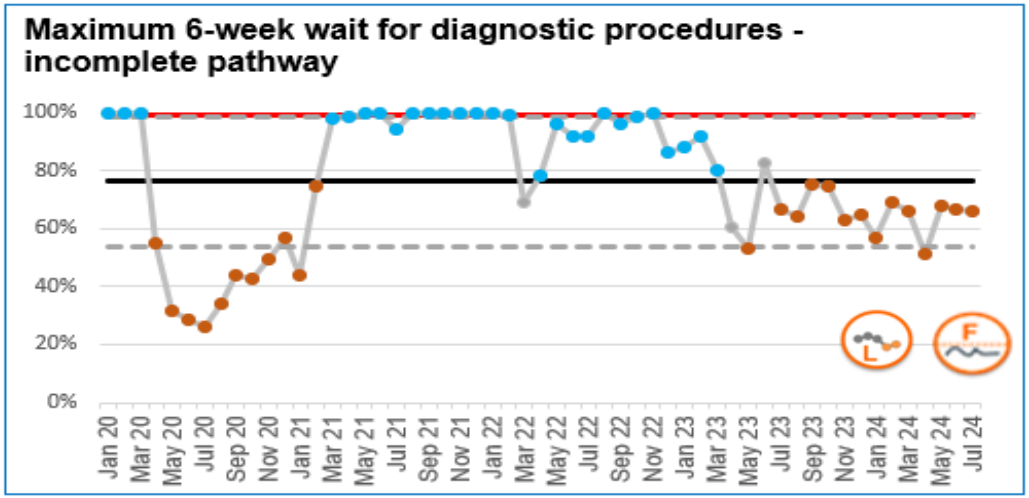
Analysis



The statistical process control chart (SPC) above shows that in July 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 July 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, 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 sustained low performance against this metric we are now not estimated to meet this target. We remain below the threshold.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group, and performance for the reporting month is stated along with variation/assurance for each metric where applicable. Figures in bold and italics are provisional and will be refreshed next month.

Current average OPEL level

2.44

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

Children and Families Care Group

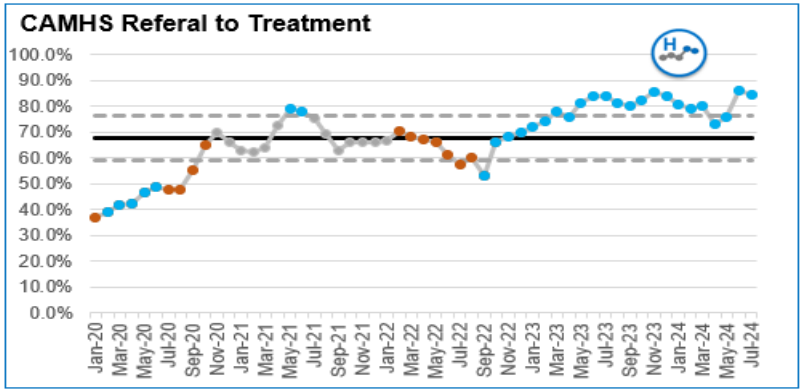
Headlines

The data now includes children's therapy services in Barnsley as per the new care group structure, therefore there are variances in performance from previous months data.
Neurodevelopment waits remain a concern in Kirklees and Calderdale due to the Right to Choose pathways and vacancies in the teams.

Children and Families

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	88.8%	85.0%	83.3%	
% Complaints with staff attitude as an issue	< 20%	50% (1/2)	0% (0/4)	0% (0/2)	
% of staff receiving supervision within policy guidance	80%	79.0%	78.5%	80.9%	
CAMHS - Crisis Response 4 hours	N/A	96.8%	91.9%	95.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.8%	82.0%	81.2%	
Eating Disorder - Routine clock stops	95%	94.1%	96.6%	100.0%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	100.0%	50.0%	
Maximum 6 week wait for diagnostic procedures	99%	68.7%	66.7%	66.3%	
Information Governance training compliance	>=95%	98.7%	98.3%	97.9%	
Reducing restrictive physical interventions training compliance	>=80%	69.9%	67.4%	69.0%	
Sickness rate (Monthly)	4.5%	4.0%	3.8%	3.8%	
% rosters locked down in 6 weeks					

**From April 2024, figures now include children's physical health teams as per the change to the care group structure*



As you can see in July 2024, we remain in a period of special cause improving variation (something is happening and this should be investigated), following a sustained increase in the percentage.

Alert/Action

- There continues to be challenges with meeting the performance targets for appraisals, despite a further drop in July the live dashboard shows some positive improvement evident for August data.
- RRPI training remains below expected performance targets however there has been a slight increase in performance this month. Meetings are being arranged with the training team to optimise training uptake and availability.
- Eating disorder urgent/emergency clock stops are showing as 50% which is outside the usual performance expectations. These are not confirmed breaches – however they are process issues and training will be required to prevent the impact on performance going forward. These two cases are being reviewed to see if the data inputting can be rectified on the system.
- There has been a further small decline in the Paediatric Audiology performance, this is due to leave and staff unavailability. Small changes in the team availability greatly impact the performance data, however, despite a 50% reduction in audiologist capacity, all planned hearing clinics have been fulfilled. Conversations are underway with commissioners regarding resources available to the team. The longest waiter is 11 weeks and there are very few waiting over 9 weeks. The number of cases waiting have reduced since last month. Two trained and experienced audiologists have been identified through the Trust Bank and it is anticipated that these staff will join the service over the coming weeks.
- Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic in part due to the Right to Choose pathways. This is likely to be further impacted by staff vacancies. This has been recorded on the risk register.

Advise

- There are increasing numbers waiting increased lengths of time due to service pressures and service user complexity. Measures are being considered for how we define high levels of complexity to support further understanding of this. Business continuity plans are in place where required and support from partners is being utilised where possible.

Assure

- Supervision figures have increased and are meeting performance targets again, the team are aware of the sustained efforts required to maintain this position.
- Friends and family test feedback remains positive.
- There has been a marked improvement in mandatory training compliance for the care group with all courses now meeting the desired compliance rates except for RRPI training.
- Sickness rates are positive and remain below the Trust threshold, there is continued work on staff wellbeing to prevent/reduce sickness due to work related issues.
- Medical recruitment to all services with vacancies has been positive and new starters are expected to join the service soon.
- Services have been nominated and some of which shortlisted for awards due to the service creativity.

Mental Health Care Group

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 number of people who are clinically ready for discharge has increased again this month but remains below threshold, however, this masks significant hotspots in Horizon assessment and treatment unit and inpatient wards for older people. Working is taking place with commissioners in each place.

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.

Both community and inpatient have seen a further increase in sickness throughout the month. 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 and appraisal is being addressed through line management support and oversight and during June the care group has seen a positive increase in performance with the number of staff receiving supervision now being achieved across inpatient and community services.

Mental Health Community

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	87.3%	84.1%	85.0%	
% Assessed within 14 days of referral (Routine)	75%	83.8%	92.3%	90.9%	
% Assessed within 4 hours (Crisis)	90%	93.9%	95.5%	97.3%	
% Complaints with staff attitude as an issue	< 20%	13% 2/15	0% 0/5	0% 0/3	
% of staff receiving supervision within policy guidance	80%	79.9%	80.9%	81.9%	
% service users followed up within 72 hours of discharge from inpatient care	80%	89.8%	89.0%	90.5%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.0%	95.9%	96.4%	
% Treated within 6 weeks of assessment (routine)	70%	92.4%	92.2%	97.7%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.5%	73.3%	75.5%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	68.1%	76.0%	84.9%	
Information Governance training compliance	>=95%	98.0%	96.5%	96.3%	
Reducing restrictive physical interventions training compliance	>=80%	70.2%	67.7%	71.8%	
Sickness rate (Monthly)	4.5%	4.8%	5.1%	5.7%	
% rosters locked down in 6 weeks					

Mental Health Inpatient

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	91.4%	87.2%	93.9%	
% bed occupancy	85%	86.5%	90.0%	90.1%	
% Complaints with staff attitude as an issue	< 20%	0% 0/2	25% 1/4	0% 0/4	
% of staff receiving supervision within policy guidance	80%	85.5%	93.2%	93.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	76.8%	83.8%	
% of clients clinically ready for discharge	3.5%	2.1%	2.5%	4.6%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	94.4%	94.2%	92.5%	
Inappropriate Out of Area Bed days	155 (July)	34	60	41	
Information Governance training compliance	>=95%	98.9%	97.5%	96.8%	
Physical Violence (Patient on Patient)	Trend Monitor	25	25	16	
Physical Violence (Patient on Staff)	Trend Monitor	71	56	59	
Reducing restrictive physical interventions training compliance	>=80%	74.9%	74.1%	77.8%	
Restraint incidents	Trend Monitor	151	100	*118*	
Safer staffing (Overall)	90%	139.1%	143.7%	144.9%	
Safer staffing (Registered)	80%	105.9%	104.2%	104.8%	
Sickness rate (Monthly)	4.5%	4.2%	4.9%	5.8%	
% rosters locked down in 6 weeks					

Alert/Action

- Acute wards have continued to manage high levels of acuity.
- 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.
- There have been 3 admissions of young people to adult beds in July.
- We have more people who are clinically ready for discharge but are delayed, we continue to work on this as part of the priority programme. This can delay their recovery for individuals and impacts on bed capacity. Work is ongoing in each place through MADE (multi agency discharge events/ meetings).
- Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout July acute wards have worked above establishment.
- Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation has become more challenging and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams, and community teams is monitored.
- Intensive Home-Based Treatment teams in Calderdale and Kirklees are experiencing ongoing workforce challenges, recent recruitment has indicated some improvement, however challenges remain.
- All areas are focussing on continuing to improve performance for FIRM risk assessments. The percentage compliance for inpatient services 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. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. 84.5% of people have a risk assessment/staying safe plan in place within 7 working days of first contact for community services which demonstrates improvement.
- 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 all teams to achieve the target of all staff having an appraisal. There has been a reduction in compliance in July due to a combination of factors including changes in line management, numbers of staff appraised in the same month last year dropping out of compliance and the volume of staff requiring appraisals in month. We are now proactively flagging appraisals that are due to go out of date in the next 30 days to aid planning. Overall care group performance is at 86.8%.
- We continue to work with colleagues from Nursing, Quality and Professions to clarify standards for supervision including what activity is in scope, recording and who we have trained to provide specific clinical supervision.
- The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication. Matrons attend the recently established monthly restraint oversight meeting chaired by reducing restrictive practices (RRPI) specialist advisors and includes an in-depth review of all prone restraint incidents for learning. Although prone is recorded as red, the percentage relates to smaller numbers of incidents overall.
- Overall sickness for the care group in July is 5.78% (4.3% short term, 1.48% long term) which is above the 4.5% target. Service line trios continue to monitor their teams and provide support to sickness management and any underlying issues, in conjunction with Peoples Directorate colleagues.

Advise

• Improvement work is underway to consider how quality and safety is maintained on inpatient wards which are monitored via the Inpatient Priority Programme In addition there is a focus on improving the well-being of staff and service users and improving retention.
• 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 Talking Therapies recovery rate for July is 50.51% for Kirklees and 50.66% for Barnsley, both achieving the national standard of 50%.
• 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. The Care Group has completed a trust wide review of the SPA as part of the Improving Access to Care (IATC) priority programme and an action plan is currently being developed.
• SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. However, the access standard for assessed within 14 days of referral in all localities continues to be met.
• Assurance that care plans are produced collaboratively and shared with service users has dipped in month, and this requires ongoing attention from the Quality and Governance Leads. Work around the new mental health care plan should ensure that this quality standard is wholly embedded within the document.
• Care Programme Approach (CPA) review performance is above target in Calderdale, Kirklees and Wakefield. Barnsley is slightly under target at 93.54%. Action plans and support from Quality and Governance Leads remain in place.
• Work continues towards meeting expected thresholds where compliance rates are below target for mandatory training (this includes Reducing Restrictive Practice and Cardio-Pulmonary Resuscitation). Service managers are leading on improvement plans. The new mandatory training dashboard is a positive development, and work continues with training leads to address priority areas and utilise all training capacity. Although RRPI training compliance remains below threshold, it has improved in July with staff booked on future courses between August and November.
• The care group holds monthly meetings to track and review progress of Equality Impact Assessments (EIAs). Performance remains strong. Delay in completion of EIAs in some areas have been due to manager changes/sickness and the service line Trios are supporting the teams in their completion.
• Equality data – we are working with a trust wide quality improvement group to enhance how equality information is captured on System One. Completeness of equality data is on our data quality improvement action plan.

Assure

• Intensive home based treatment teams are performing well in gatekeeping admissions to our inpatient beds with 84.4% of admissions shown as gatekept for July to our adult acute beds.
• The care group is performing well in 72 hour follow up for people discharged into the community at 91.1% for July.
• The use of out of area beds remains low due to continued intensive work as part of the care closer to home workstream
• Routine access for assessment target is being achieved in all places.

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

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. The data relates to 13 breaches out of 62 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	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	86.0%	87.5%	84.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/2)	0% (0/4)	
% of staff receiving supervision within policy guidance	80%	89.4%	87.2%	81.1%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.1%	84.0%	82.5%	
% of clients clinically ready for discharge	3.5%	50.0%	50.0%	50.0%	
Information Governance (IG) training compliance	>=95%	95.0%	92.3%	93.0%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	89.2%	86.0%	79.0%	

LD, ADHD & ASD					
Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	24	12	19	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	77.8%	76.1%	75.9%	
Safer staffing (Overall)	90%	158.4%	154.7%	152.6%	
Safer staffing (Registered)	80%	119.7%	126.7%	118.5%	
Sickness rate (Monthly)	4.5%	2.1%	2.4%	3.8%	
Restraint incidents	Trend Monitor	32	26	*24*	
% rosters locked down in 6 weeks					

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

Alert/Action

- Friend & Family Test – 71%↑, efforts continue to improve this metric. Service is looking to use chat pads to aim to improve engagement with service users.
- West Yorkshire Integrated Care Board Neurodiversity Project – The service continues to contribute to work across West Yorkshire.
- Appraisal 96.4%.
- ADHD – national shortage of medication is having a direct impact on the service as primary care often refer back into the service for an alternative prescription.

Advise

ADHD PATHWAY
The Service typically receives 270 referrals per month and has capacity to assess a maximum 560 people per year. There are currently 5576 people waiting for an ADHD assessment.
These 2024 developments were agreed with Wakefield and Kirklees. These bespoke developments have been locally agreed by each Places in response to their growing waiting lists:
- Wakefield Place has invested in a pilot project to implement ADHD screening and triage, this started on 1st August as planned. Outcomes are not yet available.
- Kirklees Place has recurrently invested in an all-age neurodiversity referral unit, submitted jointly with Kirklees CAMHS.
- These developments have also created an opportunity to review the referral process for adults and an electronic referral process has been agreed with GP colleagues. This will also bring benefits to primary care.

Autism
- Referral rates remain high but there are minimal waits for assessment across Barnsley, Kirklees and Wakefield. There are 28 adults currently waiting from these areas and 93% have been waiting less than 12 weeks since they were referred.
- The Calderdale pathway does not include this step following the launch of an AQP model for Neurodiversity in May 23.
- Barnsley commissioners have invested this Service to provide a 17+ Pathway for 20 young people. Community Paediatrics in Barnsley have already referred 16 of their cases who will now be seen sooner than if they had remained with children's services.
- Collaborative efforts are underway to expand the 17+ pathway across the Trust in alignment with SWYPFT CAMHS Teams, a proposal has been shared and we await a response.
- Actions relating to recommendations of the invited review are ongoing and many are completed. The Service has met with members of the Executive Trio to discuss progress.
- The legacy waiting list transferred from Bradford District Care Trust continues to reduce as planned.

Assure

- Mandatory training compliance is good with NEWS2 and reducing restrictive physical interventions being the only areas of focus.
- Relationship with Bradford working very well.
- Excellent levels of supervision and appraisal.

Learning disability services:

Alert/Action

LD

- Business case for ADHD has been re submitted to commissioners and the service is awaiting a response.
- Lack of appropriate bespoke community placements impacts on Horizon and community service offer.
- First Greenlight Champion network meeting has taken place with good attendance from colleagues across the Trust. Learning Disability colleagues presented awareness raising on reasonable adjustments, communication and sensory environments.

Community

- Challenges continue with the recruitment of specialist in Speech and Language posts and waiting lists for communication assessments are a pressure.
- STOMP (stopping over-medication) rating tool has been standardised and utilised in all localities.
- Discussions with commissioners commenced via the transforming care partnership board to determine local accommodation issues/ pressures across all places.

ATU

- Improvement work continues to be embedded into the service. Improvement plan submitted for final sign off.
- Assessment and Treatment Service Review now underway which Bradford and the ICB leading this work.

Advise

LD

- Business case for ADHD has been re submitted to commissioners and the service is awaiting a response.
- Lack of appropriate bespoke community placements impacts on Horizon and community service offer.
- First Greenlight Champion network meeting has taken place with good attendance from colleagues across the Trust. Learning Disability colleagues presented awareness raising on reasonable adjustments, communication and sensory environments.

Community

- Challenges continue with the recruitment of specialist in Speech and Language posts and waiting lists for communication assessments are a pressure.
- STOMP RAG rating tool has been standardised and utilised in all localities.
- Discussions with commissioners commenced via TCP board to determine local accommodation issues/ pressures across Barnsley, Calderdale, Kirklees and Wakefield.

ATU

- Improvement work continues to be embedded into the service. Improvement plan submitted for final sign off.
- Assessment and Treatment Service Review now underway which Bradford and the ICB leading this work.

Assure

- Friends and Family Test 89%
- Data Quality remains good.
- All localities have exceeded 75% target for annual health checks
- Speech and Language Therapist commenced on Horizon.

Barnsley Physical Health and Wellbeing Care Group

Headlines

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 further this month with the targeted action and is now just below the Trust threshold and continues to be addressed through line management support and oversight.

Barnsley Physical Health and Wellbeing

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	90.6%	90.7%	86.0%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/2)	0% (0/0)	
% people dying in a place of their choosing	80%	81.8%	90.6%	87.9%	
% of staff receiving supervision within policy guidance	80%	78.8%	82.7%	85.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.8%	79.7%	81.9%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	>=95%	96.6%	97.2%	96.1%	

Barnsley Physical Health and Wellbeing

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	100.0%	99.9%	99.7%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	100.0%	75.4%	100.0%	
Safer staffing (Overall)	90%	113.0%	115.1%	114.4%	
Safer staffing (Registered)	80%	110.1%	118.3%	122.2%	
Sickness rate (Monthly)	4.5%	5.6%	4.9%	4.7%	
% rosters locked down in 6 weeks					

**From April 2024, figures exclude children's physical health teams as per the change to the care group structure*

Alert/Action

- NRU (Neurological Rehabilitation Unit) Safer staffing figures continue to show green indicating that compliance has been achieved. Ongoing challenge to fill trained staff shifts; we continue to supplement with untrained staff. Significant work has taken place with Finance and Contracting colleagues; a paper regarding safe staffing requirements has been taken to Extended Management Team (EMT) meeting and has been agreed. Developing recruitment plans.
- Priory Day Centre – closed until further notice. Services affected have now moved into Priory Campus as temporary alternative accommodation until the end of September. This remains on the local risk register.

Advise

- Appraisals - many of our 42 service lines are at 100%. As a care group we have seen a slight decrease as at end of July to 86.2%.
- One area for improvement to report for July 2024, for pressure sores.
- Special equipment prices continue to increase, especially bariatric and bespoke pieces. Finance to monitor. This has been highlighted on our risk registers at local care group level, EMT level and at system wide South Yorkshire and Place level.

Assure

- Staff receiving supervision - continues to receive focus with a drive to improve recording. A further 5% increase has been seen from June to July reaching 85.5% compliancy.
- Urgent Community Response Service 2-hour target is 91.8% as at end of July 2024 which continues to be well above the 70% threshold.
- Musculo Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 99.67% as at July 2024.
- Friends and Family Test (FFT) 98% of people would recommend community services.
- 87.9% of people dying in their place of choosing as at end of July 2024. This is a slight decrease but remains consistently above the threshold of 80%.
- CPR training - maintains compliance at 89.1% for July. 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.
- A number of our staff have received long service awards this month: - Director of Services, Community Matron and Wakefield TB Specialist Nurse all received their 40-year service award; Health Integration Team (HIT) Specialist Nurse received her 25 year service award.
- Regional statistics have shown our 5 Yorkshire Smoke Free services are the highest performers in Yorkshire and Humber (Y&H) and are outperforming Y&H and England figures.
- Lone worker device usage continues to increase following focussed piece of work.
- Podiatry Service have successfully migrated onto SystmOne single Neighbourhood Teams module.
- Medical Devices – our Neighbourhood Nursing Service have achieved a significant increase in compliancy to over 70%.
- Financial performance in relation to bank and agency usage is now reduced to just 1% for the Care Group.

Forensic Care Group

Headlines

The monthly sickness rate has improved in July. The people directorate business partner continues to work closely with the care group regarding sickness and actions are underway in line with the policy. Individual ward sickness performance is also impacted by the allocation of staff with long term conditions into less acute areas.

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

Liaison with the collaborative is underway to find appropriate solutions for the patients waiting for high secure placements.

Forensic

Metrics	Threshold	May-24	Jun-24	Jul-24	Variation/ Assurance
% Appraisal rate	>=95%	78.1%	76.2%	73.6%	
% Bed occupancy	90%	88.2%	88.5%	88.1%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	93.7%	95.0%	87.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.9%	97.9%	98.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.0%	84.0%	85.7%	
% 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%	96.9%	95.0%	94.5%	
Physical Violence (Patient on Patient)	Trend Monitor	3	6	3	
Physical Violence (Patient on Staff)	Trend Monitor	11	11	12	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	77.4%	74.3%	78.3%	
Restraint incidents	Trend Monitor	25	25	*33*	
Safer staffing (Overall)	90%	110.7%	108.7%	106.0%	
Safer staffing (Registered)	80%	101.2%	102.7%	100.2%	
Sickness rate (Monthly)	5.4%	4.1%	5.1%	4.9%	
% rosters locked down in 6 weeks					

Alert/Action

• Bed Occupancy – Newton Lodge 86.34%↓, Bretton 95.25%↑, Newhaven 81.25%. Underoccupancy in medium secure largely due to empty beds within the learning disability and the women's services and there are no waiting lists for these services. Further work being undertaken with the commissioning team regarding reducing out of area placements in other pathways.
• Sickness absence – continues to be a focus of attention across the service with year to date data indicating Newton Lodge 4.6%↑, Bretton Centre 7.6%↓ and Newhaven 2.6%↓.
• Seclusion – work is currently concluding on a new seclusion suite at Newton Lodge.

Advise

• The West Yorkshire Provider Collaborative continue to develop future intentions for the Women's pathways and Community Services.
• Mandatory training overall compliance is strong:
Newton Lodge – 92.4%↑
Bretton – 91.4%↑
Newhaven –93.9%↑
The above figures represent the overall position for each service. There are some hotspots in reducing restrictive physical interventions (RRPI) but all show an improving trajectory. Information governance and cardio pulmonary resuscitation (CPR) are also a hotspot in the Bretton Centre which are being managed and monitored closely.
• Appraisal – there is still a disconnect with local versus Trust data and there is remedial work underway with support from the People Business Partner.
• Newton Lodge has 2 service users currently awaiting beds in high secure and as such require seclusion. The current trajectory would indicate this situation is likely to last several months this is causing some pressure within the secure estate across west Yorkshire.

Assure

• High levels of Data Quality across the Care Group.
• 100% compliance for HCR20 (historical, clinical and risk management tool) being completed within 3 months of admission.
• 25 Hours of meaningful activity is at 100%.
• Care Programme Approach reviews within 12 months is 98.04%↑
• Clinical Supervision performance is strong and above target.

Inpatients - Mental Health - Working Age Adults

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

Appraisal

• Overall improved appraisal compliance with eight wards achieving the 95% target and another eight wards being above 90% compliance with outstanding appraisal scheduled.
• Elmdale, although still under target at 86.4%, have improved appraisal performance throughout July and appraiser/appraisee alignment issues on WorkPal continue to impact recording.
• Currently no facility to exclude manually due to long term sickness leading to a delay in exclusion and therefore inaccurate reporting. Work is in progress to address systems issues.

Sickness

• Reduction on Melton and Walton but still above threshold mainly due to short term sickness.
• Elmdale, Ward 19 (Male) and Lyndhurst have sickness rates above 8% due to a mixture of both long term and short term sickness. Some of Lyndhurst long term sickness is due to work related incidents and plans in place for phased returns in August.
• Beamshaw and Crofton have sickness rates above 11% due to long term sickness. Crofton have also had some short term sickness impacting.
• A number of wards are significantly above threshold:
o Ward 18 at 13.5% is due to long term sickness, a proportion of which relates to a recent serious incident. 2 staff are planned to return in August.
o Willow at 15.7% with 5 staff with long term sickness but no trends. 1 staff member has commenced a phased return to work in August.
o Poplars at 16.8% have 5 staff with long term sickness, again no trends. Short term sickness has also impacted, including 3 covid related absences.
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

• Above target on all 17 wards with 11 of these at 100%.

Mandatory Training

Information Governance (IG)

• Melton, Clark, Willow, Ward 19 (male), and Enfield Down have dropped under compliance target for Information Governance. A targeted approach has been taken by ward managers with staff who have lapsed being prioritised for dedicated time on shift to complete the e-learning package.

Cardio Pulmonary Resuscitation (CPR)

• 14 wards are above the CPR training compliance threshold.
• Beechdale have seen a reduction in compliance and are now below target. Poplars and Enfield Down remain below target. All 3 wards have staff booked on to future courses through to November and the Senior Leadership Team will take an active overview of compliance and monitor through the weekly quality and performance oversight meeting.

Reducing Restrictive Physical Intervention (RRPI)

• Walton, Ashdale, Elmdale, Crofton, Poplars, Willow, Beechdale, Ward 19 (male and female), Enfield Down and Lyndhurst remain below RRPI (Reducing Restrictive Practice Interventions) training target but all wards have increased compliance during July. Staff with outstanding training are either booked on or on the waiting list which should positively impact compliance by the end of November.
• Compliance continues to be impacted by new starters and course cancellations, exacerbated by staff then needing to attend the full 4-day course as they have missed the timeframe for the refresher due to course cancellations. Compliance has also been impacted by 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.
• Recent review of Datix violence and aggression incidents showed no links to ward RRPI training compliance.

Bed Occupancy

• Bed occupancy exceeding target is reflective of general increased demand for admissions, with a specific increase in male demand.
• 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.

Clinically Ready For Discharge (CRFD)

• A number of wards continue to report 0% which reflects the focused work on early identification of barriers to discharge to enable resolution prior to the individual being CRFD.
• Lyndhurst, Elmdale, Beamshaw and Poplars have a small number of service users with complex needs who are awaiting placement. The multi-disciplinary team continue to collaborate to progress pathways as timely as possible.

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FIRM Risk assessments
• Percentage compliance is significantly impacted by small number of admissions. Ashdale and Clark each had 2 beaches in July. Elmdale, Poplars and Ward 19 (male) each had 1 breach in July. A deep dive is conducted for each breach to identify learning and inform improvement.
• Crofton compliance of 83.3% represents 1 breach in July but this an inaccuracy due to a recording error which has since been rectified and will see compliance at 100%.
• At the point of admission a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed.

Prone restraint incidents
• 8 incidents of prone restraint in July across the inpatient wards. 3 incidents of prone restraint were greater than 3 minutes in duration due to the level of aggression displayed by the individual service users involved.
• Other reasons for prone restraint use were during seclusion exit and for the administration of intra-muscular medication. The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication.

Physical violence incidents
• Increase on Ward 19 (female) due to the presentation and risk profile of 1 particular service user with cognitive impairment. Specific care plans are in place to support risk management.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	88.0%	65.4%	91.7%
Sickness	4.5%	8.2%	7.7%	11.1%
Supervision	80%	81.3%	75.0%	100.0%
Information Governance training compliance	>=95%	96.7%	96.7%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	80.0%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.7%	70.0%	82.8%
Fire Safety training compliance	>=80%	86.7%	93.3%	96.6%
Bed occupancy	85%	106.7%	109.0%	118.0%
Safer staffing (Overall)	90%	136.8%	127.6%	155.6%
Safer staffing (Registered)	80%	131.3%	124.4%	121.3%
% of clients clinically ready for discharge	3.5%	0.0%	1.0%	12.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	92.3%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	1
Restraint incidents	Trend Monitor	6	2	*2*
Prone Restraint incidents	Trend Monitor	1	0	*0*
Unfilled Shifts	Trend Monitor	21	2	20

Clark Suite Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	95.0%	90.0%	90.5%
Sickness	4.5%	8.1%	4.9%	6.0%
Supervision	80%	87.5%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	95.7%	91.7%
Reducing restrictive physical interventions training compliance	>=80%	79.2%	87.0%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	95.7%	95.8%
Fire Safety training compliance	>=80%	100.0%	100.0%	91.7%
Bed occupancy	85%	89.9%	88.8%	83.9%
Safer staffing (Overall)	90%	137.6%	128.6%	123.4%
Safer staffing (Registered)	80%	98.2%	97.8%	95.8%
% 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%	100.0%	100.0%	86.7%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	2	1
Restraint incidents	Trend Monitor	3	5	*6*
Prone Restraint incidents	Trend Monitor	1	0	*1*
Unfilled Shifts	Trend Monitor	24	9	33

Melton Suite Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	87.0%	83.3%	92.0%
Sickness	4.5%	4.5%	9.1%	5.8%
Supervision	80%	100.0%	84.6%	100.0%
Information Governance training compliance	>=95%	100.0%	96.0%	92.3%
Reducing restrictive physical interventions training compliance	>=80%	92.3%	88.0%	88.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.5%	76.0%	80.8%
Fire Safety training compliance	>=80%	96.2%	100.0%	96.2%
Bed occupancy	85%	103.8%	102.8%	103.8%
Safer staffing (Overall)	90%	176.5%	198.2%	174.1%
Safer staffing (Registered)	80%	104.9%	95.3%	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%	66.7%	75.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	2
Physical Violence (Patient on Staff)	Trend Monitor	10	6	0
Restraint incidents	Trend Monitor	16	6	*3*
Prone Restraint incidents	Trend Monitor	5	0	*0*
Unfilled Shifts	Trend Monitor	30	5	6

Nostell Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	96.2%	92.6%	96.3%
Sickness	4.5%	2.2%	4.1%	3.3%
Supervision	80%	100.0%	100.0%	93.8%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	76.7%	82.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	96.7%	100.0%
Fire Safety training compliance	>=80%	100.0%	100.0%	96.7%
Bed occupancy	85%	89.1%	95.5%	89.3%
Safer staffing (Overall)	90%	135.2%	174.2%	175.6%
Safer staffing (Registered)	80%	103.1%	97.2%	104.7%
% of clients clinically ready for discharge	3.5%	4.7%	0.0%	3.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	2
Physical Violence (Patient on Staff)	Trend Monitor	9	3	3
Restraint incidents	Trend Monitor	15	10	*13*
Prone Restraint incidents	Trend Monitor	1	1	*0*
Unfilled Shifts	Trend Monitor	8	9	38

Inpatients - Mental Health - Working Age Adults

Stanley Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	95.8%	91.3%	100.0%
Sickness	4.5%	2.9%	2.5%	1.5%
Supervision	80%	85.7%	100.0%	100.0%
Information Governance training compliance	>=95%	96.2%	96.2%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	88.5%	96.2%	92.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.2%	73.1%	85.2%
Fire Safety training compliance	>=80%	92.3%	92.3%	92.6%
Bed occupancy	85%	105.9%	101.2%	105.6%
Safer staffing (Overall)	90%	130.6%	135.6%	170.2%
Safer staffing (Registered)	80%	118.8%	111.5%	109.0%
% of clients clinically ready for discharge	3.5%	4.1%	0.0%	0.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	92.9%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	1
Restraint incidents	Trend Monitor	5	2	*4*
Prone Restraint incidents	Trend Monitor	0	1	*1*
Unfilled Shifts	Trend Monitor	16	16	26

Walton Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	100.0%	90.6%	90.6%
Sickness	4.5%	3.5%	6.5%	5.1%
Supervision	80%	87.5%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	97.4%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	67.6%	70.3%	73.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	81.1%	86.5%
Fire Safety training compliance	>=80%	94.7%	86.8%	89.5%
Bed occupancy	85%	92.4%	102.1%	99.3%
Safer staffing (Overall)	90%	145.6%	145.9%	142.7%
Safer staffing (Registered)	80%	98.2%	101.1%	102.0%
% of clients clinically ready for discharge	3.5%	7.5%	1.1%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	71.4%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	3	10	3
Restraint incidents	Trend Monitor	22	15	*8*
Prone Restraint incidents	Trend Monitor	9	2	*4*
Unfilled Shifts	Trend Monitor	22	15	20

Ashdale Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	96.6%	100.0%	96.8%
Sickness	4.5%	5.2%	4.8%	1.4%
Supervision	80%	75.0%	100.0%	93.8%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	65.6%	71.0%	72.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.9%	64.5%	87.9%
Fire Safety training compliance	>=80%	87.5%	96.8%	93.9%
Bed occupancy	85%	98.3%	98.3%	99.2%
Safer staffing (Overall)	90%	120.7%	116.4%	114.4%
Safer staffing (Registered)	80%	98.9%	102.6%	106.3%
% of clients clinically ready for discharge	3.5%	2.2%	2.5%	4.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	93.8%	88.9%
Physical Violence (Patient on Patient)	Trend Monitor	6	11	0
Physical Violence (Patient on Staff)	Trend Monitor	5	3	7
Restraint incidents	Trend Monitor	6	7	*8*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	17	1	12

Ward 18 Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	78.6%	75.0%	92.3%
Sickness	4.5%	1.6%	5.2%	13.5%
Supervision	80%	88.9%	100.0%	88.9%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	75.7%	78.1%	86.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.8%	78.1%	83.3%
Fire Safety training compliance	>=80%	90.9%	90.6%	93.3%
Bed occupancy	85%	93.1%	99.9%	95.1%
Safer staffing (Overall)	90%	109.2%	110.6%	116.5%
Safer staffing (Registered)	80%	81.3%	84.0%	92.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	1.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	95.2%	100.0%	95.0%
Physical Violence (Patient on Patient)	Trend Monitor	9	1	3
Physical Violence (Patient on Staff)	Trend Monitor	7	3	8
Restraint incidents	Trend Monitor	10	14	*16*
Prone Restraint incidents	Trend Monitor	1	0	*0*
Unfilled Shifts	Trend Monitor	11	8	24

Inpatients - Mental Health - Working Age Adults

Elmdale Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	81.8%	76.2%	86.4%
Sickness	4.5%	6.7%	7.7%	8.1%
Supervision	80%	100.0%	100.0%	91.7%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	66.7%	74.1%	75.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	69.2%	76.9%	96.4%
Fire Safety training compliance	>=80%	92.6%	100.0%	100.0%
Bed occupancy	85%	98.1%	99.3%	98.3%
Safer staffing (Overall)	90%	121.8%	124.7%	130.6%
Safer staffing (Registered)	80%	88.1%	89.9%	85.3%
% of clients clinically ready for discharge	3.5%	1.5%	5.8%	8.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	93.8%	90.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	2	5
Physical Violence (Patient on Staff)	Trend Monitor	3	5	3
Restraint incidents	Trend Monitor	6	5	*15*
Prone Restraint incidents	Trend Monitor	1	0	*0*
Unfilled Shifts	Trend Monitor	6	2	9

Inpatients - Mental Health - Older People Services

Crofton Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	100.0%	91.3%	100.0%
Sickness	4.5%	4.3%	7.8%	11.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	73.1%	70.4%	73.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.5%	85.2%	84.6%
Fire Safety training compliance	>=80%	85.2%	96.4%	96.4%
Bed occupancy	85%	81.5%	87.1%	97.4%
Safer staffing (Overall)	90%	209.8%	184.1%	167.3%
Safer staffing (Registered)	80%	161.3%	150.8%	153.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	77.8%	83.3%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	7	2	0
Restraint incidents	Trend Monitor	28	3	*3*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	33	44	17

Poplars CUE Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	96.0%	100.0%	100.0%
Sickness	4.5%	5.9%	9.2%	16.8%
Supervision	80%	88.9%	100.0%	100.0%
Information Governance training compliance	>=95%	96.7%	96.7%	96.3%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	75.0%	76.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.4%	66.7%	68.0%
Fire Safety training compliance	>=80%	86.7%	86.7%	96.3%
Bed occupancy	85%	79.4%	71.1%	69.0%
Safer staffing (Overall)	90%	235.4%	221.9%	240.3%
Safer staffing (Registered)	80%	120.1%	119.3%	117.7%
% of clients clinically ready for discharge	3.5%	6.7%	9.3%	9.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	50.0%
Physical Violence (Patient on Patient)	Trend Monitor	6	8	3
Physical Violence (Patient on Staff)	Trend Monitor	13	10	9
Restraint incidents	Trend Monitor	22	16	*11*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	49	62	36

Inpatients - Mental Health - Older People Services

Willow Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	100.0%	100.0%	100.0%
Sickness	4.5%	12.4%	13.3%	15.7%
Supervision	80%	100.0%	100.0%	90.0%
Information Governance training compliance	>=95%	100.0%	95.5%	91.7%
Reducing restrictive physical interventions training compliance	>=80%	69.6%	72.7%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.9%	90.9%	91.7%
Fire Safety training compliance	>=80%	95.7%	90.9%	91.7%
Bed occupancy	85%	92.3%	103.0%	89.7%
Safer staffing (Overall)	90%	229.3%	284.0%	216.0%
Safer staffing (Registered)	80%	123.0%	115.1%	136.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	5.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	33.3%	N/A	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	4
Restraint incidents	Trend Monitor	4	4	*8*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	18	42	13

Beechdale Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	96.2%	96.2%	100.0%
Sickness	4.5%	0.3%	1.4%	3.9%
Supervision	80%	100.0%	91.7%	100.0%
Information Governance training compliance	>=95%	96.3%	96.4%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	77.8%	75.0%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.9%	92.6%	77.8%
Fire Safety training compliance	>=80%	88.9%	96.4%	96.4%
Bed occupancy	85%	87.3%	86.3%	93.8%
Safer staffing (Overall)	90%	125.6%	139.4%	157.4%
Safer staffing (Registered)	80%	105.5%	100.3%	96.7%
% of clients clinically ready for discharge	3.5%	10.4%	6.4%	1.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	3
Restraint incidents	Trend Monitor	2	3	*6*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	9	8	23

Ward 19 - Male Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	93.8%	93.8%	94.1%
Sickness	4.5%	6.0%	6.9%	9.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	95.8%	92.6%
Reducing restrictive physical interventions training compliance	>=80%	54.2%	58.3%	70.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	83.3%	92.6%
Fire Safety training compliance	>=80%	87.5%	91.7%	92.6%
Bed occupancy	85%	80.2%	99.1%	94.8%
Safer staffing (Overall)	90%	127.6%	141.7%	132.9%
Safer staffing (Registered)	80%	97.3%	102.3%	98.8%
% of clients clinically ready for discharge	3.5%	7.7%	1.3%	5.9%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	50.0%
Physical Violence (Patient on Patient)	Trend Monitor	4	0	1
Physical Violence (Patient on Staff)	Trend Monitor	3	5	13
Restraint incidents	Trend Monitor	6	8	*15*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	4	1

Ward 19 - Female Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	100.0%	100.0%	94.4%
Sickness	4.5%	5.9%	1.6%	5.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	95.7%
Reducing restrictive physical interventions training compliance	>=80%	61.9%	60.9%	65.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.0%	86.4%	86.4%
Fire Safety training compliance	>=80%	85.7%	82.6%	78.3%
Bed occupancy	85%	72.9%	87.8%	94.6%
Safer staffing (Overall)	90%	96.3%	91.6%	102.6%
Safer staffing (Registered)	80%	113.2%	118.4%	113.2%
% of clients clinically ready for discharge	3.5%	6.6%	5.6%	5.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Trend Monitor	4	0	1
Physical Violence (Patient on Staff)	Trend Monitor	3	5	13
Restraint incidents	Trend Monitor	6	8	*15*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	10	3

Inpatients - Mental Health - Rehab

Enfield Down Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	86.7%	86.7%	91.1%
Sickness	4.5%	4.5%	2.5%	2.8%
Supervision	80%	86.4%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	98.1%	90.2%
Reducing restrictive physical interventions training compliance	>=80%	76.0%	70.6%	72.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.3%	74.5%	67.4%
Fire Safety training compliance	>=80%	96.1%	88.5%	84.3%
Bed occupancy	85%	52.5%	56.1%	55.5%
Safer staffing (Overall)	90%	96.7%	96.3%	97.4%
Safer staffing (Registered)	80%	92.4%	94.6%	92.3%
% of clients clinically ready for discharge	3.5%	5.5%	5.3%	5.3%
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	2	3
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	2	0	8

Lyndhurst Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	95.8%	95.7%	100.0%
Sickness	4.5%	6.4%	7.3%	9.4%
Supervision	80%	66.7%	93.8%	93.8%
Information Governance training compliance	>=95%	100.0%	96.4%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	62.1%	57.1%	65.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.8%	82.1%	89.7%
Fire Safety training compliance	>=80%	93.1%	92.9%	93.1%
Bed occupancy	85%	66.1%	67.4%	64.1%
Safer staffing (Overall)	90%	97.2%	93.8%	94.4%
Safer staffing (Registered)	80%	96.9%	91.4%	87.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	9.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	0	5

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. Appraisals remain the key focus for the service with support from the services People Business Partner to address the issue. There are some historical data issues but a number of staff both new and longer standing require an Appraisal.

Medium Secure
• Supervision remains a focus for the service. Drop in compliance on Priestley and Waterton plans are in place to address this. Waterton is currently without a substantive Ward Manager following the appointed Ward Manager withdrawing. Another manager within the service is covering but performance on Waterton has suffered due to a gap in leadership. Plans are in place to address this.
• Sickness variable across medium secure with Priestley and Bronte being hotspots. The spike on Bronte is short term sickness and on Priestley it is long term sickness. All other wards are below Trust targets reflecting the efforts of managers across the service improving practice following the previous audit.
• Compliance for reducing restrictive physical interventions (RRPI) remains challenging for the service with particular challenges accessing courses. Bronte, Hepworth, Waterton and Priestley are all hotspots. Priestley is particularly low but this is as a result of several staff having temporary adjustments that prevent RRPI training. Cross ward working and effective rostering are used to ensure access to staff trained in RRPI.
• Bed occupancy on Appleton (50.8%) is an issue and is due to a reduction in overall learning disability referrals to secure care. Bed occupancy in the women's service (Johnson medium secure 73.3%) is also low. Neither of these services have a waiting list. Whilst there are some empty beds on the male pathway within Newton Lodge the ability to admit is being impacted by the wait for high secure care for 2 service users.
• Cardio pulmonary rehabilitation compliance is the focus of targeted improvement work. With the exception of Priestley all wards are compliant.
• There have been no prone restraints in medium secure.

Low Secure
• Sickness across all wards monitored closely. Sickness levels on all 4 wards has reduced in month with Sandal and Ryburn remaining above Trust target. The service is currently being supported by the People Directorate to improve performance.
• Cardio pulmonary rehabilitation compliance has been achieved on Thornhill and Newhaven with Ryburn and Sandal yet to achieve compliance but are showing an upward trajectory.
• Bed occupancy in low secure has improved across Thornhill and Sandal and Ryburn. Newhaven continues to experience lower level of referrals and has no waiting list.
• Supervision is excellent across all 4 wards with all wards attaining compliance(100%).
• There were 2 prone restraints on Sandal and no prone restraints on Newhaven. The learning from the work undertaken in Newhaven is being shared across the care group.

Appleton Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	90.5%	81.0%	59.1%
Sickness	5.4%	4.5%	6.1%	3.1%
Supervision	80%	100.0%	100.0%	85.7%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	95.5%	81.8%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.6%	82.6%	87.5%
Fire Safety training compliance	>=80%	100.0%	95.5%	95.7%
Bed occupancy	90%	62.5%	49.6%	50.8%
Safer staffing (Overall)	90%	97.0%	99.4%	93.4%
Safer staffing (Registered)	80%	102.7%	103.9%	96.9%
% 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	1
Physical Violence (Patient on Staff)	Trend Monitor	4	3	1
Restraint incidents	Trend Monitor	9	6	*13*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	1	0

Bronte Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	73.3%	62.5%	58.8%
Sickness	5.4%	10.4%	10.6%	14.2%
Supervision	80%	91.7%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	90.9%
Reducing restrictive physical interventions training compliance	>=80%	73.9%	72.7%	72.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.3%	95.5%	100.0%
Fire Safety training compliance	>=80%	100.0%	100.0%	100.0%
Bed occupancy	90%	86.2%	100.0%	87.6%
Safer staffing (Overall)	90%	99.1%	104.1%	101.8%
Safer staffing (Registered)	80%	108.8%	108.6%	111.0%
% 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	1
Restraint incidents	Trend Monitor	0	3	*0*
Prone Restraint incidents	Trend Monitor	0	1	*0*
Unfilled Shifts	Trend Monitor	2	1	1

Chippendale Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	87.0%	83.3%	77.3%
Sickness	5.4%	1.2%	1.7%	3.9%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	86.7%	76.7%	85.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.7%	86.7%	85.2%
Fire Safety training compliance	>=80%	93.3%	90.0%	88.9%
Bed occupancy	90%	92.7%	98.9%	100.0%
Safer staffing (Overall)	90%	147.1%	146.6%	144.4%
Safer staffing (Registered)	80%	136.0%	139.3%	136.6%
% 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	1	3
Restraint incidents	Trend Monitor	5	4	*2*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	3	7

Hepworth Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	95.8%	92.0%	92.0%
Sickness	5.4%	1.6%	1.8%	3.3%
Supervision	80%	100.0%	93.3%	93.8%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	81.5%	82.1%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.2%	88.9%	92.9%
Fire Safety training compliance	>=80%	100.0%	100.0%	100.0%
Bed occupancy	90%	98.9%	86.0%	90.8%
Safer staffing (Overall)	90%	95.3%	96.2%	95.6%
Safer staffing (Registered)	80%	69.3%	74.0%	75.6%
% 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	1	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	3	1	*2*
Prone Restraint incidents	Trend Monitor	1	0	*0*
Unfilled Shifts	Trend Monitor	6	1	3

Inpatients - Forensic - Medium Secure

Johnson Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	90.0%	87.5%	93.3%
Sickness	5.4%	2.4%	1.1%	3.3%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	97.1%	94.3%	90.9%
Reducing restrictive physical interventions training compliance	>=80%	76.5%	85.7%	87.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	97.1%	88.6%	93.9%
Fire Safety training compliance	>=80%	97.1%	91.4%	90.9%
Bed occupancy	90%	73.3%	73.3%	73.3%
Safer staffing (Overall)	90%	123.9%	122.9%	121.7%
Safer staffing (Registered)	80%	109.7%	101.8%	99.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	2
Restraint incidents	Trend Monitor	0	2	*3*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	3	3	9

Priestley Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	70.0%	70.0%	73.7%
Sickness	5.4%	7.9%	8.3%	10.2%
Supervision	80%	92.3%	90.9%	75.0%
Information Governance training compliance	>=95%	100.0%	87.0%	87.0%
Reducing restrictive physical interventions training compliance	>=80%	66.7%	59.1%	59.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.0%	77.3%	77.3%
Fire Safety training compliance	>=80%	90.9%	91.3%	91.3%
Bed occupancy	90%	88.2%	92.2%	94.1%
Safer staffing (Overall)	90%	92.3%	94.0%	92.2%
Safer staffing (Registered)	80%	98.8%	96.6%	92.6%
% 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	0
Restraint incidents	Trend Monitor	0	0	*1*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	0	2

Waterton Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	42.9%	40.0%	40.9%
Sickness	5.4%	2.2%	7.6%	4.2%
Supervision	80%	100.0%	100.0%	10.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	68.0%	72.7%	76.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.0%	81.8%	92.0%
Fire Safety training compliance	>=80%	96.0%	100.0%	100.0%
Bed occupancy	90%	100.0%	97.3%	93.1%
Safer staffing (Overall)	90%	127.6%	120.5%	120.2%
Safer staffing (Registered)	80%	109.7%	102.6%	103.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	3	2	7

Inpatients - Forensic - Low Secure

Thornhill Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	91.3%	90.9%	90.9%
Sickness	5.4%	2.2%	5.1%	4.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.3%	84.6%	92.3%
Reducing restrictive physical interventions training compliance	>=80%	77.8%	76.9%	80.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.3%	96.2%	96.2%
Fire Safety training compliance	>=80%	100.0%	100.0%	100.0%
Bed occupancy	85%	91.4%	96.7%	92.7%
Safer staffing (Overall)	90%	99.7%	100.2%	97.1%
Safer staffing (Registered)	80%	93.1%	92.5%	98.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	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	7	7	7

Sandal Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	77.3%	81.0%	72.7%
Sickness	5.4%	7.7%	6.3%	5.9%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	93.3%	96.6%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	73.3%	65.5%	75.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.7%	72.4%	75.9%
Fire Safety training compliance	>=80%	93.3%	96.6%	100.0%
Bed occupancy	85%	96.0%	89.4%	99.8%
Safer staffing (Overall)	90%	110.6%	105.8%	99.5%
Safer staffing (Registered)	80%	101.8%	114.8%	104.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	3
Restraint incidents	Trend Monitor	1	1	*5*
Prone Restraint incidents	Trend Monitor	0	0	*2*
Unfilled Shifts	Trend Monitor	5	2	3

Inpatients - Forensic - Low Secure

Ryburn Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	77.8%	60.0%	72.7%
Sickness	5.4%	16.2%	15.3%	11.0%
Supervision	80%	80.0%	80.0%	100.0%
Information Governance training compliance	>=95%	88.9%	90.0%	91.7%
Reducing restrictive physical interventions training compliance	>=80%	77.8%	80.0%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.9%	60.0%	66.7%
Fire Safety training compliance	>=80%	88.9%	80.0%	75.0%
Bed occupancy	85%	88.9%	91.9%	90.3%
Safer staffing (Overall)	90%	99.2%	100.3%	99.3%
Safer staffing (Registered)	80%	98.4%	100.0%	97.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	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	1	0	1

Newhaven Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	100.0%	96.0%	95.8%
Sickness	5.4%	8.0%	3.5%	2.6%
Supervision	80%	85.7%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	58.6%	65.5%	72.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	89.7%	89.7%	86.2%
Fire Safety training compliance	>=80%	100.0%	100.0%	100.0%
Bed occupancy	85%	79.8%	81.3%	81.3%
Safer staffing (Overall)	90%	126.5%	124.9%	123.9%
Safer staffing (Registered)	80%	105.0%	108.3%	103.4%
% 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	2	3	2
Physical Violence (Patient on Staff)	Trend Monitor	5	6	4
Restraint incidents	Trend Monitor	7	8	*7*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	5	5	5

Inpatients - Non-Mental Health

Headlines

Recovery Plan for Wards continues to be monitored / updated monthly.

• **Appraisal rate:**

NRU rate is showing as 75.8% for July. This is a slight decrease. However as at 19 August the position is 76.5%.
Critical staffing levels mean that it has been difficult to release staff from clinical duties (see AAA re NRU staffing levels).
SRU rate has seen a slight decrease at 86% for July. Further appraisals are in process at the moment. This ward has been impacted by LTS in terms of management/senior staff.

• **Sickness:**

NRU – sickness remained at 5.9% in July. This is being managed via HR processes and sickness reviews. Four short term sicknesses have contributed to this figure.
SRU – sickness has improved slightly for July and is now at 7.1%. The unit continues to have some LTS which management are aware is likely to continue for an extended period due to nature of illness. Four short term sicknesses have also impacted this figure.

• **Supervision:**

NRU figures have seen a significant increase to achieve compliancy at 90.5%.
SRU figures for July are 69.7%.
Group supervision will take place on SRU week commencing 26 August.

• **Information Governance:**

SRU – slight decrease this month to 86.6% due to sickness and annual leave.

• **Cardiopulmonary resuscitation (CPR):**

SRU – a slight decrease to 73% in July. Four more staff are booked on training over the next 4 weeks.
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.

Neuro Rehabilitation Unit (NRU) Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	80.0%	75.8%	76.5%
Sickness	4.5%	8.4%	5.9%	5.9%
Supervision	80%	92.5%	52.9%	90.5%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.8%	82.9%	83.3%
Fire Safety training compliance	>=80%	97.1%	100.0%	94.6%
Bed occupancy (Barnsley Commissioned beds only)	80%	62.4%	52.8%	64.2%
Safer staffing (Overall)	90%	120.6%	126.9%	120.6%
Safer staffing (Registered)	80%	100.6%	117.5%	117.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0
Unfilled Shifts	Trend Monitor	0	0	1

Stroke Rehabilitation Unit (SRU) Metrics	Threshold	May-24	Jun-24	Jul-24
Appraisal rate	>=95%	89.7%	89.7%	86.0%
Sickness	4.5%	5.4%	7.3%	7.1%
Supervision	80%	66.7%	74.3%	69.7%
Information Governance training compliance	>=95%	90.6%	87.7%	86.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.7%	77.0%	73.0%
Fire Safety training compliance	>=80%	82.8%	86.2%	80.6%
Bed occupancy	80%	87.9%	99.2%	96.5%
Safer staffing (Overall)	90%	107.2%	106.2%	109.7%
Safer staffing (Registered)	80%	118.5%	119.0%	126.2%
% 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	1	0	0
Unfilled Shifts	Trend Monitor	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines

• Improvements to supervision levels have been made with supervision now being rostered in for all staff 85.7% in July.
• Cardiopulmonary resuscitation & reducing restrictve physical intervention training are both compliant.
• Focused attention on information governance training to achieve compliance is underway and July performance has improved.
• 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. No prone restraint.

Horizon				
Metrics	**Threshold**	**May-24**	**Jun-24**	**Jul-24**
Appraisal rate	>=95%	97.1%	94.4%	91.9%
Sickness	4.5%	4.6%	3.0%	5.1%
Supervision	80%	100.0%	100.0%	85.7%
Information Governance training compliance	>=95%	94.9%	84.6%	92.1%
Reducing restrictive physical interventions training compliance	>=80%	81.1%	81.1%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.8%	81.1%	82.9%
Fire Safety training compliance	>=80%	92.3%	84.6%	84.2%
Bed occupancy	N/A	50.0%	50.0%	50.0%
Safer staffing (Overall)	90%	158.4%	154.7%	152.6%
Safer staffing (Registered)	80%	119.7%	126.7%	118.5%
% of clients clinically ready for discharge	3.5%	50.0%	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	0	0
Physical Violence (Patient on Staff)	Trend Monitor	24	12	19
Restraint incidents	Trend Monitor	32	26	*24*
Prone Restraint incidents	Trend Monitor	1	*0*	*0*
Unfilled Shifts	Trend Monitor	0	0	11

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

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

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work continues with partners in each of our four places to address inequalities. E.g. work using system data and intelligence in Calderdale. In Barnsley we have worked with others to develop a proposal for a community development approach to addressing health inequalities which uses approximately 600k of funding to work with communities on this important agenda	
Improving care	Transform our Older People inpatient services	• The independently produced report of findings from the public consultation has been published and are now being reviewed by our Trust, in partnership with NHS West Yorkshire Integrated Care Board (ICB) along with the updated equality impact assessment (EIA). We will use the report of findings to help with our deliberations on all the proposed options. • JHOSC Health Overview and Scrutiny Committee Scheduled for mid-August. • Stakeholder Workshop to consider findings of consultation to be held in late August. • Recommendations will then be reach and taken into governance in late September / early October.	
	Improve our mental health services so they are more responsive, inclusive, and timely	**Improving Access to Care Programme** • 6 step quality improvement approach is being followed to develop a common targeted approach guided by data and community insight that will: - Develop guiding principles for waiting well waiting fair - Use learning from improvement projects such as Camhs Neuro services - Reduce waits through service QI activity such as LEAN processes, managing DNAs - Improve support whilst waiting (waiting well) - Gain understanding of the wider determinants and what we can do to reduce inequalities (waiting fairly) • Operational improvement activities continue to address waits for services such as Core psychological therapies. **Care Closer to Home (CC2H) Programme** • Work continuing to sustain the reduction in OoA admissions including engagement with ICB's re areas of pressure/safe spaces • Bed drill down report presented 09.07.24 at Quality & Safety committee. • Ongoing work to progress actions/outputs from the staff engagement events. • Beginning to plan for service user and carer experience • Work on medical engagement seeing results • Sign off progressing for the Quality improvement end of year report **Inpatient MH Improvement Programme** • Actions from therapeutic inpatient improvement plan progressing including planning for expansion of RRPI and trauma informed projects to start September 2024, and continuation of Creative Practitioners project which has been extended to the end of September. • Discharge priorities reviewed and updated with key focus on: Clinically Ready for discharge, Purpose of admission, Discharge pathway standards and E discharge KPI • Evaluation of MH Inpatient preceptorship training continues, report scheduled for completion in August. • Draft Staff engagement strategy proposal developed and implementation planned. • Work continues to support International Educated Nurse recruits. • Outcomes dashboard – continuing to monitor usage and further training planned • Quality & Performance oversight group now embedded within inpatient services. • Sign off Quality improvement progress and achievements stocktake report scheduled for July • Commencement of QI coaching sessions for Culture of care programme **Community Transformation (MH)** • A stock take report of the impact of change and improvement activity undertaken to date will be presented at Improving Mental Health Oversight Group in August. • Arrangements to bring the priority programme to a close and return to business as usual are being developed. • There are a number of improvement activities outlined within the report for the care group to continue at place.	

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving care	Improve safety and quality	**Care planning and risk assessment** • Work is progressing to continue developing the care planning good practice guide, training programme and performance and quality metrics. • A final iteration of the new care plan has been developed and is now live on Systemone for testing. Final staff engagement is underway with drop-in sessions completed in July and underway in August. Check and challenge sessions are being scheduled with care groups leads and service users to test the new care plan during August. • A set of proposed new measures have been developed alongside care groups and PB&I colleagues, and initial engagement commenced during July. • Arrangements to bring the priority programme to a close and return to business as usual are being developed with presentations to Operational Management Group, Executive Management Team and Quality and Safety Committee scheduled for September and October 2024. **Personalised care (moving on from Care Programme Approach)** • A stock take report of the impact of change and improvement activity undertaken to date has been drafted and will be taken to the steering group for sign off in August. This is planned for onward presentation at Improving Mental Health Oversight Group in August. • Arrangements to bring the priority programme to a close and return to business as usual are being developed. • Discussions with Local Authority and Voluntary Sector partners continue. • Work on a draft policy is recommended to commence in September 2024.	
Improving use of resources	Spend money wisely and increase value	**Value for money** • Built in savings (£20m) are behind plan at the end of July. Under target schemes, the same as previously, with pay costs being the biggest driver of this variance. Identification of new schemes is required to cover this shortfall and help secure the overall financial position. • Weekly VfM meetings continue to be chaired by COO, attended by DoS. • With regards pay schemes, pay premiums (overtime and bank enhancements) have now ceased. Clear financial impact from month 4 especially on overtime with a stepped reduction. Spend remained at £60k in July so additional work required to reach target of nil. • Smaller schemes additional to plan continue to progress, and indicative provisional savings are being identified. • Staff are engaging with the iHub conversation and putting forward ideas, these are reviewed and followed up as appropriate.	
	Make digital improvements	**Digital Dictation** • Application testing completed and signed off during July 24. • Online training package delivered and recorded during July 24. • Deployment to service one (Barnsley Memory Service) completed during July 24 and preparations for deployment to service two (Adult • ADHD and Autism) during August 24 are underway. • Deployment to service three (Wakefield BDU) from September 2024. • The deployment plan for services from October onwards was signed off by the Project Board in July 2024.	
Great place to work	People Directorate 90-day plan	As agreed at People Renumeration Committee, the 90 day plan has come to an end with a number of workstreams being taken into business as usual. Work is now being scoped based on the People Promise headings for some of the strategic areas that need continued focus	

Overall Financial Performance 2024/25

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast 2024/25	Narrative
1	Surplus / (Deficit)	(£1.5m)	£0m	The Trust financial target for 2024/25 is breakeven with expenditure in line with the income we receive. For the year to date a position of £1.5m deficit has been reported. This is £1.4m worse than plan. The in month deficit for July is £0.6m due to pressures within the provider collaboratives, increase in PDC payments and continued workforce expenditure costs higher than planned. A number of corrective actions are in place and we are continually assessing if further action is required.
2	Agency Spend	£2m	£5.3m	Although significant reductions in agency spend were secured in 2023/24, July 2024 represents the fourth consecutive month of agency expenditure increase. Spend increased in July to £550k which is £42k more than the previous month. The provider collaborative spend in month was £40k.
3	Financial sustainability and efficiencies	£3.9m	£18.6m	The Trust financial sustainability programme for 2024/25 has a target of £20.1m to achieve the breakeven target. Year to date, and forecast, performance are behind plans and additional mitigation plans are being developed to cover this shortfall and help secure the overall financial position.
4	Cash	£60.9m	£59.4m	The Trust cash position has continued to reduce in July. Actions have focussed on ensuring that all invoices have been raised and any outstanding issues are resolved.
5	Capital	£1.8m	£8.1m	The Trust capital allocation for 2024/25 is £8.1m. Expenditure, for the year to date, is £1,656k and remains ahead of the plan profile. The main driver is the timing / profile of two multi year schemes and is forecast to be delivered within plan in year.
6	Better Payment Practice Code	99%		This performance is based upon a combined NHS/Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 4 (2024 / 25)

www.southwestyorkshire.nhs.uk

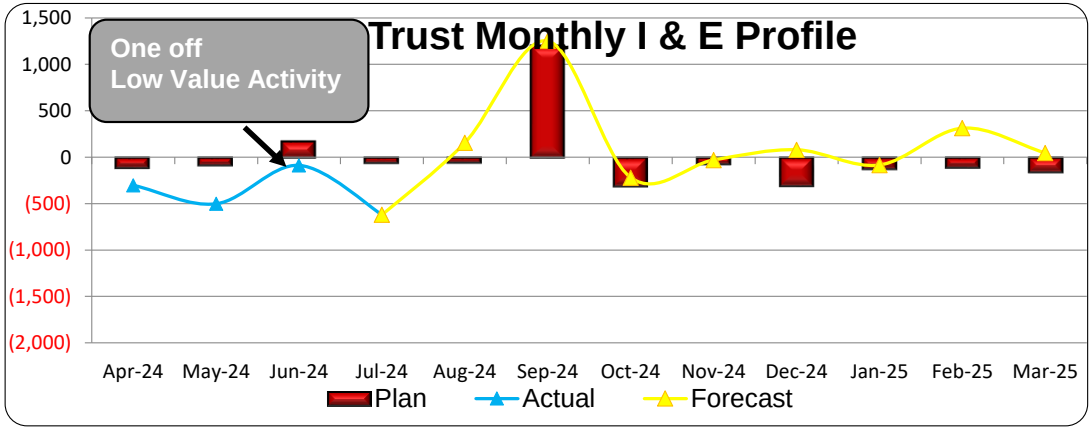
With **all of us** in mind.

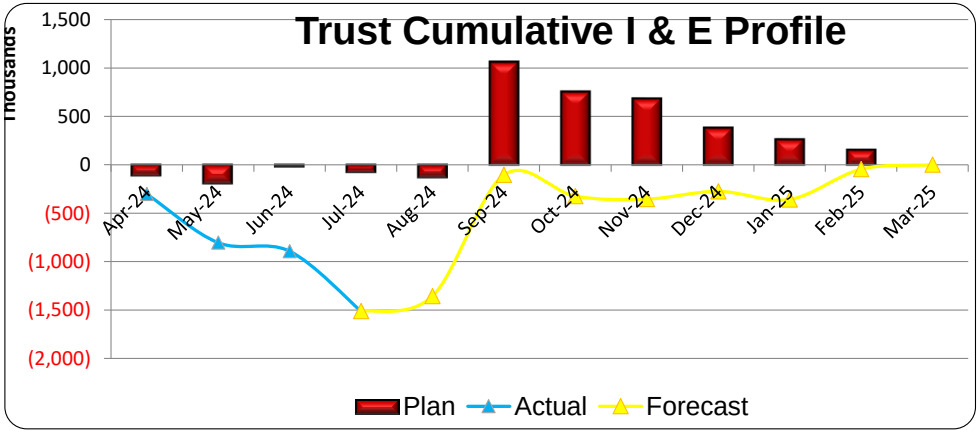
2.0 Income & Expenditure Position 2024 / 25

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, and budgets held centrally, are 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					34,033	34,183	150	136,676	136,647	(29)	407,198	406,858	(339)
Other Operating Revenue					1,220	1,388	169	4,741	5,005	264	15,353	15,486	133
Total Revenue					**35,253**	**35,572**	**319**	**141,417**	**141,652**	**235**	**422,551**	**422,344**	**(206)**
Pay Costs	5,027	5,121	93	1.9%	(21,527)	(21,996)	(469)	(85,888)	(87,331)	(1,443)	(257,779)	(258,757)	(978)
Non Pay Costs					(13,369)	(13,646)	(278)	(53,964)	(54,231)	(266)	(159,890)	(158,437)	1,452
Gain / (loss) on disposal					0	0	0	0	22	22	0	22	22
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,027**	**5,121**	**93**	**1.9%**	**(34,896)**	**(35,642)**	**(747)**	**(139,853)**	**(141,540)**	**(1,687)**	**(417,669)**	**(417,173)**	**496**
EBITDA	**5,027**	**5,121**	**93**	**1.9%**	**357**	**(71)**	**(428)**	**1,564**	**112**	**(1,452)**	**4,882**	**5,172**	**290**
Depreciation					(526)	(530)	(5)	(2,103)	(2,108)	(5)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(343)	(164)	(716)	(880)	(164)	(2,148)	(2,640)	(492)
Interest Received					292	323	32	1,181	1,363	182	3,570	3,813	243
Surplus / (Deficit) - ICB performance measure	**5,027**	**5,121**	**93**	**1.9%**	**(56)**	**(620)**	**(565)**	**(74)**	**(1,513)**	**(1,438)**	**(0)**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(35)	(35)	0	(94)	(94)	0
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,027**	**5,121**	**93**	**1.9%**	**(65)**	**(629)**	**(565)**	**(109)**	**(1,548)**	**(1,438)**	**(94)**	**(94)**	**0**





Income & Expenditure Position 2024 / 25

The consolidated financial position is a year to date deficit of £1.5m. This is £1.4m behind plan.
In July 2024 this is a deficit of £0.6m which is £0.6m behind plan.

In line with national guidance the Trust submitted a breakeven financial plan for 2024 / 25 in May 2024. An updated plan submission was made in June 2024 to take account of the consultant pay award and tariff uplift. The Trust plan remained at breakeven. As this tariff uplift will not fully fund the cost increase this creates an additional financial pressure which will require mitigation. Further updates will be required as other pay awards are agreed in year.

NHS England - monthly submission

The actual financial performance reported here is consistent with the monthly return made to NHS England and also to that reported to the West Yorkshire Integrated Care Board (ICB). The corresponding declaration is made within the return itself.

The submission is for the total consolidated financial position which operates as a single segment for the purpose of providing healthcare services. Within this report the financial information is split into core Trust, Provider Collaboratives and budgets held centrally. This is to highlight the specific financial positions of each element that make the whole. This is summarised in the table below.

	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
Description	**WTE**	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Trust (core)	4,992	5,087	95	1.9%	3	(292)	(296)	236	(1,122)	(1,359)	(117)	(4,999)	(4,883)
Provider Collaboratives	23	33	10	46.1%	3	(247)	(250)	11	(180)	(191)	33	(1,002)	(1,035)
Budgets held centrally	12	0	(12)	100.0%	(62)	(81)	(19)	(322)	(210)	111	84	6,001	5,918
Total - Consolidated position (ICB performance measure)	**5,027**	**5,121**	**93**	**1.9%**	**(56)**	**(620)**	**(565)**	**(74)**	**(1,513)**	**(1,438)**	**(0)**	**0**	**0**

Each of these elements will be reported within the remainder of this report with additional information provided on key focus areas.

The year to date deficit is mostly driven by the core Trust financial performance; this is explained in detail in the report. In July, and subsequently in the year to date and forecast positions, there is a deficit position reported against the provider collaboratives. This is due to activity pressures within the South Yorkshire Adult Secure Provider Collaborative and, the same as other care groups, a financial recovery plan will be required.

The consolidated forecast position continues to be reported as breakeven. The presentation above highlights that the current pressures included in the Trust position which require actions to mitigate. Internally these actions are presented to Finance, Investment and Performance Committee as part of the monthly forecast scenario modelling.

2.0 Income & Expenditure Position 2023 / 24

This section focusses on the financial performance of South West Yorkshire Partnership NHS Foundation Trust. This excludes the financial impact of Provider Collaboratives and budgets held centrally which are presented separately within this report. The movement between the total consolidated financial position and the table below is reconciled on the previous page for ease.

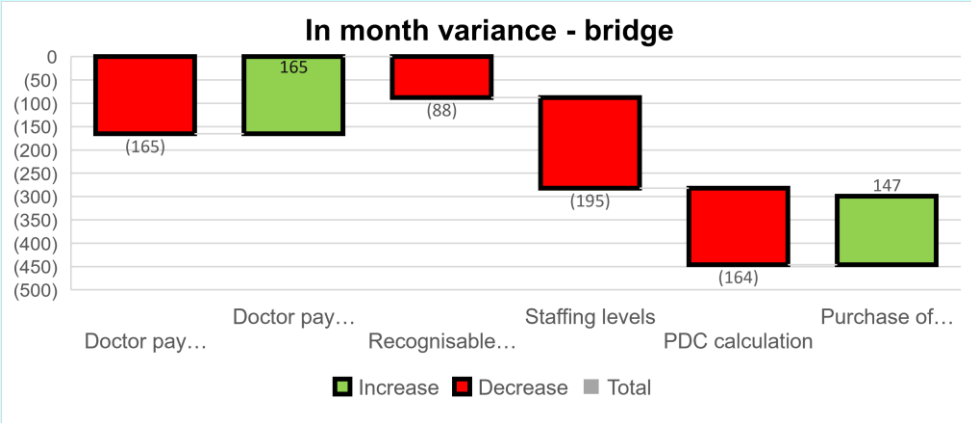
To confirm that the individual analysis within the report highlights the Trust only values.

Total Financial Position - Core Trust only

	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
Description / Heading	**WTE**	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Healthcare contracts					24,921	24,997	76	100,264	100,032	(232)	299,614	298,863	(751)
Other Operating Revenue					1,161	1,146	(15)	4,479	4,560	81	13,561	13,571	11
Total Revenue					**26,082**	**26,143**	**61**	**104,744**	**104,592**	**(152)**	**313,174**	**312,434**	**(740)**
Pay Costs	4,992	5,087	95	1.9%	(21,303)	(21,751)	(448)	(84,965)	(86,316)	(1,352)	(255,009)	(257,674)	(2,665)
Non Pay Costs					(4,362)	(4,134)	228	(17,904)	(17,795)	109	(53,400)	(54,610)	(1,210)
Gain / (loss) on disposal					0	0	0	0	22	22	0	22	22
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**4,992**	**5,087**	**95**	**1.9%**	**(25,665)**	**(25,886)**	**(220)**	**(102,869)**	**(104,090)**	**(1,221)**	**(308,409)**	**(312,262)**	**(3,852)**
EBITDA	**4,992**	**5,087**	**95**	**1.9%**	**416**	**258**	**(159)**	**1,875**	**502**	**(1,372)**	**4,765**	**172**	**(4,593)**
Depreciation					(526)	(530)	(5)	(2,103)	(2,108)	(5)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(343)	(164)	(716)	(880)	(164)	(2,148)	(2,640)	(492)
Interest Received					292	323	32	1,181	1,363	182	3,570	3,813	243
Surplus / (Deficit) - ICB performance measure	**4,992**	**5,087**	**95**	**1.9%**	**3**	**(292)**	**(296)**	**236**	**(1,122)**	**(1,359)**	**(117)**	**(4,999)**	**(4,883)**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(35)	(35)	0	(94)	(94)	0
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,992**	**5,087**	**95**	**1.9%**	**(5)**	**(301)**	**(296)**	**201**	**(1,157)**	**(1,359)**	**(211)**	**(5,093)**	**(4,883)**

There are numerous drivers and factors impacting on the Trust financial position, for in month and year to date. Without trying to over simplify, where possible, these are consolidated and summarised below as key themes. This is not intended to give a full reconciliation of the variance to plan.

Key headlines include:	£k
Specialty Doctor pay award - backdated to April 2024	(165)
Funding for pay award - assumed to be equal to costs incurred (in line with guidance). Offset line above.	165
Payment to staff for recognisable service - remaining staff following those paid in month 3. This includes £68k relating to prior years.	(88)
Pay overspend driven by more WTE worked than planned	(195)
Revised PDC calculation based on current revised cashflow forecast	(164)
Underspends in non pay - key area. Purchase of healthcare & drugs	147

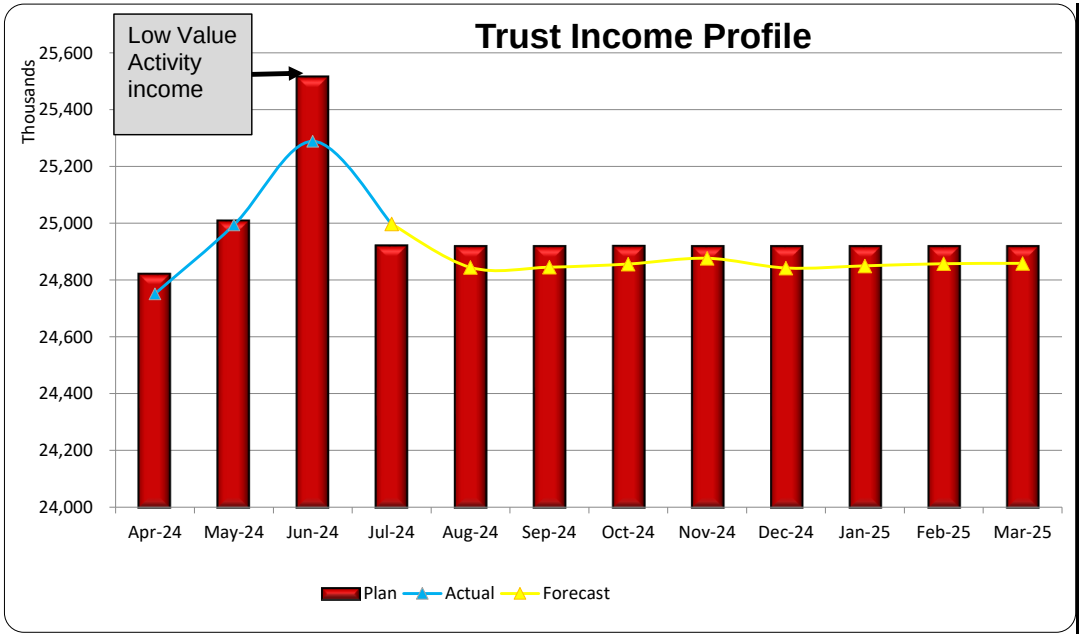


2.1 Income Information

The Trust receives income from it's commissioners in order to deliver healthcare services to meet the defined needs of the local population. The majority of this is in the form of an Aligned Incentive Contract (AIC) with a set value agreed (fixed / block contract value). As such this provides income stability, and financial certainty, to enable the Trust to plan effectively. This is amended to take account of any tariff changes (set nationally) and for agreed changes in service provision (investment and / or disinvestment).

The main table below is the core Trust income and excludes income received for the commissioning role for mental health collaboratives, although this value is noted. The table highlights where income is received from, by organisation type. This confirms that the vast majority is received from local Integrated Care Boards (ICB's - both West Yorkshire and South Yorkshire). The Specialist Commissioner includes the SWYPFT contractual element of the Adult Secure Provider Collaborative.

Income source	Total 23/24 £k	Apr-24 £k	May-24 £k	Jun-24 £k	Jul-24 £k	Aug-24 £k	Sep-24 £k	Oct-24 £k	Nov-24 £k	Dec-24 £k	Jan-25 £k	Feb-25 £k	Mar-25 £k	Total £k	Budget £k	Variance £k
NHS Commissioners	**245,319**	21,094	21,193	21,716	21,299	21,185	21,185	21,185	21,185	21,185	21,185	21,185	21,194	**254,790**	254,298	493
Specialist Commissioner	**34,541**	2,943	2,962	2,974	2,947	2,955	2,955	2,955	2,955	2,955	2,955	2,955	2,955	**35,462**	35,469	(7)
Local Authority	**5,799**	378	400	371	398	379	380	391	412	377	385	393	385	**4,651**	5,007	(356)
Partnerships	**6,748**	205	219	191	218	205	205	205	205	205	205	205	205	**2,477**	2,971	(494)
Other Contract Income	**1,454**	131	220	37	135	120	120	120	120	120	120	120	120	**1,484**	1,869	(386)
Total	**293,862**	**24,752**	**24,994**	**25,289**	**24,997**	**24,844**	**24,845**	**24,856**	**24,877**	**24,842**	**24,850**	**24,857**	**24,859**	**298,863**	**299,614**	**(751)**
2023 / 24		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**		
Provider Collab		9,118	9,161	9,150	9,186	9,161	9,193	8,842	8,836	8,842	8,842	8,825	8,842	**107,995**		
Total	**293,862**	**33,870**	**34,155**	**34,439**	**34,183**	**34,005**	**34,038**	**33,698**	**33,713**	**33,684**	**33,691**	**33,682**	**33,700**	**406,858**		



The variance against the block NHS Commissioners line relates to the impact of the Speciality Doctor pay award. An income assumption, equal to the cost assumption, has been made and national guidance is awaited to confirm the tariff impact. Budgets will be actioned at that point. The Agenda for Change pay award costs and funding are expected later in the year.

Other variances are due to a number of key services:

* Partnership - Youth Offenders Contract £494k
Reimbursement based on actual costs incurred

* Yorkshire Smokefree - Payment by results £310k

This is partially offset by reduced non pay costs. A revised contract including revised activity expectations is being developed. At that point income and expenditure budgets will be reset.

* Additional Roles Reimbursement Posts £285k
Offset by reduced pay costs. Recharged on staff in post

2.2 Pay Information

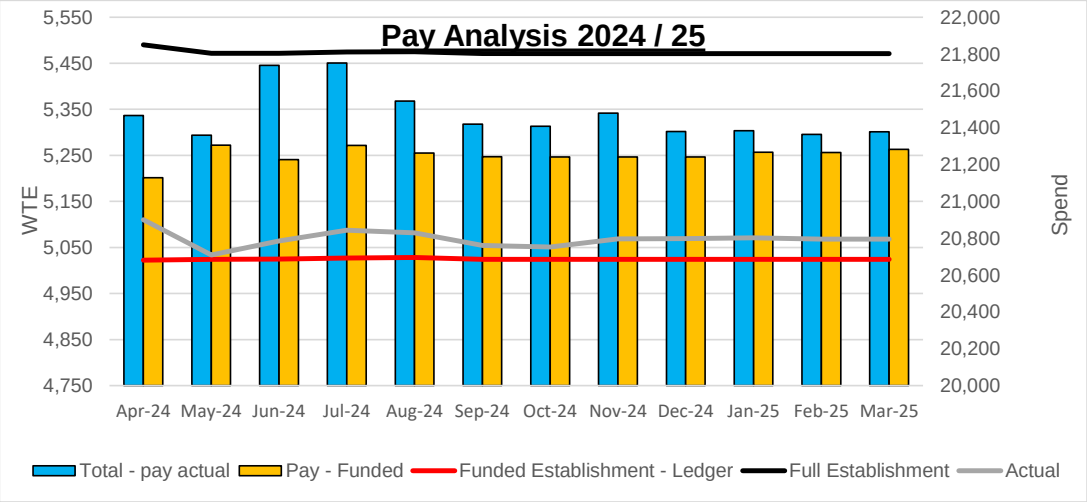
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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-24 £k	May-24 £k	Jun-24 £k	Jul-24 £k	Aug-24 £k	Sep-24 £k	Oct-24 £k	Nov-24 £k	Dec-24 £k	Jan-25 £k	Feb-25 £k	Mar-25 £k	Total £k
Substantive	19,099	19,378	19,622	19,503	19,501	19,566	19,519	19,633	19,597	19,650	19,657	19,664	**234,390**
Bank & Locum	1,955	1,581	1,673	1,738	1,633	1,462	1,479	1,467	1,436	1,397	1,385	1,385	**18,591**
Agency	413	400	444	510	411	392	410	378	347	337	322	330	**4,693**
Total	**21,466**	**21,360**	**21,739**	**21,751**	**21,544**	**21,420**	**21,408**	**21,479**	**21,380**	**21,384**	**21,364**	**21,379**	**257,674**
23/24	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**

Bank as % (in month)	9.1%	7.4%	7.7%	8.0%	7.6%	6.8%	6.9%	6.8%	6.7%	6.5%	6.5%	6.5%	7.2%
Agency as % (in month)	1.9%	1.9%	2.0%	2.3%	1.9%	1.8%	1.9%	1.8%	1.6%	1.6%	1.5%	1.5%	1.8%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,574	4,574	4,591	4,579	4,613	4,630	4,628	4,650	4,658	4,669	4,670	4,670	**4,626**
Bank & Locum	474	401	411	435	407	364	364	362	354	345	341	341	**383**
Agency	62	59	62	74	62	61	59	57	57	57	57	57	**60**
Total	**5,110**	**5,034**	**5,064**	**5,087**	**5,082**	**5,054**	**5,051**	**5,069**	**5,069**	**5,071**	**5,068**	**5,068**	**5,069**
23/24	4,689	4,770	4,767	4,775	4,830	4,846	4,854	4,882	4,935	4,972	5,044	5,075	**4,870**



Worked WTE has increased further in July 2024 when compared to May and June. There is a 23 worked WTE increase. Substantive staff worked WTE has reduced; whilst there will be starters and leavers the biggest impact is from the reduction in overtime payments following Trust action.

Overtime costs have reduced from £166k to £64k in month. This is expected to be maintained and reduced further.

Starters and leavers information is reported seperately by the People Directorate.

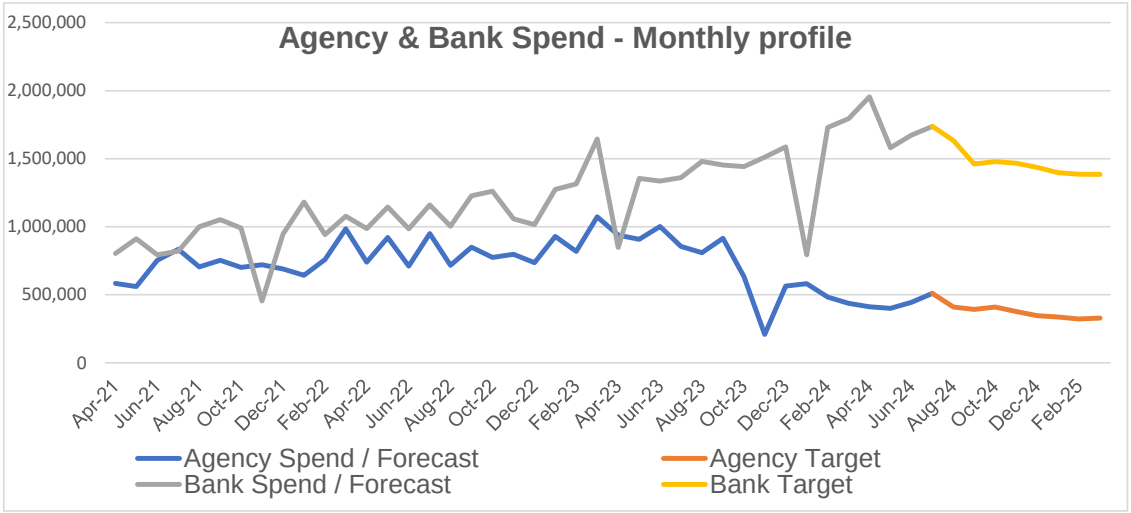
Triangulation continues with the impact on bank and agency. Both have continued to increase in month with an additional 24 WTE bank and locum and an additional 12 WTE agency.

2.2 Temporary Staffing Focus

Trust spend in July 2024:
Agency £510k
Bank £1,738k

We continue to acknowledge that temporary staffing solutions continue to play an important role in the overall workforce strategy of the Trust. However this must fit within the overall context of ensuring the best possible use of resources and value for money whilst ensuring that operational pressures are effectively managed.

The focus has expanded from purely agency staff to total temporary staffing costs especially those which are paid a premium rate to those paid under normal terms and conditions. This includes agency staff, Trust bank staff and also enhanced payments made to substantive Trust staff for additional hours.



Temporary Staff costs to date - by category			
Category	**Agency**	**Bank**	**Total**
	£k	**£k**	**£k**
Consultant	620	173	**793**
Other Medical	448	231	**679**
Reg Nursing	136	1,606	**1,742**
UnReg Nursing	377	4,266	**4,644**
Other Clinical	135	273	**408**
A & C	49	397	**447**
Other	1	0	**1**
Total	**1,767**	**6,947**	**8,714**
Lead Provider Collaborative	205	0	**205**
Budgets held centrally	(2)	0	**(2)**
Total	**1,970**	**6,947**	**8,917**

As defined within NHS planning guidance the Trust has an agency target of 3.2% of total pay expenditure. Based upon the Trust plan this equated to £8.2m which would be in line with total agency expenditure in 2023 / 24. However due to the sustained reductions reported in quarter 3 and 4 2023 / 24 the Trust set a plan for 2024 / 25 of £6.7m.

Detailed reports have been shared with the Trust temporary staffing scrutiny and management group which highlights that both agency and bank expenditure run rates have increased over the first 4 months of the year. For agency this follows positive, and sustained, reductions during 2023 / 24. Key drivers have been increased requirement for medical agency staff (again this had previously seen significant reductions from previous years but is now increasing again) and unregistered nursing staff in inpatient wards (again this had seen really positive reductions during 2023 / 24).

Agency expenditure in other key focus areas continue as per previous months. As reported to NHS England we have continued usage for one off framework agency related to specific requirements within the provider collaborative. We also have non-clinical agency usage; one to support a specific time limited project and catering staff whilst recruitment continues.

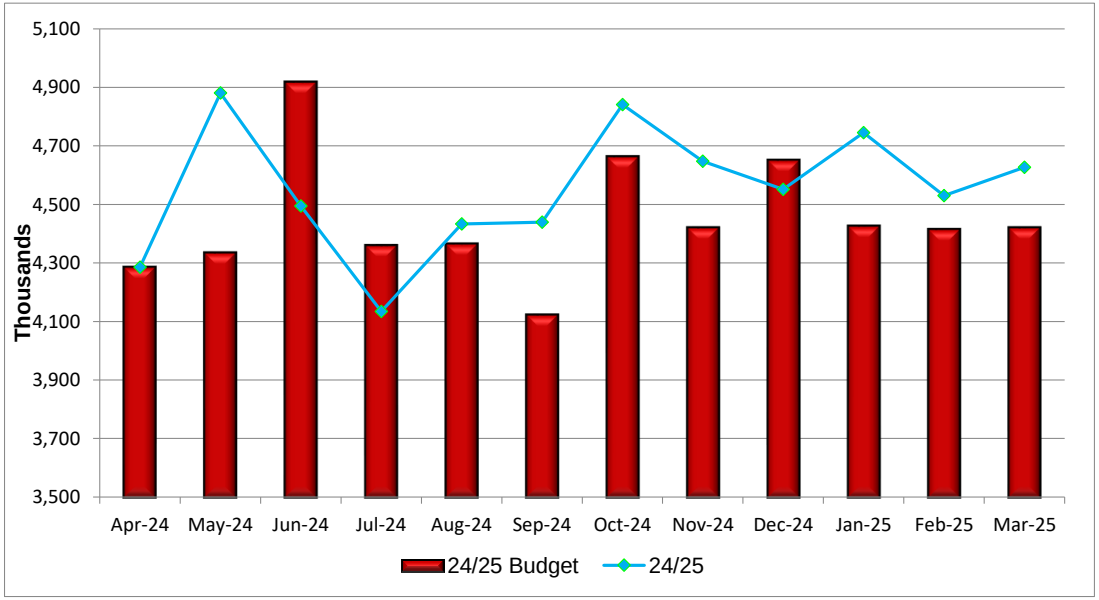
Bank spend has also continued to rise. This is primarily within inpatient environments and is across adult inpatient, older people and Forensic care groups. Usage elsewhere remains minimal however all care groups, including corporate services, have been developing action plans to minimise as far as possible.

2.3 Non Pay Expenditure

Whilst pay expenditure is the majority of Trust costs, 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. To confirm that this also excludes expenditure relating to the provider collaboratives and budgets held centrally.

Non pay spend	Apr-24 £k	May-24 £k	Jun-24 £k	Jul-24 £k	Aug-24 £k	Sep-24 £k	Oct-24 £k	Nov-24 £k	Dec-24 £k	Jan-25 £k	Feb-25 £k	Mar-25 £k	Total £k
2024 / 25	4,286	4,881	4,495	4,134	4,433	4,439	4,841	4,647	4,552	4,745	4,530	4,627	**54,610**
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**

Non Pay Category (per accounts)	Budget Year to date £k	Actual Year to date £k	Variance £k	Trend Actual £k
Drugs	1,463	1,356	(108)	
Establishment	3,280	3,490	209	
Lease & Property Rental	2,957	2,951	(5)	
Premises (inc. rates)	1,758	1,681	(77)	
Utilities	865	853	(12)	
Purchase of Healthcare	2,095	1,934	(161)	
Travel & vehicles	1,812	1,784	(28)	
Supplies & Services	2,586	2,667	81	
Training & Education	286	231	(55)	
Clinical Negligence & Insurance	388	394	6	
Other non pay	414	455	41	
Total	**17,904**	**17,795**	**(109)**	
Total Excl OOA and Drugs	**14,346**	**14,506**	**160**	



Key Messages

The general reduction in non pay expenditure is helping to offset the financial pressures within the overall financial position. Spend has reduced further in July.

Reductions have been recorded against drugs (£71k - which includes the impact of resolution of a number of invoicing issues), purchase of healthcare (£76k) and estates related expenditure (premises and utilities - £93k).

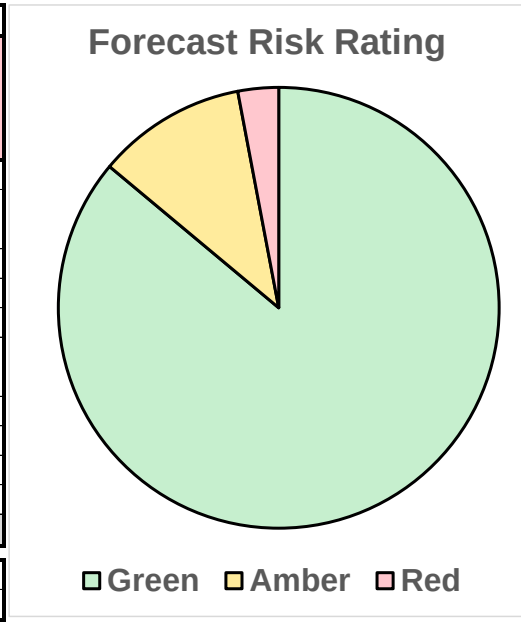
There has been a further overspend against the supplies and services heading. This is £33k over in month. This category includes spend on continence products (£19k over in month), Community Equipment (£18k over) and is offset by underspend on lines such as medical and surgical equipment, provisions, dressings and cleaning products.

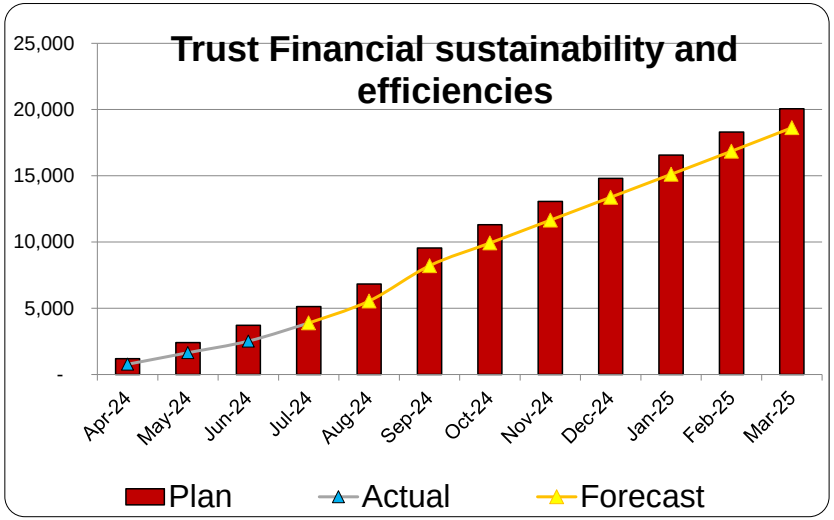
3.0 Value for Money, Financial sustainability and efficiency

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 2024 / 25 a target of £20.1m has been identified and included within the plan. Additional mitigations will be required if the Trust run rate varies from 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 £k**	**Achieved Recurrent £k**	**Achieved Non Recurrent £k**	**Target £k**	**Green £k**	**Amber £k**	**Red £k**
Workforce optimisation		2,287	100	787	10,517	9,053		
Non pay - Impact of workforce optimisation		140	143		420	405		
Out of area placements		957	1,216		2,871	1,216	1,914	
Non pay - digital		82	58		246	173		
Non pay - Estates		167	64	22	500			265
Non pay - medicines optimisation		160	0		480			290
Non Pay - other		0	59		0	166		
Procurement		83	0		250		125	
Provider Collaboratives		380	380		1,140	1,140		
Income - contribution, FYE		879	1,062		3,638	3,881		
Total		**5,135**	**3,080**	**809**	**20,062**	**16,033**	**2,039**	**555**
Recurrent		3,448	3,080		10,345	7,216	2,039	555
Non Recurrent		1,687		809	9,717	8,817		





The Trust value for money programme target for 2024 / 25 is £20,062k. This is a combination of recurrent and non-recurrent schemes with the focus on 2 specific areas.

Pay schemes are focussed on stabilisation of current workforce and reduction of any cost or volume inefficiencies. This is behind plan for the year to date and forecast although the run rate has improved in July 2024 with significant reductions on premium overtime payments.

The volume of staff utilised by the Trust, as identified within the main financial position, remains higher than planned and therefore this scheme remains behind target.

Non pay schemes are generally targeted at ensuring that value for money is secured.

There is positive performance on elements of these, such as out of area placements, where the volume of placements remains lower than planned. However some schemes remain behind plan, including medicines optimisation (schemes defined but actions need to be enforced and benefits realised) and procurement (although positive work on cost mitigation continues).

4.0 Statement of Financial Position (SOFP) 2024 / 25

Balance Sheet / Statement of Financial Position (SOFP)	2023 / 2024 £k	Current £k	Note
Non-Current (Fixed) Assets	167,819	168,279	1
Current Assets			
Inventories & Work in Progress	179	179	
NHS Trade Receivables (Debtors)	1,072	741	
Non NHS Trade Receivables (Debtors)	344	1,109	
Prepayments	3,491	6,007	
Accrued Income	1,062	3,775	2
Cash and Cash Equivalents	69,199	60,941	Pg 15
Total Current Assets	**75,347**	**72,751**	
Current Liabilities			
Trade Payables (Creditors)	(12,728)	(6,450)	3
Capital Payables (Creditors)	(1,392)	(693)	
Tax, NI, Pension Payables, PDC	(8,469)	(8,127)	
Accruals	(13,966)	(16,428)	4
Deferred Income	(409)	(1,896)	5
Other Liabilities (IFRS 16 / leases)	(51,040)	(53,731)	1
Total Current Liabilities	**(88,004)**	**(87,326)**	
Net Current Assets/Liabilities	**(12,657)**	**(14,575)**	
Total Assets less Current Liabilities	**155,161**	**153,705**	
Provisions for Liabilities	(3,510)	(3,601)	
Total Net Assets/(Liabilities)	**151,651**	**150,104**	
Taxpayers' Equity			
Public Dividend Capital	45,696	45,696	
Revaluation Reserve	15,355	15,355	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	85,380	83,833	
Total Taxpayers' Equity	**151,651**	**150,104**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2024.

1. In addition to the capital programme expenditure there is an increase in fixed asset values due to increases in lease / rental costs at the start of the year. This results in increases in both assets and liabilities.

2. Accrued income is traditionally low at year end. This is been reviewed regularly to ensure all income has been invoiced and received.

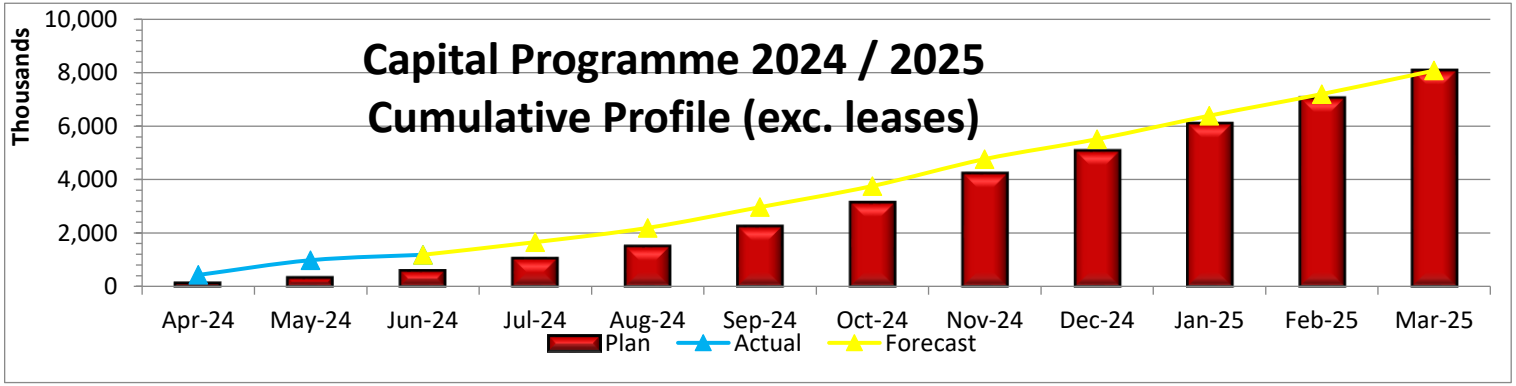
3. Creditors were exceptionally high at year end with a large number of invoices received in March which have now been paid. We continue to monitor the timing of invoices to ensure that any issues are resolved in a timely manner. This is supported the strong performance against the Better Payment Practice Code.

4. Accruals have increased since year-end. A significant value (£0.8m) relates to outstanding invoices from another NHS Trust; discussions continue to agree the recharge value.

5. Deferred income remains relatively low. Monthly fluctuations are due to education funding received in advance from NHS England (£1.3m).

4.1 Capital Programme 2024 / 2025

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						
Older People Transformation	2,500	0	0	0	2,500	0
Seclusion Rooms	1,000	370	990	620	1,000	0
Anti-ligature Doors	1,000	280	290	10	1,000	0
Maintenance (Minor) Capital						
Clinical Improvement	311	0	77	77	341	31
Safety	302	120	8	(112)	335	33
Sustainability / Carbon Neutral	510	0	0	0	510	0
Backlog	360	50	10	(40)	404	44
Equipment	41	10	38	28	79	38
Other	171	39	90	51	299	128
IM & T	1,470	127	92	(35)	1,470	0
Contingency	219	0	0	0	(55)	(273)
Staff Costs	200	67	61	(6)	200	0
TOTALS	**8,082**	**1,063**	**1,656**	**593**	**8,082**	**(0)**
Lease Impact (IFRS 16) New lease	5,910	4,055	3,826	(229)	5,910	0
TOTALS	**13,992**	**5,118**	**5,481**	**364**	**13,992**	**0**



Capital Expenditure 2024 / 25

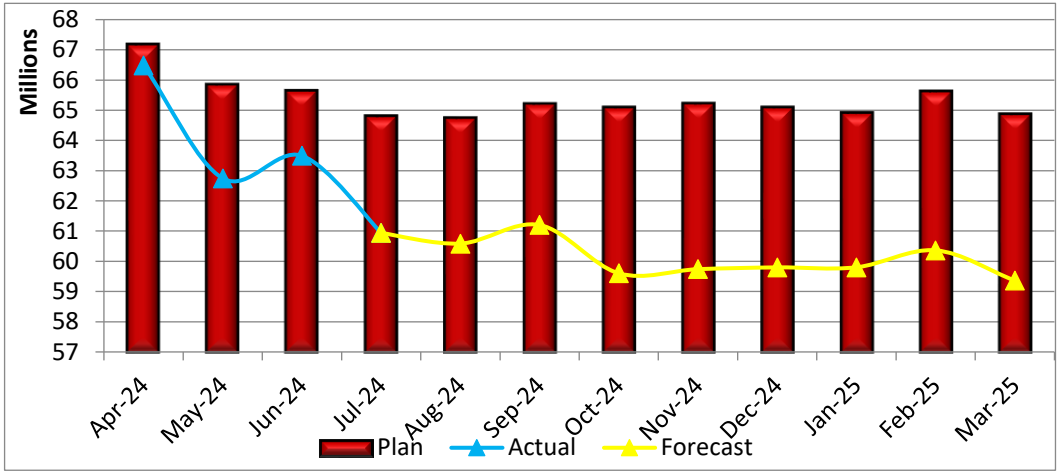
As agreed as part of the West Yorkshire Integrated Care Board (WY ICB) capital prioritisation process the Trust capital programme for 2024 / 25 is £8,082k.

Capital continues to be ahead of plan due to the ongoing works on both seclusion rooms and the door scheme.

Other schemes are currently being planned to commence in line with plan.

The impact of IFRS 16 (leases) is currently reported below the line. Allocations have now been confirmed for West Yorkshire ICB. These are approximately £11m oversubscribed. The allocation and impact for SWYPFT is yet to be agreed. Once agreed the Trust will be required to manage within the overall envelope.

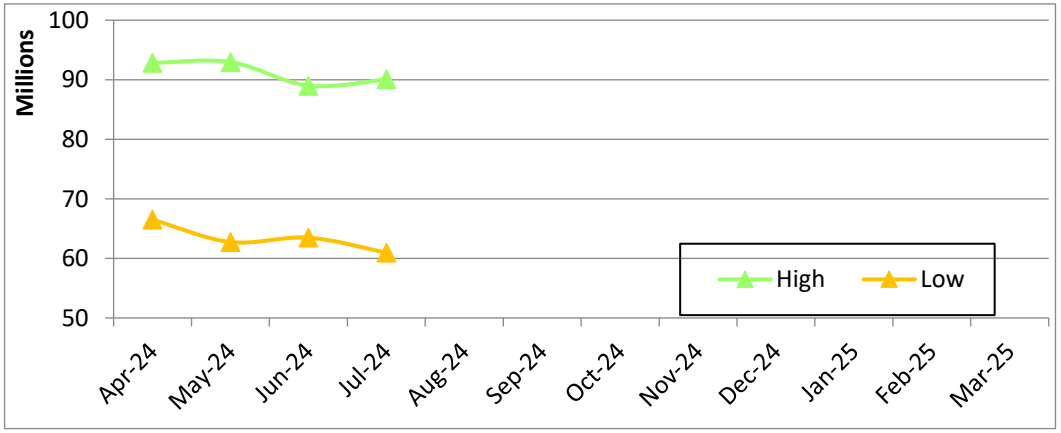
4.2 Cash Flow & Cash Flow Forecast 2024 / 2025



Cash remains lower than plan

Cash is lower than plan. At Month 4 both prepayments and accrued income are high which reduces cash. Work is ongoing to reduce the level of accrued income.

	Plan £k	Actual £k	Variance £k
Opening Balance	71,353	69,199	
Closing Balance	64,806	60,941	(3,865)



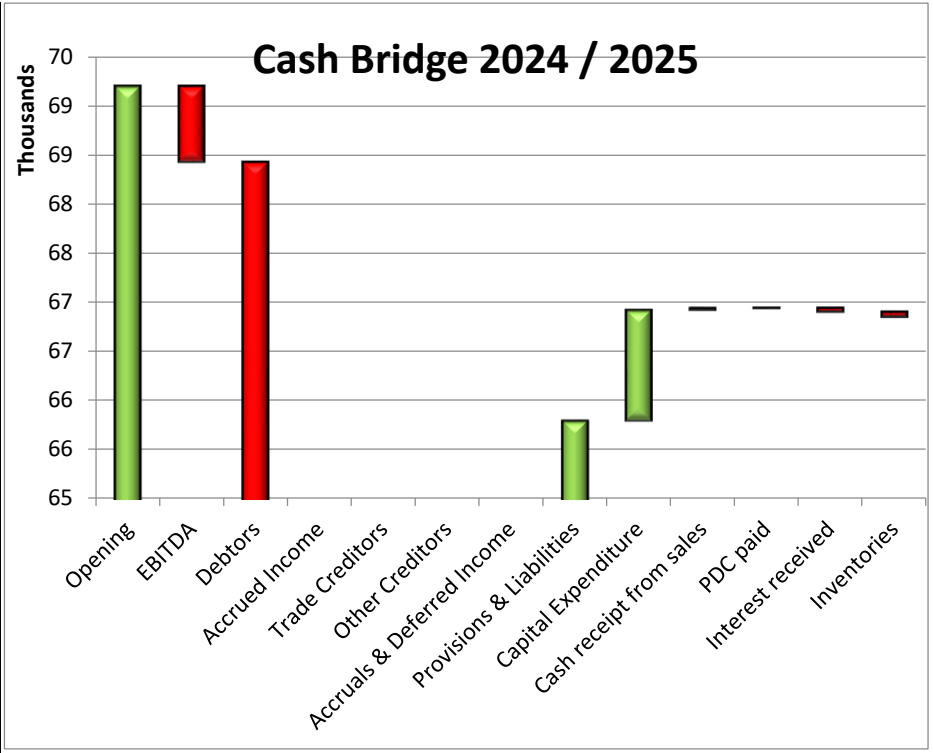
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £90.1m
The lowest balance is: £60.9m

This reflects cash balances built up from historical surpluses.

4.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**71,353**	**69,199**	(2,154)	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,913	3,139	(774)	
Movement in working capital:				
Inventories & Work in Progress	52	0	(52)	
Receivables (Debtors)	130	(5,662)	(5,792)	
Trade Payables (Creditors)	(4,000)	(3,551)	449	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0		0	
Provisions & Liabilities	(1,130)	1,579	2,709	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,481)	(2,354)	1,127	
Cash receipts from asset sales	0	22	22	
Leases	(3,432)	(2,793)	639	
PDC Dividends paid	0	0	0	
PDC Dividends received	0		0	
Interest (paid)/ received	1,401	1,363	(38)	
Closing Balances	**64,806**	**60,941**	**(3,865)**	



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 are significant movements when compared to plan. This includes the timing impact that the plan was submitted prior to year end and therefore the opening balance is less than plan.

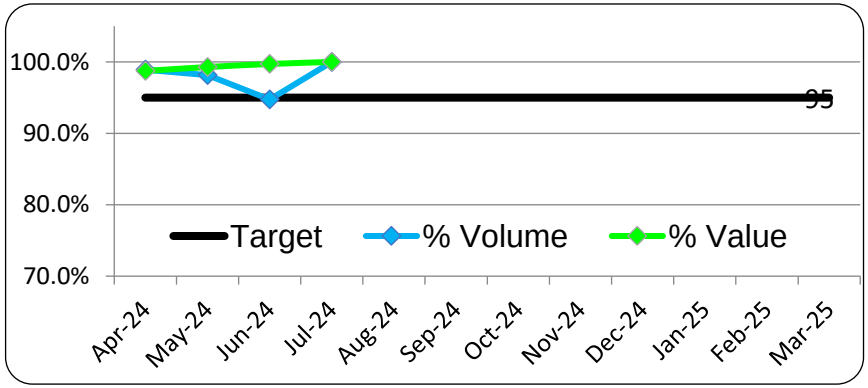
5.0 Better Payment Practice Code

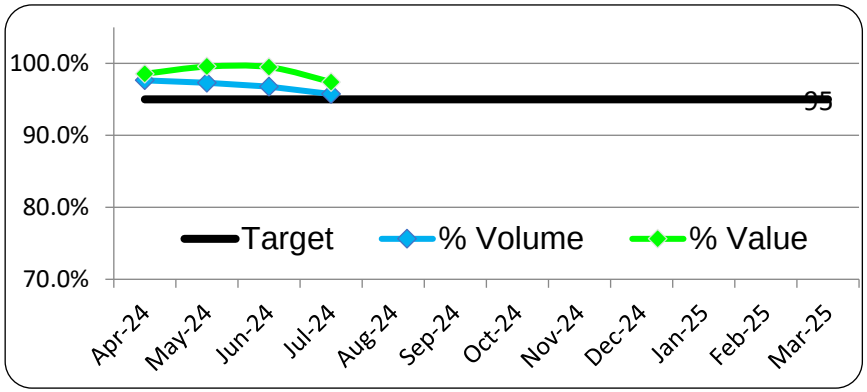
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	100%	100%
Cumulative Year to Date	98%	99%

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





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5.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
12-Jul-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5543	850,000
11-Jul-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000058325	744,624
09-Jul-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	1000057462	740,183
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002136	677,443
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002137	677,443
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002138	677,443
12-Jul-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Tru	0000000791	647,945
22-Jul-24	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	204596	626,238
22-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS48	450,000
02-Jul-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009164	417,364
12-Jul-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Tru	0000000849	323,972
25-Jul-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Tru	0000000906	323,972
24-Jul-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5559	300,000
22-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS25	270,000
03-Jul-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foun	4400001705	233,646
12-Jul-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 286	217,894
02-Jul-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009163	152,284
12-Jul-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5541	138,458
08-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS046SN	101,988
12-Jul-24	Purchase of Healthcare	AS Collaborative	Mersey Care Nhs Foundation Trust	72487513	99,233
01-Jul-24	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trus	326884	91,201
03-Jul-24	Computer Services	Trustwide	Daisy Corporate Services	3I529716	90,250
04-Jul-24	Audit Fee	Trustwide	Deloitte Llp	8004935604	90,000
17-Jul-24	NHS Recharge	Calderdale	Calderdale & Huddersfield Nhs Foundation Trust	4710179914	86,650
12-Jul-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000737	78,928
01-Jul-24	Purchase of Healthcare	AS Collaborative	Oxford Health Nhs Foundation Trust	A0130371	77,224
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002133	65,987
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002134	65,987
02-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002135	65,987
01-Jul-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	NCO2000008459	60,406

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
31-Jul-24	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trus	327116	58,121
30-Jul-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34000185	56,000
25-Jul-24	NHS Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6027909	51,591
23-Jul-24	Drugs	Trustwide	Nhs Business Services Authority	1000079413	51,432
16-Jul-24	Purchase of Healthcare	Forensic	Spectrum Community Health Cic	SINV7717	48,868
23-Jul-24	Drugs	Trustwide	Nhs Business Services Authority	1000078461	48,410
25-Jul-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Tru	0000000907	47,221
15-Jul-24	Utilities	Trustwide	Edf Energy Customers Ltd	000019712823	46,104
29-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS0CYGUP040INV	45,776
13-Jul-24	Consultancy	Trustwide	Grant Thornton Uk Llp	30224100	44,839
24-Jul-24	Purchase of Healthcare	Trustwide	Family Lives	2608	44,418
02-Jul-24	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90139246	40,746
30-Jul-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34000043	40,212
16-Jul-24	Mobile Phones	Trustwide	Vodafone Ltd	106140096	36,589
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019643	36,500
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019644	36,500
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019645	36,500
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019646	36,500
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019647	36,500
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019648	36,500
23-Jul-24	Mobile Phones	Trustwide	Vodafone Ltd	106299400	36,471
02-Jul-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001207EPC	36,374
12-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC026INV	34,073
03-Jul-24	Advocacy Service	Forensic	Cloverleaf Advocacy 2000 Ltd	13576	31,397
18-Jul-24	Advocacy Service	Forensic	Cloverleaf Advocacy 2000 Ltd	13398	31,397
08-Jul-24	NHS Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6027880	31,204
03-Jul-24	Computer Hardware	Trustwide	Dell Corporation Ltd	7403019649	30,660
18-Jul-24	MFDs	Trustwide	Annodata Ltd	1365691	30,591
16-Jul-24	Purchase of Healthcare	Kirklees	Cygnet Nw Ltd	BUR0353411	29,730
02-Jul-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D5100090631	29,590

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
22-Jul-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1002104	28,521
12-Jul-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5544	27,696
15-Jul-24	Utilities	Trustwide	Edf Energy Customers Ltd	000019639201	27,464
29-Jul-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC0CYGUP040INV	27,358
09-Jul-24	Laundry Services	Trustwide	Sheffield Teaching Hospitals Nhs Foundation Trus	1400023654	26,888
31-Jul-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	THO05375	26,107

5.2 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.

* Value for Money / Cost Savings - The Trust priority of Value For Money is intrinsically linked to the ability to maintain financial sustainability. In addition to value for money this are also called savings, effeciencies, and Cost Improvement Programmes (CIP). In each case this is the identification of schemes to increase effeciency, reduce expenditure or increase income.

* 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

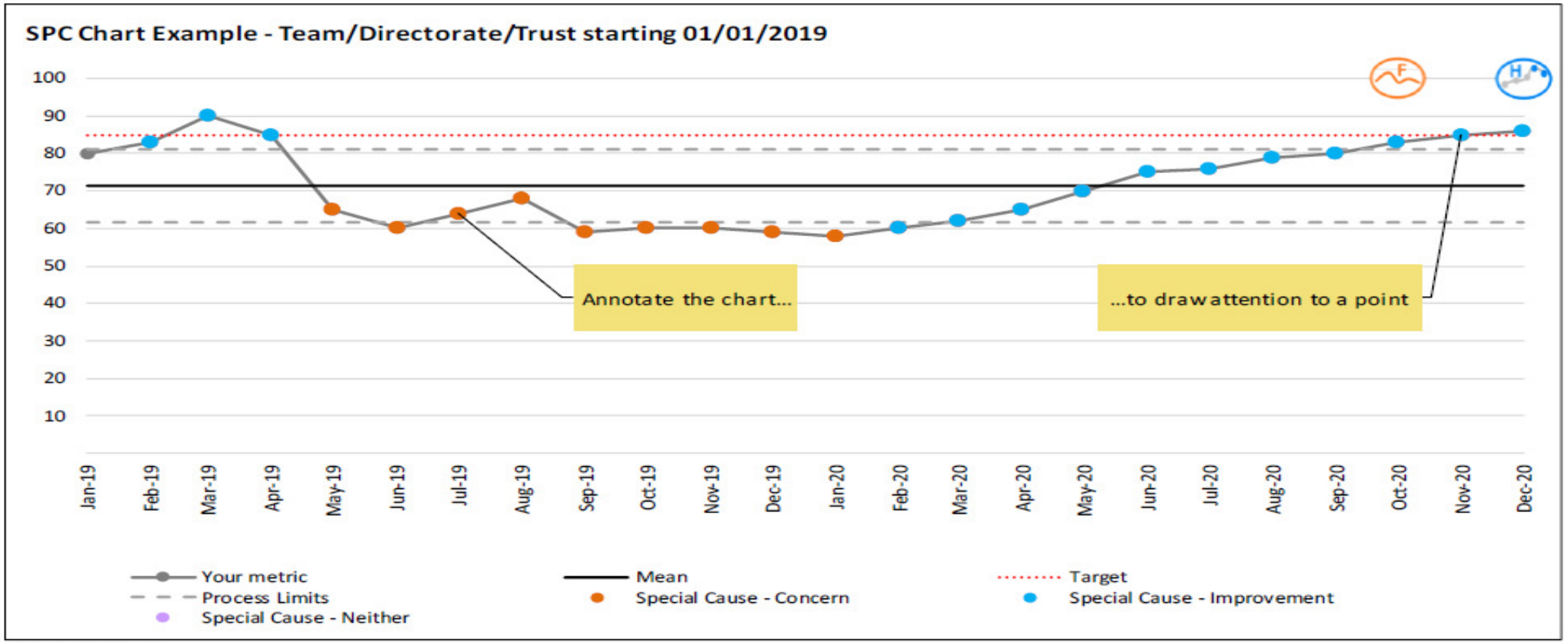
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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